Manual for

Quality Assurance and Certification

Of

Public Health Facilities

In

Bihar

State Health Society, Bihar
Department of Health & Family Welfare, Government of Bihar

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Quality Management System (QMS) in Public Health Facilities in Bihar

1. Context

Government of Bihar is committed to improve the quality of services being provided at its facilities in order to achieve better health outcomes for people particularly those from poor and marginalized sections in the state. Commitment to provision of quality services to women and children remain at the heart of this timely and critical focus on quality by state.

Quality Management System (QMS) is an approach which encourages organizations to analyze the requirement of service user, define the processes that helps in achieving the level of services which are acceptable to them and keep the processes under control for consistency. It ensures services provided are evidence based and as per technical quality protocols. It is a continuous process that has to be sustained for continual improvement. Quality Management System (QMS) is needed to: -

a) Benefit users by ensuring quality of service provision.
b) Ensure efficient utilization of resources.
c) Provide for transparency and accountability in the functioning of the health system.
d) Generate a sense of pride and achievement for the health care providers.

The State Government intends to make quality improvement institutionalized in the system in the following manner:

a) Quality certification under *Family Friendly Hospital Initiative (FFHI)* starts with minimum quality *standards*[1] achievement.
b) Sustain the quality changes in service delivery, adherence to the standards and gradually progress towards higher levels of achievement, thus establishing a cycle of continuous quality improvement.
c) Encouraging establishment of 'Skill labs' for addressing the skill gaps by providing competency based training and certification.

As part of the FFHI implementation process the state envisions to strengthen its internal mechanism of quality assurance by formation and operationalization of quality assurance committees at state, divisional/regional and districts levels. These committees would provide guidelines; do supporting supervision which would be dynamic focusing on helping facilities to achieve quality standards, maintaining the existing standards and strive to achieve higher levels of quality certification. The state government while implementing the Quality Management System (QMS) in the public health facilities of the state would take support from National Health Systems Resource Center (NHSRC) and different Development Partners working in the state.

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[1] *The standards referred to are those 'standards flowing from the IPHS' & what FFHI does is to list the 'measurable elements' and 'checklists' that will capture them.*

2. Processes for Establishing Quality Management System (QMS) in Public Health facilities –

1. It starts with visioning exercise in the facility; creation of problem bank and formation of a facility specific group. The group should consist of Medical Officers, staff nurses and other support staff from the facility.
2. Conduct an as-is-survey or gap analysis of the services and service delivery mechanisms in the facility. This is an activity by which all key processes are documented as they are now. For small facilities this could be done by a trained technical team with external assistance .The standard gap analysis tool has to be used for conducting the exercise.
3. Identification of process gaps.
4. Facilitating participatory development of action plan to address gaps. This requires some external facilitation, and is really a process of committing the entire team to the quality goals and understanding the way forward.
5. Developing "to-be" processes and its documentation.
6. Developing work instructions protocols as per quality system requirement (This is part of the implementing the process and the evidence based protocols for clinical processes has to be adhered to).
7. Training in capacity building for all members of the hospital management committee which includes:-
    a. Quality Management System awareness.
    b. Administrative processes.
    c. Clinical processes.
    d. Support processes.

(Focus should be on clinical services, support and equipment services, with infra and HR gaps and ACTs which affect hospital management and social determinant of health.)

8. Implementation of the documentation process.
9. Evaluation of extent of documentation through internal audit.
10. External audits for certification. The external audit team deployed by the certification body visits the site as per plans and then makes an audit. This process may be repeated more than once till the facility is found worthy of certification.
11. In the subsequent years surveillance audits would be undertaken by the certification bodies, not only to see whether the standards are being maintained, but also to verify that the institutions is on the road map of improvement. Internal audit for observation for identifying non-conformities with the processes laid down-led by a hospital manager trained on this is essential for the institution to be able to retain its quality certificate.

3. Certification of public health facilities

The Quality Management System provides scope for an external process of accreditation and certification so that the achievement of quality is independently assessed and declared. This is in addition to periodic internal quality audit processes. Quality certification is done because it –

a) Acts as a stimulus for improvement;
b) Enables patients and those referring them to make choices about which hospital to use.
c) Encourage hospitals to improve their performance through the process of "reward or recognition".

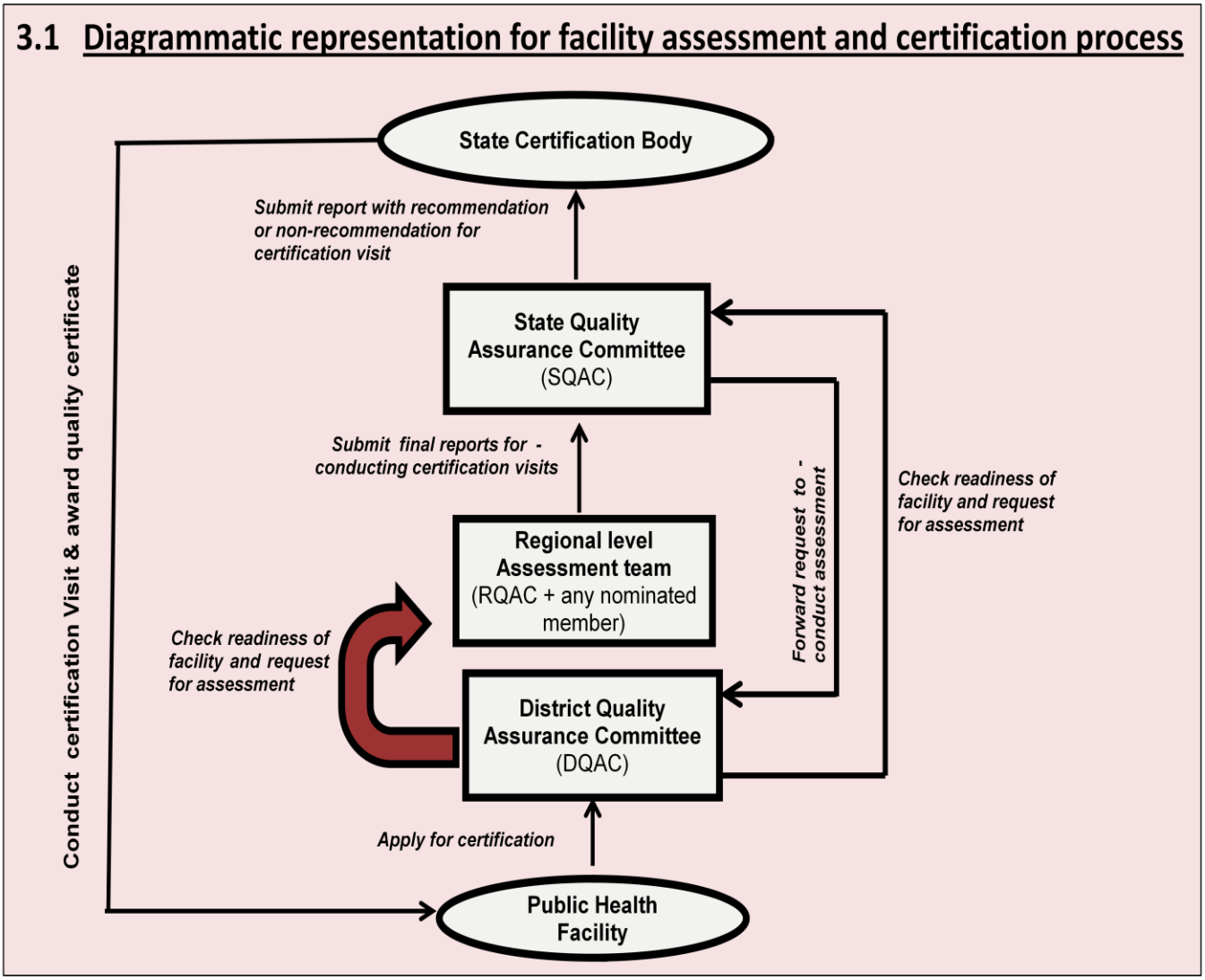
The Quality certificate is offered to all Sub Centre,APHC,PHC,SDH,FRU and DH. The certification can also be offered to any other general hospital or specific designated hospital coming under the district administration. The certification is also offered by levels of care or level of services i.e; Silver and Gold. For quality certification of public health facilities in the state:-

a) The state would constitute a State level certification body with clear terms of reference.
b) Assessment teams would be identified with clear terms of reference.
c) Develop assessment tool which would be in alignment with the facility self-assessment tool. This tool would be used by the certification.
d) The assessment tool would include negotiable and non-negotiable areas.
e) The major areas for assessment would be clinical services, leadership & governance, use of resources and patient safety & rights.
f) Initial certification would be valid for 3 years with conditions and the conditions would be binding to the facility.

A Hospital awarded Quality Certificate must prominently display:

a) Service (guarantee) provided in the hospital with timing.
b) Protocols followed in the hospital.
c) List of Staff working with photos.
d) Quality policy.
e) Citizen charter.
f) Any quality certificate (*ISO,Family Friendly Hospital, etc*) awarded to the hospital.

