

HOSPITAL INFORMATION

Objective of this Document

This document forms part of UHCP hospital credentialing process.

This document is a self assessment questionnaire which is completed by an hospital that wants to provide services to UnitedHealthcare Parekh beneficiaries.

The self assessment questionnaire may be used as the basis for inspection conducted by UHCP as part of the hospital credentialing process.

The Quality and Service Questionnaire should be completed and returned by e-mail to:

Email: network.agreement@uhcindia.com

Name: UnitedHealthcare Parekh TPA Pvt Ltd, Networks Team

By completing this document, you are declaring that certain criteria are met by your hospital.

This document is made up of 8 sections:

Page No.

Basic Information

02-07

Services Offered

08-10

Clinical Support Services

19-21

Patient focus

22

Clinical Governance

23-24

Service Organization

25-26

Legal Declaration

27

Completion Instructions

Please complete Yes/No/Other answers where applicable

Note: If you write 'Other' then please provide details in the 'Reason' field

Pattern fields (/////) do not need to be completed

Please attach any documents asked for in the questionnaire

If you are a group of hospitals, please ensure that you complete a questionnaire for each hospital in your group.

GENERAL INFORMATION

Covered this section:

- Hospital Information
- International and National Accreditations
- Regulatory
- Volumes and Occupancy
- Consultants
- Coding, Billing and Internet Use
- Admission & Discharge
- Facilities Available

Hospital Information:

It is important that this information be complete before we proceed for empanelment of your hospital.
(Please type or write in CAPITAL)

Name of the Hospital:

Address and map if available:

City: _____

State: _____

Pin code: _____

Tel. No 1. : _____

Tel. No 1. _____

Fax. No 1. : _____

Fax. No 1. _____

Pan No.: _____

Registration No: _____

Email ID:

Web Site:

Contact Details:

Chief Executive of Hospital

Name: _____

Tel: _____

Email: _____

Head of Clinical Services

Name: _____

Tel: _____

Email: _____

Head of Nursing Services

Name: _____

Tel: _____

Email: _____

Main Point of Contact

Name: _____

Designation: _____

Tel: _____

Email: _____

Finance Contact:

Name: _____

Designation: _____

Tel: _____

Email: _____

**Insurance Desk / TPA Desk
(For Pre-authorization & Claims)**

Name: _____

Designation: _____

Tel: _____

Email: _____

International & National Accreditations/Certification:

Do you have accreditation with any of the following?

- Joint Commission International (JCI)
 Yes No Date of Certification: _____

- National Accreditation Board for Hospitals & Healthcare Providers (NABH)
 Yes No Date of Certification: _____

- National Accreditation Board for Testing & Calibration Laboratories (NABL)
 Yes No Date of Certification: _____

- ISO (Please specify which standard(s))
 Yes No Date of Certification: _____

- Other (please specify)

Regulatory

Does the hospital comply with all applicable legislation and regulations? Yes No

Does the hospital have a licence issued by the relevant authorities? Yes No

If yes you must state your license number and attach a copy of your hospital license :

License No.: _____

Free text: Have you applied for any of the above accreditations? If so, please give details below:

Volumes and Occupancy:

Number of outpatient visits per year	
Number of inpatient visits per year	
Number of surgical procedures performed per year	
Number of radiological tests performed per year	
What is your average occupancy rate?	

Consultants:

Sr. no	Dept	Name of the consultant	Permanent/Visiting	Qualification
1	Medicine			
2	Surgery			
3	GI			
4	Orthopedics			
5	Pediatrics			
6	Gynaec			
7	Obst			
8	Ophthal			
9	ENT			
10	Cardiology			
11	CVTS			
12	Nephrology			
13	Urology			
14	Neurosurgery			
15	ICU			
16	Anesthesiology			
17	Physiotherapy			
18	Occupational therapy			

Coding, Billing and Internet Use:

Do you use any of the following international coding systems for classifying diseases?

