



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. FOR FELLOWSHIP ACCREDITATION:** a) LBW: b) VLBW: c) ELBW:

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Application Form cum Self-Assessment Toolkit & Assessor Reporting Format for **LEVEL II-B**



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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) Name of unit in charge with qualifications and other details	Name:
	Full Address:
	Phone (with STD code):
	Email:
5) Accreditation requested for	Level II-B as per the definition in the accompany guidebook
6) Available number of beds in the unit	

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

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If yes		
a) Please mention - no. of beds	a)	
b) Specialties offered by the hospital OBG Paed surgery, Ophthalmology, ediatrics, Radiodiagnosis, Neurosurgery	b)	
16) Any other teaching/training programs undertaken by the unit e.g. DCH, DNB, DM, etc.		
17) Any additional information:		
18) Date of Application (dd-mm-yyyy)		
19) Signature of Unkit 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)	
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:	

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

B. 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	
6. Pharmacy (If over multiple locations License each for each of them separately)	

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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.	
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			
CM2	Care of sick neonate including babies <1500 gm			
CM3	CPAP ventilation (Non-Invasive)			
CM4	Short term invasive (basic) mechanical ventilation (less than 24 hrs)			
CM5	Stabilization of patients prior to referral			

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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
	MANDATORY		ALL YES	
	QUALIFYING		02	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			
Y				

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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			
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)			

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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 evacuation 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	DESIRABLE	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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	CRITERIA	MAX. SCORE	UNIT'S SCORE
	MANDATORY	ALL YES	
	QUALIFYING	02	
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)

E. EQUIPMENTS (All equipments mentioned should be functional during the assessment. Downtime 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 proportions 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			

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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, 32-43°C			
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 phototherapy 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

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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			

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)				
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			

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FM1	ONE full time In charge of Unit should be DM (Neo)/DNB (Neo) OR MD Paed/ DNB Paed/DCH with 3/3/5 years' experience in Neonatology after post-graduation (on call for emergency)			
FM2	One senior Resident doctors/Junior consultant with MD Paed/ DNB Paed/DCH (min. 1.5 yr. experience 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 :

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

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	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
M	MANDATORY		Mark - 1 for YES / 0 for NO
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		

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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			

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		TOTAL SCORE...		
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	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			

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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 :

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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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 sizes (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)		

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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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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
M	MANDATORY	

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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. <ul style="list-style-type: none"> • 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			

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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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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)		

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K. LABORATORY FACILITIES		Method of Verification (OB/SI/RR/PI)	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
<i>(within unit/hospital/outsourced [MOU for the same should be present with the unit])</i>				
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...				

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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)				
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/outourced)			
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			

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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)		

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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	Enrolment into a Data network (multi-centric)			

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MQ3	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	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)		

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 with printer and internet access in unit			
NM2	Unit should have audio-visual aids for teaching or education purposes			

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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)		

THIS SECTION TO BE FILLED ONLY IF APPLICATION IS FOR ACADEMIC ACCREDITATION

i. ACADEMIC ACCREDITATION: Additional Information

1.	List the Name of faculty and their research experience in the 3 years
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	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 (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
CO ₂	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	TORCHE S	Acronym for Toxoplasmosis, Rubella, Cytomegalovirus, Herpes Simplex, Syphilis
ET CO ₂	End Tidal CO ₂		
EtO	Ethylene Oxide		

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TPN Total Parenteral Nutrition
 TSH Thyroid Stimulating Hormone

VAP Ventilator-Associated Pneumonia
 VLBW Very Low Birth Weight

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:	

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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)

Dated:

Signature of Assessor 2

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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)	23		____%

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