STUDY ON BASELINE ASSESSMENT AND GAP ANALYSIS OF PHC CHANDI, BIHAR AS PER NQAS, MOHFW, GOL

Internship Training
at
National Health System Resource Centre,
New Delhi

By
Pravin Patil

Under the guidance of
Dr. P. R. Sodani

MBA Hospital & Health Management
2013–15

Institute of Health Management Research
Jaipur
2015

At

National Health System Resource Centre, New Delhi

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

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Dr. Pravin Patil student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at National Health System Resource Centre, New Delhi from Feb. 09, 2015 to April 30th, 2015.

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

The Internship is in fulfilment of the course requirements.

I wish him all success in all his future endeavours.

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The certificate is awarded to

Dr. Pravin Patil

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

Quality Improvement Division, NHSRC

and has successfully completed his Project on

A Study on Baseline Assessment and Gap Analysis of PHC Chandi, Bihar as per NQAS

11th May, 2015

STATE HEALTH SOCIETY, BIHAR

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

We wish him all the best for future endeavors

11 May 2015

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "A Study on Baseline Assessment and Gap Analysis of PHC Chandi, Bihar as per NQAS, MoHFW, GoI" and submitted by DR. Pravin Patil Enrollment No. 1479 under the supervision of Prof. P. R. Sodani P.H.D., MPH, Dean Training, IIHMR University for award of MBA Hospital and Health Management of the university carried out during the period from February to April 2015 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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1	AFB	Acid Fast Bacillus
2	AIDS	Acquired Immunodeficiency Syndrome
3	AMC	Annual Maintenance Contract
4	ANC	Antenatal Check-up
5	ASHA	Accredited social health activist
6	AYUSH	Ayurveda, Yoga, Unani, Siddha & Homoeopathy
7	BHT	Bed Head Ticket
8	BMW	Bio Medical Waste Management
9	BT	Bleeding Time
10	CT	Clotting Time
11	DHAP	District Health Action Plan
12	DOT	Direct Observed Treatment
13	FIFO	First In First Out
14	FRU	First Referral Unit
15	GoI	Government of India
16	IDSP	Integrated Disease surveillance Project
17	IEC	Information, Education and Communication
18	IPD	Indoor Patient Department
19	ISO	International Organization for standardisation
20	IPHS	Indian Public Health Standard
21	IUCD	Intra Uterine Contraceptive Devise
22	IV	Intra Venous
23	JCI	Joint Commission International
24	JSSK	Janani Shishu Suraksha Karyakrama
25	JSY	Janani suraksha Yojana
26	HB	Haemoglobin

27	HIV	Human Immunodeficiency Virus
28	HMIS	Health Management Information System
29	MoHFW	Ministry of Health and Family Welfare
30	MOI/C	Medical Officer In charge
31	MRD	Medical Record Department
32	MTP	Medical Termination of Pregnancy
33	NABH	National Accreditation Board for Hospital and Health Care Providers
34	NACP	National AIDS Control Programme
35	NERRC	North East Regional Resource Centre
36	NGO	Non Government Organization
37	NHSRC	National Health System Resource Centre
38	NQAS	National Quality Assurance Standard
39	NRHM	National Rural Health Mission
40	NVBDCP	National Vector Born Disease Control Programme
41	NSV	Non Scalpel Vasectomy
42	OPD	Outdoor Patient Department
43	OT	Operation Theatre
44	PF	Plasmodium Falciferum
45	PHC	Primary Health Centre
46	PIP	Programme Implementation Plan
47	PPH	Post partum Haemorrhage
48	RKS	Rogi Kalyan Samiti
49	RMNCH+A	Reproductive, Maternal, Neonatal, Child Health & Adolescent
50	RNTCP	Revised National Tuberculosis Control Programme
51	SHSRC	State Health System Resource Centre
52	SNCU	Sick Newborn Care Unit

53	STI/RTI	Sexual Transmitted Disease/ Reproductive Tract Infection
54	TB	Tuberculosis
55	TPR	Temperature, Pulse, Respiration
56	TT	Tetanus toxoid
57	VHSC	Village Health & Sanitation Committee

A study on Baseline Assessment and Gap Analysis of PHC Chnadi, Bihar as per NQAS, MoHFW, GoI

Executive Summary

- This report outlines the preliminary results of an assessment survey on the quality of services provided by PHC Chandi, Bihar
- Objectives of study
    - To assess the existing service delivery system of the PHC as per NQAS MoHFW, GoI.
    - To identify the gaps in various departments of the PHC as per NQAS MoHFW, GoI.
    - To suggest viable recommendation for bridging the gaps in various departments based on customized requirements for the PHC.
    - To help the hospital management to take appropriate managerial actions so as to bridge the varies gaps and to improve the quality of the services.

- The method of Assessment at PHC Chandi, Bihar includes the following:-
    - Observation of the processes at the facility
    - Document Review at the facility
    - Data Collection from the various Hospital Departments
    - Discussion with MOI/C, Department in charge and Process owners
    - Patient Interview

Scoring of PHC Chandi, Biharas follows:-

- Overall PHC Scored 41.68%.
- Performance of the PHC is comparatively better in Clinical 'Areas of concerns' and support services and departments as compared to non-clinical.
- Highest scoring area is 'Service Provision', 'Patient Rights', 'Input' & 'Support Services' with score of 56.89%, 52.21%, 51.82% & 50% respectively. Lowest scoring areas are Quality Management & outcome with scores of 8.84% & 6.42% respectively. Detail area of concern wise score are as follows:-

Table name: Area of Concern wise Score

S. No.	Area of Concern	Score
1	Service Provision	56.89
2	Patient Rights	52.21
3	Input	51.82
4	Support Services	50
5	Clinical Services	43.95
6	Infection Control	33.66
7	Quality Management System	8.84
8	Outcome	6.42

- Among departments, Labour room score is highest with score of (52.91) followed by NHP (46%) & General Administration (42.81%). Lesser performing departments include In Patient Department (27.77%) & Laboratory Department (24.29%).

