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 UNDERLINE 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.**

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)/Date when accredited as level IIB unit (**Unit should have accredited as IIB for at least 1 year**)			
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 III-A**		
6) **Available number of beds in the unit**	TOTAL- Level I- Leve IL supported)-		
	Level IIB (Invasive ventilation)- Level IIIA (ventilation)- -		
7) Surface area of unit (sq feet), please attach floor diagram of unit with dimensions of various areas *(as Annexe to this format)*			
8) Name of consultants with their qualification & experience (in no. of years after PG)	1)		
	2)		
	3)		
	4)		
	5)		
	6)		
	7)		

	8)
	9)
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) Self-Assessment score (in numbers as scored by the summation of QUALIFYING criteria only)	
16) Is the unit part of a hospital/institution?	YES / NO *(please encircle appropriate answer)*
If yes a) Please mention - no. of beds	a)
b) Specialties offered by the hospital	b)
c) Special care areas in the hospital	c)
d) Other facilities in the hospital	d)
17) Does the Unit run a NNF Fellowship training for doctors/nurses? If yes, since when (provide year of starting)	
18) Any other teaching/training programs undertaken by the unit e.g. DCH, DNB, DM, etc.	
19) Teaching experience of consultant(s)	1)
	2)
	3)
	4)
	5)
	6)
	7)
	8)
	9)

20) Facilities for nurses training (if any, e.g. nursing college, etc.)			
21) Any additional information:			
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)	
1	Annual admissions into the unit	Total: Inborn: Outborn:		Total: Inborn: Outborn:		Total: Inborn: Outborn:	
		Inborn	**Outborn**	**Inborn**	**Outborn**	**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(%)**	$\leq$28 : 29-32: 33-36:		$\leq$28 : 29-32: 33-36:		$\leq$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	
10	No. of babies ventilated annually	Total: LBW: VLBW:: ELBW		Total: LBW: VLBW:: ELBW		Total: LBW: VLBW:: ELBW	
11	Any other important data						
12	Sign and seal of unit in-charge						

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 – **In house/Parent Hospital/Outsourced** [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.

C. QUALIFYING 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	
6. License for Electrical Installations	
7. Pharmacy (If over multiple locations License each for each of them separately)	
8. AERB approval for X-ray (including portable)	
9. PNDT Act Registration	
Desirable Statutory Requirements	

D1. License for diesel storage (If using a generator)	
D2. License to store compressed gas	7
D3. License for Possession and Use of Methylated Spirit, Denatured spirit and Methyl alcohol	

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 Lactataion 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			
Q	**QUALIFYING**	Method of Verification (OB/SI/RR/PI)		
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			
D	**DESIRABLE**	Method of Verification (OB/SI/RR/PI)	NON-SCORING	NON-SCORING
DD1	ECMO facilities			
DD2	Neonatal cardiothoracic/cardiology services			
DD3	iNO Therapy			

	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		**04**	
	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)			

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 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	Facility for dimming of general lighting in the NICU for developmental care.				
EM14	Uninterrupted availability of power supply through a generator/UPS etc.				
EM15	Blood Bank with component therapy 24/7 services in the hospital				
EM16	Supply and logistics for the portable X-ray facility (in house) available round the clock.				
EM17	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.				
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/ PI)**			
EQ1	Availability of the central compressed air line				
EQ2	A separate connection of water to the unit with adequate storage in case of emergency				
EQ3	MRI/CT facility that is present with in the hospital/outsourced				
EQ4	Provision for contingency space/rooms for shifting the unit in case of temporary closure of the unit in times of need				
EQ5	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)				
D	**DESIRABLE**	**Method of Verification (OB/SI/RR/ PI)**	**NON-SCORING**	**NON-SCORING**	
ED1	System for the Air changing in the NICU				
	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		**05**	
	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. EQUIPMENT		**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	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$_2$monitor)			
FM14	Atleast 6 Advanced neonatal ventilators (with atleast 1 with HFV facility)			
FM15	Atleast one Electronic Thermometer (Low reading)			
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)			
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			
FD3	iNO therapy			
FD4	Cerebral Function Monitoring (aEEG)			
	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		**07**	
	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)			

	Method of Verification (OB/SI/RR/ PI)	**Mark - 1 for YES / 0 for NO**	**Mark - 1 for YES / 0 for NO**
G. HUMAN RESOURCES			

M	MANDATORY			
GM1	One full time Senior consultant with 8 years experience in Neonatology after post graduation (on call)			
GM2	Two Senior Residents/Junior consultant with 3 years experience in Neonatology after post graduation (on floor)			
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)			
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)			
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/ PI)**		
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			
D	**DESIRABLE**	**Method of Verification (OB/SI/RR/ PI)**	**NON-SCORING**	**NON-SCORING**
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			
	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		**07**	
	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)			

