

# Maternal Care Quality Assessment Sri Lanka

Please note when you are not allocating full marks, please give the reason in the remarks column

OB- observe; SI- service provider interview; PI- patient interview; RR- records review

## Postnatal Ward Tool

Reference no	Measurable Element	Code no	Check points	Assessment method	Maximum Marks	Obtained Marks	Remarks
<b>Standard A1</b>							
<b>The facility provides postnatal Services According to Ministry of Health norms</b>							
ME A1.1	Curative Services; Clinics	ME A1.1.1	Availability of Postnatal clinic for high risk women	SI/RR	10	0	
		ME A1.1.4	Availability of Family Planning Clinic	SI/RR	10	0	Done in MOH
		ME A1.1.5	Availability of LRT services	SI/RR	10	0	
		ME A1.1.7	Availability of high risk baby clinic (Only for base hospitals and above)	SI/RR	10	0	Transferred to Dickoya or Nawalapitiya Hospital
		ME A1.1.8	Availability of well babay clinic services (Mandatory for all levels of hospitals)	SI/RR	10	0	
ME A1.2	Curative Services; Inward		Availability of counselling room	SI/RR	10	0	
		ME A1.2.5	Availability of Mother & Baby Centre	SI/RR	10	0	
		ME A1.2.6	Availability of Lactation Management Centre	SI/RR	10	0	
		ME A1.2.7	Availability of SCBU/NICU	SI/RR	10	0	
ME A1.3	Audits	ME A1.3.1	Availability of maternal death audit	SI/RR	10	0	
		ME A1.3.2	Availability of perinatal death audit	SI/RR	10	0	
		ME A1.3.3	Availability of near miss inquiry	SI/RR	10	0	
<b>Area of Concern - B Patient Rights</b>							
<b>Standard B1</b>							
<b>Facility provides the information to care seekers, attendants &amp; community about the available services and their modalities</b>							
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	5	5	
		ME B1.1.2	Layout of the ward is displayed at the entrance to the ward.	OB	5	0	
		ME B1.1.3	Vision, mission of the ward and/or hospital is displayed	OB	5	0	

		<b>ME B1.1.4</b>	Ward number is displayed clearly in visible manner	OB	5	5	
			Availability of name boards for rooms/areas/ service delivery points	OB	5		0
			Directional signages within the ward is displayed	OB	5		0
			Visiting hours and visitor policy are displayed	OB	5		0
			Restricted area signage are displayed	OB	5		0
<b>ME B1.2</b>	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	<b>ME B1.2.1</b>	IEC Material is displayed (BF, FP, Birth registration, danger signals (mother and baby))	OB	20	10	
<b>ME B1.3</b>	The facility displays the services and entitlements available in its departments	<b>ME B1.3.1</b>	List of Family Planning Services available	OB	10	0	
		<b>ME B1.3.2</b>	Entitlements under different maternity benefit schemes are displayed.	OB	10	0	
			Details of the postnatal clinic (dates, venue) displayed in the PN ward	OB	10	0	
		<b>ME B1.3.4</b>	Details required for Birth Registration displayed	OB	10	10	
		<b>ME B1.3.5</b>	Items need to be taken away after discharge is displayed	OB	10	10	
			Importance of getting the service of filed PHM is displayed	OB	10	10	
<b>ME B1.4</b>	Information is available in local language and easy to understand	<b>ME B1.4.1</b>	Signage's and information are available in all three languages	OB	10	7	Not in English
<b>ME B1.5</b>	The facility provides information to patients and visitor through an exclusive set-up.	<b>ME B1.5.1</b>	Availability of Enquiry Desk with dedicated staff at least during visiting hours	OB	10	0	

<b>ME B1.6</b>	The facility ensures access to clinical records of patients to entitled personnel	<b>ME B1.6.1</b>	Diagnosis cards are issued when necessary	OB	10	10	
			Discharge summary is filled in the pregnancy record card	OB	10	10	
		<b>ME B1.6.2</b>	Diagnosis cards are issued for patients left against medical advice	OB	10	8	Not for every patient , when a patient is transferred
<b>Standard B2</b>	<b>Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.</b>						
<b>ME B2.1</b>	Services are provided in manner that are sensitive to gender	<b>ME B2.1.1</b>	Availability of female staff when a male doctor examines a female patient	OB/SI	10	10	
		<b>ME B2.1.2</b>	No Male attendants are allowed to stay in female wards at night	OB/SI	10	10	
			Availability of female HW when transporting patients within hospitals	OB/SI	10	10	
		<b>ME B2.1.3</b>	There is no over emphasis on one family planning method (Ask Staff/client whether they were convinced for one method or given informed choice )	SI/PI	10	10	
<b>ME B2.3</b>	Access to facility is provided without any physical barrier & and friendly to people with disabilities	<b>ME B2.3.1</b>	Availability of Wheel chair or stretcher for easy Access to the PNW	OB	10	10	
		<b>ME B2.3.2</b>	Availability of ramps with railing	OB	10	0	
		<b>ME B2.3.3</b>	Availability of disable friendly toilets	OB	10	0	
<b>Standard B3</b>	<b>Facility maintains the privacy, confidentiality &amp; Dignity of patient and related information.</b>						
<b>ME B3.1</b>	Adequate visual privacy is provided at every point of care	<b>ME B3.1.1</b>	Availability of screens at examination area	OB	10	10	
			Curtains have been provided at windows	OB	10	10	
		<b>ME B3.1.2</b>	Patients are dressed/covered while shifting the patients from one department to other	OB	10	10	

			Availability of curtains/screens around patient's cubicle	OB	10	10	
			examination of a patients is not being carried out in the presence of another patient	OB	10	10	
			No two patients are treated on one bed	OB	10	10	
		<b>ME B3.1.3</b>	Privacy at the counselling room is maintained	OB	10	5	No special counselling room..Done in the ward
<b>ME B3.2</b>	Confidentiality of patients records and clinical information is maintained	<b>ME B3.2.1</b>	Patient Records are kept at secure place beyond access to general staff/visitors	SI/OB	10	10	
		<b>ME B3.2.2</b>	No information regarding patient identity and details are unnecessary displayed	SI/OB	10	10	
<b>ME B3.3</b>	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	<b>ME B3.3.1</b>	Behaviour of staff is empathetic and courteous	PI/OB	20	20	
<b>ME B3.4</b>	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	<b>ME B3.4.1</b>	Details of the socially stigmatised patients are only known to by the necessary staff only (HIV, unmarried or sinle mother, women subjected GBV,women with mental conditions, sex workers);Inquire from staff that such women get admitted how they mange them?	SI/OB	10	10	
<b>Standard B4</b>	<b>Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.</b>						
<b>ME B4.1</b>	There is established procedures for taking informed consent before treatment and procedures	<b>ME B4.1.1</b>	General consent is taken on admission	SI/RR	10	10	
			Specific consent is obtained before diffrenet procedures (check the BHT)	SI/RR	10	10	
			Patients are informed well before obtaining the consent (observation the admission)	SI/RR	10	10	

			Patients are satisfied with the information they received before a procedure/ treatment.	SI/RR	10	10	
			Informed written consent is obtained for family planning surgeries	SI/RR	10	0	Fammily planning is not carried out
<b>ME B4.2</b>	Information about the treatment is shared with patients or attendants, regularly	<b>ME B4.2.1</b>	Patient is informed about her clinical condition and treatment being provided	PI/SI	10	10	
		<b>ME B4.2.2</b>	Patient's guardian s are informed about her clinical condition and treatment being provided	PI/SI	10	10	
		<b>ME B4.2.3</b>	Patient and their attendant is informed about her baby's clinical condition and treatment being provided	PI/SI	10	10	
<b>ME B4.3</b>	Patient is informed about his/her rights and responsibilities	<b>ME B4.3.1</b>	Display of reproductive rights of clients	OB	10	10	
<b>ME B4.4</b>	Staff are aware of Patients rights responsibilities	<b>ME B4.4.1</b>	Staff awares about awareness reproductive rights of clients	SI	10	10	
<b>ME B4.5</b>	The facility has defined and established grievance redressal system in place	<b>ME B4.5.1</b>	Availability of complaint box	OB	5	0	
			Display of process for grievance redressal.	OB	5	0	
			Whom to contact is displayed	OB	5	0	
			Evidence to attend the complaints	OB	5	0	
<b>Standard B5</b>	<b>Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.</b>						
<b>ME B5.1</b>	The facility provides cashless services to mothers and neonates as per national policy	<b>ME B5.1.1</b>	Stay in ward is free of cost	PI/SI	10	10	Ask from few patients whether they have paid for any of these things
			Availability of Free Diet	PI/SI	10	10	
			Availability of Free wheel chair/ trolley transport within the hospital	PI/SI	10	10	
			Availability of Free Ambulance services	PI/SI	10	10	

			Availability of Free Blood	PI/SI	10	0	
		ME B5.1.2	Drugs are available free	PI/SI	10	10	
			Consumables are freely available	PI/SI	10	10	
			Contraceptives are freely available	PI/SI	10	0	
		ME B5.1.3	All surgical procedure including family planning are free of charge	PI/SI	10	0	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	ME B5.2.1	The patient has not purchased drugs or consumables from outside.	PI/SI	10	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 diagnostic Investigations outside.	PI/SI	10	10	
ME B5.3	The facility ensures timely services for insurance holders	ME B5.3.1	Medical certificates and other relevant forms for insurance claims are provided without delay	PI/SI/RR	20	20	
Area of Concern - C Inputs							
Standard C1	<b>The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms</b>						
ME C1.1	Location of the PNW	ME C1.1.1	Access to the ward should be sheltered	OB	5	5	
		ME C1.1.2	Adequate shaded waiting area is provided at the reception area	OB	5	5	
		ME C1.1.3	<b>PN ward should be situated very close to:</b>	OB			
			Labour room	OB	5	5	
		ME C1.1.4	OT	OB	5	2	<b>Not functioning now</b>
			SCBU/NICU	OB	5	0	<b>not available</b>
			Mother baby centre	OB	5	0	<b>not available</b>
			Lactation management centre	OB	5	0	<b>not available</b>
		ME C1.1.5	Elevator Access/ Ramp should be available for multistory building	OB	5	2	<b>not in use</b>
ME C1.2	Departments have layout and demarcated areas as per functions	ME C1.2.1	Area for discharge with a desk	OB	5	5	
		ME C1.2.2	Waiting area for visitors	OB	5	2	
		ME C1.2.3	Admission room for clerking and examination	OB	5	3	
		ME C1.2.4	Patient sitting area (recreation for visitors)	OB	5	2	
		ME C1.2.8	Changing area	OB	5	5	
		ME C1.2.9	Dining area	OB	5	5	

