

National Neonatology Forum of India's Newborn Care Accreditation
Program with support of UNICEF India

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 "**ESSENTIAL ELEMENTS**" in each section. These essential 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 "**ESSENTIAL 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 ESSENTIAL 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.**



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



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)	
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
6) Available number of beds in the unit total and different level beds (level IIB, IA, IB)	
7) Surface area of unit (sq. feet), please attach floor diagram of unit with dimensions of various areas (as Annexure 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 essential criteria only)	
16) Is the unit part of a hospital/institution?	YES / NO <i>(please encircle appropriate answer)</i>
If yes	a)
a) Please mention - no. of beds	
b) Specialties offered by the hospital	b)

c) Special care areas in the hospital	c)
d) Other facilities in the hospital	d)
17) Recognition for fellowship training for doctors/nurses has been requested and its fee submitted, if yes give details of payment made?	
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 (Three years or since when unit is functioning)

S.no.	Parameter	Value/Details Year 1	Value/Details Year 2 (if applicable)	Value/Details Year 3 (if applicable)
1	Total, inborn and outborn babies admitted (yearly)			
2	Total number of babies admitted with LBW (low birth weight), VLBW and ELBW & their respective percentages	LBW: VLBW: ELBW:	LBW: VLBW: ELBW:	LBW: VLBW: ELBW:
3	Total number of babies referred-out for surgical & nonsurgical reasons (yearly)			
4	Total number of babies referred-in (yearly)			
5	Mortality figures – total, inborn and out born (yearly)and their group mortality %			
6	Mortality in total, LBW, VLBW, ELBW babies (yearly) and their group mortality %			
7	LAMA (Left Against Medical Advice)/ DOR (Discharge On Request) rate in total, LBW, VLBW, ELBW babies (yearly) and their group %			
8	Hospital acquired infection (HAI) rates, VAP rates (ventilator associated pneumonia), and BSI rates (blood stream infections)	HAI: VAP: BSI:	HAI: VAP: BSI:	HAI: VAP: BSI:

9	Five (5) commonest major diagnoses				
10	Five commonest major mortality causes				
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	Maintenance of facility	
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” service, the unit should have at least a copy of MOU for the same.*

C. ESSENTIAL/ REGULATORY REQUIREMENTS

<p>Requirements <i>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</i></p>	<p>Availability - Please mention YES / NO</p>
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 for each of them separately)	
8. AERB approval for X-ray (including portable)	
<p align="center">DESIRABLE REGULATORY REQUIREMENTS:</p>	
D1. License for Diesel Storage (if using a generator)	
D2. License to Store Compressed Gas	
D3. License for Possession and Use of Methylated Spirit, Denatured spirit and Methyl alcohol	
D4. License for Possession of Rectified Spirit	
D5. PNDT Act Registration (If USG is available)	

SECTIONS	ELEMENTS IN SECTIONS	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)
SERVICES		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	MANDATORY		
M1	Resuscitation at birth to all babies by NRP trained doctor preferably paediatrician		
M2	Care of sick neonate including babies >= 1000gms or >= 30 weeks		
M3	CPAP ventilation (Non-Invasive)		
M4	Short term basic mechanical ventilation (less than 24 hrs.)		
M5	Stabilization of patients prior to referral		
M6	Transport facilities for Higher level of care		
M7	Follow-up of the High risk SNCU/NICU graduates		
M8	The Unit should be working/ operational for at least 24 months before applying for accreditation.		
M9	Patient care load of at least 300 patients deserving admission in a level II unit / year.		
E	ESSENTIAL		
E1	Surfactant therapy		
E2	Partial parenteral nutrition		
E3	Facility for carrying out exchange transfusion		
E4	Facility for oto-acoustic emission (OAE)/ BERA screening (in house/outsource)		

