



Government of West Bengal
Health & Family Welfare Department
National Health Mission
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Memo No.:- HFW-35099/5/2018-NHM/3171/2021

Dated:- 26. 10. 2021

Date Extension

EXPRESSION OF INTEREST for empanelment to perform, 1. Cardiac Surgery &/ 2. Neurosurgery under SISHU SAATHI as a part of Rastriya Bal Swasthya Karyakram (RBSK) under National Health Mission in West Bengal

Bid Reference No.:- HFW-35099/5/2018-NHM/2955/2021

Dated:- 30. 09. 2021

As requested by intending Bidders the Bid Submission Closing Date of the floated tender is hereby extended upto **7(Seven) working Days**.

Amended Dates of Important Events are as follows:-

Sl. No.	Event	Amended Date
1	Bid submission Closing (On line)	01. 11. 2021 upto 05:00 p.m.
2	Technical Bid Opening Date	03. 11. 2021 upto 05:00 p.m.

Sd/-

**Mission Director, National Health Mission &
Secretary, Health and Family Welfare Department**



Government of West Bengal
State Family Welfare Bureau
Health & Family Welfare Department
Swasthya Bhaban, 'A'-Wing (3rd Floor)
GN-29, Sector V, Salt Lake, Kolkata-700 091
Phone: 033-2357 3625 / Fax: 2357 7909
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Memo No.:- HFW-35099/5/2018-NHM/2955/2021

Dated:- 3 0 / 0 9 / 2 0 2 1

NOTICE INVITING EXPRESSION OF INTEREST

Department of Health & Family Welfare , Government of West Bengal invites EXPRESSION OF INTEREST (EOI) from reputed Multi-/Super-specialty Hospitals for performing 1.Cardiac Surgery &/ 2.Neurosurgery, under SISHU SAATHI Scheme of Rashtriya Bal Swasthya Karyakram (RBSK), National Health Mission (NHM).

The beneficiaries will be the children in the age group of 0-18 years.

Intending Hospitals may download the Eoi document from the e-tender portal of Govt. of West Bengal at wbtenders.gov.in and the website of West Bengal Health at www.wbhealth.gov.in. The submission of bids should only be through online at www.wbtenders.gov.in.

The application cum EOI, in original along with the self assessment checklist (Anexure-1) and requisite supporting documents, (as the case may be) should be submitted in online in BID-A.

The hardy copy of application cum EOI, in original along with the self assessment checklist (Anexure-1) and requisite supporting documents, (as the case may be) should reach the office of the Mission Director, National Health Mission. The important dates related to EOI, detail of Scheme, application cum EOI form and the Self Assessment Checklist (Annexure-1) are annexed.

During the bid Evaluation, only online submitted document will be considered, i.e. if any document which is submitted in hard copy but not in e-tender, will not be considered.

Sd/-

**Mission Director, National Health Mission &
 Secretary, Health and Family Welfare Department**

Section	Contents	Page No.
1	Schedule of Dates	5
2	The scheme	6
3	Features of the scheme	6
4	Role and Responsibilities of each Party	7
5	Monitoring Mechanism	7
6	Policy on payment	8
7	Termination of the Agreement	7
8	Process of Selection of 2nd Party Eligibility criteria of applicants and bidding parameter	8
9	Statutory obligations	11
10	Instruction to the bidders	11
11	Annexure- I.A	12
12	Annexure-I.B	13

Government of West Bengal
Health & Family Welfare Department
National Health Mission
Gn-29, 4th Floor, Swasthya Saathi
building, Swasthya Bhawan Campus,
Sector - V
Salt-Lake, Bidhannagar, Kolkata - 7000091

EXPRESSION OF INTEREST

For empanelment to perform 1. Cardiac Surgery &/ 2. Neurosurgery under SISHU SAATHI as a part of Rastriya Bal Swasthya Karyakram (RBSK) under National Health Mission in West Bengal

Schedule of Dates

Date of Publishing of EOI	: 30.09.2021
Interactive session with the interested parties	: 05.10.2021 at 3.30 PM
Starting date of EOI submission [EOI may be submitted in online mode in wbtenders.gov.in]	: 08.10.2021
Date & time of closing of EOI submission	: 25.10.2021 upto 5 PM
Date & time of Hard copy EOI submission	: 27.10.2021 before 4 PM
Date & time of opening of EOI bid	: 27.10.2021 after 5 PM
Publication of list of shortlisted Hospitals after primary screening: To be notified later	
Dates for visit by team of Experts	: To be notified later
Date of publishing the empanelled list	: To be notified later
Signing of the MOU	: To be notified later

1. The Scheme:

“SISHU SAATHI”, a scheme of the West Bengal Government as part of the Rastriya Bal Swasthya Karyakram (RBSK) under National Health Mission is meant to treat Indian children of 0-18 years age group with zero out of pocket expenditure. The Government will pay the treatment costs as per specified rates to the treating Hospitals/ Organisations.

Now, the Government is seeking Expression of Interest (EOI) from other Private Hospitals/ Organisations to extend its support toward SISHU SAATHI as part of the Rastriya Bal Swasthya Karyakram (RBSK) under National Health Mission.

