



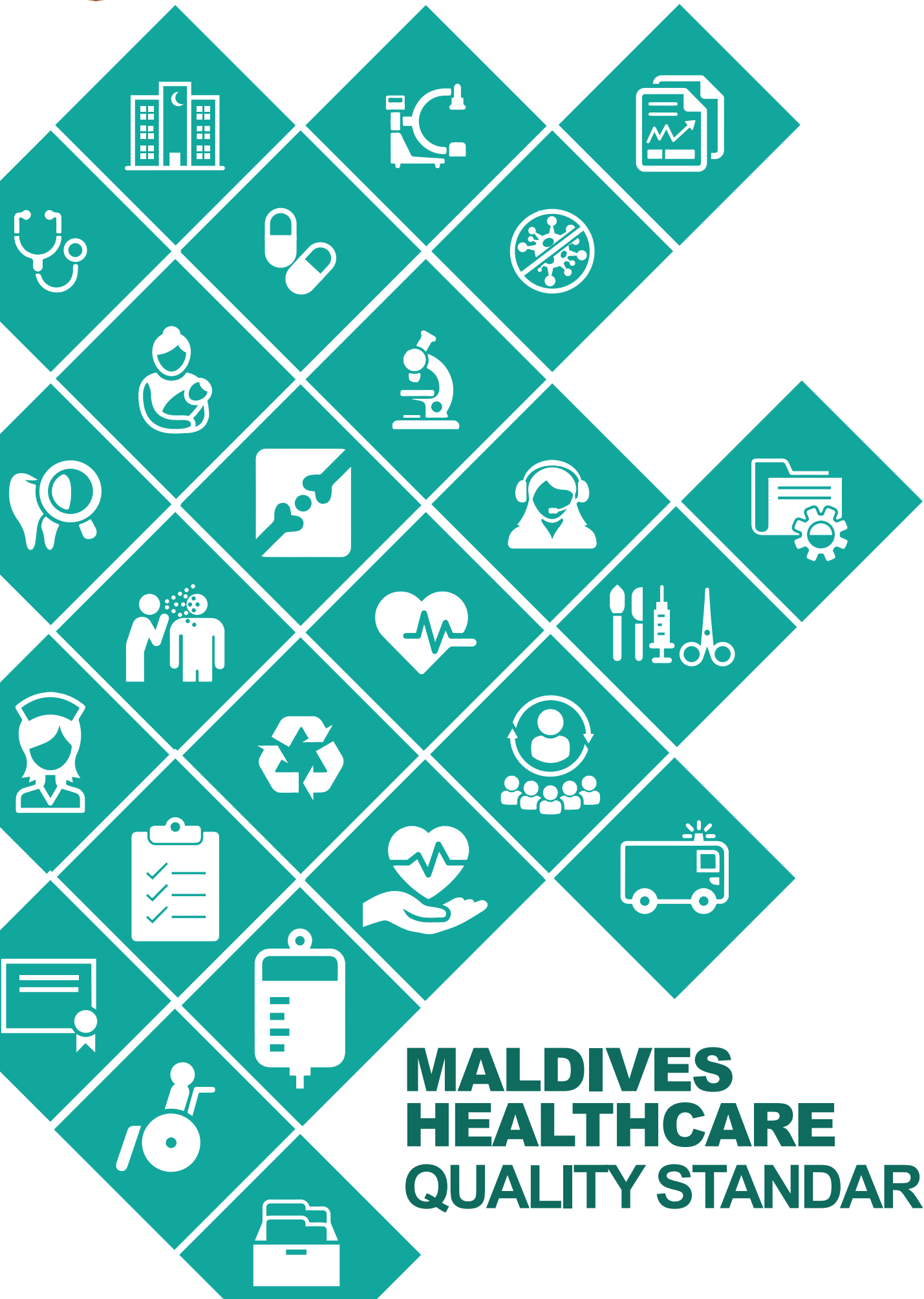
Ministry Of Health

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World Health Organization

Maldives



# MALDIVES HEALTHCARE QUALITY STANDARDS

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## Message from Minister



Government of Maldives is committed to improve quality of care in Maldives through provision of quality, equitable and an affordable service delivery to all citizen.

The National Health Master Plan 2016-2025 gives guidance to ensure high quality services and contributes to attainment of good quality life and wellbeing at all levels of healthcare in Maldives.

Maldives National Quality Standards would enable to sustain the quality of health services by considering the rapid changes to the external environment which is contributing direct affects to the health as a whole. Furthermore, it would provide a framework for all public and private health facilities including policy makers, managers, health service providers, partners and other stakeholders to coordinate, plan , implement, monitor and evaluate quality improvement initiatives in Maldives.

I believe this quality standards will greatly contribute to strengthening the national health system in the country. Ministry of Health would continue to play key role in leading to ensure the quality of health services in a collaborative process with the public and private health facilities.

I would like to express my appreciation to all who participated in development of these tools and a special appreciation to Ministry of Health's Quality Assurance division for taking the lead and WHO country office including its international experts for their technical assistance. I look forward to successful implementation of the Maldives healthcare quality standards.

Hon. Abdulla Nazim Ibrahim  
Minister of Health

## Message from WHO Representative



Quality is core & most important aspect of services rendered at a Health Facility. Clinicians and other staff at healthcare facilities deliver the services based on their clinical knowledge, but patients' expectations go beyond 'cure' and would largely include availability of first choice drugs and diagnostics, minimal out of pocket expenditure (OOP), courteous behaviour of the staff, cleanliness and prompt and respectful services.

Across the globe, there are a number of Quality Systems, of which few are generic in nature such a ISO series, Six Sigma, Kaizen, etc. While there are many facility specific standards e.g. JCI, Australian, etc. WHO SEARO's Regional Framework *'Improving the Quality of Care for Reproductive, Maternal, Neonatal, Child and Adolescent Health in South-East Asia Region'* provides a road-map for member countries to adopt, adapt and implement. Maldives Health Care Quality Standards has subsumed all requirements of the framework.

Almost of all Quality Systems work in PDCA (Plan-do-check-act) approach. For measuring performance, indicators are needed. Indicators help us in creating benchmarking, ensuring accountability, setting, Alarms' in event of unexpected deviation and building confidence of population in the health system.

Maldives Health Care Quality Standards is a dynamic document. In its current form, it provides the basic requirements, which health facilities in the country should meet within a time-bound manner as the quality system attains maturity, Quality standards for clinical care may be added later. It will be important that the country strengthens institutional framework for the Quality of Care, which supports this endeavour.

WHO Country Office, Maldives has been working with the Ministry of Health in developing these Quality Standards, and looks forward to continued collaboration and extending technical support for its implementation as well.

Dr. Arvind Mathur  
WHO Representative to Maldives

## Foreword

The government has two objectives in setting these Healthcare Quality standards- firstly to ensure the service guarantees that it has made are honoured and secondly, to ensure that there is a conscious effort to address the quality dimension, so as to ensure that services provided are not only effective but also safe, comfortable and are rendered with dignity. Also the government recognises that a commitment to quality requires an approach of continuous improvement, where provision of quality services becomes part of the work culture.

The Ministry of Health endeavors to ensure that the community accessing a facility is assured for availability of Services, which meets predefined quality bench-marks.

The Quality Assurance Standards along measurable elements for each level of health facility are being published to help in measuring Quality of care. We believe in the words of James H Harrington that *'If you can't measure something, you can't understand it. If you can't understand it, you can't control it. If you can't control it, you can't improve it.'*

It also needs to be remembered that that end-objectives of implementing Quality of Healthcare (QoC) at health facilities is not achieved by the assessment merely, if no action gets taken for closure of the gaps, which are found on assessment.

I would urge all officials of Ministry of Health, Hospitals and Health Centers to continuously review the performance of health facilities, and take required steps for improving it.

I wish to acknowledge support of WHO Country Office in formulation and development of these Quality Standards, a standard that also meets the international norms in measuring quality of healthcare.

Ms. Khadheeja Abdul Samad Abdullah  
Permanent Secretary, Ministry of Health

## Acknowledgement

The accomplishments in the sector are immense and huge steps have been taken by the Ministry of Health in order to achieve the given mandate however, ensuring quality of health services remained to be one of the main challenges in the sector. The formulation of Maldives Healthcare Quality Standards and training 78 assessors from different levels of Health Facilities is not only an initial and important step taken in warranting safe and quality care, but also a measure that will affirm the commitment of ensuring public trust in health service provision.

This laudable work would have been hard to achieve, without the cooperation and assistance from many people. We are indebted to the Honourable Minister of Health Abdullah Nazim Ibrahim for his commitment and dedication in providing the highest and best possible care to the public by extended his support and guidance throughout the process. We would like to express our gratitude to WHO Representative, Dr Arvind Mathur who is the main driving force behind this initiative.

Our sincere appreciation to the quality improvement experts Dr J N Srinivastav and Dr Nikhil Prakash, in not only providing technical support and making an effort to learn the system for the standards to be locally applicable but also sharing immense knowledge in the field of health care quality.

We are especially thankful to all stakeholders who were involved in making these standards to be practical and locally acceptable. The time devoted and experience shared by the clinicians, practitioners, healthcare providers, health managers to make this a reality is invaluable. A special appreciation goes to all the certified assessors and hope that they would utilize the standards as an internal quality assurance tool to improve care delivered in their specific institutions.

It is a momentous occasion for the team of **Quality Assurance and Regulations Division** at the **Ministry of Health** as the process-owner of this endeavour, that their exemplary hard work coming to fruition and finally see it as a live document. It is worth acknowledging the immense efforts, involvement, timely comments, collaboration and the dedication of the team who made it possible for the **Health Care Quality Standards** to come into existence.

Thasleema Usman  
Deputy Director General  
Quality Assurance and Regulations Division  
Ministry of Health

## *Quality of Care and Need for Quality Standards in Republic of Maldives*

The Government of Republic of Maldives is committed to provide universal access to quality health services to all citizens of the country. The Maldives Constitution mandates progressive realization of the rights including good standards of health care for its population. In order to meet this commitment accessibility, affordability and availability of health services are considered the main foundation of the care system.

The government has framed policies and strategies to provide universal access to all citizens, in order to attain universal coverage the government has established at least one health facility that provides minimum essential services manned by a qualified doctor, in every island. In addition, high level of care is established in atoll and regional level with a tertiary level hospital in the capital. Accesses to these services are through a referral system. Despite of scattered and small units of habitation, and HR limitation due to high dependence upon the expatriate professionals, Maldives has been able to largely provide universal access to its population. However, one of the main challenges that remain has been ensuring quality of services delivered. Improving quality in the investments made in the health sector will fetch commensurate results.

Traditionally Quality of Care (QoC) has been perceived to be a relatively difficult and intangible concept. In 1966, Donabedian defined QOCas *“the extent to which actual care is in conformity with present criteria of good care.”* The key feature of this definition is that it subtly builds in the concept of measurement of quality against set standards. It also acknowledges that these standards may change with fresh evidence and newer modalities of treatment. The Institute of Medicine (1990) defined QOC as *“the degree to which health services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge”*. Further, UNFPA defines QOC as *“attributes of a service programme that reflects adherence to professional standards, a congenial service environment and satisfaction on the part of the user”*. (UNFPA Technical Report, 1999)

In broader sense, for meaningful QoC, a health facility must ensure availability of following elements –

- a) Adequately skilled health personnel in required numbers (whenever they are needed) for delivery of services
- b) Infrastructure for the given case-load
- c) Functional equipment
- d) Drugs & consumables for rendering treatment and care during normal operations, and as well during crisis expansion
- e) Adherence to scientifically proven standard treatment and management protocols, which are socially, culturally and functionally acceptable and which are affordable and can be sustainable by the health system
- f) Meeting people’s expectation of care
- g) User community shares vision, mission and value system of the health facility



Thus it is important that the actual services are measured against the standards set for each of these elements. Conventionally it may be organised using a systems approach of Inputs-Processes-Outcome structure.

- a) **Inputs:** These are also known as the structural elements of quality. It includes “hardware” such as physical infrastructure, supplies and equipment. Although it does not fall within the conventional definition of ‘hardware’, availability of trained / qualified personnel to deliver the committed services is also included in the category of inputs.
- b) **Processes:** These refer to actual process of care giving and services received. It includes technical issues like adherence to set clinical standards and protocols, as well as softer issue of interpersonal dimensions.
- c) **Outcomes:** By improving quality of services, the aim is to improve health indicators such as reduction in morbidity, mortality, complication rates, etc. Regular follow up of these indicators is important to see whether quality improvement efforts are having the desired impact on the ultimate goal. However, measurement of these in isolation may not reveal the source of or potential solution to a problem area,

In Maldives many Healthcare Quality Standards, have been built around measuring the performance, taking actions for performance improvement and sustaining it further. Every standard has a set of measurable elements assigned with it, which are the specific attributes of a standard that will be looked into for assessing the degree of compliance to a particular standard.

## *Process of Developing Maldives Healthcare Quality Standards (MHQS)*

Quality Assurance and Regulation Division (QARD) of Ministry of Health (MoH) was entrusted with the mandate of developing Quality of Care Framework and Quality Standards for the country. In this endeavour WHO country office in the Republic of Maldives provided catalytic support through a panel of international consultants.

The process of developing quality standards took approximately ten months of rigorous work which includes extensive literature search, several rounds of stakeholders' consultation and field-visits to all categories of public and private health care facilities. Maldives Healthcare Quality Standards (MHQS) is a product of visionary leadership with commitment of MoH, sincere participation of hundreds of care providers and technical stewardship of the WHO country office. These standards reflect the aspiration of health administration and people of Maldives for making a major shift to a higher level of care that is holistic, comprehensive and professional.

Key steps in developing Maldives Healthcare Quality Standards are summarised below.

1. **Situational Analysis & Scoping** – Initially a scoping exercise for proposed standards was undertaken. This included review of existing monitoring checklists used by QARD and Health Protection Agency (HPA). A core team comprising of members of QARD of MoH and WHO quality consultants was constituted.

In Maldives, Public Health System is the major health service provider with facilities stratified into Primary, Secondary and Tertiary level of care. Primary care facilities are represented by health centres, which are further classified into three grades. Secondary care is provided by Atoll and Regional Hospitals which are also graded as Hospital Grade 1, 2 & 3, based on the bed occupancy and patient load per year. Hospitals provide specialist services according to national priority and need, and considering accessibility to overall population. Apart from providing curative services health facilities play a major role in providing public health functions, which are delivered through public health units. Tertiary care services include super specialities and advanced diagnostic services. Indira Gandhi Memorial Hospital (IGMH) is the only government facility which provides this service.

For better understanding of the health system, extensive field visits of health centres and hospitals and non-government service providers were carried out. The team also visited resort clinics and Maldivian Blood Services. During the field visits apart from the facility survey, the team interacted with the care providers, patients and managers to understand their perspective on quality of care.

After the field visits, a consultation with all stakeholders was held at Male.

The following main conclusions were derived from the scoping exercise.

- a) Treatment guidelines and protocols, infection control practices and referral system came out to be most 'critical to quality' factors according to the feedback provided by the stakeholders.

- b) Infrastructure and equipment are fairly well maintained and are not a limiting factor in providing the quality services at most of the public health facilities. The stakeholder felt that the proposed QOC Standards should give more weightage to critical processes such as clinical protocols, infection control and referral services.
- c) There are 165 Health Centres, 11 Atoll Hospital and 6 Regional Hospitals and one tertiary care hospital in the country. For having a balanced system of Quality Measurement, the scope of the standards has been designed with primary focus being on primary and secondary care facilities. Majority of processes at the tertiary care hospital are similar to that of a Regional Hospital. In future, specific clinical standards for super-specialties as applicable to IGMH, may be added.
- d) Due to dispersed geographical locations of health centres & hospitals, there is a strong need of having a decentralised implementation framework and commensurate quality standards, which are simple to understand and carry out assessments.
- e) Currently, the division uses checklists, which cover medical, nursing, infection control, and laboratory, administration and public health programs. Additionally different divisions of HPA have their own assessment format for assessing delivery of RCH Services and communicable diseases. Other important conditions such as non-communicable diseases, Thalassemia and Mental Health are not part of formal assessment process.

During the field visit, team also found there is information disconnect between hospital and public health units though both are co-located within the same campus. The assessment tools under proposed Quality Standards are expected to replace existing parallel assessment checklists.

2. **Standards Synthesis** – Scope of the standards were defined and a standard formulation committee was constituted with its secretariat at QARD. The committee had rich representation from clinicians, public health program officers from HPA, health administrators and policy makers. The draft standards and measurable elements were prepared by WHO consultants. The requirements for standards were drawn mainly from following three sources:

- a) **National Regulatory & Technical Guidelines** – The compliances expected under the national guidelines formed one of the critical elements for synthesizing requirements for the standards. Other important guidelines consulted were policy documents such as Health Master Plan (2016-25), Health Services Act, National Standards for Clinical Laboratories and National Medication Practice Standards. Technical and Operational Guidelines issued by HPA were used extensively as well.
- b) **WHO Guidelines-** WHO international guidelines have been another source for drawing requirement of the QOC Standards. Few of such documents are District Health Facilities: Guidelines for Development & Operations, WHO PEN Guidelines, and SEARO Regional Quality of Care Framework for Improving RMNCAH, etc. It helped in making the standards evidence based and also to incorporate global healthcare practices.

- c) **International Quality Standards** – For drawing requirement for quality management system and governance issues, International quality standards such as ISO 9001:2015, ISO 15189: 2012, JCI Accreditation Standards etc. have also been referred to.

For better comprehension and user friendliness, the measurable elements are designated as basic unit of quality measurement, with each measurable element having equal weightage of 10 marks.

3. **Consultation** - The draft standards and measurable elements were put for review by the Standard formulation committee, whose comments and suggestions given were considered, incorporated and revised draft shared with the committee.

For further in-depth review of the draft standards and measurable elements, small working groups were formed in coordination with the QARD. Apart from reviewing the assigned standards and measurable elements, the working groups were supported in developing means of verification for each of the measurable elements.

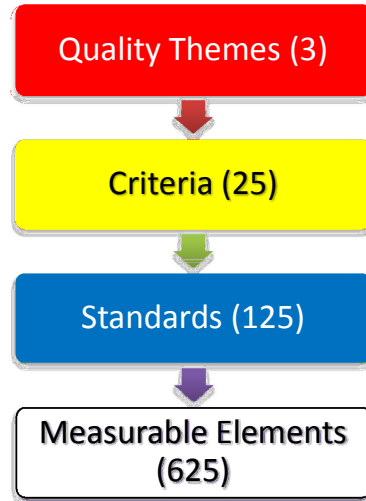
Finalized draft standards and measurable elements were shared to all the stakeholders for review and ratification.

4. **Developing Assessment Tool and Field Testing** – After finalisation of standards and measurable elements, assessment tools in the form of facility assessment checklists were developed. For each of measurable element, assessment methods (observation, staff interview, patient interview and record review) were assigned. Apart from the paper-based checklists, Microsoft excel tools have been developed with formula fitted score-card to enable use of tool on smart phone/ tablets with automated score generation. MS Excel tool is designed to enable the users to customize the checklists as per level of Facility (HCG1, HCG2, HCG3, HC1, HC2, HC3 and Tertiary Care), where it will be used.

The beta version of assessment tool was also field tested at one Regional hospital and one Atoll hospital to identify its reliability and user friendliness of the tool.

## *Arrangement of Maldives Healthcare Quality Standards*

Maldives Healthcare Quality Standards have been developed around 3 themes of Structure, Process and Outcome. There are total of 25 criteria with each criterion having 5 Quality Standards and each Standard has 5 Measurable elements.



**A. Structure** –The Structure part of the Quality Standard includes resources (inputs) such as infrastructure, drugs and equipment; and Human Resources with requisite knowledge and skills. Below are the following four criteria under this theme-

1. Infrastructure
2. Human Resource
3. Equipment
4. Drugs

**B. Process-** Process includes all activities required to realize quality healthcare services. This includes clinical processes such as assessment, nursing care, medication, intensive care, as well as administrative and allied processes such as referral, facility management, infection control, waste management, etc. Maximum weightage is given to the process as it is the most critical aspect of quality of care given. There are eighteen criteria under this theme.

1. Patient Safety
2. Infection Control
3. Waste Management
4. Record Maintenance
5. General Clinical Protocols
6. Specific Clinical Protocols
7. RMNCHA Protocols
8. Communicable Disease Protocols
9. Essential Non Communicable Diseases Protocol
10. Preventive Health programs
11. Governance
12. Quality Management
13. Thalassemia, Tobacco Control, Trauma , Eye and Ear Illnesses
14. Patient Rights
15. Support Services
16. Staff Competence
17. Continuity of Care
18. Diagnostic Process

**C. Outcome** – This theme includes service realization, which commensurate with the given structure and service package, as defined for each level of the health facility in the country. There are three criteria in this theme-

1. Clinical Service Realization
2. Auxiliary Service Realization
3. Indicators

## Assessment Protocol

### A. Arrangement of Check-list

The purpose of a quality assessment is to objectively identify level of compliance to predetermined standards. The assessment tool has been designed for assessing compliance to Maldives Healthcare Quality Standards (MHQS). The assessment tool compiles requirement of each criterion, standard and measurable element in a systematic manner, so compliances against each of them are as objective as possible and the given task of assessment is undertaken efficiently. The assessment tool can be used for internal as well as external assessment activities.

