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Government of Karnataka

Manual for Recommissioning of hospitals upto 100 beds

Karnataka Health Systems Development Project
Health & Family Welfare Department
Bangalore

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Introduction

The KHSDP has taken up the task of upgrading 201 secondary hospitals with the assistance from the World Bank. As on August 1999 the civil works are complete in 60 hospitals. Usually projects are declared complete when once the major civil works are completed. But, a lot of things are not attended for a long time even after the completion of the civil work. In the result the upgraded facility would not be of greater use. In order to see that each hospital is recommissioned properly the KHSDP has evolved a definite recommissioning procedure. The procedures maintained in this booklet are applicable to hospitals with less than 100 beds. For bigger hospitals a separate booklet for recommissioning is available.

The purpose of issuing this recommissioning booklet is to see that all facilities are laid down properly at the hospitals so that it can work at its best. It is hoped that this booklet would be a guiding principle for the Administrative Medical Officer to know what are the issues that he has to look into for proper functioning of the hospital. This recommissioning manual will be used for routine inspections and also for grading the performance of the hospital annually.

There are three components in this booklet. The first component relates to civil works only and they are one time test procedures to be adopted before commissioning. As these things would not change within a short period it is enough if they are checked once a year. The civil component for each hospital would be checked by the quality auditors namely M/s. TOR Steel foundation.

The second component in this manual deals with clinical issues. In this component care has been taken to see that required equipment are placed at the right places, required messages are given to the concerned persons. The idea is to see that all components of clinical activity are well laid out and made to function in a hospital. At the outset the Administrative Medical Officer and one Deputy Director of KHSPD would jointly take up the work of recommissioning the hospital. They would see that the right sign boards are put up at the right places, the equipment required are laid out properly as indicated in the manual. Over a period of time this manual would act something like annual stock verification certificate, a facility audit report, inspection report and also a basis for evaluating the performance of the hospital at the end of each financial year. We hope that periodical inspection of each and every point would help the hospital authorities to reset their hospitals from deviations once in two months.

The third component deals with administration and outreach activities of the hospital. This component includes the waste management activity which is more an administrative exercise than a clinical work. It is felt that the manual is self explanatory. Should there be a problem KHSDP will be gladly willing to assist the Administrative Medical Officer in understanding the recommissioning manual for proper recommissioning of the hospital.

Civil Works Component

Civil Work Component

Check list for completion reports

Please fill in the columns as indicated in the brackets :

| Sl. No | Item | Response | | | | | | | | | | | | | | | | |
|--|---|----------|--------------------------|---|------------------------|--|----|--|----|--|----|--|----|--|----|--|----|--|
| 1 | Location of the site. (Indicate the place and position) | | | | | | | | | | | | | | | | | |
| 2 | Bed Capacity as per KHSDP norms. | | | | | | | | | | | | | | | | | |
| 3 | Dates of inspection. | | | | | | | | | | | | | | | | | |
| 4 | Inspection in the presence of KHSDP Officers. | | | | | | | | | | | | | | | | | |
| 5 | Inspection in the presence of Contractor. | | | | | | | | | | | | | | | | | |
| (Note : Refer specifications of BOQ and Special specifications in tender) | | | | | | | | | | | | | | | | | | |
| 6 | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Sl. No.</th> <th style="width: 60%;">Items of Work completion</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Units of constructions</td> </tr> <tr> <td></td> <td>a.</td> </tr> <tr> <td></td> <td>b.</td> </tr> <tr> <td></td> <td>c.</td> </tr> <tr> <td></td> <td>d.</td> </tr> <tr> <td></td> <td>e.</td> </tr> <tr> <td></td> <td>f.</td> </tr> </tbody> </table> | Sl. No. | Items of Work completion | 1 | Units of constructions | | a. | | b. | | c. | | d. | | e. | | f. | |
| Sl. No. | Items of Work completion | | | | | | | | | | | | | | | | | |
| 1 | Units of constructions | | | | | | | | | | | | | | | | | |
| | a. | | | | | | | | | | | | | | | | | |
| | b. | | | | | | | | | | | | | | | | | |
| | c. | | | | | | | | | | | | | | | | | |
| | d. | | | | | | | | | | | | | | | | | |
| | e. | | | | | | | | | | | | | | | | | |
| | f. | | | | | | | | | | | | | | | | | |

Note : Please add additional sheets of paper if required.

| | | |
|---|---|-----------------|
| 1 | Foundation : | Response |
| | a. Observation of settlement. | |
| | b. Pointing. | |
| | c. Flagging. | |
| 2 | Dimensional checks of all rooms . (If changes are found indicate reasons for change) | |
| 3 | Doors and windows : | |
| | a. Sections of frame & shatters used. | |

* Wherever the matter is complied put a '√' in green colour and
Wherever it is not complied put an 'X' mark in red colour

| | | |
|---|--|--|
| | b. Dimensions of doors and windows. | |
| | c. Quality of joinery. | |
| | d. Quality of fittings used. | |
| | e. Quality of painting. (Please check all exposed surfaces) | |
| | f. Easing test for shatters. | |
| | g. Checking of cracks around the frame with masonry work. | |
| 4 | Tiled Flooring : | |
| | a. General level. | |
| | b. Pointing of joints. | |
| | c. Exposure of chips in mosaic flooring. | |
| | d. Skirting levels. | |
| | e. Colour variations in tiles. | |
| | f. Quality of polishing. | |
| 5 | Dadoing on walls (Glazed tiles) | |
| | a. Top level dadoing and finishing materials used. | |
| | b. Colour / shade variations of tiles. | |
| | c. Pointing of joints. | |
| | d. Evenness of surface finish. | |
| 6 | Ceiling plastering | |
| | a. Evenness of surface finish. | |
| | b. Joints with wall. | |
| | c. Bottom line of beams (to be horizontal may please be verified) | |
| 7 | Wall Plastering | |
| | a. Evenness of surface finish | |
| | b. Joints with RCC members | |
| | (i) Provision of grooves | |
| | (ii) Fixing of mesh | |
| | c. Plastering of jams (level and plumb) of doors and windows. | |
| 8 | W.P.C. | |
| | a. Cracks in surface. | |

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|----|--|--|
| | b. Joints with parapet walls. | |
| | c. Outlet aprons. | |
| | d. Ponding test. | |
| | e. How are they draining water from Overhead tank. | |
| | f. Vegetation in roof area. | |
| 9 | Sunken slabs | |
| | a. Check leakages / dampness | |
| 10 | Water supply system | |
| | a. Source of supply. | |
| | b. System of storage : Sump tank / Overhead tank. | |
| | c. Piping system checking for leakage / has pressured test done before plastering. | |
| | d. Do the fittings confirm to tender specifications. | |
| 11 | Sanitary system | |
| | a. No. of closets in operation. | |
| | b. No. of wash basins. | |
| | c. System of disposal : Septic tank / Soak pit / Municipal drainage system. | |
| | d. No. of chambers. | |
| | e. Do the fittings confirm to tender specifications. | |
| 12 | Campus drainage | |
| | a. Surface drainage system. | |
| | b. How drainage of court yards planned. | |
| 13 | Campus roads | |
| | a. Type of roads. | |
| | b. Side drains. | |
| 14 | Chajjas / canopy slabs | |
| | a. System of disposal of water | |
| | b. System adopted for top finish. | |
| | c. Provision of drip moulds. | |