Reputed Multi & Super Speciality Hospitals Performing: 1. Cardiac Surgery & 2. Neurosurgery in the SISHU SAATHI Scheme under Rastriya Bal Swasthya Karyakram (RBSK) may apply for empanelment. The MOU will be signed, if the hospital meets the eligibility criteria for the above mentioned services. The beneficiaries shall be Indian children of 0-18 years agegroup.

The Department of Health and Family Welfare has felt the need to enhance partnership with more Private Super/ Multi Specialty hospitals to maximise the benefits for this initiative. The main objective of the scheme is to cover children of 0-18 years age both in rural and urban areas irrespective of their capacity to incur the cost of treatment.

2. Features of the scheme

Nature of Partnership under this scheme:

- i. The scheme would be governed by an **Agreement** with detailed terms and conditions to be signed with the organization selected through a clearly defined and transparent selection process by the competent authority of the Department of Health and Family Welfare.
- ii. The said agreement will be valid initially for a period of **three (3) years and which may be renewable based on performance indicators.**
- iii. Any Facility may apply for either Cardiothoracic Surgery or Neurosurgery or both speciality, if the eligibility criteria are met. However, **Expression of Interest (EOI) is required to be submitted for each speciality separately.**

Key Criteria of Super/Multi Speciality Hospital:

- i. Private Super/ Multi Speciality Hospitals, henceforth referred as the 2nd Party/Second Party, equipped with SUPERSPECIALITY HEALTH CARE
- ii. The Facility should be equipped with one or more of the Super-speciality to manage the Congenital Heart Diseases, Congenital Neural Defects.

- iii. The beneficiaries are 0-18 years population referred by the Department of Health and Family Welfare West Bengal.
- iv. Henceforth Department of Health and Family Welfare West Bengal will be referred as the 1st Party/ First Party.
- v. The 2nd Party will receive the patient and provide services following the terms of the MOU.
- vi. The 1st Party will reimburse the cost of surgeries as per prefixed rates.

3. Role and Responsibilities of each Party

a. Role and Responsibilities of the Department of Health and Family Welfare (1st Party)

- i. The 1st Party shall constitute one or more expert committees for pre-empament inspection of the Hospitals/ facilities and recommend for empanelment.
- ii. The 1st Party shall make payments for the agreed operational cost in accordance with the terms of the MOU.
- iii. The 1st Party shall institute monitoring mechanism to ensure compliance of service standards by the 2nd Party.
- iv. The 1st party may direct 2nd party to appear before 1st party and answer any queries which remain unexplained otherwise.

b. Role and Responsibilities of the selected Private Super/ Multi Speciality Hospitals (2nd Party):

- i. The 2nd Party would conduct cardiac surgery/neurosurgery, for children in the age group of 0 - 18 years born in India
- ii. The 2nd Party shall send all information regarding the patients under SISHU SAATHI to the concerned authorities with a copy to the CMOHs under the 1st Party in prescribed formats (admission to discharge with necessary details) at the end of each month (within the 5th day of the following month), without fail.
- iii. The 2nd Party shall be responsible to extend all cooperation for inspection of their facilities and provide all relevant documents viz. CE license file, OPD/IPD documents and forms and registers MRD to the 1st Party.
- iv. The bill must be submitted to the 1st party on monthly basis.

4. Monitoring Mechanism

- i. One or more expert committees at the state level, specific for different specialities, has been formed for, pre-selection visit of the institutions with
a

specific checklist which will be filled in by the expert group(s), will score them, and recommend them.

- ii. The 2nd Party should furnish all required information - monthly, quarterly and annually in accordance with the terms of the MOU, and as and when asked for by the 1st Party.
- iii. Quarterly meeting should be undertaken for review of performance and addressing of issues, if any. Performance appraisal on Quarterly basis should be made on the basis of performance indicators fixed by DoHFW. The measurable indicators should include: Number of registration of referred patients, Medical Interventions, Surgical Operations, Death etc. and specially Client Satisfaction. In addition, field visit to collect feedback from the patient parties' on different issues including out of pocket expenditure by the patient party, as a part of quality control of the programme.

5. Policy on payment

- i. The 1st Party will make payments against bills raised case wise, following the terms and conditions in the MOU and order/ circulars issued in this respect time to time.
- ii. The payment of dispute-less bills will be made within 60 working days from the date of receipt.
- iii. The rates, as in West Bengal Health Scheme-2008 and its revisions from time to time, after deduction of 25% on the package rates, shall be allowed to be raised in the bills. In addition, the orders/ circulars from the Health Department in relation to exclusion or inclusion of any item during real time activities shall also be applicable.
- iv. The 2nd Party shall receive the payment from the 1st Party in the form of ECS.

6. Termination of the Agreement

- a. Notwithstanding anything contained in this clause, either Party, can terminate the agreement by giving one month's notice in writing, without assigning any reason thereto.
- b. Any of the following events may constitute an event of default by the 2nd Party entitling 1st Party to terminate this agreement:
 - i. The agreement shall stand cancelled if the Clinical Establishment License of the Hospital becomes invalid.
 - ii. The Hospital is barred by the Court of Law in any legal proceeding.
 - iii. Collecting any charges from the SISHU SAATHI beneficiary, in violation of the terms of the agreement.
 - iv. Failure on part of the 2nd Party to perform any deliverables as per terms of

agreement.

