



Hospital Assessment Criteria V.3.0

Sehat Sahulat Program

Name of Hospital:

Registration Number: _____

District: _____ Tehsil: _____ Urban/Rural: _____

Address:

No. of Beds (Registered):. _____

Number of Beds (Max. Capacity): _____

Focal Person Name & Designation: _____

Focal Person Contact No: _____

Hospital/Focal person Email: _____

Assessment Done by: (Name, Signature, Stamp) _____

Assessment Date: _____

Assessment Verified by: (Name, Sign and Date) _____

The Performa will be filled by State Life Staff Only in consultation with respective medical facility & Signed by Hospital Focal Person

Chapter 1 - BASIC PROFILE

1. Details of Ownership of hospital:

- a. Sole Proprietorship
- b. Partnership
- c. Corporate/Public

EV1.0 (Documentary Evidence Required: Land Registry, Rent Agreement, Agreement, SECP Registration, Partnership deed etc.)

2. What is the Experience of senior management in hospital management?

- a. Less than 5 years
- b. 5 to 10 years
- c. 10+ years

EV 1.1 (Appointment Letter / CV)

3. Qualification of Senior Management:

- a. Master
- b. Bachelor
- c. Master in Public Health
- d. Management Degree
- e. Hospital Management Master Degree

4. Any Experience of working with insurance companies/ corporates/ Penal?

- a. Yes
- b. No
- 5a. If yes, experience in years;
 - a. Less than 01 year
 - b. 1 to 2 years
 - c. 3 years or more

EV 1.2 (Documentary Evidence e.g. MoU / Contract with insurance companies,)

5. Do Hospital has IT based MIS System?

- a. Yes (attach pictures)
- b. No

EV 1.3 (Pictures/Screenshot of Hospitals HMIS showing patient registration / Proof of capturing MR Number digitally)

Chapter 2 – EMERGENCY SERVICES

1. Is there availability of Independent Emergency Department & Services?

- a. Yes
- b. Not present

1a. If Yes, is it available 24/7?

- a. Yes
- b. No

1b. Specify number of beds for emergency.

- a. 1 - 4
- b. 5 - 10
- c. 11+

1c. On which floor emergency department present?

- a. Present at ground floor
- b. Present at 1st floor or above

1d. Specify accessibility to emergency department?

- a. Access through stairs
- b. Access through ramp

1e. Specify availability of Oxygen in emergency department?

- a. Oxygen at all beds (Centralized)
- b. Oxygen at all beds (Cylinder)

1f. Specify accessibility to Indoor?

- a. Access through stairs
- b. Access through ramp or lift

EV 2.0 (SHORT VIDEO OF EMERGENCY DEPARTMENT SEPERATELY FOCUSING ABOVE QUESTION AREAS - EMERGENCY)

| Causality / Emergency | | |
|--|-----|----|
| | | |
| Monitors, | Yes | No |
| Defibrillator, | Yes | No |
| Nebulizer with accessories, | Yes | No |
| Resuscitation equipment | Yes | No |
| Oxygen cylinders with flow meter/ tubing/catheter/face mask/nasal prongs | Yes | No |
| suction apparatus | Yes | No |

EV 2.1 (SHORT VIDEO OF CASUALITY EMERGENCY SEPERATELY FOCUSING ABOVE QUESTION AREAS)

| Crash Cart / Emergency Tray | | |
|------------------------------------|-----|----|
| Ambu Bag | Yes | No |
| Adreliane Injection | Yes | No |
| Dopomine | Yes | No |
| Atropine | Yes | No |
| Steroid | Yes | No |
| Aminophyline | Yes | No |
| Anti-histamine | Yes | No |
| Emergency Inhaler | Yes | No |
| Diazepam | Yes | No |
| Sodium Valporate | Yes | No |
| Analgesic Injection | Yes | No |
| IV fluid | Yes | No |
| ACS protocol | Yes | No |
| Calcium Gluconate | Yes | No |
| Magnesium Sulphate | Yes | No |
| Airways | Yes | No |
| Endo tracheal tube | Yes | No |

