

## National Neonatology Forum of India's Newborn Care 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.
- Besides Mandatory and QUALIFYING elements there are also some "**DESIRABLE ELEMENTS**", which show us the way forward in delivering quality newborn care. These elements have been put in order to define the frontiers of new born care. However, unit should realise that these are **non-scoring elements** and are there to serve as guides for improvement.
- 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 - A UNIT SHOULD SCORE AT LEAST 75% TO BE CONSIDERED FOR NNF ACCREDITATION.**
- MANDATORY FOR FELLOWSHIP ACCREDITATION: a) LBW: 150 Per year    b) VLBW: 50 per year    c) ELBW: 12 Per year**

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### **SPECIAL FEATURES:**

- For fellowship Annual Admission for Level- 3A should be 300.
- If Unit applying for clinical accreditation then consultant experience should in Neonatology.
- For qualifying for III- A : An Obstetric unit is must.

**APPLICATION FORM (to be filled by applicant only)****GENERAL INFORMATION ABOUT THE UNIT**

<b>Particulars</b>	<b>Details</b>
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) <b>(Unit should be functional for atleast 3 years before the date of application)</b>	
3) Date of self-assessment (dd-mm-yyyy)	
4) First time Applicant 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	<b>Level III-A as per the definition in the accompanying guidebook</b>
7) Kindly mention applying for unit accreditation or unit accreditation with fellowship?	
8) Available number of beds in the unit	TOTAL-                      Level I-                      Leve IIA (CPAP supported)- Level IIB (Invasive ventilation)-                      Level IIIA (Advanced ventilator)

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9) Floor area of unit (sq. feet), please attach floor diagram of unit with dimensions of various areas ( <i>as Annexure to this format</i> )				
10) Name of consultants with their qualification & experience (in no. of years after PG)	<b>Name</b>	<b>Qualification DM Ne)/DrNB (Neo)/MD Paed/ DNB Paed/DCH</b>	<b>Years after DCH/ MD Paed)</b>	<b>Teaching Experience</b>
	1)			
	2)			
	3)			
	4)			
	5)			
	6)			
	7)			
	8)			
11) No of Junior Doctors (Post MBBS)				
12) No of Nurses				
13) Total Deliveries/year				
14) Total Admissions in your newborn care unit/year				
15) No. of ventilated patient per year (if applicable)				
16) Patient ventilation days in a year (if applicable)				
17) Is the unit part of a hospital/institution?	YES / NO ( <i>please encircle appropriate answer</i> )			
<b>If yes</b> a) Please mention - no. of beds	a)			

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b) Specialties offered by the hospital OBG Paed surgery, Ophthalmology, ediatrics, Radiodiagnosis, Neurosurgery	b)	
18) Does the Unit run a NNF Fellowship training for doctors/nurses? If yes, since when (provide year of starting)	<b>19)</b>	
20) Any other teaching/training programs undertaken by the unit e.g. DCH, DNB, DM, etc.	<b>21)</b>	
22) Date of Application (dd-mm-yyyy)		
23) 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)		
		Total:	Inborn	Outborn	Total:	Inborn	Outborn	Total:	Inborn	Outborn
1	Annual admissions into the unit	Total:			Total:			Total:		
		Inborn:			Inborn:			Inborn:		
		Outborn:			Outborn:			Outborn:		
2	Total number of LBW babies admitted (%) by category		<b>Inborn</b>	<b>Outborn</b>		<b>Inborn</b>	<b>Outborn</b>		<b>Inborn</b>	<b>Outborn</b>
		LBW:			LBW:			LBW:		
		VLBW:			VLBW:			VLBW:		
		ELBW:			ELBW:			ELBW:		

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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	Hospital acquired infection (HAI) rates, VAP rates (ventilator associated pneumonia), and BSI rates (blood stream infections)	Total: LBW: VLBW:: ELBW			Total: LBW: VLBW:: ELBW			Total: LBW: VLBW:: ELBW		

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10	No. of babies ventilated annually	Total: LBW: VLBW:: ELBW			Total: LBW: VLBW:: ELBW			Total: LBW: VLBW:: ELBW			
11	Any other important data <ul style="list-style-type: none"><li>• Number of INO'S:</li><li>• Number of Cardiac Surgery:</li></ul>										
9	Any other important data										
10	Sign and seal of unit in-charge										

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### B. CLINICAL SUPPORT SERVICES

S.no.	Services	Response Mention whether service is available (YES) or not (NO)[in Col. 1]. If YES, then by which mode – <b>In house/Parent Hospital/Outsourced</b> [mention in Col. 2].	
		Col.1	Col. 2
1	Housekeeping services		
2	Ambulance services		
3	Autoclaving / CSSD (of parent hospital)		
4	Laundry		
5	Kitchen services (for mothers)		
6	Information Technology (facilities in the unit but managed by parent hospital or by an outsourced agency)		
7	Facility Management		
8	Management of Bio-Medical Waste (BMW)		
9	Pharmacy		
10	Security		
11	Supply Chain Management (drugs, consumables and other materials)		
12	Referral services (if yes, mention the name of the most commonly, referred to centre)		

\* For all “outsourced” services, the unit should have at least a copy of MOU for the same.



