National Neonatology Forum of India: Newborn Care Unit Accreditation Program

APPLICATION FORM CUM SELF-ASSESSMENT TOOLKIT & ASSESSOR REPORTING FORMAT FOR NNF ACCREDITATION

NOTE FOR FILLING IN APPLICATION FORM & SELF ASSESSMENT TOOLKIT

❑ APPLICATION FORM & SELF-ASSESSMENT SECTION is to be completed by applicant at the time of applying for NNF Accreditation.

❑ Please mention clearly all the required details at appropriate places.

❑ Self-Assessment Toolkit has been divided into certain section covering various aspects of Neonatal Care. Each section has certain **"MANDATORY ELEMENTS"** which have to be met COMPULSARILY by all newborn care units wanting to get accredited.

❑ In case a unit falls short of a Mandatory Criteria, it should try and rectify the shortcoming and then re-self-assess itself before applying for accreditation.

❑ Besides Mandatory elements, there are certain "**QUALIFYING ELEMENTS**" in each section. These **QUALIFYING** elements are to be marked with a **"1" for YES** or **"0" for NO** response to show that requirement for that element is **MET or NOT-MET** by the unit.

❑ Total marks thus accumulated for each section and for overall toolkit will be compiled and accordingly final score for the unit will be arrived at.

❑ These " **QUALIFYING ELEMENTS**" offer us the way forward in delivering quality newborn care. These elements have been put in order to define the frontiers of new born care within the level II environment.

❑ **ONLY SCORES FROM THE QUALIFYING ELEMENTS WOULD BE USED FOR SCORING A UNIT.**

❑ This score will be used by assessors along with onsite assessment of unit to arrive at their recommendation for the unit. These scores and assessors recommendation will be sent to NNF's Accreditation Review Committee for final decision.

❑ **SCORING -In order to qualify for accreditation unit should fulfil all MANDATORY ELEMENTS, atleast 75% of QUALIFYING ELEMENTS and fulfil the work load criteria:- A. FOR CLINICAL ACCREDITATION Only: a) LBW: b) VLBW: c) ELBW:**
    B. MANDATORY FOR FELLOWSHIP ACCREDITATION: a) LBW: 150 Per year   b) VLBW: 30 per year   c) ELBW: 6 Per year

SPECIAL FEATURES:

➢ For fellowship Annual Admissions of the unit should be 300.

➢ If Unit applying for clinical accreditation then consultant experience should in Neonatology.

APPLICATION FORM *(to be filled by applicant only)*	
GENERAL INFORMATION ABOUT THE UNIT	
Particulars	**Details**
1) Name of unit along with full address, phone numbers& email address of unit	Name:
	Full Address:
	Phone (with STD code):
	Email:
2) Date of starting operations of the unit (dd-mm-yyyy) and Functional Age of the unit (in years) (**Unit should be functional for atleast 3 years before the date of application**)	
3) Date of self-assessment (dd-mm-yyyy)	
4) It is First time or Renewal of the unit, If Renewal mention the details of last accreditation	
5) Name of unit in charge with qualifications and other details	Name:
	Full Address:
	Phone (with STD code):
	Email:
6) Accreditation requested for	**Level II-B as per the defination in the accompany guidebook**
7) Kindly mention applying for unit accreditation or unit accreditation with fellowship?	

	Name	Qualification DM Ne)/DrNB (Neo)/MD Paed/ DNB Paed/DCH	Years after DCH/ MD Paed)	Teaching Experience
8) Unit is applying first time or it is renewal if renewal, kindly mention the previous level of accreditation				
9) **Available number of beds in the unit**				
10) Floor area of unit (sq. feet), please attach floor diagram of unit with dimensions of various areas *(as Annexture to this format)*				
11) Name of consultants with their qualification & experience (in no. of years after PG)				
	1)			
	2)			
	3)			
	4)			
	5)			
	6)			
	7)			
	8)			
12) No of Junior Doctors (Post MBBS)				
13) No of Nurses				
14) Total Deliveries/year				

