

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 be accredited.**
- In case a unit falls short of a Mandatory Criteria, it should try to 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 newborn 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:

- Unit must have to be running DM/DNRB courses
- If Unit applying for clinical accreditation then consultant experience in Neonatology.
- Unit must have in house obstetric service.
- For fellowship Annual Admission for Level- 3A should be 300.
- Neonatal Cardiac Surgery)
- For qualifying for III- B Obstetric unis is must.



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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) 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	Level III-B as per the definition in the accompanying guidebook
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) Level IIIB -



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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)	Name	Qualification DM Ne)/DrNB (Neo)/MD Paed/ DNB Paed/DCH	Years after DCH/ MD Paed)	Teaching Experience
	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>)			
If yes	a)			



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a) Please mention - no. of beds		
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)		
19) Any other teaching/training programs undertaken by the unit e.g. DCH, DNB, DM, etc.		
20) Date of Application (dd-mm-yyyy)		
21) Signature of Unit In Charge with their official seal/stamp		

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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)		
			Inborn	Outborn		Inborn	Outborn		Inborn	Outborn
1	Annual admissions into the unit	Total: Inborn: Outborn:			Total: Inborn: Outborn:			Total: Inborn: Outborn:		
2	Total number of LBW babies admitted (%) by category	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:		



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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		
10	No. of babies ventilated annually	Total: LBW: VLBW:: ELBW			Total: LBW: VLBW:: ELBW			Total: LBW: VLBW:: ELBW		
11	No. of babies who received HF ventilation annually	Total: LBW: VLBW:: ELBW			Total: LBW: VLBW:: ELBW			Total: LBW: VLBW:: ELBW		
12	No. of babies who received iNO therapy annually	Total: LBW: VLBW:: ELBW			Total: LBW: VLBW:: ELBW			Total: LBW: VLBW:: ELBW		
13	Any other important data • Number of Cardiac Surgery:									



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14	Any other important data			
15	Sign and seal of unit in-charge			

B. CLINICAL SUPPORT SERVICES

S.no.	Services	Response	
		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)		



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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.

C. 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)	



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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	

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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)
D. SERVICES				Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	MANDATORY				
DM1	Care at birth including resuscitation of asphyxiated newborns				
DM2	Managing sick neonate including babies ≤ 1000 and ≤ 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	Expertise to provide post-surgical care				
DM7	Transport facilities for higher level of care (e.g. Neonatal Cardiac Surgery)				
DM8	Follow-up of high risk NICU graduates				
DM9	Annual admission of at least 500 needing Level IIIB care				
DM10	Screening for ROP				
DM11	Surfactant therapy				
DM12	Amplitude integrated EEG				
Q	QUALIFYING	Method of Verification (OB/SI/RR/PI)			
DQ1	In house oto-acoustic emission (OAE)/ BERA screening				



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DQ2	In house screening and laser therapy for ROP				
DQ3	Neonatal cardiothoracic/cardiology services				
DQ4	iNO Therapy				
DQ5	Lung Ultrasonography				
D	DESIRABLE	Method of Verification (OB/SI/RR/PI)			
DD1	ECMO facilities				
DD2	Therapeutic Hypothermia				
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					
X	CRITERIA		MAX. SCORE	UNIT'S SCORE	
	MANDATORY		ALL YES		
	QUALIFYING		05		
	DESIRABLE		NON SCORING		
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)				
Y					
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)				

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E.	E. INFRASTRUCTURE	Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
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 3 non ventilated beds			
EM2	Every bed should have space of 150 sq.ft. (inclusive of ancillary areas and extra area required for each ventilated beds)			
EM3	Mother's area for expression of milk and breastfeeding			
EM4	An area for keeping growing babies with mothers under good nursing cover and monitoring where mothers should be admitted in order to increase KMC (<i>beds for mothers should be 25% of beds in NICU</i>).			
EM5	Designated area for clean utility and dirty utility			
EM6	Unit should provide an air temperature of 26-28°C			
EM7	Availability of central oxygen supply and the central suction facility			
EM8	There should be 4 emergency power sockets for every 10 sockets (minimum of 8 sockets per bed)			
EM9	Availability of continuous tap water supply 24x7			
EM10	Well illuminated but adjustable day and night lighting. Cool white fluorescent tubes or CFL unit with reflection grid providing 10-20 foot candles or 100-200 lux.			
EM12	Both natural and electric light sources shall have controls that allow immediate darkening of any bed position sufficient for transillumination when necessary.			
EM13	Uninterrupted availability of power supply through a generator/UPS etc.			
EM14	Blood Bank with component therapy 24x7 services in the hospital			