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**C. MANDATORY STATUTORY REQUIREMENTS**

Requirements	Availability - Please mention YES / NO
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	
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.	
<b>Desirable Statutory Requirements</b>	
D1. License to store compressed gas	

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<b>SECTIONS</b>	<b>ELEMENTS IN SECTIONS</b>	<b>Method of Verification (OB/SI/RR/PI)</b>	<b>SELF-ASSESSMENT</b> (To be completed by applicant at the time of application)	<b>ASSESSOR'S ASSESSMENT</b> (To be verified and completed by the Assessors on inspection of the unit)
<b>D. SERVICES</b>			<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>
<b>M</b>	<b>MANDATORY</b>			
DM1	Care at birth including resuscitation of asphyxiated newborns			
DM2	Managing sick neonate including babies $\leq 1000$ and $\leq 30$ weeks			
DM3	Provision for post-natal care services under supervision of a paediatrician			
DM4	Comprehensive Lactation Management Centre (Milk Banking) (as per GOI guidelines)			
DM5	Stabilization of the surgical/Cardiac patients prior to referral			
DM6	Transport facilities for higher level of care (e.g. IIIB or e.g. Neonatal Cardiac Surgery)			
DM7	Follow-up of high risk NICU graduates			
DM8	Annual admission of at least 300 neonates needing Level IIIA care			
DM9	Screening for ROP			
DM10	Surfactant therapy			
<b>Q</b>	<b>QUALIFYING</b>	<b>Method of Verification (OB/SI/RR/PI)</b>		
DQ1	Advanced ventilation (High frequency and others)			
DQ2	Neonatal surgical facilities (other than cardiac)			
DQ3	In house oto-acoustic emission (OAE)/ BERA screening			
DQ4	Laser therapy for ROP			

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DQ5	Lung Ultrasonography			
DQ6	Amplitude integrated EEG			
<b>D</b>	<b>DESIRABLE</b>	<b>Method of Verification (OB/SI/RR/PI)</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>
DD1	ECMO facilities			
DD2	Neonatal cardiothoracic/cardiology services			
DD3	iNO Therapy			
		<b>TOTAL SCORE...</b>		
	<b>Note :</b>			
	The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor			
	Finally , the Assessor will <b>ADD Scores in different AREAS</b>			
	The Gaps and Suggestions should be written in concerned area only			
	<b>CRITERIA</b>		<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>		<b>ALL YES</b>	
	<b>QUALIFYING</b>		<b>06</b>	
	<b>DESIRABLE</b>		<b>NON-SCORING</b>	
		<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
		<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
<b>E. INFRASTRUCTURE</b>		<b>Method of Verification (OB/SI/RR/PI)</b>	<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>

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M	MANDATORY			
EM1	Should have minimum 16 beds with at least 6 ventilated beds. The unit may be bigger in which case for every 1 ventilated bed, there should be atleast 3 non ventilated beds			
EM2	Every bed should have space of 150 sq ft (inclusive of 50 sq ft for ancillary areas)			
EM3	Facilities for providing KMC			
EM4	A separate marked area/room for expression of milk and breastfeeding			
EM5	Hospital must have separate stay facility for all mothers of admitted babies within unit's/hospital's premises.			
EM6	Designated area for clean utility and dirty utility			
EM7	Unit should provide an air temperature of 26-28°C			
EM8	Availability of central oxygen supply and the central suction facility			
EM9	There should be 2 emergency power sockets for every 10 sockets (minimum of 6 power sockets per bed)			
EM10	Availability of continuous water supply 24x7			
EM11	Well illuminated but adjustable day and night lighting (Cool white)			
EM12	Reinforced light of 1000-1500 lux shadow free illumination for examination.			
EM13	Uninterrupted availability of power supply through a generator/UPS etc.			
EM14	Blood Bank/MOU with blood bank with component services 24/7 services in the hospital. If MOU then blood storage facility should be mandatory.			
EM15	Supply and logistics for the portable X-ray facility (in house) available round the clock.			
EM16	Background noise should not be more than 45db and peak intensity should not be more than 80 db.			
EM17	Availability of the central compressed air line			
EM18	Has there been a power audit of the unit? (in which electrical load of the unit/HOSP. was calculated and accordingly electrical wiring and installations done)			
Q	QUALIFYING	Method of Verification (OB/SI/RR/PI)		
EQ1	A separate connection of water to the unit with adequate storage in case of emergency			