15) Total Admissions in your newborn care unit/year	
16) No. of ventilated patient per year (if applicable)	
17) Patient ventilation days in a year (if applicable)	
18) Is the unit part of a hospital/institution?	YES / NO *(please encircle appropriate answer)*
If yes a) Please mention - no. of beds	a)
b) Specialties offered by the hospital OBG Paed surgery, Ophthamology, ediatrics, Radiodiagnosis, Neurosurgery	b)
19) Any other teaching/training programs undertaken by the unit e.g. DCH, DNB etc.	
20) Date of Application (dd-mm-yyyy)	
21) Signature of Unit In Charge with their official seal/stamp	

A. UNIT'S PERFORMANCE DATA (For the 3 years immediately preceding the year of application)

S.no.	Parameter	Year 1 _ _ (mm)/_ _ (yr) to _ _ (mm)/_ _ (yr)			Year 2 _ _ (mm)/_ _ (yr) to _ _ (mm)/_ _ (yr)			Year 3 _ _ (mm)/_ _ (yr) to _ _ (mm)/_ _ (yr)		
1	Annual admissions into the unit	Total: Inborn: Outborn:			Total: Inborn: Outborn:			Total: Inborn: Outborn:		
2	Total number of LBW babies admitted (%) by category		**Inborn**	**Outborn**		**Inborn**	**Outborn**		**Inborn**	**Outborn**
		LBW: VLBW: ELBW:			LBW: VLBW: ELBW:			LBW: VLBW: ELBW:		
3	Total number of babies referred-out (yearly)**n(%)**	Surgical: Non-Surgical:			Surgical: Non-Surgical:			Surgical: Non-Surgical:		
4	Total number of referred babies admitted (yearly) **n(%)**									
5	Neonatal Mortality in unit **n(%)**	Total Deaths Inborn babies: Outborn babies			Total Deaths Inborn babies: Outborn babies			Total Deaths Inborn babies: Outborn babies		
6	Mortality in LBW babies **n(%)**	All LBW: VLBW ELBW			All LBW: VLBW ELBW			All LBW: VLBW ELBW		

7	Mortality by gestation (wks)(deaths/Total admitted) **n(%)**	≤28 : 29-32: 33-36:			≤28 : 29-32: 33-36:			≤28 : 29-32: 33-36:		
8	LAMA (Left Against Medical Advice)/ DOR (Discharge On Request) rate **n(%)**	Total: LBW: VLBW:: ELBW			Total: LBW: VLBW:: ELBW			Total: LBW: VLBW:: ELBW		
9	Any other important data									
10	Sign and seal of unit in-charge									

B. MANDATORY STATUTORY REQUIREMENTS

Requirements **Facility should be aware of these requirements and should know where and with whom documents for** **same are available, these could be In house (for stand-alone units) or with the parent hospital**	**Availability -** Please mention **YES / NO**
1. Registration Under Clinical Establishment Act (or similar such act)	
2. Registration With Local Authorities	
3. Building Occupancy / Completion Certificate	

4. Fire Department's (No Objection Certificate)	
5. Drugs license including Narcotic drugs license	
6. Pharmacy (If over multiple locations License each for each of them separately)	
7. AERB approval for X-ray (including portable)	
8. PNDT act registration (if USG is available in the unit)	
9. Power audit of the unit to ascertain if electrical load of the unit was calculated and accordingly electrical wiring and installations done.	
10. Biomedical waste management license/MoU for outsourcing.	
Desirable Statutory Requirements	
D1. License to store compressed gas	

SECTIONS	ELEMENTS IN SECTIONS	Method of Verification (OB/SI/RR/PI)	SELF-ASSESSMENT (To be completed by applicant at the time of application)	ASSESSOR'S ASSESSMENT (To be verified and completed by the Assessors on inspection of the unit)
C. SERVICES			**Mark - 1 for YES / 0 for NO**	**Mark - 1 for YES / 0 for NO**
M	**MANDATORY**			
CM1	Resuscitation at birth to all babies by NRP trained doctor			

		Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
CM2	Care of sick neonate including babies < 1000 to 1500 gm			
CM3	CPAP ventilation by ventilator or stand-alone device (not just indigenous CPAP)			
CM4	Basic invasive and non-invasive mechanical ventilation			
CM5	Stabilization of patients prior to referral			
CM6	Transport facilities for Higher level of care			
CM7	Follow-up of the High risk SNCU/NICU graduates			
CM8	Facility for carrying out exchange transfusion			
CM9	ROP screening facility			
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/PI)**	**Mark - 1 for YES / 0 for NO**	**Mark - 1 for YES / 0 for NO**
CQ1	Surfactant therapy			
CQ2	Facility for oto-acoustic emission (OAE)/ BERA screening (in house/outsourced)			
	TOTAL SCORE…			
D	**DESIRABLE**	**Method of Verification (OB/SI/RR/PI)**	**Mark - 1 for YES / 0 for NO**	**Mark - 1 for YES / 0 for NO**
CD1	Parenteral nutrition			
Note : The rows "X" and "Y" should be filled ONLY by the Assessor Finally , the Assessor will ADD Scores in different AREAS The Gaps and Suggestions should be written in concerned area only				
X	**CRITERIA**		**MAX. SCORE**	**UNIT'S SCORE**

		ALL YES	
	MANDATORY	ALL YES	
	QUALIFYING	**02**	
Y	**ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)**		
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

D. INFRASTRUCTURE		**Method of Verification (OB/SI/RR/PI)**	**Mark - 1 for YES / 0 for NO**	**Mark - 1 for YES / 0 for NO**
M	**MANDATORY**			
DM1	Should have minimum 12 beds (Radiant warmers/incubator).			
DM2	Every bed should have space of 50 sq.ft. patient area should be atleast 600 sq ft.			
DM3	Facilities for providing KMC in NICU			
DM4	A separate marked area/room for expression of milk and breastfeeding			
DM5	Hospital must have separate stay facility for all mothers of admitted babies within unit's/hospital's premises.			
DM6	Has designated areas for clean utility and dirty utility			

DM7	Adequate measures for maintaining the ambient temperature of the baby care area, like use of air conditioning (hot climate) and of room warmers (cold climate) to maintain the temperature between the 26-28 degree Celsius range			
DM8	Availability of compressed air facility			
DM9	Availability of oxygen facility			
DM10	Availability of suction facility			
DM11	Availability of continuous water supply round the clock			
DM12	There should be at least 4 - 6 sockets/bed of appropriate amperage (minimum 15 amperage)			
DM13	Blood Bank/Storage unit with component therapy 24x7 services in the hospital/ outsourced			
DM14	Uninterrupted availability of power supply through a generator / UPS etc.			
DM15	Are there signages for emergency evacuatuion and exit?			
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/PI)**		
DQ1	Facility for dimming of general lighting in the NICU for developmental care			
DQ2	There should be provision for contingency space/rooms for shifting the unit in case of temporary closure of the unit due to epidemics			
		TOTAL SCORE…		
D	**DESIRABLRE**	**Method of Verification (OB/SI/RR/PI)**		
DD1	Background noise should not be more than 45db and peak intensity should not be more than 80 db.			

Note :
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Finally , the Assessor will ADD Scores in different AREAS
The Gaps and Suggestions should be written in concerned area only

	CRITERIA	MAX. SCORE	UNIT'S SCORE
	MANDATORY	**ALL YES**	
	QUALIFYING	**02**	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

E. EQUIPMENTS (All euipments mentioned should be functional during the assessment. Dowentime register or logbook of breakdown should be available)	Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	**MANDATORY**			
EM1	One Stethoscope with each Neonatal Bed			
EM2	At least two Electronic weighing machine with minimum 5g sensitivity			
EM3	For 12 beded NICU atleast 10 pulse oximeter, 2 Multi- Para Monitor 2 portable NIBP and in same proprtions for more beds			

