



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

Date:.....							
Name of the healthcare centre (HCC)							
Name & Designation of the head of the HCC.....							
SN	Rating level	Rating criteria	Scores		Note: Any question not applicable for the Unit/Dept. shall be marked as 'NA' and ignore the irrelevant points by not counting them in the final score calculation.		
1	Rating level:LO	Not implemented	0				
2	Rating level:L1	Partially implemented	1				
3	Rating level:L2	Fully implemented and ongoing wherever applicable	2				
4	Rating level:L3	Not Applicable (NA)	NA				
SN	BHSQA indicators		0	1	2	3	Remarks
6. Access, Assessment and Continuity of Care (AAC)							
AAC 6.1: The HCC defines and displays the services that it can provide.							
1.1.1.	The services being provided are clearly defined and are in consonance with the needs of the community.						
1.1.2.	The defined services are prominently displayed.						
1.1.3.	The staff are oriented to these services.						
AAC 6.2: The HCC has a well-defined registration and admission process.							
6.2.1	Documented policies and procedures are used for registering and admitting patients.						
6.2.2	The documented procedures address outpatients, in-patients and emergency patients.						



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6.2.3	A unique identification number (CID/HCC Registration Number) is generated at the end of the registration.					
6.2.4	Patients are accepted only if the required services are available at the HCC.					
6.2.5	The documented policies and procedures also address managing patients when it surpasses the total capacity of the bed strength.					
6.2.6	The staff are aware of these processes.					
AAC 6.3: There is an appropriate mechanism for transfer (in and out) or referral of patients.						
6.3.1	Documented procedures guide the transfer-in of patients to the HCC.					
6.3.2	Documented procedures guide the transfer-out/referral of unstable patients to the next higher centre in an appropriate manner.					
6.3.3	Documented procedures guide the transfer-out/referral of stable patients to another facility in an appropriate manner.					
6.3.4	The documented procedures identify staff responsible during transfer/referral.					
6.3.5	The HCC gives a summary of the patient's condition and the treatment given.					
AAC 6.4: Patients cared for by the HCC undergo an established initial assessment.						
6.4.1	The HCC defines and documents the content of the initial assessment for the out-patients, in-patients and emergency patients.					
6.4.2	The HCC determines who can perform the initial assessment.					
6.4.3	The HCC defines the time frame within which					



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	the initial assessment is completed based on the patient's needs.					
6.4.4	The initial assessment for in-patients is documented within 24 hours or earlier as per the patient's condition as defined in the HCC's policy/protocol.					
6.4.5	Initial assessment of in-patients includes a nursing assessment which is done at the time of admission and documented.					
6.4.6	Initial assessment includes screening for nutritional needs.					
6.4.7	The initial assessment results in a documented plan of care.					
6.4.8	The plan of care also includes preventive aspects of the care where appropriate.					
6.4.9	The plan of care is countersigned by the clinician in charge of the patient within 24 hours.					
6.4.10	The plan of care includes goals or desired results of the treatment, care or service.					
AAC 6.5: Patients cared for by the HCC undergo a regular reassessment.						
6.5.1	Patients are reassessed at appropriate intervals.					
6.5.2	Outpatients are informed of their next follow-up, where appropriate.					
6.5.3	For in-patients during reassessment, the plan of care is monitored and modified, where found necessary.					
6.5.4	Staff involved in direct clinical care document reassessments.					



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6.5.5	Patients are reassessed to determine their response to treatment and to plan further treatment or discharge.					
AAC 6.6: Clinical laboratory services are provided as per the scope of services of the HCC and adhering to best practices.						
6.6.1	The scope of the clinical laboratory services is commensurate to the services provided by the Healthcare Centre.					
6.6.2	The infrastructure (physical and manpower) is adequate to provide for its defined scope of services.					
6.6.3	Adequately qualified and trained personnel perform, supervise and interpret the investigation.					
6.6.4	Documented procedures guide for the ordering of a test, collection, identification, handling, safe transportation, processing and validation and disposal of specimens.					
6.6.5	Clinical laboratory results are available within a defined time frame Results are reported in a standardized manner.					
6.6.6	Critical results are intimated immediately to the personnel concerned.					
6.6.7	Results are reported in a standardized manner.					
AAC 6.7: There is an established clinical laboratory quality management system (QMS).						
6.7.1	The clinical laboratory QMS is documented.					
6.7.2	The QMS addresses the verification and/or validation of test methods.					
6.7.3	The QMS addresses surveillance of test					



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	results.					
6.7.4	The QMS includes periodic calibration and maintenance of all equipment.					
6.7.5	The QMS includes the documentation of corrective and preventive action.					
AAC 6.8 There is an established clinical laboratory-safety protocol						
6.8.1	The clinical laboratory safety protocol is documented.					
6.8.2	Written SOPs guide the handling and disposal of infectious and hazardous materials.					
6.8.3	Clinical laboratory personnel are appropriately trained in safe practices.					
6.8.4	Clinical laboratory personnel are provided with appropriate safety equipment/devices.					
AAC 6.9: Radiological and imaging services are provided as per the scope of services of the HCC and adhering to the best practices.						
6.9.1	Imaging services comply with legal and other requirements.					
6.9.2	The scope of the radiological and imaging services is commensurate with the services provided by the Healthcare Centre.					
6.9.3	The infrastructure (physical and manpower) is adequate to provide for its defined scope of services.					
6.9.4	Adequately qualified and trained personnel perform, supervise and interpret the investigations.					
6.9.5	Documented procedure guide identification and safe transportation of patients to the					



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	Radiology Department.					
6.9.6	Imaging results are available within a defined time frame.					
6.9.7	Critical results are intimated immediately to the concerned clinicians.					
6.9.8	Results are reported in a standardized manner.					
AAC 6.10: There is an established quality assurance program for Radiological and imaging services.						
6.10.1	The quality assurance program for radiological and imaging services is documented.					
6.10.2	The program addresses the verification and/or validation of radiological imaging methods.					
6.10.3	The program addresses surveillance of radiology results.					
6.10.4	The program includes periodic calibration and maintenance of all equipment.					
6.10.5	The program includes the documentation of corrective and preventive actions.					
AAC 6.11: There is an established radiation safety protocol.						
6.11.1	The radiation safety program is documented.					
6.11.2	This program is aligned with the HCC's safety program.					
6.11.3	Handling, usage of disposal of radioactive and hazardous materials is as per legal requirements.					
6.11.4	Radiology personnel are provided with appropriate radiation safety devices.					
6.11.5	Radiation safety devices are periodically tested and results documented.					



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6.11.6	Radiology personnel are trained in radiation safety measures.					
6.11.7	Imaging signage (signs and posters) is prominently displayed in all appropriate locations.					
AAC 6.12: Patient care is continuous and multidisciplinary.						
6.12.1	During all phases of care, there is a qualified individual identified as responsible for the patient's care.					
6.12.2	Care of patients is coordinated in all care settings within the HCC.					
6.12.3	Information about the patient's care and response to treatment is shared among medical, nursing and other care providers.					
6.12.4	Information is exchanged and documented during each staffing shift, between shifts, and during transfers between units/departments.					
6.12.5	Transfers between departments/units are done safely.					
6.12.6	The patient's record(s) is available to the authorized care providers to facilitate the exchange of information.					
6.12.7	Documented procedures guide the referral of patients to other departments/specialities.					
AAC 6.13: The HCC has a documented discharge process						
6.13.1	The patient's discharge process is planned in consultation with the patient and/or family.					
6.13.2	Documented policies and procedures exist for the coordination of various departments and					



