

National Quality Assurance Standards					
Please note when you are not allocating full marks, please give the reason in the remark					
OB- observe; SI- service provider interveiw; PI- patient interview; RR- records					
Checklist for Labour Room					
Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
Area of Concern - A Service Provision					
Standard A1					
The facility provides Labour Room Services According to Ministry of Health norms Program					
ME A1.1	Services are available	ME A1.1.1	Labour room is functional 24x7	SI/RR	10
		ME A1.1.2	Theatre services are fuctional 24X7	SI/RR	10
		ME A1.1.3	Availability of Blood Bank Services 24X7	SI/RR	10
		ME A1.1.4	Availibility of Laboratory services 24X7	SI/RR	10
		ME A1.1.5	Availability of ambulance services 24*7	SI/RR	10
		ME A1.1.6	Availability of continous CSSD supply	SI/RR	10
		ME A1.1.7	Availability of infection control unit Support	SI/RR	10
ME A1.2	Auditing systems are available	ME A1.2.1	Maternal deaths review	SI/RR	10
		ME A1.2.2	Near miss inquiry	SI/RR	10
		ME A1.2.3	Perinatal death audits	SI/RR	10
The facility provides services according to Maternal Care guidelines of ministry of t					
ME A2.2	The facility provides Labour room Services	ME A2.2.1	Normal Vaginal Delivery	SI/OB	5
		ME A2.2.2	Assisted vaginal Delivery	SI/OB	
			Forceps delivery	SI/OB	5
			Vacuum delivery	SI/OB	5
		ME A2.2.3	Breech delivery	SI/OB	5
		ME A2.2.4	Management of Postpartum Haemorrhage	SI/OB	10
		ME A2.2.5	Management of Retained Placenta	SI/OB	10
		ME A2.2.6	Septic Delivery	SI/OB	5
		ME A2.2.7	Delivery of HIV positive PW	SI/OB	10
		ME A2.2.8	Continue the management of PIH/Eclampsia/ Pre eclampsia (monitoring facilities)	SI/OB	10
		ME A2.2.9	This facility provides female companionship services during labour	SI/OB	25
ME A2.3	The facility provides Newborn health Services	ME A2.3.1	Availability of New born resuscitation	SI/OB	20
Area of Concern - B Patient Rights					
Standard B1					
The facility provides the information to care seekers, attendants & community about the available ser					
ME B1.1	The facility has uniform and user-friendly signage system	ME B1.1.1	Availability departmental signage's		
		ME B1.1.2	Directional signage for LR is displayed	OB	10
		ME B1.1.3	Directional signages within the LR is displayed	OB	10
		ME B1.1.4	Restricted area signage displayed	OB	5
		ME B1.1.5	Information on the mothers in labour room dispalyed in a place which is accessible to the visitors	OB	10
ME B1.2	The facility displays the services and entitlements available in its departments	ME B1.2.1	Name of doctor oncall and on duty are displayed and updated	OB	10

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
ME B1.3	Patients are sensitised and educated through appropriate IEC / BCC approaches	ME B1.3.1	Relevant IEC Material is displayed in the labour room (washable material)	OB	10
ME B1.4	Information is available in all 3 languages and easy to understand	ME B1.4.1	Signage's and information are available in all three languages	OB	10
ME B1.5	The facility provides information to patients and visitor through an exclusive set-up.	ME B1.5.1	Availability of Enquiry Desk with dedicated staff (one per unit)	OB	10
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on access reasons.				
ME B2.1	Services are provided in manner that are sensitive to gender	ME B2.1.1	Only on duty staff is allowed in the labour room when it is occupied	OB	10
		ME B2.1.2	Availability of female staff if a male doctor examine a female patients	OB	10
		ME B2.1.3	When transferring patients in labour from other institution, MW/mid wifery trained NO should accompany with a necessary requirements for delivery and resuscitation (eg. delivery set, suckers, oxygen cylinder etc)	OB	25
		ME B2.1.4	When transferring patients from the LR to OT or other place, MW/NO should be accompanied,	OB	10
ME B2.2	Access to LR is provided without any physical barrier & and friendly to people with disabilities	ME B2.2.1	Availability of Wheel chairs or stretchers for easy Access to the labour room	OB	10
		ME B2.2.2	Availability of ramps and railing	OB	10
		ME B2.2.3	Labour room is located at ground floor/ If not located on the ground floor availability of the ramp / lift	OB	10
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient				
ME B3.1	Adequate visual privacy is provided at every point of care	ME B3.1.1	Availability of screen/ partition at delivery tables	OB	10
		ME B3.1.2	Curtains / frosted glass have been provided at windows	OB	10
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	10
ME B3.3	The facility 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 ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	ME B3.4.1	HIV status of patient is not disclosed except to staff that is directly involved in care	SI/OB	10
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in informed 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 before delivery	SI/RR	10
		ME B4.1.2	Verbal/ written consent is obtained for assist delivery/ other procedures such as perineal tear repairs, manual removal of placenta etc	PI	10
		ME B4.1.3	Patient is satisfied with the information given before obtaining the consent for a procedure	PI	10
ME B4.2	Information about the treatment is shared with patients or attendants, regularly	ME B4.2.1	Information on treatment/procedures shared with the patient adequately	PI	10
		ME B4.2.2	Information on treatment/procedures shared with the patient's guardian adequately	Guardian interview	10
ME B4.3	The facility has defined and established grievance redressal system in place	ME B4.3.1	Availability of complaint box	OB	10
			Evidence to attend the complaints		
		ME B4.3.2	Display of process for grievance redressal.	OB	10

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
		ME B4.3.3	Whom to contact in a case grievances is displayed	OB	10
Standard B5	The facility ensures that there are no financial barrier to access, and that there is financial protection given fr				
ME B5.1	The facility provides free health services to pregnant women as per government policy	ME B5.1.1	Delivery care is free	PI/SI	10
		ME B5.1.2	Availability of Free wheel chair/ trolley transport within the hospital	PI/SI	10
		ME B5.1.3	Availability of Free Ambulance services	PI/SI	10
		ME B5.1.4	Availability of Free Blood	PI/SI	10
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	ME B5.2.1	The 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	The patient has not spent on diagnostics from outside.	PI/SI	10
	Area of Concern - C Inputs				
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets				
ME C1.1	Departments have adequate space as per patient or work load	ME C1.1	Adequate space available in the labour room	OB	10
ME C1.2	The facility and departments are planned to ensure structure follows the function/processes	ME C1.2.1	Labour room is in Proximity and function linkage with OT	OB	10
		ME C1.2.2	Labour room is in proximity and functional linkage with Antenatal ward	OB	10
		ME C1.2.3	Labour room is in proximity and functional linkage with Postnatal ward	OB	10
		ME C1.2.4	Labour room is in proximity and functional linkage with SCBU/NICU	OB	10
		ME C1.2.5	Unidirectional flow of care	OB	10
		ME C1.2.6	Ambulances can reach the LR	OB	10
ME C1.3	Departments have layout and demarcated areas as per functions	ME C1.3.1	Labour room has designated Reception area	OB	5
		ME C1.3.2	Area for trolleys to transfer patients	OB	5
		ME C1.3.3	Dedicated nursing station within labour room	OB	5
		ME C1.3.4	Area for newborn care Corner	OB	5
		ME C1.3.5	Availability of dirty utility room	OB	5
		ME C1.3.6	Availability of store for Clean equipments and consumables	OB	5
		ME C1.3.7	Availability of store for sterile equipments	OB	5
		ME C1.3.8	Washing area	OB	5
		ME C1.3.9	Linnen Drying facilities	OB	5
		ME C1.3.10	Labour room in charge room	OB	5
ME C1.4	The facility has adequate circulation area and open spaces according to standards	ME C1.4.1	Corridors connecting labour room are broad enough to manage stretcher and trolleys	OB	5
ME C1.5	Availability of Rapid efficient communication system to contact necessary services in an emergency	ME C1.5.1	Availability of a alarm for emergencies,	OB	10
ME C1.6	The facility has infrastructure for intramural and extramural communication	ME C1.6.1	Availability of functional telephone and Intercom Services /Direct lines/paging system	OB	10
ME C1.7	Service counters are available as per patient load	ME C1.7.1	Availability of labour beds as per delivery load	OB	20
ME C1.8	Availability of standard labour beds	ME C1.8.1	Availability of standard delivery beds for deliveries		20
		ME C1.8.2	Availability of attachment/ accessories with delivery table		

