LAQSHYA
लक्ष्य

LABOUR ROOM QUALITY IMPROVEMENT INITIATIVE

2017

NATIONAL HEALTH MISSION
MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

सत्यमेव जयते

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जगत प्रकाश नड्डा
Jagat Prakash Nadda

सत्यमेव जयते

स्वच्छ भारत
एक कदम स्वच्छता की ओर

स्वास्थ्य एवं परिवार कल्याण मंत्री
भारत सरकार
Minister of Health & Family Welfare
Government of India

MESSAGE

Every pregnant woman and her family desires to have a joyful birthing experience with a safe and healthy mother and new-born. The Ministry of Health & Family Welfare is committed to support the public health system in creating such an environment within the health facilities to ensure every mother and her new-born are cared for most appropriately and also that such care is respectful of the woman and her family. The services provided within the labour-room and maternity OT are critical to meet this aspiration.

Ministry of Health & Family Welfare is launching 'LaQshya' initiative, which is intended to improve the Quality of Care in Labour Rooms & Maternity Operation Theatres in Government Medical College Hospitals, District Hospitals, Sub-district Hospitals and other high case-load health facilities. Under the LaQshya initiative, States are urged to undertake concerted efforts in a campaign mode to ensure that respectful and high quality maternal care is provided to each woman during delivery and immediate postpartum. It would essentially entail undertaking several actions simultaneously at different levels – National, States, Districts and Health Facilities.

I am also aware that there are several stakeholders who are involved in the delivery of MCH services. I solicit full cooperation and commitment from each stakeholder.

The States are urged to implement this intervention, so that the birthing experience for a mother becomes a happy and joyful experience and the new-born is able to realize full potential to become a healthy and happy citizen of the society. I trust that these guidelines would be useful in galvanizing teams at the facilities to achieve positive maternal and neonatal outcomes and building a relationship of trust and care between public institutions and community.

Let us all join hands to realize the Mission that every child survives and thrives to their fullest potential and our society is transformed in the way we care for our women and children.

(Jagat Prakash Nadda)

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Government of India
Department of Health and Family Welfare
Ministry of Health & Family Welfare

Dated : 22nd November, 2017

MESSAGE

We are committed to provide quality and accessible Maternal and Child Health services to every beneficiary reaching at our Public Health Facilities. During the last few years, utilization rates of MCH services provided at the public facilities has increased manifold. In an attempt to improve the quality of services, states are on their way to implement internationally accredited National Quality Assurance Standards.

These "LaQsha" guidelines are being launched for improvement of care provided around the child birth and during immediate postpartum period by having targeted intervention. Such 'patient-centric' care is expected to be based on the available scientific evidence. Improvement in Quality of interface between the beneficiaries and service providers in term of language, behavior and attitude is also an important component under this intervention for ensuring 'Respectful Maternity Care' to pregnant women. This will help in dramatic improvement of maternal and newborn outcomes.

Under the LaQshya initiative, multi-pronged strategy has been adopted for ensuring that identified gaps in the labour rooms and maternity OT against the norms are traversed within the shortest possible time and real improvement in quality of care takes place.

I would urge all the States to implement 'LaQshya' guidelines in a focused way to have tangible results within the shortest time-frame. The Ministry of Health and Family Welfare would be happy to work with the States & UTs to ensure that every pregnant woman receives most appropriate care with dignity and respect, which is her fundamental right.

(Preeti Sudan)

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Dated:20th November, 2017

FOREWORD

Maternal Mortality Ratio (MMR) in the country has reduced from 301 (2001-03) to 167 (2013) and Infant Mortality Rate has reduced from 66 (2001) to 34 (2016). However, these indicators still remain unacceptably high as compared to developed countries, hence there is a huge scope to bring about improvements in the key maternal and new-born health indicators.

It is estimated that approximately 46% maternal deaths, over 40% stillbirths and 40% neonatal deaths take place on the day of the delivery. A transformational improvement in the quality of care around child-birth relating to intra-partum and immediate postpartum care can dramatically improve maternal and new-born outcomes. Delivery of appropriate and respectful care to each pregnant woman would not only go a long way in reducing mortality and morbidity for the woman and new-born, but also help in improved cognitive development of the baby.

'LaQshya' is focused and targeted approach for improving intra-partum and immediate post-partum care beginning with high case load higher level facilities. Majority of the interventions under the initiative have been drawn from the existing programme guidelines such as National Quality Assurance Standards & Quality Assurance operational Guidelines, Maternal and New-born Health Tool-kit, Guidelines for Standardisation of Labour Rooms at Delivery Points and Guidelines for Obstetric HDU & ICU and Dakshata.

Incentives and Awards, and Branding under the 'LaQshya' will not only motivate healthcare workers, but will inculcate a sense of pride for their jobs, ownership of their responsibilities and building trust with community.

LaQshya is expected to intensify efforts for improving Quality of care (QOC) and will galvanize the partnership between Union, State and Local Governments, Medical Colleges, Professional bodies and Development Partners to achieve tangible results within a short period. The PDCA (Plan, Do, Check, Act) methodology combined with Rapid Improvement Events will catalyse building of a quality culture within the health system.

The NHM is committed to provide all the financial and technical support to achieve the success of this very important initiative for the sake of our women and children, and for the development of Indian society and its human resource.

(Manoj Jhalani)

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Preface

Ministry of Health & Family Welfare is committed to support states in their efforts to achieve substantial reduction in maternal and new-born mortality. The Ministry has been working with the states for strengthening of MCH services. Several interventions & programme aids such as MNH Toolkit, Standardisation Guidelines for the Labour Rooms, 'Dakshata', MDR & CDR Guidelines, National Quality Assurance Standards, establishment of skill-labs, PMSMA etc. are already in place to guide to our efforts in this direction.

'LaQshya' initiative is being launched to 'fast-track' the interventions for achieving tangible results within 18 months. The targets set forth are ambitious, but the need of the hour and we also believe that they are achievable if we put our mind and soul into this.

'LaQshya' initiative targets to strengthen key processes related to the Labour Room and Maternity Operation Theatre, so that verifiable targets of maternal & new-born care are achieved as soon as possible. LaQshya is expected to enhance, supplement and boost the existing efforts, on-going initiatives and programs; and does not intend to replace them.

LaQshya is intended to be implemented in all Government Medical Colleges (MC), District Hospitals (DHs), and high delivery load CHCs and SDHs and then progress to cover all delivery points. To achieve target of 'Zero-defect' clinical care, LaQshya addresses structural issues like Infrastructure, Human Resource, Layout of Labour room & Maternity OT, equipment, drugs, and consumables and issues affecting processes of care. 'Reward and recognition' have been incorporated in 'LaQshya' to motivate, inspire and encourage stakeholders at each level.

States are requested to draw time-bound plan for implementation of these guidelines, which, we are sure, would yield rich dividends in terms of improved Maternal and New-born Health Indicators.

(VandanaGurnani)

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Message

Reduction of Maternal and Infant Mortality is one of the key objectives of the National Health Mission. NHM supports all States/ UTs in every possible way, so that India achieves the SDG target of MMR of less than 70 per Lakh Live Births. For this it is essential that continuous efforts are made to improve the health of the mother and the child.

Given the fact that quality of care on the day of birth is critical to the reduction of maternal and neonatal mortality, LaQshya aims to transform the quality of care in Labour rooms and Maternity operation theatres. LaQshya also aims to certify, award and incentivise the facilities which comply to the targets. This will help in motivating the service providers too, for achieving the aforesaid vision of healthy mothers leading to a healthy nation.

It is critical that states make a robust plan for the initiative and submit their requirements in Annual Programme Implementation Plans (PIPs). Many of these requirements would have to be budgeted under the health system strengthening section and the NUHM portion of the PIPs and would thus require the collaborative efforts of the entire NHM team.

I am confident that States/ UTs will take this initiative forward with the zeal, collaboration and commitment that it deserves and that the initiative will be useful in accelerating our efforts towards reduction of maternal and neonatal mortality. Most importantly, it will ensure that pregnant women receive respectful and the best quality of care during child birth.

06/12/2017

(Dr. Manohar Agnani)

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Program Officer's Message

India has made substantial progress in improving the services being provided to the pregnant women which has translated into significant decline in Maternal Mortality ratio and Infant Mortality Rates. These efforts need to be accelerated and have to be intensified to achieve the NHP and SDG goals. Evidence dictates that improving the quality of care in labour rooms, especially on the day of birth, is critical in achieving our aforesaid goals.

In view of this background, Ministry of Health & Family Welfare is launching 'LaQshya' initiative. This initiative is aimed at improving intra-partum and immediate post-partum care in the Labour Room, which is where the maximum maternal deaths and still births occur. It is critical that States/ UTs undertake a baseline assessment of the labour room and the operation theatres at the earliest and plan for filling the gaps that have been identified. Six rapid improvement cycles of two months each have been defined in the guidelines and these will need to be rigorously supervised and ensured to bring about the desired rapid improvement in the coming 18 months.

The initiative must beimplemented in Government Medical Colleges (MC), District Hospitals (DHs), and high delivery load CHCs and SDHs and then progress to cover delivery points. The LaQshya guidelines will boost our already existing endeavours in the form of Guidelines for Labour room Standardisation, National Quality Assurance Standards & Quality Assurance operational Guidelines, Maternal and New-born Health Tool-kit, Guidelines for Obstetric HDU & ICU and Dakshata.

The Ministry of Health & Family Welfare, NHSRC and our Development Partners have put their heart and soul into the development of these Guidelines. I want to thank each one of them for their valuable inputs. I take pride in launching the LaQshya Guidelines along with my very able and proficient team.

I am confident, that these guidelines will motivate the States and State level policy makers to channelize their efforts in improving the quality of services provided to pregnant women and new born for a healthier nation.

(Dr. Dinesh Baswal)

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Introduction

1

After launch of the National Health Mission (NHM), there has been substantial increase in the number of institutional deliveries. However, this increase in the numbers has not resulted into commensurate improvements in the key maternal and new-born health indicators. It is estimated that approximately 46% maternal deaths, over 40% stillbirths and 40% newborn deaths take place on the day of the delivery.

A transformational change in the processes related to the care during the delivery, which essentially relates to intrapartum and immediate postpartum care, is required to achieve tangible results within short period of time. Prerequisite of such approach would also hinge upon the health system's preparedness for prompt identification and management of maternal and newborn complications. Delivery of such transformed care would not only need availability of adequate infrastructure, functional & calibrated equipment, drugs & supplies & HR, but also meticulous adherence to clinical protocols by the service providers at the health facilities.

Pregnant women are often meted out rude and uncourteous treatment at the health facilities. Respectful maternity care[1] not only contributes in ensuring positive outcomes for the mothers and newborns, but also supports cognitive development of the babies later in the life. Curtailing period of the labour by use of oxytocic drugs adversely impacts natural secretion of hormones and physiological mechanism that contribute to the cognitive development. Determinants impacting health and well-being of mothers & newborns during the intrapartum & immediate post-partum period are shown in Annexure 'A'.

Do's and don'ts in the labour rooms as given in Table 1 are expected to support improved outcome for the maternal and newborn health.

For improving the quality of care at Public Health Facilities, Quality Assurance Standards for District Hospitals, Community Health Centres, Primary Health Centre and Urban-Primary Health Centres have been drafted, and their implementation has been operationalised through the National Quality Assurance Programme.

1 Respectful care includes respect for women's autonomy, dignity, feelings, privacy, choices, freedom from ill treatment & coercion and consideration for personal preferences including option for companionship during the maternity care.

Table 1: Do's & Don'ts of Labour Room

Do's	Don'ts
• Providing privacy to pregnant women during the intrapartum period, by way of separate labour room or at least a private cubicle • Presence of birth companion during the labour • Freedom to choose a comfortable position during birthing (squatting, standing, etc.) • Adherence to Clinical protocols for management of labour • Use of Labour beds instead of tables • Place baby on mother's abdomen • Initiation of Breast feeding within one hour of birth	• Induction and augmentation of labour without sound clinical indications • Any verbal or physical abuse of the pregnant women • Insisting on conventional lithotomy position for the delivery • Immediate clamping and cutting of the umbilical cord • Separating baby from the mother for routine care & procedure • 'Out of Pocket Expenditures (OOPE) on drugs, diagnostics, including demand by the staff for gratuitous payment by families for celebration of the baby's birth.

While states are in the process of implementing Quality Management System using National Quality Assurance Standards (NQAS) to obtain certification of the health facilities, the process takes substantial time and effort. While the states should continue to work towards achieving full NQAS certification of the health facilities, LaQshya Guidelines are intended for achieving improvements in the intra-partum and immediate post-partum care, which are take place in the labour room and maternity operation theatre.

Implementation of these guidelines is expected to result into delivery of respectful and zero-defect care to all pregnant women and newborns, and such improvement is incentivised.

The states are also expected to accelerate efforts for upgradation of conventional labour rooms as per norms given in 'Guidelines for Standardisation of Labour Rooms at Delivery Points', and establish HDUs as per norms given in the 'Guidelines for Obstetric HDUs and ICUs'.

Medical College Hospitals handle substantial maternal and newborn caseloads, besides imparting teaching and training the doctors, specialists, nurses and para-medical staff. This initiative will also be implemented in all Government Medical Colleges (MCs) besides District Hospitals (DHs), and high delivery load CHCs and SDHs.

These guidelines are meant to help the States' NHM Directors, Medical Education Departments, Heads of Department of Obstetrics & Gynaecology in Medical Colleges, District Health Officials, Medical Superintendents, In-charge of Gynaecology departments and teams engaged in the maternity care.

Goal

2

Reduce preventable maternal and newborn mortality, morbidity and stillbirths associated with the care around delivery in Labour room and Maternity OT and ensure respectful maternity care.

Objectives

1. To reduce maternal and newborn mortality & morbidity due to APH, PPH, retained placenta, preterm, preeclampsia & eclampsia, obstructed labour, puerperal sepsis, newborn asphyxia, and sepsis, etc.
2. To improve Quality of care during the delivery and immediate post-partum care, stabilization of complications and ensure timely referrals, and enable an effective two-way follow-up system.
3. To enhance satisfaction of beneficiaries visiting the health facilities and provide Respectful Maternity Care (RMC) to all pregnant women attending the public health facility.

3 Strategies

1. Reorganizing/aligning Labour room & Maternity Operation Theatre layout and workflow as per 'Labour Room Standardization Guidelines' and 'Maternal & Newborn Health Toolkit' issued by the Ministry of Health & Family Welfare, Government of India.
2. Ensuring that at least all government medical college hospitals and high case-load district hospitals have dedicated obstetric HDUs as per GoI MOHFW Guidelines, for managing complicated pregnancies that require life-saving critical care.
3. Ensuring strict adherence to clinical protocols for management and stabilization of the complications before referral to higher centres.

Scope

4

Following facilities would be taken under LaQshya initiative on priority:

- All government medical college hospitals.
- All District Hospitals & equivalent health facilities.
- All designated FRUs and high case load CHCs with over 100 deliveries/60 (per month) in hills and desert areas.

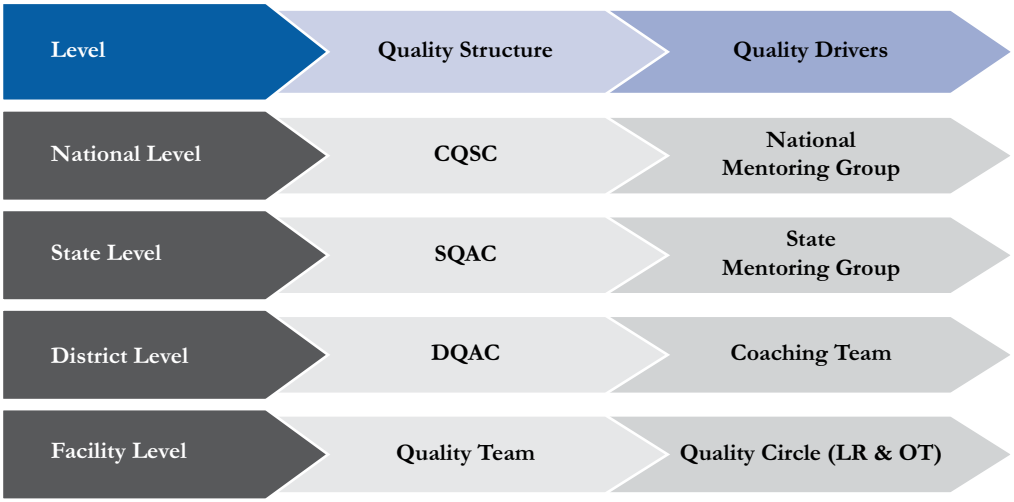
5 Institutional Arrangement

Under the National Health Mission, the States have been supported in creating Institutional framework for the Quality Assurance - State Quality Assurance Committee (SQAC), District Quality Assurance Committee (DQAC), and Quality Team at the facility level. These committees will also support implementation of LaQshya interventions. For specific technical activities and program management, special purpose groups have been suggested, and these groups will be working towards achievement of specific targets and program milestones in close coordination with relevant structures within the QA organizational framework. Outlines of Institutional arrangement under LaQshya is given in Figure 1.

(a) National Level

- **National Mentoring Group** would include members of the Programme Divisions, IEC Division, NHSRC, NIHFW, AIIMS, and Medical Colleges, Nursing collages, Schools of Public Health, Professional Associations, Hospital Planners, IT professionals, Development Partners,

Figure 1: Institutional Arrangement under NQAP & LaQshya



Empanelled external assessors & eminent professionals.

Responsibilities

i. Periodic visit to the states, and to a sample of the health facilities.

ii. Orientation and training.

iii. Standardization of skill based training programs.

iv. Development of IEC & resource material.

v. Monitoring & evaluation.

vi. Recommend mid-course correction.

vii. Video conference with the QC teams and review of the MDSR/Maternal Near Miss review and NMR/Stillbirth review programmes.

(b) State Level

State NHM, Departments of Health and Medical Education would jointly create institutional arrangement for seamless flow of support and removal of the bottle-necks, if any for implementation of this initiative.

- **State Mentoring Group –** State Mission Director would constitute the State mentoring group, consisting of programme officers, suitable faculty of AIIMS and other eminent National Institutions and medical education department, State Nodal Officers for Quality, IEC, procurement, infrastructure, State Level Development Partners and eminent professionals.

Responsibilities

i. Visit to the facilities and 'on-site' support for under performing facilities.

ii. Training & mentoring of the coaching teams.

iii. Customisation and approval of SOPs & Work-instructions.

iv. Performance monitoring.

v. Mobilisation of State level support including providing inputs for the State PIP.

vi. Presentation of Status report to the SQAC.

vii. Identification of innovations and promoting their replication.

viii. Undertake MDSR & CDR.

ix. Assessment and modification of the referral directories prepared by the districts.

x. Tracking & reporting of Indicators.

(c) District Level

Coaching Team- An external multidisciplinary team, responsible for mentoring one or more labour rooms, would comprise of District family welfare officer/RCHO (equivalent), district/divisional quality consultants, nursing instructors/mentors from the functional skill

labs, faculty of nearest medical colleges and representatives of professional associations and development partners. The coaching team in districts with medical college could include one or more retired faculty members as a coach for medical college labour rooms and operation theatre. In the early phases, one coaching team could mentor four or five districts since training every district coaching team in a short span of time may not be possible. All coaching teams must be trained in skills lab/Dakshata, so that they are proficient mentors.

