

## Out Patient Department Checklist

Sr. No.	Objective Element	Requirements	Yes	No
1	AAC 2a	Is OPD registration done with UHID no.		
2	AAC 3a	Predefined initial assessment of OPD done and reassessment done.		
3	AAC 1b, COP 5a	Is there display of obstetrics and pediatrics patients care, bilingual.		
4	AAC 1b	Is there display of scope of services, bilingual.		
5	PRE 1a,b,c,d,e,f,g	Is there display of patients rights and responsibilities, bilingual.		
6	AAC 2a	Is policy on no bed availability documented and training of staff done.		
7	HIC 2a	Are hand washing areas easily accessible to healthcare staff with steps of hand washing display.		
8	PRE 1a	Is there adequate privacy arrangement for patient in OPD rooms.		
9	HIC 3c	Is bio-medical waste bins are as per BMW rules.		
10	MOM 2c	Are minimum requirement of prescription, adhered, a complete prescription must include the patients full name, the date and the time of the order, the name of the medication, the ordered dosage, and the form of the medication, the route of administration, the time or frequency of administration, and the name and signature of the ordering doctor.		
11	CQI 2a	Quality indicators of OPD. a. OPD satisfaction rate. b. Waiting time of patients for OPD consultation.		