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NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

ASSESSOR'S GUIDEBOOK FOR NATIONAL QUALITY ASSURANCE STANDARDS IN DISTRICT HOSPITALS

2020

VOLUME - II

Ministry of Health and Family Welfare
Government of India

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DISCLAIMER

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

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PREFACE

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

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

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

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

(Keshav Desiraju)

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FOREWORD

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

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

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

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

(Anuradha Gupta)

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FOREWORD

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

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

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

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

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

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ACKNOWLEDGEMENT

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

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

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

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

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

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

(Dr. Rakesh Kumar)

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Date: 24th October, 2013

Program Officer's Message

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

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

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

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

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

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

(Dr. Himanshu Bhushan)

BACKGROUND

The Assessor's Guidebook for District Hospitals was launched in 2013. Subsequently, 2nd edition was published in 2018. Now, the 3rd edition is an update as per National Quality Assurance Standards 2020, with the primary focus being incorporating the latest National Health Programmes. The revised Assessors' Guidebook serves as a comprehensive tool, to assess the quality of healthcare services in district hospitals aligning with current national health initiatives, scientific knowledge & evidence. Assessors' Guidebook for Quality Assurance for District Hospitals 2018 has two volumes (Volume I & II) while in the revised guidebook, the checklists have been divided into three volumes (Volume I, II, & III).

There is addition of new standards like Standard G10 about clinical governance, Standard E24 about Haemodialysis services and the new National Health Programme like National Viral Hepatitis programme etc. Also, standards about clinical assessment (E2), rational prescribing (E6) & management of Death (E16) are further strengthened.

The revised guidebook reinforces the commitment to continual quality improvement and sustenance of healthcare services nationwide

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PART-A

GUIDELINES FOR ASSESSMENT

I INTRODUCTION TO QUALITY MEASUREMENT SYSTEM

Often, measuring the quality in health facilities has never been easy, more so, in Public Health Facilities. We have 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.

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

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

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

Following are salient features of the proposed quality system:

1. **Comprehensiveness –** The proposed system is all inclusive and captures all aspects of quality of care within the eight areas of concern. The twenty one departmental checklists transposed within seventy five standards, and commensurate measurable elements provide an exhaustive matrix to capture all aspects of quality of care at the Public Health Facilities.

2. **Contextual –** The proposed system has been developed primarily for meeting the requirements of the Public Health Facilities; since Public Hospitals have their own processes, responsibilities and peculiarities, which varies from 'for-profit' sector. For instance, there are standards for providing free drugs, diagnostics, services ensuring availability of clean linen, etc. which may not be relevant for other hospitals.

3. **Contemporary –** Contemporary Quality standards such as NABH, ISO and JCI, and Quality improvement tools such as Six Sigma, Lean and CQI have been consulted and their relevant practices have been incorporated.

4. **User Friendly –** The Public Health System requires a credible Quality system. It has been endeavour of the team to avoid complex language and jargon. So that the system remains user-friendly and enable easy understanding and implementation by the service providers. Checklists have been designed to be user-friendly with guidance for each checkpoint. Scoring system has been made simple with uniform scoring rules and weightage. Additionally, a formula fitted excel sheet tool has been provided for the convenience, and to avoid calculation errors.

5. **Evidence Based –** The Standards have been developed after consulting vast knowledge resource available on the quality. All respective operational and technical guidelines related to RMNCHAN and National Health Programmes have been factored in.

6. **Objectivity –** Ensuring objectivity in measurement of the Quality has always been a challenge. Therefore in the proposed quality system, each Standard is accompanied with measurable elements & Checkpoints to measure compliance to the standards. Checklists have been developed for various departments, which also captures inter- departmental variability for the standards. At the end of assessment, there would be numeric scores, bringing out the quality of care in a snap-shot, which can be used for monitoring, as well as for inter-hospital/inter-state(s) comparison.

7. **Flexibility –** The proposed system has been designed in such a way that states and Health Facilities can adapt the system according to their priorities and requirements. State or facilities may pick some of the departments or group of services in the initial phase for Quality improvement. As baseline differs from state to state, checkpoints may either be made essential or desirable, as per availability of resources. Desirable checkpoints will be counted in arriving at the score, but this may not withhold its certification, if compliance is still not there. In this way the proposed system provides flexibility, as well as 'road-map'.

8. **Balanced –** All three components of Quality – Structure, process & outcome, have been given due weightage.

9. **Transparency –** All efforts have been made to ensure that the measurement system remains transparent, so that assessee and assessors have similar interpretation of each checkpoint.

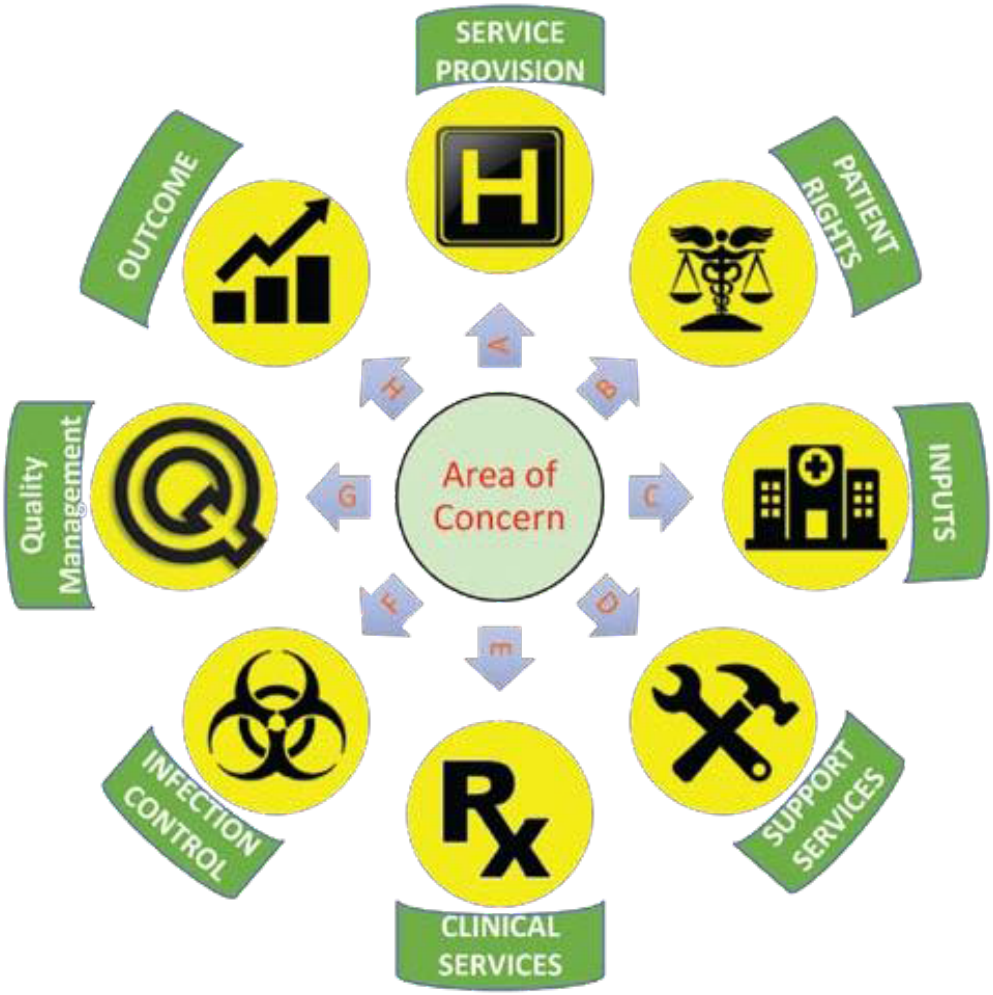
10. **Enabler –** Though standards and checklists are primarily meant for the assessment, it can also be used as a 'road- map' for improvement.

II COMPONENTS OF QUALITY MEASUREMENT SYSTEM AND THEIR INTENT

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

Following are the area of concern in a health facility:

a. Service Provision
b. Patient Rights
c. Inputs
d. Support Services
e. Clinical Services
f. Infection Control
g. Quality Management
h. Outcome



Categorization of standards within the eight areas of concern is in line with the Quality of Care model - Structure, Process and Outcome.

Currently National Quality Assurance Standards for following level of facilities are available:

1. District Hospital
2. Community Health Centre
3. Primary Health Centre (24x7)
4. Urban Primary Health Centre
5. Health & Welness Centre – Sub Centre

Following is the summary of Standard, Measurable Element, Check Point & Departmental thematic Checklist for various level of Facilities:

MEASUREMENT SYSTEM FOR VARIOUS LEVELS FOR FACILITIES

Component	DH	CHC	PHC	UPHC	HWC-SC
Area of Concern	8	8	8	8	8
Standards	75	65	50	35	50
Measurable Elements	380	297	250	200	129
Checklists	21	12	6	12	1

Intent of Area of Concerns and standards for District Hospitals is given under Chapter V in Volume I Assessor's Guide book For Quality Assurance in District Hospitals 2020.

Compiled description of Standards and Measurable Elements (facility wise and specific programme wise) is given in Annexure Measurable Element of this Assessors' Guidebook.

III HOW TO USE ASSESSOR'S GUIDEBOOK

Assessor's Guidebook contains tools for Internal and External Assessment of a District Hospital (and equivalent health facility). This Guidebook has three Volumes, Volume I, II, & III. Details of the departments as per voulmes are given in table below. Soft copy of the assessment tools that is formula fitted MS Excel sheets are given at NHSRC website. To access the assessment tools, QR code is given at the end of the book. State has customized checklists and updated copy of these customized checklists are available in the Gunak App. The following web links may be used to access the Gunak App for iOS and android devices respectively

1. iOS Link: https://apps.apple.com/in/app/gunak/id1354891968
2. Android Link: https://play.google.com/store/apps/details?id=com.facilitiesassessment&pcampaignid

List of checklists given in Assessor's Guidebook is given below:

	Volume I		Volume II		Volume III
1	Accident & Emergency Department	8	Labour Room (LaQshya)	16	Radiology
2	Out Patient Department	9	Maternity Operation Theatre (LaQshya)	17	Pharmacy
3	Operation Theatre	10	Maternity Ward	18	Auxiliary Services
4	Intensive Care Unit (ICU)	11	Paediatric Out Patient Department (MusQan)	19	Mortuary
5	Indoor Patient Department	12	Paediatric Ward (MusQan)	20	Haemodialysis
6	Blood Bank	13	Sick Newborn Care Unit (SNCU) (MusQan)	21	General Administration
7	Laboratory Services	14	Nutritional Rehabilitation Center (NRC) (MusQan)		
		15	Post Partum Unit		

IV NATIONAL QUALITY ASSURANCE STANDARDS FOR DISTRICT HOSPITAL

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

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

There are twnety one checklists given District Hospital or equivalent Assessors Guidebooks (Volume I, II & III). Following is a brief description of checklists:

1. **Accident & Emergency Department** – This checklist is applicable to Accident & Emergency department of a hospital. The checklist has been designed to assess all aspects of dedicated emergency department. If emergency department is shared with OPD infrastructure then two checklists should be used independently.

2. **Out Patient Department** – This checklist is applicable to outdoor department of a hospital. It includes all clinics and support areas like immunization room, dressing room, waiting area and laboratory's sample collection centre, located there, except for Family planning Clinic (if co-located in OPD), which has been included in the post partum unit. Similarly dispensary has been included in the Pharmacy check list. This checklist also includes ICTC and ANC clinics. It may be possible that OPD services are dispersed geographically, for example ANC Clinic may not be located in the main OPD complex. Therefore, all such facilities should be visited.

3. **Operation Theatre –** This checklist is applicable for OT complex including General OT, Obstetrics & Gynaecology OT, Orthopaedics OT, Ophthalmic OT and any other facility for undertaking the surgeries (if available). Family planning/ Postpartum OT is excluded from this checklist, which will be assessed through postpartum checklist. This checklist also includes CSSD /TSSU, either co-located within the OT complex or located separately.

4. **Intensive Care Unit –** This checklist is meant for assessing level II ICUs, which are recommended for District Hospitals. The ICU should have ventilators.

5. **Indoor Patient Department –** This is a common checklist for other indoors wards including Medical, Surgical, Orthopaedics, etc. In subsequent years, separate checklist for each ward may be included. However, as of now, this checklist should be used for all such departments.

6. **Blood Bank –** This checklist is applicable to Blood bank available within the premises of the hospital. This checklist covers the blood component services. This checklist is not meant for blood storage unit.

7. **Laboratory** – This checklist is meant for main clinical laboratory of the hospital and also includes the laboratory for testing TB and malaria cases under respective National Health programme. This does not include ICTC lab for HIV testing which is part of OPD checklist

8. **Labour Room (LaQshya)** – This checklist is applicable to the labour room(s) and its auxiliary area like nursing station, waiting area and recovery area. The checklist is focussed on improvement of care during delivery and immediate post-partum. The checklist would be used for LaQshya Assessment as well.

9. **Maternity Operation Theatre (LaQshya) –** This checklist is applicable to the Maternity Operation Theatre of the hospital. It focuses on the management of obstetric emergency services, improvement in Quality of Care during elective C-section. It also gives emphasis on safe anaesthetic and surgical procedures. If the hospital is providing services of general and obstetric cases in same OT, the Maternity Operation Theatre checklist will be applicable separately. It includes management of complications viz APH, PPH, pre-term, pre-eclampsia, eclampsia, obstructed labour etc. The checklist promotes use of safe birth checklist and also respectful maternal care to all pregnant women visiting the health care facilities.

10. **Maternity Ward** – This checklist is meant for assessment of indoor obstetric department including wards for Antenatal care, and Post-partum wards (including C-Section). The auxiliary area for these wards like nursing station, toilets and department sub stores are also included in this check-list. However, general female wards or family planning ward are not covered within the purview of maternity ward.

11. **Paediatric Out patient Department (MusQan)** – This checklist is applicable to dedicated Paediatric Outdoor department. Common childhood ailments' are identified, treated and managed. For specific childhood illness cases alike Opthalmology, ENT, Orthopaedics etc the hospital specific clinics should be visited. The emphasis is given on paediatric ambience, children friendly environment also services in Paediatric OPD should be co-located

12. **Paediatric Ward (MusQan) –** This checklist meant for a dedicated paediatric ward. If, there is no such ward in the hospital and paediatric patients are treated in other wards, then this checklist is not applicable at such health facilities.

13. **Sick Newborn Care Unit (MusQan) –** This checklist is applicable to a functional Level II SNCU, located in the Hospital. It includes auxiliary area like waiting area for relatives, side laboratory and duty rooms for the staff. This checklist is not meant for lower level of facilities like Newborn Stabilization units and Newborn corner.

14. **Nutritional Rehabilitation Centre (MusQan) –** This checklist is applicable to NRC functioning within the health facility. However, it may not be relevant, if management of malnourished patients is done in the paediatric wards.

15. **Post Partum Unit –** This checklist is applicable to Family Planning clinic, separate OT used for Family planning surgeries & abortion cases and separate indoor ward available to admit any such cases. Assessment of Post partum unit would be undertaken through this checklist.

16. **Radiology –** This checklist is applicable on X-ray and Ultrasound departments. This checklist does not cover technical checkpoints for CT Scan and MRI.

17. **Pharmacy –** This checklist is applicable on Drug store, Cold Chain storage and Drug dispensing counter. General store and Drug warehouse are not covered within ambit of this checklist.

18. **Auxiliary Services –** This checklist covers Laundry, Dietary and medical record department. If these departments are outsourced and even located outside the premises, then also this checklist can be used. Washing hospital linen in public water body like river or pond or food supplied by charitable/religious institutions does not constitute having Hospital laundry / kitchen per se.

19. **Mortuary –** This checklist is applicable to Mortuary and post-mortem room located at the hospital

20. **Haemodialysis centre** – This checklist is applicable to the haemodialysis centre. The haemodialysis centre could be a standalone centre with the diagnostic and other support within centre or linkage with the main hospital. This checklist is applicable to dialysis set-up provided by the government, PPP or mixed

21. **General Hospital Administration** – This checklist covers medical superintendent (equivalent) and hospital manager offices and processes related to their functioning. This also covers hospital policy level issues and hospital wide cross cutting processes. This checklist is complimentary to all other checklist. So if a hospital wants to choose only of some of the department for quality assurance initially, then this check list should always be included in the assessment programme.

V ASSESSMENT PROTOCOL

A. General Principles

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

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

B. Planning Assessment Activities

Following assessment activities are undertaken at different level:

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

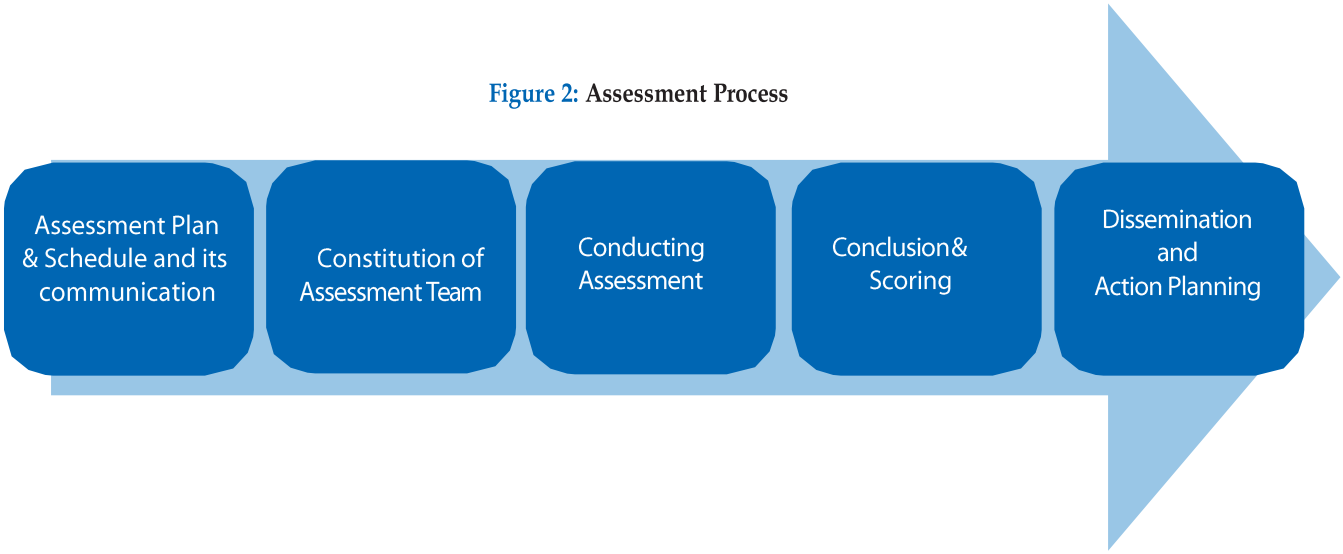
1. **Internal Assessment -** Internal assessment is a continuous process and integral part of facility based Quality assurance program. Assessing all departments in a health facility every month may not be possible. The hospital should prepare a quarterly assessment schedule. It needs to be ensured that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

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

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

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

Figure 2: Assessment Process



3. **External Assessment -** When the health facility attains an overall score of 70 percent and above in the State Assessment, it is eligible to apply for the National Quality Assessment by duly filling the application performa (copy of the application format may be referred from the Operational Guidelines for improving quality in Public Health Facilities, 2021, Annexure L, page 130). The External Assessment is conducted by NHSRC through certified External Assessors empanelled with the Ministry of Health and Family Welfare.

C. Constituting Assessment Team

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

D. Preparing Assessment Schedule

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

E. Performing Assessment

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

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

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

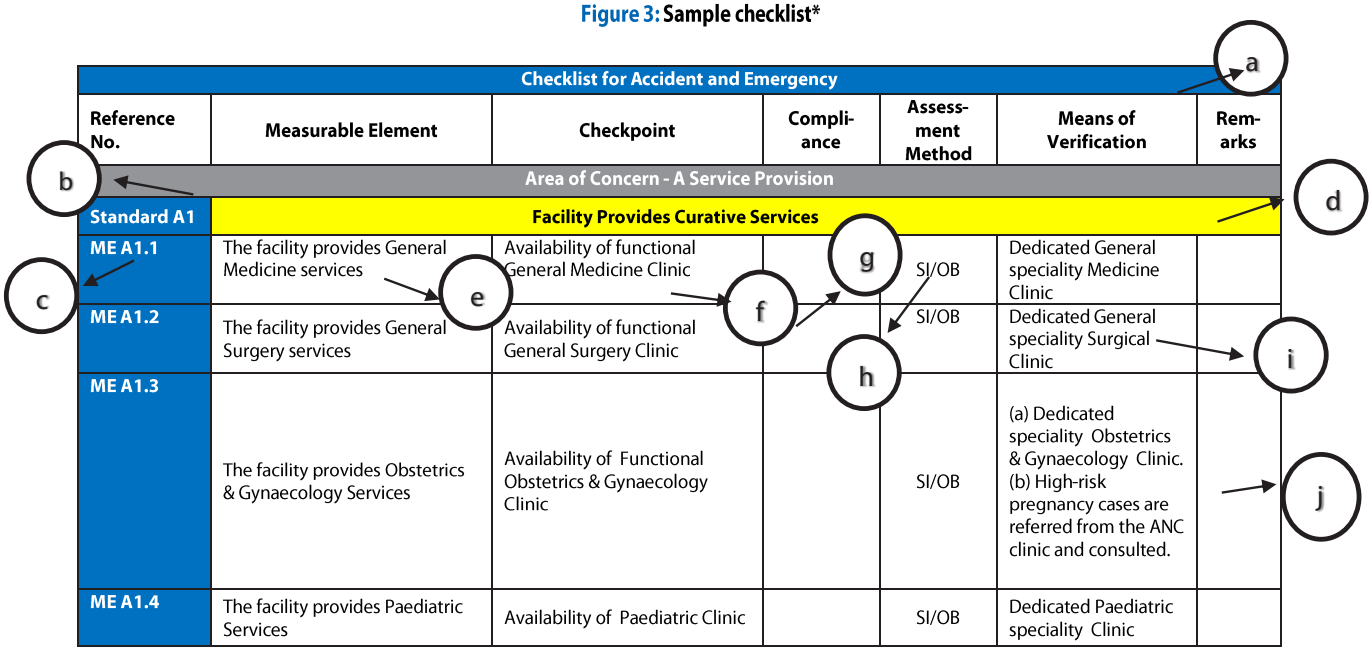
F. Communication During Assessment

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

G. Using Checklists

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

Figure 3: Sample checklist*



Checklist for Accident and Emergency						
Reference No.	Measurable Element	Checkpoint	Compli-ance	Assess-ment Method	Means of Verification	Rem-arks
Area of Concern - A Service Provision						
Standard A1	Facility Provides Curative Services					
ME A1.1	The facility provides General Medicine services	Availability of functional General Medicine Clinic		SI/OB	Dedicated General speciality Medicine Clinic	
ME A1.2	The facility provides General Surgery services	Availability of functional General Surgery Clinic		SI/OB	Dedicated General speciality Surgical Clinic	
ME A1.3	The facility provides Obstetrics & Gynaecology Services	Availability of Functional Obstetrics & Gynaecology Clinic		SI/OB	(a) Dedicated speciality Obstetrics & Gynaecology Clinic. (b) High-risk pregnancy cases are referred from the ANC clinic and consulted.	
ME A1.4	The facility provides Paediatric Services	Availability of Paediatric Clinic		SI/OB	Dedicated Paediatric speciality Clinic	

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

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

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

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

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

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

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

g) Right next to Checkpoint is a blank column for noting the findings of assessment, in term of Compliance:

- Full Compliance - 2
- Partial Compliance - 1
- Non Compliance - 0

h) Next to compliance column is the assessment method column. This denotes the 'HOW' to gather the information. Generally, there are four primary methods for assessment:

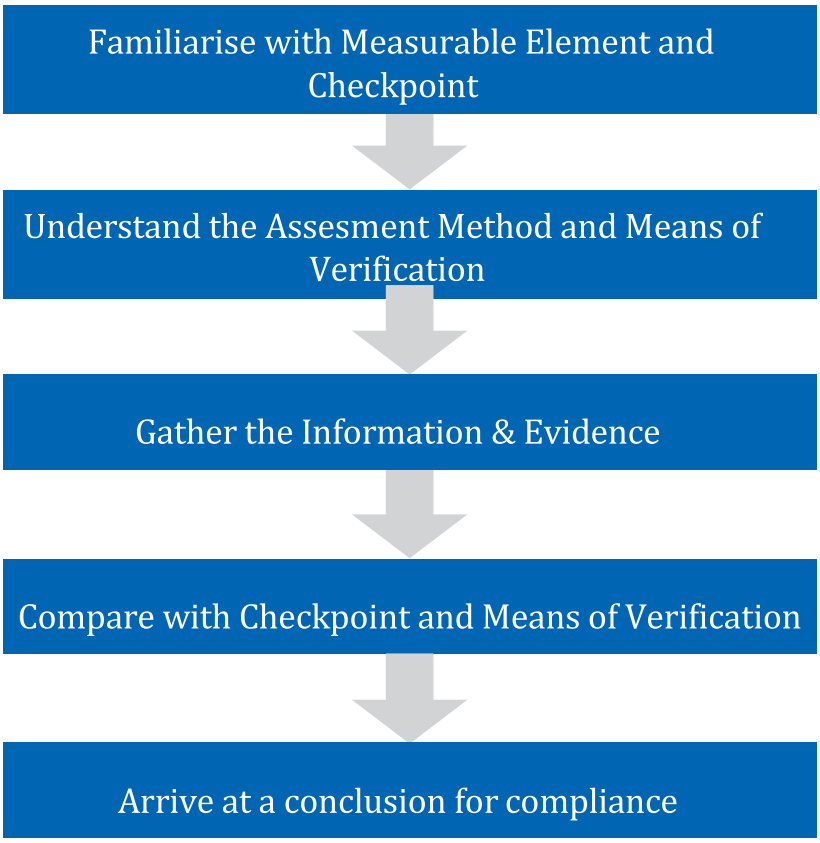
- SI: means Staff Interview
- OB: means Observation
- RR: means Record Review
- PI: means Patient Interview

i) Column next to assessment method contains means of verification. It denotes what to see at a Checkpoint. It may be a

list of equipment or procedures to be observed, or question you have to ask or some benchmark, which could be used for comparison, or reference to some other guideline or legal document. It has been left blank, as the check point is self-explanatory.

j) The last column next to means of verification contains remarks. The assessors can provide their remarks based on their assessment against that particular checkpoint. The remarks could be helpful to understand the compliance given against that checkpoint. Please note, remark coulmn is intentionally not kept in the assessors' guidebook to manage the spacing of the assessors' guidebook

Figure 4: Flow of Information



H. Assessment Methods

1. **Observation (OB):** Compliance against many of the measurable elements can be assessed by directly observing the articles, processes and surrounding environment. Few examples are given below:

   a) Enumeration of articles like equipment, drugs, etc.
   b) Displays of signages, work instructions, important information
   c) Facilities - patient amenities, ramps, complaint-box, etc.
   d) Environment – cleanliness, loose-wires, seepage, overcrowding, temperature control, drains, etc.
   e) Procedures like measuring BP, counseling, segregation of biomedical waste.

2. **Record Review (RR):** It may not be possible to observe all clinical procedures. Records also generate objective evidences, which need to be triangulated with finding of the observation. For example on the day of assessment, drug tray in the labour room may have adequate quantity of Oxytocin, but if review of the drug expenditure register reveals poor consumption pattern of Oxytocin, then more enquiries would be required to ascertain on the adherence to protocols in the labour room. Examples of the record review are:

a) Review of clinical records - delivery note, anaesthesia note, maintenance of treatment chart, operation notes, etc.

b) Review of department registers like admission registers, handover registers, expenditure registers, etc.

c) Review of licenses, formats for legal compliances like Blood bank license and Form 'F' for PNDT

d) Review of SOPs for adequacy and process

e) Review of monitoring records – TPR chart, Input/output chart, culture surveillance report, calibration records, etc.

f) Review of department data and indicators

3. **Staff Interview (SI):** Interaction with the staff helps in assessing the knowledge and skill level, required for performing job functions

Examples include:

a) Competency testing – Quizzing the staff on knowledge related to their job

b) Demonstration – Asking staff to demonstrate certain activities like hand-washing technique, new born resuscitation, etc.

c) Awareness - Asking staff about awareness of patient's right, quality policy, handling of high alerts drugs, etc.

d) Attitude about patient's dignity and gender issues.

e) Feedback about adequacy of supplies, problems in performing work, safety issues, etc.

2. **Patient Interview (PI***):* Interaction with patients/clients may be useful in getting information about quality of services and their experience in the hospital. It gives us users' perspective. It should include:

a) Feedback on quality of services staff behaviour, food quality, waiting times, etc.

b) Out of pocket expenditure incurred during the hospitalization

c) Effective communication like counseling services and self-drug administration

I. Assessment conclusion

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

After arriving on conclusion, assessor should mark '2' for full compliance, '1' for partial compliance and '0' for non-compliance in Compliance column.

VI SCORING SYSTEM

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. Therefore, measuring quality of care forms the path for its improvement. Following the same approach, National Quality Assurance Standards are constituted of the following four parameters:

1. **Area of Concern:** They are broad area/ themes for assessing different aspects for quality like Service provision, Patient Rights, Infection Control etc.
2. **Standards:** They are statements of requirement for particular aspects of quality.
3. **Measurable Element:** These are specific attributes of a standard which should be looked into for assessing the degree of compliance to a particular standard.
4. **Checkpoint:** Tangible measurable checkpoints are those, which can be objectively observed and scored.

Ammalgamation of all these four parameters in a systemic manner constitute a checklist, which may be departmental or thematic.

For Example:

S. No.	Parameter	Example
1	Area of Concern	Area of Concern F: Infection Control
2	Standard	Standard F2: Facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis
3	Measurable Element	ME F2.1: Hand washing facilities are provided at point of use
4	Checkpoint	Facility ensures uninterrupted and adequate supply of antiseptic soap and alcohol hand rub in all departments

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

Rules of Scoring

Measure of Compliance	Marks to be given	Attributes
• Full compliance	2	• All Requirements in Checkpoint are Meeting • All Tracers given in Means of verification are available • Intent of Measurable Element is meeting
• Partial compliance	1	• Some of the requirements in checkpoints are meeting • At Least 50-99% of tracers in Means of verification are available • Intent of Measurable Element is partially meeting
• Non-compliance	0	• Most of the requirements are not meeting • Less than 50% of tracers in Means of verification are available • Intent of Measurable Element is not meeting

All checkpoints have equal weightage to keep scoring simple

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

The final score should be given in percentage, so it can be compared with other groups and department Calculation of percentage is as follows:

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

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

The assessment scores can be presented in three ways:

1. **Departmental Scorecard:** This score-card presents the Quality scores of a department. It shows the overall quality score of the department as well as the area of concern wise score in term of percentages. This score card can be generated by two way:

   a. If calculations are done manually departmental score can be calculated by simple formula given above, and filled-in score card format given at the top of checklist

   b. If using excel tool given with this guide book, the scorecard will be generated automatically after filling a score for all checkpoints

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

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

Figure 5: Sample of filled-in Score card for Outdoor Patient Department

OPD Score Card			
Area of Concern wise Score			OPD Score
A	Service Provision	95%	80%
B	Patient Rights	83%	
C	Inputs	84%	
D	Support Services	73%	
E	Clinical Services	79%	
F	Infection Control	62%	
G	Quality Management	83%	
H	Outcome	82%	

2. **Hospital Quality Scorecard**

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

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

Figure 6: Sample Score card of a Hospital with Departmental Score

Hospital Score Card (Department wise)						
Accident & Emergency 64%	OPD 72%	Labour Room 88%	Maternity Ward 82%	Paediateric OPD 88%	Hospital Score	
Paediateric Ward 86%	SNCU 73%	NRC 57%	OT 79%	M- OT 85%	76%	
PP Unit 77%	ICU 67%	IPD 73%	Blood Bank 74%	Laboratory 78%	LaQshya Score	MusQan Score
Radiology 71%	Pharmacy 71%	Auxillary 73%	Mortuary 72%	Haemodialysis Centre 78%	87%	76%
General Administration 80%						

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

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

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

4. **Standard-wise Scorecard:** Apart from these scorecards, the tool provided in the accompanying QR code for DH Checklist (given at the end of the book) provides flexibility to present scores according to your choice. You can choose some of the area and themes like RMNCHA, Patient Safety, etc, as per requirement.

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

Figure 8 depicts a sample scorecard with the Standards under various Area of Concern. Yellow label shows the standards. The calculated score of each standard against NQAS is visible in grey label, while the score against LaQshya is visible in blue label and the score against the MusQan is visible in green label.

Figure 8: Sample Scorecard of a Hospital with Standard-wise Score

Reference No.	Area of Concern & Standards	NQAS Score	LaQshya Score	MusQan Score
Area of Concern A- Service Provision				
Standard A1	Facility Provides Curative Services	100%	100%	100%
Standard A2	Facility provides RMNCHA Services	100%	100%	100%
Standard A3	Facility Provides diagnostic Services	100%	100%	100%
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme	100%	NA	100%
Standard A5	Facility provides support services	100%	NA	100%
Standard A6	Health services provided at the facility are appropriate to community needs.	100%	NA	100%
Area of Concern B- Patient Rights				
Standard B1	Facility provides the information to care seekers, attendants & community about the available services and their modalities	100%	100%	100%
Standard B2	Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.	100%	100%	100%
Standard B3	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	100%	100%	100%
Standard B4	Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.	100%	100%	100%
Standard B5	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.	100%	100%	100%
Standard B6	Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities	100%	NA	100%

सत्यमेव जयते

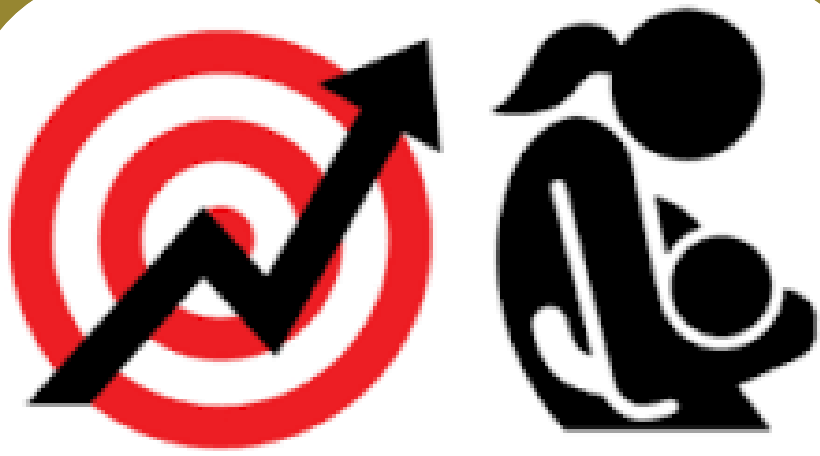
NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

PART-B

DEPARTMENTAL CHECKLISTS

सत्यमेव जयते

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन



LAQSHYA
लक्ष्य

CHECKLIST - 8

LABOUR ROOM (LAQSHYA)

CHECKLIST FOR LABOUR ROOM (LAQSHYA)

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**The facility provides Curative Services**				
ME A1.14	Services are available for the time period as mandated	Labour room service is functional 24X7		SI/RR	Verify with records that deliveries have been conducted in night on regular basis
Standard A2	**The facility provides RMNCHA Services**				
ME A2.1	The facility provides Reproductive health Services	Availability of Post Partum IUD insertion services		SI/RR	Verify with records that PPIUD services have been offered in labour room
ME A2.2	The facility provides Maternal health Services	Availability of Vaginal Delivery services		SI/RR	Normal vaginal & assisted (Vacuum / Forceps) delivery
		Availability of Pre term delivery services		SI/RR	Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily
		Management of Postpartum Haemorrhage		SI/RR	Check if Medical /Surgical management of PPH is being done at labour room
		Management of Retained Placenta		SI/RR	Check staff manages retained placenta cases in labour room . Verify with records
		Septic Delivery & Delivery of HIV positive Pregnant Women		SI/RR	Check if infected delivery cases are managed at labour room and not referred to higher centres unnecessarily
		Management of PIH/Eclampsia/ Pre eclampsia		SI/RR	Check services for management of PIH/ Eclampsia are being proved at labour room
ME A2.3	The facility provides Newborn health Services	Availability of New born resuscitation		SI/OB	Check if labour room has a functional New born resuscitation services available in labour room
		Availability of Essential new born care		SI/OB	Check essential newborn care provisions such as Keeping baby on mother's abdomen, immediate drying of baby, Skin to skin contact, delayed chord clamp, initiation of breast feeding, recording of vitals and Vit. K are provided
Standard A3	**The facility Provides diagnostic Services**				
ME A3.2	The facility Provides Laboratory Services	24 *7 Availability of point of care diagnostic tests		SI/OB	HIV, Hb% , Random blood sugar , Protein Urea Test

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - B PATIENT RIGHTS					
Standard B1	**The facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability of departmental signage's		OB	Numbering, main department and internal sectional signage, Restricted area signage displayed. Directional signages are given from the entry of the facility
ME B1.2	The facility displays the services and entitlements available in its departments	Necessary Information regarding services provided is displayed		OB	Name of doctor and Nurse on duty are displayed and updated. Contact details of referral transport / ambulance displayed
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed		OB	Breast feeding, kangaroo care, family planning etc (Pictorial and chart) in circulation & waiting area
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	Check all information for patients/ visitors are available in 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 reasons.**				
ME B2.1	Services are provided in manner that are sensitive to gender	Only on duty staff is allowed in the labour room when it is occupied		OB	Pregnant woman, her birth companion, doctor, nurse/ANM on duty, and other support staff only, is allowed in the labour room
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disabilities	Availability of Wheel chair or stretcher for easy Access to the labour room		OB	
		Availability of ramps and railing & Labour room is located at ground floor		OB	If not located on the ground floor availability of the ramp / lift with person for shifting
ME B2.4	There is no discrimination on basis of social and economic status of the patients	Check care to pregnant women is not denied or differed due to discrimination		OB/PI	Discrimination may happen because of religion, caste, ethnicity, cast, language, paying capacity and educational level.
Standard B3	**The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.**				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen/ partition at delivery tables		OB	Screens / Partition has been provided from three side of the delivery table or Cubicle for ensuring visual privacy
		Curtains / frosted glass have been provided at windows		OB	Check all the windows are fitted with frosted glass or curtains have been provided

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		No two women are treated on common bed/ Delivery Table		OB/PI	Check that observation beds and delivery tables are not shared by multiple women at the same time because of any reason
ME B3.2	Confidentiality of patients records and clinical information is maintained	Patient Records are kept at secure place beyond access to general staff/visitors		SI/OB	Check records are not lying in open and there is designated space for keeping records with limited access. Records are not shared with anybody without permission of hospital administration
ME B3.3	The facility ensures the behaviour of staff is dignified and respectful, while delivering the services	Behaviour of labour room staff is dignified and respectful		OB/PI	Check that labour staff is not providing care in undignified manner such as yelling, scolding, shouting, blaming and using abusive language, unnecessary touching or examination
		Pregnant women is not left unattended or ignored during care in the labour room		OB/PI	Check that care providers are attentive and empathetic to the pregnant women at no point of care they are left alone.
		Care provided at labour room is free from physical abuse or harm		OB/PI	Check if the physical abuse practices such as pinching, slapping, restraining , pushing on the abdomen, extensive episiotomy etc.
		Pregnant women is explicitly informed before examination and procedures		OB/PI	Check if care providers verbally inform the pregnant women before touching, examination or starting procedure.
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	HIV status of patient is not disclosed except to staff that is directly involved in care		SI	Check if HIV status of pregnant women is not explicitly written on case sheets and avoiding any means by which they can be identified in public such as labelling or allocating specific beds.
Standard B4	**The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making**				
ME B4.1	There is established procedure for taking informed consent before treatment and procedures	Consent is taken before delivery and or shifting		SI/RR	Check the labour room case sheet for consent has been taken
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Labour room has system in place to involve patient's relative in decision making about pregnant women treatment		PI	Check if pregnant women and her family members have been informed and consulted before shifting the patient for C-Section or referral to higher centre

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard B5	**The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Check all services including drugs, consumables, diagnostics and blood are free of cost in labour room		PI/SI	Check if there are no user charges of any services in labour room . Ask Pregnant women and their attendants if they have not paid for any services or any informal fees to service providers
AREA OF CONCERN - C INPUTS					
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1	Departments have adequate space as per patient or work load	Adequate space as per delivery load		OB	Labour tables should be placed in a way that there is a distance of at least 3 feet from the sidewall, at least 2 feet from head end wall, and at least 6' from the second table
ME C1.2	Patient amenities are provided as per patient load	Availability of patients amenities such as Drinking water, Toilet & Changing area		OB	Dedicated Toilets for Labour Room area and Staff Rooms. LDR concept for Labour Room should have attached toilet with each LDR unit . Toilets are provided with western style toilet seats. Drinking water Facility within labour room For Pregnant women & companion
ME C1.3	Departments have layout and demarcated areas as per functions	Labour Room layout is arranged in LDR concept		OB	Labour Room and associated services are arranged according to Labour-Delivery-Recovery Concepts with each LDR unit comprising of 4 Labour Beds and dedicated Nursing Station and New Born Corner
		Availability of Registration Area & Waiting area		OB	Dedicated reception and registration area the entry of Labour Room Complex with registration desk and seating arrangement for 30 people in waiting area
		Availability of Triage and Examination Area		OB	Dedicated Triage & Examination room with two examination beds for segregation of High & Low Risk patients Entry to the labour room should not be direct. Check if there is any buffer area
		Dedicated nursing station and Duty Rooms		OB	One common Nursing station for Conventional Labour Room Dedicated Nursing station for Each unit if LDR concept is followed

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of Storage Area		OB	A dedicated sub store with cabinets and storage racks for storing supplies Separate Clean room & Dirty Utility room for Storing Sterile and Used goods respectively
		Availability of Newborn Care area		OB	One Dedicated Newborn care area for each four tables. In case of LDR dedicated NBCA for each unit. There should be no obstruction between labour table and Newborn corner for swift shifting of newborn requiring resuscitation Radiant Warmer Should have free space from three sides
		Availability of Staff Room & Doctor's Duty Room		OB	Dedicated rooms for Nursing staff and Doctors provided with beds, storage furniture and attached toilets
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors connecting labour room are broad enough to manage stretcher and trolleys		OB	Corridor should be wide enough that 2 stretcher can pass simultaneously without any hassle
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	Check availability of functional telephone and intercom connections
ME C1.6	Service counters are available as per patient load	Availability of labour tables as per delivery load		OB	Less than 20 Deliveries/ Month -1 20-99 Deliveries/ Month - 2 100- 199 Deliveries/Month -4 200- 499 Deliveries/Month -6 More than 500 Deliveries- Conventional Labour Room - Monthly Delivery Cases X 0.014 (Labour- Delivery-Recovery) LDR format - Monthly Delivery Cases X.028
ME C1.7	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	Labour room is in Proximity and function linkage with OT & SNCU		OB	Check labour room is located in the proximity of Maternity OT and SNCU/ NICU in one block only with means of swift shifting of patients in case of emergency. If located on different floor lift/ ramp with manned trolley should be provided

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Unidirectional flow of care		OB	Labour room lay out and arrangement of services are designed in a way, that there is no criss cross movement of patient, staff, supplies & equipment
Standard C2	**The facility ensures the physical safety of the infrastructure.**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment , hanging objects are properly fastened and secured
ME C2.3	The facility ensures safety of electrical establishment	Labour room does not have temporary connections and loosely hanging wires		OB	Switch Boards other electrical installations are intact. Check adequate power outlets have been provided as per requirement of electric appliances
ME C2.4	Physical condition of buildings are safe for providing patient care	Check if safety features have been provided in infrastructure		OB	The floor of the labour room complex should be made of anti-skid material. Each window have 2-panel sliding doors. The outside panel be fixed The second panel should be moving with frosted glass and a lock.
Standard C3	**The facility has established Programme for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	Labour room has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	Check the fire exits are clearly visible and routes to reach exit are clearly marked.
ME C3.2	The facility has adequate fire fighting Equipment	Labour room has installed fire Extinguishers & expiry is displayed on each fire extinguisher		OB	Class A , Class B, C type or ABC type. Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	Check staff is aware of RACE (Rescue-Alarm-Contain-Extinguish) method for in case of fire and confident in using fire extinguisher.
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Ob&G specialist		OB/RR	100-200 Deliveries -1 (OBG/EMOC) 200 - 500 Deliveries - 1 OBG (Mandatory + 4 (OBG/EMOC) >500 3 OBG + 4 EMOC
		Availability of Paediatrician		OB/RR	At least 1 paediatrician
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of General duty doctor		OB/RR	At least 4 Medical Officers
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff /ANM		OB/RR/SI	Deliveries Per month- 100-200- 8 200-500 -12 > 500 - 16

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C4.5	The facility has adequate support / general staff	Availability of house keeping staff & Security Guards		SI/RR	Housekeeping Staff as per delivery load 100-200- 4 200-500 - 8 Security Guards as per Delivery Load > 500 - 12 100-200- 4 200-500 - 6 > 500 - 8
Standard C5	**The facility provides drugs and consumables required for assured services.**				
ME C5.1	The departments have availability of adequate medicine at point of use	Availability of uterotonic medicine		OB/RR	Inj Oxytocin 10 IU (to be kept in fridge) Tab Misoprostol 200mg
		Availability of Anti-infective medicine		OB/RR	Cap Ampicillin 500mg, Tab Metronidazole 400mg, Inj Gentamicin
		Availability of Antihypertensive, analgesic and antipyretic and Anesthetic medicine		OB/RR	Nifedipine, Methyldopa, Inj Hydralazine, Tab Paracetamol, Tab Ibuprofen, Inj Xylocaine 2%,
		Availability of IV Fluids		OB/RR	IV fluids, Normal saline, Ringer lactate,
		Availability of Vitamins		OB/RR	Vit K
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings material and Sanitary pads		OB/RR	Gauze piece and cotton swabs, sanitary Napkins (2 for Each Delivery), Sanitary Pads (4 for each delivery, needle (round body and cutting), chromic catgut no. 0, antiseptic solution
		Availability of syringes and IV Sets /tubes and consumables for newborn		OB/RR	Paediatric IV sets,urinery catheter, Gastric tube and cord clamp, Baby ID tag
ME C5.3	Emergency drug trays are maintained at every point of care, wherever it may be needed	Emergency Drug Tray is maintained		OB/RR	Inj Magsulf 50%, Inj Calcium gluconate 10%, Inj Dexamethasone, inj Hydrocortisone Succinate, Inj Ampicillin, Inj Gentamicin, inj metronidazole, , Inj diazepam, inj Pheniramine maleate, inj Corboprost, Inj Pentazocine, Inj Promethazine, Betamethasone, Inj Hydralazine, Nifedipine, Methyldopa,ceftriaxone
Standard C6	**The facility has equipment & instruments required for assured list of services.**				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB	One set of Digital BP apparatus, Stethoscope, Adult Thermometer , Baby Thermometer, baby forehead thermometer, Handheld Fetal Doppler , Fetoscope, baby weighting scale, Measuring Tape for four labour tables or at least two sets., Wall clock

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of instrument arranged in Delivery trays		OB	Cord Cutting Scissor, Artery forceps, Cord clamp, Sponge holder, speculum, kidney tray, bowl for antiseptic lotion are present in tray
		Delivery kits are in adequate numbers as per load		OB	One autoclaved delivery tray for each table plus 4 extra trays
		Availability of Instruments arranged for Episiotomy trays		OB	Episiotomy scissor, kidney tray, artery forceps, allis forceps, sponge holder, toothed forceps, needle holder, thumb forceps, are present in tray
		Availability of Baby tray		OB	Two pre warmed towels/sheets for wrapping the baby, mucus extractor, bag and mask (0 &1 no.), sterilized thread for cord/cord clamp, nasogastric tube are present in tray
		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, are present in tray
		Availability of instruments arranged for PPIUCD tray		OB	PPIUCD insertion forceps, CuIUCD 380A/Cu IUCD375 in sterile package are present in tray
		Availability of Radiant Warmers		OB	1 Functional Radiant warmer for each four tables
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Diagnostic Instruments		OB	At least 2 Glucometers, Protein Urea Test Kit , HB Testing Kits, HIV Kits.
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of resuscitation Instruments for Newborn & Mother		OB	Availability of Neonatal Resuscitation Kit Paediatric resuscitator bag (volume 250 ml) with masks of 0 and 1 size for each Radiant warmer Adult Resuscitation Kit
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Movable Crash cart/ Drug trolley, instrument trolley, dressing trolley
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipment for cleaning & sterilization		OB	Buckets for mopping, Separate mops for labour room and circulation area duster, waste trolley, Deck brush, Autoclave

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of Labour Beds with attachment/ accessories		OB	Each labour bed should be have following facilities Adjustable side rails, Facilities for Trendelenburg/reverse positions, Facilities for height adjustment, Stainless steel IV rod, wheels & brakes ,Steel basins attachment, Calf support, handgrip, legs support.
		Availability of Mattress for each Labour Beds		OB	Mattress should be in three parts and seamless in each part with a thin cushioning at the joints, detachable at perineal end. It should be washable and water proof with extra set.
Standard C7	**Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff**				
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff	Check parameters for assessing skills and proficiency of clinical staff has been defined		SI/RR	Check objective checklist such OSCE (Onsite Clinical Examination) defined Dakshta program are available at the labour room
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year	Check for competence assessment is done at least once in a year		SI/RR	Check for records of competence assessment using OSCE including filled checklist, scoring and grading . Verify with staff for actual competence assessment done
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Navjat Shishu Surkasha Karyakarm (NSSK) training & Skilled birth Attendant (SBA)		SI/RR	Check training records
		Biomedical Waste Management& Infection control and hand hygiene ,Patient safety		SI/RR	Check training records
		Training on Quality Management		SI/RR	Assessment, action planning, PDCA, 5S & use of checklist
		Training on Respectful Maternal Care		SI/RR	Check training records
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision	Labour room staff is provided refresher training		SI/RR	Check with training records the labour room staff have been provided refresher training at lest once in every 12 month on Intrapartum care, Identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under AMC including preventive maintenance		SI/RR	Check with AMC records/ Warranty documents
		There is system of timely corrective break down maintenance of the equipment		SI/RR	Check for breakdown & Maintenance record in the log book
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated		OB/ RR	BP apparatus, thermometers, weighing scale , radiant warmer etc are calibrated . Check for records / calibration stickers
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of equipment are readily available with labour room staff.		OB/SI	Check operating and trouble shooting instructions of equipment such as radiant warmer are available at labour room
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting medicine and consumables	There is established system of timely indenting of consumables and medicine		SI/RR	Stock level are daily updated Requisition are timely placed well before reaching the stock out level. Check with stock and indent registers.
ME D2.3	The facility ensures proper storage of medicine and consumables	medicine are stored in containers/tray/crash cart and are labelled		OB	Check medicine and consumables are kept at allocated space in Crash cart/ Drug trolleys and are labelled. Look alike and sound alike medicine are kept separately
		Empty and filled cylinders are labelled and updated		OB	Empty and filled cylinders are kept separately and labelled, flow meter is working and pressure/ flow rate is updated in the checklist
ME D2.4	The facility ensures management of expiry and near expiry medicine	Expiry dates' are maintained at emergency drug tray / Crash cart		OB/RR	Expiry dates against medicine are mentioned crash cart/ emergency drug tray No expiry drug found
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	At least one week of minimum buffer stock is maintained all the time in the labour room. Minimum stock and reorder level are calculated based on consumption in a week accordingly

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Department maintained stock and expenditure register of medicine and consumables		RR/SI	Check stock and expenditure register is adequately maintained
ME D2.6	There is a procedure for periodically replenishing the medicine in patient care areas	There is procedure for replenishing drug tray /crash cart		SI/RR/OB	There is no stock out of medicine
ME D2.7	There is process for storage of vaccines and other medicine, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically. Refrigerators meant for storing medicine should not be used for storing other items such as eatables
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at delivery table & observation area		OB	Labour Area - 500 Lux Support Area - 150 Lux
ME D3.2	The facility has provision of restriction of visitors in patient areas	There is no overcrowding in labour room		OB	Visitors are restricted at labour room. One birth companion is allowed to stay with the Pregnant women
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in patient care area		PI/OB	Temperature of the labour room should be kept around 26-28 degree C ,labour complex should have split ACs with tonnage = (square root of area)/10 and one ceiling mounted fan for every labour table . Area should be drought free
ME D3.4	The facility has security system in place at patient care areas	Security arrangement in labour room		OB	Dedicated security guards preferably female security staff. CCTV Camera at entrance / circulation areas
ME D3.5	The facility has established measure for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	Check adequate security measures have been taken for safety and security of staff working in labour room
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior & Interior of the facility building is maintained appropriately	Interior & exterior of patient care areas are plastered & painted & building are white washed in uniform colour		OB	Wall and Ceiling of Labour Room are painted in white colour. The walls of the labour room complex should be made of white wall tiles, with seamless joint, and extending up to the ceiling.

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt,grease,littering and cobwebs. Surface of furniture and fixtures are clean
		Toilets are clean with functional flush and running water		OB	Check toilet seats, floors, basins etc are clean and water supply with functional cistern has been provided.
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster Window panes , doors and other fixtures are intact		OB	Check for delivery as well as auxiliary areas
		Delivery table are intact and without rust & Mattresses are intact and clean		OB	Observe for any signs for rusting or accumulation of dirt/ grease/ encrusted body fluid
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the Labour room		OB	Check of any obsolete article including equipment, instrument, records, drugs and consumables
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/ rodent/birds		OB	Check for no stray animal in and around labour room
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and portable water		OB/SI	Availability of 24X7 Running water & hot water facility.
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in labour room		OB/SI	Check for 24X7 availability of power backup including Dedicated UPS and emergency light
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate sets of linen	Availability & use of clean linen		OB/RR	Clean Delivery gown is provided to Pregnant Women & sterile drape for baby.
ME D7.3	The facility has standard procedures for handling , collection, transportation and washing of linen	There is system to check the cleanliness and Quantity of the linen		SI/RR	Quantity of linen is checked before sending it to laundry. Cleanliness & Quantity of linen is checked received from laundry. Records are maintained

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.2	The facility has an established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)
		Staff posted in the labour room should not be rotated outside the labour room		RR/SI	Check with the duty roster
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	As per hospital administration or state policy
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 & patient demographic records are generated during process of registration & admission		RR	Check for demographics like Name, age, Sex, Chief complaint, etc.
ME E1.3	There is established procedure for admission of patients	There is procedure for admitting Pregnant women directly coming to Labour room		SI/RR/OB	Admission is done by written order of a qualified doctor
		There is no delay in admission of pregnant women in labour pain		OB/SI/RR	Co relate the time admission with & clinical intervention (vital chart , partograph, medication given etc.)
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	Check how service provider cope with shortage of delivery tables due to high patient load		OB/SI	Provision of extra tables.
Standard E2	**The facility has defined and established procedures for clinical assessment, reassessment and treatment plan preparation.**				
ME E2.1	There is established procedure for initial assessment of patients	Rapid Initial assessment of Pregnant Women to identify complication and Prioritize care		RR/SI/OB	Recording of vitals and FHR. 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

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Recording of current labour details		RR	Time of start, frequency of contractions, time of bag of water leaking, colour and smell of fluid and baby movement
		Physical Examination		RR/SI	Recording of Vitals , shape & Size of abdomen , presence of scars, foetal lie and presentation. & vaginal examination
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for reassessment of patient under observation		SI/RR	
		There is system in place to identify and manage the changes in Patient's health status		SI/RR	Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating
		Check the treatment or care plan is modified as per re assessment results		SI/RR	Check the re assessment sheets/ Case sheets modified treatment plan or care plan is documented
ME E2.3	There is established procedure to plan and deliver appropriate treatment or care to individual as per the needs to achieve best possible results	Check healthcare needs of all hospitalised patients are identified through assessment process		SI/RR	Assessment includes physical assessment, history, details of existing disease condition (if any) for which regular medication is taken as well as evaluate psychological ,cultural, social factors
		Check treatment/care plan is prepared as per patient's need		RR	(a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relevant care provider while preparing the care plan.
		Check treatment / care plan is documented		SI/RR	Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc
		Check care is delivered by competent multidisciplinary team			Check care plan is prepared and delivered as per direction of qualified physician
Standard E3	**The facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	There is procedure of handing over patient / new born from labour room to OT/ Ward/SNCU		SI/RR	Hand over from Labour Room to the destination department is given while shifting the Mother & Baby. Shifting to ward should be done at least two hours after delivery in case of conventional LR and 4 hours in case of LDR

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		There is a procedure for consultation of the patient to other specialist with in the hospital		SI/RR	check if there are linkages and established process for calling other specialist in labour room if required
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the continuity of care.	Reason for referral is clearly stated and referral is authorized competent person (Gynaecologist or Medical Officer on duty)		RR	Verify with referral records that reasons for referral were clearly mentioned and rational. Referral is authorized by Gynaecologist or Medical officer on duty after ascertaining that case can not be managed at the facility Labour room staff confirms the suitability of referral with higher centres to ascertain that case can be managed at higher centre and will not require further referrals
		Essential information regarding referral facilities are available at labour room		RR/OB	Check for availability of following - Referral Pathway Names, Contact details and duty schedules for responsible persons higher referral centres Name , Contact details, duty schedule of Ambulance services
		Advance communication regarding the patient's condition is shared with the higher centre		SI/RR	The information regarding the case, expected time of arrival and special facilities such as specialist, blood, intensive care may be required is communicated to the higher centre
		Patient referred with referral slip		RR/SI	A referral slip/ Discharge card is provided to patient when referred to another health care facility. Referral slip includes demographic details, History of woman, examination findings, management done , drugs administered, any procedure done, reason for referral, detail of referral centre including whom to contact and signature of approving medical officer
		Referral vehicle is being arranged		SI/RR	Check labour room staff facilitates arrangement of ambulance for transferring the patient to higher centre . Patient attendant are not asked to arrange vehicle by their own Check if labour room staff checks ambulance preparedness in terms of necessary equipment, drugs, accompanying staff in terms of care that may be required in transit

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Referral checklist & Referral in/ Out register is maintained all referred cases		RR	Referral check list is filled before referral to ensure all necessary steps have been taken for safe referral including advance communication, transport arrangement, accompanying care provider, referral slip , time taken for referral etc. regarding referral cases including demographics, date & time of admission, date & time of referral, diagnosis at referral and follow up of outcome is recorded in referral register
		Follow-up of referral cases is done		SI/RR	Check that labour room staff follow up of referred cases for timely arrival and appropriate care provided at higher centre. Outcome and deficiencies if any should be recorded in referral out register.
ME E3.3	A person is identified for care during all steps of care	Nurse is assigned for each pregnant women		RR/SI	Check for nursing hand over
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		OB/SI	Identification tags for mother and baby
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	There is a process to ensure the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration. Verbal orders are documented in the case sheet
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		RR/SI	Nursing Handover register is maintained
		Hand over is given bed side		SI/RR/OB	Handover is given during the shift change beside the pregnant women explaining the condition, care provided and any specific care if required
ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically		RR/SI	Check for BP, pulse,temp,Respiratory rate FHR,dilation Uterine Contractions, blood loss any other vital required is monitored and recoded in case sheet

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard E5	**The facility has a procedure to identify high risk and vulnerable patients.**				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping and baby fall
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High Risk Pregnancy cases are identified and kept in intensive monitoring		OB/SI	List of cases identified as High Risk is available with labour room staff . Check for the frequency of observation: Its stage :half an hour and 2nd stage: every 5 min
Standard E6	**Facility ensures rationale prescribing and use of medicines**				
ME E6.1	The facility ensured that drugs are prescribed in generic name only	Check for case sheet if drugs are prescribed under generic name only		RR	Check all the drugs in case sheet and discharge slip are written in generic name only.
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment protocols are available at point of use		RR	Intrapartum care, Essential new-born care, Newborn Resuscitation, Pre- Eclampsia, Eclampsia, Postpartum haemorrhage , Obstructed Labour, Management of preterm labour
		Check staff is aware of the drug regime and doses as per STG		SI/RR	Check BHT that drugs are prescribed as per treatment protocols &Check for rational use of uterotonic drugs
Standard E7	**The facility has defined procedures for safe drug administration**				
ME E7.1	There is process for identifying and cautious administration of high alert drugs	High alert drugs available in department are identified		SI/OB	Check high alert drugs such as Magsulf, Oxytocin, Carbopost, Adrenaline are identified in the labour room
		Maximum dose of high alert drugs are defined and communicated & there is process to ensure that right doses of high alert drugs are only given		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor. A system of independent double check before administration, Error prone medical abbreviations are avoided
ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date , time and signature		RR	Verify case sheets of sample basis
		Check for the writing, It comprehendible by the clinical staff		RR/SI	Verify case sheets of sample basis

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	Check for any open single dose vial with left over content intended to be used later on. In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	Check if adverse drug reaction form is available in labour room and reporting is in practice
ME E7.4	There is a system to ensure right medicine is given to right patient	Check Nursing staff is aware 7 Rs of Medication and follows them		SI/RR	Administration of medicines done after ensuring right patient, right drugs , right route, right time, Right dose , Right Reason and Right Documentation
Standard E8	**The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Progress of labour is recorded		RR	Partograph
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment prescribed in nursing records		RR	Medication order, treatment plan, lab investigation are recoded adequately
ME E8.4	Procedures performed are written on patients records	Delivery note is adequate		RR	Outcome of delivery, date and time, gestation age, delivery conducted by, type of delivery, complication if any ,indication of intervention, date and time of transfer, cause of death etc
		Baby note is adequate		RR	Did baby cry, Essential new born care, resuscitation if any, Sex, weight, time of initiation of breast feed, birth doses, congenital anomaly if any.
ME E8.5	Adequate form and formats are available at point of use	Standard Formats are available		RR/OB	Availability of standardized labour room case sheets including partograph and safe Birthing checklist
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	Labour room register, OT register, MTP register, Maternal death register and records, lab register, referral in /out register, internal & PPIUD register , NBCC register, handover register
		All register/records are identified and numbered		RR	Check records are numbered and labelled legibly

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different test		SI/RR	Check for list of critical values is available at nursing station
Standard E13	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**				
ME E13.9	There is established procedure for transfusion of blood	Protocol of blood transfusion is monitored & regulated		RR	blood is kept on room temperature (28 degree C) before transfusion. Blood transfusion is monitored and regulated by qualified person
Standard E16	**The facility has defined and established procedures for the management of death & bodies of deceased patients**				
ME E16.2	The facility has standard procedures for handling the death in the hospital	Death note is written as per mother & neonatal death review guidelines		RR	Maternal and neonatal death are recorded as per MDR guideline. Death note including efforts done for resuscitation is noted in patient record. Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible
		There is established criteria for distinguishing between new-born death and still birth		SI/RR	Every still birth is examined, classified by paediatrician before declaration & record is maintained
Standard E18	**The facility has established procedures for Intranatal care as per guidelines**				
ME E18.1	Facility staff adheres to standard procedures for management of second stage of labour.	Ensures 'six cleans' are followed during delivery		SI/OB	Ensures 'six cleans' are followed during delivery Clean hands, Clean Surface, clean blade, clean cord tie, clean towel & clean cloth to wrap mother
		Allows spontaneous delivery of head		SI/OB	By flexing the head and giving perineal support
		Delivery of shoulders and Neck		SI/OB	Manages cord round the neck; assists delivery of shoulders and body; delivers baby on mother's abdomen
		Check no unnecessary episiotomy performed		SI/RR	Check with records and interview with staff if they are still practicing routine episiotomy.
		Unnecessary augmentation and induction of labour is not done using uterotonics		SI/RR	Check uterotonics such as oxytocin and misoprostol is not used for routine induction normal labour unless clear medical indication and the expected benefits outweigh the potential harms Outpatient induction of labour is not done

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E18.2	Facility staff adheres to standard procedure for active management of third stage of labour	Rules out presence of second baby by palpating abdomen		SI	Check staff competence
		Use of Uterotonic Drugs		SI/RR	Administration of 10 IU of oxytocin IM immediately after Birth . Check if there is practice of preloading the oxytocin inj for prompt administration after birth.
		Control Cord Traction		SI/RR	Only during Contraction
		Uterine tone assessment		SI/RR	Check staff competence
		Checks for completeness of placenta before discarding		SI/RR	After placenta expulsion , Checks Placenta & Membranes for Completeness
ME E18.3	Facility staff adheres to standard procedures for routine care of new-born immediately after birth	Wipes the baby with a clean pre-warmed towel and wraps baby in second pre-warmed towel;		SI/OB	Check staff competence through demonstration or case observation
		Performs delayed cord clamping and cutting (1-3 min);		SI/OB	Check staff competence through demonstration or case observation
		Initiates breast-feeding soon after birth		SI/OB	Check staff competence through demonstration or case observation
		Records birth weight and gives injection vitamin K		SI/OB	Check staff competence through demonstration or case observation
ME E18.4	There is an established procedure for assisted and C-section deliveries per scope of services.	Staff is aware of Indications for referring patient for to Surgical Intervention		SI	Ask staff how they identify slow progress of labour , How they interpret Partogram
		Management of Obstructed Labour		SI/RR	Diagnosis obstructed labour based on data registered from the partograph, Re-hydrates the patient to maintain normal plasma volume, check vitals, gives broad spectrum antibiotics, perform bladder catheterization and takes blood for Hb & grouping, Decides on the mode of delivery as per the condition of mother and the baby
ME E18.5	Facility staff adheres to standard protocols for identification and management of Pre Eclampsia / Eclampsia	Records BP in every case checks for proteinuria		SI/RR	Check staff competence through demonstration or case observation

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		identifies danger signs of severe PE and convulsions;		SI/RR	Check staff competence through demonstration or case observation
		Administers injection magnesium sulphate appropriately;		SI/RR	Check staff competence through demonstration or case observation
		provides nursing care & ensures specialist attention.		SI/RR	Check staff competence through demonstration or case observation
ME E18.6	Facility staff adheres to standard protocols for identification and management of PPH.	Checks uterine tone and bleeding PV regularly		SI/OB	Check staff competence through demonstration or case observation
		Identifies PPH		SI?OB/RR	Assessment of bleeding (PPH if >500 ml or > 1 pad soaked in 5 Minutes or any bleeding sufficient to cause signs of hypovolemia in patient.
		Manages PPH as per protocol		SI/OB/RR	starts IV fluids, manages shock if present, gives uterotonic, identifies causes, performs cause specific management.
		Staff knows the use of oxytocin for Management of PPH		SI/OB/RR	Initial Dose: Infuse 20 IU in 1 L NS/RL at 60 drops per minute Continuing dose: Infuse 20 IU in 1 L NS/RL at 40 drops per minute Maximum Dose: Not more than 3 L of IV fluids containing oxytocin
		Management of Retained Placenta		SI/RR	Administration of another dose of Oxytocin 20IU in 500 ml of RL at 40-60 drops/min an attempt to deliver placenta with repeat controlled cord traction. If this fails performs manual removal of Placenta
ME E18.7	Facility staff adheres to standard protocols for Management of HIV in Pregnant Woman & Newborn	Provides ART for seropositive mothers/ links with ART centre		SI/RR	Check case records and Interview of staff
		Provides syrup Nevirapine to newborns of HIV seropositive mothers		SI/RR	Check case records and Interview of staff
ME E18.8	Facility staff adheres to standard protocol for identification and management of preterm delivery.	Correctly estimates gestational age to confirm that labour is preterm		SI/RR	Assessment and evaluation to confirm gestational age, administration of corticosteroid and tocolytics for 24-34 weeks Magnesium sulphate given to preterm labour < 32 weeks

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		identifies conditions that may lead to preterm birth		SI/RR	(severe PE/E, APH, PPROM);
		administers antenatal corticosteroids in pre term labour and conditions leading to pre term delivery (24-34 weeks);		SI/RR	Review case records
ME E18.9	Staff identifies and manages infection in pregnant woman	Records mother' s temperature at admission and assesses need for antibiotics		SI/RR	Review case records
		Administers appropriate antibiotics to mother		SI/RR	Review case records
ME 18.10	There is Established protocol for newborn resuscitation is followed at the facility.	Facility staff adheres to standard protocol for resuscitating the newborn within 30 seconds.		SI/OB	Performs initial steps of resuscitation within 30 seconds: immediate cord cutting and PSSR at radiant warmer.
		Facility staff adheres to standard protocol for preforming bag and mask ventilation for 30 seconds if baby is still not breathing.		SI/OB	Initiates bag and mask ventilation using room air with 5 ventilator breaths and continues ventilation for next 30 seconds if baby still does not breathe.
		Facility staff adheres to standard protocol for taking appropriate actions if baby does not respond to bag and mask ventilation after golden minute.		SI/OB	If baby still not breathing/ breathing well, continues ventilation with oxygen, calls or arranges for advanced help or referral.
ME E18.11	Facility ensures Physical and emotional support to the pregnant women means of birth companion of her choice	Women are encouraged and counselled for allowing birth companion of their choice		PI/SI	
		Orientation session and information is available for Birth companion		PI/SI	
Standard E19	**The facility has established procedures for postnatal care as per guidelines**				
ME E19.1	Facility staff adheres to protocol for assessment of condition of mother and baby and providing adequate postpartum care	Performs detailed examination of mother		SI/RR/PI	Check for records of Uterine contraction, bleeding, temperature, B.P, pulse, Breast examination, (Nipple care, milk initiation), Check for perineal washes performed

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Looks for signs of infection in mother and baby		OB/SI	Staff Interview
		Looks for signs of hypothermia in baby and provides appropriate care		RR/SI/PI	Skin to skin contact with mother, regular monitoring and specialist attention as required
ME E19.2	Facility staff adheres to protocol for counselling on danger signs, post-partum family planning and exclusive breast feeding	Staff counsels mother on vital issues		PI/SI	Counsels on danger signs to mother at time of discharge; Counsels on post partum family planning to mother at discharge; Counsels on exclusive breast feeding to mother at discharge
ME E19.3	Facility staff adheres to protocol for ensuring care of newborns with small size at birth	Facilitates specialist care in newborn <1800 gm		SI/RR	Facilitates specialist care in newborn <1800 gm (seen by paediatrician)
		Facilitates assisted feeding whenever required		SI/RR/PI	
		Facilitates thermal management including kangaroo mother care		SI/RR/PI	Facilitates thermal management including kangaroo mother care
ME 19.4	The facility has established procedures for stabilization/ treatment/referral of post natal complications	There is established criteria for shifting newborn to SNCU		SI/RR	Check if criteria has been defined and in practice by labour room staff
AREA OF CONCERN - F INFECTION CONTROL					
Standard F1	**The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection**				
ME F1.2	The facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance		SI/RR	Swab are taken from infection prone surfaces such as delivery tables , door, handles, procedure lights etc.
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization & medical check up of the staff		SI/RR	Hepatitis B, Tetanus Toxic .
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard F2	**The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing with running Water Facility at Point of Use		OB	Check for availability of wash basin near the point of use Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted. Availability of Alcohol based Hand rub
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility , preferably in Local language
		Handwashing station is as per specification		OB	Availability of elbow operated taps & Hand washing sink is wide and deep enough to prevent splashing and retention of water
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Staff is aware of when and how to hand wash		SI/OB	Ask for demonstration of six steps & check staff awareness five moments of handwashing
ME F2.3	The facility ensures standard practices and materials for antisepsis	Availability & Use of Antiseptics		OB	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter &Proper cleaning of perineal area before procedure with antisepsis
		Check Shaving is not done during part preparation/delivery cases		SI	Staff Interview
Standard F3	**The facility ensures standard practices and materials for Personal protection**				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Availability of Masks , caps and protective eye cover		OB/SI/ RR	Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register
		Sterile gloves are available at labour room		OB/SI /RR	Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register
		Use of elbow length gloves for obstetrical purpose		OB/SI /RR	Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of disposable gown/ Apron		OB/SI /RR	Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register
		Heavy duty gloves and gum boots for housekeeping staff		OB/SI /RR	Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register
		Personal protective kit for delivering HIV cases		OB/SI	Cap & Mask, protective Eye cover, Disposable apron
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
		Entry to the labour Room is only after change of shoes and wearing Mask & Cap		OB	
Standard F4	**The facility has standard procedures for processing of equipment and instruments**				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Disinfection of operating & Procedure surfaces		SI/OB	Cleaning of delivery tables tops after each delivery with 2% carbolic acid
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Cleaning of instruments		SI/OB	Cleaning is done with detergent and running water after use
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving
		Autoclaving of delivery kits is done as per protocols		OB/SI	Ask staff about temperature, pressure and time. Ask staff about method, concentration and contact time required for chemical sterilization
		There is a procedure to ensure the traceability of sterilized packs & their storage		OB/SI	Sterile packs are kept in clean, dust free, moist free environment.
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.1	Layout of the department is conducive for the infection control practices	Facility layout ensures separation of routes for clean and dirty items		OB	

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant & cleaning agents as per requirement		OB/SI	Chlorine solution, Glutaraldehyde, Hospital grade phenyl, disinfectant detergent solution
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Spill management protocols are implemented		SI/RR	spill management kit staff training, protocol displayed
		Cleaning of patient care area with detergent solution		SI/RR	Staff is trained for preparing cleaning solution as per standard procedure
		Standard practice of mopping and scrubbing are followed & three bucket system is followed		OB/SI	Unidirectional mopping from inside out. Cleaning protocols are available / displayed Cleaning equipment like broom are not used in 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	Availability of colour coded bins & Plastic bags at point of waste generation		OB	Adequate number. Covered. Foot operated.
		Segregation of Anatomical and soiled waste in Yellow Bin		OB/SI	Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.
		Segregation of infected plastic waste in red bin		OB	Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers' with their needles cut) and gloves
		Display of work instructions for segregation and handling of Biomedical waste		OB	Pictorial and in local language
ME F6.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters & puncture proof, leak proof, temper proof white container for segregation of sharps		OB	See if it has been used or just lying idle.

