

**DISSERTATION REPORT ON**

**Baseline Assessment of District Women Hospital in**

**Lucknow, U.P using NQAS**

**(National Quality Assurance Standards)**

**Post Graduate Diploma in Hospital & Health Management**

**By :-**

**Dr. Pankaj Kumar Grover**

**PG/13/076**



**International Institute of Health Management Research**  
**Plot No-3, Sector-18A Dwarka, New Delhi-110075**

**MAY, 2015**

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**MAY, 2015**

# Completion of Dissertation from NHSRC



**National Health Systems Resource Centre**

*Technical Support Institution with National Rural Health Mission  
Ministry of Health & Family Welfare Government of India*



(Completion of Dissertation from NHSRC, New Delhi)

The certificate is awarded to

**Dr. Pankaj Kumar Grover**

In recognition of having successfully completed his  
Internship in the department of

**NHSRC, New Delhi**

and has successfully completed his Project on

**BASELINE ASSESSMENT OF DISTRICT WOMEN HOSPITAL,  
LUCKNOW using NQAS**

**14<sup>th</sup> May, 2015**

**Quality Improvement Division, U.P**

He comes across as a committed, sincere & diligent person who has a  
strong drive & zeal for learning

We wish him all the best for future endeavors

**Dr. J N Srivastava**  
Advisor- QI  
NHSRC



# National Health Systems Resource Centre

Technical Support Institution with National Rural Health Mission  
Ministry of Health & Family Welfare Government of India



NHSRC/11-12/Campus Rectt/Vol.1  
May 11, 2015

To,  
Prof (Dr.) A.K. Agarwal  
Dean (Academic & Students Affairs)  
IIHMR, Plot No. 3  
Half Pocket, Sector-18A  
Dwarka, New Delhi-110075

Dear Sir,

- 1) This is to inform you that following Interns are presently working in NHSRC.
- 2) They will be designated as "Fellow" on submission of their PG degree to NHSRC on fresh contract till 8<sup>th</sup> Feb 2016. Their other details are tabulated below:-

| S. No | Name                    | Date of Joining | Contract Till |
|-------|-------------------------|-----------------|---------------|
| 1     | Ms. Hansa Lal           | 9-Feb-15        | 31-May-2015   |
| 2     | Dr. Pankaj Kumar Grover | 9-Feb-15        | 31-May-2015   |

Sincerely,

Dr. Uddipan Dutta

Principal Administrative Officer  
National Health Systems Resource Centre

**TO WHOM SO EVER IT MAY CONCERN**

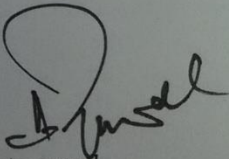
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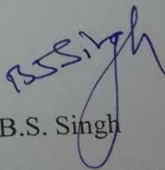
This is to certify that PANKAJ KUMAR <sup>GROVER</sup> student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at NHSRL from 9th Feb 2015 to 9th May 2015

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

  
Dr. A.K. Agarwal  
Dean, Academics and Student Affairs  
IIHMR, New Delhi

  
Dr. B.S. Singh  
IIHMR, New Delhi



## Certificate of Approval

### Certificate of Approval

The following dissertation titled "**BASILINE ASSESSMENT OF DWH, LUCKNOW using NQAS**" at "**NHSRC**" is hereby approved as a certified study in management carried out and 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 dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

S.V. Adhikari  
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Signature

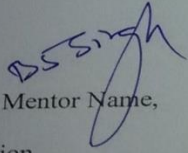
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## Certificate from Dissertation Advisory Committee

### Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Pankaj Kumar Grover**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He is submitting this dissertation titled "**Baseline Assessment of DWH, Lucknow using NQAS**" at "**NHSRC**" in partial fulfillment of the requirements for the award of the Post- Graduate Diploma in Health and Hospital Management.

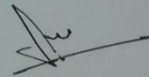
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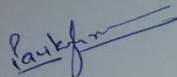
Designation

Organization

## Certificate by Scholar

### Certificate by Scholar

This is to certify that the dissertation titled Baseline Assessment of District Women Hospital, Lucknow and submitted by Dr. Parikaj Kumar Grover Enrollment No. PG/13/076 under the supervision of Dr. B.S. Singh & Dr. J.N. Srivastava for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 9th Feb 2015 to 9th May 2015 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.



Signature





## Feedback Form

### Feedback Form

Name of the Student: Ranvij Kumar Csom

Dissertation Organisation: NH&R

Area of Dissertation: Baseline Assessment of DWH, Lucknow.  
C.P.

Attendance: 100%

Objectives achieved: All of objectives were met properly &  
Major findings were found.

Deliverables: Routinely Hospital Management.

Strengths: Hard Working.

Suggestions for Improvement: Every work whether it is small  
& big should be sincerely observed.

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 18/5/15  
Place Lucknow

## **Table of content**

| S.No. | Topic  | Page no. |
|-------|--|----------|
| 1     | List of Abbreviation                           | 1 - 2    |
| 2     | Introduction                                   | 3        |
| 3     | Introduction to Quality Assurance              | 4        |
| 4     | How to do Assessment/Analysis                  | 5        |
| 5     | Assessment of District Women Hospital, Lucknow | 6 - 25   |
| 5a    | Background and Department                      | 8        |
| 5b    | Hospital Profile & Objective                   | 9        |
| 5c    | Assessment Plan                                | 10       |
| 5d    | Overall Hospital Score                         | 11       |
| 5e    | Major Findings                                 | 12       |
| 5f    | Observation and Gaps in Departments            | 13 - 22  |
| 5g    | Patients Satisfaction Score                    | 23 - 24  |
| 6     | Recommendation                                 | 25       |
| 7     | Bibliography                                   | 26       |
| 8     | Annexure                                       | 27 – 50  |

## **List of Abbreviation**

- 1) **ACMO** Assistant Chief Medical Officer
- 2) **AIDS** Acquired Immuno-deficiency Syndrome
- 3) **AIIMS** All India Institute of Medical Sciences
- 4) **AMTSL** Active Management of Third Stage of Labour
- 5) **ARSH** Adolescent Reproductive and Sexual Health
- 6) **AYUSH** Ayurveda, Yoga, Unani, Siddha, & Homeopathy
- 7) **BCC** Behavioural Change Communication
- 8) **BMW** Biomedical Waste Management
- 9) **CHC** Community Health Centre
- 10) **CMHO** Chief Medical & Health Officer
- 11) **CMO** Chief Medical officer
- 12) **CQSC** Central Quality Supervisory Committee
- 13) **CS** Civil Surgeon
- 14) **DC CH** Deputy Commissioner Child Health
- 15) **DC FP** Deputy Commissioner Family Planning
- 16) **DC MH** Deputy Commissioner Maternal Health
- 17) **DH** District Hospital
- 18) **DHO** District Health Officer
- 19) **DQAC** District Quality Assurance Committee
- 20) **DQAU** District Quality Assurance Unit
- 21) **DQT** District Quality Team
- 22) **ENT** Ear Nose & Throat
- 23) **FW** Family Welfare
- 24) **GoI** Government of India
- 25) **HMIS** Hospital Management Information System
- 26) **HR** Human Resource
- 27) **I/C** In charge
- 28) **IEC** Information, Education & Communication
- 29) **IMA** Indian Medical Association
- 30) **IMEP** Infection Management and Environment Plan
- 31) **IPD** In Patient Department
- 32) **IPHS** Indian Public Health Standard
- 33) **ISO** International Organisation for Standardisation
- 34) **JCI** Joint Commission International
- 35) **KPI** Key Performance Indicators
- 36) **MBA** Masters in Business Administration
- 37) **MBBS** Bachelor in Medicine & Bachelor in Surgery
- 38) **MCH** Maternal & Child Health
- 39) **ME** Measureable Elements
- 40) **MHA** Masters in Hospital Administration
- 41) **MOHFW** Ministry of Health and Family Welfare
- 42) **MPH** Masters in Public Health



- 43) **NABH** National Accreditation Board for Hospitals & Healthcare Providers
- 44) **NGO** Non Government Organization
- 45) **NHSRC** National Health Systems Resource Centre
- 46) **NPCDCS** National Programme for Prevention & control of Cancer, Diabetes, Cardiovascular diseases & Stroke
- 47) **NRHM** National Rural Health Mission
- 48) **NUHM** National Urban Health Mission
- 49) **OPD** Out Patient Department
- 50) **OT** Operation Theatre
- 51) **PC PNDT** Pre Conception and Prenatal Diagnostic Test
- 52) **PDCA** Plan Do Check Act
- 53) **PHA** Public Health Administration
- 54) **PHC** Primary Health Centre
- 55) **PIP** Programme Implementation Plan
- 56) **QA** Quality Assurance
- 57) **QAC** Quality Assurance Committee
- 58) **QAU** Quality Assurance Unit
- 59) **QI** Quality Improvement
- 60) **QOC** Quality of Care
- 61) **RCH** Reproductive and Child Health
- 62) **RCHO** Reproductive Child Health Officer
- 63) **RHFWTC** Regional Health & Family Planning Training Centre
- 64) **RMNCH+A** Reproductive, Maternal, Neonatal, Child Health & Adolescent
- 65) **SIHFW** State Institute of Health & Family Welfare
- 66) **SOP** Standard Operating Procedure
- 67) **SPIP** State Programme Implementation Plan
- 68) **SPMU** State Programme Management Unit
- 69) **SQAC** State Quality Assurance Committee
- 70) **SQAU** State Quality Assurance Unit
- 71) **TB** Tuberculosis
- 72) **ToRs** Terms of Reference
- 73) **UNICEF** United Nations International Children's Emergency Fund
- 74) **USAID** United States Agency for International Development
- 75) **UT** Union Territory
- 76) **WHO** World Health Organization

## **Introduction**

The National Rural Health Mission (NRHM) was launched in the year 2005 with the goal “to improve the availability of and access to quality health care for people, especially for those residing in rural areas, the poor, women and children.” The Mission has led to considerable expansion of health services through rapid expansion of infrastructure, increased availability of skilled human resources and greater local level flexibility in operations, increased budgetary allocation and improved financial management. However, improvement in Quality of health services at every location has not been perceived, generally.

