DESKTOP SURVEILLANCE

ASSESSMENT

PREFACE

For an accredited Healthcare Organisation (HCO) to maintain its accreditation status, it is mandatory that the HCO continues to comply with the requirements of Accreditation Standards for Hospitals (4th edition: December 2015), for which NABH conducts mid cycle surveillance. The purpose of on-site surveillance is to verify the continued compliance to the accreditation standards.

Due to pandemic COVID-19 crises and complete lock down announced by Government of India, the on-site assessments of NABH have also come to a halt. In view of the situation, NABH has decided to develop a methodology to verify the continued compliance of the accredited HCOs to the applicable standards and the first step towards it is "Desktop Surveillance" wherein the HCOs will be required to submit documents as required by NABH.

For the purpose of Desktop Surveillance, the HCO shall provide the information as per this document and the same shall be considered for verifying the continued compliance. The information provided by the HCO shall be evaluated at NABH secretariat and on the basis of this evaluation, decision regarding continuation of accreditation shall be taken.

 The HCOs are therefore advised to provide the essential information accurately as per the format. Incorrect information provided may lead to adverse decision by National Accreditation Board for Hospitals & Healthcare Providers (NABH).

Note: The format provided for Desktop surveillance is in accordance with 4th Edition of standard. HCOs are advised to visit NABH website www.nabh.co regularly for updates on implementation plan of recently released Accreditation Standards for Hospitals 5th Edition.

List of abbreviations:

BMW- Bio-Medical Waste
CABG- Coronary artery bypass graft
CAPA-Corrective action preventive action
CAUTI- Catheter-associated urinary tract infection
CLABSI- Central Line Associated Blood Stream Infections
CQI-Continuous quality improvement
DS- Desktop Surveillance
EQAS- External Quality Assessment Scheme
FA-Final assessment
FMEA- Failure Mode and Effects Analysis
HAZMAT- Hazardous materials
HCO- Healthcare organisation
HIC-Hospital infection control
HIRA- Hazard Identification and Risk Analysis
ICN-Infection control nurse
ICO-Infection control officer
IMS-Information management system
IPD- Inpatient department
IT-Information technology
KPI- Key performance indicators
KRA- Key Result Area
LASA-Look alike sound alike
LSCS- Lower (uterine) segment Caesarean section
MoU- Memorandum of understanding
MRD-Medical record department
MSDS- Material Safety Data Sheet
NC -Non-Conformities
OPD-Outpatient department
OT-Operation theatre
PCB-Pollution control board
PNDT- Pre-Natal Diagnostic Techniques Act, 1994
PPE- Personal Protective Equipment
QA-Quality assurance
QIPs- Quality improvement program/ project
RA-Renewal assessment
RCA- Root cause analysis
RO-Reverse Osmosis
RSO- Radiation safety officer
VAP- Ventilator-associated pneumonia

Instruction to fill the Format for Desktop surveillance

1. **General Information:**
    Provide relevant information only.

2. **Status of Non-Conformities (NC's) of previous on-site assessment:**
    Mention non-conformities raised in previous on-site assessment along with relevant standard, summary of CAPA and attach evidence of continued compliance in PDF as Annexure. Numbering of the annexure should be as per the given example (e.g. DS-2020-Annexure 2.NC.1, DS-2020-Annexure 2.NC.2) DS stands for Desktop Surveillance-2020(year)-Annexure 2 is the number of the title and NC.1 and NC.2 represent Sl. No. of Non-compliance raised during the last onsite assessment.

3. **Multidisciplinary Committee Meeting Review:**
    Attach composition of committee & evidence of improvement action according to minutes of the last meeting in PDF file as Annexure. Numbering of the annexure should be as per the given example (e.g. DS-2020-Annexure 3.1.name of the committee) DS stands for Desktop Survelliance-2020(year)-Annexure 3 is the number of the title and 3.1 represent committee's number & name.

4. **Incident/ Sentinel Events Review:**
    Provide the details as per the given table format. PDF file as Annexure to be attached. Numbering of the annexure should be as per the given example (e.g. DS-2020-Annexure 4.1, DS-2020-Annexure 4.2) DS stands for Desktop Survelliance-2020(year)-Annexure 4 is the number of the title and.1 and .2 will represent Incident number.

    Note: There is no need of revealing patient's identity, only unique hospital ID will suffice.

5. **Mock Drills:**

    Provide details as asked in the given table.

    PDF file as Annexure to be attached as per the given example (e.g. DS-2020-Annexure 5.1.name of the mock drill) DS stands for Desktop Survelliance-2020(year)-Annexure 5 is the number of the title and 1 represent mock drill number & name.