3.1 Diagrammatic representation for facility assessment and certification process



3.2-State Certification –cum- Audit Body *:*

3.2. a. Composition

The members constituting the State Quality Certification –cum- Audit Body would be :–

1. Principal Secretary, H&FW,GoB.
2. Executive Director, State Health Society, Bihar.
3. Directorate of Health Services, Bihar.
4. State Institute of Health & Family Welfare, Bihar.
5. Medical Colleges in Bihar.
6. National Health Systems Resource Center.
7. Professional organizations (FOGSI, IMA, IAP etc.).
8. MCH experts (to be nominated)- *The MCH experts will be from outside the public health services viz; retired doctors or nurses, etc. with very good credentials.*.
9. Civil Society Organizations working in MCH.

*(**Note**: -This pool of members empanelled may be limited to 30.)*

3.2. b. Modus Operandi

i. The State Quality Certification –cum-Audit Body would operate through its own letter pad, seal, logo, etc.
ii. The Principal Secretary, Health would be the chairperson and Executive Director, State Health Society, Bihar would be the co-chairperson of the committee. The Co-chairperson would chair the committee in the absence of Chairperson.
iii. The Certification committee would meet quarterly or as & when required.
iv. Every quarter the State Quality Assurance Cell would submit the reports (of those facilities that have been assessed and recommended by the regional team) to the certification committee and request to conduct certification or audit visit.
v. The Chairperson would be responsible to coordinate with panel members, form teams, plan dates for visits, and communicate to the district /facility. S/he would also communicate the visit plan to SHSB/State Quality Assurance Cell to make necessary logistics arrangements for the teams.

3.2.c. Terms of reference for Certification –cum- Audit Visit

i. The team which makes visits to the public health facilities for certification has to be constituted from the empanelled members, based upon their availability.
ii. The State Quality Assurance Cell would submit the recommendation (received from regional assessment teams) to State Certification Body who in turn would plan to conduct certification visit for the facilities.
iii. The visit plan of the teams formed would be shared with State Quality Assurance Cell minimum one week prior so that SQA Cell would inform the district/block regarding the visit and make logistic arrangements arrangement for the teams.
iv. Funds for mobility support, TA/DA, etc of the certification team would be earmarked in the state PIP.
v. The team will consist of odd number of experts and minimum number would be 3 for visits to a PHC & below; and 5 for CHC, SDH, FRU and DH. The team should consist of at least one person from each of the 3 groups mentioned below-

Groups	Members	Minimum number from group
1	Directorate, Health Services, Bihar; State Health Society, Bihar; State Institute of Health & Family Welfare, Bihar; National Health Systems Resource Center.	2 for PHC & below 3 for CHC, SDH, DH
2	Professional organizations (FOGSI, IMA, IAP etc.) or MCH experts (nominees)	1
3	Civil Society Organizations working in MCH	1
Note:*One member will join from the Regional QAC in each team*		

vi. The certification-cum-audit team would use the standard tool (assessment checklist, scoring sheet, assessor's report) and compile final report. The final report for certification would also be submitted to the Chairperson of certification committee.

vii. The qualifying facility would be awarded quality certificate by the state certification body.

3.3. Support system for facilities to get the certification

1. A quality assurance cell has been formed at the state health society. This is followed by creation of assurance cell a divisional and district level and a support group consisting of public health experts, NHSRC, Development Partners, representative from SHS,CMO/ACMO of the concerned district. One or more member from the team would be identified who would provide constant support and guidance to the institution aspiring to get certified.
2. A set of tools, checklists, etc has been developed and would be developed further as per need. Before their implementation the teams at all level and the support group would be trained. The MOICs and health managers will be trained to prepare the "as is list" of the institute which will work as a guide map for the certification process.
3. The support group plays an active role in the process of the facility being accredited family friendly. The facilitating role provided by the support group includes identification of potential facilities for certification ,discussions with the MOIC/HM of the concerned facility regarding the accreditation process, handholding the facility through the process, getting the facility accredited, follow-up on procedure (to maintain the accreditation process status and second, to facilitate the hospital towards higher standards at a later stage).The member will be performing the role of a facilitator, and a resource person, to the health facility. She/he can fix up continuous follow-up meetings with the institute team so as to support them constantly through the process.

3.4. Type of quality certification –

By Silver / Gold Star rating-The certification has star rating which may be in silver or gold colour as shown below-

Level of facility	Star rating	Level of Services{*as specified by GOI (refer MNCH guidelines)}.*	Remarks
SC	*	Basic care / level 1 services	If a CHC is offering only BEmONC / Level 2 services, it will only get 2 stars instead of 3.
PHC	**	BEmONC / Level 2 services	
CHC	***	CEmONC / Level 3 services	
SDH	****		
DH	*****		

a) The Silver FFH certificate will be awarded to the institution which qualifies (by way of minimum score or upto 70% of the score) for the quality parameters listed in the certificate format.

b) The Gold FFH certificate is awarded to the facilities which qualify all the quality parameters (or it must close all gaps and should score more than 90%.) and also perform all the designated functions (like 24 hour C-section, blood transfusion services, etc).

c) The Silver FFH certified institution should aspire to get the Gold FFH certificate.

3.5. Benefits for the certified facility and working team

a) State Health Society, Bihar would support the certified institutions by providing additional HR and funds on priority basis especially if these institutions are located in the hard to reach areas.

b) The Gold FFH certified institutions may be given additional maintenance funds to sustain the quality standards. The *norm of financing* to the hospitals would be as below :-

- Gold certified DH/SDH - Annual grant of Rs. 25 lakhs.
- Gold certified FRU - Annual grant of Rs. 15 lakhs.
- Gold certified PHC - Annual grant of Rs. 10 lakhs.
- Gold certified APHC/HSC- Annual grant of Rs. 1 lakh.

(***75% of the this additional fund granted to the hospital could be used for infrastructural strengthening whereas up to 25% could be used to pay incentives or welfare activities of all employees & staffs***)

c) The DM/CMOs/Hospital Superintendents/MOIC/ DPM and all those service providers of the Gold FFH certified institutions may be given due recognition by the way of merit certificate or any other means from the Government.

3.6. Validity of the certificate

The certificate is valid for 3 years. Every year one surprise inspection would be made by the team. For any major deficiency noticed during the inspection, warning would be issued to rectify the deficiency within a week. If the deficiency is not corrected the certification would be cancelled. The DPM and the CMO should set right the deficiency and should apply for certification afresh.

4.Facility Assessment team:

4.1. Composition -

The Regional Quality Assurance Committee (RQAC) would form assessment teams at regional level and conduct the first round assessment of the facilities who apply for certification. The RQAC may add more members in their assessment team (as per requirement and availability) from state, district, medical colleges, experts/volunteers etc.

4.2. Terms of reference -

i. RQAC would plan well in advance the visit dates, teams, etc and communicate to SHSB /SQA Cell.

ii. All the assessment team including the RQAC would get themselves oriented on the concept, formats and vision of the Family Friendly Hospital Initiative /ISO / any other certification system being implemented in the facility.

iii. RPMU would orient the assessment teams on various aspects of certification, tools to be used, baseline and performance record of the institution to be visited, etc before conducting the assessment.

iv. Communicate SHSB the assessment schedule one week in advance.

v. Conduct visit to the institution. RPMU would make necessary arrangement for travel of the teams.
vi. Submit the final report of visit to State Quality Assurance Cell within one week of visit.
vii. Recommend for certification or reasons for not recommending certification to the assessed hospital.
viii. One among the team will be designated as the lead assessor and made in-charge of the team. He /she will coordinate the visit, assign responsibilities of other members and ensure timely submission of report.
ix. Maintain a copy of the assessment report with oneself for at least a period of 3 years after the visit.

5. Post certification visits/ revisiting conditions :

It is crucial that facilities which are awarded any quality certificate continue to deliver minimum quality services. This would result in greater credibility of the facility and generates faith & trust in the community. The facilities require supportive supervision and guidance for sustenance.

a) **Post certification visiting team-**The composition of the team would be members from the Regional QAC like Regional Deputy Director, Regional Program Manager Divisional; Regional representative of Development Partner and co-opt faculty from Regional level Medical College (PSM Department, Gynae &Obs Department, Pediatrics Department),if any, reputed retired doctors, members of IMA etc.

Role of Regional QAC during post certification visits-

- Mentoring role and providing hands-on technical & managerial support.
- The visits are to be carried in the spirit of supportive supervision and not as fault-finding visit resulting in punitive measures.
- The team would use a checklist for review which is in alignment with the certification tool.

b) **The visits would be facilitative in nature and participatory. The facility staff would be fully involved in the process and be aware of its importance.**

c) **Conditions & Frequency of visit:**

- The team would visit to the facility every 6 months.
- Additional visits would be made.
  - If HMIS indicates a situation where facility quality performance indicators are below defined benchmarks (HMIS should integrate a few quality performance parameters identified and decided at state level – the QA working Group can finalize this).
  - Any report internal or external including community based that suggests gaps in quality service delivery including reports of adverse outcome events

d) **Supervisory feedback:**

- The team would provide written feedbacks to the facility managers/MOIC/Deputy superintendents through District Quality Assurance Committee.
- Feedbacks will clearly delineate areas which need improvements/strengthening particularly focusing on gaps in non-negotiable areas - functioning of labour room, operations theatre, availability of patient amenities and other identified areas.
- Feedback would also include appreciation for well-performing facilities and help in charting out the roadmap for achieving higher level of quality standard.

e) **Timeline for working on those suggestions:**

- Facilities would be provided with 3 months' time to work on the areas of concerns. This would be duly verified and communicated to Divisional and District Quality Assurance Committees.
- An action taken report would be prepared by the facility and shared with the regional QAC as well as District QAC.
- Divisional team would plan the next visit accordingly and review the improvements.
- The certification should not be withdrawn during the 3 months' time period as the facility is given an opportunity to improve the services and any major problem leading to poor quality of services would be addressed.
- However if the Regional QAC is not satisfied with the remedial measures undertaken and visible progress has not been made. It can communicate the same to the State QAC. The State QAC should then take a decision on discontinuing the certificate. Divisional QAC team would also share their summary feedback reports to State QAC.

