



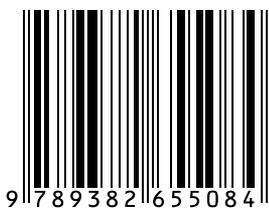
ASSESSOR'S GUIDEBOOK FOR QUALITY ASSURANCE IN PRIMARY HEALTH CENTRES (24X7) 2014



Ministry of Health and Family Welfare
Government of India

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Ministry of Health & 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 PHC, which is functioning on 24X7 basis. 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.

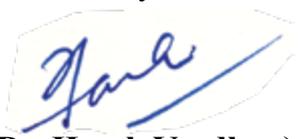
Indian Public Health Standards (IPHS) Guidelines brought out by this Ministry are good tools for normative planning. However, delivery of care entails processes & sub-processes, which need to be undertaken for diagnosis & treatment of patients. For optimum satisfaction of patients, such processes need 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 : 22nd 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)



C.K. Mishra, IAS

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FOREWORD

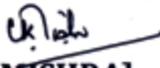
National Rural Health Mission [NRHM] was launched in 2005 to improve accessibility to quality health care particularly for rural health population, bridge gaps in healthcare, facilitate decentralized planning in the health sector and bring about intersectoral convergence.

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 NHRSC 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 NHRSC 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.

H. Bhushan
26.10.2014
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Executive Summary

Primary Health Centres have a pivotal role in delivery of Primary Health Care Services. This is also an important hub for delivery a RMNCH+A Services and National Health Programmes in the country. With launch of the NRHM, there has been enormous increase in OPD, IPD and number of deliveries, taking place at Public Health Facilities. But quality of care provided at Primary Health Centres 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 at Public Health Facilities.

As a first step in such efforts is to assess Primary 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 PHCs 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 'Assessors Guidebook for Quality Assurance in Primary Health Centres' contains Quality Standards for a 24x7 Primary Health Centre, measurable elements for each of the standards and check-points for the verification. A total of fifty quality standards in the book are 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 PHC have a total of 247 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 six check-lists – OPD, IPD, Labour Room, Laboratory, National Health Programmes 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 PHC 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(CHCs), 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

'Primary Health Care' is the pivotal part of any Health system. More than six decades ago, in 1946 Sir Joseph Bhore had brought out requirement of having a comprehensive Public Health System, under which one Primary Health Centre was meant to cater to needs of population of around 40000. The Bhore Committee also recommended integration of preventive, promotive and curative services at all administrative levels. The Alma Ata declaration in 1978 also recommended that a 'Comprehensive Primary Healthcare' is essential for achieving universal target of 'Health for All'. Need of ensuring delivery of comprehensive Primary Health Care through appropriate institutional framework has been consistently articulated by National and International bodies and organisations. The World Health Report 2008 published by the World Health Organisation titled "Primary Health Care-Now more than Ever" states that health systems need to respond better-and-faster to the challenges of changing world and Primary Health Care can do that.

Providing an equitable, accessible and affordable primary health care, 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, RCH, prevention and management of communicable and non-communicable diseases, availability of essential medicines, which not only meet technical criteria, but also meet community's expectations adequately. 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 & Family Welfare. It is now felt that similar guidelines and standards are required for PHCs and CHCs.

The current "Assessors' Guidebook for Quality Assurance for PHC" is applicable for designated and functional 24x7 PHCs only.



II. Framework of Quality of Care (QOC)

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, & 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 the infrastructure and HR norms fully. 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 & sub-processes, required for delivery of care. This refers to the processes undertaken for delivery of healthcare and its sub-components – for example, how quickly a patient is registered, and s/he is attended, courteous behaviour of the service providers, how the examination is conducted keeping in mind the privacy and confidence of the patients..
- 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 connotation 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"> • Availability of services • Availability of drugs and consumables • Prompt & courteous services • Clean & Inviting environment at the health facility • Barrier Free Access • No exclusion on the basis of caste and socio-economic status 	<ul style="list-style-type: none"> • Minimal waiting time & Prompt referral, if required • Good behaviour by service providers • Privacy & confidentiality • Grievance Redressal • Access to Information and involvement in decision making for the care 	<ul style="list-style-type: none"> • No out of pocket expenditure • Availability of guaranteed services • High Patient Satisfaction • Treatment and Cure



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

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 & 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 Primary Health Centres as well as basic guide as to how to improve services.



III. The Quality Measurement System

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

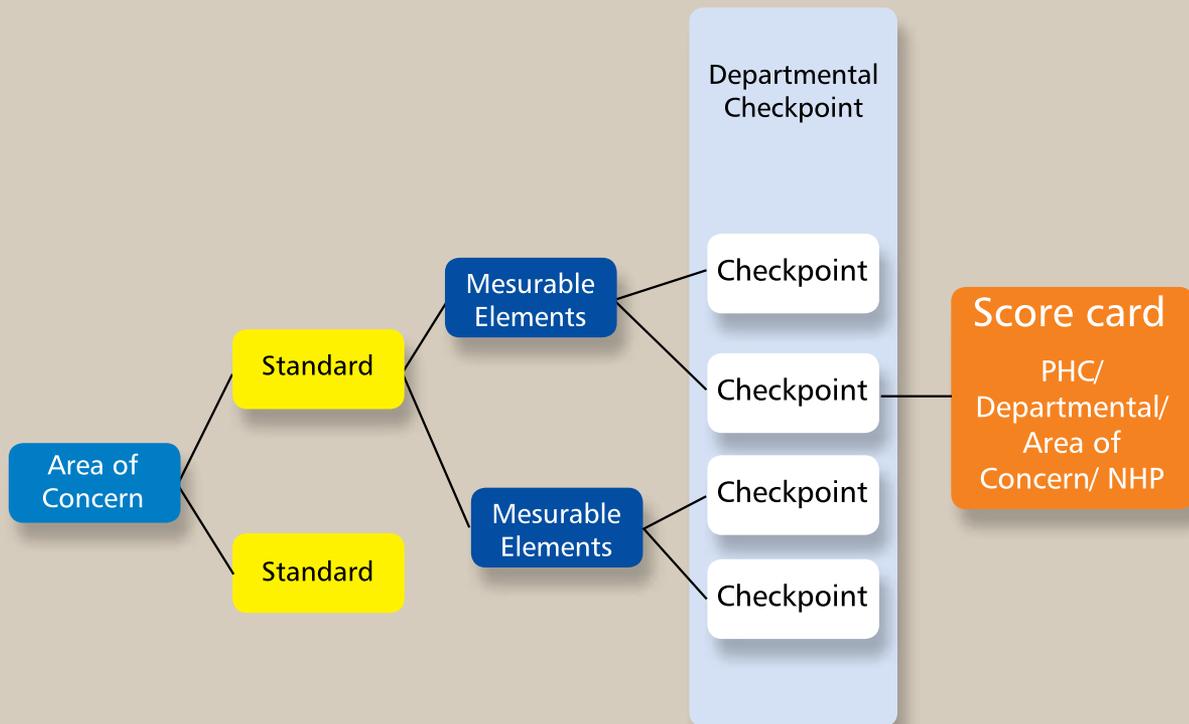
1. **Comprehensiveness** – The proposed system is all-inclusive and captures all aspects of quality of care within the eight areas of concern. The six departmental check-sheets transposed within fifty standards, and commensurate measurable elements provide a reasonable matrix to capture all aspects of 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. 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 the 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 '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 & checkpoints to measure compliance to the standards. Checklists have been developed for various departments, which also captures inter-departmental variability for the standards. At the end of assessment, there would be numeric scores, bringing out the quality of care in a 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 & outcome, have been given due weightage. Similarly due weightage has been provided to preventive and promotive services and National Health Programs.

QUALITY ASSURANCE STANDARDS FOR PHC

Quality Assurance Standards for PHC given in this book are in congruence with "Operational Guidelines for Quality Assurance for Public Health facilities". There are fifty standards, categorized into 8 areas of concern. Each standard further has specific measurable elements (in total 247 ME). These standards and MEs are assessed through 6 departmental checklists for PHC. Completed checklists would generate scorecards for a facility, area of concern, and department/ Programme, as shown in figure 4.1.



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 four 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 four standards. These standards measure different aspects of patients' rights i.e. Availability of information, Physical access, Ensuring Privacy & Confidentiality, Availability of mandated free services, and Provision of scheme incentives at PHCs.
- 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 eight standards in this area of concern. These standards are related with the 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, Monitoring, and Administration of human resources.
- E. **Clinical services** – This area of concern has fifteen standards that measure quality of clinical services at a PHC. This includes standards on the consultation, admission, assessment, continuity of care, nursing care, medication safety, usage of standard treatment guidelines (STGs), emergency services, laboratory services, medical records and discharge process. Last six standards under this area of concern pertains to those clinical processes related to antenatal care, intranatal care, post-natal care, newborn care, child health, adolescent health, family planning and clinical services, as mandated under 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 PHC in terms of productivity, efficiency, clinical care and service quality.



Departmental Checklists: There are six checklists, namely - Outpatient Department, Labour Room, Inpatient Department, Laboratory, National Health Programmes and General Administration, which are briefly described below -

1. Out Patients Department (OPD): This checklist is applicable to Outpatient Department of PHC. It includes clinics for Antenatal Care (ANC), General Clinic, AYUSH and Adolescent services. Services for family planning counselling are also the part of OPD checklist. Similarly there is no separate checklist for emergency department as at most of the PHCs, infrastructure for OPD is used for providing emergency services as well. Check-points on certain support services such as dispensing, pharmacy, immunization & dressing room also form part of the OPD checklist.
2. Labour Room: Besides assessing the labour room, check-points under this checklist also pertain to labour room's auxiliary area such as nursing station, newborn care corner (NBCC), instrument processing area and storage area for instruments & drugs, etc.
3. Inpatient Department: Besides checking indoor wards for normal delivery, childhood illnesses and other common illnesses, the checkpoints under the checklist also pertain to post-natal counselling, management of danger signs of newborn, and infant & child-care.
4. Laboratory: This checklist is meant for main clinical laboratory of a PHC, which would include routine biochemistry, haematology, serology, etc. Essential tests for ANC are covered under this checklist, but essential tests under various National Health Programmes are covered under the National Health Programme checklist.
5. National Health Programmes: This checklist includes checkpoints related to National Health Programmes (NHPs), as given in Table 4.1.
- 4.1. Main areas under the check-points are availability of services, drugs, consumables, clinical-care, laboratory services (wherever applicable), monitoring & reporting services, etc.

Table 4.1: National Health Programmes covered under PHC Standards

1	National Vector Borne Disease Control Programme
2	Revised National TB Control Programme
3	National Leprosy Eradication Programme
4	National AIDS Control Programme
5	National Programme for Control of Blindness.
6	National Mental Health Programme
7	National Programme for the Healthcare of the Elderly
8	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS)
9	Integrated Disease Surveillance Programme
10	National Programme for prevention and control of deafness.
11	School Health Programme
12	Universal Immunization Programme
13	National Iodine deficiency Programme
14	National Tobacco Control Programme

6. General Administration: The checklist covers checkpoints related to general administration of a PHC. It would essentially cover policy level issues, and cross-cutting processes, which are followed at a PHC. This checklist is complimentary to other five checklists.

Assessment Protocols & scoring methodology for this system remains same as Quality Assurance Standards for District Hospitals.

Section

**NATIONAL QUALITY ASSURANCE
STANDARDS FOR
PRIMARY HEALTH CENTRE
(24X7)**



I. Intent of Quality Assurance Standards for PHC (24x7)

AREA OF CONCERN A – SERVICES PROVISION

Primary health centres have pivotal role in providing Preventive & Promotive health care to community apart from limited level of primary curative care. Indian Public Health Standards guidelines (IPHS) have defined minimum assured service to be provided at Primary Health Centres, which are also hub of the services provided under the National Health Programmes.

This area of concern measures availability of services, which implies that the services are available to end-users because mere availability of infrastructure or human resources does not always ensure into availability of the services. For example, an ANC clinic may be available at the PHC but all the services like mandatory diagnostic test & service provider may not have provided including nutritional counselling. In this case it is assumed that ANC services are not completely available at the facility. 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 whether services were given or not to them.

There are following four standards in this area of concern-

Standard A1 – The Facility provides Primary Level Curative Services.

Though PHCs are primarily meant for preventive & promotive health care services, Treatment of common ailments & initial management of the emergencies before referral shall be available at the facility. The standard would include availability of OPD consultation services as well as indoor treatment services for common illness like fever, cough, diarrhoea etc. as well as minor procedures like dressing, sutures, Incision & Drainage etc. This standard also measures availability of AYUSH services as well services required as per local needs. This standard also defines time period for which services should be available. E.g. At least 6 hours of OPD and 24X7 labour room services.

Standard A2 – The Facility provides RMNCH+A Services.

Delivery of quality RMNCH+A services is major focus area for public health facilities. RMNCH+A approach covers continuum of care across the life-cycle. There are five measurable elements in this standard & each represents services pertaining one stage of life cycle i.e. Reproductive, Maternal, Newborn, Childhood & Adolescent. This standard measures availability services like ANC check-up, family planning services, intra & postnatal care, treatment of childhood illnesses & adolescent friendly clinic.

Standard A3 – The Facility provides Diagnostic Services, Para-clinical & support Services.

This standard measures availability of diagnostics, pharmacy, Mobile medical unit & support services like dietary & laundry. There is also a dedicated measurable element for administrative services like monitoring and supervision of sub centres and community health worker.

Standard A4 – The facility provides services as mandated in the National Health Programs /State scheme(s).

This standard measures the availability of the curative as well as preventive & promotive services as per National Health Programmes. There are 15 Measurable elements in these standards; each measures availability of the services under one national health programme.



AREA OF CONCERN B – PATIENTS' RIGHTS

Mere availability of services at a health facility does not necessarily meet the need of community, unless the available services are accessible to the users, and are provided with dignity and confidentiality. Access includes physical access as well as financial access. There are evidences to suggest that patients' experience and outcome improves, when they themselves 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.

Standard B1 – The facility provides the information to care seekers, attendants & community about the available services and their modalities.

The Standard measures information accessibility at the facility. Informational accessibility includes prominent display of signages, services availability, citizen's charter & IEC Material. This standard also mandates for practices like informed consent and grievance redressal.

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

This standard ensures that the services are sensitive to gender, cultural and religious needs of the population. This includes measures taken specially to ensure comfort and dignity of female patients. This standard also measures the physical access of PHC such as availability of all-weather road, ramps, wheelchairs, trolleys etc. and arrangements of people with disability such as disable friendly toilets.

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

This standard measures patient friendliness of the services in terms of ensuring privacy, confidentiality and dignity. Measurable elements under this standard look for compliances such as 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 ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services.

The standard majorly checks that there are no financial barriers to 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 – INPUT

This area of concern predominantly covers the structural part of the facility. Indian Public Health Standards (IPHS) defines infrastructure, human resources, drugs and equipment requirements for different level of health facilities. Quality standards given in this area of concern take cognizance of the IPHS requirement. However, focus of the standards has been in ensuring compliance to minimum level of inputs, which are required for ensuring delivery of committed level of the services. The words like 'adequate' and 'as per load' has been given in the requirements for many standards & measurable elements, as it would be hard to set structural norms for every level of the facility that commensurate with patient load.

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

This standard measures adequacy of infrastructure in terms of space, patient amenities, layout, circulation area, communication facilities, 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 departments, but assessors would be expected to use his discretion to see whether the 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 facility staff may be required to know the process flow between the departments, and also within a department.

Standard C2 – The facility ensures physical safety including fire-safety of the infrastructure.

This deals with Physical safety of the infrastructure. It includes seismic safety, electrical safety, and general condition of infrastructure. This standard also mandates for adequate fire-safety measures being implemented at the facility.

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

This standard measures the numerical adequacy and skill-sets of the staff. It includes availability of doctors, nurses, paramedical and support staff. It also ensures that the staff has 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 the facility in charge and review of records. Second is to access human resources in term of their availability to ensure the service delivery. For instance, a PHC may have 3 SBA trained ANM/Nursing staff, but if none of them is available in the night shift, then intent of the standard is not being complied with.

Skill set may be assessed by reviewing training records and staff interview and demonstration to check whether staff have requisite skills to perform the procedures.

Standard C4 – The facility provides drugs and consumables required for assured services.

This Standard measures availability of drugs and consumables in different service areas of PHC. This includes vaccines, lab reagents and contraceptives. In addition, the standard also looks at the availability of drugs in pharmacy. The Standard also expect available of committed drugs at PHC under National Health Programmes.

Standard C5 – The facility has equipment & 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 the 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. It also includes various monitoring & reporting activities done by PHC, especially with regards to National Health Programme.

Standard D1 – The facility has an established Facility Management Program for Maintenance & Upkeep of Equipment & Infrastructure to provide safe and secure environment to staff & Users

The first standard of this area of concern is related facility management of Primary Health Centre. This includes equipment maintenance processes, maintenance of infrastructure as well as safety & security of the staff and patients. Equipment records should be reviewed to ensure that valid AMC is available for critical equipment and preventive/corrective maintenance is undertaken timely. Calibration records and label on the measuring equipment should also be reviewed to confirm the calibration. Operating Instructions should be displayed or readily available with the user.

This standard is also concerned with providing safe, secure and comfortable environment to patients as well service providers. Two aspects should be observed in this regard – firstly, provision of comfortable work environment in terms of illumination and temperature control in patient care areas and work stations, and secondly, arrangement for security of patients and staff. Security arrangements at patient area should be observed for restriction of visitors and crowd management

Lastly, the standard is also 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 inside the facility.

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 that 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 in 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 ensures availability of diet, linen, water and power backup as per requirement of service delivery & support services norms.

Measurable elements in this standard are concerned with timely availability of appropriate diet to indoor patients; clean linen and power backup in-patient care areas. The standard also ensures availability of adequate quantity of potable water.

Standard D4 – The facility has defined and established procedures for promoting public participation in management of hospital with transparency and accountability.

This standard measures processes related to functioning of Rogi Kalyan Samiti (RKS) and community participation in the management of PHC. RKS records should be reviewed to assess frequency of the meetings, and issues discussed there. Participation of the non-official members of RKS in the meetings should be checked. This standard also measures the supportive & monitoring processes related with community health workers, viz. ASHA.

Standard D5 – Hospital has defined and established procedures for Financial Management and monitoring of quality of outsourced services.

This standard is concerned with the financial management of the funds/grants, received from different sources including funds received under the NHM. Assessment of the financial management processes should not be equated with financial or accounts audit. Facility incharge and clerk 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 D6 – The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government

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

Standard D7 – Roles & Responsibilities of administrative and clinical staff are determined as per Government regulations and Standards Operating Procedures.

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

Standard D8 – Hospital has defined and established procedure for monitoring & reporting of National Health Program as per state specifications.

This standard is concerned with timely and adequate reporting under different national health programmes. The Assessor should review the records of such reporting in term of record's quality and adequacy.



AREA CONCERN E – CLINICAL CARE

The ultimate purpose of existence of a health care facility is to provide clinical care. Therefore, clinical processes are the most critical and important. 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, six standards are concerned with those clinical processes that ensure adequacy of care to the patients. It includes processes such as registration, admission, consultation, clinical assessment, continuity of care, nursing care, prescription practices, safe drug administration, maintenance of clinical records and discharge from the facility.

Subsequent two standards measure the quality of emergency & diagnostic services, as relevant within scope of services of a primary health centre.

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

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

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 a facility. 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 Staff should be interviewed to know, whether there is any fixed admission criteria especially in critical care department.

Standard E2 – The facility has procedures for continuity of care of patient.

Primary Health Centres are usually first point of contact where patient can get qualified medical attention. Hence, role of PHCs in ensuring continuity of care is of utmost importance. This standard includes process of assessment, reassessment, referral to another facility, deputation of staff for the care, and linkages with higher institutions and follow-up of patients discharged from higher centres. The facility staff should be interviewed to know the referral linkages, how they communicate with the referral hospital about the patients and arrangement for the vehicles and follow-up care.

Standard E3 – The facility has defined and established procedures for nursing care.

Standard E3 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 drug distribution takes place, how its administration is ensured and its record, and other procedures like sample collection and dressing have been done on time as per treatment plan. Handing-over of patients is a critical process, and should be assessed adequately. Review BHT for patient monitoring & nursing notes should be done.

Standard E4 – The facility has defined & follows procedure for drug administration, and standard treatment guidelines, as defined by the government.

This 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. This standard is also concerned with the safety of drug administration. It includes 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 E5 – 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 E6 – The facility has defined and established procedures for discharge of patient.

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' record should also be reviewed for adequacy of the discharge summary.

Standard E7 – 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.

Standard E8 – The facility has defined and established procedures for diagnostic services.

This standard deals with technical procedures related to the diagnostic 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 E9 – The facility has established procedures for Antenatal care as per guidelines.

This Standard is concerned with the processes, which ensure that adequate and quality antenatal care is provided at the facility. It includes measurable elements for ANC registration, processes during check-up, identification of High Risk pregnancy, management of 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. The assessment of follow-up of Anaemia cases should be reviewed. Beneficiaries and staff can be interacted for counselling on the nutrition, birth preparedness, family planning, etc.

Standard E10 – The facility has established procedures for Intranatal care as per guidelines.

This Standard measures the quality of intra-natal care. It includes clinical process for normal delivery as well primary management of complications before referral to First Referral Unit. The facility staff can be interviewed to know their skill and practices regarding management of different stages of labour, especially Active Management of Third stage of labour. Staff may be interacted for demonstration of resuscitation and essential newborn care. Competency of the staff for managing obstetric emergencies, interpretation of partograph, APGAR score should also be assessed.

Standard E11 – The facility has established procedures for postnatal care as per guidelines.

This standard is concerned with adherence to post-natal care of mother and newborn within the facility. Observe to ensure that postnatal protocols of prevention of Hypothermia and breastfeeding are adhered to at the health facility. Mothers may be interviewed to know that proper counselling have been provided

Standard E12 – The facility has established procedures for care of newborn, infant and child as per guidelines

This is concerned with adherence to clinical protocols for newborn and child health. It covers immunization, emergency triage, management of newborn and childhood illnesses like malnutrition Pneumonia and diarrhoea at Primary Health Centres. 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 by interaction with the doctors and nursing staff.



Standard E13 – The facility has established procedures for abortion and family planning as per government guidelines and law.

This 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, and procedures for abortion. Quality and adequacy of counselling services can be assessed by exit interview with the clients. The staff at family planning clinic may be interacted to assess adherence to the protocols for IUD insertion, precaution & contraindication for oral pills, etc.

Standard E14 – 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. The facility staff should be interviewed, and records should be reviewed.

Standard E15 – The facility provides National Health Programmes as per Operational/ Clinical Guidelines of the Government.

This Standard pertains to adherence for clinical guidelines under the National Health Programmes. For each national health programme, availability of clinical services as per respective guidelines should be assessed. For every national health programme, there is dedicated measurable element having relevant checkpoints as per technical guidelines of respective program

AREA OF CONCERN F – INFECTION CONTROL

The first principle of health care is "to do no harm". As Public health facility 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, antiseptis, personal protection, processing of equipment, environment control, and Biomedical Waste Management.

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

This standard is concerned with the implementation of Infection control programme at the facility. It includes periodic medical check-up and immunization of staff and monitoring of Infection control Practices.

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 the 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. Assessor should also observe the whether staff uses correct method of wearing personal protection equipment.

Standard F4 – The facility has standard procedures for processing for Disinfection and Sterilization of equipment and instruments.

This Standard is concerned with standard procedures, related to processing of equipment and instruments. There should be processes to include 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.



5. Standard F5 – Physical layout and environmental control of the patient care areas ensure infection prevention.

The standard pertains to environment cleaning. It assesses whether layout and arrangement of processes is conducive for the infection control or not. Environment cleaning processes like mopping, decontamination of surfaces and spill management are covered here.

6. 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 for Quality Assurance in Public Health facilities.

Standard G1 – The facility has defined and established organizational framework & Quality policy for Quality Assurance.

Standard G1 is concerned with creating a Quality Team at the facility and making it functional. Assessor may review the document and interact with Quality Team members to know how frequently they meet and responsibilities have been delegated to them. Quality team meeting records may be reviewed. This standard is also concerned with establishment and dissemination of quality policy and objectives in the PHC. The staff may be interviewed to know 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 G2 – The facility has established system for patient and employee satisfaction

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

Standard G3 – The facility has established system for assuring and improving quality of Clinical & support services by internal & external programme

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. This standard is also concerned with implementation of quality assurance programmes within departments such as EQAS of diagnostic services, daily round and use of departmental check-lists, EQUAS records at laboratory, etc.

Standard G4 – The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.

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.



AREA OF CONCERN H – OUTCOME

Measurement of the quality is critical to improvement of processes and outcomes. This area of concern has four standard measures for quality- Productivity, Efficiency, Clinical Care and Service quality in terms of measurable indicators. Every standard under this area has two aspects – Firstly, there is a system of measurement of indicators at the health facility; and secondly, how the facility meets the benchmark. It is realised that in 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.

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 daily OPD & Deliveries conducted in the night. 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 ensure to reach 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 OPD per doctor. Review of records should be done to assess that these indicators have been measured correctly.

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

This Standard is concerned with the indicators of clinical quality, such as average length of stay and complication 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 PHC Quality Assurance Standards

Area of Concern – A: Service Provision	
Standard A1	Facility provides primary level curative services
ME A1.1	The facility provides treatment of common ailments
ME A1.2	The facility provides Accident and Emergency Services
ME A1.3	The facility provides AYUSH Services
ME A1.4	The Services are available for the time period, as mandated
ME A1.5	The facility provides curative and preventive services for the locally prevalent health problems and diseases
Standard A2	The facility provides RMNCHA Services
ME A2.1	The facility provides Reproductive Health Services
ME A2.2	The facility provides Maternal Health Services
ME A2.3	The facility provides Newborn Health Services
ME A2.4	The facility provides Child Health Services
ME A2.5	The facility provides Adolescent Health Services
Standard A3	The Facility Provides Diagnostic Services ,Para-clinical and support services
ME A3.1	The Facility provides Laboratory Services
ME A3.2	The Facility provides other diagnostic services
ME A3.3	The facility provides pharmacy services
ME A3.4	The facility provides medico legal services
ME A3.5	The facility provides Mobile Medical Unit (MMU) services
ME A3.6	The facility provides administrative services
ME A3.7	The facility provides support services
Standard A4	The facility provides services as mandated in the National Health Programmes /State scheme(s).
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 prevention and control of deafness as per guidelines
ME A4.11	The facility provides services under School Health Programme as per guidelines
ME A4.12	The facility provides services under Universal Immunization Programme (UIP) 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 under National Tobacco Control Programme as per guidelines
ME A4.15	The facility provides services as per local needs/ State specific health programmes as per guidelines
Area of Concern – B: Patients' Rights	
Standard B1	The facility provides information to care-seekers, attendants and community about the available services and their modalities
ME B1.1	The facility has uniform and user-friendly signage system
ME B1.2	The facility displays the services and entitlements available in its departments/ sections
ME B1.3	The facility has established citizen's charter, which is followed by all
ME B1.4	Patients and visitors are sensitised and educated through appropriate IEC / BCC approaches
ME B1.5	Information is available in local language, and it is easy to understand
ME B1.6	There is established procedures for taking informed consent before conducting procedures and starting treatment
ME B1.7	Information about the treatment is shared with patients and their attendants regularly
ME B1.8	The facility has defined and established grievance redressal system
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, economic, cultural or social status.
ME B2.1	Services at PHC are provided in manner that are sensitive to gender
ME B2.2	Religious and cultural preferences of patients and their attendants are taken into consideration, while delivering services
ME B2.3	Access to facility is provided without any physical barrier
ME B2.4	There is no discrimination on basis of social and economic status of the patients
Standard B3	The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information.
ME B3.1	Adequate visual privacy is provided at every point of care
ME B3.2	Confidentiality of patients' records and clinical information is maintained
ME B3.3	The facility ensures behaviours of its 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 it safeguards vulnerable groups
Standard B4	The facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services.
ME B4.1	The facility provides cashless services to pregnant women, mothers and neonates and for other patients on payments as per government schemes in vogue
ME B4.2	The facility ensures that prescribed drugs are available at the Pharmacy and wards
ME B4.3	It is ensured that facilities for the prescribed investigations are available at the PHC
ME B4.4	The facility provide free of cost treatment to Below poverty line (BPL) patients seamlessly
ME B4.5	The facility ensures timely payment of entitlements and reimbursement to the patients
Area of Concern – C: Inputs	
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms
ME C1.1	Departments have adequate space as per patient or work load
ME C1.2	Amenities for Patients and Staff are available as per load
ME C1.3	The Departments have layout and demarcated areas as per their 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
Standard C2	The facility ensures the physical safety including fire safety of the infrastructure.
ME C2.1	The facility ensures seismic safety of the infrastructure, as per guidelines
ME C2.2	The facility ensures safety of electrical establishment
ME C2.3	Physical condition of buildings is safe for providing patient care
ME C2.4	The facility ensures Fire Safety Measures, including availability fire fighting equipment
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load
ME C3.1	The facility has adequate medical officers as per service provision and work load
ME C3.2	The facility has adequate nursing staff /Paramedic as per service provision and work load
ME C3.3	The facility has adequate Health workers as per requirement
ME C3.4	The facility has adequate support staff
ME C3.5	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles and responsibilities
ME C3.6	The Staff is skilled/ competent as per job description



Standard C4	The facility provides drugs and consumables required for assured services.
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 it may be needed
Standard C5	The facility has equipment and instruments required for assured list of services.
ME C5.1	Availability of equipment and instruments for examination and monitoring of patients
ME C5.2	Availability of equipment and instruments for undertaking treatment procedures in the facility
ME C5.3	Availability of equipment and instruments for undertaking diagnostic procedures in the facility
ME C5.4	Availability of equipment and instruments for resuscitation of patients
ME C5.5	Availability of equipment for storage
ME C5.6	Availability of functional equipment and instruments for support and outreach services
ME C5.7	Departments have patient furniture and fixtures as per case-load and service provision
Area of Concern – D: Support Services	
Standard D1	The facility has a established Facility Management Programme for Maintenance and Upkeep of Equipment and Infrastructure to provide safe and Secure environment to staff and Users
ME D1.1	The facility has system for maintenance of critical Equipment
ME D1.2	The facility has procedure for calibration of measuring Equipment
ME D1.3	Operating and maintenance instructions are available with the users of equipment
ME D1.4	The facility provides adequate illumination level in patient care areas and as well as within its premises
ME D1.5	The facility ensures comfortable environment for patients and service providers
ME D1.6	Exterior of the facility building is maintained appropriately
ME D1.7	The facility maintains clean and hygienic environment, especially patient care areas
ME D1.8	Facility infrastructure is adequately maintained
ME D1.9	Facility open areas are landscaped and well maintained
ME D1.10	Facility has a policy of removal of condemned junk material, and the policy has been implemented
ME D1.11	Facility has established procedures for pest and rodent control, and there is no access by animals
ME D1.12	The facility has security system in place in patient care areas
ME D1.13	The facility has established measures for safety and security of female staff



Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas
ME D2.1	There is established procedure for Estimation, indenting and Procurement of drugs and consumables
ME D2.2	The facility ensures proper storage of drugs and consumables
ME D2.3	The facility ensures management of expiry and near expiry drugs
ME D2.4	The facility has established procedure for inventory management techniques
ME D2.5	There is a procedure for storage of vaccines and other drugs, requiring controlled temperature and it is being followed
Standard D3	The facility ensures availability of diet, linen, water and power backup as per requirement of service delivery and support services norms
ME D3.1	The facility has adequate arrangement storage and supply for potable water in all functional areas
ME D3.2	The facility ensures adequate power backup in all patient care areas as per requirement
ME D3.3	The facility provides diets according to nutritional requirements of the patients
ME D3.4	The facility provides Clean and adequate linen as per requirement
Standard D4	The facility has defined and established procedures for promoting public participation in management of hospital with transparency and accountability.
ME D4.1	The facility has established procedures for management of activities of Rogi Kalyan Samiti
ME D4.2	The facility has established procedures for community based monitoring of its services
ME D4.3	The facility has established procedure for supporting and monitoring activities of community health work -ASHA
Standard D5	Hospital has defined and established procedures for Financial Management and monitoring of quality of outsourced services.
ME D5.1	The facility ensures the proper utilization of fund provided to it
ME D5.2	The facility ensures proper planning and requisition of resources based on its need
ME D5.3	There is established system for contract management for out-sourced services
ME D5.4	There is a system of periodic review of quality of out-sourced services
Standard D6	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government
ME D6.1	The facility has requisite licences and certificates, as required for operation of a health facility
ME D6.2	Updated copies of relevant laws, regulations and government orders are available at the facility
ME D6.3	The facility ensures its processes are in compliance with statutory and legal requirement



