Maternal Care Quality Assessment Sri Lanka

Antenatal Ward Tool

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
	Area of Concern - A Service Provision					
Standard A1	**The facility/ward provides Antenatal Services According to Ministry of Health norms**					
ME A1.1	**Clinical services**	**ME A1.1.1**	Antenatal Clinic	SI	5	
		ME A1.1.2	Multi disciplinary meetings for management of complicated cases	SI	10	
ME A1.2	**Supportive services**	**ME A1.2.1**	Availability of Dedicated Obstetric theatre/Obstetric room in theatre complex/ dedicated theatre bed for obstetric patients	SI	5	
		ME A1.2.3	Availability of designated HDU beds (2) within antenatal ward	SI	10	
		ME A1.2.4	Availability of Isolation room	SI	5	
		ME A1.2.5	Availability of dedicaded bed in psychiatry unit/ bed in a obstetric unit	SI	10	
		ME A1.2.6	Availability of ambulance Services 24X7	SI	5	
		ME A1.2.7	Availability of inward Ultrasound scan facilities	SI	5	
		ME A1.2.8	Availability of Laboratory services available 24*7	SI	5	
		ME A1.2.9	Availability of Blood bank services 24X7	SI	5	
		ME A1.2.10	Availability of Indoor pharmacy (1 per hospital)	SI	5	
		ME A1.2.11	Availability of Central Sterilization unit	SI	5	
		ME A1.2.12	Availability of Health Education Unit	SI	5	
		ME A1.2.13	Availability of Infection control Unit	SI	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME A1.2.14	Availability of GBV care centre/ counselling facilities for affected women (1 per hospital)	SI	10	
		ME A1.2.15	Availbility of Judicial Medical Services (Consultant JMO)	SI	5	
ME A1.3	**Audits**	ME A1.3.1	Availability of Maternal death audit	SI	5	
		ME A1.3.2	Availability of severe morbidity auditing system	SI	10	
	Total of A				115	
	Area of Concern - B Patient Rights					
Standard B1	**The facility/ward provides the information to care seekers, their families & community about the available services and**					
ME B1.1	The facility has uniform and user-friendly signage system	ME B1.1.1	Directions to reach the ward from the hospital entrance is given	OB	3	
		ME B1.1.2	Layout of the ward is displayed at the entrance to the ward.	OB	3	
		ME B1.1.3	Vision, mission of the ward and/or hospital is displayed	OB	3	
		ME B1.1.4	Ward number is displayed in clearly visible manner	OB	3	
		ME B1.1.5	Availability of name boards for rooms/areas/ service delivery points	OB	3	
		ME B1.1.6	Directional signages within the ward is displayed	OB	3	
		ME B1.1.7	Visiting hours and visitor policy are displayed	OB	3	
		ME B1.1.8	Restricted area signage are displayed	OB	3	
ME B1.2	The facility displays the services and entitlements available for patients	ME B1.2.1	Antenatal clinic dates are displayed	OB	5	
		ME B1.2.2	Entitlements under different maternity benefit schemes are displayed.	OB	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
ME B1.3	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	ME B1.3.1	IEC Material is displayed on the walls (scale marks out of 10)	OB	10	
		ME B1.3.2	Releant reading material are available at visitor's areas	OB	5	
ME B1.4	Information is available in local language and easy to understand	ME B1.4.1	Signage's and information are available in all three language(Sinhala, Tamil, English)	OB	3	
ME B1.5	The ward provides information to patients and visitor through an exclusive set-up.	ME B1.5.1	Availability of Enquiry Desk with dedicated staff at least during visiting hours (one for the unit/ separate for ANC/PNC)	OB	10	
ME B1.6	The ward ensures access to clinical records of patients to entitled personnel	ME B1.6.1	Diagnosis cards are issued when necessary	RR/OB	5	
		ME B1.6.2	Diagnosis cards are issued for patients left against medical advice	RR/OB	10	
		ME B1.6.3	Discharge summary is filled in the pregnancy record card	RR/OB	10	
	Total of B1				87	
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 e**					
ME B2.1	Services are provided in manner that are sensitive to gender	ME B2.1.1	No Male attendant allowed to stay in female wards at night	OB/SI	5	
		ME B2.1.2	Availability of female staff whenever a male doctor examines a female patients	OB/SI	5	
		ME B2.1.3	Availbility of female Health Worker when transporting patients within the hospital	OB/SI	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
ME B2.2	Access to facility is provided without any physical barrier & and friendly to people with disabilities	ME B2.2.1	Availability of Wheel chair or stretcher for easy access to the ward	OB	5	
		ME B2.2.2	Availability of ramps/ lifts and railing	OB	5	
		ME B2.2.3	Availability of disable friendly toilet and bathroom	OB	10	
	Total of B2				35	
Standard B3	The facility/ward maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient relatec					
ME B3.1	Adequate visual privacy is provided at every point of care	ME B3.1.1	Availability of screen at Examination Area	OB	5	
		ME B3.1.2	Exmination of a patients is not be carried out in the presence of another patient		5	
		ME B3.1.3	Curtains/barriers have been provided at windows	OB	5	
		ME B3.1.4	Patients are dressed/covered while shifting the patients from one department to other	OB	5	
		ME B3.1.5	Availability of curtains/screens around patient's cubicle	OB	5	
		ME B3.1.6	Separate changing area at admission	OB	5	
		ME B3.1.7	No sharing of beds by patients	OB	5	
		ME B3.1.8	Assigned a bed to a patient	OB	5	
ME B3.2	Confidentiality of patients records and clinical information is maintained	ME B3.2.1	Patient Records are kept at secure place beyond access to general staff/visitors	SI/OB	5	
		ME B3.2.2	BHT pages are numbered	OB	5	
		ME B3.2.3	No information regarding patient identity and details are unnecessarily displayed	SI/OB	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
ME B3.3	The facility/ward ensures the behaviours of staff is dignified and respectful, while delivering the services	ME B3.3.1	Behaviour of staff is empathetic and courteous	OB/PI	10	
ME B3.4	The facility/ward ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	ME B3.4.1	Details of the socially stigmatised patients is divulged to the necessary staff only (HIV, unmarried or single mother, women subjected GBV,women with mental conditions, sex workers)	SI/OB	10	
	Total of B3				75	
Standard B4	**The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment decision making**					
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	ME B4.1.1	General consent is taken on admission	OB	5	
		ME B4.1.2	Specific consent is obtained before diffrenet procedures (check the BHT)	OB	5	
		ME B4.1.3	Patients are informed well, before obtaining the consent (observation the admission)	OB	5	
		ME B4.1.4	Patients are satisfied with the information they received before a procedure/ treatment.	PI	5	
ME B4.2	Information about the treatment is shared with patients or guardians, regularly	ME B4.2.1	Patient is informed about her clinical condition and treatment being provided	PI	5	
		ME B4.2.2	Patient's guardians are informed about her clinical condition and treatment being provided	PI	5	
		ME B4.2.3	Patients are satisfied with the information they received	PI	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME B4.2.4	Guardians are satisfied with the information they received.	PI	5	
ME B4.3	The facility has defined and established grievance redressal system in place	ME B4.3.1	Availability of complaint box	OB	5	
		ME B4.3.2	Display of process for grievance redresaal.	OB	5	
		ME B4.3.3	Whom to contact is displayed	OB	5	
		ME B4.3.4	Evidence of attendance the complaints	OB	5	
	Total of B4				60	
Standard B5	**The facility ensures that there are no financial barrier to access, or receiving maternal care services**					
ME B5.1	The facility provides free health services to pregnant women as per government policy	ME B5.1.1	Stay in ward is free of cost	PI/SI	10	
		ME B5.1.2	Availability of Free Diet	PI/SI	10	
		ME B5.1.3	Availability of Free wheel chair/ trolley transport within the hospital	PI/SI	5	
		ME B5.1.4	Availability of Free Ambulance services	PI/SI	5	
		ME B5.1.5	Availability of Free Blood	PI/SI	10	
		ME B5.1.6	Other logistics		5	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	ME B5.2.1	Check that patient has not spent on purchasing drugs or consumables from outside.	PI/SI	10	
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	ME B5.3.1	Check that patient has not spent on diagnostics from outside.	PI/SI	10	
	Total of B5				65	
	Total of B				322	
	Area of Concern - C Inputs					
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent**					