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EM15	Supply and logistics for the portable X-ray facility (in house) available round the clock.			
EM16	Has there been a power audit of the unit? (In which electrical load of the unit was calculated and accordingly electrical wiring and installations done)			
EM17	Availability of the central compressed air line			
EM18	A separate connection of water to the unit with adequate storage in case of emergency			
EM19	MRI/CT facility that is present with in the hospital/outsourced (MOU for which should be present with the unit)			
EM20	Provision for contingency space/rooms for shifting the unit in case of temporary closure of the unit in times of need			
EM21	System for the Air changing in the NICU			
Q	QUALIFYING	Method of Verification (OB/SI/RR/PI)		
EQ1	Facility for dimming of general lighting in the NICU for developmental care			
EQ2	System for the Air changing in the NICU			
D	DESIRABLE	Method of Verification (OB/SI/RR/PI)		
ED1	Reinforced light of 1000-1500 lux shadow free illumination for examination			
ED2	Sound absorbent walls and ceiling of the NICU. Background noise should not be more than 45db and peak intensity should not be more than 80 db.			
	TOTAL SCORE...			
	<p>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</p>			
X	CRITERIA		MAX. SCORE	UNIT'S SCORE
	MANDATORY		ALL YES	

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Y	QUALIFYING		02	
	DESIRABLE		NON SCORING	
	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.	F. EQUIPMENTS	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 stethoscope with each Neonatal bed		
	FM2	All neonatal beds are Sevo-controlled radiant warmers/incubators		
	FM3	One intensive Phototherapy machine for each bed		
	FM4	Multipara monitor (HR, RR, SaO2, NIBP and invasive BP) for every ventilated bed.		
	FM5	One Pulse-oximeter 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)		



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FM11	Acid Blood Gas analysis machine within NICU			
FM12	A portable X-ray machine in NICU			
FM13	1 oxygen sensor (FiO ₂ monitor)			
FM14	Separate Electronic Thermometer (Low reading) for Servo control			
FM15	Cold light source for detection of pneumothorax			
FM16	T-piece Resuscitators in NICU minimum 2 in number			
FM17	Laminar Flow Station for sterile fluid preparation			
FM18	Flux Meter			
FM19	CT/MRI facility (either with in hospital premises or outsourced for which MOU should be present with NICU)			
FM20	2D ECHO facility on call 24x7			
FM21	Atleast 6 Advanced neonatal ventilators (all atleast 50% with HFV facility)			
FM22	Atleast 2 HFNC devices			
FM23	Invasive BP monitoring for ventilated babies			
Q	QUALIFYING	Method of Verification (OB/SI/RR/PI)		
FQ1	Cerebral Function Monitoring (aEEG)			
FQ2	iNO Machine			
FQ3	In house 24/7 ECHO Machine			
	TOTAL SCORE...			
<p>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</p>				



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	CRITERIA		MAX. SCORE	UNIT'S SCORE
X	MANDATORY		ALL YES	
	QUALIFYING		03	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			
Y	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			
G.	G. 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			
GM1	ONE full time In charge of Unit should be DM (Neo)/ DNB (Neo) with 5/5 experience in Neonatology after post-graduation (on call for emergency)			
GM2	Two Senior Resident doctors/Junior consultant with DM (Neo)/ DNB (Neo) OR MD Paed/ DNB Paed/DCH (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.			



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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 <i>(e.g. a unit with 10 non-ventilated beds and 6 ventilated beds, number of nurses required would be 22)</i>			
GM6	In Charge Nurse 1, who has work experience of at least one year of working in NICU of a tertiary level hospital			
GM7	Lactation Nurse/Consultant: at least 1 dedicated person for difficult cases			
GM8	Ophthalmologist on panel/attached with NICU who does In-house ROP screening			
GM10	At least one laboratory technician in the morning shift			
GM11	ICU Technician for the unit 1 per shift with 20% reserve (minimum 4)			
GM12	Attending Staff: one per shift with 20% Reserve (Minimum 5)			
GM13	Sanitation staff 1 per shift with 20% reserve (Minimum 5)			
GM14	Security personnel 1 per shift with 20% reserve (minimum 5)			
GM15	Hospital Infection Surveillance (HIS) staff who visits NICU monthly or as and when required			
Q	QUALIFYING	Method of Verification (OB/SI/RR/PI)		
GQ1	Outreach staff for home visit of the high risk babies discharged			
GQ2	Nursing staff trained in the developmental supportive care			
GQ3	Biomedical technician (full time)			
	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			
X	CRITERIA		MAX. SCORE	UNIT'S SCORE
	MANDATORY		ALL YES	



