

Head	Area	Parameter	Applicable to all hospitals empanelled under RSBY-MSBY	Point Distribution
Hospital Infection Control	Operation Room	OT change clothes, sleepers/ foot wears, caps, masks, , gowns available in abundant (after all staff having their pair of sleeper AND OTHERS, there is sufficient clean set of OT changes) (6)	Availability of Cleaned sleepers before entering to OT	2
			Availability of Mask before entering to OT	2
			Availability of Cap before entering to OT	2
		OT Wall *Select only one response (2)	OT-pre fabricated, jointless steel chamber	2
			Complete Tiled Wall	2
			Epoxy static material	0
			Simple brick wall	1
			OT with seepage	-1
		Zoning of OT *Select only one response (3)	Properly labeled and controlled 4 Zoning - 1. Reception zone, 2. Protected zone, (after change). 3. Sterile zone/aseptic zone, (after entrance to OT table and OT). 4. Disposal zone: Wash in OT	3
			Zoning Clean (reception), protected (Changing and washing areas), OT sterile (sterile) available. BUT NOT LABELED.	2
			Direct OT. However has maintained sterility with strict movement, after change.	1
			No zoning concept, no control movement	-1
		Maintenance and Surveillance of Sterilization in OT: Airconditioning of the OT (3+2)	Central Airconditioning with Positive pressure maintenance (documented)	3
			Split AC	2
		Air quality: Air Filtration in OT (2)	Hepa Filter and laminar flow (Yes/No)	2
		Documented Fumigation Register with signature and name of worker performing fumigation with record of culture after fumigation (2)	Routine Fumigation Documented in Fumigation register	2
		Cleaning and Carbolization of OT (2)	Documented Protocols for Cleaning and Carbolization of OT	2
		Cleaning and Sterilization of Surgical instruments and consumables (2)	Documented Protocols for sterilization of instruments used in surgery and other consumables.	2
		OT Culture Test from surface and environment. (2)	Surface swabs once in month (Available/not available)	2
			Air sampling once in month (Available/not available)	2
		Scrub Up Facility (3)	Handhygiene Guidelines Displayed (Yes/No)	1
			Availability for foot operated and wall mounted dispensing stations.	1
			Documented and video on Handhygiene Training for doctors, nurses and other staff.	1
			Availability of separate earmarked (labeled, puncture proof container (Blue or translucent color) for sharp consumables with 1% sodium hypochlorite solution	1

Hospital Infection Control		Availability and usage of proper and separate disposal of Plastic IV bottles. IV bottle for Shredder. No mixing with sharp objects/body fluid stained waste (Red color Bag with 1% sodium hypochlorite solution)	1		
		Proper segregated anatomical waste, blood stained/any consumables solied with body fluids/body fluids in a Yellow bag. To be handed over to outsourced agency	1		
		Non-infected vials are collected in separate waste container	1		
		BMW Management in Operation Dept (4)			
	Labour Room/Deliver y Suite	Tiling of the Labour Room (2)	Floor Tiling	1	
			Walls Tiling	1	
		SOP for LR Cleaning and Washing documented. (2)	Regular Washing and Fortnightly fumigation (Documented) (Available/Not Available)	2	
			Availability of separate earmarked (labeled, puncture proof container (Blue or translucent color) for sharp consumables with 1% sodium hypochlorite solution	1	
			Availability and usage of proper and separate disposal of Plastic IV bottles. IV bottle for Shredder. No mixing with sharp objects/body fluid stained waste (Red color Bag with 1% sodium hypochlorite solution)	1	
			Proper segregated anatomical waste, blood stained/any consumables solied with body fluids/body fluids in a Yellow bag. To be handed over to outsourced agency	1	
			Non-infected vials are collected in separate waste container	1	
			Black: for not infected waste and general waste, paper, leftover food material etc	1	
			BMW Management in Labour Room (5)		
		General Ward		Availability of separate earmarked (labeled, puncture proof container (Blue or translucent color) for sharp consumables with 1% sodium hypochlorite solution	1
	Availability and usage of proper and separate disposal of Plastic IV bottles. IV bottle for Shredder. No mixing with sharp objects/body fluid stained waste (Red color Bag with 1% sodium hypochlorite solution)			1	
	Proper segregated anatomical waste, blood stained/any consumables solied with body fluids/body fluids in a Yellow bag. To be handed over to outsourced agency			1	

