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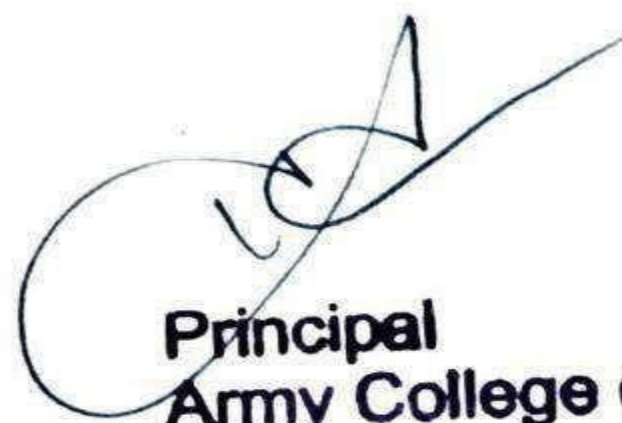
## **BRIEF SUMMARY OF MILITARY HOSPITAL, JALANDHAR CANTT.**


Military Hospital Jalandhar Cantt is a parent hospital for clinical training of the students of Army College of Nursing Jalandhar Cantt. Which has 865 beds. Apart from general medical facilities and outpatient department the specialization of Military Hospital Jalandhar Cantt are as follows:

CCU, ICU, Step Down ICU, Nephrological Centre (Dialysis Unit), Cardiologica Catheterization Lab, Neonatal Centre, IVF Centre, Total Joint Replacement Centre and a Geriatric Care Ward. The hospital is presently working as COVID-19 care centre with 250 beds facility, COVID ICU and HDU (High Density Unit).

However, for providing comprehensive clinical skills, Clinical Training was also imparted in Ex-Servicemen Contributory Health Scheme (ECHS) empaneled private hospitals in the areas of Cardiology, Oncology and Neurology during the period 2015-16 to 2018-19.

Army College of Nursing at Jalandhar Cantt has primarily been established with a aim to provide quality education at an affordable cost, being a welfare institute for the Army Personnel. ACN has a standing sanction of the Army Headquarters for clinical training at Military Hospital, Jalandhar Cantt and a lifetime MOU with Cantonment Board, Jalandhar Cantt for community Health training (Urban) in Jalandhar Cantonment Station.

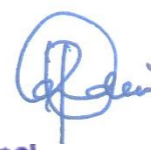
  
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CHECKLIST  
FOR  
HOSPITAL PERFORMANCE AND PROCEDURE  
2022-2023

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**PART -III**

Appx 'B'  
(Ref DGMS-3A letter No B/71231/  
DGMS-3A dt 22 Apr 2015)


**DEPARTMENTAL INSPECTION REPORT : 2019-20**


(To be completed by the inspecting Officer)

Unit		Date of Insp	
Commanded by		Inspected by	

1. Date of Departmental Inspection -
2. **Manpower State**
  - (a) Specialist Officers - Adequate / Inadequate
  - (b) Medical Officers - Adequate / Inadequate
  - (c) MNS Officers - Adequate / Inadequate
  - (d) JCOs / OR - Adequate / Inadequate
  - (e) Civ Staff / JCOs / OR - Adequate / Inadequate
  - (f) Remarks -
3. **Accn State**
  - (a) Tech Accn - Adequate / Inadequate
  - (b) Administrative Accn - Adequate / Inadequate
  - (c) Messes (Offrs, MNS, JCOs) - Adequate / Inadequate
  - (d) OR Living - Adequate / Inadequate
  - (e) Stores - Adequate / Inadequate
  - (f) MT - Adequate / Inadequate
  - (g) Remarks

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4. Stores, Eqpt & MT

- (a) Medical Stores (Non-Exp) - Adequate / Inadequate
- (b) Medical Stores (Exp) - Adequate / Inadequate
- (c) QM Stores - Adequate / Inadequate
- (d) MT - Adequate / Inadequate
- (e) Remarks

5. Patient Care Activities

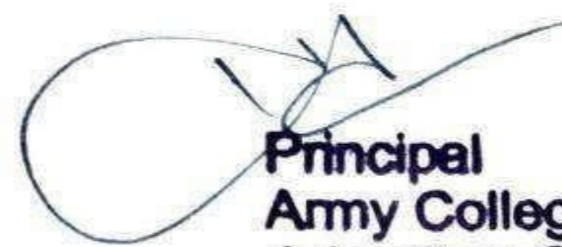
- (a) Emergency & outpatient services - Adequate / Inadequate
- (b) Inpatient care - Adequate / Inadequate
- (c) Diagnostic services - Adequate / Inadequate
- (d) Support services - Adequate / Inadequate
- (e) Hosp facility maintenance - Adequate / Inadequate
- (f) Remarks


- 6. (a) Standing Orders & Documentation- Adequate / Inadequate
- (b) Remarks

- 7. (a) Handling of Audit Objections - Adequate / Inadequate
- (b) Remarks

- 8. (a) Monitoring of court cases - Adequate / Inadequate
- (b) Remarks

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9. (a) Handling of Negligence cases - Adequate / Inadequate  
(if any)
- (b) Remarks
10. (a) Monitoring of Complains - Adequate / Inadequate  
(Incl Statutory/ Non-statutory/ patient related)
- (b) Remarks
11. (a) Monitoring of ACRs - Adequate / Inadequate
- (b) Remarks
12. (a) Trg Infrastructures & implementation- Adequate / inadequate
- (b) Remarks

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**REMARKS OF INSPECTING OFFICER**

The hospital is FIT / UNFIT for assigned role.

