

Annexure B

Facility Standards

(Proposed by NHSRC and Maharashtra Government – 2019 onwards)

S.No.	Standard	Verification criteria	Remarks
Scope of services			
1	The facility provides curative & RMNCH services		
1.1	Availability of services	1.1	Labour room/ OT service is functional 24X7, deliveries have been conducted in night on regular basis
1.2	Reproductive health Services	1.2	FP services care and counselling, Postpartum sterilization, Comprehensive Abortion Care services are provided
1.3	Maternal health Services	1.3	Normal Vaginal & assisted (Vacuum/Forceps) delivery, Preterm delivery conducted. Major obstetric complications are managed. Infected delivery & delivery of HIV positive pregnant women managed at labour room. Elective/emergency caesarean section is performed
1.4	Newborn health Services	1.4	Functional Newborn resuscitation services available in labour room and OT. Essential new born care provided at LR & OT as per standard protocol
1.5	Laboratory Services	1.5	Point of care diagnostic tests available in LR & OT (HIV, Hb%, blood sugar, proteinuria test) Nursing station is provided with the critical values of different tests.

1.6	The facility has defined procedures for registration, consultation and admission of patients	1.6	The facility has written (SOP) procedure for registration, admission and for managing patients, their initial assessment, and triaging	
1.7	Referral services	1.7.1	there is a procedure for consultation of the patient to other specialist/hospitals. Referral care is provided. Appropriate referral linkages provided with Names, Contact details of responsible persons, referral centers and Ambulance services.	
		1.7.2	Advance communication regarding the patient's condition is shared with the referral center.	
		1.7.3	A referral slip/Discharge card giving History of woman, examination findings and management is provided to patient when referred.	
		1.7.4	The facility has established procedures for stabilization/ treatment/referral of postnatal complications. There is established criteria for shifting newborn to higher centre.	
Standard 1 final response (Yes/No):				
Infrastructure requirements				
2	The facility has safe secure infrastructure for delivery of assured services, as per the prevalent norms			
2.1	Adequate space and infrastructure	2.1.1	Facility has adequate space as per patient load. Adequate space between the Labour tables.	

		2.1.2	Adequate space for OT as per surgical load, two tables not kept in one room	
		2.1.3	Demarcated Protective, clean, sterile and disposal zones are desirable in OT. Unidirectional flow of goods & services, to the extent possible	
2.2	Appropriate layout	2.2.1	Availability of changing area, drinking water & toilet in close proximity to LR. LR, recovery room and newborn care area and OT should be in close proximity.	
		2.2.2	Availability of Triage and Examination area for receiving patient in labour, initial assessment and stabilization.	
		2.2.3	Nursing station and Clean area & Dirty Utility area should be available.	
	OT infrastructure	2.2.2	OT premises should have availability of changing room, scrub with elbow taps/sensors, Sink is deep. demarcated Pre & post-operative area, new born care area, Dedicated areas for Washing, Packing, Autoclaving the instruments and linen store	
	Entry protocols	2.2.3	Entry to the LR should not be direct. Only persons really required are allowed to enter the sterile zone, Entry to sterile zone is permitted only after hand washing, change of clothes, wearing gown & PPE	
	Illumination	2.2.4	Adequate Illumination at delivery table & observation area and OT table.	
	Water and electricity supply	2.2.5	24X7 water and power backup in labour room, OT, acute care areas	
2.3	Safety and security	2.3.1	The facility ensures the physical safety of the infrastructure. Restriction of	

			visitors in patient areas.	
		2.3.2	Security arrangement in LR & OT.	
2.4	Fire safety	2.3.1	Fire exits are clearly visible and routes to reach exit are clearly marked.	
		2.3.2	Expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned.	
		2.3.3	Staff competencies for operating fire extinguisher and action in case of fire should be assessed. Periodic drills are conducted	
2.5	Newborn safety	2.3.1	Measures taken to prevent new born theft, swapping and baby fall	
2.6	Clean environment	2.3.1	The facility should be clean. Toilets are clean with running water. Delivery table & OT tables are intact and without rust. Mattresses are intact and clean. No condemned/ Junk material is kept in the LR & OT.	
		2.3.2	Formalin not used for fumigation. Safer alternatives are used.	
Standard 2 final response (Yes/No):				
3	The facility provides information to care seekers, attendants, community about the available services			
3.1	Ease of Access	3.1.1	Easy Access to facility is provided which is friendly to people with disabilities. OT easily accessible. Wheel chair/stretchers/ramps/railing available	
3.2	Displays	3.2.1	Necessary Information regarding services provided	
3.3	Signage	3.3.1	Availability of Uniform user-friendly signage with numbering, Restricted area signage displayed. Directional signage from the entry of the facility	

