

Pakistan Medical & Dental Council



Accreditation Standards / Inspection Proforma

for

Medical Teaching Hospitals (100 MBBS Students)

2024

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ABBREVIATIONS

ACLS	Advanced Cardiac Life Support
ATLS	Advanced Trauma Life Support
CME	Continuing Medical Education
CMS	Campus Management System
CPC	Clinico-Pathological Conference
CPD	Continuous Professional Development
CSSD	Central Sterilization and Store Department
ERB	Ethical Review Board
EMR	Electronic Medical Records
ENT	Ear Nose and Throat
FDP	Faculty Development Program
HR	Human Resource
HIMS	Health Information Management System
HOD	Head of Department
IPD	In-Patient Department
IRB	Institutional Review Board
IT	Information Technology
MDR	Multi-Drug Resistance
MOU	Memorandum of Understanding
MSDS	Material Safety Data Sheet
NA	Not Applicable
NCS	Nerve Conduction Studies
NRP	Neonatal Resuscitation Program
OPD	Out-Patient Department
OR	Operation Room
PALS	Paediatric Advanced Life Support
PNC	Pakistan Nursing Council
PPM	Periodic Preventive Maintenance
PPE	Personal Protective Equipment
PM&DC	Pakistan Medical & Dental Council
PNRA	Pakistan Nuclear Regulatory Authority
RCT	Randomized Clinical Trial
SECP	Securities and Exchange Commission of Pakistan
SOP	Standard Operating Procedure
TB	Tuberculosis
TOR	Terms of Reference
TLD	Thermoluminescent Dosimeter
WHO	World Health Organization

LIST OF STANDARDS

The Accreditation Standards for Medical Teaching Hospitals, 2024 will be used for inspection of teaching Hospitals for grant of recognition.

The standards for Teaching Hospitals comprise of essential standards, quality standards and a few annotations. (Appendix – I)

The essential standards must be met and fulfillment demonstrated by the training Hospital for accreditation. The Essential standards are expressed by a "must".

The quality standards for improvement / development, are expressed by a "should" and suggest a level above and beyond that of an essential standard.

Annotations are used to clarify standards. No new terminologies are used in the annotations.

Standard 1: Mission Statement

Standard 2: Outcomes

Standard 3: Institutional Autonomy and Academic Freedom

Standard 4: Programme Organization

Standard 5: Educational Content

Standard 6: Programme Management

Standard 7: Assessment

Standard 8: Students

Standard 9: Faculty

Standard 10: Programme Evaluation and Continuous Renewal

Standard 11: Governance, Services and Resources

STANDARD 1: MISSION STATEMENT

Essential Standards

The teaching Hospital must have a written institutional mission statement, which:

- 1.1 Is aligned with the overall vision of the institution or with which it is affiliated or of which it is a constituent institution.
- 1.2 Demonstrates a clear institutional commitment to social accountability, achievement of competencies and addresses the healthcare needs of Pakistan.
- 1.3 Is developed with stakeholders' participation (for example trainers, staff, students, university, health officials).
- 1.4 Is known to all stakeholders.

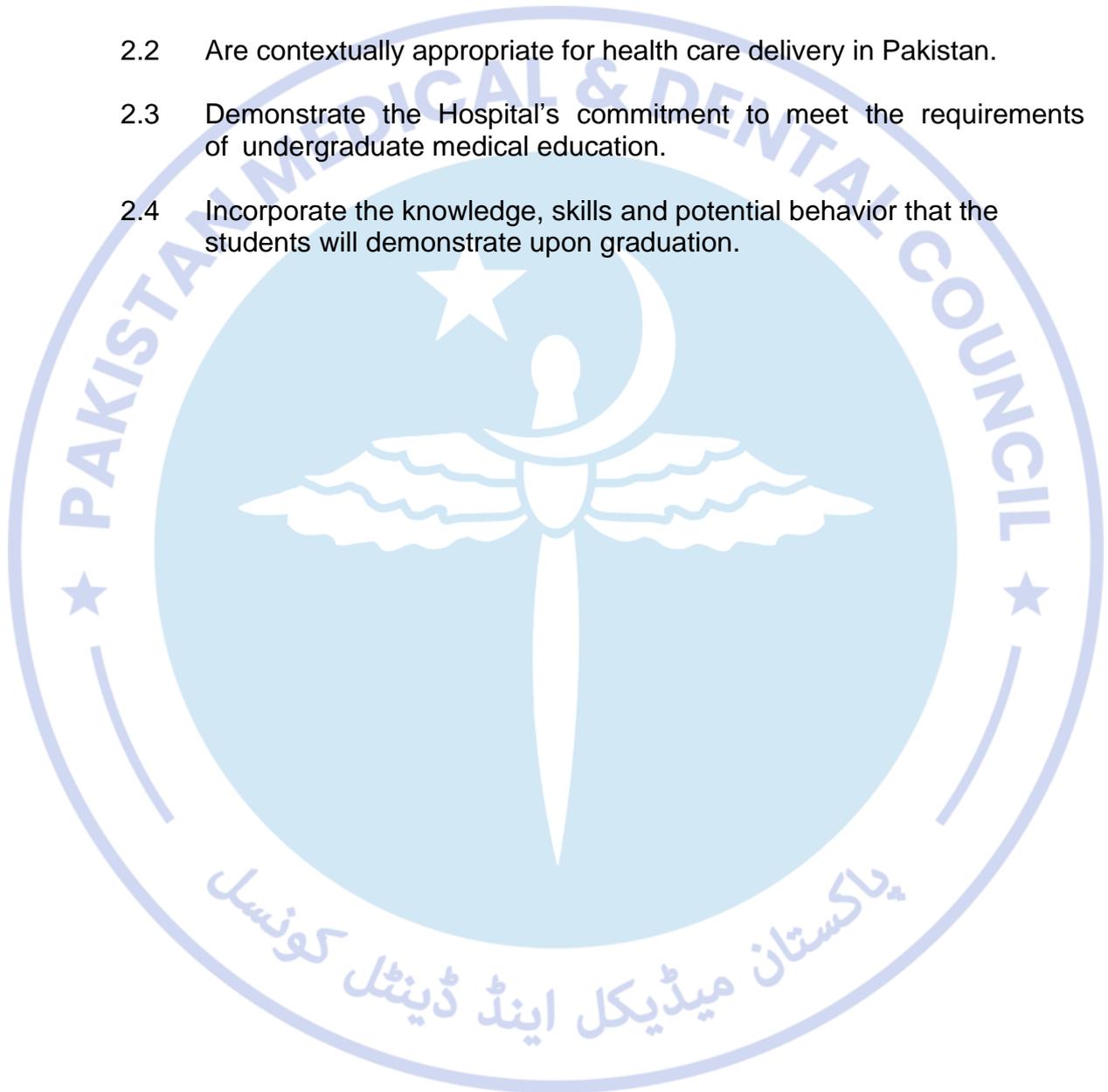


STANDARD 2: OUTCOMES

Essential Standards

The teaching Hospital must develop training outcomes that:

- 2.1 Are in congruence with the mission of the institution which distinguishes it from other institutions
- 2.2 Are contextually appropriate for health care delivery in Pakistan.
- 2.3 Demonstrate the Hospital's commitment to meet the requirements of undergraduate medical education.
- 2.4 Incorporate the knowledge, skills and potential behavior that the students will demonstrate upon graduation.



STANDARD 3: INSTITUTIONAL AUTONOMY AND ACADEMIC FREEDOM

Essential Standards

The teaching Hospital must have institutional autonomy to:

- 3.1 Formulate and implement policies to ensure smooth execution of its educational outcomes.
- 3.2 Develop appropriate and effective management and oversight systems to ensure that the policies are implemented.
- 3.3 Identify individual programmes and departments suitable for undergraduate training and present them for inspection and recognition from concerned authority.
- 3.4 Allocate and appropriately use resources for implementation of the training.



STANDARD 4: PROGRAMME ORGANIZATION

Essential Standards

The teaching Hospital must:

- 4.1 Clearly document the sequence and content of teaching along with the rationale for the sequence being recommended.
- 4.2 Encourage students to link concepts in a clinical context.
- 4.3 Ensure systematic and organized learning.
- 4.4 Implement training programmes in all departments that incorporate hands-on, active learning as the principle educational strategy.
- 4.5 Ensure that its clinical service needs DO NOT compromise the learning / training requirements and objectives of students.
- 4.6 Use practice-based training involving the personal participation of the student in the services and responsibilities of patient care.
- 4.7 Deliver the curriculum in accordance with principles of equality.
- 4.8 Inform students about the teaching methodology and the rights and obligations of students.
- 4.9 Include the commitment to ethical considerations in the teaching.
- 4.10 Use a student-centered approach that stimulates, prepares and supports students to take responsibility for their own learning process and to reflect on their own practice.

Quality Standards

The teaching Hospital should:

- 4.1s Incorporate innovative educational / training strategies such as self-directed learning, independent learning, inter-professional learning, use of e-technology and simulations.
- 4.2s Recognize gender, cultural and religious specifications and prepare the student to interact appropriately.

STANDARD 5: EDUCATIONAL CONTENT

Essential Standards

The teaching Hospital must:

- 5.1 Have a detailed document of the training, which includes the learning objectives of each rotation and the desired skills to be achieved. This must be disseminated to all the stakeholders.
- 5.2 Ensure that the content and its delivery are aligned with the competencies and outcomes prescribed by the PM&DC.
- 5.3 Ensure that the content that is taught and assessed are congruent with the level of the undergraduate students.
- 5.4 Use logbooks (preferably electronic) which clearly specify the objectives and skills-to-be-achieved during the clinical rotations.
- 5.5 Include, but not limited to the following:
 - a) Communication Skills
 - b) Patient Safety and Infection Control
 - c) Professionalism, Medical and Islamic Ethics
 - d) Evidence-Based Medicine
 - e) Ethics of Patient Care
- 5.6 Have an orientation program for undergraduate students.
- 5.7 Implement the curriculum of programme prescribed by the university / institution.
- 5.8 ensure the curriculum is conveyed to and understood by all stakeholders

STANDARD 6: PROGRAMME MANAGEMENT

Essential Standards

The teaching Hospital must:

- 6.1 Ensure that adequate supervision and feedback is provided to the students throughout the period of teaching.
- 6.2 Have an Oversight Committee that governs, approves and oversees undergraduate programmes. This committee must ensure the quality of the programme and approve it. The Oversight Committee should have appropriate student representation.
- 6.3 Have all the requisite aids and audio-visual facilities.
- 6.4 Physical facilities to support a learning environment for the students.
- 6.5 Have a grievance policy and a committee to manage grievances.
- 6.6 Issue a certificate of completion of programme of study as per the policy / regulations of the qualification awarding institution.
- 6.7 Provide a system for provision of financial support and benefits for needy students to ensure that they are able to fulfill the responsibilities of their undergraduate program.
- 6.8 Provide an educational and work environment in which students may raise and resolve issues without fear of intimidation or retaliation.

STANDARD 7: ASSESSMENT

Assessment is an essential and integral part of educational process. Its outcome bears importance for both students as well as the faculty / trainers. For the students, its importance lies in the fact that it determines the certification of attainment of competencies. For the faculty / trainers, assessment provides the grounds for substantiation of their observation regarding the progress of the student. For the Hospital, it provides the essential and sound grounds for programme evaluation.

Essential Standards

The teaching Hospital must:

- 7.1 Develop appropriate and contextual policies for in training assessment of students.
- 7.2 Ensure that formative assessments cover all domains including knowledge, skills and attitudes.
- 7.3 Use a wide range of assessment methods.
- 7.4 Define a clear process of assessment.
- 7.5 Ensure that the assessment practices are compatible with educational outcomes and instructional strategies.
- 7.6 Have a system for appeal for results.

STANDARD 8: STUDENTS

The teaching Hospital must engage their students in the management, delivery and evaluation of their services. Students should be consulted, given certain rights and responsibilities in all academic matters that concern them.

