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D.O. No. - NHSRC/CU/23-24/CG
Date: 6th August 2024

Subject: National Quality Certification Status of Four (04) Public Health Facilities in the State of Chhattisgarh under NQAS Program

Dear Sir,

At the outset, I congratulate you and your state team for taking up **Four (04)** Public Health Facilities from the **State of Chhattisgarh** for Quality Certification under NQAS program. The facilities underwent External Assessment by the empanelled NQAS external assessors. The assessment details are as follows:

Sl. No.	Name of Facility	Date of Assessment	Departments/ Packages	Certification Criteria	Overall Score	Certification Status
1	AAM-SHC Gatam (Dantewada)	15-Jul-2024	7 Mandatory Service Packages	Met 6 out of 6 Criteria	89.88 %	Quality Certified
2	AAM-SHC Sakri(RPR) (Baloda Bazar)	18-Jul-2024	12 Service Packages	Met 6 out of 6 Criteria	85.82 %	Quality Certified
3	AAM-PHC Pahariya (Janjgir -Champa)	19-Jul-2024 To 20-Jul-2024	6 Departments	Met 5 out of 5 Criteria	91.49 %	Quality Certified
4	AAM_SHC Nardha (Baloda Bazar)	20-Jul-2024	12 Service Packages	Met 6 out of 6 Criteria	87.71 %	Quality Certified

Hence, **AAM-SHC Gatam** (Dantewada), **AAM-SHC Sakri (RPR)** (Baloda Bazar), **AAM-PHC Pahariya** (Janjgir - Champa), **AAM-SHC Nardha** (Baloda Bazar) in the **State of Chhattisgarh** are granted '**Quality Certified**' under NQAS Program

The certified health facilities should strive to work on recommended Areas of Improvements and submit the action plan to the State Quality Assurance Unit. The State Quality assurance unit is expected to verify the improvement in the surveillance audits and submit the status to Certification Unit NHSRC along with the surveillance reports.

Summary of the Assessment Reports of aforementioned facilities is enclosed as **Appendices A to D**.

With regards

Yours Sincerely,



Shri Jagdish Sonkar

Mission Director (NHM), Department of (H&FW),
Government of Chhattisgarh, Swasthya Bhawan
3rd Floor, Sector-19, North Block, Atal Nagar Nava Raipur,
Chhattisgarh-492002

Copy to:

1. The State Quality Assurance Unit (QA Cell), Department of (H&FW) Govt. of Chhattisgarh, Housing Board Commercial Complex 4th Floor, Sector-27, North-East Corner, Atal Nagar Chhattisgarh-492015
2. Community Health Officer, AAM-SHC Gatam, Dantewada.
3. Community Health Officer, AAM-SHC Sakri (RPR), Baloda Bazar.
4. Medical Officer In-charge, AAM-PHC Pahariya, Janjgir champa
5. Community Health Officer, AAM-SHC Nardha, Baloda Bazar.

Summary of External Assessment Report (Appendix A)

Name of the facility: AAM-SHC Gatam, Dantewada, Chhattisgarh

Date of External Assessment: 15-Jul-2024 to 15-Jul-2024

Overall Score of Health facility: 89.88 %

1. Compliance to certification criteria

Sl. No.	Criteria Name	Score Required	Meets Criteria
1	Aggregate score of the health facility	≥ 70 %	Criteria Met 89.88 %
2	Score of each Service Package of the health facility	≥ 70 %	Criteria Met
3	Aggregated score in each Area of Concern	≥ 60 %	Criteria Met Refer Table - 3
4	Score of Standard of A1, D3,D4,D5,G2	≥ 60 %	Criteria Met Standard A1 - 86.76 % Standard D3 - 90.63 % Standard D4 - 93.33 % Standard D5 - 87.04 % Standard G2 - 100.0 %
5	Individual Standard wise score	≥ 50 %	Criteria Met Refer Table - 4
6	Patient Satisfaction Score in the preceding quarter or more (Satisfied or Highly satisfied on Mera-Aspataal)	PSS ≥ 60 %	Criteria Met (PSS Score - 83.2%)

