

## INSPECTION CHECKLIST

HCE Name: \_\_\_\_\_ BHCC Registration No. \_\_\_\_\_ HCE Address: \_\_\_\_\_

District: \_\_\_\_\_ HCE Contract # \_\_\_\_\_ MS / CEO / Administrator Name: \_\_\_\_\_

Cell # \_\_\_\_\_ Owner Name: \_\_\_\_\_ Owner Cell # \_\_\_\_\_ Empaneled with BHCP (YES / NO) \_\_\_\_\_

Public / Private: \_\_\_\_\_ Previous Inspection (#): \_\_\_\_\_ Last Inspection Date: \_\_\_\_\_ Last Inspection Score: \_\_\_\_\_ Date: \_\_\_\_\_

A. PHYSICAL INFRASTRUCTURE (60)							
Rented / Own Building	Building Safety Certificate Available (Y/N) 2/0	Purpose Built / Converted Hospital Building 2/0	Patient Medical Record (Computerized / Manual / No) 4/2/0	Parking Facility Available (Y/N) 2/0	Adequate Facilities and * Civic Amenities Available (Y/N) 2/0	Electrical Wires Firmly Sealed (Y / N) 2/0	Anti – Fly / Mosquitoes / Rodents Measure (Y / N) 2/0

Clean Linen Available (Y/N) (2/0)	Cleanliness (Y/N)				Backup Power Supply (Verify) (Y/N) (3/0)			Medical Gases Supply			Sewerage System Functional (Y/N) (2/0)
	Wards / Rooms (2/0)	Waiting Areas (2/0)	Corridors (2/0)	Toilets (2/0)	Emergency 1/0	OT 1/0	Nursery 1/0	Own (2)	Outside (1)	NA (0)	

Display of Promotional Material / Rate List (Y/N)				Equipment Maintenance				
Complaint Mechanism 2/0	Rate List Availability Information 2/0	IEC Material of Seasonal Diseases 2/0	Patient Charter & HCE Charter 2/0	Qualified & Trained Personal Operate the Equipment Y/N 2/0	Calibration/Maintenance facilities are In-house or Outsourced (If outsourced mention name) Y/N 2/0	Equipment Periodically Serviced, Inspected & Calibrated Y/N 2/0	PPM schedule is available Y/N 2/0	**PPM record schedule is available Y/N 2/0

\*Civic Amenities: Waste disposal, recycling & transportation  
 \*\* PPM Planned preventive maintenance schedule – medical equipment servicing

Total Wheel chairs		Total Stretchers		Total Porters		Ramp available at Entrance Y/N/NA 2/0/NA	Total Beds
#	Sufficient Y/N 2/0	#	Sufficient Y/N 2/0	#	Sufficient Y/N 2/0		

**B. HR STATUS (45)**

**B-1. Consultants (10)**

Consultants are available against services provided Yes/Partial/No  
(100% = 10, 80-90% = 8, 50-79% =5, <50% = 0)

S. No	Service	Empaneled with BHCP (Yes / No)	Consultant Name	Qualification & Specialty	Regular / Visiting	SOD/ Contract Available (Verify from Consultant) (Yes / No)	PMDC Registration #	Patient Admitted at the Time of Visit #	Services Provided by the Consultant (Verify from minimum 3 Pt files for each service) #
1									
2									
3									
4									
6									



	Lab Technician (#/ NA) (2/0)	X-Ray / MR / CT Scan Technician (# / NA) (2/0)	OT Technician (# / NA) (2/0)	Other Paramedical Staff (2/0)		

### C. EMERGENCY SERVICES (40)

Emergency Beds Available (Yes/No) (2/0)	Male / Female Section (Yes/No) (2/0)	24/7 Medical Coverage (Yes/No) (2/0)	24/7 Nursing Coverage (Yes/No) (2/0)	Essential Equipment (Yes/No)		Crash Cart Available (Yes/No) (2/0)	Sufficient Wheel Chairs (2/0) (Mention #)	Sufficient Stretchers # (2/0) (Mention #)	Patients Record Complete (Yes/No) (2/0)	Referral Record Available (Yes/No/NA) (2/0/NA)	Emergency SOPs (Yes/No)		Triage Policy (Yes / No)		Medico Legal Policy (Yes/No)		Emergency Guidelines	
				Avail (2/0)	Funct. (2/0)						Avail (2/0)	Train (2/0)	Avail (1/0)	Train (1/0)	Avail (2)	Train (2)		

