

एल. एस. चांगसन, भा.प्र.से.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)

L. S. Changsan, IAS
Additional Secretary & Mission Director (NHM)



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi - 110011

D. O. No. NHSRC/CU/23-24/WB
06th December, 2023

Dear Shri Nigam,

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

S. No	Name of Facility	Date of Assessment	Departments	Certification Criteria	Overall Score	Certification Status
1.	HWC Panagarh Bazaar, Paschim Bardhaman	21 st June 2023	7 Service packages	Met all 6 criteria	79%	Quality Certified
2.	MJN District Hospital, Coochbehar	7 th Oct 2023	Labour Room under LaQshya	Met all criteria	89%	Quality Certified
			Maternity OT under LaQshya	Met all criteria	89%	Quality Certified
3.	Murshidabad Medical College, Murshidabad	14 th Oct 2023	Labour Room under LaQshya	Met all criteria	90%	Quality Certified
			Maternity OT under LaQshya	Met all criteria	86%	Quality Certified
4.	Diamond Harbour Government Medical College & Hospital, South 24 Parganas	16 th Oct 2023	Labour Room under LaQshya	Met all criteria	88%	Quality Certified
			Maternity OT under LaQshya	Met all criteria	90%	Quality Certified

2. Hence, above mentioned facilities in the State of West Bengal are granted "Quality Certification" under NQAS and LaQshya program.

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

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4. Summary of the Assessment Report along with Areas of Improvement of the aforementioned facility is enclosed as **Appendices A to D** respectively.

With regards,

Your's Sincerely,



(Ms. L. S. Changsan)

Shri NARAYAN SWAROOP NIGAM

Secretary, Health & Family Welfare,
Government of West Bengal,
Swasthya Bhawan, GN-29, Sector 5,
Salt Lake City, Kolkata,
West Bengal.

4. Summary of the Assessment Report along with Areas of Improvement of the aforementioned facility is enclosed as Appendices A to D respectively.

Your's Sincerely,
Sd./-
(Ms. L. S. Changsan)

Shri NARAYAN SWAROOP NIGAM

Secretary, Health & Family Welfare,
Government of West Bengal,
Swasthya Bhawan, GN-29, Sector 5,
Salt Lake City. Kolkata,
West Bengal.

Copy to:

1. Mission Director (NHM), Department of (H&FW) Government of West Bengal
Housing Board Commercial Complex 4th Floor Sector-27, North-East Corner, Atal
nagar West Bengal-492015.
2. Community Health Officer, HWC Panagarh Bazaar Paschim Bardhaman, West
Bengal.
3. Medical Superintendent MJN District Hospital, Coochbehar
4. Medical Superintendent Murshidabad Medical College, Murshidabad
5. Medical Superintendent Diamond Harbour Government Medical College &
Hospital, South 24 Parganas


(Ms. L. S. Changsan)

8252499

Summary Report of External Assessment

Name of the facility : HWC Panagarh Bazaar Paschim Bardhaman West Bengal.

Date of Assessment : 21st June 2023

Overall Score : 79%

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the facility $\geq 70\%$	Criteria met Overall Score – 79%
II.	Score for each service packages of facility (Minimum 7 packages) $\geq 70\%$	Criteria met
III.	Segregated Score of each area of concern shall be $\geq 60\%$	Criteria met
IV.	Score of Standard A1, D3, D4, D5 and G2 is $\geq 60\%$	Criteria met Standard A1 – 75% Standard D3 – 72% Standard D4 – 67% Standard D5 – 67% Standard G2 – 100%
V.	Individual Standard wise score is $\geq 50\%$	Criteria met
VI.	Patient/Client satisfaction Score $\geq 60\%$ or 3.0 on Likert Scale	Criteria met PSS – 4.56

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	74%
B	Patient Rights	82%
C	Inputs	70%
D	Support Services	74%
E	Clinical Services	79%
F	Infection Control	90%
G	Quality Management	86%
H	Outcome	100%

3. Theme Wise Score:

S. No.	Service Packages	Score
1	Care in pregnancy & Childbirth	91%
2	Neonatal & Infant Health Services	84%
3	Childhood & adolescent Health Services	89%
4	Family Planning	85%
5	Management of Communicable diseases	78%
6	Management of Non-Communicable Diseases	80%
7	Drugs & Diagnostics	71%