		<b>ME C1.2.10</b>	Waste disposal area	OB	5	5	
		<b>ME C1.2.11</b>	Availability of duty station for nurses	OB	5	5	
		<b>ME C1.2.12</b>	Availability of duty station for doctors	OB	5	5	
		<b>ME C1.2.13</b>	Availability of dedicated counselling area	OB	5	2	not a separate room
		<b>ME C1.2.14</b>	Teaching room	OB	5	5	
		<b>ME C1.2.15</b>	Examintion room	OB	5	5	
		<b>ME C1.2.16</b>	Availability of minor procedure area for IUD insertion	OB	5	0	
		<b>ME C1.2.17</b>	Store room for drugs and consumables	OB	5	5	
		<b>ME C1.2.18</b>	Pantry	OB	5	0	
		<b>ME C1.2.21</b>	Toilets	OB	5	5	
<b>ME C1.3</b>	Departments have adequate space as per patient or work load	<b>ME C1.3.1</b>	Adequate Space is for examination	OB	5	2	
			Adequate Space is for counselling		5	2	
<b>ME C1.4</b>	Departments have adequate space as per patient or work load	<b>ME C1.4.1</b>	Adequate space in wards with no cluttering of beds ( Distance between two beds – 5-6 ft)	OB	10	8	
		<b>ME C1.4.2</b>	Area should be identified to keep the mothers things (set of lockers)	OB	10	10	
		<b>ME C1.4.3</b>	Area should be identified for neonate cot near the bed	OB	10	0	
		<b>ME C1.4.4</b>	Availability of beds according to no of deliveries (If avarage number of deliveries per day is 10, there should be at least 30 beds)	OB	10	10	
<b>ME C1.5</b>	The facility has adequate circulation area and open spaces according to need and local law	<b>ME C1.5.1</b>	Corridors are wide enough for movement of trolleys and stretchers (at least 3 fts in width.)	OB	10	8	
<b>ME C1.6</b>	The ward have intercom connections with;	<b>ME C1.6.1</b>	OPD	OB	5	0	
		<b>ME C1.6.2</b>	Labour room	OB	5	5	
		<b>ME C1.6.3</b>	Obstetric ICU/ICU	OB	5	0	
		<b>ME C1.7.3</b>	MBC	OB	5	0	
		<b>ME C1.7.4</b>	Clinic	OB	5	5	
		<b>ME C1.7.5</b>	Theatre	OB	5	0	
		<b>ME C1.7.6</b>	Laboratory	OB	5	0	
		<b>ME C1.7.7</b>	CSSD	OB	5	0	
		<b>ME C1.7.8</b>	Indoor Pharmacy	OB	5	0	
		<b>ME C1.7.9</b>	Blood bank	OB	5	0	
		<b>ME C1.7.10</b>	SCBU	OB	5	0	
	<b>ME C1.7.11</b>	NICU	OB	5	0		

		<b>ME C1.7.12</b>	Lactation Management Centre	OB	5	0	
		<b>ME C1.7.13</b>	Mother and baby unit	OB	5	0	
		<b>ME C1.7.14</b>	Psychiatry unit	OB	5	0	
		<b>ME C1.7.15</b>	Quarters -Consultant	OB	5	0	
		<b>ME C1.7.16</b>	Quarters -SHO	OB	5	5	
		<b>ME C1.7.17</b>	Quarters -HO	OB	5	0	
<b>ME C1.8</b>	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	<b>ME C1.8.1</b>	postnatal ward is in proximity and functional linkage with labour room	OB	10	10	
		<b>ME C1.8.2</b>	Postnatal unit is in Proximity and has functional linkage with OT	OB	10	0	
		<b>ME C1.8.3</b>	Postnatal unit is in Proximity and has functional linkage with SCBU/NICU	OB	10	0	
		<b>ME C1.8.4</b>	Unidirectional flow of goods and services	OB	10	10	
		<b>ME C1.8.5</b>	Location of nursing station and patients beds enables easy and direct observation of patients	OB	10	6	
	Service counters are available as per patient load	<b>ME C1.9.2</b>	Functional toilets are available	OB	5	5	
		<b>ME C1.9.3</b>	Running water for 24 hrs is available	OB	5	5	
			Number of toilets are adequate for patient load.		5	5	two toilets
		<b>ME C1.9.4</b>	Availability of safe drinking water	OB	5	5	
		<b>ME C1.9.5</b>	Patient Hand washing area is available	OB	5	5	
		<b>ME C1.9.6</b>	TV for entertainment and health promotion is available.	OB	10	0	
<b>Standard C2</b>	<b>The facility ensures the physical safety of the infrastructure.</b>						
<b>ME C2.1</b>	The facility ensures the seismic safety of the infrastructure	<b>ME C2.1.1</b>	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	10	10	
<b>ME C2.3</b>	The facility ensures safety of electrical establishment	<b>ME C2.3.1</b>	Ward does not have temporary connections and loosely hanging wires	OB	10	10	
		<b>ME C2.3.2</b>	Switch Boards other electrical installations are intact	OB	10	10	
		<b>ME C2.3.3</b>	There is proper earthing	OB	10	10	
			Switch boards numbered	OB	5	0	

			Bulbs, plugpoints, fans etc are numbered	OB	5	0	
ME C2.4	Physical condition of buildings are safe for providing patient care	ME C2.4.1	Floors of the ward are non slippery and even	OB	5	5	
		ME C2.4.2	Windows have grills and wire meshwork	OB	5	0	
		ME C2.4.3	Stairs and edges are marked	OB	5	5	
		ME C2.4.4	Bathroom floor is not slippery	OB	5	5	
Standard C3	<b>The facility has established Programme for fire safety and other disaster</b>						
ME C3.1	The facility has plan for prevention of fire	ME C3.1.1	Postnatal ward has sufficient fire exit to permit safe escape to its occupants at time of fire	OB/SI	5	3	common stairs
		ME C3.1.2	The routes to reach fire exits are clearly marked.	OB	5	0	
		ME C3.1.3	The fire exits are clearly visible.	OB	5	3	
ME C3.2	The facility has adequate fire fighting Equipment	ME C3.2.1	Postnatal ward has installed fire Extinguisher that is Class A , Class BC type or ABC type	OB	5	0	
		ME C3.2.2	The expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned	OB/RR	5	0	
		ME C3.2.3	Operating details are displayed in simple understandable language	OB/RR	5	0	
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly 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	0	
			There is a system for induction training for new staff.	SI/RR	5	0	
			The staff is competent for operating fire extinguisher and what to do in case of fire	SI/RR	5	0	
Standard C4	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>						

ME C4.1	The facility has adequate specialist doctors as per service provision	ME C4.1.1	Availability of consultant obstetrician 24 * 7 (onduty and oncall)	OB/RR	10	0	
			Availability of on call paediatrician	OB/RR	10	0	
		ME C4.1.2	Availability of a Medical officer assigned to postnatal ward (not a HO)	OB/RR	10	5	not a separate MO is assigned , oncall doctor sees th
		ME C4.1.3	Availability of on call Paediatric MO	OB/RR	10	0	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	ME C4.3.1	Availability of adequate Nursing staff per shift ( for 2 pts of Day1 LSCS and 8 pts of ND or LSCS: 1 NO & 1MW)	OB/RR/SI	10	10	
	The facility has adequate trained staff		Staff trained in:				
ME C4.4		ME C4.4.1	Family planning counselling	SI	10	0	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)
		ME C4.4.2	Lactation management Training	SI	10	0	
		ME C4.4.3	Essential Newborn Care	SI	10	0	
		ME C4.4.4	Biomedical waste management	SI	10	10	
		ME C4.4.5	Infection control and hand hygiene	SI	10	10	
		ME C4.4.6	Patient Safety	SI	10	10	
		ME C4.4.7	Postnatal counselling	SI	10	10	
			Adult resuscitation	SI	10	10	
ME C4.5	The facility has adequate support / general staff	ME C4.5.1	Availibility of adequate number of Junior staff	SI/RR	10	10	
		ME C4.5.2	Security system in place	SI/RR	10	10	
Standard C5	<b>Facility provides drugs and consumables required for assured list of services.</b>						
ME C5.1	The departments have availability of adequate drugs at point of use for both mother & baby	ME C5.1.1	For mother				
			<b>ANTIBIOTICS</b>				
			Amoxycillin (Tab. 250mg)	OB/RR	2	2	
			Ampicillin (Tab.250mg, IV 500mg vials)	OB/RR	2	2	
			Benzyl Penicillin (600mg vial)	OB/RR	2	2	
			Cefalexin (250mg tab)	OB/RR	2	2	