6. Resources for visits, grants to certified hospitals, etc :

a. Funds would be earmarked in annual NRHM PIP for mobility, TA/DA, incentive, etc of the certification team. Funds would also be earmarked and allocated to RQAC for assessment visits.
b. Additional funds to be given as grant to Gold FFH certified hospitals would be borne from NRHM funds.

ANNEXURE

ANNEXURE - A

BIHAR STATE QUALITY CERTIFICATION

APPLICATION FORM No. 1

(To be filled by hospital & submitted to DHS/DQAC)

Name of District:……

Name of Hospital: ……

Level of the hospital: Level 1 / Level 2 / Level 3 (Please tick)

Name of DS/Medical Officer in Charge:……

Name of Hospital Manager:……

Date of Application: ……

Date when hospital/ health facility would prefer to have the 1st assessment……

……..
(Signature of DS / MOIC)

……For office Use (By DHS)……

Receipt no: ……....Date:……..……..

Received application form for FFHI certification from……hospital.

……..
Signature of Office Assistant)

Note :- *DHS/DQAC to do internal assessment for the readiness of the facility before requesting for 1st assessment to RPMU/RQAC*

ANNEXURE - B

BIHAR STATE QUALITY CERTIFICATION

APPLICATION FORM No. 2 FOR 1st ASSESSMENT REQUEST

(To be filled by DHS/DQAC & submitted to RPMU/RQAC)

Name of RPMU applying to:……..

Name of Hospital for which 1st assessment is to be conducted :……

Level of the hospital : Level 1 / Level 2 / Level 3 (Please tick)

Name of the District: ……..

Name of Civil Surgeon: ……

Date when hospital had applied to DHS/DQAC for certification:……

……
(Signature of Civil Surgeon)

***……For office Use (by* RPMU/RQAC)……**

Receipt no: …… Date:……..

Received application form for FFHI certification from……..hospital.

Date when RPMU/RQAC would conduct 1st assessment of the hospital/ health facility: …….

……..
(Signature of Office Assistant)

Note :- *RPMU/ RQAC to conduct 1st assessment using the Audit Toolkit and based on the outcome submit report along with the form for recommendation/ non-recommendation with reasons to State Quality Assurance Cell, SHSB Bihar.*

BIHAR STATE QUALITY CERTIFICATION

APPLICATION FORM No. 3 FOR AUDIT REQUEST

(To be filled by RPMU/RQAC & submitted to State Quality Assurance Cell)

Name of Division: ……...

Name of District: ……..

Name of Hospital: ……..

Level of the hospital: Level 1 / Level 2 / Level 3 (Please tick)

Date when 1st assessment was conducted: ……..

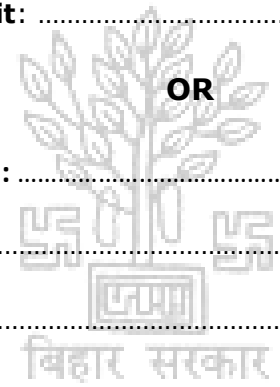
Whether recommended for Audit: ……..

OR

Non – recommended (Give reasons): ……

……..

……..



……
(Signature of RDD)

……For office Use (by SQAC, SHSB)……

Receipt no: ……..... Date:……..

Received application form for FFHI certification from……...hospital.

……
(Signature of Office Assistant)

ANNEXURE - D

BIHAR STATE QUALITY CERTIFICATION

COMPILED APPLICATION FORM NO. 4 FOR AUDIT REQUEST

(To be filled by SQAC, SHSB & submitted to State Quality Certification-cum-Audit Body)

To,

……

Chairperson,

State Quality Certification-cum-Audit Body, Bihar.

Sir/Madam,

The following hospital / health facilities have been assessed by the divisional unit and the report is as follows:-

Name of Division	Name of District	Name of Hospital	Level of hospital- (L 1/ L 2/ L 3)	Date when 1st assessment was conducted by RPMU/RQAC	Whether recommended/ non-recommended by RQAC for Audit

Hence, State Health Society, Bihar requests State Quality Certification-cum-Audit Body to conduct certification audit of the recommended hospitals.

……

(Signature of Executive Director, SHSB)

…….For office Use (by* State Quality Certification-cum-Audit Body*)……..

Receipt no: ……Date:……..

Received application form for FFHI certification from…… hospital. Date when State Quality Certification-cum-Audit Body would conduct Audit of the hospital/ health facility: ……

……..

(Signature of Office Assistant)

Note:- *SQAC,SHSB would quarterly submit the compiled request form to certification-cum-audit body.*

ANNEXURE – E

Audit Toolkit for quality certification of Public Hospitals (L1 facility)

Audit Toolkit for quality certification of Public Hospitals (L1 facility) in Bihar

General Information :

A**. Name of the District**: _____ B**. Name of Health Facility:**_____

C**. Nature of Health Institution:** HSC/APHC D. **MO in –Charge (if any)** : _____

F. **Contact Details of MO in-charge:** _____

G. Name of ANM
i) _____ ii) _____

iii) ----------iv) ----------

G. **Date of Visit:** _____ H. **Performa filled by**: _____

I. **Members of Certification Team:**

S. No	Name	Designation
1		
2		
3		
4		

(Total Score = 116)

Score: [0 – No / Not available**] [1-** Partial Satisfactory**] [2-** Fully satisfactory**]**

Particulars	Means of verification	Total Score	Scores	Remarks
Building and general condition	1. Whether functioning in govt. Building or not. 2. Signage boards present. 3. Walls ; floor and roof intact 4. Whitewashed or not. 5. Door & windows are in good working condition 6. Area clean, no cob-webs. 7. No wire is hanging / proper	26 (2 marks for each)		

	wiring/ switch boards intact. 8. Sufficient no. of fans available & are functional. 9. Rooms & toilets well lighted / illuminated. 10. Rooms not dumped with condemned articles. 11. Running water available for 24 hours in consultation room / LR / Toilets, duty room. 12. Clean drinking water available. 13. Toilets available (Clean, no broken pipes, water available, door with functional latch)			
Displays	1. Duty roster of ANMs 2. Contact No. of ANMs 3. Display of the Service being provided. 4. Various IECs & government schemes.	8 (2 marks for each)		
Duty room for nurses/ANM	1. Available/ unavailable 2. Whether repairing of the room required or not. 3. window glasses (intact/ broken) 4. Bed with mattress, pillow, bed-sheet & blanket available	8 (2 marks for each)		
Condition of consultation & examination room	1. Curtain available on doors & windows for privacy. 2. Hand washing facility available (intact basin & pipes, elbow tap, soap, Clean towel). 3. Consultation Table & chairs available. 4. Examination table with screen for privacy. 5. BM waste bins/ dustbins- available.	10 (2 marks for each)		
	6. Equipments, consumables available (**Tick in the list attached as annexure -1).**	10 marks		

Particulars	Means of verification	Total Score	Scores	Remarks
Infection Prevention & waste disposal	1. Hand washing facility & protocols displayed 2. Segregation & disposal of waste as per norms.	4 (2 marks for each)		
Records/ **Registers**	1. OPD 2. FP 3. ANC/PNC register 4. Immunization 5. Delivery Register 6. JBSY register 7. Partograph maintenance. 8. Any other	14 (2 marks for each)		
Skill assessment of ANMs (observation & Interview)	ANMs are skilled & perform as per skills of a SBA *learnt (Normal delivery, ANC, RI, IUD insertion, Management of Childhood Illnesses).*	8		
Labour Room	1. Sleepers available. 2. Wash basin with water availability, elbow tap. 3. Biomedical waste bins available with instruction sticker. 4. Screening curtain available. 5. Drug cart available. 6. Equipments are sterilized before use.	12 (2 marks for each)		
	7. Equipments, drugs & consumables available **(Tick in the per list attached as annex-2).**	10 marks		
	8. Various protocols displayed & followed – handwashing, eclampsia, management of normal delivery using partograph, manage PPH, neonatal resuscitation, new born care etc.	6 marks		

- **Overall observation of the team members & recommendations : ……..**

- **Follow up required with timelines:……**

- **Certification status:……**

Signature of Audit Team members

1. ……..

2. ……..

3. ……..

4. …….

