



# **DESKTOP SURVEILLANCE ASSESSMENT (PRIMARY HEALTH CENTRE)**

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## **PREFACE**

For an accredited PHC to maintain its accreditation status, it is mandatory that the PHC continues to comply with the requirements of Accreditation Standards for PHCs, for which NABH conducts mid cycle surveillance. The purpose of on-site surveillance is to verify the continued compliance to the accreditation standards.

Due to pandemic COVID-19 crises, the on-site assessments of NABH have also come to a halt. In view of the situation, NABH has decided to develop a methodology to verify the continued compliance of the accredited PHCs to the applicable standards and the first step towards it is “Desktop Surveillance” wherein the PHCs will be required to submit documents as required by NABH.

For the purpose of Desktop Surveillance, the PHCs shall provide information as per this document and the same shall be considered for verifying the continued compliance. The information provided by PHC shall be evaluated at NABH secretariat and on the basis of this evaluation, decision regarding continuation of accreditation shall be taken.

For the purpose of Desktop Surveillance, the PHC shall provide the information as per this document and the same shall be considered for verifying the continued compliance. The information provided by the PHC shall be evaluated at NABH secretariat and on the basis of this evaluation, decision regarding continuation of accreditation shall be taken.

The PHCs are therefore advised to provide the essential information accurately as per the format. Incorrect information provided may lead to adverse decision by National Accreditation Board for Hospitals & Healthcare Providers (NABH).

Note: The format provided for Desktop surveillance is in accordance with 1st Edition of standard. PHCs are advised to visit NABH website [www.nabh.co](http://www.nabh.co) regularly for recent updates.

**List of abbreviations:**

BMW- Bio-Medical Waste  
CAPA-Corrective action preventive action  
CQI-Continuous quality improvement  
DS- Desktop Surveillance  
EQAS- External Quality Assessment Scheme  
FA-Final assessment  
FMEA- Failure Mode and Effects Analysis  
HAZMAT- Hazardous materials  
HCO- Healthcare organisation  
HIC-Hospital infection control  
HIRA- Hazard Identification and Risk Analysis  
ICN-Infection control nurse  
ICO-Infection control officer  
IMS-Information management system  
IPD- Inpatient department  
IT-Information technology  
KPI- Key performance indicators  
KRA- Key Result Area  
LASA-Look alike sound alike  
MoU- Memorandum of understanding  
MRD-Medical record department  
NC -Non-Conformities  
OPD-Outpatient department  
PCB-Pollution control board  
PNDT- Pre-Natal Diagnostic Techniques Act, 1994  
PPE- Personal Protective Equipment  
QA-Quality assurance  
QIPs- Quality improvement program/ project  
RA-Renewal assessment  
RCA- Root cause analysis

**Information to be Furnished by PHCs for Desktop Surveillance Assessment**

**1. General Information**

Information	Details
Reference Number	
PHC name	
Address	
Accreditation Cycle – Accredited since (mention the year)	
Accreditation Validity Period:	
Previous assessment type: FA/ RA/ Verification/ Focus	
Date of Previous assessment	
Name of Owner/ CEO or equivalent	
Email of Owner/ CEO or equivalent	
Name of Accreditation Coordinator	
Email of Accreditation Coordinator	

**2. Status of Non-Conformities (NCs) of previous on-site assessment:**

Status of implementation and monitoring the effectiveness of corrective actions(s) taken on non-conformities raised during previous on-site assessment: *(please provide details in tabular format)*

Sl.	Non-conformities raised during previous on-site assessment	Relevant Standard and corresponding OE	Brief Summary of root cause analysis & corrective actions taken	Evidence of continued compliance of corrective actions to be attached (as on date)
1.				
2.				
3.				