6. **Details of Internal Audits:**
    a. PDF file as Annexure to be attached of internal audit, & facility inspection rounds as per the given example (e.g. DS-2020-Annexure 6.1.name of the audit) DS stands for Desktop Surveillance-2020(year)-Annexure 6.1 represents audit number & name. Provide the details as per the given table format.

    b. PDF file as Annexure to be attached of clinical & Nursing audit as per the given example (e.g. DS-2020-Annexure 6.b.name of the audit) DS stands for Desktop Survelliance-2020(year)-Annexure 6.b is the number of the title & table number followed by audit name. Provide the details as per the given table format.

    c. PDF file as Annexure to be attached of prescription audit as per the given example (e.g. DS-2020-Annexure 6.c.name of the audit) DS stands for Desktop Surveillance-2020(year)-Annexure 6.c is the number of the title & table number followed by audit name. Provide the details as per the given table format.

d.   PDF file as Annexure to be attached of hand hygiene audit as per the given example (e.g. DS-2020-Annexure 6.d.1 name of the doc) DS stands for Desktop Survelliance-2020(year)-Annexure 6.d. is the number of the title and table number. 1 represents serial number followed by the document name. Provide the details as per the given table format.

e.   PDF file as Annexure to be attached of medical record audit as per the given example (e.g. DS-2020-Annexure 6.e.name of the audit) DS stands for Desktop Survelliance-2020(year)-Annexure 6.e is the number of the title & table number followed by audit name. Provide the details as per the given table format.

f.   PDF file as Annexure to be attached of risk management per the given example (e.g. DS-2020-Annexure 6.f.name of the doc) DS stands for Desktop Survelliance-2020(year)-Annexure 6.f. is the number of the title & table number followed by document name.

7.   **Details of Manpower:**

Table: 7.1

Attach the list of manpower in excel format.

Excel file as annexure to be attached as per the given example (e.g. DS-2020- Annexure 7.1.doc name) DS stands for Desktop Survelliance-2020(year)-Annexure 7.1 is the number serial number of the table followed by document name.

Only attach one excel sheet document. Re-name the sheet 1 as Doctors/ Consultants, sheet 2 as RMO/Duty doctors, sheet 3 as Nursing staff & sheet 3 as Paramedical staff.

Please do not attach multiple excel sheets. Only one excel sheet to have all the details of manpower.

Format for Doctors/ Consultants is as given below:

Sl	Name	Qualification (Graduation/ Post Graduation/ -sub specialization)	Full time/ Part time/ visiting consultant (s)	Medical Council of India/State Medical Council Registration Number	Date of joining	Department

Format for Resident Medical Officers (RMO)/ Duty doctors is as given below:

Sl.	Name	Qualification	Medical Council of India/State Medical Council Registration Number	Date of joining	Department

Format for nursing staff is as given below:

Sl.	Name	Qualification	Nursing Council Registration Number	Date of recent registration renewal	Date of joining	Department

Format for paramedical staff including pharmacist is as given below:

Sl.	Name	Qualification	Council of Registration (If any)	Department	Date of joining	Registration Number (if any)/ Date of Registration

Table: 7.2: PDF file as annexure to be attached as per the given example (e.g. DS-2020-Annexure 7.2.doc name) DS stands for Desktop Survelliance-2020(year)-Annexure 7.2 is the number of the table followed by document name.

One personal file of following: (preferably for the new joinee)

Personal File Format is give at the end of the document
- 1 Consultants
- 1 RMO/Jr Dr/ residence/ AYUSH Doctors
- 1 Nursing Staff
- 1 other hospital staff
- HIC Nurse
- RSO based on scope

8. Details of Training provided to HCO personnel since last assessment:

Provide the details in Yes/ No or write remarks wherever necessary.

For point 8.7: Training record must include name of training imparted, effectiveness of training & feedback obtained. PDF scanned copies of common training sheets also can be submitted after highlighting the name of the aforementioned employees.

PDF file as annexure to be attached as per the given example (e.g. DS-2020- Annexure 8.7.doc name) DS stands for Desktop Survelliance-2020(year)-Annexure 8.7 is the number serial number of the table followed by document name.

Last one-year training records of the following:
- 1 consultants
- 1 RMO/Junior doctor / Resident/ AYUSH doctor
- 1 Nursing Staff
- 1 other hospital staff
- 1 Paramedical staff
- 1 Non Clinical staff

9. Indicator Data (clinical & managerial)

Attach annexure as PDF of six monthly Quality Indicator trend and use of tools with example on proactive risk assessment, data since the last assessment and preferably over 2 years to assess the trend (power point presentation to be attach as PDF)
Write methodology of capturing of indicators against each tabulated indicator in the given table.

The indicator should be compared against the benchmark accepted by the HCO or the target set by the HCO. Any spikes or dips, unacceptable upwards/downwards trends should be explained with root cause analysis & corrective preventive actions. Evidence of data validation to be attached.

Checklist for quality indicator information:
• Definitions for numerators and denominators
• Formula used in capturing indicator
• Brief of methodology of capturing numerators and denominators
• Raw data sheets for at least last one quarter
• Data verification and or validation methodology
• Statistical principles applied
• Benchmarks/targets used and details thereof
• Flagging of changing trends (preferably last two years) – spikes and dips etc. and explanations thereof
• Root cause analysis
• Corrective and preventive actions
• Future plans, if any

PDF file as annexure to be attached as per the given example (e.g. DS-2020- Annexure 9.doc name) DS stands for Desktop Survelliance-2020(year)-Annexure 9 is the number of the table followed by document name.

10. Has there been a change in the following aspects of the HCO operations since last assessment?

Mention the change in Yes/No as per the given table format, in case the answer is 'Yes' give the details of the changes and PDF file as annexure to be attached for example (e.g. DS-2020-Annexure 10.1.doc) DS stands for Desktop Survelliance-2020(year)- Annexure 10 is the number of the title and 1 represents serial number followed by the document name.