			Cefotaxime (1g vial)	OB/RR	2	2
			Ceftriaxone (1g vial)	OB/RR	2	2
			Cefuroxime (750mg vial,250mg tab)	OB/RR	2	2
			Cloxacillin (250mg tab)	OB/RR	2	2
			Phenoxymethyl penicillin(250mg tab)	OB/RR	2	0
			Co Amoxiclav (Tab 375g/625g; IV 1.2g)	OB/RR	2	2
			Erythromycin (250mg tab)	OB/RR	2	2
			Gentamicin (1ml ampule)	OB/RR	2	2
			Metronidazole (200mg, 400mgtab; 5mg/1ml ampule)	OB/RR	2	2
			<b>ANTICONVULSANTS</b>			
			Magnesium sulphate (injection) 1g ampule	OB/RR	5	0
			Diazepam (injection) 5mg/1ml	OB/RR	2	2
			Phenobarbital (60mg tab:200mg/1ml ampule)	OB/RR	2	0
			Phenytoin(100mg tab)	OB/RR	2	2
			<b>ANTIHYPERTENSIVES</b>			
			Hydralazine (25mg tab, 20mg ampule)	OB/RR	2	0
			Labetalol (100mg, 200mg tab, 50mg ampule)	OB/RR	2	0
			Methyldopa (250mg tab)	OB/RR	2	2
			Nifedipine capsule10mg	OB/RR	2	2
			Nifedipine (SR) 10mg/20mg	OB/RR	2	2
			Prazosin (0.5mg/1mg tab)	OB/RR	2	2
			<b>OXYTOCICS AND PROSTAGLANDINS</b>			
			Ergometrine (0.5mg Tab)	OB/RR	2	0

			Oxytocin (5units/1ml ampule) – syntocinon)	OB/RR	2	2
			Oxytocin + Ergomatrine (Syntometrine) (0.5mg + 5unit/ml)	OB/RR	2	0
			<b>DRUGS USED IN EMERGENCIES</b>			
			Adrenaline injection (Epinephrine) (10ml ampule)	OB/RR	2	2
			Atropine sulphate (0.6mg tab)	OB/RR	2	2
			Calcium gluconate (10ml ampule)	OB/RR	2	0
			Digoxin (0.1mg Tab)	OB/RR	2	2
			Ephedrine (15mg/30mg Tab)	OB/RR	2	0
			Frusamide (20mg tables, 2ml ampule)	OB/RR	2	2
			Hydrocortisone (10mg/20mg tab, 100mg vial)	OB/RR	2	2
			Naloxone (0.4mg/ml Ampule)	OB/RR	2	0
			Promethazine (10mg/25mg tab, 25mg/ml: 1ml ampule)	OB/RR	2	2
			Dopamin injection (40mg/ml: 5ml ampule)	OB/RR	2	0
			Aminophyllin injection (25mg/dl: 10ml ampule)	OB/RR	2	2
			Mannitol IV infusion (10% and 20%)	OB/RR	2	2
			NaHCO <sub>3</sub> injection (4.2%: 10ml ampule)	OB/RR	2	2
			<b>ANALGESICS</b>			
			Morphine (5mg tab, 10mg/1ml;	OB/RR	2	2
			Pethidine (50mg tab, 50mg/ml: 2ml ampule)	OB/RR	2	2
			Lignocain (20mg/ml: 2ml ampule)	OB/RR	2	2
			Paracetamol (500mg tab)	OB/RR	2	2

			Panadeine (500mg tab)	OB/RR	2	0
			Diclofenac sordium (50mg tab, 50mg/100mg suppositories)	OB/RR	2	2
			Tramadole Hydrochloride (50mg suppositories)	OB/RR	2	2
			<b>TOCOLYTICS</b>			
			Nifedipine capsule (10 mg tab)	OB/RR	2	2
			Salbutamol (4mg tab0.5mg/ml: 5ml ampule))	OB/RR	2	2
			Terbutaline Sulphate SC/IV 0.4mg)	OB/RR	2	0
			<b>STEROIDS</b>			
			Betamethasone (0.5mg)	OB/RR	2	2
			Dexamethasone (0.5mg tabs, 1ml ampule	OB/RR	2	2
			Prednisolone (2mg/4mg Tab)	OB/RR	2	2
			<b>IV FLUIDS</b>			
			5% Dextrose	OB/RR	2	2
			10% Dextrose	OB/RR	2	2
			50% Dextrose	OB/RR	2	2
			Normal saline	OB/RR	2	2
			Ringer's lactate	OB/RR	2	0
			Gelafundin	OB/RR	2	0
			Starch	OB/RR	2	0
			<b>OTHER DRUGS</b>			
			Vitamin K (1mg)	OB/RR	2	2
			Heparin (1000u/ml: 1mlampule)	OB/RR	2	0
			Sodium citrate	OB/RR	2	2
			Anti Rho (D) Immune Globulin / Rhoghum	OB/RR	2	0
			Insulin – soluble	OB/RR	2	2
			Vitamin A mega dose (100,000IU)	OB/RR	2	2

			Ranitidine (150mg/300mg tab)	OB/RR	2	2	
			Cimetidine injections (100mg/ml: 2ml ampule)	OB/RR	2	0	
			Maxalon injection (5mg/ml: 2ml ampule)	OB/RR	2	2	
			Ferrous sulphate 200mg	OB/RR	2	2	
			Folic acid 1mg	OB/RR	2	2	
			Folic acid 5mg	OB/RR	2	2	
			Vitamin C 50mg	OB/RR	2	2	
			Calcium lactate 300mg	OB/RR	2	2	
			Mebendazole 500mg	OB/RR	2	2	
			Carbergoline (0.5mg/1mg tab)	OB/RR	2	0	
			Conjugated Oestrogen equine (0.625mg Tab)	OB/RR	2	0	
<b>ME C5.2</b>	The departments have adequate consumables at point of use for both mother & baby	<b>ME C5.2.1</b>	Sterilized consumables in dressing drum	OB/RR	10	0	
			Availability of Sanitary pads	OB/RR	10	10	
			Availability of dressings	OB/RR	10	10	
			Availability of syringes and IV Sets /tubes	OB/RR	10	10	
			Availability of Antiseptic Solutions	OB/RR	10	10	
<b>ME C5.3</b>	Emergency drug trays are maintained at every point of care, where ever it may be needed	<b>ME C5.3.1</b>	Availability of emergency drugs tray	OB/RR	10	10	
			Emergency tray is completed			10	
			<b>Emergency tray</b>				
			<b>Essential drugs</b>				
			Normal saline	OB/RR	2	2	
			Dextrose 5%	OB/RR	2	2	
			Dextrose 10%	OB/RR	2	2	
			Dextrose 50%	OB/RR	2	2	
			Hartmann's solution	OB/RR	2	2	
			Haemocole/gelafundin	OB/RR	2	0	
			Pethidine	OB/RR	2	2	
			Syntocinon (2 Units)	OB/RR	2	2	
			Ergometrine injections (5mg)	OB/RR	2	0	
			Naloxone injections	OB/RR	2	0	
			Nifedifine capsules	OB/RR	2	2	

			Diazepam injections	OB/RR	2	2	
			Hydrocortizone injection	OB/RR	2	2	
			Promethacine injection	OB/RR	2	2	
			Adrenalin injection	OB/RR	2	2	
			Frusimide injection	OB/RR	2	2	
			Magnesium sulphate injection	OB/RR	2	0	
			Nalador	OB/RR	2	0	
			Sordium bicarbonate	OB/RR	2	0	
			<b>Essential items</b>				
			IV Cannulae (size 16-18-20)	OB/RR	2	2	
			Disposable synges 2cc, 5cc,10cc	OB/RR	2	2	
			Airway	OB/RR	2	2	
			Foley cathetre (size 12-14)	OB/RR	2	2	
			Adult laryngoscope	OB/RR	2	2	
			Endo tracheal tube	OB/RR	2	2	
			Adult ambu bag/ face mask	OB/RR	2	2	
			Scissors, plaster, cotton, gauze, swabs	OB/RR	10	10	
			<b>Emmergency Tray For Baby</b>				
			Availability of resuscitation Instruments for Newborn Care				
			Oxygen	OB	3	3	
			Suction machine	OB	3	3	
			Radiant warmer	OB	3	3	
			Laryngoscope	OB	3	3	
			ET tubes	OB	3	0	
<b>Standard C6</b>	<b>The ward has equipment &amp; instruments required for assured list of services.</b>						
	<b>Basic furniture &amp; general items</b>		<b>Patient waiting area</b>				
			Waiting area Chairs	OB	5	2	
			Visitors area chairs	OB	5	2	
			<b>Admission area</b>				
			Reception Table	OB	5	5	
			Two chairs for patient and guardian	OB	5	5	
			One chair for Nursing Officer o r midwife who is doing admissions	OB	5	5	
			Urine testing kit	OB	5	5	
			Clinical oral thermometer	OB	5	5	

			<b>Nursing station</b>				
			Nurses tables	OB	5	5	
			Chairs	OB	5	5	
			Sterilizer	OB	5	5	
			Cupboards	OB	5	5	
			<b>Doctors station</b>				
			Doctors table	OB	5	5	
			Chairs for officers (revolving)	OB	5	5	
			BP apparatus	OB	5	5	
			Stethoscopes	OB	5	5	
			Ophthalmoscope	OB	5	0	
			Knee hammers	OB	5	5	
			Glucometer	OB	5	0	
			Drug formulary	OB	5	5	
			Management Guidelines	OB	5	5	
			<b>Examination room</b>				
			Examination bed	OB	5	5	
			Spot lamp	OB	5	5	
			Sponge forceps	OB	5	5	
			speculum (cuscos)	OB	5	5	
			<b>Patient area</b>				
			Postnatal ward beds	OB	10	10	
			Side/ movable Baby cots (Foot edge Baby cots No marks. Marks is only given for side cots and standard Postnatal ward bed which enables bedding of both mother and baby	OB	10	10	
			Lockers	OB	5	5	
			Patients trolleys	OB	5	5	
			Emergency trolley	OB	5	5	
			Wheel chair	OB	5	5	
			Preparation bed	OB	5	5	