Essential Standards

The teaching Hospital must:

- 8.1 Follow the rules and regulations of the Medical College attached and Degree Awarding Institution.
- 8.2 Clearly communicate the responsibilities and expectations to the students before the start of the teaching.
- 8.3 Possess a mechanism for future career counseling of the students.
- 8.4 Ensure that students have access to counseling to address their psychological, academic and / or career needs.
- 8.5 Ensure confidentiality of students academic and medical records.
- 8.6 Ensure students representation and appropriate participation in educational committees and any committee where they can provide meaningful input.
- 8.7 Have access to records and appeal's process in case of discrepancies.
- 8.8 Have clear policies on funding, technical support and facilities for the students.
- 8.9 Have a policy and practice to systematically seek, analyze and respond to students feedback about the processes and products of the undergraduate teaching programme.
- 8.10 Ensure a fair and formal process for taking any action that affects the status of a student.
- 8.11 Have policies and code of conduct that is known to all students.
- 8.12 Have documented policy on forbidding students from taking part in any political activity and illegal agitations.
- 8.13 Have infrastructure to facilitate differently abled students.

- 8.14 Ensure that all students have access to all the teaching bed patients.
- 8.15 Have adequate mechanisms in place to ensure the well-being of students and faculty
- 8.16 Ensure measures to identify and prevent burnout in the students.
- 8.17 Have a documented policy on providing healthcare coverage to the students.



STANDARD 9: FACULTY

Essential Standards

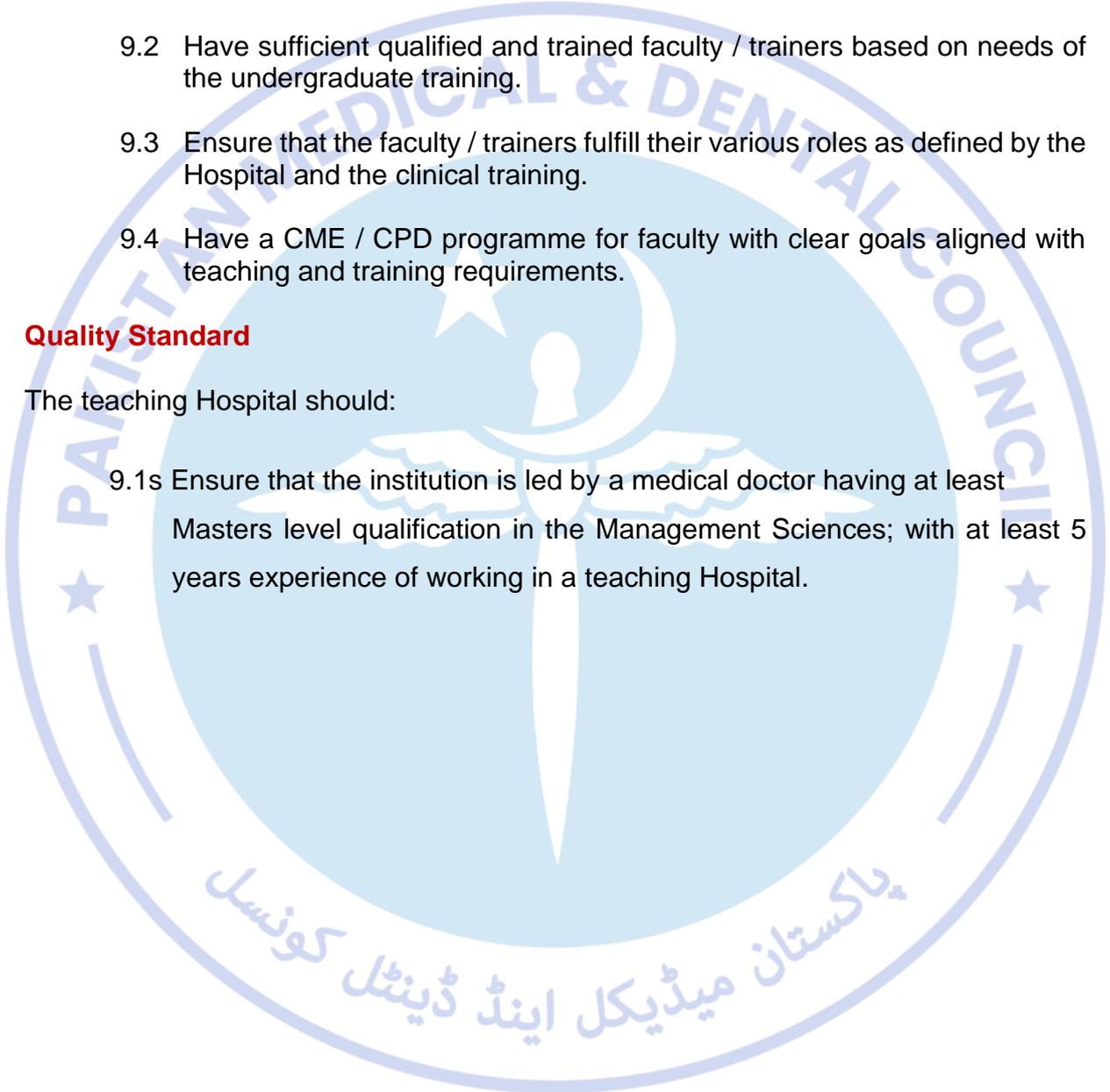
The teaching Hospital must:

- 9.1 Have robust trainer's recruitment, selection, promotion and retention policies.
- 9.2 Have sufficient qualified and trained faculty / trainers based on needs of the undergraduate training.
- 9.3 Ensure that the faculty / trainers fulfill their various roles as defined by the Hospital and the clinical training.
- 9.4 Have a CME / CPD programme for faculty with clear goals aligned with teaching and training requirements.

Quality Standard

The teaching Hospital should:

- 9.1s Ensure that the institution is led by a medical doctor having at least Masters level qualification in the Management Sciences; with at least 5 years experience of working in a teaching Hospital.



STANDARD 10: PROGRAMME EVALUATION AND CONTINUOUS RENEWAL

The PM&DC encourages teaching Hospitals to ensure quality assurance through program evaluation.

Essential Standards

The teaching Hospital must:

- 10.1 Ensure processes and schedules for review and update of all teaching activities through an established mechanism of program evaluation.
- 10.2 Regularly review results of evaluation and students assessments to ensure that the teaching gaps are adequately addressed in consultation with the relevant committee.
- 10.3 Allocate resources to address deficiencies and continuous renewal of teaching.
- 10.4 Ensure the standards are in compliance with PM&DC Accreditation Standards.
- 10.5 Ensure that the students, faculty / trainers and administration are involved in the clinical training evaluation.
- 10.6 Have mechanism for monitoring of training and of progressive improvements.
- 10.7 Ensure that amendments based on results of programme evaluation findings are implemented and documented.

STANDARD 11: GOVERNANCE, SERVICES AND RESOURCES

Essential Standards

The teaching Hospital must:

- 11.1 Demonstrate annual bed occupancy of at least 50%, verifiable through an HIMS, or by alternative means if HIMS is not installed subject to installation of an HIMS within 12 months.
- 11.2 Have essential services as given in the next Section of this document.
- 11.3 Be approved and registered with by the respective government authority (e.g. Healthcare Commission or any other regulatory body).
- 11.4 Have a hierarchical system of governance of training program.
- 11.5 Have mechanisms for dissemination of all policies and procedures related to governance, services and resources.
- 11.6 Have an HR Department and an anti-harassment policy in line with the national guidelines.
- 11.7 Have adequate and safe buildings and structures.
- 11.8 Have satisfactory and functional IT and library facilities.
(In case, the Hospital and College buildings are attached or are in the same premises, the same IT and library facilities may be utilized by both the institutions and no separation is necessary).
- 11.9 Have appropriate budgetary allocations for faculty / trainers professional development programs.
- 11.10 Have mechanisms for addressing disciplinary issues of trainer, staff and trainees.
- 11.11 Adhere to its commitment to social accountability.
- 11.12 Ensure that patients admitted on the designated teaching beds have a documented consent to allow access to the trainees.
- 11.13 Have a documented policy ensuring that clinical work or procedures and cost of any material used during training and studentship is not charged to the undergraduate students.

APPENDIX I

ANNOTATIONS

STANDARD 1: MISSION STATEMENT

Social accountability of teaching Hospitals is their responsibility towards the community and their trainees. It is the responsibility of the training Hospitals to meet the healthcare needs of the country through provision of quality training and service delivery. This service delivery should take ownership of defined populations (especially marginalized populations including transgender and improve the health status of those communities. In this regard, teaching Hospitals will need to delineate how they are contributing towards serving their communities and are socially accountable.

STANDARD 2: OUTCOMES

Outcomes are statements of intention, just like objectives. Outcomes provide a clear idea of what the trainees are expected to do (perform) by the end of the entire learning period (e.g. by the end of the training programme). Hence, they provide an overview (and not details) of what the trainee is expected to do upon completion of the training programme in which he / she is enrolled.

The number of outcomes is far less than the number of objectives. Usually, outcomes range between 05 to 07 for an extended programme.

EXAMPLE: By the end of the training programme, trainees will be able to:

- manage common, non-critical conditions independently
- assist in the management of critically ill patients
- demonstrate professional, ethical and culturally appropriate behavior
- advocate health promotion and disease prevention
- work effectively in a health care team
- demonstrate clear and efficient written and verbal communication abilities

Annotation for 2.1s

Outcomes are a set of statements which summarize the expected results at the end of the educational program. Every Hospital must have a reason for existence. This reason should be its unique feature which sets it apart from others. A Hospital may wish to lay emphasis on training its students on providing state-of-the-art high technology training via skills labs and aim at producing doctors who can manage emergencies in a lower socio-economic setting. Such unique features must be clear in the outcomes; such statements must be present which help provide an identity to the programme and to the institution.

STANDARD 4: PROGRAMME ORGANISATION

Active learning is any instructional strategy in which students are required to do meaningful activities and think about their learning in order to achieve the session's objectives.

Educational strategy means teaching method or instructional method, for example lecture or tutorial or small group discussion.

Patient-centeredness keeps the training focused on issues of the patient and not around diseases. It aims to produce doctors who deal with patients as humans and not as carriers of disease. It helps students provide holistic care to the patients.

STANDARD 8: STUDENTS

Academic counseling would include addressing questions related to the students choice of selected rotation. Academic counseling may also involve helping students improve their learning.

Career counseling would include guidance related to achieving their career goals.

Confidentiality means available only to members of the trainers and administration on a need-to-know basis. Laws concerning confidentiality of record need to be kept in view.

Committees include all educational, management and disciplinary committees. This includes development of the mission and vision, policy guidelines, curriculum committees, academic council and service delivery.

Areas of appeals include admission, attendance, assessment, promotion, demotion or

dismissal processes and products of the educational programmes means curriculum, teaching and learning processes.

Fair and formal process includes timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the students to respond and an opportunity to appeal.

Status of trainees means that can affect his / her educational progression for example admission, graduation or dismissal.

Disability means any physical disability which may not affect his / her ability to actively contribute as a member of healthcare team. The institutional medical team should decide it on case-to-case basis.

Transfer policy and exchange mechanisms mean policies devised by the training Hospital for transfer and student exchange in congruence with the affiliating university (where applicable), PM&DC guidelines and government policies.

STANDARD 10: PROGRAMME EVALUATION AND CONTINUOUS RENEWAL

Programme evaluation means gathering, analysis and interpretation of information, using valid and reliable methods of data collection, from all components of the programme. The process of evaluation should serve to make judgments about its effectiveness in relation to the mission, curriculum and intended educational outcomes.

Academic activities include all formal educational experiences of the trainees during their enrolment in the institute.

Renewal of programmes refers to modifications made in the programme by incorporating results of programme evaluation.

HOSPITAL INSPECTION PROFORMA

The College applying for initial recognition will submit a Self-Appraisal Report along-with evidences based on Inspection Proforma for Medical Teaching Hospitals for 100 MBBS Students, 2024. The PM&DC will scrutinize the report and if the mandatory standards are met, then the inspection will be carried out.

Under the PM&DC Act, 2022, the PM&DC Council is empowered to prescribe minimum standards of courses for training, laying down criteria including conditions and requirements for recognition and continuation of recognition and on all connected matters of inspections of medical and dental institutions. These minimum standards are to be fulfilled by an institution at the time of recognition and to be always maintained for continuation of recognition. An institution failing to meet the prescribed minimum standards will be subject to necessary action as per law.

Marking Scheme:

The standards will be categorized as follows:

- a. Mandatory Standards
- b. Graded Standards
 - a. Essential Standard – 02 Marks
 - b. Quality Standard – 03 Marks
- c. **Qualifying Criteria** will be as under:

Passing Score = 90% and above

Scores between 80% - 89.99%: The College may be allowed to apply for re-inspection on request (along-with compliance report of previous visit) but the time period between initial inspection and re-inspection should not be less than six months

Scores between 70% - 79.99%: The College may be allowed to apply for re-inspection after one year along-with compliance report of one year.

