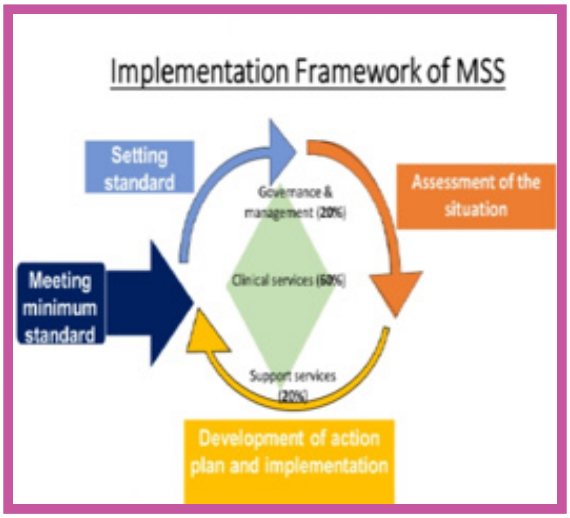
Minimum Service Standards (MSS) for

(न्यूनतम सेवा मापदण्ड)



A Readiness and Service Availability Tool to Improve Quality of

Ayurveda Hospital-Central Level

Government of Nepal
Ministry of Health and Population
Department of Ayurveda and Alternative Medicine
Teku, Kathmandu

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Ref. : *Date : .....*

Remarks

It is my immense pleasure to introduce "Minimum Service Standards for Ayurveda Hospital Central Level" which was approved by Government of Nepal on …./…/……. This is a landmark document to ensure the provision of quality Ayurveda Services to all Nepali citizens. This document incorporates all the existing standards, protocols, guidelines and tools to ensure that minimum quality of services is met ensuring technical, managerial and support services for Ayurveda Hospital Central Level.

I request all the Hospital management committees, directors and in-charges and staffs of Ayurveda Hospitals to act according to the standards and contribute to the implementation of National health policy through provision of quality Ayurveda services.

Finally, I would like to thank everyone involved in the development and finalization of the standards and duly praise their contribution.

……..

Dr. Vasudev Upadhyay

Director General, DoAA

Government of Nepal
Ministry of Health and Population
Department of Ayurveda and Alternative Medicine
Teku, Kathmandu

Ref. : *Date : .....*

Remarks

I am glad to present this milestone document "Minimum Service Standards for Ayurveda Hospital- Central Level". This document incorporates the spirit of Nepal's National Health Policy and strategies and draw-in from available national standards, protocols and guidelines to ensure the provision of quality Ayurveda services to all Nepali citizens.

I request all the Hospital management committees, directors and in-charges and staffs of Ayurveda Hospitals to act according to the standards and contribute to the implementation of National health policy through provision of quality Ayurveda services.

I also thank and congratulate everyone involved in the development of this standard.

Section Chief
DoAA

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Ayurveda Hospital –Central Level Identification Sheet

Name of the Ayurveda Hospital, Address	
Assessment Date	
Assessed By	1.
	2.
	3.
Score of Section I: Governance and Management	
Score of Section II: Clinical Service Management	
Score of Section III: Support Service Management	
Overall MSS Score	
MSS Score Color Category	

Background

Introduction:

The constitution of Nepal has provisioned health as a fundamental right for all its citizens. The Public Health Service Act 2075 outlines basic health services to all for free. The mandate of providing the basic health care services primarily lies with the local government while Ministry of Health and Population is responsible in developing tools, standards and guidelines to ensure provision of quality basic health care services.

In the health system of Nepal, the Ayurveda Hospitals are the referral contact points for Ayurveda health service delivery. There was felt need of development of the minimum service standards (MSS) for all level of the Ayurveda Health Facilities.

The MSS for Ayurveda Hospitals is the readiness tool that sets in minimum set of standards to be fulfilled by the Ayurveda Hospitals to be able to provide the services that it claims to provide. Ayurveda Hospitals can thrive to provide more than what has been enlisted in the MSS but it is crucial that they have first fulfilled the MSS requirements. The MSS is complementary to the existing quality improvement tools in the sense that it will ensure inputs in place before checking on the processes and outputs. It does not detail out how the services are to be provided which is basically the scope of Standard Treatment Protocols.

During the development of the MSS for Ayurveda Hospitals, the framework was prepared with three basic components- governance and management, clinical service management and support service management. The development of MSS for Ayurveda Hospitals is based the guidance of the Department of Ayurveda and Alternative Medicines. The following key documents were referred for the development of MSS:

National Health Policy 2076

- National Ayurveda Health Policy, 2052
- Public Health Service Act, 2075
- Basic Health Service Package, 2075
- Governance (Management and Operation) Act, 2064
- Financial Procedure Regulation, 2064
- Nepal Health Service Regulation, 2055
- Civil Service Regulation, 2050
- Nepal Health Sector strategy 2015 -2020. Ministry of Health and Population, GoN.

- Quality Improvement Tool for Health Facility, 2074
- Implementation Guideline for Social Audit in Health Sector, 2070 Revised 2073
- National Ayurveda Essential medicines
- Infrastructure and Standards Guideline for Quality Drug Manufacturing in Ayurveda Facilities, 2062
- Quality herbs storage guideline , 2076 (गुणस्तरीय जडिबुटी भण्डारण दिग्दर्शन, २०७६)
- Minimum Service Standards (MSS) Checklist to Identify the Gaps in Quality Improvement of Heath Post, Curative Service Division, MoHP, GoN, 2075
- Minimum Service Standards (MSS) Checklist to Identify the Gaps in Quality Improvement of Primary, Secondary and Tertiary Hospitals, Quality Standards and Regulation Division, MoHP, GoN, 2075
- Ayurveda Hospitals Operation Standards and Guideline, MoHP/GoN, 2061
- Treatment Protocol for Ayurveda Hospital Level Part –I, DoA/WHO, 2005
- Treatment Protocol for Zonal Ayurveda Aaushadhalaya Level Part –I, DoA/WHO, 2005
- Treatment Protocol for Ayurveda Dispensaries Level Part –I, DoA/WHO, 2005
- *Nagarik Aarogya Karyakram Sanchalan Nirdeshika*, 2076
- *Panchakarma antragat poorvakarma sewa pradan garne ayurved chikitsak evam swasthekarmiharuko lagi tayar pariyeko talim tatha karyasanchalan margadarshan pustika*, 2075
- Guideline for Heath Management Information System, Recording and Reporting, 2070
- Health care waste management guideline, 2014. Ministry of Health and Population. Government of Nepal

Scope of MSS for Ayurveda Hospitals

The need of the standardization of the readiness of Ayurveda Hospitals for service availability in the light of basic health care services steered MSS for Ayurveda Hospitals with the major scope of assessment of the Ayurveda Hospitals for the present status and gap analysis, development of action plans for improvement and evidence generation for result based investment. It will also be a monitoring tool for Ministry of Health and Population and Department of Ayurveda and Alternative Medicine for assessing status of Ayurveda Hospitals.

Development process

The development of the minimum service standards for the Ayurveda Hospital- Central Level was led by Department of Ayurveda and Alternative Medicine and followed a consultative process among divisions/centers and practitioners.

Figure 1: Process of development of the MSS

First of all, a desk review of all the national policies, strategies, standards, protocols and tools on Ayurveda services were reviewed. Then a template for MSS was developed and shared in first planning and consultative meeting with identified experts from DoAA. The feedback was then incorporated and the template was filled with the information required for completion of tools. The first draft was then shared in the consultative workshop with experts from DoAA. After incorporating the feedback of experts in the workshop, a second draft was prepared. The second draft was presented in a second meeting with experts. The draft was approved for field testing with minor revisions. The revised second draft was used for field testing. For the field testing, Ayurveda Central Level Hospital at Naradevi was visited and the tools were discussed with the Hospital Director after brief orientation regarding the tool. The appropriateness of technical components as well as feasibility of administration of the tools was assessed during the field testing. The feedback received from the Director and the hospital staffs were incorporated in the revised second draft and a final draft was prepared. In the final draft sharing meeting, the final draft, which included the feedback and comments from field testing was shared with the experts from DoAA and representatives from Ministry of Health and Population. The final version of "MSS for Ayurveda Hospital- Central Level" was the product of the final draft sharing meeting. Another subsequent third meeting with identified experts from DoAA approved the completion of the document.

Organization of the standards

The overall service standards are categorized in three major sections: governance and management, clinical service management and support service management. There are a total 674 set of standards with total score of 890, out of which- 104 standards for measuring governance and management and score of 106 and this has weightage of 20%, 418 standards for measuring clinical service management and score of 622 and this has weightage of 60%, and 152 standards for measuring support service management and score of 162 and this has weightage of 20%.

The sections and respective areas are enlisted below:

Section I: Governance and management

1.1 Governance
1.2 Organizational Management
1.3 Human Resource Management and Development
1.4 Financial Management
1.5 Medical Records and Information Management
1.6 Quality Management

Section II: Clinical Service Management

2.1 OPD Services
2.2 Acupuncture / Alternative Medicine Outpatient Service
2.3 Swasta Vritta Outpatient
2.4 Panchakarma Service
2.5 Physiotherapy
2.6 Emergency (ER) Service
2.7 Hospital Pharmacy Service and Manufacturing Unit
2.8 Kshar Sutra Service
2.9 Inpatient Service
2.10 Surgery/ Operation Services
2.11 Laboratory
2.12 Ultrasonogram (USG)
2.13 X-ray
2.14 Electrocardiogram (ECG)
2.15 Dietetics and Nutrition Rehabilitation
2.16 Medico-legal and mortuary Services

Section III Support Services

3.1 Central Supply Sterile Department (CSSD)

3.2 Laundry

3.3 Housekeeping

3.4 Repair, Maintenance and Power System

3.5 Water Supply

3.6 Hospital Waste Management

3.7 Safety and Security

3.8 Transportation and Communication

3.9 Logistics Store

3.10 Ayurveda Medicine Store

3.11 Hospital Canteen and dietetics

How to use this Checklist?

The MSS for Ayurveda Hospitals is primarily a self- assessment tool. Each standard has set of dimensions with one or more verification criteria which are assessed. The checklist enables Ayurveda Hospitals to measure the existing situation through scoring and helps to identify the gap areas to be addressed through the development of the actions plans. This is a cyclical process of assessment, action plan development and follow-up of improvement from baseline. The key steps are as follows:

Group discussion

- Conduct a group discussion in your Ayurveda Hospital to see if the Ayurveda Hospital really meets the given standards under each section.

Filling the checklist

- Read each section carefully and if your Ayurveda Hospital meets the given standards, please score from 0 to 3 in the column of the score based on the maximum score for that standard
- For areas where there is indication of checking annex, please calculate the percentage and follow the scoring chart for scoring from 0 to 3
- Please use individual copies for each area wherever applicable so that there is least biasness in the assessment
- Complete this process for all the standards

Scoring the checklist

- In each section, add the total score and convert it into percentage.
- Add the scores of each sub sections and calculate the average of that section.

Validation of scoring

- External assessment from team designated with coordination of local, provincial and federal government and Department of Ayurveda and Alternative Medicines to validate the internal assessment of MSS and progress of the action plan in periodic basis.

Sample of filling the tool

(Sample will be added after the standards are finalized)

Weightage of the sections and Overall MSS Score

After assessment of all the sections of the standards, for overall scoring, each section is then weighed. The section of the governance and management (Section I) is weighed in 20%, that of clinical service management (Section II) is weighed in 60% and that of support service management (Section III) is weighed in 20%. For example:

If Section I has the overall score of 80%, Section II has 60% and Section III has 80%; the overall score of the Ayurveda Hospital for MSS assessment is calculated as:

Overall MSS Score = (0.2xSectionI + 0.6X Section II + 0.2x Section III) %

Overall MSS Score = (0.2x80%+ 0.6x60%+0.2x 80%)

Overall MSS Score= 68%

Overall MSS Score and Color Coding

Being based on the overall MSS score (%) obtained, the color coding of the health facilities will be done as follows:

MSS overall score (%)	**Color Code**	
Less than 50	White	
50-70	Yellow	
70-85	Blue	
85-100	Green	

In the above example the overall MSS score is 68%, thus Ayurveda Hospital will be categorized in yellow color zone. It will be provided with the yellow flag as its color code for MSS score.

Tool for Minimum Service Standards for Ayurveda Hospital-Central Level

Section I Governance and Management

Summary Sheet for Number of Standards and Scores of Section I

Area	Total Number of Standards	Total Score	Total Obtained Score (Percentage)
Governance	**26**	**26**	
Organizational Management	**18**	**18**	
Human Resource Management and Development	**17**	**19**	
Financial Management	**17**	**17**	
Medical Records and Information Management	**14**	**14**	
Quality Management	**12**	**12**	
Total	**104**	**106**	

Area	Code	Verification		
Governance	**1.1**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
1.1.1 Formation of Ayurveda Hospital Management Committee (AHMC)	1.1.1	Ayurveda Hospital Management Committee is formed		1
1.1.2 Capacity building of HMC	1.1.2	All AHMC members have received an orientation on AHMC functions		1
1.1.3 Availability of Directors and administrators	1.1.3.1	Hospital Director position is fulfilled as per organogram		1
	1.1.3.2	Hospital Nursing Director/ Matron position is fulfilled as per organogram		1
1.1.4 Functional AHMC	1.1.4.1	AHMC meetings called upon by member secretary / Hospital Director headed by chairperson conducted at least 3 times per year or as per need		1
	1.1.4.2	AHMC meetings have covered at least following agenda (See minutes of last meetings):		
	1.1.4.2.1	Ayurveda services and utilization		1
	1.1.4.2.2	Hospital's financial issues		1
	1.1.4.2.3	Patient rights issues e.g. patient facilities, analysis of complaints received, patient security		1
	1.1.4.2.4	Management issues- HR issues, security issues		1
	1.1.4.2.5	Infrastructure/ Equipment issues		1
	1.1.4.2.6	Coordination issues with municipality/federal government/ DoAA/ MoHP		1
	1.1.4.2.7	Review of decisions and recommendations of staff meeting and QI Committee meetings discussions		1

1.1.6 Annual plan & budget	1.1.6	Annual plan & budget is approved by AHMC before the fiscal year starts		1
1.1.7Storage of AHMC documents	1.1.7	There is a separate locker for AHMC documents.		1
1.1.8 Accountability	1.1.8.1	Updated citizens charter is displayed		1
	1.1.8.2	Notices of public concern are displayed publicly		1
	1.1.8.3	Complaint boxes are kept in a visible place		1
	1.1.8.4	Information officer opens complaint box at least once a week and issues are timely addressed		1
	1.1.8.5	Hospital has a website or social media account like- Facebook, Viber or Twitter- available and functional with latest information		1
	1.1.8.6	Hospital has geriatrics friendly infrastructure (like side rails for mobilization and support)		1
	1.1.8.7	Hospital has friendly environment for people with disability (like ramps)		1
1.1.9 Grievance and complain handling	1.1.9.1	Mechanism for grievance and complain handling institutionalized		1
	1.1.9.2	Grievance and complains are effectively addressed		1
1.1.10 Hospital has operational manual	1.1.10	Hospital its own operational manual with clear information on how the hospital operates its' services		1
1.1.11 Hospital produces an Annual Report	1.1.11	Hospital Annual Report is available in website		1
1.1.12 Conduct social audit	1.1.12	Social audit is conducted for last year		1
Standard 1.1		**Total Obtained Score**		**26**
		Percentage = Total Obtained Score / 28x 100		

Area	Code	Verification		
Organizational Management	**1.2**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
1.2.1 Organizational structure	1.2.1.1	Organogram of hospital showing Ayurveda departments/ units with number of staffs is displayed		1
	1.2.1.2	Organogram of hospital is reviewed every 2 years and forwarded to higher authority		1
1.2.2 Work division and delegation of authorities	1.2.2.1	Written delegation of authorities is maintained		1
	1.2.2.2	Written job descriptions for each staff		1
1.2.3 Maintaining client flow system	1.2.3	Navigation chart with services and departments guiding clients to access services		1
1.2.4 Queue system	1.2.4	Ayurveda hospital implements token and / or queue system for users (separate for elderly, disable and pregnant)		1
1.2.5 E-Attendance	1.2.5	All staffs of the hospital use electronic attendance		1
1.2.6 Dress code for all staffs	1.2.6.1	All clinical, technical and administrative staffs have apron / uniform which is worn on duty		1
	1.2.6.2	All hospital staffs carry personal ID cards when on duty		1

1.2.7 Maintaining effective team work environment	1.2.7.1	Hand-over meetings are conducted daily and also in concerned department		1
	1.2.7.2	Morning conference is conducted everyday		1
	1.2.7.3	Regular meetings are conducted as follows (see meeting minutes):		
	1.2.7.3.1	Intra- departmental meeting every two weeks		1
	1.2.7.3.2	Inter-departmental meeting once a month		1
	1.2.7.3.3	Staff meeting once a month		1
	1.2.7.4	Staff quarters are provided and adequate for the staffs		1
	1.2.7.5	Separate space allocated for breast feeding for staffs/ Separate space in duty room designated for breast feeding		1
	1.2.7.6	Transport services for hospital staffs covering all shifts		1
	1.2.7.7	Residential/quarter facilities for 60% of staffs		1
Standard 1.2		**Total Obtained Score**		**18**
		Percentage = Total Obtained Score / 18 x 100		

Area	**Code**	**Verification**		
Human Resource Management and Development	**1.3**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
1.3.1 Personnel administration policy of hospital	1.3.1	Personnel administration guideline of AHMC is available (for all staffs including locally hired staff) and practiced accordingly		1

1.3.2 Human resource records	1.3.2	Individual records of all staffs including contract staffs are maintained and updated.		1
1.3.3 Staffing	1.3.3.1	Staffs available for service in hospital as per organogram (See Annex 1.3a Organogram At the end of this standard)		3
	1.3.3.2	*Maaga Akriti* form (माग आकृति फारम) correspondence to fulfill vacant positions to concerned authority as per guideline		1
1.3.4 Job description	1.3.4	All staffs including AHMC staffs are given a job description when they are recruited/ posted to the hospital (permanent and contract staff)		1
1.3.5 Review of performance	1.3.5.1	Performance appraisal (का. स. मु.) of all staffs is done as per guideline		1
1.3.6 Motivating staff and occupational safety	1.3.6.1	A training plan for the hospital is developed based on the training needs of the staff identified at the performance appraisal		1
	1.3.6.2	For training and related activities, at any point of time, the acceptable work absenteeism is <10% of staff		1
	1.3.6.3	There is activity conducted to motivate staff (staff retreat, rewards, recognition of performances, etc.) at least once a year.		1
	1.3.6.4	Hospital has system for addressing occupational hazard like needle stick injury, radiation exposure, vaccination		1

1.3.7 Continuous professional development (CPD)/ Continuous medical education (CME)	1.3.7.1	Hospital conducts CPD / CME classes to technical staff weekly		1
	1.3.7.2	Written record of attendance, subjects presented and discussed during CPD/CME		1
	1.3.7.3	Separate space with furniture, audio-visual aids and internet for CPD/CME/meeting are available.		1
1.3.8 Library facility available	1.3.8.1	Hospital has its own library with sitting arrangement for readers		1
	1.3.8.2	A list of national health guidelines and treatment protocols available and inventory managed for readers accessing it		1
	1.3.8.3	Computers with printing and photocopy facility available		1
	1.3.8.6	Access to internet facility with institutional access to at least one of the international health related domain like HINARI		1
Standard 1.3		**Total Score**		**19**
		Percentage = Total Obtained Score / 20 x 100		

Annex 1.3a Organogram for Ayurveda Hospital- Central Level*

Functional Organogram for Central Level Ayurveda Hospital			Obtained Score	Maximum Score
For Governance and Management				
	Hospital Director	1		1
	Nursing Director	1		1
	Section officer	1		1
	Accountant officer	1		1
	Ayurveda services recorder	2		1
	Computer operator	2		1
	Nayab Subba	2		1
For Clinical Services				
	Ayurveda Bigya	2		1
	Kaya Chikitsak	2		1
	Sritrirog and Prasuti Chikitsak	1		1
	KaumarVritta Chikitsak	1		1
	Shalya Chikitsak	1		1
	Shalakya Chikitsak	1		1
	Bheshaj vigya	1		1
	Swasthyavritta Vigya	1		1
	Panchakarma Vigya	2		1
	Rog tatha Vikriti Vigyan Vigya	1		1
	Ayurveda Chikitsak Doctor patient ratio per OPD	1:35-50		1
	Ayurved Shahayak	8		1
	Vaidya	10		1
	ER beds: Health Workers	5 ER Beds: Doctor (1): Nurse (1): Paramedics (1): Office Assistant (1) There should be 1:1 nurse patient ratio in red area, 1:3 in yellow area and 1:6 in green area.		1

	Pharmacist / Ayurveda Technician	1		1
	Pharmacy Assistant	1 for each shift		1
	Physiotherapist	1 for each shift		1
	Nursing officer	5		1
	Staff nurse	1:6 for general beds in each shift; 1:4 in pediatrics wards		1
	Medical laboratory technologist	1		1
	Laboratory technician	1 in each shift		1
	Laboratory assistant	2 in each shift		1
	Radiographer	1 in each shift		1
	Electrical overseer/ Diploma Medical Engineering and Technology	1		1
	Senior Dietitian	1		1
	Ha Sa Cha	2		1
	Office assistant	30		1
	Gardener	1		
		Total Obtained Score		**35**
		Total Percentage= Total Obtained Score/ 35x100		

Each row gets a score of 1 in each row if it is available otherwise 0.