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|----|--|--|
| 15 | Fire safety arrangement | |
| | a. Any system exits. | |
| | b. If so, details | |
| | c. Fire Alarm system. | |
| | d. Any system proposed. 33 | |
| 16 | Waste disposal arrangement | |
| | Present system adopted for disposal of : | |
| | a. Medical waste. | |
| | b. General waste | |
| 17 | Non-destructive tests | |
| | a. Already conducted. | |
| | b. Proposed. | |
| 18 | Tests reports | |
| | a. Test reports furnished already. | |
| | b. Test reports pending. | |
| | c. Fresh tests contemplated. | |
| 19 | Electrification | |
| | a. Power requirement (details unit-wise may please be provided) | |
| | b. Transformer capacity (If existing, what is the capacity) | |
| | c. No. of motors installed / capacity. | |
| | d. No. of Generators / capacity. | |
| | e. Earthing details (whether installed or not ?) | |
| | f. Types of wiring used (test certificates may please be verified). | |
| | g. Types of fixtures used. | |
| | h. Tube lights used with power factor condenser. | |
| | i. Have the fixtures got ISI mark. | |
| | j. Do they confirm to tender specification. | |
| | k. Is there separate earthing points for lighting and power points. | |
| | l. Safety gadgets provided with details, i.e., Circuit breakers / others | |

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| | | |
|----|--|--|
| 20 | Drawings | |
| | a. Layout drawing of drainage system. | |
| | b. Layout drawing of water supply system. | |
| | c. Layout of electrical circuit diagram. | |
| 21 | Overhead tanks | |
| | a. Type of storage structure | |
| | b. Type of access to Overhead tank. | |
| | c. Source of water to Overhead tank. | |
| | d. Details of bore well (dia, depth, installed pumping arrangement) | |
| 22 | Expansion joints | |
| | a. Type of joints (ceiling / walls). | |
| | b. Method adopted for sealing these joints. | |
| 23 | Operation theatre | |
| | a. No. of door openings (prepared one). | |
| | b. Type of openings in OT (i) towards sterilization room. (ii) Towards medical waste room. | |
| | c. Type of flooring used (with details of materials used). | |
| 24 | General Observations : | |

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Clinical Component

| No. | ITEM | Response as on date of visit (Y/N) * | | | | | |
|----------|--|--------------------------------------|------|------|------|--|--|
| | | Date | Date | Date | Date | | |
| 1 | OUT PATIENT DEPARTMENT | | | | | | |
| a) | Reception Counter / Enquiry : | | | | | | |
| i) | Posting of knowledgeable MSW or Staff Nurse as a Receptionist with a board "May I help You?" | | | | | | |
| ii) | All sections of the OPD numbered and depicted on flow chart near reception counter | | | | | | |
| iii) | Boards indicating days of Special Services and Hospital timings near reception counter. | | | | | | |
| b) | Registration /OPD ticket issuing counter: | | | | | | |
| i) | Board indicating hospital fees for various services provided for OPD & IPD – Inpatient counter for admission | | | | | | |
| ii) | Glow sign with changing messages exhibited at prominent places. | | | | | | |
| 2 | O P D SECTIONS (MOP, SOP, POP, DOP, GyOP): | | | | | | |
| i) | Every OPD section should have : separate register for diagnosis, Complete examination tray with B P Apparatus, torch and hammer, X ray view box, examination table with foot steps, writing table, stool for patients, wash basin adequate sitting arrangement for waiting O P D Patients, appropriate Health Education material displayed. Waste collection , coloured baskets with instructions about the kind of waste to be installed in all the rooms | | | | | | |
| ii) | In addition to above, | | | | | | |
| iii) | Medical OPD : CNS examination tray, tuning fork, ECG Machine | | | | | | |
| iv) | Surgical OPD : PR examination tray with proctoscope and gloves, Kidney trays, Tongue depressor, torch, xylocaine jelly | | | | | | |
| v) | Gynaec. OPD : PS & PV exam. Tray, IUD tray, Kidney tray, clean gloves, Weighing machine, pap smear tray, exam. Table with lithotomy facility, table lamp, jelly or cream, torch, view light | | | | | | |
| vi) | Pediatric OPD : Paed. Weighing machine, Measuring Tape, Height and Weight Scale. | | | | | | |
| | Ophthal OPD | | | | | | |
| | Torch, eye drops, eye charts, sterile bins with dressings, lotion | | | | | | |
| | ENT OPD | | | | | | |
| | Head light, torch, ENT instruments tray, antiseptic lotions, tongue depressor, foreign body removal set (nose and ear) | | | | | | |
| d) | Dental OPD | | | | | | |
| i) | Dental Surgeon available | | | | | | |
| ii) | Apart from Dental extraction and scaling other procedures like silver filling, mandibular wiring, dental alignment etc. are done. | | | | | | |
| iii) | Efforts made by staff to keep dental x-ray unit, motor in order, continuous water supply, staff nurse posting, denture preparation (prosthesis), Biosafety measures adopted. Etc. | | | | | | |
| e) | Dressing Room. | | | | | | |

