



सत्यमेव जयते



आज़ादी का
अमृत महोत्सव

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

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
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NHSRC/10-11/QI/01/PJB
29th May 2023

विशाल चौहान, भा.प्र.से.
संयुक्त सचिव

VISHAL CHAUHAN, IAS
Joint Secretary

Sir,

At the outset, I congratulate you and your state team for taking up two (02) Public Health facilities of Punjab under NQAS and LaQshya Program. The facilities underwent External Assessment by the empanelled NQAS external assessors. The assessment detail is as follows:

S. No	Name of Facility	Date of Assessment	Departments Assessed	Certification Criteria	Overall Score	Certification Status
a).	PHC Raipur Rasulpur	24 th -25 th April 2023	All 6 Departments (NQAS)	Met all Criteria	83.44%	Quality Certified
b).	CHC Verka Amritsar	26 th -28 th April 2023	10 Departments (A&E, OPD, IPD, NBSU, Auxiliary Ser, OT, General Admin, Pharmacy, Laboratory & Radiology) (NQAS)	Met all Criteria	89.66%	Quality Certified
			Labour room & Maternity OT (LaQshya)	Met all Criteria	LR:87% MOT:89%	Quality Certified

Hence, PHC Raipur (Rasulpur) and ten (10) departments of CHC Verka (Amritsar) under NQAS program & Labour room and Maternity OT of CHC Verka (Amritsar) under LaQshya program in state of Punjab are granted 'Quality Certification'.

The certified health facility 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 enclosed as **Appendices- A, B & C respectively**.

with regards

Yours Sincerely,

(Vishal Chauhan)

Shri V.K. Meena

Principal Secretary (H&FW) Department of H&FW,
Government of Punjab, Room No. 314 3rd 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 Officer, Community Health Center Verka (Amritsar) Punjab.
4. Medical Officer, Primary Health Center Raipur (Rasulpur) Punjab.

Performance Summary Report

Name of the facility : PHC Raipur Rasulpur Jalandhar Punjab
 Date of Assessment : 24th -25th April 2023
 Overall Score of Health facility : 83.44 %

1. Compliance to certification criteria:

	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criteria met Overall Score – 83.44%
II.	Aggregated score in each Area of Concern is $\geq 60\%$	Criteria met
III.	Score of Standard A2, B4 and F6 is $\geq 60\%$	Criteria met Standard A2 – 83% Standard B4 – 97% Standard F6 – 90%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction score of $\geq 60\%$ in the preceding quarter or more (Satisfied or Highly satisfied on Mera- Aspataal) or score of 3.0 on Likert Scale.	Criteria met 3.9

2. Departmental Score

S. No.	Department	Score
1.	OPD	85.61%
2.	Laboratory	85.71%
3.	Labour Room	84.95%
4.	IPD	83.68%
5.	National Health Program	80.79%
6.	General Administration	81.80%

3. Area of Concern Score

S. No.	Area of Concern	Score
A	Service Provision	87.06%
B	Patient Rights	86.58%
C	Inputs	82.87%
D	Support Services	85.33%
E	Clinical Services	84.14%
F	Infection Control	88.59%
G	Quality Management	69.91%
H	Outcome	76.81%

4. Score Against Each Standard

Reference	Standard	Score
Standard A1	Facility provides primary level curative services	90%
Standard A2	The facility provides RMNCHA Services	83%
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.	80%
Standard A4	The facility provides services as mandated in the National Health Programmes /State scheme(s).	89%
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities	76%
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and	94%
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a	96%
Standard B4	The facility ensures that there is no financial barrier to access, and that	97%
Standard C1	The facility has infrastructure for delivery of assured services, and	75%
Standard C2	The facility ensures the physical safety including fire safety of the infrastructure.	98%
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	89%
Standard C4	The facility provides drugs and consumables required for assured services.	79%
Standard C5	The facility has equipment & instruments required for assured list of services.	78%
Standard D1	The facility has an established Facility Management Program for Maintenance & Upkeep of Equipment & Infrastructure to provide safe &	93%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	82%
Standard D3	The facility ensures availability of diet, linen, water and power backup as per requirement of service delivery & support services norms	92%
Standard D4	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	88%