Place :

(Signature of Inspecting Officer)

Date :



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Appx 'C'  
(Ref DGMS-3A letter No B/71231/  
DGMS-3A dt 22 Apr 2015)

**CHECK LIST FOR CRITICAL HOSPITAL INFRASTRUCTURE**


1. **Accident & Emergency Dept**

Type	Available / Not available	Adequate / Not adequate	Remarks
Med Exam Rooms			
Treatment room			
Duty MOs Room with amenities			
Hand washing facilities			
Dispensary			
Injection / Sample collection room			
Covered waiting Area			
Conveniences for men / women			
Bilingual Signages incl Ni signs			
Display of Services available in the hospital			
Display of Specialist OPD days			
Display of grievance redress mechanism			
Amenities			
Help Line - For services within the hospital, SIL / DIL cases etc			
Comn system (Phones, call bells, queue display system etc)			

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2. **Specialist OPDs**

Type	Available / Not available	Adequate / Not adequate	Remarks
Med Exam Rooms			
Treatment / procedure room			
Hand washing facilities			
Covered waiting Area			
Conveniences for men / women			
Bilingual Signages incl ni signs			
Display of grievance redress mechanism			
Amenities			
Help Line			
Comn system (Phones, call bells, queue display system			


3. **Laboratory Services**

Type	Available / Not available	Adequate / Not adequate	Remarks
CSR Available			
Sample collection room			
Hand washing facilities			
Covered waiting Area			
Conveniences for men / women			
Bilingual Signages incl Ni signs			
Display of grievance redress mechanism			
Amenities			
Display on when and how to collect results			
Comn system (Phones, call bells, queue display system etc)			
COVID testing (RT PCR, CB NATT/True Nat)			

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4. **Dispensary**

Type	Available / Not available	Adequate / Not adequate	Remarks
Dispensing counters			
Trained pharmacists			
Covered waiting Area			
Conveniences for men / women			
Bilingual Signages incl Ni signs			
Display of grievance redress mechanism			
Amenities			
Comn system (Phones, call bells, queue display system etc)			


5. **Inpatient Area (Wards, ICUs, HDUs etc)**

Type	Available / Not available	Adequate / Not adequate	Remarks
Adequate space per bed			
Treatment / procedure room			
MOs room			
Duty room			
Hand washing facilities			
Ward drugs store			
Ward linen store			
Ward dirty utility room			
Ward pantry			
Dispensary			
QM Stores			
Sit-out for patients/ visitors			
WC's/Bathrooms for patients			

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6. **Operation Theatres**

Type	Available / Not available	Adequate / Not adequate	Remarks
Space per OT			
HVAC system with zoning			
HEPA Filters – Installation & maint			
Duty rooms for doctors and other staff with amenities			
Scrub & Hand washing facilities			
OT drugs store			
OT linen store			
OT dirty utility room			
OT Eqpt Store			
Pre-op Area			
Recovery and Post-op Area			
Medical gas pipeline system incl AGSS			
Waiting area for visitors/ relatives			
Bilingual Signages			
Comn system (Phones, call bells, display systems etc)			



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Appx 'D'  
(Ref DGMS-3A letter No B/71231/  
DGMS-3A dt 22 Apr 2015)

**CHECK LIST FOR HOSPITAL PERFORMANCE AND PROCEDURES**  
(To be checked by Insp team)

1. **Accident & Emergency**

- (a) SOPs for emergency care, MLC Cases :
- (b) Reception facilities and procedures for patients and visitors :
- (c) Registration/ admission/ discharge documentation processes :
- (d) Triage policy & its implementation :
- (e) Bilingual signages – Directional, indication of services, schedules, educational :
- (f) Adequacy of access & patient flow. :
- (g) Initial assessment and re-assessment requirements incl time frame within which to be completed :
- (h) CPR – SOP, trg in BLS/ALS/ACLS, documentation of events during CPR, communication of corrective measures and conduct of mock drills incl lessons learnt. :
- (j) Staff awareness of SOPs of A & E Dept:
- (k) Management of emergency drugs :


2. **Ambulance**

- (a) Adequacy of parking for Ambulances :
- (b) Communication system of Ambulance :
- (c) Check list of Ambulance, drugs and equipment and its implementation :
- (d) Training of personnel on BLS/ACLS :
- (e) Statutory requirements - Car diary, License of driver (s), PUC :