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| No. | ITEM | Response as on date of visit (Y/N) * | | | | | |
|-----------|--|--------------------------------------|------|------|------|--|--|
| | | Date | Date | Date | Date | | |
| i) | Autoclaved material used (bandages, dressings, towels, swabs) | | | | | | |
| ii) | Dressing table, antiseptic lotion, sink for hand washing available | | | | | | |
| iii) | Dresser wears Plastic apron, face mask, gloves etc., while doing dressings | | | | | | |
| iv) | Antiseptic lotions and dressing materials kept in bins | | | | | | |
| v) | Dustbins are available with waste collection instructions. | | | | | | |
| vi) | Dressing tray with medicines and bandages | | | | | | |
| vii) | Electric steriliser for instruments and suture removal set | | | | | | |
| f) | Injection Room | | | | | | |
| i) | Syringe destroyer installed and being used | | | | | | |
| ii) | Colour waste collection bins installed with instructions for use | | | | | | |
| iii) | Staff nurse is trained in management of Injection reactions | | | | | | |
| iv) | Updated emergency drug tray and Availability of Oxygen Cylinder with accessories, Suction Machine (electric and foot operated), Cot and mattresses with arrangement for head low position, venesection tray, | | | | | | |
| v) | Chart of management of Anaphylactic reaction, classification of dogbite wounds and dosage schedule of ARV, rabipur. | | | | | | |
| vi) | Availability of Wash basin, Biosafety measures adopted, Inventory maintained. | | | | | | |
| vii) | Sufficient number of autoclaved syringes & needles depending upon OPD load. | | | | | | |
| g) | Pharmacy | | | | | | |
| i) | Proper display of all the available drugs in the pharmacy to build a proper public image | | | | | | |
| ii) | Daily accounting of drugs kept? (Any proof of checking of inventory) | | | | | | |
| iii) | Surprise check by MO / RMO for actual dispensing against prescription. | | | | | | |
| iv) | Drugs are dispensed in paper packets | | | | | | |
| v) | Morbidity statistics kept up-to-date (Verify the record) | | | | | | |
| vi) | Is the fire extinguisher installed at the pharmacy | | | | | | |
| h) | Minor Operation Theater and Plaster Room | | | | | | |
| i) | Availability of shadowless lamp, operation table, suction apparatus (electric and foot operated) fumigation apparatus, | | | | | | |
| ii) | Availability for wash basin, slippers, cap, mask, gown, etc | | | | | | |
| iii) | Availability of autoclaved linen material, dressing drums, minor surgery instruments, life saving drugs and anaesthetic agents' etc. | | | | | | |
| iv) | Maintenance of records and registers of minor OT, condemned articles etc. | | | | | | |
| v) | Water coolers available with 4 number of taps for OPD | | | | | | |
| vi) | Separate well maintained arrangements of toilet for male & female patients & relatives? | | | | | | |
| vii) | Is it clean? | | | | | | |
| viii) | Separate stand for vehicles. | | | | | | |
| ix) | Availability of functioning telephone for public | | | | | | |

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| No. | ITEM | Response as on date of visit (Y/N) * | | | | | |
|--------|--|--------------------------------------|------|------|------|--|--|
| | | Date | Date | Date | Date | | |
| x) | Film show arrangements made for OPD patients | | | | | | |
| xi) | Suggestions book in OPD. Action taken, if any for valid suggestions made. | | | | | | |
| xii) | Waste collection basket installed at appropriate places | | | | | | |
| xiii) | Availability of wheelchairs & stretchers for shifting Pt. From OPD to Ward. | | | | | | |
| 2) | EMERGENCY SERVICE DEPARTMENT. (CASUALTY) | | | | | | |
| i) | Medical Officer available round the clock | | | | | | |
| ii) | Glow sign board indicating "Emergency Services" [Department] | | | | | | |
| iii) | Ward well equipped with Fowler's bed, | | | | | | |
| iv) | Emergency tray with essential drugs | | | | | | |
| v) | Catheter tray, Ryles' tubes / Stomach tube, flatus tube, | | | | | | |
| vi) | Venesection tray, tracheotomy set, L P tray, Suturing tray, | | | | | | |
| vii) | Emergency light / Generator, | | | | | | |
| viii) | BP Apparatus, Torch, Thermometer, weighing machine, hammer, | | | | | | |
| ix) | Refrigerator, stationary & forms (medico-legal stationary) | | | | | | |
| x) | Availability of ARV services 24 hours. Board displayed accordingly. | | | | | | |
| xi) | Knowledge of M Os in classification of dogbite wounds and their management training in giving ARV. | | | | | | |
| xii) | Proper documentation of case sheet and MLC, treatment card and records / registers. | | | | | | |
| xiii) | Uninterrupted Stock of ARV. Check the stock book. | | | | | | |
| xiv) | Medico-legal register in prescribed register with commencing and closing dates and number on the book. | | | | | | |
| xv) | Store room with sufficient stock of essential and life saving drugs. | | | | | | |
| xvi) | Availability of transport facilities (Ambulance) round the clock, drivers duty chart | | | | | | |
| xvii) | Waste collection at appropriate places | | | | | | |
| xviii) | Emergency resuscitation kit available and functional | | | | | | |
| 4) | CLINICAL LABORATORIES | | | | | | |
| i) | Qualified Pathologist available. | | | | | | |
| ii) | Examination of special tests like widal, serum bilirubin, L F T, V D R L, B S for M P., stool examinations, semen analysis, electrolyte study, blood gas analysis, kidney function tests, C S F examination etc. | | | | | | |
| iii) | Reports, monthly abstract drawn and verified by CMO | | | | | | |
| iv) | Use of aprons by laboratory technicians | | | | | | |
| v) | Availability of sufficient wash basins, sinks for staining | | | | | | |
| vi) | Proper disposal of the spoiled containers after decontamination. | | | | | | |
| vii) | Use of only autoclaved syringes & needles / Disposable needles. | | | | | | |
| viii) | Appropriate tests carried out as per indication | | | | | | |
| ix) | Observance of bio safety measures in waste management | | | | | | |

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| No. | ITEM | | | | | Response as on date of visit (Y/N) * | | | | | |
|-------|---|---------------------|-------------------|---------------|------------------------------|--------------------------------------|------|------|------|--|--|
| | | | | | | Date | Date | Date | Date | | |
| x) | Regular availability of staining material and their inventory maintenance | | | | | | | | | | |
| xi) | Status of following equipment | | | | | | | | | | |
| | | Total No. Available | Working Condition | Under Repairs | Pending for Con dem - nation | | | | | | |
| a) | Microscopes Monocular | | | | | | | | | | |
| b) | Centrifuge | | | | | | | | | | |
| c) | Refrigerator | | | | | | | | | | |
| d) | Water bath | | | | | | | | | | |
| e) | Hot air oven | | | | | | | | | | |
| 6) | RADIOLOGY | | | | | | | | | | |
| i) | X-ray technician is available, if not efforts made for getting the post filled in or any suitable alternative arrangement made for day to day supervision | | | | | | | | | | |
| ii) | Status of X-ray Machines available | | | | | | | | | | |
| iii) | | Total No. Available | Working Condition | Under Repairs | Pending for Con dem nation | | | | | | |
| | X-ray Machine | | | | | | | | | | |
| iv) | Availability of dark room safe light, film drying cabinet x-ray illuminators (view box) etc., | | | | | | | | | | |
| v) | Use of bulbs and are they regularly sent to BARC for checking and steps taken on reports | | | | | | | | | | |
| vi) | Availability of all life saving drugs, oxygen cylinder, suction apparatus etc., to tackle the anaphylactic reaction | | | | | | | | | | |
| vii) | X-ray films and hypo solutions are preserved/Disposed as per Rules. Danger zone marked or not with red paint | | | | | | | | | | |
| viii) | Availability and use of protection devices like lead apron, lead gloves, goggles, badges and dosimeter etc by the staff working in Radiology. | | | | | | | | | | |
| 7) | OPERATION THEATER | | | | | | | | | | |
| i) | Availability of staff in O T as per norms / Duty roster chart | | | | | | | | | | |
| ii) | Concept of clean, neutral and sterile zone followed by providing various self-closing double doors or air curtain etc. and marked | | | | | | | | | | |
| iii) | Dimensions of operation theater are measured and dose of potassium permanganate (KMnO ₄) and formaldehyde calculated for doing fumigation on fixed day or as and when indicated. Verify the fumigation register record. | | | | | | | | | | |