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EQ2	MRI/CT facility that is present with in the hospital/outsourced			
EQ3	Provision for contingency space/rooms for shifting the unit in case of temporary closure of the unit in times of need			
EQ4	Facility for dimming of general lighting in the NICU for developmental care.			
<b>D</b>	<b>DESIRABLE</b>	<b>Method of Verification (OB/SI/RR/PI)</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>
ED1	System for the Air changing in the NICU			
ED2	Sound absorbent walls and ceiling of the NICU.			
ED3	Blood Bank with component therapy 24/7 services in the hospital			
		<b>TOTAL SCORE...</b>		
	<b>Note :</b>			
	The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor			
	Finally , the Assessor will <b>ADD Scores in different AREAS</b>			
	The Gaps and Suggestions should be written in concerned area only			
	<b>CRITERIA</b>		<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>		<b>ALL YES</b>	
	<b>QUALIFYING</b>		<b>04</b>	
	<b>DESIRABLE</b>		<b>NON SCORING</b>	
	<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>			
	<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>			

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<b>F. EQUIPMENTS</b>		<b>Method of Verification (OB/SI/RR/PI)</b>	<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>
<b>M</b>	<b>MANDATORY</b>			
FM1	One stethoscope with each Neonatal bed			
FM2	All neonatal beds are Sevo-controlled radiant warmers/incubators			
FM3	High intensity Phototherapy machine - one for every 2 beds			
FM4	Multipara monitor (HR, RR, SaO2, NIBP and invasive BP) for every ventilated bed.			
FM5	One Pulse-oximeter (preferably with SET) for every non ventilated bed			
FM6	4 infusion pumps for each ventilated beds and 1 for every non ventilated beds			
FM7	Resuscitation equipment with all sizes of blades and mask ( 1 for each ventilated bed and one for each 4 non ventilated bed)			
FM8	Portable electronic weighing machine with minimum 5g sensitivity for each area			
FM9	Ultrasound Machine in NICU			
FM10	Glucometer (minimum 2 in number)			
FM11	Acid Blood Gas analysis machine within hospital premises			
FM12	A portable X-ray machine in NICU			
FM13	One oxygen sensor (FiO <sub>2</sub> monitor)			
FM14	Atleast 6 Advanced neonatal ventilators (with atleast 1 with HFV facility)			
FM15	Atleast one Electronic Thermometer (Low reading)			

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Q	QUALIFYING	Method of Verification (OB/SI/RR/PI)		
FQ1	In-unit ABG machine for acid blood gas analysis			
FQ2	Cold light source for detection of pneumothorax			
FQ3	T-piece Resuscitators in NICU minimum 2 in number			
FQ4	Laminar Flow Station for sterile fluid preparation			
FQ5	Flux Meter			
FQ6	Invasive blood pressure monitoring for ventilated babies			
FQ7	CT/MRI facility (either with in hospital premises or outsourced for which MOU should be present with NICU)			
FQ8	iNO therapy			
D	DESIRABLE	Method of Verification (OB/SI/RR/PI)	NON-SCORING	NON-SCORING
FD1	2D ECHO facility on call 24/7			
FD2	High frequency ventilation			
FD4	Cerebral Function Monitoring (aEEG)			
<b>TOTAL SCORE...</b>				
<b>Note :</b> The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor Finally , the Assessor will <b>ADD Scores in different AREAS</b> The Gaps and Suggestions should be written in concerned area only				
<b>CRITERIA</b>			<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
<b>MANDATORY</b>			<b>ALL YES</b>	
<b>QUALIFYING</b>			<b>08</b>	
<b>DESIRABLE</b>			<b>NON SCORING</b>	

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	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. HUMAN RESOURCES		Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
<b>M</b>	<b>MANDATORY</b>			
GM1	ONE full time In charge of Unit should be DM (Neo)/ <b>DNB (Neo) OR MD Paed/ DNB Paed/DCH</b> with 5/5/5/8 years' experience in Neonatology after post-graduation (on call for emergency)			
GM2	Two Senior Resident doctors/Junior consultant with <b>DM (Neo)/ DNB (Neo) OR MD Paed/ DNB Paed/DCH</b> (min. 3/5 yr. Neonatology experience post MD/ post-DCH) [non-rotational] on floor in each shift			
GM3	One Resident doctor (Post MD/DNB/DCH in Paediatrics): For 10 non-ventilated beds and 6 ventilated beds available round the clock with 20% reserve.			
GM4	One trainee (Post MBBS): For 10 non-ventilated beds and 6 ventilated beds available round the clock and exclusively for NICU with 20% reserve.			
GM5	Nursing Staff should have GNM with 3 months training in NICU OR B.Sc. Nursing – one for 4 non-ventilated beds/shift and one for 2 ventilated beds/shift with a 20% Reserve (e.g. a unit with 10 non-ventilated beds and 6 ventilated beds, number of nurses required would be 22)			
GM6	In Charge Nurse 1, who has work experience of at least one year of working in NICU of a tertiary level hospital			
GM7	An attached ophthalmologist for ROP screening (where the babies may be sent)			
GM8	Attending Staff – at least 1 per shift with 20% Reserve (Minimum 5)			





