Baseline Assessment of Civil Hospital, Ferozepur Under National Quality Assurance Program

By

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This is to certify that Shifa Arora, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at NHM, Department of Health and Family Welfare, Punjab from 8th February, 2016 to 30th April, 2016.

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 her all success in all his future endeavors.

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CERTIFICATE OF DISSERTATION COMPLETION

This is to certify that Dr. Shifa Arora student of the MBA in Hospital and Health Management of IIHMR Jaipur has successfully completed three months dissertation under Punjab Health Systems Corporation, Punjab from 08.02.2016 to 30.04.2016.

During the dissertation the student's performance was found to be satisfactory.

We wish him/her success in all his/her future endeavors.

Husan Lal, IAS
Managing Director
Punjab Health Systems Corporation
-Cum - Secretary Health and Family Welfare, Pb.

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **"Baseline assessment of Civil Hospital, Ferozepur according to National Quality Assurance Standards"** submitted by **Shifa Arora,** Enrollment **No. 0212** under the supervision of **Dr. J.P. Singh** for award of MBA in Hospital and Health Management of the University carried out during the period from **8th February, 2016 to 30th April,2016** 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.

Shifa Arora

Signature

Executive Summary

The objective of the study was to assess the quality assurance level of Civil Hospital, Ferozepur against National Quality Assurance Standards and also to identify the gaps in assurance of quality against these set standards.

The study was completed in duration of 3 months, from February, 2016 to April, 2016 in District Hospital of largest district of Punjab, which also happens to be a historical town sharing its border with Pakistan.

The assessment showed the current scenario of healthcare services in the hospital in comparison to set national standards in terms of quality assurance. The tools used to assess were standard department wise checklists for various departments in a hospital as provided by Government of India. Out of the 18 standard checklists, 13 were applicable for the Civil Hospital, Ferozepur.

The hospital scored an overall score of 56 percent when evaluated by taking average of the department wise score. Blood bank stood out with highest score of 68 percent whereas the department of General Administration scored lowest of 44 percent.

The hospital scored highest in the first area of concern out of 8 areas of concern i.e., Service Provision and lowest in area of Quality Management.

The hospital needs to focus more on various aspects of quality management as mentioned in the checklists to improve its score and also needs to sustain the scoring of better areas. The general administration also needs to be improved along with laboratory services.

Acknowledgement

At the beginning of the report, I would like to express my special gratitude and appreciation to the Punjab Health System Corporation authority, especially to the Managing Director, Mr. Hussan Lal sir, for providing me such an opportunity. It would have been impossible to complete my internship without his constant support and guidance.

This acknowledgement would be incomplete without my sincere and special thanks to Dr. Parvinder Pal Kaur who despite of other preoccupations and busy schedule was there to guide me throughout the period and whose invaluable suggestions and encouragement helped me complete my training.

I would also like to extend my gratitude to Dr. Pradeep Chawla, Civil Surgeon, Ferozepur district and Dr. Pardeep Aggarwal, Senior Medical Officer, Civil Hospital, Ferozepur for their constant support and guidance and for giving me enough freedom to suggest and implement new ideas for improvement of the hospital.

A special thanks to Deputy Medical Commissioner, Ferozepur, Dr. Renu Singla for being kind and patient enough to listen to all my ideas and always giving practical and valuable feedback.

I would also like to express my gratitude and respectful regards to my respected guide Dr. J. P. Singh, the IIHMR University, Jaipur for his able guidance and giving his valuable feedbacks if and when required, which helped me in completing this project work.

Finally and most importantly, I would like to thank God for allowing me to complete my project, my heartfelt thanks to my beloved parents for their blessings for successful completion of this internship.

Preface

Any management course is not complete without on the job training and as a part of course curriculum. In the dissertation, every student is required to identify a specific problem area/ areas of interest or a department (for example, human resource management, quality assurance, information system, risk management etc.) for the dissertation. This activity is envisaged as a problem-solving exercise by which the student is expected to:

- Diagnose critical problems within an operational area
- Provide the management with a set of alternative solutions, and
- If possible, design and implement a plan to carry out the most feasible solutions.

During my dissertation period, I had an overview of working of various departments of a public health facility and came to know about the facility level implementation of various National Health Programmes. I also carried out a study on:

"A STUDY TO ASSESS THE QUALITY ASSURANCE LEVEL OF CIVIL HOSPITAL, FEROZEPUR AGAINST NATIONAL QUALITY ASSURANCE STANDARDS."

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List of Abbreviations

ANC	Ante Natal Care
CHC	Community Health Centre
EAG	Empowered Action States
GDP	Gross Domestic Product
ICU	Intensive Care Unit
IPD	Inpatient Department
IPHS	Indian Public Health Standards

ISO	International Organization for Standardization
JSY	Janani Suraksha Yojna
NABH	National Accreditation Board for Hospitals
NABL	National Accreditation Board for Laboratories
NRHM	National Rural Health Mission
NHM	National Health Mission
NRC	Nutritional Rehabilitation Centre
OPD	Outpatient Department
OT	Operation Theatre
PHSC	Punjab Health Systems Corporation
PP Unit	Postpartum Unit
QAP	Quality Assurance Program
QM	Quality Management
RMNCH+A	Reproductive Maternal New-born Child Health & Adolescent
RSBY	Rashtriya Suraksha Bima Yojna
SNCU	Sick New Born Unit
SOP	Standard Operating Procedures

i. Introduction

Quality in Health Care

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.

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 and their reasonable belief, practices and rights 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 have to be avoided.

Quality Assurance

Quality Assurance is a process involving assessment leading to improving, followed by further assessment and improvement. It is to objectively and systematically monitor and evaluate services offered to clients in accordance with pre-established standards and to resolve identified problems and pursue opportunities for improving services, leading to client satisfaction, services that the client views as good, desirable and of high quality. It is comprehensive and multifaceted concept that measures how well client's expectations and providers technical standards are being met

American Society for Quality refers to Quality Assurance as "planned and systematic activities, which are implemented in a quality system, so that quality requirements of a product or service would be fulfilled". It essentially entails doing a set of activities that include defining quality standards and assessing, monitoring and improving the quality of services against those standards, so that the care provided is as efficient, effective and safe as possible.

Four Principles of Quality Assurance

- Quality Assurance is oriented toward meeting the needs and expectations of the patients.
- Quality assurance focuses on the systems and processes.
- Quality assurance uses data to analyse service delivery processes
- Quality assurance encourages a team approach to problem solving and quality improvement.

i. Background

Indian Public Health Standards were launched for District Hospital, Sub District Hospitals, PHC, CHC and Sub centres in 2007 by NRHM. The observation was that while implementing these standards, focus of the states was mostly on creating IPHS specified infrastructure and deploying recommended Human resources. The requirement of national programmes for quality of the services and more importantly use's perspective was often overlooked. In 2008, 8 District Hospitals in EAG state were selected for implementing Quality Management System. In 2011, certification program ISO-NABH was introduced and

spread in all district hospitals under which, 74 facilities got ISO Certification by 2012. In 2013, consultation for National Quality Assurance Standards was started and operational Guidelines were launched for District Hospitals. In 2014, guidelines for PHC & CHCs were also launched and National Quality Convention was held where the area of Quality Assurance became a priority area for NHM.

ii. What is the reason for focus on Quality in Public health in India?

Quickly rising cost in healthcare is an altering cause of concern across the world. Indian healthcare also knows a change, with changing focus on better quality of medical care services. With a large section of healthcare practitioners in the private sector, the government has realized the need to meliorate medical care services and has stepped in to regulate the quality of medical care services by introduction of various quality accreditation norms like the NABH and NABL

As per available information, the healthcare spending per capita per annum in India was about $120, with total healthcare spending in the range of 4.2% of the country's GDP. Most of the spending occurs from the private sector with public sector contributing to a mere 1%. However, when compared with paying power parity and affordability, the cost of medical care is escalating. It is worthwhile to note that as per World Bank (2005) estimates more than 44% of Indian population earns less than one dollar a day. As per the Finance Ministry, the overall inflation rate in India was about 9.4 percent during April- December 2010, while inflation in medical expenses was in excess of 10 percent for the fourth year in a row (Business Today, 2011).

There are several other factors that have been contributing to the escalation in cost of medical care.. Increasing demand for quality in medical care services plays a critical role in increasing the overall cost of medical care services. While empirical evidence suggests that there is an increasing demand for healthcare services across India, affordability remains a pertinent issue. This has resulted in market segmentation (Shah, Mohanty, 2010), where on one hand there is an increasing demand for quality medical care services while on the other hand there is a demand for medical care services at affordable cost.

This is where, quality assurance in public hospital comes into picture. As per the World Bank Report, The World Bank, in 2011 based on 2005's PPPs International Comparison Program, estimated 23.6% of Indian population, or **about 276 million people**, lived below $1.25 per

day on purchasing power parity. Thus, to provide quality health at affordable prices to its rural population has become the prime focus of Government of India

Also, Safety is a major concern in Healthcare. Earlier the practice of medicine was simpler, less effective but safe and now it is complex, more effective and unsafe. Nowadays, the mistakes are simple but consequences are dangerous and grave

iii. National Quality Assurance Programme

Ministry of Health and Family Welfare, Government of India has launched a Quality Assurance Programme in 2013, which meets needs of Public Health System in the country and is sustainable. Main focus of proposed Quality Assurance Programme is to enhancing satisfaction level among users of the Government Health Facilities and reposing trust in the Public Health System.

Key Features:

- Unified Organizational Framework
- Explicit Measurement System
- Key Performance Indicators
- Training & Capacity Building
- Continuous Assessment and scoring
- Inbuilt Quality Improvement Model 0
- Certification at State & National Level
- Incentives on Achievement& Sustenance

1) The Organisational Structures

- National Level: Central Supervisory Quality Committee
- State Level:
    a) State Quality Assurance Committee (SQAC)
    b) State Quality Assurance Unit (SQAU)
    c) QA assessors (Empanelled)
- District Level

a) District Quality Assurance Committee (DQAC)

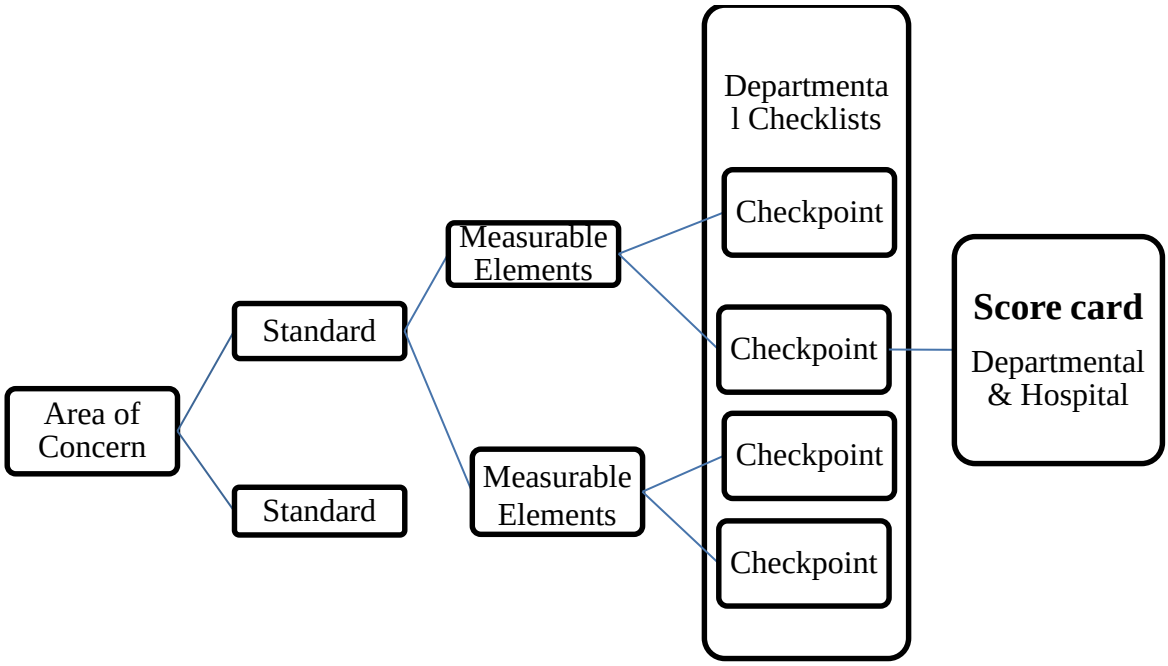
b) District Quality Assurance Unit (DQAU)

- Facility Level: Quality Team

2) Explicit Measurement System

The main pillars of Quality Measurement Systems are Quality Standards. There are **seventy standards**, defined under his system. The standards have been grouped within the eight **areas of concern**. Each standard further has specific **measurable elements**. These standards and elements are checked in each department of a health facility through department specific **checkpoints**. All checkpoints for a department are collate and together they form assessment tool called **Checklist**. Scored/filled checklists would generate scorecards.

a) Relationship Between Different Components



Following are the areas of concern in a health facility:

1. Service Provision 2. Patient's Rights 3.Inputs 4. Support services

5. Clinical Services 6. Infection Control 7. Quality management 8. Outcome

- **Area of Concern A : Services Provision**

Apart from the curative services that District Hospitals provide, Public hospitals are also mandated to provide preventive and promotive services. These services are also priority for the government, so as to have direct impact on the key indicators such as MMR and IMR**.** Compliance to following standards ensure that health facility is addressing this area of concern:

a) **A1:** Curative Services
b) **A2:** RMNCH+A Services
c) **A3:** Diagnostic Services
d) **A4:** National Health Programmes
e) **A5:** Support Services
f) **A6:** Services as per Local Needs

- **Area of Concern B : Patient Rights**

Mere availability of services does not serve the purpose until the services are accessible to the users, and are provided with dignity and confidentiality. Access includes physical as well as financial success. Patient's rights also include that health services give due consideration to patient's religious and cultural preferences. The standards under this area are:

a) **B1:** Information Accessibility
b) **B2 :**Non discrimination+ Physical Accessibility
c) **B3:** Privacy, Dignity & Confidentiality
d) **B4:** Inform patient about Medical condition
e) **B5:** Financial barrier free access

- **Area of Concern C: Inputs**

This area of concern predominantly covers the structural part of the facility, taking into cognizance of IPHS requirement. The focus of the standards has been in ensuring compliance to minimum level of inputs, which are required for ensuring delivery of committed level of services. The standards under this area are:

a) **C1:** Infrastructure & Space
b) **C2:** Physical Safety
c) **C3:** Fire Safety

d) **C4:** Human Resource
e) **C5:** Drugs & consumables
f) **C6:** Instruments & Equipment
g) Area of Concern D: Support Services
h) Area of Concern D: Support Services

- **Area of Concern D: Support Services**

This area of concern includes equipment maintenance, calibration, drug storage and inventory management, security, facility management, water supply, power backup, dietary and laundry. The standards under this area are:

D1: Equipment Maintenance
D2: Inventory ManagementD3: Safety & Security
D4: Facility Management
D5: Water & Power Supply
D6: Dietary Service
D7: Laundry Services
D8: Community Monitoring
D9: Financial Management
D10: Legal Compliances
D11: Human Resources Management
D12: Contract Management