- v. Upon occurrence of any of the defaults, the 1st Party would follow the procedures of issuing Notice/ Show Cause before deciding on termination of the agreement. The decision of the 1st Party shall be final and binding on the 2nd Party.

7. Process of Selection of 2nd Party

a. Selection Committee:

The 1st Party shall form a Selection Committee (SC) to undertake selection of the 2nd Party for operation and management of the specific diseases.

b. Selection Process of Applicants:

- i. Selection process would involve short-listing of applicants based on eligibility criteria. Hospitals may be considered for empanelment under SISHU SAATHI for operation/ management of patients of one or more districts in the state, if selected.
- ii. Hospitals may be considered for empanelment under SISHU SAATHI for operation/ management of patients of one or more than one Speciality as mentioned (Cardiac Surgery, Neurosurgery). However, the Hospital(s) need to make separate applications for each Speciality.
- iii. After short-listing of applicants as mentioned above, final selection of the Hospitals from the short-listed applicants would be made on the basis of fulfillment of criteria laid down and inspection report of the expert group formed by the 1st Party.
- iv. The Selection Committee can ask the applicant(s) for any further clarifications or information or documents at any point of time before or after selection.
- v. The Selection Committee, at its own discretion, will evaluate the performance of the applicants.
- vi. Decision of the Selection Committee regarding selection of the Hospitals for enrolment under SISHU SAATHI under RBSK for above mentioned Superspeciality Services shall be final.
- vii. The MOU may be signed after successful selection process for a period of three years or more or as has been decided by the 1st Party.

c. Eligibility Criteria of the Hospitals for submission of application

A Health Care Organisations (HCO) having Super-speciality in Cardiac Surgery may be selected for paediatric cardiology program under SISHU SAATHI scheme should fulfil following criteria:

1. Should have an existing Paediatric Medicine program.
2. Should have an existing Paediatric Cardiology program.
3. Should have a dedicated well trained and experienced Paediatric Cardiothoracic surgeon.
4. Should have a dedicated well trained and experienced Paediatric Cardiac Anesthetist
5. Should have a dedicated well trained and experienced Paediatric Cardiac Intensivist and perfusionist
6. Should have a dedicated well trained and experienced Paediatric Cardiologist.
7. Should have a full time (round the clock) Cardiologist / Cardiac surgeon having experience in doing cardiac procedure.
8. Should have 24 x 7 dedicated RMO in CCU & Ward, with Post Graduation degree in Paediatric Medicine
9. Should have 24 x 7 dedicated Nursing personnel in CCU & Ward, well trained and experienced in management of paediatric cardiothoracic and cardiology cases.
10. Should have a dedicated paediatric CCU, well equipped with equipments for cardiac resuscitation (will be certified by the Expert Team during visit)
11. Must have optical Imaging systems for Paediatric patients.
12. Post Operative recovery unit should have i) proper instrumental backup ii) proper trained person.
13. Must have done reasonable number of paediatric cardiac procedures in the preceding 6 months.
14. Others (will be specified time to time by the 1st Party)

A Health Care Organisations (HCO) having Super-speciality in Neurosurgery may be selected for Neurosurgery program under SISHU SAATHI scheme should fulfil following criteria:

1. Should have an existing Paediatric Medicine program.
2. Should have an existing Paediatric Neurosurgery program.
3. Should have a dedicated well trained and experienced Paediatric Neuro-surgeon.
4. Should have a dedicated well trained and experienced Paediatric Neuro-Anesthetist
5. Should have a dedicated well trained and experienced Paediatric Neurologist.
6. Should have a round the clock (24X7) Neuro-physician/ Neurosurgeon posted in neuro ICU and Ward having experience in managing Paediatric Neurosurgery and post surgery cases.
7. Should have a dedicated Paediatric Neurosurgery ward.
8. Should have 24 x 7 dedicated RMO in ICU & Ward, with Post Graduation degree in Paediatric Medicine
9. Should have 24 x 7 dedicated Nursing personnel in ICU & Ward, well trained and experienced in management of paediatric and neurosurgery cases.
10. Should have a dedicated paediatric ICU, well equipped with equipments for resuscitation (will be certified by the Expert Team during visit)
11. Neuro OT must have instrumental and technical support for paediatric patient population.
12. Must have advanced Radio/ Magnetic Imaging systems for Paediatric patients.
13. Post operative recovery should have i) proper instrumental backup ii) proper trained person.
14. Must have done reasonable number of paediatric Neurosurgery procedures in the preceding 6 months.
15. Others (will be specified time to time by the 1st Party)

8. Statutory obligations(to be submitted in Bid A in PDF form in multiple pages.) :

- i. A declaration duly Notarized needs to be submitted by the applicant on Non Judicial stamp paper of Rs.100.00 to the effect that no litigation is pending on date and no penal measures were taken against the applicant under applicable Acts and Laws.
- ii. In case of any dispute between the matter will be settled in appropriate Court of Law within Kolkata jurisdiction.

iii. The EOI document containing Notice, detailed scheme & annexures (Annexure-1.A & Annexure-1.B) is available in www.wbhealth.gov.in for further reference.