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
ME C1.1	Location of the ANW	ME C1.1.1	Access to the ward should be sheltered	OB	5	
		ME C1.1.2	AN ward should be situated very close to LR	OB	5	
		ME C1.1.3	Elevator Access/ Ramp should be available for multistory building	OB	5	
		ME C1.1.4	Adequate shaded waiting area is provided at the reception area	OB	5	
ME C1.2	Departments have layout and demarcated areas as per functions	ME C1.2.1	Area for admission with admission desk	OB	5	
		ME C1.2.2	Waitng area for visitors near admission area	OB	5	
		ME C1.2.3	Examination room	OB	5	
		ME C1.2.4	Separate area for scanning and CTG	OB	5	
		ME C1.2.5	Area to prepare mothers for Labour and LSCS	OB	5	
		ME C1.2.6	Treatment room	OB	5	
		ME C1.2.7	High dependency unit (2 beds)	OB	10	
		ME C1.2.8	Isolation room	OB	5	
		ME C1.2.9	Availability of duty station for doctors	OB	5	
		ME C1.2.10	Availability of duty station for nurses	OB	5	
		ME C1.2.11	Ward incharge sister's duty room	OB	5	
		ME C1.2.12	Teaching room	OB	5	
		ME C1.2.13	Store room for drugs and consumables	OB	5	
		ME C1.2.14	Patient sitting area (meeting visitors or relaxing)	OB	5	
		ME C1.2.15	Changing area for patients	OB	5	
		ME C1.2.16	Dining area for patients	OB	5	
		ME C1.2.17	Pantry	OB	5	
		ME C1.2.18	Consultant's room	OB	5	
		ME C1.2.24	Doctors' room	OB	5	
		ME C1.2.20	Nurses' room	OB	5	
		ME C1.2.21	Midwive's room	OB	5	
		ME C1.2.22	Junior staff's room	OB	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME C1.2.23	Cleaner's room	OB	5	
		ME C1.2.24	Waste disposal area	OB	5	
		ME C1.2.25	Patient Hand washing area	OB	5	
ME C1.3	The ward is planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	ME C1.3.1	Antenatal ward is in proximity and functional linkage with labour room	OB	10	
		ME C1.3.2	Antenatal unit is in Proximity and has functional linkage with OT	OB	10	
		ME C1.3.3	Location of nursing station and patients beds enables easy and direct observation of patients	OB	10	
ME C1.4	Ward has adequate space as per patient or work load	ME C1.4.1	Availability of AN beds according to no. of deliveries	OB	10	
		ME C1.4.2	Lockers should be available to keep the mothers things	OB	5	
ME C1.5	The ward has adequate circulation area and open spaces according to need and local law	ME C1.5.1	There is sufficient space between two bed to provide bed side nursing care and movement	OB	5	
		ME C1.5.2	Corridors are wide enough for patient, visitor and trolley/ equipment movement	OB	5	
ME C1.6	The ward has adequate toilet facilities	ME C1.6.1	There shoud be adequate number of functional toilets	OB/PI	5	
		ME C1.6.2	Toilets should be clean	OB/PI	5	
		ME C1.6.3	All the cicterns and bidde showers are functioning	SI/PI/OB	5	
		ME C1.6.4	Adequate 24*7 water supply avaiable to toilets	SI/PI	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
ME C1.7	The ward has 24*7 water supply	ME C1.7.1	No days without water supply during last three months	SI	5	
		ME C1.7.2	Water supply is adequate.	SI	5	
		ME C1.7.3	Adequate water storage facilities are available in an emergency	SI	5	
		ME C1.7.4	Availability of safe drinking water	SI	10	
ME C1.8	The ward have adequate communication facilities 24x7		The ward have intercom facilities to communicate to the necessary units	SI		
		ME C1.8.1	Consultants room	SI	3	
		ME C1.8.2	Doctor sroom	SI	3	
		ME C1.8.3	Nursing station	SI	3	
		ME C1.8.4	Examination room	SI	3	
		ME C1.8.5	Theatre	SI	5	
		ME C1.8.6	Labour room	SI	5	
		ME C1.8.7	ICU	SI	5	
		ME C1.8.8	Blood bank	SI	5	
		ME C1.8.9	OPD/ETU/PCU	SI	3	
		ME C1.8.10	MBC	SI	3	
		ME C1.8.11	Clinic	SI	3	
		ME C1.8.12	Laboratory	SI	3	
		ME C1.8.13	CSSD	SI	3	
		ME C1.8.14	Indoor Phamacy	SI	3	
		ME C1.8.15	Quarters -Consultant	SI	3	
		ME C1.8.16	Quarters -SHO	SI	3	
		ME C1.8.17	Quarters -HO	SI	3	
		ME C1.8.18	GBV center/ councelling (Receive incoming calls)	SI	3	
ME C1.9	The ward have 24*7 electricity supply	ME C1.9.1	Generator back up is available for power interruptions	SI	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME C1.9.2	No days with no eletricity during last 3 months	SI	5	
ME C1.10	The ward have failities for health education and entertainment	ME C1.10.1	TV for entertainment and health promotion /education	SI	5	
		ME C1.10.2	Reading material/ library is available for pateients	SI	10	
	Total of C1				337	
Standard C2	**The facility ensures the physical safety of the infrastructure.**					
ME C2.1	The ward ensures the seismic safety of the infrastructure	ME C2.1.1	Non structural components are properly secured	OB	10	
ME C2.2	The ward ensures safety of electrical establishment	ME C2.2.1	The ward does not have temporary connections and loosely hanging wires	OB	5	
		ME C2.2.2	Switch Boards other electrical installations are intact	OB	5	
		ME C2.2.3	There is proper earthing	OB	5	
		ME C2.2.4	Switch boards numbered	OB	5	
		ME C2.2.5	Bulbs, plugpoints ,fans etc are numbered	OB	5	
ME C2.3	Physical condition of buildings are safe for providing patient care	ME C2.3.1	Floors of the maternity ward are non slippery and even	OB	10	
		ME C2.3.2	Windows have grills/ wire meshwork	OB	5	
		ME C2.3.3	Stairs and edges are marked	OB	5	
		ME C2.3.4	Bathroom floor not slippery	OB	5	
	Total of C2				60	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
Standard C3	**The facility has established Programme for fire safety and other disaster**					
ME C3.1	The ward has plan for prevention of fire	**ME C3.1.1**	The ward has sufficient fire exit to permit safe escape to its occupant at time of fire	OB/SI	5	
		ME C3.1.2	The fire exits are clearly visible.	OB	5	
		ME C3.1.3	The routes to reach exit are clearly marked.	OB	5	
ME C3.2	The ward has adequate fire fighting Equipment	**ME C3.2.1**	The ward has installed fire Extinguisher that is ethier Class A , Class B, C type or ABC type	OB	5	
		ME C3.2.2	The expiry date for fire extinguishers are displayed on each extinguisher	OB	5	
		ME C3.2.3	Due date for next refilling is clearly mentioned	OB	5	
		ME C3.2.4	Operating details are displayed in simple understandable language	OB	5	
ME C3.3	The ward has a system of periodic training of staff for fire and other disaster situation	**ME C3.3.1**	The ward conducts mock drills regularly for fire and other disaster situation	SI/RR	5	
		ME C3.3.2	Thre is a system for induction training for new staff.	SI/RR	5	
		ME C3.3.3	The staff is competent for operating fire extinguisher and what to do in case of fire	SI/RR	5	
	Total of C3				50	
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current c**					
ME C4.1	The ward has adequate specialist doctors as per service provision	**ME C4.1.1**	Availability of consultant obstetrician and Gynaecologist on duty for 24*7	OB/RR	10	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
ME C4.2	The ward has adequate Medical Officers as per service provision and work load	ME C4.2.1	Availability of adequate no of Medical officers(4 per consultant)	OB/RR	10	
		ME C4.2.2	Availability of on duty/on call Medical officer (SHO/Registrar, not an intern) at 24*7	OB/RR	10	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	ME C4.3.1	Adequate number of NO available for the ward base on the caseload	SI/RR	10	
		ME C4.3.2	Adequate number of NO in the duty roaster are allocated for the ward base on the caseload	OB/RR/SI	10	
ME C4.4		ME C4.4.1	The unit has adequate no of midwives	SI/RR	10	
			Adequate number of MW allocated for the warrd base in the duty roaster on the caseload	SI/RR	10	
ME C4.5	The facility has adequate support / general staff	ME C4.5.1	Adequate number of attendents	SI/RR	10	
			Availability of Health care assisstants	SI/RR	10	
			Availability Security staff	SI/RR	5	
ME C4.6	The staff has been provided required t	ME C4.6.1	Lactation management Training	SI/RR	10	
		ME C4.6.2	Essential Newborn Care	SI/RR	10	
		ME C4.6.3	Emergency Obstetric Care	SI/RR	10	
		ME C4.6.4	Biomedical waste management	SI/RR	10	
		ME C4.6.5	Infection control and hand hygiene	SI/RR	10	
		ME C4.6.6	Patient Safety	SI/RR	10	
		ME C4.6.7	Quality management	SI/RR	10	
ME C4.7	Facilities area vailable for in service training	ME C4.7.1	There is a system of in service training in the ward/hospital	OB	10	
		ME C4.7.2	There is a training data base in the ward	SI/RR	10	
		ME C4.7.3	Annual training need identification carried out	SI/RR	10	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME C4.7.4	In service training plan developed based on the identified needs	SI/RR	10	
		ME C4.7.5	Infrastructure for training available	SI/OB		
		ME C4.7.6	Room(hospital/ ward)	SI/OB	5	
		ME C4.7.7	Facilities for Multimedia presentations	SI/OB	5	
		ME C4.7.8	Manniquins	SI/OB	5	
		ME C4.7.9	Flip charts, white boards etc	SI/OB	5	
	Total of C4				225	
Standard C5	**The facility provides drugs and consumables required for assured services.**					
ME C5.1	The ward have adequate consumables at point of use		Availability of adequate amounts of :			
		ME C5.1.1	Sanitary pads	OB/RR	5	
		ME C5.1.2	Dressings	OB/RR	5	
		ME C5.1.3	Syringes	OB/RR	5	
		ME C5.1.4	IV Sets	OB/RR	5	
		ME C5.1.5	Cathetres	OB/RR	5	
		ME C5.1.6	Antiseptic Solutions	OB/RR	5	
ME C5.2	Emergency drug trays are maintained at every point of care, where ever it may be needed	ME C5.2.1	Emergency tray is completed		54	
			Emergency tray			
			Essential drugs			
			Normal saline	OB	2	
			Dextrose 5%	OB	2	
			Dextrose 10%	OB	2	
			Dextrose 50%	OB	2	
			Hartmann's solution	OB	2	
			Haemocele/gelafundin	OB	2	
			Pethidine	OB	2	
			Syntocinon (2 Units)	OB	2	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
			Ergometrine injections (5mg)	OB	2	
			Naloxone injections	OB	2	
			Nifedifine capsules	OB	2	
			Diazepam injections	OB	2	
			Hydrocortizone injection	OB	2	
			Promethacine injection	OB	2	
			Adrenalin injection	OB	2	
			Frusimide injection	OB	2	
			Magnesium sulphate injection	OB	2	
			Nalador	OB	2	
			Sordium bicarbonate	OB	2	
			Essential items			
			IV Cannulae (size 16-18-20)	OB	2	
			Disposable syinges 2cc, 5cc,10cc	OB	2	
			Airway	OB	2	
			Foley cathetre (size 12-14)	OB	2	
			Adult laryngoscope	OB	2	
			Endo tracheal tube	OB	2	
			Adult ambu bag/ face mask	OB	2	
			Scissors, plaster, cotton, gauze, swabs	OB	2	
ME C5.3	**Essential drugs for Obstetric care**	**ME C5.3.1**	**ANTIBIOTICS**		32	
			Amoxycillin (Tab. 250mg)	OB/RR	2	
			Ampicillin (Tab.250mg	OB/RR	2	
			IV 500mg	OB/RR	2	
			Benzyl Penicillin	OB/RR	2	
			(600mg vial)	OB/RR	2	
			Cefalexin (250mg tab)	OB/RR	2	
			Cefotaxime (1g vial)	OB/RR	2	
			Ceftriaxone (1g vial)	OB/RR	2	
			Cefuroxime (750mg vial,250mg tab)	OB/RR	2	
			Cloxacillin (250mg tab)	OB/RR	2	
			Phenoxymethyl penicillin(250mg tab)	OB/RR	2	
			Co Amoxiclav (Tab 375g/625g)	OB/RR	2	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
			IV 1.2g	OB/RR	2	
			Erythromycin (250mg tab)	OB/RR	2	
			Gentamicin (1ml ampule)	OB/RR	2	
			Metronidazole (200mg, 400mgtab, 5mg/1ml ampule)	OB/RR	2	
		ME C5.3.2	**ANTICONVULSANTS**		10	
			Magnesium sulphate (injection) 1g ampule	OB/RR	2	
				OB/RR	2	
			Diazepam (injection) 5mg/1ml	OB/RR	2	
			Phenobarbital 60mg tab, injection 200mg/1ml ampule)	OB/RR	2	
			Phenytoin(100mg tab)	OB/RR	2	
		ME C5.3.3	**ANTIHYPERTENSIVES**		12	
			Hydralazine (25mg tab, 20mg ampule)	OB/RR	2	
			Labetalol (100mg, 200mg tab, 50mg ampule)	OB/RR	2	
			Methyldopa (250mg tab)	OB/RR	2	
			Nifedipine capsule10mg	OB/RR	2	
			Nifedipine (SR) 10mg/20mg	OB/RR	2	
			Prazosin (0.5mg/1mg tab)	OB/RR	2	
		ME C5.3.4	**OXYTOCICS AND PROSTAGLANDINS**		15	
			Ergometrine (0.5mg Tab)	OB/RR	5	
			Oxytocin (5units/1ml ampule) – syntocinon)	OB/RR	5	
			Oxytocin + Ergomatrine (Syntometrine) (0.5mg + 5unit/ml) ampule)	OB/RR	5	
		ME C5.3.5	**DRUGS USED IN EMERGENCIES**		65	
			Adrenaline injection (Epinephrine) (10ml ampule)	OB/RR	5	
			Atropine sulphate (0.6mg tab)	OB/RR	5	
			Calcium gluconate (10ml ampule)	OB/RR	5	
			Digoxin (0.1mg Tab)	OB/RR	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
			Ephedrine (15mg/30mg Tab)	OB/RR	5	
			Frusemide (20mg tables, 2ml ampule)	OB/RR	5	
			Hydrocortisone (10mg/20mg tab, 100mg vial)	OB/RR	5	
			Naloxone (0.4mg/ml Ampule)	OB/RR	5	
			Promethazine (10mg/25mg tab,25mg/ml:1ml ampule)	OB/RR	5	
			Dopamin injection (40mg/ml: 5ml ampule)	OB/RR	5	
			Aminophyllin injection (25mg/dl: 10ml ampule)	OB/RR	5	
			Mannitol IV infusion (10% and 20%)	OB/RR	5	
			NaHCO3 injection (4.2%: 10ml ampule)	OB/RR	5	
		ME C5.3.6	**ANALGESICS**		35	
			Morphine (5mg tab, 10mg/1ml;	OB/RR	5	
			Pethidine (50mgtab, 50mg/ml: 2ml ampule)	OB/RR	5	
			Lignocain (20mg/ml: 2ml ampule)	OB/RR	5	
			Paracetamol (500mg tab)	OB/RR	5	
			Panadeine (500mg tab)	OB/RR	5	
			Diclofenac sordium (50mg tab, 50mg/100mg suppositories)	OB/RR	5	
			Tramadole Hydrochloride (50mg suppositories)	OB/RR	5	
		ME C5.3.7	**TOCOLYTICS**		6	
			Nifedipine capsule (10 mg tab)	OB/RR	2	
			Salbutamol (4mg tab0.5mg/ml: 5ml ampule))	OB/RR	2	
			Terbutaline Sulphate SC/IV 0.4mg)	OB/RR	2	
		ME C5.3.8	**STEROIDS**		6	
			Betamethasone (0.5mg)	OB/RR	2	
			Dexamethasone (0.5mg tabs, 1ml ampule	OB/RR	2	
			Prednisolone (2mg/4mg Tab)	OB/RR	2	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME C5.3.9	**IV FLUIDS**		14	
			5% Dextrose	OB/RR	2	
			10% Dextrose	OB/RR	2	
			50% Dextrose	OB/RR	2	
			Normal saline	OB/RR	2	
			Ringer's lactate	OB/RR	2	
			Gelafundin	OB/RR	2	
			Starch	OB/RR	2	
		ME C5.3.10	**OTHER DRUGS**		34	
			Vitamin K (1mg)	OB/RR	2	
			Heparin (1000u/ml: 1mlampule)	OB/RR	2	
			Sodium citrate	OB/RR	2	
			Anti Rho (D) Immune Globulin / Rhoghum	OB/RR	2	
			Insulin – soluble	OB/RR	2	
			Vitamin A mega dose (100,000IU)	OB/RR	2	
			Ranitidine (150mg/300mg tab)	OB/RR	2	
			Cimetidine injections (100mg/ml: 2ml ampule)	OB/RR	2	
			Maxalon injection (5mg/ml: 2ml ampule)	OB/RR	2	
			Ferrous sulphate 200mg	OB/RR	2	
			Folic acid 1mg	OB/RR	2	
			Folic acid 5mg	OB/RR	2	
			Vitamin C 50mg	OB/RR	2	
			Calcium lactate 300mg	OB/RR	2	
			Mebendazole 500mg	OB/RR	2	
			Carbergoline (0.5mg/1mg tab)	OB/RR	2	
			Conjugated Oestrogen equine (0.625mg Tab)	OB/RR	2	
	Total of C5				282	
Standard C6	**The facility has equipment & instruments required for assured list of services.**					

