



## HWC(SC): Document Verification Checklist for NQAS

(To be submitted along with the application)



Name of the Facility: .....

District/State: .....

NIN ID: .....

Delivery Conducted at HWC(SC): Yes/No: .....

S. No.	Name of the Documents	Status of submission (Yes/No)	Remarks
1.	No. and Names of service packages to be assessed		
2.	Latest District level assessment report verified by State*		
3.	Minutes of last Quality Team meeting (Preferable within Last Quarter)		
4.	Work Instructions (As per Service Packages)		
5.	Copy of Facility Wide Policies/ Instructions	3	
5.1	Quality Policy & Objectives		
5.2	Policy for Maintaining Patients' Records [its security, sharing of information and safe disposal] (Both physical and digital copies)		
5.3	Referral Policy		
6.	Last 3 months Patient Satisfaction Survey Report (Analysis) with subsequent Corrective and Preventive actions undertaken.		
7.	Last 3 months data of Key Performance Indicators (KPI).		
8.	Bio Medical Waste (BMW) Authorization Certificate		
9.	Letter for Fire compliance from the appropriate authority.		

\*As per procedure given in 'Operational Guidelines for Improving Quality in Public Healthcare Facilities-2021', Page No. 54, point II.