|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Date Of Audit |  | | | |
| 1. Name Of the Hospital to be Recognised /Audited |  | | | |
| 1. Name of the Chapter |  | | | |
|  | Position in IDA | Contact number | Email ID | Life Membership number |
| 1. Name of the Chapter Convenor |  |  |  |  |
| 1. Names of the Auditors assigned by the convenor |  |  |  |  |
| 1. Any other members from the audit team |  |  |  |  |
| 1. Name of the Auditee (chief Dietician) |  |  |  |  |
| 1. Chief Dietician |  |  |  |  |
| 1. Eligible RD trainers |  |  |  |  |

**STAFFING ORGANOGRAM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Position + Name | Number of posts | Eligible for trainer  yes /No | eligible by RD  Yes/No | By 10 years’ experience | Highest university qualification | Life membership number |
| Chief Dietician |  |  |  |  |  |  |
| Senior Dietitians |  |  |  |  |  |  |
| Manager Dietitians |  |  |  |  |  |  |
| Junior Dieticians |  |  |  |  |  |  |
| Kitchen Dieticians |  |  |  |  |  |  |
| OPD Dieticians |  |  |  |  |  |  |
| Any other |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |
| **TOTAL ELIGLIBLE TRAINERS** |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Hospital Departments available** | | | |
| **Inpatients Department** | | | |
| Brief duties of the Inpatient dieticians (check Job description if any ) | | | |
| Departments | Yes / No | Dedicated beds if any | Comments |
| Cardiac |  |  |  |
| Endocrinology |  |  |  |
| Gastroenterology |  |  |  |
| Intensive care |  |  |  |
| Medicine |  |  |  |
| Nephrology |  |  |  |
| Oncology |  |  |  |
| Chest Medicine |  |  |  |
| Paediatric care |  |  |  |
| Dermatology |  |  |  |
| Surgery |  |  |  |
| Neurology |  |  |  |
| Obstetrics & Gynaecology |  |  |  |
| Any other Not limited to the above |  |  |  |
| **Foodservice Management** | | | |
| No of dieticians available for food service management |  | | |
| Is the Dietetics department responsible for inpatient diet production | Yes/No | | |
| If No, then mention collaborative/ tie-up agencies for outsourcing |  | | |
| Standardization Scope | Yes/ No | | |
| If Yes, then are adequate facilities available? |  | | |
| If no, then, outsourced tie-up information |  | | |
| Seven point list of Job Specification: Details to be mentioned   1. Procurement, budgeting, storage, inventory 2. Menu planning 3. Involvement in production 4. Involvement in Distribution 5. Involvement in tasting and quality control 6. Responsibility in Standardisation and evaluating feedback 7. Responsibility in altering the menu |  | | |
| Details of Parenteral and enteral feed preparation with respect to facilities and responsibilities |  | | |
| Any other mention of added responsibilities |  | | |
| **Outpatient Departments** | | | |
| No of dieticians dedicated to OPD services : | | | |
|  | No of patients per month | No of dieticians | Comments |
| OPD |  |  |  |
| Day Care |  |  |  |
| Dialysis |  |  |  |
| Chemo units |  |  |  |
| Executive Health check |  |  |  |
| Any Other Speciality OPD |  |  |  |
|  |  |  |  |
| **Research Work** | | | |
|  |  |  | Comments |
| Research Facility | Yes/No/ Partly |  |  |
|  |  |  |  |
| Hospital ethic committee | Yes /No |  |  |
|  |  |  |  |
| Hospital written Protocols / Policy | Yes /No |  |  |
| Check available documented Hospital protocols for : |  |  |  |
| Assessment |  |  |  |
| Documentation |  |  |  |
| Follow up and Feedback schedule |  |  |  |
| Intensive care management |  |  |  |
| Nutrition support |  |  |  |
| Commercial feed choice |  |  |  |
| Departmental and kitchen communication line |  |  |  |
| RD Training protocols developed/suggested |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Public health nutrition involvement**  **Brief aspects Including media and community work** |  |

*(To be filled by the Auditor)*

**SUBJECTIVE EVALUATION**

**AUDITORS CLOSURE REPORT ( CONVENOR / RD BOARD HAS TO APPOINT AN AUDITOR)**

|  |  |  |
| --- | --- | --- |
| Non-conformity Areas | Closure recommendations | Closure expected by date |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4. |  |  |
| Comments | | |
| Corrective Action Suggested if any | | |
| Recommended for RD recognition  Approved or not Approved | Not recommended / On hold for closure | |
| Principal Auditors signature |  | |
| 2nd auditors signature |  | |
| Auditee Signature & stamp of hospital |  | |

**CLOSURE REPORT OF CORRECTIVE ACTION CLOSURE BY AUDITOR IF APPLICABLE**

|  |  |
| --- | --- |
| Corrective Action closure Report to RD Board | Date |
| Final Recommendation to the RD Board |  |

**FINAL APPROVAL FROM BOARD (TO BE FILLED BY RD BOARD MEMBER )**

|  |  |  |  |
| --- | --- | --- | --- |
| APPROVED | NOT APPROVED | DOCUMENT NAME NUMBER | DATE |
| Number of interns allowed per year : | | | |
| RD BOARD MEMBERS NAME  CHAIRPERSONS APPROVAL |  | | |