		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>			
	CRITERIA	MAX. SCORE	UNIT'S SCORE
X	MANDATORY	ALL YES	
	ESSENTIAL	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)		
INFRASTRUCTURE		Mark- 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	MANDATORY		
M1	Should have minimum 12 beds inclusive of 4 level II-B beds. The unit may be bigger in the same proportion. (For every 1 ventilated bed , there should be 4 non ventilated beds)		
M2	One basic mechanical ventilation devices		
M3	Two devices for non-invasive ventilation (can be with above devices in M2 or separate)		
M4	Every bed should have the space of 100 sq.ft. (this is inclusive of 50 sq.ft. of the ancillary areas)		

M5	A separate marked area/room for expression of milk and breastfeeding		
M6	Hospital must have a room for providing separate stay facility for all mothers babies within unit's/hospital's premises		
M7	Are there designated areas for clean utility and dirty utility?		
M8	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		
M9	Availability of compressed air facility		
M10	Availability of oxygen facility		
M11	Availability of suction facility		
M12	Well illuminated but adjustable day and night lighting. Cool white		
M13	Reinforced light of 1000-1500 lux shadow free illumination for examination.		
M14	Availability of continuous water supply round the clock		
M15	There should be at least 4 - 6 sockets/bed of appropriate amperage as required by level IIIA & IIB beds in the unit		
M16	Blood Bank/Storage unit with component therapy 24x7 services in the hospital/conveniently Outsourced		
M17	Uninterrupted availability of power supply through a generator / UPS etc.		
E	ESSENTIAL		
E1	Facility for dimming of general lighting in the NICU for developmental care		
E2	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.		
E3	Has there been a power audit of the unit to ascertain if electrical load of the unit was calculated and accordingly electrical wiring and installations done		
E4	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...			

<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>			
	CRITERIA	MAX. SCORE	UNIT'S SCORE
X	MANDATORY	ALL YES	
	ESSENTIAL	04	
<p align="center">ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</p>			
Y			
<p align="center">ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</p>			
			Mark - 1 for YES / 0 for NO
EQUIPMENTS			Mark - 1 for YES / 0 for NO
M	MANDATORY		
M1	One Stethoscope with each Neonatal Bed		
M2	All warmers (equivalent to the neonatal bed) should have temperature sensing with Servo control		
M3	At least two Electronic weighing machine with minimum 5g sensitivity		

M4	One pulse-oximeter for every two level II-A beds and One pulse-oximeter for every level IIB bed		
M5	One Multi-Para Monitor for every two level IIB bed		
M6	A portable X-ray machine (in unit/in house) available round the clock		
M7	Acid Blood Gas analysis Machine within unit or hospital premises		
M8	At least 2 Glucometer in unit		
M9	USG/CT/MRI facility that is present either with in the Hospital/conveniently outsourced		
M10	Phototherapy machine one for each 2 beds		
M11	Two infusion pumps for each level IIB beds and one for every level II beds		
M12	Resuscitation equipment with all sizes of blades and mask, at least 4 such sets for each 12 level II beds		
M13	<i>The following equipments should also be present in the unit:</i> Open care system: radiant warmer, fixed height, with trolley, drawers, oxygen humidifier		
M14	Phototherapy unit, single head, high intensity		
M15	Resuscitator, hand-operated, neonate, 250 ml		
M16	Resuscitator, hand-operated, neonate, 500ml		
M17	Laryngoscope set, neonate		
M18	Pump, suction, portable, 220V and/or Pump, suction, foot-operated		
M19	Surgical instruments (suture/SET)		
M20	Syringe pump, 10, 20, 50 ml, single phase		
M21	Oxygen hood, S and M, set of 3 each, including connecting tubes		
M22	Thermometer, clinical, digital, 32-43°C		
M23	Scale, baby, electronic, 10 kg <5g>		
M24	Pulse oximeter, bedside, neonatal		