The Major Findings of the Assessments are as follows:-

1. Assisted vaginal delivery service is not available.
2. Mothers are discharged within 24 hours of delivery against the recommended stay of at least 48 hours following delivery.
3. Facility is not providing Ayush clinic and separate female OPD.
4. Essential tests for ANC are not available in the Lab.
5. Only basic lab services like HB%, Routine urine, BT, CT, AFB for TB, PF Malaria are available.
6. There is no defined and established procedure for maintaining, updating of patient's clinical records and storage.
7. Bed side Hand over between the nursing staff during shift change is not being done.
8. Vital, TPR and input-output chart not maintained.
9. Female patient are admitted in Male ward.
10. Identification band or foot prints for new born baby not being practiced.
11. Discharge summary is not providing to patient at the time of discharge.
12. Nutritional Assessment of patient not being done.
13. Equipment's are not covered under AMC. No preventive and corrective maintenance system exists.
14. Standard practices for decontamination, cleaning, disinfection and sterilization of instruments and procedure area are not in practice.
15. There is lack of well-defined system for protection, easy retrieval, retention and disposal of Medical Records.
16. There are total 14 national programs. Among them at present in PHC Chandi only 5 national programs are functional or operational.
17. Entitlement under different schemes, important numbers like MO I/C, ANM, Ambulance, nearest FRU, List of sub centres are not displayed.
18. There is no process to redress their complaints to enhance patient's satisfactions.
19. Bio Medical waste drums and instructions of segregation have in existence in some area of the PHC.
20. PHC has not established policy for providing all drugs as per EDL.

Hence hospital can start a Quality Assurance programme with creation of Quality Assurance team, which would be supervised by District Quality Assurance Committee at District Level, State Quality Assurance Committee at State level as per operational guideline of GoI.

1. Introduction

Gap analysis is the initial step in the review of the available service delivery system. It is an efficient base to implement a modern management system. It can be measured against pre-set standard. It revel the areas of improvement in the existing service system. It focuses on the components of the management services and how effective they are.

The scope of improvement will mark the level up to which services are to be upgraded. Scope of improvement will give the percentage of progress needed to achieve the pre-set standard.

1.1 National Quality Assurance Programme

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

So Ministry of Health Welfare, Government of India committed to support and facilitate a Quality Assurance Programme, which meets of Public Health System in the country and is sustainable. Main focus of proposed Quality Assurance Programme would be enhancing satisfaction level among users of the Government Health Facilities and reposing trust in the Public Health System.(1)

1.2 National Quality Assurance Standard

National quality assurance standard have been developed taking into consideration the existing relevant quality standards and operational/ clinical guidelines through a consultative process with expert and stakeholders and review of best practises globally. Measurement and compliance to these 70 standards are mandatory for a health level facility to get national level certification including the certification for RMNCH+A services. (2)

These seventy standards, defined under the proposed quality measurement system. The standards have been grouped within the eight areas of concern. Each Standard further has specific measurable elements. These standards and measurable elements are checked in each department of a health facility through department specific checkpoints. All Checkpoints for a department are collated, and together they form assessment tool called 'Checklist'. Scored/ filled-in Checklists would generate scorecards. Following are the area of concern in a health facility –

1. Service Provision

2. Patient Rights

3. Inputs

4. Support Services

5. Clinical Services

6. Infection Control

7. Quality Management

8. Outcome

Categorization of standards within the eight areas of concern is in line with the Quality of Care model - Structure, Process and Outcome. (3)

Following are salient features of the proposed quality system -

1. Comprehensiveness – The proposed system is all inclusive and captures all aspects of quality of care within the eight areas of concern. The eighteen departmental check-sheets transposed within seventy standards, and commensurate measurable elements provide an exhaustive matrix to capture all aspects of quality of care at the Public Health Facilities.

2. Contextual – The proposed system has been developed primarily for meeting the requirements of the Public Health Facilities; since Public Hospitals have their own processes, responsibilities and peculiarities, which are very different from 'for-profit' sector. For instance, there are standards for providing free drugs, ensuring availability of clean linen, etc. which may not be relevant for other hospitals.

3. Contemporary – Contemporary Quality standards such as NABH, ISO and JCI, and Quality improvement tools such as Six Sigma, Lean and CQI have been consulted and their relevant practices have been incorporated.

4. User Friendly – The Public Health System requires a credible Quality system. It has been endeavour of the team to avoid complex language and jargon. So that the system remains user-friendly to enable easy understanding and implementation by the service providers. Checklists have been designed to be user-friendly with guidance for each checkpoint. Scoring system has been made simple with uniform scoring rules and weightage. Additionally, a formula fitted excel sheet tool has been provided for the convenience, and also to avoid calculation errors.

5. Evidence based – The Standards have been developed after consulting vast knowledge resource available on the quality. All respective operational and technical guidelines related to RMCH+A and National Health Programmes have been factored in.

6. Objectivity – Ensuring objectivity in measurement of the Quality has always been a challenge. Therefore in the proposed quality system, each Standard is accompanied with measurable elements & Checkpoints to measure compliance to the standards. Checklists have been developed for various departments, which also captures interdepartmental variability for the standards. At the end of assessment, there would be numeric scores,

bringing out the quality of care in a snap-shot, which can be used for monitoring, as well as for inter-hospital/ inter-state(s) comparison.

7. Flexibility – The proposed system has been designed in such a way that states and Health Facilities can adapt the system according to their priorities and requirements. State or facilities may pick some of the departments or group of services in the initial phase for Quality improvement. As baseline differs from state to state, checkpoints may either be made essential or desirable, as per availability of resources. Desirable checkpoints will be counted in arriving at the score, but this may not withhold its certification, if compliance is still not there. In this way the proposed system provides flexibility, as well as 'road-map'.

8. Balanced – All three components of Quality – Structure, process & outcome, have been given due weightage.

9. Transparency – All efforts have been made to ensure that the measurement system remains transparent, so that assesses and assessors have similar interpretation of each checkpoint.

10. Enabler – Though standards and checklists are primarily meant for the assessment, it can also be used as a 'roadmap' for improvement. (4)

1.3 Accreditation

A public recognition of the achievement of accreditation standards by a healthcare organization, demonstrated through an independent external peer assessment of that organization's level of performance in relation to the standard.

1.3.1 Benefits of accreditation

Accreditation benefits all stake holders. **Patients** are biggest beneficiaries. Accreditation results in high quality of care and patients safety. The patients get services by credential medical staff. Right of patients are respected and protected. Patient satisfaction is regularly evaluated.