- | | | |
|---------------------------------|-----|----|
| · ICD – 9 | Yes | No |
| · ICD – 10 CM | Yes | No |
| · ICD – 10 AM | Yes | No |
| · Other coding (please specify) | | |
-

Do you use any of the following international coding systems for classifying procedures?

- | | | |
|---------------------------------|-----|----|
| · ICD – 9 | Yes | No |
| · ICD – 10 AM | Yes | No |
| · CPT | Yes | No |
| · ICPM | Yes | No |
| · Other coding (please specify) | | |
-

Do you show the coding on your bills? Yes No

Do you use a coding system to itemize the services being charged on your bills? Yes No

Do you have access to the internet for the purpose of pre-authorizing claims? Yes No

Admission and Discharge:

DO you have Standard Admission, Discharge and Emergency Policies Yes No

Is there a written and dated emergency admission policy? Yes No

Is there a written discharge policy for patients, with a named person responsible for the Discharge decision (including emergency admitted patients)? Yes No

Facilities Available

(Please state the number of beds, rooms or treatment units available, as applicable)

Room category	No of beds with air conditioning	No of rooms with air conditioning	No of beds without air conditioning	No of rooms without air conditioning
Multiple bedded rooms (more than 4 beds)				
Shared rooms with 4 beds				
Shared rooms with 3 beds				
Shared rooms with 2 beds				
Standard single room with bathroom				
Deluxe rooms / suites				
Total inpatient beds Total Area per bed category				

Other facilities	No of beds/rooms as applicable
Day-care unit (dedicated beds)	
Consulting rooms	
Treatment rooms	
Intensive Care Unit (ICU) beds	
High Dependency Unity (HDU) beds	
Coronary Care Unit (CCU) beds	
Neonatal Intensive Care Unit (NICU) beds	
Paediatric Intensive Care Unit (PICU)	
Isolation rooms	

List of all clinical services provided by the hospital:

Clinical Service	Outpatient	Inpatient
Breast cancer services		
Burns		
Cardiology (non-invasive) e.g exercising ECG		
Cardiology (Invasive) e.g. pacemakers, coronary angioplasty		
Cosmetic surgery		
Dermatology		
Dietetics		
ENT		
Endocrinology		
Gastroenterology		
Gastrointestinal surgery		
General Medicine		
General Surgery		
Geriatrics		
Gynaecology		
Haematology		
Neurology		
Neurosurgery		
Obstetrics		
Occupational Therapy		
Oncology		
Radiotherapy		
Chemotherapy		
Ophthalmology		
Orthopaedics		
Plaster room		
Paediatrics		
Pain Management		
Physiotherapy		
Plastic/reconstructive surgery		
Psychiatry		
Psychology		
Radiology - interventional		
Radiosurgery (e.g. gamma knife, proton beam)		
Rehabilitation		
Renal medicine		
Renal dialysis		
Respiratory Medicine		
Rheumatology and immunology		
Specialized Stomatology and maxillofacial		
Transplant Surgery		
Urology		
Vascular		

Emergency services:	Service provided	Number
Ambulance		
(please state number of Ambulances)		
Emergency Room / Casualty		

Radiology services: (state number of each)	Service provided?	Number
X-ray unit (digital)		
X-ray unit (non-digital)		
Mammography		
Ultrasound (non-doppler)		
Colour doppler ultrasound		
Fluoroscopy		
CT scanner		
MRI scanner		
PET scanner		
Image intensifier		
Mobile x-ray		
Nuclear medicine		
Gamma knife		

Laboratory and blood bank services:	Service provided?	Comments
Blood Biochemistry		
Haematology		
Microbiology		
Cytology		
Immunology		
Blood bank & transfusion services		

Other services not already listed:

CLINICAL SERVICES

Covered this section:

Emergency Room
Endoscopy
Imaging and radiology
Infection Control
Intensive care unit
Medical Records
Obstetrics
Oncology
Outpatients
Pediatric services
Surgery and Anesthesia
Resuscitation