2. Departmental Score:

Sl. No.	Department	Score (%)
1	Care in pregnancy & Childbirth	95.95
2	Childhood & adolescent Health Services	82.14
3	Drugs & Diagnostics	83.64
4	Family Planning	88.46
5	Management of Communicable diseases	88.10
6	Management of Non-Communicable Diseases	92.86
7	Neonatal & Infant Health Services	97.22

3. Area of Concern wise Score:

Sl. No.	Area of Concern	Score (%)
A	Service Provision	85.53
B	Patients Right	85.71
C	Inputs	83.59
D	Support Services	92.05
E	Wellness & Clinical Services	90.91
F	Infection Control	91.94
G	Quality Management	94.64
H	Outcome	96.30

4. Score against each Standard:

Reference No.	Area of Concern & Standards	Score (%)
Standard A1	The facility provides Comprehensive Primary Healthcare Services	86.76
Standard A2	The facility provides drugs and diagnostic services as mandated	75.00
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	78.57
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	72.22
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	100.00
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	91.67
Standard B5	The facility ensures all services are provided free of cost to its users	100.00
Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users	84.38
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	92.86
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	81.25
Standard C4	The facility provides drugs and consumables required for assured services	83.33
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	66.67

Standard D1	The facility has established Programme for maintenance and upkeep of the facility	100.00
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	92.86
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	90.63
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	93.33
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	87.04
Standard D6	The facility is compliant with statutory and regulatory requirement	100.00
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	85.71
Standard E2	The facility has defined and established procedures for continuity of care through two-way referral	92.86
Standard E3	The facility has defined and established procedures of diagnostic services.	75.00
Standard E4	The facility has defined procedures for safe drug administration.	87.50
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	100.00
Standard E6	The facility has defined and established procedures for nursing care.	87.50
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	87.50
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	93.10
Standard E13	The facility has established procedures for care of newborn, infant and child as per guidelines	92.65
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	90.00
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	75.00
Standard E16	The facility has established procedures for Antenatal care as per guidelines	94.00
Standard E18	The facility has established procedure for post-natal Care	100.00

Standard F1	The facility has established program for infection prevention and control	100.00
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	100.00
Standard F3	The facility ensures standard practices and equipment for personal protection	100.00
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	91.67
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	86.67
Standard G1	The facility has established organizational framework for quality improvement.	100.00
Standard G2	The facility has established system for patient and employee satisfaction	100.00
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	92.86
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	93.75
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	83.33
Standard H1	The facility measures productivity indicators	100.00
Standard H2	The facility measures efficiency indicators.	85.71
Standard H3	The facility measures clinical care indicators.	100.00
Standard H4	The facility measures service quality indicators	100.00

Summary of External Assessment Report (Appendix-B)

Name of the facility: AAM-SHC Sakri (RPR), Baloda Bazar, Chhattisgarh

Date of External Assessment: 18-Jul-2024 to 18-Jul-2024

Overall Score of Health facility: 85.82 %

1. Compliance to certification criteria

Sl. No.	Criteria Name	Score Required	Meets Criteria
1	Aggregate score of the health facility	≥ 70 %	Criteria Met 85.82 %
2	Score of each Service Package of the health facility	≥ 70 %	Criteria Met
3	Aggregated score in each Area of Concern	≥ 60 %	Criteria Met Refer Table - 3
4	Score of Standard of A1, D3, D4, D5,G2	≥ 60 %	Criteria Met Standard A1 - 79.0 % Standard D3 - 78.13 % Standard D4 - 73.33 % Standard D5 - 77.78 % Standard G2 - 100.0 %
5	Individual Standard wise score	≥ 50 %	Criteria Met Refer Table - 4
6	Patient Satisfaction Score in the preceding quarter or more (Satisfied or Highly satisfied on Mera-Aspataal)	PSS ≥ 60 %	Criteria Met (PSS Score - 89.86%)

2. Departmental Score:

Sl. No.	Department	Score (%)
1	Oral health care.	85.71
2	Care for Common Ophthalmic and ENT	80.56
3	Care in pregnancy & Childbirth	94.79
4	Childhood & adolescent Health Services	92.86
5	Drugs & Diagnostics	83.61
6	Elderly and Palliative health care	80.77
7	Emergency Medical Services	83.33
8	Family Planning	92.31
9	Management of Communicable diseases	88.10
10	Management of Mental health ailments.	78.57
11	Management of Non-Communicable Diseases	81.63
12	Neonatal & Infant Health Services	83.33