Perceptions of poor quality of health care may, in fact, dissuade patients from using the available services because health issues are among the most salient of human concerns. Ensuring quality of the services will result in improved patient / client level outcomes at the facility level

Ministry of Health and Family Welfare, Government of India is committed to support and facilitate a Quality Assurance Programme, which meets needs of Public Health System in the country and is sustainable. Main focus of proposed Quality Assurance Programme would be enhancing satisfaction level among users of the Government Health Facilities and reposing trust in the Public Health System.

Quality in Health System has two components:

**Technical Quality:** on which, usually service providers (doctors, nurses & para-medical staff) are more concerned and has a bearing on outcome or end-result of services delivered.

**Service Quality:** pertains to those aspects of facility based care and services, which patients are often more concerned, and has bearing on patient satisfaction.

# Quality Assurance

**Working definition-** WHO defines Quality of Healthcare services in following six subsets:

- a. **Patient-Centred:** delivering health care, which takes into account preferences and aspirations of the service users, and is in congruent with their cultures. It implies that patients are accorded dignified and courteous behaviour. Their reasonable belief, practices and rights are respected.
- b. **Equitable:** delivering health care which does not vary in quality because of personal characteristics such as gender, caste, socioeconomic status, religion, ethnicity or geographical location.
- c. **Accessible:** delivering health care that is timely, geographically reasonable, and provided in a setting, where skills and resources are appropriate to the medical need.
- d. **Effective:** delivering health care that is based on the needs, and is in compliance to available evidences. Therefore, observance of treatment guidelines and protocols is important for ensuring the quality of care. The delivered health care results into the improved health outcomes for the individuals in particular, and community in general.
- e. **Safe:** delivering health care which minimizes risks and harm to the users.
- f. **Efficient:** delivering health care in a manner which maximizes productivity out of the deployed resources. The wastes are avoided.

A Quality based approach helps in identifying the gaps in service delivery and tracing its roots and linking them to organisational processes. It builds a system of taking effective actions for traversing the gaps, periodic assessment and improving the quality.

The Quality Assurance Guidelines have been developed by the Ministry of Health & Family Welfare for addressing the concerns of public, and also the technical components of service delivery in a comprehensive manner.

The guidelines have two parts the first one is for organisational framework, while the second volume is an assessment tool.

- a. **Operational Guidelines for Quality Assurance** is best used for strengthening Quality Assurance System, from state level to facility level, which would essentially include a supportive institutional framework & organisational structure, adoption of the standards, a system of continuous assessment of health facilities, action planning for closure of 'gaps'/ 'deficiencies', supportive supervision and lastly, external assessment of the facilities for certification.
- b. **Assessors' Guidebook (Volume I & II)** is compendium of the check list for each department of a health facility, which would be used for internal assessment by the facility, the DQAC/DQAU, and by the SQAC/SQAU for arriving at a quality score for each facility. Same checklists would also be used for certification by the external/internal assessors. The State Quality Assurance Committee may make certain check-points as optional to have 'flexibility'; and in subsequent years it could be converted into mandatory and included into the Quality plan.

## **How to do Assessment/Analysis**

Completion of the check-lists would generate a scorecard for each facility. These check list include a client feedback form (exit interview) to assist the assessors and understand how closely the services fulfill the 'felt need' of the people. The score-cards could also be used for having intra-state and inter-state comparison.

The purpose of these guidelines is to enable all personnel working in the Public Health System to have a credible quality assurance programme, so that health facilities not only provide full range of services, which are committed in the National Health Programmes, but also ensure that the services meet verifiable and objective quality standards.

### **Scope of the Guidelines**

'Operational Guidelines on Quality Assurance' and accompanying volumes of 'Assessment Tools' have been prepared for minimum health services, which should be available at a District Hospital, including those in the arena of Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCH+A) and Disease control programmes. While the structure of QA proposed here is for all areas of health services, however the check-list for assessing health facility is at present focussed on RMNCH+A and related support services. It is open for expansion and inclusion of other areas in the course of laying down a roadmap for QA in the states.

### **Relationship Between different elements of measurement system**

Quality Assurance Standards have been developed at national level which have 70 standards categorized into 8 broad areas of concern i.e. Service provision, Patient Rights, Input, Support Services, Clinical Care, Infection Control, Quality Management and Outcome.

A set of Standards & Measurable Elements for a District Hospital. Checklist for measurement of these standard are given in Assessors Guidebook  
(eg. of checklist for Pharmacy is preset in *Annexure 1*)

### **Summary of Assessment Process:**

1. Make an Assessment of severity of the Gaps
2. Collate all gaps and allocate severity level
  - a. High – Directly impacting quality of care - e. g. closure of Operation Theatre
  - b. Moderate – Indirectly impacting quality of care – e. g. Non-segregation of Biomedical Waste
  - c. Low – May impact quality of care – e. g. Non-calibration of scale
3. Phasing of Actions – Initially action planning for high priority gaps should be done
4. Allocate resources, define timeline and allocate responsibility
5. Review progress
6. Plan for preventive Action

**Points to Remember .....**

- Quality Assessment is a cyclical process.
- It is a **continuous** process, and not a one-time effort.
- It is an **incremental** process where improvements are added with each cycle.
- It is primarily an **internal** process, driven by motivated staff of the facility.



**Assessment of District Women Hospital,**  
**Lucknow, U.P**  
**Using NQAS**

# **District Women Hospital Lucknow** **Uttar Pradesh**

## **National Quality Assurance Standard**



## **District Women Hospital Lucknow**



**Assessment period-** 17 April 2015 to 03 May 2015

**Assessors-**

- Dr. Sulbha Swaroop (Sr. Consultant QA – NHM, U.P.)
- Dr. Pankaj Kumar Grover (Intern QI – NHSRC)
- Dr. R S Chaurasia (Consultant QA – NHM, U.P.)

## **Background**

The District Women Hospital Lucknow is situated at Golaganj, Balrampur near kaisar bagh Lucknow. It was established as a 30 Bedded hospital when started; But now it has working 230 beds administered under the Government of Uttar Pradesh. The District male and female hospital is situated in front of this hospital. The administration and financial aspects managed separately.

### **Departments**

**There are 12 department for District women hospital, selected for assessment:-**

- 1) Female Emergency
- 2) Out Patient Department
  - Obstetrics
  - Gynecology
  - ICTC
- 3) Operation Theater
- 4) SNCU
- 5) Labour Room
- 6) Maternity Ward
- 7) Radiology Department
- 8) PPU
- 9) Pharmacy
- 10) Laboratory
- 11) Auxiliary Services
- 12) General Administration

**\*Mortuary, Blood bank, NRC, Pediatric ward, ICU, IPD not included for assessment i.e. for DH(18 departments)**

# **Hospital Profile**

- **Location- (Including Demographic profile)-**

District Hospital Female is located on heart of the city at Golaganj, Balrampur near kaisar bagh(Lucknow).

- **History & Evolution-**

District Hospital Lucknow was established in British era started with 30 beds. The Hospital is governing by Govt. of Uttar Pradesh with general OPD, IPD & other Services.

- **Capacity (Beds)- 230**

## **Objective**

- The hospital is well performing their comprehensive work with Obstetrics and Gynecology & RMNCH+A in their 12 departments.
- To study overall Patient satisfaction level in DWH Lucknow
- The scopes of quality in services of DWH Lucknow in these areas specially:-

- Out Patients Department
- In Patients Department
- Surgery
  - Obstetrics Surgery
- Emergency Management
- Major/Minor Surgery
- SNCU
- **Support Services-**

- ✓ Blood Bank (Linked with DH Male)
- ✓ Laboratory
- ✓ ICTC/ART Center
- ✓ Radiology
- ✓ Mortuary(Linked with DH male)
- ✓ Laundry
- ✓ Dietary
- ✓ Medical record

- To identify the factors causing dissatisfaction and provide necessary recommendation
- To find the interdependence between factors considered for study and the overall patient satisfaction



# Assessment Plan

| <b>District Female Hospital – Lucknow, UP</b> |                                |  |                               |
|---|--------------------------------|--|-------------------------------|
| <b>Date of Visit.</b>                         | <b>Assessors</b>               | <b>Departments</b>                               | <b>Respondent Designation</b> |
| 17/04/2015,<br>20/4/2015 to<br>21/4/2015      | <b>Dr. Sulbha Swaroop</b>      | Labour Room,<br>OPD,<br>Pharmacy                 | EMO                           |
|   | <b>Dr. Pankaj Kumar Grover</b> |  | GDMO                          |
|   | <b>Dr. R S Chaurasia</b>       |  | Chief Pharmacist              |
| 22/04/2015 to<br>24/04/2015                   | <b>Dr. Pankaj Kumar Grover</b> | PPU,<br>Radiology,<br>Emergency                  | Gynecologist                  |
|   | <b>Dr. R S Chaurasia</b>       |  | Radiologist                   |
|   |                                |  | EMO                           |
| 27/04/2015 to<br>30/04/2015                   | <b>Dr. Sulbha Swaroop</b>      | OT,<br>General Administration,<br>Maternity Ward | Gynecologist                  |
|   | <b>Dr. Pankaj Kumar Grover</b> |  | CMS                           |
|   | <b>Dr. R S Chaurasia</b>       |  | Matron                        |
| 1/05/2015 to<br>3/05/2015                     | <b>Dr. R S Chaurasia</b>       | SNCU,<br>Laboratory,<br>Auxiliary Services       | Pediatrician                  |
|   | <b>Dr. Pankaj Kumar Grover</b> |  | Lab Tech.                     |
|   |                                |  | Matron                        |