EM4	A portable X-ray machine (in unit/in house) available round the clock			
EM5	Blood Gas analysis Machine within unit or hospital premises			
EM6	At least 2 Glucometer in unit			
EM7	Phototherapy machine one for every 2 beds			
EM8	Atleast 14 infusion pumps for 12 beded for level II B unit and more in same proportion for same beds.			
EM9	Resuscitation equipment with all sizes of blades and mask, at least 4 such sets for each 12 level II beds			
EM10	Atleast 2 CPAP (with blender & humidifier) devices for providing non-invasive respiratory support at least 6 for 12 bed unit and more in same proportion for more beds.			
EM11	Atleast 1 invasive mechanical ventilator with humidifier.			
EM12	Resuscitator, hand-operated, neonate; at least 6 for 12 bed unit and more in same proportion for more beds			
EM13	Laryngoscope set, neonate			
EM14	Pump, suction, portable, 220V and/or Pump, suction, foot-operated/central suction facility			
EM15	Thermometer, clinical, digital, 32-43ºC			
EM16	Infantometer, plexi, 3½ft/105cm			
EM17	Voltage Servo-Stabiliser (three phase): 25-50 KVA			
EM18	Room Thermometer			
EM19	T-piece Resuscitators in unit			
EM20	USG facility that is present either with in the Hospital/outsourced			

Q	QUALIFYING	Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
EQ1	Sterile fluid preparation area with laminar flow station			
EQ2	Cold light source for detection of pneumothorax			
EQ3	Provision for measuring phototherphy light intensity/ flux meter			
		TOTAL SCORE…		
D	DESIRABLE	Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
ED1	CT/MRI facility that is present either with in the Hospital/outsourced			
ED2	2D ECHO facility on call			
ED3	Invasive BP monitoring for ventilated babies			

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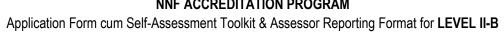|	CRITERIA	MAX. SCORE	UNIT'S SCORE
	MANDATORY	**ALL YES**	
	QUALIFYING	**03**	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			

F. HUMAN RESOURCES		**Method of Verification (OB/SI/RR/PI)**	**Mark - 1 for YES / 0 for NO**	**Mark - 1 for YES / 0 for NO**
M	**MANDATORY**			
FM1	ONE full time In charge of Unit should be **DM (Neo)/ DNB (Neo) OR MD Paed/ DNB Paed/DCH** with 3/3/3/5 years' experience in Neonatology after post-graduation (on call for emergency)			
FM2	One senior Resident doctors/Junior consultant with **DM (Neo)/ DNB (Neo) OR MD Paed/ DNB Paed/DCH** (min. 1/1.5 yr. experience post MD/ post-DCH) [non-rotational] in each shift			
FM3	At least ONE Resident doctor (Post MBBS) for the unit in each shift (*either two doctors of FM 2 or one each of FM 2 & FM 3)			
FM4	One Nursing In charge – who should have at least 1 year experience of working in a neonatal unit on a non-rotational basis			
FM5	There should be at least one Nurse in each shift who is trained for level IIB care			
FM6	There should be one Nurse for every level II bed, and one-third of the staff has work experience of at least 1 month in an NICU (min. 3 nurse for each shift for 12 bed unit and more in same proportion for more beds.			
FM7	At least one cleaner/helper should be present per shift			
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/PI)**	**Mark - 1 for YES / 0 for NO**	**Mark - 1 for YES / 0 for NO**
FQ1	Dedicated Lactation counsellor on floor (other than regular nurse)			

FQ2	Security personnel 1 per shift with 20% reserve (i.e. a 12-bed unit should have minimum 4)			
	TOTAL SCORE…			
D	**DESIRABLE**	**Method of Verification (OB/SI/RR/PI)**		
FD1	Nursing staff trained in the developmental supportive care (certification & demonstration for same can be asked by Assessor during assessment)			

Note :
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 The Gaps and Suggestions should be written in concerned area only

	CRITERIA	**MAX. SCORE**	**UNIT'S SCORE**
	MANDATORY	**ALL YES**	
	QUALIFYING	**02**	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

