

NATIONAL HEALTH MISSION, MADHYA PRADESH

Summer Internship Report

At

DISTRICT HOSPITAL, AGAR

AGAR MALWA, MADHYA PRADESH

(April 18 to 17 june 2022)

A Report

By

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PGDM (HOSPITAL AND HEALTH MANAGEMENT)

(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: *Dr. Richa Verma*

Summer Internship Institutions: National Health Mission, Madhya Pradesh.

Area of Summer internship: Quality Assurance

Attendance: *Satisfactory*

Objectives met: *Yes*

Deliverables: *Made a presentation to the NHM MP about challenges and Plan of Action for*

Strengths: *QI at district level
Hardworking, meticulous.*

Suggestion for improvement:



Signature of the Officer-In-Charge(Internship)

Date:

Place:

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Dr. Richa Verma
Dr. Malvika Negi

Acronyms/Abbreviation

- ❖ OPD - Outpatient department
- ❖ IPD - Inpatient department
- ❖ SNCU - Special newborn care unit
- ❖ NRC - Nutrition Rehabilitation Center
- ❖ OT - Operation theater
- ❖ M-OT - Maternity operation theater
- ❖ LAB - Laboratory
- ❖ DH - District hospital
- ❖ NH - National highway
- ❖ ANC - Antenatal care
- ❖ PNC - Postnatal care
- ❖ NCD - Non communicable disease
- ❖ JSY - Janani suraksha yojana
- ❖ MoHFW - Ministry of health and family welfare
- ❖ NQAS - National quality assurance standards
- ❖ NHM - National health mission
- ❖ PHC - Primary health center
- ❖ CHC - Community health center
- ❖ ISQua1 - International society for quality in health care
- ❖ PDCA - Plan,do,check,act
- ❖ IPC - Infection prevention and control
- ❖ BMW - Bio medical waste
- ❖ QA - Quality assurance
- ❖ HAI - Hospital acquired infection
- ❖ IEC -Information, education and communication
- ❖ MRD - Medical record department
- ❖ SOP/STG - Standard operating procedure / standard treatment guidelines
- ❖ LDR - Labor room, Delivery room, Recovery room
- ❖ MNCU - Mother newborn care unit
- ❖ IYCF - Infant and young child feeding
- ❖ VDRL- Venereal disease research
- ❖ AYUSH - Ayurveda, yoga, unani , siddha and homeopathy
- ❖ RMCH - Reproductive , Maternal, Child, Health
- ❖ FP - Family planning
- ❖ AERB - Atomic energy regulatory board
- ❖ JD - Job description
- ❖ RKS - Rogi kalyan samiti
- ❖ CMHO - Chief Medical and Health Officer

- ❖ SUMAN - Surakshit matritva aashwasan
- ❖ BLS/ATLS - Basic life support / advanced trauma life support

1. OBSERVATIONAL LEARNING

SECTION 1 (INTRODUCTION)

Agar Malwa

Agar Malwa is the 51st district and a municipality in the state of Madhya Pradesh, India, formed in 2013 by excluding a part of Shajapur District. It is situated along the Indore—Kota NH-27 highway. It was formerly a cantonment region at the time of India's independence because of the favorable weather and the availability of water.

History :

It was a division during the Sindhia state (some of their palaces are still presently used for city court and for other government offices).

It was formerly a cantonment region at the time of India's independence because of the favorable weather and the availability of water. It was a district under the state of Madhya Bharat after the independence of India until 1956. Since 16 August 2013 Agar Malwa has been the 51st district of Madhya Pradesh. The district was formed by removing Agar, Badod, Susner and Nalkheda tehsils from Shajapur District, decreasing its size.

GEOGRAPHY :

The western part of the district is marked by the Agar Plateau that covers the major areas of Agar Malwa district. There is a hill tract to the west of the town of Badod, showing scattered hillocks in a north-south direction.

The presence of hills in the center has affected the drainage pattern. The height of this tract varies between 500 meters (1,600 ft) and 545 meters (1,788 ft) above the mean sea level and it slopes towards the north.