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
			Hospital graded Mattress		5
			IV stand		5
			Kelly's pad		5
			Macintosh		5
			foot step		5
			Bed pan		5
Standard C2	The facility ensures the physical safety of the infrastructure.				
ME C2.1	The facility ensures the seismic safety of the infrastructure	ME C2.1.1	Non structural components are properly secured. Check for fixtures and furniture like cupboards, cabinets, and heavy equipments , hanging objects are properly fastened and secured	OB	5
ME C2.2	The facility ensures safety of electrical establishment	ME C2.2.1	Labour room 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 C2.2.6	At the head end of all delivery beds three plug bases of 13A	OB	5
		ME C2.2.7	At neonatal resuscitation area	OB	
		ME C2.2.8	one plug base of 15A	OB	5
		ME C2.2.9	three plug bases of 13A	OB	5
		ME C2.2.10	Stabilizer is provided for Radiant warmer.	OB	10
ME C2.3	Physical condition of buildings are safe for providing patient care	ME C2.3.1	Floors of the labour room are non slippery and even	OB	5
		ME C2.3.2	Stairs and edges are marked	OB	5
		ME C2.4.3	Windows have grills and wire meshwork	OB	5
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 C3.1.1	Labour room 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 facility has adequate fire fighting Equipment	ME C3.2.1	Labour room has installed fire Extinguisher that is 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/RR	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	There is a system for induction training for new staff.	OB	5
		ME C3.3.3	The staff is competent for operating fire extinguisher and what to do in case of fire	OB	5

Reference No	Measurable Element	Checkpoint	Assessment Method	Maximummarks
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to			
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/oncall for 24*7	20
		ME C4.1.2	Availability of on call paediatrician	10
ME C4.2	The ward has adequate SHOs as per service provision and work load	ME C4.2.1	Availability of dedicated HO/MO in all time at labour room (At least One per shift)	10
ME C4.3	The facility has adequate nursing staff as per service provision and work load	ME C4.3.1	Adequate number of midwifery qualified staff is allocated to LR (For a unit with 300 deliveries per month, 20midwifery qualified staff where at least 8 nurses & 8 midwives.)	10
		ME C4.3.2	Availability of adequate number of Nursing staff per shift (Morning, evening and night at least 4,3,2, respectively/ per LR with 10 deliveries per day.)	10
		ME C4.3.3	per shift (Morning, evening and night at least 4,3,2, respectively/ per LR with 10 deliveries per day.)	10
ME C4.4	The facility has adequate support / general staff	ME C4.4.1	Availability of adequate labour room junior staff	10
		ME C4.4.2	Availability of adequate labour room junior staff per shift	10
		ME C4.4.3	Availability of dedicated female security staff	10
ME C4.5	The staff has been provided required training / skill sets	ME C4.5.1	Emergency obstetric care	10
		ME C4.5.2	Biomedical Waste Management	10
		ME C4.5.3	Infection control and hand hygiene	10
		ME C4.5.4	Patient safety	10
		ME C4.5.5	LR Management	10
		ME C4.5.6	Lactation management	10
		ME C4.5.7	Quality management	10
		ME C4.5.8	essential newborn care	10
		ME C4.5.9	Neonatal basic life support	10
		ME C4.5.10	Adult life support (CPR)	10
Standard C5	The facility provides drugs and consumables required for assured services.			
ME C5.1	The LR have availability of adequate drugs at point of use	ME C5.1.1	Availability of uterotonic Drugs	
			Ergometrine (0.5mg Tab)	2
			Oxytocin (5units/1ml ampule) – syntocinon)	2
			Oxytocin + Ergometrine (Syntometrine) (0.5mg + 5unit/ml ampule)	2
		ME C5.1.2	Availability of Antibiotics	
			Ampicillin (IV 500mg)	2
			Benzyl Penicillin (600mg vial)	2
			Cefotaxime (1g vial)	2
			Ceftriaxone (1g vial)	2
			Cefuroxime (750mg vial)	2
			Co Amoxiclav(IV 1.2g)	2
			Gentamicin (1ml ampule)	2
			Metronidazole (200mg, 400mg tab, 5mg/1ml ampule)	2
		ME C5.1.3	Availability of Antihypertensives	

Reference No	Measurable Element	Checkpoint	Assessment Method	Maximummarks
		Hydralazine (25mg tab, 20mg ampule)	OB/RR	2
		Labetalol (100mg, 200mg tab, 50mg ampule)	OB/RR	2
		Methyldopa (250mg tab)	OB/RR	2
		Nifedipine capsule 10mg	OB/RR	2
		Nifedipine (SR) 10mg/20mg	OB/RR	2
		Prazosin (0.5mg/1mg tab)	OB/RR	2
	ME C5.1.4	Availability of analgesics and antipyretics		
		Morphine (5mg tab, 10mg/1ml;	OB/RR	2
		Pethidine (50mg tab, 50mg/ml: 2ml ampule)	OB/RR	2
		Paracetamol (500mg tab)	OB/RR	2
		Panadeine (500mg tab)	OB/RR	2
		Diclofenac sodium (50mg tab, 50mg/100mg suppositories)	OB/RR	2
		Tramadole Hydrochloride (50mg suppositories)	OB/RR	2
	ME C5.1.5	Availability of local anaesthetics		
		Lignocain (20mg/ml: 2ml ampule)	OB/RR	2
	ME C5.1.6	Availability of IV Fluids		
		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 C5.1.7	Availability of emergency drugs		
		Adrenaline injection (Epinephrine) (10ml ampule)	OB/RR	3
		Atropine sulphate (0.6mg tab)	OB/RR	3
		Calcium gluconate (10ml ampule)	OB/RR	3
		Digoxin (0.1mg Tab)	OB/RR	3
		Ephedrine (15mg/30mg Tab)	OB/RR	3
		Furosemide (20mg tablets, 2ml ampule)	OB/RR	3
		Hydrocortisone (10mg/20mg tab, 100mg vial)	OB/RR	3
		Naloxone (0.4mg/ml Ampule)	OB/RR	3
		Promethazine (10mg/25mg tab, 25mg/ml: 1ml ampule)	OB/RR	3
		Dopamin injection (40mg/ml: 5ml ampule)	OB/RR	3
		Aminophyllin injection (25mg/dl: 10ml ampule)	OB/RR	3
		Mannitol IV infusion (10% and 20%)	OB/RR	3
		NaHCO ₃ injection (4.2%: 10ml ampule)	OB/RR	3
	ME C5.1.8	Other drugs		
		Vitamin K (1mg)	OB/RR	2
		Heparin (1000u/ml: 1ml ampule)	OB/RR	2
		Sodium citrate	OB/RR	2

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
			Anti Rho (D) Immune Globulin / Rhogham	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
		ME C5.1.8	Vitamin K (1mg)	OB/RR	2
ME C5.2	The departments have adequate consumables at point of use	ME C5.2.1	Availability of adequate amount of:		
			dressings	OB/RR	2
			Sanitary pads	OB/RR	2
			Syringes	OB/RR	2
			IV sets	OB/RR	2
			Urinary Cathetres	OB/RR	2
			Suture material	OB/RR	2
			Epidural sets	OB/RR	2
			At least on Bakri tamponade	OB/RR	2
			Items for condom cathetre	OB/RR	2
		ME C5.2.3	Availability of Antiseptic Solutions	OB/RR	
			Betadine solution	OB/RR	2
			4% Chlohexidine	OB/RR	2
			Cetrimide cream after	OB/RR	2
			70%-90% Alcohol	OB/RR	2
			Commercially available preparations Savlon, Detol, Hib scrub)	OB/RR	2
		ME C5.2.4	Availability of consumables for new born care		
			Gastric tubes	OB/RR	2
			Cord clamps	OB/RR	2
			Baby tags	OB/RR	2
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	ME C5.3.1	Emergency Drug Tray is maintained:		
			Essential drugs		
			Normal saline	OB/RR	3
			Dextrose 5%	OB/RR	3
			Dextrose 10%	OB/RR	3
			Dextrose 50%	OB/RR	3
			Hartmann's solution	OB/RR	3
			Haemocele/gelafundin	OB/RR	3
			Pethidine	OB/RR	3
			Syntocinon (2 Units)	OB/RR	3
			Ergometrine injections (5mg)	OB/RR	3
			Naloxone injections	OB/RR	3
			Nifedifine capsules	OB/RR	3
			Diazepam injections	OB/RR	3
			Hydrocortizone injection	OB/RR	3

