# Study on Assessing Quality of Health Care Services Through Hospitals to Customers of Aditya Birla Health Insurance

***By***

*Preeti Sagar*

*Dissertation submitted in partial fulfillment of the requirements of the degree*

*MBA Hospital and Health Management*

*Academic year, 2017-2019*

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INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

**TO WHOMSOEVER MAY CONCERN**

This is to certify that **Dr. Preeti Sagar** student of MBA Health and Hospital Management from The IIHMR University, Jaipur has undergone internship training at **Aditya Birla Capital, Mumbai** from **1st February 2019 to 30th April, 2019.**

The Candidate has successfully carried out the study on '**Assessing quality of health care services through hospitals to customers of Aditya Birla Health Insurance Co.Ltd.**' designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

(Col) Dr. Ashok Kaushik
Dean, Academic and Student Affairs
The IIHMR University, Jaipur

17 May 2019

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May 10, 2019

Internship Completion Certificate
To Whom So Ever It May Concern

This is to certify that **Ms. Preeti Sagar** has completed her internship with **Aditya Birla Health Insurance Company Limited (ABHICL)** from **1st February 2019 to 30th April 2019.**

She has successfully completed her project **"Study on accessibility of quality health care services through hospitals to customers of ABHICL."**

Her performance was found to be as per the high standard required by ABHICL.

We wish her all the best in her future endeavours.

Thanking you,

Yours sincerely,

Anuradha Puranik
Head – Corporate HR

Certificate of original work

**THE IIHMR UNIVERSITY, JAIPUR**

**CERTIFICATE BY SCHOLAR**

This is to certify that the dissertation titled **Assessing the quality of health care services through hospitals to customers of Aditya Birla Health Insurance Co.Ltd.** and submitted by **Dr. Preeti Sagar** Enrollment No. **0628** under the supervision of **Dr. Nutan P Jain** for award of MBA in Hospital and Health of the University carried out during the period from February 18th, 2019 to April 30th, 2019 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

# *Acknowledgement*

I owe immense appreciation to some people for their contribution towards this work. This study could not have been successful without the support of some concerned people. I extend my sincere gratitude to my mentor, **Jenisha Sharma**, Manager, Provider and Partner Management of Aditya Birla Health Insurance Company Limited. Her dynamic thinking, her broad and profound knowledge, her critical thinking has given me constant encouragement to achieve the task allotted and perform better. I am thankful to her for spending her valuable time with me and giving me insights to complete this work. I would also like to thank my parents and friends who helped me a lot in finalizing my projects within the limited time frame.

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**A study on quality of health care services through hospitals to customers of Aditya Birla Health Insurance**

**INTRODUCTION-**

A Health Insurance Company needs to build a network of good quality and affordable hospitals, Diagnostic Centre's, doctors etc. to provide the cashless facility to their customers at the time of need of hospitalization. Measuring the quality of healthcare services is a necessary step in the process of improving health outcome. To ensure the quality of healthcare, the company collects data at the time of hospitalization using "Hospital Information Sheet" however, the data collected is limited and does not provide a deep understanding of the quality practices followed by the hospital. In order to collect detailed hospital information and mitigate any kind of risk to the customer, Aditya Birla Health Insurance, conducts a hospital Quality Audit. This information would help in categorizing the hospitals in different quality profiles. These analytics and hospital profiles then enable the team to negotiate better rates with the hospitals, maintain a good quality network and design network specific products.

Below mentioned process was used to do the quality survey of the empaneled hospitals of Mumbai and Pune.

Process Flow of Quality Survey visit-

Target list of hospitals for Quality Survey

Formal email with QSQ questionnaire is sent

Date of survey is fixed with the hospital over phone

Detailed Visit of the facility and data is collected through a questionnaire from the hospital

Quality check is done to assure the completeness of the survey

Data collection, digitization and scoring is done in MS Excel Sheet

Grading of the hospitals (A, B, C, D) is done based on the scores obtained

**Rationale-**

Profiling of the empanelled hospitals, known for providing best quality of services with affordable costs and the cost of services, so that customers can get good quality of health services with lower costs.

**Research Question-**

What is status of quality of health care services through hospitals to customers of Aditya Birla Health Insurance?

**Objectives-**

- To study quality of services related to health insurance of the empanelled hospitals.
- To suggest ways to improve quality, if required

**Literature Review-**

- *Caitlin Morris and Kim Bailey* wrote an article published in *Families USA ,the voice for health care consumers* in the year May 2014 about 'Measuring health care quality: An overview of quality measures' says that measuring the quality of health care is important because it tells us how the health system is performing and leads to improved care. Different quality measures are used like structure, process, outcome and patient experience. Structure measures are necessary to ensure that all plans, providers, and care settings have the critical tools needed to provide high-quality care. This provide essential information about a provider's ability and/or capacity to provide high-quality care.

- An article named "Service quality in healthcare establishments" by *F Talib et al.*published in *Int.J.Behavioural and Healthcare Reasearch,Vol.5,Nos.1/2,2015* stated that there is need to increase the efficiency and effectiveness of healthcare services in the present situation as there is need of attention towards continuous

improvement. Improving quality of healthcare services and patient satisfaction apart from increasing accessibility and affordability to its population in the face of limited resources have become a major challenge for developing countries and have gained increasing attention in recent years.