Dudhaliya and Kachhol are the main streams in the west, originating from the hill tract and draining towards the west.

Chhoti Kali Sindh, which is the main perennial stream of the region, flows northwards on the western border of the region.

DISTRICT HOSPITAL, AGAR

District hospital is situated in Agar malwa district of Madhya Pradesh.

Being a major health care facility in its region, with 200 beds it has accident & emergency department, OPD services from 9:00AM to 10:00PM along with other departments like IPD, Labor room, Maternity, Pediatric, SNCU, NRC, General OT, M-OT, Mortuary, Blood bank, Lab and Radiology, Pharmacy, Mortuary.

To meet the need for emergency health care DH has efficiently managed ambulance services. Currently, DH is staffed by professional physicians, nursing staff and other supporting staff.

HOSPITAL LAYOUT

FACILITY	FLOOR
EMERGENCY	Ground Floor
OPD	Ground Floor
Registration Department	Ground Floor
Medicine	Ground Floor
Pathology	Ground Floor
Labor Room	Ground Floor
ROSHNI CLINIC	Ground Floor
ANC / PNC	Ground Floor
NCD	Ground Floor
Medical Board Room	Ground Floor
Vaccination Room / Injection room	Ground Floor
Ayushman Bharat Yojana Room	Ground Floor
X- Ray Room	Ground Floor
OT	Ground Floor
SNCU	1st Floor
Female Ward	1st Floor
Pediatric General Ward	1st Floor
Eye OT/Ward	1st Floor
Dialysis Unit	1st Floor
Male medical ward	2nd Floor
TB Ward	2nd Floor
Administrative office/ Meeting Room	2nd Floor
Birth and Death Registration	2nd Floor
JSY Yojana	2nd Floor
NRC	2nd Floor

MISSION - Promoting excellence and continually improving the quality of public health services delivery mechanism through innovation that are at par with state and national health policy.

VISION - A society where all people live healthy, live long and with peace of mind knowing that all health care needs will be delivered by the state health public system.

QUALITY POLICY - we are committed to provide high quality health card services to the people in districts with sustainable, ethical and delivered in dignified manner. Continuous improvement shall be the guiding principle of all endeavors.

OBJECTIVES

- To assess the quality of District hospital for improvement through predefined standards and to bring up the facility for the certification.
- To promote infection control practices, cleanliness and hygiene in the DH.

NATIONAL QUALITY ASSURANCE STANDARDS (NQAS)

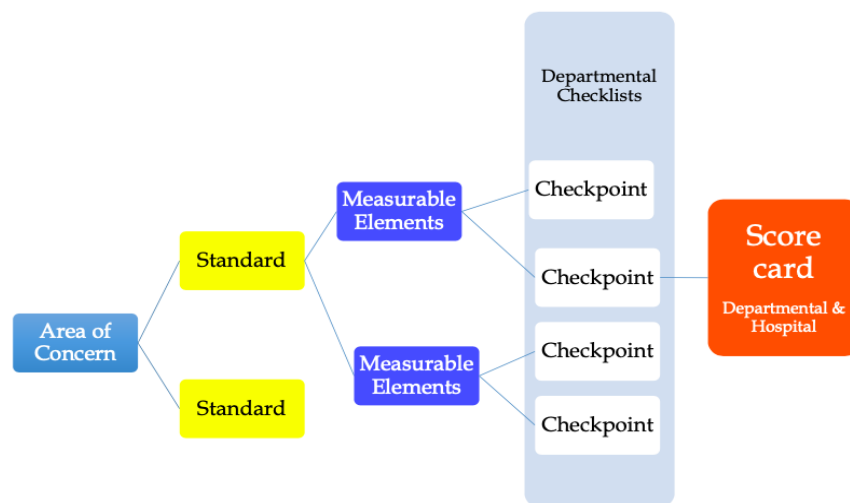
Ministry of Health & Family welfare (MoHFW), Government of India, to improve the quality of Health care services at public health facilities, implemented a comprehensive accreditation process. MoHFW with the support of its flagship programme, National Health Mission (NHM), launched a National Quality Assurance Standards (NQAS) in 2013. NQAS have been developed keeping in mind the specific requirements for public health facilities which have been derived by global best practices. NQAS are currently available for District Hospitals, CHCs, PHCs and Urban PHCs.