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of post exposure prophylaxis & Protocols		OB/SI	Ask if available. Where it is stored and who is in charge of that. Also check PEP issuance register Staff knows what to do in condition of needle stick injury
		Contaminated and broken Glass are disposed in puncture proof and leak proof box/ container with Blue colour marking		OB	Includes used vials, slides and other broken infected glass
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled		OB/SI	Bins should not be filled more than 2/3 of its capacity
AREA OF CONCERN - G QUALITY MANAGEMENT					
Standard G1	**The facility has established organizational framework for quality improvement**				
ME G1.1	The facility has a quality team in place	Quality circle has been formed in the Labour Room		SI/RR	Check if quality circle formed and functional in the Labour Room
Standard G2	**The facility has established system for patient and employee satisfaction**				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Client satisfaction survey done on monthly basis		RR	
ME G2.2	The facility analyses the patient feed back, and root-cause analysis	Analysis of low performing attributes of client feedback is done		RR	
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients	Action plan prepared is prepared to address the areas of low satisfaction		RR	
Standard G3	**The facility have established internal and external quality assurance Programmes wherever it is critical to quality.**				
ME G3.1	The facility has established internal quality assurance programme in key departments	There is system of daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	Facility In charge should visit at least twice in a week. OBG In charge should visit Labour room at least twice a day, Matron/Nursing supervisor should visit at once in each shift Findings/instructions during the visits are recorded
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval		RR/SI	NQAS assessment toolkit is used to conduct internal assessment

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Departmental checklist are used for monitoring and quality assurance		SI/RR	Staff is designated for filling and monitoring of these checklists
		Non-compliances are enumerated and recorded		RR	Check the non compliances are presented & discussed during quality team meetings
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per internal assessment record findings		RR	Randomly check the details of action, responsibility, time line and feedback mechanism
ME G3.5	Planned actions are implemented through Quality Improvement Cycles (PDCA)	Check PDCA or prevalent quality method is used to take corrective and preventive action		SI/RR	Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report
Standard G4	**The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.**				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	Check if SOPs available at labour room are formally approved
		Current version of SOP are available with process owner		OB/RR	Check current version of SOP is available with all staff members of labour room
		clinical protocols for Intrapartum care and Management of obstetric emergency are Displayed		OB	Clinical Protocols on AMSTL, Preparing Partograph, , PPH, Eclampsia, Infection control, Referral, Infection Control
		Clinical protocols on Newborn Care are displayed		OB	Clinical Protocols on Essential Newborn Care, New born resuscitation
		Don'ts/ Harmful Activities are Displayed at labour Room		OB	1. No routine enema 2. No routine shaving 3. No routine induction/ augmentation of labour 4. No place for routine suctioning of the baby 5. No pulling of the baby. 6. No routine episiotomy 7. No fundal pressure 8. No immediate cord cutting 9. No immediate bathing of the newborn 10. No routine resuscitation on warmer

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented procedure for ensuring patients rights including consent, privacy, confidentiality & entitlement		RR	Review the Labour Room SOPs for description of processes pertaining to ensuring privacy, confidentiality, respectful maternity care and consent
		Department has documented procedure for safety & risk management		RR	Review the Labour Room SOPs for inclusion for processes to Physical as well as patient safety, assessment of risks and their timely mitigation
		Department has documented procedure for support services & facility management.		RR	Review the Labour Room SOPs for process description of support services such as equipment maintenance , calibration, housekeeping, security, storage and inventory management
		Department has documented procedure for general patient care processes		RR	Review Labour room SOPS for processes of triage, assessment, admission, identification of high risk patients, Referral , Medication management and maintenance of clinical records
		Department has documented procedure for specific processes to the department		RR	Review Labour room SOPs for process of intrapartum care, management of complications, immediate postpartum care , Natural Birthing Process and Birth Companion
		Department has documented procedure for infection control & bio medical waste management		RR	Review Labour room SOPs for process description of Hand Hygiene, personal protection, environmental cleaning, instrument sterilization, asepsis, Bio Medical Waste management , surveillance and monitoring of infection control practices, Periodic quality review such as Maternal Death Audit, Newborn Death Audit, Referral audit and Near miss audit.
		Department has documented procedure for quality management & improvement		RR	Review Labour room SOPs for process description of function of quality circles, internal quality assessment, Quality improvement using PDCA cycle client satisfaction surveys, processes improvement , Maternal Death Audit, Newborn Death Audit, Referral Death Audit and Near Miss audits.
		Department has documented procedure for data collection, analysis & use for improvement		RR	Review Labour room SOPs for description of process related to collection of data & quality indicators , their analysis and use for quality improvement

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check Staff is aware of relevant part of SOPs		SI/RR	Interview labour room staff for their awareness about content of SOPs
Standard G 5	**The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	Critical process are the ones where is some problem-delays, errors, cost, time, etc. and improvement will make our process effective and efficient.
ME G5.2	Facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	Non value adding activities are wastes. In these steps resources are expended, delays occur, and no value is added to the service.
ME G5.3	Facility takes corrective action to improve the processes	Processes are improved & implemented		SI/RR	Look for the improvements made in the critical process.
Standard G6	**The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them**				
ME G6.4	Facility has defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed		SI/RR	Check short term valid quality objectives have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check of staff is aware of Mission , Values, Quality Policy and objectives		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points
Standard G7	**The facility seeks continually improvement by practicing Quality method and tools.**				
ME G7.1	The facility uses method for quality improvement in services	Basic quality improvement method		SI/OB	PDCA & 5S
ME G7.2	The facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department
Standards G9	**Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan**				
ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically		SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month.

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard G10	**The facility has established clinical Governance framework to improve quality and safety of clinical care processes**				
ME G10.3	Clinical care assessment criteria have been defined and communicated	The facility has established process to review the clinical care		SI/RR	Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes.
		Check regular ward rounds are taken to review case progress		SI/RR	(1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes-
		Check the patient / family participate in the care evaluation		SI/PI	Feedback is taken from patient/ family on health status of individual under treatment
		Check the care planning and co-ordination is reviewed		SI/RR	System in place to review internal referral process, review clinical handover information, review patient understanding about their progress
ME G10.4	Facility conducts the periodic clinical audits including prescription, medical and death audits	There is procedure to conduct referral audits		SI/RR	(1) Random referral slips are audited (2) The reasons of the referral is clearly mentioned (3) Referral is written by authorized competent person (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required)
		There is procedure to conduct maternal death audits		SI/RR	(1) All the deaths are audited by the committee. (2) The reasons of the death is clearly mentioned (3) Data pertaining to deaths are collated and trend analysis is done (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required)
		There is procedure to conduct neonatal death audits		RR	(1) All the deaths are audited by the committee. (2) The reasons of the death is clearly mentioned (3) Data pertaining to deaths are collated and trend analysis is done (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required)

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		All non compliance are enumerated recorded for referral audits		SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings
		All non compliance are enumerated recorded for maternal death audits		SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings
		All non compliance are enumerated recorded for neonatal death audits		SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings
ME G10.5	Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process	Check action plans are prepared and implemented as per referral audit record findings		SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months
		Check action plans are prepared and implemented as per maternal death audit record findings		SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months
		Check action plans are prepared and implemented as per neonatal death audit record's findings		SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months
		Check the data of audit findings are collated		RR	Check collected data is analysed & areas for improvement is identified & prioritised
		Check PDCA or prevalent quality method is used to address critical problems		SI/RR	Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care	Check standard treatment guidelines / protocols are available & followed.		SI/RR	Staff is aware of Standard treatment protocols/ guidelines/best practices
		Check treatment plan is prepared as per Standard treatment guidelines		SI/RR	Check staff adhere to clinical protocols while preparing the treatment plan
		Check the drugs are prescribed as per Standards treatment guidelines		SI/RR	Check the drugs prescribed are available in EML or part of drug formulary
		Check the updated/ latest evidence are available		SI/RR	Check when the STG/protocols/ evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences.

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Check the mapping of existing clinical practices processes is done		SI/RR	The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA
AREA OF CONCERN - H OUTCOME					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**				
ME H1.1	Facility measures productivity Indicators on monthly basis	Percentage of deliveries conducted at night		RR	
		Percentage of complicated cases managed		RR	
		% PPIUCD inserted against total number of normal delivery		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 cases referred to OT		RR	
		% of newborns required resuscitation out of total live births		RR	
		No of drugs stock out in the month		RR	
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Percentage of deliveries conducted using real time partograph		RR	
		Percentage of deliveries conducted using safe birth checklist		RR	
		No of adverse events per thousand patients		RR	
		The percentage of Women, administered Oxytocin, immediately after birth.		RR	
		Intrapartum stillbirth rate		RR	
		Percentage newborn breastfed within 1 hour of birth		RR	

Reference No	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		No. of cases of Neonatal asphyxia		RR	
		No. of cases of Neonatal Sepsis		RR	
		Percentage of antenatal corticosteroid administration in case of preterm labour		RR	
		No. of cases of Maternal death related to APH/ PPH		RR	
		No of cases pf maternal death related to Eclampsia/ PIH		RR	
		OSCE Score		RR	
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Percentage of Deliveries attended by Birth Companion		RR	
		Client Satisfaction Score		RR	

ASSESSMENT SUMMARY

Name of the Hospital ..... Date of Assessment .....

Names of Assessors ..... Names of Assessees .....

Type of Assessment (Internal/External) ..... Action plan Submission Date .....

A. SCORE CARD

LABOUR ROOM (LAQSHYA) SCORE CARD	
Area of Concern wise score	**Labour Room (LaQshya) Score**
A. Service Provision	
B. Patient Rights	
C. Inputs	
D. Support Services	
E. Clinical Services	
F. Infection Control	
G. Quality Management	
H. Outcome	

B. MAJOR GAPS OBSERVED

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

C. STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/OPPORTUNITIES FOR IMPROVEMENT

_____

_____

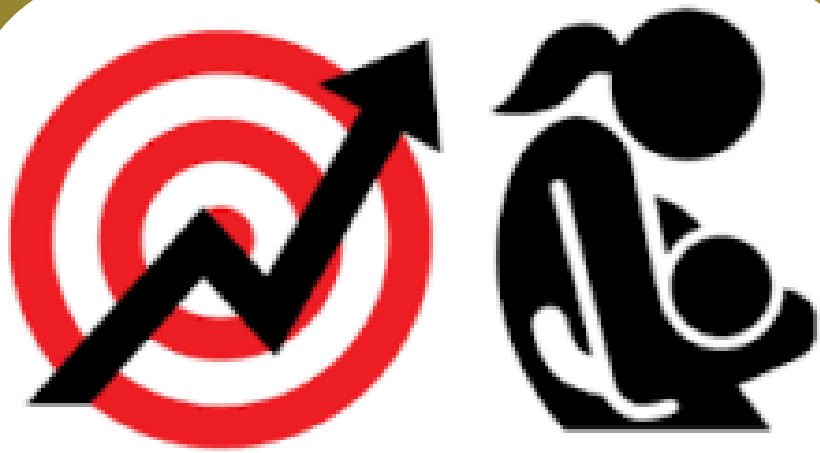
_____

Names and Signature of Assessors

Date _____

सत्यमेव जयते

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन



LAQSHYA
लक्ष्य

CHECKLIST - 9

MATERNITY OPERATION THEATRE (LAQSHYA)

CHECKLIST FOR MATERNITY OPERATION THEATRE (LAQSHYA)

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**The facility provides Curative Services**				
ME A1.14	Services are available for the time period as mandated	OT Services are available 24X7		SI/RR	Check with OT records that OT services were functional in 24X7 and surgeries are being conducted in night hours
ME A1.16	The facility provides Accident & Emergency Services	Availability of Emergency OT services as and when required		SI/OB	
ME A1.17	The facility provides Intensive care Services	Availability of Maternity HDU/ICU services in the facility		SI/OB	
Standard A2	**The facility provides RMNCHA Services**				
ME A2.1	The facility provides Reproductive health Services	Availability of Post partum sterilization services		SI/OB	tubal ligation
ME A2.2	The facility provides Maternal health Services	Availability of Elective C-section services		SI/RR	Check services are available and are being utilized
		Availability of Emergency C-section services		SI/RR	Check services are available and are being utilized
		Management of MTP		SI/OB	Surgical management
ME A2.3	The facility provides New-born health Services	Availability of New born resuscitation& essential new born care		SI/OB	Dedicated Functional New born Care services in Operation theatre
Standard A3	**The facility Provides diagnostic Services**				
ME A3.2	The facility Provides Laboratory Services	Availability of point of care diagnostic test		SI/OB	Glucometer, RDK , Blood grouping
AREA OF CONCERN - B PATIENT RIGHTS					
Standard B1	**Facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability of departmental & directional signages		OB	Numbering, main department and internal sectional signage, Restricted area signage displayed. Directional signages are given from the entry of the facility
ME B1.2	The facility displays the services and entitlements available in its departments	Information regarding services are displayed		OB	Display doctor/ Nurse on duty and updated OT schedule displayed

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
Standard B2	**Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, economic, cultural or social reasons.**				
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities	OT is easily accessible		OB	Availability of Wheel chair or stretcher for easy Access. Door is wide enough for passage of trolley and staff.
Standard B3	**The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.**				
ME B3.1	Adequate visual privacy is provided at every point of care	Patients are properly draped/covered before and after procedure		OB	Look patients are covered while transferred from ward to OT and vice-versa.
		Visual Privacy is maintained between two OT Tables		OB	Preferably only one OT table should be placed in theatre, if it is not possible because of high case load adequate visual privacy should be provided through screens of multiple patients are present in same OT
ME B3.2	Confidentiality of patients records and clinical information is maintained	Patient Records are kept at secure place beyond access to general staff/ visitors		SI/OB	In drawers/Amirah; preferably with lock facility.
ME B3.3	The facility ensures the behaviour of staff is dignified and respectful, while delivering the services	Behaviour of OT staff is dignified and respectful		OB/PI	Check that OT staff is not providing care in undignified manner such as yelling, scolding , shouting, blaming and using abusive language
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	Pregnant women is not left unattended or ignored during care in the OT		OB/PI	Check that care providers are attentive and empathetic to the pregnant women at no point of care they are left alone.
Standard B4	**Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.**				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	Consent is taken for surgical procedures		SI/RR	written consent with details of the procedure with potentials risks and complication. Should be signed by patient/next of kin and one witness
		Separate consent is taken for Anaesthesia procedure		SI/RR	written consent with details of the anaesthesia with potentials risks and complication. Should be signed by patient/next of kin and one witness

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
Standard B5	**Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	All surgical procedure are free of cost for JSSK beneficiaries		PI/SI	free drugs, consumables , blood, referral etc.
AREA OF CONCERN - C INPUTS					
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1	**Departments have adequate space as per patient or work load**	Adequate space for accommodating surgical load		OB	OT around 40 Square meter. Two OT tables are not kept in one OT
ME C1.3	**Departments have layout and demarcated areas as per functions**	Demarcated Protective Zone		OB	Reception, waiting area, stretcher/Trolley bay, Pre and post operative rooms,
		Demarcated Clean Zone		OB	Doctor's and Nurse's room, Anaesthesia room, equipment room, emergency exit.
		Demarcated sterile Zone		OB	Operating room, Scrub station, Anaesthesia station,
		Demarcated disposal Zone		OB	Disposal corridor, janitor closet
		Availability of Changing Rooms		OB	Separate for male and females
		Availability of demarcated Pre & post Operative Room /area		OB	Can be in a single room with a partition.
		Availability of earmarked area for new born Corner		OB	Functional warmer, resuscitation apparatus, suction/mucous extractor, O2 cylinder, weighing scale and sterile gloves.
		Availability of Scrub Area		OB	Height around 96 cm with elbow taps/sensors, both hot and cold water available. Sink is deep and wide enough to avoid spoiling. Scrub area should not be inside the OT room.
		Availability of TSSU / CSSD		OB	Dedicated areas with provision of Washing, Packing , Autoclaving the instruments and linen
		Availability of store		OB	
ME C1.4	**The facility has adequate circulation area and open spaces according to need and local law**	Corridors are wide enough for movement of trolleys		OB	7 to 10 feet.

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME C1.5	**The facility has infrastructure for intramural and extramural communication**	Availability of functional telephone and Intercom Services		OB	Intercom should connects Operation theatre to key areas like ICU, Blood Bank, SNCU, Lab, Accident and emergency, wards, Administration
ME C1.6	**Service counters are available as per patient load**	OT tables are available as per load		OB	Hydraulic OT Tables As per case load at least two
ME C1.7	**The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)**	Unidirectional flow of goods and services		OB	Services are designed in a way, that there is no criss cross in moment of sterile & no sterile supplies & equipment etc.
Standard C2	**The facility ensures the physical safety of the infrastructure.**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment , hanging objects are properly fastened and secured
ME C2.3	The facility ensures safety of electrical establishment	OT does not have temporary connections and loosely hanging wires		OB	No extension cord or multi-plugs
		Availability of three phase electricity supply		SI/OB	Check electricity bill or Power Distribution Board. Meter have three wires coming out (with one neutral).
ME C2.4	Physical condition of buildings are safe for providing patient care	Walls and floor of the OT covered with joint less tiles		OB	made of anti-skid & Epoxy flooring
		Windows/ ventilators if any in the OT are intact and sealed		OB	No broken glass, gap or cracks in window/ventilator.
Standard C3	**The facility has established Programme for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	OT has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	Check the fire exits are clearly visible and routes to reach exit are clearly marked
ME C3.2	The facility has adequate fire fighting Equipment	Labour room has installed fire Extinguishers & expiry is displayed on each fire extinguisher		OB	Class A , Class B, C type or ABC type. Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	Staff should be able to demonstrate how to open the extinguisher and operate it. PASS (Pull the pin, Aim at the base of fire, Sway from side to side)
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Obs. & Gynae Surgeon		OB/RR	100 beds 2, 200 beds-3, 3oo beds-4, 400 beds-5 and 500 beds-6
		Availability of anaesthetist		OB/RR	At least One
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	As per patient load , at least two
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability of OT technician		OB/SI	One per shift.
ME C4.5	The facility has adequate support / general staff	Availability of OT attendant/assistant & TSSU assistant		SI/RR	1 each
Standard C5	**Facility provides drugs and consumables required for assured list of services.**				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of medical gases		OB/RR	Availability of Oxygen, nitrogen Cylinders / Piped Gas supply.
		Availability of drugs for local anaesthesia		OB/RR	Procaine, lignocaine, bupivacaine, Xylocaine jelly
		Availability of drugs for general anaesthesia		OB/RR	Inhaled agents-Halothane, nitrous oxide. Injectable: Barbiturates (Theopental, Thiamylal, methohexital, Benzodiazepines (diazepam, Lorazepam, Midazolam), Ketamine, Etomidate, Propofol . Neostigmine, Naloxone, Flumazenil, Sugammadex-as per EDL/ State guidelines.
		Availability of opioid analgesics.		OB/RR	Fentanyl, Sufentanil, Morphine, Buprenorphine, Levorphanol, Methadone-As per EDL/State guidelines.
		Availability of muscle relaxants drugs		OB/RR	Succinylcholine, Vecuronium, Mivacurlum, Tubocarine as per EDL/state guidelines

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Availability of emergency drugs		OB/RR	Inj Magsulf 50%, Inj Calcium gluconate 10%, Inj Dexamethasone, inj Hydrocortisone, Succinate, Inj diazepam, inj Pheneramine maleate, inj Corboprost, Inj Fortwin, Inj Phenergen, Betameathazon, Inj Hydrazaline, Nefidepin, Methyldopa,ceftriaxone
		Availability of other drugs		OB/RR	Antibiotics, Analgesics, Uterotonic drugs, IV fluids and anithypertensive drugs as per EDL/ state guidelines
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings Material		OB/RR	Adequate quantity of sterile pads, gauze, bandages , Antiseptic Solution.
		Availability of syringes and IV Sets		OB/RR	In adequate quantity as per load.
		Availability of consumables for new born care		OB/RR	Cord Clamp, mucous sucker, airway, NG Tube, Suction catheter, IV cannula, paed IV set and Bag and Mask (0 & 1 no.)
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency drug tray is maintained in OT in pre and post operative room		OB/RR	Every tray is labelled with name and number of drugs and consumables along with their date of expiry.
Standard C6	**The facility has equipment & instruments required for assured list of services.**				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB	BP apparatus, Thermometer, Pulse Oxy meter, Multiparameter , PV Set, torch & wall clock.
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of functional instruments for Gynae and obstetrics		OB	LSCS Set, Cervical Biopsy Set, Proctoscopy Set, Hysterectomy set, D&C Set
		Availability of functional equipment/ Instruments for New Born Care		OB	Radiant warmer, Baby tray with Two pre warmed towels/sheets for wrapping the baby, mucus extractor, bag and mask (0 &1 no.), sterilized thread for cord/ cord clamp, nasogastric tube
		Availability of functional General surgery equipments		OB	Diathermy (Unit and Bi Polar), Cautery
		Operation Table with Trendelenburg type		OB	OT Table hydraulic major and OT table hydraulic minor

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		OB	Glucometer, HIV rapid diagnostic kit, USG, ABG machine
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of functional Instruments Resuscitation for new born & Mother		OB	Resuscitation bag (Adult & paediatrics) Ambu bag, Oxygen, Suction machine , laryngoscope scope, Defibrillator (Paediatric and adult) , LMA, ET Tube
		Availability of functional anaesthesia equipment		OB	Boyles apparatus, Bains Circuit or Soda lime absorbent in close circuit ,AGSS (Anaesthesia gas scavenging system)
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage of drugs & Instruments		OB	Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley, Instrument cabinet and racks for storage of sterile items
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipments for cleaning		OB	Three Bucket system for mopping, Separate mops for patient care area and circulation area duster, waste trolley, Deck brush
		Availability of equipment for TSSU		OB	Autoclave Horizontal & Vertical, Steriliser Big & Small
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of functional OT light		OB	Shadow less Major & Minor, Ceiling and Stand Model, Focus Lamp
		Availability of Fixtures		OB	Tray for monitors, Electrical panel for anaesthesia machine with minimum 6 electrical sockets (2= 15 amp power point), panel with outlet for Oxygen and vacuum, X ray view box.
Standard C7	**Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff**				
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff	Check parameters for assessing skills and proficiency of clinical staff has been defined		SI/RR	Check objective checklist has been prepared for assessing competence of doctors, nurses and paramedical staff based on job description defined for each cadre of staff.
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined	Check for competence assessment is done at least once in a year		SI/RR	Check for records of competence assessment including filled checklist, scoring and grading .

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
	criteria at least once in a year				Verify with staff for actual competence assessment done
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Advance Life support		SI/RR	ALS and CPR by recognized agency to all category of staff.
		Training on OT Management		SI/RR	OT scheduling, maintenance, Fumigation, Surveillance, equipment-operation and maintenance, infection control, surgical procedures and emergency protocols.
		Biomedical Waste Management& Infection control and hand hygiene ,Patient safety		SI/RR	To all category of staff. At the time of induction and once in a year.
		Training on Quality Management		SI/RR	Assessment, action planning, PDCA, 5S & use of checklist
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under AMC including preventive maintenance		SI/RR	look for MOU and visit records of the empanelled agency.
		There is system of timely corrective break down maintenance of the equipment		SI/RR	Back up for critical equipment. Label Defective/ Out of order equipment and stored appropriately until it has been repaired
		Staff is skilled for cleaning, inspection & trouble shooting in case equipment malfunction		SI/RR	E.g. when to change water of batteries, when to oil, change fuse, replace filters etc.
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated		OB/ RR	Boyles apparatus, cautery, BP apparatus, autoclave etc. There is system to label/ code the equipment to indicate status of calibration/ verification when recalibration is due
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of equipment are readily available with staff.		OB/SI	If operator doesn't understand English, then instructions should be in local language.
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and	There is established system of timely indenting of		SI/RR	Stock level are daily updated Requisition are timely placed

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
	indenting drugs and consumables	consumables and drugs			
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart are labelled		OB	Away from direct sunlight and temperature is maintained as per instructions of manufacturer.
		Empty and filled cylinders are labelled & kept separately		OB	Each cylinder is provided with a checklist & flow meter and key for opening the cylinder
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	Records for expiry and near expiry drugs are maintained for drug stored at department. No expired drugs found
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	At least one week of minimum buffer stock is maintained all the time in the labour room. Minimum stock and reorder level are calculated based on consumption in a week accordingly
		Department maintained stock and expenditure register of drugs and consumables		RR/SI	Check that records are regularly updated
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray / crash cart		SI/RR	There is no stock out of drugs
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Narcotic ,psychotropic & Anaesthetic agents are kept in lock and key		OB/SI	Under direct supervision of anaesthetist
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at OT table		OB	100000 lux
ME D3.2	The facility has provision of restriction of visitors in patient areas	Warning light outside the OT is switched on when OT is functional		OB/SI	Only persons required in OT are allowed to enter the OT

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature & humidity is maintained and record of same is kept		SI/RR	20-25OC, ICU has functional room thermometer and temperature is regularly maintained. 50-60% humidity
ME D3.4	The facility has security system in place at patient care areas	Security arrangement at OT		OB	Restricted Signage, security guard, CCTV camera
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior of the facility building is maintained appropriately	Department is painted/ whitewashed in uniform colour &plastered & painted		OB	Painted in soothing colours Not bright colours.
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt,grease,littering and cobwebs
		Surface of furniture and fixtures are clean		OB	Look for dirt above OT light, behind stationary equipment etc.
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster		OB	check corners, false ceiling.
		OT Table are intact and without rust		OB	Mattresses are intact and clean
		No unnecessary items in sterile zone			No slabs, almirah, storing unnecessary items like drums, equipment, Instruments etc Items not required for immediate procedures are kept out of sterile zone
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the OT		OB	No partial compliance.
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds		OB	Check for no stray animal in and around OT. Also no lizard, cockroach, mosquito, flies, rats etc.
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	Availability of Hot water supply
ME D5.2	The facility ensures adequate power	Availability of power back up in OT		OB/SI	2 tier backup with UPS

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
	backup in all patient care areas as per load	Availability of UPS & Emergency light		OB/SI	Check their functionality.
ME D5.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	Availability of Centralized /local piped Oxygen, nitrogen and vacuum supply		OB	Cylinders are provided with trolleys to prevent fall and injuries.
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate sets of linen	OT has facility to provide sufficient and clean linen for surgical patient		OB/RR	Drape, draw sheet, cut sheet and gown
		OT has facility to provide linen for staff		OB/RR	OT dress, gown. Separate OT dress for OT staff.
ME D7.2	The facility has established procedures for changing of linen in patient care areas	Linen is changed after each procedure		OB/RR	Bed sheets, draw sheets and Macintosh.
ME D7.3	The facility has standard procedures for handling , collection, transportation and washing of linen	There is system to check the cleanliness and Quantity of the linen received from laundry		SI/RR	OT tech/Nurse checks Number of linen, cleanliness, whether it is turned or stained
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	Check staff is wearing dress as per their dress code.
AREA OF CONCERN - E CLINICAL SERVICES					
Standard E2	**The facility has defined and established procedures for clinical assessment, reassessment and treatment plan preparation.**				
ME E2.1	There is established procedure for initial assessment of patients	There is procedure for Pre Operative assessment		RR/SI	Physical examination, results of lab investigation, X-Rays, diagnosis and proposed surgery
ME E2.3	There is established procedure to plan and deliver appropriate treatment or care to individual as per the needs to achieve best possible results	Check care is delivered by competent multidisciplinary team		SI/RR	Check care plan is prepared and delivered as per direction of qualified physician
		Check treatment / care plan is documented		RR	Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
Standard E3	**The facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	Facility has established procedure for continuity of care during interdepartmental transfer	There is procedure of handing over from OT to Maternity Ward, HDU and SNCU		SI/RR	Transfer Register is maintained.
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the patient's identification before any clinical procedure		OB/SI	Patient id band/ verbal confirmation etc. At least two identifiers are used.
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		SI/RR	Handover register is maintained
ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically		RR/SI	Check for use of cardiac monitor/multi parameter
Standard E5	**The facility has a procedure to identify high risk and vulnerable patients.**				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping of baby or fall
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High risk patients are identified and treatment given on priority		OB/SI	HIV, Infectious cases
Standard E6	**Facility ensures rationale prescribing and use of medicines**				
ME E6.1	Facility ensured that drugs are prescribed in generic name only	Check for Case Sheet if drugs are prescribed under generic name only		RR	Check at least 5 case sheets selected randomly
ME E6.2	There is procedure of rational use of drugs	Check staff is aware of the drug regime and doses as per STG		SI/RR	Check if drugs are prescribed as per STG in at least 5 case sheets selected randomly
		Check Case Sheet that drugs are prescribed as per STG		RR	Check if drugs are prescribed as per STG in at least 5 case sheets selected randomly
ME E6.3	There are procedures defined for medication review and optimization	Complete medication history is documented for each patient		RR/OB	Check complete medication history including over-the-counter medicines is taken and documented
		Medicine are reviewed and optimised as per individual treatment plan		SI/RR	Medicines are optimised as per individual treatment plan for best possible clinical outcome

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
Standard E7	**The facility has defined procedures for safe drug administration**				
ME E7.1	There is process for identifying and cautious administration of high alert drugs (to check)	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, Opioids, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. as applicable
		Maximum dose of high alert drugs are defined and communicated & there is process to ensure that right doses of high alert drugs are only given		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor. A system of independent double check before administration, Error prone medical abbreviations are avoided
ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date , time and signature		RR	Look for pre-op, Procedure and Post op notes and instructions.
		Check for the writing, It comprehendible by the clinical staff		RR/SI	Ask OT/Ward staff to read the orders written by doctor.
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	Check for any open single dose vial with left over content intended to be used later on. In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	Adverse drug event trigger tool is used to report the events, Check for ADR forms and records.
ME E7.4	There is a system to ensure right medicine is given to right patient	Check Nursing staff is aware 7 Rs of Medication and follows them		SI/RR	Administration of medicines done after ensuring right patient, right drugs , right route, right time, Right dose , Right Reason and Right Documentation
Standard E8	**The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Records of Monitoring/ Assessments are maintained		RR	PAC, Intraoperative monitoring
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on Case Sheet		RR	Treatment prescribed in nursing records

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME E8.4	Procedures performed are written on patients records	Operative Notes are Recorded		RR	Name of person in attendance during procedure, Pre and post operative diagnosis, Procedures carried out, length of procedures, estimated blood loss, Fluid administered, specimen removed, complications etc.
		Anaesthesia Notes are Recorded		RR	notes includes Anaesthesia type, induction, airway, intubation, inhalation agents, epidural, spinal, allergies, IV lines, IV fluids, regional block.
ME E8.5	Adequate form and formats are available at point of use	Standard Formats are available		RR/OB	Consent forms, Anaesthesia form, surgical safety check list
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	OT Register, Schedule, Infection control records, autoclaving records etc
		All register/records are identified and numbered		RR	Register are labelled and numbered.
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		RR	Records are kept in place without seepage, moisture, termite, pests.
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management**				
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan & their role and responsibilities of staff is defined		SI/RR	Ask role of staff in case of disaster.
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	Including Specimen for HPE & biopsy. Name, Age, Sex, date, UHID
ME E12.3	There are established procedures for Post-testing Activities	OT is provided with the critical value of different test		SI/RR	Critical values are displayed.
Standard E13	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**				
ME E13.8	There is established procedure for issuing blood	Availability of blood units in case of emergency with out replacement		RR/SI	The blood is ordered for the patient according to the MSBOS (Maximum Surgical Blood Order Schedule)
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion		RR	Duly signed by patient/next of kin

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Patient's identification is verified before transfusion		SI/OB	At least two identifiers are used.
		Protocol of blood transfusion is monitored & regulated		RR	blood is kept on optimum temperature before transfusion. Blood transfusion is monitored and regulated by qualified person
ME E13.10	There is a established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to responsible person		RR	After transfusion, Reaction form is returned back to blood bank, even when there is no reaction.
Standard E14	**Facility has established procedures for Anaesthetic Services**				
ME E14.1	Facility has established procedures for Pre Anaesthetic Check up	There is procedure to ensure that PAC has been done before surgery		RR/SI	There is procedure to review findings of PAC
		Minimum PAC for emergency cases		RR/SI	in emergency & life saving conditions, surgery may be started with General physical examination of the patient & sending the sample for lab. Examination
ME E14.2	Facility has established procedures for monitoring during anaesthesia	Anaesthesia plan is documented before starting surgery		RR	Type of anaesthesia planned-local/general/spinal/ epidural. Time is mentioned on all entries of anaesthesia monitoring sheet
		Anaesthesia Safety Checklist is used for safe administration of anaesthesia		RR	Check use of WHO Anaesthesia Safety Checklist
		Anaesthesia equipment are checked before induction		RR	Sufficient reserve of gases. Vaporizers are connected, Laryngoscope, ET tube and suction App are ready and clean
		Food intake status of Patient is checked		RR/SI	Time of last food intake is mentioned
		Patients vitals are recorded during anaesthesia		RR	Heart rate , cardiac rate , BP, O2 Saturation, temperature, Respiration rate.
		Airway security is ensured		RR/SI	Breathing system of anaesthesia equipment that delivers gas to the patient is securely and correctly assembled and breathing circuits are clean
		Potency and level of anaesthesia is monitored		RR/SI	Recorded in the Anaesthesia Record Form.

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Anaesthesia note is recorded		RR	Check for the adequacy, signed, complete, and post anaesthesia instructions.
		Any adverse Anaesthesia Event is recorded and reported		RR	Reduced level of consciousness, reparatory depression, malignant hyperpyrexia, bone marrow depression, life threatening pressure effect, anaphylaxis
ME E14.3	Facility has established procedures for Post Anaesthesia care	Post anaesthesia status is monitored and documented		RR/SI	Check for anaesthetic notes & post operating instructions in post operative room & area
Standard E15	**Facility has defined and established procedures of Surgical Services**				
ME E15.1	Facility has established procedures OT Scheduling	List of Elective Surgeries for the day is prepared and displayed outside OT.		RR/SI	Surgery list is prepared in consonance with availability of the OT hours and patients requirement.
		Surgery list is complete in all respect		OB/SI	Day, date and time of surgeries. Name, Age, Gender of patients. Clear description of the procedure (name of procedure which side,) Name of the surgeon & anaesthetist. Major or minor case.
		Operation list is sent to OT well in advance		RR/SI	By 12:00 hours, a day before the surgery.
		Surgery list is informed to surgeon and ward sister.		RR/SI	Verify the surgery register/ email
		The operation list does not exceed the time allocated to it.		RR/SI	This does not refer to the time during an operation of an individual patient
ME E15.2	Facility has established procedures for Preoperative care	Patient evaluation before surgery is done and recorded		RR/SI	Vitals , Patients fasting status etc.
		Antibiotic Prophylaxis and Tetanus given as indicated		RR/SI	As per instructions of surgeon/anaesthetist.
		Surgeries planned under local anaesthesia/ Regional Block sensitivity test is done		RR/SI	lidocaine sensitivity test
		There is a process to prevent wrong site and wrong surgery		RR/SI	Surgical Site is marked before entering into OT
		No shaving of the surgical site		SI/RR	Only clipping on the day of surgery in OT is done

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Skin preparation before surgery is done.		SI/RR	Bathing with soap and water prior to surgery in ward.
		Skin preparation is done as per protocol		RR/SI	Prepare the skin with antiseptic solution (Chlorhexidine gluconate and iodine), starting in the centre and moving out to the periphery. This area should be large enough to include the entire incision and an adjacent working area.
		Draping is done as per protocol		SI/OB	Scrub, gown and glove before covering the patient with sterile drapes. Leave uncovered only the operative field and those areas necessary for the maintenance of anaesthesia.
ME E15.3	Facility has established procedures for Surgical Safety	Surgical Safety Check List is used for each surgery		RR/SI	Check for Surgical safety check list has been used for surgical procedures
		Sponge and Instrument Count Practice is implemented		RR/SI	Instrument, needles and sponges are counted before beginning of case, before final closure and on completing of procedure & documented
		Adequate Haemostasis is secured during surgery		RR/SI	Check for functional Cautery, use of artery forceps and suture ligation techniques
		Appropriate suture material is used for surgery as per requirement		RR/SI	For closing abdominal wall or ligating blood vessel use non-absorbable sutures (braided suture, nylon, polyester etc). absorbable sutures in urinary tract. Braided Biological sutures are not used for dirty wounds, Catgut is not used for closing fascial layers of abdominal wounds or where prolonged support is required
		Check for suturing techniques are applied as per protocol		RR/SI	Braided sutures for interrupted stiches. Absorbable and non-absorbable monofilament sutures for continuous stiches.
ME E15.4	Facility has established procedures for Post operative care	Post operative monitoring is done before discharging to ward		RR/SI	Check for post operative operation room /area is used and patients are not immediately shifted to wards after surgery

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Post operative notes and orders are recorded		RR/SI	Post operative notes contains Vital signs, Pain control, Rate and type of IV fluids, Urine and Gastrointestinal fluid output, other medications and Laboratory investigations
		Information & instructions are given to nursing staff before shifting the patient to the ward from the OT		RR/SI	Instructions given by surgeon and anaesthetist.
Standard E16	**The facility has defined and established procedures for the management of death & bodies of deceased patients**				
ME E16.2	The facility has standard procedures for handling the death in the hospital	Death note including efforts done for resuscitation is noted in patient record		RR	Includes both maternal and neonatal death. Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible
Standard E18	**Facility has established procedures for Intranatal care as per guidelines**				
ME 18.3	Facility staff adheres to standard procedures for routine care of new-born immediately after birth	Wipes the baby with a clean pre-warmed towel and wraps baby in second pre-warmed towel;		SI/OB	Check staff competence through demonstration or case observation
		Performs delayed cord clamping and cutting (1-3 min);		SI/OB	Check staff competence through demonstration or case observation
		Initiates breast-feeding soon after birth		SI/OB	Check staff competence through demonstration or case observation
		Records birth weight and gives injection vitamin K		SI/OB	Check staff competence through demonstration or case observation
ME E18.4	There is an established procedure for assisted and C-section deliveries per scope of services.	Pre operative care and part preparation		SI/RR	Check for Haemoglobin level is estimated , and arrangement of Blood, Catheterization, Administration of Antacids Proper cleaning of perineal area before procedure with antisepsis
		Proper selection Anaesthesia technique		SI/RR	Check Both General and Spinal Anaesthesia Options are available. Ask for what are the criteria for using spinal and GA. Regional block and epidural anaesthesia used wherever required/indicated

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Intraoperative care		SI/RR	Check for measures taken to prevent Supine Hypotension (Use of pillow/Sandbag to tilt the uterus), Technique for Incision, Opening of Uterus, Delivery of Foetus and placenta, and closing of Uterine Incision
		Post operative care		SI/RR	Frequent monitoring of vitals, Strict IO charting, Flat bed without pillow for SA, NPO depending on type of anaesthesia and surgery.
ME 18.5	Facility staff adheres to standard protocols for identification and management of Pre Eclampsia / Eclampsia	Management of PIH/ Eclampsia		SI/RR	Ask for how to secure airway and breathing, Loading and Maintenance dose of Magnesium sulphate , Administration of anti Hypertensive Drugs
ME 18.6	Facility staff adheres to standard protocols for identification and management of PPH.	Postpartum Haemorrhage		SI/RR	IV fluids, parental oxytocin and antibiotics, manual removal of placenta, blood transfusion, B-lynch suturing, surgery
		Ruptured Uterus		SI/RR	Put patient in left lateral position, maintain Airway, breathing and circulation, IV Fluid, antibiotics, urgent laparotomy and hysterectomy.
ME 18.7	Facility staff adheres to standard protocols for Management of HIV in Pregnant Woman & Newborn	Provides ART for seropositive mothers/ links with ART centre		SI/RR	Check case records and Interview of staff
		Provides syrup Nevirapine to new-borns of HIV seropositive mothers		SI/RR	Check case records and Interview of staff
ME 18.10	There is Established protocol for new-born resuscitation is followed at the facility.	New born Resuscitation		SI/RR	Ask Nursing staff to demonstrate Resuscitation Technique
Standard E19	**Facility has established procedures for postnatal care as per guidelines**				
ME E19.1	Facility staff adheres to protocol for assessment of condition of mother and baby and providing adequate postpartum care	Prevention of Hypothermia		SI/RR	Skin contact, Kangaroo mother care, radiant warmer, warm clothes.

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME E19.2	Facility staff adheres to protocol for counselling on danger signs, post-partum family planning and exclusive breast feeding	Initiation of Breastfeeding with in 1 Hour		PI/SI	Shall be initiated as early as possible and exclusive breast feeding
ME E19.5	The facility ensure adequate stay of mother and new born in a safe environment as per standard protocols	There is established criteria for shifting new born to SNCU		SI/RR	only the new born requiring intensive care should be transferred to SNCU
AREA OF CONCERN - F INFECTION CONTROL					
Standard F1	**The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection**				
ME F1.2	Facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance		SI/RR	Swab are taken from infection prone surfaces
ME F1.3	Facility measures hospital associated infection rates	There is procedure to report cases of Hospital acquired infection		SI/RR	Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site .
ME F1.4	There is Provision of Periodic Medical Check-ups and immunization of staff	There is procedure for immunization medical check-up of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc
ME F1.5	Facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals
ME F1.6	Facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	Antibiotics prescribed are in line with Antibiotic Policy.
Standard F2	**The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing with running Water Facility at Point of Use		OB	Check for availability of wash basin near the point of use Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted.
		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	elbow /foot operated or sensor

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Hand washing sink is wide and deep enough to prevent splashing and retention of water		OB	Tap should be approx. 96 cm from the ground.
ME F2.2	Staff is trained and adhere to standard hand washing practices	Adequate preparation for surgical scrub.		OB/SI/RR	Check Finger nails of staff. They should not reach beyond finger tip. No nail polish or artificial nails. All jewellery on the fingers, wrists and arms should be removed. Adjust water to a comfortable temperature.
		Adherence to Surgical scrub method		SI/OB	Procedure should be repeated several times so that the scrub lasts for 3 to 5 minutes. Hands must always be kept above elbow level. The hands and forearms should be dried with a sterile towel only.
		Use of antibiotic soap/ liquid		SI/OB	Check adequate quantity of antibiotic soap/ Chlorhexidine solution is available and used.
		Staff aware of when to hand wash		SI	Ask for 5 moments of hand washing
ME F2.3	Facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions		OB	Povidone iodine solution
		Proper cleaning of procedure site with antisepsis		OB/SI	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter
		Check sterile field is maintained during surgery		OB/SI	Surgical site covered with sterile drapes, sterile instruments are kept within the sterile field.
Standard F3	**The facility ensures standard practices and materials for Personal protection**				
ME F3.1	Facility ensures adequate personal protection equipment's as per requirements	Sterile gloves are available at OT and Critical areas		OB/SI	In adequate quantity, as per load
		Availability of Masks		OB/SI	In adequate quantity, as per load
		Availability of Caps & gown/ Apron		OB/SI	In adequate quantity, as per load
		Personal protective kit for infectious patients		OB/SI	Disposable surgery kit for HIV patients
		Availability of gum boots		OB/SI	In adequate quantity, as per load
ME F3.2	Staff is adhere to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI/RR	Check Autoclaving/ sterilization records.

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Compliance to correct method of wearing and removing the gloves		SI	Adherence to standard technique so that sterile area is not in contact with unsterile at any given point of time.
		Compliance to standard technique of wearing and removing of gown		SI	Adherence to standard technique so that sterile area is not in contact with unsterile at any given point of time.
Standard F4	**The facility has standard procedures for processing of equipment's and instruments**				
ME F4.1	Facility ensures standard practices and materials for decontamination and clean in of instruments and procedures areas	Decontamination of operating & Procedure surfaces		SI/OB	Ask staff about how they decontaminate the procedure surface like OT Table, Stretcher/Trolleys etc. (Wiping with 0.5% Chlorine solution)
		Cleaning of instruments after use		SI/OB	Ask staff how they clean the instruments like ambubag, suction canulae, Surgical Instruments (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable)
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ sterile area
		Staff know how to make disinfectant solution		SI/OB	Carbolic acid, chlorine solution, glutaraldehyde or any other disinfectant used
ME F4.2	Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment's	Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/Chemical Sterilization
		Chemical sterilization of instruments/equipment's is done as per protocols		OB/SI	Ask staff about method, concentration and contact time required for chemical sterilization.
		Glutaraldehyde solution is changed as per manufacturer instructions		OB/SI	Date of preparation & due date of change of solution is mentioned on container and staff is aware of When to change the chemical.
		Autoclaved linen and Dressing are used for procedure		OB/SI	Gowns, draw sheets , Cotton, Gauze, bandages. Etc.
		Instruments are packed as per standard protocol		OB/SI	Check for Window of autoclave drum is closed, drum is not filled more than 3/4th, instruments are not hinged,
		Autoclaving of instruments is done as		OB/SI	Ask staff about temperature, pressure and time

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		per protocols			
		Regular validation of sterilization through chemical indicators		OB/SI/RR	Indicators (temperature sensitive tape) that change colour after being exposed to certain temperature.
		Regular validation of sterilization through biological indictor		OB/SI/RR	Bacillus Thermophilus spores are used, for measuring biological performance of autoclaving process. Performed monthly. Label the spore ampule, place in horizontal position, kept at the bottom or farthest part of autoclave
		Maintenance of records of sterilization		OB/SI/RR	Autoclave Register have column: Date, Time started, Time finished, Temp, pressure, Autoclave tape, spore test,
		There is a procedure to ensure the traceability of sterilized packs		OB/SI/RR	Each Sterilized pack is marked with Date/Time of sterilization, contents, name/ signature of the Technician,
		Sterility of autoclaved packs is maintained during storage		OB/SI	Sterile packs are kept in clean, dust free, moist free environment.
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.1	Functional area of the department are arranged to ensure infection control practices	Facility layout ensures separation of routes for clean and dirty items		OB	Facility layout ensures separation of general traffic from patient traffic. Separate disposal zone
		CSSD/TSSU has demarcated separate area for receiving dirty items, processes, keeping clean and sterile items		OB	Sterile & unsterile store are separately.
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid , fumigation material
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution
ME F5.3	Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Spill management protocols are implemented		SI/RR	spill management kit. staff training, protocol displayed
		Mercury Spill management Kit is available		SI/OB	Hospital should aspire to be mercury free. If used than Hg spill management kit should be available with gloves,
					cap, mask, goggles, polybag, Plastic container & torch.

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Cleaning of patient care area with detergent solution		SI/RR	Washing of floor with luke warm water and detergent.
		Standard practice of mopping and scrubbing are followed		OB/SI	Use of three bucket system for mopping
		Cleaning equipment's like broom are not used in patient care areas		OB/SI	Look in janitors closet
		Fumigation as per schedule		SI/RR	check that Formalin is not used. safer commercially available disinfectants such as Bacillicidal are used for fumigation
		External footwears are restricted		OB	adequate numbers are available at the entrance
		Entry to sterile zone is permitted only after hand washing, change of clothes, gowning & PPE		OB/SI	only persons really required are allowed to enter the sterile zone
ME F5.5	Facility ensures air quality of high risk area	Positive Pressure in OT		OB/SI	OT to have an independent air handling unit with controlled ventilation such that the lay-up room and the OT table is under positive pressure
		Adequate air exchanges are maintained		SI/RR	Independent AHU also allows to maintain required number of Air exchange side. 20-25.
Standard F6	**The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**				
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins & Plastic bags at point of waste generation		OB	Adequate number. Covered. Foot operated.
		Segregation of Anatomical and soiled waste in Yellow Bin		OB/SI	Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.
		Segregation of infected plastic waste in red bin		OB	Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers with their needles cut) and gloves
		Display of work instructions for segregation and		OB	Pictorial and in local language

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		handling of Biomedical waste			
ME F6.2	Facility ensures management of sharps as per guidelines	Availability of functional needle cutters & puncture proof, leak proof, temper proof white container for segregation of sharps		OB	See if it has been used or just lying idle.
		Availability of post exposure prophylaxis & Protocols		OB/SI	Ask if available. Where it is stored and who is in charge of that. Also check PEP issuance register Staff knows what to do in condition of needle stick injury
		Contaminated and broken Glass are disposed in puncture proof and leak proof box/ container with Blue colour marking		OB	Includes used vials, slides and other broken infected glass
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled		SI	Not more than two-third.
		Disinfection of liquid waste before disposal		SI/OB	Through Local Disinfection
AREA OF CONCERN - G QUALITY MANAGEMENT					
Standard G1	**The facility has established organizational framework for quality improvement**				
ME G1.1	The facility has a quality team in place	Quality circle has been formed in the operation theatre		SI/RR	Check if quality circle formed and functional in the OT
Standard G3	**The facility have established internal and external quality assurance Programmes wherever it is critical to quality.**				
ME G3.1	Facility has established internal quality assurance program at relevant departments	There is system of daily round by matron/ hospital manager/ hospital superintendent/ OT in charge for monitoring of services		SI/RR	Check for entries in Round Register.
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval		RR/SI	NQAS assessment toolkit is used to conduct internal assessment
		Departmental checklist are used for monitoring and quality assurance		SI/RR	Staff is designated for filling and monitoring of these checklists
		Non-compliances are enumerated and recorded		RR	Check the non compliances are presented & discussed during quality team meetings

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per internal assessment record findings		RR	Randomly check the details of action, responsibility, time line and feedback mechanism
ME G3.5	Planned actions are implemented through Quality Improvement Cycles (PDCA)	Check PDCA or prevalent quality method is used to take corrective and preventive action		SI/RR	Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report
Standard G4	**The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.**				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	Can be prepared by junior surgeon and approved by HOD/OT in charge
		Current version of SOP are available with process owner		OB/RR	Look for version.
		Work instruction/clinical protocols are displayed		OB	processing and sterilization of equipment's,
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented procedure for ensuring patients rights including consent, privacy, confidentiality & entitlement		RR	Check SOP for adequacy
		Department has documented procedure for safety & risk management		RR	Check SOP for adequacy
		Department has documented procedure for support services & facility management.		RR	Check SOP for adequacy
		Department has documented procedure for general patient care processes		RR	Check SOP for adequacy
		Department has documented procedure for specific processes to the department		RR	Check SOP for adequacy
		Department has documented procedure for infection control & bio medical waste management		RR	Check SOP for adequacy
		Department has documented procedure		RR	Check SOP for adequacy

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		for quality management & improvement			
		Department has documented procedure for data collection, analysis & use for improvement		RR	Check SOP for adequacy
ME G4.3	Staff is trained and aware of the standard procedures written in SOPs	Check staff is a aware of relevant part of SOPs		SI/RR	Ask staff how they carry out a specific activity.
Standard G 5	**The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	Facility maps its critical processes	Process mapping of critical processes done		SI/RR	Critical process are the ones where is some problem-delays, errors, cost, time, etc. and improvement will make our process effective and efficient.
ME G5.2	Facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	Non value adding activities are wastes. In these steps resources are expended, delays occur, and no value is added to the service.
ME G5.3	Facility takes corrective action to improve the processes	Processes are improved & implemented		SI/RR	Look for the improvements made in the critical process.
Standard G6	**The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them**				
ME G6.4	Facility has de defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed		SI/RR	Check short term valid quality objectivities have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check of staff is aware of Mission , Values, Quality Policy and objectives		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points
ME G6.7	Facility periodically reviews the progress of strategic plan towards mission, policy and objectives	Check time bound action plan is being reviewed at regular time interval		SI/RR	Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
Standard G7	**The facility seeks continually improvement by practicing Quality method and tools.**				
ME G7.1	Facility uses method for quality improvement in services	Basic quality improvement method		SI/OB	PDCA & 5S
ME G7.2	Facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department
Standards G9	**Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan**				
ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically		SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month.
Standard G10	**The facility has established clinical Governance framework to improve quality and safety of clinical care processes**				
ME G10.3	Clinical care assessment criteria have been defined and communicated	The facility has established procedures to review the clinical care processes			Check parameter are defined & implemented to review the clinical care i.e. through peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes.
		Check the patient /family participate in the care evaluation		SI/RR	Feedback is taken from patient/family on health status of individual under treatment
		Check the care planning and co- ordination is reviewed		SI/RR	System in place to review internal referral process, review clinical handover information, review patient understanding about their progress
ME G10.4	Facility conducts the periodic clinical audits including prescription, medical and death audits	There is a procedure to conduct C-section audits		SI/RR	Check with audit reports
		All non compliance are enumerated & recorded for c-section audits		SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings
ME G10.5	Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process	Check action plans are prepared and implemented as per c-section audit record's findings		SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months
		Check the data of audit findings are collated		SI/RR	Check collected data is analysed & areas for improvement is identified & prioritised

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Check PDCA or prevalent quality method is used to address critical problems		SI/RR	Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care	Check standard treatment guidelines / protocols are available & followed.		SI/RR	Staff is aware of Standard treatment protocols/ guidelines/best practices
		Check treatment plan is prepared as per Standard treatment guidelines		SI/RR	Check staff adhere to clinical protocols while preparing the treatment plan
		Check the drugs are prescribed as per Standards treatment guidelines		SI/RR	Check the drugs prescribed are available in EML or part of drug formulary
		Check the updated/latest evidence are available		SI/RR	Check when the STG/ protocols/evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences.
		Check the mapping of existing clinical practices processes is done		SI/RR	The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA
AREA OF CONCERN - H OUTCOME					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**				
ME H1.1	Facility measures productivity Indicators on monthly basis	C-Section Rate		RR	Total LSCS done x 100/ Total deliveries conducted (Normal +LSCS)
		Percentage of C-Sections done in the night		RR	Total C-Section done in night x 100/Total surgeries conducted (Day Night)
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Downtime critical equipment		RR	Sum total of time Elapsed between when equipment had problem and when the problem is sorted out for critical equipment.
		No of C-Section per OBG surgeon		RR	Total number of C-Section done/No. of OBG Surgeon available

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Percentage of elective C-Sections		RR	No. of elective LSCS x 100/ Total LSCS (Elective + Emergency)
		No of drug stock out in the month		RR	
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Surgical Site infection Rate		RR	No. of observed surgical site infections*100/total no. of Major surgeries
		No of adverse events per thousand patients		RR	No of Adverse events reported x 1000/total no of patient treated in OT
		% of environmental swab culture reported positive		RR	No. of swab culture reported positive x 100/Total no. of swab sent for culture
		Perioperative Death Rate		RR	Deaths occurred from pre operative procedure to discharge of the patient
		Percentage of C-Sections conducted using Safe Surgery Checklist		RR	No. of C- Section Conducted using safe surgery checklist *100/Total no. C-Section Conducted
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Operation Cancellation rates		RR	No. of cancelled operation*1000 /total operation done

ASSESSMENT SUMMARY

Name of the Hospital .....

Date of Assessment .....

Names of Assessors .....

Names of Assessees .....

Type of Assessment (Internal/External) .....

Action plan Submission Date .....

A. SCORE CARD

MATERNITY OPERATION THEATRE (LAQSHYA) SCORE CARD	
Area of Concern wise score	**Maternity Operation Theatre (LaQshya) Score**
A. Service Provision	
B. Patient Rights	
C. Inputs	
D. Support Services	
E. Clinical Services	
F. Infection Control	
G. Quality Management	
H. Outcome	

B. MAJOR GAPS OBSERVED

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

C. STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/OPPORTUNITIES FOR IMPROVEMENT

_____

_____

_____

Names and Signature of Assessors

Date _____

सत्यमेव जयते

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

CHECKLIST - 10

MATERNITY WARD

CHECKLIST FOR MATERNITY WARD

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**The facility provides Curative Services**				
ME A1.3	The facility provides Obstetrics & Gynaecology Services	Availability of Obs and Gynaecology indoor services		SI/OB	(a) IPD services for Obstetric Cases (General & post Surgical cases) (b) IPD Services for Gynae cases (General & post-surgical cases) (c) 250-500 Deliveries - 8-bedded HDU or 500-1000 deliveries - 8 bedded hybrid ICU (6 HDU & 2 ICU beds or more 1000 Deliveries- 4 bed ICU & 8-bed HDU
ME A1.14	Services are available for the time period as mandated	Availability of nursing services 24X7		SI/RR	
ME A1.18	The facility provides Blood bank & transfusion services	Availability of blood transfusion services		SI/OB	Availability/ linkage with blood bank
Standard A2	**The facility provides RMNCHA Services**				
ME A2.2	The facility provides Maternal health Services	Availability of indoor services for Antenatal cases		SI/OB	Antenatal ward- Clean Ward
		Availability of indoor services for normal delivery		SI/OB	Postnatal ward -Normal delivery
		Availability of indoor services for C section		SI/OB	Postnatal ward -C-section delivery
		Availability of indoor services for Septic cases		SI/OB	Septic ward
		Availability of indoor services for Eclampsia cases		SI/OB	Eclampsia room
		Availability of Gynae Services		SI/RR	Hysterectomy & mastectomy services as per disease indication
ME A2.3	The facility provides Newborn health Services	Prevention of hypothermia and initiation of breast feeding		SI/OB	
ME A2.4	The facility provides Child health Services	Screening of New born for Birth Defects		SI/OB	

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
Standard A3	**The facility Provides diagnostic Services**				
ME A3.1	The facility provides Radiology Services	Availability / linkage for Radiology and USG		SI/OB	
ME A3.2	The facility Provides Laboratory Services	Availability / linkage with laboratory		SI/OB	
Standard A4	**The facility provides services as mandated in national Health Programmes/ state scheme**				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Treatment of Malaria in pregnancy		SI/OB	check the records for management of cases in last one year
ME A4.10	The facility provide services under National health Programme for prevention and control of deafness	Referral of child born of High Risk pregnancy showing features suggestive of hearing impairment		SI/OB	
AREA OF CONCERN - B PATIENT RIGHTS					
Standard B1	**The facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage's		OB	(Numbering, main department and internal sectional signage
		Visiting hours and visitor policy are displayed		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Entitlements applicable are Displayed		OB	JSSK, JSY and PM JAY
		List of drugs available are displayed and updated		OB	
		Contact details of referral transport / ambulance displayed		OB	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed		OB	Breast feeding and care of breast, kangaroo care, family planning, Danger signs, PN advice, Information material about PCPNDT etc
		Counselling aids like flip chart etc are available for post partum counselling		OB	
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME B1.7	The facility provides information to patients and visitor through an exclusive set-up.	Availability of Enquiry Desk with dedicated staff		OB	Enquiry desk serving both maternity ward and labour
Standard B2	**Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.**				
ME B2.1	Services are provided in manner that are sensitive to gender	No Male attendant allowed to stay in female wards at night		OB/SI	
		Availability of female staff if a male doctor examine a female patients		OB/SI	
		Availability of Breast feeding corner		OB	
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Availability of Wheel chair or stretcher for easy Access to the ward		OB	
		Availability of ramps and railing		OB	
		Availability of disable friendly toilet		OB	
Standard B3	**The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.**				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen at Examination Area		OB	Bracket screen
		Curtains have been provided at windows		OB	
		Patients are dressed/ covered while shifting the patients from one department to other		OB	
		No two patients are treated on one bed		OB	
ME B3.2	Confidentiality of patients records and clinical information is maintained	Patient Records are kept at secure place beyond access to general staff/visitors		SI/OB	1. No information regarding patient / parent identity is displayed 2. Records are not shared with anybody without written permission of parents & appropriate hospital authorities
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		OB/PI	

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	HIV status of patient is not disclosed except to staff that is directly involved in care		SI/OB	
Standard B4	**The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making**				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	General Consent is taken before admission		SI/RR	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Patient and their attendant is informed about her clinical condition and treatment being provided		PI	
ME B4.5	The facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance redressal and whom to contact is displayed		OB	
Standard B5	**The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Availability of Free drugs		PI/SI	
		Stay and diet provided in ward is free of cost		PI/SI	
		Availability of free diagnostic		PI/SI	
		Availability of Free drop back		PI/SI	
		Availability of Free referral vehicle/ Ambulance services		PI/SI	
		Availability of Free Blood		PI/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing drugs or consumables from outside.		PI/SI	

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not spent on diagnostics from outside.		PI/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurred it is reimbursed from hospital		PI/SI/RR	
		JSY Payment is done before discharge		PI/SI/RR	
Standard B6	**Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities**				
ME B6.6	There is an established procedure for 'end-of-life' care	End of life policy & procedure are available and followed		SI/RR	The policy clearly defines the procedures for managing critical cases in the ward, HDU/ICU, brain-dead patients, conscious patients with serious diseases like motor neurons and brought-in dead cases. It also includes: (a) Patient and family have the right to be informed about their condition and make choices about the treatment (b) Withhold or withdraw life-sustaining treatment (c) Organ donation as per NOTTO &India's Governing organ donation law (d) All the decisions should be transparent and documented
		Staff is educated & trained for end of life care		SI/RR	
		The patient's Relatives informed clearly about the deterioration in the health condition of Patient.		SI/RR	Periodic update on the patient's condition is given to the family.
		Policy & procedures like DNR , DNI etc for critical cases are in consonance with legal requirement		SI/RR	Patient right "Do not resuscitate" or " Do not intubate"/ allow natural death are respected
		There is a procedure to allow patient relative/Next of Kin to observe patient in last hours		SI/OB	

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Staff is aware of events indicating that conversations about end-of-life care need to start with patient or family		RR/SI	(a) a patient living with or diagnosed with life-limiting illness (b) a patient who is likely to die in the short or medium term is admitted, or deteriorates during their admission (c) a patient is dying where Patient (or family member, if the patient lacks capacity) expresses interest in discussing end-of-life care (d) a previously well person who has suffered an acute life-threatening event or illness is admitted (e) unexpected, significant physical deterioration occurs
		Hospital has documented policy for pain management		SI/OB	
		Screening of the patient for pain		SI/RR	Symptomatic treatment is given to the patient to prevent complications to extent possible
		Pain alleviation measures or medication is initiated & titrated as per need and response		SI/RR	
ME B 6.7	There is an established procedure for patients who wish to leave hospital against medical advice or refuse to receive specific c treatment	Declaration is taken from the LAMA patient		RR/SI	Consequences of LAMA are explained to patient/relative
AREA OF CONCERN - C INPUTS					
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1	Departments have adequate space as per patient or work load	Adequate space in wards with no cluttering of beds		OB	Distance between centres of two beds – 2.25 meter
ME C1.2	Patient amenities are provide as per patient load	Functional toilets with running water and flush are available as per strength and patient load of ward		OB	one toilet for 12 patients

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Functional bathroom with running water are available as per strength and patient load of ward		OB	one toilet for 12 patients
		Availability of drinking water		OB	
		Patient/ visitor Hand washing area		OB	
		Separate toilets for visitors		OB	
		TV for entertainment and health promotion		OB	
		Adequate shaded waiting area is provide for attendants of patient		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	Availability of Dedicated nursing station		OB	
		Availability of Examination room		OB	
		Availability of Treatment room		OB	
		Availability of Doctor's and Nurse Duty room		OB	
		Availability of Store		OB	Drug &Linen store
		Availability of Dirty room		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	There is sufficient space between two bed to provide bed side nursing care and movement		OB	Space between two beds should be at least 4 ft and clearance between head end of bed and wall should be at least 1 ft and between side of bed and wall should be 2 ft
		Corridors are wide enough for patient, visitor and trolley/ equipment movement		OB	Corridor should be 3 meters wide
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME C1.6	Service counters are available as per patient load	There is separate nursing station for each ward		OB	1. ANC, PNC, C-Section ward. Depending upon Wards available for maternity cases 2. Location of nursing station and patients beds enables easy and direct observation of patients
		Availability of adequate beds as per delivery load		OB	10 beds for 100 delivery per month
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Prepartum and post partum wards are in proximity and functional linkage with labour room		OB	
		Postpartum ward and SNCU are in proximity and functional linkage		OB	
		C section ward is in Proximity and has functional linkage with OT		OB/SI	
Standard C2	**The facility ensures the physical safety of the infrastructure.**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment , hanging objects are properly fastened and secured
ME C2.3	The facility ensures safety of electrical establishment	IPD building does not have temporary connections and loosely hanging wires		OB	Switch Boards other electrical installations are intact. There is proper earthing
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the maternity ward are non slippery and even		OB	
		Windows have grills and wire meshwork		OB	
Standard C3	**The facility has established Programme for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	Maternity ward has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked.		OB	

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME C3.2	The facility has adequate fire fighting Equipment	Maternity ward has installed fire Extinguisher that is either Class A , Class B, C type or ABC type		OB	
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		OB/RR	
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Bog specialist on duty and on call paediatrician		OB/RR	
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of General duty doctor at all time		OB/RR	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	6 for 100-200 Deliveries/ Month 8 for More than 200 deliveries per month
ME C4.4	The facility has adequate technicians/paramedics as per requirement	Availability of RMNCH counsellor		OB/SI	Counsellor available for postpartum counselling of mothers
		Availability of dresser for C section ward		SI/RR	
ME C4.5	The facility has adequate support / general staff	Availability of ward attendant		SI/RR	Availability of mamta/ ayahs and Sanitary worker
		Availability Security staff		SI/RR	
Standard C5	**The facility provides drugs and consumables required for assured services.**				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of Uterotonic Drugs		OB/RR	Tocolytic agent, Isoxsuprine
		Availability of Anti - Infective - Antibiotics, Antifungal		OB/RR	Tab. Metronidazole 400mg, Gentamicin,
		Availability of Antihypertensive		OB/RR	Tab. Misprostol 200mg, Labetalol

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Availability of analgesics and antipyretics		OB/RR	Tab. Paracetamol, Tab. Ibuprofen, Piroxicam
		Availability of IV Fluids		OB/RR	IV fluids, Normal saline, Ringer lactate,
		Availability of other emergency drugs		OB/RR	Tab. Ritodrine, Misoprostol, Carboprost, steroid as Hydrocortisone, dexamethasone, iron, calcium, and folic acids tablets
		Availability of drugs for newborn		OB/RR	Inj. Vit K 10mg, Vaccine OPV, Hepatitis B, BCG, paracetamol syrup/ drops, Syp Calcium with Vit D, Multivitamin drops, Simethicone + Fennel Oil + Dill Oil drops, Nevirapine drops (for HIV + ve mother born children), gentian Violet (0.50%)
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings and Sanitary pads		OB/RR	gauze piece and cotton swabs, sanitary pads, needle (round body and cutting), chromic catgut no. 0,
		Availability of syringes and IV Sets /tubes		OB/RR	Paediatric iv sets, urinary catheter with bag, Foyle's catheter Nasogastric tube, Syringe A/D
		Availability of Antiseptic Solutions		OB/RR	Povidone Iodine Solution
		Availability of consumables for new born care		OB/RR	gastric tube and cord clamp, dressing pad
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Availability of emergency drug tray in Maternity ward		OB/RR	
Standard C6	**The facility has equipment & instruments required for assured list of services.**				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB	BP apparatus, Thermometer, foetoscope, baby and adult weighing scale, Stethoscope, Doppler
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of functional Equipment/ Instruments Gynae & Obstetric Procedures		OB	Dressing and suture removal kit, speculum, Anterior vaginal wall retractor.

