

HOSPITAL QUALITY IMPROVEMENT MANUAL

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| District Hospital, Mamit Health and Family Welfare Government of Mizoram | |
| MANUAL Name: | Quality Improvement Manual |
| MANUAL Version: | 1.0 |
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| Reviewed By: | LALRINTLUANGI Nursing Superintendent Signature |
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| 4 | MATERNITY WARD | DR. LALROPUII |
| 5 | PEADIATRIC OPD | DR. LALRINKIMI KHIANGTE |
| 6 | PEADIATRIC WARD | DR. LALRINKIMI KHIANGTE |
| 7 | SPECIAL NEWBORN CARE UNIT(SNCU) | DR. LALRINKIMI KHIANGTE |
| 8 | NUTRITION REHABILITATION CENTRE (NRC) | NA |
| 9 | OPERATION THEATRE (OT) | DR. MALSAWMSANGA |
| 10 | MATERNITY OT (M - OT) | DR. LALROPUII |
| 11 | POST PARTUM UNIT (PP Unit) | DR. LALROPUII |
| 12 | INTENSIVE CARE UNIT (ICU) | NA |
| 13 | INPATIENT DEPARTMENT (IPD) | DR. C. HRANGKAPZAWNA |
| 14 | BLOOD BANK | DR. MALSAWMSANGA |
| 15 | LABORATORY | DR. LALRINKIMI KHIANGTE |
| 16 | RADIOLOGY | DR. C. HRANGKAPZAWNA |
| 17 | PHARMACY | DR. B. LALREMRUATA |
| 18 | AUXILLARY SERVICES | LALRINTLUANGI |
| 19 | MORTUARY | R. LALPARLAWMI |
| 20 | HAEMODIALYSIS CENTRE | NA |
| 21 | GENERAL ADMINISTRATION | DR. LALRINFELA H |

Introduction

ABOUT THE HOSPITAL

District Hospital, Mamit is a 30 bedded hospital at the aspirational district of Mamit, Mizoram. The hospital first function as a Primary Health Centre (PHC) with 10 beds in 29th April, 1988 which is upgraded to community Health Centre (CHC) in August, 2001 and it was later upgraded to District Hospital status with 30 beds in 1st June, 2006. The administration of the hospital is look after by District Medical Superintendent and the nursing staffs are headed by the Nursing Superintendent. The hospital provides all the healthcare needs of the communities around the clock at the facility. The hospital provides care at IPD, OPD and Accident and Emergency along with General Medicine, Surgery, Paediatrics, Obstetric & Gynae departments.

Quality Policy

The following are the Quality Policy of District Hospital, Mamit

- ❖ To provide health services that are affordable, easy to access and efficient to the people of Mamit.
- ❖ To provide treatment/care to patients with love and compassion.
- ❖ To provide patients with the best possible care while upholding their rights, privileges and dignity.

Hospital Vision

The following are the Hospital Vision of District Hospital, Mamit

- ❖ To provide the best possible affordable healthcare to all individuals and communities.
- ❖ To provide quality treatment and care to all without any discrimination of any kind.

Hospital Mission

The following are the Hospital Mission of District Hospital, Mamit

- ❖ We are committed to providing the best quality and affordable

care to all patient irrespective of gender, caste and social status.

- ❖ To provide a safe environment for all patients undergoing care at the facility.

Service standards

This hospital has 30 beds.

- ❖ Doctors (Consultant and Medical Officer) – 12
- ❖ Nursing Superintendent – 1
- ❖ Ward Superintendent - 1
- ❖ Staff Nurses – 17
- ❖ Other Staff – 51

Standards of service and adequate degree of patient care can be provided to the extent proper and workable ratio between doctor to patient, nurse to patient and beds to patients are maintained, as also the extent of availability of resources and facilities. Consistent with this every possible effort will be made by this hospital.