3. Area of Concern wise Score:

Sl. No.	Area of Concern	Score (%)
A	Service Provision	79.63
B	Patients Right	91.67
C	Inputs	85.33
D	Support Services	78.98
E	Wellness & Clinical Services	88.82
F	Infection Control	88.71
G	Quality Management	86.11
H	Outcome	83.93

4. Score against each Standard:

Reference No.	Area of Concern & Standards	Score (%)
Standard A1	The facility provides Comprehensive Primary Healthcare Services	79.00
Standard A2	The facility provides drugs and diagnostic services as mandated	87.50
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	89.29
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	77.78
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	100.00
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	100.00
Standard B5	The facility ensures all services are provided free of cost to its users	100.00
Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users	82.35
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	85.71
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	87.50
Standard C4	The facility provides drugs and consumables required for assured services	86.49
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	83.33

Standard D1	The facility has established Programme for maintenance and upkeep of the facility	87.50
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	75.00
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	78.13
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	73.33
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	77.78
Standard D6	The facility is compliant with statutory and regulatory requirement	100.00
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	96.43
Standard E2	The facility has defined and established procedures for continuity of care through two-way referral	85.71
Standard E3	The facility has defined and established procedures of diagnostic services.	87.50
Standard E4	The facility has defined procedures for safe drug administration.	81.25
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	94.44
Standard E6	The facility has defined and established procedures for nursing care.	93.75
Standard E7	The facility has defined and established procedures for Emergency care	66.67
Standard E8	The facility has defined & established procedures for management of ophthalmic, ENT and Oral ailments as per operational/ clinical guidelines	86.11
Standard E9	The facility has defined & established procedure for screening & basic management of Mental Health ailments as per Operational/ clinical guidelines	80.00
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	93.75
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	82.76
Standard E12	Elderly & palliative health care services are provided as per guidelines	81.82
Standard E13	The facility has established procedures for care of newborn, infant and child as per guidelines	88.24

Standard E14	The facility has established procedures for family planning as per government guidelines and law.	100.00
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	75.00
Standard E16	The facility has established procedures for Antenatal care as per guidelines	96.00
Standard E17	The facility has established procedure for intra-natal care as per guidelines	87.50
Standard E18	The facility has established procedure for post-natal Care	100.00
Standard F1	The facility has established program for infection prevention and control	100.00
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	87.50
Standard F3	The facility ensures standard practices and equipment for personal protection	100.00
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	75.00
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	90.00
Standard G1	The facility has established organizational framework for quality improvement.	85.71
Standard G2	The facility has established system for patient and employee satisfaction	100.00
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	93.33
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	62.50
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	100.00
Standard H1	The facility measures productivity indicators	87.50
Standard H2	The facility measures efficiency indicators.	85.71
Standard H3	The facility measures clinical care indicators.	75.00
Standard H4	The facility measures service quality indicators	100.00

Summary of External Assessment Report (Appendix-C)

Name of the facility: AAM-PHC Pahariya ,Janjgir - Champa , Chhattisgarh

Date of External Assessment: 19-Jul-2024 to 20-Jul-2024

Overall Score of Health facility: 91.49 %

1. Compliance to certification criteria

Sl. No.	Criteria Name	Score Required	Meets Criteria
1	Aggregate score of the health facility	≥ 70 %	Criteria Met 91.49 %
2	Aggregated score in each Area of Concern	≥ 60 %	Criteria Met Refer Table - 3
3	Score of Standard of A2, B4, F6	≥ 60 %	Criteria Met Standard A2 - 93.1 % Standard B4 - 100.0 % Standard F6 - 100.0 %
4	Individual Standard wise score	≥ 50 %	Criteria Met Refer Table - 4
5	Patient Satisfaction Score in the preceding quarter or more (Satisfied or Highly satisfied on Mera-Aspataal)	PSS ≥ 60 %	Criteria Met (PSS Score - 80.0%)

