

**GOVERNMENT OF WEST BENGAL**  
**DIRECTORATE OF HEALTH SERVICES**  
**HOSPITAL ADMINISTRATION BRANCH, GRANTHAGAR BHAVAN**  
**SWASTHYA BHAVAN, GN 29, SECTOR V, BIDHANNAGAR**

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Memo no HFW-40012/22/2019/263

Date - 04.06.2019

As part of Quality Assurance Programme implementation in the State, implementation of a shorter version of quality assessment tool was under active consideration of this Department. It was also felt that a method to encourage self motivation of all staff towards adherence to simple quality assurance methods should be implemented.

Now after careful consideration, it has been decided that two tools namely Quality Assessment Tool (QAT) and Self Assessment Tool (SAT) will be implemented across all primary and secondary tier facilities (BPHC/ RH/ SGH/ SDH/ SSH/ DH and 5 DHs newly turned into MCHs).

Details of filling up of the tools are given in Annexure A.

Hospital authorities must ensure that Self Assessment Tools (SAT) are filled up at the end of day's work by all categories of staff who are caregivers to patients (Doctors, Nursing personnel, Technicians, *Karmabandhus*, *Karma Sahayaks*, Kitchen staff etc.).

For hand wash, liquid soap solution and for hand rub, alcoholic hand rub must be made available throughout the year at all hand washing points. **Infection Control Nurses of all tiers of Hospitals must train all staff of the facility in hand washing and hand rub use.**

Quality Assessment Tool (QAT) will be filled up every month by Superintendent, Nursing Superintendent, Ward Sisters, Assistant Superintendents, Facility Managers, Pharmacists, and Facility level Quality Managers by a roster distribution of all wards and user units among themselves. Superintendents/ BMOHs will prepare the roster for this Internal Assessment.

All records of QAT and SAT are to be preserved by hospital authority which will be audited at fixed intervals.

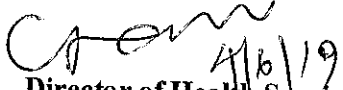
Every month, as a part of Internal- External assessment, teams from District will visit all hospitals within a District in a roster which will be notified by State. This team will again assess the facility using the same Quality Assessment Tool (QAT). This team will cross check the Self Assessment Tool (SAT) filled up by staff. Their report will be compiled by District Quality Assurance Unit (DQAU) and will be sent directly to State QA cell.

Every three months, as part of External assessment, a team from State will visit five-ten facilities of the District, and will assess the facilities using the same Quality Assessment Tool (QAT). They will also cross check the Self Assessment Tool (SAT) filled up by staff. Their report will be compiled by District Quality Assurance Unit (DQAU) and will also be sent directly to State QA cell.

State QA cell will analyse the results of District's and State Team's assessment and will give feedback to both Districts and State.

This order will take place with immediate effect.

This order is issued as per approval of Mission Director, National Health Mission, West Bengal.

  
4/6/19  
**Director of Health Services**  
**West Bengal**

Memo no. HFW - 46012/22/2019/263-1(20)

Date- 09.06.2019

Copy for information and na.to-

1. Mission Director, National Health Mission, WB
2. AMD, NHM, WB
3. PO NHM 1, WB
4. PO NHM 2, WB
5. Jt DHS FW & SFWO
6. Jt DHS Nursing
7. DDHS HA
8. MSVP- Diamond Harbour Govt MCH, Purulia Govt MCH, Rampurhat Govt MCH,  
Coochbehar MJN Govt. MCH, Raigunj MCH
9. CMOH- all Districts and Health Districts
10. Superintendents- all DH/SDH/SGH/SSH
11. Deputy Superintendents- Diamond Harbour Govt MCH, Purulia Govt MCH, Rampurhat  
Govt MCH, Coochbehar MJN Govt. MCH, Raigunj MCH
12. Deputy Superintendent- Sambhu Nath Pandit Hospital
13. Superintendent- LDVH
14. BMOH- all RH/BPHCs
15. District Consultants (Quality Assurance)- all Districts
16. District Consultants (Public Health)- - all Districts
17. District Consultants (Quality Monitoring)- - all Districts
18. Programme Assistants- - all Districts
19. Office copy
20. In charge IT cell to post one copy of this order in website.