			Isolation Beds (In the isolation area)	OB	5	0	
			Fixed screens (Curtain)	OB	5	5	
			Mobile screens	OB	5	0	
			IV stands (if necessary)	OB	5	5	
			Emergency lamps	OB	5	5	
			Rapid transfusion sets	OB	5	5	
			Mask for oxygen administration	OB	5	5	
			Nebulizer	OB	5	5	
			Adult Sucker	OB	5	5	
			<b>Patient dining area</b>				
			Dining Chairs	OB	5	5	
			Dining tables	OB	5	5	
			Food cart trolley	OB	5	5	
			<b>Store room for drugs and consumables</b>				
			Cupboard for storage of drugs	OB	10	10	
			Cupboard for storage of consumables	OB	10	10	
			Cupboard for Health education Material	OB	10	10	
			Medicine trolley (labeled)	OB	10	10	
			Ward round trolley	OB	10	10	
			Instrument trolley	OB	10	10	
			Refrigerator	OB	10	0	
			Computer with printer	OB	10	0	
			Stock of stationary	OB	10	10	
			<b>Equipments for baby</b>				
			Neonatal stethoscope	OB	10	0	
			BP apparatus with neonatal cuffs	OB	10	0	
			Phototherapy unit	OB	10	0	
<b>ME C6.8</b>	Availability of functional equipment and instruments for support services		Availability of equipments for cleaning				
			Buckets for mopping	OB	5	5	
			Mops	OB	5	5	

			Duster	OB	5	5	
			Deck brush	OB	5	5	
			Broom	OB	5	5	
			Availability of equipment for sterilization and disinfection				
			Boiler	OB	5	5	
			Stelizer	OB	5	5	
<b>Standard D1</b>	<b>The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.</b>						
<b>ME D1.1</b>	The facility has established system for maintenance of critical Equipment	<b>ME D1.1.1</b>	All equipments are in data base	SI/RR	10	10	
		<b>ME D1.1.2</b>	File is maintained for each equipment.	SI/RR	10	10	
		<b>ME D1.1.3</b>	All equipments are periodically checked	OB/RR	10	10	
		<b>ME D1.2.1</b>	There is system of timely corrective break down maintenance of the equipments	OB/ RR	10	10	
<b>ME D1.2</b>	The facility has established procedure for internal and external calibration of measuring Equipment	<b>ME D1.2.1</b>	All the measuring equipments/ instrument (BP apperatus, weighing scales) are calibrated	OB/ RR	10		10
<b>Standard D2</b>	<b>The facility has defined procedures for storage, inventory management and dispensing of drugs in the ward</b>						
<b>ME D2.1</b>	There is established procedure for forecasting and indenting drugs and consumables	<b>ME D2.1.1</b>	There is established system of timely indenting of consumables and drugs at nursing station	SI/RR	10		10
			Stock level are daily updated	SI/RR	10		10
			Requisition are timely placed	SI/RR	10		10
<b>ME D2.2</b>	The facility ensures proper storage of drugs and consumables	<b>ME D2.2.1</b>	Drugs are stored in containers/tray/crash cart and are labelled	SI/RR	10		10
			Drugs are stored away from water and sources of heat, direct sunlight etc.	SI/RR	10		10
		<b>ME D2.2.2</b>	Empty and filled cylinders are labelled	SI/RR	10		0
<b>ME D2.3</b>	The facility ensures management of expiry and near expiry drugs	<b>ME D2.3.1</b>	Expiry dates' are maintained at emergency drug tray	SI/RR		10	
					10		

			No expiry/ withhold/ withdraw drug found in emergency tray	SI/RR	10	10	
		<b>ME D2.3.2</b>	Records for expiry and near expiry drugs are maintained for drug stored at ward	OB/RR	10	10	
<b>ME D2.4</b>	The facility has established procedure for inventory management techniques	<b>ME D2.4.1</b>	There is practice of calculating and maintaining buffer stock	SI/RR	10	10	
			Department maintained stock and expenditure register of drugs and consumables	RR/SI	10	10	
<b>ME D2.6</b>	There is a procedure for periodically replenishing the drugs in ward	<b>ME D2.6.1</b>	There is procedure for replenishing drug trolley	SI/RR	10	10	
		<b>ME D2.5.2</b>	There is no stock out of drugs	OB/SI	10	10	
<b>ME D2.7</b>	There is process for storage of vaccines and other drugs, requiring controlled temperature	<b>ME D2.7.1</b>	Temperature of refrigerators are kept as per storage requirement and records are maintained	OB/RR	10	10	
			Temperature records are maintained	OB/RR	10	10	
<b>ME D2.8</b>	There is a procedure for secure and storage of narcotic and psychotropic drugs	<b>ME D2.8.1</b>	Narcotics and psychotropic drugs are kept in lock and key	OB/SI	10	10	
			Separate prescription for narcotic and psychotropic drugs	OB/SI	10	10	
<b>Standard D3</b>	<b>The facility provides safe, secure and comfortable environment to staff, patients and visitors.</b>						
<b>ME D3.1</b>	The facility provides adequate illumination level at patient care areas	<b>ME D3.1.1</b>	<b>Adequate Illumination at:</b>				
			Admission area	OB	5	5	
			Examination room	OB	5	5	
			Nursing station	OB	5	5	
			Doctor's station	OB	5	5	
			Patient care areas	OB	5	5	
			Toilets	OB	5	5	

<b>ME D3.2</b>	The facility has provision of restriction of visitors in patient areas	<b>ME D3.2.1</b>	Entry to procedure area is restricted	OB/PI	5	3	
		<b>ME D3.2.2</b>	Visiting hour are fixed and practiced	OB/PI	5	5	
		<b>ME D3.2.3</b>	The system in practice to restrict the visitors to the ward (pass system etc)	OB	5	5	
<b>ME D3.3</b>	The facility ensures safe and comfortable environment for patients and service providers	<b>ME D3.3.1</b>	<b>Temperature control and ventilation in patient care area:</b>				
			Fans/ Air conditioning/ Heating/ Exhaust/Ventilators are available as per environment condition and requirement	SI/OB	5	5	
			Optimal temperature and warmth is ensured	SI/OB	5	5	
		<b>ME D3.3.2</b>	<b>Temperature control and ventilation in doctors station/duty room</b>				
			Fans/ Air conditioning/ Heating/ Exhaust/Ventilators are available as per environment condition and requirement	SI/OB	5	5	
			Optimal temperature and warmth is ensured	SI/OB	5	5	
		<b>ME D3.3.3</b>	<b>Temperature control and ventilation in nursing station/duty room</b>				
			Fans/ Air conditioning/ Heating/ Exhaust/Ventilators are available as per environment condition and requirement	SI/OB	5	5	
			Optimal temperature and warmth is ensured	SI/OB	5	5	
<b>ME D3.4</b>	The facility has security system in place at patient care areas	<b>ME D3.4.1</b>	Security arrangement is available for the ward.	OB/RR	10	10	
<b>ME D3.5</b>	The facility has established measure for safety and security of female staff	<b>ME D3.5.1</b>	Female staff are feel secure at work place (Ask female staff weather they feel secure at work place)	SI	10	10	
<b>Standard D4</b>							
<b>ME D4.1</b>	Exterior of the facility building is maintained appropriately	<b>ME D4.1.1</b>	Building is painted/whitewashed in uniform colour	OB	10	10	

	Patient care areas are clean and hygienic	ME D4.1.2	Interior of patient care areas are painted	OB	10	10	
		ME D4.1.3	Patient care areas are clean with no dust, litters or cobwebs				
ME D4.2		ME D4.2.1	Floor	OB	10	10	
		ME D4.2.2	Roof	OB	10	10	
		ME D4.2.3	Walls	OB	10	10	
			Circulation areas are clean with no dust, litters or cobwebs				
			Floor	OB	10	10	
			Roof	OB	10	10	
			Walls	OB	10	10	
			Sinks in patient care are Clean	OB	10	10	
			Surface of furniture and fixtures are clean	OB	10	10	
		ME D4.2.6	Toilets are clean with functional flush and running water	OB	10	10	
ME D4.3	Hospital infrastructure is adequately maintained	ME D4.3.1	Plaster of the walls are intact (no chipping, cracks)	OB	10	10	
		ME D4.3.2	Window panes are intact	OB	10	10	
		ME D4.3.3	Doors are intact	OB	10	10	
		ME D4.3.4	Other fixtures are intact	OB	10	10	
	Beds are maintained well.	ME D4.3.5	Patient Beds are intact and without rust	OB	5	5	
		ME D4.3.6	Patients beds are painted	OB	5	5	
		ME D4.3.7	Mattresses are Intact	OB	5	5	
		ME D4.3.8	Mattresses are clean	OB	5	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	10	10	
ME D4.5	The facility has established procedures for pest, rodent and animal control	ME D4.5.1	No stray animal/rodent/birds	OB	10	10	
Standard D5	<b>The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms</b>						