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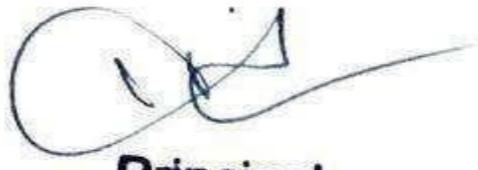
**3. Out Patient Departments**


- (a) Predefined initial assessment and re-assessment incl time frame within which to be completed.
- (b) Initial assessment to include screening for nutritional needs.
- (c) Documented plan of care including preventive aspects of the care
- (d) Patient registration, admission from OPD
- (e) Managing non availability of beds
- (f) Cross specialty referral procedures of patients
- (g) Hand washing facilities, adequate gloves, masks, soaps and disinfectants

**4. Wards**

- (a) Predefined initial assessment and re-assessment incl time frame within which it has to be completed. Initial assessment to include screening for nutritional needs. Reassessment to incl frequency, response to treatment, plan for further treatment or discharge
- (b) Multidisciplinary nature of care and co-ordination among various departments/ staff / shift incl referral of patients to other departments/specialties – procedure, time frame and feedback
- (c) Handing / taking over by various care providers – doctors, nurses, paramedical staff
- (d) Discharge planning in coordination with various departments, including medico-legal cases / LAMA
- (e) Care and treatment orders are signed, named, timed and dated by the doctor
- (f) Evidence based medicine and clinical practice guidelines

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- (g) CPR – SOP, staff trained in BLS/ALS, Documentation of events during CPR, Communication of corrective and preventive Measures :
- (h) Rational use of blood and blood products - informed consent, patient and family education about donation, monitoring transfusion reactions :
- (j) Consent procedures – Who can give incl when patient in incapacitated? Language and content? Details of procedures & risks involved? Name of person obtaining consent and whether part of care team? :
- (k) Pain assessment and recording in case records. :
- (l) Nutritional assessment, order for diet, planning of nutritional therapy in a collaborative manner. :
- (m) Specialized care requirements for specific wards – Paediatric, obstetrics, psychiatry. :
- (n) Age and specialty specific competencies for staff. :
- (o) Emergency drugs management :
- (p) Medication orders - Policy on verbal orders, recording at a uniform location in case records, clear, legible, dated, timed, named and signed :
- (q) Procedures for high risk medication :
- (r) Medication administration documentation and monitoring by nursing staff :
- (s) Patients self-administration of medicines / medications got from outside :
- (t) Skills to pick adverse drug events and reporting of the same :
- (u) Narcotic drugs procedure, handling and Documentation :



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(v) Medication storage - stocks, expiry dates, storage conditions, emergency crash carts, sound alike and look alike, high risk medications :

(w) Sterilized sets: expiry dates, storage conditions :

(x) Hand washing facilities for staff in all care area, instructions for proper hand washing, adequacy of soap, masks, gloves and disinfectants :

(y) Isolation /Barrier nursing facility :

(z) Consent procedures – Who can give incl when patient in incapacitated? Language and content? Details of procedures & risks involved? Name of person obtaining consent and whether part of care team? :

(aa) Layout of beds, spacing, visual privacy :

(ab) Bilingual signages – directional, safety, access, fire, escape routes etc :

(ac) Gas and vacuum supply / Storage of oxygen cylinders/Condition of Humidifiers :

**5. Chemotherapy Unit** :

(a) Availability of bio-safety cabinets for drug preparation : NA

(b) Chemotherapeutic drug preparation and administration procedures : NA

(c) Preparation, administration and disposal of chemotherapy drugs : NA

(d) Staff training : NA



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**6. Palliative Care**

- (a) Define the group of patients for whom palliative care is applicable : NA
- (b) Appropriate assessment and management of pain : NA
- (c) Patient and family education on pain management techniques : NA
- (d) Identification of patient before administering medication, verified from the order/ dosage route/ timing : NA
- (e) Procedure for handling narcotics/ license/ documentation of usage/ disposal/ handled by competent staff : NA
- (f) End of life care – Documented policies and procedures, unique needs identification, autopsy/ organ donation process : NA
- (g) Staff trg on end of life care : NA

**7. Dialysis Unit**

- (a) Consent procedures. Who can give consent when patient is incapable :
- (b) Quality of RO water – Chemical and endotoxin analysis once in three months :
- (c) All equipment are inventoried and log maintained / calibrated, preventive maintenance/service labels on Equipment/calibration records :
- (d) Re-use policy of single use tubes, safety during storage and the labelling requirement to prevent exchange/ensure patient's safety. :
- (e) Emergency drugs management :
- (f) Sterilized sets: expiry dates, storage conditions :

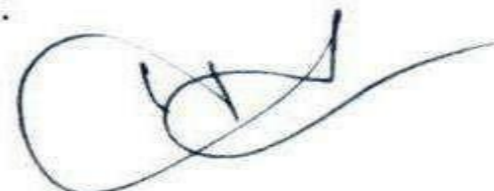
  
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- (g) CPR – SOP, staff trained in BLS/ALS, Documentation of events during CPR, Communication of corrective and preventive measures :
- (h) Overall adherence to infection control :
- (j) Hand washing facilities for staff in all care area, instructions for proper hand washing, adequacy of soap, masks, gloves and disinfectants :
- (k) Provn for dialysis of HCV / HIV/ HBV positive cases :
- (l) Bilingual sign ages – directional, safety, access, fire, escape routes etc :