# Overall Hospital Score

| Hospital Score Card     |                   |             |                  |
|-------------------------|-------------------|-------------|------------------|
| District Women Hospital |                   |             |                  |
| Departmental Scores     |                   |             |                  |
| EMERGENCY               | OPD               | LABOUR ROOM | MATERNITY WARD   |
| 26.9                    | 34.6              | 38.7        | 34.7             |
| SNCU                    | THE QUALITY SCORE |             | POST PARTUM UNIT |
| 24.7                    | 28.6              |             | 25.2             |
| OT                      |                   |             | LABORATORY       |
| 31.8                    |                   |             | 25.4             |
| RADIOLOGY               | PHARMACY          | AUXILLARY   | GENERAL          |
| 21.1                    | 36.3              | 20.9        | 23.2             |

## **Major Findings**

1. Bio Medical wastes bins are not kept at the generation point and wastes are not segregated properly.
2. Standard Sterilization practices of instruments and consumables are not being followed.
3. Space in Labour Room not sufficient as per case load, IEC materials are not displayed, Disinfection, decontamination and sterilization not being done as per protocol.
4. There was no area for demarcation that in this direction OPD are present & in this direction Radiology department is present etc
5. There was no area demarcated for the procedure in Laboratory. Samples are kept nearby report writing table, Disposal of samples is not as per Bio Medical Waste Handling rule 1998. Staffs are not wearing their personal Protective equipments while they are performing their job.
6. Hospital Staffs were not wearing Personal Protective Equipments (Gloves, Mask, Apron, Cap & Boot) while procedure was performed.
7. Visitor policy not being followed and Visitors are gathered in ward.
8. There is no IEC material displayed in the ward for the patients and visitors educations.
9. In emergency there was no demarcated area for Triaging, Receiving & Examine
10. Patients records as Diagnosis, Treatment not maintained by Clinicians in OPD register. Patients were gathered around the Doctor while patients were examined. IUCD insertion is done at OPD room.
11. Orientation and Training were not provided the hospital staff regarding Hospital infection Control, Patients Safety, Bio Medical wastes Management, Radiation safety, Laboratory safety, Essential Clinical Protocols etc.
12. Staff were not vaccinated with Hepatitis b etc
13. Calibration of equipment of hospital and laboratory not done since when hospital was started
14. Laboratory had not fulfill the demand of patient for all investigation, only few investigation were done rest of them will get referred
15. Radiology department was only open for OPD hours not for 24X7. Rest of the time it will remain close.
16. Emergency department is not present at the entrance it is present in front of labour room (at centre of the hospital)

# **Observation and Gaps in Departments**

## **1. Emergency**



- 1) The female emergency department is at the mid/center of the hospital
- 2) Emergency Medical Officers are deputed on each shift for 24\*7.
- 3) Emergency Tray filled with drugs but not managed as per standard.
- 4) Triage area not identified.
- 5) There was no log book for oxygen cylinder.
- 6) Drugs were not labeled, no demarcated areas for examination, Injection Administration, Dressing.
- 7) There was no OT for minor surgery.
- 8) There were no statures and wheel chair bay found at front gate of emergency entrance.
- 9) Eclampsia / Septic Beds are identified at emergency department.

## **2. Labour Room**



- 1) Labour room of the District Women hospital Lucknow is situated on the ground floor just in Front of the Emergency department.
- 2) The Space of the Labour room is not sufficient as per load.



- 3) Bio waste bins found in the Labour room are filled with all type of waste segregation of the BMW not followed as per rule, Bio Medical waste is not being disposed properly.
- 4) 7 Delivery Kit Trays in Labour Room were not maintained as per there load.
- 5) Sterilization practices not being done in standardized manner.
- 6) New born care corner is not established as per protocol.
- 7) Resuscitation tray was not maintained.
- 8) Sterilization of consumables was not properly done.
- 9) Cleanliness is not maintained spillage was on the floor.
- 10) Labour Table with mattress, Sheet, Pillow and Macintosh were not clean and Callys pads were also not kept at standard manner.
- 11) Emergency tray was not equipped with required drugs.
- 12) Infection prevention practices not being followed.
- 13) Toilet of Labour Room was stinking, just because of leakage in pipe and shit was coming from it directly on the floor of toilet inside the labour room.

### 3. Operation Theater



- 1) Operation Theater is located on ground floor.
- 2) Entrance and exit was from same route
- 3) Route of entrance and exit was so congested and curved that patient have to shift 1<sup>st</sup> from stretcher to wheel chair then on stretcher for operate in O.T
- 4) Emergency light was present but not in working condition.
- 5) Inverter is present but not in working condition not connected. Only dependent on generator, no substitute.
- 6) Elbow tap present in OT has very less space between two taps so one tap will remain partially opened when one were closed & water was dribbling from one tap which was the cause of unavailability of water in OT many time.
- 7) Resuscitation kit was not maintained properly at NBCC.
- 8) OT was not established at zoning pattern clean zone, protective zone, sterile zone and disposal zone.
- 9) Infection Control practices not being followed.
- 10) Sterilization of equipments was not being done properly at standard manner.
- 11) Bio waste bins are found at generation site but standard segregation practices are not followed.

- 12) AMC of equipments was not done.
- 13) Autoclave machines were rusted.
- 14) Narcotic and psychotropic drugs are not kept at secure place.
- 15) No standard format of BHT for surgical patients.
- 16) Crash cart/ emergency tray was not maintained properly, drugs were not arranged properly.
- 17) A sepsis issues are not followed properly. After surgery patients were shift
- 18) Anaphylactic tray was not maintained properly
- 19) There was separate 4 bedded ward in OT for anaphylactic patient; But AC and fan not in working condition
- 20) No fire exit present inside the O.T
- 21) Fire extinguisher was present but no body from the O.T have knowledge to use that fire extinguisher
- 22) Staff were unaware of mercury spill management and blood spill management
- 23) Surgical hand wash was not in daily practice

#### 4. Out Patients Department



- 1) OPD Clinic is separate for separate consultants (Gynecologist, Pediatrician, General physician, General Surgeon etc).
- 2) There is no queue system in OPD.
- 3) List of OPD clinics were not displayed at entrance and patients waiting area.
- 4) IEC materials were displayed at OPD and television for IEC was in working condition.
- 5) Privacy of the patients during examination were not followed patients are gathered around the doctors.
- 6) OPD equipments like Weighing scale, height scale, fetoscope, Digital thermometer, chemical hand rub (Disinfectant) were not found.
- 7) There were no ramps or railing for vulnerable patients.
- 8) There were no user friendly toilets for OPD patients.
- 9) Information regarding patients (Complete demographic detail, diagnosis, treatment and clinical examination history) was not mentioned in OPD register.
- 10) There were no patients calling system at OPD clinics.

- 11) There were no prescribed formats for Lab, radiology and USG.
- 12) Patient's rights and responsibilities were not displayed at waiting area.
- 13) Stretcher and wheel chair bay were not kept at OPD area.
- 14) Fire extinguisher installed at OPD area but staffs are not oriented about to operate (PASS and RACE).
- 15) Doctors were not prescribing medicine with generic name

## 5. Laboratory



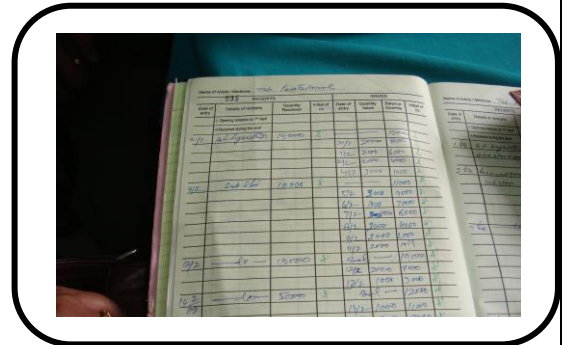
- 1) Departmental Signage, Scope of services, Timing for Sample collection and sample delivery were not displayed.
- 2) There was no area demarcated for the procedure.
- 3) List of Reagent and Stains are not available.
- 4) No availability of personal protective equipments in laboratory except gloves and Mask.
- 5) No appropriate waiting area for patients.
- 6) Laboratory critical equipments are not functioning.
- 7) No bio waste bins were found at sample collection site.
- 8) Condemned/Junk materials kept in the lab.
- 9) Infection prevention practices not followed.
- 10) Staffs were not oriented about Infection prevention, BMW management, Spill management, needle stick injury policy, disaster management, Laboratory safety protocol & Laboratory Quality Policy.
- 11) Internal and external quality Assurance monitoring not being done.
- 12) No availability of Alcohol based hand rub.
- 13) No demarcated area for procedure.