1. Annexure-1.A and Annexure-1.B is as follows:

- a) **Annexure - 1.A:** Application and self-assessment forwarding letter.
- b) **Annexure - 1.B:** Application cum Self Assessment Check-list.

Both **Annexure -1.A & Annexure-1.B** are to be filled in with relevant data or any other as specified against each of the row and duly signed with date & stamp are to be submitted in original.

A declaration duly Notarized needs to be submitted by the applicant on Non Judicial stamp paper of Rs.100.00 to the effect that no litigation is pending on date and no penal measures were taken against the applicant under applicable Acts and Laws should be also submitted in original .

Annexure – I.A

**EXPRESSION OF INTEREST CUM APPLICATION FROM
PRIVATE SUPERSPECIALITY HOSPITALS FOR SEEKING EMPANELMENT UNDER
SISHU SAATHI SCHEME UNDER RASTRIYA BAL SWASTHYA KARYAKRAM (RBSK),
NATIONAL HEALTH MISSION**

To,
Mission Director, National Health Mission
Health & Family Welfare Department

Sub : Expression of Interest for empanelment under Sishu Saathi under Rastriya Bal Swasthya Karyakram (RBSK).

Ref : Advertisement number:dated, in the Website of the Health & Family Welfare Department, Government of West Bengal.

Sir,

I, Dr./Mr., the Proprietor/Director/CEO of the Health Care Organization called(write name and address of the Organisation), an Unispeciality/ Multispeciality Hospital (*delete the wrong ones*) situated at (*write site address of the hospital*), like to express interest of my/ our organization to be empanelled for “Sishu Saathi” under Rastriya Bal Swasthya Karyakram (RBSK), under National Health Mission.

I agree with all the terms and conditions laid down by the Department of Health and Family Welfare, Government of West Bengal in this regard.

The details of my/our organization and its services as has been presently asked for in a format defined by the Government of West Bengal, is authenticated page by page and enclosed herewith.

All the supportive documents and other requirements will be kept ready at the organization to present before your expert visiting team.

I have gone through the draft of the MOU in this regard and totally agree with that.

My organization is a bonafide CE license holder (effective up to/...../.....), for its Hospital/ Diagnostics and Imaging Centre and other relevant services. It has all statutory licenses/ permissions from other departments/ organizations relevant to get the CE license and empanelment under West Bengal Health Scheme.

I agree with the rates for packages/ operations/ interventions/ treatment/ devices/ implants etc as has been mentioned in the different circulations and in the draft MOU laid down by the Government of West Bengal.

I agree with all the clauses to render the health services to the Sishu Saathi beneficiaries as has been or will be laid down by the Government of West Bengal from time to time.

I am interested to sign the MOU in this regard at the earliest and start services to the Sishu Saathi beneficiaries.

I am the authorized signatory for the organization and the proof of authorization is attached herewith. (Wherever applicable)

List of Enclosures:

1. Self assessment format (duly filled up). -as **ANNEXURE-A**
2. Copy of WBHS endorsement certificate. -as **ANNEXURE-B** (if enlisted)
3. Copy of CE license-as **ANNEXURE-C** (Hospital/ Imaging/ Laboratory etc)
4. List of Specialist Doctors

Yours faithfully,

Signature with date
[Name/ address/ Contact number/ email id/ stamp

Annexure – I.B

EXPRESSION OF INTEREST CUM APPLICATION FROM SUPERSPECIALITY/ MULTISPECIALITY HOSPITALS FOR EMPANELMENT IN SISHU SAATHI SCHEME UNDER RASTRIYA BAL SWASTHYA KARYAKRA (RBSK).

A. General Information

1. Name of the Health Care Organization:
2. Applied for: Cardiac Surgeries / Neurosurgeries / Congenital Cataract & other critical eye surgeries for the patients of 0-18 year’s age group under SISHU SATHI under RBSK. (*Encircle which is applicable*).
3. Date of Application:.....
4. Location: in Kolkata / Outside Kolkata: (*Encircle which is applicable*)
5. Location Name:
6. Type of the Hospital: Uni-Superspecialty Hospital / Multi Super-specialty speciality Hospital (*Encircle which is applicable*).

B. Office Information of the Hospital:

1. Address in full :.....
.....
.....
2. Address of Communication :.....
.....
.....
3. Contact Number(s) :...../...../.....
4. Email ID:/.....
5. Name(s) of the Owner:
.....
.....
6. Name of the Authorized Signatory:
- a) Designation:
- b) Contact Number (s):/.....
- c) Email ID:/.....