Responsibilities

i. Mentoring of the Quality circles, Support for the campaign and its monitoring.

ii. Periodic Internal review Monthly visits of coaching/support teams for hand holding, problem solving, and verifying reported quality indicators.

iii. To provide 'hands-on' training on clinical protocols.

iv. Hand-hold the quality improvement process.

v. Monitoring of availability of point of care diagnostic services and blood transfusion services.

vi. OSCE based assessment of the staff.

vii. Development of referral directory.

viii. Sample verification of the indicators.

ix. Peer assessment & support for the NQAS Certification.

(d) Facility Level

- **Quality Circle** : Quality circles are informal groups of the staff in each department that works closely to improve the QOC there. For example, Quality circle in a labour room would involve of Gynaecologist, Paediatrician, Matrons and Nursing Staff & Support Staff. In the Operational theatre, anaesthetist would also be a member of the Quality circle. The Quality Circles will work in coordination with facility level quality team headed by the Medical Superintendent or facility incharge.

Responsibilities

i. Ensuring Adherence to Protocols & Clinical guidelines.

ii. Assessment of Labour room & operation theatre using the NQAS Departmental Check-lists.

iii. Prioritisation and Action planning for closure of gaps as per 'Maternal and Newborn Health Toolkit' and 'Guidelines for Standardisation of Labour Rooms at Delivery Points'.

iv. Management of 'Campaign'/'Rapid Improvement Cycle'.

v. Collation of data elements, required for monitoring Indicators.

Targets

6

Immediate (0-4 Months)

1. 80% of the selected Labour rooms & Maternity OTs assess their quality and staff competence using defined NQAS checklists and OSCE.
2. 80% of Labour rooms & Maternity OTs have setup functional quality circles and facility level quality teams.

Short Term (up to 8 Months)

1. 80% of Labour Room and OT Quality Circles are oriented to latest labour room protocols, quality improvement processes and respectful maternity care (RMC).
2. 50% of deliveries take place in presence of the Birth Companions.
3. 60% of deliveries conducted using safe birth checklist and Safe Surgery Checklist in Labour Room & Maternity OT respectively.
4. 60% of the deliveries are conducted using real-time partograph.
5. 30% increase in Breast Feeding within one hour of delivery.
6. 80% labour rooms and Maternity OTs take microbiological samples from defined areas every month.
7. 30% reduction in surgical site infection rate in the Maternity OT.

Intermediate Term (Up to 12 Months)

1. 30% increase in antenatal corticosteroid administration in case of preterm labour.
2. 30% reduction in pre-eclampsia, eclampsia & PIH related mortality.
3. 30% reduction in APH/PPH related mortality.
4. 20% reduction in new-born asphyxia related admissions in SNCUs for inborn deliveries.
5. 20% reduction in newborn sepsis rate in SNCUs for inborn deliveries.
6. 20% reduction in Stillbirth rate.
7. 80% of all beneficiaries are either satisfied or highly satisfied.

8. 60% of the labour rooms are reorganized as per 'Guidelines for Standardisation of Labour Rooms at Delivery Points'.
9. 80% of labour rooms have staffing as per defined norms.
10. 100% compliance to administration of Oxytocin, immediately after birth.
11. 30% improvement in OSCE scores of labour room staff.
12. 100% Maternal death, Neonatal Death audit and clinical discussion on near miss/maternal and neonatal complications.
13. 80% Labour Room and OTs are reporting zero stock-outs of drugs and consumables.

Long Term (up to 18 Months)

1. 60% of labour rooms achieve quality certification against the NQAS.
2. 50% of labour rooms are linked to Obstetrics HDU/ICU.
3. 15% improvement in short term & Intermediate targets.

After 18 months, this initiative would be continued through sustained mentoring.

Interventions

7

Key approach under this initiative is breakthrough improvement using business process re-engineering concepts. This would require substantial reorganization of labour room structure (Infrastructure, HR, and Drugs & Equipment) and processes. Summary of interventions is given in Figure 2.

Structural improvement will include the following:

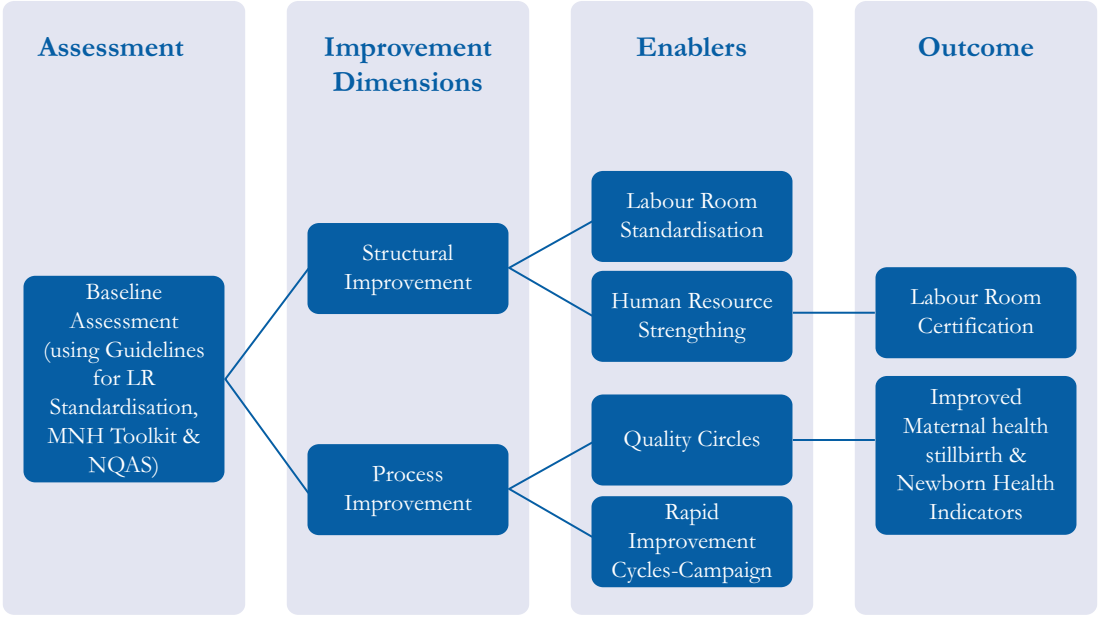
a) Upgrading the infrastructure as per norm & realistic case-load.

b) Human Resource augmentation and skill upgradation.

c) Ensuring availability of adequate functional & calibrated equipment, as per need.

d) Strengthening the supply chain system of drugs & consumables for ensuring

Figure 2: Components of QOC Improvement in Labour Room



their availability in the labour room and OT as per need.

Process improvement will include:

a) Assessment and Triage

b) Management of Labour including Active Management of Third stage of labour.

c) Management of complications and High-Risk Pregnancies.

d) Management of referral services.

e) Perioperative processes for C-Section.

f) Newborn care and resuscitation.

g) Management of required support services for the Labour room, Maternity OT & HDU.

h) Sensitisation of the Staff on RMC and its monitoring.

It would be ensured that quality circles at the departments and support groups (Quality team & coaching team) work in harmony for solving the problems and take all possible actions for the closure of gaps.

Interventions

1. Ensuring availability of optimal and skilled human resources as per case-load and prevalent norms through rational deployment and skill upgradation. Suggested HR for the labour room is given in Annexure 'B'.
2. Ensuring skill assessment of all staff of LR & Maternal OT through OSCE (Objective Structured Clinical Examination) testing as per Dakshata guidelines for delivery of 'zero-defect' quality obstetric and newborn care. Enhance proficiency of labour room and operation theatre staff for management of the complications through skill-lab training, simulations and drills. Ensuring that staff working in the labour room and maternity OT are not shifted from maternity duty to other departments/ wards frequently.
3. Sensitising care-providers for delivery of respectful maternity care and close monitoring of language, behaviour and conduct of the labour room, OT & HDU Staff.
4. Creating an enabling environment for natural birthing process.
5. Implementation of Clinical Guidelines, Labour Room Clinical Pathways, Referral Protocols, safe birth checklist (in labour room and Obstetric OT) and surgical safety check-list.
6. Ensuring round the clock availability of Blood transfusion services, diagnostic services, drugs & consumables.
7. Ensuring availability of triage area and functional newborn care area.
8. Ensuring systematic facility-level audit of all cases of maternal/neonatal deaths, stillbirth, and maternal near

miss etc. including with their mentor teams through clinical discussions, peer reviews in teaching institutes, Videoconference, or other distance mode mechanisms for continuous improvement and learning.

9. Operationalisation of 'C' Section audit and corrective & preventive actions for ensuring that 'C' Sections are undertaken judiciously in those cases having robust clinical indications.

10. Instituting an ongoing system of capturing of beneficiaries' independent feedback through mechanism 'Mera-Aspataal' or manual recording, or Grievance Redressal Help Desk and take action to address concerns, for continual enhancement in their satisfaction.

11. Ensuring availability of essential support services such as 24x7 running water, electricity, housekeeping, linen and laundry, security, equipment maintenance, laboratory services, dietary services, BMW management, etc.

12. Use of digital technology for record keeping & monitoring for maternity wing (MIS), including use of E partograph. Piloting of technology for managing care, such as Computer on Wheel, Computerised Physician Order Entry.

13. Use aggressive IEC, user friendly training material and IT-enabled tools. Facilitating branding of all high case load facilities meeting quality standards to improve visibility and awareness.

14. Using Quality tools for prioritisation, and gap closure such as Plan Do Check Act (PDCA), Root Cause Analysis, Run Charts, Pareto chart and Mistake Proofing for achieving desired targets.

15. Rapid Improvement Events - Six cycles of two months each as defined below will need to be rigorously supervised and ensured. This will enable competency in all critical skills needed. For each area, a targeted campaign would be launched for a two month duration, with the first month for the roll-out, followed by sustaining such efforts during the subsequent month (Period for one event – 2 months). Suggested list of the themes for campaigns is given below:

    a) **Cycle 1:** Real-time Partograph generation including shift to electronic partograph & usage of safe birth check-list & surgical safety check-list and strengthening documentation practices for generating robust data for driving improvement.

    b) **Cycle 2:** Presence of Birth companion during delivery, respectful maternity care and enhancement of patients' satisfaction.

    c) **Cycle 3:** Assessment, Triage and timely management of compli-cations including strengthening of referral protocols.

d) **Cycle 4:** Management of Labour as per protocols including AMTSL & rational use of Oxytocin.

e) **Cycle 5:** Essential and emergency care of Newborn & Pre-term babies including management of birth asphyxia and timely initiation of breast feeding as well as KMC for preterm newborn.

f) **Cycle 6:** Infection Prevention including Biomedical Waste Management.

Phasing of Activities

8

Activities under LaQshya are divided into four phases, as shown in Figure 3.

a. Preparatory Phase - 2 Months

This will include

i. Launch and dissemination of the scheme.

ii. Identification of members for National mentoring group and operationalisation of the group.

iii. National level orientation workshop of national resource team and state nodal officers.

iv. Issue of the instructions to the State and district stakeholders.

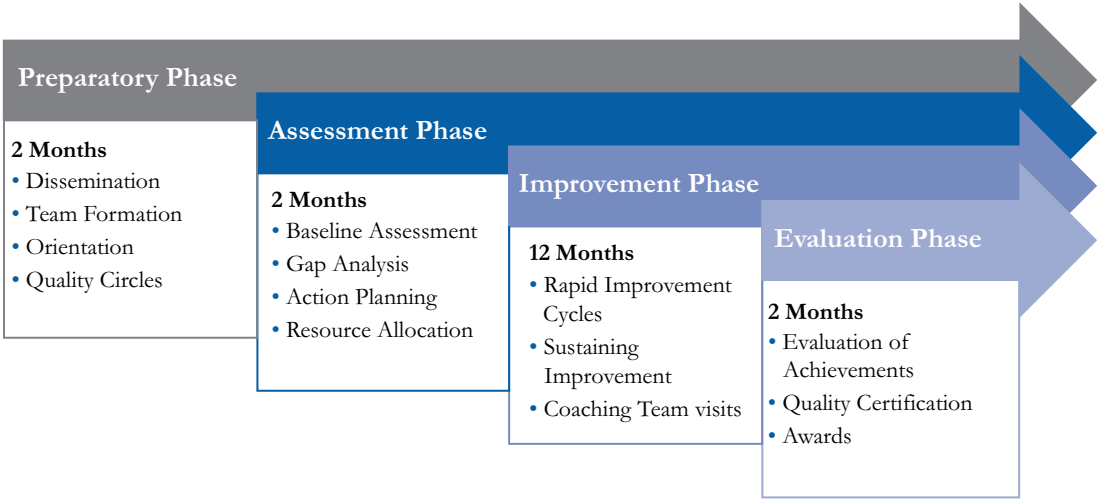
v. Formation of state mentoring group.

vi. Identification and listing of facilities to be included in the initiative.

vii. State level ToT of the Quality Coaches.

viii. Formation of Quality circles at the labour rooms and Operation Theatres.

Figure 3: Summary of Activities



ix. Assigning states to development partners.

b. Assessment Phase - 2 Months

i. Orientation of Quality Circles on Quality Improvement and Clinical Protocols.

ii. Assessment of the Labour Rooms & Maternity OT against National Quality Standards.

iii. Planning for expansion of Labour rooms as per 'Guidelines for Standardisation of Labour Rooms at Delivery Points' and upgradation the Maternity OT.

iv. Preparation of time bound action plan, based on the identified gaps.

v. Planning for creation of Obstetrics HDU as per recommendations of 'Guidelines for Obstetrics HDU & ICU'.

vi. Collation of requirements and resource allocation through the PIP process under the NHM.

vii. Mapping of referral facilities (type of facility, distance & travel time, contact details, availability of services including facility for the blood transfusion, availability of other specialities such as Physician, Surgeon, Pathology & Biochemistry lab & Ultrasound facility, nearest tertiary care institution).

viii. Ensuring availability of updated version of clinical protocols for end users and training of labour room & OT staff.

ix. Training of the staff in recording of data elements for monitoring of the indicators and implementation of Quality Management System.

x. Ensuring availability of drugs & supplies.

xi. Development of resource package for monthly campaigns.

xii. Initiation of Patients' satisfaction survey among all patients reporting in the labour room & operation theatre.

xiii. Development of IT platform for the initiative or integration with existing IT platform.

c. Improvement Phase - 12 Months

i. Launch of rapid improvement cycles. Each cycle includes one month of improvement and subsequent month of consolidation and sustenance.

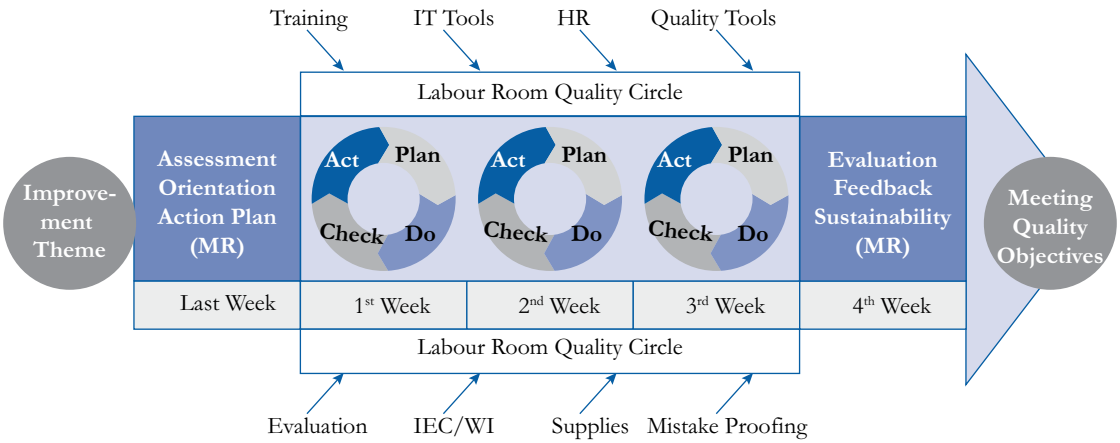
ii. Ensuring adherence to clinical protocols & peer-mentoring.

iii. Establish Standard Operating Procedures for labour rooms& maternity OT.

iv. Quality Circle understands the issues regarding selected theme of alternate month and will try to improve the processes using quality improvement methodology (Plan – DO – Check –Act) cycle, and sustain them (Figure 4).

v. Preparatory visit, followed by monthly visits – Visits in the second month of

Figure 4: **PDCA Cycle & Enabling Activities**



each improvement cycle would be in last week for performance review through objective indicators. Support for the forthcoming campaign would also be extended during this visit.

vi. Documentation and photography of the improvement.

vii. Observation and assessment of processes, refresher & hands-on training, demonstrations and hand-holding.

viii. IEC campaign for each improvement cycle – This includes reading material/ brochure on the theme, short videos, presentations, etc. disseminated through social media/dedicated IT platform.

ix. Collection and reporting of indicators linked with quality objectives of each cycle from quality circle to State Mentoring Group & SQAC.

x. Structural augmentation including re-arranging the layout & human resource deployment & skill upgradation in the labour room & OT will go in parallel.

xi. Concurrent evaluation of quality indicators by SQAC and MH Division/ NHSRC and feedback to quality circles.

xii. Analysis of Patients' feedback and taking actions for addressing the beneficiaries' concerns.

d. Evaluation Phase - 2 Months

i. Evaluation of the quality objectives and indicators.

ii. External Assessment & Quality certification of labour rooms & Maternity OT.

iii. Awards to best performing quality circles and Coaching Teams.

iv. National level dissemination of achievements.

v. Development of Strategy for sustenance and scaling-up.

9 Certification, Incentives & Branding

a. **Quality Certification:** The Labour Room & Maternity OT Checklists developed for NQAS, will be used as tools for the assessment and certification. The external assessment and certification will be done by external assessors empanelled with NHSRC. Certification will be valid for 3 years subject to annual verification of the scores by the State Quality Assurance Committee.

b. **Incentivisation:** The teams in the Labour rooms and Maternity OT's at Medical Colleges, District Hospitals and SDH/CHCs could be given incentives of Rs. 6 Lakhs, 3 Lakhs and 2 Lakhs (for each department) respectively on achievement of following criteria:

- Quality Certification of Labour Room and/or OT as per protocol under the NQAS.
- Attainment of at least of 75% of commensurate facility level targets and its verification by the SQAC. List of such verifiable indicators the facility, its source and means of verification is given in Annexure 'C'.
- 80% of the beneficiaries are either satisfied or highly satisfied (or Equivalent score > 4 on Likert scale).

LaQshya facilities should endeavour to introduce 'Mera-Aspataal' ICT based feedback system. As an interim measure, feedback from the beneficiaries may be taken manually.

This incentive is recognition of the good work done by the quality circles and facility's quality team. This amount can be used as cash incentive to the staff and also for the welfare activities.

c. **Branding:** The achievement of quality benchmarks should be used for branding of the QoC at the health facility. This will give sense of pride to the staff as well as provide confidence to the community that they are getting quality care at public hospitals. The departments may be provided badges (LaQshya Medal) based on the quality score, achieved in the state level assessment.

Platinum Badge: Achieving more than 90% core.

Gold Badge: Achieving More than 80% Score.

Silver Badge: Achieving more than 70% Score.

These badges should be worn by the care providers as well as prominently displayed at relevant places in the hospitals.

Financial Arrangements 10

Based on Gap analysis, the state may budget the resource requirements and request for allocation of the funds in relevant financial heads through the NHM PIPs. The PIP would include proposals for strengthening the Labour rooms & maternity OTs in the government medical colleges as well.

Suggested activities for the budgetary support is given in Box 1.

There will also be resource requirements for organising trainings, assessment, mobility support and other incidental expenses. The State may request for allocation of the resources through PIP under NHM.