2. Departmental Score:

Sl. No.	Department	Score (%)
1	OPD	90.0
2	Labour room	94.9
3	Indoor	90.63
4	Laboratory	92.52
5	NHP	89.61
6	General	92.35

3. Area of Concern wise Score:

Sl. No.	Area of Concern	Score (%)
A	Service Provision	90.52
B	Patient Rights	97.56
C	Inputs	91.1
D	Support Services	90.71
E	Clinical Services	90.2
F	Infection Control	98.01
G	Quality Management	88.94
H	Outcomes	86.96

4. Score against each Standard:

Reference No.	Area of Concern & Standards	Score (%)
Standard A1	Facility provides primary level curative services	87.5
Standard A2	The facility provides RMNCHA Services	93.1
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.	85.0
Standard A4	The facility provides services as mandated in the National Health Programmes /State scheme(s).	91.51
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities	98.68
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there is no barrier on account of physical, economic, cultural or social status.	96.88
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.	91.67
Standard B4	The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of hospital services.	100.0
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	91.3
Standard C2	The facility ensures the physical safety including fire safety of the infrastructure.	94.0
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	86.29

Standard C4	The facility provides drugs and consumables required for assured services.	96.3
Standard C5	The facility has equipment & instruments required for assured list of services.	89.06
Standard D1	The facility has a established Facility Management Program for Maintenance & Upkeep of Equipment & Infrastructure to provide safe & Secure environment to staff & Users	96.77
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	91.11
Standard D3	The facility ensures availability of diet, linen, water and power backup as per requirement of service delivery & support services norms	73.68
Standard D4	The facility has defined and established procedures for promoting public participation in management of hospital with transparency and accountability.	92.31
Standard D5	Hospital has defined and established procedures for Financial Management & monitoring of quality of outsourced services.	95.83
Standard D6	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	100.0
Standard D7	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	96.67
Standard D8	Hospital has defined and established procedure for monitoring & reporting of National Health Program as per state specifications	81.94
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	90.91
Standard E2	The facility has procedures for continuity of care of patient.	92.65
Standard E3	The facility has defined and established procedures for nursing care	81.82
Standard E4	The facility has defined & follows procedure for drug administration, and standard treatment guidelines, as defined by the government	82.81
Standard E5	The facility has defined and established procedures for maintaining, updating of patients? clinical records and their storage	91.07
Standard E6	The facility has defined and established procedures for discharge of patient.	81.82
Standard E7	The facility has defined and established procedures for Emergency Services and Disaster Management	61.76

Standard E8	The facility has defined and established procedures for diagnostic services	92.86
Standard E9	The facility has established procedures for Antenatal care as per guidelines	97.73
Standard E10	The facility has established procedures for Intra-natal care as per guidelines	100.0
Standard E11	The facility has established procedures for postnatal care as per guidelines	100.0
Standard E12	The facility has established procedures for care of newborn, infant and child as per guidelines	92.86
Standard E13	The facility has established procedures for abortion and family planning as per government guidelines and law	84.38
Standard E14	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines	90.0
Standard E15	The facility provides National health Programme as per operational/Clinical Guidelines of the Government	91.15
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection	100.0
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	98.39
Standard F3	The facility ensures availability of material for personal protection, and facility staff follow standard precaution for personal protection.	100.0
Standard F4	The facility has standard procedures for decontamination, disinfection & sterilization of equipment and instruments	95.24
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	92.5
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	100.0
Standard G1	The facility has defined and established organizational framework & Quality policy for Quality Assurance	100.0
Standard G2	The facility has established system for patient and employee satisfaction	100.0
Standard G3	The facility has established system for assuring and improving quality of Clinical & support services by internal & external program.	78.95

Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	89.02
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	80.43
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	95.0
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	85.29
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark	88.89

Summary of External Assessment Report (Appendix-D)