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GM9	Sanitation staff – at least 1 per shift with 20% reserve (Minimum 5)			
GM10	Security personnel – at least 1 per shift with 20% reserve (minimum 5)			
<b>Q</b>	<b>QUALIFYING</b>	<b>Method of Verification (OB/SI/RR/PI)</b>		
GQ1	Lactation Nurse/Consultant: at least 1 dedicated person available for the unit			
GQ2	Ophthalmologist on panel/attached to hospital or unit, who does in-house ROP screen			
GQ3	One laboratory technician at least in the morning shift			
GQ4	Occupational therapist (to whom cases can be referred)			
GQ5	Physiotherapist (to whom cases can be referred)			
GQ6	Audiometrist (for BERA)			
GQ7	Speech therapist			
<b>D</b>	<b>DESIRABLE</b>	<b>Method of Verification (OB/SI/RR/PI)</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>
GD1	Outreach staff for home visit of the high risk babies discharged			
GD2	Nursing staff trained in the developmental supportive care			
GD3	Biomedical technician (full time)			
GD4	Hospital Infection Surveillance (HIS) staff who visits NICU monthly or as and who required			
GD5	Pediatric neurologist			
GD6	Clinical Psychologist			
<b>TOTAL SCORE...</b>				
<p><b>Note :</b>            The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor            Finally , the Assessor will <b>ADD Scores in different AREAS</b>            The Gaps and Suggestions should be written in concerned area only</p>				

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CRITERIA			MAX. SCORE	UNIT'S SCORE
<b>MANDATORY</b>			<b>ALL YES</b>	
<b>QUALIFYING</b>			<b>07</b>	
<b>DESIRABLE</b>			<b>NON SCORING</b>	
		<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
		<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		

H. PROTOCOLS & PROCESSES		Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
<b>M</b>	<b>MANDATORY</b>			
HM1	Written Committed breastfeeding policy being followed			
HM2	Written KMC protocol in LBW babies (In NICU & step-down area)			
HM3	Protocols for level III care (NNF CPG Guideline)/equivalent should be retained and followed			
HM4	A defined process for communication of newborn's condition regularly to the parents/relatives, at least once a day			
HM5	A Written policy for conducting grievance counselling of the parents and family by the doctor in case of newborn death			
HM6	Protocol(s) for adequate and effective warming for high risk babies during special care/procedures displayed in the unit and followed			
HM7	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			

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HM8	Admission and discharged policy defined and displayed			
HM9	Protocol for ensuring identity tags for every baby (along with details of their mother) admitted in the unit			
HM10	All equipment in active service must be either under warranty or some form of maintenance contract; and contact information of all the vendors must be either available on-site with the NICU personnel or should be there with a nodal person in the unit to whom NICU personnel can report			
HM11	Protocol of orientation of new staff and refresher course (like CME) for existing staff			
HM12	A separate follow-up clinic for the High Risk NICU graduates			
HM13	Protocol to screen all high- risk babies for ROP (including asepsis, frequency, location within the unit such as bedside, pupil dilation, monitoring)			
HM14	Protocol for universal pulse oximeter screening			
HM15	Protocol for universal hearing screen of all babies prior to discharge			
HM16	The rounds in the Post Natal Care area taken by a paediatrician			
HM17	Detailed Transport protocols for both receiving and transferring out neonates			
HM18	Written policy for emergency evacuation and conduct of mock drills			
<b>Q</b>	<b>QUALIFYING</b>	<b>Method of Verification (OB/SI/RR/PI)</b>		
HQ1	Protocol for laser treatment of babies with ROP at bedside (including pain management and other aspects mentioned under screening)			
HQ2	Protocol for organizing a bedside ECHO when indicated in sick babies			
HQ3	Protocol for the workup and management of IEM			
HQ4	Protocol for conducting metabolic screen (e.g. TSH, PKU, Galactosemia etc.) on all babies			
HQ5	Manuals (hard copy or soft copy) should be readily available for trouble shooting of equipments			
HQ6	Protocol for transcutaneous bilirubin screening prior to earlier discharges			

