



सत्यमेव जयते



एल. एस. चांगसन, भा.प्र.से.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)

L. S. Changsan, IAS
Additional Secretary & Mission Director (NHM)

Dear Shri Sharma,

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi - 110011
D. O. No. NHSRC/CU/23-24/PB
25 November 2023

At the outset, I congratulate you and your state team for taking up Two (02) public health facilities of Punjab for Quality Certification under LaQshya program. The facility underwent External Assessment by the empanelled external assessors. The assessment detail is as follows:

S. No	Name of Facility	Date of Assessment	Departments	Certification Criteria	Overall Score	Certification Status
1.	District Hospital (MKH) Patiala	26 th Aug 2023	LaQshya (Labour Room & Maternity OT)	LR: Met all Criteria MOT: Met 4 out of 5 Criteria	LR: 93% MOT: 94%	LR: Quality Certified MOT: Quality Certified with conditionality
2.	Sub District Hospital Jagraon (Ludhiana)	04 th Sep 2023	LaQshya (Labour Room & Maternity OT)	LR: Met all Criteria MOT: Met all Criteria	LR: 91% MOT: 94%	LR: Quality Certified MOT: Quality Certified

2. Hence **Labour Room** of District Hospital (MKH) Patiala and **LR & MOT** SDH Jagraon (Ludhiana) in the state of Punjab is granted "**Quality Certification**" under LaQshya program.

3. Whereas **Maternity OT** of District Hospital (MKH) Patiala in the state of Punjab is granted "**Quality Certification with conditionality**" under LaQshya program for a period of One (01) year from the date of issue of this letter.

4. 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.

5. Summary of the Assessment Report along with Areas

of Improvement of the aforementioned facility is enclosed as **Appendices A and B** respectively.

With regards,

Your's Sincerely



(Ms. L. S. Changsan)

Shri Ajoy Sharma
Secretary, Health & Family Welfare,
Department of Health & Family Welfare,
Government of Punjab,
Room No. 219, 2nd Floor,
Mini Secretariat, Sector – 9,
Chandigarh -160009

of Improvement of the aforementioned facility is enclosed as **Appendices A and B** respectively.


Your's Sincerely

Sd/-
(Ms. L. S. Changsan)

Shri Ajoy Sharma
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. Medical Superintendent, District Hospital (MKH) Patiala, Punjab.
4. Medical Superintendent, Sub District Hospital Jagraon (Ludhiana) Punjab.


(Ms. L. S. Changsan)

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Assessment Report

Name of the Facility : District Hospital (MKH) Patiala, Punjab

Date of Assessment : 26th Aug 2023

Department : Labour Room

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	Criteria met Overall score – 93%
II.	Score of each Area of Concern shall be $\geq 70\%$	Criteria met
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	Criteria met Standard B3 – 94% Standard E18 – 100% Standard E19 – 100%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	Criteria met PSS – 4

2. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	91%
B	Patient Rights	95%
C	Inputs	89%
D	Support Services	84%
E	Clinical Services	99%
F	Infection Control	95%
G	Quality Management	90%
H	Outcome	98%

3. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	100%
Standard A2	Facility provides RMNCHA Services	94%
Standard A3.	Facility Provides diagnostic Services	50%
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	100%
Standard B2.	Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barriers on account of physical economic, cultural or social reasons.	88%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	94%
Standard B4.	Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.	100%
Standard B5.	Facility ensures that there are no financial barriers to access and that there is financial protection given from cost of care.	100%
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	86%
Standard C2.	The facility ensures the physical safety of the infrastructure.	67%
Standard C3.	The facility has established Programme for fire safety and other disaster	83%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	90%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	100%
Standard C6.	The facility has equipment & instruments required for assured list of services.	93%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	86%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	88%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	88%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	80%

Reference No.	Standard	Score
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	71%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	100%
Standard D7.	The facility ensures clean linen to the patients	75%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	100%
Standard E1.	The facility has defined procedures for registration, consultation and admission of patients.	100%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	100%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	100%
Standard E4.	The facility has defined and established procedures for nursing care	100%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	100%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	100%
Standard E7.	Facility has defined procedures for safe drug administration	86%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	100%
Standard E12.	The facility has defined and established procedures of diagnostic services	100%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	100%
Standard E16.	The facility has defined and established procedures for end of life care and death	100%
Standard E18	Facility has established procedures for Intranatal care as per guidelines	100%
Standard E19	Facility has established procedures for postnatal care as per guidelines	100%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	83%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	86%
Standard F3.	Facility ensures standard practices and materials for Personal protection	100%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	100%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	90%

