

BASIC ASSESSMENT CRITERIA

(Photographic/ Video evidence is necessary for the below criteria by the assessment team)

NAME OF HOSPITAL		Date & Time of visit		
Sr.	POINTS	YES	NO	REMARKS
1.	Hospital found Closed/locked (If "Yes" clear Video evidence should be provided)			
2.	Registration with Health Care Commission as a hospital			
3.	Accessibility (Yes, if below points are "Yes")			
	a) Motorable road			
	b) Ramp or functional bed Elevator 24 hr's Service (<i>elevator having Generator Support</i>)			
4.	24/7 Emergency Services available (Yes, if below points are "Yes")			
	a) 24/7 Duty Roster available			
	b) Attendance Record			
	c) ER admission record available			
	d) On Duty Medical Officer available			
5.	Emergency Services at Ground Floor			
6.	Availability of in-house Pharmacy (if "Yes" these drugs shall be available at the stock e.g., adrenaline, atropine, calcium gluconate, magnesium sulfate, hydroxycortisone, pheneramine, Decadron, salbutamol, aminophylline, haemacel, diclofenac sodium)			
7.	Availability of in-house Laboratory (if "Yes" Baseline investigations shall be available e.g., CBC, RFTS, electrolytes, Urine R/E, FBS, RBS, ESR, HBS/HCV, BT & CT)			
8.	At least 3 Specialties available (Except Category D Districts)			
	Consultants Clinics available as evidence & Admission record			
	a) General Surgery & Allied Surgery (Eye, ENT, Ortho Urology. Etc.)			
	b) Gynecology (Yes, if below point are "Yes")			
	i) Functional labour room			
	ii) WMO Available			
	iii) Gynecologist available (On call)			
	c) Medicine & Allied			
	Availability of Operation Theatre (OT)			
	a) OT Staff Duty Roaster available			
	b) Anesthesia machine available			
	c) Is OT Functional (Mark "yes" if OT record is provided)			

Note: Hospital Must provide documentary evidence for all above qualifying points

(I have read this assessment form and agree with report)

Hospital Stamp & Signature _____

Assessment done by: _____

Signature _____

Name & Contact _____