- **Area of Concern E: Clinical Services**

First, nine standards in this area of concern are linked with those clinical processes that ensure adequate care to the patients. Second set of next seven standards are concerned with specific clinical and therapeutic processes and the third set of seven standards are concerned with clinical processes of Maternal, Newborn, Child, Adolescent and Family planning services and National Health Progammes**.** The standards under this area are:

E1: Registration ,Admission & Consultation
E2: Assessment
E13: Blood Bank & Transfusion
E14: Anesthesia
E15: Surgical Services

E3: Continuity Of Care
E4: Nursing Care
E5: High Risk & Vulnerable Patients
E6: Rational Use Of Drugs
E7: Medication Safety
E8: Medical Records
E9: Discharge
E10: Intensive Care
E11: Emergency Services
E12: Diagnostic Services
E16: End Of Life Care
E17: Antenatal Care
E18: Intranatal Care
E19: Postnatal Care
E20: Newborn & Child Health
E21: Family Planning & Abortion
E22: Adolescent Health
E23: National Health Programmes

- **Area of concern F: Infection Control**

This area of concern covers the infection control practices, hand hygiene, antisepsis, Personal Protection, processing of equipment, environmental control, and Biomedical Waste Management. The standards under this area are:

a) F1: infection control program
b) F2: hand hygiene 7 sepsis
c) F3: personal protection
d) F4: instrument processing
e) F5: environmental control
f) F6: bio medical waste management

- **Area of Concern G: Quality Management**
- The standards in this area of concern are the opportunities for improvement to enhance quality of services and patient satisfaction. The standards under this area are:

G1: organisational framework
G2: employee & patient satisfaction
G3: internal& external QAP
G4: SOP for all critical processes
G5: process mapping
G6:periodic review& external assessment
G7: quality policy &objectives
G8: continual quality improvement

- **Area of concern H: Outcome**
  a) H1: Productivity

b) H2: Efficiency
c) H3: Clinical Care & Patient Safety
d) H4: Service Quality

3) Key Performance Indicators

Productivity

- Bed Occupancy Rate
- Lab Utilization Index
- Percentage of High Risk Pregnancy/ Obstetric Complications
- Percentage of Surgeries done at Night
- C- Section Rate

Efficiency

- Referral Rate
- Major Surgeries per Surgeon
- OPD per Doctor
- External Quality Assurance Score for Lab test
- Stock out percent of supplies for RMNCHA

Clinical Quality

- Maternal Death Rate
- Neonatal Death Rate
- Percentage Maternal Death Review done
- Average Length of Stay
- Surgical Site Infection Rate
- SNCU Mortality Rate
- No. of Sterilization Failures
- No. of Sterilization Complications
- No. of Sterilization Deaths
- Blood unit replacement Rate
- Partograph Recording Rate

Service Qualty

- LAMA Rate
- Patient Satisfaction Score (IPD)
- Patient Satisfaction Score (IPD)
- Registration to Drug time
- Percentage of JSY payment done before discharge
- Percentage of women provided drop back after delivery

iv. Research Question

What is the quality assurance level of Civil Hospital Ferozepur according to National Quality Assurance Standards?

v. Objectives of the Study

- To assess the quality assurance level of Civil Hospital, Ferozepur against National Quality Assurance Standards.
    - To assess the department wise quality assurance of Civil Hospital, Ferozepur against National Quality Assurance Standards.

vi. Methodology

Study Design –Observational Descriptive Study

Study area – Civil Hospital, Ferozepur

Study duration – 3 months

Data collection tools- Department specific **checklists** from Assessor's Guidebook for Quality Assurance in District Hospitals. A total of 18 checklists are available.

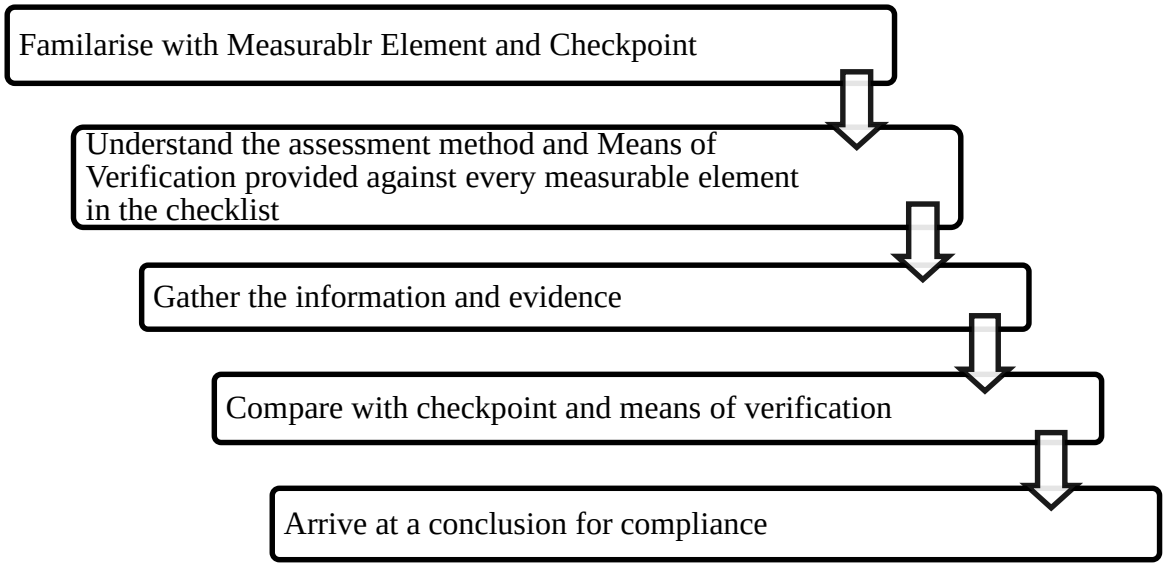
List of Checklists available

• Accident & Emergency	• Nutritional Rehabilitation Centre	• Laboratory
• OPD	• IPD	• Radiology
• Labour Room	• ICU	• Pharmacy
• Maternity Ward	• OT	• Auxiliary Services
• SNCU	• PP Unit	• Mortuary
• Pediatric Ward	• Blood Bank	• General/Admin

Data collection technique-

- Observation (OB)
- Staff Interview (SI)
- Record Review (RR)
- Patient Interview (PI)

Data collection procedure-



If the information and evidence collected gives an impression of not fully meeting the requirements, its given Partial Compliance, provided there are some evidences pointing towards the compliance. Non- compliance is given if none or very few requirements are being met and Full compliance is given only when all requirements are completely met.

Data Analysis

\Scoring Rules

- 2 marks for full compliance
- 1 mark for partial compliance
- 0 Marks for Non Compliances

Department wise scoring:

All checkpoints have equal weightage to keep scoring simple.

Once scores have been assigned to each checkpoint, department wise scores can be calculated for the departments, and for standards by adding the individual scores for checkpoints.

The final score will be in percentage, so that it can be compared with other groups and departments.

Calculation of percentage for each area of concern in a department is as follows:

$$\frac{\text{Score obtained} * 100}{\text{No. of checkpoint in checklist} * 2}$$

The final scoring for each department is calculated by taking average of areas of concern of the respective department.

Hospital Quality Score

Overall score of the hospital in percentage will be calculated by taking average of departmental scores.

The other way of calculating hospital score can also be by taking average of area of concern score of all departments.

It would be worth noting here that the benchmark set by government is for all hospitals to attain a score above **70 percent.**

The hospital quality assurance level will then be assessed on the scale as follows:

- ✓ 70% and above score – Highly Satisfactory
- ✓ 50 – 60% score – Satisfactory
- ✓ 40 – 50% score – Average
- ✓ Below 40% - Poor

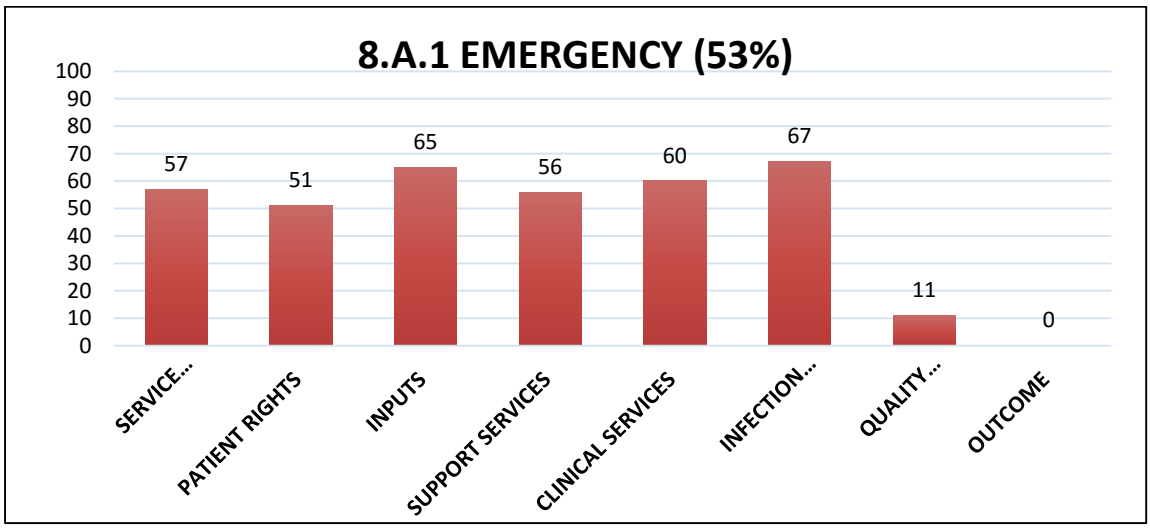
vii. Findings

The assessment for the hospital was done for **13 departments** excluding SNCU, Pediatric Ward, NRC, ICU and Auxiliary services. The SNCU and Pediatric ward were nonfunctional due to absence of a specialist doctor whereas there was no provision for NRC and ICU. The findings are discussed in 2 ways:

1. Graphs showing department wise score based on the score a department attains in each area of concern using above mentioned formula and average of these departmental scores gave the hospital score.
2. The other graphs show the comparative scoring of each department w.r.t. a single area of concern and then overall score of hospital by calculating average of scores obtained in each area of concern.

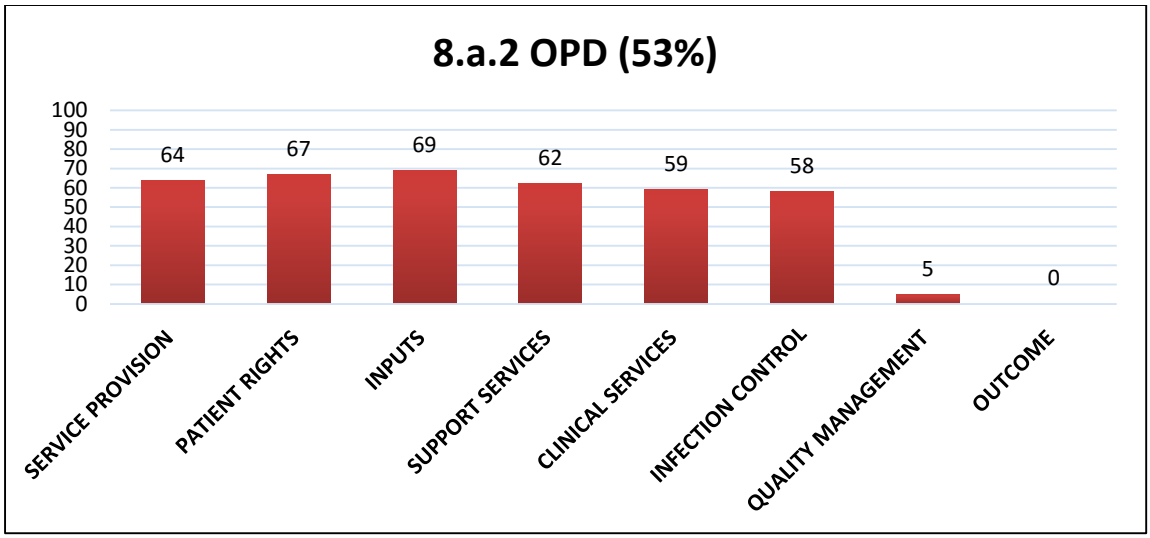
a) The department wise scoring is as following:

1) Accident & Emergency



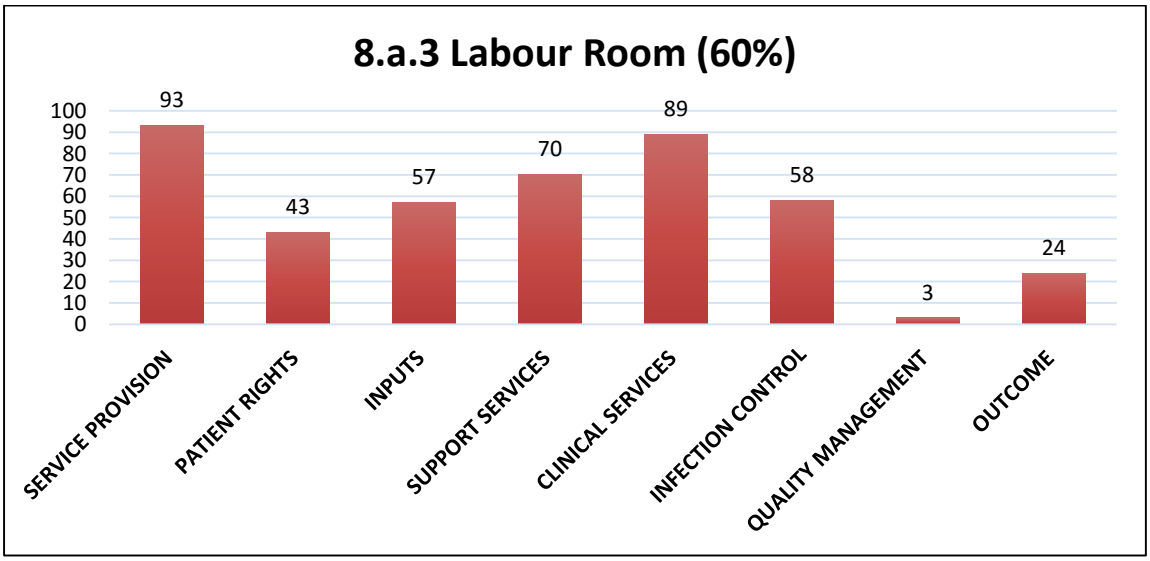
The Emergency department to be assessed was found to have scores ranging from 51% to 67% in each area of concern except quality management and outcomes which seem to be the lowest scoring areas of concern throughout the assessed departments.