<b>ME D5.1</b>	The facility has adequate arrangement storage and supply of water in all functional areas	<b>ME D5.1.1</b>	Availability of 24x7 running water	OB/SI	10	10	
<b>ME D5.2</b>	The facility ensures adequate power backup in all patient care areas as per load	<b>ME D5.2.1</b>	Availability of generator facilities	OB/SI	10	10	
		<b>ME D5.2.2</b>	Availability of Emergency light	OB/SI	10	10	
<b>Standard D6</b>	<b>The facility ensures clean linen to the patients</b>						
<b>ME D7.1</b>	The facility has adequate sets of linen	<b>ME D7.1.1</b>	<b>Clean Linens are provided for all occupied bed</b>				
			Bed sheet	OB/RR	5	5	
			Pillow	OB/RR	5	5	
			Pillow cover	OB/RR	5	5	
			Mackintosh	OB/RR	5	5	
		<b>ME D7.1.2</b>	Gown are provided at least to the cases going for surgery	OB/RR	10	10	
<b>ME D7.2</b>	The facility has established procedures for changing of linen in patient care areas	<b>ME D7.2.1</b>	Linen is changed patient to patient	OB/RR	10	10	
		<b>ME D7.2.2</b>	Linen is changed daily	OB/RR	10	10	
		<b>ME D7.2.3</b>	Linen is changed whenever it get soiled	OB/RR	10	10	
<b>ME D7.3</b>	The facility has standard procedures for handling , collection, transportation and washing of linen	<b>ME D7.2.3</b>	There is system to check the cleanliness and Quantity of the linen received from laundry	SI/RR	10	10	
<b>Standard D8</b>	<b>Roles &amp; Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.</b>						
<b>ME D11.1</b>	The facility has established job description as per govt guidelines	<b>ME D11.1.1</b>	Staff is aware of their role and responsibilities	SI	10	10	
<b>ME D11.2</b>	The facility has a established procedure for duty roster	<b>ME D11.2.1</b>	There is procedure to ensure that staff is available on duty as per duty roster (Check for system for recording time of reporting and relieving (Attendance register/	RR/SI	10	10	

		<b>ME D11.2.2</b>	There is designated in charge for ward/ unit for duty roster	SI	10	10	
<b>ME D11.3</b>	The facility ensures the adherence to dress code as mandated by its administration / the health department	<b>ME D11.3.1</b>	Doctor, nursing staff and support staff adhere to their respective dress code	OB	10		10
<b>Standard D9</b>	<b>Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations</b>						
<b>ME D9.1</b>	There is established system for contract management for out sourced services	<b>ME D9.1.1</b>	There is procedure to monitor the quality and adequacy of outsourced services on regular basis	SI/RR			
		<b>ME D12.1.1</b>	Cleaning		10	10	
		<b>ME D12.1.2</b>	Laundry		10	10	
		<b>ME D12.1.3</b>	Security		10	10	
<b>Standard D10</b>	<b>Dietary services are available as per service provision and nutritional requirement of the patients.</b>						
<b>ME D10.1</b>	The facility has provision of nutritional assessment of the patients	<b>ME D10.1.1</b>	Nutritional assessment of patient done specially for high risk and other specified cases (For hypertensive patient, diabetic cases. Check nutrition advice from records)	RR/SI	10	0	high risk patients are transferred
<b>ME D10.2</b>	The facility provides diets according to nutritional requirements of the patients	<b>ME D10.2.1</b>	Check for the adequacy and frequency of diet as per nutritional requirement (Check that all items fixed in diet menu is provided to the patient)	OB/RR	10	10	
		<b>ME D10.2.2</b>	Check for the Quality of diet provided	PI/SI	10	10	
<b>ME D10.3</b>	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients	<b>ME D10.3.1</b>	There is procedure of requisition of different type of diet from ward to kitchen (diet for diabetic patients, low salt and high protein diet etc)	RR/SI	10	10	
	<b>Area of Concern - E Clinical Services</b>						
<b>Standard E1</b>	<b>The facility has defined procedures for registration, consultation and admission of patients.</b>						
			<b>Mother</b>				
<b>ME E1.1</b>	The facility has established procedure for registration of patients	<b>ME E1.1.1</b>	Unique BHT number is given to each patient during process of registration (This is only for mothers who are directly transferred from OPD to LR , readmitted patients, patinerts	RR	10	10	
			Patient demographic details are recorded in admission records (Check for that patient demographics like Name, age, Sex, Chief complaint, etc.)	RR	10	10	

			<b>Baby</b>	RR			
			Identification tags of mother and baby is checked before issuing BHT to Baby (Only for Baby s who were born in the same hospital)	RR	10	10	
		<b>ME E1.1.2</b>	Unique identification number (BHT) is given to each baby	RR	10	10	
			Details of Babies whom are transferred to NICU/SCBU and higher levels are recorded in ward	RR	10	10	
<b>ME E1.2</b>	There is established procedure for admission of patients	<b>ME E1.2.1</b>	There is a established procedure to handing over the patients to PNW(Date, time, signatures etc)	RR/SI			
			from LR	RR/SI	10	10	
			from Obstetric theatre	RR/SI	10	0	
			from ETU/OPD	RR/SI	10	10	
			Time of admission to the PNW is recorded in patient record	RR/SI	10	10	
			Handing over forms(ANW to LR/Theatre) are completed	RR/SI	10	10	
		<b>ME E1.2.3</b>	There is no delay in direct admission of patient to the postnatal ward	RR/SI	10	10	
<b>Standard E2</b>	<b>The Ward has defined and established procedures for clinical assessment and reassessment of the patients.</b>						
<b>ME E2.1</b>	There is established procedure for initial assessment of patients	<b>ME E2.1</b>		RR/SI			
			Initial assessment of each is done by a NO/PHM	RR/SI	10	10	
			If alarming clinical features are detected House officer informed immediately	RR/SI	10	10	
			House officer attends to these patients without delay	RR/SI	10	10	
			Mothers with Antenatal/Intrapartum complications are assessed by a SHO and treated without delay	RR/SI	10	10	
			Basic Examination includes	RR/SI			
			Temperature	RR/SI	5	5	
			Pallor	RR/SI	5	5	
			Pulse rate/min	RR/SI	5	5	
			BP mmHg	RR/SI	5	5	

			Respiration Rate/size	RR/SI	5	5	
			Uterus	RR/SI	5	5	
			Active PV bleeding	RR/SI	5	5	
			IV line	RR/SI	5	5	
			Special instructions are noted/ patients given beds accordingly	RR/SI	10	10	
<b>ME E2.2</b>	There is established procedure for follow- up/ reassessment of Patients	<b>ME E2.2.1</b>	There is fixed schedule for assessment of patients	RR/SI	10	0	
			C section mothers are monitored for postoperative complications.	RR/SI	10	0	
			Monitoring charts are completed	RR/SI	10	10	
		<b>ME E2.2.2</b>	Dangers signs are identified and recorded	RR/SI	10	10	
			High risk patients are closely monitored for vitals and	RR/SI	10	10	but high risk patients are transferred.
		<b>ME E2.2.4</b>	Records on reassessments are recorded in the clinical notes	RR/SI	10	10	
		<b>ME E2.2.5</b>	Breast feeding support is given at the ward	RR/SI	10	10	
		<b>ME E2.2.6</b>	Mother and the baby are keeping in the same bed (bedding in)	RR/SI	10	10	
<b>Standard E3</b>	<b>Ward has defined and established procedures for continuity of care of patient and referral</b>						
<b>ME E3.1</b>	Facility has established procedure for continuity of care during interdepartmental transfer	<b>ME E3.1.1</b>	Facility has established procedure for handing over form LR to ward	SI/RR	10	10	
		<b>ME E3.1.2</b>	Facility has established procedure for handing over form OT to ward	SI/RR	10	0	
<b>ME E3.2</b>	Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure their continuity of care.	<b>ME E3.2.1</b>	Patient referred with referral slip	RR/SI	10	10	

		<b>ME E3.2.2</b>	Advance communication is done with higher centre	RR/SI	10	10	
		<b>ME E3.2.3</b>	Referral vehicle is being arranged	RR/SI	10	0	
		<b>ME E3.2.4</b>	Facility has functional referral linkages to higher facilities for cases which can not be managed at the facility	RR/SI	10	0	
		<b>ME E3.2.5</b>	Facility has functional referral linkages to NICU, SCBU	RR/SI	10	0	
		<b>ME E3.2.6</b>	There is established procedure to refer mothers to Lactation management centre	RR/SI	10	0	
		<b>ME E3.2.7</b>	Facility has functional linkages with area PHM	RR/SI	10	10	
		<b>ME E3.2.8</b>	There is a procedure for consultation of the patient to other specialist with in the hospital	RR/SI	10	0	
		<b>ME E3.2.9</b>	Referral in or referral out register is maintained	RR/SI	10	0	only written in the BHT
		<b>ME E3.2.10</b>	There is a system of follow up of referred patients (Postnatal clinic, well baby clinic)	RR/SI	10	10	
<b>ME E3.3</b>	A person is identified for care during all steps of care	<b>ME E3.3.1</b>	A nurse /doctor is identified responsible for each case	RR/SI	10	10	
<b>Standard E4</b>	<b>The ward has defined and established procedures for nursing care</b>						
<b>ME E4.1</b>	Procedure for identification of patients is established at the facility	<b>ME E4.1.1</b>	There is a process for ensuring the identification before any clinical procedure (Patient id band/ verbal confirmation etc.)	OB/SI	10	10	
<b>ME E4.2</b>	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	<b>ME E4.2.1</b>	There is a process to ensure the accuracy of verbal/telephonic orders (Verbal orders are rechecked before administration)	RR	10	10	
		<b>ME E4.2.2</b>	Treatment chart are maintained (Check for treatment chart are updated and drugs given are marked. Co relate it with drugs	RR	10	10	
<b>ME E4.3</b>	There is established procedure of patient hand over, whenever staff duty change happens	<b>ME E4.3.1</b>	Patient hand over is given during the change in the shift	SI/RR	10	10	
		<b>ME E4.3.2</b>	Nursing Handover register is maintained	RR	10	10	