Hospital Infection Control		Non-infected vials are collected in separate waste container	1	
	BMW Management in General Ward/Inpatient Unit (5)	Black: for not infected waste and general waste, paper, leftover food material etc	1	
	CSSD	Documented SOP for CSSD. (2)	Documented SOP for CSSD/Sterilizing Hospital consumables	2
		Use of Steritapes (2)	Use of steritapes with batch of tray or material	2
		CSSD Register (2)	Properly filled CSSD Register (Working Register) with starting time, switched off, material autoclaved, condition of steri-lock, signature of CSSD technician	2
		Autoclave Maintenance (2)	Documented Maintenance of Autoclave	2
	Laboratory Services	Biomedical Waste in Lab (4)	Availability of separate puncture proof waste bin for sharp objects.	2
			Properly segregated wastes, sharp, other blood stained or body fluid containers and consumables, plain non-infected waste	2
	Hospital Infection Control	Infection Control Committee (3)	Meeting register should be available for monthly meeting with minutes of meeting documented	3
		Documented Infection Control Protocol (4)	Availability of Infection Control Protocols (Copy of Protocol, sealed and signed by qualified infection control officer/In charge and implemented)	4
		Availability of Surveillance of Hospital Acquired Infections with record-SSI (2)	No of SSI for clean operations*100/Total conducted major surgeries in month	2
		Availability of Surveillance of Hospital Acquired Infections with record-Catheter related UTI (2)	Total cases of UTI secondary to catheterisation *1000/Total Foleys catheter days for the month	2
		Availability of Surveillance of Hospital Acquired Infections with record-VAP (2)	Total VAP cases* 1000/Total ventilator days for the month	2
		Rationale use of Antibiotics (2)	Hospital to formulate and implement Antibiotic policy	2
		Needle Stick Injury Reporting and Precaution (2)	Available Records of No. of staff injured with needle and other sharps	2
			Record of after care measures (PEP) taken for Needle stick injury	2
		Prophylaxis of Hospital Staff against Hep B. (4)	Hepatitis B Vaccination of all hospitals working with hospital: Documented	4
			Hepatitis B Vaccination of clinical staff only	1
	No vaccination to staff		0	
	General points on BMW Disposal System (Select from available points): Waste Storage in hospital (up to 48 hours waste can be kept) (4)	Waste kept category wise in storage	1	
		Storage is safe from insect/animals, rag pickers etc	1	
Storage is having proper exhaust system		1		

Hospital Infection Control	BMW Storage and Disposal		Near to exit but away from public area.	1
		Use of PPEs by workers (waste handling workers provided with gloves, goggles, gum boots and aprons) (Select any one) (2)	Waste handlers in hospital provided with all PPEs items, i.e. puncture proof gloves, goggles, gum boots, aprons. Point to given when all items mentioned is used by waste handlers in hospital usually Nurse orderly, Class D employees	2
			Provided and using only apron, mask and gloves	1
			Not PPE measures used by waste handlers/Not provided any PPEs measures	-1
		Documentaion on training of all staff (1)	Class D workers/Workers handling waste undergone formal training on BMW	1
		ETP Installed (1)	Effluent Treatment Plant Installed	1
		Hospital general waste is mixed with category 1, 2, 3 and 6 waste will be given negative marks	Photograph for mixed anatomical waste with general waste (indicating "NO SEGREGATION")	-5
Head	Area	Parameter	Applicable to all hospitals empannelled under RSBY-MSBY	Points Distribution
COP	Operation Room	SOP of Functioning of OT (1)	Availability of SOP for functioning of OT (Available-1)	1
		Operation list Available and updated properly. (1)	Operation list for datewise available from different units/unit (Yes/No)	1
		Surgical Safety Checklist (whether displayed and followed in all OTs *Select only one response (3)	Use of Universal Surgical Safety Checklist (whether displayed and followed in OT, are staff well aware of WHO Surgical Safety Checklist)	3
			Not Used At All (Not known to Surgical department)	0
	Labour Room/Delivery Suite (11)	Separate LR (1)	Labour Room with necessary equipment and machines. (Yes/No)	1
		Identification of babies (SOP) (1)	Identification tag with each baby: Mother's name, Hospital No., Sex of the infant, Date and time of birth.	1
		SOP/Written instruction for Incubator (1)	Incubators: Written instructions about operation of incubator displayed.	1
		SOP for newborn care displayed and implemented (2)	Protocols of NBCC displayed	2
		SOP for newborn hypothermia management displayed and implemented (2)	Protocols of Hypothermia Management Displayed	2
		Delivery Notes (2)	Proper writing of delivery notes including the foot print of baby, thumb impression of mother with attestation of nurse conducting delivery. Proper baby handing over notes with gender mentioned, signature of parents.	2
		Paediatrician Notes: to be written, timed, signed and named by pediatrician and registration no. of pediatrician is must with notes. (2)	Paediatrician Notes: birth history, baby weight, head circumference, anus normal, APGAR Score at 1 and 5 minutes etc	2