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
			Promethacine injection	OB/RR	3
			Adrenalin injection	OB/RR	3
			Frusimide injection	OB/RR	3
			Magnesium sulphate injection	OB/RR	3
			Nalador	OB/RR	3
			Sordium bicarbonate	OB/RR	3
			Essential items		
			IV Cannulae (size 16-18-20)	OB/RR	3
			Disposable syinges 2cc, 5cc,10cc	OB/RR	3
			Airway	OB/RR	3
			Foley cathetre (size 12-14)	OB/RR	3
			Adult laryngoscope	OB/RR	3
			Endo tracheal tube	OB/RR	3
			Adult ambu bag/ face mask	OB/RR	3
			Scissors, plaster, cotton, gauze, swabs	OB/RR	3
		ME C5.3.2	All the items available	OB/RR	10
		ME C5.3.3	All the items labeled	OB/RR	10
		ME C5.3.4	All the drugs are available	OB/RR	10
		ME C5.3.5	No expired drugs	OB/RR	10
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 C6.1.1	Availability of functional Equipment & Instruments for examination & Monitoring		
			BP apparatus	OB	5
			stethoscope	OB	5
			Pinnard	OB	5
			Thermometer	OB	5
			foetoscope/ Doppler	OB	5
			baby weighting scale	OB	5
			Wall clock (tracers)	OB	5
			CTG machines	OB	5
			Infusion pump	OB	5
			Syringe pump	OB	5
			Pulse oxymeter	OB	5
			ECG monitor (1 for unit at	OB	5
			Glucometer	OB	5
			Urine dip strip(protein and sugar) assessment kit	OB	5
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	ME C6.2.1	ARM set		
				OB	10
		ME C6.2.2	Forcep deliver set		
				OB	10
		ME C6.2.3	Vacuum Extractor set		
				OB	10
		ME C6.2.4	Umbilical set		
				OB	10

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
		ME C6.2.5	Episotomy/ Cervical repair set	OB	10
		ME C6.2.6	Delivery kits are in adequate numbers as per load	OB	20
		ME C6.2.7	Availability of Baby tray (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)	OB	20
ME C6.3	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	ME C6.3.1	Availability of resuscitation Instruments for Newborn Care	OB	
			Oxygen	OB	3
			Suction machine	OB	3
			Radiant warmer	OB	3
			Laryngoscope	OB	3
			ET tubes	OB	3
		ME C6.3.2	Availability of resuscitation instrument for mother:		
			Suction machine	OB	3
			Oxygen	OB	3
			Adult ambu bag and mask	OB	3
			Mouth gag	OB	3
			Laryngoscope	OB	3
			ET tubes	OB	3
ME C6.4	Availability of Equipment for Storage	ME C6.4.1	Availability of equipment for storage for drugs		
			Refrigerator	OB	5
			Crash cart	OB	5
			Drug trolley	OB	5
			instrument trolley	OB	5
			dressing trolley	OB	5
			drug cupboards	OB	5
ME C6.5	Availability of functional equipment and instruments for support services	ME C6.5.1	Availability of equipments for cleaning		
			Buckets for mopping	OB	5
			Separate mops for labour room and circulation area	OB	5
			duster	OB	5
			waste trolley	OB	5
			Deck brush	OB	5
		ME C6.5.2	Availability of equipment for sterilization and disinfection		
			Boiler	OB	5
			Autoclave	OB	5
		ME C6.5.3	Availability of fixture		
			Wall clock with Second arm Lamps-wall mounted /side	OB	5
			electrical fixture (appropriate LR guide)	OB	5
			Spot lamp.	OB	5

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
		ME C6.5.4	Availability of Furniture		
			Cupboards	OB	5
			Tables	OB	5
			chairs	OB	5
			Adjustable stools	OB	5
	Area of Concern - D Support Services				
Standard D1	The facility has established Programme for inspection, testing and maintenance and calibration				
ME D1.1	The facility has established system for maintenance of critical Equipment	ME D1.1.1	The facility has bio medical engineering unit or regular system for regular checking of bio medical equipments by Provincial or district bio medical unit	SI/RR	10
		ME D1.1.2	All equipments are in data base	SI/RR	5
		ME D1.1.3	File is maintained for each equipment.	SI/RR	10
		ME D1.1.4	There is system of timely corrective break down maintenance of the equipments	SI/RR	10
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 are calibrated regularly. BP apparatus, weighing scale, radiant warmer Etc are calibrated	OB/ RR	10
ME D1.3	Operating and maintenance instructions are available with the users of equipment	ME D1.3.1	Up to date instructions for operation and maintenance of equipments are readily available with labour room staff.	OB/SI	10
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharr				
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	SI/RR	5
		ME D2.1.2	Stock level are daily updated	SI/RR	5
		ME D2.1.3	Requisition are timely placed	SI/RR	5
ME D2.2	The facility ensures proper storage of drugs and consumables	ME D2.2.1	Drugs are stored in containers/tray/crash cart and are labelled	SI/RR	5
		ME D2.2.2	Empty and filled cylinders are labelled /pipe medical gases system available	SI/RR	5
ME D2.3	The facility ensures management of expiry and near expiry drugs	ME D2.3.1	Expiry dates are maintained at emergency drug tray	SI/RR	5
		ME D2.3.2	No expiry drug found in emergency tray, drug trolley	SI/RR	5
		ME D2.3.3	Records for expiry and near expiry drugs are maintained for drug stored at LR	SI/RR	5
ME D2.4	The facility 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	Labour room maintained stock and expenditure register of drugs and consumables	SI/RR	5
ME D2.5	There is a procedure for periodically replenishing the drugs in patient care areas	ME D2.5.1	There is procedure for replenishing drug tray /Emergency drug trolley	SI/RR	5
		ME D2.5.2	There is no stock out of drugs in the ward drug is while available in the hospital	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,	OB/RR	5
		ME D2.6.2	Temperature records are maintained	OB/RR	5
ME D2.7	There is a procedure for secure storage of narcotic and psychotropic drugs	ME D2.7.1	Narcotics and psychotropic drugs are kept in lock and key	SI/RR	5
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and				

Reference No	Measurable Element	Checkpoint	Assessment Method	Maximummarks
ME D3.1	The facility provides adequate illumination level at patient care areas	ME D3.1.1	Adequate Illumination at delivery beds	OB 5
		ME D3.1.2	Spot lamps are available (one per delivery bed) (OPEL DIFFUSER with double flourescent bulbs)	OB 5
		ME D3.1.3	Adequate Illumination at nursing station	OB 5
ME D3.2	The facility has provision of restriction of visitors in patient areas	ME D3.2.1	There is no overcrowding in labour room.Only staff and Patients are allowed	OB 5
		ME D3.2.2	One female family members allowed to stay with the patient (female companionship)	OB/SI 20
ME D3.3	The facility provide comfortable environment for patients and service providers	ME D3.3.1	Temperature control and ventilation in patient care area:	
			Fans/ Air conditioning/ Heating/ Exhaust/Ventilators are available as per environment condition and requirement	OB/SI 20
			Optimal temperature (25 degrees of celsius) and warmth is ensured	OB/SI 10
		ME D3.3.2	Temperature control and ventilation in duty station	
			Fans/ Air conditioning/ Heating/ Exhaust/Ventilatorsare available as per environment condition and requirement	SI/OB 20
			Optimal temperature and warmth is ensured	OB 10
ME D3.4	The facility has security system in place at patient care areas	ME D3.4.1	Lockable doors in labour room	OB 10
		ME D3.4.2	Security arrangement in labour room. (Preferably female security staff)	OB/SI 10
		ME D3.4.3	New born identification band/tag is in practice	OB/RR 10
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 20
Standard D4	The facility has established Programme for maintenance and upkeep of the labour			
ME D4.1	Exterior of the facility building is maintained appropriately	ME D4.1.1	Building is painted/whitewashed in uniform colour	OB 10
ME D4.2	Patient care areas are clean and hygienic	ME D4.1.2	Interior of patient care areas are painted	OB 10
		ME D4.1.3	Labourroom is clean with no dust, litters or cobwebs	
			Floor	OB 5
			Roof	OB 5
			Walls	OB 5
		ME D4.1.4	Other areas are clean with no dust, litters or cobwebs	
			Floor	OB 5
			Roof	OB 5
			Walls	OB 5
ME D4.3	Hospital infrastructure is adequately maintained	ME D4.3.1	Floor	
			Floor should be terrazo laid or tiles (with antibacterial grout)	OB 5
			Floor should be unbroken	OB 5
			Floor should be washable and easily drying	OB 5
		ME D4.3.2	Walls	
			There is no seepage , cracks, chipping of plaster	OB 5
			Walls should be tiled	OB 5
			Walls should be tiled unbroken	OB 5
			Walls should be with no evidence of fungus, moisture or water soakage	OB 5
		ME D4.3.3	Roof	
			A ceiling should be available	OB 5
			Ceiling should be without the evidence of fungus, moisture or water soakage	OB 5
		ME D4.3.4	Windows	
			Window panes are intact	OB 5