G. PROTOCOLS & PROCESSES		Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	**MANDATORY**			
GM1	Committed breastfeeding policy being followed & displayed 10 steps of Baby Friendly Hospital Initiative			
GM2	Hospital must have a policy for providing separate stay facility for all mothers of <2000gms with in unit's/hospital's premises			
GM3	Structured process to educate the mother of a normal as well as a LBW baby in the skills of home care with special reference to warmth, feeding, growth, immunization and identification of early signs of illness in the baby			
GM4	A defined process for communication of newborn's condition regularly to the parents/relatives, at least once a day			
GM5	Admission and discharge policy defined and displayed			
GM6	Ensuring identity tags for every baby (along with details of their mother) admitted in the unit			
GM7	Protocols for Level II Care (CPG Guideline) / FBNC or Equivalent should be retained & followed			
GM8	A defined policy on equipment maintenance (including the AMC / CMC) where ever indicated			
GM9	Protocol of orientation of new staff and refresher course (like CME) for existing staff			
GM10	Sepsis screen & Blood culture to be done on babies prior to starting antibiotics/are labs equipped & focused			
GM11	A Separate follow-up clinic for the High Risk NICU Graduates			
GM12	Protocol to screen all high risk babies for ROP			
GM13	Protocol for universal hearing screen of all babies prior to discharge			
GM14	Availability of written protocols manual for FBNC in the unit			
GM15	Written instruction for trouble shooting of individual equipment/downtime register			

GM16	Transport protocols, both to and from higher and lower level				
GM17	Proper documentation on incident reporting and closure of loop				
GM18	Written policy for emergency evacuation and conduct of mock drills				
GM19	A log book for KMC to be maintained in unit (with documentation of mother's & baby's details)				
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/PI)**			
GQ1	Protocol for metabolic screen on all babies				
GQ2	A log book with daily shift-wise recording of temperature of NICU is maintained				
		TOTAL SCORE…			

Note :
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The Gaps and Suggestions should be written in concerned area only

	CRITERIA	**MAX. SCORE**	**UNIT'S SCORE**
	MANDATORY	**ALL YES**	
	QUALIFYING	**02**	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

	H. DRUGS, FLUIDS AND NUTRITION	Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	**MANDATORY**			
HM1	Growth chart used for day to day monitoring			
HM2	Separate containers with lids for storage of the EBM being used			
HM3	Emergency Equipments tray for every 4 babies			
HM4	All drugs & fluid administration by Infusion Pumps			
HM5	Availability of a refrigerator exclusively for storing feeds/vaccines and drugs in baby care area			
D	**DESIRABLE**	Method of Verification (OB/SI/RR/PI)		
HD1	Use of scientifically designed Breast pumps (Electronic/Manual)			
	TOTAL SCORE…			

Note :
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 The Gaps and Suggestions should be written in concerned area only

	CRITERIA	**MAX. SCORE**	**UNIT'S SCORE**

		ALL YES	
MANDATORY			
QUALIFYING		**0**	
ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			
ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			

I. LABOR ROOM/OT & RESUSCITATION		Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	**MANDATORY**			
IM1	Availability of a wall clock with seconds hand at all Birthing Areas			
IM2	Availability of functional radiant warmer (Newborn care corner) at all Birthing areas			
IM3	Availability of a functioning pressure controlled suction machine			
IM4	A separate set of functional infant laryngoscopes with all blade seizes (00, 0 & 1) with all sizes Endotracheal tubes (2.5, 3, 3.5, 4)			
IM5	Availability of separate self-inflating resuscitation bag and well-fitting neonatal face masks (all sizes)			
IM6	Display of the NRP Algorithm at all the birthing places			
IM7	Staff aware of and helps mother initiate successful breastfeeding within the first hour			
IM8	Availability of "essential and emergency resuscitation drugs" (e.g. adrenaline, RL, normal saline, etc.) that is replenished on daily basis.			