General Ward	Minimum distance between two beds 3 ft as per Act and between bed top end and headside wall. (6)	Minimum distance between two beds 3 ft	3	
		Minimum distance between bed & wall (in inches) is 7.8"	3	
Medical Management	Documented Medical Audit Committee (4)	Montly Meet Minutes and discussion and subject records with participants attendance records.	2	
		Check Certain Norms laid down by Committee as per STG for the disease to be audit.	2	
	Mortality Meeting (In-house) (2)	Audit of death cases: Inadequacies found and corrective action taken.	2	
Laboratory Services	SOP for Laboratory Services. SOP for sample collection, receiving, processing, transport and internal & external validation of results (8)	Displayed Sample Collection Procedures	2	
		Requisition slip signed by Consultant	2	
		All field filled in requisition slip (completed/incomplete)	2	
		Properly labelled specimen	2	
COP	Percentage of medical records not having discharge summary. Number of medical records not having discharge summary/Number of discharged fild checked/deaths*100 (1)	Total Number of files without Discharge Summary.	1	
		Written Policy authorizing who can make entries and the content of enteris in medical record. Check against the medical record (1)	Policy documented and available.	1
	Medical Management: Medical Records of patient	Admission Notes (12)	Author of the medical entry is identifiable. (Yes/No)	1
			Entry of the medical record is named, signed, and timed. (Yes/No)	1
			Admission Notes with each case: Complaints/brief history etc (Yes/No)	1
			Mentioned Admitting Diagnosis of each file. (Yes/No)	1
			Admission Orders: Medication/Investigation etc (Yes/No)	1
			Detail Physical Examination including health history. (Yes/No)	1
			Doctor's Order Sheet. (Yes/No)	1
			Record of investigations result with case either written/copy of investigation etc. (Yes/No)	1
			TPA Chart (Yes/No)	1
			I/O Chart (Yes/No)	1
			Medication Chart (Yes/No)	1
			Final Diagnosis is mentioned (Yes/No)	1
				Name of Surgeon
	Name of Anaesthetist	1		
	Scrub nurse and OT technician	1		
	Pre-anesthetic Checkup	1		