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	agencies involved in the discharge process (including medico-legal and absconded cases).					
6.13.3	Documented policies and procedures are in place for patients leaving against or refusal of treatment or medical advice, and patients being discharged on request.					
6.13.4	A discharge summary is given to all the patients leaving the HCC (including patients leaving against medical advice and on request).					
AAC 6.14: HCC defines the content of the discharge summary						
6.14.1	The discharge summary is provided to the patients at the time of discharge.					
6.14.2	The discharge summary contains the patient's name, unique identification number, ICD, date and time of admission and date of discharge.					
6.14.3	The discharge summary contains the reasons for admission, significant findings and diagnosis and the patient's condition at the time of discharge.					
6.14.4	The discharge summary contains information regarding the investigation done, any procedure performed, medication administered and other treatment given.					
6.14.5	The discharge summary contains follow-up advice, medication and other instructions in an understandable manner.					
6.14.6	The discharge summary incorporates instructions about when and how to obtain					



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	urgent care.					
6.14.7	In the case of death, the summary of the case also includes the cause of death.					
AAC 6.15: Services in the Department/Unit of Traditional Medicines, Pharmacy, Dental, Dermatology, Ophthalmology, Medicines, Surgery, Gynae Obstetrics, Paediatrics, Psychiatrics, OT, Physiotherapy, Community Health, Forensic Medicines, ENT, and Orthopaedic are provided as per the scope of the services of the HCC and adhering to the best practices.						
6.15.1	The scope of all the services is commensurate with the services provided by the HCC.					
6.15.2	The infrastructure (physical and manpower) is adequate to provide for its defined scope of					
6.15.3	Adequately qualified and trained personnel perform the treatment.					
6.15.4	Documented procedures guide the treatment and handling of patients in the Department/Units.					
6.15.5	Treatments are provided within a defined time frame.					
6.15.6	Treatment/procedure is conducted in a standardized manner in the Department/Unit.					
6.15.7	Services not available in the HCC are referred to a higher/next HCC.					
AAC 6.16: The Quality Assurance Program in the Departments/Units is documented.						
6.16.1	The quality assurance program in the Department/Unit is documented.					
6.16.2	The program addresses verification and/or validation of procedures in all the departments.					
6.16.3	The program addresses surveillance of treatment/procedure performed.					



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6.16.4	The program includes periodic calibration and maintenance of all equipment.					
6.16.5	The program includes the documentation of corrective and preventive action.					
AAC 6.17: There are established safety protocols in the Departments/Units						
6.17.1	Safety protocols are documented.					
6.17.2	This program is aligned with the HCC's safety program.					
6.17.3	Written procedures guide the handling and disposal of infectious and hazardous materials.					
6.17.4	Staff are appropriately trained in safe practices.					
6.17.5	Staff are provided with appropriate safety equipment/devices.					
7. Care of Patients (COP)						
COP 7.1: Uniform care to patients is provided in all settings of the HCC and is guided by the applicable laws, regulations and guidelines.						
7.1.1	Care delivery is uniform for a given health problem when similar care is provided in more than one setting.					
7.1.2	Uniform care is guided by documented procedures drawn per applicable laws, regulations and guidelines.					
7.1.3	The HCC adapts evidence-based medicine and clinical practice guidelines to guide uniform patient care.					
COP 7.2: Emergency services are guided by documented policies, procedures, applicable laws and regulations.						



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7.2.1	Procedures for emergency care are documented and are in consonance with legal requirements.					
7.2.2	This also addresses the handling of medico-legal cases.					
7.2.3	The patients receive care in consonance with the policies.					
7.2.4	Documented policies and procedures guide the triage of patients for initiation of appropriate care.					
7.2.5	Staff are familiar with the policies and trained on the procedures for the care of emergency patients.					
7.2.6	Admission or discharge to home or transfer to another HCC is also documented.					
7.2.7	In case of discharge to home or transfer to the next higher HCC, a discharge note shall be given to the patient incorporating salient features of investigations done and treatment.					
COP 7.3: The ambulance services are commensurate with the scope of the services provided by the HCC.						
7.3.1	There is adequate access and space for the ambulance(s).					
7.3.2	The ambulance adheres to legal requirements.					
7.3.3	Ambulance(s) is appropriately equipped.					
7.3.4	Ambulance(s) is manned by trained personnel.					
7.3.5	Ambulance(s) is checked daily.					
7.3.6	Equipment is checked daily using a checklist (ambulance guideline).					



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7.3.7	Emergency medications are checked daily and before dispatch using a checklist (ambulance guideline).					
7.3.8	The ambulance(s) has a proper communication system.					
COP 7.4: Documented policies and procedures guide the care of patients requiring cardiopulmonary resuscitation.						
7.4.1	Documented policies and procedures guide the uniform use of resuscitation throughout the HCC.*					
7.4.2	Staff providing direct patient care are trained and periodically updated in cardio-pulmonary resuscitation (CPR).					
7.4.3	The events during cardiopulmonary resuscitation are recorded.					
7.4.4	A post-event analysis of all cardiopulmonary resuscitations is done by a multidisciplinary committee.					
7.4.5	Corrective and preventive measures are taken based on the post-event analysis.					
COP 7.5: Documented policies and procedures guide nursing care.						
7.5.1	There are documented policies and procedures for all activities of the nursing services.					
7.5.2	These reflect current standards of nursing services and practice, relevant regulations and purposes of the services.					
7.5.3	Assignment of patient care is done as per current good practice guidelines.					
7.5.4	Nursing care is aligned and integrated with					



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	overall patient care.					
7.5.5	Care provided by a nurse is documented in the patient record.					
7.5.6	Nurses are provided with the adequate equipment for providing safe and efficient nursing services.					
COP 7.6: Documented procedures guide the performance of various procedures.						
7.6.1.	Documented procedures are used to guide the performance of various clinical procedures.*					
7.6.2.	Only qualified personnel order, plan, perform and assist in performing procedures.					
7.6.3.	Documented procedures exist to prevent adverse events like the wrong site, wrong patient and wrong procedure.					
7.6.4.	Informed consent is taken by the personnel performing the procedure, where applicable.					
7.6.5.	Adherence to standard precautions and asepsis is adhered to during the conduct of the procedure.					
7.6.6.	Patients are appropriately monitored during and after the procedure.					
7.6.7.	Procedures are documented accurately in the patient record.					
COP 7.7: Documented policies and procedures define the rational use of blood and blood products.						
1.1.1.	Documented policies and procedures are used to guide the rational use of blood and blood products.					
1.1.2.	Documented procedures govern the					



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	transfusion of blood and blood products.					
1.1.3.	The transfusion services are governed by applicable laws and regulations.					
1.1.4.	Informed consent is obtained for donation and transfusion of blood and blood products.					
1.1.5.	Informed consent also includes patient and family education about donation.					
1.1.6.	The HCC defines the process for availability and transfusion of blood and blood products for use in an emergency.					
1.1.7.	Post-transfusion form is collected; reactions if any identified and are analysed for preventive and corrective actions.					
COP 7.8: Documented policies and procedures guide the care of patients in intensive care and high dependency units.						
7.8.1	Documents policies and procedures are used to guide the care of patients in intensive care and high dependency units.					
7.8.2	The HCC has documented admission and discharge criteria for its intensive care and high dependency units.					
7.8.3	Staff are trained to apply these criteria.					
7.8.4	Adequate staff and equipment are available.					
7.8.5	Defined procedures for the situation of bed shortages are as below.					
7.8.6	Infection control practices are documented and followed.*					
7.8.7	A quality assurance program is documented and implemented.*					