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D	DESIRABLE	Method of Verification (OB/SI/RR/PI)	NON-SCORING	NON-SCORING
		<b>TOTAL SCORE...</b>		
<p><b>Note :</b>                      The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor                      Finally , the Assessor will <b>ADD</b> Scores in different <b>AREAS</b>                      The Gaps and Suggestions should be written in concerned area only</p>				
	<b>CRITERIA</b>		<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>		<b>ALL YES</b>	
	<b>QUALIFYING</b>		<b>06</b>	
	<b>DESIRABLE</b>		<b>NON SCORING</b>	
		<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
		<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
<b>I. FACILITIES FOR THERMOREGULATION</b>		Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
<b>M</b>	<b>MANDATORY</b>			
IM1	Adequate number of functional room thermometers (at least one for each baby care room)			
IM2	Working servo system of all the radiant warmers and incubators			
IM3	A functional transport incubator and/or portable non-electrical warming devices (eg Embrace Nest)			

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IM4	Skin to skin contact (routine care) immediately after birth practiced			
<b>Q</b>	<b>QUALIFYING</b>	<b>Method of Verification (OB/SI/RR/PI)</b>		
IQ1	Adequate number of low reading clinical thermometers present/alternate device to monitor for severe hypothermia			
<b>D</b>	<b>DESIRABLE</b>	<b>Method of Verification (OB/SI/RR/PI)</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>
ID1	In line warmers for the transfusions			
ID2	Humidity monitoring system			
		<b>TOTAL SCORE...</b>		
<p><b>Note :</b>                  The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor                  Finally , the Assessor will <b>ADD Scores in different AREAS</b>                  The Gaps and Suggestions should be written in concerned area only</p>				
<b>CRITERIA</b>			<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
<b>MANDATORY</b>			<b>ALL YES</b>	
<b>QUALIFYING</b>			<b>01</b>	
<b>DESIRABLE</b>			<b>NON SCORING</b>	
<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>				
<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>				

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<b>J. DRUGS, FLUIDS AND NUTRITION</b>		<b>Method of Verification (OB/SI/RR/PI)</b>	<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>
<b>M</b>	<b>MANDATORY</b>			
JM1	Separate containers with lids for storage of the EBM being used			
JM2	A separate emergency trolley for every 6 level III beds			
JM3	All fluid administration by Infusion Pumps with pressure lines			
JM4	Growth chart used for day to day monitoring			
JM5	Availability of a refrigerator exclusively for storing feeds/vaccines and drugs in baby care area			
JM6	Protocol for TPN defined and followed			
<b>Q</b>	<b>QUALIFYING</b>	<b>Method of Verification (OB/SI/RR/PI)</b>		
JQ1	Use of Micro filters for TPN infusions			
JQ2	Use of scientifically designed Breast Pumps (Electronic/Manual)			
<b>D</b>	<b>DESIRABLE</b>	<b>Method of Verification (OB/SI/RR/PI)</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>
JD1	Individualized custom-made fluid for babies			
JD2	Donor milk policy should be there for the unit			
JD3	Facility to initiate parenteral nutrition 24X7			
<b>TOTAL SCORE...</b>				
	<b>Note :</b>			
	The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor			
	Finally , the Assessor will <b>ADD Scores in different AREAS</b>			
	The Gaps and Suggestions should be written in concerned area only			
	<b>CRITERIA</b>		<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>		<b>ALL YES</b>	

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	<b>QUALIFYING</b>			<b>02</b>	
	<b>DESIRABLE</b>			<b>NON SCORING</b>	
		<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>			
		<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>			

<b>K. LABOR ROOM/OT &amp; RESUSCITATION</b>		<b>Method of Verification (OB/SI/RR/PI)</b>	<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>
<b>M</b>	<b>MANDATORY</b>			
KM1	Availability of functional radiant warmer (Newborn care corner) at all birthing areas			
KM2	Availability of a functioning pressure controlled suction machine/centralized suction			
KM3	Availability of separate self inflating resuscitation bag and well fitting neonatal face masks (all sizes)			
KM4	A separate set of working infant laryngoscopes with all blade sizes (00, 0 & 1) with all sizes ETT (2.5, 3, 3.5)			
KM5	Display of the NRP Algorithm at all the birthing places			
KM6	Availability of "essential and emergency resuscitation drugs" (e.g. adrenaline, RL, normal saline, etc.) that is replenished on daily basis.			
KM7	Availability of Blending for graded oxygen delivery (at least differential flow blending)			
KM8	Availability of the T-Piece resuscitator for the Preterm babies			
KM9	Availability of oxygen (central or from cylinder) with a flow meter			
KM10	Availability of umbilical vein cannulation set(s) to be used during resuscitation			
KM11	Availability of a wall clock (with seconds hand) at all birthing areas			