Standard D7	Roles and Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.
ME D7.1	Job-description of all category of staff is defined in the facility
ME D7.2	The facility has a established procedure for duty roster and deputation to different departments
ME D7.3	The facility ensures the adherence to dress-code as mandated by the department
Standard D8	Hospital has defined and established procedure for monitoring and reporting of National Health Program as per state specifications
ME D8.1	The facility provides monitoring and reporting services under National Vector Borne Disease Control Programme as per guidelines
ME D8.2	The facility provides services monitoring and reporting services under Revised National TB Control Programme, as per guidelines
ME D8.3	The facility provides monitoring and reporting services under National Leprosy Eradication Programme as per guidelines
ME D8.4	The facility provides services under National AIDS Control Programme, as per guidelines
ME D8.5	The facility provides monitoring and reporting services under National Programme for control of Blindness as per guidelines
ME D8.6	The facility provides monitoring and reporting services under Mental Health Programme, as per guidelines
ME D8.7	The facility provides monitoring and reporting services under National Programme for the health care of the elderly as per guidelines
ME D8.8	The facility provide monitoring and reporting service for prevention and control of Cancer ,diabetes , cardiovascular disease and stroke as per guidelines
ME D8.9	The facility provide monitoring and reporting service for Integrated Disease Surveillance Programme, as per guidelines
ME D8.10	The facility provide services under National Programme for prevention and control of deafness, as per guidelines
ME D8.11	The facility provides monitoring and reporting services under School Health Programme, as per guidelines
ME D8.12	The facility provides monitoring and reporting services under Universal Immunization Programme, as per guidelines
ME D8.13	The facility provides monitoring and reporting services under National Iodine deficiency Programme, as per guidelines
ME D8.14	The facility provides monitoring and reporting services under National tobacco Control Programme, as per guidelines
ME D8.15	Facility Reports data for Mother and Child Tracking System as per Guidelines
ME D8.16	Facility Reports data for HMIS System as per Guidelines



Area of Concern - E Clinical Services	
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.
ME E1.1	The facility has established procedure for registration of patients
ME E1.2	The facility has a established procedure for OPD consultation
ME E1.3	There is established procedure for admission of patients
Standard E2	The facility has procedures for continuity of care of patient.
ME E2.1	There is established procedure for initial assessment, and reassessment of patients
ME E2.3	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.
ME E2.4	Facility ensures follow up of patients, discharged from the higher facilities
Standard E3	The facility has defined and established procedures for nursing care
ME E3.1	Procedure for identification of patients is established at the facility
ME E3.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility
ME E3.3	There is established procedure of patient hand over, whenever staff duty change happens
ME E3.4	Nursing records are maintained properly
Standard E4	The facility has defined and follow correct procedure for drug administration and follows standard treatment guidelines defined by state/Central government
ME E4.1	Medication orders are written legibly and adequately
ME E4.2	There is a procedure to check drug before administration/ dispensing
ME E4.3	There is a system to ensure right medicine is given to right patient and documented
ME E4.4	The Patients are counselled for self drug administration
ME E4.5	The facility ensures that drugs are prescribed in generic name only
ME E4.6	There is procedure of rational use of drugs
ME E4.7	Drugs are prescribed according to Standard Treatment Guidelines
Standard E5	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage
ME E5.1	All the assessments, re-assessment and investigations are recorded and periodically updated
ME E5.2	Treatment plans are recorded in the patient's records
ME E5.3	Procedures performed are written on patients records
ME E5.4	Adequate form and formats are available at point of use
ME E5.5	Register/records are maintained as per guidelines
ME E5.6	The facility ensures safe and adequate storage and retrieval of medical records



Standard E6	The facility has defined and established procedures for discharge of patient.
ME E6.1	Discharge is done after assessing patient readiness for the discharge
ME E6.2	Case summary and follow-up instructions are provided at the discharge
ME E6.3	Counselling services are provided, whenever required
ME E6.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc.
Standard E7	The facility has defined and established procedures for Emergency Services and Disaster Management
ME E7.1	There is procedure for receiving of casualties and their triage
ME E7.2	Emergency protocols are defined and implemented
ME E7.3	The facility has disaster management plan in place
ME E7.4	The facility ensures adequate and timely availability of ambulance services
ME E7.5	There is a procedure for handling medico legal cases
Standard E8	The facility has defined and established procedures for diagnostic services
ME E8.1	There are established procedures for Pre-testing Activities
ME E8.2	There are established procedures for testing Activities
ME E8.3	There are established procedures for Post-testing Activities
ME E8.4	There are established procedures for Laboratory Diagnosis of Tuberculosis as per prevalent Guidelines
ME E8.5	There are established procedures for Laboratory Diagnosis of Malaria as per prevalent Guidelines
Maternal and Child Health Services	
Standard E9	The facility has established procedures for Antenatal care as per guidelines
ME E9.1	There is an established procedure for Registration and follow up of pregnant women
ME E9.2	There is an established procedure for History taking, Physical examination, and counselling of each antenatal woman, visiting the facility.
ME E9.3	The facility ensures of drugs and diagnostics are prescribed as per protocol
ME E9.4	There is an established procedure for identification of High risk pregnancies, and their timely referral.
ME E9.5	There is an established procedure for identification and management of anaemia
ME E9.6	Counselling of pregnant women is done as per standard protocol and gestational age
Standard E9	The facility has established procedures for Intranatal care as per guidelines
ME E10.1	Established procedures and standard protocols for management of different stages of labour, and AMTSL (Active Management of third Stage of labour) are followed at the facility
ME E10.2	There is established procedure for management/Referral of Obstetrics Emergencies as per scope of services.
ME E10.3	There is an established procedure for new born resuscitation and newborn care.



Standard E11	The facility has established procedures for postnatal care as per guidelines
ME E11.1	Post partum Care is provided during postnatal period
ME E11.2	The facility ensures adequate stay of mother and newborn in a safe environment as per standard Protocol
ME E11.3	There is an established procedure for Post partum counselling during postnatal period
Standard E12	The facility has established procedures for care of new born, infant and child as per guidelines
ME E12.1	The facility provides immunization services as per guidelines
ME E12.2	Triage, Assessment and Management of newborns having emergency signs are done as per guidelines
ME E12.3	Management of Newborn Illness is done as per relevant protocols
ME E12.4	Management of children presenting with fever, cough/ breathlessness is done as per guidelines
ME E12.5	Management of children with severe Acute Malnutrition is done as per guidelines
ME E12.6	Management of children presenting with diarrhoea is done per guidelines
Standard E13	The facility has established procedures for Medical Termination of Pregnancy and family planning as per government guidelines in vogue
ME E13.1	Family planning counselling services provided as per guidelines
ME E13.2	The facility provides spacing method of family planning as per guidelines
ME E13.3	The facility provides IUD service for family planning as per guidelines
ME E13.4	The facility provide counselling services for Medical Termination of Pregnancy as per guidelines
ME E13.5	The facility provide abortion services for 1st trimester as per guidelines
Standard E14	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines
ME E14.1	The facility provides Promotive ARSH Services
ME E14.2	The facility provides Preventive ARSH Services
ME E14.3	The facility Provides Curative ARSH Services
ME E14.4	The facility Provides Referral Services for ARSH
National Health Programmes	
Standard E15	The facility provides National health Programme as per operational/Clinical Guidelines of the Government
ME E15.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines
ME E15.2	The facility provides services under Revised National TB Control Programme as per guidelines
ME E15.3	The facility provides services under National Leprosy Eradication Programme as per guidelines
ME E15.4	The facility provides services under National AIDS Control Programme as per guidelines
ME E15.5	The facility provides services under National Programme for control of Blindness as per guidelines



ME E15.6	The facility provides services under Mental Health Programme as per guidelines
ME E15.7	The facility provides services under National Programme for the health care of the elderly as per guidelines
ME E15.8	The facility provides service under National Programme for Prevention and Control of cancer, diabetes, cardiovascular diseases and stroke (NPCDCS) as per guidelines
ME E15.9	The facility provide service for Integrated disease surveillance Programme as per guidelines
ME E15.10	The facility provide services under National Programme for prevention and control of deafness as per guidelines
ME E15.11	The facility provides services under School Health Programme as per guidelines
ME E15.12	The facility provides services under Universal Immunization Programme as per guidelines
ME E15.13	The facility provides services under National Iodine deficiency Programme as per guidelines
ME E15.14	The facility provides services under National Tobacco Control Programme as per guidelines
Area of Concern – F: Infection Control	
Standard F1	The facility has infection control Programme and procedures in place for prevention, control, and measurement of hospital associated infection
ME F1.1	There is Provision of Periodic Medical Check-up and immunization of the staff
ME F1.2	The facility has established procedures for regular monitoring of infection control practices, and infection rates are calculated
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis
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 availability of material for ensuring antiseptis
Standard F3	The facility ensures availability of material for personal protection, and facility staff follow standard precaution for personal protection.
ME F3.1	The facility ensures availability personal protection Equipment as per requirements
ME F3.2	The facility staff adheres to standard personal protection practices
Standard F4	The facility has standard procedures for processing for Disinfection and sterilization of equipment and instruments
ME F4.1	The facility ensures availability of materials for decontamination and cleaning of instruments, and standard practices are followed in procedure areas
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment



Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention
ME F5.1	Layout of the department is conducive for the infection control practices
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas
ME F5.3	The facility ensures standard practices are followed for cleaning and disinfection of patient care areas
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines
ME F6.2	The facility ensures management of sharps as per guidelines
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines
Area of Concern – G: Quality Management	
Standard G1	The facility has defined and established organizational framework and Quality policy for Quality Assurance
ME G1.1	The facility has a quality team in place
ME G1.2	The facility has defined quality policy and it has been disseminated
ME G1.3	Quality objectives have been defined, and the objectives are reviewed and monitored periodically
ME G1.4	The facility reviews quality of its services at periodic intervals
Standard G2	The facility has established system for patient and employee satisfaction
ME G2.1	Patient satisfaction surveys are conducted periodically
ME G2.2	The facility analyses patient feed-back, and root-cause analysis is undertaken periodically
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients
Standard G3	The facility have established system for assuring and improving quality of Clinical and support services by internal and external program.
ME G3.1	The facility has established internal quality assurance programme
ME G3.2	The facility has established external assurance programmes
ME G3.3	The facility conducts the periodic prescription/ medical/death audits
ME G3.4	The facility ensures non compliances are enumerated and recorded adequately
ME G3.5	Action plan is made on the gaps found in the assessment / audit process
ME G3.6	Corrective and preventive actions are taken to address issues, observed in the assessment and audit
ME G3.7	The facility uses method for quality improvement in services
ME G3.8	The facility uses tools for quality improvement in services



Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.
ME G4.1	Departmental standard operating procedures are available with the users
ME G4.2	Standard Operating Procedures adequately describes process and procedures
ME G4.3	The Staff is trained on SOPs, and they are aware of the procedures
ME G4.4	The Work instructions are displayed at point of their use
Area of Concern - H Outcomes	
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks
ME H1.1	The Facility measures productivity Indicators on monthly basis
ME H1.2	The Facility measures equity indicators periodically
ME H1.3	The Facility ensures compliance of key productivity indicators with national/state benchmarks
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark
ME H2.1	The Facility measures efficiency Indicators on monthly basis
ME H2.2	The Facility ensures compliance of key efficiency indicators with national/state benchmarks
Standard H3	The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark
ME H3.1	The Facility measures Clinical Care and Safety Indicators on monthly basis
ME H3.2	The Facility ensures compliance of key Clinical Care and Safety with national/state benchmarks
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark
ME H4.1	The Facility measures Service Quality Indicators on monthly basis
ME H4.2	The Facility ensures compliance of key Service Quality with national/state benchmarks

Section

**ASSESSMENT
PROTOCOLS**



I. Assessment Methodology

1. General Principles

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

- a) 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
- b) Fair Presentation – Assessment findings should truthfully and accurately represent the assessment activities. Any unresolved diverging opinion between assessors and assessees should be brought-out. Communication should be truthful, accurate, objective, timely, clear and complete.
- c) Confidentiality–Assessors should ensure that information acquired by them during the assessment is kept confidential and should not be shared with un-authorized personnel. The information must not be used for personal gain.
- d) Independence– Assessors should be independent to the activity they are assessing and should 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.
- e) 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 –

- a) Internal Assessment – A continuous process of assessment within the facility by internal assessors.
- b) External Assessment– Assessment by District Quality Assurance Unit (DQAU) and State Quality Assurance Unit (SQAU)
- c) Assessment for Certification – Assessment by the assessors, deputed by the Ministry of Health & 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 & formats) for internal assessment
4. Maintenance and safe keeping of assessment records
5. Communicating and coordinating with departments
6. Monitor & review the internal assessment programme
7. Disseminate the findings of internal assessment
8. Preparation of action plan in coordination with quality team and respective departments.

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 multi-disciplinary 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. Similarly 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 & 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 fifty 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 & PI, Patient Interview.
- i) Column next to assessment method contains means of verification. It denotes what to see in a particular Checkpoint. 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 like 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, drug tray in 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, maintenance of treatment chart, assessment of patients, etc.
 - b) Review of department registers like admission registers, hand over registers, expenditure registers, etc.
 - c) Review of license, formats for legal compliances like authorisation certificate for Biomedical Waste Management,
 - d) Review of SOPs for adequacy and process

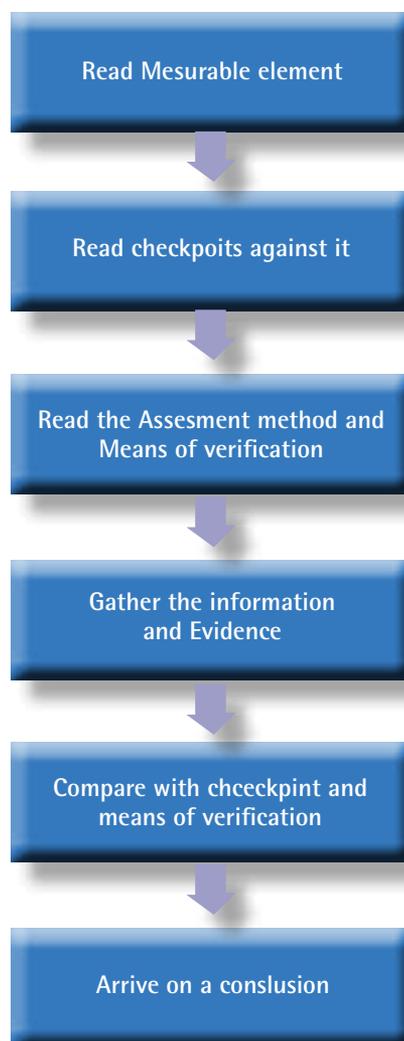
- e) Review of monitoring records like temperature monitoring charts, culture surveillance report and calibration records
- f) Review of department data and indicators

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 of patient's right or quality policy
- d) Feedback about adequacy of supplies, problems in performing work safety issues etc.

iv. Patient / Client Interview – Interaction with patients & relatives may be useful in getting information about quality of services and their experience at the facility. It should include Feedback on quality of services, staff behaviour, food quality, waiting times, out of pocket expenditure incurred during the treatment, counselling services, etc.

Flow of gathering information during assessment is given below -



8. Assessment conclusion

After gathering information and evidence for measurable elements, an assessor is expected to decide the Compliance, Partial compliance or Non-compliance for each of the checkpoints.



II. Scoring System

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

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

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



Labour Room Score Card		
Labour Room Score	Area of Concern	
50%	Service Provision	50%
	Patient Rights	50%
	Inputs	50%
	Support Services	50%
	Clinical Care	50%
	Infection Control	50%
	Quality Management	50%
	Outcome	50%

Departmental Score Card

PHC Score Card					
PHC Score		Area of Concern			
50%	Service Provision	50%			
	Patient Rights	50%			
	Inputs	50%			
	Support Services	50%			
	Clinical Care	50%			
	Infection Control	50%			
	Quality Management	50%			
	Outcome	50%			
OPD	Labour Room	IPD	Laboratory	National Health Programs	General
50%	50%	50%	50%	50%	50%

Facility Score Card

THEMATIC SCORE CARD					
Preventive		Promotive		Curative	
50%		50%		50%	
ANC	Immunization	RNTCP	NBVDPC	School Health Program	Adolescent Health
50%	50%	50%	50%	50%	50%

Thematic Score Card



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 & 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 & 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 & 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 & 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 & 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 & Prioritising

Based on the finding of baselines assessment, the gaps can be identified & 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 DOAC. 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 & 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	Increasing patient satisfaction Level by X% in y Months Increasing facility quality score from X% to Y% in Z months
Department Level	Reduction of postpartum infection rates from X% to y% in Z months. Increase average length of stay from X days to Y days in Z months

Step 8 - Implementation of Standard Operating Procedures

Quality is about doing things right, for first time & every time, thereafter. To archive this objective, all key clinical & 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 & 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 & 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 & preventive action taken in time.

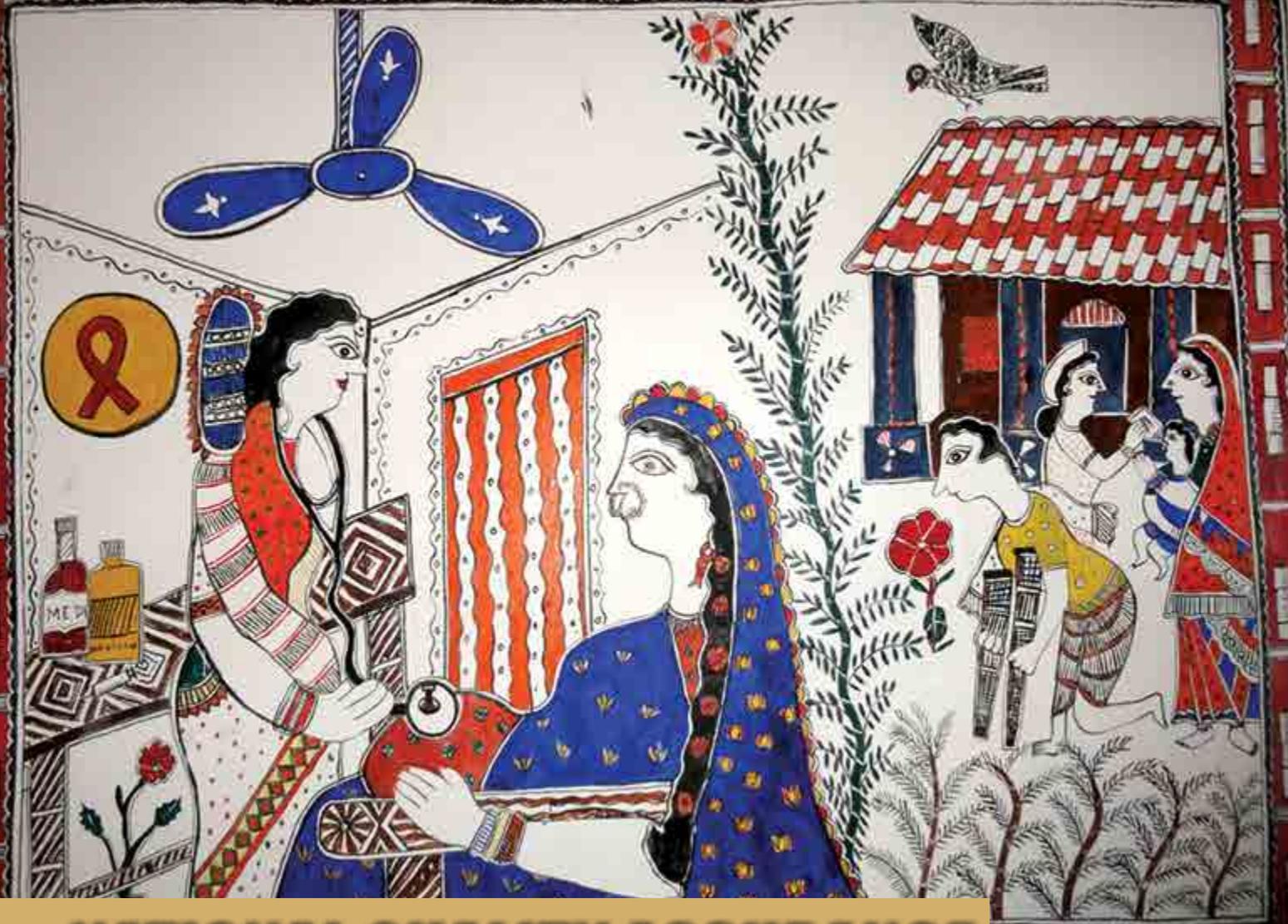
Step 10 Certification

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 PHC

Checklist for Outdoor
Department

Checklist for Outdoor Department

Checklist-1

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – A Service Provision					
Standard A1	Facility provides primary level curative services				
ME A1.1	The facility provides treatment of common ailments	Availability of Consultation services for common illnesses		RR/SI	Common Cold, Fever, Diarrhoea, Bronchial Asthma, Foreign body in conjunctival sac, etc.
ME A1.2	The facility provides Accident and Emergency Services	Primary Management of wounds and First Aid		RR/SI	Incision and drainage, Stitching Dressing
		Primary Management of trauma and bone injuries		RR/SI	Splints
		Emergency Management of Life threatening conditions		RR/SI	Stabilization/ Primary Management of Medical conditions like Shock, Ischaemic Heart Disease, CVA, Dyspnoea, Unconscious patients, Status Epilepticus, etc.
		Primary Management and stabilization of Poisoning / Snake Bite cases		RR/SI	Lavage, Antidotes, Anti-snake venom/ Anti scorpion venom
		Primary treatment for Dog Bite cases		RR/SI	Anti Rabies Vaccines
ME A1.3	The facility provides AYUSH Services	Functional and Dedicated AYUSH Clinic		RR/SI	Ayurveda, Unanai, Siddha, Homeopathy, Naturopathy as per State Guidelines
ME A1.4	Services are available for the time period as mandated	OPD Services are available for at least 6 Hours in a day		RR/SI/PI	
		Emergency Services are functional 24X7		RR/SI	At least one ANM/ Nurse/ LHV is available 24X7, MO Should be available on call
ME A1.5	The facility provides curatives and preventive services for the health problems and diseases, prevalent locally.	Availability of OPD services for diseases, specifically prevalent locally		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard A2	The facility provides RMNCHA Services				
ME A2.1	The facility provides Reproductive health Services	Availability of Counselling Services		RR/SI	For Family Planning, Abortion and Infertility
		Provision of Contraceptives		RR/SI	Condoms, Oral Pills, Progestron Only pill (POP), Emergency Contraceptives, IUCD Insertion
		Referral and Follow-up services		RR/SI	For Permanent Methods of Family Planning, Abortion and Infertility
		Safe Abortion Services		RR/SI	"Primary Management of spontanous cases of abortion. MTP using Manual Vacuum Aspiration (MVA) technique Medical Method of abortion upto 7 weeks with referral linkages "
ME A2.2	The facility provides Maternal health Services	Availability of Functional ANC Clinic		RR/SI	
		Early registration and Minimum 4 ANC Check-up		RR/SI	
		Provision of Tetanus Toxoid and IFA		RR/SI	
		Nutritional and Health Counselling		RR/SI	By MO. May be individual counselling/ group counselling
		Identification and management of High Risk and Danger signs during pregnancy		RR/SI	PIH, Pre eclampsia, Severe Anaemia, IUGR, Multiple pragency, Bad Obstretics History
ME A2.3	The facility provides New Born health Services	Identification, primary management and prompt referral of sick newborns		RR/SI	
ME A2.4	The facility provides Child health Services	Routine and Emergency care of Sick Children		RR/SI	Treatment of Diarrheal , Pneumonia, anaemia etc.
		Management of Malnutrition cases		RR/SI	
		Identification and referral of Severe Acute Malnutrition cases to NRC		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Counselling on breast-feeding		RR/SI	Exclusive for 6 months and adequate complementary feeding from 6 months of age while continuing breastfeeding
ME A2.5	The facility provides Adolescent health Services	Availability of Adolescent friendly clinic		RR/SI	At least for 2 hours on a fixed day in week
Standard A3	The Facility provides Diagnostic Services, Para-clinical and support services.				
ME A3.3	The facility provides pharmacy services	Availability of Drug Dispensing counter		RR/SI	For both Allopathic and Alternate medicines
ME A3.4	The facility provides medico legal services	Availability of Medico legal Services, as per state's guidelines		RR/SI	Check for Medico Legal cases (MLC) are recorded at facility
Area of Concern - B Patients' Right					
Standard B1	The facility provides the information to care seekers, attendants and community about the available services and their modalities				
ME B1.2	The facility displays the services and entitlements available in its departments	List of available services in the OPD are prominently displayed		OB	OPD services, Emergency services, Labour room , Laboratory Services etc.
		Timings and days of the OPD and other clinic services are displayed		OB	Including day and timing of fix day services like ANC, Immunization, Adolescent clinic etc. (as applicable)
		List of Available drugs prominently displayed at drug dispensing counter		OB	Should be updated as per current stock
ME B1.4	Patients and visitors are sensitised and educated through appropriate IEC / BCC approaches	Availability of Booklets / Leaflets/ brochures in the waiting area for Health education and information about different programmes and schemes		OB/SI	IEC Corner
ME B1.7	Information about the treatment is shared with patients or attendants, regularly	Patient is informed about the diagnosis, and Treatment Plan		PI/RR	Ask patients about what they have been communicated about the treatment plan
		A copy of OPD Slip/ Prescription containing Diagnosis and treatment plan, is given to patient		RR	
		Method of Administration / taking of the medicines is informed to patient/ their relative by pharmacist as per doctors prescription at the dispensary		PI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, economic, cultural or social status.				
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of female staff / attendant, if a male doctor examines a female patients		SI/OB	
		Dedicated Female OPD		OB	Specially for ANC clients
		Availability of Breast Feeding Corner		OB	
ME B2.3	Access to facility is provided without any physical barrier	There is no over crowding in the OPD		OB	
Standard B3	The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information.				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen/ curtains in the Examination Area		OB	
		One Patient is seen at a time in the clinic		OB	
		One clinic is not shared by two doctors at a time		OB	
ME B3.2	Confidentiality of patients records and clinical information is maintained	Patient records are kept in safe custody in OPD, and are stored securely.		OB/SI	Check Patient records eg. OPD register , OPD slips are kept in safe custody and are not accessible to unauthorized patients
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous to patient and Attendant		PI/SI	
Standard B4	The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.				
ME B4.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	OPD Consultation/ ANC Check up is provided free of cost		PI/SI/RR	Check for there is no consultation fee/ registration fee for JSSK beneficiaries
ME B4.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Check for BPL patients are not charged any services		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern - C Inputs					
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms				
ME C1.1	Departments have adequate space as per patient or work load	Clinics have adequate space for consultation and examination		OB/SI	Adequate Space in Clinics (120 sq ft)
ME C1.2	Amenities for Patients and Staff are available as per load	Availability of waiting are with seating arrangement		OB	Waiting area As per average OPD at peak time
		Availability of Fans, Coolers / Warmers and drinking water facilities as per need		OB	
		Availability of drinking water facilities		OB	
		Availability of functional toilets		OB	Dry toilet with running water
ME C1.3	Departments have layout and demarcated areas as per functions	There is functional registration counter, which is manned during OPD hours		OB	
		Dedicated Clinics for OPD Consultation and counselling		OB	
		Dedicated examination area is provided for each clinic		OB	
		Dedicated Clinic for AYUSH Doctor		OB	
		Dedicated dressing Room/ Minor OT/Injection room		OB	
		Dedicated Drug Dispensing cum Drug Store		OB	
		Unidirectional flow of services		OB	
Standard C2	The facility ensures the physical safety including fire safety of the infrastructure.				
ME C2.2	The facility ensures safety of electrical establishment	OPD does not have temporary connections and loosely hanging wires		OB	Switch Boards all other electrical installations are intact and secure
ME C2.3	Physical condition of buildings are safe for providing patient care	Floor of OPD is non slippery and even		OB	
ME C2.4	The facility Ensures fire Safety Measures including fire fighting equipment	OPD has functional fire extinguisher		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load				
ME C3.1	The facility has adequate medical officers as per service provision and work load	Availability of Doctors for consultation during OPD hours		PI/RR	One MO and one Ayush doctor for a minimum of six hours per day and for six days in a week
ME C3.2	The facility has adequate nursing staff /Paramedic as per service provision and work load	Availability of at least of one staff in Dressing room/Injection room		OB/RR	Staff Nurse/ANM/ ophthalmic assistant (fixed day)Dresser/Others as per state norm
		Availability of one Pharmacist at Drug dispensing counter during OPD timings		OB/RR	
ME C3.5	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles and responsibilities	Training of Doctor for FIMNCI		RR	Check the staff about use of Oxytocin, Antibiotic and Magnesium sulphate
ME C3.6	The Staff is skilled/ competant as per job description	Check competency of the staff to use OPD equipment like BP apparatus, etc.		SI	
		Check the competency of ANM/ Staff nurse for conducting ANC as per protocols		SI	Calculation of EDD and High risk pregnancy
Standard C4	The facility provides drugs and consumables required for assured services.				
ME C4.1	The departments have availability of adequate drugs at point of use	Availability of Drugs for ANC services		OB/RR	IFA Tablets, Inj Tetanus Toxoid
		Availability of Vaccines at Immunization Clinic		OB/RR	OPV, BCG, Hepatitis B, DPT, Measeles, Vit A
		Availability of Contraceptives for Family Planning services		OB/RR	Condoms, IUCD, ECP, OCP
ME C4.2	The departments have adequate consumables at point of use	Availability of disposables in dressing room/ Injection room and clinics		OB/RR	examination gloves, Syringes, Dressing material, suture material
		Availability of splints for bone injury cases		OB/RR	Slints including Thomas splint
ME C4.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained at injection room / Immunization Room		OB/RR/SI	"Drugs for managing anaphylactic reaction - Inj Adrenalin, Inj Hydrocortisone Sodium Succinate, Injection Chlorpheniramine, IV Fluid, Nitroglycerin spray, Inj. Dopamine Inj Magsulf IV Set"



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard C5	The facility has equipment and instruments required for assured list of services.				
ME C5.1	Availability of equipment and instruments for examination and monitoring of patients	Availability of functional Equipment and Instruments at OPD clinic		OB/SI	BP apparatus, Thermometer, Weighing machine, Infant weighing scale, Facility for measuring height, Torch, Stethoscope, X-ray view box, Tongue Depressor, Otoscope, Hand Sanitiser, etc.
		Availability of Instruments and Equipment for ANC Check up		OB/SI	Stethoscope, BP Apparatus, weighing Scale, Inch Tape, Facility for measuring height, Foetoscope, Thermometer, wall clock, towel
ME C5.2	Availability of equipment and instruments for treatment procedures, being undertaken in the facility	Availability of Dressing Instruments in Dressing Room/ Injection Room		OB/SI	Chittell's forcep, Artery Forceps, Blade, Normal Forcep, Tooth Forcep, Needle Holder, Splints, Suture Material, Dressing Drums
		Availability of instruments for refraction		OB/SI	"Tonometers (Schiotz) Direct Ophthalmoscope Illuminated Vision Testing Drum Trial Lens Sets with Trial Frames Snellen and Near Vision Charts Battery Operated Torch (2) Slit lamp Epilation forceps "
		Availability of instruments for audiometry		OB/SI	Head Light Ear specula Ear syringe Otoscope Jobson Horne probe Tuning fork (512 HZ) Noise Maker
ME C5.3	Availability of equipment and instruments for diagnostic procedures being undertaken in the facility	Availability of diagnostic instruments at clinics / consultation rooms for PAP smear		OB/SI	"Slides, Lancet, Cusco Spaculum Spatula Fixer (spray) Marker pen Light Source"
ME C5.4	Availability of equipment and instruments for resuscitation of patients.	Availability of functional Instruments for Resuscitation.		OB/SI	Airway, Ambu's bag, Oxygen Cylinder with key, Nebulizer, Suction Machine.
ME C5.5	Availability of equipments for storage.	Availability of equipment for storage for drugs		OB/SI	Refrigerator, Crash cart/ Drug trolley, instrumental trolley, dressing trolley
ME C5.7	Departments have patient furniture and fixtures as per load and service provision	Availability of Fixtures		OB/SI	Spot light, electrical fixture for equipment, X ray view box
		Availability of furniture at clinics		OB/SI	Doctors Chair, Patient Stool, Examination Table, Attendant Chair, Table, Footstep, cupboard



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – D Support Services					
Standard D1	The facility has a established Facility Management Program for Maintenance and Upkeep of Equipment and Infrastructure to provide safe and Secure environment to staff and Users				
ME D1.5	The facility ensures comfortable environment for patients and service providers	Temperature control and ventilation in OPD		RR/SI	Check for and Optimal temperature and ventilation is maintained in clinics for comfort of staff and Patients
ME D1.7	Patient care areas are clean and hygienic	Floors, walls, roof , sinks patient care and corridors 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 D1.8	Facility infrastructure is adequately maintained	Fixtures and Patient Furniture are intact and maintained in OPD		OB	
ME D1.10	Facility has policy of removal of condemned junk material	No condemned/Junk material in the OPD		OB	
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas				
ME D2.2	The facility ensures proper storage of drugs and consumables	Drugs/ Injectable are stored in containers/tray/and are labelled in Injection Room/ Dressing Room		OB	
ME D2.3	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray at Injection Room		OB/RR	
		No expiry drug found at Injection Room		OB	
ME D2.4	The facility has established procedure for inventory management techniques	Expenditure and left over records of vaccines is maintained at immunization clinic		RR/SI	
Area of Concern –E Clinical Services					
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR	
		Patient demographic details are recorded in OPD registration records		RR	Check for that patient demographics like Name, age, Sex, Address etc.