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
ME C6.1	**Basic furniture, general items & Equipments**					
		ME C6.1.1	**Patient waitng area**		4	
			Waiting area Chairs	OB	2	
			Visitors area chairs	OB	2	
		ME C6.1.2	**Admission area**		26	
			Reception Table	OB	2	
			Two chairs for patient and guardian	OB	2	
			One chair for Nursing Officer o r midwive who is doing admissions	OB	2	
			Adult Weighing scale	OB	5	
			Urine testing kit	OB	5	
			Clinical oral thermometer	OB	5	
			Height measuring instrument	OB	5	
		ME C6.1.3	**Nursing station**	OB	17	
			Nurses tables	OB	5	
			Cubbpards	OB	5	
			Cahirs	OB	5	
			Sterilizer	OB	2	
		ME C6.1.4	**Doctors station**	OB	44	
			Doctors table	OB	5	
			Chairs for officers (revolving)	OB	2	
			BP apparatus	OB	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
			Stethoscopes	OB	2	
			Ophthalmoscope	OB	5	
			Knee hammers	OB	5	
			Glucometer	OB	5	
			Drug formulary	OB	5	
			Management guidelines	OB	10	
		ME C6.1.5	**Examination room**		52	
			Examination bed	OB	2	
			Side step	OB	5	
			Table	OB	2	
			Two chairs	OB	2	
			BP apparatus	OB	2	
			Spot lamp	OB	5	
			Pinnards	OB	5	
			Sponge forceps	OB	2	
			Hand held Doppler	OB	2	
			speculum (cuscos)	OB	2	
			Knee hammers	OB	2	
			Ophthalmoscope	OB	2	
			Measuring tape	OB	5	
			Waste disposal system	OB	5	
			Gloves	OB	2	
			Dressings	OB	2	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
			Hand washing area	OB	5	
		ME C6.1.6	**Patient area**	OB	63	
			Antenatal ward beds	OB	2	
			High dependency bed(ICU bed)	OB	5	
			Lockers	OB	2	
			Patients trolleys	OB	2	
			Emergency trolley	OB	5	
			Wheel chair	OB	5	
			Preparation bed	OB	2	
			Isolation Beds (In the isolation area)	OB	5	
			Fixed screens (Curtain)	OB	5	
			Mobile screens	OB	5	
			IV stands (if necessary)	OB	2	
			Emergency lamps	OB	5	
			CTG machines	OB	5	
			Rapid transfusion set	OB	2	
			Mask for oxygen administration	OB	2	
			Nebulizer	OB	2	
			Adult Sucker	OB	5	
			USS with colour doppler	OB	2	
		ME C6.1.7	**Patient dining area**	OB	15	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
			Dining Chairs	OB	5	
			Dining tables	OB	5	
			Food cart trolley	OB	5	
		ME C6.1.8	**Store room for drugs and consumables**	OB	12	
			Cupboard for storage of drugs	OB	2	
			Cupboard for storage of consumables	OB	2	
			Cupboard for Health education Material	OB	2	
			Medicine trolley (labled)	OB	2	
			Ward round trolley	OB	2	
			Instrument trolley	OB	2	
		ME C6.1.9	**Sister's room**		9	
			Refrigerator	OB	5	
			Computer with printer	OB	2	
			Stock of stationary	OB	2	
ME C6.2	Availability of equipment & instruments monitoring of patients	ME C6.2.1	Availability of functional Equipment & Instruments for examination and Monitoring in HDU area		68	
			HDU bed	OB	5	
			Multipara monitor (ECG, BP, Saturation, pulse, respiration) or ECG machine (Optional)	OB	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
			Infusion pump	OB	2	
			Syringe pump	OB	2	
			Sucker	OB	5	
			Bed side tables	OB	2	
			Bed side lockers	OB	2	
			Saline stands	OB	2	
			Chairs	OB	2	
			Table	OB	2	
			Stainless steel basin	OB	5	
			Basin stands	OB	2	
			Stainlesss steel bowls	OB	2	
			Bed pans	OB	5	
			Torch	OB	5	
			Emergency Lamp	OB	5	
			Spot lamp	OB	5	
			Nebulizer(optional)	OB	5	
			If available wall oxygen or Oxygen cylinder with stand and regulator	OB	5	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	**ME C6.3.1**	**Availability of Point of care diagnostic instruments**		20	
			Pulse oxymeter	OB	5	
			Glucometer	OB	5	
			Hand held Doppler	OB	5	
			Urine testing kit	OB	5	
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	**ME C6.4.1**	**Availability of resuscitation equipments**		100	
			Airways	OB	10	
			Facemasks	OB	10	
			ET tube	OB	10	
			Adult ambu bag	OB	10	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
			Adult Larygoscope	OB	10	
			Suction machine	OB	10	
			Defibrillator	OB	10	
			Infusion pump	OB	10	
			IV cannulae/	OB	10	
			Foley Catheter	OB	10	
ME C6.5	Availability of Equipment for Storage	ME C6.5.1	**Availability of equipment for storage for drugs**		15	
			Refrigerator	OB	3	
			Crash cart	OB	3	
			Drug trolley IV	OB	3	
			Drug trolley Oral	OB	3	
			Storage cuppords	OB	3	
		ME C6.5.2	**Availability of equipment for storage for consumables**		4	
			Storage cuppords	OB	2	
			Storage drums	OB	2	
ME C6.6	Availability of functional equipment and instruments for support services	ME C6.6.1	**Availability of equipments for cleaning**		10	
			Buckets for mopping	OB	2	
			Mops	OB	2	
			Duster	OB	2	
			Deck brush	OB	2	
			Broom	OB	2	
		ME C6.6.2	**Availability of equipment for sterilization and disinfection**		5	
			Boiler	OB	5	
ME C6.7	The ward have patient furniture and fixtures as per service provision	ME C6.7.1	Availability of patient beds with prop up facility	OB	5	
		ME C6.7.2	**Availability of attachment/ accessories with patient bed**		7	
			Clean and intact mettress	OB	3	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
			IV stand	OB	1	
			Bed side locker	OB	2	
			Adequate number of plug points	OB	1	
	Total of C6				471	
	Total of A				**1425**	
	Area of Concern - D Support Services					
Standard D1	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipme**					
ME D1.1	The facility has established system for maintenance of critical Equipment	**ME D1.1.1**	All equipments are in data base	SI/RR	10	
		ME D1.1.2	File is maintained for each equipment.	RR	5	
		ME D1.1.3	All equipments are periodically checked	SI/RR	10	
		ME D1.1.4	There is system of timely corrective break down maintenance of the equipments	SI/RR	5	
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	**ME D1.2.1**	All the measuring equipments/ instrument (BP apperatus, weighing scales) are calibrated	OB/ RR	10	
	Total of D1				40	
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy ar**					
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	**ME D2.1.1**	There is established system of timely indenting of consumables and drugs at nursing station	SI/RR	10	
		ME D2.1.2	Stock level are daily updated	SI/RR	5	
		ME D2.1.3	Requisition are timely placed	SI/RR	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
ME D2.2	The ward ensures proper storage of drugs and consumables	ME D2.2.1	Drugs are stored in containers/tray/crash cart and are labelled	OB	5	
		ME D2.2.2	Drugs are stored away from water and sources of heat, direct sunlight etc.	OB	10	
		ME D2.2.3	Empty and filled cylinders are labelled	OB	5	
ME D2.3	The ward ensures management of expiry and near expiry drugs	ME D2.3.1	Expiry dates' are checked at emergency drug tray daily	OB/RR	5	
		ME D2.3.2	No expiry/ withold/ withdraw drug found in emeregncy tray	OB/RR	10	
		ME D2.3.3	Records for expiry and near expiry drugs are maintained for drug stored at ward	RR	5	
ME D2.4	The ward has established procedure for inventory management techniques	ME D2.4.1	There is practice of calculating and maintaining buffer stock	SI/RR	5	
		ME D2.4.2	Department maintained stock and expenditure register of drugs and consumables	RR/SI	5	
ME D2.5	There is a procedure for periodically replenishing the drugs in ward	ME D2.5.1	There is procedure for replenishing drug trolley	SI/RR	5	
		ME D2.5.2	There is no stock out of drugs	OB/SI	5	
ME D2.6	There is process for storage of vaccines and other drugs, requiring controlled temperature	ME D2.6.1	Temperature of refrigerators are kept as per storage requirement and records are maintained	OB/RR	5	
		ME D2.6.2	Temperature records are maintained	OB	10	
ME D2.7	There is a procedure for secure and storage of narcotic and psychotropic drugs	ME D2.7.1	Narcotics and psychotropic drugs are kept in lock and key	OB/SI	5	
		ME D2.7.1	Separate prescription for narcotic and psychotropic drugs	OB/SI	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
	Total of D2				105	
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 D3.1.1**	**Adequate Illumination at:**		37	
			Admission area	OB	2	
			Examination room	OB	2	
			Nursing station	OB	2	
			Doctor's station	OB	2	
			Patient care areas	OB	2	
			Toilets	OB	2	
ME D3.2	The facility has provision of restriction of visitors in patient areas	**ME D3.2.1**	Entry to procedure area is restricted	OB/PI	10	
		ME D3.2.2	Visiting hour are fixed and practiced		5	
		ME D3.2.3	The system in practice to restrict the visitors to the ward (pass system etc)	OB	10	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	**ME D3.3.1**	**Temperature control and ventilation in patient care area:**		20	
			Fans/ Air conditioning/ Heating/ Exhaust/Ventilatorsare available as per environment condition and requirement	OB	10	
			Optimal temperature and warmth is ensured	OB	10	
		ME D3.3.2	**Temperature control and ventilation in doctors station/duty room**		10	
			Fans/ Air conditioning/ Heating/ Exhaust/Ventilatorsare available as per environment condition and requirement	OB	5	
			Optimal temperature and warmth is ensured	OB	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME D3.3.3	**Temperature control and ventilation in nursing station/duty room**		20	
			Fans/ Air conditioning/ Heating/ Exhaust/Ventilatorsare available as per environment condition and requirement	OB	5	
			Optimal temperature and warmth is ensured	OB	5	
ME D3.4	The facility has security system in place at patient care areas	ME D3.4.1	Security arrangement is available for the ward.	OB/RR	5	
ME D3.5	The facility has established measure for safety and security of female staff	ME D3.5.1	Female staff are feel secure at work place	SI	5	
	Total of D3				87	
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				100	
ME D4.1	Exterior of the facility building is maintained appropriately	ME D4.1.1	Building is painted/white washed in uniform colour	OB	5	
	Patient care areas are clean and hygienic	ME D4.1.2	Interior of patient care areas are painted	OB	5	
		ME D4.1.3	**Patient care areas are clean with no dust, litters or cobwebs**			
			Floor	OB	5	
			Roof	OB	5	
			Walls	OB	5	
		ME D4.1.4	**Ciculation areas are clean with no dust, litters or cobwebs**			
			Floor	OB	5	
			Roof	OB	5	
			Walls	OB	5	
		ME D4.1.5	Sinks in patient care are Clean	OB	10	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME D4.1.6	Surface of furniture and fixtures are clean	OB	5	
		ME D4.1.7	Toilets are clean with functional flush and running water	OB	10	
ME D4.2	Hospital infrastructure is adequately maintained				10	
		ME D4.2.1	Plaster of the walls are intact (no chiiping, crackes)	OB	3	
		ME D4.2.2	Window panes are intact	OB	2	
		ME D4.2.3	Doors are intact	OB	2	
		ME D4.2.4	Other fixtures are intact	OB	3	
ME D4.3	Beds are maintained well.				15	
		ME D4.3.1	Patient Beds are intact and without rust	OB	5	
		ME D4.3.2	Patients beds are painted	OB	2	
		ME D4.3.3	Mattresses are Intact	OB	3	
		ME D4.3.4	Mattresses are clean		5	
ME D4.4	The facility has policy of removal of condemned junk material	ME D4.4.1	No condemned/Junk material in the ward	OB	5	
ME D4.5	The facility has established procedures for pest, rodent and animal control	ME D4.5.1	No stray animal/rodent/birds in the ward	OB	5	
	Total of D4				135	
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services**					
ME D5.1	The facility has adequate arrangement storage and supply of water in all functional areas	ME D5.1.1	Availability of 24x7 running water	OB/SI	10	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	ME D5.2.1	Availability of generator facilities	OB/SI	5	
		ME D5.2.2	Availability of Emergency light	OB/SI	5	
	Total of D5				20	
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	ME D6.1.1	Nutritional assessment of patient done specially for high risk pregnancy and other specified cases	RR/SI	5	
		ME D6.1.2	Good quality diet is provided for patients	PI/SI	5	
ME D6.2	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients	ME D6.2.1	There is procedure of requisition of different type of diet from ward to kitchen	RR/SI	10	
	Total of D6				20	
Standard D7	**The Ward ensures clean linen to the patients**					
ME D7.1	The facility has adequate sets of linen	ME D7.1.1	**Clean Linens are provided for all occupied bed**			
			Bed sheet	OB/RR	5	
			Pillow	OB/RR	5	
			Pillow cover	OB/RR	5	
			Mackintosh	OB/RR	5	
		ME D7.1.2	Gown are provided at least to the cases going for surgery	OB/RR	5	
ME D7.2	The facility has established procedures for changing of linen in patient care areas	ME D7.2.1	Linen is changed patient to patient	PI/SI	5	
		ME D7.2.2	Linen is changed daily	PI/SI	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME D7.2.3	Linen is changed whenever it get soiled	PI/SI	10	
ME D7.3	The facility has standard procedures for handling , collection, transportation and washing of linen	ME D7.2.3	There is system to check the cleanliness and Quantity of the linen received from laundry	SI/RR	5	
	Total of D7				50	
Standard D8	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards opera**					
ME D8.1	The facility has established job description as per govt guidelines	ME D8.1.1	Staff is aware of their role and responsibilities	SI	10	
ME D8.2	The facility has a established procedure for duty roster	ME D8.2.1	There is procedure to ensure that staff is available on duty as per duty roster	RR/SI	10	
		ME D8.2.1	There is designated in charge for ward/ unit for duty roster	SI	5	
ME D8.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	ME D8.3.1	Doctor, nursing staff and support staff adhere to their respective dress code	OB	5	
	Total of D8				**30**	
Standard D9	**The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual**					
ME D9.1	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			
		ME D9.1.1	Cleaning	SI/RR	10	
		ME D9.1.1	Laundry	SI/RR	5	
		ME D9.1.1	Security	SI/RR	5	
	Total of D9				**20**	
	Total of D				**372**	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
	Area of Concern - E Clinical Services					
Standard E1	**The Ward has defined procedures for registration, consultation and admission of patients.**					
ME E1.1	The ward has established procedure for registration of patients				**10**	
		ME E1.1.1	Unique identification number (BHT) is given to each patient during process of registration	RR	5	
		ME E1.1.2	Patient demographic details are recorded in admission records	RR	5	
ME E1.2	There is established procedure for admission of patients				**30**	
		ME E1.2.1	There is no delay in treatment because of admission process	SI/RR/OB	10	
		ME E1.2.2	Admission is done by written order of a qualified doctor	SI/RR/OB	5	
		ME E1.2.3	There is separate counter for admission of patients	OB/RR	5	
		ME E1.2.4	Admission register is mainatained according to department guidelines	OB/SI/RR	5	
		ME E1.2.5	Time of admission is recorded in patient record	RR	5	
ME E1.3	There is established procedure for managing patients, in case beds are not available at the facility				**15**	
		ME E1.3.1	Patient is given a bed after admission	OB/PI	5	
		ME E1.3.2	There is provision of extra Beds/ mattresses	OB/SI	10	
	Total of E1				**55**	
Standard E2	**The Ward has defined and established procedures for clinical assessment and reassessment of the patient**					

