DESKTOP SURVEILLANCE

ASSESSMENT (AYUSH)

PREFACE

For an accredited AYUSH Healthcare Organisation (HCO) to maintain its accreditation status, it is mandatory that the AYUSH HCO continues to comply with the requirements of their respective AYUSH(Ayurveda, Yoga and Naturopathy, Unani, Siddha, Homoeopathy) Accreditation Standards, for which NABH conducts mid cycle surveillance. The purpose of on-site surveillance is to verify the continued compliance to the respective AYUSH 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 AYUSH HCOs to the applicable standards and the first step towards it is "Desktop Surveillance" wherein the AYUSH HCOs will be required to submit documents as required by NABH.

For the purpose of Desktop Surveillance, the AYUSH 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 AYUSH HCO shall be evaluated at NABH secretariat and on the basis of this evaluation, decision regarding continuation of accreditation shall be taken.

The AYUSH 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 2nd Edition of Ayurveda, Homeopathy and Yoga and Naturopathy Standard, and 1st Edition of Unani and Siddha Standards. AYUSH HCOs are advised to visit NABH website www.nabh.co regularly for updates on implementation plan.

List of abbreviations:

BMW- Bio-Medical Waste

CAPA-Corrective action preventive action

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 organization

HIC-Hospital infection control

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

MoU- Memorandum of understanding

MRD-Medical record department

NC -Non-Conformities

OPD-Outpatient department

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

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 Survelliance- 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 (Paricharika) 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 Survelliance-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 Sursvelliance-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 (Paricharika) staff & sheet 3 as Paramedical staff. (Yoga trainer, physio therapist, dietician etc. as applicable.)

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 consultant (s)	Central Council/State AYUSH Council Registration Number	Date of joining	Department

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

Sl.	Name	Qualification	Central Council of Indian Medicine/State AYUSH Council	Date of joining	Department

Format for nursing (Paricharika) staff is as given below:

Sl.	Name	Qualification	Nursing Council Registration Number (if any)	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 AYUSH Doctors
- 1 Nursing Staff (Paricharika)
- 1 other hospital staff
- HIC Nurse

8. Details of Training provided to AYUSH 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 AYUSH doctor
- 1 Nursing Staff (Paricharika)
- 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 AYUSH HCO or the target set by the AYUSH 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 AYUSH 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 license for example (e.g. DS-2020-Annexure 11.1. license name, DS-2020-Annexure 11.2. License 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 license.

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.
It should also include Equipment breakdown information and its turnaround time / maintenance details.

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.   **Provision of Ambulance Services as applicable:**

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.   **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.

18.   **Documents/Manuals**:

Please do not attach complete manuals, only evidence of their review and revision (if any) by AYUSH 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.

19.   **Outsourced Services**

Outsourced services declaration to be signed by the Head of the organization 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.

20.   **Litigation**

Provide information on litigation if any.

21.   **Self-Declarations**

Self – declaration to be signed by the Head of the organization with name, designation, date & place on the letter head of AYUSH 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.

22 & 23. 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 AYUSH HCO for Desktop Surveillance Assessment

3.   **General Information**

Information	Details
AYUSH HCO Reference Number	
AYUSH HCO name	
AYUSH HCO address	
No. of sanction Beds	
No. of operational beds	
No. of AYUSH Therapy rooms	
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	

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.	Violent patient /relatives				
5.6.	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:

Sl.	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 (Paricharika) 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

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

Table 7.2

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

Sl.	Personal files details	Attach evidences
	Scanned copies of personal files preferably for the new joinee from the last assessment: (as per given format) 1 AYUSH Doctor 1 RMO 1 Nursing Staff(Paricharika) 1 other hospital staff 1 HIC Nurse(Paricharika)	

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

(Please provide details in tabular format)

S. No		Yes/No	Remarks if any & attach evidence
8.1.	Does the AYUSH HCO identify training needs of its employees and prepare an annual training plan?		AYUSH 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 AYUSH HCO maintained the Induction training records for employees engaged by the AYUSH 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 as Applicable

SI.	Indicators	Methodology & sample size
9.1.	Time for initial assessment of in-patient and emergency patients	
9.2.	Percentage of cases (in- patients) wherein the treatment plan is documented.	
9.3.	Percentage of adherence to safety precautions by employees working in therapy section.	
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 medication charts with error prone abbreviations	
9.9.	Basti infection 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.	Incidence of Communication errors including handovers	
9.12.	Percentage of re-scheduling of Panchakarma therapies/ Treatment procedure	
9.13.	Compliance to Hand hygiene practice	
9.14.	Percentage of stock outs including emergency.	
9.15.	Incidence of falls.	
9.16.	Panchakarma theatre, treatment procedure room and OT utilisation rate	
9.17.	Bed occupancy rate and average length of stay.	
9.18.	Critical equipment down time.	
9.19.	Out-patient satisfaction index.	