2) Outpatient Department



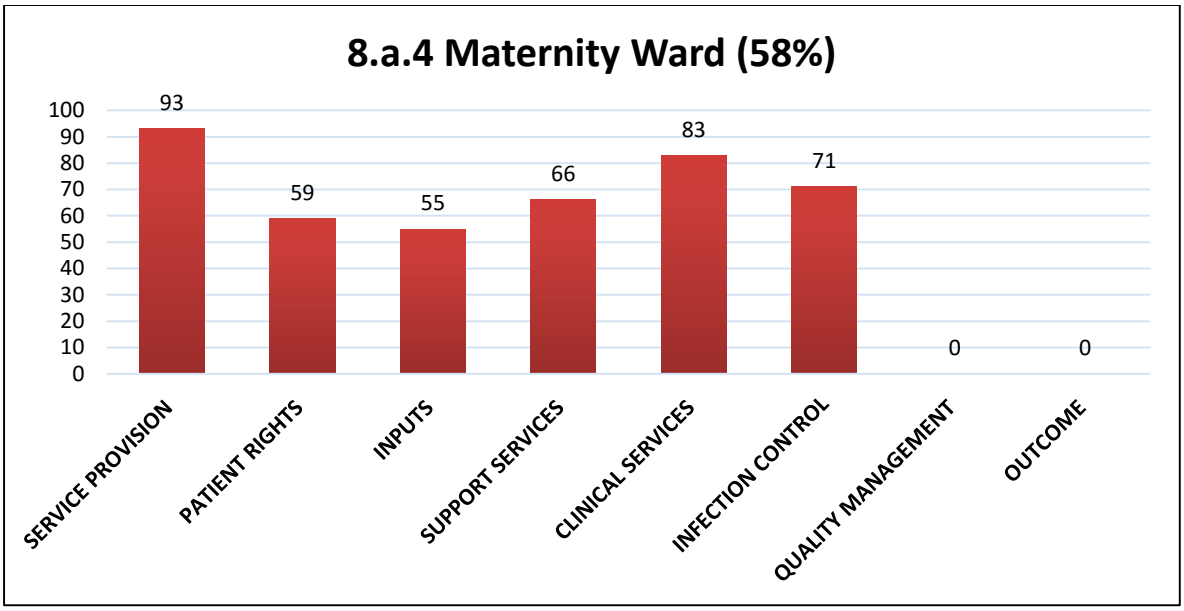
OPD is said to be the face of the hospital. Again, had it not been for last two area of concerns, which score the lowest, the average score must have been around 60 percent. OPD lags behind in infection control which includes no separation of general traffic from inpatient traffic, lack of seating arrangement for TB clinic, infectious diseases clinic not located away from main traffic etc.

3) Labour Room



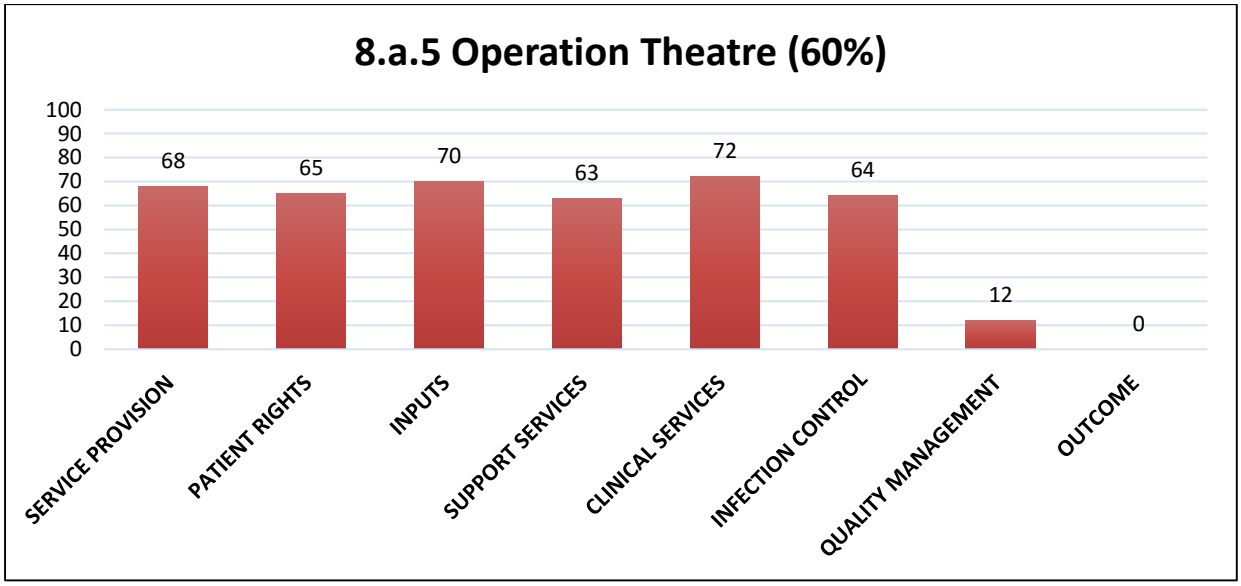
The labor room is considered as critical area for the hospital. It scores highest in case of service provision which means apart from providing curative clinical services, it is providing preventive and promotive RMNCHA services also very efficiently.

4) Maternity Ward



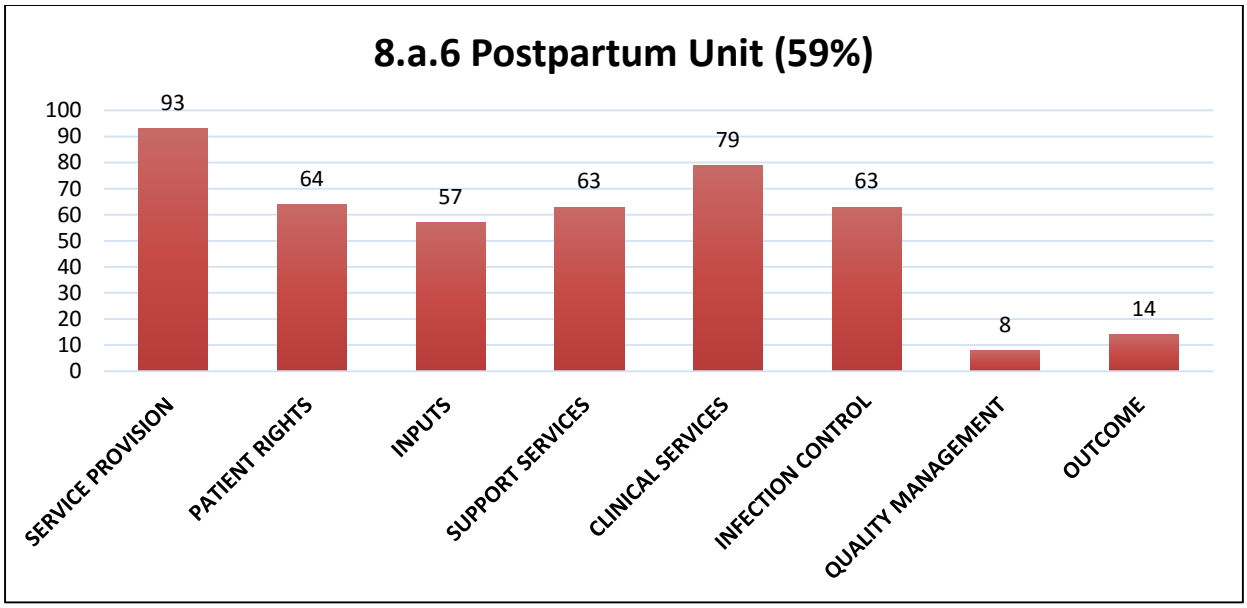
The maternity ward is the extension of labour room which includes ANC services as well. The scores are similar to those of labour room but the interesting thing to notice is that outcome indicators as mentioned in the list are not at all measured. I the ward, ther is cluttering of beds, no separate toilets for visitors, no separate drinking water facilityetc.

5) Operation Theatre



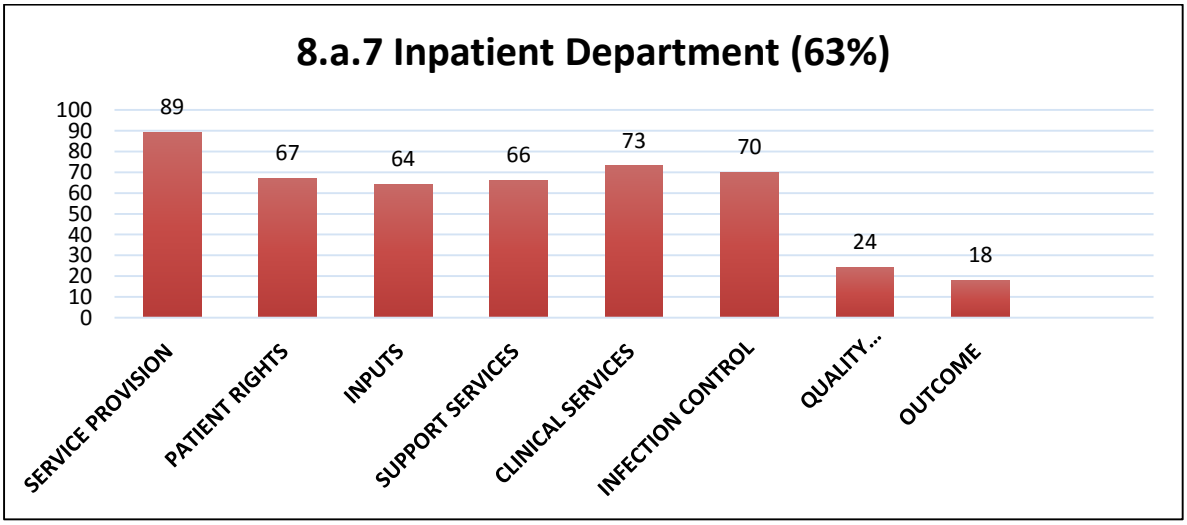
Another critical area, with good amount of inputs and providing adequate clinical services but more attention needs to be paid on support services due to lack of adequate manpower.

6) Postpartum Unit



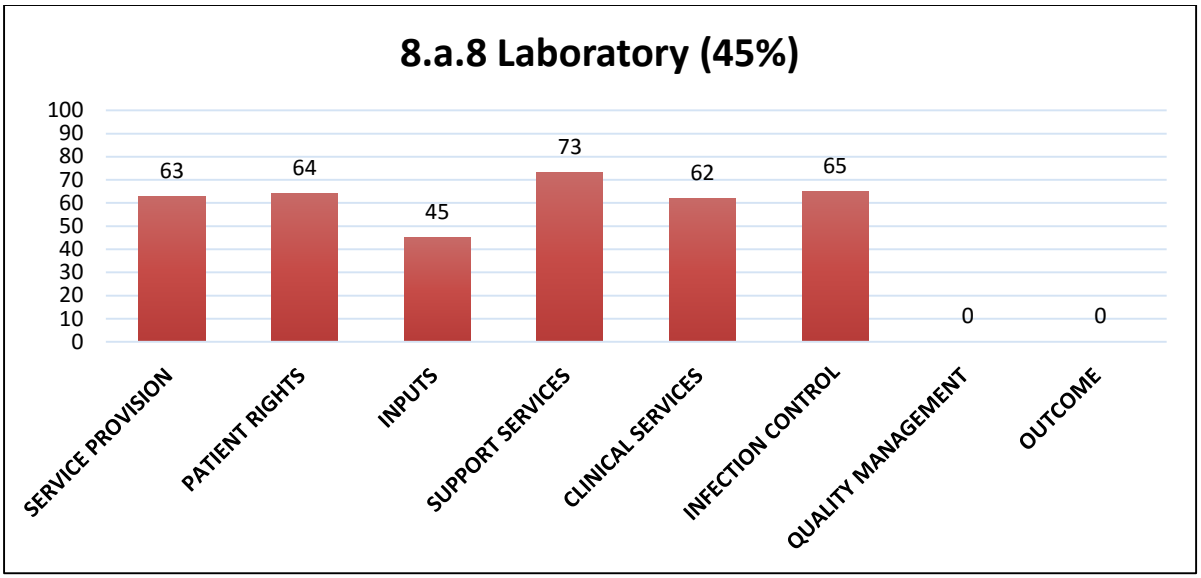
The list is applicable to Family Planning clinic, separate OT for FP surgeries and abortion cases and separate indoor ward to admit such cases. Though services provided were highly in accordance with the standards but there was no separate ward for such patients. They were kept in maternity ward only.

7) Indoor Patient Department



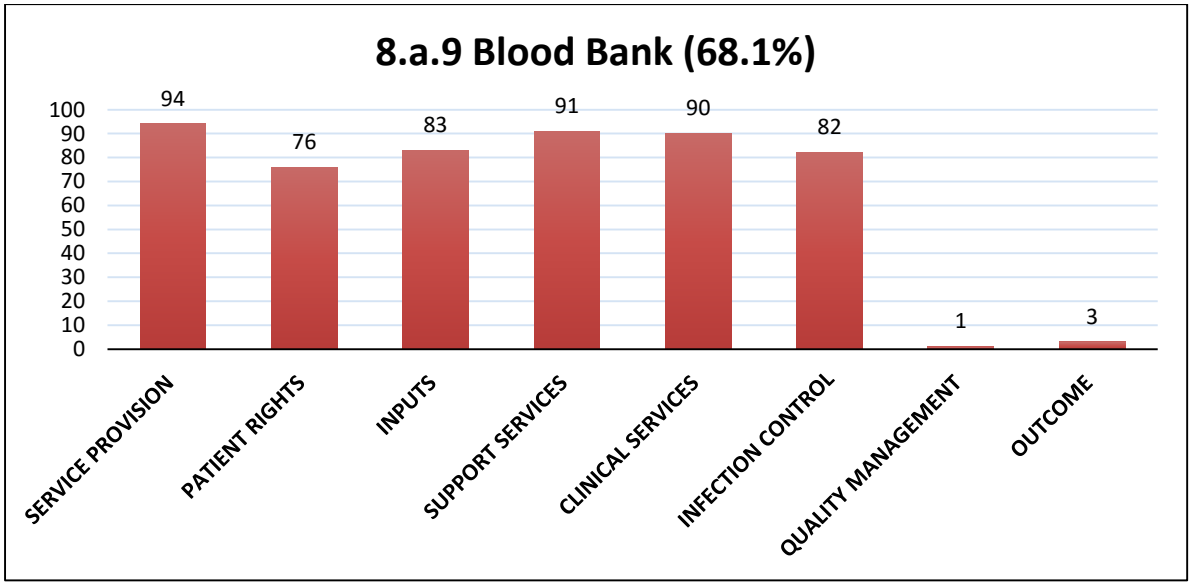
The checklist was inclusive of all indoor wards like Medical, Surgical, and Orthopedics etc. Assessment showed IPD constituted one of the oldest department of the hospital and also had very smooth functioning with regard to all areas of concern.