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
ME E2.1	There is established procedure for initial assessment of patients				138	
			At the OPD/ETU			
		ME E2.1.1	Initial assessment is done by a Medical officer at OPD/ETU	RR/SI/OB	5	
		ME E2.1.2	Triage is carried out at the admitting medical officer	OB/SI	5	
		ME E2.1.3	Initial management plan is provided by the admitting medical officer	OB/SI	10	
			At the admission to the ward:			
		ME E2.1.4	Admitting officer (NO/MW) review the clinical notes of the admitting medical officer	OB	5	
		ME E2.1.5	Triage is carried out according to the clinical notes	OB	10	
		ME E2.1.6	**Initial assessment done by the admitting officer**		50	
			Brief history by reviewing notes/ interview	OB/SI/PI	10	
			Height	RR	5	
			Weight	RR	5	
			Temperature	RR	5	
			Pulse	RR	5	
			Respiratory rate	RR	5	
			FHS	RR	5	
			FM	RR	5	
			Urine for sugar and protein	RR	5	
			Admitting medical officer to the ward	OB/SI		
		ME E2.1.7	**ANC history of pregnant women is reviewed and recorded**		22	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
			Demorgraphic details	RR/SI	3	
			History of present pregancy	RR/SI	3	
			past obstetric history	RR/SI	3	
			Past medical/ surgical history	RR/SI	2	
			Family history	RR/SI	2	
			Drug history	RR/SI	3	
			Allergies	RR/SI	3	
			Blood group	RR/SI	3	
		ME E2.1.8	**Physical Examination is done and recorded whenever required**		**10**	
			General examination	RR	2	
			Blood pressure	RR	3	
			Heart/ lung auscultation	RR	2	
			Aborminal examination	RR	3	
		ME E2.1.9	Dangers signs are identified and recorded	RR	3	
		ME E2.1.11	Management plan given	RR	3	
		ME E2.1.12	Time, name and designation of the officer who conduct the assessment recorded	RR/SI	5	
		ME E2.1.13	Initial assessment is documented preferably within 1/2 hours	RR/SI	10	
ME E2.2	There is established procedure for follow-up/ reassessment of Patients				**25**	
		ME E2.2.1	There is fixed schedule for assessment of stable patients (Patients should be seen by a SHO three times a day (morning, afternoon and night)	RR/SI	10	
		ME E2.2.2	Every examination, medical advice and procedure is accompanied with date , time and signature	RR/SI	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME E2.2.3	For critical patients admitted in the ward there is provision of reassessment as per need	RR/SI	10	
	Total of E2				163	
Standard E3	The Ward has defined and established procedures for continuity of care of patient and referral					
ME E3.1	The ward has established procedure for continuity of care during interdepartmental transfer				25	
		ME E3.1.1	Ward has established procedure for handing over of patients from antenatal ward to labour room	RR/SI	10	
		ME E3.1.2	Facility has established procedure for handing over of patients from antenatal ward to OT	RR/SI	10	
		ME E3.1.3	There is a procedure for obtaining consultation from other specialities regarding a patient with in the hospital	RR/SI	5	
ME E3.2	The ward provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the continuity of care.				**55**	
		ME E3.2.1	Patient referred with referral form/note	RR/SI	10	
		ME E3.2.2	Advance communication is done with higher centre	RR/SI	5	
		ME E3.2.3	Referral vehicle is being arranged	RR/SI	5	
		ME E3.2.4	Referral in or referral out register is maintained	SI/RR	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME E3.2.5	Facility/ward has functional referral linkages to lower facilities (identified draining area)	SI/RR	5	
		ME E3.2.6	Facility has functional referral linkages to higher facilities (identified high level centre)	SI/RR	5	
		ME E3.2.7	There is a system of follow up of referred patients	SI/RR	10	
		ME E3.2.8	There is a system to communicate with area PHM/MOH regarding risk risk/ complicated cases.	SI/RR	10	
ME E3.3	A person is identified for care during all steps of care				10	
		ME E3.3.1	Duty Doctor is assigned for each patients	RR/SI	5	
		ME E3.3.2	Duty nurse is assigned for each patients	RR/SI	5	
	Total of E3				**90**	
Standard E4	**The Ward has defined and established procedures for nursing care**					
ME E4.1	Procedure for identification of patients is established at the facility	ME E4.1.1	There is a process for ensuring the identification before any clinical procedure	OB/SI	10	
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	ME E4.2.1	Treatment charts are maintained	SI/RR	5	
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens				20	
		ME E4.3.1	Patient hand over is carried out during the change in the shift	SI/RR	5	
		ME E4.3.2	Nursing Handover register is maintained	RR	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME E4.3.3	Hand over is given at the bed side	SI/RR	10	
ME E4.4	Nursing records are maintained				15	
		ME E4.4.1	Nursing notes are maintained adequately (BHT:FHS/3time, temp: 2times, BO/PU, FM, Diet	RR	5	
		ME E4.4.2	Critical patients are monitored continually	SI/RR	10	
	Total of E4				**50**	
Standard E5	**The Ward has a procedure to identify high risk and vulnerable patients.**					
ME E5.1	The ward identifies high risk patients and ensure their care, as per their need					
		ME E5.1.1	bed side tagged	OB/SI	5	
		ME E5.1.1	special instructions	OB/SI	5	
		ME E5.1.1	file colour coded	OB/SI	10	
	Total of E5				**20**	
Standard E6	**The Ward follows standard treatment guidelines defined by government for prescribing the generic drugs & their r**					
ME E6.1	The facility ensured that drugs are prescribed in generic name only	ME E6.1.1	Drugs are prescribed under generic name only	RR	10	
ME E6.2	There is procedure of rational use of drugs				40	
		ME E6.2.1	The relevant Standard treatment guideline are available at point of use	RR	10	
		ME E6.2.2	The staff is aware of the drug regime and doses as per STG	SI/RR	10	
		ME E6.2.3	The drugs are prescribed as per STG	BHT check	10	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME E6.2.4	Availability of drug formulary	SI/OB	10	
	Total of E6				**50**	
Standard E7	**The Ward has defined procedures for safe drug administration**					
ME E7.1	There is process for identifying and cautious administration of high alert drugs				30	
		ME E7.1.1	High alert drugs available in the ward are identified eg. MgSO4	SI/OB	10	
		ME E7.1.2	Maximum dose of high alert drugs are defined and communicated (MgSO4)	SI/RR	10	
		ME E7.1.3	There is process to ensure that right doses of high alert drugs are only given	SI/RR	10	
ME E7.2	Medication orders are written legibly and adequately				15	
		ME E7.2.1	Every Medical advice and procedure is accompanied with date , time and signature	RR	10	
		ME E7.2.2	Check for the writing, It comprehendible by the clinical staff	RR/SI	5	
ME E7.3	There is a procedure to check drug before administration/ dispensing				30	
		ME E7.3.1	Drugs are checked for expiry and other inconsistency before administration	OB/SI	5	
		ME E7.3.2	Single dose vial are not used for more than one dose	OB	10	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME E7.3.3	The separate sterile needle is used every time for multiple dose vial	OB	5	
		ME E7.3.4	Any adverse drug reaction is recorded and reported	RR/SI	10	
ME E7.4	There is a system to ensure right medicine is given to right patient	ME E7.4.1	Administration of medicines done after ensuring right patient, right drugs , right route, right time	SI/OB	10	
ME E7.5	Patient is counselled for self drug administration	ME E7.5.1	Patient is advice by doctor/nurse about the dosages and timings .	RR/SI	5	
	Total of E7				**90**	
Standard E8	**The Ward has defined and established procedures for maintaining, updating of patients' clinical records and thei**					
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	ME E8.1.1	Day to day progress of patient is recorded in BHT	SI/RR	5	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	ME E8.2.1	Treatment plan, first orders are written on BHT	SI/RR	5	
ME E8.3	Care provided to each patient is recorded in the patient records	ME E8.3.1	Maintenance of treatment chart	SI/RR	5	
ME E8.4	Procedures performed are written on patients records	ME E8.4.1	Any procedure performed written on BHT	SI/RR	5	
ME E8.5	Adequate form and formats are available at point of use	ME E8.5.1	Standard Format for bed head ticketis available as national guidelines	RR/OB	5	
ME E8.6	Register/records are maintained as per guidelines				76	
		ME E8.6.1	Registers and records are maintained as per guidelines	SI/RR	66	
			Obstetric BHT	SI/RR	2	
			Admission register	SI/RR	2	
			Discharge register	SI/RR	2	
			Giving and Taking over book	SI/RR	2	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
			Handing over forms(ANW toLR/Theatre)	SI/RR	2	
			Details of readmission book	SI/RR	2	
			Details of LSCS book	SI/RR	2	
			Infection details book	SI/RR	2	
			Accident report book	SI/RR	2	
			Notification book	SI/RR	2	
			Investigation oncall book for X ray & ECG	SI/RR	2	
			Specimen sending Book	SI/RR	2	
			Diet Book	SI/RR	2	
			Ward round Book	SI/RR	2	
			CSSD book	SI/RR	2	
			Linen Book	SI/RR	2	
			Day and Night Report Book	SI/RR	2	
			Midnight report Book	SI/RR	2	
			Drug registers	SI/RR	2	
			Inventry HEAlTH 500 for consumables	SI/RR	2	
			Inventry Health 503 for Surgical hardware(bio medical equipments)	SI/RR	2	
			Inventry for instument	SI/RR	2	
			Duty rosters for staff(NO, MW, JS)	SI/RR	6	
			Delgation book for staff(NO, MW, JS)	SI/RR	6	
			Statistic book	SI/RR	10	
		ME E8.6.2	All register/records are identified and numbered	SI/RR	10	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	ME E8.7.1	Safe keeping of patient records	SI/OB	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
	Total of E8				**101**	
Standard E9	**The Ward has defined and established procedures for discharge of patient.**					
ME E9.1	Discharge is done after assessing patient readiness				35	
		ME E9.1.1	Assessment is done before discharging patient by a medical offier	SI/RR	5	
		ME E9.1.2	Discharge is done by a responsible and qualified doctor	SI/RR	5	
		ME E9.1.3	Patient / guardians are consulted before discharge	PI/SI	10	
		ME E9.1.4	Treating doctor is consulted/ informed before discharge of patients	SI/RR	5	
		ME E9.1.5	Diagnosis is written correctly in BHT before discharge	SI/RR	10	
ME E9.2	Case summary and follow-up instructions are provided at the discharge				35	
		ME E9.2.1	Discharge summary is provided in pregnancy record	RR/PI	10	
		ME E9.2.3	Discharge summary adequately mentions patients clinical condition, treatment given and follow up	RR	10	
		ME E9.2.4	Discharge summary is give to patients left against medical advice	SI/RR	10	
		ME E9.2.5	BHTs of discharge patients are handed over to the medical record room by next working day.		5	
ME E9.3	Counselling services are provided as during discharges wherever required				35	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME E9.3.1	Patient is counselled before discharge (Depend on whether its normal preganacy or high risk pregnancy information regarding plan for confinement)	SI/PI	5	
		ME E9.3.2	Advice includes the information about:			
		ME E9.3.3	The nearest hospital for further follow up	RR/SI	5	
		ME E9.3.4	Contact information of area PHM	RR/SI	5	
		ME E9.3.5	Danger signs	RR/SI	5	
		ME E9.3.6	Plan for confinement	RR/SI	5	
		ME E9.3.7	Time of discharge is communicated to patient in prior	PI/SI	10	
ME E9.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc	ME E9.4.1	Declaration is taken from the patients left against medical advice.	RR/SI	5	
	Total of E9				**110**	
Standard E10	**The Ward has defined and established procedures for Emergency Services and Disaster Management**					
ME E10.1	The facility/ward has disaster management plan in place	ME E10.1.1	Disater management plan is available for the ward/hospital	SI/RR	10	
		ME E10.1.1	Staff is aware of disaster plan	SI/RR	5	
		ME E10.1.1	Role and responsibilities of staff in disaster is defined	SI/RR	5	
	Total of E10				**20**	
Standard E11	**The Ward has defined and established procedures of diagnostic services**					
ME E11.1	There are established procedures for Pre-testing Activities				40	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME E11.1.1	Container is labelled properly after the sample collection	SI/OB	10	
		ME E11.1.1	Sample accompany a properly filled request form	SI/OB	10	
		ME E11.1.1	Fixed schedule is available to send samples to lab	SI	5	
		ME E11.1.1	Register is maintained for samples send for testing	SI/RR	5	
		ME E11.1.1	Established procedure to collect Lab reports on time	SI	10	
ME E11.2	There are established procedures for Post-testing Activities	ME E11.2.1	Abnormal/ critical test results informed from the lab to the ward over the phone	SI/RR	10	
	Total of E11				**50**	
Standard E12	**The Ward has defined and established procedures for Blood Bank/Storage Management and Transfusion**					
ME E12.1	There is established procedure for transfusion of blood				10	
		ME E12.1.1	Consent is taken before transfusion	SI/RR	5	
		ME E12.1.1	Patient's identification is verified before transfusion	SI/OB	10	
		ME E12.1.1	Blood is kept on optimum temperature before transfusion	OB/SI/RR	5	
		ME E12.1.1	Blood transfusion is monitored and regulated by qualified person	SI/RR	10	
		ME E12.1.1	Blood transfusion note is written in patient recorded	SI/RR	10	
ME E12.2	There is a established procedure for monitoring and reporting Transfusion complication	ME E13.2.1	Any major or minor transfusion reaction is recorded and reported to responsible person	SI/RR	10	
	Total of E12				**20**	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
Standard E13	**The Ward has established procedures for Anaesthetic Services**					
ME E13.1	The facility has established procedures for Pre-anaesthetic Check up and maintenance of records	**ME E1431.1**	Pre anaesthesia check up is conducted for elective / Planned surgeries	SI/RR	10	
	Total of E13				**10**	
Standard E14	**The Ward has defined and established procedures for end of life care and death**					
ME E14.1	Death of admitted patient/ intrauterine death is adequately recorded and communicated				10	
		ME E14.1.1	Facility has a standard procedure to decent communicate death to relatives (most senior staff member available should deliver the message)	SI	5	
		ME E14.1.1	Death note is written on patient record	RR	5	
ME E14.2	The facility has standard procedures for handling the death in the hospital				10	
		ME E14.2.1	Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible	SI/RR	5	
		ME E14.2.1	Death note including efforts done for resuscitation is noted in patient record	RR	5	
	Total of E14				**20**	
	Total of E				849	
	Area of Concern - F Infection Control					
Standard F1	**The Ward has infection control Programme and procedures in place for prevention and measurement of hospital assoc**					