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Y	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)			
H.	H. 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			
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			
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			

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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			
HM19	Protocol for conducting metabolic screen (e.g. TSH, PKU, Galactosemia etc.) on all babies			
HM20	Detailed Transport protocols for both receiving and transferring out neonates			
HM21	Written policy for emergency evacuation and conduct of mock drills			
HM22	Protocol for universal pulse oximeter screening			
Q	QUALIFYING	Method of Verification (OB/SI/RR/PI)		
HQ1	Facilities for the extended metabolic screen and genetic screen for special situation			
HQ2	Protocol for the Laser therapy of the babies with ROP (at bedside)			
HQ3	Protocol for Therapeutic hypothermia			
HQ4	Protocol for transcutaneous bilirubin screening prior to earlier discharges			
	TOTAL SCORE...			



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	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	
	MANDATORY		ALL YES		
	QUALIFYING		04		
ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)					
Y					
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)				
i.	I. FACILITIES FOR THERMOREGULATION		Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	MANDATORY				
IM1	Adequate number of functional room thermometers (at least one for each baby care room)				
IM2	Working servo system of all the Warmers				
IM3	Skin to skin contact immediately after birth practiced (routine care)				
IM4	Adequate number of low reading clinical thermometers present/alternate device to monitor for severe hypothermia				



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Q	QUALIFYING	Method of Verification (OB/SI/RR/PI)		
IQ1	Separate procedure cubicle with facilities to maintain temperature (26-28 degree Celsius)			
IQ2	In line warmers for the transfusions			
IQ3	Humidity monitoring system			
	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			
X	CRITERIA		MAX. SCORE	UNIT'S SCORE
	MANDATORY		ALL YES	
	QUALIFYING		03	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			
Y	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			
J.	J. 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



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M	MANDATORY			
JM1	Separate containers with lids for storage of the EBM being used			
JM2	A separate emergency tray for every 4 babies			
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			
JM7	Use of Micro filters for TPN infusions			
JM8	Use of scientifically designed Breast Pumps (Electronic/Manual)			
Q	QUALIFYING	Method of Verification (OB/SI/RR/PI)		
JQ1	Individualized custom-made fluid for babies			
JQ2	Donor milk policy should be there for the unit			
JQ3	Facility for initiation of Parenteral nutrition 24x7			
	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
X	MANDATORY		ALL YES	
	QUALIFYING		03	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			
Y				



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

K.	K. 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			
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 areas			
KM6	Availability of "essential and emergency resuscitation drugs" (e.g. adrenaline, RL, normal saline, etc.) that is replenished on daily basis.			
KM7	Availability of a Blender for graded oxygen delivery			
KM8	Availability of the Pulse Oximeter for monitoring of the baby			
KM9	Availability of the T-Piece resuscitator for the Preterm babies			
KM10	Availability of umbilical vein cannulation set(s) to be used during resuscitation			
KM11	Availability of a wall clock (seconds) in at all Birthing Areas			
KM12	The record sheets of resuscitation as per the NRP guidelines/NNF CPG Guidelines			



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KM13	Availability of the Heater Pads / Re-sealable plastic (Zip pouch) to be used for preterm deliveries			
KM14	The facility for administration of surfactant (drug and logistics) in birthing place			
KM15	A SET technology pulse oximeter for optimal early acquisition of signal			
Q	QUALIFYING	Method of Verification (OB/SI/RR/PI)		
KQ1	A standby CPAP machine for initiating DR-CPAP when indicated			
KQ2	A ICD drainage set , and the Exchange transfusion sets for hydropic / anaemic babies			
KQ3	ET CO ₂ detectors (Calorimetric)			
D	DESIRABLE	Method of Verification (OB/SI/RR/PI)		
KD1	Facility for the Fetal/ Neonatal Autopsy			
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
X	MANDATORY		ALL YES	
	QUALIFYING		03	
Y	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			



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

L.	L. 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			
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 5 beds with shower tap (elbow or foot operated)			
LM3	Provisions for hand washing instructions displayed in the wash area/ staff aware of technique of hand washing			
LM4	Is there 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	Availability of 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 unit/hospital)</i>			



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LM10	Written instructions/guidelines for method of equipment cleaning and disinfection			
LM11	Written instructions/guidelines for unit's cleaning, disinfection routines			
LM12	Units follow the bio-medical waste management norms as prescribed by Government of India			
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			
LM15	Infection Surveillance and Audit of the unit is done on regular basis			
	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
X	MANDATORY		ALL YES	
ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)				
Y	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			