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
			Windows should be washable	OB	5
			Windows should have glasses which allow natural light	OB	5
		ME D4.3.5	Doors		
			Doors are intact	OB	5
			Doors should be washable	OB	5
		ME D4.3.6	Working tops/ledges		
			Surface of working tops are washable.	OB	5
			Surface of working tops are clean	OB	5
		ME D4.3.7	Furniture		
			Surface of furniture and fixtures are washable.	OB	5
			Surface of furniture and fixtures are clean	OB	5
		ME D4.3.8	Hand washing area		
			Hand washing area should have Elbow/Foot operated taps	OB	5
			Sinks are clean.	OB	5
		ME D4.3.9	Toilets		
			Toilet door should not be opened to LR	OB	5
			Toilets are clean,	OB	5
			Toilets have functional flush and running water	OB	5
		ME D4.3.10	Delivery beds		
			Delivery beds are intact.	OB	5
			Delivery beds are without rust	OB	5
			Delivery beds are painted.	OB	5
			Mattresses are intact and clean	OB	5
			Metress covers should be washable and water proof	OB	5
		ME D4.3.11	Separate washing area (for linen & makintosh) closer to LR should be available	OB	10
		ME D4.3.12	Instrument washing bay should be inside the LR	OB	10
ME D4.4	The facility has policy of removal of condemned junk material	ME D4.4.1	No condemned/Junk material in the Labour room	OB	10
ME D4.5	The facility has established procedures for pest, rodent and animal control	ME D4.5.1	No stray animal/rodent/birds/ insects	OB	10
Standard D5	The facility ensures 24X7 water and power backup as per requirement of service delivery, and su				
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	ME D5.1.1	Availability of 24x7 running water to LR	OB/SI	10
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	ME D5.2.1	Availability of power back up in labour room	OB/SI	10
		ME D5.2.3	Availability of Emergency light	OB/SI	10
ME D5.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	ME D5.3.1	Availability of Centralized vacuum supply or sucker machine	OB	10
		ME D5.3.2	Wall oxygen supply available or adequate no of Oxygen cylinders	OB	10
Standard D6	The facility ensures clean linen to the patients and staff				
ME D6.1	The facility has adequate sets of linen	ME D6.1.1	Availability of clean drape and Macintosh on the Delivery table,	OB/RR	10
		ME D6.1.2	System in place to provide sterilized linen for mothers in the LR.	OB/RR	10
		ME D6.1.3	System in place to provide sterilized linen for LR staff.	OB/RR	10
		ME D6.1.4	Availability of Baby blanket, sterile drape for baby	OB/RR	10
		ME D6.1.5	Linen is changed patient to patient	SI/RR	10
		ME D6.1.6	Linen is changed whenever it get soiled	SI/RR	10
ME D6.2	The facility has standard procedures for handling , collection, transportation and washing of linen	ME D6.2.1	There is system to check the cleanliness and Quantity of the linen received from laundry	SI/RR	10

Reference No	Measurable Element	Checkpoint	Assessment Method	Maximummarks
Standard D7	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and sta			
ME D7.1	The facility has established job description as per govt guidelines	ME D7.1.1	Staff is aware of their role and responsibilities	SI 10
ME D7.2	The facility has a established procedure for duty roster and deputation to different departments	ME D7.2.1	There is procedure to ensure that staff is available on duty as per duty roster	RR/SI 10
		ME D7.2.2	There is designated in charge for LR	SI 10
ME D7.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	ME D7.3.1	Doctor, nursing staff and support staff adhere to their respective dress code	OB 10
Standard D8	The facility has established procedure for monitoring the quality of outsourced services and adheres t			
ME D8	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 D8.1.1	Cleaning	SI/RR 10
		ME D8.1.2	Laundry	SI/RR 10
		ME D8.1.3	Security	SI/RR 10
Area of Concern - E Clinical Services				
Standard E1	The facility has defined procedures for registration, consultation and admission of p			
ME E1.1	The facility has established procedure for registration of patients	ME E1.1.1	Unique identification number is given to each patient during process of registration	RR 10
		ME E1.1.2	Patient demographic details are recorded in admission records (Check for that patient demographics like Name, age, Sex, Chief complaint, etc.)	RR 10
ME E1.2	There is established procedure for admission of patients	ME E1.2.1	There is procedure for admitting women in labour directly to the Labour room	SI/RR/OB 10
		ME E1.2.2	No deliveries should take place at AN ward	OB/SI/RR 10
		ME E1.2.3	Facilities are avialbe at the OPD/ ETU for an emergency delivery.	OB 10
		ME E1.2.4	There is a established procedure to handing over the patients to the LR (Date, time, signatures etc)	OB 10
		ME E1.2.5	Time of admission to the LR is recorded in patient record	RR 10
ME E1.3	There is established procedure for managing patients, in case beds are not available at the facility	ME E1.3.1	There is a system to cope with shortage of delivery tables due to high patient load	OB/SI 10
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment			
ME E2.1	There is established procedure for initial assessment of patients	ME E2.1.1	The inital assessment of the patients who are admitted to LR is done by a MO	RR/SI 20
		ME E2.1.2	Clinical notes for the management of the patients are keep clearly with time, date, designation and signature of the officer.	RR/SI/OB 20
		ME E2.1.3	High risk mothers can be easity identified (bed tagging, different colour file etc)	RR/SI 20
		ME E2.1.4	The labour details at the time of admission to LR is documented correctly.(Time of start, frequency of contractions, time of bag of water leaking, colour and smell of fluid and baby movement)	RR 20
		ME E2.1.5	The findings of the physical examination at the time of admission to the LR documented adequately (Recording of Vitals , shape & Size of abdomen , presence of scars, foetal lie and presentation. & vaginal examination).	RR 20

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	ME E2.2.1	Partograph has started for every patients in the labour room	RR/OB	20
			There is fix schedule of reassessment as per protocols	RR	20
		ME E2.2.2	Partograph is used and updated as per stages of labour (All step are recorded in timely manner)	RR/OB	20
Standard E3	The facility has defined and established procedures for continuity of care of patient an				
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	ME E3.1.1	There is procedure of handing over patient / new born from labour room to OT/ Ward/SNCU	SI/RR	10
		ME E3.1.2	There is a procedure for consultation of the patient to other specialist with in the hospital	SI/RR	10
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the continuity of care.	ME E3.2.1	Patient referred with referral notes/A referral slip/ Discharge card is provide to patient when referred to another health care facility	RR/SI	10
		ME E3.2.2	Advance communication is done with higher centre	RR/SI	10
		ME E3.2.3	Ambulance with obstetric and neonatal care facilities arranged	RR/SI	10
		ME E3.2.4	Patient should be accompanied by medical officer	RR/SI	10
		ME E3.2.5	Patient should be accompanied by MW/midwifery qualified nurse	RR/SI	10
		ME E3.2.6	Referral in or referral out register is maintained	SI/RR	10
		ME E3.2.7	There is a system of follow up of referred patients	SI/RR	10
ME E3.3	A person is identified for care during all steps of care	ME E3.3.1	MW trained Nurse and MW is assigned for each patients	RR/SI	10
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 E4.1.1	There is a process for ensuring the identification before any clinical procedure (Identification tags for mother and baby are used for identification of newborns)	OB/SI	10
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	ME E4.3.1	Patient hand over is given during the change in the shift	RR/SI	10
		ME E4.3.2	MW Handover register is maintained	RR	10
		ME E4.3.3	Nursing Handover register is maintained	RR	10
		ME E4.3.4	Hand over is given bed side	SI/RR	10
ME E4.5	There is procedure for periodic monitoring of patients	ME E4.5.1	NO/MW maintained the partograph.(Check for BP, pluse,temp,Respiratory rate FHR, Uterine contraction Contractions, any other vital required is monitored)	RR/SI	10
Standard E5	The facility has a procedure to identify high risk and vulnerable patients.				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	ME E5.1.1	Vulnerable patients are identified and measures are taken to protect them from any harm (psychiatric patients) Bar beds, Allocation of by stander/minor staff	OB/SI	20