C. General Information of the Hospital:

1. No of Beds (as per CE License)
2. Whether NABH Accredited (up to date)..... Yes/ No..... (write correct one)

D. Self Assessment for the Health Care Organisation (HCO)

[.....]

a) ACCESS, ASSESSMENT AND CONTINUITY OF CARE (AAC)

Standard	Parameter	Objective Element	Yes	No	Comments
AAC1(3)	Services	Well defined.			
		Well displayed.			
		Staff knowledge regarding services.			
AAC2(4)	Registration and admission process	Documented standard policies and process.			
		Patient is admitted only if facilities are available.			
		Policies to address managing patients during non availability of bed.			
		Staff knowledge regarding these procedures.			
AAC3(4)	Transfer or referral of patients	Documented standard policies and process.			
		Availability of ambulance on demand.			
		Staff identified for transfer.			
		Summary provided on patient's diagnosis, treatment stating reason for transfer and current status.			
AAC4(5)	Patient' Education	Documented evidence of explanation to patient/ patient party regarding plan of care at time of admission.			
		Documented evidence of explanation to patient/ patient party regarding expected outcome at time of admission.			
		Documented evidence of explanation to patient/ patient party regarding possible complications at time of admission.			
		Documented evidence of explanation to patient/ patient party regarding expected costs at time of admission.			
		Documented evidence of explanation to patient/ patient party regarding change in plan of care, escalated costs at time of change of setting.			
AAC5(7)	Established Initial Assessment and reassessment	Assessment contents well defined.			
		Persons competent to perform assessments identified.			
		The organization defines the time frame within which the initial assessment of the patient is completed.			
		Assessment done and documented within 12 hours of admission and there is a documented plan of care.			
		All patients are reassessed at least once daily			
		Consultant in-charge performs and documents reassessments at least once daily.			
		Patients are reassessed to determine their response to treatment and to plan further treatment or discharge.			
AAC 6	Laboratory and imaging service (6)	Policies and procedure guide collection, identification, handling safe transportation and disposal of specimens.			
		Reports are available within a defined time frame.			
		Critical results are intimated immediately.			
		Laboratory tests/ imaging services not available in the organization are outsourced.			
AAC7(5)	Continuous and multidisciplinary patient care	There is a consultant in charge for each case from amongst the empanelled specialists.			
AAC7(5)	Continuous and multidisciplinary patient care	The Consultant discusses the cases with the RMOs, Nursing Staff and other care providers during his rounds.			
		Written evidence of sharing of patient information in between RMOs, Nurses and others during change of shift.			
		The patient's record (s) is available to the authorized care providers to facilitate the exchange of information.			

b) PATIENT RIGHTS AND EDUCATION (PRE)

Standard	Parameter	Objective Element	Yes	No	Comments
PRE1 (4)	Protection of patients and family rights	Documented patient and family rights.			
		Documented evidence of information of rights to patients.			
		Staff aware regarding their role in guaranteeing patient rights.			
		Violation of patient rights is reviewed and corrective / preventive measure taken.			
PRE 2 (4)	Documented process for taking consent	General consent taken at time of admission.			
		Patient and /or his family member are informed of the scope of such general consent.			
		List of procedure requiring informed consent available.			
		Informed consent in appropriate form is taken by the specialist performing procedure and includes information on risks, benefits, alternatives and as to who will perform the requisite procedure in a language that the patient/ patient party can understand.			
PRE 3 (4)	Right to information of expected costs	There is uniform pricing policy in a given setting.			
		The tariff list is available to patients.			
		Patient are educated about expected costs, including doctors fees, and any subsequent changes.			
		Patients are informed about the estimated cost when there is a change in the patient condition or treatment setting including treatment not within the scope of the scheme.			
PRE 4 (3)	Mechanism for grievance redressal	Patient / party are educated about how to lodge complaints / suggestions.			
		There is a stipulated time within which complaints are responded to.			
		Evidence is a available that complaints lodged are analyzed and corrective action is taken			
		Policies for interdepartmental transfer / referrals of patients.			
AC8 (10)	Documented discharge process	The patient's discharge process is planned.			
		Policies and procedure exist for coordination of various departments and agencies involved in the discharge process (including medico-legal cases).			
		Policies and procedures are in place for patients leaving against medical advice.			
		A discharge summary is given to all the patients leaving the organization (including patients leaving against medical advice).			
		Discharge summary contains the reasons for admission, significant findings and diagnosis and the patient's condition at the time of discharge.			
		Discharge summary contains follow up advice, medication and other instructions in an understandable manner.			
		Discharge summary incorporates instructions about when and how to obtain urgent care.			
		Death certificate prepared as per Civil registration requirements and also includes the cause of death.			
		Patients records contain a copy of discharge / case summary.			

c) CARE OF PATIENTS (COP)

Standard	Parameter	Objective Element	Yes	No	Comments
COP1 (4)	Uniform care	Care delivery is uniform when similar care provided in more than one setting.			
		Care and treatment orders are signed, named, timed and dated by the concerned doctor.			
		The care plan is countersigned by the clinician in-charge of the patient within 24 hours.			
		Evidence based medicine and clinical practice guidelines are adopted to guide patient care whenever possible.			
COP2 (4)	Emergency care	Well equipped emergency room			
		Documented policies and procedures for emergency care including medico legal cases			(Policy Documents)
		A least one identified person trained in CPR available during each shift.			
		Ambulance with BLS available on demand.			
COP 3 (4)	Use of Blood & Blood Products	Documented policies on rational use of Blood & Blood products.			
		Define time frame within which blood may be available for emergency use.			
		Blood obtained from licensed blood banks and informed consent taken prior to blood transfusion.			
		Staff is educated to identify and manage adverse transfusion reactions.			Ask the staff
COP4 (5)	ICU and High Dependency care	Adequate equipment and competent staff are available.			
		Admission and discharge criteria are clearly defined along with dealing with bed shortage.			
		Infection control practices are followed.			
		The unique needs of end of life patients are identified and cared for.			
		Criteria for ventilation usage is defined and rigorously followed for end of life care.			
COP5 (3)	Obstetric care	Facilities exist for identification.			
		Persons caring for high risk obstetric cases are competent while indications for LUCS defined and followed.			
		The organization ensures care of neonates of high risk pregnancies either in house or ensure requisite expertise is available from other facility.			
COP6 (4)	Paediatric Care	Age specific competent specialists are available.			
		Patient assessment includes detailed nutritional, growth, psychosocial and immunization assessment. A separate assessment form is used.			
		Defined policies and processes for identification and security of neonates.			
		The children's family members are educated about nutrition, immunization and safe parenting, and this is documented in the medical record, Demonstration of safe immunization practice including usage and storage of vaccines.			
COP7(10)	Use of Anaesthesia	Policies and procedures on use of anesthetics is documented.			
		Each case undergoing any surgery has a documented Pre-anaesthetic check up.			
		The Pre-anaesthetic assessment results in			