The College shall have to acquire 90% in each component / session to be considered qualified for recognition.

All mandatory requirements such as legal and financial to be fulfilled by the College before inspection.

Legal & Financial Requirements (Pre-requisites):

1.	Teaching Hospital functional for the past 3 years
2.	Total student to bed ratio as per PM&DC guidelines (500 beds per 100 students)
3.	Institution own and control 50% or more of the teaching beds
4.	College have administrative control over the remaining beds and staff (with valid MOU)
5.	Teaching Hospital within 35 km or less than one hour travelling time from the College premises
6.	Hospital established in a building owned by the legal entity (or possess at least 33-year lease) that had been granted the recognition? (<i>Ownership document</i>)
7.	Hospital approved by the respective government authority (If applicable)
8.	Company that owns the Hospital registered with the SECP
9.	Hospital have its accounts audited by a third-party, the audited report shall be annual, but the College shall submit financial statements 06 monthly to the PM&DC. (<i>Report to be submitted to PM&DC</i>)
10.	Hospital have a standardized budget development process
11.	Budget development process collaborative and considers the requirements of curriculum delivery from the faculty
12.	Budget have resources allocated for implementation of curriculum / training
13.	Budget have resources allocated to address deficiencies and continuous renewal of training programs
14.	Budget have resources allocated for FDP for CME / CPD, minimum of PKR 50,000 per Department per year
15.	Graduates of the affiliated College given opportunity for paid house job in the Hospital
16.	Structured hierarchy defined for the Hospital (<i>Organogram of the institution and its various Departments</i>)
17.	Legal requirements related to Hospital fulfilled at the primary scrutiny and are still valid
18.	Mechanism available to ensure that the payroll of faculty, staff and house officers to be submitted to PM&DC biannually. However the PM&DC may at any time ask for information in this regard to ensure timely regular payment of salaries and stipends to faculty, staff and house officers.

1. MANAGEMENT SESSION

Inspector: Hospital Management Expert

1.1 Purpose

A session conducted by the institutional management expert with discussion on management and resources of the Hospital including organizational relationship of Hospital with the affiliated College; organization of staff; interaction of Medical Superintendent / Administrator with Hospital governance organization, councils, committees and clinical Departments; financial status and projections; research programs and funding; and the status of facilities for education, research and patient care. Adequacy of finances for the achievement of the Hospital's mission is discussed; recent financial trends and projections for various revenue streams are also reviewed with the leadership of the Hospital.

1.2 Location

Medical Superintendent / Administrator Office or Conference Room

1.3 Participants

- Medical College Principal / Dean (If applicable)
- Medical Superintendent / Administrator of the Hospital
- Finance Manager or equivalent of the Hospital
- Other senior Hospital Managers

1.4 Surveyor

Hospital Management Expert

1.5 Documents / Materials Needed

- Hospital ownership document(s) (or parallel)
- Ownership evidence of Hospital beds
- MOU of non-owned beds (If applicable)
- SECP registration (if applicable)
- Financial statement(s) reflecting Paid-up capital

- Budget documents
- Annual audited financial reports
- Organogram of the Hospital and relationship with the affiliated Medical College
- In case of private limited companies, the Hospital and College are run by the same company, so consolidated financial statements of the company are prepared therefore, audited reports of the same company shall be considered for both in accordance with the law / regulations of the SECP. This applies to private Colleges which own both the College and Hospital.
- Evidence of utilization of FDP funds

1.6 How to Evaluate

To evaluate compliance to the relevant standards, review the documents provided by the Hospital. Based on the review, conduct a leadership interview session with the following list of questions answered:

SR. NO.	EVALUATION QUESTIONS	Compliance		
		Yes	No	Not Applicable
1.	Is the Teaching Hospital functional for the past 3 years?			
2.	Is the total student to bed ratio as per PM&DC guidelines? (500 beds per 100 students)			
3.	Does the institution own and control 50% or more of the teaching beds?			
4.	Does the College have administrative control over the remaining beds and staff (with valid MOU)?			
5.	Is the Teaching Hospital within 35 km or less than one hour travelling time from the College premises?			
6.	Does the Hospital have a docking bay for ambulances?			
7.	Does the Hospital have a drop zone for non-ambulatory patients?			
8.	Does the Hospital have a wheel-chair and trolley bay at the ambulance and non-ambulatory drop off zones?			

9.	Is the Hospital established in a building owned by the legal entity (or possess at least 33-year lease) that had been granted the recognition? (Ownership document)			
10.	Is the Hospital approved by the respective government authority? (If applicable)			
11.	Is the Company that owns the Hospital registered with the SECP?			
12.	Does the Hospital have its accounts audited by a third-party? The audited report shall be annual, but the College shall submit financial statements 06 monthly to the PM&DC. (Report to be submitted to PM&DC)			
13.	Does the Hospital have adequate parking facility public or private, adjacent or onsite?			
14.	Does the Hospital have a standardized budget development process?			
15.	If yes, is the budget development process collaborative and considers the requirements of curriculum delivery from the faculty?			
16.	Does the budget have resources allocated for implementation of curriculum / training?			
17.	Does the budget have resources allocated to address deficiencies and continuous renewal of training programmes?			
18.	Does the budget have resources allocated for FDP for CME / CPD, minimum of PKR 50,000 per Department per year?			
19.	Is there a policy ensuring clinical work or procedures and cost of any material used during training and studentship not charged to the students?			
20.	Are HR policies developed and applicable to the Hospital staff?			
21.	Does the Hospital have an anti-harassment policy in line with the national guidelines?			

22.	Is there a mechanism to ensure that the vision of the affiliated College and the mission of the Hospital remain aligned?			
23.	Is there a mechanism at the Hospital end to ensure adequacy of clinical facilities for the program?			
24.	Are all graduates of the affiliated College given opportunity for paid house job in the Hospital?			
25.	Is there an examination and certification system available to ensure that house job competencies are achieved? <i>(To be ensured by the Coordination Committee)</i>			
26.	Is there a structured hierarchy defined for the Hospital? <i>(Organogram of the institution and its various Departments)</i>			
27.	Is there a structured process to disseminate policies developed by the Hospital leadership related to governance, services and resources?			
28.	Are the roles and authorities of the MS / Administrator clearly defined in his/her job description that is in alignment with PM&DC regulations?			
29.	Are the roles and authorities of the HODs clearly defined in their job description that is in alignment with PM&DC regulations?			
30.	Are the legal requirements related to Hospital fulfilled at the primary scrutiny and are still valid?			
31.	Is there an established mechanism to address disciplinary issues?			
32.	Has the Hospital incorporated community visits / medical camps, etc.?			
33.	Is there a process to allow faculty and staff for taking paid maternity / paternity leaves (as per government rules)?			

34.	Is there a process to ensure free outdoor and discounted indoor that health needs of faculty are met? (Entitlement / Insurance / health allowance, etc.)			
35.	Is HIMS / EMR software for patient data which is accessible to the PM&DC for spot checks on bed occupancy, case-load, procedures, morbidity and mortality available? (The institutions would be given a grace period of twelve months for capacity building and installation of HIMS / EMR)			
36.	Is there an HMIS / EMR software for patient data which is accessible to the PM&DC for spot checks on bed occupancy, case-load, procedures, morbidity and mortality?			
37.	Is there a mechanism available to ensure that the payroll of faculty, staff and house officers to be submitted to PM&DC biannually. However the PM&DC may at any time ask for information in this regard to ensure timely regular payment of salaries and stipends to faculty, staff and house officers.			

Use the rest of the Session to clarify any queries regarding the functioning of the Hospital including information needed for subsequent sessions.

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2. BIOMEDICAL TOUR

Inspector: Biomedical Engineer

2.1 Purpose

The focus of this tour is to evaluate adequacy of equipment and relevant material required for provision of appropriate medical education.

2.2 Location

All facilities (Teaching Hospital)

2.3 Tour Participants

At least 01 representative from Biomedical Department

2.4 Surveyor

Biomedical Engineer

2.5 Standards / Issues Addressed

Recognition Standard: Biomedical equipment

2.6 Documents / Materials Needed

- PPM Schedule
- Machine / Equipment Logs
- Per machine logbook
- Downtime Report

2.7 Procedure

The surveyor will visit the Hospital to verify that the equipment as per PM&DC regulations is present, functional and in use.

2.8 How to Evaluate

To evaluate the compliance to relevant standards, review the documents provided by the Hospital. Based on the review, conduct a comprehensive tour of the Hospital to verify its

equipment and to ensure that equipment / material mentioned in checklist per PM&DC regulations is present, functional and in use.

SR. NO.	EVALUATION QUESTIONS	Compliance		
		Yes	No	Not Applicable
2.9 TEACHING HOSPITAL(S) EQUIPMENT REQUIREMENTS				
2.10 MEDICINE & ALLIED				
1.	Does the Department(s) have at least 02 defibrillators available, functional and in use?			
2.	Does the Department(s) have at least 02 ECG machines (at least Triple Channel) available, functional and in use?			
3.	Does the Department(s) have 01 Video Endoscopic System with upper and lower sets available, functional and in use?			
4.	Does the Department(s) have 01 Trolley for endoscopes available, functional and in use?			
5.	Does the Department(s) have 01 Echocardiographs with 2D color Doppler available, functional and in use?			
6.	Does the Department(s) have at least 01 ETT Machine available, functional and in use?			
7.	Does the Department(s) have at least 01 Radioisotope Scanner? (Quality Standard)			
8.	Does the Department(s) have 08 complete Nebulizers available, functional & in use?			
9.	Does the Department(s) have 20 Pulse Oximeters available, functional and in use?			
10.	Does the Department(s) have 20 Glucometers available, functional and in use?			
11.	Does the Department(s) have 10 Cardiac Monitors available, functional and in use?			

12.	Does the Department(s) have 01 Fiber Optic Bronchoscope available, functional and in use?			
13.	Does the Department(s) have 01 upper GIT and 01 lower GIT Endoscope available, functional and in use?			
14.	Does the Department(s) have 01 Holter Ambulatory BP Monitor available, functional and in use?			
15.	Does the Department(s) have an ECT machine (Anaesthesia services to be shared) and an EEG machine available, functional and in use? (Quality Standard)			
16.	Does the Department(s) have an NCS Machine and an EMG (electromyogram) machine available, functional and in use? (Quality Standard)			
17.	Does the Department(s) have a Neuro-endoscope available, functional and in use? (Quality Standard)			
18.	Does the Department(s) have a Neuro-navigation System available, functional and in use? (Quality Standard)			
19.	Does the Department(s) have a Heart Lung Machine, an Intrathoracic Balloon Pump, ACT Machine and 2 Cardiac Surgery sets available, functional and in use? (Quality Standard)			
2.11 SURGERY & ALLIED				
20.	Does the Department(s) have 15 General Surgical sets available, functional and in use?			
21.	Does the Department(s) have at least 01 Sterilizer (>300L capacity) available, functional and in use?			
22.	Does the Department(s) have 02 Thoracic Surgical sets available, functional and in use?			
23.	Does the Department(s) have 01 Vascular Surgical set available, functional and in use?			
24.	Does the Department(s) have 02 Paediatric Surgery sets available, functional and in use?			

25.	Does the Department(s) have 02 Plastic Surgery sets available, functional and in use?			
26.	Does the Department(s) have at least 01 Surgical Diathermy (Monopolar and Bipolar) Machine per theatre available, functional and in use?			
27.	Does the Department(s) have at least 01 Energy Device Machine available, functional and in use?			
28.	Does the Department(s) have 01 Fiber Optic Colonoscope (diagnostic and therapeutic) or Flexible Sigmoidoscopes available, functional and in use? (May be shared with Medicine Department)			
29.	Does the Department(s) have 02 Rigid Sigmoidoscopes and 10 Proctoscopes available, functional and in use?			
30.	Does the Department(s) have 02 complete Laparoscopic Surgical sets available, functional and in use?			
31.	Does the Department(s) have at least 01 Microscopic Surgical set available, functional and in use?			
32.	Does the Department(s) have 01 Cystoscope (diagnostic and therapeutic) available, functional and in use?			
33.	Does the Department(s) have 01 portable X-ray machine, radiographic film cassette facilities e.g. for per operative Cholangiogram, Image intensifier with C-arm and double monitors available, functional and in use?			
34.	Does the Department(s) have 01 Defibrillator available, functional and in use?			
35.	Does the Department(s) have 02 Laminectomy sets, 02 Craniotomy Sets and 02 Shunt sets for Neurosurgery, available, functional and in use?			