4. Score against each Standard:

Reference No.	Standard	Score
Standard A1	The facility provides Comprehensive Primary Healthcare Services	75%
Standard A2	The facility provides drugs and diagnostic services as mandated	63%
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	64%
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	94%
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	75%
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	100%
Standard B5	The facility ensures all services are provided free of cost to its users	100%
Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users	72%
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	93%
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	75%
Standard C4	The facility provides drugs and consumables required for assured services	60%
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	100%
Standard D1	The facility has established Programme for maintenance and upkeep of the facility	79%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	89%

Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	72%
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	67%
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	67%
Standards D6	The facility is compliant with statutory and regulatory requirement	100%
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	71%
Standard E2	The facility has defined and established procedures for continuity of care through two-way referral	57%
Standard E3	The facility has defined and established procedures of diagnostic services.	88%
Standard E4	The facility has defined procedures for safe drug administration.	69%
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	83%
Standard E6	The facility has defined and established procedures for nursing care.	81%
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	81%
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	79%
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	79%
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	80%
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	100%
Standard E16	The facility has established procedures for Antenatal care as per guidelines	88%
Standard F1	The facility has established program for infection prevention and control	100%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	100%
Standard F3	The facility ensures standard practices and equipment for Personal protection	100%
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	92%
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	83%
Standard G1	The facility has established organizational framework for quality improvement.	79%
Standard G2	The facility has established system for patient and employee satisfaction	100%
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	86%
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	100%

Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	50%
Standard H1	The facility measures Productivity Indicators	100%
Standard H2	The facility measures efficiency Indicators.	100%
Standard H3	The facility measures Clinical Care Indicators.	100%
Standard H4	The facility measures Service Quality Indicators	100%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Referral procedures should be improved.
2.	National health program should be strengthened.

Summary of External Assessment Report

Name of the facility : **Maharaja Jitendra Narayan Medical (MJN) College & Hospital**

Date of Assessment : **7th Oct 2023**

Department : **Labour Room (LaQshya)**

1.Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	Criteria met Overall score – 89%
II.	Score of each Area of Concern shall be $\geq 70\%$	Criteria met
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	Criteria met Standard B3 – 100% Standard E18 – 90% Standard E19 – 81%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	Criteria met PSS- 4.07

2. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	100%
B	Patient Rights	93%
C	Inputs	88%
D	Support Services	90%
E	Clinical Services	89%
F	Infection Control	92%
G	Quality Management	73%
H	Outcome	100%

3. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	100%
Standard A2	Facility provides RMNCHA Services	100%
Standard A3.	Facility Provides diagnostic Services	100%
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	63%

Reference No.	Standard	Score
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.	100%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	100%
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.	100%
Standard B5.	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.	100%
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	93%
Standard C2.	The facility ensures the physical safety of the infrastructure.	50%
Standard C3.	The facility has established Programme for fire safety and other disaster	83%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	100%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	100%
Standard C6.	The facility has equipment & instruments required for assured list of services.	89%
Standard C7.	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	71%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	100%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	88%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	90%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	83%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	100%
Standard D7.	The facility ensures clean linen to the patients	75%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	100%
Standard E1.	The facility has defined procedures for registration, consultation and admission of patients.	100%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	80%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	80%
Standard E4.	The facility has defined and established procedures for nursing care	100%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	100%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	100%
Standard E7.	Facility has defined procedures for safe drug administration	93%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	79%
Standard E12.	The facility has defined and established procedures of diagnostic services	100%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	100%
Standard E16.	The facility has defined and established procedures for end of life care and death	100%

Reference No.	Standard	Score
Standard E18	Facility has established procedures for Intranatal care as per guidelines	90%
Standard E19	Facility has established procedures for postnatal care as per guidelines	81%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	83%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	79%
Standard F3.	Facility ensures standard practices and materials for Personal protection	100%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	92%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	90%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	100%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G2	Facility has established system for patient and employee satisfaction	67%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	100%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	79%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	50%
Standard G6.	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	57%
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	75%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	100%
Standard G10.	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	50%
Standard H1 .	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	100%
Standard H2 .	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	100%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%

4. Areas of improvement

S. No	Recommended areas of improvement
1.	Strengthening of implementation of quality management tools
2.	Anti-Skid tiles should e present in Labour room
3.	Referral out and follow up mechanism to be strengthened