Staff Training on ALS/BLS Advance & Basic Life Support		Ramp for Emergency entrance available (Yes / No) (2/0)
Doctors (Yes/No) (1/0)	Nurses (Yes/No) (1/0)	

Crash Cart: A cart stocked with emergency medical equipment supplies & drugs

D. BLOOD TRANSFUSION SERVICES (10)									E. HOSPITAL INFECTION CONTROL (10)								
SOPs for Blood Transfusion (Yes / No)		BBTA License / MOU Available	Blood Transfusions Record (Yes / No)		Consent Forms (Yes / No)		Blood Storage Cabinet Avail	Transfusions Reaction Analysis Record	HIC Plan (Yes / No)		HICC Meeting (Yes /No)		Hand Washing Facilities (Yes / No)		Personal Protection Equipment (Yes / No)		IPC Committee Notified
Avail (1/0)	Impl (1/0)	(Yes / No) (2/1/0)	Avail (1/0)	Compl (1/0)	Donor (1/0)	Recipient (1/0)	(Yes /No) (1/0)	(Yes / No) (1/0)	Avail (1/0)	Impl (1/0)	Regularly Conducted (1/0)	Record Avail (1/0)	Washing Station (1/0)	Soap (1/0)	Gloves (1/0)	Masks (1/0)	(Yes / No) (2/0)

### F. OPERATION THEATRE SURVEILLANCE (15)

Total # of OTs	OT Swab Culture Report Y/N		Cleaning & Disinfection Record Y/N 2/0	Separation b/w Clean & Dirty Areas Y/N 2/0	Sterilization Validation Y/N		Recovery Room Y/N		Patient Transport Mechanism to & from OT (#)		Separate Labor Room Y/N/NA 1/0/NA
	Internal 1/0/NA	External 2/0			Steritapes 1/0	SteriGuage 1/0	Available 1/0	Well Equipped 2/0	Wheel Chair 1/0	Stretchers 1/0	

### G. HOSPITAL WASTE MANAGEMENT (18)

Hospital Waste Management Plan Y/N		Hospital Waste Management Committee Y/N		All Staff Trained Y/N 1/0	Waste Segregation Y/N 2/0	Waste collection / Storage Y/N				Waste Disposal Y/N			Yellow Room Y/N/NA 2/0/NA	Waste Disposal Record Y/N 2/0	Average Daily Waste of Previous Month (in KG)
Avail 1/0	Imp 1/0	Notified 1/0	MoM 1/0			Non Infec Waste 1/0	Infectious Waste 1/0	Sharps 1/0	Biological Waste 1/0	Incineration 1/0/NA	Burial 1/0/NA	Outsource 1/0/NA			

### H. FIRE & NON-FIRE EMERGENCIES (5)

### I. COMPLAINT MANAGEMENT SYSTEM (8)

Fire & Non-Fire Emergency Plan Y/N		Documented Safe Exit Plan Available Y/N 1/0	Mock Drill Record Available Y/N 1/0	Fire Fighting Equipment Available Y/N 1/0	Complaint Register/Box Y/N 2/0	Complaint Record Available and Updated Y/N 2/0	Complaints during last quarter #	
Avail 1/0	Imp 1/0						Registered 2/0	Resolved 2/0

**Steritape:** A removable autoclave resistance tape used to identify sterilization containers & instruments.

**SteriGuage:** is a chemical integrator that monitors sterilization conditions inside a pack.

### J. MANAGEMENT OF MEDICATION (04)

List of High-risk Drugs Y/N 1/0	FIFO/ FEFO system in place Y/N 1/0	Cold chain maintained Y/N 1/0	Emergency/ life-saving medicines available Y/N 1/0

### K. SECURITY SYSTEM (04)

Sufficient Functional CCTV Cameras for Each Section of Patients Areas Available	Adequate Security staff is available 24/7
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Y/Insufficient/N (Mention numbers) 2/1/0	Y/Insufficient/N (Mention numbers) 2/1/0
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**L. CONTINUOUS QUALITY IMPROVEMENT (12)**

Plan Available (Y/N) 4/0	Committee Notified (Y/N) 4/0	Minutes of Meeting (Y/N) 4/0
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**M. RADIOLOGY (10)**

Qualified Radiologist available (Y/N/NA) 2/0/NA	PNRA License /MOU available (Y/N) 2/0	Time frame being followed (Y/N/NA) 2/0/NA	Critical findings reported (Y/N/NA) 2/0/NA	Dosimeters being used (Y/N/NA) 2/0/NA
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<b>X-rays Performed (During previous Q)</b>				
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**Dosimeter:** A device used to measure the amount of ionizing radiation a person is exposed to, essentially acting as a radiation monitor worn by healthcare professionals to track their cumulative radiation dose overtime, ensuring they stay within safe limits.