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		OB	Glucometer and HIV rapid diagnostic kit
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of resuscitation equipments		OB	Adult and baby bag and mask, Oxygen, Suction machine, Airway, Laryngoscope, ET tube
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipments for cleaning		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
		Availability of equipment for sterilization and disinfection		OB	Boiler
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of patient beds with prop up facility		OB	
		Availability of attachment/ accessories with patient bed		OB	Hospital graded mattress, Bed side locker , IVstand, Bed pan
		Availability of Fixtures		OB	Spot light, electrical fixture for equipments like suction, X ray view box
		Availability of furniture		OB	cupboard, nursing counter, table for preparation of medicines, chair.
Standard C7	**Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff**				
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff	Check parameters for assessing skills and proficiency of clinical staff has been defined		RR/SI	Check objective checklist has been prepared for assessing competence of doctors, nurses and paramedical staff based on job description defined for each cadre of staff. Dakshta checklist issued by MoHFW can be used for this purpose.
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year	Check for competence assessment is done at least once in a year		RR/SI	Check for records of competence assessment including filled checklist, scoring and grading . Verify with staff for actual competence assessment done

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Infant and young Child Feeding (IYCF) practices		SI/RR	
		Infection control & prevention training		SI/RR	Bio medical Waste Management including Hand Hygiene
		Infection control and hand hygiene		SI/RR	
		Patient Safety		SI/RR	
		Training on Quality Management System			
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision	Nursing staff is skilled identificaton and managing complication		SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps
		Staff is skilled for maintaining clinical records		SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps
		Counsellor is skilled for postnatal counselling		SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipments are covered under AMC including preventive maintenance		SI/RR	1. Check with AMC records/ Warranty documents 2. Staff is aware of the list of equipment covered under AMC.
		There is system of timely corrective break down maintenance of the equipments		SI/RR	1.Check for breakdown & Maintenance record in the log book 2. Staff is aware of contact details of the agency/person in case of breakdown.

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipments/ instrument are calibrated		OB/ RR	BP apparatus, thermometers etc are calibrated
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of medicines in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting medicine and consumables	There is established system of timely indenting of consumables and medicine at nursing station		SI/RR	Stock level are daily updated Indents are timely placed
ME D2.3	The facility ensures proper storage of medicine and consumables	medicine are stored in containers/tray/crash cart and are labelled		OB	medicine are stored in separate containers, trays and carts and labelled with drug name, drug strength and expiry date
		Empty and filled cylinders are labelled		OB	
ME D2.4	The facility ensures management of expiry and near expiry medicine	Expiry dates' are maintained at emergency drug tray		OB/RR	Check medicine are arranged in tray as per First Expiry and First Out (FEFO) and expiry date are mentioned against the drug.
		No expired drug found		OB/RR	
		Records for expiry and near expiry medicine are maintained for drug stored at department		RR	Check register/DVDMS/ other supply chain software for record of stock of expired and near expiry medicine
ME D2.5	The facility has established procedure for inventory management techniques	There is established system of calculating and maintaining buffer stock		SI/RR	
		Department maintained stock register of medicine and consumables		RR/SI	Check record of drug received, issued and balance stock in hand and are updated
ME D2.6	There is a procedure for periodically replenishing the medicine in patient care areas	There is procedure for replenishing drug tray /crash cart		SI/RR	
		There is no stock out of medicine		OB/SI	Random stock check of some medicine
ME D2.7	There is process for storage of vaccines and other medicine, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records twice a day and are maintained		OB/RR	Check for refrigerator/ILR temperature charts. Charts are maintained and updated twice a day. Refrigerators meant for storing medicine should not be used for storing other items such as eatables.

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic medicine	Narcotics and psychotropic medicine are kept separately in lock and key		OB/SI	Separate prescription for narcotic and psychotropic medicine by a registered medical practioner
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at nursing station		OB	
		Adequate illumination in patient care areas		OB	Spot light is available
ME D3.2	The facility has provision of restriction of visitors in patient areas	Visiting hour are fixed and practiced		OB/PI	
		There is no overcrowding in the wards during to visitors hours		OB	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in patient care area		PI/OB	Optimal temperature and warmth is ensured Fans/ Air conditioning/ Heating/Exhaust/Ventilators as per environment condition and requirement
		Temperature control and ventilation in nursing station/duty room		SI/OB	Fans/ Air conditioning/ Heating/Exhaust/Ventilators as per environment condition and requirement
ME D3.4	The facility has security system in place at patient care areas	New born identification band and foot prints are in practice		OB/RR	
		Security arrangement in maternity ward		OB/SI	
ME D3.5	The facility has established measure for safety and security of female staff	Ask female staff weather they feel secure at work place		SI	
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered & painted		OB	
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt,grease,littering and cobwebs
		Surface of furniture and fixtures are clean		OB	

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Toilets are clean with functional flush and running water		OB	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster		OB	
		Window panes , doors and other fixtures are intact		OB	
		Patients beds are intact and painted		OB	Mattresses are intact and clean
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the ward		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/ rodent/birds		OB	
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
		Availability of hot water		OB/SI	
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back in ward		OB/SI	
StandardD6	**Dietary services are available as per service provision and nutritional requirement of the patients.**				
ME D6.1	The facility has provision of nutritional assessment of the patients	Nutritional assessment of patient done specially for high risk pregnancy and other specified cases		RR/SI	For hypertensive patient, diabetic cases. Check nutrition advice from records
ME D6.2	The facility provides diets according to nutritional requirements of the patients	Check for the adequacy and frequency of diet as per nutritional requirement		OB/RR	Check that all items fixed in diet menu is provided to the patient
		Check for the Quality of diet provided		PI/SI	Ask patient/staff weather they are satisfied with the Quality of food
ME D6.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients	There is procedure of requisition of different type of diet from ward to kitchen		RR/SI	diet for diabetic patients, low salt and high protein diet etc

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate sets of linen	Clean Linens are provided for all occupied bed		OB/RR	
		Gown are provided at least to the cases going for surgery		OB/RR	
		Availability of Blankets, draw sheet, pillow with pillow cover and mackintosh		OB/RR	
ME D7.2	The facility has established procedures for changing of linen in patient care areas	Linen is changed every day and whenever it get soiled		OB/RR	
ME D7.3	The facility has standard procedures for handling , collection, transportation and washing of linen	There is system to check the cleanliness and Quantity of the linen received from laundry		SI/RR	
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.1	The facility has established job description as per govt guidelines	Staff is aware of their role and responsibilities		SI	
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)
		There is designated in charge for department		SI	
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	
Standard D12	**The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations**				
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/Laundry/Security/ Maintenance) provided are done by designated in-house staff

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
AREA OF CONCERN - E CLINICAL SERVICES					
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients.**				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR	
		Patient demographic details are recorded in admission records		RR	Check for that patient demographics like Name, age, Sex, Chief complaint, etc.
ME E1.3	There is established procedure for admission of patients	There is no delay in treatment because of admission process		SI/RR/OB	
		Admission is done by written order of a qualified doctor		SI/RR/OB	
		There is separate counter for admission of patients		OB/RR	
		Time of admission is recorded in patient record		RR	
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	There is provision of extra Beds		OB/SI	
Standard E2	**The facility has defined and established procedures for clinical assessment, reassessment and treatment plan preparation.**				
ME E2.1	There is established procedure for initial assessment of patients	Initial assessment of all admitted patient done as per standard protocols		RR/SI/OB	The assessment criteria for different clinical conditions are defined and measured in assessment sheet
		ANC history of pregnant women is reviewed and recorded		RR/SI	
		Physical Examination is done and recorded wherever required		RR	Assesses general condition, including: vital signs, conjunctiva for pallor and jaundice, and bladder and bowel function, conducts breast examinations
		Dangers signs are identified and recorded		RR/SI	Examines the perineum for inflammation, status of episiotomy/tears, lochia for colour, amount, consistency and odour, Checks calf tenderness, redness or swelling

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Initial assessment and treatment is provided immediately		RR/SI	
		Initial assessment is documented preferably within 2 hours		RR	
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for assessment of stable patients		RR/OB	
		For critical patients admitted in the ward there is provision of reassessment as per need		RR/OB	
		There is system in place to identify and manage the changes in Patient's health status		SI/RR	Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating
		Check the treatment or care plan is modified as per re assessment results		SI/RR	Check the re assessment sheets/ Case sheets modified treatment plan or care plan is documented
ME E2.3	There is established procedure to plan and deliver appropriate treatment or care to individual as per the needs to achieve best possible results	Check healthcare needs of all hospitalised patients are identified through assessment process		SI/RR	Assessment includes physical assessment, history, details of existing disease condition (if any) for which regular medication is taken as well as evaluate psychological ,cultural, social factors
		Check treatment/care plan is prepared as per patient's need		RR	(a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relevant care provider while preparing the care plan.
		Check treatment / care plan is documented		RR	Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Check care is delivered by competent multidisciplinary team		SI/RR	Check care plan is prepared and delivered as per direction of qualified physician
Standard E3	**The facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	Facility has established procedure for handing over of patients from maternity ward		SI/RR	to OT/labour room/USG
		There is a procedure for consultation of the patient to other specialist with in the hospital		SI/RR	
ME E3.2	The facility provides appropriate referral linkages to the patients/ Services for transfer to other/higher facilities to assure the continuity of care.	Patient referred with referral slip		RR/SI	
		Advance communication is done with higher centre		RR/SI	
		Referral vehicle is being arranged		RR/SI	
		Referral in or referral out register is maintained		SI/RR	
		Facility has functional referral linkages to lower facilities		RR	Check for referral cards filled from lower facilities
		Facility has functional referral linkages to higher facilities			
		There is a system of follow up of referred patients		SI/RR	
ME E3.3	A person is identified for care during all steps of care	Duty Doctor and nurse is assigned for each patients		RR/SI	
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		OB/SI	Identification tags for mother and baby / foot print are used for identification of newborns

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained		RR	Check for treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed.
		There is a process to ensue the accuracy of verbal/telephonic orders		SI/RR	(1) Check system is in place to give telephonic orders & practised (2) Verbal orders are verified by the ordering physician within defined time period
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		SI/RR	
		Nursing Handover register is maintained		RR	
		Hand over is given bed side		SI/RR	
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately		RR/SI	Check for nursing note register. Notes are adequately written
ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically		RR/SI	Check for TPR chart, IO chart, any other vital required is monitored
		Critical patients are monitored continually		RR/SI	
Standard E5	**The facility has a procedure to identify high risk and vulnerable patients.**				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping and baby fall
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High Risk Pregnancy cases are identified and kept in intensive monitoring		OB/SI	High risk cases : Eclampsia, Sepsis, diabetic, cardiac diseases and Intrauterine growth retardation
Standard E6	**Facility ensures rationale prescribing and use of medicines**				
ME E6.1	The facility ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use		RR	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	Check BHT that drugs are prescribed as per STG
		Availability of drug formulary		SI/OB	

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME E6.3	There are procedures defined for medication review and optimization	Complete medication history is documented for each patient		RR/OB	Check complete medication history including over-the-counter medicines is taken and documented
		Established mechanism for Medication reconciliation process		SI/RR	1. Medication Reconciliation is carried out by a trained and competent health professional during the patient's admission, interdepartmental transfer or discharged 2. Medicine reconciliation includes Prescription and non-prescription (over-the-counter) medications, vitamins, nutritional supplements.
		Medicine are reviewed and optimised as per individual treatment plan		SI/RR	Medicines are optimised as per individual treatment plan for best possible clinical outcome
		Complete medication history is documented and communicated for each patient at the time of discharge		SI/RR	1. Discharge summary includes known drug allergies and reactions to medicines or their ingredients, and the type of reaction experienced 2. Changes in prescribed medicines, including medicines started or stopped, or dosage changes, and reason for the change are clearly documented in the case sheet and case summary"
		Patients are engaged in their own care		PI/SI	"1. Clinician/Nurse counsel the patient on medication safety using ""5 moments for medication safety app"" 2. Nurse highlights the medications to be taken by the patient at home and counsel the patient and family on drug intake as per treatment plan for discharge"
Standard E7	**The facility has defined procedures for safe drug administration**				
ME E7.1	There is process for identifying and cautious administration of high alert drugs	High alert drugs available in department are identified		SI/OB	Magsulf (to be kept in fridge) , Methergine

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Maximum dose of high alert drugs are defined and communicated		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor
		There is process to ensure that right doses of high alert drugs are only given		SI/RR	A system of independent double check before administration, Error prone medical abbreviations are avoided
ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date , time and signature		RR	
		Check for the writing, It comprehendible by the clinical staff		RR/SI	
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	
		Check single dose vial are not used for more than one dose		OB	Check for any open single dose vial with left over content kept to be used later on
		Check for separate sterile needle is used every time for multiple dose vial		OB	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	Adverse drug event trigger tool is used to report the events
ME E7.4	There is a system to ensure right medicine is given to right patient	Administration of medicines done after ensuring right patient, right drugs , right route, right time		SI/OB	
ME E7.5	Patient is counselled for self drug administration	Patient is advice by doctor/ Pharmacist /nurse about the dosages and timings .		RR/SI	
Standard E8	**The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Day to day progress of patient is recorded in BHT		RR	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT		RR	Treatment prescribed in nursing records

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME E8.3	Care provided to each patient is recorded in the patient records	Maintenance of treatment chart/ treatment registers		RR	Treatment given is recorded in treatment chat
ME E8.4	Procedures performed are written on patients records	Any procedure performed written on BHT		RR	Dressing, mobilization etc
ME E8.5	Adequate form and formats are available at point of use	Standard Format for bed head ticket/ Patient case sheet available as per state guidelines		RR/OB	Availability of formats for Treatment Charts, TPR Chart , Intake Output Chat Etc.
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	General order book (GOB), report book, Admission register, lab register, Admission sheet/ bed head ticket, discharge slip, referral slip, referral in/referral out register, OT register, FP register, Diet register, Linen register, Drug indent register
		All register/records are identified and numbered		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	
Standard E9	**The facility has defined and established procedures for discharge of patient.**				
ME E9.1	Discharge is done after assessing patient readiness	Assessment is done before discharging patient		SI/RR	
		Maternity ward has established criteria for discharge		SI/RR	Primary illness is resolved, All infections and other medical complications have been treated, vitals are stable, etc.
		Discharge is done by a responsible and qualified doctor after assessment in consultation with treating doctor		SI/RR	Discharge is done in consultation with treating doctor
		Patient / attendants are consulted before discharge		PI/SI	Time of discharge is communicated to patient in prior

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided		RR/PI	See for discharge summary, referral slip provided.
		Discharge summary adequately mentions patients clinical condition, treatment given and follow up		RR	
		Discharge summary is give to patients going in LAMA/Referral		SI/RR	
ME E9.3	Counselling services are provided as during discharges wherever required	Patient is counselled before discharge		SI/PI	Advice includes the information about the nearest health centre for further follow up. Counsel mother for treatment, follow up, feeding, discharge timings are explained prior
		Advice includes the information about the nearest health centre for further follow up		RR/SI	
		Time of discharge is communicated to patient in prior		PI/SI	
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management**				
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	
ME E12.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different tests		SI/RR	
Standard E13	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**				
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion		RR	
		Patient's identification is verified before transfusion		SI/OB	
		blood is kept on optimum temperature before transfusion		RR	

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Blood transfusion is monitored and regulated by qualified person		SI/RR	
		Blood transfusion note is written in patient recorded		RR	
ME E13.10	There is a established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to responsible person		RR	
Standard E14	**The facility has established procedures for Anaesthetic Services**				
ME E14.1	The facility has established procedures for Pre-anaesthetic Check up and maintenance of records	Pre anaesthesia check up is conducted for elective / Planned surgeries		SI/RR	
Standard E16	**The facility has defined and established procedures for the management of death & bodies of deceased patients**				
ME E16.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure to decent communicate death to relatives		SI	
		Death note is written on patient record		RR	
ME E16.2	The facility has standard procedures for handling the death in the hospital	Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible		SI/RR	Maintenance of records as per guideline
		Death note including efforts done for resuscitation is noted in patient record		RR	Maternal and neonatal death
MATERNAL HEALTH					
Standard E17	**The facility has established procedures for Antenatal care as per guidelines**				
ME E17.1	There is an established procedure for Registration and follow up of pregnant women.	Facility provides and updates "Mother and Child Protection Card".		RR/SI	
ME E17.4	There is an established procedure for identification of High risk pregnancy and appropriate treatment/ referral as per scope of services.	Management of PIH/ Eclampsia		RR/SI	

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Management of sepsis		RR/SI	
		Management of diabetic pregnant mother		RR/SI	
		Management of cardiac cases		RR/SI	
		Management of IUGR		RR/SI	
ME E17.5	There is an established procedure for identification and management of moderate and severe anaemia	Management of of severe anaemia		RR/SI	Blood Transfusion services available for anaemic patients
Standard E19	**The facility has established procedures for postnatal care as per guidelines**				
ME E19.1	Facility staff adheres to protocol for assessment of condition of mother and baby and providing adequate postpartum care	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		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		PI	Check uterine contraction, bleeding as per treatment plan, check for TPR and output chart, Breast examination and milk initiation and perineal washes
ME E19.2	Facility staff adheres to protocol for counselling on danger signs, post-partum family planning and exclusive breast feeding	Staff counsels mother on vital issues		PI/SI	Counsels on danger signs to mother at time of discharge; Counsels on post partum family planning to mother at discharge; Counsels on exclusive breast feeding to mother at discharge
ME E19.3	Facility staff adheres to protocol for ensuring care of newborns with small size at birth	Facilitates specialist care in newborn <1800 gm		SI/RR	Facilitates specialist care in newborn <1800 gm (seen by paediatrician)
		Facilitates assisted feeding whenever required		SI/RR/PI	

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Facilitates thermal management including kangaroo mother care		SI/RR/PI	
ME E19.4	The facility has established procedures for stabilization/ treatment/referral of post natal complications	There is established criteria for shifting newborn to SNCU		SI/RR	
ME E19.5	The facility ensure adequate stay of mother and new born in a safe environment as per standard protocols	48 Hour Stay of mothers and new born after delivery			
ME E19.6	There is established procedure for discharge and follow up of mother and newborn.	Check patient is explained about follow up visits, advice and counselling is done before discharge		RR/PI	
Standard E20	**The facility has established procedures for care of new born, infant and child as per guidelines**				
ME E20.1	The facility provides immunization services as per guidelines	Zero dose vaccines are given		RR	Check for records BCG, Hepatitis Band OPV 0 given to New born
ME E20.3	Management of Low birth weight newborns is done as per guidelines	Care of Low Birth Weight and Premature babies		SI/RR	Premature and LBW babies are identified: Weight less than 2500 g for low birth weight babies, gestation of less than 37 weeks for prematurely, Kangaroo Mother Care (KMC) is implemented for Low Birth Weight/Prematurely and assisted feeding arranged, if required
AREA OF CONCERN - F INFECTION CONTROL					
Standard F1	**The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection**				
ME F1.3	The facility measures hospital associated infection rates	There is procedure to report cases of Hospital acquired infection		SI/RR	Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site .
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc
		Periodic medical check-ups of the staff		SI/RR	

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

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
Standard F4	**The facility has standard procedures for processing of equipment and instruments**				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating & Procedure surfaces		SI/OB	Ask staff about how they decontaminate the procedure surface like Examination table , Patients Beds Stretcher/Trolleys etc. (Wiping with 0.5% Chlorine solution
		Proper Decontamination of instruments after use		SI/OB	Ask staff how they decontaminate the instruments like Stethoscope, Dressing Instruments, Examination Instruments, Blood Pressure Cuff etc (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Staff know how to make chlorine solution		SI/OB	
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/HLD/Chemical Sterilization
		High level Disinfection of instruments/ equipment is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Autoclaved dressing material is used		OB/SI	
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Staff is trained for spill management		SI/RR	
		Cleaning of patient care area with detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
		Cleaning equipment like broom are not used in patient care areas		OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided
ME F5.4	The facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed for septic cases		OB/SI	
Standard F6	**The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**				
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines	Availability of colour coded bins at point of waste generation		OB	Adequate number. Covered. Foot operated.
		Availability of colour coded non chlorinated plastic bags		OB	
		Segregation of Anatomical and soiled waste in Yellow Bin		OB/SI	Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.
		Segregation of infected plastic waste in red bin		OB	Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers' with their needles cut) and gloves
		Display of work instructions for segregation and handling of Biomedical waste		OB	Pictorial and in local language

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		There is no mixing of infectious and general waste		OB	
ME F6.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	See if it has been used or just lying idle.
		Segregation of sharps waste including Metals in white (translucent) Puncture proof, Leak proof, tamper proof containers		OB	Should be available nears the point of generation. Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps
		Availability of post exposure prophylaxis		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
		Contaminated and broken Glass are disposed in puncture proof and leak proof box/ container with Blue colour marking		OB	Vials, slides and other broken infected glass
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled		SI/OB	
		Transportation of bio medical waste is done in close container/ trolley			
		Staff is aware of mercury spill management		SI/RR	Look for: 1. Spill area evacuation 2. Removal of Jewellery 3. Wear PPE 4. Use of flashlight to locate mercury beads 5. Use syringe without a needle/eyedropper and sticky tape to suck the beads 6. Collection of beads in leak-proof bag or container 7. Sprinkle sulphur or zinc powder to remove any remaining mercury

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
					8. All the mercury spill surfaces should be decontaminated with 10% sodium thiosulfate solution 9. All the bags or containers containing items contaminated with mercury should be marked as "Hazardous Waste, Handle with Care" 10. Collected mercury waste should be handed over to the CBMWTF
AREA OF CONCERN - G QUALITY MANAGEMENT					
Standard G1	**Facility has established organizational framework for quality improvement**				
ME G1.1	Facility has a quality team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	
Standard G2	**The facility has established system for patient and employee satisfaction**				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Client/Patient satisfaction survey done on monthly basis		RR	
Standard G3	**The facility have established internal and external quality assurance Programmes wherever it is critical to quality.**				
ME G3.1	The facility has established internal quality assurance programme in key departments	There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval		RR/SI	NQAS assessment toolkit is used to conduct internal assessment
		Departmental checklist are used for monitoring and quality assurance		SI/RR	Staff is designated for filling and monitoring of these checklists
		Non-compliances are enumerated and recorded		RR	Check the non compliances are presented & discussed during quality team meetings
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per internal assessment record findings		RR	Randomly check the details of action, responsibility, time line and feedback mechanism

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME G3.5	Planned actions are implemented through Quality Improvement Cycles (PDCA)	Check PDCA or prevalent quality method is used to take corrective and preventive action		SI/RR	Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report
Standard G4	**The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.**				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	
		Current version of SOP are available with process owner		OB/RR	
		Work instruction/ clinical protocols are displayed		OB	Patient safety, Identification of danger sign, postnatal care and counselling, new born care etc
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented procedure for receiving and initial assessment of the patient in Maternity ward		RR	
		Department has documented procedure for admission, shifting and referral of pregnant mother		RR	
		Department has documented procedure for shifting the mother to labour room		RR	
		Department has documented procedure for requisition of diagnosis and receiving of the reports		RR	
		Department has documented procedure for preparation of the patient for surgical procedure		RR	

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Department has documented procedure for transfusion of blood in maternity ward		RR	
		Department has documented procedure for maintenance of rights and dignity of pregnant women		RR	
		Department has documented procedure for record Maintenance including taking consent		RR	
		Department has documented procedure for discharge of the patient from maternity ward		RR	
		Department has documented procedure for post natal inpatient care of mother		RR	
		Department has documented procedure for post natal inpatient care of new born		RR	
		Department has documented procedure for payment/ incentives of beneficiary		RR	
		Department has documented procedure for counselling of the patient at the time of discharge		RR	
		Maternity ward has documented procedure for environmental cleaning and processing of the equipment		RR	

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Maternity ward has documented procedure for arrangement of intervention for maternity ward		RR	
		Maternity ward has documented procedure for sorting, cleaning and distribution of clean linen to patient		RR	
		Maternity ward has documented procedure for providing free diet to the patient as per their requirement		RR	
		Department has documented procedure for end of life care		RR	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is a aware of relevant part of SOPs		SI/RR	
Standard G 5	**The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	
ME G5.2	The facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	
ME G5.3	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	
Standard G6	**The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them**				
ME G6.4	Facility has de defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed		SI/RR	Check short term valid quality objectivities have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check of staff is aware of Mission , Values, Quality Policy and objectives		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points
ME G6.7	Facility periodically reviews the progress of strategic plan towards mission, policy and objectives	Check time bound action plan is being reviewed at regular time interval		SI/RR	Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet
Standard G7	**The facility seeks continually improvement by practicing Quality method and tools.**				
ME G7.1	The facility uses method for quality improvement in services	Basic quality improvement method		SI/OB	PDCA & 5S
		Advance quality improvement method		SI/OB	Six sigma, lean.
ME G7.2	The facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department
Standards G9	**Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan**				
ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically		SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month.
ME G9.7	Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria	SaQushal assessment toolkit is used for safety audits.		SI/RR	1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & closure status
ME G9.8	Risks identified are analysed evaluated and rated for severity	Identified risks are analysed for severity		SI/RR	Action is taken to mitigate the risks
Standard G10	**The facility has established clinical Governance framework to improve quality and safety of clinical care processes**				
ME G10.3	Clinical care assessment criteria have been defined and communicated	The facility has established process to review the clinical care		SI/RR	Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes.

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Check regular ward rounds are taken to review case progress		SI/RR	(1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes-
		Check the patient / family participate in the care evaluation		SI/RR	Feedback is taken from patient/family on health status of individual under treatment
		Check the care planning and co-ordination is reviewed		SI/RR	System in place to review internal referral process, review clinical handover information, review patient understanding about their progress
ME G10.4	Facility conducts the periodic clinical audits including prescription, medical and death audits	There is procedure to conduct medical audits		SI/RR	Check medical audit records (a) Completion of the medical records i.e. Medical history, assessments, re assessment, investigations conducted, progress notes, interventions conducted, outcome of the case, patient education, delineation of responsibilities, discharge etc. (b) Check whether treatment plan worked for the patient (C) progress on the health status of the patient is mentioned (d) whether the goals defined in treatment plan is met for the individual cases (e) Adverse clinical events are documented (f) Re admission
		There is procedure to conduct death audits		SI/RR	(1) All the deaths are audited by the committee. (2) The reasons of the death is clearly mentioned (3) Data pertaining to deaths are collated and trend analysis is done (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required)
		There is procedure to conduct prescription audits		SI/RR	(1) Random prescriptions are audited (2) Separate Prescription audit is conducted foe both OPD & IPD cases (3) The finding of audit is circulated to all concerned (4) Regular trends are analysis and presented in Clinical Governance board/ Grand round meetings

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		All non compliance are enumerated recorded for medical audits		SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings
		All non compliance are enumerated recorded for death audits		SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings
		All non compliance are enumerated recorded for prescription audits		SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings
ME G10.5	Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process	Check action plans are prepared and implemented as per medical audit record findings		SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months
		Check action plans are prepared and implemented as per death audit record's findings		SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months
		Check action plans are prepared and implemented as per prescription audit record findings		SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months
		Check the data of audit findings are collated		SI/RR	Check collected data is analysed & areas for improvement is identified & prioritised
		Check PDCA or revalent quality method is used to address critical problems		SI/RR	Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care	Check standard treatment guidelines / protocols are available & followed.		SI/RR	Staff is aware of Standard treatment protocols/ guidelines/best practices
		Check treatment plan is prepared as per Standard treatment guidelines		SI/RR	Check staff adhere to clinical protocols while preparing the treatment plan

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		Check the drugs are prescribed as per Standards treatment guidelines		SI/RR	Check the drugs prescribed are available in EML or part of drug formulary
		Check the updated/ latest evidence are available		SI/RR	Check when the STG/ protocols/evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences.
		Check the mapping of existing clinical practices processess is done		SI/RR	The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA
AREA OF CONCERN - H OUTCOME					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**				
ME H1.1	Facility measures productivity Indicators on monthly basis	Bed Occupancy Rate for normal delivery ward		RR	
		Bed Occupancy Rate for C section ward			
		Proportion of Severe anaemia cases treated with blood transfusion		RR	
		The proportion of high-risk pregnancies managed		RR	GDM, hypothyroidism & syphilis
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Referral Rate		RR	
		Bed Turnover rate		RR	
		Discharge rate		RR	
		No. of drugs stock out in the ward		RR	
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Average length of stay for normal delivery		RR	
		Average length of stay for Surgical Cases		RR	(a) C Section Cases (b) Hysterectomy Cases
		Newborns Breastfed within 1 hr of Birth		RR	
		Maternal Death per 1000 deliveries		RR	

Reference no	Measurable Element	Checkpoints	Compli-ance	Assessment method	Means of verification
		No of adverse events per thousand patients		RR	
		Proportion of mother given postnatal counselling		RR	
		Time taken for initial assessment		RR	
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR	
		Patient Satisfaction Score		RR	
		Proportion of mothers given drop back facility		RR	

ASSESSMENT SUMMARY

Name of the Hospital ..... Date of Assessment .....

Names of Assessors ..... Names of Assessees .....

Type of Assessment (Internal/External) ..... Action plan Submission Date .....

A. SCORE CARD

MATERNITY WARD SCORE CARD	
Area of Concern wise score	**Maternity Ward Score**
A. Service Provision	
B. Patient Rights	
C. Inputs	
D. Support Services	
E. Clinical Services	
F. Infection Control	
G. Quality Management	
H. Outcome	

B. MAJOR GAPS OBSERVED

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

C. STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/OPPORTUNITIES FOR IMPROVEMENT

_____

_____

_____

Names and Signature of Assessors

Date _____

CHECKLIST - 11

PAEDIATRIC OUT PATIENT DEPARTMENT (MUSQAN)

CHECKLIST FOR PAEDIATRIC OUT PATIENT DEPARTMENT (MUSQAN)

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	Facility Provides Curative Services				
ME A1.4	The facility provides Paediatric Services	Availability of Paediatric Clinic		SI/OB	(1) Dedicated Paediatric Clinic for diagnosis and treatment for common childhood ailments (2) Screening for admission (3) Follow up for care & care after discharge
		Availability of services for early identification and intervention of 4 D's		SI/OB	Established linkage with DEIC (inhouse or referral)
ME A1.5	The facility provides Ophthalmology Services	Availability of functional Ophthalmology Clinic		SI/OB	1. Ophthalmology Clinic providing Paediatrics consultation services (shared with main hospital) 2. Check records for no. of paediatric cases seen in past three months
ME A1.6	The facility provides ENT Services	Availability of Functional ENT Clinic		SI/OB	1. ENT clinic providing paediatrics consultation services (shared with main hospital) 2. Check records for no. of paediatric cases seen in past three months
		Availability of OPD ENT procedures		SI/OB	1. Check records for no. of paediatric cases seen in past three months 2. Foreign Body Removal (Ear and Nose),Stitching of CLW's, Dressings, Syringing of Ear, Chemical Cauterization (Nose & Ear), Eustachian Tube Function Test, Vestibular Function Test etc.
ME A1.7	The facility provides Orthopaedics Services	Availability of Functional Orthopaedic Clinic		SI/OB	1. Orthopaedic Clinic providing Paediatric consultation services (shared with main hospital) 2. Check records no. of paediatric cases seen in past three months

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of OPD Orthopaedic procedure		SI/OB	1. Check records for no. of paediatric cases seen in past three months 2. Plaster room procedure
ME A1.8	The facility provides Skin & VD Services	Availability of functional Skin & VD Clinic		SI/OB	1. Skin & VD Clinic providing consultation paediatrics services (shared with main hospital) 2. Check records for no. of paediatric cases seen in past three months
ME A1.10	The facility provides Dental Treatment Services	Availability of functional Dental Clinic		SI/OB	1. Dental Clinic providing consultation services (shared with main hospital) 2. Check records no. of paediatric cases seen in past three months
		Availability of OPD Dental procedure		SI/OB	1. Check records for no. of paediatric cases seen in past three months 2. Accompanied by dental lab. Extraction, scaling, tooth extraction, denture and Restoration.
ME A1.11	The facility provides AYUSH Services	Availability of Functional Ayush clinic		SI/OB	1. AYUSH Clinic providing Paediatrics consultation services (shared with main hospital) 2. Check records for no. of paediatric cases seen in past three months
ME A1.12	The facility provides Physiotherapy Services	Availability of Functional Physiotherapy Unit		SI/OB	1. Physiotherapy Clinic providing Paediatric consultation services (shared with main hospital) 2. Check records for no. of paediatric cases seen in past three months
ME A1.13	The facility provides services for OPD procedures	Availability of Dressing facilities at OPD		SI/OB	
		Availability of Injection room facilities at OPD		SI/OB	
ME A1.14	Services are available for the time period as mandated	Check OPD Services are available at least for 6 hours		SI/RR	
		Check emergency services are provided to paediatric cases even after OPD hrs		SI/RR	(1) Functional linkage with SNCU for all newborns (upto 28 days) (2) Functional linkage with emergency department for paediatric triage - assessment & stabilization

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME A1.16	The facility provides Accident & Emergency Services	Availability of services for ETAT		SI/OB	Linkage with emergency department and inpatient services
		Availability of services for sexually assaulted child		SI/OB	Provide first aid services , medical treatment & inform the police
Standard A2	Facility provides RMNCHA Services				
ME A2.3	The facility provides Newborn health Services	Availability of immunization services		SI/OB	Availability of Functional immunization clinic
ME A2.4	The facility provides Child health Services	Availability of Functional IYCF clinic		SI/OB	Assessment of physical growth & immunisation status and age-appropriate nutritional counselling services
		Availability of promotion services of overall growth and development of children		SI/OB	Provision of health education, health & nutrition counselling
Standard A3	Facility Provides diagnostic Services				
ME A3.1	The facility provides Radiology Services	Availability of Functional Radiology Services		SI/OB	Hassle free diagnostic services are available for paediatric cases
ME A3.2	The facility Provides Laboratory Services	Availability of functional laboratory services		SI/OB	Availability of a dedicated Lab technician for sample collection of paediatric cases
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme				
ME A4.12	The facility provides services as per Rashtriya Bal Swasthya Karykram	Screening and early detection of 4 Ds		SI/RR	Linkage with lower facilities, MMU, school health programme for management of 4 D's
		Availability of DEIC		SI/RR	Facility for Occupational therapy & Physical therapy, Psychological services, Cognition services, Audiology, Speech-language pathology,vision,etc
Standard A5	Facility provides support services				
ME A5.3	The facility provides security services	Availability of security services		SI/OB	Dedicated staff for paediatric OPD
ME A5.4	The facility provides housekeeping services	Availability of Housekeeping services		SI/OB	Dedicated staff for paediatric OPD
ME A5.6	The facility provides pharmacy services	Availability of drug storage and dispensing services		SI/OB	Dedicated drug dispensing counter for paediatric OPD

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard A6	**Health services provided at the facility are appropriate to community needs.**				
ME A6.1	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally.	Special Clinics are available for local prevalent diseases/ endemics		SI/OB	Ask for the specific local health problems/ diseases .i.e. arsenic poisoning, endosulfane, hameophilia,Acute encephalitis Syndrome (AES) in children, followup for Birth defects etc.
AREA OF CONCERN - B PATIENT RIGHTS					
Standard B1	**Facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability of departmental & directional signages		OB	1. Numbering, main department and internal sectional signage are placed. 2. Directional signages are available clearly indicating the paediatric OPD and its ancillary areas vis a vis counselling room, immunization room , breastfeeding corner, lab etc.
		Display of layout/ floor directory		OB	The layout should indicate the paediatric services vis a vis examination room, consultation room, immunisation, IYCF counselling, drugs dispensing , lab, imaging, emergency, SNCU, paediatric wards etc very clearly
ME B1.2	The facility displays the services and entitlements available in its departments	Information regarding services are displayed		OB	1. List of available Paediatric OPD Clinic/s 2. Timing for OPD (opening and closing) 3. Important numbers like ambulance ,blood bank etc 4. Turn around time for investigation, 5. grievance re addressal are displayed
		Names of doctor on duty is displayed and updated		OB	Name of doctor, Nurse and Counsellor on duty are displayed and updated.
		Entitlement under JSSK , RBSK, PMJAY and other schemes are displayed		OB	Relevant national or state guidelines are followed for provision of diagnostics, drugs, treatment of children.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME B1.3	The facility has established citizen charter, which is followed at all levels	Display of citizen charter in OPD complex		OB	Check Citizen charter is shared with main OPD complex, it includes information on: 1. Services available at the facility 2. Timings of different services available 3. Rights of Patients 4. Responsibilities of Patients and Visitors 5. Beds available 6. Complaints and Grievances Mechanism 7. Mention of Services available on payment if any 8. Help desk number 9. Cycle time for Critical Processes
ME B1.4	User charges are displayed and communicated to patients effectively	User charges for services are displayed		OB	User charges if any, are displayed and communicated to parent-attendants.
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed		OB	Breastfeeding, Immunization schedule, Management of diarrhoea using Zn & ORS, SAANS campaign, nutrition requirement of children , KMC and hand washing etc
		Education material for counselling are available in Counselling room		OB	Education material, job aids, dolls, mama's breasts model etc are available for lactation and nutrition Counselling
		No display of poster/ placards/ pamphlets/videos in any part of the Health facility for the promotion of breast milk substitute , feeding bottles, teats or any product as mentioned under IMS Act		OB	Check in Immunization, paediatric OPDs , waiting areas etc.
		No display of items and logos of companies that produce breast milk substitute, feeding bottles, teats or any product as mentioned under IMS Act		OB	1. Check in Immunization, paediatric OPDs , waiting areas etc. 2. Check staff is not using pen, note pad, pen stand etc. which have logos of companies' producing breast milk substitute etc.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		No information, counselling and educational material is provided to mothers and families on Formula Feed		OB	During counselling Mothers and families has been specially educated about Ill effects of breast milk substitutes.
ME B1.6	Information is available in local language and easy to understand	Signages and information are available in local language		OB	Check all information are available in local language
ME B1.7	The facility provides information to patients and visitor through an exclusive set-up.	Availability of Enquiry Desk with dedicated staff		OB/SI	Enquiry /help desk is available with staff fluent in local language and well versed with hospital layout and processes
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	OPD slip with UID is given to the patient		RR/OB	
Standard B2	**Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.**				
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of Breast feeding corner		OB	Safe, secure, clean, calm environment and privacy is maintained for breastfeeding
		Availability of female staff if a male doctor examines a female patient		OB	1. Due care is taken in examining older female child (she should be examined in the presence of a parent/ relative or a female staff. 2. Examination of mother for lactation support is also provided ensuring complete privacy and dignity
		Separate toilets for male and female		OB	Separate toilets for parent accompanying the children/ attendant
ME B2.3	Access to facility is provided without any physical barrier and friendly to people with disabilities	Dedicated registration counter for paediatric cases		OB	Facility takes effort to ensure hassle free registration. Have dedicated counter/ separate counter in centralized OPD registration (provision of dedicated que for school going children)
		Registration to drug processes are hassle free.		OB	Check computerised registration, token system for queuing and patient calling system with electronic display are available to systematise outpatient consultation.
		Availability of Wheel chair or stretcher for easy Access to the OPD		OB	Dedicated wheelchair / stretchers are available for paediatric patients.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of ramps with railing		OB	At least 120 cm width, gradient not steeper than 1:12
		There is no chaos and over crowding in the OPD		OB	Preferably have digital public calling system for patients
		Availability of differently abled toilet		OB	Wide , placed at lower level, supported with bars & door of toilet is opening outside
		Availability of children friendly toilet		OB	Children friendly- two WC and a washbasin should be reserved for children visiting the OPD and fitted accordingly (low WC seats; washbasins at appropriate height, lever operated taps).
Standard B3	**Facility maintains the privacy, confidentiality & Dignity of patient, and has a system for guarding patients related information**				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen/curtain at Examination Area		OB	Curtain/screen are available in examination area
		Availability of screen/curtain at breastfeeding corner		OB	(1) Secondary curtain/ screen is used to create a visual barrier in breastfeeding area (2) Curtains/frosted glasses at windows for maintaining privacy
		One Patient is seen at a time in clinics		OB	Only patient and the parent-attendant are permitted inside the clinic
		Privacy at the counselling room is maintained		OB	Privacy (verbal and visual) of mother/parent is ensured while providing counselling services
ME B3.2	Confidentiality of patients records and clinical information is maintained	Records are placed at secure place beyond access to general staff and visitor		SI/OB	1. No information regarding patient / parent identity is displayed 2. Records are not shared with anybody without written permission of parents & appropriate hospital authorities
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		PI/OB	Check staff is not providing care in undignified manner such as yelling, scolding, shouting and using abusive language for patient or parent-attendant
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	Privacy and confidentiality of health conditions having social stigma are maintained		PI/OB	Check if HIV/leprosy/abuse case etc is not explicitly written on case sheets/slips and avoiding any means by which they can be identified in public

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard B4	**Facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitate informed decision making patient.**				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	Informed consent is taken from parent/ guardian before any investigation		RR /PI	Explained about the whole process
ME B4.2	Patient is informed about his/her rights and responsibilities	Display of patient rights and responsibilities.		OB	Patient 's rights & responsibilities are displayed (may be shared with main hospital)
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Parent- attendant is informed about the clinical condition and treatment been provided		PI	Ask parent attendants/ guardians about what they have been communicated about the clinical condition and treatment plan .
		Pre and Post procedure counselling is given		PI/RR	Parent attendant/guardians are counselled before conducting a test, imaging, immunisation or any procedure. Ask parents if they have been counselled about the process and requirement.
ME B4.5	The facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance redressal and whom to contact is displayed		OB	check the completeness of the Grievance redressal mechanism , from complaint registration till its resolution
Standard B5	**Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of hospital services.**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Free OPD Consultation		PI/SI	For JSSK, RBSK, PMJAY entitlement or any relevant national and state guideline
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing drugs or consumables from outside.		PI/SI	Ask parent attendants/ guardians if they purchased any drug/consumable from outside
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not spent on diagnostics from outside.		PI/SI	Ask parent attendants/ guardians if they got any diagnostic investigation done from outside
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Free OPD Consultation for BPL patients		PI/RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurred it is reimbursed from hospital		PI/RR	
Standard B6	**Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities**				
ME B6.9	There is an established procedure to issue of medical certificates and other certificates	Check hospital has documented policy for issuing medical certificates		RR/PI	1. Check for policy 2. Who can issue certificates 3. Formats which shall used 4. Record keeping of issued certificate procedures for issuing duplicate certificates 5. Check turn around time to issue certificate
		Check hospital has documented policy for issuing disability certificates under RBSK		RR/PI	1. Check for policy 2. Who can issue certificates 3. Formats which shall used 4. Record keeping of issued certificate procedures for issuing duplicate certificates 5. Check turn around time to issue certificate
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	Clinic has adequate space for consultation and examination		OB	a. Adequate Space in Clinic, ample space to seat 4-5 people b. The room has handwashing facility .
		Availability of adequate waiting area		OB	a. Waiting area has adequate space and is adjacent or close to the paediatric clinic b. check ambience of the waiting area is child friendly vis a vis cartoon/animals/flowers painting on the wall, child play zone with safe toys, puzzles, blocks, stacking bottle tops and swings.
ME C1.2	Patient amenities are provide as per patient load	Availability of seating arrangement in waiting area		OB	a. As per average OPD at peak time b. separate , movable, safe and comfortable chairs for children are available
		Availability of sub waiting for separate clinics		OB	Separate seating arrangement for immunisation , IYCF Counselling centre, etc.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of Drinking water		OB	See if water cooler is easily accessible to the visitors
		Functional toilets with running water and flush are available		OB	Two WC and a washbasin should be reserved for children visiting the OPD and fitted accordingly (low WC seats; washbasins at appropriate height, lever operated taps).
ME C1.3	Departments have layout and demarcated areas as per functions	Dedicated examination area is provided with each clinics		OB	Examination table along with foot steps
		Demarcated area for the assessment and examination of medico-legal cases		OB	Such as rape/sexual assault survivors in OPD / Linkage with emergency
		Demarcated dressing area /room & injection room		OB	Can be shared with main OPD
		Dedicated IYCF Counselling Centre		OB	Check availability of IYCF room
		Dedicated immunization room for children		OB	
		OPD has separate entry and exit from IPD and Emergency		OB	
		Availability of clean and dirty utility room		OB	
		Demarcated Drug dispensing counter for paediatric patients		OB	Separate pharmacy/ Separate dispensing counter at OPD pharmacy
		Check paediatric complex/services are away from isolation and restricted areas		OB	TB clinic, isolation room, radiology etc.
		Demarcated trolley/ wheelchair bay		OB	Available separately for children
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors at OPD are broad enough to manage stretcher and trolleys		OB	Corridor should be wide enough so that 2 stretchers can pass simultaneously
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services in clinics		OB	Check availability of functional telephone and intercom connections

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Unidirectional flow of services		OB	Layout of OPD shall follow functional flow of the patients, e.g.: Enquiry→Registration→ Waiting→Sub-waiting→ Clinic→Dressing room/ Injection Room/immunisa-tion→Diagnostics (lab/X-ray)→ Pharmacy→Exit
		All clinics and related auxiliary services are co located in one functional area		OB	Paediatric OPD clinic, emergency, immunisation room, IYCF counselling centre, Pharmacy/drug dispensing counter and any other
Standard C2	**The facility ensures the physical safety of the infrastructure.**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment , hanging objects are properly fastened and secured
ME C2.3	The facility ensures safety of electrical establishment	OPD building does not have temporary connections and loosely hanging wires		OB	a. Switch Boards other electrical installations are intact. B. Check adequate power outlets have been provided as per requirement of electric appliances and c. Electrical points are out of reach of children / covered
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the department is non slippery and even		OB	
		Paediatric OPD is safe and secure		OB	Open spaces are properly secured to prevent fall and injury
		Windows have grills and wire meshwork		OB	
Standard C3	**The facility has established Programme for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	OPD has sufficient fire exit to permit safe escape to its occupant at time of fire		OB	Check the fire exits are clearly visible and routes to reach exit are clearly marked. Check there is no obstruction in the route of fire exits. Staff is aware of assembly points .
ME C3.2	The facility has adequate fire fighting Equipment	OPD has installed fire Extinguisher that is Class A , Class B, C type or ABC type		OB	Check the expiry date for fire extinguishers are displayed as well as due date for next refilling is clearly mentioned.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	Staff is aware of RACE (Rescue, Alarm, Confine & Extinguish) & PASS (Pull, Aim, Squeeze & Sweep)
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of paediatric specialist at OPD time		OB/RR	a. As per patient load b. 1 for every 50-60 cases; c. Check for specialist are available at scheduled time
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of General duty doctor		OB/RR	a. As per patient load b. Trained in paediatric care
		Availability of Dentist		OB/RR	As per patient load
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	a. As per patient load At Injection room, OPD Clinics, immunisation room, IYCF Counselling room DEIC as Per Requirement
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability of paramedical staff		OB/SI	1 with each doctor where children are weighed & weight is correctly recorded, immunisation status is checked, children < five years are screened for SAM using MUAC, and those with emergency and priority signs are triaged. Check dedicated staff is also available with IYCF counselling centre
		Availability of staff for lab		SI/RR	A dedicated Lab technician for sample collection of paediatric cases
		Availability of Nutrition Counsellor		SI/RR	A Nutrition Counsellor/ IYCF counsellor is appointed to manage this centre and is available for fixed hours (coinciding with timing of outpatient services) to counsel and address referral cases.
		Availability of technician/ Assistant		SI/RR	Audiometrician, Ophthalmic assistant, Dental technician (As per patient load & Shared with main hospital) a. Check services are available for paediatric cases , b. Check record how many paediatric cases have availed services in last three months

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of Physiotherapist & rehabilitation therapist		SI/RR	a. Check services are available for paediatric cases , b. Check record how many paediatric cases have availed services in last three months (As per patient load & Shared with main hospital)
		Availability of dedicated staff for DEIC as per RBSK guideline		SI/RR	Availability of dedicated staff under RBSK: 1. Paediatrician 2. Medical Officer 3. Dentist 4. Physiotherapist / Occupational therapist / Early Interventionist with Physiotherapy/ Occupational therapy background 5. Clinical Psychologist/ Rehabilitation Psychologist 6. Paediatric Optometrist 7. Paediatric Audiologist & Speech pathologist / Early Interventionist with Paediatric Audiology & Speech pathology background 8.Special Educator 9. Lab Technician 10. Dental Technician 11. Manager 12. DEO 13. Counsellor
ME C4.5	The facility has adequate support / general staff	Availability of house keeping staff & security guards		SI/RR	Dedicated for paediatric opd
		Availability of registration clerks as per load		SI/RR	Dedicated for paediatric opd
Standard C5	**Facility provides drugs and consumables required for assured list of services.**				
ME C5.1	The departments have availability of adequate medicine at point of use	Availability of injectables at injection room		OB/RR	ARV & TT
		Analgesics/ Antipyretics/Anti inflammatory		OB/RR	As per State EML
		Antibiotics		OB/RR	As per State EML
		Anti Diarrhoeal		OB/RR	As per State EML
		Antiseptic lotion		OB/RR	As per State EML
		Dressing material		OB/RR	As per State EML
		IV fluids		OB/RR	As per State EML
		Eye and ENT drops		OB/RR	As per State EML

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Anti allergic		OB/RR	As per State EML
		medicine acting on Digestive system		OB/RR	As per State EML
		medicine acting on cardio vascular system		OB/RR	As per State EML
		medicine acting on central/Peripheral Nervous system		OB/RR	As per State EML
		medicine acting on respiratory system		OB/RR	As per State EML
		Other medicine and materials		OB/RR	As per State EML
		Availability of vaccine as per National Immunization Program		OB/RR	As per Immunization schedule
ME C5.2	The departments have adequate consumables at point of use	Availability of disposables at dressing room and clinics		OB/RR	Examination gloves, Syringes, Dressing material , suturing material etc.
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained at immunization room		OB/RR	AEFI Kit - 1 mL ampoule of adrenaline (1:1000) – 3 nos., 1 mL tuberculin syringes / 40 unit insulin syringes without fixed neEMLes, 24/25 G neEMLes of 1 inch length, Swabs. New-born resuscitation kit - Suction catheter (5F, 6F, 8F, 10F) , bag and mask, laryngoscope, endotracheal tubes(2.5, 3, 3.5, 4 and stylets, umbilical catheters , three way stop check
		Emergency Drug Tray is maintained at injection cum treatment room in OPD		OB/SI	Normal Saline (NS),Glucose 25%,Ringer Lactate (RL),Dextrose 5%,Potassium Chloride,Calcium Gluconate,Sodium Bicarbonate,Inj Pheniramine,Inj Hydrocortisone Hemisuccinate/ Hydrocortisone Sodium Succinate ,Inj Phenobarbitone,Inj Phenytoin,Inj Diazepam,Inj Midazolam,Salbutamol Respiratory,Ipratropium Respirator solution for use in nebulizer,Inj Dopamine,I.V Infusion set,I.V Cannula (20G/22G/24G/26G) & Nasal Cannula(Infant, Child, Adult) & oxygen

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard C6	**The facility has equipment & instruments required for assured list of services.**				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB/RR	Non-invasive blood pressure monitoring (Paediatric and adult cuffs) -1 each, thermometer, Weighing scales (digital) for infants and children (1 each), stethoscope (paediatric), Stadiometer, Infant meter , Measuring tape
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of functional equipment &Instruments for paediatric clinic		OB/RR	Spatula (disposable) -multiple torch Stethoscope (paediatric) Otoscope Resuscitation kit Direct Ophthalmoscope Paediatric Auroscope Ear speculum Magnifying glass Knee hammer
		Availability of functional equipment &Instruments for IYCF nutrition counselling		OB/RR	Digital weighing scales for infants & children, Stadiometer, Infantometer WHO growth standards (Charts) MUAC tapes, Mother Child Protection Card, Dolls and breast models (such as for demonstrating expression of breastmilk), Steel bowl, spoon
		Availability of functional Equipment/ Instruments for emergency Procedures		OB/RR	Self-inflating bags & mask with oxygen reservoir: newborn (250 ml), infant (500) & paediatric (750 mL), Newborn, Infant, child masks (00,0,1,2), Oxygen concentrator (if assured power supply) or oxygen cylinder (as backup) with regulator, pressure gauge and flow meter, Suction pumps (electric & foot operated),Nebuliser, Infusion pump, Laryngoscope handle and blades: curved 2,3; straight 1,2; handle 0 size, Pulse oximeter (adult / paediatric probes),Noninvasive blood pressure monitoring (infant, child cuffs)
		Availability of functional Equipment/ Instruments for Orthopaedic Procedures		OB	X ray view box, Equipment for plaster room - Traction etc.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of functional Instruments / Equipment for Ophthalmic Procedures		OB	Retinoscope, refraction kit, tonometer, perimeter, distant vision chart, Colour vision chart.
		Availability of Instruments/ Equipment Procedures for ENT procedures		OB	Audiometer, Laryngoscope, Otoscope, Head Light, Tuning Fork, Bronchoscope, Examination Instrument Set
		Availability of functional Instruments/ Equipment for Dental Procedures		OB	Dental chair, Air rotor, Endodontic set, Extraction forceps
		Availability of functional Equipment/ Instruments for Physiotherapy Procedures		OB	Traction, Short Wave Diathermy, Exercise table etc .
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley
		Availability of equipment for maintenance of cold chain		OB	Deep freezer and ILR , insulated carrier boxes with ice packs
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipment for cleaning & disinfection		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
		Availability of equipment for sterilization		OB	Autoclave
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of Fixtures		OB	Spot light, electrical fixture for equipment, X ray view box
		Availability of furniture at clinics		OB	Doctors Chair, Patient Stool, Examination Table, Attendant Chair, Table, Footstep, cupboard, wheelchair, trolley, Almirah/ wall mounted cabinets (for storage of consumables, records) etc.
Standard C7	**Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff**				
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff	Check parameters for assessing skills and proficiency of clinical staff has been defined		SI/RR	Check objective checklist has been prepared for assessing competence of doctors, nurses and paramedical staff based on job description defined for each cadre of staff.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year	Check for competence assessment is done at least once in a year		SI/RR	Check for records of competence assessment including filled checklist, scoring and grading . Verify with staff for actual competence assessment done
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Training on Infection prevention & patient safety		SI/RR	Biomedical Waste Management & Infection control and hand hygiene ,Patient safety
		Training on IYCF		SI/RR	Especially for lactation failure or breast problems like engorgement, mastitis etc, and provide special counselling to mothers with less breast milk, low birth weight babies, sick new-born, undernourished children, adopted baby, twins and babies born to HIV positive mothers. At least two service providers trained in advanced lactation management and IYCF counselling skills should be available to deal with difficult and referred cases.
		Training for RBSK		SI/RR	screening, diagnosis , management and referral
		Training on F-IMNCI		SI/RR	Emergency triage, Resuscitation, monitoring & stabilization
		Training on Quality Management		SI/RR	Triage, Quality Assessment & action planning, PDCA, 5S & use of checklist for quality improvement
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision	Check facility has system of on job monitoring and training		SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under AMC including preventive maintenance		SI/RR	1. Check with AMC records/ Warranty documents 2. Staff is aware of the list of equipment covered under AMC.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		There is system of timely corrective break down maintenance of the equipment		SI/RR	1.Check for breakdown & Maintenance record in the log book 2. Staff is aware of contact details of the agency/person in case of breakdown.
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated		OB/ RR	1.BP apparatus, thermometers, weighing scale etc. are calibrated. 2.Check for calibration records and next due date
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of Medicines in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is process for indenting consumables and drugs in injection/ dressing and immunisation room		SI/RR	1. Requisition are timely placed (check with registers) 2. Monthly vaccine utilization including wastage report is updated 3. Stock level are daily updated
		Check drugs are available in paediatric doses/ formulation		OB/RR	
		Forecasting of drugs and consumables is done scientifically based on consumption and disease load		RR/SI	Staff is trained to forecast the requirement using scientific system
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in emergency tray and drugs dispensing counter and are labelled		OB	1. Check drugs and consumables are kept at allocated space in emergency tray and drugs dispensing counter 2. Drug shelves are labelled. 3. Look alike and sound alike drugs are kept separately 4.EARLY EXPIRY FIRST OUT (EEFO) is practised
		Vaccine are kept at recommended temperature at immunization room		OB	1. Daily cleanliness of cold chain equipment; 2. Twice daily temperature recording
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates for injectables are maintained at injection and immunization room		OB/RR	Records for expiry and near expiry drugs are maintained for stored drugs

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Expiry dates' are maintained at emergency drug tray and drug dispensing counter		OB/RR	Expiry dates against drugs are mentioned at emergency drug tray and drug dispensing counter
		No expired drug found		OB/RR	At drug dispensing counter and emergency tray
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	Minimum reorder level is defined and buffer stock is kept
		Department maintains stock and expenditure register of drugs and consumables		SI/RR	Check stock and expenditure register is adequately maintained
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is no stock out of vital and essential drugs		SI/RR	There is procedure for replenishing drugs in emergency tray and drug dispensing counter
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	1. Check for temperature charts are maintained and updated periodically 2. Refrigerators meant for storing drugs should not be used for storing other items such as eatables
		Cold chain is maintained at immunization room		OB/RR	Check for four conditioned Ice packs are placed in Carrier Box, DPT, DT, TT and Hep B Vaccines are not kept in direct contact of Frozen Ice line
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination in clinics & procedure area		OB	Examination table, Dressing room, injection room, circulation area, counselling room, immunization room, drugs dispensing counter and waiting area
ME D3.2	The facility has provision of restriction of visitors in patient areas	Only one patient is allowed at a time in clinic		OB/SI	1. Adequate seating for parent - patient 2. One clinic is not shared by 2 doctors at one time
		Limited number of attendant/ relatives are allowed with patient		OB/SI	As per hospital policy
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in clinics & waiting areas		PI/OB	Fans/ Air conditioning/ Heating/Exhaust/Ventilators as per environment condition and requirement

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D3.4	The facility has security system in place at patient care areas	Hospital has sound security system to manage overcrowding in OPD		OB/SI	1. Dedicated security guards. 2. Functional CCTV at all entrance, all exit and circulation areas (may be shared with main hospital)
ME D3.5	The facility has established measure for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior & Interior of the facility building is maintained appropriately	Interior & exterior of patient care areas are plastered , painted & building are white washed in uniform colour		OB	1. Building is painted/ whitewashed in uniform colour 2. Paediatric OPD is easy to identify
		Ambience of paediatric OPD is bright and child friendly		OB	Check walls are painted with cartoon characters/ animals/ plants/ under water/ jungle themes etc
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks, patient care and circulation areas are Clean		OB	1. All area are clean with no dirt, grease, littering and cobwebs. 2. Surface of furniture and fixtures are clean 3. Cleanliness and maintenance of child zone including their swings and toys is ensured
		Toilets are clean with functional flush and running water		OB	Check toilet seats, floors, basins etc are clean and water supply with functional cistern
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster		OB	Window panes , doors and other fixtures are intact
		Patients Examination couch / beds are intact and painted		OB	Mattresses are intact and clean
ME D4.4	Hospital maintains the open area and landscaping of them	Gardens and child zone are well maintained		OB	1. No overgrown bushes /trees 2. Bushes / trees are shaped as animal/birds/child friendly topiaries
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material lying in the OPD		OB	Check if any obsolete article including equipment, instrument, records, drugs and consumables
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/ rodent/birds		OB	(1) No lizard, cockroach, mosquito, flies, rats, bird nest etc. (2) Anti Termite treatment on wooden items on defined intervals

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in OPD		OB/SI	1. Check for availability of power backup 2. Uninterrupted power supply for cold chain maintenance
StandardD6	**Dietary services are available as per service provision and nutritional requirement of the patients.**				
ME D6.1	The facility has provision of nutritional assessment of the patients	Nutritional assessment of patient done as required and directed by doctor		RR/SI	All children below two years are directed from outpatients to the counselling centre for assessment of physical growth & immunisation status (if not already done in the Paediatric Clinic) and age-appropriate counselling services
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate sets of linen	Availability of linen in examination area		OB/RR	1. Adequate linen is available in examination area. 2. Child friendly bright coloured and soft linen is used
ME D7.2	The facility has established procedures for changing of linen in patient care areas	Cleanliness & Quantity of washed linen is checked.		OB/RR	(1) A person is dedicated for management of OPD laundry. (2) Records are maintained
Standard D10	**Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government**				
ME D10.2	Updated copies of relevant laws, regulations and government orders are available at the facility	IMS Act 2003		OB/ RR	1. Check staff is able to explain the key messages of IMS Act (At-least 3 messages) (a) Prohibition from any kind of promotion and advertisement of infant milk substitutes, (b) prohibition of providing free samples and gifts to pregnant women or mother, (c) prohibit donation of free or subsided free samples, (d) prohibit any contact of manufacturer or distributor with staff 2. Hoarding describing the provision of IMS act is displayed in the facility

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Protection of children from Sexual offenses Act 2012 & guidelines 2013		OB/ RR	Check staff is aware of key points of medical examination of sexually assaulted child (1) Take written Consent from parents / guardian (2) Document the question asked (3) Ensure adequate privacy (4) Ask the child whom they would like to accompany them during physical examination (5) If child resist, examination may be deferred (6) If the victim is girl child assessment shall be conducted by women doctor
		Code of Medical ethics 2002		OB/ RR	
ME D10.3	The facility ensure relevant processes are in compliance with statutory requirement	No information, counselling and educational material is provided to mothers and families on Formula Feed for children		PI	
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster		RR/SI	Check for system of recording time of reporting and relieving (Attendance register/ Biometrics etc)
		There is designated in charge for department		SI	
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	As per hospital administration or state policy
Standard D12	**Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations**				
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/Laundry/ Security/Maintenance) provided are done by designated in-house staff
AREA OF CONCERN - E CLINICAL SERVICES					
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients.**				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number & patient demographic records are generated during process of registration & admission		RR	Check for patient demographics like baby Name, father's/mother's name , age, Sex, Chief complaint, etc. are clearly recorded

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Patients are directed to relevant clinic by registration clerk		PI/SI	Registration clerk are well versed with hospital processes and lay out
		Registration clerk is aware of categories of the patient exempted from user charges		SI/RR	JSSK, RBSK , ABPMJAY , BPL or any other state specific schemes
ME E1.2	The facility has a established procedure for OPD consultation	There is procedure for systematic calling of patients one by one		OB	Patient is called by Doctor/ attendant as per his/her turn on the basis of "first come first examine" basis. However, in case of emergency out of turn consultation is provided.
		Patient History is taken and recorded		RR	Check OPD records for the same
		Physical Examination is done and recorded wherever required		OB/RR	Check details of the physical examination, provisional diagnosis and investigations (if any) is mentioned in the OPD ticket
		Check OPD records for the treatment plan		OB/RR	Check treatment plan and confirmed diagnosis is recorded
		No Patient is Consulted in Standing Position		OB	Proper seating arrangement for the patient and parent-attendant is there. Care is provided in a dignified way.
		Clinical staff is not engaged in administrative work		OB/SI	During OPD hours clinical staff is not engaged in other administrative tasks
ME E1.3	There is established procedure for admission of patients	There is establish procedure for admission through OPD		SI/RR	Check the linkage between OPD , emergency and IPD services. Staff is aware about linkage and no time is wasted in the admission process.
		There is establish procedure for day care admission		SI/RR	Patients requiring day care services receive the care hassle free
Standard E2	**The facility has defined and established procedures for clinical assessment, reassessment and treatment plan preparation.**				
ME E2.1	There is established procedure for initial assessment of patients	There is screening clinic for initial assessment of the patients		OB	Initial screening is done for all paediatric patients. They are weighed & weight is correctly recorded, immunisation status is checked, children < five years are screened for SAM using MUAC and those with emergency and priority signs are triaged.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	Procedure for follow up of patients		OB/RR	1. Patients (inborn and out born) are followed up for nutritional status and the completion of the treatment & immunisation . 2.Provisioning for follow up at lower level healthcare facilities vis a vis CHC , PHC and HWC. 3. Provisioning for tele consultation (give compliance if state does not have telemedicine facility)
		There is fixed schedule for reassessment of patient under observation		SI/RR	
		There is system in place to identify and manage the changes in Patient's health status		SI/RR	Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating
		Check the treatment or care plan is modified as per re assessment results		SI/RR	Check the re assessment sheets/ Case sheets modified treatment plan or care plan is documented
ME E2.3	There is established procedure to plan and deliver appropriate treatment or care to individual as per the needs to achieve best possible results	Check treatment/ care plan is prepared as per patient's need		RR	(a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relvent care provider while preparing the care plan.
		Check treatment / care plan is documented		RR	Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc
		Check care is delivered by competent multidisciplinary team		SI/RR	Check care plan is prepared and delivered as per direction of qualified physician
Standard E3	**Facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	Facility has established procedure for continuity of care during interdepartmental transfer	There is a procedure for consultation of the patient to other specialist with in the hospital		SI/RR	Check the established procedure for intradepartmental refer to other specialist if required

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E3.2	Facility provides appropriate referral linkages to the patients/ Services for transfer to other/higher facilities to assure their continuity of care.	Facility has defined criteria for referral		SI/RR	1. Referral criteria are defined as per FBNC and state specific guidelines 2. Referral criteria clearly mention the cases referred to the higher and lower centre for treatment/follow up
		Facility has functional referral linkages to higher facilities		SI/RR	1. Details of Referral linkages are clearly displayed in OPD 2. Verify with referral records that reasons for referral were clearly mentioned and rational. 3. Referral is authorized by paediatrician or Medical officer on duty after ascertaining that case can not be managed at the facility.
		Facility has functional referral linkages to lower facilities		SI/RR	Referral linkage to lower down facility for the compliance of the treatment and further follow up.
		There is a system of follow up of referred patients		RR/PI	1. Check referral out record is maintained 2. Check randomly with the referred cases (contact them) for completion of treatment or follow up.
		ICTC has functional Linkages with ART and state reference Labs		RR/SI	
ME E3.4	Facility is connected to medical colleges through telemedicine services	Telemedicine service are used for consultation		RR/SI	1. Telemedicine services are available on a fixed day for paediatric cases (for both old and new cases) 2. There is a system in place to give the prior appointment
		Patient records are maintained for the cases availing the telemedicine services		RR/PI	Check the records for completion.
Standard E5	**Facility has a procedure to identify high risk and vulnerable patients.**				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable cases are identified and safe care is given		SI/RR/OB	1.Paediatric cases who are left unattended , orphan/lawaaris are identified and care is provided 2. Police is informed in such cases 3. Appropriate arrangement is made with local NGOs etc.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	For any critical patient needing urgent attention queue can be bypassed for providing services on priority basis		OB/SI	In case of emergency out of turn consultation is provided.
Standard E6	**Facility ensures rationale prescribing and use of medicines**				
ME E6.1	Facility ensured that drugs are prescribed in generic name only	Check for OPD slip if drugs are prescribed under generic name only		RR	Check all the drugs in case sheet and slip are written in generic name only
		A copy of Prescription is kept with the facility		RR	Check records
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use		RR	STG for management of pneumonia, AEFI management , management of diarrhoea, new-born resuscitation etc. are available and are followed
		Check staff is aware of the drug regime and doses as per STG		SI/RR	Check OPD slips that drugs are prescribed as per STG
		Check of drug formulary is available		SI/OB	(1) Check On duty doctor is aware of status of drugs available in pharmacy. (2) Updated list of available drugs is provided by pharmacy
ME E6.3	There are procedures defined for medication review and optimization	Complete medication history is documented for each patient		RR/OB	Check complete medication history including over-the-counter medicines is taken and documented
		Established mechanism for Medication reconciliation process		SI/RR	1. Medication Reconciliation is carried out by a trained and competent health professional during the patient's admission, interdepartmental transfer or discharged 2. Medicine reconciliation includes Prescription and non-prescription (over-the-counter) medications, vitamins, nutritional supplements.
		Medicine are reviewed and optimised as per individual treatment plan		SI/RR	Medicines are optimised as per individual treatment plan for best possible clinical outcome specially in chronic cases, Non communicable diseases etc
		Patients are engaged in their own care		PI/SI	Clinician counsel the patient on medication safety using *"5 moments for medication safety app"*

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard E7	**Facility has defined procedures for safe drug administration**				
ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date , time and signature		RR	Verify with prescriptions/OPD slips on sample basis
		Check for the writing, It is comprehendible by the concerned staff		RR/SI	Verify with prescriptions/OPD slips on sample basis
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	Check for any open single dose vial with left over content intended to be used later on. In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	1. Check availability of formats for reporting and 2. Monthly reporting (nil reporting too)
		Any adverse event following immunisation is recorded and reported		RR/SI	1. Check availability of formats for reporting and 2. Monthly reporting (nil reporting too)
ME E7.5	Patient is counselled for self drug administration	Patient is advice by doctor/ Pharmacist /nurse about the dosages and timings.		SI/PI	Drugs and dosages are well explained by the doctor/nurses or pharmacists
		Check drugs are not given in hand		PI/RR	(1) Check drugs are given in envelop (2) Check envelops are patient friendly having representation of morning, afternoon evening. (3) Check representations are ticked as per prescription for better understanding
Standard E8	**Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Patient History, Chief Complaint and Examination Diagnosis/ Provisional Diagnosis is recorded in OPD slip		RR	Check prescriptions/OPD slips for completion of records
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan and follow up is written		RR/PI	1. Detailed treatment and follow up plan is written and is also explained to the parent-attendant 2. Check with parent/ guardian are able to explain information received from doctor