2.12 OBSTETRICS AND GYNAECOLOGY

36.	Does the Department have 02 Ultrasound machines with convex & vaginal, section probes and punctures available, functional and in use? (One for Obstetrics and Gynaecology ward and one for Labor Room)			
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37.	Does the Department have at least 01 Hysteroscope available with complete fluid management system, functional and in use?			
38.	Does the Department have at least 01 Colposcope with Cautery Machine (various sizes) available, functional and in use?			
39.	Does the Department have at least 01 Laparoscopic Surgical set with camera and monitors available, functional and in use? (May be shared with Surgery Department)			
40.	Does the Department have 04 Delivery Tables available, functional and in use?			
41.	Does the Department have minimum 04 Examination Tables available, functional and in use?			
42.	Does the Department have 10 Pulse Oximeters available, functional and in use?			
43.	Does the Department have 03 Baby Weighing Scales available, functional and in use?			
44.	Does the Department have 05 instrument sterilizers available, functional and in use?			
45.	Does the Department have 02 Sonic Aids available, functional and in use?			
46.	Does the Department have 02 CTG machines available, functional and in use?			
47.	Does the Department have 04 Neonatal Resuscitation Trolleys and Heaters available, functional and in use?			
48.	Does the Department have 10 reusable delivery sets?			
49.	Does the Department have 10 Cusco's Specula available, functional and in use?			
50.	Does the Department have 03 Adult Ambu bags and masks available, functional and in use?			
51.	Does the Department have 15 Sim's Specula available, functional and in use?			

52.	Does the Department have 04 Caesarean Section sets available, functional and in use?			
53.	Does the Department have 02 D&C sets available, functional and in use?			
54.	Does the Department have 02 Manual Vacuum Aspirators available, functional and in use?			
55.	Does the Department have 03 Vacuum Ventouse Cups available, functional and in use?			
56.	Does the Department have 02 Outlet Forceps available, functional and in use?			
57.	Does the Department have 02 infant Laryngoscopes with spare bulbs available, functional and in use?			
58.	Does the Department have 04 Suction Machines available, functional and in use?			
59.	Does the Department have 02 teaching dummies and two anatomical pelvis models available, functional and in use?			
60.	Does the Department have equipment for family planning available, functional and in use?			
61.	Does the Gynae OT have 02 OT tables with adequate Anesthesia Machines, Cautery Machines and Light Sources?			
62.	Does the Gynae OT have 03 Hysterectomy sets and 04 Laparotomy with resection and anastomosis instrument sets?			

2.13 PAEDIATRICS

63.	Does the Department have 04 Weighing Scales available, functional and in use?			
64.	Does the Department have 04 Length Measuring Scales available, functional and in use?			
65.	Does the Department have 02 Ultrasonic Nebulizers available, functional and in use?			

66.	Does the Department have at least 01 Paediatric Ventilator available, functional and in use?			
67.	Does the Department have at least 01 Neonatal Ventilator available, functional and in use?			
68.	Does the Department have 05 Pulse Oximeters available, functional and in use?			
69.	Does the Department have 04 Infusion Pumps available, functional and in use?			
70.	Does the Department have 05 Cardiac Monitors available, functional and in use?			
71.	Does the Department have at least 01 Transport Incubator available, functional and in use? (Quality Standard)			
72.	Does the Department have at least 01 Neonatal Resuscitator available, functional and in use?			
73.	Does the Department have 03 Low-grade Suction Apparatus available, functional and in use?			
74.	Does the Department have at least 01 Manual Resuscitator (infant / child), available, functional and in use?			
75.	Does the Department have 02 Suction Machines (dual operation with tubes) available, functional and in use?			
76.	Does the Department have 02 Oscopes with infant diagnostic heads available, functional and in use?			
77.	Does the Department have 02 Paediatric Nasal Specula available, functional and in use?			
78.	Does the Department have 02 Scales for neonates available, functional and in use?			
79.	Does the Department have 03 Height Measuring Scales for infants available, functional and in use (Infant meter)?			
80.	Does the Department have 06 BP Apparatus (with newborn, neonatal and paediatric cuffs) available, functional and in use?			

81.	Does the Department have 02 Paediatric BLS Mannequins? (Quality Standard)			
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2.14 DERMATOLOGY

82.	Does the Department have at least 01 Electro Cautery Machines available, functional and in use?			
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83.	Does the Department have at least 01 Wood Lamp available, functional and in use?			
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84.	Does the Department have at least 01 PUVA / UVB machine available, functional and in use?			
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85.	Does the Department have at least 01 liquid nitrogen cylinders for Cryo available, functional and in use?			
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86.	Does the Department have at least 01 Microscope with accessories available, functional and in use?			
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87.	Does the Department have 02 Biopsy sets available, functional and in use?			
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88.	Does the Department have Multi-head Microscope for teaching? (Quality Standard)			
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2.15 OPHTHALMOLOGY

89.	Does the Department have at least 01 Auto-refractometer / Keratometer available, functional and in use?			
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90.	Does the Department have at least 01 Ultrasound A-Scan bio-meter available, functional and in use?			
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91.	Does the Department have at least 01 Ultrasound B-Scan available, functional and in use?			
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92.	Does the Department have at least 01 Applanation (PERKINS / Handheld) Tonometers available, functional and in use?			
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93.	Does the Department have at least 01 Phacoemulsification Unit available, functional and in use?			
94.	Does the Department have 02 Slit lamps with applanation tonometer available, functional and in use?			
95.	Does the Department have 02 Prism Bars (Horizontal) available, functional and in use?			
96.	Does the Department have at least 01 Lensometer (manual) available, functional and in use?			
97.	Does the Department have at least 01 Operating Microscope available, functional and in use?			
98.	Does the Department have 02 Indirect Ophthalmoscopes available, functional and in use?			
99.	Does the Department have 02 Direct Ophthalmoscopes available, functional and in use?			
100.	Does the Department have at least 01 Retinoscope available, functional and in use?			
101.	Does the Department have at least 01 Trial Lens Set with trial frame available, functional and in use?			
102.	Does the Department have 02 Prism bars (vertical) available, functional and in use?			
103.	Does the Department have at least 01 Automated Visual Field Analyzer (Bjerrum Screen) available, functional and in use?			
104.	Does the Department have at least 01 portable Surgical Light available, functional and in use?			
105.	Does the Department have 03 illuminated charts?			
2.16 ENT				
106.	Does the Department have 02 OPD Instrument sets available, functional and in use?			

107.	Does the Department have at least 01 Auroscope available, functional and in use?			
108.	Does the Department have at least 01 Microscope for OT available, functional and in use?			
109.	Does the Department have at least 01 Rigid Endoscope with all accessories available, functional and in use?			
110.	Does the Department have at least 01 Audiometer available, functional and in use?			
111.	Does the Department have at least 01 Impedance Audiometer available, functional and in use? (Quality Standard)			
112.	Does the Department have at least 1 BERA available, functional and in use? (Quality Standard)			
113.	Does the Department have 02 minor OT dressing / examination sets available, functional and in use?			
114.	Does the Department have 02 General sets for OT available, functional and in use?			
115.	Does the Department have at least 01 Microscope Instrument Set for Mastoidectomy available, functional and in use?			
116.	Does the Department have at least 01 Microscope Instrument Set for Tympanoplasty available, functional and in use?			
117.	Does the Department have at least 01 Microscope Instrument Set for Stapedectomy available, functional and in use?			
118.	Does the Department have at least 03 sets for Tonsillectomy available, functional and in use?			
119.	Does the Department have at least 01 set for Rhinoplasty available, functional and in use?			
120.	Does the Department have at least 01 set for FESS available, functional and in use? (Quality Standard)			
121.	Does the Department have at least 01 Pneumatic Drill with all accessories available, functional and in use?			

2.17 OUT-PATIENT

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|------|---|--|--|
| 122. | Is the OPD adequately equipped with tools for examination (BP Apparatus, Stethoscopes, Thermometers, Tongue Depressors), functional and in use? | | |
| 123. | Does the OPD have stretchers / trollies / wheel-chairs available, functional and in use? | | |
| 124. | Does the OPD have Ambu Bags for infants, paediatric patients and adult patients available, functional and in use? | | |
| 125. | Does the OPD have Suction Machines available, functional and in use? | | |
| 126. | Does the OPD have consumables like gloves, endo-tracheal tubes of various sizes, IV cannula of various sizes, masks, etc. available, functional and in use? | | |

2.18 ACCIDENT AND EMERGENCY

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|------|--|--|--|
| 127. | Does the Department have 06 beds with monitoring facilities available, functional and in use? | | |
| 128. | Does the Department have at least 01 Minor Operating Theatre available, functional and in use? | | |
| 129. | Does the Department have 01 Pharmacy in emergency area available, functional and in use? | | |
| 130. | Does the Department have 01 facility for resuscitation including crash cart (Defibrillator) and a cubicle for patient with central oxygen, suction and monitoring facilities available, functional and in use? | | |
| 131. | Does the Department have 01 CT scan 16/32 slice or above available, functional and in use?
CT scan 64/128 shall be a (Quality Standard) | | |

2.19 OPERATING ROOMS

- | | | | |
|------|--|--|--|
| 132. | Does the Hospital have 05 fully equipped ORs available, functional and in use? | | |
|------|--|--|--|

133.	Does the Hospital have appropriately furnished pre-anesthesia area available, functional and in use?			
134.	Does the Hospital have recovery area with central oxygen and suction and monitoring facilities available, functional and in use?			
135.	Does the Hospital have monitoring facilities per OR available, functional and in use?			
136.	Does the Hospital have at least 01 Image Intensifier available, functional and in use?			
137.	Do the ORs have facilities for resuscitation available, functional and in use?			
138.	Does the Hospital have 05 Anesthesia workstations available, functional and in use?			
139.	Does the Hospital have at least 01 Diathermy Machine per theatre (Monopolar and bipolar) available, functional and in use?			
140.	Does the Hospital have at least 01 Suction Machine per theatre available, functional and in use?			
141.	Do the ORs have adequate OR waste disposal(s) method available, functional and in use?			
2.20 CRITICAL CARE BEDS				
142.	Does the Hospital have 10 Medical ICU beds available, functional and in use with at least 5 ventilators with Paediatric settings?			
143.	Does the Hospital have 10 Surgical ICU beds available, functional and in use?			
144.	Does the Hospital have 04 separate Paediatric and Neonatal Intensive Care beds available, functional and in use?			
145.	Does the Hospital have 08 separate Coronary Care beds available, functional and in use?			
146.	Does the Hospital have implementation of sanitation and isolation protocols available, functional and in use?			

2.21 CENTRAL STERILIZATION AND STORAGE DEPARTMENT

- | | | | |
|------|---|--|--|
| 147. | Does the Hospital have Instrument Washing Area available, functional and in use? | | |
| 148. | Does the Hospital have Linen Washing Area available, functional and in use? | | |
| 149. | Does the Hospital have at least 01 Washer and Disinfector available, functional and in use? | | |
| 150. | Does the Hospital have at least 01 Steam Autoclave with 134 degrees temperature (500L) available, functional and in use?
(Quality Standard) | | |
| 151. | Does the Hospital have 01 Ethylene oxide / Formaldehyde gas / Plasma Sterilizer available, functional and in use?
(Quality Standard) | | |
| 152. | Does the Hospital have at least 01 Sealant machine available, functional and in use?
(Quality Standard) | | |
| 153. | Does the Hospital have chemical based high-level Disinfection / Sterilization facilities available, functional and in use? | | |
| 154. | Does the Hospital have storage and distribution counter available, functional and in use? | | |
| 155. | Does the Hospital have separate path for collection of dirty linen and instruments available, functional and in use? | | |

2.22 RADIOLOGY SERVICES

- | | | | |
|------|--|--|--|
| 156. | Does the Department have at least 01 Fluoroscopy / Image Intensifier (500mA) available, functional and in use? | | |
| 157. | Does the Department have at least 01 stationary Bucky table (300mA) available, functional and in use? | | |
| 158. | Does the Department have at least 01 stationary Bucky Stand (300mA) available, functional and in use? | | |

159.	Does the Department have at least 2 portable X-ray (100mA) units (for the whole Hospital) available, functional and in use?			
160.	Does the Hospital have valid PNRA registration?			
161.	Does the Department have at least 02 functional Ultrasound machines?			
162.	Does the Department have at least 01 probe grey scale (3.5 MHz) / portable grey scale (3.5 MHz) available, functional and in use?			
163.	Does the Department have at least 01 color Doppler (with multi-frequency probes) available, functional and in use?			
164.	Does the Department have 02 Biopsy Probes available, functional and in use? (Quality Standard)			
165.	Does the Department have 01 CT Scan 64 slices or above available, functional and in use?			
166.	Does the Department have or have access to 01 MRI (1.5 Tesla or above) available, functional and in use or 0.4 Tesla Open MRI?			
167.	Does the Department have at least 01 Mammography available, functional and in use?			
168.	Does the Department have at least 01 DEXA Scanner available, functional and in use? (Quality Standard)			
169.	Does the Department have 05 lead Aprons available, functional and in use?			
170.	Does the Department have 02 TLDs available, functional and in use?			
171.	Does the Department have 04 lead Shields / Partitions available, functional and in use?			
172.	Does the Department have at least 01 film Badge / Radiation Detector per staff member and available, functional and in use?			