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| No. | ITEM | Response as on date of visit (Y/N) * | | | | | |
|--|---|--------------------------------------|---------------|--------------------------|------|--|--|
| | | Date | Date | Date | Date | | |
| iv) | Swabs from O T are sent for culture and action taken on unfavourable report. Verify the documents. | | | | | | |
| v) | Pre operative waiting room with toilet facilities available | | | | | | |
| vi) | Availability of well equipped postoperative ward (Recovery room) with adequate No. of beds and resuscitation measures | | | | | | |
| vii) | Uptodate maintenance of O T records like O T registers (elective), emergency O T, monthly abstract etc. | | | | | | |
| viii) | Proper steps taken for disposal of O T waste (Operated specimens etc.) | | | | | | |
| ix) | Emergency light or generator facilities provided to O T (Verify) | | | | | | |
| x) | Status of following equipment | | | | | | |
| xi) | | | | | | | |
| | | Total No. Available | Under Repairs | Pending for condemnation | | | |
| a) | Boyles Apparatus | | | | | | |
| b) | Hydraulic O T | | | | | | |
| c) | Shadowless lamp | | | | | | |
| d) | O T care | | | | | | |
| e) | Suction Apparatus | | | | | | |
| f) | Air Conditioner | | | | | | |
| g) | Minor Operation Tables | | | | | | |
| i) | Refrigerator | | | | | | |
| j) | Electric Sterilizers | | | | | | |
| k) | Autoclaves | | | | | | |
| xii) | Regular condemnation of unserviceable articles twice a year done | | | | | | |
| xiii) | Inventory register maintained and checked by Anaesthetist / RMO | | | | | | |
| xiv) | Availability of separate changing room for doctors, nurses with attached toilet and locker facilities and entire staff uses O T dress and separate slippers | | | | | | |
| xv) | Availability of the fire fighting equipment and knowledge to use them | | | | | | |
| xvi) | Oxygen cylinder available & quantity checked periodically | | | | | | |
| 8) CENTRAL STERILE SUPPLY DEPARTMENT | | | | | | | |
| i) | A detailed chart showing how to operate H P H S displayed in Kannada | | | | | | |
| ii) | Wall clock made available for noting the time during autoclaving process | | | | | | |
| iii) | All autoclave tape should be preserved and pasted on register datewise which is to be signed by Staff Nurse and checked by Anaesthetist (Verify the register) | | | | | | |
| iv) | Efforts made to get out of order equipment's repaired or condemned (Verify the register) | | | | | | |
| 9) LABPOUR ROOM & PREMATURE BABY UNIT | | | | | | | |

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|--------|--|--------------------------------------|------|------|------|---------|------------|------------|--------|--|--|--|--|--|--|--|
| | | Date | Date | Date | Date | | | | | | | | | | | |
| i) | Separate Labour Room with automatic double door for clean and septic cases available. | | | | | | | | | | | | | | | |
| ii) | Minimum 2 labour tables in Clean labour room with plastic curtain partition. | | | | | | | | | | | | | | | |
| iii) | Facilities available such as : Wall Clock, baby weighing machine, facility for headlow position, baby resuscitation kit, mucus aspirator, suction apparatus (electric or foot operated) alongwith set of catheter, oxygen cylinder with accessories for baby and mother, emergency light / generator connection, exhaust fan, coolers / fan, episiotomy tray and venesection tray, shadowless lamp, forceps low, B P apparatus, instrument sterilizer, plastic aprons, slippers, cap, mask, apron, foam mattress on table, Kit of all life saving drugs, | | | | | | | | | | | | | | | |
| iv) | Same discipline as that of O T is also followed for labour room i.e., use of gown, cap, mask etc. before entering in labour room & PBU | | | | | | | | | | | | | | | |
| v) | Availability of deep freeze or plastic containers with ice cubes for preservation of still born, Placenta, till they are disposed off. | | | | | | | | | | | | | | | |
| vi) | Regular washing and fortnightly fumigation of labour room. Verify record. | | | | | | | | | | | | | | | |
| vii) | Duty roster of staff of labour room and attendance displayed or not | | | | | | | | | | | | | | | |
| viii) | Proper writing of delivery notes including the foot prints of baby, thumb impression of mother with attestation of nurse conducting delivery. | | | | | | | | | | | | | | | |
| ix) | Availability of attached toilet facility near Labour Room | | | | | | | | | | | | | | | |
| x) | Arrangement to resuscitate new born and to keep baby warm | | | | | | | | | | | | | | | |
| xi) | Availability of functioning incubators | | | | | | | | | | | | | | | |
| xii) | Staff trained in premature baby care. | | | | | | | | | | | | | | | |
| xiii) | Arrangement for prevention of hypothermia | | | | | | | | | | | | | | | |
| xiv) | Availability of Photo therapy unit, Oxygen hoods | | | | | | | | | | | | | | | |
| xv) | Proper maintenance of record, registers of new born | | | | | | | | | | | | | | | |
| xvi) | Precautionary measures adopted to prevent sepsis like barrier nursing, change of cloths by staff working P B U | | | | | | | | | | | | | | | |
| xvii) | Written instructions about operation of incubator displayed. | | | | | | | | | | | | | | | |
| xviii) | Duty roster of staff on duty. | | | | | | | | | | | | | | | |
| | | Paed | Med | Sur | Gye | Post op | Emer-gency | Casual-ity | Tota l | | | | | | | |
| 10 | <u>WARDS</u> | | | | | | | | | | | | | | | |
| 1. | Satisfactory cleanliness of the sanitary blocks. | | | | | | | | | | | | | | | |
| 2. | If, floor beds in the wards present. | | | | | | | | | | | | | | | |
| 3. | Satisfactory upkeepment of Cots., Mattresses, Bedside lockers, Linen etc. | | | | | | | | | | | | | | | |
| 4. | Use of hospital uniforms by all patients | | | | | | | | | | | | | | | |
| 5. | Availability of Suction Apparatus | | | | | | | | | | | | | | | |