The hospital strives to:

- To provide access to hospital and professional medical care to all patients who visit the hospital.
- To prescribe a workable maximum waiting time for outpatients, before they are attended to by a qualified doctor and / or specialists and continuously strive to improve upon it.
- To ensure that all equipment in the hospital is maintained efficiently in proper working order.
- To ensure availability of beds and operation theatres facilities as freely as possible.
- To ensure treatment of emergency cases with utmost promptitude and attention.

Every outpatient seeking treatment at the hospital will be registered and issued a case paper for recording various details of the symptoms, diagnosis and treatment being provided.

- ❖ The patients' and families' rights are in consonance to NQAS standards and are documented separately in this charter.

- ❖ All patients and visitors to the hospital will receive courteous and prompt attention from the staff and officials of the hospital in the use of its various services.
- ❖ Reliability and promptness of diagnostic investigation results is ensured and whenever possible such reports will be made available.
- ❖ Operation theatre is maintained on a regular basis to ensure that they are serviceable all the time and every effort will be made to keep the hospital and its surroundings, clean, infection-free and hygienic.
- ❖ A regular system of obtaining feedback from the users is in place through exit interviews and periodic surveys. The inputs from these are continuously used for improving the service standards.
- ❖ The hospital has necessary equipment required for provision of service mentioned in 'scope of services and system to ensure proper maintenance and working of various equipment.
- ❖ If any equipment is out of order, information regarding the same shall be displayed suitable indicating the alternate arrangements, if any, as also the likely date of recommissioning the equipment after repairs and replacement.
- ❖ When things go wrong or fail, appropriate action is taken on those responsible for such failures and action taken to rectify the deficiencies. Complainants will also be informed of the action taken, if requested.
- ❖ In case of likely persistence of the deficiency, the reasons for the delay in rectifying the deficiency and the time taken for rectifying the same will be displayed prominently for the information of the public.
- ❖ Special directions are given to the non-medical staff to deal with the patients and public courteously. Any breach in this regard when brought to the notice of the hospital authorities shall be dealt with appropriately.
- ❖ Hospital encourages the patients and the public to inform the authorities when things go wrong. Suggestion / complaint boxes

and registers are provided at the reception, MS office, and Matron Office.

- ❖ Hospital follows all policies, processes, programs, committee meetings, regulatory guidelines which has been prepared to meet the standards of accreditation as set by NQAS.

Section 1: Services Provided

A. Medical Care

- ❖ All the Health care services are provided in the hospital.
- ❖ The hospital has outpatient, inpatient, pediatric (OPD and Ward), surgery (OT), obstetrics/gynecology (Labour room, PP unit, M-OT), medicine, accident and emergency, laboratory, pharmacy, blood bank, radiology, dental, general administration and support services departments.
- ❖ All the routine and emergency treatment is provided in the specialties available.
- ❖ The basic Medico legal work including the post mortem examination is also provided.
- ❖ Mortuary service is also provided at the facility

B. Maternal and Child Health

The Maternal and Child Health care provided is as follows:

- ❖ **Antenatal Care:**
 - Routine Antenatal Examination
 - Identification of high-risk cases
 - Maintenance of records
 - Prevention and treatment of Anemia, nutritional deficiencies, tetanus, toxemias of pregnancies, syphilis etc.
- ❖ **Intranatal Care**
 - Hospital level Care
- ❖ **Postnatal care**
 - Health Education of Breast Feeding
 - Prevention and treatment of Postnatal Complications
 - Family Planning Counseling
- ❖ **Care of New Born**
 - Resuscitation
 - Care of cord, eyes and skin
 - Anomaly Detection

- Special care of high risks and LBW Childs

❖ **Care of Infants**

- Growth and development monitoring
- Immunization
- Nutritional care

C. School Health Program

- ❖ Referral Centre for School Health Programme.

D. Nutrition

- ❖ Health Education
- ❖ Prevention and Treatment of Deficiency Disorders

E. NCD Services

NCD service is provided at the facility in out-patient department which conducted screening and counselling services to the patients regarding non-communicable diseases.