Box 1: Suggestive List of Activities for support under the NHM

- Restructuring & upgradation of labour room as per Labour Room Standardisation Guidelines
- Upgradation of Maternity OT as per case load
- Procurement of Equipment and Furniture
- Creation of Obstetrics' High Dependency Unit
- Services of planning/architectural consultants
- Additional qualified staff for labour room and OTs
- IT Equipment and software
- Signage, IEC, Displays etc.
- Hiring of professionals (individuals and/or organisations) for preparation and execution of improvement plans
- Training support
- Support under the JSSK
- Health Innovations

11 Roles & Responsibilities

The initiative will be coordinated by the Maternal Health Division and supported by the Child Health Division and NHSRC. Maternal Health Division will facilitate preparation of resource package for the labour room reorganization & standardization and improvement in Quality of Care (QOC), coordinate with the states &UT's for smooth roll out of the initiative, collate quality scores and indicators, ensure synergy with the development partners, review PIP proposals for labour room & maternity OT upgradation, creation of obstetric HDU and staff augmentation. NHSRC would coordinate quality certification activities under this initiative, undertake documentation of best & replicable practices for cross-learning and provide necessary support for successful implementation of the programme. Development partners may synergize their activities for supporting the roll-out of the scheme in their priority States, support National& State Mentoring Groups, and support development of technical resource material as required.

A small project management unit may be established with full time program managers and consultants at the national level for coordination and intense monitoring of activities in the States. This unit will keep track of the scheduled activities, collate and analyse the indictors, coordinate with the national mentors and facilitate the training programs. This unit will report to Deputy Commissioner I/C Maternal Health and Advisor QI NHSRC.

In the States, Maternal Health Program officer/ State Quality Assurance Nodal Officer may be designated as nodal officer for implementation of the initiative. Coordination with the Medical Colleges through Medical Education Department would be critical. Based on the number of facilities under this initiative in first phase, the states may hire a full-time project manager.

At the district level, Maternal Health Nodal officer & Nodal Officer for Quality Assurance will be responsible for this implementing the activities.

Details of activities, required to be undertaken by different stakeholders are given in Annexure 'D'.

Monitoring and Reporting 12

Under the LaQshya initiative, multiple interventions are envisaged to be undertaken within the stipulated time frame and impact of interventions is required to be simultaneously measured through verifiable indicators in real time. Therefore, efficient reporting of status of activities and achievement of targets are critical for the success of initiative.

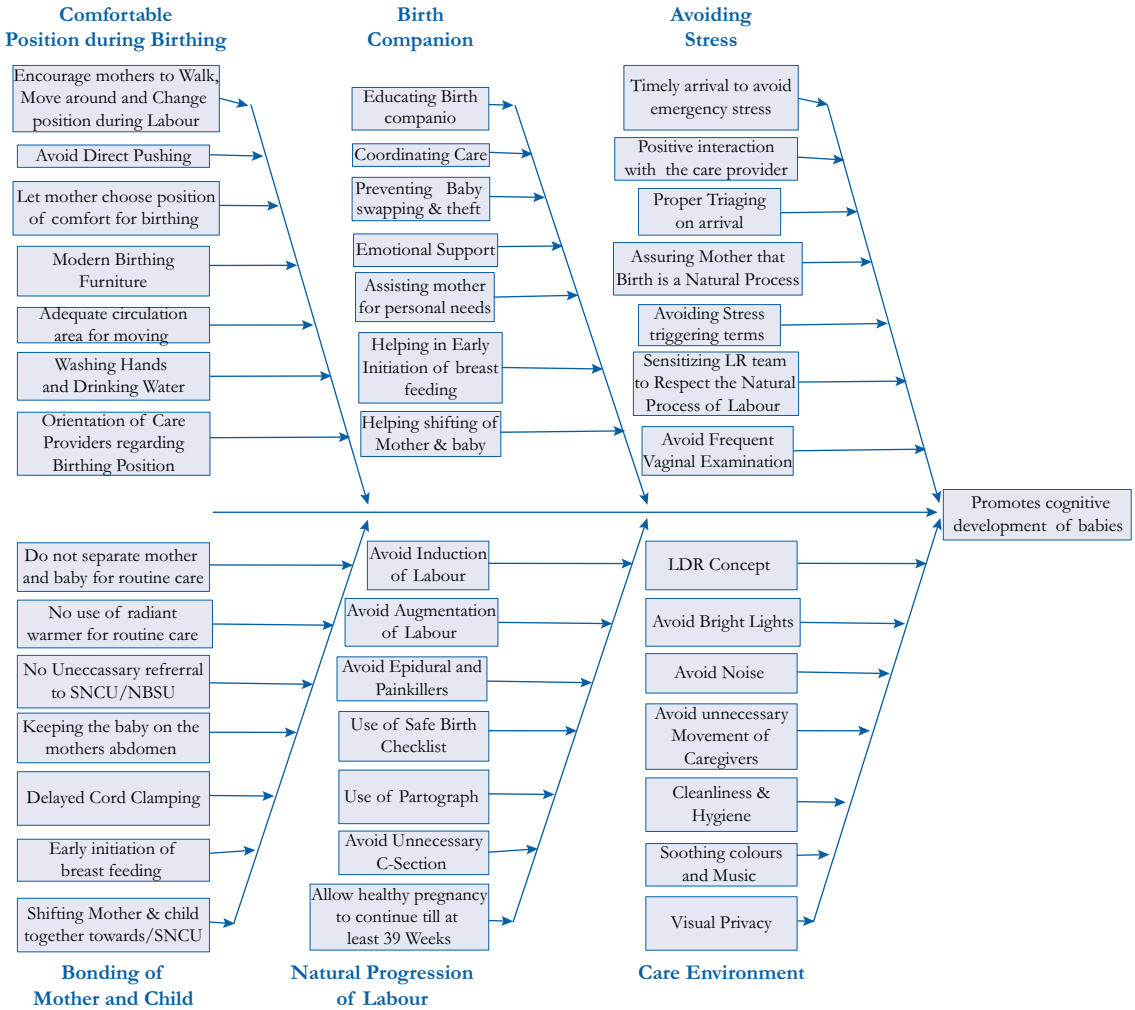
A dedicated data entry module and dashboard may be created in this purpose. Many of these indicators are already reported through HMIS, Labour room, HIS and SNCU online system. The data for these indictors can be directly pulled from the respective systems. All indicators need to be reported by facility on monthly basis after verification from respective coaching teams.

Monitoring of the program activities such as assessment, labour room & OT reorganization, progress on establishing HDU, trainings, visits of coaching teams etc. Will be done through a dedicated web based tracking system. This website will also host all relevant guidelines, resource material, updates and progress reports.

Annexures

Annexure 'A'

Promoting Respectful Maternity Care & Cognitive Development of Baby



Annexure 'B'

Recommended Minimum Human Resource for the Labour Rooms

Human Resource exclusively for Labour Room

All the labour rooms, whether newly constructed or re-rganized from an existing labour room, should have Human Resources (HR) in adequate numbers strictly, as per the recommendations given below. If needed, redeployment or hiring of new staff should be done. HR posted in the labour room should not be rotated outside the labour room.

CHC/AH/SDH/DH/Medical Colleges

No. of Deliveries (per month)	Staff Nurse (with LDR)	Staff Nurse (without LDR)	MO	House-keeping	DEO	Guard
100–200	In LDR facility there should be 4 staff nurses per LDR unit (1 for each shift and 1 back up)	8	4 MO, 1 OBG/EmoC, 1 Anaesthetist/LSAS, 1Pediatrician	4	1	4
200–500		12	1 OBG (Mandatory) + 4 OBG/EmoC +1 Anaesthetist + 4 LSAS + 1 Paediatrician + 4 MO	8	1	6
>500		16	3 OBG (Mandatory) + 4 EmoC +1 Anaesthetist + 4 LSAS + 1 Paediatrician + 4 MO	12	1	8

PHC

MO	Staff Nurse/ ANM	Housekeeping	Guard
1–2	4 ANM/Staff nurses	Round the clock Services	Round the clock services

*All normal deliveries in labour room in the district hospital should be conducted by staff nurses. OBG, EmoC trained MO, and anaesthetists should also be available on call always.

Annexure 'C'

Facility Level Targets for Incentives

S. No.	Indicator	Source	Means of Verification
1.	Facility has assessed Labour Room and OT using NQAS checklist and reported Baseline Quality Scores and indicators	Collated & Reported by DQAC	Reports verified by SQAC
2.	Facility has set Quality Team at facility level and Quality Circles in Labour Room & Maternity OTs	Collated & Reported by DQAC	Reports Verified by SQAC
3.	Facility has oriented the Labour room and Maternity OT staff on LR protocols, RMC & QI	Collated & Reported by DQAC	Reports Verified by SQAC
4.	At least 90% of deliveries are attended by a birth companion	Reported by Facility	Verified by Coaching Team during facility visit SQAC verification on sample basis
5.	At least 90% deliveries are conducted using safe birth and Safe Surgery checklist in Labour Room and Maternity OT	Reported by Facility	Verified by Coaching Team during facility visit SQAC verification on sample basis
6.	Partograph is generated using real-time information in at least 90% deliveries in Labour Rooms	Reported by Facility	Verified by Coaching Team during facility visit SQAC verification on sample basis
7.	Achieved 80% percentage or more breastfeeding within 1 hour or at least 30% increment from baseline.	HMIS	Verified by Coaching Team during facility visit SQAC verification on sample basis
8.	Achieved 0% neonatal asphyxia rate in Labour Room or at least reduction of 20% from baseline	SNCU online (DH) Reported by facility (Where SNCU online is not available)	Verified by Coaching Team during facility visit SQAC verification on sample basis
9.	Achieved 0% neonatal sepsis rate in-born babies or at least reduction of 20% from baseline	SNCU online (DH) Reported by facility (Where SNCU online is not available)	Verified by Coaching Team during facility visit SQAC verification on sample basis

S. No.	Indicator	Source	Means of Verification
10.	Achieved 5% or less Surgical Site infection Rate in Maternity OT or at least reduction of 30% from baseline	Facility Report / HMIS	Verified by Coaching Team / DQAC
11.	Achieved 80% or more antenatal corticosteroid administration rate in case in preterm labour or at least increment of 30% from baseline	SNCU online (DH) Reported by facility (Where SNCU online is not available)	Verified by Coaching Team during facility visit SQAC verification on sample basis
12.	No case of pre-eclampsia, eclampsia & PIH related mortality or at least 25% reduction from baseline	Facility Report	Verified by Coaching Team during facility visit SQAC verification on sample basis
13.	No case of APH/PPH related mortality or at least 25% reduction from baseline	Facility Report	Verified by Coaching Team during facility visit SQAC verification on sample basis
14.	Facility Labour Room is reorganised as labour room standardization guidelines	DQAC onsite verification report	Report Verified by SQAC
15.	Facility Labour room has staffing as per defined norms in annexure B	DQAC onsite verification report	Report verified by SQAC
16.	100% of Women, administered Oxytocin, immediately after birth.	Facility Report	Verified by Coaching Teams
17.	80%and more OSCE scores or at least increment of 30% from baseline	Facility Report	Verified by Coaching Team
18.	Facility conducts referral audit on Monthly basis	Facility Report	Verified by Coaching Team
19.	Facility conducts Maternal death, Neonatal death and near-miss on monthly basis	Facility report	Verified by Coaching Team
20.	Facility report zero stock outs in Labour Room & Maternity OT	Facility Report	Verified by Coaching Teams

Annexure 'D'

Detailed Action Plan for LaQshya Initiative

	National Level	State Level	District Level DQAC	Facility Level
Institutions	MH Division, CH Division, NHSRC and National Partners	Directorate, NHM, SQAC/ SQAU, State level partners	DQAC	Quality Team
Primary Responsibility -	DC Maternal Health, MoHFW	Program Officer, MH State Nodal Officer	District Nodal officers for Maternal Health / RCH	Labour Room & OT Incharges/ HOD Obs&Gynae.
Support Teams	Project Management Unit, QI Division NHSRC, Child Health Division	State Quality Assurance Units Child Health Program Officers	District Quality Assurance Unit	
Quality Drivers	National Mentoring Group	State Mentoring Group	Coaching Teams	Quality Circle
Preparatory Phase				
1st Month	National Level Launch Issue of Instructions to the states & UTs Identification and selection of National Mentoring Group members Finalization of Assessment Checklist (NQAS) Orientation workshop for National Mentors and Key State Officials (Two Batches) Preparation of Initial IEC package Creation of special task group for 'LaQshya'	Dissemination of LaQshya Guidelines to target facilities Identification and selection of State Mentoring Group Identification and orientation of District level officers Formation of State Mentoring Group, Finalisation of list of facilities & district nodal officers Communication of contact details to GoI Coordination meeting – NHM, Medical Education, Medical Colleges, Medical Directorate	Listing of eligible facilities and reporting to the state Identification and selection for the Coaching Teams	Formation of Quality Circles One meeting of quality team with quality circle to discuss LaQshya guidelines and Future plan Ensuring Quality Circle has hard copy of LaQshya, Labour Room Standardization

	National Level	State Level	District Level DQAC	Facility Level
	Issuing guidelines for strengthening referral system Developing a standardising branding for the program	Recruitment of HR (Existing Vacancies)		
2nd Month	Finalization of Initial Resource package Orientation workshop for National Mentors (2 batch) Launch of IEC campaign Assigning National Mentors for states and facilities Preparation of visit roster of National Mentors Finalisation of IT platform and Instructions	IEC campaign through press, electronic media Orientation of coaching teams, state mentoring group and representatives of Medical Colleges by National mentor in optimal size group	First meeting of DQAC with the coaching team to discuss future plan Preparation of visit roster of coaching teams Familiarisation of guidelines and required activities	Assessment of Labour rooms & Maternity OT using NQAS Check-lists
Assessment Phase				
3rd Month	Preparation of resource package for Rapid Improvement for first two improvement cycle Visit of National Mentors to facilities as per roster Launch of IT platform and Instructions	Mobilisation of coaching teams for peer assessment Empanelling architects/planning consultants for labour room redesign Coordinating visits of National Mentors	Joint visit of Mentors and coaching team Peer Assessment of Labour Room and Maternity OT by Coaching team Verifying the baseline Indicators	Gap analysis Reporting of HR and structural requirements to state Collection of baseline indicators Orientation of Quality Circles for Quality Improvement and Clinical Protocols

	National Level	State Level	District Level DQAC	Facility Level
4th Month	Visit of National mentors to facilities as per roster Soft Launch of IT platform for Labour room Finalization of Resource and IEC package for Improvement Cycle 1 Approval of State PIPs & release of funds	Collation of Resource Requirements from facility Proposal for financial allocation (including resource requirement for Medical Colleges) submitted through the NHM PIP (Supplementary) Planning for creation of obstetrics HDU as per MoHFW guidelines	Joint visit of National mentors and Coaching Teams Handholding Quality circles in preparing action plans	Preparation of Time bound Action Plan Initial Reorganization of Labour Rooms Reallocation of Human Resource Collection of baseline indicators Mapping of referral facilities Ensuring availability of updated versions clinical protocols Initiation of patient satisfaction surveys
Improvement Phase				
5th Month Improvement Cycle 1	Launch on Improvement Cycle "Real-time Partograph generation & usage of safe birth checklist"	Ensuring formats for standardized Labour Room case sheet including partograph and safe birth checklist is distributed Monitoring of coaching teams Planning for visits Facilitating implementation of IT platform Initiation of 'gap-closure' action Hiring of approved HR (Supplementary PIP)	Visit to assigned facilities for onsite training and handholding of quality circle for use of Standardized Labour room case sheets Real Time use of Partograph Real time use of safe birth checklist	Identifying gaps and opportunity for improvements in use of safe birth checklist and partograph Introduction of Digital partographs in selected medical colleges Assuring that all deliveries are conducted with help of safe birth checklist and partograph Ensuring use of case sheets and labour room registers. Entry of data in IT SYSTEM

	National Level	State Level	District Level DQAC	Facility Level
6th Month	Collating and analysing state wise progress Assisting states not making expected progress Visit of National Mentors to sample facilities Finalization of Resource package and material for next cycle	Collating & analysing the progress, Improvements and Indicators, Focusing on the facilities not making expected progress including onsite visit if necessary	Handholding the Quality Circle for sustaining the efforts Verifying the indicators Assessment of staff competence and processes	Standardizing and sustaining the improvement gained in Cycle 1 Reporting the Indicators Initiate project on 'lean labour room' in selected medical colleges & DHs
7th Month Improvement Cycle 2	Launch of Improvement Cycle on Birth Companion, Respectful care & satisfaction IEC campaign on importance of Birth Companion and respectful care to enable natural birthing process Dissemination of Resource package on respectful care and natural birthing process Video Conferencing by National Mentors with their respective Coaching Teams and Quality Circles	State level orientation of Labour Room In charges and coaching teams with for Birth Companion and respect full IEC campaign in Local Media and Press for promoting Birth Companion Implementing patient feedback system in labour rooms	Facility visit for on-site training and handholding the quality circle for Birth Companion, respectful care and Natural birthing process	Counselling attendants for roles as Birth Companion Ensuring all the deliveries are conducted with active support of birth companion Implementing the protocols for Natural Birthing Process Maintaining the full privacy through three side curtains or LDR cubicles Taking feedback for Mothers and attendants
8th Month	Collating and analysing state wise progress	Assisting states having made expected progress	Collating & analysing the progress, Improvements and Indicators,	Standardizing and sustaining the improvements gained in Cycle 1 & 2

	National Level	State Level	District Level DQAC	Facility Level
	Visit of National Mentors to sample facilities Finalization of Resource package and material for next cycle	Focusing on the facilities not making Expected progress including onsite visit if necessary	Handholding the Quality Circle for sustaining the efforts of Cycle 1 and 2 Verifying the indicators Assessment of processes and staff competence and onsite rectification if any	Reporting the Indicators
9th Month Improvement Cycle 3	Launch of Improvement Cycle Labour Management Protocols including AMTSL, Oxytocin Issue of guidelines for C-Section Audit Dissemination of Resource package on Labour Room Protocols Video Conferencing by National Mentors with their respective Coaching Teams and Quality Circles	Ensuring labour room protocols including AMTSL and rational use of oxytocin have been disseminated to all labour rooms Dissemination of C-Section Audit guidelines Arranging refresher trainings on labour room protocols through existing program such as Dakshata and skill labs	Facility visit for onsite training and handholding for labour room protocols	Ensure augmentation and induction practices are restricted unless these are indicated All staff is trained, skilled and confident in labour protocols including AMTSL Do's and Don'ts are clearly communicated and adhered
10th Month	Collating and analysing state wise progress Assisting states not making expected progress Visit of National Mentors to sample facilities Finalization of Resource package and material for next cycle	Collating & analysing the progress, Improvements and Indicators, Focusing on the facilities not making expected progress including onsite visit if necessary	Handholding the Quality Circle for sustaining the efforts of Cycle 1 and 2, 3 & 4 Verifying the indicators Assessment of processes and staff competence and onsite rectification if any	Standardizing and sustain the improvement gained in Cycle 1, 2 & 3 Reporting the Indicators