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E8.4	Procedures performed are written on patients records	Any dressing/ injection, other procedure recorded in the OPD slip		RR	Details are written and is also explained to the parent-attendant
ME E8.5	Adequate form and formats are available at point of use	Check for the availability of OPD slip, Requisition slips etc.		OB/SI	Check availability of OPD slip, investigation requisition slip , investigation reporting format
ME E8.6	Register/records are maintained as per guidelines	OPD records are maintained		OB/RR	OPD register, immunisation records, counselling register, Injection room register etc
		All register/records are identified and numbered		OB/RR	Check the facility has quality management system in place
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of OPD records		OB/SI	(1) Facility ensure safe keeping and easy retrieval of the OPD registers, OPD tickets (as per state guidelines). (2) Electronic patient recording system is available
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management**				
ME E11.1	There is procedure for Receiving and triage of patients	Emergency & OPD has established & implemented system for sorting of the paediatric patients		SI/OB	A. EMERGENCY SIGNS -who require immediate emergency treatment. B. PRIORITY SIGNS- indicating that they should be given priority in the queue, so that they can rapidly be assessed and treated without delay. C. NON-URGENT cases- children can wait their turn in the queue for assessment and treatment.
		Triage area is earmarked		OB	(1) Check triage protocols are displayed (2) All children attending an emergency/OPD are visually assessed immediately (within 30sec) upon arrival by paramedics /support staff positioned in the emergency and in OPD (3) Triage is completed within 15 minutes of arrival or registration by a competent and appropriately trained nurse or doctor &and receive an initial triage assessment

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Check the procedure is established to identify children with emergency signs in OPD queue		SI/OB	Quickly be directed to a place where treatment can be provided immediately, e.g. the emergency room or ward equipped ETAT /SNCU
		Responsibility of receiving & shifting the patient is defined		SI/OB	All staff such as gatemen, record clerks, cleaners, janitors who have early patient contact are trained in triage for emergency signs and know where to send children for immediate management.
ME E11.2	Emergency protocols are defined and implemented	Emergency protocols for management of paediatric conditions are available		SI/RR	(1) Protocols for management of trauma, surgical, orthopaedics, poisoning, drowning , dyspnoea, unconscious, shock & burn (2) Drug dosage charts are available
		Check physician follows clinical protocols		SI/RR	As per disease condition
		All the emergency paediatric cases are closely monitored		SI/RR	(1) Ensure vitals are stable and the child is in no immediate danger of deteriorating. (2) The paediatrician on call assess the child before the transfer is made. to ward/ HDU/referred
		No patient is transferred to ward/ HDU without primary management & stabilization		PI/RR	Check emergency department is conducting initial assessment - provide primary treatment, not only registering the patient & transferring
		Staff follows stabilisation protocols		SI/RR	Stabilisation include some or all: (1) Securing the airway. (2) Establishing secure venous access. Correcting poor perfusion and acidaemia. (3) Obtaining a full history. (4) Carrying out a full physical examination. (5) Performing baseline investigations, e.g.; a chest X-ray, electrolytes or glucose. (6) Performing acute 'aetiological' investigations, e.g.; blood culture before giving antibiotics. (7) Initial treatment of the causative pathology, e.g.; bronchodilators for asthma and antibiotics for sepsis. (8) Deciding on the location of continuing care. (9) Arranging transfer to an appropriate unit (like paediatric ward) or health facility.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Check availability of protocols /guidelines for collection of forensic evidences in case of sexual assault/rape		SI/RR	(1) Check staff is aware & follow the protocols. (2) Sexual assault forensic evidence kit is available (3) Check provisioning of ECP (pubertal child) prophylaxis against STI, HIV etc (4) Counselling service are available for victim
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	1.Role and responsibilities of staff in disaster is defined 2. Mock drills have been conducted 3. Assembly point and exit points are defined
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	1. Preferably a personnel has been dedicated for sample collection from Paediatric OPD 2. Labelling is done correctly 3. Pre testing instructions are given properly to the parent-attendant
ME E12.3	There are established procedures for Post-testing Activities	Clinics are provided with the critical value of different tests		SI/RR	1. Reporting mechanism is explained to the parent-attendant; the process should be hassle free 2.Values are displayed in the consultation room. 3. Staff is aware normal reference values 4. System in place for urgent reporting of critical cases
Standard E20	**The facility has established procedures for care of new born, infant and child as per guidelines**				
ME E20.1	The facility provides immunization services as per guidelines	Availability of diluents for Reconstitution of measles vaccine		RR/SI	Use diluent provided by the manufacturer with the vaccine
		Recommended temperature of diluents is insured before reconstitution		RR/SI	Check diluents are kept under cold chain at least for 24 hours before reconstitution Diluents are kept in vaccine carrier only at immunization clinic but should not be in direct contact of ice pack
		Reconstituted vaccines are not used after recommended time		RR/SI	Ask staff about when Rotavirus vaccine, BCG, Measles/MR and JE vaccine are constituted and till when these are valid for use. Should not be used beyond 4 hours after reconstitution.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Time of opening/ Reconstitution of vial is recorded		RR	Check for records
		Staff checks VVM level before using vaccines		SI	Ask staff how to check VVM level and how to identify discard point
		Staff is aware of how check freeze damage for T-Series vaccines		SI	Ask staff to demonstrate how to conduct Shake test for DPT, TT, HepB, PCV and Penta vaccines Shake Test is not applicable for IPV
		Staff is aware of applicability of OVP vaccines		SI	DPT, TT, Hep B, OPV, Hib containing pentavalent vaccine (Penta), PCV and injectable inactivated poliovirus vaccine (IPV).
		Discarded vaccines are kept separately		SI/OB	Check for no expired, frozen or with VVM beyond the discard point vaccine stored in cold chain
		Check for DPT, TT, IPV, HepB, PCV and Penta vaccines vials are not kept in direct contact of ice pack		SI/OB	
		AD syringes are available as per requirement		SI/OB	Check for 0.1 ml AD syringe for BCG and 0.5 ml syringe for others are available
		Staff knows correct use AD syringe		SI	Ask for demonstration , How to peel, how to remove air bubble and injection site
		Check for AD syringes are not reused		OB	
		Check for injection site is not cleaned with spirit before administering vaccine dose		OB/SI	Cleaning of injection site with spirit swab is not recommended
		Vaccine recipient is asked to stay for half an hour after vaccination		OB/PI	To observer any Adverse effect following immunization
		Check the availability of anaphylaxis kit		OB	Kit constitute of job-aid, dose chart for adrenaline as per age (1 ml ampoule -3 no.), Tuberculin syringe (1ml-3 no.), 24H/25G needle- 3 no, swabs-3 no. updated contact information of DIO, local ambulance services and adrenaline administration record slip.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Check adrenaline is not expired in kit		OB	Give non compliance if kit is not available
		Check person responsible for notifying & reporting of the AEFI is identified		OB	Ask the staff regarding the responsibility for notifying and reporting the AEFI
		Process of reporting and route is communicated to all concerned		OB	Ask staff to whom the cases are reported & how
		Reporting of AEFI cases is ensured by ANM/ Staff nurse/ person providing immunization		SI/RR	1. Verify weekly report of AEFI cases. 2. Nil reporting in case of no AEFI case. 3. Verify HMIS report of previous months
		Antipyretic medicines available		SI/RR	Paracetamol Syrup
		Availability of Immunization card		SI/RR	Immunisation card is available and updated
		Counselling on side effects and follow up visits done		SI/RR	
		Staff is aware of minor and serious adverse events (AEFI)		SI	
		Staff knows what to do in case of anaphylaxis		SI	
ME E20.7	Management of children presenting with fever, cough or respiratory distress is done as per guidelines	Staff is able to identify the babies with respiratory distress		SI/RR	(1) RR >60 breaths per min (2) Severe chest in drawing (3) Grunting (4) Apnoea or gasping
		Staff is aware of common causes of respiratory distress in new-born		SI/RR	(1) Pre Term : RDS, Congenital pneumonia, hypothermia & hypoglycaemia (2) Term: Transient tachypnoea of new-born (TTNB), meconium aspiration, pneumonia, asphyxia (3) Surgical cases: Diaphragmatic hernia, Tracheo - oesophageal fistula, B/L choanal atresia (4) other causes: Congenital heart disease, acidosis, inborn errors of metabolism

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Staff is aware of sign & symptoms of severe pneumonia in children 2 month to 5 yrs.		SI/RR	Cough or difficulty in breathing in children with at least one of the following condition : (1) Central Cyanosis or oxygen saturation <90% (2) Severe respiratory distress (laboured of very fast breathing (RR<70 per minute) or severe lower chest indrawing or head nodding or stridor or grunting) (3) Sign of pneumonia with general danger sign (inability to breastfed or lethargy or reduced level of consciousness or convulsions)
		Staff is aware of assessment & grading of hypothermia		SI/RR	Normal Axillary temp- 36.5 -37.5 ^{O}C Cold Stress- 36.4- 36^{O}C Moderate Hypothermia- 35.9-32^{O}C Severe Hypothermia- <32^{O}C. Assessment through Axillary temp., Skin temperature (using radiant warmer probe) and Human touch.
		Staff is aware of clinical conditions in which baby can exhibit signs of hypothermia		SI/RR	LBW, preterm babies, hypoglycemia,sclerema, DIC and internal bleeding Hypothermic babies show signs of lethargy, irritability, poor feeding, tachypnoea/ apnoea etc
		Staff is aware of common causes of hyperthermia		SI	(1) Sepsis (2) Envt. too hot for baby (3) Wrapping the baby in too many layers of clothes, esp. in hot humid climate (4) Keeping new-born close to heater/hot water bottle (5) Leaving the under heating devices i.e. radiant warmer, incubator, phototherapy that is not functioning properly and/ to not check regularly

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Staff is aware of management protocols for hyperthermic babies		SI/RR	Examine every hyperthermic baby for infection (1) If temp. is above 39^{O}C, the neonate should be undressed and sponged with tepid water at app. 35^{O}C until temperature is below is below 38 OC (2) If temp. is 37.5- 39^{O}C- Undressing & exposing to room temp is usually all that is necessary. (3) If due too envt. temperature: move baby into colder environment & using loose & light clothes. (4) If due to device- remove the baby from source of heat (5) Give frequent breastfeeds to replace fluids. if the baby cannot breastfeed, give EBM. If does not tolerate feeds, IV fluids may be given (6) Measures the temp. hourly till it become normal
		Staff is aware of the therapeutic doses of Vitamin D and Calcium Supplementation		SI/RR	1. For neonates and infants till 1 year of age, daily 2000 IU of vitamin D with 500 mg of calcium for a 3-month period is recommended. At the end of 3 months, response to treatment should be reassessed 2. From one year onwards till 18 years of age, 3000-6000 IU/day of vitamin D along with calcium intake of 600-800 mg/day is recommended for a minimum of 3 months. 3. Staff is aware of side-effects of excessive administration of Vitamin - D can lead to hypervitaminosis, particularly in infants.
ME E20.8	Management of children with severe Acute Malnutrition is done as per guidelines	Screening of children coming to OPDs using weight for height and/or MUAC		SI/RR	Screening is done and the cases are referred to NRC for appropriate treatment
		All the children reporting to healthcare facility for any illness are routinely assessed for anaemia		SI/RR	All the clinically suspected anaemic children (reported for any illness) undergo Hb estimation All the children referred from field due to palmer pallor- undergo HB level estimation before initiation of treatment.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Staff is aware of categorise of anaemia on basis of HB level among the children		SI/RR	Among children between 6 month and 5 yrs.) >11 gm/dl- No anaemia 10-10.9 gm/dl- Mild anaemia 7-9.9gm/dl-Moderate anaemia <7gm/dl- Severe Anaemia Among children between 5 yrs-10 yrs. 11–11.4 gm/dl- Mild anaemia 8–10.9 gm/dl- Moderate anaemia <8 gm/dl- Severe anaemia
		Staff is aware of management of anaemia on basis of Hb		SI/RR	No anaemia- 20 mg of elemental iron in 100 mcg folic acid in biweekly regimen Mild & Moderate Anaemia-3mg of iron/kg/day for two months-follow up every 14 days, HB estimation after 2 months. After completion of treatment of anaemia and documenting Hb level >11 gm/dl, the IFA supplementation to be resumed.
		Staff is aware of dose of IFA syrup for anaemic children (6 months–5 years)		SI/RR	6-12month (6-10kg)--1 ml of IFA syrup, once a day 1yr -3 yrs. (10-14kg)--1.5 ml of IFA syrup, once a day 3yrs-5yrs(14-19yrs)-- 2ml of IFA syrup, once a day
		Staff is aware of clinical manifestation for severe anaemia in children (from 6 month to 10 yrs.)		SI/RR	**H/O**- Duration of symptoms, Usual diet (before the current illness), Family circumstances (to understand the child's social background), Prolonged fever, Worm infestation, Bleeding from any site, Any lumps in the body, Previous blood transfusions and Similar illness in the family (siblings) **Examination for-** Severe palmar pallor, Skin bleeds (petechial and/or purpuric spots),Lymphadenopathy,Hepato-splenomegaly, Signs of heart failure (gallop rhythm, raised JVP, respiratory distress, basal crepitations) **Investigation-** Full blood count and examination of a thin film for cell morphology, Blood films for malaria parasites, Stool examination for ova, cyst and occult blood

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Staff is aware of indications for blood transfusion due severe anaemia		SI/RR	All children with Hb ≤4 gm/dl, Children with Hb 4–6 gm/dl with any of the following: – Dehydration – Shock – Impaired consciousness – Heart failure – Deep and laboured breathing – Very high parasitaemia (>10% of RBC)
ME E20.9	Management of children presenting diarrhoea is done per guidelines	Check for adherence to clinical protocols		SI/RR	1. Give ORS to all children with Diarrhoea 2.Give Zinc for 14 days, even if diarrhoea stops
		Check parents are guided for diarrhoea management		SI/RR	1. Continue feeding, including breast feeding in those children who are being breastfed 2. Make a habit of regular hand washing with soap 3. Use clean drinking water
		Availability of ORT corner		SI/RR	Check ORS is freshly prepared. Mother's are counselled to prepare ORS
ME E20.10	Facility ensures optimal breast feeding practices for new born & infants as per guidelines	Availability of services for Assessment of physical growth & development of children attending OPD		SI/RR	Maintenance and updating of growth chart
		Communication and counselling on optimal infant & young child feeding practices		SI/RR	1. Facility supports mothers to maintain breastfeeding and manage its common difficulties 2. Awareness is generated for exclusive breastfeeding till 6 months of age 3. Awareness is generated for complementary feeding from 6 months of age till two years of age
		Communication and counselling of mothers with less breast milk & sick babies on optimal feeding practices		SI/RR	One to one counselling session should be conducted with the mother/caregiver for children born prematurely or with low birth weight, undernourished children, adopted baby, twins and babies born to HIV positive mothers, of mothers producing less milk. Also ensure follow up visits to the facility/ referral centre

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Check staff is aware and follow the protocol for management of cracked nipples and engorged breast		SI/RR	(1) Cracked Nipples- Apply hind milk 2. Engorged breast- encourage the mother to let baby suck without causing too much discomfort. Putting a warm compress on the breast may relieve breast engorgement
		Check staff is aware and follow the protocol for management of abscess and inverted nipple		SI/RR	(1) If an abscess is suspected in one breast, advise the mother to continue feeding from the other breast & refer for consultation (2) Inverted/flat nipple-corrected using syringe
		Breast milk substitutes are not promoted for newborn or infant unless medically indicated		SI/RR	Ask Parents about the counselling
		Advise & prescription is given for micronutrient supplements (Vitamin A and iron syrup)		SI/RR	
ME E20.11	The facility provide services under Rashtriya Bal Swasthya Karyakram (RBSK)	Screening of newborns		SI/RR	(1) All newborns delivered at the District Hospital or from outside but admitted in SNCU, postnatal and children wards irrespective of their sickness are screened for hearing, vision, congenital heart disease. (2) In case DEIC is not associated with the facility-appropriate linkage is established for the screening , diagnosis and treatment.
		Providing referral services to children for confirmation of diagnosis and treatment		SI/RR	Screened cases are referred to DIEC or tertiary care centre for diagnosis and treatment.
AREA OF CONCERN - F INFECTION CONTROL					
Standard F1	**Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection**				
ME F1.4	There is Provision of Periodic Medical Check-ups and immunization of staff	There is procedure for immunization & periodic check-up of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME F1.5	Facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Handwashing and infection control audits are done at periodic intervals
ME F1.6	Facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	Antibiotic policy is available and staff is aware about it
Standard F2	**Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of handwash basin with running water facility at Point of Use		OB/SI	1. Check for availability of wash basin and running water at point of use. 2. Ask Staff about regularity of water supply.
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted. Availability of Alcohol based Hand rub
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility , preferably in Local language
		Handwashing Station is as per specification		OB	Availability of taps & Hand washing sink which is wide and deep enough to prevent splashing and retention of water
ME F2.2	Staff is trained and adhere to standard hand washing practices	Staff is aware of when and how to handwash		SI/OB	Ask for demonstration of 6 steps of Hand washing and knowledge among staff about moments of handwash
ME F2.3	Facility ensures standard practices and materials for antisepsis	Availability and Use of Antiseptic Solution		OB	
Standard F3	**Facility ensures standard practices and materials for Personal protection**				
ME F3.1	Facility ensures adequate personal protection equipment as per requirements	Availability of PPE (Gloves, mask, apron & caps)		OB/SI /RR	1.Check if staff is using PPEs. 2. Ask staff if they have adequate supply. 3. Verify with the stock/Expenditure register
ME F3.2	Staff is adhere to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
		Compliance to correct method of wearing and removing the gloves and masks		SI/OB	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard F4	**Facility has standard Procedures for processing of equipment and instruments**				
ME F4.1	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of Procedural surfaces		SI/OB	Ask staff about how they decontaminate the procedural surface like Examination table , Patients Beds Stretcher/Trolleys etc. (Wiping with 1% Chlorine solution)
		Cleaning of instruments		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Staff knows how to make chlorine solution		SI/OB	
ME F4.2	Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instruments are sterilized after each use as per requirement		RR/SI	1. Ask staff about temperature, pressure and time for autoclaving. 2. Ask staff about method, concentration and contact time required for chemical sterilization. 3.Check records
		There is a procedure to ensure the traceability of sterilized packs &their storage		OB/SI	1. Sterile packs are kept in dry, clean, dust free, moist free environment 2. separate from unsterilised items- no mixing with unsterile items
		Autoclaved dressing material is used		OB/SI	
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.1	Functional area of the department are arranged to ensure infection control practices	Facility layout ensures separation of general traffic from patient traffic		OB	General patient flow doesn't pass through paediatric OPD
		Clinics for infectious diseases are located away from main traffic		OB	Preferably away from main OPD with independent access, with no access through paediatric OPD
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade disinfectant

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME F5.3	Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Spill management protocols are implemented		SI/RR	Check availability of Spill management kit ,staff is trained for managing small & large spills , check protocols are displayed
		Cleaning of patient care area with detergent solution		SI/RR	Three bucket system is followed
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping is followed. Staff is trained for preparing cleaning solution as per standard procedure. Cleaning equipment like broom are not used in patient care areas
Standard F6	**Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**				
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	
		Availability of Non chlorinated plastic, colour coded plastic bags		OB	
		Segregation of Anatomical and soiled waste in Yellow Bin		OB/SI	
		Segregation of infected plastic waste in red bin		OB/SI	
		Display of work instructions for segregation and handling of Biomedical waste		OB	
		There is no mixing of infectious and general waste		OB	
ME F6.2	Facility ensures management of sharps as per guidelines	Availability of functional needle cutters and puncture proof box		OB	Check if needle cutter has been used or just lying idle, it should be available near the point of generation like nursing station
		Availability of post exposure prophylaxis		OB/SI	1. Staff knows what to do in condition of needle stick injury. 2. Ask if PEP is available. Where it is stored and who is in-charge of that. 3. Also check PEP issuance register

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Glass sharps and metallic implants are disposed in Blue colour coded puncture proof box		OB	Includes used vials, slides and other broken infected glass
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled & staff is aware of when to empty the bin		SI/OB	Bins should not be filled more than 2/3 of its capacity
		Transportation of bio medical waste is done in close container/trolley		SI/OB	
		Staff aware of mercury spill management		SI/RR	Check whether department is replacing mercury products with digital products (Aspire for mercury free)
AREA OF CONCERN - G QUALITY MANAGEMENT					
Standard G1	**The facility has established organizational framework for quality improvement**				
ME G1.1	The facility has a quality team in place	Quality circle has been constituted		SI/RR	1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibility of team has been defined
ME G1.2	The facility reviews quality of its services at periodic intervals	Review meetings are done regularly		SI/RR	Check minutes of meeting and monthly measurement & reporting of indicators
Standard G2	**Facility has established system for patient and employee satisfaction**				
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	Client satisfaction survey is done on monthly basis		SI/RR	Survey is done amongst parents/guardians
ME G2.2	Facility analyses the patient feed back and do root cause analysis	Analysis of low performing attributes is undertaken		SI/RR	
ME G2.3	Facility prepares the action plans for the areas of low satisfaction	Action plan is prepared and improvement activities are undertaken		SI/RR	
Standard G3	**Facility have established internal and external quality assurance programs wherever it is critical to quality.**				
ME G3.1	Facility has established internal quality assurance program at relevant departments	There is a system of daily round by matron/hospital manager/ hospital superintendent for monitoring of services		SI/RR	Findings /instructions during the visit are recorded and actions are taken

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval		RR/SI	NQAS assessment toolkit is used to conduct internal assessment
		Departmental checklist are used for monitoring and quality assurance		SI/RR	Staff is designated for filling and monitoring of these checklists
		Non-compliances are enumerated and recorded		RR	Check the non compliances are presented & discussed during quality team meetings
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per internal assessment record findings		RR	Randomly check the details of action, responsibility, time line and feedback mechanism
ME G3.5	Planned actions are implemented through Quality Improvement Cycles (PDCA)	Check PDCA or revalent quality method is used to take corrective and preventive action		SI/RR	Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report
Standard G4	**Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.**				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	Check that SOP for management of OPD services has been prepared and is formally approved
		Current version of SOP are available with process owner		OB/RR	Check current version is available with all staff of Paediatric OPD
		Work instruction/ clinical protocols are displayed		OB	Relevant protocols are displayed like management of pneumonia, Summary of the 10 steps to successful breastfeeding is displayed, lactation position and milk expression protocol are displayed in breastfeeding corner and OPD
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Paediatric OPD has documented procedure for Registration and patient calling system		RR	Review the SOP for procedure being followed for registration of cases. Paediatric cases should be registered on priority. It is preferable to have separate counter for paediatric cases .
		Paediatric OPD has documented procedure for receiving of patient in clinic		RR	Review the SOP for receiving the patient in clinic . OPD must be equipped to handle emergency cases, in- case a patient seeking emergency care reaches OPD , the triage and transfer process is defined and implemented

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Paediatric OPD has documented process for consultation		RR	Review the process for consultation including examination process, counselling etc.
		Paediatric OPD has documented procedure for investigation		RR/PI	Review the SOP for procedure for conducting investigation. A specific lab personnel is designated for collection of blood samples in children. All other investigations are facilitated and are made hassle free
		Paediatric OPD has documented procedure for prescription and drug dispensing		RR/PI	1. Review the SOP for procedure for legible and rational prescription writing . 2. For drug dispensing , a separate pharmacy or a Drug Dispensing Counter for children is made functional. 3. Pharmacists/nurse explain the drug dosage and route clearly to the parents/ guardians (ask patients)
		Paediatric OPD has documented procedure for nursing process in OPD including initial investigation		RR	Review the SOP for procedure for initial assessment of children (weighed & weight correctly recorded, immunisation status, children < five years are screened for SAM using MUAC, and those with emergency and priority signs are triaged).
		Paediatric OPD has documented procedure for patient privacy and confidentiality		RR	Review the SOP for ensuring Privacy and confidentiality.
		Paediatric OPD has documented procedure for data collection , analysis and undertaking improvement activities		RR	Review SOP for various processes which circle undertakes to measure quality of service (client satisfaction form, checklists , audits , performance indicators etc.) , analysis of the data , identification of low attributes, Root cause analysis and improvement activities using PDCA methodology
		Paediatric OPD has documented procedure for support services and facility management		RR	Review the SOP for process description of support services such as equipment maintenance, calibration, housekeeping, security, storage and inventory management

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Paediatric OPD has documented procedure for infection control and biomedical waste management		RR	Review SOP for process description of Hand Hygiene, personal protection, environmental cleaning, instrument sterilization, asepsis, Bio Medical Waste management, surveillance and monitoring of infection control practices
		Paediatric OPD has established & documented policy for IYCF		RR	Check breastfeeding policy is part of or linked with IYCF policy
		Paediatric OPD has documented procedure for safety & risk management		RR	1. Check the availability of updated Risk Management Framework. 2. Check the components of physical, fire, operational and pt safety are covered. 3. Review the updated mitigation plan.
ME G4.3	Staff is trained and aware of the standard procedures written in SOPs	Check Staff is aware of relevant part of SOPs		SI/RR	
Standard G 5	**Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	Facility maps its critical processes	Process mapping of critical processes done		SI/RR	Critical processes are identified and mapped. Value and non value adding processes/ activities are listed.
ME G5.2	Facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	Non value adding activities are wastes. MUDAS in terms of waste, delays, waiting, motion, over processing , over production etc are identified
ME G5.3	Facility takes corrective action to improve the processes	Processes are improved and implemented		SI/RR	Check the non value adding activities are removed and processes are made lean. Improvement is sustained over a period of time
Standard G6	**The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them**				
ME G6.4	Facility has de defined quality objectives to achieve mission and quality policy	Check SMART Quality Objectives have framed		SI/RR	Check short term valid quality objectivities have been framed addressing key quality issues . Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check of staff is aware of Mission , Values, Quality Policy and objectives		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points
Standard G7	**Facility seeks continually improvement by practicing Quality method and tools.**				
ME G7.1	Facility uses method for quality improvement in services	Basic quality improvement method are used		SI/OB	PDCA & 5S
ME G7.2	Facility uses tools for quality improvement in services	7 basic tools of Quality are used for quality improvement in Pead. OPD		SI/RR	Minimum 2 applicable tools are used
Standards G9	**Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan**				
ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically		SI/RR	Verify with the records. A comprehensive risk assessment of all processes should be done using pre define criteria at least once in three month.
Standard G10	**The facility has established clinical Governance framework to improve quality and safety of clinical care processes**				
ME G10.3	Clinical care assessment criteria have been defined and communicated	The facility has established process to review the clinical care		SI/RR	Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes.
		Check regular ward rounds are taken to review case progress		SI/RR	(1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes-
		Check the patient / family participate in the care evaluation		SI/RR	Feedback is taken from patient/family on health status of individual under treatment
		Check the care planning and co- ordination is reviewed		SI/RR	System in place to review internal referral process, review clinical handover information, review patient understanding about their progress

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME G10.4	Facility conducts the periodic clinical audits including prescription, medical and death audits	There is procedure to conduct prescription audits		SI/RR	(1) Random prescriptions are audited (2) Separate Prescription audit is conducted foe both OPD & IPD cases (3) The finding of audit is circulated to all concerned (4) Regular trends are analysis and presented in Clinical Governance board/Grand round meetings
		All non compliance are enumerated recorded for prescription audits		SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings
ME G10.5	Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process	Check action plans are prepared and implemented as per prescription audit record findings		SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months
		Check the data of audit findings are collated		SI/RR	Check collected data is analysed & areas for improvement is identified & prioritised
		Check PDCA or revalent quality method is used to address critical problems		SI/RR	Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care	Check standard treatment guidelines / protocols are available & followed.		SI/RR	Staff is aware of Standard treatment protocols/ guidelines/best practices
		Check treatment plan is prepared as per Standard treatment guidelines		SI/RR	Check staff adhere to clinical protocols while preparing the treatment plan
		Check the drugs are prescribed as per Standards treatment guidelines		SI/RR	Check the drugs prescribed are available in EML or part of drug formulary
		Check the updated/ latest evidence are available		SI/RR	Check when the STG/protocols/ evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences.
		Check the mapping of existing clinical practices processes is done		SI/RR	The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - H OUTCOME					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**				
ME H1.1	Facility measures productivity Indicators on monthly basis	Number of cases in paediatric OPD per month		RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 -2 year , 2 - 5 years)
		Number of follow-up cases per month		RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 -2 year , 2 - 5 years)
		Immunization OPD per month		RR	
		Number of cases screened under RBSK per month		RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 -2 year , 2 - 5 years)
		Proportion of cases being given IYCF counselling per month		RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 -2 year , 2 - 5 years)
		Proportion of cases being referred per month		RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 -2 year , 2 - 5 years)
		No. of cases disease wise		RR	Diarrhoea, pneumonia, fever etc.
		Proportion of cases being referred disease wise		RR	Diarrhoea, pneumonia, fever etc.
		Proportion of BPL patients		RR	
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Paediatric OPD per Doctor		RR	
		No. of Stock out days for essential medicines		RR	check for pharmacy/drug dispensing counter dedicated to paediatric OPD
		Drop out rate for Pentavalent vaccination		RR	
		IYCF counselling sessions per counsellor		RR	
		No. of paediatric Cases seen per paediatrician		RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	No. of needle stick injuries reported		RR	
		Percentage of AEFI cases reported		RR	
		Consultation time at Clinic		RR	Time motion study
		Number of children with diarrhoea treated with ORS and Zinc		RR	
		Number of anaemia cases treated successfully		RR	
		Number of children with Pneumonia treated		RR	
		Proportion of cases requiring DEIC services out of screened		RR	
		Percentage of children on exclusive breastfeeding attending OPD		RR	up to 6 months of age
		Number of children with severe & moderate anaemia treated		RR	
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Patient Satisfaction Score		RR	Parent- attendant group only
		Waiting time at nutrition counselling centre		RR	
		Waiting time at paediatric clinic		RR	
		waiting time at drug dispensing counter dedicated for paediatric OPD		RR	
		Waiting time at registration counter		RR	
		Average door to drug time		RR	

ASSESSMENT SUMMARY

Name of the Hospital ..... Date of Assessment .....

Names of Assessors ..... Names of Assessees .....

Type of Assessment (Internal/External) ..... Action plan Submission Date .....

A. SCORE CARD

PAEDIATRIC OUT PATIENT DEPARTMENT (MUSQAN) SCORE CARD	
Area of Concern wise score	**Paediatric Out Patient Department (MusQan) Score**
A. Service Provision	
B. Patient Rights	
C. Inputs	
D. Support Services	
E. Clinical Services	
F. Infection Control	
G. Quality Management	
H. Outcome	

B. MAJOR GAPS OBSERVED

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

C. STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/OPPORTUNITIES FOR IMPROVEMENT

_____

_____

_____

Names and Signature of Assessors

Date _____

CHECKLIST - 12

PAEDIATRIC WARD (MUSQAN)

CHECKLIST FOR PAEDIATRIC WARD (MUSQAN)

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	The facility provides Curative Services				
ME A1.4	The facility provides Paediatric Services	Availability of dedicated paediatric ward		SI/OB	(1)Assessment, investigation & treatment of admitted sick children. (2) Monitoring and supportive care for sick children (3) Early identification & referral of children at higher centre (for services not covered under the scope of DH) Give non compliance if paediatric care is given in general male/ female ward
		Availability of diarrhoea treatment unit		SI/OB	(1) Assessment for dehydration (2) Management according to degree of dehydration (3)Rational use of drugs in children with diarrhoea/dysentery (4) Counselling on feeding, danger signs, prevention of diarrhoea
		Availability of isolation rooms		SI/OB	Segregation and management of children with infectious diseases (source isolation)
ME A1.14	Services are available for the time period as mandated	Availability of nursing care service 24*7		SI/PI	
ME A1.17	The facility provides Intensive care Services	Availability of High dependency unit		SI/OB	(1) Close , monitoring and treatment to children who have potential to be physiologically unstable (2) Management of children requiring constant oxygen therapy, cardiorespiratory monitoring, inotropic support. (3) Hospital has established linkage for referral and management with tertiary care unit (Paediatric Intensive Care Unit; PICU) if the condition of child deteriorates
ME A1.18	The facility provides Blood bank & transfusion services	Availability of blood transfusion services		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard A2	**The facility provides RMNCHA Services**				
ME A2.4	The facility provides Child health Services	Indoor Management of Acute respiratory infections		SI/RR	ARI/Bronchitis, Asthmatics, Pneumonia
		Indoor Management of Severe Diarrhoea		SI/RR	Severe dehydration & shock
		Indoor Management of childhood illness		SI/RR	Meningitis, Liver diseases, convulsions disorders, childhood malignancies, vision & hearing impairment, severe anaemia, Goitre, Pyrexia of unknown reason.
		Indoor Management of Severe Acute Malnutrition		SI/RR	Including vitamin & micronutrient deficiency
		Management of bones & joints conditions		SI/RR	Subluxation of elbow, Rickets, Developmental dysplasia of hip, open & close reduction of bones
		Management of emergency conditions in children		SI/RR	Accidental poisoning, Comma, convulsions, stings, bites, poisoning, paediatric surgical conditions
Standard A3	**The facility Provides diagnostic Services**				
ME A3.1	The facility provides Radiology Services	Availability of X ray services		OB/RR	(1) Check for functional X ray services for indoor patients (2) Check services are available at night (3) Check records no. of paediatric cases seen in past three months to avail X-Ray services for Chest, Skull, Spine, Abdomen, bones & Dental etc
		Availability of USG services		OB/RR	(1) Check for functional USG services (2) Check records no. of paediatric cases seen in past three months to avail USG services (3)Availability of USG services for neonatal head- using probe for anterior fontanel to check oedema
ME A3.2	The facility Provides Laboratory Services	Availability of laboratory services		RR/OB	Complete blood profile, CSF analysis, urine & stool analysis (Routine & Microscopy), sickle cell anaemia, thalassemia, culture sensitivity, Wilda ,Elisa, RA factor, LFT ,KFT, serum electrolyte, serum calcium, serum bilirubin, BUN, Elisa for TB, Immunoglobin profile, Clotting time etc.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME A3.3	The facility provides other diagnostic services, as mandated	Availability of services for Lumber puncture & fundoscopy		RR/SI	
Standard A4	**The facility provides services as mandated in national Health Programmes/ state scheme**				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Indoor management of Vector Borne Diseases		SI/RR	Indoor management of malaria, Chikungunya in endemic areas. Check the records for management of cases in last one year
ME A4.2	The facility provides services under national tuberculosis elimination programme as per guidelines.	Indoor management of paediatric tuberculosis		SI/RR	
ME A4.12	The facility provides services as per Rashtriya Bal Swasthya Karykram	Availability of management services of 4 D's (Defects at birth, Deficiencies, Childhood diseases, Developmental delays & Disabilities)		SI/RR	1. Linkages with DEIC for rehabilitative care 2. Management of developmental dysplasia of hip, congenital cataract, severe anaemia, Goitre, skin conditions, Otitis Media, convulsions, vision impairment, hearing impairment, club foot
Standard A5	**The facility provides support services**				
ME A5.1	The facility provides dietary services	Availability of dietary services		SI/OB	
ME A5.2	The facility provides laundry services	Availability of laundry services		SI/OB	
ME A5.3	The facility provides security services	Availability of functional security services		SI/OB	
ME A5.4	The facility provides housekeeping services	Availability of Housekeeping services		SI/OB	including waste disposal
ME A5.7	The facility has services of medical record department	Availability of services for maintenance & storage of clinical records		SI/OB	
Standard A6	**Health services provided at the facility are appropriate to community needs.**				
ME A6.1	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally.	Availability of indoor services as per local prevalent disease		SI/RR	Acute encephalitis Syndrome (AES), endosulfane, arsenic poisoning ,haemophilia etc in children. Give full compliance if no such disease exist in area

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
AREA OF CONCERN - B PATIENT RIGHTS					
Standard B1	**The facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental &directional signage		OB	Numbering, main department and internal sectional signage. Directional signages are given from the entry of the facility
ME B1.2	The facility displays the services and entitlements available in its departments	Information regarding services are displayed		OB	Visiting hours and visitor policy are displayed, Entitlement under RBSK, PMJAY or any state specific scheme are displayed,
		Necessary Information regarding services provided is displayed		OB	Name of doctor and Nurse on duty are displayed and updated. Contact details of referral transport / ambulance displayed
ME B1.4	User charges are displayed and communicated to patients effectively	User charges for services are displayed		OB	User charges if any, are displayed and communicated to parent-attendants.
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed		OB	Breast feeding, immunization schedule, Management of diarrhoea using Zn & ORS, Pneumonia prevention, nutrition requirement of children, hand washing, Eat Healthy & Eat safe etc
		No display of poster/ placards/ pamphlets/videos in any part of the Health facility for the promotion of breast milk substitute , feeding bottles, teats or any product as mentioned under IMS Act		OB	Check Paediatric ward, HDU, waiting areas etc.
		No display of items and logos of companies that produce breast milk substitute, feeding bottles, teats or any product as mentioned under IMS Act		OB	1. Check in paediatric wards , waiting areas, HDU etc. 2. Check staff is not using pen, note pad, pen stand etc. which have logos of companies' producing breast milk substitute etc.
		No information, counselling and educational material is provided to mothers and families on Formula Feed		PI/SI	During counselling Mothers and families has been specially educated about ill effects of breast milk substitutes/ formula feed

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME B1.6	Information is available in local language and easy to understand	Signages and information are available in local language		OB	Check all information for patients/ visitors are available in local language
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Discharge summary is given to the patient		RR/OB	Check discharge summary provides 1. Information on follow up 2. Diet to be followed at home 3. Contact number for emergency 4. Collaboration for community based care
Standard B2	**Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.**				
ME B2.1	Services are provided in manner that are sensitive to gender	Cots in Paed .ward are large enough for stay of mother with child		OB	Check Paediatric size cots are not used, As mother/ care giver has to stay along with baby through out the treatment days
		Availability of Breast feeding corner		OB	Check availability of demarcated area for breastfeeding corner along with curtains for privacy & seating arrangement
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Availability of Wheel chair / stretcher for easy access to paed. Ward		OB	
		Availability of ramps and railing		OB	If not located on the ground floor availability of the ramp / lift If ramp is available check it is at least 120 cm width, gradient not steeper than 1:12
		Availability of disable friendly toilet		OB	Wide , placed at lower level, supported with bars & door of toilet is opening outside
		Availability of children friendly toilet		OB	Children friendly- low WC seats; washbasins at appropriate height, lever operated taps
ME B2.4	There is no discrimination on basis of social and economic status of the patients	Check care to child is not denied or deferred due to religion, caste, ethnicity, language, paying capacity, educational level & disease conditions		OB/PI	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard B3	**The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.**				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen at examination room /area		OB	Bracket screen
		Availability of screen/curtain at breastfeeding corner		OB	(1) Secondary curtain/ screen is used to create a visual barrier in breastfeeding area
		Curtains / frosted glass have been provided at windows		OB	Check all the windows are fitted with frosted glass or curtains have been provided
ME B3.2	Confidentiality of patients records and clinical information is maintained	Patient Records are kept at secure place beyond access to general staff/visitors		SI/OB	(1) Check records are not lying in open and there is designated space for keeping records with limited access. (2) Records are not shared with anybody without permission of parents & appropriate hospital authorities
		No information regarding patient's identity and details are unnecessary displayed on records		SI/OB	Specially HIV or any such cases
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		PI/OB	Check that staff is not providing care in undignified manner such as yelling, scolding , shouting, blaming and using abusive language etc
		Child is not left unattended or ignored during care		OB/PI	Check that children are left alone at any point of care. Either HCW or their parents/ guardian are available with them
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	HIV status of child is not disclosed except to staff that is directly involved in care		PI/ OB	Check if HIV status is not displayed / written at bed side or records etc
Standard B4	**Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.**				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	Paed. ward has system in place to take informed consent from patient relative whenever required		PI/RR	Check General Consent is taken in case sheet

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Parents/ relatives are communicated about child condition to at least once in day		PI	Check parents/ relatives of admitted baby is communicated about child condition, treatment plan and any changes at least once in day
ME B4.5	The facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance re addressal and whom to contact is displayed		OB	Check the completeness of the Grievance redressal mechanism , from complaint registration till its resolution
Standard B5	**The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Indoor treatment is free		PI/SI	For RBSK, PMJAY or any state specific scheme patient
		Availability of free blood, diagnostic & drugs		PI/SI	For JSSK, RBSK patient etc
		Availability of free transport services		PI/SI	Availability of Free referral vehicle/ Ambulance services.
		Availability of free stay & Diet		PI/SI	(1) For both parent-attendant & Child (2) Availability two meals per paediatric bed per shift (breakfast, lunch & dinner).
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing drugs or consumables from outside.		PI/SI	
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not spent on diagnostics from outside.		PI/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurred it is reimbursed from hospital		PI/RR	
	Area of Concern - C Inputs				
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1	Departments have adequate space as per patient or work load	Adequate space in wards as per patient load		OB	(1) Check there is no cluttering of beds (2) The space between 2 rows of beds is 5 feet and space between two beds 3.5-4.00 feet. Clearance of bedhead from the wall is 1 feet and 2 feet from the opposite bed.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME C1.2	Patient amenities are provide as per patient load	Functional toilets with running water and flush are available		OB	1 Water Closet for every 6 Indoor beds & 2 washbasin up to 24 persons
		Functional bathroom with running water are available		OB	1 bathroom for every 6 indoor beds
		Availability of potable drinking water		OB	In paediatric ward /in its vicinity
		TV for entertainment and health promotion		OB	
		Availability of sitting arrangement for patient attendant		OB	Availability shaded waiting area for attendant with functional toilet & hand washing facility
		Availability of bedside lockers & call bell		OB	Switches for all beds with indicator lights and location indicator in the nurses' duty station specially if cubicle arrangement is followed
ME C1.3	Departments have layout and demarcated areas as per functions	Availability of dedicated nursing station		OB	
		Demarcated area for Examination & Treatment		OB	
		Availability of Diarrhoea treatment unit		OB	In the ward area, preferably adjacent to paediatric ward or in emergency area
		Availability of isolation room		SI/OB	Separate room/s, preferably close to paediatric ward
		Designated of play room / area		OB	
		Availability of Doctor's & nurses Duty room		OB	
		Availability of ancillary area		OB	Stores, dirty utility areas
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Availability of adequate circulation area for easy moment		OB	of both staff and equipment
		Corridors are wide enough for patient, visitor and trolley/ equipment movement		OB	Corridor should be 3 meters wide

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	
ME C1.6	Service counters are available as per patient load	Availability of IPD beds as per case load		OB	(1) 8-10% of hospital beds are allocated for paediatric ward
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Location of nursing station & patient beds enables easy & direct observation of patient		OB	
		Arrangement of different section ensures unidirectional flow		OB	Unidirectional flow of goods and services.
Standard C2	**The facility ensures the physical safety of the infrastructure.**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment , hanging objects are properly fastened and secured
ME C2.2	The facility ensures safety of lifts and lifts have required certificate from the designated bodies/ board	Check functional lift is available		OB	(1) Ward located preferably close to the lift. Give full compliance if ward is at ground floor
ME C2.3	The facility ensures safety of electrical establishment	Paediatric building does not have temporary connections and loosely hanging wires		OB	a. Switch Boards other electrical installations are intact. B. Check adequate power outlets have been provided as per requirement of electric appliances and c. Electrical points are out of reach of children/ covered
ME C2.4	Physical condition of buildings are safe for providing patient care	Check physical infrastructure of the paediatric ward is safe & secure for children		OB	1. Windows have grills and wire meshwork 2. Paediatric wards are non-slippery and even 3. Open spaces are properly secured to prevent fall and injury
Standard C3	**The facility has established Programme for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	Paediatric ward has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	Check the fire exits are clearly visible and routes to reach exit are clearly marked. Check there is no obstruction in the route of fire exits. Staff is aware of assembly points .

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME C3.2	The facility has adequate fire fighting Equipment	Paediatric ward has installed fire Extinguisher that is either Class A , Class B, C type or ABC type		OB	Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	Staff is aware of RACE (Rescue, Alarm, Confine & Extinguish) & PASS (Pull, Aim, Squeeze & Sweep)
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Paediatrician		OB/RR	Check for on call during evening and night shifts also.
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of general duty doctor		OB/RR	Trained for managing paediatric cases & providing paediatric care
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of nursing staff		OB/RR	As per patient load (One nurse for 4-6 functional beds)
ME C4.5	The facility has adequate support / general staff	Availability of ward attendant & security guard		SI/RR	Availability of mamta/ ayahs, Sanitary worker & security guard
Standard C5	**The facility provides drugs and consumables required for assured services.**				
ME C5.1	The departments have availability of adequate medicines at point of use	Availability of antibiotics		OB/RR	Ampicillin, Gentamicin, ,Cefotaxime, Ceftriaxone, benzyl pencillin,cloxacillin, cephalosporin, ciprofloxacin cotrimoxazole, Doxycycline,Metrindazol, Albendazole
		Availability of oral medicines		OB/RR	Syrup Chloroquine, artesunate (Anti malarial medicines), Paracetamol, Vitamin A, IFA tablets, Salbutamol, Frusemide tablets, Anti TB medicines, Iron syrup, adrenaline, calcium gluconate , digoxin, Manitol,Nebuliser solution of salbutamol

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Availability of parental medicines		OB/RR	Ringer's lactate, normal saline, glucose 5%, 10 % & 25%, corticosteroid IV,Furosemide IV, diazepam IM/ IV, cephalosporins IV, Calcium gluconate, Vit K, Potassium chloride, Sodium bicarbonate, Magnesium sulphate inj, Antihistaminic inj, Ranitidine inj.
ME C5.2	The departments have adequate consumables at point of use	Consumables for Paediatric ward		OB/RR	Plastic / disposable syringes · IV cannulas (22G and 24G) · Scalp vein set No. 22 and 24 · IV infusion sets (micro infusion), infusion pump for drip, simple rubber catheter, Nasal prongs, masks
		Resuscitation consumables		OB/RR	Nasogastric tube (8,10,12FG) Suction catheter (6,8,10 FG) Uncuffed tracheal tube (all sizes) Oropharyngeal airway, self inflating bags for resuscitation 250&500ml
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained		OB/RR	Normal Saline (NS),Glucose 25%,Ringer Lactate (RL),Dextrose 5%,Potassium Chloride,Calcium Gluconate,Sodium Bicarbonate,Inj Pheniramine,Inj Hydrocortisone Hemisuccinate/ Hydrocortisone Sodium Succinate ,Inj Phenobarbitone,Inj Phenytoin,Inj Diazepam,Inj Midazolam,Salbutamol Respiratory,Ipratropium Respirator solution for use in nebulizer,Inj Dopamine,I.V Infusion set,I.V Cannula (20G/22G/24G/26G) & Nasal Cannula(Infant, Child, Adult) & oxygen
Standard C6	**The facility has equipment & instruments required for assured list of services.**				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB	Weighing machine(infant & adult), Stadiometer for height, Infantometer for length, paediatric & adult stethoscope, plus oximeter. BP apparatus with paediatric cuff, multipara monitor, Thermometer, torch ,
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of instrument for treatment & procedures		OB	Nebulizer, spacer with mask for administration of metered doses, otoscope, ophthalmoscope, dressing tray, nebulizer

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		OB	Glucometer, Urine Dipsticks, RDT for malaria, Typhoid, Dengue & portable x ray (may be shared with main hospital)
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of functional Instruments for Resuscitation.		OB	Face masks (3 type; Neonate, Infant and paediatric type) Self-inflating ventilation bag (all sizes), Laryngoscope, Suction machines Oxygen supply, ET tube (different sizes)
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipment for cleaning & disinfection		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush,
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of patient beds with attachments &accessories		OB	Prop up facility Hospital graded mattress, Bed side locker , IVstand, Bed pan, bed rail
		Availability of Fixtures		OB	Electrical fixture for equipment like suction, X ray view box, cool white fluorescent light/CFL or LED ,
		Availability of furniture		OB	Cupboard, nursing counter, table for preparation of medicines, chair, Call bell
Standard C7	**Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff**				
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff	Check parameters for assessing skills and proficiency of clinical staff has been defined		SI/RR	Check objective checklist has been prepared for assessing competence of doctors, nurses and paramedical staff based on job description defined for each cadre of staff.
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year	Check for competence assessment is done at least once in a year		SI/RR	Check for records of competence assessment including filled checklist, scoring and grading . Verify with staff for actual competence assessment done
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Training on child Care		OB/RR	Infant and young Child Feeding (IYCF) practices, ETAT, FIMNCI, Immunization, Effective communication skills
		Training on Infection prevention & patient safety		SI/RR	Biomedical Waste Management& Infection control and hand hygiene ,Patient safety

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Training on Quality Management		SI/RR	Assessment, action planning, PDCA, 5S & use of checklist
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision	Check facility has system of on job monitoring and training		SI/RR	1. Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. 2. Also staff is provided with on job training wherever there is still gaps
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under AMC including preventive maintenance		SI/RR	Weighting machine, Infantometer, suction machine etc
		There is system of timely corrective break down maintenance of the equipment		SI/RR	(1) Check log book is maintained & it shows time taken to repair equipment. (2) Backup of critical equipment such as suction machine, nebuliser & pulse oximeter is available (3) Check staff is aware of Contact details of the agencies/ person responsible for maintenance
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated		OB/ RR	BP apparatus, thermometers weighting scale etc. are calibrated. Check for calibration stickers & records
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting medicines and consumables	There is established system of timely indenting of consumables and medicines at nursing station		SI/RR	1. Stock is updated on defined intervals 2. Requisition are timely placed based on consumption pattern
		medicines are intended in Paediatric dosages/ formulations only		OB/RR	
		Forecasting of medicines and consumables is done scientifically based on consumption and disease load		RR/SI	Staff is trained for forecast the requirement using scientific system

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME D2.3	The facility ensures proper storage of medicines and consumables	medicines are stored in containers/tray/ crash cart and are labelled		OB	
		Empty and filled cylinders are labelled & kept separately		OB	1. Flow meter, humidifier, cylinder keys & updated data sheet is available with in use of cylinders.
ME D2.4	The facility ensures management of expiry and near expiry medicines	Expiry dates' of medicines are maintained		OB/RR	Records for expiry and near expiry medicines are maintained for drug stored in department & emergency tray
		No expired drug found		OB/RR	Check drug sub store & emergency tray
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock in paediatric ward		SI/RR	Minimum stock and reorder level are calculated based on consumption Minimum buffer stock is maintained all the time
		Department maintained stock and expenditure register of medicines and consumables		RR/SI	Check stock and expenditure register is adequately maintained
ME D2.6	There is a procedure for periodically replenishing the medicines in patient care areas	There is no stock out of vital and essential medicines		SI/RR	There is procedure for replenishing medicines in emergency tray and sub stores maintained in department
ME D2.7	There is process for storage of vaccines and other medicines, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically. Refrigerators meant for storing medicines should not be used for storing eatables
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic medicines	Check narcotic and psychotropic medicines are kept in lock & key		OB/RR	
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate illumination at nursing station & patient care areas		OB	150 Lux at patient bedside along with Provision of natural light. Illumination of 100 Lux in ward. Illumination level at nursing station-150-300 Lux.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME D3.2	The facility has provision of restriction of visitors in patient areas	Visitor policy is defined & implemented		OB/PI	(1) Only one female/ family members allowed to stay with the child, Visiting hour are fixed and practiced (2) There is no overcrowding in the ward
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in patient care area nursing station/ duty room		PI/OB	Room kept between 25° - 30° C (to the extent possible) Fans/ Air conditioning/Heating/Exhaust/ Ventilators as per environment condition and requirement
		Safe measures used for re-warming children		SI/OB	Check availability of Blankets to cover the children/ functional room heaters
		Side railings has been provided to prevent fall of patient		OB	
ME D3.4	The facility has security system in place at patient care areas	Identification band for all children		OB	
		Security arrangement in Paediatric Ward		OB/SI	Functional CCTV is installed (may be shared with main hospital)
ME D3.5	The facility has established measure for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior & Interior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	Check building is plastered, painted/ whitewashed in uniform colour
		Interior walls of ward are brightly painted and decorated		OB	Check walls are painted with cartoon characters/ animals/ plants/ under water/ jungle themes etc
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks, patient care and circulation areas are Clean		OB	1. All area are clean with no dirt,grease,littering and cobwebs. 2. Surface of furniture and fixtures are clean 3. Cleanliness and maintenance of child zone including their swings and toys is ensured
		Toilets are clean with functional flush and running water		OB	Check toilet seats, floors, basins etc are clean and water supply with functional cistern

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster		OB	Window panes , doors and other fixtures are intact
		Patients beds are intact and painted		OB	Mattresses are Intact and clean
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/ Junk material in the ward		OB	Check if any obsolete article including equipment, instrument, records, drugs and consumables
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/ rodent/birds		OB	(1) No lizard, cockroach, mosquito, flies, rats, bird nest etc. (2) Anti Termite treatment on wooden items on defined intervals
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	Check for round the clock piped water supply with overhead tank
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in patient care areas		OB/SI	Check availability of power back with 1-2 outlets connected to generator supply, check for functional UPS /emergency lights
StandardD6	**Dietary services are available as per service provision and nutritional requirement of the patients.**				
ME D6.1	The facility has provision of nutritional assessment of the patients	Nutritional assessment of all children done specially high risk cases		RR/SI	1. Check nutritional Assessment is done to provide age appropriate diet by dietician/ nutrition counsellor / doctor. 2. Special nutritional advice is given for cases like diarrhoea, mild under nutrition & disease conditions / specific food intolerance etc 3. Check caregiver/ mother of all children below two years are directed to the counselling centre for breastfeeding & age-appropriate counselling.
ME D6.2	The facility provides diets according to nutritional requirements of the patients	Check the procedure for requisition of different type of diet from ward to kitchen		OB/RR	(1) Check dietary requirement of children of various ages are taken into consideration in menu/ diet chart of the hospital (2) Check the menu includes choices that are appropriate to the different cultural needs of children and their families

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Check for the adequacy and frequency of diet as per nutritional requirement		OB/PI	Ask attendant/ patient whether they are satisfied with the Quality & quality of food provided
		Check facility provide diet for child parents/ guardian staying along with baby		PI/RR	Check for Two meals / paediatric bed/ shift is ordered
ME D6.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients	Check paediatric ward is not supplied with the same food as adults		PI/SI	Give non compliance if same adult food is provided to children in paediatric ward
		Check standard procedures are followed for transportation & distribution of diet		RR/SI	1. Check food is transported in covered trolley from kitchen/pantry to ward, 2. Food is distributed away from clinical area, 3. Distribution staff adhere to their PPE 4. Check utensil provided are not broken & chipped off. 5. Check the condition of trolley whether it is clean and free from pests. 6. Check the frequency and method of cleaning of food trolley from inside.
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate sets of linen	Clean Linens are provided for all occupied bed		OB/RR	Check adequate availability of Blankets, draw sheet, bed sheets, pillow with pillow cover and mackintosh.
		Child friendly bright coloured and soft linen is used		OB/RR	Check linen used in paediatric ward is having cartoon characters/ animals/ plants/ jungle themes etc.
ME D7.2	The facility has established procedures for changing of linen in patient care areas	Linen is changed every day and whenever it get soiled		PI/RR	Ask parents whether the linen is changed as soon as it gets soiled
ME D7.3	The facility has standard procedures for handling , collection, transportation and washing of linen	There is system to check the cleanliness and Quantity of the linen received from laundry		SI/RR	1. Check linen is clean, stains free & not torn, 2. Check what action is taken in case the linen is torn/ still stained/ unclean.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard D10	**The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government**				
ME D10.1	The facility has requisite licences and certificates for operation of hospital and different activities	Availability of valid No objection Certificate from fire safety authority		RR	Shared with main hospital building
		Availability of authorization for handling Bio Medical waste from pollution control board		RR	Shared with main hospital building
		Availability of certificate of inspection of electrical installation		RR	Shared with main hospital building
		Availability of licence for operating lift		RR	Shared with main hospital building
ME D10.2	Updated copies of relevant laws, regulations and government orders are available at the facility	IMS Act 2003		OB/ RR	1. Check staff is able to explain the key messages of IMS Act (Atleasr 3 messages) (a) Prohibition from any kind of promotion and advertisement of infant milk substitutes, (b) prohibition of providing free samples and gifts to pregnant women or mother, (c) prohibit donation of free or subsided free samples, (d) prohibit any contact of manufacturer or distributor with staff 2. Hoarding describing the provision of IMS act is displayed in the facility
		Protection of children from Sexual offenses Act 2012 & guidelines 2013		OB/ RR	Check staff is aware of key points of medical examination of sexually assaulted child (1) Take written Consent- Either child/ parents (2) Document the question asked (3) Ensure adequate privacy (4) Ask the child whom they would like to accompany them during physical examination (5) If child resist, examination may be deferred (6) If the victim is girl child assessment shall be conducted by women doctor
		Code of Medical ethics 2002		OB/ RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME D10.3	The facility ensure relevant processes are in compliance with statutory requirement	No information, counselling and educational material is provided to mothers and families on Formula Feed for children		PI	
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.1	The facility has established job description as per govt guidelines	Job description is defined and communicated to all concerned staff		RR	Regular + contractual
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	As per hospital dress code
Standard D12	**The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations**				
ME D12.2	There is a system of periodic review of quality of out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/Laundry/Security/ Maintenance) provided are done by designated in-house staff. Check the penalty clause if no services / non satisfactory services are provided
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 & admission		RR	Check for that patient demographics like Name, age, Sex, UID Chief complaint, etc. are recorded in admission records
ME E1.3	There is established procedure for admission of patients	There is established criteria for admission		SI/RR	Check the criteria is defined for admission based on age, clinical sign & symptoms , patient condition, etc & followed

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		There is no delay in treatment because of admission process		SI/RR/OB	Admission is done by written order of a qualified doctor. Time of admission is recorded in patient record.
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	Procedure to cope with surplus patient load		OB/SI	1. Check for provision of extra beds 2. Check no two children are treated at one bed
Standard E2	**The facility has defined and established procedures for clinical assessment, reassessment and treatment plan preparation.**				
ME E2.1	There is established procedure for initial assessment of patients	Criteria for initial assessment is defined & practiced		RR/SI	(1) Check process of initial assessment, triage, identification of emergency, priority & non urgent signs are defined & followed. (2) Check time for initial assessment done is recorded in BHT
		Patient History, Physical Examination & Provisional Diagnosis is done and recorded		RR	Check BHT :- 1. General condition including vital signs are documented 2. Patient H/O is taken & documented 3. Provisional diagnosis is made & written 4. Initial treatment to start is recorded
		Initial assessment and treatment is provided immediately		RR/SI	Initial assessment is documented preferably within 2 hours
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for assessment of stable & critical patient		RR/OB	Check BHT for adherence on frequency of assessment
		There is system in place to identify and manage the changes in Patient's health status		SI/RR	Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating
		Check the treatment or care plan is modified as per re assessment results		SI/RR	Check the re assessment sheets/ Case sheets modified treatment plan or care plan is documented

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E2.3	There is established procedure to plan and deliver appropriate treatment or care to individual as per the needs to achieve best possible results	Check healthcare needs of all hospitalised patients are identifed through assessment process		SI/RR	Assessment includes physical assessment, history, details of existing disease condition (if any) for which regular medication is taken as well as evaluate psychological ,cultural, social factors
		Check treatment/ care plan is prepared as per patient's need		RR	(a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relevant care provider while preparing the care plan.
		Check treatment / care plan is documented		RR	Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc
		Check care is delivered by competent multidisciplinary team		SI/RR	Check care plan is prepared and delivered as per direction of qualified physician
Standard E3	**The facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	Facility has established procedure for handing over of patients during departmental transfer		SI/RR	Check process followed to transfer/ handover the patient to & from OT, HDU, NRC, emergency etc
		There is a procedure for consultation of the patient to other specialist with in the hospital		RR/SI	Check the process followed in case child require referral to any speciality including DEIC
		Paediatric ward/ emergency has established criteria for discharge/ transfer to High dependency unit		RR/SI	Children requiring close supervision, monitoring & supervision, significant potential for physiologically unstable, management of children requiring consent oxygen supply, cardio respiratory monitoring, inotropic support etc

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/ higher facilities to assure the continuity of care.	Patient referred with referral slip		RR/SI	A referral slip/card is provide to patient when referred to another health care facility. Check reason for referral are clearly mentioned.
		Advance communication is done with higher centre		RR/SI	1. Referral vehicle is arranged 2. Referral in and out register is maintained
		There is a system of follow up of referred patients		SI/RR	Referred paediatric cases are followed up for appropriate care, completion of treatment & outcome
		Facility has functional referral linkages with lower facilities		RR	(1) Check for referral cards filled from lower facilities (2) ANM of nearby PHC/HWC is informed about discharge follow ups
ME E3.3	A person is identified for care during all steps of care	Duty Doctor and nurse is assigned for each patients		RR/SI	
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		OB/SI	(1) Identification tags are used for children less than 5 yrs. (2) There is system in place to identify the patient before drug administration or performing any clinical procedure
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained		RR	Check treatment chart are updated and drugs given are marked in. Co relate it with drugs and doses prescribed. Dispensing feed, time of oral drugs, supervision of intravenous fluids etc is recorded
		There is a process to ensure the accuracy of verbal/telephonic orders		SI/RR	(1) Check system is in place to give telephonic orders & practised (2) Verbal orders are verified by the ordering physician within defined time period
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		SI/RR	Nursing Handover register is maintained
		Hand over is given bed side		SI/RR	Check staff follows SBAR protocol (situation, background, assessment and recommendation)
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately		RR/SI	Check for nursing note register. Notes are adequately written

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals for stable & critical patients are monitored and recorded periodically		RR/SI	Check for TPR chart, I/O chart, any other vital required is monitored viz lower chest indrawing, coma score or level of consciousness [AVPU: [Alert, Responding to voice, responding to pain, unconscious], temperature and body weight
Standard E5	**The facility has a procedure to identify high risk and vulnerable patients.**				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/ SI	Check the measure taken to prevent new born theft, sweeping ,baby fall, adverse events following drugs/ vaccine etc.
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High risk patients are identified and treatment given on priority		OB/SI	Triage is done and provide emergency treatment keeping in mind the ABCD steps: Airway, Breathing, Circulation, Coma, Convulsion, and Dehydration.
Standard E6	**Facility ensures rationale prescribing and use of medicines**				
ME E6.1	The facility ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	Check all the drugs in case sheet and discharge slip are written in generic name only.
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use		RR	STG for Management of Pneumonia, Diarrhoea, ARI/Bronchitis Asthmatic, Severe acute malnutrition, vitamin deficiencies and micronutrient deficiencies, Haematological Disorders, Poisoning, Sting, Bites, Paediatric Surgical Emergencies, Liver Disorders etc
		Check staff is aware of the drug regimen and doses as per STG		SI/RR	Check BHT that drugs are prescribed as per treatment protocols &Check for rational use of antibiotics
		Availability of drug formulary		SI/OB	Staff is aware of formulary
ME E6.3	There are procedures defined for medication review and optimization	Complete medication history is documented for each patient		RR/OB	Check complete medication history including over-the- counter medicines is taken and documented

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Established mechanism for Medication reconciliation process		SI/RR	1. Medication Reconciliation is carried out by a trained and competent health professional during the patient's admission, interdepartmental transfer or discharged 2. Medicine reconciliation includes Prescription and non-prescription (over-the-counter) medications, vitamins, nutritional supplements.
		Medicine are reviewed and optimised as per individual treatment plan		SI/RR	Medicines are optimised as per individual treatment plan for best possible clinical outcome
		Complete medication history is documented and communicated for each patient at the time of discharge		SI/RR	1. Discharge summary includes known drug allergies and reactions to medicines or their ingredients, and the type of reaction experienced 2. Changes in prescribed medicines, including medicines started or stopped, or dosage changes, and reason for the change are clearly documented in the case sheet and case summary"
		Patients are engaged in their own care		PI/SI	"1. Clinician/Nurse counsel the patient on medication safety using ""5 moments for medication safety app"" 2. Nurse highlights the medications to be taken by the patient at home and counsel the patient and family on drug intake as per treatment plan for discharge"
Standard E7	**The facility has defined procedures for safe drug administration**				
ME E7.1	There is process for identifying and cautious administration of high alert drugs	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, Opioids, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist & primaquine not to be given to infants etc
		Maximum dose of high alert drugs are defined and communicated		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nurses and doctor.
ME E7.2	Medication orders are written legibly and adequately	There is process to ensure that right doses of drugs are only given		SI/RR	A system of independent double check before administration, Error prone medical abbreviations are avoided
		Every Medical advice and procedure is accompanied with date , time and signature		RR	Verify case sheets of sample basis

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Check medication orders are legible & easily comprehendible by the clinical staff		RR/SI	Verify case sheets of sample basis
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	Check for any open single dose vial with left over content intended to be used later on. In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	Check 1. Staff is aware of ADR 2. Check for availability of ADR formats 3. Check when is the last ADR reported /Nil reporting
ME E7.4	There is a system to ensure right medicine is given to right patient	IV Fluid and drug dosages are calculated according to body weight		SI/RR	Check for calculation chart
		Drip rate and volume is calculated and monitored		SI/RR	Check the nursing staff how they calculate Infusion and monitor it
		Administration of medicines done after ensuring 6R's		SI/OB	Check Staff follows 6Rs's practice Right patient, Right drugs , Right route, Right time, Right Dosage and after administration, Right documentation.
ME E7.5	Patient is counselled for self drug administration	Patient attendant's are advice by doctor/ nurse about the dosages and timings .		PI/SI	Dose & advice is described in vernacular. It is not given directly in hand of relative/patient
Standard E8	**The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Day to day progress of patient is recorded in BHT		RR	Check at least 2 times/ day notes are recorded in case sheet
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT		RR	Check treatment is prescribed in Case records and nursing records (Medication orders, treatment plan, lab investigations)
ME E8.3	Care provided to each patient is recorded in the patient records	Maintenance of treatment chart/treatment registers		RR	Treatment given is recorded in treatment chart /register

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E8.4	Procedures performed are written on patients records	Procedures performed are written on patients records		RR	1. Procedures performed (If any) are well explained prior to the patient attendant like ryles tube insertion/ drainage bag maintenance/ nebulization/ Resuscitation, blood transfusion etc 2. Procedure performed viz. Nebulization, Resuscitation, blood transfusion etc are documented
ME E8.5	Adequate form and formats are available at point of use	Standard Format for bed head ticket/ Patient case sheet available as per state guidelines		RR/OB	TPR chart, IO chart, Growth chart , BHT, continuation sheet, Discharge card, Facility specific child death review format - 1. Check for adequate availability of the forms 2. Check for completeness in the filled forms
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	General order book (GOB), report book, Admission register, lab register, Admission sheet/ bed head ticket, discharge slip, referral slip, referral in/referral out register, OT register, Diet register, Linen register, Drug intend register, Patient Attendant record that is staying with the patient, Handover register etc
		All register/ records are identified and numbered		RR	Unique identification number is given & staff is able to retrieve previous register/records
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	(1) Records of discharged cases are kept in MRD/ department sub store (2) Check records are retrieval in case of re admission (3) Copy of records is given to next kin only with permission from authorised staff only
Standard E9	**The facility has defined and established procedures for discharge of patient.**				
ME E9.1	Discharge is done after assessing patient readiness	Paed. HDU has established criteria to transfer to step down		SI/RR	Criteria for transfer to step down: Respiratory distress improves, babies on antibiotics for completion of therapy, children who are otherwise stable.
		Paediatric ward has established criteria for discharge		SI/RR	Primary illness is resolved, All infections and other medical complications have been treated, baby maintain temp, baby is accepting mothers milk/feed, Child is provided with micronutrients Immunization is updated etc
		Discharge is done by a responsible and qualified doctor after assessment in consultation with treating doctor		SI/RR	Discharge is done in consultation with treating doctor

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Patient / attendants are consulted before discharge		PI/SI	Time of discharge is communicated to patient in prior
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary adequately mentions patients clinical condition, treatment given, Nutritional status and follow up		RR/PI	See for discharge summary, referral slip provided.
		Discharge summary is give to all patients		SI/RR	Including LAMA/Referral patient
ME E9.3	Counselling services are provided as during discharges wherever required	Patient is counselled before discharge		SI/PI	Advice includes the information about the nearest health centre for further follow up. Counsel mother for treatment, follow up, feeding, discharge timings are explained prior
ME E9.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc	Declaration is taken from the LAMA patient		RR/PI	
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management**				
ME E11.2	Emergency protocols are defined and implemented	Staff is aware of process & steps for emergency management of sick children		SI/RR	(1) Triage - ETAT protocol - keeping in mind ABCD steps (2) Ascertaining the group of baby - Emergency, Priority and non urgent. (2) After identification of emergency & priotize sign- prompt emergency treatment is to be given to stabilize before transfer to ward/HDU or refer
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	Role and responsibilities of staff in disaster are defined Mock drills have conducted from time to time
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	Protocols are defined & followed for sample collection & transfer timely from ward to lab for testing
ME E12.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different tests		SI/RR	(1) Critical values are defined and intimated timely to treating medical officer (2) List of Normal reference ranges are available in Paed. Ward