EV 2.2 (SHORT VIDEO OF CRASH CART SPECIFICAILLY HIGHLIGHTING EXPIRY DATE OF EACH COMPONENT)

Chapter 3 - INFRASTRUCTURE

1. Specify accessibility of public to health facility Location?

- a. Access through more than 20-ft wide Motorable Road
- b. Less than 20-ft wide road access

2. Public Transport Access?

- a. Less than 5 minutes' walk from public transport access point
- b. Less than 10 minutes' walk from public transport access point
- c. No near access to public transport

Describe the infrastructure of the hospital?

EV 2.3 (Documentary Evidence e.g. Land registry, hospital plan, allotment letter, rent agreement etc.)

3a. Describe the size of Infrastructure of hospital?

- a. Less than 1 Kanal
- b. Plot Size above 1 kanal /500 sqY but less than 2 kanal
- c. Plot Size above 2 kanal /1000 sqY but less than 4 kanal
- d. Plot Size above 4 kanal /2000 sqY

3b. Describe the covered area?

- a. less than 6000sqft
- b. above 6000 sqft but less than 12000 sqft
- c. above 12000 sqft but less than 24000 sqft
- d. above 24000 sqft

EV 2.4 (Documentary Evidence hospital plan etc.)

3c. Is building constructed for hospital or not?

- a. Built for Hospital
- b. Modified Building for hospital (e.g. commercial plaza etc.)

3d. If Multi Floor, then Bed Elevator available?

- a. Bed Elevator not available
- b. Bed Elevator available

EV 2.5 (Picture if available etc.)

3e. Fire Safety system Present (with alarm, extinguishers and hydrant points at each floor)?

- a. Yes
- b. No

EV 2.6 (Pictorial Evidence – fire safety system)

Chapter 4 – General Wards / Rooms

1. Is separate male and female wards are available?

- a. Available
- b. Not available
- c. Hospital is offering separate rooms for male and female

2. How many beds available in general ward as per HCC registered?

- a. 100 or more
- b. 50 or more
- c. 20 to 49
- d. 10 to 19

3. Is nursing counter available?

- a. No
- b. Available with bell
- c. Available without bell

4. Is there 5 feet distance present between the beds?

- a. Yes
- b. No

5. Is there moveable curtains/partition in the ward?

- a. Yes
- b. No

6. Is oxygen available at all beds of General Ward?

- a. No
- b. Centralized at all beds
- c. Cylinder oxygen

7. Is one fan per bed available?

- a. Yes
- b. No, less than one per bed

8. Is individual patient tagging at every bed available?

- a. Yes
- b. No

9. Availability of separate toilets for male and female?

- a. Yes
- b. No

10. Availability of 1 toilet for each 5 beds?

- a. Yes
- b. No

11. Availability of drinking water facility at each floor?

- a. Yes
- b. No

12. Availability of warm water in washrooms?

- a. Yes
- b. No

13. Availability of air conditioning and heating facility?

- a. Yes
- b. No

14. Availability of 24/7 standby electric generator/UPS?

- a. Yes
- b. No

15. Is ambulance service available at hospital?

- a. In House Ambulance available
- b. Outsourced Service available

16. Ambulances are Oxygen equipped (In house Ambulance)?

- a. Yes
- b. No

17. Formal Organogram of Staff available?

- a. Yes
- b. No

EV 2.7 (Picture of Organogram)

18. Written JDs of all Staff available?

- a. Yes
- b. No

EV 2.8 (Picture of JDs of Staff)

EV 2.9 (Brief Video of General Ward (If Hospital has less than 50 Beds))

| General Ward Equipment | | |
|------------------------------------|-----|----|
| BP apparatus | Yes | No |
| Thermometer | Yes | No |
| Pulse Oximeter | Yes | No |
| Suction Machine | Yes | No |
| Cardiac Monitor | Yes | No |
| Glucometer | Yes | No |
| Disposable Glove, Syringes, bladed | Yes | No |