Emergency Room

Does the emergency facility have (please state the number available):

- | | | |
|-------------------------|-----|----|
| · Examination rooms | Yes | No |
| · Minor procedures room | Yes | No |

Is the emergency service available 24 hours a day, 7 days a week? Yes No

Is there a named clinical lead in charge of the Emergency service? Yes No

Is there at least one specialist Emergency Doctor on duty 24hours per day Yes No

Is the emergency department staffed by nurses specially trained in emergency care? Yes No

Access

Is there direct access to the emergency department by car or on foot Yes No

Does the emergency department have direct access to diagnostic laboratories for blood and urine testing? Yes No

Equipment

Is the following equipment available in the emergency department:

- | | | |
|--|-----|----|
| Fully-stocked resuscitation trolley including defibrillator? | Yes | No |
| · Pulse oximetry? | Yes | No |
| · Cardiac monitoring? | Yes | No |
| · Automatic/manual sphygmomanometer? | Yes | No |
| · Adjustable beds or trolleys? | Yes | No |
| · Ophthalmoscope | Yes | No |
| · Otoscope | Yes | No |

Endoscopy

Are upper and lower gastro intestinal endoscopies available? Yes No

Is there a dedicated endoscopy area, separate from the main theatre suite? Yes No

Are there policies and procedures in place for the cleaning and disinfection of endoscopic equipment?	Yes	No
Is there an endoscopy recovery area for patients post procedure	Yes	No
What is the nurse: patient ratio in the endoscopy recovery area	Yes	No

Imaging and Radiology - Radiation safety

Is there a radiation safety committee which meets regularly with recorded minutes?	Yes	No
Does the hospital comply with the Atomic Energy (Radiation Protection) Rules 2004?	Yes	No
Is all radiology staff specifically trained in radiation hazard awareness and safety?	Yes	No
Does all clinical radiology staff wear TLD (Total Lethal Dose) badges?	Yes	No
Does the hospital display warning signs external to the imaging rooms regarding the hazards of radiation?	Yes	No
Does the hospital display warning signs highlighting to women of childbearing age the hazards of radiation?	Yes	No
Does the hospital display warning signs regarding MRI and pacemakers/metallic implants?	Yes	No

Policies

Do all patients having intravenous contrast medium have known allergies documented on their request and consent forms?	Yes	No
Do all patients having intravenous contrast medium have renal function checks prior to examination?	Yes	No
Does the hospital provide a 24hour radiology service?	Yes	No

Reporting

Are all images reported on by an appropriately qualified specialist?	Yes	No
Is there a written and dated procedure for informing doctors of critical findings?	Yes	No

Infection Control

Does the hospital have written and dated policies on:

· General infection control?	Yes	No
· Barrier and isolation nursing of infectious patients?	Yes	No
· Pandemics of infection	Yes	No
· Disposal of clinical and non-clinical waste?	Yes	No
· Hand-washing?	Yes	No
· Methicillin resistant Staphylococcal aureus (MRSA)?	Yes	No
· Clostridium difficile infection (C Diff)?	Yes	No
· Tuberculosis?	Yes	No
· Dealing with high risk patients (infectious/immunocompromised)?	Yes	No
· Prescription of antibiotics (recommendations following local resistance patterns)?	Yes	No
· Sharp instrument (including needle stick) injuries?	Yes	No
	Yes	No

Are protective equipment (e.g. masks, aprons) available to staff?

Are there suitable hand washing facilities for patients and staff in all patient contact areas?
(Sinks should have hot and cold running water, antiseptic hand wash, and paper towels for drying hands)

Yes No

Intensive Care Unit

Staffing of Unit

Is the unit led by a named specialist doctor?

Yes No

Is there a named specialist nurse in charge of the department?

Yes No

Is there at least one designated resident doctor available at all times?

Yes No

What is the nurse: patient ratio in the ICU?

Yes No

Do all nurses in the ICU have documented specialist training?