List of Equipment and Drugs for Level - 1

(90- 100% = 10 marks; 70-90%=8 marks; 50-70 %= 6 marks; 30-50%= 4 marks; 10-30%=2 marks; <10%= 0 marks)

List of Equipments & Supplies	Max. Score	Score	List of Drugs	Max. Score	Score
Blood pressure apparatus with stethoscope	1		***Kit A***		
Weighing machine (adult)	1		ORS IP	1	
Weighing machine (baby)	1		IFA tablets—large	1	
Inch tape	1		Folic acid tablets IP	1	
Thermometer (oral and rectal)	2		IFA tablets—small	1	
Partograph Charts	1		Trimethoprim and sulphamethoxazole tablets IP (paediatric)	2	
Instrument tray with cover (310 x 195 x 63 mm)	1		Methylrosanilinium chloride BP (gentian violet crystals)	1	
Kidney trays (1 big and 1 small)	2		Zinc sulphate dispersible tablets USP	1	
Dressing drum	1		IFA syrup (as per standards provided)	1	
Cheatle forceps	1		Water-miscible vitamin concentrate IP (Vitamin A syrup)	1	
Cord cutting scissor (Umbilicus – Blunt)	1		***Kit B***		
Artery forceps	1		Methylergometrine tablets IP	1	
Surgical scissors, cord-cutting scissors	2		Misoprostol tablets	1	
Sponge holder	1		Oxytocin injection	1	
Foetoscope	1		Paracetamol tablets	1	
Intravenous stand	1		Methylergometrine injection	1	
Vaccine carrier	1		Albendazole tablets	1	
Ice pack box	1		Dicyclomine tablets	1	
Hypochlorite solution	1		Chloramphenicol eye ointment	1	
Disposable syringes and needles (10 cc, 5 cc and 2 cc)	2		Povidone iodine ointment	1	
Foley urethral catheter	1		Cotton bandage	1	
Intravenous set	1		Absorbent cotton	1	
Sponge holding forceps	1		Intravenous fluids (Ringer lactate)	1	
Others Drugs					
Gentamicin injection	1		Ampicillin capsules	1	
Magnesium sulphate inj. 50%	1		Metronidazole tablet	1	
Oxytocin injection	1		Misoprostol tablets	1	
Paracetamol tablets	1		ORS	1	
Total score obtained			**Total score obtained**		

Source :- Operational Guidelines on Maternal and Newborn Health.

List of Equipment and Drugs for Labour Room of Level - 1

(90- 100% = 10 marks; 70-90%=8 marks; 50-70 %= 6 marks; 30-50%= 4 marks; 10-30%=2 marks; <10%= 0 marks)

S.No.	List of Equipments & drugs	Max. Score	Score
1	Labour table with foam mattress, Macintosh and Kelly's pad	**3**	
2	Shadowless lamp	**1**	
3	Dressing drum	**1**	
4	I/V Stand	**1**	
5	Suction machine	**1**	
6	Facility for Oxygen administration.	**1**	
7	Sterilisation equipment-Autoclave or any other	**1**	
8	Emergency drug tray: This must have the following drugs:- a) Inj. Oxytocin b) Inj. Diazepam c) Tab. Nifedepine d) Inj. Magnesium sulphate e) Inj. Lignocaine hydrochloride f) Inj. Gentamicin g) Sterilised cotton and gauze h) Adequate number of gloves i) Sterile syringes and needles j) Sterile drip/IV sets	**10**	
9	Delivery kits, including those for normal delivery and assisted deliveries (forceps delivery/ vacuum delivery, surgical kit)	**2**	
10	Inj. Vitamin K.	**1**	
11	Instruments and supplies for pelvic examination.	**2**	
12	Sim's/Cusco's vaginal speculum.	**1**	
13	Anterior vaginal wall retractor.	**1**	
14	Sterile gloves.	**1**	
15	Sterilised cotton swabs and swab sticks in a jar with lid.	**2**	
16	Kidney tray for keeping used instruments.	**1**	
17	Bowl for antiseptic solution.	**1**	
18	Steel tray with lid to keep sterile/HLD instruments for use	**1**	
19	Antiseptic solution: Chlorhexidine 1% or Cetrimide 2% (if povidone iodine solution is available, it is preferable)	**1**	
20	Proper light source	**1**	
Total score obtained			

Source:- Operational Guidelines on Maternal and Newborn Health.

ANNEXURE – F

Audit Toolkit for quality certification of Public Hospitals (L2 & L3 facility)

Audit Toolkit for Quality Certification of Public Hospitals (L2 & L3) in Bihar

General Information:

A**. Name of the District**: _____ B**. Name of Hospital:**_____

C**. Nature of Health Institution:** DH/SDH/ FRU/PHC

D. **Level of Facility: Level 2** (Basic Obstetric and Neonatal Care) / **Level 3** (Comprehensive Obstetric and Neonatal Care)

E**. MO in Charge**: _____

F**. Date of Visit:** _____ G. **Performa filled by**:_____

H**. Members of Certification Team:**

S. No	Name	Designation
1		
2		
3		
4		

Total score=280

1. Information Education & Communication (IEC) : (Max. score = 12)

Score :- [0 –No or Not available] [**1**- Available but insufficient] [**2**- Available & sufficient]

Particulars	Means of verification	Scores	Remarks
Navigatory sign on the connecting road	Observation of displays		
Visible board or glow sign board of Hospital at entrance	Observation of displays		
Directional signs & signages at every area	Observation of displays		
Citizens Charter displayed	Observation of displays		

Particulars	Means of verification	Scores	Remarks
Entitlements & Schemes displayed	Observation of displays		
List of available drugs in the hospital displayed	Observation of displays		
Separate Duty roasters of specialists, duty doctors, nurses and ancillary staff available & displayed	Observation of displays		
Emergency Duty displayed with emergency contact number	Observation of displays		
Contact details of ambulance & Referral hospital displayed	Observation of displays		
Updated Drug availability list displayed	Observation of displays		
Complaint/ feedback box is available (with system of redressal)	Observation of displays & check of system		
Disaster management plan in place	Observation of displays		

2. General Infrastructure : (Max. score = 26)

Score: [0 – No / Not available**] [1-** Partial Satisfactory**] [2-** Fully satisfactory**]**

Particulars	Means of verification	Scores	Remarks
Internal road & landscaping	Observation		
Parking Area & hassle free Traffic flow	Observation		
Boundary available	Observation		
Easy assessibilty (Ramps are in place where needed)	Observation		
Layout of building & overall condition	Observation		
Hospital building is properly whitewashed	Observation		
No cracks, cervices, damping, water logging, leaking roofs, proper drainage	Observation		

Particulars	Means of verification	Scores	Remarks
All doors & windows are intact & latches working	Observation		
Registration counter/may I help you	Observation		
24 hrs. water supply available	1. Overhead tank available. 2. Submerged motor or water supply. 3. Connecting pipeline are not broken & there no leakage from any pipe or tap.		
24 hrs. electricity supply	1. Power connection & Wiring condition to be checked 2. Silent Generator available & operational Uninterrupted power supply to delivery room/OT (inverter or any system to ensure this) 3. Hospital premises is well illuminated at nights		
Doctors duty room	Room in good condition & have Fan, Bed,etc (Comfortable environment for stay)		
Nurse duty room	Room in good condition & have Fan, Bed,etc (Comfortable environment for stay)		

3. Out Patient Department (OPD) : (Max. score = 20)

Particulars	Means of verification	Total Score	Scores	Remarks
Registration counter	1) Centralized registration counter available. 2) System of giving Unique ID for Emergency/OPD/IPD is given prior to initiation of the service delivery. 3) OPD/IPD/Emergency registers maintained.	3 (1 marks for each)		
Particulars	**Means of verification**	**Total Score**	**Scores**	**Remarks**

Patient's Waiting Area in OPD	1) Waiting area is sufficient; proper sitting arrangement 2) Numbering system present 3) Drinking water facility with water purifier 4) Separate Toilets for male & female available (clean, no broken pipes, Water available, door with functional latch) 5) Dustbin for general waste	5 (1 marks for each)		
OPD consultation room	1) No cracks & cervices, No damping & whitewashed 2) Door & windows are in good working condition 3) Area is clean / No webs & dust on roof or fan 4) Room is well lighted / illuminated 5) Sufficient no. of fans available & are functional 6) No wire is hanging / proper wiring/ switch boards intact 7) Curtain available on doors & windows for privacy 8) Hand washing Facility available (intact basin & pipes, elbow tap, soap, Clean towel) 9) Consultation Table, Doctor's Chair & patient chair are in good condition 10) Examination table with screen for privacy 11) Equipments, consumables available **– (**Thermometer, BP Apparatus, Stethoscope, Wall clock with second's hand, Gloves, Torch) 12) Dustbin available	12 (1 marks for each)		

4. Emergency Room & services (Max. Score = 14)

Particulars	Means of verification	Total Score	Scores	Remarks
Emergency Room	1) No cracks & cervices, No damping & whitewashed 2) Door & windows are in good working condition 3) Area is clean / No webs & dust on roof or fan 4) Room is well lighted / illuminated 5) Sufficient no. of fans available & are functional 6) No wire is hanging / proper wiring/ switch boards intact 7) Curtain available on doors & windows for privacy 8) Hand washing Facility available (intact basin & pipes, elbow tap, soap, Clean towel) 9) Table & Chair available 10) Examination table with screen for privacy 11) Equipments, consumables & drugs available **(as per list attached as Annex-F1)** 12) Biomedical dustbins available with instruction sticker	12 (1 marks for each)		
Wheel chair & stretcher available	1) Wheel chair available (in good condition) 2) Stretcher available(in good condition)	2 (1 marks for each)		

5. IPD / Wards : (Max. score = 15)

Particulars	Means of verification	Total Score	Scores	Remarks
General Condition	1) No cracks, cervices, No damping & Whitewashed 2) Door & windows are in good working condition 3) Mosquito screen are available on windows or mosquito net is provided to patients 4) No wire is hanging / proper wiring / switchboards intact 5) Rooms well illuminated 6) Sufficient no. of fans available & are functional 7) Area is clean, No cob webs 8) Drinking water facility available. 9) Separate toilets for male & female (Clean, no broken pipes, water available, door with functional latch, Flush working) 10) Dustbins available & not overfilled 11) Bed intact & not rusted, mattress not torn & side locker available ;Bed numbers mentioned 12) Satrangi bedsheet, Pillow & blanket are available & clean 13) IV stand, Kidney tray available 14) Bed head tickets are available & maintained 15) IEC & protocols displayed (Breast feeding, Kangaroo care, Infection control, Post partum care, Family planning, etc)	15 (1 marks for each)		