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard E13	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**				
ME E13.9	There is established procedure for transfusion of blood	Patient's identification is confirmed & Consent is taken before transfusion		RR	Check whether staff follows the protocol for patient identification and cross validates it with written advice
		Protocol of blood transfusion is monitored & regulated		RR	Blood is kept on optimum temperature before transfusion. Blood transfusion is monitored and regulated by qualified person
		Blood transfusion note is written in patient records		RR	Blood bag details sticker is pasted in case file, patient monitoring status is recorded in case sheet
		Paediatric blood transfusion bags are used for transfusion		RR	Check for adequate availability and utilization of paediatric blood bags
ME E13.10	There is a established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to responsible person		RR	Check - Staff is aware of the protocol to be followed in case of any transfusion reaction
Standard E15	**The facility has defined and established procedures of Operation theatre services**				
ME E15.2	The facility has established procedures for Preoperative care	Patient evaluation before surgery is coordinated and recorded		RR/SI	Vitals , Patients fasting status etc. is managed & informed to OT.
ME E15.4	The facility has established procedures for Post operative care	Staff is aware of the care protocol of children returned back from surgery		SI/RR	1. Staff frequently assess the surgical site in case of any redness, discharge the case in charge is informed immediately. 2. Staff counsel the mother on the techniques of feeding infant post surgery 3. Diet - Soft, mashed diet to be provided to children post surgery. Do not give hard, crunchy foods In cases of cleft lip and cleft palate: General & Specific care directed by Orthodontics viz. Mouth care is maintained post surgery use gauze lock and mouthwash for cleaning. Don't use brush for 3 weeks . Use the arm string/ restrain to avoid thumb/ finger sucking etc

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard E16	**The facility has defined and established procedures for the management of death & bodies of deceased patients**				
ME E16.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure to decent communicate death to relatives		SI	Bad news/adverse event/ poor prognosis are disclosed in quite & private setting
ME E16.2	The facility has standard procedures for handling the death in the hospital	Death note is written as per child death review guidelines		RR	Child death are recorded as per CDR guideline. Death note including efforts done for resuscitation. Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible
Standard E20	**The facility has established procedures for care of new born, infant and child as per guidelines**				
ME E20.1	The facility provides immunization services as per guidelines	Immunization services are provided as immunization schedule		SI/RR	Check MCP card is available & updated. Mother /care provider is counselled and directed to immunize the child
ME E20.2	Triage, Assessment & Management of new-borns, infant & children having emergency signs are done as per guidelines	Triage of sick children is done as per protocols		SI/RR	Screening of sick child is done to prioritize management as per classification : Emergency sign, priority sign & non urgent sign. All emergency & priority sign are stabilize and child is referred to HDU / higher centre for management
		Staff is aware of emergency signs in Sick child		SI/RR	Obstructed or absent breathing, severe respiratory distress, central cyanosis, signs of shock (cold hands, capillary refill time longer than 3 s, high heart rate with weak pulse, and low or unmeasurable blood pressure),coma, convulsions signs of severe dehydration in a child with diarrhoea
		Staff is aware of priority signs in Sick child		SI/RR	Tiny infant: any sick child aged < 2 months, Temperature: child is very hot, Trauma or other urgent surgical condition, severe Pallor , Poisoning ,severe Pain ,Respiratory distress, Restless, continuously irritable or lethargic, visible severe wasting, Oedema of both feet & major burn

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Assessment & Management of airway due to breathing obstructions/ failure		SI/RR	Assess airway & breathing- severe respiratory distress, central cyanosis & obstructed/absent breathing (any of sign positive)- Check (1) if foreign body aspirated. Manage airway in choking child. Check staff is aware of management of choking child, by back slap, chest thrust (infant) back blow (child >1 y.) (2) If no foreign body is aspirated -Manage air way, give oxygen & keep child warm. Proceed for full investigation & treatment
		Assessment & management of hypoxaemia		SI/RR	(1) Early signs confusion, restlessness & shortness of breath. (2) Determine oxygen level using pulse oximeter. (3) Oxygen supplementation - when child is in respiratory distress & SPo2 is <90%. Child with emergency signs but with out respiratory distress receive oxygen therapy- if SPo2 is <94%. (4) Investigate for underlying cause - viz. Asthma, Pneumonia, Anaemia, ARDS etc
		Assessment & management of circulation failure cases		SI/RR	Cold body with capillary refill longer than 3 sec/ fast & weak pulse. Any sign positive. Check for any bleeding, give oxygen & keep child warm. If malnourishment seen: child is lethargic /unconscious- Insert IV line & Give IV glucose, if child is not lethargic & unconscious- give glucose orally/nasogastric tube, proceed for full investigation & further treatment.
		Management of coma/convulsion in children		SI/RR	Coma/convulsion: Manage the airway, if convulsing, give diazepam rectally,Postion the child (if head & neck trauma is suspected), give IV glucose
ME E20.7	Management of children presenting with fever, cough/ breathlessness is done as per guidelines	Management of Child with Bronchial Asthma		SI/RR	Initial Treatment Salbutamol inhalation 2.5 mg/dose (5 mg/ml solution), by nebuliser every 20 minutes x 3 / Salbutamol inhalation by MDI-Spacer 4 puffs (100mcg/puff) at 2-3 min interval. This course is repeated every 20 minutes x3 / Inj Adrenaline 0.01 ml/kg (maximum of 0.3 ml) of 1:1000 solution subcutaneous every 20 minutes x 3

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
					In case of Moderate to Severe attack Additional - Oxygen Start Steroids; Prednisolone 2mg/kg/day in divided doses **Reassess 30-60 mins If not improve -** Continue bronchodilator 1-2 hly and Ipratropium 8hly; Continue steroids, Give one dose of Mag. Sulph, /aminophylline
		Staff is aware of sign & symptoms of severe pneumonia in children 2 months to 5 yrs.		SI/RR	Cough or difficulty in breathing in children with at least one of the following condition : (1) Central Cyanosis or oxygen saturation <90% (2) Server respiratory distress (laboured of very fast breathing (RR<70 per minute) or severe lower chest indrawing or head nodding or stridor or grunting) (3) Sign of pneumonia with general danger sign (inability to breastfed or lethargy or reduced level of consciousness or convulsions)
		Management of Severe pneumonia in children 2 month to 5 yrs.		SI/RR	Antibiotics: Ampicillin 50mg/kg or Benzyl penicillin 50,000U/Kg IM or IV every 6 hrs. Gentamicin7.5 mg/Kg IM or IV once in a day Give Cloxacillin or Amoxicillin+ clavulanic acid if Staphylococcal infection is suspected (presence of skin pustules or boil) Give Ceftriaxone with vancomycin in case of septic shock) If child does not show signs of improvement with in 48hrs,switch to Gentamicin7.5 mg/Kg IV once in a day combined with Ceftriaxone 100mg/kg IV divided in to 2 doses or cloxacillin 50mg/kg IV 8 hrly. Shift to oral dose as soon as child is able to take it orally, except those with shock or complicated pneumonia where longer parenteral therapy is advised. Duration_ Clinical response with in 48 hrs- 7 days Clinical response after 48 hrs- 10days
		Staff is aware of Oxygen therapy given for severe pneumonia in children 2 months to 5 yrs.		SI/RR	Oxygen saturation <90% - give oxygen to all children or <94% with other emergency sign like shock etc.) Use nasal prongs as preferred method of oxygen delivery to young infant. Use pulse oximeter to guide the oxygen therapy (keep oxygen saturation >90%). If pulse oximeter is not available- continue the oxygen until clinical sign of hypoxia (inability to breastfed or breathing rate > or equal to 70/min) are no longer present.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Management of child presenting with severe anaemia		SI/RR	Give a blood transfusion to: all children with an EVF ≤ 12% or Hb ≤ 4 g/dl & less severely anaemic children (EVF > 12–15%; Hb 4–5 g/dl) with any of the condition: shock, impaired consciousness, respiratory acidosis (deep, laboured breathing),heart failure, very high parasitaemia (> 20% of red cells parasitized). Give 10 ml/kg packed cells or 20 ml/kg whole blood over 3–4 h. Check the respiratory rate and pulse rate every 15 min. If one of them rises, transfuse more slowly. If there is fluid overload, give IV furosemide (1–2 mg/kg) up to a maximum total of 20 mg. Give a daily iron–folate tablet or iron syrup for 14 days
		Staff is aware of indications for blood transfusion due to severe anaemia		SI/RR	All children with Hb ≤4 gm/dl, Children with Hb 4–6 gm/dl with any of the following: – Dehydration – Shock – Impaired consciousness – Heart failure – Deep and laboured breathing – Very high parasitaemia (>10% of RBC)
		Staff is aware of blood transfusion protocols		SI/RR	If packed cells are available, give 10 ml/kg over 3–4 hours preferably. If not, give whole blood 20 ml/kg over 3–4 hours.
		Management of children with seizures		SI/RR	(1) Children presenting with acute seizures IV diazepam or IV lorazepam may be used. In case, IV access is not available non-parenteral routes of administration of benzodiazepines is used. Options include rectal diazepam, oral or intranasal midazolam and rectal or intranasal lorazepam. (2) In children with established status epilepticus, i.e. seizures persisting after two doses of benzodiazepines, IV valproate, IV phenobarbital or IV phenytoin can be used, with appropriate monitoring. (3) Check continuous anticonvulsant medications (phenobarbital or valproate) is not used for febrile seizures.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E20.8	Management of children with severe Acute Malnutrition is done as per guidelines	Management of child presented in shock with severe malnourishment		RR	(1) Insert IV line, weight the child, give IV fluid 15ml/kg over 1 hr. Use one of the following solutions : – Ringer's lactate with 5% glucose (dextrose); – Half-strength Darrow's solution with 5% glucose (dextrose); – 0.45% NaCl plus 5% glucose (dextrose). (2)Measure the pulse rate, volume and breathing rate at every 5–10 min. (3) If there are signs of improvement (pulse rate falls, pulse volume increases or respiratory rate falls) and no evidence of pulmonary oedema – repeat IV infusion at 15 ml/kg over 1 h; then – switch to oral or nasogastric rehydration & initiate re-feeding with starter F-75./ If the child fails to improve after two IV boluses of 15 ml/kg, – give maintenance IV fluid (4 ml/kg per h) initiate re-feeding with starter F-75 & start IV antibiotic treatment
ME E20.9	Management of children presenting diarrhoea is done per guidelines	Assessment & Management severe dehydration cases		SI/RR	Diarrhoea plus two of signs are positive viz. lethargy, sunken eyes, very slow skin pinch & unable to drink or drink very less. if no severe malnutrition give fluids rapidly & start diarrhoea treatment. If severe malnourishment do not insert IV, proceed for full assessment & treatment.
		Treatment of child presenting with severe dehydration		SI/RR	(1) Start IV fluids immediately. While the drip is being set up, give ORS solution if the child can drink. (2) Start isotonic solutions: Ringer's lactate solution and normal saline solution (0.9% NaCl) is given. Give 100 ml/kg of the chosen solution. If age <12 month: first give 30ml/kg in 1 hr & repeat if radial pulse is weak & then 70ml/kg in 5 hrs. If age is more than or equal to 12 month, first give 30ml/kg in 30min & repeat if radial pulse is weak & then 70ml/kg in 2.5 hrs)
		Staff is aware of Care of children with Developmental Dysplasia of Hip		SI/RR	1. Management in child up to 4 months - Application of Pavlik Harness 2. Management of Child above 4 years - Closed Reduction and hip spica application 3. Follow-up with the patient referred back from tertiary hospitals 4. Frequent Skin care

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E20.10	Facility ensures optimal breast feeding practices for new born & infants as per guidelines	Communication and counselling the mothers for exclusive breastfeeding up to 6 months		PI/OB	1. Staff support the mother by providing adequate privacy and explaining the benefits of exclusive breastfeeding 2. Staff is aware and follow the protocol for management of cracked nipples, inverted nipples engorged breast etc.
		Staff counsel the mother for complementary feeding as per IYCF guidelines		PI/OB	Awareness is generated for complementary feeding from 6 months of age till two years of age
		Communication and counselling on optimal infant & young child feeding practices for sick babies		PI/SI	For children born prematurely or with low birth weight, one to one counselling session should be conducted with the mother/caregiver and follow up visits to the centre requested.
		Breast milk substitutes are not promoted for newborn or infant unless medically indicated		PI/OB	Ask Parents about the counselling
Standard E23	**The facility provides National health Programme as per operational/Clinical Guidelines**				
ME E23.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Management of child presenting with uncomplicated malaria		SI/RR	For P. vivax, give a 3-day course of artemisinin-based combination therapy. For P. falciparum (with the exception of artesunate plus sulfadoxine–pyrimethamine) combined with primaquine at 0.25 mg base/ kg, taken with food once daily for 14 days. Give oral chloroquine at a total dose of 25 mg base/kg, combined with primaquine.
		Admission criteria is defined for dengue cases		SI/RR	1. Child having high fever, poor oral intake, or any danger signs (Bleeding, red spots or patches on the skin, bleeding from nose or gums, black-coloured stools, heavy menstruation/vaginal bleeding, Frequent vomiting, Severe abdominal pain, Drowsiness, mental confusion or seizures, pale, cold or clammy hands and feet, Difficulty in breathing) 2 If platelet count < 100,000 /cu.mm or rapidly decreasing trend. 3 If haematocrit is rising trend.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff follows the management protocol for Dengue management.		SI/RR	1. Encourage oral fluids. If not tolerated, start intravenous isotonic fluid therapy with or without dextrose at maintenance. Give only isotonic solutions. Start with 5 ml/kg/hour for 1–2 hours, then reduce by 2ml/kg/hour every 2 hours till 2ml/kg/hr provided there is clinical improvement and haematocrit is appropriately improving. IV fluids are usually required for 1-2 days. 2. Reassess the clinical status and repeat the haematocrit after 2 hours. If the haematocrit remains the same, continue with the same rate for another 2–4 hours and reassess. If the vital signs/haematocrit is worsening increase the fluid rate and refer immediately. 3. Switch to oral as soon as tolerated, total fluid therapy usually 24-48 hrs, titrated to adequate urine output.
		Staff frequently assess the child during the management		SI/RR	1. Temperature, Pulse, blood pressure and respiration- every hour (or more often) until stable subsequently 2 hourly. 2. Hourly fluid balance sheet recording the type of fluid and the rate and volume of its administration to evaluate the adequacy of fluid replacement. 3. Chest X-ray, ultrasound abdomen, electrolytes 12-24 hrly as when clinically indicated
		Discharge criteria is defined for dengue cases		SI/RR	1. Absence of fever for at least 24 hrs. 2. Return of appetite. 3. Clinical improvement. 4. Good urine output. 5. Stable haematocrit. 6. 2 days after recovery from shock 7. No respiratory distress from pleural effusion and ascites
ME E23.11	The facility provide services under National viral Hepatitis Control Programme	Staff is aware of clinical presentation of Acute Hepatitis		SI/RR	Signs of Jaundice, unexplained weight loss, loss of appetite, fatigue etc Acute case - elevations in the concentration of alanine and aspartate aminotransferase levels (ALT and AST); values up to 1000 to 2000 international units/L are typically seen during the acute phase with ALT being higher than AST. Chronic is clinically salient

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is aware of the treatment regimen of HBV Chronic Infection		SI/RR	Entecavir (in children 2 years of age or older and weighing at least 10kg. the oral solution should be given to children with a body weight up to 30kg) Recommended once-daily dose of oral solution (mL) Body weight (kg) Treatment –naïve persons* 10 to 11 - 3 >11 to 14 - 4 >14 to 17 - 5 >17 to 20 6 >20 to 23- 7 >23 to 26- 8 >26 to 30 - 9 >30 to - 10mL (0.5 mg) / 0.5 mg tablet once daily Renal function should be monitored annually in persons on long-term tenofovir or entecavir therapy, and growth monitored carefully in children
		Staff is aware of the treatment regimen for HCV		SI/RR	Children with cirrhosis compensated- (pugh A) Sofosbuvir(400mg) + Velpatasvir(100mg) for 84 days(12 wks.) once a day. Children with cirrhosis (Pugh B and C) - decompensated- Sofosbuvir(400mg) + Velpatasvir (100mg) & Ribavirin(600-1200mg**) for 84 days(12 wks.) once a day Ribavirin based on body weight
AREA OF CONCERN - F INFECTION CONTROL					
Standard F1	**The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection**				
ME F1.1	The facility has functional infection control committee	Infection control committee is in place		SI/RR	Shared with main hospital. Check paediatrician is part of the committee
ME F1.2	The facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance		SI/RR	Swab are taken from infection prone surfaces such as examination tables, injection tray, isolation wards etc.
ME F1.3	The facility measures hospital associated infection rates	There is procedure for collection & reporting of incidences of HAI cases		SI/RR	(1) Patients are observed for any sign and symptoms of HAI & reported (2) Check there are defined criteria and format for reporting HAI & staff is aware of it (3) Check there is system at place to collate & analyse the data & feed is given to departments

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization & periodic check-up of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	(1) Hand washing and infection control audits done at periodic intervals (2) There is designated person for coordinating infection control activities
ME F1.6	The facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	(1) There is system for reporting Anti Microbial Resistance with in the facility (2) Policy Includes Rational Use of Antibiotics (3) Check facility measure antibiotic consumption rate & paediatric ward is aware of it
Standard F2	**The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing with running Water Facility at Point of Use		OB	1. Check for availability of wash basin near the point of use. 2. Check the regularity of water supply.
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	1. Check for availability/ Ask staff if the supply is adequate and uninterrupted. 2. Availability of Alcohol based Hand rub
		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 & Hand washing sink		OB	Check wash basin is wide and deep enough to prevent splashing and retention of water
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	Ask of demonstration & check staff awareness about when to wash the hands
		Mothers are aware of importance of washing hands		SI/PI	Mothers are aware of importance of washing hands .Washing hands after using the toilet/ changing diapers and before feeding children.
		Mothers/care giver adhere to hand washing practices with soap		PI/OB	Ask for demonstration

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME F2.3	The facility ensures standard practices and materials for antisepsis	Availability Use of Antiseptic Solutions		OB	
Standard F3	**The facility ensures standard practices and materials for Personal protection**				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Availability of PPE (Gloves, mask, apron & caps)		RR/SI	1.Check if staff is using PPEs. 2. Ask staff if they have adequate supply. 3. Verify with the stock/Expenditure register
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable PPE		OB/SI	No reuse of gloves, Masks, caps and aprons etc.
		Compliance to correct method of wearing and removing the gloves & Other PPEs		SI	Ask for demonstration.
Standard F4	**The facility has standard procedures for processing of equipment and instruments**				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of examination and procedural surfaces		SI/OB	Ask staff how they decontaminate Examination table , Patients Beds Stretcher/Trolleys/ Examination table etc. (Wiping with 1% Chlorine solution)
		Proper Decontamination of instruments after use		SI/OB	Ask staff how they decontaminate the instruments like Stethoscope, Dressing Instruments, Examination Instruments, Blood Pressure Cuff etc (Soaking in 1 % Chlorine Solution, Wiping with 1% Chlorine Solution or 70% Alcohol as applicable Contact time for decontamination of instruments
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Cleaning of instruments		SI/OB	Cleaning is done with detergent and running water after decontamination
		Staff know how to make chlorine solution		SI/OB	
		Toys washed regularly, and after each child uses		SI/OB	Check records for decontamination and washing of toys
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instruments are sterilized after each use as per requirement		OB/SI	1. Ask staff about temperature, pressure and time for autoclaving. 2. Ask staff about method, concentration and contact time required for chemical sterilization. 3.Check records

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is aware of storage time for autoclaved items		OB/SI	Check staff is aware of how long autoclaved items can be stored. Also, autoclaved items are stored in dry, clean, dust free, moist free environment
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 & cleaning as per requirement		OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade disinfectant & detergent solution
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Spill management protocols are implemented		SI/RR	1. Check availability of Spill management kit , 2. Staff is trained for managing small & large spills , 3. Check protocols are displayed
		Cleaning of patient care area with detergent solution		SI/RR	Three bucket system is followed
		Standard practice of mopping and scrubbing are followed		OB/SI	1. Unidirectional mopping from inside out is followed. 2. Staff is trained for preparing cleaning solution as per standard procedure. 3. Cleaning equipment like broom are not used in patient care areas
ME F5.4	The facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed		OB/SI	1. Check there is a separate area for infectious patients like chicken pox, measles, diarrhoea cases . 2. Check staff is aware of barrier and reverse barrier nursing Give non compliance if Diarrhoea or infectious disease cases are kept in corridors or with general patients
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 Non chlorinated colour coded plastic bags		OB	
		Segregation of Anatomical and soiled waste in Yellow Bin		OB/SI	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Segregation of infected plastic waste in red bin		OB	
		Display of work instructions for segregation and handling of Biomedical waste		OB	Pictorial and in local language
		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	(1) Check if needle cutter has been used or just lying idle. (2) it should be available near the point of generation like nursing station
		Availability of post exposure prophylaxis		OB/SI	1. Staff knows what to do in case of needle stick injury. 2. Staff is aware of whom to report 3. Check if any reporting has been done 4. Also check PEP issuance register
		Glass sharps and metallic implants are disposed in Blue colour coded puncture proof box		OB	Includes used vials, slides and other broken infected glass
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled & staff is aware of when to empty the bin		SI/OB	Bins should not be filled more than 2/3 of its capacity
		Transportation of bio medical waste is done in close container/trolley		SI/OB	
		Staff aware of mercury spill management		SI/RR	Check whether department is replacing mercury products with digital products (Aspire for mercury free)
AREA OF CONCERN - G QUALITY MANAGEMENT					
Standard G1	**The facility has established organizational framework for quality improvement**				
ME G1.1	The facility has a quality team in place	Quality circle has been constituted		SI/RR	1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibility of team has been defined
ME G1.2	The facility reviews quality of its services at periodic intervals	Review meetings are done regularly		SI/RR	Check minutes of meeting and monthly measurement & reporting of indicators

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard G2	**The facility has established system for patient and employee satisfaction**				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Client satisfaction survey is done on monthly basis		SI/RR	Feedback is taken from parents/ guardians
ME G2.2	The facility analyses the patient feed back, and root-cause analysis	Analysis of low performing attributes is undertaken		SI/RR	
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients	Action plan is prepared and improvement activities are undertaken		SI/RR	
Standard G3	**The facility have established internal and external quality assurance Programmes wherever it is critical to quality.**				
ME G3.1	The facility has established internal quality assurance programme in key departments	There is a system of daily round by matron/hospital manager/ hospital superintendent for monitoring of services		SI/RR	Findings /instructions during the visit are recorded and actions are taken
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval		RR/SI	NQAS assessment toolkit is used to conduct internal assessment
		Departmental checklist are used for monitoring and quality assurance		SI/RR	Staff is designated for filling and monitoring of these checklists
		Non-compliances are enumerated and recorded		RR	Check the non compliances are presented & discussed during quality team meetings
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per internal assessment record findings		RR	Randomly check the details of action, responsibility, time line and feedback mechanism
ME G3.5	Planned actions are implemented through Quality Improvement Cycles (PDCA)	Check PDCA or revalent quality method is used to take corrective and preventive action		SI/RR	Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report

Reference No.	Measurable Element	Checkpoint	Compli-ance	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	Standard operating procedure for department has been prepared and approved		RR	Check that SOP for management of departmental services has been prepared and is formally approved
		Current version of SOP are available with process owner		OB/RR	Check current version is available with the departmental staff
		Work instruction/ clinical protocols are displayed		OB	Child safety, formula for calculation of paediatric doses , CPR, nutritional requirements with growth charts, Appropriate feeding practices, Summary of the 10 steps of successful breastfeeding, lactation position and milk expression protocol, etc. are displayed
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented Procedure for receiving and initial assessment of the patient		RR	Review the SOP has adequately cover procedure for reception, triage initial assessment, admission & investigation of the patient
		Department has documented procedure for reassessment of the patient as per clinical condition		RR	Review the SOP has adequately cover procedure for reassessment, follow up and referral of patient
		Department has documented procedure for general patient care processes		RR	Review the SOP has adequately cover procedure of management of hypothermia, hypoglycaemia, dehydration, electrolyte imbalance, feeding recommendation as per IMNCI, micronutrient supplementation. SOP also cover protocols to be used for paediatric dose preparation as per defined criteria
		Department has documented procedure for specific processes to the department		RR	Department has documented procedure for emergency triage, assessment and treatment. Documented procedure for Management of fever, cough, breathlessness, pneumonia, diarrhoea and malnutrition, documented procedure for blood transfusion, documented procedure for requisition and reporting of diagnostics, documented procedure for end of life care

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Department has documented procedure for support services & facility management.		RR	Review the SOP has adequately cover procedure of nutritional assessment & age appropriate diet, provision of micronutrient supplementation etc. SOP also covers support services such as equipment maintenance, calibration, housekeeping, security, storage and inventory management etc
		Department has documented procedure for safety & risk management		RR	Check availability of risk management record/register to identify risk & action taken to mitigate them
		Department has documented procedure for ensuring patients rights including consent, privacy confidentiality & entitlement		RR	Check availability of documented procedure for taking consent, maintenance of privacy during physical examination. Due care is taken in examining older female child (she should be examined in the presence of a relative or a female staff even if it is not a medico legal case), confidentiality & entitlements various Health Schemes
		Department has documented procedure for infection control & bio medical waste management		RR	Review SOP adequately cover description of Hand Hygiene, personal protection, environmental cleaning, instrument sterilization, asepsis, Bio Medical Waste management, surveillance and monitoring of infection control practices
		Department has documented procedure for quality management & improvement		RR	Review SOP for procedure to constitute quality circles, their regular meetings, development of quality objectives, steps to be take to achieve objectives and their monitoring & measurement mechanisms
		Department has documented procedure for data collection, analysis & use for improvement		RR	1. Check the availability of updated Risk Management Framework. 2. Check the components of physical, fire, operational and pt safety are covered. 3. Review the updated mitigation plan.
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is aware of relevant part of SOPs		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard G 5	**The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	Critical processes are identified and mapped. Value and non value adding processes/ activities are listed.
ME G5.2	The facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	Non value adding activities are wastes. MUDAS in terms of waste, delays, waiting, motion, over processing , over production etc are identified
ME G5.3	The facility takes corrective action to improve the processes	Processes are improved & implemented		SI/RR	Check the non value adding activities are removed and processes are made lean. Improvement is sustained over a period of time
Standard G6	**The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them**				
ME G6.4	Facility has de defined quality objectives to achieve mission and quality policy	Check SMART Quality Objectives have framed		SI/RR	Check short term valid quality objectivities have been framed addressing key quality issues in department and for core services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check of staff is aware of Mission , Values, Quality Policy and objectives		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points
Standard G7	**The facility seeks continually improvement by practicing Quality method and tools.**				
ME G7.1	The facility uses method for quality improvement in services	Basic quality improvement method are used		SI/OB	PDCA & 5S
		Advance quality improvement method are used		SI/OB	Six sigma, lean.
ME G7.2	The facility uses tools for quality improvement in services	7 basic tools of Quality are used for quality improvement in Paed. Ward		SI/RR	Minimum 2 applicable tools are used in department
Standard G9	**Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan**				
ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	Check periodic assessment of medication and patient care safety risks are done using defined checklist periodically		SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre defined criteria at least once in three month.

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard G10	**The facility has established clinical Governance framework to improve quality and safety of clinical care processes**				
ME G10.3	Clinical care assessment criteria have been defined and communicated	The facility has established process to review the clinical care		SI/RR	Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes.
		Check regular ward rounds are taken to review case progress		SI/RR	(1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes-
		Check the patient /family participate in the care evaluation		SI/RR	Feedback is taken from patient/ family on health status of individual under treatment
		Check the care planning and co- ordination is reviewed		SI/RR	System in place to review internal referral process, review clinical handover information, review patient understanding about their progress
ME G10.4	Facility conducts the periodic clinical audits including prescription, medical and death audits	There is procedure to conduct medical and referral audits		SI/RR	(1) Random referral slips are audited (2) The reasons of the referral is clearly mentioned (3) Referral is written by authorized competent person (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required)
		There is procedure to conduct child death audits		SI/RR	(1) All the deaths are audited by the committee. (2) The reasons of the death is clearly mentioned (3) Data pertaining to deaths are collated and trend analysis is done (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required)
		There is procedure to conduct prescription audits		SI/RR	(1) Random prescriptions are audited (2) Separate Prescription audit is conducted foe both OPD & IPD cases (3) The finding of audit is circulated to all concerned (4) Regular trends are analysis and presented in Clinical Governance board/Grand round meetings

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		All non compliance are enumerated recorded for medical and referral audits		SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings
		All non compliance are enumerated recorded for death audits		SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings
		All non compliance are enumerated recorded for prescription audits		SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings
ME G10.5	Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process	Check action plans are prepared and implemented as per medical and referral audit record findings		SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months
		Check action plans are prepared and implemented as per death audit record's findings		SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months
		Check action plans are prepared and implemented as per prescription audit record findings		SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months
		Check the data of audit findings are collated		SI/RR	Check collected data is analysed & areas for improvement is identified & prioritised
		Check PDCA or revalent quality method is used to address critical problems		SI/RR	Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care	Check standard treatment guidelines / protocols are available & followed.		SI/RR	Staff is aware of Standard treatment protocols/ guidelines/best practices
		Check treatment plan is prepared as per Standard treatment guidelines		SI/RR	Check staff adhere to clinical protocols while preparing the treatment plan

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Check the drugs are prescribed as per Standards treatment guidelines		SI/RR	Check the drugs prescribed are available in EML or part of drug formulary
		Check the updated/latest evidence are available		SI/RR	Check when the STG/protocols/ evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences.
		Check the mapping of existing clinical practices processes is done		SI/RR	The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA
AREA OF CONCERN - H OUTCOME					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**				
ME H1.1	Facility measures productivity Indicators on monthly basis	Total admissions		RR	
		Bed Occupancy Rate		RR	
		Proportion of admissions by gender		RR	
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Referral Rate		RR	
		Discharge Rate		RR	
		Relapse rate		RR	
		Percentage of children with emergency signs received initial treatment in emergency		RR	
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Average length of Stay		RR	
		Case fatality rate in Paed. Ward		RR	
		No of adverse events per thousand patients		RR	
		% of infants exclusively breastfed from admission to discharge		RR	
		No. of cases treated for severe Anaemia		RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		No. of cases treated for pneumonia with shock		RR	
		No. of cases treated for severe dehydration		RR	
		Percentage of viral hepatitis cases managed		RR	
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR	
		Parent/caregiver Satisfaction Score		RR	In Paed. Ward

ASSESSMENT SUMMARY

Name of the Hospital .....

Date of Assessment .....

Names of Assessors .....

Names of Assessees .....

Type of Assessment (Internal/External) .....

Action plan Submission Date .....

A. SCORE CARD

PAEDIATRIC WARD (MUSQAN) SCORE CARD	
Area of Concern wise score	**Paediatric Ward (MusQan) Score**
A. Service Provision	
B. Patient Rights	
C. Inputs	
D. Support Services	
E. Clinical Services	
F. Infection Control	
G. Quality Management	
H. Outcome	

B. MAJOR GAPS OBSERVED

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

C. STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/OPPORTUNITIES FOR IMPROVEMENT

_____

_____

_____

Names and Signature of Assessors

Date _____

CHECKLIST - 13

SICK NEWBORN CARE UNIT (SNCU) (MUSQAN)

CHECKLIST FOR SICK NEWBORN CARE UNIT (SNCU)

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A2	**Facility provides RMNCHA Services**				
ME A2.3	The Facility provides Newborn health Services	Management of low birth weight infants <1800 gm and preterm		SI/RR	
		Prevention of infection including management of newborn sepsis		SI/RR	
		Management of Neonatal Jaundice		SI/RR	Phototherapy for new born
		Management of Neonatal Asphyxia		SI/RR	
		Emergency Management of Newborn Illnesses		SI/RR	ETAT , Resuscitation
		Management of Hypothermia		SI/RR	Maintenance of Warmth, Breast feeding/feeding support and Kangaroo Mother care (KMC)
		Lactation support & Management Services		SI/RR/OB	Counselling, Storage, promotion & support for optimal feeding practices
		Provision for follow up of high risk babies discharged from the SNCU `		SI/RR/OB	(1) On fixed Day- for routine examination i.e. anthropometry, growth, developmental screening (2) Valid referral linkage inhouse or with higher centre equipped with developmental/ interventional facilities
Standard A3	**Facility Provides diagnostic Services**				
ME A3.2	The Facility Provides Laboratory Services	SNCU has side lab / Linkage for laboratory investigation.		SI/OB	(1) Serum bilirubin, Plasma glucose, Serum creatinine, Complete Blood count, Platelet, C reactive protein, Prothrombin time, Blood gas analysis with PH measurement analysis, Serum Creatinine (2) Check availability of services specially at night.

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard A4	**Facility provides services as mandated in national Health Programs/ state scheme**				
ME A4.12	The facility provides services as per Rashtriya Bal Swasthya Karykram	Identification of the New born for Birth Defects & referral for management		SI/RR	(1) Neural tube defects, down's syndrome, cleft lip & palate, developmental dysplasia of hip, Club foot, congenital cataract, deafness, heart diseases, retinopathy of prematurity, Linkage with DEIC for rehabilitative care (2) All the birth defects are identified and complete accurate records are uploaded SEAR-NBBD database (online)
AREA OF CONCERN - B PATIENT RIGHTS					
Standard B1	**Facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability of departmental signages		OB	(1) Numbering, main department and internal sectional signage, Restricted area signage displayed. (2) Directional signages are given from the entry of the facility
ME B1.2	The facility displays the services and entitlements available in its departments	Necessary Information regarding services provided is displayed		OB	(1) Name of doctor and Nurse on duty are displayed and updated. (2) Contact details of referral transport / ambulance displayed. (3) Entitlements under JSSK, RBSK, or any relevant scheme are displayed
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	Display of information for education of mother /relatives		OB	Display of pictorial information/ chart regarding expression of milk/ techniques for assisted, feeding , KMC, complimentary feeding, Nutrition requirement of children , hand washing & Breastfeeding policy etc.
		Parents/family attendants are educated for providing care to their admitted sick new-born		PI/OB	As per family participatory care guidelines
		Counselling aids are available for education of parents/ guardian		OB	Audio Visual Films, Scrolls, Job Aids, mama's breast model etc are available to provide counselling for lactation, nutrition

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		No display of poster/ placards/ pamphlets/ videos in any part of the Health facility for the promotion of breast milk substitute , feeding bottles, teats or any product as mentioned under IMS Act		OB	Check in Immunization, paediatric OPDs , waiting areas/ outside SNCU etc.
		No display of items and logos of companies that produce breast milk substitute, feeding bottles, teats or any product as mentioned under IMS Act		OB	1. Check in SNCU Complex including waiting areas 2. Check staff is not using pen, note pad, pen stand etc. which have logos of companies' producing breast milk substitute etc.
		No information, counselling and educational material is provided to mothers and families on Formula Feed		OB	During counselling Mothers and families are specially educated about ill effects of breast milk substitutes.
ME B1.6	Information is available in local language and easy to understand	Signages and information are available in local language		OB	Check all information for patients/ visitors are available in local language
Standard B3	**The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.**				
ME B3.1	Adequate visual privacy is provided at every point of care	Privacy is maintained in breast feeding and KMC room/area		OB	(1) Screens / Partition has been provided between mothers (2) Visual privacy is maintained in milk expression area
ME B3.2	Confidentiality of patients records and clinical information is maintained	Patient Records are kept at secure place beyond access to general staff/visitors		SI/OB	(1) Check records are not lying in open and there is designated space for keeping records with limited access. (2) Records are not shared with anybody without written permission of parents & appropriate hospital authorities
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		OB/PI	Check staff is not providing care in undignified manner such as yelling, scolding, shouting and using abusive language to mother in SNCU and MNCU
Standard B4	**Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.**				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	SNCU has system in place to take informed consent from parent/ guardian/ relative whenever required		SI/RR	Check BHT/ Pt file General Consent form is taken and signed.

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME B4.2	Patient is informed about his/her rights and responsibilities	Check mothers of inborn and outborn baby have been allotted space to stay especially in case of long stay of sick newborn.		OB/PI	Also check provision for their stay and diet
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	SNCU has system in place to involve patient /relatives in decision making as per Family Participatory guidelines		PI	Check parents/ relatives of admitted baby is communicated about newborn condition, treatment plan and any changes at least once in day
ME B4.5	Facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance re addressal and whom to contact is displayed		OB	Check the completeness of the Grievance redressal mechanism , from complaint registration till its resolution
Standard B5	**The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Check all services including drugs, consumables, diagnostics and blood are provided free of cost		PI/SI	Ask mother or attendants if they have paid for any services or any informal fees given to service providers
		Availability of free transport services		PI/SI	Availability of Free drop back, availability of Free referral vehicle/Ambulance services
		Availability of free stay & Diet to mother		PI/SI	Check with mother about stay facility (specially mother of outborn newborn) Check with mother if she is getting adequate meal at least 3 times
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing drugs or consumables from outside.		PI/SI	Ask parent attendants/ guardians if they purchased any drug/consumable from outside
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not spent on diagnostics from outside.		PI/SI	Ask parent attendants/ guardians if they got any diagnostic investigation done from outside
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	System of reimbursement exist in case any expenditure incurred in the treatment		PI/SI/RR	

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
AREA OF CONCERN - C INPUTS					
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1	Departments have adequate space as per patient or work load	Adequate space in SNCU without cluttering		OB	(1) Floor area of 50 sq. ft per bed is required for patient care area with additional 50 sq. ft for ancillary area. (2) Additional space is required for step down area. (3)Space between 2 adjacent beds in SNCU should be 4 ft. Space between wall and beds is 2 ft
		Adequate space in MNCU as per the load		OB	As per MNCU guideline
ME C1.2	Patient amenities are provide as per patient load	Availability adequate waiting area for patient relatives		OB	Waiting areas are along with toilet, Drinking water, seating arrangement, TV for entertainment & Health Promotion activities , Tea/ coffee vending machine
		Availability of space for mothers of admitted sick newborn to stay		OB	Check availability of beds, bathing facility, toilets and diet supply
ME C1.3	Departments have layout and demarcated areas as per functions	SNCU has earmarked triage area		OB	Demarcated reception and resuscitation area
		SNCU has newborn care area		OB	To accommodate at least 20 radiant warmer, separate outborn may not required if strict asepsis is followed
		SNCU has designated area for infected cases as isolation ward		OB	(1) Varicella, Diarrhoea (2) Strict asepsis protocol are followed
		Clean area for mixing intravenous fluids and Medications/ fluid preparation area		OB	Area is clean & entry to area is restricted
		SNCU has a designated follow-up area		OB	For counselling during discharge and imparting FPC training
		Mother's area for expression of breast milk/ Breast feeding, gowning area & Handwashing area		OB	SNCU has system in place to call mother's of baby for feeding
		SNCU Complex has designated space for MNCU		OB	(1) Part of SNCU complex/ Area in close proximity (2) Check Stepdown and KMC unit amalgamated as part of MNCU
		MNCU has a treatment cum examination area		OB	To perform routine activities and keep equipment

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Dedicated space for support services		OB	Autoclaving room, washing area, change room & Dirty Utility , Dining area
		Demarcated ancillary area		OB	Doctors duty room Unit stores & Side Lab
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Availability of adequate circulation area for easy movement		OB	
		Check availability of buffer zone beyond the door of SNCU		OB	Check entry is restricted - visitors are not allowed without permission
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	
ME C1.6	Service counters are available as per patient load	Availability of adequate patient care units as per case load		OB	
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Check maternity complex & SNCU is in close proximity		OB	SNCU is easily accessible from labour room, maternity ward and obstetric OT
		Arrangement of different section ensures unidirectional flow		OB	Unidirectional flow of goods and services.
Standard C2	**Facility ensures the physical safety of the infrastructure.**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment , hanging objects are properly fastened and secured
ME C2.3	The facility ensures safety of electrical establishment	SNCU does not have temporary connections and loosely hanging wires		OB	Switch Boards other electrical installations are intact
		SNCU has mechanism for periodical check / test of all electrical installation by competent electrical Engineer		OB/RR	SNCU has system for power audit of unit at defined intervals and records of same is maintained
		10 central Voltage stabilize outlets are available with each warmer in main SNCU, Step down area and triage room		OB/RR	50% of each should be 5amp and 50% should be 15 amp to handle load of equipment

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		SNCU has earthling system available		OB/RR	(1) SNCU has three phased stabilized power supply to protect the equipment from electrical damage. (2) Wall mounted digital display is available in SNCU to show earth to neutral voltage. (3) Earth resistance should be measured twice in a year and logged. Normal range 3-5 V (if exceed to report immediately)
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the SNCU are non slippery and even		OB	The floor of the SNCU complex is made of anti-skid material.
		Windows/ ventilators if any are intact and sealed		OB	
Standard C3	**Facility has established program for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	SNCU has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	Check the fire exits are clearly visible and routes to reach exit are clearly marked. Check there is no obstruction in the route of fire exits. Staff is aware of assembly points & policy to evacuate SNCU in case of fire
ME C3.2	The facility has adequate fire fighting Equipment	SNCU has installed fire Extinguisher that is either Class A , Class B, C type or ABC type		OB	Check the expiry date for fire extinguishers are displayed as well as due date for next refilling is clearly mentioned
		SNCU has provision of Smoke and heat detector & fire alarm		OB	SNCU has electrical and automatic fire alarm system or alarm system sounded by actuation of any automatic fire extinguisher
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	Staff is aware of RACE (Rescue, Alarm, Confine & Extinguish) &PASS (Pull, Aim, Squeeze & Sweep)
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of fulltime Paediatrician		OB/RR	At least one paediatrician/ FBNC trained medical officer per shift
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	3 per shift

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability technician for side lab		OB/SI	1 technician (if side lab is available). Give full compliance if there is functional linkage with Hospital's lab and lab tech is available at night even
ME C4.5	The facility has adequate support / general staff	Availability of SNCU support staff		SI/RR	Availability of sanitary staff and ayahs, Security staff & data entry operator
Standard C5	**Facility provides drugs and consumables required for assured list of services.**				
ME C5.1	The departments have availability of adequate medicines at point of use	Availability of Antibiotics		OB/RR	Ampicillin, Cefotaxime, Gentamycin, Amikacin, Piperacillin, Meropenem
		Availability of antiepileptic medicines (AEDs)		OB	Lorazepam, Phenytoin and Phenobarbitone
		Availability of analgesics and antipyretics		OB/RR	Paracetamol
		Availability of IV Fluids & medicines for electrolyte imbalance		OB/RR	5%, 10%, 25% Dextrose Normal saline, Inj. Potassium Chloride 15%, Isolyte-P, distilled water. Inj. Calcium Gluconate 10%
		Availability of Supplements		OB/RR	Vit D, Calcium, Phosphorus, multivitamin & iron
ME C5.2	The departments have adequate consumables at point of use	Availability of consumables for new born care		OB/RR	Gauze piece and cotton swabs, Diapers, Baby ID tag, cord clamp, mucus sucker, Gauze piece and cotton swabs.
		Availability of syringes and IV Sets /tubes		OB/RR	Neoflon 24 G , micro drip infusion set with &without burette, BT set, Suction catheter, PT tube, feeding tube, pedia drip set
		Availability of consumables for mother/family attendant		OB/RR	Gowns (disposable / autoclavable) while entering inside SNCU and also while providing KMC
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained		OB/RR	Inj.Adrenaline (1:10000) Inj. Naloxone Sodium Bicarbonate Injection Aminophylline Phenobarbitone (Injection +oral) Injection Hydrocortisone,Inj. Dexamethasone, Inj. Phenytoin, Vit K , Caffeine citrate

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard C6	**Facility has equipment & instruments required for assured list of services.**				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB	Multipara monitor , Thermometer, Weighing scale, pulse oximeter, Stethoscope (binaural, neonate),stethoscope (paediatric), Infantometer , Measuring tape, fluxmeter
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of diagnostic instruments for side laboratory		OB	Availability of services in side lab; Micro hematocrit, Multistix, Bilirubinometer, Microscope, Dextrometer, Glucometer, test stripes, 26 gauge needle or lancet, alcohol for skin preparation
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Functional Critical care equipment for Resuscitation.		OB	Infusion pumps,Oxygen cylinder/central line/ Oxygen concentrator, oxygen hood, Self inflating Bag and masks (Size 00, 0 & 1) 250 ml &500 ml, laryngoscope (with 0 &1 size straight blades) , ET tubes, suction machine
		Functional Patient care units		OB	20 Radiant warmers -servo controlled with oxygen & suction and 6 phototherapy machine
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/ Drug trolley, instrument trolley, dressing trolley
ME C6.6	Availability of functional equipment and instruments for support services	Availability of neonatal transport equipment		OB	Transport incubator with temp probes, digital thermometer, oxygen cylinder with flowmeters, oxygen tubing adapter, oxygen hood, neonatal size masks & cannula, resuscitation bags, nasal prong, endotracheal tubes, mucus suction trap, feeding tube, infusion pump etc
		Availability of equipment for cleaning, washing sterilization and disinfection		OB	Buckets for mopping, Separate mops for ward and circulation area, duster, waste trolley, Deck brush, washing machine, Autoclave
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of furniture & fixture		OB	Cupboard, nursing counter, table for preparation of medicines, chair, furniture at breast feeding room, X ray view box.

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard C7	**Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff**				
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff	Check parameters for assessing skills and proficiency of clinical staff has been defined		SI/RR	Check objective checklist has been prepared for assessing competence of doctors, nurses and paramedical staff based on job description defined for each cadre of staff.
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year	Check for competence assessment is done at least once in a year		SI/RR	Check for records of competence assessment including filled checklist, scoring and grading . Verify with staff for actual competence assessment done
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Facility based New Born Care (FBNC) training		SI/RR	To all Medical Officers and Nursing Staff posted at SNCU -4 days class room training followed by 14 days observership at recognized collaborating centre
		NRP module training for updated protocols of neonatal resuscitation		SI/RR	To all Medical Officers and Nursing Staff posted at SNCU
		ETAT training		SI/RR	All the staff working in SNCU
		Training on IYCF		SI/RR	Especially for lactation failure or breast problems like engorgement, mastitis etc, and provide special counselling to mothers with less breast milk, low birth weight babies, sick new-born, undernourished children, adopted baby, twins and babies born to HIV positive mothers. At least two service providers trained in advanced lactation management and IYCF counselling skills should be available to deal with difficult and referred cases.
		Biomedical Waste Management& Infection control and hand hygiene ,Patient safety		SI/RR	Check training records
		Training on Quality Management		SI/RR	Triage, Quality Assessment & action planning, PDCA, 5S & use of checklist for quality improvement

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision	Check facility has system of on job monitoring and training		SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps
		SNCU staff is provided with refresher training		SI/RR	Check with training records the SNCU staff have been provided refresher training at least once in every 12 month on care of normal and sick newborn at time of birth & beyond & Breast feeding support
		Nursing staff is skilled to train parent-attendants for providing care to the sick newborn		SI/ PI	As per family participatory care guidelines
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**Facility has established program for inspection, testing and maintenance and calibration of equipment.**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under AMC including preventive maintenance		SI/RR	Radiant warmer, Phototherpy units suction machine, Oxygen concentrator, pulse oximeter/ Multipara monitor
		There is system of timely corrective break down maintenance of the equipment		SI/RR	Check for breakdown & Maintenance record in the log book Back up for critical equipment. Label Defective/Out of order equipment and stored appropriately until it has been repaired.
		Staff is skilled for cleaning, inspection & trouble shooting of the equipment malfunction		SI/RR	(1) Staff is trained for use, preventive maintenance and trouble shooting of equipment such as radiant warmers, infusion pump, oxygen concentrator, bag &mask, weighting machine, phototherapy unit. (2) There is procedure to check timely replacement of lights in Phototherapy unit.

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Check the skill of staff for maintenance & trouble shooting of oxygen concentrator		SI/ OB	**Maintenance-** Coarse filter- Ensure it is dust free & wash daily Zeolite granule- change after 20,000 hrs Bacterial filter- change every yr. **Trouble Shooting-** Machine is too noisy- May be coarse filter is blocked- wash filter daily. Machine or room gets heated- Machine is near wall- Keep away from wall or outside the room for free circulation of air Yellow light is not going off- desired oxygen conc. is not reached- may be due to high humidity or flow rate is more, so decrease flow rate. Compressor heats up- Malfunctioning of compressor- Look at fan, it may be jammed, & hence need repair. If central oxygen supply is used - Check staff is aware of it maintenance & trouble shooting
		Check the skill of staff for maintenance & trouble shooting of phototherapy units		SI/RR	Low irradiance : Due to tubes old, flickering, black ends, bulbs covered with dust or dirty reflectors)
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated		OB/ RR	(1) BP apparatus, thermometers, weighing scale , radiant warmer etc are calibrated . (2) Check for records /calibration stickers. (3) There is system to label/ code the equipment to indicate status of calibration/ verification when recalibration is due.
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of equipment are readily available with SNCU staff.		OB/SI	Check operating and trouble shooting instructions of equipment are available in SNCU
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of medicines in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables and drugs		SI/RR	Stock level are daily updated Requisition are timely placed well before reaching the stock out level. Check with stock and indent registers.

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Drugs are indented & supplied in Paediatric dosages only		OB/RR/SI	Check drugs are available in paediatric doses/ formulation
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB	Check drugs and consumables are kept at allocated space in Crash cart/ Drug trolleys and are labelled. Look alike and sound alike drugs are kept separately
		Empty and filled cylinders are labelled and updated		OB	Empty and filled cylinders are kept separately and labelled, flow meter is working and pressure/ flow rate is updated in the checklist
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry and near expiry dates are maintained		OB/RR	Records for expiry and near expiry drugs are maintained for emergency tray and drug stored at department
		No expiry drug found		OB/RR	In SNCU sub store as well as drug/emergency trays
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	At least once in a week- minimum buffer stock is maintained. Minimum stock and reorder level are calculated based on consumption in a week accordingly
		Department maintained stock and expenditure register of drugs and consumables		RR	Check stock and expenditure register is adequately maintained
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray / crash cart		SI/RR	There is no stock out of drugs and Procedure for replenishing drug in place
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically. Refrigerators meant for storing drugs should not be used for storing other items such as eatables
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination patient care unit & nursing station		OB	200 Lux at the plane of infant bed, adjustable Ambient lightening at least 50 to more than 600 Lux. Illumination level at nursing station- 150-300 Lux Light source is glare free or veiling reflections

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME D3.2	The facility has provision of restriction of visitors in patient areas	Visitor policy is defined & implemented		OB/SI	(1) One trained female family member allowed to stay with the new born in step down after undertaking all universal precaution measures like bathing, wearing gowns, mask, head cap etc. (2) Entry to SNCU is restricted, (3) Visiting hour are fixed and practiced
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	SNCU has system to control temperature and humidity and record of same is maintained		SI/RR	Temperature inside main SNCU should be maintained at (28+/- 2^{O}C), round O clock preferably by thermostatic control. Relative humidity of 30-60% should be maintained
		SNCU has procedure to check the temperature of radiant warmer ,phototherapy units, baby incubators etc.		SI/RR	Each equipment used should have servo controlled devices for heat control with cut off to limit increase in temperature of radiant warmers beyond a certain temperature or warning mechanism for sounding alert/alarm when temp increases beyond certain limits
		SNCU has system to control & monitor sound level		SI/RR	Control the sound producing activities and gadgets (like telephone sounds, staff area and equipment). Should not keep beeping at high volume (Not more than 45 db and peak intensity should not be more than 80 db)
		SNCU has system of switching off light when not performing any activity /at night		OB	
ME D3.4	The facility has security system in place at patient care areas	New born identification band and foot prints are used		OB/RR	There is procedure for handing over the baby to mother/father/Legal Guardian
		Check security arrangement at SNCU are robust		OB	Restriction Signage, security guard in each shift, functional CCTV camera, define & practice procedure for handing over the baby to mother/father
ME D3.5	The facility has established measure for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior & Interior of the facility building is maintained appropriately	Interior & exterior of patient care areas are plastered & painted & building are white washed in uniform colour		OB	Wall and Ceiling of SNCU is painted and made of white wall tiles, with seamless joint, and extending up to the ceiling.
ME D4.2	Patient care areas are clean and hygienic	Walls & sinks are cleaned as per schedule		OB	(1) At least once a day (2) With hospital grade disinfectant
		Mopping of SNCU is done as per schedule		OB/ RR	(1) At least 3 times in a day
		Floors, walls, roof, roof tops, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt,grease,littering and cobwebs. Surface of furniture and fixtures are clean
		Toilets are clean with functional flush and running water		OB	Check toilet seats, floors, basins etc are clean and water supply with functional cistern has been provided.
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster		OB	Check for patient care as well as auxiliary areas
		Window panes , doors and other fixtures are intact		OB	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the SNCU		OB	Check for any obsolete article including equipment, instrument, records, drugs and consumables
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/ rodent/birds		OB	No lizard, cockroach, mosquito, flies, rats, bird nest etc.
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	Availability of 24X7 Running water & hot water facility.
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in patient care areas		OB/SI	Check for 24X7 availability of power backup including dedicated UPS and emergency light
ME D5.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	Availability of Centralized /local piped Oxygen and vacuum supply		OB	

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
StandardD6	**Dietary services are available as per service provision and nutritional requirement of the patients.**				
ME D6.1	The facility has provision of nutritional assessment of the patients	Nutritional assessment of patient done specially for mother of admitted baby		RR/SI	
ME D6.2	The facility provides diets according to nutritional requirements of the patients	Check for the adequacy and frequency of diet as per nutritional requirement		OB/RR	(1) Check diet is provided to all mothers (both inborn or outborn babies) (2) Check that all items fixed in diet menu is provided
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate sets of linen	SNCU has facility to provide sufficient and clean linen for each parent -attendant		OB/RR	Check linen is clean, stains free & not torn.
ME D7.2	The facility has established procedures for changing of linen in patient care areas	Linen is changed every day and whenever it get soiled		OB/RR	
ME D7.3	The facility has standard procedures for handling , collection, transportation and washing of linen	There is system to check the cleanliness and Quantity of the linen		SI/RR	Quantity of linen is checked before sending it to laundry. Cleanliness & Quantity of linen is checked received from laundry. Records are maintained
		Check dedicated closed bin is kept for storage of dirty linen		OB	Check linen is kept closed bin & emptied regularly. Plastic bag is used in dustbin & these bags are sealed before removed & handed over
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster		RR/SI	(1) Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc) (2) Check FPC roster of nurses for providing training to Parent/ attendant
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	As per hospital administration or state policy. Check SNCU doctors and nurses follow the dress code
Standard D12	**The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations**				
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/Laundry/Security/ Maintenance) provided are done by designated in-house staff

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
AREA OF CONCERN - E CLINICAL SERVICES					
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients.**				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number & patient demographic records are generated during process of registration & admission		RR	Check for that patient UID & demographics like Name, age, Sex, Chief complaint, etc. are recorded
ME E1.3	There is established procedure for admission of patients	Admission criteria for SNCU is defined & followed		SI/RR	Baby weight <1800 or more >4 Kg, gestation- <34 weeks, perinatal asphyxia, apnoea, refusal to feed, respiratory distress(Rate >60/min,severe jaundice, hypothermia <35.4 deg C & hyperthermia >37.5 deg C, central cyanosis, shock (CFT>3 sec)bleeding, abdominal distension, diarrhoea & major malformation
		There is no delay in admission of patient		SI/RR/OB	Time of admission is recorded in patient record, Admission is done by written order of a qualified doctor
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	Procedure to cope with surplus patient load		OB/SI	
Standard E2	**The facility has defined and established procedures for clinical assessment, reassessment and treatment plan preparation.**				
ME E2.1	There is established procedure for initial assessment of patients	Initial assessment of all admitted patient done as per standard protocols		RR/SI	Check availability & use of assessment criteria like triage of sick new born, Kramer's criteria for assessment of Jaundice, Silverman Anderson Score for assessment of severity of respiratory distress and Ballard score for assessing gestation of new born etc.
		Patient History, Physical Examination & Provisional Diagnosis is done and recorded		RR	Check bed head ticket
		Initial assessment and treatment is provided immediately		RR/SI	Initial assessment is documented preferably within 2 hours
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for assessment of stable patients & critical patients		RR/OB	There is fix schedule of reassessment as per protocols. Reassessment finding are recorded in BHT

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		There is system in place to identify and manage the changes in Patient's health status		SI/RR	Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating
		Check the treatment or care plan is modified as per re assessment results		SI/RR	Check the re assessment sheets/ Case sheets modified treatment plan or care plan is documented
ME E2.3	There is established procedure to plan and deliver appropriate treatment or care to individual as per the needs to achieve best possible results	Check healthcare needs of all hospitalised patients are identifed through assessment process		SI/RR	Assessment includes physical assessment, history, details of existing disease condition (if any) for which regular medication is taken as well as evaluate psychological ,cultural, social factors
		Check treatment/care plan is prepared as per patient's need		RR	(a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relevant care provider while preparing the care plan.
		Check treatment / care plan is documented		RR	Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc
		Check care is delivered by competent multidisciplinary team		SI/RR	Check care plan is prepared and delivered as per direction of qualified physician
Standard E3	**The facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	There is procedure of taking over of new born from labour , OT/ Ward to SNCU		RR/SI	Check continuity of care is maintained while transferring/ hand overing the patient
ME E3.2	The facility provides appropriate referral linkages to the patients/ Services for transfer to other/higher facilities to assure the continuity of care.	Check pre referral stabilization is done		SI/ RR/ OB	(1) Check baby is stabilized w.r.t Temp. (skin to skin care- cover the baby- Transport incubator), Oxygenation: Airway & breathing, perfusion (HR, CRT temp), Sugar. (2) Check 1st dose of antibiotics -inj Ampicillin & gentamicin is given. Also, Vit K is given if not administrated earlier

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Patient referred with referral slip		RR/SI	(1) A referral slip/ Discharge card is provide to patient when referred to another health care facility . (2) Referral slip includes demographic details, History of patient, examination findings, management done , drugs administered, any procedure done, reason for referral, (3) Detail of referral centre including whom to contact and signature of approving medical officer
		Reason for referral is clearly stated and referral is written by authorized competent person (Paediatrician or Medical Officer on duty)		RR/ SI	(1) Verify with referral records that reasons for referral were clearly mentioned (2) SNCU staff confirms the suitability of referral with higher centres to ascertain that case can be managed at higher centre and will not require further referrals
		Advance communication is done with higher centre & Referral vehicle is being arranged		SI/PI/RR	(1) Check SNCU staff facilitates arrangement of ambulance for transferring the patient to higher centre . (2) Patient attendant are not asked to arrange vehicle by their own (3) Check if SNCU staff checks ambulance preparedness in terms of necessary equipment, drugs, accompanying staff in terms of care that may be required in transit
		Referral checklist & Referral in/ Out register is maintained for all referred cases		SI/RR	(1) Referral check list is filled before referral to ensure all necessary steps have been taken for safe referral (2) Check referral records has information regarding advance communication, transport arrangement, accompanying care provider, reason for referral , time taken for referral etc. along with demographics, date & time of admission, date & time of referral, and follow up

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		There is a system of follow up of referred patients		SI/RR	(1) Check that SNCU staff take follow up of referred cases for timely arrival and appropriate care provided at higher centre. (2) Outcome and deficiencies if any should be recorded in referral out register & analysed for improvement
		Facility has functional referral linkages to lower facilities		SI/RR	(1) Check for referral cards filled from lower facilities (2) CHW of nearby PHC/ HWC is informed about discharge for follow ups
ME E3.3	A person is identified for care during all steps of care	Duty Doctor and nurse is assigned for each patients		RR/SI	Check community health worker is assigned for the follow-up post discharge
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification of baby before any clinical procedure		OB/SI	Identification tags are used for new-borns
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained		RR	Check for treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed.
		There is a process to ensue the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration. Verbal orders are documented in the case sheet
		Parent/ attendants are encouraged to provide basic care to the newborn		PI/SI	Breastfeeding, KMC, cleaning of baby can be undertaken by trained parent/attendant under the supervision of doctor/ nurse
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		SI/RR	Nursing Handover register is maintained
		Hand over is given bed side		SI/RR	(1) Handover is given during the shift change explaining the condition, care provided and any specific care if required. (2) Check SBAR (situation, background, assessment and recommendation) protocols are followed
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately		RR/SI	Check for nursing note register. Notes are adequately written

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E4.5	There is procedure for periodic monitoring of patients	Vital are monitored for stable & critical patients and recorded periodically		RR/SI	Check for TPR chart, Phototherapy chart, any other vital required is monitored
Standard E5	**The facility has a procedure to identify high risk and vulnerable patients.**				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Measures are taken to protect new born from any harm		OB/SI	Check the measure taken to prevent new born theft/ swapping ,baby fall, baby charring, adverse drug events etc
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High risk patients are identified and treatment given on priority		OB/SI	New born with emergency & priority signs assessed & immediate treatment is given
Standard E6	**Facility ensures rationale prescribing and use of medicines**				
ME E6.1	The facility ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	Check prescriptions are not written with brand name
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use		RR	Essential newborn care, Newborn Resuscitation, management of hypothermia. LBW, Fluid management, hypoglycaemia, neonatal jaundice, ETAT etc
		Check staff is aware of the drug regime and doses as per STG		SI/RR	Check BHT that drugs are prescribed as per protocols and &Check for rational use of drugs
ME E6.3	There are procedures defined for medication review and optimization	Complete medication history is documented for each patient		RR/OB	Check complete medication history including over-the-counter medicines is taken and documented
		Medicine are reviewed and optimised as per individual treatment plan		SI/RR	Medicines are optimised as per individual treatment plan for best possible clinical outcome
		Patients are engaged in their own care		PI/SI	"1. Clinician/Nurse counsel the patient on medication safety using ""5 moments for medication safety app"" 2. Nurse highlights the medications to be taken by the patient at home and counsel the patient and family on drug intake as per treatment plan for discharge"

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard E7	**The facility has defined procedures for safe drug administration**				
ME E7.1	There is process for identifying and cautious administration of high alert drugs (to check)	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, Dopamine, dobutamine, Hydrocortisone, Phenytoin, Phenobarbitone, Adrenergic agonist, Opioids, Anti thrombolytic agent etc. as applicable
		Maximum dose of high alert drugs are defined and communicated		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nurses and doctor.
ME E7.2	Medication orders are written legibly and adequately	There is process to ensure that right doses of drugs are only given		SI/RR	A system of independent double check before administration, Error prone medical abbreviations are avoided
		Every Medical advice and procedure is accompanied with date , time and signature		RR	Verify case sheets of sample basis
		Check for the writing, It comprehendible by the clinical staff		RR/SI	Verify case sheets of sample basis
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	Check for any open single dose vial with leftover content intended to be used later on .In multi dose vials, needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	Check if adverse drug reaction form is available in SNCU and its reporting is in practice.
ME E7.4	There is a system to ensure right medicine is given to right patient	Fluid, drug & dosages are calculated according to body weight		SI/RR	Check for calculation chart
		Drip rate and volume is calculated and monitored		SI/RR	Check the nursing staff how they calculate Infusion and monitor it
		Check Nursing staff is aware 7 R's of Medication and follows them		SI/OB	Administration of medicines done after ensuring right patient, right drugs , right route, right time, Right dose , Right Reason and Right Documentation

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard E8	**The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	New born's progress is recorded as per defined assessment schedule		RR	Check BHT is updated following each reassessment
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan are written on BHT and all drugs are written legibly in case sheet.		RR	(1) Check Medication order, treatment plan, lab investigation & nursing charts are recorded adequately (2) Check change in treatment plan is also mentioned in case new born's condition deteriorate
ME E8.3	Care provided to each patient is recorded in the patient records	Maintenance of treatment chart/ treatment registers		RR	Treatment given is recorded in treatment chart
ME E8.4	Procedures performed are written on patients records	Procedure performed are recorded in BHT		RR	Resuscitation, blood transfusion, suctioning, phototherapy etc
ME E8.5	Adequate form and formats are available at point of use	Standard Formats are available		RR/OB	Availability of formats for neonatal case sheet, Treatment Charts, TPR Chart , Intake Output Chart, Investigation sheet, Community follow up card, BHT/ newborn case record , treatment continuation sheet, Discharge card, nomographs, congenital anomaly if any. etc Check forms & formats are being used
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	General order book (GOB), report book, Admission register, lab register, Admission sheet/ bed head ticket, discharge slip, referral slip, referral in/ referral out register, Diet register, Linen register, Drug indent register etc
		All register/records are identified and numbered		RR	Check records are numbered and labelled legibly
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	(1) Records of discharged cases are kept in MRD/ department sub store (2) Check records are retrieval in case of re admission (3) Copy of records is given to next kin only with permission from authorised staff only

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard E9	**The facility has defined and established procedures for discharge of patient.**				
ME E9.1	Discharge is done after assessing patient readiness	SNCU has established criteria to transfer to step down / MNCU		SI/RR	Criteria for transfer to step down: Respiratory distress improves & do not require oxygen supplementation, babies on antibiotics for completion of therapy, LBW who otherwise stable, babies with Jaundice who otherwise stable.
		High risk identification checklist is available & filled at time of discharge		SI/RR	Checklist having information regarding babies birth weight, gestational age, perinatal asphyxia, small for date, hypoglycaemia, neonatal seizures, sepsis with meningitis, shock requiring vasopressor support, total serum bilirubin in exchange range, suboptimal home environment etc.
		SNCU has established criteria for discharge		SI/RR	Criteria for transfer to home: Primary illness is resolved, baby maintain temp without radiant warmer, baby is accepting mothers milk, documented weight gain for consecutive 3 days, & wt. is more than 1.5 Kg, baby haemodynamically stable (normal CFT and strong peripheral pulses)
		Discharge is done by a responsible and qualified doctor after assessment		SI/RR	Discharge is done in consultation with treating doctor
		New-born/ attendants are consulted before discharge		PI/SI	Time of discharge is communicated to patient in prior
		Follow up plan for assessment & specific interventions is scheduled after discharge of high risk babies		RR/SI	Check suggested schedule along with follow up protocols is available & used
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary adequately mentions patient clinical condition, treatment given and follow up		RR/PI	See for discharge summary, referral slip provided.
		Discharge summary is give to patients going in LAMA/Referral patient		SI/RR	

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		There is procedure for clinical follow up of the new born by local CHW (Community health care worker)/ASHA		RR/SI	SNCU has system in place to send communication to CHW/ASHA regarding discharge of baby from SNCU
ME E9.3	Counselling services are provided as during discharges wherever required	Parent/attendants are trained & confident to provide care after discharge		PI/SI	Training has been given for nutrition, immunisation, understanding baby cues and addressing the issues. Ask parent /attendant if they have been trained
		Check with mother/ attendant the key points explained during counselling		PI	Breastfeed infant exclusively, keep infant warm, keep cord clean and dry, importance and correct method of handwashing & danger signs*. (*Danger signs: Refusal to feed; Fast or difficult breathing, Cold or Hot to touch, jaundice involving palms and soles Pallor/ Cyanosis, Abdominal distension, Abnormal movements, Bleeding from any site or Diarrhoea with blood in stool)
ME E9.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc	Declaration is taken from parent's/ guardian of the LAMA patient		RR/SI	
Standard E10	**The facility has defined and established procedures for intensive care.**				
ME E10.3	The facility has explicit clinical criteria for providing intubation & extubation, and care of patients on ventilation and subsequently on its removal	Criteria are defined for endotracheal intubation		RR/SI	(1) To suction trachea in presence of meconium when newborn is not vigorous (2) if positive pressure ventilation is not resulting into adequate clinical improvement (3)To improve efficacy of ventilation after several minutes of bag & mask ventilation or ineffective bag & mask ventilation (4)To facilitate chest compressions and ventilation and to maximize the efficiency of each ventilation (5) for special cases like giving endotracheal medication & suspected diaphragmatic hernia

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is trained for intubating newborn		SI/OB	Ask for demonstration Steps to follow : (1) Stabilize the new born's head in sniffing position, deliver free flow of oxygen during procedure (2) Slide laryngoscope over right side of tongue, pushing the tongue to left side of mouth & advancing the blade until the tip lies beyond the base of the tongue. (3) Lift the blade slightly, raise entire blade not just tip (4) Look for landmarks, vocal cords should appear as vertical stripes of each side of glottis or inverted 'v' (5) Suction if required for visualization (6) Insert the tube into right side of mouth with the curve of the tube lying in horizontal plane (7) If cords are closed, wait them to open. Insert the tip of endotracheal tube until vocal cord guide is at the level of cords (8) Hold the tube firmly against the babies palate while removing laryngoscope
		Staff is aware of indications of correct placement of endotracheal tube		SI/OB	(1) Improved vital signs (2) Breath sounds over both lung fields (3) No gastric distention (4) Vapours in tube during exhalation (5) Chest movement in each breath (6) Direct visualization of tube passing between vocal cords
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management**				
ME E11.2	Emergency protocols are defined and implemented	Staff is aware of process & steps for emergency management of sick neonate		SI/RR	(1) Triage - ETAT protocol - keeping in mind ABCD steps (2) Ascertaining the group of baby - Emergency, Priority and non urgent. (2) After identification of emergency & priotize sign- prompt emergency treatment is to be given to stabilize.
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	Role and responsibilities of staff in disaster are defined Mock drills have conducted from time to time

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E11.4	The facility ensures adequate and timely availability of ambulances services and mobilisation of resources, as per requirement	SNCU has provision of Ambulances to refer the case to higher centre		SI/RR	Check ambulance/ vehicle used for neonatal transport have following requirements: (1) Secure fixation for transport incubator (2) Secure fastening of other equipment (e.g. Monitoring equipment) (3) Independent power source to supplement equipment batteries to ensure uninterrupted operation of the equipment
		Ambulance has provision/ method for maintenance of Warm chain while referring baby to higher centre		SI/RR	Ambulance/transport vehicle have adequate arrangement for Oxygen therapy, mechanical ventilation, resuscitation/ essential supplies kit and emergency drug kit
		Transfer of patient in Ambulance /patient transport vehicle is accompanied by trained medical Practitioner		SI/RR	Check Constant vigilance (maintaining TOPS_ temp. oxygen, perfusion & sugar) during journey.
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	Protocols are defined & followed for sample collection. Also check procedure to transfer to lab (if need to send to inhouse/ outsource lab.)
ME E12.3	There are established procedures for Post-testing Activities	SNCU has defined critical values of various lab test		SI/RR	(1) Critical values are defined and intimated timely to treat medical officer (2) List of Normal reference ranges as per available in NRC
Standard E13	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**				
ME E13.9	There is established procedure for transfusion of blood	Patient's identification is confirmed & Consent is taken before transfusion		RR	
		Protocol of blood transfusion is monitored & regulated		RR	Blood is kept on optimum temperature before transfusion. Blood transfusion is monitored and regulated by qualified person
		Blood transfusion note is written in patient records		RR	Blood bag details sticker is pasted in case file, patient monitoring status is recorded in case sheet
ME E13.10	There is a established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to responsible person		RR	Check - Staff is aware of the protocol to be followed in case of any transfusion reaction

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard E16	**The facility has defined and established procedures for the management of death & bodies of deceased patients**				
ME E16.1	Death of admitted patient is adequately recorded and communicated	SNCU has system for conducting grievance counselling of parents in case of newborns' mortality		SI	Bad news/adverse event/ poor prognosis are disclosed in quite & private setting
ME E16.2	The facility has standard procedures for handling the death in the hospital	Death note is written as per new born death review guidelines		RR	New born death are recorded as per CDR guideline. Death note including efforts done for resuscitation is noted in patient record. Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible
ME E16.3	The facility has standard operating procedure for end of life support	Parents/ guardians are informed clearly about the deterioration in health condition of Patients		SI/RR	(1) Provide clear & honest information in supporting & caring manner (2) Avoid negative comments about parents, referring physician. (3) There is a procedure to allow parents to observe patient in last hours
ME E16.4	The facility has standard procedures for conducting post-mortem, its recording and meeting its obligation under the law	Parent's consent is taken if autopsy required		PI/ SI/ RR	Check there is process to call parents after a month to explain findings of autopsy & if required to discuss the possibility of the problem occurring in next baby.
Standard E20	**The facility has established procedures for care of new born, infant and child as per guidelines**				
ME E20.1	The facility provides immunization services as per guidelines	Immunization services are provided as immunization schedule		SI/RR	Check MCP card is available & updated. Mother /care provider is counselled and directed to immunize the child
ME E20.2	Triage, Assessment & Management of newborns having emergency signs are done as per guidelines	Rapid assessment of sick neonates is done for prioritizing management in SNCU		SI/RR	Staff is aware of Triage or sorting categories to prioritize management i.e EPN (Emergency sign, priority sign & non urgent sign)
		Staff is aware of emergency signs in Sick new born & action required		SI/RR	(1) Hypothermia temp.< 35 .5^{0}C, (2) Apnoea or gasping breathing, Severe respiratory distress rate > 70/min , severe retraction, grunt, (3) Central cyanosis, shock, cold periphery, CFT>3 sec, weak or fast pulse, (4) coma, convulsion &encephalopathy. Action: Urgent intervention, Stabilize and admit in SNCU

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is aware of priority signs in Sick new born & action required		SI/RR	(1) Weight less than 1800 g (tiny neonates) or >3800g. (2) Temp. 36.5 ^{O}C -35.5^{O}C, (3) Lethargy/irritable/ restless/jittery (4) refusal to feed (5) respiratory distress rate > 60, no or minimal retraction, (6) abdominal distention,(7) severe jaundice appear in <24hrs/ stains palms and soles/lasts >2 weeks, severe pallor, (8) bleeding from any site, (9) congenital malformation, Action: immediate assessment, attended on priority & need to be admitted in SNCU
		Staff is aware of non urgent signs signs in Sick new born & action required		SI/RR	(1)Minor birth trauma, (2) superficial infection,(3) minor malformation, (4) possetting, (5) transitional stools, (6) jaundice. Action Assess & treat as per neonate's requirement
		Staff is competent in Management of emergency signs		SI/RR	Check for Temp., Airway breathing, circulation, coma or convulsation, Severe dehydration & hypoglycaemia (1) Cold to touch (Abdomen): Re warm under radiant warmer, assess the temp every half an hour (2) Apnoea or gasping breathing : Manage airway, administer Positive pressure ventilation with bag & mask (3) Central cyanosis or Severe respiratory distress, lower chest drawing, grunting& ,give oxygen, monitor oxygen saturation with pulse oximeter (3) Capillary filling time >3, weak or fast pulse>160: Give 10ml/kg normal saline over 20- 30 min, repeat the bolus, if circulation does not improve, (4) Convulsion: Manage airway, check & correct hypoglycaemia, if convulsion continue give IV calcium, if convulsion still continue give anticonvulsant. (5) Diarrhoea plus any two sign (a) Lethargy (b) Sunken eyes (c) Very slow skin pinch - Insert IV line & began giving fluids rapidly, make sure neonate is warm

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is able to demonstrate steps of new born resuscitation		SI/RR	(1) Provide the warmth, Position the head & clear the air way, suction first mouth & then nose ,Reposition & stimulate breathing , Evaluate respiration, heart rate & oxygenation. (2) If still not breathing, use correct size mask, ensure proper seal, squeeze 2-3 times & observe the chest rise, if chest rise is adequate, ventilate for 30 sec & re assess, if chest rise is not adequate, take step to improve ventilation. (3) Assess heart rate after 30 sec of ventilation, if less than 100/min & not breathing well, continue ventilation with oxygen.
ME E20.3	Management of Low birth weight new-borns including pre term and Small for gestational age as per guidelines	Staff is able to identify Low birth weight newborn		SI/RR	Newborn baby can be LBW : **(1) Preterm(<37 weeks) & (2) SGA (if the weight is below the 10 percentile on the chart gestational age.** LBWs can be identified from LMP, USG (first trimester) & Expended Ballard score (EBS) and other physical maturity signs like skin, ear cartilage, breast nodule, sole creases and external genetalia
		Staff is aware of clinical presentation of LBW		SI	Feeding problem, asphyxia, hypothermia, RDS, Apnoeic spells, Intraventricular haemorrhage, hypoglycaemia, hyperbilirubinemia, infection and retinopathy of prematurity (ROP) etc.
		Staff is aware of management protocols of babies < 1800 gm (34 weeks)		SI/RR	Use of Overhead radiant warmer or incubator to keep baby warm. Regular monitoring of axillary temp at least once every 6-8hrs . Planning the nutrition and fluids of babies considering type of feeding, quantity , frequency and modality of feeding

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is aware of frequency & type of feeding to LBW		SI/RR	LBW babies should fed with mother's milk every 2 hrs. starting immediately after birth. Ensure LBW babies receive 'hind milk'. Multi fortified breast milk should be given to pre term <32 weeks / 1500 gm, who fail to gain weight despite of breastfeeding **Minimum entral feeds** : Small volume of expressed breastmilk i.e. 12 to 24 ml/kg/day given every 1-3 hours delivered intra gastric.
		Check staff is aware of importance of hind milk		SI	Comes towards end of feed, rich in fat content and provide more energy . LBW babies with poor weight gain may fed with expressed hind milk.
		Check guidelines for mode and quantity of providing fluids and feeds to babies is available & followed		SI/RR	Guidelines for modes requirements (i.e. Based on Birth weight in gm and age (weeks). Guidelines for fluid requirement of neonate (ml/kg/day) _ (based on Birth weight)
		Check total daily requirement is estimated as per guidelines		SI/RR	Check quantity given is monitored & charted
		Check staff skill for various techniques/ modes of feeding to LBW		SI/RR	Techniques: **Minimum entral feeds** : Small volume of expressed breastmilk i.e. 12 to 24 ml/kg/day given every 1-3 hours delivered intra gastric. **Non nutritive sucking**: In premature or small babies - to develop sucking behaviour & improve digestion of feed **Gavage feeds:** Using feeding catheter - baby is fed with 10 ml syringe (without plunger) attached toward outer end of tube & milk is allowed to trickle by gravity. The baby should be placed in left lateral position for 15-20min to avoid regurgitation.