Accreditation to a **Hospital** stimulates continuous improvement. It enables hospital in demonstrating commitment to quality care. It raises community confidence in the services provided by the hospital. It also provides opportunity to healthcare unit to benchmark with the best.

The **Staff** in an accredited hospital is satisfied lot as it provides for continuous learning, good working environment, leadership and above all ownership of clinical processes. It improves overall professional development of clinician and paramedical staff and provides leadership for quality improvement within medicine and nursing.

Accreditation provides an objective system of empanelment by **Insurance and other Third Parties**. Accreditation provides access to reliable and certified information on facilities, infrastructure and level of care.

2. Justification

PHC, Chandi (Bihar) is preparing for national certification of Quality Assurance Programme and the first step is to do baseline assessment which evolves requirement of the organization to know scope of activities required to meet standards to achieve projects goal.

Where Baseline assessment will encourage hospitals to identify their strengths and weaknesses and offers the opportunity for improvement, benchmarking. This will helps to measure performance of hospitals. The performance can be measured once the standards or benchmark for the same are available. This is not only about performance measurement; but it encourages a continuous learning and evaluation process in hospitals through the baseline assessment.

3. Objectives of the Study

3.1 Main Objective

- A Study on Baseline Assessment and Gap Analysis of PHC Chandi, Bihar as per NQAS MoHFW, GoI.

3.2 Specific Objectives

- To assess the existing service delivery system of the PHC as per NQAS MoHFW, GoI.
- To identify the gaps in various departments of the PHC as per NQAS MoHFW, GoI.
- To suggest viable recommendation for bridging the gaps in various departments based on customized requirements for the PHC.
- To help the hospital management to take appropriate managerial actions so as to bridge the varies gaps and to improve the quality of the services.

4. Review of Literature

Set of standards formed to provide optimal level of quality health care, with the aim to deliver high quality services which are fair and responsive to client's needs, which should provide equitably and deliver improvements in the health and wellbeing of the population.(5)

It was found that as regards tangibles in public hospitals services, there was a wide gap by 3 counts which were statistically significant. With regards to reliability, by 3 counts there is the gap. Such gap or difference in the quality scores was statistically significant. As regards responsiveness it was found that the gap found between them was by 3.0 units. Such gap was statistically significant. With regards to assurance, it was found that the gap was 3.0 units. Such gap was statistically significant. Lastly, with regard to empathy, it was found that gap was found to be 3.0 units. Such gap was statistically significant. (6)

Medicine, University of Cape Town paper provides an overview of the methods used to promote an equitable distribution of healthcare resources. It highlight that resources allocation is extremely valuable in efficient budgeting. It also highlights the successful implementation of resources distribution can be facilitated by undertaking a detailed gap analysis. Gap analysis will provide basis for developing services development plans. There is also need to strengthen capacity for planning, budgeting and implementing plans to ensure use of limited healthcare resources. (7)

Quality assurance by way of formal accreditation is considered as necessary part of the operation of any healthcare organization. (8)

Gap analysis is a component of the preparatory phase of NABH accreditation program. The goal of gap analysis is to identify the gap between the optimized allocation and integration of the inputs, and the current level of allocation.

Gap analysis refers to a study where hospital compare the present policy, procedure, SOP's, Infrastructure with defined laid down standard of accreditation body. (9)

NABH is merely an enhancement of these processes to confirm to National and International Standard. Thus it is re-iterated that Non compliance suggest enhancement of current level of performance in order to placate the actual NABH Assessment Team. (10)

It focuses on the growing emergence of private players in healthcare, traces the journey of Indian healthcare with regards to regulation and accreditation and corroborates the importance of these measures in improving healthcare quality. (11)

The study found that the 24 × 7 PHCs in the study districts are lacking in terms of human resources, infrastructure, investigative services and new born care services There are very few studies to assess the availability of infrastructure, human resources, investigative services and new born care services at the PHCs and therefore efforts are

required to conduct more such studies in other states to better understand the situation of 24 × 7 PHCs in terms of IPHS norms prescribed by the Government of India and how far we need to go to achieve these norms. (12)

5. Research Methodology

5.1 Study Type

Descriptive Cross Sectional Study

5.2 Methodology of Study

Available facilities of the hospital compared against the set of standards and scoring will be done on a scale of 0 to 2 to know the noncompliance, partial compliance and full compliance. For full compliance have given score 2 which means the checkpoints present in the checklist fully comply with the services present in the hospital. Similarly if the parameters mentioned in the checklist are not completely met by the services present inside the hospital the score will be 1 as partial compliance. If not present at all then, its compliance and score will be 0. Scoring will be done to measure the scope of improvement.

5.3 Study Area

Major Departments are considering for study are as follows

- Out Patient Department
- Labour Room
- Laboratory
- NHP
- In Patient Department
- Administration

5.4 Duration of Study

3 Months: February 2015 to April 2015

5.5 Data Collection Tools

- NQAS tool kit

5.6 Data Collection Technique

Primary Data: Data will be collected through check list, interviews and by directly observing the set of activities performed by doctors, technicians, paramedical staff and clerical staff.

Secondary Data: Hospital Documents Review, Clinical Record Review

6. Profile of PHC Chandi, Bihar

6.1 Location- PHC is located at the main road of Chandi nearly 500meters away from main market towards Bihar shrif side. It caters almost 1, 25,990 population of Chandi Block.

6.2 History & Evolution-

PHC Chandi, Bihar has started fully fledge work in new building in 2001 with 6 beds. The Hospital is governed by Govt. of Bihar with general OPD and IPD Services.

6.3 Capacity (Beds) – As per norms it is of 6 bedded but at present 21 beds are available in PHC.

Table No:- 6.3.1 Distribution of Beds

Sr. No	Wards	No of Beds
1	General Ward (Male)	7
2	General Ward (Female)	14
	Total	21

6.4 Population Coverage - Total population cater by PHC Chandi, Bihar is 125,990. Distribution of population Males are 65,769 and Females are 60,221

2 APHC, 25 Sub centres, and 1 cold chain point are regulated by PHC Chandi. PHC Chandi is of 21 bedded hospital. All are governed by Government of Bihar.

6.5 Services Provision

PHC is providing OPD, Indoor services.