  
09/06/19  
Jt DHS HA

**Annexure A-****Quality Assessment Tool (QAT)****QAT Emergency**

Name of facility	
Name of facility in charge	
Contact number of facility in charge	
Name of assessor	
Date of assessment	
Signature of assessor	

**Quality Assessment-**

<b>Patient Rights</b>				
1.	Availability departmental signage's	Input	Yes/No	(Remarks if any)
2.	Directional signage for department is displayed	Input	Yes/No	
3.	Important numbers including ambulance, blood bank , police and referral centres displayed	Input	Yes/No	
4.	Signage's and information are available in local language	Input	Yes/No	
5.	Check that patient party has not spent on purchasing drugs or consumables from outside.	Process	Yes/No	
6.	Check that patient party has not spent on diagnostics from outside.	Process	Yes/No	
<b>Inputs</b>				
7.	Separate Hand washing and gowning area	Input	Yes/No	
8.	ER has installed fire Extinguisher that is Class A , Class B, C type or ABC type	Input	Yes/No	
<b>Support Services</b>				
9.	All equipments are covered under AMC including preventive maintenance	Input	Yes/No	
10.	Emergency Drug Tray is maintained	Process	Yes/No	
11.	All the measuring equipments/ instrument are calibrated	Input/Process	Yes/No	
<b>Clinical Services</b>				
12.	Admission criteria for ER is defined & followed	Process	Yes/No	
13.	Initial assessment of all admitted patient	Process	Yes/No	

	done as per standard protocols			
14.	Provisional Diagnosis is recorded	Process	Yes/No	
15.	Treatment chart are maintained	Process	Yes/No	
16.	Check for BHT if drugs are prescribed under generic name only	Process	Yes/No	
17.	Maximum dose of high alert drugs are defined and communicated	Process	Yes/No	
<b>Infection Control</b>				
18.	Availability of hand washing Facility at Point of Use	Input	Yes/No	
19.	Availability of running Water	Input	Yes/No	
20.	Availability of liquid soap	Input	Yes/No	
21.	Availability of Alcohol based Hand rub	Input	Yes/No	
22.	Display of Hand washing Instruction at Point of Use	Input	Yes/No	
23.	Availability of elbow operated taps	Input	Yes/No	
24.	Hand washing sink is wide and deep enough to prevent splashing and retention of water	Input	Yes/No	
25.	Clean gloves are available at point of use	Input	Yes/No	
26.	Availability of Mask	Input	Yes/No	
27.	Availability of gown/ Apron	Input	Yes/No	
28.	Availability of shoe cover	Input	Yes/No	
29.	Availability of Caps	Input	Yes/No	
30.	Personal protective kit for infectious patients	Input	Yes/No	
31.	Use of three bucket system for mopping	Input	Yes/No	
32.	Availability of plastic colour coded plastic bags	Input	Yes/No	
33.	Segregation of different category of waste as per guidelines	Process	Yes/No	
34.	Display of work instructions for segregation and handling of Biomedical waste	Input	Yes/No	
35.	Availability of functional needle cutters	Input	Yes/No	

### QAT In Patient's Department

Name of facility	
Name of facility in charge	
Contact number of facility in charge	
Name of assessor	
Date of assessment	
Signature of assessor	

### Quality Assessment-

Patient Rights				
1.	Availability departmental signage's	Input	Yes/No	(Remarks if any)
2.	Directional signage for department is displayed	Input	Yes/No	
3.	Signage's and information are available in local language	Input	Yes/No	
4.	Check that patient party has not spent on purchasing drugs or consumables from outside.	Process	Yes/No	
5.	Check that patient party has not spent on diagnostics from outside.	Process	Yes/No	
Inputs				
6.	Separate Hand washing and gowning area	Input	Yes/No	
7.	Step down area in close proximity	Input	Yes/No	
8.	IPD has installed fire Extinguisher that is Class A , ClassB, C type or ABC type	Input	Yes/No	
Support Services				
9.	All equipments are covered under AMC including preventive maintenance	Input	Yes/No	
10.	Emergency Drug Tray is maintained	Process	Yes/No	
11.	All the measuring equipments/ instrument are calibrated	Input/Process	Yes/No	
Clinical Services				
12.	Admission criteria for IPD is defined & followed	Process	Yes/No	
13.	Initial assessment of all admitted patient done as per standard protocols	Process	Yes/No	
14.	Provisional Diagnosis is recorded	Process	Yes/No	
15.	Treatment chart are maintained	Process	Yes/No	
16.	Check for BHT if drugs are prescribed under generic name only	Process	Yes/No	
17.	Maximum dose of high alert drugs are defined and communicated	Process	Yes/No	