- Maartje De Vos et al. in his article "Using quality indicators to improve hospital care" published in, *International Journal for Quality in Health Care*, Volume 21, Issue 2, April 2009, Pages 119–129 said that monitoring the health care quality makes hospital care more transparent for physicians, hospitals and patients. Furthermore, it provides information to target quality improvement initiatives. Evidence suggests that audit and feedback based on indicator data can be effective in changing health care professional practice. Monitoring the indicator data may also help to target specific quality improvement initiatives such as educational programs and development of protocols.

- An article published in *International Journal of business management Vol. 12, No. 9; 2017* on "*Health care service quality and its impact on Patient satisfaction*" on 12August,2017 by *Rula Al-Damen* highlighted that service quality has become an important topic in view of its significant relationship to profit, cost saving and market share. There is a growing consensus that patient satisfaction is an important indicator of health care quality and many hospitals are searching for ways to change the delivery of patient care through quality improvement initiatives. In the hospitals, quality of care is measured with two metrics: patient outcomes and patient satisfaction. It is found that patient satisfaction increases patient retention, willingness to recommend, improve the rate of patient compliance with physician advice and requests. It improves trust, loyalty and decreases the number of lawsuits. Service quality is often regarded as the antecedent of patient satisfaction. For these reasons patient satisfaction survey is an effective tool that provides information and insight on patients' views of the services they receive.

- *Oliver Groene* in his article on" *Patient centeredness and quality improvement efforts in hospitals: rationale, measurement, implementation*" published in *International Journal for quality in healthcare, Volume 23, Issue 5, October 2011, Pages 531–53* said that patient centred care is increasingly being acknowledged as a integral part of

evaluating health care . From a quality improvement perspective, a patient-centred approach may be justified by better meeting patients' rights, improving health outcomes or using information provided by patients to contribute to organizational learning.

**Methodology-**

The present study is descriptive in nature. The study was conducted in the empaneled hospitals of Mumbai and Pune for checking the quality of health care services provided by hospitals to the customers of Aditya Birla Health Insurance.

**Study population-** The sampled hospitals' staff in Pune and Mumbai who helped in filling the questionnaire and conducting the whole hospital visit (Table 1)

Table 1: List of Respondents by their designations and location

| Type of staff | Hospital in Pune | Hospital in Mumbai | Total |
|---|---|---|---|
| TPA staff | 5 | 20 | 25 |
| Quality Manager | 1 | 0 | 1 |
| Assistant Manager | 0 | 2 | 2 |
| Nursing superintendent | 1 | 3 | 4 |
| Marketing staff | 1 | 3 | 4 |
| Head of the organization | 0 | 10 | 10 |
| Doctors | 0 | 4 | 4 |
| Total | 8 | 42 | 50 |

**Duration of study-** February 18 to April 18, 2019

**Sample and Sample size-** 50 Hospitals (42 hospitals in Mumbai and 8 hospitals in Pune)

From all the empanelled hospitals of Mumbai and Pune, a list of 50 hospitals was given by the management. Visit was made to all the 50 hospitals for the quality survey according to the appointments fixed.

**Methods of Data Collection**

Interaction with the staff and Observation

Structure and the services available in the hospital were observed along with a staff of the facility as well as basic information about infrastructure, clinical services, non clinical services, clinical governance, patient centric and outcome indicators were asked to compete the quality survey questionnaire.

**Tool of Data Collection**

A Quality Survey Questionnaire was provided by the management to collect the hospital information on various parameters such as basic hospital information, infrastructure, clinical services, clinical governance, patient centric, outcome indicators etc.

**Data collection procedure-**

- Collected the list of hospitals to be visited
- A formal mail with introduction of the survey and questionnaire attached was sent to the targeted hospitals, and request was made to fix the appointment..
- On the day of visit, a reminder call was made in the morning about the appointment.
- The visit of the facility was made and basic information was collected and observations were made along with the staff (like Doctors TPA person, marketing staff, nursing staff, head of the organization and floor managers) was done during the quality survey.
- Quality check by reviewing all the parameters of the questionnaire again was done to assure the completeness of the survey.
- Data analysis was done using collected data.

**Data Analysis-**

Scoring sheet provides a defined score to all parameters based on their availability. Scoring is done of all the seven parameters including basic information, infrastructure, clinical services, non-clinical services, clinical governance, patient centric and outcome indicators and the results are obtained.