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KM12	The record sheets of resuscitation as per the NRP guidelines/NNF CPG Guidelines			
KM13	A standby CPAP machine for initiating CPAP in delivery room when indicated			
KM14	The facility for administration of surfactant (drug and logistics) in birthing place			
KM15	Availability of a Blender for graded oxygen delivery			
<b>Q</b>	<b>QUALIFYING</b>	<b>Method of Verification (OB/SI/RR/PI)</b>		
KQ1	Availability of the food grade polythene wraps for preterm deliveries			
KQ2	A SET technology pulse oximeter for optimal early acquisition of signal			
KQ3	Availability of the Pulse Oximeter for monitoring of the baby			
<b>D</b>	<b>DESIRABLE</b>	<b>Method of Verification (OB/SI/RR/PI)</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>
KD1	A ICD drainage set , and the Exchange transfusion sets for hydropic / anaemic babies			
KD2	Facility for the Fetal/ Neonatal Autopsy			
KD3	ET CO <sub>2</sub> detectors (Calorimetric)			
		<b>TOTAL SCORE...</b>		
<p><b>Note :</b>                      The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor                      Finally , the Assessor will <b>ADD Scores in different AREAS</b>                      The Gaps and Suggestions should be written in concerned area only</p>				
<b>CRITERIA</b>			<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
<b>MANDATORY</b>			<b>ALL YES</b>	
<b>QUALIFYING</b>			<b>03</b>	
<b>DESIRABLE</b>			<b>NON SCORING</b>	
<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>				



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		<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>

<b>L. INFECTION CONTROL PRACTICES</b>		<b>Method of Verification (OB/SI/RR/PI)</b>	<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>
<b>M</b>	<b>MANDATORY</b>			
LM1	Availability of a dedicated hand Wash and gowning area prior to entry into the NICU			
LM2	Presence of at least one wash basin for every baby care area (room) with taps which is elbow or foot operated			
LM3	Hand washing instructions displayed in the wash area			
LM4	Availability of alcohol-based hand rub – one between two beds			
LM5	Does the unit have written down antibiotic policy? (Assessor can ask doctors/nurses about the same during onsite assessment)			
LM6	Bundles for VAP prevention			
LM7	Protocol for the maintenance and insertion of PICC lines			
LM8	Is there availability of colour coded BMW bins in each of the different areas of the unit?			
LM9	Availability of adequate quantity of disinfectants, e.g. <i>Floor (e.g. Lysol, Phenol OR equivalent)</i> <i>Surface (Bacillocid, etc.)</i> <i>Tubes/ Circuits (e.g. Glutaraldehyde)</i> <i>Hands / Baby (e.g., Hand rubs, Betadine, Chlorhexidine)</i> <i>Autoclave/EtO (in hospital)</i>			
LM10	Written instructions/guidelines for method of equipment cleaning and disinfection			
LM11	Written instructions/guidelines for unit's cleaning, disinfection routines			
LM12	Units following bio-medical waste management norms as prescribed by Statutory authority			

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LM13	Defined protocol for handling and disposal of soiled diapers and soiled linen			
LM14	Periodic bacteriological surveillance done of the unit by infection control committee			
<b>D</b>	<b>DESIRABLE</b>	<b>Method of Verification (OB/SI/RR/PI)</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>
LD1	Infection Surveillance and Audit of the unit is done on regular basis			
		<b>TOTAL SCORE...</b>		
	<b>Note :</b>			
	The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor			
	Finally , the Assessor will <b>ADD Scores in different AREAS</b>			
	The Gaps and Suggestions should be written in concerned area only			
	<b>CRITERIA</b>		<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>		<b>ALL YES</b>	
	<b>DESIRABLE</b>		<b>NON SCORING</b>	
		<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
		<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
<b>M. LABORATORY FACILITIES</b>		<b>Method of Verification (OB/SI/RR/PI)</b>	<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>
<i>(within unit/hospital/outsourced [MOU for the same should be present with the unit])</i>				
<b>M</b>	<b>MANDATORY</b>			
MM1	CBC with Band Counts and calculation of IT ratio			
MM2	CRP and Procalcitonin			



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MM3	Serum Bilirubin (Both Direct and Indirect) and LFT			
MM4	Plasma Glucose			
MM5	Serum Urea and Creatinine			
MM6	Serum Electrolytes and Calcium			
MM7	Blood Culture			
MM8	ABG Analysis			
MM9	Coagulogram			
MM10	TORCHES Screen			
<b>Q</b>	<b>QUALIFYING</b>	<b>Method of Verification (OB/SI/RR/PI)</b>		
MQ1	Facility for IEM Screen including thyroid profile			
MQ2	BACTEC System of Blood Culture			
MQ3	Fungal Culture			
MQ4	Facility for hormonal assays			
<b>D</b>	<b>DESIRABLE</b>	<b>Method of Verification (OB/SI/RR/PI)</b>	<b>NON-SCORING</b>	<b>NON-SCORING</b>
MD1	DEXA Scan			
MD2	Karyotyping/ RFLP Studies			
<b>TOTAL SCORE...</b>				
<b>Note :</b> The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor Finally , the Assessor will <b>ADD Scores in different AREAS</b> The Gaps and Suggestions should be written in concerned area only				
	<b>CRITERIA</b>		<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>