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E1.2	The facility has a established procedure for OPD consultation	There is procedure for systematic calling of patients one by one		OB/SI	Patient is called by Doctor/ attendant as per his/her turn on the basis of "first come first examine" basis.
		Every patient is offered a seat and is examined as per clinical condition		OB	No patient is consulted in standing position
		Clinical staff not is engaged in administrative work at OPD		OB/SI	
Standard E2	The facility has procedures for continuity of care of patient.				
ME E2.1	There is established procedure for initial assessment and Reassessment of patients	Patient History is taken and recorded		RR/SI	
		Physical Examination is done and recorded wherever required		RR/SI	
		Provisional Diagnosis is recorded		RR/SI	
ME E2.3	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.	There is a system of referring patient from OPD to higher centre for specialist consultation		RR/SI	Check for practice, availability of referral slip, is there any information about the specialist doctors and there timings and day available
ME E2.4	Facility ensures follow up of patients	There is system of follow up of the patients discharged form higher facilities		RR/SI	Check system of follow up visit of ANM, ASHA or visit to PHC
Standard E4	The facility has defined and follows procedure for drug administration and standard treatment guidelines defined by the State/Central government				
ME E4.1	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 E4.2	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	Check in Injection room
		Check single dose vial / ampules are not used for more than one dose		OB/RR	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/RR/SI	In multi dose vial needle is not left in the septum



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Any adverse drug reaction is recorded and reported		RR/SI	
ME E4.4	Patient is counselled for self drug administration	Patient is advised by doctor/ Pharmacist /nurse about the dosages and timings		PI	
ME E4.5	The facility ensures that drugs are prescribed in generic name only	Check for OPD slip if drugs are prescribed under generic name only		RR	
ME E4.6	There is procedure of rational use of drugs	Check for Doctor are sensitized for rational use of drugs specially antibiotics		SI	Ask the cases in which doctor prescribe the antibiotics.
ME E4.7	Drugs are prescribed according to Standard Treatment Guidelines	Check for that relevant Standard treatment guideline are available at point of use		OB/RR	
		Check staff is aware of the drug regime and doses as per STG		SI	
		Check OPD ticket that drugs are prescribed as per STG		RR	
Standard E5	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage				
ME E5.1	All the assessments, re-assessment and investigations are recorded and updated	Patient History, Complaints and Examination Diagnosis/ Provisional Diagnosis is recorded in OPD slip		RR	
ME E5.2	All treatment plan prescription/orders are recorded in the patient records.	Written Prescription Treatment plan is documented		RR	
ME E5.3	Procedures performed are written on patients records	Any dressing/injection, other procedure recorded in the OPD slip		RR	
ME E5.4	Adequate form and formats are available at point of use	Check for the availability of OPD slip, Requisition slips etc.		OB/RR	
ME E5.5	Register/records are maintained as per guidelines	OPD records are maintained		RR	OPD register, Drug Expenditure Register Injection room register etc.
Standard E7	The facility has defined and established procedures for Emergency Services and Disaster Management				
ME E7.1	There is procedure for Receiving and triage of patients	PHC has implemented system of sorting the patients in case of mass casualty		SI	As care provider how they triage patient- immediate, delayed, expectant, minimal, dead



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E7.2	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.
		There is procedure for CPR		SI	Ask for Demonstration on BLS (basic life support)
ME E7.4	The facility ensures adequate and timely availability of ambulances services	Check for how ambulances are called and patients are shifted		SI/OB	
		Ambulances are equipped		OB	Ventilation and air way equipment, Portable Oxygen, oxygen administration equipment, bag and mask resuscitators, immobilization devices, dressing and bandage and emergency drugs
		All unstable patients are transferred (as decided by the Doctor), with one paramedical staff		SI/RR	
		The Patient's rights are respected during transport.		SI	
		Ambulance appropriately equipped for BLS with trained personnel		SI/RR	
		There is a daily checklist of all equipment and emergency medications		RR	
		Ambulance has a log book for the maintenance of vehicle and daily vehicle checklist		RR	
		Transfer register is maintained to record the detail of the referred patient		RR	
		Ambulance services are registered to three digit number		OB	e.g: 108/ 102
ME E7.5	There is procedure for handling medico legal cases	There is procedure for informing police		RR/SI	Check for Police Information Register, Ask method for informing police
		There is procedure for preservation of samples of MLC cases		RR/SI	Aspirations, Blood samples and Viscera



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Emergency has criteria for defining medico legal cases		RR/SI	Criteria is defined based on cases and when to do MLC like all the cases not attended by the doctor/ certeria may vary from state to state
		All rape/ sexual Haersment cases are provided with Oral Contraceptive pill and Antibiotic before refering to Higher centre		RR/SI	
Standard E8	The facility has defined and established procedures for diagnostic services				
ME E8.3	There are established procedures for Post-testing Activities	Clinics are provided with critical value of different tests		SI/RR	
Standard E9	The facility has defined and established procedures of diagnostic services				
ME E9.1	There is an established procedure for Registration and follow up of pregnant women.	Facility provides and updates "Mother and Child Protection Card"		RR	Check Mother and Child Protection cards have been provided for each pregnant women at time for registration/ First ANC
		Facility ensures early registration of ANC		RR/SI	Check ANC records for ensuring that majority of ANC registration is taking place within 12th week of Pregnancy in ANC register
		Records are maintained for ANC registered pregnant women		RR	Records of each ANC check-up is maintained are maintained in ANC register
		Clinical information of ANC is kept with ANC clinic		RR/SI	Check, if there is a system of keeping copy of ANC information like LMP, EDD, Lab Investigation Findings, Examination findings etc. with them
		Staff has knowledge of calculating expected pregnancies in the area		SI	Check with staff the expected pregnancies in her area / How to calculate it.(Birth Rate X Population/1000 Add 10% as correction factor (Still Birth)
		Tracking of Missed and left out ANC		RR/SI	Check with ANM how she tracks missed out ANC. Use of MCTS by generating work plan and follow-up with ASHA, AWW etc. Check if there is practice of recording Mobile no. of clients/next to kin for follow up



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		All pregnant women get ANC checkup as per recommended schedule		RR/SI	"Ask staff about schedule of 4 ANC Visits (1st - < 12 Weeks 2nd - < 26 weeks 3rd - < 34 weeks 4th >34 to term) Check ANC register whether all 4 ANC covered for most of the women (sample cases)"
		At least one ANC visit is attended by Medical Officer		RR/SI	Preferably 3rd Visit (28-34 Weeks)
ME E9.2	There is an established procedure for History taking, Physical examination, and counselling of each antenatal woman, visiting the facility.	ANC check-up is done by Qualified SBA trained personnel		RR/SI	Check-up is done by a trained ANM, LHV, Staff Nurse or Medical Officer Only
		At ANC clinic, Pregnancy is confirmed by performing urine test		RR/SI	Check for ANC record that pregnancy has been confirmed by using Pregnancy test Kit (Nischay Kit)
		Last menstrual period (LMP) is recorded and Expected date of Delivery (EDD) is calculated on first visit		RR/SI	Check how staff confirms EDD and LMP, (EDD = Date of LMP+9 Months+7 Days) How she estimates if Pregnant women is unable to recall first day of last menstrual cycle ('Quickening', Fundal Height) .Check ANC records that it has been written
		Comprehensive Obstetric History is recorded		RR/SI	History of Pervious pregnancies including complications and procedures done, if any, is taken "
		History of Current or past systemic illnesses is taken and recorded		RR/SI	History of current or past systemic illness like Hypertension, Diabetes, Tuberculosis, Rheumatic Heart Disease, Rh Incompatibility, malaria, etc. is taken



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		History of Drug intake or allergies and intake of Habit forming and Harmful substances like Tobacco, Alcohol, Passive smoking		RR/SI	Allergies to drugs, any treatment taken for infertility.
		Physical Examination of Pregnant Women is done on every ANC visit		RR/SI/OB	Pulse, Respiratory Rate , Pallor, Oedema
		Weight measurement is measured on every ANC Visit		RR/SI/OB	Check any 3 ANC records/ MCP Card randomly to see that weight has been measured and recorded at every ANC visit
		Blood pressure is measured on every ANC Visit		RR/SI/OB	Check any 3 ANC records/ MCP Card randomly to see that Blood Pressure has been measured and recorded at every ANC visit
		Abdominal Examination is done as per protocol		RR/SI/OB	"Measurement of Fundal Height (ask staff how she correspond fundal high with Gestational Age) Palpation for Foetal lie and Presentation Check for findings recorded in MCPcard/ANC Records "
		Auscultation for fetal heart sound		RR/SI/OB	
		Breast examination is done		RR/SI/OB	"Observation and Correction of Flat or Inverted Nipples Palpation ofr any Lumps or Tenderness "
		History of past illness / pregnancy complication is taken and recorded		RR/SI/OB	
ME E9.3	The facility ensures of drugs and diagnostics are prescribed as per protocol	Haemoglobin test is done on every ANC visit		RR	Check randomly any 3 MCP card/ ANC record for Haemoglobin test is done at every ANC visit and values are recorded
		Urine test for Sugar and Protein is on every ANC visit		RR	Check randomly any 3 MCP card/ ANC record for Urine for Sugar and Protein is done on every ANC visit and findings are recorded



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Blood Grouping and RH Typing is done for every pregnant woman		RR	Check randomly any 3 MCP card/ ANC record for confirming that blood grouping has been done
		Test for HbsAg is done for every pregnant women at least once in ANC period		RR	Check the ANC records
		Test for HIV is done at least once in ANC period		RR	Check the ANC records
		Test for VDRL/ RPR is done at least once in ANC period		RR	Check the ANC records
		Screening for Malaria is done as per clinical protocol		RR	"In Non-endemic area for all clinically suspected cases. In malaria endemic area all pregnant women"
		Tetanus Toxoid (2 Dosages/ Booster) have been during ANC visits		RR	Check randomly any 3 ANC records for confirming that TT1 (at the time of registration) and TT2 (one month after TT1) has been given to Primigravida and Boster dose for women getting pregnant within three years of previous pregnancy
ME E9.4	There is an established procedure for identification of High risk pregnancy and appropriate and Timely referral.	Staff can recognise the cases, which would need referral to Higher Centre(FRU)		SI/RR	Anaemia, Bad obstretic history, CPD, PIH, APH, Medical Disorder complicating pragnency, Malpresentation, fetal distress, PROM, obstreted labour, reptime uterus, and Rh negative
		Staff is competent to identify Hypertension / Pregnancy Induced Hypertension		SI/RR	"Hypertension and Pre Ecalmpisa (Hypertension - Two consecutive reading taken four hours apart shows Systolic BP >140 mmHg and/or Diastolic BP > 90 mmHg
		Staff is competent to identify Pre-Eclampsia		SI/RR	"Pre - Eclampsia- High BP with Urine Albumin (+2) Imminent eclampisa -BP >140/90 with positive albumin 2++, severe headache, Blurring of vision, epigastric pain and oligouria in Urine "



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Staff is competent to identify high risk cases based on Abdominal examination		SI/RR	"Identification and referral of cases with Cephalo-pelvicpresentation, Malpresentation, medical disorder complicating pregnancy, IUFD, amonitic fluid abnormalities.
ME E9.5	There is an established procedure for identification and management of anaemia	Staff is competent to classify anaemia according to Haemoglobin Level		SI/RR	">11 g/dl -Absence of Anaemia 7-11 g/dl Moderate Anaemia <7 g/dl Severe Anaemia "
		Staff is aware of prophylactic and Therapeutic dose of IFA		SI/RR	Prophylactic - one IFA tablet per day for at least 100 days starting from first trimester Therapeutic - 2 IFA tablet per day for three months
		Line listing of pregnant women with moderate and sever anaemia		SI/RR	Check the records
		Improvement in haemoglobin label is continuously monitored and recorded		SI/RR	Check the staff for intervention and track the improvement in Haemoglobin level of anaemic woman in subsequent ANC visit.
ME E9.6	Counselling of pregnant women is done as per standard protocol and gestational age	Pregnant women is counselled for Planning and preparation for Birth		PI/SI	Registration, Identification of institution as per clinical condition
		Pregnant women is counselled Recognizing sign of labour		PI/SI	A bloody, sticky discharge (Show) and regular painful uterine contractions
		Pregnant women is counselled Identify and arrange for referral transport		PI/SI	" contact number of the ambulance is communicated arrangement of alternate vehicle if ambulance not available on time "
		Pregnant women is counselled recognising danger signs during pregnancy		PI/SI	Swelling (oedema), bleeding even spotting, blurred vision, headach, pain abdomen, vomiting, pyrexia, watery and foul smeling discharge and Yellow urine



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Pregnant women is counselled Diet and Rest		PI/SI	"Increase Dietary Intake Diet rich in proteins, iron, vitamin A, vitamin C, calcium and other essential micronutrients."
		Pregnant women is counselled breast feeding		PI/SI	"Initiate breastfeeding especially colostrum feeding within an hour of birth. Do not give any pre-lacteal feeds. (Sugar, water, Honey) Ensure good attachment of the baby to the breast. Exclusively breastfeed the baby for six months. Breastfeed the baby whenever he/she demands milk. Follow the practice of rooming in."
		Pregnant women is counselled for Family planning		PI/SI	Different Options available including IUCD, vasectomy, long acting injectables, etc.
Standard E12	The facility has established procedures for care of new born, infant and child as per guidelines				
ME E12.1	The facility provides immunization services as per guidelines	Availability of diluents for Reconstitution of measles vaccine		OB/RR	Match no. of dilutants With no. of measles
		Recommended temperature of diluents is ensured before reconstitution		OB/SI/RR	"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 time		SI/RR/OB	Check when the vaccine vials opened, reconstituted and valid for use. Should not be used beyond 4 hours after reconstitution
		Time of opening/ Reconstitution is recorded on the vial		OB/RR	Check on vial
		Staff is aware of the shelf life of Vit A once it is opened and ensures it is not given after shelf life		OB/RR/SI	6-8 weeks. Check for if date of opening has been marked on the bottle.



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Staff checks WM level before using vaccines		OB/SI	Ask staff how to check WM level and how to identify discard point. 4 stages - use upto 3 stage
		Staff is aware of how check freeze damage for T-Series vaccines		SI	Ask staff to demonstrate how to conduct Shake test for DPT, DT and TT
		Discarded vaccines are kept separately		OB	Check for expired, frozen or with WM beyond the discard point vaccine stored separately
		Check for DPT, DT, Hepatitis B, and TT vials are kept in basket in upper section of ILR		OB	
		Availability of separate box for open and reused vaccines		OB	
		Check for injection site is not cleaned with spirit before administering vaccine dose		OB	cleaning the injection site with a spirit swab before vaccination is not advisable as live components of the vaccine are killed if they come in contact with spirit
		AD syringes are available as per requirement		OB/RR	Check for 0.1 ml AD syringe for BCG and 0.5 ml syringe for others are available
		Vaccine recipient is asked to stay for half an hour after vaccination to observe any adverse effect following immunization		OB/SI	
		Antipyretic drugs are available		OB/SI	
		Mother and child protection card is available and updated		OB/RR	
		Counselling on adverse events and follow up visits done(CEI)		RR/SI	
		Staff has knowledge and skills to recognise minor and serious adverse events (AEFI)		SI/RR	
		Staff knows what to do in case of anaphylaxis		SI/RR	Immediate report to MO



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E12.2	"Triage, Assessment and Management of newborns having emergency signs are done as per guidelines"	Primary management of emergency signs newborns		SI/RR	Check for adherence to clinical protocols
ME E12.4	"Management of children presenting with fever, cough/ breathlessness is done as per guidelines "	Primary management of children with fever,cough and breathlessness		SI/RR	Check for adherence to clinical protocols
ME E12.5	"Management of children with severe Acute Malnutrition is done as per guidelines	Screening of children coming to OPDs using weight for height and/or MUAC		SI/RR	
ME E12.6	"Management of children presenting diarrhoea is done per guidelines "	Management of Severe Dehydration as per clinical protocol		SI/RR	"Check for the dosage and logarithm 100ml/kg of ringer lactate/Normal saline Infants 30ml/kg -1hour + 70ml/perkg 5hr for Child -30ml/kg-30min. + 70 ml/kg 2 1/2 hrs ORS 5ml/kg/hr reassessment"
		Management of Moderate Dehydration as per clinical protocol		SI/RR	"ORS treatment at clinic for 4 hrs ask staff how determine the volume of ORS given as per age and weight"
		Treatment of of diarrrhea with no dehydration		SI/RR	"Give fluids, zinc supplements and food and advise to continue ORS at home (Plan A)- • Advise mother when to return immediately. • Follow up in 5 days if not improving."
		Treatment of Persistent Diarrheal as per clinical protocol		SI/RR	"Single Dose-Vit A Zinc Sulphate 20 mg daily for 14 Days Follow up in 5 days"
		Treatment of Dysentery as per protocol		SI/RR	Treatment with Cotrimoxazole for 5 days
		Availability of ORT corner		OB/SI	With ORS, Mixing Utensils and instructions displayed on how to use



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E13	The facility has established procedures for abortion and family planning as per government guidelines and law				
ME E13.1	Family planning counselling services provided as per guidelines	"The client is given full information about optimal pregnancy spacing and its benefits, as a part of FP health education and counselling. "		PI/SI	"The importance of timely initiation of an FP method after childbirth, miscarriage, or abortion will be emphasized."
		Client is counselled about the options for family planning available		PI/SI	
		The client is informed additional benefits of using condoms, such as prevention of sexually transmitted infections (STIs) and HIV		PI/SI	
		Staff is aware of case selecting criteria for family planning		SI/RR	"49-22 years of age Married Youngest child is at least one year old Spouse has not opted for sterilization"
ME E13.2	The facility provides spacing method of family planning as per guideline	Pills are 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.		SI/RR	
		Staff has knowledge to counsel if a dose of the contraceptive is missed		SI	
		Staff is aware of indication and method of administration of ECP		SI	within 72 hours, second dose 12 house after first dose
ME E13.3	The facility provides IUD service for family planning as per guidelines	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		PI/SI	Cramping, vaginal discharge, heavier menstruation, checking of IUD



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Follow up services are provided as per protocols		SI	"Beneficiary are advised about indications for removal of IUD Facility for removal of IUD are available"
ME E13.4	The facility provide counselling services for abortion as per guideline	Pre procedure Counselling is provided		PI/SI	As per national Guidelines
		Post procedure Counselling provided		PI/SI	As per national guidelines
		Counselling on the follow-up visit		PI/SI	
ME E13.5	The facility provide abortion services for 1st trimester as per guideline	MVA procedures are done as per guidelines		SI/RR	
		Medical termination of pregnancy done as per guidelines		SI/RR	
Standard E14	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines				
ME E14.1	The facility provides Promotive ARSH Services	Counselling and provision of emergency contraceptive pills		SI/RR	Check for the availability of Emergency Contraceptive pills (Levonorgesterol)
		Counselling and provision of reversible Contraceptives		SI/RR	Check for the availability of Oral Contraceptive Pills, Condoms and IUD
		Availability and Display of IEC material		OB	Poster Displayed, Reading Material hand-outs etc.
		Information and advice on sexual and reproductive health related issues		SI/PI	Advice on topic related to Growth and development, puberty, sexuality concern, myths and misconception, pregnancy, safe sex, contraception, unsafe abortion, menstrual disorders, anemia, sexual abuse, RTI/STI's etc.
ME E14.2	The 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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Nutrition Counselling		SI/RR	
		Services for early and safe termination of pregnancy and management of post abortion complication		SI/RR	MVA procedure for pregnancy upto 8 week Post abortion counselling
		Provision of Antenatal natal check up for pregnant adolescent		SI/RR	Nutritional Counselling, Contraceptive counselling, Couple counselling ANC check-up, Ensuring institutional delivery "
ME E14.3	The facility Provides Curative ARSH Services	Treatment of Common RTI/STI's		SI/RR	Privacy and Confidentiality, Treatment compliance, Partner Management, Follow up visit and referral
		Treatment and counselling for Menstrual disorders		SI/RR	Symptomatic treatment, counselling
		Treatment and counselling for sexual concern for male and female adolescents		SI/RR	
		Management of sexual abuse amongst Girls		SI/RR	ECP, Prophylaxis against STI, PEP for HIV and Counselling
ME E14.4	The 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
Area of Concern - F Infection Control					
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis				
ME F2.1	Hand hygiene 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	Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB	Check for availability/ Ask staff if the supply is adequate and uninterrupted



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility , preferably in Local language
		Availability of Alcohol based Hand rub		OB	Check for availability/ Ask staff for regular supply.
ME F2.3	The facility ensures standard practices and materials for antiseptis	Availability of Antiseptic Solutions at Dressings room, Immunization Room		OB/RR	
		Proper cleaning of procedure site with antiseptis is done		OB/SI	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter
Standard F3	The facility ensures availability of material for personal protection, and facility staff follow standard precaution for personal protection.				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Clean gloves are available at point of use		OB	
		Availability of Masks		OB	
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
Standard F4	The facility has standard procedures for decontamination, disinfection and sterilization of equipment and instruments				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating and Procedure surfaces		SI	"Ask staff about how they decontaminate the procedure surface like Examination table , dressing table, Stretcher/ Trolleys etc. (Wiping with .5% Chlorine solution"
		Proper Decontamination of instruments after use		SI	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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Cleaning of instruments after decontamination		SI	Cleaning is done with detergent and running water after decontamination
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	High level Disinfection of instruments/equipment is done as per protocol in dressing room		SI/RR	Ask staff about method and time required for boiling
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention				
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Cleaning of patient care area with detergent solution		SI	
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	Blood , body and Mercury spill
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.				
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines	Availability of colour coded bins at point of waste generation		OB	
		Availability of plastic colour coded plastic bags		OB	
		Segregation of different category of waste as per guidelines		OB	
		Display of work instructions for segregation and handling of Biomedical waste		OB	
		There is no mixing of infectious and general waste		OB	
ME F6.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	See if it has been used or just lying idle
		Availability of puncture proof box		OB	Should be available nears the point of generation like nursing station and injection room



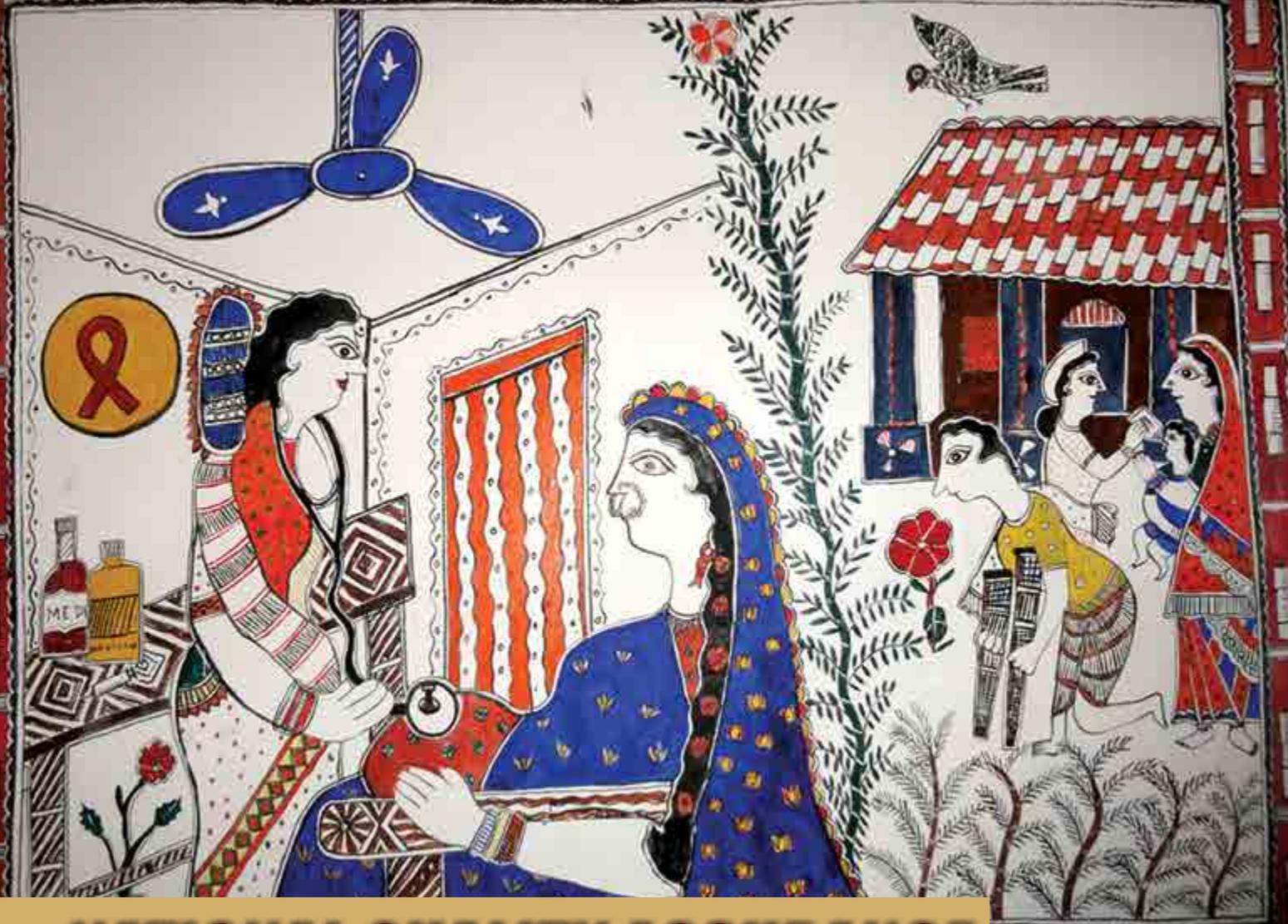
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Disinfection of sharp before disposal		OB	Disinfection of syringes is not done in open buckets
		Staff is aware of contact time for disinfection of sharps		SI	
		Availability of post exposure prophylaxis		SI/OB	Ask if available. Where it is stored and who is in charge of that.
		Staff knows what to do in condition of needle stick injury		SI	Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done
Area of Concern - G Quality Management					
Standard G2	The facility has established system for patient and employee satisfaction				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	OPD Patient satisfaction survey done on Periodic basis		SI/RR	
Standard G3	The facility have established system for assuring and improving quality of Clinical and support services by internal and external program.				
ME G3.1	The facility has established internal quality assurance programme	Internal Assessment of OPD is done at periodic Interval		SI/RR	
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.				
ME G4.1	Departmental standard operating procedures are available	Current version of SOP are available with process owner		RR/SI	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	SOP covers all key processes of OPD adequately		RR/SI	Registration, Consultation, ANC Check Up, Referral, Immunization, Patient Calling, drug Dispensing, counselling, Patient privacy and confidentiality, record Maintenance etc.
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check Staff is a aware of relevant part of SOPs		SI	
ME G4.4	Work instructions are displayed at Point of use	Work instruction ANC check-up		OB	
		Breast feeding		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern - H Outcomes					
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks				
ME H1.1	Facility measures productivity Indicators on monthly basis	OPD per Day		RR	
		IUCD inserted per 1000 eligible female		RR	
		Total No. of Ambulances visits/ trips		RR	
		Adolescent OPD per month		RR	
		Children attended in OPD per month		RR	
		Patient attended after OPD hours		RR	
		Ayush OPD per month		RR	
		ANC conducted per month		RR	
		Minor procedure conducted per month		RR	
		Number of children immunized per month		RR	
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark				
ME H2.1	Facility measures efficiency Indicators on monthly basis	OPD Per doctor		RR	
		Percentage of missed out ANCs		RR	
		Percentage of follow up patients		RR	
		Percentage of client accepted limiting out of total counselled		RR	
		Percentage of drop out of DPT vaccine		RR	
Standard H3	The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark				
ME H3.1	Facility measures Clinical Care and Safety Indicators on monthly basis	Percentage of Anaemia cses treated successfully at PHC		RR	
		Percentage of pregnant women given therapeutic dose of IFA		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		IUCD rejection/complication rate		RR	
		Percentage of high risk pregnancies deducted during ANC		RR	
		Percentage of AEFI cases reported		RR	
		Percentage of children with diarrhoea treated with ORS and Zn		RR	Interval IUCD clients who returned with complications, infections and expulsions
		Percentage of children with Pneumonia treated with antibiotic		RR	
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Patient Satisfaction Score for OPD		RR	
		Waiting Time for Consultation		RR	
		Waiting time at Drug Distribution Counter		RR	
		Average consultation time in OPD		RR	
		Consultation time for ANC		RR	



NATIONAL QUALITY ASSURANCE STANDARDS FOR PHC

Checklist for Labour Room

Checklist for Labour Room

Checklist-2

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – A Service Provision					
Standard A1	Facility provides primary level curative services				
ME A1.4	Services are available for the time period as mandated	Labour room service are functional 24X7		RR/SI	
Standard A2	The facility provides RMNCHA Services				
ME A2.2	The facility provides Maternal health Services	Management of Normal Deliveries		RR/SI	
		Assisted Vaginal Deliveries		RR/SI	Forceps/Vaccum
		Episiotomy and suturing of Cervical and perineal Tear		RR/SI	
		Stabilization in obstetric emergencies before referral		RR/SI	
		Management of Pregnancy Induced Hypertension		RR/SI	
		Prompt referral to nearest FRU		RR/SI	
ME A2.3	The facility provides Newborn health Services	Essential Newborn Care		RR/SI	
		New Born Resuscitation		RR/SI	
Standard A3	The Facility provides Diagnostic Services, Para-clinical and support services.				
ME A3.1	The Facility provides Laboratory Services	Availability of Rapid HIV and Blood Sugar		RR/SI	
Area of Concern – B Patients' Right					
Standard B1	The facility provides the information to care seekers, attendants and community about the available services and their modalities				
ME B1.2	The facility displays the services and entitlements available in its departments	Service provision and entitlements are displayed at the entrance of labour room and relative's waiting area		OB	Entitlements of JSSK and JSY Services available at labour room
ME B1.6	There is established procedures for taking informed consent before treatment and procedures	Written informed consent is taken before procedures		PI/RR	Normal Delivery and MVA
ME B1.7	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 woman's care during labour		PI/RR/SI	Specially in case of referral