Standards are primarily meant for providers to assess their own quality for improvement through predefined standards and to bring up their facilities for certification.

The NQAS are broadly arranged under 8 "Areas of Concern" – Service Provision, Patient Rights, Inputs, Support Services, Clinical Care, Infection Control, Quality Management and Outcome.

These standards are ISQua1 (International Society for Quality in Health Care) accredited and meets global benchmarks in terms of comprehensiveness, objectivity, evidence and firmness of development (MoHFW, 2013).

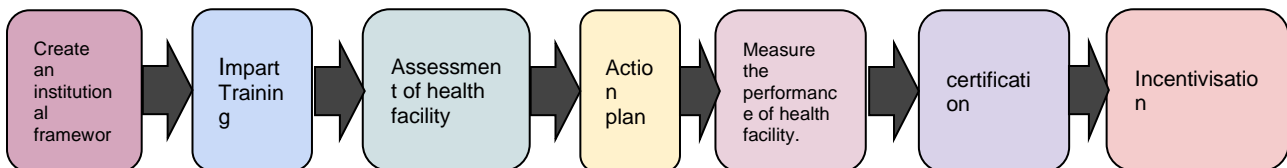
Relationship Between Different Component



Area of concern

Service Provision	•Curative Services, RMNCHA Services, Diagnostic Services, NHM and State Programmes, Support Services and Service appropriateness to
Patient Rights	•Information access, Privacy, Confidentiality, Patient involvement in treatment, Ethics, financial protection
Inputs	•Infrastructure, Physical safety, Qualified and trained staff, drugs and consumables, defined and established procedures for utilization
Support Services	•Water supply, Electricity, Drug Storage facility, Dietary services, Financial management, Equipment Maintenance
Clinical Services	•Registration, Standard treatment protocol, Nursing care, Record maintenance, Intensive and emergency care, disaster management, Blood
Infection Control	•Effective infection control practices, Personal hygiene, Equipment, Waste segregation and disposal
Quality Managem	•Organization framework, Patient and employee satisfaction, Standard Operating procedures, Periodic review, Risk management plan
Outcome Indicators	•Productivity, Efficiency, Clinical care and Service quality indicators

Process Of NQAS Certification



OVERVIEW OF INTERNSHIP ACTIVITY

S.NO	ACTIVITY	TIMELINE
1	Two days induction of all the students in State NHM office	18 - 20 April, 22
2	District and Facilities allocated and reporting to districts	21 April, 22
3	Detail Internal Assessment with facility departmental Nodal staff	22-23 April, 22
4	Department wise gap analysis and Action planning	24-28 April, 22
5	Training of facility staff on PDCA, 5S, IPC, BMW, Quality tools, Outcome Indicators etc.	29-30 April, 22
6	Implementation of Action plan and Gap closure activities	1st-14th May, 22
7	1st Periodic Assessment and review of progress and report to state QA cell	15th May, 22
8	Action Planning and gap closure activities, trainings and documentation based on periodic assessment	16-30 May, 22
9	2nd Periodic Assessment and review of progress and report to state QA cell	31st May, 22
10	Action Planning and gap closure activities, trainings and documentation based on periodic assessment	1st - 15 June, 22
11	3rd Periodic Assessment and review of progress and report to state QA cell	16 June, 22
12	Final progress report submission by all the students at State NHM Office	17 June, 22

SECTION 2 (MODE OF DATA COLLECTION)

Discussion has been held with the person in charge in the NQAS implementation at the health facility to understand the work done and required work needs to be done for NQAS certification. For every department assessment was done through staff interview, personal interview, record review and by observing.