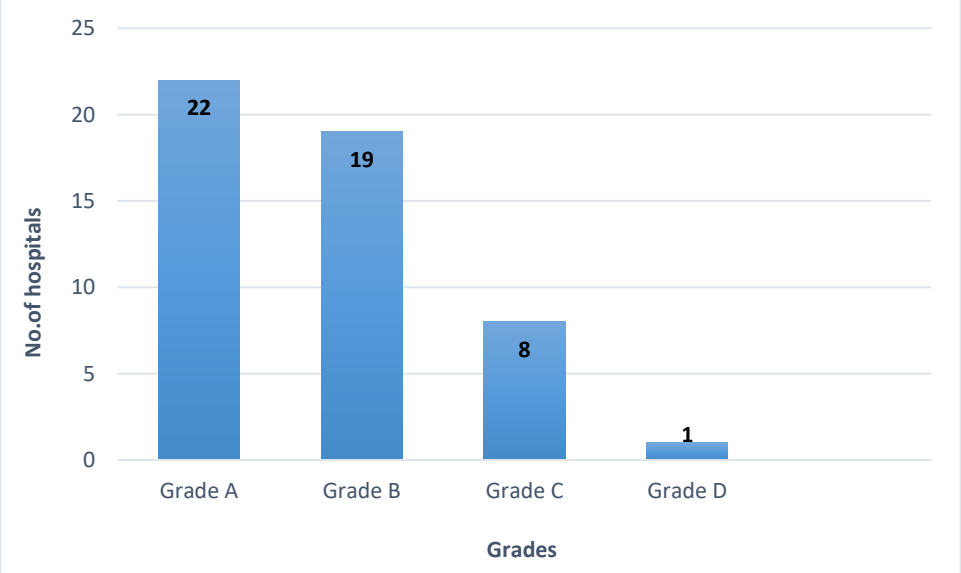
- Grading of the Hospitals (A, B, C, D) was done based on the scores obtained.
  Grading was done based on-

| | |
|---|---|
| A | 80-100% |
| B | 80-60% |
| C | 60-40% |
| D | 40% and below |

## RESULTS

The results are presented in terms of overall distribution of hospitals by grades. Components wise analysis was done which helped n grading of hospitals by each component. After analyzing the data follow results were obtained:

Figure 1: Distribution of hospitals by grades




The results show out of 50 hospitals, 22 hospitals were Grade A (44%), 19 hospitals were Grade B (38%), Grade C and D consists of 8 (16%) and 1(2%) hospitals respectively.

**Table 2. Percentage Distribution of Hospitals by Grades and Parameters of Quality Health Care Services (n=50)**

| Parameters | Grade A | Grade B | Grade C | Grade D |
|---|---|---|---|---|
| Basic Questionnaire | 0% | 54% | 44% | 2% |
| Infrastructure | 12% | 66% | 18% | 4% |
| Clinical Services | 30% | 36% | 24% | 10% |
| Non-Clinical Services | 60% | 18% | 16% | 6% |
| Clinical Governance | 48% | 32% | 16% | 4% |
| Patient Centric | 94% | 0% | 6% | 0% |
| Outcome Indicator | 58% | 6% | 22% | 14% |

**Hospital grading by Components:**

Further each component of the 7 parameters were analyzed separately and the results were shown below:

**Table 3. Percentage Distribution of Hospitals by Grades component 1: Basic Information (n=50)**

| **Parameters** | **A** | **B** | **C** | **D** |
|---|---|---|---|---|
| International/ National Accreditation or any Certification | 2 | 6 | 0 | 92 |
| Legal Compliance | 26 | 50 | 18 | 6 |
| Coding, Billing and Internet use | 8 | 6 | 0 | 86 |
| Admission and Discharge Policy | 62 | 2 | 0 | 36 |
| HMIS | 56 | 14 | 8 | 22 |

- The results shows that 92% of the hospitals in Basic Information parameter has scored less that 40% in terms of having International/National Accreditation or any certification in the hospital.
- One-fourth (24%) of the hospitals scored less than 60% in terms of having legal compliances in the hospital such as Nursing registration certificate, Fire NOC, PCPNDT registration act etc.
- In terms of using International coding's in Coding and Billing procedures of the hospitals, 86% of the hospitals do not use any such coding and scored below 40%.
- More than 50% of the hospitals has written admission and discharge policies for their hospital.

- In terms of hospital information system ,70% of the hospitals including A and B uses it in their hospitals,

**Table 4. Percentage Distribution of Hospitals by Grades component 2: Infrastructure (n=50)**

| Parameters | A | B | C | D |
|---|---|---|---|---|
| Room category/ ICU/CCU | 58 | 26 | 8 | 8 |
| Other room categories | 86 | 4 | 4 | 6 |
| Hospital Environment Area | 76 | 0 | 16 | 8 |
| Electricity | 30 | 16 | 48 | 6 |
| Supply of Medical Gases | 14 | 0 | 84 | 2 |
| Air Conditioning | 48 | 32 | 12 | 8 |

- The results shows that 58% of the hospitals has all the room categories present in their hospital such as shared room with 2 beds, shared room with 4 beds. Neonatal intensive care unit, intensive care unit etc.
- Less than 10% of the hospitals does not have other room categories present in their hospitals like separate labour room, Treatment rooms and consulting room.
- In terms of Hospital environment area ,76% of the hospitals are in Grade A
- There is less than 10% of hospitals in Grade D in terms of having electricity backup source in hospital, Supply of medical gases and air conditioning.

**Table 5. Percentage Distribution of Hospitals by Grades component 3: Clinical Services (n=50)**

| Parameters | A | B | C | D |
|---|---|---|---|---|
| Clinical Specialty | 8 | 24 | 24 | 44 |
| Radiology services | 28 | 28 | 16 | 28 |
| Laboratory | 38 | 14 | 16 | 32 |
| Emergency Services | 32 | 12 | 54 | 2 |
| Surgical Facilities | 98 | 0 | 0 | 2 |
| ICU | 76 | 0 | 24 | 0 |

- The results shows that 44% of the hospitals does not have all the clinical specialities present in their Outpatient and Inpatient department.
- In terms of Radiology services, Laboratory and emergency services less than 40% of the hospitals came into A grade.
- Only 2% of the hospitals came under Grade D in terms of having surgical facilities in their hospital.
- Hospitals having up to the mark Intensive care facilities in their hospital are 75%.