EV 2.10 (Brief Video of General Ward Nursing Counter)

Chapter 5 – HR

5.1 Emergency Services

1. Dedicated numbers of Doctors or EMO?

- a. 0 - 1
- b. 2
- c. 3 to 5
- d. 5+

2. Dedicated Numbers of Paramedics (1 per 3 beds per shift)?

- a. 0
- b. 1 - 4
- c. 5 - 10
- d. 10+

EV 3.1 (List of HR for Emergency Services, MoUs / Contract, Duty Roaster, Attendance record)

15.2 General Ward

1. Total Number of MOs/Doctors dedicated to general ward?

- a. 1 - 2
- b. 3 - 5
- c. 6 - 10
- d. 10+

2. Number of nursing staff per shift dedicated to general ward?

- a. Less than 5
- b. 6 - 15
- c. 16 - 30
- d. 30+

EV 3.2 (List of HR for General Ward (including PMDC numbers), MOUs / Contract, Duty Roaster, Attendance record)

5.3 Clinical HR

1. **Select number of on call / scheduled Consultants / Specialist doing OPD (minimum 3 Days in a week with minimum of 3 hours Shift)**
 - a. 0 - 5
 - b. 5 - 10
 - c. 11 – 15
 - d. 15 +

EV 3.3 (List of HR / Consultants, stating PMDC number)

EV 3.4 (MoU with consultant stating date of engagement)

EV 3.5 (Picture of Consultant Room's)

EV 3.6 (Picture of Consultant Letter Heads)

EV 3.7 (OPD Schedule / OPD Timing)

2. **Specify number of employed Male MOs? Total Male MOs (Total in Hospital incl. Gen Ward and Emergency)**
 - a. 0 - 2
 - b. 3 - 6
 - c. 7 - 15
 - d. 15+

EV 3.8 (List of HR, MOUs / Contract, Duty Roaster, Attendance record)

3. **Specify number of employed Female MOs? Total Female MOs (Total in Hospital incl. Gen Ward and Emergency)**
 - a. 0
 - b. 1 - 4
 - c. 5+

EV 3.9 (List of HR, MOUs / Contract, Duty Roaster, Attendance record)

4. **Total number of employed registered nurse available? (per 10 beds per shift)**
 - a. 1
 - b. 2 - 7
 - c. 8+

EV 3.10 (List of HR, MOUs / Contract, Duty Roaster, Attendance record)

5. **Total number of employed paramedic available? (LHV, midwives, dispensers, staff nurse, physician's assistants, and emergency medical technicians) available per 10 bed**
 - a. 0 - 5
 - b. 6 - 15
 - c. 15+

EV 3.11 (List of HR, MOUs / Contract, Duty Roaster, Attendance record)

6. Presence of Patient Councillor

- a. Yes, Full time
- b. No

EV 3.11 (List of HR, MOUs / Contract, Duty Roaster, Attendance record)

5.4 Consultants/Specialists (doing OPD minimum 2 Days in a week at facility)

| Department | Number of Consultants/ Specialists | Department | Number of Consultants/ Specialists |
|-------------------------------------|---|-----------------------------|---|
| 1. General Surgery | a. 0 | 2. GYNAECOLOGY | a. 0 |
| | b. 1 | | b. 1 |
| | c. 2 or more | | c. 2 or more |
| 3. ENT | a. 0 | 4. Medicine | a. 0 |
| | b. 1 | | b. 1 |
| | c. 2 or more | | c. 2 or more |
| 5. DENTAL (FACIO MAXILLO) | a. 0 | 6. NEURO | a. 0 |
| | b. 1 | | b. 1 |
| | c. 2 or more | | c. 2 or more |
| 7. OPHTHALMOLOGY | a. 0 | 8. ORTHOPAEDIC | a. 0 |
| | b. 1 | | b. 1 |
| | c. 2 or more | | c. 2 or more |
| 9. PAEDIATRIC | a. 0 | 10. UROLOGY | a. 0 |
| | b. 1 | | b. 1 |
| | c. 2 or more | | c. 2 or more |
| 11. ONCOLOGY | a. 0 | 12. NEPHROLOGY | a. 0 |
| | b. 1 | | b. 1 |
| | c. 2 or more | | c. 2 or more |
| 13. BURNS | a. 0 | 14. CARDIOLOGY | a. 0 |
| | b. 1 | | b. 1 |
| | c. 2 or more | | c. 2 or more |
| 15. INTERVENTIONAL RADIOLOGY | a. 0 | 16. PULMONOLOGY | a. 0 |
| | b. 1 | | b. 1 |
| | c. 2 or more | | c. 2 or more |
| 17. GASTROENTROLOGY | a. 0 | 18. PAEDS CARDIOLOGY | a. 0 |
| | b. 1 | | b. 1 |
| | c. 2 or more | | c. 2 or more |