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COP 7.9: Documented policies and procedures guide the care of vulnerable patients (elderly, children, physically and/or mentally challenged).					
7.9.1	Procedures are documented and are per the prevailing laws and national and international guidelines.				
7.9.2	Care is organized and delivered per the policies and procedures.				
7.9.3	The HCC provides for a safe and secure environment for this vulnerable group.				
7.9.4	A documented procedure exists for obtaining informed consent from the appropriate legal representative.				
7.9.5	Staff is trained to care for this vulnerable group.				
COP 7.10: Documented policies and procedures guide obstetric care.					
7.10.1	There is a documented procedure for obstetric services.				
7.10.2	The HCC defines and displays whether high-risk obstetric cases can be cared for or not.				
7.10.3	Persons caring for high-risk obstetric cases are competent.				
7.10.4	Documented procedures guide the provision of ante-natal services.				
7.10.5	Obstetric patient's assessment also includes maternal nutrition.				
7.10.6	Appropriate prenatal, perinatal and postnatal monitoring is performed and documented.				
7.10.7	The HCC caring for high-risk obstetric cases has the facilities to take care of neonates of				



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	such cases.					
COP 7.11: Documented policies and procedures guide paediatric services.						
7.11.1	There are a documented policies and procedure for paediatric services.					
7.11.2	The HCC defines and displays the scope of its paediatric services.					
7.11.3	The policy for the care of neonatal patients is in consonance with the national/international guidelines.					
7.11.4	Those who care for children have the competency to deal with all ages of children.					
7.11.5	Provisions are made for the special care of children.					
7.11.6	Patient assessment includes detailed nutritional, physical & mental growth, psychosocial and immunization assessment.					
7.11.7	Documented policies and procedures prevent negligence in the care and treatment of children or neonates.					
7.11.8	The children's family members are educated about nutrition, immunization and safe parenting and this is documented in the medical record.					
COP 7.12: Documented policies and procedures guide the care of patients undergoing sedation						
7.12.1	Documented procedures guide the administration of sedation.					
7.12.2	Informed consent for administration of sedation is obtained by the concerned staff.					
7.12.3	Competent and trained persons perform					



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	sedation.					
7.12.4	The person administering and monitoring sedation is different from the person performing the procedure.					
7.12.5	Intra-procedure monitoring includes at a minimum the heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, and level of sedation.					
7.12.6	Patients are monitored after sedation and the same documented.					
7.12.7	Criteria are used to determine the appropriateness of discharge from the recovery area.					
7.12.8	Equipment and manpower are available to manage patients who have gone into a deeper level of sedation than initially intended.					
COP 7.13: Documented policies and procedures guide the administration of anaesthesia.						
7.13.1	There is a procedure for the administration of anaesthesia.					
7.13.2	Patients for anaesthesia have a pre-anaesthesia assessment by a qualified nurse anaesthetist/ Anaesthesiologist.					
7.13.3	The pre-anaesthesia assessment results in the formulation of the type of anaesthesia, which is documented.					
7.13.4	An immediate pre-operative re-evaluation is performed and documented.					
7.13.5	Informed consent for administration of anaesthesia is obtained by the nurse					



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	anaesthetist/ anaesthesiologist.					
7.13.6	During anaesthesia, monitoring includes a regular recording of temperature, heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation and end-tidal carbon dioxide.					
7.13.7	The patient's post-anaesthesia status is monitored and documented.					
7.13.8	The anesthesiologist/anaesthetist/recovery nurse applies defined criteria to transfer the patient from the recovery area.					
7.13.9	The type of anaesthesia and anaesthetic medications used are documented in the patient record.					
7.13.10	Procedures shall comply with infection control guidelines to prevent cross-infection between patients.					
7.13.11	Adverse anaesthesia events are recorded and monitored.					
COP 7.14: Documented policies and procedures guide the care of patients undergoing surgical procedures.						
7.14.1	The policies and procedures are documented.					
7.14.2	Surgical patients have a preoperative assessment and a provisional diagnosis documented before surgery.					
7.14.3	Informed consent is obtained by a surgeon before the procedure.					
7.14.4	Documented policies and procedures exist to prevent adverse events like the wrong site,					



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	wrong patient and wrong surgery.					
7.14.5	Persons certified by BMHC are permitted to perform the procedures that they are entitled to perform.					
7.14.6	A brief operative note is documented before transfer out of the patient from the recovery area.					
7.14.7	The operating surgeon documents the post-operative plan of care.					
7.14.8	Patient, personnel and material flow conforms to infection control practices.					
7.14.9	Appropriate facilities and equipment/appliances/instrumentation are available in the operating theatre.					
7.14.10	A quality assurance program is followed for the surgical services.					
7.14.11	The quality assurance program includes surveillance of the operation theatre environment.					
COP 7.15: Documented policies and procedures guide the care of patients under restraints (physical and/or chemical).						
7.15.1	Documented procedures guide the care of patients under restraints.					
7.15.2	These include both physical and chemical restraint measures.					
7.15.3	These patients are more frequently monitored.					
7.15.4	Staff receive training and periodic updating in control and restraint techniques.					
COP 7.16: Documented policies and procedures guide appropriate pain management.						



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7.16.1	Documented policies and procedures guide the management of pain.					
7.16.2	All patients are screened for pain and Patients with pain undergo detailed assessment and periodic reassessment.					
7.16.3	The HCC respects and supports the management of pain for such patients.					
7.16.4	Patients and family are educated on various pain management techniques, where appropriate.					
COP 7.17: Documented policies and procedures guide appropriate rehabilitative services.						
7.17.1	Documented policies and procedures guide the provision of rehabilitative services.					
7.17.2	These services are commensurate with the requirements of the HCC.					
7.17.3	Care is guided by functional assessment and periodic reassessment which is done and documented by a qualified health professional(s).					
7.17.4	Care is provided adhering to infection control and safety practices.					
7.17.5	Rehabilitative services are provided by a multidisciplinary team.					
7.17.6	There is adequate space and equipment to perform these activities.					
COP 7.18: Documented policies and procedures guide all research and developmental activities.						
7.18.1	Documented policies and procedures guide all research and developmental activities in compliance with national and international					



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	guidelines.					
7.18.2	The HCC has an ethical committee to oversee the research activities in compliance with the Research and Ethical Board of Bhutan.					
7.18.3	The committee has the power to discontinue a research trial when risks outweigh the potential benefits.					
7.18.4	Patients' informed consent is obtained before entering them into research protocols.					
7.18.5	Patients are informed of their right to withdraw from the research at any stage and also of the consequences (if any) of such withdrawal.					
7.18.6	Patients are assured that their refusal to participate or withdrawal from participation will not compromise their access to the HCC's services.					
COP 7.19: Documented policies and procedures guide nutritional therapy						
7.19.1	Documented policies and procedures guide nutritional assessment and reassessment.					
7.19.2	Patients receive food according to their clinical needs.					
7.19.3	There is a written order for the diet.					
7.19.4	Nutritional therapy is planned and provided collaboratively.					
7.19.5	When families provide food, they are educated about the patients' diet limitations.					
7.19.6	Food is prepared, handled, stored and distributed safely.					
7.19.7	Other indicative points are:					



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COP 7.20: Documented policies and procedures guide the end of life care.					
7.20.1	Documented policies and procedures guide the end of life care.				
7.20.2	These procedures are in consonance with the legal requirements.				
7.20.3	These also address the identification of the unique needs of such patients and families.				
7.20.4	Symptomatic treatment is provided and where appropriate measures are taken for the alleviation of pain.				
7.20.5	Staff are educated and trained in end of life care and records of the same shall be available.				
8. Management of Medication (MOM)					
MOM 8.1: Documented policies and procedures guide the HCC's pharmacy services and use of medication.					
8.1.1	There is a documented policy and procedure for pharmacy services and medication usage.				
8.1.2	These comply with the applicable laws and regulations.				
8.1.3	A therapeutic committee guides the formulation and implementation of these policies and procedures.				
8.1.4	There is a procedure to obtain medication when the pharmacy is closed.				
MOM 8.2: There is a national formulary in the HCC.					
8.2.1	A list of medications appropriate for the patients and as per the scope of the HCC clinical services is developed.				