<b>Infection Control</b>				
18.	Availability of hand washing Facility at Point of Use	Input	Yes/No	
19.	Availability of running Water	Input	Yes/No	
20.	Availability of liquid soap	Input	Yes/No	
21.	Availability of Alcohol based Hand rub	Input	Yes/No	
22.	Display of Hand washing Instruction at Point of Use	Input	Yes/No	
23.	Availability of elbow operated taps	Input	Yes/No	
24.	Hand washing sink is wide and deep enough to prevent splashing and retention of water	Input	Yes/No	
25.	Clean gloves are available at point of use	Input	Yes/No	
26.	Availability of Mask	Input	Yes/No	
27.	Availability of gown/ Apron	Input	Yes/No	
28.	Availability of shoe cover	Input	Yes/No	
29.	Availability of Caps	Input	Yes/No	
30.	Personal protective kit for infectious patients	Input	Yes/No	
31.	Use of three bucket system for mopping	Input	Yes/No	
32.	Availability of plastic colour coded plastic bags	Input	Yes/No	
33.	Segregation of different category of waste as per guidelines	Process	Yes/No	
34.	Display of work instructions for segregation and handling of Biomedical waste	Input	Yes/No	
35.	Availability of functional needle cutters	Input	Yes/No	

### QAT Labour Room

<b>Name of facility</b>	
<b>Name of facility in charge</b>	
<b>Contact number of facility in charge</b>	
<b>Name of assessor</b>	
<b>Date of assessment</b>	
<b>Signature of assessor</b>	

### Quality Assessment-

<b>Patient Rights</b>				
1.	Availability departmental signage's	Input	Yes/No	(Remarks if any)
2.	Directional signage for department is displayed	Input	Yes/No	
3.	Signage's and information are available in local language	Input	Yes/No	
4.	Check that patient party has not spent on purchasing drugs or consumables from outside.	Process	Yes/No	
5.	Availability of screen/ partition at delivery tables	Input	Yes/No	
6.	Curtains / frosted glass have been provided at windows	Input	Yes/No	
7.	Check that patient party has not spent on diagnostics from outside.	Process	Yes/No	
<b>Inputs</b>				
8.	Separate Hand washing and gowning area	Input	Yes/No	
9.	Step down area in close proximity	Input	Yes/No	
10.	LR has installed fire Extinguisher that is Class A , ClassB, C type or ABC type	Input	Yes/No	
<b>Support Services</b>				
11.	Availability of clean Drape, Macintosh on the Delivery table,	Input	Yes/No	
12.	Gown are provided in labour room	Input	Yes/No	
13.	Availability of Baby blanket, sterile drape for baby	Input	Yes/No	
14.	All equipments are covered under AMC including preventive maintenance	Input	Yes/No	
15.	Emergency Drug Tray is maintained	Process	Yes/No	
16.	All the measuring equipments/ instrument are calibrated	Input/Process	Yes/No	
<b>Clinical Services</b>				
17.	Rapid Initial assessment of Pregnant	Process	Yes/No	



	Women to identify complication and Prioritize care			
18.	Recording and reporting of Clinical History	Process	Yes/No	
19.	Recording of current labour details	Process	Yes/No	
20.	Physical Examination	Process	Yes/No	
21.	There is fixed schedule for reassessment of Pregnant women as per standard protocol	Process	Yes/No	
22.	Partograph is used and updated as per stages of labour	Process	Yes/No	
23.	Progress of labour is recorded	Process	Yes/No	
24.	Treatment prescribed in nursing records	Process	Yes/No	
25.	Delivery note is adequate	Process	Yes/No	
26.	Baby note is adequate	Process	Yes/No	
27.	Standard Formats available	Input	Yes/No	
<b>Infection Control</b>				
28.	Availability of hand washing Facility at Point of Use	Input	Yes/No	
29.	Availability of running Water	Input	Yes/No	
30.	Availability of liquid soap	Input	Yes/No	
31.	Availability of Alcohol based Hand rub	Input	Yes/No	
32.	Display of Hand washing Instruction at Point of Use	Input	Yes/No	
33.	Availability of elbow operated taps	Input	Yes/No	
34.	Hand washing sink is wide and deep enough to prevent splashing and retention of water	Input	Yes/No	
35.	Clean gloves are available at point of use	Input	Yes/No	
36.	Availability of Mask	Input	Yes/No	
37.	Availability of gown/ Apron	Input	Yes/No	
38.	Availability of shoe cover	Input	Yes/No	
39.	Availability of Caps	Input	Yes/No	
40.	Personal protective kit for infectious patients	Input	Yes/No	
41.	Use of three bucket system for mopping	Input	Yes/No	
42.	Availability of plastic colour coded plastic bags	Input	Yes/No	
43.	Segregation of different category of waste as per guidelines	Process	Yes/No	
44.	Display of work instructions for segregation and handling of Biomedical waste	Input	Yes/No	
45.	Availability of functional needle cutters	Input	Yes/No	