Department : Maternity Operation Theatre

1.Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	Criteria met Overall score – 89%
II.	Score of each Area of Concern shall be $\geq 70\%$	Criteria met
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	Criteria met Standard B3 – 80% Standard E18 – 93% Standard E19 – 83%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	Criteria met PSS- 4.08

2. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	94%
B	Patient Rights	82%
C	Inputs	85%
D	Support Services	96%
E	Clinical Services	92%
F	Infection Control	90%
G	Quality Management	75%
H	Outcome	100%

3. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	100%
Standard A2	Facility provides RMNCHA Services	100%
Standard A3.	Facility Provides diagnostic Services	50%
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	50%
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.	100%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	80%

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.	100%
Standard B5.	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.	100%
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	90%
Standard C2.	The facility ensures the physical safety of the infrastructure.	70%
Standard C3.	The facility has established Programme for fire safety and other disaster	83%
Standard C4.	The facility has adequate qualified and trained staff required for providing the assured services to the current case load	100%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	86%
Standard C6.	The facility has equipment & instruments required for assured list of services.	96%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	50%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	90%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	89%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	100%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	100%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	100%
Standard D7.	The facility ensures clean linen to the patients	100%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	100%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	100%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	50%
Standard E4.	The facility has defined and established procedures for nursing care	100%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	100%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	83%
Standard E7.	Facility has defined procedures for safe drug administration	100%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	94%
Standard E11.	The facility has defined and established procedures for Emergency Services and Disaster Management	50%
Standard E12.	The facility has defined and established procedures of diagnostic services	100%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	100%
Standard E14	Facility has established procedures for Anaesthetic Services	83%
Standard E15.	Facility has defined and established procedures of Surgical Services	95%
Standard E16.	The facility has defined and established procedures for end of life care and death	100%
Standard E18	Facility has established procedures for Intranatal care as per guidelines	93%
Standard E19	Facility has established procedures for postnatal care as per guidelines	83%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hosnital associated infection	100%

Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	96%
Standard F3.	Facility ensures standard practices and materials for Personal protection	100%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	77%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	89%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	94 %
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	100%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	75%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	67%
Standard G6.	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	60%
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	75%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	100%
Standard G10.	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	50%
Standard H1 .	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	100%
Standard H2 .	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	100%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%

4. Areas of improvement

S. No	Recommended areas of improvement
1.	Training on infection control practices should be improved
2.	Quality circle to meet regularly for internal assessments, PDCA,CAPA and document Action taken report
3.	SOP's to be customized as per department.

Summary of External Assessment Report

Name of the facility : Murshidabad Medical College & Hospital, Murshidabad

Date of Assessment : 14th Oct 2023

Department : Labour Room (LaQshya)

1.Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	Criteria met Overall score -90%
II.	Score of each Area of Concern shall be $\geq 70\%$	Criteria met
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	Criteria met Standard B3 – 100% Standard E18 – 91% Standard E19 –81%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	Criteria met PSS- 4.1

4. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	100%
B	Patient Rights	93%
C	Inputs	88%
D	Support Services	90%
E	Clinical Services	86%
F	Infection Control	93%
G	Quality Management	86%
H	Outcome	98%

5. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	100%
Standard A2	Facility provides RMNCHA Services	100%
Standard A3.	Facility Provides diagnostic Services	100%
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	88%

Reference No.	Standard	Score
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.	88%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	100%
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.	75%
Standard B5.	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.	100%
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	86%
Standard C2.	The facility ensures the physical safety of the infrastructure.	83%
Standard C3.	The facility has established Programme for fire safety and other disaster	83%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	90%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	94%
Standard C6.	The facility has equipment & instruments required for assured list of services.	96%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	71%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	88%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	75%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	100%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	100%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	100%
Standard D7.	The facility ensures clean linen to the patients	100%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	83%
Standard E1.	The facility has defined procedures for registration, consultation and admission of patients.	88%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	60%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	90%
Standard E4.	The facility has defined and established procedures for nursing care	70%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	75%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	83%
Standard E7.	Facility has defined procedures for safe drug administration	86%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	93%
Standard E12.	The facility has defined and established procedures of diagnostic services	100%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	100%
Standard E16.	The facility has defined and established procedures for end of life care and death	100%