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
ME F1.1	Facility has provision for Passive and active culture surveillance of critical & high risk areas	ME F1.1.1	Regular surface and environment samples are taken for microbiological surveillance	SI/RR	5	
ME F1.2.	The facility measures hospital associated infection rates	ME F1.2.1	There is procedure to report cases of Hospital acquired infection	SI/RR	5	
ME F1.3	There is Provision of Periodic Medical Check-up and immunization of staff	ME F1.3.1	There is procedure for immunization of the staff eg. Hep B	SI/RR	5	
		ME F1.3.2	Regular periodic medical checkups of the staff	SI/RR	5	
ME F1.4	The facility has established procedures for regular monitoring of infection control practices	ME F1.4.1	Regular monitoring of infection control practices	SI/RR	10	
ME F1.5	The facility has defined and established antibiotic policy	ME F1.5.1	Doctors are aware of Hospital Antibiotic Policy	SI/RR	10	
	Total of F1				**40**	
Standard F2	**The Ward has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**					
ME F2.1	Hand washing facilities are provided at point of use				60	
		ME F2.1.1	**Availability of hand washing Facility at Point of Use (demarcated area for hand washing)**		20	
			entrance	OB	5	
			examination room	OB	5	
			Doctors station	OB	5	
			Procedure/ preparation rooms	OB	5	
		ME F2.1.2	Hand washing sink is wide and deep enough to prevent splashing and retention of water	OB	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME F2.1.3	Availability of elbow operated taps	OB	5	
		ME F2.1.4	Availability of running Water 24X7	OB/SI	5	
		ME F2.1.5	Availability of liquid soap / liquid antiseptic with dispenser.	OB/SI	5	
		ME F2.1.6	Clean Hand towels are provided		5	
		ME F2.1.7	Availability of Alcohol based Hand rub	OB/SI	5	
		ME F2.1.8	Display of Hand washing Instruction at Point of Use	OB	10	
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices				20	
		ME F2.2.1	Adherence to 6 steps of Hand washing (staff)	SI/OB	10	
		ME F2.2.2	Staff aware of when to hand wash	SI	10	
ME F2.3	The facility ensures standard practices and materials for antisepsis				15	
		ME F2.3.1	Availability of Antiseptic Solutions eg, alcohol	OB	5	
		ME F2.3.2	Proper cleaning of procedure site with antiseptics	OB/SI	10	
	Total of F2				**95**	
Standard F3	**The facility ensures standard practices and materials for Personal protection**					