Standard D5	Hospital has defined and established procedures for Financial Management & monitoring of quality of outsourced services.	79%
Standard D6	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	63%
Standard D7	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	83%
Standard D8	Hospital has defined and established procedure for monitoring & reporting of National Health Program as per state specifications	79%
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	96%
Standard E2	The facility has procedures for continuity of care of patient.	83%
Standard E3	The facility has defined and established procedures for nursing care	73%
Standard E4	The facility has defined & follows procedure for drug administration, and standard treatment guidelines, as defined by the government	84%
Standard E5	The facility has defined and established procedures for maintaining,	82%
Standard E6	The facility has defined and established procedures for discharge of patient.	82%
Standard E7	The facility has defined and established procedures for Emergency Services and Disaster Management	94%
Standard E8	The facility has defined and established procedures for diagnostic services	69%
Standard E9	The facility has established procedures for Antenatal care as per guidelines	93%
Standard E10	The facility has established procedures for Intranatal care as per guidelines	88%
Standard E11	The facility has established procedures for postnatal care as per guidelines	100%
Standard E12	The facility has established procedures for care of new born, infant and child as per guidelines	83%
Standard E13	The facility has established procedures for abortion and family planning as per government guidelines and law	78%
Standard E14	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines	87%
Standard E15	The facility provides National health Programme as per operational/Clinical Guidelines	78%
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection	63%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	94%
Standard F3	The facility ensures availability of material for personal protection, and facility staff follows standard precaution for personal protection.	91%
Standard F4	The facility has standard procedures for decontamination, disinfection & sterilization of equipment and instruments	81%
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	88%

Standard F6	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 defined and established organizational framework & Quality policy for Quality Assurance	72%
Standard G2	The facility has established system for patient and employee satisfaction	63%
Standard G3	The facility has established system for assuring and improving quality of Clinical & support services by internal & external program.	71%
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	71%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	80%
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	75%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	74%
Standard H4	The facility measures Service Quality Indicators and endeavors to reach State/National benchmark	78%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Lab should have Proper system for sample transportation
2.	Dedicated room for dressing and minor procedures should be available.

Summary of External Assessment Report

Name of Facility : CHC Verka, Amritsra Punjab
Date of Assessment : 26th -28th April 2023
Overall Score of Health facility : 89.66 %

1. Status on Criteria of Certification:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criteria met 89.66 %
II.	Score of each department of the health facility $\geq 70\%$	Criteria met
III.	Segregated score in each Area of Concern is $\geq 70\%$	Criteria met
IV.	Score of Standard A2, B5 and Standard D8 is $\geq 60\%$	Criteria met Standard A2 - 83% Standard B5 - 90% Standard D8 - 69%
V.	Individual Standard wise score is $\geq 50\%$	Criteria met
VI.	Patient Satisfaction Score of 65% in the preceding Quarter or more or Score of 3.2 on Likert Scale	Criteria met PSS: 89%

2. Area of Concern Score

S. No.	Area of Concern	Score
A	Service Provision	83%
B	Patient Rights	91%
C	Inputs	87%
D	Support Services	90%
E	Clinical Services	91%
F	Infection Control	92%
G	Quality Management	89%
H	Outcome	94%

S.No	Department	Score
1.	Accident &Emergency	91.2%
2.	OPD	93.7%
3.	IPD	91.9%
4.	NBSU	88.1%
5.	Auxiliary	80.7%
6.	General Admin	86.5%
7.	Laboratory	93%
8.	Radiology	81.1%
9.	Pharmacy & Store	95.7%

4. Standard Wise Score

Referenceno	Standard	Score
StandardA1	Thefacilityprovides CurativeServices	90%
StandardA2	Thefacilityprovides RMNCHAServices.	83%
StandardA3	ThefacilityProvidesdiagnosticServices	87%
StandardA4	Thefacilityprovides servicesasmandated intheNational HealthProgrammes /Statescheme(s).	78%
StandardA5	Facilityprovides supportservicesandadministrativeservices.	79%
StandardA6	Health services provided atthefacilityareappropriatetocommunityneeds.	86%
StandardB1	Thefacilityprovides informationtocare-seekers,attendants&community aboutavailable services,andtheirmodalities	87%
StandardB2	Services aredelivered inamannerthat issensitivetogender,religious and cultural needs,andtherearenobarrieronaccountofphysical, economic, cultural orsocial status.	95%
StandardB3	Thefacilitymaintains privacy, confidentiality&dignityof patients,andhas a systemforguardingpatient related information.	96%
StandardB4	Thefacilityhas defined andestablished proceduresforinformingpatientsaboutthemedicalcondition, andinvolvingthemintreatment planning, and facilitatesinformed decisionmaking	90%
StandardB5	Thefacilityensuresthatthereis no financial barrierstoaccess,andthat thereisfinancialprotectiongivenfromthecostof hospitalservices.	90%
StandardC1	Thefacilityhas infrastructurefordeliveryofassuredservices,andavailable infrastructuremeetsheprevalentnorms	77%