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8.2.2	The list is developed and updated collaboratively by the therapeutic committee.					
8.2.3	The national formulary is available for clinicians to refer to and adhere to.					
8.2.4	There is a defined process for the acquisition of these medications.					
8.2.5	There is a process to obtain medications not listed in the formulary.					
MOM 8.3: Documented policies and procedures guide the storage of the medication.						
8.3.1	Documented policies and procedures exist for the storage of the medication.					
8.3.2	Medications are stored in a clean, safe and secure environment; and incorporating the manufacturer's recommendation(s).					
8.3.3	Sound inventory control practices guide the storage of the medications.					
8.3.4	Sound-alike and look-alike medications are identified and stored separately.					
8.3.5	The list of emergency medications is defined and is stored uniformly.*					
8.3.6	Emergency medications are available all the time.					
8.3.7	Emergency medications are replenished promptly when used.					
MOM 8.4: Documented policies and procedures guide the safe and rational prescription of medications						
8.4.1	Documented policies and procedures exist for the prescription of medications.					
8.4.2	These incorporate the inclusion of good					



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	practices/guidelines for the rational prescription of medications.					
8.4.3	The HCC determines the minimum requirements of a prescription.					
8.4.4	Known drug allergies are ascertained before prescribing.					
8.4.5	The HCC determines who can write orders.					
8.4.6	Orders are written in a uniform location in the medical records.					
8.4.7	Medication orders are clear, legible, dated, timed, named and signed.					
8.4.8	Medication orders contain the name of the medicine, the route of administration, the dose to be administered and the frequency/time of administration.					
8.4.9	Documented policy and procedure on verbal orders are implemented.					
8.4.10	The HCC defines a list of high-risk medication(s).					
8.4.11	Audit of medication orders/prescriptions is carried out to check for safe and rational prescription of medications.					
8.4.12	Corrective and/or preventive action(s) is taken based on the analysis, where appropriate.					
MOM 8.5: Documented policies and procedures guide the safe dispensing of medications.						
8.5.1	Documented policies and procedures guide the safe dispensing of medications.					
8.5.2	The procedure addresses the recall of a medicinal product.					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

8.5.3	The expiry date is checked before dispensing.					
8.5.4	There is a procedure for near expiry medications.					
8.5.5	Labelling requirements are documented and implemented by the HCC.					
8.5.6	High-risk medication orders are verified before dispensing.					
MOM 8.6: Documented policies and procedures for medication management.						
8.6.1	Medications are administered by those professionals certified by the BMHC.					
8.6.2	Prepared medication is labelled before the preparation of a second drug.					
8.6.3	The patient is identified before administration.					
8.6.4	Medication is verified from the order before administration.					
8.6.5	Dosage and route are verified from the order before administration.					
8.6.6	Timing is verified from the order before administration.					
8.6.7	Medication administration is documented.					
8.6.8	Documented policies and procedures govern the patient's self-administration of medications.					
8.6.9	Documented policies and procedures govern patient's medications brought from outside the HCC.					
MOM 8.7: Patients are monitored after medication administration.						
8.7.1	Documented policies and procedures guide the monitoring of patients after medication					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

	administration.					
8.7.2	The HCC defines those situations where close monitoring is required.					
8.7.3	Monitoring is done collaboratively.					
8.7.4	Medications are changed where appropriate based on the monitoring.					
MOM 8.8: Near misses, medication errors and adverse drug events are reported and analysed.						
8.8.1	Documented procedures exist to capture near-miss, medication error and adverse drug events.					
8.8.2	Near miss, medication error and adverse drug events are defined.					
8.8.3	These are reported within a specified time frame.					
8.8.4	They are collected and analysed.					
8.8.5	Corrective and/or preventive action(s) are taken based on the analysis where appropriate.					
MOM 8.9: Documented procedures guide the use of narcotic drugs and psychotropic substances.						
8.9.1	Documented procedures guide the use of narcotic drugs and psychotropic substances which are in consonance with local and national regulations.					
8.9.2	These drugs are stored securely (should be under lock and Key).					
8.9.3	A proper record is kept of the usage, administration and disposal of these drugs.					
8.9.4	These drugs are handled by appropriate personnel per the documented procedure.					
MOM 8.10: Documented policies and procedures guide the usage of chemotherapeutic agents.						



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

8.10.1	Documented policies and procedures guide the usage of chemotherapeutic agents.					
8.10.2	Chemotherapy is prescribed by those who know to monitor and treat the adverse effect of chemotherapy.					
8.10.3	Chemotherapy is prepared properly and safely and administered by qualified personnel.					
8.10.4	Chemotherapy drugs are disposed of per legal requirements.					
MOM 8.11: Documented policies and procedures govern the usage of radioactive drugs.						
8.11.1	Documented policies and procedures govern the usage of radioactive drugs.					
8.11.2	These policies and procedures are in consonance with laws and regulations.					
8.11.3	The policies and procedures include the safe storage, preparation, handling, distribution and disposal of radioactive drugs.					
8.11.4	Staff, patients and visitors are educated on safety precautions.					
MOM 8.12: Documented policies and procedures guide the use of implantable prosthesis and medical devices.						
8.12.1	Usage of an implantable prosthesis and medical devices is guided by scientific criteria for each item and national/international recognized guidelines/approvals for such specific items(s).					
8.12.2	Documented policies and procedures govern procurement, storage/stocking, issuance and usage of an implantable prosthesis and medical					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

	devices incorporating the manufacturer's recommendation(s).					
8.12.3	The patient and his/her family are counselled for the usage of the implantable prosthesis and a medical device including precautions if any.					
8.12.4	The batch and the serial number of the implantable prosthesis and medical devices are recorded in the patient's medical record and the master logbook.					
MOM 8.13: Documented policies and procedures guide the use of medical supplies and consumables						
8.13.1	There is a defined process for the acquisition of medical supplies and consumables.					
8.13.2	Medical supplies and consumables are used in a safe manner, where appropriate.					
8.13.3	Medical supplies and consumables are stored in a clean, safe and secure environment; and incorporate the manufacturer's recommendation(s).					
8.13.4	Sound inventory control practices guide the storage of medical supplies and consumables.					
9. Patient Rights and Education (PRE)						
PRE 9.1: The HCC protects patient and family rights and informs them about their responsibilities during care.						
9.1.1	Patient and family rights and responsibilities are documented and displayed.					
9.1.2	HCC leaders protect patient and family rights.					
9.1.3	Staff are aware of his/her responsibility in					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

	protecting patient and family rights.					
9.1.4	Violation of patient and family rights is recorded, reviewed and corrective preventive measures are taken.					
PRE 9.2: Patient and family rights support individual beliefs, values and involve the patient and family in decision-making processes						
9.2.1	Patient and family rights include respect for personal dignity and privacy during examination, procedure and treatment.					
9.2.2	Patient and family rights include protection from physical abuse or neglect.					
9.2.3	Patient and family rights include treating patient information as confidential.					
9.2.4	Patient and family rights include refusal of treatment.					
9.2.5	Patient and family rights include informed consent before transfusion of blood and blood products, anaesthesia, surgery, initiation of any research protocol and any other invasive/high-risk procedures/treatment.					
9.2.6	Patient and family rights include the right to complain and information on how to voice a suggestion.					
9.2.7	Patient and family rights include information on the expected cost of the treatment where relevant.					
9.2.8	Patient and family rights include information on the plan of care, progress and information on their health care needs.					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