8) Laboratory



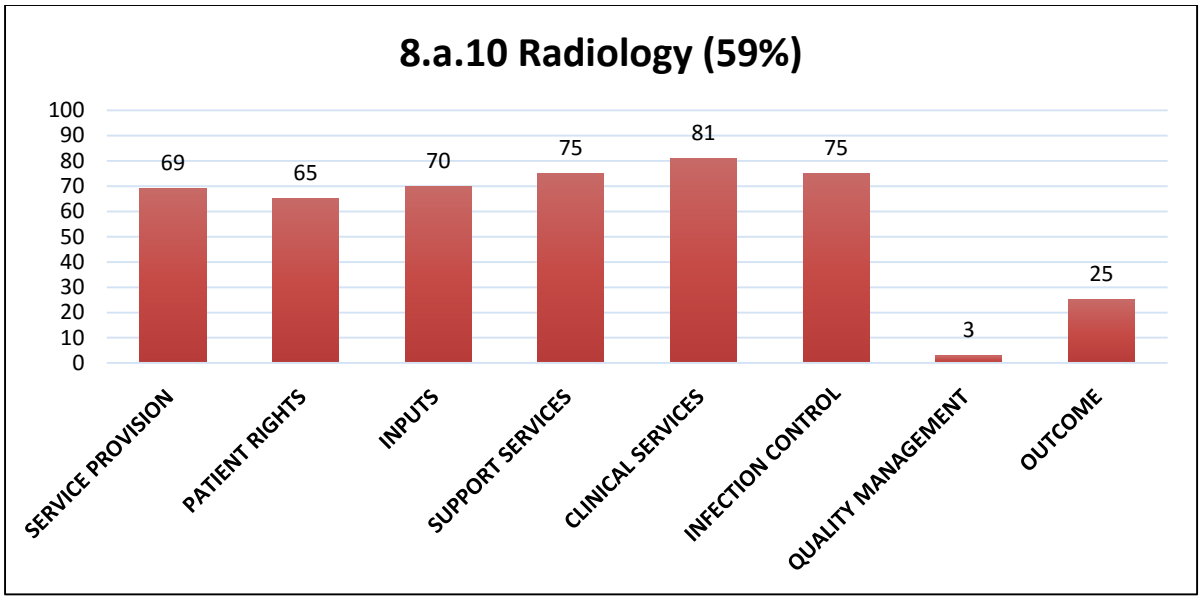
Laboratory was one of the lowest scoring departments in the hospital. The main gap was lack of infrastructure. There was no separate collection area for samples or waiting area for patients. The temperature maintenance was not done for the lab as well. The tests conducted in the lab were not displayed with user charges and timings.

9) Blood Bank



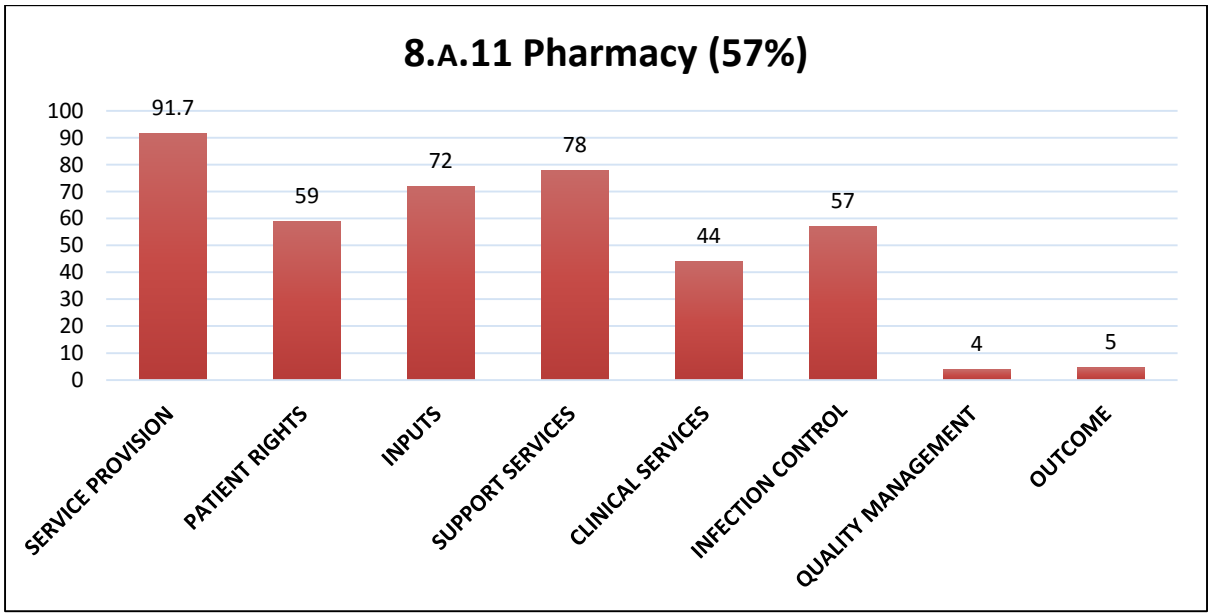
Blood bank was the highest scoring department of all. All areas of concern scores above 70 percent except the usual last two area of concerns.

10) Radiology



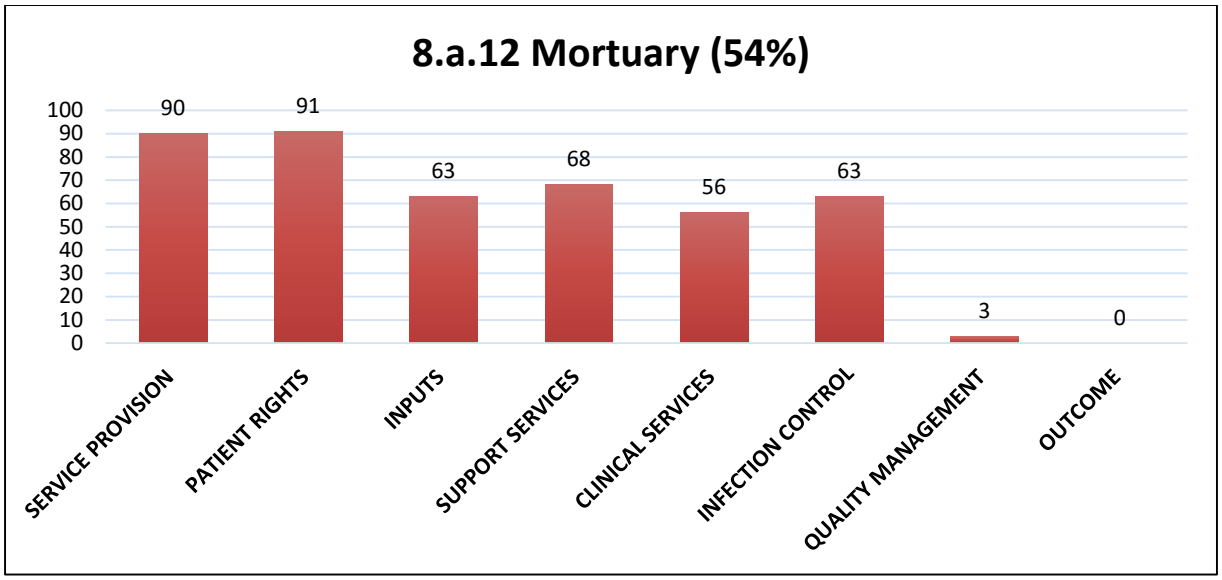
Radiology scored less in service provision because of lack of manpower as one radiologist was appointed for a facility with high patient load for radiographs. The department had recently got AERB approval but still there were no TLD badges present.

11) Pharmacy



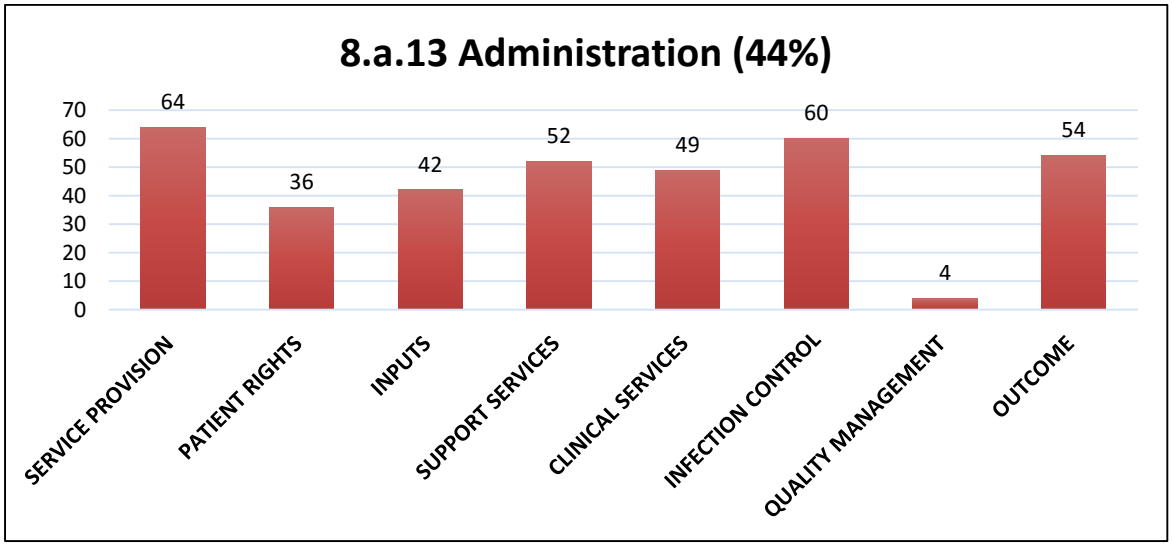
Pharmacy scored highest in service provision and very low in clinical services as no drug formulary was present, absence of list of high risk drugs and prescription audit and antibiotic policy.

12) Mortuary



Mortuary was found to have a separate building but it was in a poor condition, had water leakage and was not maintained properly.

13) General Administration



The department with poorest scoring. The areas of concern with lowest scoring are patient's rights and quality management.

Hospital Quality Score Card Department wise

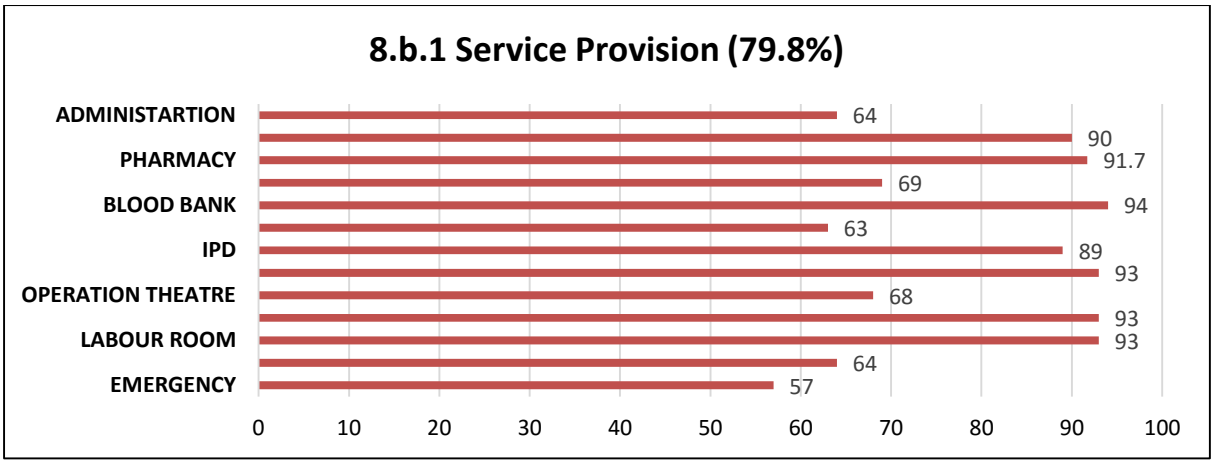
	Hospital Score	56%
1	Accident &Emergency	53
2	OPD	53
3	Labor Room	59
4	Maternity Ward	58
5	Operation Theatre	60
6	PP Unit	59
7	IPD	63
8	Laboratory	45
9	Blood Bank	68
10	Radiology	59
11	Pharmacy	57
12	Mortuary	54
13	Administration	44

Table: 7.a.i. Department wise Hospital Quality Score Card

The overall hospital score was calculated by taking average of the score for all departments. The method calculate is according to National Quality Assurance Standards.

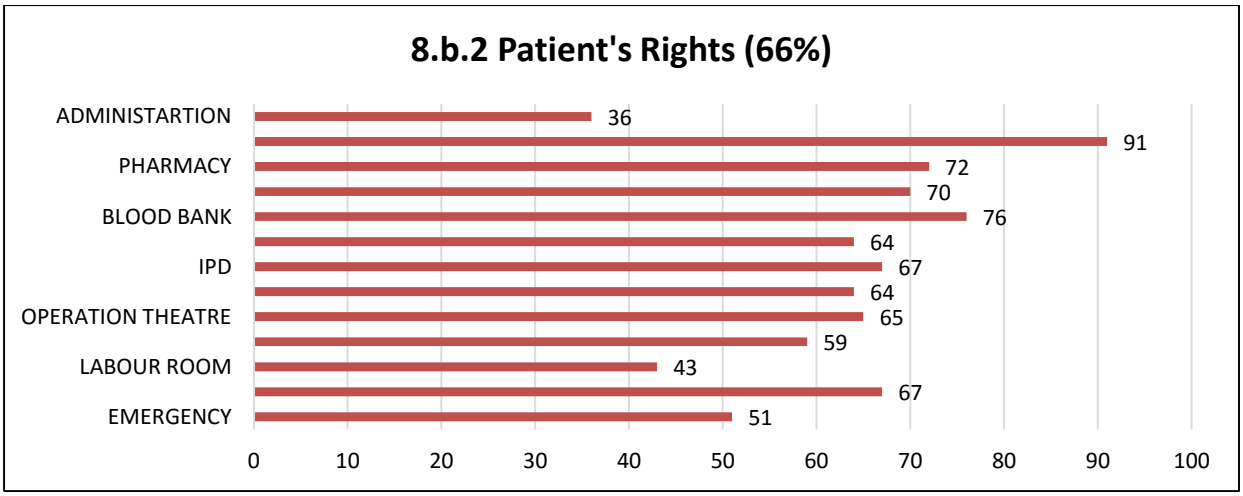
b) The area of concern wise scoring (all values in percentage) for Civil Hospital, Ferozepur is as follows:

1) Service Provision



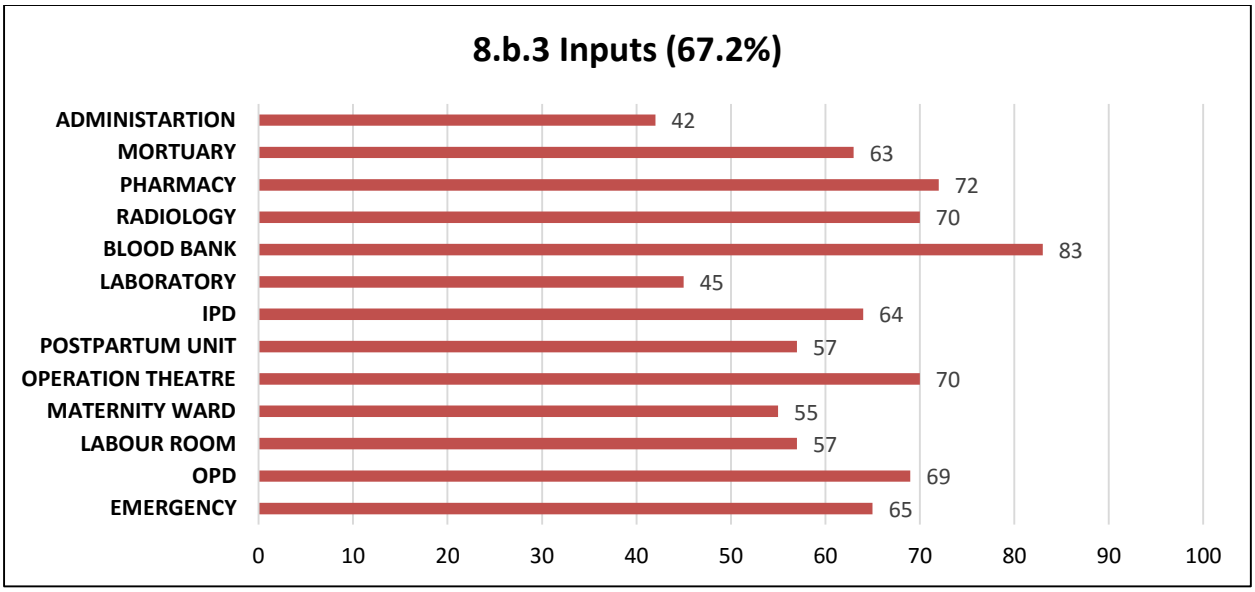
This is the area of concern with highest score. The department of accident and emergency scores lowest because of lack in infrastructure for triage area and disaster management ad no functional linkage with OT and wards.