		<b>ME E4.3.3</b>	Hand over is given bed side	SI/RR	10	10	
<b>ME E4.4</b>	Nursing records are maintained	<b>ME E4.4.1</b>	Nursing notes are maintained adequately (Check for nursing note register. Notes are adequately written)	RR/SI	10	10	
<b>ME E4.5</b>	There is procedure for periodic monitoring of patients	<b>ME E4.5.1</b>	Patient Vitals are monitored and recorded periodically	RR/SI	10	10	
		<b>ME E4.5.2</b>	Critical patients are monitored continually	RR/SI	10	10	
<b>Standard E5</b>	<b>Ward has a procedure to identify high risk and vulnerable patients.</b>						
<b>ME E5.1</b>	The facility identifies vulnerable patients and ensure their safe care	<b>ME E5.1.1</b>	Vulnerable patients are identified and measures are taken to protect them from any harm	OB/SI	10	10	
<b>ME E5.2</b>	The facility identifies high risk patients and ensure their care, as per their need	<b>ME E5.2.1</b>	High risk medical emergencies are identified and treatment given on priority	OB/SI	10	10	
<b>Standard E6</b>	<b>The ward follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs &amp; their rational use.</b>						
<b>ME E6.1</b>	Facility ensured that drugs are prescribed in generic name only	<b>ME E6.1.1</b>	Check for BHT if drugs are prescribed under generic name only	RR	10	10	
<b>ME E6.2</b>	There is procedure of rational use of drugs	<b>ME E6.2.1</b>	Check for that relevant Standard treatment guideline are available at point of use	RR	10	10	
		<b>ME E6.2.2</b>	Check staff is aware of the drug regime and doses as per STG	SI/RR	10	10	
		<b>ME E6.2.3</b>	Check BHT that drugs are prescribed as per STG	RR	10	10	
		<b>ME E6.2.4</b>	Availability of drug formulary	SI/OB	10	10	
<b>Standard E7</b>	<b>The ward has defined procedures for safe drug administration</b>						
<b>ME E7.1</b>	There is process for identifying and cautious administration of high alert drugs (to check)	<b>ME E7.1.1</b>	High alert drugs available in department are identified (Electrolytes like Potassium chloride, Opioids, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin,	SI/OB	10	10	
		<b>ME E7.1.2</b>	Maximum dose of high alert drugs are defined and communicated (Value for maximum doses as per age, weight and diagnosis are available	SI/RR	10	10	
		<b>ME E7.1.3</b>	There is process to ensure that right doses of high alert drugs are only given (A system of independent double check before administration, Error prone medical	SI/RR	10	10	

<b>ME E7.2</b>	Medication orders are written legibly and adequately	<b>ME E7.2.1</b>	Every Medical advice and procedure is accompanied with date , time and signature	RR	10	10	
		<b>ME E7.2.2</b>	Check for the writing, It comprehensible by the clinical staff	RR/SI	10	10	
<b>ME E7.3</b>	There is a procedure to check drug before administration/ dispensing	<b>ME E7.3.1</b>	Drugs are checked for expiry and other inconsistency before administration	OB/SI	10	10	
		<b>ME E7.3.2</b>	Check 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	OB	10	10	
		<b>ME E7.3.3</b>	Check for separate sterile needle is used every time for multiple dose vial (In multi dose vial needle is not left in the septum)	OB	10	10	
		<b>ME E7.3.4</b>	Any adverse drug reaction is recorded and reported	RR/SI	10	10	
<b>ME E7.4</b>	There is a system to ensure right medicine is given to right patient	<b>ME E7.4.1</b>	Administration of medicines done after ensuring right patient, right drugs , right route, right time	SI/OB	10	10	
<b>ME E7.5</b>	Patient is counselled for self drug administration	<b>ME E7.5.1</b>	Patient is advice by doctor/ Pharmacist /nurse about the dosages and timings .	SI/PI	10	10	
<b>Standard E8</b>							
<b>ME E8.1</b>	All the assessments, re-assessment and investigations are recorded and updated	<b>ME E8.1.1</b>	Day to day Records of Monitoring/ Assessments are maintained in BHT ( History and Physical examination are recorded)	RR	10	10	
<b>ME E8.2</b>	All treatment plan prescription/orders are recorded in the patient records.	<b>ME E8.2.1</b>	Treatment plan, first orders are written on BHT (Drugs administered are recorded)	RR	10	10	
<b>ME E8.3</b>	Care provided to each patient is recorded in the patient records	<b>ME E8.3.1</b>	Maintenance of treatment chart/treatment registers (Treatment given is recorded in treatment chat )	RR	10	10	
<b>ME E8.4</b>	Procedures performed are written on patients records	<b>ME E8.4.1</b>	Any procedure performed written on BHT (Dressing, mobilization etc for post op mothers)	RR	10	0	
<b>ME E8.5</b>	Adequate form and formats are available at point of use	<b>ME E8.5.1</b>	case sheet available as per state guidelines (Availability of formats for Treatment Charts, TPR Chart , Intake Output Chat Etc. )	RR/OB	10	10	
<b>ME E8.6</b>	Register/records are maintained as per guidelines	<b>ME E8.6.1</b>	Registers and records are maintained as per guidelines				
			guidelines				

			Obstetric BHT	OB	10	10	
			Admission register	OB	10	10	
			Discharge register	OB	10	10	
			Giving and Taking over book	OB	10	10	
			Handing over forms(ANW to LR/Theatre)	OB	10	10	
			Details of readmission book	OB	10	0	
			Details of LSCS book	OB	10	0	
			Infection details book	OB	10	0	
			Investigation oncall book for X ray & ECG	OB	10	0	
			Notification book	OB	10	10	
			Medical book	OB	10	10	
			Accident recording book	OB	10	0	
			Specimen sending Book	OB	10	10	
			Microbiology culture book	OB	10	0	
			Diet Book	OB	10	10	
			Ward round Book	OB	10	10	
			CSSD book	OB	10	0	
			Linen Book	OB	10	0	
			Day and Night Report Book	OB	10	10	
			Midnight report Book	OB	10	10	
			Drug registers	OB	10	10	
			Inventry HEATH 500 for consumables	OB	10	10	
			Neonatal Transfer Form	OB	10	0	
			Neonatal Diagnosis card	OB	10	0	
<b>ME E8.7</b>	Adequate form and formats are available at point of use	<b>ME E8.471</b>	All the newborns have a newborn BHT	RR/OB	10	0	only in complicated cases maintained
		<b>ME E8.472</b>	All register/records are identified and numbered	RR	10	10	
<b>ME E8.8</b>	The facility ensures safe and adequate storage and retrieval of medical records	<b>ME E8.8.1</b>	Safe keeping of patient records	OB	10	10	

Standard E9	The ward has defined and established procedures for discharge of patient.						
ME E9.1	Discharge is done after assessing patient readiness	ME E9.1.1	Assessment is done before discharging patient by MO including VE	SI/RR	10	10	
		ME E9.1.2	Discharge is done by a responsible and qualified doctor	SI/RR	10	10	
		ME E9.1.3	Patient / attendants are consulted before discharge	PI/SI	10	10	
		ME E9.1.4	Treating doctor is consulted/ informed before discharge of patients	SI/RR	10	10	
		ME E9.1.5	All newborns are screened by PHO before discharge	SI/RR	10	10	No PHO but oncall MO does it.
		ME E9.1.6	All newborns are immunized with BCG before discharge	SI/RR	10	10	
		ME E9.1.7	All mothers are given Vitamin A mega dose before discharge	SI/RR	10	0	in MOH
ME E9.2	Case summary and follow-up instructions are provided at the discharge	ME E9.2.1	Discharge summary is completed in the pregnancy record	RR/PI	10	10	
		ME E9.2.2	Discharge summary adequately mentions patients clinical condition, treatment given and follow up	RR	10		10
		ME E9.2.3	Discharge summary is give to patients going in LAMA/Referral	SI/RR	10	0	
ME E9.3	Counselling services are provided as during discharges wherever required	ME E9.3.1	Counselling of client on FP is done before discharge	SI/PI	10	10	
		ME E9.3.2	Information on danger signals of mother and baby provides to the mother/family	RR/PI	10	10	
		ME E9.3.3	Advice includes the information on services needs to be obtain from the PHM	RR/PI	10	10	
		ME E9.3.4	Advice includes the information about the nearest health centre for further follow up	RR/SI	10	10	
		ME E9.3.5	Time of discharge is communicated to patient in prior	PI/SI	10	10	

<b>Standard E10</b>	<b>The ward has defined and established procedures for Emergency Services and Disaster Management</b>						
<b>ME E10.1</b>	The facility has disaster management plan in place	<b>ME E10.1.1</b>	Staff is aware of disaster plan	SI/RR	10	10	
		<b>ME E10.1.2</b>	Role and responsibilities of staff in disaster is defined	SI/RR	10	0	
<b>Standard E11</b>	<b>The ward has defined and established procedures of diagnostic services</b>						
<b>ME E11.1</b>	There are established procedures for Pre-testing Activities	<b>ME E11.1.1</b>	Container is labelled properly after the sample collection	OB	10	10	
		<b>ME E12.1.2</b>	Sample accompany a properly filled request form	OB	10	10	
		<b>ME E12.1.3</b>	Fixed schedule is available to send samples to lab	OB	10	10	
		<b>ME E12.1.4</b>	Established procedure to collect Lab reports on time	OB	10	10	
<b>ME E11.2</b>	There are established procedures for Post-testing Activities	<b>ME E11.2.1</b>	Nursing station is provided with the critical value of different test	SI/RR	10	0	
<b>Standard E12</b>	<b>The ward has defined and established procedures for end of life care and death</b>						
<b>ME E12.1</b>	Death of admitted patient is adequately recorded and communicated	<b>ME E12.1.1</b>	Facility has a standard procedure to decent communicate death to relatives	SI	10	10	
		<b>ME E12.1.2</b>	Death note is written on patient record	RR	10	10	
<b>ME E12.2</b>	The facility has standard procedures for handling the death in the hospital	<b>ME E12.2.1</b>	Death note including efforts done for resuscitation is noted in patient record	RR	10	10	
		<b>ME E12.2.2</b>	Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible	SI/RR	10	10	
<b>Standard E13</b>	<b>The ward has defined and established procedures for Blood Bank/Storage Management and Transfusion.</b>						

