Summer Internship Report

At

DISTRICT HOSPITAL & TRAUMA CENTRE

SINGRAULI, MADHYA PRADESH

(APRIL 18 TO 17th JUNE 2022)

A Report

By

MS.RENU GUPTA

2021 – 2023

International Institute Of Health Management Research, New Delhi

Certificate of Approval

The Summer Internship Project of titled **" Assessment of District Hospitals - National Quality Assurance Standard"** at **"NHM Madhya Pradesh"** is hereby certified study management carried out and placed presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the report only for the purpose it is submitted.

Dr.Preetha GS

Professor and Dean Research

IIHMR Delhi

FEEDBACK FORM

(IIHMR MENTOR)

Name of the Student: Renu Gupta

Summer Internship Institutions: National Health Mission, Madhya Pradesh.

Area of Summer internship: Quality Assurance

Attendance: Satisfactory

Objectives met: Yes

Deliverables: Achieved 1) Presentation to NHM
2) Internship report

Strengths: Hardworking and disciplined

Suggestion for improvement:

Signature of the Officer-In-Charge (Internship)

Date:

Place:

ACKNOWLEDGEMENT

This internship work has been a very scrupulous but enriching time of our life. These two months have given us immense knowledge and an unparalleled understanding of the work, which was earlier restricted to books only. It gives us tremendous bliss to acknowledge the valuable and cooperative guidance and the assistance of various individuals without whom We would have been unable to do our work.

At this moment of accomplishment, we would like to express our deep and sincere gratitude to my mentor, Dr. Preetha G.S., Professor & Dean (Research), IIHMR DELHI, who provided constant guidance and support during the internship period.

We would like to express our sincere gratitude to Dr. Vivek Mishra (State Quality Consultant) and Dr. Sandeep Sharma (State Quality Consultant) for their continuous guidance; despite being busy with their duties, taking time to hear and guide us, and giving helpful advice, this work would not have been possible without their constant support.

We are also very thankful to Dr. O.P Jha (Civil Surgeon), Dr. Umesh Kumar Singh (Resident Medical Officer), and all the nursing and housekeeping staff of District Hospital & Trauma centre for their attention towards our work and for helping us, which greatly added to our project.

Ms.Renu Gupta

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Acronyms/ Abbreviations

1. ICU – Intensive Care Unit
2. SNCU – Sick New Born Care Unit
3. PP Unit – Post Partum Unit
4. ICTC – Integrated Counselling And Testing Centre
5. T.B/ D.R.T.B – Tuberculosis/ Drug Resistant Tuberculosis
6. NRHM - National Rural Health Mission
7. MOHFW – Ministry Of Health And Family Welfare
8. QOC – Quality of Care
9. NQAS – National Quality Assurance Standard
10. ISQUA – International Society for Quality in Health Care
11. NRC – Nutritional Rehabilitation Centre
12. RTPCR – Reverse Transcription Polymerase Chain Reaction
13. USG – Ultrasonography
14. SOP – Standard Operating Procedure
15. STG – Standard Treatment Guidelines
16. IMNCI – Integrated Management of Neonatal and Childhood Illness
17. ASHA – Accredited Social Health Activist
18. CSSD – Central Sterile Services Department
19. TMT – Treadmill Test
20. RBSK – Rashtriya Bal Swasthya Karaykram
21. RSO – Radiological Safety Officer
22. PDCA – Plan Do Check Acct
23. 5S – Set Sort Shine Standardise Sustain
24. PPE – Personal Protective Equipment

1. OVERVIEW OF HOSPITAL

1.1 Introduction District Hospital & Trauma Centre, Singrauli

Singrauli is the 50th district of the state of Madhya Pradesh. It was granted District status on May 24, 2008. After the year 2008, the district hospital was established in Singrauli with dedicated medical practitioners brought under one roof to give medical care.

Its objective is to provide comprehensive health care services to the people at an acceptable level of quality and to be responsive and sensitive to the needs of people and referring centres. For the time being District hospital, Singrauli, is grade IV as per their number of beds (Grade IV- District hospitals norms for 200 beds)

Hospital had shifted to a newer infrastructure in the year 2019. It provides effective, affordable healthcare services for a defined population with their full participation and in cooperation with agencies and also provides wide-ranging facilities, education, and training for primary health care.

1.2 MISSION

Promoting excellence and continually improving the quality of Public Health Service Delivery mechanism through innovation that is at par with state and national health policy.

1.3 VISION

A society where all people live a healthy life and with peace of mind knowing that all their Health care needs will be delivered by the State Public Health System

1.4 VALUES

To provide holistic care with maintaining non-discrimination, safety, privacy, Confidentiality, and dignity of patients.

1.5 DISTRICT HOSPITAL LAYOUT & ITS DEPARTMENT

FLOORS	DEPARTMENT
Ground Floor	OPD Registration Room, Civil Surgeon & Matron Office, Pharmacy, Orthopaedic OPD, Paediatric OPD, Psychiatry OPD, Medicine OPD, Eye OPD, NCD OPD, ANC Clinic, Dental OPD, Obstetrics & Gyne OPD, Leprosy OPD, Malaria Testing Room, Immunization Room, Injection Room, CT scan, X-ray Room, Emergency ward, Dressing Room, Nursing Room, HDU, Maternity Ward, Post-Partum ward, PNC ward, Mortuary, Blood storage unit, Kitchen, NRC (Outside hospital premises), ICTC Lab, T.B Testing Lab
First Floor	Paediatric Ward, PICU, Burn Unit, Male Orthopaedic Ward, Female Orthopaedic Ward, Surgical Ward, Central Pathology Lab, Dialysis Unit, Operation Theatre
Second Floor	Female Medicine Ward, Male Medicine Ward, T.B./D.R.TB Ward, Eye Ward, Eye Operation Theatre, ICU, RT-PCR Lab

Hospital is located in the heart of Singrauli District, i.e. Waidhan. Hospital has an RTPCR lab that was set up during covid, and the Central pathology lab is well equipped with state-of-the-art technology so that testing can be done more accurately and efficiently. Hospital is LaQshya certified but fails to qualify for Kayakalp.

The Intensive Care Unit (ICU) and the mortuary are not functioning currently due to a shortage of staff. The blood bank is not available within the hospital premises, and the new Sick New Born Care Unit (SNCU) is still under construction; however, an old SNCU is functioning in the old infrastructure and very soon will be shifted to this new facility. Apart from pregnancy delivery cases, no major surgeries are being conducted in due to the unavailability of a general anesthetist.

Currently, every department is dealing with a shortage of human resources. As the patient load increases every day, hospital staff and doctors have to deal with the issue of a shortage of human resources, and in such cases, there are chances of human error. As the hospital is only sanctioned for 200 beds but to manage the patient load, they increased the bed occupancy to 350 beds.It is yet to be approved by the government officials for this increased occupancy to manage the patient load.