2) Patient's Rights



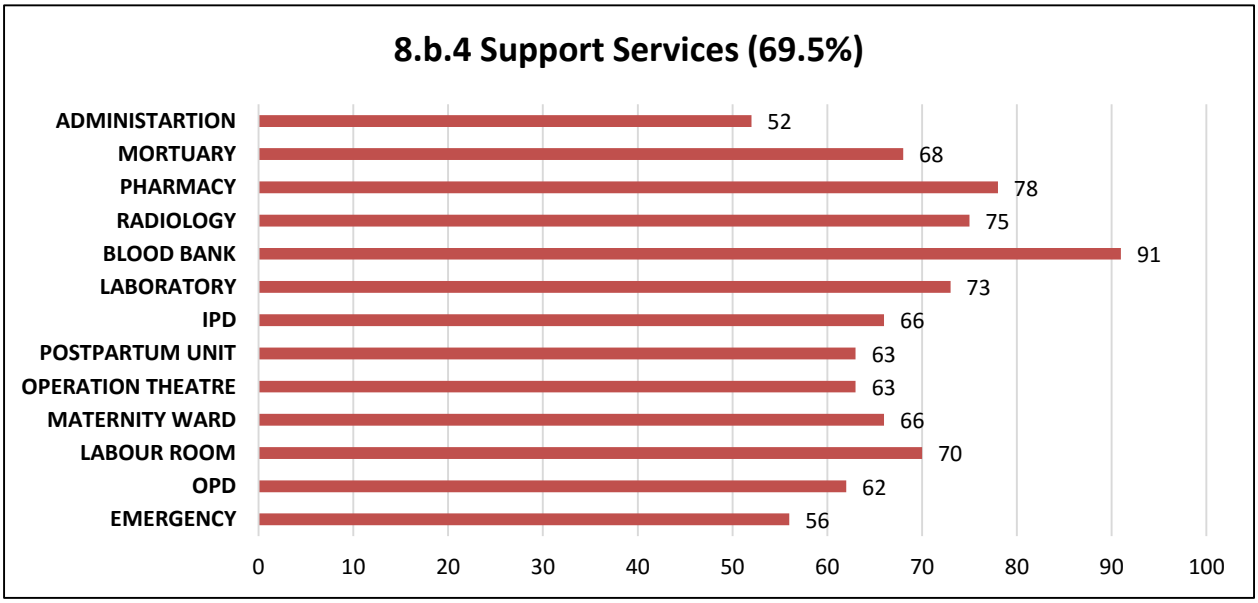
The patients have least physical access to administration due to delay in payments for JSY and RSBY. Availability of information to the patients is also poor, so it has the lowest score.

3) Inputs



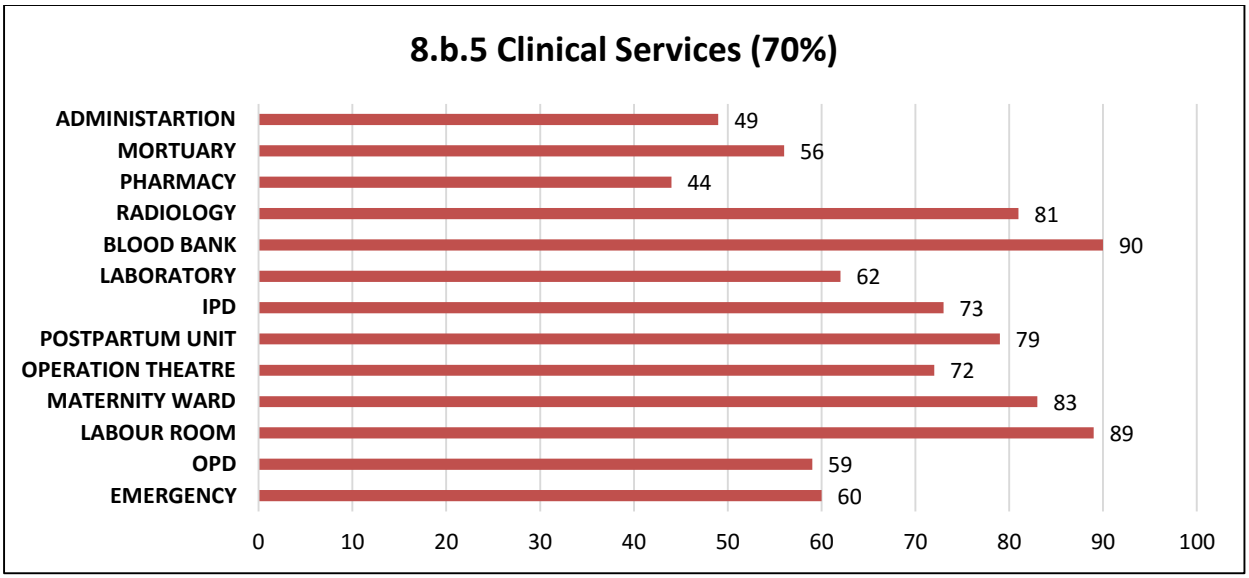
The inputs include if, physical structure is according to IPHS guidelines. The hospital did not fulfil all the criteria being a district hospital.

4) Support Services



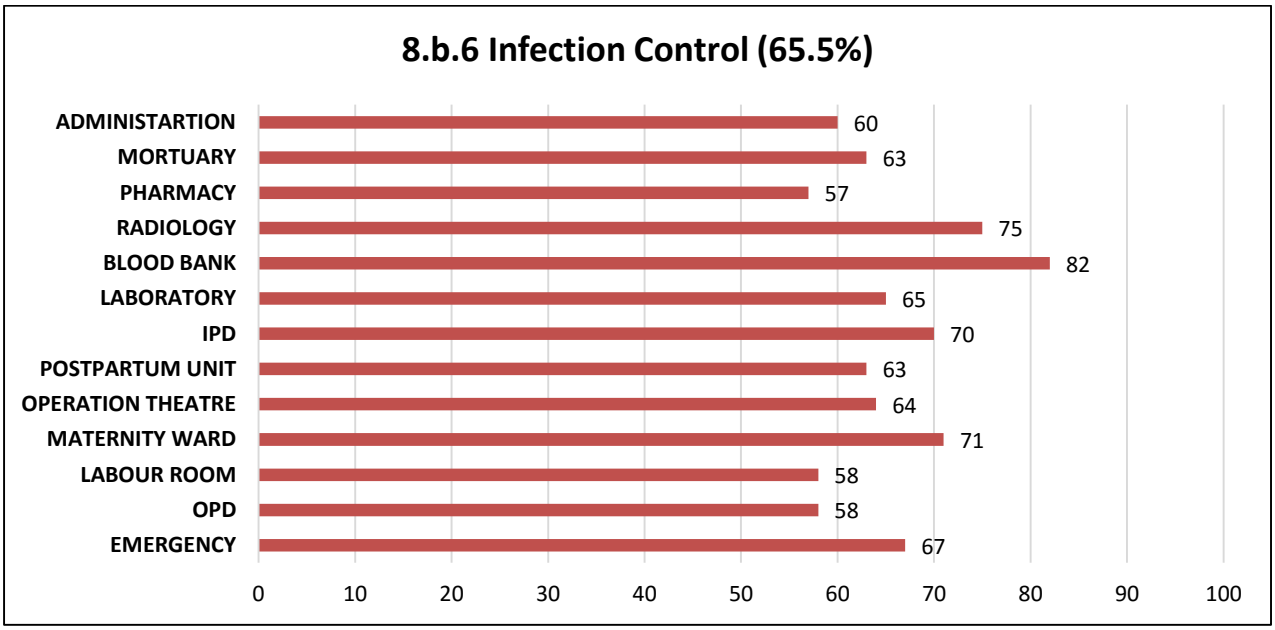
The calibration of instruments was not being done regularly. There was dearth of proper security but financial management and contract management was done regularly.

5) Clinical Services



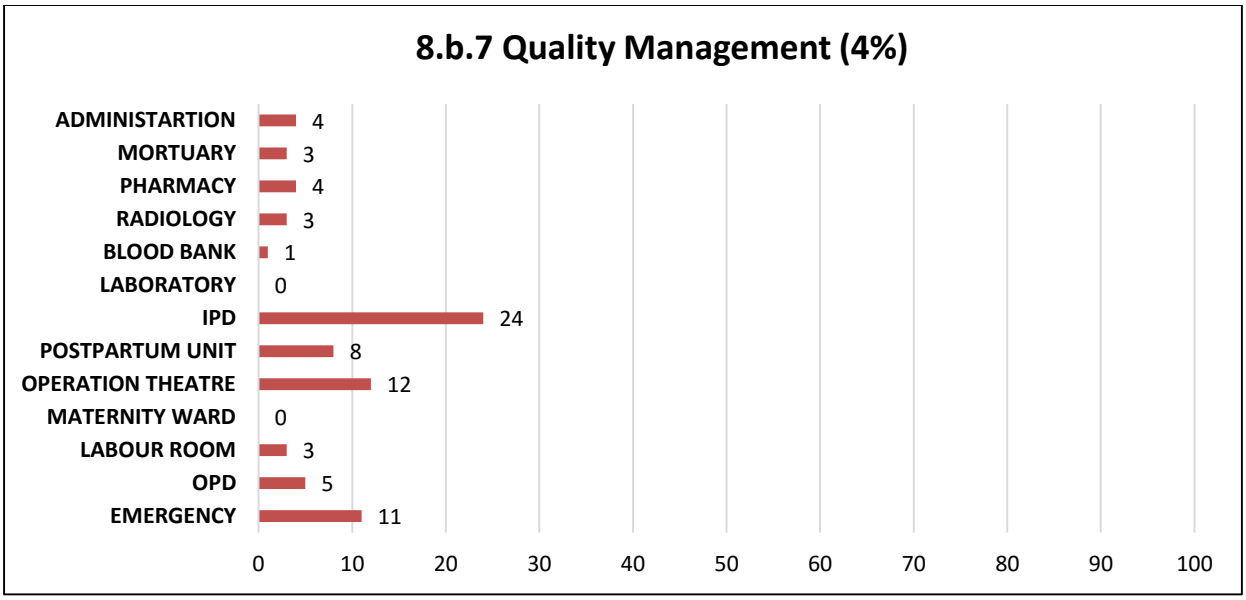
The services available under this area of concern were provided and practiced regularly. Continuity of care, therapeutic and clinical care were being provided regularly.

6) Infection Control



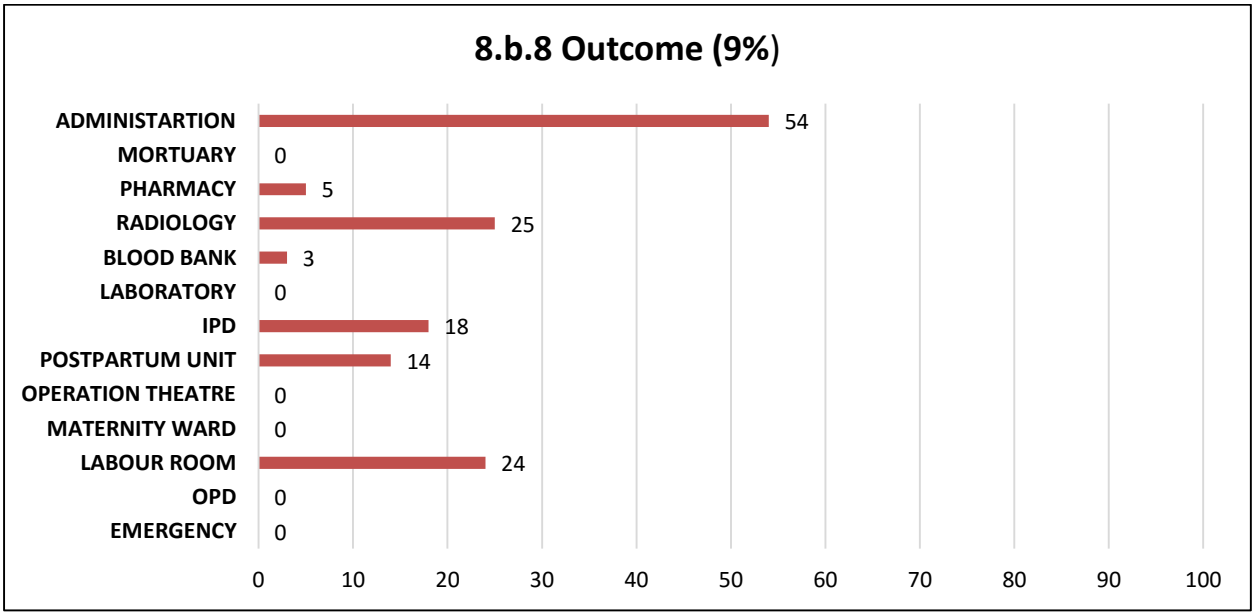
Best out of all the infection control practices was Bio medical Waste Management. Rest all were followed to some extent. Hospital associated infections were not taken care of at the hospital.

7) Quality Management



The hospital performance was worst in this area of concern. The main reason could be less focus on quality till now.

8) Outcome



The problem with this area of concern is that the focus has always been on productivity indicators rather than efficiency indicators.

Table 2: Hospital Quality Score Card Area of Concern wise

Hospital Score		53%
1	Service Provision	80
2	Patient's Rights	66
3	Inputs	67
4	Support Services	70
5	Clinical Services	70
6	Infection Control	66
7	Quality Management	4
8	Outcomes	11

This score was obtained by taking average of sore of all areas of concern and interestingly, it is lower than the earlier hospital score.

viii. Discussion

The Quality assurance assessment of Civil Hospital, Ferozepur yielded a score of 56 percent, which is at a **Satisfactory Level**, quite lagging behind the government's target of a score above 70 percent. If we observe the results, we find that blood bank scores highest with 69 percent and general administration scores lowest with 44 percent.

Each checklist used to assess these respective departments had 8 areas of concern. Each area of concern had standards and standards had measurable elements. The Blood bank scored well above the figure of 70 percent in all areas of concern except Quality Management and Outcomes. These hospital seemed to perform exceptionally low in these 2 areas of concern, throughout all departments yielding an overall score of 4 percent and 11 percent respectively.

This shows that the hospital has a well-established blood bank that meets the National Quality Standards to a great extent and if the 2 lagging areas of concern are taken care of, it can easily cross the 70 percent mark. The Laboratory and General Administration are the lowest scoring departments with a score of 44 and 45 percent respectively.

Both the departments attained low score for area of concern Inputs which includes structural framework. This area of concern talks about the IPHS guidelines and being a district hospital, laboratory does not have a sample collection room, inadequate laboratory space for carrying out activities, non-availability of patient calling system at lab, non-availability of adequate waiting area, no demarcated washing and waste disposal area etc.