**8. Intensive Care, Neonatal / Paediatric ICUs**

- (a) Adequacy of space, staff, equipment, layout of beds, spacing, visual privacy :
- (b) Admission / discharge criteria, policy/procedures for bed shortage :
- (c) SOPs on use of restraints, reason for restraints, monitoring and trg requirements :
- (d) Predefined initial assessment, time frame for doing and documenting initial assessment, reassessment– frequency of reassessment, documentation of response to treatment, plan for further treatment or discharge :
- (e) SOPs on uniform use of resuscitation, adequate trained staff and equipment :
- (f) Multidisciplinary nature of care and co-ordination among various departments/ staff /shifts :
- (g) Handing and taking over by doctors, nurses and paramedical staff :



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- (h) Discharge planning in coordination with various departments, including medico-legal cases / LAMA :
- (j) Care of vulnerable patients - Policy and procedure, safe and secure environment, informed consent from the appropriate legal representative :
- (k) Consent procedures – Who can give incl when patient is incapacitated? Language and content? Details of procedures & risks involved? Name of person obtaining consent and whether part of care team? :
- (l) Age specific competency in case of PICU / NICU :
- (m) Rational use of blood and blood products - Policy and procedure, informed consent, patient and family education about donation, monitoring transfusion reactions :
- (n) Isolation /Barrier nursing facility available :
- (o) Nutritional assessment, orders for diet :
- (p) Emergency drugs management :
- (q) Medicine orders in uniform location in case sheets, clear, legible, dated, timed, named, signed. Written order for high risk medication :
- (r) Medication administration, documentation and monitoring, management / monitoring of medications got from outside the hospital :
- (s) Trg on adverse drug events and reporting of the same :
- (t) Narcotic drugs procedures, handling, documentation :
- (u) Adherence to antibiotic policy :

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- (v) End of life care – Documented policies and procedures, unique needs identification, autopsy/ organ donation process and trg on end of life care :
- (w) Collection of Infection control data and adherence to infection control practices, availability of HAI rates of that area and action taken :
- (x) Hand washing facilities for staff with instructions for proper hand washing and adequacy of soap, masks, gloves and disinfectants :
- (y) Eqpt - Inventoried and logbooks maintained, calibrated, preventive maintenance/ service labels on equipment/ calibration records :
- (z) Gases and vacuum supply / Storage of oxygen cylinders/ Condition of Humidifiers :
- (aa) Bilingual sign ages – directional, safety, access, fire, escape routes etc :

**9. Operation Theatre**


- (a) Layout of OT, zoning :
- (b) Maintenance of air quality & engineering controls incl provn and maintenance of HEPA filters :
- (c) Surveillance of OT environment – Temp, humidity, air-changes and pressure differential :
- (d) Pre-Anaesthesia assessment and immediate pre-operative assessment and consent for anaesthesia, monitoring during and post anaesthesia :
- (e) Preoperative assessment and provisional diagnosis documented prior to surgery :
- (f) Operating notes and post-operative plan of care :
- (g) Criteria for discharge to recovery area and to ward / ICU :


  
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- (h) CPR – Policy and procedure, staff trained in BLS/ALS, Documentation of events during CPR, communication of corrective and preventive measures :
- (j) SOPs to prevent adverse events and implementation of Surgical Safety Check list. :
- (k) Monitoring of procedure re-do rates, mortality on table, revisits within defined periods and SSIs. :
- (l) Emergency drugs management, narcotic drugs procedure – Handling, Documentation :
- (m) Procedure for procuring and using implants - Entry of batch and serial number in patient's case file and master log book :
- (n) Consent procedures – Who can give incl when patient in incapacitated? Language and content? Details of procedures & risks involved? Name of person obtaining consent and whether part of care team? :
- (o) Sterilized eqpt / devices sets: expiry dates, storage conditions :
- (p) Hand washing facilities for staff with instructions for proper hand washing, adequacy of soap, masks, gloves and disinfectants :
- (q) Sterilization/disinfection activities being performed :
- (r) All equipment are inventoried and log maintained / calibrated :
- (s) Eqpt - Inventoried and logbooks maintained, calibrated, preventive maintenance/ service labels on equipment/ calibration records :
- (t) Gas and vacuum supply / Storage of oxygen cylinders/Condition of Humidifiers :

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- (u) Privileging of doctors and nurses :
- (v) Rational use of blood and blood products - informed consent, monitoring transfusion reactions :