A) General Specialist Services:-
- General Medicine and emergency services
- Obstetrics and Gynaecology Services
- Family Planning Services including (NSV,IUCD and Condoms)
- Immunization
- DOT Centre

B) Diagnostic and Other Para clinical Services:-
- Laboratory Services
- X-ray
- Drugs and Pharmacy

C) Ancillary and Support Services:-
- Nursing Services
- Dietary Services
- Security Services
- Laundry Services
- Housekeeping Services

- Referral Services
- Ambulance Services
- Medico legal Services

7. Result and Discussion

Gaps Analysis

7.1 OPD

PHC Chandi has OPD room at front side of building. PHC provides OPD Services from 8 AM to 12 PM and 4 PM to 6 PM. PHC caters to a population of 125-140 patients per day. OPD remains closed on Sundays and gazetted Holidays.

7.1.1 Major Gaps

1. **Privacy of the patients during examination were compromised, patients are gathered around the doctors.**
2. **Unavailability of screen at examination area.**
3. **Unavailability of basic amenities like Cold drinking water.**
4. **Non availability of Wheel chairs/ Stretcher at OPD.**
5. **Patient calling system/ Token system not available.**
6. **Patient examined by consultant in standing position.**
7. **Unavailability of Dedicated nursing staff for OPD.**
8. **Patient History, Provisional diagnosis not recorded in OPD Slip.**
9. **Unavailability of Basic instruments like stethoscope, sphygmomanometer, Weighing scale, height scale, Tongue depressor, Digital thermometer, chemical hand rub (Disinfectant) & knee hammer**.
10. **Physical examination of the patient not been conducted by physician.**
11. **Unavailability of hand washing facilities at the OPD area.**
12. **Unavailability of personal protective equipments in OPD.**
13. **Unavailability of functional and dedicated Ayush clinic and female OPD.**
14. Unavailability of adequate waiting area to accommodate patients at peak time. Total availability of seats is 8 in number.
15. No separate Queue for Male and Female at Registration and Drug Dispensing Counter.
16. Unavailability of dedicated staff at dressing room.
17. Unavailability of dressing instruments, dressing material, suturing materials, splints and emergency drugs in dressing room and as well as dressing table don't have mattress, Rubber sheet is covered which is unhygienic. Wash basin present in dressing room is leaked.
18. Availability of dedicated Injection Room/dressing room but procedures is followed outside of room.
19. Unavailability of colour coded bins for waste management.
20. Line listing of pregnant women with moderate and severe anaemia not done.

Figure 7.1.1 OPD

Female doctor in OPD consulting patient in standing position. Physician prescribing drugs to patient without clinical examination. Unavailability of hand hygiene facility in OPD. Unavailability of equipments and instruments required for clinical examination

Figure 7.1.2 Injection Procedure

Pharmacist is injecting drug to child in waiting area of OPD.

Figure 7.1.3 Dressing Room

Availability of dressing room but inadequate dressing/suturing material and equipments required for procedure. No mattress on dressing table. Rubber sheet on table is dirty and unhygienic. Leakage at wash basin.

Table No. 7.1.1 OPD Score Card		
	OPD Score	**42**
	Area of Concern wise Score	
A	Service Provision	**59.25925926**
B	Patient Rights	**38.88888889**
C	Inputs	**43.24324324**
D	Support Services	**35**
E	Clinical Services	**55.82191781**
F	Infection Control	**1.785714286**
G	Quality Management	**0**
H	Outcome	**3.703703704**

7.2 Labour room

Labour room of the PHC Chandi, Bihar is situated on the ground floor in a separate building but not functionally linked with OPD, OT & Laboratory Department.

7.2.1 Major Gaps

1. **Assisted vaginal deliveries, stabilization in obstetric emergencies before referral and management of pregnancy induced hypertension facilities are not available.**
2. **Mothers are discharged within 24 hours of delivery against the recommended stay of at least 48 hours following delivery.**
3. **Display of entitlement of JSSK & JSY Services unavailable at labour room.**
4. **Written informed consent is not taken before procedure.**
5. **Nonexistence of dedicated nursing station proximity to labour room.**
6. **Unavailability of utility room nearby labour room.**
7. **Unavailability of MTP services.**
8. **Unavailability of facility provides emergency lab test (HIV, Blood sugar).**
9. **Nursing staff is not skilled to identify and manage complication.**
10. **Unavailability of essentials drugs such as antipyretics, analgesics, local anaesthetics, antihypertensive, IV fluids in the labour room.**
11. **Absence of maintained and updated patient's clinical records and their storage in labour room.**
12. **Unavailability of initial management of Eclampsia/Pre Eclampsia, Post Partum Haemorrhage, Retained Placenta, Atonic PPH, Obstructed Labour.**
13. There is no prominent directional signage.
14. Partograph not being practice.

Figure 7.2.1 Labour room

Well established labour room.

Figure 7.2.2 New born care area

Demarcated area for new born care and equipment/ drug storage area in labour room

Table No. 7.2.1 Labour Room Score Card		
	Labour Room Score	**53**
	Area of Concern wise Score	
A	Service Provision	**50**
B	Patient Rights	**50**
C	Inputs	**65.68627451**
D	Support Services	**77.5**
E	Clinical Services	**47.16981132**
F	Infection Control	**56.38297872**
G	Quality Management	**0**
H	Outcome	**0**

7.3 Inpatient Department

In Patients Department having 21 beds that is segregated in Male & Female ward but except maternity cases other female patients are admitted in male wards. Structure of wards found Open ward system.

7.3.1 Major Gaps

1. **Basic amenities like safe, cold drinking water and separate toilets for male and female patients not available.**
2. **Most of the indoor beds were found empty without any patients, which show poor utilization of services and acceptance from public.**
3. **Doors don't have curtains and side screen, which leads to compromise patient privacy.**
4. **Beds and mattress were not intact and clean.**
5. **Vital, TPR and input-output chart not maintained for patients.**
6. **No defined and established procedure for maintaining, updating of patient's clinical records and storage.**
7. **No discharge procedure records maintained in department.**
8. **Patient's initial assessment and reassessment doesn't carried out in Inpatient department,**
9. Unavailability of nursing station inside wards.
10. No identification tags for mother and baby available.
11. Unavailability of hand washing facilities inside Inpatient department.
12. No existence of fire fighting system in wards.
13. Unavailability of emergency drug tray in Inpatient department
14. No visitor's policy displayed.
15. Surface of furniture and fixtures are not clean.
16. Female attendants were found lying inside the male ward.
17. Interior of patient care areas have seepage, crakes and chipping of plasters.
18. Bed side hand over between the nursing staff is not being practice during shift change.
19. General Consent not taken before admission.
20. Infection control practices are not being followed.
21. Personal protective equipments are not used while procedures being perform.
22. Staffs are not aware about their role and responsibility, 6 Rights of nursing, Needle stick injuries policy, ward management, Management of medication of in-patients.