StandardC2	Thefacilityensuresphysical safetyincludingfire safetyofthe infrastructure.	87%
StandardC3	Thefacilityhasadequatequalifiedandtrained staff, required forproviding the assuredservicesatthecurrent caseload	88%
StandardC4	Thefacilityprovides drugsandconsumables requiredfor assured services.	100%
StandardC5	Thefacilityhasequipment&instrumentsrequired forassuredlistofservices.	93%
StandardD1	ThefacilityhasestablishedProgrammeforinspection,testingandmaintenanceand calibrationof Equipment.	91%
StandardD2	Thefacilityhas defined proceduresfor storageof drugs, inventory managementanddispensingof drugs in pharmacyandpatient careareas	94%
StandardD3	ThefacilityhasestablishedProgramformaintenanceandupkeep ofthefacilitytoprovidesafe,secureandcomfortableenvironment tostaff,patients andvisitors.	87%
StandardD4	Thefacilityensures24X7 water andpower backupasperrequirementof servicedelivery, andsupportservices norms	96%
StandardD5	ThefacilityensuresavailabilityofDietaspernutritional requirement andclean linen toall admittedpatients.	91%
StandardD6	Thefacilityhas defined andestablished proceduresforpromotingpublicparticipationinmanagement of hospitaltransparencyandaccountability.	80%
StandardD7	Hospital has defined and establishedproceduresfor Financial Management	100%
StandardD8	Thefacilityiscompliantwithallstatutoryandregulatory requirementimposedbylocal,state orcentralgovernment	69%
StandardD9	Roles& Responsibilitiesofadministrativeandclinicalstaff are determined aspergovt. regulations andstandards operatingprocedures.	98%
StandardD10	Thefacilityhasestablishedprocedureformonitoringthequalityofoutsourced servicesandadherestocontractualobligations	88%
StandardE1	Thefacilityhas defined proceduresfor registration,consultationand admissionofpatients.	91%
StandardE2	Thefacilityhas defined andestablished proceduresforclinical assessment andreassessmentof thepatients.	89%
StandardE3	Thefacilityhas defined andestablished proceduresforcontinuityof careofpatient andreferral	79%
StandardE4	Thefacilityhas defined andestablished proceduresfornursingcare	84%
StandardE5	Thefacilityhasa proceduretoidentifyhighriskand vulnerable patients.	100%
StandardE6	Thefacilityfollowsstandardtreatmentguidelinesdefined bystate/Centralgovernment for prescribingthegenericdrugs &their rational use.	88%
StandardE7	Thefacilityhas defined proceduresfor safedrugadministration	95%

StandardE8	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	98%
StandardE9	The facility has defined and established procedures for discharge of patient.	97%
StandardE10	The facility has defined and established procedures for Emergency Services and Disaster Management	85%
StandardE11	The facility has defined and established procedures of diagnostic services	81%
StandardE12	The facility has defined and established procedures for Blood Storage Management and Transfusion.	100%
StandardE13	The facility has established procedures for Anesthetic Services	100%
StandardE14	The facility has defined and established procedures of Operation theatre.	100%
StandardE15	The facility has defined and established procedures for end-of-life care and death	85%
StandardE16	The facility has established procedures for Antenatal care as per guidelines	97%
StandardE17	The facility has established procedures for Intranatal care as per guidelines	#DIV/0!
StandardE18	The facility has established procedures for postnatal care as per guidelines	100%
StandardE19	The facility has established procedures for care of newborn, infant and child as per guidelines	94%
StandardE20	The facility has established procedures for abortion and family planning as per government guidelines and law	82%
StandardE21	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines	100%
StandardE22	The facility provides services as per National Health Programmes' Operational/Clinical Guidelines	95%
StandardF1	The facility has Infection Control Programme, and there are procedures in place for prevention and measurement of Hospital Associated Infections	85%
StandardF2	The facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis	95%
StandardF3	The facility ensures availability of material for personal protection, and facility staff follow standard precaution for personal protection.	89%
StandardF4	The facility has standard procedures for processing of equipment and instruments	92%
Standard F5	Physical layout and environmental control of the patient care areas ensure infection prevention	89%
StandardF6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio-medical and hazardous Waste.	96%
StandardG1	The facility has established organizational framework for quality improvement	

StandardG2	Thefacilityhasestablishedsystemforpatientand employeesatisfaction	88%
StandardG3	Thefacilityhasestablishedinternal and external qualityassuranceProgrammeswhereveritiscritical toquality.	87%
StandardG4	Thefacilityhasestablished, documented implementedandmaintained StandardOperatingProceduresforall keyprocesses.	87%
StandardG5	Thefacilityhasestablishedsystemof periodicreviewas internalassessment,medical&death audit andprescriptionaudit	94%
StandardG6	Thefacilityhas defined anestablishedQuality Policy&QualityObjectives	91%
standardG7	Thefacilityseeks continualimprovementbypracticingQualitytool andmethod.	91%
StandardH1	ThefacilitymeasuresProductivityIndicators andensurescompliancewith State/Nationalbenchmarks	98%
StandardH2	ThefacilitymeasuresEfficiencyIndicatorsandensuretoreach State/National Benchmarks	95%
StandardH3	ThefacilitymeasuresClinicalCare&SafetyIndicatorsandtries toreach State/Nationalbenchmarks	88%
StandardH4	ThefacilitymeasuresServiceQualityIndicators andendeavors toreach State/Nationalbenchmarks	93%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Practical Training on infection control practices should be improved.
2.	Fire exit signages are not properly established.