In case of general administration**,** facility did not have 24X7 functional telephone connection, structural components were not made earthquake proof, no system for power audit of unit at defined interval, windows had broken, old and rusted grills and wire meshwork, hospital premises did not have intact boundary wall, and terrace, roof, balconies and stair case did not have protective railing. There were no fire exits and fire safety alarms.

Talking about the Areas of Concern, the facility scored really high in service provision in contrast to Quality Management and Outcome. The area of QM includes making SOPs, internal quality assessment and control, monitoring and evaluation of departments, process mapping of critical processes done, identification of non-value adding activities, corrective and preventive action plans, defining Quality Policy & Quality Objectives. Though, the word Quality in healthcare is as old as we can think, QM is relatively a newer concept for public hospitals and probably the reason for such a low score.

The outcomes talked about, till now in Public hospitals, have mostly been in terms of productivity indicators like bed occupancy rate and clinical indicators like MMR, IMR, Death rate for the hospital etc. it is for the very first time, that, indicators like registration to drug time, stock out percent of supplies etc., which emphasize on the efficiency of processes of the hospital, have been brought into limelight through this program.

The above discussion shows that the hospital is providing all the services to the people as per Government norms but has failed to ensure their quality and outcomes.

ix. Suggestions

- The Hospital Quality Assurance Level was found to be Satisfactory in both Department wise (56%) and area of concern wise (53%) scoring.
- Blood Bank is the highest scoring department with a score of 68%.
- The Blood bank scored well above the figure of 70 percent in all areas of concern except Quality Management and Outcomes.
- The Laboratory and General Administration are the lowest scoring departments with a score of 44 and 45 percent respectively.
- The facility scored really high in Service Provision (80%) in contrast to Quality Management and Outcome.

x. Conclusion

In the end, we can say that, Quality in public health is relatively a newer concept and the results and effectiveness of these set standards will only be seen in the long term. The hospital needs to work a lot in the area of Quality Management to reach to the set benchmark of 70% and above. Continuous efforts can definitely lead to achievement of this mark but the major challenge will be to sustain this score over a long period even in the absence of any external assessment.

xi. Annexures

National Quality Assurance Standards						
Checklist for Accident & Emergency						
Reference No.	**Measurable Element**	**Checkpoint**	**Compliance**	**Assessment Method**	**Means of Verification**	**Remarks**
.	**Area of Concern - A Service Provision**					
Standard A1.	**Facility Provides Curative Services**					
ME A1.1.	The facility provides General Medicine services	Availability of Emergency Medical Procedures	2	SI/OB	Poisoning, Snake Bite, CVA, Acute MI, ARF, Hypovolemic Shock , Dyspnoea, Unconscious Patients	
ME A1.2.	The facility provides General Surgery services	Availability of Emergency Surgical Procedures	2	SI/OB	Appendicitis, Rupture spleen, Intestinal Obstruction, Assault Injuries, perforation, Burns	
ME A1.3.	The facility provides Obstetrics & Gynaecology Services	Availability of Emergency Obstetrics &Gynaecology Procedures	2	SI/OB	APH, PPH, Eclampsia , Obstructed labour, Septic abortion, Emergency Contraceptives	
ME A1.4.	The facility provides paediatric services	Availability of emergency Paediatric procedures	0	SI/OB	ARI, Diarrhoeal diseases, Hypothermia, PEM,resustication	
ME A1.5.	The facility provides Ophthalmology Services	Availability of Emergency Ophthalmology procedures	2	SI/OB	Foreign body and injuries	
ME A1.6.	The facility provides ENT Services	Availability of Emergency ENT procedures	2	SI/OB	Epitasis, foreign body	
ME A1.7.	The facility provides Orthopaedics Services	Availability of Emergency Orthopaedic procedures	2	SI/OB	Fracture, RTA, Poly trauma	

ME A1.9.	The facility provides Psychiatry Services	Availability of Emergency Psychiatric procedures	0	SI/OB	Conversion Reactions, other Psychiatric emergencies Hysteria, mania, psychosis	
ME A1.13.	The facility provides services for OPD procedures	Availability of Dressing room facility	0	SI/OB	Drainage, dressing, suturing	
.		Availability of injection room facilities	0	SI/OB	Injection room facility with ARV, ASV and emergency drugs	
ME A1.14.	Services are available for the time period as mandated	24X7 availability of dedicated emergency Services	2	SI/RR		
ME A1.16.	The facility provides Accident & Emergency Services	Availability of Emergency procedures	0	SI/OB	Defibrillation, CPR, Mobilization, Chest Tube, Intubations, Tracheotomy, Mechanical Ventilation	
Standard A2	**Facility provides RMNCHA Services**					
ME A2.2	The facility provides Maternal health Services	Availability of Emergency Obstetrics & Gynaecology procedure	2	SI/OB		
ME A2.4	The facility provides Child health Services	Triage and emergency management of paediatric cases	0	SI/OB		
Standard A3.	**Facility Provides diagnostic Services**					
ME A3.1.	The facility provides Radiology Services	Availability / Linkage to X-ray & USG services	0	SI/OB		
		Radiology Services are functional 24X7	2	SI/OB	Check services are functional at night	

ME A3.2.	The facility Provides Laboratory Services	Availability of Emergency diagnostic tests 24x7	2	SI/OB	HB%, CPC, Blood Sugar, RDK, Urine Protein, Electrolyte (Na+K)	
ME A3.3.	The facility provides other diagnostic services, as mandated	Availability of Functional ECG Services	0	SI/OB		
Standard A5.	**Facility provides support services**					
ME A5.3.	The facility provides security services	Availability of Police post	0	SI/OB		
ME A5.7.	The facility has services of medical record department	Availability of Medico-legal record services	2	SI/OB		
Standard A6.	**Health services provided at the facility are appropriate to community needs.**					
ME A6.1.	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally.	Availability of specific procedures for local prevalent emergencies	2	SI/OB	Ask for the specific local health frequent emergencies. See if emergency is ready for it or not.	
.	**Area of Concern - B Patient Rights**					
Standard B1.	**Facility provides the information to care seekers, attendants & community about the available services and their modalities**					
ME B1.1.	The facility has uniform and user-friendly signage system	Availability departmental signages.	2	OB	Emergency department board is prominently displayed with facility of illumination in night.	

.		Availability of Directional Signage's.	0	OB	Direction is displayed from main gate to direct.	
ME B1.2.	The facility displays the services and entitlements available in its departments	List of services including emergencies that are managed at the facility	0	OB		
.		Names of doctor and nursing staff on duty are displayed and updated	2	OB		
.		List of drugs available are displayed	0	OB		
.		Important numbers including ambulance, blood bank , police and referral centres displayed	0	OB		
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed	2			
ME B1.6.	Information is available in local language and easy to understand	Signage's and information are available in local language	1	OB		

ME B1.7.	The facility provides information to patients and visitor through an exclusive set-up.	Enquiry services are available 24X7.	0	OB	Enquiry services may be provided by registration clerk/Nurse in a small set up. For large and busy emergency departments there should be dedicated enquiry counter	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Treatment note/discharge note is given to patient	2	RR/OB		
Standard B2.	**Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.**					
ME B2.1.	Services are provided in manner that are sensitive to gender	Separate room for examination of rape victims	0	OB		
.		Availability of sexual assault forensic evidence kit	0	OB		
.		Availability of protocols /guidelines for collection of forensic evidence in case of rape victim	0	OB /RR		
.		Counselling services are available for rape victim and domestic violence	0	OB/RR		
.		Availability of female staff if a male doctor examine a female patients	2	OB/SI		

.		Separate toilets for male and females	2	SI/OB		
		Demarcated male and female observation areas	0	OB		
ME B2.3.	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Availability of Wheel chair/ stretcher for emergency	2	OB		
		Availability of ramps with railing	0	OB		
		Emergency is located at ground floor	2	OB		
		Ambulance has direct access to the receiving/triage area of the emergency.	2	OB	No vehicle parked on the way /in front of emergency entrance. Access road to emergency is wide enough for streamline moment of emergency	
		Availability of disable friendly toilet	0	OB		
Standard B3.	**Facility maintains the privacy, confidentiality & Dignity of patient and related information.**					
ME B3.1.	Adequate visual privacy is provided at every point of care	Screens provided at emergency	2	OB	At the examination and procedure area.	
ME B3.2.	Confidentiality of patients records and clinical information is maintained	Confidentiality of patient record maintained	2	SI/OB		

		MLC cases are kept in secure place beyond access of general public	2	SI/OB		
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	2	OB/PI		
ME B3.4.	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	Privacy and confidentiality of HIV, Rape, suicidal cases, domestic violence and psychotic cases	2	SI/OB		
Standard B4.	**Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.**					
ME B4.1.	There is established procedures for taking informed consent before treatment and procedures	Consent is taken for invasive emergency procedures	2	SI/RR		
ME B4.2.	Patient is informed about his/her rights and	Display of patient rights and responsibilities.	0	OB		

	responsibilities					
ME B4.3.	Staff are aware of Patients' rights responsibilities	Staff is aware about patient rights and responsibilities	0	SI		
ME B4.4.	Information about the treatment is shared with patients or attendants, regularly	Patient is informed about her clinical condition and treatment been provided	2	PI	Ask patients about what they have been communicated about the treatment plan	
ME B4.5.	The facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance redressal and whom to contact is displayed	0	OB		
Standard B5.	**Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.**					
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Emergency services are free for all including pregnant woman, neonate and children	2	PI/SI		
ME B5.2.	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing drugs or consumables from outside.	0	PI/SI		

ME B5.3.	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not spent on diagnostics from outside.	0	PI/SI		
ME B5.4.	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Free Emergency Consultation for BPL patients	2	PI/SI/RR		
.	**Area of Concern - C Inputs**					
Standard C1.	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**					
ME C1.1.	Departments have adequate space as per patient or work load	Adequate space for accommodating emergency load	0	OB	1000 square meters per 100 patient daily loads	
		Availability of adequate waiting area	0	OB		
ME C1.2.	Patient amenities are provide as per patient load	Availability of seating arrangement in the waiting area	0	OB		
.		Availability of cold Drinking water	2	OB		
.		Availability of functional toilets	2	OB		
ME C1.3.	Departments have layout and demarcated areas as per functions	Demarcated trolley bay	0	OB		

.		Demarcated receiving /triage areas	0	OB		
.		Demarcated Nursing station	2	OB		
.		Demarcated duty room for doctor /nurse	2	OB		
.		Demarcated resuscitation area	0	OB		
.		Demarcated observation area/beds	2	OB		
.		Demarcated dressing area /room	0	OB		
.		Demarcated injection room	0	OB		
.		Demarcated area for keeping serious patient for intensive monitoring	0	OB		
.		Demarcated areas for keeping dead bodies.	0	OB	Separate room or linkage with mortuary/ Post mortem room	
.		Lay out is flexible	2	OB	All the fixture and furniture are movable to rearrange the different areas in case of mass casualty	
.		Dedicated Minor OT	2	OB		
.		Shaded porch for ambulance	0	OB		
.		availability of clean and dirty utility room	2			
ME C1.4.	The facility has adequate circulation area and open spaces according to need and local law	Corridors at Emergency are broad enough for easy moment of stretcher and trolley	2	OB	2-3 meter	

ME C1.5.	The facility has infrastructure for intramural and extramural communicati on	Availability of functional telephone and Intercom Services	0	OB		
.		The ambulance(s) has a proper communication system(at least cell phone)	2	OB		
ME C1.6.	Service counters are available as per patient load	Availability of emergency beds as per load	0	OB	5% of the total beds	
		Availability of buffer beds for handling mass causality and disaster	0			
ME C1.7.	The facility and departments are planned to ensure structure follows the function/proc esses (Structure commensurat e with the function of the hospital)	Unidirectional flow of services.	2	OB	Receiving/Triage-Resuscitation-observation beds-Procedures area. There is no crises cross	
.		Separate entrance for emergency department	2	OB	Entrance of Emergency should not be shared with OPD and IPD	
.		Emergency has functional linkage with Major OT , ICU and labour	0	OB/SI		

		room , Indoors and laboratories				
		Emergency is located near to the entry of the hospital	2	OB		
Standard C2.	**The facility ensures the physical safety of the infrastructure.**					
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non-structural components are properly secured	2	OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment's , hanging objects are properly fastened and secured	
ME C2.3.	The facility ensures safety of electrical establishmen t	Emergency department does not have temporary connections and loosely hanging wires	1	OB		
ME C2.4.	Physical condition of buildings are safe for providing patient care	Floors of the Emergency are non-slippery and even	2	OB		
.		Windows have grills and wire meshwork	2	OB		
Standard C3.	**The facility has established Programme for fire safety and other disaster**					
ME C3.1.	The facility has plan for prevention of fire	Emergency has sufficient fire exit to permit safe escape to its occupant at time of fire	0	OB/SI		
.		Check the fire exits are clearly visible and routes to reach exit are clearly marked.	0	OB		

ME C3.2.	The facility has adequate firefighting Equipment	Emergency has installed fire Extinguisher that is Class A , Class B, C type or ABC type	2	OB		
.		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned	2	OB/RR		
ME C3.3.	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire	0	SI/RR		
Standard C4.	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**					
ME C4.1.	The facility has adequate specialist doctors as per service provision	Availability of specialist Doctor	2	OB/RR	Check for specialist on call/ full time	
ME C4.2.	The facility has adequate general duty doctors as per service provision and work load	Availability of emergency medical officer	2	OB/RR		
ME C4.3.	The facility has adequate nursing staff as per service	Availability of Nursing staff	2	OB/RR/ SI	At least 2 in day and 1 in night	

	provision and work load					
ME C4.4.	The facility has adequate technicians/paramedics as per requirement	Availability of dresser /paramedic	2	OB/SI		
ME C4.5.	The facility has adequate support / general staff	Dedicated 24X7 housekeeping staff	2	SI/RR		
.		availability of dedicated security guards 24X7	2	SI/RR		
.		Availability of registration clerk	0	SI/RR		
		Availability of Drivers for Ambulance 24X7	1	SI/RR		
ME C4.6.	The staff has been provided required training / skill sets	Triage and Mass Casualty Management	0	SI/RR		
.		Basic life support (BLS)/ Advance life support (ALS)	0	SI/RR		
.		Bio Medical waste Management	2	SI/RR		
.		Infection control and hand hygiene	2	SI/RR		
		Patient Safety	0			
ME C4.7.	The Staff is skilled as per job description	Staff is skilled for emergency procedures	2	SI/RR		
		Staff is skilled for resuscitation	2	SI/RR		

		and use defibrillator				
		Staff is skilled for maintaining clinical records	2	SI/RR		
Standard C5.	**Facility provides drugs and consumables required for assured list of services.**					
ME C5.1.	The departments have availability of adequate drugs at point of use	Availability of Analgesics/Anti pyretics/Anti Inflammatory	2	OB/RR	Tracers as per State EDL	
.		Availability of Antibiotics	2	OB/RR	Tracers as per State EDL	
.		Availability of Infusion Fluids	2	OB/RR	Tracers as per State EDL	
.		Availability of Drugs acting on CVS	2	OB/RR	Tracers as per State EDL	
.		Availability of drugs action on CNS/PNS	1	OB/RR	Tracers as per State EDL	
.		Availability of dressing material and antiseptic lotion	2	OB/RR	Tracers as per State EDL	
.		Drugs for Respiratory System	2	OB/RR	Tracers as per State EDL	
.		Hormonal Preparation	2	OB/RR	Tracers as per State EDL	
.		Availability of emergency drugs in ambulance	2	OB/RR	Tracers as per State EDL	
.		Availability of drugs for obstetric emergencies	2	OB/RR	Mugsful, Oxytocin, Plasma Expanders	
.		Availability of Medical gases	1	OB/RR	Availability of Oxygen Cylinders	
		Availability of Immunological	2	OB/RR	Polyvalent Anti snake Venom, Anti tetanus Human Immunoglobin	