M25	Sphygmomanometer, neonate, electronic	
M26	Light for examination, (mobile) 220W-12V	
M27	Hub cutter, syringe	
M28	Tape, measure, vinyl-coated, 1.5m.	
M29	Basin, kidney, stainless steel, 825ml	
M30	Tray, dressings, 300x200x30mm	
M31	Stand, infusion, double hook, on castors	
M32	Infantometer, plexi, 3½ft/105cm	
M33	Washing machine with dryer with AMC for maintenance	
M34	Gowns for staff and mothers	
M35	Washable slippers	
M36	Centrifuge, hematocrit, bench-top, up to 12000 rpm, including rotor	
M37	Glucometer with Dextrostix	
M38	Generator of appropriate load bearing capacity with MOU for Maintenance & a logbook for operation	
M39	Refrigerator	
M41	Voltage Servo-Stabiliser (three phase): 25-50 KVA	
M42	Spot Lamps	
M43	Wall Clock with second hand	
E	ESSENTIAL	
E1	Sterile fluid preparation area with laminar flow station	
E2	T-piece Resuscitators in unit	

E3	Cold light source for detection of pneumothorax		
E4	2D ECHO facility on call		
E5	Invasive BP monitoring for ventilated babies		
E6	Flux Meter		
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	
	ESSENTIAL	06	
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)		

HUMAN RESOURCES	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
------------------------	--------------------------------	--------------------------------

M	MANDATORY	
M1	ONE full time In charge of Unit should be MD/DNB/DCH with 3/3/5 years' experience in Neonatology after post-graduation (on call)	
M2	One Resident doctors/Junior consultant with MD/DNB/DCH (min. 1.5 yr. experience post-DCH) [non-rotational] in each shift	
M3	ONE Resident doctor (Post MBBS) for the unit in each shift	
M4	One Nursing In charge – who should have at least 1 year experience of working in a neonatal unit on a non-rotational basis	
M5	There should be at least one Nurse/shift/ level IIB bed, who is privileged for level IIB care	
M6	There should be one Nurse for every level II bed, and one-third of the staff is trained in FBNC and has undertaken 14-day NNF observership training OR has work experience of at least 1 month in an NICU	
M7	At least one cleaner/helper should be present per shift	
M8	ROP Screening (in house)	
E	ESSENTIAL	
E1	An attached Ophthalmologist for ROP screening	
E2	ICU Technician for the unit 1 per shift with 20% reserve (minimum 4)	
E3	Lactation counsellor (in 9am-4pm shift) for difficult cases (who can be shared with maternal unit, if present within the hospital)	
E4	Respiratory Therapist : 1 per shift with 20% reserve (i.e. a 12-bed unit should have minimum 4)	
E5	Nursing staff trained in the developmental supportive care (certification & demonstration for same can be asked by Assessor during assessment)	
E6	Security personnel 1 per shift with 20% reserve (i.e. a 12-bed unit should have minimum 4)	
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

		MAX. SCORE	UNIT'S SCORE
X	CRITERIA		
	MANDATORY	ALL YES	
	ESSENTIAL	06	
ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			
ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)			
Y			
PROTOCOLS & PROCESSES			
M	MANDATORY	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M1	Committed breastfeeding policy being followed & displayed 10 steps of Baby Friendly Hospital Initiative		
M2	Hospital must have a policy for providing separate stay facility for all mothers of <2000gms with in unit's/hospital's premises		
M3	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		
M4	A defined process for communication of newborn's condition regularly to the parents/relatives, at least once a day		
M5	A defined protocol/process for conducting grievance counselling of the parents and family by the doctor in case of newborn death		