F. National Health Programmes

Following are the National Health Programme run by the Hospital:

- ❖ National AIDS Control Programme
- ❖ National Programme for Healthcare of the Elderly
- ❖ National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke
- ❖ Integrated disease surveillance programme
- ❖ National Programme for Palliative care
- ❖ National Viral Hepatitis Control Programme
- ❖ Opioids Substitution Therapy under MSACS
- ❖ National vector Borne Disease Control Programme
- ❖ State Blood Transfusion Council
- ❖ National TB Elimination Programme
- ❖ National Programme for Control of Deafness
- ❖ AB-PMJAY
- ❖ National Mental Health Programme

- ❖ Reproductive, Maternal, Newborn, Child and Adolescent Health
- ❖ Janani Shishu Suraksha Karyakaram (JSSK) Scheme
- ❖ National AYUSH Mission
- ❖ National Programme for Control of Blindness

G. Immunization

These are the immunization program at the facility.

- ❖ UIP – Universal Immunization Programme
- ❖ The Vaccines given is BCG, DPT, DT, TT, Measles, and Polio
- ❖ The Immunization Services are provided at the Hospitals as per the Program.

H. Control of Epidemic Diseases/Surveillance

This aspect is mainly looked under the District Health Programme.

Section 2: Scope of Services

The district Hospital is providing following services to all irrespective of Caste, Creed or Economic Status.

Clinical Services

- ❖ General Medicine
- ❖ General Surgery
- ❖ Gynecology and Obstetrics
- ❖ Pediatrics
- ❖ Radiology- X ray Technician + ANC USG
- ❖ Blood Bank
- ❖ Anesthesiology- trained MO

DIAGNOSTIC SERVICES

- ❖ Laboratory – Hematology, Biochemistry, Serology, and certain basic test are done.
- ❖ Imaging – X-Ray, Ultrasonography
- ❖ Blood Transfusion – Whole Blood
- ❖ ECG
- ❖ NCD

Ambulatory Care Area

- ❖ Outpatient Services
- ❖ Emergency
- ❖ Pharmacy Services (Dispensary, Stores)
- ❖ Physiotherapy
- ❖ Post-Partum Unit

Intermediate Care

- ❖ General Wards – Beds.
- ❖ Maternity Wards – Beds

High Dependency

- ❖ NBSU/SNCU
- ❖ Accident and Emergency Ward

Therapeutic Services

- ❖ Clinical Consultation Services
- ❖ Clinical Inpatient Services
- ❖ Operation Theatres – (General, Gynecology and Obstetrics)
- ❖ Labour Room

Auxiliary Services

- ❖ Dietary Services
- ❖ Central Sterile and Supplied Department under Construction
- ❖ Stores (General, Medical)
- ❖ Medical Gases (Cylinders)
- ❖ Administrative Office
- ❖ 108 Ambulance
- ❖ Medical Record Unit (Manned by Nursing Personnel)
- ❖ Hospital Management Information System
- ❖ Patient Welfare Society
- ❖ Hospital Maintenance Fund
- ❖ Hospital Laundry
- ❖ Security Service
- ❖ Biomedical Engineering- Incinerator
- ❖ Engineering- DPHE under CMO office
- ❖ Dietician

National Programs: (Following National Program are undertaken in the Hospital)

- ❖ National AIDS Control Programme
- ❖ National Programme for Healthcare of the Elderly
- ❖ National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke
- ❖ Integrated disease surveillance programme
- ❖ National Programme for Palliative care
- ❖ National Viral Hepatitis Control Programme
- ❖ Opioids Substitution Therapy under MSACS
- ❖ National vector Borne Disease Control Programme
- ❖ State Blood Transfusion Council
- ❖ National TB Elimination Programme
- ❖ National Programme for Control of Deafness
- ❖ AB-PMJAY
- ❖ National Mental Health Programme
- ❖ Reproductive, Maternal, Newborn, Child and Adolescent Health
- ❖ Janani Shishu Suraksha Karyakaram (JSSK) Scheme
- ❖ National AYUSH Mission
- ❖ National Programme for Control of Blindness