**03. Details of Manpower:**

*(Please provide details in tabular format & attach evidence in excel format as given in Instruction to fill in the Format point no. 3)*

S N	Manpower	Total number	Attach evidences as per S.No. 3.1 & 3.2
3.1.	Doctors/ Consultants (Both visiting and full time with OPD timings)		
3.2.	Resident Medical Officers (RMO)/ Duty doctors		
3.3.	Nurses		
3.4.	Paramedical Staff (Including Pharmacists & Technicians)		

3.1 Format for nursing staff is as given below:

Sl.	Name	Qualification	Nursing Council Registration Number	Date of recent registration renewal	Date of joining	Department
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3.2 Format for paramedical staff including pharmacist & technicians is as given below:

Sl.	Name	Qualification	Council of Registration (If any)	Department	Date of joining	Registration Number (if any)/ Date of Registration
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#### 04. Statutory Compliances

*(Furnish details of applicable Statutory/ Regulatory requirements the organization is governed by law of land)*

*(Please provide details in tabular format & attach evidence in PDF format. **Kindly mention NA for Not Applicable**)*

Sl.	Name of legal document	Certifying Authority	Authorization / Invoice No	Valid from	Valid upto	Attach (Yes/ No/ Not applicable)	Remarks Lapsed / applied for
	<b>General:</b>						
04.1.	Registration from State Health Authority/PHC Act						
04.2.	Registration under Shops and Commercial Establishment Act						
04.3.	PCB Consent to generate BMW						
04.4.	MoU with the BMW collecting agency						
04.5.	PCB License for Air Pollution						
04.6.	PCB License for Water Pollution						
	<b>Facility management:</b>						
04.7.	Fire NOC						
	<b>Imaging:</b>						
04.8.	Registration under PNDT						
04.9.	License to Operate X-Ray (Fixed)						
04.10.	License to Operate X-Ray (Mobile)						

**05. HCO is required to enclose geotagged photographs with timestamp of the following:**

(Photographs to be less than 3 MB in jpg format with good resolution. For geotagged & timestamp: Open 'Camera' App-Head to the 'Settings' of the camera App-Look for the 'time stamp on photos'/'Location tag'/'Save location' option and enable it depending on your OS version. GPS Map Ca' App can be used for Geotagging (Can be downloaded and installed from android play store app)

Sl.	Areas	Photographs
5.1	Entrance of the PHC showing name of the PHC	
5.2	Picture of ramp and back side of PHC	
5.3	Display of patient rights & responsibilities	
5.4	Display of Scope of services	
5.5	Storage area for BMW	
5.6	BMW transport from patient area to storage area	
5.7	COVID waste segregation	
5.8	Firefighting equipment availability, fire signage's, exit plans	
5.9	Facility guarded by security personnel	

- 06. HCO is required to attach duty roster for last 3 months.**
- 07. Centre is required to submit training records for last six months. Records should have trainer, topic of training, date and duration**
- 08. Centre is required to submit evidence of immunization provided to healthcare workers.**
- 09. Centre is required to submit photos of education materials, camps, melas, healthy competitions**
- 10. Centre is required to attach date of re-order levels for last 6 months**
- 11. Centre is required to submit temperature recorded for last 6 months**
- 12. Centre is required to submit driver's attendance record and photo of resuscitation kit in ambulance**
- 13. Centre is required to submit records of hospital statistics for last 6 months**

**14. Self-Declarations (to be submitted on the letter head of PHC, duly signed by Head of the PHC)**

Self - declaration to be signed by the Head of the organization with name, designation, date & place on the letter head of HCO in PDF)

1. I hereby declare that the PHC (name) is in continued compliance of 1st Edition of NABH standards for Allopathic PHC since last on-site assessment.
2. I also declare that each statement and/or contents and /or documents, certificates submitted as Desktop Surveillance documents are true, correct and authentic. I am aware that any wrong information / declaration given therein may lead to adverse actions by NABH.

**15. Details of 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year Annual Accreditation Fee payment by PHC:**

**Amount of Fee paid:**

**Date of payment;**

**Mode of payment along with complete details**

Signature of Head/ Director/ CEO of PHC

Name & Designation

Date & Place



**NATIONAL ACCREDITATION BOARD FOR HOSPITALS  
& HEALTHCARE PROVIDERS (NABH)**

**Quality Council of India**

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