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, economic, cultural or social status.				
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of female staff if a male doctor examination a female patients		SI	
		Only on duty personnel are allowed in the labour room		OB/SI	
Standard B3	The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information.				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of curtains / Screens at door , windows and between two tables		OB	
Standard B4	The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.				
ME B4.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	All procedures in labour room are free of cost		PI/SI/RR	Check with patient if they have paid any money for the services
Area of Concern – C Inputs					
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms				
ME C1.1	Departments have adequate space as per patient or work load	Availability of adequate space for in labour room		OB/SI	Adequate space for accommodating delivery tables as per load and new born corner One labour table requires 10X10 sqft of space. Check for Any alternate arrangement for delivery cases if labour room have only 1 delivery table
ME C1.2	Amities for Patients and Staff are available as per load	Attach Toilet with labour room		OB	
		Availability of Hot water Facility		OB	Geezer/ solar heater
ME C1.3	Departments have layout and demarcated areas as per functions	Dedicated nursing station proximity labour room		OB	
		Area earmarked for newborn care Corner		OB	
		Earmarked area for keeping delivery trays and other sterilized utilities		OB	
		Availability of utility room/ Store room		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Demarcated area for instrument processing		OB	Cleaning and autoclaving the instruments
		Labour room is located in vicinity of ward		OB	
		Unidirectional flow of services		OB	
Standard C2	The facility ensures the physical safety including fire safety of the infrastructure.				
ME C2.2	The facility ensures safety of electrical establishment	Labour room do not have temporary connections and loosely hanging wires		OB	Switch Boards and all other electrical installations are intact and Secure
ME C2.3	Physical condition of buildings are safe for providing patient care	Floors of the ward are non slippery and even		OB	
ME C2.4	The facility Ensures fire Safety Measures including fire fighting equipment	OPD has functional fire extinguisher		OB	
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load				
ME C3.1	The facility has adequate medical officers as per service provision and work load	Availability of Doctor on call after OPD hours		SI/RR	
ME C3.2	The facility has adequate nursing staff /Paramedic as per service provision and work load	Availability of at least one nursing staff round the clock		SI/RR	Providing services to both indoor as well as labour room
ME C3.5	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles and responsibilities	Training of Nursing Staff for NSSK		SI/RR	
		Training of Nursing Staff for SBA (Skill Birth Attendant)		SI/RR	
		Training of Nursing Staff for IUCD insertion		SI/RR	
		Training of Doctor for MTP		SI/RR	
		Training of Doctor for BEmOC		SI/RR	
ME C3.6	The Staff is skilled/competant as per job description	Nursing staff is skilled for resuscitation		SI	Check for staff knows about drying and cleaning of airway (mouth and than nose), position of the neck, operating bag and mask, ensuring sealing of nose and mouth



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Nursing staff is skilled for operating radiant warmer		SI	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 complications		SI	Check how staff interpret different alarming sign like excessive bleeding, shock, obstructed labour
		Nursing Staff is skilled for maintaining clinical records including partograph		SI	Check staff know what to fill different section of partograph and how to interpret alert and action
Standard C4	The facility provides drugs and consumables required for assured services.				
ME C4.1	The departments have availability of adequate drugs at point of use	Availability of uterotonic Drugs		OB/RR/SI	Inj Oxytocin 10 IU (to be kept in fridge)
		Availability of Antibiotics		OB/RR/SI	Cap Ampicillin 500mg, Tab Metronidazole 400mg, Inj Gentamicin,
		Availability of Antihypertensive		OB/RR/SI	Tab Misoprostol 200microgram, Nefedipine,
		Availability of analgesics and antipyretics		OB/RR/SI	Tab Paracetamol, Tab Ibuprofen
		Availability of IV Fluids		OB/RR/SI	IV fluids, Normal saline, Ringer lactate, dextrose
		Availability of local anaesthetics		OB/RR/SI	Inj Xylocaine 2%,
		Others			Tab B complex, Inj Betamethasone, Inj Hydralazine, methyldopa, (Nevirapine and other HIV drugs)
		Availability of drugs for newborn		OB/RR/SI	Vit K1 :1mg
ME C4.2	The departments have adequate consumables at point of use	Availability of dressings and Sanitary pads		OB/RR/SI	gauze piece and cotton swabs, sanitary pads, sutureneedle (round body and cutting), chromic catgut
		Availability of syringes and IV Sets /tubes		OB/RR/SI	Paediatric iv sets, urinary catheter



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of consumables for new born care		OB/RR/SI	gastric tube and cord clamp, Baby ID tag
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/SI	Inj Magsulf 50%, Inj Calcium gluconate 10microgram, Inj Dexamethasone, inj Hydrocortisone, Succinate, Inj diazepam, inj Pheniramine maleate, inj Corboprost, Inj Pentazocin, Inj Promethazine , Betamethasone, Inj Hydralazine, Nefedipine, Methyldopa,ceftriaxone, Adrenalin
Standard C5	The facility has equipment and instruments required for assured list of services.				
ME C5.1	Availability of equipment and instruments for examination and monitoring of patients	Availability of functional Equipment andInstruments for examination and Monitoring		OB/SI	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	Scissor, Artery forceps, Cord clamp, Sponge holder, speculum, kidney tray, bowl for antiseptic lotion,
		Availability of Instruments arranged for Episiotomy trays		OB	Episiotomy scissor, kidney tray, artery forceps, allis forceps, sponge holder, toothed forceps, needle holder,thumb forceps,
		Availability of Baby tray		OB	Two pre warmed towels/ sheets for wrapping the baby, mucus extractor, bag and mask (0 and1 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,
		Delivery kits are available in adequate no. as per load		OB	



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 of patients.	Availability of Point of care diagnostic instruments		OB	Glucometer, HIV rapid diagnostic kit, Uristick.
ME C5.4	Availability of equipment and instruments for resuscitation of patients.	Availability of resuscitation Instruments for Newborn Care		OB	Oxygen, Suction machine/ mucus sucker, radiant warmer, laryngoscope, ET tube, Mask and Bag (new born resuscitor)
		Availability of resuscitation instrument for mother		OB	Suction machine, Oxygen, Adult bag and mask, mouth gag,
ME C5.5	Availability of equipments 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 and outreach services	Availability of equipments for cleaning and disinfection		OB	Boiler and Autoclave
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 Lamps- wall mounted /side, electrical fixture for equipments like radiant warmer, suction.
		Availability of Furniture		OB	Cupboard, Table, chair, Counter.
Area of Concern – D Support Services					
Standard D1	The facility has a established Facility Management Program for Maintenance and Upkeep of Equipment and Infrastructure to provide safe and Secure environment to staff and Users				
ME D1.1	The facility has system for maintenance of critical Equipment	Radiant warmer is covered under AMC including preventive maintenance		RR/SI	Check for records of preventive maintenance if done any.



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		There is system of timely corrective break down maintenance of the equipments		RR/SI	Ask for the procedure of repair, Check if some equipment is lying idle since long time due to maintenance
ME D1.2	The facility has procedure for calibration of measuring Equipment	There is a system of adjusting Needle of weighing machine zero for correct measurement		RR/SI	
		Check for external calibration is done for all measuring equipments		RR/SI	Radiant warmers, thermometer, weighting scale, BP apparatus
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of radiant warmer are readily available with labour room staff.		OB	
ME D1.5	The facility ensures comfortable environment for patients and service providers	Warmth, Optimal Temperature and Ventilation is maintained in labour room (25-28°C)		RR/SI	
ME D1.6	Exterior of the facility building is maintained appropriately	Walls and floor of labour room are covered with tiles		OB	
ME D1.7	Patient care areas are clean and hygienic	Floors, walls, roof, sinks of labour room 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 D1.8	Facility infrastructure is adequately maintained	Fixtures and Patient Furniture i.e. labour table are intact and maintained		OB	
ME D1.10	Facility has policy of removal of condemned junk material	No condemned/Junk material in the Labour Room		OB	
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas				
ME D2.1	There is established procedure for Estimation, indenting and Procurement of drugs and consumables	There is established system of timely indenting of consumables and drugs		RR/SI	
ME D2.2	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/ tray/crash cart and are labelled		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D2.3	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		RR/SI	
		No expiry drug found		OB	
		Staff is aware of near expiry drugs available in Emergency tray		SI	
ME D2.4	The facility has established procedure for inventory management techniques	Expenditure register for drug and consumables is maintained at labour room		RR/SI	
ME D2.5	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 in Injection Room		RR	
Standard D3	The facility ensures availability of diet, linen, water and power backup as per requirement of service delivery and support services norms				
ME D3.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in labour room		OB/SI	Power back up in labour room is ensured through generator/ inverter and functional emergency light
Area of Concern - E Clinical Services					
Standard E2	The facility has procedures for continuity of care of patient.				
ME E2.1	There is established procedure for initial assessment and Reassessment of patients	"Rapid Initial assessment of Pregnant Women to identify complication and Prioritize care		RR/SI	Assessment and immediate sign if following danger sign are present - difficulty in breathing, fever, sever abdominal pain, Convulsion or unconsciousness, Severe headache or blurred vision
		Recording and reporting of Clinical History		RR/SI	"Recording of women obstetric History including LMP and EDD Parity, gravid status, h/o CS, Live birth, Still Birth, Medical History (TB Heart diseases, STD etc., HIV status and Surgical History
		Recording of current labour details		RR/SI	Time of start, frequency of contractions, time of bag of water leaking, colour and smell of fluid and baby movement



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Physical Examination		RR/SI	Recording of Vitals , shape and Size of abdomen , presence of scars, foetal lie and presentation. and vaginal examination
		There is fixed schedule for reassessment of Pregnant women as per standard protocol		RR/SI	There is fix schedule of reassessment as per protocols
		Partograph is used and updated as per stages of labour		RR/SI	All step are recorded in timely manner
ME E2.3	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.	Patient referred with referral slip		RR/SI	A referral slip/ Discharge card is provide to patient when referred to another health care facility
		Advance communication is done with higher centre		RR/SI	
		Referral vehicle is being arranged		RR/SI	
		Referral in or referral out register is maintained		RR/SI	
		There is a system of follow up of referred patients		RR/SI	
Standard E3	The facility has defined and established procedures for nursing care				
ME E3.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		RR/SI	Identification tags for mother and baby / foot print are used for identification of newborns
ME E3.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		RR/SI	Check for hand over register is maintained and how hand over is given
ME E3.4	Nursing records are maintained	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
Standard E4	The facility has defined and follows procedure for drug administration and standard treatment guidelines as defined by State/Central government				
ME E4.1	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date, time and signature		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E4.2	There is a procedure to check drug before administration/ dispensing	Check single dose vial are not used for more than one dose		OB/SI/RR	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/RR/SI	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR	
		Oxytocin is kept as recommended temperature		OB	
ME E4.3	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 and documented		SI	
ME E4.6	There is procedure of rational use of drugs	Check for rational use of uterotonic drugs and antibiotics		RR	
ME E4.7	Drugs are prescribed according to Standard Treatment Guidelines	Check oxytocin is given within 1 minute of delivery		SI/RR/OB	
Standard E5	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage				
ME E5.1	All the assessments, re-assessment and investigations are recorded and updated	Progress of labour is recorded		RR	Partograph Full compliance and on bed head ticket partial compliance
ME E5.2	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 E5.3	Procedures performed are written on patients records	Delivery note is adequate		RR	Outcome of delivery, date and time, gestation age, delivery conducted by, type of delivery, complication if any, indication of intervention, date and time of transfer, cause of death etc
		Baby note is adequate		RR	Did baby cry, Essential new born care, resuscitation if any, Sex, weight, time of initiation of breast feed, birth doses, congenital anomaly if any.
ME E5.4	Adequate form and formats are available at point of use	Standard Formats available		OB	Availability of BHT, Partograph, etc.



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E5.5	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR/OB	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.
Standard E10	The facility has established procedures for Intranatal care as per guidelines				
ME E10.1	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		RR/SI	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		RR/SI	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		RR/SI	Palpation of mother's abdomen to rule out presence of second baby
		Use of Uterotonic Drugs		RR/SI	Administration of 10 IU of oxytocin IM with in 1 minute of Birth
		Control Cord Traction		RR/SI	Only during Contraction
		Uterine Massage		RR/SI	After placenta expulsion, Checks Placenta and Membranes for Completeness
ME E10.2	There is established procedure for management/Referral of Obstetrics Emergencies as per scope of services.	Staff is aware of Indications for refereeing patient for to higher center		SI/RR	Ask staff how they identify slow progress of labour , How they interpret Partogram



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Initial Management of Eclampsia \Pre Eclampsia		SI/RR	As staff about how they manage eclampsia cases (Monitors BP in every case, and tests for proteinuria if BP is >140/90 mmHg with convulsion and proteinuria following management is done by - Position woman on her left side. Ensure clear airway (use padded mouth gag after convulsion is over). Do gentle oral suction. Give Inj. Magnesium Sulphate 5g (10ml, 50%) in each buttock deep I.M.). If delivery is not imminent refer the patient to FRU
		Post Partum Haemorrhage		SI/RR	Ask staff how they manage post partum haemorrhage 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. If placenta is not delivered continue Inj Inj Oxytocin 20 IU in 500 ml RL @ 40-60 drops per minute and refer to FRU
		Management of Retained Placenta		SI/RR	Administration of another dose of Oxytocin 20IU in 500 ml of RL at 40-60 drops/min and refer the patient to FRU
		Management of Atonic PPH		SI/RR	Bimanual compression of uterus, continue inj oxytocin 20 IU in 500 ml RL/DNS. Administer another uterotonic drug (Inj Methergine/ Tab Misoprostol). If Patient still bleeds refer to FRU



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Management of Obstructed Labour		SI/RR	Diagnoses obstructed labour based on data registered from the partograph, Re-hydrates the patient to maintain normal plasma volume, check vitals, gives broad spectrum antibiotics, perform bladder catheterization and takes blood for Hb and grouping, Decides on the mode of delivery as per the condition of mother and the baby
ME E10.3	There is an established procedure for new born resuscitation and newborn care.	Recording of date, Time of Birth and Weight of new born		RR	Check the records
		New born is Dried and put on mothers abdomen		RR/SI	With a clean towel from head to feet, discards the used towel and covers baby including head in a clean dry towel
		Administration of Vitamin K for low birth weight New born		RR/SI	Given to all new born (1.0 mg IM in > 1500 gms and 0.5 mg in < 1500 gms)
		Warmth to the New born		RR/SI	Check use of radiant warmer
		Care of Cord and Eyes of New born		RR/SI	"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		RR/SI	Check practice of maintaining APGAR Score, Nurse is skilled for it
		Kangaroo Mother Care		RR/SI	Observe /Ask staff about the practice
		New born Resuscitation		RR/SI	Ask Nursing staff to demonstrate Resuscitation Technique
		Zero Day immunization (OPV, BCG, Hep B; as per Gol schedule).		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E11	The facility has established procedures for postnatal care as per guidelines				
ME E11.1	Post partum Care is provided to the mothers	Prevention of Hypothermia of new born		RR/SI/PI	
		Initiation of Breastfeeding with in 1 Hour		RR/SI/PI	
		Mother is monitored as per post natal care guideline		RR/SI/PI	Check for records of Uterine contraction, bleeding, temperature, B.P, pulse, Breast examination, (Nipple care, milk initiation)
		Check for perineal wash is performed		RR/SI/PI	
Area of Concern - F Infection Control					
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand hygiene Facility at Point of Use		OB	Check for availability of wash basin near the point of use with running water
		Availability of running Water		OB	Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB	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	Ask of demonstration
ME F2.2	The facility staff is trained in hand hygiene practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI	
		Staff know when to hand wash		SI	
		Availability of Hand rub and display of instructions to use		OB	
ME F2.3	The facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions		OB	
		Proper cleaning of procedure site with antiseptics		SI	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Proper cleaning of perineal area before procedure with antiseptic		SI	
		Check Shaving is not done during part preparation/delivery cases		SI	
Standard F3	The facility ensures availability of material for personal protection, and facility staff follow standard precaution for personal protection.				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Availability of Masks		OB	
		Sterile gloves are available at labour room		OB	
		Use of elbow length gloves for obstetrical purpose		OB/RR	
		Availability of gown/ Apron and Cap		OB	
		Availability of shoe cover/gum boots		OB	
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		SI/RR	
		Compliance to correct method of wearing and removing the gloves		SI	
Standard F4	The facility has standard procedures for decontamination, disinfection and sterilization of equipment and instruments				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating and Procedure surfaces		SI	"Ask staff about how they decontaminate the procedure surface like Delivery Table, Stretcher/ Trolleys etc. (Wiping with .5% Chlorine solution
		Proper Decontamination of instruments after use		SI	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
		Contact time for decontamination is adequate		SI/RR	10 minutes



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Cleaning of instruments after decontamination		SI	Cleaning is done with detergent and running water after decontamination
		Proper handling of Soiled and infected linen		SI	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Staff know how to make chlorine solution		SI	
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		SI/RR	Preferably autoclaving or Boiling
		High level Disinfection of instruments/equipments is done as per protocol		SI/RR	Ask staff about method and time required for boiling
		Autoclaving of delivery kits is done as per protocols		SI/RR	Ask staff about temperature, pressure and time
		Autoclaved dressing material is used		SI/RR	
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention				
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		SI/RR	Chlorine solution, Gluteraldehyde, carbolic acid
		Availability of cleaning agent as per requirement		SI/RR	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	
		Standard practice of mopping and scrubbing are followed		SI/OB	Unidirectional mopping from inside out



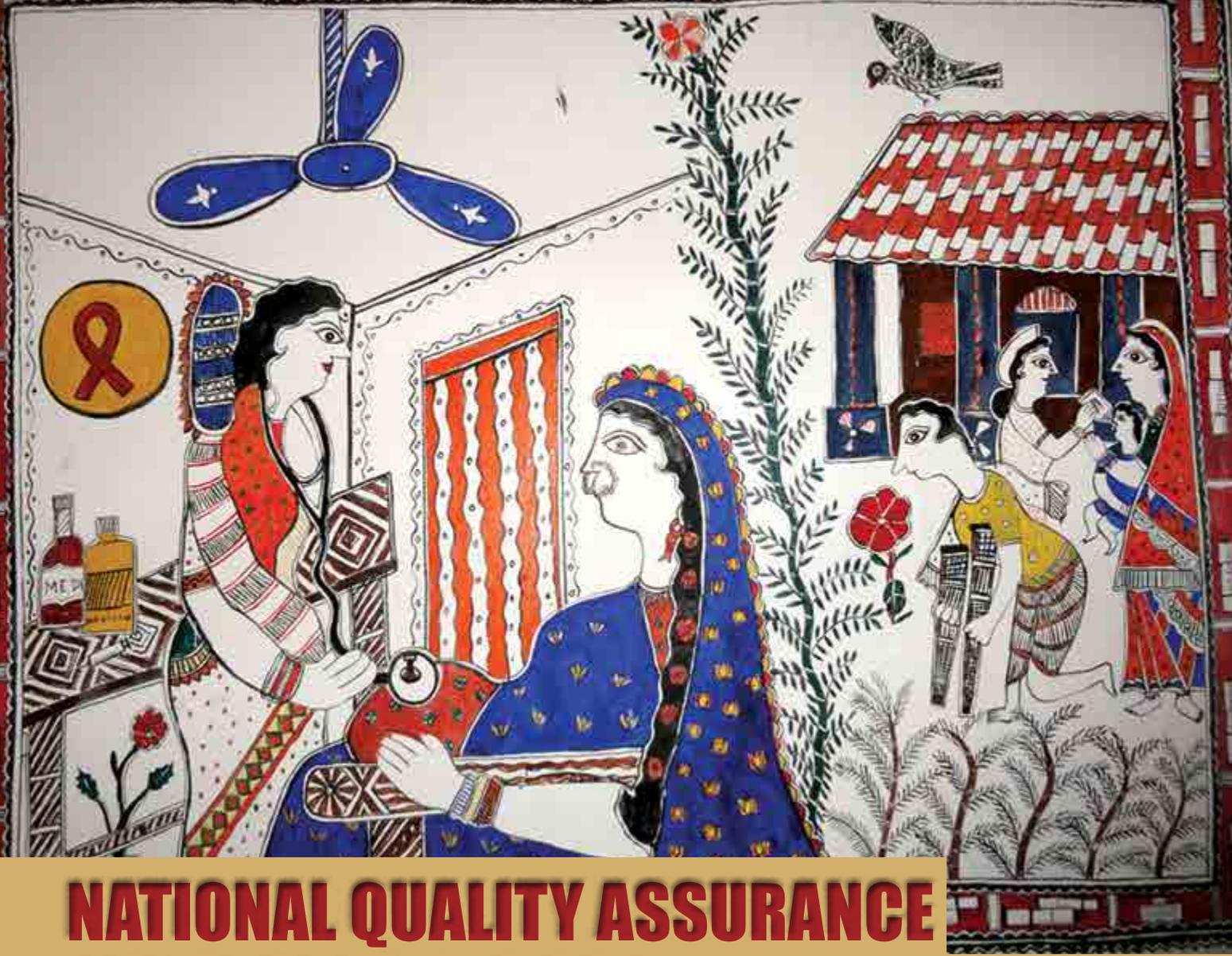
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Cleaning equipments like broom are not used in patient care areas		SI/OB	Any cleaning equipment leading to dispersion of dust particles in air should be avoided
		Use of three bucket system for mopping		SI/OB	
		carbolization as per schedule		SI/OB	
		External foot wares are restricted		OB	
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.				
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines	Availability of colour coded bins at point of waste generation		OB	
		Availability of plastic colour coded plastic bags		OB	
		Segregation of different category of waste as per guidelines		OB	
		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 and Puncture proof Box		OB	See if it has been used or just lying idle
		Disinfection of sharp before disposal		OB/SI	Disinfection of syringes is not done in open buckets
		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
Standard G3	The facility have established system for assuring and improving quality of Clinical and support services by internal and external program.				
ME G3.1	The facility has established internal quality assurance programme	Internal Assessment of Labour Room is done at periodic Interval		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.				
ME G4.1	Departmental standard operating procedures are available	Current version of SOP are available with process owner		RR/SI	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	SOP covers all key processes of Labour room adequately		RR/SI	
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	Receiving Patients, initial assessment, maintenance of Partograph, stages of labour, record maintenance, use of oxytocin, disinfection and Sterilization, maintain privacy in labour room, referral to higher center, newborn care etc.
ME G4.4	Work instructions are displayed at Point of use	Work instruction using Simplified Partograph are displayed		OB	
		Vaginal Bleeding before 20 week		OB	
		Vaginal Bleeding after 20 weeks		OB	
		Management of PPH		OB	
		Management of Eclampsia		OB	
		Active Management of third stage of labour		OB	
		New born Resuscitation		OB	
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks				
ME H1.1	Facility measures productivity Indicators on monthly basis	Percentage of Deliveries conducted in Night		RR	
		No. of Deliveries conducted out of expected		RR	
Standard H2	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Proportion of cases referred to FRU		RR	
		% of newborn required resuscitation out of total live birth		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Proportion of complicated cases managed		RR	
Standard H3	The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark				
ME H3.1	Facility measures Clinical Care and Safety Indicators on monthly basis	Proportion of cases where partograph is maintained		RR	
		Percentage of high risk pregnancy detected		RR	



NATIONAL QUALITY ASSURANCE STANDARDS FOR PHC

Checklist for Indoor
Department

Checklist for Indoor Department

Checklist-3

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – A Service Provision					
Standard A1	Facility provides primary level curative services				
ME A1.1	The facility provides treatment of common ailments	Indoor Treatment for common illnesses		RR/SI	Fever, Dehydration, bronchial asthma, pneumonia, etc.
ME A1.2	The facility provides Accident and Emergency Services	Indoor treatment for emergency cases		RR/SI	Lacerated wound, observation for suspected head injury
ME A1.4	Services are available for the time period as mandated	Availability of Indoor services 24X7		RR/SI	Check PHC admitted patient in Night hours
Standard A2	The facility provides RMNCHA Services				
ME A2.2	The facility provides Maternal health Services	Availability of indoor services for normal delivery		RR/SI	
		Post natal counselling before discharge		RR/SI	Counselling regarding Nutrition, hygiene, identifying danger sign, family planning etc
ME A2.3	The facility provides Newborn health Services	Prevention of hypothermia and initiation of breast feeding		RR/SI	
ME A2.4	The facility provides Child health Services	Indoor treatment of Childhood illnesses		RR/SI	Routine childhood diseases like diarrhoea, fever, pneumonia
Area of Concern – B Patients' Rights					
Standard B1	The facility provides the information to care seekers, attendants and community about the available services and their modalities				
ME B1.4	Patients and visitors are sensitised and educated through appropriate IEC / BCC approaches	Relevant IEC Material Displayed in wards		OB	Breast feeding, kangaroo care, care of newborn, Immunisation schedule, family planning etc (Pictorial and chart) in circulation area. Preferably local language
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, economic, cultural or social status.				
ME B2.1	Services are provided in manner that are sensitive to gender	Male and Female beds are separated		OB	Preferably male and Female beds should be in separate rooms or Partition should be provided if they are located in one room



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B3	The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information.				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screens and Curtains		OB	
ME B3.2	Confidentiality of patients records and clinical information is maintained	Patient Records are kept at Secured Place		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 to patient and Attendant		PI	
Standard B4	The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.				
ME B4.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Stay in ward is free of cost		PI/SI/RR	
		Availability of Free Diet		PI/SI/RR	
		Availability of Free drugs		PI/SI/RR	
		Availability of free diagnostic		PI/SI/RR	
		Check that patient party has not spent on purchasing drugs or consumables from outside.		PI	
Area of Concern – C Inputs					
Standard C 1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms				
ME C1.1	Departments have adequate space as per patient or work load	Adequate area for accommodating Six patients beds		OB/SI	Distance between centres of two beds – 2.25 meter
ME C1.2	Amenities for Patients and Staff are available as per load	Functional toilets with running water and flush are available		OB	Functional dry tiolet with water
		Availability of TV for entertainment and Health Promotion		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	Availability of nursing station		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Nursing station is located in such a way that health staff can be easily accessible to IPD and labour room		OB	
		Male and female wards demarcated and located in separate room		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	There is sufficient space between two bed to provide bed side nursing care and movement		OB/SI	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
Standard C 2	The facility ensures the physical safety including fire safety of the infrastructure.				
ME C2.2	The facility ensures safety of electrical establishment	Wards does not have temporary connections and loosely hanging wires		OB	Switch Boards and all other electrical installations are intact and secure
ME C2.3	Physical condition of buildings are safe for providing patient care	Floors of the ward are non slippery and even		OB	
ME C2.4	The facility Ensures fire Safety Measures including fire fighting equipment	IPD has functional fire extinguisher		OB	
Standard C 3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load				
ME C3.1	The facility has adequate medical officers as per service provision and work load	Availability of Medical officer On Call		SI/RR	
ME C3.6	The Staff is skilled/competant as per job description	Check the staff competency for Post partum counselling		SI	
Standard C4	The facility provides drugs and consumables required for assured services.				
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	Inj. Adrenaline, Inj. Hydrocortisone/Inj. Dexamethasone, Inj. Chlorpheniramine, Inj. Atropine, Inj. Deriphylline, Inj. Mephentine (for anaphylaxis -5 Ampoule each), IV fluids, IV set ans syringes



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern - D Support Services					
Standard D 1	The facility has a established Facility Management Program for Maintenance and Upkeep of Equipment and Infrastructure to provide safe and Secure environment to staff and Users				
ME D1.5	The facility ensures comfortable environment for patients and service providers	Warmth, Optimal Temperature and Ventilation is maintained in ward		OB/SI	
ME D1.7	Patient care areas are clean and hygienic	Floors, walls, roof, sinks patient care and corridors 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 D1.8	Facility infrastructure is adequately maintained	Fixtures and Patient Furniture i.e Patient Beds and Mattresses are intact and maintained		OB	
ME D1.10	Facility has policy of removal of condemned junk material	No condemned/Junk material in the wards		OB	
Area of Concern - E Clinical Services					
Standard E 1	The facility has defined procedures for registration, consultation and admission of patients.				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR	
		Patient demographic details are recorded in the admission record		RR	Check for that patient demographics like Name, age, Sex, Chief complaint, etc.
ME E1.3	There is established procedure for admission of patients	There is no delay in treatment because of admission process		RR/SI	
		Time of admission is recorded in patient record		RR	
Standard E 2	The facility has procedures for continuity of care of patient.				
ME E2.1	There is established procedure for initial assessment and Reassessment of patients	Initial assessment of all admitted patient are done as per standard protocols		RR/SI	The assessment criteria for different clinical conditions are defined and measured in assessment sheet
		ANC history of pregnant women is reviewed and recorded		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Physical Examination is done and recorded wherever required		RR/SI	Assesses general condition, including: vital signs, conjunctiva for pallor and jaundice, and bladder and bowel function, conducts breast examinations
		Dangers signs are identified and recorded for post delivery cases		RR/SI	Examines the perineum for inflammation, status of episiotomy/tears, lochia for colour, amount, consistency and odour, Checks calf tenderness, redness or swelling
		Dangers signs are identified and recorded for other cases like Breathlessness, Altered sensorium, Diplopia, Acute Abdomen, Chest Pain, etc		RR/SI	
		Initial assessment and treatment is provided immediately		RR/SI	
		Initial assessment is documented preferably within 2 hours		RR/SI	
		There is fixed schedule for assessment of stable patients		RR/SI	
		Initial assessments and reassessment of patient admitted for illness other than pregnancy is done and recorded		RR/SI	
		ME E2.3	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.	Patient referred with referral slip	
Advance communication is done with higher centre				RR/SI	
Referral vehicle is being arranged				RR/SI	
Referral in or referral out register is maintained				RR/SI	
Facility has functional referral linkages to lower facilities				RR/SI	Check for referral cards filled from lower facilities
There is a system of follow up of referred patients				RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E 3	The facility has defined and established procedures for nursing care				
ME E3.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		RR/SI	Identification tags for mother and baby / foot print are used for identification of newborns
ME E3.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained		RR/SI	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		RR/SI	Verbal orders are rechecked before administration
ME E3.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		RR/SI	
		Nursing Handover register is maintained		RR/SI	
		Hand over is given bed side		RR/SI	
ME E3.4	Nursing records are maintained	Nursing notes are maintained adequately		RR/SI	Check for nursing note register. Notes are adequately written
		Patient Vitals are monitored and recorded periodically		RR/SI	Check for TPR chart, IO chart, any other vital required is monitored
Standard E4	The facility has defined and follow procedure for drug administration and standard treatment guidelines defined by state/Central government				
ME E4.1	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date , time and signature		RR/SI	
		Check for the writing, It comprehensible by the clinical staff		RR/SI	
ME E4.2	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		RR/SI	
		Check single dose vial are not used for more than one dose		OB/SI/RR	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/SI/RR	"In multi dose vial needle is not left in the septum"



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Any adverse drug reaction is recorded and reported		RR	
ME E4.3	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 and documented		RR/SI	
ME E4.4	Patient is counselled for self drug administration	Patient is advised by doctor/nurse about the dosages and timings.		PI/RR	
ME E4.5	The facility ensures that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	
ME E4.6	There is procedure of rational use of drugs	Rational Use of drug		RR/SI	
ME E4.7	Drugs are prescribed according to Standard Treatment Guidelines	Check for that relevant Standard treatment guideline are available at point of use		OB/RR/SI	
		Check BHT that drugs are prescribed as per STG		RR/SI	
Standard E 5	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage				
ME E5.1	All the assessments, re-assessment and investigations are recorded and updated	Day to day progress of patient is recorded in BHT		RR	
ME E5.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT		RR	Treatment prescribed in nursing records
ME E5.3	Procedures performed are written on patients records	Any procedure performed written on BHT		RR	Dressing, mobilization etc.
ME E5.4	Adequate form and formats are available at point of use	Standard Format for bed head ticket/ Patient case sheet available as per state guidelines		OB/RR	Availability of formats for Treatment Charts, TPR Chart, Intake Output Chart Etc.
ME E5.5	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	General order book (GOB), report book, Admission register, lab register, Admission sheet/ bed head ticket, discharge slip, referral slip, referral in/ referral out register, OT register, FP register, Diet register, Linen register, Drug intend register