## 6. Post Partum Unit



- 1) There is demarcated area for IUCD insertion.
- 2) There is a single room designated for the IUCD Insertion and Tubectomy.
- 3) Space in the PPU ward is not sufficient. No space for the movement.
- 4) No hand washing area demarcated.
- 5) No alcohol based hand rub available
- 6) Bio Medical Waste bins were not found.
- 7) Sterilization of equipments was not being done properly.
- 8) IEC material not displayed at front of Department patients waiting area.
- 9) Oxygen Cylinder log book not found.
- 10) Toilets were not clean and taps were dribbling
- 11) Focus lamp was not in working condition
- 12) Auto-clave machine was not in working condition
- 13) No proper space for removal of shoes

## 7. Pharmacy



- 1) Drug distribution counter is located nearby the Laboratory.
- 2) Queue system is not followed at distribution counter.
- 3) Drugs are not arranged as per guideline.
- 4) The EDL was displayed at the Drug distribution counter but not maintained properly.
- 5) Pharmacy store was in front of the registration counter.
- 6) There is no proper space for manifold room,
- 7) No space for storage of Inflammable items.
- 8) No Licenses for drug storage, Narcotic and Psychotropic Drugs Storage.
- 9) Expiry Check register not available they checked on the basis of Stock register.
- 10) Analysis of the drugs are (LIFO, FIFO etc.) not being done.
- 11) Narcotic medicines are not kept in double lock.
- 12) Heavy items are not stored at lower shelves/racks.
- 13) Staffs are not oriented about the safe drug storage and its analysis.

## 8. Maternity Ward



- 1) The maternity ward located on ground floor but far from emergency and labour room.
- 2) There was no segregation of the admitted patients as per protocol.
- 3) IEC material were not displayed prominently
- 4) Staff were not aware about the Ward Management, Nursing Barrier, Hand Washing Protocol, Bio-Medical Waste management, Infection Prevention
- 5) Visitor policy not displayed and followed.
- 6) There was no wash basin for visitors.
- 7) Patient's rights and responsibilities were not displayed.
- 8) Emergency tray was not maintained as per protocols.
- 9) Drugs were not labeled and stored at safe place.
- 10) Staff orientation about Ward management and related topics is required.

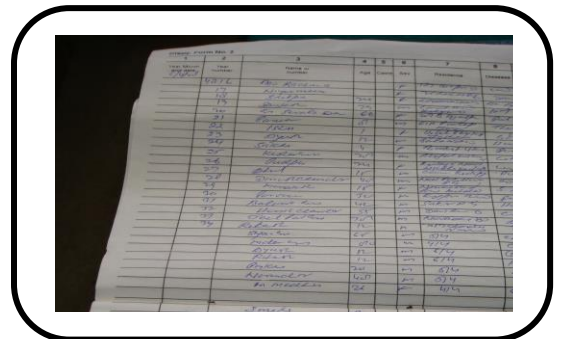


## 9. General Administration



- 1) General Administration is located near the PPU.
- 2) No availability of functional disaster management unit in the hospital.
- 3) No system for security in hospital.
- 4) Departmental Signage's are not appropriate.
- 5) Citizen Charter, Hospital Layout, Doctors list, Mandatory information under RTI, RKS Members name and contact no. list are available, but due to white wash not visible properly
- 6) Patient's rights and responsibility, Directional Signage's are not displayed.
- 7) Telephone/Intercom is not in the facility for communication.
- 8) Drinking water facility is not available at OPD area.
- 9) No proper sitting arrangements for Patients in patients waiting area.
- 10) Facility round register is not maintained.
- 11) Fire fighting equipments are installed in Hospital premises. Licenses are not available.
- 12) AMC of the equipments were not being done.
- 13) Staff are not wearing their respective dress while they performing their job.
- 14) High level disinfectants were not available in the hospital.
- 15) There were no system for grievance and redressal.
- 16) Complaint and suggestion boxes are not installed at all departments.

## 10. Auxiliary Services



- 1) Auxiliary Services are outsourced by CMO office.
- 2) Housekeeping services are outsourced that is paid by hospital administration
- 3) There was kitchen in the facility but staff was not wearing proper dress and cap, gloves when they were making the meal and when they were distributing the meal
- 4) Hospital also buys the food from outside under the JSSK program.
- 5) Maintenance services are from AD office electrician and engineers are visited hospital for necessary work.
- 6) Laundry was also situated in the campus of hospital and are in good working condition
- 7) Separate Medical record room was present, where all the medical records will remained credential.

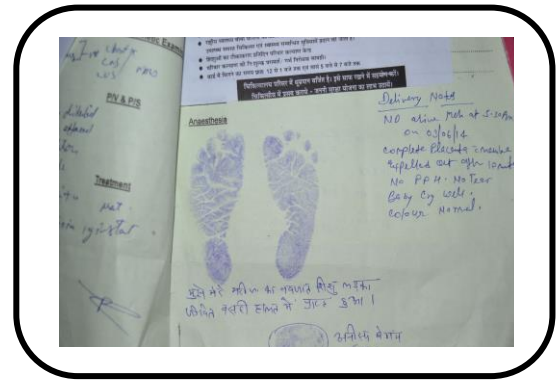
## **11. Radiology**



- 1) Radiology services were not present 24X7
- 2) For emergency cases investigation were get hold for the morning
- 3) On Sunday or at the day of holiday they would refer to the DH just like in the laboratory
- 4) No separate screen in radiology for ultra - sonography
- 5) No separate screen in X-ray room
- 6) Staff were not in proper dress for X-ray room like apron, goggles, etc
- 7) No IEC regarding hazardous effect of X-ray were displayed
- 8) No IEC regarding PC-PNDT act were there Nearby waiting area of department
- 9) USG room was very small no space for entrance of stretcher
- 10) No proper space to do procedure if any abscess tap or sample from tissue be performed
- 11) BMW bins were not present at this department
- 12) No Privacy for patient 2nd patient was in waiting when 1<sup>st</sup> was under observation in same room



## 12. SNCU



- 1) Bed no. were not available
- 2) Proper maintenance of temperature in SNCU
- 3) Need of maintaining protocol for pt. mother to touch, hand sanitizer
- 4) Need of maintaining protocol for attendant
- 5) Doctor have to realize responsibility ;so should have to monitor the pt. vitals as per guideline 1 hrly or at least 2 hrly in an SNCU, being monitor once in 24 hrs.
- 6) Elbow tap is not in good working condition, dribbling.,
- 7) Behind kitchen toilet is present so a separate division for toilet should be there
- 8) No waiting area for patient attendant
- 9) No drinking water facility nearby SNCU
- 10) No toilet for attendant
- 11) Mother breast feeding room is not good as per privacy, no protocols
- 12) Lab investigation is only blood group and occasionally b/sugar if strips are present
- 13) Laryngoscope is not in working condition when observed No facility for washing of cloth nearby SNCU
- 14) Mother is touching the baby without washing hands in SNCU
- 15) Only single staff at a time when 9 babies were present in SNCU. Not an aaya nor a sister
- 16) No ventilator present
- 17) Fans were ON, when babies warmer is on working.
- 18) No records for HIV KIT
- 19) Proper over to next staff regarding equipment is not present
- 20) Un aware of earthling in SNCU (No records)
- 21) No records for fire maintenance equipment details

- 22)Gloves gown and caps for staff is not present
- 23)No procedure for step down shifting (Protocol)
- 24)Colour of SNCU walls is not appropriate
- 25)Light requirement was not appropriate (Lux Meter to measure)
- 26)No stabilizer for warmer and phototherapy machines
- 27)Sterillium for every bed was not there
- 28)Hand washing facility is not properly maintained
- 29)Training of FBNC is very compulsive for staff
- 30)Bio medical waste management is not in a proper manner
- 31)Auto claving and sterilization management is not proper
- 32)Drug register was not properly updated.
- 33)No criteria for rest room for doctor nearby SNCU
- 34)IEC material was not there close to SNCU
- 35)No linkage of facility to laboratory
- 36)Message for Breast feeding in a proper manner should be teach by nursing staff  
kangaaro care and others necessary thing to be in benefit of baby.
- 37)Medicine chart is also not maintained
- 38)Dosage of baby should be write in a proper manner
- 39)Antibiotic policy is not there
- 40)Staff immunization not done

## Patients Satisfaction Score

After the baseline assessment the Patient's Satisfaction Survey of OPD & IPD patients was conducted in District Women Hospital Lucknow, Uttar Pradesh by using tools on the basis of Operational Guidelines. It was randomly selected the 10 patients for the survey and after that, the analysis being done. The overall average score is 2.5(for OPD) and 2.4 (for IPD)

| Patients Satisfaction Survey Report (OPD) |  |     |     |     |     |     |     |     |     |     |     |         |
|---|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|
| Sr. No                                    | Attributes   | P1  | P2  | P3  | P4  | P5  | P6  | P7  | P8  | P9  | P10 | Average |
| 1   | Availability of sufficient information in Hospital         | 3   | 2   | 3   | 2   | 2   | 2   | 3   | 3   | 2   | 1   | 2.3     |
| 2   | Waiting time at the registration counter                   | 3   | 3   | 3   | 2   | 2   | 3   | 3   | 4   | 3   | 2   | 2.8     |
| 3   | Behavior and attitude of Hospital Staff                    | 3   | 3   | 3   | 4   | 3   | 4   | 3   | 3   | 3   | 3   | 3.2     |
| 4   | Cleanliness of the OPD, Bathrooms & toilets                | 2   | 3   | 3   | 3   | 2   | 2   | 3   | 2   | 3   | 2   | 2.5     |
| 5   | Attitude & communication of Doctors                        | 2   | 2   | 3   | 3   | 3   | 2   | 2   | 2   | 2   | 3   | 2.4     |
| 6   | Time spent for examination and counseling                  | 3   | 3   | 2   | 2   | 3   | 3   | 2   | 3   | 3   | 2   | 2.6     |
| 7   | Availability of Lab and radiology tests.                   | 1   | 2   | 1   | 2   | 2   | 1   | 2   | 2   | 1   | 2   | 1.6     |
| 8   | Promptness at Medicine distribution counter                | 2   | 3   | 2   | 3   | 3   | 2   | 2   | 3   | 2   | 3   | 2.5     |
| 9   | Availability of drugs at the hospital dispensary           | 3   | 3   | 2   | 3   | 3   | 3   | 4   | 2   | 3   | 3   | 2.9     |
| 10  | Your overall satisfaction during the visit to the hospital | 3   | 3   | 3   | 3   | 2   | 2   | 3   | 3   | 2   | 3   | 2.7     |
| Average                                   |  | 2.5 | 2.7 | 2.5 | 2.7 | 2.5 | 2.4 | 2.7 | 2.7 | 2.4 | 2.4 | 2.5     |