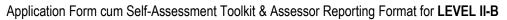|				
IM9	Availability of oxygen (central or from cylinder) with a flow meter			
IM10	Availability of umbilical vein cannulation set(s) to be used during resuscitation			
IM11	The record sheets of resuscitation as per the NRP guidelines/CPG Guidelines			
IM12	Availability of facility for blending for graded oxygen delivery (at least differential flow blending)/blender			
IM13	Availability of the Pulse Oximeter for monitoring of the baby (preferably SET technology)			
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/PI)**		
IQ1	Availability of the T-Piece resuscitator for the Preterm babies			
IQ2	Availability of the polythene wraps for preterm deliveries			
IQ3	Facility for DR- CPAP			
		TOTAL SCORE…		

Note :
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Finally , the Assessor will ADD Scores in different AREAS
The Gaps and Suggestions should be written in concerned area only

	CRITERIA	MAX. SCORE	UNIT'S SCORE
	MANDATORY	**ALL YES**	
	QUALIFYING	**03**	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

J. INFECTION CONTROL PRACTICES		**Method of Verification (OB/SI/RR/PI)**	**Mark - 1 for YES / 0 for NO**	**Mark - 1 for YES / 0 for NO**
M	**MANDATORY**			
JM1	Availability of a dedicated hand Wash and gowing area prior to entry into the NICU			
JM2	Presence of at least one wash basin for every baby care area (room) with taps which is elbow or foot operated			
JM3	Hand washing instructions displayed in the wash area			
JM4	Staff aware of technique of hand washing			
JM5	Is there availability of alcohol-based hand rub – one between two beds?			
JM6	Is there a written down unit antibiotic policy?			
JM7	Availability of adequate quantity of disinfectants, e.g. • Floor • Surface • Tubes/ Circuits • Hands / Baby • Autoclave/EtO			
JM8	Are there written instructions/guidelines for method of equipment cleaning and disinfection?			
JM9	Are there written instructions/guidelines for unit's cleaning, disinfection routines?			
JM10	Disinfection & Cleaning practices being followed and documented properly. (Verify Logbook)			

JM11	Does the unit follow the bio-medical waste management norms as prescribed by Government of India?			
JM12	Is there a defined protocol for handling and disposal of soiled diapers and soiled linen?			
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/PI)**		
JQ1	Bundles for VAP prevention			
JQ2	Infection Surveillance and Audit of the unit is done on every 6 to 12 months			
D	**DESIRABLE**	**Method of Verification (OB/SI/RR/PI)**		
JD1	Provision for insertion of PICC lines (only staff trained for such procedures should put these lines)			
		TOTAL SCORE…		

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 The Gaps and Suggestions should be written in concerned area only

	CRITERIA	**MAX. SCORE**	**UNIT'S SCORE**
	MANDATORY	**ALL YES**	
	QUALIFYING	**02**	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			
K. LABORATORY FACILITIES *(within unit/hospital/outsourced [MOU for the same should be present with the unit])*	**Method of Verification (OB/SI/RR/PI)**	**Mark - 1 for YES / 0 for NO**	**Mark - 1 for YES / 0 for NO**	
M	**MANDATORY**			
KM1	Complete Blood Count			
KM2	CRP			
KM3	Serum Bilirubin (Both Direct and Indirect)			
KM4	Plasma Glucose			
KM5	Serum Urea and Creatinine			
KM6	Serum Electrolytes and Calcium			
KM7	Microbiological lab facilities, culture & sensitivity			
KM8	ABG Analysis			
KM9	Body fluid analysis (urine, CSF etc)			
KM10	Coagulogram			
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/PI)**		

KQ1	Facility for IEM Screen including thyroid profile				
KQ2	Karyotyping/ RFLP Studies				
KQ3	TORCHES Screen				
	TOTAL SCORE...				

Note :
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 The Gaps and Suggestions should be written in concerned area only

	CRITERIA	**MAX. SCORE**	**UNIT'S SCORE**
	MANDATORY	**ALL YES**	
	QUALIFYING	**03**	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

L. FACILITIES FOR NEONATAL TRANSPORT		**Method of Verification (OB/SI/RR/PI)**	**Mark - 1 for YES / 0 for NO**	**Mark - 1 for YES / 0 for NO**
M	**MANDATORY**			