Scoring Chart	
Total percentage	Score
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 1.3.3	

Area	Code	Verification		
Financial management	**1.4**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
1.4.1 Account department of hospital	1.4.1.1	Dedicated account department of hospital with space and furniture		1
	1.4.1.2	At least one accountant available for hospital financial management		1
1.4.2 Formulation and approval of Annual Hospital Budget	1.4.2.1	An annual hospital budget is developed incorporating the revenue from services, government grants, and support provided by other organizations.		1
	1.4.2.2	Internal income is reviewed during budgeting every year.		1
1.4.3 Service fees	1.4.3	The service fees of the hospital are fixed by AHMC every year.		1
1.4.4 Daily income	1.4.4	Daily income is deposited in the bank every day.		1
1.4.5 Financial review and audit	1.4.5.1	Budget absorption rate of last fiscal year is as per national target		1
	1.4.5.2	Internal audit, financial and physical progress review is done at least once each trimester (once in every 4 months).		1
	1.4.5.3	Final audit/ external audited accounts are available for last year.		1
1.4.6 Electronic database	1.4.6.1	The hospital uses central electronic billing system		1
	1.4.6.2	The hospital uses software for accounting including local income and expenses by AHMC.		1

1.4.7 Hospital prepares financial reports	1.4.7.1	The hospital prepares and keeps monthly financial report.		1
	1.4.7.2	Trimester financial report is produced (every 4 months) and financial status tracked and discussed in meetings		1
	1.4.7.3	Annual financial report is submitted to AHMC.		1
1.4.8 Clearing financial irregularities	1.4.8.1	Financial irregularities are responded within 35 days		1
	1.4.8.2	Clearance of financial irregularities is done as per national target		1
1.4.9 Inventory inspection	1.4.9	Inventory inspection is done once in a year and managed accordingly		1
Standard 1.4		**Total Score**		**17**
		Percentage = Total Obtained Score / 17 x 100		

Area	**Code**	**Verification**		
Medical Records and Information Management	**1.5**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
1.5.1 Managing medical records and use of electronic database	1.5.1.1	Client registration is digitized using standard software		1
	1.5.1.2	Referral in and out records are kept using the standard form (Ayu forms) and register.		1
	1.5.1.3	Electronic health record system that generates the monthly report is in place		1
1.5.2 Infrastructure and supplies for information management	1.5.2.1	There is a functional Medical Record Section		1
	1.5.2.2	All patients' records are kept in individual folders in racks or held digitally.		1
	1.5.2.3	There is a set of functional computer and printer available for maintaining medical records.		1

1.5.3 Evidence generation and utilization	1.5.3.1	Hospital monthly reports of the last three months are shared to the national database		1
	1.5.3.2	Hospital services utilization statistics are analyzed at least every month and shared with all the technical staffs via email, paper and/or dashboard. (Check last three months status)		1
	1.5.3.3	Statistics including OPD services, morbidity pattern data, IPD data are analyzed and discussed in staff meeting and CPD/CME (Check the status in the last meeting)		1
	1.5.3.4	Key statistics of service utilization is displayed in respective Departments/ Wards		1
	1.5.3.5	Medico-legal incidents and services are recorded		1
1.5.4 Focal person for information management	1.5.4.1	Medical recorder is trained on Ayurveda Diagnosis and Recording System		1
	1.5.4.2	An information officer is specified to communicate with patients/ clients, their relatives, media and other stakeholders.		1
	1.5.4.3	Contact detail of information officer is displayed in hospital premises with photo and phone number.		1
Standard 1.5		**Total Score**		**14**
		Percentage = Total Obtained Score / 14x 100		

Area	Code	Verification		
Quality Management	**1.6**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
1.6.1 Hospital Quality Health Service Delivery and Management Strengthening (QHSDMS) Committee	1.6.1.1	Hospital QHSDMS committee is formed according to guideline provided by Provincial/Federal/ DoAA/MoHP level.		1
	1.6.1.2	Hospital QHSDMS committee meetings are held at least every 4 months.		1
1.6.2 Display of patients' rights and responsibility	1.6.2	The hospital has a statement of patient rights and responsibilities, which is posted in public places in the hospital.		1
1.6.3 Addressing issues in report of social audit	1.6.3	The findings of social audit like client exit interview are shared in whole staff meeting		1
1.6.4 Assessing hospital quality	1.6.4	The hospital has assessed the hospital quality using the MSS tool at least every six months		1
1.6.5 Planning to improving quality	1.6.5	The hospital has developed specific plans to improve quality based on the MSS assessment.		1
1.6.6 Implementing QI plan	1.6.6.1	Hospital has implemented the specific activities based on the MSS plan.		1
	1.6.6.2	Hospital has implemented specific activities based on gap analysis of QI tools		1

1.6.7 Clinical Audit	1.6.7.1	The hospital has functional morbidity and mortality audit team/ committee		1
	1.6.7.2	There are regular reviews, reporting and dissemination of morbidity and mortality (M&M) including		
	1.6.7.2.1	Investigations and complications of treatment including medication error		1
	1.6.7.3	Mortality audit of every death in the hospital is done and reported		1
	1.6.7.4	Hospital implements baby friendly initiative		1
Standard 1.6		**Total Obtained Score**		**12**
		Percentage = Total Obtained Score/14 x 100		

Section II: Clinical Service Management Standards

Summary Sheet of Standards and Scores of Section II

Area	Total Number of Standards	Total Score	Total Obtained Score (Percentage)
Outpatient services (OPD)	**30**	**72**	
- **Kayachikitsa Outpatient Service**			
- **Striroga and Prasuti Tantra Outpatient Service**			
- **Kaumarbhritya Outpatient Service**			
- **Shalya Outpatient Service**			
- **Shalakya Outpatient Service**			
Acupunture /Alternative Medicine Outpatient Service	**21**	**23**	
Swasta Vritta Outpatient Service	**16**	**18**	
- **Lifestyle modification and counseling services**			
- **Yoga and meditation services**			
Panchakarma Service	**49**	**111**	
- ***Snehan* Service**			
- ***Swedan* Service**			
- ***Shirodhara* and dhara Service**			
- **Vaman Service**			
- ***Virechan Service***			
- ***Vasti Service***			
- ***Nasya Service***			
- ***Raktamokshana service***			
- ***Kiryakalpa (Netra) service***			
- ***Paschatkarma service***			
- ***Other upakarma service***			
Physiotherapy Service	**18**	**20**	
Emergency Services	**34**	**38**	

Hospital pharmacy service and manufacturing unit	**62**	**70**	
Hospital Pharmacy			
Manufacturing Unit			
Ksharasutra service	**12**	**18**	
Inpatient Service	**33**	**87**	
- Kayachikitsa Ward			
- Striroga and Prasuti Tantra Ward			
- Kaumarbhritya Ward			
- Shalya/Shalakya Ward			
- Panchakarma ward			
Surgery/Operation Service	**38**	**54**	
Laboratory service	**32**	**36**	
USG service	**12**	**12**	
X-ray service	**20**	**20**	
ECG service	**9**	**9**	
Dietetics and nutrition rehabilitation	**20**	**20**	
Medico-legal and mortuary Services	**12**	**14**	
Total	**418**	**622**	

Area	Code	Verification		
OPD Service [1]	**2.1**			
Standards		**Standards**	**Obtained Score**	**Maximum Score**
2.1.1 Time for patients	2.1.1.1	OPD is open from 10 AM to 3 PM (See Checklist 2.1 At the end of this standard for scoring).		3
	2.1.1.2	Tickets for routine OPD are available till 2 pm		1
2.1.2 Adequate Staffing	2.1.2.1	There should be one administrator to manage all OPDs and procedure room		1
	2.1.2.2.	Doctor: OPD Patients- 1:35-50 per day for quality of care		1
2.1.3 Maintaining patient privacy	2.1.3	Patient privacy maintained with separate rooms, curtains hung, maintaining queuing of patients with paging system in OPD (See Checklist 2.1 At the end of this standard for scoring).		3
2.1.4 Patient counseling	2.1.4.1	Counseling is provided to patients about the type of treatment being given and its consequences (See Checklist 2.1 At the end of this standard for scoring).		3
	2.1.4.2	Appropriate IEC materials (posters, leaflets etc.) as an IEC corner available in the OPD waiting area.		1

1 Separate set of sheets for standards, checklist and annexes should be used for assessment of each OPD and cumulative scoring is done after the assessment of all OPDs in the final sheet.

2.1.5 Physical facilities	2.1.5.1	Adequate rooms and space for the practitioners and patients are available (See Checklist 2.1 At the end of this standard for scoring).		3
	2.1.5.2	Light and ventilation are adequately maintained. (See Checklist 2.1 At the end of this standard for scoring)		3
	2.1.5.3	Required furniture, supplies and space are available		
	2.1.5.3.1	**Kayachikitsa *OPD*** (See Annex 2.1a Furniture and supplies for OPD At the end of this standard)		3
	2.1.5.3.2	**Striroga and Prasuti Tantra *OPD*** (See Annex 2.1a Furniture and supplies for OPD At the end of this standard)		3
	2.1.5.3.3	**Kaumarbhritya *OPD*** (See Annex 2.1a Furniture and supplies for OPD At the end of this standard)		3
	2.1.5.3.4	**Shalya OPD** (See Annex 2.1a Furniture and supplies for OPD At the end of this standard)		3
	2.1.5.3.5	**Shalakya OPD** (See Annex 2.1a Furniture and supplies for OPD At the end of this standard)		3
	2.1.5.4	Each OPD has designated space/ room for procedure room/area with basic supplies of procedures (specific to OPD like PV for OBGYN, PR for surgery) and hand washing facility (See Checklist 2.1 At the end of this standard for scoring)		3

2.1.6 Equipment, instrument and supplies	2.1.6	Equipment, instrument and supplies to carry out the OPD works are available and functioning		
	2.1.6.1	**Kayachikitsa** OPD (See Annex 2.1b Basic Equipment and Instrument for OPD At the end of this standard)		3
	2.1.6.2	**Striroga and Prasuti Tantra** OPD (See Annex 2.1b Basic Equipment and Instrument for OPD At the end of this standard)		3
	2.1.6.3	**Kaumarbhritya** OPD (See Annex 2.1b Basic Equipment and Instrument for OPD At the end of this standard)		3
	2.1.6.4	**Shalya** OPD (See Annex 2.1b Basic Equipment and Instrument for OPD At the end of this standard)		3
	2.1.6.5	**Shalakya** OPD (See Annex 2.1b Basic Equipment and Instrument for OPD At the end of this standard)		3
2.1.7 Duty rosters	2.1.7	Duty rosters of all OPDs are developed regularly and available in appropriate location.		1
2.1.8 Facilities for patients	2.1.8.1	Availability of waiting space with sitting arrangement is available for at least 50 persons in waiting lobby (for total OPDs)		1
	2.1.8.2	Safe drinking water is available in the waiting lobby throughout the day.		1
	2.1.8.3	There are at least four toilets with hand washing facilities (2 for males and 2 for females separate, one each universal toilet)		1
	2.1.8.4	Hand washing facilities are available for patients		1
2.1.9 Recording and reporting	2.1.9	OPD register available in every OPD and diagnosis recorded (electronic health recording system) (See checklist 2.1 At the end of this standard for scoring)		3

2.1.10 Infection prevention as per infection prevention and control guidelines	2.1.10.1	Masks and gloves are available and used (See Checklist 2.1 At the end of this standard for scoring)		3
	2.1.10.2	There are well labeled colored bins for waste segregation and disposal as per HCWM guideline of MoHP (See Checklist 2.1 At the end of this standard for scoring)		3
	2.1.10.3	Hand washing facility with running water and soap or hand sanitizer is available for practitioners (See Checklist 2.1 At the end of this standard for scoring)		3
	2.1.10.5	Chlorine solution is available and utilized for decontamination (See Checklist 2.1 At the end of this standard for scoring).		3
Standard 2.1		**Total Obtained Score**		**72**
		Total Percentage (Total Obtained Score/ 72 x100)		

Checklist 2.1 Out Patient Department Services

(1= Kayachikitsa, 2= Striroga and Prasuti Tantra, 3= Kaumarbhritya, 4= Shalya, 5=Shalakya)

Code	Service Standards	Score							
		1	2	3	4	5	Total Score	Percentage	Scoring
2.1.1.1	OPD is open from 10 AM to 3 PM								
2.1.3	Patient privacy maintained with separate rooms, curtains hung, maintaining queuing of patients with paging system in OPD								
2.1.4.1	Counseling is provided to patients about the type of treatment being given and its consequences								
2.1.5.1	Adequate rooms and space for the practitioners and patients are available								
2.1.5.2	Light and ventilation are adequately maintained								
2.1.9	OPD register available in every OPD and diagnosis recorded (electronic health recording system)								
2.1.10.1	Masks and gloves are available and used								
2.1.10.2	There are well labeled colored bins for waste segregation and disposal as per HCWM guideline of MoHP								
2.1.10.3	Hand washing facility with running water and soap or hand sanitizer is available for practitioners								
2.1.10.5	Chlorine solution is available and utilized for decontamination								

	Scoring Chart				
	Total Percentage	**Score**			
	0-50	0			
	50-70	1			
	70-85	2			
	85-100	3			

Annex 2.1a : Furniture and Supplies for OPD

(1= Kayachikitsa, 2= Striroga and Prasuti Tantra, 3= Kaumarbhritya, 4= Shalya 5=Shalakya)

SN	General Items	Required No.	Score for OPD				
			1	2	3	4	5
1	Working desk	1 for each practitioner					
2	Working Chairs	1 for each practitioner					
3	Patient chairs	2 for each working desk					
4	Examination table	1 in each OPD room					
5	Foot Steps	1 in each OPD room					
6	Curtain separator for examination beds	In each examination bed					
7	Shelves for papers	As per need					
8	Weighing scale	Adult and Child					
Total Score							
Total Percentage = Total Score/8 X 100							

Each row gets a score of 1 in each row if is available otherwise 0

Scoring chart	
Total percentage	Score
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.1.5.3.1	
Score for Standard 2.1.5.3.2	
Score for Standard 2.1.5.3.3	
Score for Standard 2.1.5.3.4	
Score for Standard 2.1.5.3.5	

Annex 2.1b Basic Equipment and Instruments for OPD

(1= Kayachikitsa, 2= Striroga and Prasuti Tantra, 3= Kaumarbhritya, 4= Shalya 5=Shalakya)

S.No.	Basic equipment and instruments	Required No.	Score for OPD				
			1	2	3	4	5
	Stethoscope*	1 for each practitioner					
	Sphygmomanometer* (non-mercury) (*Pediatric size in pediatric OPD)	1 for each practitioner					
	Thermometer (digital)	2 in each table					
	Knee hammer	1 for each practitioner					
	Flash light	1 for each practitioner					
	Disposable wooden tongue depressor	As per need					
	Hand sanitizer	1 in each table					
	Examination Gloves	As per need					
	X-Ray View Box	1 in each OPD					
	Measuring tape	1 in each table					
	Tuning fork	1 in each table					
	Proctoscope	As per need					
	Otoscope /ENT Set	1 set					
	Head mirror set	1 set					
	Opthalmoscope	1 set					
	Snell's chart and mirror	1 set					
	Slit lamp	1 set					
	Duck’s Speculum	As per need					
	Aeyer’s Spatula/ Slides (Pap Smear/ VIA materials)	As per need					
	Betadine/Swab	As per need					
	Fetoscope	As per need					
	Abdominal drape for patient	As per need					
	Dressing trolley with drum with gauze pad	1 set					
	Refraction set	1 set					
Total score							
Maximum Score			12	17	13	14	19
Total percentage= Total Score/ Maximum Score x 100							

Each row gets a score of 1 in each row if is available otherwise 0

Scoring chart	
Total percentage	Score
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.1.6.1	
Score for Standard 2.1.6.2	
Score for Standard 2.1.6.3	
Score for Standard 2.1.6.4	
Score for Standard 2.1.6.5	

Area	**Code**	**Verification**		
Acupuncture/ Alternative medicine OPD Service	**2.2**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
2.2.1 Space	2.2.1	Separate room for Acupuncture with at least five examination beds each separate for male and female patients		tion
2.2.2Time for patients	2.2.2.1	Acupuncture service is open from 10 AM to 3 PM.		1
	2.2.2.2	Acupuncture service is available for outpatient and referral cases		1
	2.2.2.3	Inpatient Acupuncture service is available based on the requisition		1