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
					Katori Spoon Feed: Feeding with spoon or paladai, specially neonates with gestation of 30-32 weeks or more are in position to swallow. Take required amount of expressed breast milk in katori, place the baby in semi upright posture. Fill the spoon with milk, a little short of brim, place it at lips of the baby and let the milk flow into babies mouth slowly, the baby will actively swallow the milk
		Check fluid and nutritional supplementation is fulfilled as per requirement		OB/SI	Fluid requirement: First day of fluid requirement range from 60-80 ml/kg. Daily increment - approx. 15ml/kg till 150ml/kg is reached. **Nutritional Supplementation_ Vit K** : All LBW<1000gm - receive 0.5 mg IM of Vit K at birth & all other 1mg IM. All LBW who are exclusively breastfed should receive 400IU daily of vit K from first day of life to once baby start accepting full feeds & supplementation will continue until 6 month. 800-1000IU for small babies (<1500gm)
					Multivitamin drops: 0.3 ml/day from 2 week of age **All LBW receive calcium and phosphorus** at 120-140 mg/kg/day & 60-90 mg/kg/day respectively. & continue till 40wk post conceptual **Iron Supplementation_** 2-3mg/kg/day at 6-8 wks. and as early as 2wks in <1500gm
		Check the records to monitor intake & output to prevent fluid overload		SI/RR	(1) IV-fluids are given are compared with prescribed volume & recorded in fluid monitoring chart every 2 hrly. (2) Measure blood glucose every 6-8hrs and take action for low (<45mg/dl) or high (150mg/dl) blood glucose (3) Daily monitoring : of weight, urine output, frequency of passage of urine, sign of overhydration.

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff infusion site is inspected frequently		SI	If there is redness and swelling seen at any time stop the infusion remove the cannula and establish new IV line in d/f vein
		Check Growth is monitored in LBW babies		SI/RR	Babies checked for weight (daily), head circumference(weekly) and length (fort-nightly). Fenton's growth chart is used for pre term babies. WHO growth chart is used from corrected age of 40 weeks
		Precautions are taken to protect LBW baby from hypothermia		SI/RR	Heat loss is minimized by kangaroo-care and a cap on the head and socks on the feet
		Staff is aware of assessment & grading of hypothermia		SI/RR	Normal Axillary temp- 36.5 -37.5 ^{O}C Cold Stress- 36.4- 36^{O}C Moderate Hypothermia- 35.9- 32^{O}C Severe Hypothermia- <32^{O}C. Assessment through Axillary temp., Skin temperature (using radiant warmer probe) and Human touch.
		Staff is aware of clinical conditions in which baby can exhibit signs of hypothermia		SI	LBW, preterm babies, hypoglycemia,sclerema, DIC and internal bleeding Hypothermic babies show signs of lethargy, irritability, poor feeding, tachypnoea/ apnoea etc
		Staff is aware of management of mild hypothermia (temp <35.5- 36.4^{O}C)		SI/RR	(1) Provide KMC to re warm baby with mild hypothermia or warm the room using radiant heater or other heating devices if KMC is not possible. (2) Cover adequately & ensure to replace cold clothes with warm clothes (3) Keep room warm (26-28^{O}C) & draught free (4) Continue breastfeeding (5) Monitor temp . & capillary filling time during re earning. Watch for apnoea and hypoglycaemia. (6) Monitor axillary temp every 1/2hr till it reaches 36.5 ^{O}C, then hourly for next 4 hrs, 2 hrly for 12 hrs thereafter 3 hrly as routine

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is aware of management of severe hypothermia (temp <35.5^{o}C)		SI/RR	Remove cold clothes from baby and replace with warm clothes Place under radiant warmer or one may use room heater or other means to warm baby monitor temp every 15-30 min, monitor BP, HR, temp & glucose as needed. Additional - Start IV 10% dextrose, if perfusion is poor, give 10ml/kg of ringer lactate or normal saline. Give Vit K -1mg I/M & provide oxygen & monitor $SPO_{2.}$ Assess for sepsis
		Staff is able to demonstrate the process of Kangaroo mother care Protocols		SI	Counsel the mother and take consent for initiating KMC. Give mother/care taker front open loose shirt or blouse Guide the mother/ care taker to sit in semi reclining position on chair or bed Unbutton top 2-3 buttons and slip baby with only napkin, socks and cap on, into shirt Ensure skin to skin contact b/w baby and care taker Baby should be in frog like position with head turned to one side and placed between mother's breast Tie a string at belt level to prevent the baby from slipping down Cover mother and baby dyad with woollen or sheet Encourage frequent breastfeeding
		Staff is able to access the clinical definition and symptoms of hypoglycaemia is new-borns		SI	**Blood glucose level less than 45mg/dl** in all new-borns **Symptoms of hypoglycaemia:** (1) Jitteriness, irritability (2) Lethargy, limpness (3) Weak or high pitched cry (4) Poor feeding , vomiting (5) Tachycardia (>180/min) (6) Sweating (7) Hypothermia (8) Poor respiratory effort or apnoea, tachypnoea (9) Cyanosis (10) Seizures or coma

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is skilled for technique of estimating blood sugar using regent strips in neonates		SI	Common site- Heel. (1) Ensure heel is not cold. Heel can be warmed by holding it in hand for few minutes (2) Prepare the site with 70% Isopropyl alcohol. Allow to dry. (3) Make needle stick puncture of posterolateral aspect of heel & avoid making deep puncture. (4) Follow instructions on reagent strip bottle for obtaining blood sample analysis. (5) If blood glucose is low send blood sample to lab for confirmation
		Staff is competent in management of hypoglycaemia		SI/RR	(1)Establish IV line, infuse bolus of 2ml/kg body weight of 10% dextrose over 1min. (2) If an IV line can not be established quickly, give 2ml/kg body weight of 10% dextrose orogastric tube (3) Start infusion of dextrose containing fluid at daily maintenance volume acc. to baby's age so as to provide a glucose infusion rate (GIR) of 6mg/kg/min (4) If glucose remain below 45mg/dl GIR is increased in steps of 2mg/kg/min to max. of 12mg/kg/min (5) Check blood glucose 30 min after starting the infusion of glucose or any GIR. if blood glucose is above 45mg/dl, continue glucose infusion at this rate and recheck blood glucose 1hr later. With 2 blood glucose values in normal range, the frequency of glucose monitoring is reduced to 6 hrly. (6) If blood glucose is less than 25mg/dl, repeat the bolus of dextrose and GIR as needed. (7) if the blood glucose b/w 25-45mg/dl, do not give dextrose bolus but increase GIR. The upper conc. of dextrose sol. which can be infused safely through peripheral vein is 15%. Conc. higher than this necessitate central line placement & referral

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is aware of frequency of blood glucose measurement after blood glucose return to normal		SI/RR	(1) Every 8 hrs as long as baby require IV fluid. If the baby is no longer required or is not receiving IV fluid, measure blood glucose every 12 hrs for 24 hrs
		Charts/guidelines are readily available & followed in SNCU for estimating glucose infusion rates in neonates		SI/RR	Infusion rates with birth weight more than or equal to 1500gm using Mixture of D10 & D25. Infuse ion rates with birth weight less than 1500 gm using mixture of D10 & D25
		Discharge & follow up protocols are followed LBW babies		SI/RR	(1) Consistently demonstrate weight again for 3 consecutive days (2) Mother should be confident in feeding the neonate (3) The required nutritional supplements started (4)BCG, Hep. B and OPV is given to baby (5) Methods of temperature regulation viz. KMC and other skills are taught to mother and adequately practices in hospital (6) Mother/parents are available to identify danger sign
		Check important information like ROP screening and hearing evaluation is given to parents/mother of LBW babies		SI/RR	LBW (32 weeks/<1500gm) are advised for ROP screening at 1 month of postnatal age and hearing evaluation at 40 weeks corrected gestational age
ME E20.4	Management of neonatal asphyxia is done as per guidelines	Staff is aware of clinical presentation of asphyxia		SI	Asphyxiated babies evolve neurological manifestation viz seizures, hypotonia, come or Hypoxic ischemic encephalopathy (HIE) within 72 hrs of life Evidence of multi organ system dysfunction (manifested as difficult breathing or renal failure or feeding intolerance or hepatic dysfunction or haematological abnormalities) in immediate neonatal period
		Grading of hypoxic ischaemic encephalopathy (HIE) is done & recorded on case sheet		SI/RR	Using Levene's grading HIE - assessment of consciousness, tone ,seizure activities and autonomic disturbances like sucking & respiration - Severity is decided. Check sequential grading is done every 8-12 hrs to assess the progression of HIE

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Initial stabilization & management of asphyxia cases is done as per protocols		SI/RR	(1) Maintenance of temperature (keep the baby under radiant warmer & temp is maintained at normal range) perfusion, ventilation (monitoring of oxygen saturation- SPO2 maintained b/w 90-94%) and normal Metabolic state including glucose, calcium and acid base balance (IV fluids, enteral feeding, glucose monitoring, management of hypocalcaemia & administration of vit K 1mg IM) (2) Early detection & management of complications must be done to prevent extension of cerebral injury
		Clinical monitoring or bed side tests of asphyxiated babies is performed		SI/RR	(1) Levene's staging for neurological status (2) Downe's Score for respiratory status (3) Cardiovascular status- i.e. heart rate, colour, CRT, peripheral pulses, non-investive BP (4) Abdominal circumferences- to rule out ileus (5) Urine output - to check for serum electrolytes, blood urea & serum creatinine (6) Monitoring of Blood surger
		Clinical monitoring is performed & updated in case sheet at defined intervals		SI/RR	(1) Levene's staging -every 8hrs (2) Downe's Score -every 2-3 hrs (3) Cardiovascular status- i.e. heart rate, colour, CRT, peripheral pulses, non-investive BP (4) Abdominal circumferences- to rule out ileus (5) Urine output - measured daily-- should not be <1ml/ kg/hr (6) Monitoring of Blood surger every 6-8hrs during the first 24 hrs
		Staff is aware of two major clinical manifestation results due to asphyxia		SI	(1) Neonatal Shock (2) Neonatal Seizures

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is skilled to identify shock		SI	(1) Unexplained Tachycardia- (HR>160/min) (2) Capillary refill time (CRT)- >3 seconds
		Staff is aware of technique to check CRT & its interpretation		SI/RR	Gentle pressure is applied by the tip of finger on central part of the body such as chest for 3-5 seconds by slowly counting from 1 to 5. this result in to blanching and area refill & it become pink after the tip of finger is lifted. Normal CRP is <3 sec. A prolonged CRT indicates poor circulation and tissue perfusion.
		Staff is skilled to manage neonatal shock		SI/RR	(1) Supportive Care : (a) Maintain TBAC (b) Hypoxia: Maintain SPO2-90-94% (c) Hypoglycaemia-Maintain normal blood glucose- (>45 mg/dl) (d) Hypothermia- Maintain temp _ 36.5-37.5 ^{O} C (2) Fluid resuscitation: infuse fluid bolus of 10ml/kg or normal saline over 20-30 min. (3) Administration of Inotropes
		Staff is competent to assess improvement		SI/RR	Check: (1) Improvement in CRT (2) Decrease in heart rate by at least 10 beats/min. (3) Improvement in pulse volume and an increase in urine output over next 4-6 hrs (is sign of improvement)
		Staff is competent to identify when to start vasopressors		SI/RR	If signs for poor perfusion persists despite 2 fluid boluses- Start vasopressor along with supportive care. Most commonly used vasopressor in neonates is dopamine
		Staff is aware of dose of dopamine		SI/RR	(1) Starting dose- 5-10 microgram/kg/min (2) If no improvement occurs- the dose can be increased by increments of 5 microgram/kg/min every 20-30 min to max of 20microgram/kg/min

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is aware of next line of treatment if shock persists after max dose of dopamine		SI/RR	Dobutamine - Dose same as dopamine Hydrocortisone -1mg/kg of hydrocortisone can be given as initial dose and then depending upon response , it can be given 8-12 hrly in dose of 1mg/ kg/dose for 2-3 days
		Staff is aware of further line of treatment in case baby is unresponsive to shock		SI/RR	(1) Consider blood transfusion if Hb< 12gm% (2) Consider referral after stabilization of temperature, oxygenation and blood glucose
		Staff is aware of therapeutic end points for babies suffering from neonatal shock		SI/RR	CRT <3 sec, Normal Heart rate, normal pulse, warm extremities, normal BP and urine output >1ml/kg/hr
		Staff is competent in method of weaning from inotropes		SI/RR	Once hypotension improves (BP normal for 4-6hrs) & tissue perfusion improves, inotropes should be tapered slowly @5microgm/kg/min every 1-2 hrly provided neonate maintain the list of therapeutic end point
		Staff is aware of causes of neonatal Seizures		SI	Asphyxia (Most common), birth injuries, meningitis, intracranial bleeding or due to metabolic problems like hypoglycaemia, hypocalcaemia, and hypo or hypernatremia
		Staff knows d/f in spasm due to tetanus and jitteriness		SI	**Spasm due to tetanus**: Appear after 48hrs, Involuntary contraction of muscles, fists often persistently and tightly clenched, Trismus opisthotonus, triggered by touch, light & sound and Baby is conscious throughout, often crying with pain. **Jitteriness**: Provoked by stimulus, abolished by restraining, Not associated with autonomic changes, examination of neonatal is normal b/w seizure episodes & EEG is normal
		Staff is aware of diagnostic approach for seizure		SI	In sick babies: blood glucose, serum ionized calcium, serum sodium & Sepsis screen. Detailed history is taken and examination is done after initial acute management to determine the underlying cause.

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is skilled to provide treatment of neonate with seizures		SI/RR	**1st Step:** Resuscitate if needed : In thermoneutral environment ensure TABC. Start oxygen if required IV access should be secured and blood sample drawn for blood count, blood sugar, serum calcium & electrolytes **Step 2**: If blood sugar less than 45mg/dl correct hypoglycaemia by a bolus of 2ml/kg 10% dextrose followed by maintenance infusion of 6-8 mg/kg/min **3rd step**: Estimate calcium levels. Consider giving 10% calcium gluconate 2ml/kg IV over 5-10min **4th Step**: Anti convulsant drug (ACD); ACD given if seizures persists even after correction of hypoglycaemia and hypocalcaemia
		Staff is aware of 1st and 2nd line ACD along with their doses		SI/RR	**1st Line ACD**: Inj Phenobarbitone20mg/kg IV over 20min. If baby has no further seizures don to start maintenance. If seizures persists after initial phenobarbitone infusion, administer boluses of 5mg/kg put total 40 mg/kg. **2nd Line ACD: I**nj Phenytoin or Fosphenytoin 20mg/kgIV over 20 min if seizures are not controlled with Phenobarbitone. Assess seizures control after the infusion. If seizures persists then **Lorazepam** 0.05- 0.10 mg/kg IV may be infused. Once the seizures are controlled, start maintenance dose of 3-4mg/kg day after 12 hrs of loading dose of phenobarbitone and phenytoin

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is aware of therapeutic action for neonate with seizures		SI/RR	(1) Transient metabolic problem i.e. hypoglycaemia, hypocalcaemia, dyselectrolytemia- Treat the cause , stop ACD immediately if started (2) Seizures controlled with 1st bolus of phenobarbitone- No maintenance ACD, observe for 48 hrs if seizures re occur (3) Seizures controlled with multiple dose of phenobarbitone- Start maintenance dose phenobarbitone. Stop once seizure free for 48hrs (4) Difficult to control seizures- Stop Phenytoin if seizures free for 48 hrs, continue maintenance dose phenobarbitone, Assess neurological status : if normal-Stop phenobarbitone, If abnormal -may continue oral maintenance phenobarbitone
		Staff is competent to identify conditions when to refer the neonatal asphyxia cases to higher centre		SI/RR	(1) when baby need respiratory support - as PPV required for 5min or longer (2) Onset of seizures within 12 hrs- refractory seizures (uncontrolled with phenobarbitone & phenytoin) (3) Severe HIE & unable to restore oral feeds within 1 week- (4) Shock unresponsive to vasopressor
		Post discharge & follow up advice is given as per protocols		SI/RR	To attend follow up clinic for monitoring of their growth & development and to identify post asphyxia sequelae and development delays

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E 20.5	Management of sepsis is done as per guidelines	Staff is aware of classification of neonatal sepsis		SI	Early onset sepsis (EOS): where sign & symptoms of sepsis appear within 72 hrs of birth due to pathogens in maternal genital tract or delivery area, respiratory distress due to congenital pneumonia. Late onset of Sepsis (LOS): where sign appear after 72 hrs of age due to pathogens from hospital or community. LO is commonly presented as Septicaemia, pneumonia, or meningitis
		Staff is aware of signs of neonatal sepsis		SI	(1) Clinical picture is **highly variable. Sign & symptom are minimal, subtle or non specific.** (2) Clinical manifestation of neonatal sepsis : Lethargy, refuse to suckle, poor cry or high pitched cry or excessive cry, comatose, and. Distension, diarrhoea, vomiting, hypothermia, poor perfusion, sclera, poor weight gain, shock, bleeding, renal failure, cyanosis, tachypnoea, chest retraction, grunt, apnoea, fever, seizures, neck retraction, bulging fontanel etc.
		Staff is competent to identify clinical manifestation of meningitis		SI	fever, seizures, blank look, high pitched cry to excessive crying/irritability, neck retraction & bulging fontanel
		Laboratory investigations are performed to confirm neonatal sepsis		SI/RR	Direct method: Isolation of micro-organism from blood, CSF, urine or pus. Indirect method: Leukopenia (TLC< 5000/ cu mm), Neutropenia (ANC< 1800/cu mm), Immature neutrophil to total neutrophil ratio (>0.2), Micro ESR(>15mm 1st hour) positive C Protein. Any of the 2 or more test come positive indicate sepsis. Lumber puncture : must be performed in all cases with late onset of sepsis

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Supportive care is provided to manage new borns		SI/RR	Maintain TABC Ensure SPO_2 -90-94% Maintain normoglycemia Administer inj vit K 1mg IV , if there is active bleeding from any site Avoid enteral feed if hemodynamically compromised & start feed as hemodynamically stable. Consider exchange transfusion if there is sclerema
		Appropriate antibiotics are given according to age and weight of the baby		SI/ RR	Correct dose and frequency is given as per antibiotic therapy of neonatal sepsis Antibiotic therapy should cover the common bacteria viz, E .coli, Staphylococcus aureus and Klebsiella Pneumonia Every new born unit must have its own antibiotic policy based on profile of pathogen & local sensitivity pattern
		Staff administer antibiotic as per protocols for confirmed Sepsis		SI/RR	1. Give Injection ampicillin and gentamicin, as first line of treatment. 2. Give cloxacillin (if available) instead of ampicillin, if there are extensive skin pustules or abscesses, as these might be signs of Staphylococcus infection. 3. Antibiotics should be given slowly, after dissolving in 5-10 ml fluid using a microdrip set or infusion pump. 4. Never mix two antibiotics in same syringe.
		Check algorithm & treatment charts for management of neonatal sepsis is available & practices		SI/RR	Antibiotic schedule & dosage including frequency, route and duration is available & used

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff provide antibiotic as per protocols for confirmed meningitis		SI/RR	Check availability charts for prescribing antibitotics for meningitis. Check charts reflect following information: Weight <2kg Inj Cefotaxime- 12 hrly (0-7 days of age) or 8 hrly (>7days of age), IV, for 3 weeks Inj Amikacin-24hrly (0-7 days of age) or 24 hrly (>7days of age), IV, for 3 weeks Weight >2kg Inj Cefotaxime- 8 hrly (0-7 days of age) or 6 hrly (>7days of age), IV, for 3 weeks Inj Amikacin-24hrly (0-7 days of age) or 24 hrly (>7days of age), IV, for 3 weeks. 2nd line treatment: Inj Meropenem- 8 hrly (0-7 days of age) or 8 hrly (>7days of age), IV, for 3 weeks nj Amikacin-24hrly (0-7 days of age) or 24 hrly (>7days of age), IV, for 3 weeks.
		The response to treatment is monitored		SI/RR	Empirical upgradation can be considered if there is no clinical improvement by 48hrs of institution of antibiotic or there is sign of deterioration
		Staff assess the clinical presentation of possible serious bacterial infection among children of 0-59 days		SI/RR	Pneumonia in 0-59 days children - difficult to diagnose as per clinical conditions Possible serious bacterial infections can be pneumonia, septicaemia, or meningitis. Essential Features: (1) Baby not able to feed or (2) Convulsion or (3) Fast breathing (RR-> 60/min) or (4) Severe chest indrawing or (5) Axillary temp > or equal to 37.5 °C (or feel hot to touch) (6) or Axillary tem <35.5 oC (or feel cold to touch) or movement only when stimulated or no movement at all

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Management of Possible serious bacterial infections		SI/RR	Hospitalise, Maintain nutrition & hydration, Give Oxygen (if SpO2 <90), Check availability charts for prescribing antibitotics for serious bacterial infections. Check dose, duration, frequency is given as per indicated
		Staff is competent to identify conditions that do not require antibiotic for management		SI	Meconium strained amniotic fluid, meconium aspiration syndrome, Mild respiratory distress, perinatal asphyxia, Asymptomatic neonates with present of 1-2 risk factors of EOS, jaundice and prematurity
		Staff is competent to identify when to refer the baby		SI/RR	If condition worsen or no improvement after 48hrs (1) Respiratory failure requiring mechanical ventilation (2) Unresponsive shock (3) Persistent convulsions (4) DIC (5) Baby require exchange transfusion (& facility is not available
ME E20.6	Management of jaundice is done as per guidelines	Staff is aware of alert sign of neonatal pathological jaundice		SI	Clinical Jaundice in first 24 hrs of life or Total serum bilirubin (TSB) increasing by 5mg/dl/day or 0.5mg/dl/hr or TSB >15mg/dl to Conjugated serum bilirubin >2mg/dl or clinical jaundice persisting for > 14 days in term and > 21 days in preterm infants
		Staff is aware of causes of onset of Jaundice within 24 hrs of age		SI	(1) Haemolytic disease of newborn: RH, ABO and minor group incompatibility,(2) Infection: Intrauterine viral- bacterial, malaria (3) G6PD deficiency
		Staff is aware of causes of onset of Jaundice after 24 hrs of age		S	Physiological, Polycythaemia, Concealed haemorrhage, Sepsis, neonatal hepatitis, metabolic disorder

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Clinical assessment of severity of Jaundiced neonate is done as per Kramer's criteria		SI/RR	Kramer's criteria: Jaundice limited to face: Serum Bilirubin- about 6mg/dl, Jaundice extended to trunk- 9mg/dl, Extended to abdomen-12mg/dl. Extended to legs -15mg/dl & Extended to feet & hand-19-20mg/dl
		Staff is aware of features of acute bilirubin encephalopathy		SI	Hypotonia, lethargy, high pitched cry, poor suck, hypertonia of external muscles, irritability, fever, seizures, opisthotonus, shrill cry, apnoea, coma
		Staff is aware of Jaundice evaluation protocols		SI	Blood sample is taken for TSB estimation. Plotting of values on AAP charts on bilirubin nomogram
		Management of Jaundice is done as per protocols		SI/RR	Management directed toward reducing level of bilirubin & preventing CNS toxicity. Prevention of hyperbilirubinemia: by early & frequent feeding Reduction of bilirubin: Achieved by phototherapy and /or exchange transfusion
		Normogram is used to imitate phototherapy & exchange transfusion		SI/RR	Check normogram is available & practiced for new born more than 35 week
		Guidelines for phototherapy & exchange transfusion is readily available and being followed		SI/RR	For new born <35 week
		Staff is aware of precautions to be taken while giving phototherapy to baby		SI/RR	Baby should be naked eyes & genitals should be covered. New born should be kept at distance of more than 45 cm below light source.Frquent feeding every 2 hours 7 change in posture is promoted, once under phototherapy serum bilirubin must be monitored every 12 hrs or earlier if required

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Check baby is monitored through out the phototherapy		RR/SI	Check the records baby's temperature is measured every 4 hourly to monitor for hypo/hyperthermia Check weight is taken daily Frequent breast feeding Increase in allowance for fluid, (if there is any evidence of dehydration) Position is changed frequently, after each feed (Low birth weight babies can have their socks, caps and mittens on, while under phototherapy)
		Check the availability & use of fluxmeter		RR	Use Fluxmeter to check for and ensure optimal irradiance in phototherapy units
ME E20.7	Management of children presenting with fever, cough or respiratory distress is done as per guidelines	Staff is aware of common causes of hyperthermia		SI	(1) Sepsis (2) Envt. too hot for baby (3) Wrapping the baby in too many layers of clothes, esp. in hot humid climate (4) Keeping newborn close to heater/hot water bottle (5) Leaving the under heating devices i.e. radiant warmer, incubator, phototherapy that is not functioning properly and/to not check regularly
		Staff is aware and follow management protocols of hyperthermia		SI	**Examine every hyperthermic baby for infection** (1) If temp. is above 39^{O}C, the neonate should be undressed and sponged with tepid water at app. 35^{O}C until temperature is below is below 38 ^{O}C (2) If temp. is 37.5- 39^{O}C- Undressing & exposing to room temp is usually all that is necessary. (3) If due too envt. temperature: move baby to colder environment & using loose & light clothes. (4) If due to device- remove the baby from source of heat (5) Give frequent breastfeeds to replace fluids. if the baby cannot breastfeed, give EBM. If does not tolerate feeds, IV fluids may be given (6) Measures the temp. hourly till it become normal

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is able to identify the babies with respiratory distress		SI/RR	(1) RR >60 breaths per min (2) Severe chest in drawing (3) Grunting (4) Apnoea or gasping
		Staff is aware of common causes of respiratory distress in newborn		SI	(1) Pre Term : RDS, Congenital pneumonia, hypothermia & hypoglycaemia (2) Term: Transient tachypnoea of newborn (TTNB), meconium aspiration, pneumonia, asphyxia (3) Surgical cases: Diaphragmatic hernia, Trachea - oesophageal fistula, B/L choanal atresia (4) other causes: Congenital heart disease, acidosis, inborn errors of metabolism
		Detailed antenatal & perinatal history is taken based on causes of respiratory distress & recorded		SI/RR	H/O gestation, onset of distress, previous preterm babies with RDS, antenatal steroid prophylaxis, rupture of membranes >24 hrs, intrapartum fever, meconium asphyxia, maternal diabetes mellitus, poor feeding, lethargy, convulsion, h/o excessive frothing
		Objective assessment of severity of respiratory distress is done & recorded		SI/RR	Using Downe's score and status is recorded in BHT
		Staff is aware of parameters & interpretation of Downe's Score		SI/RR	Parameter: RR, Cyanosis, Air entry, Grunt and retraction. Score 1-6= RDS Score >6- Impending respiratory failure
		Detailed examination of babies representing with RDS is done and recorded		SI/RR	(1) Severity of RDS- Assessed by Downe Score (2) Neurological status: Activity or altered sensorium (3) CRT (4) Hepatomegaly (5) Central Cyanosis or low oxygen saturation (6) Features of sepsis (7) Evidences of malformation

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is competent to identify conditions when to order chest X ray		SI	(1) All babies with moderate to severe respiratory distress- to identify underlying causes (2) Babies with mild respiratory distress observed for few hrs- if distress does not settle in 4-6 hrs or baby continues to need supplementary oxygen
		Staff follow support management protocols for all sick newborn		SI/RR	(1) Maintain body temp. (2) Give Oxygen with oxygen hood or nasal prongs to achieve appropriate oxygen saturation. Titrate oxygen delivery, targeting oxygen saturation of 90-94% (3) EBM by gavage feeding (4) Give IV fluids if baby does not accept Breast feed (5) Maintain blood glucose, if low treat hypoglycaemia
		Staff is competent in management of apnoeic baby		SI/RR	(a) Maintain temperature (b) Stimulate to breathe by rubbing the back or flicking the sole. If does not begin to breathe, provide PPV with bag & mask immediately (c) Check blood glucose (d) Administer caffeine citrate/ Aminophylline if baby is pre term with no other evident cause of apnoea (d) If apnoeic spells are recurrent, obtain sepsis screen along with blood culture and initiate treatment for sepsis
		Staff is competent in specific management of moderate to severe respiratory distress		SI/RR	Start nasal CPAP and/ or organize transfer for assisted ventilation
		Staff is aware of duration to administer antibiotics		SI/RR	(1) If baby show clinical improvement- sepsis screen is negative and blood culture is sterile stop antibiotic after 48 hrs (2) if baby show clinical improvement but sepsis screen is positive & culture is negative give antibiotic for 5-7days (3) Id culture is positive for Gram positive cocci (GPC) give antibiotic for 7 -10days & for Gram negative bacilli (GNB) for 10-14 days Antibiotic may be modified based in clinical response and blood culture sensitivity pattern

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is skilled to provide oxygen therapy		SI/RR	(1) Pulse oximeter is used to check oxygen saturation -should be maintained b/w 90-94% (2) Saturation below 90% should be treated using oxygen supplementation. Ensure at NO TIME babies under supplemental oxygen should have oxygen saturation above 95% (3) Nasal prongs & head box is used to deliver oxygen. Adjust flow of oxygen 0.5-2.0 L/min with Nasal prongs to achieve target saturation. Adjust the flow of oxygen (3-5L/min) to achieve desired oxygen saturation
		Staff is competent in oxygen weaning protocols		SI/RR	Once baby's oxygen saturation on pulse oximeter is 90-94%, gradually wean oxygen. Reduce the oxygen flow rate by 1/2litre/min every few minutes to observe the oxygen saturation. If oxygen saturation remain in normal range gradually remove oxygen.
		Staff is competent to identify when to refer the baby		SI/RR	(1) If baby with breathing difficulty needs CPAP or mechanical ventilation (2) persistent central cyanosis or low oxygen saturation despite oxygen supplementation (3) Repeated apnoeic spells Always stabilize before referral & transport
		Discharge & follow up advice is given as per protocols		PI/RR	Babies with respiratory distress should be seen 48hrs after discharge, either at hospital or during home visit by ASHA. Counselling of parents for exclusive breastfeeding, temp maintenance and immunization Should be done
ME E20.10	Facility ensures optimal breast feeding practices for new born & infants as per guidelines	SNCU promotes initiation of breastfeeding within half an hour after birth		PI/ SI	Check with mother when she has provided breastmilk to baby after delivery

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Check colostrum is given to baby & staff is aware of its importance		SI	Women produce colostrum in first few days after delivery. It is thick yellowish in colour & contain antibodies, white blood cells and other anti infective proteins. Importance: Help to fight diseases that baby is likely to be exposed after delivery. Help to clear baby's gut of meconium. Clear bilirubin from the gut & also help to prevent hyperbilirubinemia
		No ghutti, gripe water , honey or any other milk is given to baby		OB/PI	
		SNCU ensures exclusive breastfeeding to babies during their stay in SNCU unless clinically indicated		PI/SI	(1) Check with mother how frequently she breastfed her admitted baby (At least 8 times per day (EBM or DHM) (2) No formula feeding unless prescribed by doctor
		Check process in place to assess the milk intake among admitted babies		SI/PI	(1) By counting no. of wet diapers per day (6-8 time/ day) (2) Weight gain (20-30 gm a day in 1st 3-4 months after regaining birthweight
		Check records are maintained to monitor intake of babies		SI/RR	
		Staff is aware & practice assisted feeding techniques for babies unable to take feed		SI/RR	Gavage feeding, katori-spoon feeding /paladai feeding/ gastric tube
		Check SNCU provide assistance in positioning & attaching the baby to mother's breast		SI/PI	Check with mother if she has been taught/ guided to position & attach the baby
		Check staff& mothers are aware of signs of proper position		SI/PI	(1) Baby's body is well supported (2) The head, neck & body of baby are kept in same plane (3) Entire body of baby faces the mother (4) Baby's abdomen touches mother's abdomen

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Check staff & mothers are aware of signs of proper attachment		SI/PI	(1) Baby's mouth is wide open (2) lower lip turned outwards (3) Baby's chin turned towards mother's breast (4) Majority of areola is inside the baby's mouth
		Check poster of proper positioning & attachment is displayed in Breastfeeding area in SNCU		RR	Poster explain Signs of proper positioning, attachment and suckling. Also explain disadvantages of not following proper positioning & attachment
		Staff is aware of breastfeeding problems & its management		SI/PI	(1) Inverted/flat nipples - Treatment- A 20ml plastic syringe can be used to draw out nipple gently (2) Sore nipple, due to incorrect attachment or frequent washing with soap & water or pulling the baby off while he is still sucking- Treatment- Correct positioning & attachement. Apply hind milk after feed & nipple should be aired, to allow healing in between feeds. In case of fungal infection suspected- refer to specialist or provide anti fungal medication (3) Breast engorgement- Treatment - Ensuring early & frequent feeding & correct attachment. Apply local warm water packs & analgesics (paracetamol) . Milk should be gently expressed to soften the breast. (4) Breast abscess- treatment- treated with analgesics & antibiotics. The abscess is to incised & drained. (5) Reduced milk supply: if baby is not gaining weight- Ask mother to feed more frequently especially during night. Make sure proper attachment & back massage is useful for stimulating lactation

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		SNCU provides extra support to establish breastfeeding in mother's having pre term & LBW babies		SI/PI	(1) SNCU ensures mother has begin the expression of milk within 6 hrs of delivery. (2) Encourage the mother's to repeat expression of milk 8-10 times per day to maintain flow of production & to feed the baby (3) The baby should put in breast every 2-3 hrs for feeding or non nutritive suckling (NNS) (4) SNCU ensures preterm milk is given to pre term babies
		Check mother is encouraged to visit, touch and care her baby		SI/PI	Ask mother how often she visits her baby in SNCU
		Check mothers are encouraged to learn milk expression		SI/PI	Both manual and through breast pump. Check instructions are displayed in milk expression room. Functional electrical pumps are available
		SNCU has provision to collection, & storage breast milk		SI/OB	Check availability of milk expression room & refrigerator to store milk
		SNCU has system to label & identify the expressed milk or milk received from CLMC		SI/OB	(1) Unique ID of baby, date of expression of milk or Date & time of opening the DHM bottle
		Expressed milk/ DHM is stored at recommended temperature		SI/OB	Milk is immediately transferred to a refrigerator at the temperature of +2˚C to +4˚C for storage. EBM can be kept at room temp for 8 hours & in refrigerator for 24 hrs
		SNCU promote feeding of breastmilk for pre term, low birth & sick new born		PI/RR	Check Bed head tickets whether mother milk or milk substitute is prescribed for admitted new born. Give non compliance if milk substitute is prescribed (untill clinically indicated)
		Check breastfeeding policy is displayed		RR	Mentioning 10 steps of successful breastfeeding. Check Staff is able to explain at least 3 components of breastfeeding policy

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Check SNCU promotes breastfeeding during follow up visits		RR/OB	(1) Exclusive during 6 months (2) initiate complemtary feeding after 6 months & (3) continue breastfeeding up to 2 yrs. and beyond
		Check SNCU has linkage with Comprehensive lactation management centre		SI/PI	Inhouse or outsourced for ensuring breastmilk to the babies
ME E20.11	The facility provides services as per Rashtriya Bal Swasthya Karykram	SNCU has functional referral linkage with DEIC		SI/RR	(1) Inhouse or at higher centre (2) For developmental/ interventional facilities
AREA OF CONCERN - F INFECTION CONTROL					
Standard F1	**The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection**				
ME F1.2	The facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance		SI/RR	Swab are taken from infection prone surfaces
ME F1.3	The facility measures hospital associated infection rates	There is procedure to report cases of Hospital acquired infection		SI/RR	Patients are observed for any sign and symptoms of HAI. HAI reporting formats are available. Staff Know whom to report & action are taken on feed back.
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization & periodic check-up of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals for Staff as well as mothers/care givers visiting regularly
		Check each person enter SNCU after hand washing & gowning		OB	
ME F1.6	The facility has defined and established antibiotic policy	Check doctors are aware of Hospital Antibiotic Policy		SI/RR	
Standard F2	**The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing with running Water Facility at Point of Use		OB	At least 1 wash basin for every 5 beds

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted. Availability of Alcohol based Hand rub
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility , preferably in Local language
		Availability of elbow operated taps		OB	Hand washing sink is wide and deep enough to prevent splashing and retention of water
		Separate Handwashing facilities are available for parent/ attendant		OB/SI	Only parents who follow the hygiene practices are allowed to provide care to their sick newborn
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	(1) Ask for demonstration (2) Staff aware of when to hand wash
		Check each person enter SNCU after hand washing & gowning		OB/ PI	Ask for demonstration - mothers/guardian aware Steps of HW.
		Mothers/care giver adhere to hand washing practices with soap		PI/OB	Mothers are aware of importance of washing hands .Washing hands after using the toilet/ changing diapers and before feeding children.
Standard F3	**The facility ensures standard practices and materials for Personal protection**				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Clean gloves are available at point of use		OB/SI	Handwashing b/w each patient & change of gloves
		Availability of Mask caps & shoe cover		OB/SI	
		Availability of gown/ Apron & mask		OB/SI	Staff, visitors and parent/ attendants
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
		Compliance to correct method of wearing and removing the gloves & other PPEs		SI	Ask for demonstration.
		Mother's/parents are allowed to entre SNCU after gowning only		SI	
Standard F4	**The facility has standard procedures for processing of equipment and instruments**				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating & Procedure surfaces		SI/OB	Ask staff about how they decontaminate the procedure surface like Examination table , Patients Beds Stretcher/Trolleys etc. (Wiping with 1% Chlorine solution

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Cleaning of instruments		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Staff know how to make chlorine solution		SI/OB	Staff is trained for preparing cleaning solution as per standard procedure
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ new-born care area
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Disinfection of instruments is done as per protocols		SI/OB	Achieve within 20 min contact period with 2% glutaraldehyde
		Disinfection of individual items & utensils is done before use		SI/OB	(1) Individual item like stethoscope, thermometer measuring taps, probe should be done with 70% isopropyl alcohol daily or whenever used for another baby. (2) Cup spoon and paladai are boiled for at least 15 min before use /after every feed
		Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/Chemical Sterilization
		Autoclaving of instruments is done as per protocols		OB/SI	Ask staff about temperature, pressure and time
		Chemical sterilization of instruments/ equipment is done as per protocols		OB/SI	Ask staff about method, concentration and contact time required for chemical sterilization(4hrs contact period), also how long the glutaraldehyde is active once prepared
		Staff is aware of storage time for autoclaved items		OB/SI	Check staff is aware of how long autoclaved items can be stored. Also, autoclaved items are stored in dry, clean, dust free, moist free environment
		Autoclaved dressing material & linen are used for SNCU		OB/SI	

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.1	Functional area of the department are arranged to ensure infection control practices	Facility layout ensures separation of routes for clean and dirty items		OB	Facility layout ensures separation of general traffic from patient traffic
		There is separation between in born and out born unit		OB	
		Entry in SNCU is restricted		OB	Check there is no overcrowding inside the SNCU. Hospital staff without having a valid reason are not allowed in SNCU
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Glutaraldehyde etc
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant, detergent solution, Lysol 5% or 3% phenol
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Spill management protocols are implemented		SI/RR	Check avaialbity of Spill management kit ,staff is trained for managing small & large spills , check protocols are displayed
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out. Use of three bucket system for mopping.
		Cleaning equipment like broom are not used in patient care areas		OB/SI	Any cleaning equipment or activity leading to dispersion of dust particles in air should be avoided
		External foot wares are restricted		OB	Check foot ware are changed before entry in SNCU
ME F5.4	The facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed for septic cases		OB/SI	Check babies with diarrhoea, pyoderma, or any other contagious disease should not be admitted inside SNCU
ME F5.5	The facility ensures air quality of high risk area	SNCU has system to maintain ventilation and its environment should be dust free		OB	Ventilation can be provided in two ways: exhaust only and supply-and-exhaust. Exhaust fans pull stale air out of the unit while drawing fresh air in through cracks, windows or fresh air intakes. Exhaust-only ventilation is a good choice for units that do not have existing ductwork to distribute heated or cooled air

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard F6	**Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**				
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	
		Availability of Non chlorinated plastic colour coded plastic bags		OB	
		Segregation of Anatomical and soiled waste in Yellow Bin		OB/SI	
		Segregation of infected plastic waste in red bin		OB	
		Display of work instructions for segregation and handling of Biomedical waste		OB	Pictorial and in local language
		There is no mixing of infectious and general waste		OB	
ME F6.2	Facility ensures management of sharps as per guidelines	Availability of functional needle cutter & Puncture proof container		OB	(1) Check if needle cutter has been used or just lying idle. (2) it should be available near the point of generation like nursing station
		Availability of post exposure prophylaxis		OB/SI	1. Staff knows what to do in case of needle stick injury. 2. Staff is aware of whom to report 3. Check if any reporting has been done 4. Also check PEP issuance register
		Glass sharps and metallic implants are disposed in Blue colour coded puncture proof box		OB	Includes used vials, slides and other broken infected glass
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled		SI	Bins should not be filled more than 2/3 of its capacity
		Disinfection of liquid waste before disposal		SI/OB	
		Transportation of bio medical waste is done in close container/ trolley		SI/OB	

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
AREA OF CONCERN - G QUALITY MANAGEMENT					
Standard G1	**The facility has established organizational framework for quality improvement**				
ME G1.1	The facility has a quality team in place	Quality circle has been constituted		SI/RR	1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibility of team has been defined
ME G1.2	The facility reviews quality of its services at periodic intervals	Review meetings are done monthly		RR	Check minutes of meeting and monthly measurement & reporting of indicators
Standard G2	**The facility has established system for patient and employee satisfaction**				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Patient relative satisfaction survey done on monthly basis		RR	
ME G2.2	The facility analyses the patient feed back, and root-cause analysis	Analysis of low performing attributes is undertaken		RR	
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients	Action plan is prepared and improvement activities are undertaken		RR	
Standard G3	**The facility have established internal and external quality assurance Programmes wherever it is critical to quality.**				
ME G3.1	The facility has established internal quality assurance programme in key departments	There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	Findings /instructions during the visit are recorded
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval		RR/SI	NQAS assessment toolkit is used to conduct internal assessment
		Departmental checklist are used for monitoring and quality assurance		SI/RR	Staff is designated for filling and monitoring of these checklists
		Non-compliances are enumerated and recorded		RR	Check the non compliances are presented & discussed during quality team meetings
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per internal assessment record findings		RR	Randomly check the details of action, responsibility, time line and feedback mechanism
ME G3.5	Planned actions are implemented through Quality Improvement Cycles (PDCA)	Check PDCA or revalent quality method is used to take corrective and preventive action		SI/RR	Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report

Reference	Measurable Element	Checkpoint	Compli-ance	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	Standard operating procedure for department has been prepared and approved		RR	Check that SOP for management of services has been prepared and is formally approved
		Current version of SOP are available with process owner		OB/RR	Check current version is available
		Work instruction/ clinical protocols are displayed		OB	WI for phototherapy, Grading and management of hypothermia, Expression of milk, KMC, Management of hypoglycaemia, housekeeping protocols, Administration of commonly used drugs, assessment of neonatal sepsis, Assessment of Jaundice, Temperature maintenance etc
ME G4.2	Standard Operating Procedures adequately describes process and procedures	SNCU has documented procedure for ensuring patients rights including consent, privacy, confidentiality & entitlement		RR	Review the SOP has adequately cover procedure for taking consent, maintenance of privacy, confidentiality & entitlements
		SNCU has documented breastfeeding policy		RR	Review the SOP has adequately explaining implementation of 10 steps of breastfeeding
		SNCU has documented procedure for safety & risk management		RR	Check availability of risk management record/ register to identify risk & action taken to address them
		SNCU has documented procedure for support services & facility management.		RR	Documented procedure for preventive- break down maintenance and calibration of equipment, Maintenance of infrastructure, inventory management & storage, retaining ,retrieval of SNCU records
		SNCU has documented procedure for general patient care processes		RR	Availability of documented criteria & procedure for triage, admission, training and engagement of parent-attendants in care provision, assessment & re assessment, referral & discharge of the patient

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
		SNCU has documented procedure for specific processes to the department		RR	SNCU has documented procedure for key clinical processes including resuscitation, thermoregulation of new born, ,drugs,intravenous,and fluid management and nutrition management of new born
		SNCU has documented procedure for infection control & bio medical waste management		RR	Check availability of documented procedure for infection control practices& BMW
		SNCU has documented procedure for quality management & improvement		RR	Check availability of documented procedure for departmental quality activities viz: nomination of department Nodal officer, internal assessments, audits, patient satisfaction survey, internal & external quality assurance processes,
		SNCU has documented procedure for data collection, analysis & use for improvement		RR	Check availability of documented departmental Data set need to be measured monthly & procedure for their collection, analysis & improvement
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is a aware of relevant part of SOPs		SI/RR	
Standard G 5	**The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	Critical processes , where there is some problem-delays, errors, cost, time, etc. and improvement will make our process effective and efficient
ME G5.2	The facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	Non value adding activities are wastes. In these steps resources are wasted, delays occur, and no value is added to the service
ME G5.3	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	Check the improvement is sustained

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard G6	**The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them**				
ME G6.4	Facility has de defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed		SI/RR	Check short term valid quality objectivities have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check of staff is aware of Mission , Values, Quality Policy and objectives		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points
Standard G7	**The facility seeks continually improvement by practicing Quality method and tools.**				
ME G7.1	The facility uses method for quality improvement in services	Basic quality improvement method		SI/OB	PDCA & 5S
		Advance quality improvement method		SI/OB	Six sigma, lean.
ME G7.2	The facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used
Standards G9	**Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan**				
ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically		SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month.
Standard G10	**The facility has established clinical Governance framework to improve quality and safety of clinical care processes**				
ME G10.3	Clinical care assessment criteria have been defined and communicated	The facility has established process to review the clinical care		SI/RR	Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality reivew, patient feedback, clinical audit & clinical outcomes.
		Check regular ward rounds are taken to review case progress		SI/RR	(1) Both critical and stable patients (2) Check the case progress is documented in BHT/ prgoress notes-
		Check the patient / family participate in the care evalution		SI/RR	Feedback is taken from patient/family on health status of individual under treatment
		Check the care planning and co-ordination is reviewed		SI/RR	System in place to review internal referral process, review clinical handover information, review patient understanding about their progress

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME G10.4	Facility conducts the periodic clinical audits including prescription, medical and death audits	There is procedure to conduct medical audits		SI/RR	Check medical audit records (a) Completion of the medical records i.e Medical history, assessments, re assessment, investigations conducted, progress notes, interventions conducted, outcome of the case, patient education, delineation of responsibilities, discharge etc. (b) Check whether treatment plan worked for the patient (C) progress on the health status of the patient is mentioned (d) whether the goals defined in treatment plan is met for the individual cases (e) Adverse clinical events are documented (f) Re admission
		There is procedure to conduct newborn death audits		SI/RR	(1) All the deaths are audited by the committee. (2) The reasons of the death is clearly mentioned (3) Data pertaining to deaths are collated and trend analysis is done (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required)
		There is procedure to conduct referral audits		SI/RR	Check for -valid sample size, data is analysed, poor performing attributes are identified and improvement initiatives are undertaken
		All non compliance are enumerated recorded for medical audits		SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings
		All non compliance are enumerated recorded for newborn death audits		SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings
		All non compliance are enumerated recorded for referral audits		SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME G10.5	Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process	Check action plans are prepared and implemented as per medical audit record findings		SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months
		Check action plans are prepared and implemented as per newborn death audit record's findings		SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months
		Check action plans are prepared and implemented as per referral audit record's findings		SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months
		Check the data of audit findings are collated		SI/RR	Check collected data is analysed & areas for improvement is identified & prioritised
		Check PDCA or revalent quality method is used to address critical problems		SI/RR	Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care	Check standard treatment guidelines / protocols are available & followed.		SI/RR	Staff is aware of Standard treatment protocols/ guidelines/best practices
		Check treatment plan is prepared as per Standard treatment guidelines		SI/RR	Check staff adhere to clinical protocols while preparing the treatment plan
		Check the drugs are prescribed as per Standards treatment guidelines		SI/RR	Check the drugs prescribed are available in EML or part of drug formulary
		Check the updated/ latest evidence are available		SI/RR	Check when the STG/ protocols/evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences.
		Check the mapping of existing clinical practices processes is done		SI/RR	The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA

Reference	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of verification
AREA OF CONCERN - H OUTCOME					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**				
ME H1.1	Facility measures productivity Indicators on monthly basis	Percentage of babies weighting less than 1800gm are admitted to SNCU		RR	No. of babies weighting less than 1800gm admitted / Total admission in SNCU in Month
		Bed Occupancy Rate		RR	
		Proportion of female babies admitted		RR	
		No. of FPC sessions conducted in a month		RR	FPC register
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 very low birth weight babies survived		RR	No. of very low birth weight babies (< 1200 gm)/No. of Low birth+ Very low birth babies
		Down time Critical Equipment		RR	
		Referral Rate		RR	
		Survival rate		RR	Discharge rate
		Average waiting time for initiation of treatment		RR	
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Percentage of new-born deaths among inborn weighting 2500gm or more		RR	
		Percentage of new-born deaths among out-born weighting 1200 to 1800g		RR	
		Recovery rate		RR	
		Antibiotic use rate		RR	
		Average length of stay		RR	
		Percentage of new-born survived following Resuscitation		RR	
		Adverse events are reported		RR	Baby theft, wrong drug administration, needle stick injury, absconding patients etc
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR	
		Parent/ care giver Satisfaction Score		RR	

ASSESSMENT SUMMARY

Name of the Hospital ..... Date of Assessment .....

Names of Assessors ..... Names of Assessees .....

Type of Assessment (Internal/External) ..... Action plan Submission Date .....

A. SCORE CARD

SICK NEWBORN CARE UNIT (SNCU) (MUSQAN) SCORE CARD	
Area of Concern wise score	Sick Newborn Care Unit (SNCU) (MusQan) Score
A. Service Provision	
B. Patient Rights	
C. Inputs	
D. Support Services	
E. Clinical Services	
F. Infection Control	
G. Quality Management	
H. Outcome	

B. MAJOR GAPS OBSERVED

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

C. STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/OPPORTUNITIES FOR IMPROVEMENT

_____

_____

_____

Names and Signature of Assessors

Date _____

CHECKLIST - 14

NUTRITIONAL REHABILITATION CENTER (NRC) (MUSQAN)

CHECKLIST FOR NUTRITIONAL REHABILITATION CENTER (NRC)

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**Facility Provides Curative Services**				
ME A1.4	The facility provides paediatric services	Availability of functional NRC		SI/RR	1. Availability of indoor care and continuous monitoring services of the SAM child 2. Treatment of medical complications 3. Therapeutic feeding 4. Treatment and follow-up 5. Capacity building of mothers/ other care givers for appropriate feeding, preparation of energy dense foods, hygiene & care practices Give non compliance, if the above services are provided in paediatric ward
ME A1.14	Services are available for the time period as mandated	Availability of nursing care services 24X7		SI/RR	
Standard A2	**Facility provides RMNCHA Services**				
ME A2.4	The facility provides child health Services	Management of hypoglycaemia as per the guideline		SI/RR	
		Management of hypothermia as per the guideline		SI/RR	
		Management of dehydration in the children with SAM, without shock as per the guideline		SI/RR	
		Management of SAM child with shock as per the guideline		SI/RR	
		Management of electrolyte imbalance		SI/RR	
		Management of infection is done as per the guideline.		SI/RR	
		Management of SAM children less than 6 month		SI/RR	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Management of SAM in HIV exposed/ HIV infected and TB infected children as per the guideline		SI/RR	
		Provision of Therapeutic feeding as per guideline		SI/RR	
		Counselling services to mothers for IYCF practices		PI/SI	1. Exclusive Breastfeeding up to 6 months 2. Complementary feeding from six months
Standard A3	**Facility Provides diagnostic Services**				
ME A3.2	The facility provides laboratory services	NRC has facility / linkage for laboratory investigation		SI/OB	Availability of lab services -inhouse/Outsourced. Blood glucose, Haemoglobin, Serum electrolyte, TLC, DLC, urine routine, urine culture, Mantoux test, HIV (after counselling) & any other
Standard A5	**Facility provides support services**				
ME A5.1	The facility provides dietary services	Availability of functional nutritional services		SI/OB	Give non compliance if kitchen is not available in NRC
ME A5.2	The facility provides laundry services	Availability/linkage for laundry services		SI/OB	Inhouse / Outsourced ((Shared with main hospital)
ME A5.3	The facility provides security services	Availability of security guard		SI/OB	Inhouse/outsourced (shared with main hospital)
ME A5.7	The facility has services of medical record department	Availability of services for management of NRC records		SI/OB	Shared with main hospital
Standard A6	**Health services provided at the facility are appropriate to community needs.**				
ME A6.1	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally.	Availability of services & investigation for local prevalent endemics		SI/ RR	Check for the specific local health problems/ diseases like coeliac disease and malaria etc. Check testing & management services are available. Give full compliance if no such issue exists
AREA OF CONCERN - B PATIENT RIGHTS					
Standard B1	**Facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage		OB	Numbering, main department and internal sectional signage, Restricted area signage displayed. Directional signages are given from the entry of the facility

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME B1.2	The facility displays the services and entitlements available in its departments	Information regarding services are displayed		OB	Service available at NRC are displayed , Visiting hours and visitor policy are displayed, Contact information, Entitlement under JSSK and RBSK are displayed
		Necessary Information regarding services provided is displayed		OB	Name of doctor and Nurse on duty are displayed and updated. Contact details of referral transport / ambulance displayed
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	Display of information for education of mother /care taker		OB	Display of pictorial information/ chart regarding expression of milk, management of SAM, Breastfeeding, kangaroo care, Preparation of appropriate feed, Hand hygiene
		Counselling aids are available for education of the mother/care taker		OB	Flip charts, AV material etc.
ME B1.6	Information is available in local language and easy to understand	Signages and information are available in local language		OB	Check all information for patients/ visitors are available in local language
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Discharge summary is given to the patient		RR/OB	Check discharge summary provides 1. Information on follow up 2. Diet to be followed at home 3. Contact number for emergency 4. Collaboration for community based care
Standard B2	**Services are delivered in manners that are sensitive to gender, religious, social and cultural needs and there are no barrier on account of physical access, language, cultural or social status.**				
ME B2.1	Services are provided in manner that are sensitive to gender	Cots in NRC are large enough for stay of mother with child		OB	Check Paediatric size cots are not used, As mother/ care giver has to stay along with baby through out the treatment days
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Availability of Wheel chair /stretcher for easy Access to NRC		OB	
		Availability of ramps and railing		OB	If not located on the ground floor availability of the ramp / lift If ramp is available check it is at least 120 cm width, gradient not steeper than 1:12
		Availability of children friendly toilet		OB	Children friendly- low WC seats; washbasins at appropriate height, lever operated taps

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard B3	**The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.**				
ME B3.1	Adequate visual privacy is provided at every point of care	Privacy is maintained at breast feeding area / Corner		OB	1. Screens / curtains are provided at breastfeeding area/ corner 2. Check all the windows are fitted with frosted glass or curtains have been provided
ME B3.2	Confidentiality of patients records and clinical information is maintained	Patient Records are kept at secure place beyond access to general staff/visitors		SI/OB	(1) Check records are not lying in open and there is designated space for keeping records with limited access. (2) Records are not shared with anybody without permission of parents & appropriate hospital authorities
		No information regarding patient's identity and details are unnecessary displayed on records		SI/ OB	Specially HIV or any such cases
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		PI/OB	Check that staff is not providing care in undignified manner such as yelling, scolding , shouting, blaming and using abusive language etc
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	HIV status of neonate/ infant is not disclosed except to staff that is directly involved in care		PI/ OB	Check if HIV status is not displayed / written at bed side
Standard B4	**Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.**				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	NRC has system in place to take informed consent from patient relative whenever required		SI/RR	General Consent is taken before admission
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	NRC has system in place to provide communication of child condition to parents/ relatives at least once in day		PI	Check parents/ relatives of admitted baby is communicated about child condition, treatment plan and any changes at least once in day
ME B4.5	Facility has defined and established grievance redressal system in place	Availability of complaint box and process for grievance re addressal is displayed		OB	Check the completeness of the Grievance redressal mechanism , from complaint registration till its resolution

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard B5	**The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Indoor treatment is provided free of cost		PI/SI	
		Availability of free blood, diagnostic & drugs		PI/SI	
		Availability of free stay & transport		PI/SI	Availability of Free referral vehicle/Ambulance services.
		Availability of free stay & Diet		PI/SI	For both mother & baby
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing drugs or consumables from outside.		PI/SI	
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not spent on diagnostics from outside.		PI/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurred it is reimbursed from hospital		PI/RR	
		NRC has system to provide Wage compensation to mother/caregiver for the duration of the stay at NRC		PI/SI/RR	As per basic daily wages of the state
AREA OF CONCERN - C INPUTS					
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1	Departments have adequate space as per patient or work load	NRC has adequate space as per guideline		OB	(1) Covered area for NRC should be about 150 sq. ft per bed with 30% of ancillary area. (2) Space between two beds should be at least 3.5- 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
ME C1.2	Patient amenities are provided as per patient load	Functional toilets with running water and flush are available		OB	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Availability of separate Bathing area and laundry area for mothers		OB	Dedicated attached Bathrooms and Toilets for Mothers
		Availability of sitting arrangement for patient attendant		OB	
		Availability of drinking water		OB	Drinking water Facility within / in close proximity to NRC
ME C1.3	Departments have layout and demarcated areas as per functions	Availability of nursing station		OB	Location of nursing station and patients beds enables easy and direct observation of patients
		Receiving room with examination area		OB	
		Clean area for mixing intravenous fluids and Medications/ fluid preparation area		OB	
		Availability of breast feeding corner/ Area for expression of breast milk		OB	
		NRC has designated play area and counselling room/ area in proximity to NRC ward		OB	Adequate space to play with toys, AV equipment
		NRC has designated kitchen & food storage area		OB	Enough space for cooking, feeding and demonstration
		Availability of dirty utility area		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Availability of adequate circulation area for easy moment		OB	of both staff and equipment
		Corridors are wide enough for patient, visitor and trolley/ equipment movement		OB	Corridor should be 3 meters wide
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	Check availability of functional telephone and intercom connections
ME C1.6	Service counters are available as per patient load	Availability of adequate beds as per case load		OB	1. Check no two children are treated at one bed 2. Check for provision of extra beds to manage surplus load.