5.5 Labor Room

1. **Full Time Female MO available?**
 - a. Yes
 - b. No

EV 3.12 List of HR

2. **Select Number of Labor room staff (dedicated)**
 - a. 0 - 1
 - b. 2 - 4
 - c. 5+

EV 3.13 List of HR

Chapter – 6 TECHNICAL SERVICES

6.1 Operation Theatre

(EV 4.1 SHORT VIDEO – OPERATION THEATRES SEPERATELY)

1. Is there Operation Theatres exclusive of Labor Rooms available?

- a. Single OT
- b. No. of OTs 2 or more

2. Availability of Separate Eye OTs

- a. Yes
- b. No

3. Availability of separate Ortho OT

- a. Yes
- b. No

4. Qualified Anaesthetist available?

- a. Full time employed qualified Anaesthetist
- b. On call
- c. Not available

(EV 4.2 MOU/Contract)

5. Number of OT Staff (Qualified);

- a. 0 - 2
- b. 3 - 5
- c. 5+

(EV 4.3 LIST OF HR DIPLOMA/CERTIFICATION ETC.)

6. Number of Anaesthesia Machines;

- a. 1
- b. 2 - 3
- c. 3+

7. OT Wash-Up (Scrubbing)

- a.) Tap and Sink
- b.) Automatic Scrubbing

| Operation Theatre Equipment | | |
|---|-----------------------------|----|
| Anaesthesia Machine with Ventilator Support | Yes | No |
| Endoscopes | Yes | No |
| Monitor | Yes | No |
| Diathermy | Yes | No |
| Laparoscopic Equipment (if doing lap procedure) | Yes | No |
| Operating Microscope | Yes | No |
| Pulse oximeter | Yes | No |
| C-Arm facility | Yes | No |
| Arthroscope | Yes | No |
| Floor lamination sheet | Yes | No |
| Anaesthesia machine | Yes | No |
| Surgical Table | Single Arm | |
| | Dual Arm | |
| | Adjustable Arm | |
| Surgical Lamp Light | Yes | No |
| Suction Machine | Simple | |
| | Low & High system inside | |
| Central AC | Yes | No |
| Split AC Backup | Yes | No |
| HEPA filter | Yes | No |
| X ray viewer | Yes | No |
| Emergency UPS backup | Yes | No |
| Backup Gases | Yes | No |
| WasteBin | General | |
| | Red Blue Yellow garbage can | |
| Sterilization in OT | Autoclave | |
| | Boiling | |
| Fumigation | Yes | No |
| Modified Trolley | Yes | No |
| Disposable OT equipment | Yes | No |
| Laminar airflow | Yes | No |
| Post Op Recovery room | Yes | No |
| Gowns and Sheets | Yes | No |

(EV 4.4 SHORT VIDEO HIGHLIGHTING ABOVE MENTIONED ITEMS)

6.2 Intensive Care

8. Number of ICU Beds;

- a. 20+
- b. 10 - 20
- c. 3 - 9
- d. Less than 3

(EV 4.5 SHORT VIDEO HIGHLIGHTING ABOVE MENTIONED ITEMS)