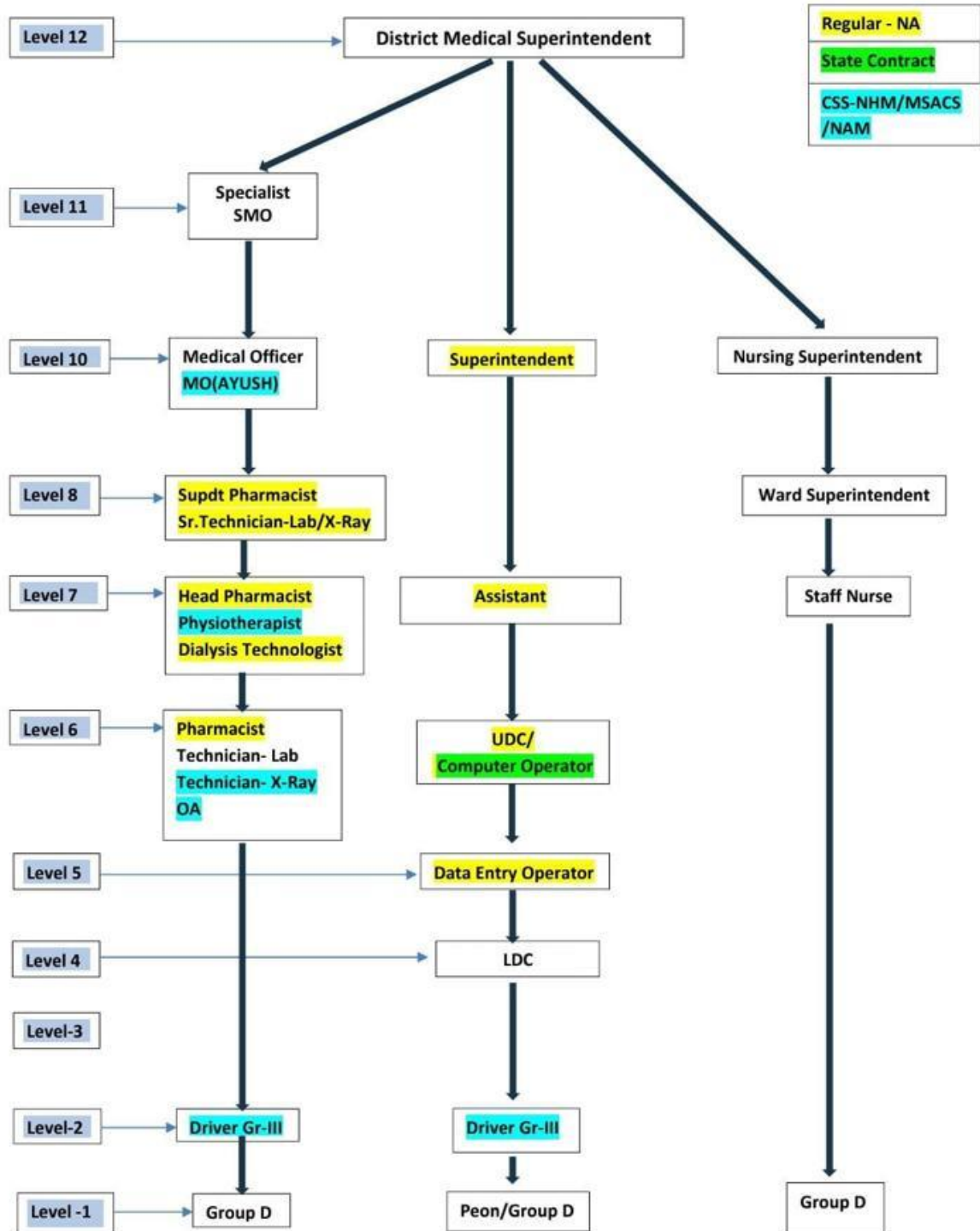
Others

- ❖ Certificate (Disability Certificate- UDID and Age Certificate for Medico-Legal Purposes MLC and Post Mortem Services)
- ❖ ICTC & PPTCT

Following Services are currently not provided

- ❖ Pediatrics Surgeries
- ❖ Tread Mill Test
- ❖ Magnetic Resonance Imaging
- ❖ Histopathology Tests
- ❖ Cardiology
- ❖ Neurology

ORGANISATIONAL STRUCTURE OF DMS, MAMIT



HOSPITAL COMMITTEES

Committees have been formed to carry out their functioning as required by various policies of the hospital. The committees shall work towards addressing their purposes and shall adhere to various policies of the hospital.