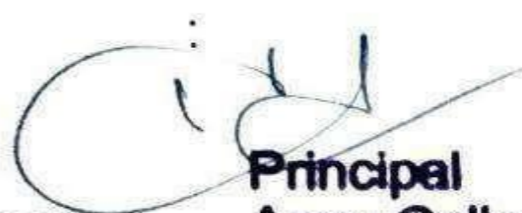
10. **Recovery Room**

- (a) Discharge criteria - any scoring system :
- (b) Patient monitoring post anaesthesia :
- (c) Operating notes and post-operative plan of care :
- (d) Medicine orders are written in a uniform location clear, legible, dated, timed, named, signed :
- (e) Medication administration, documentation and monitoring :
- (f) Knowledge to pick adverse drug events and reporting of the same :
- (g) Narcotic drugs procedure – Handling, Documentation :


11. **Endoscopy Suits**

- (a) Sedation policy implementation - who gives sedation and who monitors patient :
- (b) Documentation of monitoring activities :
- (c) Availability of equipment and Manpower :
- (d) Emergency drugs management :
- (e) Consent procedures – Who can give incl when patient is incapacitated? Language and content? Details of procedures & risks involved? Name of person obtaining consent and whether part of care team? :
- (f) Equipment cleaning (if any) :

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- (g) Sterilized sets: expiry dates, storage conditions :
- (h) Hand washing facilities for staff with instructions for proper hand washing :
- (j) Adequacy of soap, masks, gloves and disinfectants :
- (k) All equipment are inventoried and log maintained / calibrated :
- (l) Preventive maintenance/service labels on Equipment/calibration records/ Refrigerator :
- (m) Gas and vacuum supply / Storage of oxygen cylinders/Condition of Humidifiers :
- (n) CPR – Policy and procedure, staff trained in BLS/ALS, Documentation of events during CPR, Communication of corrective and preventive measures :
- (o) Medication administration, documentation and monitoring :
- (p) Knowledge to pick adverse drug events and reporting of the same :
- (q) Narcotic drugs procedure – Handling, Documentation :
- (r) Knowledge to pick adverse drug events and reporting of the same :

12. Physical Medicine & Rehabilitation

- (a) SOPs on rehabilitative services :
- (b) Multi disciplinary team approach :
- (c) Care of vulnerable patients :
- (d) Safety of patients :

  
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13. **Imaging: X Ray/ USG/ CT Scan/ MRI**

- (a) Compliance with BARC/AERB, PNDT and other legal requirements incl qualified personnel :
- (b) Performing and reporting of tests and turnaround time for results in defined time frame incl policy / system for Critical results intimation :
- (c) SOPs for identification and safe transportation of patients to the imaging services :
- (d) Policy for outsourcing of tests :
- (e) Internal and External Quality Assurance Program documented verification and validation / surveillance / calibration/ maintenance / corrective and preventive actions :
- (f) Safety programme including usage of safety equipment and TLD badges :
- (g) Adherence to standard precautions and safe practices :
- (h) Staff trained in safe practice; staff has safety equipment/ fire extinguisher/ dressing materials/ etc. :
- (j) Safety devices periodically checked :
- (k) Bilingual sign ages – directional, safety, access, fire, escape routes, radiation hazard, PC-PNDT act signage etc. :
- (l) Emergency drugs management :
- (m) Consent procedures – Who can give incl when patient in incapacitated? Language and content? Details of procedures & risks involved? Name of person obtaining consent and whether part of care team? :
- (n) All equipment are inventoried and log maintained / calibrated :

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14. **Nuclear Medicine**

- (a) Comply with BARC/AERB legal requirements incl qualified staff :
- (b) SOPs for identification and safe transportation of patients :
- (c) Turnaround time for results/ reports in defined time frame :
- (d) Eqpt – calibration and Maintenance :
- (e) Adherence to standard precautions and safe practices compliance incl use of safety eqpt (E.g. TLD badges) :
- (f) Safety devices periodically checked :
- (g) Bilingual sign ages - Radiation hazard, directional and safety. :
- (h) Storage, preparation, handling, distribution and disposal of radioisotopes :
- (j) Emergency drugs management :
- (k) Consent procedures – Who can give incl when patient in incapacitated? Language and content? Details of procedures & risks involved? Name of person obtaining consent and whether part of care team? :
- (l) All equipment are inventoried and log maintained / calibrated :
- (m) Preventive maintenance/service labels on Equipment/calibration records :

15. **Cardiac Catheterization Lab**

- (a) Comply with BARC/AERB legal requirements :
- (b) Performing and reporting of procedures :
- (c) Documented policies and procedures for identification and safe transportation of patients to the imaging services :





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- (d) Turnaround time for results in defined time frame :
- (e) Safety programme including usage of safety equipment and TLD badges :
- (f) Adherence to standard precautions and safe practices :
- (g) Staff trained in safe practices. Table top radiation measurement and management. :
- (h) Staff has safety equipment/ fire extinguisher/ dressing materials/ etc. :
- (j) Bilingual sign ages - Radiation hazard, directional and safety. :
- (k) Procedure for procuring and using implants :
- (l) Entry of batch and serial number in patient's case file and master log book :
- (m) Consent procedures – Who can give incl when patient in incapacitated? Language and content? Details of procedures & risks involved? Name of person obtaining consent and whether part of care team? :
- (n) Re-use policy for single use devices :
- (o) CPR – Policy and procedure, staff trained in BLS/ALS, Documentation of events during CPR, communication of corrective and preventive measures. :
- (p) Emergency drugs management :
- (q) All equipment are inventoried and log maintained / calibrated :
- (r) Preventive maintenance/service labels on Equipment/calibration records :