LM1	Facility for Provision of Warmth, oxygenation, Suction and Resuscitation kit in the ambulance				
LM2	Adequate number of ambulance drivers and/or paramedics (in-house/outsourced)				
LM3	Availability of the Neonatal nursing staff OR trained doctor in all transports (documentary proof)				
LM4	Pulse Oximeter and the Infusion pumps in the Ambulance				
LM5	Records of all transports (referral in & out)				
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/PI)**			
LQ1	Transport incubator(s) available with the unit for use during transport of babies				
D	**DESIRABLE**	**Method of Verification (OB/SI/RR/PI)**			
LD1	A Neonatal Transport Ambulance (with an Intensive Bed akin to one in the NICU)				
LD2	Neonatal Transport Ventilator in the Ambulance				
		TOTAL SCORE…			

Note :
The rows "X" and "Y" should be filled ONLY by the Assessor
Finally , the Assessor will ADD Scores in different AREAS
The Gaps and Suggestions should be written in concerned area only

	CRITERIA	**MAX. SCORE**	**UNIT'S SCORE**
	MANDATORY	**ALL YES**	
	QUALIFYING	**01**	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)

M. QUALITY & DATA MANAGEMENT		Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	**MANDATORY**			
MM1	Case sheets have daily record of examination and daily orders with signature of the treating doctor			
MM2	Record of daily charting of temperature, pulse and fluid input/output in case sheets with signature (Identity) of on duty nurse			
MM3	Are the verbal orders by doctors verified by them within 24 hours of giving such orders?			
MM4	Documentation of all procedures done in the unit in appropriate format			
MM5	Use of growth charts regularly in the unit especially for small babies			
MM6	Use of the special charts for Exchange transfusion / Partial Exchange transfusion / ABG-Ventilation etc.			
MM7	Electronic/Manual medical records (these should be inclusive of M8-M11 mentioned below)			
MM8	Monthly and Annual Sepsis data maintained			
MM9	Monthly and Annual morbidity data maintained			
MM10	Monthly and Annual mortality data maintained			

MM11	Monthly and Annual Equipment status report			
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/PI)**		
MQ1	Monthly Perinatal-Neonatal meetings with documented record of such discussions			
MQ2	Structured sequential developmental follow-up of discharged babies till 2-years with all records			
	TOTAL SCORE…			

Note :
 The rows "X" and "Y" should be filled ONLY by the Assessor
 Finally , the Assessor will ADD Scores in different AREAS
 The Gaps and Suggestions should be written in concerned area only

	CRITERIA	**MAX. SCORE**	**UNIT'S SCORE**
	MANDATORY	**ALL YES**	
	QUALIFYING	**02**	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

N. FACILITIES FOR INFORMATION ACCESS		Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	**MANDATORY**			
NM1	At least one computer/Laptop with printer and internet access in unit			
NM2	Unit should have audio-visual aids for teaching or education purposes			
D	**DESIRABLE**	**Method of Verification (OB/SI/RR/PI)**	**NON SCORING**	**NON SCORING**
ND1	Unit should have a community outreach programme			
	TOTAL SCORE…			

Note :
 The rows "X" and "Y" should be filled ONLY by the Assessor
 Finally , the Assessor will ADD Scores in different AREAS
 The Gaps and Suggestions should be written in concerned area only

	CRITERIA	**MAX. SCORE**	**UNIT'S SCORE**
	MANDATORY	**ALL YES**	
	QUALIFYING	**0**	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		

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	THIS SECTION TO BE FILLED ONLY IF APPLICATION IS FOR ACADEMIC ACCREDITATION	
	i. **ACADEMIC ACCREDITATION:Additional Information**	
1.	List the Name of faulty and their research experience in the 3 years preceding the date of present application (attach copies of relevant research work)	
1(a)	Research publications (provide complete citatations of publications)	
1 (b)	Papers presented at conferences (Title of paper and details of conference)	
1 (c)	Workshops attended	
1 (d)	Workshops conducted	
1 (e)	Research grants received (provide details of project name, funding agency)	
1 (f)	Ongoing research projects	
2.	**Institution has attached Obstetric unit with birthing services (MANDATORY)**	**YES/NO**
3.	**Details of Fellows trained in last 5 years (exclude the batch currently admitted)**	**Doctors** / **Nurses**
3 (a)	**No. of fellows trained in past 5 years**	

3 (b)	No. of fellows who completed the training		
3 (c)	No. of fellows who passed exit exam in first attempt		