## Patients Satisfaction Survey Report (IPD)

| Sr. No | Attributes   | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 | P9 | P10 | Average |
|--------|--|----|----|----|----|----|----|----|----|----|-----|---------|
| 1      | Availability of sufficient information at Registration/Admission counter | 2  | 3  | 3  | 2  | 3  | 3  | 2  | 3  | 3  | 2   | 2.6     |
| 2      | Waiting time at the Registration/Admission counter                       | 3  | 2  | 2  | 2  | 2  | 2  | 3  | 2  | 2  | 3   | 2.3     |
| 3      | Behavior and attitude of staff at the registration/ admission counter    | 3  | 2  | 3  | 2  | 2  | 3  | 2  | 3  | 2  | 2   | 2.4     |
| 4      | Your feedback on discharge process                                       | 2  | 3  | 1  | 2  | 2  | 1  | 2  | 2  | 2  | 2   | 1.9     |
| 5      | Cleanliness of the ward  | 2  | 2  | 2  | 3  | 2  | 3  | 2  | 3  | 2  | 3   | 2       |
| 6      | Cleanliness of Bathrooms & toilets                                       | 1  | 3  | 3  | 3  | 3  | 3  | 2  | 2  | 2  | 3   | 2.5     |
| 7      | Cleanliness of Bed sheets/ pillow covers etc                             | 3  | 4  | 2  | 3  | 2  | 2  | 2  | 3  | 3  | 2   | 2.6     |
| 8      | Cleanliness of surroundings and campus drains                            | 2  | 3  | 3  | 3  | 3  | 1  | 2  | 2  | 2  | 3   | 2.4     |
| 9      | Regularity of Doctor's attention   | 3  | 2  | 2  | 2  | 3  | 2  | 3  | 2  | 3  | 2   | 2.4     |
| 10     | Attitude & communication of Doctors                                      | 2  | 3  | 3  | 3  | 2  | 2  | 3  | 2  | 2  | 2   | 2.4     |
| 11     | Time spent for examination of patient and counseling                     | 2  | 2  | 2  | 2  | 2  | 2  | 3  | 2  | 3  | 3   | 2.3     |
| 12     | Promptness in response by Nurses in the ward                             | 3  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 3   | 2.2     |
| 13     | Round the clock availability of Nurses in the ward hospital              | 2  | 3  | 2  | 2  | 3  | 3  | 2  | 3  | 3  | 2   | 2.5     |
| 14     | Attitude and communication of Nurses                                     | 2  | 3  | 1  | 3  | 3  | 2  | 2  | 2  | 2  | 2   | 2.2     |
| 15     | Availability, attitude & promptness of Ward boys/girls                   | 2  | 2  | 2  | 2  | 2  | 3  | 3  | 2  | 2  | 2   | 2.2     |
| 16     | All prescribed drugs were made available from Hospital Supply            | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2   | 2       |
| 17     | Your Perception of Doctor's knowledge                                    | 3  | 2  | 3  | 2  | 3  | 3  | 2  | 3  | 2  | 3   | 2.6     |
| 18     | Diagnostics Services were provided with in the hospital                  | 2  | 3  | 3  | 2  | 3  | 2  | 3  | 2  | 3  | 3   | 2.6     |
| 19     | Timeliness of supply of diet   | 3  | 3  | 2  | 3  | 3  | 3  | 2  | 3  | 3  | 3   | 2.8     |

|         |  |     |     |      |      |      |     |     |      |      |     |     |
|---------|--|-----|-----|------|------|------|-----|-----|------|------|-----|-----|
| 20      | Your overall satisfaction during the treatment as in patient | 2   | 3   | 2    | 2    | 2    | 2   | 2   | 2    | 2    | 3   | 2.2 |
| Average |  | 2.3 | 2.6 | 2.25 | 2.35 | 2.45 | 2.3 | 2.3 | 2.35 | 2.35 | 2.5 | 2.4 |

## **RECOMMENDATION**

The National Quality Assurance Standard is a versatile tool to assess the hospital as per their current status. The baseline assessments are more helpful to fulfill the required components for the adherence of Quality Standard. That will be more helpful to serve the preventive and curative services in qualitative manner to the community.

- 1) The hospital is proper functioning with Gynecology, Obstetrics and Family Planning Services. The hospital is serving their services as per community needs but after the baseline assessment it was observed and noticed that the hospital does not have a quality system to manage their structure process and outcome of the hospital.
- 2) Staff is well competent but they are not well oriented about the standard practices to prevent and cure to the patients, community and themselves. So, training should be necessary.
- 3) Due to insufficient manpower the work distribution is not as per load.
- 4) After the discussion with hospital staffs they replied that the quality assurance system must be implemented in the hospital to serve the qualitative services to the patients and also gain the faith from community side.
- 5) It is suggested that the hospital must have policy of every staff should wear their respective dress code in hospital premises.
- 6) Area for parking of vehicle and Ambulances should be identified.
- 7) Signage's system should be proper and user friendly.
- 8) Drinking water and Sitting facility should be at Patients area.
- 9) Toilets are specified for male, female, Handicapped and vulnerable patients.
- 10) Covered Bio Medical waste bins must be present at generation point and general waste bins must be at OPD, Rain Basera, and Visitors waiting area.
- 11) Departments must be display their Scope of the Services and Contact details of deputed staff
- 12) Sterilization of instruments and consumables are as standard manner.
- 13) All Record must be maintained by the departments as per state guideline.
- 14) Hospital must have to establish a user friendly environment for all.
- 15) Cleanliness of the hospital should be in roster wise.
- 16) The availability of daily drugs must be display at drug distribution counter.
- 17) The hospital must ensure about the hospital safety protocols.
- 18) The hospital must have public Address system for help at the time of any emergencies.
- 19) Patients Satisfaction survey must be conducted at least one in a month.
- 20) The behavior of staff should be empathetic and courteous.
- 21) There should be a nodal officer should be deputed for the monitoring and evaluation of Quality Management System.

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## Annexure

# National Quality Assurance Standards for CHC

## Checklist for Pharmacy & Stores

| Reference No | Measurable Element   | Checkpoint   | Compliance | Assessment Method | Means of Verification  |
|--------------|--|--|------------|-------------------|--|
|              | <b>Area of Concern - A Service Provision</b>   |  |            |                   |  |
| Standard A1  | <b>Facility Provides Curative Services</b>   |  |            |                   |  |
| ME A1.9      | Services are available for the time period as mandated   | Dispensary services are available during OPD hours   | 1          | SI/RR             |  |
|              |  | Facility ensure access to drug store after OPD hours | 1          | SI/RR             |  |
| Standard A4  | <b>Facility provides services as mandated in national Health Programs/ state scheme</b>                |  |            |                   |  |
| ME A4.1      | The facility provides services under National Vector Borne Disease Control Programme as per guidelines | Availability of Drugs under NVBDCP                   | 1          | SI/OB             | Chloroquine, Primaquine, ACT (Artemisinin Combination Therapy) |
| ME A4.2      | The facility provides services under Revised National TB Control Programme as per guidelines           | Availability of Drugs under RNTCP                    | 1          | SI/OB             | CAT 1, CAT II  |
| ME A4.3      | The facility provides services under National Leprosy Eradication Programme as per guidelines          | Availability of Drugs under NLEP                     | 1          | SI/OB             | Rifampicin, Clo  |



|                    |  |   |   |       |  |
|--------------------|--|---|---|-------|--|
| <b>ME A4.4</b>     | The facility provides services under National AIDS Control Programme as per guidelines   | Availability of ARV Drugs under NACP                      | 1 | SI/OB | Zidovudine, Stavudine, Lamivudine, Nevirapine in Combination as per NACO |
|                    |  | Availability of Drugs for Paediatric HIV management       | 1 | SI/OB | Paediatric Dosages FDC 6   |
| <b>Standard A5</b> | <b>Facility provides support services and Administrative services</b>  |   |   |       |  |
| <b>ME A5.6</b>     | The facility provides pharmacy and store services  | Dispensing of Medicines and consumables for OPD Patients  | 1 | SI/OB |  |
|                    |  | Storage of drugs  | 1 | SI/OB |  |
|                    |  | Storage of consumables                                    | 1 | SI/OB |  |
|                    |  | Storage of equipments                                     | 1 | SI/OB |  |
|                    |  | Storage of Stationaries.                                  | 1 | SI/OB |  |
|                    |  | Cold chain management services                            | 1 | SI/OB |  |
|                    |  | Storage of Linen  | 1 | SI/OB |  |
|                    | <b>Area of Concern - B Patient Rights</b>  |   |   |       |  |
| <b>Standard B1</b> | <b>Facility provides the information to care seekers, attendants &amp; community about the available services and their modalities</b>   |   |   |       |  |
| <b>ME B1.1</b>     | The facility has uniform and user-friendly signage system  | Availability departmental signages                        | 1 | OB    |  |
| <b>ME B1.2</b>     | The facility displays the services and entitlements available in its departments   | List of available drugs displayed at Pharmacy             | 1 | OB    |  |
|                    |  | Status of availability of drugs is updated weekly         | 1 | OB    |  |
|                    |  | Timings for dispensing counter of pharmacy are displayed  | 1 | OB    |  |
| <b>ME B1.6</b>     | Information is available in local language and easy to understand  | Signage's and information are available in local language | 1 | OB    |  |
| <b>Standard B2</b> | <b>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 status.</b> |   |   |       |  |