11. Statutory Compliances

Mention the details as per the given table format and PDF as annexure to be attached against each licence for example (e.g. DS-2020-Annexure 11.1. licence name, DS-2020-Annexure 11.2. licence name) DS stands for Desktop Survelliance-2020(year)-Annexure 11 is the number of the title and 1 and 2 represent legal document number followed by the name of the licence.

12. Geotagged photographs with timestamp
HCO is required to attach the geotagged and time stamp photos of various areas as per the given table against each row. For example, (e.g. DS-2020-Annexure 12.1. photo name) DS

stands for Desktop Survelliance-2020(year)-Annexure 12.1 is the serial number followed by the name of the photograph.

- Photographs to be less than 3 MB in jpg format with good resolution
- For geotagged & timestamp:

  Open 'Camera' App-Head to the 'Settings' of the camera App-Look for the 'time stamp on photos'/'Location tag'/ 'Save location' option and enable it depending on your OS version.

- 'GPS Map Ca' App can be used for Geotagging (Can be downloaded and installed from android play store app)

13.   New Equipment (if any):

Provide the information as per the given table.

14.   Details of patient complaints

Provide the information as per the given table.

PDF file as annexure to be attached of Complaint redressal, as per the given tabular column, in the last 6 months (to a maximum of 3) for example (e.g. DS-2020-Annexure 14. doc name) DS stands for Desktop Survelliance-2020(year)-Annexure 14 is the number of the title followed by document name.

15.   Quality Assurance Programme

PDF as annexure to be attached against each given department for example (e.g. DS-2020-Annexure 15.1. doc name) DS stands for Desktop Survelliance-2020(year)-Annexure 15.1 is the number of the title & serial number of the table followed by document name.

16.   Ambulance Services:

PDF file as annexure to be attached of one filled checklist from last 3 months for example (e.g. DS-2020-Annexure 16. doc name) DS stands for Desktop Survelliance-2020(year)-Annexure 16. is the number of the title followed by document name.

17.   Operation Theatres:

Provide the information as per the given table.

PDF file as annexure to be attached of HEPA integrity report, particulate count, positive pressure velocity count compliance sheet of all OT's, Any microbial analysis reports from critical areas, Temperature and humidity monitoring sheets of all OTs & Any CAPA for failure of desired level of engineering controls of last 3 months. For example, (e.g. DS-2020-Annexure 17. doc name) DS stands for Desktop Survelliance-2020(year)-Annexure 17. is the number of the title followed by document name.

18.   Infection Control

PDF file as annexure to be attached against each row, for example, (e.g. DS-2020- Annexure 18. doc name) DS stands for Desktop Survelliance-2020(year)- Annexure 18. is the number of the title followed by document name.

19.   **Documents/Manuals**:

Please do not attach complete manuals, only evidence of their review and revision (if any) by HCO to be attached

For Table 19.1: PDF file as annexure to be attached against each row of evidence of periodic review of manuals and any amendments since last onsite assessment for example, (e.g. DS-2020- Annexure 19.1 doc name) DS stands for Desktop Survelliance-2020(year)- Annexure 19.1 is the number of the title followed by document name.

For Table 19.2: PDF file as annexure to be attached against each row of documents for example, (e.g. DS-2020- Annexure 19.2 doc name) DS stands for Desktop Survelliance-2020(year)- Annexure 19.2 is the number of the title followed by document name.

20.   **Outsourced Services**
Outsourced services declaration to be signed by the Head of the organisation with name, designation, date & place on the letter head of HCO in PDF as DS-2020- Annexure 20. Declaration for outsourced services. DS stands for Desktop Survelliance-2020(year)- Annexure 20 title number followed by document name.

3 sample MOUs to be attached as PDF files as DS-2020-Annexure 20. Sample 1 MOU, DS-2020-Annexure 20.Sample 2 MOU, DS-2020-Annexure 20.Sample 3 MOU where DS stands for Desktop Survelliance-2020(year)- Annexure 20 followed Sample number of MOU.

21.   **Litigation**

Provide information on litigation if any.

22.   **Self-Declarations**

Self - declaration to be signed by the Head of the organisation with name, designation, date & place on the letter head of HCO in PDF as DS-2020-Annexure 22 Self Declaration. DS stands for Desktop Survelliance-2020(year)- Annexure 22 tile number followed by document name.

23 & 24. **Details of payment of 1st, 2nd and 3rd year Annual accreditation fee and Processing fee for Desktop surveillance assessment** are mandatory to be provided by HCO without which the desktop surveillance documents will not be processed.

*   **Kindly attach annexure and photograph only where asked for.**
*   **Annexure documents to be in portable document format i.e.PDF except manpower details where Excel format has to be used**
*   **Size of the document to be uploaded should be less than 3 MB & size of the photographs should be less than 3MB in jpg format and with good resolution.**

Information to be Furnished by HCO for Desktop Surveillance Assessment

1.   General Information

Information	Details
HCO Reference Number	
HCO name	
HCO address	
No. of sanction Beds	
No. of operational beds	
No. of ICU / Critical care beds	
Accreditation Cycle – Accredited since (mention the year)	
Accreditation Validity Period:	
Previous assessment type: FA/ RA/ Verification/ Focus	
Date of Previous assessment	
Name of Owner/ CEO or equivalent	
Email of Owner/ CEO or equivalent	
Name of Accreditation Coordinator	
Email of Accreditation Coordinator	
Name of the Safety Officer	
Name of Consultant *if any*	

2.   Status of Non-Conformities (NCs) of previous on-site assessment:

Status of implementation and monitoring the effectiveness of corrective actions(s) taken on non-conformities raised during previous on-site assessment: *(please provide details in tabular format)*

Sl.	Non-conformities raised during previous on-site assessment	Relevant Standard and corresponding OE	Brief Summary of root cause analysis & corrective actions taken	Evidence of continued compliance of corrective actions to be attached (as on date)
1.				
2.				
3.				