		OT Notes (8)	Anesthesia details documented and signed	1
			Procedure /surgery performed and its details documented and signed	1
			Vital signs / level of consciousness documented -intra operative monitoring	1
			Post-operative Plan	1
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Patient's Right & Education (PRE)	General Ward	Privacy of patient in inpatient areas (1)	Provision of screening around bed/bedside screens	1
	Medical Management: Medical Records of patient	Informed Consent: (2)	Percentage of medical records having incomplete and/or improper consent.	1
	Medical Management: Medical Records of patient		Informed Consent form made available in local language (Hindi)	1
	PRE	Patient satisfaction form (1)	Feedback form made available at the time of discharge in patients own language- check all discharge patients record of last two to three days. (Yes/No)	1
		Patient right and responsibility displayed (1)	Patients right and education (Displayed) (Yes/No)	1
Head	Area	Parameter	Applicable to all hospitals empanelled under RSBY-MSBY	Points Distribution
Facility Management	General Management	Approach Road (select any one) (1)	All weather Road/broad enough for ambulance/vehicle to move	1
			Not approachable during rainy season/very narrow road	0
		Parking (mentioned/labeled "available for parking" (1)	Designated parking space present	1
		Security Services (24 hours x 7 availability of Guard/Security staff) (1)	Presence of Security Services	1
		Hospital Entrance Width (select one from all responses) (1)	Width of door is atleast 5 meters	1
			Less than 5 meters	0
		Presence of Wheel Chair/Strecher (1)	Wheel Chair/Stretcher present at the entrance (yes-1)	1
		Vertical Communciation (applied to multistoryed buildings): Applicable for	Lift Present/Ramp	1
			Handrail present in staircase	1
		Reception office/Admission office or Desk (Select from all responses) (1)	24 hours availability of staff at Reception.	1
			Total No. of Beds	0
			Total No. of Operational Beds	0
		Attached Toilet to LR (1)	Attached toilet for convenience of Pregn	1
		Labour table (2)	Labour table with steps	2
			Labour table without steps	0
		Uniform for Nurses and patients (2)	Use of hospital uniforms by Nursing Sta	1
			Use of hospital uniforms by all patients	1
Condition of Beds (Hospital Metal Cot) (4)	Not broken	1		
	Painted	1		
	Not rusted	1		
	Mattress not torn or damaged	1		
Condition of linen: (2)	Clean	1		

Facility Management	General Management	Condition of Matt. (2)	Not torn	1	
		Pillow with Case (2)	Available	1	
			Clean and not torn	1	
		General Cooling and ventilation to in-patient areas (1)	Each bed proper ventilation and light (has fan and lights)	1	
		Purified and clean drinking water for patients and relatives. (2)	Availability of water purifier and filter at all required points with regular cleaning and maintenance of purifier.	2	
		Waiting spaces for patient's attendant and their belongings (area) (1)	Availability of sufficient waiting space in OPD, inpatient areas	1	
		General Hygiene to IPD and Sanitary blocks (8)	General hygiene to IPD Areas: Clean floor & seepage free wall: Satisfactory cleanliness of wards	4	
			Satisfactory condition of the sanitary blocks/wash room/toilets	4	
		Power Backup to hospital (2)	Back up to all critical areas ICU, OT, Recovery Room with power generating equipments installed at hospital	2	
			Back up to all critical areas ICU, OT, Recovery Room with inverter support only	1	
No Power Back Up	0				
Head	Area	Parameter	Applicable to all hospitals empanelled under RSBY-MSBY	Points Distribution	
HR	Medical Staff	Duty Doctor to patient Ratio: Ratio 1:10, Scored Points 3.	No. of Duty Doctors	3	
			No. of Shifts of Duty Doctors	0	
		Ratio 1:10, Scored Points 3. Ratio 1:15, Scored Points 2 Ratio 1:20, Scored Points 1	No. of Staff Nurses	3	
			Total No. of Registered Graduate/Diploma Nurses	0	
			Total No. of ANM nurses	0	
		Number of staff/No. of shifts divided by no. of beds. It is for beds.	No. of Shifts of Staff Nurse	0	
			Total No. of Unregistered/Not qualified Nurses	0	
		Total No. of Patient admitted last year 2013	0		
	Patient Data	Patient admission (0)	Total No. of Patient admitted last year 2012	0	
	Radiodiagnostic	Round the clock X-ray technicians: (1)	No. of Radiographer/X-ray Technicians	1	
Laboratory Services	Availability of qualified lab technician (2)	Lab. Technician qualified	1		
		Lab Technician 24 x 7 availability/No. of lab technicians working	1		
Hospital Pharmacy	Pharmacist (1)	Qualified and Registered Pharmacist	1		
Head	Area	Parameter	Applicable to all hospitals empanelled under RSBY-MSBY	Points Distribution	
	General Management	Updated for No. of admission and discharge datewise/monthwise, speciality with serial no. (unique to each admission) (2)	Central Admission and Discharge register available and updated	2	
		Display of Specialist (2)	Display of Speciality with Specialist Offering Services	2	
				Unique hospital No. Patient Name, Gender, Age	2
				Indications for Procedure/Surgery	1
				Surgery/procedure Performed	1
				Time patient In and Out	1