Below are the different components of Maldives Healthcare Quality Standards arranged in the assessment tool.

R.F. No.	Standard/Measurable Element	Assessment Method	Means of Verification	Compliance	Level of facility
	<b>Quality Theme - Structure</b>				
	<b>Criteria 1</b>				
1.1	Health facility has adequate space as per prevalent norm and case-load of the facility	OB	Check available space in Departments such as Accident & Emergency, OPD, Laboratory, Radiology, etc. that it is adequate for managing available case-load of the Health Facility. Particular attention must be paid to check, if there is any apparent overcrowding in the departments during peak-hours Optimal Space in Departments - Emergency - 10-15 sq. ft. per bed Laboratory - 25-35 sq. ft. per bed Radiology - 25 -35 sq. ft. per bed Clinic Size - 90 - 120 sq. ft. per clinic		HCG1

Figure 1: Arrangement of Maldives Healthcare Quality Standards

1. The red bar represents the one of the three themes - Structure, Process and & Outcome
2. The yellow bar contains the criteria under each of the themes. There are total twenty-five criteria under three quality themes.
3. The blue horizontal bar below the criteria (in yellow) depicts statement of each Standard. As there are five standards in each of criteria, you will find five such bars under each criterion.
4. Under each of the standard (blue bar), there are five rows and each row contains requirement of a measurable element. The statement of the measurable element is written in second column from left. Measurable element is the basic unit of assessment and compliance is to be recorded for each of the measurable elements, separately in the designated column.

5. The column on right of the measurable element column contains assessment methods, which are guidance on information to be gathered during the assessment. There are four assessment methods- Observation (OB), Staff Interview (SI), Record Review (RR) and Patient Interview (PI), which have been elaborated later in this chapter.
6. The next column after ‘Assessment Methods’ is the Means of Verification, which contains an explanation of the requirements for corresponding measurable element. This helps the assessor in interpreting, whether requirements of means of verification have been met fully or not. Few examples of means of verification are norms for human resource, list of equipment, list of procedures, list of records, etc. This helps the assessor for making objective judgement in term of compliances – full, part or NIL.
7. The next column (second from right) is blank column where compliance for corresponding measurable element can be registered. For each of the measurable element assessor has to either register full compliance (10 marks), partial compliance (5 marks) or noncompliance (0 marks).
8. The last column contains the code regarding level of facility where this measurable element is applicable.

The Healthcare facilities in Maldives Health System are majorly categorized into seven Grades- Health Centre Grade 1 (HCG1), Health Centre Grade 2 (HCG2), Health Centre Grade 3 (HCG3), Hospital Grade 1 (HG1), Hospital Grade 2 (HG2) , Hospital Grade 3 (HG3) and Tertiary care hospital (T). The scope of services and requirements increases as we move from Health Centre Grade 1 (HCG1) to Tertiary care Hospital. One of these codes is given in each column, denoting the level of facility this measurable element is applicable to. The code denotes that this measurable element has to be assessed for particular level of facility and all other facilities that are above this level. For example if the code HG1, it means that this measurable element is applicable to Hospital Grade 1 and also to Hospital Grade 2&3 and Tertiary care hospital. If the code HCG1, that means it is applicable to all level of facilities.

9. The column on extreme left is designated for reference number. First number denotes the criteria and second number denotes the standards. Measurable elements are denoted as alphabets in small letters.



## B. Assessment Method

The information regarding compliance to measurable element can be gathered by one or mix of following methods-

### i) Observation (OB)

This is the most common and tangible way of getting the information. Observation is continuous process while performing assessment and assessor should be attentive to the details. Some of the information that can be easily gathered through observation are;

- Cleanliness, Hospital Upkeep, Arrangement of Departments, Layout etc.
- Verification of Drugs & Equipment
- Physical verification of availability of staff
- Display of signage, protocols
- Availability patient and staff amenities such as toilets, waiting area, drinking water etc.

### ii) Staff interview (SI)

Reliable information can be collected by interaction with the Staff members of the facility. Such interviews would also need to have enabling environment of openness and confidence. Information on following requirements can be elicited through SI.

- Adherence to Standard Operating Procedures and Clinical Protocols
- Assessment of skills and competence
- Awareness about issues related to safety and patient rights
- Demonstration of practices such as hand washing steps
- Information on problems faced including shortage of supplies

### iii) Record Review (RR)

Healthcare facilities generate substantial amount of clinical and administrative records which can be reviewed to gather the required information. Record review is usually the most evidence based method of assessment. Following are some illustrations pertaining to records helping together the information pertaining to compliances.

- Review of patient records for compliance to measurable elements of initial assessment, diagnosis and continuity of care
- Review of nursing records for compliance to standards regarding monitoring of patients and nursing care
- Legal & Statutory compliances such as licensees
- Review of reports for correct and timely reporting to Health Protection Agency
- Review of Standard Operating Procedures for adequacy
- Review of quality records for verification of implementation of Quality Assurance program

#### iv) Patient Interview

Information regarding quality of services in the facility can be collected by interacting with patients and their attendants. Such as;

- Behaviour of staff
- Promptness of Services
- Any out of pocket expenditure
- Access to the facility

### C. Scoring Rules

Measurable element is the basic unit of assessment. Each of the applicable measurable elements needs to be assigned a score. The score is either 10 (Full Compliance) or 5 (Partial compliance) or 0 (Non Compliances). The maximum of score for each measurable element is 10, when all the requirements of a particular measurable element are met. If all the requirements are not met, the assessor may assign a partial compliance and a score of 5 if at least 50% of requirements are met. Less than 50% of compliance should be assigned as non-compliance and should be given zero score.

### D. Assessment Flow

Assessor needs to give compliance to each of the measurable elements that is applicable to level of the facility. Before arriving at a judgment, the assessor should ascertain that he/she has understood the requirement of measurable well by reading the statement of measurable element and its corresponding assessment method and means of verification. Assessment Flow is shown in Figure 2.

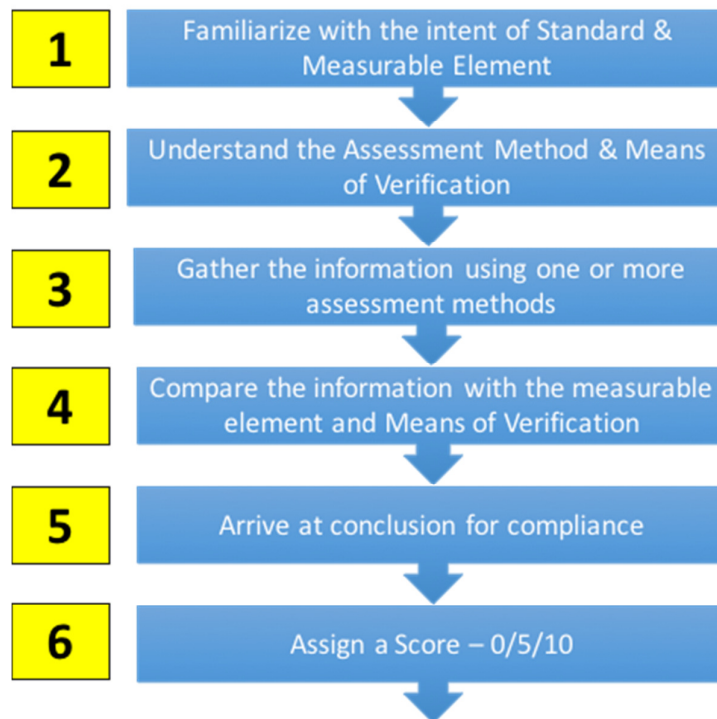


Figure 2: Assessment Flow

## E. Score Card

The Individual scores assigned to measurable elements can be aggregated to generate overall score as well as score for each of the themes, criteria and standards. The scores are presented in percentage with simple formula-

$$\text{X100} \quad \frac{\text{Obtained Score}}{\text{No. of Measurable Elements X10}}$$

The quality assessment tools have been provided with as formula fitted MS Excel sheet where scorecard can be generated by entering compliance scores to measurable elements. Following is a prototype of score card that can be generated at the end of assessment exercise.

Maldives Healthcare Quality Standards		
Name of Facility	Grade	Atoll
Quality Score card		

The Quality Score

Structure	Process	Outcome
<b>Criteria Wise Score</b>		
1. Infrastructure		14. Thalassaemia, Tobacco control, Trauma, Eye and Ear illnesses
2. Human Resource		15. Diagnostic Processes
3. Equipment		16. Preventive Health Programs
4. Drug and Consumables		17. Continuity of care
5. Patient Safety		18. Governance
6. Infection Control		19. Quality Management
7. Waste Management		20. Patient Rights
8. Records and Data Management		21. Support Services
9. General Clinical Protocols		22. Staff Competence
10. Specific Clinical Protocols		23. Services Realization Clinical
11. RMNCHA Protocols		24. Services Realization Public Health and Auxillary
12. Communicable Disease Protocols		25. Outcome Indicators
13. Non-Communicable Disease Protocol		

## List of Themes, Criteria and Quality Standards

Quality Theme - Structure	
Criteria 1	Infrastructure
<b>Standard 1.1</b>	The Health facility has adequate space as per prevalent norm and case-load of the facility
<b>Standard 1.2</b>	The Health facility has adequate infrastructure for the offered services
<b>Standard 1.3</b>	Layout out of the Health facility is conducive for undertaking Intended Processes
<b>Standard 1.4</b>	The Health facility provides adequate amenities for Patients and Staff
<b>Standard 1.5</b>	Infrastructure at the Health facility is safe and maintained well
Criteria 2	Human Resource
<b>Standard 2.1</b>	Adequate Number of Doctors have been provided as per service provision
<b>Standard 2.2</b>	Adequate number of nurses are available as per case-load of the Health facility
<b>Standard 2.3</b>	Adequate number of Allied Health Professionals are available as per case-load
<b>Standard 2.4</b>	Adequate Public Health & Support Staff is available as per case-load & they are judiciously deployed as per need
<b>Standard 2.5</b>	Adequate Managerial Staff have been deployed in the facility

<b>Criteria 3</b>	<b>Equipment</b>
<b>Standard 3.1</b>	The Health facility has adequate functional Monitoring Equipment for the mandated services
<b>Standard 3.2</b>	The Health facility has adequate and functional Procedure Instruments for the mandated services
<b>Standard 3.3</b>	The Health facility has adequate and functional Diagnostic Equipment for the mandated services
<b>Standard 3.4</b>	The Health facility has adequate Patient care furniture and Fixtures
<b>Standard 3.5</b>	The Health facility has adequate and function Storage Support equipment
<b>Criteria 4</b>	<b>Drugs &amp; Consumables</b>
<b>Standard 4.1</b>	The Health facility has adequate and uninterrupted supply of oral drugs and Inhalers
<b>Standard 4.2</b>	The Health facility has adequate and uninterrupted supplies of injectables
<b>Standard 4.3</b>	The Health facility has adequate and uninterrupted supply of Topical Drugs
<b>Standard 4.4</b>	The Health facility has adequate and uninterrupted supply of required consumables
<b>Standard 4.5</b>	Healthcare facility has adequate and Uninterrupted supply of Lab Reagents & Diagnostic consumables

<b>Quality Theme- Process</b>	
<b>Criteria 5</b>	<b>Patient Safety</b>
<b>Standard 5.1</b>	The Health facility ensures Physical Safety of the infrastructure
<b>Standard 5.2</b>	The Health facility ensures Fire Safety measures being implemented
<b>Standard 5.3</b>	Healthcare facility ensured safety Medications provided to the patients
<b>Standard 5.4</b>	Healthcare facility has effective Security System implemented
<b>Standard 5.5</b>	Health care facility ensures adequate measures to cope with manmade and natural disasters

<b>Criteria 6</b>	<b>Infection Control</b>
<b>Standard 6.1</b>	An effective Infection Control Programme is implemented at the Health facility
<b>Standard 6.2</b>	The Health facility ensures adequate Hand Hygiene practices being followed during patient care
<b>Standard 6.3</b>	The Staff have been provided with Personal Protection Equipment (PPE) and they are use them
<b>Standard 6.4</b>	Disinfection and Sterilization of equipment and surfaces are done as per defined protocols
<b>Standard 6.5</b>	The Health facility ensures that Environmental Control measures for the safe care are in place
<b>Criteria 7</b>	<b>Waste Management</b>
<b>Standard 7.1</b>	Healthcare waste is segregated as per defined protocols
<b>Standard 7.2</b>	Health care waste is adequately processed before disposal
<b>Standard 7.3</b>	The Health facility has adequate arrangement for Storage and Disposal of waste
<b>Standard 7.4</b>	The Health facility has implemented a system for safe management of sharps
<b>Standard 7.5</b>	Hazardous Material is handled and disposed as per current protocol



<b>Criteria 8</b>	<b>Record &amp; Data Management</b>
<b>Standard 8.1</b>	There is established procedures for maintaining and updating patients' records
<b>Standard 8.2</b>	There is an established system healthcare Data Collection and Reporting
<b>Standard 8.3</b>	Administrative records are maintained adequately
<b>Standard 8.4</b>	Healthcare facility prominently displays its performance and quality scores
<b>Standard 8.5</b>	The Health facility has implemented a system for Storage and Retrieval of records and data
<b>Criteria 9</b>	<b>General Clinical Protocols</b>
<b>Standard 9.1</b>	Healthcare facility has defined and implemented protocols for assessment and care of patients
<b>Standard 9.2</b>	Health care facility ensures safe and rational prescription practices
<b>Standard 9.3</b>	Protocols for nursing care within the Health facility are defined and implemented
<b>Standard 9.4</b>	Healthcare facility defines and ensures safe care of High Risk and Vulnerable Patients
<b>Standard 9.5</b>	Protocols for patient Consultation process are defined and implemented

<b>Criteria 10</b>	<b>Specific Clinical Services protocols</b>
<b>Standard 10.1</b>	Healthcare facility has defined and implemented protocols for Emergency management of patients
<b>Standard 10.2</b>	Healthcare facility has defined and implemented protocols of Intensive Care of patients
<b>Standard 10.3</b>	Health care facility has defined and implemented protocol for Blood Banking and Blood Transfusion
<b>Standard 10.4</b>	Healthcare facility has defined and established Protocols for management of Anaesthesia
<b>Standard 10.5</b>	Healthcare facility has defined protocols Surgical services
<b>Criteria 11</b>	<b>RMNCHA Protocols</b>
<b>Standard 11.1</b>	Healthcare facility provides Maternal Health services as per defined National Protocols
<b>Standard 11.2</b>	Healthcare facility provides Newborn Health services as per defined national protocols
<b>Standard 11.3</b>	Healthcare facility provides Child Health services as per defined National Protocols
<b>Standard 11.4</b>	Healthcare facility provides Adolescent Health services as per defined National protocols
<b>Standard 11.5</b>	Healthcare facility provided family planning services as per defined national protocols

<b>Criteria 12</b>	<b>Communicable Disease Protocols</b>
<b>Standard 12.1</b>	Healthcare facility adheres to clinical protocols for management of Dengue patients
<b>Standard 12.2</b>	The Health facility adheres to clinical protocols for management of Acute Respiratory Infections (ARI)
<b>Standard 12.3</b>	The Health facility adheres to clinical protocols for management of Diarrhoea
<b>Standard 12.4</b>	The Health facility adheres to clinical protocols for management of Tuberculosis
<b>Standard 12.5</b>	Healthcare facility adheres to clinical protocols for management of HIV/STI cases
<b>Criteria 13</b>	<b>Non-Communicable Diseases Protocols</b>
<b>Standard 13.1</b>	Screening , diagnosis and management of cancer is done as per established protocol and WHO Guidelines
<b>Standard 13.2</b>	Prevention, Diagnosis and Management of Stroke is done as per established protocols and WHO guidelines
<b>Standard 13.3</b>	Screening, Prevention, Diagnosis and Management of Cardiovascular Diseases is done as per established protocols and WHO guidelines
<b>Standard 13.4</b>	Screening, Prevention, Diagnosis and Management of Diabetes Mellitus is done as per established Protocols and WHO guidelines.
<b>Standard 13.5</b>	Diagnosis and Management of Asthma and COPD is done as per established protocols and WHO guidelines

<b>Criteria 14</b>	<b>Thalassemia, Tobacco Control, Trauma , Eye and Ear Illnesses,</b>
<b>Standard 14.1</b>	There is established procedure for Screening, Prevention, Diagnosis and Treatment of Thalassemia
<b>Standard 14.2</b>	Prevention, diagnosis and management of Mental Health problems are done as per protocols
<b>Standard 14.3</b>	Tobacco control and cessation services are provided as per protocol
<b>Standard 14.4</b>	Trauma care services are provided as per protocol
<b>Standard 14.5</b>	Eye and Ear health services are provided as per protocol
<b>Criteria 15</b>	<b>Diagnostic Process</b>
<b>Standard 15.1</b>	Pre-examination diagnostic processes are defined and established
<b>Standard 15.2</b>	Examination processes are defined and established
<b>Standard 15.3</b>	Post Diagnostic Processes are defined and established
<b>Standard 15.4</b>	There are established procedures for external Quality Assurance and Bio- Safety in the Laboratory
<b>Standard 15.5</b>	There is established system for quality and safe Radio- diagnosis process

<b>Criteria 16</b>	<b>Preventive Health Programs</b>
<b>Standard 16.1</b>	There are defined established procedures for Home visits by Public health workers
<b>Standard 16.2</b>	There are defined established procedures for Water and Sanitation
<b>Standard 16.3</b>	There are defined established procedures for Disease Surveillance
<b>Standard 16.4</b>	There are defined established procedures for Promotional Activities
<b>Standard 16.5</b>	There are defined established procedures for Food Inspection
<b>Criteria 17</b>	<b>Continuity of Care</b>
<b>Standard 17.1</b>	There is established procedure for hand-over and sharing of information
<b>Standard 17.2</b>	Healthcare Facility has established procedure for referral of patients to higher facility
<b>Standard 17.3</b>	Patient Transport is being provided as per established procedures
<b>Standard 17.4</b>	A person is defined and responsible for care at all steps of care
<b>Standard 17.5</b>	There is established procedure for discharged patients

<b>Criteria 18</b>	<b>Governance</b>
<b>Standard 18.1</b>	Healthcare facility defines, approves and effectively disseminates its Mission, Values and Ethics
<b>Standard 18.2</b>	There is an established procedures for Financial management in Healthcare facility
<b>Standard 18.3</b>	There is defined and established system for Grievance Redressal in healthcare facility
<b>Standard 18.4</b>	Organizational Management policies and procedures are defined and implemented
<b>Standard 18.5</b>	Healthcare facility ensures compliances to all Legal, statutory and regulatory requirements Compliances
<b>Criteria 19</b>	<b>Quality Management</b>
<b>Standard 19.1</b>	A Quality Team has been constituted and made functional at healthcare facility
<b>Standard 19.2</b>	Health care practices Quality Improvement through regular quality assessment and gap closure
<b>Standard 19.3</b>	Healthcare facility practices Tools and methods for Quality and Process Improvement
<b>Standard 19.4</b>	The Health care facility has defined, documented and implemented Standard Operating Procedures (SOPs) for Clinical and Administrative Services
<b>Standard 19.5</b>	Healthcare facility has established program for clinical governance though Medical, Death and Prescription audits

<b>Criteria 20</b>	<b>Patient Rights</b>
<b>Standard 20.1</b>	Healthcare facility ensures Physical Access to the services including for people with disability
<b>Standard 20.2</b>	Healthcare facility ensure that services provided in the manner those are equitable and sensitive to Gender
<b>Standard 20.3</b>	The Healthcare facility ensures confidentiality, privacy and dignity of the patients while providing the services
<b>Standard 20.4</b>	There is established procedure to take informed consent and involving the patient in treatment process, wherever it is required by practice norm or law
<b>Standard 20.5</b>	The Healthcare facility ensures informational accessibility to Patients and Visitors
<b>Criteria 21</b>	<b>Support Services</b>
<b>Standard 21.1</b>	There are established procedures for upkeep and sanitation of the health facility premises
<b>Standard 21.2</b>	There are established procedures for maintenance and calibration of equipment
<b>Standard 21.3</b>	There are established procedures for inventory management of drugs and consumables
<b>Standard 21.4</b>	There are established procedure for storing and dispensing of Drugs
<b>Standard 21.5</b>	Auxiliary Services are provided as per established procedures

<b>Criteria 22</b>	<b>Staff Competence</b>
<b>Standard 22.1</b>	Job Description has been defined and disseminated for all category of clinical and managerial staff
<b>Standard 22.2</b>	There is established procedures for Credentialing and privileging of patient care staff
<b>Standard 22.3</b>	There is established procedure for periodic Competence Assessment for healthcare care staff
<b>Standard 22.4</b>	Healthcare facility has established program for training and capacity building of service providers
<b>Standard 22.5</b>	There is an established procedure periodic Performance Evaluation for clinical and managerial staff