M6	Protocol(s) for adequate and effective warming for high risk babies during special care/ procedures displayed in the unit and followed		
M7	Admission and discharge policy defined and displayed		
M8	Is there a protocol for identifying babies (along with details of their mother) admitted in the unit?		
M9	Protocols for Level II Care (CPG Guideline) / FBNC or Equivalent should be retained & Followed		
M10	A defined policy on equipment maintenance (including the AMC / CMC) where ever indicated		
M11	Protocol of orientation of new staff and refresher course (like CME) for existing staff		
M12	Sepsis screen & Blood culture to be done on babies prior to starting antibiotics/ Are labs equipped & focussed		
M13	A Separate follow-up clinic for the High Risk NICU Graduates		
M14	Protocol to screen all high risk babies for ROP		
M15	Protocol for universal hearing screen of all babies prior to discharge		
M16	Availability of written protocols manual for FBNC in the unit		
M17	Written instruction for trouble shooting of individual equipment		
M18	Proper formats for communication & counselling of parents, consent forms, for vital signs monitoring, procedures, medications given, notes		
M19	Transport protocols, both to and from higher and lower level		
M20	Proper documentation on incident reporting and closure of loop		
E	ESSENTIAL		
E1	Protocol for metabolic screen (e.g. TSH, PKU, Galactosemia etc.) on all babies		
		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</p>			

The Gaps and Suggestions should be written in concerned area only

CRITERIA		MAX. SCORE	UNIT'S SCORE
MANDATORY		ALL YES	
ESSENTIAL		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)			
FACILITIES FOR THERMOREGULATION			
M	MANDATORY	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M1	Adequate number of functional room thermometers (at least one for each baby care room)		
M2	Servo systems of all warmers is working (<i>Assessor can ask one of staff to demonstrate it</i>)		
M3	Adequate number of digital thermometers/alternate device to monitor for severe hypothermia		
M4	A log book for KMC to be maintained in unit (with documentation of mother's & baby's details)		
M5	A log book with daily shift-wise recording of temperature of NICU is maintained		
E	ESSENTIAL		
E1	Skin to skin contact immediately after birth practiced (in routine care)		
E2	Transcutaneous near bilirubinometer		

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>	
CRITERIA	MAX. SCORE
MANDATORY	ALL YES
ESSENTIAL	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)	
DRUGS, FLUIDS AND NUTRITION	
M	Mark - 1 for YES / 0 for NO
MANDATORY	Mark - 1 for YES / 0 for NO
M1	Growth chart used for day to day monitoring
M2	Separate containers with lids for storage of the EBM being used
M3	A separate emergency tray for every 4 babies
M4	All fluid administration by Infusion Pumps

M5	Availability of a refrigerator exclusively for storing feeds/vaccines and drugs in baby care area		
E	ESSENTIAL		
E1	Protocol for partial parenteral nutrition defined and followed		
E2	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

X	CRITERIA	MAX. SCORE	UNIT'S SCORE
	MANDATORY	ALL YES	
	ESSENTIAL	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)		
FACILITIES FOR THERMOREGULATION		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	MANDATORY		

M1	Availability of a wall clock with seconds hand in at all Birthing Areas		
M2	Availability of functional radiant warmer (Newborn care corner) at all Birthing areas		
M3	Availability of a functioning pressure controlled suction machine		
M4	A separate set of working infant laryngoscopes with all blade sizes (00, 0 & 1) with all sizes ETT (2.5, 3, 3.5, 4)		
M5	Availability of separate self-inflating resuscitation bag and well-fitting neonatal face masks (all sizes)		
M6	Display of the NRP Algorithm at all the birthing places		
M7	Staff aware of and helps mother initiate successful breastfeeding within the first hour		
M8	Availability of "essential and emergency resuscitation drugs" (e.g. adrenaline, normal saline, etc.) that is replenished on daily basis.		
M9	Availability of oxygen (central or from cylinder) with a flow meter		
M10	Availability of umbilical vein cannulation set(s) to be used during resuscitation		
M11	The record sheets of resuscitation as per the NRP guidelines/CPG Guidelines		
E	ESSENTIAL		
E1	Availability of facility for blending for graded oxygen delivery (at least differential flow blending)/blender		
E2	Availability of the Pulse Oximeter for monitoring of the baby (preferably SET technology)		
E3	Availability of the T-Piece resuscitator for the Preterm babies		
E4	Availability of the Heater Pads / Re-sealable plastic (Zip pouch) to be used for preterm deliveries		
E5	The facility for administration of surfactant (drug and logistics) in birthing place		
E6	A standby CPAP machine for initiating DR-CPAP when indicated		
	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	
	ESSENTIAL	06	
Y	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
INFECTION CONTROL PRACTICES			
M	MANDATORY	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M1	Availability of a dedicated Wash area with Gown changing area, prior to entry into the NICU		
M2	Presence of at least one wash basin for every baby care area (room) with shower tap (elbow or foot operated)		
M3	Provisions for hand washing instructions displayed in the wash area		
M4	Staff aware of technique of hand washing		
M5	Is there availability of alcohol-based hand rub – one between two beds?		
M6	Is there a written down unit antibiotic policy?		