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<b>MANDATORY</b>			<b>ALL YES</b>	
<b>QUALIFYING</b>			<b>04</b>	
<b>DESIRABLE</b>			<b>NON SCORING</b>	
		<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
		<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		

<b>N. FACILITIES FOR TRANSPORT</b>		<b>Method of Verification (OB/SI/RR/PI)</b>	<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>
<b>M</b>	<b>MANDATORY</b>			
NM1	Facility for Provision of Warmth, oxygenation, Suction and Resuscitation kit in the ambulance			
NM2	Ambulance drivers and/or paramedics (in-house/outourced) 24X7			
NM3	Transport incubator(s) available with the unit for use during transport of babies			
NM4	Availability of the Neonatal nursing staff OR trained doctor in all transports			
NM5	Availability of T-Piece Resuscitator during transport			
<b>Q</b>	<b>QUALIFYING</b>	<b>Method of Verification (OB/SI/RR/PI)</b>		
NQ1	24x7 Centralized call centre based transport facility with a central number			
NQ2	Points for Pulse Oximeter and the Infusion pumps in the Ambulance			
NQ3	Transport Ventilator in the Ambulance			
NQ4	Doctor trained in neonatal transport must accompany the baby			

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D	DESIRABLE	Method of Verification (OB/SI/RR/PI)	NON SCORING	NON SCORING
ND1	A Neonatal Transport Ambulance (Minimum of the Size of “Tempo Traveller”) , with a Intensive Bed akin to one in the NICU manned with trained Neonatal doctor and experienced nursing sister for every pick / drop of the baby			
ND2	Outsourced/in house Air-ambulance for transport of sick babies			
ND3	Availability of ABG			
<b>TOTAL SCORE...</b>				
<p><b>Note :</b>                      The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor                      Finally , the Assessor will <b>ADD Scores in different AREAS</b>                      The Gaps and Suggestions should be written in concerned area only</p>				
	<b>CRITERIA</b>		<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>		<b>ALL YES</b>	
	<b>QUALIFYING</b>		<b>04</b>	
	<b>DESIRABLE</b>		<b>NON SCORING</b>	
	<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>			
	<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>			
<b>O. CASE RECORD MAINTAINENCE</b>		Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
<b>M</b>	<b>MANDATORY</b>			



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OM1	Case sheets have daily record of examination and daily orders with signature of the treating doctor			
OM2	Record of daily charting of temperature, pulse and fluid input/output in case sheets with signature (Identity) of on duty nurse			
OM3	Verbal orders by doctors verified by them within 24 hours of giving orders			
OM4	Documentation of all procedures done in the NICU in appropriate method			
OM5	Use of growth charts regularly in the unit for the small babies			
OM6	Use of the special charts for TPN/ Exchange transfusion / Partial Exchange transfusion / ABG-Ventilation etc			
OM7	Monthly and Annual Sepsis data maintained			
OM8	Monthly and Annual morbidity data maintained			
OM9	Monthly and Annual mortality data maintained			
OM10	Monthly and Annual Equipment status report			
OM11	Unit generate monthly structured short information report (based on data from M7-M10) including dash board indicators regarding status of the unit			
OM12	Structured sequential developmental follow-up of discharged babies till 2-years with all records			
<b>Q</b>	<b>QUALIFYING</b>	<b>Method of Verification (OB/SI/RR/PI)</b>		
OQ1	Monthly Perinatal-Neonatal meetings with documented record of such discussions			
OQ2	Enrolment into a Data network (multi-centric)			
<b>TOTAL SCORE...</b>				
<b>Note :</b> 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				
	<b>CRITERIA</b>		<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>

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	<b>MANDATORY</b>		<b>ALL YES</b>	
	<b>QUALIFYING</b>		<b>02</b>	
		<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
		<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
<b>P. FACILITIES FOR INFORMATION ACCESS</b>		<b>Method of Verification (OB/SI/RR/PI)</b>	<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>
<b>M</b>	<b>MANDATORY</b>			
PM1	At least 2 computer/laptop with printer and internet access in unit.			
PM2	Unit should have an adequately stocked library with sufficient audio-visual aids			
<b>Q</b>	<b>QUALIFYING</b>	<b>Method of Verification (OB/SI/RR/PI)</b>		
PQ1	The unit should be undertaking short research in community-based neonatology / clinical neonatology			
PQ2	The unit should be actively involved in research projects, with a track record of at least ONE publication annually			
<b>D</b>	<b>DESIRABLE</b>	<b>Method of Verification (OB/SI/RR/PI)</b>	<b>NON SCORING</b>	<b>NON SCORING</b>
PD1	Unit should have a community outreach programme			
PD2	The unit should have a fetal medicine department attached			
		<b>TOTAL SCORE...</b>		