<b>Quality Theme- Outcome</b>	
<b>Criteria 23</b>	<b>Service Realization Clinical</b>
<b>Standard 23.1</b>	Medical Services are provided as per defined service package
<b>Standard 23.2</b>	Surgical Services are provided as per defined service package
<b>Standard 23.3</b>	Mother and child health are provided as per defined service package
<b>Standard 23.4</b>	Diagnostic Services are provided as per defined service package
<b>Standard 23.5</b>	Other Clinical Services are provided as per defined service package
<b>Criteria 24</b>	<b>Service Realization, Public Health and Auxiliary</b>
<b>Standard 24.1</b>	Preventive and promotive services for Mother and child health are provided as per as defined service package
<b>Standard 24.2</b>	Disease Control Services are provided as per as defined service package
<b>Standard 24.3</b>	Auxiliary Services are provided as per defined service package
<b>Standard 24.4</b>	Support Services are provided as per defined service package
<b>Standard 24.5</b>	Out-Reach Services are provided as per defined service package

<b>Criteria 25</b>	<b>Patient Centric Indicators</b>
<b>Standard 25.1</b>	Patient Satisfaction Indictors are measured and improved
<b>Standard 25.2</b>	Safety Indicators are measured and improved
<b>Standard 25.3</b>	Clinical Outcome Indicators are measured and improved
<b>Standard 25.4</b>	Productivity & Efficiency Indicators are measured and improved
<b>Standard 25.5</b>	Indicators Regarding Public Health Services are measured and improved

## List of Measurable Elements

Facility Level Abbreviations					
a. Health Centre Grade-1	HCG1	b. Health Centre Grade - 2	HCG2	c. Health Centre Grade - 3	HCG3
d. Hospital Grade - 1	HG1	e. Hospital Grade - 2	HG2	f. Hospital Grade - 3	HG3
g. Tertiary Hospital					

Reference No.	Standard/ Measurable Element	Assessment Method	Means of Verification	Compliance	Facility Level
<b>Quality Theme – Structure</b>					
<b>Criteria 1</b>	<b>Infrastructure</b>				
<b>Standard 1.1</b>	<b>The health facility has adequate space as per prevalent norm and case-load of the facility</b>				
a	Space in the ambulatory area of health facility is adequate	OB	<p>Check available space in departments such as Accident &amp; Emergency, OPD, Laboratory, Radiology, etc. that it is adequate for managing available case-load of the health facility.</p> <p>Particular attention must be paid to check, if there is any apparent overcrowding in the departments during peak-hours.</p> <p>Optimal space in Departments -                      Emergency - 10-15 sq. ft. per bed                      Laboratory - 25-35 sq. ft. per bed                      Radiology - 25 -35 sq. ft. per bed                      Clinic size - 90 - 120 sq. ft. per clinic</p>		HCG1 & above

b	Space in the procedure area of health facility is adequate	OB	<p>Check availability of the space in departments like operation theatre, labour room, and dressing room/injection room for carrying out normal functions as per patient load.</p> <p>Ask the facility staff, if there is ample space for their movement to carrying out the procedures.</p> <p>An OT normally should have 30-50 sq. ft. per bed, labour room should have at least 15-20 sq. ft. per bed</p>		HCG1 & above
c	Space in the indoor area of health facility is adequate	OB	<p>Check, if indoor areas such as wards, ICU, and NICU have adequate space to carry out activities. Distance between two beds should be at least 3.5 ft. and from wall at least 1.5 ft.</p> <p>Optimal space for wards 250-275 sq. ft. per bed.</p> <p>For health centres with six beds including nursing station, at least 4300 sq. ft. of the space should be there.</p> <p>Nursery/ NICU - 10 -15 sq. ft. per bed</p>		HCG1 & above

d	Space in circulation area within the facility building is adequate	OB	Check that corridors, stairs, pathways, etc. are wide enough to accommodate peak traffic flow including movement of trolleys and wheel-chairs. It should be at least 2.0 metres wide		HCG1 & above
e	Space in the auxiliary area is adequate	OB	Check the administrative office and public health units stores for adequacy of space as per requirement		HCG1 & above

Standard 1.2	The health facility has adequate infrastructure for the offered services				
a	Adequate infrastructure for the OPD services is available for the case-load of the health facility	OB	Check, if each doctor has a consultation room to conduct OPD		HCG1 & above
b	Adequate infrastructure for indoor services is available for the case-load of the facilities	OB	Check availability of beds with recommended distance between two beds, nursing station and toilet facilities as per level of the facility		HCG1 & above
c	Adequate infrastructure for the procedures is available within the facilities	OB	Check that dedicated labour room/OT is available as per service provision.		HCG1 & above
d	Adequate infrastructure for the diagnostic services is available	OB	Check availability of dedicated infrastructure for laboratory and radiology services.		HCG1 & above
e	Dedicated infrastructure for the auxiliary services is available	OB	Check dedicated infrastructure for administrative offices and support services.		HCG1 & above

Standard 1.3		Layout out of the health facility is conducive for undertaking intended processes			
a	Layout of ambulatory area follow its function	OB	Lay out of OPD ensures unidirectional flow of patients. Emergency department has demarcated areas for receiving, triage, resuscitation and observation.		HCG1 & above
b	Layout of procedure area follows functions of the procedure area	OB	OT is demarcated into protective, clean, sterile and disposal zones. Labour room is demarcated into pre-delivery, delivery room and postpartum observation areas.		HCG1 & above
c	Layout of indoor area follows its function	OB	The indoor has demarcated area for nursing station, dirty utility, dressing room, medication and preparation area.		HCG1 & above
d	Layout of diagnostic area follows functions of commensurate diagnostic services	OB	Laboratory has demarcated sample collection, analytical, disposal areas. Radiology department also has demarcated area for each of its function.		HCG1 & above
e	Arrangement of departments ensures functional relationship among departments	OB	Functionally interrelated departments are located in proximity (OT & Labour room; OPD & pharmacy ;)		HCG1 & above

Standard 1.4	The Health facility provides adequate amenities for Patients and Staff				
a	Demarcated waiting area is available as per patients' load at the health facility	OB	OPD, - Availability of central waiting-hall with demarcated sub-waiting area for each of the clinic		HCG1 & above
b	Seating arrangement, drinking water and conducive environment (temperature control & ventilation) are provided to the patients and visitors inside the health facility	OB	Check availability of portable drinking water Check that fans/air-conditioners are available in patient care areas		HCG1 & above
c	The facility has a system of internal and external communications	OB	Check availability of telephone, internet connection, Wi-Fi		HCG1 & above
d	Adequate number of toilets are provided in the ambulatory, patient care and diagnostic areas	OB	Urinals at least @ 1 per 50 persons, water closet and wash basins @ 1 per 100 persons are available		HCG1 & above
e	Staff work station and duty rooms with required furniture & fixtures are available as per requirement of the facility	OB	Check that duty room, workstations, and fixtures are available for the clinical and administrative staff		HCG1 & above



Standard 1.5	Infrastructure at the health facility is safe and maintained well				
a	Structural strength of the facility infrastructure is ensured	OB	Check that there are no cracks in wall & roof. There is no fault in the structure of the building		HCG1 & above
b	Exterior of the facility building is well maintained	OB	Check that external and internal walls of the facility are painted in uniform colour		HCG1 & above
c	There is a system of preventive maintenance of the infrastructure	OB	Check preventive maintenance of infrastructure is done at least once in a year		HCG1 & above
d	The facility's furniture & fixtures are maintained	OB	Check that furniture and fixtures are intact and painted/ varnished		HCG1 & above
e	Boundary wall, internal roads, foyer, and open spaces are maintained well and are lighted adequately	OB	Check that pathways / stairs have structural integrity without any defect/ obstruction. Check availability of adequate illumination in dark places		HCG1 & above

Criteria 2		Human Resource			
Standard 2.1		Adequate number of doctors have been provided as per service provision			
a	Number of available general duty doctors commensurate with the committed services at the facility	SI/RR	Health Centre Grade 1-1 Health Centre Grade 2- 1 Health Centre Grade 3- 2 Hospital Grade 1 - 6 Hospital Grade 2 - 7 Hospital Grade 3 - 12		HCG1 & above
b	Medical specialists are available as per committed services at the facility	SI/RR	Hospital Grade 1- Physician (1), Paediatrician (1), Anaesthesiologist (1)  Hospital Grade 2- Physician (1), Paediatrician (1), Anaesthesiologist (2), Psychiatrist/Clinical Psychologist (1)  Hospital Grade 3- Physician (2), Paediatrician (2), Anaesthesiologist (2), Psychiatrist/Clinical Psychologist (1), Dermatologist (1)		HG1 & above

c	Surgical specialists are available as per level of facility / service provision	SI/RR	<p>Hospital Grade 1- Surgeon (1), Gynaecologist (2),</p> <p>Hospital Grade 2- Surgeon (1), Gynaecologist (2), Orthopaedic Surgeon(1), Ophthalmologist(1), Dentist -1</p> <p>Hospital Grade 3- Surgeon (2), Gynaecologist (2), Orthopaedic Surgeon(1), Ophthalmologist(1), Dentist -1, ENT Surgeon (1)</p>		HG1 & above
d	Diagnostic specialties are available as per level of facility / service provision	SI/RR	Availability of Pathologist & Radiology		T
e	Super-specialties are available as per level of facility / service provision	SI/RR	Hospital Grade 3 - Cardiologist (1), Urologist (1)		HG3 & T

Standard 2.2	Adequate number of nurses are available as per case-load of the health facility				
a	Availability of staff nurses as per level of facility/ service provision	SI/RR	Health Centre Grade 1 - 2 Health Centre Grade 2- 4 Health Centre Grade 3- 7 Hospital Grade 1 - 18 Hospital Grade 2 - 25 Hospital Grade 3- 54		HCG1 & above
b	Availability of enrolled nurse as per level of facility/service provision	SI/RR	Health Centre Grade 1 - 1 Health Centre Grade 2- 3 Health Centre Grade 3- 5 Hospital Grade 1 - 10 Hospital Grade 2 - 13 Hospital Grade 3- 29		HCG1 & above
c	Availability of nursing attendant as per level of facility/ service provision	SI/RR	Health Centre Grade 1 - 4 Health Centre Grade 2- 7 Health Centre Grade 3- 9 Hospital Grade 1 - 10 Hospital Grade 2 - 12 Hospital Grade 3- 16		HCG1 & above
d	Availability nursing manager	SI/RR	Health Centre Grade 3- Nursing Manager (1) Hospital Grade 1 - Senior Manager(1), Ward Manager (1)  Hospital Grade 2 - Senior Manager(1), Ward Manager (1)  Hospital Grade 3- Senior Manager(1), Ward Manager (2)		HCG3 & above
e	Availability of infection control nurse	SI/RR	Check availability of at least one infection control nurse		HG1 & above

Standard 2.3	Adequate number of Allied Health Professionals are available as per case-load				
a	Availability of lab technologists as per level of facility/services provision	SI/RR	Health Centre Grade 1 - Lab Tech (1)  Health Centre Grade 2- Lab Tech (1)  Health Centre Grade 3- Lab Tech (2)  Hospital Grade 1 - Lab Tech (6), Lab Assistant (1)  Hospital Grade 2 - Lab Tech (8), Lab Assistant (1)  Hospital Grade 3- Lab Tech (12), Lab Assistant (2)		HCG1 & above
b	Availability of interpreters / clinical assistants	SI/RR	Health Centre Grade 1 - 1 Health Centre Grade 2- 2 Health Centre Grade 3- 2  Hospital Grade 1 - 8 Hospital Grade 2 - 12 Hospital Grade 3- 18		HCG1 & above
c	Availability of physiotherapists per level of facility/services provision	SI/RR	Hospital Grade 2 - Physiotherapist (1), Physiotherapist Attendant (1)  Hospital Grade 3 - Physiotherapist (2), Physiotherapist Attendant (1)		HG2 & above

d	Availability of radiographer/ imaging technologists as per level of facility/services provision	SI/RR	<p>Hospital Grade 1 - Radiographer (1), Radiographer Assistant (1)</p> <p>Hospital Grade 2 - Radiographer (2), Radiographer Assistant (1)</p> <p>Hospital Grade 3- Radiographer (2), Radiographer Assistant (1)</p>		HG1 & above
e	Availability of other clinical support staff	SI/RR	<p>Medical Record Officer - Health Centre Grade 3-1</p> <p>Hospital Grade 1 - 2</p> <p>Hospital Grade 2 - 3</p> <p>Hospital Grade 3- 4</p> <p>Dental Hygienist/ Assistant- Hospital Grade 2 - 1</p> <p>Hospital Grade 3- 3</p>		HCG3 & above

Standard 2.4	Adequate public health & support staff is available as per case-load & they are judiciously deployed as per need				
a	Availability of public health unit staff as approved by the government	SI/RR	Availability of Community Health Officers (including Senior and Senior and Assistant CHOs) Health Centre Grade 1 - 1 Health Centre Grade 2 - 2 Health Centre Grade 3 - 2 Hospital Grade 1 - 3 Hospital Grade 2 - 4 Hospital Grade 3 - 4		HCG1 & above
b	Availability of the security staff as per functional need of the health facility	SI/RR	Health Centre Grade 1 - 2 Health Centre Grade 2 - 2 Health Centre Grade 3 - 2 Hospital Grade 1 - 6 Hospital Grade 2 - 10 Hospital Grade 3 - 10		HCG1 & above

c	Availability of the housekeeping staff as per functional need of the health facility	SI/RR	Health Centre Grade 1 - Masakkathu (3), Laundry Assistant (1) Health Centre Grade 2- Masakkathu (3), Laundry Assistant (2) Health Centre Grade 3- Masakkathu (3), Laundry Assistant (2), Housekeeper-1 Hospital Grade 1 - Masakkathu (5), Laundry Assistant- 4, Housekeeper-1 Hospital Grade 2 - Masakkathu (6), Laundry Assistant- 6, Housekeeper-2 Hospital Grade 3- Masakkathu (8), Laundry Assistant- 6, Housekeeper-2		HCG1 & above
d	Availability of the drivers	SI/RR	Health Centre Grade 1 - 1 Health Centre Grade 2- 2 Health Centre Grade 3- 2 Hospital Grade 1 - 2 Hospital Grade 2 - 2 Hospital Grade 3- 3		HCG1 & above



e	Availability of others support staff	SI/RR	Health Centre Grade 3- Mechanic (1), Electrician (1) Storekeeper (1) Hospital Grade 1 - Mechanic (2), Electrician (1), Storekeeper, Biomedical Technician (1) Hospital Grade 2 - Mechanic (4), Electrician (1), Storekeeper (2), Biomedical Technician (1) Hospital Grade 3- Mechanic (4), Electrician (2), Storekeeper (3), Biomedical Technician (1)	HCG3 & above
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Standard 2.5		Adequate managerial staff have been deployed in the facility			
a	Availability of health manager	SI/RR	<p>Hospital Grade 1 - Health Manager/Director (1) , Assistant Manager/Director-(1)</p> <p>Hospital Grade 2 - Health Manager/Director (1) , Assistant Manager/Director-(1)</p> <p>Hospital Grade 3- Health Manager/Director (1) , Assistant Manager/Director-(1)</p>		HG1 & above
b	Availability of administrative officers	SI/RR	<p>Health Centre Grade 1- Senior Admin Officer (1), Admin/ Asst. Admin Officer (2)</p> <p>Health Centre Grade 2- Senior Admin Officer (1), Admin/ Asst. Admin Officer (2)</p> <p>Health Centre Grade 3- Senior Admin Officer (1), Admin/ Asst. Admin Officer (2)</p> <p>Hospital Grade 1 - Senior Admin Officer (1), Admin/ Asst. Admin Officer (3)</p> <p>Hospital Grade 2 - Senior Admin Officer (1), Admin/ Asst. Admin Officer (3)</p> <p>Hospital Grade 3- Senior Admin Officer (1), Admin/ Asst. Admin Officer (5)</p>		HCG1 & above

c	Availability of public relation officers & receptionists	SI/RR	<p>Health Centre Grade 1- Receptionist (1)</p> <p>Health Centre Grade 2- Receptionist (3)</p> <p>Health Centre Grade 3- Receptionist (3), Public Relation Officer (1)</p> <p>Hospital Grade 1 - Receptionist (6), Public Relation Officer (3)</p> <p>Hospital Grade 2 - Receptionist (6), Public Relation Officer (4)</p> <p>Hospital Grade 3- Receptionist (8), Public Relation Officer (6)</p>		HG1 & above
d	Availability of finance staff	SI/RR	<p>Health Centre Grade 1- Cashier (1)</p> <p>Health Centre Grade 2- Cashier (1)</p> <p>Health Centre Grade 3- Cashier (2), Account Officer (1)</p> <p>Hospital Grade 1 - Cashier (5), Account Officer- (2)</p> <p>Hospital Grade 2 - Cashier (6), Account Officer- (2)</p> <p>Hospital Grade 3- Cashier (8), Account Officer- (3), Manager Finance (1)</p>		HCG1 & above
e	Availability of computer technicians	SI/RR	<p>Hospital Grade 1 - 1</p> <p>Hospital Grade 2 - 2</p> <p>Hospital Grade 3- 2</p>		HG1 & above

Criteria 3		Equipment			
Standard 3.1	The health facility has adequate functional monitoring equipment for the mandated services				
a	Availability of basic vital monitoring equipment	OB	Check availability of basic instruments such as stethoscope, thermometer, BP apparatus		HCG1 & above
b	Availability of cardiac monitor/ pulse oximeter	OB	Cardiac monitor, pulse oximeter		HG1 & above
c	Availability of ECG machine in the hospital	OB	Availability of ECG machine		HCG1 & above
d	Availability of ambient measuring equipment	OB	Thermometer, hygrometer		HCG1 & above
e	Availability of resuscitation equipment as per level of care	OB	Defibrillator, laryngoscope, ambu's bag, endo-tracheal tube, oxygen cylinder/supply		HCG1 & above

Standard 3.2	The health facility has adequate and functional procedure instruments for the mandated services				
a	Availability of surgical instrument sets as per services provided	OB	OT light, suction machine, OT table, anaesthesia machine, suction machine, emergency trolley , paediatric cardiac machine, C-Arm machine, cautery-set, instruments sets for various surgical procedures		HG1 & above
b	Availability of ICU equipment	OB	Ventilators, suction machine, infusion pumps, pulse-oximeter, laryngoscope, ambu's bag, fowlers bed, etc.		HCG1 & above
c	Availability of blood bank equipment	OB	Blood bank refrigerator, blood collection monitor, blood donor couch, blood bag holder		T
d	Availability of newborn care equipment		Newborn weighing scale, phototherapy unit, baby incubators, neonatal stethoscope & BP apparatus, infusion pump, newborn cardiac monitor, newborn pulse oximeter, suction machines, etc.		HG3 & above
e	Availability of labour room & newborn care equipment	OB	Delivery bed, baby warmer, delivery instrument set, suction, forceps set, foetal monitor, foetal doppler, ECG machine, etc.		HCG1 & above

Standard 3.3	The Health facility has adequate and functional Diagnostic Equipment for the mandated services				
a	Availability of biochemistry equipment	OB	Check availability of automatic coagulation analyser, biochemistry analyser, blood Gas analyser, colorimeter, urine analyser, etc.		HCG1 & above
b	Availability of haematology equipment	OB	Cell counter electronic, counting chambers, centrifuge, ESR stand, haemoglobinometer, haematology analyser, etc.		HCG1 & above
c	Availability of microscopy/microbiology equipment	OB	Bio-safety cabinet, Incubators, microscope - binocular and fluorescent, etc.		HCG3 & above
d	Availability imaging equipment	OB	Mobile X-ray Unit, X-ray unit, ultrasound unit, X-ray viewer, film maker, film processor, X-ray cassettes OPG unit, etc.		HG1 & above
e	Availability of other diagnostic equipment	OB	ELISA reader cum washer, freezer, hot air oven, hotplates, autoclaves, micro-pipettes, rotor/shaker, slide stainer, water bath, etc.		HCG3 & above

Standard 3.4	The health facility has adequate patient care furniture and fixtures				
a	Availability of hospital beds/ bassinets / mattresses / fixtures	OB	Bassinets, baby warmer, patient beds, bed side locker, IV stand, oxygen cylinder, etc.		HCG1 & above
b	Availability of nursing station / clinic furniture	OB	Furniture, crash carts, Patient stool , X-ray view-box		HCG1 & above
c	Availability of ophthalmic instruments	OB	20 - D lens, 3-mirror Gonioscope, Tonometer, Refractometer, cataract unit, colour vision chart, direct ophthalmoscope, Diffractometer, operating microscope, perimeter, Retinoscopy, slit lamp, snellen chart, trial chart		HG3 & above
d	Availability of dental instruments	OB	Dental chair, dental X-ray, amalgamator, suction machine, instrument cabinet, ultrasonic scalar, extraction forceps		HG3 & above
e	Availability of other instruments	OB	ENT chair, ENT instruments - Tonsillectomy set, Mastoidectomy set, etc.		HG3 & above