|             |  |   |   |       |  |
|-------------|--|---|---|-------|--|
| ME B2.1     | Services are provided in manner that are sensitive to gender   | Availability of separate Queue for Male and female patients at dispensing counter   | 1 | OB    |  |
| ME B2.3     | Access to facility is provided without any physical barrier and is friendly to people with disabilities  | Pharmacy has easy access for moment of goods  | 1 | OB    |  |
| Standard B3 | <b>The facility maintains privacy, confidentiality &amp; dignity of patient, and has a system for guarding patient related information.</b>  |   |   |       |  |
| ME B3.3     | The facility ensures the behaviours of staff is dignified and respectful, while delivering the services  | Behaviour of staff is empathetic and courteous  | 1 | PI    |  |
| Standard B4 | <b>The facility has defined and established procedures for informing patients about the medical condition and involving them in treatment planning, and facilitates informed decision making</b> |   |   |       |  |
| ME B4.4     | Information about the treatment is shared with patients or attendants, regularly   | Method of Administration /taking of the medicines is informed to patient/ their relatives by pharmacist as per doctors prescription in OPD Pharmacy | 1 | OB/SI |  |
| Standard B5 | <b>Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of hospital services.</b>   |   |   |       |  |
| ME B5.1     | The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes  | Free drugs and consumables for JSSK beneficiaries   | 1 | PI/SI |  |
| ME B5.2     | The facility ensures that drugs prescribed are available at Pharmacy and wards   | Pharmacy supplies generic drugs list to all hospital departments as per their internal demand   | 1 | SI/OB |  |
|             |  | Check that patient has not incurred expenditure on purchasing drugs or consumables from outside.  | 1 | PI/SI |  |

|                                   |   |   |   |          |  |
|-----------------------------------|---|---|---|----------|--|
| <b>ME B5.4</b>                    | The facility provide free of cost treatment to Below poverty line patients without administrative hassles                       | Free drugs for BPL & other entitled patients  | 1 | PI/SI/RR |  |
| <b>ME B5.5</b>                    | The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients                           | Local purchase of stock out drugs/<br>Reimbursement of expenditure to the beneficiaries | 1 | PI/SI/RR |  |
| <b>Area of Concern - C Inputs</b> |   |   |   |          |  |
| <b>Standard C1</b>                | <b>The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms</b> |   |   |          |  |
| <b>ME C1.1</b>                    | Departments have adequate space as per patient or work load   | The hospital has allocated space for Pharmacy in OPD                                    | 1 | OB       |  |
|                                   |   | Dispensary has adequate waiting space as per load                                       | 1 | OB       |  |
| <b>ME C1.2</b>                    | Patient amenities are provide as per patient load   | Pharmacy has patients sitting arrangement as per requirement                            | 1 | OB       |  |
| <b>ME C1.3</b>                    | Departments have layout and demarcated areas as per functions   | Dedicated area for keeping medical gases  | 1 | OB       |  |
|                                   |   | Dedicated area for keeping inflammables   | 1 | OB       |  |
|                                   |   | Demarcated are of keeping near expiry drugs   | 1 | OB       |  |
|                                   |   | Demarcated area for keeping instruments and consumables                                 | 1 | OB       |  |
|                                   |   | Dedicated area for cold chain management  | 1 | OB       |  |
| <b>ME C1.4</b>                    | The facility has adequate circulation area and open spaces according to need and local law                                      | Availability of adequate circulation area for easy moment of staff , drugs and carts    | 1 | OB       |  |
| <b>ME C1.5</b>                    | The facility has infrastructure for intramural and extramural communication   | Availability of functional telephone and Intercom Services                              | 1 | OB       |  |

|                    |  |   |   |       |  |
|--------------------|--|---|---|-------|--|
| <b>ME C1.6</b>     | Service counters are available as per patient load   | Adequate No of drug dispensing counter as per load  | 1 | OB    |  |
| <b>ME C1.7</b>     | The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital) | Unidirectional flow of goods in the Pharmacy .  | 1 | OB    |  |
| <b>Standard C2</b> | <b>The facility ensures the physical safety including Fire safety of the infrastructure</b>  |   |   |       |  |
| <b>ME C2.1</b>     | The facility ensures the seismic safety of the infrastructure  | Non structural components are properly secured  | 1 | OB    |  |
| <b>ME C2.2</b>     | The facility ensures safety of electrical establishment  | Pharmacy does not have temporary connections and loosely hanging wires  | 1 | OB    |  |
|                    |  | Stabilizer is provided for cold chain room  | 1 | OB    |  |
| <b>ME C2.3</b>     | Physical condition of buildings are safe for providing patient care  | Windows of drug store have grills and wire meshwork   | 1 | OB    |  |
|                    |  | Floors of the Pharmacy department are non slippery, acid resistant & even surface   | 1 | OB    |  |
| <b>ME C2.4</b>     | The facility has plan for prevention of fire   | Pharmacy has plan for safe storage and handling of potentially flammable materials.   | 1 | OB/SI |  |
| <b>ME C2.5</b>     | The facility has adequate fire fighting Equipment  | Pharmacy has installed fire Extinguisher for A,B, C class of fire   | 1 | OB/RR |  |
|                    |  | Check the expiry date on fire extinguishers is displayed on each extinguisher as well as due date for next refilling is clearly mentioned | 1 | OB/RR |  |
| <b>ME C2.6</b>     | The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster                                 | Check staff competencies for operating fire extinguisher and what to do in case of fire   | 1 | SI/RR |  |

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|                    | situation  |  |   |       |  |
| <b>Standard C3</b> | <b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b> |  |   |       |  |
| <b>ME C3.4</b>     | The facility has adequate technicians/paramedics as per requirement  | Availability of Pharmacist   | 1 | SI/RR |  |
| <b>ME C3.6</b>     | The staff has been provided required training / skill sets   | Inventory management   | 1 | SI/RR |  |
|                    |  | Cold chain management of ILR and deep freezer                                      | 1 | SI/RR |  |
|                    |  | Rational use of drugs  | 1 | SI/RR |  |
|                    |  | Prescription Audit   | 1 | SI/RR |  |
| <b>ME C3.7</b>     | The Staff is skilled as per job description  | Staff is skilled for estimation of the requirement and proper storage of the drugs | 1 | SI/RR |  |
|                    |  | Staff is skilled for maintaining pharmacy records and bin cards                    | 1 | SI/RR |  |
| <b>Standard C4</b> | <b>Facility provides drugs and consumables required for assured list of services.</b>  |  |   |       |  |
| <b>ME C4.1</b>     | The departments have availability of adequate drugs at point of use  | Analgesics/ Antipyretics/Anti inflammatory   | 1 | OB/RR |  |
|                    |  | Antibiotics  | 1 | OB/RR |  |
|                    |  | Anti Diarrhoeal  | 1 | OB/RR |  |
|                    |  | Antiseptic lotion  | 1 | OB/RR |  |
|                    |  | Dressing material  | 1 | OB/RR |  |
|                    |  | IV fluids and plasma expanders   | 1 | OB/RR |  |
|                    |  | Eye and ENT drops  | 1 | OB/RR |  |
|                    |  | Anti allergic  | 1 | OB/RR |  |
|                    |  | Drugs acting on Digestive system   | 1 | OB/RR |  |
|                    |  | Drugs acting on cardio vascular system   | 1 | OB/RR |  |
|                    |  | Drugs acting on central/Peripheral Nervous system                                  | 1 | OB/RR |  |
|                    |  | Drugs acting on respiratory system   | 1 | OB/RR |  |
|                    |  | Drugs acting on uro genital system   | 1 | OB/RR |  |

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|                    |   | Drugs used on Obstetrics and Gynaecology   | 1 | OB/RR  |  |
|                    |   | Hormonal Preparation   | 1 | OB/RR  |  |
|                    |   | Other drugs and materials  | 1 | OB/RR  |  |
|                    |   | Vaccine & Sera   | 1 | OB/RR  |  |
|                    |   | Surgical accessories for Eye   | 1 | OB/RR  |  |
|                    |   | Vitamins and nutritional supplement  | 1 | OB/RR  |  |
| <b>ME C4.2</b>     | The departments have adequate consumables at point of use   | Availability of Consumables  | 1 | OB/RR  |  |
| <b>Standard C5</b> | <b>The facility has equipment &amp; instruments required for assured list of services.</b>  |  |   |        |  |
| <b>ME C5.5</b>     | Availability of Equipment for Storage   | Availability of Equipment for maintenance of Cold chain  | 1 | OB     |  |
| <b>ME C5.6</b>     | Availability of functional equipment and instruments for support services   | Availability of equipment for cleaning   | 1 | OB     |  |
| <b>ME C5.7</b>     | Department have patient furniture and fixtures as per load and service provision  | Storage furniture for drug store   | 1 | OB     |  |
|                    | <b>Area of Concern - D Support Services</b>   |  |   |        |  |
| <b>Standard D1</b> | <b>Facility has established Programme for inspection, testing and maintenance and calibration of Equipment.</b>                     |  |   |        |  |
| <b>ME D1.2</b>     | The facility has established procedure for internal and external calibration of measuring Equipment                                 | All the measuring equipment/ instruments are calibrated  | 1 | OB/ RR |  |
| <b>ME D1.3</b>     | Operating and maintenance instructions are available with the users of equipment  | Operating instructions for ILR/ Deep Freezers are available at cold chain room                   | 1 | OB/SI  |  |
| <b>Standard D2</b> | <b>Facility has defined procedures for storage, inventory management and Dispensing of drugs in pharmacy and patient care areas</b> |  |   |        |  |
| <b>ME D2.1</b>     | There is established procedure for forecasting and indenting drugs and  | Drug store has process to consolidate and calculate the consumption of all drugs and consumables | 1 | RR/SI  |  |

