

विशाल चौहान, भा.प्र.से.
संयुक्त सचिव

VISHAL CHAUHAN, IAS
Joint Secretary



सत्यमेव जयते



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011

GOVERNMENT OF INDIA
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NHSRC/CU/23-24/PB

22 September 2023

Sir,

At the outset, I congratulate you and your state team for taking up four (04) public health facilities of Punjab for Quality certification under NQAS program. The facilities underwent External Assessment by the empanelled NQAS external assessors. The assessment details are as follows:

S. No	Name of Facility	Date of Assessment	Packages	Certification Criteria	Overall Score	Certification Status
a).	HWC Mandouli (Patiala)	28 th Aug 2023	7 Service packages	Met all criteria	84%	Quality Certified
b).	HWC Salempur Sekan (Patiala)	29 th Aug 2023	7 Service packages	Met all criteria	85%	Quality Certified
c).	HWC Burj Mehma (Bhatinda)	28 th Aug 2023	7 Service packages	Met all criteria	87%	Quality Certified
d).	HWC Kolian (Hoshiarpur)	19 th Aug 2023	7 Service packages	Met all criteria	89%	Quality Certified

Hence, above mentioned facilities in the State of Punjab are granted "Quality Certification" under NQAS program.

The certified health facilities should strive to work on recommended Areas of Improvements and submit the action plan to the State Quality Assurance Unit. The State Quality assurance unit is expected to verify the improvement in the surveillance audits and submit the status to Certification Unit NHSRC along with the surveillance reports.

Summary of the Assessment Reports of the aforementioned facilities is enclosed as **Appendices-A to D** respectively.

With regards

Yours Sincerely,



(Vishal Chauhan)

Shri Vivek Pratap Singh
Principal Secretary, Health & Family Welfare,
Department of Health & Family Welfare,
Government of Punjab, Room No. 219, 2nd Floor,
Mini Secretariat, Sector - 9, Chandigarh - 160009

Copy to:

1. The Mission Director – NHM, Department of Health & Family Welfare, Government of Punjab, Room No. 1, 5th Floor, Prayas Building, Dakshin Marg, Sector 38-B, Chandigarh.
2. State Quality Assurance Unit, National health Mission, Punjab Health Systems Corporation, Phase VI, Mohali (SAS Nagar), Punjab.
3. The Community Health Officer, HWC Mandouli (Patiala) Punjab.
4. The Community Health Officer, HWC Salempur Sekan (Patiala) Punjab.
5. The Community Health Officer, HWC Burj Mehma (Bhatinda) Punjab.
6. The Community Health Officer, HWC Kolian (Hoshiarpur) Punjab.

(Vishal Chauhan)

Summary Report of External Assessment

Name of the facility: Health & Wellness Centre Mandouli (Patiala) Punjab.

Date of Assessment: 28th Aug 2023

Overall Score: 84%

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the department shall be $\geq 70\%$	Criteria met (Overall Score- 84%)
II.	Score for each service packages of facility (Minimum 7 packages) $\geq 70\%$	Criteria met
III.	Segregated Score of each area of concern shall be $\geq 60\%$	Criteria met
IV.	Score of Standard A1, D3, D4, D5 and G2 is $\geq 60\%$	Criteria met Standard A1 (81%) Standard D3 (75%) Standard D4 (83%) Standard D5 (74%) Standard G2 (83%)
V.	Individual Standard wise score is $\geq 50\%$	Criteria met
VI.	Patient/Client satisfaction Score $\geq 60\%$ or 3.0 on Likert Scale	Criteria met PSS- 4.5

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	79%
B	Patient Rights	85%
C	Inputs	95%
D	Support Services	76%
E	Clinical Services	87%
F	Infection Control	79%
G	Quality Management	76%
H	Outcome	74%

3. Theme Wise Score:

S. No.	Service Packages	Score
1	Care in pregnancy & Childbirth	98%
2	Neonatal & Infant Health Services	100%
3	Childhood & adolescent Health Services	100%
4	Family Planning	81%
5	Management of Communicable diseases	91%
6	Management of Non-Communicable Diseases	75%
7	Drugs & Diagnostics	82%