Yes No

Facilities

In the event of power loss, does the unit have a backup power source to switch to?

Yes No

Is there a cardiac arrest team available 24 hours a day?

Yes No

How many resuscitation trolleys are kept in each critical care area?

Yes No

Does each bed area have the following equipment on a permanent basis:

Yes No

· Dedicated power sockets and access to a backup power supply?

Yes No

· Centrally provided wall oxygen

Yes No

· Facilities for suction

Yes No

· Continuous ECG

Yes No

· Pulse oximeter

Yes No

· Non invasive blood pressure monitoring?

Yes No

· Temperature monitoring

Yes No

Intensive Care Unit

Are the following items also available:

Yes No

· Inotropic support

Yes No

· Invasive central venous pressure monitoring

Yes No

· Arterial monitoring?

Yes No

· Swan ganz monitoring?

Yes No

· Non invasive ventilation (CPAP and BIPAP via facemask)?

Yes No

· Invasive ventilation?

Yes No

· Echocardiology

Yes No

· Temporary cardiac pacing?

Yes No

Blood gas and electrolyte machine or rapid access to pathology? (To include blood bank)

· Haemofiltration?

Yes No

· Renal replacement therapy

Yes No

Is there a documented plan for calibration and maintenance of all equipment?

Yes No

Medical Records

Is there a clinical record made for every patient?	Yes	No
Does every patient have a unique patient identification code?	Yes	No
Does the care record contain the patient details, including allergies, and details of the clinical episode (reason for consultation/admission, initial patient history, initial physical examination, height & weight, diagnostic test results)?	Yes	No
Are all entries to the record legible, signed with name and designation of person recording the notes, and date / time entry recorded.	Yes	No

Prescription charts

Does the hospital use a standardized prescription chart for all medicines/treatments prescribed for patients?	Yes	No
---	-----	----

Surgical Notes and Operative records

Is there documentation of the indication of surgery, signed by the senior doctor in charge, for all patients undergoing surgical procedures?	Yes	No
Do all patients undergoing surgery have an operation note including patient details, details of surgery, surgeons and anaesthetic staff, and operative details?	Yes	No

Anaesthetic record

Do all patients undergoing anesthesia have an anaesthetic note containing patient details, details of surgery, anaesthetic staff, pre-operative checks, anaesthetic risk assessment?	Yes	No
Are details of drugs given, vital signs, IV fluid, fluid loss, airway maintenance, thrombosis prophylaxis and untoward events recorded in the anaesthetic record?	Yes	No

Obstetrics

Do all obstetricians, gynecologists, anesthetists and nursing staff have recognized qualification or experience for the specialty?	Yes	No
Do women have 24 hour access to the maternity service?	Yes	No
Is a consultant obstetrician available at all times to attend the unit in emergency?	Yes	No

Antenatal screening

Is there a written dated policy for routine antenatal screening of all pregnant mothers?	Yes	No
Does the hospital have dated documented procedures for the management of stillbirth, miscarriage and termination of pregnancy for abnormality?	Yes	No

Use of anti-D

Does the hospital have dated documented procedures for the use of anti-D in rhesus negative pregnant mothers to prevent iso-immunisation?	Yes	No
---	-----	----

Delivery plan

Does the hospital provide a comprehensive antenatal education plan including information on methods of delivery?	Yes	No
Does the hospital have dated documented clinical guidelines for delivery by caesarean section?	Yes	No

Identification of the newborn

Does the hospital have a written and dated procedure regarding identification of the baby whilst in hospital? Yes No

Are all newborns given two identity labels, one on the arm and one on the leg, and both labels checked by the mother (where possible)? Yes No

Screening the newborn

Does the hospital have a dated, documented procedure for the routine screening and examination of the newborn? Yes No

Does the hospital have a dated, documented procedure for the management of common problems in the newborn such as jaundice, hypoglycaemia, group b streptococcal infection? Yes No