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	Committed breastfeeding policy being followed			
HM2	Dedicated 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 defined protocol/process 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			
HM10	A defined policy on equipment maintenance (including the AMC/CMC) where ever indicated			
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			
HM14	Protocol for universal hearing screen of all babies prior to discharge			
HM15	The rounds in the Post Natal Care area taken by a paediatrician			
HM16	Detailed Transport protocols for both receiving and transferring out neonates			
HM17	Written policy for emergency evacuation and conduct of mock drills			
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/PI)**		
HQ1	Protocol for arranging the ROP screen of the High risk babies at bedside			
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	Individual written instruction for trouble shooting of equipments			
D	**DESIRABLE**	**Method of Verification (OB/SI/RR/PI)**	**NON-SCORING**	**NON-SCORING**
HD1	Protocol for the Laser therapy of the babies with ROP (bedside)			
	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		**05**	
	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)			

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			
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/PI)**		
IQ1	Skin to skin contact (routine care) immediately after birth practiced			
IQ2	Adequate number of low reading clinical thermometers present/alternate device to monitor for severe hypothermia			
D	**DESIRABLE**	**Method of Verification (OB/SI/RR/PI)**	**NON-SCORING**	**NON-SCORING**
ID1	In line warmers for the transfusions			
ID2	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

	CRITERIA		MAX. SCORE	UNIT'S SCORE
	MANDATORY		**ALL YES**	

				02	
	QUALIFYING				
	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)				

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
M	**MANDATORY**			
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			
Q	**QUALIFYING**	Method of Verification (OB/SI/RR/PI)		
JQ1	Use of Micro filters for TPN infusions			
JQ2	Use of scientifically designed Breast Pumps (Electronic/Manual)			
D	**DESIRABLE**	Method of Verification (OB/SI/RR/PI)	NON-SCORING	NON-SCORING
JD1	Individualized custom-made fluid for babies			
JD2	Donor milk policy should be there for the unit			
JD3	Facility to initiate 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**
	MANDATORY		**ALL YES**	
	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)			

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 seizes (00, 0 & 1) with all seizes 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 Pulse Oximeter (with SET) for monitoring of the baby			
KM9	Availability of the T-Piece resuscitator for the Preterm babies			
KM10	Availability of oxygen (central or from cylinder) with a flow meter			
KM11	Availability of umbilical vein cannulation set(s) to be used during resuscitation			
KM12	Availability of a wall clock (with seconds hand) at all birthing areas			
KM13	The record sheets of resuscitation as per the NRP guidelines/NNF CPG Guidelines			

KM14	A standby CPAP machine for initiating CPAP in delivery room when indicated			
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/PI)**		19
KQ1	Availability of the food grade polythene wraps for preterm deliveries			
KQ2	The facility for administration of surfactant (drug and logistics) in birthing place			
KQ3	Availability of a Blender for graded oxygen delivery			
KQ4	A SET technology pulse oximeter for optimal early acquisition of signal			
D	**DESIRABLE**	**Method of Verification (OB/SI/RR/PI)**	**NON-SCORING**	**NON-SCORING**
KD1	A ICD drainage set , and the Exchange transfusion sets for hydropic / anaemic babies			
KD2	Facility for the Fetal/ Neonatal Autopsy			
KD3	ET CO_2 detectors (Calorimetric)			
	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		**04**	
	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)			

	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**			

			Method of Verification (OB/SI/RR/PI)	NON-SCORING	NON-SCORING
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. *Floor (e.g. Lysol, Phenol OR equivalent) Surface (Bacillocid, etc.) Tubes/ Circuits (e.g. Glutaraldehyde) Hands / Baby (e.g., Hand rubs, Betadine, Chlorhexidine) Autoclave/EtO (in hospital)*				
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				
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				
D	**DESIRABLE**		**Method of Verification (OB/SI/RR/PI)**	**NON-SCORING**	**NON-SCORING**
LD1	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**
	MANDATORY	**ALL YES**	
	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)			

M. LABORATORY FACILITIES *(within unit/hospital/outsourced [MOU for the same should be present with the unit])*		**Method of Verification (OB/SI/RR/ PI)**	**Mark - 1 for YES / 0 for NO**	**Mark - 1 for YES / 0 for NO**
M	**MANDATORY**			
MM1	CBC with Band Counts and calculation of IT ratio			
MM2	CRP and Procalcitonin			
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			
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/ PI)**		
MQ1	Facility for IEM Screen including thyroid profile			
MQ2	BACTEC System of Blood Culture			
MQ3	Fungal Culture			
MQ4	Facility for hormonal assays			
D	**DESIRABLE**	**Method of Verification (OB/SI/RR/ PI)**	**NON-SCORING**	**NON-SCORING**
MD1	DEXA Scan			
MD2	Karyotyping/ RFLP Studies			
	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		**04**	
	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)			

N. FACILITIES FOR 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			
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/PI)**		
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			
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				
	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**	
	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)			