6. Labour / Delivery Room : (Max. score = 51)

Particulars	Means of verification	Total Score	Scores	Remarks
General Condition	1) No cracks, cervices, not damped & whitewashed 2) Door (with door closure) 3) Windows are in good working condition with curtain 4) Well illuminated 5) No wire is hanging, proper wiring, switch board intact 6) Sufficient no. of fans available & are functional 7) Area is clean, no cob webs 8) Clean toilets available (clean, no broken pipes, Water available, door with functional latch) 9) Sleepers available. 10) Wash basin with water availability, elbow tap & handwashing protocol displayed 11) Biomedical waste bins available with instruction sticker	11 (1 marks for each)		
Labour room equipments	As per list **(Tick on the list attached as Annex-F2)**	10		
Labour room drugs & consumables	As per list **(Tick on the list attached as Annex- F2)**	10		
New Born Care Unit	1) NBCC placed inside delivery room or outside. 2) NBCC equipments fully functional & protocols followed. 3) NBCC record maintained	5 (1+4+1) marks for each)		

Protocols displayed & followed	1) Hand Washing 2) Eclampsia 3) Management of Normal Labour using partograph 4) Labor room Sterilization 5) Active management of third stage of labor 6) Management of Atonic PPH 7) Neonatal Resuscitation 8) Protocols for new born care	8 (1 marks for each)		
Infection control & sterilization	1) Fumigation done 2) Equipments are sterilized before use	2 (1marks for each)		
Record maintenance	1) Partograph maintained 2) All records are maintained (delivery register, NBCC register, sterilization register)	5 (2+3) marks for each		

7. NBSU / SCNU (For FRU & District hospitals) : (Max. score = 24)

Particulars	Means of verification	Total Score	Scores	Remarks
General Condition	1) No cracks, cervices, not damped & whitewashed 2) Door & windows are in good working condition with curtain 3) Well illuminated 4) No wire is hanging, proper wiring, switch board intact 5) Sufficient no. of fans available & are functional 6) Area is clean, no cob webs 7) Sleepers available	7 (1 marks for each)		
NBSU / SCNU equipments & drugs available	As per list **(Tick on the list attached as Annex-F3.a for NBSU & Annex- F4 for SCNU)**	10		
New Born Care Unit	1) NBC placed inside delivery room 2) NBC fully functional & protocols followed. 3) NBC record maintained	5 (1+4+1) marks for each)		
Protocols displayed & followed	1) Protocols for new born care 2) Protocols for infection control	2 (1 marks for each)		

8.Operation Theatre (Max. Score = 33)

Particulars	Means of verification	Total Score	Scores	Remarks
General Condition	1) No cracks, cervices, No damping & whitewashed 2) Door & windows are in good working condition 3) Well lighted / illuminated 4) Sufficient no. of fans available & are functional 5) No wire is hanging / proper wiring 6) Sufficient sockets for equipments Area is clean , No cob webs 7) Wash basin with water availability, elbow tap & soap. 8) Biomedical bins available & used.	8 (1 marks for each)		
Availability of equipments	As per list **(Tick on the list attached as Annex-F3)**	10		
Availability of drugs & consumables	As per list **(Tick on the list attached as Annex-F3)**	10		
Infection control & sterilization	1) Fumigation done 2) Autoclave available & functional. 3) Equipments are sterilized before use.	3 (1 marks for each)		
Record maintenance	1) Surgery register 2) Family planning register	2 (1 marks for each)		

9. Infection control & Biomedical Waste Mgt : (Max. Score= 10)

Particulars	Total Score	Scores	Remarks
Color coded Bins	2		
Liners	2		
Waste segregation	2		
Waste transportation	2		
Arrangement for waste disposal	2		

10. Laboratory Services : (Max. score = 6)

Particulars	Means of verification	Total Score	Scores	Remarks
Tests performed 1.Sputum test. 2.Malaria test. 3.Routine Blood , urine & stool test 4.**Any other**	Observation / Check lab register	2		
Coding of samples done	Observation / Check	2		
Record maintenance	Check lab register	2		

11. X-ray Services: (Max. score = 8)

Particulars	Means of verification	Total Score	Scores	Remarks
X- ray service available	Observation	2		
AERB approval for X-ray machine	Type approval certificate verification	2		
Radiation hazard Measures	• Lead Appron, Lead sheild, Lead mirror etc • TLD bandages	2		
Record maintenance	X-ray register verification	2		

12. Cold Chain : (Max. score = 6)

Particulars	Means of verification	Total Score	Scores	Remarks
ILR & deep freezer functional	Observation	2		
Temperature chart maintained	Document verification	2		
Uninterrupted power supply		2		

13.Blood Bank/ Blood Storage Unit : (Refer Annex-F3.b)

(Max. score = 4)

Particulars	Means of verification	Total Score	Scores	Remarks
Blood bank/BSU Available & functional	Observation	2		
License for Blood bank available	Document verification	2		

14. Dietary Services for IPD patients : (Max. score = 6)

Particulars	Means of verification	Total Score	Scores	Remarks
Dietary service available		2		
Food chart is displayed		2		
Food is distributed in hygienic manner/ cleanliness		2		

15. Ambulance Services : (Max. score = 4)

Particulars	Means of verification	Total Score	Scores	Remarks
24 hrs ambulance service available	Log book/ driver duty roster	2		
Log book maintained	Check record	2		

16. Documents & protocols : (Max. score = 18)

Particulars	Means of verification	Total Score	Scores	Remarks
Hospital Manual (Profile)/ Quality manual	Observation of document	2		
Particulars	**MoV**	**Total Score**	**Scores**	**Remarks**

Protocol for biomedical waste management	Observation of document	2		
Emergency handling Protocol	Observation of document	2		
Department wise records to be maintained	Observation of document	2		
Infection control & sterilization Protocol	Observation of document	2		
Safe delivery Protocol	Observation of document	2		
New born care Protocol	Observation of document	2		
Clinical / Administrative SOPs	Observation of document	2		
Standard formats	Observation of document	2		

17. Statutory & regulatory Requirement: (Max. score = 18)

Particulars	**MoV**	**Total Score**	**Scores**	**Remarks**
Bio-medical waste Management & handling rules, 1998	Check Document	2		
Type, site approval & registration from AERB	Check Document	2		
Vehicle registration certificates for ambulances	Check Document	2		
Air (Prevention & control of pollution) Act, 1981	Check Document	2		
Medical termination of Pregnancy, 1971 ***(wherever services are being provided)***	Check Document	2		
PC & PNDT Act, 1996 ***(wherever services are being provided)***	Check Document	2		
Registration of birth & death act, 1969	Check Document	2		
Licence for Blood Bank	Check Document	2		
No objection certificate from fire safety authority	Check Document	2		

17. Calibration of equipments : (Max. score = 5)

Comment:

18. Overall observation of the team members: ……..

19. Discussions and Recommendations:……

20. Follow up required with timelines:……..

21. Certification status: ……..

Signature of Audit Team members-

1. ……..
2. ……..
3. ……..
4. ……

Annex – F1

Minimum requirement of equipment & drugs in Emergency Room

S. no.	Particulars
1	Thermometer
2	BP Apparatus
3	Stethoscope
4	Wall clock with second's hand
5	Gloves
6	Torch
7	Intubation Set
8	Oxygen cylinder with flow meter
9	Oxygen masks
10	Nasal tubes
11	Ryle's tubes
12	Endo-tracheal tubes
13	Disposible syringes
14	Ambu bag
15	Emergency lamps
16	Pulse oxymeter
17	X-ray lobby
18	Blood/FFP/Packed RBC/Platelets
19	**Emergency Drugs :-**
a.	IV fluids: RL, DNS, NS, 5% Glucose
b.	Volume Expander: Dextran/Human albumin (4.5%)
c.	Inj. Diclofenac / any NSAID
d.	Inj. Paracetamol
e.	Inj. Avil / CPM
f.	Inj. Nitroglycerine
g.	Inj. Dexamethasone
h.	Inj. Atropine
i.	Inj. Adrenaline
j.	Inj. Dopamine
k.	Inj. Theophylline
l.	Inj. Pethidine/Pentazocine/Diazepam
m.	Inj. Magnesium Sulphate
n.	Inj. Frusemide
o.	Inj. Heparin

Source: FFHI Handbook for Bihar

Drugs and Equipment for Institutional Delivery at the 24x7 PHC: The Basic Emergency Obstetric Care Level[12,23]

A. A fully equipped and operational labour room must have the following:

- A labour table with foam mattress, Macintosh and Kelly's pad
- Shadowless lamp
- Wheel chair
- Cabinet Instrument
- Dressing drum
- Trolley for patients
- Instrument trolley
- Wheel chairs
- I/V Stand
- Suction machine
- Facility for Oxygen administration
- Sterilisation equipment-Autoclave
- 24-hour running water with Infection Prevention equipment and supplies
- Electricity supply with back-up facility (generator with POL)
- Attached toilet facilities
- Emergency drug tray: This must have the following drugs:
  - Inj. Oxytocin
  - Inj. Diazepam
  - Tab. Nifedepine
  - Inj. Magnesium sulphate
  - Inj. Lignocaine hydrochloride
  - Inj. Gentamicin
  - Sterilised cotton and gauze
  - Adequate number of gloves
  - Sterile syringes and needles
  - Sterile drip/IV sets
- Delivery kits, including those for normal delivery and assisted deliveries (forceps delivery/ vacuum delivery, surgical kit)
- Inj. Vitamin K