Standard 3.5	The health facility has adequate and function storage support equipment				
a	Availability of sterilization equipment	OB	Availability of autoclave & hot air oven		HCG1 & above
b	Availability of housekeeping equipment	OB	Availability of three bucket system, mops		HCG1 & above
c	Availability of cold storage equipment	OB	Availability of deep freezer, ILR		HCG1 & above
d	Availability of storage equipment	OB	Availability of cabinets, cupboards, record storage		HCG1 & above
e	Availability environment control appliances	OB	Availability of air conditioner, fans, HVAC system		HCG1 & above



Criteria 4	Drugs & Consumables				
Standard 4.1	The health facility has adequate and uninterrupted supply of oral drugs and Inhalers				
a	Availability of anti-infective agents	OB/RR	Check the availability as per EDL for respective level of facilities		HCG1 & above
b	Availability of analgesics, antipyretics & NSAIDs	OB/RR	Check the availability as per EDL for respective level of facilities		HCG1 & above
c	Availability of antihypertensive & anti-arrhythmic drugs	OB/RR	Check the availability as per EDL for respective level of facilities		HCG1 & above
d	Availability of respiratory medicines & inhalers	OB/RR	Check the availability as per EDL for respective level of facilities		HCG1 & above
e	Availability of gastrointestinal medicines	OB/RR	Check the availability as per EDL for respective level of facilities		HCG1 & above

Standard 4.2	The health facility has adequate and uninterrupted supplies of injectables				
a	Availability of life saving emergency drugs	OB/RR	Check the availability as per EDL for respective level of facilities		HCG1 & above
b	Availability of hormonal preparations	OB/RR	Check the availability as per EDL for respective level of facilities		HCG1 & above
c	Availability of solutions correcting water, electrolyte and acid-base balance	OB/RR	Check the availability as per EDL for respective level of facilities		HCG1 & above
d	Availability of vaccines	OB/RR	Check the availability as per EDL for respective level of facilities		HCG1 & above
e	Availability of anaesthetic agents	OB/RR	Check the availability as per EDL for respective level of facilities		HCG1 & above

Standard 4.3	The health facility has adequate and uninterrupted supply of topical drugs				
a	Availability of disinfectants and antiseptics	OB/RR	Check the availability as per EDL for respective level of facilities		HCG1 & above
b	Availability of steroid based topical preparation	OB/RR	Check the availability as per EDL for respective level of facilities		HCG1 & above
c	Availability of anti-inflammatory and antipruritic, astringent medicines	OB/RR	Check the availability as per EDL for respective level of facilities		HCG1 & above
d	Availability of antifungal preparations	OB/RR	Check the availability as per EDL for respective level of facilities		HCG1 & above
e	Availability of anti-infective including anti-viral topical preparations	OB/RR	Check the availability as per EDL for respective level of facilities		HCG1 & above

Standard 4.4	The health facility has adequate and uninterrupted supply of required consumables				
a	Availability of IV sets & syringes	OB/RR	Check availability and adequate stock for at least one month		HCG1 & above
b	Availability of disinfectant	OB/RR	Check availability and adequate stock for at least one month		HCG1 & above
c	Availability of dressing material	OB/RR	Check availability and adequate stock for at least one month		HCG1 & above
d	Availability of contraceptives	OB/RR	Check availability and adequate stock for at least one month		HCG1 & above
e	Availability of soap and sanitizers	OB/RR	Check availability and adequate stock for at least one month		HCG1 & above

Standard 4.5	Healthcare facility has adequate and uninterrupted supply of lab reagents & diagnostic consumables				
a	Availability of lab reagents	OB/RR	Check availability and adequate stock for at least one month		HCG1 & above
b	Availability of sample processing consumables and stains	OB/RR	Culture media, stains, vacutainers, micropipette tips, disinfectant, etc.		HCG1 & above
c	Availability of imaging consumables	OB/RR	X-Films, ECG paper, contrast,		HCG1 & above
d	Availability of controls and calibrators	OB/RR	Check availability of controls and calibrators for available equipment		HCG1 & above
e	Availability of rapid diagnostic kits	OB/RR	Check availability rapid diagnostic kits for HIV, dengue, hepatitis B, etc. as per approved list		HCG1 & above

Quality Theme- Process					
Criteria 5	Patient Safety				
Standard 5.1	The health facility ensures physical safety of the infrastructure				
a	Safety of electrical installations and equipment	OB/RR	Check if electrical installations are secured, and power audit of the facility has been done during last three years or as & when major electrical load has been added		HCG1 & above
b	Safety features are provided in infrastructure	OB	Check the structural integrity of the infrastructure. There should be no major crack or fault in the infrastructure		HCG1 & above
c	Infrastructure is safe for the patients	OB	Check if floors are non-slippery, tiles are anti-skid and railings have been provided on ramps		HCG1 & above
d	Seismic safety	OB	Check if non-structural components such as cupboard, cabinets, X-ray machines, OT lights, etc. at the facility have been secured from seismic activity		HCG1 & above
e	Safety of lifts	OB/RR	Check if annual inspection of lifts have been done and lifts are fitted with automatic evacuation devices		HG1 & above

Standard 5.2	The health facility ensures fire safety measures being implemented				
a	Availability of correct fire fighting equipment	OB	Check fire fighting equipments are available at all functional areas of the facility		HCG1 & above
b	Fire exit plan is prepared and is synchronized with disaster plan	SI/RR	Check if a fire exit plan has been prepared for the facility, which is in line with national/ atoll disaster management plan		HCG1 & above
c	Directional signage for fire exit are displayed	OB	Check, if directional 'Fire-Exit' signage is provided in all functional areas of the facility		HCG1 & above
d	Staff knows how to operate fire extinguishers	SI	Check that the staff knows operation of available fire extinguishers		HCG1 & above
e	Mock drill is conducted periodically	SI/RR	Check, if mock drills for fire have been conducted at least half yearly interval in hospitals and yearly in health centres		HCG1 & above

Standard 5.3		Healthcare facility ensured safety medications provided to the patients			
a	There is a system of identification of patients, before administering drugs	SI/RR	Check availability of documented system for identification of patients before medication and procedures, and whether it has been implemented. Check, if the staffs are aware of these protocols. Verification of patients should be done with at least two verifiers		HCG1 & above
b	Injection safety measures are implemented	SI	Check that there is no reuse of disposable syringes. Single dose vials are not used for multiple dosages. Fresh syringe is used every time to draw the drug from multi-dose vial.		HCG1 & above
c	Look alike sound alike drugs are identified	SI/RR	Check if 'Look alike and sound alike' drugs have been identified at the facility, and protocols are in place to prevent such eventualities		HCG1 & above
d	High alert drugs identified and cautiously administered	SI/RR	Check if the facility has identified 'high-alert' drugs, and protocols are in place to prevent their erroneous administration		HG1 & above
e	There is a system to avoid prescription error	SI/RR	Check if the prescriptions are written in legible writing, preferably in capital letters. Protocols for prescription writing have been documented and communicated to all doctors of the facility		HCG1 & above



Standard 5.4	Healthcare facility has effective security system implemented				
a	The health facility has multi-tier security in place	SI/OB	Check, if the hospital has formal security system including security guards and surveillance system		HG1 & above
b	System of key management is implemented	SI/RR	Check, if SOPs for key management and authorized access to safe-guard assets, stores and information have been evolved and implemented		HCG1 & above
c	There is an established system to prevent theft or swapping of babies	SI/RR	Check, if 'code-pink' / infant abduction prevention plan has been documented and implemented in the nursery/NICU		HG1 & above
d	Visitors' policy is defined and implemented	SI/OB	Check, if the facility has defined the visitors' policy, which includes purpose and visiting hours. Such policy is displayed prominently in key areas of the facility		HCG1 & above
e	Video surveillance system is available	OB	Availability of video surveillance system in key areas of the hospital		HG1 & above

Standard 5.5	Health care facility ensures adequate measures to cope with manmade and natural disasters				
a	Risk assessment is done periodically	SI/RR	Check the availability of protocol for risk assessment at the facility and its implementation. Operational risk assessment is required to be undertaken at least once in year.		HG1 & above
b	Emergency response plan is prepared	RR	Check if the facility has a formal documented emergency and disaster management plan for man-made and natural disaster.		HCG1 & above
c	Buffer stock of drugs and consumables is maintained	SI/RR	Check if the facility has a practice for maintaining buffer stock of drugs and other critical supplies for meeting disaster and emergency situations		HCG1 & above
d	Emergency response committee is constituted	RR	Check if an emergency response committee has been constituted at the facility. All members should be aware of their role and responsibilities.		HG1 & above
e	The facility staff is aware of emergency response protocol	SI	Check staff is aware of emergency response protocols. Protocols should be prominently displayed at the facility.		HCG1 & above

Criteria 6		Infection Control			
Standard 6.1		An effective infection control programme is implemented at the health facility			
a	Infection control committee is constituted and meetings are held at predefined interval	SI/RR	Check if infection control committee has been constituted at the facility. The committee meets at least once in a month. Verify with the minutes of meeting and attendance record.		HG1 & above
b	Continuous monitoring of infection control activities is conducted in the health facilities	SI/RR	Check with the designated staff (nursing in charge/ infection control nurse/ doctor in charge/health manager) about monitoring of infection control practices, such as hand hygiene, sterilization and waste management, and whether such monitoring is undertaken regularly using the checklists.		HCG1 & above
c	Antibiotic policy is defined and established	SI/RR	Check if, Antibiotic Policy has documented at the facility. A printed copy if the policy should be available with all prescribing doctors. Doctors are aware of the key recommendations of Facility's antibiotic policy. The policy is being followed.		HG1 & above

d	Immunization of staff is ensured	SI/RR	Check that facility staff is immunized for at least tetanus toxoid & hepatitis and any other vaccine authorized by Ministry of Health Verify with the immunization records		HCG1 & above
e	Periodic medical check-up of the facility staff is conducted	SI/RR	Check that facility staff undergoes annual medical examination on the criteria, defined by Ministry of Health.		HCG1 & above

Standard 6.2	The health facility ensures adequate hand hygiene practices being followed during patient care				
a	Availability of hand washing facility in the health facility	OB	Check availabilities of hand washing facilities such as washbasin with elbow/ foot operated tap/ motion sensor, running water and soap in areas requiring such facilities.		HCG1 & above
b	Hand washings are displayed	OB	6-steps of hand washing and 5 occasions for hand-washing are prominently displayed at hand washing stations		HCG1 & above
c	Staff observes the hand-washing steps, while washing the hands	SI	Ask staff to demonstrate the 6 steps of hand washing		HCG1 & above
d	5-moments of hand washing are ensured	SI	Ask staff about when they hand wash. Whether they are aware of 5 moments of hand washing		HCG1 & above
e	Use of alcohol hand rub	OB/SI	Check that alcohol based hand rub is available at all points of use (where there are frequent patient contacts). Also check, if the staff is aware of indications for use of alcohol based 'hand-rub' and indications for mandatory 'hand-wash'		HCG1 & above

Standard 6.3	The staff have been provided with Personal Protection Equipment (PPE) and they are use them				
a	Use of sterile and clean gloves as per need and clinical indication	OB/SI	Check that the staff uses gloves whenever indicated, and they are aware of occasions, when to use sterile gloves, and clean gloves.		HCG1 & above
b	Use of mask, caps, gown, lab-coats and aprons	OB/SI	Check that the staff uses personal protective equipment (PPE) such as mask, caps, gown, lab coats/ aprons/ gown, etc. whenever indicated.		HCG1 & above
c	Use of gum boots and heavy duty gloves by waste handlers	OB/SI	Check that the staff involved in housekeeping and waste handling use gumboots and heavy duty gloves		HCG1 & above
d	Correct method of wearing PPEs	SI	Check that the staff is aware of the correct way of wearing gloves and removing it. Pls. ask 1-2 members to demonstrate it.		HCG1 & above
e	Single-use PPE items are not re-used		Check, if staff uses 'single-use' personal protective equipment (PPE) items more than one time.		HCG1 & above

Standard 6.4	Disinfection and sterilization of equipment and surfaces are done as per defined protocols				
a	Availability of sterile critical items (urinary catheter/ cardiac catheter/ implants/ ultrasound probes used in sterile body cavities) is ensured	SI/OB	Check that availability of sterile critical items are ensured at point of use		HG1 & above
b	High level disinfection of semi-critical items is ensured at point of use	OB/SI	Check that high level disinfection of semi critical equipment (respiratory equipment/ anaesthesia equipment/ laryngoscopes' blades/ cystoscope, etc.) is ensured as per national protocol using either glutaraldehyde/ phenolic compound/ chlorine solution		HG1 & above
c	Decontamination of non-critical patient care items (bed-pans, blood-pressure cuff, crutches, etc.) is ensured	OB/SI	Check that decontamination of non-critical items is done as per national protocol/ guidelines		HCG1 & above
d	Sterility of instruments is ensured during autoclaving process	OB/SI	Check that, sterilization of instruments is done as per national protocol/ guidelines, using steam or chemical sterilization. physical and/or biological indicators are used for validation of the autoclaving process		HCG1 & above

e	There are defined procedures for receipt, processing, distribution and storage of sterilized items.	OB/SI/RR	<p>Check if,</p> <ul style="list-style-type: none"> <li>- Records of sterilization are maintained,</li> <li>- Route of receiving used articles and sterilized items are separate,</li> <li>- Expiry date of sterilized items is maintained,</li> <li>- Instruments are used immediately once the pack is open, and</li> <li>- Sterilized goods are kept at a clean and dry place in an enclosed cabinet/rack</li> </ul>	HCG1 & above
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Standard 6.5	The health facility ensures that environmental control measures for the safe care are in place				
a	Change of footwear and gowning are ensured before entering in critical area	OB/SI	Check that protocols regarding change of footwear and gowning are adhered in the critical areas such as OT, labour room, ICU, NICU, etc.		HG1 & above
b	Cleaning of semi-critical and critical area is done as per protocol & guidelines	OB/	Cleaning of critical and semi-critical areas is done as per defined schedule and method. Check to ensure that brooms are not used in patient care areas.		HCG1 & above
c	Air exchanges and positive pressure are ensured in critical area	OB	Check that positive air pressure and air exchanges (15/hour) are maintained in critical areas such as OT, ICU and NICU. Devices like HEPA filter are installed in OT and ICU.		HG1 & above
d	Isolation of infectious patients is ensured as per clinical indications	OB/SI	Check if, - Infectious patients are isolated, - Barrier nursing protocols are maintained, and - Negative pressure is such areas of isolation.		HG1 & above
e	There is established procedures for disinfection of surfaces in critical areas	OB/SI	Patient care surfaces such as examination couch, labour room tables are OT tables are disinfected after every use with as per national protocol/ guidelines.		HCG1 & above

Criteria 7		Waste Management			
Standard 7.1		Healthcare waste is segregated as per defined protocols			
a	Facility ensures minimization of infectious waste	SI	Check if the health facilities management has initiated efforts for minimizing the waste by implementing practices such as efficient inventory control of chemicals and conduct of mercury audit		HCG1 & above
b	Colour coded bins and liners are available at point of segregation	OB	Check if colour coded bins and plastic bags of respective colours are available at all points of waste generation		HCG1 & above
c	Instructions of segregation and processing of waste are displayed	OB	Check if instructions for segregated collection of waste in respective bins are displayed in the languages, which are understood by the workers and waste handlers.		HCG1 & above
d	Different categories of wastes are not mixed	OB	Check that there is no mixing of different categories of waste, such as infectious waste with general waste		HCG1 & above
e	The facility staff is aware of segregation and processing procedures of healthcare waste	SI	Check that the staff is aware of the segregation protocol		HCG1 & above

Standard 7.2	Health care waste is adequately processed before disposal				
a	Infectious waste is transported away from the patient care area and general traffic	SI/OB	Check if route for transporting the infectious waste from points of generation to storage area is defined and does not cross the patient flow at the health facility.		HG1 & above
b	Bio hazard sign is displayed in the processing and storage areas for infectious waste	OB	Check if biohazard sign has been displayed at critical locations such as exterior of the waste bins, trolley and storage area		HCG1 & above
c	Infectious waste is infected/ autoclaved before disposal	SI/OB	Check that (a) Microbiological waste is autoclaved, and (b) Infectious waste is made safe before their final disposal		HG1 & above
d	Plastic infectious waste is mutilated before disposal to avoid reuse	SI/OB	Check if plastic waste such as gloves, syringes, tube, catheter, etc. is mutilated to prevent its misuse before sending it for the final disposal		HG1 & above
e	Transportation of waste is done in covered containers	SI/OB	Check that facility has dedicated covered trolleys/ bins for transporting the waste to final disposal area.		HCG1 & above

Standard 7.3	The health facility has adequate arrangement for storage and disposal of waste				
a	There is a dedicated area for storage of infectious waste before disposal	OB	A secured dedicated area away from patient care areas has been provided for temporary storage of infectious waste before its final disposal. Such storage area should be secured with facility for lock and key.		HG1 & above
b	Storage areas for general and infectious waste is demarcated and separated	OB	Check if the storage areas for general and infectious waste are either separate or the area has been demarcated well to prevent mixing of waste bags.		HG1 & above
c	Facility has arrangement for final disposal of waste	SI/OB/RR	Check that the facility has functional linkage with centralized disposal facility or has installed such facility within its own premises.		HCG1 & above
d	Facility ensure safe handling of anatomical waste in care of it and is given to patient	SI	Check if anatomical waste such as placenta is given to patients for safe handling as per local custom and practice. Preferably it should be handed over in sealed bag having biohazard sign. The patient/ relative is made aware of potential hazards and need for safe disposal of this waste.		HCG1 & above
e	Facility ensures safe disposal of liquid waste	SI/OB	Check if the facility has arrangement of treating the liquid infectious waste such as lab samples before draining them into the sewage system		HCG1 & above

Standard 7.4	The health facility has implemented a system for safe management of sharps				
a	Functional needle cutters are available and used	OB	Check if functional needle/hub cutters are available at all points of use, wherever sharp waste is generated.		HCG1 & above
b	Disinfection and safe containment of sharps in puncture proof box is ensured	SI/OB	Check if sharps are stored in puncture proof box. Puncture proof box is either handed over to a waste disposal agency or encapsulated in cement at the facility itself or put in a deep burial secured pit.		HCG1 & above
c	Sharp instruments are handled with no-touch technique	SI/OB	Check that there is no practice of recapping of needles after administration of injections, and the sharp instruments are transferred always in a tray.		HCG1 & above
d	There is a system for reporting of needle stick Injury	SI/RR	Check if, Needle stick injury formats are available at the nursing stations, injection room, OT, labour room and dressing room. The Staff is aware of reporting protocol		HCG1 & above
e	Post exposure prophylaxis protocol is implemented and required drugs are available	SI/OB	Check if post exposure prophylaxis protocol is available and displayed, the Staff is aware of this protocol, and anti-retroviral drugs are available as per PEP protocol.		HCG1 & above

Standard 7.5	Hazardous material is handled and disposed as per current protocol				
a	Safe disposal of mercury is ensured	SI/OB	Check if, (a) Mercury spill management protocol is available and implemented, (b) The spill management kit is available at the facility, and (c) The staff is aware of this protocol		HCG1 & above
b	Cytotoxic drugs are disposed as per protocol		Check if cytotoxic drugs are disposed as per national guidelines of cytotoxic. Following aspects need to be enquired - (a) Drugs are segregated in separate bag with proper labelling, and (b) Such bag is handed over to either a central agency managing biomedical waste or taken for incineration by the health facility or the drug is returned to the supplier after defacing the ampoule and packaging.		T
c	Safe disposal of used disinfectants is ensured		Check if hazardous chemical waste such as disinfectants and used chemicals have been neutralised (as per MSDS) and made safe before being drained into water carriage system.		HG1 & above

d	Safe disposal of e-waste is ensured		<p>Check if, disposal of e-waste is done as per defined protocol. Such waste (electronic equipment, batteries, etc.) is handed-over to an authorized agency for its disposal.</p> <p>Not to be disposed as infectious or general waste</p>		HG1 & above
e	Safe disposal of radioactive waste is ensured		<p>Check if radioactive waste is disposed either as per national guidelines or norms of International Atomic Energy Agency.</p>		T

Criteria 8		Record & Data Management			
Standard 8.1		There is established procedures for maintaining and updating patients' records			
a	Registration and admission records are adequately maintained	RR	Verify with sample patient records		HCG1 & above
b	Assessment and monitoring record are adequately maintained	RR	Verify with sample patient records		HCG1 & above
c	Prescription records are adequately maintained	RR	Verify with sample patient records		HCG1 & above
d	Procedure and treatment records are adequately maintained	RR	Verify with sample patient records		HCG1 & above
e	Copy of patient records is retained by facility	SI/RR	Check if the facility has protocol of retaining a copy of patient's records		HCG1 & above