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M.	M. LABORATORY FACILITIES <i>(within unit/hospital/outsourced [MOU for the same should be present with the unit])</i>	Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	MANDATORY			
MM1	CBC with Band Counts and calculation of IT ratio			
MM2	CRP and Procalcitonin			
MM3	Serum Bilirubin (Both Direct and Indirect)			
MM4	Plasma Glucose			
MM5	Serum Urea and Creatinine			
MM6	Serum Electrolytes and Calcium			
MM7	Blood Culture			
MM8	ABG Analysis			
MM9	Coagulogram			
MM10	Facility for IEM Screen including thyroid profile			
MM11	BACTEC System of Blood Culture			
MM12	Fungal Culture			
MM13	17-OH, DHEA, Cortisol , Insulin Levels and other hormonal tests			
MM14	TORCHES Screen			
Q	QUALIFYING	Method of Verification (OB/SI/RR/PI)		
MQ1	Karyotyping/ RFLP Studies			
D	DESIRABLE	Method of Verification (OB/SI/RR/PI)	NO SCORE	NO SCORE
MD1	DEXA Scan			



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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

X	CRITERIA		MAX. SCORE	UNIT'S SCORE
	MANDATORY		ALL YES	
	QUALIFYING		01	
ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)				
Y	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			
N.	N. 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			
NM1	Facility for Provision of Warmth, oxygenation, Suction and Resuscitation kit in the ambulance			
NM2	Ambulance drivers and/or paramedics (in-house/outsourced) 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			



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NM5	Points for Pulse Oximeter and the Infusion pumps in the Ambulance			
NM6	Transport Ventilator in the Ambulance			
NM7	24x7 Centralized call centre based transport facility with a central number			
NM8	Availability of TP Resuscitator during transport			
Q	QUALIFYING	Method of Verification (OB/SI/RR/PI)		
NQ1	A Neonatal Transport Ambulance (Minimum of the Size of “Tempo Traveller”) , with an Intensive Bed akin to one in the NICU manned with trained Neonatal doctor and experienced nursing sister for every pick / drop of the baby			
NQ2	Outsourced/in house Air-ambulance for transport of sick babies			
	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
X	MANDATORY		ALL YES	
	QUALIFYING		02	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			
Y				

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ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)						
O.	O. CASE RECORD MAINTAINENCE			Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	MANDATORY					
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	Unit generate monthly detailed structured short information report including dash board indicators regarding status of the unit					
OM8	Monthly and Annual Sepsis data maintained					
OM9	Monthly and Annual morbidity data maintained					
OM10	Monthly and Annual mortality data maintained					
OM11	Monthly and Annual Equipment status report					
OM12	Structured sequential developmental follow-up of discharged babies till 2-years with all records					
Q	QUALIFYING			Method of Verification (OB/SI/RR/PI)		
OQ1	Monthly Perinatal-Neonatal meetings with documented record of such discussions					



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OQ2	Enrolment into a Data network (multi-centric)			
	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
X	MANDATORY		ALL YES	
	QUALIFYING		02	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			
Y	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			
P.	P. MISCELLANEOUS	Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	MANDATORY			
PM1	Regular structured Neonatology teaching programme with Journal Clubs, Seminars, Mortality meets, research presentations separately from Paediatrics			
PM2	The unit should be undertaking research in Neonatology			
PM3	The unit should be running the Super-specialty training courses (DNB/DM) in Neonatology			



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PM4	The unit should be actively involved in research projects, with at least ONE publication annually in an indexed journal			
PM5	Unit should have a community outreach programme			
PM6	Unit should have an adequately stocked library with audio-visual aids			
Q	QUALIFYING	Method of Verification (OB/SI/RR/PI)		
PQ1	The unit should have a fetal medicine department attached			
PQ2	Adequate computers with printers and internet facility			
TOTAL SCORE...				
<p>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</p>				
X	CRITERIA		MAX. SCORE	UNIT'S SCORE
	MANDATORY		ALL YES	
	QUALIFYING		02	
ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)				
Y	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			
E. ACADEMIC ACCREDITATION: Additional Information			
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)		
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		

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

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 ₂	End Tidal CO ₂	VAP	Ventilator-Associated Pneumonia
EtO	Ethylene Oxide	VLBW	Very Low Birth Weight
ETT	Endotracheal Tube		
FBNC	Facility Based Newborn Care		



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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:

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
MANDATORY (ALL DOMAINS)	ALL YES		ALL HAVE TO BE YES
QUALIFYING (ALL DOMAINS)	33		____%
DESIRABLE (ALL DOMAINS)	NON SCORING	NA	NA

** 75% score required for accreditation for Level III-B unit is 25 out of 33*