2.2.3 Staffing	2.2.3	1 Acupuncture trained doctors: 2 Acupuncture trained Nurses or paramedics: 1 Helper for 10-15 OPD cases per day		1
2.2.4 Maintaining patient privacy	2.2.4	Appropriate techniques have been used to ensure the patient privacy (separate rooms, curtains hung, maintaining queuing of patients).		1
2.2.5 Patient counseling	2.2.5	Counseling is provided to patients about the type of treatment being given and its consequences.		1
2.2.6 IEC/BCC materials	2.2.6	Appropriate IEC/BCC materials (posters, leaflets etc.) are available in the OPD waiting area.		1
2.2.7 Instruments and equipment	2.2.7	Instruments and equipment to carry out the Acupuncture works are available and functioning (See Annex 2.2a Instruments and equipment for Acupuncture At the end of this standard).		3
2.2.8 Physical facilities	2.2.8.1	Adequate OPD rooms and space for the practitioners and patients are available for examination before and after Acupuncture		1
	2.2.8.2	Light and ventilation are adequately maintained.		1
2.2.9 Duty rosters	2.2.9	Duty rosters of Acupuncture service are developed regularly and available in appropriate location.		1
2.2.10 Facilities for patients	2.2.10.1	Safe drinking water is available in the waiting lobby throughout the day.		1
	2.2.10.2	Hand washing facilities are available for patients.		1

2.2.11 Recording and reporting	2.2.11.1	Recording and reporting throughout treatment and follow up is done		1
2.2.12 Infection prevention as per infection prevention and control guidelines	2.2.12.1	Masks and gloves are available and used		1
	2.2.12.2	There are colored bins for waste segregation and disposal based on HCWM guideline of MoHP		1
	2.2.12.3	Hand washing facility with running water and soap is available for practitioners.		1
	2.2.12.4	Needle are sterilized before use		1
	2.2.12.5	Separate autoclave dedicated for Acupuncture service available		1
	2.2.12.6	Chlorine solution is available and utilized.		1
Standard 2.2		**Total Score**		23
		Percentage = Total Score / 23 x 100		

Annex 2.2a Instruments and equipment for Acupuncture

S.No.	Basic equipment and instruments	Required No.	Score
	Stethoscope*	1 for each practitioner	
	Sphygmomanometer* (non-mercury) (*Pediatric size in pediatric OPD)	1 for each practitioner	
	Thermometer (digital)	2 in each table	
	Jerk hammer	1 for each practitioner	
	Flash light	1 for each practitioner	
	Disposable wooden tongue depressor	As per need	
	Hand sanitizer	1 in each table	
	Examination Gloves	As per need	
	X-Ray View Box	1 in each OPD	
	Measuring tape	1 in each table	

Annex 2.2a Instruments and equipment for Acupuncture

S.No.	Basic equipment and instruments	Required No.	Score
	Tuning fork	1 in each table	
	Proctoscope	As per need	
	Otoscope	As per need	
	Needle for Acupuncture	As per need	
	Cup for Acupuncture	At least 1 set for each (male/ female treatment rooms)	
	Stimulator	At least 1 for each (male/female treatment rooms)	
	Moxa Sticks	As per need	
	Autoclave	At least 1 for Acupuncture service	
		Total score	
		Total percentage= Total Score/ 18x 100	

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.2.7	

Area	**Code**	**Verification**		
Swasta Vritta Outpatient Service	**2.3**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
2.3.1 Working space	2.3.1.1	A separate space for lifestyle modification and counseling service is available		1
	2.3.1.2	A separate space for yoga and meditation service is available		1

2.3.2 Institutional level patient counseling on lifestyle modification	2.3.2.1	Counseling is provided to patients about the type of treatment being given and its consequences		1
	2.3.2.2	Counseling is provided to patients about the lifestyle modification based on need assessment		1
	2.3.2.3	Counseling is provided to patients about Dincharya, Ritucharya and Pathya, Apathya based on need assessment		1
	2.3.2.4	Appropriate IEC materials (posters, leaflets etc.) as an IEC corner available in the Swasta Vritta OPD.		1
	2.3.2.5	Video on yoga and healthy exercise, healthy lifestyle		1
	2.3.2.6	Patient is provided with the lifestyle management and counseling services		1
	2.3.2.7	Patient is taught to practice with general and therapeutic yoga as per the requirement		1
2.3.3 Teaching learning material	2.3.3	Teaching learning material like- books, pamphlets, posters, leaflets on lifestyle modification, Dincharya, Ritucharya,, disease wise Pathya, Apathya , yoga and ashanas are available and used		1
2.3.4 General supplies	2.3.4	General supplies for Yoga are available (See Annex 2.2a General supplies for Yoga service)		3

2.3.5 Yoga and meditation services available	2.3.5.1	General yoga service is available		1
	2.3.5.2	Therapeutic yoga service is available		1
	2.3.5.3	Yoga days of national and international recognition celebrated with yoga awareness program, therapeutic yoga program or as per the guideline provided by MoHP/DoAA/ Provincial Government/ Local Government		1
2.3.6 Availability and use of standard protocol	2.3.6	Standard protocol for yoga services is available and used		1
2.3.7 Documentation	2.3.7	Proper records of all Swastha Vritta activities/ procedures are kept and reported		1
Standard 2.3		**Total Obtained Score**		**18**
		Total Percentage (Total Obtained Score/ 18 x100)		

Area	**Code**	**Verification**		
Panchakarma Service	**2.4**			
Standards		**Standards**	**Obtained Score**	**Maximum Score**
2.4.1 Dedicated unit	2.4.1	Hospital has a *Panchakarma* Unit dedicated to provide *Panchakarma* services to both inpatient and outpatient basis		1
2.4.2 Space	2.4.2	Dedicated space allocated for *Panchkarma* Service		1
2.4.3 Time for patients	2.4.3.1	*Panchakarma* unit is open from 10 AM to 3 PM		1
	2.4.3.2	Tickets for *Panchakarma* OPD are available till 2 pm		1

2.4.4 Adequate Staffing	2.4.4.1	Doctor: OPD Patients- 1:10-15 per day for quality of care		1
	2.4.4.2.	Two trained vaidya or kabiraj and four trained helper available for the procedures for quality of care (of same sex as that of patient)		1
2.4.5 Maintaining patient privacy	2.4.5.1	Patient privacy maintained with separate cubicles with curtains (See checklist 2.4 At the end of this standard for scoring)		3
	2.4.5.2	Separate changing room for male and female patients		1
	2.4.5.3	Separate cubicles dedicated for male and female patients for providing *Panchakarma* service (See checklist 2.4 At the end of this standard for scoring)		3
2.4.6 Patient counseling	2.4.6.1	Counseling is provided to patients about the procedure		1
	2.4.6.2	Appropriate IEC materials/videos used for counseling		1

2.4.7 Physical facilities	2.4.7.1	Adequate rooms and space for the practitioners and patients are available (See Checklist 2.4 At the end of this standard for scoring)		3
	2.4.7.2	Light is adequately maintained. (See Checklist 2.4 At the end of this standard for scoring)		3
	2.4.7.3	Required furniture, supplies and space are available		
	2.4.7.3.1	**Snehan Service** (See Annex 2.4a Furniture, and supplies for *Panchakarma Unit* At the end of this standard)		3
	2.4.7.3.2	**Swedan Service** (See Annex 2.4b Furniture and supplies for OPD At the end of this standard)		3
	2.4.7.3.3	**Shirodhara and dhara Service** (See Annex 2.4c Furniture and supplies for OPD At the end of this standard)		3
	2.4.7.3.4	**Vaman Service** (See Annex 2.4d Furniture and supplies for OPD At the end of this standard)		3
	2.4.7.3.5	**Virechana Service** (See Annex 2.4e Furniture and supplies for OPD At the end of this standard)		3
	2.4.7.3.6	**Vasti Service** (See Annex 2.4f Furniture and supplies for OPD At the end of this standard)		3
	2.4.7.3.7	**Nasya Service** (See Annex 2.4g Furniture and supplies for OPD At the end of this standard)		3
	2.4.7.3.8	**Raktamokshana service** (See Annex 2.4h Furniture and supplies for OPD At the end of this standard)		3
	2.4.7.3.9	**Kriyakalpa service** (See Annex 2.4i Furniture and supplies for OPD At the end of this standard)		3
	2.4.7.3.10	**Paschyatkarma service** (See Annex 2.4j Furniture and supplies for OPD At the end of this standard)		3
2.4.8 Pakshala and dispensary for Panchakarma Service	2.4.8	Separate well maintained Pakshala and dispensary for Panchakarma Services (for both outpatient and inpatient departments)		1
2.4.9 Duty rosters	2.4.9	Duty rosters of *Panchakarma* unit are developed regularly and available in appropriate location.		1

2.4.10 Minimum services available	2.4.10.1	Minimum set of *Snehan* services are available from Panchakarma unit (See Annex 2.4k List of minimum *Snehan* services from *Panchakarma* unit At the end of this standard)		3
	2.4.10.2	Minimum set of *Sweden* services are available from Panchakarma unit (See Annex 2.4l List of minimum *Sweden* services from *Panchakarma* unit At the end of this standard)		3
	2.4.10.3	Minimum set of *Shirodhara and dhara* services are available from Panchakarma unit (See Annex 2.4m List of minimum *Shirodhara and dhara* services from *Panchakarma* unit At the end of this standard)		3
	2.4.10.4	Minimum set of *Vaman* services are available from Panchakarma unit (See Annex 2.4n List of minimum *Vaman* services from *Panchakarma* unit At the end of this standard)		3
	2.4.10.5	Minimum set of *Virechana* services are available from Panchakarma unit (See Annex 2.4o List of minimum *Virechana* services from *Panchakarma* unit At the end of this standard)		3
	2.4.10.6	Minimum set of *Vasti* services are available from Panchakarma unit (See Annex 2.4p List of minimum *Nasya* services from *Panchakarma* unit)		3
	2.4.10.7	Minimum set of *Nasya* services are available from Panchakarma unit (See Annex 2.4q List of minimum *Nasya* services from *Panchakarma* unit At the end of this standard)		3
	2.4.10.8	*Raktamokshana* services are available from Panchakarma unit		1
	2.4.10.9	Minimum set of *Kriyakalpa* services are available from Panchakarma unit (See Annex 2.4r List of minimum *Kriyakalpa* services from *Panchakarma* unit At the end of this standard)		3
	2.4.10.10	Minimum set of *Paschyatkarma* services are available from Panchakarma unit (See Annex 2.4s List of minimum Paschyatkarma services from *Panchakarma* unit At the end of this standard)		3
	2.4.10.11	Minimum set of other *upkarma* services are available from Panchakarma unit (See Annex 2.4t List of minimum other upakarma services from Panchakarma unit)		3

2.4.11 Facilities for patients	2.4.8.1	Availability of waiting space with sitting arrangement is available for at least 10-15 persons in waiting lobby (for total *Panchakarma* unit)		1
	2.4.8.2	Safe drinking water is available in the waiting lobby throughout the day.		1
	2.4.8.3	There are at least four toilets with hand washing facilities (2 for males and 2 for females separate, one each universal toilet)		1
	2.4.8.4	Hand washing facilities are available for patients		1
2.4.12 Fire prevention and strategy	2.4.12.1	The heat source like gas stove/induction heater if kept at least 1 meter away from the patient (See checklist 2.4 At the end of this standard for scoring)		1
	2.4.12.2	The gas cylinder is connected through wall system, keeping it separate from the space allocated for *Panchakarma* service (See checklist 2.4 At the end of this standard for scoring)		3
	2.4.12.3	Fire extinguisher and sand bags stored in easy access area to the *Panchakarma* service area		1
2.4.13 Recording and reporting	2.4.13	OPD register available and used for recording all *Panchakarma* services (electronic health recording system)		1
2.4.14 Infection prevention as per infection prevention and control guidelines	2.4.14.1	Separate scrub worn by practitioners and helpers for Panchakarma services (See Checklist 2.4 At the end of this standard for scoring)		3
	2.4.14.2	Masks, gloves, apron are available and used as per need (See Checklist 2.4 At the end of this standard for scoring)		3
	2.4.14.3	There are well labeled colored bins for waste segregation and disposal as per HCWM guideline of MoHP (See Checklist 2.4 At the end of this standard for scoring)		3
	2.4.14.4	Hand washing facility with running water and soap or hand sanitizer is available for practitioners (See Checklist 2.4 At the end of this standard for scoring)		3
	2.4.14.5	Chlorine solution is available and utilized for decontamination (See Checklist 2.4 At the end of this standard for scoring).		3
Standard 2.4		**Total Obtained Score**		**111**
		Total Percentage (Total Obtained Score/ 113 x100)		

Checklist 2.4 for *Panchakarma* Service

1= Snehan Service, 2= Swedan Service, 3= Shirodhara and other dhara Service ,4= Vaman Service, 5=Virechana Service, 6= Vasti Service, 7= Nasya service, 8= Raktamokshana, 9= Kriyakalpa, 10= Paschatkarma

Code	Service Standards	Score for services												Direction to use
		1	2	3	4	5	6	7	8	9	10	Total Score	Percentage	Scoring	
2.4.5.1	Patient privacy maintained with separate cubicles with curtains														Go to standard 2.4.5.2
2.4.5.3	Separate cubicles dedicated for male and female patients for providing *Panchakarma* service														Go to standard 2.4.6.1
2.4.7.1	Adequate rooms and space for the practitioners and patients are available														Go to standard 2.4.7.2
2.4.7.2	Light is adequately maintained														Go to Standard 2.4.7.3
2.4.12.1	The heat source like gas stove/ induction heater if kept at least 1 meter away from the patient														Go to standard 2.4.12.2
2.4.12.2	The gas cylinder is connected through wall system, keeping it separate from the space allocated for *Panchakarma* service														Go to standard 2.4.14.1

2.4.14.1	Separate scrub worn by practitioners and helpers for Panchakarma services													Go to standard 2.4.14.2
2.4.14.2	Masks, gloves, apron are available and used as per need													Go to standard 2.4.14.3
2.4.14.3	There are well labeled colored bins for waste segregation and disposal as per HCWM guideline of MoHP													Go to standard 2.4.14.4
2.4.14.4	Hand washing facility with running water and soap or hand sanitizer is available for practitioners													Go to standard 2.4.14.5
2.4.14.5	Chlorine solution is available and utilized for decontamination													Score standard 2.4

Scoring Chart	
Total Percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3

Annex 2.4a Furniture and General Supplies for *Snehan* Services

SN	General Items	Required No.	Score
	Abhyang Bed	1	
	Bedsheet	As per need	
	Mackintosh	As per need	
	Pillow with cover	As per need	
	Foot step	1	
	Oil container	1	
	Bowl for oil	As per need	
	Towel	As per need	
	Heat supply with utensil for heating oil	As per need	
	Apron, head caps, masks, vizer	As per need	
		Total Score	
		Total Percentage = Total Score/10 X 100	

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.4.7.3.1	

Annex 2.4b Furniture and General Supplies for *Swedan* Services

SN	General Items	Required No.	Score	
	Nadi swedan yantra	1 in each cubicle		
	Swedan Droni	1 in each cubicle		
	Sarbanga swedan yantra sitting/lying	1 in each cubicle		
	Sarbanga swedan yantra lying	1 in each cubicle		
	General supplies for preparing potali	As per need		
	Towel	As per need		
	Gas supply	As per need		
		Total Score		
		Total Percentage = Total Score/7X 100		

Each row gets a score of 1 if all the required number is available otherwise 0.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.4.7.3.2	

Annex 2.4c Furniture and General Supplies for *Shirodhara* Service

SN	General Items	Required No.	Score
	Droni	1 for each cubicle	
	Dhara Patra	1 for each cubicle	
	Dhara Stand	1 for each cubicle	
	Stopper in *Patra* or Cotton Plug	As per need	
	Dekchi	As per need	
	Kachaura	As per need	
	Gauze piece/ sponge/ Cloth/ *Barti*	As per need	
	Pillow with resin cover	As per need	
	Towel	As per need	
	Drainage for medicated oil/dughda	As per need	
		Total Score	
		Total Percentage = Total Score/10 X 100	

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.4.7.3.3	

Annex 2.4d Furniture and General Supplies for Vaman Service

SN	General Items	Required No.	Score	
	Droni	1		
	Vaman Patra	1		
	Gauze piece/ sponge/ Cloth/ *Barti*	As per need		
	Pillow with resin cover	As per need		
	Towel	As per need		
	Drainage for Vaman	As per need		
		Total Score		
		Total Percentage = Total Score/6 X 100		

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.4.7.3.4	

Annex 2.4e Furniture and General Supplies for *Virechana* Service

SN	General Items	Required No.	Score	
	Purgatives herbs and Ayurveda drugs	As per need		
	Luke warm water for patients	As per need		
	Easy access to toilet for patients	Available		
	Hand wash liquid	As per need		
	Towel	As per need		
		Total Score		
		Total Percentage = Total Score/5 X 100		

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.4.7.3.5	

Annex 2.4f Furniture and General Supplies for Furniture and General Supplies for *Vasti* Services

Total Score		
Total Percentage = Total Score/5 X 100		

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.4.7.3.10	

See Annex 2.4k List of minimum *Snehan* services from *Panchakarma* unit

SN	List of minimum *Snehan* services	Available	Score
	Internal *Snehan*	As per need	
	Ekanga Abhyanga	As per need	
	Sarabanga Abhyanga	As per need	
		Total Score	
		Total Percentage = Total Score/3 X 100	

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.4.10.1	

See Annex 2.4l List of minimum *Swedan* **services from** *Panchakarma* **unit**

SN	General Items	Available	Score
	Nadi swedan	As per need	
	Sarbanga Swedan	As per need	
	Potli Swedan	As per need	
	Mrudu Sweda	As per need	
	Maha Sweda	As per need	
		Total Score	
		Total Percentage = Total Score/5X 100	

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.4.10.2	

See Annex 2.4m List of minimum *Shirodhara and dhara* services from *Panchakarma* unit

SN	General Items	Required No.	Score
	Shirodhara	As per need	
	Other *Ekanga* dhara	As per need	
	Sarbanga dhara	As per need	
		Total Score	
		Total Percentage = Total Score/3 X 100	

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.4.10.3	

See Annex 2.4n List of minimum *Vaman* services from *Panchakarma* unit

SN	General Items	Vaman Service	Score
	Pre-vaman care and counseling	For each case undergoing vaman	
	Vaman	As per need	
	Post-vaman care and counseling	For each case post- vaman	
		Total Score	
		Total Percentage = Total Score/3 X 100	

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.4.10.4	

See Annex 2.4o List of minimum *Virechana* services from *Panchakarma* unit

SN	General Items	Virechana Service	Score
	Pre-virechana care and counseling	For each case undergoing virechana	
	Snigdha virechana	As per need	
	Rooksha virechana	As per need	
	Purvakarmayukta virechana	As per need	
	Post-virechana care and counseling	For each case post- virechana	
		Total Score	
		Total Percentage = Total Score/5 X 100	