	National Level	State Level	District Level DQAC	Facility Level
11th Month Improvement Cycle 4	Launch of Improvement Cycle on Assessment Triage and management of complication Dissemination of Resource package Video Conferencing by National Mentors with their respective Coaching Teams and Quality Circles	Ensuring protocols for management of assessment, triage and management of complications has been disseminated Arranging refresher training of Labour Room In charges/ Coaching teams if necessary through existing program such as Dakshata and Skill Labs	Facility visit for onsite training and handholding for implementation of assessment, triage and management of complication protocols	Earmarking the Triage area in labour room Implementing the triage processes Ensuring that initial assessment of each pregnant mother has been done as per labour room case sheet Ensuring management of complication protocols are displayed in labour room Ensuring staff is well trained and skilled for management complication protocols
12th Month	Collating and analysing state wise progress Assisting states not making expected progress Visit of National Mentors to sample facilities Finalization of Resource package and material for next cycle	Collating & analysing the progress, Improvements and Indicators, Focusing on the facilities not making expected progress including onsite visit if necessary	Handholding the Quality Circle for sustaining the efforts of Cycle 1, 2, 3 & 4 Verifying the indicators Assessment of processes and staff competence and onsite rectification if any	Standardizing and sustain the improvement gained in Cycle 1, 2, 3 & 4 Reporting the Indicators
13th Month Improvement Cycle 5	Launch of Improvement Cycle on Newborn Care, Resuscitation and Breast feeding Launch of IEC campaign on Breast feeding	Ensuring Newborn care and resuscitation protocols are disseminated to all labour rooms Arranging booster training of Labour room charges/ Coaching teams if necessary through existing program such as Dakshata and Skill Labs	Facility visit for on-site training and handholding for Newborn care & resuscitation. Breastfeeding and care of Low birth weight	Ensuring newborn care and resuscitation protocols are displayed Staff is trained, skilled and confident Equipment and supplies are available

	National Level	State Level	District Level DQAC	Facility Level
	Dissemination of resource package	Ensuing equipment and supplies for newborn care to labour rooms		Breastfeeding is promoted and ensured within one hour of birth
14th Month	Collating and analysing state wise progress Assisting states not making expected progress Visit of National Mentors to sample facilities Finalization of Resource package and material for next cycle	Collating & analysing the progress, Improvements and Indicators, Focusing on the facilities not making expected progress including onsite visit if necessary	Handholding the Quality Circle for sustaining the efforts of Cycle 1 and 2, 3, 4 & 5 Verifying the indicators Assessment of processes and staff competence and onsite rectification if any	Standardizing and sustain the improvement gained in Cycle 1, 2, 3, 4, & 5 Reporting the Indicators
15th Month Imp-rovement Cycle 6	Launch of Improvement Cycle on Infection Prevention and Waste management Dissemination of Resource Package on infection control	Ensuring Infection Control protocols are disseminated to all labour rooms Arranging booster training of Labour Room In charges/ Coaching teams if necessary through existing program such as Dakshata and Skill Labs Ensuring supplies for infection control and waste management are in place	Facility visit for on-site training and handholding for Infection prevention and waste management	Ensuring Hand Hygiene and personal protection practices Ensuring waste is disposed as per BMW rules 2016 Ensuring sterilized instrument and supplies are available for delivery and newborn care Ensuring staff is trained and skilled for infection control and Waste Management
16th Month	Collating and analysing state wise progress Assisting states not making expected progress Visit of National Mentors to sample facilities	Collating & analysing the progress, Improvements and Indicators, Focusing on the facilities not making expected progress including onsite visit if necessary	Handholding the Quality Circle for sustaining the efforts of Cycle 1, 2, 3, 4, 5 & 6 Verifying the indicators	Standardizing and sustain the improvement gained in Cycle 1, 2, 3 & 4, & 5 & 6 Reporting the Indicators

	National Level	State Level	District Level DQAC	Facility Level
			Assessment of processes and staff competence and onsite rectification if any	
Evaluation Phase				
17th Month	Collating and evaluation of overall performance on Quality Indicators Assigning Assessors external certification	Collating the quality scores Sending Request for Quality Certification External Assessment of Labour rooms coring more than 70% score for awards	Second round of peer assessment by coaching teams against NQAS standards	Applying for Labour Room Quality Certification
18th Month	Award of Quality Certification National Level Felicitation of Award Winners Dissemination of Achievements Roll out for program for next phase	Awards at state level winners and coaching teams Branding of Labour rooms	Branding of Labour Rooms	Branding of Labour rooms

- If Labour rooms are ready they can apply for the NQAS certification early.
- Actions for closure of structural and HR gaps will be initiated simultaneously. State and facility incharges should ensure that Labour Room preferably in LDR format with requisite equipment and HR are ready within one year of commencement of this initiative.
- Rapid Improvement Cycles have been planned to emphasize and improve critical processes through more focused campaign mode. Focusing on one issue doesn't mean that other issues will not be addressed in that window period. Critical gaps should be addressed as and when required. Improved practices and performance gained during one campaign should be sustained during the subsequent cycles.
- Indicators will be reported on monthly basis in the first week of next month.

Annexure 'E'

National Quality Assurance Standards Checklist for Labour Room

Assessment Summary

Name of the Hospital ..... Date of Assessment .....

Names of Assessors..... Names of Assessees .....

Type of Assessment (Internal/External)..... Action plan Submission Date .....

Labour room Score Card			
Area of Concern wise Score			**Labour Room Score**
A	Service Provision		
B	Patient Rights		
C	Inputs		
D	Support Services		
E	Clinical Services		
F	Infection Control		
G	Quality Management		
H	Outcome		

Major Gaps Observed

1 .....

2 .....

3 .....

4 .....

5 .....

Strengths/Good Practices

1 .....

2 .....

3 .....

4 .....

5 .....

Recommendations/Opportunities for Improvement

1 .....

2 .....

3 .....

4 .....

5 .....

Signature of Assessors.....

Date.....

Checklist for Labour Room

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
Area of Concern - A: Service Provision					
Standard A1	**The facility provides Curative Services**				
ME A1.14	Services are available for the time period as mandated	Labour room service is functional 24X7		SI/RR	Verify with records that deliveries have been conducted in night on regular basis
Standard A2	**The facility provides RMNCHA Services**				
ME A2.1	The facility provides Reproductive health Services	Availability of Post Partum IUD insertion services		SI/RR	Verify with records that PPIUD services have been offered in labour room
ME A2.2	The facility provides Maternal health Services	Availability of Vaginal Delivery services		SI/RR	Normal vaginal & assisted (Vacuum/Forcep) delivery
		Availability of Pre term delivery services		SI/RR	Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily
		Management of Postpartum Haemorrhage		SI/RR	Check if Medical/Surgical management of PPH is being done at labour room
		Management of Retained Placenta		SI/RR	Check staff manages retained placenta cases in labour room . Verify with records
		Septic Delivery & Delivery of HIV positive Pregnant Women		SI/RR	Check if infected delivery cases are managed at labour room and not referred to higher centres unnecessarily
		Management of PIH/Eclampsia/ Pre eclampsia		SI/RR	Check services for management of PIH/ Eclampsia are being proved at labour room
ME A2.3	The facility provides Newborn health Services	Availability of New born resuscitation		SI/OB	Check if labour room has a functional New born resuscitation services available in labour room

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
		Availability of Essential new born care		SI/OB	Check essential newborn care provisions such as Keeping baby on mother's abdomen, immediate drying of baby, Skin to skin contact, delayed chord clamp, initiation of breast feeding, recording of vitals and Vit. K are provided
Standard A3	**The facility Provides diagnostic Services**				
ME A3.2	The facility Provides Laboratory Services	24 *7 Availability of point of care diagnostic tests		SI/OB	HIV, Hb% , Random blood sugar , Protein Urea Test
Area of Concern - B: Patient Rights					
Standard B1	**The facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability of departmental signage's		OB	Numbering, main department and internal sectional signage, Restricted area signage displayed. Directional signages are given from the entry of the facility
ME B1.2	The facility displays the services and entitlements available in its departments	Necessary Information Regarding services provided is displayed		OB	Name of doctor and Nurse on duty are displayed and updated. Contact details of referral transport/ambulance displayed
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed		OB	Breast feeding, kangaroo care, family planning etc (Pictorial and chart) in circulation & waiting area
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	Check all information for patients/visitors are available in local language

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
Standard B2	**Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.**				
ME B2.1	Services are provided in manner that are sensitive to gender	Only on duty staff is allowed in the labour room when it is occupied		OB	Pregnant woman, her birth companion, doctor, nurse/ ANM on duty and other support staff only, are allowed in the labour room
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disabilities	Availability of Wheel chair or stretcher for easy Access to the labour room		OB	
		Availability of ramps and railing & Labour room is located at ground floor		OB	If not located on the ground floor availability of the ramp/lift with person for shifting
ME B2.4	There is no discrimination on basis of social and economic status of the patients	Check care to pregnant women is not denied or differed due to discrimination		OB/PI	Discrimination may happen because of religion, caste, ethnicity, cast, language, paying capacity and educational level
Standard B3	**The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information**				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen/partition at delivery tables		OB	Screens/Partition has been provided from three side of the delivery table or Cubicle for ensuring visual privacy
		Curtains/frosted glass have been provided at windows		OB	Check all the windows are fitted with frosted glass or curtains have been provided
		No two women are treated on common bed/Delivery Table		OB/PI	Check that observation beds and delivery tables are not shared by multiple women at the same time because of any reason
ME B3.2	Confidentiality of patients records and clinical information is maintained	Patient Records are kept at secure place beyond access to general staff/visitors		SI/OB	Check records are not lying in open and there is designated space for keeping records with limited access. Records are not shared with anybody without permission of hospital administration

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
ME B3.3	The facility ensures the behavior of staff is dignified and respectful, while delivering the services	Behavior of labour room staff is dignified and respectful		OB/PI	Check that labour staff is not providing care in undignified manner such as yelling, scolding, shouting, blaming and using abusibe language, unnecessary touching or examination
		Pregnant women is not left unattended or ignored during care in the labour room		OB/PI	Check that care providers are attentive and empathetic to the pregnant women at no point of care they are left alone.
		Care provided at labour room is free from physical abuse or harm		OB/PI	Check if the physical abuse practices such as pinching, slapping, restraining, pushing on the abdomen, extensive episiotomy etc.
		Pregnant women is explicitly informed before examination and procedures		OB/PI	Check if care providers verbally inform the pregnant women before touching, examination or starting procedure
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	HIV status of patient is not disclosed except to staff that is directly involved in care		SI	Check if HIV status of pregnant women is not explicitly written on case sheets and avoiding any means by which they can be identified in public such as labelling or allocating specific beds
Standard B4	**The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making**				
ME B4.1	There is established procedure for taking informed consent before treatment and procedures	Consent is taken before delivery and or shifting		SI/RR	Check the labour room case sheet for consent has been taken

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Labour room has system in place to involve patient's relative in decision making about pregnant women treatment		PI	Check if pregnant women and her family members have been informed and consulted before shifting the patient for C-Section or referral to higher center
Standard B5	**The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Check all services including drugs, consumables, diagnostics and blood are free of cost in labour room		PI/SI	Check if there are no user charges of any services in labour room Ask Pregnant women and their attendants if they have not paid for any services or any informal fees to service providers
Area of Concern - C: Inputs					
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1	Departments have adequate space as per patient or work load	Adequate space as per delivery load		OB	Labour tables should be placed in a way that there is a distance of at least 3 feet from the sidewall, at least 2 feet from head end wall, and at least 6' from the second table
ME C1.2	Patient amenities are provided as per patient load	Availability of patients amenities such as Drinking water, Toilet & Changing area		OB	Dedicated Toilets for Labour Room area and Staff Rooms. LDR concept for Labour Room should have attached toilet with each LDR unit. Toilets are provided with western style toilet seats. Drinking water Facility within labour room For Pregnant women & companion

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
ME C1.3	Departments have layout and demarcated areas as per functions	Labour Room layout is arranged in LDR concept		OB	Labour Room and associated services are arranged according to Labour-Delivery-Recovery Concepts with each LDR unit comprising of 4 Labour Beds and dedicated Nursing Station and New Born Corner
		Availability of Registration Area & Waiting area		OB	Dedicated reception and registration area the entry of Labour Room Complex with registration desk and seating arrangement for 30 people in waiting area
		Availability of Triage and Examination Area		OB	Dedicated Triage & Examination room with two examination beds for segregation of High & Low Risk patients Entry to the labour room should not be direct. Check if there is any buffer area
		Dedicated nursing station and Duty Rooms		OB	One common Nursing station for Conventional Labour Room Dedicated Nursing station for Each unit if LDR concept is followed
		Availability of Storage Area		OB	A dedicated sub store with cabinets and storage racks for storing supplies Separate Clean room & Dirty Utility room for Storing Sterile and Used goods respectively
		Availability of Newborn Care area		OB	One Dedicated Newborn care area for each four tables. Incase of LDR dedicated NBCA for each unit.There should be no

Ref. No.	ME Statement	Check-point	Comp-liance	Assess-ment Method	Means of Verification
					obstruction between labour table and Newborn corner for swift shifting of newborn requiring resuscitation Radiant Warmer Should have free space from three sides
		Availability of Staff Room & Doctor's Duty Room		OB	Dedicated rooms for Nursing staff and Doctors provided with beds, storage furniture and attached toilets
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors connecting labour room are broad enough to manage stretcher and trolleys		OB	Corridor should be wide enough so that 2 stretchers can pass simultaneously without any hassle
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	Check availability of functional telephone and intercom connections
ME C1.6	Service counters are available as per patient load	Availability of labour tables as per delivery load		OB	Less than 20 Deliveries/ Month -1 20-99 Deliveries/ Month - 2 100- 199 Deliveries/ Month -4 200- 499 Deliveries/ Month -6 More than 500 Deliveries- Conventional Labour Room - Monthly Delivery Cases X 0.014 (Labour- Delivery-Recovery) LDR format - Monthly Delivery Cases X.028

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Labour room is in Proximity and function linkage with OT & SNCU		OB	Check labour room is located in the proximity of Maternity OT and SNCU/ NICU in one block only with means of swift shifting of patients in case of emergency. If located on different floor lift/ ramp with manned trolley should be provided
		Unidirectional flow of care		OB	Labour room lay out and arrangement of services are designed in a way, that there is no criss cross movement of patient, staff, supplies & equipment
Standard C2	**The facility ensures the physical safety of the infrastructure**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are properly fastened and secured
ME C2.3	The facility ensures safety of electrical establishment	Labour room does not have temporary connections and loosely hanging wires		OB	Switch Boards other electrical installations are intact. Check adequate power outlets have been provided as per requirement of electric appliances
ME C2.4	Physical condition of buildings are safe for providing patient care	Check if safety features have been provided in infrastructure		OB	The floor of the labour room complex should be made of anti-skid material. Each window have 2-panel sliding doors. The outside panel be fixed The second panel should be moving with frosted glass and a lock

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
Standard C3	**The facility has established Programme for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	Labour room has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	Check the fire exits are clearly visible and routes to reach exit are clearly marked
ME C3.2	The facility has adequate fire fighting Equipment	Labour room has installed fire Extinguishers & expiry is displayed on each fire extinguisher		OB	Class A, Class B, Class C type or Class ABC type. Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	Check staff is aware of RACE (Rescue-Alarm-Contain-Extinguish) method for in case of fire and confident in using fire extinguisher
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Ob&G specialist		OB/RR	100-200 Deliveries -1 (OBG/EMOC) 200 - 500 Deliveries - 1 OBG (Mandatory + 4 (OBG/EMOC) >500 3 OBG + 4 EMOC
		Availability of Pediatrician		OB/RR	At least 1 pediatrician
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of General duty doctor		OB/RR	At least 4 Medical Officers
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff /ANM		OB/RR/SI	Deliveries Per month- 100-200- 8 200-500 -12 > 500 - 16

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
ME C4.5	The facility has adequate support/ general staff	Availability of house keeping staff & Security Guards		SI/RR	Housekeeping Staff as per delivery load 100-200 - 4 200-500 - 8 Security Guards as per Delivery Load > 500 - 12 100-200 - 4 200-500 - 6 > 500 - 8
Standard C5	**The facility provides drugs and consumables required for assured services**				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of uterotonic Drugs		OB/RR	Inj Oxytocin 10 IU (to be kept in fridge) Tab Misoprostol 200mg
		Availability of Anti-infective Drugs		OB/RR	Cap Ampicillin 500mg, Tab Metronidazole 400mg, Inj Gentamicin
		Availability of Antihypertensive, Analgesic, Antipyretic and Anesthetic drugs		OB/RR	Nifedipine, Methyldopa, Inj Hydralazine, Tab Paracetamol, Tab Ibuprofen, Inj Xylocaine 2%
		Availability of IV Fluids		OB/RR	IV fluids, Normal saline, Ringer lactate,
		Availability of Vitamins		OB/RR	Vit K
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings material and Sanitary pads		OB/RR	Gauze piece and cotton swabs, sanitary Napkins (2 for Each Delivery), Sanitary Pads (4 for each delivery, needle (round body and cutting), chromic catgut no. 0, antiseptic solution
		Availability of syringes and IV Sets/tubes and consumables for newborn		OB/RR	Paediatric IV sets, urinery catheter, Gastric tube and cord clamp, Baby ID tag

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
ME C5.3	Emergency drug trays are maintained at every point of care, wherever it may be needed	Emergency Drug Tray is maintained		OB/RR	Inj Magsulf 50%, Inj Calcium gluconate 10%, Inj Dexamethasone, inj Hydrocortisone Succinate, Inj Ampicillin, Inj Gentamicin, Inj Metronidazole, Inj Diazepam, Inj Pheniramine maleate, Inj Corboprost, Inj Pentazocine, Inj Promethazine, Betamethasone, Inj Hydralazine, Nifedipine, Methyldopa, Ceftriaxone
Standard C6	**The facility has equipment & instruments required for assured list of services**				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment & Instruments for examination & Monitoring		OB	One set of Digital BP apparatus, Stethoscope, Adult Thermometer, Baby hermometer, baby forehead thermometer, Handheld Fetal Doppler, Fetoscope, baby weighting scale, Measuring Tape for four labour tables or at least two sets., Wall clock
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of instrument arranged in Delivery trays		OB	Cord Cutting Scissor, Artery forceps, Cord clamp, Sponge holder, speculum, kidney tray, bowl for antiseptic lotion are present in tray
		Delivery kits are in adequate numbers as per load		OB	One autoclaved delivery tray for each table plus 4 extra trays
		Availability of Instruments arranged for Episiotomy trays		OB	Episiotomy scissor, kidney tray, artery forceps, allis forceps, sponge holder, toothed forceps, needle holder,thumb forceps, are present in tray

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
		Availability of Baby tray		OB	Two pre warmed towels/ sheets for wrapping the baby, mucus extractor, bag and mask (0 & 1 no.), sterilized thread for cord/ cord clamp, nasogastric tube are present in tray
		Availability of instruments arranged for MVA/EVA tray		OB	Speculum, anterior vaginal wall retractor, posterior wall retractor, sponge holding forceps, MVA syringe, cannulas, MTP, cannulas, small bowl of antiseptic lotion, are present in tray
		Availability of instruments arranged for PPIUCD tray		OB	PPIUCD insertion forceps, CuIUCD 380A/Cu IUCD375 in sterile package are present in tray
		Availability of Radiant Warmers		OB	1 Functional Radiant warmer for each four tables
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Diagnostic Instruments		OB	Atleast 2 Glucometers, Protien Urea Test Kit , HB Testing Kits, HIV Kits.
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of resuscitation Instruments for Newborn & Mother		OB	Availability of Neonatal Resuscitation Kit Pediatric resuscitator bag (volume 250 ml) with masks of 0 and 1 size for each Radiant warmer Adult Resuscitation Kit
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Movable Crash cart/Drug trolley, instrument trolley, dressing trolley
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipment for cleaning & sterilization		OB	Buckets for mopping, Separate mops for labour room and circulation area duster, waste trolley, Deck brush, Autoclave