2.23 LABORATORY SERVICES (HEMATOLOGY INSTRUMENTS)

(The equipment will be common for the College and the Hospital)

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| 173. | Does the lab have 3/5-part Automated Differential Counter available, functional and in use? | | |
| 174. | Does the lab have 02 Microscopes available, functional and in use? | | |
| 175. | Does the lab have Basic Staining Facilities including for Reticulocytes available, functional and in use? | | |
| 176. | Does the lab have at least 01 Fridge to keep samples available, functional and in use? | | |

2.24 BLOOD BANK

- | | | | |
|------|--|--|--|
| 177. | Does the Department have at least 01 Serofuge available, functional and in use? | | |
| 178. | Does the Department have at least 01 Agglutination Viewer available, functional and in use? | | |
| 179. | Does the Department have at least 01 Blood Bank Fridge available, functional and in use? | | |
| 180. | Does the Department have at least 01 Microscope and 01 Water bath / Heat Block available, functional and in use? | | |
| 181. | Does the Department have 01 minus Thirty-degree Freezer for storage available, functional and in use? | | |
| 182. | Does the Department have 01 Incubator for platelets? | | |

2.25 LABORATORY SERVICES (CHEMICAL PATHOLOGY)

(The equipment will be common for the College and the Hospital)

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|------|--|--|--|
| 183. | Does the lab have facilities for immunofluorescence (Microscope with fluorescence accessories, reagents and racks for the procedure of immunofluorescence) available, functional and in use? | | |
|------|--|--|--|

184.	Does the lab have facilities for ELISA (ELISA reader, washer, automated or manual), functional and in use?			
185.	Does the lab have facilities for Flowcytometry (flowcytometer, reagents and associated equipment and disposables) available, functional and in use? (Quality Standard)			
186.	Does the lab have facilities for Protein electrophoresis (Equipment, accessories and reagents) available, functional and in use? (Quality Standard)			
187.	Does the lab have facilities for providing the laboratory services for Bone Marrow and Organ Transplant related services (Equipment accessories and reagents) available, functional and in use? (Quality Standard)			
188.	Does the lab have other laboratory facilities over and above the requirements of PM&DC (limited to a maximum of 10) available, functional and in use? (Quality Standard)			
189.	Does the lab have at least 01 automated Chemistry Analyzer available, functional and in use?			
190.	Does the lab have at least 01 Immunoassay Analyzer available, functional and in use?			
191.	Does the lab have 01 Electrolyte Analyzer available, functional and in use?			
192.	Does the lab have 01 Blood Gas Analyzer (either in Department or in ICU) available, functional and in use?			
193.	Does the lab have 01 Fridge and 01 minus five degree Freezer for lab available, functional and in use?			

2.26 MICROBIOLOGY

(The equipment will be common for the College and the Hospital)

194.	Does the lab have at least 01 Incubator (37 degrees) available, functional and in use?			
195.	Does the lab have at least 01 Basic Staining Facilities available, functional and in use?			
196.	Does the lab have at least 01 Refrigerator available, functional and in use?			
197.	Does the lab have 02 Microscopes available, functional and in use?			

198.	Does the Lab have BSL 2 certification? (Quality Standard)			
199.	Does the Lab have BSL 3 certification? (Quality Standard)			
2.27 DOCUMENTATION REVIEW				
200.	Is the preventive maintenance / calibration plan being carried out periodically?			
201.	Is the record of preventive maintenance / calibration being maintained?			
202.	Is the record of down-time being maintained?			
203.	Is the record of repair maintenance being maintained?			
204.	Are there any master calibrators available? (Quality Standard)			
205.	Are the master calibrators calibrated? (Quality Standard)			
206.	Are the training certificates of persons dedicated for calibration of medical devices available? (Quality Standard)			
207.	Is the record of service / maintenance reports of rental / contractual equipment maintained?			
208.	Is dedicated / separate workshop for repairing / maintenance of Biomedical equipment available?			
209.	Is there sufficient Biomedical staff for repair / maintenance with reference to the number of beds / equipment available?			
210.	Is proper training of end user carried out at the time of installation? (<i>Attendance list of trainings</i>)			

3. CLINICAL TOUR

Inspector: Clinician

3.1 Purpose

The focus of this tour is to evaluate the adequacy and safety of Hospital facilities for clinical training. The focus shall be on the physical verification of the documentation(s) / medical record(s).

3.2 Location

All facility areas.

3.3 Tour Participants

- One representative from administration
- One representative from each clinical Department

3.4 Surveyor

Clinical Sciences Expert

3.5 Standards / Issues Addressed

Standard 11: All facilities (Teaching Hospital)

3.6 Documents / Materials Needed

- Clinical Rotations Plan & Schedule
- Student Logs
- Case mix per Department
- Facility Map
- Infection Control and Prevention Program

3.7 Procedure

The Surveyor will visit the Hospital to ensure that the infrastructure is sufficient and adequately equipped to meet the needs of the students, faculty and other staff. Visit will cover In-patient Department, Out-patient Department, Operation Room and critical areas

including other operational areas / Units. These visits will include on site interviews with the relevant Department / Unit heads regarding the routine functioning of their operations, any challenges faced, and appropriate utilization of operations and infrastructure to ensure patients are being treated for a maximized learning experience for students.

3.8 How to Prepare

The Hospital should identify the participants in this session and develop / implement various plans as mentioned above. The Hospital should identify the progress against those plans in the relevant committees and maintain updated records showcasing their progress.

SR. NO.	SURVEYOR QUESTIONS	Compliance		
		Yes	No	Not Applicable
3.9 MEDICINE				
1.	Does the Hospital have a fully functional Department?			
2.	Does the Hospital have minimum 60 beds allocated for the Department?			
3.	Does the Department have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
4.	Is there a timetable for students for clinical rotation / clerkship in the Department?			
5.	Is the learning supervised to ensure patient and student safety?			
6.	Are the students comfortable with the learning experience provided in the Department?			
7.	Are the student study guides / logbooks available and implemented?			
8.	Are the students trained on the skills identified for their respective year of medical education as identified in the study guides / logbook?			
9.	Do the student logs support the provision of training?			

10.	Are there any physicians / staff with valid ACLS or equivalent national certification?			
11.	Does the Department define and measure patient length of stay?			
12.	Are there relevant quality indicators identified and monitored by the Department?			
13.	Is there a designated procedure room?			
14.	Are there appropriate resuscitation services available?			
15.	Does the Hospital ensure privacy and confidentiality of the patient?			
16.	Is there evidence of quality assurance mechanism in place?			
17.	Does the Department provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
18.	Does the Department provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			
3.10 NEPHROLOGY				
19.	Does the Hospital have a fully functional Nephrology ward?			
20.	Does the Hospital have minimum 15 beds allocated for the ward?			
21.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
22.	Is there a timetable for students for clinical rotation / clerkship in the Unit?			
23.	Is the learning supervised to ensure patient and student safety?			
24.	Are the students comfortable with the learning experience provided in the Unit?			

25.	Are the student study guides / logbooks available and implemented?			
26.	Are there any physicians / staff with valid ACLS or equivalent national certification?			
27.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
28.	Do the student logs support the provision of training?			
29.	Does the Unit define and measure patient length of stay?			
30.	Are relevant quality indicators identified and monitored by the Department?			
31.	Is there a designated procedure room?			
32.	Are appropriate resuscitation services available?			
33.	Does the Hospital ensure privacy and confidentiality of the patient?			
34.	Is there evidence of quality assurance mechanism in place?			
35.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
36.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			
3.11 PULMONOLOGY				
37.	Does the Hospital have a fully functional Pulmonology ward?			
38.	Does the Hospital have minimum 15 designated beds for the ward?			
39.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
40.	Is there a timetable for students for clinical rotation / clerkship in Unit?			

41.	Is the learning supervised to ensure patient and student safety?			
42.	Are the students comfortable with the learning experience provided in the Unit?			
43.	Are the student study guides / logbooks available and implemented?			
44.	Are there any physicians / staff with valid ACLS or equivalent national certification?			
45.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
46.	Do the student logs support the provision of training?			
47.	Does the Unit define and measure patient length of stay?			
48.	Are relevant quality indicators identified and monitored by the Department?			
49.	Is there a designated procedure room?			
50.	Are appropriate resuscitation services available?			
51.	Does the Hospital ensure privacy and confidentiality of the patient?			
52.	Is there evidence of quality assurance mechanism in place?			
53.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
54.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			
3.12 GASTROENTEROLOGY				
55.	Does the Hospital have a fully functional gastroenterology ward?			
56.	Does the Hospital have minimum 15 designated beds for the ward?			

57.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
58.	Is there a timetable for students for clinical rotation / clerkship in Unit?			
59.	Is the learning supervised to ensure patient and student safety?			
60.	Are the students comfortable with the learning experience provided in the Unit?			
61.	Are the student study guides / logbooks available and implemented?			
62.	Are there any physicians / staff with valid ACLS or equivalent national certification?			
63.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
64.	Do the student logs support the provision of training?			
65.	Does the Unit define and measure patient length of stay?			
66.	Are relevant quality indicators identified and monitored by the Department?			
67.	Is there a designated procedure room?			
68.	Are appropriate resuscitation services available?			
69.	Does the Hospital ensure privacy and confidentiality of the patient?			
70.	Is there evidence of quality assurance mechanism in place?			
71.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
72.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			

3.13 CARDIOLOGY		Compliance		
		Yes	No	Not Applicable
73.	Does the Hospital have a fully functional cardiology ward?			
74.	Does the Hospital have minimum 10 beds allocated for the ward?			
75.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
76.	Is there a timetable for students for clinical rotation / clerkship in Unit?			
77.	Is the learning supervised to ensure patient and student safety?			
78.	Are the students comfortable with the learning experience provided in the Unit?			
79.	Are the student study guides / logbooks available and implemented?			
80.	Are there any physicians / staff with valid ACLS or equivalent national certification?			
81.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
82.	Do the student logs support the provision of training?			
83.	Does the Unit define and measure patient length of stay?			
84.	Are relevant quality indicators identified and monitored by the Unit?			
85.	Is there a designated procedure room?			
86.	Are appropriate resuscitation services available?			
87.	Does the Hospital ensure privacy and confidentiality of the patient?			
88.	Is there evidence of quality assurance mechanism in place?			
89.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment?			

(Quality Standard)

90. Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?

(Quality Standard)

3.14 DERMATOLOGY

91. Does the Hospital have a fully functional Dermatology ward?

92. Does the Hospital have minimum 05 beds allocated for the ward?

93. Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?

94. Is there a timetable for students for clinical rotation / clerkship in Unit?

95. Is the learning supervised to ensure patient and student safety?

96. Are the students comfortable with the learning experience provided in the Unit?

97. Are the student study guides / logbooks available and implemented?

98. Are there any physicians / staff with valid ACLS or equivalent national certification?

99. Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?