## QAT OT

<b>Name of facility</b>	
<b>Name of facility in charge</b>	
<b>Contact number of facility in charge</b>	
<b>Name of assessor</b>	
<b>Date of assessment</b>	
<b>Signature of assessor</b>	

### Quality Assessment-

<b>Patient Rights</b>				
1.	Availability of departmental signage's	Input	Yes/No	(Remarks if any)
2.	Signage for restricted area are displayed	Input	Yes/No	
3.	Zones of OT are marked			
4.	Display doctor/ Nurse on duty and updated	Input	Yes/No	
5.	OT schedule displayed	Input	Yes/No	
6.	Signage's and information are available in local language	Input	Yes/No	
7.	Availability of screen between OT table	Input	Yes/No	
8.	Patients are properly draped/covered before and after produce	Process	Yes/No	
9.	Patient Records are kept at secure place beyond access to general staff/visitors	Process	Yes/No	
10.	Consent for OT taken in proper format	Process	Yes/No	
<b>Inputs</b>				
11.	Demarcated Protective Zone	Input	Yes/No	
12.	Demarcated Clean Zone	Input	Yes/No	
13.	Demarcated sterile Zone	Input	Yes/No	
14.	Demarcated disposal Zone	Input	Yes/No	
15.	Availability of Changing Rooms	Input	Yes/No	
16.	Availability of Pre Operative Room	Input	Yes/No	
17.	Availability of earmarked area for newborn Corner	Input	Yes/No	
18.	Availability of Post Operative Room	Input	Yes/No	
19.	Availaility of Scrub Area	Input	Yes/No	
20.	Availability of Autoclave room/ TSSU	Input	Yes/No	
21.	Availability of dirty utility area	Input	Yes/No	
22.	Availability of store	Input	Yes/No	
23.	Separate Hand washing and gowning area	Input	Yes/No	
24.	Step down area in close proximity	Input	Yes/No	
25.	OT has installed fire Extinguisher that is Class A , ClassB, C type or ABC type	Input	Yes/No	

<b>Support Services</b>				
26.	All equipments are covered under AMC including preventive maintenance	Input	Yes/No	
27.	Emergency Drug Tray is maintained	Process	Yes/No	
28.	All the measuring equipments/ instrument are calibrated	Input/Process	Yes/No	
<b>Clinical Services</b>				
29.	Records of Monitoring/ Assessments are maintained	Process	Yes/No	
30.	Treatment plan, first orders are written on BHT	Process	Yes/No	
31.	Operative Notes are Recorded	Process	Yes/No	
32.	Anaesthesia Notes are Recorded	Process	Yes/No	
33.	Registers and records are maintained as per guidelines	Process	Yes/No	
34.	All register/records are identified and numbered	Process	Yes/No	
35.	Safe keeping of patient records	Process	Yes/No	
36.	There is procedure OT Scheduling	Process	Yes/No	
37.	Patient evaluation before surgery is done and recorded	Process	Yes/No	
38.	Antibiotic Prophylaxis given as indicated	Process	Yes/No	
39.	There is a process to prevent wrong site and wrong surgery	Process	Yes/No	
40.	Surgical site preparation is done as per protocol	Process	Yes/No	
41.	Surgical Safety Check List is used for each surgery	Process	Yes/No	
42.	Sponge and Instrument Count Practice is implemented	Process	Yes/No	
43.	Post operative monitoring is done before discharging to ward	Process	Yes/No	
44.	Post operative notes and orders are recorded	Process	Yes/No	
<b>Infection Control</b>				
45.	Surface and environment samples are taken for microbiological surveillance	Process	Yes/No	
46.	Availability of hand washing Facility at Point of Use	Input	Yes/No	
47.	Availability of running Water	Input	Yes/No	
48.	Availability of liquid soap	Input	Yes/No	
49.	Availability of Alcohol based Hand rub	Input	Yes/No	
50.	Display of Hand washing Instruction at Point of Use	Input	Yes/No	