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	ME E5.2.1	High Risk Pregnancy cases are identified and kept in close monitoring (Check for the frequency of observation: 1st stage :half an hour and 2nd stage: every 5 min)	OB/SI	20
Standard E6	The facility follows standard treatment guidelines defined by Ministry of Health for prescribing the gene				
ME E6.1	The facility ensured that drugs are prescribed in generic name only	ME E6.1.1	The drugs are prescribed under generic name only	RR	20
ME E6.2	There is procedure of rational use of drugs	ME E6.2.1	The relevant Standard treatment guideline are available at point of use.	RR	20
		ME E6.2.2	The staff is aware of the drug regime and doses as per STG (Ask fro oxytocin augmentation: For Augmentation Oxytocin 5 IU in 500ml of 0.9% sodium chloride solution , Active manageemnt of 3rd stage of labour: Oxytocin 5IU Iv soon after delivery of baby or 10IU IM)	SI/RR	20
		ME E6.2.3	The drugs are prescribed as per STG (Check for rational use of uterotonic drugs)	RR	10
		ME E6.2.4	Availability of drug formulary in the LR	SI/OB	10
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	ME E7.1.1	Drugs which need be prescribe with caution are identified MgSO4 to be kept in the reffridgerator)	SI/OB	20
		ME E7.1.2	Drugs which need be prescribe with caution are stored properly		20
		ME E7.1.3	Maximum dose of high alert drugs are defined and communicated (Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor)	SI/RR	20
		ME E7.1.4	Staff is knowledgeable in identification and mangement of overdose of drugs used in LR (A system of independent double check before administration, Error prone medical abbreviations are avoided)	SI/RR	20
ME E7.2	Medication orders are written legibly and adequately	ME E7.2.1	Every Medical advice and procedure is accompanied with date , time and signature	RR	20
		ME E7.2.2	The writing, is comprehensible by the clinical staff (legible hand writing)	RR/SI	20
ME E7.3	There is a procedure to check drug before administration/ dispensing	ME E7.3.1	Drugs are verified and checked for expiry and other inconsistency before administration (five rights: patient, drug, dose, route, exp. Date)	OB/SI	20
		ME E7.3.2	The single dose vial are not used for more than one dose (Check for any open single dose vial with left over content intended to be used later on).	OB	20
		ME E7.3.3	Separate sterile needle is used every time for multiple dose vial (In multi dose vial needle is not left in the septum)	OB	20
		ME E7.3.4	Any adverse drug reaction is recorded and reported	RR/SI	20

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
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	20
Standard E8	The facility has defined and established procedures for maintaining, updating of patients' clinical re				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	ME E8.1.1	Progress of labour is recorded (Partograph Full compliance and on bed head ticket partial compliance)	RR	20
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	ME E8.4.1	Treatment prescribed in nursing records (Medication order, treatment plan, lab investigation are recoded adequately)	RR	20
ME E8.3	Procedures performed are written on patients records	ME E8.3.1	Delivery note is completed in the BHT (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)	RR	20
		ME E8.3.2	Birth chit completed		10
		ME E8.3.3	New born examination form completed (Did baby cry, Essential new born care, resuscitation if any, Sex, weight, time of initiation of breast feed, birth doses, congenital anomaly if any.)	RR	20
ME E8.4	Adequate form and formats are available at point of use	ME E8.4.1	Standard Formats available (Availability of BHT, Partograph, etc.	RR/OB	10
ME E8.5	Register/records are maintained as per guidelines	ME E8.5.1	Still birth register	RR/OB	10
		ME E8.5.2	Handing over from ANW to LR	RR/OB	10
		ME E8.5.3	Handing over format from LR to PNW	RR/OB	10
		ME E8.5.4	Handing over format from LR to theatre	RR/OB	10
		ME E8.5.5	Delivery information and Baby at birth (Birth Chit)	RR/OB	10
		ME E8.5.7	All register/records numbered	RR	10
Standard E9	The facility has defined and established procedures for Emergency Services and Disaster				
ME E9.1	The facility has disaster management plan in place	ME E9.1.1	Staff is aware of disaster plan	SI/RR	10
		ME E9.1.2	Role and responsibilities of staff in disaster is defined	SI/RR	10
		ME E9.1.3	Disater response drills are conducted at leastonce year	SI/RR	10
Standard E10	The facility has defined and established procedures of diagnostic services				
ME E10.1	There are established procedures for Pre-testing Activities	ME E10.1.1	Container is labelled properly after the sample collection	OB	20
ME E10.2	There are established procedures for Post-testing Activities	ME E10.2.1	Nursing station is provided with the critical value of different test	SI/RR	20
Standard E11	The facility has defined and established procedures for Blood Bank/Storage Management a				
ME E11.1	There is established procedure for transfusion of blood	ME E11.1.1	Consent is taken before transfusion	RR	10
		ME E11.1.2	Patient's identification is verified before transfusion	SI/OB	10
		ME E11.1.3	blood is kept on optimum temperature before transfusion	RR	10
		ME E11.1.4	Blood transfusion is monitored and regulated by qualified person	SI/RR	10
		ME E11.1.5	Blood transfusion note is written in patient record	RR	10
ME E11.2	There is a established procedure for monitoring and reporting Transfusion complication	ME E11.2.1	Any major or minor transfusion reaction is recorded and reported to responsible person	RR	10

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks	
Standard E12	The facility has defined and established procedures for end of life care and dea					
ME E12.1	Death of admitted patient is adequately recorded and communicated	ME E12.1.1	Facility has a standard procedure to decent communicate death to relatives (most senior medical person available)	SI	10	
		ME E12.1.2	Consultant should be communicate with he patient/ relatives in case of maternal death or IUD, neonatal death	SI	10	
		ME E12.1.3	Death note is written on patient record	RR	10	
		ME E12.1.4	Death note including efforts done for resuscitation is noted in patient record	RR	10	
ME E12.2	The facility has standard procedures for handling the death in the hospital	ME E12.2.2	There is established criteria for distinguish between newborn death and still birth	SI/RR	10	
		ME E12.2.3	Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible	SI/RR	10	
Standard E13	The facility has established procedures for Intranatal care as per guidelines					
ME E13.1	Established procedures and standard protocols for management of different stages of labour including AMTSL (Active Management of third Stage of labour) are followed at the facility	ME E13.1.1	Practise induction of labour:	check BHT		
			Use of infusion pumps for inductions/augmentations	RR	10	
			Rate of administration of oxytocins recored	RR	10	
			Infusion rate is doubled only after 30 minutes	RR	10	
			Maximum dose is not exceeded 32mu/min	RR	10	
			ME E13.1.2	Proper management of Labour pain is practice	RR	10
			ME E13.1.3	Management of 1st stage of labour:	Check the partograph/BHT	
				FHS has checked every 30 minutes during latent pahse of 1st stage	RR	10
				FHS has checked every 15 minutes during active pahse of 1st stage	RR	10
				Contractions has recored every 30 minutes	RR	10
				Cervical dilatation 4hrly	RR	10
				Descent of the head every 4 hourly	RR	10
				Pulse every 15 minutes	RR	10
				BP hourly	RR	10
			Temperature 4 hourly	RR	10	
			Record vaginal loss	RR	10	
			Practice of encouraging mothers to consume clear, non fizzy liquids during labour	OB	20	
		ME E13.1.4	Management of 2nd stage of labour:			
			FHS has checked once immediately after each contraction during 2nd stage of labour at least 5 mins	SI/OB	10	