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of Labour Beds with attachment/ accessories		OB	Each labor bed should be have following facilities Adjustable side rails, Facilities for Trendelenburg/reverse positions, Facilities for height adjustment, Stainless steel IV rod, wheels & brakes, Steel basins attachment, Calf support, handgrip, legs support
		Availability of Mattress for each Labour Beds		OB	Mattress should be in three parts and seamless in each part with a thin cushioning at the joints, detachable at perineal end. It should be washable and water proof with extra set
Standard C7	**Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff**				
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff	Check parameters for assessing skills and proficiency of clinical staff has been defined		SI/RR	Check objective checklist such OSCE (Onsite Clinical Examination) defined Dakshta program are available at the labor room
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year	Check for competence assessment is done at least once in a year		SI/RR	Check for records of competence assessment using OSCE including filled checklist, scoring and grading. Verify with staff for actual competence assessment done
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Navjat Shishu Surkasha Karyakarm (NSSK) training & Skilled birth Attendant (SBA)		SI/RR	Check training records
		Biomedical Waste Management & Infection control and hand hygiene, Patient safety		SI/RR	Check training records

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
		Training on Quality Management		SI/RR	Assessment, action planning, PDCA, 5S & use of checklist
		Training on Respectful Maternal Care		SI/RR	Check training records
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision	Labour room staff is provided refresher training		SI/RR	Check with training records the labour room staff have been provided refresher training at lest once in every 12 month on Intrapartum care, Identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support
Area of Concern - D: Support Services					
Standard D1	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipment**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipments are covered under AMC including preventive maintenance		SI/RR	Check with AMC records/ Warranty documents
		There is system of timely corrective break down maintenance of the equipments		SI/RR	Check for breakdown & Maintenance record in the log book
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipments/ instrument are calibrated		OB/ RR	BP apparatus, thermometers, weighing scale, radiant warmer etc. are calibrated. Check for records/calibration stickers
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of equipments are readily available with labour room staff		OB/SI	Check operating and trouble shooting instructions of equipment such as radiant warmer are available at labour room

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables and drugs		SI/RR	Stock level are daily updated Requisition are timely placed well before reaching the stock out level. Check with stock and indent registers
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB	Check drugs and consumables are kept at allocated space in Crash cart/Drug trolleys and are labelled. Look alike and sound alike drugs are kept seprately
		Empty and filled cylinders are labelled and updated		OB	Empty and filled cylinders are kept separately and labelled, flow meter is working and pressure/ flow rate is updated in the checklist
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray /Crash cart		OB/RR	Expiry dates against drugs are mentioned crash cart/emergency drug tray No expiry drug found
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	At least one week of minimum buffer stock is maintained all the time in the labour room. Minimum stock and reorder level are calculated based on consumption in a week accordingly
		Department maintained stock and expenditure register of drugs and consumables		RR/SI	Check stock and expenditure register is adequately maintained

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray/crash cart		SI/RR/OB	There is no stock out of drugs
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically. Refrigerators meant for storing drugs should not be used for storing other items such as eatables
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at delivery table & observation area		OB	Labour Area - 500 Lux Support Area - 150 Lux
ME D3.2	The facility has provision of restriction of visitors in patient areas	There is no overcrowding in labour room		OB	Visitors are restricted at labour room. One birth companion is allowed to stay with the Pregnant women
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in patient care area		PI/OB	Temperature of the labour room should be kept around 26-28 degree C ,labour complex should have split ACs with tonnage = (square root of area)/10 and one ceiling mounted fan for every labour table. Area should be drought free
ME D3.4	The facility has security system in place at patient care areas	Security arrangement in labour room		OB	Dedicated security guards preferably female security staff. CCTV Camera at entrance/ circulation areas

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
ME D3.5	The facility has established measure for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	Check adequate security measures have been taken for safety and security of staff working in labour room
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior & Interior of the facility building is maintained appropriately	Interior & exterior of patient care areas are plastered & painted & building are white washed in uniform colour		OB	Wall and Ceiling of Labour Room are painted in white colour. The walls of the labour room complex should be made of white wall tiles, with seamless joint, and extending up to the ceiling
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt, grease,littering and cobwebs. Surface of furniture and fixtures are clean
		Toilets are clean with functional flush and running water		OB	Check toilet seats, floors, basins etc are clean and water supply with functional cistern has been provided
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage, Cracks, chipping of plaster Window panes, doors and other fixtures are intact		OB	Check for delivery as well as auxiliary areas
		Delivery table are intact and without rust & Mattresses are intact and clean		OB	Observe for any signs for rusting or accumulation of dirt/grease/encrusted body fluid
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/ Junk material in the Labour room		OB	Check of any obsolete article including equipment, instrument, records, drugs and consumables

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/ rodent/birds		OB	Check for no stray animal in and around labour room
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and portable water		OB/SI	Availability of 24X7 Running water & hot water facility
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in labour room		OB/SI	Check for 24X7 availability of power backup including Dedicated UPS and emergency light
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate sets of linen	Availability & use of clean linen		OB/RR	Clean Delivery gown is provided to Pregnant Women & sterile drape for baby
ME D7.3	The facility has standard procedures for handling, collection, transportation and washing of linen	There is system to check the cleanliness and Quantity of the linen		SI/RR	Quantity of linen is checked before sending it to laundry. Cleanliness & Quantity of linen is checked received from laundry. Records are maintained
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.2	The facility has an established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/Biometrics etc)
		Staff posted in the labor room should not be rotated outside the labor room		RR/SI	Check with the duty roster

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration/the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	As per hospital administration or state policy
Area of Concern - E: Clinical Services					
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients**				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number & patient demographic records are generated during process of registration & admission		RR	Check for demographics like Name, age, Sex, Chief complaint, etc.
ME E1.3	There is established procedure for admission of patients	There is procedure for admitting Pregnant women directly coming to Labour room		SI/RR/OB	Admission is done by written order of a qualified doctor
		There is no delay in admission of pregnant women in labour pain		OB/SI/RR	Co-relate the time admission with & clinical intervention (vital chart, partograph, medication given etc.)
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	Check how service provider cope with shortage of delivery tables due to high patient load		OB/SI	Provision of extra tables
Standard E2	**The facility has defined and established procedures for clinical assessment and reassessment of the patients**				
ME E2.1	There is established procedure for initial assessment of patients	Rapid Initial assessment of Pregnant Women to identify complication and Prioritize care		RR/SI/OB	Recording of vitals and FHR. immediate sign if following danger sign are present - difficulty in breathing, fever, sever abdominal pain, Convulsion or unconsciousness, Severe headache or blurred vision

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
		Recording and reporting of Clinical History		RR/SI	Recording of women obstetric History including LMP, EDD, Parity, Gravida status, H/O CS, Live birth, Still Birth and Medical History (TB, Heart diseases, STD, HIV status) and Surgical History
		Recording of current labour details		RR	Time of start, frequency of contractions, time of bag of water leaking, colour and smell of fluid and baby movement
		Physical Examination		RR/SI	Recording of Vitals, shape & Size of abdomen, presence of scars, foetal lie and presentation. & vaginal examination
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for reassessment of Pregnant women as per standard protocol		RR/OB	There is fix schedule of reassessment as per protocols. Assessment finding should be recorded in partograph
Standard E3	**The facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	There is procedure of handing over patient / new born from labour room to OT/ Ward/SNCU		SI/RR	Hand over from Labour Room to the destination department is given while shifting the Mother & Baby. Shifting to ward should be done at least two hours after delivery in case of conventional LR and 4 hours in case of LDR
		There is a procedure for consultation of the patient to other specialist with in the hospital		SI/RR	Check if there are linkages and established process for calling other specialist in labour room if required

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
ME E3.2	The facility provides appropriate referral linkages to the patients/services for transfer to other/ higher facilities to assure the continuity of care	Reason for referral is clearly stated and referral is authorized by competent person (Gynaecologist or Medical officer on duty)		RR	Verify with referral records that reasons for referral were clearly mentioned and rational. Referral is authorized by Gynaecologist or Medical officer on duty after ascertaining that case can not be managed at the facility. Labor room staff confirms the suitability of referral with higher centers to ascertain that case can be managed at higher center and will not require further referrals
		Essential information regarding referral facilities are available at labour room		RR/OB	Check for availability of following - Referral Pathway Names, Contact details and duty schedules for responsible persons higher referral centers Name, Contact details, duty schedule of Ambulance services
		Advance communication regarding the patient's condition is shared with the higher center		SI/RR	The information regarding the case, expected time of arrival and special facilities such as specialist, blood, intensive care may be required is communicated to the higher center
		Patient referred with referral slip		RR/SI	A referral slip/Discharge card is provided to patient when referred to another health care facility. Referral slip includes demographic details, History of woman, examination findings, management

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
					done, drugs administered, any procedure done, reason for referral, detail of referral center including whom to contact and signature of approving medical officer
		Referral vehicle is being arranged		SI/RR	Check labour room staff facilitates arrangement of ambulance for transferring the patient to higher center. Patient attendant are not asked to arrange vehicle by their own. Check if labour room staff checks ambulance preparedness in terms of necessary equipments, drugs, accompanying staff in terms of care that may be required in transit
		Referral checklist & Referral in/ Out register is maintained all referred cases		RR	Referral check list is filled before referral to ensure all necessary steps have been taken for safe referral including advance communication, transport arrangement, accompanying care provider, referral slip, time taken for referral etc. regarding referral cases including demographics, date & time of admission, date & time of referral, diagnosis at referral and follow up of outcome is recorded in referral register
		Follow-up of referral cases is done		SI/RR	Check that labour room staff follow up of referred cases for timely arrival and appropriate care provided at higher center. Outcome and deficiencies if any should be recorded in referral out register

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
ME E3.3	A person is identified for care during all steps of care	Nurse is assigned for each pregnant women		RR/SI	Check for nursing hand over
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		OB/SI	Identification tags for mother and baby
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	There is a process to ensure the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration. Verbal orders are documented in the case sheet
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		RR/SI	Nursing Handover register is maintained
		Hand over is given bed side		SI/RR/OB	Handover is given during the shift change beside the pregnant women explaining the condition, care provided and any specific care if required
ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically		RR/SI	Check for BP, pulse,temp, Respiratory rate FHR, dilation Uterine Contractions, blood loss any other vital required is monitored and recoded in case sheet
Standard E5	**The facility has a procedure to identify high risk and vulnerable patients**				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping and baby fall
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High Risk Pregnancy cases are identified and kept in intensive monitoring		OB/SI	List of cases identified as High Risk is available with labour room staff. Check for the frequency of observation: Ist stage: half an hour and 2nd stage: every 5 min

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
Standard E6	**The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use**				
ME E6.1	The facility ensured that drugs are prescribed in generic name only	Check for case sheet if drugs are prescribed under generic name only		RR	Check all the drugs in case sheet and discharge slip are written in generic name only
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment protocols are available at point of use		RR	Intrapartum care, Essential newborn care, Newborn Resuscitation, Pre-Eclampsia, Eclampsia, Postpartum hemorrhage, Obstructed Labour, Management of preterm labour
		Check staff is aware of the drug regime and doses as per STG		SI/RR	Check BHT that drugs are prescribed as per treatment protocols & Check for rational use of uterotonic drugs
Standard E7	**The facility has defined procedures for safe drug administration**				
ME E7.1	There is process for identifying and cautious administration of high alert drugs	High alert drugs available in department are identified		SI/OB	Check high alert drugs such as Magsulf, Oxytocin, Carbopost, Adrenaline are identified in the labour room
		Maximum dose of high alert drugs are defined and communicated & there is process to ensure that right doses of high alert drugs are only given		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor. A system of independent double check before administration, Error prone medical abbreviations are avoided
ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date, time and signature		RR	Verify case sheets of sample basis

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
		Check for the writing, It comprehendible by the clinical staff		RR/SI	Verify case sheets of sample basis
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	Check for any open single dose vial with left over content intended to be used later on. In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	Check if adverse drug reaction form is available in labour room and reporting is in practice
ME E7.4	There is a system to ensure right medicine is given to right patient	Check Nursing staff is aware 7 Rs of Medication and follows them		SI/RR	Administration of medicines done after ensuring right patient, right drugs, right route, right time, Right dose , Right Reason and Right Documentation
Standard E8	**The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Progress of labour is recorded		RR	Partograph
ME E8.2	All treatment plan prescription/orders are recorded in the patient records	Treatment prescribed in nursing records		RR	Medication order, treatment plan, lab investigation are recoded adequately
ME E8.4	Procedures performed are written on patients records	Delivery note is adequate		RR	Outcome of delivery, date and time, gestation age, delivery conducted by, type of delivery, complication if any ,indication of intervention, date and time of transfer, cause of death etc

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
		Baby note is adequate		RR	Did baby cry, Essential new born care, resuscitation if any, Sex, weight, time of initiation of breast feed, birth doses, congenital anomaly if any.
ME E8.5	Adequate form and formats are available at point of use	Standard Formats are available		RR/OB	Availability of standardized labour room case sheets including partograph and safe Birthing checklist
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	Labour room register, OT register, MTP register, Maternal death register and records, lab register, referral in/out register, internal & PPIUD register, NBCC register, handover register
		All register/records are identified and numbered		RR	Check records are numbered and labelled legibly
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different test		SI/RR	Check for list of critical values is available at nursing station
Standard E13	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**				
ME E13.9	There is established procedure for transfusion of blood	Protocol of blood transfusion is monitored & regulated		RR	Blood is kept on room temperature (28 ºC) before transfusion. Blood transfusion is monitored and regulated by qualified person
Standard E16	**The facility has defined and established procedures for end of life care and death**				
ME E16.2	The facility has standard procedures for handling the death in the hospital	Death note is written as per mother & neonatal death review guidelines		RR	Maternal and neonatal death are recorded as per MDR guideline. Death note including efforts done for resuscitation is noted in patient record. Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
		There is established criteria for distinguishing between new-born death and still birth		SI/RR	Every still birth is examined, classified by paediatrician before declaration & record is maintained
Standard E18	**The facility has established procedures for Intranatal care as per guidelines**				
ME E18.1	Facility staff adheres to standard procedures for management of second stage of labour	Ensures 'six cleans' are followed during delivery		SI/OB	Ensures 'six cleans' are followed during delivery: Clean hands, Clean surface, Clean blade, Clean cord tie, Clean towel and Clean cloth to wrap mother
		Allows spontaneous delivery of head		SI/OB	By flexing the head and giving perineal support
		Delivery of shoulders and Neck		SI/OB	Manages cord round the neck; assists delivery of shoulders and body; delivers baby on mother's abdomen
		Check no unneccessary episiotomy performed		SI/RR	Check with records and interview with staff if they are still practicing routine episiotomy
		Unnecessary augmentation and induction of labour is not done using uterotonics		SI/RR	Check uterotonics such as oxytocin and mesoperstol is used not for routine induction normal labour unless clear medical indication and the expected benefits outweigh the potential harms Outpatient induction of labour is not done
ME E18.2	Facility staff adheres to standard procedure for active management of third stage of labour	Rules out presence of second baby by palpating abdomen		SI	Check staff competence
		Use of Uterotonic Drugs		SI/RR	Administration of 10 IU of oxytocin IM immediately after Birth . Check if there is practice of preloading the oxytocin inj for prompt administration after birth

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
		Control Cord Traction		SI/RR	Only during Contraction
		Uterine tone assessment		SI/RR	Check staff competence
		Checks for completeness of placenta before discarding		SI/RR	After placenta expulsion, Checks Placenta & Membranes for Completeness
ME E18.3	Facility staff adheres to standard procedures for routine care of new-born immediately after birth	Wipes the baby with a clean pre-warmed towel and wraps baby in second pre-warmed towel		SI/OB	Check staff competence through demonstration or case observation
		Performs delayed cord clamping and cutting (1-3 min)		SI/OB	Check staff competence through demonstration or case observation
		Initiates breast-feeding soon after birth		SI/OB	Check staff competence through demonstration or case observation
		Records birth weight and gives injection vitamin K		SI/OB	Check staff competence through demonstration or case observation
ME E18.4	There is an established procedure for assisted and C-section deliveries per scope of services.	Staff is aware of Indications for referring patient for to Surgical Intervention		SI	Ask staff how they identify slow progress of labour, How they interpret Partogram
		Management of Obstructed Labour		SI/RR	Diagnosis obstructed labour based on data registered from the partograph, Re-hydrates the patient to maintain normal plasma volume, check vitals, gives broad spectrum antibiotics, perform bladder catheterization and takes blood for Hb & grouping, Decides on the mode of delivery as per the condition of mother and the baby

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
ME E18.5	Facility staff adheres to standard protocols for identification and management of Pre Eclampsia / Eclampsia	Records BP in every case checks for proteinuria		SI/RR	Check staff competence through demonstration or case observation
		Identifies danger signs of severe PE and convulsions		SI/RR	Check staff competence through demonstration or case observation
		Administers injection magnesium sulphate appropriately		SI/RR	Check staff competence through demonstration or case observation
		Provides nursing care & ensures specialist attention		SI/RR	Check staff competence through demonstration or case observation
ME E18.6	Facility staff adheres to standard protocols for identification and management of PPH	Checks uterine tone and bleeding PV regularly		SI/OB	Check staff competence through demonstration or case observation
		Identifies PPH		SI/OB/ RR	Assessment of bleeding (PPH if >500 ml or > 1 pad soaked in 5 Minutes or any bleeding sufficient to cause signs of hypovolemia in patient
		Manages PPH as per protocol		SI/OB/ RR	Starts IV fluids, manages shock if present, gives uterotonic, identifies causes, performs cause specific management
		Staff knows the use of oxytocin for Management of PPH		SI/OB/ RR	Initial Dose: Infuse 20 IU in 1 L NS/RL at 60 drops per minute Continuing dose: Infuse 20 IU in 1 L NS/RL at 40 drops per minute Maximum Dose: Not more than 3 L of IV fluids containing oxytocin
		Management of Retained Placenta		SI/RR	Administration of another dose of Oxytocin 20IU in 500 ml of RL at 40-60 drops/min an attempt to deliver placenta with repeat controlled cord traction. If this fails performs manual removal of Placenta

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
ME E18.7	Facility staff adheres to standard protocols for Management of HIV in Pregnant Woman & Newborn	Provides ART for seropositive mothers/links with ART center		SI/RR	Check case records and Interview of staff
		Provides syrup Nevirapine to newborns of HIV seropositive mothers		SI/RR	Check case records and Interview of staff
ME E18.8	Facility staff adheres to standard protocol for identification and management of preterm delivery	Correctly estimates gestational age to confirm that labour is preterm		SI/RR	Assessment and evaluation to confirm gestational age, administration of corticosteroid and tocolytoics for 24-34 weeks Magnesium sulphate given to preterm labour < 32 weeks
		Identifies conditions that may lead to preterm birth		SI/RR	(severe PE/E, APH, PPROM)
		administers antenatal corticosteroids in pre term labour and conditions leading to pre term delivery (24-34 weeks)		SI/RR	Review case records
ME E18.9	Staff identifies and manages infection in pregnant woman	Records mother's temperature at admission and assesses need for antibiotics		SI/RR	Review case records
		Administers appropriate antibiotics to mother		SI/RR	Review case records
ME 18.10	There is Established protocol for newborn resuscitation is followed at the facility	Facility staff adheres to standard protocol for resuscitating the newborn within 30 seconds		SI/OB	Performs initial steps of resuscitation within 30 seconds: immediate cord cutting and PSSR at radiant warmer