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| No. | ITEM | Response as on date of visit (Y/N) * | | | | | |
|------------|---|--------------------------------------|------|------|------|--|--|
| | | Date | Date | Date | Date | | |
| | (electric and foot operated), oxygen cylinder with accessories, venesection tray, emergency tray, emergency light, BP apparatus, equipments for sterilization, wheel chairs, stretcher trolley and stationaries, forms etc. without man | | | | | | |
| 6. | Maintenance of records (incoming, outgoing and death reports), CARDEX (ward round book) | | | | | | |
| 7. | Adequacy and working of fans and tube lights | | | | | | |
| 8. | Availability of hot water | | | | | | |
| 11) | DIET AND KITCHEN FACILITY | | | | | | |
| i) | Availability of diet | | | | | | |
| ii) | Physical verification of dietary articles done any time. Verify | | | | | | |
| iii) | Availability of diet charts for adult, paediatric and special diet. | | | | | | |
| iv) | Arrangements for washing vegetable and vegetable cutting platform | | | | | | |
| v) | Satisfactory cleanliness of kitchen | | | | | | |
| vi) | Satisfactory arrangements for preventing rat nuisance | | | | | | |
| vii) | Availability of utensils for cooking. | | | | | | |
| viii) | Satisfactory arrangements for storing the foodgrains | | | | | | |
| ix) | Regular medical check up of food handlers (Verify the records) | | | | | | |
| x) | Regular organisation of diet committee meeting (Verify the Minutes) | | | | | | |
| xi) | Availability of food testing register and remarks | | | | | | |
| xii) | Sending of samples of dietary articles for P A F studies and action taken on results | | | | | | |
| xiii) | Availability of lactometer measuring unit, weighing machine and weights | | | | | | |
| xiv) | Action taken on substandard supply of dietary articles | | | | | | |
| xv) | Waste Disposal facility available | | | | | | |
| 12) | LINEN & LAUNDRY SERVICES | | | | | | |
| i) | Condemnation carried out by every six months | | | | | | |
| ii) | Yearly requirement prepared on the basis of last three years consumption and buffer stock. (Verify the records) | | | | | | |
| iii) | Availability of linen as per norms | | | | | | |
| iv) | Availability of buffer stock of linen to face Disaster Emergencies | | | | | | |
| v) | Upkeep of linen register | | | | | | |
| vi) | Hospital linen stamped by Dhobi ink | | | | | | |
| vii) | Services of tailor utilized adequately for making new O T | | | | | | |

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| No. | ITEM | Response as on date of visit (Y/N) * | | | | | |
|------------|--|--------------------------------------|------|------|------|--|--|
| | | Date | Date | Date | Date | | |
| | wears eye shade and mending the torn cloths etc. | | | | | | |
| viii) | A practice of Dirty / spoiled linen are decontaminated / washed and given to Dhobi is followed. | | | | | | |
| ix) | O T Linen is kept separately and washed separately | | | | | | |
| x) | Availability of Linen as per departments guidelines such as Woolen blanket - Red O.T.Gown - Green | | | | | | |
| xi) | Use of aprons by Doctors | | | | | | |
| xii) | Paramedical uniforms | | | | | | |
| xiii) | Class IV uniforms | | | | | | |
| | | | | | | | |
| 13) | MEDICAL / NON MEDICAL STORES | | | | | | |
| i) | Suitability of location for all sections of Hospital and adequate space for medical store. | | | | | | |
| ii) | Pharmacist knowledgeable in materials management, system of bin cards, nearing expiry and expiry chart, buffer stock are followed | | | | | | |
| iii) | Inspections of stores by the CMO in last six months verify the stock book. | | | | | | |
| iv) | Availability of Vital, essential and desirable drugs sufficient to last for at least three months | | | | | | |
| v) | Upkeep of expiry date register and its regular inspection by RMO | | | | | | |
| vi) | Efforts made to redistribute large stock of slow moving drugs for its utilization or redistribution | | | | | | |
| vii) | Check a few A B C drugs from the stock book to ascertain the correctness of balance quantity | | | | | | |
| viii) | Proper arrangements of the drugs as per ABC / V.E.D Category and storage of rubber goods as per guidelines | | | | | | |
| ix) | Knowledge of minimum levels for each drug to store keeper by him card system. | | | | | | |
| x) | Appropriate steps taken to prevent pilferage of drugs | | | | | | |
| xi) | All ampoules are stamped with government name. | | | | | | |
| xii) | Separate system for issuing costly drugs. | | | | | | |
| xiii) | Satisfactory storage of drugs with reference to temperature, sunlight, protection from moisture, availability of refrigerators and exhaust fans. | | | | | | |
| xiv) | Sending of samples to chemical laboratory to check it as per specification and standard & action taken thereon | | | | | | |
| xv) | Every parcel is opened within 8 hours and checked the quantity as per order. Communication of any shortages/ damages to Firm. | | | | | | |
| xvi) | Maintenance of separate Register for the batches declared unfit for use. | | | | | | |
| xvii) | Availability of licenses for spirit, morphine, opium | | | | | | |
| xviii) | Circulation of lists of available drugs to the MOs, OPD & Wards | | | | | | |
| xix) | Submission of certified bills to office for release of payments within three days. (Verify the register) | | | | | | |
| xx) | Arrangement of regular auction to clear the empty material from store | | | | | | |
| xxi) | Availability of Fire Fighting equipment and knowledge to operate | | | | | | |

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| No. | ITEM | Response as on date of visit (Y/N) * | | | | | |
|------------|--|--------------------------------------|------|------|------|--|--|
| | | Date | Date | Date | Date | | |
| xxii) | Prevention of drugs and non drugs items from rat nuisance. | | | | | | |
| xxiii) | Black waste container available for waste disposal. | | | | | | |
| 14) | MEDICAL RECORDS, AUDIT & BIOSAFETY | | | | | | |
| i) | Availability of Medical Record Room with enough number of racks and cupboards etc. | | | | | | |
| ii) | Knowledge of staff in keeping the medical records in desired fashion | | | | | | |
| iii) | Regular reporting of births & deaths to the appropriate authority (Verify) | | | | | | |
| iv) | Regular WHO classification of diseases | | | | | | |
| v) | Quarterly submission of the morbidity, mortality reports (Check the report of the last month to assess the correctness) | | | | | | |
| vi) | Monthly Death audit meetings held & minutes of meeting recorded/ reported | | | | | | |
| vii) | Organisation of Hospital Infection Control Committee meetings. Action taken on minutes and investigation done if any. (Verify) | | | | | | |
| 15) | POST MORTEM FACILITY & M.L.C RECORD | | | | | | |
| i) | Availability of the instruments required for performing Post Mortem in order and sufficient. | | | | | | |
| ii) | Availability of prescribed P.M. and viscera forms in mortuary | | | | | | |
| iii) | Arrangement for carrying out post mortem after sunset. Availability of exhaust fans and adequate Water Supply | | | | | | |
| iv) | Proper writing of post mortem notes (Verify PM records) | | | | | | |
| v) | Update records such as P M Register, Incoming and outgoing dead bodies register available | | | | | | |
| vi) | Bio-safety measures undertaken like cap, mask, thick gloves while doing Post Mortem | | | | | | |
| 16) | I E C & SOCIAL ACTIVITIES | | | | | | |
| i) | Posters and Banners displayed in OPD, Wards and premises | | | | | | |
| ii) | Arrangements of Cinema shows in OPD on fixed days. | | | | | | |
| iii) | Celebration of different National days and record maintenance | | | | | | |
| iv) | Annual social gathering arranged for the staffs celebration of hospital day | | | | | | |
| 17) | MOTOR VEHICLE UNIT, HEALTH EQUIPMENT REPAIR UNIT & TELECOMMUNICATION | | | | | | |
| a) | VEHICLES | | | | | | |
| i) | Status of Vehicle <u>OFF ROAD</u> <u>ON ROAD</u> Date of its registration and other details | | | | | | |
| ii) | Availability of Garage and tools in the vehicles. | | | | | | |
| iii) | Proper maintenance of Logbooks | | | | | | |
| iv) | Major accidents and the procedure of inquiry completed within 6 months (maintenance of the repair register with the name of the part replaced) | | | | | | |
| v) | Efforts made to bring off road vehicle on road | | | | | | |