Standard 8.2	There is an established system healthcare data collection and reporting				
a	Patient census is recorded and reported on daily basis	SI/RR	Check if midnight patient census is recorded every day		HG1 & above
b	Disease wise patient list is prepared	RR	Check if (a) The facility has implemented 'ICD-10' code for classification of diseases (b) Disease wise list of the patients is prepared.		HCG1 & above
c	Health program related information recorded and reported in timely manner	SI/RR	Check with the PHU that the information is recorded in prescribed format and reported to HPA within the prescribed timelines.		HCG1 & above
d	Notifiable diseases / conditions are recorded and reported	RR	Check with PHU that information on notifiable disease is collected as per HPA guidelines, and such information is submitted on the prescribed format within approved timelines.		HCG1 & above
e	Complete HMIS / monthly activity reports are sent timely	RR	Check monthly HMIS sheets are completed and reported to HMIS Division of MoH within the prescribed timelines.		HCG1 & above

Standard 8.3	Administrative records are maintained adequately				
a	Stock and expenditure registers are maintained	RR	Verify with the available records		HCG1 & above
b	Financial records are maintained	RR	Verify with the available records		HCG1 & above
c	Supervision and monitoring visits records are maintained	RR	Verify with the available records		HCG1 & above
d	Human resource management records are maintained	RR	Verify with the available records		HCG1 & above
e	Health insurance related records are maintained & reported	RR	Verify with the available records		HCG1 & above

Standard 8.4	Healthcare facility prominently displays its performance and quality scores				
a	Healthcare facility has its website/social media accounts	SI/OB	Check facility maintains its web site/ social media account and updates it regularly		HG1 & above
b	Registration/license for facility is displayed prominently	OB	Check if license / registration is displayed		HCG1 & above
c	Performance Indicators of hospital displayed prominently	OB	Check if key performance indicators have been displayed prominently at designated area in the facility		HCG1 & above
d	Quality scores are displayed prominently	OB	Check if quality scores have been displayed prominently at designated area in the facility		HCG1 & above
e	Patient feedback scores and testimonials are displayed prominently	OB	Check if patient feedback has been displayed prominently at designated area in the facility		HCG1 & above

Standard 8.5	The health facility has implemented a system for storage and retrieval of records and data				
a	System for indexing and control of documents and records is implemented	RR	Check if (a) The facility has a uniform system of indexing of records and documents. (b) It has been implemented in all departments of the health facility. (c) The master list of documents and records has been prepared		HG1 & above
b	Adequate infrastructure for safe storage of records & data is available	OB	Check if (a) The records are kept in access controlled area. (b) There is adequate storage space for record keeping.		HCG1 & above
c	Retention period and disposal policy for records are defined	RR	Check that record retention policy and its disposal process have been defined, communicated and implemented in line with MoH guidelines		HCG1 & above
d	Form / formats for clinical and administrative processes are available	RR	Check that (a) Forms and formats for all processes are followed, and (b) All formats are indexed and separate reference number has been provided for each of the form, and (c) A centralised list of forms and formats is available		HCG1 & above
e	System for digital data storage and security is implemented	SI	Check if (a) The facility has defined and documented procedure for data management and its security, (b) The procedure has been implemented		HG1 & above

Criteria 9		General Clinical Protocols			
Standard 9.1	Healthcare facility has defined and implemented protocols for assessment and care of patients				
a	There is an established procedure of registration and admission of patients	SI/RR	Check that (a) Unique identification number is generated for each of the patients, (b) Patients' demographic details are recorded correctly, and (c) Criteria for the admission are defined and documented		HCG1 & above
b	Initial assessment of all patients is ensured and documented	SI/RR	(a) Initial assessment is ensured at first point of contact, and (b) Initial assessment findings are documented immediately		HCG1 & above
c	Reassessment of patient is done as per need and defined protocol	SI/RR	(a) Reassessment of patients is done as per their need, and (b) Such assessments are documented immediately by treating doctors.		HCG1 & above
d	Assessment criteria for frequent conditions is defined	SI/RR	(a) Initial assessment criteria for frequently occurring disease conditions have been defined, (b) Printed formats for the same are available, and (c) Check that clinical staff uses these criteria in routine practices		HG1 & above
e	Nutritional assessment and counselling are provided to patients as per need.	SI/RR	(a) Nutritional assessment of the patients is done and documented. (b) There is a printed format for nutritional assessment		HG1 & above

Standard 9.2	Health care facility ensures safe and rational prescription practices				
a	Prescription is written in legible writing	SI/RR	Check if prescriptions are written in legible writing		HCG1 & above
b	Date, time and name of doctor is written on prescriptions	RR	Check that on the prescriptions date, time and name of the prescribing doctor are mentioned clearly		HCG1 & above
c	Prescriptions are written in generic name	RR	Check if drugs are prescribed in generic name.		HCG1 & above
d	Doses and frequency of drugs and follow-up have been provided in the prescriptions	RR	Check if prescription mentions dosages, frequency and follow-up visits		HCG1 & above
e	There is established procedure for safe communication of verbal and telephonic orders	SI/RR	(a) Facility should have documented procedure for communicating verbal orders. (b) All verbal orders should be doubly verified, and (c) A record of verbal order is generated immediately in the duty book by the nurse, who received the instructions		HCG1 & above

Standard 9.3	Protocols for nursing care within the health facility is defined and implemented				
a	Treatment charts are prepared and updated for all indoor patients	RR	Check if treatment charts are prepared for all patients as per the medication endorsement		HG1 & above
b	There is established procedures for handover during shift change of the duty staff	SI/RR	(a) Check if nursing handover register is maintained, and (b) Handover is given at bedside of the patients.		HCG1 & above
c	There is established procedures for monitoring of patients as per need	RR	Check that patient monitoring parameters are recorded in TPR chart/ intake output chart		HCG1 & above
d	Nursing staff is aware of 6 'R's of medication Safety and follows them	SI/OB	Check nursing staff is aware of and practices 6 R's of medication - Right Medication, Right Dosages, Right Patient, Right Time, Right Route and Right Documentation		HCG1 & above
e	Nursing notes are adequately maintained	RR	Check if nursing notes are maintained for each shift, mentioning condition of patients, care given and any other specific event occurring during the shift.		HG1 & above

Standard 9.4	Healthcare facility defines and ensures safe care of high risk and vulnerable patients				
a	High risk patients in the health facility are identified	RR	Check if, the facility has a list of category of patients, which are considered as 'High Risk'.		HG1 & above
b	Care of high risk patients is done as per need and protocols	SI/RR	Check that (a) There is a documented procedure for care of high risk patients, and (b) Such patients are identified and required care is given to them.		HG1 & above
c	Vulnerable patients in the facilities are identified	SI/RR	Check if the facility has a list of category of patients, which are considered as "vulnerable".		HCG1 & above
d	Care of vulnerable patients is done as per need and protocols	SI/RR	Check that (a) There is a documented procedure for care of vulnerable patients, and (b) Such patients are identified and required care is given to them.		HCG1 & above
e	Facility staff is aware of categories of patients identified as high and vulnerable and precaution to be taken in their care	SI	Ask the facility staff about their awareness of high risk and vulnerable categories patients		HG1 & above



Standard 9.5	Protocols for patient consultation process are defined and implemented				
a	Interpreters are available wherever required	SI	Check if, the facility ensures availability of interpreter, if language barrier is anticipated		HG1 & above
b	Presenting complaints and relevant case history of the patients are recorded	RR	Examine sample of case-sheets to ascertain that presenting complaints and relevant case history are recorded		HCG1 & above
c	Salient examination findings are recorded	RR	Examine sample of case-sheets and OPD case record to ascertain that salient findings of examination are recorded		HCG1 & above
d	Relevant investigations are recorded	RR	Examine sample of case-sheets to ascertain that investigation results are recorded		HCG1 & above
e	Diagnosis of patient is recorded	RR	Examine sample of case-sheets and OPD records to ascertain that diagnosis / provisional diagnosis are mentioned		HCG1 & above

Criteria 10		Specific Clinical Services protocols			
Standard 10.1		Healthcare facility has defined and implemented protocols for emergency management of patients			
a	There is an established procedure for triage of patients	OB/RR/ SI	<p>Check that,</p> <p>(a) Triage protocols are defined and displayed at emergency &amp;/ patient receiving area.</p> <p>(b) The staff is aware of triage protocols</p> <p>(c) There is allocation of area for sorting and holding of patients after triaging</p> <p>(d) A template for triaging is available at the facility</p>		HG1 & above
b	There is an established procedure for life threatening emergencies	SI/RR	<p>Check protocols for following conditions are available and the staff is aware of them</p> <ol style="list-style-type: none"> <li>1. Cardio pulmonary arrest</li> <li>2. Handling of unconscious patient</li> <li>3. Drowning</li> <li>4. Poisoning</li> </ol>		HG1 & above

c	Clinical pathways for assessment and management of common emergencies received in the facility are available and displayed	SI/RR	<p>Check protocols for following emergency conditions are available and staff is aware of these protocols</p> <ol style="list-style-type: none"> <li>1. Medical emergencies <ul style="list-style-type: none"> <li>• Cardiac</li> <li>• Pulmonary</li> <li>• Neurology</li> <li>• Diabetic Ketoacidosis</li> <li>• Psychiatric</li> </ul> </li> <li>2. Surgical - Acute abdomen, head injury</li> <li>3. Orthopaedics - Fracture of major bones, dislocation of joints</li> <li>4. Gynaecology &amp; Obs. - APH, PPH, Ectopic Pregnancy</li> <li>5. Eye / ENT - Eye injury, foreign body in Ext Auditory Canal and Nasal Cavity, Laryngeal Oedema</li> </ol>		HCG1 & above
d	Established procedure for management of medico legal cases	SI/RR	<p>Check that</p> <ol style="list-style-type: none"> <li>(a) Criteria for defining medico-legal cases is available and a SOP is available for handling of such cases</li> <li>(b) The facility staff is aware of such SOP</li> </ol>		HG1 & above
e	There is an established pre-hospital care procedure to check preparedness ambulance periodically	SI/RR	<p>Check that there is a</p> <ol style="list-style-type: none"> <li>(a) Team for providing pre-hospital care</li> <li>(b) Availability of emergency kits</li> <li>(c) Preparedness of ambulance to respond to emergency situation</li> </ol>		HCG1 & above

Standard 10.2	Healthcare facility has defined and implemented protocols of intensive care of patients				
a	Admission criteria to intensive care unit are defined	SI/RR	Check if (a) Admission criteria for ICU has been defined, documented and implemented. (b) The facility staff is aware of admission criteria. (c) Criteria for shifting the patients to step-down ward have been defined, documented and implemented		HG1 & above
b	There is established procedure for monitoring of patients	SI/RR	Check if parameters for monitoring of patients have been documented and implemented		HG1 & above
c	Intubation/Extubation criteria are defined and implemented	SI/RR	Check if the facility has documented and established criteria for intubation and extubating		HG1 & above
d	There established procedure to monitor bedsores in ICU Patients	SI	Check, if monitoring for bed sores is done as per defined schedule and protocol		HG1 & above
e	Intensive care protocols are available for frequently prevalent clinical conditions needing treatment in ICU	SI/RR	Check if (a) The facility has developed protocols for ICU care in respect of commonly occurring serious disease conditions, and (b) ICU staff is aware of such protocols		HG1 & above

Standard 10.3	Health care facility has defined and implemented protocol for blood banking and blood transfusion				
a	Donor selection and screening is done as per defined protocols	RR	Check that (a) Donor selection criteria are defined and practiced (b) Check questionnaire form, and SOP for selection including selection criteria are available (c) The staff is aware of donor selection criteria (d) Screening tests (HIV, HBsAg, HCV, VDRL) performed		HG1 & above
b	Labelling, testing and storage of blood bags are done as per defined protocols	OB/SI	Check if (a) Labelling is done using codes (b) Testing is done with validated test kits / methods (c) Blood bank refrigerators are used exclusively for blood (d) Monthly random screening of selected units for the Quality Assurance		HG1 & above
c	There is an established system for cross matching donor and recipient blood before transfusing	SI/OB	(a) Check that cross matching procedure of blood with recipient is defined in blood bank protocols and it is ensured before every transfusion. (b) The facility performs forward & reverse grouping and cross matching (coombs).		HCG1 & above

d	There is established procedures for monitoring of transfusion reactions and their reporting of reactions if any	SI	Check if blood bank has a system of monitoring transfusion reaction and analysing data to improve quality of blood products as per following guidelines (a) National standard for monitoring and transfusion (b) National standard for management of transfusion reactions	HCG1 & above
e	There is an established procedure for rational use of blood products	SI/RR	Check if (a) Blood bank educates clinicians about rational use of blood products. (b) The blood bank produce components for optimal use of collected blood bags (c) Availability of (i) National guideline on rational use of blood (ii) Indications for blood transfusion, and (iii) Instructions on appropriate use of blood	HG1 & above

Standard 10.4	Healthcare facility has defined and established protocols for management of anaesthesia				
a	Pre anaesthesia check-up is ensured for all planned surgeries	SI/RR	Check if, (a) Pre-anaesthetic check-up (PAC) is ensured for all planned surgery, and (b) Facilities for PAC are available with OT and/or nursing stations of the surgical wards (c) The timing for the PAC is displayed in surgical OPD		HG1 & above
b	Monitoring of anaesthesia is done as per protocols	SI/RR	Check if monitoring parameters during the anaesthesia have been developed and followed as per standardised protocol and commensurate anaesthesia notes are maintained.		HG1 & above
c	Spinal anaesthesia protocols are available and adhered	SI/RR	Check availability the facility has defined and documented protocols for spinal anaesthesia and same are implemented.		HG1 & above
d	General anaesthesia protocols are available and adhered	SI/RR	Check availability defined and documented protocols		HG1 & above
e	Post-anaesthesia care is given as per protocols	SI/RR	Check if post anaesthesia care is provided as per standardised protocol and commensurate records are maintained for each of the patient.		HG1 & above

Standard 10.5	Healthcare facility has defined protocols surgical services				
a	There is an established procedure for OT scheduling	SI/RR	Check if OT scheduling is done and communicated to the surgeons as per pre-defined protocol		HG1 & above
b	Preoperative care is provided as per protocol	SI/RR	Check that preoperative care including counselling, part preparation, identification of surgical site and antibiotic administration is done as per protocol.		HG1 & above
c	Operative care is provided as per protocols	SI/RR	Check that surgical notes are comprehensively maintained and monitoring of patients during surgery is done as per standardised practice and parameters.		HG1 & above
d	Surgical safety checklist is used during surgery	SI/RR	Check that WHO safe surgery checklist is used for each surgery. Verify with the records		HG1 & above
e	Post-operative care is provided as per protocols	SI/RR	Check that post-operative assessment and monitoring are done and documented before shifting the patient to the ward.		HG1 & above



Criteria 11		RMNCHA Protocols			
Standard 11.1	Healthcare facility provides maternal health services as per defined national protocols				
a	There is an established procedure for registration, follow-up and counselling of pregnant women	SI/RR	Check if registration of ANC cases, home visits and counselling are provided as per the national guidelines.		HCG1 & above
b	ANC check-up protocols are available and are followed	SI/RR	Check if, (a) The guidelines for antenatal check-up issued by HPA are available at the facility and adhered to, while conducting ANC. (b) ANC details are filled in the prescribed format only.		HCG1 & above
c	Delivery protocols available and adhered	SI/RR	Check if (a) Delivery protocols including induction protocol, 'C' section preparation protocol, and nursing protocols are available and displayed in the labour room. (b) The staff is aware of these protocols and adheres to them, while managing a woman in labour pains.		HCG1 & above

d	There is established procure for identification, follow up and management of high risk pregnancy	SI/RR	Check if, (a) The clinical staff is aware of case definitions and management protocols of high risk pregnancies, (b) Maternal/ perinatal and near miss notification forms are available, (c) SBAR form is implemented		HCG1 & above
e	Post natal care including home visits are provided as per protocols	SI/RR	Check that three post-natal visits are ensured as per defined protocol of HPA		HCG1 & above

Standard 11.2	Healthcare facility provides newborn health services as per defined national protocols				
a	Immediate newborn care is provided as per protocols	SI/RR	Check if (a) The labour room staff is aware of assessment protocol and fill-in newborn birth form (b) The staff has knowledge and competency for early recognition of sick newborn (c) The early initiation of breastfeeding is supported (d) Actions are taken for prevention of hypothermia.		HCG1 & above
b	Newborn resuscitation protocols are available and adhered	SI/RR	Check if (a) Resuscitation equipment are available (b) Periodic training on newborn resuscitation is conducted (c) NRP protocol (AAP) is followed		HCG1 & above
c	Emergency triage and treatment of newborns done as per protocols	SI/RR	The staff has knowledge and skills for early recognition of following disease conditions - 1- Jaundice 2- Hypothermia 3- Hypoglycaemia 4- Seizures 5- Sepsis 6- Dehydration and electrolyte imbalance 7- Perinatal asphyxia 8- MAS		HCG1 & above

d	Care of low birth weight babies is done as per protocols	SI/RR	<p>Care of low birth weight babies is undertaken as per protocols and following issues are especially addressed -</p> <ul style="list-style-type: none"> <li>(a) Feeding issues</li> <li>(b) Ensuring Kangaroo Mother Care</li> <li>(c) Implementation of ROP protocol</li> <li>(d) Hypothyroidism</li> <li>(e) Screening for ICH</li> <li>(f) Nutritional supplements</li> </ul>		HG1 & above
e	Management of newborn complications is done as per protocols	SI/RR	<p>Following conditions are managed as per protocol -</p> <ul style="list-style-type: none"> <li>a- Jaundice</li> <li>b- Hypothermia</li> <li>c- Hypoglycaemia</li> <li>d- Seizures</li> <li>e- Sepsis</li> <li>f- Dehydration and electrolyte imbalance</li> <li>g- Perinatal asphyxia</li> <li>8- MAS</li> </ul>		HG1 & above

Standard 11.3	Healthcare facility provides child health services as per defined national protocols				
a	There is established procedures for ensuing immunization of children as per national immunization program	SI/RR	Check that (a) National immunization schedule is available at the facility. (b) There is system of line-listing and tracking of children at PHU as per immunization due date, and (c) Mechanism of follow up in case of drop out.		HCG1 & above
b	Vaccine safety protocols are adhered to reduce immunization errors	SI/RR	Check that (a) Vaccine handling and administration protocols are available at the facility. (b) Effective cold chain is maintained. (c) The staff is aware of vaccination protocols such as reconstitution of T series vaccines, Monitoring VVM, identifying and reporting AEFI		HCG1 & above
c	Standard treatment protocols for common illness in children are available	SI/RR	Check if WHO/HPA protocols for management of common childhood illnesses are available at the facility and implemented		HCG1 & above
d	There is established procedure for identifying and managing birth defects and genetic anomalies children	SI/RR	Check if WHO protocols for screening and identification of congenital anomalies are available and implemented at the facility		HCG1 & above
e	Growth and nutrition monitoring of children are done as per protocol	SI/RR	Check that growth monitoring card is filled for every child.		HCG1 & above

Standard 11.4	Healthcare facility provides adolescent ahealth services as per defined national protocols				
a	Promotional services to adolescent are provided as per national protocols	SI/RR	Check if promotional activities for adolescent health are carried out as per national programme		HCG1 & above
b	Counselling services to adolescent are provided as per protocols	SI/RR	Check if counselling services for adolescent are provided as per national standards for AYFSH		HCG1 & above
c	Preventive services to adolescent are provided as per protocols	SI/RR	Check if preventive services for adolescent are provided as per national standards for AYFSH		HCG1 & above
d	Curative services to adolescents are provided as per protocols	SI/RR	Check if curative services for adolescent are provided as per national standards for AYFSH		HG1 & above
e	Referral services to adolescents are provided as per protocols	SI/RR	Check if referral services for adolescent are provided as per national standards for AYFSH		HCG1 & above

Standard 11.5	Healthcare facility provided family planning services as per defined national protocols				
a	Counselling are available and provided as per national guidelines	SI/RR	(a) Check if, counselling services are provided as per national standards for family planning. (b) Ask how counsellor ensures informed choice to client (c) Check availability of training manual for family planning, consent form and ANC/PNC card (d) Facilities for STI screening are available		HCG1 & above
b	Pills and condoms are prescribed as per national guidelines	SI/RR	Check if (a) Pills and condoms delivery protocols are available, (b) The staff is aware of the protocols (c) Check list for prescribing pills is available and used		HCG1 & above
c	IUD insertion is done as per national guidelines	SI/RR	Check that staff is aware of IUD insertion protocols as per national standards for family planning services		HCG1 & above
d	Emergency contraception services are provided as per national guidelines	SI/RR	Check if emergency contraception protocols are available as per national standards for family planning services		HCG1 & above
e	There is an established procedure for safe storage and inventory management of contraceptives	SI/RR	Check that contraceptives are stored and managed as per national standards for family planning services		HCG1 & above