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
		Facility staff adheres to standard protocol for preforming bag and mask ventilation for 30 seconds if baby is still not breathing		SI/OB	Initiates bag and mask ventilation using room air with 5 ventilator breaths and continues ventilation for next 30 seconds if baby still does not breathe
		Facility staff adheres to standard protocol for taking appropriate actions if baby does not respond to bag and mask ventilation after golden minute		SI/OB	If baby still not breathing/ breathing well, continues ventilation with oxygen, calls or arranges for advanced help or referral
ME E18.11	Facility ensures Physical and emotional support to the pregnant women means of birth companion of her choice	Women are encouraged and counselled for allowing birth companion of their choice		PI/SI	
		Orientation session and information is available for Birth companion		PI/SI	
Standard E19	**The facility has established procedures for postnatal care as per guidelines**				
ME E19.1	Facility staff adheres to protocol for assessment of condition of mother and baby and providing adequate postpartum care	Performs detailed examination of mother		SI/RR/ PI	Check for records of Uterine contraction, bleeding, temperature, B.P, pulse, Breast examination, (Nipple care, milk initiation), Check for perineal washes performed
		Looks for signs of infection in mother and baby		OB/SI	Staff Interview
		Looks for signs of hypothermia in baby and provides appropriate care		RR/SI/ PI	Skin to skin contact with mother, regular monitoring and specialist attention as required
ME E19.2	Facility staff adheres to protocol for counselling on danger signs, post-partum family planning and exclusive breast feeding	Staff counsels mother on vital issues		PI/SI	Counsels on danger signs to mother at time of discharge; Counsels on post partum family planning to mother at discharge; Counsels on exclusive breast feeding to mother at discharge

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
ME E19.3	Facility staff adheres to protocol for ensuring care of newborns with small size at birth	Facilitates specialist care in newborn <1800 gm		SI/RR	Facilitates specialist care in newborn <1800 gm (seen by paediatrician)
		Facilitates assisted feeding whenever required		SI/RR/ PI	
		Facilitates thermal management including kangaroo mother care		SI/RR/ PI	Facilitates thermal management including kangaroo mother care
ME 19.4	The facility has established procedures for stabilization/ treatment/referral of post natal complications	There is established criteria for shifting newborn to SNCU		SI/RR	Check if criteria has been defined and in practice by labour room staff
Area of Concern - F: Infection Control					
Standard F1	**The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection**				
ME F1.2	The facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance		SI/RR	Swab are taken from infection prone surfaces such as delivery tables, door, handles, procedure lights etc.
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization & medical check up of the staff		SI/RR	Hepatitis B, Tetanus Toxic
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals
Standard F2	**The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing with running Water Facility at Point of Use		OB	Check for availability of wash basin near the point of use Ask to Open the tap. Ask Staff water supply is regular

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
		Availability of antiseptic soap with soap dish/liquid antiseptic with dispenser		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted. Availability of Alcohol based Hand rub
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility, preferably in Local language
		Handwashing station is as per specification		OB	Availability of elbow operated taps & Hand washing sink is wide and deep enough to prevent splashing and retention of water
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Staff is aware of when and how to hand wash		SI/OB	Ask for demonstration of six steps & check staff awareness five moments of handwashing
ME F2.3	The facility ensures standard practices and materials for antisepsis	Availability & Use of Antiseptics		OB	Like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter & Proper cleaning of perineal area before procedure with antisepsis
		Check Shaving is not done during part preparation/delivery cases		SI	Staff Interview
Standard F3	**The facility ensures standard practices and materials for Personal protection**				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Availability of Masks, caps and protective eye cover		OB/SI/ RR	Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock/Expenditure register
		Sterile gloves are available at labour room		OB/SI / RR	Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
		Use of elbow length gloves for obstetrical purpose		OB/SI / RR	Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock/Expenditure register
		Availability of disposable gown/ Apron		OB/SI / RR	Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock/Expenditure register
		Heavy duty gloves and gum boots for housekeeping staff		OB/SI / RR	Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock/Expenditure register
		Personal protective kit for delivering HIV cases		OB/SI	Cap & Mask, protective Eye cover, Disposable apron
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons		OB/SI	
		Entry to the labour Room is only after change of shoes and wearing Mask & Cap		OB	
Standard F4	**The facility has standard procedures for processing of equipment and instruments**				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Disinfection of operating & Procedure surfaces		SI/OB	Cleaning of delivery tables tops after each delivery with 2% carbolic acid
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Cleaning of instruments		SI/OB	Cleaning is done with detergent and running water after use
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
		Autoclaving of delivery kits is done as per protocols		OB/SI	Ask staff about temperature, pressure and time. Ask staff about method, concentration and contact time required for chemical sterilization
		There is a procedure to ensure the traceability of sterilized packs & their storage		OB/SI	Sterile packs are kept in clean, dust free, moist free environment
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.1	Layout of the department is conducive for the infection control practices	Facility layout ensures separation of routes for clean and dirty items		OB	
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant & cleaning agents as per requirement		OB/SI	Chlorine solution, Glutaraldehyde, Hospital grade phenyl, disinfectant detergent solution
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Spill management protocols are implemented		SI/RR	Spill management kit staff training, protocol displayed
		Cleaning of patient care area with detergent solution		SI/RR	Staff is trained for preparing cleaning solution as per standard procedure
		Standard practice of mopping and scrubbing are followed & three bucket system is followed		OB/SI	Unidirectional mopping from inside out. Cleaning protocols are available/ displayed. Cleaning equipment like broom are not used in patient care areas

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
Standard F6	**The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste**				
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines	Availability of colour coded bins & Plastic bags at point of waste generation		OB	
		Segregation of Anatomical and soiled waste in Yellow Bin		OB/SI	
		Segregation of infected plastic waste in red bin		OB	
		Display of work instructions for segregation and handling of Biomedical waste		OB	
ME F6.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters & puncture proof box		OB	See if it has been used or just lying idle
		Availability of post exposure prophylaxis & Protcols		OB/SI	Ask if available. Where it is stored and who is in charge of that. Also check PEP issuance register Staff knows what to do in condition of needle stick injury
		Glass sharps are disposed in Blue coded Card box		OB	Includes used vials, slides and other broken infected glass
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled		OB/SI	Bins should not be filled more than 2/3 of its capacity
Area of Concern - G: Quality Management					
Standard G1	**The facility has established organizational framework for quality improvement**				
ME G1.1	The facility has a quality team in place	Quality circle has been formed in the Labour Room		SI/RR	Check if quality circle formed and functional in the Labour Room

Ref. No.	ME Statement	Check-point	Comp-liance	Assess-ment Method	Means of Verification
Standard G2	**The facility has established system for patient and employee satisfaction**				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Client satisfaction survey done on monthly basis		RR	
ME G2.2	The facility analyses the patient feed back, and root-cause analysis	Analysis of low performing attributes of client feedback is done		RR	
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients	Action plan prepared is prepared to address the areas of low satisfaction		RR	
Standard G3	**The facility have established internal and external quality assurance Programmes wherever it is critical to quality**				
ME G3.1	The facility has established internal quality assurance programme in key departments	There is system of daily round by matron/hospital manager/ hospital superintendent / Hospital Manager/ Matron in charge for monitoring of services		SI/RR	Facility Incharge should visit at least twice in a week. OBG Incharge should visit Labour room atleast twice a day, Matron/ Nursing supervisor should visit at once in each shift. Findings/instructions during the visits are recorded
ME G3.3	The facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	Daily Checklist to check labour room preparedness and cleanliness is used for quality assurance Staff is designated for filling and monitoring of these checklists
Standard G4	**The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services**				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	Check if SOPs available at labour room are formally approved

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
		Current version of SOP are available with process owner		OB/RR	Check current version of SOP is available with all staff members of labour room
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented procedure for ensuring patients rights including consent, privacy, confidentiality & entitlement		RR	Review the Labour Room SOPs for description of processes pertaining to ensuring privacy, confidentiality, respectful maternity care and consent
		Department has documented procedure for safety & risk management		RR	Review the Labour Room SOPs for inclusion for processes to Physical as well as patient safety, assessment of risks and their timely mitigation
		Department has documented procedure for support services & facility management.		RR	Review the Labour Room SOPs for process description of support services such as equipment maintenance, calibration, housekeeping, security, storage and inventory management
		Department has documented procedure for general patient care processes		RR	Review Labour room SOPS for processes of triage, assessment, admission, identification of high risk patients, Referral, Medication management and maintenance of clinical records
		Department has documented procedure for specific processes to the department		RR	Review Labour room SOPs for process of intrapartum care, management of complications, immediate postpartum care, Natural Birthing Process and Birth Companion

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
		Department has documented procedure for infection control & bio medical waste management		RR	Review Labour room SOPs for process description of Hand Hygiene, personal protection, environmental cleaning, instrument sterilization, asepsis, Bio Medical Waste management, surveillance and monitoring of infection control practices, Periodic quality review such as Maternal Death Audit, Newborn Death Audit, Referral Audit and Near Miss Audit
		Department has documented procedure for quality management & improvement		RR	Review Labour room SOPs for process description of function of quality circles, internal quality assessment, Quality improvement using PDCA cycle client satisfaction surveys, processes improvement, Maternal Death Audit, Newborn Death Audit, Referral Death Audit and Near Miss Audits
		Department has documented procedure for data collection, analysis & use for improvement		RR	Review Labour room SOPs for description of process related to collection of data & quality indicators, their analysis and use for quality improvement
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check Staff is aware of relevant part of SOPs		SI/RR	Interview labour room staff for their awareness about content of SOPs
ME G4.4	Work instructions are displayed at Point of use	Clinical protocols for Intrapartum care and Management of obstetric emergency are Displayed		OB	Clinical Protocols on AMSTL, Preparing Partograph, PPH, Eclampsia, Infection control, Referral, Infection Control

Ref. No.	ME Statement	Check-point	Comp-liance	Assess-ment Method	Means of Verification
		Clinical protocols on Newborn Care are displayed		OB	Clinical Protocols on Essential Newborn Care, New born resuscitation
		Don'ts/ Harmful Activities are Displayed at labour Room		OB	1. No routine enema 2. No routine shaving 3. No routine induction/ augmentation of labour 4. No place for routine suctioning of the baby 5. No pulling of the baby 6. No routine episiotomy 7. No fundal pressure 8. No immediate cord cutting 9. No immediate bathing of the newborn 10. No routine resuscitation on warmer
Standard G5	**The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	Critical processes are the ones where there is some problem-delays, errors, cost, time, etc. and improvement will make our process effective and efficient
ME G5.2	Facility identifies non value adding activities/waste/ redundant activities	Non value adding activities are identified		SI/RR	Non value adding activities are wastes. In these steps resources are expended, delays occur, and no value is added to the service
ME G5.3	Facility takes corrective action to improve the processes	Processes are improved & implemented		SI/RR	Look for the improvements made in the critical process
Standard G6	**The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit**				
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	Check for assessment records such as circular, assessment plan and filled checklists. Internal assessment should be done at least quarterly

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
ME G6.1		Referral Audits are conducted on Monthly Basis		RR/SI	Check for records referral audit is being done on regular basis
		Maternal Death Audits are conducted on Monthly Basis		RR/SI	Check for records maternal audit is being done on regular basis
		Neonatal Death Audits are conducted on Monthly Basis		RR/SI	Check for records Neonatal audits is being done on regular basis
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	Check points having scores partial and Non Compliances are listed
ME G6.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	With details of action, responsibility, time line and Feedback mechanism
ME G6.5	Planned actions are implemented through Quality improvement cycle (PDCA)	Check correction & corrective actions are taken		RR/SI	Check actions have been taken to close the gap. Can be in form of Action taken report or Quality Improvement (PDCA) project report
Standard G7	**The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them**				
ME G7.4	Facility has defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed		SI/RR	Check short term valid quality objectives have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound
ME G7.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check of staff is aware of Mission, Values, Quality Policy and objectives		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
Standard G8	**The facility seeks continually improvement by practicing Quality method and tools**				
ME G8.1	The facility uses method for quality improvement in services	Basic quality improvement method		SI/OB	PDCA & 5S
ME G8.2	The facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department
StandardG10	**Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan**				
ME G10.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically		SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month
Area of Concern - H: Outcome					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/ National benchmarks**				
ME H1.1	Facility measures productivity Indicators on monthly basis	Percentage of deliveries conducted at night		RR	
		Percentage of complicated cases managed		RR	
		% PPIUCD inserted against total number of normal delivery		RR	
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Percentage of cases referred to OT		RR	
		% of newborns required resuscitation out of total live births		RR	
		No of drugs stock out in the month		RR	

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/ National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Percentage of deliveries conducted using real time partograph		RR	
		Percentage of deliveries conducted using safe birth checklist		RR	
		No of adverse events per thousand patients		RR	
		The percentage of Women, administered Oxytocin, immediately after birth		RR	
		Intrapartum stillbirth rate		RR	
		Percentage newborn breastfed within 1 hour of birth		RR	
		No. of cases of Neonatal asphyxia		RR	
		No. of cases of Neonatal Sepsis		RR	
		Percentage of antenatal corticosteroid administration in case of preterm labour		RR	
		No. of cases of Maternal death related to APH/ PPH		RR	
		No of cases pf maternal death related to Eclampsia/ PIH		RR	
		OSCE Score		RR	

Ref. No.	ME Statement	Check-point	Compliance	Assessment Method	Means of Verification
Standard H4	The facility measures Service Quality Indicators and endeavors to reach State/ National benchmark				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Percentage of Deliveries attended by Birth Companion		RR	
		Client Satisfaction Score		RR	

Annexure 'F'

National Quality Assurance Standards Checklist for Maternity Operation Theatre

Assessment Summary

Name of the Hospital..... Date of Assessment .....

Names of Assessors..... Names of Assesses .....

Type of Assessment (Internal/External)..... Action plan Submission Date.....

Operation Theatre Score Card			
Area of Concern wise Score			**Operation Theatre Score**
A	Service Provision		
B	Patient Rights		
C	Inputs		
D	Support Services		
E	Clinical Services		
F	Infection Control		
G	Quality Management		
H	Outcome		

Major Gaps Observed

1 .....

2 .....

3 .....

4 .....

5 .....

Strengths/Good Practices

1 .....

2 .....

3 .....

4 .....

5 .....

Recommendations/Opportunities for Improvement

1 .....

2 .....

3 .....

4 .....

5 .....

Signature of Assessors.....

Date.....

Checklist for Operation Theatre

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern - A: Service Provision					
Standard A1	**Facility Provides Curative Services**				
ME A1.14	Services are available for the time period as mandated	OT Services are available 24X7		SI/RR	Check with OT records that OT services were functional in 24X7 and surgeries are being conducted in night hours
ME A1.16	The facility provides Accident & Emergency Services	Availability of Emergency OT services as and when required		SI/OB	
ME A1.17	The facility provides Intensive care Services	Availability of Maternity HDU/ICU services in the facility		SI/OB	
Standard A2	**Facility provides RMNCHA Services**				
ME A2.1	The facility provides Reproductive health Services	Availability of Post partum sterilization services		SI/OB	Tubal ligation
ME A2.2	The facility provides Maternal health Services	Availability of Elective C-section services		SI/RR	Check services are available and are being utilized
		Availability of Emergency C-section services		SI/RR	Check services are available and are being utilized
		Management of MTP		SI/OB	Surgical management
ME A2.3	The facility provides New-born health Services	Availability of New born resuscitation & essential new born care		SI/OB	Dedicated Functional New born Care services in Operation theatre
Standard A3	**Facility Provides diagnostic Services**				
ME A3.2	The facility Provides Laboratory Services	Availability of point of care diagnostic test		SI/OB	Glucometer, RDK, blood grouping
Area of Concern - B Patient Rights					
Standard B1	**Facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability of departmental signage's		OB	Numbering, main department, internal sectional signage and Restricted area signage are displayed. Directional signages are given from the entry of the facility

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
ME B1.2	The facility displays the services and entitlements available in its departments	Information regarding services are displayed		OB	Display doctor/ Nurse on duty and updated OT schedule displayed
Standard B2	**Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, economic, cultural or social reasons**				
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities	OT is easily accessible		OB	Availability of wheel chair or stretcher for easy access. Door is wide enough for passage of trolley and staff
Standard B3	**Facility maintains the privacy, confidentiality & Dignity of patient and related information**				
ME B3.1	Adequate visual privacy is provided at every point of care	Patients are properly draped/covered before and after procedure		OB	Look patients are covered while being transferred from ward to OT and vice-versa
		Visual Privacy is maintained between two OT Tables		OB	Preferably only one OT table should be placed in theatre, if it is not possible because of high case load adequate visual privacy should be provided through screens if multiple patients are present in same OT
ME B3.2	Confidentiality of patients records and clinical information is maintained	Patient Records are kept at secure place beyond access to general staff/visitors		SI/OB	In drawers/Amirah; preferably with lock facility
ME B3.3	The facility ensures the behavior of staff is dignified and respectful, while delivering the services	Behaviour of OT staff is dignified and respectful		OB/PI	Check that OT staff is not providing care in undignified manner such as yelling, scolding, shouting, blaming and using abusive language
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	Pregnant women is not left unattended or ignored during care in the OT		OB/PI	Check that care providers are attentive and empathetic to the pregnant women at no point of care they are left alone

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B4	**Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required**				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	Consent is taken for surgical procedures		SI/RR	Written consent with details of the procedure with potentials risks and complication. Should be signed by patient/next of kin and one witness
		Separate consent is taken for Anesthesia procedure		SI/RR	Written consent with details of the anaesthesia with potentials risks and complication. Should be signed by patient/next of kin and one witness
Standard B5	**Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	All surgical procedure are free of cost for JSSK beneficiaries		PI/SI	Free Drugs, consumables, blood, referral etc.
Area of Concern - C: Inputs					
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1	Departments have adequate space as per patient or work load	Adequate space for accommodating surgical load		OB	OT around 40 Square meter. Two OT tables are not kept in one OT
ME C1.3	Departments have layout and demarcated areas as per functions	Demarcated Protective Zone		OB	Reception, waiting area, stretcher/Trolley bay, Pre and post operative rooms
		Demarcated Clean Zone		OB	Doctor's and Nurse's room, Anesthesia room, equipment room, emergency exit
		Demarcated sterile Zone		OB	Operating room, Scrub station, Anesthesia station
		Demarcated disposal Zone		OB	Disposal corridor, janitor closet

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of Changing Rooms		OB	Separate for male and females
		Availability of demarcated Pre & post Operative Room/area		OB	Can be in a single room with a partition.
		Availability of earmarked area for new born Corner		OB	Functional warmer, resuscitation apparatus, suction/mucous extractor, O_2 cylinder, weighing scale, and sterile gloves
		Availability of Scrub Area		OB	Height around 96 cm with elbow taps/sensors, both hot and cold water available. Sink is deep and wide enough to avoid spoiling. Scrub area should not be inside the OT room
		Availability of TSSU /CSSD		OB	Dedicated areas with provision of Washing, Packing, Autoclaving the instruments and linen
		Availability of store		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors are wide enough for movement of trolleys		OB	7 to 10 feet
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	Intercom should connect Operation theatre to key areas like ICU, Blood Bank, SNCU, Lab, Accident and emergency, wards Administration
ME C1.6	Service counters are available as per patient load	OT tables are available as per load		OB	Hydraulic OT Tables As per case load at least two

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Unidirectional flow of goods and services		OB	Services are designed in a way, that there is no criss cross in moment of sterile & no sterile supplies & equipment etc.
Standard C2	**The facility ensures the physical safety of the infrastructure**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are properly fastened and secured
ME C2.3	The facility ensures safety of electrical establishment	OT does not have temporary connections and loosely hanging wires		OB	No extension cord or multi plugs
		Availability of three phase electricity supply		SI/OB	Check electricity bill or Power Distribution Board. Meter have three wires coming out (with one neutral)
ME C2.4	Physical condition of buildings are safe for providing patient care	Walls and floor of the OT covered with joint less tiles		OB	Made of anti-skid & Epoxy flooring
		Windows/ ventilators if any in the OT are intact and sealed		OB	No broken glass, gap or cracks in window/ ventilator
Standard C3	**The facility has established Programme for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	OT has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	Check the fire exits are clearly visible and routes to reach exit are clearly marked