2. PROJECT OUTLINE

2.1 INTRODUCTION

Quality of care is the level of attainment of health systems, intrinsic goals for health improvement and responsiveness to legitimate expectations of the population. Quality in healthcare is now more than just a famous motto. Quality of care is more important rather than the quality of care. The outcome of care has now become more important to physicians than the total number of patients treated in a day.(1)

Quality of healthcare came into focus in India in 1997 with the launch of Reproductive and Child Health (RCH), with the objective of improving the quality of healthcare services provided by the public health care facilities in India. Poor service quality contributes to the load on the healthcare system by reducing interventions and increasing the cost of care. The Ministry of Health and Family Welfare (MOHFW) commissioned a study for quality accreditation in public health services through an external consultant. In order to deliver the best quality, certain standards must be met. Healthcare for patients means giving them what they want, whenever they want. The patients want services in an affordable, safe and effective way. The increased and effective quality of service in healthcare increase the likelihood of its demanded results. Such services must be effective, timely, equitable, integrated and, above all, efficient. One of the main tasks of healthcare organizations like hospitals is to provide the finest standard services to meet up with patient expectations. This philosophy must be initially institutionalized in the hospitals to decrease the average duration of stay in the hospital with increased satisfaction. Healthcare quality is not intended for patient care only; it also serves to ensure the data quality of the patients.(2)

The government of India has launched several quality improvement initiatives like Kayakalp, NQAS, Musqan, and LaQshya to improve the situation and facilities available in the public health sector. NQAS had developed to improve the quality of District hospitals, CHCs, PHCs, and urban PHCs to improve their quality through a number of the set standard. ISQUA-accredited, these criteria fulfil global benchmarks in terms of comprehensiveness, objectivity, and evidence. Similarly, Kayakalp was launched to improve cleanliness and hygiene. In order to ensure the quality of care during the delivery and after delivery, the purpose government initiated the LaQshya program so that neonatal and maternal death get reduced to some extent. A multi-layered plan has been

established as part of the programme, including specific steps for infrastructure advancement, ensuring the availability of critical equipment, providing appropriate human resources, health care worker capacity building, and improving quality processes. So hospital in India needs to get accreditation to provide better facilities and quality of care to patients.(3)

The ISQua international principles for healthcare standards were created to help accreditation bodies make accreditation standards. These principles are divided into six categories, each of which has four to fourteen sub-categories. To aid in interpreting and applying the principles, it publishes advice and an example of standards assessment. The principles and sub-principles are graded on a three-point scale as Met, Partially Met, or Not Met.(4)

2.2 Quality of care (QOC)

Quality of care accepted on the "Donabedian model," according to which three aspects of care:

- **Structure:** This particular quality of care include human resources, drug, equipment and infrastructure, such as availability of the number of personnel, skills and knowledge.
- **Process:** This quality of care can also be seen in terms of process and sub-process. It refers to how fast registration of patients is being done, how much time is being taken for consultation and how quickly patient examination is being done; apart from all this, patient confidentiality, privacy, and rights need to be maintained.
- **Outcome:** The last aspect can be evaluated in terms of outcome, which shows to what extent goals have been fulfilled.(5)

2.3 Quality Assurance

The American Society for Quality refers to Quality Assurance as "planned and systemic activities, which are implemented in a quality system so that the quality requirement of the product or service would be fulfilled." It's based upon:

- The goal of quality assurance is to meet the needs and expectations of patients.
- Quality control is concerned with the system and the process.

- Quality assurance use data to analyze the service delivery process.
- Quality assurance encourages a team approach to problem-solving and quality improvement.(5)

2.4 NQAS (National Quality Assurance Standard)

- The Ministry of Health and Family Welfare (MoHFW), Government of India, released the National Quality Assurance Standard for Public Healthcare Facilities in 2013.
- NQAS are now accessible for District hospitals, Community Health Centers, Primary Health Centers, and Urban Primary Health Centers.
- Criteria are primarily intended to help providers analyze their own quality and bring their facilities up to certification standards by using predetermined standards.
- The national quality assurance standards are broadly classified into eight "Areas of Concern" -

Service Provision
Patient Rights
Inputs
Support Services
Clinical Services
Infection control
Quality management
Outcome

- These standards are ISQUA accredited and meet the global benchmarks in terms of comprehensiveness, objectivity, evidence and rigour of development. (6)

2.5 Quality Measurement System

The main pillar of the quality measurement system is quality standards.

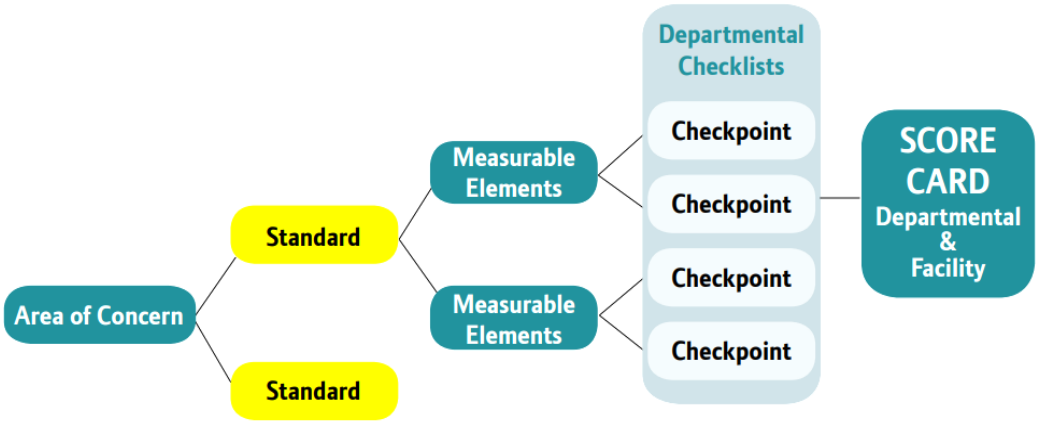


Fig1. Functional relationship between components of quality measurement system

Currently, NQAS is being conducted in the following facilities:

- District Hospital
- Community Health Centre
- Primary Health Centre
- Urban Primary Health Centre

Measurement System for various levels of facilities:

Component	DH	CHC	PHC	UHC
Area of Concern	8	8	8	8
Standard	74	65	50	35
Measurable Elements	362	297	250	200
Checklists	19	12	6	12

There are, in total, 19 departmental checklists for the assessment of the district hospitals: (6)

Accident & Emergency department	Intensive Care Unit
Outdoor patient department	Indoor Patient Department
Labour room (LaQshya)	Blood Bank
Maternity Ward	Laboratory Services
Paediatric Ward	Radiology & USG
Sick New Born Care Unit (SNCU)	Pharmacy
Nutritional Rehabilitation Centre (NRC)	Auxiliary Services
Maternity Operation theatre	Mortuary
Post Partum Unit	General Administration
Operation Theatre	

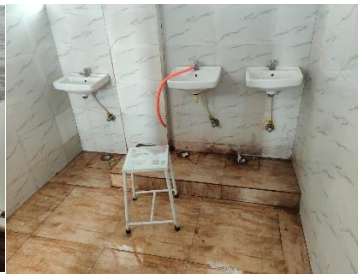
3. OBJECTIVE

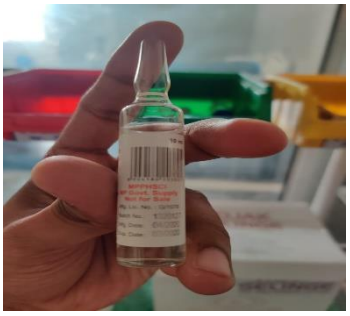
The objective is to assess healthcare quality at the District Hospital, Singrauli, by doing the NQAS baseline assessment.

