

SELF ASSESSMENT CHECKLIST FOR PRADHAN MANTRI NATIONAL DIALYSIS PROGRAM (FACILITY WISE)

Name of State:

Name of Facility in-charge of Dialysis unit:

Name of District:

Mobile number:

Name & Type of Facility

Email Id:

(SC/PHC/CHC/DH):

SR. NO	QUESTIONS	RESPONSE		REMARK
PRE-REQUISITES FOR CENTER READINESS				
1	Line Voltage 230V AC, +- 10%	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2	15 Amps socket for each machine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3	Min 120 Sq Ft space available per HD machine bed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4	RO plant Installed (Double pass system)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5	RO water point for HD machine connection available	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6	Water inflow pressure 1.5 Bar to 6 Bar (21 psi to 87 psi)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7	Water inflow temperature 5 degrees Celsius to 30 degrees Celsius	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8	Water inflow rate 1.3 Lts/min	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9	Water drains 0 to 100 cm above the ground	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10	3 KVA UPS per dialysis machine with 20 mins backup or 3 KVA Stabilizer per dialysis machine (if generator supply is used)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
SERVICE DELIVERY				
11	Mode of dialysis service provided in the facility?	Inhouse <input type="checkbox"/>	PPP <input type="checkbox"/>	Hybrid (Inhouse+PPP) <input type="checkbox"/>
12	Name of Service provider for dialysis service (In case of PPP)	Specify Name: <input type="text"/>		
13	Contract valid till (In case of PPP)	Specify Date: <input type="text"/>		

14	Are the services available 24/7?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
15	No. of Dialysis beds	<input type="text"/>		
16	Machine Utilization Rate	<input type="text"/>		
17	Cost per session	Specify cost: <input type="text"/>		
18	Are diagnostics and drugs free of cost for all Patients?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

INFRASTRUCTURE

19	Building	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	Make shift <input type="checkbox"/>	Standalone <input type="checkbox"/>	
20	Approach roads	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
21	District hospital within 3 km of the setup? (Answer only when the setup is not in a district hospital)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
22	Proper signages	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
23	Area for waiting/reception	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
24	Area for dialyzer reprocessing unit	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
25	Area for storage of part A and B concentrate	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
26	Availability MO consultation room	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
27	Availability of a Resuscitation facility with life support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
28	Has the provider taken insurance to protect the center from unprecedented causes? (fire safety, electrical safety)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
29	The proximity of dialysis unit to ICU/Emergency services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
30	Separate entry/exit route for infection prevention and control	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
31	Nursing station	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
32	Alarm monitoring system (Patient & Machine)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
33	Availability of power backup	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
34	Adequate lighting of the procedure room	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
35	Adequate ventilation (AC)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

36	Cleanliness maintained in storage areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
37	Nurse/DT per machine (Ratio)	Nurse/DT : Machine <input type="checkbox"/>		
38	Separate area for BMW segregation and disposal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
39	Availability of : i) Trained medical officers in the center	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify number:
40	ii) Trained staff nurses in the center?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify number:
41	iii) Qualified technicians working in the center?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify number:
42	Availability of nephrologists in the center.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify the last visit:
43	Availability of 1 sweeper per unit per shift?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

TRAINING AND CAPACITY BUILDING

44	No. of healthcare workers trained in dialysis techniques	Specify number:	<input type="text"/>	
45	Last on-job training done	Specify Date:	<input type="text"/>	
46	Awareness of SOP on blood spillage disposal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
47	Training on Emergency CPR/drill	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

EQUIPMENT/ CONSUMABLES

48	Availability of Dialysis machine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify quantity:
49	Dialysis machines are as per the specifications	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
50	Dialysis machines provided by the government?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
51	Separate dialysis machine of positive patient	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
52	Availability of medical equipment catering to emergency and lifesaving drugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
53	Comprehensive warranty of HD machines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
54	Is there a contingency plan or procedure in case of equipment failure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify:
55	Each dialyzer is correctly labeled to be reused by the same patient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
56	Bacteriological colony count of dialysate less than 100 as per AAMI standards 2020/ISO 23500/BIS 17646	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
57	Proper disposal system for remaining concentrates after treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

58	Details of Hemodialysis machine breakdown	<div></div>	
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PATIENT CARE

59	The complete consent form is taken from the patient before starting dialysis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
60	Availability of Diagnostic service of CBC count, Hb, LFT and KFT as per FDSI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
61	Availability of Dialysis chart for every patient	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
62	Availability of Physician's order	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
63	Availability of Patient monitoring sheet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
64	Standing order for medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
65	Availability of Diagnostic services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
66	Availability of Complication list	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
67	Availability of Transfer/reference slip	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
68	Are Patient and staff vaccinated for Hepatitis B? - (0,1,2,6 months)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
69	Are Patients and staff vaccinated for influenza annually?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
70	Do Patients and staff take the pneumococcal vaccine every 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
71	Availability of list of patients on waiting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
72	Availability of Regular testing of viral markers(HIV, HBV, HCV) (3 monthly)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
73	PTH and vitamin D tests done every 6 months	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
74	Availability of Inj. EPO been through FDI free of cost	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

WATER TREATMENT

75	Availability of Dual water system	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
76	Availability of Joint Free connector pipes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
77	Availability of test reports for Microbiological testing of the treated water	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provide document:

78	Availability of Written logs of the operation of the water treatment system	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provide document:
79	Auditory and visual alarms for the monitoring of water treatment system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
80	Availability of Water test reports	Coliform count <input type="checkbox"/>	Fungal count <input type="checkbox"/>	Chemical <input type="checkbox"/> test
81	Routine disinfection of the water treatment system/ RO plant and dialysis machines are performed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Log book:

INCIDENT AND ACCIDENT (In log book)

82	Occurrence of Complications related to dialysis procedure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, provide document:
83	Occurrence of Complications related to vascular access	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, provide document:
84	Staff/patient's hepatitis status	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provide document:
85	Needle stick injury record	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provide document:

RECORDS/IT/PORTAL

86	Availability of Laptop/Desktop	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
87	Availability of Dedicated Broadband	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
88	Use of PMNDP portal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
89	Real-time entry on the PMNDP portal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
90	Total ABHA ID's created	Specify number:	<input type="text"/>	
91	Daily dialysis patient load	Specify number:	<input type="text"/>	
92	No. of patients in the waiting list	Specify number:	<input type="text"/>	
93	Follow-up mechanism	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify:
94	Availability of Biometric/Webcam	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
95	Daily patient register including outside as well as referred patients?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
96	Logbook for record of any breakdown of machine/facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
97	6 monthly reports submitted to the authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

QUALITY ASSURANCE AND SERVICES

99	Incidence of cross-infection (< 1-2%)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, provide document:
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100	Procedure- dialysis adequacy (decrease in urea level & creatinine up to 65%)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
101	Monitoring of dialysis patient post dialysisKt/V adequacy of delivered dialysis dose	Kt/V <input type="checkbox"/>	URR <input type="checkbox"/>	
102	Patient survival rate	<input type="text"/>		
103	The dropout rate of patients	<input type="text"/>		
104	Availability of Standard operating procedures for dialysis services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
105	Availability of Protocol for infection control	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

PATIENT FEEDBACK

106	No. of patients interviewed	Specify number:	
107	Has any patient ever been denied services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
108	Has there ever been a delay of more than 24 hours than the issued time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
109	Has there ever been a complaint of malpractices like taking money from the patient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
110	Assessment of quality of service	  	