4.				

3. Multidisciplinary Committee Meeting Review:

(Please provide details in tabular format & attach evidence in PDF)

S. No	Name of Committee	Composition of committee (Annexure to be attached)	No. of meetings since last assessment	Date of last meeting of the committee	Whether all the agenda points as required by the relevant standard were discussed (Yes/No)	Whether minutes of the meeting and actions points thereon were recorded (Yes/No)	Whether the action plan is implemented as targeted If Not, attach Proposed plan (Yes/No)	Evidence of main improvement or action taken or the minutes of the last three meeting (Annexure to be attached)
3.1.	Quality Improvement							
3.2.	Infection Control							
3.3.	Safety, Disaster & Drill							
3.4.	Pharmaceutical and Therapeutic							
3.5.	CPR							
3.6.	Internal Complaint (formed according to the provisions of the The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.)							
3.7.	Others, if any							

4.   **Incident/ Sentinel Events Review:**
Summary of Incidents/ sentinel events reported and status of their resolutions
(Please provide details in tabular format & attach evidence in PDF)

Note: It is desirable that the patient's name does not appear in any of the report / document submitted to NABH, only hospital unique ID will suffice.

List all incidents in last 6 months or last such 10 incidents whichever is lower.

Sl.	Incidents/ sentinel events date	Incidents/ sentinel events details	Category of incident	Investigation findings with root cause analysis & corrective Action	Preventive action plan/ Improvement Plan	Status closed/ or CAPA ongoing
4.1.						
4.2.						
4.3.						
4.4.						
4.5.						

5.   **Mock Drills:**
(Please provide details in tabular format & attach evidence in PDF)

Sl.	Mock drills	No. of drill conducted since last assessment	Findings and deviations observed	Root cause analysis & Corrective action taken (Yes/No)	Annexure to be attach (raw data, observations & reports)
5.1.	Fire				
5.2.	Cardiac/ medical Emergency (CPR)				
5.3.	Disaster management drill				
5.4.	Child abduction				
5.5.	Spill of Hazmat				
5.6.	Violent patient /relatives				
5.7.	Any other				

6.   Details of Audits:

(Number of NCs not closed, number of NCs continuing from the previous internal audit and assessment/ OEs with the same NCs as the previous internal audit/assessment

Please provide details in tabular format & attach evidence in PDF)

a.   Internal Audits:

SI.	Audits	Dates	Root cause analysis & Corrective action taken (Yes/No)	Annexure to be attach (raw data, observations & reports)
6.1.	Internal Audit (6 monthly)			
6.2.	Facility inspection rounds done by the hospital leadership team (6 monthly)			

b.   Clinical & Nursing Audit:

The following requirements need to be met - Title, Aim, Objectives, Standards, References of the standards, sample size, duration (time frame), methodology, data collection tools, summary of findings, quality improvement and re-audit planned from the findings of at least 4 audits

Please provide details in tabular format & attach evidence in PDF

Title	Carried out by clinical/nursing team	Date started	Date completion of first cycle	Improvement proposed	Status of second/next cycle

c.   Prescription Audits

Raw data sheets & summary of CAPA of three prescription audits from IP & OP of last three months

Date of audit	Audited by	Summary of findings	Root cause analysis & Corrective action taken	Minutes of meeting of Pharmacy Committee where such audits were discussed (Yes/No)

d.   Hand Hygiene Audit

Audits	Dates	Attach Annexure
Hand hygiene compliance trends from previous assessment		
Hand hygiene audit sheets of last one month		
Any promotional / reinforcement activities for promotion of hand hygiene		

e.   Medical Record Audits:

MRD Audits (active cases)	Dates	Root cause analysis & corrective actions taken and improvement in past one year	Attach audit sheets of last 30 days as annexure

f.   Risk Management:

S. No.		Attach Annexure
1.	Evidence of risk assessment with use of a relevant tools (e.g., FMEA etc.) and score leading to risk prioritization (e.g. HIRA, Risk priority number and risk heat mapping etc.)	
2.	Risk reduction/mitigation activities with corrective and preventive action	
3.	Evidence of top management involvement	

7.   Details of Manpower:

(Please provide details in tabular format & attach evidence in excel format as given in Instruction to fill in the Format point no. 7)

Table 7.1

SI.	Manpower	Total number	Attach evidences as per S.No.7 under "Instruction to fill the Format for Desktop Surveillance"
7.1.	Doctors/ Consultants		
7.2.	Resident Medical Officers (RMO)/ Duty doctors		
7.3.	Nurses		
7.4.	Paramedical Staff		

Table 7.2

(Please attach evidence in PDF format as per the given format at the end of the document)

SI.	Personal files details	Attach evidences
	Scanned copies of personal files preferably for the new joinee from the last assessment: (as per given format) 1 Consultants 1 RMO/Jr Dr/ residence/ AYUSH Doctors 1 Nursing Staff 1 other hospital staff 1 HIC Nurse 1 RSO based on scope	