Reference No.	Standard	Score
Standard E18	Facility has established procedures for Intranatal care as per guidelines	91%
Standard E19	Facility has established procedures for postnatal care as per guidelines	81%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	83%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	100%
Standard F3.	Facility ensures standard practices and materials for Personal protection	100%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	83%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	90%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	94%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G2	Facility has established system for patient and employee satisfaction	67%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	100%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	93%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	83%
Standard G6.	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	86%
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	75%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	75%
Standard G10.	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	50%
Standard H1 .	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	100%
Standard H2 .	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	100%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	96%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%

4. Areas of improvement

S. No	Recommended areas of improvement
1.	Facility to ensure unidirectional flow of services in LR with implementation of LDR concept
2.	Infection control practices to be strengthened.
3.	To ensure availability of space as per the patient load

Department : Maternity Operation Theatre

1.Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	Criteria met Overall score – 86%
II.	Score of each Area of Concern shall be $\geq 70\%$	Criteria met
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	Criteria met Standard B3 – 90% Standard E18 – 96% Standard E19 – 83%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	Criteria met PSS- 3.9

4. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	100%
B	Patient Rights	91%
C	Inputs	80%
D	Support Services	81%
E	Clinical Services	85%
F	Infection Control	90%
G	Quality Management	84%
H	Outcome	100%

5. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	100%
Standard A2	Facility provides RMNCHA Services	100%
Standard A3.	Facility Provides diagnostic Services	100%
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	100%
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.	100%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	90%

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.	75%
Standard B5.	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.	100%
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	80%
Standard C2.	The facility ensures the physical safety of the infrastructure.	60%
Standard C3.	The facility has established Programme for fire safety and other disaster	100%
Standard C4.	The facility has adequate qualified and trained staff required for providing the assured services to the current case load	100%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	77%
Standard C6.	The facility has equipment & instruments required for assured list of services.	85%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	67%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	60%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	83%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	88%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	81%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	100%
Standard D7.	The facility ensures clean linen to the patients	75%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	100%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	100%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	50%
Standard E4.	The facility has defined and established procedures for nursing care	83%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	100%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	83%
Standard E7.	Facility has defined procedures for safe drug administration	86%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	75%
Standard E11.	The facility has defined and established procedures for Emergency Services and Disaster Management	50%
Standard E12.	The facility has defined and established procedures of diagnostic services	100%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	60%
Standard E14	Facility has established procedures for Anaesthetic Services	88%
Standard E15.	Facility has defined and established procedures of Surgical Services	86%
Standard E16.	The facility has defined and established procedures for end of life care and death	100%
Standard E18	Facility has established procedures for Intranatal care as per guidelines	96%
Standard E19	Facility has established procedures for postnatal care as per guidelines	83%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	90%

Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	96%
Standard F3.	Facility ensures standard practices and materials for Personal protection	100%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	90%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	79%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	94%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	50%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	96%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	100%
Standard G6.	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	70%
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	50%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	100%
Standard G10.	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	50%
Standard H1 .	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	100%
Standard H2 .	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	100%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%

4. Areas of improvement

S. No	Recommended areas of improvement
1.	Doctors and nurses notes to be duly filled in all cases
2.	Training of staff on quality tools & its implementation to be ensured.
3.	Gap identification, Root Cause analysis, Preparation of action plan to be done by Quality Circle team and the same to be recorded in the meeting minutes.

Summary of External Assessment Report

Name of the facility : **Diamond Harbour Medical College & Hospital**
Date of Assessment : **16th Oct 2023**
Department : **Labour Room (LaQshya)**

1.Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	Criteria met Overall score – 88%
II.	Score of each Area of Concern shall be $\geq 70\%$	Criteria met
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	Criteria met Standard B3 – 100% Standard E18 – 95.9% Standard E19 – 93.8%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	Criteria met PSS- 3.95

6. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	100%
B	Patient Rights	98%
C	Inputs	80%
D	Support Services	92%
E	Clinical Services	89%
F	Infection Control	86%
G	Quality Management	84%
H	Outcome	100%

7. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	100%
Standard A2	Facility provides RMNCHA Services	100%
Standard A3.	Facility Provides diagnostic Services	100%
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	87.5%