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements				20	
		ME F3.1.1	Clean disposable gloves are available at point of use	OB/SI	10	
		ME F3.1.2	Masks are available.	OB/SI	10	
ME F3.2	The facility staff adheres to standard personal protection practices				20	
		ME F3.2.1	No reuse of disposable gloves, Masks, caps and aprons.	OB/SI	10	
		ME F3.2.2	Compliance to correct method of wearing and removing the gloves	SI	10	
	Total of F3				**40**	
Standard F4	**The Ward 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 procedure areas				130	
		ME F4.1.1	Decontamination of the procedure surface like Examination table , Patients Beds Stretcher/Trolleys etc. By standard method daily clean with soap and water or Tpol using a clean cloth,Weakly wash with soap and water or T pol	SI/OB	10	
		ME F4.1.2	**Decontamination of equipments**	SI/OB	95	
			Blood pressure cuff	SI/OB	5	
			Stethoscope	SI/OB	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
			Thermometer	SI/OB	5	
			CTG belts	SI/OB	5	
			Pinnard	SI/OB	5	
			Tape	SI/OB	5	
			Sucker tubes	SI/OB	5	
			Sucker bottles	SI/OB	5	
			Sucker machines	SI/OB	5	
			Suction catheter	SI/OB	5	
			Spot Lamp	SI/OB	5	
			Ambu bag	SI/OB	5	
			Larygoscope	SI/OB	5	
			Palstic face mask	SI/OB	5	
			Airway	SI/OB	5	
			ET tubes	SI/OB	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
			Pulse oxymeter	SI/OB	5	
			Infusion pump	SI/OB	5	
			Cardiac monitor	SI/OB	5	
		ME F4.1.3	Decontamination of instruments soiled with blood/ body fluids by…….	SI/OB	5	
		ME F4.1.4	Contact time for decontamination is adequate	SI/OB	5	
		ME F4.1.5	Cleaning is done with detergent and running water after decontamination	SI/OB	5	
		ME F4.1.6	Proper handling of Soiled and infected linen	SI/OB	5	
		ME F4.1.7	Staff know how to make chlorine solution	SI/OB	5	
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	ME F4.2.1	Equipment and instruments are sterilized after each use as per requirement	OB/SI	5	
		ME F4.2.2	High level Disinfection of instruments/equipments is done as per protocol	OB/SI	5	
		ME F4.2.3	Autoclaved dressing material is used	OB/SI	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME F4.2.4	Autoclaved linen are used for procedure	OB/SI	5	
ME F4.3	the ANW has Functional likage with CSSD	ME F4.3.1	Instruments and equipments are pre treated before sterilization	OB/SI	5	
		ME F4.3.2	Instruments are packed according for autoclaving as per standard protocol	OB/SI	5	
		ME F4.3.3	Availability of established procedure to hand over pretreated items to CSSD	OB/SI	5	
		ME F4.3.4	Availability of established procedure to obtain steriled items from CSSD	OB/SI	5	
		ME F4.3.5	Sterility of autoclaved packs is maintained during storage	OB/SI	5	
		ME F4.3.6	There is a procedure to enusure the tracibility of sterilized packs	OB/SI	5	
		ME F4.3.7	Steriled items are taken to procedure site without breach in sterility	OB/SI	5	
		ME F4.3.8	Regular validation of sterilization through biological and chemical indicators	OB/SI	5	
		ME F4.3.9	Maintenance of records of sterilization	OB/SI	5	
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**					
ME F5.1	Layout of the ward is conducive for the infection control practices	ME F5.1.1	Facility layout ensures separation of general traffic from patient traffic	OB	2	
		ME F5.1.2	Zoning of High risk areas	OB	2	
		ME F5.1.3	Facility layout ensures separation of routes for clean and dirty items	OB	2	
		ME F5.1.4	Floors and wall surfaces of ANW are easily cleanable	OB	2	
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	ME F5.2.1	**Availability of disinfectant as per requirement**	OB/SI		