51.	Availability of elbow operated taps	Input	Yes/No	
52.	Hand washing sink is wide and deep enough to prevent splashing and retention of water	Input	Yes/No	
53.	Clean gloves are available at point of use	Input	Yes/No	
54.	Availability of Mask	Input	Yes/No	
55.	Availability of gown/ Apron	Input	Yes/No	
56.	Availability of shoe cover	Input	Yes/No	
57.	Availability of Caps	Input	Yes/No	
58.	Personal protective kit for infectious patients	Input	Yes/No	
59.	Use of three bucket system for mopping	Input	Yes/No	
60.	Availability of plastic colour coded plastic bags	Input	Yes/No	
61.	Segregation of different category of waste as per guidelines	Process	Yes/No	
62.	Display of work instructions for segregation and handling of Biomedical waste	Input	Yes/No	
63.	Availability of functional needle cutters	Input	Yes/No	

### QAT Radiology

<b>Name of facility</b>	
<b>Name of facility in charge</b>	
<b>Contact number of facility in charge</b>	
<b>Name of assessor</b>	
<b>Date of assessment</b>	
<b>Signature of assessor</b>	

### Quality Assessment-

<b>Patient Rights</b>				
1.	Availability departmental signage's	Input	Yes/No	(Remarks if any)
2.	Display of PNDT Notice at USG	Input	Yes/No	
3.	Display of cautionary signage outside the X ray department	Input	Yes/No	
4.	List of services available are displayed at the entrance	Input	Yes/No	
5.	Timing for taking X ray and collection of reports are displayed outside the X ray department	Input	Yes/No	
6.	User charges in r/o X ray services are displayed at entrance	Input	Yes/No	
7.	Form F for USG under PNDT maintained for scan of pregnant woman	Process	Yes/No	
<b>Inputs</b>				
8.	Unshielded opening for Ventilation and natural light has been provided in X ray room as per AERB safety code	Input	Yes/No	
9.	Installation of control panel of X ray equipment is as Per AERB safety Code	Input	Yes/No	
10.	Distance between control panel and X ray unit is as per AERB safety code	Input	Yes/No	
11.	Location of dark room is as per AERB safety code	Input	Yes/No	
12.	Dark room has X ray developing tanks with water supply	Input	Yes/No	
13.	Dark room has provision of safe light in dark room	Input	Yes/No	
14.	There is separate storage area for undeveloped X ray films and personal monitoring devices in protected area away from radiation sources	Input	Yes/No	
15.	Radiology has installed fire	Input	Yes/No	

	Extinguisher that is Class A , ClassB, C type or ABC type			
<b>Support Services</b>				
16.	All equipments are covered under AMC including preventive maintenance	Input	Yes/No	
17.	There is system of timely corrective break down maintenance of the equipments	Process	Yes/No	
18.	TLD badges are available with all staff of X ray department and records of its regular assessment is done by X ray department	Input	Yes/No	
19.	All the measuring equipments/ instrument are calibrated	Input/Process	Yes/No	
<b>Clinical Services</b>				
20.	X ray has system to identify person from whom X ray is taken	Process	Yes/No	
21.	X ray has system to trace the X ray from requisition form	Process	Yes/No	
22.	X ray has system to record the identity of Radiographer operating the X ray	Process	Yes/No	
23.	Records of type of X ray prescribed is made at the time of reception	Process	Yes/No	
24.	Requisition of all USG examination is done in request form	Process	Yes/No	

## QAT Pathology

<b>Name of facility</b>	
<b>Name of facility in charge</b>	
<b>Contact number of facility in charge</b>	
<b>Name of assessor</b>	
<b>Date of assessment</b>	
<b>Signature of assessor</b>	