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.4.10.5	

See Annex 2.4p List of minimum *Vasti* services from *Panchakarma* unit

SN	***Vasti* services**	Route/ Dravya	Score
	Bahiya Vasti (like Griva Vasti)	As per need	
	Pakwashaya Ghata	As per need	
	Garbhasaya Ghata	As per need	
	Mutrasaya Ghata	As per need	
	Vrana Ghata	As per need	
	Niruha/Madhu/Anuvasana/Sneha/Matra	As per need	
		Total Score	
		Total Percentage = Total Score/6 X 100	

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.4.10.6	

See Annex 2.4q List of minimum *Nasya* services from *Panchakarma* unit

SN	General Items	Service available	Score
	Virechan Nasya	As per need	
	Bruhana Nasya	As per need	
	Shamana Nasya	As per need	
	Navana Nasya	As per need	
	Marshya	As per need	
	Dhoompan	As per need	
		Total Score	
		Total Percentage = Total Score/6 X 100	

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.4.10.7	

See Annex 2.4r List of minimum *Kriyakalpa* services from *Panchakarma* unit

SN	General Items	Kriyakalpa Service	Score
	Tarapana /Putapaka	As per need	
	Seka	As per need	
	Aschyotana	As per need	
	Anjana	As per need	
	Pindi	As per need	
	Lepa	As per need	
	Bidalak	As per need	
		Total Score	
		Total Percentage = Total Score/6 X 100	

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.4.10.9	

See Annex 2.4s List of minimum *Paschatkarma* services from *Panchakarma* unit

SN	General Items	Paschatkarma Service	Score
	Sansarjan Karma service	As per need	
	Shaman chikitsa service	As per need	
	Rasayana Therapy	As per need	
		Total Score	
		Total Percentage = Total Score/3 X 100	

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.4.10.10	

See Annex 2.4t List of minimum *other upakarama* services from *Panchakarma* unit

SN	General Items	Other upakarma Service	Score
	Talam	As per need	
	Karnapoorana	As per need	
	Dhoomapana	As per need	
	Lepam	As per need	
	Ksheera Dhooma	As per need	
		Total Score	
		Total Percentage = Total Score/5 X 100	

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.4.10.11	

Area	Code	Verification		
Physiotherapy (Physical Rehabilitation)	**2.5**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
2.5.1 Space	2.5.1	Separate room for OPD physiotherapy with at least 4 examination beds, 1 electric beds and 1 exercise beds		1
2.5.2Time for patients	2.5.2.1	Physiotherapy OPD is open from 10 AM to 3 PM.		1
	2.5.2.2	Inpatient physiotherapy service is available based on the requisition		1
2.5.3 Staffing	2.5.3	At least 1 physiotherapist trained in Bachelors in physiotherapy/ Certificate in physiotherapy (CPT)/ Diploma in physiotherapy (DPT) and 1 office assistant available to cover the shifts		1
2.5.4 Maintaining patient privacy	2.5.4	Appropriate techniques have been used to ensure the patient privacy (separate rooms, curtains hung, maintaining queuing of patients).		1
2.5.5 Patient counseling	2.5.5	Counseling is provided to patients about the type of treatment being given and its consequences.		1
2.5.6 IEC/BCC materials	2.5.6	Appropriate IEC/BCC materials (posters, leaflets etc.) are available in the OPD waiting area.		1
2.5.7 Instruments and equipment	2.5.7	Instruments and equipment to carry out the Physiotherapy works are available and functioning (See Annex 2.5a Instruments and equipment physiotherapy At the end of this standard).		3
2.5.8 Physical facilities	2.5.8.1	Adequate rooms and space for the practitioners and patients are available.		1
	2.5.8.2	Light and ventilation are adequately maintained.		1

2.5.9 Duty rosters	2.5.9	Duty rosters of OPD are developed regularly and available in appropriate location.		1
2.5.10 Facilities for patients	2.5.10.1	Safe drinking water is available in the waiting lobby throughout the day.		1
	2.5.10.2	Hand washing facilities are available for patients.		1
2.5.11 Recording and reporting	2.5.11.1	Recording and reporting throughout treatment and follow up is done		1
2.5.12 Infection prevention as per infection prevention and control guidelines	2.5.12.1	Masks and gloves are available and used		1
	2.5.12.2	There are colored bins for waste segregation and disposal based on HCWM guideline of MoHP		1
	2.5.12.3	Hand washing facility with running water and soap is available for practitioners.		1
	2.5.12.5	Chlorine solution is available and utilized.		1
Standard 2.5		Total Score		20
		Percentage = Total Score / 20 x 100		

Annex 2.5a Instruments and equipment physiotherapy

SN	Instruments and equipment	Required No.	Score
1	Traction unit	2	
2	IFT(Interferential treatment)	4	
3	Ultrasound(treatment) unit	4	
4	TENS (Trans cutaneous nerve stimulation)	4	
5	Muscle stimulator	3	
6	Parallel bar	1	
7	Quadriceps Table	1	
8	Therabands	5 series set	
9	Heel exerciser	1	
10	CPM machine knee and elbow	1	
12	Physio ball 55'' 65'' and 90''	3	
12	Moist heat unit	1	
13	Wax unit	1	

14	Foot step	1	
15	Pulley Set	2	
16	Shoulder Wheel	1	
17	Dumb bell Set	1	
18	Static Cycle	1	
19	Weight Cuff Set	1	
20	Shortwave Diathermy	1	
21	Mobilization bed	1	
		Total Score	
Total Percentage= Total Score/21x100			

Each row gets a score of **1** if the mentioned test is available otherwise **0**.

Scoring	
Total Percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.5.7	

Area	**Code**	**Verification**		
Emergency (ER) Service	**2.6**			
Components		**Standards**	**Obtained score**	**Maximum score**
2.6.1 Time for patients	2.6.1	Emergency room/ward is open 24 hours		1
2.6.2 Staffing (per shift in ER)*	2.6.2.1	For 5 ER beds (Doctor on duty: Nurse: Paramedics: Office Assistant = 1:1:1:1)		1
	2.6.2.2	The doctor, nurse and paramedics should take PTC, ETM, BLS and ACLS [2]training.		1
	2.6.2.3	The office assistants should take infection prevention and BLS training		1

2 PTC- Primary Trauma Care, ETM- Emergency Trauma Management, BLS- Basic Life Support, ACLS- Advanced Cardiac Life Support

2.6.3 Physical facilities	2.6.3.1	10% of the total hospital beds are allocated for ER of which 1% for red, 2% for yellow, 3% for green and 1 % for black color coded		1
	2.6.3.2	Adequate furniture and supplies (See Annex 2.6a Furniture and General Supplies for ER At the end of this standard)		3
	2.6.3.3	Light and ventilation are adequately maintained.		1
	2.6.3.4	Designated area for nursing station centrally placed in ER and all beds visible from nursing station		1
	2.6.3.5	Space allocated for duty room and changing room separate for male and female staffs with facilities of tea room		1
	2.6.3.6	Separate toilets for staffs at least one each-male, female and universal		1
	2.6.3.7	Separate land line/ mobile phone for emergency		1
	2.6.3.8	Numbers of hospital staffs, emergency numbers like for ambulance, police, fire brigade are kept in visible place		1
2.6.4 Instruments/ equipment	2.6.4	Instruments and equipment to carry out the ER works are available and functioning (See Annex 2.6b ER Instruments and equipment At the end of this standard)		3
2.6.5 Medicines and supplies	2.6.5.1	Ayurveda / Allopathic medicines and supplies to carry out the ER works are available in the ER		1
	2.6.5.2	Emergency stock of medicines and supplies for mass casualty management		1
2.6.6 Triage	2.6.6.1	Hospital maintains a triage system in the ER with 24 hours triage service		1
	2.6.6.2	Triage category board and information to the public (Red, Yellow, Green) (descriptive flex)		1

2.6.7 Emergency protocol in place	2.6.7.1	The patients triaged as red category are referred to the nearest tertiary hospitals after providing emergency first aid and stabilization		1
	2.6.7.2	Development of 001 or Blue code call system whenever any patient visited in Emergency collapses and need immediate and urgent emergency care		1
	2.6.7.3	Emergency disposition of the patient either in observation ward or definite care ward or referral or discharge within 3-6 hours		1
	2.6.7.4	Critical patient transfer from emergency to OT or Inter-hospital transfer is accompanied at least by paramedics or Nurse for handover of patient		1
2.6.8 Maintaining patient privacy	2.6.8	Appropriate methods have been used to ensure patient privacy (separate rooms, curtains hung)		1
2.6.9 Security	2.6.9	The hospital has maintained security system for ER for 24 hours with CCTV coverage		1
2.6.10 Mass casualty/ disaster preparedness	2.6.10.1	The hospital has mass casualty management protocol, and all staffs are updated with well labeled direction, prepositioning clipboards		1
	2.6.10.2	Disaster area identified with adequate furniture to carry out Triage in case of disaster		1
	2.6.10.3	Hospital carries out at least one mock drill and disaster preparedness once a year		1
2.6.11 Duty rosters	2.6.11	Duty rosters of the ER are developed regularly and available in appropriate location		1
2.6.12 Maintaining inventory	2.6.12	Inventory of the equipment, instrument, medicine and supplies in the ER are regularly maintained in each shift and stock updated accordingly		1

2.6.13 Facilities for patients	2.6.13.1	Safe drinking water is available 24 hours		1
	2.6.13.2	Hand washing facility with running water and liquid soap		1
	2.6.13.3	There are at least 3 toilets with hand washing facilities (1 for males, 1 for females, and 1 universal) for every 10 ER beds and for additional beds increase proportionately for male and female		1
2.6.14 Infection prevention as per infection prevention and control guideline	2.6.14.1	Staff wear mask and gloves during work		1
	2.6.14.2	There are clearly labeled colored bins for waste segregation and disposal as per HCWM Guideline of MoHP		1
	2.6.14.3	Chlorine solution is available and utilized for decontamination		1
Standard 2.6		**Total Obtained Score**		**38**
		Total Percentage (Total Obtained Score/38x100)		
* If less than 5 ER bed, same ratio of health workers is needed; doctor can be on call				

Annex 2.6a Furniture and General Supplies for ER

S.No.	Furniture and General Supplies	Required Quantity	Score
	Wheel chair	2 for every 5 ER beds	
	Trolley	1 for every 5 ER beds	
	Stretcher	1 for every 5 ER beds	
	Information board	1	
	Foot Step	2 for every 5 ER beds	
	Working Table/Station with 2 chairs	1	
	Stool (for visitor) each bed	1	
	Medicine Rack	1	
	Supplies Rack	1	
	Waste Bins (color coded and labeled as per HCWM guideline)	1 set for every 5 ER beds	
	Poisoning Chart	1	
	Telephone set/Mobile	1	
	Reference Books with cupboard	1	

	Cup Board for narcotics	1	
	Screen	As per need	
	Cart/Trolley with medicines for emergency procedures	1	
	Oxygen cylinder /Central Oxygen supply	As per need	
	IV stand	At least one per bed	
	Bed Pan	2 for every 5 bed	
	Urinal	2 for every 5 bed	
Total Score			
Total Percentage =Total Score/19 X 100			

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.6.3.2	

Annex 2.6b ER Equipment and Instrument

SN	Equipment /Instruments	Required No.	Score
	ECG machine (12 Leads)	1	
	Defibrillator	1	
	Foot / Electric Suction Machine	2	
	Nebulizer set	1	
	Cardiac monitors with non-invasive BP cuffs	1 (For 5 beds)	
	BP set and Stethoscope (each treatment room)	2	
	Pulse oximeter	1	
	Glucometer with strips	1	
	Duck Speculum	2	
	Protoscope	2	
	Otoscope set /ENT Set	1	
	Opthalmoscope	1	
	Nasal Speculum	1	
	Laryngoscope with batteries and blades	2	
	Torch Light	2	

	Geudel Airway	2	
	Ambu Bag (Adult and Pediatric)	2	
	Bougie	2	
	Endotracheal tube of different sizes	6	
	Different size mask	6	
	Laryngeal mask airway (Adult and Pediatric)	1 each	
	Oxygen tubes and masks	10 each	
	Suture Set	4	
	Catheterization set	2	
	Dressing Set	2	
	Water sealed drainage set	1	
	N/G tube Aspiration set	1	
	Ear Irrigation Set	1	
	Cervical collar	4	
	Spinal backboard	1	
	Splints	3	
	Arm Slings	3	
	Portable Light	2	
Total Score			
Total Percentage =Total Score/33X 100			

Each row gets a score of **1** if all the required number is available otherwise **0**.

Scoring chart	
Total percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.6.4	

Area	Code	Verification		
Hospital Pharmacy Service and Manufacturing unit	**2.7**			
Pharmacy Service	**2.7.1**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
2.7.1.1 Pharmacy unit available	2.7.1.1.1	Hospital has designated pharmacy unit and dispensing area		1
	2.7.1.1.2	Separate space allocated for dispensing free Ayurveda drugs		1
	2.7.1.1.3	Hospital runs its own paying pharmacy		1
2.7.1.2 Availability of medicines and supplies	2.7.1.2.1	Hospital has prepared formulary list of Ayurveda medicines		1
	2.7.1.2.2	Dispensing area in the hospital has all free *Ayurveda* drugs available round the clock		1
	2.7.1.2.3	Hospital formulary list includes all medicines and supplies as per services provided by hospital		1
	2.7.1.2.4	Hospital prepares essential *Ayurveda* medicines on their own		1
	2.7.1.2.5	Hospital has all ,medicines and supplies available as per approved hospital formulary list		1

2.7.1.3 Good procurement practice	2.7.1.3.1	Annual procurement plan for medicines and supplies for pharmacy services is available		1
	2.7.1.3.2	Procurement is done based on public procurement guideline		1
	2.7.1.3.3	Product specification for each medicine and related supplies of approved formulary list is available		1
	2.7.1.3.4	Technical criteria on quality assurance of procured medicines is included in tender document		1
	2.7.1.3.4	Selling price of the drugs does not exceed 20% of the procurement price		1
2.7.1.4 Pharmacy service hours	2.7.1.4	The pharmacy opening hour covers both inpatient and outpatient		1
2.7.1.5 Staffing as per hospital pharmacy service guideline 2072	2.7.1.5.1	Pharmacy service is led by Bheshaj Vigya with at least one Ayurveda pharmacist and 2 Ayurveda Technician		1
	2.7.1.5.2	Pharmacy has at least one assistant pharmacist and one office assistants in each shift		1
2.7.1.6 Display of list of free medicines	2.7.1.6	The list of free medicines is displayed in a clearly visible place in the dispensing area		1
2.7.1.7 Inpatient pharmacy services available	2.7.1.7	Hospital pharmacy directly supplies inpatient medicine and supplies to wards and OT		1
2.7.1.8 Electronic record keeping	2.7.1.8	Pharmacy uses computer with software for inventory management and medicine use		1
2.7.1.9 Pharmacy stock available	2.7.1.9	Number of items of hospital formulary stocked in pharmacy(less than 50%= 0; 50-70 =1, 70-85=2 85-100= 3)		3

2.7.1.10 Display and storage of medicines	2.7.1.10	All the medicines and supplies are displayed in clean racks following either alphabetical orders or grouping as use		1
2.7.1.11 Information to patients	2.7.1.11.1	Information regarding the medicines is provided to the patients.		1
	2.7.1.11.2	IEC materials (posters, leaflets, national hospital formulary) about the appropriate use for medicines are available in the pharmacy area.		1
2.7.1.12 Dispensing medicines	2.7.1.12.1	Medicine is dispensed using electronic billing		1
	2.7.1.12.2	Each medicine is given with written instructions on how to take		1
2.7.1.13 First Expiry First Out (FEFO)	2.7.1.13	FEFO system is maintained using standard stock book/ cards.		1
2.7.1.14 Pharmacy Inventory	2.7.1.14	Every month, all medicines and supplies are counted and tallied with the medical store.		1
2.7.1.15 Drug utilization review and quantification of data	2.7.1.15	Pharmacy department conducts studies on drug utilization and quantification		1
2.7.1.16 Pharmaceutical waste disposal	2.7.1.16	Pharmaceutical waste management is done based on HCWM guideline or returned to the supplier on time		1
Standard 2.7.1		**Total Obtained Score**		**31**
		Total Percentage (Total Obtained Score/31x100)		

Area	Code	Verification		
Hospital Pharmacy and Manufacture Unit	**2.7**			
Manufacture Unit	**2.7.2**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
2.7.2.1 Manufacture unit available and physical infrastructure	2.7.2.1.1	Hospital has designated Manufacture unit for Chruna, Kwath dravya according to Churna utpadan Nirdeshika		1
	2.7.2.1.2	Hospital runs its manufacture unit and produces the Chruna, Kawath dravya as per need		1
	2.7.2.1.3	Area dedicated for manufacturing unit is 1 ropani *(if in inner terai it can be 3 katha)*		1
	2.7.2.1.4	Separate space or building designated for the manufacturing unit with at least nine rooms (See Annex 2.7.2a List of the separate area/rooms in manufacturing unit at the end of the standard)		3
	2.7.2.1.5	Segregation of the change room, control and uncontrol area clearly		1
	2.7.2.1.6	Kota stone for flooring of the production area and smooth finishing of floor with plaster for other rooms of manufacturing unit is done		1
	2.7.2.1.7	Manufacturing unit has production area with windows and doors of Aluminium and washable panel boards		1
	2.7.2.1.8	Water supply dedicated to manufacturing unit for pharmaceutical use is available		1

2.7.2.2 Availability of formulary for preparing medicines	2.7.2.2	Manufacturing unit has prepared formulary for list of Ayurveda medicines prepared in the unit with detail formula including product details, composition of active ingredient and brief manufacturing and packaging procedure		1
2.7.2.3 General machine, instrument and equipment required for manufacturing unit	2.7.2.3	General machine, instrument and equipment required for manufacturing unit of GMP model SS grade are available and functional (See Annex 2.7.2b General machine, instrument and equipment for manufacturing unit)		3
2.7.2.4 Good procurement practice	2.7.2.4.1	Annual procurement plan for raw materials and related supplies for manufacturing unit		1
	2.7.2.4.2	Procurement is done based on public procurement guideline		1
	2.7.2.4.3	Product specification for each raw material is and supplies is available		1
	2.7.2.4.4	Technical criteria on quality assurance of procured raw material is included in tender document		1
	2.7.2.4.5	Detailed description of the raw material iis done as per guideline like including Nepali, Sanskrit and Latin names, quantity, active ingredient, uses		1
2.7.2.5 Manufacturing hours	2.7.2.5	Manufacturing unit opens to cover the outpatient hours		1
2.7.2.6 Staffing as per guideline	2.7.2.6.1	Manufacturing unit is led by Ayurveda doctor and at least one pharmacist/ Ayurveda Technician is available in full time basis		1
	2.7.2.6.2	Manufacturing unit has at least one assistant pharmacist and one office assistants in each shift		1
	2.7.2.6.3	Routine training conducted for capacity building of the manufacturing unit team		1

2.7.2.7 Standard operating procedures for manufacturing process	2.7.2.7	Standard operating procedures are in place in the manufacturing unit in order to maintain quality and following the flow chart of manufacturing from weighing to releasing of the batch in the market		1
2.7.2.8 Electronic record keeping	2.7.2.8	Manufacturing unit uses computer with software for inventory management and medicine use		1
2.7.2.9 Storage of raw materials and products	2.7.2.9.1	Separately dedicated based on the type of the raw materials and produced medicines with inventory control mechanism		1
	2.7.2.9.2	Labeling of the raw material and segregation of the approved and non approved raw material during storage		1
	2.7.2.9.3	Ventilation and adequate light available in the storage area		1
	2.7.2.9.4	Temperature of the storage area is maintained and regularly monitored		1
2.7.2.10 Information in Batch Manufacturing Record (BMR)	2.7.2.10.1	Minimum list of the information included in BMR (See Annex2.7.2c Minimum list of information included in BMR at the end of this standard)		3
	2.7.2.10.2	IEC materials (leaflets, brochures) about the appropriate use for medicines are available as per need		1
2.7.2.11 Dispensing medicines	2.7.2.11.1	Medicine is dispensed using electronic billing		1
	2.7.2.11.2	Each medicine is given with written instructions on how to take		1
2.7.2.12 First Expiry First Out (FEFO)	2.7.2.12	FEFO system is maintained using standard stock book/cards.		1
2.7.2.13 Inventory	2.7.2.13	Every month, all raw materials, medicines and supplies are counted and tallied with the supply inventory		1
2.7.2.14 Drug utilization review and quantification of data	2.7.2.14	Manufacturing unit collaborates with pharmacy department to conduct studies on drug utilization and quantification		1

2.7.2.15 Pharmaceutical waste disposal	2.7.2.15	Pharmaceutical waste management is done based on HCWM guideline or returned to the supplier on time		1
Standard 2.7.2		**Total Obtained Score**		**39**
		Total Percentage (Total Obtained Score/39x100)		

Annex 2.7.2a List of the separate area/rooms in manufacturing unit

SN	Rooms/Space allocated in Manufacturing Unit	Required No.	Score
1	Quarantine room	1	
2	Cleaning and screening room	1	
3	Drying room	1	
4	Approved raw material storage room	1	
5	Grinding (disintegration, pulverizing, sieving) room	1	
6	Mixing and filling room	1	
7	Primary and secondary packing room	1	
8	Final storage room	1	
9	Inprocess Quality Control room	1	

Total Score

Total Percentage= Total Score/9x100

Each row gets a score of **1** if the mentioned test is available otherwise **0**.