3.4	Patient education	3.4.1	Patients & visitors are educated through appropriate educational approaches /material	
3.5	Ambiance	3.5.1	Temperature of the LR kept around 26-28 degree C. Temperature & humidity maintained & records kept	
Standard 3 final response (Yes/No):				
4	The facility has equipment & instruments required for assured list of services and has programme for maintenance and calibration of Equipment			
4.1	Equipments and instruments	4.1.1	Availability of functional Equipment & Instruments for examination & Monitoring as per lists, Availability of resuscitation Instruments for Newborn & Mother in LR and OT. Labour Beds with attachment /accessories, Mattress.	
		4.1.2	Availability of OT table. General surgery equipments, anesthesia equipments, drugs, instruments as per list. Availability of functional OT light, Shadow less Major & Minor, Ceiling and Stand Model, Focus Lamp	
4.2	AMC	4.2.1	Essential equipments are covered under AMC including preventive maintenance	
4.3	Calibration	4.3.1	All the measuring equipments/instrument are calibrated (BP apparatus, weighing scale, thermometers, radiant warmer etc). Records/calibration stickers kept	
4.4	Operational instructions	4.3.1	Up to date instructions for operation and maintenance of equipments are readily available with staff. Operating and troubleshooting instructions of equipment such as radiant warmer are	

			available at labour room	
4.5	Medical Gases	4.3.5	Empty and filled cylinders are labelled and updated, flow meter is working and pressure/ flow rate is updated in the checklist.	
Standard 4 final response (Yes/No):				
5	The facility has procedures for storage, inventory management and dispensing of drugs and procedures for safe drug administration			
5.1	Drugs, linen and consumables	5.1.1	Availability of Drugs (as per List), Linen and commonly used consumables in adequate quantity depending on patient load. Emergency Drug Tray is maintained as per list.	
		5.1.2	Emergency PPH and eclampsia boxes are ready.	
		5.1.3	Medical gases, drugs for local, general anesthesia, muscle relaxants, opioid analgesics, other drugs available in OT	
5.2	Inventory Management Storage	5.2.1	There is procedure for calculating and maintaining buffer stock and stock register. Drugs are stored in containers/ tray/crash cart and are labelled, Expiry dates are maintained,	
		5.2.2	Temperature of refrigerators are kept as per storage requirement of vaccines and other drugs, and records are maintained.	
		5.2.3	Narcotics, psychotropic, anesthetic agents kept in lock & key.	
5.3	High Alert Medicines	5.3.1	High alert drugs such as Magsulf, Oxytocin, Carbopost, Adrenaline are identified.	
		5.3.2	There is a system of independent double check before administration & a process to ensure that right	

			doses of high alert drugs are only given.	
5.4	Prescription	5.4.1	Medication orders are written legibly and adequately Every Medical advice and procedure is accompanied with date, time and signature and name of prescribing person. Error prone medical abbreviations are avoided.	
5.5	Drug administration	5.5.1	Drugs are checked for expiry and other inconsistency before.	
		5.5.2	Nursing staff is aware 7 Rs of Medication and follows them. Administration of medicines done after ensuring right patient, right drugs, right route, right time, right dose , right reason and right documentation.	
5.6	Adverse drug events	5.6.1	Any adverse drug reaction is recorded and reported. Adverse drug reaction form is available in labour room	
5.7	Blood safety	5.7.1	There is established procedure for transfusion of blood. Protocol of blood transfusion is monitored & regulated by a qualified person. Blood is kept on room temperature (28 °C) before transfusion.	
		5.7.2	There is a system of monitoring and reporting of transfusion complication. Any major or minor transfusion reaction is recorded and reported to responsible	