Name of the facility: CHC Verka, Amritsar Punjab

Date of Assessment- 26th -28thApril 2023

Department: Labour Room

1. 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 of each area of concern shall be $\geq 70\%$	Criteria met
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	Criteria not met Standard B3 (100%) Standard E18 (96%) Standard E19 (81%)
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction Score of 70% in preceding Quarter or more or Score of 3.0 on Likert scale	Criteria met PSS- 90%

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	86%
B	Patient Rights	98%
C	Inputs	83%
D	Support Services	81%
E	Clinical Services	90%
F	Infection Control	84%
G	Quality Management	84%
H	Outcome	90%

3. Score against each Standard:

Reference No.	Standard	Score
Standard A1	The facility provides Curative Services	100
Standard A2	The facility provides RMNCHA Services	89
Standard A3	The facility Provides diagnostic Services	50
Standard B1	The 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 is no barrier on account of physical economic, cultural or social reasons.	100
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.	100
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making	100
Standard B5	The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of hospital services.	50
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.	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	90
Standard C5	The facility provides drugs and consumables required for assured services.	94
Standard C6	The facility has equipment & instruments required for assured list of services.	86
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	57
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	75
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	80
Standard D4	The facility has established Programme for maintenance and upkeep of the facility	79
Standard D5	The facility ensures 24X7 water and power backup as per requirements 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.	67
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.	70
Standard E3	The facility has defined and established procedures for continuity of care of patient and referral	80
Standard E4	The facility has defined and established procedures for nursing care	80
Standard E5	The facility has a procedure to identify high risk and vulnerable patients.	100
Standard E6	The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	100
Standard E7	The facility has defined procedures for safe drug administration	86
Standard E8	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	86
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	The facility has established procedures for Intranatal care as per guidelines	96
Standard E19	The facility has established procedures for postnatal care as per guidelines	81

Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection	100
Standard F2	The facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis	86
Standard F3	The facility ensures standard practices and materials for Personal protection	69
Standard F4	The facility has standard procedures for processing of equipment and instruments	75
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	80
Standard F6	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	100
Standard G2	The facility has established system for patient and employee satisfaction	100
Standard G3	The facility have established internal and external quality assurance Programmes wherever it is critical to quality.	75
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	79
Standard G5	The 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	86
Standard G7	The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve Them	75
Standard G8	The 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	83

Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National Benchmark	88
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark	100

4. Areas of improvement

S. No	Recommended areas of improvement
1.	OSCE of all staff should be done on regular basis
2.	Hand washing audits should be done as per norms
3.	Practical training of staff in infection control practices should be regular

Department: Maternity Operation Theatre

1. 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 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 met
V.	Patient Satisfaction Score of 70% in preceding Quarter or more or Score of 3.0 on Likert scale	Criteria met PSS- 90%

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	78%
B	Patient Rights	100%
C	Inputs	87%
D	Support Services	89%
E	Clinical Services	95%
F	Infection Control	84%
G	Quality Management	86%
H	Outcome	96%

3. Score against each Standard

Reference No.	Standard	Score
Standard A1	Facility Provides Curative Services	66.7
Standard A2	Facility provides RMNCHA Services	80
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
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there is no barrier 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 barrier 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.	70
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.	95.5
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	88.9
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	75

Standard D4	The facility has established Programme for maintenance and upkeep of the facility	87.5
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	87.5
Standard D11	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	50
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	83.3
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	85.7
Standard E8	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	100
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	100
Standard E15	Facility has defined and established procedures of Surgical Services	88.1
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	80
Standard F2	Facility has defined and Implemented procedures for ensuring hand hygiene practices and Antisepsis	100
Standard F3	Facility ensures standard practices and materials for Personal protection	81.3
Standard F4	Facility has standard Procedures for processing of equipment's and instruments	86.7
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	67.9
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.	50
Standard G4	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	91.7
Standard G 5	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	80
Standard G7	The facility has defined mission, values, Quality policy & objectives & prepared 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	87.5
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100

Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National Benchmark	100
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4. Areas of improvement

S. No	Recommended areas of improvement
1.	Training records should be maintained
2.	Biological Indicator for autoclaving not available.