Scoring

Annex 2.7.2b General machine, instrument and equipment for manufacturing unit

(All machine, instrument and equipment must be GMP model SS grade)

SN	General machine, instrument and equipment	Required No.	Score
1	Grinding machine	1	
2	Mixture/Blender	1	
3	Tray drier	1	
4	SS storage container	1	
5	Labeling machine	1	
6	Sealing machine	1	
7	Shifter	1	
8	Powder filling machine	1	

9	Weighing machine	1	
10	Dehumidifier	1	
11	Dust extractor	1	
	Total Score		
	Total Percentage= Total Score/11x100		

Each row gets a score of **1** if the mentioned test is available otherwise **0**.

Scoring	
Total Percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.7.2.3	

Annex 2.7.2c Minimum list of information included in BMR

SN	Information included in BMR	Score
1	Organoleptic test of the raw material	
2	Master formula	
3	Reference book	
4	Batchwise dispensing record	
5	Line clearance record	
6	Manufacturing steps	
7	Packaging and weighing uniformity	
8	Powder filling machine	
9	Microbial reports of the final product	
	Total Score	
	Total Percentage= Total Score/9x100	

Scoring	
Total Percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.7.2.10.13	

Area	Code	Verification		
Kshar Sutra Service	2.8			
3		Service Standards	Obtained Score	Maximum Score
2.8.1 Working space	2.8.1	A separate space dedicated for *Kshar Sutra* procedures		1
2.8.2 Furniture & general supplies	2.8.2	Adequate furniture and general supplies are available (See Annex 2.8a Furniture and General Supplies for *Kshar Sutra* At the end of this standard).		3
2.8.3 Services available	2.8.3	Minimum surgical conditions treated using *Kshar Sutra* are available (See Annex 2.8b List of Minimum Surgical Conditions Treated Using *Kshar Sutra* Procedure At the end of this standard).		3
2.8.4 Staffing	2.8.4	Duty roster prepared to assign staffs for *Kshar Sutra* Service with at least one trained doctor, two nurses and one office assistant per shift and one anesthesia assistant.		1
2.8.5Medicines and supplies	2.8.5.1	Medicines and supplies needed for *Kshar Sutra* procedures available (See Annex 2.8c Medicine and Supplies for *Kshar Sutra* Service At the end of this standard).		3
	2.8.5.2	Separate containers for sterile gauze and cotton balls are available.		1
2.8.6 Infection prevention and waste disposal	2.8.6.1	Mask, gloves, plastic apron, boots and goggles are available and used whenever required.		1
	2.8.6.2	At least three color coded waste bins as per HCWM guideline of MoHP are available and used		1
	2.8.6.3	Supplies trolley with needle cutter is available and used		1
	2.8.6.4	Hand washing facility with running water and soap		1
	2.8.6.5	Chlorine solution is available and utilized for decontamination		1
2.8.7 Documentation	2.8.7	Proper records of all procedures are kept and reported.		1
Standard 2.8		Total Score		18
		Total Percentage (Total Score/ 18 x100)		

Annex 2.8a Furniture and General Supplies for *Kshar Sutra*

SN	General Equipment and Instruments for OT	Standard Quantity	Score
	Wheel chair foldable, adult size	As per need	
	Stretcher	As per need	
	Patient trolley	As per need	
	Cupboards and cabinets for store	As per need	
	Working desk for nursing station, gowning	1 each	
	OT Table- universal type/ with wedge to position patient	At least 1	
	Examining table	1	
	Mayo Stand with tray	2	
	Operation theatre lights	1	
	Refrigerator / cold box	1	
	Boiler set/ Autoclave	1	
	Oxygen concentrator/ Oxygen Cylinder	1	
	Instrument trolley	2	
	BP instrument with stethoscope	1	
	Thermometer	1	
	Steel Drum for gloves	1	
	Steel Drum for Cotton	1	
	Kidney tray (600cc)	2	
	Mackintosh sheet	1	
	Cheatle forceps in jar	2	
	Sponge holding forceps	4	
	Piles holding forceps	2	
	Artery forceps	2	
	Sinus forceps	2	
	Cupper probe	4	
	Needle holding forceps	2	
	Scalpel	2	
	Eye towel/ Drapes	As per need	
	Packing towel double wrapper	As per need	
	Sterile gloves (6,6.5,7,7.5,8)	5/5/5/5/5/5	
	Masks and caps	As per need	
	Torch light and batteries	1 set	
	Foot steps	2	
	Wall clock	1	
	Waste bucket	1	

	Color coded waste bins (based on HCWM guideline of MoHP)	1 set	
		Total Score	
		Total percentage= Total/ 36 x 100	

Each row gets a score of 1 if the mentioned test is available otherwise 0.

Scoring Chart	
Total percentage	Score
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.8.2	

Annex 2.8b List of Minimum Surgical Conditions Treated Using *Kshar Sutra* Procedure

S.No.	List of Minimum Surgical Conditions Treated Using *Kshar Sutra* Procedure	Score
	Haemorrhoids	
	Fistula-in-ano	
	Anal Fissure	
	Pilonidal Sinus	
	Anal warts	
	Anorectal polyps	
	Total score	
	Total Percentage= Total score/6x 100	

Each row gets a score of 1 if all the required number is available otherwise 0.

Scoring chart	
Total percentage	Score
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.8.3	

Annex 2.8c Medicine and Supplies for *Kshar Sutra* Service

S.No.	Items	Required number	Score
	Surgical Thread (20G)	As per need	
	Snuhi Latex	As per need	
	Apamarga Kshara	As per need	
	Haridra chruna	As per need	
	Metallic Probe/ Infant Feeding Tube	As per need	
	Xylocaine Jelly (2%)	As per need	
	Inj. Xylocaine 2% with and without adrenaline	As per need	
	Dressing set of different size (small, medium, large)	At least 2 each	
	Gauze and cottons	As per need	
	Examination (non-sterile) gloves	As per need	
	Sterile gloves	As per need	
	Pulse oximeter	At least 2	
	Access to a defibrillator	At least 1	
	Stethoscope	At least 2	
	Sphygmomanometer	As per need	
	Non-invasive blood pressure monitor	As per need	
	Sphatik Bhasma	As per need	
	Copper Sulphate	As per need	
		Total Score	
		Total Percentage= Total Score/18x100	

Each row gets a score of 1 if all the required number is available otherwise 0

Scoring Chart	
Total percentage	Score
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.4.6.1	

Area	Code	Verification		
Inpatient Service[3]	2.9			
Components		Service Standards	Obtained Score	Maximum Score
2.9.1 Space, furniture and supplies for work	2.9.1.1.1	Separate space for nursing station is available in each ward (See Checklist 2.9 At the end of this standard for scoring)		3
	2.9.1.1.2	Separate changing room available for male and female staffs (See Checklist 2.9 At the end of this standard for scoring)		3
	2.9.1.1.3	Separate store room is available (See Checklist 2.9 At the end of this standard for scoring)		3
	2.9.1.1.4	One ward should not exceed 25 beds for general ward		1
	2.9.1.2.1	*Kayachikitsa Ward* (See Annex 2.9a Furniture and supplies for inpatient wards At the end of this standard)		3
	2.9.1.2.2	*Striroga and Prasuti Tantra Ward*(See Annex 2.9a Furniture and supplies for inpatient wards At the end of this standard)		3
	2.9.1.2.3	*Kaumarbhritya Ward* (See Annex 2.9a Furniture and supplies for inpatient wards At the end of this standard)		3
	2.9.1.2.4	*Shalya Ward* (See Annex 2.9a Furniture and supplies for inpatient wards At the end of this standard)		3
	2.9.1.2.5	*Shalakya Ward* (See Annex 2.9a Furniture and supplies for inpatient wards At the end of this standard)		3
	2.9.1.2.6	*Panchakarma ward* (See Annex 2.9a Furniture and supplies for inpatient wards At the end of this standard)		3
	2.9.1.2.7	Separate area dedicated for play room with play materials for different pediatric age groups		1

3 Separate Set of Sheets for Assessment of Service Standards including - Checklist and Annexes, should be used for Each Ward Allocated for Inpatient Service and scoring of cumulative standards is done at end of all inpatient wards' assessment

2.9.2 Nursing station	2.9.2	There is a set of at least one table and two chairs in the nursing station and shelves for storage of charts and inpatient forms and formats (See Checklist 2.9 At the end of this standard for scoring)		3
2.9.3 Nursing staff for inpatient service	2.9.3	Adequate numbers of nursing staff are available in ward per shift (nurse patient ratio 1:6 in general ward, 1:4 in pediatric ward) and at least one trained office assistant/ward attendant per shift in each ward (See Checklist 2.9 At the end of this standard for scoring)		3
2.9.4 Duty rosters	2.9.4	Duty roster of doctors, nurses, paramedics and support staffs kept visibly in nursing station (See Checklist 2.9 At the end of this standard for scoring)		3
2.9.5 Communication	2.9.5	Telephone facility is available with list of important contact numbers and hospital codes visibly kept (See Checklist 2.9 At the end of this standard for scoring)		3
2.9.6 Emergency management of inpatients	2.9.6.1	All staffs in wards are trained for BLS and oriented about emergency code 001 or blue code (See Checklist 2.9 At the end of this standard for scoring)		3

2.9.7 Physical facilities for patient	2.9.7.1	Separate area designated for admission of male and female inpatients in wards (See Checklist At the end of this standard for scoring)		3
	2.9.7.2	There are adequate separate toilets for male and female patients in each ward (1 for 6 female bed and 1 for 8 male beds) and also adequate wash basins/ sinks for the patients. (See Checklist 2.9 At the end of this standard for scoring)		3
	2.9.7.3	Patient safety in taken care of in all inpatient wards including proper fixation of the furniture and equipment		1
	2.9.7.4	Separate waiting area for visitors.		1
	2.9.7.6	Safe drinking water is available 24 hours for inpatients(See Checklist 2.9 At the end of this standard for scoring)		3
	2.9.7.7	Hours/ Time allocated for visitors to meet the inpatients and controlled traffic to prevent cross infection (See Checklist 2.9 At the end of this standard for scoring)		3
	2.9.7.8	Separate space is available for patients' visitors (KuruwaGhar).		1
2.9.8 Communication and counseling	2.9.8.1	Basic information regarding admitted patients is displayed in a separate board (See Checklist 2.9 At the end of this standard for scoring)		3
	2.9.8.2	Separate space with privacy dedicated for regular counseling is done for patient and patient party on condition and disease of patient (See Checklist 2.9 At the end of this standard for scoring)		3
2.9.9 IEC/BCC Materials	2.9.9	Appropriate IEC/BCC materials (posters, leaflets etc.) are available in the inpatient ward with focus on infection prevention (See Checklist 2.9 At the end of this standard for scoring)		3
2.9.10 Recording and reporting	2.9.10	Admission and discharge registers are available and are being filled completely (See Checklist 2.6 At the end of this standard for scoring)		3

2.9.11 Infection prevention as per infection prevention and control guidelines	2.9.11.1	PPE are available and used whenever required (See Checklist 2.9 At the end of this standard for scoring)		3
	2.9.11. 2	Each ward has hand sanitizer in visible place for health workers to use before and after touching patients (See Checklist 2.9 At the end of this standard for scoring)		3
	2.9.11.3	There are well labeled color coded bins for waste segregation and disposal as per HCWM guideline 2014 (MoHP) (See Checklist 2.9 At the end of this standard for scoring)		3
	2.9.11.4	Hand washing facility with running water and liquid soap is available and being practiced (See Checklist 2.9 At the end of this standard for scoring)		3
	2.9.11.5	Chlorine solution is available and utilized for decontamination (See Checklist 2.9 At the end of this standard for scoring)		3
	2.9.11.6	Separate isolation room for any communicable disease patients		1
Standard 2.9		Total Score		87
		Total Percentage (Total Score/ 87x100)		

Checklist 2.9 Inpatient Services

(1= Kayachikitsa Ward *2=* Striroga and Prasuti Tantra Ward *3=* Kaumarbhritya Ward *4=* Shalya, *5= Shalakya Ward 6= Panchakarma Ward)*

Code	Service Standards	1	2	3	4	5	6	Total Score	Percentage	Scoring	Direction to Use
2.9.1.1.1	Separate space for nursing station is available in each ward										Go to Standard 2.9.1.1.2
2.9.1.1.2	Separate changing room available for male and female staffs										Go to Standard 2.9.1.1.3
2.9.1.1.3	Separate store room is available										Go to Standard 2.9.2

2.9.2	There is a set of at least one table and two chairs in the nursing station and shelves for storage of charts and inpatient forms and formats										Go to Standard 2.9.3
2.9.3	Adequate numbers of nursing staff are available in ward per shift (nurse patient ratio 1:6 in general ward, 1:4 in pediatric ward) and at least one trained office assistant/ward attendant per shift in each ward										Go to Standard 2.9.4
2.9.4	Duty roster of doctors, nurses, paramedics and support staffs kept visibly in nursing station										Go to Standard 2.9.5
2.9.5	Telephone facility is available with list of important contact numbers and hospital codes visibly kept										Go to Standard 2.9.6
2.9.6.1	All staffs in wards are trained for BLS and oriented about emergency code 001 or blue code										Go to Standard 2.9.6.2

2.9.7.1	Separate area designated for admission of male and female inpatients in wards										Go to Standard 2.9.7.2
2.9.7.2	There are adequate separate toilets for male and female patients in each ward (1 for 6 female bed and 1 for 8 male beds) and also adequate wash basins/sinks for the patients										Go to Standard 2.9.7.3
2.9.7.6	Safe drinking water is available 24 hours for inpatients										Go to Standard 2.9.7.7
2.9.7.7	Hours/ Time allocated for visitors to meet the inpatients and controlled traffic to prevent cross infection										Go to Standard 2.9.7.8
2.9.8.1	Basic information regarding admitted patients is displayed in a separate board										Go to Standard 2.9.8.2
2.9.8.2	Separate space with privacy dedicated for regular counseling is done for patient and patient party on condition and disease of patient										Go to Standard 2.9.9

2.9.9	Appropriate IEC/ BCC materials (posters, leaflets etc.) are available in the inpatient ward with focus on infection prevention										Go to Standard 2.9.10
2.9.10	Admission and discharge registers are available and are being filled completely										Go to Standard 2.9.11
2.9.11.1	PPE are available and used whenever required										Go to Standard 2.9.11.2
2.9.11. 2	Each ward has hand sanitizer in visible place for health workers to use before and after touching patients										Go to Standard 2.9.11.3
2.9.11.3	There are well labeled color coded bins for waste segregation and disposal as per HCWM guideline 2014 (MoHP)										Go to Standard 2.9.11.4
2.9.11.4	Hand washing facility with running water and liquid soap is available and being practiced										Go to Standard 2.9.11.5
2.9.11.5	Chlorine solution is available and utilized for decontamination										Go to Standard 2.9.11.6

Annex 2.6a Furniture and Supplies for inpatient wards

(1= Kayachikitsa Ward *2=* Striroga and Prasuti Tantra Ward *3=* Kaumarbhritya Ward *4=* Shalya, *5= Shalakya Ward 6= Panchakarma Ward)*

SN	General Items	Required Number	Score					
			1	2	3	4	5	6
	Working table	1-2						
	Chairs	2						
	Cup board	2						
	Shelves	1						
	Bed side table	per bed-1						
	Stools (for visitor)	per bed 1						
	Patient Beds (Metal bed / adjustable head/ mechanical ratchet, 3 X 6 ft.)	As per sanctioned bed						
	IV stand	As per bed						
	Medicine trolley	1						
	Dressing trolley	1						
	Wall Clock	2						
	Oxygen Concentrator	1 per 5 bed						
	Suction machine (foot/electric)	1						
	Refrigerator	1						
	Laryngoscope with blade and batteries	1						
	ET tubes of different sizes	At least 2 each						
	Self-inflating bag air mask – adult, child, neonate size	1 set						
	BP set and stethoscope (Non-Mercury)	2 sets						
	Thermometer	3-5						
	Baby and adult weighing scale	1 each						
	Steel drum with sterile cotton	1						
	Steel drum with sterile gauze and pad	1						
	Scissors	2						

	Cheatle Forceps with Jar	2						
	Catheter set	2						
	Dressing set	At least 10						
	Digital or chemical balance	At least 2						
	Mattress with bedcover, pillow with pillow cover, blanket with cover	1 set per bed						
	Torch with extra batteries and bulb	2-3						
	Inpatient register/entered per ICD code	As per need (1)						
	Inventory Records	As per need (1)						
	Cardex files	As per bed						
	Waste bins color coded based on HCWM guideline of MoHP	1 set per room						
		Total Score						
		Maximum Score	33	33	33	33	33	33
		Total percentage= Total Score/Maximum Score x 100						
		Scoring Chart						