GENERAL GUIDELINES FOR COMMITTEE FUNCTIONING

- ❖ Committees shall meet at the frequency as defined in the document and as required basis.
- ❖ Committee shall discuss, implement and monitors the scope of activities identified for respective committees.
- ❖ Chairman and convener of the committee shall bear the responsibility of committee functioning.
- ❖ Each committee shall maintain a file to record their proceedings, decisions taken and instructions framed.
- ❖ Committees shall record their proceedings, document minutes and monitor the implementation of decision taken.
- ❖ Committees shall distribute the work amongst members as required and develop their own guidelines for functioning.
- ❖ Necessary instructions shall be passed on to the relevant staff through circulars and a copy of all these shall be retained in committee's file.
- ❖ Hospital and staff are obliged to follow the instructions.
- ❖ Committee shall review their functioning at appropriate intervals, as decided by chairman / convener, to assess their functioning.

FOLLOWING COMMITTEES HAVE BEEN CONSTITUTED

1. Quality Assurance (Core) Committee.
2. Disaster Management Committee.
3. Committee against sexual harassment.
4. Drugs and Therapeutic Committee.
5. Maternal Death Review Committee.
6. Child Death Review Committee.

7. Hospital Infection Control Committee.
8. Death Audit Committee.
9. Medical Audit Committee.
10. Grievance Redressal Committee.
11. Ethical Committee.
12. Risk Management Committee.
13. Internal Complaints Committee.
14. Biomedical Waste Management Committee.
15. Hospital Condemnation Committee.

Disaster Management Committee

| | | | |
|-----------------------------|--|---------------------------|---------------------------|
| Frequency of Meeting | Once in a month | | |
| Venue | MS Chamber | Name of the Person | |
| Members | Chairman | Dr. Lalrinfela H | |
| | Convener | Dr. C. Hrangkapzawna | |
| | Members | | Dr. Roy Lalliantluanga |
| | | | Dr. Malsawmsanga Khiangte |
| | | | Dr. Lalropuii |
| | | | Lalrintluangi |
| | | | R. Lalparlawmi |
| | | | Dr. B. Lalremruata |
| Scope of Work | <ul style="list-style-type: none"> ❖ Issue disaster management plan and SOP. ❖ Manage disaster events. ❖ Supervise training and mock drills. ❖ Coordinating, contacting, and communicating in case of an emergency. ❖ Getting a security/safety audit done. ❖ Coordinating disaster preparedness efforts. ❖ Minimizing the adverse effects of hazards. ❖ Ensuring timely and efficient organization and delivery of emergency. | | |

CONSENT OF THE PARTICIPANTS

“We are willing to participate in the committee and will follow the NQAS standards in the functioning of the committee”.

Committee Against Sexual Harassment

| | | |
|-----------------------------|---|-----------------------------|
| Frequency of Meeting | Once in 4 months or as required | |
| Venue | MS Chamber | Name of the Person |
| Members | Chairman | Dr. Lalropuii |
| | Convener | Lalrintluangi |
| | Members | T. Malsawmi |
| | | Dr. Vanlalmangaihi Hmar |
| | | Dr. Vanlalthazuali Chhangte |
| | | Vanlalzari Zadeng |
| | | Zarzokimi |
| Scope of Work | <ul style="list-style-type: none"> ❖ Discuss any complaints received against sexual harassment at the facility. ❖ To help women to realize their rights of freedom. ❖ To treat sexual harassment as a misconduct and initiate punitive actions for such misconduct. ❖ To assist the aggrieved woman to place the complaint. ❖ To safe guard the one who is victimized. ❖ To educate and train students about sexual harassment. | |

CONSENT OF THE PARTICIPANTS

“We are willing to participate in the committee and will follow the NQAS standards in the functioning of the committee”.