Reference No.	Standard	Score
Standard F6.	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	100%
Standard G2	Facility has established system for patient and employee satisfaction	83%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	100%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	100%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non-value adding activities and wastages	67%
Standard G6.	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	86%
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	75%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	100%
Standard G10.	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	50%
Standard H1.	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	100%
Standard H2.	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	100%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	96%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%

Department: Maternity OT

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	Criteria met Overall score – 94%
II.	Score of each Area of Concern shall be $\geq 70\%$	Criteria met
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	Criteria met Standard B3 – 100% Standard E18 – 100% Standard E19 – 100%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria not Met Refer to table no. 3
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	Criteria met PSS – 4

2. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	83%
B	Patient Rights	100%
C	Inputs	91%
D	Support Services	99%
E	Clinical Services	95%
F	Infection Control	93%
G	Quality Management	88%
H	Outcome	100%

3. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	66.7%
Standard A2	Facility provides RMNCHA Services	100%
Standard A3.	Facility Provides diagnostic Services	50%
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	100%
Standard B2.	Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barriers on account of physical economic, cultural or social reasons.	100%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	100%
Standard B4.	Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.	100%
Standard B5.	Facility ensures that there are no financial barriers to access and that there is financial protection given from cost of care.	100%
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	90%
Standard C2.	The facility ensures the physical safety of the infrastructure.	100%
Standard C3.	The facility has established Programme for fire safety and other disaster	100%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	100%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	100%
Standard C6.	The facility has equipment & instruments required for assured list of services.	88.5%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	58.3%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	100%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	94.4%

Reference No.	Standard	Score
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	100%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	100%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	100%
Standard D7.	The facility ensures clean linen to the patients	100%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	100%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	100%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	100%
Standard E4.	The facility has defined and established procedures for nursing care	100%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	25%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	100%
Standard E7.	Facility has defined procedures for safe drug administration	92.9%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	93.8%
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management	50%
Standard E12.	The facility has defined and established procedures of diagnostic services	50%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	100%
Standard E14	Facility has established procedures for Anaesthetic Services	100%
Standard E15	Facility has defined and established procedures of Surgical Services	100%
Standard E16.	The facility has defined and established procedures for end of life care and death	100%
Standard E18	Facility has established procedures for Intranatal care as per guidelines	100%
Standard E19	Facility has established procedures for postnatal care as per guidelines	100%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	90%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	95.8%
Standard F3.	Facility ensures standard practices and materials for Personal protection	100%

Reference No.	Standard	Score
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	90%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	92.9%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	88.9%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	100%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	75%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	100%
Standard G6.	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	100%
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	100%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	75%
Standard G10.	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	100%
Standard H1.	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	100%
Standard H2.	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	100%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%

4. Areas of improvement

S. No	Recommended areas of improvement
1.	The complete information of the mother as per protocol should be noted in Delivery register.
2.	The JSY beneficiaries records should be maintained in LR so the JSY payments should be validated and made in time.
3.	No validation of sterilization through biological indicators.
4.	The positive pressure should be maintained in OT

Assessment Report

Name of the Facility : Sub District Hospital Jagraon, Ludhiana, Punjab

Date of Assessment : 04th Sep 2023

Department : Labour Room

4. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	Criteria met Overall score – 91%
II.	Score of each Area of Concern shall be $\geq 70\%$	Criteria met
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	Criteria met Standard B3 – 94% Standard E18 – 97% Standard E19 – 75%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	Criteria met PSS – 4.1

5. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	91%
B	Patient Rights	95%
C	Inputs	86%
D	Support Services	92%
E	Clinical Services	92%
F	Infection Control	96%
G	Quality Management	94%
H	Outcome	85%

6. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	100%
Standard A2	Facility provides RMNCHA Services	94%
Standard A3.	Facility Provides diagnostic Services	50%
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	100%
Standard B2.	Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barriers on account of physical economic, cultural or social reasons.	100%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	94%
Standard B4.	Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.	75%
Standard B5.	Facility ensures that there are no financial barriers to access and that there is financial protection given from cost of care.	100%
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	79%
Standard C2.	The facility ensures the physical safety of the infrastructure.	83%
Standard C3.	The facility has established Programme for fire safety and other disaster	100%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	50%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	100%
Standard C6.	The facility has equipment & instruments required for assured list of services.	96%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	86%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	75%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	88%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	100%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	100%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	100%
Standard D7.	The facility ensures clean linen to the patients	100%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	83%

Reference No.	Standard	Score
Standard E1.	The facility has defined procedures for registration, consultation and admission of patients.	100%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	90%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	90%
Standard E4.	The facility has defined and established procedures for nursing care	90%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	75%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	100%
Standard E7.	Facility has defined procedures for safe drug administration	93%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	79%
Standard E12.	The facility has defined and established procedures of diagnostic services	100%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	100%
Standard E16.	The facility has defined and established procedures for end of life care and death	100%
Standard E18	Facility has established procedures for Intranatal care as per guidelines	97%
Standard E19	Facility has established procedures for postnatal care as per guidelines	75%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	83%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis	100%
Standard F3.	Facility ensures standard practices and materials for Personal protection	100%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	100%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	90%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	94%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G2	Facility has established system for patient and employee satisfaction	100%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	100%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	96%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non-value adding activities and wastages	100%
Standard G6.	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	100%

Reference No.	Standard	Score
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	50%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	100%
Standard G10.	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	50%
Standard H1.	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	100%
Standard H2.	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	100%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	83%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	50%

Department: Maternity OT

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of departments shall be $\geq 70\%$	Criteria met Overall score – 94%
II.	Score of each Area of Concern shall be $\geq 70\%$	Criteria met
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	Criteria met Standard B3 – 100% Standard E18 – 93% Standard E19 – 100%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria Met
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	Criteria met PSS – 4.1

2. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	94%
B	Patient Rights	95%
C	Inputs	84%
D	Support Services	100%
E	Clinical Services	91%
F	Infection Control	98%
G	Quality Management	100%
H	Outcome	92%

3. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	100%
Standard A2	Facility provides RMNCHA Services	90%
Standard A3.	Facility Provides diagnostic Services	100%
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	100%

Reference No.	Standard	Score
Standard B2.	Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barriers on account of physical economic, cultural or social reasons.	100%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	100%
Standard B4.	Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.	75%
Standard B5.	Facility ensures that there are no financial barriers to access and that there is financial protection given from cost of care.	100%
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	83.3%
Standard C2.	The facility ensures the physical safety of the infrastructure.	80%
Standard C3.	The facility has established Programme for fire safety and other disaster	100%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	80%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	86.4%
Standard C6.	The facility has equipment & instruments required for assured list of services.	88.5%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	75%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	100%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	100%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	100%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	100%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	100%
Standard D7.	The facility ensures clean linen to the patients	100%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	100%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	100%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	100%
Standard E4.	The facility has defined and established procedures for nursing care	100%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	75%

Reference No.	Standard	Score
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	100%
Standard E7.	Facility has defined procedures for safe drug administration	85.7%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	75%
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management	100%
Standard E12.	The facility has defined and established procedures of diagnostic services	100%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	100%
Standard E14	Facility has established procedures for Anaesthetic Services	87.5%
Standard E15	Facility has defined and established procedures of Surgical Services	92.9%
Standard E16.	The facility has defined and established procedures for end of life care and death	100%
Standard E18	Facility has established procedures for Intranatal care as per guidelines	92.9%
Standard E19	Facility has established procedures for postnatal care as per guidelines	100%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	100%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis	100%
Standard F3.	Facility ensures standard practices and materials for Personal protection	100%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	100%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	92.9%
Standard F6.	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	100%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	100%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	100%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	100%
Standard G6.	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	100%
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	100%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	100%

Reference No.	Standard	Score
Standard G10.	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	100%
Standard H1.	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	100%
Standard H2.	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	100%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	80%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%

4. Areas of improvement

S. No	Recommended areas of improvement
1.	Disable friendly Toilets should be available.
2.	Outcome indicators should be calculated and analysed periodically.
3.	SOP should be formulated, and Staff should be aware of it.
4.	Quality objectives should be implemented.