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
			Allows the spontaneous delivery of head	SI/OB	10
			Gives perineal support and assist the delivery of the baby	SI/OB	10
ME E13.2	Measures to prevent post partum haemorrhage	ME E13.2.1	Active Management of Third stage of labour		
			Use of Uterotonic Drugs: Oxytocin 5 IU IV or 10 IU IM soon after the delivery of the baby	RR/OB	10
			Delayed cord clamping (2 min) and cutting the cord	SI/OB	10
			Controlled cord traction	OB	10
			Followed by uterine massage	OB	10
			After placenta expulsion , Checks Placenta & Membranes for Completeness	SI/RR/OB	10
			Mother keep clean and try immediately after delivery	OB	10
ME E13.3	Practise of episiotomy	ME E13.3.1	Episiotomy is performed under local anaesthesia	OB/RR	10
		ME E13.3.2	Episiotomy is sutured within 1/2 hours	RR/PI	10
		ME E13.3.3	Episiotomy is sutured by MO	RR/PI	10
		ME E13.3.4	Suture material for epis : absorbable	OB	10
		ME E13.3.5	Perform a VE after suturing epis	RR/OB/SI	10
		ME E13.3.6	Episiotomy suturing done under spot lamp	OB	10
ME E13.4	Management guideline/ protocols should be in easy access	ME E13.4.1	Management guideline/ protocols should be in easy access	SI	10
ME E13.5	There is an established procedure for new born resuscitation and newborn care.	ME E13.7.1	Recording date and Time of Birth, Weight	SI/RR	10
		ME E13.7.2	Dried and put on mothers abdomen (With a clean towel from head to feet, discards the used towel and covers baby including head in a clean dry towel)	SI/OB	10
		ME E13.7.3	Vitamin K for low birth weight (Given to all new born (1.0 mg IM in > 1500 gms and 0.5 mg in < 1500 gms)	SI/RR	10
		ME E13.7.4	Warmth (Check use of radiant warmer)	SI/RR	10
		ME E13.7.5	(Delayed Cord Clamping, Clamps & Cut the cords by sterile instruments within 1-3 minutes of Birth)	SI/RR	10
			Care of Eyes (Clean baby's eyes with sterile cotton/Gauge)	SI/RR	10
		ME E13.7.6	APGAR Score (Check practice of maintaining APGAR Score, Nurse is skilled for it)	SI/RR	10
		ME E13.7.7	Kangaroo Mother Care (Observe /Ask staff about the practice)	SI/RR	10
		ME E13.7.8	New born Resuscitation (Ask Nursing staff to demonstrate Resuscitation Technique)	SI/RR	10
Standard E14	The facility has established procedures for postnatal care as per guidelines				
ME E14.1	Post partum Care is provided to the baby	ME E14.1.1	Prevention of Hypothermia of new born	SI/RR	10
		ME E14.1.2	Initiation of Breastfeeding with in 1 Hour	PI	10

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
		ME E14.1.3	Checking Oxygen saturation within 8-12 hrs of delivery	RR	10
		ME E14.1.5	Recognition of Danger signs and prompt treatment	RR	10
ME E14.2	The facility has established procedures for stabilization/treatment/referral of post natal complications	ME E14.2.1	There is established criteria for shifting newborn to SCBU/NICU (Birth asphyxia, Haemolytic disease of newborn, Neonatal life threatening Congenital anomalies)	SI	10
ME E14.3	Post partum Care is provided to the mothers	ME E14.3.1	Mother should be kept in the LR at least for 2 hours	RR/SI	10
		ME E14.3.2	Mother is monitored (every 15 minutes: Active Bleeding, uterine contraction, PR, BP, RR for all deliveries)	RR/SI	10
		ME E14.3.3	Estimated blood loss of each delivery is calculated	RR/SI	10
		ME E14.3.4	Mother is kept clean and dry after delivery (immediately after delivery)	RR/SI	10
		ME E14.3.5	Mother is given refreshments after delivery (milk/tea and biscuits)	RR/SI	10
ME E14.4	There is an established procedure for Post partum counselling of mother	ME E14.4.1	Labour room has procedure to provide post partum Counselling (BF, bereavement)	PI/SI	10
Area of Concern - F Infection Control					
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of				
ME F1.1	The facility has provision for Passive and active culture surveillance of critical & high risk areas	ME F1.1.1	Surface and environment samples are taken for microbiological surveillance (Swab are taken from infection prone surfaces)	SI/RR	10
ME F1.2	There is Provision of Periodic Medical Check-up and immunization of staff	ME F1.2.1	There is procedure for immunization of the staff (Hepatitis B, Tetanus Toxic etc)	SI/RR	10
		ME F1.2.2	Periodic medical checkups of the staff are carried out	SI/RR	10
ME F1.3	The facility has established procedures for regular monitoring of infection control practices	ME F1.3.1	Hand washing and infection control audits done at periodic intervals from infection control unit	SI/RR	10
		ME F1.3.2	Availability of infection control team assigned for Labour room	SI/RR	10
		ME F1.3.3	Availability of Infection control liaison nurse for labour room	SI/RR	10
		ME F1.3.4	Infection control nurse regularly visit and check the labour room	SI/RR	10
		ME F1.3.5	Infection control procedure is displayed in LR and copy is given to responsible personnels	SI/RR	10
		ME F1.3.6	Culture Surveillance sterility rate	SI/RR	10
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices				
ME F2.1	Hand washing facilities are provided at point of use	ME F2.1.1	Wash basins should be available the point of use	OB	10
		ME F2.1.2	Hand washing sink is wide and deep enough to prevent splashing and retention of water	OB	10
		ME F2.1.3	Availability of elbow operated taps	OB	10
		ME F2.1.4	Availability of running water for 24*7 (Ask to Open the tap. Ask Staff water supply is regular)	OB/SI	10
		ME F2.1.5	Water supply is adequate.	OB/SI	10

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
		ME F2.1.6	Availability of liquid antiseptic soap with dispenser (Check for availability/ Ask staff if the supply is adequate and uninterrupted.)	OB/SI	10
		ME F2.1.7	Adequate supply of soap and antiseptics.	OB/SI	10
		ME F2.1.8	Availability of single use hand towels (disposable or reusable)	OB/SI	10
		ME F2.1.9	Availability of Alcohol based Hand rub (Check for availability/ Ask staff for regular supply)	OB/SI	10
		ME F2.1.10	Display of Hand washing Instruction at Point of Use (Prominently displayed above the hand washing facility, preferably in Local language)	OB	10
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	ME F2.2.1	Adherence to 6 steps of Hand washing (Ask of demonstration)	SI/OB	10
		ME F2.2.2	Staff aware of when to hand wash (eg.Before entering LR)	SI	10
Standard F3	The facility ensures standard practices and materials for Personal protection				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	ME F3.1.1	Availability of adequate number of masks	OB/SI	10
		ME F3.1.2	Availability of adequate amounts in different sizes of Sterile gloves.	OB/SI	10
		ME F3.1.3	Availability of adequate amount of Sterile gloves.	OB/SI	10
		ME F3.1.4	Use of elbow length gloves for obstetric purpose	OB/SI	10
		ME F3.1.5	Availability of gown/ Apron	OB/SI	10
		ME F3.1.6	Availability of shoe cover/gum boots	OB/SI	10
		ME F3.1.7	Availability of Caps	OB/SI	10
		ME F3.1.8	Heavy duty gloves and gum boots for housekeeping staff	OB/SI	10
		ME F3.1.9	Personal protective kit for delivering HIV patients	OB/SI	10
ME F3.2	The facility staff adheres to standard personal protection practices	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
Standard F4	The facility has standard procedures for processing of equipment and instrument				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	ME F4.1.1	Decontamination of operating & Procedure surfaces		
			Ask from the staff		
		ME F4.1.2	Decontamination of the procedure surface like Examination bed, Patients Beds Stretcher/Trolleys etc. (standard method daily clean with soap and water or Tpol using a clean cloth, Weakly wash with soap and water or T pol)	SI	10
		ME F4.1.3	Decontamination of Equipments		
			Blood pressure cuff (Whenever contaminated wash with soap and water and dry)	SI	10
			Stethoscope (Wipe with 70% Alcohol)	SI	10
			Thermometer (For each patient wash with detergent and luke warm water, wipe with 70% alcohol and dry in a rack, Never store dipped in Savlon)	SI	10