Criteria 12		Communicable Disease Protocols			
Standard 12.1	Healthcare facility adheres to clinical protocols for management of dengue patients				
a	Protocols for referral of dengue cases are available	SI/RR	Check if, (a) National protocol for referral of dengue case to higher centre is available (b) All stakeholders (Aasandha, MNDF, all HF managers, doctors) have been sensitised on dengue referral protocol		HCG1 & above
b	Promotion and prevention activities for dengue are carried out per protocol	SI/RR	Check that (a) Promotional IEC activities on dengue are carried out at the facility, (b) Measures are taken to minimize sources of mosquito breeding such as covering the tanks, biological methods for the larvae control, and other larvicide measures (c) Measures have been taken to avoid mosquito bite such as use of mosquito nets, repellent cream, etc.		HCG1 & above
c.	Assessment, diagnosis and triage of suspected dengue cases are done as per protocol	SI/RR	Check • Availability of dengue protocol • Periodic assessment of doctors & nurses about their knowledge and skills for managing dengue • Training of new doctors on dengue protocol		HCG1 & above



d.	Management of shock in dengue patients is done as per protocol	SI/RR	Check if, the clinical staff is aware of management of shock in dengue patients as per protocols for fluid replacement, flow chart for Dengue Shock Syndrome (DSS)		HG1 & above
e	Surveillance of dengue cases in community is done as protocol	SI/RR	Check if PHU is conducting active and passive surveillance of dengue cases as per defined protocol by HPA Check availability of <ul style="list-style-type: none"> <li>• haematocrit centrifuge</li> <li>• Serological testing</li> </ul>		HCG1 & above

Standard 12.2	The health facility adheres to clinical protocols for management of Acute Respiratory Infections (ARI)				
a	The health facility implements preventive measures, while treating patients of ARI	SI/RR	Check if preventive measures for ARI have been implemented		HCG1 & above
b	Diagnosis of ARI is done as per protocols	SI/RR	Check, if diagnosis protocols for ARI are available at the facility and clinical staff is aware of it		HCG1 & above
c	Management of ARI is done as per protocol	SI/RR	Check that management protocols for ARI are available at facility and clinical staff is aware of them.		HCG1 & above
d	Surveillance of ARI cases is done as per protocol	SI/RR	Check surveillance of ARI cases is done by PHU as per protocol. Verify with the records		HCG1 & above
e	Cases of Acute Respiratory Disease (ARD) are reported to Public Health Administration as per protocol	SI/RR	Check ARD cases are reported to HPA on the prescribed format, whenever cases are detected within 24 hrs. Verify with the records		HCG1 & above

Standard 12.3	The health facility adheres to clinical protocols for management of diarrhoea				
a	Availability of protocols for management of diarrhoea	SI/RR	Check that national/WHO protocol for management of diarrhoea is available at the facility.		HCG1 & above
b	Prevention and surveillance activities for diarrhoea are carried as per protocol	SI/RR	Prevention through water sanitation and improved hygiene practice is promoted by PHU. Check if the PHU collate and report data regarding diarrhoea cases to the HPA.		HCG1 & above
c	Diagnosis and classification of diarrhoea are done as per protocol	SI/RR	Check for awareness of clinical staff to diagnosis and classification protocols for diarrhoea		HCG1 & above
d	Fluid replacement therapy is provided as per protocol	SI/RR	Check that (a) Clinical staff is aware of fluid replacement therapy for management of diarrhoea. (b) Protocols of diarrhoea management are displayed at point of use.		HCG1 & above
e	Medication for diarrhoea is provided as per protocol	SI/RR	Check, if the staff is aware of medication management of diarrhoea.		HCG1 & above

Standard 12.4	The health facility adheres to clinical protocols for management of Tuberculosis				
a	Protocols for diagnosis and management of tuberculosis are available at the facility	SI/RR	Check if national guidelines for TB control, protocol for prevention and treatment of childhood TB, and Lab manual for microscopy are available at point of use.		HCG1 & above
b	Surveillance of tuberculosis is done as per protocol	SI/RR	Check if (a) Active case finding is carried out or not, and the cases are reported to HPA on the reporting format, (b) Contact screening is conducted, and (c) Incidence and prevalence indices are calculated.		HCG1 & above
c	DOT services are provided as per protocol	SI/RR	Check if (a) Clinical staff/ DOT providers are aware of DOT administration protocols, and (b) SOP/Work-instructions for DOTS providers are prominently displayed in a flow-chart at point of use.		HCG1 & above
d	Management of MDR cases is done as per protocol	SI/RR	Check that (a) Suspected drug resistant cases are reported and investigated (b) Preventive measures are taken		HG1 & above
e	Monitoring and follow up of Tuberculosis cases are done as per protocol	SI/RR	Check if line-listing and treatment cards of confirmed TB cases are available with PHU and follow-up is done accordingly		HCG1 & above

Standard 12.5	Healthcare facility adheres to clinical protocols for management of HIV/STI cases				
a	Protocols for diagnosis and management of HIV and STI are available	SI/RR	Check if national treatment guidelines for HIV testing and HIV Management are available at the facility		HCG1 & above
b	Prevention and promotion activities are carried out as per protocol	SI/RR	Preventive and promotive activities for HIV are conducted by PHU as per HPA guidelines		HCG1 & above
c	Counselling of RTI/STI patients is done as per protocol	SI/RR	Check that guidelines for RTI/STI counselling are available at point of use and the staff is aware of these guidelines.		HCG1 & above
d	Testing of RTI/STI patients is done as per protocol	SI/RR	Check if guidelines for RTI/STI testing are available at point of use and the staff is aware of these guidelines.		HCG3 & above
e	Treatment and follow-up of RTI/STI patients are done as per approved protocol	SI/RR	Check that guidelines for RTI/STI treatment are available at point of use and patients are treated according to these guidelines.		HCG3 & above

Criteria 13		Non-Communicable Diseases Protocols			
Standard 13.1	Screening , diagnosis and management of cancer is done as per established protocol and WHO Guidelines				
a	Protocols for screening, diagnosis and management of cancer are available	SI/RR	Check national / WHO protocols for screening, diagnosis and management of cancer are available at the facility		HCG3 & above
b	Cervical cancer screening services are provided as per protocol	SI/RR	Check if cervical screening program has been implemented at the facility		HCG3 & above
c	Breast cancer screening services are provided as per protocol	SI/RR	Check if breast screening program has been implemented at the facility		HCG3 & above
d	Lab diagnosis services for cancer are provided as per protocol	SI/RR	Check that laboratory diagnosis for cancer patients are available as per protocol		T
e	Management of cancer patients is done as per protocol	SI/RR	Check that cancer treatment facilities are available as per protocol		T

Standard 13.2	Prevention, diagnosis and management of stroke is done as per established protocols and WHO guidelines				
a	Protocol for diagnosis and management of stroke is available at the health facility	SI/RR	Check availability of stroke management protocols.		HG1 & above
b	Prevention of stroke in high Risk individuals is done as per protocol	SI/RR	Check that high risk individuals are identified and counselled for life style modification.		HCG1 & above
c	Rapid diagnosis of patients presenting with stroke is done as per protocol	SI/RR	Check if the facility staffs are aware of rapid diagnosis protocol for the stroke.		HCG1 & above
d	Management of acute stroke including thrombolytic therapy is done as per protocol	SI/RR	Check, if the facility staff is aware of management protocol for the stroke		HG1 & above
e	Rehabilitation care for stroke patients is done as per protocol	SI/RR	Check that rehabilitation services for stroke patients are available at the facility		HCG1 & above

Standard 13.3	Screening, prevention, diagnosis and management of cardiovascular diseases is done as per established protocols and WHO guidelines				
a	Protocol for prevention, management and follow-up of cardiovascular diseases is available	SI/RR	Check availability of protocols		HCG1 & above
b	Screening and detection of hypertension is done as per protocol	SI/RR	Check that (a) Screening programme for hypertension has been implemented at the facility. (b) The facility has a list of hypertensive patients in the facility		HCG1 & above
c	Counselling on life style changes is provided as per protocol	SI/RR	Check if (a) Counselling services for life style modification are provided to all high risk patients. (b) Information material regarding life style changes is available and provided to patients		HCG1 & above
d	Management and follow-up of primary hypertension is done as per protocol	SI/RR	Check that the facility staff is aware of management protocols for primary hypertension		HCG1 & above
e	Management and follow-up of heart diseases are done as per protocols	SI/RR	Check that the staff is aware of heart disease management protocols		HG3 & above



Standard 13.4	Screening, prevention, diagnosis and management of diabetes mellitus is done as per established protocols and WHO guidelines.				
a	Protocol of screening, diagnosis, management and follow-up of diabetes mellitus is available	SI/RR	Check availability of protocols		HCG1 & above
b	Screening and diagnosis of diabetes mellitus are done as per protocols	SI/RR	Check that screening program for diabetes mellitus has been implemented at the facility		HCG1 & above
c	Counselling on Life style changes is provided as per protocol	SI/RR	Check that counselling services and information are provided to high risk patients about life style modification		HCG1 & above
d	Drug/insulin management of diabetes mellitus is done as per protocol	SI/RR	Check that the facility staff is aware of drug management protocols for diabetes mellitus		HCG1 & above
e	Risk assessment and management of diabetic complications are done as per protocols	SI/RR	Check that risk assessment is done and documented for all diabetic patients visiting hospital		HCG1 & above

Standard 13.5	Diagnosis and management of asthma and COPD is done as per established protocols and WHO guidelines				
a	Protocols for diagnosis and management of asthma and COPD are available	SI/RR	Check availability of the guidelines		HCG1 & above
b	Diagnosis of bronchial asthma & COPD is made as per protocol	SI/RR	Check that the facility staff is aware of diagnosis protocol		HCG1 & above
c	Management of asthma & COPD is done as per protocol	SI/RR	Check if the facility staff is aware of management protocols		HG1 & above
d	Follow-up and counselling of asthma and COPD patients are done as per protocol	SI/RR	Check about the follow-up and counselling services to asthma & COPD patients are provided		HG1 & above
e	The facility has linkage for social support to COPD patients	SI/RR	Check for social support linkage for COPD patients		HCG1 & above

Criteria 14					
Thalassemia, Tobacco Control, Trauma , Eye and Ear Illnesses,					
Standard 14.1		There is established procedure for screening, prevention, diagnosis and treatment of Thalassemia			
a	Screening of Thalassemia is done as per protocol	SI/RR	Check that (a) All individuals below the age of 18 years are screened for Thalassemia. (b) PHU maintains record of all eligible individuals and their screening status		HCG1 & above
b	Collection of blood where blood bank services are not available is done as per protocols	SI/RR	Check that (a) Blood grouping, screening (HIV, Hepatitis A & C and Syphilis) and cross-matching are carried-out for donor blood. (b) Pre-storage leukocyte filtration is done (c) Blood bags are kept overnight in upright position for separating plasma and plasma is removed 30 minutes before transfusion		HCG1 & above
c	Transfusion of blood is done as per protocols	SI/RR	Check that (a) Amount of required blood is calculated based on body weight and pre-transfusion haemoglobin level, (b) Pulse, respiratory rate temperature and blood pressure are monitored during the transfusion, (c) Only packed cell are transfused, and (d) Occurrence of any reaction during the transfusion is recorded		HCG1 & above

d	Iron chelation therapy is provided as per protocols	SI/RR	<p>Check that the facility staff has knowledge</p> <p>(a) To estimate quantum of iron received from transfusion</p> <p>(b) For indication of starting chelation therapy and dose calculation of iron chelating drugs</p>		HG1 & above
e	Periodic assessment of registered patients is done as per protocols	SI/RR	<p>Registered patients are assessed as per following schedule</p> <p>(a) Monthly - height &amp; weight</p> <p>(b) Quarterly - examine liver and spleen, liver function test, serum calcium, phosphate, uric acid, phosphorus, RBS, and ferritin</p> <p>(c) Six monthly - growth and development, serum T4, TSH</p>		HG1 & above

Standard 14.2	Prevention, diagnosis and management of Mental Health problems are done as per protocols				
a	Protocol for diagnosis and management is available	RR	Check for (a) Availability of following protocols <ul style="list-style-type: none"> <li>• Psychiatric emergencies - aggressive and agitated patients, individual with suicidal tendencies, intoxication and withdrawal in SUD</li> <li>• Psychotic conditions</li> <li>• Mood disorders - bipolar mood disorder, depression</li> <li>• Anxiety conditions</li> <li>• Child and adolescent psychiatric conditions - ASD, ADHD, ID, SLD</li> <li>• GBV , sexual and child abuse</li> </ul> (b) Protocol and mechanism for referring patients with severe mental illness who require residential care		HG3 & T
b	Community based mental health Services are provided as per protocol	SI/RR	Check availability of community based mental health services, which include <ul style="list-style-type: none"> <li>(a) Early intervention programs</li> <li>(b) Occupational and speech therapy</li> <li>(c) Behavioural modification</li> <li>(d) Incorporation of mental health into school health program</li> <li>(e) Screening</li> <li>(f) Counselling</li> <li>(g) Promotion of mental wellbeing</li> </ul>		HCG1 & above

c	Diagnosis and management of neuropsychiatric conditions is done as per protocol	SI/RR	Check if (a) Diagnosis algorithm for diagnosis of psychiatric problems is available at the facility, and (b) diagnosis and classification of disease are done per ICD 10 system	HG3 & T
d	Suicide prevention counselling is provided as per protocols	SI/RR	Check that (a) Mental health coordinator has been appointed at the facility, (b) Specialist mental health team, which comprises of mental health coordinator, psychiatrist, psychiatric nurse, psychologist/ counsellors, speech therapist and an occupational therapist is available and functional at the facility	HG3 & T
e	Management and rehabilitation services for drug abuse cases are provided as per protocol	SI/RR	Check that de-addiction services for drugs including counselling, pharmacotherapy and management of withdrawal symptom are provided as per defined protocols	HG3 & T

Standard 14.3	Tobacco control and cessation services are provided as per protocol				
a	Health care facility is declared tobacco free zone	OB/SI	Check that information regarding no smoking/ tobacco zone has been prominently displayed at the facility		HCG1 & above
b	Guidelines for tobacco control are available	RR	Check that National Guidelines for Tobacco controls are available at the facility		HCG1 & above
c	Counselling services for tobacco cessation is provided as per protocol	SI/RR	Check that tobacco cessation counselling is provided by doctor/ community health worker as per protocol		HCG1 & above
d	Nicotine replacement therapy for tobacco cessation is provided as per protocol	SI/RR	Check if nicotine replacement therapy is available as per national guidelines		HG1 & above
e	Tobacco control promotion activities are provided as per national guidelines	SI/RR/ OB	Check if awareness activities for tobacco cessation are carried at the facility and in the community as well		HCG1 & above

Standard 14.4	Trauma care services are provided as per protocol				
a	Promotion activities for trauma prevention are carried out as per national/WHO guidelines	SI/OB	Check, if promotional activities for trauma prevention including display of IEC material at the facility are carried out		HCG1 & above
b	Protocols for trauma management are available	RR	Check that trauma management protocols are available at the facility		HG1 & above
c	Immediate stabilization and management of breathing & circulation are done as per protocol	SI	Check that the facility staff has knowledge of ABC protocol and skills to administer it		HG1 & above
d	Management is done as per protocol	SI	Check that the facility staff is aware of trauma management protocols		HG1 & above
e	The facility has linkage to provide rehabilitative care to trauma victims	SI	Check that rehabilitative services are available or there is a functional linkage with such facilities		HG1 & above



Standard 14.5	Eye and Ear health services are provided as per protocol				
a	Protocols for eye and ear care are available	RR	Check that national guidelines for eye and ear care are available at the facility		HCG1 & above
b	Preventive services for eye health are provided as per national guidelines	SI	Check that preventive services including IEC, screening and early detection of eye diseases are carried out at the facility		HCG1 & above
c	Preventive services for hearing health are provided as per protocol	SI	Check if IEC activities and preventive services such as screening and early detection of hearing problems are carried out at the facility		HCG1 & above
d	Curative services for eye problems are provided as per protocol	SI	For eye problems, check that (a) Facility staff is aware of curative services protocol, and (b) Such services are available as per protocol		HG1 & above
e	Curative services for hearing problems are provided as per protocol	SI	For hearing problems, check that (a) Facility staff is aware of curative services protocol, and (b) Such services are available as per protocol		HG1 & above

Criteria 15		Diagnostic Process			
Standard 15.1	Pre-examination diagnostic processes are defined and established				
a	A printed requisition form is available for requesting lab test	RR	Check if, printed format for lab requisition is in use in the facility.		HCG1 & above
b	Samples are labelled as per protocol	OB/RR	Check if there is a system for labelling primary samples, which can be traced to the patients		HCG1 & above
c	There is established procedure for transfer of samples	SI/RR	Check if there are established procedures for intramural as well as extramural transport of samples		HCG1 & above
d	Accession register is maintained at laboratory	RR	Accession register is maintained for all samples collected in the laboratory		HCG1 & above
e	Sample collection manual is available at point of use	RR	Check if a sample collection manual is available at the laboratory /sample collection area		HCG1 & above

Standard 15.2	Examination processes are defined and established				
a	Documented procedures are available for all examination procedures	RR	Check if, (a) SOPs are available for the tests, conducted in the laboratory, and (b) Important algorithm is prominently displayed at the workstations in the laboratory.		HCG1 & above
b	Biological reference value and 'critical values are defied	SI/RR	Check if, (a) Biological reference values and critical values are defined for all the tests conducted at the laboratories. (b) Critical values have been communicated to the clinical staff and nursing stations of health facility		HCG1 & above
c	There is established procedure for processing urgent request for the lab tests	SI/RR	Check if, there is a documented and stabled SOP to perform test on urgent basis in case of emergency.		HG1 & above
d	Internal quality control is established in the laboratory	SI/RR	Check if, (a) Internal quality control processes are defined, documented and established. (b) If the lab prepares control charts based on findings of internal quality control.		HCG1 & above
e	Corrective action is taken on outliers identified in internal quality control	SI/RR	Check if there is an evidence of taking corrective actions on reading identified out of control limits during quality control process		HCG1 & above

Standard 15.3	Post Diagnostic Processes are defined and established				
a	Report are signed by an authorized and qualified person	RR	Check that laboratory reports are signed by an authorised personnel.		HCG1 & above
b	Sample storing and retention policy are defined and implemented	SI/RR	Check if, (a) the laboratory has a SOP on sample storing & retention. (b) Such SOP has been implemented at the health facility		HG1 & above
c	Printed format for reporting test results is available	RR	Check if laboratory have printed format for reporting results with biological reference interval for each of the test mentioned therein.		HCG1 & above
d	Lab samples are discarded as per defined protocols	OB/SI/RR	Check if lab samples are treated and diluted before disposing it into the drainage system.		HCG1 & above
e	There is system to take feedback from doctors on quality of lab services	SI/RR	Check if, (a) The laboratory takes regular feedback on quality of lab services from concerned doctors, and (b) Analysis of such feedback always undertaken.		HG1 & above

Standard 15.4	There are established procedures for external Quality Assurance and Bio-Safety in the Laboratory				
a	There is established procedure for internal calibration of diagnostic equipment	SI/RR	Check if, Internal calibration of lab equipment such as analysers and centrifuge is done as per defined procedure in Lab's SOP.		HCG1 above
b	The laboratory participates in the external quality assurance programmed	RR	Check if, the laboratory participates in an EQAS/ proficiency testing programme.		HG1 & above
c	Results of EQAS are analysed and corrective action is taken	SI/RR	Check if (a) Scores (Z score/VIS) obtained through EQAS/PT program are analysed by laboratory. For improvement in validity of results, (b) Root cause analysis has been done and a definitive root cause have been attributed for identified underperforming results (c) Corrective actions are planned and undertaken, which are commensurate with findings of for underlying root analysis.		HG1 & above
d	Personal protective equipment for laboratory staff is available and are used		Check that (a) Personal protective equipment such as bio-safety cabinets, goggles, lab coat are available and used by lab staff (b) Eye wash facility is available for accidental splash		HG1 & above
e	Lab safety manual is available in the laboratory	RR	Check if bio safety manual is available in the laboratory		HG1 & above

Criteria 16		Preventive Health Programs			
Standard 16.1	There are defined established procedures for home visits by public health workers				
a	Health workers provide general hygiene advice during home visits	SI/RR	(a) Ask Public Health Unit about counselling on general hygiene provided during the home visits, and (b) Verify with the available records		HCG1 & above
b	Inspection for mosquito breeding sites is undertaken during the home visits	SI/RR	(a) Ask Public Health Unit about inspection of mosquito breeding sites, and (b) Verify with the available records		HCG1 & above
c	Chronic patients are followed-up as per protocol	SI/RR	(a) Ask PHU staff about follow up visits undertaken for the chronic patients on domiciliary care, and (b) Verify with the records		HCG1 & above
d	Elderly / Palliative care is provided as per defined procedure	SI/RR	(a) Ask PHU staff about follow-up visits undertaken for bed ridden patients, and (b) Verify with the records. (PHU should have a list of elderly patients in their area with frequency of visits defined for each patient)		HCG1 & above
e	Antenatal and postnatal visits are carried out at defined interval	SI/RR	Check if (a) PHU staff has line-listing of pregnant women and post-natal cases. Verify with the records. (b) Antenatal and postnatal visits are undertaken by the PHU staff as per defined schedule.		HCG1 & above