PRE 9.3: The patient and/or family members are educated to make informed decisions and are involved in the care planning and delivery process					
9.3.1	The patient and/or family members are explained about the proposed care including the risks, possible complications, treatment alternatives, the expected results and benefits.				
9.3.2	The patient and/or family members are explained about the expected results.				
9.3.3	The patient and/or family members are explained about the possible complications.				
9.3.4	The care plan is prepared and modified in consultation with the patient and/or family members.				
9.3.5	The care plan respects and where possible incorporate patient and/or family concerns and requests.				
9.3.6	The patient and/or family members are informed about the results of diagnostic tests and the diagnosis.				
9.3.7	The patient and/or family members are explained about any change in the patient's condition.				
PRE 9.4: The documented procedure for obtaining patient and/or family's consent exists for informed decision making about their care.					
9.4.1	The documented procedure incorporates the list of situations where informed consent is required and the process for taking informed consent.				
9.4.2	The patient and/or his family members are				



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

	informed of the scope of such general consent.					
9.4.3	Informed consent includes information regarding the procedure, risks, benefits, alternatives and as to who will perform the requisite procedure in a language that they can understand.					
9.4.4	The procedure describes who can give consent when the patient is incapable of independent decision making.					
9.4.5	Informed consent is taken by the person performing the procedure.					
9.4.6	The informed consent process adheres to statutory norms.					
9.4.7	Staff are aware of the informed consent procedure.					
PRE 9.5: Patients and families have a right to information and education about their healthcare needs						
9.5.1	The patient and/or family are educated about the safe and effective use of medication and the potential side effects of the medication, when appropriate.					
9.5.2	The patient and/or family are educated about food-drug interactions.					
9.5.3	The patient and/or family are educated about diet and nutrition.					
9.5.4	The patient and/or family are educated about immunizations.					
9.5.5	The patient and/or family are educated about organ donation, when appropriate.					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

9.5.6	The patient and/or family are educated about their specific disease process, complications and prevention strategies.					
9.5.7	The patient and/or family are educated about preventing healthcare-associated infections.					
9.5.8	The patient and/or family are educated in a language that they can understand.					
PRE 9.6: Patients and families have a right to information on expected costs (If applicable).						
9.6.1	There is a uniform pricing policy in a given setting (out-patient and ward category).					
9.6.2	The tariff list is available to patients.					
9.6.3	The patient and/or family members are explained about the expected costs.					
9.6.4	The patient and/or family are informed about the financial implications when there is a change in the patient condition or treatment setting.					
PRE 9.7: HCC has a complaint redressal procedure						
9.7.1	The HCC has a documented complaint redressal procedure.					
9.7.2	Patients and/or family members are made aware of the procedure for lodging complaints.					
9.7.3	A suggestion box is made available and suggestions are analysed.					
9.7.4	Corrective and/or preventive action(s) are taken based on the analysis where appropriate.					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

10. Infection Control (HIC) & Medical Waste Management					
HIC 10.1: The HCC has a well-designed, comprehensive and coordinated HCC Infection Control (HIC) program aimed at reducing/eliminating risks to patients, visitors and providers of care.					
10.1.1	The HCC infection control program is documented which aims at preventing and reducing the risk of HAI.				
10.1.2	The infection control program is a continuous process and updated periodically.				
10.1.3	The HCC has a multi-disciplinary infection control committee, which coordinates all infection control activities.				
10.1.4	The HCC has a full-time infection control officer, which coordinates the implementation of all infection control activities.				
10.1.5	The HCC has designated an infection control officer as part of the infection control team.				
HIC 10.2: The HCC implements the policies and procedures laid down in the Infection Control and Waste Management Guideline/manual.					
10.2.1	The HCC identifies the various high-risk areas and procedures and implements policies and/or procedures to prevent infection in these areas.				
10.2.2	The HCC adheres to standard precautions at all times.				
10.2.3	The HCC adheres to hand-hygiene guidelines.				
10.2.4	The HCC adheres to safe injection and infusion practices.				
10.2.5	The HCC adheres to transmission-based				



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

	precautions at all times.					
10.2.6	The HCC adheres to cleaning, disinfection and sterilization practices.					
10.2.7	An appropriate antibiotic policy is established and implemented.					
10.2.8	The HCC adheres to laundry and linen management processes.					
10.2.9	The HCC adheres to kitchen sanitation and food-handling issues.					
10.2.10	The HCC has appropriate engineering controls to prevent infections.					
10.2.11	The HCC adheres to housekeeping procedures.					
HIC 10.3: The HCC performs surveillance activities to capture and monitor infection prevention and control data.						
10.3.1	Surveillance activities are appropriately directed towards the identified high-risk areas and procedures.					
10.3.2	The collection of surveillance data is an ongoing process.					
10.3.3	Verification of data is done periodically by the infection control team.					
10.3.4	The scope of surveillance activities incorporates tracking and analysing infection risks, rates and trends.					
10.3.5	Surveillance activities include monitoring compliance with hand-hygiene guidelines.					
10.3.6	Surveillance activities include monitoring the effectiveness of housekeeping services.					
10.3.7	Appropriate feedback regarding HAI rates is					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

	provided regularly to appropriate personnel.					
10.3.8	In cases of notifiable diseases, information (in relevant format) is sent to appropriate authorities.					
HIC 10.4: The HCC takes actions to prevent and control Healthcare-Associated Infections (HAI) in patients.						
10.4.1	The HCC takes action to prevent HCC acquired urinary tract infections, respiratory tract infections, intravascular device infections and surgical site infections.					
HIC 10.5: The HCC provides adequate and appropriate resources for the prevention and control of Healthcare-Associated Infections (HAI).						
10.5.1	Adequate and appropriate personal protective equipment, liquid soaps, and disinfectants are available and used correctly.					
10.5.2	Adequate and appropriate facilities for hand hygiene in all patient-care areas are accessible to healthcare providers.					
10.5.3	Isolation/barrier nursing facilities are available.					
10.5.4	Appropriate pre-and post-exposure prophylaxis is provided to all staff members concerned.					
HIC 10.6: The HCC identifies and takes appropriate action to control outbreaks of infections						
10.6.1	HCC has a documented procedure for identifying an outbreak.					
10.6.2	HCC has a documented procedure for handling such outbreaks.					
10.6.3	After the outbreak is over appropriate					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

	corrective actions are taken to prevent a recurrence.					
HIC 10.7: There are documented policies and procedures for sterilization activities in the HCC.						
10.7.1	The HCC provides adequate space and appropriate zoning for sterilization activities.					
10.7.2	Documented procedure guides the cleaning, packing, disinfection and/or sterilization, storing and the issue of items.					
10.7.3	Reprocessing of instruments and equipment are covered.					
10.7.4	Regular validation tests for sterilization are carried out and documented.					
10.7.5	There is an established recall procedure when the breakdown in the sterilization system is identified.					
HIC 10.8: Biomedical waste is handled appropriately and safely.						
10.8.1	The HCC adheres to statutory provisions concerning biomedical waste.					
10.8.2	Proper segregation and collection of biomedical waste from all patient-care areas of the HCC are implemented and monitored.					
10.8.3	The HCC ensures that biomedical waste is stored and transported to the site of treatment and disposal in properly covered vehicles within stipulated time limits in a secure manner.					
10.8.4	The biomedical waste treatment facility is managed as per legal provisions (if in-house) or the Thromde office.					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