4.OBSERVATION

Before starting the assessment, some observables gaps were seen:



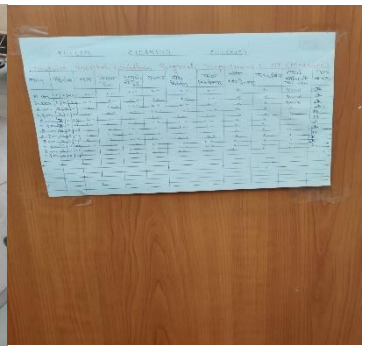


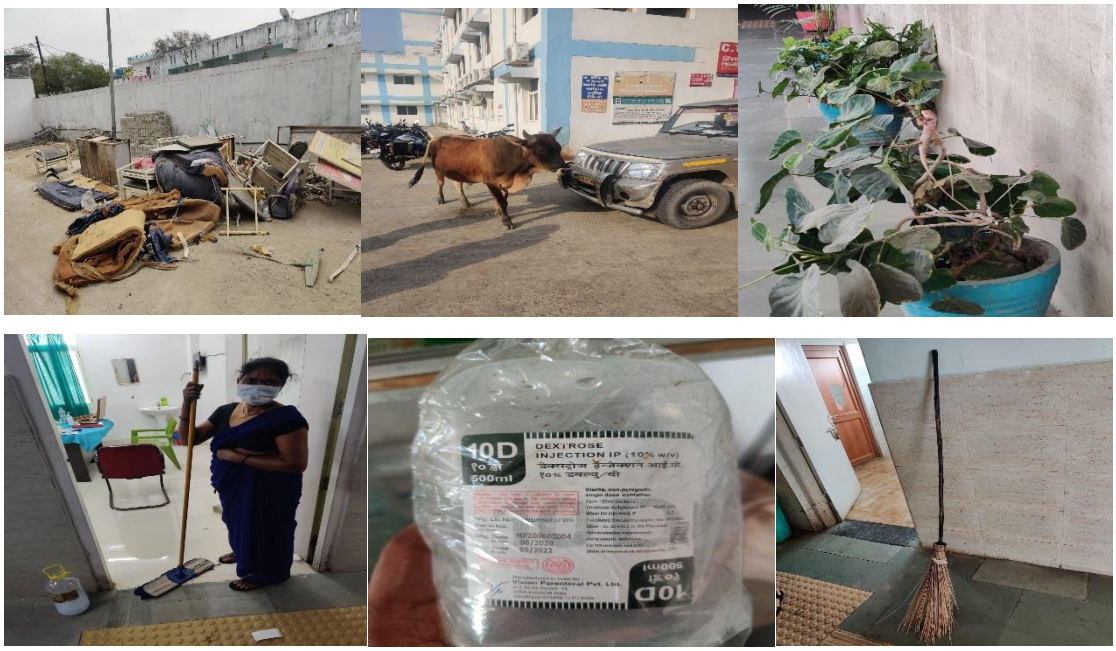













After conducting the first assessment, gaps were observed that may cause hindrance in the smooth functioning of departments, and according to these gaps, action plans were made to overcome these gaps.

The shortcoming in the areas of concern were Patient rights (65%), Inputs (68%), Infection Control (62%), Quality management (32%) and the outcome (34%).

4.1 GAPS & ACTION PLAN – DEPARTMENT WISE

Accident & Emergency:

GAPS	ACTION PLAN
List of services including emergencies that are managed at the facility.	Flex board need to be placed outside the department so that patient can get the idea of facilities available in the emergency
Important numbers including ambulance, blood bank, police and referral centre displayed.	Important numbers should be displayed at the notice board outside the department.
Display of patient rights and responsibilities	flex board need to be placed near the department for patient knowledge.

Check the fire exits are clearly visible and routes to reach exit are clearly marked.	Staff in-charge and nurse in-charge need to demarcate the exist so that everyone can easily exit in case of fire.
Any adverse drug reaction is recorded and reported.	Separate register needs to be maintained in case of any adverse drug reaction happened
Check the staff is aware of the drug regime and doses as per STG.	Standard treatment guidelines made available by the hospitals RMO or civil surgeon
Regular monitoring of infection control practices.	Regular monitoring needs to be done in department foe seeing the weather infection control practices are maintained or not.
Triage area is marked	Separate demarcation for the triage area so that in emergency cases its easier to provide care to patients who require it first.

Labour Room (LaQshya):

GAPS	ACTION PLAN
Availability of functional telephone and Intercom Services	Intercom services shall be provided for proper communication between departments.
Clinical protocols on New born Care are displayed	IEC materials needed to be displayed for patient education and knowledge

Maternity Ward:

GAPS	ACTION PLAN
Visiting hours and visitor policy are displayed	Visiting policy needs to be implemented along with visiting hours so that crowding can be avoided

Entitlements under JSSK Displayed	Display of entitlements in the ward for patient knowledge.
Entitlement under JSY displayed	Display of entitlements in the ward for patient knowledge.
Doctor, nursing staff and support staff adhere to their respective dress code & Name Plate	Adherence of proper dress code needs to be implemented and initially given a warning, and later anyone found without a dress code, action needs to be taken
Dangers signs are identified and recorded	A danger sign needs to be placed where the electrical hub Is present

Paediatric Ward:

GAPS	ACTION PLAN
Visiting hours and policy are displayed	Visiting hours policy needed to be displayed outside the wards so that patient get to know at what time they can visit the patient
IEC material displayed	IEC materials on breast feeding, immunization chart, ORS, needed to be displayed in the wards and nursing station
Identification band for children below 5 years	Children below 5year of age should be given a identification band at the time of admission so that extra care for those patients can be done
Check for competence assessment is done at least once in a year	Assessment needs to be done by the nurse in charge of the department once a year to analyze the department's situation.
Nutritional assessment of patient done as required and directed by doctor	Dietician shall do nutritional assessment as per the requirement under the direction of the assigned doctor
Work instructions /clinical protocols are displayed	Work instruction and clinical protocols according to the department shall be displayed to avoid any kind of mismanagement
Proper handling of soiled and infected linen	Soiled linen needs to be disposed in bucket away from patient area so that it can be collected directly from the bucket without any hassle

Proportion of Mothers given nutritional counselling	Shall be calculated on the monthly basis by the nurse and shall be monitored by the nurse in-charge
No. of paediatric admission per 1000 indoor admission	Shall be calculated on the monthly basis by the nurse and shall be monitored by the nurse in-charge

SNCU :

GAPS	ACTION PLAN
Services available at SNCU are displayed	flex board shall be placed outside the SNCU with the list of services available outside the department
Display of information of education of mother	IEC material shall be placed for patient education on breast feeding, diet, post partum care.
Privacy maintained in breast feeding room	curtains needed to be placed for privacy concern and a separate room shall be provided
Fire exits are clearly visible and routes to each exit is clearly marked	Fire exits sign shall be demarcated for quick exit in case of fire
SNCU has provision of smoke and heat detector	Smoke and heat detectors needs to be place inside the ward so that it can detect any kind of excess heat and smoke
Training on infection control and hand hygiene	Training shall be provided to staff on monthly basis and after training asking them to demonstrate
Training on biomedical waste	Timely training shall be provided to staff on monthly basis and after training asking them to demonstrate
Visiting hours are fixed and practiced	Visiting hour policy shall be made to avoid crowd and visiting timing needs to be displayed outside the wards

NRC :

GAPS	ACTION PLAN
Availability of departmental signage	Departmental signage should be placed as NRC facility is outside hospital premises
Management of SAM child with shock as per the guideline	Patient admitted in the NRC needs to be managed according to the guidelines provided by the state government
Management of SAM in HIV exposed/HIV infected and TB infected children as per the guideline	Patient admitted in the NRC needs to be managed according to the guidelines provided by the state government.
Visiting hours and visitor policy are displayed	Visiting hour policy need to be implement to avoid crowd and visiting timing needs to be displayed outside the wards
Service available at NRC is displayed	Flex board need to be placed outside the NRC building so that patients can have a idea what facilities are available in NRC
Contact information in respect of NRC referral services are displayed	proper contact information needed to display on notice board
Display of information for education of mother/care taker	IEC material needs to be displayed for patient education on Diet, zinc, breast feeding benefits,
Privacy maintained at breast feeding area	privacy needs to be maintained for mothers by giving separate demarcated area
NRC has system in place to take informed consent from patient relative whenever required	proper consent needs to be taken before admission
System of tagging babies of less than 6 months	tagging babies should be done so that nurse and doctor can easily segregate them as they need extra care
Staff is aware of disaster plan	First a committee for disaster management shall be made and then proper timely mock drills needs to be conducted.