## Quality Assessment-

<b>Patient Rights</b>				
1.	Availability departmental signage's	Input	Yes/No	(Remarks if any)
2.	Restricted area signage are displayed	Input	Yes/No	
3.	List of services available are displayed at the entrance	Input	Yes/No	
4.	Timing for collection of sample and delivery of reports are displayed	Input	Yes/No	
5.	Signage's and information are available in local language	Input	Yes/No	
6.	Lab Reports are provided to Patient in proper printed format	Process	Yes/No	
<b>Inputs</b>				
7.	Laboratory space is adequate for carrying out activities	Input	Yes/No	
8.	Availability of adequate waiting area	Input	Yes/No	
9.	Availability of sitting arrangement of sub waiting area	Input	Yes/No	
10.	Availability of patient calling system at lab	Input	Yes/No	
11.	Availability of functional toilets	Input	Yes/No	
12.	Availability of drinking water	Input	Yes/No	
13.	Demarcated sample collection area	Input	Yes/No	
14.	Demarcated testing area	Input	Yes/No	
15.	Designated report writing area	Input	Yes/No	
16.	Demarcated washing and waste disposal area	Input	Yes/No	
17.	Availability of store	Input	Yes/No	
18.	Availability of collection counters as per load	Input	Yes/No	
19.	All equipments are covered under AMC including preventive maintenance	Input	Yes/No	
20.	There is system of timely corrective break down maintenance of the equipments	Input	Yes/No	
21.	Periodic cleaning, inspection and maintenance of the equipments is done by	Input	Yes/No	

	the operator			
22.	Each lot of reagents has to be checked against earlier tested in use reagent lot or with suitable reference material before being placed in service and result should be recorded.	Input	Yes/No	
23.	Up to date instructions for operation and maintenance of equipments are readily available with staff.	Input	Yes/No	
<b>Support Services</b>				
24.	All equipments are covered under AMC including preventive maintenance	Input	Yes/No	
25.	There is system of timely corrective break down maintenance of the equipments	Input	Yes/No	
26.	All the measuring equipments/ instrument are calibrated	Process	Yes/No	
<b>Clinical services</b>				
27.	Requisition of all laboratory test is done in request form	Process	Yes/No	
28.	Laboratory has system in place to label the primary sample	Process	Yes/No	
29.	Testing procedure are readily available at work station and staff is aware of them	Process	Yes/No	
30.	Laboratory has Biological reference interval for its examination of various results	Process	Yes/No	
31.	Laboratory has identified critical intervals for which immediate notification is done to concerned physician	Process	Yes/No	
32.	Laboratory has system to review the results of examination by authorized person before release of report	Process	Yes/No	
33.	Laboratory has format for reporting of results	Input	Yes/No	
34.	Laboratory has system to provide the reports within defined cycle time/ or each category of patient -routine and emergency	Input	Yes/No	
35.	Laboratory results written in reports are legible without error in transcription	Input	Yes/No	
36.	Laboratory has defined the retention period and disposal of used sample	Input	Yes/No	
37.	Laboratory has tagged with EQAS system	Input	Yes/No	
38.	Laboratory has reviewed periodically EQAS results and corrective measures taken	Process	Yes/No	



**QAT SNCU**

<b>Name of facility</b>	
<b>Name of facility in charge</b>	
<b>Contact number of facility in charge</b>	
<b>Name of assessor</b>	
<b>Date of assessment</b>	
<b>Signature of assessor</b>	

**Quality Assessment-**

<b>Patient Rights</b>				
1.	Availability departmental signage's	Input	Yes/No	(Remarks if any)
2.	Directional signage for department is displayed	Input	Yes/No	
3.	Signage's and information are available in local language	Input	Yes/No	
4.	Check that patient party has not spent on purchasing drugs or consumables from outside.	Process	Yes/No	
5.	Check that patient party has not spent on diagnostics from outside.	Process	Yes/No	
<b>Inputs</b>				
6.	Separate Hand washing and gowning area	Input	Yes/No	
7.	Step down area in close proximity	Input	Yes/No	
8.	SNCU has installed fire Extinguisher that is Class A , ClassB, C type or ABC type	Input	Yes/No	
<b>Support Services</b>				
9.	All equipments are covered under AMC including preventive maintenance	Input	Yes/No	
10.	Emergency Drug Tray is maintained	Process	Yes/No	
11.	All the measuring equipments/ instrument are calibrated	Input/Process	Yes/No	
<b>Clinical Services</b>				