Tool - NQAS Checklist

C	D	E	F	G	H	I
NQAS SCORE CARD-DISTRICT HOSPITAL						Version : DH/ 02/19-Rev -02
Hospital Score Card (Deparatment wise)						
Accident & Emergency 76%	OPD 62%	Labour Room (LaQshya) 85%	Maternity Ward 74%	Paediatric OPD (MusQan) 69%	Hospital Score (Including LaQshya & MusQan)	
Paediatric Ward (MusQan) 72%	SNCU 90%	NRC 76%	OT 71%	M- OT (LaQshya) 85%	68%	
PP Unit 72%	ICU 0%	IPD 75%	Blood Bank 84%	Lab 76%	LaQshya Score	MusQan Score
Radiology 59%	Pharmacy 75%	Auxillary 47%	Mortuary 76%	General Admin 59%	85%	78%

HOSPITAL QUALITY SCORE CARD AREA OF CONCERN WISE			
Service Provision	Patient Rights	Inputs	Support Services
76%	75%	69%	73%
Hospital Score			
68%			
Clinical Services	Infection Control	Quality Management	Outcome
80%	82%	32%	30%

SECTION 3 (GENERAL FINDINGS)

MAJOR GAPS

- ❖ Human Resource
- ❖ Laundry
- ❖ Landscaping
- ❖ Role not defined for staff
- ❖ Adverse Drug,HAI,Expired drug records not maintained
- ❖ No directional signage
- ❖ Disable friendly OPD Chair / Toilet
- ❖ NO Microbiological Surveillance
- ❖ NO Audit Done - Prescription , Death
- ❖ Security guard / Housekeeping Staff / Ward Boy
- ❖ Female workers - Don't feel secure at work
- ❖ No wash basin for Attendants
- ❖ Important Numbers not displayed
- ❖ No Internal Assessment
- ❖ Lift not working
- ❖ USG services not available

MAJOR GAPS	ACTION PLAN
Overcrowding	To reduce overcrowding, the pass system was introduced at a smaller level (Maternity unit). Two guards with passes and a mike system were appointed at the entry point.
No Disaster management Training/Plan	On 6th june 2022 at 3:00 PM Disaster management training was given to all the nursing staff , paramedic staff and other supporting staff by Dr.Barsena.
IEC Material	All necessary , educational and informative material were given in local language and displayed in respective departments.
MRD	Allotment of dedicated space , SOP for MRD and protocol for storage & discarding of medical records were given.
Prescription Audit	Guidelines and format of prescription audit were given and informed about the procedure.
Employee Feedback	Format with 13 questions were made and given to the concerned authority.
Mera Aspataal	Root cause analysis was done for the DH facing problem with Mera aspataal portal. Discussed with the concerned authorities then order was issued for taking compulsory contact numbers from the patients during registration.
Training	Training on quality(Quality Tools, 5s, Smart objective etc) Training on infection control (Handwashing, 3 bucket system,etc) Training on disaster management BLS / ATLS Training

DEPARTMENT WISE GAPS

S.NO	DEPARTMENT	GAPS
1	EMERGENCY	<ul style="list-style-type: none"> • No separate ENTRY / EXIT. • No Dedicated dressing room. • Not enough bed / space for an emergency. • No Triage and Emergency Management • No Resuscitation area.
2	LABOR ROOM	<ul style="list-style-type: none"> • Layout is not arranged in the LDR concept. • Not enough beds in the recovery room. • No duty room. • Not enough delivery tables.
3	M-OT	<ul style="list-style-type: none"> • OT Technician not present. • No proper demarcation of zones.
4	SNCU	<ul style="list-style-type: none"> • No isolation ward. • No designated space for MNCU. • No training on IYCF.
5	BLOOD BANK	<ul style="list-style-type: none"> • Blood collection monitor not available as per load. • Portable Blood sealer not available. • VDRL Rotator Required. • Pediatric blood bags not available. • No duty room for staff. • No elbow operated taps.
6	PHARMACY	<ul style="list-style-type: none"> • No operator. • No protocol for expired drug discard.