Standard	Parameter	Objective Element	Yes	No	Comments
		formulation of an anaesthesia plan which is documented.			
		Immediate preoperative re- assessment is documented.			
		Informed consent for anaesthesia is taken by the Anaesthetist prior to induction.			
		Vital signs are monitored during anaesthesia and documented in the patient's records.			
		Post-anaesthesia status is monitored and documented.			
		The Anaesthetist gives written orders for patient to be removed to recovery / ward.			

d) MANAGEMENT OF MEDICATION (MOM)

Standard	Parameter	Objective Element	Yes	No	Comments
MOM1(4)	Hospital Formulary	List of appropriate medications is developed.			
		There is a defined process for acquisition of these medications.			
		There is a defined process to obtain medications not listed in the formulary.			
		Documented policies and procedure govern procurement and usage of implantable prosthesis.			
MOM2(7)	Storage of Medications	Medications are stored in a clean, well lit and properly ventilated environment.			
		Temperature sensitive medications are stored in a refrigerator whose temperature is monitored and documented at least twice daily			
		Vaccines are stored in a refrigerator specially made for that purpose and not in domestic refrigerator.			
		Sound inventory control practice guide storage of the medications.			
		Sound alike and look alike medications are to be stored separately.			
		Emergency medicines are available at all times at point of use.			
		Emergency medications are replenished in a timely manner when used.			
MOM3(6)	Prescription of Medications	Staff who can write prescription order is defined..			
		All orders are written on a defined place in the patient's medical records.			
		Medication orders are clear, legible, dated, timed and signed.			
		Policy on verbal orders is documented and implemented.			
		There is a list of high risk medications.			
		High risk medication orders are verified prior to dispensing.			
MOM4(6)	Medication Administration	Staff who can administer medications is defined			
		There is a system of patient identification prior to administration of medications			
		Adverse anesthesia events are recorded and documented. Equipment is available for the resuscitation of patients who have been inadvertently anaesthetized to deeper level than			

Standard	Parameter	Objective Element	Yes	No	Comments
		intended.			
		There is a system of medication, dosage, frequency and route verification from medication order prior to administration.			
		Medication administration is documented in the patient's records.			
		There is a policy on the use of medicine brought from outside.			
		Narcotic and psychotropic drug are prescribed, stored and used as per legal provisions.			
		The person monitoring the vital signs is different from the person administering parenteral sedation.			
COP 8(7)	Surgical Procedures	All surgical patients have a pre operative assessment along with a documented plan of care.			
		Informed consent is taken by the surgeon prior to surgery.			
		Documented procedures exist to prevent adverse events and are rigorously followed.			
		Persons qualified by law perform surgeries.			
		A brief operative note is documented prior to transfer outpatient from recovery area.			
		The operating surgeon documents the post operative care.			
COP 9 (5)	Nutritional Therapy	Nutritional Therapy is planned and provided in a collaborative manner. Patients are provided diet according to the result of the nutritional assessment.			
		Patients are properly advised if home diets are allowed.			
		Patients' diet is properly handled, stored and distributed in a safe manner.			
MOM5(2)	Adverse Drug Reactions	Documented records exist of patients being monitored for adverse drug reactions.			
		Staff are trained to identify adverse drug reactions and take the necessary corrective measure including reporting to specialist in charge of the case.			
MOM6(1)	Use of Medical gases	Indications for use of medical gases is documented; Medical gases are procured from authorized agencies; Equipment for the use of medical gases is in good working order.			

e) HOSPITAL INFECTION CONTROL (HIC)

Standard	Parameter	Objective Element	Yes	No	Comments
HIC 1 (6)	Infection Control Programme	The hospital infection control programme is documented and is aimed at reducing / eliminating risks to patients, visitors and providers of care.			
		There is multi disciplinary Infection Control Committee / Team with a designated IC Nurse.			