10.8.5	Appropriate personal protective measures are used by all categories of staff handling biomedical waste.					
HIC 10.9: The infection control program is supported by the management and includes training of staff.						
10.9.1	The management makes available resources required for the infection control program.					
10.9.2	The HCC earmarks adequate funds from its annual budget in this regard.					
10.9.3	The HCC conducts induction training for all staff.					
10.9.4	The HCC conducts appropriate “in-service” training sessions for all staff at least once a year.					
11. Continuous Quality Improvement (CQI)						
CQI 11.1: There is a structured quality improvement and continuous monitoring program in the HCC						
11.1.1	The quality improvement program is developed, implemented and maintained by a multidisciplinary committee.					
11.1.2	The quality improvement program is documented.					
11.1.3	There is a designated individual for coordinating and implementing the quality-improvement program.					
11.1.4	The designated program is communicated and coordinated amongst all the staff or the Health Centre through an appropriate training					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

	mechanism.					
11.1.5	The quality improvement program identifies opportunities for improvement based on the review at predefined intervals.					
11.1.6	The quality improvement program is a continuous process and updated at least once in two years.					
11.1.7	Audits are conducted at regular intervals as a means of continuous monitoring.					
11.1.8	There is an established process in the HCC to monitor and improve the quality of patient care.					
CQI 11.2: There is a structured patient-safety program in the HCC.						
11.2.1	The patient-safety program is developed, implemented and maintained by a multi-disciplinary committee and documented.					
11.2.2	The patient safety program is documented.					
11.2.3	The patient-safety program is comprehensive and covers all the major elements related to patient safety and risk management.					
11.2.4	The scope of the program is defined to include adverse events ranging from “no harm” to “sentinel events”.					
11.2.5	There is a designated individual for coordinating and implementing the patient safety program.					
11.2.6	There is a designated program for communicating and coordinating amongst all the staff of the HCC through appropriate					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

	training mechanisms.					
11.2.7	The patient-safety program identifies opportunities for improvement based on the review at predefined intervals and is a continuous process and updated at least once a year.					
11.2.8	The patient-safety program is a continuous process and updated at least once a year.					
11.2.9	The HCC adapts and implements national/international patient-safety goals/solutions.					
11.2.10	The HCC adapts and implements national/international patient-safety goals/solutions.					
CQI 11.3: The HCC identifies key indicators to monitor the clinical structures, processes and outcomes, which are used as tools for continual improvement.						
11.3.1	Monitoring includes an appropriate patient care plan.					
11.3.2	Monitoring includes safety and quality-control programs of all the diagnostic services.					
11.3.3	Monitoring includes medication management.					
11.3.4	Monitoring includes the use of anaesthesia.					
11.3.5	Monitoring includes surgical services.					
11.3.6	Monitoring includes the use of blood and blood products.					
11.3.7	Monitoring includes infection control activities.					
11.3.8	Monitoring includes the review of mortality and morbidity indicators.					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

11.3.9	Monitoring includes clinical research.					
11.3.10	Monitoring includes data collection to support further improvements.					
11.3.11	Monitoring includes data collection to support the evaluation of these improvements.					
CQI 11.4: The HCC identifies key indicators to monitor the managerial structures, processes and outcomes which are used as tools for continual improvement.						
11.4.1	Monitoring includes the procurement of medication essential to meet patient needs.					
11.4.2	Monitoring includes risk management.					
11.4.3	Monitoring includes the utilization of space, manpower and equipment.					
11.4.4	Monitoring includes patient satisfaction which also incorporates waiting time for services. Define under the definition.					
11.4.5	Monitoring includes employee satisfaction.					
11.4.6	Monitoring includes adverse events and near misses.					
11.4.7	Monitoring includes the availability and content of medical records.					
11.4.8	Monitoring includes data collection to support further improvements.					
11.4.9	Monitoring includes data collection to support the evaluation of these improvements.					
CQI 11.5: The quality improvement program is supported by the management.						
11.5.1	The management makes available adequate resources required for the quality improvement program.					
11.5.2	HCC earmarks adequate funds from its annual					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

	budget in this regard.					
11.5.3	The management identifies HCC performance improvement targets.					
11.5.4	The management supports and implements the use of appropriate quality improvement, statistical and management tools in its quality improvement program.					
CQI 11.6: There is an established system for clinical audit and documented						
11.6.1	Medical and nursing staff participate in this system.					
11.6.2	The parameters to be audited are defined by the HCC.					
11.6.3	Patient and staff anonymity is maintained.					
11.6.4	All audits are documented.					
11.6.5	Remedial measures are implemented.					
CQI 11.7: Incidents, complaints and feedback are collected and analysed to ensure continuous quality improvement.						
11.7.1	The HCC has an incident reporting system.					
11.7.2	The HCC has a process to collect feedback and receive complaints.					
11.7.3	The HCC has established processes for analysis in incidents, feedbacks and complaints.*					
11.7.4	Corrective and preventive actions are taken based on the findings of such analysis and Feedback about care and service is communicated to staff.					
11.7.5	Feedback about care and service is communicated to staff.					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

CQI 11.8: Sentinel events are intensively analysed.					
11.8.1	The HCC has defined sentinel events.				
11.8.2	The HCC has established processes for intense analysis of such events.				
11.8.3	Sentinel events are intensively analysed when they occur.				
11.8.4	Corrective and preventive actions are taken based on the findings of such analysis.				
CQI 11.9: Regular Supervision and Monitoring of HCC					
11.9.1	All the HCCs are periodically supervised and monitored to ensure adherence to these standards.				
11.9.2	Regular Assessment for compliance.				
11.9.3	The system is in place to ensure timely submission of reports to the QASD.				
12. Responsibilities of Management (ROM)					
ROM 12.1: The terms of reference for those responsible for governance are defined.					
12.1.1	Those responsible for governance lay down the HCC's mission and values.				
12.1.2	Those responsible for governance approve strategic and operational plans.				
12.1.3	Those responsible for governance monitor and measure the performance of the HCC against the stated mission.				
12.1.4	The Ministry of Health shall be responsible for governance and establishing the HCC's organogram.				
12.1.5	Those responsible for governance appoint the				



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

	in-charges/focal persons in the HCC.					
12.1.6	Those responsible for governance support safety initiatives and quality improvement plans.					
12.1.7	Those responsible for governance support research activities.					
12.1.8	Those responsible for governance address the HCC's social responsibility.					
12.1.9	Those responsible for governance inform the public of the quality and performance of services.					
ROM 12.2: The HCC complies with the laid-down and applicable legislation and regulations.						
12.2.1	The management is conversant with the laws and regulations and knows their applicability to the HCC.					
12.2.2	The management ensures the implementation of these requirements.					
12.2.3	Management regularly updates any amendments to the prevailing laws of the land.					
12.2.4	There is a mechanism to regularly update licenses/registrations/certifications.					
ROM 12.3: The services provided by each department are documented.						
12.3.1	The scope of services of each department is defined.					
12.3.2	Administrative procedures for each department are maintained.					
12.3.3	Each HCC's program, service, site or department has effective leadership.					
12.3.4	Departmental leaders are involved in quality					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

	improvement.					
ROM 12.4: The HCC is managed by the leaders in an ethical manner.						
12.4.1	The leaders make public the scope, mission, vision and values of the HCC.					
12.4.2	The leaders establish the HCC's ethical management.					
12.4.3	The HCC discloses its ownership (If applicable).					
12.4.4	The HCC honestly portrays the services which it can and cannot provide.					
12.4.5	The HCC honestly portrays its affiliations and accreditations (if applicable).					
12.4.6	The HCC accurately bills for its services based upon a standard billing tariff (if applicable).					
ROM 12.5: The HCC displays professionalism in the management of affairs.						
12.5.1	The person heading the HCC has requisite and appropriate administrative qualifications and administrative experience.					
12.5.2	The HCC prepares the strategic and operational plans including long-term and short-term goals commensurate with the HCC's vision, mission and values in consultation with the various stakeholders.					
12.5.3	The HCC coordinates the functioning with departments and external agencies and monitors the progress in achieving the defined goals and objectives.					
12.5.4	The HCC plans and budgets for its activities annually.					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