Operation Theatre :

GAPS	ACTION PLAN
Availability of General Surgery procedures	General surgery procedure needed to be done for that general anaesthetist shall be present on permanent basis.
Availability of Paediatric OPD	Paediatric surgery procedure needed to be done for that general anaesthetist shall be present on permanent basis
Availability of ENT surgical procedure	ENT surgery procedure needed to be done for that general anaesthetist shall be present on permanent basis.
Availability of Orthopaedic surgical procedures	Orthopaedic surgery procedure needed to be done for that general anaesthetist shall be present on permanent basis.
OT Services are available 24X7	OT services shall be made available 24*7 for major surgeries if general anaesthetist will join the hospital on permanent basis
Availability of Amputation Surgery	Amputation surgery needed to be done
High risk consent is taken before major surgeries	Taking consent and signing the consent from every patient coming in OT for any kind of surgeries.
Anaesthesia Consent for OT	Taking consent and signing the consent from every patient coming in OT for any kind of surgeries.
Availability of Scrub Area	Scrub Area needed to demarcated seprately
Availability of anaesthetist	Permanent/ contract basis General anaesthetist needed in the hospital for helping in major surgeries
Advance Life support	ALS training needs to be provided to the staff

Warning light is provided outside OT and its been used when OT is functional	warning lights needs to be placed outside the OT letting patient know surgery is going on
Process mapping of critical processes done	Process mapping shall be done with respect to problem facing by the department
Internal assessment is done at periodic interval	Internal assessment shall be done by the head nurse on yearly basis to review the work
Surgical Site infection Rate	Shall be done using formula from outcome indicators by the nurse and monitored by nurse in-charge

M- OT :

GAPS	ACTION PLAN
There is procedure to report cases of Hospital acquired infection	Hospital needs to take report HAI for them to know the hospital infection acquired by patient
Warning light outside the OT is switched on when OT is functional	Warning lights needed to place outside OT to let other know OT is functioning
Process mapping of critical processes done	Process mapping to be followed by the department to find a solution
C-Section Audits are done on Monthly Bases	C- section audit needed to be done timely to identify the areas of intervention for reducing Caesarean delivery rates

IPD:

GAPS	ACTION PLAN
Display of layout /floor directory	Display of layout should be displayed on entry of the hospital
General consent taken before admission	general consent should be sign before

	admission
Check for staff competencies for operating fire extinguisher and what to do in fire	Training of staff needs to be done time to time mock drills to use fire extinguisher
There is no overcrowding in the wards during to visitors hours	To avoid overcrowding token system shall be implemented, and a security guard needs to be placed outside the department
Visiting hours are fixed and practised	visiting hours need to be fixed and implemented to control the patient crowd inside the ward
Linen is changed every day, and whenever it gets soiled	Linen should be changed every day, and new linen shall be made available to the patients to control infection and maintain hygiene
There is a designated departmental nodal person for coordinating Quality Assurance activities	Designated nodal person shall be appointed to coordinate and monitored the quality assurance activities.
There is procedure to report cases of Hospital acquired infection	HAI procedures needs to be followed in every IPD ward and records shall be maintained
Standard operating procedure for department has been prepared and approved	SOP shall be made available to every department so that procedure can be followed according to it
There is procedure to conduct Medical Audit	Medical audit of the hospital needs to be done on timely interval that help to figure out the areas in which healthcare providers needs to improve.
There is procedure to conduct Prescription audit	Prescription audit needs to be done timely interval as it helps to assess the extent of prescribing habits of clinicians, drug dispensing practices

There is procedure to conduct Death audit	Procedure of death audit shall be done on regular interval as it help in identify the deceased individual accurately and quickly.
Check if SMART Quality Objectives have framed	SMART quality objective shall be framed an every department needs to work accordingly
Basic quality improvement method	Basic quality improvement tools like 5S, PDCA shall be use to better the process of department
Time taken for initial assessment	Shall be done using formula from outcome indicators by the nurse and monitored by nurse in-charge

Post-Partum Unit:

GAPS	ACTION PLAN
Restricted area signage are displayed	Restricted area needs to be demarcated to restrict the entry of unwanted people in the ward
List of Family Planning Services available	List of family planning services needs to be displayed in ward so that patient get the information about various family planning services and their benefits
Family planning insurance scheme displayed	Insurance scheme needs to be displayed for patient knowledge
IEC Material regarding family planning displayed	IEC material needs to be displayed for patients education on various family planning
Education material for counselling are available in Counselling room	Education material needs to be displayed for counselling in counselling room so that patient can better understand the situation
Work instruction/clinical protocols are displayed	Work instruction needs to be displayed inside the wards

There is a designated departmental nodal person for coordinating Quality Assurance activities	A quality assurance nodal officer needs to be assigned for checking the quality
IUD insertion per 1000 eligible female	shall be calculated using formula from outcome indicators by nurses and monitored by nurse in-charge
Proportion of users using limiting method	shall be calculated using formula from outcome indicators by nurses and monitored by nurse in-charge
Proportion of target met for male sterilization surgery	shall be calculated using formula from outcome indicators by nurses and monitored by nurse in-charge

LAB :

GAPS	ACTION PLAN
Restricted area signage are displayed	Restricted area Signage should be demarcated
Availability of patient calling system at lab	Patient calling system shall be implemented to avoid overcrowding and mismanagement
Training on Internal and External Quality Assurance	Training of staff members should be conducted on timely basis to assure the quality of the department.
staff is trained for spill management	training should be given to the staff members for the spill management and after giving training asking the staff for the demonstration.
No. of HB test done per 1000 population	shall be calculated using the formula from outcome indicators

Radiology:

GAPS	ACTION PLAN
Emergency radiology services are available for selected procedure 24X7	Emergency services need to be provided 24*7 for emergency cases
Training on radiation safety	training needs to be given in periodic interval so that staff can have knowledge to protect them for radiation
Training on infection control and hand hygiene	training needs to be given in periodic interval so that staff can have knowledge about infection control and hand hygiene and asking them to demonstrate
Training on Bio Medical waste Management	training needs to be given in periodic interval so that proper handling of BMW can be done
Protective apron and gloves are being provided to relative of the child patient who escort the child for X ray examination/immobilization support is provided to children	lead apron and gloves need to be provided to the patient during process to protect them from radiation of x ray
Lead apron and other protective equipment are available with radiation workers and they are using it	lead apron and gloves need to be provided to the radiographer so that they can protect them from radiation of x rays
TLD badges are available with all staff of X ray department and records of its regular assessment is done by X ray department	TLD badges needs to be provided to radiologist so that they can get the idea about the radiation they are getting
Availability of colour coded bins at point of waste generation	Bins should be made available to the department so that waste can be easily dispose off
Availability of colour-coded non-chlorinated plastic bags	Plastic colour-coded needs to be provided to the department