<b>ME E13.9</b>	There is established procedure for transfusion of blood	<b>ME E13.9.1</b>	Consent is taken before transfusion	RR	10	0	No blood transfusion done
		<b>ME E13.9.2</b>	Patient's identification is verified before transfusion	SI/OB	10	0	
		<b>ME E13.9.3</b>	blood is kept on optimum temperature before transfusion	RR	10	0	
		<b>ME E13.9.4</b>	Blood transfusion is monitored and regulated by qualified person	SI/RR	10	0	
		<b>ME E13.9.5</b>	Blood transfusion note is written in patient recorded	RR	10	0	
<b>ME E13.10</b>	There is a established procedure for monitoring and reporting Transfusion complication	<b>ME E13.10.1</b>	Any major or minor transfusion reaction is recorded and reported to responsible person	RR	10	0	
<b>Area of Concern - F Infection Control</b>							
<b>Standard F1</b>	<b>Ward has infection control program and procedures in place for prevention and measurement of hospital acquired infections of patients and Health Care workers</b>						
<b>ME F1.2</b>	Facility has provision for Passive and active culture surveillance of critical & high risk areas		Surface and environment samples are taken for microbiological surveillance (Swab are taken from infection prone surfaces)	SI/RR	10	0	
<b>ME F1.3</b>	Facility measures hospital associated infection rates		There is procedure to report cases of Hospital acquired infection (Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site .)	SI/RR	10	0	
<b>ME F1.4</b>	There is Provision of Periodic Medical Checkups and immunization of staff		There is procedure for immunization of the staff (Hepatitis B, Tetanus Toxoid etc	SI/RR	10	10	
			Periodic medical checkups of the staff	SI/RR	10	0	
<b>ME F1.5</b>	Facility has established procedures for regular monitoring of infection control practices		Regular monitoring of infection control practices (Hand washing and infection control audits done at periodic intervals )	SI/RR	10	5	
<b>ME F1.6</b>	Facility has defined and established antibiotic policy		Check for Doctors are aware of Hospital Antibiotic Policy	SI/RR	10	10	

Ward has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis							
Standard F2							
ME F2.1	Hand washing facilities are provided at point of use	ME F2.1	Availability of hand washing area/ alcohol scrub for each cubicle	OB	10	0	
		ME F2.2	Availability of hand washing Facility at Point of Use (Check for availability of wash basin near the point of use )	OB	10	0	
		ME F2.3	Availability of running Water (Ask to Open the tap. Ask Staff water supply is regular )	OB/SI	10	10	
		ME F2.4	Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.(Check for availability/ Ask staff if the supply is adequate and uninterrupted)	OB/SI	10	10	
		ME F2.5	Availability of Alcohol based Hand rub (Check for availability/ Ask staff for regular supply.)	OB/SI	10	0	
		ME F2.6	Display of Hand washing Instruction at Point of Use (Prominently displayed above the hand washing facility , preferably in Local language)	OB	10	10	
		ME F2.7	Availability of elbow operated taps	OB	10		0
		ME F2.8	Hand washing sink is wide and deep enough to prevent splashing and retention of water	OB	10		10
		ME F2.9	Availability of hand towels	OB	10		0
ME F2.2	Staff is trained and adhere to standard hand washing practices	ME F2.2.1	Adherence to 6 steps of Hand washing (Ask of demonstration)	SI/OB	10	10	
		ME F2.2.2	Staff aware of when to hand wash (Before examination of neonates etc)	SI	10	10	
ME F2.3	Facility ensures standard practices and materials for antisepsis	ME F2.3.1	Availability of Antiseptic Solutions	OB	10	10	
		ME F2.3.2	Proper cleaning of procedure site with antiseptics like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter	OB/SI	10	10	
Standard F3							
Ward ensures Standard Personal protection practises of Health Care Workers according to Universal Precautions							

	Facility ensures adequate personal protection equipments as per requirements						
<b>ME F3.1</b>			Clean gloves are available at point of use	OB/SI	10	10	
			Availability of Masks	OB/SI	10	10	
			Use of elbow length gloves for obstetrical purpose	OB/SI	10	10	
			Availability of gown/ Apron	OB/SI	10	10	
			Availability of Caps	OB/SI	10	10	
			Personal protective kit for infectious patients	OB/SI	10	10	
<b>ME F3.2</b>	Staff is adhere to standard personal protection practices		No reuse of disposable gloves, Masks, caps and aprons.	OB/SI	10	10	
			Compliance to correct method of wearing and removing the gloves	SI	10	10	
<b>Standard F4</b>	<b>Ward has standard Infection Control Procedures for processing equipments and instruments</b>						
<b>ME F4.1</b>	Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas		Decontamination of operating & Procedure surfaces (Ask stff about how they decontaminate the procedure surface like OT Table, Stretcher/Trolleys etc. (Wiping with .5% Chlorine solution)	SI/OB	10	0	
			Proper Decontamination of instruments after use (Ask staff how they decontaminate the instruments like ambubag, suction canulae, Surgical Instruments (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Clorine Solution or 70% Alcohol as applicable )	SI/OB	10	0	
			Contact time for decontamination is adeqaute (10 minutes)	SI/OB	10	5	
			Cleaning of instruments after decontamination (Cleaning is done with detergent and running water after decontamination)	SI/OB	10	10	
			Proper handling of Soiled and infected linen (No sorting ,Rinsing or sluicing at Point of use/ Patient care area)	SI/OB	10	10	
			Staff know how to make chlorine solution	SI/OB	10	0	

ME F4.2	Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments		Equipment and instruments are sterilized after each use as per requirement (Autoclaving/HLD/Chemical Sterilization)	OB/SI	10	0	only with soap water
			High level Disinfection of instruments/equipments is done as per protocol (Ask staff about method and time required for bioling)	OB/SI	10	5	
			Chemical sterilization of instruments/equipments is done as per protocols (Ask staff about method, concentration and contact time required for chemical sterilization)	OB/SI	10	0	
			Formaldehyde or glutaraldehyde solution replaced as per manufacturer instructions	OB/SI	10	0	
			Autoclaved linen are used for procedure	OB/SI	10	0	
			Autoclaved dressing material is used	OB/SI	10	0	
			Instruments are packed according for autoclaving as per standard protocol	OB/SI	10	0	
			Autoclaving of instruments is done as per protocols (Ask staff about temperature, pressure and time)	OB/SI	10	0	
ME F4.3	The PNW has Functional linkage with CSSD		Availability of pretreating instruments and equipments before sterilization	OB/SI	10	0	
			Instruments are packed according for autoclaving as per standard protocol	OB/SI	10	0	
			Availability of established procedure to hand over pretreated items to CSSD	OB/SI	10	0	
			Availability of established procedure to obtain sterilized items from CSSD	OB/SI	10	0	
			Sterility of autoclaved packs is maintained during storage (Sterile packs are kept in clean, dust free, moist free environment.)	OB/SI	10	0	
			Sterilized items are taken to procedure site without breach in sterility	OB/SI	10	10	

			There is a procedure to ensure the traceability of sterilized packs	OB/SI/RR	10	10	
			Regular validation of sterilization through biological and chemical indicators	OB/SI	10	10	
			Maintenance of records of sterilization	OB/SI	10	10	
<b>Standard F5</b>	<b>Physical layout and environment of the Ward ensures infection prevention</b>						
<b>ME F5.1</b>	Layout of the department is conducive for the infection control practices	<b>ME F5.1.1</b>	Facility layout ensures separation of general traffic from patient traffic	OB	10	5	
		<b>ME F5.1.2</b>	Zoning of High risk areas	OB	10	0	
		<b>ME F5.1.3</b>	Facility layout ensures separation of routes for clean and dirty items	OB	10	5	
		<b>ME F5.1.4</b>	Floors and wall surfaces of PNW are easily cleanable	OB	10	10	
<b>ME F5.2</b>	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas		Availability of disinfectant as per requirement (Chlorine solution, Gluteraldehyde, carbolic acid )	OB/SI	10	0	
			Availability of cleaning agent as per requirement (Hospital grade phenyl, disinfectant detergent solution)	OB/SI	10	0	
<b>ME F5.3</b>	Facility ensures standard practices followed for cleaning and disinfection of patient care areas		Staff is trained for spill management	SI/RR	10	0	
			Cleaning of patient care area with detergent solution	SI/RR	10	5	
			Staff is trained for preparing cleaning solution as per standard procedure	SI/RR	10	5	
			Standard practice of mopping and scrubbing are followed	OB/SI	10	10	
			Cleaning equipments like broom are not used in patient care areas	OB/SI	10	5	

			Use of double bucket system for mopping	OB/SI	10	5	
			Fumigation/carbolization as per schedule	SI/RR	10	0	
<b>Standard F6</b>	<b>Ward has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.</b>						
<b>ME F6.1</b>	Facility Ensures segregation of Bio Medical Waste as per guidelines	<b>ME F6.1.1</b>	Availability of colour coded bins at point of waste generation	OB	10	0	
		<b>ME F6.1.2</b>	Availability of plastic colour coded plastic bags	OB	10	0	
		<b>ME F6.1.3</b>	Segregation of different category of waste as per guidelines	OB/SI	10	0	
		<b>ME F6.1.4</b>	Display of work instructions for segregation and handling of Biomedical waste	OB	10	0	
		<b>ME F6.1.5</b>	There is no mixing of infectious and general waste	OB	10	10	
<b>ME F6.2</b>	Facility ensures management of sharps as per guidelines	<b>ME F6.2.1</b>	Availability of functional needle cutters (See if it has been used or just lying idle)	OB	10	10	
		<b>ME F6.2.2</b>	Availability of puncture proof box (Should be available nears the point of generation like nursing station and injection room)	OB	10	0	
		<b>ME F6.2.3</b>	Disinfection of sharp before disposal (Disinfection of syringes is not done in open buckets)	OB/SI	10	10	
		<b>ME F6.2.4</b>	Staff is aware of contact time for disinfection of sharps	SI	10	10	
		<b>ME F6.2.5</b>	Availability of post exposure prophylaxis (Ask if available. Where it is stored and who is in charge of that.)	OB/SI	10	0	
		<b>ME F6.2.6</b>	Staff knows what to do in condition of needle stick injury (Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done )	SI	10	10	
<b>ME F6.3</b>	Facility ensures transportation and disposal of waste as per guidelines	<b>ME F6.3.1</b>	Check bins are not overfilled	SI	10	10	