8. **Details of Training provided to HCO staff since last assessment:**

   (Please provide details in tabular format)

S. No		Yes/No	Remarks if any & attach evidence
8.1.	Does the HCO identify training needs of its employees and prepare an annual training plan?		HCO is required to enlist the methodology of identifying Training needs of the Employees & preparation of Annual Training Plan & same to be attach as annexure
8.2.	Whether the training plan implemented		
8.3.	Please provide clarifications of lapses in implementation (if any)		
8.4.	Whether the effectiveness of training is evaluated and records are maintained		
8.5.	Has HCO maintained the Induction training records for employees engaged by the HCO in past 1 year?		
8.6.	Training record for training imparted in past 1 year: Training record must include name of training imparted, training effectiveness & feedback obtained. Scanned copies of common training sheets also can be submitted after highlighting the name of the aforementioned employees. - Records pertaining to All categories of employees e.g. consultants/RMO/Junior doctor / Resident/ AYUSH doctor, Nursing Staff, Paramedical staff, Non Clinical staff etc. may be included in annex.		
8.7.	Training modules and records for BMW management training		

9. Indicator Data (clinical & managerial)

All indicators as per the Standards like medication errors, near miss, sentinel events, patient satisfaction, employee satisfaction, etc. with discussion and root cause analysis.

Department-wise QIPs to be submitted with targets and performance in the past year.

Evidence of validation of data methodology

List of Indicators

SI.	Indicators	Methodology & sample size
9.1.	Time for initial assessment of indoor and emergency patients.	
9.2.	Number of reporting errors/1000 investigations.(lab & diagnostic)	
9.3.	Percentage of adherence to safety precautions by employees working in diagnostics.	
9.4.	Incidence of medication errors.	
9.5.	Incidence Prescription error	
9.6.	Incidence Dispensing error	
9.7.	Percentage of patients receiving high-risk medications developing adverse drug event.	
9.8.	Percentage of adverse anaesthesia events.	
9.9.	Anaesthesia-related mortality rate.	
9.10.	Percentage of cases where the organisation's procedure to prevent adverse events like wrong site, wrong patient and wrong surgery have been adhered to.	
9.11.	Percentage of cases who received appropriate prophylactic antibiotics within the specified time frame.	
9.12.	Percentage of transfusion reactions.	
9.13.	Catheter Associated Urinary Tract Infection rate.	
9.14.	Ventilator Associated Pneumonia rate.	
9.15.	Central line associated bloodstream infection rate.	
9.16.	Surgical site infection rate.	
9.17.	Mortality rate.	
9.18.	Return to ICU within 48 hours.	
9.19.	Return to the emergency department within 72 hours with similar presenting complaints.	
9.20.	Re-intubation rate.	

9.21.	Incidence of Communication errors including handovers	
9.22.	Incidence of Patient identification errors	
9.23.	Compliance to Hand hygiene practice	
9.24.	Percentage of stock outs including emergency drugs.	
9.25.	Incidence of falls.	
9.26.	Incidence of hospital associated pressure ulcer after admission.	
9.27.	Percentage of staff provided pre-exposure prophylaxis.	
9.28.	Bed occupancy rate and average length of stay.	
9.29.	Critical equipment down time.	
9.30.	Nurse-patient ratio for ICUs and wards.	
9.31.	Out-patient satisfaction index.	
9.32.	In-patient satisfaction index.	
9.33.	Percentage of sentinel events reported, collected and analysed within the defined time frame.	
9.34.	Percentage of near misses.	
9.35.	Incidence of blood body fluid exposures.	
9.36.	Incidence of needle stick injuries.	
9.37.	Percentage of missing records.	

10. Has there been a change in the following aspects of the HCO operations since last assessment?

(Please provide details in tabular format & attach evidence in PDF if any)

Sl.		Yes/No	(If yes, give details thereof)
10.1.	HCO Premises		
10.2.	Key HCO Personnel		
10.3.	Legal Status		
10.4.	Ownership		
10.5.	Policies		
10.6.	Scope of services		
10.7.	Top Management		
10.8.	Organogram		

11. Statutory Compliances

(Furnish details of applicable Statutory/ Regulatory requirements the organisation is governed by law of land)

(Please provide details in tabular format & attach evidence in PDF format)

Sl.	Name of legal document	Certifying Authority	Authorization / Invoice No	Valid from	Valid upto	Attach (Yes/ No/ Not applicable)	Remarks Lapsed / applied for
	General:						
11.1.	Registration from State Health Authority/Clinical Establishment Act						
11.2.	Registration under Shops and Commercial Establishment Act						
11.3.	PCB Consent to generate BMW						
11.4.	MoU with the BMW collecting agency						
11.5.	PCB License for Air Pollution						

11.6.	PCB License for Water Pollution						
	Facility management*:*						
11.7.	Fire NOC						
	Imaging:						
11.8.	Registration under PNDT						
11.9.	License to Operate X-Ray (Fixed)						
11.10.	License to Operate X-Ray (Mobile)						
11.11.	License to Operate Cath Lab						
11.12.	License to Operate CT Scan						
11.13.	License to Operate C-Arm						
11.14.	RSO Level I						
11.15.	License to Operate Nuclear Medicine Lab						
11.16.	License to procure Radioactive Material (Diagnostic/Therapy)						
11.17.	RSO Level II						
11.18.	License to operate Radiation Therapy						
11.19.	RSO Level III						
	Pharmacy (if over multiple locations, license for each of them separately)						
11.20.	Drugs-Bulk license(s)						
11.21.	Drugs-Retail license(s)						
11.22.	Narcotic license						

	Clinical departments:						
11.23.	License for MTP						
11.24.	Blood Bank registration						
11.25.	Organ Transplantation (All type within the scope)						
	Miscellaneous:						
11.26.	Canteen/ F & B license						
11.27.	Ambulance statutory requirements						
11.28.	Others If any… 1. 2. 3. 4. 5. 6.						