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|                | consumables   |   |   |       |  |
|                |   | Forecasting of drugs and consumables is done scientifically which is realistic & is based on consumption pattern and disease load | 1 | RR/SI |  |
|                |   | Staff is trained for forecasting the requirement using scientific system  | 1 | RR/SI |  |
| <b>ME D2.2</b> | The facility has establish procedure for procurement of drugs | The facility has a established procedure for local purchase of drugs in emergency conditions                                      | 1 | RR/SI |  |
|                |   | The facility has a system for placing requisition to district drug store  | 1 | RR/SI |  |
| <b>ME D2.3</b> | The facility ensures proper storage of drugs and consumables  | There is specified place to store medicines in Pharmacy and drug store  | 1 | OB    |  |
|                |   | All the shelves/racks containing medicines are labelled in pharmacy and drug store  | 1 | OB    |  |
|                |   | Product of similar name and different strength are stored separately  | 1 | OB    |  |
|                |   | Heavy items are stored at lower shelves/racks   | 1 | OB    |  |
|                |   | Fragile items are not stored at the edges of the shelves.   | 1 | OB    |  |
|                |   | Sound alike and look alike medicines are stored separately in patient care area and pharmacy                                      | 1 | OB    |  |
|                |   | There is separate shelf /rack for storage near expiry drugs   | 1 | OB    |  |
|                |   | Drug store and pharmacy has system of inventory Management  | 1 | OB/SI |  |
|                |   | Drugs and consumables are stored away from water and sources of heat, direct sunlight etc.  | 1 | OB/RR |  |
|                |   | Drugs are not stored on floor and adjacent to wall  | 1 | OB    |  |



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| <b>ME D2.4</b> | The facility ensures management of expiry and near expiry drugs                            | The Dispensing counter has system to check the expiry of drugs  | 1 | RR/SI |  |
|                |  | Drug store has system to check the expiry of drugs  | 1 | RR/SI |  |
|                |  | Drug store has system to inform the patient care areas about near expiry and system of call back of Expired drugs | 1 | RR/SI |  |
|                |  | There is a system of periodic random quality testing of drugs   | 1 | RR/SI |  |
| <b>ME D2.5</b> | The facility has established procedure for inventory management techniques                 | Physical verification of inventory is done periodically   | 1 | RR/SI |  |
|                |  | Facility uses bin card system   | 1 | RR/OB |  |
|                |  | First expiry first out system is established for drugs  | 1 | OB    |  |
|                |  | Stores has defined minimum stock for each category of drug as per there consumption pattern                       | 1 | RR/OB |  |
|                |  | Reorder level is defined for each category of drugs   | 1 | RR    |  |
|                |  | Drug store has inventory management software  | 1 | OB/RR |  |
|                |  | Drugs are categorized in Vital, Essential and Desirable (VED)   | 1 | OB/RR |  |
| <b>ME D2.6</b> | There is a procedure for periodically replenishing the drugs in patient care areas         | Hospital has system of collection of medicines from store in case of emergency                                    | 1 | RR/SI |  |
| <b>ME D2.7</b> | There is process for storage of vaccines and other drugs, requiring controlled temperature | Check that vaccines are kept in sequence  | 1 | OB    |  |
|                |  | Work instruction for storage of vaccines are displayed at point of use  | 1 | OB    |  |
|                |  | ILR and deep freezer have functional temperature monitoring devices   | 1 | OB    |  |
|                |  | There is a system in place to maintain temperature chart of ILR   | 1 | OB    |  |

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|                    |   | There is a system in place to maintain temperature chart of deep freezers                | 1 | OB    |  |
|                    |   | Check that thermometer in ILR is in hanging position                                     | 1 | OB    |  |
|                    |   | ILR and deep freezer have functional alarm system  | 1 | SI/RR |  |
|                    |   | the staff is aware of hold over time of cold storage equipments                          | 1 | SI/RR |  |
| <b>ME D2.8</b>     | There is a procedure for secure storage of narcotic and psychotropic drugs  | Narcotic medicines are kept in double lock   | 1 | OB    |  |
|                    |   | Empty ampoules/strips are returned along with narcotic administration detail sheet       | 1 | OB/RR |  |
|                    |   | Hospital has a system to discard the expired narcotic drugs                              | 1 | RR/SI |  |
|                    |   | The facility maintains the list of narcotic and psychotropic drugs available at facility | 1 | RR    |  |
| <b>Standard D3</b> | <b>The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.</b> |  |   |       |  |
| <b>ME D3.2.</b>    | Hospital infrastructure is adequately maintained  | Check for there is no seepage , Cracks, chipping of plaster                              | 1 | OB    |  |
|                    |   | Window panes , doors and other fixtures are intact                                       | 1 | OB    |  |
| <b>ME D3.3</b>     | Patient care areas are clean and hygienic   | Interior of patient care areas are plastered & painted                                   | 1 | OB    |  |
|                    |   | Floors, walls, roof, roof tops, sinks patient care and circulation areas are Clean       | 1 | OB    |  |
|                    |   | Surface of furniture and fixtures are clean  | 1 | OB    |  |
| <b>ME D3.4.</b>    | The facility has policy of removal of condemned junk material   | Actions for removing junk condemned articles are periodically taken                      | 1 | OB    |  |
| <b>ME D3.5</b>     | The facility has established procedures for pest, rodent and animal control   | No stray animal/rodent/birds   | 1 | OB    |  |

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| <b>ME D3.6</b>     | The facility provides adequate illumination level at patient care areas  | Adequate Illumination inside drug store   | 1 | OB    |  |
| <b>ME D3.8</b>     | The facility ensures safe and comfortable environment for patients and service providers   | Temperature control and ventilation in pharmacy is maintained                     | 1 | SI/RR |  |
| <b>ME D3.9</b>     | The facility has security system in place at patient care areas  | Security arrangement at pharmacy is robust  | 1 | OB    |  |
| <b>Standard D4</b> | <b>The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms</b>                           |   |   |       |  |
| <b>ME D4.2</b>     | The facility ensures adequate power backup in all patient care areas as per load   | Availability of power back up in the Pharmacy                                     | 1 | OB/SI |  |
|                    |  | Availability of power back up for the cold chain maintenance                      | 1 | OB/SI |  |
| <b>Standard D8</b> | <b>Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government</b>                             |   |   |       |  |
| <b>ME D8.1</b>     | The facility has requisite licences and certificates for operation of hospital and different activities  | License for storing spirit  | 1 | RR    |  |
| <b>Standard D9</b> | <b>Roles &amp; Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.</b> |   |   |       |  |
| <b>ME D9.1</b>     | The facility has established job description as per govt guidelines  | Staff is aware of their roles and responsibilities                                | 1 | SI    |  |
| <b>ME D9.2</b>     | The facility has a established procedure for duty roster and deputation to different departments   | There is a procedure to ensure that staff is available on duty as per duty roster | 1 | RR/SI |  |
|                    |  | There is designated in charge for department                                      | 1 | SI    |  |
| <b>ME D9.3</b>     | The facility ensures the adherence to dress code as mandated by its administration / the health department   | Pharmacist adhere to their respective dress code                                  | 1 | OB    |  |
|                    | <b>Area of Concern - E Clinical Services</b>   |   |   |       |  |

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| <b>Standard E6</b>  | <b>Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs &amp; their rational use.</b> |   |   |       |
| <b>ME E6.1</b>      | Facility ensured that drugs are prescribed in generic name only   | The facility has essential drug list as per State guideline   | 1 | RR/SI |
|                     |   | Drugs are purchased by generic name only  | 1 | OB    |
|                     |   | The facility has enabling order from state for writing drugs in generic name only                                       | 1 | RR/SI |
|                     |   | The facility provide list of drugs available to different departments as per essential drug list                        | 1 | RR/SI |
|                     |   | There is system of conducting periodic prescription audit to ensure that only generic and rational drugs are prescribed | 1 | RR/SI |
| <b>Standard E7</b>  | <b>Facility has defined procedures for safe drug administration</b>   |   |   |       |
| <b>ME E7.1</b>      | There is process for identifying and cautious administration of high alert drugs  | Pharmacy has list of high risk drugs.   | 1 | RR/SI |
| <b>Standard E8</b>  | <b>Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage</b>                      |   |   |       |
| <b>ME E8.5</b>      | Adequate form and formats are available at point of use   | Standard Formats available  | 1 | RR/OB |
| <b>ME E8.6</b>      | Register/records are maintained as per guidelines   | Pharmacy records are labeled and indexed  | 1 | RR    |
|                     |   | Records are maintained for Pharmacy   | 1 | RR    |
| <b>ME E8.7</b>      | The facility ensures safe and adequate storage and retrieval of medical records   | Pharmacy has adequate facility for storage of records   | 1 | OB    |
| <b>Standard E11</b> | <b>The facility has defined and established procedures for Emergency Services and Disaster Management</b>   |   |   |       |
| <b>ME E11.3</b>     | The facility has disaster management plan in place  | Staff is aware of disaster plan   | 1 | SI/RR |