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E 6	The facility has defined and established procedures for discharge of patient.				
ME E6.1	Discharge is done after assessing patient readiness	Assessment is done before discharging patient		RR/SI	
		Discharge is done by an authorized doctor		RR/SI	
		Patient / attendants are consulted before discharge		PI/SI	
ME E6.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided		RR	
		Discharge summary adequately mentions patients clinical condition,treatment given and follow up		RR	
		All delivered mother's are informed about danger sign of mother andbaby		PI	Mother's danger sign: Bleeding, pain abdomen, Severe headache, visual disturbance, breathing difficulty, fever and chill, difficulty in empty bladder, foul smelling discharge. Baby Danger Sign: Fast/difficulte breathing, fever, unusal cold, refusal of feeding, failure to thrive, less active than usual and yellow discolouration
		Discharge summary is give to patients going in LAMA/Referral		RR/SI	
ME E6.3	Counselling services are provided as during discharges wherever required	Patient is counselled before discharge		PI	
		Advice includes the information about the nearest health centre for further follow up		PI/RR	
		Time of discharge is communicated to patient in prior		PI	
ME E6.4	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 E 11	The facility has established procedures for postnatal care as per guidelines				
ME E11.1	Post partum Care is provided to the mothers	Post Partum Care of Newborn		SI/RR	Maintains hand hygiene, keeps the baby wrapped (maintains temperature), Checks weight, temperature, respiration, heart rate, colour of skin and cord stump
		Initiation of Breastfeeding with in 1 Hour		SI/RR/PI	Checks and discusses with the mother on breastfeeding pattern, emphasising exclusive and on demand feeding. Demonstrates the proper positioning and attachment of the baby
		Post partum care of mother		SI/RR	Check utrine contraction, bleeding as per treatment plan, check for TPR and output chart, Breast examination and milk initiation and perineal washes
		Postnatal home visit to Mother by ANM		SI/RR	Check the system how home visits on 7th and 42nd day is ensured for Mothers delivered at the facility
		Home visits for low birth weight baby by ANM		SI/RR	Check the system how additional home visits on 14th, 21st and 28th day is ensured for low birth weight (<2500) babies.
ME E11.2	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		RR	Check the record
ME E11.3	There is an established procedure for Post partum counselling of mother	Counselling provided for Post partum care		PI/SI/RR	Nutrition, Contraception, Breastfeeding, Registration of Birth, IFA Supplement, Danger Signs, Contraception



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E 12 The facility has established procedures for care of new born, infant and child as per guidelines					
ME E12.2	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 aware and practice ETAT protocols		SI/RR	
		Staff is skilled for basic life support for young infants and children		SI	
		ETAT checklist is available and practiced		SI/RR	
ME E12.3	Management of Newborn Illness is done as per Protocols	Identification and Management of Low birth infant $\geq 1800\text{gm}$ with no other complication is done as per protocols		SI/RR	
		Stabilization and referral of sick new born and those with very low birth weight is done as per referral certeria		SI/RR	
ME E12.4	Management of children presenting with fever, cough/ breathlessness is done as per guidelines	Differential diagnosis algorithm are available		SI/OB	
Area of Concern – F Infection Control					
Standard F 2 The facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis					
ME F2.1	Hand hygiene facilities are provided at point of use	Availability of hand hygiene Facility at Point of Use		OB	Check for availability of wash basin near the point of use
		Availability of running Water		OB	Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB	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



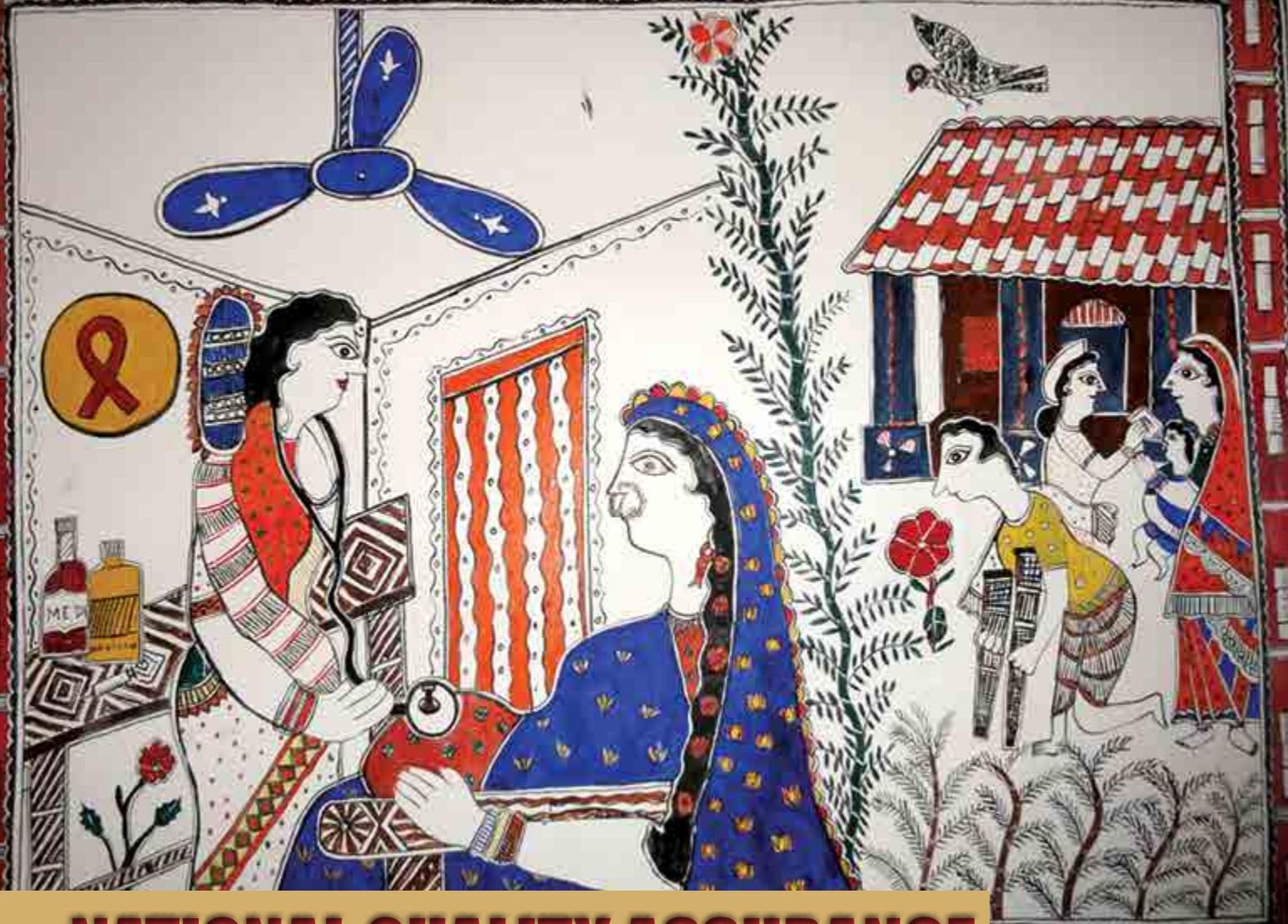
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard F 3	The facility ensures availability of material for personal protection, and facility staff follow standard precaution for personal protection.				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Clean gloves are available at point of use		OB	
		Availability of Masks		OB	
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		SI/OB	
Standard F 4	The facility has standard procedures for decontamination, disinfection and sterilization of equipment and instruments				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating and Procedure surfaces		SI	"Ask staff about how they decontaminate the procedure surface like Examination table , (Wiping with .5% Chlorine solution"
Standard F 5	Physical layout and environmental control of the patient care areas ensures infection prevention				
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB	Chlorine solution, Gluteraldehyde, carbolic acid
		Availability of cleaning agent as per requirement		OB	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	
		Cleaning of patient care area with detergent solution		SI	
		Standard practice of mopping and scrubbing are followed		SI/OB	Unidirectional mopping from inside out
Standard F 6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.				
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines	Availability of colour coded bins at point of waste generation		OB	
		Availability of plastic colour coded plastic bags		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Segregation of different category of waste as per guidelines		OB	
		Display of work instructions for segregation and handling of Biomedical waste		OB	
		There is no mixing of infectious and general waste		OB	
ME F6.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	See if it has been used or just lying idle
		Availability of puncture proof box		OB	Should be available nears the point of generation like nursing station and injection room
		Disinfection of sharp before disposal		OB/SI	Disinfection of syringes is not done in open buckets
Area of Concern – G Quality Management					
Standard G 2	The facility has established system for patient and employee satisfaction				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Patient satisfaction survey is done in wards periodically		RR/SI	
Standard G 3	The facility have established system for assuring and improving quality of Clinical and support services by internal and external program.				
ME G3.1	The facility has established internal quality assurance programme	Internal Assessment of wards is done at periodic Interval		RR/SI	
Standard G 4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.				
ME G4.1	Departmental standard operating procedures are available	Current version of SOP are available with process owner		RR/OB	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	SOP covers all key processes of wards adequately		RR/SI	Admission, Bed allocation, nursing acrae, Maintaining records, referral, identification of patients, visitor policy etc.
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check Staff is a aware of relevant part of SOPs		SI	
ME G4.4	Work instructions are displayed at Point of use	Kangaroo Care		OB	
		Breast Feeding		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern - H Outcomes					
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks				
ME H1.1	Facility measures productivity Indicators on monthly basis	Bed Occupancy Rate		RR	
		Number of admission with fever case		RR	
		Number of admission with diarrhoea case		RR	
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Discharge Rate		RR	
		Referral Rate		RR	
Standard H3	The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark				
ME H3.1	Facility measures Clinical Care and Safety Indicators on monthly basis	Average Length of Stay		RR	
		Percentage of women stayed for 48 hours			
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	
		LAMA Rate		RR	
		Percentage of drop back given to mother		RR	



NATIONAL QUALITY ASSURANCE STANDARDS FOR PHC

Checklist for Laboratory Services

Checklist for Laboratory Services

Checklist-4

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – A Service Provision					
Standard A1	Facility provides primary level curative services				
ME A1.4	Services are available for the time period as mandated	All lab services are available at OPD timings		RR/SI	
Standard A1	The facility provides RMNCHA Services				
ME A2.1	The facility provides Reproductive health Services	Availability of Laboratory test for RTI/STI		RR/SI	VDRL /RPR
ME A2.2	The facility provides Maternal health Services	Availability of Essential tests for ANC		RR/SI	Pregnancy Test, Haemoglobin, Blood Group, HIV Testing , Blood Sugar, HBsAG, Urine for Sugar and Protein, VDRL
Standard A3	The Facility provides Diagnostic Services, Para-clinical and support services.				
ME A3.1	The Facility provides Laboratory Services	Availability of clinical Pathology		RR/SI	Routine Urine, Blood Sugar
		Availability of Routine Hematology Tests		RR/SI	Haemoglobin, Platelets Counts,RBC, WBC, Bleeding time, Clotting Time and Hepatitis B/Australian antigen
		Blood Grouping and RH Typing		RR/SI	
		Availability of Serology Tests (Rapid)		RR/SI	Rapid diagnostic kit for PF Malaria, RPR/VDRL for Syphilis
		Availability of Microscopy Tests		RR/SI	AFB (Sputum) for TB Blood Smear for Malaria Wet Mount and Gram Staining for RTI/STI
		Availability of Water Quality Tests		RR/SI	Rapid test kit for faecal contamination of water Estimation of chlorine level of water using ortho-toluidine reagent
		Emergency lab services are available for selected tests of haematology, biochemistry and serology 24 X7		RR/SI	Hb, Bleeding time/clotting time, Urine (albumin/sugar), Blood grouping typing, HIV testing and Peripheral smear



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – B Patients' Right					
Standard B1	The facility provides the information to care seekers, attendants and community about the available services and their modalities				
ME B1.2	The facility displays the services and entitlements available in its departments	List of test available with timing of collection of reports are displayed outside laboratory		RR/SI	
ME B1.6	There is established procedures for taking informed consent before treatment and procedures	Consent is taken for HIV testing		RR/SI	
Standard B3	The facility provides the information to care seekers, attendants and community about the available services and their modalities				
ME B3.2	Confidentiality of patients records and clinical information is maintained	Laboratory has system to ensure the confidentiality of the reports generated		OB/SI	Lab registers and copy of report are kept at secured place
Standard B4	The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.				
ME B4.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Availability of free diagnostic tests for JSSK beneficiaries		PI/RR/SI	
ME B4.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Diagnostic tests are free for BPL patients		PI/RR/SI	
Area of Concern – C Inputs					
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms				
ME C1.1	Departments have adequate space as per patient or work load	Laboratory space is adequate for carrying out activities		OB/SI	Adequate area for sample collection, waiting, performing test, keeping equipment and storage of drugs and records
ME C1.3	Departments have layout and demarcated areas as per functions	Demarcated sample collection area		OB/SI	
		Demarcated testing area		OB/SI	
		Demarcated washing and waste disposal area		OB/SI	
		Unidirectional flow of services		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard C2	The facility ensures the physical safety including fire safety of the infrastructure.				
ME C2.2	The facility ensures safety of electrical establishment	Laboratory does not have temporary connections and loosely hanging wires		OB	
ME C2.3	Physical condition of buildings are safe for providing patient care	Work benches are chemical resistant		OB	
ME C2.4	The facility Ensures fire Safety Measures including fire fighting equipment	Laboratory has functional fire extinguisher		OB	
Standard C3	The facility has adequate qualified and trained staff required for providing the assured services to the current case load				
ME C3.2	The facility has adequate nursing staff /Paramedic as per service provision and work load	Availability of one lab technician round the clock		RR/SI	On duty or On call in night time
ME C3.5	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles and responsibilities	Training on automated Diagnostic Equipment		RR	
		Training on use of rapid kits		RR/SI	
Standard C4	The facility provides drugs and consumables required for assured services.				
ME C4.2	The departments have adequate consumables at point of use	Availability of Stains		OB/RR/SI	Gram's iodine, Crystal Violet stain, Safranin stain, JSB stains
		Availability of reagents		OB/RR/SI	Cyan meth- haemoglobin/ HCl for Hb estimation, ABO and Rh antibodies
		Availability of Processing chemicals		OB/RR/SI	Acetone-Ethanol, Immersion oil Buffer water, decolourising Solution
		Availability of Rapid diagnostic Kits		OB/RR/SI	Uristix for urine albumin and sugar analysis, PH strip, RPR test kits for syphilis, Whole Blood Finger Prick HIV Rapid Test Kit
		Availability of glassware		OB/RR/SI	Smear Glass microslide Lancet/ pricking needle Reflux Condenser, Pipette Test tubes, Glass rods Glass slides Cover slips, Western green, capillary tube



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Consumables for water testing		OB/RR/SI	H2S Strip test kits/ H2S media for faecal contaminant of drinking water, Test kits for estimation of residual chlorine in drinking water using orthotoludine reagent/ chloroscope
Standard C5	The facility has equipment and instruments required for assured list of services.				
ME C5.3	Availability of equipment and instruments for diagnostic procedures being undertaken in the facility	Instruments for Haematology		SI/OB	Haemoglobino meter, Differential blood cell counter /Naubers's chamber, Sahli's Haemoglobinometer, Centrifuge
		Instruments for Bio chemistry		SI/OB	Semi autoanalyzer/ Colorimeter
		Instrument for Microscopy		SI/OB	Simple miroscope for Malaria and Bi noccular Microscope for RNTCP, Tally counter
		Availability of Glucometer		SI/OB	
Area of Concern – D Support Services					
Standard D1	The facility has a established Facility Management Program for Maintenance and Upkeep of Equipment and Infrastructure to provide safe and Secure environment to staff and Users				
ME D1.1	The facility has system for maintenance of critical Equipment	There is system of timely corrective break down maintenance of the equipments		SI/RR	Ask for the procedure of repair, Check if some equipment is lying idle since long time due to maintenance
ME D1.2	The facility has procedure for calibration of measuring Equipment	There is a system for calibration of lab equipments		SI/RR	Semi auto analyser, pipettes, centrifuge , Microscope etc.
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 Lab staff		OB	
ME D1.5	The facility ensures comfortable environment for patients and service providers	Adequate ventilation in Laboratory		OB	
ME D1.8	Facility infrastructure is adequately maintained	Fixtures and Furniture i.e Work Benches intact and maintained		OB	
ME D1.10	Facility has policy of removal of condemned junk material	No condemned/Junk material in the Laboratory		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas				
ME D2.4	The facility has established procedure for inventory management techniques	Expenditure and stock register of consumables are available at laboratory		RR	
Area of Concern - E Clinical Services					
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.				
ME E1.1	The facility has established procedure for registration of patients	Unique laboratory identification number is given to each patient sample		RR/OB	
Standard E2	The facility has procedures for continuity of care of patient.				
ME E2.3	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.	Laboratory has referral linkage for tests not available at the facility		RR/SI	
Standard E5	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage				
ME E5.4	Adequate form and formats are available at point of use	Standard Formats available		RR	Printed formats for requisition and reporting are available
ME E5.5	Register/records are maintained as per guidelines	Records are maintained at laboratory		RR	Test registers, IQAS/EQAS Registers, Expenditure registers, Accession list etc.
Standard E8	The facility has defined and established procedures for diagnostic services				
ME E8.1	There are established procedures for Pre-testing Activities	Requisition of all laboratory test is done in request form		RR/OB	Request form contain information: Name and identification number of patient, name of authorized requester, type of primary sample, examination requested, date and time of primary sample collection and date and time of receipt of sample by laboratory,
		Instructions for collection and handling of primary sample are communicated to those responsible for collection		RR/SI	Instructions are given to ASHA/ANM/MPW for collection of samples (Peripheral smear, sputum, water sample)
		Laboratory has system in place to label the primary sample		SI/OB	Check how slides/test tubes/vials are marked (Permanent Glass Marker is available)



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 the transportation of the sample		RR/SI	Transportation of sample includes: Time frame, temperature and carrier specified for transportation
ME E8.2	There are established procedures for testing Activities	Testing procedure are readily available at work station and staff is aware of it		OB/SI	
		Laboratory has Biological reference interval for its examination of various results		OB/SI/RR	
		Laboratory has identified critical intervals for the test in consultation with Physician		SI/RR	Immediate notification for values is done to physician
ME E8.3	There are established procedures for Post-testing Activities	Laboratory has format for reporting of results		RR	
		Laboratory has system to provide the reports within defined time intervals		RR/SI	
		Laboratory has defined retention period and disposal of used sample		SI/RR	
		Laboratory has system to retain the copies of reported result and promptly retrieved when required		SI/RR	
Area of Concern - F Infection Control					
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis				
ME F2.1	Hand hygiene facilities are provided at point of use	Availability of hand hygiene Facility at Point of Use		OB	Check for availability of wash basin near the point of use
		Availability of running tap Water		OB	Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB	Check for availability/ Ask staff if the supply is adequate and uninterrupted



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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	The facility staff is trained in hand hygiene practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI	Ask of demonstration
		Staff aware of when to hand wash		SI	
ME F2.3	The facility ensures standard practices and materials for antisepsis	Proper cleaning of procedure site with antisepsis		SI/RR	like IV, drawing blood and collection of specimen
Standard F3	The facility ensures availability of material for personal protection, and facility staff follow standard precaution for personal protection.				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Clean gloves are available at point of use		OB	
		Availability of lab aprons/coats		OB	
		Availability of Masks		OB	
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves and Masks.		OB/SI	
		Check for no mouth pipetting is done in the laboratory			
Standard F4	The facility has standard procedures for processing of equipment and instruments decontamination, disinfection and sterilization of equipment and instruments				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating and Procedure surfaces		SI	Ask staff about how they decontaminate work benches (Wiping with .5% Chlorine solution)
		Proper Decontamination of instruments after use		SI/RR	Decontamination of instruments and reusable of glassware are done after procedure in 1% chlorine solution/ any other appropriate method



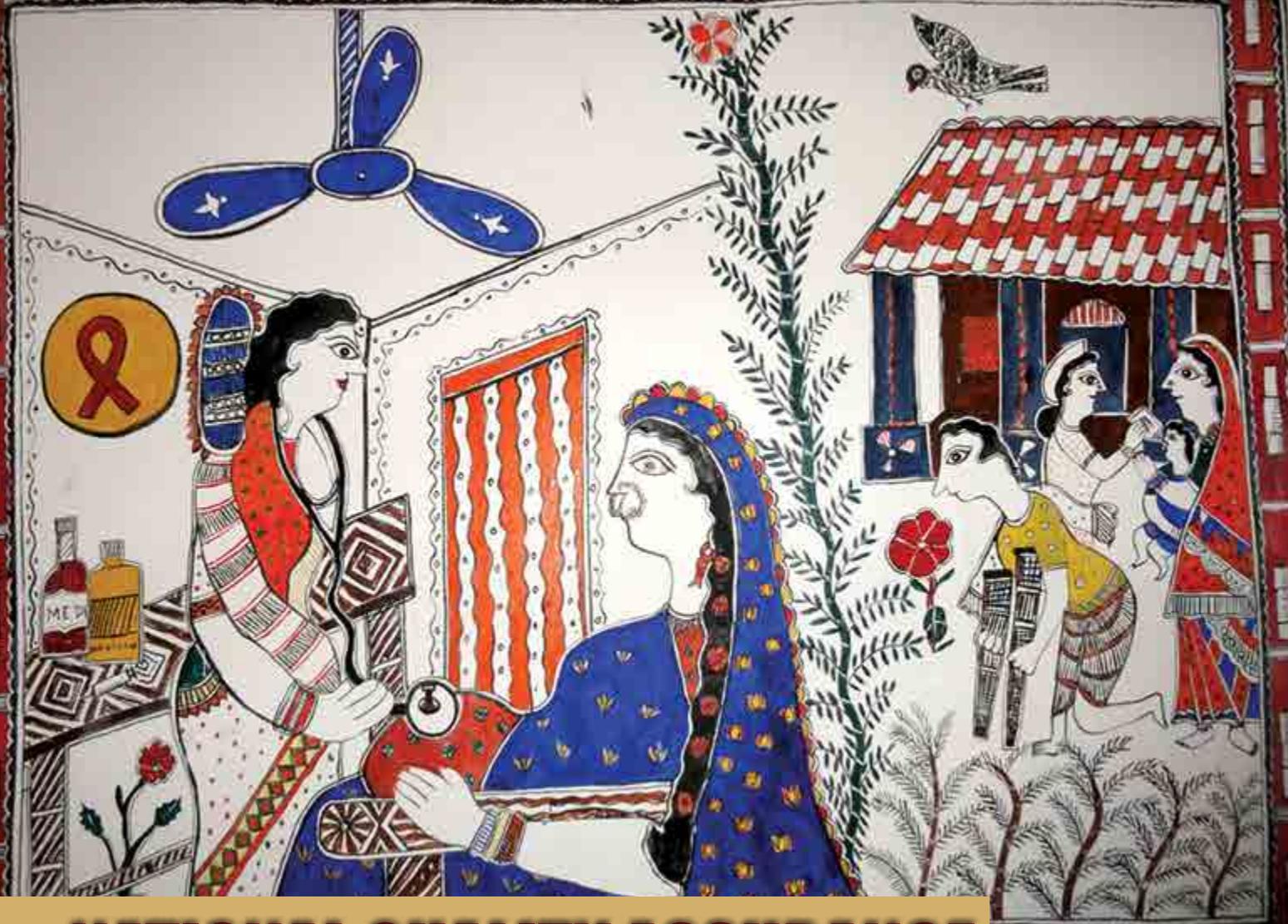
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Contact time for decontamination is adequate		SI/RR	10 minutes
		Cleaning of instruments after decontamination		SI	Cleaning is done with detergent and running water after decontamination
		Staff know how to make chlorine solution		SI	
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention				
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of cleaning agent as per requirement		OB/RR	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	
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.				
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines	Availability of colour coded bins at point of waste generation		OB	
		Availability of plastic colour coded plastic bags		OB	
		Segregation of different category of waste as per guidelines		OB	
		Display of work instructions for segregation and handling of Biomedical waste		OB	
		There is no mixing of infectious and general waste		OB	
ME F6.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	See if it has been used or just lying idle
		Availability of puncture proof box		OB	Should be available nears the point of generation like nursing station and injection room



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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/RR	Ask if available. Where it is stored and who is in charge of that.
		Staff knows what to do in condition of needle stick injury		SI	Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines	Disinfection of liquid waste before disposal		SI/OB	
Area of Concern – G Quality Management					
Standard G3	The facility have established system for assuring and improving quality of Clinical and support services by internal and external program.				
ME G3.1	The facility has established internal quality assurance programme	Internal Assessment of Laboratory is done at periodic Interval		RR/SI	MOV
		There is a system for In quality assurance in the lab		RR/SI	MOV
		Control charts are prepared and outliers are identified.		RR/SI	
		Corrective action is taken on the identified outliers		RR/SI	
ME G3.2	The facility has established external assurance programmes	Cross Validation of Lab tests are done and records are maintained		RR/SI	
		Corrective actions are taken on abnormal values		RR/SI	
		Assessment visit by District quality assurance Unit is done at periodic Interval		RR/SI	At least once in a six month
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.				
ME G4.1	Departmental standard operating procedures are available	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	SOP covers all key processes of Laboratory adequately		RR/SI	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check Staff is a aware of relevant part of SOPs		SI	Adequately covers pre testing, testing and post testing processes like sample collection, labelling, testing processes, quality control , reporting, personal protection etc.
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	Test algorithm for different test, Blood Grouping etc
Area of Concern – H Outcomes					
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks				
ME H1.1	Facility measures productivity Indicators on monthly basis	Number of test done per 100 patients		RR	
		Number of Hb done per ANC		RR	
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Number of stock out of reagents and kits		RR	
Standard H3	The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark				
ME H3.1	Facility measures Clinical Care and Safety Indicators on monthly basis	Number of Hb reported less than 7gm %		RR	
		Number rapid diagnostic kits discarded because of unsatisfactory reasons		RR	



NATIONAL QUALITY ASSURANCE STANDARDS FOR PHC

Checklist for National
Health Program

Checklist for National Health Program

Checklist-5

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – A Service Provision					
Standard A4	The facility provides services as mandated in the National Health Programmes /State scheme(s).				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Case detection and Early diagnosis of malaria case		RR/SI	Microscopy
		Chemoprophylaxis of Malarial Cases		RR/SI	
		Management of malarial cases		RR/SI	
		Referral of malaria cases		RR/SI	Cerebral Malaria, Septecemia, Bacterial Pneumonia etc
		Preventive Activites for Malaria control		RR/SI	Distribution of treated mosquito net, indoor residual spray and larval control Method
		Diagnosis and treatment for local prevalent vector born Disease		RR/SI	"Lymphatic Filariasis Dengue Japanese Encephalitis Chikungunya Kala Azar (Leishmaniasis)"
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Availability of case detection and Early diagnosis of TB		RR/SI	
		Availability / Linkage to microscopic centre		RR/SI	
		Availability of functional DOT Centre		RR/SI	
		Treatment of tuberculosis		RR/SI	
		Management of Common complication and side effects of treatment		RR/SI	
		Linkage for chest X ray and culture sensitivity of Mycobacterium bacilli for diagnosis of TB		RR/SI	
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Early detection of leprosy and its complications		RR/SI	Community empowerment and mobilization of self referral, capacity building



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Early referral of disabled cases		RR/SI	Identification of cases having disability their early referral and follow up at village level
		Diagnosis and treatment		RR/SI	All reported and referred cases examined following standard procedure, diagnosed based on cardinal signs and treated with MDT and Management of Nerve impairment
		Referral Services for complicated laprosy cases		RR/SI	Difficult to diagnosis cases,lepra reaction difficult to manage,Complicated ulcer,Eye problem,cases of reconstructive surgeries,person needs customized footwear.
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Early detection of HIV		RR/SI	Screening of Antenatal mothers, high risk behaviour cases and cases referred by field worker
		Availability/ Referral linkage with ICTC for confirmation of HIV status		RR/SI	
		Condom Promotion and distribution among high risk groups		RR/SI	
		Counselling and guide patient with HIV/AIDS for receiving ART		RR/SI	
		Support to patients receiving ART for their adherence		RR/SI	
		Linkage with Microscopic centre for HIV TB coordination		RR/SI	
ME A4.5	The facility provides services under National Programme for control of Blindness as per guidelines	Screening and correction of refractive errors		RR/SI	Availabilityof refraction services at PHC /outreach (Schools)
		Medical treatment for prevention andcontrol of common Eye diseases		RR/SI	Conjunctivitis, Night blindness, Stye etc
		Availability of diagnosis and Referral services for cataract cases		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Survey for prevalence of various eye diseases and Health Education for prevention of various eye diseases		RR/SI	Nutrition education (prevent vit A deficiency), Water and sanitation education (Trachoma Control) Maternal and child health education (Reduce retinopathy of prematurity), Health education (Prevention of eye trauma, hypertension and diabetic retinopathy)
ME A4.6	The facility provides services under Mental Health Programme as per guidelines	Early identification and treatment of common mental disorders in OPD		RR/SI	Evaluation of direct/ Referred cases from ANM/ community workers and their appropriate cases. Anxiety Neurosis, Mild depression
		Referral of difficult cases to DH/ Psychiatric		RR/SI	Meniac cases, schizophrenia
		Follow up of the cases having treatment at higher central		RR/SI	
ME A4.7	The facility provides services under National Programme for the health care of the elderly as per guidelines	Geriatric clinic on fixed day for Conducting a routine health assessment and treatment		RR/SI	Every week display fixed day and time
		Sensitization on promotional, preventive and rehabilitative aspects of geriatrics		RR/SI	
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	Health Promotion Services to modify individual, group and community behaviour		RR/SI	Promotion of Healthy Dietary Habits. Increase physical activity. Avoidance of tobacco and alcohol. Stress Management.
		Early detection, management and referral of Diabetes Mellitus, Hypertension and other Cardiovascular diseases and Stroke		RR/SI	history, measuring blood pressure, checking for blood, urine sugar
ME A4.9	The facility Provides services under Integrated Disease Surveillance Programme as per Guidelines	Weekly reporting of epidemic prone diseases		RR/SI	S, P and L forms and SOS reporting of any cluster of cases



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME A4.10	The facility provide services under National health Programme for prevention and control of deafness	Early identification of cases of hearing impairment		RR/SI	At PHC and outreach
		Ear Screening Camps		RR/SI	Organized as per state schedule (1 screening camp is orgnaized at PHC/ CHC/DH on rotation basis per month)
		Primary ear care for common problems		RR/SI	Early treatment of upper respiratory infections, impacted wax, otitis media foreign body removal
		Rehabilitation services		RR/SI	Hearing aid services
ME A4.11	The facility provides services under School Health Programme	Screening of general health of school going children		RR/SI	
		Early detection, diagnosis, treatment and referral for health problems		RR/SI	Assessment of Anaemia/ Nutritional status, visual acuity, hearing problems, dental check up, common skin conditions, Heart defects, physical disabilities, learning disorders, behaviour problems
		Micronutrient (vit A and IFA) Management		RR/SI	On fixed day, Weekly supervised distribution of Iron-Folate tablets coupled with education about the issue and vit A in needy cases
		Deworming as per National guidelines		RR/SI	
		Health Promotion and health education		RR/SI	counselling services, Regular practice of Yoga, Physical education, health education about personal hygiene, HIV/AIDS, supply of IEC package to schools, Health clubs, Health cabinets and First Aid room/corners or clinics



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME A4.12	The facility provides services under Universal Immunization Programme	Functional Immunization Clinic		RR/SI	Fix day immunization
		Immunization of Pregnant Women		RR/SI	"TT1 and 2 TT Booster "
		Immunization of Newborn (Zero Dose)		RR/SI	Zero Dose -OPV, HBV and BCG
		Immunization of Infants		RR/SI	OPV 123, DPT 123, / Pentavalent Hepatitis 123, Measles 1and 2
		Immunization of Children		RR/SI	DPT Booster, OPV Booster, JE, DT booster, TT
		Vit A		RR/SI	1st dose at 9 month with measles, 2nd to 9th dose 16 month with DPT/OPV booseter, then 1 dose every 6th month up to age of 5 yrs
		Management and logistic support for immunization program		RR/SI	Microplanning, supervision and storage of vaccines and transportation
ME A4.13	The facility provides services under National Iodine deficiency Programme	Promotion and monitoring for consumption of iodized salt		RR/SI	
ME A4.14	The facility provides services under National tobacco Control Programme	Promotion of quitting of tobacco in the community.		RR/SI	Health education and IEC activities regarding harmful effects of tobacco use and passive smoke.
		Counselling service on tobacco cessation to all smokers/tobacco users.		RR/SI	
Area of Concern B – Patients' Right					
Standard B1	The facility provides the information to care seekers, attendants and community about the available services and their modalities				
ME B1.2	The facility displays the services and entitlements available in its departments	Availability of Information for services under all National Health Program		OB	Pictorial and Local language
ME B1.4	Patients and visitors are sensitised and educated through appropriate IEC / BCC approaches	Availability and display of IEC material for RNTCP		OB	Availability of information about facts of TB, do's and donot's, sure cure of TB, adverse effects of having incomplete treatment.