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| No. | ITEM | Response as on date of visit (Y/N) * | | | | | |
|------|---|--------------------------------------|------|------|------|--|--|
| | | Date | Date | Date | Date | | |
| vi) | Ambulance availability & functionality | | | | | | |
| b) | MOBILE MAINTENANCE UNIT (AMBULANCE) | | | | | | |
| | Maintenance of register for collection of fees for ambulance services | | | | | | |
| c) | HEALTH EQUIPMENT REPAIRS UNIT | | | | | | |
| i) | Sending of list of out of order instruments / equipment to Unit every month. Check the list | | | | | | |
| ii) | Efforts made to get the major instruments, equipment's repaired promptly by chasing higher authorities. | | | | | | |
| iii) | Repairing and enamel painting of cots, bedside lockers saline stand locally. | | | | | | |
| d) | TELECOMMUNICATION | | | | | | |
| | List of telephone numbers, code, fax numbers available | | | | | | |
| i) | Telephone connection for the hospital | | | | | | |
| ii) | Availability of Public Phone facility in Casualty and OPD | | | | | | |
| iii) | Availability of Telephone directory and telephone numbers of DC, referring hospitals, Police Superintendent, Fire Brigade, Water Supply, other ambulances, K E B., and private nursing homes in emergency service department. | | | | | | |
| 18) | Whether the following National/State Programmes being implemented and reported | | | | | | |
| a) | FAMILY WELFARE, M C H, M T P & P P PROGRAMME (25 Marks) | | | | | | |
| b) | NATIONAL MALARIA ERADICATION PROGRAMME: | | | | | | |
| c) | NATIONAL TUBERCULOSIS CONTROL PROGRAMME | | | | | | |
| d) | NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS | | | | | | |
| f) | PROGRAMMES FOR THE SOCIALLY DISADVANTAGED COMMUNITY | | | | | | |
| e) | NATIONAL LEPROSY ERADICATION PROGRAMME | | | | | | |
| f) | AIDS CONTROL PROGRAMME | | | | | | |
| g) | DISTRICT SURVEILLANCE INFORMATION SERVICES | | | | | | |
| | If yes, please provide details..... | | | | | | |
| 19) | ENVIRONMENT SANITATION & WATER SUPPLY: | | | | | | |
| i) | Efforts made by CMO to improve the general sanitation of hospital premises by preventing open air defecation underground drainage system keeping Dust bins at various | | | | | | |

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| No. | ITEM | Response as on date of visit (Y/N) * | | | | | |
|------------|---|--------------------------------------|------|------|------|--|--|
| | | Date | Date | Date | Date | | |
| | places etc., | | | | | | |
| ii) | Efforts made to prevent nuisance of stray animals like pigs, donkeys, cows, goats in the premises by providing compound wall and cattle trap at Entrance and Exist. | | | | | | |
| iii) | Arrangements for regular lifting of garbage with the help of Municipality/Corporation | | | | | | |
| v) | Anti Smoking, Spitting boards & other Health Education boards depicted at prominent places in Hospital Campus | | | | | | |
| vii) | Arrangement of sufficient illumination arrangements in Hospital premises by Street light etc., | | | | | | |
| viii) | Provision of Public latrines | | | | | | |
| ix) | Source of water supply is adequate, if not, then efforts made to augment it by Borewell or dugwell etc., | | | | | | |
| x) | Sanitation, Cleaning and general condition of overhead tank/sump well. Verify reports of OT test done by Sanitary Inspectors. Cross check done by RMO (OR) | | | | | | |
| xi) | Collection of water charges at domestic rate where the supply is combine for hospital and staff quarters | | | | | | |
| 21) | CONSTRUCTION & GARDEN DEVELOPMENT | | | | | | |
| i) | Quarters available to all essential staff, if not, efforts made to provide or construct | | | | | | |
| ii) | Efforts made to develop hospital garden | | | | | | |
| iii) | Availability of adequate water supply. | | | | | | |
| iv) | Arrangements to protect garden from stray animals | | | | | | |
| v) | Decorative arrangements in garden such as showers, sprinkles | | | | | | |
| vi) | Development of Children's park | | | | | | |
| vii) | Display of Health Education slogans. | | | | | | |

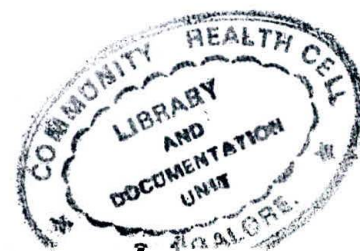
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Administration and outreach activities Component