Pharmacy:

GAPS	ACTION PLAN
Dispensary services are available in OPD hours	Dispensary services shall be made available 24*7 for the patients
Cold chain management services	Cold chain management services shall be provided for proper storage of medicines
Prescription Audit	Prescription audit needs to be done on timely basis
Sound alike and look alike medicines are stored separately in patient care area and pharmacy	Sound a like and look a like medicines to be placed separately to avoid confusion during dispensing
Drugs are categorized in Vital, Essential and Desirable	Drugs needs to be categorized according to vital, essential, and desirable
SOP for the department has been prepared and approved.	SOPs should be made available to the department by RMO/ civil surgeon
Hospital has its own drug formulary based on EDL	Drug formulary should be made available to the department
Availability of security staff	Assigning one security guard outside the pharmacy to manage the crowd properly
Availability of colour coded bins at point of waste generation	Color coded bins shall be made available in the pharmacy for disposing of medicines
The licence of storing spirit.	Licence for storing spirit needs to acquired by the pharmacy
Turn around time for dispensing medicine at pharmacy	shall be calculated using the formula from outcome indicators by the staff and monitored by pharmacist

Proportion of prescription found prescribing non generic drugs	shall be calculated using formula from outcome indicators by the staff and monitored by pharmacist
No of adverse drug reactions per thousand patients	shall be calculated using the formula from outcome indicators by the staff and monitored by the pharmacist

Auxiliary Services:

GAPS	ACTION PLAN
Availability of medical record department	A dedicated medical record room shall be made available for safe keeping of records
MRD has system to maintain confidentiality of patient records	No MRD available in hospital for the safe keeping of all the medical records
Laundry Department has adequate space as per requirement	Laundry department needs to be constructed within the hospital premises
Medical record Department has adequate space as per requirement	MRD department needs to made for proper safe keeping of all the medical records related to the hospital so that medical records can become easy to access
Check laundry department has demarcated and dedicated area for its various activities	Laundry department needs to made so that linens and other bedding material can be washed in the inhouse facility
No stray animal/rodent/birds/pests	Pesticide control needed to be done in the entire hospital premises to avoid any kind of pest.
Hospital has Special diet schedule for the critical ill patients suffering from Heart Disease, Hypertension, Diabetes, Pregnant Women, diarrhoea and renal patients	Dietary department needed in hospital for such special diet provision and for other dietary needs of the patients so that patient can get a balance diet

Patient feedback on the cleanliness of linen	Patient feedback shall be taken on cleanliness of linen on regular basis to check what problems patients are facing related to linen
Patient feedback on quality of food	patient feedback shall be taken on the quality of food considering the feedback required changes needed to be done in preparation of making food

Admin:

GAPS	ACTION PLAN
Availability of functional disaster management unit.	Conducted a staff meeting and asked everyone about their views on this unit and assigned the person who shows interest in it.
Availability of mortuary services	Mortuary services needed to be started in the hospital for keeping the dead bodies and for the post-mortem
Citizen charter is established in the facility	Citizen charter needs to be established in the hospital for the patient for solving their problems while dealing with the organization
Availability of ASHA help desk	ASHA help desk needed for the patients to get knowledge on various government scheme and for keeping records related with ASHA services
Hospital define policy for taking consent.	Consent policy for the hospital needs to be made so that there will be a provision of taking consent from every patient that will get admitted in the hospital
Separate cafeteria for patient and their relatives	Cafeteria services must made available for the patient and relatives so that patients get the food on reasonable prices.
Availability of dharmshala/stay facility for attendants	Dharamshala/Rain-basera shall be made with in hospital premises as it will help to reduce the crowd within the hospital

Cafeteria/ Recreation room for staff	Cafeteria services for staff needed in the hospital so that staff can relax after hectic schedule.
Hospital layout with location and name of department displayed at the entrance.	Assigning this task to anyone in the staff to take a coloured good quality print of hospital layout.
Display of patient rights and responsibilities	Making a flex on patient rights and responsibilities and putting them on every floor.
Hospital has visitor policy in place	setting a fixed time for visitors so that help to control the chaos in a better way. First starting from one department and then planning for another department eventually
Committee against sexual harassment is constituted at the facility	Committee against sexual harassment needs to be formed to handle any case related to it
Estimation of power consumption of different department of hospitals is done	Estimation of power consumption needs to be monitored of every department so that hospital can get the estimate in which department electricity consumption is most and the finding ways to reduce it.
Samples are taken for culture to detect HAI in suspected cases	selecting patients who are admitted to the hospital for more than 6 days tests must be done by nurses to see if the patient anyhow get some other infection after the date of admission
There is the procedure to conduct an employee satisfaction survey at periodic intervals	by monthly showing the staff satisfaction feedback and if it's low we need to work on that to improve it by fixing the issues staff is facing and taking action on their concern

Some significant gaps that required State-level support:

- Availability of 300 indoor functional beds per ten lakh population

- The hospital requires an in-house linen department for washing and cleaning of linen.
- Provision of rainwater harvesting.
- Availability of licence for operating lift.
- Availability of human resources in terms of a dietician, radiologist, nurses, Ayush doctor, and physiotherapist.
- Training on Measuring Hospital Performance Indicators
- Training on facility-level Quality Assurance.
- Nursing staff training on IMNCI.
- Availability of Equipment for maintenance of Cold chain
- The X-ray department has a Radiological safety officer (RSO) approved by the competent authority

5. TRAINING SESSION

After completing our first assessment, we conducted two training sessions, the first training session was for the nursing staff, and one training session was for the housekeeping staff.

5.1 FIRST TRAINING SESSION

Conducted our first training session on PDCA, Infection prevention control, and BMW management

.

PDCA – It is considered a planning tool. It helps to improve new Processes or any aging process.

P (PLAN) – Recognizing opportunity and plan a change accordingly.

D (DO) – Now testing the changes on a small scale.

C (CHECK) – Now it's time to review and analyze the changes made.

A (ACT) – Taking action from the analyzed results, if the changes are working, then continue the cycle; if not, review the cycle and make changes accordingly.

Infection Prevention Control – It is concerned with the practical approach of preventing healthcare infections and helping patients and healthcare workers from being harmed by disease. It consists of hang hygiene, five hand movements, PPE (Personal Protective Equipment), Safe handling and disposal of chemical waste laundry, and Water safety hygiene.

Bio-Medical Waste Management - There are four categories of biomedical waste.

Category	Type Of Waste
Yellow	Organs, human tissue, body parts, fetus, soiled waste, expired or discarded medicines, chemical waste, microbiology, biotechnology and other clinical laboratory waste.
Red	Contaminated Waste(recyclable)

White	Waste sharps include metals: Needles, Syringes, and fixed needles.
Blue	Glassware: Broken or discarded and contaminated glass, including vials, and ampoules, except those contaminated with cytotoxic waste.