			person, After transfusion, reaction form is returned back to blood bank, even when there is no reaction.	
Standard 5 final response (Yes/No):				
6	The facility has defined and established procedures for nursing care, and for informing patients about the medical condition, and involving them in treatment			
6.1	Patient Identification	6.1.1	Procedure for identification of patients is established e.g. Identification tags for mother and baby for ensuring the identification before any clinical procedure.	
6.2	Verbal orders	6.2.1	There is a process to ensure the accuracy of verbal/telephonic orders. Verbal orders are rechecked before administration. Verbal orders are documented in the case sheet	
6.3	Handover-Takeover	6.3.1	Patient hand over is given during the change in the shift. Hand over is given bed side explaining the condition, care provided and any specific care if required. Nursing Handover register is maintained	
6.4	High Risk patients	6.4.1	The facility identifies high risk patients and ensure their care, as per their need. List of cases identified as High Risk is available with labour room staff and protocol for their periodic observation.	
6.5	Informed Consent	6.5.1	Informed consent is taken before treatment and procedures. Details of procedure, anesthesia potential risks and	

			complications are explained. Signed by patient, next to kin, one witness. There should be a separate consent for anesthesia	
6.6	Information sharing	6.6.1	Information about the treatment is shared with patients regularly. Patient's relative is involved in decision making about treatment.	
		6.6.2	Pregnant woman and her family members are informed and consulted before C-Section or referral.	
Standard 6 final response (Yes/No):				
7	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage			
7.1	Standard templates	7.1.1	Adequate standard forms and formats, consent forms, Anesthesia form, surgical safety check list , partographs etc. are available at point of use	
7.2	Case Records	7.2.1	All the assessments, re-assessment and investigations are recorded and updated. Progress of labour is recorded All treatment plan prescription /orders, Procedures performed are recorded in the patient records.	
		7.2.2	Delivery note is adequate. Outcome of delivery, date and time, gestational age, delivery conducted by, type of delivery, complication if any, indication of intervention, date and time of transfer, cause of death etc.	
		7.2.3	Baby note is adequate, Essential new born care, resuscitation if any, Sex, weight, time of initiation of breastfeed, birth doses, congenital anomaly etc. are recorded	

7.3	Operative notes	7.3.1	Operative Notes are recorded. (Name of person in attendance during procedure, Pre and postoperative diagnosis, Procedures carried out, length of procedures, estimated blood loss, Fluid administered, specimen removed, complications etc. Incision, closing of Uterine Incision, difficulties if any, Haemostasis, suture material.)	
		7.3.2	Post operative notes and orders recorded (vital signs, Urine output, Pain control, Rate and type of IV fluids, other medications and Laboratory investigations	
		7.3.3	Anesthesia Notes are recorded. Anesthesia type, induction, airway, intubation, inhalation agents, epidural, spinal, allergies, IV fluids Records of Monitoring/ Assessments are maintained.	
		7.3.4	Adverse event reporting is done. Records of Monitoring/ Assessments are maintained.	
7.4	Death records	7.4.1	Maternal and neonatal death, Still birth records are maintained. Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible.	
		7.4.2	Every still birth is examined, classified before declaration	
Standard 7 final response (Yes/No):				
8	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load, defined procedure for Trainings, refresher training and a procedure for assessment of Clinical competence of staff			
8.1	Staff adequacy & staff duties	8.1.1	1OB, 1Paediatrician, 1 anaesthetist, 1 nurse, 1 cleaning staff, OT attendant/assistant	

		8.1.2	Roles & Responsibilities of administrative and clinical staff are determined.	
		8.1.3	Staff is available on duty as per duty roster. Staff adhere to their dress code as per hospital policy and Use Identity card	
8.2	Evidence based Standard Treatment Guidelines	8.2.1	Staff is aware of the drug regime and doses as per STG. (Intrapartum care, Essential newborn care, Newborn Resuscitation, Pre-Eclampsia, Eclampsia, Postpartum hemorrhage, Obstructed Labour, Management of preterm labour)	
8.3	Display of clinical protocols	8.3.1	Clinical Protocols on AMSTL, Preparing Partograph, PPH, Eclampsia, Infection control, Essential Newborn Care, New born resuscitation. Infection control & bio medical waste management. List of Don'ts/ Harmful Activities are displayed at labour Room. Work instructions are displayed at Point of use.	
8.4	Trainings	8.4.1	Training, refresher training, is done at least once in a year. (Essential and relevant clinical topics, BMW, Infection control and hand hygiene, Patient safety, RMC, Quality Management included)	
		8.4.2	Trainings on ALS and CPR, OT scheduling, equipment maintenance, Fumigation, Surveillance, surgical procedures and emergency protocols to all category of staff at the time of induction and once in a year. Staff should be	