12.	Admission criteria for SNCU is defined & followed	Process	Yes/No	
13.	Initial assessment of all admitted patient done as per standard protocols	Process	Yes/No	
14.	Provisional Diagnosis is recorded	Process	Yes/No	
15.	Treatment chart are maintained	Process	Yes/No	
16.	Check for BHT if drugs are prescribed under generic name only	Process	Yes/No	
17.	Maximum dose of high alert drugs are defined and communicated	Process	Yes/No	
<b>Infection Control</b>				
18.	Availability of hand washing Facility at Point of Use	Input	Yes/No	
19.	Availability of running Water	Input	Yes/No	
20.	Availability of liquid soap	Input	Yes/No	
21.	Availability of Alcohol based Hand rub	Input	Yes/No	
22.	Display of Hand washing Instruction at Point of Use	Input	Yes/No	
23.	Availability of elbow operated taps	Input	Yes/No	
24.	Hand washing sink is wide and deep enough to prevent splashing and retention of water	Input	Yes/No	
25.	Clean gloves are available at point of use.	Input	Yes/No	
26.	Availability of Mask	Input	Yes/No	
27.	Availability of gown/ Apron	Input	Yes/No	
28.	Availability of shoe cover	Input	Yes/No	
29.	Availability of Caps	Input	Yes/No	
30.	Personal protective kit for infectious patients	Input	Yes/No	
31.	Use of three bucket system for mopping	Input	Yes/No	
32.	Availability of plastic colour coded plastic bags	Input	Yes/No	
33.	Segregation of different category of waste as per guidelines	Process	Yes/No	

34.	Display of work instructions for segregation and handling of Biomedical waste	Input	Yes/No	
35.	Availability of functional needle cutters	Input	Yes/No	

**HOSPITAL SCORE-**

**NAME OF HOSPITAL-**

**TYPE OF FACILITY- MCH/DH/SSH/SGH/RH/BPHC**

		Total checkpoints	Total points	Score obtained	Percentage
1	Emergency	35	35		
2	IPD	35	35		
3	LR	45	45		
4	OT	63	63		
5	Radiology	24	24		
6	Pathology	38	38		
7	SNCU	35	35		
	Total	275	275		

If there are many wards, then each ward (IPD) shall undergo QAT assessment, and 35 points should be added for each ward (IPD).

For example in a SGH if there are four indoor wards (IPD), then total checkpoints will be 380 (taking 4 IPDs) , and total score will be 380 ( taking 4 IPDs)

**Final percentage obtained is the hospital score.**

**PART B-**

**Self assessment tool-**

**THE RESPONSE SHEET SHOULD BE MADE FOR ONE MONTH (HEREIN SHOWED UPTO DAY 4, BUT IT SHOULD BE UPTO DAY 30 FOR EACH STAFF). SUPERINTENDENT SHOULD CHECK THE FORM FILL UP EVERYDAY.**

**FORM 1:**

Name of facility	
Respondent's name	
Month of assessment	

**SAT (Doctor) Physician/ Paediatrician/ Psychiatry specialist/Dermatologist/GDMO/ Specialists /Bed holders not related with surgical side:**

Sl no	I do hereby declare that-	Respon	Respon	Respon	Respon
		se	se	se	se
		Day 1	Day 2	Day 3	Day 4
1.	I have written date and time while writing prescription in OPD BHT ( if today is OPD date, otherwise please ignore)	Yes/ No	Yes/ No	Yes/ No	Yes/ No
2.	I have written date and time while writing prescription in indoor BHT	Yes/ No	Yes/ No	Yes/ No	Yes/ No
3.	I have written drugs in generic name	Yes/ No	Yes/ No	Yes/ No	Yes/ No
4.	I have done hand-washing six steps on arrival in ward	Yes/ No	Yes/ No	Yes/ No	Yes/ No
5.	I have used liquid soap for hand wash every time	Yes/ No	Yes/ No	Yes/ No	Yes/ No
6.	I have used alcoholic hand-rub solution as per 5 Moments of hand hygiene	Yes/ No	Yes/ No	Yes/ No	Yes/ No
7.	I am aware of biomedical waste management handling rules	Yes/ No	Yes/ No	Yes/ No	Yes/ No
	<b>Signature</b>				