| No. | ITEM | Response as on date of visit (Y/N) * | | | | | |
|------------|--|--------------------------------------|------|------|------|--|--|
| | | Date | Date | Date | Date | | |
| 23) | OFFICE ADMINISTRATION | | | | | | |
| i) | Cash Book and Cash Verification once in 3 month by CS (Ascertain) | | | | | | |
| ii) | Security Deposits collected from the staff working in Stores, Operation Theater, Cash Section, Outward Section etc., | | | | | | |
| iii) | Muster roll and Leave Account, Late Muster checked by Administrative Officer/Chief Administrative Officer | | | | | | |
| iv) | Standing Order file neatly maintained | | | | | | |
| v) | Maintenance of Service Books of all cadres | | | | | | |
| vi) | Recurring & Non-Recurring Expenditure statements submitted in time to higher authorities as per schedule | | | | | | |
| vii) | Efforts made to investigate the grievances and complaints received and corrective action taken. | | | | | | |
| viii) | Efforts made for disposal of all E B L cases (files) | | | | | | |
| ix) | Efforts made to settle the leave at local level and beyond power, proposals submitted to higher authorities | | | | | | |
| x) | Maintenance of increment registers and scrutiny of pending advances, recovery etc., | | | | | | |
| xi) | Efforts made to finalise the Pension cases and appointment on compassionate grounds etc., | | | | | | |
| xii) | Compliance of Audit & Store Verification Paras | | | | | | |
| xiii) | Pending Confidential Reports Cl.III, Cl.II and Cl.I | | | | | | |
| xiv) | Local Purchases in comparison with total expenditure on Medicine not more than 5% | | | | | | |
| xv) | Efforts made to settle reimbursement claims. verify the records | | | | | | |
| xvi) | Hospital Advisory Committee formed. If not, efforts made to constitute it. | | | | | | |
| xvii) | Names of Members displayed in OPD and Casualty Department | | | | | | |
| xviii) | Regular meetings held as per guidelines, if not, efforts made for | | | | | | |
| xix) | Action on the decisions made in the meeting or efforts made for their fulfillment | | | | | | |
| xx) | Hospital Fees Collection (user charges) More than last three years average collection and State average collection : Either more than last three years average collection or state average collection : Y/N Less than both : Y/N (Tick one) | | | | | | |
| 24) | OUTREACH ACTIVITIES | | | | | | |
| i) | Diagnostic and Operative Camps such as Yellow Card camps, Reconstructive surgery for Leprosy and burns patients, Dental Camps etc (except Cataract Surgery Camps), FPO camps (TO and LTO) | | | | | | |
| ii) | Providing Specialist and super service to rural hospitals by adopting one or two TH/CH centres for providing specialist services for operative procedures on regular basis (Verify records) | | | | | | |
| iii) | Inspections of Rural Hospitals (SC, PHU and PHC) in respect of referral system and National Health Programmes | | | | | | |

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| No. | ITEM | Response as on date of visit (Y/N) * | | | | | |
|------------|--|--------------------------------------|------|------|------|--|--|
| | | Date | Date | Date | Date | | |
| | needs to be inspected by CS or AMO twice a year and corrective action taken. (Verify the records) Inspection Proportionate target 100%: Y/N 80%: Y/N 70% : Y/N Below 70% : Y/N (Tick one) | | | | | | |
| 25) | RESEARCH ACTIVITIES | | | | | | |
| i) | Operational Research study undertaken such as Exit Interviews of discharged patients, study undertaken to reduce patients waiting time, efforts made to investigate sources of infection, special ways of treating Burn cases, Investigation of maternal, infant mortality in hospital and remedy suggested based on the results etc or Paper presentations in various State and National level conferences. | | | | | | |
| 26) | INNOVATIVE ACTION In Order To Curtail The Expenditure such as analysis on medicine/bed/year, expenditure on diet/bed/year, linen/bed/year and corrective actions taken thereon. | | | | | | |
| 27) | DONATIONS.. In Kinds and in Cash, Prizes, Awards etc., received by Hospitals in last two years | | | | | | |

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MAINTENANCE OF MEDICAL RECORDS

| No. | ITEM | Response as date of visit (Y/N) * | | | | | |
|----------|---|-----------------------------------|------|------|------|--|--|
| | | Date | Date | Date | Date | | |
| A | ESTABLISHMENT SECTION | | | | | | |
| 1 | Attendance register | | | | | | |
| 2 | Casual leave register | | | | | | |
| 3 | Service registers of employees | | | | | | |
| 4 | Cash book register | | | | | | |
| 5 | Encashment register | | | | | | |
| 6 | Acquittance bill | | | | | | |
| 7 | Contingency register (Abstract contingency & Direct contingency) | | | | | | |
| 8 | Inventory register (for furniture, equipment, instruments) a. Separate register for KHSDP – Instruments, equipment, furniture, linen, utensils, provision b. Separate register for D H & F W | | | | | | |
| 9 | Library contingency (small hospital library for quick reference work – journals, periodicals, books) | | | | | | |
| 10 | Telephone directory (District nos./State nos./Local emergency – police, fire, railway, engineering, bus station, referral hospital) Stock book with Head of Accountwise. Eg. KHSDP, IPP, F W & H S | | | | | | |
| 11 | Separate stock book of drugs - KHSDP, IPP, D H & F W a. Nearing expiry drug register (current month) b. Expiry drug register (yearly with date) | | | | | | |
| 12 | Stock book of hospital necessities (Brooms, stationary, bulbs etc.) | | | | | | |
| 13 | Memo books (office order books) | | | | | | |
| 14 | Condemnation article register for unserviceable articles | | | | | | |
| 15 | Electricity, telephone and water bills register or files and receipts register | | | | | | |
| 16 | Telephone call maintenance register | | | | | | |
| 17 | Log book for vehicles i.e., Ambulance, Jeep, Tata Sumo or any vehicle in the hospital (separate book for each vehicle) | | | | | | |
| 18 | General receipt books (for collection of fees for medical certificates, leave certificate, physical fitness, inpatient certificate, discharge certificate, user charges, x-rays, operation, special ward charges, drugs etc.) | | | | | | |

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| No. | ITEM | Response as date of visit (Y/N) * | | | | | |
|----------|---|-----------------------------------|------|------|------|--|--|
| | | Date | Date | Date | Date | | |
| B | RECORDS FOR CLINICAL PURPOSE | | | | | | |
| | OPD services | | | | | | |
| 1 | OPD registers | | | | | | |
| 2 | OPD slips (outpatient tickets) | | | | | | |
| | Inpatient services | | | | | | |
| 1 | Inpatient or admission register | | | | | | |
| 2 | General case sheets (medical, surgical, maternity, pediatric, ortho, ENT), medico-legal cases (accidents, poison, rape, fall, drowning, hanging, burns, snake bite, unnatural deaths, mass emergency disasters – medico-legal seal should be put on the case sheets) and diet sheet. | | | | | | |
| 3 | Emergency and casualty services The following registers and sheets should be maintained. Accident register (MLC) Police intimation form X-ray requisition form Office memo Wound certificate Death form and death register for brought dead Post mortem register – Death occurred in the hospitals Night report book Written by duty CMO or duty doctor regarding drug availability, number of cases attended | | | | | | |
| C | STATIONARY FOR MATERNITY SERVICES | | | | | | |
| 1 | Maternity case sheets | | | | | | |
| 2 | Antenatal cards and registers and OPD slips | | | | | | |
| 3 | Birth register | | | | | | |
| 4 | Emergency call book | | | | | | |
| 5 | Carolex book | | | | | | |
| 6 | Baby labeling | | | | | | |
| D | OPERATION THEATRE REGISTER | | | | | | |
| 1 | Major OT registers | | | | | | |
| 2 | Minor OT registers | | | | | | |
| 3 | HPE – specimen sending book | | | | | | |
| 4 | Inventory registers – equipment, instruments, drugs, O2 cylinders, anesthetic cylinders, operation manuals for equipment, Boyle's apparatus, ICC equipment, biopsy forms Disinfection measure registers – Date, time and schedule of fumigation | | | | | | |