9. How many HDU beds available?

- a. 5+
- b. 1 - 5
- c. 0

(EV 4.6 SHORT VIDEO HIGHLIGHTING ABOVE MENTIONED ITEMS)

10. Which of the below facilities available in intensive care?

| | | |
|---|------------|-----------|
| Availability of Oxygen Supply to every bed in ICU (Centralized) | Yes | No |
| 24/7 availability of medical officers | Yes | No |
| 24/7 availability of nursing staff | Yes | No |
| ICU qualified supervisor available | Yes | No |

| | | |
|--|------------|-----------|
| Manpower for 24/7 Monitoring | Yes | No |
| Medical Officers Available in 3 shifts | Yes | No |
| Two Staff available each shift | Yes | No |

(EV 4.7 LIST OF HR STAFF FOR ICU)

(EV 4.8 DUTY ROASTER)

| ICU Equipment | | |
|--|-----|----|
| Air Conditioner | Yes | No |
| Air Mattress | Yes | No |
| Anaesthetist available 24 hours in case of Emergency | Yes | No |
| Defibrillator | Yes | No |
| Diaflow each bed | Yes | No |
| ECG Machine | Yes | No |
| Emergency crash cart | Yes | No |
| Equipment for maintenance of body temperature | Yes | No |
| Equipment for ventilation | Yes | No |
| Ett or Breathing tube | Yes | No |
| ICU Bedside Monitor | Yes | No |
| ICU special Bed with all management | Yes | No |
| Indwelling Urinary Catheter (IDC) | Yes | No |
| Infusion of ionotropic support | Yes | No |
| Intravenous Infusion Pump | Yes | No |
| Multi-sign Monitoring equipment | Yes | No |
| NG Tube | Yes | No |
| Oxygen Main supply and Emergency Oxygen Cylinder | Yes | No |
| Piped gases | Yes | No |
| Portable X-ray Machine | Yes | No |
| Suction Machine | Yes | No |
| Syringe Driver / Syringe Pump | Yes | No |
| Vacuum pump | Yes | No |
| Ventilator machine with all Accessories | Yes | No |
| Waste Bin each Bedside | Yes | No |

(EV 4.8 SHORT VIDEO HIGHLIGHTING ABOVE ITEMS)

6.3 Gynae Setup

11. Which of the below Labor Rooms/ Maternity services are available at hospital?

| | | | |
|---|--------------|-----------|-----------------------|
| Independent Labor Room available | Yes | No | |
| Full time Gynaecologist available | Yes | No | |
| Number of incubators available? | 1 – 2 | | (Specify number also) |
| | 3 – 5 | | |
| | 5 + | | |
| Availability of photo therapy equipment 3 or more | Yes | No | (Specify number also) |
| Availability of Fetal cardiac monitor | Yes | No | (Specify number also) |

| | | | |
|--|------------|-----------|-----------------------|
| Full time Female MO available | Yes | No | (Specify number also) |
| Availability of post natal counselling for family planning (attach Brochure/Literature for evidence) | Yes | No | |
| Availability of post natal counselling for immunization (card as evidence) | Yes | No | |
| Availability of post natal counselling for nutrition (Literature as evidence) | Yes | No | |

| Gynae Setup Specification | | |
|---|-----|----|
| LABOR ROOM | | |
| Delivery Bed | Yes | No |
| CTG Machine | Yes | No |
| USG Machine | Yes | No |
| Baby Warmer | Yes | No |
| Instruments for Delivery | Yes | No |
| D & C set | Yes | No |
| E & C set | Yes | No |
| Crush Cart relevant Gynae | Yes | No |
| Vacuum suction machine | Yes | No |
| Instrument Sterilizer | Yes | No |
| Hand Washing Area | Yes | No |
| Proper Waste Disposal (Trash can) | Yes | No |
| Proper Waste Disposal (Bucket for soiled pad & swabs) | Yes | No |
| Proper Waste Disposal (Container for sharp disposal) | Yes | No |
| BP Apparatus and Thermometer | Yes | No |
| Fetal Stethoscope | Yes | No |
| Plastic Sheet to place under mother | Yes | No |
| Suction Set | Yes | No |