Area	**Code**	Verification		
Surgery / Operation Services	2.10			
Components		Standards	Obtained Score	Maximum Score
2.10.1 Time for surgical services/ operations	2.10.1.1	Routine surgeries available on scheduled days		1
	2.10.1.2	Emergency surgeries available round the clock		1
	2.10.1.3	At least two functional operating rooms		1

2.10.2 Staffing	2.10.2.1	Operation Team lead by Ayurveda Shalya/Shalakya available for surgery/operation services		1
	2.10.2.2	For overall management of operation theatre, there is one OT nurse (with minimum bachelors degree) assigned as OT in-charge		1
	2.10.2.3	At least two nurses in pre-anesthesia area for receiving and transferring of the patient and		1
	2.10.2.4	At least two ICU trained nurses for post anesthesia care for receiving patient after OT		1
	2.10.2.5	At least two anesthesia assistant dedicated for OT		1
2.10.3 Surgical services available	2.10.3.1	General Surgeries (See Annex 2.10a List of Minimum Surgeries Available At the end of this standard)		3
	2.10.3.2	Orthopedic Surgeries (See Annex 2.10b List of Minimum Orthopedics Surgeries Available At the end of this standard)		3
2.10.4 Patient counseling and care	2.10.4.1	Indications and reviews the clinical history and physical examination is documented		1
	2.10.4.2	Pre-anesthesia checkup done for routine surgeries and documented		1
	2.10.4.3	Informed consent is taken before surgery; patients and caretakers are given appropriate counseling about the surgery		1
2.10.5 WHO safe surgery checklist	2.10.5	The WHO Safe Surgery Checklist is available in OT and used		1

2.10.6 Patient preparation	2.10.6	Preoperative instructions for patient preparation are given and practiced with routine pre-anesthesia check up		1
2.10.7 Operation Theatre/Room	2.10.7.1	OT has appropriate physical set up (See Annex 2.10c Physical Set Up for OT At the end of this standard)		3
	2.10.7.2	Each operating room has general equipment, instruments and supplies available (See Annex 2.10d Furniture, Equipment, Instruments and Supplies for OT At the end of this standard)		3
	2.10.7.3	Each operating room has medicines and supplies available (See Annex 2.10e General Medicine and Supplies for OT At the end of this standard)		3
	2.10.7.4	Surgical sets for minimum list of the surgical services available (See Annex 2.10f Surgical sets for Minimum list of the surgical procedures At the end of this standard)		3
2.10.8 Availability of anesthesia Services	2.10.8.1	Anesthesia service is provided following the standards operating procedure		
	2.10.8.1	Local anesthesia		1
2.10.9 Equipment, instruments and supplies for anesthesia	2.10.9	Equipment, instrument and supplies for anesthesia available (See Annex 2.10g Equipment, Instrument and Supplies for Anesthesia At the end of this standard)		3
2.10.10 Medicine and supplies for anesthesia	2.10.10	Medicine and supplies for anesthesia available (See Annex 2.10h Medicine and Supplies for Anesthesia At the end of this standard)		3

2.10.12 Pre anesthesia and post-operative care	2.10.12.1	Dedicated space for pre-anesthesia assessment and post-anesthesia recovery with patient bed, IV stand, IV cannula, fixing tapes, infusion sets, burette sets, syringes, three-way stop cocks and at least one cardiac monitor		1
	2.10.12.2	Separate area designated for post-operative care to stabilize the patient after surgery		1
	2.10.12.3	Staffs are specified for the post-operative care including close monitoring of the vital signs and observation of patient		1
	2.10.12.4	Patients' pain management is prioritized, measures well documented and analgesic effect followed up		1
	2.10.12.5	Patient undergoing surgical procedure is done pre- anesthetic check-up, continuously monitored during and at least 2 hours post- anesthesia		1
	2.10.12.6	Adequate information shared for patient care and patient followed by at least one nurse/doctor for hand over or transfer of patient within or outside the hospital		1
2.10.13 Recording	2.10.13.1	Recording is done for all surgeries procedure including observation, management and complications if any		1
	2.10.13.2	Records of all anesthetic procedures are kept and reported		1
2.10.14 Infection prevention protocol is strictly followed by all staffs in operation theatre/room				
2.10.14.1 Hand hygiene	2.10.14.1	Hand washing and scrubbing facility with running water and soap is available and being practiced with elbow tap		1

2.10.14.2 Appropriate PPE	2.10.14.2	Gowns and sterile drapes for patients and sterile gown for surgery team are available and used whenever required.		1
2.10.14.3 Fumigation	2.10.14.3	Fumigation is done at least once a week in the OT on Saturdays and as per need		1
2.10.14.4 Disinfection of instruments	2.10.14.4	High Level Disinfection (e.g. Cidex) facility is available and being practiced.		1
2.10.14.5 High Wash	2.10.14.5	High wash is done at least once a month in OT		1
2.10.14.5 Appropriate segregation of waste	2.10.14.5	Separate colored waste bins based on HCWM guideline of MoHP are available and used		1
2.10.14.6 Disposal of sharps	2.10.14.6	Needle cutter is used.		1
2.10.14.7 Cleaning	2.10.14.7	Chlorine solution is available and utilized for decontamination.		1
Standard 2.10		Total Obtained Score		54
		Total Percentage= Total Obtained Score/ 54 x 100		

Annex 2.10a General Surgeries Available

S.No.	List of the surgeries available (minimum)	Score
	Incision & Drainage under Local Anesthesia	
	Excision of cysts, ganglion, lump, lymhnode, lipoma, skin papilloma, corn , ganglion cyst under LA	
	Excision of ingrowing toe nail under digital block	
	Wound debridement	
	Skin suturing < 5cm size	
	Foreign Body removal under LA	
	Repair split ear	
	True cut biopsy	
	Circumcision Under LA	
	Haemorrhoid banding	

	Ksharakarma	
	Agnikarma	
	Raktamokshan	
	Amputations (Rays, Gillies)	
	Fasciotomy	
	Partial Rectal Prolapse surgery	
	Fistulectomy	
	Haemorrhoidectomy	
	Hydrocele	
	Total score	
	Total Percentage= Total score/19 x 100	

Each row gets a score of 1 if all the required number is available otherwise 0.

Scoring chart	
Total percentage	Score
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.10.3.1	

Annex 2.10b Types of Orthopedic Surgeries Available

S.N.	Minimum list of Orthopedic Surgeries	Score
	POP + Immobilization without anesthesia	
	Joint aspiration	
	Intralesional steriod injection	
	Traction	
	Reduction of shoulder, elbow, small joints dislocation	
	Soft tissue benign tumor excision	
	Total score	
	Total Percentage= Total score/6 x 100	

Each row gets a score of 1 if all the required number is available otherwise 0.

Scoring chart	
Total percentage	Score
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.10.3.2	

Annex 2.10c Physical Set Up for OT

SN	Physical Set Up	Score			
	Separate room designated for OT with recovery room				
	Space designated for changing room for male and female staffs separately				
	Lockers for storage of the belongings of staffs				
	Separate shelves for storage of clean and dirty shoes at the entrance of the OT area demarked with red line				
	Space designated with sink facilitated with elbow tap for scrubbing				
	Designated space for tea room				
	Separate bathroom with at least one universal toilet for OT				
	Scrub basins with running water				
	Utility basins (at least 4)				
	Total Score				
	Total percentage= Total Score/ 9 x 100				

Each row gets a score of 1 if the mentioned test is available otherwise 0.

Scoring chart					
Total percentage	Score				
0-50	0				
50-70	1				
70-85	2				
85-100	3				
Score for Standard 2.10.7.1	**3**				

Annex 2.10 d Furniture, Equipment, Instruments and Supplies for each OT Room			
SN	**General Equipment and Instruments for OT**	**Standard Quantity for each OT room**	**Score**
	Wheel chair foldable, adult size	2	
	Stretcher	2	
	Patient trolley	2	
	Cupboards and cabinets for store	2	
	Working desk for anesthesia, nursing station, gowning	1 each	
	OT Table- universal type/ with wedge to position patient (*Radioluscent OT table with orthopedic attachment including C-arm for orthopedics)	At least 1	
	Examining table	1	
	Mayo Stand with tray	At least 2	
	Operation theatre lights	At least 1	
	Central suction supply	Available	
	Central oxygen supply	Available	
	Electronic suction machine/ Foot-operated suction machine	At least 2	
	Oxygen concentrator/ Oxygen Cylinder	At least 2	
	Refrigerator / cold box	At least 1 each	
	Defibrillator	At least 1	
	Cautery/Diathermy machine	At least 1	
	Suction set	At least 2	
	Oxygen concentrator/ Oxygen Cylinder	At least 1	
	Anesthesia trolley	At least 2	
	Instrument trolley	At least 1	
	BP instrument with stethoscope	At least 1	
	Monitor with BP cuff in each anesthesia machine	At least 1	
	Digital Thermometer	At least 1	

	Steel Drum for guaze	2	
	Steel Drum for Cotton	2	
	Tourniquet, latex rubber, 75 cm	4	
	Kidney tray (600cc)	4	
	Covered instrument trays	8	
	Mackintosh sheet	As per need	
	Lead gown	2 sets	
	Bowl stand	4	
	Chettel forceps in jar	8	
	Drapes for abdominal site (laparotomy sheet, table cover, hook towel, mayo cover, plastic sheet, tetra)	As per need	
	Drapes for perineal region (Laparotomy sheet, table cover, hook towel, mayo cover, plastic sheet, tetra, leggings)	As per need	
	Packing towel double wrapper	As per need	
	Sterile gloves (6,6.5,7,7.5,8)	As per need	
	Towels/ eye hole	As per need	
	Masks and caps, gown	As per need	
	Torch light and batteries	2set	
	Foot steps	4	
	Wall clock	In each Room	
	Waste bucket for scrub nurse	4	
	IV stand	4	
	Leak proof sharp container	1 in each OT Room	
	Generator back up for OT	1	
	Color coded waste bins (based on HCWM guideline of MoHP)	1 set per Room	
	OT dress for staffs	As per need	
	OT slippers	As per need	
		Total Score	
		Total percentage= Total/ 48x 100	
Each row gets a score of 1 if the mentioned test is available otherwise 0.			

		Scoring Chart		
		Total percentage	Score	
		0-50	0	
		50-70	1	
		70-85	2	
		85-100	3	
		Score for Standard 2.10.7.2		

Annex 2.10e Medicine and Supplies for OT

SN	Emergency Drugs (including neonates) for OT	Standard Quantity for 1 patient	Score
	Hydrocortisone Powder for Injection	100mg 10 vial	
	Frusemide Injection	2 ampules	
	Transemic Acetate Injection	2 ampules	
	IV Fluids- Ringers Lactate / Normal Saline/ Dextrose 5% Normal Saline/ Dextrose 5%	6 bottles each	
	IV infusion Set	8	
	IV Canula 22G/20G/18G	4 each	
		Total Score	
		Total Percentage = Total Score/6X 100	

Each row gets a score of 1 if all the required number is available otherwise 0

Scoring Chart	
Total percentage	Score
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.10.7.3	

Annex 2.10f Minimum List of Surgical Sets

S.No.	Items	Required number	Score
	Catheter set	At least 5 Set	
	Suture set	At least 5 Set	
	Dressing set of different size (small, medium, large)	At least 2 each	
	Incision and drainage set	At least 5 Set	
	Haemorrhoid banding / haemorrhoidectomy set	At least 3 sets	
	Ksharakarma set	At least 3 sets	
	Heat source for Agnikarma	At least 3 sets	
	Agnikarma set	At least 3 sets	
	Raktamokshan set (Instruments and supplies)	At least 3 sets	
	Amputations (Rays, Gillies) Set	At least 3 sets	
	Fasciotomy Set	At least 3 sets	
	Partial Rectal Prolapse surgery set	At least 3 sets	
	Fistulectomy set	At least 3 sets	
		Total Score	
		Total Percentage= Total Score/13x100	

Each row gets a score of 1 if all the required number is available otherwise 0

Scoring Chart	
Total percentage	Score
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.10.7.4	

Annex 2.10g Equipment, Instruments and Supplies for Anesthesia

S.No.	List of equipment, instruments and supplies for anesthesia	Required Number	Score
	Supply of oxygen (e.g., oxygen concentrator, cylinders or pipeline) with regulator and flow meter	At least 2 oxygen concentrator	
	Equipment for intravenous infusions and injection of medications for adult and pediatric patients (IV stand, IV canula, fixing tapes, infusion sets, blood transfusion sets, burette sets, syringes, three-way stop cocks)	As per need	
	Examination (non-sterile) gloves	As per need	
	Sterile gloves	As per need	
	Pulse oximeter	At least 2	
	Access to a defibrillator	At least 1	
	Stethoscope	At least 2	
	Sphygmomanometer with appropriate sized cuffs for adult and pediatric patients	As per need	
	Non-invasive blood pressure monitor with appropriate sized cuffs for adult and pediatric patients	As per need	
	Electrocardiogram - three leads	As per need	
	Temperature monitor (intermittent)	As per need	
		Total Score	
		Total percentage = Total score/ 11 x 100	

Each row gets a score of 1 if the mentioned test is available otherwise 0.

Scoring chart	
Total percentage	Score
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.10.9	

Annex 2.10h Medicines for Anesthesia

S.No.	List of Medicines	Required Number	Score
Preoperative medications			
	Ranitidine Injection	5	
	Atropine Injection	10	
Intra-operative medications			
	Lignocaine 2% Injection for IV infusion	2	
	Lignocaine Inj 1%, 2% with or without Adrenaline 1:200000	2	
Intravenous fluids			
	Water for injection	As per need	
	Normal saline / Ringer's lactate	As per need	
	5% Dextrose / Dextrose normal saline	As per need	
	1/5Dextrose 1/3Normal saline	As per need	
	Haemaccel Injection / Gelafusine Injection / Voluven Injection	As per need	
Resuscitative medications			
	Dextrose 25%/ 50% Injection	5	
	Hydrocortisone injection	5	
	Dexomethasone injection	5	
Post-operative medications			
	Tramadol Injection	As per need	
	Paracetamol Injection 1gm, Suppository 125mg	As per need	
	Diclofenac Injection	As per need	
	Ketorolac Injection	As per need	
Other medications			
	Salbutamol Injection (for inhalation)	As per need	
	Ipratropium bromide Injection (for inhalation)	As per need	
	Furosemide Injection	As per need	
		Total Score	
		Total percentage = Total score/ 19 x 100	

Each row gets a score of 1 if the mentioned test is available otherwise 0.

Scoring chart	
Total percentage	Score
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.10.10	

Area	**Code**	**Verification**		
Laboratory	**2.11.1**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
2.11.1Time for patients	2.11.1.1	Laboratory is open from 10 AM to 3 PM for routine services and separate emergency lab service available round the clock		1
	2.11.1.2	Basic investigations are available (See Annex 2.11a List of investigations for Laboratory At the end of this standard)		3
2.11.2 Staffing	2.11.2.1	Medical lab technologist (at least BMLT) is available and is in-charge of the laboratory		1
	2.11.2.2	Laboratory technician and laboratory assistant available for each shift		1
	2.11.2.3	On call biomedical engineer available for maintenance of lab equipment		1
2.11.3 Instruments and equipment	2.11.31	Instruments and equipment to carry out all parameters of tests are available and functioning(See Annex 2.11b Equipment and Instrument for Lab At the end of this standard)		3
	2.11.3.2	Instrument are maintained and calibrated as per manufacturer instructions		1
	2.11.3.3	Quality control sera and standards are run regularly and record kept		1

2.11.4 Physical facilities	2.11.4.1	Separate space with working desk and chair designated for specific laboratory procedures like- hematology, biochemistry, microbiology, serology, histopathology and cytology		1
	2.11.4.2	Light and ventilation are adequately maintained.		1
	2.11.4.3	Designated area well labeled for reception of sample and dispatch of reports		1
	2.11.4.4	Power back up is available for the lab for preservation of sample and regents		1
2.11.5 Duty rosters	2.11.5	Duty rosters of lab are developed regularly and available in appropriate location.		1
2.11.6 Facilities for patients	2.11.16.1	Waiting space with sitting arrangement is available for at least 15 persons in waiting lobby.		1
	2.11.16.2	At least one each male, female and universal toilet for patients using laboratory services		1
	2.11.16.3	Safe drinking water is available in the waiting lobby throughout the day.		1
2.11.7 Recording and reporting	2.13.7.1	Laboratory Information System (LIS) available		1
	2.11.7.2	Major instruments are interfaced		1
	2.11.7.3	Sample is adequately recorded with requisition form with detail information of patients		1
	2.11.7.4	Copy of computerized report is kept safe (hard and soft copies) for future use till 6 months and report is available to patient		1
	2.11.7.5	Report have adequate information of patient and checked by designated person before release		1
2.11.8 Supplies storage and stock	2.11.8.1	At least three months buffer stock of laboratory supplies is available.		1
	2.11.8.2	Reagents are stored at appropriate temperature in store and lab		1

2.11.9 Blood Bank within hospital premises	2.11.9	Blood bank should be available inside hospital premises either owned by hospital or Nepal Red Cross Society (If hospital has its own blood bank refer to standard 2.11.1.2)		1
2.11.10 Infection prevention as per infection prevention and control guidelines	2.11.10.1	Closed vacuum system is used for sample collection		1
	2.11.10.2	Biohazard signs and symbols are used at appropriate places visibly		1
	2.11.10.3	All staffs know how to respond in case of spillage and other incidents		1
	2.11.10.4	Masks and gloves are available		1
	2.11.10.5	There are colored bins for waste segregation based on HCWM guideline of MoHP and infectious waste is sterilized using autoclave before disposal		1
	2.11.10.6	Hand washing facility with running water and soap is available for practitioners		1
	2.11.10.7	Needle cutter is used		1
	2.11.10.8	Chlorine solution and bleach is available and utilized for decontamination		1
Standard 2.11		Total Obtained Score		36
		Total Percentage (Total Obtained Score/ 38 x100)		

Annex 2.11 a List of Investigations for Laboratory

SN	Test	Routinely available
Hematology		
	Hb	
	Total Leucocyte count	
	Differential leucocyte count	
	ESR	
	Blood grouping for non transfusion	

	Blood grouping for transfusion	
	Bleeding time	
	PT	
	APTT	
	Platelet count	
	MCV	
	MCH	
	MCHC	
	Hematocrit (PCV)	
	Malaria RDT or microscopy	
	Absolute count	
	Reticulocyte	
	Peripheral smear examination	
	D dimer	
	Sickling test	
Biochemistry		
	Blood Sugar	
	Urea	
	Creatinine	
	Billirubin total	
	Billirubin direct	
	Serum Uric acid	
	Total Protein	
	Serum albumin	
	SGOT	
	SGPT	
	Alkaline phosphatase	
	Triglyceride	
	Total Cholesterol	

	HDL	
	LDL	
	Serum Sodium	
	Serum Potassium	
	HbA1c	
	Beta hCG	
	Urine microalbumin	
	Urine albumin creatinine ratio	
	CK-MB	
	Troponin T/I	
	Amylase	
	Lipase	
	Thyroid function test	
	LDH	
	LH	
	FSH	
	Estradiole	
	Serum ferritin	
	Serum Iron	
	TIBC	
	Vitamin D3	
Microbiology		
	Sputum AFB	
	KOH mount	
Serology		
	RPR	
	Widal	
	ASO	
	RA factor	

	CRP	
	rK39 (kit)	
	Montoux test	
	HbsAg (rapid)	
	HCV(rapid)	
	HIV(rapid)	
	HIV (other than rapid)	
	HbsAg(other than rapid)	
	Anti HCV(other than rapid)	
	Anti HBc(other than rapid)	
	HBe antigen	
	Culture and Sensitivity test	
Miscellaneous		
	Urine routine and microscopy	
	Urine Pregnancy Test	
	Stool routine and microscopy	
	Stool for occult blood	
	Stool for reducing substance	
	Urine ketone bodies	
	Total Score	
	Total Percentage = Total Score/ 78 x 100	

Each row gets a score of 1 if all the required number is available otherwise 0.