		<b>ME F6.3.2</b>	Disinfection of liquid waste before disposal	SI/OB	10	10	
		<b>ME F6.3.3</b>	Transportation of bio medical waste is done in close container/trolley	SI/OB	10	10	
		<b>ME F6.3.4</b>	Staff aware of mercury spill management	SI/RR	10	10	
<b>Area of Concern - G Quality Management</b>							
<b>Standard G1</b>	<b>Ward has established organizational framework for quality improvement</b>						
<b>ME G1.1</b>	The facility has a quality team in place	<b>ME G1.1.1</b>	There is a designated nodal person in the ward for coordinating Quality Assurance activities	SI/RR	10	0	
<b>Standard G2</b>	<b>Ward has established system for patient and employee satisfaction</b>						
<b>ME G2.1</b>	Patient Satisfaction surveys are conducted at periodic intervals	<b>ME G2.1.1</b>	Client satisfaction survey done on monthly basis	RR	10	0	
<b>Standard G3</b>	<b>Ward has established internal and external quality assurance programs wherever it is critical to quality.</b>						
<b>ME G3.1</b>	Facility has established internal quality assurance program at relevant departments	<b>ME G3.1.1</b>	There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services	SI/RR	10	0	
<b>ME G3.2</b>	Facility has established system for use of check lists in different departments and services	<b>ME G3.2.1</b>	Departmental checklist are used for monitoring and quality assurance	SI/RR	10	0	
		<b>ME G3.2.3</b>	Staff is designated for filling and monitoring of these checklists	SI	10	0	
<b>Standard G4</b>	<b>Ward has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.</b>						
<b>ME G4.1</b>	Departmental standard operating procedures are available	<b>ME G4.1.1</b>	Standard operating procedure for department has been prepared and approved	RR	10	10	
		<b>ME G4.1.2</b>	Current version of SOP are available with process owner	OB/RR	10	10	

<b>ME G4.2</b>	Standard Operating Procedures adequately describes process and procedures	<b>ME G4.2.1</b>	Department has documented procedure for registration, admission and discharge	RR	10	10	
		<b>ME G4.2.2.</b>	Department has documented procedure for initial assessment of the patient	RR	10	10	
		<b>ME G4.2.3</b>	Department has documented procedure for admission, shifting and referral of postpartum mother	RR	10	10	written in delivery book & then transferred into post
		<b>ME G4.2.4</b>	Department has documented procedure for shifting the mother from labour room	RR	10	10	
		<b>ME G4.2.5</b>	Department has documented procedure for shifting the mother from Obstetric theatre		10	0	
		<b>ME G4.2.6</b>	Department has documented procedure for providing appointment/day and date for the surgery such as LRT and follow up	RR	10	0	
		<b>ME G4.2.7</b>	Department has documented procedure for requisition of diagnosis and receiving of the reports	RR	10	10	
		<b>ME G4.2.8</b>	Department has documented procedure for transfusion of blood in Postnatal ward	RR	10	0	
		<b>ME G4.2.9</b>	Department has documented procedure for taking consent of the patient for procedure	RR	10	10	
		<b>ME G4.2.10</b>	Department has documented procedure for record maintenance	RR	10	10	
		<b>ME G4.2.11</b>	Department has documented procedure for counselling of the patient	RR	10	10	
		<b>ME G4.2.12</b>	Department has manual for female sterilization	RR	10	0	
		<b>ME G4.2.13</b>	Department has manual for Quality assurance for sterilization	RR	10	0	

		<b>ME G4.2.14</b>	Department has standard for various technique of contraception	RR	10	0	
		<b>ME G4.2.15</b>	Department has standard IEC material for patient education and counselling	RR	10	0	
<b>ME G4.3</b>	Staff is trained and aware of the standard procedures written in SOPs	<b>ME G4.3.1</b>	Check staff is aware of relevant part of SOPs	SI/RR	10	0	
<b>ME G4.4</b>	Work instructions are displayed at Point of use	<b>ME G4.4.1</b>	Work instruction/clinical protocols are displayed	OB	10	0	IUD insertion, Processing of instruments
<b>Standard G 5</b>	<b>Ward maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages</b>						
<b>ME G5.1</b>	Facility maps its critical processes		Process mapping of critical processes done	SI/RR	10	0	
<b>ME G5.2</b>	Facility identifies non value adding activities / waste / redundant activities		Non value adding activities are identified	SI/RR	10	0	
<b>ME G5.3</b>	Facility takes corrective action to improve the processes		Processes are rearranged as per requirement	SI/RR	10	0	
<b>Standard G6</b>	<b>Ward has established system of periodic review as internal assessment , medical &amp; death audit and prescription audit</b>						
<b>ME G6.1</b>	The facility conducts periodic internal assessment		Internal assessment is done at periodic interval	RR/SI	10	0	
<b>ME G6.2</b>	The facility conducts the periodic prescription/ medical/death audits		There is procedure to conduct Medical Audit	RR/SI	10	0	
			There is procedure to conduct Death audit	RR/SI	10	0	
<b>ME G6.3</b>	The facility ensures non compliances are enumerated and recorded adequately		Non Compliance are enumerated and recorded	RR/SI	10	0	
<b>ME G6.4</b>	Action plan is made on the gaps found in the assessment / audit process		Action plan prepared	RR/SI	10	10	

ME G6.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit		Corrective and preventive action taken	RR/SI	10	10	
Standard G7	<b>Ward has defined and established Quality Policy &amp; Quality Objectives</b>						
ME G7.1	The facility periodically defines its quality objectives and key departments have their own objectives	ME G7.1.1	Quality objective are defined	RR/SI	10	0	
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	0	
ME G7.3	Progress towards quality objectives is monitored periodically	ME G7.3.1	Quality objectives are monitored and reviewed periodically	SI/RR	10	0	
Standard G8	<b>Ward seeks improvement continually by practicing Quality method and tools.</b>						
ME G8.1	Facility uses method for quality improvement in services	ME G8.1.1	PDCA	SI/RR	10	0	
		ME G8.1.2	5S	SI/OB	10	8	
		ME G8.1.3	Mistake proofing	SI/OB	10	0	
		ME G8.1.4	Six Sigma	SI/RR	10	0	
ME G8.2	Facility uses tools for quality improvement in services	ME G8.2.1	6 basic tools of Quality	SI/RR	10	0	
	<b>Area of Concern - H Outcome</b>						
Standard H1	<b>The Ward measures Productivity Indicators and ensures compliance with State/National benchmarks (Please check whether the Wrd monitor the following indicators. If evidence for monitoring available 5 marks, set the marks according to the observations)</b>						
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	ME H3.1.1	Average length of stay for normal delivery (at Least 24 hours)	RR		y	
		ME H3.1.2	Average length of Stay for C-Section (at least 3 days)	RR		n	
		ME H3.1.3	Proportion of Newborns Breastfed within 1/2 hr of Birth	RR		y	
			No of readmissions due to postpartum sepsis	RR		n	
			No of readmissions due to episiotomy dehesions	RR		y	

<b>ME H1.1</b>	Facility measures productivity Indicators on monthly basis	<b>ME H1.1.1</b>	No.of LRTs done	RR		n	
		<b>ME H1.1.2</b>	Proportion of target met for female sterilization surgery	RR		n	
		<b>ME H1.1.3</b>	No. of family planning counselling done per 1000 postpartum mothers	RR		n	
<b>Standard H2</b>	<b>The Ward measures Efficiency Indicators and ensure to reach State/National Benchmark</b>						
<b>ME H2.1</b>	Facility measures efficiency Indicators on monthly basis	<b>ME H2.1.1</b>	Skin to Skin contact time	RR		y	
		<b>ME H2.1.2</b>	Proportion of clients agreed for family planning methods out of total counselled	RR		y	
<b>Standard H3</b>	<b>The Ward measures Clinical Care &amp; Safety Indicators and tries to reach State/National benchmark</b>						
<b>ME H3.1</b>	Facility measures Clinical Care & Safety Indicators on monthly basis	<b>ME H3.1.1</b>	Surgical Site Infection rate	RR		n	
			Medical Audit Score	RR		n	
			No of adverse events per thousand patients	RR		n	
<b>ME H3.2</b>	Facility measures Clinical Care & Safety Indicators on monthly basis	<b>ME H3.2.1</b>	Average length of stay for normal delivery	RR		24hrs	
		<b>ME H3.2.2</b>	Average length of Stay for C-Section	RR		n	
		<b>ME H3.2.3</b>	Newborns Breastfed within 1 hr of Birth	RR		y	
		<b>ME H3.2.4</b>	Maternal Death per 1000 deliveries	RR		n	
		<b>ME H3.2.5</b>	Perinatal Death per 1000 deliveries			n	
		<b>ME H3.2.6</b>	No of adverse events per thousand patients	RR		n	
			No of intranatal complications per 1000 deliveries			n	
		<b>ME H3.2.7</b>	Proportion of mothers given postnatal counselling	RR		y	
		<b>ME H3.2.8</b>	Time taken for initial assessment	RR		y	

Standard H4	<b>The Ward measures Service Quality Indicators and endeavours to reach State/National benchmark</b>					
ME H4.1	Facility measures Service Quality Indicators on monthly basis	ME H4.1.1	Client Satisfaction score	RR		y
		ME H4.1.2	Average counselling time	RR		y

















































































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