**Table 6. Percentage Distribution of Hospitals by Grades component 4: Non Clinical Services (n=50)**

| Parameters | A | B | C | D |
|---|---|---|---|---|
| Medical Record System | 76 | 0 | 24 | 0 |
| Pharmacy | 84 | 0 | 0 | 16 |
| CSSD | 62 | 16 | 14 | 8 |
| Laundry | 84 | 0 | 0 | 16 |
| Infection Control | 62 | 8 | 2 | 28 |
| Waste Management | 68 | 8 | 2 | 22 |
| Security & Safety | 60 | 8 | 4 | 28 |
| TPA Counter | 60 | 0 | 0 | 40 |

- The results shows that maximum percentage of hospitals are having Grade A Medical record system (76%), pharmacy (84%) and laundry (84%) services.
- Only 22% of the hospitals does not have Central sterile supply department in their hospitals.
- In terms of having infection control policies and committee in the hospital, 30% of the hospitals scored below 40%.
- Waste Management, Security & Safety and TPA counter facilities comprises of 60-68% of hospitals which fall into Grade A Category.

**Table 7. Percentage Distribution of Hospitals by Grades component 5: Clinical Governance (n=50)**

| Parameters | A | B | C | D |
|---|---|---|---|---|
| Clinical Audit and Quality | 60 | 0 | 0 | 40 |
| Clinical Risk Management | 50 | 8 | 0 | 42 |
| Laboratory | 76 | 0 | 2 | 22 |
| Emergency Services | 80 | 0 | 0 | 20 |
| OT | 92 | 0 | 0 | 8 |
| ICU | 92 | 6 | 0 | 2 |
| Imaging and Radiology | 92 | 6 | 0 | 2 |

- The results shows that 60% of the hospitals are having clinical audit and quality committee in their hospitals and 40% are not having it.
- Half of the hospitals has clinical risk management team in their hospital to deal with any errors or accidents in the hospital.
- In terms of laboratory services, 24% of the hospitals came under Grade C and Grade D.
- Emergency services in Grade A comprises of 80% hospitals and in Grade D is 20%.
- The results shows that 92% of the hospitals are in Grade A in terms of up to the mark operation theatre ,intensive care unit and imaging, radiology services in their hospitals.

**Table 8. Percentage Distribution of Hospitals by Grades component 6: Patient Centric (n=50)**

| Parameters | A | B | C | D |
|---|---|---|---|---|
| Patient Consent | 94 | 6 | 0 | 0 |
| Patient Satisfaction and Complaints | 88 | 6 | 0 | 6 |

- The results shows that 92% of the hospitals take verbal and written consent before doing any invasive procedure.
- Only 6% of the hospitals do not use any patient satisfaction tool for measuring the patient satisfaction.

**Table 9. Percentage Distribution of Hospitals by Grades component 7: Outcome indicators (n=50)**

| Parameters | A | B | C | D |
|---|---|---|---|---|
| Outcome Indicator | 46 | 14 | 4 | 36 |
| Hospital Statistics | 80 | 10 | 4 | 6 |

- The results shows that 80% of the hospitals calculate hospital statistics which comprises of number of outpatients and inpatients per year, Average bed turnover ratio, bed occupancy rate etc.
- In terms of calculating outcome indicators like maternal mortality rate, neonatal mortality rate etc.40% of the hospitals scored less than 60%.

**CONCLUSION:**

The quality status of Grade A and Grade B hospitals was above 60% whereas Grade C and Grade D hospitals have less than 60% scores. The distribution of 50 hospitals is as follows:

- Grade A Hospital 44%
- Grade B Hospital 38%
- Grade C Hospital 16%
- Grade D Hospital 2%

A total of 82% hospitals were A and B categories and therefore, it is concluded that a majority of the empaneled hospitals were able to provide quality healthcare services to the customers of Aditya Birla Health Insurance. However, there is scope of improvement in B grade hospital as well but priority is on the Grade C and D hospitals.

**RECOMMENDATIONS:**

- Suggesting the low grade hospitals (Grade C and D) to improve their services in terms of accessibility and quality.
- De-panelling the hospitals who does not score up to the mark.
- Such quality audits should be conducted in regular intervals to get the real picture of the hospitals and to keep a track of these hospitals.
- Tariff analysis of these hospitals can be done that would help in formulating PPN (Preferred Provider Network) by comparing both quality and tariff results.

- Hospital profiles can be made by comparing cost of care with quality and making it transparent with the customers so that they can choose hospital accordingly w.r.t their need and financial status.