Scoring chart	
Total percentage	Score
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.11.1.2	

Annex 2.11 b Equipment and Instrument for Laboratory

S.N.	Name of Instruments	Required Quantity	Score
	Microscope	3	
	Fully automated biochemistry analyser	1	
	Fully automated hematology analyser	1	
	Incubator	1	
	Biosafety cabinet (for microbiology)	1	
	Chemical Balance	1	
	Electrolyte Analyzer	1	
	HBA1c measuring instrument (semiautomated/ automated)	1	
	Hot air Oven	1	
	Refrigerator	1-2	
	Centrifuge	1-2	
	Counting Chamber	1-2	
	DLC counter	1-2	
	Pipettes, Glassware/kits	As per need	
	Computer with printer	1	
	Disposable test tubes	As per need	
	Different Closed Vacuum set (for sample)- hematology, biochemistry	As per need	
	Autoclave for waste disposal (250 liter, pre-vacuum with horizontal outlet)	1	
		Total Score	
		Total percentage = Total Score/ 18 x 100	

Each row gets a score of 1 if all the required number is available otherwise 0.

Scoring chart	
Total percentage	Score
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.11.3.1	

Area	Code	Verification		
Ultrasonography (USG)	2.12			
Components		**Standards**	**Obtained Score**	**Maximum Score**
2.12.1 Time for patients	2.12.1	USG is open from 10 AM to 3 PM for obstetrics, abdominal, pelvic and superficial structure like testis, thyroid		1
2.12.2 Staffing	2.12.2	USG trained medical practitioner and mid-level health worker (preferably female) in each USG room		1
2.12.3 Patient counseling	2.12.3	Counseling is provided to patients about site and indication of USG		1
2.12.4 Maintaining patients' privacy	2.12.4	Appropriate techniques have been used to ensure the patient privacy (separate rooms, curtains hung, maintaining queuing of patients)		1
2.12.5 Instruments and equipment	2.12.5	USG machine (advanced) with different probes, computer and printer with USG papers , gel and wipes is available and functional		1
2.12.6 Physical facilities	2.12.6.1	Adequate space for practitioner and patient for USG with working table and examination bed one per each USG machine		1
	2.12.6.2	Proper light and ventilation maintained.		1
2.12.7 Facilities for patients	2.12.7	Comfortable waiting space with sitting arrangement is available for at least 15 persons in waiting lobby.		1
2.12.8 Recording and reporting	2.12.8.1	USG is adequately recorded as per requisition form with detail information of patients, date of USG		1
	2.12.8.2	Report have adequate information of patient, information of area of examination and radiological opinion, further referral and checked by designated person before release		1

2.12.9 Infection prevention as per infection prevention and control guidelines	2.12.9.1	Hand washing facility with running water and soap is available for practitioners		1
	2.12.9.2	Chlorine solution and bleach is available and utilized for decontamination		1
Standard 2.12		Total Obtained Score		12
		Total Percentage (Total Obtained Score/ 12 x100)		

Area	Code	Verification		
X-ray	2.13			
Components		Standards	Obtained Score	Maximum Score
2.13.1 Time for patients	2.13.1.1	X-ray service is open from 10 AM to 3 PM		1
	2.13.1.2	Emergency x-ray service is available round the clock		1
2.13.2 Staffing	2.13.2	Adequate numbers of trained healthcare workers are available in x-ray (at least 2 staffs to cover shifts including ER)		1
2.13.3 Patient counseling	2.13.3	Counseling is provided to patients about radiation hazard, site and position for x-ray		1
2.16.4 Information education and communication materials for patients	2.13.4	Radiation sign, appropriate Radiation awareness posters, leaflets are available in the department and OPD waiting area.		1
2.13.5 Instruments and equipment	2.13.5	General X ray unit (with minimum 125KV and 300ma X-ray machine) with floatation table top and vertical bucky		1
	2.13.6	Mobile X ray unit 1 for bed side radiography for inpatient is available and functioning.		1
	2.13.7	Complete CR system with CR cassette at least 5 of 14 x 17 inch and 3 of 10x12inch.		1

2.13.8 Physical facilities	2.13.8.1	X ray room of at least 4x4sqm with wall of at least 23cm of brick or 6cm RCC or 2mm lead equivalent.		1
	2.13.8.2	Light and ventilation are adequately maintained.		1
	2.13.8.3	The required furniture and supplies including radiation protective measures for patients, visitors and staffs are available including lead gown		1
2.13.9 Duty rosters	2.13.9	Duty rosters of X-ray are developed regularly and available in appropriate location.		1
2.13.10 Facilities for patients	2.13.10	Waiting space with sitting arrangement is available for at least 5 persons in waiting lobby.		1
2.13.11 Recording and reporting	2.13.11.1	X-ray is adequately recorded as per requisition form with detail information of patients, date of x-ray and site and view		1
	2.13.11.2	Report have adequate information of patient and checked by designated person before release		1
2.13.12 Information to patients	2.13.12	Biohazard signs and symbols are used at appropriate places		1
2.13.12 Infection prevention as per infection prevention and control guidelines	2.13.12.1	Radiological waste is disposed based on HCWM guideline of MoHP		1
	2.13.12.2	Hand washing facility with running water and soap is available for practitioners		1
	2.13.12.3	Needle cutter is used		1
	2.13.12.4	Chlorine solution and bleach is available and utilized for decontamination		1
Standard 2.13		Total Obtained Score		20
		Total Percentage (Total Obtained Score/ 20 x100)		

Area	Code	Verification		
Electrocardiogram (ECG)	2.14			
Components		Standards	Obtained Score	Maximum Score
2.14.1 Service available	2.14.1	ECG service is available for patients in OPD, Emergency and Indoor		1
2.14.2 Space	2.14.2	Separate space is dedicated for ECG Service		1
2.14.3 Patient counseling	2.14.3	Counseling is provided to patients about procedure and indication of ECG		1
2.14.4 Maintaining patient privacy	2.14.4	Appropriate techniques have been used to ensure the patient privacy (separate rooms, curtains hung, maintaining queuing of patients)		1
2.14.5 Instruments, equipment and supplies	2.14.5	Functional ECG machine (12 lead with power back up), paper, gel, wipes and hand sanitizer are available in ECG trolley		1
2.14.6 Recording and reporting	2.14.6.1	ECG is adequately recorded as per requisition form with detail information of patients, date of ECG		1
	2.14.6.2	Reporting folder of ECG should have adequate information of patient, including analysis of 12 lead ECG with final impression of ECG diagnosis done by designated person before release		1
2.14.7 Infection prevention as per infection prevention and control guidelines	2.14.7.1	Hand washing facility with running water and liquid soap is available for practitioners		1
	2.14.7.2	Chlorine solution and bleach is available and utilized for decontamination		1
Standard 2.14		Total Obtained Score		9
		Total Percentage (Total Obtained Score/ 9 x100)		

Dietetics and Nutrition rehabilitation	**2.15**	**Verification**		
Components		**Standards**	**Obtained Score**	**Maximum Score**
2.15.1 Adequate space	2.15.1.1	Separate space allocated for Dietetics and Nutrition rehabilitation		1
	2.15.1.2	Separate space for Pathya Aahara for inpatient supply.		1
2.15.2 Adequate time and access for patients	2.15.2.1	Dietetics and Nutrition rehabilitation unit opens from 10 am to 3 pm		1
	2.15.2.2	Inpatients monitored for nutritional needs, rehabilitation and therapeutic diets prescribed where needed		1
2.15.3 Adequate health workers	2.15.3	Swasthya vritta consultant or Senior dietitian trained in nutrition rehabilitation available for the dietetics and nutrition rehabilitation service		1
2.15.4 Maintaining patient privacy	2.15.4	Appropriate techniques have been used to ensure the patient privacy (separate rooms, curtains hung, maintaining queuing of patients, etc).		1
2.15.5 Patient counseling	2.15.5	Counseling is provided to patients about their nutritional status, Pathya and Apathya Ahara and diet prescription/ nutritional rehabilitation, use of local food as sources of the diet required and follow up		1
2.15.6 Information education and communication materials for patients	2.15.6	Appropriate IEC materials (posters, leaflets etc.) are available in waiting area on balanced diet and identification of malnutrition specially among children		1
2.15.7 Adequate instruments and equipment	2.15.7	Instruments and equipment to carry out the OPD works are available and functioning		1

2.15.8.4 Adequate physical facilities	2.15.8.4.1	Adequate rooms and space for the practitioners and patients are available.		1
	2.15.8.4.2	Light and ventilation are adequately maintained.		1
	2.15.8.4.3	The required furniture are available		1
2.15.9 Recording and reporting	2.15.9	Treatment, follow up and progress are recorded and reported		1
2.15.10 Facilities for patients	2.15.10.1	Safe drinking water is available in the waiting lobby throughout the day.		1
	2.15.10.2	Hand washing facilities are available for patients.		1
2.15.11 Infection prevention as per infection prevention and control guidelines	2.15.11.1	Masks and gloves are available.		1
	2.15.11.2	There are colored bins for waste segregation and disposal as per HCWM guideline of MoHP		1
	2.15.11.3	Hand washing facility with running water and soap is available for practitioners.		1
	2.15.11.4	Needle cutter is used		1
	2.15.11.5	Chlorine solution is available and utilized.		1
Standard 2.15		**Total Obtained Score**		**20**
		Total Percentage (Total Obtained Score/ 20 x100)		

Area	Code	Verification		
Medico-legal and mortuary services	**2.16**			
Components		**Standards**	**Obtained score**	**Maximum Score**
2.16.1 Physical facility	2.16.1	Designated area for medico-legal examination with examination bed and working desk with chair		1
2.16.2 Availability of medico-legal and mortuary services	2.16.2.1	Medico-legal services are available 24 hours		1
	2.16.2.2	Hospital has mortuary with capacity of at least preserving two dead bodies		1
2.16.3 Staffing	2.16.3	Trained medical officer for medico-legal services at least one		1
2.16.4 Supplies and instruments	2.16.4.1	Adequate supplies and instruments for medico-legal services (See Annex 2.16a Supplies and instrument for medico legal services At the end of this standard)		3
	2.16.4.2	Preservation of sample ensured before dispatching for test		1
2.16.5 Patient counseling	2.16.5	Post-traumatic counseling is done to the victims of medico-legal issues like sexual offence		1
2.16.6 Recording and reporting	2.16.6	Standardized medico-legal examination formats available		1
2.16.7 Infection prevention	2.16.7.1	Staff wear mask and gloves at work.		1
	2.16.7.2	There are well labeled colored bins for waste segregation and disposal based on HCWM guideline 2014 (MoHP)		1
	2.16.7.3	Hand washing facility with running water and soap is available and being practiced.		1
	2.16.7.4	Chlorine solution is available and utilized.		1
Standard 2.16		Total Score		14
		Total Percentage (Total Score/ 14 x100)		

Annex 2.16a Supplies and instruments for clinical medico-legal and mortuary services

S.No.	Supplies and instrument	Required number	Score
	Weight machine and height scale	1 each	1
	BP set, stethoscope and torch light	1 each	1
	Examination kits; sexual offence cases (rape victim examination kit)	as per need	0
	Gloves and masks	as per need	1
	Magnifying lens; 20 and 40 times	1 each	0
	Measuring tape	As per need	1
	Camera for photography	1	0
	Paper envelopes of different sizes for collection of samples and packing	as per need	0
	Glass tubes for collection of blood urine; reasonable number for regular use	as per need	1
	X ray plate view box	1	1
	EDTA and Sodium floride 500 gm	As per need	0
	Glass slides; reasonable number for regular use	as per need	1
	Cupboards for store and necessary other furniture for examination room	as per need	1
	Sealing materials as for autopsy room	as per need	0
	Computer and printer for report preparation as in autopsy	1	1
	SOPs and Reference Manuals for age estimation, sexual offence case examination, injury examination, drunkenness examination, mental state examination and torture victim examination.	1	0
	Freeze with capacity to store two dead bodies	1	0
		Total score	9
		Percentage= Total score/16 x 100	56%

Each row gets a score of 1 if the mentioned test is available otherwise 0.

Scoring	
Total Percentage//	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 2.16.6.2	1

Section III Ayurveda Hospital Support Services Management

Summary Sheet of Standards and Scores of Section III

Area	Total Number of Standards	Total Score	Total Obtained Score (Percentage)
Central Supply Sterile Department (CSSD)	**17**	**19**	
Laundry	**17**	**19**	
Housekeeping	**15**	**17**	
Repair, Maintenance and Power System	**12**	**12**	
Water Supply	**4**	**4**	
Hospital Waste Management	**18**	**18**	
Safety and Security	**19**	**21**	
Transportation and Communication	**8**	**8**	
Logistics Store	**5**	**5**	
Ayurveda Medicine Store	**22**	**24**	
Hospital Canteen and dietetics	**15**	**15**	
Total	**152**	**162**	

Area	**Code**	**Verification**		
CSSD	**3.1**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
3.1.1 Space	3.1.1.1	Separate central supply sterile department (CSSD) is available with running water facility		1
	3.1.1.2	There are separate rooms designated for dirty utility, cleaning, washing and drying and sterile area for sterilizing, packaging and storage		1
3.1.2 Staffing	3.1.2	Separate staffs assigned for CSSD and is led by CSSD trained personal		1
3.1.3 Equipment and supplies for CSSD	3.1.3	Equipment and supplies for sterilization available and functional round the clock (See Annex 3.1a CSSD Equipment and Supplies At the end of this standard)		3

3.1.4 Preparing consumables	3.1.4	Wrapper, gauze, cotton balls, bandages are prepared.		1
3.1.5 Preparing for sterilization	3.1.5.1	All used instruments are cleaned using brush chemical/detergents in a separate room.		1
	3.1.5.2	All instruments and equipment are dried in a separate place		1
	3.1.5.3	All instruments are packed in double wrappers		1
3.1.6 Sterilization	3.1.6	All wrapped instruments are indicated with thermal indicator and autoclaved in a separate room.		1
3.1.7 Storage	3.1.7	All sterile packs with sticker of sterilization date are stored in separate cupboards		1
3.1.8 Collection and Distribution	3.1.8.1	System for single door collection and different route for distribution of the sterile supply exist and is practiced		1
	3.1.8.2	Sterile supplies are distributed using basket supply system or on-demand supply system		1
3.1.9 Inventory	3.1.9	All instruments and wrappers are recorded and inventory maintained		1
3.1.10 Infection prevention as per infection prevention and control guidelines	3.1.10.1	Staffs use personal protective equipment at work		1
	3.1.10.2	There are well labeled colored bins for waste disposal based on HCWM[4] guideline 2014 (MoHP)		1
	3.1.10.3	Hand washing facility with running water and liquid soap is available and being practiced.		1
	3.1.10.4	Chlorine solution is available and utilized for decontamination		1
Standard 3.1		**Total Obtained Score**		**19**
		Percentage = Total Obtained Score / 19 x 100		

4 HCWM: Health Care Waste Management

Annex 3.1a CSSD Equipment and Supplies

SN	Items	Required No.	Score
	Working Table	3	
	Trolley for Transportation	2	
	Steel Drums	10	
	Storage Shelves	2	
	Autoclave Machine (250 liter, pre-vacuum, with horizontal outlet)	2	
	Double Wrappers	As per need	
	Timer	2	
	Thermal Indicator Tape	As per need	
	Cap, Mask, Gown, Apron	As per need	
	Gloves	1 box	
	Cotton Rolls	As per need	
	Cotton Gauze	As per need	
	Scissors	2	
	Gauze cutter	2	
	Buckets	5	
	Scrub Brush	As per need	
	Hamper bag (cloth sack for collection of wrappers)	As per need	
		Total Score	
		Total Percentage = Total Score/17 X 100	
Each row gets a score of 1 if all the required number is available otherwise 0.			

Scoring Chart	
Total Percentage	Score
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 3.1.3	

Area	Code	Verification		
Laundry	**3.2**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
3.2.1 Space	3.2.1.1	Separate laundry room is available.		1
	3.2.1.2	Separate space allocated for clean and dirty linens		1
3.2.2 Staffing	3.2.2	There is a special schedule for collection and distribution of linens with visible duty roster for staffs		1
3.2.3 Equipment/ Supplies	3.2.3	Adequate equipment and supplies are available for laundry (See Annex 3.2a Equipment and Supplies for Laundry At the end of this standard)).		3
3.2.4 Segregation and decontamination of linens	3.2.4.1	Linens are segregated (soiled, unsoiled, colorful, white, blood stained) before wash		1
	3.2.4.2	Separated linens are decontaminated before wash		1
3.2.5 Cleaning	3.2.5	All linens are washed using a washing machine.		1
3.2.6 Drying	3.2.6.1	Space available for drying linens like blankets in direct sunlight.		1
	3.2.6.2	Linen dryer is available and used		1
3.2.7 Packing	3.2.7	All linens are ironed and packed properly.		1
3.2.8 Storage	3.2.8	Linens are properly stored in separate cupboard.		1
3.2.9 Distribution	3.2.9	All linens are distributed using a proper method (basket supply system and on-demand supply system).		1
3.2.10 Inventory	3.2.10	All linens are recorded and inventory maintained.		1

3.2.11 Infection prevention as per infection prevention and control guidelines	3.2.11.1	Staff wear mask and gloves at work.		1
	3.2.11.2	There are well labeled colored bins for waste disposal based on HCWM[5] guideline 2014 (MoHP)		1
	3.2.11.3	Hand washing facility with running water and soap is available and being practiced.		1
	3.2.11.4	Chlorine solution is available and utilized for decontamination		1
Standard 3.2		**Total Obtained Score**		**19**
		Percentage = Total Obtained Score/ 19 x 100		

Annex 3.2a Equipment and Supplies for Laundry

SN	List of equipment and supplies	Required No.	Score
	Working table	1	
	Ironing Table	1	
	Storage Shelves	2	
	Trolley for Transportation	2	
	Washing Machine (at least 10 kg capacity with semi/full dryer)	2	
	Iron Machine	1	
	Buckets/ Basins	5	
	Stirrer (wooden)	2	
	Boots	2 pairs	
	Cap, Mask, Gowns	As per need	
	Ropes (for drying)	As per need	
	Scrub Brush	As per need	
	House/ Utility Gloves	As per need	
	Washing Powder	As per need	
	Chlorine Liquid/ Powder	As per need	
		Total Obtained Score	
		Total Percentage = Total Obtained Score/15 X 100	
Each row gets a score of 1 if all the required number is available otherwise 0.			