100. Do the student logs support the provision of training?

101. Does the Unit define and measure patient length of stay?

102. Are relevant quality indicators identified and monitored by the Department?

103. Is there a designated procedure room?

104. Are appropriate resuscitation services available?

105. Does the Hospital ensure privacy and confidentiality of the patient?

106. Is there evidence of quality assurance mechanism in place?

107.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
108.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			
3.15 PSYCHIATRY AND BEHAVIORAL SCIENCE				
109.	Does the Hospital have a fully functional Psychiatry ward?			
110.	Does the Hospital have minimum 10 beds allocated for the ward?			
111.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
112.	Is there a timetable for students for clinical rotation / clerkship in Unit?			
113.	Is the learning supervised to ensure patient and student safety?			
114.	Are the students comfortable with the learning experience provided in the Unit?			
115.	Are the student study guides / logbooks available and implemented?			
116.	Are there any physicians / staff with valid ACLS or equivalent national certification?			
117.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
118.	Do the student logs support the provision of training?			
119.	Does the Unit define and measure patient length of stay?			
120.	Are relevant quality indicators identified and monitored by the Department?			
121.	Is there a designated procedure room?			
122.	Are appropriate resuscitation services available?			
123.	Does the Hospital ensure privacy and confidentiality of the patient?			

124.	Is there evidence of quality assurance mechanism in place?			
125.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
126.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			
3.16 FAMILY MEDICINE (Quality Standard)				
127.	Does the Hospital have a fully functional Family Medicine Unit? (Quality Standard)			
128.	Does the Hospital have minimum two outpatient clinics for Family Medicine? (Quality Standard)			
129.	Is the Unit covered by sufficient trained physicians, 24/7, as evident by duty roster of the Unit? <i>(As per PM&DC faculty requirement)</i> (Quality Standard)			
130.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description? (Quality Standard)			
131.	Is there a timetable for students for clinical rotation / clerkship in Unit? (Quality Standard)			
132.	Is the learning supervised to ensure patient and student safety? (Quality Standard)			
133.	Are the students comfortable with the learning experience provided in the Unit? (Quality Standard)			
134.	Are the student study guides / logbooks available and implemented? (Quality Standard)			
135.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks? (Quality Standard)			

136.	Do the student logs support the provision of training? (Quality Standard)			
137.	Is the student to facilitator / teacher ratio appropriate? (Quality Standard)			
138.	Are relevant quality indicators identified and monitored by the Department? (Quality Standard)			
139.	Are there any physician / staff with valid basic life support certification? (Quality Standard)			
140.	Is there a designated procedure room for the Unit? (Quality Standard)			
141.	Are appropriate resuscitation services available? (Quality Standard)			
142.	Does the Hospital ensure privacy and confidentiality of the patient? (Quality Standard)			
143.	Is there evidence of quality assurance mechanism in place? (Quality Standard)			
<p>3.17 GERIATRICS / RHEUMATOLOGY / ENDOCRINOLOGY / PAEDIATRIC CARDIOLOGY / INFECTIOUS DISEASES</p> <p><i>(Any two for 100 MBBS students)</i></p>				
144.	Does the Hospital have a fully functional ward of the specialty available with a minimum of 10 beds?			
145.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
146.	Is there a timetable for students for clinical rotation / clerkship in Unit?			
147.	Is the learning supervised to ensure patient and student safety?			
148.	Are the students comfortable with the learning experience provided in the Unit?			
149.	Are the student study guides / logbooks available and implemented?			

150.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
151.	Do the student logs support the provision of training?			
152.	Are relevant quality indicators identified and monitored by the Department?			
153.	Are there any physician / staff with valid basic life support certification?			
154.	Is there a designated procedure room for the Unit?			
155.	Are appropriate resuscitation services available?			
156.	Does the Hospital ensure privacy and confidentiality of the patient?			
157.	Is there evidence of quality assurance mechanism in place?			
158.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
159.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			
3.18 PAEDIATRICS AND NEONATOLOGY				
160.	Does the Hospital have a fully functional ward?			
161.	Does the Hospital have minimum 60 beds allocated for the ward?			
162.	Is the ward covered by sufficient trained physicians, 24/7, as evident by duty roster of the Department? <i>(As per PM&DC faculty requirement)</i>			
163.	Does the Department have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			

164.	Is there a timetable for students for clinical rotation / clerkship in Unit?			
165.	Is the learning supervised to ensure patient and student safety?			
166.	Are the students comfortable with the learning experience provided in the Unit?			
167.	Are the student study guides / logbooks available and implemented?			
168.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
169.	Do the student logs support the provision of training?			
170.	Does the Department defines and measures patient length of stay?			
171.	Are relevant quality indicators identified and monitored by the Department?			
172.	Are there any physician / staff with valid PALS / NRP or equivalent national certification?			
173.	Is there a designated procedure room?			
174.	Are appropriate resuscitation services available?			
175.	Does the Hospital ensure privacy and confidentiality of the patient?			
176.	Is there evidence of quality assurance mechanism in place?			
177.	Does the Department provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
178.	Does the Department provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			
3.19 SURGERY DEPARTMENT				
179.	Does the Hospital have a fully functional Surgery Department?			

180.	Does the Hospital have minimum 60 beds allocated for Surgery Department excluding recovery room beds?			
181.	Does the Department have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
182.	Is there a timetable for students for clinical rotation / clerkship in Department?			
183.	Is the learning supervised to ensure patient and student safety?			
184.	Are the students comfortable with the learning experience provided in the Department?			
185.	Are the students study guides available and implemented?			
186.	Are the students trained on the skills identified for their respective year of medical education as identified in the study guides?			
187.	Are there any physicians / staff with valid ATLS or equivalent national certification?			
188.	Do the student logs support the provision of training?			
189.	Does the Department define and measure patient length of stay?			
190.	Are relevant quality indicators identified and monitored by the Department?			
191.	Is there a designated procedure room?			
192.	Are appropriate resuscitation services available?			
193.	Does the Hospital ensure privacy and confidentiality of the patient?			
194.	Is there evidence of quality assurance mechanism in place?			
195.	Does the Department provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
196.	Does the Department provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies?			

(Quality Standard)

3.20 THORACIC SURGERY / UROLOGY / PAEDIATRIC SURGERY / PLASTIC SURGERY / VASCULAR SURGERY / CARDIAC SURGERY / MAXILOFACIAL SURGERY

(Choose any two for 100 MBBS students)

197. Does the Hospital have fully functional wards of specialty available?

198. Does the Hospital have minimum 10 beds allocated for the ward?

199. Is the Unit covered by sufficient trained physicians, 24/7, as evident by duty roster of the Unit?
(As per PM&DC faculty requirement)

200. Is the Unit covered by sufficient trained nurses and other staff 24/7, as evident by duty roster of the Unit?
(As per WHO / PNC standards 1:10 beds for nurses)

201. Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?

202. Is there a timetable for students for clinical rotation / clerkship in Unit?

203. Is the learning supervised to ensure patient and student safety?

204. Are the students comfortable with the learning experience provided in the Unit?

205. Are the student study guides / logbooks available and implemented?

206. Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?

207. Do the student logs support the provision of training?

208. Does the Department define and measure patient length of stay?

209. Are relevant quality indicators identified and monitored by the Unit?

210.	Are there any physician / staff with valid ACLS or equivalent national certification?			
211.	Is there a designated procedure room?			
212.	Are appropriate resuscitation services available?			
213.	Does the Hospital ensure privacy and confidentiality of the patient?			
214.	Is there evidence of quality assurance mechanism in place?			
215.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
216.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			
3.21 OBSTETRICS AND GYNAECOLOGY				
217.	Does the Hospital have a fully functional Obstetrics & Gynaecology Department?			
218.	Does the Hospital have minimum 60 beds allocated for the Department (including Labour Room beds)?			
219.	Does the Department have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
220.	Is there a timetable for students for clinical rotation / clerkship in Department?			
221.	Is the learning supervised to ensure patient and student safety?			
222.	Are the students comfortable with the learning experience provided in the Department?			
223.	Are the student study guides available and implemented?			
224.	Are the students trained on the skills identified for their respective year of medical education as identified in the study guides?			

225.	Do the student logs support the provision of training?			
226.	Does the Department define and measure patient length of stay?			
227.	Are there relevant quality indicators identified and monitored by the Department?			
228.	Are there any physician / staff with valid NRP certification? (Quality Standard)			
229.	Is there a designated procedure room?			
230.	Are there appropriate resuscitation services available?			
231.	Does the Hospital ensure privacy and confidentiality of the patient?			
232.	Is there evidence of quality assurance mechanism in place?			
233.	Does the Department provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
234.	Does the Department provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			
3.22 ORTHOPAEDICS				
235.	Does the Hospital have a fully functional Orthopaedics ward?			
236.	Does the Hospital have minimum 20 beds allocated for the ward?			
237.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
238.	Is there a timetable for students for clinical rotation / clerkship in Unit?			

239.	Is the learning supervised to ensure patient and student safety?			
240.	Are the students comfortable with the learning experience provided in the Unit?			
241.	Are the student study guides / logbooks available and implemented?			
242.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides?			
243.	Do the student logs support the provision of training?			
244.	Does the Unit define and measure patient length of stay?			
245.	Are relevant quality indicators identified and monitored by the Unit?			
246.	Are there any physician / staff with valid ATLS or equivalent national certification?			
247.	Is there a designated procedure room?			
248.	Are appropriate resuscitation services available?			
249.	Does the Hospital ensure privacy and confidentiality of the patient?			
250.	Is there evidence of quality assurance mechanism in place?			
251.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
252.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of innovative teaching methodologies? (Quality Standard)			
3.23 OTORHINOLARYNGOLOGY / ENT				
253.	Does the Hospital have a fully functional ENT Ward?			
254.	Does the Hospital have minimum 10 beds for ENT allocated for the Unit?			

255.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
256.	Is there a timetable for students for clinical rotation / clerkship in Unit?			
257.	Is the learning supervised to ensure patient and student safety?			
258.	Are the students comfortable with the learning experience provided in the Unit?			
259.	Are the student study guides / logbooks available and implemented?			
260.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
261.	Does the Department have daycare surgery facility?			
262.	Do the student logs support the provision of training?			
263.	Does the Unit define and measure patient length of stay?			
264.	Are relevant quality indicators identified and monitored by the Unit?			
265.	Are there any physician / staff with valid advanced life support certification?			
266.	Is there a designated procedure room for the Unit?			
267.	Are appropriate resuscitation services available?			
268.	Does the Hospital ensure privacy and confidentiality of the patient?			
269.	Is there evidence of quality assurance mechanism in place?			
270.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
271.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			

3.24 OPHTHALMOLOGY

272.	Does the Hospital have a fully functional Ophthalmology Unit?			
273.	Does the Hospital have minimum 10 beds for Ophthalmology allocated for the Unit?			
274.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
275.	Is there a timetable for students for clinical rotation / clerkship in Unit?			
276.	Is the learning supervised to ensure patient and student safety?			
277.	Are the students comfortable with the learning experience provided in the Unit?			
278.	Are the student study guides / logbooks available and implemented?			
279.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides/ logbooks?			
280.	Does the Department have daycare surgery facility?			
281.	Do the student logs support the provision of training?			
282.	Does the Department define and measure patient length of stay?			
283.	Are relevant quality indicators identified and monitored by the Department?			
284.	Are there any physician / staff with valid advanced life support certification?			
285.	Is there a designated procedure room for the Unit?			
286.	Are appropriate resuscitation services available?			
287.	Does the Hospital ensure privacy and confidentiality of the patient?			
288.	Is there evidence of quality assurance mechanism in place?			
289.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			

290.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			
3.25 ACCIDENT & EMERGENCY (Emergency Medicine Department shall be a Quality Standard)				
291.	Does the Hospital have an operational emergency Department working 24 hours a day, 7 days a week?			
292.	Does the Hospital have minimum 10 functional beds allocated for emergency care?			
293.	Is the Emergency Department easily accessible to patients?			
294.	Does the Hospital define a patient prioritization process? (Triage)			
295.	Is the ward covered by sufficient trained emergency medicine specialist, 24/7, as evident by duty roster of the Unit? <i>(As per PM&DC faculty requirement)</i>			
296.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
297.	Is there a timetable for students for clinical rotation / clerkship in Emergency Department?			
298.	Does the Hospital have an orientation program for students?			
299.	Is the learning supervised to ensure patient and student safety?			
300.	Are the students comfortable with the learning experience provided in the Emergency Department?			
301.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
302.	Do the student logs support the provision of training?			
303.	Does the Emergency Department define and measure upper limit of patient stay in the emergency Department?			