Reference No.	Standard	Score
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.	100%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	100%
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.	100%
Standard B5.	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.	100%
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	75%
Standard C2.	The facility ensures the physical safety of the infrastructure.	50%
Standard C3.	The facility has established Programme for fire safety and other disaster	83.3%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	80%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	100%
Standard C6.	The facility has equipment & instruments required for assured list of services.	75%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	85.7%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	100%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	87.5%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	90%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	85.7%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	100%
Standard D7.	The facility ensures clean linen to the patients	100%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	100%
Standard E1.	The facility has defined procedures for registration, consultation and admission of patients.	100%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	90%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	65%
Standard E4.	The facility has defined and established procedures for nursing care	70%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	100%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	83.3%
Standard E7.	Facility has defined procedures for safe drug administration	85.7%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	100%
Standard E12.	The facility has defined and established procedures of diagnostic services	100%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	50%
Standard E16.	The facility has defined and established procedures for end of life care and death	50%

Reference No.	Standard	Score
Standard E18	Facility has established procedures for Intranatal care as per guidelines	95.9%
Standard E19	Facility has established procedures for postnatal care as per guidelines	93.8%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	83.3%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	100%
Standard F3.	Facility ensures standard practices and materials for Personal protection	87.5%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	75%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	60%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	100%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G2	Facility has established system for patient and employee satisfaction	66.7%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	75%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	100%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	66.7%
Standard G6.	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	57.1%
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	100%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	100%
Standard G10.	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	100%
Standard H1 .	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	100%
Standard H2 .	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	100%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%

4. Areas of improvement

S. No	Recommended areas of improvement
1.	Facility to ensure unidirectional flow of services in LR with implementation of LDR concept
2.	Infection control practices to be strengthened.
3.	Referral out and follow up mechanism to be strengthened

Department : Maternity Operation Theatre

1.Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	Criteria met Overall score – 90%
II.	Score of each Area of Concern shall be $\geq 70\%$	Criteria met
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	Criteria met Standard B3 – 100% Standard E18 – 100% Standard E19 – 100%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	Criteria met PSS- 3.51

6. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	100%
B	Patient Rights	100%
C	Inputs	83%
D	Support Services	87%
E	Clinical Services	98%
F	Infection Control	90%
G	Quality Management	80%
H	Outcome	83%

7. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	100%
Standard A2	Facility provides RMNCHA Services	100%
Standard A3.	Facility Provides diagnostic Services	100%
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	100%
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.	100%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	100%

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.	100%
Standard B5.	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.	100%
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	87%
Standard C2.	The facility ensures the physical safety of the infrastructure.	70%
Standard C3.	The facility has established Programme for fire safety and other disaster	67%
Standard C4.	The facility has adequate qualified and trained staff required for providing the assured services to the current case load	70%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	86%
Standard C6.	The facility has equipment & instruments required for assured list of services.	96%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	67%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	80%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	72%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	100%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	88%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	100%
Standard D7.	The facility ensures clean linen to the patients	100%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	100%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	100%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	100%
Standard E4.	The facility has defined and established procedures for nursing care	83%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	100%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	100%
Standard E7.	Facility has defined procedures for safe drug administration	100%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	100%
Standard E11.	The facility has defined and established procedures for Emergency Services and Disaster Management	100%
Standard E12.	The facility has defined and established procedures of diagnostic services	100%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	90%
Standard E14	Facility has established procedures for Anaesthetic Services	100%
Standard E15.	Facility has defined and established procedures of Surgical Services	98%
Standard E16.	The facility has defined and established procedures for end of life care and death	100%
Standard E18	Facility has established procedures for Intranatal care as per guidelines	100%
Standard E19	Facility has established procedures for postnatal care as per guidelines	100%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	80%

Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis	100%
Standard F3.	Facility ensures standard practices and materials for Personal protection	100%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	83%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	79%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	100%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	75%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	96%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	50%
Standard G6.	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	90%
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	50%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	50%
Standard G10.	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	50%
Standard H1 .	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	100%
Standard H2 .	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	75%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	80%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%

4. Areas of improvement

S. No	Recommended areas of improvement
1.	BMW management practices to be strengthened
2.	Training of staff on quality tools & its implementation to be ensured.
3.	SMART Quality objectives to be formed and its progress to be monitored regularly.