Feeding

Are all new mothers given advice and support regarding infant feeding? Yes No

Security of the unit

Does the hospital have a security policy regarding the obstetrics unit? Yes No

Oncology

Is there a named doctor in charge of cancer treatments? Yes No

Are all cancer patients treated by a multi-disciplinary team (doctor, nurse specialist, chemotherapy-radiotherapy specialists, appropriate support staff) Yes No

Chemotherapy

Are there written and dated procedures for the administration of chemotherapy? Yes No

Do the staffs who administer chemotherapy have appropriate documented qualifications and regular competency assessments? Yes No

Do areas where chemotherapy is administered have immediate access to resuscitation equipment? Yes No

Cytotoxic drugs

Are staffs trained in the appropriate handling of cytotoxic drugs? Yes No

Are all cytotoxic drugs prepared in an appropriate unit? Yes No

Is there a documented policy for dealing with spillage of cytotoxics? Yes No

Are there temperature controlled storage facilities for cytotoxic drugs on the ward? Yes No

Radiotherapy

Please name radiotherapy equipment available Yes No

Free text: please give details:

Outpatients

Are all outpatient surgery rooms equipped with:

· Examination bed? Yes No

· Clinical Wash basin? Yes No

· Sharps container? Yes No

· Disposable gloves? Yes No

· Blood pressure apparatus? Yes No

· Height/weight measuring equipment? Yes No

Is there a separate room for minor procedures? Yes No

Paediatrics

What is the lowest age admitted?

Is there a named clinical lead for paediatrics? Yes No

Does the hospital have the following:

· Definition of the extent of the paediatric service, of which all relevant staff is aware?
This includes medical and surgical admissions Yes No

· Access to specialist paediatric medical and nursing at all times Yes No

· Written protocols which are specifically targeted for the care of children and their families? Yes No

Is a member of family enabled to remain with the child at all times? Yes No

Safety and security

Do rooms for children have:

· Locks on windows Yes No

· Covers on electrical points Yes No

· Cot sides, or cots for under-5s? Yes No

Resuscitation

Is there a fully equipped **paediatric resuscitation** trolley and defibrillator available in each separate paediatric care area? Yes No

Surgery & Anesthesia

Please indicate whether the following are undertaken within the hospital:

Major elective surgery with facilities for general anesthetic Yes No

Major emergency surgery with facilities for general anesthetic Yes No

Minor elective surgery with facilities for general anesthetic Yes No

Minor procedures (LA and sedation) Yes No

Day care surgery GA Yes No

Day care surgery LA and sedation Yes No

Please list the number and type of:

Operating theatres Yes No

Anesthetic rooms Yes No

Recovery bays Yes No

Do all theatres have laminar flow? Yes No

Is all theatre clinical staff trained in basic life support and advanced life support including paediatric and neo-natal BLS and ALS? Yes No

Is there a fully stocked resuscitation trolley and defibrillator available for every operating theatre? Yes No

Are theatres designed to separate outer areas (changing rooms, corridors) from inner clean areas (operating room)? Yes No

Is there an emergency power supply specifically for theatres? Yes No

Are piped gases and suction available in all areas of the department, i.e. anesthetic rooms, theatre and recovery Yes No

If artificial ventilation is used, an audible disconnect alarm is present and used? Yes No

Are operating lists separated into clean and dirty? Yes No

Does the operating theatre have easy access to the sterile services department?	Yes	No
Are there adequate equipment and clothing for staff including patient lifting and handling aids, and protective equipment/clothing?	Yes	No
Is there a dedicated theatre manager, who is suitably qualified?	Yes	No
Is there control of access to theatre area, including locking of the theatre suite when not in use?	Yes	No

Theatre log book:

Does the theatre suite maintain a log including patient detail, operation details, details of surgeons and anaesthetists, anesthetic used, complications, register of swabs and instruments?	Yes	No
Is there a formal patient handover prior to operation, with documented checks on patient details, patient consent, comprehensive patient records, patient specific information (eg allergies, time of last food/drink intake, operation site and side)?	Yes	No
Is the hospital currently using or does the hospital intend to use the World Health Organization Safety in Surgery Checklist for all patients undergoing surgical procedures?	Yes	No
Are there formal patient handovers to the recovery area and ward, with the following information routinely provided: detailed operating notes, time of arrival, details of surgery and anaesthetic teams, post operative instructions, any other issues which staff should be aware of?	Yes	No

Theatre policies

Does the hospital have written and dated policies for:

· Ensuring patients are given full instructions on medications prior to surgery?	Yes	No
· Ensuring patients are given full instructions on when to commence fasting prior to surgery?	Yes	No
· Transportation of patients between ward areas and theatre?	Yes	No
· Care of the unconscious patient?	Yes	No
· Positioning of patient on operating table?	Yes	No

Are there practices in place to ensure:

· The surgeon is available in the unit prior to induction of anaesthesia?	Yes	No
· The anaesthetist is present throughout, until patient discharged from recovery room?	Yes	No
· There is at least one person with training in advanced life support or equivalent available at all times?	Yes	No
· There is 24 hour availability of theatres and staff?	Yes	No

Theatre cover

What nursing staff to patient ratios do you operate in the following areas, to ensure appropriate patient supervision:

· Each anaesthetic room?	Yes	No
· Each operating theatre?	Yes	No
· Recovery?	Yes	No

Anaesthesia

Is general anaesthesia always conducted by a senior doctor with specialist qualifications in anaesthesia? Yes No

Is anaesthetic equipment checked by the anaesthetist prior to each operating list? Yes No

Is there a system of regular and documented anaesthetic equipment calibration and checking? Yes No

Recovery

Is the recovery area situated close to theatre and critical care units (HDU, ICU)? Yes No

Is all nursing staff working in the recovery area specifically trained in immediate post operative care and recovery? Yes No

Does a senior anaesthetist remain in the theatre area until all patients have left recovery? Yes No

Is the following equipment available in the recovery area:

- Fully-stocked resuscitation trolley including defibrillator? Yes No
- Pulse oximetry? Yes No
- Cardiac monitoring? Yes No
- Automatic/manual sphygmomanometer? Yes No
- Adjustable beds or trolleys? Yes No

Resuscitation

Do you have doctors and nurses trained in adult and paediatric resuscitation? Yes No

If Yes is their training updated on a periodic basis? Yes No

Free text: How do staffs summon emergency assistance for cardiopulmonary resuscitation (CPR)? Yes No

Resuscitation recording and audit

Is there audit of a resuscitation attempt including:

- Time taken for crash team to reach patient Yes No
- Personnel present at resuscitation attempt Yes No
- Outcome of resuscitation? Yes No
- Location of the arrest event (ward/ICU)? Yes No

CLINICAL SUPPORT SERVICES

Covered this section:

Laboratory and Blood transfusion service
Pharmacy
Sterilization & Decontamination

Laboratory and blood transfusion service

Is there a named manager (doctor or clinical scientist) in charge of the department?

Are the laboratory services available 24 hrs/day? Yes No

Are there written and dated procedures for:

- | | | |
|--|-----|----|
| · Written reporting and TAT of results | Yes | No |
| · Double checking a result | Yes | No |
| · Urgent reporting of an markedly abnormal result | Yes | No |
| · Specimen collection, transportation and processing | Yes | No |
| · Labelling of samples | Yes | No |
| · Collection, transportation and processing of blood samples | Yes | No |
| · Labelling of blood samples for haematology and biochemistry analysis | Yes | No |
| · Labelling of blood samples for transfusion purposes | Yes | No |
| · Storage of blood samples | Yes | No |
| · Dealing with transfusion reactions | Yes | No |

Does the laboratory have the following?