Reference No	Measurable Element	Checkpoint	Assessment Method	Maximummarks
		CTG belts (Wash at night with detergent and water and dry)	SI	10
		Pinnard (Wash with soap and water weekly)	SI	10
		Tape (Wash with soap and water whenever contaminated)	SI	10
		Sucker tubes (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)	SI	10
		Sucker bottles (Autoclaved or fill 1% hypochloride solution leave 30 mins ,Wash with soap and water and dry)	SI	10
		Sucker machines (Wipe with a clean cloth soaked in soap and water or T pol)	SI	10
		Suction catheter (Disposable)	SI	10
		Spot Lamp (Wash with detergent and water)	SI	10
		Ambu bag (Disassemble including reservoir tube and bag and wash with detergent and water and dry to each patient)	SI	10
		Laryngoscope (Wash with detergent and water dry and wipe 70% alcohol to each patient)	SI	10
		Palstic face mask (Wash with detergent and water dry and wipe 70% alcohol to each patient)	SI	10
		Airway (Wash at night with detergent and water and dry)	SI	10
		ET tubes (Dispoasible if to be used clean with Cidex)	SI	10
		Pulse oxymeter (Wipe with a clean cloth soaked in soap and water or T pol)	SI	10
		Infusion pump (Wipe with a clean cloth soaked in soap and water or T pol)	SI	10
		Cardiac monitor (Wipe with a clean cloth soaked in soap and water or T pol)	SI	10
		ME F4.1.4 Decontamination of instruments soiled with blood/ body fluids (Standard Method apply 1% hypochlorite solution or TCL powder, Leave at least 10 mins, All instruments should be sterilized)	SI	10
		ME F4.1.5 Contact time for decontamination is adequate (at least 10 minutes)	SI/OB	10
		ME F4.1.6 Cleaning is done with detergent and running water after decontamination	SI/OB	10
		ME F4.1.7 Proper handling of Soiled and infected linen (If laundry is available in hospital, no sorting , rinsing or sluicing at Point of use/ Patient care area. When Laundry service is out sourced: Disinfect before handing over to laundry service)	SI/OB	10
		ME F4.1.8 Decontamination of makintosh	SI	10
		ME F4.1.9 Staff know how to make chlorine solution	SI/OB	10
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	10
		ME F4.2.2 High level Disinfection of instruments/equipments is done as per protocol (para acetic acid)	OB/SI	10
		ME F4.2.3 Chemical sterilization of instruments/equipments is done as per protocols	OB/SI	10

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
		ME F4.2.4	Packaged system use for procedure kits (delivery sets, epis set, ARM set etc)	OB/SI	10
		ME F4.2.5	Instruments are packed according for autoclaving/ sterilization as per standard protocol	OB/SI	10
		ME F4.2.6	Availability of established procedure to hand over pretreated items to CSSD	OB/SI	10
		ME F4.2.7	Availability of established procedure to obtain sterilized items from CSSD	OB/SI	10
		ME F4.2.8	Sterility of autoclaved packs is maintained during storage	OB/SI	10
		ME F4.2.9	There is a procedure to ensure the traceability of sterilized packs	OB/SI	10
		ME F4.2.10	Sterilized items are taken to procedure site without breach in sterility	OB/SI	10
		ME F4.2.11	Regular validation of sterilization through biological and chemical indicators	OB/SI	10
		ME F4.2.12	Maintenance of records of sterilization	OB/SI	10
Standard F5	Physical layout and environmental control of the patient care areas ensures infection p				
ME F5.1	Layout of the department is conducive for the infection control practices	ME F5.1.1	Hospital waste disposal area is distant to LR	OB	10
		ME F5.1.2	LR door is placed so that outsiders can not enter LR	OB	10
		ME F5.1.3	Single entrance to the LR and a single out	OB	10
		ME F5.1.4	Trolley transferring area is available	OB	10
		ME F5.1.5	Labour room walls and ledges are tiled	OB	10
		ME F5.1.6	Labour room taps are elbow operated	OB	10
		ME F5.1.7	Facility layout ensures separation of routes for clean and dirty items	OB	10
		ME F5.1.8	Cleaners Of LR won't trespass clean area they have separate door to enter	OB	10
		ME F5.1.9	Toilets are located in place where toilet door is not opened to LR	OB	10
		ME F5.1.10	Separate place to wash makintosh,	OB	10
		ME F5.1.11	Separate place to disinfect soiled bed sheets and linen	OB	10
		ME F5.1.12	Dirty and utility room to collect waste products in LR	OB	10
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		
			Betadine solution	OB/SI	5
			4% Chlohexidine	OB/SI	5
			Cetrimide cream after cleaning with N Saline	OB/SI	5
			70%-90% Alcohol	OB/SI	5
			Commercially available preparations Savlon, Detal, Hib scrub)	OB/SI	5
		ME F5.2.2	Availability of cleaning agent as per requirement		
			T pol	OB/SI	5
			Detergents	OB/SI	5
			Soap	OB/SI	5
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	ME F5.3.1	Staff adheres to infection prevention protocols when entering the Labour Room (Check List, All staff members change shoes, Wash hands properly with soap and water and dry, All staff members dress sterile gowns)	SI/RR	10
		ME F2.3.2	All staff change their shoes before entering to the LR	OB	10

Reference No	Measurable Element	Checkpoint	Assessment Method	Maximummarks
		ME F2.3.3	LR staff change their cloths before entering to the LR	OB 10
		ME F2.3.4	Patients provide with cloths for the LR	OB 10
		ME F2.3.5	Use double gloves methods for delivery, caterization	OB 10
		ME F2.3.6	Proper cleaning of procedure site with antiseptics like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter	OB/SI 10
ME F5.5	Infection control procedures taking place inside LR	ME F5.5.1	Staff is trained for spill management	SI 10
		ME F5.5.2	Cleaning of patient care area with detergent solution	SI/RR 10
		ME F5.5.3	Staff is trained for preparing cleaning solution as per standard procedure	SI/RR 10
		ME F5.5.4	Standard practice of mopping and scrubbing are followed (Unidirectional mopping from inside out)	OB/SI 10
		ME F5.5.5	Cleaning equipments like broom are not used in patient care areas (Any cleaning equipment leading to dispersion of dust particles in air)	OB/SI 10
		ME F5.5.6	Use of three bucket system for mopping(One antiseptic solution, one with water and last one with disinfectant)	OB/SI 10
		ME F5.5.7	Fumigation/carbolization as per schedule	SI/RR 10
ME F5.6	The facility ensures segregation infectious patients	ME F5.6.1	Isolation and barrier nursing procedure are followed for septic cases	OB/SI 10
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio			
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 colour coded bins at point of waste generation	OB 10
		ME F6.1.2	Availability of plastic colour coded plastic bags	OB 10
		ME F6.1.3	Segregation of different category of waste as per guidelines	OB/SI 10
		ME F6.1.4	Display of work instructions for segregation and handling of Biomedical waste	OB 10
		ME F6.1.5	There is no mixing of infectious and general waste (See if it has been used or just lying idle)	OB 10
ME F6.2	The facility ensures management of sharps as per guidelines	ME F6.2.1	Availability of puncture proof box (Should be available nears the point of generation like nursing station and injection room)	OB 10
		ME F6.2.2	Disinfection of sharp before disposal	OB 10
		ME F6.2.3	Staff is aware of contact time for disinfection of sharps	OB/SI 10
		ME F6.2.4	Availability of post exposure prophylaxis (Ask if available. Where it is stored and who is in	OB/SI 10
		ME F6.2.5	Staff knows what to do in condition of needle prick injury (Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done)	SI 10
		ME F6.2.6	Placentae disipal procedure is aligned with standards	OB 10
		ME F6.2.7	SB: placenta to be preserved for post mortum	SI 10
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines	ME F6.3.1	Check bins are not overfilled	SI 10

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximum marks
		ME F6.3.2	Disinfection of liquid waste before disposal	SI/OB	10
		ME F6.3.3	Transportation of bio medical waste is done in close container/trolley	SI/OB	10
		ME F6.3.4	Staff aware of mercury spill management	SI	10
Area of Concern - G Quality Management					
Standard G1	The facility has established organizational framework for quality improvement				
ME G1.1	The facility has a quality team in place	ME G1.1.1	There is a designated departmental nodal person for coordinating Quality Assurance	SI/RR	10
		ME G1.1.2	Work improvement teams (WIT) are available in the ward/unit	SI/RR	10
		ME G1.1.3	WIT conducts regular meetings	SI/RR	10
		ME G1.1.4	WIT meeting records are available	SI/RR	10
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	20
		ME G2.1.2	Regular staff satisfaction surveys conducts	RR	20
Standard G3	The facility have established internal and external quality assurance Programmes wherever it is				
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/RR	10
			Medical office quality for monitoring of services	SI/RR	10
			Head of the institution	SI/RR	10
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	10
		ME G3.2.2	Staff is designated for filling and monitoring of these checklists	SI/RR	10
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all k				
ME G4.1	Labour Room has standard operating procedures are prepared and approved	ME G4.1.1	Standard operating procedure for department has been prepared and approved	RR	10
		ME G4.1.2	Current version of SOP are available with process owner	OB/RR	10
ME G4.2	Standard Operating Procedures adequately describes process and procedures	ME G4.2.1	Department has documented procedure for receiving and assessment of the patient admitted to LR	RR	10
		ME G4.2.2	Labour room has documented procedure for Emergency obstetric care	RR	10
		ME G4.2.3	Department has documented procedure for management of high risk pregnancy	RR	10
		ME G4.2.4	Department has documented procedure for rapid initial assessment	RR	10
		ME G4.2.5	Department has documented procedure for requisition of diagnosis and receiving of the reports	RR	10
		ME G4.2.6	Department has documented procedure for intra partum care (Intrapartum care includes Management of 1st stage of labour, 2nd stage of labour and 3rd stage of labour)	RR	10
		ME G4.2.7	Department has documented immediate post partum care	RR	10
		ME G4.2.8	Department has documented essential new born care	RR	10
		ME G4.2.9	Department has documented procedure for neonatal resuscitation	RR	10
		ME G4.2.10	Department has documented procedure for admission, shifting and referral of the patient	RR	10