M7	Availability of adequate quantity of disinfectants, e.g. <ul style="list-style-type: none"> • Floor (e.g. Lysol, Phenol) • Surface (Bacilloid etc.) • Tubes/ Circuits (e.g. Glutaraldehyde) • Hands / Baby (e.g., Hand rubs, Betadine, Chlorhexidine) • Autoclave/EtO (in unit's/hospital's premises) 		
M8	Are there written instructions/guidelines for method of equipment cleaning and disinfection?		
M9	Are there written instructions/guidelines for unit's cleaning, disinfection routines?		
M10	Disinfection & Cleaning practices being followed and documented properly.(Verify logbook)		
M11	Does the unit follow the bio-medical waste management norms as prescribed by Government of India?		
M12	Is there a defined protocol for handling and disposal of soiled diapers and soiled linen?		
E	ESSENTIAL		
E1	Bundles for VAP prevention		
E2	Provision for insertion of PICC lines (only staff trained for such procedures should put these lines)		
E3	Infection Surveillance and Audit of the unit is done on regular basis		
E4	Periodic bacteriological surveillance done of the unit by infection control committee		
	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	
	ESSENTIAL	04	

ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
Y		
LABORATORY FACILITIES <i>(within unit/hospital/outsource) [MOU for the same should be present with the unit]</i>		
M		MANDATORY
M1	CBC	
M2	Serum Bilirubin (Both Direct and Indirect)	
M3	Plasma Glucose	
M4	Serum Urea and Creatinine	
M5	Serum Electrolytes and Calcium	
M6	Microbiological lab facilities (inclusive of Blood Culture, fungal culture, lab CRP, etc.)	
M7	ABG Analysis	
M8	TORCHES Screen	
M9	Coagulogram	
	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO

E	ESSENTIAL		
E1	Facility for IEM Screen including thyroid profile		
E2	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			
X	CRITERIA	MAX. SCORE	UNIT'S SCORE
	MANDATORY	ALL YES	
	ESSENTIAL	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)			
Y			
FACILITIES FOR THERMOREGULATION			
M	MANDATORY	Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M1	Facility for Provision of Warmth, oxygenation, Suction and Resuscitation kit in the ambulance		
M2	Adequate number of ambulance drivers and/or paramedics (in-house/outsourced)		

M3	Availability of the Neonatal nursing staff or trained doctor in all transports (documentary proof)		
M4	Points for Pulse Oximeter and the Infusion pumps in the Ambulance		
M5	Transport incubator(s) available with the unit for use during transport of babies		
M6	Records of all transports (referral in & out) with		
M7	Display of contact details of higher and lower referral linkages of the unit		
M8	Outcome records of these referred patients/follow-up of such patients		
E	ESSENTIAL		
E1	Percentage of babies transported-in from lower centres (level I & level IIA)		
E2	Record of outcomes of such transported-in babies from lower centres		
E3	A Neonatal Transport Ambulance (Minimum of the Size of “Tempo Traveller”, with an Intensive Bed akin to one in the NICU		
E4	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
X	MANDATORY	ALL YES	
	ESSENTIAL	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)		
CASE RECORD MAINTAINENCE		
M	MANDATORY	Mark - 1 for YES / 0 for NO
M1	Case sheets have daily record of examination and daily orders with signature of the treating doctor	
M2	Record of daily charting of temperature, pulse and fluid input/output in case sheets with signature (Identity) of on duty nurse	
M3	Are the verbal orders by doctors verified by them within 24 hours of giving such orders?	
M4	Documentation of all procedures done in the unit in appropriate format	
M5	Use of growth charts regularly in the unit especially for small babies	
M6	Use of the special charts for Exchange transfusion / Partial Exchange transfusion / ABG Ventilation etc.	
M7	Electronic/Manual medical records and data sharing with NNF (these should be inclusive of M8 M11 mentioned below)	
M8	Monthly and Annual Sepsis data maintained	
M9	Monthly and Annual morbidity data maintained	
M10	Monthly and Annual mortality data maintained	
M11	Monthly and Annual Equipment status report	
E	ESSENTIAL	
E1	Monthly Perinatal-Neonatal meetings with documented record of such discussions	