5 HCWM: Health Care Waste Management

Scoring Chart	
Total Percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 3.2.3	

Area	**Code**	**Verification**		
Housekeeping	**3.3**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
3.3.1 Space for storage	3.3.1	Separate space is allocated for storage of the housekeeping basic supplies		1
3.3.2 Staffing	3.3.2.1	Allocation of the staff for cleaning with visible duty roster		1
	3.3.2.2	There is checklist of cleaning in each department with contact number of assigned working personnel		1
3.3.3 Basic Supplies	3.3.3	Basic supplies are available (See Annex 3.3a Housekeeping Basic Supplies At the end of this standard)		3

3.3.4 Cleaning	3.3.4.1.1	The hospital premises are visibly clean and dust free		1
	3.3.4.1.2.1	All hospital toilets are clean with no offensive smell		1
	3.3.4.1.2.2	All toilets are cleaned at least three times a day		1
	3.3.4.3	All doors and windows of hospital are dust-free and cleaned once a day.		1
	3.3.4.4	All floors of the hospital are clean and cleaned at least twice a day (like- before registration in morning and after OPD closes)		1
	3.3.4.5	All walls of the hospital are clean and are tiled or painted with enamel up to 4 feet		1
	3.3.4.6	Every ward/unit must have high wash twice a month and fumigation as per need		1
3.3.5 Drainage of chlorine solution	3.3.5	Separate drainage system or pit is maintained for drainage of chlorine solution		1
3.3.6 Garden	3.3.6.1	Open space available for herbal garden for the Ayurveda Hospital.		1
	3.3.6.2	Herbs from the herbal garden are utilized for the local medicine production in the Ayurveda Hospital.		1
	3.3.6.3	Herbal garden of Ayurveda Hospital is routinely weeded and watered		1
Standard 3.3		Total Obtained Score		17
		Percentage = Total Obtained Score / 17 x 100		

Annex 3.3a Housekeeping Basic Supplies

SN	General Items	Required No.	Score	
	Working Table and Chair	1		
	Telephone	1		
	Housekeeping Storage Room	1		
	Shelves	2		
	Cupboards	2		

	Log Book for Records	1	
	Vacuum Cleaner	1	
	Sickle	As per need	
	Spade	As per need	
	Shovel	As per need	
	Ropes	As per need	
	Scrub Brush	As per need	
	Broom	As per need	
	Buckets	As per need	
	Jars	As per need	
	Sprinkle Pipe	As per need	
	Soaps	As per need	
	Washing Powder	As per need	
	Additional Bed Covers for Replacement	As per need	
	Additional Pillow	As per need	
	Pillow cover	As per need	
	Blankets	As per need	
	Personal Protective Items	As per need	
	Window screens (jaali)	In all windows	
	Mosquito nets	As per need	
	Flower Pots	As per need	
		Total Score	
		Total Percentage = Total Score/26 X 100	

Each row gets a score of 1 if all the required number is available otherwise 0.

Scoring Chart	
Total Percentage	Score
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 3.3.3	

Area	Code	Verification		
Repair, Maintenance and Power system	**3.4**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
3.4.1 Staffing	3.4.1.1	Human resource trained in biomedical equipment/technology is designated for repair and maintenance		1
	3.4.1.2	Staffs assigned to cover 24 hours shift with visible duty roster for staffs.		1
3.4.2 Preventive Maintenance	3.4.2.1	Hospital has regular preventive maintenance practices (calibration, servicing of equipment) and corrective maintenance)		1
	3.4.2.2	Biomedical equipment inventory of all equipment and instrument is updated		1
	3.4.2.3	Separate room for storage of repairing tools and instrument		1
	3.4.2.4	Availability of spare parts for repair and maintenance of biomedical equipment and instruments		1
	3.4.2.5	Record keeping of repair and maintenance of biomedical equipment and instruments		1
	3.4.2.6	Specification of annual maintenance cost of major equipment		1
3.4.3 Availability of power sources	3.4.3.1	Hospital has main-grid power supply with three-phase line		1
	3.4.3.2	Hospital has alternate power generator capable of running x-ray and other hospital equipment		1
	3.4.3.3	Proper inventory of fuel is maintained.		1
	3.4.3.4	Hospital has solar system installed (at least for essential clinical services and administrative function).		1
Standard 3.4		**Total Obtained Score**		**12**
		Percentage = Total Obtained Score / 12 x 100		

Area	Code	Verification		
Water supply	**3.5**			
Component		**Standards**	**Obtained Score**	**Maximum Score**
3.5.1 Water supply	3.5.1	There is regular water supply system – boring or well or from drinking water supply dedicated for hospital		1
3.5.2 Water Storage	3.5.2.1	Water storage tank is covered to prevent contamination and cleaned on a regular basis		1
	3.5.2.2	Water storage tank has the reserve capacity to supply water for two full days in case of interruptions in main water supply		1
3.5.3 Water quality	3.5.3	Water quality test is done every year and report is available as per Nepal Drinking Water Quality Standards, 2005		1
Standard 3.5		**Total Obtained Score**		**4**
		Percentage = Total Obtained Score / 4 x 100		

Area	Code	Verification		
Hospital Waste Management	**3.6**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
3.6.1 Work plan prepared and implemented	3.6.1	There is work plan prepared and implemented by hospital for hospital waste management		1
3.6.2 Staffing	3.6.2.1	There is allocation of staff for HCWM from segregation to final disposal		1
	3.6.2.2	Whole site coaching/ orientation on health care waste management is done		1
3.6.3 Space	3.6.3	There is separate area/space designated for solid waste storage and management with functional hand washing facility		1

3.6.4 Segregation of waste from source to final disposal	3.6.4	Different colored bins (for risk and non-risk waste) are used from source to final disposal		1
3.6.5 Personal protection	3.6.5	Staff use cap, mask, gloves, boot, and gown while collecting waste.		1
3.6.6 Public information	3.6.6	Information regarding proper use of waste bins is displayed publicly and basic information of HCWM is displayed in hospital premises		1
3.6.7 Medication trolley with waste segregation buckets	3.6.7	Medication trolley has well labeled buckets for segregation of waste during procedures		1
3.6.8 Transportation of waste within the hospital	3.6.8	Hospital uses transportation trolleys separate for risk and non-risk waste		1
3.6.9 Disposal and recycle/reuse of waste	3.6.9.1	Infectious waste is sterilized using autoclave before disposal		1
	3.6.9.2	Collection of recyclable/reusable items such as plastic bottles, paper, decontaminated sharps is practiced and sold to vendor/municipality		1
	3.6.9.3	Composting of bio-degradable waste is practiced		1
	3.6.9.4	Collection of waste by the local municipality/ rural municipality after sterilization /decontamination		1
	3.6.9.5	Placenta pit used for disposal of human anatomical waste such as placenta, human tissue		1
	3.6.9.6	Biogas plant in place and energy generated used for hospital support services		1
3.6.10 Pharmaceutical and radiological waste management	3.6.10	Pharmaceutical waste and radiological waste treated and disposed based on the HCWM guideline of MoHP		1

3.6.11 Liquid waste management	3.6.11	Hospital liquid waste management is done		1
3.6.12 Waste management of electronic goods and products	3.6.12	Hospital has personnel trained in biomedical equipments/ technology to coordinate to manage waste related to electronic goods and products		1
Standard 3.6		**Total Obtained Score**		**18**
		Percentage = Total Obtained Score / 18x 100		

Area	**Code**	**Verification**		
Safety and Security	**3.7**			
Component		**Standards**	**Obtained Score**	**Maximum Score**
3.7.1 Staffing of security personnel	3.7.1.1	Hospital has trained security personnel round the clock.		1
	3.7.1.2	All security staffs are oriented with hospital codes like 001- call for help for crashing patients, 007- call for disaster in ER		1
	3.7.1.3	All security staffs have participated in emergency drills		1
3.7.2 Office space allocated for security personnel	3.7.2	A separate office for security with communication system is available		1
3.7.3 Amenities	3.7.3	Basic amenities for safety and security are available (See Annex 3.7a Safety and Security Basic Amenities Section At the end of this standard)		3
3.7.4 Patient safety	3.7.4	The hospital has replaced all mercury apparatus with other appropriate technologies.		1
3.7.5 Continuous surveillance of hospital premises	3.7.5	CCTV coverage of major areas and control under Medical Superintendent and security in-charge		1

3.7.6 Hospital has disaster mitigation system	3.7.6.1	The hospital has fire extinguisher in all blocks including the fire extinguishing system		1
	3.7.6.2	The hospital has installed safety alarm system including smoke detector		1
	3.7.6.3	The hospital has prevented lightening by ensuring earthling system in electrification.		1
	3.7.6.4	Disaster preparedness orientation has been given to all staff at least every six months.		1
	3.7.6.5	Exit signs are displayed to escape during disaster in all departments and wards		1
	3.7.6.6	An assembly zone has been specified for disaster		1
	3.7.6.7	Hospital has functional rapid response team		1
	3.7.6.8	Medicine stock for post disaster response is available		1
3.7.7 Ayurveda Hospital has fire prevention strategies	3.7.4.1	Gas cylinder are kept securely in upright position in a flat/even area with ventilation and fire/heat source is kept away from it		1
	3.7.4.2	Fitting of the pipes and regulator are checked at regular interval		1
	3.7.4.3	Patient care is not provided in the area where the gas cylinder and fire/heat source are present		1
	3.7.4.4	Combustible materials are stored away from the heat source		1
Standard 3.7		**Total Obtained Score**		**21**
		Percentage = Total Obtained Score / 21 x 100		

Annex 3.7a Safety and Security Basic Amenities

SN	General Items	Score
1	Flash light	1
2	Whistle	1
3	List of Important Phone Numbers	1
4	Key Box	1
5	Emergency Alarm	1
6	Fire extinguisher at least one in each block	1
	Obtained Score	
	Total Percentage = Total Score/6 X 100	

Each row gets a score of 1 if all the mentioned items are available otherwise 0.

Scoring Chart	
Total Percentage	**Score**
0-50	0
50-70	1
70-85	2
85-100	3
Score for Standard 3.7.4	

Area	**Code**	**Verification**		
Transportation and Communication	**3.8**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
3.8.1 Transportation	3.8.1.1	24-hour ambulance service is available.		1
	3.8.1.2	Hospital has its own well-equipped ambulance at least one		1
	3.8.1.3	The hospital has access to utility van		1

3.8.2 Communication	3.8.2.1	The hospital has telephone with intercom (EPABX) network.		1
	3.8.2.2	Internal communication (paging) system has been installed in all major service stations.		1
	3.8.2.3	A notice board is available and being utilized.		1
	3.8.2.4	List of important phone numbers including emergency contacts like ambulance, fire brigade, blood banks, hospital administration, hospital staffs is available in the reception, emergency and administration office		1
	3.8.2.5	There should be a public contact or information center in prime location of hospital with 24 hours staff availability		1
Standard 3.8		**Total Obtained Score**		**8**
		Percentage = Total Obtained Score / 8 x 100		

Area	**Code**	**Verification**		
Logistics Store	**3.9**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
3.9.1 Space	3.9.1	Space allocated for store for logistics storage		1
3.9.2 Inventory and stock registers	3.9.2.1	Income and expenditure details of commodities recorded in stock book		1
	3.9.2.2	Ayurveda hopsital submits quarterly reports to Ayurveda reporting system utilizing either paper report or web-based system via local government		1
	3.9.2.3	Storage space is well ventilated		1
3.9.3 Auction of logistics	3.9.3	Auction of identified old logistics is done annually		1
Standard 3.9		**Total Obtained Score**		**5**
		Percentage = (Total Obtained Score / 5) x 100		

Area	Code	Verification		
Ayurveda Medicine Store	**3.10**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
3.10.1 Space	3.10.1.1	Separate space allocated for store for Ayurveda medicine (so that there is easy access of health worker, packaging, labeling and easy storage)		1
	3.10.1.2	Store is of concrete building with even floor		1
	3.10.1.3	Separate space designated for weighing, sampling, packaging and storage of medicines		1
	3.10.1.4	Separate storage for finished and unfinished drugs.		1
3.10.2 Designated staff	3.10.2.1	Staffs assigned for Ayurveda medicine store		1
	3.10.2.2	Only designated person can access the store		1
3.10.3 Availability of essential drugs	3.10.3	Availability of free essential drugs Ayurveda drugs in the store round the year		1
3.10.4 First Expiry First Out (FEFO)	3.10.4	FEFO system is maintained using standard stock book/cards.		1
3.10.5 Storage of drugs and supplies	3.10.5.1	Stores drugs and supplies in racks/ cupboard away from direct sunlight and moisture		1
	3.10.5.2	Storage space is well ventilated		1
	3.10.5.3	Separate storage based on types and subtypes including the state of the drugs- fresh, dried, extract		1
	3.10.5.4	Separate storage of Vish and Upvish dravya		1
	3.10.5.5	High flammable materials like gum, resign, oil should be stored in air tight container		1
	3.10.5.6	Packaging materials stored separate and easily accessible		1

3.10.6 Availability of packing material	3.10.6	Packaging material available (See Annex 3.9a Basic Supplies Required for Store)		3
3.10.7 Housekeeping of store	3.10.7.1	There are no packages in direct contact with the floor surface in the store room		1
	3.10.7.2	The store room is dust-free and regularly cleaned		1
	3.10.7.3	Store room is free from rodents and arthropods		1
3.10.8 Inventory and stock registers	3.10.8.1	Income and expenditure details of drugs recorded in stock book		1
	3.10.8.2	Ayurveda Hospital submits quarterly reports to Ayurveda reporting system utilizing either paper report or web-based system via local government		1
3.10.9 Disposal of expired medicine	3.10.9	Disposal of expired medicine as per HCWM guideline (MoHP) practiced		1
3.10.10 Residue and heavy metal limits	3.10.10	Toxicological pesticides residues, heavy metals/microbilogical limit followed as per WHO guideline		1
Standard 3.10		**Total Obtained Score**		**24**
		Percentage = (Total Obtained Score / 24) x 100		

Annex 3.9a Basic supplies required for store

SN	General Items	Required number	Score
1	Gunny bags / Woven Sacks	As per need	
2	High molecular weight high density polyethylene bags	As per need	
3	Woven sacks with low density liner	As per need	
4	High gauge polyethylene bags	As per need	
5	Corrugated box with propylene woven sacks	As per need	
6	High density polyethylene containers	As per need	
7	Steel racks	As per need	
Obtained Score			
Total Percentage = Total Score/7 X 100			

Each row gets a score of 1 if all the mentioned items are available otherwise 0.

Scoring Chart	
Total Percentage	**Score**
0-50	0
50-70	1
70-90	2
90-100	3
Score for Standard 3.10.6	

Area	**Code**	**Verification**		
Hospital Canteen and Dietetics	**3.11**			
Components		**Standards**	**Obtained Score**	**Maximum Score**
3.11.1 Time for patients/ visitors and staff	3.11.1	Hospital has canteen in its premises with 24 hours service		1
3.11.2 Information to patients/ visitors and staffs	3.11.2	A list of food items with price list approved by Hospital Management Committee is available		1
3.11.3 Physical facilities	3.11.3.1	Visibly clean floors and space allocated for cooking, cleaning and storage of stock		1
	3.11.3.2	Light and ventilation are adequately maintained.		1
	3.11.3.3	All walls of the canteen are clean and are tiled or painted with enamel up to 4 feet		1
	3.11.3.4	Safe drinking water is available 24 hours		1
3.11.4 Uniform for canteen staffs	3.11.4	Dress code is maintained		1
3.11.5 Food for inpatients under supervision of dietician	3.11.5.1	Food for inpatient is available based on meal plan from the hospital canteen under supervision of dietician		1

3.11.6 IEC/ BCC materials	3.11.6	Appropriate IEC/ BCC materials (posters, leaflets, television) are available in the canteen for balanced diet		1
3.11.7 Facilities for staffs, patients and visitors	3.11.7	Comfortable space with sitting arrangement is available for at least 50 people		1
3.11.8 Infection prevention and food hygiene	3.11.8.1	Separate area designated for washing dishes and visibly clean		1
	3.11.8.2	There are colored bins for waste segregation and disposal based on HCWM guideline of MoHP		1
	3.11.8.3	Hand washing facility with running water and soap is available		1
	3.11.8.4	Mesh/ net to cover food and refrigerator used to store food used to cover food		1
	3.11.8.5	Rat proofing and daily scrubbing of the canteen is done		1
Standard 3.11		**Total Obtained Score**		**15**
		Percentage = Total Obtained Score / 16x 100		

Annex I:

First Conceptualization Meeting

S. N	Name	Organization
	Dr. Vasudev Upadhyay	DoAA
	Dr. Shyam Babu Yadav	DoAA
	Dr. Munkarna Thapa	DoAA
	Dr. Santosh Kumar Thakur	DoAA
	Dr. Puneshwar Keshari	DoAA
	Dr. Prakash Gyawali	DoAA
	Dr Anju Karki	Ayurveda District Health Center, Kathmandu
	Dr Pradeep KC	Naradevi Ayurveda Hospital, Naradevi
	Dr Krishna Gyawali	Naradevi Ayurveda Hospital, Naradevi
	Dr Jhularam Adhikari	Naradevi Ayurveda Hospital, Naradevi
	Mr Suraj Bhusal	Patan Academy of Health Sciences
	Dr Nirmal Bhusal	Kritipur Ayurveda Teaching Hosptial
	Dr Suresh Maharjan	MoSD, Health Directorate, Bagmati Province
	Dr Madhurjee Dhakal	Patan Academy of Health Sciences
	Ambika Thapa Pachya	Health Aid Nepal
	Binod Kumar Aryal	Health Aid Nepal
	Suman Sapkota	Health Aid Nepal

Reviewers of First Draft

S. N.	Name	Organization
	Dr. Vasudev Upadhyay	DoAA
	Dr Gunaraj Lohani	MoHP
	Dr Madan Kumar Upadhyaya	MoHP
	Dr Radhika Thapaliya	MoHP
	Ms. Roshni Laxmi Tuitui	MoHP
	Dr. Shyam Babu Yadav	DoAA
	Dr. Munkarna Thapa	DoAA
	Dr. Santosh Kumar Thakur	DoAA
	Dr. Puneshwar Keshari	DoAA
	Dr. Prakash Gyawali	DoAA
	Ambika Thapa Pachya	Health Aid Nepal
	Binod Kumar Aryal	Health Aid Nepal
	Suman Sapkota	Health Aid Nepal