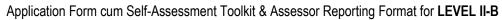## LIST OF ABBREVIATIONS USED IN NNF's ACCREDITATION STANDARDS (2022 Version)

17-OH	17 Hydroxy (OH) Progesterone		ETT	Endotracheal Tube
ABG	Acid Blood Gas Analysis		FBNC	Facility Based Newborn Care
aEEG	Amplitude-Integrated Electroencephalography		GNM	General Nursing & Midwifery
AMC	Annual Maintenance Contract		HIS	Hospital Infection Surveillance
BERA	Brainstem Evoked Response Audiometry		ICD	Inter Costal Drainage
BMW	Bio-Medical Waste		ICU	Intensive Care Unit
BSc	Bachelor of Science		IEM	Inborn Errors of Metabolism
CBC	Complete Blood Count		iNO	Inhaled Nitric Oxide
CMC	Comprehensive Maintenance Contract		IT-ratio	Immature-to-Total Neutrophil Ratio
CME	Continued Medical Education		IV	Intra Venous
CO2	Carbon Dioxide		KMC	Kangaroo Mother Care
CPAP	Continuous Positive Airway Pressure		LBW	Low Birth Weight
CPG	Clinical Practice Guidelines (issued by NNF)		MBBS	Bachelor of Medicine and Bachelor of Surgery
CRP	C-Reactive Protein		MD	Doctor of Medicine
CT	Computed Tomography (imaging)		MRI	Magnetic Resonance Imaging
DCH	Diploma in Child Health		NIBP	Non-Invasive Blood Pressure (Monitoring)
DEXA	Dual-Energy X-Ray Absorptiometry		NICU	Neonatal Intensive Care Unit
DHEA	Dehydroepiandrosterone		NNF	National Neonatology Forum
DM	Doctorate in Medicine		NRP	Neonatal Resuscitation Protocol
DNB	Diplomate of National Board		PICC	Peripherally Inserted Central Catheter
DR-CPAP	Delivery Room Continuous Positive Airway Pressure		PKU	Phenylketonuria
EBM	Expressed Breast Milk		RFLP	Restriction Fragment Length Polymorphism
ECHO	Echocardiography		ROP	Retinopathy of Prematurity
ELBW	Extremely Low Birth Weight		SET	Signal Extraction Technology
EMT	Emergency Medical Technician		SCNU/ SNCU	Special Care Newborn Unit / Special Newborn Care Unit
ER	Emergency Room also known as Casualty or Emergency		TORCHES	Acronym for Toxoplasmosis, Rubella, Cytomegalovirus, Herpes Simplex, Syphilis
ET CO2	End Tidal CO2			
EtO	Ethylene Oxide			

TPN	Total Parenteral Nutrition		VAP	Ventilator-Associated Pneumonia
TSH	Thyroid Stimulating Hormone		VLBW	Very Low Birth Weight

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FOR ASSESSORS USE ONLY, NOT TO BE FILLED BY CENTRE

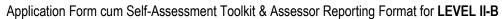| **NOTE FOR ASSESSORS**	
1) ASSESSOR'S ASSESSMENT is to be completed by the Assessors only upon inspection of the unit 2) Any other/ information that Assessor want to share should be mentioned in "Remarks" column	
Date of Assessor's Assessment (dd-mm-yyyy)	
Name & Organization of Assessor 1 **(Team Leader)**	
Name & Organization of Assessor 2	
Remarks/Final Comments by the Assessor/s:	

<u>CERTIFICATE</u>

This is to certify that I/We have conducted onsite assessment of the applicant unit as per NNF's Accreditation Standards (2022 version)

Signature of Assessor 1 (Team Leader)   Signature of Assessor 2
Dated:

FOR USE OF NNF OFFICE ONLY

TOTAL SCORE	MAX. SCORE	UNIT'S SCORE	PERCENT SCORE
MANDATORY (ALL DOMAINS)	**ALL YES**		**ALL HAVE TO BE YES**
QUALIFYING (ALL DOMAINS)	**22**		**_____%**

* 75% score required for accreditation for Level II-B unit is 17 out of 23