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<b>Note :</b>				
The rows “X” and “Y” should be filled <b>ONLY</b> by the Assessor				
Finally , the Assessor will <b>ADD Scores in different AREAS</b>				
The Gaps and Suggestions should be written in concerned area only				
	<b>CRITERIA</b>		<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>		<b>ALL YES</b>	
	<b>QUALIFYING</b>		<b>02</b>	
	<b>DESIRABLE</b>		<b>NON SCORING</b>	
		<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
		<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		

<b>THIS SECTION TO BE FILLED ONLY IF APPLICATION IS FOR ACADEMIC ACCREDITATION</b>		
<b>i. ACADEMIC ACCREDITATION:Additional Information</b>		
1.	List the Name of faculty 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 citations of publications)	





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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.	<b>Institution has attached Obstetric unit with birthing services (MANDATORY)</b>	<b>YES/NO</b>	
3.	<b>Details of Fellows trained in last 5 years (exclude the batch currently admitted)</b>	<b>Doctors</b>	<b>Nurses</b>
3 (a)	<b>No. of fellows trained in past 5 years</b>		
3 (b)	<b>No. of fellows who completed the training</b>		
3 (c)	<b>No. of fellows who passed exit exam in first attempt</b>		



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### LIST OF ABBREVIATIONS USED IN NNF's ACCREDITATION STANDARDS (2013 Version)

NNF



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17-OH	17 Hydroxy (OH) Progesterone	GNM	General Nursing & Midwifery
ABG	Acid Blood Gas Analysis	HIS	Hospital Infection Surveillance
aEEG	Amplitude-Integrated Electroencephalography	ICD	Inter Costal Drainage
AMC	Annual Maintenance Contract	ICU	Intensive Care Unit
BERA	Brainstem Evoked Response Audiometry	IEM	Inborn Errors of Metabolism
BMW	Bio-Medical Waste	iNO	Inhaled Nitric Oxide
BSc	Bachelor of Science	IT-ratio	Immature-to-Total Neutrophil Ratio
CBC	Complete Blood Count	IV	Intra Venous
CMC	Comprehensive Maintenance Contract	KMC	Kangaroo Mother Care
CME	Continued Medical Education	LBW	Low Birth Weight
CPAP	Continuous Positive Airway Pressure	MBBS	Bachelor of Medicine and Bachelor of Surgery
CPG	Clinical Practice Guidelines (issued by NNF)	MD	Doctor of Medicine
CRP	C-Reactive Protein	MRI	Magnetic Resonance Imaging
CT	Computed Tomography (imaging)	NIBP	Non-Invasive Blood Pressure (Monitoring)
DCH	Diploma in Child Health	NICU	Neonatal Intensive Care Unit
DEXA	Dual-Energy X-Ray Absorptiometry	NNF	National Neonatology Forum
DHEA	Dehydroepiandrosterone	NRP	Neonatal Resuscitation Protocol
DM	Doctorate in Medicine	PICC	Peripherally Inserted Central Catheter
DNB	Diplomate of National Board	PKU	Phenylketonuria
DR-CPAP	Delivery Room Continuous Positive Airway Pressure	RFLP	Restriction Fragment Length Polymorphism
EBM	Expressed Breast Milk	ROP	Retinopathy of Prematurity
ECHO	Echocardiography	SET	Signal Extraction Technology
ECMO	Extracorporeal membrane oxygenation	SCNU/ SNCU	Special Care Newborn Unit / Special Newborn Care Unit
ELBW	Extremely Low Birth Weight	TORCHES	Acronym for Toxoplasmosis, Rubella, Cytomegalovirus, Herpes Simplex, Syphilis
EMT	Emergency Medical Technician	TPN	Total Parenteral Nutrition
ER	Emergency Room also known as Casualty or Emergency	TSH	Thyroid Stimulating Hormone
ET CO <sub>2</sub>	End Tidal CO <sub>2</sub>	VAP	Ventilator-Associated Pneumonia
EtO	Ethylene Oxide	VLBW	Very Low Birth Weight
ETT	Endotracheal Tube		
FBNC	Facility Based Newborn Care		

**FOR ASSESSORS USE ONLY, NOT TO BE FILLED BY CENTRE**



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### 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:**

### CERTIFICATE

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:

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**FOR USE OF NNF OFFICE ONLY**

TOTAL SCORE	MAX. SCORE	UNIT'S SCORE	PERCENT SCORE
<b>MANDATORY (ALL DOMAINS)</b>	<b>ALL YES</b>		<b>ALL HAVE TO BE YES</b>
<b>QUALIFYING (ALL DOMAINS)</b>	<b>43</b>		<b>____%</b>
<b>DESIRABLE (ALL DOMAINS)</b>	<b>NON-SCORING</b>	<b>NA</b>	<b>NA</b>

*\* 75% score required for accreditation for Level III-A unit is 36 out of 47*