4. Score against each Standard:

Reference No.	Standard	Score
Standard A1	The facility provides Comprehensive Primary Healthcare Services	81%
Standard A2	The facility provides drugs and diagnostic services as mandated	63%
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	86%
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	72%
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	88%
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	90%
Standard B5	The facility ensures all services are provided free of cost to its users	100%
Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users	91%
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	93%
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	100%
Standard C4	The facility provides drugs and consumables required for assured services	100%
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	67%

Standard D1	The facility has established Programme for maintenance and upkeep of the facility	79%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	64%
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	75%
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	83%
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	74%
Standards D6	The facility is compliant with statutory and regulatory requirement	100%
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	77%
Standard E2	The facility has defined and established procedures for continuity of care through two-way referral	64%
Standard E3	The facility has defined and established procedures of diagnostic services.	33%
Standard E4	The facility has defined procedures for safe drug administration.	75%
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	72%
Standard E6	The facility has defined and established procedures for nursing care.	75%
Standard E7	The facility has defined and established procedures for Emergency care	80%
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	90%
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	90%
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	100%
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	80%
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	100%

Standard E16	The facility has established procedures for Antenatal care as per guidelines	98%
Standard E18	The facility has established procedure for postnatal Care	100%
Standard F1	The facility has established program for infection prevention and control	50%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	75%
Standard F3	The facility ensures standard practices and equipment for Personal protection	67%
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	50%
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	100%
Standard G1	The facility has established organizational framework for quality improvement.	79%
Standard G2	The facility has established system for patient and employee satisfaction	83%
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	75%
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	75%
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	67%
Standard H1	The facility measures Productivity Indicators	71%
Standard H2	The facility measures efficiency Indicators.	86%
Standard H3	The facility measures Clinical Care Indicators.	75%
Standard H4	The facility measures Service Quality Indicators	50%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Follow up records should be maintained.
2.	Staff should be trained for Quality improvment.

Summary Report of External Assessment

Name of the facility: Health & Wellness Centre Salempur Sekan (Patiala) Punjab.

Date of Assessment: 29th Aug 2023

Overall Score: 85%

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the department shall be $\geq 70\%$	Criteria met (Overall Score- 85%)
II.	Score for each service packages of facility (Minimum 7 packages) $\geq 70\%$	Criteria met
III.	Segregated Score of each area of concern shall be $\geq 60\%$	Criteria met
IV.	Score of Standard A1, D3, D4, D5 and G2 is $\geq 60\%$	Criteria met Standard A1 (81%) Standard D3 (72%) Standard D4 (83%) Standard D5 (87%) Standard G2 (100%)
V.	Individual Standard wise score is $\geq 50\%$	Criteria met
VI.	Patient/Client satisfaction Score $\geq 60\%$ or 3.0 on Likert Scale	Criteria met PSS- 4.5

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	79%
B	Patient Rights	83%
C	Inputs	95%
D	Support Services	80%
E	Clinical Services	87%
F	Infection Control	79%
G	Quality Management	89%
H	Outcome	76%

3. Theme Wise Score:

S. No.	Service Packages	Score
1	Care in pregnancy & Childbirth	98%
2	Neonatal & Infant Health Services	100%
3	Childhood & adolescent Health Services	100%
4	Family Planning	81%
5	Management of Communicable diseases	89%
6	Management of Non-Communicable Diseases	79%
7	Drugs & Diagnostics	79%

4. Score against each Standard:

Reference No.	Standard	Score
Standard A1	The facility provides Comprehensive Primary Healthcare Services	81%
Standard A2	The facility provides drugs and diagnostic services as mandated	63%
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	82%
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	83%
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	81%
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	92%
Standard B5	The facility ensures all services are provided free of cost to its users	80%
Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users	84%
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	100%
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	100%
Standard C4	The facility provides drugs and consumables required for assured services	98%
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	100%

