

**DH/SDH: Document Verification Checklist
(To be submitted along with the application)**



Name of the facility as per State's Record

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| Name of the Documents | Status of submission |
|--|----------------------|
| 1. No. & Names of the Department to be assessed | |
| 2. Latest State Assessment Report and scores. | Yes/No |
| 3. Minutes of last Quality Team meeting (MOM). | Yes/No |
| 4. Departmental SOPs. | Yes/No |
| 5. Quality Improvement Manual. | Yes/No |
| 6. Copy of Hospital Wide Policies/ Procedures. (Government Order/ Single Pager Policy / Procedures) | 13 |
| • Vision, Mission, Values, Strategic Plan and Quality Policy | Yes/No |
| • Condemnation Policy. | Yes/No |
| • Antibiotic policy. | Yes/No |
| • End of Life care policy | Yes/No |
| • Social, Culture and Religious Equality policy. | Yes/No |
| • Privacy, Dignity and confidentiality policy of patient. | Yes/No |
| • Consent policy. | Yes/No |
| • Prescription by Generic Name policy. | Yes/No |
| • Adverse Event reporting policy. | Yes/No |
| • Referral policy. | Yes/No |
| • Timely reimbursement of entitlements and compensation. | Yes/No |
| • Grievance Redressal policy. | Yes/No |
| • Free treatment to BPL patient's procedure/ policy. | Yes/No |
| 7. Scores of Last 3 Patient Satisfaction Surveys and Subsequent Corrective and Preventive actions undertaken. | Yes/No |
| 8. Last 3 months data of Key Performance Indicators (KPI). | Yes/No |
| 9. Prescription/Medical Audit Analysis with Corrective and Preventive Action (CAPA) | Yes/No |