9.20.	In-patient satisfaction index.	
9.21.	Percentage of sentinel events reported, collected and analysed within the defined time frame.	
9.22.	Percentage of near misses.	
9.23.	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.	AYUSH HCO Premises		
10.2.	Key AYUSH 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						
	**Miscellaneous*:*						
11.9.	Canteen/ F & B license						
11.10.	Ambulance statutory requirements (if applicable)						
11.11	Notifiable diseases reporting record						
11.12.	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.	AYUSH Therapy Room	
12.5.	Pharmacy with special emphasis on storage of LASA and High-risk medication	
12.6.	Lifts and Lift room (If Applicable)	
12.7.	Water tanks & RO water Plant	
12.8.	Storage area for BMW	
12.9.	BMW transport from patient area to storage area	
12.10.	COVID waste segregation	
12.11.	Storage of the Radioactive drugs	
12.12.	Master log book of medical devices.	
12.13.	Isolation rooms	
12.14.	Recall register of last one week	
12.15.	Fire-panel	
12.16.	No smoking signage	
12.17.	Water harvesting, solar power (If Applicable)	
12.18.	Firefighting equipment availability, fire signage's, exit plans	
12.19.	Under CCTV Surveillance	
12.20.	One central Route signage for various departments	
12.21.	One or two Campus /facility photograph focusing on premises of the HCO to assess the cleanliness/Facility	

13. **New Equipment (if any):** It should also include Equipment breakdown information and its turnaround time / maintenance details.
    (Please provide details in tabular format)

Sl.	Name of	Department	Date of	Calibration	Maintenance

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.	Para Surgical services	At least last 3 months' report along with root cause analysis & corrective action on focusing on post-operative complications, e.g. bleeding, healing of scar.	

16. **Infection Control**

Sl.	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.	Any reports of disinfection exposure and CAPA	
7.	Kitchen worker healthcare screening schedule	
8.	Kitchen worker health screening records	
9.	Charts for guidance for use of chemicals/disinfectants by housekeeping staff	
10.	Housekeeping audits and CAPA records	
11.	Surveillance records for critical and high risk areas identified in the HCO	
12.	Trends and analysis of surveillance data of high risk areas (Other than device associated infections and SSIs)	
13.	Surveillance records of epidemiological significant Diseases	
14.	Analysis and CAPA of surveillance activities directed towards epidemiologically important	
15.	Notifiable disease reporting audits and CAPA	
16.	Stock records & monthly consumption data for various PPE components and hand rubs	
17.	Isolation/barrier nursing need assessments and audits if any	
18.	All doctors & nurses in last six months pre and post exposure prophylaxis records	
19.	Any outbreaks identified during last one year and the audit report of the same	
20.	Logs and records of biological indicators	
21.	Recall audits if any, and recall records	
22.	BMW Pre-Treatment Record	
23.	BMW weight records and records of handover of BMW to BMW handling agency	
24.	Copy of periodic reports submitted to regulatory agencies as per BMW management rules 2016 and modifications thereof	

17. Documents/Manuals:

Table 17.1

Sl.	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	

Table 17.2

Sl.	Documents	Attach evidences
1.	Updated and the reviewed formulary since last assessment	
2.	Quality improvement program and evidence of review in the form of quarterly CQI meeting.	
3.	updating of patient safety program once a year evidence	
4.	Evidence of patient satisfaction level to stakeholders of last month	
5.	Evidence of organization wide setting of KRAs and KPIs	
6.	Annual budget with allocation for patient safety, quality and infection control	
7.	Latest report of condemnation conducted by HCO	
8.	Policy/procedure on access to different areas of hospital	
9.	Quarterly water testing reports of last 2 months (chemical, biological & endotoxin)	
10.	Alternate sources of water and electricity and capacity (DG, UPS, bore well, tanker water etc)	
11.	STP output monitoring as per PCB of last 2 months	
12.	Latest maintenance plan for all utilities &	
13.	Evidence of defining needs for software and hardware solutions as per the information	
14.	Policy on Use of Telemedicine Evidence of adherence to Policy, in form of record	
15.	List of Statutory Reports e.g. birth and death statistics, notifiable diseases	
16.	Records of Patient authorization-IMS Manual	

17.	Medical Records (Mix of Medical, Para-Surgical, MLC, Death, LAMA, AYUSH Therapies Obstetrics, paediatric, neonates) At least three case files for each specialities and one case file from super speciality	
18.	Records of Pest and Rodent Control, protection against Virus	
19.	Back-up system of data	
20.	Fire safety in IT and MRD	

18. Outsourced Services

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

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

I, HCO's authorized 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.

18.3. **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.

19. 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.

20. 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 AYUSH 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.

21. **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.

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
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 AYUSH consultants with credentials (Fulltime / part time/visiting/
   On call) Updated list of Nurses/Paricharikas 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, Minor OT, Therapy Area, Storage area of MRD & IT, Pharmacy with special
    emphasis on storage of LASA and High risk medication, Lifts and Lift room, Water tanks & RO
    water Plant, Storage area for BMW, BMW transport from patient area to storage area,
    segregation, COVID waste segregation, Autoclave for Waste Pre-treatment, Bio safety
    cabinet 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, Under CCTV Surveillance.
13. Data of new equipment
14. Patient complaints data
15. Quality Assurance programme
16. Infection control information
17. Documents/ Manuals amendments
18. Filled declaration for outsourced services
19. Litigations if any
20. 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/Paricharika	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/Booster 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_____

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