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability and display of IEC material for NVBDCP		OB	Posters for Treated Mosquito nets, Signs of malaria fever, preventing Stagnant Water, Preventing Malaria in pregnancy
		Availability and display of IEC material under National blindness control program is available		OB	Diabetic retinopathy, cataract, glaucoma, refractive error, trachoma, prevention from corneal blindness. Also IEC material for eye donation
		Availability of IEC kit for mental health program		OB	Poster with 10 features of mental disorder and flip chart for use of health educator
		Availability of IEC material for National Deafness Control Program		OB	For prevention and early detection of hearing impairment and deafness
		Provision of basic information on modes of transmission and prevention of HIV/AIDS for promoting behavioural change and reducing vulnerability.		OB	IEC activities to enhance awareness and preventive measures about STI, HIV/AIDS and PPCT
Area of Concern – C Inputs					
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load				
ME C3.3	The facility has adequate Health workers as per requirement	Availability of Multiple Health worker/ MPW as per guideline		SI/RR	
ME C3.5	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles and responsibilities	Training of Medical officer for RNTCP		RR/SI	Module 1-4, TB-HIV module
		Training on Lab technician for RNTCP		RR/SI	LT module and EQA module
		Training for Pharmacist RNTCP		RR/SI	DOTS
		Training for MPW module under RNTCP		RR/SI	Senior treatment supervisor module, TB Health visitor module and MPW /Health assistant module training as applicable



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Training of Aganwadi workers/ ANM/Community volunteer under RNTCP		RR/SI	DOT provider module on TB, DOT provider module on TB-HIV
		Re-training is conducted as per retraining schedules of RNTCP		RR/SI	
		Induction training for newly appointed LT working for NVBDCP		RR/SI	
		Reorientation training for LT working for NVBDCP		RR/SI	
		Refresher Training of Ophthalmic Assistants on refraction and other procedures under National Blindness Control Program		RR/SI	
		Training of Medical officer under National Blindness Control Program		RR/SI	Orientation and refresher training of Medical Officers of PHCs in community ophthalmology and Prevention of Blindness
		Training of MO for mental health program		RR/SI	6 days training each year for doctors at district level under DMHP for early identification, diagnosis and management of common mental disorders
		Training of Health Worker for Mental health Program		RR/SI	2 days training each year for health workers of PHC (All paramedical staff, ANM/ Nursing staff, Health educator)
		Training of Medical Officer for National Deafness Control Program		RR/SI	Sensitization about program, Creating of awareness regarding preventable diseases of ear, reorientation in early diagnosis and treatment of common ear diseases,
		Training of nurse/ ANM/ AWW supervisors at PHC on National Deafness Control Program		RR/SI	Sensitization about program and awareness regarding ear and hearing care, enable them to identify deafness at early stage and motivate them for awareness generation at community level



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Training of MO on National Program for Health care of elderly		RR/SI	At least 1 MO is trained
		Training of Paramedics staff for National Program for Health care of elderly		RR/SI	At least 2 nurses are trained
		Training of MO on immunization		RR/SI	3 day training at district level
		Training of Health workers on immunization		RR/SI	2 day training for ANM, LHV
		Training of Cold chain handlers on immunization		RR/SI	2 day training at district level to designated cold chain handler (ANM, Clerk or Pharmacist)
		Training on NACP		RR/SI	
		Training on leprosy		RR/SI	
		Training on IDSP		RR/SI	
		Training on School health Program		RR/SI	
		Training on Tobacco control		RR/SI	
Standard C4	The facility provides drugs and consumables required for assured services.				
ME C4.1	The departments have availability of adequate drugs at point of use	Availability of Anti tubercular drugs under RNTCP		OB/RR/SI	Category I and Category II. Check the availability of Stock and their Storage as per guideline
		Availability of drugs under NVBDCP		OB/RR/SI	Artesunate, Chloroquine phosphate, Primaquine, Pyrimethamine, Quinine sulphate, Sulfadoxine + Pyrimethamine
		Availability of Drugs for National Leprosy Eradication Program		OB/RR/SI	Availability of MDT Availability of Prednisolone
		Availability of Drugs for Mental Health Program		OB/RR/SI	Tab. Chlorpromazine 100mg Tab. Rasiperidone 2mg Inj. Promethazine 50mg Tab. Imipramine 75mg Inj. Fluphenazine 25mg Tab. Trihexphenidyl 2mg Tab. Diazepam 5mg Tab. Phenobarbitone 30mg and 60 mg



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – D Support Services					
Standard D8	Hospital has defined and established procedure for monitoring and reporting of National Health Program as per state specifications				
ME D8.1	The facility provides monitoring and reporting services under National Vector Borne Disease Control Programme	Reporting is done on Form 01 (MF 2)		RR	For reporting of blood smear by surveillance worker/MPW/Passive agency etc.e.g., patient's name, age, sex and village, etc. A code number is given to each patient in terms of blood smear number. This will help in identification of each fever case screened, for tracing out to provide radical treatment and also for follow up
		Reporting is done on Form 02 (MF 4)		RR	Monthly reporting of malaria program of PHC, it provides details of the worker wise blood smears received and their results.
		Reporting is done on Form 03 (MF 5)		RR	Monthly epidemiological report of malaria program of PHC, it provides species wise details of the positive cases and radical treatment provided
		Reporting is done on Form 08 (MF 16)		RR	for reporting drug distribution centre, fever treatment depots and malaria clinics
ME D8.2	The facility provides services monitoring and reporting services under Revised National TB Control Programme	Availability of Quarterly reports on New and retreatment cases of TB		RR	
		Availability of Quarterly report on sputum conversion of New and retreatment cases registered 4-6 month earlier		RR	
		Availability of Quarterly report on result of treatment of TB patient registered 13-15 month earlier.		RR	
		Availability of Monthly report on Program Management, Logistics and Microscopy by Peripheral Health Institutions		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Monthly report on programme management, logistics and microscopy filled at all healthcare facilities and sent to CMO/DTO/ concerned TU within defined period		RR	Before 5th of next month
ME D8.3	The facility provides monitoring and reporting services under National Leprosy Eradication Programme as per guidelines	Reporting is done on MLF -04 under NLEP		RR	Monthly progress report from PHC to District regarding different DPMR activities
ME D8.4	The facility provides services under National AIDS Control Programme	Monthly ICTC report		RR	No. of clients counselled, tested, HIV status, NVP administration, gender and age wise
		Monthly HIV-TB report		RR	HIV-TB collaborative activities including line listing of cases referred from ICTC to RNTCP
		Details of referral to and from various facilities		RR	
ME D8.7	The facility provides monitoring and reporting services under National Programme for the health care of the elderly as per guidelines	Reporting is done on form 2 for NPHCE		RR	Forms contains information on availability of equipments, supporting devices, no. of staff trained, services provided, no. of cases referred etc
ME D8.9	The facility provide monitoring and reporting service for Integrated disease surveillance Programme	Check form S is filled for information required		RR	"Form for syndromic surveillance reporting Check -Form S contain information about State, district, block, year, Name of reporting unit, name of reporting person, name of supervisor, reporting week, Cases: Male or female <5 yrs or >5yrs, Deaths : Male or female <5 yrs or >5yrs, total of each along with date and signature"
		Reporting format (Form S) are sent to PHC as per guidelines		RR	Form S is filled in triplicate, Health worker place carbon papers between each page of form S. First and second page (Yellow and green) sent to MO PHC while third (Blue) copy is kept by



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Check form P is filled for information required		RR	Health worker "Form for presumptive surveillance reporting Form P contain information Name of reporting unit, state, district, Block, Name of officer incharge along with signature, IDSP reporting week, No.of cases under each disease and syndrome"
		Reporting format (Form P) are sent to DSU as per guidelines		RR	Form P will be filled in duplicate (two copies), Surveillance officer may place carbon paper in between 2 sheets, One copy (blue) is retained by MO and other (Yellow) will be sent to DSU
		Check form L is filled for information required		RR	Form for Laboratory surveillance reporting Form L contain information for Name of Lab, state, district, block, Name and signature of officer incharge along with information about no, of samples tested and no. of sample found positive. Format also include line listing of positive cases except malaria cases along with age and sex breakage
		Reporting format (Form L) are sent to DSU as per guidelines		RR	Form L will be filled in duplicate (Blue and Yellow), PHC retain blue copy while Yellow will be sent to DSU
		Check form W is filled for information required as per format		RR	"Form for Water Quality monitoring Form W contain information on source of water sample, no. of sample tested from that source and their results"
		Reporting format (Form W) are sent to District surveillance unit (DSU) as per guidelines		RR	Form W is filled in duplicate (in colour Yellow and Blue) and blue is retained by facility while yellow is sent to DSU



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		PHC ensures the submission of data from Sub centre and other rural reporting points		RR	By Monday of every week
		PHC ensure submission of data to DSU		RR	By Tuesday of every week
		MO is aware of what to do with form S submitted by sub centre		RR/SI	Form S (Yellow coloured) copy is submitted to DSU by PHC, Simultaneously MO I/C for disease surveillance of PHC will analyse the information available in form S w.r.t occurrence of any target disease above expected frequency
ME D8.10	The facility provide services under National Programme for prevention and control of deafness	Reporting format on PHC		RR	Contain detail of PHC, village, no. of doctors at PHC are trained , number of cases identified between 0-5, 6-15, 16-50, >50 yrs (separately male and female), no. of cases treated, no. of cases referred, to whom and reason of referral.
ME D8.12	The facility provides monitoring and reporting services under Universal Immunization Programme	Staff Know AEFI cases to be reported immediately to MO/ District Immunization Officer		SI	Death , Anaphylaxis, Toxic Shock Syndrome, Hospitalization , Disability etc.
		Formats for First Information Report and Preliminary Investigation Report are available at the facility		RR	
		Staff is aware of Cycle time for reporting FIR/PIR		SI	"24 hrs for FIR 7 Days for PIR"
		Routine Monthly reporting is done to District Immunization Officer		RR	Check for the records
Area of Concern - E Clinical Services					
Standard E5	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage				
ME E5.4	Adequate form and formats are available at point of use	Availability of Form / Format for testing and Diagnosis of TB under RNTCP		RR/OB	Mycobacteriology culture/ sensitivity test form Laboratory form for sputum examination tuberculosis treatment Card referral treatment form transfer form



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of formats for National Leprosy Eradication Program		RR/OB	Assessment of disability and Nerve function/Disability assessment form (P1/S1/T1), Sensory assessment, Predisolone Card (P4/S4/T4), Referral Slip for ASHA/HW/PHC/CHC (P5/S5)
ME E5.5	Register/records are maintained as per guidelines	Availability of Records for RNTCP		RR	TB laboratory monthly abstract Referral/ Treatment Register TB Register
		Blind register is maintained at facility		RR	Blind register have information on name of district, block /PHC, village, name of patient along with address and age, visual acuity (Left and right), Main cause of blindness, and outcome)
		Availability of records for National Leprosy Eradication Program		RR	Disability register (P1/S1), Record of lepra reactions/ Neuritis cases (form P3/S3/T3)
		Availability of Records for School Health Program		RR	Health appraisal register (Appraisal register contain information on date of visit1, visit2 and visit 3, class, name and type of school, name of student, age, height, weight, clinical diagnosis, treatment, referred to, follow up and immunization status), Referral register Drug stock register
Standard E8	The facility has defined and established procedures for diagnostic services				
ME E 8.4	There are established procedures for Laboratory Diagnosis of Tuberculosis as per prevalent Guidelines	Medical Practitioner fills standardized laboratory form for sputum examination		OB/RR	
		Laboratory staff follow guideline for collecting sputum for smear microscopy		RR/SI	Two sample will be collected: Early morning-Spot
		Laboratory staff/ health worker provide guidance to patient for sputum collection		SI/PI	Provide guidance about steps how to collect the sputum



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Laboratory staff is aware of methodology for smear preparation and staining slides		SI/RR	Ziel Neelsen [(1% Carbol fuchsin, 25% Sulphuric Acid, 0.1% Methylene blue). If Laboratory is not designated DMC, give full compliance
		Staff is aware of how to examine and interpretate sputum smear		SI/RR	If Laboratory is not designated DMC, give full compliance
		Instruction to Ziel Neelsen Staining procedure and interpretation chart are displayed at working station		OB	If Laboratory is not designated DMC, give full compliance
ME E 8.5	There are established procedures for Laboratory Diagnosis of Malaria as per prevalent Guidelines	Availability of Standard operating procedure for equipments required for malarial diagnosis		SI/RR	
		Availability of Standard operating procedure for processes required for malarial diagnosis		SI/RR	
National Health Programmes					
Standard E15	The facility provides National health Programme as per operational/Clinical Guidelines of the government				
ME E15.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Health worker/Health professionals are skilled to identify cases of suspected malaria		SI/RR	Fever is cardinal symptom. It may be intermittent with or without periodicity or continuous, Fever in many cases accompanied with rigours and chills. Headache, myalgia, arthralgia, anorexia, nausea and vomiting.
		Microscopic result is available within defined period		RR	Within 24 hrs. If in Pf predominant area result is not available within 24 hrs. check the provision of RDT
		Treatment for confirmed P. Vivax Malaria is done as per protocols		SI/RR	P.vivax cases should be treated with chloroquine for three days and Primaquine for 14 days.
		Staff is aware of cases contraindicated for administration of Primaquine		SI/RR	Primaquine is used to prevent relapse but is contraindicated in pregnant women, infants and individuals with G6PD deficiency.



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Patient on malaria treatment (specially on Primaquine) are provided with information about when to report back		SI/RR/PI	Patients should be instructed to report back in case of haematuria or high colored urine / cyanosis or blue coloration of lips and Primaquine should be stopped
		Treatment for Confirmed P. falciparum is done as per protocols		SI/RR	P. falciparum cases are treated with ACT (Artesunate 3days+Sulphadoxine-Pyrimethamine 1 day) This is accompanied by single dose of Primaquine preferably day 2). However, there is resistance to partner drug SP in NE, it is recommended to use ARTEMETHER(20 mg) - LUMEFANTRINE (120 mg (ACT-AL) as per age specific dose schedule for the treatment of pf cases in NE (contraindicated in 1st trimester of pregnancy and for children weighting <5 years)
		Treatment of uncomplicated P. falciparum Malaria in pregnancy is done as per protocols		SI/RR	Pregnant women with uncomplicated Falciparum should be treated 1st trimester: Quinine, 2nd and 3rd trimester: ACT
		Treatment of mixed infection is done as per protocols		SI/RR	Mixed infections with P. falciparum should be treated as falciparum malaria. However, antirelapse treatment with primaquine can be given for 14 days, if indicated.
		Algorithm for treatment and diagnosis of malaria is available with treating physician		SI/RR	Check for availability of Alogrithm
		Identification of drug resistance /failure cases especially falciparum is done as per protocols		SI/RR	
		Treatment of falciparum failure cases is done as per protocols		SI/RR	Falciparum malaria should be given alternative ACT or quinine with Doxycycline. Doxycycline is contraindicated in pregnancy, lactation and in children up to 8 years.



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Staff is trained to identify severe cases of malaria especially severe manifestation of P falciparum		SI/RR	Severe malaria have one or more of following features: impaired consciousness/ coma, Repeated generalized convulsions, Renal failure (Serum Creatinine >3 mg/dl), Jaundice (Serum Bilirubin >3 mg/dl), Severe anaemia (Hb <5 g/dl), Pulmonary oedema, Hypoglycaemia (Plasma Glucose <40 mg/dl), Circulatory collapse/shock, DIC, yrexia, Hyperparasitaemia (>5% parasitized RBCs), Haemoglobinuria etc.
		Different coloured blister packs of ACT+SP is available for different age group especially for field staff		SI/RR/OB	e.g: Pink for 0-1 year, yellow for 1-5 yrs, green for 5-8 yrs, Red for 9-14 yrs and white for 15 and above. For NE: pack colour and regimen vary by body weight and age group, Yellow: weight for 5 to 14 kg and age for > 5 month to <3 years, green: weight 15 to 24 kg age >3 to 8 yrs, Red : weight 25-34 kg, age 9 to 14 yrs, white: weight > 34 kg, and age >14 yrs
		Category wise treatment regimen is given to patient		SI/BB	"Category I- New sputum smear-positive Seriously ill** new sputum smear-negative Seriously ill** new extra-pulmonary- 2H3R3Z3E3+ 4H3R3, Category II- Sputum smear-positive Relapse Sputum smear-positive Failure Sputum smear-positive Treatment After Defaultn Others***- 2H3R3Z3E3S3 + 1H3R3Z3E3 + 5H3R3E3, "
		Patient wise box are colour coded as per category		OB/RR	Red - Category I, Blue -Category -II,
ME E15.2	The facility provides services under Revised National TB Control Programme as per guidelines	Prior to start of treatment patient identity card and and treatment card is prepared		SI/RR	Address of the patient is verified by Peripheral Health worker before start of the treatment Within 1 week of diagnosis



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Medical officer also discuss about near by DOT centre with the patient		SI/RR/PI	Easily accessible and acceptable by patient, Place identified for DOT (DOT centre) and name and designation of DOT provider is written in patient treatment card
		Duplicate treatment card is issued to DOT provider/ community DOT provider if DOT provider is situated outside the healthcare centre		SI/RR	original card is maintained at healthcare centre where treatment has started
		Medical officer issue Patient wise box (PWB) for entire duration for treatment to Peripheral Health worker/DOT provider		SI/RR	Check for the stock to be maintained
		Original treatment card is updated at regular intervals by PHW		SI/RR	Fortnightly Basis
		All the doses of intensive phase is taken as per guideline		SI/RR	Under supervision of DOT provider/Community DOT provider if any dose is missed patient must be contacted within 1 day and dose is administrated on following day
		In continuous phase doses is taken as per guideline		SI/RR	First dose in taken under supervision of DOT provider/Community DOT provider and for subsequent doses for week is self administrated. Empty blisters are contacted within next scheduled visit
		What action taken by DOT provider if they fail to retrieve such patient		SI/RR	Reported to next level supervisor (PHW/MO- PHI/ STS/ MO-TB)
		What action is taken if patient misses DOT on 2 occasion in Intensive phase		SI/RR	Arrange visit of MO- PHI to patient home for counselling of the patient.
		Side effects of anti TB treatment is identified by DOT provider and reported to MO		SI/RR	
		Treatment of the patient during pregnancy and post natal period is done as per guidelines		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Treatment of patient taking oral contraceptive pills is done as per guidelines		SI/RR	
		DOT directory is maintained and updated at healthcare facility level		SI/RR	For identify suitable DOT provider and DOT centre
		Follow up of smear examination for New smear positive patient is done as per guideline		SI/RR	First follow up sputum examination is done at the end of 2 months of intensive phase. Follow up sputum examination is done at the end of 2 month of continuation phase and finally at the end of treatment.
		Follow up smear examination for re-treatment patients as per guideline		SI/RR	First follow up sputum examination is done at the end of 3 months of intensive phase. Follow up sputum examination is done at the end of 2 month of continuation phase and finally at the end of treatment.
		Follow up smear examination for smear negative patients as per guidelines		SI/RR	Two smears are examined during the follow-up visit at the end of 2 months of the intensive phase and again at the end of treatment
		Determination of treatment outcome for each patient as per guideline		SI/RR	Cured, treatment completed, Died, defaulted, and transferred out.
		Management of paediatric tuberculosis as per guidelines		SI/RR	
		Management of Extra pulmonary tuberculosis as per guideline		SI/RR	Diagnostic algorithm for TB lymphadenitis
		Management of patient with HIV infection and TB		SI/RR	
		History taking as per guideline		SI/RR	Includes duration of lesion, duration of disability if any, family history/ contact history and previous treatment



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Examination of skin as per guideline		SI/RR	Include information No. of patches, colour of patch, morphology of patch, nodule, infiltration, test for loss of sensation in patch
ME E15.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Physical Examination as per guideline		SI/RR	Dryness of hands and feet, swelling and redness of patches and joints, Wasting of muscle, visible deformity in hand, feet, eye, Redness on palm or sole, callous, Blister, ulcer, High stepping gait or any change in gait, Appearance of new lesions or expansion of existing lesion, Absence of blink in the eyes, Redness and watering in the eyes
		Examination of eye as per guidelines		SI/RR	"Look for any redness of the eye, Note "watering from the eye" from history and observation, Observe for blink – Present or Absent, Look for lid gap or inability to close one or both eyes (Lagophthalmos) and check for normal strength of eye closure, Check the visual acuity of each eye separately, using a Snellen's chart or by counting fingers at 6 meters"
		Management of disability grade I as per guideline		SI/RR	If the duration of disability grade 1 i.e. anaesthesia along the course of trunk nerve is recent (< 6 months), a course of Prednisolone is to be started to treat neuritis.
		Standard adult treatment regimen for MB leprosy is followed		SI/RR	Rifampicin: 600mg once in month, Clofazimine: 300mg once in month and 50mg every day, Dapsone: 100 mg (for 12 month)
		Standard adult treatment regimen for PB leprosy is followed		SI/RR	Rifampicin: 600 mg once in month, Dapsone; 100 mg daily (for 6 month)



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Standard children (10-14yrs) treatment regimen for MB leprosy is followed		SI/RR	MB: Rifampicin:450mg once in nth,Clofazimine: 150mg once in month,50 mg daily, Dapsone: 50 mg daily (12month). PB: Rifampicin: 450 mg once in month, Dapsone; 50 mg daily (for 6 month)
		Staff is aware of adverse reactions to MDT and their management		SI/RR	Like Red urine, anaemia, brown discoloration of skin, gastro intestinal upset. Management reassurance, given iron and folic acid, counselling and give drug with food
		Staff is aware of leprosy reaction and their treatment		SI/RR	2 types of reaction: Type 1- Reversal reaction, Type 2- Erthyma Nodosum leprosum(ENL)
		Referral out of Patient as per guideline		SI/RR	Referral of cases where lepra reaction is difficult to manage,complicated ulcer, eye problem, reconstruction surgery cases, persons needing gradell foot wear, follow up of RCS
		Referral in of the patient as per guideline		SI/RR	Referral of the cases having reaction, disability, neuritis and ulcer.
		Check the method to declare client HIV Positive		SI/RR	A client is declared to be HIV-positive when the same blood sample is tested three times using kits with different antigens/principles and the result of all three tests is positive.
		Criteria to diagnosis the cases of HIV in window period		SI/RR	Such cases require testing after 12 weeks
ME E15.4	The facility provides services under National AIDS Control Programme as per guidelines	Criteria to diagnosis the case of HIV in emergency case		SI/RR	For women with an unknown HIV status and in labour, the labour room nurses or medical officer will provide basic information on HIV/AIDS and about HIV testing. Thereafter, a single HIV test will be performed. A repeat sample will be collected and tested on the next working day and sent the ICTC.



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Criteria followed for HIV testing of blood samples received at ICTC		SI/RR	Blood sample may be sent from the hospital ward or other department, in such cases the ICTC ensure that the patient has been counselled by the doctor and the blood sample is received with a requisition slip. Post-test counselling will be provided by the ICTC counsellor in the ward.
		Process to estimate baseline CD4 count of HIV positive pregnant women		SI/RR	Whole blood samples of all pregnant women who are diagnosed to be HIV-positive in an ICTC will be sent to the nearest ART centre with CD4 testing facility for estimation of the baseline CD4 count.
		Method to transport the blood sample to ART centre		SI/RR	Whole blood sample of the HIV-positive pregnant woman will be drawn on a fixed day in the week in consultation with the nearest ART centre and collected in EDTA vacuum tube and sent to the nearest ART centre in a cold box through a messenger. It has to be ensured that the sample reaches the nearest ART centre within 24 hours of drawing of the sample.
		Criteria to diagnosis HIV in new born		SI/RR	For diagnosis HIV in new born test should be done when infant is of 6 weeks old and second one at six month of age
ME E15.5	The facility provides services under National Programme for control of Blindness as per guidelines	Availability of protocols for visual acuity measurement for children		SI/OB	Check flow chart/ Instruction available with POA
		Availability of protocols for visual acuity measurement for aged/ adult aged 45yrs		SI/OB	Check flow chart/ Instruction available with POA
ME E15.6	The facility provides services under Mental Health Programme as per guidelines	Elementary diagnosis of Mental disorders as per guidelines		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Treatment of functional psychosis as per guidelines		SI/RR	
		Treatment of uncomplicated cases of psychiatric cases associated with physical diseases as per guidelines		SI/RR	
		Management of uncomplicated psychosocial problems as per guidelines		SI/RR	
		Epidemiological surveillance of mental disorders as per guideline		SI/RR	
ME E15.7	The facility provides services under National Programme for the health care of the elderly as per guidelines	Health assessment for elderly person based on simple clinical examination relating to vision, joints, hearing, chest, BP and simple investigations including blood sugar, etc. is done		SI/RR	
		A simple questionnaire will be filled up during the first visit of each Elderly as per guideline and record updated and maintained		SI/RR	
ME E15.9	The facility provide service for Integrated disease surveillance Programme	PHC has defined schedule for testing of drinking water sources		SI/RR	Frequency of testing is decided by MO on basis of incidence of water borne diseases. During out break test must be done at least once in a day
		Health worker is competent to conduct test for drinking water sources at village level		SI/RR	Test Ortho Toluidine test (using chloroscope). Accepted value on consumer side is 0.2 -0.8 ppm
		Presumptive surveillance register is available at PHC		RR/OB	
		MO/ treating Physician is using Presumptive surveillance register for recording of cases during routine OPD activities.		RR/OB	
		Presumptive surveillance register contain information as per requirement		RR/OB	Recording of date and personal details (Name, age and Sex) of case as well as write probable diagnosis of disease based on clinical examination or record of presenting



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Hospital has system in place to count and fill weekly total of cases before starting the new week		RR/OB	symptoms Check total is available on Top left hand corner of the every page of register
		There is some designated person to supervise the job and confirm information before submitting		RR/SI	MO confirm the information before submission
		Laboratory technician of PHC is aware of IDSP target diseases required to be reported on weekly basis		RR/SI	Laboratory assistant/ technician at PHC are required to report for Malaria, Tuberculosis and Typhoid
		Staff is aware of what to do in case they recognize early signals of outbreak		SI	During analysis of data if staff encounter unusual increase in no.of cases in a particular category, they have to notify on telephone same to DSU, A written report /mail can follow subsequently.
ME E15.10	The facility provide services under National Programme for prevention and control of deafness	Diagnosis and treatment of chronic supportive otitis media (CSOM) (Safe type) as per standard treatment guideline		SI/RR	
		Diagnosis and treatment of chronic supportive otitis media (CSOM) (unsafe type) as per standard treatment guideline		SI/RR	
ME E15.11	The facility provides services under School Health Programme	Action plan for school health is available at PHC level		RR/SI	There is fixed as school health day, Each school should be visited 3 times/ year
		School medical team is formed at PHC level		RR/SI	
		Medical Examination of the student is done as per guidelines		SI/RR	Medical examination include general health checkup, Physical measurement and personal hygiene, Eye examination, Ear discharge and hearing problem, Common dental defects, congenital heart defects, disability screening, learning disorders, behaviour disorders, stress and anxiety etc



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Eye care services are provided as per guideline		SI/RR	Screening by teacher, PMOA assessment and conformation, order of spectacles and supply of spectacles
		Dental care services are provided as per guidelines		SI/RR	Screening by teacher, sent to dental camp at block level, filling, extraction and referral during camp
		De worming as per guidelines		SI/RR	Biannually administration of Albendazole
		Anaemia Management		SI/RR	Weekly IFA tablet given to adolescent girls, distribution through class teachers
		School environment survey is done by PHC staff as per guideline		SI/RR	Survey includes safe water and clean sanitation, hygienic class room and environment, Quality of food provided
ME E15.12	The facility provides services under Universal Immunization Programme	Staff is aware of when not to give pentavalent vaccines		SI	If child had severe allergic reactions in previous dose of immunization and if Child has severe acute illness
		Staff is aware of how to cover if some of the dosages missed		SI	DPT can be given till 2 year, OPV till 5 year. Do not start the schedule if some dosages are missed, instead administer the dosage needed to complete the series
		Staff is aware of what to do if a child completely missed the vaccination up to 9 months of age		SI	
		Check for Sub centre Micro plan for Immunization is available at PHC		RR	
		Check for Micro plan are adequately prepared		RR	
		Staff is aware of how to calculate the no. of Beneficiaries (pregnant women and Infants for every vaccination)		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Staff is aware of how to calculate the quantity of vaccines and syringes based on estimated beneficiaries		SI/RR	No. of Beneficiaries X Wastage/Dosages per multidoages vial
		Check for PHC has prepared map with route of alternate vaccine Delivery and sessions site		SI/RR	Check for whether map depicting route for supplying vaccines to different sites / immunization session has been prepared
		Check for supervision plan has been prepared for immunization activities		RR	
		Daily plan for Alternative Vaccine Delivery is prepared		RR	Check for Session site, distance from ILR point and Travel time, time of delivering and collecting vaccines is filled correctly
ME E15.14	The facility provides services under National tobacco Control Programme	Linkages with tobacco cessation facility		SI/RR	Check for doctor aware of nearest tobacco cessation facility Check how many patients are referred to cessation centre
		Doctor/ Staff are skilled for tobacco cessation counselling		SI	Ask about 5 As and 5 Rs Full form for R s and A s
		Facility has been declared tobacco free zone		OB	Restriction on use of tobacco product by staff or visitors
		Check for any specific community level activity is done for generating awareness		SI/PI	
Area of Concern - F Infection Control					
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.				
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines	Disposal of sputum container with specimen and wooden stick as per guideline		SI/OB	Remove the lid from sputum cup, put sputum cup, left over specimen, wooden stick in foot operated plastic bucket/bin with 5% phenol/phenolic compound diluted to 5%
		Staff is aware of contact time for immersion of sputum cups in disinfectant solution		SI	12 hours



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Disposal of slides are done as per guideline		SI	Put slides in puncture proof container
		Staff is aware of contact time for immersion of slides in disinfectant solution		SI	With use of 5% phenol/ phenolic compound (40%) diluted to 5% contact time for slides are 30 min
Area of Concern - G Quality Management					
Standard G2	The facility has established system for patient and employee satisfaction				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Client feed back is done for services provide		RR	School health Program, VHND
Standard G3	The facility have established system for assuring and improving quality of Clinical and support services by internal and external program.				
ME G3.1	The facility has established internal quality assurance programme	Internal Assessment of National Health Program is done at periodic Interval		RR/SI	
ME G3.2	The facility has established external assurance programmes	Quality Assurance of designated microscopy centre is done at regular intervals		RR/SI	Onsite evaluation at least once in a month/ decided as per performance of DMC
		Inspection of microscope, supplies and laboratory is done as per checklists		RR/SI	
		5 Positive and 5 Negative slides are re examined by systematic random method by STLS		RR/SI	
		Feedback on smear, stains,reading and reporting is given		RR/SI	
		Sample slides are systematically selected for rechecking (RBRC) along with result during QA visit by STLS		RR/SI	Onsite evaluation at least once in a month/ decided as per performance of DMC
		Feedback on RBRC slides is given to MC under information to CMO/CS		RR/SI	
		DMC is supervised by DTO/MO-TB as per their tour programme		RR/SI	