304.	Are relevant quality indicators identified and monitored by the Department?			
305.	Are there any physician / staff with valid ACLS or equivalent national certification?			
306.	Are there any physician / staff with valid PALS or equivalent national certification?			
307.	Are there any physician / staff with valid ATLS or equivalent national certification?			
308.	Is there a designated procedure room for the Emergency Department?			
309.	Are there appropriate resuscitation services available in the Emergency Department?			
310.	Is there evidence of quality assurance mechanism in place?			
311.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
312.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of innovative / active teaching methodologies? (Quality Standard)			
3.26 MEDICAL ICU (MICU)				
313.	Does the Hospital have a fully functional Medical ICU?			
314.	Does the Hospital have minimum 10 monitored ICU beds with oxygen and suction facility?			
315.	Does the ICU have a crash cart functional and in use?			
316.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
317.	Is there a timetable for students for clinical rotation / clerkship in Unit?			
318.	Is the learning supervised to ensure patient and student safety?			
319.	Are the students comfortable with the learning experience provided in the Unit?			

320.	Are there any physicians / staff with valid ACLS or equivalent national certification?			
321.	Are the student study guides / logbooks available and implemented?			
322.	Are the students trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
323.	Do the student logs support the provision of training?			
324.	Does the Department define and measure patient length of stay?			
325.	Are relevant quality indicators identified and monitored by the Department?			
326.	Is there a designated procedure room?			
327.	Are appropriate resuscitation services available?			
328.	Does the Hospital ensure privacy and confidentiality of the patient?			
329.	Is there evidence of quality assurance mechanism in place?			
330.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
331.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			
3.27 SURGICAL ICU				
332.	Does the Hospital have a fully functional Surgical ICU?			
333.	Does the ICU have a crash cart functional and in use?			

334.	Does the Hospital have minimum 10 monitored ICU beds with oxygen and suction facility?			
335.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
336.	Is there a timetable for students for clinical rotation / clerkship in Unit?			
337.	Is the learning supervised to ensure patient and student safety?			
338.	Are the students comfortable with the learning experience provided in the Unit?			
339.	Are the student study guides/ logbooks available and implemented?			
340.	Are the students trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
341.	Do the student logs support the provision of training?			
342.	Does the Department define and measures patient length of stay?			
343.	Are relevant quality indicators identified and monitored by the Department?			
344.	Are there any physician / staff with valid ATLS or equivalent national certification?			
345.	Is there a designated procedure room?			
346.	Are appropriate resuscitation services available?			
347.	Does the Hospital ensure privacy and confidentiality of the patient?			
348.	Is there evidence of quality assurance mechanism in place?			
349.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			

350.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			
3.28 PAEDIATRIC ICU (PICU)				
351.	Does the Hospital have minimum 04 monitored ICU beds with oxygen and suction facility?			
352.	Does the ICU have a crash cart functional and in use?			
353.	Is the ward covered by sufficient trained physicians, nurses and other staff 24/7, as evident by duty roster of the Unit? <i>(As per PM&DC faculty requirement)</i>			
354.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
355.	Is there a timetable for students for clinical rotation / clerkship in Unit?			
356.	Is the learning supervised to ensure patient and student safety?			
357.	Are there any physicians / staff with valid PALS / NRP or equivalent national certification?			
358.	Are the students comfortable with the learning experience provided in the Unit?			
359.	Are the student study guides / logbooks available and implemented?			
360.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
361.	Do the student logs support the provision of training?			
362.	Does the Department define and measure patient length of stay?			

363.	Are relevant quality indicators identified and monitored by the Department?			
364.	Is there a designated procedure room?			
365.	Are appropriate resuscitation services available?			
366.	Does the Hospital ensure privacy and confidentiality of the patient?			
367.	Is there evidence of quality assurance mechanism in place?			
368.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
369.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			
3.29 NEONATAL ICU (NICU)				
370.	Does the Hospital have minimum 04 monitored ICU beds with oxygen and suction facility?			
371.	Does the ICU have a crash cart functional and in use?			
372.	Is the ward covered by sufficient trained physicians, nurses and other staff 24/7, as evident by duty roster of the Unit? <i>(As per PM&DC faculty requirement)</i>			
373.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
374.	Is there a timetable for students for clinical rotation / clerkship in Unit?			
375.	Is the learning supervised to ensure patient and student safety?			
376.	Are there any physicians / staff with valid PALS / NRP or equivalent national certification?			
377.	Are the students comfortable with the learning experience provided in the Unit?			

378.	Are the student study guides / logbooks available and implemented?			
379.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
380.	Do the student logs support the provision of training?			
381.	Does the Department define and measure patient length of stay?			
382.	Are relevant quality indicators identified and monitored by the Department?			
383.	Is there a designated procedure room?			
384.	Are appropriate resuscitation services available?			
385.	Does the Hospital ensure privacy and confidentiality of the patient?			
386.	Is there evidence of quality assurance mechanism in place?			
387.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
388.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			
3.30 CORONARY CARE UNIT (CCU)				
389.	Does the Hospital have minimum 08 monitored CCU beds with oxygen and suction facility?			
390.	Does the ICU have a crash cart functional and in use?			
391.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			
392.	Is there a timetable for students for clinical rotation / clerkship in Unit?			
393.	Are there any physicians / staff with valid ACLS or equivalent national certification?			

394.	Is the learning supervised to ensure patient and student safety?			
395.	Are the students comfortable with the learning experience provided in the Unit?			
396.	Are the student study guides / logbooks available and implemented?			
397.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
398.	Do the student logs support the provision of training?			
399.	Does the Department define and measure patient length of stay?			
400.	Are relevant quality indicators identified and monitored by the Department?			
401.	Is there a designated procedure room?			
402.	Are appropriate resuscitation services available?			
403.	Does the Hospital ensure privacy and confidentiality of the patient?			
404.	Is there evidence of quality assurance mechanism in place?			
405.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
406.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			
3.31 OPERATING SUITE (INCLUDING RECOVERY ROOM)				
407.	Does the Hospital have fully functional 05 operating rooms?			
408.	Does the Hospital have 05 functional recovery room beds?			
409.	Does the Unit have a clearly defined hierarchical structure, designated SOPs and clearly defined job description?			

410.	Are there any physicians / staff with valid ATLS or equivalent national certification?			
411.	Is there a timetable for students for clinical rotation / clerkship in Unit?			
412.	Is the learning supervised to ensure patient and student safety?			
413.	Are the students comfortable with the learning experience provided in the Unit?			
414.	Are the student study guides / logbooks available and implemented?			
415.	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides / logbooks?			
416.	Do the student logs support the provision of training?			
417.	Does the Department define and measure patient length of stay?			
418.	Are relevant quality indicators identified and monitored by the Department?			
419.	Are appropriate resuscitation services available?			
420.	Does the Hospital ensure privacy and confidentiality of the patient?			
421.	Is there evidence of quality assurance mechanism in place?			
422.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of equipment? (Quality Standard)			
423.	Does the Unit provide learning opportunities that are over and above the PM&DC requirements and are commendable in terms of Innovative teaching methodologies? (Quality Standard)			

4. HOSPITAL FACILITIES AND SAFETY TOUR

Inspector: Hospital Management Expert

4.1 Purpose

The focus of this tour is to evaluate adequacy and safety of Hospital facilities necessary to maintain the essentials of quality and patient safety.

4.2 Location

All facility areas

4.3 Tour Participants

- One representative from Administration
- One representative from Safety Department
- One representative from Biomedical Department / Equipment Technician

4.4 Surveyor

Hospital Management & Safety Expert

4.5 Standards / Issues Addressed

Standard 11: Governance, Services and Resources (11.4)

4.6 Documents / Materials Needed

- HIMS / EMR software for patient data which is accessible to the PM&DC for spot checks on bed occupancy, case-load, procedures, morbidity and mortality.
- HIMS / EMR record of day case procedures accessible to PM&DC for spot checks / verification.
- HIMS generated data of Hospital bed distribution per clinical specialty.
- Hospital bed occupancy data per clinical specialty for last 12 months (month-wise)
- Average Length of Stay (ALOS) per clinical specialty for last 12 months (Month-wise)
- List of procedures (Major and Minor) performed in IPD per clinical specialty for last 12 months (month-wise).

- A minor procedure may be defined as any procedure performed under local anesthesia or no anesthesia. Any procedure performed either under spinal, general, conscious sedation, etc. or with more complexity than a minor procedure shall be counted in the major category.
- List of procedures (Major and Minor) performed in OPD and IPD per clinical specialty for last 12 months (month-wise).
- List of top diagnosis and their frequencies (20 per major clinical specialty and 10 per sub-specialties)
- Lab volume (major services data, month-wise)
- Summary of financial statement(s) of minimum of 35% beds allocated for non-profit
- Summary of financial statement(s) of 65% of the beds
- Facility Map
- Fire and Safety Plan
- Utility Plan
- Waste Management Plan
- Emergency Preparedness and Evacuation Plan
- Hazardous Material Program
- Infection Control and Prevention Program
- Third Party Audit Report(s)

4.7 Procedure

The surveyor will visit the Hospital to ensure that the infrastructure is sufficient and adequately equipped to meet the needs of the students, faculty and other staff. Visit will cover IPD, OP, OR and critical areas including other operational areas / Units. These visits will include on-site interviews with the relevant Departmental / Unit heads regarding the routine functioning of their operations, any challenges faced, fire safety plans, utility plans, emergency preparedness plans, biomedical equipment plans, infection control plans and others to validate their execution through evidence as and when required.

4.8 How to Prepare

The Hospital should identify the participants in this session, develop and implement various plans as mentioned above. The Hospital should identify the progress against those plans in the relevant committees and maintain updated records showcasing their progress.

SR. NO.	SURVEYOR QUESTIONS	Compliance		
		Yes	No	Not Applicable
4.9 INITIAL INSPECTION				
1.	Does the Hospital have its accounts audited by a third-party?			
2.	Is there at least 70% biometric / facial attendance of all faculty of the Hospital?			
3.	Does the Hospital have Internal Medicine specialty with a minimum of 60 inpatient beds?			
4.	Does the Hospital have Medical ICU with a minimum of 10 inpatient beds?			
5.	Does the Hospital have Surgical ICU with a minimum of 10 inpatient beds?			
6.	Does the Hospital have Pediatrics specialty with a minimum of 60 inpatient beds?			
7.	Does the Hospital have Psychiatry specialty with a minimum of 10 inpatient beds?			
8.	Does the Hospital have Dermatology specialty with a minimum of 10 inpatient beds?			
9.	Does the Hospital have Cardiology specialty with a minimum of 10 inpatient beds?			
10.	Does the Hospital have a minimum of 8 CCU beds?			
11.	Does the Hospital have Pulmonology specialty with a minimum of 15 inpatient beds?			

12.	Does the Hospital have Nephrology specialty with a minimum of 15 inpatient beds?			
13.	Does the Hospital have a minimum of 03 Dialysis Chairs?			
14.	Does the Hospital have one portable Dialysis Machine / portable RO Plant? (Quality Standard)			
15.	Does the Hospital have Gastroenterology ward with a minimum of 15 inpatient beds?			
16.	Does the Hospital have at least 02 of the following specialties with a minimum of 10 inpatient beds each? Rheumatology Endocrinology Infectious Diseases Geriatrics Paediatric Cardiology <i>(02 specialties will be marked as mandatory, however, additional specialties from the above list will be marked as Quality Standard.)</i>			
17.	Does the Hospital have General Surgery Department with a minimum of 60 beds, excluding post-operative recovery beds?			
18.	Does the Hospital have Obstetrics and Gynaecology Department with a minimum of 60 beds (including labour room)?			
19.	Does the Hospital have Ophthalmology Unit with a minimum of 10 beds?			
20.	Does the Hospital have ENT Unit with a minimum of 10 beds?			
21.	Does the Hospital have Orthopaedics Unit with a minimum of 20 beds?			
22.	Does the Hospital have Neurosurgery Unit with a minimum of 15 beds?			
23.	Does the Hospital have at least 02 of the following specialties with a minimum of 10 beds each?			