Drugs And Therapeutics Committee

| | | |
|-----------------------------|---|---------------------------|
| Frequency of Meeting | Once in 3 months | |
| Venue | MS Chamber | Name of the Person |
| Members | Chairman | Dr. Lalrinfela H |
| | Convener | Dr. B. Lalremruata |
| | Members | Dr. Malsawmsanga |
| | | Dr. C. Hrangkapzawna |
| | | Dr. Roy Lalliantluanga |
| | | Dr. Lalrinkimi Khiangte |
| | | Dr. Lalropuii |
| | | Lalrintluangi |
| Scope of Work | <ul style="list-style-type: none"> ❖ Develop and implement policies and procedures on medication use in the Hospital. ❖ Develop and implement hospital drug formulary and update the same on yearly basis. ❖ To approve drugs and consumables used for patient care at the facility. ❖ To approve any non-formulary drugs, consumables (addition or Deletion) based on the request given by the treating doctor. ❖ The coordinator of the hospital drug Committee act as liaison between attending physicians and other staff in all matters relating to medication. ❖ To document the policies and procedures to guide the usage of Narcotic drugs and psychotropic substances including safe storage, preparation, handling, distribution and disposal drugs. | |

| | |
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| | <ul style="list-style-type: none"> ❖ To ensure that policies and procedures related to medication management are consistently being followed throughout the hospital. ❖ To manage the drug formulary system by evaluating the usage of medication periodically. ❖ To design and implement methods for ensuring the safe prescribing, distribution, administration and monitoring of medications. ❖ Audit of medication orders/ prescription is carried out to check for safe and rational prescription of medications. (The possibility of drug interaction, food drug interaction and measures taken to avoid the same). ❖ To analyze the prescription audit report and take necessary corrective and preventive action. |
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CONSENT OF THE PARTICIPANTS

“We are willing to participate in the committee and will follow the NQAS standards in the functioning of the committee”

Maternal Death Review Committee

| | | |
|-----------------------------|---|-----------------------------|
| Frequency of Meeting | Once in a month | |
| Venue | MS Chamber | Name of the Person |
| Members | Chairman | Dr. Lalrinfela H |
| | Convener | Dr. Lalropuii |
| | Members | Dr. Lalrintluangi |
| | | Dr. Malsawmsanga |
| | | Dr. Vanlalthazuali Chhangte |
| Lalrintluangi | | |
| Scope of Work | <ul style="list-style-type: none"> ❖ Fixed monthly meeting date with the Hospital Superintendent. ❖ Conduct monthly review meeting once in a month with the standard format and case summary. ❖ Suggest corrective measures and steps to be taken to improve quality of care at the Hospital. ❖ Monitor and evaluate adverse drug reactions ❖ Suggest steps to be taken at the District and State level. ❖ Document and send minutes of meeting to the concerned authority. | |

CONSENT OF THE PARTICIPANTS

“We are willing to participate in the committee and will follow the NQAS standards in the functioning of the committee”

Child Death Review Committee

| | | |
|-----------------------------|------------------------|---|
| Frequency of Meeting | Once in a month | |
| Venue | MS Chamber | Name of the Person |
| Members | Chairman | Dr. Lalrinfela H |
| | Convener | Dr. C. Hrangkapzawna |
| | Members | Dr. Lalrinkimi Khiangte |
| | | Dr. Malsawmsanga |
| | | Marie Lalnunpuii |
| Scope of Work | | <ul style="list-style-type: none"> ❖ Protecting Children: Child protection, justice and law enforcement agency. ❖ Improving health and well-being. ❖ Supporting families. ❖ Review child death and report findings to the concerned authorities. ❖ Suggesting corrective measures. |

CONSENT OF THE PARTICIPANTS

“We are willing to participate in the committee and will follow the NQAS standards in the functioning of the committee”.