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
			Betadine solution	OB/SI	2	
			4% Chlohexidine	OB/SI	2	
			Cetrimide cream after cleaning with N Saline	OB/SI	2	
			70%-90% Alcohol	OB/SI	2	
			Commercially available prepartions Savlon, Detal, Hib scrub)	OB/SI	2	
		ME F5.2.2	**Availability of cleaning agent as per requirement**	OB/SI		
			T pol		2	
			Detergents		2	
			Soap		2	
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	ME F5.3.1	Staff is trained for spill management	SI/RR	5	
		ME F5.3.2	Cleaning of patient care area with detergent solution	SI/RR	5	
		ME F5.3.3	Staff is trained for preparing cleaning solution as per standard procedure	SI/RR	5	
		ME F5.3.4	Standard practice of mopping and scrubbing are followed	OB/SI	5	
		ME F5.3.5	Cleaning equipments like broom are not used in patient care areas	OB/SI	5	
ME F5.4	The facility ensures segregation infectious patients	ME F5.4.1	Isolation and barrier nursing procedure are followed for septic cases	OB/SI	5	
Standard F6	**The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and**					

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines	ME F6.1.1	Availability of color coded bins at point of waste generation	OB	5	
		ME F6.1.2	Availability of plastic color coded plastic bags	OB	5	
		ME F6.1.3	Segregation of different category of waste as per guidelines	OB/SI	5	
		ME F6.1.4	Display of work instructions for segregation and handling of Biomedical waste	OB	5	
		ME F6.1.5	There is no mixing of infectious and general waste	OB	5	
		ME F6.1.6	Availability of puncture proof box	OB	5	
		ME F6.1.7	Disinfection of sharp before disposal	OB/SI	5	
		ME F6.1.8	Staff is aware of contact time for disinfection of sharps	SI	5	
		ME F6.1.9	Availability of post exposure prophylaxis	OB/SI	5	
		ME F6.1.10	Staff knows what to do in condition of needle stick injury	SI	5	
ME F6.2	The facility ensures transportation and disposal of waste as per guidelines	ME F6.2.1	Check bins are not overfilled	SI/OB	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME F6.2.2	Transportation of bio medical waste is done in close container/trolley	SI/OB	5	
		ME F6.2.3	Staff aware of mercury spill management	SI/RR	5	
	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	ME G1.1.1	There is a designated nodal person for coordinating Quality Assurance activities in the instituion	SI/RR	5	
		ME G1.1.2	Work improvement teams (WIT) are available in the ward/unit	SI	3	
		ME G1.1.3	WIT conducts regular meetings	SI	2	
		ME G1.1.4	WIT meeting records are available	RR	5	
Standard G2	**The facility has established system for patient and employee satisfaction**					
ME G2.1	Service satisfaction surveys are conducted at periodic intervals	ME G2.1.1	Client/Patient satisfaction survey done on monthly basis	RR	10	
		ME G2.1.2	Regular staff satisfaction surveys conducts	RR	10	
Standard G3	**The facility have established internal and external quality assurance Programmes wherever it is critical to qu**					
ME G3.1	The facility has established internal quality assurance programme in key departments	ME G3.1.1	**There is system daily round by:**			
			Special grade Nursing Officer	SI/OB	3	
			Medical office quality for monitoring of services	SI/OB	2	
			Head of the institution	SI/OB	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
ME G3.2	The facility has established system for use of check lists in different departments and services	ME G3.2.1	Departmental checklist are used for monitoring and quality assurance	SI/RR	5	
		ME G3.2.2	Staff is designated for filling and monitoring of these checklists	SI/RR	5	
Standard G4	**The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes**					
ME G4.1	Departmental standard operating procedures are available	ME G4.1.1	Standard operating procedure for the ward has been prepared and approved	RR	10	
		ME G4.1.2	Current version of SOP are available with process owner	RR	5	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	ME G4.2.1	Department has documented procedure for receiving and initial assessment of the patient in Antenatal ward	RR	5	
		ME G4.2.2	Department has documented procedure for admission, shifting and referral of pregnant mother	RR	5	
		ME G4.2.3	Department has documented procedure for shifting the mother to labour room	RR	5	
		ME G4.2.4	Department has documented procedure for drug management	RR	5	
		ME G4.2.5	Department has documented procedure for requisition of diagnosis and receiving of the reports	RR	5	
		ME G4.2.6	Department has documented procedure for preparation of the patient for surgical procedure	RR	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
		ME G4.2.7	Department has documented procedure for transfusion of blood in Antenatal ward	RR	5	
		ME G4.2.8	Department has documented procedure for maintenance of rights and dignity of pregnant women	RR	5	
		ME G4.2.9	Department has documented procedure for record Maintenance including taking consent	RR	5	
		ME G4.2.10	Department has documented procedure for discharge of the patient from Antenatal ward	RR	5	
		ME G4.2.11	Department has ducumented procedure for maternity benefits/ insurance	RR	5	
		ME G4.2.12	Department has documented procedure for counselling of the patient at the time of discharge	RR	5	
		ME G4.2.13	Antenatal ward has documented procedure for environmental cleaning and steilization of the equipment	RR	5	
		ME G4.2.14	Antenatalward has documented procedure for arrangement of intervention for maternity ward	RR	5	
		ME G4.2.15	Antenatal ward has documented procedure for sorting, cleaning and distribution of clean linen to patient	RR	5	
		ME G4.2.16	Maternity ward has documented procedure for providing free diet to the patient as per their requirement	RR	5	
		ME G4.2.17	Department has documented procedure for end of life care	RR	5	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	ME G4.3.1	Check staff is a aware of relevant part of SOPs	SI/RR	5	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
ME G4.4	Work instructions are displayed at Point of use	ME G4.4.1	Work instruction/clinical protocols are displayed	OB	5	
Standard G 5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities ar					
ME G5.1	The facility maps its critical processes	ME G5.1.1	Process mapping of critical processes done	SI/RR	5	
ME G5.2	The facility identifies non value adding activities / waste / redundant activities	ME G5.2.1	Non value adding activities are identified	SI/RR	10	
ME G5.3	The facility takes corrective action to improve the processes	ME G5.3.1	Processes are rearranged as per requirement	SI/RR	5	
Standard G6	The facility has established system of periodic review as internal assessment (clinical audits, death review					
ME G6.1	The facility conducts periodic internal assessment	ME G6.1.1	Internal assessment is done at periodic interval	RR/SI	10	
ME G6.2	The facility conducts the periodic prescription/ medical/death audits	ME G6.2.1	There is procedure to conduct Medical Audit /Clinical audit	RR/SI	5	
		ME G6.2.2	Maternal death audit is conducted at the ward level before institutional level		5	
		ME G6.2.4	There is procedure to conduct maternal Death audit at the institution	RR/SI	5	
		ME G6.2.3	There is procedure to conduct Prescription audit	RR/SI	5	
ME G6.4	Action plan is made on the gaps found in the assessment / audit process	ME G6.4.1	Action plan prepared	RR/SI	10	
ME G6.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	ME G6.5.1	Corrective and preventive action taken	RR/SI	10	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
Standard G7	**The facility has defined and established Quality Policy & Quality Objectives**					
ME G7.1	The facility periodically defines its quality objectives and key departments have their own objectives	**ME G7.1.1**	Quality objective for Antenatal ward are defined	RR/SI	10	
ME G7.2	Quality policy and objectives are disseminated and staff is aware of that	**ME G7.2.1**	Check of staff is aware of quality policy and objectives	SI	5	
ME G7.3	Progress towards quality objectives is monitored periodically	**ME G7.3.1**	Quality objectives are monitored and reviewed periodically	SI/RR	5	
Standard G8	**The facility seeks continually improvement by practicing Quality method and tools.**					
ME G8.1	The facility uses method for quality improvement in services	**ME G8.1.1**	PDCA	SI/RR	5	
		ME G8.1.2	5S	SI/OB	5	
		ME G8.1.3	Mistake proofing	SI/OB	5	
		ME G8.1.4	Six Sigma	SI/RR	5	
ME G8.2	The facility uses tools for quality improvement in services	**ME G8.2.1**	6 basic tools of Quality	SI/RR	5	
		ME G8.2.2	Pareto / Prioritization	SI/RR	5	
		ME G8.2.3	WIT	SI/RR	5	
	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 H1.1.1**	Bed Occupancy Rate	RR	10	

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**					
	Facility measures Clinical Care & Safety Indicators on monthly basis	**ME H3.1.4**	Maternal Death per 100,000 deliveries	RR	10	
		ME H3.1.5	No of adverse events per thousand patients (falls etc)	RR	10	
		ME H3.1.6	Time taken for initial assessment	RR	10	
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**					
ME H4.1	Facility measures Service Quality Indicators on monthly basis	**ME H4.1.1**	Rate of left against medical advice	RR	10	
		MEH4.1.2	Service Provider satisfaction Score			
		ME H4.1.3	Patient Satisfaction Score	RR	10	

Maternity Ward Score Card			
	Maternity Ward Score		**#REF!**
	Area of Concern wise Score		
A	Service Provision		**#REF!**
B	Patient Rights		**#REF!**
C	Inputs		**#REF!**
D	Support Services		**#REF!**
E	Clinical Services		**#REF!**
F	Infection Control		**#REF!**
G	Quality Management		**#REF!**
H	Outcome		**#REF!**
A	Obtained #REF!		Maximum #REF!