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| No. | ITEM | Response as on date of visit (Y/N) * | | | | | |
|-----|---|--------------------------------------|------|------|------|--|--|
| | | Date | Date | Date | Date | | |
| | Swab culture – Done and their reports | | | | | | |
| E | LABORATORY AND BLOOD BANK | | | | | | |
| 1 | Inward register for receiving samples and their nature | | | | | | |
| 2 | Work allotment registers | | | | | | |
| 3 | Inventory book for reagents, chemicals, drugs, equipment | | | | | | |
| 4 | Log book for major equipment – auto analyser, culture incubators, refrigerators, centrifuge, microscopes, microtomes, date and time of handling the equipment | | | | | | |
| 5 | Reporting register of the investigations | | | | | | |
| 6 | Instruction booklet for how to collect the samples (blood, urine etc.) | | | | | | |
| | | | | | | | |
| F | RADIOLOGY DEPARTMENT RECORDS | | | | | | |
| 1 | Inventory of equipment (60, 100, 300, 500 MA x-ray / ultrasound scanners) | | | | | | |
| 2 | Log book of equipment and operational manuals | | | | | | |
| 3 | X-ray requisition slips | | | | | | |
| 4 | Separate register for medico-legal x-rays | | | | | | |
| 5 | X-ray report register Ultrasound report register | | | | | | |
| 6 | Instruction booklet for various invasive and non-invasive radiological examinations | | | | | | |
| 7 | Appointment books for various procedures | | | | | | |
| G | PHARMACY SERVICES | | | | | | |
| 1 | Stock registers | | | | | | |
| 2 | Separate issue books for each ward | | | | | | |
| 3 | Separate book for receiving empty vials and bottles availability | | | | | | |
| 4 | Display card of drug position – monthly, weekly | | | | | | |
| H | STATIONARY FOR EVALUATION PURPOSE (CLINICAL EFFECTIVENESS) | | | | | | |
| 1 | Hospital performance indicators | | | | | | |
| 2 | Yellow card camp reporting formats | | | | | | |
| 3 | Family planning services report formats – TO, LTO, IUCD, contraceptives | | | | | | |
| 4 | Communicable disease report formats (monthly, weekly and nil report) | | | | | | |
| 5 | Statistic report formats (daily, monthly death of hospital attended patients) | | | | | | |

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| No. | ITEM | Response as on date of visit (Y/N) * | | | | | |
|-----|---|--------------------------------------|------|------|------|--|--|
| | | Date | Date | Date | Date | | |
| I | HOUSE KEEPING | | | | | | |
| 1 | Stock position of linen book – beds, pillows, bedsheets, blankets | | | | | | |
| 2 | Stock position book – OT linen, OT gowns, patient gowns, patient sarees | | | | | | |
| 3 | Labour ward linen | | | | | | |

* Wherever the matter is complied put a '√' in green colour and
Wherever it is not complied put an 'X' mark in red colour

Waste Management Practices in 30 - 100 bedded hospitals
(To be verified every month by District Surveillance Medical Officer)

HOSPITAL:

YEAR:

ADMINISTRATIVE MEDICAL OFFICER:

| SNO. | Indicator | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1 | White waste bins placed in each Consultation Room | | | | | | | | | | | | |
| 2 | White waste bins placed in the Reception | | | | | | | | | | | | |
| 3 | White waste bins placed in Waiting room | | | | | | | | | | | | |
| 4 | White waste bins with white coloured polythene bag placed in X-ray room | | | | | | | | | | | | |
| 5 | White bins with white plastic bag placed in Wards | | | | | | | | | | | | |
| 6 | White & Black bins with respective colour covers placed in Pharmacy | | | | | | | | | | | | |
| 7 | Needle cutter being used | | | | | | | | | | | | |
| 8 | White, Blue & Yellow bins with respective colour covers & Needle Cutter fixed in Laboratory | | | | | | | | | | | | |
| 9 | White, Blue & Yellow bins with respective colour covers & Needle Cutter fixed in Inj., Dressing Room | | | | | | | | | | | | |
| 10 | Blue & Yellow bins with respective colour covers & Needle Cutter fixed in Operation Theatre | | | | | | | | | | | | |
| 11 | White, Blue & Yellow bins with respective colour covers & Needle Cutter fixed in Labour Room | | | | | | | | | | | | |
| 12 | White, Blue & Yellow bins with respective colour covers & Needle Cutter fixed in Nurses Station | | | | | | | | | | | | |
| 13 | Yellow bins with yellow cover placed in Mortuary. | | | | | | | | | | | | |
| 14 | Waste reduction is in practice or not | | | | | | | | | | | | |
| 15 | Disinfection used in adequate quantity, concentration & frequency in the bins used in Consultation, Reception, Waiting, X-ray, Wards Lab, Pharmacy, Inj., Dressing Room, O.T., Labour room, Nurses Station & Mortuary. | | | | | | | | | | | | |
| 16 | Plastics like catheters, IV sets, bottles, drainage tubes, cannulas used in OBG Consultation Room, laboratory, Inj., Dressing Room, Ward, O.T., Labour Room & Nurses station are cut, disinfected and stored. | | | | | | | | | | | | |
| 17 | Are the injections, ampules, bottles & similar glass articles collected separately and stored for recycling | | | | | | | | | | | | |
| 18 | Waste paper is it being collected separately for recycling. | | | | | | | | | | | | |
| 19 | Waste beign filled by the land fill | | | | | | | | | | | | |
| 20 | Infectious waste being put into deep burial pit | | | | | | | | | | | | |
| 21 | Are the plastic bags in which waste was collected are being kept separately after the waste is thrown into land fill or deep burial pit. | | | | | | | | | | | | |
| 22 | Date on which the land fill was cleared | | | | | | | | | | | | |
| 23 | Annual examination & immunisation against Tetanus, Hepatitis-B. | | | | | | | | | | | | |
| 24 | Date on which the Hospital Infection Control Committee has met | | | | | | | | | | | | |
| 25 | Refresher training conducted to staff | | | | | | | | | | | | |
| 26 | Swab from OT sent for culture. | | | | | | | | | | | | |
| 27 | Equipment like wheel barrow, pump, shovel etc., being used | | | | | | | | | | | | |
| 28 | Waste handlers wearing protective gear | | | | | | | | | | | | |
| 29 | Information - adequate avaiable services | | | | | | | | | | | | |
| 30 | Signature of the District Surveillance Officer | | | | | | | | | | | | |

Signature of the Administrative Medical Officer

Note : The District Surveillance Medical Officer put (✓) mark if the activity is correctly done and put (X) in red against activities not done/ incorrectly done. He will sign against all areas verified.

One of this sheet will be with the District Surveillance Medical Officer and another copy will be with the Medical officer displayed in his chamber. Inspecting officers are expected to look into this sheet during their inspection and take corrective action

* Wherever the matter is complied put a '✓' in green colour and
Wherever it is not complied put an 'X' mark in red colour