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
		ME G4.2.11	Department has documented procedure for arrangement of intervention for labour room	RR	10
		ME G4.2.12	Labour room has documented procedure for blood transfusion	RR	10
		ME G4.2.13	Labour room has documented criteria for distinguish between newborn death and still birth	RR	10
		ME G4.2.14	Labour room has documented procedure for environmental cleaning and processing of the equipment	RR	10
		ME G4.2.15	Labour room has documented procedure for maintenance of rights and dignity of pregnant women	RR	10
		ME G4.2.16	Department has documented procedure for record Maintenance including taking consent	RR	10
ME G4.3	Staff is trained and aware of the procedures written in SOPs	ME G4.3.1	Staff is trained and aware of the procedures written in SOPs	SI/RR	10
ME G4.4	Work instructions are displayed at Point of use	ME G4.4.1	Work instruction/clinical protocols are displayed (AMSTL, PPH, infection control, Eclamsia, New born resuscitation, kangaroo care)	OB	10
Standard G 5	The facility maps its key processes and seeks to make them more efficient by reducing non value addi				
ME G5.1	The facility maps its critical processes	ME G5.1.1	Process mapping of critical processes done	SI/RR	10
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	10
Standard G6	The facility has established system of periodic review as internal assessment , medical & death audi				
ME G6.1	The facility conducts periodic internal assessment /audits	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/ near miss enquiry	RR/SI	10
		ME G6.2.2	Maternal death audit is conducted at the ward level before institutional level (if relevant)	RR	10
		ME G6.2.4	There is procedure to conduct perinatal death audits for intranatal/ fresh still births.	RR/SI	10
		ME G6.2.3	There is procedure to conduct Prescription audit	RR/SI	10
ME G6.2	The facility ensures non compliances are enumerated and recorded	ME G6.2.1	Non Compliance are enumerated and recorded	RR/SI	10
ME G6.3	Action plan is made on the gaps found in the assessment / audit process	ME G6.3.1	Action plan prepared	RR/SI	10
ME G6.4	Corrective and preventive actions are taken to address issues, observed in	ME G6.4.1	Corrective and preventive action taken	RR/SI	10
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 labour room 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	10
ME G7.3	Progress towards quality objectives is monitored periodically	ME G7.3.1	Quality objectives are monitored and reviewed periodically	SI/RR	10
Standard G8	The facility seeks continually improvement by practicing Quality method and to				
ME G8.1	The facility uses method for quality improvement in services	ME G8.1.1	PDCA	SI/RR	10

Reference No	Measurable Element		Checkpoint	Assessment Method	Maximummarks
		ME G8.1.2	5S	SI/OB	10
		ME G8.1.3	Mistake proofing	SI/OB	10
		ME G8.1.4	Six Sigma	SI/RR	10
ME G8.2	The facility uses tools for quality improvement in services	ME G8.2.1	6 basic tools of Quality	SI/RR	10
		ME G8.2.2	Pareto/Prioritization	SI/RR	10
Area of Concern - H Outcome					
Standard H1	The facility measures Productivity Indicators and ensures compliance with National benchmarks				
ME H1.1	Facility measures productivity Indicators on monthly basis	ME H1.1.1	Average no of deliveries per month		
		ME H1.1.2	Proportion of normal deliveries	RR	
		ME H1.1.3	Proportion assisted delivery conducted	RR	
			Forceps Deliveries		
			Vacuum Deliveries		
			Failed assistant deliveries		
		ME H1.1.4	Percentage Perineal tears (3rd, 4th) out of vaginal deliveries including assisted deliveries		
		ME H1.1.5	Percentage of retained placenta		
		ME H1.1.6	Percentage of ruptured uterus		
		ME H1.1.7	Percentage of uterine inversion		
		ME H1.1.8	Percentage of vaginal haematomas		
		ME H1.1.9	Percentage of shoulder dystocia		
		ME H1.1.10	percentage of undiagnosed breech		
		ME H1.1.11	Percentage of eclamtic fits at the LR		
		ME H1.1.12	% of failed inductions		
Standard H2	The facility measures Efficiency Indicators and ensure to reach National Benchmarks				
ME H2.1	Facility measures efficiency Indicators on monthly basis	ME H2.1.1	Proportion of cases referred to OT from LR	RR	
		ME H2.1.2	Proportion of cases ended up as emergency sections (from the LR)		
		ME H2.1.3	Proportion of cases referred to Higher Facilities from LR	RR	
		ME H2.1.4	Proportion of newborns required resuscitation out of total live births	RR	
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach National benchmarks				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	ME H3.1.1	Proportion of cases where a partograph has maintained	RR	Take 10 BHT s and record no of partograms recorded
		ME H3.1.2	No of adverse events per thousand patients (HAI)	RR	No of adverse reactions reported/ Not reported
		ME H3.1.3	Culture Surveillance sterility rate	RR	% of environmental swab culture reported positive(No of cultures positive/ o of cultures negative)
		ME H3.1.5	Rational oxytocin usage Index	RR	No. of Oxytocin doses used /No. of normal deliveries conducted
Standard H4	The facility measures Service Quality Indicators and endeavours to reach National benchmarks				
ME H4.1	Facility measures Service providers satisfaction annually	ME H4.1.1	Patient satisfaction	RR	Patient satisfaction Questionnaire
ME H4.2	Facility measures Service Quality Indicators on monthly basis	ME H4.2.1	service provider satisfaction		service provider satisfaction survey

Labour room Score Card		
Labour room Score		#REF!
Area of Concern wise Score		
A	Service Provision	#REF!

Reference No	Measurable Element		Checkpoint
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!

Assessment Method

Maximummarks

	Obtained	Maximum
A	0	0
B	#REF!	0
C	#REF!	0
D	0	0
E	0	0
F	0	0
G	0	0
H	0	0
Total	#REF!	0

Obtained marks	Remarks	
	Initiation of breast feeding, pain relief breathing exercises etc	
	Enquiry desk serving both maternity ward and labour	
count of physical economic, cultural or social		#REF! 0
	If located in the ground floor, give fullmarks	
ent related information.		#REF! 0
hem in treatment planning, and facilitates		#REF! 0

Obtained marks	Remarks
	om the cost of hospital services.
	Ask from few patients whether they have paid for any of these things
	the prevalent norms
	For a unit with 300 deliveries per month the area should be at least 314m2 (assess accordingly)
	8 delivery beds for a LR with average of 10 deliveries per day
	Facilities for instrumental delivery,

#REF! 0

#REF! 0

#REF! 0

Obtained marks	Remarks
to the current case load	
	Ask the sister to fill the training needs assessment tools and calculate the percentages base on the information/Training gained last five years hyperlink to a tool(10%- 1mark,20%- 2marks.....100%-10marks)

#REF! 0

Obtained marks	Remarks
	Number of sets should be three times the average number of repairs performed per day
	Number of delivery sets should be three times the average number of deliveries per day
	All the items need to be there to get full marks

Obtained marks	Remarks
on of Equipment.	
	Ask the process of calibration for each equipment
nacy and patient care areas	
	Check the registers
visitors.	

#REF! 0

#REF! 0

Obtained marks	Remarks
Standards operating procedures.	
	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics)
to contractual obligations	
patients.	
of the patients.	

Obtained marks	Remarks
d referral	

Obtained marks	Remarks
ric drugs & their rational use.	

Obtained marks	Remarks
ords and their storage	
Management	
nd Transfusion.	

Obtained marks	Remarks
th	

#REF! 0

Obtained marks	Remarks
hospital associated infection	
and antisepsis	

Obtained marks	Remarks
nts	

Obtained marks	Remarks
critical to quality.	
key processes and support services.	

0 0

Obtained marks	Remarks
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