12. **HCO is required to enclose geotagged photographs with timestamp of the following:**

Sl.	Areas	Photographs
12.1.	Entrance of the HCO showing name of the HCO	
12.2.	Display of Scope of services	
12.3.	Display of patient rights & responsibilities	
12.4.	Intensive care units	
12.5.	Emergency room	
12.6.	Ramp in Emergency Room/ramp at entrance of hospital	
12.7.	CSSD room (showing zoning and unidirectional flow)	
12.8.	CSSD cleaning area, packing area & storage area	
12.9.	Operation Theatre (showing zoning and unidirectional flow)	
12.10.	Handwashing area in OT	
12.11.	Labour Room & Neonatal Resuscitation area	
12.12.	Storage area of MRD & IT	
12.13.	Pharmacy with special emphasis on storage of LASA and High risk medication	
12.14.	Storage of narcotics drugs	
12.15.	2 pages from the Narcotics register featuring name of the doctors and the safe disposal of the unused narcotic drug	

12.16.	Storage area of medical cylinder and gas manifold	
12.17.	Gas plant, gas pipelines	
12.18.	Lifts and Lift room	
12.19.	Water tanks & RO water Plant	
12.20.	Storage area for BMW	
12.21.	BMW transport from patient area to storage area	
12.22.	HOT Lab / Cytotoxic waste segregation	
12.23.	COVID waste segregation	
12.24.	Autoclave for Waste Pre-treatment	
12.25.	Bio safety cabinet and waste disposal for chemotherapy.	
12.26.	Storage of the Radioactive drugs	
12.27.	Master log book of Implant prosthesis and medical devices.	
12.28.	Isolation rooms	
12.29.	Recall register of last one week	
12.30.	Air Handling Units	
12.31.	Fire-panel	
12.32.	No smoking signage	
12.33.	Water harvesting, solar power	
12.34.	Firefighting equipment availability, fire signage's, exit plans	
12.35.	Blood Spill being managed	
12.36.	Under CCTV Surveillance	

13. **New Equipment (if any):**

(Please provide details in tabular format)

Sl.	Name of equipment	Department	Date of installation	Calibration status	Maintenance status

14. **Details of patient complaints and their redressal, as given below in the tabular column, in the last 6 months (to a maximum of 3)**

Sl.	Complaint	Date	Root cause analysis & corrective action taken (Yes/No)	Status settled/ Unsettled (Yes/No) If yes, date on which it was resolved	Remarks (in case of unsettled complaints)

15. **Quality Assurance Programme**

Sl.	Department	QA	Attach evidence
1.	Laboratory	Latest EQAS participation report along with root cause analysis & corrective action on deviation (if any)	
2.	Diagnostics	Latest QA participation report along with root cause analysis & corrective action on deviation (if any)	
3.	Surgical services	At least last 3 months' report along with root cause analysis & corrective action on focusing on post-operative complications, e.g. bleeding, rational use of antibiotics.	
4.	ICU	At least last t 3 months' report along with root cause analysis & corrective action.	
5.	Emergency Room	At least last 3 months' report along with root cause analysis & corrective action.	

16. **Ambulance Services:**

Ambulance Status	Attach one filled check list from last 3 months
Equipment	
Emergency medicines	

17. Operation Theatres:

SI.		Attach evidence
1.	No. of OT Rooms (General)	
2.	No. of OT Rooms (Super specialty)	
3.	Number of Air Handling Units –AHU	
4.	HEPA integrity report, particulate count, positive pressure velocity count compliance sheet of all OT's	
5.	Any microbial analysis reports from critical areas	
6.	Temperature and humidity monitoring sheets of all OTs	
7.	Any CAPA for failure of desired level of engineering controls	

18. Infection Control

SI.	Topics	Attach evidence
1.	Name & designation of Infection Control Officer	
2.	Name & designation of Infection Control Nurse	
3.	ICN daily round sheet	
4.	Communications between ICO and ICN of last one week	
5.	Any audits for adherence of transmission based precautions in isolation areas, OTs and other high risk areas	
6.	Sharps management protocol	
7.	Tracker for sharps injury reporting and management	
8.	Matrix of disinfectant use in the hospital	
9.	Any reports of disinfection exposure and CAPA	
10.	Latest antibiotic policy & antibiogram	
11.	Antibiotic prescription audit in OPD & IPD	
12.	Any other audits, training, promotional activity to promote rational use of antibiotics	
13.	Kitchen worker healthcare screening schedule	
14.	Kitchen worker health screening records	
15.	Hazardous analysis and critical control points - HACCP analysis if any	
16.	Charts for guidance for use of chemicals/disinfectants by housekeeping staff	
17.	Housekeeping audits and CAPA records	
18.	Surveillance records for critical and high risk areas identified in the HCO	
19.	Trends and analysis of surveillance data of high risk areas (Other than device associated infections and SSIs)	
20.	Surveillance records of epidemiological significant diseases	