B. An area earmarked for newborn care– the Newborn Corner, with facility for temperature maintenance

Open care system: radiant warmer with trolley, drawers, oxygen bottles
Resuscitator, hand operated, neonate
Weighing scale
Pump suction, foot operated
IV cannula 24,26G
Light examination, mobile 220-12V
Extractor mucus, 20ml, sterile, disposable, Dee Lee
Towels for drying wrapping baby
Tube, feeding
Oxygen cylinder
Sterile gloves

C. Instruments and supplies for a pelvic examination

Sim's/Cusco's vaginal speculum
Anterior vaginal wall retractor
Sterile gloves
Sterilised cotton swabs and swab sticks in a jar with lid
Kidney tray for keeping used instruments
Bowl for antiseptic solution
Steel tray with lid to keep sterile/HLD instruments for use
Antiseptic solution: Chlorhexidine 1% or Cetrimide 2% (if povidone iodine solution is available, it is preferable to use that)
Cheatle forceps with a dry bottle to hold it
Proper light source

D. Instruments/Supplies required for MVA

Sim's vaginal speculum/Cusco's vaginal speculum (small, medium, large)
Anterior vaginal wall retractor
Sponge holding forceps
Volsellum (small toothed)/Allis long forceps
MVA syringe and cannulae of sizes 4-8 (two sets; one for back up in case of technical problems)
Sterile gloves
Steel tray with lid to keep sterile instruments for use
Strainer for tissues
Sterilised cotton swab
Sterile kidney trays (for keeping instruments in case of re-use and for sterile saline or sterile water for flushing in case of blocked cannula)
Kidney tray for emptying contents of syringe
Bowl for antiseptic solution for soaking cotton swabs
Basin with antiseptic solution for washing gloved hand
Tray containing chlorine solution for keeping soiled instruments
Cheatle forceps with a dry bottle to hold it
Proper light source/functional torch
Syringe for local anaesthesia (10 ml) and Sterile Needle (22-24 gauge)
Local anaesthetic agent (Inj. 1% Lignocaine, for giving para cervical block)
Sterile saline/sterile water for flushing cannula in case of blockage

Source:- Operational Guidelines on Maternal & Newborn Health

Equipment and Drugs for Institutional Delivery at FRU: The Comprehensive Emergency Obstetric Care Level[11,13,15,23]

In addition to the equipment available at Level 2+ in the labour room, the following additional equipment, emergency drugs and supplies should be available in the OT and blood storage unit

Neonatal Stabilisation Unit

Open care system: radiant warmer
Resuscitator, hand operated
Laryngoscope set, neonate
Weighing scales (baby)
Suction pump, foot operated
Thermometer
Light examination, mobile
Hub cutter
IV Cannula 24,26 G
Mucus extractor
Feeding tube
Oxygen cylinder
Sterile gloves
Suction tube
Disinfectant, chlorhexidine

Equipment for Operation Theatre

Diathermy machine
Dressing drum all sizes
Lamps shadowless: Ceiling lamp, Portable type
Steriliser
Suction Apparatus
Stand with wheel for single basin
Table operation, hydraulic: Major, Minor
Trolley for patients
Trolley for instruments
X-ray view box
Wheel chairs

1. Anaesthesia Equipment for OT*	Standard quantity
Boyle's type Anaesthesia Machine made of stainless steel body with antistatic wheel and facility to lock. • Two A type cylinders for oxygen and nitrous oxide with pressure reducing valve. • Pressure gauge to monitor the pressure of gases in cylinders. • Rota meter with bob in for accurately calculating the flow of gases. • Two vaporisers: One for Isoflurane and one Fluotech Mark 4 for Halothane • Soda-lime canister with circle absorber with closed circuit tubings • Breathing circuit: Magill and Bains two sets of each • Proper guarantee with spare part coverage	1
Pulse Oximeter	1
Laryngeal Mask Airway -Size 3.0 & 4.0: multiple usage (autoclavable) and disposable size 3.0 & 4.0 for doing infective cases	2 of each size
Pro-seal Laryngeal Mask Airway (autoclavable) Size 3 & 4	2 each
Ambu Bag (Self-inflating bellows-silicon) with Ruben valve, Face mask (anatomical) & oxygen reservoir bag Adult	2
Suction Machine: Electrical operated, heavy duty with 2 bottles of 5 liters capacity each	1
Suction Machine: Foot operated	1
Needle, Spinal, (disposable), Size 22G, 24G and 25G. (Pencil tipped with introducer)	1 each/day
I/V Cannulae –16G, 18G, 20G, 22G & 24 for neonates	1 each/day
I/V Set plain and blood transfusion set	1 each/day
Anatomical Face Mask- Sizes: 2, 3, 4	1 each
Guedal's Airway – Sizes: 2, 3, 4	1 each
Suction Catheter- Sizes FG. 6,8,10,12,14,16,18	1 each/day
Urinary Catheter	1/day
Stylet for Endotracheal Intubation	1
Laryngoscopes Macintosh curved blade for Adult , Medium, extra-large & straight blade for neonates with spare bulbs and batteries	2
Endotracheal Tubes, internal diameter of 2.5, 3.0, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5 mm	
Magill Forceps Adult and pediatric	1 each

Source:- Operational Guidelines on Maternal & Newborn Health

2. OT Surgical Instruments for CEmONC Services	Standard quantity for one patient
A. Cesarean Set (a minimum of at least 2 sets would be needed)	**2 Sets**
Instrument Tray with cover – Stainless Steel 31 x 19.5 x 6.5cm	1
Towel Clips (Backhaus) 13cm	6
Sponge Holding Forceps (Forester; Straight; serrated) 25cm	4
Artery Forceps Straight – CRILE (Small) 14cm	6
Halstead Mosquito Forceps 12.5cms (3 straight, 3 curved)	6
Tissue Forceps 21cm non-toothed	4
Needle Holder (Mayo – Hegar) Straight	2
Surgical Knife Handle (One each of no. 3 and No. 4. No. 3 for blade sizes 10,11,12 & 15 and No. 4 for blade sizes 20, 21, 22, 23	2
Packet Triangular Point Suture Needles 7.3 cms; size 6	1
Packet Round Bodied Needles No. 12; size 6	1
Catgut No. 1-0 (plain)	1 foil
Polyglycolic suture (eg Vicryl) 1-0	2 foils
Polydioxone (PDS) 1-0	1 foil
Nylon 1-0	1
Retractors- Doyens (big and small)	1 each
Operating Scissors, Curved, blunt Pointed, Mayo, 17cm	1
Operating Scissors, Straight, Blunt Pointed, Mayo, 17cm	1
Scissors Straight MAYO Blunt/blunt pointed 23cm	1
Suction Nozzle (small, medium, long)	3
Suction Tube (Yankauer) 23cm long, 23 French Gauze (8mm dia)removable tip and tubing connector	1
Dressing forceps (Tissue) 18cm – one each of toothed (1x2 teeth) and non - toothed	2 sets
Dressing forceps (Tissue) 25cm – one each of toothed (1x2 teeth)	1 set
ALLIS forceps 20cm, 4x5 teeth, multiple ratchets used to grip arteries and digestive tissues	4
BABCOCK forceps 20cm, multiple ratchets used to grip arteries and digestive tissues	2
Uterine Haemostatic forceps (Green Armitage) 21cm	4
B. Hysterectomy Set	**1 set**
All of the above **PLUS**:	
Hysterectomy Forceps curved – (one each of HEANEY 23cm; MOYNIHAN 23cm; WERTHEIM 24cm straight toothed and WERTHEIM 25cm non – toothed	4
Right angle retractor	1
Devers retractor	2

A. Emergency Drugs (including neonates) for OT	Standard quantity for one patient
Nefidipine (tablet and capsules both) (5, 10mg)	5 tabs and capsules each
Inj. Labetalol	5 ampoules
Inj. Calcium Gluconate	10ml X 2 ampoules
Inj. Magnesium sulphate	0.5 gm X 10 ampoules
Inj. Oxytocin	10 Ampoules
Inj. Dextrose (25%)	2 ampoules
Inj. Dextrose (10%) (2ml/kg)-neonates	2 ampoules
Inj. Adrenaline 1:10,000 sol (for neonates (0.01-0.03mg/kg)	2 ampoules
Inj. Naloxone 0.4mg/ml (for neonates (0.1-0.2 mg/kg)	1 ampoule
Inj. Adrenaline	2 ampoules
Inj. Aminophyline	2 ampoules
Inj. Atropine sulphate	4 ampoules
Inj. Chloropheniramine	2 ampoules
Inj. Diazepam 5mg/ml	2 ampoules
Inj. Chlorpheniramine	2 ampoules
Inj. Mephentermine	1 vial
Inj. Ephedrine	2 ampoules