Hospital Infection Control Committee

| | | |
|-----------------------------|---|---------------------------|
| Frequency of Meeting | Once in a month or as and when required | |
| Venue | MS Chamber | Name of the Person |
| Members | Chairman | Dr. Lalrinfela H |
| | Convener | Lalrintluangi |
| | Members | Dr. Malsawmsanga Khiangte |
| | | Donald Lalruatfela |
| | | Dr. B. Lalremruata |
| Scope of Work | <ul style="list-style-type: none"> ❖ Prepare Institutional infection control manual. ❖ Prepare and review antibiotic policy periodically and coordinate action on findings from the medical staff's review of the clinical use of antibiotics. ❖ Provide awareness on infection control policies and procedures and their responsibilities in surveillance, prevention and control. ❖ Maintaining surveillance data and identify areas for intervention over the hospital infection control program. Surveillance strategies shall be evaluated for their effectiveness throughout the hospital. ❖ Prepare and develop a system for reporting, identifying and analyzing the incidence and cause of all infections including outbreaks. ❖ To evaluate the effectiveness of any reagents, used for cleaning, disinfection and carbolization in the hospital. | |

| | |
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| | <ul style="list-style-type: none">❖ Induction training for all new employees on Hospital infection control❖ Assess and promote improved practice at all levels of the health facility.❖ Ensure appropriate staff training in infection control and safety management and training of health care workers. |
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CONSENT OF THE PARTICIPANTS

“We are willing to participate in the committee and will follow the NQAS standards in the functioning of the committee”

Death Audit Committee

| | | |
|-----------------------------|------------------------|--|
| Frequency of Meeting | Once in a month | |
| Venue | MS Chamber | Name of the Person |
| Members | Chairman | Dr. Lalrinfela H |
| | Convener | Dr. C. Hrangkapzawna |
| | Members | Dr. Roy Lalliantluanga Lalrintluangi |
| Scope of Work | | <ul style="list-style-type: none"> ❖ Conduct death audit as required. ❖ Discuss the analysis and status of death audit at its meeting. ❖ Analyze any preventable cause of death in order to decrease death rate at the hospital. ❖ Advised hospital authorities in medical and administrative decision making. |

CONSENT OF THE PARTICIPANTS

“We are willing to participate in the committee and will follow the NQAS standards in the functioning of the committee”.

Medical Audit Committee

| | | | |
|-----------------------------|---|---------------------------|--|
| Frequency of Meeting | Once in a month or as and when required | | |
| Venue | MS Chamber | Name of the Person | |
| Members | Chairman | Dr. Lalrinfela H | |
| | Convener | Donald Lalruatfela | |
| | Members | | Dr. Malsawmsanga Khiangte |
| | | | Dr. C. Hrangkapzawna |
| | | | Dr. Roy Lalliantluanga |
| | | | Members of Drug and Therapeutics Committee |
| | | | Members of Infection Control Committee |
| | Members of Medical Record Unit | | |
| Scope of Work | <ul style="list-style-type: none"> ❖ Conduct regular medical record audit. ❖ Conduct morbidity and mortality audit. ❖ Ensure that all staff complies with the policies. ❖ Staff & Patient anonymity confidentiality maintenance. ❖ The following cases are audited randomly: <ul style="list-style-type: none"> ○ Long / short stay cases ○ Specific disease / specific operations ○ Vulnerable groups ○ Increase incidence of a disease ❖ Post operative infection or complications. ❖ To detect possible errors in diagnosis, treatment, judgment or technique. | | |

| | |
|--|---|
| | <ul style="list-style-type: none"> ❖ Make necessary suggestions & recommendations so that the error is not repeated after the auditor or the audit committee has finished with the record. ❖ Develop guidelines for medical care and medical records maintenance. ❖ Review and evaluate patient records for quality, adequacy of patient care, monitor staff for compliance with policies. ❖ Evaluate medical record keeping, quality, content format, accuracy, pertinence, staff compliance with documentation policies. ❖ Review and evaluate fatal cases or deaths in hospital. ❖ Evaluate sentinel events related to patient care. ❖ Review, evaluate and monitor adverse drug reaction. ❖ Review and evaluate cases needing resuscitation. ❖ Implementation of Right to information. |
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CONSENT OF THE PARTICIPANTS

“We are willing to participate in the committee and will follow the NQAS standards in the functioning of the committee”.