Standard D1	The facility has established Programme for maintenance and upkeep of the facility	79%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	64%
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	72%
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	83%
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	87%
Standards D6	The facility is compliant with statutory and regulatory requirement	100%
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	77%
Standard E2	The facility has defined and established procedures for continuity of care through two-way referral	64%
Standard E3	The facility has defined and established procedures of diagnostic services.	33%
Standard E4	The facility has defined procedures for safe drug administration.	75%
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	72%
Standard E6	The facility has defined and established procedures for nursing care.	75%
Standard E7	The facility has defined and established procedures for Emergency care	80%
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	90%
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	90%
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	100%
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	80%
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	100%

Standard E16	The facility has established procedures for Antenatal care as per guidelines	98%
Standard E18	The facility has established procedure for postnatal Care	100%
Standard F1	The facility has established program for infection prevention and control	83%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	88%
Standard F3	The facility ensures standard practices and equipment for Personal protection	50%
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	58%
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	90%
Standard G1	The facility has established organizational framework for quality improvement.	100%
Standard G2	The facility has established system for patient and employee satisfaction	100%
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	100%
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	81%
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	50%
Standard H1	The facility measures Productivity Indicators	100%
Standard H2	The facility measures efficiency Indicators.	57%
Standard H3	The facility measures Clinical Care Indicators.	80%
Standard H4	The facility measures Service Quality Indicators	50%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Staff needs training for Quality improvement.
2.	Documentation should be improved.

Summary Report of External Assessment

Name of the facility: Health & Wellness Centre Burj Mehma (Bhatinda) Punjab.

Date of Assessment: 28th Aug 2023

Overall Score: 87%

5. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the department shall be $\geq 70\%$	Criteria met (Overall Score- 87%)
II.	Score for each service packages of facility (Minimum 7 packages) $\geq 70\%$	Criteria met
III.	Segregated Score of each area of concern shall be $\geq 60\%$	Criteria met
IV.	Score of Standard A1, D3, D4, D5 and G2 is $\geq 60\%$	Criteria met Standard A1 (94%) Standard D3 (91%) Standard D4 (93%) Standard D5 (80%) Standard G2 (100%)
V.	Individual Standard wise score is $\geq 50\%$	Criteria met
VI.	Patient/Client satisfaction Score $\geq 60\%$ or 3.0 on Likert Scale	Criteria met PSS- 4.55

6. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	95%
B	Patient Rights	89%
C	Inputs	87%
D	Support Services	91%
E	Clinical Services	83%
F	Infection Control	81%
G	Quality Management	88%
H	Outcome	93%

7. Theme Wise Score:

S. No.	Service Packages	Score
1	Care in pregnancy & Childbirth	93%
2	Neonatal & Infant Health Services	91%
3	Childhood & adolescent Health Services	93%
4	Family Planning	77%
5	Management of Communicable diseases	84%
6	Management of Non-Communicable Diseases	83%
7	Drugs & Diagnostics	91%

8. Score against each Standard:

Reference No.	Standard	Score
Standard A1	The facility provides Comprehensive Primary Healthcare Services	94%
Standard A2	The facility provides drugs and diagnostic services as mandated	100%
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	86%
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	83%
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	88%
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	100%
Standard B5	The facility ensures all services are provided free of cost to its users	100%
Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users	88%
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	86%
Standard C.3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	88%
Standard C4	The facility provides drugs and consumables required for assured services	87%
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	83%

Standard D1	The facility has established Programme for maintenance and upkeep of the facility	100%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	100%
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	91%
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	93%
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	80%
Standards D6	The facility is compliant with statutory and regulatory requirement	100%
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	93%
Standard E2	The facility has defined and established procedures for continuity of care through two-way referral	71%
Standard E3	The facility has defined and established procedures of diagnostic services.	75%
Standard E4	The facility has defined procedures for safe drug administration.	69%
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	89%
Standard E6	The facility has defined and established procedures for nursing care.	94%
Standard E7	The facility has defined and established procedures for Emergency care	70%
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	73%
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	81%
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	88%
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	70%
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	100%