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks
B	#REF!		0			
C	#REF!		#REF!			
D	#REF!		0			
E	#REF!		#REF!			
F	#REF!		0			
G	#REF!		#REF!			
H	#REF!		#REF!			
Total	#REF!		#REF!			
0						
1						
2						

		Compliance Yes/No/Not Applicable
Remarks		
	#REF!	#REF!
Available: 3 marks, Available 24x7: 5 marks		
Available: 3 marks, Available 24x7: 5 marks		
Available: 3 marks, Available 24x7: 5 marks		

Remarks
#REF! 0
#REF! 0
l their modalities
check list
Entry to procedure area is restricted

Remarks
Breast feeding, kangaroo care, family planning etc (Pictorial and chart) in circulation area
Enquiry desk serving both maternity ward and labour Room
BHT check list
BHT check list
BHT check list

economic, cultural or social reasons.	#REF!	0

Remarks

d information.	#REF!	0
Bracket screen		

Remarks
Patient satisfaction Questionaire Identify questions and link
Inquire from staff that such women get admitted how they mange them?
planning, and facilitates informed #REF! 0
Satisfaction questionnaire
Patient Satisfacion Questionaire
Guardian interview
Satisfaction questionnaire

Remarks		
Guardian interview		
	#REF!	0
Ask from few patients whether they have paid for any of these things		
	#REF!	#REF!
norms	#REF!	0

Remarks
oooo
If in the ground floor give full marks
All areas should be well lit,ventilated and kept clean and tidy,out of gabage and abandoned furniture, staff rooms should have lockers and hangers

Remarks
Bed Adequecy (10 beds per 100 deliveries per month)Calculate
Measure and check 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
Measure and check Corridor should be at least 3 meters wide
30 bed ward, at least 4 toilets,

Remarks
IF No of days without water is 0, Marks 5, IF No of days without water is </=3, Marks 3, IF No of days without water is 0>3 Marks 0

Remarks
IF No of days without electrycity is 0, Marks 5, IF No of days without electricity is </=3, Marks 3, IF No of days without electricity is 0>3 Marks 0

	#REF!	0

Check for fixtures and furniture like cupboards, cabinets, and heavy equipments , hanging objects are properly fastened and secured

Remarks		
	#REF!	0
Check for staff competencies for operating fire extinguisher and what to do in case of fire		
ase load	#REF!	0

Remarks
4 SHO per consultant
6 for 100-200 Deliveries/Month 8 for More than 200 deliveries per month
300 deliveries: Morning shift 4,evening 3 and night 2nurses), Per shift: ANC 10 patients/1 nurse and 2 HDU beds /1 nurse
at least 1 MW per 10/deliveries
300 deliveries: Morning shift 4,evening 3 and night 2nurses)
Ask from the ward sister/ ncharge the adequacy of these staff.
Security staff may be common to the unit or building etc.
Ask the sister to fill the training needs assessment tools and calculate the percentages base on the information/Trainning gained last five years hyperlink to a tool(10%-1mark,20%-2marks……100%-10marks)

Remarks

	#REF!	0

check list

Remarks

Remarks

Remarks

Remarks		
	#REF!	0

Remarks
,

Remarks

Remarks

Remarks
If labelled 2 marks if not 1 mark
To give marks instruments should be functional otherwise no marks
For multipara monitor 5 marks If only ECG machine 3 marks if nothing 0 marks

Remarks
if Oxygen is not available 0 marks

Remarks
If not available 0 marks

Remarks		
	#REF!	0
ent.	#REF!	0
nd ward	#REF!	0

Remarks

Remarks
#REF! 0
Availability of wall funtioning thermometer

Remarks
Ask female staff weather they feel secure at work place

	#REF!	0

Remarks
if toilets are only clean 5 marks To give 10 marks either funtional flush or running water should be available

norms	#REF!	0

Remarks		
if Emmergency light is not funtional 0 marks		
	#REF!	0
For hypertensive patient, diabetic cases. Check nutrition advice from records		
Patient stisfaction questionaire		
diet for diabetic patients, low salt and high protein diet etc		
	#REF!	0

Remarks

ting procedures.	#REF!	0
Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)		

obligations	#REF!	0

Remarks		
	#REF!	#REF!
	#REF!	0
BHT check list		
BHT check list		
ts.	#REF!	0

Remarks
BHT check list
BHT check list
BHT check list
Dating scan if available
BHT check
BHT check
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BHT check
BHT check
BHT check
BHT check

Remarks
BHT check
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Remarks
BHT check
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BHT check

#REF! 0

Remarks
Check for referral cards filled from lower facilities
Refer into clinics

	#REF!	0

Check for treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed.BHT check

Remarks		
(FHS/3time, temp: 2times, BO/PU, FM, Diet BHT check		
Check few BHTs of complicated cases and check whether monitored according to the advice given BHT check		
	#REF!	0
rational use.	#REF!	0
Check for BHT if drugs are prescribed under generic name only		
Check for that relevant Standard treatment guideline are available at point of use		
Ask from the staff what is the dosagee of MgSO4, iron tablets, folic acid etc		

Remarks
#REF! 0
Magsulf (to be kept in fridge)
Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor;s station
A system of independent double check before administration, Error prone medical abbreviations are avoided
Check for any open single dose vial with left over content kept to be used later on

Remarks
In multi dose vial needle is not left in the septum

r storage	#REF!	0
BHT check		
Treatment prescribed in nursing records BHT check		
Treatment given is recorded in treatment chat BHT check		
Dressing, mobilization etc BHT check		
Availability of formats for Treatment Charts, TPR Chart , Intake Output Chat Etc.		

Remarks

Remarks
#REF! 0
BHT check list
See for discharge summary, referral slip provided.

Remarks

	#REF!	0

	#REF!	0

Remarks
Method of tracing Sample registry/Sending results registry/method to communicate

#REF! 0

.

Remarks		
	#REF!	0
	#REF!	0
	#REF!	0
ciated infection	#REF!	0

Remarks
Swab are taken from infection prone surfaces
Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site .
Hepatitis B, Tetanus Toxid etc
Hand washing and infection control audits done at periodic intervals
Ask from doctors

	#REF!	0

Check for availability of wash basin near the point of use

Remarks
Ask to Open the tap. Ask Staff water supply is regular
Check for availability/ Ask staff if the supply is adequate and uninterrupted
Check for availability/ Ask staff for regular supply.
Prominently displayed above the hand washing facility , preferably in Local language
Ask of demonstration /Check list
like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter

	#REF!	0

Remarks
#REF! 0
ask from the staff" How do you decontaminate the examination bed Ask from staff 3 marks Observe 5 marks
Ask from staff 2 marks Observe 3 marks
Whenever contaminated wash with soap and water and dry
Wipe with 70% Alcohol

Remarks
For each patient wash with detergent and luke warm water , wipe with 70% alcohol and dry in a rack, Never store dipped in Savlon
Wash at night with detergent and water and dry
Wash with soap and water weekly
Wash with soap and water whenever contaminated
After usage apply Cidex solution ,leave 30 min, clean both inside and outside of the tube with strile water and then wash with soap and water and dry wrap in a GS towel and store
Autoclaved or fill 1% hypochloride solution leave 30 mins ,Wash with soap and water and dry
Wipe with a clean cloth soaked in soap and water or T pol
Disposable
Wash with detergent and water
Disassemble including reservoir tube and bag and wash with detergent and water and dry to each patient
Wash with detergent and water dry and wipe 70% alcohol to each patient
Wash with detergent and water dry and wipe 70% alcohol to each patient
Wash at night with detergent and water and dry
Dispoasble if to be used clean with Cidex

Remarks
Wipe with a clean cloth soaked in soap and water or T pol
Wipe with a clean cloth soaked in soap and water or T pol
Wipe with a clean cloth soaked in soap and water or T pol
Standard Method apply 1% hypochlorite solution or TCL powder, Leave at least 10 mins, All instruments should be steriled
at least 10 minutes
If laundry is available in hospital, no sorting , rinsing or sluicing at Point of use/ Patient care area. When Laudry service is out sourced: Disinfect before handing over to laundry service
Standard method 1% Hypochloride solution : TCL 30g+1L of water, 0.5%Hypochloride solution: TCL 14.3g+1L of water Caution prepare in a place with good ventilation away from patients
Ask staff about method and time required for boiling

Remarks		
	#REF!	0
Marks are given as 2 or none		

Remarks
Unidirectional mopping from inside out
Any cleaning equipment leading to dispersion of dust particles in air should be avoided
hazardous Waste.

#REF! 0

Remarks
Marks are given as 5 if complete, 3 as for inadequately done or no marks if no steps taken
Marks are given as 5 if complete, 3 as for inadequately done or no marks if no steps taken
Marks are given as 5 if complete, 3 as for inadequately done or no marks if no steps taken
Marks are given as 5 if complete, 3 as for inadequately done or no marks if no steps taken
Marks are given as 5 if complete, 3 as for inadequately done or no marks if no steps taken
Should be available near the point of generation like nursing station and injection room 5 marks or none
Disinfection of syringes is not done in open buckets ?
5 marks if correctly said if not no marks
Ask if available. Where it is stored and who is in charge of that.
Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done 5 marks or no marks
5 marks or no marks

Remarks		
5 marks or no marks		
Ask		
	#REF!	#REF!
	#REF!	0
5 marks or no marks		
5marks or no marks		
	#REF!	0
5 marks at least one survey is done for at least within last five years		
5 marks at least one survey is done for at least within last five years		
ality.	#REF!	0

Remarks
and support services.
If staff is awarethat at least SOP is in practise and applicable in hospital set up 5 marks should be given

#REF! 0

Remarks

Remarks
nd wastages
ys)

#REF! 0

Remarks		
	#REF!	0
5 marks at least staff head of the institution is aware about it		
3 marks at least one round of monitoring done within last 2 years		
	#REF!	0
	#REF!	#REF!
	#REF!	0
This should be at least 75% From statistic book if they have already calculated 10 marks if not calculated but data available 7 marks if no data available 0 marks		

Remarks		
	#REF!	0
1/2 hour		
	#REF!	0
Direct link to Patient stisfaction Questionare		
Direct link to Patient stisfaction Questionare		

Remarks