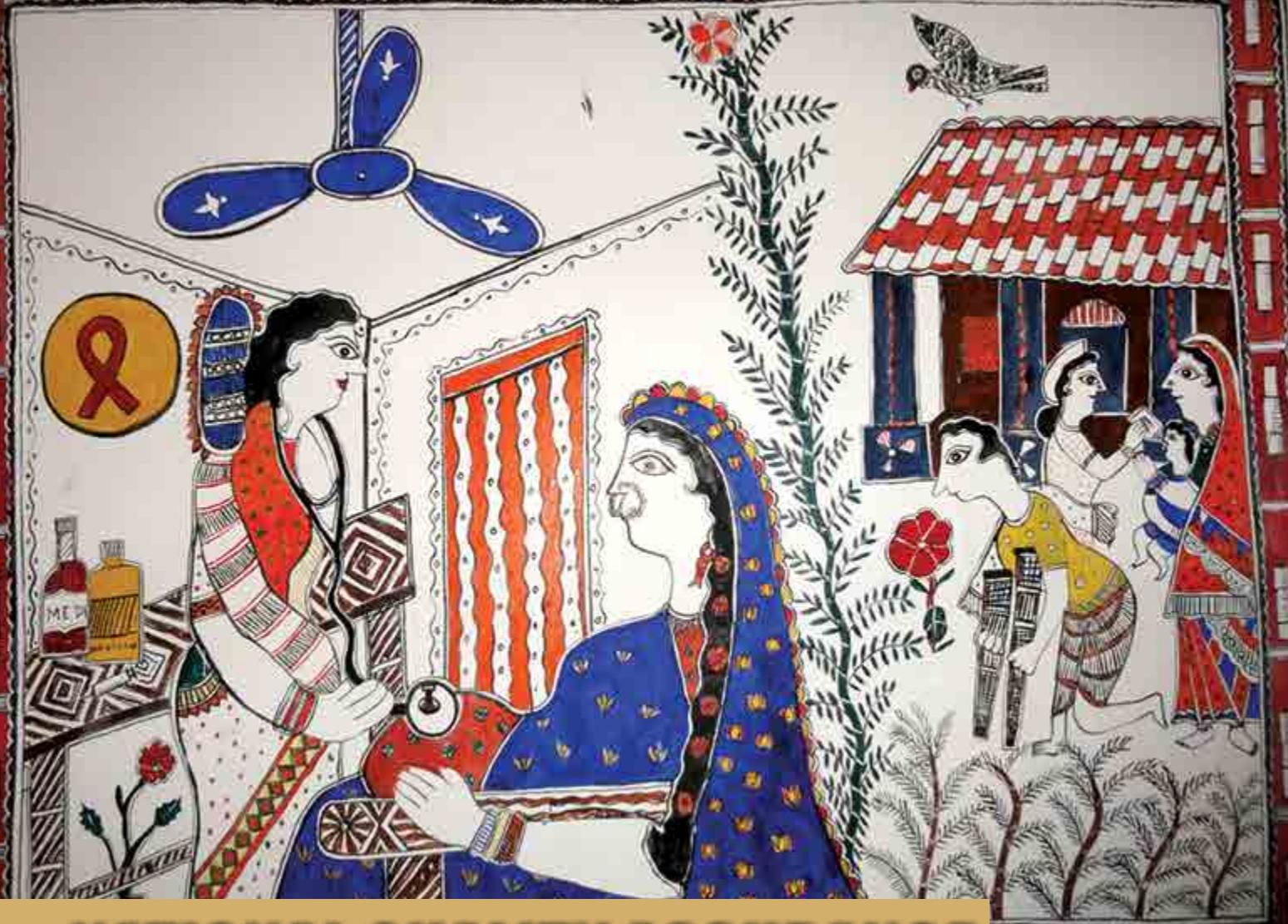
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Feedback is given for Observations and recommendations for corrective action by DTO/MO-TB		RR/SI	
		Laboratory has system in place to cross check all positive slides and 10% or 5% of the negative blood smear slides (to check 3% of CML and 1.5 % Regional Medical Laboratory)		RR/SI	
		There is system in place for coding of all the examined slides by zonal malaria officer		RR/SI	
		Laboratory has system to collect all coded negative slides examined during last month and dispatch it to concerned cross checking laboratory		RR/SI	
		Laboratory has system to send all positive slides to Regional office of health and family welfare/ state laboratories for cross checking		RR/SI	
		Laboratory has system to keep the report sent after cross checking of slides		RR/SI	
		Laboratory has system to participate in EQAS program organized by NRL/ designated laboratory		RR/SI	
		There is system in place for Performance Evaluation of laboratory technician		RR/SI	
		Supervision for efficiency of laboratory is done		RR/SI	
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.				
ME G4.1	Departmental standard operating procedures are available	Current version of SOP are available with process owner		SI/RR/OB	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	SOP covers all key processes of National Health Programs adequately		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		PHC has process and procedure for National Vector Borne Disease Control Programme		SI/RR	
		PHC has Process and procedure for Revised National TB Control Programme		SI/RR	
		PHC has Process and procedure for National Leprosy Eradication Programme		SI/RR	
		PHC has process and procedure for National AIDS Control Programme		SI/RR	
		PHC has process and procedure for National Programme for control of Blindness		SI/RR	
		PHC has process and procedure for Mental Health Programme		SI/RR	
		PHC has process and procedure for Integrated disease surveillance Programme		SI/RR	
		PHC has process and procedure for School Health Programme		SI/RR	
		PHC has process and procedure for Universal Immunization Programme Programme		SI/RR	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check Staff is a aware of relevant part of SOPs		SI	
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	
Area of Concern - H Outcomes					
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks				
ME H1.1	Facility measures productivity Indicators on monthly basis	No. of AFB examined per 1000 population		RR	
		No. of blood smear examined per 1000 population for Malaria		RR	
		No. of water sample tested per month		RR	
		No. of school visited under school health program		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		No. of HIV test done per 1000 population		RR	
		Proportion of women HIV positive out of total registered		RR	
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Percentage of DOTS cases completed successfully		RR	
		Failure rate including Death and defaults under RNTBP		RR	
		No. of children referred to higher centre under school health program		RR	
		No. of refraction error detected		RR	
		No. of diabetic and hypertensive cases are detected		RR	
Standard H3	The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark				
ME H3.1	Facility measures Clinical Care and Safety Indicators on monthly basis	Percentage of suspected TB cases are referred to HIV		RR	
		Monthly blood examination rate (MBER)		RR	
		Multidrug treatment completion rate under NLCP		RR	
		No. of babies followed up after delivery at 6 week, 6 month, 12 month and 18 months under NACP		RR	



NATIONAL QUALITY ASSURANCE STANDARDS FOR PHC

Checklist for General /
Administration



Checklist for General / Administration

Checklist-6

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – A Service Provision					
Standard A1	Facility provides primary level curative services				
ME A3.5	The facility provides MMU services	Availability of mobile medical unit		SI/RR	
ME A3.6	The facility provides administrative services	Monitoring and supervision of Activities of Sub centre		SI/RR	Check for records of periodic visits by Meical officer, LHV etc. LHV/MPW/HA should visit sub centre once in week
		Monitoring and supervision of National Health Program		SI/RR	Ask Medical officer about target of National Health Program and their monitoring mechanism
		Monitoring and supervision of Activities of ASHA		SI/RR	By MO/ANM.
		Monthly review meeting with sub centre		SI/RR	Attended by ANM, Health worker and Health Assistant. Check for records of meeting
		Support and supervision for village Health and Nutrition day		SI/RR	
ME A3.7	The facility provides support services	Availability of laundry services		SI/RR	
		Availability of dietary services		SI/RR	
		Availability of Security services		SI/RR	
Area of Concern – B Patients' Rights					
Standard B1	The facility provides the information to care seekers, attendants and community about the available services and their modalities				
ME B1.1	The facility has uniform and user-friendly signage system	Direction to PHC is displayed from the Access road		OB	
		All functional areas identified by their respective signage		OB	OPD, IPD, Labour Room, Emergency Room, Injection Room, MO I/C Office etc.
		Name of the facility prominently displayed at front of hospital building		OB	With facility of illumination in night



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Facility lay out with Directions to different departments displayed		OB	
		All signage are in uniform colour and user friendly		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Entitlement under different schemes are displayed		OB	
		Important numbers like MO I/C, ANM, ambulance, Nearest FRU etc are displayed		OB	
		List of sub centre catered by PHC is displayed		OB	Preferably with Details of ANM like their Name and Mb. No.
ME B1.3	The facility has established citizen charter, which is followed at all levels	Citizen Charter is prominently displayed		OB	Preferably near entrance or OPD area
		Citizen Charter Includes the Cycle time for Critical Processes		OB	
		Citizen Charter includes Rights and Responsibilities of Patients		OB	
ME B1.5	Information is available in local language and easy to understand	All Information is in local language		OB	
ME B1.7	Information about the treatment is shared with patients or attendants, regularly	There is provision of providing copy of medical records eg. BHT on request of Patient or Next of Kin		OB/RR	
ME B1.8	The facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance re addressal and whom to contact is displayed		OB/RR/SI	
		There is defined frequency of collecting complaints from complaint box		OB/RR	
		Records of patient complaints suggestion are maintained		RR	
		There is system of periodic review of patient complaints		RR/SI	
		There is evidence of action taken on complaints		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, economic, cultural or social status.				
ME B2.1	Services are provided in manner that are sensitive to gender	Facility has separate toilets for male and female		OB	
ME B2.2	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services	Cultural and Religious preferences of patients are Honoured and there is no discrimination based on them		SI	
ME B2.3	Access to facility is provided without any physical barrier	Availability of Ramp for the entrance of PHC Building		OB	Gradient should not be steeper than 1:12
		Handrails are provided with the ramp and Stairs		OB	
		Approach road to hospital is accessible without congestion or encroachment		OB	
		Internal Pathways and corridors of the facility are without any obstruction / Protruding Object		OB	
		Availability of atleast one Disable friendly toilet		OB	
		Availability of Wheel chair or stretcher for easy Access		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		SI	
Standard B3	The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information.				
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous to patients and visitors		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	Check for special precaution is taken for maintaining privacy and confidentiality of cases having social stigma		RR/SI	HIV, Leprosy , Abortion, domestic Violence, Adolescence pregnancy



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B4	The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.				
ME B4.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Availability of Free drop back		RR/SI	
		Availability of Free referral vehicle/Ambulance services		RR/SI	
ME B4.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patients have not spent on purchasing drugs or consumables from outside.		PI/SI/RR	For General Patients other than JSSK
ME B4.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patients have not spent on Diagnostics from outside.		PI/SI/RR	For General Patients other than JSSK
ME B4.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurred it is reimbursed from hospital		PI/SI/RR	For JSSK Beneficiaries and BPL Patients
		Check for compensation/ Incentives are given on time to beneficiaries		PI/SI/RR	"JSY Family Planning"
Area of Concern – C Inputs					
Standard B4	The facility has infrastructure for delivery of assured services and available infrastructure meets the prevalent norms				
ME C1.1	Departments have adequate space as per patient or work load	Adequate space as per services available and Workload		OB/SI	"Check for all departments and services comfortably accommodated Ideally space should be 375-450 sq mt"
		Patient care area/Spaces are not used for any other purpose		OB	Like storage/ Administrative work etc.
ME C1.2	Amenities for Patients and Staff are available as per load	Availability of Dedicated Toilets for Staff		OB/SI	
		Availability of Staff Duty room		OB/SI	
		Availability of residential quarters for doctors		OB/SI	
		Availability of residential quarters for Nursing Staff		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of residential quarters for Paramedic staff		OB/SI	Pharmacist, technicians, others
		Availability of dedicated training room		OB/SI	
ME C1.3	Departments have layout and demarcated areas as per functions	"ward are easily accessible from the OPD"		OB	"So as to obviate the need for a separate nursing staff in the ward and OPD during OPD hours"
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors of PHC are wide enough for movement of Stretcher and general patient traffic		OB	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of Telephone connection		OB/SI	Preferably at least one functional landline connection
		Availability of internet connection		OB/SI	Wired or wireless
Standard C2	The facility ensures the physical safety including fire safety of the infrastructure.				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Structural Components been made earthquake proof		SI/RR	Check for records of in correction has been done to strengthen structural components like columns, beams, slabs, walls etc.
		Non structural components are properly secured		OB/SI	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	PHC has mechanism for periodical check / test of all electrical installation		SI/RR	
		Danger sign is displayed at High voltage electrical installation		OB	
		All electrical panels are covered and has restricted access		OB	
ME C2.3	Physical condition of buildings are safe for providing patient care	PHC premises has intact boundary wall		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Hospital has functional gate at the entrance		OB	
		All the windows in PHCs are secured with grills and wiremesh		OB	
ME C2.4	The facility Ensures fire Safety Measures including fire fighting equipment	Fire exit signs are displayed at critical areas		OB	
		There is system to track the expiry dates and periodic refilling of the extinguishers		OB/RR	Check some for some fire extinguishers valid expiry date
		Periodic Training is provided for using fire extinguishers		RR/SI	
		Staff is skilled to operate fire extinguishers		SI	Ask staff for demonstration
		Periodic mock drills for fire safety are organized at the PHC		RR/SI	
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load				
ME C3.1	The facility has adequate medical officers as per service provision and work load	Availability of Allopathic Medical Officer (M.B.B.S)		RR/SI	1 medical officer 2 if delivery load is more the 30 per month
		Availability of AYUSH medical officer		RR/SI	
ME C3.2	The facility has adequate nursing staff /Paramedic as per service provision and work load	Availability of atleast four nursing staff		RR/SI	
		Availability of two lab technician		RR/SI	2 lab. Tech for routine lab test +RNTCP
		Availability of at least one pharmacist		RR/SI	
ME C3.3	The facility has adequate Health workers as per requirement	Availability of at least one lady health visitor		RR/SI	
		Availability of at least one Male health worker		RR/SI	
ME C3.4	The facility has adequate support staff	Availability of at least one Accountant / Data Entry Operator		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard C2	The facility ensures the physical safety including fire safety of the infrastructure.				
		Availability of at least three housekeeping staff		RR/SI	
		Availability of at least one security staff		RR/SI	
ME C3.5	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles and responsibilities	Training of Doctor for RTI/STI		RR/SI	
		Training of staff on infection control		RR/SI	
		Training of staff on Bio Medical Waste Management		RR/SI	
		Training on Basic Life Support (BLS)		RR/SI	
		Training of Data Entry operator		RR/SI	HMIS/MCTS /other information system as applicable
Standard C4	The facility provides drugs and consumables required for assured services.				
ME C4.1	The departments have availability of adequate drugs at point of use	Availability of Analgesics/ Antipyretics		OB/ RR/SI	Acetyl Salicylic Acid, Ibuprofen, Paracetamol,
		Antiallergics and Drugs used in Anaphylaxis		OB/ RR/SI	Adrenaline, Chlorpheniramine Maleate, Dexchlorpheniramine Maleate, Dexamethasone, Pheniramine Maleate, Promethazine, Cetirizine
		Antidotes and other substances used in Poisoning		OB/ RR/SI	Activated Charcoal, Atropine, Antisnake Venom, Calcium Gluconate, Naloxone, Pralidoxime Chloride(2-PAM),N-acetylcysteine
		Anticonvulsants/ Antiepileptics		OB/ RR/SI	Carbamazepine, Diazepam, Magnesium sulphate, Phenobarbitone, Phenytoin Sodium, Sodium Valproate



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Anthelmintics		OB/ RR/SI	Albendazole, Mebendazole, Diethylcarbamazine citrate
		Antibacterial (Beta Lactam)		OB/ RR/SI	Ampicillin, Amoxicillin, Benzylpenicillin, Cephalexin, Cloxacillin
		Antibacterial (Others)		OB/ RR/SI	Ciprofloxacin Hydrochloride, Co-Trimoxazole, Doxycycline, Erythromycin, Gentamicin, Metronidazole, Nitrofurantoin
		Antifungal		OB/ RR/SI	Clotrimazole, Griseofulvin, Nystatin, Fluconazole
		Antianaemia		OB/ RR/SI	Iron Folic Acid, Cyanocobalamin, Pyridoxine
		Plasma Substitutes		OB/ RR/SI	Dextran 40, Dextran-70
		Antianginal medicines		OB/ RR/SI	Acetyl salicylic acid, Glycerol Trinitrate, Isosorbide 5 Mononitrate, Metoprolol
		Antihypertensive medicines		OB/ RR/SI	Amlodipine, Atenolol, Enalapril Maleate, Methyldopa, Nifedipine
		Anti infective and Antifungal (Topical)		OB/ RR/SI	Miconazole, Framycetin Sulphate, Gentian Violet, Neomycin + Bacitracin, Povidone Iodine, Silver Sulphadiazine
		Antiinflammatory and Others (Topical)		OB/ RR/SI	Betamethasone Dipropionate, Calamine, Zinc Oxide (Dusting Powder), Glycerin, Benzyl benzoate
		Gastrointestinal Medicines (Antacids and Antemetics)		OB/ RR/SI	Aluminium Hydroxide + Magnesium Hydroxide, Omeprazole, Ranitidine, Domperidone, Metoclopramide, Promethazine



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Gastrointestinal Medicines (Antispasmodic and Laxatives)		OB/ RR/SI	Dicyclomine Hydrochloride, Hyoscine Butyl Bromide, Bisacodyl, Ispaghula,
		Medicines used in diarrhoea		OB/ RR/SI	Oral Rehydration Salts, Zinc Sulfate
		Hormones		OB/ RR/SI	Hydrocortisone Sodium Succinate, Prednisolone
		Medicines used in Diabetes mellitus		OB/ RR/SI	Glibenclamide, Insulin Injection, Metformin
		Immunologicals		OB/ RR/SI	Polyvalent Antisnake Venom, Tetanus Toxoid, Rabies immunoglobulin
		Ophthalmic Preparations		OB/ RR/SI	Chloramphenicol, Ciprofloxacin Hydrochloride, Gentamicin, Miconazole, Sulphacetamide Sodium, Prednisolone Acetate, Tetracaine Hydrochloride
		Oxytocics		OB/ RR/SI	Methyl Ergometrine, Oxytocin, Misoprostol
		Medicines acting on the respiratory tract		OB/ RR/SI	Beclomethasone Dipropionate, Hydrocortisone sodium succinate, Salbutamol sulphate, Dextromethorphan
		IV Fluids		OB/ RR/SI	Dextrose, Normal Saline, Potassium Chloride, Ringer Lactate, Sodium Bicarbonate, Water for Injection
		Vitamin and Minerals		OB/ RR/SI	Ascorbic Acid, Multivitamins, Vit A, Vitamin D, Calcium carbonate



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard C5	The facility has equipment and instruments required for assured list of services.				
ME C5.5	Availability of Equipment for Storage	Availability of ILR and Deep freezer for cold chain		OB	
ME C5.6	Availability of functional equipment and instruments for support and outreach services	Equipment for Cleaning		OB/SI	Buckets for mopping, Separate mops for labour room and circulation area
		Availability of computer for HMIS and MCTS reporting		OB/SI	
Area of Concern – D Support Services					
Standard D1	The facility has a established Facility Management Program for Maintenance and Upkeep of Equipment and Infrastructure to provide safe and Secure environment to staff and Users				
ME D1.1	The facility has system for maintenance of critical Equipment	PHC ensures that all equipments are covered under AMC including preventive maintenance		RR/SI	ILR, deep freezer , Lab equipments etc.
		Contact details of the agencies responsible for maintenance are communicated to the staff		RR/SI	
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of ILR/Deep freezer are readily available		OB/RR/SI	
ME D1.4	The facility provides adequate illumination level at patient care areas	Adequate Natural Light/ Illumination at patient care area/ working stations		OB	
		Natural light/ Illumination in circulation area		OB	
		There is provision of adequate illumination at entrance and access road to PHC specially in night		OB	
ME D1.6	Exterior of the facility building is maintained appropriately	Interior of Patient care areas are plastered and painted		OB	
		PHC Building is painted/ whitewashed in uniform colour		OB	
		No unwanted/outdated posters on hospital boundary and building walls		OB/RR/SI	
ME D1.7	Patient care areas are clean and hygienic	PHC has a system for safe disposal of general waste		OB/RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Schedule for cleaning is defined and implemented		OB	
ME D1.8	Facility infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster		RR/SI	
		PHC has system for periodic maintenance of Building		OB	
		There is no clogged/overflowing drain in facility		OB/SI	
		PHC has arrangements for disposal of sewage		OB	
ME D1.9	Facility maintains the open area and landscaping of them	Space is earmarked for parking of Vehicles		OB	Check for vehicles are not parked randomly in front of PHC and two wheelers are not kept inside PHC Buildings
		No water logging/Marsh in side the premises of the PHC		OB	
		There is no abandoned / dilapidated building in the premises		OB	
		Proper landscaping and maintenance of open Space / Gardens		OB	
		There is no encroachment in and around the hospital		OB/SI	
		Provision of Rain water harvesting		OB	
ME D1.10	Facility has policy of removal of condemned junk material	No condemned/Junk material in the in the corridors, storage, administrative area		OB	
		Periodic removal of junk material done at the PHC		OB	
		Hospital has designated covered place to keep junk/condemned material		OB	
ME D1.11	Facility has established procedures for pest, rodent and animal control	Pest control measures are evident at facility		OB	
		No stray animal in the PHC		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D1.12	The facility has security system in place at patient care areas	There is restriction on entry of vendors and hockers inside the premise of the PHC premises		OB/SI	
		There is system for restriction of visitors in indoor area and labour room		OB/SI	
		Responsibility and timing of opening and closing different department is fixed		OB/SI	
		There is established procedure for safe custody of keys and procedure for handing over the keys at the time of shift change		OB/SI	
ME D1.13	The facility has established measure for safety and security of female staff	No female staff is posted alone at night		SI/RR	
		Where ever there are male employees/patients, female and male staff are posted in pairs		SI/RR	
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas				
ME D2.1	There is established procedure for Estimation, indenting and Procurement of drugs and consumables	PHC has process to consolidate and calculate the consumption of all drugs and consumables		RR/SI	
		Forecasting of drugs and consumables is done scientifically based on consumption		RR/SI	
		Facility has a established procedures for local purchase of drugs in emergency conditions		RR/SI	
		PHC has system for timely placing requisition to district drug store		RR/SI	
ME D2.2	The facility ensures proper storage of drugs and consumables	There is specified place to store medicines in Pharmacy and drug store		OB	
		Narcotic medicines are kept in double lock		OB/SI	As per Narcotic act, Narcotic medicines are kept in 2 Keys with 2 locks kept by 2 different persons



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		All the shelves/racks containing medicines are labelled in pharmacy and drug store		OB	
		Product of similar name and different strength are stored separately		OB	
		Heavy items are stored at lower shelves/racks		OB	
		Fragile items are not stored at the edges of the shelves.		OB	
		Sound alike and look alike medicines are stored separately in patient care area and pharmacy		OB	
		Drug store and pharmacy has system of inventory Management		OB/SI/RR	
		Drugs and consumables are stored away from water and sources of heat, direct sunlight etc.		OB	
		Drugs are not stored at floor and adjacent to wall		OB	
ME D2.3	The facility ensures management of expiry and near expiry drugs	There is a earmarked area for keeping near expiry drugs		OB	
		There is a earmarked area for keeping expiry drugs distant to regular drugs to avoid mixing		OB	
		There is a established process for disposal fo expiry drugs		RR/SI	
		There is process to intimate OPD/ Different departments about near expiry drugs for early consumption		RR/SI	
		There is system about availability of surplus / near expiry drugs to other nearby facility / district stores		RR/SI	
ME D2.4	The facility has established procedure for inventory management techniques	Physical verification of inventory is done periodically		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Facility uses bin card system		OB	
		First expiry first out system is established for drugs		RR/SI	
		Stores has defined minimum stock category of drug as per there consumption pattern		RR/SI	
		Drugs are categorized in Vital, Essential and Desirable		RR/SI	
ME D2.5	There is process for storage of vaccines and other drugs, requiring controlled temperature	Check vaccines are kept in sequence		OB	(Top to bottom) : Hep B, DPT, DT, TT, BCG, Measles, OPV
		Work instruction for storage of vaccines are displayed at point of use		OB	
		ILR and deep freezer have functional temperature monitoring devices		OB/RR/SI	
		There is system in place to maintain temperature chart of ILR		OB/RR/SI	Temp. of ILR: Min +20C to 80c in case of power failure min temp. +100C . Daily temperature log are maintained
		There is system in place to maintain temperature chart of deep freezers		OB/RR/SI	Temperature of deep freezer, cabinet is maintained between -150 °c to -250 °c. Daily temperature log maintained
		Check thermometer in ILR is in hanging position		OB	
		ILR and deep freezer has functional alarm system		OB	
		Conditioning of ice packs is done prior to transport		SI	Check if staff is aware of how to condition ice pack (water beads on the surface of ice pack and sound of water is heard on shaking it
		Staff is aware of Hold over time of cold storage equipments		SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D3	The facility ensures availability of diet, linen, water and power backup as per requirement of service delivery and support services norms				
ME D3.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	Check for source of water (near by water body, ground water, municipal supply etc.) Check for the measure taken to ensure availability of water in areas has any scarcity
		Hospital has adequate water storage facility as per requirements		OB	450-500 per bed per day
		All water tanks are kept tightly closed		OB	
		Periodic cleaning of water tanks carried out		OB	
		PHC periodically tests the quality of water from the source (municipal supply, bore well etc) for bacterial and chemical content		RR/SI	
		Chlorination of water is done as per requirement		RR/SI	
		RO/ Filters are available for potable drinking water		OB	
ME D3.2	The facility ensures adequate power backup in all patient care areas as per load	Power backup is available in all critical areas		OB/SI	
		Availability of generators for power back up		OB	
		Use of energy efficient bulbs for light		OB	
ME D3.3	The facility provides diets according to nutritional requirements of the patients	Nutritional assessment of all admitted patient is done		SI/RR	
		Availability of in house kitchen		OB/SI	
		If Food is prepared out side the facility, there PHC ensures it is made in hygienic condition		SI	
		There is system of routine checking of quality of food provided to patients		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D3	The facility ensures availability of diet, linen, water and power backup as per requirement of service delivery and support services norms				
ME D3.4	The facility provides Clean and adequate linen as per requirement	Clean linen are provided to all the occupied beds		OB	
		Linen is changed every day and whenever it get soiled		SI/RR	
		PHC has inhouse /Outsourced arrangement of washing the linen		SI/OB	Washing Machine separate Washing area for inhouse laundry. If Linen are washed out side PHC ensure Hygiene of the place and water used.
		PHC has adequate sets of Linen		RR/SI	At least 5 sets
Standard D4	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.				
ME D4.1	The facility has established procures for management of activities of Rogi Kalyan Samitis	RKS is registered under societies registration act		RR	
		RKS meeting are held at prescribed interval		RR/SI	
		Minutes of meeting are recorded		RR	
		Participation of community representatives/NGO is ensured		RR/SI	
		RKS generates its own resources from donation/leasing of space		RR/SI	
ME D4.2	The facility has established procedures for community based monitoring of its services	Community based monitoring/ social audits are done at periodic intervals		RR/SI	
		PHC involves gram panchyat members in decision making and management of services		RR/SI	
ME D4.3	The facility has established procedure for supporting and monitoring activities of community health work -ASHA	PHC monitors the activities assigned to ASHAs		RR/SI	Check for the records that ASHAs attends Monthly Review meetings