Segregation of these bio-medical wastes needs to be done so that they can be disposed of and recyclable accordingly.

a) **Infection Prevention Control** is concerned with the practical approach of preventing healthcare infections and helping patients and healthcare workers from being harmed by disease. It consists of hang hygiene, five hand movements, PPE (Personal Protective Equipment), Safe handling and disposal of chemical waste laundry, and Water safety hygiene.

b) **5S -** 5S helps achieve more consistent operational results, maintain order at the workplace and use visual signals to reduce waste while optimizing efficiency.

- SET
- SORT
- SHINE
- STANDARDIZE
- SUSTAIN

c) **Quality Tools –** The seven essential quality tools have been designated that help to improve the quality process of any organization.

- Flow chart
- Histogram
- Check sheet
- Fishbone diagram
- Pareto chart
- Scatter diagram
- Control chart

Fishbone analysis:

It helps the members of the team to visually diagram problems, and it helps to allow them to diagnose that particular situation in much more efficient ways.

Histogram:

It graphically depicts the data and helps the team members to analyze the situation easily; it is a type of bar chart with the frequency of continuous data in it.

d) **PDCA** – It is considered a planning tool. It helps to improve new Processes or any aging process.

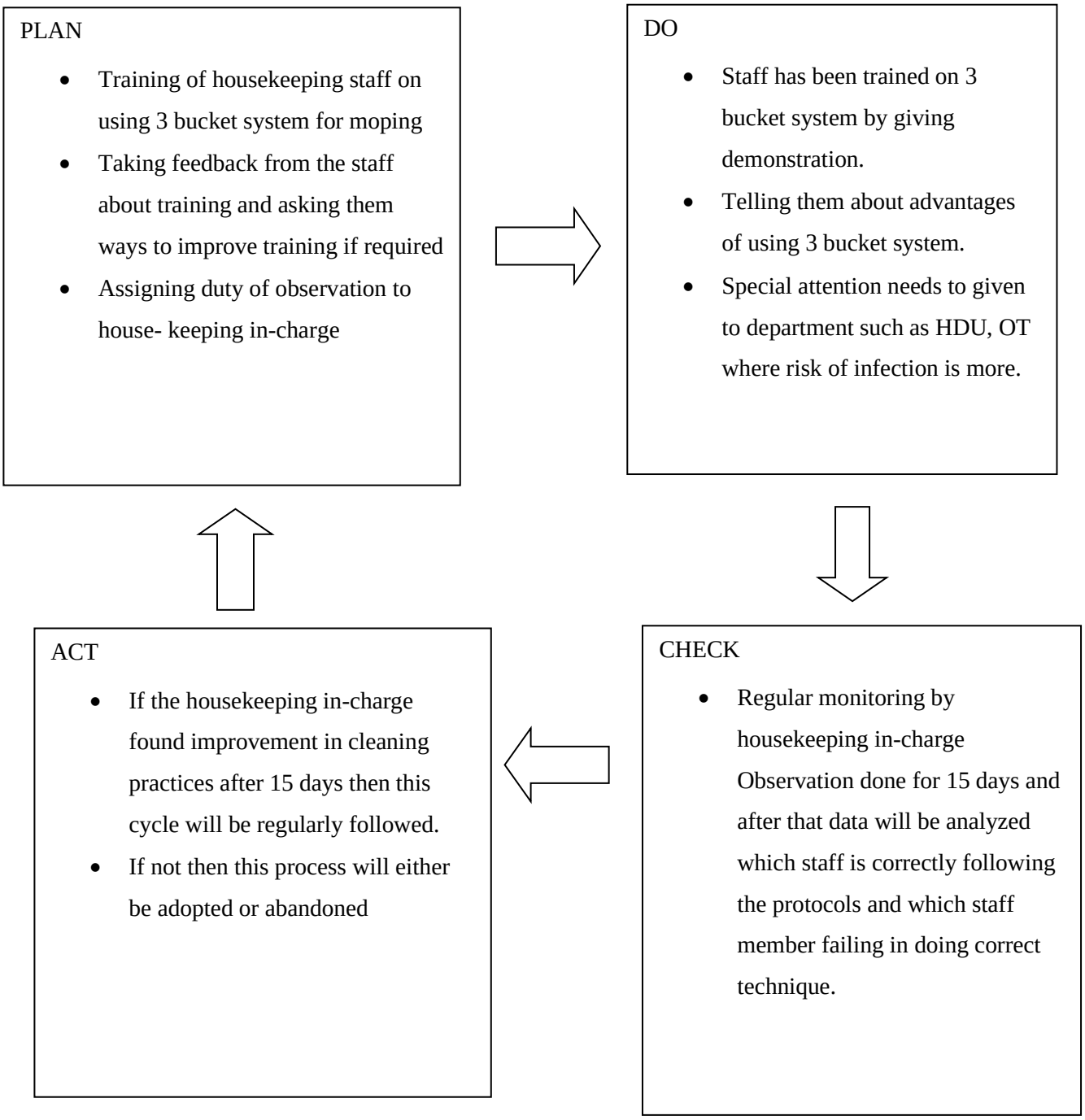
P (PLAN) – Recognizing opportunity and plan a change accordingly.

D (DO) – Now testing the changes on a small scale.

C (CHECK) – Now it's time to review and analyze the changes made.

A (ACT) – Taking action from the analyzed results, if the changes are working, then continue the cycle; if not, review the cycle and make changes accordingly.

PDCA FOR USAGE OF 3 BUCKET MOPPING SYSTEM



a) **Outcome Indicators**

The objectives of an intervention, or its results, or outcome, are referred to as outcome indicators. These indicators allude to the reasons why particular interventions were chosen in the first place. They are the outcome of the "quantity" ("how many") as well as the "quality" ("how well") of the actions carried out.

For a facility to get NQAS certification, maintaining an outcome indicator is a must.

6. Discussion

Globally, a growing percentage of industrialized and developing countries are adopting a system of healthcare accreditation. An approved authority, either government or nongovernment, conducts a thorough assessment of healthcare facilities against recognized, predetermined standards as the base for accreditation. Though certification primarily deals with quality checks, its effect on functionality and durability is in question. It is stated that certification requirements strengthen patient safety and improve the quality of healthcare, and they are created to promote on-going quality improvement initiatives inside accredited institutions. Although the certification process is thought to be advantageous and many developing nations are exploring accrediting programmes, there are not many research studies to determine its effects. In addition to other developing nations, India created and implemented a national accrediting programme (MoHFW, 2013). However, since the program's introduction in 2013, nothing is known about its effects on the standard of care provided by Indian hospitals. Therefore, the current study's objective is to evaluate its effects on quality services from the perspective of health care professionals as well as performance results.

7. RESULT

7.1 First Assessment

The first assessment started on April 22, 2022, and it ended on May 14; the overall scoring comes out to be **61%,** and the departments with the minimum percentage were:

- Operation Theatre (59%)
- Radiology (53%)
- Pharmacy (52%)

- Auxiliary services (43%)
- General Administration (58%)

And the other department that is not in a functioning state – ICU (Intensive Care Unit), Blood Bank, and Mortuary led to a low percentage in NQAS assessment.