Figure 7.3.1 Female ward

No visitor policy for Inpatient department. Unavailability of linen set for the patient.

Figure 7.3.2 Entrance of ward

Unavailability of curtains in front of doors of wards.

Figure 7.3.3 Female ward

Beds and mattress are not intact.

Figure 7.3.4 Male ward

In male ward, female patient are admitted.

Table No. 7.3.1 IPD Score Card		
	IPD Score	**28**
	Area of Concern wise Score	
A	Service Provision	**85.71428571**
B	Patient Rights	**80**
C	Inputs	**42.30769231**
D	Support Services	**58.33333333**
E	Clinical Services	**15**
F	Infection Control	**11.9047619**
G	Quality Management	**14.28571429**
H	Outcome	**30**

7.4 Laboratory

Laboratory department of the Hospital is situated in a separate block. There is only one small single room available for all lab related work. Laboratory is congested, and difficult for staff to move inside. Only basic lab services like HB%, Routine Urine, BT, CT, AFB for TB, PF Malaria are available. No facility of Toilet for pregnant lady to undergo Urine examination for Pregnancy Test.

7.4.1 Major Gaps

1. **Essential tests for ANC are not available in the Lab.**
2. **Only basic lab services like HB%, Routine urine, BT, CT, AFB for TB, PF Malaria are available.**
3. **List of test available with timing of collection of reports are not displayed outside laboratory.**
4. **No informed consent taken prior to procedure.**
5. **All the activity like sample collection, patient registration, testing and report preparation done in a single congested room.**
6. **Laboratory services are not available round the clock.**
7. **Department has inadequate/not available consumable like stains, rapid diagnostic kits, consumables for water testing**
8. **No system found for calibration of lab equipments.**
9. Laboratory has no fire safety measures and fire fighting equipments.
10. Safety and Hazard Notices are not displayed outside the Department.
11. Gloves, apron and protective masks not been used by technician.
12. Surface of Laboratory table is not stained resistant.
13. No sitting arrangement for patients.
14. Formal Request form for lab services not available.
15. There is no procedure of decontamination of operating and procedure surface evident.
16. Colour coded bins are not available in Laboratory department.
17. Unavailability of needle cutter, puncture proof box, no measurement taken for disinfection of sharp before disposal.

Table No. 7.4.1 Laboratory Score Card		
	Laboratory Score	**24**
	Area of Concern wise Score	
A	Service Provision	**30**
B	Patient Rights	**60**
C	Inputs	**19.04761905**
D	Support Services	**42.85714286**
E	Clinical Services	**28.125**
F	Infection Control	**25.80645161**
G	Quality Management	**0**
H	Outcome	**8.333333333**

7.5 National Health Program

Under National Health Program, There are total 14 national programs. Among them at present in PHC Chandi only 5 national programs are functional. They are National Vector Borne Disease control Programme, National TB Control programme, National Leprosy Eradication Programme, Integrated Diseases Surveillance Programme, School Health Programme, Universal Immunization Programme.

7.5.1 Major Gaps

1. Prevention activities for Malaria control are not carried out at PHC level.
2. There is no provision for management of common complications and side effects under TB Program.
3. **PHC doesn't have functional services for National AIDS Control Programme, National Programme for Control of Blindness, Mental Health Programme, National Programme for the Health care of the Elderly, National Programme for Prevention and Control of Cancer, Diabetes, cardiovascular diseases & Stroke, National Health Programme for Prevention and Control of Deafness, National Iodine Deficiency Programme, National Tobacco Control Programme**.
4. **Staff has not been imparted necessary training and skills for most of programme except Training on RNTCP, Immunization, NACP, Leprosy, IDSP, School Health Programme**.
5. Inadequate availability of drugs for functional programme such as NVBDCP.
6. Reporting of NVBDCP is not done on given format, Form 01, 02, 03, and 08.
7. There is no established procedure for reporting and follow up of AEFI.
8. Treatment facility for P.vivax, P. Falciparum is not done as per protocols because of except Cloroquine rest of drugs are not present in PHC.
9. PHC has no services facilities for testing drinking water sources under Integrated Disease Surveillance Programme

Table No. 7.5.1 NHP Score Card

	NHP Score	46
	Area of Concern wise Score	
A	Service Provision	50.94339623
B	Patient Rights	35.71428571
C	Inputs	55.17241379
D	Support Services	55.35714286
E	Clinical Services	50
F	Infection Control	75
G	Quality Management	29.03225806
H	Outcome	0

7.6 General Administration

7.6.1 Major Gaps

1. **Directional signage towards PHC at road side and different department are not displayed.**
2. **Entitlement under different schemes, important numbers like MO I/C, ANM, Ambulance, nearest FRU, List of sub centres are not displayed.**
3. **No citizen charter services are available in the PHC.**
4. **No defined and established facility for grievance redressal system, unavailability of Complaint box and display of process for grievance**.
5. No handrails are provided with ramp and stairs.
6. PHC has no mechanism for periodical check/test of all electrical installation and display of danger sign at high voltage electrical installation.
7. **Facility has no fire exit signs displayed at critical areas and no tracking system for expiry dates and periodic refilling of the extinguishers. Staff is not skilled to operate fire extinguishers and no training provided for using fire equipment. No periodic mock drill arranged at the PHC.**
8. **Unavailability post of Ayush doctor at the PHC**.
9. **Orientation and training not provided to staff regarding Hospital Infection control, Patient Safety, Bio Medical Waste Management, Basic life support, Laboratory safety, Essential Clinical Protocols etc.**
10. **PHC has not availability/inadequacy of essential drugs like anti allergic, drugs used in anaphylaxis, antidotes and other substance used in poisoning, antiepileptic, antifungal, antianginal, anti-inflammatory, oxytocics.**
11. AMC of the equipments have not being done.
12. There is no space earmarked for parking of vehicles.
13. PHC has no system for periodic maintenance of building, surrounding open area and landscape.
14. No provision of rain water harvesting system.
15. There is no system for restriction or visitors policy in indoor area.
16. Procedure for safe custody of keys and handling over keys at the time of shift change are not followed.
17. Periodic immunization of staff is not done and no provision of medical checks up of support staff for any infectious diseases.
18. PHC has no responsible person and space to secure medical records and don't have policy for retention period for records.
19. MoI/c, ANM, Nursing staff, pharmacist, LVH, other staff are unaware of their roles and responsibilities and there is no defined job description available in the PHC.