S.NO	DEPARTMENT	GAPS
1	LAB	<ul style="list-style-type: none"> • Autoclave • Collection counter overcrowded • No available service for microbiology ,cytology and histopathology
2	NRC	<ul style="list-style-type: none"> • Not in proximity with pediatric and in patient facility • No maintenance of equipment • Identifying tags for babies are not used • Not in touch with advance center • Pediatric Blood bags not available
3	GEN-OT	<ul style="list-style-type: none"> • 24*7 OT service not available • No pre operative room • No jointless tiles
4	OPD	<ul style="list-style-type: none"> • Specialist doctors not present • No AYUSH and physiotherapy clinic present • No proper space for NCD / Geriatric clinic • Doctors DON'T report on time • No separate female general OPD • No disable friendly OPD Chair • No procedure for followup of old patient • History not taken properly • No unidirectional flow of patient • Geriatric care not according to guidelines
5	MATERNITY	<ul style="list-style-type: none"> • No curtains on windows • Not enough delivery tables as per load • No RMCH counselor • JSY payment not in time • No breastfeeding corner • Eclampsia room not made according to guidelines
6	PEDIATRIC OPD/WARD	<ul style="list-style-type: none"> • No Rehabilitation therapist • No physiotherapist • No nutritional counselor • No paramedic staff • No intercom • No Drug dispensing counter • No breast feeding corner • No playroom area / toy • Child friendly linen not used • No identification tag given • No TV • No health promotion • No adequate space in ward

S.NO	DEPARTMENT	GAPS
1	PPU UNIT	<ul style="list-style-type: none"> • No postpartum ward for FP services • No separate OT for FP services • Pre / post operative rooms are not available
2	IPD	<ul style="list-style-type: none"> • Overcrowding / No Adequate space / cluttering of bed • No isolation ward • No accident & trauma ward • No geriatric ward
3	RADIOLOGY	<ul style="list-style-type: none"> • No dark room • No pest control • Entrance of X - ray room as per AERB layout guidelines
4	AUXILIARY	<ul style="list-style-type: none"> • No MRD • No protocol for storage & discarding of record
5	MORTUARY	<ul style="list-style-type: none"> • No dedicated staff
6	GEN.ADMIN	<ul style="list-style-type: none"> • No SOP, STG, JD • No disaster management committee • License for lift operation needed • Visitors policy / pass system not followed • No feedback system

Facility with Excellent Services

Department	BLOOD BANK	SNCU	LAB
Strength / Good practices.	<ul style="list-style-type: none"> • Dedicated Staff. • Well maintained records. • Cleanliness. • Well labeled. 	<ul style="list-style-type: none"> • Records are well maintained. • Cleanliness and sterilization. • Well dressed staff. • IEC material displayed for educating staff and Mothers. • Visitors policy is defined and implemented. 	<ul style="list-style-type: none"> • Well maintained machine and equipment area. • Well trained staff. • Properly labeled reagents, chemicals, etc. • Proper procedure for segregation , collection, treatment and disposal of biohazardous waste.



SECTION 4

CONCLUSIVE LEARNING

- ❖ With one mind, we only think in one direction but with a team, we can learn many things, speed up the work , increase the performance and reduce the stress so teamwork is very important to accomplish any goal.
- ❖ Coordination for issuing leave of regular staff and staff from NHM/RKS
- ❖ To work in the public sector we need to have empathy with people to make them comfortable.
- ❖ Interpersonal communication between officers / nodal person and department representative is must for smooth functioning of the facility
- ❖ To get our work done ,we need to have better communication skills. One should be humble, polite, and respectful of others' work.
- ❖ Feedback from employees about their working conditions / problems should be taken in regular meetings and required actions must be taken with immediate effect.
- ❖ Feedback from people is important for continuous improvement of facilities.
- ❖ Active participation of RKS for increasing awareness about service available in facility.

LIMITATIONS

- ❖ Unavailability of a quality nodal person to present the document when needed.
- ❖ Nodal persons are unaware of their roles and responsibility.
- ❖ Inadequate support from the staff in discussion/ implementation of the action plan.
- ❖ Unable to train staff at Night Duty.
- ❖ More time was needed to improve the outcome percentage.