			trained in SOPs Training records maintained.	
8.5	Assessment of Clinical competence	8.5.1	Competence assessment is done at least once in a year. Parameters for assessing skills and proficiency of doctors, nurses and paramedical staff based on job description are defined for each cadre of staff.	
8.6	Health of staff	8.6.1	Post-exposure prophylaxis & protocols available	
8.7	Médical checkup and immunisation	8.7.1	Periodic Medical Check-up and immunization of staff is done. Hepatitis B, Tetanus toxoid	
Standard 8 final response (Yes/No):				
9	The facility attempts to improve quality and measures Clinical Care & Safety, Service Quality Indicators Periodically			
9.1	Patient satisfaction	9.1.1	Patient feedback is collected and grievances addressed	
9.2	Quality Assurance	9.2.1	Daily round by consultant/medical officer/ / Hospital Manager/ sister in charge/ for monitoring of services and QOC	
9.3	SOPs	9.3.1	The facility has documented and implemented Standard Operating Procedures for all key processes and support services (prepared and approved). The facility has written (SOP) for registration, admission and for managing patients, their initial assessment, and triaging. SOP for patient's rights, safety & risk management, support services & facility management, general patient care processes.	

			SOPs for Intrapartum care, Natural Birthing Process and Birth Companion, immediate postpartum care, management of complications	
9.4	Internal Assessment	9.4.1	Checklist are used for monitoring. Internal assessment is done at periodic interval. Non Compliances are recorded. Action plan prepared, corrective actions are taken. Data collection, analysis & use for Quality management & improvement	
9.5	Audits	9.5.1	C Section Audited quarterly, Maternal Death, Neonatal Death, stillbirth, Referral, Near Miss cases) Medication & Patient care safety risks assessment reviewed quarterly	
9.6	Indicators	9.6.1	Clinical Care & Safety, Service Quality Indicators are monitored periodically. C section rate, Surgical Site infection rate. No. of cases of Neonatal Sepsis, No of adverse events recorded, No of complicated cases managed, % of environmental swab culture reported positive of the No of swabs sent etc. (as per format).	
Standard 9 final response (Yes/No):				

10	The facility has established procedures for preoperative assessment, preparation and monitoring of the patients during surgery and anesthesia			
10.1	Preoperative assessment	10.1.1	There is a procedure for Pre-Operative assessment of patients and preparation. (arrangement of Blood, Catheterization, Administration of Antacids etc) .Antibiotic Prophylaxis and Tetanus given as indicated	
10.2	Pre Anesthesia and Anaesthesia Services.	10.2.1	There is procedure to ensure that Pre Anesthesia check-up has been done before surgery and Anesthesia plan is documented. Time is mentioned on all entries, of anaesthesia monitoring sheet. Anesthesia equipment are checked before induction. Sufficient reserve of gases confirmed. Vaporizers are connected, Laryngoscope, ET tube and suction App are ready and clean. Time of last food intake is mentioned. WHO Anesthesia Safety Checklist is used.	
10.3	Identification of patient	10.3.1	There is a process for ensuring the identification of patient before any clinical procedure. There is a process to prevent wrong surgery	
10.4	During anesthesia	10.4.1	Patient's vitals are recorded. Airway security is ensured. Breathing system of anaesthesia equipment that delivers gas to the patient is securely and correctly assembled and breathing circuits are clean. Potency and level of anaesthesia is monitored. Anesthesia note is recorded, signed and complete, with post anesthesia instructions. Any adverse Anesthesia Event is	

			recorded and reported. Post anaesthesia status is monitored and documented	
10.5	Postoperative care	10.5.1	Patients are observed in postoperative area before shifting to inpatient ward after surgery. Frequent monitoring of vitals, Strict IO charting, etc as per orders	
10.6	Handover Takeover	10.6.1	There is procedure of handing over from OT to Maternity Wards, HDU and SNCU, Patient hand over is given during the change in the shift	
Standard 10 final response (Yes/No):				