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|                    |  | Roles and responsibilities of staff in disaster are defined                | 1 | SI/RR |  |
|                    |  | Contingency/Buffer stock for Disaster and mass casualties.                 | 1 | SI/RR |  |
|                    | <b>Area of Concern - F Infection Control</b>   |  |   |       |  |
| <b>Standard F1</b> | <b>Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection</b>          |  |   |       |  |
| <b>ME F1.4</b>     | There is Provision of Periodic Medical Checkups and immunization of staff  | There is a procedure for immunization of the staff                         | 1 | SI/RR |  |
|                    |  | Periodic medical checkups of the staff are conducted                       | 1 | SI/RR |  |
| <b>ME F1.6</b>     | Facility has defined and established antibiotic policy   | Check for Pharmacist are aware of Hospital Antibiotic Policy               | 1 | SI/RR |  |
| <b>Standard F5</b> | <b>Physical layout and environmental control of the patient care areas ensures infection prevention</b>  |  |   |       |  |
| <b>ME F5.2</b>     | Facility ensures availability of standard materials for cleaning and disinfection of patient care areas  | Availability of cleaning agent as per requirement                          | 1 | OB/SI |  |
| <b>Standard F6</b> | <b>Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.</b> |  |   |       |  |
| <b>ME F6.1</b>     | Facility Ensures segregation of Bio Medical Waste as per guidelines  | Availability of colour coded bins and liner for disposal of expired drugs  | 1 | OB    |  |
|                    |  | There is no mixing of infectious and general waste                         | 1 | OB    |  |
| <b>ME F6.3</b>     | Facility ensures transportation and disposal of waste as per guidelines  | Disposal of expired drugs as per state guidelines                          | 1 | SI/OB |  |
|                    | <b>Area of Concern - G Quality Management</b>  |  |   |       |  |
| <b>Standard G3</b> | <b>Facility have established internal and external quality assurance programs wherever it is critical to quality.</b>                          |  |   |       |  |
| <b>ME G3.1</b>     | Facility has established internal quality assurance program at relevant departments  | Physical verification of the inventory by Pharmacist at periodic intervals | 1 | SI/RR |  |

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| ME G3.3     | Facility has established system for use of check lists in different departments  | Departmental checklist are used for monitoring and quality assurance                                  | 1 | SI/RR |  |
|             |  | Staff is designated for filling and monitoring of these checklists                                    | 1 | SI    |  |
| Standard G4 | <b>Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.</b> |   |   |       |  |
| ME G4.1     | Departmental standard operating procedures are available   | Standard operating procedure for department has been prepared and approved                            | 1 | RR    |  |
|             |  | Current version of SOP are available with process owner   | 1 | OB/RR |  |
| ME G4.2     | Standard Operating Procedures adequately describes process and procedures  | Department has documented procedure for indent the drugs and items from district drug warehouse       | 1 | RR    |  |
|             |  | Department has documented procedure for local purchase of drugs/ generic drug stores                  | 1 | RR    |  |
|             |  | Department has documented procedure for reception of drugs and items                                  | 1 | RR    |  |
|             |  | Department has documented procedure for storage of drugs  | 1 | RR    |  |
|             |  | Department has documented procedure for disposal of expired drugs                                     | 1 | RR    |  |
|             |  | Department has documented procedure for dispensing of medicines at Pharmacy                           | 1 | RR    |  |
|             |  | Department has documented procedure of supply the drugs to patient care area                          | 1 | RR    |  |
|             |  | Department has documented procedure for issue of the drugs in emergency condition                     | 1 | RR    |  |
|             |  | Department has documented procedure for maintenance of temperature of ILR/Deep freezer /refrigerators | 1 | RR    |  |

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|                    |  | Department has documented procedure for maintaining near expiry drugs at store and pharmacy | 1 | RR    |  |
|                    |  | Department has documented procedure for rational use of drugs and prescription audit        | 1 | RR    |  |
|                    |  | Department has documented procedure for storage of narcotic and psychotropic drugs          | 1 | RR    |  |
|                    |  | Department has documented system for periodic random check and quality testing of drugs     | 1 | RR    |  |
| <b>ME G4.3</b>     | Staff is trained and aware of the standard procedures written in SOPs  | Check staff is aware of relevant part of SOPs   | 1 | SI/RR |  |
| <b>ME G4.4</b>     | Work instructions are displayed at Point of use  | Work instruction/clinical protocols are displayed   | 1 | OB    |  |
| <b>Standard G5</b> | <b>The facility has established system of periodic review as internal assessment, medical &amp; death audit and prescription audit</b> |   |   |       |  |
| <b>ME G5.1</b>     | The facility conducts periodic internal assessment   | Internal assessment is done at periodic interval  | 1 | RR/SI |  |
| <b>ME G5.2</b>     | The facility conducts the periodic prescription/medical/death audits   | Pharmacy department coordinates the prescription audit                                      | 1 | RR/SI |  |
|                    |  | Storage and compilation of records of prescription audit                                    | 1 | RR/SI |  |
| <b>ME G5.3</b>     | The facility ensures non compliances are enumerated and  | Non Compliance are enumerated and recorded  | 1 | RR/SI |  |
| <b>ME 5.4</b>      | Action plan is made on the gaps found in the assessment / audit process  | Action plan is prepared   | 1 | RR/SI |  |
| <b>ME G5.5</b>     | Corrective and preventive actions are taken to address   | Corrective and preventive actions taken   | 1 | RR/SI |  |
| <b>Standard G6</b> | <b>The facility has defined and established Quality Policy &amp; Quality Objectives</b>  |   |   |       |  |
| <b>ME G6.2</b>     | The facility periodically defines its quality objectives and key departments have their  | Quality objectives for Pharmacy are defined   | 1 | RR/SI |  |



|                    |   |   |   |       |  |
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|                    | own objectives  |   |   |       |  |
| <b>ME G6.3</b>     | Quality policy and objectives are disseminated and staff is aware of that                                       | Check if staff is aware of quality policy and objectives                | 1 | SI    |  |
| <b>ME G6.4</b>     | Progress towards quality objectives is monitored periodically   | Quality objectives are monitored and reviewed periodically              | 1 | SI/RR |  |
| <b>Standard G7</b> | <b>Facility seeks continually improvement by practicing Quality method and tools.</b>                           |   |   |       |  |
| <b>ME G7.1</b>     | Facility uses method for quality improvement in services  | PDCA  | 1 | SI/RR |  |
|                    |   | 5S  | 1 | SI/OB |  |
|                    |   | Process Mapping   | 1 | SI/OB |  |
|                    |   | Any other method of QA  | 1 | SI/RR |  |
| <b>ME G7.2</b>     | Facility uses tools for quality improvement in services   | 6 basic tools of Quality  | 1 | SI/RR |  |
|                    |   | Pareto / Prioritization   | 1 | SI/RR |  |
|                    | <b>Area of Concern - H Outcome</b>  |   |   |       |  |
| <b>Standard H1</b> | <b>The facility measures Productivity Indicators and ensures compliance with State/National benchmarks</b>      |   |   |       |  |
| <b>ME H1.1</b>     | Facility measures productivity Indicators on monthly basis  | Percentage of drugs available against essential drug list               | 1 | RR    |  |
| <b>ME H1.2</b>     | The Facility measures equity indicators periodically  | Expenditure on drugs procured through local purchase for BPL patient    | 1 | RR    |  |
| <b>Standard H2</b> | <b>The facility measures Efficiency Indicators and ensure to reach State/ National Benchmark</b>                |   |   |       |  |
| <b>ME H2.1</b>     | Facility measures efficiency Indicators on monthly basis  | Number of stock out situations for Vital category of drugs/consumables. | 1 | RR    |  |
|                    |   | Turn Around time for dispensing medicine at Dispensary                  | 1 | RR    |  |
|                    |   | Percentage of drugs expired during the months                           | 1 | RR    |  |
| <b>Standard H3</b> | <b>The facility measures Clinical Care &amp; Safety Indicators and tries to reach State/ National benchmark</b> |   |   |       |  |
| <b>ME H3.1</b>     | Facility measures Clinical Care & Safety Indicators   | Proportion of prescription found prescribing non generic drugs          | 1 | RR    |  |

|                    |   |  |   |    |  |
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|                    | on monthly basis  |  |   |    |  |
|                    |   | No of adverse drug reaction per thousand patients      | 1 | RR |  |
|                    |   | Antibiotic rate  | 1 | RR | No. of antibiotic prescribed /No. of patient admitted or consulted |
|                    |   | Percentage of irrational use of drugs/overprescription | 1 | RR |  |
| <b>Standard H4</b> | <b>The facility measures Service Quality Indicators and endeavours to reach State /National benchmark</b> |  |   |    |  |
| <b>ME H4.1</b>     | Facility measures Service Quality Indicators on monthly basis   | Waiting time for Pharmacy Counter                      | 1 | RR |  |

| Pharmacy Card |                            |           |
|---------------|----------------------------|-----------|
|               | <b>Pharmacy Score</b>      | <b>50</b> |
|               | Area of Concern wise Score |           |
| <b>A</b>      | Service Provision          | 50        |
| <b>B</b>      | Patient Rights             | 50        |
| <b>C</b>      | Inputs                     | 50        |
| <b>D</b>      | Support Services           | 50        |
| <b>E</b>      | Clinical Services          | 50        |
| <b>F</b>      | Infection Control          | 50        |
| <b>G</b>      | Quality Management         | 50        |
| <b>H</b>      | Outcome                    | 50        |