Any incidence which makes me feel motivated-

Any significant event which I would like to mention-

**FORM 2:****SAT (Doctor) Surgeon ( General Surgery/Eye/ENT/Orthopaedics/Gynaecology) and Anaesthesiologists**

Name of facility	
Respondent's name	
Month of assessment	

Sl no	I do hereby declare that-	Response	Response	Response	Response
		Day 1	Day 2	Day 3	Day 4
1.	I have written date and time while writing prescription in OPD BHT ( if today is OPD date, otherwise please ignore)	Yes/ No	Yes/ No	Yes/ No	Yes/ No
2.	I have written date and time while writing prescription in indoor BHT	Yes/ No	Yes/ No	Yes/ No	Yes/ No
3.	I have written drugs in generic name	Yes/ No	Yes/ No	Yes/ No	Yes/ No
4.	I have done hand-washing six steps on arrival in ward	Yes/ No	Yes/ No	Yes/ No	Yes/ No
5.	I have used liquid soap for hand wash every time	Yes/ No	Yes/ No	Yes/ No	Yes/ No
6.	I have used alcoholic hand-rub solution as per 5 Moments of hand hygiene	Yes/ No	Yes/ No	Yes/ No	Yes/ No
7.	I am aware of biomedical waste management handling rules	Yes/ No	Yes/ No	Yes/ No	Yes/ No
8.	I have complied with surgical safety checklist while doing operation ( if any operation done today)	Yes/ No	Yes/ No	Yes/ No	Yes/ No
9.	I have changed gown, gloves, cap, mask after every operation I have done ( if any operation done today)	Yes/ No	Yes/ No	Yes/ No	Yes/ No
10.	I have completed procedure of consent taking from my patient before undertaking operation	Yes/ No	Yes/ No	Yes/ No	Yes/ No
	<b>Signature</b>				

Any incidence which makes me feel motivated-

Any significant event which I would like to mention-

**FORM 3:****SAT Ward sister/Nursing staff/ Pathology MT/Blood bank MT**

Name of facility	
Respondent's name	
Month of assessment	

	I do hereby declare that-	Response	Response	Response	Response
		Day 1	Day 2	Day 3	Day 4
1.	I have done hand-washing six steps on arrival in ward	Yes/ No	Yes/ No	Yes/ No	Yes/ No
2.	I have used liquid soap for hand wash every time	Yes/ No	Yes/ No	Yes/ No	Yes/ No
3.	I have used alcoholic hand-rub solution as per 5 Moments of hand hygiene	Yes/ No	Yes/ No	Yes/ No	Yes/ No
4.	I am aware of infection control practices	Yes/ No	Yes/ No	Yes/ No	Yes/ No
5.	I am aware of biomedical waste management handling rules	Yes/ No	Yes/ No	Yes/ No	Yes/ No
	<b>Signature</b>				

Any incidence which makes me feel motivated-

Any significant event which I would like to mention-

**FORM 4:  
SAT Pharmacist**

Name of facility	
Respondent's name	
Month of assessment	

	I do hereby declare that-	Response	Response	Response	Response
		Day 1	Day 2	Day 3	Day 4
1.	I have checked for expiry drugs in my store and there is none	Yes/ No	Yes/ No	Yes/ No	Yes/ No
	<b>Signature</b>				

Any incidence which makes me feel motivated-

Any significant event which I would like to mention-

**FORM 5:  
SAT Radiology MT**

Name of facility	
Respondent's name	
Month of assessment	

	I do hereby declare that-	Response	Response	Response	Response
		Day 1	Day 2	Day 3	Day 4
1.	I have worn TLD badges while at work	Yes/ No	Yes/ No	Yes/ No	Yes/ No
2.	All Form F for USG have been duly filled up	Yes/ No	Yes/ No	Yes/ No	Yes/ No
	<b>Signature</b>				

Any incidence which makes me feel motivated-

Any significant event which I would like to mention-

**FORM 6:****SAT (Scavenging staff)/ Kitchen staff**

Respondent's name (উত্তরদাতার নাম)	
Month of assessment (মূল্যায়নের মাস)	

	তারিখ	১	২	৩	৪
	I do hereby declare that (আমি এতদ্বারা জানাই যে)	হ্যাঁ (✓) / না(x)	হ্যাঁ (✓) / না(x)	হ্যাঁ (✓) / না(x)	হ্যাঁ (✓) / না(x)
1.	I have done hand-washing six steps on arrival in ward (ওয়ার্ড এ এসে আমি হাত ধোয়ার ছয়টি পদ্ধতি অনুযায়ী হাত ধুয়েছি)				
2.	I have used liquid soap for hand washing every time (প্রতিবার হাত ধোয়ার সময় আমি তরল সাবান ব্যবহার করেছি)				
3.	I have worn utility gloves while I was cleaning (আমি হাতে গ্লাভস পরে কাজ করেছি পরিষ্কার করার সময়)				
4.	I have worn cap and mask while cleaning (আমি মাথায় টুপি ও মুখে মাস্ক পরে কাজ করেছি পরিষ্কার করার সময়)				
5.	I have not used brooms today in patient care areas (রুগীর পরিচর্যার জায়গায় আমি ঝাঁটা ব্যবহার করি নি)				
	Respondent's signature (উত্তরদাতার সই)				

**This form may be explained to respondent by staff nurse/ ward sister/ facility manager/ FLQM/ Asst Super etc. while filling up.**