Name of the facility: AAM-SHC Nardha, Baloda Bazar, Chhattisgarh

Date of External Assessment: 20-Jul-2024 to 20-Jul-2024

Overall Score of Health facility: 87.71 %

1. Compliance to certification criteria

Sl. No.	Criteria Name	Score Required	Meets Criteria
1	Aggregate score of the health facility	≥ 70 %	Criteria Met 87.71 %
2	Score of each Service Package of the health facility	≥ 70 %	Criteria Met
3	Aggregated score in each Area of Concern	≥ 60 %	Criteria Met Refer Table - 3
4	Score of Standard of A1, D3,D4,D5,G2	≥ 60 %	Criteria Met Standard A1 - 87.0 % Standard D3 - 87.5 % Standard D4 - 83.33 % Standard D5 - 72.22 % Standard G2 - 100.0 %
5	Individual Standard wise score	≥ 50 %	Criteria Met Refer Table - 4
6	Patient Satisfaction Score in the preceding quarter or more (Satisfied or Highly satisfied on Mera-Aspataal)	PSS ≥ 60 %	Criteria Met (PSS Score - 92.06%)

2. Departmental Score:

Sl.No.	Department	Score (%)
1	Oral health care.	78.57
2	Care for Common Ophthalmic and ENT	80.56
3	Care in pregnancy & Childbirth	89.58
4	Childhood & adolescent Health Services	82.14
5	Drugs & Diagnostics	87.70
6	Elderly and Palliative health care	84.62
7	Emergency Medical Services	83.33
8	Family Planning	92.31
9	Management of Communicable diseases	88.10
10	Management of Mental health ailments.	92.86
11	Management of Non-Communicable Diseases	92.86
12	Neonatal & Infant Health Services	91.67

3. Area of Concern wise Score:

Sl. No.	Area of Concern	Score (%)
A	Service Provision	87.04
B	Patients Right	84.52
C	Inputs	89.33
D	Support Services	81.25
E	Wellness & Clinical Services	89.04
F	Infection Control	93.55
G	Quality Management	87.50
H	Outcome	92.86

4. Score against each Standard:

Reference No.	Area of Concern & Standards	Score (%)
Standard A1	The facility provides Comprehensive Primary Healthcare Services	87.00
Standard A2	The facility provides drugs and diagnostic services as mandated	87.50
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	89.29
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	61.11
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	93.75
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	83.33
Standard B5	The facility ensures all services are provided free of cost to its users	100.00
Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users	85.29
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	100.00
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	81.25
Standard C4	The facility provides drugs and consumables required for assured services	93.24
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	75.00

Standard D1	The facility has established Programme for maintenance and upkeep of the facility	91.67
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	75.00
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	87.50
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	83.33
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	72.22
Standard D6	The facility is compliant with statutory and regulatory requirement	100.00
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	82.14
Standard E2	The facility has defined and established procedures for continuity of care through two-way referral	92.86
Standard E3	The facility has defined and established procedures of diagnostic services.	87.50
Standard E4	The facility has defined procedures for safe drug administration.	87.50
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	88.89
Standard E6	The facility has defined and established procedures for nursing care.	87.50
Standard E7	The facility has defined and established procedures for Emergency care	83.33
Standard E8	The facility has defined & established procedures for management of ophthalmic, ENT and Oral ailments as per operational/ clinical guidelines	77.78
Standard E9	The facility has defined & established procedure for screening & basic management of Mental Health ailments as per Operational/ clinical guidelines	100.00
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	89.58
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	96.55
Standard E12	Elderly & palliative health care services are provided as per guidelines	81.82
Standard E13	The facility has established procedures for care of newborn, infant and child as per guidelines	91.18

Standard E14	The facility has established procedures for family planning as per government guidelines and law.	90.00
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	100.00
Standard E16	The facility has established procedures for Antenatal care as per guidelines	88.00
Standard E17	The facility has established procedure for intra-natal care as per guidelines	91.67
Standard E18	The facility has established procedure for post-natal Care	100.00
Standard F1	The facility has established program for infection prevention and control	83.33
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	100.00
Standard F3	The facility ensures standard practices and equipment for personal protection	100.00
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	91.67
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	93.33
Standard G1	The facility has established organizational framework for quality improvement.	85.71
Standard G2	The facility has established system for patient and employee satisfaction	100.00
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	93.33
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	75.00
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	83.33
Standard H1	The facility measures productivity indicators	87.50
Standard H2	The facility measures efficiency indicators.	85.71
Standard H3	The facility measures clinical care indicators.	100.00
Standard H4	The facility measures service quality indicators	100.00