SUGGESTIONS FOR IMPROVEMENT

- ❖ Competent leader required for the implementation of the NQAS.
- ❖ The importance of the NQAS certification needs to be conveyed to all the staff.
- ❖ Regular meetings with all the staff to address their issues and receive suggestions in areas of improvement.
- ❖ Roles and Responsibilities need to be defined and conveyed with strict written orders.
- ❖ Active participation with a sense of commitment is needed from the staff.
- ❖ Committee needed to be formed for cases on violence against staff.
- ❖ Support from the Doctors/Nurse in case of violence against supporting staff. (housekeeping/security guards)
- ❖ Payment to the outsource services (laundry,electrician,cctv) needs to be done on time for continuation of services/future reference.
- ❖ Urgent supporting staff is needed in a few departments for smooth functioning.
- ❖ Quick action needs to be taken on the requirement letter from respective departments to store.
- ❖ Connectivity issue hampering the work in Maternity area needs to be conveyed to respective authority(Collector/CMHO) for quick action.(SUMAN helpline)

2. REPORT WRITING

SECTION (1)

OVERVIEW OF NHM

The Hon'ble Prime Minister established the National Rural Health Mission (NRHM) on April 12, 2005, intending to provide accessible, affordable, and high-quality health care to the rural population, especially vulnerable groups. The National Urban Health Mission (NUHM) was founded in May 2013 and was incorporated into the broader National Health Mission as a sub-Mission of NRHM. Many innovative approaches were urged, including innovations in healthcare delivery, flexible financing for states, and stronger monitoring and evaluation components for improved health outcomes and state health indicators. Decentralized health planning, service delivery, knowledge hubs within district hospitals, secondary level care at district hospitals, expanding outreach services, improving community processes and behavior modification communication, human resources development, public health management, and health management information systems are all areas where NHM focuses. It is mainly concerned with equity, emphasizing the health of tribal peoples, those living in low-income areas, and the urban poor. The reduction of out-of-pocket expenses is a real result of NHM. Large-scale surveys with assessments, the usage of HMIS data, and periodic reviews are used to evaluate health outcomes, output, and process indicators. The National Health Mission seeks to provide universal access to equitable, accessible, and high-quality health care that is accountable and responsive to the needs of people, reduces child and maternal mortality, and promotes population stability, gender, and demographic balance. With all these aspects in mind, some quality programs launched by MOHFW – NQAS, Kayakalp, LaQshya, and MusQan take the quality of care to the next step. (1)

NHM Madhya Pradesh is working with the same goal to provide the best quality care to patients in every way possible; till now, in Madhya Pradesh, five District Hospitals and one PHC got NQAS certification.

After three days of orientation at NHM Bhopal, posting to the following District Hospitals and PHCs of Madhya Pradesh for two months to conduct NQAS assessment of these facilities and help them to improve the quality standards up to some extent and also analyzing the previous five year kayakalp data.

RATIONALE

The study aims to assess the impact of National Quality Assurance Standards (NQAS) accreditation on quality of care through healthcare staffs' perception as well as through performance outcome.

NQAS have been developed keeping in mind the specific requirements for public health facilities which have been derived by global best practices. Standards are primarily meant for providers to assess their own quality for improvement through predefined standards and to bring up their facilities for certification.

SPECIFIC OBJECTIVE

To assess the quality of District Hospital for improvement through predefined standards and to bring up the facility for the certification.

SECTION (2)

MODE OF DATA COLLECTION

Study Area

Assessment was done in all the 19 departments of District Hospital of Agar Malwa.



Study Time Period

The study duration was from 21st, April to 15th, June.
From 22, April we started our assessment.

Tools And Technique

Discussion was held with the person in charge of NQAS in the facility.
Assessment was done for each department through staff interview, record review and by observing work.