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## Annexure-

## -Scoring Sheet

| | |
|---|---|
| **Maximum Score** | |
| **Obtained Score** | |

| **Hospital name** | |
|---|---|
| Address with pin code | |
| Email | |
| Website | |
| Contact no | |
| PAN | |
| Registration no ( ROHINI ) | |
| ABHI Code | |
| Total No of Beds | |
| Ownership | |
| | |
| **Basic Information** | **Score** |
| International/ National Accreditation or any Certification | 0 |
| Legal Compliance | 0 |
| Coding, Billing and Internet use | 0 |
| Admission and Discharge Policy | 0 |
| HMIS | 0 |
| **Total** | 0 |
| **Infrastructure** | |
| Room category/ ICU/CCU | 0 |
| Other room categories | 0 |
| Hospital Environment Area | 0 |
| Electricity | 0 |
| Supply of Medical Gases | 0 |
| Air Conditioning | 0 |
| **Total** | 0 |
| **Clinical Services** | |
| Clinical Speciality | 0 |
| Radiology services | 0 |
| Laboratory | 0 |
| Emergency Services | 0 |
| Surgical Facilities | 0 |
| ICU | 0 |
| **Total** | 0 |
| **Non Clinical Services** | |
| Medical Record System | 0 |
| Pharmacy | 0 |
| CSSD | 0 |
| Laundry | 0 |
| Infection Control | 0 |
| Waste Management | 0 |
| Security & Safety | 0 |
| TPA Counter | 0 |

| | |
|---|---|
| **Total** | 0 |
| **Clinical Governance** | |
| Clinical Audit and Quality | 0 |
| Clinical Risk Management | 0 |
| Laboratory | 0 |
| Emergency Services | 0 |
| OT | 0 |
| ICU | 0 |
| Imaging and Radiology | 0 |
| **Total** | 0 |
| **Patient Centric** | |
| Patient Consent | 0 |
| Patient Satisfaction and Complaints | 0 |
| **Total** | 0 |
| **Outcome Indicator** | |
| Outcome Indicator | 0 |
| Hospital Statistics | 0 |
| **Total** | 0 |

## Questionnaire-

| S.No | Specifications | | |
|---|---|---|---|
| **1)** | **Basic Information** | **Response** | |
| 1.1 | Hospital name | | |
| 1.2 | Address with pin code | | |
| 1.3 | Email | | |
| 1.4 | Website | | |
| 1.5 | Contact no | | |
| 1.6 | PAN | | |
| 1.7 | Registration no ( specify ) | | |
| **2)** | **Ownership** | | |
| 2.1 | Individual | | |
| 2.2 | Partnership | | |
| 2.3 | Charity/Trust | | |
| 2.4 | Corporate | | |
| 2.5 | Others | | |
| **3)** | **International/ National Accreditation or any Certification** | | |
| 3.1 | JCI | | |
| 3.2 | NABH | | |
| 3.3 | NABL | | |
| 3.4 | ISO | | |
| 3.5 | Others | | |
| **4)** | **Legal Compliance** | | |
| 4.1 | Nursing Home Registration Act | | |
| 4.2 | Biomedical Waste Management Certificate | | |
| 4.3 | Society Registration Act | | |

| | | | |
|---|---|---|---|
| 4.4 | Registration under MTP Act 1971 | | |
| 4.5 | PCPNDT Act certification | | |
| 4.6 | Fire Safety NOC | | |
| 4.7 | BARC Act Of Radiology | | |
| 4.8 | Organ Transplant License | | |
| 4.9 | License for blood bank and blood stoarage facility | | |
| 4.10 | Any Other …please specify | | |
| **5)** | **Coding, Billing and Internet use** | | |
| 5.1 | Do you use any of the following inetrnational coding systems for classifying diseases? | | |
| 5.2 | ICD-9 | | |
| 5.3 | ICD-10 CM | | |
| 5.4 | ICD-10 AM | | |
| 5.5 | Others | | |
| 5.6 | Do you use any of the following inetrnational coding systems for classifying procedures? | | |
| 5.7 | ICD-9 | | |
| 5.8 | ICD-10 PCS | | |
| 5.9 | ICD-10 AM | | |
| 5.10 | CPT | | |
| 5.12 | ICPM | | |
| 5.13 | Others | | |
| 5.14 | Do you use a coding system to itemise the services being charged on your bill? | | |
| **6)** | **Admission and Discharge Policy** | | |
| 6.1 | Is there a written and dated elective admission policy ? | | |
| 6.2 | Is there a written and dated emergency admission policy ? | | |
| 6.3 | Is there a written discharge policy for patients, with a named person responsible for the discharge decision ? | | |
| **7)** | **HMIS** | | |
| 7.1 | Computerized Admission and Billing | | |
| 7.2 | Computerized Patient Medical History | | |
| 7.3 | Computerized Lab reports | | |
| 7.4 | Computerized Radiological reports | | |
| 7.5 | Computerized Pharmacy Indent | | |
| 7.6 | Computerized Appointment Schedule | | |
| 7.7 | Name of HIS system used | | |
| 7.8 | Do you have acess to the internet for the purpose of pre-authorising claims? | | |
| 7.9 | Do you use any Cashless portal for Pre auth and claim submission ? If yes Which One | | |