Standard E16	The facility has established procedures for Antenatal care as per guidelines	90%
Standard E18	The facility has established procedure for postnatal Care	100%
Standard F1	The facility has established program for infection prevention and control	83%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	100%
Standard F3	The facility ensures standard practices and equipment for Personal protection	100%
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	67%
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	77%
Standard G1	The facility has established organizational framework for quality improvement.	86%
Standard G2	The facility has established system for patient and employee satisfaction	100%
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	79%
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	88%
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	83%
Standard H1	The facility measures Productivity Indicators	100%
Standard H2	The facility measures efficiency Indicators.	100%
Standard H3	The facility measures Clinical Care Indicators.	90%
Standard H4	The facility measures Service Quality Indicators	67%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	BMW storage area needs to be designated properly
2.	Work instruction on clinical areas needs to be more elaborated and clarified
3.	Corrective Action and Preventive action of audits should be done properly
4.	Training of ANM on BLS, emergency drugs, spill management should be done more frequently
5.	Infection control practices and quality control measures training should be more frequently

Summary Report of External Assessment

Name of the facility: Health & Wellness Centre Kolian (Hoshiarpur) Punjab.

Date of Assessment: 19th Aug 2023

Overall Score: 89%

5. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the department shall be $\geq 70\%$	Criteria met (Overall Score- 89%)
II.	Score for each service packages of facility (Minimum 7 packages) $\geq 70\%$	Criteria met
III.	Segregated Score of each area of concern shall be $\geq 60\%$	Criteria met
IV.	Score of Standard A1, D3, D4, D5 and G2 is $\geq 60\%$	Criteria met Standard A1 (94%) Standard D3 (100%) Standard D4 (90%) Standard D5 (93%) Standard G2 (83%)
V.	Individual Standard wise score is $\geq 50\%$	Criteria met
VI.	Patient/Client satisfaction Score $\geq 60\%$ or 3.0 on Likert Scale	Criteria met PSS- 4.35

6. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	93%
B	Patient Rights	92%
C	Inputs	85%
D	Support Services	90%
E	Clinical Services	89%
F	Infection Control	85%
G	Quality Management	91%
H	Outcome	91%

7. Theme Wise Score:

S. No.	Service Packages	Score
1	Care in pregnancy & Childbirth	100%
2	Neonatal & Infant Health Services	90%
3	Childhood & adolescent Health Services	82%
4	Family Planning	96%
5	Management of Communicable diseases	85%
6	Management of Non-Communicable Diseases	88%
7	Drugs & Diagnostics	82%

8. Score against each Standard:

Reference No.	Standard	Score
Standard A1	The facility provides Comprehensive Primary Healthcare Services	94%
Standard A2	The facility provides drugs and diagnostic services as mandated	88%
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	86%
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	89%
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	94%
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	100%
Standard B5	The facility ensures all services are provided free of cost to its users	100%
Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users	88%
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	86%
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	81%
Standard C4	The facility provides drugs and consumables required for assured services	84%
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	83%

Standard D1	The facility has established Programme for maintenance and upkeep of the facility	83%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	82%
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	100%
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	90%
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	93%
Standards D6	The facility is compliant with statutory and regulatory requirement	88%
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	100%
Standard E2	The facility has defined and established procedures for continuity of care through two-way referral	79%
Standard E3	The facility has defined and established procedures of diagnostic services.	75%
Standard E4	The facility has defined procedures for safe drug administration.	100%
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	78%
Standard E6	The facility has defined and established procedures for nursing care.	100%
Standard E7	The facility has defined and established procedures for Emergency care	100%
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	75%
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	84%
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	91%
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	100%
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	0%

Standard E16	The facility has established procedures for Antenatal care as per guidelines	100%
Standard E18	The facility has established procedure for postnatal Care	100%
Standard F1	The facility has established program for infection prevention and control	83%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	75%
Standard F3	The facility ensures standard practices and equipment for Personal protection	83%
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	75%
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	93%
Standard G1	The facility has established organizational framework for quality improvement.	86%
Standard G2	The facility has established system for patient and employee satisfaction	83%
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	93%
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	100%
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	83%
Standard H1	The facility measures Productivity Indicators	100%
Standard H2	The facility measures efficiency Indicators.	79%
Standard H3	The facility measures Clinical Care Indicators.	90%
Standard H4	The facility measures Service Quality Indicators	100%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Services available should be displayed.
2.	MPW and other staff require training as per mandate of the state.
3.	Forecasting and consumption of drugs should be done scientifically as per protocols.