Source:- Operational Guidelines on Maternal & Newborn Health

A. Emergency Drugs (including neonates) for OT	Standard quantity for one patient
Inj. Oxytocin 10 units/ml 1ml/ampo	2 ampoules
Inj. Ergometrine maleate	2 ampoules
Misoprostol 200 ug	3 tablets
Inj. Furosemide	1 ampoules
Inj. Hydrocortisone 100mg/ml	100ml 2 vial
Inj. Dexamethasone	2 ampoules
Inj. Pentazocine	2 ampoule
Inj. Diclofenac	4 ampoule
Halothane	20-50ml
Isoflurane	20-50ml
Inj. Lignocaine hydrochloride, 2ml ampoule, 5% heavy	1 ampoule
Inj. Lignocaine hydrochloride, 2ml ampoule, 2% , 30ml vial	1 vial
Inj. Bupivacaine hydrochloride 0.5% 20ml vial	1 vial
Inj. Bupivacaine hydrochloride 0.5% heavy for spinal 4ml ampoule	1 ampoules
Inj. Suxamethonium hydrochloride	1 vial for 5 patients
Inj. Atracurium	2 ampoules
Inj. Vecuronium bromide 4mg/amp	2 ampoules
Inj. Neostigmine Methyl sulphate 0.5mg/ml 1ml/amp	5 ampoules
Inj. Thiopentone sodium	1 vial for 3 patients
Inj. Propofol	2 ampoules
Inj. Ketamine 50mg/ml	1 vial
Inj. Dopamine	2 ampoules
Inj. Normal saline	10 ml x 2 ampoules
Inj. Promethazine hydrochloride 25mg/ml, 2ml/ampoule	1 ampoule
Inj. Ampicillin sodium 250mg/ml 5ml/vial	2 vials
Inj. Gentamycin sulphate 40mg/ml, 2ml/vial/amp	2 ampoules
Inj. Cloxacillin sodium 250mg/vial	8 vials
Inj. Metronidazole 5mg/ml 100ml/bottle	4 bottles
Salbutamol Inhaler	1
Inj. Insulin 40 units/ml, 10ml vial	1 vial

4. Infection Prevention for OT

Infection Prevention Equipment & Supplies for OT
Autoclave (horizontal) with electricity or heat source
Autoclave drum
Autoclave tape
Boiler with heat source or electricity

5. Equipment and Supplies for Blood Storage Unit

Equipment
Blood bag refrigerators having a storage capacity of 50 units of blood.
Deep freezers for freezing ice packs (available with Immunisation Programme).
Insulated carrier boxes with ice packs (used for cold chain).
Microscope and centrifuge (available at all laboratories in FRUs).
Consumables
Pasteur pipette, glass tubes , glass slides , test tube racks , rubber teats , gloves disposable rubber gloves
Reagents
All the reagents - Anti-A, Anti-B, Anti-AB, Anti-D (Blend of IgM, IgG), Antihuman Globulin (Polyclonal IgG & Complement) should come from the Mother Blood Bank.
Disinfectants
Bleach & Hypochlorite Solution

Source:- Operational Guidelines on Maternal & Newborn Health

Equipment, Drugs and Supplies for the Sick Newborn Care Unit at the District Hospital[10]

A. Furniture and General Equipment

Electronic weighing scale
Infantometer
Emergency drugs trolley
Procedure trolley
Refrigerator
Spot lamp
Portable x-ray machine
Basic surgical instruments
Nebuliser
Multi-channel monitor with non-invasive BP monitor
Room Thermometer
Generator (15 KVA)

B. Equipment and Supplies for Individual Patient Care

Equipment
Servo-controlled Radiant Warmer
Low-Reading Digital Thermometer (centigrade scale)
Neonatal Stethoscope
Neonatal Resuscitation Kit (oxygen reservoir, masks, Neonatal laryngoscope)
Suction Machine
Oxygen Hood
Non stretchable measuring tape
Infusion pump or syringe pump
Pulse Oxymeter
Double Outlet Oxygen Concentrator
Double Sided Blue Light Phototherapy
Flux meter
CFL Phototherapy
Horizontal Laminar Flow
Window AC (1.5)/Split AC
Central AC

Supplies
Cord clamp
Dee Lee's Mucus Trap
Neoflon (intravenous catheter) 24G
Micro drip set with & without burette
Blood Transfusion Set
3 way stop cock
Suction Catheters
Endotracheal Tubes
Feeding Tubes
Chemical disinfectants
Glucostix and multistix strips (in container)
Capillary Tubes for microhaematocrit (in containers)
Normal saline, 10% Dextrose infusion bottle

C. Emergency Drugs

Adrenaline (1:10000) (inj)
Naloxone (inj)
Sodium Bicarbonate (inj)
Aminophylline (inj)
Phenobarbitone (inj)
Hydrocortisone (inj)
5%,10%, 25% Dextrose
Normal saline
Ampicillin with Cloxacillin (inj)
Ampicillin (inj)
Cefotaxime (inj)
Gentamycin (inj)

D. Equipment for Disinfection of Sick Newborn Care Unit

Electric heater/boiler
Washing machine with dryer (separate)
Electronic fumigator
Vacuum Cleaner
Vertical Autoclave
Autoclave drums (large, medium & small sizes)
Disinfectant Sprayer
Container for liquid disinfectant
Formalin Vaporiser
Hot Air Oven
Ethylene oxide (ETO) Steriliser

Source:- Operational Guidelines on Maternal & Newborn Health

ANNEXURE – G

Checklist to assess skills of doctors & nurses in L2 & L3 facility

SKILLS FOR OBSTETRICIANS IN FFHI CENTRES

NAME OF THE LEVEL 2 CENTRE									
DATE									
NUMBER OF MEDICAL OFFICERS									
	Skills for Medical Officers in BEmONC Centres	**Number Of Medical Officers**							
		I		**II**		**III**		**IV**	
		YES	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
1	Interpreting kick count, partogram and ultra sonogram (at least level I)								
2	Identification of true and false labor pains								
3	Differentiating between uterine soufflé and fetal heart sound and counting fetal heart rate								
4	**Proficiency in vaginal examination**								
4.1	Assessing cervical dilation and effacement								
4.2	Recognizing presence or absence of membranes								
4.3	Identifying the color and type of meconium								
4.4	Identifying the station of presenting part								
4.5	Identifying caput and moulding								
4.6	Recognizing CPD and contracted pelvis								
5	Assessing the right time to accelerate labor with oxytocin								

6	Monitoring oxytocin drip								
7	Conduct of normal vaginal delivery								
8	Giving indicated episiotomy and suturing episiotomy and perineal lacerations								
	Skills for Medical Officers in BEmONC Centres	**Number Of Medical Officers**							
		I		**II**		**III**		**IV**	
		YES	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
9	Active management of III stage of labor								
10	Manual removal of placenta when in vagina								
11	Knowledge about management of a. APH b. PPH c. PIH d. Magnesium sulphate regimen for eclampsia								
12	Immediate management of cord prolapse								
13	Immediate management of obstetric shock								
14	Identifying different types of spontaneous abortions and evacuation of uterine content								
15	Immediate management of septic abortion								

SKILLS FOR OBSTETRIC NURSES IN FFHI CENTER

NAME OF THE LEVEL 2 CENTRE									
DATE									
NUMBER OF NURSES									
Skills for Nurses in BEmONC Center		NUMBER OF NURSES							
		I		II		III		IV	
		YES	NO	YES	NO	YES	NO	YES	NO
1	Identifying at risk mothers								
2	Interpreting kick count and recording								
3	Maintaining and interpreting partograph								
4	Identifying liquor color								
5	Counting FH and recognizing bradycardia and tachycardia								
6	Monitoring uterine contraction								
7	Conducting normal labor								
8	Resuscitation of mothers								

9	Packing and autoclaving forceps, labour ward instruments								
10	Maintaining electrical equipments in labour ward								
11	Starting IV fluids, oxytocin drip, withdrawing blood for investigations								
	NEONATAL RESUSCITATION								
12	Cleaning and maintaining bulb sucker in labour ward								
13	Applying bulb sucker to the newborn								
14	Skill to use suction trap								
15	Use of bag and mask ventilation for the newborn								

Skills for Nurse in BEmONC Center		**NUMBER OF NURSES**							
		I		**II**		**III**		**IV**	
		YES	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
2.	**Kangaroo Mother Care**								
2.1.	Positioning								
2.2.	Clothing								

2.3.	Feeding								
2.4.	Time Duration								
2.5.	How to teach the mother to give KMC at home								
3.	**Transport and home management**								
3.1.	How to keep the baby warm at home (Swaddling and KMC)								
3.2.	During transport								
4.	**Breast Feeding**								
4.1.	When to initiate breast feeding								
4.2.	Duration of breast feeding								
4.3.	Assessment breast feeding								
4.3.1.	Positioning								
4.3.2.	Attachment/ latching								
4.3.3.	Effective suckling								

4.4.	Management of breast problems								
4.4.1.	Flat/ inverted/ sore nipple								
4.4.2.	Engorged breast/ mastitis								
4,5,	Helping a mother or an infant in a special situation to breast feed								
4.5.1.	Pre term								
4,5,2,	LBW								
4.5.3.	Sick infants								
4,5,4,	Oral thrush and mouth ulcers								
4.5.5.	Sick mothers								
4,6,	Expression of breast milk and storage								

Skills for Nurse in BEmONC Center		**NUMBER OF NURSES**							
		I		**II**		**III**		**IV**	
		YES	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
5.	**Prevention of Infection**								
5.1.	Hand washing (6 Steps)								