	<p>Cardiac surgery Paediatric Surgery Thoracic Surgery Plastic surgery Maxillofacial Surgery Vascular Surgery</p> <p><i>(02 specialties to be marked as mandatory, however, additional specialties from the above list will be marked as Quality Standard.)</i></p>			
24.	Does the Hospital have Accident and Emergency (A&E) Department with a minimum of 10 beds?			
25.	Is there evidence that the patients admitted on 35% of beds (not for profit) are not charged for accommodation and consultation?			
26.	Is there evidence that the patients admitted on 35% of beds are charged for medications, diagnostic services (lab, radiology) and therapeutic services (procedures) etc. are at cost price (not for profit)?			
27.	Does the Hospital have at least 05% of all inpatient beds (not including Medical ICU and Surgical ICU) having Cardiac Monitor with slandered pulse, BP, ECG and oxygen saturation?			
28.	Does the Hospital have separate toilets for females?			
29.	Out-patient load Does the Hospital have minimum OPD of more than 1500 patients per month averaged for the past 12 months in General Medicine?			
30.	Out-patient load Does the Hospital have minimum OPD of more than 150 patients per month averaged for the past 12 months in Psychiatry?			
31.	Out-patient load Does the Hospital have minimum OPD of more than 150 patients per month averaged for the past 12 months in Dermatology?			

32.	Out-patient load Does the Hospital have minimum OPD of more than 150 patients per month averaged for the past 12 months in Cardiology?			
33.	Out-patient load Does the Hospital have minimum OPD of more than 75 patients per month averaged for the past 12 months in Nephrology?			
34.	Out-patient load Does the Hospital have minimum OPD of more than 75 patients per month averaged for the past 12 months in Pulmonology?			
35.	Out-patient load Does the Hospital have minimum OPD of more than 150 patients per month averaged for the past 12 months in Gastroenterology?			
36.	Out-patient load Does the Hospital have minimum of more than 150 patients per month seen averaged for the past 12 months in Accident and Emergency?			
37.	Does the Hospital minimum OPD of more than 150 patients per month averaged for the past 12 months in one of the opted allied medical specialties?			
38.	Out-patient load Does the Hospital have minimum OPD of more than 1700 patients per month averaged for the past 12 months in Pediatrics?			
39.	Out-patient load Does the Hospital have minimum OPD of more than 1500 patients per month averaged for the past 12 months in General Surgery?			
40.	Out-patient load Does the Hospital have minimum OPD of more than 250 patients per month averaged for the past 12 months in ENT?			
41.	Out-patient load Does the Hospital have minimum OPD of more than 250 patients per month averaged for the past 12 months in Ophthalmology?			

42.	<p>Out-patient load</p> <p>Does the Hospital have minimum OPD of more than 1800 patients per month averaged for the past 12 months in Obstetrics and Gynaecology?</p>			
43.	<p>Out-patient load</p> <p>Does the Hospital have minimum OPD of more than 250 patients per month averaged for the past 12 months in Orthopedics?</p>			
44.	<p>Out-patient load</p> <p>Does the Hospital have minimum OPD of more than 150 patients per month averaged for the past 12 months in one of the opted allied surgical specialties?</p>			
45.	<p>In-patient</p> <p>Is total bed occupancy of the Hospital at least 70% in the past 12 months? (Day case procedures shall be counted towards bed occupancy for that specific day).</p>			
46.	<p>In-patient</p> <p>In each of the specialty in the Hospital, has the bed occupancy been at least 70% in the past 12 months?</p>			
47.	<p>Major and minor procedures</p> <p>Does the Hospital have a minimum of 350 procedures performed in the past 12 months in General Medicine?</p>			
48.	<p>Major and minor procedures</p> <p>Does the Hospital have a minimum of 250 procedures performed in the past 12 months in Dermatology?</p>			
49.	<p>Major and minor procedures</p> <p>Does the Hospital have a minimum of 300 procedures performed in the past 12 months in Cardiology?</p>			
50.	<p>Major and minor procedures</p> <p>Does the Hospital have a minimum of 200 procedures performed in the past 12 months in Nephrology?</p>			

51.	Does the Hospital have a minimum of 200 procedures performed in the past 12 months in Pulmonology?			
52.	Major and minor procedures Does the Hospital have a minimum of 300 procedures performed in the past 12 months in Gastroenterology?			
53.	Major and minor procedures Does the Hospital have a minimum of 300 procedures performed in the past 12 months in Accident and Emergency?			
54.	Major and minor procedures Does the Hospital have minimum of 150 procedures performed in the past 12 months in each of the two opted Medical specialties?			
55.	Major and minor procedures Does the Hospital have a minimum of 3500 minor procedures in the past 12 months in General Surgery?			
56.	Major and minor procedures Does the Hospital have a minimum of 1000 major procedures in the past 12 months in General Surgery?			
57.	Major and minor procedures Does the Hospital have a minimum of 1500 minor procedures in the past 12 months in Anaesthesia?			
58.	Major and minor procedures Does the Hospital have a minimum of 2000 major procedures in the past 12 months in Anaesthesia?			
59.	Major and minor procedures Does the Hospital have minimum of 250 procedures in the past 12 months in ENT?			
60.	Major and minor procedures Does the Hospital have a minimum of 250 procedures in the past 12 months in Ophthalmology?			

61.	Major and minor procedures Does the Hospital have a minimum of 1000 minor procedures in the past 12 months in Obstetrics and Gynaecology?			
62.	Major and minor procedures Does the Hospital have a minimum of 2000 major procedures in the past 12 months in Obstetrics and Gynaecology?			
63.	Major and minor procedures Does the Hospital have a minimum of 250 procedures in the past 12 months in Orthopaedics?			
64.	Major and minor procedures Does the Hospital have a minimum of 100 minor procedures in the past 12 months in each of the two opted surgical specialties?			
65.	Major and minor procedures Does the Hospital minimum of 100 major procedures in the past 12 months in each of the two opted surgical specialties?			
66.	Lab volume Does the Hospital have more than an average of 300 Haematology tests performed every month in the past 12 months?			
67.	Lab volume Does the Hospital have more than an average of 30 Units of blood provided by Blood Bank per month, in the past 12 months?			
68.	Lab volume Does the Hospital have more than an average of 1000 Chemical Pathology tests performed every month, in the past 12 months?			
69.	Lab volume Does the Hospital have more than an average of 150 Microbiology tests performed every month, in the past twelve months?			

70.	Lab volume Does the Hospital have performed more than an average of 30 Biopsies per month, in the past twelve months?			
71.	Facilities Does the Hospital have a Pharmacy, both for indoor and outdoor patients?			
72.	Facilities Do all the Hospital pharmacies have trained and qualified Pharmacists, with minimum qualification of Pharm D?			
73.	Facilities Does the Hospital have Faculty Workstations (Tables & Chairs) for each of the faculty member?			
74.	Facilities Does the Hospital have Resuscitation facilities with all necessary equipment?			
75.	Facilities Does the Hospital have 15 separate OPD rooms for different specialties?			
76.	Facilities Does the Hospital have 05 designated areas / demonstration rooms in OPD / IPD for teaching / evaluation of medical students?			
77.	Facilities Does the Hospital have 05 fully equipped ORs?			
78.	Does the Hospital have a CSSD?			
4.10 FIRE SAFETY				
79.	Does the Hospital have a documented fire safety and evacuation plan?			
80.	Does the fire safety plan include training schedule for staff, faculty and students?			
81.	Does the Hospital have a fulltime safety officer to implement fire safety plan?			

82.	Does the fire safety plan mention oversight by a designated person?			
83.	Does the fire safety plan identify high-risk / fire-prone areas?			
84.	Does the fire safety plan address the risks identified in high-risk areas?			
85.	Does the Hospital have a designated and trained fire response team?			
86.	Does the Hospital conduct mock fire evacuation drill?			
87.	Does the Hospital have a designated assembly area?			
88.	Are students / faculty aware of the designated assembly area and alternative fire exits?			
89.	Are portable fire extinguishers available at suitable locations? (at least one in every ward)			
90.	Are staff and students aware of the location and handling of fire extinguishers?			
91.	Are evacuation maps displayed prominently at the Department / floor?			
92.	Are emergency exits unobstructed and clear at all times?			
93.	Are illuminated exit signs displayed at exit doors?			
4.11 SAFETY AND SECURITY				
94.	Does the institute have slip resistant strips on stairs?			
95.	Are grip bars available with stairs to avoid falls?			
96.	In case of elevators, are safety instructions (emergency alarm, maximum load, emergency number) displayed?			
97.	Are all electrical wires secured (connectors used to connect wires instead of tapes)?			

98.	Has the organization taken remedial steps to address fire risks for vulnerable areas? (Lab, Generator Room, Server Room, Store, Record Room)			
99.	Are access restrictions in place for identified vulnerable areas (Labs, Mortuary, Management Offices, Warehouse, and Data Rooms)?			
100.	Are security guards available at entrance and aware of their duties?			
101.	Are Hospital's entrances secured and walls protected from outside intruders?			
102.	Are bar grips available in washrooms for disable / old age persons?			
103.	Are ramps available or other measures taken to ensure ease of transportation for disabled persons?			
104.	Is the staff in Radiology Department using Dosimeters?			
105.	Is the staff in Radiology Department using TLD?			
106.	Is there a log of radiation exposure being maintained for all staff?			
4.12 EMERGENCY PLAN				
107.	Are dedicated internal telephone numbers for fire, security and other emergencies identified and displayed?			
108.	Are mock emergency drills conducted?			
4.13 WASTE MANAGEMENT				
109.	Does the Hospital have a documented waste management program?			
110.	Is infectious waste being segregated appropriately through color coded bags? (e.g. red, yellow, blue)			
111.	Is temporary waste storage facility available?			

112.	Is infectious waste being properly incinerated/disposed of within 24 hours of generation?			
113.	Is inventory of hazardous material (chemical) maintained throughout the facility?			
114.	Are all chemicals labeled based on a hazardous tag? e.g. (toxic, corrosive, irritant, flammable)			
115.	Are all chemicals stored properly according to optimal temperature?			
116.	Is spill kit available to manage chemical / infectious / mercury spill?			
117.	Is all relevant staff aware of risks of chemicals?			
118.	Does all staff wear appropriate PPE during work? (e.g., gloves, masks, gowns, eye shield as applicable)			
119.	Is MSDS maintained for all chemicals?			
120.	Is the nuclear waste being handled safely using lead boxes?			
4.14 BIOMEDICAL GASES SAFETY				
121.	Are the biomedical gases being handled safely?			
122.	Are the persons responsible for handling gas control valves in the ORs and other critical areas adequately trained?			
123.	Is there a mechanism in place to ensure the supply of correct biomedical gas from the designated port?			
4.15 UTILITIES MANAGEMENT				
124.	Are alternate sources of energy available in case of power failure to cater to the Hospital's needs?			
125.	Is a facility map available?			
126.	Is drinking water being tested quarterly?			

4.16 INFECTION CONTROL

127.	Is there a documented infection control program in the institution?		
128.	Is there a mechanism to ensure safety of staff and faculty while handling biological and hazardous materials?		
129.	Is there a mandatory Vaccination Policy including Hepatitis B for all health care workers and students?		
130.	Are floors clean?		
131.	Are horizontal surfaces clean?		
132.	Are the premises free of infestation?		
133.	Is pest control done regularly and safely by a certified pest control company?		
134.	Is the linen clean?		
135.	Is there a needle stick injury policy?		
136.	Are sharp containers adequately available?		
137.	Are sharp containers not overfilled (over three fourths)?		
138.	Is patient / lab equipment clean?		
139.	Are hand hygiene posters and isolation precaution signs displayed at appropriate sites as needed for contact, droplet, and airborne precautions?		
140.	Is hand soap available in all hand washing stations/bathrooms?		
141.	Are alcohol rubs available at point of patient care with functioning dispensers?		
142.	Are eye wash stations or appropriate alternatives available in OR & Emergency Department?		
143.	Are disposable latex gloves available whenever needed for handling blood and body fluids or for contact precautions?		

144.	Are gowns adequately available when splashing is anticipated or for contact precautions?			
145.	Are hands washing facilities available for all staff?			
146.	Are patients with pulmonary TB placed in a separate single room?			
147.	Is ventilation maintained in a single room for TB patients?			
148.	Are patients with MDR organisms placed on contact precautions?			
149.	Are adequate supplies and PPE available in isolation areas?			
150.	Are patients bathrooms clean?			
151.	Are soap and paper towels available in each bathroom?			
152.	Are patient specimens handled correctly and transported safely?			