NAQS District Hospital Checklist for MP				Version 02/19/ MP/DH
Accident & Emergency	OPD	Labour Room (LaQshya)	Maternity	Indoor Department
69%	70%	93%	88%	72%
NRC	Pediaterics Ward	HOSPITAL SCORE	SNCU	ICU
63%	74%	61%	76%	2%
Operation Theatre	M-OT (LaQshya)	Post Partum Unit	Blood Bank	Laboratory
59%	95%	85%	0%	71%
Radiology	Pharmacy	Auxiliary Services	Mortuary	General Administration
53%	52%	43%	1%	58%

And the scoring according to the area of concern wise:

- Service provision – 69%
- Patient Rights – 65%
- Inputs – 68%
- Support Services – 67%
- Clinical Services – 72%
- Infection Control – 62%
- Quality Management – 32%
- Outcome – 34%

HOSPITAL QUALITY SCORE CARD AREA OF CONCERN WISE			
Service Provision	Patient Rights	Inputs	Support Services
69%	65%	68%	67%
HOSPITAL SCORE			
60%			
Clinical Services	Infection Control	Quality Management	Outcome
72%	62%	32%	34%

7.2 Second Assessment

We conducted our second assessment from May 15 to May 31, and there was an increase of **1%** in the overall scoring; this time, scoring came out to be **62%**. This increase was because after our first assessment, we asked every department to make their records according to the NQAS checklist. Some departments successfully completed these outcome indicators, and the rest of the departments were in the process of making.

NAQS District Hospital Checklist for MP				Version 02/19/ MP/DH
Accident & Emergency	OPD	Labour Room (LaQshya)	Maternity	Indoor Department
71%	74%	93%	88%	72%
NRC	Pediaterics Ward	HOSPITAL SCORE	SNCU	ICU
67%	78%	62%	76%	2%
Operation Theatre	M-OT (LaQshya)	Post Partum Unit	Blood Bank	Laboratory
61%	95%	85%	0%	71%
Radiology	Pharmacy	Auxiliary Services	Mortuary	General Administration
53%	52%	43%	1%	57%

HOSPITAL QUALITY SCORE CARD AREA OF CONCERN WISE			
Service Provision	Patient Rights	Inputs	Support Services
69%	65%	68%	67%
HOSPITAL SCORE			
61%			
Clinical Services	Infection Control	Quality Management	Outcome
72%	63%	31%	47%

7.3 THIRD ASSESSMENT

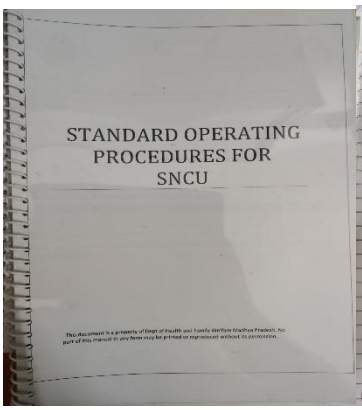
We conducted a third assessment from June 1 to June 15. This time the scoring comes out to be 64%, a significant increase from the first assessment. As most of the departments successfully completed outcome indicators, considerable improvement is visible in infection control inputs.

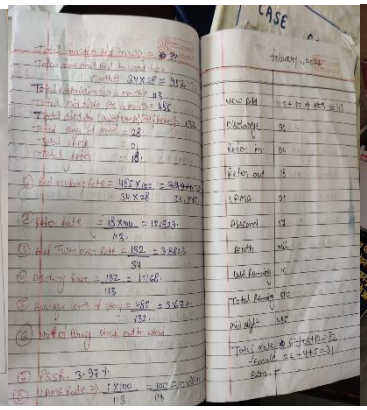
NAQS District Hospital Checklist for MP				Version 02/19/ MP/DH
Accident & Emergency	OPD	Labour Room (LaQshya)	Maternity	Indoor Department
76%	76%	96%	91%	74%
NRC	Pediatrics Ward	HOSPITAL SCORE	SNCU	ICU
69%	80%	64%	79%	2%
Operation Theatre	M-OT (LaQshya)	Post Partum Unit	Blood Bank	Laboratory
59%	95%	91%	0%	71%
Radiology	Pharmacy	Auxiliary Services	Mortuary	General Administration
53%	55%	38%	1%	60%

HOSPITAL QUALITY SCORE CARD AREA OF CONCERN WISE			
Service Provision	Patient Rights	Inputs	Support Services
71%	67%	70%	67%
HOSPITAL SCORE			
63%			
Clinical Services	Infection Control	Quality Management	Outcome
72%	66%	34%	52%

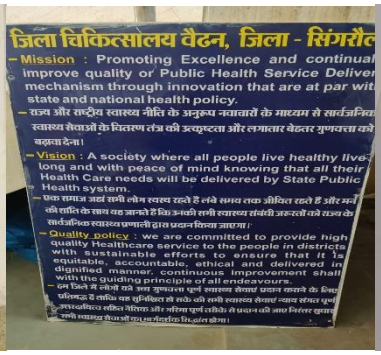
7.4 GAPS IMPLEMENTED

- IEC materials were being displayed in the hospital for patient knowledge and education purposes.
- Implementation of 3 bucket mopping systems for cleaning purposes for the housekeeping staff.
- Trolley system in place for carrying biomedical waste.
- Visiting hour policy was being implemented in the pediatric department.
- Training of nursing staff, infection prevention control, spill management, and biomedical waste segregation.
- SOPs and STGs were made available to every department for better functioning of the department in a systematic manner.
- Housekeeping staff were being trained to use the three-bucket mopping system and the importance of using gloves and masks while cleaning and carrying waste.
- Mission statement, core values and quality statement displayed.
- Outcome indicators for various departments were being made to evaluate the performance of the hospital.

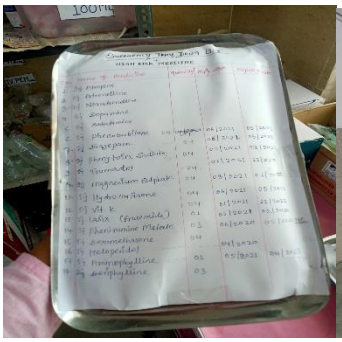

STANDARD OPERATING
PROCEDURES FOR
SNCU

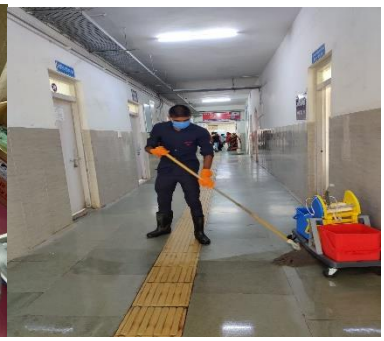



मरीजों से मिलने का समय:-
सुबह 07 से 08 बजे तक
दोपहर 03 से 04 बजे तक
शाम 07 से 08 बजे तक


जिला चिकित्सालय वैदन, जिला - सिंगरौल
– Mission : Promoting Excellence and continual
improve quality of Public Health Service Deliver
mechanism through innovation that are at par wit
state and national health policy.
– Vision : A society where all people live healthy lives
long and with peace of mind knowing that all their
Health Care needs will be delivered by State Public
Health system.
– Quality policy : we are committed to provide high
quality Healthcare service to the people in districts
with sustainable efforts to ensure that it is
equitable, accountable, ethical and delivered in
dignified manner, continuous improvement shall
with the guiding principle of all endeavours.