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Incentives and TA/DA to ASHAs are paid on time		RR/SI	Check for there is no backlog
		PHC supports in skill development of ASHAs		RR/SI	Check for timely trainings have been provided to ASHAs, MO orient ASHA at monthly review meeting
		PHC ensures timely supply of consumables to ASHAs		SI/RR	Condoms, NISCHAY Kit, Sanitary pads etc.
		There is facility of night stay if required at for ASHA		SI/OB	Check for PHC offers night stay and meal in case ASHA has to stay in night at the facility
		There is system of taking feedback from ASHAs to improve the services		SI/RR	
Standard D5	Hospital has defined and established procedures for Financial Management and monitoring of quality of outsourced services.				
ME D5.1	The facility ensures the proper utilization of fund provided to it	There is system to track and ensure that funds are received on time		RR/SI	
		Funds/Grants provided are utilized in specific time limit		RR/SI	
		There is no backlog in payment to beneficiaries as per their entitlement under different schemes		RR/SI	
		Salaries and compensation are provided to contractual staff on time		RR/SI	
		Facility provides utilization certificate for funds on time		RR/SI	
ME D5.2	The facility ensures proper planning and requisition of resources based on its need	Facility prioritize the resource available		RR/SI	
		Requirement for funds are sent to state on time		RR/SI	
ME D5.3	There is established system for contract management for out sourced services	Check for that Contract document has provision for deduction of payment if quality of services is not good		SI/OB	
		Payment to the outsourced services are made on time		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D5.4	There is a system of periodic review of quality of out sourced services	Facility as defined criteria for assessment of quality of outsourced services		RR/OB	
		Regular monitoring and evaluation of staff is done according against defined criteria		RR/SI	
		Actions are taken against non compliance / deviation from contractual obligations		RR/SI	
Standard D6	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government				
ME D6.1	The facility has requisite licences and certificates for operation of hospital and different activities	Availability of authorization for handling Bio Medical waste from pollution control board		RR	
ME D6.2	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	
		Code of Medical ethics 2002		RR	
		Medical Termination of Pregnancy 1971		RR	
ME D6.3	The facility ensures its processes are in compliance with statutory and legal requirement	Staff is aware of requirements of medico legal cases		RR/SI	
		Any positive report of notifiable disease is intimated to designated authorities		RR/SI	
		No Smoking sign is displayed at the prominent places in PHC		RR/SI	
		Indian Tabaco control Act 2003		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D7	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government				
ME D7.1	The facility has established job description as per govt guidelines	Job description of MO I/C is defined		RR	Check for PHC has documented and approved Job discription for MOI/C
		MO I/C is aware of his/her role and responsibilities		SI	Check for MO is aware of his responsibilities curative arvices, National Health Programs and Monitoring and Supervision
		Job description of ANM/ nursing staff is defined		RR	Check for PHC has documented and approved Job discription for Nursing Staff/ANM
		ANM/ Nursing Staff is aware of her role and responsibilities		SI	Check Staff is Aware of the Job description
		Job description of Pharmacist is defined		RR	Check for PHC has documented and approved Job discription for Pharmacist
		Pharmacist is aware of her role and responsibilities		SI	Check Pharmacist is Aware of the Job description
		Job description of LHV is defined		RR	Check for PHC has documented and approved Job discription for LHV
		LHV is aware of her role and responsibilities		SI	Check Staff is Aware of the Job description
		Job description of Health Assistant/ Male Health Worker is defined		RR	Check for PHC has documented and approved Job discription for Health Assistant/ Malw Health Worker
		Health Assistant/ Male health worker is aware of her role and responsibilities		RR	Check Staff is Aware of the Job description
ME D7.2	The facility has a established procedure for duty roster and deputation to different departments	Duty roster of all staff is prepared, updated and communicated		RR/SI	
		Field visit plan of of MoIC is prepared		RR	
		Field visit plan of of ANM is prepared		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D7	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government				
		Field visit plan of of LHV is prepared		RR	
ME D7.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	All clinical and support staff adhere to their respective dress code		OB	
Standard D8	Hospital has defined and established procedure for monitoring and reporting of National Health Program as per state specifications				
ME D8.15	Facility Reports data for Mother and Child Tracking System as per Guidelines	Facility reports data regarding Antenatal, Delivery and Postnatal care for availed services		RR	Check for all antenatal and delivery cases registered at PHC are entered in MCTS
		Facility reports data about child immunization in MCTS		RR	Check all child immunization cases are entered in MCTS
		Facility utilizes MCTS data for action planning		SI	Ask staff how they utilize data for action planning
		Facility utilizes MCTS data for tracing of missed out immunization and ANC cases		RR/SI	Check for MCTS is used for missed out immunization/ANC cases
ME D8.16	Facility Reports data for HMIS System as per Guidelines	HMIS data is reported on monthly basis		RR	
		All data elements of HMIS are reported		RR	Check HMIS report for filling up of all elements
Area of Concern - E Clinical Services					
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.				
ME E1.3	There is established procedure for admission of patients	Facility ensures that there is process for admission of patients after routine working hours		RR/SI	
Standard E2	The facility has defined procedures for registration, consultation and admission of patients.				
ME E2.3	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.	Facility maintains list of higher centres where patient can be managed.		RR/SI	
		Facility ensures the referral patient to public healthcare facilities		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E5	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage				
ME E5.6	The facility ensures safe and adequate storage and retrieval of medical records	PHC has designated and secure place to keep Records including Patient Records		OB/SI	
		A person is designated for safe keeping and retrieval of records		OB/SI	
		Hospital has policy for retention period for different kinds of records		RR	
		Hospital has policy for safe disposal of records		RR	
Standard E7	The facility has defined and established procedures for Emergency Services and Disaster Management				
ME E7.3	The facility has disaster management plan in place	Facility has established plan for accommodating high patient load due to situation like disaster/ mass casualty or disease outbreak		SI	
Area of Concern – F Infection Control					
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection				
ME F1.1	There is Provision of Periodic Medical Check-up and immunization of staff	Immunization of Staff is done		RR/SI	All staff involved directly or indirectly in patient care
ME F1.2	The facility has established procedures for regular monitoring of infection control practices and rates	Medical Check-up support staff is done for infectious diseases		RR/SI	Food handler, Cleaning Staff
		There is designated person for monitoring of Infection Control Practices		RR/SI	
		There is system of monitoring infection rates		RR/SI	Cases of Delivery, Episiotomy, IUD insertion etc.
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention				
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Cleaning of patient care area with detergent solution		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.				
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines	Facility as arrangement for disposal of infectious waste		RR/SI	Linkage with CTF or Deep Burial Pit
		Demarcated area for secure storage of BMW before disposal		OB	
		Check for any sign of burning of waste in PHC premises		OB	
		Log book /Record of waste generated is maintained		RR	
		Display of Bio Hazard sign at the point of storage and generation		OB	
		Availability of Sharp pit as per specification		OB	
		Availability of Deep Burial Pit as per specification		OB	
		Check Deep Burial; Pit is covered Check for deep burial pit not overfilled		OB	
		Check general waste is not disposed in deep burial pit		OB	
		Mutilation of Plastic waste before disposal		OB	
		Deep Burial Pit is not Located near the patient care area or habitation		OB	
		Staff knows how to maintain deep burial pit		OB	
		Deep Burial pit not located near source of water		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – G Quality Management					
Standard G1	The facility has defined and established organizational framework and Quality policy for Quality Assurance				
ME G1.1	The facility has a quality team in place	Quality Team has been established at the PHC		RR/SI	
		There is designated person for co coordinating overall quality assurance program at the facility		RR/SI	
		Team members are delegated their respective roles and Responsibilities		RR/SI	
ME G1.2	The facility defines and Disseminate its quality policy	Quality policy are defined and displayed in local language		OB	Displayed prominently at critical places in a way that staff and Visitors can read it easily
		Staff is aware of the Quality Policy		SI	
ME G1.3	The facility periodically defines Monitor its quality objectives	Quality objectives are defined for the PHC		RR/SI	
		Quality Objectives covers all critical to quality areas		RR/SI	Maternal Health, National Health Program, Patient Satisfaction , Immunization etc.
		Quality objectives are SMART		RR/SI	Specific, Measurable, Attainable, Repeatable and Time bound
		There is system for monitoring of performance toward quality objectives		RR/SI	
ME G1.4	The facility reviews quality of its services at periodic intervals	Quality team meets monthly and review the quality activities		RR/SI	
		Minutes of meeting are recorded		RR/SI	
		Results for internal /External assessment are discussed in the meeting		RR/SI	
		PHC performance and Quality indicators are reviewed in meeting		RR/SI	
		Progress on time bound action plan is reviewed		RR/SI	
		Quality team review that all the services mentioned in RMNCHA are delivered as per guideline		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Quality team review that all the services mentioned in National Health Program are delivered as per guideline		RR/SI	
		Resolution of the meeting are effectively communicated to hospital staff		RR/SI	
		Quality team report regularly to DQAC about Key Performance Indicators and Quality Scores		RR/SI	
Standard G2	The facility has established system for patient and employee satisfaction				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	There is person designated to co ordinate satisfaction survey		RR/SI	
		Patient feedback form are available in local language		RR	
		Adequate sample size is taken to conduct patient satisfaction		RR/SI	At least 30 per Month for separately OPD and IPD
		There is procedure to conduct employee satisfaction survey at periodic intervals		RR/SI	
ME G2.2	The facility analyses the patient feed back, and root-cause analysis	There is procedure for compilation of patient feedback forms		RR/SI	
		Patient feedback is analysed on monthly basis		RR/SI	Overall department wise/ attribute wise score are calculated
		Root cause analysis is done for low performing attributes		RR/SI	
		Results of Patient satisfaction survey are recorded and disseminated to concerned staff		RR/SI	
		There is procedure for analysis of Employee satisfaction survey		RR/SI	
		There is procedure for root cause analysis of Employee satisfaction survey		RR/SI	
ME G2.3	The 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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		There is procedure to take corrective and preventive action		RR/SI	
		There is procedure for preparing action plan for improving employee satisfaction			
Standard G3	The facility have established system for assuring and improving quality of Clinical and support services by internal and external program.				
ME G3.1	The facility has established internal quality assurance programme	There is a system if Daily round of MOiC to all department of PHC		SI/RR	
ME G3.2	The facility has established external assurance programmes	Assessment visit is done by District Quality assurance Unit Periodically		RR/SI	At least once in six month
ME G3.3	The facility conducts the periodic prescription/ medical/death audits	PHC Periodical conducts Medical/Prescription Audit		RR/SI	
		Community based Maternal death audits are conducted by PHC periodically		RR/SI	
ME G3.4	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance/ Gaps found in the internal Assessment is done		RR/SI	
		Over all and departmental Quality scores are generated		RR/SI	
ME G3.5	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared the Non Compliance and gaps found in assessment		RR/SI	
ME G3.6	Corrective and preventive actions are taken to address issues, observed in the assessment and audit	Corrective and preventive action taken as per action plan		RR/SI	
ME G3.7	The facility uses method for quality improvement in services	PHC maps critical processes and identify non value adding activities		RR/SI	
		Facility implements Plan do check act (PDCA) approach to identify the critical processes		RR/SI	
ME G3.8	The facility uses tools for quality improvement in services	PHC uses quality tools for measurement and improvement		RR/SI	5s, Prioritization, 7 Quality tools, Mistake proofing etc.



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.				
ME G4.1	Departmental standard operating procedures are available	Current version of SOP are available with process owner		RR/SI	For support services and Administration
ME G4.2	Standard Operating Procedures adequately describes process and procedures	SOP covers all key processes support and administrative processes adequately		RR/SI	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check Staff is a aware of relevant part of SOPs		RR/SI	
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	
Area of Concern – H Outcomes					
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Stock out percent of supplies for RMNCHA		RR	
		Non availability of nursing days		RR	
		Non availability of doctors days		RR	
		Non availability of support services		RR	
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Staff Satisfaction Score		RR	

ANNEXURE



Annexure - 1

Key performance Indicators

Primary Health Centers

Indicator		This Month	Previous Year This Month	Benchmark
Productivity				
1	OPD per Month			
2	Percentage Deliveries conducted out of expected			
3	Percentage of Deliveries conducted in the night			
4	Percentage of MTP conducted			
Efficiency				
5	Percentage of stock out of vital drugs (RMNCHA)			
6	Percentage of High Risk Pregnancy / Obstetric cases referred to FRU			
7	Percentage of client accepting limiting or long term contraception methods of contraception			
8	Drop out rate of DPT vaccination			
Clinical Care / Safety				
9	Percentage of high risk pregnancies detected			
10	Percentage of women stayed for 48 hrs after normal deliveries			
11	IUCD rejection Rate			



Indicator		This Month	Previous Year This Month	Benchmark
12	Percentage of Anaemia cases treated successfully			
13	Percentage of deliveries having Partograph recorded			
14	Percentage of AEFI cases reported			
15	Percentages of DOT cases completed successfully			
16	Percentage of Children with diarrhoea treated with ORS & Zinc			
Service Quality				
17	Left Against Medical Advice (LAMA) rate			
18	Patient Satisfaction Score (OPD)			
19	Patient Satisfaction Score (IPD)			
20	Percentage of Women given drop back facilities.			



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 & toilets						
7.	Cleanliness of Bed sheets/ pillow covers etc						
8.	Cleanliness of surroundings and campus drains						
9.	Regularity of Doctor's attention						
10.	Attitude & 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 & 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 & toilets						
5.	Attitude & 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 PHC

1	A&E	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	AWW	Angan Wari Worker
19	AYUSH	Ayurveda Yoga Unani Siddha and Homoeopathy
20	BCC	Behavioural Change Communication
21	BCG	Bacillus Chalmette-Guerin
22	BEMoC	Basic Emergency Obstetric Care
23	BHT	Bed Head Ticket
24	BLS	Basic Life Support
25	BMW	Bio Medical Waste
26	BPL	Below Poverty Line
27	BT/CT	Bleeding Time/Clotting Time
28	CBWTF	Common Biomedical Waste Treatment Facility



29	CHC	Community Health Centre
30	CME	Continuous Medical Education
31	CMO	Chief Medical Officer
32	CNS	Central Nervous system
33	CPR	Cardio Pulmonary Respiration
34	CS	Civil Surgeon
35	C-Section	Caesarean Section
36	CSOM	Chronic supportive otitis media
37	CSSD	Central Sterile Supply Department
38	CVA	Cardio Vascular Accident
39	CVS	Cardio Vascular System
40	D & E	Dilatation and Evacuation
41	DGO	Diploma in Obstetrics and Gynaecology
42	DLC	Differential Leukocyte Count
43	DMC	Designated Microscopic Centre
44	DMHP	District Mental Health Programme
45	DMLT	Diploma in Medical Laboratory Technology
46	DOTS	Directly Observed Treatment (Short Course)
47	DPT	Diphtheria, Pertusis and Tetanus
48	DQAC	District Quality Assurance Committee
49	DSU	District Surveillance Unit
50	DT	Diphtheria and Tetanus
51	ECG	Electrocardiography
52	ECP	Emergency Contraceptive Pills
53	EDD	Expected Date of Delivery
54	EDL	Essential Drug List
55	ELISHA	Enzyme-Linked Immunosorbent Assay
56	EQAS	External Quality Assurance System
57	ESR	Erythrocyte Sedimentation Rate
58	ET Tube	Endotracheal Tube
59	ETAT	Emergency Triage Assessment and Treatment
60	EVA	Electric Vacuum Aspiration
61	F P	Family Planning
62	FBNC	Facility Based New Born Care
63	FDA	Food and Drug Administration
64	FHR	Foetal Heart Rate
65	FIFO	First in first out
66	FIMNCI	Facility based Integrated Management of Newborn Childhood Illnesses



67	FNAC	Fine-needle aspiration cytology
68	FRU	First Referral Unit
69	FSN	Fast Moving slow moving and Non moving
70	G6PD	Glucose-6-phosphate dehydrogenase deficiency
71	GA	General Anaesthesia
72	GOB	General Order Book
73	GOI	Government of India
74	HAI	Hospital Acquired Infection
75	HBsAG	Hepatitis B Antigen
76	HBV	Hepatitis B Vaccine
77	HIV	Human immunodeficiency Virus
78	HLD	High Level Disinfectant
79	HMIS	Health Management Information System
80	HW	Health Worker
81	I V Sets	Intravenous Sets
82	ICC	Infection Control Committee
83	ICD	International Classification of Diseases
84	ICTC	Integrated Counselling and Testing Centre
85	ICU	Intensive Care Unit
86	IDSP	Integrated Disease Surveillance Programme
87	IEC	Information Educational Communication
88	IFA	Iron and Folic Acid
89	ILR	Ice Line Refrigerator
90	IM/IV	Intramuscular/Intravascular
91	IMNCI	Integrated Management of Newborn Childhood Illnesses
92	IO Chart	Input Out Put Chart
93	IPD	Indoor Patient Department
94	IQAS	Internal Quality Assurance System
95	IT	Information Technology
96	IUCD	Intrauterine Contraceptive Device
97	IUGR	Intrauterine Growth Retardation
98	JE	Japanese Encephalitis
99	JSSK	Janani-Shishu Suraksha Karyakrama
100	JSY	Janani Suraksha Yojana
101	KFT	Kidney Function Test
102	KMC	Kangaroo Mother Care
103	LAM	Lactation Amenorrhoea Method
104	LAMA	Left Against Medical Advise



105	LFT	Liver Function Test
106	LHV	Lady Health Visitor
107	LMP	Last Menstrual Period
108	LR	Labour Room
109	LSCS	Lower Segment Caesarean Section
110	LT	Lab Technician
111	MB Leprosy	Multi Bacillary Leprosy
112	MBER	Monthly Blood Examination Rate
113	MCP Card	Mother and Child Protection Card
114	MCTS	Mother and Child Tracking System
115	MDT	Multi Drug Therapy
116	MLC	Medico Legal Cases
117	MMU	Mobile Medical Unit
118	MO I/C	Medical Officer In charge
119	MPW	Multipurpose Worker
120	MS	Medical Superintendent
121	MSBOS	Maximum Surgical Blood Order Schedule
122	MTP	Maternal Termination of Pregnancy
123	MUAC	Mid Upper arm Circumference
124	MVA	Manual Vacuum Aspiration
125	NACO	National Aids Control Organisation
126	NACP	National Aids Control Programme
127	NBCC	New Born Care Corner
128	NBSU	New Born Stabilization Unit
129	NCD Clinic	Non Communicable Diseases
130	NE	North East
131	NGO	Non Government Organisation
132	NHP	National Health Programme
133	NIDP	National Iodine deficiency Programme
134	NLCP	National Leprosy Control Programme
135	NLEP	National Leprosy Elimination Programme
136	NPCDCS	National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke
137	NPHCE	National Programme for the health care of the elderly
138	NRL	National Reference Laboratory
139	NSSK	Navjat Shishu Suraksha Karyakrama
140	NSV	Non Scalpel Vasectomy
141	NTCP	National tobacco Control Programme



142	NVBDCP	National Vector Born Disease Control Programme
143	OB	Observation
144	OB & G	Obstetrics and Gynaecology
145	OCP	Oral Contraceptive Pills
146	OPD	Out Door Patient Department
147	OPG Services	Orthopantomogram Services
148	Opth	Ophthalmic
149	OPV	Oral Polio Vaccine
150	ORT Corner	Oral Rehydration Therapy Corner
151	OT	Operation Theatre
152	P V Set	Per Vaginal Set
153	P.Vivax	Plasmodium Vivax
154	PAC	Pre-anaesthesia Check up
155	PCPNDT	Pre-Conception and Pre-Natal Diagnostic Test
156	PCV	Packed Cell Value
157	PDCA	Plan, Do, Check, Act
158	PF	Plasmodium Falciparum
159	PHC	Primary Health Centre
160	PHW	Primary Health Worker
161	PI	Patient Interview
162	PIH	Pregnancy Induced Hypertension
163	PLHA	People living with HIV/AIDS
164	PMOA	Paramedical Ophthalmic Assistant
165	PNDT	Pre-Natal Diagnostic Test
166	PNS	Peripheral Nervous System
167	POA	Para Ophthalmic Assistant
168	PPE	Personal Protective Equipments
169	PPH	Post Partum Haemorrhage
170	PPIUCD	Postpartum Intra Uterine Contraceptive Device
171	PPTCT	Prevention of Parent to child Transmission
172	PROM	Premature Rupture of Membrane
173	PW	Pregnant Women
174	PWB	Patient Wise Box
175	QA	Quality Assurance
176	RBC	Red Blood Cell
177	RBSY	Rastriya Bal Suraksha Karyakrama
178	RCS	Re Constructive Surgery
179	RDT	Rapid Diagnostic Kit



180	RDTK	Rapid Diagnostic Kit
181	RH Factor	Rhesus Factor
182	RKS	Rogi Kalyan Samiti
183	RMNCHA	Reproductive, Maternal, Newborn and Child Health
184	RNTCP	Revised national TB Control Programme
185	RO	Reverse Osmosis
186	RR	Record Review
187	RSBY	Rastriya Swasthya Bima Yojana
188	RTI	Right to Information Act
189	SBA	Skilled birth Attendant
190	SC	Sub centre
191	SI	Staff Interview
192	SMART	Specific, Measurable, Achievable, Relevant and time bound
193	SNCU	Sick New Born Unit
194	SOP	Standard Operating Procedure
195	STD	Sexually Transmitted Disease
196	STG	Standard Treatment Guideline
197	STI	Sexually Transmitted Infection
198	STLS	Senior Tuberculosis Laboratory Supervisor
199	TB	Tuberculosis
200	TLC	Total Leukocyte Count
201	TLD	Thermo luminescent Dosimeter
202	TPR Chart	Temperature, Pulse, Respiration Chart
203	TSSU	Theatre Sterile Supply Unit
204	TT	Tetanus Toxoid
205	TU	Tuberculosis Unit
206	UIP	Universal Immunization Programme
207	UPS	Uninterrupted Power Supply
208	USG	Ultrasonography
209	UT	Union Territory
210	VDRL	Venereal Disease Research Laboratory
211	VED	Vital, Essential and Desirable
212	WM	Vaccine Vial Monitor
213	WBC	White Blood Cell



Annexure - 5

Bibliography

1. An Introduction to Quality Assurance in Health Care, Avedis Donabedian.
2. Juran's Quality Handbook, Joseph. M. Juran, Fifth Edition, McGraw- Hill
3. District Health facility Guidelines for Development and Operations, WHO Regional Publication, Western Pacific Series 22, World Health Organization Regional Office for Western Pacific, 1998
4. Evaluation and Quality Improvement Program (EQulP) standards, 4th Edition, Australian Council on Healthcare Standards
5. Facility based New born Care operational Guide, Guideline for Planning and implementation, Ministry of health and Family Welfare, Govt. of India
6. Guideline for enhancing optima Infant and Young Child feeding practices, Ministry of Health And Family welfare, Govt. of India
7. Guideline for implementing Sevottam, Dept. of Administration reform and Public Grievance, Ministry of Personal and Public Grievance and Pension, Govt of India
8. Guideline for Janani- Shishu Suraksha Karyakaram (JSSK), Maternal Health Division, Ministry of Health and Family welfare, Govt. of India
9. Implementation Guide on RCH-II, Adolescent and reproductive Sexual health Strategy, for State and District Program Manager, Ministry of Health and Family Welfare, Govt. of India
10. Indian Public Health Standards (IPHS), Guidelines for Primary Health Centres, Revised 2012
11. International Covenant on Social, Economic and Cultural Rights (ICESCR), 1976
12. IS 10905, Part -2, Recommendations for basic requirements of general hospital buildings: Part 2 Medical services department buildings, 1984.
13. IS 10905, Part -3, Recommendations for Basic Requirements of General Hospital Buildings - Part 3 : Engineering Services Department Buildings, 1984
14. IS 10905, Part-1, Recommendations for basic requirements of general hospital buildings: Part 1 Administrative and hospital services department buildings, 1984
15. IS 12433, Part -1, Basic requirements for hospital planning: Part 1 up to 30 bedded hospitals, 1988
16. IS 13808 : Part 1 , Quality management for hospital services (Up to 30-bedded hospitals) Guidelines : Part 1 Out-patient department (OPD) and Emergency Services, 1993
17. IS 13808 : Part 2, Quality Management Procedures for Diagnostic and Blood Transfusion Services - Guidelines - Part 2 : Up to 30-Bedded Hospitals, 1993
18. IS 13808 : Part 3, Quality management for hospital services (up to 30 bedded hospitals) - Guidelines: Part 3 Wards, nursing services and operation theatre, 1993
19. IS 15195, Performance Guidelines for Quality Assurance in Hospital Services up to 30-Bedded Hospitals, 2002
20. IS 4347 , Code of practice for Hospital lighting , 1967



21. ISO 15189, Medical Laboratories- Particular requirements for quality and competence, Second edition.
22. ISO 9001, Quality Management System requirement, Fourth Edition
23. Janani Suraksha Yojana, Govt of India, Ministry of Health and Family Welfare, Maternal Health Division
24. Joint Commission International Certification Standard for Hospital, 4th Edition
25. National Accreditation Board for Hospital and Healthcare Provider, 3rd Edition.
26. National Guideline for Improvement of Quality and Safety of Healthcare Institutions (For Line Ministry and Provincial Hospital, First Edition.
27. Operational Guidelines on Maternal and Newborn Health, Ministry of Health and Family welfare, Govt of India
28. Promoting Rational Drug Use under NRHM, National Health System Resource Centre, 2009
29. Quality Assurance Services of Sterilization Services, Research Studies & Standard division, Ministry of Health and family welfare, Govt. Of India
30. National List of Essential List, 2011, Ministry of Health & Family Welfare, Government of India,
31. Guidelines and Space Standards for Building Barrier Free Built Environment for disabled and elderly persons, 1998 CPWD, Ministry of Urban Affairs and Employment
32. Fundamental elements of Quality of Care, A simple framework, Judith Bruce, Studies in family planning 1990
33. Quality Management in Public Health Facilities – An Implementation Handbook, National Health Systems Resource Centre, New Delhi
34. Quality Management in Public Health Facilities- Traversing Gaps, National Health Systems resource Centre
35. Essential Standards of Quality and Safety, Guidance about compliance, March 2010, Care Quality Commission, United Kingdom
36. Operational Guidelines for Integrated Counselling and testing Center, 2007, National AIDS Control organization
37. Handbook for Vaccine and Cold Chain Handlers, 2010, MoHFW, Government of India
38. Twelfth Five Year Plan, Social Sectors, 2012-2017, Planning Commission, Government of India
39. Quality Management in Hospitals, S. K. Joshi, Jaypee Publishers, New delhi
40. Health Care Case Laws in India, Centre for Enquiry into Health and Allied Themes (CEHAT)
41. Infection Management and Environment Plan, Guidelines for Healthcare workers for waste management and infection control in community health centres.
42. Practical Guidelines for Infection Control in Health Care Facilities, World Health Organization
43. IWA1, Quality Management Systems – Guidelines for Processes improvements in health services organizations, 2005, International Organization for Standardization.
44. ISO 19011: 2011, Guidelines for auditing management systems , International Organization for Standardization
45. Guidelines for Antenatal Care and Skilled Attendance at Birth by ANMs/LHVs/SNs, 2010 MoHFW, Government of India
46. A Handbook for Auxiliary Nurse Midwives, Lady Health Visitors and Staff Nurses 2010, MoHFW, Government of India
47. Good Pharmacy Practice, Joint FIP/WHO Guidelines on GPP : Standards for Quality of Pharmacy Services, World Health Organization
48. Good Pharmacy Practices Guidelines, 2002, Indian Pharmaceuticals Association
49. Immunization Handbook for Medical Officers, MoHFW, Government of India
50. Quality Improvement for Emergency Obstetric Care, Tool book & Leadership Manual EngenderHealth



51. Operational Guidelines for Facility Based Integrated Management of Neonatal and Childhood Illness (F-IMNCI), MoHFW, Government of India
52. Navjaat Sishu Surakasha Karyakram, Training Manual, MoHFW, Government of India
53. Technical and Operational Guidelines for TB Control, Central TB Division, MoHFW, Government of India
54. Guidelines for Diagnosis and treatment of malaria in India, 2011, National Vector Borne disease control program, Gol, MoHFW
55. Operational Manual for implementation of malaria program, Directorate of National Vector Borne Disease Control Programme.
56. National program for prevention and control of deafness, Operational Guidelines, MoHFW, Gol
57. Guidelines for Quality Assurance of smear microscopy for diagnosing tuberculosis
58. Operational Guidelines for School health program, MoHFW, Gol.
59. School health check up program, Guidelines for teachers, NRHM, Gujarat
60. Guidelines for Eye ward & Operation theatre, National Program for control of Blindness, MoHFW, Gol
61. Operational Guidelines on National Programme For Prevention And Control Of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), MoHFW, Government of India
62. Training Manual for Medical Officers for Hospital Based disease Surveillance, Integrated Disease Surveillance Project, National Centre for Disease control.
63. Disability prevention and medical rehabilitation, Guidelines for Primary, Secondary and Tertiary level care, National Leprosy Eradication Program, MoHFW, Government
64. Operational Guidelines for National Tobacco Control Program, Ministry of Health & Family Welfare, Government of India, 2012
65. A strategic approach for reproductive, maternal, newborn, child and adolescent health (RMNCH+A) in India, MoHFW, Government of India
66. Rashtriya Bal Swasthya Karyakram (RBSK), Operational Guidelines, MoHFW, 2013, Government of India
67. Operational Guidelines for Rogi Kalyan Samitis, Health & Family Welfare Department, Government of West Bengal
68. Maternal & Newborn Health Kit, Maternal Health Division, Ministry of Health & Family welfare, Government of India
69. Guidelines for HIV testing, National AIDS control organization.
70. National Program for the health care of elderly, Operational Guidelines, Directorate General Health services, Ministry of Health & Family Welfare, Government of India.
71. Checklists for Supportive Supervision, MoHFW, Gol
72. A guide to health provider, Revised National Tuberculosis Control Program (RNTCP)
73. Revised policy guidelines on National Iodine Deficiency Disorders Control Programme
74. Laboratory Safety Manual, Third Edition, 2004, World Health Organization
75. Crossing The Quality Chasm: A New Health System for the 21st Century, Institute on Medicine, USA
76. Accreditation of Public Health Facilities, Evaluating the impact of the initiatives taken on improving service delivery, documenting the challenges and successful practices, 2012, Deloitte India
77. Quality & Accreditation of Health Services – A Global Review, ISQUA & WHO
78. Quality Improvement Handbook for Primary Health Care, USAID



79. Quality Improvement in Primary Healthcare, A Practical Guide, World Health Organization, Regional Office for the Eastern Mediterranean
80. Gender Analysis in Health –A review of selected tools, World Health Organization
81. Governing Public Hospitals, Reform strategies and the movement towards institutional autonomy, 2011, World Health Organization
82. Environmentally sound management of mercury waste in Health Care Facilities, Central Pollution Control Board
83. Infection Prevention, Guidelines for Healthcare facilities with limited resources, JHPIEGO
84. Medical records Manual, A Guide for Developing Country, World Health Organization
85. Guidelines for Hospital Emergency Preparedness Planning, National Disaster Management Division, Ministry of Home affairs, Government of India.
86. Site assessment and strengthening for maternal health and new born health programs, JHPIEGO
87. Women- Friendly health services experience in maternal care , World Health organization
88. The Quality Improvement Tool book , National Health Systems Resource Center
89. Toyota Production system, Beyond Large Scale Production, 1988 Taiichi Ohno
90. Value Stream Mapping for Healthcare Made Easy, Cindy jimerson, CRC press, New York
91. Mistake proofing : the design of Health care – AHRQ, USA
92. The Quality Tool Box, Nancy R Tague, ASQ Quality Press
93. To Err is Human : Building a safer health system , Institute of Medicine
94. Guidelines for Good Clinical Laboratory Practices (GCLP), 2008, Indian Council of Medical Research
95. Hutchinson Clinical Methods, 23rd Edition , Saunders Ltd.2012
96. Healthcare Quality Standards, Process Guide, National Institute of Clinical Excellence, United Kingdom
97. Bio Medical Waste (Management & handling) Rules 1998
98. Medical Termination of Pregnancy Act 1971
99. Pre Conception & Pre Natal Diagnostic Test Act 1996
100. Person with Disability act 1995



Index

S.No.	Key Word	Reference in Quality Management System
1	Abortion	Standard E13
2	Access without Physical Barrier	ME B2.3
3	Admission	ME E1.3
4	Adolescent Health	ME A2.5 for Service Provision & Standard E14 for Clinical Services
5	Antenatal Care	Standards E9
6	ARSH	Standard E14
7	Assessment	ME E 2.1
8	Audit	ME G3.3
9	AYUSH Services	ME A1.3
10	Below Poverty Line	ME B4.4
11	Bio Medical Waste Management	Standard F6
12	Cashless Services	ME B4.1
13	Child Health	ME A2.4 for Service Provision & Standard E12 for Clinical Services
14	Citizen Charter	ME B1.3
15	Clinical Care Indicator	Standard H3
16	Community Monitoring	ME D4.2
17	Community Health Worker	ME D4.3
18	Competency	ME C3.6
19	Confidentiality of Record	ME B3.2
20	Decontamination	ME F4.1
21	Diagnostic Services	Standard E8
22	Dietary Services	Standard D3
23	Discharge	Standards E6
24	Disinfection of Equipment	ME F4.4
25	Display of Entitlement	ME B1.2
26	Dress Code	ME D7.3
27	Drug Administration	Standard E4
28	Drugs & Consumables Availability	Standard C4
29	Duty Roaster	ME D7.2
30	Efficiency Indicator	Standard H2
31	Emergency Services	ME A1.2 for Service Provision & Standard E7 for Clinical Services
32	Environment Control	Standard F5
33	Equipment's & Instrument	Standard C5
34	External Quality Assurance Program	ME G3.2
35	Family Planning	Standard E13
36	Financial Management	Standard D5
37	Fire Safety	Standard C2
38	Follow up from Higher facilities	ME E2.3
39	Free Drugs	ME B4.2
40	Free Investigations	ME B4.3
41	Gender Sensitivity	Standard B2
42	Grievance Readdressal	ME B1.7
43	Hand Hygiene	ME F2.1
44	Hand Hygiene practices	ME F2.2
45	HMIS	ME D8.16 for Monitoring & reporting
46	ICE/BCC	ME B1.4
47	Indicators	Area of Concern H
48	Informed Consent	ME B1.6
49	Infrastructure	Standard C1
50	Integrated Disease Surveillance Programme	ME D8.9 for Monitoring & reporting & ME E 15.9 for Clinical Services
51	Internal Quality Assurance Program	ME G3.1
52	Intranatal Care	StandardsE10
53	Inventory Management	Standard D2
54	Job Description	ME D7.1
55	Laboratory Diagnosis of Malaria Programme	ME E8.5
56	Laboratory Diagnosis of TB Programme	ME E8.4
57	Linen Services	Standard D3
58	Maintenance	Standard D1
59	Maternal Health Services	ME A2.2 for Services Provision & Standard E9, E10 & E11 for Clinical Services

S.No.	Key Word	Reference in Quality Management System
60	Medical Check-up of Staff	ME F1.1
61	Medico Legal Cases	ME E7.5
62	Mental Health Programme	ME D8.6 for Monitoring & reporting & ME E 15.6 For Clinical Services
63	Methods for Quality Improvement	ME G3.7
64	Monitoring of Infection Control	ME F1.2
65	Mother & Child Tracking System	ME D8.15 for Monitoring & reporting
66	National AIDS Control Programme	ME D8.4 for Monitoring & reporting & ME E 15.4 for Clinical Services
67	National Iodine Deficiency Programme	ME D8.13 for Monitoring & reporting & ME E 15.13 for Clinical Services
68	National Leprosy Control Programme	ME D8.3for Monitoring & reporting & ME E 15.3 for Clinical Services
69	National Programme for Control of Blindness	ME D8.5 for Monitoring & reporting & ME E15.5 For Clinical Services
70	National Programme for Healthcare of Elderly	ME D8.7 for Monitoring & reporting & ME E 15.7 for clinical Services
71	National Programme for Prevention & Control of Deafness	ME D8.10 for Monitoring & reporting & ME E 15.10 for clinical Services
72	National Tobacco Control Programme	ME D8.14 for Monitoring & reporting & ME E 15.14 for Clinical Services
73	National Vector Borne Disease Control Programme	ME D8.1 for Monitoring & reporting & ME E15.1 for Clinical Services
74	New born Health	ME A2.3 for Service Provision & Standards E12 for Clinical Services
75	Nursing Care	Standards E3
76	OPD Consultation	ME E 1.2
77	Out Source Services	ME D5.4
78	Patient Satisfaction Survey	ME G2.1
79	Personal Protective Equipment	ME R3.1
80	Postnatal Care	Standards E11
81	Power Backup	Standard D3
82	Prevention & Control of Cancer, diabetes, Cardiovascular disease & Stroke	ME D8.8 for Monitoring & reporting & ME E 15.8 for Clinical Services
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93	Reproductive Health Services	ME A2.1 for Service Provision & Standard E14 for Clinical Services
94	Revised National Tuberculosis Control Programme	ME D8.2 for Monitoring & reporting & ME E 15.2 for Clinical Services
95	Rogi Kalyan Samiti	ME D4.1
96	School Health Programme	ME D8.11 for Monitoring & reporting & ME E 15.11 for Clinical Services
97	Service Quality Indicator	Standard H4
98	Signage System	ME B1.1
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108	Vulnerable Group	ME B3.4
109	Water Supply	Standard D3



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