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C3.2	The facility has adequate fire fighting Equipment	OT has installed fire Extinguishers & expiry is displayed on each fire extinguisher		OB	Class A, Class B, Class C type or Class ABC type. Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire xtinguisher and what to do in case of fire		SI/RR	Staff should be able to demonstrate how to open the extinguisher and operate it. PASS (Pull the pin, Aim at the base of fire, Sway from side to side)
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Obs. & Gynae Surgeon		OB/RR	100 beds 2, 200 beds-3, 3oo beds 4, 400 beds 5 and 500 beds 6
		Availability of anaesthetist		OB/RR	At least One
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/ SI	As per patient load, at least two
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability of OT technician		OB/SI	One per shift
ME C4.5	The facility has adequate support / general staff	Availability of OT attendant/assistant & TSSU assistant		SI/RR	1 each
Standard C5	**Facility provides drugs and consumables required for assured list of services**				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of medical gases		OB/RR	Availability of Oxygen and Nitrogen Cylinders/ Piped Gas supply

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of drugs for local anaesthesia		OB/RR	Procaine, lignocaine, bupivacaine, Xylocaine jelly
		Availability of drugs for general anaesthesia		OB/RR	Inhaled agents - Halothane, Nitrous Oxide. Injectable: Barbiturates (Theopental, Thiamylal, Methohexital), Benzodiazepines (Diazepam, Lorazepam, Midazolam), Ketamine, Etomidate, Propofol, Neostigmine, Naloxone, Flumazenil, Sugammadex- as per EDL/State guidelines
		Availability of opioid analgesics.		OB/RR	Fentanyl, Sufentanil, Morphine, Buprenorphine, Levorphanol, Methadone-As per EDL/State guidelines
		Availability of muscle relaxants drugs		OB/RR	Succinylcholine, Vecuronium, Mivacurlum, Tubocarine as per EDL/ state guidelines
		Availability of emergency drugs		OB/RR	Inj Magsulf 50%, Inj Calcium gluconate 10%, Inj Dexamethasone, inj Hydrocortisone, Succinate, Inj diazepam, inj Pheneramine maleate, inj Corboprost, Inj Fortwin, Inj Phenergen, Betameathazon, Inj Hydrazaline, Nefidepin, Methyldopa, ceftriaxone
		Availability of other drugs		OB/RR	Antibiotics, Analgesics, Uterotonic drugs, IV fluids and anithypertensive drugs-as per EDL/State guidelines.
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings Material		OB/RR	Adequate quantity of sterile pads, gauze, bandages, Antiseptic Solution

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of syringes and IV Sets		OB/RR	In adequate quantity as per load.
		Availability of consumables for new born care		OB/RR	Cord Clamp, mucous sucker, airway, NG Tube, Suction catheter, IV cannula, paed IV set and Bag & Mask (0 & 1 No.)
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency drug tray is maintained in OT in pre and post operative room		OB/RR	Every tray is labelled with name and number of drugs and consumables along with their date of expiry
Standard C6	The facility has equipment & instruments required for assured list of services				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB	BP apparatus, Thermometer, Pulse Oxy meter, Multiparameter, PV Set, torch, wall clock
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of functional instruments for Gynae and obstetrics		OB	LSCS Set, Cervical Biopsy Set, Proctoscopy Set, Hysterectomy set, D & C Set
		Availability of functional equipment/ Instruments for New Born Care		OB	Radiant warmer, Baby tray with Two pre warmed towels/sheets for wrapping the baby, mucus extractor, bag and mask (0 & 1 no.), sterilized thread for cord/ cord clamp, nasogastric tube
		Availability of functional General surgery equipments		OB	Diathermy (Unit and Bi Polar), Cautery
		Operation Table with Trendelenburg type		OB	OT Table hydraulic major and OT table hydraulic minor
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		OB	Glucometer, HIV rapid diagnostic kit, USG, ABG Machine

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of functional Instruments Resuscitation for Newborn & Mother		OB	Resuscitation bag (Adult & Paediatrics), Oxygen, Suction machine, laryngoscope scope, Defibrillator (Paediatric and adult), LMA, ET Tube
		Availability of functional anaesthesia equipment		OB	Boyles apparatus, Bains Circuit or Sodalime absorbent in close circuit, AGSS (Anesthesia gas scavenging system)
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage of drugs & Instruments		OB	Refrigerator, Crash cart/ Drug trolley, instrument trolley, dressing trolley, Instrument cabinet and racks for storage of sterile items
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipments for cleaning		OB	Three Bucket system for mopping, Separate mops for patient care area and circulation area duster, waste trolley, Deck brush
		Availability of equipment for TSSU		OB	Autoclave Horizontal & Vertical, Steriliser Big & Small
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of functional OT light		OB	Shadow less Major & Minor, Ceiling and Stand Model, Focus Lamp
		Availability of Fixtures		OB	Tray for monitors, Electrical panel for anaesthesia machine with minimum 6 electrical sockets (2= 15 amp power point), panel with outlet for Oxygen and vacuum and X-ray view box.
Standard C7	**Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff**				
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff	Check parameters for assessing skills and proficiency of clinical staff has been defined		SI/RR	Check objective checklist has been prepared for assessing competence of doctors, nurses and paramedical staff based on job description defined for each cadre of staff

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year	Check for competence assessment is done at least once in a year		SI/RR	Check for records of competence assessment including filled checklist, scoring and grading. Verify with staff for actual competence assessment done
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Advance Life support		SI/RR	ALS and CPR by recognized agency to all category of staff
		Training on OT Management		SI/RR	OT scheduling, maintenance, Fumigation, Surveillance, equipment-operation and maintenance, infection control, surgical procedures and emergency protocols
		Biomedical Waste Management & Infection control and hand hygiene, Patient safety		SI/RR	To all category of staff. At the time of induction and once in a year
		Training on Quality Management		SI/RR	Assessment, action planning, PDCA, 5S & use of checklist
Area of Concern - D Support Services					
Standard D1	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipment**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under AMC including preventive maintenance		SI/RR	Look for MOU and visit records of the empaneled agency
		There is system of timely corrective break down maintenance of the equipment		SI/RR	Back up for critical equipment. Label Defective/ Out of order equipment and stored appropriately until it has been repaired
		Staff is skilled for cleaning, inspection & trouble shooting in case of equipment malfunction		SI/RR	E.g. when to change water of batteries, when to oil, change fuse, replace filters etc.

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated		OB/ RR	Boyels apparatus, cautery, BP apparatus, autoclave etc. There is system to label/code the equipment to indicate status of calibration/verification when recalibration is due
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of equipment are readily available with staff		OB/SI	If operator doesn't understand English, then instructions should be in local language
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables and drugs		SI/RR	Stock level are daily updated Requisition are timely placed
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB	Away from direct sunlight and temperature is maintained as per instructions of manufacturer
		Empty and filled cylinders are labelled & kept separately		OB	Each cylinder is provided with a checklist & flow meter and key for opening the cylinder
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	Records for expiry and near expiry drugs are maintained for drug stored at department. No expiry drug found
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	At least one week of minimum buffer stock is maintained all the time in the OT. Minimum stock and reorder level are calculated based on consumption in a week accordingly

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
		Department maintained stock and expenditure register of drugs and consumables		RR/SI	Check that records are regularly updated
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray /crash cart		SI/RR	There is no stock out of drugs
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Narcotic, psychotropic & Anaesthetic agents are kept in lock and key		OB/SI	Under direct supervision of anaesthetist
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at OT table		OB	1,00,000 lux
ME D3.2	The facility has provision of restriction of visitors in patient areas	Warning light outside the OT is switched on when OT is functional		OB/SI	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature & humidity is maintained and record of same is kept		SI/RR	20-25°C and 50-60% Humidity, OT has functional room thermometer and temperature is regularly maintained
ME D3.4	The facility has security system in place at patient care areas	Security arrangement at OT		OB	Restricted entry signage, security guard, CCTV camera

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior of the facility building is maintained appropriately	Department is painted/whitewashed in uniform colour & plastered & painted		OB	Painted in soothing colours (No bright colours.)
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	Look for dirt above OT light, behind stationary equipment etc.
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage, Cracks, chipping of plaster		OB	Check corners, false ceiling
		OT Table are intact and without rust		OB	Mattresses are intact and clean
		No unnecessary items in sterile zone			No slabs, almirah, storing unnecessary items like drums, equipment, instruments etc. Items not required for immediate procedures are kept out of sterile zone
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the OT		OB	No partial compliance.
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/ rodent/birds		OB	Check for no stray animal in and around OT. Also no lizard, cockroach, mosquito, flies, rats, etc.
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	Availability of Hot water supply

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in OT		OB/SI	2 tier backup with UPS
		Availability of UPS & Emergency light		OB/SI	Check their functionality.
ME D5.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	Availability of Centralized/local piped Oxygen, nitrogen and vacuum supply		OB	Cylinders are provided with trolleys to prevent fall and injuries
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate sets of linen	OT has facility to provide sufficient and clean linen for surgical patient		OB/RR	Drape, draw sheet, cut sheet and gown
		OT has facility to provide linen for staff		OB/RR	OT dress, gown. Separate OT dress for OT staff
ME D7.2	The facility has established procedures for changing of linen in patient care areas	Linen is changed after each procedure		OB/RR	Bed sheets, draw sheets and Macintosh
ME D7.3	The facility has standard procedures for handling, collection, transportation and washing of linen	There is system to check the cleanliness and Quantity of the linen received from laundry		SI/RR	OT tech/Nurse checks Number of linen, cleanliness, whether it is torned or stained
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures**				
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration/the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	Check staff is wearing dress as per their dress code
Area of Concern - E: Clinical Services					
Standard E2	**The facility has defined and established procedures for clinical assessment and reassessment of the patients**				
ME E2.1	There is established procedure for initial assessment of patients	There is procedure for Pre Operative assessment		RR/SI	Physical examination, results of lab investigation, X-Rays, diagnosis and proposed surgery

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E3	**Facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	Facility has established procedure for continuity of care during interdepartmental transfer	There is procedure of handing over from OT to Maternity Wards, HDU and SNCU		SI/RR	Transfer Register is maintained
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		OB/SI	Patient id band/verbal confirmation etc. At least two identifiers are used
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		SI/RR	Handover register is maintained
ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically		RR/SI	Check for use of cardiac monitor/multi parameter
Standard E5	**Facility has a procedure to identify high risk and vulnerable patients**				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping of baby or fall
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High risk patients are identified and treatment given on priority		OB/SI	HIV, Infectious cases
Standard E6	**Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use**				
ME E6.1	Facility ensured that drugs are prescribed in generic name only	Check for Case Sheet if drugs are prescribed under generic name only		RR	Check at least 5 case sheets selected randomly

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E6.2	There is procedure of rational use of drugs	Check staff is aware of the drug regime and doses as per STG		SI/RR	Check if drugs are prescribed as per STG in at least 5 case sheets selected randomly
		Check Case Sheet that drugs are prescribed as per STG		RR	Check if drugs are prescribed as per STG in at least 5 case sheets selected randomly
Standard E7	**Facility has defined procedures for safe drug administration**				
ME E7.1	There is process for identifying and cautious administration of high alert drugs (to check)	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, Opioids, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. as applicable
		Maximum dose of high alert drugs are defined and communicated & there is process to ensure that right doses of high alert drugs are only given		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor. A system of independent double check before administration, Error prone medical abbreviations are avoided
ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date, time and signature		RR	Look for pre-op, Procedure and Post op notes and instructions
		Check for the writing, It comprehendible by the clinical staff		RR/SI	Ask OT/Ward staff to read the orders written by doctor
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	Check for any open single dose vial with left over content intended to be used later on. In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	Check for ADR forms and records

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E7.4	There is a system to ensure right medicine is given to right patient	Check Nursing staff is aware 7 Rs of Medication and follows them		SI/RR	Administration of medicines done after ensuring right patient, right drugs, right route, right time, Right dose, Right Reason and Right Documentation
Standard E8	**Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Records of Monitoring/ Assessments are maintained		RR	PAC, Intraoperative monitoring
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on Case Sheet		RR	Treatment prescribed in nursing records
ME E8.4	Procedures performed are written on patients records	Operative Notes are Recorded		RR	Name of person in attendance during procedure, Pre and post operative diagnosis, Procedures carried out, length of procedures, estimated blood loss, Fluid administered, specimen removed, complications etc.
		Anesthesia Notes are Recorded		RR	Notes includes Anesthesia type, induction, airway, intubation, inhalation agents, epidural, spinal, allergies, IV lines, IV fluids, regional block
ME E8.5	Adequate form and formats are available at point of use	Standard Formats are available		RR/OB	Consent forms, Anesthesia form, surgical safety check list
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	OT Register, Schedule, Infection control records, autoclaving records etc
		All register/records are identified and numbered		RR	Register are labelled and numbered

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		RR	Records are kept in place without seepage, moisture, termite, pests
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management**				
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan & their Role and Responsibilities of staff in disaster is defined		SI/RR	Ask role of staff in case of disaster
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	Including Specimen for HPE & biopsy. Name, Age, Sex, date, UHID
ME E12.3	There are established procedures for Post-testing Activities	OT is provided with the critical value of different test		SI/RR	Critical values are displayed
Standard E13	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**				
ME E13.8	There is established procedure for issuing blood	Availability of blood units in case of emergency with out replacement		RR/SI	The blood is ordered for the patient according to the MSBOS *(Maximum Surgical Blood Order Schedule)*
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion		RR	Duly signed by patient/ next of kin
		Patient's identification is verified before transfusion		SI/OB	At least two identifiers are used
		Protocol of blood transfusion is monitored & regulated		RR	Blood is kept on optimum temperature before transfusion. Blood transfusion is monitored and regulated by qualified person
ME E13.10	There is a established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to responsible person		RR	After transfusion, Reaction form is returned back to blood bank, even when there is no reaction

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E14	**Facility has established procedures for Anaesthetic Services**				
ME E14.1	Facility has established procedures for Pre Anaesthetic Check up	There is procedure to ensure that PAC has been done before surgery		RR/SI	There is procedure to review findings of PAC
		Minimum PAC for emergency cases		RR/SI	In emergency & life saving conditions, surgery may be started with General physical examination of the patient & sending the sample for lab. Examination
ME E14.2	Facility has established procedures for monitoring during anaesthesia	Anesthesia plan is documented before starting surgery		RR	Type of anaesthesia planned-local/general/ spinal/epidural. Time is mentioned on all entries of anaesthesia monitoring sheet
		Anesthesia Safety Checklist is used for safe administration of anaesthesia		RR	Check use of WHO Anesthesia Safety Checklist
		Anesthesia equipment are checked before induction		RR	Sufficient reserve of gases. Vaporizers are connected, Laryngoscope, ET tube and suction App are ready and clean
		Food intake status of Patient is checked		RR/SI	Time of last food intake is mentioned
		Patients vitals are recorded during anaesthesia		RR	Heart rate, cardiac rate, BP, O_2 Saturation, temperature, Respiration rate
		Airway security is ensured		RR/SI	Breathing system of anaesthesia equipment that delivers gas to the patient is securely and correctly assembled and breathing circuits are clean
		Potency and level of anaesthesia is monitored		RR/SI	Recorded in the Anesthesia Record Form

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
		Anesthesia note is recorded		RR	Check for the adequacy, signed, complete, and post anaesthesia instructions.
		Any adverse Anesthesia Event is recorded and reported		RR	Reduced level of consciousness, reparatory depression, malignant hyperpyrexia, bone marrow depression, life threatening pressure effect, anaphylaxis
ME E14.3	Facility has established procedures for Post Anesthesia care	Post anaesthesia status is monitored and documented		RR/SI	Check for anaesthetic notes & post operating instructions in post operative room & area
Standard E15	**Facility has defined and established procedures of Surgical Services**				
ME E15.1	Facility has established procedures OT Scheduling	List of Elective Surgeries for the day is prepared and displayed outside OT		RR/SI	Surgery list is prepared in consonance with availability of the OT hours and patients requirement
		Surgery list is complete in all respect		OB/SI	Day, date and time of surgeries. Name, Age, Gender of patients. Clear description of the procedure (name of procedure which side,) Name of the surgeon & anaesthetist. Major or minor case
		Operation list is sent to OT well in advance		RR/SI	By 12:00 hours, a day before the surgery
		Surgery list is informed to surgeon and ward sister.		RR/SI	Verify the surgery register/ email
		The operation list does not exceed the time allocated to it.		RR/SI	This does not refer to the time during an operation of an individual patient

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E15.2	Facility has established procedures for Preoperative care	Patient evaluation before surgery is done and recorded		RR/SI	Vitals, Patients fasting status etc.
		Antibiotic Prophylaxis and Tetanus given as indicated		RR/SI	As per instructions of surgeon/anaesthetist
		Surgeries planned under local anaesthesia/Regional Block sensitivity test is done		RR/SI	lidocaine sensitivity test
		There is a process to prevent wrong site and wrong surgery		RR/SI	Surgical Site is marked before entering into OT
		No shaving of the surgical site		SI/RR	Only clipping on the day of surgery in OT is done
		Skin preparation before surgery is done.		SI/RR	Bathing with soap and water prior to surgery in ward.
		Skin preparation is done as per protocol		RR/SI	Prepare the skin with antiseptic solution (Chlorhexidine gluconate and iodine), starting in the centre and moving out to the periphery. This area should be large enough to include the entire incision and an adjacent working area
		Draping is done as per protocol		SI/OB	Scrub, gown and glove before covering the patient with sterile drapes. Leave uncovered only the operative field and those areas necessary for the maintenance of anaesthesia
ME E15.3	Facility has established procedures for Surgical Safety	Surgical Safety Check List is used for each surgery		RR/SI	Check for Surgical safety check list has been used for surgical procedures

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
		Sponge and Instrument Count Practice is implemented		RR/SI	Instrument, needles and sponges are counted before beginning of case, before final closure and on completing of procedure & documented
		Adequate Haemostasis is secured during surgery		RR/SI	Check for functional Cautery, use of artery forceps and suture ligation techniques
		Appropriate suture material is used for surgery as per requirement		RR/SI	For closing abdominal wall or ligating blood vessel use non-absorbable sutures (braided suture, nylon, polyester etc). absorbable sutures in urinary tract. Braided Biological sutures are not used for dirty wounds, Catgut is not used for closing fascial layers of abdominal wounds or where prolonged support is required
		Check for suturing techniques are applied as per protocol		RR/SI	Braided sutures for interrupted stiches. Absorbable and non-absorbable monofilament sutures for continuous stiches
ME E15.4	Facility has established procedures for Post operative care	Post operative monitoring is done before discharging to ward		RR/SI	Check for post operative operation room/area is used and patients are not immediately shifted to wards after surgery
		Post operative notes and orders are recorded		RR/SI	Post operative notes contains Vital signs, Pain control, Rate and type of IV fluids, Urine and Gastrointestinal fluid output, other medications and Laboratory investigations