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Check NRC is in proximity with Paediatric/ inpatient facility		OB	
Standard C2	**Facility ensures the physical safety of the infrastructure.**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment , hanging objects are properly fastened and secured
ME C2.3	The facility ensures safety of electrical establishment	NRC does not have temporary connections and loosely hanging wires		OB	(1) Switch Boards other electrical installations are intact. (2) Check adequate power outlets have been provided as per requirement
ME C2.4	Physical condition of buildings are safe for providing patient care	Check physical infrastructure of the NRC is safe & secure for children		OB	1. Windows have grills and wire meshwork 2. NRC are non-slippery and even 3. Open spaces are properly secured to prevent fall and injury
		Floor, walls are easily cleanable and windows are covered with wire mesh		OB	Minimize the growth of microorganisms & Wire mesh to reduce the entry of mosquito and fly
Standard C3	**Facility has established program for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	NRC has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	Check the fire exits are clearly visible and routes to reach exit are clearly marked. Check there is no obstruction in the route of fire exits. Staff is aware of assembly points
ME C3.2	The facility has adequate fire fighting Equipment	NRC has installed fire Extinguisher that is Class A , Class B, C type or ABC type		OB	Check the expiry date for fire extinguishers are displayed as well as due date for next refilling is clearly mentioned
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	Staff is aware of RACE (Rescue, Alarm, Confine & Extinguish) & PASS (Pull, Aim, Squeeze & Sweep)
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**				
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of Medical officer		OB/RR	Availability of 1 Medical officer per 10 bed

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	Availability of 4 Nursing staff for 10 bedded NRC
ME C4.5	The facility has adequate support / general staff	Availability of nutrition counsellor		SI/RR	Availability of 1 Nutrition Counsellor for 10 bedded NRC
		Availability of support staff for NRC		SI/RR	1. Availability of one cook cum care taker. 2. Availability of 1 Medical Social Worker
		Availability of house keeping staff & security guards		SI/RR	Availability of Sanitary worker & security guard
Standard C5	**Facility provides drugs and consumables required for assured list of services.**				
ME C5.1	The departments have availability of adequate medicines at point of use	Availability of Antibiotics		OB/RR	Inj. Ampicillin with Cloxacillin, Inj. Ampicillin Inj. Cefotaxime Inj. Gentamicin, Inj. Cloxacillin,
		Availability of analgesics and antipyretics		OB/RR	Paracetamol
		Availability of IV Fluids		OB/RR	Ringer's lactate solution with 5% glucose,0.45%(half normal) saline with 5% glucose,0.9%saline(for soaking eye pads)
		Availability of other medicines		OB/RR	Metronidazole, Tetracycline or Chloramphenicol eye drops, Atropine eye drops
		Electrolyte and minerals		OB/RR	ORS, Potassium chloride, Magnesium chloride/sulphate, Iron syrup, multivitamin, folic acid, Vitamin A syrup, Zinc sulphate or dispersible Zinc tablets, Glucose(or sucrose)
		Availability of medicines for management of SAM in HIV exposed		OB/RR	Antiretroviral medicines, cotrimoxazole prophylaxis
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings material		OB/RR	Gauze piece and cotton swabs.
		Availability of syringes and IV Sets /tubes		OB/RR	Cannulas, IV sets, paediatric nasogastric tubes
		Availability of Antiseptic Solutions		OB/RR	Antiseptic lotion

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug tray is maintained		OB/RR	Normal Saline (NS),Glucose 25%,Ringer Lactate (RL),Dextrose 5%,Potassium Chloride, Calcium Gluconate, Sodium Bicarbonate, RS, Paracetamol, Inj Pheniramine,Inj Hydrocortisone Hemisuccinate/ Hydrocortisone Sodium Succinate ,Inj Phenobarbitone,Inj Phenytoin,Inj Diazepam,Inj Midazolam,Salbutamol Respiratory,Ipratropium Respirator solution for use in nebulizer,Inj Dopamine, Third generation inj cephalosporin, I.V Infusion set,I.V Cannula (20G/22G/24G/26G) & Nasal Cannula(Infant, Child, Adult) & oxygen
Standard C6	**Facility has equipment & instruments required for assured list of services.**				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB	Thermometers, Weighing scales(digital),Infantometer, Stadiometer,
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		OB	Glucometer
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of functional Instruments for Resuscitation.		OB	Infusion pumps, Oxygen cylinder, oxygen hood, Self inflating Bag and masks (Size 00, 0 & 1) 250 ml &500 ml, laryngoscope (worth 0 &1 size straight blades) , ET tubes, suction machine
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley
ME C6.6	Availability of functional equipment and instruments for support services	Availability of kitchen equipment		OB	Cooking Gas, Dietary scales (to weigh to 5 gms.), Measuring jars, Electric Blender (or manual whisks),Water Filter,Refrigrator, Utensils (large containers, cooking utensils, feeding cups, saucers, spoons, jugs etc.)
		Availability of equipment for cleaning & disinfection		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of patient beds with accessories		OB	Hospital graded mattress, Bed side locker , IVstand, Bed pan, bed rail
		Availability of Fixtures		OB	Electrical fixture for equipment like suction, X ray view box
		Availability of furniture		OB	Cupboard, nursing counter, table for preparation of medicines, chair.
		Availability of toys		OB	Washable toys such as puzzles, blocks, stacking bottle tops etc
Standard C7	**Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff**				
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff	Check parameters for assessing skills and proficiency of clinical staff has been defined		SI/RR	Check objective checklist has been prepared for assessing competence of doctors, nurses and paramedical staff based on job description defined for each cadre of staff.
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year	Check for competence assessment is done at least once in a year		SI/RR	Check for records of competence assessment including filled checklist, scoring and grading . Verify with staff for actual competence assessment done
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Training on Facility based care of Severe acute malnutrition-Incremental & complementary to F-IMNCI		SI/RR	All medical officer & nurses
		Training on IYCF		SI/RR	Nutrition councillor, Nursing staff & medical officer
		Refresher training		SI/RR	All cadre
		Training on Infection prevention & patient safety		SI/RR	Biomedical Waste Management& Infection control and hand hygiene ,Patient safety
		Training on Quality Management		SI/RR	Assessment, action planning, PDCA, 5S & use of checklist
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**Facility has established program for inspection, testing and maintenance and calibration of equipment.**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under AMC including preventive maintenance		SI/RR	Weighting machine, Infantometer, suction machine etc

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		There is system of timely corrective break down maintenance of the equipment		SI/RR	Check staff is aware of Contact details of the agencies/ person responsible for maintenance
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated		OB/ RR	Weighting machine, Infantometer, thermometer etc. Check for calibration stickers/ records
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of medicines in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables ,drugs and food material		SI/RR	(1) Stock level are daily updated (2) Requisition are timely placed based on consumption pattern
		Drugs are intended in Paediatric dosages/ formulations only		OB/RR	
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB	
		Empty and filled cylinders are labelled & kept separately		OB	Flow meter , humidifier, key & updated data sheet is available with in use cylinders
		Food items are stored at recommended temperature		OB/RR	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' of drugs are maintained		OB/RR	Records for expiry and near expiry drugs are maintained for drug stored in department & emergency tray
		No expired drug found		OB/RR	Check drug sub store & emergency tray
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	. Minimum stock and reorder level are calculated based on consumption Minimum buffer stock is maintained all the time
		Department maintained stock and expenditure register of drugs and consumables		RR/SI	Check stock and expenditure register is adequately maintained
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray / crash cart		SI/RR	There is no stock out of drugs

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically Refrigerators meant for storing drugs should not be used for storing eatables
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at nursing station & patient care areas		OB	
ME D3.2	The facility has provision of restriction of visitors in patient areas	Visiting hour are fixed and practiced		OB/PI	There is no overcrowding in the NRC
		There is no overcrowding in the wards during to visitors hours		OB	
		One female/ family members allowed to stay with the child		OB/SI	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in patient care area &in nursing station/duty room		PI/OB	Room kept between 25° - 30° C (to the extent possible). Fans/ Air conditioning/Heating/ Exhaust/Ventilators as per environment condition and requirement
		Safe measures used for re-warming children		SI/OB	Check availability of blankets to cover the children
		Side railings has been provided to prevent fall of patient		OB	
		Adequate ventilation to be provided especially in the kitchen area.		OB	
ME D3.4	The facility has security system in place at patient care areas	NRC has system for using identification tags for babies		OB	
		Security arrangement in NRC		OB/SI	Functional CCTV is installed (may be shared with main hospital)
ME D3.5	The facility has established measure for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior & Interior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	Check Exterior is well plastered, painted/ whitewashed in uniform colour

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Interior walls of NRC are brightly painted and decorated		OB	Check walls are painted with cartoon characters/ animals/ plants/ under water/ jungle themes etc
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt,grease,littering and cobwebs. Surface of furniture and fixtures are clean
		Toilets & Bathrooms are clean		OB	Check toilet seats, floors, basins etc are clean and there is no foul smell in toilets & bathrooms
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster		OB	Window panes , doors and other fixtures are intact
		Patients beds are intact and without rust and mattress are clean and intact		OB	Observe for any signs for rusting or accumulation of dirt/ grease/ encrusted body fluid
ME D4.4	Hospital maintains the open area and landscaping of them	Open areas around NRC is well maintained		OB	There is no overgrown trees / plants/ Shrubs/ grass. Check trees/ plants have been trimmed regularly. Dry leaves & green waste is removed on daily basis
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the NRC		OB	Check of any obsolete article including equipment, instrument, records etc
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/ rodent/birds		OB	No lizard, cockroach, mosquito, flies, rats, bird nest etc. in NRC
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	Availability of 24X7 water. Check availability of hot water in bathrooms
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in patient care areas		OB/SI	Check for 24X7 availability of power backup including dedicated UPS and emergency light

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
StandardD6	**Dietary services are available as per service provision and nutritional requirement of the patients.**				
ME D6.1	The facility has provision of nutritional assessment of the patients	NRC has system in place to assess appetite of baby based on their nutritional needs		RR/SI/PI	Check appetite test for SAM baby is done as per standard guideline. Feed used for test : (1) For children, 7-12 months - Offer 30-35 ml/kg of catchup diet. if child takes more than 25 ml / kg then child should be considered to have good appetite (2) For children >12 months,- Locally prepared food may be offered (Roasted groundnuts 1000 gms, Milk powder 1200gms, Sugar 1120gms, coconut oil 600gms).
		Staff is aware of pre requisite of appetite test		RR/SI/PI	(1) Do the test in a separate quiet area. (2) Explain to the mother/ caregiver how the test will be done. (3) Ensure mother/caregiver wash her hands. (4) Ensure mother sits comfortably with the child on her lap and offers therapeutic food. (5) The child should not have taken any food for the last 2 hrs. (6)The child must not be forced to take the food offered. When the child has finished, the amount taken is measured.
		Reference value based on baby's body weight is readily available to pass the appetite test		RR/SI	Check reference value chart is available & staff is aware of it. Amount of local therapeutic feed that a child with SAM should take based on his body weight to pass the appetite test is- Less than 4 kg should consume 15 gms or more diet , 4-7 kg should consume 25 gms or more diet 7-10 kgs should consume 33 gms or more
		NRC has system to assess feeding problems of child and provide individual counselling to mother		RR/SI/PI	Counselling is done by nutrition counsellor as per feeding recommendations of IMNCI guidelines
		NRC has system to access requirement and dose of micronutrient of SAM children as per their age		RR/SI	As per standard protocols.

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME D6.2	The facility provides diets according to nutritional requirements of the patients	Starter diet (F-75) is given to child just after admission.		RR/SI/OB	Feeding should begin as soon as possible after admission with 'Starter diet' until the child is stabilized
		Catch up diet (F-100) is started once child is clinically started		RR/SI/OB	Catch up diet is started when child is clinically stable and can tolerate increased energy and protein intake .Quantity of catch up diet given is equal to Quantity of starter diet given in stabilization phase
		Reference Charts are followed to decide volume of starter & catch up diet		RR/ SI	Check reference value chart is available based on weight of child. Check the BHT diet is planned & given as per protocols
ME D6.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients	F-75 and F-100 made as per the guideline.		SI	F-75 and F-100 refers to the specific combination of calories proteins, electrolytes and minerals that is given to children with SAM
		The cook prepare special diet for children under the supervision of the Nutrition counsellor.		SI	
		Check raw material is kept in closed air tight containers		OB	
		Check all perishable items are kept refrigerator		OB	
		NRC has system to monitor the amount of food served to baby as per guideline		RR	
		NRC has system to monitor the amount of feed left over as per guideline		RR	Check any system to record left over feed
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate sets of linen	Clean Linens are provided for all occupied bed		OB/RR	Availability of Blankets, draw sheet, pillow with pillow cover and mackintosh
ME D7.2	The facility has established procedures for changing of linen in patient care areas	Linen is changed every day and whenever it get soiled		OB/RR	Check extra sets are provided to the bed in case they get soiled

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME D7.3	The facility has standard procedures for handling , collection, transportation and washing of linen	There is system to check the cleanliness and Quantity of the linen received from laundry		SI/RR	Linen is checked for stains as well as ensured it is not torn.
Standard D10	**The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government**				
ME D10.2	Updated copies of relevant laws, regulations and government orders are available at the facility	Updated copy of IMS Act is available		SI/ OB	
ME D10.3	The facility ensure relevant processes are in compliance with statutory requirement	No information, counselling and educational material is provided to mothers and families on Formula Feed for children		PI	Check staff can explain at least 3 relevant components of IMS Act (1) Prohibition from any kind of promotion and advertisement of infant milk substitutes, (2) prohibition of providing free samples and gifts to pregnant women or mother, (3) prohibit donation of free or subsided free samples, (4) prohibit any contact of manufacturer or distributor with staff
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster		RR/SI	Check system for recording time of reporting and relieving (Attendance register/ Biometrics etc)
		There is designated in charge for department		SI	
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	
Standard D12	**The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations**				
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/ Laundry/Security/Maintenance) provided are done by designated in-house staff

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
AREA OF CONCERN - E CLINICAL SERVICES					
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients.**				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number & patient demographic records are generated		RR	Check for that patient demographics like Name, age, Sex, UID no. & Chief complaint, etc. are recorded during admission
ME E1.3	There is established procedure for admission of patients	Admission criteria for NRC is defined & followed		SI/RR	NRC has established criteria for admission: Children 6-59 months: Any of the following: MUAC <115mm with or without any grade of oedema or WFH < -3 SD with or without any grade of oedema or Bilateral pitting oedema +/++ (children with oedema +++ always need inpatient care) WITH Any of the following complications: Anorexia (Loss of appetite), Fever (39 degree C) or Hypothermia (<35 C),Persistent vomiting, Severe dehydration, Not alert, very weak, apathetic, unconscious, convulsions Hypoglycaemia, Severe Anaemia (severe palmar pallor),Severe pneumonia, Extensive superficial infection Infants < 6 months Infant is too weak or feeble to suckle effectively (independently of his/her weight-for-length). or WfL (weight-for-length) <–3SD (in infants >45 cm) or Visible severe wasting in infants <45 cm or Presence of oedema both feet
		NRC has established criteria for re admission		SI/RR	Child previously discharged from in-patient care but meets admission criteria again.
		NRC has established protocols for return after default		SI/RR	Child who returns after default (away from in-patient care for 2 consecutive days) and meets the admission criteria.
		There is no delay in treatment because of admission process		SI/RR/OB	1. Admission is done by written order of a qualified doctor. 2. Time of admission is recorded in patient record. 3. There is no delay in transfer of patient to respective department once admission is confirmed

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	Procedure cope with surplus patient load		OB/SI	1. Check for provision of extra beds 2. Check no two children are treated at one bed
Standard E2	**The facility has defined and established procedures for clinical assessment, reassessment and treatment plan preparation.**				
ME E2.1	There is established procedure for initial assessment of patients	Initial assessment of all admitted patient done as per standard protocols		RR/SI	All the SAM children are screened to identify medical conditions and its severity. The finding of initial assessment are recorded
		Patient History, Physical Examination & Provisional Diagnosis is done and recorded		RR/SI	Check bed head ticket H/O Recent intake of food and fluids, Usual diet, Breastfeeding, Duration and frequency of diarrhoea and vomiting, Type of diarrhoea (watery/ bloody), Chronic cough, Loss of appetite, Family circumstances, Contact with tuberculosis, Recent contact with measles, Known or suspected HIV infection & immunization is taken & recorded. Check details of : Shock (cold hands, slow capillary refill, weak and rapid pulse),Palmar pallor, Eye signs of vitamin A deficiency: Dry conjunctiva or cornea, Bitot's spots Corneal ulceration, Keratomalacia and Localizing signs of infection, including ear and throat infections, skin infection or pneumonia Mouth ulcers, Skin changes of kwashiorkor is seen & recorded
		Initial assessment and treatment is provided immediately		RR/SI	Initial assessment is documented preferably within 2 hours
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for reassessment by Medical Officer/ Nutrition Counsellor		RR/OB	Check BHT is updated after every reassessment
		There is system in place to identify and manage the changes in Patient's health status		SI/RR	Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating
		Check the treatment or care plan is modified as per re assessment results		SI/RR	Check the re assessment sheets/ Case sheets modified treatment plan or care plan is documented

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E2.3	There is established procedure to plan and deliver appropriate treatment or care to individual as per the needs to achieve best possible results	Check healthcare needs of all hospitalised patients are identifed through assessment process		SI/RR	Assessment includes physical assessment, history, details of existing disease condition (if any) for which regular medication is taken as well as evaluate psychological ,cultural, social factors
		Check treatment/care plan is prepared as per patient's need		RR	(a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relevant care provider while preparing the care plan.
		Check treatment / care plan is documented		RR	Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc
		Check care is delivered by competent multidisciplinary team		SI/RR	Check care plan is prepared and delivered as per direction of qualified physician
Standard E3	**The facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	There is a procedure for consultation of the patient to other specialist with in the hospital		RR/SI	Check process followed to transfer/ handover the patient from emergency, OT, HDU, NRC etc & vice versa
		Facility has established procedure for handing over of patients during departmental transfer		RR/ SI	Check the process followed in case child require referral to any speciality including DEIC
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/ higher facilities to assure the continuity of care.	Patient referred with referral slip		RR/SI	A referral slip/ Discharge card is provide to patient when referred to another health care facility. Check reason for referral are clearly mentioned.
		Advance communication is done with higher centre		RR/SI	1. Referral vehicle is arranged 2. Referral in and out register is maintained
		There is a system of follow up of referred patients		SI/RR	Referred paediatric cases are followed up for appropriate care, completion of treatment & outcome
		Facility has functional referral linkages to lower facilities		RR	(1) Check for referral cards filled from lower facilities. (2) ANM of nearby PHC/HWC is informed about discharge for follow ups
ME E3.3	A person is identified for care during all steps of care	Duty Doctor and nurse is assigned for each patients		RR/SI	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		OB/SI	Identification tags are used for children less than 5 yrs.
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained		RR	Check for treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed. Dispensing feed, time of oral drugs, supervision of intravenous fluids etc is recorded
		There is a process to ensure the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		SI/RR	Nursing Handover register is maintained
		Hand over is given at bed side		RR	Hand over is given bed side and SBAR (situation, background, assessment and recommendation) protocols are followed
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately		RR/SI	Check for nursing note register. Notes are adequately written.
ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals for stable & critical patients are monitored and recorded periodically		RR/SI	Check for TPR chart, I/O chart, any other vital required is monitored.
Standard E5	**The facility has a procedure to identify high risk and vulnerable patients.**				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping, baby fall, adverse events following drugs/vaccine etc
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High risk patients are identified and treatment given on priority		OB/SI	Triage is done and provide emergency treatment keeping in mind the ABCD steps: Airway, Breathing, Circulation, Coma, Convulsion, and Dehydration.
Standard E6	**Facility ensures rationale prescribing and use of medicines**				
ME E6.1	The facility ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	Check all the drugs in case sheet and discharge slip are written in generic name only.

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use		RR	Protocols for management of hypoglycaemia, hypothermia, treatment of dehydration in children with SAM with or without shock, treatment of infection etc
		Check staff is aware of the drug regime and doses as per STG		SI/RR	Check BHT that drugs are prescribed as per treatment protocols &Check for rational use of antibiotics
		Availability of drug formulary		SI/OB	
ME E6.3	There are procedures defined for medication review and optimization	Complete medication history is documented for each patient		RR/OB	Check complete medication history including over-the-counter medicines is taken and documented
		Patients are engaged in their own care		PI/SI	"1. Clinician/Nurse counsel the patient on medication safety using ""5 moments for medication safety app"" 2. Nurse highlights the medications to be taken by the patient at home and counsel the patient and family on drug intake as per treatment plan for discharge"
Standard E7	**The facility has defined procedures for safe drug administration**				
ME E7.1	There is process for identifying and cautious administration of high alert drugs	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, Opioids, Neuro muscular blocking agent, Anti thrombolytic agent, warfarin, Heparin, Adrenergic agonist etc. as applicable
		Maximum dose of high alert drugs are defined and communicated		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor.
ME E7.2	Medication orders are written legibly and adequately	There is process to ensure that right doses of drugs are only given		SI/RR	A system of independent double check before administration, Error prone medical abbreviations are avoided
		Every Medical advice and procedure is accompanied with date , time and signature		RR	Verify case sheets of sample basis
		Check for the writing is comprehendible by the clinical staff		RR/SI	Verify case sheets of sample basis

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	Check for any open single dose vial with left over content intended to be used later on. In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	Check if adverse drug reaction form is available and reporting is in practice
ME E7.4	There is a system to ensure right medicine is given to right patient	Fluid and drug dosages are calculated according to body weight		SI/RR	Check for calculation chart
		Drip rate and volume is calculated and monitored		SI/RR	Check the nursing staff how they calculate Infusion and monitor it
		Check Nursing staff is aware 7 Rs of Medication and follows them		SI/OB	Administration of medicines done after ensuring right patient, right drugs , right route, right time, Right dose , Right Reason and Right Documentation
ME E7.5	Patient is counselled for self drug administration.	Mother is advice by doctor/ Pharmacist /nurse about the dosages and timings .		PI/SI	Dose & advice is described in vernacular. It is not given directly in hand of relative/patient
Standard E8	**The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Day to day progress of patient is recorded in BHT		RR	Check BHT updated
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT		RR	Verify treatment prescribed with nursing records
ME E8.3	Care provided to each patient is recorded in the patient records	Maintenance of treatment chart/ treatment registers		RR	Treatment given is recorded in treatment chart /register
ME E8.4	Procedures performed are written on patients records	Procedure performed / Management steps are recorded in BHT		RR	10 Steps for management of SAM is recorded during Stabilization and rehabilitation phase
ME E8.5	Adequate form and formats are available at point of use	Standard Formats are available		RR/OB	Availability of formats for Treatment Charts, Community follow up card, BHT, continuation sheet, Discharge card Etc. 1. Check for adequate availability of the forms 2. Check for completeness in the filled forms

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	General order book (GOB), report book, Admission register, lab register, Admission sheet/ bed head ticket, discharge slip, referral slip, referral in/referral out register, Diet register, Linen register, Drug intend register etc
		All register/records are identified and numbered		RR	Unique identification number is given & staff is able to retrieve previous register/records
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	(1) Records of discharged cases are kept in MRD/ department sub store (2) Check records are retrieval in case of re admission (3) Copy of records is given to next kin only with permission from authorised staff only
Standard E9	**The facility has defined and established procedures for discharge of patient.**				
ME E9.1	Discharge is done after assessing patient readiness	NRC has established criteria for discharge of the patient		SI/RR	Discharge infants and children when they gain 15% weight and there is no signs of illness
		Discharge is done by a responsible and qualified doctor after assessment in consultation with treating doctor		SI/RR	Based on discharge criteria: (1) Oedema has resolved (20 Child has achieved weight gain of > 15% and has satisfactory weight gain for 3 consecutive days (>5 gm/kg/day) (3) Child is eating an adequate amount of nutritious food that the mother can prepare at home (4) All infections and other medical complications have been treated (5) Child is provided with micronutrients Immunization is updated
		Mother / attendants are consulted before discharge		PI/SI	Ensure that parent/caregiver understands the causes of malnutrition and how to prevent its recurrence
		Staff is aware that helminthic infections treatment is given to all children before discharge		PI/ SI/ RR	1. Give a single dose of any one of the following anthelminthics orally: 200 mg. albendazole for children aged 12–23 months, 400 mg albendazole for children aged 24 months or more. 100 mg mebendazole twice daily for 3 days for children aged 24 months or more

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary adequately mentions patients clinical condition, treatment given and follow up		RR/PI	See for discharge summary, referral slip provided.
		Discharge summary is give to all patients		SI/RR	Including LAMA/Referral patient
		Staff guides the parent for regular follow-up visits		SI/ RR	1. Regular check-ups should be made at 2 weeks in first month and then monthly thereafter until weight for height reaches -1 SD or above. 2. If a problem is detected or suspected, visit/s can be made earlier or more frequently until the problem is resolved.
		There is procedure for clinical follow up of the child for assessment and monitoring of growth and development till the child recovers completely		RR/SI	(1) Check NRC has a complete list of PHCs, CHC, and Sub Centres/HWC in the catchment area. (2) Appropriate referral to local CHW (Community health care worker)/ASHA/AWW is established (3) Regular Follow up including enrolment of baby to Anganwadi centre a
ME E9.3	Counselling services are provided as during discharges wherever required	Counselling of mothers/caregiver before discharge		PI/SI	(1) Preparation and feeding the child, how to give prescribed medication, folic acid, vitamins and iron at home, how to give home treatment for diarrhoea, fever and acute respiratory infections. (2) Advice includes the information about the nearest health centre for further follow up. (3) Time of discharge is communicated to patient in prior. (4) Advice includes feeding recommendations as per IMNCI
ME E9.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc	Declaration is taken from the LAMA cases		RR/SI	
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management**				
ME E11.1	There is procedure for Receiving and triage of patients	Triaging of sick children is done as per protocols		SI/ OB	Staff practice of ETAT protocol - keeping in mind ABCD steps
		Staff is skilled to provide basic life support to young infants and children		SI/ RR/ OB	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	Role and responsibilities of staff in disaster are defined Mock drills have conducted from time to time
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	Protocols are defined & followed for sample collection & its transfer timely from NRC to lab for testing
ME E12.3	There are established procedures for Post-testing Activities	NRC has critical values of various lab test		SI/RR	(1) Critical values are defined and intimated timely to treating medical officer (2) List of Normal reference ranges are available in NRC
Standard E13	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**				
ME E13.8	There is established procedure for issuing blood	Paediatric blood bags are available		RR/SI	If not available than how facility cope with it
ME E13.9	There is established procedure for transfusion of blood	Patient's identification is confirmed & Consent is taken before transfusion		RR	
		Blood transfusion of SAM child is done as per standard Guideline		RR	Blood transfusion is required (1) Hb is less than 4 g/dl (2) or if there is respiratory distress and Hb is between 4 and 6 g/dl.
		Protocol of blood transfusion is monitored & regulated		RR	Blood is kept on optimum temperature before transfusion. Blood transfusion is monitored and regulated by qualified person :Give (1) whole blood 10 ml/kg body weight slowly over 3 hours (2) furosemide 1 mg/kg IV at the start of the transfusion
		Blood transfusion note is written in patient records		RR	Blood bag details sticker is pasted in case file, patient monitoring status is recorded in case sheet
		Staff is aware of conditions in which blood transfusion is not done/repeated		SI/RR	(1) Blood transfusion should not be started until the child has begun to gain weight.(2) Following the transfusion, if the Hb remains less than 4 g/dl or between 4 and 6 g/dl with continuing respiratory distress, DO NOT repeat the transfusion within 4 days

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E13.10	There is a established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to responsible person		RR	Check - Staff is aware of the protocol to be followed in case of any transfusion reaction
Standard E20	**The facility has established procedures for care of new born, infant and child as per guidelines**				
ME E20.1	The facility provides immunization services as per guidelines	Immunization services are provided as immunization schedule		SI/RR	Check MCP card is available & updated. Mother /care provider is counselled and directed to immunize the child
ME E20.2	Triage, Assessment & Management of newborn having emergency signs are done as per guidelines	Triaging of sick SAM children is done based on emergency sign		SI/RR	Assess for Emergency signs 1. Airway and breathing- Not breathing, or central cyanosis or SRD 2. Circulation - Capillary refill > 3sec and weak fast pulse 3. Coma Convulsing 4. Severe dehydration with diarrhoea - Diarrhoea + lethargy, sunken eyes & very slow skin pinch
		Management of sick SAM child is done based on emergency sign		SI/RR	1. Airway and breathing- Any sign positive- Provide basic life support, give oxygen, make sure child is warm, insert IV & begin fluids 2. Circulation -if positive- Apply pressure to stop bleeding if child is bleeding, give oxygen, make sure child is warm, insert IV & begin fluids. If Child is SAM (Age less than 2months) Give Glucose IV or orally or NG tube (depending up on condition)& proceed for full assessment 3. Coma Convulsing- if positive- Manage Airways- Position the child, check and correct hypothermia, If convulsions continue give IV calcium / anticonvulsant 4. Severe dehydration due to diarrhoea: Make sure head is warm, Insert IV line & give fluids. If age is less than 2 month - don to start IV, proceed for full assessment
		Staff is aware of the priority signs		SI/RR	Tiny baby (<2 months),Bleeding, Pallor (severe) Malnutrition: Visible severe wasting, Respiratory distress, Trauma or other urgent surgical condition, Oedema of both feet, Temperature <36.5°C or > 38.5°C, Restless, continuously irritable, or lethargy, Poisoning & Burns (major)

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E20.8	Management of children with severe Acute Malnutrition is done as per guidelines	Staff is aware of Principles of Hospital based management		SI/RR	Management of SAM based in 3 Phases: (1) Stabilization Phase - Children without adequate appetite and/or medical complications are stabilized in IPD. Phase usually lasts for 1–2 days. Began the Starter diet & maintain electrolytic balance. Children must be carefully monitored for signs of overfeeding or over hydration. (2) Transition Phase- There is gradual transition from Starter diet to Catch up diet (F 100). (3) Rehabilitation Phase- Promote rapid weight gain, stimulate emotional and physical development. The child progresses when: S/he has reasonable appetite; finishes > 90% of the feed that is given, without a significant pause Major reduction or loss of oedema & No other medical problem
		Staff is aware of 10 steps for management of SAM		SI	(1) Treat /Prevent Hypoglycaemia (2) treat and prevent Hypothermia (3) treat and prevent dehydration (4) Correct electrolyte imbalance (5) treat/ prevent infection (6) Correct micro nutrient deficiency (7) Start cautious diet (8) Achieve catch up growth (9) Provide sensory stimulation and emotional support (10) Prepare follow up after recovery
		Staff is aware of treatment of dehydration in SAM children without shock		SI/ RR	(1) Give Oral rehydration- amount based on child's weight- every 30 min for 1st 2 hrs- 5ml/ kg weight. Further, alternate hours for up to 10 hrs- 5ml/kg (Add 15ml of potassium chloride to 1l ORS) (2) Starter diet is given in alternate hours (e.g. 2, 4, 6) with reduced osmolarity ORS (e.g. 3, 5, 7) until the child is rehydrated. (3) Check Signs every half hour for the first two hours, then hourly: Respiratory rate, Pulse rate, Urine frequency, Stool or vomit frequency & Signs of hydration

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is aware of sign of improved hydration & over hydration		SI/ RR	Signs of improved hydration: (any of 3) Child is no longer thirsty Child is less lethargic Slowing of respiratory and pulse rates from previous high rate Skin pinch is less slow Child has tears Sign of overhydration : Increased respiratory rate and pulse. Jugular veins engorged Puffiness of eye
		Staff is aware of treatment of hypothermia		SI/ RR	(1) Assess- If axillary temp below-35^{O}C or rectal temp is below 35.5 ^{O}C (2) Start feeding immediately(or start rehydration if needed). (3) Re-warm. Give skin to skin contact: kangaroo technique) and cover them, OR clothe the child including the head, cover with a warmed blanket and place a heater or lamp nearby. Remove wet clothing/bedding (4)Feed 2-hourly (12 feeds in 24 hours). (5) Treat hypoglycaemia, (6) Give 1st dose of antibiotics. (7) Take temp. every 2 hrs -stop re-warming when it rises above 36.5^{0}C
		Staff is aware of treatment of hypoglycaemia		SI/ RR	(1) Estimate Blood Glucose levels (2) If Blood glucose is low (<54mg/dl) immediately give 50 ml bolus of 10% glucose or 10% sucrose (1 rounded teaspoon of sugar in 3½ tablespoons of water). If the child can drink, give the 50 ml bolus orally. If the child is alert but not drinking, give the 50 ml by NG tube. If the child is lethargic, unconscious, or convulsing, give 5 ml/kg body weight of sterile 10% glucose by IV, followed by 50 ml of 10% glucose or sucrose by NG tube. If the IV dose cannot be given immediately, give the NG dose first. (3) Start feeding with 'Starter diet' half an hour after giving glucose and give it every half-hour during the first 2 hours (4) Keep child warm (5) Administer antibiotics as hypoglycaemia may be due to underlying infection

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is aware of correction of electrolyte imbalance		SI/ RR	(1) Give supplemental potassium at 3–4 meq/kg/day for at least 2 weeks. Potassium can be given as syrup potassium chloride; the most common preparation available has 20meq/15ml. It should be diluted with water. (2) On day 1, give 50% magnesium sulphate IM once (0.3 mL/kg) up to a maximum of 2 ml. Thereafter, give extra magnesium (0.4 – 0.6 mmol/kg/ daily) orally. If oral commercial preparation is not available you can give injection magnesium sulphate (50%); 0.2–0.3 ml/ kg orally as magnesium supplements mixed with feeds. Give magnesium supplements for 2 weeks. (3) Give food without added salt to avoid sodium overload.
		Staff is aware of treatment of child having sign of shock and is lethargic or lost consciousness		SI/ RR	(1) Weight the child. (2) Give oxygen (3) Make sure child is warm (4) Insert IV line & draw blood for lab investigation (5) Give IV 10% glucose (5ml/kg) (6) Give IV 15ml/kg over 1 hr of either lactate in 5% dextrose or half normal saline with 5% glucose or ringer's lactate (7) Measure pulse & RR every 5-10 min (8) Sign for improvement - (PR & RR fall) - Repeat IV fluid 15ml/ kg over 1hr then switch to oral or NG rehydration with ORS, 10ml/kg/hr up to 10hrs & initiate feeding with starter formula or If child fail to improve/ if the child condition deteriorate - Assume child is in septic shock- Give maintenance IV fluid (4ml/kg/hr), review antibiotic treatment, start dopamine & initiate re-feeding
		Staff is aware of treatment protocols of infectious or other associated disease conditions		SI/RR	(1) If no complication - Give oral amoxicillin 15mg/kg -8 hrly for 5 days. If child has complications select antibiotic as per Standard protocols. (2) Associated diseases: viz Dermatosis, Parasitic worms, Continual diarrhoea, dysentery , meningitis and TB as per guideline

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is aware of criteria for failure to respond to treatment and require referral		SI/RR	(1) Failure to regain appetite even after 4 days of treatment (2) Failure to lose oedema even after 4 days of treatment (3) Oedema still even after 10 days (4) Failure to gain at least 5 g/kg/day for 3 successive days after feeding freely on Catch-up diet.
		Micronutrients supplementation is given to SAM children as per requirement		SI/ RR	Vitamin A 1. Vitamin A in a single dose is given to all SAM children unless there is evidence that child has received vitamin A dose in last 1 month; < 6 months - 50 000 IU, 6–12 months or if weight <8Kg- 100 000 IU, >12 months- 200 000 IU.
					2. Give same dose on Day 1, 2 and 14 if there is clinical evidence of vitamin A deficiency. Multivitamin Supplement 1. Must contain vitamin A, C, D, E and B12 and not just vitamin B-complex):Twice Recommended Daily Allowance Folic Acid : 5mg on day 1, then 1mg/day Elemental Zinc: 2mg/ kg/day Copper: 0.3mg/kg/day Iron 1. Start daily iron supplementation after two days of the child being on Catch up diet. 2. Give elemental iron in the dose of 3 mg/kg/day in two divided doses, preferably between meals. (Do not give iron in stabilization phase.)
		Staff is aware of age wise feeding recommendations as per IMNCI		SI/ RR	(1) Up to 6 months- Exclusive Breastfeeding - at least 8 times in 24 hrs. Do not give any other food or fluids (2)6to12 months- Breastfeeding, Give at least one Katori (3 times/day if breastfeed is given & 5 times if breastfeed not given) mashed bread in sweetened undiluted milk or bread mixed with thick dal or khichari. Add ghee/oil & cooked vegetables in serving or Sevian/Dalia/halwa/kheer or mashed boiled potatoes. Also give banana/biscuit/cheeko/mango as snack

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
					(3) 12month-2yrs- Breastfeed, offer food from family pot, give at least one & half Katori (5 times/day) mashed bread in sweetened undiluted milk or bread mixed with thick dal or khichari. Add ghee/oil & cooked vegetables in serving or Sevian/ Dalia/halwa/kheer or mashed boiled potatoes. Also give banana/ biscuit/cheeko/mango as snack (4) 2 yrs. older- Give family food at 3 meals each day. Also twice daily give nutritious food between meal i.e. banana/ biscuit/cheeko/mango as snack
		Staff is aware of management of SAM children less than 6 months of age		SI/ RR	1. Feed the infant with appropriate breastmilk/ feeds for initial recovery and metabolic stabilization. 2. Wherever possible breastfeeding or expressed milk is preferred in place of Starter diet. 3. For no breastfed babies, give Starter diet feed prepared without cereals. 4. In the rehabilitation phase, provide support to mother to give frequent feeds and try to establish exclusive breast feeding. In artificially fed without any prospects of breastfeeds, the infant should be given diluted Catch-up diet. [Catch-up diet diluted by one third extra water to make volume 135 ml in place of 100 ml]. 5. On discharge the non-breastfed infants should be given locally available animal milk with cup and spoon. 6. Relactation through Supplementary Suckling Technique - Supplementary Suckling Technique (SST) is a technique which can be used as a strategy to initiate relactation in mothers who have developed lactation failure.

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is aware of Management of SAM in HIV exposed/ HIV infected children and TB infected children		SI/ RR	1. Start the treatment atleast two weeks before the introduction of ART 2. Preferably antiretroviral treatment should be delayed until the recovery phase is well established. 3. Children with HIV should be given co-trimoxazole prophylaxis against pneumocystis pneumonia; amoxicillin should be given in addition to prophylactic doses of co-trimoxazole 4. Once SAM is being treated satisfactorily, treatment for HIV and/or TB (as indicated) should be started; 5. Cotrimoxazole prophylaxis is to be continued as per NACO guidelines. .
		Check there is structured play therapy for children		SI/RR	1. Emotional and physical stimulation is given to reduce the risk of permanent mental retardation and emotional impairment 2. Each play session should include language and motor activities, and activities with toys. 3. Promotion of physical activities among mobile children for development of essential motor skills & enhance growth
ME E20.10	Facility ensures optimal breast feeding practices for new born & infants as per guidelines	Check mothers are providing exclusive breast milk atleast for six months		PI	Check mother's knowledge regarding importance of breast feeding
		Counselling and supporting mother for alternate method of feeding in case of pre term /low birth/ baby unable to suck the breast		SI/PI/RR	Expressed milk is given by spoon or cup or fed by gastric tube in adequate amounts according to age.
		Babies intake is monitored and ensure adequate amount as per age and disease condition is provided		SI/RR	Frequent feeding at least 8 times per day including night feeding. Check monitoring checklist of feeding for LBW newborn
		Check mothers is aware of complimentary feeding after six months up to 2 years		PI	Check mother's knowledge regarding importance of complimentary
		HIV positive mothers are counselled for the options of baby feeding		SI/RR	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
AREA OF CONCERN - F INFECTION CONTROL					
Standard F1	**The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection**				
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization & periodic check-up of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	(1) Hand washing and infection control audits done at periodic intervals for staff as well as mothers/care giver
ME F1.6	The facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	
Standard F2	**The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing with running Water facility at Point of Use		OB	Each unit should have at least 1 wash basin for every 5 beds
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted. Availability of Alcohol based Hand rub
		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 & Hand washing sink		OB	Check wash basin is wide and deep enough to prevent splashing and retention of water
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	Ask for demonstration
		Staff aware of when to hand wash		SI	5 moments of Hand hygiene
		Mothers are aware of importance of washing hands		PI/OB	Mothers are aware of importance of washing hands .Washing hands after using the toilet/ changing diapers and before feeding children.
		Mothers/care giver adhere to hand washing practices with soap		PI/OB	Ask for demonstration
ME F2.3	The facility ensures standard practices and materials for antisepsis	Availability Use of Antiseptic Solutions		OB	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard F3	**The facility ensures standard practices and materials for Personal protection**				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Availability of PPE		OB/SI	Gloves, mask, apron & caps
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
		Compliance to correct method of wearing and removing the gloves & Other PPEs		SI	
Standard F4	**The facility has standard procedures for processing of equipment and instruments**				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating & Procedure surfaces		SI/OB	Ask staff about how they decontaminate the procedure surface like Examination table , Patients Beds / Cots, Stretcher/ Trolleys etc. (Wiping with 1% Chlorine solution
		Proper Decontamination of instruments after use		SI/OB	Ask staff how they decontaminate the instruments like Stethoscope, Dressing Instruments, Examination Instruments, Blood Pressure Cuff etc (Soaking in 1 % Chlorine Solution, Wiping with 1% Chlorine Solution or 70% Alcohol as applicable Contact time for decontamination of instruments
		Cleaning of instruments		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Staff know how to make chlorine solution		SI/OB	
		Toys washed regularly, and after each child uses		SI/OB	Check for decontamination and washing of toys

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instruments are sterilized after each use as per requirement		OB/SI	Ask staff about temperature, pressure and time for autoclaving. Ask staff about method, concentration and contact time required for chemical sterilization
		Staff is aware of storage time for autoclaved items		OB/SI	Check staff is aware of how long autoclaved items can be stored. Also, autoclaved items are stored in dry, clean, dust free, moist free environment
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Glutaraldehyde etc
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Spill management protocols are implemented		SI/RR	Check availability of Spill management kit ,staff is trained for managing small & large spills , check protocols are displayed
		Cleaning of patient care area with detergent solution		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out. Staff is trained for preparing cleaning solution as per standard procedure. Cleaning equipment like broom are not used in patient care areas
ME F5.4	The facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed		OB/SI	List of infectious diseases require special precaution and barrier nursing is defined
Standard F6	**Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**				
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	
		Availability of Non chlorinated colour coded plastic bags		OB	
		Segregation of Anatomical and soiled waste in Yellow Bin		OB/SI	
		Segregation of infected plastic waste in red bin		OB	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Display of work instructions for segregation and handling of Biomedical waste		OB	Pictorial and in local language
		There is no mixing of infectious and general waste		OB	
ME F6.2	Facility ensures management of sharps as per guidelines	Availability of functional needle cutters and puncture proof box		OB	(1) Check if needle cutter has been used or just lying idle. (2) it should be available near the point of generation like nursing station
		Availability of post exposure prophylaxis		OB/SI	1. Staff knows what to do in case of needle stick injury. 2. Staff is aware of whom to report 3. Check if any reporting has been done 4. Also check PEP issuance register
		Glass sharps and metallic implants are disposed in Blue colour coded puncture proof box		OB	Includes used vials, slides and other broken infected glass
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled		SI/OB	Bins should not be filled more than 2/3 of its capacity
		Transportation of bio medical waste is done in close container/ trolley		SI/OB	
AREA OF CONCERN - G QUALITY MANAGEMENT					
Standard G1	**The facility has established organizational framework for quality improvement**				
ME G1.1	The facility has a quality team in place	Quality circle has been constituted		SI/RR	1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibility of team has been defined
ME G1.2	The facility reviews quality of its services at periodic intervals	Review meetings are done monthly		RR	Check minutes of meeting and monthly measurement & reporting of indicators
Standard G2	**The facility has established system for patient and employee satisfaction**				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Patient relative / caregiver satisfaction survey done on monthly basis		RR	
ME G2.2	The facility analyses the patient feed back, and root-cause analysis	Analysis of low performing attributes is undertaken		RR	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients	Action plan is prepared and improvement activities are undertaken		RR	
Standard G3	**The facility have established internal and external quality assurance Programmes wherever it is critical to quality.**				
ME G3.1	The facility has established internal quality assurance programme in key departments	There is a system of daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	Findings /instructions during the visit are recorded
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval		RR/SI	NQAS assessment toolkit is used to conduct internal assessment
		Departmental checklist are used for monitoring and quality assurance		SI/RR	Staff is designated for filling and monitoring of these checklists
		Non-compliances are enumerated and recorded		RR	Check the non compliances are presented & discussed during quality team meetings
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per internal assessment record findings		RR	Randomly check the details of action, responsibility, time line and feedback mechanism
ME G3.5	Planned actions are implemented through Quality Improvement Cycles (PDCA)	Check PDCA or prevalent quality method is used to take corrective and preventive action		SI/RR	Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report
Standard G4	**The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.**				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	Check that SOP for management of services has been prepared and is formally approved
		Current version of SOP are available with process owner		OB/RR	Check current version is available
		Work instruction/ clinical protocols are displayed		OB	Appropriate feeding practices, Summary of the 10 steps of successful breastfeeding is displayed, lactation position and milk expression protocol, assessment and management protocols of sick SAM child, Management of hypoglycaemia, Management of Dehydration, housekeeping protocols, Administration of commonly used drugs, etc

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented Procedure for receiving and initial assessment of the patient		RR	Review the SOP has adequately cover procedure for reception, triage initial assessment, admission & investigation of the patient
		Department has documented procedure for reassessment of the patient as per clinical condition		RR	Review the SOP has adequately cover procedure for reassessment, follow up and referral of patient
		Department has documented procedure for general patient care processes		RR	Review the SOP has adequately cover procedure of management of hypothermia, hypoglycaemia, dehydration, electrolyte imbalance, feeding recommendation as per IMNCI, micronutrient supplementation
		Department has documented procedure for specific processes to the department		RR	Review the SOP has adequately cover procedure of management of SAM children with shock, infections , TB, HIV & any other disease
		Department has documented procedure for support services & facility management.		RR	Review the SOP has adequately cover procedure of nutritional assessment & use of starter & catch up diet, provision of micronutrient supplementation etc. SOP also covers support services such as equipment maintenance, calibration, housekeeping, security, storage and inventory management
		Department has documented procedure for safety & risk management		RR	Review the SOP has adequately covers procedure for patient safety risk assessments & also mechanism defined to mitigate the identified risk
		Department has documented procedure for Counselling of mothers/ care giver		RR	Review SOP has adequately covers the points to be discussed during mothers/ care giver counselling. It also covers mothers counselling for food preparation from local resources, feeding practices, importance of play with child, and maintenance of care & hygiene etc
		Department has documented procedure for infection control & bio medical waste management		RR	Review SOP for process description of Hand Hygiene, personal protection, environmental cleaning, instrument sterilization, asepsis, Bio Medical Waste management, surveillance and monitoring of infection control practices

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Department has documented procedure for quality management & improvement		RR	Review SOP for procedure to constitute quality circles, their regulate meetings, development of quality objectives, steps to be take to achieve objectives and their monitoring & measurement mechanisms
		Department has documented procedure for data collection, analysis & use for improvement		RR	Review SOP for data collection through various activities viz. client satisfaction form, checklists , audits , performance indicators etc. , analysis of the data , identification of low attributes, Root cause analysis and improvement activities using PDCA methodology
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is a aware of relevant part of SOPs		SI/RR	
Standard G 5	**The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	Critical processes , where there is some problem-delays, errors, cost, time, etc. and improvement will make our process effective and efficient
ME G5.2	The facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	Non value adding activities are wastes. In these steps resources are wasted, delays occur, and no value is added to the service
ME G5.3	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	Check the improvement is sustained
Standard G6	**The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them**				
ME G6.4	Facility has de defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed		SI/RR	Check short term valid quality objectives have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check staff is aware of Mission , Values, Quality Policy and objectives		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard G7	**The facility seeks continually improvement by practicing Quality method and tools.**				
ME G7.1	The facility uses method for quality improvement in services	Basic quality improvement method		SI/OB	PDCA & 5S
		Advance quality improvement method		SI/OB	Six sigma, lean.
ME G7.2	The facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department
Standard G9	**Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan**				
ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically		SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month.
Standard G10	**The facility has established clinical Governance framework to improve quality and safety of clinical care processes**				
ME G10.3	Clinical care assessment criteria have been defined and communicated	The facility has established process to review the clinical care		SI/RR	Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes.
		Check regular ward rounds are taken to review case progress		SI/RR	(1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes-
		Check the patient / family participate in the care evaluations		SI/RR	Feedback is taken from patient/ family on health status of individual under treatment
		Check the care planning and co-ordination is reviewed		SI/RR	System in place to review internal referral process, review clinical handover information, review patient understanding about their progress
ME G10.4	Facility conducts the periodic clinical audits including prescription, medical and death audits	There is procedure to conduct medical audits		SI/RR	Check medical audit records (a) Completion of the medical records i.e. Medical history, assessments, re assessment, investigations conducted, progress notes, interventions conducted, outcome of the case, patient education, delineation of responsibilities, discharge etc. (b) Check whether treatment plan worked for the patient (C) progress on the health status of the patient is mentioned (d) whether the goals defined in treatment plan is met for the individual cases (e) Adverse clinical events are documented (f) Re admission

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		There is procedure to conduct death audits		SI/RR	(1) All the deaths are audited by the committee. (2) The reasons of the death is clearly mentioned (3) Data pertaining to deaths are collated and trend analysis is done (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required)
		All non compliance are enumerated recorded for medical audits		SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings
		All non compliance are enumerated recorded for death audits		SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings
ME G10.5	Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process	Check action plans are prepared and implemented as per medical audit record findings		SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months
		Check action plans are prepared and implemented as per death audit record's findings		SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months
		Check the data of audit findings are collated		SI/RR	Check collected data is analysed & areas for improvement is identified & prioritised
		Check PDCA or prevalent quality method is used to address critical problems		SI/RR	Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care	Check standard treatment guidelines / protocols are available & followed.		SI/RR	Staff is aware of Standard treatment protocols/ guidelines/ best practices
		Check treatment plan is prepared as per Standard treatment guidelines		SI/RR	Check staff adhere to clinical protocols while preparing the treatment plan
		Check the drugs are prescribed as per Standards treatment guidelines		SI/RR	Check the drugs prescribed are available in EML or part of drug formulary
		Check the updated/ latest evidence are available		SI/RR	Check when the STG/protocols/ evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences.

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Check the mapping of existing clinical practices processes is done		SI/RR	The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA
AREA OF CONCERN - H OUTCOME					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**				
ME H1.1	Facility measures productivity Indica-tors on monthly basis	Total admissions		RR	
		Bed Occupancy Rate		RR	
		Proportion of admissions by gender		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 children achieved target weight gain		RR	15% weight gain
		Down time Critical Equipment		RR	
		Bed Turnover Rate		RR	
		Referral Rate		RR	
		Discharge Rate		RR	
		Defaulter rate		RR	Acceptable-<15% Not Acceptable->25%
		Relapse rate		RR	
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Average length of stay in (weeks)		RR	Acceptable- 1-4 week Not Acceptable-<1 and >6
		Death rate following discharge from NRC		RR	Acceptable- <5% Not Acceptable- >15%
		Recovery rate		RR	Acceptable- >75% Not Acceptable- <50%
		Adverse events are reported		RR	wrong drug administration, needle stick injury, absconding patients etc
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR	
		Parent/ care giver Satisfaction Score		RR	

ASSESSMENT SUMMARY

Name of the Hospital ..... Date of Assessment .....

Names of Assessors ..... Names of Assessees .....

Type of Assessment (Internal/External) ..... Action plan Submission Date .....

A. SCORE CARD

NUTRITIONAL REHABILITATION CENTER (NRC) (MUSQAN) SCORE CARD	
Area of Concern wise score	NRC (MusQan) Score
A. Service Provision	
B. Patient Rights	
C. Inputs	
D. Support Services	
E. Clinical Services	
F. Infection Control	
G. Quality Management	
H. Outcome	

B. MAJOR GAPS OBSERVED

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

C. STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/OPPORTUNITIES FOR IMPROVEMENT

_____

_____

_____

Names and Signature of Assessors

Date _____

CHECKLIST - 15

POST PARTUM UNIT

CHECKLIST FOR POST PARTUM UNIT

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**Facility Provides Curative Services**				
ME A1.14	Services are available for the time period as mandated	OPD services are available for family planning		SI/RR	At least 6 hours
		Days for FP Surgeries are fixed		SI/RR	As per Fixed Day Static (FDS) strategy, twice a week, FP surgeries are performed by trained providers posted in the same facility, on fixed days
Standard A2	**Facility provides RMNCHA Services**				
ME A2.1	The facility provides Reproductive health Services	Availability of Spacing methods of family planning		SI/OB	IUCD, OCP (Mala N & Chhaya), ECP, Condoms, Antara (injectables MPA)
		Availability of Female Limiting Methods of family Planning		SI/OB	Tubectomy (Mini lap and Laparoscopic)
		Availability of Male Limiting Method for Family Planning		SI/OB	NSV/Conventional
		Availability of Post partum FP services		SI/OB	Tubal Ligation and PPIUD
		Availability of Family Planning Counselling and Promotive services		SI/OB	Counselling and IEC
		Abortion and Contraception services for lst and 2nd trimester		SI/OB	
		Postpartum ward		SI/OB	Dedicated postpartum ward for FP surgeries and abortion clients
ME A2.2	The facility provides Maternal health Services	Availability of post natal counselling and follow up services		SI/OB	
		A prophylactic dose of Iron folic acid for women of reproductive age & lactating mother		SI/RR	Check woman is taking a prophylactic dose: if not, either provide or refer to the concerned department (a) Reproductive age group (20-49yrs)- non pregnant non-lactating (b) Lactating mother (0-6 month)
ME A2.3	The facility provides Newborn health Services	Availability/Linkage to immunization services		SI/OB	
ME A2.5	The facility provides Adolescent health Services	Availability of Abortion services for adolescent		SI/OB	
		Availability of Contraception services		SI/OB	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard A3	**Facility Provides diagnostic Services**				
ME A3.2	The facility Provides Laboratory Services	Availability of point of care diagnostic test		SI/OB	"For sterilization surgeries, availability of haemoglobin, Urine pregnancy test, urine analysis for sugar and albumin"
AREA OF CONCERN - B PATIENT RIGHTS					
Standard B1	**Facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability of departmental & directional signages		OB	Numbering, main department and internal sectional signage are displayed
		Restricted area signage are displayed		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	List of Family Planning Services available		OB	
		Compensation for family planning indemnity scheme		OB	
		Compensation for family planning services are displayed		OB	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material regarding family planning displayed		OB	IEC materials such as posters, banners, and handbills available at the site and displayed
		Education material for counselling are available in Counselling room		OB	Flip charts, models, specimens, and samples of contraceptives available
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	
Standard B2	**Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.**				
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of female staff if a male doctor examine a female patients		OB/SI	
		There is no over emphasis on one method		SI/PI	Ask Staff/client whether they were convinced for one method or given informed choice
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Availability of Wheel chair or stretcher for easy Access to the OT		OB	
		Availability of ramps with railing		OB	At least 120 cm width, gradient not steeper than 1:12
		Availability of specially abled toilet		OB	
Standard B3	**The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.**				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screens at IUD insertion room		OB	
		Availability of screens at family planning OT		OB	
		Patients are properly draped/covered before and after procedure		OB	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Privacy at the counselling room is maintained		OB	
ME B3.2	Confidentiality of patients records and clinical information is maintained	Patient Records are kept at secure place beyond access to general staff/ visitors		SI/OB	
		No information regarding patient identity and details are unnecessary displayed		SI/OB	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		PI/OB	
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	Confidentiality of Abortion cases		SI/OB	No entry shall be made in any case sheet , PT register , follow-up card or any other document, register indicating there in the name of the pregnant women . Only reference serial no. is mentioned on all the document
Standard B4	**Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.**				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	Informed consent for IUD insertion		SI/PI/RR	
		Informed consent for family planning surgeries		SI/RR	
		Informed consent on prescribed form C for abortion		SI/RR	
ME B4.2	Patient is informed about his/her rights and responsibilities	Display of reproductive rights of clients		OB	
ME B4.3	Staff are aware of Patients rights responsibilities	Staff about awareness reproductive rights of clients		SI	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Client is informed about various options of family planning and assisted in decision making		PI/SI	
ME B4.5	The facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance re addressal and whom to contact is displayed		OB	
Standard B5	**Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.**				
ME B5.1	The facility provides cashless services to pregnant women, mothers	Drugs, consumables and contraceptives are available free		PI/SI	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
	and neonates as per prevalent government schemes	All surgical procedure for family planning are free of cost		PI/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing drugs or consumables from outside.		PI/SI	
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not spent on diagnostics from outside.		PI/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurred it is reimbursed from hospital		PI/SI/RR	
		Timely payment of family planning compensation		PI/SI/RR	
AREA OF CONCERN - C INPUTS					
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1	Departments have adequate space as per patient or work load	Adequate Space is for counselling and examination		OB	
		Availability of dedicated OT for Family planning surgeries in PP unit		OB	
ME C1.2	Patient amenities are provide as per patient load	Functional toilets with running water and flush are available as per bed strength and patient load of ward		OB	
		Availability of drinking water		OB	
		Availability of seating arrangement		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	Demarcated of Protective Zone		OB	
		Demarcated Clean Zone		OB	
		Demarcated sterile Zone		OB	
		Demarcated disposal Zone		OB	
		Availability of Changing Rooms		OB	
		Availability of Pre and Post Operative Room		OB	
		Availability of Scrub Area		OB	
		Availability of Autoclave room/ TSSU		OB	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Availability of clean and dirty utility area		OB	
		Availability of store		OB	
		Availability of dedicated counselling area		OB	
		Availability of examination cum minor procedure area for IUD insertion		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors are wide enough for movement of trolleys and stretchers		OB	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	
ME C1.6	Service counters are available as per patient load	OT tables are available as per load		OB	At least 2 laparoscopic OT tables (Hydraulic table)
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Unidirectional flow of goods and services		OB	
Standard C2	**The facility ensures the physical safety of the infrastructure.**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment's , hanging objects are properly fastened and secured
ME C2.3	The facility ensures safety of electrical establishment	OT does not have temporary connections and loosely hanging wires		OB	
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the ward are non slippery and even		OB	
		Walls and floor of the OT covered with joint less tiles		OB	
		Windows if any in the OT are intact and sealed		OB	
Standard C3	**Facility has established program for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	OT has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked.		OB	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME C3.2	The facility has adequate fire fighting Equipment	PP unit has installed fire Extinguisher that is Class A , Class BC type or ABC type		OB	
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		OB/RR	
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of trained surgeon for Minilap/ Laparoscopic/NSV		OB/RR	Minilap - MBBS trained in procedure Laparoscopic- DGO,MS, MD trained in laparoscopic surgery
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	Trained in PPIUCD and IUCD insertion
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Viability of Counsellor for family planning		OB/SI	RMNCHA counseller (Applicable only in High priority districts)
		Availability of OT technician		SI/RR	
ME C4.5	The facility has adequate support / general staff	Availability of OT attendant/assistant		SI/RR	
		Availability of Security staff		SI/RR	
Standard C5	**Facility provides drugs and consumables required for assured list of services.**				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of Oral Contraceptive Pills		OB/RR	Stock for Month
		Availability of emergency Contraceptive Pills		OB/RR	Stock for Month
		Availability of IUD devices		OB/RR	Stock for Month
		Availability of Condoms		OB/RR	Stock for Month
		Availability of Antra (Injectables)		OB/RR	Stock for Month
		Availability of Chaaya (Weekly contraceptive)		OB/RR	Stock for Month
		Availability of Anaesthetic Agent		OB/RR	As per State's EML
		Availability of medical gases		OB/RR	Centralized /Cylinders
		Availability of drugs for MMA		OB/RR	Mifepristone & Misoprostol

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME C5.2	The departments have adequate consumables at point of use	Sterilized consumables in dressing drum		OB/RR	At OT
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Availability of emergency drugs tray		OB/RR	
Standard C6	**The facility has equipment & instruments required for assured list of services.**				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB	BP apparatus, Thermometer, Pulse Oximeter, Multiparameter
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of Instruments/Equipment's for Gynae and obstetric		OB	PV examination kit
		Availability of Sterile IUD insertion and removal Kits		OB	
		Operation Table with Trendelenburg facility		OB	
		Minilap instrument		OB	
		Laparoscopic set		OB	
		NSV sets		OB	
		PP IUCD tray		OB	
		Instrument for MVA		OB	Check MVA kit (Aspirator & cannula)
		Instruments for Laparoscopy		OB	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		OB	Glucometer, Doppler and HIV rapid diagnostic kit, digital Haemoglobin meter
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of functional Instruments Resuscitation		OB	Bag and mask, Oxygen, Suction machine , laryngoscope scope. LMA, ET Tube , Airway, Defibrillator
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipment's for cleaning		OB	Buckets for mopping, Separate mops for patient care area and circulation area duster, waste trolley, Deck brush

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of functional OT light		OB	
		Availability of attachment/ accessories with OT table		OB	Hospital graded mattress , IV stand, Bed pan
		Availability of Fixtures		OB	Tray for monitors, Electrical panel for anaesthesia machine, cardiac monitor etc, panel with outlet for Oxygen and vacuum, X ray view box.
		Availability of furniture		OB	Cupboard, table for preparation of medicines, chair, racks,
Standard C7	**Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff**				
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff	Check parameters for assessing skills and proficiency of clinical staff has been defined		RR/SI	Check objective checklist has been prepared for assessing competence of doctors, nurses and paramedical staff based on job description defined for each cadre of staff. Dakshta checklist issued by MoHFW can be used for this purpose.
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year	Check for competence assessment is done at least once in a year		RR/SI	Check for records of competence assessment including filled checklist, scoring and grading . Verify with staff for actual competence assessment done
ME C7.9	The Staff is provided training as per defined core competencies and training plan	PPIUCDand IUD insertion		SI/RR	
		Family planning counselling		SI/RR	
		Laparoscopic surgery/ Minilap		SI/RR	
		NSV		SI/RR	
		Training on Antra (Injectable Contraceptives)		SI/RR	
		Chhaya training (Weekly contraceptive)		SI/RR	
		Comprehensive Abortion care (CAC)		SI/RR	Post abortion IUCD
		Infection control & prevention training		SI/RR	Bio medical Waste Management including Hand Hygiene
		Patient Safety		SI/RR	
		BLS training for all staff			
		Training on Quality Management System		SI/RR	To all category of staff. At the time of induction and once in a year.
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision	Staff is skill for counselling services		SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is skilled for resuscitation		SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps
		Nursing Staff is skilled for maintaining clinical records		SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps
		Staff is Skilled to operate OT equipment's		SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps
		Staff is skilled for processing and packing instrument		SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**Facility has established program for inspection, testing and maintenance and calibration of equipment.**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment's are covered under AMC including preventive maintenance		SI/RR	1. Check with AMC records/ Warranty documents 2. Staff is aware of the list of equipment covered under AMC.
		There is system of timely corrective break down maintenance of the equipment's		SI/RR	1.Check for breakdown & Maintenance record in the log book 2. Staff is aware of contact details of the agency/person in case of breakdown.
		There has system to label Defective/Out of order equipment's and stored appropriately until it has been repaired		OB/RR	
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment's/ instrument are calibrated		OB/ RR	
		There is system to label/ code the equipment to indicate status of calibration/ verification when recalibration is due		OB/ RR	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of equipment's are readily available with staff.		OB/SI	Laparoscope, MVA etc
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is a process for timely indenting commodities		SI/RR	Check FP LIMS for indent and of stock update
ME D2.3	The facility ensures proper storage of drugs and consumables	Contraceptives are stored away from water and sources of heat, direct sunlight etc.		OB/RR	Check storage condition of condom, Tubal ring
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	Are near expiry/expired contraceptives stored away active stock Expired contraceptives destroyed to prevent resale or other inappropriate use
		No expired commodity is found		OB/RR	Check the drug /consumables expiry of the drug sub store
		Records for expiry and near expiry drugs are maintained for drug stored at department		RR	Check the record of expiry and near expiry
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock of contraceptives		SI/RR	
		Department maintained stock register of contraceptives		RR/SI	Check record of drug received, issued and balance stock in hand and are regularly updated
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is established system for replenishing drug tray /crash cart		SI/RR	
		There is no stock out of contraceptives		OB/SI	Check stock of few commodities. E.g. Antara injection, Mala N, Chhaya, etc.
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records twice a day and are maintained		OB/RR	Check for temperature charts are maintained and updated twice a daily.
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Anaesthetic agents are kept at secure place		OB/SI	
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at OT table		OB	
		Adequate Illumination at procedure area in OPD		OB	At IUD insertion area

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME D3.2	The facility has provision of restriction of visitors in patient areas	Entry to OT is restricted		OB	
		Only one client is allowed one time at clinic		OB/SI	
		Warning light is provided outside OT and its been used when OT is functional		SI/RR	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature is maintained and record of same is maintained		SI/RR	20-25OC, OT has functional room thermometer and temperature is regularly maintained
		Appropriate humidity level is maintained		SI/RR	
ME D3.4	The facility has security system in place at patient care areas	Security arrangement at PP unit		OB	
ME D3.5	The facility has established measure for safety and security of female staff	Female staff feel secure at work place		SI	
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered & painted		OB	
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt,grease,littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster		OB	
		Window panes , doors and other fixtures are intact		OB	
		OT Table are intact and without rust		OB	Mattresses are intact and clean
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the PP unit		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No pests are noticed		OB	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
		Availability of Hot water supply		OB/SI	
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in OT		OB/SI	
		Availability of UPS & generator		OB/SI	
		Availability of Emergency light		OB/SI	
ME D5.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	Availability of Centralized /local piped Oxygen, nitrogen and vacuum supply		OB	
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate sets of linen	OT has facility to provide sufficient and clean linen for surgical patient		OB/RR	Drape, draw sheet, cut sheet and gown
		OT has facility to provide linen for staff		OB/RR	
		Availability of Blankets, draw sheet, pillow with pillow cover and mackintosh		OB/RR	
ME D7.2	The facility has established procedures for changing of linen in patient care areas	Linen is changed after each procedure		OB/RR	
ME D7.3	The facility has standard procedures for handling , collection, transportation and washing of linen	There is system to check the cleanliness and Quantity of the linen received from laundry		SI/RR	
		Check dedicated closed bin is kept for storage of dirty linen		OB	Check linen is kept closed bin & emptied regularly. Plastic bag is used in dustbin & these bags are sealed before removed & handed over
Standard D10	**The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government**				
ME D10.3	The facility ensure relevant processes are in compliance with statutory requirement	Staff is aware of legal age for family planning beneficiaries		SI/RR	22-49 yrs. married only
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.1	The facility has established job description as per govt guidelines	Job description is defined and communicated to all concerned staff		RR	Regular + contractual

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is aware of their role and responsibilities		SI	
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)
		There is designated in charge for department		SI	
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	
Standard D12	**The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations**				
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/ Laundry/Security/Maintenance) provided are done by designated in-house staff
AREA OF CONCERN - E CLINICAL SERVICES					
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients.**				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each client during process of registration		RR	
		Client demographic details are recorded in admission records		RR	Check for that patient demographics like Name, age, Sex, Chief complaint, etc.
ME E1.3	There is established procedure for admission of patients	Age criteria for family planning surgeries is adhered		RR/SI	
		There is established criteria for admission of abortion cases		RR/SI	
		There is no delay in admission of patient		SI/RR/OB	
		Admission is done by written order of a qualified doctor		SI/RR/OB	
		Time of admission is recorded in patient record		RR	
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	There is provision of extra beds during fixed day family planning surgery		OB/SI	
Standard E2	**The facility has defined and established procedures for clinical assessment, reassessment and treatment plan preparation.**				
ME E2.1	There is established procedure for initial assessment of patients	History of illness to screen for the diseases mentioned under the medical eligibility criteria		RR/SI	Current medications, Last contraceptive used and when, Menstrual history: Date of last menstrual period, Current pregnancy status, etc.

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Immunization status of women for tetanus		RR/SI	
		Physical Examination		RR/SI	Pulse, blood pressure, respiratory rate, temperature, body weight, general condition and pallor, auscultation of heart and lungs, examination of abdomen, pelvic examination, and other examinations as indicated by the client's medical history or general physical examination.
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for reassessment of patient under observation		RR/OB	
		There is system in place to identify and manage the changes in Patient's health status		SI/RR	Criteria is defined for identification, and management of patient whose condition is deteriorating
		Check the treatment or care plan is modified as per re assessment results		SI/RR	Check the re assessment sheets/ Case sheets modified treatment plan or care plan is documented
ME E2.3	There is established procedure to plan and deliver appropriate treatment or care to individual as per the needs to achieve best possible results	Check treatment / care plan is documented		RR	Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc
		Check care is delivered by competent multidisciplinary team		SI/RR	Check care plan is prepared and delivered as per direction of qualified physician
Standard E3	**The facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	Facility has established procedure for continuity of care during interdepartmental transfer	Facility has established procedure for handing over form OT to ward		SI/RR	
ME E3.2	Facility provides appropriate referral linkages to the patients/Services for transfer to other/ higher facilities to assure their continuity of care.	Facility has functional referral linkages to higher facilities for cases which can not be managed at the facility		RR/SI	
ME E3.3	A person is identified for care during all steps of care	A nurse /doctor is identified responsible for each case		RR/SI	
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the patient's identification before any clinical procedure		OB/SI	Patient id band/ verbal confirmation etc.

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	There is a process to ensue the accuracy of verbal/telephonic orders		RR	(1) Check system is in place to give telephonic orders & practised (2) Verbal orders are verified by the ordering physician within defined time period
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		SI/RR	
		Nursing Handover register is maintained		RR	
		Hand over is given bed side		SI/RR	
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately		RR/SI	Check for nursing note register. Notes are adequately written
ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically		RR/SI	
Standard E5	**The facility has a procedure to identify high risk and vulnerable patients.**				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High risk medical emergencies are identified and treatment given on priority		OB/SI	
Standard E6	**Facility ensures rationale prescribing and use of medicines**				
ME E6.1	Facility ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use		RR	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	Check BHT that drugs are prescribed as per STG
		Availability of drug formulary		SI/OB	
ME E6.3	There are procedures defined for medication review and optimization	Complete medication history is documented for each patient		RR/OB	1. Check that all over-the- counter medicines are documented while recording the medical history
		Patients are engaged in their own care		PI/SI	1. Clinician/Nurse counsels the patient on medication safety using """"5 moments for medication safety app"""" 2. Nurse/ clinician/counseller highlights the medications to be taken by the patient at home and counsel the client and family on drug intake

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard E7	**The facility has defined procedures for safe drug administration**				
ME E7.1	There is process for identifying and cautious administration of high alert drugs (to check)	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, Opioids, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. as applicable
		Maximum dose of high alert drugs are defined and communicated		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor
		There is process to ensure that right doses of high alert drugs are only given		SI/RR	A system of independent double check before administration, Error prone medical abbreviations are avoided
ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date , time and signature		RR	
		Check for the writing, It comprehendible by the clinical staff		RR/SI	
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	
		Check single dose vial are not used for more than one dose		OB	Check for any open single dose vial with left over content intended to be used later on
		Check for separate sterile needle is used every time for multiple dose vial		OB	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	Adverse drug event trigger tool is used to report the events
ME E7.4	There is a system to ensure right medicine is given to right patient	Check Nursing staff is aware 7 Rs of Medication and follows them		SI/RR	Administration of medicines done after ensuring right patient, right drugs, right route, right time, Right dose, Right Reason and Right Documentation
ME E7.5	Patient is counselled for self drug administration	Client is advice by doctor/ Pharmacist /nurse about the dosages and timings .		SI/PI	Contraceptives pills
Standard E8	**The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Records of Monitoring/ Assessments are maintained		RR	History and Physical examination are recorded as per FP case sheet (Manually/e-records)
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT		RR	Drugs administered are recorded (Manually/e-records)
ME E8.4	Procedures performed are written on patients records	Anaesthesia and surgery note recorded		RR	(Manually/e-records)

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E8.5	Adequate form and formats are available at point of use	Standard Formats available		RR/OB	Check availability and recording in FP case sheet
ME E8.6	Register/records are maintained as per guidelines	Check for availability of eligible couple and sterilization register		RR	Check for availability of sterilization register, IUCD & PPIUCD & service delivery register, Antra- register (injectable contraceptives)
		Records on family planning (FP) (including the number of clients counselled and the number of acceptors)		RR	follow up register, injectable & contraceptive register (Antra register)
		Follow-up records for FP clients		RR	Check filled and updated DMPA (Antra card) client card and register for beneficiaries utilizing Antra services
		All register/records are identified and numbered		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	
Standard E9	**The facility has defined and established procedures for discharge of patient.**				
ME E9.1	Discharge is done after assessing patient readiness	Assessment is done before discharging patient		SI/RR	
		Discharge is done by a responsible and qualified doctor		SI/RR	
		Patient / attendants are consulted before discharge		PI/SI	
		Treating doctor is consulted/ informed before discharge of patients		SI/RR	
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided		RR/PI	Check FP case Sheet
		Discharge summary adequately mentions patients clinical condition, treatment given and follow up		RR	Check FP case Sheet
		Discharge summary is give to patients going in LAMA/Referral		SI/RR	
ME E9.3	Counselling services are provided as during discharges wherever required	Counselling of client before discharge		SI/PI	
		Advice includes the information about the nearest health centre for further follow up		RR/SI	
		Time of discharge is communicated to patient in prior		PI/SI	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management**				
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after sample collection		OB	
ME E12.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different test		SI/RR	
Standard E14	**Facility has established procedures for Anaesthetic Services**				
ME E14.2	Facility has established procedures for monitoring during anaesthesia	Local anaesthesia is given as per guidelines		SI/RR	
Standard E15	**Facility has defined and established procedures of Surgical Services**				
ME E15.1	Facility has established procedures OT Scheduling	FP surgeries are scheduled as per guidelines		RR/SI	
		Preoperative instructions given to the client		RR/PI	
ME E15.2	Facility has established procedures for Preoperative care	Part preparation is done as per guidelines		RR/SI	
ME E15.3	Facility has established procedures for Surgical Safety	Surgical Safety Check List is used for each surgery		RR/SI	Check for Surgical safety check list has been used for surgical procedures
		Sponge and Instrument Count Practice is implemented		RR/SI	Instrument, needles and sponges are counted before beginning of case, before final closure and on completing of procedure
		Adequate Haemostasis is secured during surgery		RR/SI	Check for Cautery and suture legation practices
		Check for suturing techniques are applied as per protocol		RR/SI	
ME E15.4	Facility has established procedures for Post operative care	Post operative care as per guidelines		RR/SI	
Standard E16	**The facility has defined and established procedures for the management of death & bodies of deceased patients**				
ME E16.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure to decent communicate death to relatives		SI	
		Death note is written on patient record		RR	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME E16.2	The facility has standard procedures for handling the death in the hospital	Death note including efforts done for resuscitation is noted in patient record		RR	
		Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible		SI/RR	
MATERNAL & CHILD HEALTH SERVICES					
Standard E17	**Facility has established procedures for Antenatal care as per guidelines**				
ME E17.1	There is an established procedure for Registration and follow up of pregnant women.	Facility provides and updates "Mother and Child Protection Card".		SI/RR	
Standard E21	**Facility has established procedures for abortion and family planning as per government guidelines and law**				
ME E21.1	Family planning counselling services provided as per guidelines	The client is given full information about optimal pregnancy spacing and the benefits of it as a part of FP health education and counselling.		PI/SI	The importance of timely initiation of an FP method after childbirth, miscarriage, or abortion will be emphasized.
		Client is counselled about the options for family planning available		PI/SI	
		The client is informed that condoms prevent sexually transmitted infections (STIs) & HIV		PI/SI	
ME E21.2	Facility provides spacing method of family planning as per guideline	Pills should be given only to those who meet the Medical Eligibility Criteria		SI/RR	Contraindication of COC in Breastfeeding mothers within 6week and hypertension
		The client should be given full information about the risks, advantages, and possible side effects before OCPs are prescribed for her.		PI/SI	
		Staff is aware of what to do if dose of contraceptive is missed		SI/RR	
		Staff is aware of indication and method of administration of ECP		SI/RR	Single Tablet within 72 hours unprotected intercourse.
		IUD insertion is done as per standard protocol		SI/RR	No touch technique, Speculum and bimanual examination, sounding of uterus and placement
		Client is informed about the adverse effect that can happen and their remedy		SI/PI	Cramping, vaginal discharge, heavier menstruation, checking of IUD

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Follow up services are provided as per protocols		SI/RR	Removal of IUD, Instructions for when to return
		IUD insertion is done as per standard protocol		SI/RR	
		PPIUD insertion is done as per standard protocol		SI/RR	Grasp IUCD with PPIUCD forceps using no touch technique, apply traction on anterior lip of cervix with ring (sponge holding) forceps and insert IUCD in to lower uterine wall, remove the ring forceps and move other hand upward to women's abdomen, move PPIUCD insertion forceps upward toward fundus, feel the resistance & thrust of instrument by hand kept on abdomen, open PPIUCD forceps and release IUCD, instrument is slowly withdrawn by keeping side way to avoid dislodging of IUCD. Ensure IUCD is not visible if yes remove & reinsert
		Staff is aware of case selection criteria for family planning		SI/RR	22-49 year age Married at least having one year old Spouse has not gone for sterilization
ME E21.3	Facility provides limiting method of family planning as per guideline	Assessment of client done before surgery for any Delay, refer of caution signs		SI/RR	Physical examination and Medical History taken,
		Consent is confirmed before the procedure		RR	surgeon check for informed consent signed and ask client for the same
		Client is informed about post operative care, complication and follow up		SI/RR/PI	use of another family planning method for 3 months only,
		Follow up visits done as per GoI guidelines		SI/RR/PI	Visit after 48 hours, first follow up visit at 7th day and semen analysis after 3 months, emergency follow up
ME E21.4	Facility provide counselling services for abortion as per guideline	Pre procedure Counselling provided		SI/RR/PI	As per national Guidelines Transition phase after family planning surgery specially vasectomy defined
		Post procedure Counselling provided		SI/RR/PI	As per national guidelines
		Counselling on the follow-up visit		SI/RR/PI	
ME E21.5	Facility provide abortion services for 1st trimester as per guideline	MVA procedures are done as per guidelines		SI/RR	Allowed up to 12 weeks of gestation.