| S.No | Infrastructure | | | | |
|---|---|---|---|---|---|
| 1) | Room category/ ICU/CCU | Yes/ No | No. of Beds | AC/Non Ac | Other Facilities |
| 1.1 | Multiple Bedded Rooms ( More than 4 Beds) | | | | |
| 1.2 | Shared Rooms with 4 Beds | | | | |
| 1.3 | Shared Rooms with 3 Beds | | | | |
| 1.4 | Shared Rooms with 2 Beds | | | | |
| 1.5 | Single Private Rooms | | | | |
| 1.6 | Deluxe/Suites | | | | |
| 1.7 | ICU | | | | |
| 1.8 | CCU | | | | |
| 1.9 | HDU | | | | |
| 1.10 | NICU | | | | |
| 1.11 | PICU | | | | |
| 1.12 | Day-care unit (dedicated beds) | | | | |
| 1.13 | Any other category | | | | |
| | **Total Beds** | | | | |
| 2) | Other room categories | | Yes/ No | No. of Rooms | Other Facilities |
| 2.1 | Consulting rooms | | | | |
| 2.2 | Treatment rooms | | | | |
| 2.3 | Labour Room | | | | |
| 2.4 | Isolation rooms | | | | |
| 2.5 | Total number of imaging rooms | | | | |
| | **Total rooms** | | | | |
| 3) | Hospital Environment Area | | Yes/ No | Comments | |
| 3.1 | Adequate Lobby and Client waiting Area according to patient load | | | | |
| 3.2 | Anti- skid Flooring | | | | |
| 3.3 | Ceiling and Walls in proper Condition | | | | |
| 3.4 | Fire Exits present | | | | |
| 3.5 | Approprate Signages | | | | |
| 3.6 | Adequate Parking Space | | | | |
| 3.7 | Adequate transport availability | | | | |
| 4) | Electricity | | Yes/ No | Comments | |
| 4.1 | 24hrs Uninterrupted Power Supply | | | | |
| 4.2 | In event of power loss does the entire hospital have a back up power source | | | | |
| 4.3 | In event of power loss does OT, ICU unit have a back up power source | | | | |
| 5) | Supply of Medical Gases | | Yes/ No | Comments | |
| 5.1 | Centralized supply | | | | |
| 5.2 | Supply using cylinders | | | | |
| 5.3 | Back up with cylinders | | | | |
| 5.4 | Back up with reserve tank | | | | |
| 6) | Air Conditioning | | Yes/ No | Comments | |
| 6.1 | Centralised Air Conditioning | | | | |
| 6.2 | Air Conditioning only for specialised department | | | | |

| S.No. | Facilities Available | | |
|---|---|---|---|
| 1) | Clinical Speciality | OPD (Yes/No) | IPD (Yes/No) |
| 1.1 | General Medicine | | |
| 1.2 | General Surgery | | |
| 1.3 | Obstetric & Gynaecology Services | | |
| 1.4 | Emergency (Accident & other emergency) | | |
| 1.5 | Ophthalmology | | |
| 1.6 | Orthopaedics | | |
| 1.7 | Cardiology | | |
| 1.8 | Urology | | |
| 1.9 | ENT | | |
| 1.10 | Peadiatrics | | |
| 1.11 | Endocrinology | | |
| 1.12 | Gastroenterology | | |
| 1.13 | Dermatology | | |
| 1.14 | Renal medicine | | |
| 1.15 | Rheumatology and immunology | | |
| 1.16 | Rehabilitation Services | | |
| 1.17 | Transplant Surgery | | |
| 1.18 | Other services not already listed: | | |
| 2) | Radiology services | Yes/ No | Number |
| 2.1 | X-ray unit (digital) | | |
| 2.2 | X-ray unit (non-digital) | | |
| 2.3 | Mammography | | |
| 2.4 | ECG | | |
| 2.5 | Tread Mill test | | |
| 2.6 | Echo | | |
| 2.7 | Ultrasound (non-doppler) | | |
| 2.8 | Colour doppler ultrasound | | |
| 2.9 | Fluoroscopy | | |
| 2.10 | CT scanner | | |
| 2.11 | PET Scanner | | |
| 2.12 | MRI scanner | | |
| 2.13 | Image intensifier | | |
| 2.14 | Mobile x-ray | | |
| 2.15 | Nuclear medicine | | |
| 2.16 | Gamma knife | | |
| 2.17 | Cobalt Unit | | |
| 2.18 | X knife | | |
| 2.19 | PFT/Spirometry | | |
| 3) | Laboratory | Yes/ No | |
| 3.1 | Blood Biochemistry (Manual) | | |
| 3.2 | Blood Biochemistry (Automated) | | |
| 3.3 | Haematology (Manual) | | |

| | | | |
|---|---|---|---|
| 3.4 | Haematology (Automated) | | |
| 3.5 | Blood bank & transfusion services | | |
| 3.6 | Microbiology | | |
| 3.7 | Cytology | | |
| 3.8 | Immunology (Manual) | | |
| 3.9 | Immunology (Automated) | | |
| **4)** | **Emergency Services** | **Yes/ No** | **Number** |
| 4.1 | Ambulance (General) | | |
| 4.2 | Ambulance (With life support) | | |
| 4.3 | Does the emergency room has- | | |
| 4.4 | Examination Rooms | | |
| 4.5 | Minor Procedure Rooms | | |
| 4.6 | Plaster Rooms | | |
| **5)** | **Surgical Facilities** | **Yes/ No** | **Number** |
| 5.1 | Major OT | | |
| 5.2 | Minor OT | | |
| 5.3 | Cath lab facility | | |
| 5.4 | Dental OT | | |
| 5.5 | Eye OT | | |
| **6)** | **ICU** | **Yes/ No** | **Number** |
| 6.1 | Does each bed area have the following equipments on a permanent basis? | | |
| 6.2 | 1. Dedicated power sockets and access to a backup power supply? | | |
| 6.3 | 2. Centrally provided wall oxygen | | |
| 6.4 | 3. Facilities for suction | | |
| 6.5 | 4. Continuous ECG | | |
| 6.6 | 5. Pulse oxymeter | | |
| 6.7 | 6. Non- invasive blood pressure monitoring | | |
| 6.8 | 7. Temperature monitoring | | |