12.5.5	The performance of the in-charges/focal persons is reviewed for their effectiveness.					
12.5.6	The functioning of committees is reviewed for their effectiveness.					
12.5.7	The HCC documents employee rights and responsibilities.					
12.5.8	The HCC documents the service standards					
12.5.9	The HCC has a formal documented agreement for all outsourced services.					
12.5.10	The HCC monitors the quality of the outsourced services.					
ROM 12.6: Management ensures that patient-safety aspects and risk-management issues are an integral part of patient care and HCC management.						
12.6.1	Management ensures proactive risk management across the HCC.					
12.6.2	Management provides resources for proactive risk assessment and risk-reduction activities.					
12.6.3	Management ensures the implementation of systems for internal and external reporting of system and process failures.					
12.6.4	Management ensures that appropriate corrective and preventive actions are taken to address safety-related incidents.					
13. Facility Management and Safety (FMS)						
FMS 13.1: The HCC has a system in place to provide a safe and secure environment.						
13.1.1	The safety committee coordinates the development, implementation and monitoring of the safety plan and policies.					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

13.1.2	Patient-safety devices are installed across the HCC and inspected periodically.					
13.1.3	The HCC is a prohibited area for alcohol, smoking, chewing doma, tobacco and other edibles that would litter the HCC areas.					
13.1.4	Facility inspection rounds to ensure safety are conducted at least twice a year in patient-care areas and at least once a year in non-patient-care areas.					
13.1.5	Inspection reports are documented and corrective and preventive measures are undertaken.					
13.1.6	There is a safety education program for staff.					
FMS 13.2: The HCC's environment and facilities operate to ensure the safety of patients, their families, staff and visitors.						
13.2.1	Facilities are appropriate to the scope of services of the HCC.					
13.2.2	Up-to-date drawings are maintained which detail the site layout, floor plans and fire-escape routes.					
13.2.3	There are internal and external sign postings in the HCC in a language understood by the patient, families and community.					
13.2.4	The provision of space shall be per the available literature on good practices (National/Regional/International Standards) and directives from government agencies.					
13.2.5	Safe drinking water and electricity are available round the clock.					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

13.2.6	Alternate sources for electricity and water are provided as a backup for any failure/shortage.					
13.2.7	There are designated individuals responsible for the maintenance of all the facilities.					
13.2.8	There is a documented operational and maintenance (preventive and breakdown) plan.*					
13.2.9	The maintenance staff is contactable round the clock for emergency repairs.					
FMS 13.3: The HCC has a program for engineering support services management.						
13.3.1	The HCC plans for equipment per its services and strategic plan.					
13.3.2	Equipment is selected, updated or upgraded by a collaborative process.					
13.3.3	Equipment is inventoried and proper logs are maintained as required.					
13.3.4	Qualified and trained personnel operate and maintain equipment and utility systems.					
13.3.5	There is a documented operational and maintenance (preventive and breakdown) plan.*					
13.3.6	There is a maintenance plan for water management.*					
13.3.7	There is a maintenance plan for the electrical system.*					
13.3.8	There is a maintenance plan for heating, ventilation and air-conditioning.*					
13.3.9	There is a documented procedure for equipment replacement and disposal.*					



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

FMS 13.4: The HCC has a program in medical equipment management.					
13.4.1	The HCC plans for equipment per services and strategic plan of the BMED/MOH.				
13.4.2	Equipment is selected, rented, updated or upgraded by a collaborative process.				
13.4.3	Medical equipment is inventoried and proper logs are maintained.				
13.4.4	Qualified and trained personnel operate and maintain medical equipment.				
13.4.5	Medical equipment is periodically inspected and verified for its proper performance.				
13.4.6	There is a documented operational and maintenance (preventive and breakdown) plan.				
13.4.7	There is a documented procedure for medical equipment replacement and disposal.				
13.4.8	There is a documented system for validation and verification of the equipment with a certificate of performance after installation, repairing or maintenance services.				
13.4.9	There is a documented system for quality inspection of equipment to validate and verify the functionality and performance characteristics.				
FMS 13.5: The HCC has a program for medical gases, vacuum and compressed air.					
13.5.1	Documented procedures govern procurement, handling, storage, distribution, usage and replenishment of medical gases.				
13.5.2	Medical gases are handled, stored, distributed and used safely.				



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13.5.3	The procedures for medical gases address safety issues at all levels.					
13.5.4	Alternate sources for medical gases, vacuum and compressed air are provided, in case of failure.					
13.5.5	There is an operational and maintenance plan for piped medical gas, compressed air and vacuum installation.					
FMS 13.6: The HCC has plans for fire and non-fire emergencies within the facilities.						
13.6.1	The HCC has plans and provisions for early detection, abatement and containment of fire and non-fire emergencies.					
13.6.2	The HCC shall take care of non-fire emergencies by identifying them and by deciding the appropriate course of action.					
13.6.3	The HCC shall establish liaison with civil and police authorities and fire brigade as required by law for enlisting their help and support in case of an emergency.					
13.6.4	The HCC has a documented safe-exit plan in case of fire and non-fire emergencies.					
13.6.5	Trained for its role in case of such emergencies.					
13.6.6	Mock drills are held at least twice a year.					
13.6.7	There is a maintenance plan for fire-related equipment.					
FMS 13.7: The HCC plans for handling community emergencies, epidemics and other disasters.						
13.7.1	The HCC identifies potential emergencies.					
13.7.2	The HCC has a documented disaster					



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	management plan.					
13.7.3	Provision is made for the availability of medical supplies, equipment and materials during such emergencies.					
13.7.4	Staff are trained in the HCC's disaster management plan.					
13.7.5	The plan is tested at least twice a year.					
FMS 13.8: The HCC has a plan for the management of hazardous materials.						
13.8.1	Hazardous materials are identified within the HCC.					
13.8.2	The HCC implements processes for sorting, labelling, handling, storage, transporting and disposal of hazardous material.					
13.8.3	Requisite regulatory requirements are met in respect of radioactive materials.					
13.8.4	There is a plan for managing spills of hazardous materials.					
13.8.5	Staff are educated and trained in handling such materials.					
14. Human Resource Management (HRM)						
HRM 14.1: The HCC has a documented system of human resource planning.						
14.1.1	Human resource management should adhere to the Bhutan Civil Service Rules and Regulations 2018 and the Bhutan Civil Service Act of Bhutan 2010.					
14.1.2	Human Resource Planning should support the HCC's current and future ability to meet the care, treatment and service needs of the					



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	patient.					
14.1.3	The HCC maintains an adequate number and mix of staff to meet the care, treatment and service needs of the patient.					
14.1.4	The required job specification and job descriptions are well defined for each category of staff.					
14.1.5	The HCC verifies the potential employee with regards to criminal/negligence background.					
HRM 14.2: The HCC has a documented procedure for recruiting staff and orienting them to the HCC's environment.						
14.2.1	There is a documented procedure for recruitment.					
14.2.2	Recruitment is based on predefined criteria.					
14.2.3	Every staff member entering the HCC is provided induction training.					
14.2.4	The induction training includes orientation to the HCC's vision, mission and values.					
14.2.5	The induction training includes awareness of employee rights and responsibilities.					
14.2.6	The induction training includes awareness of a patient's rights and responsibilities.					
14.2.7	The induction training includes orientation to the service standards of the HCC.					
14.2.8	Every staff member is made aware of HCC's wide policies and procedures as well as relevant department/unit/service/program's procedures.					
HRM 14.3: There is an ongoing program for professional training and development of the staff.						