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Staff is aware of gestational period for Medical Method of Abortion (MMA)		SI/RR	Allowed upto7 weeks of gestation(49 days from the first day of the LMP).
		MMA drug protocols are followed as per guidelines		SI/RR	First Visit (Day 1) - 200 mg Mifepristone (oral) 2nd Visit (Day 3) -400 mcg Misoprostol (sublingual/ buccal/ vaginal/oral) 3rd Visit (Day 15)- Confirm & ensure complete abortion
ME E21.6	Facility provide abortion services for 2nd trimester as per guideline	Surgical Procedures procedures are done as per guidelines		SI/RR	Allowed up to 12 weeks of gestation.
		Surgical Procedures are done as per guidelines		SI/RR	1. Check aspirator retains vaccum & choose appropriate size cannula. 2. Prepare Women for procedure (form c & pain management) 3 Clean cervix twice with Antiseptic sol. 4. Administer paracervical block (lignocaine) 5. Dilate Cervix using cannula 6. Suction of uterine content 7. Inspect tissue
AREA OF CONCERN - F INFECTION CONTROL					
Standard F1	**The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection**				
ME F1.2	Facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance		SI/RR	Swab are taken from infection prone surfaces
ME F1.3	Facility measures hospital associated infection rates	There is procedure to report cases of Hospital acquired infection		SI/RR	Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site .
ME F1.4	There is Provision of Periodic Medical Check-ups and immunization of staff	There is procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc
		Periodic medical check-ups of the staff		SI/RR	
ME F1.5	Facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals
ME F1.6	Facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard F2	**The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use		OB	Check for availability of wash basin near the point of use
		Availability of running Water		OB/SI	Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of Alcohol based Hand rub		OB/SI	Check for availability/ Ask staff for regular supply.
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility , preferably in Local language
		Availability of elbow operated taps		OB	
		Hand washing sink is wide and deep enough to prevent splashing and retention of water		OB	
ME F2.2	Staff is trained and adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	Ask of demonstration
		Adherence to Surgical scrub method		SI/OB	Procedure should be repeated several times so that the scrub lasts for 3 to 5 minutes. The hands and forearms should be dried with a sterile towel only.
		Staff aware of when to hand wash		SI	Ask of demonstration
ME F2.3	Facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions		OB	
		Proper cleaning of procedure site with antisepsis		OB/SI	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter
		Cleaning of cervix before IUD insertion with antiseptic solution		SI	Iodine, betadine etc.
		Check Shaving is not done during part preparation/delivery cases		SI	
		Check sterile filled is maintained during surgery		OB/SI	Surgical site covered with sterile drapes, sterile instruments are kept within the sterile field.
Standard F3	**The facility ensures standard practices and materials for Personal protection**				
ME F3.1	Facility ensures adequate personal protection equipment's as per requirements	Clean gloves are available at point of use		OB/SI	
		Availability of Masks		OB/SI	
		Sterile s gloves are available at OT and Critical areas		OB/SI	
		Use of elbow length gloves for obstetrical purpose		OB/SI	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Availability of gown/ Apron		OB/SI	
		Availability of Caps		OB/SI	
		Personal protective kit for infectious patients		OB/SI	HIV kit
ME F3.2	Staff is adhere to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
		Compliance to correct method of wearing and removing the PPE		SI	Gloves, Masks, Caps and Aprons
Standard F4	The facility has standard procedures for processing of equipment and instruments				
ME F4.1	Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas	Decontamination of operating & Procedure surfaces		SI/OB	Ask staff about how they decontaminate the procedure surface like OT Table, Stretcher/ Trolleys etc. (Wiping with 0.5% Chlorine solution
		Proper Decontamination of instruments after use		SI/OB	Ask staff how they decontaminate the instruments like Abuba, suction canulae, Surgical Instruments (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Staff know how to make chlorine solution		SI/OB	
ME F4.2	Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment's	Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/HLD/Chemical Sterilization
		High level Disinfection of instruments/equipment's is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Chemical sterilization of instruments/equipment's is done as per protocols		OB/SI	Ask staff about method, concentration and contact time required for chemical sterilization
		Formaldehyde or glutaraldehyde solution replaced as per manufacturer instructions		OB/SI	
		Autoclaved linen are used for procedure		OB/SI	
		Autoclaved dressing material is used		OB/SI	
		Instruments are packed according for autoclaving as per standard protocol		OB/SI	
		Autoclaving of instruments is done as per protocols		OB/SI	Ask staff about temperature, pressure and time

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Regular validation of sterilization through biological and chemical indicators		OB/SI/RR	
		Maintenance of records of sterilization		OB/SI/RR	
		There is a procedure to ensure the traceability of sterilized packs		OB/SI/RR	
		Sterility of autoclaved packs is maintained during storage		OB/SI	Sterile packs are kept in clean, dust free, moist free environment.
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.1	Layout of the department is conducive for the infection control practices	Facility layout ensures separation of general traffic from patient traffic		OB	Faculty layout ensures separation of general traffic from patient traffic
		Zoning of High risk areas		OB	
		Facility layout ensures separation of routes for clean and dirty items		OB	
		Floors and wall surfaces of ICU are easily cleanable		OB	
		CSSD/TSSU has demarcated separate area for receiving dirty items, processes, keeping clean and sterile items		OB	
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution
ME F5.3	Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Staff is trained for spill management		SI/RR	
		Cleaning of patient care area with detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	
		Cleaning equipment's like broom are not used in patient care areas		OB/SI	
		Use of double bucket system for mopping		OB/SI	
		Fumigation/carbonization as per schedule		SI/RR	
		External foot wares are restricted		OB	
ME F5.5	Facility ensures air quality of high risk area	Adequate air exchanges are maintained		SI/RR	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
Standard F6	**Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**				
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	Adequate number. Covered. Foot operated.
		Availability of colour coded non chlorinated plastic bags		OB	
		Segregation of Anatomical and soiled waste in Yellow Bin		OB/SI	Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.
		Segregation of infected plastic waste in red bin		OB	Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers' with their needles cut) and gloves
		Display of work instructions for segregation and handling of Biomedical waste		OB	Pictorial and in local language
		There is no mixing of infectious and general waste			
ME F6.2	Facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	See if it has been used or just lying idle.
		Segregation of sharps waste including Metals in white (translucent) Puncture proof, Leak proof, tamper proof containers		OB	Should be available nears the point of generation. Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps
		Availability of post exposure prophylaxis		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
		Contaminated and broken Glass are disposed in puncture proof and leak proof box/ container with Blue colour marking		OB	Vials, slides and other broken infected glass
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled		SI/OB	
		Disinfection of liquid waste before disposal		SI/OB	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Transportation of bio medical waste is done in close container/trolley			
		Staff is aware of mercury spill management		SI/RR	Look for: 1. Spill area evacuation 2. Removal of Jewellery 3. Wear PPE 4. Use of flashlight to locate mercury beads 5. Use syringe without a needle/ eyedropper and sticky tape to suck the beads 6. Collection of beads in leak-proof bag or container 7. Sprinkle sulphur or zinc powder to remove any remaining mercury 8. All the mercury spill surfaces should be decontaminated with 10% sodium thiosulfate solution 9. All the bags or containers containing items contaminated with mercury should be marked as "Hazardous Waste, Handle with Care" 10. Collected mercury waste should be handed over to the CBMWTF
AREA OF CONCERN - G QUALITY MANAGEMENT					
Standard G1	**The facility has established organizational framework for quality improvement**				
ME G1.1	The facility has a quality team in place	Quality circle has been formed in the Post-partum Unit		SI/RR	Check if quality circle formed and functional with a designated nodal officer for quality
Standard G2	**The facility has established system for patient and employee satisfaction**				
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	Client satisfaction survey done on monthly basis		RR	
Standard G3	**The facility have established internal and external quality assurance Programmes wherever it is critical to quality.**				
ME G3.1	Facility has established internal quality assurance program at relevant departments	There is system daily round by Hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	Check for entries in Round Register
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval		RR/SI	NQAS, Kayakalp, SaQushal tools are used to conduct internal assessment
		Departmental checklist are used for monitoring and quality assurance		SI/RR	Staff is designated for filling and monitoring of these checklists
		Non-compliances are enumerated and recorded		RR	Check the non compliances are presented & discussed during quality team meetings

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per internal assessment record findings		RR	Randomly check the details of action, responsibility, time line and feedback mechanism
ME G3.5	Planned actions are implemented through Quality Improvement Cycles (PDCA)	Check PDCA or prevalent quality method is used to take corrective and preventive action		SI/RR	Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report
Standard G4	**The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.**				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	
		Current version of SOP are available with process owner		OB/RR	
		Work instruction/clinical protocols are displayed		OB	IUD insertion, Processing of instruments
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented procedure for registration, admission and discharge		RR	
		Department has documented procedure for initial assessment of the patient		RR	
		Department has documented procedure for providing appointment/day and date for the surgery		RR	
		Department has documented procedure for preparation of patient for surgery, IUD insertion, PPIUCD insertion		RR	
		Department has documented procedure for taking consent of the patient for procedure		RR	
		Department has documented procedure for record maintenance		RR	
		Department has documented procedure for counselling of the patient		RR	
		Department has an FP manual		RR	Check for: 1. Male and female sterilization manual 2. Quality assurance for sterilisation 3. FP indemnity scheme 4. FP Anatra and Chhaya
		Department has guideline for administration of Emergency contraceptive		RR	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Department has standard for various technique of contraception		RR	
		Department has standard IEC material for patient education and counselling		RR	
ME G4.3	Staff is trained and aware of the standard procedures written in SOPs	Check staff is a aware of relevant part of SOPs		SI/RR	
Standard G 5	**The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	Facility maps its critical processes	Process mapping of critical processes done		SI/RR	
ME G5.2	Facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	
ME G5.3	Facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	
Standard G6	**The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them**				
ME G6.3	Facility has defined Quality policy, which is in congruency with the mission of facility	Check if Quality Policy has been defined and approved		SI/RR	Check quality policy of the facility has been defined in consultation with hospital staff and duly approved by the head of the facility. Also check Quality Policy enables achievement of mission of the facility and health department
ME G6.4	Facility has defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed		SI/RR	Check short term valid quality objectivities have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check of staff is aware of Mission , Values, Quality Policy and objectives		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points
ME G6.6	Facility prepares strategic plan to achieve mission, quality policy and objectives	Check if plan for implementing quality policy and objectives have prepared		SI/RR	Verify with records that a time bound action plan has been prepared to achieve quality policy and objectives in consultation with hospital staff. Check if the plan has been approved by the hospital management

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME G6.7	Facility periodically reviews the progress of strategic plan towards mission, policy and objectives	Check time bound action plan is being reviewed at regular time interval		SI/RR	Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet
Standard G7	**The facility seeks continually improvement by practicing Quality method and tools.**				
ME G7.1	Facility uses method for quality improvement in services	Basic quality improvement method		SI/OB	PDCA & 5S
		Advance quality improvement method		SI/OB	Six sigma, lean.
ME G7.2	Facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department
Standard G9	**Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan**				
ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically		SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month.
ME G9.7	Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria	SaQushal assessment toolkit is used for safety audits.		SI/RR	1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & closure status
ME G9.8	Risks identified are analysed evaluated and rated for severity	Identified risks are analysed for severity		SI/RR	Action is taken to mitigate the risks
Standard G10	**The facility has established clinical Governance framework to improve quality and safety of clinical care processes**				
ME G10.3	Clinical care assessment criteria have been defined and communicated	The facility has established procedures to review the clinical care processes		SI/RR	Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes.
		Check regular ward rounds are taken to review case progress		SI/RR	(1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes-
		Check the patient /family participate in the care evolution		SI/RR	Feedback is taken from patient/ family on health status of individual under treatment
		Check the care planning and co- ordination is reviewed		SI/RR	System in place to review internal referral process, review clinical handover information, review patient understanding about their progress

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
ME G10.4	Facility conducts the periodic clinical audits including prescription, medical and death audits	There is a procedure to conduct surgical audits		SI/RR	Check with audit reports
		All non compliance are enumerated & recorded for surgical audits		SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings
ME G10.5	Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process	Check action plans are prepared and implemented as per surgical audit record's findings		SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months
		Check the data of audit findings are collated		SI/RR	Check collected data is analysed & areas for improvement is identified & prioritised
		Check PDCA or prevalent quality method is used to address critical problems		SI/RR	Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care	Check standard treatment guidelines / protocols are available & followed.		SI/RR	Staff is aware of Standard treatment protocols/ guidelines/ best practices
		Check treatment plan is prepared as per Standard treatment guidelines		SI/RR	Check staff adhere to clinical protocols while preparing the treatment plan
		Check the drugs are prescribed as per Standards treatment guidelines		SI/RR	Check the drugs prescribed are available in EML or part of drug formulary
		Check the updated/latest evidence are available		SI/RR	Check when the STG/protocols/ evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences.
		Check the mapping of existing clinical practices processes is done		SI/RR	The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA
AREA OF CONCERN - H OUTCOME					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**				
ME H1.1	Facility measures productivity Indicators on monthly basis	IUD insertion per 1000 eligible female		RR	Denominator to be discussed
		No of First Trimester MTP		RR	
		No. of Second Trimester MTP		RR	
		No. Antara (injectable contraceptive) user		RR	
		No. Chhaya user		RR	
		No. of PP- FP Method		RR	at least 10% of deliveries per facility
		Proportion of users using limiting method		RR	
		Proportion of target met for male sterilization surgery		RR	

Reference no.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of verification
		Proportion of target met for female sterilization surgery		RR	
		No. of family planning counselling done per 1000 client		RR	
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Skin to Skin time		RR	
		Proportion of clients agreed for family planning methods out of total counselled		RR	
		FP surgeries done per surgeon		RR	Surgeries done/ surgeon : 30 / day. 2 Surgeon :50 /day.
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Surgical Site Infection rate		RR	
		No of adverse events per thousand patients		RR	
		No. of complication per 1000 male sterilization surgeries		RR	
		No. of complication per 1000 female sterilization surgeries		RR	
		No. of post operative deaths per 1000 surgeries		RR	
		No. of sterilization failure per 1000 surgeries		RR	
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Client Satisfaction score		RR	
		Average counselling time		RR	

ASSESSMENT SUMMARY

Name of the Hospital ..... Date of Assessment .....

Names of Assessors ..... Names of Assessees .....

Type of Assessment (Internal/External) ..... Action plan Submission Date .....

A. SCORE CARD

POST PARTUM UNIT SCORE CARD	
Area of Concern wise score	**Post Partum Unit Score**
A. Service Provision	
B. Patient Rights	
C. Inputs	
D. Support Services	
E. Clinical Services	
F. Infection Control	
G. Quality Management	
H. Outcome	

B. MAJOR GAPS OBSERVED

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

C. STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/OPPORTUNITIES FOR IMPROVEMENT

_____

_____

_____

Names and Signature of Assessors

Date _____

AREA OF CONCERN A- SERVICE PROVISION	
Standard A1	**Facility Provides Curative Services**
ME A1.1	The facility provides General Medicine services
ME A1.2	The facility provides General Surgery services
ME A1.3	The facility provides Obstetrics & Gynaecology Services
ME A1.4	The facility provides paediateric services
ME A1.5	The facility provides Ophthalmology Services
ME A1.6	The facility provides ENT Services
ME A1.7	The facility provides Orthopaedics Services
ME A1.8	The facility provides Skin & VD Services
ME A1.9	The facility provides Psychiatry Services
ME A1.10	The facility provides Dental Treatment Services
ME A1.11	The facility provides AYUSH Services
ME A1.12	The facility provides Physiotherapy Services
ME A1.13	The facility provides services for OPD procedures
ME A1.14	Services are available for the time period as mandated
ME A1.15	The facility provides services for Super specialties, as mandated
ME A1.16	The facility provides Accident & Emergency Services
ME A1.17	The facility provides Intensive care Services
ME A1.18	The facility provides Blood bank & transfusion services
ME A1.19	The facility provides the dialysis services
Standard A2	**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	**Facility Provides diagnostic Services**
ME A3.1	The facility provides Radiology Services
ME A3.2	The facility Provides Laboratory Services
ME A3.3.	The facility provides other diagnostic services, as mandated
Standard A4	**Facility provides services as mandated in National Health Programmes/ State Scheme**
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines
ME A4.2	The facility provides services under national tuberculosis elimination 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 Prevention and control of Blindness as per guidelines
ME A4.6	The facility provides services under Mental Health Programme as per guidelines
ME A4.7	The facility provides services under National Programme for the health care of the elderly as per guidelines
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines
ME A4.9	The facility Provides services under Integrated Disease Surveillance Programme as per Guidelines

ME A4.10	The facility provide services under National health Programme for deafness
ME A4.11	The facility provides services as per State specific health programmes
ME A 4.12	The facility provided services as per Rashtriya bal swasthya Karykram
ME A4.13	The facility provides services as PMNDP
ME A4.14	The facility provides services as per National Viral Hepatitis Program
ME A4.15	The facility provide services under National Programme for pallative care
Standard A5	**Facility provides support services**
ME A5.1	The facility provides dietary services
ME A5.2	The facility provides laundry services
ME A5.3.	The facility provides security services
ME A5.4	The facility provides housekeeping services
ME A5.5	The facility ensures maintenance services
ME A5.6	The facility provides pharmacy services
ME A5.7	The facility has services of medical record department
ME A5.8	The facility provides mortuary services
Standard A6	**Health services provided at the facility are appropriate to community needs.**
ME A6.1	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally.
ME A6.2	There is process for consulting community/ or their representatives when planning or revising scope of services of the facility
AREA OF CONCERN B- PATIENT RIGHTS	
Standard B1	**Facility provides the information to care seekers, attendants & community about the available services and their modalities**
ME B1.1	The facility has uniform and user-friendly signage system
ME B1.2	The facility displays the services and entitlements available in its departments
ME B1.3	The facility has established citizen charter, which is followed at all levels
ME B1.4	User charges are displayed and communicated to patients effectively
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches
ME B1.6	Information is available in local language and easy to understand
ME B1.7	The facility provides information to patients and visitor through an exclusive set-up.
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel
Standard B2	**Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.**
ME B2.1	Services are provided in manner that are sensitive to gender
ME B2.2	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities
ME B2.4	There is no discrimination on basis of social and economic status of the patients
ME B2.5	There is affirmative actions to ensure that vulnerable sections can access services
Standard B3	**Facility maintains the privacy, confidentiality & Dignity of patient, and has a system for guarding patients related information**
ME B3.1	Adequate visual privacy is provided at every point of care
ME B3.2	Confidentiality of patients records and clinical information is maintained
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups

Standard B4	**Facility has defined and established procedures for informing patients about the medical condition,and involving them in treatment planning, and facilitate informed decision making patient.**
ME B4.1	There is established procedures for taking informed consent before treatment and procedures
ME B4.2	Patient is informed about his/her rights and responsibilities
ME B4.3	Staff are aware of Patients rights responsibilities
ME B4.4	Information about the treatment is shared with patients or attendants, regularly
ME B4.5	The facility has defined and established grievance redressal system in place
Standard B5	**Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of hospital services.**
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients
ME B5.6	The facility ensure implementation of health insurance schemes as per National /state scheme
Standard B6	**Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities**
ME B6.1	Ethical norms and code of conduct for medical and paramedical staff have been established.
ME B6.2	The Facility staff is aware of code of conduct established
ME B6.3	The Facility has an established procedure for entertaining representatives of drug companies and suppliers
ME B6.4	The Facility has an established procedure for medical examination and treatment of individual under judicial or police detention as per prevalent law and government directions
ME B6.5	There is an established procedure for sharing of hospital/patient data with individuals and external agencies including non governmental organization
ME B6.6	There is an established procedure for 'end-of-life' care
ME B 6.7	There is an established procedure for patients who wish to leave hospital against medical advice or refuse to receive specific c treatment
ME B6.8	There is an established procedure for obtaining informed consent from the patients in case facility is participating in any clinical or public health research
ME B6.9	There is an established procedure to issue of medical certificates and other certificates
ME B6.10	There is an established procedure to ensure medical services during strikes or any other mass protest leading to dysfunctional medical services
ME B6.11	An updated copy of code of ethics under Indian Medical council act is available with the facility
ME B6.12	Facility has established a framework for identifying, receiving, and resolving ethical dilemmas' in a time-bound manner through ethical committee
AREA OF CONCERN C - INPUTS	
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**
ME C1.1	Departments have adequate space as per patient or work load
ME C1.2	Patient amenities are provide as per patient load
ME C1.3	Departments have layout and demarcated areas as per functions
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law
ME C1.5	The facility has infrastructure for intramural and extramural communication
ME C1.6	Service counters are available as per patient load

ME C1.7	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)
Standard C2	**The facility ensures the physical safety of the infrastructure.**
ME C2.1	The facility ensures the seismic safety of the infrastructure
ME C2.2	The facility ensures safety of lifts and lifts have required certificate from the designated bodies/ board
ME C2.3	The facility ensures safety of electrical establishment
ME C2.4	Physical condition of buildings are safe for providing patient care
Standard C3	**The facility has established Programme for fire safety and other disaster**
ME C3.1	The facility has plan for prevention of fire
ME C3.2	The facility has adequate fire fighting Equipment
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**
ME C4.1	The facility has adequate specialist doctors as per service provision
ME C4.2	The facility has adequate general duty doctors as per service provision and work load
ME C4.3	The facility has adequate nursing staff as per service provision and work load
ME C4.4	The facility has adequate technicians/paramedics as per requirement
ME C4.5	The facility has adequate support / general staff
Standard C5	**Facility provides drugs and consumables required for assured list of services.**
ME C5.1	The departments have availability of adequate drugs at point of use
ME C5.2	The departments have adequate consumables at point of use
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed
Standard C6	**The facility has equipment & instruments required for assured list of services.**
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients
ME C6.5	Availability of Equipment for Storage
ME C6.6	Availability of functional equipment and instruments for support services
ME C6.7	Departments have patient furniture and fixtures as per load and service provision
Standard C7	**Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff**
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year
ME C7.3	Criteria for performance evaluation clinical and Para clinical staff are defined
ME C7.4	Performance evaluation of clinical and para clinical staff is done on predefined criteria at least once in a year
ME C7.5	Criteria for performance evaluation of support and administrative staff are defined
ME C7.6	Performance evaluation of support and administration staff is done on predefined criteria at least once in a year
ME C7.7	Competence assessment and performance assessment includes contractual, empanelled, and outsourced staff
ME C7.8	Training needs are identified based on competence assessment and performance evaluation and facility prepares the training plan

ME C7.9	The Staff is provided training as per defined core competencies and training plan
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision
ME C7.11	Feedback is provided to the staff on their competence assessment and performance evaluation
AREA OF CONCERN D - SUPPORT SERVICES	
Standard D1	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.**
ME D1.1	The facility has established system for maintenance of critical Equipment
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment
ME D1.3	Operating and maintenance instructions are available with the users of equipment
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of medicines and consumables in pharmacy and patient care areas**
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables
ME D2.2	The facility has establish procedure for procurement of drugs
ME D2.3	The facility ensures proper storage of drugs and consumables
ME D2.4.	The facility ensures management of expiry and near expiry drugs
ME D2.5	The facility has established procedure for inventory management techniques
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**
ME D3.1	The facility provides adequate illumination level at patient care areas
ME D3.2	The facility has provision of restriction of visitors in patient areas
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers
ME D3.4	The facility has security system in place at patient care areas
ME D3.5	The facility has established measure for safety and security of female staff
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**
ME D4.1	Exterior of the facility building is maintained appropriately
ME D4.2	Patient care areas are clean and hygienic
ME D4.3	Hospital infrastructure is adequately maintained
ME D4.4	Hospital maintains the open area and landscaping of them
ME D4.5	The facility has policy of removal of condemned junk material
ME D4.6	The facility has established procedures for pest, rodent and animal control
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load
ME D5.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply
ME D5.4	The facility has adeqaute arrangement for uninterrupted supply of RO water for dialysis unit
Standard D6	**Dietary services are available as per service provision and nutritional requirement of the patients.**
ME D6.1	The facility has provision of nutritional assessment of the patients
ME D6.2	The facility provides diets according to nutritional requirements of the patients
ME D6.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients

Standard D7	**The facility ensures clean linen to the patients**
ME D7.1	The facility has adequate availability of linen for meting its need.
ME D7.2	The facility has established procedures for changing of linen in patient care areas
ME D7.3	The facility has standard procedures for handling , collection, transportation and washing of linen
Standard D8	**The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.**
ME D8.1	The facility has established procures for management of activities of Rogi Kalyan Samitis
ME D8.2	The facility has established procedures for community based monitoring of its services
Standard D9	**Hospital has defined and established procedures for Financial Management**
ME D9.1	The facility ensures the proper utilization of fund provided to it
ME D9.2	The facility ensures proper planning and requisition of resources based on its need
Standard D10	**Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government**
ME D10.1	The facility has requisite licences and certificates for operation of hospital and different activities
ME D10.2	Updated copies of relevant laws, regulations and government orders are available at the facility
ME D10.3	The facility ensure relevant processes are in compliance with statutory requirement
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**
ME D11.1	The facility has established job description as per govt guidelines
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department
Standard D12	**Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations**
ME D12.1	There is established system for contract management for out sourced services
ME D12.2	There is a system of periodic review of quality of out sourced services
AREA OF CONCERN E - CLINICAL SERVICES	
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients.**
ME E1.1	The facility has established procedure for registration of patients
ME E1.2	The facility has a established procedure for OPD consultation
ME E1.3	There is established procedure for admission of patients
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility
Standard E2	**The facility has defined and established procedures for clinical assessment, reassessment and preparation of the treatment plan.**
ME E2.1	There is established procedure for initial assessment of patients
ME E2.2	There is established procedure for follow-up/ reassessment of Patients
ME E2.3	There is established procedure to plan and deliver appropriate treatment or care to individual as per the needs to achieve best possible results
Standard E3	**Facility has defined and established procedures for continuity of care of patient and referral**
ME E3.1	Facility has established procedure for continuity of care during interdepartmental transfer
ME E3.2	Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure their continuity of care.
ME E3.3	A person is identified for care during all steps of care
ME E3.4	Facility is connected to medical colleges through telemedicine services

Standard E4	The facility has defined and established procedures for nursing care
ME E4.1	Procedure for identification of patients is established at the facility
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens
ME E4.4	Nursing records are maintained
ME E4.5	There is procedure for periodic monitoring of patients
Standard E5	**Facility has a procedure to identify high risk and vulnerable patients.**
ME E5.1	The facility identifies vulnerable patients and ensure their safe care
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need
Standard E6	**Facility ensures rationale prescribing and use of medicines**
ME E6.1	Facility ensured that drugs are prescribed in generic name only
ME E6.2	There is procedure of rational use of drugs
ME E6.3	There are procedures defined for medication review and optimization
Standard E7	**Facility has defined procedures for safe drug administration**
ME E7.1	There is process for identifying and cautious administration of high alert drugs
ME E7.2	Medication orders are written legibly and adequately
ME E7.3	There is a procedure to check drug before administration/ dispensing
ME E7.4	There is a system to ensure right medicine is given to right patient
ME E7.5	Patient is counselled for self drug administration
Standard E8	**Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.
ME E8.3	Care provided to each patient is recorded in the patient records
ME E8.4	Procedures performed are written on patients records
ME E8.5	Adequate form and formats are available at point of use
ME E8.6	Register/records are maintained as per guidelines
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records
Standard E9	**The facility has defined and established procedures for discharge of patient.**
ME E9.1	Discharge is done after assessing patient readiness
ME E9.2	Case summary and follow-up instructions are provided at the discharge
ME E9.3	Counselling services are provided as during discharges wherever required
Standard E10	**The facility has defined and established procedures for intensive care.**
ME E10.1	The facility has established procedure for shifting the patient to step-down/ward based on explicit assessment criteria
ME E10.2	The facility has defined and established procedure for intensive care
ME E10.3	The facility has explicit clinical criteria for providing intubation & extubation, and care of patients on ventilation and subsequently on its removal
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management**
ME E11.1	There is procedure for Receiving and triage of patients
ME E11.2	Emergency protocols are defined and implemented
ME E11.3	The facility has disaster management plan in place
ME E11.4	The facility ensures adequate and timely availability of ambulances services and mobilisation of resources, as per requirement
ME E11.5	There is procedure for handling medico legal cases
Standard E12	**The facility has defined and established procedures of diagnostic services**
ME E12.1	There are established procedures for Pre-testing Activities

ME E12.2	There are established procedures for testing Activities
ME E12.3	There are established procedures for Post-testing Activities
Standard E13	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**
ME E13.1	Blood bank has defined and implemented donor selection criteria
ME E13.2	There is established procedure for the collection of blood
ME E13.3	There is established procedure for the testing of blood
ME E13.4	There is established procedure for preparation of blood component
ME E13.5	There is establish procedure for labelling and identification of blood and its product
ME E13.6	There is established procedure for storage of blood
ME E13.7	There is established the compatibility testing
ME E13.8	There is established procedure for issuing blood
ME E13.9	There is established procedure for transfusion of blood
ME E13.10	There is a established procedure for monitoring and reporting Transfusion complication
Standard E14	**Facility has established procedures for Anaesthetic Services**
ME E14.1	Facility has established procedures for Pre Anaesthetic Check up and medical records
ME E14.2	Facility has established procedures for monitoring during anaesthesia and maintenance of records
ME E14.3	Facility has established procedures for Post Anaesthesia care
Standard E15	**Facility has defined and established procedures of Operation theatre services**
ME E15.1.	Facility has established procedures OT Scheduling
ME E15.2	Facility has established procedures for Preoperative care
ME E15.3	Facility has established procedures for Surgical Safety
ME E15.4	Facility has established procedures for Post operative care
Standard E16	**The facility has defined and established procedures for the management of death & bodies of deceased patients**
ME E16.1	Death of admitted patient is adequately recorded and communicated
ME E16.2	The facility has standard procedures for handling the death in the hospital
ME E16.3	The facility has standard procedures for conducting post-mortem, its recording and meeting its obligation under the law
Standard E17	**Facility has established procedures for Antenatal care as per guidelines**
ME E17.1	There is an established procedure for Registration and follow up of pregnant women.
ME E17.2	There is an established procedure for History taking, Physical examination, and counselling for each antenatal visit.
ME E17.3	Facility ensures availability of diagnostic and drugs during antenatal care of pregnant women
ME E17.4	There is an established procedure for identification of High risk pregnancy and appropriate treatment/referral as per scope of services.
ME E17.5	There is an established procedure for identification and management of moderate and severe anaemia
ME E17.6	Counselling of pregnant women is done as per standard protocol and gestational age
Standard E18	**Facility has established procedures for Intranatal care as per guidelines**
ME E18.1	Facility staff adheres to standard procedures for management of second stage of labour.
ME E18.2	Facility staff adheres to standard procedure for active management of third stage of labour
ME E18.3	Facility staff adheres to standard procedures for routine care of new-born immediately after birth
ME E18.4	There is an established procedure for assisted and C-section deliveries per scope of services.
ME E18.5	Facility staff adheres to standard protocols for identification and management of Pre Eclampsia / Eclampsia
ME E18.6	Facility staff adheres to standard protocols for identification and management of PPH.

ME E18.7	Facility staff adheres to standard protocols for Management of HIV in Pregnant Woman & Newborn
ME E18.8	Facility staff adheres to standard protocol for identification and management of preterm delivery.
ME E18.9	Staff identifies and manages infection in pregnant woman
ME E18.10	There is Established protocol for newborn resuscitation is followed at the facility.
ME E18.11	Facility ensures Physical and emotional support to the pregnant women means of birth companion of her choice
Standard E19	**Facility has established procedures for postnatal care as per guidelines**
ME E19.1	Facility staff adheres to protocol for assessment of condition of mother and baby and providing adequate postpartum care
ME E19.2	Facility staff adheres to protocol for counselling on danger signs, post-partum family planning and exclusive breast feeding
ME E19.3	Facility staff adheres to protocol for ensuring care of newborns with small size at birth
ME E 19.4	The facility has established procedures for stabilization/treatment/referral of post natal complications
ME E19.5	The facility ensure adequate stay of mother and new born in a safe environoment as per standard protocols
ME E19.6	There is established procedure for discharge and follow up of mother and newborn.
Standard E20	**The facility has established procedures for care of new born, infant and child as per guidelines**
ME E20.1	The facility provides immunization services as per guidelines
ME E20.2	Triage, Assessment & Management of newborns having emergency signs are done as per guidelines
ME E20.3	Management of Low birth weight newborns is done as per guidelines
ME E20.4	Management of neonatal asphyxia is done as per guidelines
ME E20.5	Management of neonatal sepsis is done as per guidelines
ME E20.6	Management of children with Jaundice is done as per guidelines
ME E20.7	Management of children presenting with fever, cough/ breathlessness is done as per guidelines
ME E20.8	Management of children with severe acutue malnutrition is done as per guideline
ME E20.9	Management of children presenting diarrhoea is done per guidelines
ME 20.10	The facility ensures optimal breast feedingpractices for new born & infants as per guidelines
ME E20.11	The facility provide services under Rashtriya Bal Swasthya Karyakram (RBSK)
Standard E21	**Facility has established procedures for abortion and family planning as per government guidelines and law**
ME E21.1	Family planning counselling services provided as per guidelines
ME E21.2	Facility provides spacing method of family planning as per guideline
ME E21.3	Facility provides limiting method of family planning as per guideline
ME E21.4	Facility provide counselling services for abortion as per guideline
ME E21.5	Facility provide abortion services for 1st trimester as per guideline
ME E21.6	Facility provide abortion services for 2nd trimester as per guideline
Standard E22	**Facility provides Adolescent Reproductive and Sexual Health services as per guidelines**
ME E22.1	Facility provides Promotive ARSH Services
ME E22.2	Facility provides Preventive ARSH Services
ME E22.3	Facility Provides Curative ARSH Services
ME E22.4	Facility Provides Referral Services for ARSH
Standard E23	**Facility provides National health program as per operational/Clinical Guidelines**
ME E23.1	Facility provides service under National Vector Borne Disease Control Program as per guidelines

ME E23.2	Facility provides service under National TB Elmination Program as per guidelines
ME E23.3	Facility provides service under National Leprosy Eradication Program as per guidelines
ME E23.4	Facility provides service under National AIDS Control program as per guidelines
ME E23.5	Facility provides service under National program for control of Blindness as per guidelines
ME E23.6	Facility provides service under Mental Health Program as per guidelines
ME E23.7	Facility provides service under National programme for the health care of the elderly as per guidelines
ME E23.8	Facility provides service under National Programme for Prevention and Control of cancer, diabetes, cardiovascular diseases & stroke (NPCDCS) as per guidelines
ME E23.9	Facility provide service for Integrated disease surveillance program
ME E23.10	Facility provide services under National program for prevention and control of deafness
ME E 23.11	The facility provide services under National viral Hepatitis Control Programme
ME E23.12	Facility provide services under National program for pallative care
Standard E24	**The facility has defined and established procedure for Haemodialysis Services**
ME E 24.1	The facility has defined and establised procedure for Pre Haemodialysis assessment
ME E 24.2	The facility has defined and establised procedure for care during Haemodialysis
ME E 24.3	The facility has defined and established procedure for care after completion of Haemodialysis
AREA OF CONCERN F - INFECTION CONTROL	
Standard F1	**Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection**
ME F1.1	Facility has functional infection control committee
ME F1.2	Facility has provision for Passive and active culture surveillance of critical & high risk areas
ME F1.3	Facility measures hospital associated infection rates
ME F1.4	There is Provision of Periodic Medical Checkups and immunization of staff
ME F1.5	Facility has established procedures for regular monitoring of infection control practices
ME F1.6	Facility has defined and established antibiotic policy
Standard F2	**Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**
ME F2.1	Hand washing facilities are provided at point of use
ME F2.2	Staff is trained and adhere to standard hand washing practices
ME F2.3	Facility ensures standard practices and materials for antisepsis
Standard F3	**Facility ensures standard practices and materials for Personal protection**
ME F3.1	Facility ensures adequate personal protection equipments as per requirements
ME F3.2	Staff is adhere to standard personal protection practices
Standard F4	**Facility has standard Procedures for processing of equipments and instruments**
ME F4.1	Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas
ME F4.2	Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments
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	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas
ME F5.3	Facility ensures standard practices followed for cleaning and disinfection of patient care areas
ME F5.4	Facility ensures segregation infectious patients
ME F5.5	Facility ensures air quality of high risk area

Standard F6	**Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines and on-site management of waste is carried out as per guidelines
ME F6.2	Facility ensures management of sharps as per guidelines
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines
AREA OF CONCERN G - QUALITY CONTROL	
Standard G1	**The facility has established organizational framework for quality improvement**
ME G1.1	The facility has a quality team in place
ME G1.2	The facility reviews quality of its services at periodic intervals
Standard G2	**Facility has established system for patient and employee satisfaction**
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals
ME G2.2	Facility analyses the patient feed back and do root cause analysis
ME G2.3	Facility prepares the action plans for the areas, contributing to low satisfaction of patients
Standard G3	**Facility have established internal and external quality assurance programs wherever it is critical to quality.**
ME G3.1	Facility has established internal quality assurance program at relevant departments
ME G3.2	Facility has established external assurance programs at relevant departments
ME G3.3	Facility has established system for use of check lists in different departments and services
ME G3.4	Actions are planned to address gaps observed during quality assurance process
ME G3.5	Planned actions are implemented through Quality Improvement Cycles (PDCA)
Standard G4	**Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.**
ME G4.1	Departmental standard operating procedures are available
ME G4.2	Standard Operating Procedures adequately describes process and procedures
ME G4.3	Staff is trained and aware of the standard procedures written in SOPs
ME G4.4	The facility ensures documented policies and procedures are appropriately approved and controlled
Standard G5	**Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**
ME G5.1	Facility maps its critical processes
ME G5.2	Facility identifies non value adding activities / waste / redundant activities
ME G5.3	Facility takes corrective action to improve the processes
Standard G6	**The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them**
ME G6.1	Facility has defined mission statement
ME G6.2	Facility has defined core values of the organization
ME G6.3	Facility has defined Quality policy, which is in congruency with the mission of facility
ME G6.4	Facility has de defined quality objectives to achieve mission and quality policy
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services
ME G6.6	Facility prepares strategic plan to achieve mission, quality policy and objectives
ME G6.7	Facility periodically reviews the progress of strategic plan towards mission, policy and objectives
Standard G7	**Facility seeks continually improvement by practicing Quality method and tools.**
ME G7.	Facility uses method for quality improvement in services
ME G7.2	Facility uses tools for quality improvement in services

Standard G8	**Facility has de defined, approved and communicated Risk Management framework for existing and potential risks.**
ME G8.1	Risk Management framework has been defined including context, scope, objectives and criteria
ME G8.2	Risk Management framework defines the responsibilities for identifying and managing risk at each level of functions
ME G8.3	Risk Management Framework includes process of reporting incidents and potential risk to all stakeholders
ME G8.4	A compressive list of current and potential risk including potential strategic, regulatory, operational, financial, environmental risks has been prepared
ME G8.5	Modality for staff training on risk management is defined
ME G8.6	Risk Management Framework is reviewed periodically
Standard G9	**Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan**
ME G9.1	Risk management plan has been prepared and approved by the designated authority and there is a system of its updating at least once in a year
ME G9.2	Risk Management Plan has been effectively communicated to all the staff, and as well as relevant external stakeholders
ME G9.3	Risk assessment criteria and checklist for assessment have been defined and communicated to relevant stakeholders
ME G9.4	Periodic assessment for Physical and Electrical risks is done as per defined criteria
ME G9.5	Periodic assessment for potential disasters including re is done as per de defined criteria
ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.
ME G9.7	Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria
ME G9.8	Risks identified are analyzed evaluated and rated for severity
ME G9.9	Identifed risks are treated based on severity and resources available
ME G9.10	A risk register is maintained and updated regularly to risk records identify ed risks, there severity and action to be taken
Standard G10	**The facility has established clinical Governance framework to improve quality and safety of clinical care processes**
ME G10.1	The facility has defined clinical governance framework
ME G10.2	Clinical Governance framework has been effectively communicated to all staff
ME G10.3	Clinical care assessment criteria have been defined and communicated
ME G10.4	Facility conducts the periodic clinical audits including prescription, medical and death audits
ME G10.5	Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process
ME G10.6	Governing body of healthcare facilities ensures accountability for clinical care provided
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care
AREA OF CONCERN H - OUTCOME	
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**
ME H1.1	Facility measures productivity Indicators on monthly basis
ME H1.2	Facility endavours to improve its productivity indicators to meet benchmarks
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**
ME H2.1	Facility measures efficiency Indicators on monthly basis
ME H2.2	Facility endavours to improve its efficiency indicators to meet benchmarks

Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis
ME H3.2	Facility endavours to improve its clincal & safety indicators to meet benchmarks
Standard H4	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**
ME H4.1	Facility measures Service Quality Indicators on monthly basis
ME H4.2	Facility endavours to improve its service Quality indicators to meet benchmarks

KEY CHANGES IN NATIONAL QUALITY ASSURANCE STANDARDS, 2020

Reference	National Quality Assurance Standards, 2018	National Quality Assurance Standards, 2020
Broad Changes	8 Area of Concerns 74 Standards 362 Measurable Elements 19 Checklists	8 Areas of Concern 75 Standards 380 Measurable Elements 21 Checklist
Standards Added	**STANDARD B6:** The facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities. **STANDARD C7:** The facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff. **STANDARD G9:** The facility has defined, approved and communicated Risk Management framework for existing and potential risks. **STANDARD G10:** The facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan.	**Standard E24:** The facility has established a procedure for haemodialysis services. **Standard G10 :** The facility has established clinical governance framework to improve the quality and safety of clinical care processes.
Measurable Elements Added	**UNDER STANDARD A4:** **ME A4.12:** The facility provides services as per Rashtriya Bal Swasthya Karyakram. **UNDER STANDARD B6:** **ME B6.1:** Ethical norms and code of conduct for medical and paramedical staff have been established. **ME B6.2:** The facility staff is aware of code of conduct established. **ME B6.3:** The facility has an established procedure for entertaining representatives of drug companies and suppliers. **ME B6.4:** The facility has an established procedure for medical examination and treatment of individual under judicial or police detention as per prevalent law and government directions. **ME B6.5:** There is an established procedure for sharing of hospital/patient data withindividuals and external agencies including non-governmental organization. **ME B6.6:** There is an established procedure for 'end-of-life' care. **ME B6.7:** There is an established procedure for patients who wish to leave hospital against medical advice or refuse to receive specific treatment. **ME B6.8:** There is an established procedure for obtaining informed consent from the patients in case facility is participating in any clinical or public health research. **ME B6.9:** There is an established procedure to issue medical certificates and other certificates.	**Under Standard A1:** **ME A1.19** : The facility provides Dialysis Services. **Under Standard A4:** **ME A4.13:** The facility provides services as per Pradhan Mantri National Dialysis Programme **ME A4.14:** The facility provides services as per National Viral Hepatitis Program **ME A4.15:** The facility provides services as per National Program for palliative care. **Under Standard D5:** **ME D5.4:** The facility has adequate arrangements for an uninterrupted supply of RO water for the dialysis unit. **Under Standard E23:** **ME E23.11:** The facility provides services under the National Viral Hepatitis Control Programme **ME 23.12:** The facility provides services under the National Program for palliative care. **Under Standard E24:** The facility has defined and established a procedure for Pre-Haemodialysis assessment.

Reference	National Quality Assurance Standards, 2018	National Quality Assurance Standards, 2020
	ME B6.10: There is an established procedure to ensure medical services during strikes or any other mass protest leading to dysfunctional medical services. **ME B6.11:** An updated copy of code of ethics under Indian Medical Council Act is available with the facility. **UNDER STANDARD C7:** **ME C7.1:** Criteria for competence assessment are defined for Clinical and Para clinical staff. **ME C7.2:** Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year. **ME C7.3:** Criteria for performance evaluation of Clinical and Para clinical staff are defined. **ME C7.4:** Performance evaluation of Clinical and Para clinical staff is done on predefined criteria at least once in a year. **ME C7.5:** Criteria for performance evaluation of support and administrative staff are defined. **ME C7.6:** Performance evaluation of support and administration staff is done on predefined criteria at least once in a year. **ME C7.7:** Competence assessment and performance assessment includes contractual, empanelled, and outsourced staff. **ME C7.8**: Training needs are identified based on competence assessment and performance evaluation and facility prepares the training plan. **ME C7.9:** The staff is provided training as per defined core competencies and training plan. **ME C7.10:** There is established procedure for utilization of skills gained through trainings by on-job supportive supervision. **ME C7.11:** Feedback is provided to the staff on their competence assessment and performance evaluation. **UNDER STANDARD E18:** **ME E18.1:** The facility staff adheres to standard procedures for management of second stage of labor. **ME E18.2:** The facility staff adheres to standard procedure for active management of third stage of labor. **ME E18.3:** The facility staff adheres to standard procedures for routine care of newborn immediately after birth. **ME E18.5:** The facility staff adheres to standard protocols for identification and management of Pre Eclampsia/Ecalmpsia	The facility has defined and established procedure for care during haemodialysis. The facility has defined and established procedures for care after the completion of haemodialysis

Reference	National Quality Assurance Standards, 2018	National Quality Assurance Standards, 2020
	ME E18.6: The facility staff adheres to standard protocols for identification and management of PPH **ME E18.7:** The facility staff adheres to standard protocols for Management of HIV in pregnant woman & newborn **ME E18.8:** The facility staff adheres to standard protocol for identification and management of preterm delivery. **ME E18.9:** Staff identifies and manages infection in pregnant woman. **ME E18.11:** The facility ensures physical and emotional support to the pregnant women by means of birth companion of her choice. **UNDER STANDARD E19:** **ME E19.3:** The facility staff adheres to protocol for ensuring care of newborns with small size at birth. **UNDER STANDARD E20:** **ME E20.5:** Management of neonatal sepsis is done as per guidelines. **ME E20.6:** Management of children with Severe Acute Malnutrition is done as per guidelines. **ME E20.10:** The facility ensures optimal breast feeding practices for new born & infants, as per guidelines. **UNDER STANDARD G9:** **ME G9.1:** Risk Management framework has been defined including context, scope, objectives and criteria. **ME G9.2:** Risk Management framework defines the responsibilities for identifying and managing risk at each level of functions. **ME G9.3:** Risk Management Framework includes process of reporting incidents and potential risk to all stakeholders. **ME G9.4:** A comprehensive list of current and potential risk including potential strategic, regulatory, operational, financial, environmental risks has been prepared. **ME G9.5:** Modality for staff training on risk management is defined. **ME G9.6:** Risk Management Framework is reviewed periodically. **UNDER STANDARD G10:** **ME G10.1:** Risk management plan has been prepared and approved by the designated authority and there is a system of its updation at least once in a year. **ME G10.2:** Risk Management Plan has been effectively communicated to all the staff, and as well as relevant external stakeholders. **ME G10.3:** Risk assessment criteria and checklist for assessment have been defined and communicated to relevant stakeholders. **ME G10.4:** Periodic assessment for physical and electrical risks is done as per defined criteria.	

Reference	National Quality Assurance Standards, 2018	National Quality Assurance Standards, 2020
	ME G10.5: Periodic assessment for potential disasters including fire is done as per defined criteria. **ME G10.6:** Periodic assessment for medication and patient care safety risks is done, as per defined criteria. **ME G10.7:** Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria. **ME G10.8:** Risks identified are analyzed, evaluated and rated for severity. **ME G10.9:** Identified risks are treated based on severity and resources available. **ME G10.10:** A risk register is maintained and updated regularly to identify risks, their severity and action to be taken. **UNDER STANDARD E19:** **ME E19.3:** The facility staff adheres to protocol for ensuring care of newborns with small size at birth. **UNDER STANDARD E20:** **ME E20.5:** Management of neonatal sepsis is done as per guidelines. **ME E20.6:** Management of children with Severe Acute Malnutrition is done as per guidelines. **ME E20.10:** The facility ensures optimal breast feeding practices for new born & infants, as per guidelines. **UNDER STANDARD G9:** **ME G9.1:** Risk Management framework has been defined including context, scope, objectives and criteria. **ME G9.2:** Risk Management framework defines the responsibilities for identifying and managing risk at each level of functions. **ME G9.3:** Risk Management Framework includes process of reporting incidents and potential risk to all stakeholders. **ME G9.4:** A comprehensive list of current and potential risk including potential strategic, regulatory, operational, financial, environmental risks has been prepared. **ME G9.5:** Modality for staff training on risk management is defined. **ME G9.6:** Risk Management Framework is reviewed periodically. **UNDER STANDARD G10:** **ME G10.1:** Risk management plan has been prepared and approved by the designated authority and there is a system of its updation at least once in a year. **ME G10.2:** Risk Management Plan has been effectively communicated to all the staff, and as well as relevant external stakeholders.	

Reference	National Quality Assurance Standards, 2018	National Quality Assurance Standards, 2020
	ME G10.3: Risk assessment criteria and checklist for assessment have been defined and communicated to relevant stakeholders. **ME G10.4:** Periodic assessment for physical and electrical risks is done as per defined criteria. **ME G10.5:** Periodic assessment for potential disasters including fire is done as per defined criteria. **ME G10.6:** Periodic assessment for medication and patient care safety risks is done, as per defined criteria. **ME G10.7:** Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria. **ME G10.8:** Risks identified are analyzed, evaluated and rated for severity. **ME G10.9:** Identified risks are treated based on severity and resources available. **ME G10.10:** A risk register is maintained and updated regularly to identify risks, their severity and action to be taken.	
Measurable Elements Deleted/ Shifted	Shifted under ME C7.9 Shifted under ME C7.8, C7.9, C7.10 & C7.11 Shifted under ME B6.7 Shifted under ME B6.6 Shifted under ME E18.1, E18.2 & E18.3 Shifted under ME E18.5, E18.6 & E18.7	**ME G6.1:** The facility conducts periodic internal assessment – Shifted as a checkpoint in ME G3.3 **ME G6.2** The facility conducts the periodic prescription/medical/death audits". – Shifted as ME G10.4 **ME G6.3:** The facility ensures non compliances are enumerated and recorded adequately" – Shifted as a checkpoint in ME G10.4 **ME G6.4:** Action plan is made on the gaps found in the assessment/audit process" – Shifted as ME G3.4 **ME G6.5:** Planned action are implemented through Quality Improvement Cycle (PDCA)". – Shifted as ME G3.5
Standards Rephrased	**ME E18.10:** There is an established protocol for newborn resuscitation and it is followed at the facility. **ME E19.1:** The facility staff adheres to protocol for assessments of condition of mother and baby and provide adequate postpartum care. **ME E19.2:** The facility staff adheres to protocol for counselling on danger signs, post-partum family planning and exclusive breast feeding. **ME E20.4:** Management of neonatal asphyxia is done as per guidelines **ME G6.5:** Planned actions are implemented through Quality improvement cycle (PDCA). **ME G7.1:** The facility has defined mission statement. **ME G7.2:** The facility has defined core values of the organization.	**Standard E2 :** The facility has defined and established procedure for clinical assessment, reassessment and treatment plan preparation". **Standard E6 :** The facility ensures rationale prescribing and use of medicines". **Standard E16:** The facility has defined and established procedures for the management of death & bodies of deceased patients

Reference	National Quality Assurance Standards, 2018	National Quality Assurance Standards, 2020
	ME G7.3: The facility has defined Quality policy, which is in congruency with the mission of facility. **ME G7.4:** The facility has defined Quality objectives to achieve mission and Quality policy. **ME G7.5:** Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services. **ME G7.6:** The facility prepares strategic plan to achieve mission, Quality policy and objectives. **ME G7.7:** The facility periodically reviews the progress of strategic plan towards mission, policy and objectives. **ME H1.2:** The facility endeavours to improve its Productivity Indicators to meet benchmarks. **ME H2.2:** The facility endeavours to improve its Efficiency Indicators to meet benchmarks. **ME H3.2:** The facility endeavours to improve its Clinical & Safety Indicators to meet benchmarks. **ME H4.2:** The facility endeavours to improve its Service Quality Indicators to meet benchmarks.	
Standard Deleted		**Standard G6:** The facility has established system for periodic review as internal assessment, medical & death audit and prescription audit.
		Apart from above changes National Health Programmes are updated as per latest guidelines.

LIST OF ABBREVIATIONS

5S	Sort, Set In Order, Shine, Standardize, Sustain
A& E	Accident & Emergency
ABC	Airway, Breathing and Circulation
ABPMJAY	Ayushman Bharat Pradhan Mantri Jan Arogya Yojana
ACD	Anti Convulsant Drug
AEFI	Adverse Events Following Immunization
AERB	Atomic Energy Regulatory Board
AES	Acute Encephalitis Syndrome
AFHC	Adolescent Friendly Health Centre
AIDS	Acquired Immuno Deficiency Syndrome
ALS	Advanced Life Support
AMC	Annual Maintenance Contract
AMSTL	Active Management of the Third Stage of Labour
ANC	Anti Natal Check-up
ANM	Auxiliary Nurse Midwife
APH	Ante Partum Haemorrhage
APL	Above Poverty Line
ARF	Acute Renal Failure
ARI	Acute Respiratory Infection
ART	Anti Retroviral Therapy
ARV	Anti Rabies Vaccine
ASHA	Accredited Social Health Activist
ASV	Anti Snake Venom
ATD	Anti Tubercular Medicines
AYUSH	Ayurveda, Yoga, Unani, Sidhha & Homoeopathy
BCC	Behavioural Change Communication
BCG	Bacillus Calmette-Guerin
BHT	Bed Head Ticket
BLS	Basic Life Support
BMEMP	Biomedical Equipment Management & Maintenance Program
BMW	Biomedical Waste
BP	Blood Pressure
BPL	Below Poverty Line
BT	Bleeding Time
BUN	Blood Urea Nitrogen
CBC	Complete Blood Count
CBMWTF	Common Bio medical Waste Treatment Facility
CCU	Cardiac Care Unit
CDR	Child Death Review
CHC	Community Health Centre
CHW	Community Healthcare Worker
CLMC	Comprehensive Lactation Management Centre
CLW	Contused Lacerated Wound
CME	Continuous Medical Education

COPD	Chronic Obstructive Pulmonary Disorder
CPC	Clinical Pathological Case
CPR	Cardiopulmonary Resuscitation
CRT	Cardiac Resynchronization Therapy
CSSD	Centralized Sterile Supply Department
CT	Clotting Time
CVA	Cerebral Vascular Accident
CVS	Cardio-Vascular System
D&C SET	Dilatation & Curettage Set
D&E	Dilation & Evacuation
DEIC	District Early Intervention Centre
DGO	Diploma in Obstetrics & Gynaecology
DLC	Differential Leukocyte Count
DMC	Designated Microscopy Centre
DNI	Do Not Intubate
DNR	Do Not Resuscitate
DOTS	Directly Observed Treatment (Short Course)
DPT	Diphtheria, Pertussis and Tetanus
DQAC	District C}uality Assurance Committee
DRTB	Drug Resistance Tuberculosis
DT	Diphtheria & Tetnus
DVDMS	Drugs and Vaccine Distribution Management System
ECG	Electrocardiography
ECP	Emergency Contraceptive Pills
EDD	Expected Date of Delivery
EDL	Essential Drug List
ELISA	Enzyme-Linked Immunosorbent Assay
EML	Essential Medicine List
ENT	Ear Nose Throat
ETAT	Emergency Triage Assessment and Treatment
ET TUBE	Endotracheal Tube
EVA Tray	Electric Vacuum Aspiration
FBNC	Facility Based Newborn Care
FHR	Foetal Heart Rate
FIFO	First In First Out
FIMNCI	Facility Based Integrated Management of Neonatal and Childhood Illnesses
FMP	Falciparum Malaria Parasite
FP	Family Planning
FSN	Fast Moving, Slow Moving , Non Moving
FT4	Free Thyroxine
GOB	General Order Book
GoI	Government of India
HAI	Hospital Acquired Infection
HB	Haemoglobin
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HDU	High Dependency Unit
HIE	Hypoxic- Ischaemic Encephalophaty
HLD	High-Level Disinfection

HWC	Health & Wellness Centre
I&D	Incision & Drainage
ICU	Intensive Care Unit
IDSP	Integrated Disease Surveillance Program
IDSP	Integrated Disease Surveillance Project
IEC	Information Education Communication
IFA	Iron Folic Acid
IHD	Ischaemic Heart Disease
IM/IV	Intra Muscular/Intra Venous
IMNCI	Integrated Management of Newborn Childhood Illnesses
IMS	Infant Medical Substitute
IO Chart	Input-output Chart
IOL	Intra Ocular Lens
IPD	In Patient Department
IQAS/EQAS	Internal Quality Assessment Services/External Quality Assessment Services
IUCD	Intra Uterine Contraceptive Device
IUGR	Intra Uterine Growth Retardation
IYCF	Infant and Yong Child Feeding
JSSK	Janani —Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
JVP	Jugular Venous Pressure
KFT	Kidney Function Test
KMC	Kangaroo Mother Care
LAMA	Leave Against Medical Advice
LDR	Labour-Delivery-Recovery
LFT	Liver Function Test
LMA	Laryngeal Mask Airway
LMP	Last Menstrual Period
LSCS	Lower Segment Caesarean section
LVF	Left Ventricular Failure
MAS	Meconium Aspiration Syndrome
MCP	Mother Child Protection Card
MDR-TB	Multi-Drug Resistance Tuberculosis
ME	Measureable Element
MGPS	Medical Gas Pipeline System
MI	Myocardial Infarction
MLC	Medico Legal Case
MMR	Miniature Mass Radiography
MNCU	Mother Newborn Care Unit
MNT	Medical Nutrition Therapy
MO	Medical Officer
MRD	Medical Record Department
MRO	Medical Record Officer
MRSA	Methicillin-resistant Staphylococcus aureus
MSBOS	Maximum Surgical Blood Order Schedule
MTP	Medical Termination of Pregnancy
MUAC	Mid-Upper Arm Circumference
MVA	Manual Vaccum Aspiration
NACO	National AIDS Control Organisation

NACP	National AIDS Control Programme
NBCC	New Born Care Corner
NCO	Non Communicable Diseases
NHP	National Health Programme
NHSRC	National Health Systems Resource Centre
NICU	Newborn Intensive Care Unit
NOTTO	National Organ & Tissue Transplant Organization
NRC	Nutritional Rehabilitation centre
NRHM	National Rural Health Mission
NSSK	Navjat Shishu Surkasha Karyakram
NSV	No-ScalpelVasectomy
NTEP	National TB Elimination Programme
NVBDCP	National Vector Borne Disease Control Programme
NVHCP	National Viral Hepatitis Control Program
OB	Observation
OBG	Obstetrics and Gynaecology
OCP	Oral Contraceptive Pills
OGTT	Oral Glucose Tolerance Test
OPD	Out Patient Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
OT	Operation Theatre
PAC	Pre Anaesthesia Check-up
PASS	Pull, Aim, Squeeze & Sweep
PCPNDT	Pre-Conception and Pre-Natal Diagnostic Techniques
PDCA	Plan Do Check Act
PEM	Protein Energy Malnutrition
PEP	Post-Exposure Prophylaxis
PHC	Primary Health Centre
PI	Patient Interview
PIB	Police Information Book
PICU	Paediatric Intensive Care Unit
PIH	Pregnancy Induced Hypertension
PLHA	People Living with HIV/AIDS
PMJAY	Pradhan Mantri Jab Arogya Yojana
PMSMA	Pradhan Mantri Surakshit Matritva Abhiyan
PPBS	Post Prandial Blood Sugar Test
PPE	Personal Protective Equipment
PPH	Postpartum Haemorrhage
PPIUCD	Postpartum Intra Uterine Contraceptive Device
PPROM	Preterm Premature Rupture of Membranes
PPTCT	Prevention of Parent to Child Transmission
PRC	Packed Red Cells
PV SET	Per Vaginal Set
PVC	Polyvinyl chloride
QA	Quality Assurance
RA Factor	Rheumatoid Arthristis Factor
RACE	Rescue, Alarm, Confine & Extinguish
RBRC	Random Blinded Re Checking

RCS	Re Constructive Surgery
RDK	Rapid Diagnostic Kit
RDS	Respiratory Distress Syndrome
RFT	Renal Function Tests
RKS	Rogi Kalyan Samiti
RKSK	Rashtriya Kishor Swasthya Karyakram
RMNCH	Reproductive, Maternal, Newborn and Child Health
RMNCHA	Reproductive Maternal Neonatal Child Health and Adolescent
RR	Respiratory Rate/ Record Review
RSBY	Rashtriya Swasthya Bima Yojana
RSO	Radiological Safety Officer
RTA	Road Traffic Accident
RTI/STI	Reproductive Tract Infections / Sexually Transmitted Infections
SAM	Severe Acute Malnutrition
SBA	Skilled Birth Attendant
SGA	Small for Gestational Age
SI	Staff Interview
SMART	Specific, Measurable, Attainable Relevant, Time Based
SNCU	Sick Newborn Care Unit
SOP	Standard Operating Procedure
SQAC	State Quality Assurance Committee
STG	Standard Treatment Guideline
SWD	Short Wave Diathermy
TB	Tuberculosis
TLC	Total Leukocyte Count
TLD	Thermoluminescent Dosimeter
TMT	Tread Mill Test
TPHA	Treponema pallidum Hemaglutination Assay
TPR	Temperature, Pulse, Respiration
TSB	Total Serum Bilirubin
TSH	Thyroid stimulating Hormone
TSSU	Theatre Sterile Supply Unit
TT	Tetanus Toxoid
TTI	Transfusion Transmitted Infection
TTNB	Transient tachypnoea of new-born
UID	Unique Identification
UPS	Uninterrupted Power Supply
USG	Ultra Sonography
VAP	Ventilator Associated Pneumonia
VD	Venereal Diseases
VDRL	Venereal Disease Research Laboratory
VED	Vital, Essential and Desirable
V-PEP (PAP)	Variable Positive Air Pressure
VVM	Vaccine Vial Monitor
WHO	World Health Organization

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49	Drugs	Standard C5
50	Duty Roster	ME D11.2
51	Efficiency	Standard H2
52	Electrical Safety	ME C2.3
53	Emergency Drug Tray	ME C5.3
54	Emergency protocols	ME E11.2
55	Emergency services	Standard E11
56	End of life care	Standard B6 ME B6.6
57	Environment control	Standard F5
58	Equipment & Instrument	Standard C6
59	Ethical Dilemma Resolution	Standard B6
60	Ethical Management	Standard B6
61	Expiry Drugs	ME D2.4
62	External Quality Assurance Program	ME G3.2
63	Facility Management	Standard D4
64	Family Planning	Standard E21
65	Family Planning Surgeries	ME E21.2
66	Financial Management	Standard D9
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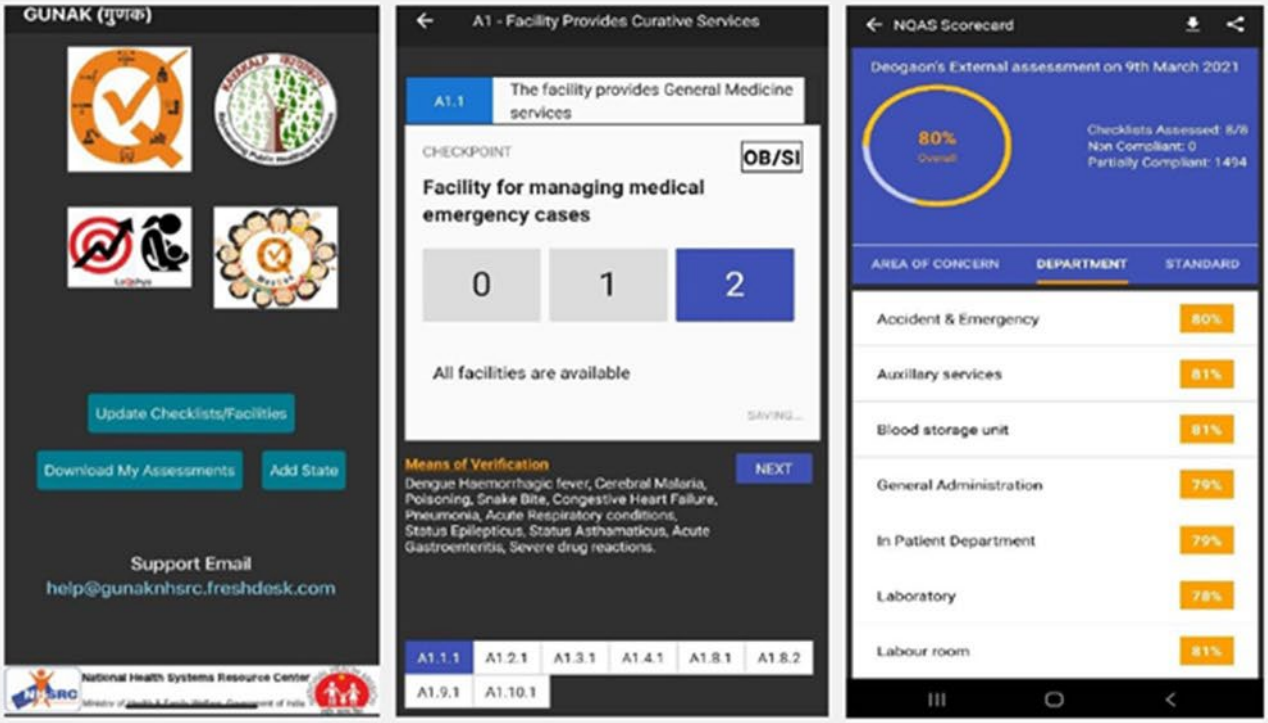
APP FOR QUALITY & KAYAKALP ASSESSMENT

Gunak – Guide for NQAS and Kayakalp



- Digital version of NQAS (National Quality Assurance Standards), Kayakalp, LaQshya and MusQan assessments.
- Availability of State/UTs wise customized checklists.
- User-friendly assessment interface with single-hand navigation.
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