  
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16. **Laboratory: Haematology/ Biochemistry/ Pathology/ Microbiology**

- (a) Adequacy of space, other infrastructure and trained manpower :
- (b) Turn-around time defined - Results are available in defined time frame :
- (c) SOPs for collection, identification, handling, safe transportation, processing and disposal of specimens :
- (d) Alert and Panic levels - Critical results intimated immediately, documented procedures of out sourcing test Measurement uncertainties :
- (e) EQAS, Testing and calibration :
- (f) Lab safety programme :
- (g) SOPs for disposal of infectious and hazardous materials :
- (h) Lab personnel safety - Staff trained in safe practices incl handling of spills, availability of safety equipment / fire extinguisher / dressing materials / PPEs etc. :
- (j) Storage conditions of equipment and reagents :

17. **Blood Bank**

- (a) Blood bank license and adherence to its terms and conditions :
- (b) Adherence to part X B and Schedule F of part XII B and/or XII C of drugs and cosmetics rules :
- (c) Informed consent :
- (d) Transfusion reactions analysis :
- (e) Transfusion audits :

  
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18. **Radiation Therapy**

- (a) Scope of radiotherapy services :
- (b) Comply with BARC/AERB legal requirements incl technicians qualified as per AERB :
- (c) SOPs for identification and safe transportation of patients to the imaging services. :
- (d) Critical results intimation :
- (e) Safety programme including usage of safety equipment and TLD badges :
- (f) Use of personal protective equipment and isolation barriers for radioactive areas :
- (g) Adherence to standard precautions and safe practices :
- (h) Safety equipment/ fire extinguisher/ dressing materials/ etc. :
- (j) Safety devices periodically checked :
- (k) Bilingual signages - Radiation hazard, directional and safety. :
- (l) Storage, preparation, handling and distribution and disposal of radioactive isotopes (Iv 192, Cs XX, Co 60) :
- (m) Emergency drugs management :
- (n) Consent procedures – Who can give incl when patient in incapacitated? Language and content? Details of procedures & risks involved? Name of person obtaining consent and whether part of care team? :
- (o) All equipment are inventoried and log maintained / calibrated :
- (p) Preventive maintenance/service labels on Equipment/calibration records/ Refrigerator :

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19. **Nutrition Therapy**

- (a) Procedure (s) for nutritional assessment and reassessment :
- (b) Food according to the patient's clinical needs :
- (c) Planning of nutritional and written order for the diet :
- (d) Food is stored and distributed Safely :
- (e) Families are educated about the patients diet limitations :
- (f) Maternal nutrition assessment :


20. **Research Activities (For teaching hospitals only)**


- (a) SOPs :
- (b) Institutional Ethics committee constituted as per ICMR guidelines :
- (c) Consent procedures – Who can give? Language and content? Details of procedures & risks involved? Name of person obtaining consent and whether part of research team? Adherence with ICMR guidelines on consent for research? :

21. **Hospital Infection Control (HIC)**

- (a) Documented Infection Control Programme :
- (b) Est of HIC committee, team and qualified HIC nurse :
- (c) Minutes of meetings and action taken / follow-up reports :
- (d) Identified high risk areas and procedures with methods of surveillance :
- (e) Antibiotic policy availability and Implementation :

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- (f) Adherence to standard precautions, equipment cleaning and sterilization practices, laundry and linen management, kitchen sanitation and food handling, engineering controls and mortuary practices :
- (g) Processes for Re-use of single use devices :
- (h) Surveillance for HAIs and verification of surveillance data :
- (j) Notification of notifiable diseases :
- (k) Tracking and analyzing of infection risks, rates and trends :
- (l) Effectiveness of housekeeping Services :
- (m) HAI rates, Feedback on HAI rates to patient care personnel :
- (n) Facilities for hand washing, Monitoring of hand washing :
- (o) Outbreak definition, identification and control :
- (p) Usage of appropriate personal protective equipment :
- (q) Resource availability – Budget, Training - Induction and in service training :
- (r) Pre and post exposure prophylaxis :

22. **Medical Stores incl Dispensary**

- (a) Implementation of MSIMS automation system. :
- (b) Storage of drugs and expendables (storage conditions, temperatures, prevention of theft and degradation) :
- (c) Eqpt maintenance incl CAMC, AMC issues :
- (d) Adherence to procuring schedules and accounting procedures :
- (e) Inventory control, analysis and reporting. :



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- (f) Availability of hospital formulary :
- (g) Prescription audit :
- (h) Adequacy of space and other infrastructure :
- (j) Drugs storage conditions and compliance with requirements of each drug :
- (k) Cold chain eqpt adequacy :
- (l) Control of narcotic drugs :
- (m) Handling of LASA, near-expiry and expired drugs :
- (n) Frequency of stock-outs. :
- (o) Instances of loss of stores due to pilferage and / or damage. :
- (p) Critical stores deficiency :