अस्पताल परिसर में पान
गुटखा का सेवन करते हुए
पाये जाने पर या पान गुटखा
खाकर इधर - उधर थूँके जाने
पर 500 रू0 का जुर्माना लगेगा।





8. RECOMMENDATION

- Currently, the hospital has 200 beds sanctioned; however, the patient footfall is more, indicating the requirement for more beds. Hospital is now operating with non-sanctioned 350 beds with 150 nursing staff, affecting the nurse-to-patient ratio, which may also affect the patient care as the nursing staff is overburdened. So, there is an immediate need to increase the number of beds with adequate nursing personnel for proper care for all the patients.
- A Quality nodal person needs to be appointed for supervision and monitoring to assure good quality services are followed.
- Labour room and maternity ward nurse are managing their respective wards appropriately in all areas, be it quality, infection control, patient safety, and record maintenance. These wards managed their work more smoothly and efficiently than all other wards. Staff heads from these departments need to be posted in other wards for the training of the nurses can be done under their guidance to improve the quality.
- To reduce crowding within the hospital premises, Rainbasera must be established so that patient attendants can take shelter in it.
- There shall be the provision of a patient calling system like the use of a display with patient registered number or use mic system for calling patient it can help reduce overcrowding to some extent.
- Patient attendant visits need to be followed strictly, for that token system can be used along with a security guard to monitor the situation.

- Apart from the ground floor, there are no fans available in the corridors, and there is a shortage of benches for the patient attendant to sit on, so fans and sitting benches need to be placed.
- Doctors and nursing staff needed routine training on quality initiatives like Kayakalp and NQAS as most of them were unaware of these quality initiatives in detail.
- Implementing any plan of action was challenging as the head officials were not actively participating in improving the quality. For this purpose, the hospital manager needs to be appointed so the implementation process goes as planned.
- Nursing staff and doctors need to understand their roles and responsibilities to maintain the highest quality of care for patients.
- Currently, there is no medical record department in the facility and finding any old record can get tricky at times, so there is a need for a separate department with a computer-based system so that record finding can become easy and more accessible.
- There is a need for an in-house linen cleaning system as the current laundry services are not up to the mark.
- Being a district hospital, ICU needs to be functioning, but due to a lack of human resources currently, ICU is not working so that they can treat critical patients.
- SNCU must be relocated to the current infrastructure as soon as possible to shorten the time it takes for newborns to shift.
- Apart from Pregnancy cases, currently, there is no major surgery conducted as there is no permanent general anesthetic to be called at the time of surgeries. A permanent general anesthetic was appointed to lead major surgical cases efficiently.

9. **Conclusion**

The assessment result shows an increase in overall scoring that means with proper monitoring of services, changes can be made. Implementing an action plan or quality services must be done systemically, and it needs to be regularly monitored to help improve the overall quality of services of the hospital. Hospitals can adopt computer-based patient records as a standard for medical records and improve the quality of patient

care. Timely training of nursing staff and doctors regarding quality management should be done to improve the hospital's overall quality of care.

The leadership and the management at the district hospital need to understand their roles and responsibilities towards the use of continuous quality improvement needs to monitor results, implementation and access to resources, hence promoting quality. Appreciation must be given to nursing and housekeeping staff where it is due.

Finally, the hospital has the potential to get NQAS accreditation if it designs its activities strategically to improve the quality of care.

10. References

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11. ANNEXURES

(1) Major gaps with action plan.

MAJOR GAPS	ACTION PLAN

(2) NQAS Checklist

(a) 8 Areas of concern

	Area of Concern A- Service Provision			
Standard A1.	Facility Provides Curative Services	71%	75%	77%
Standard A2	Facility provides RMNCHA Services	89%	96%	100%
Standard A3.	Facility Provides diagnostic Services	70%	100%	67%
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme	67%	NA	50%
Standard A5.	Facility provides support services	86%	NA	79%
Standard A6.	Health services provided at the facility are appropriate to community needs.	77%	NA	100%
	Area of Concern B- Patient Rights			
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	65%	58%	76%
Standard B2.	Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.	74%	90%	62%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	83%	100%	87%
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.	71%	75%	87%
Standard B5.	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.	91%	100%	100%
Standard B6	Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities	78%	NA	100%

	Area of Concern C - Inputs			
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	67%	78%	63%
Standard C2.	The facility ensures the physical safety of the infrastructure.	78%	88%	90%
Standard C3.	The facility has established Programme for fire safety and other disaster	51%	58%	42%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	55%	65%	56%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	89%	97%	95%
Standard C6.	The facility has equipment & instruments required for assured list of services.	76%	100%	74%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	61%	62%	52%

	Area of Concern D- Support Services			
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	68%	83%	75%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	84%	97%	96%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	61%	67%	74%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	83%	93%	99%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	83%	100%	100%
StandardD6	Dietary services are available as per service provision and nutritional requirement of the patients.	78%	NA	91%
Standard D7.	The facility ensures clean linen to the patients	38%	67%	46%
Standard D8	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	10%	NA	NA
Standard D9	Hospital has defined and established procedures for Financial Management	44%	NA	NA
Standard D10.	Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	65%	NA	71%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	86%	100%	91%
Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	54%	NA	75%

	Area of Concern E- Clinical Services			
Standard E1.	The facility has defined procedures for registration, consultation and admission of patients.	77%	75%	72%
Standard E2.	of the patients.	76%	100%	71%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	79%	91%	91%
Standard E4.	The facility has defined and established procedures for nursing care	78%	100%	95%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	84%	100%	100%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	75%	75%	94%
Standard E7.	Facility has defined procedures for safe drug administration	79%	89%	88%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	81%	100%	94%
Standard E9.	The facility has defined and established procedures for discharge of patient.	82%	NA	92%
Standard E10.	The facility has defined and established procedures for intensive care.	20%	NA	100%
Standard E11.	Management	47%	0%	76%
Standard E12.	The facility has defined and established procedures of diagnostic services	61%	67%	63%
Standard E13.	Transfusion.	83%	50%	88%
Standard E14	Facility has established procedures for Anaesthetic Services	91%	100%	NA
Standard E15.	Facility has defined and established procedures of Surgical Services	88%	88%	100%
Standard E16.	The facility has defined and established procedures for end of life care and death	86%	83%	100%
Standard E17	Facility has established procedures for Antenatal care as per guidelines	95%	NA	NA
Standard E18	Facility has established procedures for Intranatal care as per guidelines	99%	99%	NA
Standard E19	Facility has established procedures for postnatal care as per guidelines	93%	91%	NA
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines	96%	NA	97%
Standard E21	guidelines and law	100%	NA	NA
Standard E22	Facility provides Adolescent Reproductive and Sexual Health services as per guidelines	80%	NA	NA
Standard E23	Facility provides National health program as per operational/Clinical Guidelines	52%	NA	100%

	Area of Concern F- Infection Control			
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated	72%	94%	89%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	89%	100%	97%
Standard F3.	Facility ensures standard practices and materials for Personal protection	89%	94%	100%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	81%	95%	79%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	73%	74%	87%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	84%	97%	94%
	Area of Concern G- Quality Control			
Standard G1	The facility has established organizational framework for quality improvement	58%	50%	50%
Standard G2	Facility has established system for patient and employee satisfaction	21%	33%	17%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	54%	63%	75%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	43%	38%	46%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	21%	50%	25%
Standard G6.	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	12%	63%	8%
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	4%	20%	0%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	23%	83%	14%
Standard G9	Facility has de defined, approved and communicated Risk Management framework for existing and potential risks.	0%	NA	NA
Standard G10.	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	6%	25%	25%

	Area of Concern H- Outcome			
Standard H1 .	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	36%	100%	42%
Standard H2 .	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	27%	100%	43%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	31%	91%	32%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	21%	50%	25%

(3) Gunak App