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	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				
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/ PI)**			
OQ1	Monthly Perinatal-Neonatal meetings with documented record of such discussions				
OQ2	Structured sequential developmental follow-up of discharged babies till 2-years with all records				
OQ3	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**
	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)

P. 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**			
PM1	Should have sufficient computers with printer and internet access in unit			
PM2	Unit should have an adequately stocked library with sufficient audio-visual aids			
Q	**QUALIFYING**	**Method of Verification (OB/SI/RR/ PI)**		

			Method of Verification (OB/SI/RR/PI)	NON SCORING	NON SCORING
PQ1	The unit should be undertaking short research in community-based neonatology / clinical neonatology				
D	**DESIRABLE**		**Method of Verification (OB/SI/RR/PI)**	**NON SCORING**	**NON SCORING**
PD1	The unit should be actively involved in research projects, with a track record of at least ONE publication annually				
PD2	Unit should have a community outreach programme				
PD3	The unit should have a fetal medicine department attached				
	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**	
	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)		

THIS SECTION TO BE FILLED ONLY IF APPLICATION IS FOR ACADEMIC ACCREDITATION		
i. **ACADEMIC ACCREDITATION:Additional Information**		
1.	List the Name of faulty and their research experience in the 3 years preceding the date of present application (attach copies of relevant research work)	
1(a)	Research publications (provide complete citatations of publications)	

1 (b)	Papers presented at conferences (Title of paper and details of conference)		
1 (c)	Workshops attended		
1 (d)	Workshops conducted		
1 (e)	Research grants received (provide details of project name, funding agency)		
1 (f)	Ongoing research projects		
2.	**Institution has attached Obstetric unit with birthing services (MANDATORY)**	**YES/NO**	
3.	**Details of Fellows trained in last 5 years (exclude the batch currently admitted)**	**Doctors**	**Nurses**
3 (a)	**No. of fellows trained in past 5 years**		
3 (b)	**No. of fellows who completed the training**		
3 (c)	**No. of fellows who passed exit exam in first attempt**		

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

17-OH	17 Hydroxy (OH) Progesterone
ABG	Acid Blood Gas Analysis
aEEG	Amplitude-Integrated Electroencephalography
AMC	Annual Maintenance Contract
BERA	Brainstem Evoked Response Audiometry
BMW	Bio-Medical Waste
BSc	Bachelor of Science
CBC	Complete Blood Count
CMC	Comprehensive Maintenance Contract
CME	Continued Medical Education
CPAP	Continuous Positive Airway Pressure
CPG	Clinical Practice Guidelines (issued by NNF)
CRP	C-Reactive Protein
CT	Computed Tomography (imaging)
DCH	Diploma in Child Health
DEXA	Dual-Energy X-Ray Absorptiometry
DHEA	Dehydroepiandrosterone
DM	Doctorate in Medicine
DNB	Diplomate of National Board
DR-CPAP	Delivery Room Continuous Positive Airway Pressure
EBM	Expressed Breast Milk
ECHO	Echocardiography
ECMO	Extracorporeal membrane oxygenation
ELBW	Extremely Low Birth Weight
EMT	Emergency Medical Technician
ER	Emergency Room also known as Casualty or Emergency
ET CO$_2$	End Tidal CO$_2$
EtO	Ethylene Oxide
ETT	Endotracheal Tube
FBNC	Facility Based Newborn Care

GNM	General Nursing & Midwifery
HIS	Hospital Infection Surveillance
ICD	Inter Costal Drainage
ICU	Intensive Care Unit
IEM	Inborn Errors of Metabolism
iNO	Inhaled Nitric Oxide
IT-ratio	Immature-to-Total Neutrophil Ratio
IV	Intra Venous
KMC	Kangaroo Mother Care
LBW	Low Birth Weight
MBBS	Bachelor of Medicine and Bachelor of Surgery
MD	Doctor of Medicine
MRI	Magnetic Resonance Imaging
NIBP	Non-Invasive Blood Pressure (Monitoring)
NICU	Neonatal Intensive Care Unit
NNF	National Neonatology Forum
NRP	Neonatal Resuscitation Protocol
PICC	Peripherally Inserted Central Catheter
PKU	Phenylketonuria
RFLP	Restriction Fragment Length Polymorphism
ROP	Retinopathy of Prematurity
SET	Signal Extraction Technology
SCNU/ SNCU	Special Care Newborn Unit / Special Newborn Care Unit
TORCHES	Acronym for Toxoplasmosis, Rubella, Cytomegalovirus, Herpes Simplex, Syphilis
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:

<u>CERTIFICATE</u>

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

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

Dated:

FOR USE OF NNF OFFICE ONLY

TOTAL SCORE	MAX. SCORE	UNIT'S SCORE	PERCENT SCORE
MANDATORY (ALL DOMAINS)	**ALL YES**		**ALL HAVE TO BE YES**
QUALIFYING (ALL DOMAINS)	47		_____%
DESIRABLE (ALL DOMAINS)	**NON-SCORING**	**NA**	**NA**

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