21.	Analysis and CAPA of surveillance activities directed towards epidemiologically important diseases/microbes	
22.	Notifiable disease reporting audits and CAPA	
23.	Raw data collection sheet of last 5 patients identified to have CAUTI	
24.	Raw data collection sheet of last 5 patients identified to have VAP	
25.	Raw data collection sheet of last 5 patients identified to have CLABSI	
26.	Raw data collection sheet of last 5 patients identified to have SSI in CABG, laproscopic cholecystectomy, LSCS, hernia with mesh cases	
27.	Stock records & monthly consumption data for various PPE components and hand rubs	
28.	Isolation/barrier nursing need assessments and audits if any	
29.	All doctors & nurses in last six months pre and post exposure prophylaxis records	
30.	Any outbreaks identified during last one year and the audit report of the same	
31.	Records of Bowie dick tests/load control	
32.	Records of Class V integrator/pack control	
33.	Logs and records of biological indicators	
34.	Recall audits if any, and recall records	
35.	BMW Pre-Treatment Record	
36.	BMW weight records and records of handover of BMW to BMW handling agency	
37.	Copy of periodic reports submitted to regulatory agencies as per BMW management rules 2016 and modifications thereof	

19. **Documents/Manuals**:

Table 19.1

SI.	Evidence of periodic review of Manuals	Attach evidences
1	HIC-Infection Control	
2	Quality Improvement manual Nursing quality improvement included in CQI manual	
3	Safety and/ or patient safety	
4	IMS Manual	
5	Antibiotic Policy	
6	Antibiograms	

Table 19.2

SI.	Documents	Attach evidences
1.	Evidence of clinical intervention in response to a critical value alert	
2.	Updated and the reviewed formulary since last assessment	
3.	Quality improvement program and evidence of review in the form of quarterly CQI meeting.	
4.	updating of patient safety program once a year evidence	
5.	Evidence of two quality improvement project &use of RCA/FMEA.	
6.	Evidence of patient satisfaction level to stakeholders of last month	
7.	Evidence of organization wide setting of KRAs and KPIs	
8.	Short summary of CSR activities	
9.	Strategic and operational goals (evidence as minutes of meeting etc.)	
10.	Annual budget with allocation for patient safety, quality and infection control	
11.	Document on review of effectiveness of committees by top management	
12.	Latest report of condemnation conducted by HCO	
13.	Policy/procedure on access to different areas of hospital	
14.	Quarterly water testing reports of last 2 months (chemical, biological & endotoxin)	
15.	Alternate sources of water and electricity and capacity (DG, UPS, bore well, tanker water etc)	
16.	STP output monitoring as per PCB of last 2 months	
17.	Latest maintenance plan for all utilities & biomedical	
18.	Testing and maintenance plan for available alternate sources of piped gases, compressed air and vacuum Compressed air purity.	
19.	List of hazardous material in the HCO, HIRA and MSDS and availability of HAZMAT kits and evidence of training.	
20.	List of MIS Reports prepared by the department on a regular basis & their standardized Formats	
21.	Evidence of defining needs for software and hardware solutions as per the information requirements and future necessities Licenses for Software's	
22.	Policy on Use of Telemedicine Evidence of adherence to Policy, in form of record of Consultations & Prescriptions	
23.	List of Statutory Reports e.g. birth and death statistics, notifiable diseases Evidence of Regular Reporting last quarter	

24.	Records of Patient authorization-IMS Manual	
25.	File movement register Tracer Cards Request approval records for in house release of records	
26.	Medical Records (Mix of Medical, Surgical, ICU, MLC, Death, LAMA, Obstetrics, MTP, Implant, Transplants, paediatric, chemotherapy, neonates) Al least three case files for each specialities and one case file from super speciality	
27.	Records of Pest and Rodent Control, protection against Virus/Trojans	
28.	Back-up system of data	
29.	Fire safety in IT and MRD	

20. Outsourced Services

20.1. **Provide the list of all outsourced services**

20.2. **Declaration on letter head, duly signed by authorised person of HCO to be submitted**

I, HCO's authorised person's name & designation hereby state that Name of HCO has formal valid (as on date) documented agreement (specifying the service parameters & incorporating quality assurance by frequent monitoring) for all the outsourced services listed.

20.3. **Sample** of three MOUs including MOUs (if any) for Clinical & Diagnostic Services, Emergency services (including ambulance and advance care) – the purpose is to assess if quality parameters are enlisted in the MOUs.

21. Litigation

1. Has HCO faced any litigations from the last onsite assessment?   Yes/No
2. If yes, provide list and present status of the same.

22. Self-Declarations (to be submitted on the letter head of HCO, duly signed by Head of HCO)

1. I hereby declare that the HCO (name) is in continued compliance of 4th Edition of NABH standards for Hospitals since last on-site assessment.

2. I also declare that each statement and/or contents and /or documents, certificates submitted as Desktop Surveillance documents are true, correct and authentic. I am aware that any wrong information / declaration given therein may lead to adverse actions by NABH.