Standard 16.2	There are defined established procedures for water and sanitation				
a	Water safety plan for the facility has been prepared and disseminated	SI/RR	Check if PHU has prepared water safety plan and the staff is aware of it.		HCG1 & above
b	The staff is trained on water safety plan	SI/RR	Check if the staff has been trained for water safety. Verify with the records		HCG1 & above
c	Water quality testing is done at periodic interval	RR	Check if water quality testing is done at least once on a month. Verify with the records.		HCG1 & above
d	Outbreak surveillance for water borne diseases is carried out	RR	Verify with the records.		HCG1 & above
e	The facility organizes awareness activities for water sanitation & hygiene	SI/RR	Check if any awareness activity is carried out at the facility or in community regarding water sanitation. Verify with the records		HCG1 & above

Standard 16.3	There are defined established procedures for disease surveillance				
a	Daily reporting of communicable diseases is done as per protocol	SI/RR	Check if the reporting is done on daily basis on prescribed format to Health Protection Agency (HPA)		HCG1 & above
b	Communicable diseases notification form has been initiated	SI/RR	Check if (a) Communicable disease notification form is available at the facility, and (b) The facility staff follows the reporting procedure to HPA on occurrence of a notifiable disease.		HCG1 & above
c	Detailed investigation forms are available for suspected food poisoning	SI/RR	Check if (a) Food poisoning case investigation forms are available at the PHU, and (b) The staff is aware of reporting procedure		HCG1 & above
d	Case definition guidelines are available	SI/RR	Check if latest version of case definition booklet is available at the facility and staffs is aware of listed notifiable diseases and reporting protocol for each disease.		HCG1 & above
e	Sample from AFP cases, measles, rubella and influenza are taken as per protocol	SI/RR	Check if (a) Case investigation form is available for AFP, Measles, Rubella and Influenza, and (b) the staff is aware of sample collection protocols.		HCG1 & above



Standard 16.4	There are defined established procedures for promotional activities				
a	Regular awareness sessions for health promotion are organized by Public Health Unit	SI/RR	Verify with the staff and records that such activities have been undertaken at least once in a month.		HCG1 & above
b	Health promotion messages are disseminated through audio-visual means	OB/SI	Check if PHU uses audio-visual means for dissemination of health messages at the facility as well as in community. Verify with staff interview and records		HCG1 & above
c	Facility participates in mass media campaign for health promotion	SI	Verify if PHU staff is aware of mass media campaign organized by HPA on radio and TV, and how do they ensure their participation in such campaigns.		HCG1 & above
d	Health days are celebrated by the health facility	SI/RR	Check, (a) if the is aware of various health days. A calendar should be available with PHU. (b) the records that important health days are celebrated at facility/ community		HCG1 & above
e	Local civil society organizations are engaged in health promotion		Check if local civil society organizations are engaged in promoting health messages		HCG1 & above

Standard 16.5	There are defined established procedures for food inspection				
a	Protocol for inspection of all establishments selling cooked & uncooked food and ingredients are available	SI/RR	Check if a copy of protocol is available		HCG1 & above
b	Such establishments have been inspected regularly as per protocol	RR	Verify with the records		HCG1 & above
c	Corrective and preventive actions have been initiated after inspection	SI/RR	Verify with records about follow-up actions after inspection		HCG1 & above
d	The facility ensures that workers handling food are medically examined periodically	RR	Check the medical examination records of food handlers. Medical examination should be done at least twice in a year		HCG1 & above
e	IEC activities have been undertaken for creating awareness on food hygiene and sanitation	OB/RR	Check facility/PHU has organized some IEC activity regarding food hygiene and sanitation		HCG1 & above

Criteria 17		Continuity of Care			
Standard 17.1		There is established procedure for hand-over and sharing of information			
a	There is an established procedure for OPD referral	SI/ RR	Check if the facility has established a procedure for referring patients for specialist opinion.		HG1 & above
b	There are established procedures for sharing patients' information between hospital and public health unit	SI/RR	Check with the clinical departments and public health units exchange information with each other. There should be coordination meeting at least once in a week.		HG1 & above
c	The is an established procedure for giving handover during interdepartmental transfer	SI/RR	Check, whether a written handover is given while shifting patients during interdepartmental transfer		HG1 & above
d	There is an established procedure for calling off-duty clinical staff	SI/RR	(a) Check that procedure for calling off-duty personnel has been defined and there is a designated person to coordinate communication. (b) Contact details of all staff members are centrally available		HG1 & above
e	There is an established procedure for taking handover during nursing shift change	SI/RR	Check if nursing handover is recorded during shift change		HCG2 & above

Standard 17.2	Healthcare facility has established procedure for referral of patients to higher facility				
a	Referral protocols are available with all concerned staff	SI/RR	Check that referral protocols, as defined by the MOH are available with the concerned staff		HCG1 & above
b	Referral criteria are defined and effectively communicated to all concerned staff	SI/RR	Check if referral criteria for respective level of hospital/health facility are defined, documented and disseminated to all concerned staff		HCG1 & above
c	Prior information about the patient is provided to receiving health facility	SI/RR	Check that the facility has practice of providing prior information of patient's condition and transport modalities before shifting the patient to another health facility.		HCG1 & above
d	There is an established procedure for follow-up of the patients, subsequent to transfer from the healthcare facility	SI	Check that there are designated staffs for follow-up of the referred patients.		HCG1 & above
e	The referral & transfer are authorized by the facility manager	SI/RR	Check that if facility has such practice. Verify with the records		HCG1 & above

Standard 17.3	Patient transport is being provided as per established procedures				
a	Resuscitation equipment and emergency drugs are always kept in a state of readiness	SI/OB	Check if one set emergency transport kit is always kept at the facility		HCG1 & above
b	A pre-referral preparedness checklist is implemented	SI/RR	Check if pre-referral preparedness checklist format is available at the facility and filled for each referral case.		HCG1 & above
c	There is established criteria to determine mode of transport and escort staff for referral	SI/RR	Check criteria has been implemented as per national protocols and concerned staff is aware of criteria		HCG1 & above
d	There is established procedure for continuous monitoring of patient during the transfer	SI/RR	Check for protocols for continuous monitoring have been defined and communicated to accompanying staff		HCG1 & above
e	All referred cases are reviewed and analysed for improvement on monthly basis	SI/RR	Check all referred cases are discussed in quality circle meeting on monthly bases of improvement in the procedure.		HG1 & above

Standard 17.4	A person is defined and responsible for care at all steps of care				
a	A treating doctor is assigned to each patient as per need	SI/RR	Check with clinical records on sample basis whether treating doctor has been assigned for each case.		HG1 & above
b	A nursing staff is designated for nursing care of each patient	SI/RR	Check with the clinical records on sample basis and interview the staff as well.		HG1 & above
c	Responsibility of care during different stages of referral is clearly defined and communicated	SI/RR	Check if (a) Responsibility of care has been defined and recorded in patients' records. (b) There is a system of timely communication to care providers		HCG1 & above
d	There is an established procedure for the care, if designated staff for the care is not available at the facility	SI/RR	Check if (a) the facility has documented procedure for replacement postings, and (b) the procedure has been communicated to concerned staff		HCG1 & above
e	There is an established procedure to define responsibilities in case of international referral	SI/RR	Check if (a) the facility designates a person/ group to coordinate international referral. (b) The International referral procedure is documented and disseminated among the concerned group		HG1 & above

Standard 17.5	There is established procedure for discharged patients				
a	Assessment is done before taking discharge decision	SI/RR	Check discharge decision is taken after a final assessment of patient		HCG1 & above
b	Pre-discharge counselling is provided to all patients	PI	Pre discharge counselling for medication and precautions are given to each patients		HCG1 & above
c	Discharge summary is provided to all patients	RR	Check if comprehensive discharge summary in a predefined printed format is provided to each patient, discharged from the faculty		HCG1 & above
d	Follow-up plan is communicated to patients before discharge	PI/RR	Check if follow-up visit plan has been communicated to the patients		HCG1 & above
e	There is an established procedure for patients leaving against medical advice	SI/RR	Check the process; regarding patients leaving the health facility against medical advice is defined. Declaration is taken for the concerned patient. Discharge summary is provided to such LAMA patients		HCG1 & above

Criteria 18	Governance				
Standard 18.1	Healthcare facility defines, approves and effectively disseminates its mission, values and ethics				
a	The health care facility defines its mission and effectively disseminates it	SI/OB	Check if (a) The facility has defined its mission statement and displayed it prominently at relevant places. (b) The staff is aware of the mission statement		HG1 & above
b	The health care facility defines and effectively disseminates its core values	SI/OB	Check if (a) The facility has defined its core-values and displayed it prominently at relevant places. (b) The staff is aware of the core-values		HG1 & above
c	Health care facility defines and effectively disseminates its quality policy	SI/OB	Check if (a) The facility has defined its quality policy and displayed it prominently at relevant places. (b) The staff is aware of the quality policy		HCG1 & above
d	Quality objectives are defined and disseminated	SI/RR	Check that facility/department defines the quality objectives, which are in line with the mission-statement and quality policy. Check if concerned staff is aware of the quality objectives and they know their role in attaining such objectives		HCG1 & above
e	Periodic monitoring and review of quality policy and objectives are undertaken	SI/RR	Check if monthly review of progress on the quality objectives is undertaken by the quality circle		HCG1 & above



Standard 18.2	There is an established procedures for financial management in healthcare facility				
a	The facility prepares plan and estimates financial requirements in accordance with the mission and objectives	RR	Verify with records		HCG1 & above
b	Allocation of resources is prioritized as per plan	SI/RR	Check if the facility has any practice for prioritizing allocation of resources		HG1 & above
c	There is established procedure for timely submission of claims to AASANDHA	SI/RR	Check if the claims are timely submitted to AASANDHA as per defined protocols & procedure		HCG1 & above
d	Financial audit of the health facility is done at defined interval	RR	Check if financial audit of the facility is done at least once in year. Verify with records.		HCG1 & above
e	Facility ensures corrective actions are taken on gaps identified in financial audit	RR	Check that actions are taken on observations and recommendations made by the auditors		HCG1 & above

Standard 18.3	There is defined and established system for Grievance Redressal in healthcare facility				
a	Complaint/ suggestion boxes/ registers are available at key places for recording patients' complaints	OB	Check complaints / suggestion boxes are placed in OPD as well as indoor area		HCG1 & above
b	Procedure for registering complaint, and name of contact person are displayed prominently	OB	Verify with observation		HG1 & above
c	Facility periodically analyses the received complaints	SI/RR	Check if complaints are collated and analysed at least on monthly basis		HCG1 & above
d	Corrective actions are taken and recorded	RR	Check for evidence of corrective actions, which are taken on complaint received		HCG1& above
e	Aggrieved persons are informed about actions taken	SI/RR	Check if facility has a system of intimating complainant about actions taken on his/her complaint		HG1 & above

Standard 18.4	Organizational management policies and procedures are defined and implemented				
a	Management structure and organogram of facility are defined	SI/RR	Check if facility has defined organogram and channel of reporting		HG1 & above
b	Delegation of responsibilities amongst staff and managers is defined and communicated	SI/RR	Check if (a) There are designated manager, head of clinical, nursing and public health services, and (b) Role and responsibilities of these officials are documented and defined.		HCG1 & above
c	Duty roster for the staff is prepared and communicated	RR	Verify with the records		HG1 & above
d	The facility ensures that prescribed dress-code is followed by all category of the staff	SI/OB	Check if (a) The facility has a uniform policy, (b) The staff adheres to defined uniform policy/ dress code, and (c) I-Card and names plates have been provided to all staff		HCG1 & above
e	There is an established procedure for supervisory hospital round and review meetings by managers/supervisors	SI/RR	Check that (a) The facility manger, clinical in-charge and nursing In-charge conduct daily rounds, and (b) Supervision and monitoring visit records are maintained		HG1 & above

Standard 18.5	Healthcare facility ensures compliances to all legal, statutory and regulatory requirements compliances				
a	Valid registration and license under health services act are available	RR	Verify with the records		HCG1 & above
b	The facility meets International Atomic Energy Agency's radiation safety standards	RR	Verify with the records		HG1 & above
c	Registration under Health Professional Act available for all clinical, nursing and Allied Health professionals	RR	Verify with the records		HCG1 & above
d	Fire safety and lift safety certificates are available	RR	Verify with the records		HG1 & above
e	Copies of relevant applicable acts are available	RR	Check availability of copies of (a) Health Services Act (b) Healthcare Professional Act (c) Health Protection Act		HCG1 & above

Criteria 19	Quality Management				
Standard 19.1	A quality team has been constituted and made functional at healthcare facility				
a	A quality team has been constituted at the facility	RR	Check that (a) A quality team/ quality circle has been constituted at the facility with an enabling order. (b) The members are aware of their roles and responsibilities		HCG1 & above
b	Representation of all departments and cadre in the quality team is ensured	RR	Check that all departments and cadre of the staff have been represented in the quality team/ circle		HCG1 & above
c	The quality team meets periodically and minutes of meeting are recorded	SI/RR	Check that quality circle meets at least once in month. Verify with the attendance record and minutes of meeting.		HCG1 & above
d	The quality team reviews the quality and safety concerns of the health facility	SI/RR	Check if quality team/ circle discusses quality issues, assessment scores, patients' feedback and complainants and key performance indicators during the meeting. Verify with the minutes of meeting		HCG1 & above
e	An experienced person is designated to coordinate quality related activities	SI/RR	Check if (a) A staff member has been designated for coordinating quality team/ circle activities, and (b) The designated person has knowledge and aptitude for coordinating such activities		HCG1 & above

Standard 19.2	Health care practices quality improvement through regular quality assessment and gap closure				
a	Internal quality assessors have been identified and trained	SI/RR	Check if list of internal quality assessors is available with the quality team/circle. Check with the records whether they have been provided any training on assessment methodology & protocol		HG1 & above
b	Internal assessment is done at pre-defined interval	RR	Check in internal assessment is done at least once in a quarter. Verify with records		HCG1 & above
c	Gap and root analysis is done for identified non-conformities	RR	Check if (a) The gaps have been listed after internal assessment, and (b) Root cause analysis has been undertaken for identified gaps		HCG1 & above
d	Action plan is prepared and actions are prioritized	RR	Check if (a) Time bound action plan has been prepared for the identified gap, and (b) Priority rating has been assigned to planned actions		HCG1 & above
e	The gaps are closed	RR	Check if there is any evidence the gaps are being closed in time-bound manner		HCG1 & above

Standard 19.3	Healthcare facility practices tools and methods for quality and process improvement				
a	The quality team identifies key issues and change ideas for the improvement and defines them	SI/RR	Check if quality team/ circle/ departmental improvement teams generate and document change ideas for identified quality issues and opportunities for improvement		HCG1 & above
b	The quality team tests and implements the change ideas	SI/RR	Check if (a) the change ideas are tested before large scale implementation. (b) successful change ideas are implemented using plan-do-check-act (PDCA) methodology		HCG1 & above
c	The facility maps its critical processes	SI/RR	Check if facility has mapped its critical process using value stream maps or any other such enabler tool		HG1 & above
d	The facility removes identified non-value adding activities	SI/RR	Check non-value adding activities have been identified from the value stream		HG1 & above
e	The facility uses quality tools and methods	SI/RR	Check if the facility uses quality tools such as seven basic quality tools, 5-S, mistake proofing, etc.		HCG1 & above

Standard 19.4	The health care facility has defined, documented and implemented standard operating procedures (SOPs) for clinical and administrative services				
a	Standards operating procedures for clinical departments are available with the respective process owners	SI/RR	Check if (a) Standards operating procedures for all clinical departments have been drafted/ customized for concerned department through consultative process with the process owners, (b) Final approved SOPS are available with all concerned process owners and verify with the distribution matrix of the SOPS		HCG1 & above
b	Standard operating procedures for administrative processes and public health unit are available with the process-owners	SI/RR	Check if (a) Standards operating procedures for administrative and support functions including functions undertaken by PHU have been drafted/ customized for concerned department through consultative process with the process owners, (b) Final approved SOPS are available with all concerned process owners and verify with the distribution matrix of the SOPS		HCG1 & above
c	The process are adequately described in SOPS and are approved	RR	Check if (a) SOPs are customized to meet all functions as per facility's need, and (b) Such SOPs adequately cover the those details, which are critical to quality		HCG1 & above



d	The staff is trained in working with standard operating procedures	SI/RR	Check if the staff has been given formal/ hand-on training on implementation of SOPs		HCG1 & above
e	Work instructions are available at points of use	OB	Check if work instructions have been displayed at points of use		HCG1 & above

Standard 19.5	Healthcare facility has established program for clinical governance through medical, death and prescription audits				
a	Medical and death audit teams are constituted	SI/RR	Check if a multi-disciplinary medical and death audit committees have been constituted at the facility		HG1 & above
b	Criteria for medical and death audits are defined	SI/RR	Check if (a) Criteria for medical and death audits have been defined, and (b) Printed formats are used for conduct of the audits		HG1 & above
c	Medical audit is conducted periodically	SI/RR	Check, if medical audit is conducted on monthly basis		HCG1 & above
d	Death audit is done at predefined interval	SI/RR	Check, if death audit is conducted for all deaths occurring after 48 hours of admission in the health facility		HG1 & above
e	Action is taken on findings of the clinical audits	RR	Verify the evidence for 'action-taken' on finding of medical/ death audits		HCG1 & above

Criteria 20	Patients' rights				
Standard 20.1	Healthcare facility ensures physical access to the services including for people with disability				
a	Ramps / lifts have been provided to access services	OB	Check ramps/lifts are available at the entry for unrestricted access to all departments and service areas		HCG1 & above
b	Stretcher / wheel chairs are available for intramural transport of patients	OB	Check availability of stretchers/wheel-chairs for easy transfer of patients.		HCG1 & above
c	Disable friendly toilets are available	OB	Check that at least one disable friendly toilet with double swing door and hand rail has been provided on each floor		HCG1 & above
d	The facility has a functional patient calling system	OB	Patient callings system has been installed in the OPD clinics		HG1 & above
e	Accessibility audit is done periodically	SI/RR	Check accessibility audit is conducted at least once in a year		HG1 & above

Standard 20.2	Healthcare facility ensures that services provided in the manner those are equitable and sensitive to gender				
a	Facility ensures delivery of dignified services to female users	SI/OB	A female attendant is always present when male doctor examines a female patient. Adequate privacy is provided in the female wards		HCG1 & above
b	There is a separate breast feeding room / enclosure	OB	Check availability of breast feeding corner in OPD/ female wards		HCG1 & above
c	The facility ensures that patients are not discriminated on any ground	SI/PI	Check no discrimination is done based on social status, gender and age		HCG1 & above
d	The facility ensures that no out of pocket expenditure (OPE) occurs for availing the health care	SI/PI	Check services are provided free of cost through internal resources / insurance scheme. Any reported out of pocket expenditure should be recorded and discussed in quality circle meetings		HCG1 & above
e	There is an established procedure for providing care to the patients not having insurance coverage or paying capacity	SI/RR	Check a process has been established for providing emergency care to immigrants and expatriates, who are not covered under insurance scheme or cannot afford payment for the treatment		HG1 & above

Standard 20.3	The healthcare facility ensures confidentiality, privacy and dignity of the patients while providing the services				
a	The facility ensures visual privacy to patients	OB	Check for availability of screens / curtains in the examination rooms, procedure area and wards		HCG1 & above
b	Confidentiality of patients related information is ensured	SI/OB	Check that clinical information is secured and records are safeguarded to prevent its unauthorised access.		HCG1 & above
c	Staff behaviour is courteous towards patients	PI/OB	Check with patients if staff behaviour is dignified and courteous towards the patients and visitors		HCG1 & above
d	Special precautions are taken to ensure privacy and confidentiality of patients with social stigma	SI/RR	Check that identity of patients with diseases having social stigma such as HIV /AIDS, mental disorders, abortion, etc. are kept under strict confidentiality		HCG1 & above
e	Training on soft skills have been provided to patient care staff	SI/RR	Check if patient cares staff has been provided soft skill training on communications to improve the service quality		HG1 & above

Standard 20.4	There is established procedure to take informed consent and involving the patient in treatment process, wherever it is required by practice norm or law				
a	The facility has identified the situations where patient consent is required	SI/RR	Check if a list of procedures / services requires prior written consent is available at the facility and communicated to concerned staff for ensuring its compliance.		HCG1 & above
b	Informed written consent is taken before major surgical and high risk procedures are undertaken	RR	Check if (a) A predefined printed format is available for obtaining consent for surgical procedure, anaesthesia and other high risk procedures. (b) Consent is taken in such situations		HG1 & above
c	There is an established procedure for taking treatment decisions where consent cannot be obtained from the patient	RR	Check if facility has defined the procedure for treatment decision in the case where consent cannot be taken such as unconscious patient, lifesaving emergency procedures, etc.		HG1 & above
d	Treatment plan and prognosis are shared with patients/ attendants	PI/RR	Check that treatment plan is prepared for every patient and same is explained to patients		HCG1 & above
e	An enquiry desk with dedicated person is available for providing information	OB	Check a reception-cum-enquiry desk is available at the facility		HG1 & above