- | | | |
|--|-----|----|
| · Designated area for receiving of specimens? | Yes | No |
| · Designated area for storing of specimens? | Yes | No |
| · Designated area for safe and secure blood storage (including a clinical refrigerator)? | Yes | No |
| · A documented routine for calibration and testing of equipment? | Yes | No |

Does the unit keep a written record of all specimens received and dispatched? Yes No

Pharmacy

Is there a named and qualified pharmacist in charge of the pharmacy?	Yes	No
Are all members of staff in pharmacy suitably qualified?	Yes	No
Are pharmaceutical services available 24hrs/day?	Yes	No
Is access to the pharmacy secure and under surveillance?	Yes	No
<i>Are there written and dated procedures for:</i>		
· Action following adverse drug reaction?	Yes	No
· Ensuring that controlled drugs are stored securely	Yes	No
· Ensuring that the controlled drug registers are properly kept?	Yes	No
<i>Does the pharmacy have written and dated policies regarding the prescribing of:</i>		
· Enteral and parenteral feeds?	Yes	No
· Sterile products?	Yes	No
· Intravenous additives?	Yes	No
<i>If prepared in the hospital, are there suitable facilities for the preparation of:</i>		
· Radiopharmaceuticals	Yes	No
· Sterile intravenous products	Yes	No
<i>Are medicine refrigerators:</i>		
· Lockable	Yes	No
· Thermostatically controlled	Yes	No
· Used for the storage of medicines only	Yes	No
<i>Does the pharmacy employ written procedures to ensure:</i>		
· There are sufficient stocks to dispense all prescriptions?	Yes	No
· That requisitioned drugs are delivered on-time and accurately?	Yes	No
· Medicines are not kept beyond their shelf-life date?	Yes	No

Sterilization and Decontamination

Is there a sterile services department with a named manager qualified in sterile services management?	Yes	No
Does the department have separate areas for clean and dirty activities?	Yes	No
<i>Are there designated areas for:</i>		
· Medical instrument cleaning	Yes	No
· Assembly of surgical trays?	Yes	No
· Items awaiting repair?	Yes	No
· Dirty instruments?	Yes	No
· Linen?	Yes	No
Is each sterilizer regularly maintained with a logbook of activity?	Yes	No
Is there a system for tracing all items undergoing sterilisation?	Yes	No
<i>Are there written and dated procedures for:</i>		
· Instrument packing	Yes	No
· Lost instruments?	Yes	No
· Safe transport of instruments?	Yes	No
· Handling infectious instruments and materials?	Yes	No
· Spillage of chemicals?	Yes	No
Is the department cleaned on a scheduled basis?	Yes	No

Patient Focus

Covered this section:

Patient Information
Patient Consent
Patient Satisfaction and Complaints

Patient information

Is there appropriate sign-posting for departments and facilities?(This means large, bright signs and easy to follow directions)	Yes	No
Is information available in simple written format for common procedures and interventions?	Yes	No

Patient Consent

For examination, is verbal consent always obtained and documented?	Yes	No
For invasive procedures, is written consent always obtained and documented?	Yes	No
Is a standardised adult consent form used?	Yes	No
Are all consent forms dated and signed by the patient and treating doctor, and contain the following information: patient details, operation/procedure, site and side of surgery, possible serious adverse incidents (e.g. death, loss of limb), possible side effects, anaesthetic type and risks associated with the anaesthetic?	Yes	No
Is paediatric consent forms used which are signed and dated by a legal guardian/authorising person as applicable?	Yes	No
Does the hospital have a consent form for use if a patient is unable to consent for themselves and is there are written policy for the use of this form?	Yes	No

Patient Satisfaction and Complaints

Are any tools used to monitor patient satisfaction?	Yes	No
Is feedback from patients regularly reviewed, leading to change in practice?	Yes	No
Is there a written and dated procedure for dealing with complaints from patients?	Yes	No

Clinical Governance

Covered this section:

General
Clinical Risk Management
Clinical Quality
Clinical Audit
Outcomes Data

General

Does senior executive staff have written clearly defined roles and responsibilities?	Yes	No
How often does the clinical governance/executive team meet?	Yes	No
Does the hospital produce an annual report on clinical governance?	Yes	No
<i>Does the hospital have a clinical governance strategy including:</i>		
· Clinical quality improvement	Yes	No
· Clinical audit?	Yes	No
· Measurement of clinical effectiveness?	Yes	No
· Clinical risk?	Yes	No

Clinical Risk Management

Is information on clinical incidents, 'near-misses' and complaints integrated and analysed?	Yes	No
Is there evidence of actions taken resulting from this analysis?	Yes	No

Clinical Quality

Is there a named senior clinical staff member responsible for clinical quality improvement?	Yes	No
Is there a clinical quality improvement committee?	Yes	No
Is there a clinical quality mission statement that is clearly accessible?	Yes	No
Is there a dedicated system to collect data regarding clinical quality?	Yes	No
Is there a scorecard/dashboard to collect and display quality indicators	Yes	No
Is there an annual report on quality improvement initiatives?	Yes	No

Clinical Audit

Does the hospital have a regular programme of audit at departmental level?	Yes	No
If so, how regularly do they take place?	Yes	No
Do clinical audit reports contain action plans for improvement?	Yes	No

Outcomes Data

Does the hospital collect data on the following categories: (We may request sight of such information)

· Inpatient mortality?	Yes	No
· Neonatal mortality (if applicable)?	Yes	No
· Preoperative mortality?	Yes	No
· Unplanned return to theatre?	Yes	No
· Unplanned re-admission?	Yes	No
· Unplanned transfers?	Yes	No
· Surgical site infections?	Yes	No
· Hospital acquired infections?	Yes	No
· Complications?	Yes	No
· Near misses?	Yes	No

How regularly is the above data reported?

Free text: please give details:

How is this information acted upon to improve patient safety?

Free text: please give details:

Service Organization

Covered this section:

Buildings Maintenance and Utilities
Security and Fire Safety
Waste management

Buildings Maintenance and Utilities

Is there a planned maintenance programme for buildings, plant and equipment?	Yes	No
Are there policies and procedure in place to deal with disruption in water, electricity and gas supplies?	Yes	No
Are tests carried out to evaluate the hospital's capability to cope in the case of lost utilities?	Yes	No

Security & Fire Safety

Security

Is there a written security policy for the hospital which is available to all departments?	Yes	No
Are security procedures updated regularly and checked for effectiveness?	Yes	No

Fire and Emergency procedures

Do all members of staff undergo regular recorded training updates regarding fire prevention and emergency procedures?	Yes	No
Are fire exits clearly marked throughout the hospital?	Yes	No
Are fire escapes regularly checked to ensure that they are usable and are not blocked?	Yes	No
Are there fire safety notices prominently displayed throughout the building indicating evacuation routes?	Yes	No
Are fire extinguishers checked at least annually and records made?	Yes	No
Is the fire alarm system tested and if so how often?	Yes	No

Waste management

Are there written and dated policies regarding:

- | | | |
|---|-----|----|
| · Safe disposal of waste? | Yes | No |
| · Disposal of sharp objects? | Yes | No |
| · Disposal of cytotoxic materials? | Yes | No |
| · Disposal of radioactive waste? | Yes | No |
| · Disposal of unused medicines and drugs? | Yes | No |
| · Disposal of human tissues? | | |

Is waste separated into general, clinical, and contaminated containers as required by local rules (for example Biomedical Waste Rules (BMW rules)?)	Yes	No
---	-----	----

Is storage of waste in a secure area?	Yes	No
---------------------------------------	-----	----

Are staffs handling waste provided with protective equipment?	Yes	No
---	-----	----

Are staffs handling waste provided with regular training?	Yes	No
---	-----	----

Declaration

Please read and confirm your acceptance of the following legal declaration:

We/I hereby declare that the information contained in our response to the Quality and Service Questionnaire is correct at the date below.

Name of the signing authority: _____

Designation: _____

Hospital name: _____

Date and Seal (dd/mm/yyyy): _____

Signature:

--