Figure 7.6.1 Bio medical dust bin

Inadequate availability of colour coded bins at facility level

Table No. 7.6.1 General Admin. Score Card		
	General Admin. Score	**43**
	Area of Concern wise Score	
A	Service Provision	**100**
B	Patient Rights	**51.42857143**
C	Inputs	**56.61764706**
D	Support Services	**45.98540146**
E	Clinical Services	**18.75**
F	Infection Control	**52.63157895**
G	Quality Management	**0**
H	Outcome	**0**

7.7 Overall PHC Score as per NQAS

Once scores have been assigned to each checkpoint, department wise scores are calculated by adding the individual scores for each checkpoint.

Formula: $\frac{\text{Score obtained X 100}}{\text{No of checkpoints in checklist X 2}}$

Overall score of PHC Chandi, Bihar is 42 and department wise score as shown in table

Table No. 7.7.1 PHC Score Card

OPD	PHC SCORE	LABORATORY
42	42	24
LABOUR ROOM		NATIONAL HEALTH PROGRAM
53		46
IPD		GENERAL
28		43

8. Quality Assurance Standard

Seventy standards, defined under the proposed quality measurement system. The standards have been grouped within the eight areas of concern. Each Standard further has specific measurable elements. These standards and measurable elements are checked in each department of a health facility through department specific checkpoints. Gap analysis of standard is done for eight area of concern which are mentioned as below.

1. Service Provision

2. Patient Rights

3. Inputs

4. Support Services

5. Clinical Services

6. Infection Control

7. Quality Management

8. Outcome

8.1 A- Service Provision

Standard A.1 Facility provides primary level curative services.

PHC Chandi, Bihar is providing General OPD services, Labour services (Normal delivery), Laboratory services and Indoor facilities.

Standard A.2 The facility provides RMNCHA Services

PHC Chnadi, Bihar is providing Maternal health services (ANC clinic, Normal delivery), New born care (Resuscitation), child health services (Immunization and indoor treatment of childhood diseases) and adolescent health services. PHC Chnadi is not providing services for assisted vaginal delivery and primary stabilization of complication of pregnancy. Facility does not provide laboratory test for RTI/STI and essential test for ANC except Pregnancy kit.

Standard A.3 The Facility provides Diagnostic Services, Para-clinical & support services.

PHC Chandi is providing drug dispensing services and few routine haematological, serological, microscopic tests. Medico legal service records are not maintained at PHC. There is no provision for rapid HIV and Blood sugar test in labour room. In the laboratory unavailability of Blood group & Rh, essential emergency test and water quality test.

Standard A.4 The facility provides services as mandated in the National Health Programmes /State scheme(s).

In PHC Chandi only 5 national programs are functional at present. They are National Vector Borne Disease control Programme, National TB Control programme, National Leprosy Eradication Programme, Integrated Diseases Surveillance Programme, School Health Programme, Universal Immunization Programme. Rest others are non functional or yet to start. There is no any preventive activity for malaria programme at PHC level.

Table No. 8.1.1 Service Provision Score Card		
	Service Provision	**57**
	Department wise Score	
A	OPD	**50**
B	Labour Room	**59**
C	IPD	**86**
D	Laboratory	**30**
E	National Health Programme	**51**
F	General Admin	**100**

8.2 B- Patients Right

Standard B.1 The facility provides the information to care seekers, attendants & community about the available services and their modalities.

The facility dose not provides the information about to care seekers, attendants and community. There was no Citizen charter, Directional Signage's, IEC material not displayed in the facility. The facility does not have the appropriate system about the information regarding health promotion.

Standard B.2 Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, economic, cultural or social status.

The facility provides the services that are sensitive to gender, religious, and cultural needs. There is no dedicated female OPD. There is unavailability of breastfeeding corner. The ramps must have hand railing system for the physically challenged and vulnerable patients and also demarcated separate toilets for Male, Female and handicapped people.

Standard B.3 The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.

One clinic is shared by two doctors at a time. Privacy of the patients is not properly maintained. Patients are gathered around the doctors. There was no optimum availability of side screen while they are performing their procedures. The medical record dose not maintained the privacy of patient's clinical record because there is no medical record technician deputed for maintaining the records. The facility does not have the standard format for taking the consent before procedure.

Standard B.4 The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of hospital services.

The facility provides all the services free of cost. Even after the Patient interview.

Table No. 8.2.1 Patient Right Score Card		
	Patient Rights	**51**
	Department wise Score	
A	OPD	**39**
B	Labour Room	**50**
C	IPD	**80**
D	Laboratory	**60**
E	National Health Programme	**36**
F	General Admin	**51**

8.3 C- Inputs

Standard C.1 The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms.

Facility don't have dedicated Ayush clinic. Lack of facilities such as drinking water, waiting area with seating arrangement, separate toilets for men and women, hot water facility at labour room, nursing station, no demarcated area in laboratory room. Staff has been imparted for training and skills set to enable them to meet their roles and responsibilities.

Standard C.2 The facility ensures the physical safety including fire safety of the infrastructure.

Facility doesn't have fire safety measures such as fire exit signs, training for using fire extinguishers, periodic mock drills, system to track the expire of fire extinguishers. Inadequate of fire extinguishers in PHC. Laboratory doesn't have chemical resistance work benches. There is no safety measure for electrical establishments such as hanging and loose wire connections, danger sign at high voltage electrical installation.

Standard C.3 The facility has adequate qualified and trained staff, required for providing the assured services to the current case load.