| **S.No.** | **Non-Clinical Services** | |
|---|---|---|
| **1)** | **Medical Record System** | **Yes/ No** |
| 1.1 | Does the hospital maintain clinical record for every patient? | |
| 1.2 | Does the hospital offer unique patient identification code? | |
| **2)** | **Pharmacy** | **Yes/ No** |
| 2.1 | In house Pharmacy available | |
| 2.2 | Are Pharmaceutical services available 24*7? | |
| 2.3 | Is there a named and qualified pharmacist in charge of pharmacy? | |
| 2.4 | Are all memebers of staff in pharmacy suitably qualified? | |
| 2.5 | Is acess to the pharmacy secure and under surveillance? | |
| 2.6 | Are medicine refridgerators: | |
| 2.7 | lockable? | |
| 2.8 | thermostatically controlled? | |
| 2.9 | used for the storage of medicines only? | |

| | | |
|---|---|---|
| 2.10 | Does the pharmacy employ witten procedures to ensure best practices? | |
| **3)** | **CSSD** | **Yes/ No** |
| 3.1 | Is CSSD present in the hospital | |
| 3.2 | Is there a named manager qualified in sterile service management ? | |
| 3.3 | Is there designated area for below mentioned items | |
| 3.4 | 1.Medical Instrument Cleaning | |
| 3.5 | 2.Assembly of surgical trays | |
| 3.6 | 3.Linen | |
| 3.7 | 4. Items awaiting repair | |
| 3.8 | 5. Unsterile instruments | |
| 3.9 | 6.Is there a Log book for record maintanence | |
| 3.10 | 7. Is there a regular reporting to quality control manager | |
| **4)** | **Laundry** | **Yes/ No** |
| 4.1 | Is laundary services available in the hospital? | |
| **5)** | **Infection Control** | **Yes/ No** |
| 5.1 | General Infection Control? | |
| 5.2 | Barrier and isolation nursing of infectious patients? | |
| 5.3 | Disposal of clinical and non-clinical waste? | |
| 5.4 | Handwashing? | |
| 5.5 | Dealing with high-risk patients? (immunocompromised/infectious) | |
| 5.6 | Prescription of antibiotics? (recommendations following local resistance patterns) | |
| 5.7 | Sharp instruments (including needle stick injuries)? | |
| 5.8 | Are protective equipments (eg. Mask, apron) available to staff? | |
| 5.9 | Are there suitable hand washing facilities for patients and staff in all patients contact areas | |
| **6)** | **Waste Management** | **Yes/ No** |
| 6.1 | Are there written and dated policies for safe disposal of wastes? | |
| 6.2 | Does hospital follow colour coding for waste seggregation and disposal | |
| 6.3 | Are staff handelling waste provided with protective equipment? | |
| 6.4 | Is staff given regular training on BMW management | |
| **7)** | **Security & Safety** | **Yes/ No** |
| 7.1 | Is there 24 Hours security personnel Availability at Main Gate | |
| 7.2 | Is there 24 Hours security personnel Availability at Patient sensitive areas | |
| 7.3 | Do all members of security undergo regular training for fire prevention and emergency situatiuons? | |
| 7.4 | Are fire escapes regulary checked to ensure that they are usable and and are not blocked? | |
| 7.5 | Are fire extinguishers checked at a regular interval and records maintained | |
| 7.6 | Do you have CCTV cameras installed in your premisses | |
| 7.7 | Is the fire alarm system tested and if so how often? | |
| **8)** | **TPA Counter** | **Yes/ No** |
| 8.1 | Does the hospital have designated TPA counter ? | |