		Antidotes and Other Substances used in Poisonings	2	OB/RR	Inj. Atropine Sulphate	
ME C5.2.	The departments have adequate consumables at point of use	Resuscitation Consumables / Tubes	2	OB/RR	Masks, Ryle's tubes, Catheters, Chest Tube, ET tubes etc.	
.		Availability of disposables at dressing room	2	OB/RR		
.		Availability of consumables in ambulance	1	OB/RR	Dressing material / Suture material	
ME C5.3.	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray/ Crash Cart is maintained at emergency	2	OB/RR		
Standard C6.	**The facility has equipment & instruments required for assured list of services.**					
ME C6.1.	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring	2	OB	BP apparatus, Multipara meter Torch, hammer , Spot Light	
.		Availability of Monitoring equipment's in ambulance	2	OB		
ME C6.2.	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of dressing tray for Emergency procedures	2	OB		

.		Dressing tray are in adequate numbers as per load	1	OB		
		Availability of instruments for emergency obstetrics procedure	0	OB		
ME C6.3.	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic devices	1	OB	Glucometer, ECG and HIV rapid diagnostic kit	
ME C6.4.	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of functional Instruments for Resuscitation.	2	OB	Ambo bag, defibrillator, layrngo scope, nebulizer, suction apparatus , LMA	
.		Availability of resuscitation equipments in ambulance	2	OB		
ME C6.5.	Availability of Equipment for Storage	Availability of equipment for storage for drugs	1	OB	Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley	
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipments for cleaning	2	OB	Buckets for mopping, mops, duster, waste trolley, Deck brush	
		Availability of equipment for sterilization	1	OB	Boiler	

		and disinfection				
ME C6.7.	Departments have patient furniture and fixtures as per load and service provision	Availability of patient beds with prop up facility and wheels	0	OB		
		Availability of attachment/accessories with patient bed	1	OB	Hospital graded Mattress, IV stand, bed rails, Bed pan	
		Availability of fixtures	1	OB	Spot light, electrical fixture for equipments like suction, monitor and defibrillator, X ray view box	
		Availability of furniture at emergency	1	OB	Doctors Chair, Patient Stool, Examination Table, Chair, Table, Footstep, cupboard	
.	**Area of Concern - D Support Services**					
Standard D1.	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.**					
ME D1.1.	The facility has established system for maintenance of critical Equipment	All equipments are covered under AMC including preventive maintenance	0	SI/RR		
.		There is system of timely corrective break down maintenance of the equipments	0	SI/RR		
		Staff is skilled for trouble shooting in case equipment malfunction	0	SI/RR		

ME D1.2.	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipments/ instrument are calibrated	0	OB/ RR		
ME D1.3.	Operating and maintenance instructions are available with the users of equipment	Operating instructions for critical equipments are available	0	OB/SI		
Standard D2.	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas**					
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables and drugs	2	SI/RR	Stock level are daily updated Requisition are timely placed	
ME D2.3.	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/ crash cart and are labelled	2	OB		
.		Empty and filled cylinders are labelled	2	OB		
ME D2.4.	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray	0	OB/RR		
.		No expiry drug found	2	OB/RR		

.		Records for expiry and near expiry drugs are maintained for drug stored at department	0	RR		
ME D2.5.	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock in Emergency	2	SI/RR		
.		Department maintained stock and expenditure register of drugs and consumables in Emergency	2	RR/SI		
		There is practice of calculating and maintaining buffer stock in ambulance	0	SI/RR		
		Department maintained stock and expenditure register of drugs and consumables in ambulance	0	RR/SI		
ME D2.6.	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray emergency crash cart	2	SI/RR		
		There is procedure for replenishing drug tray emergency crash cart in ambulance	2	OB/SI		
		There is no stock out of drugs	0	SI/RR		

ME D2.7.	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained	0	OB/RR	Check for temperature charts are maintained and updated periodically	
ME D2.8.	There is a procedure for secure storage of narcotic and psychotropic drugs	Narcotics and psychotropic drugs are kept in lock and key	2	OB/SI		
Standard D3.	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**					
ME D3.1.	The facility provides adequate illumination level at patient care areas	Adequate illumination at procedure area	2	OB	Resuscitation area, dressing room and examination area	
		Adequate illumination at receiving and triage area	0	OB		
ME D3.2.	The facility has provision of restriction of visitors in patient areas	Visitors are restricted at resuscitation and procedure area	0	OB/SI		
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in patient care area	0	PI/OB	Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement	
		Temperature control and ventilation in nursing station/duty room	1	SI/OB	Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement	

ME D3.4.	The facility has security system in place at patient care areas	There are set procedures for handling mass situation and violence in emergency	0	SI/OB	See for linkage to police, self protection form staff	
.		Hospital has sound security system to manage overcrowding in emergency	0	OB/SI		
ME D3.5	The facility has established measure for safety and security of female staff	Ask female staff whether they feel secure at work place	2	SI		
Standard D4.	**The facility has established Programme for maintenance and upkeep of the facility**					
ME D4.1	Exterior of the facility building is maintained appropriately	Building is painted/whitewashed in uniform colour	2	OB		
		Interior of patient care areas are plastered & painted	2	OB		
ME D4.2.	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean	2	OB	All area are clean with no dirt,grease,littering and cobwebs	
		Surface of furniture and fixtures are clean	2	OB		
		Toilets are clean with functional flush and running water	2	OB		
ME D4.3.	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster	2	OB		

		Window panes , doors and other fixtures are intact	2	OB		
		Patients beds are intact and painted	2	OB		
		Mattresses are intact and clean	2	OB		
ME D4.5.	The facility has policy of removal of condemned junk material	No condemned/Junk material in the Emergency	0	OB		
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds	1	OB		
Standard D5.	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**					
ME D5.1.	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water	1	OB/SI		
ME D5.2.	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back in Emergency	2	OB/SI		
		Availability of UPS	2	OB/SI		
		Availability of Emergency light	2	OB/SI		

ME D5.3.	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	Availability of Centralized /local piped Oxygen and vacuum supply	0	OB		
Standard D7.	**The facility ensures clean linen to the patients**					
ME D7.1.	The facility has adequate sets of linen	Clean Linens are provided at observation beds	2	OB/RR		
ME D7.2.	The facility has established procedures for changing of linen in patient care areas	Linen are changed after change shift of each patient or whenever it get soiled	2	OB/RR		
ME D7.3	The facility has standard procedures for handling , collection, transportation and washing of linen	There is system to check the cleanliness and Quantity of the linen received from laundry	0	SI/RR		
Standard D10.	**Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government**					
ME D10.1.	The facility has requisite licences and certificates for operation of hospital and different activities	Valid licences for ambulances are available	0	RR/SI		
ME D10.3.	The facility ensure relevant processes are in compliance with	Staff is aware of requirements of medico legal cases	2	SI		

	statutory requirement					
Standard D11.	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**					
ME D11.1.	The facility has established job description as per govt guidelines	Staff is aware of their role and responsibilities	2	SI		
ME D11.2.	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster	1	RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)	
.		There is designated in charge for department	2	SI		
ME D11.3.	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code	0	OB		
Standard D12	**Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations**					
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis	2	SI/RR	Verification of outsourced services (cleaning/ Dietary/Laundry/Security/Maintenance) provided are done by designated in-house staff	
.	**Area of Concern - E Clinical Services**					

Standard E1.	**The facility has defined procedures for registration, consultation and admission of patients.**					
ME E1.1.	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration	2	RR		
.		Patient demographic details are recorded in admission records	0	RR	Check for that patient demographics like Name, age, Sex, Address, Chief complaint, etc.	
ME E1.3.	There is established procedure for admission of patients	There is established criteria for admission through emergency department	0	SI/RR		
		There is establish procedure for admission of MLC cases as per prevalent laws	2	SI/RR		
		There is establish procedure for prisoners as per prevalent local laws	2	SI/RR		
		Admission is done by written order of a qualified doctor	2	SI/RR		
		There is no delay in treatment because of admission process	2	SI/RR		
		Time of admission is recorded in patient record	1	RR		

		There is no delay in transfer of patient to respective department once admission is confirmed	1	SI/RR		
		Emergency department is aware of admission criteria to critical care units	0	SI/RR	Like ICU, SNCU, Burn cases	
		Staff is aware of cases that can not be admitted at the facility due to constraint in scope of services	2	SI		
ME E1.4.	There is established procedure for managing patients, in case beds are not available at the facility	The is provision of extra beds, trolley beds in case of high occupancy or mass casualty	0	OB/SI		
Standard E2.	**The facility has defined and established procedures for clinical assessment and reassessment of the patients.**					
ME E2.1.	There is established procedure for initial assessment of patients	Assessment criteria of different kind of medical emergencies is defined and practiced	1	SI/RR	Use of standard criteria of assessment like Glasgow comma scale, Poly trauma, MI, burn patient, paediatric patient, pain assessment criteria etc.	
.		Initial assessment and treatment is provided immediately	2	OB/RR		
.		Initial assessment is documented	2	RR		

		preferably within 2 hours				
ME E2.2.	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for reassessment of patient under observation	0	RR/SI		
Standard E3.	**Facility has defined and established procedures for continuity of care of patient and referral**					
ME E3.1.	Facility has established procedure for continuity of care during interdepartmental transfer	There is procedure for hand over for patient transfer from emergency to IPD /OT	2	SI/RR	Check for how hand over is given from emergency to ward, ICU, SNCU etc.	
.		There is a procedure consultation of the patient to other specialist with in the hospital	2	SI/RR		
ME E3.2.	Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure their continuity of care.	Patient referred with referral slip	2	SI/RR		
.		Availability of referral linkages to higher centres.	2	SI/RR	Check how patient are referred if services are not available	
.		Advance communication is done with higher centre	0	SI/RR		

.		Referral vehicle is being arranged	2	SI/RR		
.		Referral in or referral out register is maintained	2	RR		
.		Facility has functional referral linkages to lower facilities	2	SI/RR		
.		Check for if there is any system of follow up	0	RR	Check for referral cards filled from lower facilities	
ME E3.3.	A person is identified for care during all steps of care	Doctor and nurse is designated for each patient admitted to emergency ward	0	SI/RR		
Standard E4.	**The facility has defined and established procedures for nursing care**					
ME E4.1.	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure	0	OB/SI	Patient id band/ verbal confirmation/Bed no. etc.	
ME E4.2.	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained	1	RR	Check for treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed.	
.		There is a process to ensure the accuracy of verbal/telephonic orders	1	SI/RR	Verbal orders are rechecked before administration	

ME E4.3.	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift	2	SI/RR		
.		Nursing Handover register is maintained	0	RR		
.		Hand over is given bed side	2	OB/SI		
ME E4.4.	Nursing records are maintained	Nursing notes are maintained adequately	1	RR/SI	Check for nursing note register. Notes are adequately written	
ME E4.5.	There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically	0	RR/SI	Check for TPR chart, IO chart, any other vital required is monitored	
.		Critical patients are monitored continually	2	RR/OB	Check for use of cardiac monitor/multi parameter	
Standard E5.	**Facility has a procedure to identify high risk and vulnerable patients.**					
ME E5.1.	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm	2	OB/SI	Unstable, irritable, unconscious. Psychotic and serious patients are identified	
ME E5.2.	The facility identifies high risk patients and ensure their care, as per their need	High risk medical emergencies are identified and treatment given on priority	2	OB/SI		
Standard E6.	**Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.**					

ME E6.1.	Facility ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only	2	RR		
ME E6.2.	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use	0	RR		
		Check staff is aware of the drug regime and doses as per STG	0	SI/RR		
		Check BHT that drugs are prescribed as per STG	0	RR		
		Availability of drug formulary at emergency	2	SI/OB		
Standard E7.	**Facility has defined procedures for safe drug administration**					
ME E7.1.	There is process for identifying and cautious administration of high alert drugs	High alert drugs available in department are identified	0	SI/OB	Electrolytes like Potassium chloride,opiods, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc.	
		Maximum dose of high alert drugs are defined and communicated	0	SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor	
		There is process to ensure that right doses of high alert drugs are only given	0	SI/RR	A system of independent double check before administration, Error prone medical abbreviations are avoided	

ME E7.2.	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date , time and signature	2	RR		
.		Check for the writing, It comprehendible by the clinical staff	0	RR/SI		
ME E7.3.	There is a procedure to check drug before administratio n/ dispensing	Drugs are checked for expiry and other inconsistency before administration	2	OB/SI		
		Check single dose vial are not used for more than one dose	2	OB	Check for any open single dose vial with left over content indented to be used later on	
		Check for separate sterile needle is used every time for multiple dose vial	2	OB	In multi dose vial needle is not left in the septum	
		Any adverse drug reaction is recorded and reported	1	RR/SI		
ME E7.4.	There is a system to ensure right medicine is given to right patient	Administration of medicines done after ensuring right patient, right drugs , right route, right time	0	SI/OB		
ME E7.5.	Patient is counselled for self drug administratio n	Patient is advice by doctor/ Pharmacist /nurse about the dosages and timings .	2	SI/PI		

Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage					
ME E8.1.	All the assessments, re-assessment and investigations are recorded and updated	Assessment findings are written on BHT	2	RR	Day to day progress of patient is recorded in BHT	
ME E8.2.	All treatment plan prescription/ orders are recorded in the patient records.	Treatment plan, first orders are written on BHT	2	RR	Treatment prescribed in nursing records	
ME E8.3.	Care provided to each patient is recorded in the patient records	Maintenance of treatment chart/treatment registers	2	RR	Treatment given is recorded in treatment chat	
ME E8.4.	Procedures performed are written on patients records	Any procedure performed written on BHT	2	RR	CPR, Dressing, mobilization etc	
ME E8.5.	Adequate form and formats are available at point of use	Availability of form formats for emergency	0	OB/SI	MLC,PIB, Lab /X-ray requisition, death certificate, Initial assessment format, referral slip etc.	
ME E8.6.	Register/records are maintained as per guidelines	Emergency Records are maintained	2	OB/RR	Emergency register, death register, MLC register, are maintained	
.		All register/records are identified and numbered	2	OB/RR		
ME E8.7.	The facility ensures safe and adequate storage and	Safe keeping of MLC records	2	OB/SI		

	retrieval of medical records					
Standard E9.	**The facility has defined and established procedures for discharge of patient.**					
ME E9.1.	Discharge is done after assessing patient readiness	Assessment is done before discharging patient from emergency	2	SI/RR	See if there is any procedure/protocol for discharging the patient if the condition of patient improves in emergency itself. What is the procedure for discharge for short stay / day care patients	
		Discharge is done by a responsible and qualified doctor	2	SI/RR		
		Patient / attendants are consulted before discharge	2	PI		
		Treating doctor is consulted/ informed before discharge of patients	2	SI/RR		
ME E9.2.	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided	2	RR/PI	See for discharge summary, referral slip provided.	
.		Discharge summary adequately mentions patients clinical condition, treatment given and follow up	1	RR		
.		Discharge summary is give to patients	2	SI/RR		

		going in LAMA/Referral				
ME E9.3.	Counselling services are provided as during discharges wherever required	Counselling services are provided wherever it is required	0	SI/PI		
ME E9.4.	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc	Declaration is taken from the LAMA patient	2	RR/SI		
Standard E11.	**The facility has defined and established procedures for Emergency Services and Disaster Management**					
ME E11.1.	There is procedure for Receiving and triage of patients	Emergency has a implemented system of sorting the patients	0	SI/OB	As care provider how they triage patient- immediate, delayed, expectant, minimal, dead	
.		Triage area is marked	0	OB/SI		
.		Triage protocols are displayed	0	OB		
.		Responsibility of receiving and shifting the patient from vehicle is defined	0	SI		
ME E11.2.	Emergency protocols are defined and implemented	Emergency protocols are available at point of use	0	OB	See for protocols of head injury, snake bite, poisoning, drawing etc.	
.		Staff is aware of Clinical protocols	2	SI/RR		