The facility does not have adequate qualified and trained staff as per case load. They are providing the services at limited resources. Training of the working staffs were not done periodically. There is vacancy for post of one Ayush doctor, one lab technician for round clock service and a dresser.

Standard C.4 The facility provides drugs and consumables required for assured services.

Facility has inadequate availability of drugs, consumables at every point of use.

Standard C.5 The facility has equipment & instruments required for assured list of services.

Equipments/instrument required for clinical examination and monitoring were unavailable in OPD as well as there were no other instruments available in dressing room required for treatment procedure. Insufficient amount of instruments were present in laboratory.

Table No. 8.3.1 Input Score Card		
	Input	**52**
	Department wise Score	
A	OPD	**43**
B	Labour Room	**66**
C	IPD	**42**
D	Laboratory	**19**
E	National Health Programme	**55**
F	General Admin	**56**

8.4 D- Support Services

Standard D.1 The facility has an established Facility Management Program for Maintenance & Upkeep of Equipment & Infrastructure to provide safe & secure environment to staff & Users.

Fixture and patient furniture are not intact and maintained. There is no procedure for external calibration for measuring equipments. Up to date instruction were unavailable for operation and maintenance of equipments. All equipments were not covered under AMC or any preventive maintenance. Demarcated area for parking was not established.

Standard D.2 The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas.

The facility does not have proper storage of drugs and consumables (containers/tray/crash cart). They are using trays for keeping the drugs and consumables

and that are not labelled. The records of expiry drugs were not maintained. There is no procedure for secure storage of narcotic and psychotropic drugs. There is no established procedure for estimation, indenting, and procurement of drugs and consumables. Facility has no proper inventory technique like FIFO and drugs are not categorized in form of vital, essential and desirable manner.

Standard D.3 The facility ensures availability of diet, linen, water and power backup as per requirement of service delivery & support services norms.

The facility has a generator for power back up and 24x7 running water facilities available but periodic cleaning of water tank and chlorination of water doesn't carried out. The Dietary services of the facility are out sourced at the facility. Due to unavailability of nutritionist the nutritional assessment is not being done.

Standard D.4 The facility has defined and established procedures for promoting public participation in management of hospital with transparency and accountability.

The facility has established procedures for management of activities of Hospital management society.

Standard D.5 Hospital has defined and established procedures for Financial Management & monitoring of quality of outsourced services.

The facility ensures the proper utilization of fund provided by State govt. The facility ensures proper planning and requisition of resources based on its need. There are no defined criteria for quality assessment, regular monitoring and evaluation of staff for outsourced services.

Standard D.6 The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government.

Facility is not compliant with all statutory and regulatory requirement imposed by local, state or central government.

Standard D.7 Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.

The facility does not have established job description as per govt. guidelines. The staff dose not describes their role and responsibilities. Doctor, nursing staff and support staff do not adhere to their respective dress code.

Standard D.8 Hospital has defined and established procedure for monitoring & reporting of National Health Program as per state specifications.

Facility doesn't utilise MCTS data for action planning and tracing missed out immunization and ANC cases. For reporting of NVBDCP standard reporting format is not used.

Table No. 8.4.1 Support Services Score Card		
	Support Services	**50**
	Department wise Score	
A	OPD	**35**
B	Labour Room	**78**
C	IPD	**58**
D	Laboratory	**43**
E	National Health Programme	**55**
F	General Admin	**46**

8.5 E- Clinical Services

Standard E.1 The facility has defined procedures for registration, consultation and admission of patients.

The facility has the procedures for Registration, admission and Consultation. Consultation of patient is done in standing position. Time of admission is not recorded in patient record.

Standard E.2 The facility has procedures for continuity of care of patient.

Patients are not assessed in the OPD, after admission in inpatient department and appropriate records are not maintained. Partograph is not used and maintained as per stages of labour. Patients are referred to higher centre but without referral slip and no follow up taken for referral patients. No maintained list of higher centres for referral of patients.

Standard E.3 The facility has defined and established procedures for nursing care.

The facility has the procedure to identify patients before clinical procedure. They identified patients as per there name, Registration Number on OPD Slip but no accessibility of identification tag for patients. There is no established procedure of patient handover whenever staff duty changes. Nursing record not maintained at facility.

Standard E.4 The facility has defined & follows procedure for drug administration, and standard treatment guidelines, as defined by the government.

Every medical advice and procedure is not accompanied with date, time and signature. There is any procedure for records of adverse drug reaction. Bed head tickets were not available at PHC and no record is maintained in BHT.

Standard E.5 The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage.

There is no provision of defined and established standard procedure for maintaining updating of patients clinical records and their storage.

Standard E.6 The facility has defined and established procedures for discharge of patient.

The qualified clinicians only discharge the patients but discharge summary and follow up instruction are not provided to the patients at the time of discharge day.

Standard E.7 The facility has defined and established procedures for Emergency Services and Disaster Management.

The facility not defined and established procedure for Disaster management. They do not demarcate triage area and triage protocol may also display. Ambulance is not equipped with trained and skilled person.

Standard E.8 The facility has defined and established procedures for diagnostic services.

Facility does not have defined and established procedure for diagnostic services.

Standard E.9 The facility has established procedures for Antenatal care as per guidelines.

Records of ANC cases are not maintained and availability of diagnostic cases for ANC cases is not followed.

Standard E.10 The facility has established procedures for Intranatal care as per guidelines.

There is no established procedure for management of obstetrics emergency.

Standard E.11 The facility has established procedures for postnatal care as per guidelines.

Post partum care is provided to mothers.

Standard E.12 The facility has established procedures for care of new born, infant and child as per guidelines.

The facility provides immunization services to the infants, but most of the new born refers to higher centre due to unavailability of facility to provide new born emergency services.

Standard E.13 The facility has established procedures for abortion and family planning as per government guidelines and law.

The Facility provides family planning counselling, space method, IUD services but doesn't provide abortion service.

Standard E.14 The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.

Facility provides promotive, preventive adolescent reproductive and sexual health services. Only STI/RTI treatment facility is not available.

Standard E.15 The facility provides National health Programme as per operational/Clinical Guidelines of the Government.

Only 5 National Programme is operational/ functional at facility level.