E2	Enrolment into a Data network (multi-centric)		
E3	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

X	CRITERIA	MAX. SCORE	UNIT'S SCORE
	MANDATORY	ALL YES	
	ESSENTIAL	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)			
Y			

FACILITIES FOR THERMOREGULATION		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
M	MANDATORY		
M1	At least one computer with printer and internet access in unit		
M2	Unit should have an adequately stocked library with audio-visual aids		
E	ESSENTIAL		

E1	The unit should be undertaking short research in community-based neonatology/ neonatology		
E2	Unit should have a community outreach programme		
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	
	ESSENTIAL	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)			
Y			

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	Intra 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
CO2	Carbon Dioxide	MBBS	Bachelor of Medicine and Bachelor of Surgery
CPAP	Continuous Positive Airway Pressure	MD	Doctor of Medicine
CPG	Clinical Practice Guidelines (issued by NNF)	MRI	Magnetic Resonance Imaging
CRP	C-Reactive Protein	NIBP	Non-Invasive Blood Pressure (Monitoring)
CT	Computed Tomography (imaging)	NICU	Neonatal Intensive Care Unit
DCH	Diploma in Child Health	NNF	National Neonatology Forum
DEXA	Dual-Energy X-Ray Absorptiometry	NRP	Neonatal Resuscitation Protocol
DHEA	Dehydroepiandrosterone	PICC	Peripherally Inserted Central Catheter
DM	Doctorate in Medicine	PKU	Phenylketonuria
DNB	Diplomate of National Board	RFLP	Restriction Fragment Length Polymorphism
DR-CPAP	Delivery Room Continuous Positive Airway Pressure	ROP	Retinopathy of Prematurity
EBM	Expressed Breast Milk	SET	Signal Extraction Technology
ECHO	Echocardiography	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		
ER	Emergency Room also known as Casualty or Emergency		
ET CO2	End Tidal CO2	IPN	Total Parenteral Nutrition
EHO	Ethylene Oxide	TSH	Thyroid Stimulating Hormone
ETT	Endotracheal Tube	VAP	Ventilator-Associated Pneumonia
FBNC	Facility Based Newborn Care	VLBW	Very Low Birth Weight

FOR ASSESSORS USE ONLY, NOT TO BE FILLED BY CENTRE

- 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:

To,
Chairperson - NNF Accreditation Review Committee,

I/We, have conducted onsite assessment of the applicant unit as per NNF's Accreditation Standards (2013 version) and recommend that this unit be given –full accreditation/
conditional accreditation* / no accreditation(*please tick the appropriate level*) as a LEVEL II-B UNIT.

Signature of Assessor 1 (Team Leader)

Dated:

Signature of Assessor 2

** Conditional Accreditation is given when Assessor(s) wants to ensure that the unit is continually following adherence to the protocols and processes at least for a period of six months. This will be re-verified on a surprise inspection after the said period to convert conditional accreditation to full accreditation.*



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



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
ESSENTIAL (ALL DOMAINS)	46		_____%

** 75% score required for accreditation for Level II-B unit is 35 out of 46*