Standard	Parameter	Objective Element	Yes	No	Comments
		Hand washing facilities in all patient care area are accessible to health care providers.			
		Compliance with proper hand washing is monitored regularly.			
		There are facilities for isolation / barrier nursing			
		Adequate quantities of gloves, mask, soaps and disinfectants are available.			
HIC 2 (6)	Infection Control Manual	High risk areas for surveillance are identified.			
		It outlines methods of surveillance in the identified high-risk area.			
		It focuses on adherence to standard precautions at all times.			
		Equipment cleaning and sterilization procedures are included.			
		Antibiotic policy exists and is implemented.			
		Laundry and linen management process are also included.			
HIC 3	Surveillance for infection control	Documented evidence exists that periodic surveillance of high risk area is carried out.			
		Collection of surveillance data is an ongoing process.			
		Verification of data is done on regular basis by the infection control team.			
		Evidence indicates that notifiable diseases are promptly reported.			
		Scope of surveillance activities incorporates tracking and analyzing of infection risks, rates and trend.			
HIC 4 (3)	Sterilization Activities	Adequate space and equipment for Sterilization activities including provision for breakdowns is available.			
		Regular validation is done for Sterilization activities.			
		There is an establishment recall procedure.			

f) RESPONSIBILITIES OF MANAGEMENT (ROM)

Standard	Parameter	Objective Element	Yes	No	Comments
ROM1(4)	Statutory Compliances	All licenses are available with the organization.			
		There is a documented organogram and the organization is headed by a suitably experienced person.			
		Those responsible for governance ensure that the Government licenses are periodically renewed.			
		The organization complies with the laid down and applicable legislations and regulations.			
ROM2(2)	Service provisions	Scope of services of each department is defined.			
		Administrative policies for each department defined when breakdown in the Sterilization system is identified.			

g) HOSPITAL INFECTION CARE (HIC)

Standard	Parameter	Objective Element	Yes	No	Comments
HIC5 (6)	Bio Medical Waste Management	The hospital is authorized by prescribed authority for the management and handling of Bio-medical Waste.			
		Proper segregation and collection of Bio-medical			

Standard	Parameter	Objective Element	Yes	No	Comments
		Waste from all patient care areas of the hospital is implemented and monitored.			
		The organization ensures that Bio-medical Waste is stored and handed over to authorized contractor within stipulated time limits in a secure manner.			
		Requisite fees and reports are submitted timely.			
		Appropriate personnel protection equipment is available.			

f) FACILITY MANAGEMENT AND SAFETY (FMS)

Standard	Parameter	Objective Element	Yes	No	Comments
FMS1 (4)	Statutory Compliance	The management is conversant with the law and regulations and knows their applicability to the organization.			
		Management regularly updates any amendments in the prevailing laws of the land.			
		The management ensures implantation of these requirements.			
		There is a mechanism to regularly update license / registrations/ certifications			
FMS2 (6)	Building Maintenance	There is a documented operational and maintenance plan.			
		There are up to date drawings with site layout, floor plans and fire escape route.			
		The provision of space is at least in accordance with the requirements of the West Bengal Clinical Establishment Act 2003.			
		There are designated individuals for facility maintenance			
		Maintenance staff are contactable round the clock			
		The hospital has a system to identify the potential safety and security risk including hazardous materials.			
FMS3 (3)	Equipment Management	Qualified and trained personnel use specialized equipment. Proper logs and inventories maintained for all equipment.			
		All equipment are periodically inspected and calibrated. Controls and calibrators are used with all analytical equipment as per manufacturers' recommendation.			
		There is a documented operational and maintenance (preventive & breakdown) plan.			
FMS4 (2)	Provision for safe water and electricity	Available round the clock.			
FMS5 (3)	Fire & Non fire Emergencies	There are provisions for the early detection, abatement and containment of fire and non fire emergencies.			
		There is a documented safe exit plan.			
		Staff have been provided with training for their roles during such emergencies.			

h) HUMAN RESOURCE MANAGEMENT (HRM)

Standard	Parameter	Objective Element	Yes	No	Comments
HRM1(3)	Human Resource	Number of staff as per CE Act norms and workload.			

	Planning	Job description is known to respective staff.			
		There is mechanism of verification of antecedents of the prospective employees.			
HRM 2	Staff Training & Orientation	Each staff member is appropriately oriented to the organization's mission and goals.			
		Each staff member is made aware of hospital wide policies and procedures.			
		All employees are educated with regard to patients' rights responsibilities.			
		All employees are oriented to the service standard of the organization.			
		Training is provided when job responsibilities change / new equipment is introduced.			
HRM 3	Authorization of Medical Staff (3)	Medical professional permitted by law regulation and the hospital to provide patient cares without supervision are appointed.			
HRM 3	Authorization of Medical Staff (3)	The education, registration training and experience of the identified medical professionals is documented and updated periodically.			
		The services provided by the medical professionals are in consonance with their qualification, training and registration.			
HRM4(2)	Authorization of Nursing staff & technicians	The clinical work assigned to nursing staff and technician is in consonance with their qualification, training and registration.			
		All such information pertaining to the nursing staff and technicians is appropriately verified when possible.			

i) INFORMATION MANAGEMENT SYSTEM (IMS)

Standard	Parameter	Objective Element	Yes	No	Comments
IMS 1 (3)	Information Needs	There is documentation of the organization's information needs. There are procedures to address these needs.			
		There is evidence to show that reports are sent to the statutory authorities as required.			
		There is evidence to show that regular medical record audits are carried out and action taken as necessary.			
IMS2(12)	Medical Records	Every medical record has a unique identifier			
		Organization policy identifies those authorized to make entries in medical records.			
		Every medical record entry is dated and timed			
		The author of the entry can be identified.			
		The contents of medical record are identified and documented.			
		The record provides an up-to-date and chronological account of patient care.			
IMS2(12)	Medical Records	When a patient is transferred to another hospital, the medical record contains the date of transfer and the name of the receiving hospital			
		The medical record contains a copy of the discharge note duly signed by appropriate and qualified personnel.			