23. **Facility Management: Engineering and Maintenance**


- (a) Statutory requirements compliance – Fire, Diesel storage, Liquid oxygen and storage of medical cylinders, Boiler, lifts, ETP, DG sets. :
- (b) Mechanism for renewing licenses :
- (c) Preventive and break down maintenance plan :
- (d) Designated individual for maintenance and monitoring of response time to facility maintenance complaints :
- (e) Presence of staff round the clock for emergency repairs :
- (f) Up to date drawing, layout, marked escape routes :
- (g) Bilingual Signages :
- (h) Availability of potable water and electricity incl alternate sources and their periodic checking :


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- (j) Water quality testing and reporting
  - (k) Safety devices
24. **Housekeeping**
- (a) Effectiveness of housekeeping Services
  - (b) Disinfection process
  - (c) Identified hazardous materials
  - (d) Hazardous materials identified have documented procedure for sorting, storing, handling etc.
  - (e) Availability of Material Safety Data Sheet for all such material
  - (f) Spill management plan
25. **Laundry and Linen**
- (a) Layout/ space
  - (b) Process flow
  - (c) Segregation of linen, disinfection and infection control
  - (d) Bags and labels
  - (e) Quality control system
  - (f) Maintenance plan of machinery
  - (g) Electrical safety practices
  - (h) Staff awareness on safety practices
26. **Kitchen/Canteen**
- (a) Layout/ space
  - (b) Food is prepared, handled, stored and distributed safely - Storage of raw materials, dry and cold storage, Washing facility, Unidirectional / non cross-over of flow of activities (clean/dirty), Hygiene and cleanliness, Food handlers use personal protective gear
  - (c) Food storage - Pest control, storage conditions, defined storage periods, food safety practices

  
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- (d) Cleaning and disinfection practices :
- (e) Maintenance plan of machinery :
- (f) Fire safety awareness and fire-Fighting equipment :
- (g) Staff awareness on safety Practices :
- (h) Health status of employees – Immunization for Typhoid and Hepatitis A/Stool culture reports :


27. **Mortuary**

- (a) Mortuary facilities adequacy :
- (b) Body cabinets and back-up power :
- (c) Staff safety, availability and usage of personal protective equipment (PPE) :
- (d) Infection control and disinfection :

28. **CSSD**

- (a) Space adequacy :
- (b) Layout - Unidirectional flow, segregation of areas :
- (c) Equipment cleaning and sterilization practices :
- (d) Regular validation testing for sterilization carried out and documented :
- (e) Shelf life of sterile sets :
- (f) Recall system / procedure when breakdown in sterilization system/ procedures :
- (g) ETO exhaust :
- (h) Maintenance plan of equipment :

  
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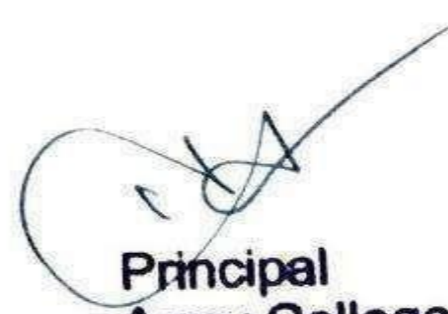
  
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29. **Medical Audit**

- (a) Whether audit conducted every quarter? :
- (b) Subject covered in past four audits and number of cases included in audit. :
- (c) Major findings and recommendations in past one year :
- (d) Follow up actions of the audit recommendations. :

30. **Disaster plan**

- (a) Who activates it? Control room est? :
- (b) SOPs :
- (c) Mock drills for fire and non-fire emergencies (E.g. large road traffic accidents, assistance to other hospitals involved in disaster management) :
- (d) Lessons learnt :
- (e) :
- (f) Fire emergency plan :
- (g) Designated refuge area especially in multi-storey buildings? :
- (h) Escape routes for walking & bed-bound patients :
- (i) Serviceability of fire detection / abatement and control systems :
- (j) Non-fire emergencies plan :
- (k) Coord with other hospitals :
- (l) Trg for disaster management. :

  
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31. **Medical Boards, Hosp Stats and Medical Records**

(a) Number of Med Bds conducted in past three years :-

Year	2017	2018	2019	2020 (upto Sep)
No of Med Bds				

(b) Bds approved / perused without obsn in past three years :-

Year	2017		2018		2019		2020 (upto Sep)	
	Total Bds	Approved without obsn	Total Bds	Approved without obsn	Total Bds	Approved without obsn	Total Bds	Approved without obsn
No. of Med Bds								

(c) Average time taken to complete : - CI/Re-CI Med Bd – same day  
Med Bd after completion of specialist Opinion - PME - one day or same day  
- RMB } after completion of  
- IMB } docu approx 5 to 10 days


(d) Collection, compilation, completion, analysis and disposal of medical records of patients. : Documents kept in Stats Sec


(e) Any system of review of medical records? Medical records audit. : Medical Audit Committee.