**N. LABORATORY (12)**

Qualified Pathologist available (Y/N/NA) 2/0/NA	Time frame being followed (Y/N) 2/0	Critical findings reported (Y/N) 2/0	Any Expired reagent found Y/N 0/2	Spill kit available Y/N 2/0	Inventory maintained Y/N 2/0
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**O. PATIENT RECORD (12)**

Complete patient record available (Y/N) 4/0	All entries are dated, timed, named & signed (Y/N) 4/0	Patient record being reviewed (Y/N) 4/0
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**P. SURGERY NOTES (16)**

Informed consents for Anesthesia & Surgery (Y/N) 4/0	Anesthesia Monitoring documented (Y/N) 4/0	Safety checklist for surgery being used (Y/N) 4/0	Anesthesia fitness documents (Y/N) 2/0	Screening for HBS, HCV, HIV/AIDS (Y/N) 2/0
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**Spill Kits:** Absorbent pads, containment booms, protective gear & waste disposal bags.  
**Safety checklist:**

<b>Q. Data for the last three months</b>																	
Gen Surgery		Gynae /Obs		Orthopedics		Nephrology		Eye		ENT		Neuro		Cardiology		Others	
BHCP	Others	BHCP	Others	BHCP	Others	BHCP	Others	BHCP	Others	BHCP	Others	BHCP	Others	BHCP	Others	BHCP	Others
Total Surgeries:		Total Surgeries:		Total Surgeries:		Total Surgeries:		Total Surgeries:		Total Surgeries:		Total Surgeries:		Total Surgeries:		Total Surgeries:	
Total Deaths:		Total Deaths:		Total Deaths:		Total Deaths:		Total Deaths:		Total Deaths:		Total Deaths:		Total Deaths:		Total Deaths:	

Emergency	Admissions	OPD	Surgeries		Deaths	Normal Deliveries		C-sections	
			BHCP	Others		BHCP	Others	BHCP	Others
			Total:			Total:		Total:	

### R. CARDIAC CATH LAB (8)

Number of Cath labs	Number of Operators	All Operators are registered with PSIC Y/N 2/0	Cath Lab registered with CROP Y/N 2/0	PNRA License available Y/N 2/0	CCL inspection compliance status Y/N 2/0

PSIC: Pakistan Society of Interventional Cardiology

CROP: Cardiac Registry of Pakistan

CCL: Cardiac Catheterization Laboratory (CCL) standards

### S. ICU (6)

ICU Available Y/N 2/0	HDU Available Y/N/NA 2/0/NA	ICU Beds #	HDU Beds #	ICU in charge is qualified Y/N 2/0 (mention qualification)	Doctors per shift #	Nurses per shift #	Ventilators in ICU #

### T. NURSERY (17)

Neonatal resuscitation and emergency drugs # 2/0	Ambo bag # 1/0	Neo-natal face mask # 1/0	Neo-natal laryngoscope # 1/0	Neo-natal Endo tracheal tubes # 1/0	Baby warmer # 1/0	Incubators # 1/0	Oxy-meter # 1/0	Cots/Beds # 2/0	Pediatricians # 2/0	MO/WMO per shift # 2/0	Nurses per shift # 2/0

**U. EQUIPMENT**

ICU			
Name of Equipment	Total	Functional	Non - Functional

Nursery			
Name of Equipment	Total	Functional	Non - Functional

OT			
Name of Equipment	Total	Functional	Non - Functional

EMERGENCY			
Name of Equipment	Total	Functional	Non - Functional

EPI Services (06)			CRVS Information (08)			
Immunization services available Yes/ No (2/0)	Services available 24/7 Yes/ No (2/0)	Logistics/ HR support by EPI Yes/ No (2/0)	Available (Yes/No) 2/0	Record available (Yes/No) 2/0	Shared with concerned quarter (Yes/No) 2/0	If Yes, Evidence (Yes/No) 2/0

**Total Score:**  
**Score Obtained:**  
**Not applicable:**  
**Scoring Percentage:**  
**Deficient Areas:**

- 1.
- 2.
- 3.
- 4.

**REMARKS:**

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**INSTRUCTIONS:**

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**HCE Focal person:**

Name: \_\_\_\_\_

Signatures: \_\_\_\_\_

Date: \_\_\_\_\_

**BHCC Expert Surveyor:**

Name: \_\_\_\_\_

Signatures: \_\_\_\_\_

Date: \_\_\_\_\_