| Gynae OT | | |
|--|-----|----|
| Anaesthesia Machine with all accessories | Yes | No |
| Gases Supply e.g. O2, NO2, Air | Yes | No |
| Trolley Each Surgery | Yes | No |
| Abdominal Hysterectomy Set | Yes | No |
| Vaginal Hysterectomy Set | Yes | No |
| Outlet Forceps | Yes | No |
| Surgical Table | Yes | No |
| Surgical Lamp Light | Yes | No |
| Central Oxygen and suction | Yes | No |
| Uterine Packing forceps | Yes | No |
| Diathermy | Yes | No |
| Central AC | Yes | No |

| | | |
|-------------------------------------|-----|----|
| Emergency UPS backup | Yes | No |
| Backup Gases | Yes | No |
| Wastebin (General , Red/Blue Can) | Yes | No |
| Sterilization (Autoclave / Boiling) | Yes | No |
| Fumigation | Yes | No |
| Disposable OT equipment | Yes | No |
| Post Op Recovery room | Yes | No |
| Gowns and Sheets | Yes | No |

(EV 4.9 SHORT VIDEO HIGHLIGHTING ABOVE ITEMS)

6.4 NICU

| NICU Specification | | |
|------------------------------------|-----|----|
| Incubator machine | Yes | No |
| Baby Warmer (Radiant Warmer) | Yes | No |
| Laryngoscope with all size blade | Yes | No |
| Portable light | Yes | No |
| Suction Machine | Yes | No |
| Cranial USG | Yes | No |
| Cardiorespiratory monitor | Yes | No |
| BP monitor | Yes | No |
| Temperature Probe | Yes | No |
| Pulse Oximeter | Yes | No |
| Portable X-Ray | Yes | No |
| Endotracheal tube | Yes | No |
| CPAP | Yes | No |
| NG / OG Tube | Yes | No |
| Neonatal Ventilator Support | Yes | No |
| Catheter Urinary | Yes | No |
| Nasal Canula | Yes | No |
| Feeding Equipment | Yes | No |
| Phototherapy unit / light | Yes | No |
| Infusion Pump | Yes | No |
| Intracranial Pressure Monitor | Yes | No |
| Extracorporeal membrane oxygenator | Yes | No |

(EV 4.10 SHORT VIDEO HIGHLIGHTING ABOVE ITEMS)

6.5 Pharmacy

12. Which of the below facilities related to pharmacy are available?

| | | |
|---|------------|-----------|
| 24/7 in house pharmacy available | Yes | No |
| 24/7 outsource pharmacy available (hospital manages outside purchase) | Yes | No |
| Pharmacy available - only at specific time or Patient has to buy themselves | Yes | No |
| One expired drug on random sampling | Yes | No |
| Two expired drug on random sampling | Yes | No |
| Pharmacist available 24/7 | Yes | No |
| Refrigeration facility available | Yes | No |

(EV 4.11 SHORT VIDEO HIGHLIGHTING ABOVE ITEMS & MOU, if outsourced & Pharmacist Degree/License)

6.6 Diagnostic Facilities

13. Which of the below diagnostics facilities available at hospital?

| | | |
|--|------------|-----------|
| Pathology Lab | | |
| Path Lab (Baseline Studies) in House with certain equipment including RFT, URINE, RE, RFT, | Yes | No |
| Outsource with MOU and with rider services/collection counter | Yes | No |
| Radiology | | |
| Radiology Lab X-ray with qualified Technician in House available | Yes | No |
| Radiology Lab Contracted | Yes | No |
| Sonology | | |
| Sonology with qualified sonologist in House available | Yes | No |
| Sonology Contracted | Yes | No |
| Certified Lab Staff 1 or more per shift | Yes | No |