		In case of death, the medical record contains a copy of the death certificates indicating the cause, date, time and cause of death.			
		Care providers have access to current and past medical records of any patient.			

j) CONTINUOUS QUALITY IMPROVEMENT (CQI)

Standard	Parameter	Objective Element	Yes	No	Comments
CQI 1 (4)	Quality assurance programme	The quality assurance programme is developed, implemented and maintained by a multi disciplinary committee.			
		The quality assurance programme is documented			
		There is a person designated for Quality Assurance activities.			
		The quality assurance programme is comprehensive and covers all the major elements related to quality assurance and risk management.			
CQI 2 (2)	QA Programme receives support	There is a evidence to support that budgetary and man power support is provided for the QA programme.			
		There is documentary evidence that data on service parameters are collected and analyzed.			
CQI 3 (3)	Sentinel Events	There is a list of sentinel events.			
		There is evidence that sentinel events are monitored.			
		There is evidence that actions are taken on the basis of such surveillance.			
IMS 3	Confidentiality of Medical Records	All medical records are kept securely; All medical records are handled only by authorized staff.			
		There are policies and procedures to ensure that privileged information is safeguarded.			

k) SPECIFIC INFORMATION AND ASSESMENT FOR THE SPECIALITY APPLIED FOR

Title	Parameter	Comments
Bed turn over	Bed Turnover rate for the specific speciality applied for.	
Number of Beds	Dedicated beds for 0-18 year child Cardiac Surgery/ Eye/ Neurosurgery patients.	
Intake capacity	Number of patients can be taken per week.	
Medical and financial record keeping	Dedicated space, system and person for Medical, Financial Record Department.	
Operation theatre	Number of Dedicated OT for Cardiac /Eye / Neurological surgeries.	
	Number of OT and Tables.	
Human resource for Specific Specialities	Number of Cardiac Surgeons.	
	Number of dedicated Paediatric Cardiac Surgeon.	
	Number of Perfusionist.	
	Number of Trained Cardiac Anaesthesiologist.	
	Do you have an existing Paediatric Medicine Program? (Yes/No).	
	Do you have an existing Paediatric Cardiac Program? (Yes/No).	
	Do you have a dedicated Paediatric CCU? (Yes/No).	
	Do your Cardiac OT and Cardiac CATH Lab have instrumental and technical support for Paediatric patient population (Yes/No).	
	Do you have optical Imaging systems for Paediatric patients (Yes/No).	
Do you have proper instrumental backup for Post Operative		

Title	Parameter	Comments
	recovery (Yes/No).	
	Do you have proper trained person for Post Operative recovery (Yes/No).	
	Numbers of Paediatric Cardiac Surgery/ Neurosurgery/ Congenital Eye Surgery done in the preceding 6 months (as the case may be).	
	Number of Paediatric Cardiac Surgeons.	
	Number of Neurosurgeons.	
	Number of Paediatric Neurosurgeons.	
	Do you have an existing Paediatric Neurosurgery Program? (Yes/No).	
	Number of dedicated Paediatric Neurosurgeons	
	Number of round the clock (24X7) Neurophysician/ Neurosurgeon having experience on doing non-complex Paediatric Neurosurgery procedure? (Yes/No).	
	Do you have a dedicated Paediatric Neurosurgery ward? (Yes/No).	
	Do your Neurosurgery/ Cardiac/Eye OTs have instrumental and technical support for neonate and Paediatric patient population? (Yes/No).	
	Do you have advanced Radio/ Magnetic Imaging systems for Paediatric patients? (Yes/No).	
	Do you have an existing Congenital Cataract & other critical eye surgeries program? (Yes/No).	
	Do you have a dedicated eye surgeon accustomed with neonate/ Paediatric eye care including surgery? (Yes/No).	
	Do you have a dedicated Paediatric optometrist conversant with Paediatric eye care? (Yes/No).	
	Do your Eye OTs have instrumental and technical support for congenital Cataract & other critical eye surgeries? (Yes/No).	
	Do you have diagnostic systems for Paediatric patients? (Yes/No).	
	Number of Anaesthesiologists.	
	Number of dedicated Paediatric Anaesthesiologist.	
	Number of dedicated OT Nurses.	
	Number of dedicated RMO for the applied Services.	
	Number of dedicated SN in the dedicated wards.	
	Number of other support staff(s) in the dedicated wards.	
	Others (Specify).	
Emergency care infrastructure NICU/PICU/SNCU/ICCU	Number of Beds/ dedicated MO/ SN/ support staff.	
	Number of dedicated MO.	
	Number of dedicated SN.	
	Number of dedicated Support staff.	
	Bedside Biochemistry/Pathological/ and other necessary testing facilities.	
	Number of Ventilators with all accessories.	
Others (Add rows and specify every cases)	Number of dedicated Paediatric Ventilators with all accessories.	