5.2.	How to keep the baby clean								
5.3.	House keeping routines								
5.4.	Use of disposable								
6.	Counseling the Mother on Harmful Traditional Neonatal Practices								
6.1	Immunization of mother / infant and time schedule of vaccinations								
7.	**Skin Care**								
7.1.	Early identification of IV extravasations								
7.2.	Avoidance of skin abrasion								
7.3.	How to remove plasters								
8.	Cord Care								
9.	Eye Care								
10.	**Head to Foot Examination**								
10.1.	Term/ pre term/ post term								
10.2.	Head								

10.3.	Chest								
10,4,	Skin								
10.5.	Temperature								
10,6,	Eye								
10.7.	Umbilical cord								
10,8,	Orifices and genitals								
10,9,	Vitals - heart rate/ respiration/ color								
10.10.	Normal variants in newborn								

Skills for Nurse in BEmONC Center		**NUMBER OF NURSES**							
		I		**II**		**III**		**IV**	
		YES	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
11.	**Identifying a Sick Infant**								
11.1.	Poor feeding								
11.2.	Lethargy/ unconsciousness / irritability								
11,3,	Convulsions								
11.4.	Fast breathing/ chest in drawing/ grunt/ nasal flare								
11.5.	Temperature/ hypo or hyperthermia								

11.6.	Yellow discoloration of body								
11.7.	Cyanosis								
11.8.	Pus - umbilicus and ear								
11,9,	Skin pustules								
11,10,	Bleeding from anywhere								
11,11.	Pallor								
11.12.	Abdominal distension								
11.13.	Bilious vomiting								
12.	**Jaundice**								
12,1,	Clinical assessment of jaundice								
13.	**Venous Access**								
13.1.	Preparation of IV site								
13,2,	Use of scalp vein set/ cannula - peripheral vein								

Skills for Nurse in BEmONC Center		**NUMBER OF NURSES**							
		I		**II**		**III**		**IV**	
		YES	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
14.	**Feeding**								
14.1.	Semi-solid feeding								

14.2.	Cup and spoon								
15.	**Monitoring**								
15.1.	Heart rate								
15.2.	Respiration								
15.3.	Intake and output chart								
16.	**Counseling of Mother for Home Care**								
16.1.	Personal hygiene								
16.2.	Maternal health care								
16.3.	Continuing breast feeding								
16.4.	Prevention of infection								
16.5.	When to return immediately								

Source: FFHI handbook for Bihar

ASSESSORS TO CHECK A FEW OF THE SKILLS FOR DOCTORS AND NURSES

Skills for Obstetricians in FFHI centres

	YES	NO
Identification of true and false labor pains		
Interpreting kick count, CTG and ultra sonogram (at least level I)		
Proficiency in vaginal examination		
a) Assessing cervical dilation and effacement		
b) Recognizing presence or absence of membranes		
c) Identifying the color and type of meconium		
d) Identifying the station of presenting part		
e) Identifying caput and molding		
f) Recognizing CPD and contracted pelvis		
Differentiating between uterine soufflé and fetal heart sound and counting fetal heart rate		
Assessing the right time to accelerate labor with oxytocin, PG gel		
Monitoring rate of oxytocin drip and assessing the response to the drip		
Conduct of normal vaginal delivery		
Giving episiotomy and suturing episiotomy and perineal lacerations		
Evacuation of labial, vaginal hematoma		
Performing assisted vaginal breech delivery		
Applying AT and outlet forceps and delivering		
Applying vacuum and delivering		
Active management of III stage of labor		
Knowledge about management of APH, PPH, PIH and magnesium sulphate regimen for eclampsia		
Skill for performing LSCS		
Skill for performing hysterectomy		

Skill for performing laparotomy for ectopic pregnancy, uterine rent closure etc.		
Management of shoulder dystocia		
Management of cord prolapsed		
Management of obstetric shock		
Evacuation of vesicular mole		
Identifying different types of spontaneous abortions and evacuation of uterine content		
Managing septic abortion		

Skills for (Obstetric) Nurses in FFHI Centers

	YES	NO
Interpreting kick count recording		
Maintaining and interpreting partogram		
Identifying liquor color		
Counting FH and recognizing bradycardia and tachycardia		
Monitoring uterine contraction		
Conducting normal labor		
Preparing the patient for CS, laparotomy		
Packing and autoclaving forceps, labour ward instruments		
Maintaining electrical equipments in labour ward		
Starting IV fluids, oxytocin drip, withdrawing blood for investigations		
NEONATAL RESUSCITATION		
Cleaning and maintaining bulb sucker in labour ward		
Applying bulb sucker to the newborn		
Skill to use De Lee's suction trap		
Use of bag and mask ventilation for the newborn		

Skills for Pediatric Nurses

	YES	NO
Fetal Monitoring		
Kick Chart		
Partogram		
Neonatal Resuscitation		
Initial Steps of resuscitation		
Bag & Mask		
Chest Compression		
Preparation for Incubation		
Preparation of Medication		
Temperature Regulation		
Recording of temperature		
Thermometer		
Termister Probe		
How to Fix a Probe		
Skin		
Rectal		
Touch technique		
Use of Radiant Warmer		
Servo / Manual mode		
How to set an alarm setting		
Trouble shooting & solutions		
Use of Incubator		
Air mode / Skin Mode		
How to set an alarm setting		
Trouble shooting & solutions		

Humidification		
Indigenous methods		
Degrees of hypothermia		
Management of hypothermia		
Kangaroo Mother Care		
Importance of Skin-to-Skin Contact		
Positioning		
Feeding		
Time Duration		
How to treat Mild hypothermia with KMC		
How to teach the mother to give KMC at home		
	YES	**NO**
Transport & Home Management		
How to keep the baby warm at home (KMC)		
During Transport		
Breast Feeding		
When to initiate Breast feeding		
How to practically help a mother to breast feed successfully		
Assessment of breast feeding		
Flat / Inverted / Sore nipple		
Engorged breast / Mastitis		
Attachment / latching		
Positioning		
Effective Suckling		
Oral Thrush & Mouth Ulcers		
Management of breast problems		
Expression of breast milk & Storage		
Helping a mother or an infant in a special situation to breast		

feed		
Preterm		
LBW		
Sick Infants		
Sick Mothers		
Handling Lactation Failure & Re-lactation		
Prevention of Infection practices		
Hand Washing		
House Keeping routines		
Use of Disposable syringes / gloves		
Preparation of Parenteral fluids		
How to keep the baby clean		
Counseling the mother on traditional neonatal practices		
Skin Care		
Care of Normal Skin Care		
Early Identification of IV extravasations		
Avoidance of Skin aberration		
How to remove plasters		

Clinical Examination of the Newborn

	YES	NO
Head to Foot Examination		
Term / preterm / Post term		
Skin		
Temperature		
Eye		
Umbilical cord		

Orifices		
Vitals – Heart rate / Respiration / Color		
Identifying a Sick Infant		
Convulsions		
Lethargy / Unconsciousness / Irritability		
Fast breathing / Chest in drawing / Grunt / Nasal flare		
Temperature / Hypo or hyperthermia		
Yellow palms and soles		
Cyanosis		
Pus – Umbilicus and ear		
Skin and pustules		
Sunken eyes		
Skin pinch		
Bleeding from anywhere		
Abdominal distension		
Bilious vomiting		
Jaundice		
Clinical Assessment of Jaundice		
Clinical Assessment of Bilirubin Encephalopathy		
How to use & Maintain Phototherapy unit		
Preparation for Exchange Transfusion		
Oxygen Administration		
Use of Flow Meter		
Warming / Humidification		
Blood Sampling		
Capillary / Venous		
	YES	No
Venous Access		

Use of Scalp Vein set Cannula – Peripheral Vein		
External Feeding		
Insertion NG Tube		
Measurement of Length		
Checking Position		
Tube Feeing		
Semi-solid Feeding		
Cup & Spoon		
Fluid administration of IV Fluids		
Calculation IV Fluids		
Preparation of IV Fluids		
Preparation of Special Drugs		
Use of Pulse Oxymeter		
Fixation of Probe		
Alarm settling		
Interpretation of results		
Developmentally Friendly Nursing		
Control of Environment		
Temperature		
Lighting		
Noise		
Positioning		
Avoidance of Pain		
Clustering of Procedure		
Counseling of Mother for Home Care		
Personal Hygiene		
Maternal health Care		
Neonatal Care		

Breast Feeding		
Prevention of Infection		
When to return immediately		

Skills for Pediatrician

	YES	NO
Fetal Monitoring		
Kick Chart		
Doppler Study /USG		
CTG Evaluation		
Neonatal Resuscitation		
Initial Steps of resuscitation		
Bag & Mask		
Chest Compression		
Incubation		
Administration of Medication		
UV Catheterization		
When to stop / non initiation		
Temperature Regulation		
Recording of temperature		
Thermometer		
Thermostat Probe		
Skin		
Rectal		
Touch technique		
Use of Radiant Warmer		

Servo / Manual mode		
Use of Incubator		
Air mode / Skin Mode		
Humidification		
Kangaroo Mother Care		
Indigenous methods		
How to keep the baby warm at home and During Transport		
Degrees of hypothermia		
Management of hypothermia		
Breast Feeding		
Attachment / latching		
Positioning		
Effective Suckling		
How to practically help a mother to breast feed successfully		
Management of breast problems		

Source:- Family Friendly Handbook for Bihar