.		There is procedure for CPR	2	SI/RR		
ME E11.3.	The facility has disaster management plan in place	Lines of authority is defined	2	SI/RR		
.		Procedure for internal communication defined	0	SI/RR		
.		There is procedure for setting up control room	0	SI/RR		
.		Disaster buffer stock of medicines and other supplies maintained	0	SI/RR		
.		Role and responsibilities of staff in disaster is defined	0	SI/RR		
.		Staff is aware of disaster plan	0	SI/RR		
ME E11.4.	The facility ensures adequate and timely availability of ambulances services and mobilisation of resources, as per requirement	Check for how ambulances are called and patient is shifted	2	SI/RR		
.		Ambulances are equipped	1	OB		
.		If the patient is stable then he is transferred in ambulance with the trained driver and one staff from hospital.	1	SI/RR		

.		If the patient is serious (as decided by the Doctor), then trained driver and one paramedical staff is mandatory to accompany him.	1	SI/RR		
.		The Patient's rights are respected during transport.	2	SI/RR		
.		Ambulance appropriately equipped for BLS with trained personnel	1	OB/RR		
.		There is a daily checklist of all equipment and emergency medications	2	RR		
.		Ambulance has a log book for the maintenance of vehicle and daily vehicle checklist	2	RR		
.		Transfer register is maintained to record the detail of the referred patient	2	RR		
ME E11.5.	There is procedure for handling medico legal cases	Medico legal cases are identified by on patient records	2	RR/SI		
.		MLC cases are not delayed because of police proceedings	2	SI/OB/ RR		
.		There is procedure for informing police	2	SI/RR	Discharge is not done before police consent	

.		Emergency has criteria for defining medico legal cases	2	SI/RR	Criteria is defined based on cases and when to do MLC	
Standard E12.	**The facility has defined and established procedures of diagnostic services**					
ME E12.1.	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection	0	OB		
ME E12.3.	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different tests	0	SI/RR		
Standard E13.	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**					
ME E13.8	There is established procedure for issuing blood	There is a procedure for issuing the blood promptly for life saving measures	2	RR/SI		
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion	0	RR		
		Patient's identification is verified before transfusion	0	SI/OB		
		Blood is kept on optimum temperature before transfusion	2	RR		
		Blood transfusion is monitored and regulated by qualified person	2	SI/RR		
		Blood transfusion note	2	RR		

		is written in patient record				
ME E13.10	There is a established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to responsible person	0	RR		
Standard E15.	**Facility has defined and established procedures of Surgical Services**					
ME E15.1.	Facility has established procedures OT Scheduling	There is procedure for emergency surgeries	2	SI/RR	See surgeon is available on call/on duty	
.		Procedure for arranging logistics	0	SI	Responsibilities are defined and patient is shifted promptly	
Standard E16.	**The facility has defined and established procedures for end of life care and death**					
ME E16.1.	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure to decent communicate death to relatives	0	SI		
.		Death note is written on patient record	2	RR		
ME E16.2.	The facility has standard procedures for handling the death in the hospital	Past history and sign of any medico legal cause is looked for	2	RR	Check what is policy for registering brought in dead, death cases as MLC	
.		There is criteria for declaring death	2	SI/RR	ask form how death is declared - Physical examination or ECG is done	
.		Procedure for handing over the dead body	2	SI		

.		Death certificate is issued	2	SI/RR		
ME E16.3	The facility has standard operating procedure for end of life support	Patients Relatives are informed clearly about the deterioration in health condition of Patients	2	PI/SI		
		There is a standard procedure of removal of life sustaining treatment as per law	0	SI/RR	Check about the policy and practice for removing life support	
		There is a procedure to allow patient relative/Next of Kin to observe patient in last hours	0	SI/OB		
.	**Area of Concern - F Infection Control**					
Standard F1.	**Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection**					
ME F1.2.	Facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance	0	SI/RR	Swab are taken from infection prone surfaces	
ME F1.4.	There is Provision of Periodic Medical Checkups and immunization of staff	There is procedure for immunization of the staff	0	SI/RR	Hepatitis B, Tetanus Toxic etc	
		Periodic medical checkups of the staff	0	SI/RR		

ME F1.5.	Facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices	0	SI/RR	Hand washing and infection control audits done at periodic intervals	
ME F1.6	Facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy	0	SI/RR		
Standard F2.	**Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**					
ME F2.1.	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use	2	OB	Check for availability of wash basin near the point of use	
.		Availability of running Water	2	OB/SI	Ask to Open the tap. Ask Staff water supply is regular	
.		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.	0	OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted	
.		Availability of Alchol based Hand rub	0	OB/SI	Check for availability/ Ask staff for regular supply.	
.		Display of Hand washing Instruction at Point of Use	2	OB	Prominently displayed above the hand washing facility , preferably in Local language	
ME F2.2.	Staff is trained and adhere to standard hand washing practices	Adherence to 6 steps of Hand washing	2	SI/OB	Ask of demonstration	
.		Staff aware of when to hand wash	2	SI		

ME F2.3.	Facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions	0	OB		
		Proper cleaning of procedure site with antisepesis	2	OB/SI	like before giving IM/IV injection, drawing blood, putting Interavenous and urinary catheter	
Standard F3.	**Facility ensures standard practices and materials for Personal protection**					
ME F3.1.	Facility ensures adequate personal protection equipments as per requirements	Clean gloves are available at point of use	2	OB/SI		
.		Availability of Masks	2	OB/SI		
		Personal protective kit for infectious patients	0	OB/SI		
ME F3.2.	Staff is adhere to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.	2	OB/SI		
.		Compliance to correct method of wearing and removing the gloves	2	SI		
Standard F4.	**Facility has standard Procedures for processing of equipments and instruments**					

ME F4.1.	Facility ensures standard practices and materials for decontaminati on and clean ing of instruments and procedures areas	Decontaminatio n of operating & Procedure surfaces	2	SI/OB	Ask stff about how they decontaminate the procedure surface like Examination table , dressing table, Stretcher/Trolleys etc. (Wiping with .5% Chlorine solution	
		Decontaminatio n of instruments after use	2	SI/OB	Ask staff how they decontaminate the instruments like ambubag, suction cannula, Airways, Face Masks, Surgical Instruments (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohal as applicable	
		Contact time for decontaminatio n is adeqaute	1	SI/OB	10 minutes	
		Cleaning of instruments after decontaminatio n	1	SI/OB	Cleaning is done with detergent and running water after decontamination	
		Proper handling of Soiled and infected linen	1	SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area	
		Staff know how to make chlorine solution	2	SI/OB		
ME F4.2.	Facility ensures standard practices and materials for disinfection and sterilization of instruments	Equipment and instruments are sterlized after each use as per requirement	2	OB/SI	Autoclaving/HLD/Chemi cal Sterlization	

	and equipments					
		High level Disinfection of instruments/equipments is done as per protocol	2	OB/SI	Ask staff about method and time required for bioling	
		Chemical sterilization of instruments/equipments is done as per protocols	1	OB/SI	Ask staff about method, concentration and contact time requied for chemical sterilization	
		Autoclaved dressing material is used	1	OB/SI		
Standard F5.	**Physical layout and environmental control of the patient care areas ensures infection prevention**					
ME F5.1.	Layout of the department is conducive for the infection control practices	Facility layout ensures separation of general traffic from patient traffic	2	OB		
ME F5.2.	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement	2	OB/SI	Chlorine solution, Gluteraldehye, carbolic acid	
		Availability of cleaning agent as per requirement	2	OB/SI	Hospital grade phenyle, disinfectant detergent solution	
ME F5.3.	Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Staff is trained for spill management	0	SI/RR		

.		Cleaning of patient care area with disinfectant detergent solution	2	SI/RR		
.		Staff is trained for preparing cleaning solution as per standard procedure	1	SI/RR		
.		Standard practice of mopping and scrubbing are followed	1	OB/SI	Unidirectional mopping from inside out	
.		Cleaning equipments like broom are not used in patient care areas	1	OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided	
ME F5.4.	Facility ensures segregation infectious patients	Emergency department define list of infectious diseases require special precaution and barrier nursing	1	OB/SI		
		Staff is trained for barrier nursing	1			
Standard F6.	**Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**					
ME F6.1.	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of color coded bins at point of waste generation	2	OB		
.		Availability of color coded plastic bags	2	OB		
.		Segregation of different category of	2	OB/SI		

		waste as per guidelines				
.		Display of work instructions for segregation and handling of Biomedical waste	2	OB		
		There is no mixing of infectious and general waste	2	OB		
ME F6.2.	Facility ensures management of sharps as per guidelines	Availability of functional needle cutters	2	OB	See if it has been used or just lying idle	
.		Availability of puncture proof box	2	OB	Should be available nears the point of generation like nursing station and injection room	
.		Disinfection of sharp before disposal	2	OB/SI	Disinfection of syringes is not done in open buckets	
		Staff is aware of contact time for disinfection of sharps	2	SI		
.		Availability of post exposure prophylaxis	0	OB/SI	Ask if available. Where it is stored and who is in charge of that.	
.		Staff knows what to do in condition of needle stick injury	0	SI	Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done	
ME F6.3.	Facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled	2	SI		
		Disinfection of liquid waste before disposal	0	SI/OB		

		Transportation of bio medical waste is done in close container/trolley	2	SI/OB		
		Staff aware of mercury spill management	2	SI/RR		
.	**Quality Management**					
Standard G1	**The facility has established organizational framework for quality improvement**					
ME G1.1	The facility has a quality team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities	2	SI/RR		
Standard G3.	**Facility have established internal and external quality assurance programs wherever it is critical to quality.**					
ME G3.1.	Facility has established internal quality assurance program at relevant departments	There is system daily round by matron/hospital manager/ hospital superitendant/ Hospital Manager/ Matron in charge for monitoring of services	2	SI/RR		
		There is system for periodic check up of Ambulances by designated hospital staff	2	SI/RR		
ME G3.2.	Facility has established external assurance programs at	There is periodic assessment of preparedness for disaster by competent authority	0	SI/RR		

	relevant departments					
ME G3.3.	Facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance	0	SI/RR		
.		Staff is designated for filling and monitoring of these checklists	0	SI		
Standard G4.	**Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.**					
ME G4.1.	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved	0	RR		
		Current version of SOP are available with process owner	0	OB		
ME G4.2.	Standard Operating Procedures adequately describes process and procedures	Emergency has documented procedure for receiving the patient in emergency	2	RR		
		Department has documented procedure for triaging	0	RR		
		Department has documented procedure for taking consent	0	RR		
		Department has documented procedure for	0	RR		

		initial screening of patient				
		Department has documented procedure for nursing care	0	RR		
		Department has documented procedure for admission and transfer of the patient to ward	0	RR		
		Emergency has documented procedure for Handling medical records	0	RR		
		Department has documented procedure for maintaining records in Emergency	0	RR		
		Department has documented procedure to handle brought in dead patient	1	RR		
		Department has documented procedure for storage, handling and release of dead body	0	RR		
		Department has documented procedure for storage and replenishing the medicine in emergency	0	RR		
		Department has documented procedure for equipment preventive and break down maintenance	0	RR		

		Department has documented procedure for Disaster management	0	RR		
ME G4.3.	Staff is trained and aware of the standard procedures written in SOPs	Check Staff is a aware of relevant part of SOPs	0	SI/RR		
ME G4.4.	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed	0	OB	Triage, CPR, Medical clinical protocols like Snake bite and poisoning	
Standard G 5.	**Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**					
ME G5.1.	Facility maps its critical processes	Process mapping of critical processes done	0	SI/RR		
ME G5.2.	Facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified	0	SI/RR		
ME G5.3	Facility takes corrective action to improve the processes	Processes are rearranged as per requirement	0	SI/RR		
Standard G6.	**The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit**					
ME G6.1.	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval	0	RR/SI		
ME G6.2	The facility conducts the periodic prescription/	There is procedure to conduct Medical Audit	0	RR/SI		

	medical/death audits					
		There is procedure to conduct Prescription audit	0	RR/SI		
		There is procedure to conduct Death audit	0	RR/SI		
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded	0	RR/SI		
ME G6.4.	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared	0	RR/SI		
ME G6.5.	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	Corrective and preventive action taken	0	RR/SI		
Standard G7.	**The facility has defined and established Quality Policy & Quality Objectives**					
ME G7.2.	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objective for emergency defined	0	RR/SI		

ME G7.3.	Quality policy and objectives are disseminated and staff is aware of that	Check of staff is aware of quality policy and objectives	0	SI		
ME G7.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically	0	SI/RR		
Standard G8.	**0**					
ME G8.1.	Facility uses method for quality improvement in services	PDCA	0	SI/RR		
.		5S	0	SI/OB		
.		Mistake proofing	0	SI/OB		
.		Six Sigma	0	SI/RR		
ME G8.2.	Facility uses tools for quality improvement in services	6 basic tools of Quality	0	SI/RR		
.	**Area of Concern - H Outcome**					
Standard H1 .	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**					
ME H1.1.	Facility measures productivity Indicators on monthly basis	No of Emergency cases per thousand population	0	RR		
.		No of trips per ambulance	0	RR		
.		No. of trauma cases treated per 1000 emergency cases	0	RR		

.		No. of poisoning cases treated per 1000 emergency cases	0	RR		
.		No. of cardiac cases treated per 1000 emergency cases	0	RR		
.		No. of obstetric cases treated per 1000 emergency cases	0	RR		
.		No of resuscitation done per thousand population	0	RR	Resuscitation should include: Chest Compression, Airway and Breathing	
.		Proportion of Patients attended in Night	0	RR		
ME H1.2.	The Facility measures equity indicators periodically	Proportion of BPL Patients	0	RR		
Standard H2 .	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**					
ME H2.1.	Facility measures efficiency Indicators on monthly basis	Response time for ambulance	0	RR		
.		Proportion of cases referred	0	RR		
.		Response time at emergency for initial assessment	0	RR		
.		Average Turn Around Time	0	RR	Average time a patient stays at emergency observation bed	

References

Books

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