Table No. 8.5.1 Clinical Services Score Card		
	Clinical Services	**44**
	Department wise Score	
A	OPD	**56**
B	Labour Room	**47**
C	IPD	**15**
D	Laboratory	**28**
E	National Health Programme	**50**
F	General Admin	**19**

8.6 F- Infection Control

Standard F.1 The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection.

There is no responsible person for monitoring of infection control practise. No periodic medical check up and immunization of staff.

Standard F.2 The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis.

There is no availability of hand hygiene facility in PHC except labour room.

Standard F.3 The facility ensures availability of material for personal protection, and facility staff follows standard precaution for personal protection.

The facility does not have the personal protective equipments.

Standard F.4 The facility has standard procedures for decontamination, disinfection & sterilization of equipment and instruments.

Facility does not performing standard practices and materials for decontamination and cleaning of instruments and procedures areas because unavailability of high level disinfectant for decontamination.

Standard F.5 Physical layout and environmental control of the patient care areas ensures infection prevention.

The facility does not have high level disinfectant in the facility except chlorine solution & phenyl. The staff is not aware about Spill Management.

Standard F.6 The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.

The Bio Medical Waste disposal facility is outsourced by the MO I/C. The facility does not have adequate buckets at generation points. Hub cutter is not in sufficient number. Disinfection of sharp before disposal is not being done. Staff is unaware in case of needle stick injury.

Table No. 8.6.1 Infection Control Score Card		
	Infection Control	**34**
	Department wise Score	
A	OPD	**2**
B	Labour Room	**56**
C	IPD	**11**
D	Laboratory	**26**
E	National Health Programme	**75**
F	General Admin	**53**

8.7 G- Quality Management

Standard G.1 The facility has defined and established organizational framework & Quality policy for Quality Assurance.

The facility has not a quality team in place. There is no designated nodal person in the facility.

Standard G.2 The facility has established system for patient and employee satisfaction.

Patient and employee satisfaction survey are not conducted periodically at facility level. There is no responsible person to co-ordinate satisfaction survey.

Standard G.3 The facility has established system for assuring and improving quality of Clinical & support services by internal & external program.

There is not system daily round by Hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services. Facility has no established external assurance programs at relevant departments. The facility has no departmental checklist for monitoring.

Standard G.4 The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.

Facility has no established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.

Table No. 8.7.1 Quality Management Score Card		
	Quality Management	**9**
	Department wise Score	
A	OPD	**0**
B	Labour Room	**0**
C	IPD	**14**
D	Laboratory	**0**
E	National Health Programme	**29**
F	General Admin	**0**

8.8 H- Outcomes

Standard H.1 The facility measures Productivity Indicators and ensures compliance with State/National benchmarks.

The facility is measuring only bed occupancy rate on monthly basis. Rest productivity Indicators are not measured on monthly basis.

Standard H.2-The facility measures Efficiency Indicators and ensures to reach State/National Benchmark.

The facility is measuring OPD per doctor and referral rate on monthly basis. Rest efficiency Indicators are not measured.

Standard H.3-The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark.

Except average length stay indicator other clinical care and safety indicators are not measured.

Standard H.4- The facility measures Service Quality Indicators and endeavours to reach State/National benchmark.

The facility does not measure the service quality indicator.

Table No. 8.8.1 Outcome Score Card		
	Outcome	**6**
	Department wise Score	
A	OPD	**4**
B	Labour Room	**0**
C	IPD	**30**
D	Laboratory	**8**
E	National Health Programme	**0**
F	General Admin	**0**

Following table shows Area of concern wise overall score. This has been calculated by adding score of each standard complains and converted score into percentage form.

Table No. 8.9 Area of Concern wise Score			
Service Provision	**Patient's Right**	**Input**	**Support Services**
57	**51**	**52**	**50**
Clinical Services	**Hospital Infection Control**	**Quality Management**	**Outcome**
44	**34**	**9**	**6**

9. Suggestions

The National Quality Assurance Standard is a versatile tool to assess the hospital as per their current status. The baseline assessment is an approach of Quality Assurance that will help in improving the quality standards of PHC Chnadi, Bihar.

- It is suggested that the hospital should initiate a Quality Assurance Program within in the Facility. Quality team at facility level should be formed with roles and responsibility and periodic meeting should be conducted for follow up of programme. District Quality Assurance Committee should support and supervise Quality Assurance Program of PHC Chandi, Bihar.
- Medical officers should be consult patient in setting position and clinical examination should be follow.
- It is suggested to make available all necessary equipments and instruments in OPD for clinical examination.
- There should be availability of Rapid HIV kit and blood sugar test in the labour room.
- It suggested that all National Health Programme should be functional and provide services.
- There should be nursing station in IPD and proximity to Labour room.
- There should be provision of defined and established standard procedure for maintaining updating of patients clinical records and their storage.
- It is suggested that the hospital should ensure respective dress code for all staff including doctors, nurses, pharmacist, technicians, sweepers etc.
- There should be uniformity in Signage's system, and citizen charter could more be elaborate to cover all the aspects as per IPHS norms.
- Display of entitlement of JSSK & JSY Services make available at labour room
- Personal protective equipment's should make available at all points of care.
- Safe Drinking water facility should provide to all indoors and out door patients & to staffs.
- Ramps should have railing for disabled patients.
- All departments should be equipped with fire fighting system and staff should train for operating equipments. Periodic mock drill should be carried out.
- Bio Medical waste bins should be present at the point of generation and proper segregation and its final disposal should be made as per BMW Management & handling Rule 1998.
- All Departments should display their Scope of the Services and Contact details of deputed staff.
- Hospital Ambulance should make more equipped with first aid box and other emergency drugs.
- Infection control programme should be initiated with surveillance of some of the department like Labour Room, IPD.
- Fumigation of Labour room should be ensured at regular interval.
- All staff should provide vaccination against Hepatitis-B, and TT.
- Proper Sterilization of instruments should be ensured with monitoring with sterilization indicators.

- All departments should provide wash basin, soap material and display of hand washing instruction.
- Proper caring of patient care records should be ensured by designating one person for MRD.
- The necessary daily drugs make available at drug distribution counter and drug store room.
- Patients Satisfaction survey and employee satisfaction survey must be conducted at regular interval with an active mechanism of redress of patient complaints.

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