| S.No | Clinical Governance | | |
|---|---|---|---|
| 1) | Clinical Audit and Quality | Yes/ No | Comments |
| 1.1 | Does the hospital have a Clinical Audit Committee ? | | |
| 1.2 | Does audit take place in all the departments at a defined time interval ? | | |
| 1.3 | Do clinical audit reports contain action plans for improvement ? | | |
| 1.4 | Is there a named senior clinical staff member responsible for clinical quality improvement ? | | |
| 1.5 | Is there any scorecard/dashborad to collect and display quality indicators ? | | |
| 1.6 | Is there any annual report on quality improvement initiatives ? | | |
| 2) | Clinical Risk Management | Yes/ No | Comments |
| 2.1 | Is information on clinical incidents and medical error reported and analysed ? | | |
| 2.2 | Is there any evidence of actions taken resulting from this analysis ? | | |
| 3) | Laboratory | Yes/ No | Comments |
| 3.1 | Is there a named manager(doctor or clinical scientist) in charge of the department ? | | |
| 3.2 | Are the lab services available 24*7 ? | | |
| 3.3 | Does the unit keep a written record of all specimens received and dispatched ? | | |
| 3.4 | Does the lab have a designated area for safe and secure blood storage( including a clinical refrigerator ? | | |
| 3.5 | Does the lab have a documented routine for calibration and testing of equipment ? | | |
| 4) | Emergency Services | Yes/ No | Comments |
| 4.1 | Does the hospital have an emergency contact no. which is operational 24*7 ? | | |
| 4.2 | Is the emergency facility available 24*7 ? | | |
| 4.3 | Is there at least one emergency doctor on duty available 24*7 ? | | |
| 4.4 | Is the emergency department staffed by nurses specially trained in emergency care ? | | |
| 4.5 | Does the emergency department have a separate entry and exit gate ? | | |
| 5) | OT | Yes/ No | Comments |
| 5.1 | Do all patients undergoing surgery have an operation note including patient details, Details of surgery, surgeons and anesthetic staff, and operative details ? | | |
| 5.2 | Do all theatres have laminar flow ? | | |
| 5.3 | Are all theatre clinical staff trained in basic life support and advanced life support ? | | |
| 5.4 | Is there a dedicated theatre manager, who is suitably qualified ? | | |
| 5.5 | Is there a fully stocked resuscitation trolley and defibrillator available for every OT ? | | |
| 5.6 | Is there an emergency power supply specifically for theatres ? | | |
| 5.7 | Are Piped gases and suction available in all areas of the department ? | | |
| 5.8 | If artificial ventillation is used, an audible disconnect alarm is present and used ? | | |
| 5.9 | Are operating lists seperated into clean and dirty ? | | |
| 5.10 | Does the OT maintain a log including patient details, operation, surgeon,anesthetist, anesthesia used , complication details ? | | |
| 6) | ICU | Yes/ No | Comments |
| 6.1 | Is the unit led by a named specialist doctor OR an ICU Manager ? | | |
| 6.2 | Is there a named specialist nurse incharge of the department? | | |
| 6.3 | Is there atleast one designated doctor available at all times ? | | |

| | | | |
|---|---|---|---|
| 6.4 | Do all the nurses in the ICU have documented specialised training | | |
| 6.5 | Is there a a cardiac recusscitation team available 24*7? | | |
| 6.6 | Is the patient monitoring documented in standard format? | | |
| 6.7 | Is there a documented plan for calibration and maintenance of all equipments? | | |
| **7)** | **Imaging and Radiology** | **Yes/ No** | **Comments** |
| 7.1 | Is there a radiation safety committee | | |
| 7.2 | Do all the clinical radiology staff wear TLD Badges? | | |
| 7.3 | Are all the radiology staff specifically trained in radiation hazard awarness and safety ? | | |
| 7.4 | Does the hospital display warning signs external to imaging rooms ragarding the hazards of radiation ? | | |

| **S.No.** | **Patient Centric** | | |
|---|---|---|---|
| **1)** | **Patient Consent** | **Yes/ No** | **Comments** |
| 1.1 | For examination, is verbal consent always obtained and documented? | | |
| 1.2 | For invasive procedures, is written consent always obtained and documented? | | |
| 1.3 | Are paediatric consent forms used which are signed and dated by a legal guardian/authorising person as applicable ? | | |
| 1.4 | Does the hospital have a consent form for use if a patient is unable to give consent for themselves and if there are written policy for use of this form? | | |
| **2)** | **Patient Satisfaction and Complaints** | **Yes/ No** | **Comments** |
| 2.1 | Are any tools used to monitor patient satisfaction? | | |
| 2.2 | Is feedback from patients regulary reviewed, leading to change in practice? | | |
| 2.3 | Is there a written and dated procedure for dealing with complaints from patients? | | |

| **S.No.** | **Outcome Indicators** | | |
|---|---|---|---|
| **1)** | **Outcome Indicator** | **Yes/ No** | **Comments** |
| 1.1 | Does the hospital collect data on the following categories - | | |
| 1.2 | Inpatient mortality rate | | |
| 1.3 | Neonatal mortality rate | | |
| 1.4 | Maternal mortality ratio | | |
| 1.5 | Perioperative mortality rate | | |
| 1.6 | Unplanned return to OT | | |
| 1.7 | Unplanned transfers | | |
| 1.8 | Unplanned re-admission rate | | |
| 1.9 | Surgical site infection rate | | |
| 1.10 | Hospital aquired infection rate | | |
| 1.11 | Case fatality rate as per diasease category | | |
| 1.12 | Mortality due to Hospital Aquired Infection | | |
| 1.13 | Anesthesia Related Morality | | |
| 1.14 | Medication Administration Error Rate | | |
| **2)** | **Hospital Statistics** | **Yes/ No** | **Comments** |

| | | | |
|---|---|---|---|
| 2.1 | Number of outpatient visit per year | | |
| 2.2 | Number of inpatient visit per year | | |
| 2.3 | Number of Surgical procedure performed per year | | |
| 2.4 | Number of radiological test performed per year | | |
| 2.5 | What is the Average bed occupancy rate | | |
| 2.6 | Average bed turnover ratio | | |
| 2.7 | What is the nurse to patient ratio in ICU | | |
| 2.8 | What is the nurse to patient ratio in IPD | | |