Information Management System	Operation Room	OT Register Updated: Properly filled and signed (10)	Signature of Staff	1	
			Signature Surgeon	1	
			Signature of Anesthesiologist	1	
			Not maintained properly, regularly, not informative	0	
			Month 1 ()	0	
			Month 2 ()	0	
			Month 3 ()	0	
			Month 4 ()	0	
			Month 5 ()	0	
			Month 6 ()	0	
			Total No. of Surgeries in last year	0	
Information Management System	Labour Room/Delivery Suite	Birth Record in Hospital (1)	Proper maintenance of record, birth registers of newborns	1	
			Timing of Laboratory services displayed (1)	Timing of laboratory services displayed	1
			Lab Register (2)	Properly filled Laboratory record register (computerized/manul)	2
			Mortality Reporting	Reporting under Medical Certification of Cause of Death (MCCD) (41 for Govt & 41A for Pvt Hospitals) (1)	Whether reporting of Medical certification of cause of death carried out (100% reporting of Medical Certification of cause of death is expected)
Head	Area	Parameter	Applicable to all hospitals empanelled under RSBY-MSBY	Points Distribution	
Management of the Medication	Hospital Pharmacy	Hospital Drug Formulary (1)	Use of Hospital Formulary (copy available with doctors)	1	
		Drug/Medicine and consumables storage (2)	Medicines and drugs are stored in a clean, safe and secure environment, free from rodents	1	
			Availability of refrigerator facilities with temperature monitoring	1	
		Look alike/Sound alike/(LASA) (2)	Medicines stored using Generic Name (to prevent Sound Alike errors)	1	
			Look alike drugs are kept properly to prevent mixing in indenting and administering	1	
		Percentage of Medication Error prescription (1)	Total No. of Files Checked	1	
			No. of Files with Error Prone abbreviation, illegible writing, not established abbreviation, not mentioned dosage, timing, way of administering etc.	0	

Head	Area	Parameter	Applicable to all hospitals empanelled under RSBY-MSBY	Points Distribution	Remarks
	Operation Room	No. of Re-scheduled/Canceled/Post-poned Surgeries in last 6 months (3)	No. of Re-scheduled/Canceled/Post-poned Surgeries in last 6 months	3	Re-scheduling of patients includes cancellation and postponement (beyond 4 hours) of the surgery. Check with datewise OT list with remarks given surgery done or canceled. Cancel reasons should be mentioned against each
		Gross Death Rate. (3)	Total No. of Death in last calendar or financial year (as maintained by hospitals)	3	Death any time after admssion. No. of Hospital Deaths in a given period/Number of discharges and deaths*100. Upto 5-7% is 1 and more than this is 0

Performance Related Quality Indicator

Net Death Rate. (3)	Total No. of deaths after 48 hours of admission in a period	3	Number of deaths after 48 hours of admission in a period *100/Disc harge including deaths in that period. Upto 4% is 1 and more than that will be assigned 0.
Percentage of DAMA/LAMA patients	Total no. of LAMA/DAMA patients in last year	3	(total number of patients who left against medical advice x 100 / total number of admissions) take one year data upto 5 % = 1; more than 5% =0
Percentage of Re-intubations (3)	Total No. of Re-intubation on Ventilated patients. Collect data from ICU records.	3	Number of re-intubations within 48 hours of extubation /No. of intubation *100.