23. Details of 1st, 2nd and 3rd year Annual Accreditation Fee payment by HCO:
   Amount of Fee paid:

   Date of payment;

   Mode of payment along with complete details.

24. **Details of Desktop Surveillance Processing Fee:**
      Amount of Fee paid:

   Date of payment:

   Mode of payment along with complete details.

   Signature of Head/ Director/ CEO of HCO

   Name & Designation

   Date & Place

HCO is required to ensure the following enclosures before submitting the checklist

List of Enclosures:
1. Current updated contact details of: owner /consultant/ coordinator
   Updated number of beds sanction/operational/ICU beds
2. Status of Non-Conformities (NC's) of previous on-site assessment
3. Multidisciplinary Committee meeting review
4. Incident/ Sentinel Events status
5. Mock Drills status
6. Internal Audits status
7. Updated list of consultants with credentials (Fulltime / part time/visiting/ On call)
   Updated list of Nurses with credentials
   Updated list of RMO with credentials
8. Training Data
9. Indicator Data
10. Change in scope of services, HCO Premises, Key Personnel, Legal Status, Ownership, Top Management with evidence
11. List of statutory compliances lapsed
    List of statutory compliances applied for
12. Photographs:
    Entrance of the HCO showing name, Display of Scope of services, Display of patient rights & responsibilities, Intensive care units, Emergency room, Ramp in Emergency Room/ramp at entrance of hospital, CSSD room (showing zoning and unidirectional flow), CSSD cleaning area, packing area & storage area, Operation Theatre (showing zoning and unidirectional flow), Handwashing area in OT, Labour Room & Neonatal Resuscitation area, Storage area of MRD & IT, Pharmacy with special emphasis on storage of LASA and High risk medication, Storage of narcotics drugs, 2 pages from the Narcotics register featuring name of the doctors and the safe disposal of the unused narcotic drug, Storage area of medical cylinder and gas manifold, Gas plant, gas pipelines, Lifts and Lift room, Water tanks & RO water Plant, Storage area for BMW, BMW transport from patient area to storage area, HOT Lab / Cytotoxic waste segregation, COVID waste segregation, Autoclave for Waste Pre-treatment, Bio safety cabinet and waste disposal for chemotherapy, Storage of the Radioactive drugs, Master log book of Implant prosthesis and medical devices, Isolation rooms, Recall register of last one week, Air Handling Units, Fire-panel, No smoking signage, Water harvesting, solar power, Firefighting equipment availability, fire signage's, exit plans, Blood Spill being managed, Under CCTV Surveillance
13. Data of new equipment
14. Patient complaints data
15. Quality Assurance programme
16. Ambulance data
17. Operation theatres reports
18. Infection control information
19. Documents/ Manuals amendments
20. Filled declaration for outsourced services
21. Litigations if any
22. Filled self-Declarations

Personal File Format (*Suggestive only*)

Employee Name_____ Emp. Code_____

Date of Joining_____Designation_____Department_____

	SR.NO	Checklist For Document	Frequency	Yes/no/NA
Pre-Joining	1.	Application For Employment	Once	
	2.	Resume	Once	
	3.	Candidate Assessment Form	Once	
	4.	Offer Letter	Once	
	5.	Pre Employment health check-up Performa/Report	Once	
	6.	Photographs (3nos.)	Once	
Joining Formalities	7.	Self attested Copy Of Mark Sheet/Certificate Of HSC/10th Standard	Once	
	8.	Self attested Copy Of Mark Sheet/Certificate Of SSC/12th Standard	Once	
	9.	Self attested Copy Of Mark Sheet/ Graduation Certificate	Once	
	10.	Self attested Copy Of Mark Sheet/ Post Graduation Certificate	Once	
	11.	Self attested Copy Of Mark Sheet/Certificate Of Other Degrees	Once	
	12.	Self attested Copy Of Registration Certificate - For Doctors & Nurses	Once	
	13.	Experience & Relieving Letter From Previous Employers	Once	
	14.	ID Proof (ID) & Address Proof	Once	
	15.	Copy Of PAN Card & Aadhar card & Voter ID	Once	
	16.	Bank account number(ICICI/HDFC/Axis)	Once	
	17.	Credential Proforma	Once	
	18.	Doctor Privilege Proforma	Updatable	
	19.	Nursing Privilege Proforma	Updatable	
	20.	Job Description	Updatable	
	21.	Appointment Letter	Once	
	22.	Joining Report Proforma	Once	
	23.	ESI/Mediclaim Form	Once	
	24.	PF Nomination Form (Form-2)	Once	
	25.	Gratuity Nomination Form (Form-F)	Once	
	26.	Departmental Induction / Skill Training	Once	
	27.	Vaccination Record	All 3/Boster dose	
Annual Mandatory Events	28.	Review of Probation Period	After Twelve Months	
	29.	Confirmation Letter	After Twelve Months	
	30.	Training Record & assessment Card	Yearly	
	31.	BLS/ALS/PALS/NALS Training	Yearly	
	32.	Performance Appraisal Forms	Yearly	
	33.	Annual Health Check-Up(Hepatitis-B vaccination)	Yearly	
	34.	Any disciplinary record		
	35.	Any grievance record		
Exit	36.	No Dues Form	Once	
	37.	Exit Interview Performa	Once	

Checked By (HRD)_____Signature by Head HRD _____Date_____

**NATIONAL ACCREDITATION BOARD FOR HOSPITALS
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