



Hospital Assessment Criteria V.2.4

Sehat Sahulat Program

Name of Hospital:

Registration Number: _____

District: _____

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

Chapter 1 - BASIC PROFILE

1. Details of Ownership of hospital:

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

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

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

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

5. Do Hospital has IT based MIS System?

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

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

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

Crash Cart / Emergency Tray		
Ambu Bag	Yes	No
Adreliane Injection	Yes	No
Dopamine	Yes	No
Atropine	Yes	No
Steroid	Yes	No
Aminophylline	Yes	No
Anti-histamine	Yes	No
Emergency Inhaler	Yes	No
Diazepam	Yes	No
Sodium Valproate	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

Chapter 3 - INFRASTRUCTURE

1. Specify accessibility of public to health facility Location?

- a. Access through at least 20-ft_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?

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

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

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

- a. Yes
- b. No

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?

- 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

-----Take a picture-----

18. Written JDs of all Staff available?

- a. Yes
- b. No

-----Take a picture-----

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

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+

5.2 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+

5.3 Clinical HR

1. **Select number of on call / scheduled Consultants / Specialist doing OPD (minimum 2 Days in a week)**
 - a. 0 - 5
 - b. 5 - 10
 - c. 11 – 15
 - d. 15 +

2. **Specify number of employed Male MOs? Total Male MOs**
 - a. 0 - 2
 - b. 3 - 6
 - c. 7 - 15
 - d. 15+

3. **Specify number of employed Female MOs? Total Female MOs**
 - a. 0
 - b. 1 - 4
 - c. 5+

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

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+

6. **Presence of Patient Councillor**
 - a. Yes, Full time
 - b. No

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

Chapter – 6 TECHNICAL SERVICES

6.1 Operation Theatre

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

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

3. Availability of Separate Eye OTs

- a. Yes
- b. No

4. Availability of separate Ortho OT

- a. Yes
- b. No

5. Qualified Anaesthetist available?

- a. Full time employed qualified Anaesthetist
- b. On call
- c. Not available – Done by surgeon

6. Number of OT Staff (Qualified);

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

Operation Theatre Equipment		
Boyle's Apparatus	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
Ventilator Support	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

6.2 Intensive Care

7. Number of ICU Beds;

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

8. How many HDU beds available?

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

9. 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

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

6.3 Gynae Setup

10. 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. O ₂ , NO ₂ , 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
C-Arm facility	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

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

6.5 Pharmacy

11. 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

6.6 Diagnostic Facilities

12. 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, CT, MRI with qualified Technician in House available	Yes	No
Radiology Lab Contracted	Yes	No
Sonology		
Sonological Lab with qualified sonologist in House available	Yes	No
Sonological Lab Contracted	Yes	No
Certified Lab Staff 1 or more per shift	Yes	No

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
Inoculation loops	Yes	No
Lab Refrigerator	Yes	No
Measuring Glassware	Yes	No
Micrometer	Yes	No
Preservatives	Yes	No

Haematology		
Chem Reader (CHEM)	Yes	No
Coagulation analyser	Yes	No
DLC Counter	Yes	No
Easilyte 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
Hot Plate Stirrer	Yes	No
Immulyte 1000	Yes	No
Incubator	Yes	No
Micro Lab 300	Yes	No
Microscope	Yes	No
Neubar Chamber's	Yes	No
Selectra Junior	Yes	No
Water Bath	Yes	No

Biochemistry		
Microbiology	Yes	No
Serology	Yes	No
Hematology	Yes	No

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

Tie Up Facilities		
CT	Yes	No
MRI	Yes	No

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

13. Is there availability of blood bank at hospital?

In house blood bank available (with Qualified staff, Cross Matching, Blood screening and Refrigeration facility)	Yes	No
MOUs with blood bank	Yes	No

6.8 Infection Control

14. 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
Multi waste bins available (Medical / Non-Medical / needle waste)	Yes	No
Waste Baskets for every bed	Yes	No

Chapter – 7 Accounts / Claims

1. Has Separate Accounts/ Claims Section

- Yes
- No

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

- Yes
- No

3. Is there system for patient medical record?

- Manual Patient Record
- Electronic Patient Record

4. Is there Medical Coding System in process?

- Yes
- No

Chapter – 8 Referral/Complaints/Awareness

15. Is there system available for patient referral?

- a. Available
- b. Not available

16. 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
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17. 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

18. Is there any system for patient complaint?

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

19. Is there any system for patient consent?

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

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