(EV 4.12 SHORT VIDEO HIGHLIGHTING ABOVE ITEMS & MOU, if outsourced & Staff Degree, Duty roaster)

| Diagnostic Facilities | | |
|-----------------------------------|-----|----|
| Microbiology Lab | | |
| Anaerobic chamber | Yes | No |
| Antibiotics | Yes | No |
| Autoclave | Yes | No |
| Automated Centrifuges | Yes | No |
| Bright Field compound Microscopes | Yes | No |
| Colony Counters | Yes | No |
| Electric water bath | Yes | No |
| Florescent/ UV viewing chambers | Yes | No |
| Growth Mediums | Yes | No |
| Hot air ovens | Yes | No |
| Incubators | Yes | No |
| Inoculation Chamber | Yes | No |
| Inocuoation loops | Yes | No |
| Lab Refrigerator | Yes | No |
| Measuring Glassware | Yes | No |
| Micrometer | Yes | No |
| Preservatives | Yes | No |

(EV 4.13 SHORT VIDEO HIGHLIGHTING ABOVE ITEMS)

| Haematology | | |
|-------------------------------|-----|----|
| Chem Reader (CHEM) | Yes | No |
| Coagulation analyser | Yes | No |
| DLC Counter | Yes | No |
| Easylyte Electrolyte Analyzer | Yes | No |
| Elisa Plate Reader | Yes | No |
| ESR Stand | Yes | No |
| Fridge | Yes | No |
| Haematology Analyzer | Yes | No |
| HbA1c Analyzer RR | Yes | No |
| Advance Haematology Analyzer | Yes | No |
| ABG machine | Yes | No |
| Incubator | Yes | No |
| Micro Lab 300 | Yes | No |
| Microscope | Yes | No |
| Neubar Chamber's | Yes | No |
| Dry water bath | Yes | No |
| Advance Electric Water Bath | Yes | No |

(EV 4.14 SHORT VIDEO HIGHLIGHTING ABOVE ITEMS)

| Biochemistry | | |
|---------------------|-----|----|
| Microbiology | Yes | No |
| Serology | Yes | No |
| Hematology | Yes | No |

| Radiology | | |
|------------------|-----|----|
| X-Ray | Yes | No |
| USG | Yes | No |
| ECG | Yes | No |

| Tie Up Facilities (In House) | | |
|-------------------------------------|-----|----|
| CT | Yes | No |
| MRI | Yes | No |

6.7 Blood Bank (Accredited by Blood Transfusion Authority in Province/Region)

14. Is there availability of blood bank at hospital?

| | | |
|---|------------|-----------|
| In house blood bank available (with Qualified staff, Cross Matching, Blood screening and Refrigeration facility) (Accredited by BTA - Blood Transfusion Authority or equivalent) | Yes | No |
| MOUs with blood bank | Yes | No |

(EV 4.15 SHORT VIDEO BLOOD BANK, Registration certificate from BTA, Qualification certificates, MOU)

6.8 Infection Control

15. Which of the below Infection control facilities are available?

| | | |
|---|------------|-----------|
| Medical Waste Management system (In house or Contracted) available | Yes | No |
| Needle crushing/Danger box 01 for every ward | Yes | No |
| Functional incinerators | Yes | No |
| Sanitation staff and system available 24/7 | Yes | No |
| Color coded waste bins available (Medical / Non-Medical / needle waste) | Yes | No |
| Waste Baskets for every bed | Yes | No |

(EV 4.16 SHORT VIDEO, Duty Roaster of Sanitation Staff, MOU)

Chapter – 7 Accounts / Claims

1. Has Separate Accounts/ Claims Section

- a. Yes
- b. No

2. Headed by Accounts with Masters/Professional degree in Finance/Accounting

- a. Yes
- b. No

(EV 4.17 Degree, Employment Contract)

3. Is there system for patient medical record?

- a. Manual Patient Record
- b. Electronic Patient Record

EV 4.18 (Pictures/Screenshot of Hospitals HMIS showing patient registration / Proof of capturing MR Number digitally)