(f) Computation & dissemination of following Hosp Stats (date of past three years to be taken)

(i) Average bed occupancy – (Speciality Wise)

S No	Dept	No (%)
(a)	Med	
(b)	Surg	
(c)	Gynae	
(d)	Paed	
(e)	Skin	
(f)	ENT	
(g)	Eye	
(h)	Psy	

  
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(ii) Average Monthly Length of Stay (Specialty Wise)


S No	Dept	No (%)
(a)	Med	
(b)	Surg	
(c)	Gynae	
(d)	Paed	
(e)	Skin	
(f)	ENT	
(g)	Eye	
(h)	Psy	

(iii) Average Monthly Attendance (Specialty Wise)

S No	Dept	No
(a)	Med	
(b)	Surg	
(c)	Nephro	
(d)	Gynae	
(e)	Paed	
(f)	Skin	
(g)	ENT	
(h)	Psy	
(i)	Cardio	
(k)	Eye	

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(iv) Average Monthly Operation (Specialty Wise)

S No	Dept	No
(a)	Gen Surg	
(b)	GI Surg	
(c)	Ortho	
(d)	Uro	
(e)	Eye	
(f)	ENT	
(g)	Obst & Gynae	
(h)	Dental & Maxillofacial	
(j)	CT/MRI	
(k)	Central Venous Access	
(l)	ECT	
(m)	PAC	
(n)	Suturing, Dressing & Catheterization	
(o)	Pain Clinic	
(p)	CSSD	

(v) Hospital Infection rate – per month : Nil.

(vi) Average No of Admissions – per month :

(vii) Average No of Medical Boards per month :-


(aa) **Offrs**

Medical Board	Nos
Cat/ Re-cat	
RMB	
PME	

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(ab) **JCOs/OR**

Medical Board	Nos
Cat/ Re-cat	
RMB	
IMB	
PME	

- (viii) No of Autopsies performed : 05
- (ix) Public relation and patient satisfaction : Excellent
- (x) Any other aspect felt relevant by the Inspecting Officer: Nil
- (xi) Avg number of maj procedures performed per month:-

S No	Dept	Avg No of Procedures
(a)	Gen Surg	
(b)	GI Surg	
(c)	Ortho	
(d)	Uro	
(e)	Eye	
(f)	ENT	
(g)	Obst & Gynae	
(h)	Dental & Maxillofacial	
(j)	CT/MRI	
(k)	Central Venous Access	
(l)	ECT	
(m)	PAC	
(n)	Scturing, Dressing, Catheterization	
(o)	Pain Clinic	
(p)	CSSD	



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(xii) Avg number of minor procedures performed per month-

S No	Dept	Avg No of Procedures
(a)	Gen Surg	
(b)	GI Surg	
(c)	Ortho	
(d)	Uro	
(e)	Eye	
(f)	ENT	
(g)	Obst & Gynae	
(h)	Dental & Maxillofacial	
(j)	CT/MRI	
(k)	Central Venous Access	
(l)	ECT	
(m)	PAC	
(n)	Scturing, Dressing, Catheterization	
(o)	Pain Clinic	
(p)	CSSD	

**32. Prevention of sexual harassment at work place**

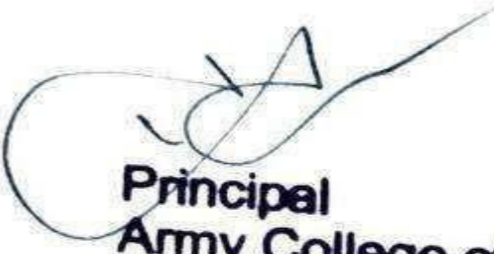
(a) Constitution of committee including particulars of nominated members :-


Presiding Officer	-	(Detailed)
	-	(Reserve)
Members	1	(Detailed)
		(Reserve)
	2	(Detailed)
		(Reserve)
	3	(Detailed)
		(Reserve)

(b) Number of complaints received in past three years and follow-up actions taken :

(c) Records of meetings of the committee. :

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33. **Management of Biomedical Waste**


- (a) Authorization and annual report submission :
- (b) SOP for biomedical waste management – incl segregation, collection, internal transportation and storage within the hospital, external transportation and final disposal. :


34. **Patient Satisfaction, Safety & Education**

- (a) Est of patient safety goals :
- (b) Trg for patient safety :
- (c) Installation / implementation of patient safety devices and procedures :
- (d) Display and implementation of patients rights and responsibilities :
- (e) Any patient satisfaction survey carried out / clinsat event organized. If yes salient findings and action taken. :
- (f) Any professional negligence case.:

35. **Strategic Management of the Hospital**

- (a) Formulation and display of Vision : & mission of the hospital
- (b) Any KRAs defined and followed-up:
- (c) Est of quality policy (incl management of sentinel events) of the hospital :
- (d) Est of safety policy covering facility safety, patient safety, safety in lab, imaging, radiotherapy and nuclear medicine. :
- (e) Est of essential committees and monitoring of its functioning :

  
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