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
		Information & instructions are given to nursing staff before shifting the patient to the ward from the OT		RR/SI	Instructions given by surgeon and anaesthetist
Standard E16	**The facility has defined and established procedures for end of life care and death**				
ME E16.2	The facility has standard procedures for handling the death in the hospital	Death note including efforts done for resuscitation is noted in patient record		RR	Includes both maternal and neonatal death. Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible
Standard E18	**Facility has established procedures for Intranatal care as per guidelines**				
ME 18.3	Facility staff adheres to standard procedures for routine care of new-born immediately after birth	Wipes the baby with a clean pre-warmed towel and wraps baby in second pre-warmed towel;		SI/OB	Check staff competence through demonstration or case observation
		Performs delayed cord clamping and cutting (1-3 min);		SI/OB	Check staff competence through demonstration or case observation
		Initiates breast-feeding soon after birth		SI/OB	Check staff competence through demonstration or case observation
		Records birth weight and gives injection vitamin K1.		SI/OB	Check staff competence through demonstration or case observation
ME E18.4	There is an established procedure for assisted and C-section deliveries per scope of services	Pre operative care and part preparation		SI/RR	Check for Haemoglobin level is estimated, and arrangement of Blood, Catheterization, Administration of Antacids Proper cleaning of perineal area before procedure with antisepsis
		Proper selection Anesthesia technique		SI/RR	Check Both General and Spinal Anesthesia Options are available. Ask for what are the criteria for using spinal and GA. Regional block and epidural anaesthesia used wherever required/indicated

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
		Intraoperative care		SI/RR	Check for measures taken to prevent Supine Hypotension (Use of pillow/Sandbag to tilt the uterus), Technique for Incision, Opening of Uterus, Delivery of Foetus and placenta, and closing of Uterine Incision
		Post operative care		SI/RR	Frequent monitoring of vitals, Strict IO charting, Flat bed without pillow for SA, NPO depending on type of anaesthesia and surgery
ME 18.5	Facility staff adheres to standard protocols for identification and management of Pre Eclampsia / Ecalmpsia	Management of PIH/Eclampsia		SI/RR	Ask for how to secure airway and breathing, Loading and Maintenance dose of Magnesium sulphate, Administration of anti Hypertensive Drugs
ME 18.6	Facility staff adheres to standard protocols for identification and management of PPH	Postpartum Haemorrhage		SI/RR	IV fluids, parental oxytocin and antibiotics, manual removal of placenta, blood transfusion, B-lynch suturing, surgery
		Ruptured Uterus		SI/RR	Put patient in left lateral position, maintain Airway, breathing and circulation, IV Fluid, antibiotics, urgent laparotomy and hysterectomy
ME 18.7	Facility staff adheres to standard protocols for Management of HIV in Pregnant Woman & Newborn	Provides ART for seropositive mothers/ links with ART center		SI/RR	Check case records and Interview of staff
		Provides syrup Nevirapine to newborns of HIV seropositive mothers		SI/RR	Check case records and Interview of staff

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
ME 18.10	There is Established protocol for newborn resuscitation is followed at the facility.	New born Resuscitation		SI/RR	Ask Nursing staff to demonstrate Resuscitation Technique
Standard E19	**Facility has established procedures for postnatal care as per guidelines**				
ME E19.1	Post partum Care is Provided to Mother	Prevention of Hypothermia		SI/RR	Skin contact, Kangaroo mother care, radiant warmer, warm clothes
		Initiation of Breastfeeding with in 1 Hour		PI/SI	Shall be initiated as early as possible and exclusive breast feeding
ME E19.4	Stabilization/ treatment/referral of post natal complication	There is established criteria for shifting new born to SNCU		SI/RR	Only the new born requiring intensive care should be transferred to SNCU
Area of Concern - F: Infection Control					
Standard F1	**Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection**				
ME F1.2	Facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance		SI/RR	Swab are taken from infection prone surfaces
ME F1.3	Facility measures hospital associated infection rates	There is procedure to report cases of Hospital acquired infection		SI/RR	Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site
ME F1.4	There is Provision of Periodic Medical Check-ups and immunization of staff	There is procedure for immunization medical check-up of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc.
ME F1.5	Facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F1.6	Facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	Antibiotics prescribed are in line with Antibiotic Policy
Standard F2	**Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing with running Water Facility at Point of Use		OB	Check for availability of wash basin near the point of use Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility, preferably in Local language
		Availability of elbow operated taps		OB	Elbow /foot operated or sensor
		Hand washing sink is wide and deep enough to prevent splashing and retention of water		OB	Tap should be approx. 96 cm from the ground
ME F2.2	Staff is trained and adhere to standard hand washing practices	Adequate preparation for surgical scrub		OB/SI/ RR	Check Finger nails of staff. They should not reach beyond finger tip. No nail polish or artificial nails. All jewelry on the fingers, wrists and arms should be removed. Adjust water to a comfortable temperature
		Adherence to Surgical scrub method		SI/OB	Procedure should be repeated several times so that the scrub lasts for 3 to 5 minutes. Hands must always be kept above elbow level. The hands and forearms should be dried with a sterile towel only.

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
		Use of antibiotic soap/liquid		SI/OB	Check adequate quantity of antibiotic soap/ Chlorhexidine solution is available and used
		Staff aware of when to hand wash		SI	Ask for 5 moments of hand washing
ME F2.3	Facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions		OB	Povidine iodine solution
		Proper cleaning of procedure site with antisepsis		OB/SI	Like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter
		Check sterile field is maintained during surgery		OB/SI	Surgical site covered with sterile drapes, sterile instruments are kept within the sterile field
Standard F3	**Facility ensures standard practices and materials for Personal protection**				
ME F3.1	Facility ensures adequate personal protection equipment's as per requirements	Sterile gloves are available at OT and Critical areas		OB/SI	Inadequate quantity, as per load
		Availability of Masks		OB/SI	Inadequate quantity, as per load
		Availability of Caps & gown/ Apron		OB/SI	Inadequate quantity, as per load
		Personal protective kit for infectious patients		OB/SI	Disposable surgery kit for HIV patients
		Availability of gum boots		OB/SI	Inadequate quantity, as per load
ME F3.2	Staff is adhere to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons		OB/SI/ RR	Check Autoclaving/ sterilization records
		Compliance to correct method of wearing and removing the gloves		SI	Adherence to standard technique so that sterile area is not in contact with unsterile at any given point of time
		Compliance to standard technique of wearing and removing of gown		SI	Adherence to standard technique so that sterile area is not in contact with unsterile at any given point of time

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard F4	**Facility has standard Procedures for processing of equipment's and instruments**				
ME F4.1	Facility ensures standard practices and materials for decontamination and clean in of instruments and procedures areas	Decontamina-tion of operating & Procedure surfaces		SI/OB	Ask staff about how they decontaminate the procedure surface like OT Table, Stretcher/Trolleys etc. (Wiping with .5% Chlorine solution)
		Cleaning of instruments after use		SI/OB	Ask staff how they clean the instruments like ambubag, suction canulae, Surgical Instruments (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable)
		Proper handling of Soiled and infected linen		SI/OB	No sorting, Rinsing or sluicing at Point of use/ sterile area
		Staff know how to make disinfectant solution		SI/OB	Carbolic acid, chlorine solution, glutaraldehyde or any other disinfectant used
ME F4.2	Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment's	Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/Chemical Sterilization
		Chemical sterilization of instruments/ equipment's is done as per protocols		OB/SI	Ask staff about method, concentration and contact time required for chemical sterilization.
		Glutaraldehyde solution is changed as per manufacturer instructions		OB/SI	Date of preparation & due date of change of solution is mentioned on container and staff is aware of when to change the chemical
		Autoclaved linen and Dressing are used for procedure		OB/SI	Gowns, draw sheets, Cotton, Gauze, bandages. etc.
		Instruments are packed as per standard protocol		OB/SI	Check for Window of autoclave drum is closed, drum is not filled more than 3/4th, instruments are not hinged

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
		Autoclaving of instruments is done as per protocols		OB/SI	Ask staff about temperature, pressure and time
		Regular validation of sterilization through chemical indicators		OB/SI/ RR	Indicators (temperature sensitive tape) that change colour after being exposed to certain temperature
		Regular validation of sterilization through biological indictor		OB/SI/ RR	Bacillus Thermophilus spores are used, for measuring biological performance of autoclaving process. Performed monthly. Label the spore ampule, place in horizontal position, kept at the bottom or farthest part of autoclave
		Maintenance of records of sterilization		OB/SI/ RR	Autoclave Register have column: Date, Time started, Time finished, Temp, pressure, Autoclave tape, spore test
		There is a procedure to ensure the traceability of sterilized packs		OB/SI/ RR	Each Sterilized pack is marked with Date/Time of sterilization, contents, name/ signature of the Technician
		Sterility of autoclaved packs is maintained during storage		OB/SI	Sterile packs are kept in clean, dust free, moist free environment
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.1	Functional area of the department are arranged to ensure infection control practices	Facility layout ensures separation of routes for clean and dirty items		OB	Facility layout ensures separation of general traffic from patient traffic. Separate disposal zone
		CSSD/TSSU has demarcated separate area for receiving dirty items, processes, keeping clean and sterile items		OB	Sterile & unsterile store are separately

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid, fumigation material
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution
ME F5.3	Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Spill management protocols are implemented		SI/RR	Spill management kit. staff training, protocol displayed
		Mercury Spill management Kit is available		SI/OB	Hospital should aspire to be mercury free. If used than Hg spill management kit should be available with gloves, cap, mask, goggles, polybag, Plastic container, torch
		Cleaning of patient care area with detergent solution		SI/RR	Washing of floor with luke warm water and detergent
		Standard practice of mopping and scrubbing are followed		OB/SI	Use of three bucket system for mopping
		Cleaning equipment's like broom are not used in patient care areas		OB/SI	Look in janitors closet
		Fumigation as per schedule		SI/RR	Check that Formalin is not used. safer commercially available disinfectants such as Bacillicidal are used for fumigation
		External footwears are restricted		OB	Adequate numbers are available at the entrance
		Entry to sterile zone is permitted only after hand washing, change of clothes, gowning & PPE		OB/SI	only persons really required are allowed to enter the sterile zone

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F5.5	Facility ensures air quality of high risk area	Positive Pressure in OT		OB/SI	OT to have an independent air handling unit with controlled ventilation such that the lay-up room and the OT table is under positive pressure
		Adequate air exchanges are maintained		SI/RR	Independent AHU also allows to maintain required number of Air exchange side. 20-25
Standard F6	**Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste**				
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins & Bags at point of waste generation		OB	Adequate number. Covered. Foot operated
		Segregation of Anatomical and soiled waste in Yellow Bin		OB/SI	Check the bins
		Segregation of infected plastic waste in red bin		OB	Check the bins
		Display of work instructions for segregation and handling of Biomedical waste		OB	Pictorial and in local language
ME F6.2	Facility ensures management of sharps as per guidelines	Availability of functional needle cutters & Puncture Proof Box		OB	See if it has been used or just lying idle
		Availability of post exposure prophylaxis & Protcols		OB/SI	Ask if available. Where it is stored and who is in charge of that. Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done
		Glass sharps are disposed in Blue coded Card board box		OB	Boxes are thick enough to avoid sharp injuries.

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled		SI	Not more than two-third.
		Disinfection of liquid waste before disposal		SI/OB	Through Local Disinfection
Area of Concern - G: Quality Management					
Standard G1	The facility has established organizational framework for quality improvement				
ME G1.1	The facility has a quality team in place	Quality circle has been formed in the operation theatre		SI/RR	Check if quality circle formed and functional in the OT
Standard G3	Facility have established internal and external quality assurance programs wherever it is critical to quality				
ME G3.1	Facility has established internal quality assurance program at relevant departments	There is system of daily round by matron/hospital manager/hospital superintendent/OT in charge for monitoring of services		SI/RR	Check for entries in Round Register
ME G3.3	Facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	Staff is designated for filling and monitoring of these checklists
Standard G4	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	Can be prepared by junior surgeon and approved by HOD/OT in charge
		Current version of SOP are available with process owner		OB/RR	Look for version
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented procedure for ensuring patients rights including consent, privacy, confidentiality & entitlement		RR	Check SOP for adequacy

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
		Department has documented procedure for safety & risk management		RR	Check SOP for adequacy
		Department has documented procedure for support services & facility management		RR	Check SOP for adequacy
		Department has documented procedure for general patient care processes		RR	Check SOP for adequacy
		Department has documented procedure for specific processes to the department		RR	Check SOP for adequacy
		Department has documented procedure for infection control & bio medical waste management		RR	Check SOP for adequacy
		Department has documented procedure for quality management & improvement		RR	Check SOP for adequacy
		Department has documented procedure for data collection, analysis & use for improvement		RR	Check SOP for adequacy
ME G4.3	Staff is trained and aware of the standard procedures written in SOPs	Check staff is a aware of relevant part of SOPs		SI/RR	Ask staff how they carry out a specific activity
ME G4.4	Work instructions are displayed at Point of use	Work instruction/ clinical protocols are displayed		OB	Processing and sterilization of equipment's,

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard G5	**Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	Facility maps its critical processes	Process mapping of critical processes done		SI/RR	Critical process are the ones where is some problem-delays, errors, cost, time, etc. and improvement will make our process effective and efficient
ME G5.2	Facility identifies non value adding activities/waste/ redundant activities	Non value adding activities are identified		SI/RR	Non value adding activities are wastes. In these steps resources are expended, delays occur, and no value is added to the service
ME G5.3	Facility takes corrective action to improve the processes	Processes are improved & implemented		SI/RR	Look for the improvements made in the critical process
Standard G6	**The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit**				
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	Check for assessment records such as circular, assessment plan and filled checklists. Internal assessment should be done at least quarterly
		C-Section Audits are done on Monthly Bases		RR	Check with audit records
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	Check points having scores partial and Non Compliances are listed
ME G6.4	Action plan is made on the gaps found in the assessment/ audit process	Action plan prepared		RR/SI	With details of action to be taken, responsibility, time line and Feedback mechanism

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G6.5	Planned actions are implemented through Quality improvement cycle (PDCA)	Check correction & corrective actions are taken		RR/SI	Check actions have been taken to close the gap. Can be in form of Action taken report or Quality Improvement (PDCA) project report
Standard G7	**The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them**				
ME G7.4	Facility has de defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed		SI/RR	Check short term valid quality objectivities have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound
ME G7.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check of staff is aware of Mission, Values, Quality Policy and objectives		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points
Standard G8	**Facility seeks continually improvement by practicing Quality method and tools**				
ME G8.1	Facility uses method for quality improvement in services	Basic quality improvement method		SI/OB	PDCA & 5S
ME G8.2	Facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department
Standard G10	**Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan**				
ME G10.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically		SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern - H: Outcome					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/ National benchmarks**				
ME H1.1	Facility measures productivity Indicators on monthly basis	C-Section Rate		RR	Total LSCS done x 100/ Total deliveries conducted (Normal +LSCS)
		Percentage of C-Sections done in the night		RR	Total C-Section done in night x 100/Total surgeries conducted (Day Night)
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Downtime critical equipment		RR	Sum total of time Elapsed between when equipment had problem and when the problem is sorted out for critical equipment
		No. of C-Section per OBG surgeon		RR	Total number of C-Section done/No. of OBG Surgeon available
		Percentage of elective C-Sections		RR	No. of elective LSCS x 100/Total LSCS (Elective + Emergency)
		No. of drug stock out in the month		RR	
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/ National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Surgical Site infection Rate		RR	No. of observed surgical site infections*100/total no. of Major surgeries
		No. of adverse events per thousand patients		RR	No of Adverse events reported x 1000/total no of patient treated in OT
		% of environmental swab culture reported positive		RR	No. of swab culture reported positive x 100/ Total no. of swab sent for culture
		Perioperative Death Rate		RR	Deaths occurred from pre operative procedure to discharge of the patient

Ref. No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification
		Percentage of C-Sections conducted using Safe Surgery Checklist		RR	No. of C- Section Conducted using safe surgery checklist *100/ Total no. C-Section Conducted
Standard H4	**The facility measures Service Quality Indicators and endeavors to reach State/ National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Operation Cancellation rates		RR	No. of cancelled operation*1000 /total operation done

List of Abbreviations

ADR	Adverse Drug Reaction
AGSS	Anesthesia Gas Scavenging System
ABG	Arterial Blood Gas
AIIMS	All India Institute of Medical Sciences
ALS	Advance Life Support
AMC	Annual Maintenance Contract
AMTSL	Active Management of Third Stage of Labour
ANM	Auxillary Nurse Midwife
BCC	Behaviour Change Communication
C-Section	Caesarean Section.
CDR	Child Death Review
CHC	Community Health Centres
CPR	Cardiopulmonary Resuscitation
CQSC	Central Quality Supervisory Committee
CSSD	Central Sterile Supply Department.
D&C Set	Dilation and Curettage Set
DH	District Hospitals
DQAC	District Quality Assurance Committee
DQAU	District Quality Assurance Unit
EDL	Essential Drug List
EmOC	Emergency Obstetric Care
ET Tube	Endotracheal Tube
EVA	Elecrtic Vacuum Aspiration
FRU	First Referral Units
GA	General Anaesthesia
HAI	Hospital Acquired Infection
HDU	High Dependency Unit
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit

IEC	Information Education Communication
IM	Intramuscular
IT	Information Technology
IUCD	Intra-Uterine Contraceptive Devices
IUD	Intra-Uterine Devices
IV	Intravenous
JSSK	Janani Shishu Suraksha Karyakram
LDR	Labour Delivery Recovery
LR	Labour Room
LMA	Laryngeal Mask Airway
LSAS	Life Saving Anaesthetic Skills
LSCS	Lower Segment Caesarean Section
MC	Medical College
MDR	Maternal Death Review
MoHFW	Ministry of Health & Family Welfare
MOU	Memorandum of Understanding
MSBOS	Maximum Surgical Blood Order Schedule
MTP	Medical Termination of Pregnancy
MVA	Manual Vacuum Aspiration
NG Tube	Naso-Gastric Tube
NHM	National Health Mission
NHSRC	National Health Systems Resource Centre
NICU	Neonatal Intensive Care Unit
NIHFW	National Institute of Health & Family Welfare
NMR	Neonatal Mortality Review
NPMU	National Programme Management Unit
NPO	Nil Per Os
NQAS	National Quality Assurance Standards
NSSK	Navjat Shishu Surkasha Karyakarm

OBG/Obs. & Gynae.	Obstetrics & Gynaecology
OSCE	Objective Structured Clinical Examination
OT	Operation Theatre
PAC	Pre Anaesthetic Check-up
PDCA	Plan Do Check Act
PHC	Primary Health Centres
PIH	Pregnancy Induced Hypertension
PIP	Program Implementation Plan
PPH	Primary Postpartum Haemorrhage
PPIUD	Postpartum Intrauterine Contraceptive Device
PSSR	Position-Suction-Stimulation-Reposition
QC	Quality Circle
QOC	Quality of Care
RCH	Reprodcutive & Child Health
RDK	Rapid Diagnostic Kit
RIE	Rapid Improvement Events
SBA	Skilled Birth Attendant
SDH	Sub Divisional Hospital
SMART	Specific, Measurable, Achievable, Relevant, Time bound
SNCU	Special Newborn Care Units
SOP	Standard Operating Procedures
SQAC	State Quality Assurance Committee
SQAU	State Quality Assurance Unit
STG	Standard Treatment Guidelines
TSSU	Theatre Sterile Supply Unit
UPS	Uninterruptible Power Supply
USG	Ultrasonography
WHO	World Health Organization

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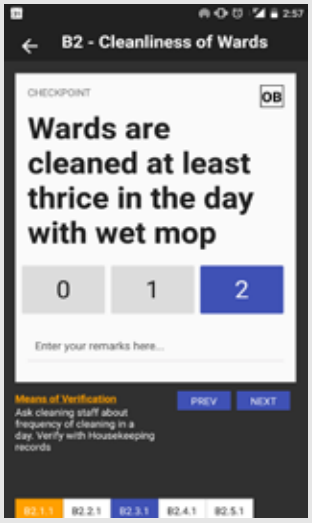

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