4. Is there Medical Coding System in process?

- a. Yes
- b. No

Chapter – 8 Referral/Complaints/Awareness

16. Is there system available for patient referral?

- a. Available
- b. Not available

17. Hospital management is willing to provide facility to establish SSP counter?

| | | |
|--|------------|-----------|
| Provision / willingness on providing designated SSP counter with furniture, electricity, Computer, internet, stationery and signage/branding at prominent position | Yes | No |
|--|------------|-----------|

18. Is there any patient awareness/facility available at hospital?

| | | |
|-----------------------------------|------------|-----------|
| Proper hospital signage available | Yes | No |
| Hospital reception available | Yes | No |

| | | |
|---|------------|-----------|
| Waiting area for visitors minimum 10 chairs or more | Yes | No |
| Hospital site plan board highlighting emergency exit placed at each floor | Yes | No |
| Availability of wheel chairs 2 or more with ramp access | Yes | No |

EV 4.19 (Pictures proof showing above mentioned)

19. Is there any system for patient complaint?

| | | |
|---|------------|-----------|
| Designation focal person for complaints | Yes | No |
| Complaint box available | Yes | No |

EV 4.20 (Pictures proof showing above mentioned)

20. Is there any system for patient consent?

| | | |
|---|------------|-----------|
| Patient consent system / Form available in urdu | Yes | No |
| Patient bills, itemized bill, prescriptions, diagnostics are provided | Yes | No |

EV 4.21 (Pictures proof showing above mentioned documents)

Bed Capacity

| Number of Beds | Male | Female | Total |
|----------------|------|--------|-------|
| Medical Ward | | | |
| Surgical Ward | | | |
| Gynae Ward | | | |
| Bed in Rooms | | | |
| Intensive Care | | | |
| Neonatal | | | |
| Operating Room | | | |
| Emergency Room | | | |
| Labour Room | | | |
| HDU | | | |
| Others | | | |
| Total | | | |

Staffing

| | | Full Time | Part Time | Remarks |
|-----------|------------------------------------|-----------|-----------|---------|
| 1 | Management | | | |
| 2 | Medical / Surgical Services | | | |
| | a. Consultant / Specialist | | | |
| | b. Medical Officers | | | |
| | c. PGs | | | |
| 3 | Nursing | | | |
| | MSN | | | |
| | BSN | | | |
| | Post Registered Nurse(RN) | | | |
| | Registered Nurse | | | |
| | Others / non registered | | | |
| 4 | Technical | | | |
| | OT Technician | | | |
| | Anesthesia Technician | | | |
| | Lab Assistant | | | |
| | Radiographer | | | |
| 5 | Support Services | | | |
| | Waste Management | | | |
| | Sterilization | | | |
| | MIS & Records | | | |
| | Blood bank | | | |
| | Others | | | |
| 6 | Allied Health | | | |
| | LHV | | | |
| | Midwives | | | |
| | Physiotherapy Assistant | | | |
| | Health aide | | | |
| | Receptionist | | | |
| 7 | Pharmacy | | | |
| 8 | Therapists | | | |
| | Physiotherapist | | | |
| | Occupational therapist | | | |
| | Speech Therapist | | | |
| 9 | Volunteers | | | |
| 10 | Other | | | |

Total Full Time: _____

Total Part Time: _____

FOLLOWING PICTURES ARE MANDATORY

1. Picture of Hospital Front
2. Picture of Reception Counter
3. Picture of Waiting Area
4. Picture of Emergency
5. Picture of General Ward
6. Picture of Operation Theatre
7. Picture of HFO Counter
8. Picture of Dialysis Unit (if any)
9. Picture of ICU (if any)
10. Picture of HDU (if any)
11. Picture of IT based MIS system
12. Picture of Formal Organogram of Staff
13. Picture of written JDs of Staff
14. Broucher/Literature as evidence for Post Natal counselling of family planning
15. Card as evidence for Post Natal counselling of immunization
16. Literature as evidence for Post Natal counselling of nutrition