Standard 20.5	The healthcare facility ensures informational accessibility to patients and visitors				
a	User-friendly departmental signage are displayed in the concerned areas	OB	Check that (a) Health facility's name is prominently displayed with illumination in night, (b) Departmental signage have been put at key locations , and (c) The signage system is bilingual and has uniform colour scheme		HCG1 & above
b	Citizen charter is established and displayed at the facility	OB	Check citizen charter has been prepared and prominently displayed at the entrance of the facility. Citizen charter defines the services available, timings, entitlements of the users as well as their responsibilities, complaint management, etc.		HCG1 & above
c	Cautionary signs and information are displayed at relevant places	OB	Check cautionary signs such as bio-hazard, radio-active areas, restricted areas, high voltage installations, etc. are displayed at concerned areas		HCG1 & above
d	Directional signs and way-finding system are implemented in the healthcare facility	OB	Check that direction signs with floor directory and facility map are displayed at the facility		HG1 & above
e	Information pertaining to services availability information is displayed prominently	OB	(a) List of available services is displayed at the facility (b) List of services, which are temporary not available is also displayed at the facility (c) Timings of the services are displayed (d) Contact number of key functionaries are displayed		HCG1 & above

Criteria 21	Support Services				
Standard 21.1	There are established procedures for upkeep and sanitation of the health facility premises				
a	Appearance of healthcare facility is aesthetic	OB	Check if exterior and interior of the facility are painted in uniform colour		HCG1 & above
b	Open area / circulation area is maintained	OB	Check if open area, corridors, stairs, roof etc. are maintained		HCG1 & above
c	The facility is kept clean and hygienic	OB	Check if the facility is clean and there are no traces of garbage, dust, cobwebs, stains, etc.		HCG1 & above
d	Workplace management tools such as 5-S is implemented at the workstations	OB/SI	Check that (a) The facility implements work place management techniques such as 5-S at all workstations (b) The staff is has been trained on such techniques		HCG1 & above
e	There is no junk material lying in the patient care areas	OB	Check if there is no junk material, condemned and unused article lying in functional areas		HCG1 & above



Standard 21.2	There is are established procedures for maintenance and calibration of equipment				
a	Maintenance of biomedical equipment is undertaken through annual maintenance programme	RR	Verify with the records		HCG1 & above
b	There is an established procedure for prompt management of breakdown of equipment	SI/RR	(a) Check for established and documented procedures. (b) Turn-around time for break down maintained is defined. (c) Contact details of maintenance service provider is available		HCG1 & above
c	Operating instructions are available with the equipment	OB/RR	Check operating instructions provided by the supplier are available with the equipment and concerned users are aware of such instructions		HCG1 & above
d	Indexing of all biomedical equipment has been done	OB/RR	Check that (a) An inventory list is prepared at the facility, and (b) All bio-medical equipment is indexed.		HG1 & above
e	Calibration of measuring equipment has been done	OB/RR	Check that (a) External calibration of measuring equipment such as weighing scale, thermometer, BP apparatus, pressure gauge, cardiac monitors, etc. is done as per schedule defined by the manufacturers. (b) Calibration details and due dates are provided with equipment		HG1 & above

Standard 21.3	There are established procedures for inventory management of drugs and consumables				
a	Estimation of required quantity of drugs is done as per past consumption pattern and disease pattern	SI/RR	Check if (a) The facility estimates the demand of drugs and consumables by scientific techniques using past consumption pattern and disease pattern, and (b) Stock and expenditure registers are maintained		HCG1 & above
b	The facility defines and maintains the buffer stock of each category of drugs and consumables	SI/RR	Check if buffer stock for all categories of supplies has been defined and maintained based on lead time and consumption pattern of item (fast, slow, non-moving)		HCG1 & above
c	The facility uses scientific techniques for inventory management	SI/RR	Check if scientific inventory management tools such as FIFO, ABC, VED, FSN analysis are practiced.		HCG1 & above
d	There is an established procedure for managing expiry and near-expiry drugs	SI/RR	Check facility keep records of expiry and near-expiry drugs. Facility has established procedure for early consumption of near expiry items		HCG1 & above
e	The facility records and reports the stock-out of drugs	RR/ SI	Check facility records stock out of drugs and takes corrective & preventive actions		HCG1 & above

Standard 21.4	There is established procedure for storing and dispensing of drugs				
a	Vaccines & diluents are placed in specified shelf/ compartment	SI/OB	Check if (a) Vaccines and dilutant are kept at their designated place in ILR/Deep Freezer, and (b) T series vaccines are kept away from ice surface to avoid freezing		HCG1 & above
b	Temperature of cold storage devices is monitored and recorded	RR	Check if temperature monitoring chart is maintained for all cold storage device with 6 hourly temperature reading		HCG1 & above
c	Safe and systematic storage of drugs and consumables as per specification is ensured	OB	Check if (a) Drugs are stored in dry and cool place. (b) Inflammable items are kept in separate area. (c) Drugs are arranged alphabetically with labelling of rack done, and (d) Bins cards are used for tracking the stock position		HCG1 & above
d	Dispensing of drugs is done as per standard procedures	SI/OB	Check that drugs dispensing procedures are defined documented and implemented		HCG1 & above
e	Patient is explained about correct procedure for intake of medicine and including its possible side-effects	PI/SI	Check that patient are counselled about drug intake and possible side-effects		HCG1 & above

Standard 21.5	Auxiliary services are provided as per established procedures				
a	The facility ensures adequate illumination in patient care and auxiliary areas	OB	Check that patient care area, procedure areas and circulation area have adequate illumination		HCG1 & above
b	The water supply is maintained as per requirement	OB	Check that the facility has adequate water supply		HCG1 & above
c	Electrical supply and Power backup are provided as per requirement	OB	Check facility has electricity supply and power back arrangements		HCG1 & above
d	Medical gases supply is maintained as per requirement	OB	Check medical gas/ central gas and vacuum supply system are available at the facility		HG1 & above
e	Laundry services are provided as per standard procedure	OB	Check that (a) Laundry services are available, and (b) Patients' linen is changed daily or whenever it get soiled		HG1 & above

Criteria 22	Staff Competence				
Standard 22.1	Job description has been defined and disseminated for all category of clinical and managerial staff				
a	Job description of the doctors have been defined and communicated to them	SI/RR	Check if there is a document that defines job description of facility's doctors. Also verify with the doctors if they are aware of their job description.		HCG1 & above
b	Job description of nursing staff and Allied Health professionals have been defined and communicated to them	SI/RR	Check if there is a document that defines job descriptions of nursing Staff. Also verify with the nursing staff if they are aware of their job description		HCG1 & above
c	Job description of managerial staff have been defined and communicated to them	SI/RR	Check if there are documents that define job description of health managers and administrative staff. Also verify with them if they are aware of their job description		HCG1 & above
d	Job description of public health workers have been defined and communicated to them	SI/RR	Check if there is a document that defines job description of public health workers. Also verify with them if they are aware of their job description		HCG1 & above
e	Job-description is reviewed periodically	SI/RR	Check if job-descriptions of the facility staff are reviewed at least once in a year.		HG1 & above

Standard 22.2	There is established procedures for credentialing and privileging of patient care staff				
a	Professional qualification and core competencies of each cadre of the staff are defined	SI/RR	Check if minimum professional qualification for each cadre of staff has been defined in accordance for Healthcare Professional Act and norms of respective professional councils		HCG1 & above
b	Credentialing of doctors is done	SI/RR	Check professional qualifications and experience of the doctors have been verified before inducting them into the service		HCG1 & above
c	Credentialing of nursing & paramedical staff is done	SI/RR	Nursing/ paramedical staff have been verified before inducting them into the service		HCG1 & above
d	There is established procedure for Pre-service screening of all staff	SI/RR	Check if formal screening of health professionals for skills and core competency have been done and documented before inducting them into the service at the health facility		HCG1 & above
e	Privileging of clinical and nursing staff is done based on their competencies	SI/RR	Check if privileging of clinical staff has been done according their professional qualification, experience and skills		HG1 & above

Standard 22.3	There is established procedure for periodic Competence Assessment for healthcare care staff				
a	Criteria and tools are defined for assessment	RR	Check if criteria and tools for periodic assessment of knowledge & skills of health care staff have been defined		HCG1 & above
b	Competence assessment of doctors is done once in a year	RR	Verify with the records.		HCG1 & above
c	Competence assessment of nursing staff is done at least once in a year	RR	Verify with the records.		HCG1 & above
d	Competence assessment of Allied Health Professionals is done at least once in a year	RR	Verify with the records.		HCG1 & above
e	Feedback has been provided to the staff	SI/RR	Check if feedback, based on the finding of competence assessment, on areas for improvement has been given to respective healthcare staff		HCG1 & above

Standard 22.4	Healthcare facility has established program for training and capacity building of service providers				
a	Training needs are identified based on the job-description and competence assessment	SI/RR	Check if, the facility has line-listed cadre wise training requirements based on competence assessment as well as introduction for new processes and programmes		HCG1 & above
b	The facility prepares training plan and calendar	RR	Check if the facility has prepared a training plan in line with training needs and national training calendar		HG1 & above
c	There is an established program for continuing medical education & nursing education	SI/RR	Check if the facility organizes or ensures participation in Continuing medical education & nursing education programmes		HG1 & above
d	On-job trainings are provided to the staff	SI/RR	Check if the facility has a system of on-job training for its clinical and support staff		HCG1 & above
e	Analysis of training feedback and training effectiveness is done	RR	Check if training feedback has been analysed and subsequently effectiveness of training programme has also been assessed		HG1 & above



Standard 22.5	There is an established procedure periodic performance evaluation for clinical and managerial staff				
a	Performance evaluation criteria are defined for clinical staff	SI/RR	Check if criteria for performance appraisal of clinical staff have been defined in objective manner		HCG1 & above
b	Performance evaluation criteria are defined for administrative and managerial staff	SI/RR	Check if criteria for performance appraisal of managerial/demonstrative staff have been defined in objective manner		HCG1 & above
c	Performance evaluation is done at least once in a year	RR	Check if annual performance appraisal is done for all staff at least once in a year		HCG1 & above
d	Feedback on performance evaluation is provided to the respective staff	SI/RR	Check if feedback on areas of improvement is given to the staff based on the finding of the performance appraisal		HCG1 & above
e	Performance evaluation is linked with incentives	SI/RR	Check if there is any practice of incentives, based on performance or felicitation of good performing staff		HCG1 & above

Quality theme- outcome					
Criteria 23	Service realization clinical				
Standard 23.1	Medical services are provided as per defined service package				
a	General physician services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HCG1 & above
b	Internal medicine services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HG2 & above
c	Dermatologist and venereal diseases Services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HG3 & above
d	Psychiatrist services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HG3 & above
e	Other specialty services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HG3 & above

Standard 23.2	Surgical Services are provided as per defined service package				
a	General surgery services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HG2 & above
b	ENT services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HG3 & above
c	Ophthalmology services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HG3 & above
d	Orthopaedics services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HG3 & above
e	Dental services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HG3 & above

Standard 23.3	Mother and child health care provided as per defined service package				
a	Reproductive health services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HCG1 & above
b	Maternal health services are available as per level of facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HCG1 & above
c	New-born health services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HCG1 & above
d	Child health services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HCG1 & above
e	Adolescent health services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HCG1 & above

Standard 23.4	Diagnostic services are provided as per defined service package				
a	Haematology services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HCG1 & above
b	Biochemistry services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HCG1 & above
c	Clinical pathology services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HCG1 & above
d	Microbiology/histopathology services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HCG3 & above
e	Imaging services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HG3 & above

Standard 23.5	Other clinical services are provided as per defined service package				
a	Accident and emergency services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HCG1 & above
b	Minor procedures services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HCG1 & above
c	Indoor services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HCG1 & above
d	Blood transfusion services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HG1 & above
e	Intensive care unit services are available as per level of healthcare facility	SI/OB/ RR	Verify by staff interview, observation and review of clinical records including referral registers		HG1 & above

Criteria 24	Service realization, public Health and auxiliary				
Standard 24.1	Preventive and promotive services for mother and child health are provided as per as defined service package				
a	Immunization services are provided as per national guidelines	SI/RR	Check that all immunization services are provided as per national immunization schedule		HCG1 & above
b	Family planning service are provided as per national guidelines	SI/RR	Check that counselling, spacing and limiting family services are available		HCG1 & above
c	Growth monitoring of infants and children is provided as per national guidelines	SI/RR	Check that growth monitoring services including weight, high/length are available		HCG1 & above
d	Nutrition counselling & services are available as per national guidelines	SI/RR	Check that nutritional counselling services are available as per national guidelines		HCG1 & above
e	Maternal health services are available as per national guidelines	SI/RR	Check that ANC, intranatal and Postnatal services are provided as per guidelines		HCG1 & above

Standard 24.2	Disease control services are provided as per as defined service package				
a	Screening services for hypertension, diabetes mellitus and cancer are available per national guidelines	SI/RR	Verify by staff interview and review of clinical records including referral registers		HCG1 & above
b	Dengue control service are available per national guidelines	SI/RR	Verify by staff interview and review of clinical records including referral registers		HCG1 & above
c	Treatment of tuberculosis is available as per national guidelines	SI/RR	Verify by staff interview and review of clinical records including referral registers		HCG1 & above
d	Water and sanitation services are provided as per national guidelines	SI/RR	Verify by staff interview and review of clinical records including referral registers		HCG1 & above
e	STI/HIV services are provided as per guidelines	SI/RR	Verify by staff interview and review of clinical records including referral registers		HCG1 & above



Standard 24.3	Auxiliary services are provided as per as per defined service package				
a	Gender based health Sector response and referral services are available	SI/RR	Ask staff and verify with the records		HCG1 & above
b	Rehabilitation services are available	SI/RR	Ask staff and verify with the records		HCG1 & above
c	Referral services are available	SI/RR	Ask staff and verify with the records		HCG1 & above
d	Evacuation services are available	SI/RR	Ask staff and verify with the records		HCG1 &above
e	Palliative care service are available	SI/RR	Ask staff and verify with the records		HCG1 & above

Standard 24.4	Support services are provided as per as per defined service package				
a	Laundry services are available	SI/PI/ OB/ RR	Ask staff & patients, and verify with observation & record of laundry management		HCG1 & above
b	Kitchen services are available	SI/PI/ OB/ RR	Ask staff & patients, and verify with observation & record of diet requisition		HG1 & above
c	CSSD services are available	SI/ OB/ RR	Ask staff and verify with observation & record of CSSD operations		HG1 & above
d	Pharmacy services are available	SI/PI/ OB/ RR	Ask staff & patients, and verify with observation & record of pharmacy		HCG1 & above
e	Power backup for the facility is available	SI/OB	Ask staff and verify with observation		HCG1 & above

Standard 24.5	Out-reach services are provided as per as per defined service package				
a	Home visits services are provided	SI/RR	Ask staff and verify with records		HCG1 & above
b	School health Program services are provided	SI/RR	Ask staff and verify with records		HCG1 & above
c	Food Inspection services are provided	SI/RR	Ask staff and verify with records		HCG1 & above
d	Pharmaceuticals inspection services are provided	SI/RR	Ask staff and verify with records		HCG1 & above
e	Environmental health services are provided	SI/RR	Ask staff and verify with records		HCG1 & above

Criteria 25	Patient centric indicators				
Standard 25.1	Patient satisfaction indicators are measured and improved				
a	Patient satisfaction scores are measured	RR	Check if (a) The facility measures users' satisfaction of OPD & IPD services through patients' feedback surveys, using structured feedback forms, (b) The format of the survey enables calculation of patient satisfaction scores, and (c) Records of feedback and its analysis are available		HCG1 & above
b	Average waiting time for critical services is measured	RR	Check if the facility measures waiting time for critical services such as OPD, pharmacy, and lab reports, and verify with the records		HCG1 & above
c	LAMA rate is measured	RR	Check if (a) The facility maintains a central record of the cases, which left the health facility against medical advice, (b) An analysis of such patients has been undertaken, and (c) Possible reasons of LAMA are discussed in quality meetings		HCG1 & above
d	Consultation time is measured	RR	(a) Check if the facility measures average time given by doctor to each patient (Consultation Time) for all clinics (b) Verify with the hospital data records		HCG1 & above
e	Facility endeavours to improve the patient centric indicators	RR	Check if the facility identifies the low performing indicators and strives to improve them using quality improvement methods such as Plan-Do-Check-Act (PDCA) and run-charts		HCG1 & above

Standard 25.2	Safety indicators are measured and improved				
a	Adverse events are measured	RR	(a) Check if the facility measures adverse events such as needle stick injury, medication error, adverse drug reaction, adverse transfusion reaction, etc. (b) Verify with the records		HCG1 & above
b	Sentinels events are measured	RR	(a) Check if the facility records the sentinel events such as wrong-site surgery, death due to negligence, fire, theft, post-operative complications, etc. (b) Check with the hospital records		HG1 & above
c	Hospital acquired infection Rate are measured	RR	(a) Check if the facility measures Hospital acquired infection rates including surgical site infection rate, device related infection rate, urinary tract infection rate, blood borne infection rate, etc. (b) Verify that such cases are discussed in the quality meetings and infection control committee meetings		HG1 & above
d	Near-miss cases are measured	RR	Check that the facility has implemented a system for reporting of near-misses		HG1 & above
e	Facility endeavours to improve the safety indicators	RR	Check if (a) The facility analyses patient safety indicators, and (b) Safety root-cause analysis is undertaken, and (c) Such cases are discussed in the quality meetings and corrective & preventive actions are planned using QI tools		HCG1 & above

Standard 25.3	Clinical outcome indicators are measured and improved				
a	Death rates are measured	RR	Check if (a) The facility measures the death rates such as crude death rates as well as risk adjusted death rates, and (b) Check with records		HG1 & above
b	Preventive health indicators are measured	RR	Verify if the preventive health indicators such as proportion of population screened for NCDs are measured		HCG1 & above
c	Average length of stay is measured	RR	Check if average length of stay for different wards / disease groups are measured at the health facility		HG1 & above
d	Rationality rates for drug usage, antibiotic usage, investigations, etc. are measured	RR	Check if the facility measures other quality indicators such as antibiotic usage, irrational investigation rate though periodic prescription / clinical audit		HCG1 & above
e	Facility endeavours to improve the clinical indicators	RR	Check if the facility periodically analyses clinical outcome indicators and strive to improve them using quality improvement approach		HCG1 & above

Standard 25.4	Productivity & efficiency indicators are measured and improved				
a	Service utilization indicators are measured	RR	(a) Check if the facility measures services utilization rates such as OPD per doctor and OPD per 1000 population, bed occupancy rate and lab test per 100 patients (b) Verify with the hospital data		HCG1 & above
b	Turn-around times for clinical care, diagnostics and other clinical procedure are measured	RR	(a) Check if the facility measures turn-around time for different activities such as registration to drug time, bed turn-over rate, cycle time for lab-reports & X-ray (b) Verify with the hospital data		HG1 & above
c	Referral rates are measured	RR	Check if the facility measures referral rates for different disease conditions		HCG1 & above
d	Staff to service ratios are measured	RR	Check if the facility measures indicators pertaining efficiency of clinical staff such as OPD per doctor, surgery per surgeon, lab test per lab technician, etc.		HCG1 & above
e	Facility endeavours to improve the productivity indicators	RR	Check if the facility periodically analyses the productivity and efficiency indicators and strive to improve them further using quality improvement approach		HCG1 & above

Standard 25.5	Indicators regarding public health services are measured and improved				
a	Quality indicators for RMNCHA services are measured	RR	Check if the facility measures RMNCHA quality indicators as mandated by Health Protection Agency		HCG1 & above
b	Quality indicators for infectious disease programs are measured	RR	Check if the facility measures quality indicators for infectious disease programmes as mandated by Health protection Agency		HCG1 & above
c	Quality indicators for non-communicable disease Program are measured	RR	Check if the facility measures quality indicators for NCD programmes as mandated by Health Protection Agency		HCG1 & above
d	Quality indicators for outreach program are measured	RR	Check if the facility measures quality indicators for outreach programmes as mandated by Health Protection Agency		HCG1 & above
e	The facility endeavours to improve the efficiency indicators	RR	Check if the facility periodically analyses public health quality indicators and strive to improve them using quality improvement approach		HCG1 & above



## **List of Abbreviations**

AQC	Atoll Quality Committee
CME	Continuous Medical Education
FQC	Facility Quality Circle
HAI	Hospital Acquired Infections
HR	Human Resources
IEC	Information, Education & Communication
IGMH	Indira Gandhi Memorial Hospital
MHQC	Maldives Health Quality Commission
MOH	Ministry of Health
OPD	Out Patient Department
OPE	Out of Pocket Expenditure
PDCA	Plan Do Check Act
PDSA	Plan Do Study Act
PPE	Personal Protective Equipment
QA	Quality Assurance
QI	Quality Improvement
QOC	Quality of Care
RCH	Reproductive & Child Health
RIE	Rapid Improvement Event
RMNCAH	Reproductive, Maternal, Newborn, Child & Adolescent Health
SOP	Standard Operating Procedure
STG	Standard Treatment Guidelines
UHC	Universal Health Coverage
UNFPA	United Nation Family Planning Association
WHO	World Health Organisation

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