Re-admission rate in ICU (6)	Total No. of ICU Admission including readmissions	3	Number of returns to ICU within 48 hours of discharge/transfer from ICU/No. of discharges/transfers and deaths in the ICU*100
	Total No. Re-admission within 48 hours of discharge/transfer back in from ward	3	Upto 5% is 1, More than %5 is 0.
Percentage of rescheduling or cancellation of surgery (3)	Total no. rescheduled or canceled surgeries in last 6 months	3	(total number of postponed or cancelled surgeries x100/total number of scheduled elective surgeries) upto 10%=1; morethan 10%=0, to calculate it only the day of inspection under day before can be taken

Patient Care
Related
Statistics

Percentage of Post-operative Death (9)	No. of post operative deaths within 10 post-op days in a period	3	No. of Post-operative Deaths*100/Total No. of Major Planned and Emergency Surgeries in 6 months. 1-2% will be given 1 and more than this will given 0.
	No. of Intra-operative Death/DOT	3	No. of Intra-operative Deaths*100/Total No. of Major Planned and Emergency Surgeries in 6 months. 1-2% will be given 1 and more than this will given 0.

Performance Related Quality Indicator

	No. of Post-Operative Death within 48 hours of Postoperative period	3	No. of Post-operative Deaths within 48 hours of post-operative period*100/Total No. of Major Planned and Emergency Surgeries in 6 months. 1-2% will be given 1 and more than this will given 0.
Percentage of nonunion or delayed union requiring repeat surgery (3)	Total No. of Surgeries for open reduction of fracture	3	No. of patients with fracture nonunion or delayed union requiring repeat surgery*100/No. of surgeries for open reduction of fracture (> 9months for Non-union and >3 months for delayed union) i.e. above 10% =0 or below 10% 3
	Fracture Non-union or delayed union requiring repeat surgery	0	

		Percentage of Gyn. Deaths (3)	Total No. of Major planned and emergency Gynec surgeries in last one year		Gynaecology: Within Hospitalization Period: Number of Post-operative deaths in Gynae Surgery*100/Total No. of Major planned and emergency Gynac Surgeries. (Obstetric cases are not INCLUDED)
				3	
			Total No. of post operative death (within 10 days) in Gynaec Surgery	0	
		Post PCNL Percentage Calculi: (3)	No. of operated PCNL patients in a one year period time		No. of Post-PCNL patients with residual calculi*100/No. of operated PCNL patients
				3	
			No. of Post PCNL patients with residual calculi	0	
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Safety	Radiodiagnostic	Radio-Diagnostic (CT/MRI/Mammography/X-ray): Signage in front of the room (2)	Radiation Hazard signage in HINDI/LOCAL Language	1	
			Caution signage for pregnant women in HINDI/LOCAL Language	1	
		Lead Apron (2)	for X- Ray technician	1	
			for attendant	1	
		Organ Shielding (3)	Thyroid Shielding to Staff	1	
			Gonad Shielding	1	
			Eye Shielding	1	
		Radiation Dose Monitoring Badges to staff (1)	TLD Badge Present for each staff	1	
		Assesment of radioactive exposure (Select one reponse ONLY) (2)	Conducted Regularly	2	
			Not Conducted Regularly	0	
Not Conducted at all	0				
AERB Statutory Requirement (1)	AERB license Available (Yes/No)	1			

Measures	General Management	Fire safety Measures (8)	"NO SMOKING" signs with pictograph, illuminated posted "Complete Hospital should be FREE FROM SMOKING"	2
			Fire Extinguishers Renewed at strategic points	2
			Functioning Auto Fire Detection and Alarm system on all floors	1
			Emergency Exit Sign with pictograph is displayed at strategic points	1
			Fire Mock Drill and Emergency Evacuation training of all grades of Hospital staff once or twice a year	2
		Fire Safety Drill and Certificate (2)	Fire dept. Clearance Certificate from Fire services authority	2
Head	Area	Parameter	Applicable to all hospitals empanelled under RSBY-MSBY	Points Distribution
Transpare ncy in Pricing	Billing	Documented Estimate and bill (4)	Whether Patient is been provided with documented Estimate of care and bill charged accordingly. (a copy of estimate is to be kept in final bill, estimate to be signed by patient	4
		Availability of Pacakge rate at Reception (1)	Whether pricing information on bed prices, room prices, nursing care, standard procedures/packages available at the help desk	1
		SOP for billing patient (3)	Use of Charge Sheet/Activity sheet with each Patient's case sheet/or online billing with charge sheet.	2
			Whether bill of discharge gives break up of all the the main components of billing	1