Tool - NQAS Checklist

National Quality Assurance Standards				Version: DH/02/19- Rev -02	
Checklist for Labour Room					3
					
Assessment Summary					
Name of the Hospital				Date of	
Names of Assessors				Names of	
Type of Assessment (Internal/Peer/External)				Action plan Submission Date	
Labour room Score Card					
Area of Concern wise Score				Labour Room Score	
A	Service Provision	95%		85%	
B	Patient Rights	90%			
C	Inputs	91%			
D	Support Services	85%			
E	Clinical Services	96%			
F	Infection Control	92%			
G	Quality	30%			
H	Outcome	90%			

HOSPITAL QUALITY SCORE CARD AREA OF CONCERN WISE			
Service Provision 76%	Patient Rights 75%	Inputs 69%	Support Services 73%
Hospital Score			
68%			
Clinical Services 80%	Infection Control 82%	Quality Management 32%	Outcome 30%

SECTION 3

RECOMMENDATION

- A good, apt leader is required to run the facility.
- Advantage of NQAS accreditation for improving quality of care in the public sector needs to be conveyed to all staff.
- Regular meetings (with the record of minutes of meeting) must be held at least once a month, for discussion on day to day topics of facility.
- Roles and responsibilities must be made very clear to each and every staff.
- Team spirit with a sense of commitment is needed to achieve our goal.
- Strict action with the support of all the staff is required in violence against the staff.
- Timely payment of outsource services must be done for continuation of services.
- Reverting from higher authorities on demand/problems needs to be addressed on time for proper functioning of the facility.

CONCLUSION

With the intention to capture the effect of NQAS accreditation, the discussion has been held with the person-in-charge for the NQAS implementation at the health facility. NQAS accreditation has a system for quality management. The purposes and clearly defined methods make it possible for government organizations to encourage the development of professional skills, time management, increased structure, efficient management of care, and appreciation among workers.

We interacted with all the clinical as well as supporting staff, and found lack of commitment in many of the staff. Intra and Inter-Department coordination is also missing in this whole facility. Another aspect emphasized in this research refers to the lack of interest and team spirit among the staff, which sets it below the other health facilities.

Roles and responsibilities are not well defined, which even hamper the day-to-day activities of the hospital. Distribution of work is the need of the hour, as one mind is not enough for achieving any goal. Getting work done from local vendors needs to be on a priority basis, rather than calling them from the outer region, which is only a costlier and time-consuming process. As the population being served here is mostly uneducated, regular counseling on primordial and primary prevention by concerned authorities can be a great help in improving health indicators.

Our main observation at this whole facility is that it's the leader's ability to say it, plan it, and do it in such a way that others want to follow. A competent leader is what this facility needs, as it is said that a competent leader can get his work done even from poor troops. Right now a leader with vision is the need of the hour at this facility.

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ANNEXURE

(1) Major gaps with action plan.

MAJOR GAPS	ACTION PLAN

(2) Department wise gaps

S.NO	DEPARTMENT	GAPS

(3) 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 antiseptics	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%

(b) Checklist for labor room with scorecard

National Quality Assurance Standards				Version: DH/02/19- Rev-02	
Checklist for Labour Room					3
					
Assessment Summary					
Name of the Hospital				Date of	
Names of Assessors				Names of	
Type of Assessment (Internal/Peer/External)				Action plan Submission Date	
Labour room Score Card					
Area of Concern wise Score				Labour Room Score	
A	Service Provision	95%		85%	
B	Patient Rights	90%			
C	Inputs	91%			
D	Support Services	85%			
E	Clinical Services	96%			
F	Infection Control	92%			
G	Quality	30%			
H	Outcome	90%			

4) TRAININGS

S.NO	TRAINING	DATE	STAFF	GIVEN BY
1	Infection control Spill management	17.05.2022	Housekeeping staff Security staff Nursing staff Kitchen staff	Nursing Officer Sonam Lilhore Dr. Richa Dr. Malvika
2	Disaster Management	06.06.2022	Nursing Staff Housekeeping Staff Security Guards	Dr. Barsena Dr. RL Malviya
3	BLS/ATLS	04.06.2022	Nursing staff	Dr. Pankaj Baghel
4	Quality Training	—	Nursing Staff/ Assistant Nodal	Dr. Richa Dr. Malvika

4.1) BLS/ATLS



4.2) Infection Control.



4.3) Disaster Management.



4.4) Training on Quality (PDCA, 5S, Quality tools, Smart Objectives)