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14.3.1	A documented training and development policy exists for the staff.					
14.3	The HCC maintains the training record.					
14.3	Training also occurs when job responsibilities are changed/new equipment is introduced.					
14.3	Feedback mechanisms for the assessment of training and development programs exist and the feedback is used to improve the training program.					
HRM 14.4: Staff is adequately trained in various safety-related aspects.						
14.4.1	Staff are trained on the risks within the HCC's environment.					
14.4.2	Staff members can demonstrate and take actions to report, eliminate/minimize risks.					
14.4.3	Staff members are made aware of procedures to follow in the event of an incident.					
14.4.4	Staff are trained in occupational safety aspects.					
HRM 14.5: An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.						
14.5.1	A documented performance appraisal system exists in the HCC.					
14.5.2	The employees are made aware of the system of appraisal at the time of induction.					
14.5.3	Performance is evaluated based on the predetermined criteria and is used as a tool for					
	further development.					
14.5.4	The appraisal system is used as a tool for further development.					
14.5.5	Performance appraisal is carried out at					



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	predefined intervals and is documented.					
HRM 14.6: The HCC has documented disciplinary and grievance handling policies and procedures.						
14.6.1	Documented procedures exist.					
14.6.2	The procedures are known to all categories of staff of the HCC.					
14.6.3	The disciplinary policy and procedure is based on the principles of justice and is in consonance with the prevailing laws.					
14.6.4	There is a provision for appeals in all disciplinary cases.					
14.6.5	The redress procedure addresses the grievance and actions are taken to redress the grievance.					
HRM 14.7: The HCC addresses the health needs of the employees.						
14.7.1	A pre-employment medical examination is conducted on all the employees.					
14.7.2	Health problems of the employees are taken care of per the HCC's policy.					
14.7.3	Regular health checks of staff dealing with direct patient care are done at least once a year and the findings/results are documented.					
14.7.4	Occupational health hazards are adequately addressed.					
HRM 14.8: There is documented personal information for each staff member.						
1.1.1.	Personal files are maintained in respect of all staff.					
1.1.2.	The personal files contain personal information regarding the staff's qualification, disciplinary background and health status.					



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1.1.3.	All records of in-service training and education are contained in the personal files.					
HRM 14.9: There is a process for credentialing and privileging of medical professionals, permitted to provide patient care without supervision.						
14.9.1	Medical professionals permitted by law, regulation and the HCC to provide patient care without supervision are identified.					
14.9.2	The education, registration, training and experience of the identified medical professionals are documented and updated periodically (done by BMHC).					
14.9.3	All such information about medical professionals is appropriately verified when possible.					
14.9.4	Medical professionals are granted privileges to admit and care for patients in consonance with their qualification, training, experience and regulations of the registration.					
14.9.5	The requisite services to be provided by the medical professionals are known to them as well as the various departments/units of the HCC.					
14.9.6	Medical professionals admit and care for patients as per their privilege.					
HRM 14.10: There is a process for credentialing and privileging of nursing professionals, permitted to provide patient care without supervision.						
14.10.1	Nursing staff permitted by law, regulation and the HCC to provide patient care without supervision are identified.					



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14.10.2	The education, registration, training and experience of the nursing staff is documented and updated periodically.					
14.10.3	All such information about the nursing staff is appropriately verified when possible.					
14.10.4	Nursing staff are granted privileges in consonance with their qualification, training, experience and registration.					
14.10.5	The requisite services to be provided by the nursing staff are known to them as well as the various departments/units of the HCC.					
14.10.6	Nursing professionals care for patients as per their privilege.					
15. Information Management System (IMS)						
IMS 15.1: Documented policies and procedures exist to meet the information needs of the care providers, management of the HCC as well as other agencies that require data and information from the HCC						
15.1.1	The information needs of the HCC are identified and are appropriate to the scope of the services being provided by the organization.					
15.1.2	Documented policies and procedures to meet the information needs exist.					
15.1.3	These policies and procedures comply with the prevailing laws and regulations.					
15.1.4	All information management and technology acquisitions are per the documented policies and procedures.					



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15.1.5	The HCC contributes to external databases per the law and regulations.					
IMS 15.2: The HCC has processes in place for the effective management of data.						
15.2.1	Formats for data collection are standardized.					
15.2.2	Necessary resources are available for analysing data.					
15.2.3	Documented procedures are laid down for timely and accurate dissemination of data.					
15.2.4	Documented procedures exist for storing and retrieving data.					
15.2.5	Appropriate clinical and managerial staff participates in the selection, integrating and using data.					
IMS 15.3: The HCC has a complete and accurate medical record for every patient.						
15.3.1	Every medical record has a unique identifier.					
15.3.2	HCC policy identifies those authorized to make entries in the medical record.					
15.3.3	Entry in the medical record is named, signed, dated and timed.					
15.3.4	The author of the entry can be identified.					
15.3.5	The contents of the medical record are identified and documented.					
15.3.6	The record provides a complete, up-to-date and chronological account of patient care.					
15.3.7	Provision is made for 24-hour availability of the patient's record to healthcare providers to ensure continuity of care.					
IMS 15.4: The medical record reflects the continuity of care.						
15.4.1	The medical record contains information					



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GQA CHECKLIST:MOH/QASD/BHSQA/01

	regarding reasons for admission, diagnosis and plan of care.					
15.4.2	The medical record contains the results of tests carried out and the care provided.					
15.4.3	Operative and other procedures performed are incorporated in the medical record.					
15.4.4	When the patient is transferred to another HCC, the medical record contains the date of transfer, the reason for the transfer and the name of the receiving HCC.					
15.4.5	The medical record contains a copy of the discharge summary duly signed by appropriate and qualified personnel.					
15.4.6	In case of death, the medical record contains a copy of the death certificate.					
15.4.7	Whenever a clinical autopsy is carried out, the medical record contains a copy of the report of the same.					
15.4.8	Healthcare providers have access to current and past medical records.					
IMS 15.5: Documented policies and procedures are in place for maintaining confidentiality, integrity and security of records, data and information						
15.5.1	Documented policies and procedures exist for maintaining confidentiality, security and integrity of records, data and information.					
15.5.2	Documented policies and procedures are in consonance with the applicable laws.					
15.5.3	The policies and procedure(s) incorporate safeguarding of data/record against loss,					



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	destruction and tampering.					
15.5.4	The HCC has an effective process of monitoring compliance with the laid down policy and procedure.					
15.5.5	The HCC uses appropriate technology for improving confidentiality, integrity and security.					
15.5.6	Privileged health information is used for the purposes identified or as required by law and not disclosed without the patient's authorization.					
15.5.7	A documented procedure exists on how to respond to patients/physicians and other public agencies requests for access to information in the medical record per the local and national law.					
IMS 15.6: Documented policies and procedures exist from retention time of records, data and information						
15.6.1	Documented policies and procedures are in place on retaining the patient's clinical records, data and information.					
15.6.2	The policies and procedures are in consonance with the local and national laws and regulations.					
15.6.3	The retention process provides expected confidentiality and security.					
15.6.4	The destruction of medical records, data and information are per the laid-down policy.					
IMS 15.7: The HCC regularly reviews medical records.						



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15.7.1	The medical records are reviewed periodically.					
15.7.2	The review uses a representative sample based on statistical principles and is conducted by identified care providers.					
15.7.3	The review is conducted by identified care providers.					
15.7.4	The review focuses on the timeliness, legibility and completeness of the medical records.					
15.7.5	The review process includes records of both active and discharged patients.					
15.7.6	The review points out and documents any deficiencies in records.					
15.7.7	Appropriate corrective and preventive measures are undertaken within a defined period and are documented.					
Total scores from above questions:						
Percentage score (%):						
Additional Comments/Recommendations:						
Name and signature of the evaluators:						
1.						
2.						
3.						
<i>GQA checklist revised by:QASD technical working team, MoH.</i>						



General Quality Audit Checklist for BHSQA



GQA CHECKLIST:MOH/QASD/BHSQA/01

Abbreviations: all abbreviations are standard.

References:

- 2018. *Bhutan Healthcare Standard for Quality Assurance*. 2nd ed. Thimphu: Bhutan Standard Bureau (BSB), pp.22-175.