Grievance Redressal Committee

| Frequency of Meeting | Once in a month | | |
|----------------------|---|--------------------|----------------------------|
| Venue | MS Chamber | Name of the Person | |
| Members | Chairman | Dr. Lalrinfela H | |
| | Convener | Lalrintluangi | |
| | Members | | Dr. Lalropuii |
| | | | Dr. Lalrintluangi |
| | | | Dr. Annie Lalhriatrengi |
| | | | Dr. Vanlalthazuali Chhange |
| | | | Dr. B. Lalremruata |
| | | | Lalthlamuana Hrahse |
| | | | Donald Lalruatfela |
| | | | Zarzokimi |
| | | | Lahlimpuii |
| | T. Malsawmi | | |
| Scope of Work | <ul style="list-style-type: none"> ❖ Receiving grievances from the Hospital. ❖ Open the complaint box in every department and check for any grievance submission. ❖ Conduct grievance committee discussing any complaints received. ❖ Document the meeting minutes and submit report to DHME at the end of every month. | | |

CONSENT OF THE PARTICIPANTS

“We are willing to participate in the committee and will follow the NABH standards in the functioning of the committee”.

Ethical Committee

| | | |
|-----------------------------|--|----------------------------------|
| Frequency of Meeting | Once in a month | |
| Venue | MS chamber | Name of the Person |
| Members | Chairman | Dr. Lalrinfela H |
| | Convener | Dr. Lalrinkimi Khiangte |
| | Members | Dr. Roy Lalliantluanga Thangluah |
| | | Dr. Malsawmsanga Khiangte |
| | | Dr. C. Hrangkapzawna |
| | | Dr. Lalmangaihi |
| | | Lalrintluangi |
| | | Dr. Lalfakzuala Hrahsel |
| | | Dr. Vanlalthazuali Chhangte |
| | | Dr. Annie Lalhriatrengi |
| | | Zarzokimi |
| | | Donald Lalruatfela |
| Dr. B. Lalremruata | | |
| Scope of Work | <ul style="list-style-type: none"> ❖ Reviewing patient care situation. ❖ Developing interventions to protect patient rights. ❖ Proposing solution to conflict. ❖ Improving quality of patient care protocol. ❖ Increasing patient and family satisfaction. ❖ Providing ethical education to staff. ❖ Developing strategies to prevent future ethical issues. ❖ Developing and revising clinical ethics and policies. | |

CONSENT OF THE PARTICIPANTS

“We are willing to participate in the committee and will follow the NABH standards in the functioning of the committee”.

Risk Management Committee

| | | | |
|-----------------------------|--|---------------------------|-----------------------------|
| Frequency Of Meeting | Atleast twice a year | | |
| Venue | MS Chamber | Name of the Person | |
| Members | Chairman | Dr. Lalrinfela H | |
| | Convener | Dr. Malsawmsanga Khiangte | |
| | Members | | Dr. Roy Lalliantluanga |
| | | | Dr. Lalrinkimi Khiangte |
| | | | Dr. Lalropuii |
| | | | Dr. C. Hrangkapzawna |
| | | | Dr. Lalmangaihi |
| | | | Lalrintluangi |
| | | | Dr. Vanlalthazuali Chhangte |
| | | | Dr. Lalrintluangi |
| | | | Dr. Lalfakzuala Hrahsel |
| | | | Dr. Annie Lalhriatrengi |
| | | | R. Lalparlawmi |
| | | | Dr. B. Lalremruata |
| | One Representative form each Department | | |
| Scope of Work | <ul style="list-style-type: none"> ❖ Setting risk strategies, polices, framework, model and procedures. ❖ Collection and dissemination of information related to patient safety. ❖ Establishment of patient safety database. ❖ Facilitation of the development of consensus among healthcare providers, patients, and other interested parties concerning patient safety and recommendations to improve patient safety. ❖ Provision of technical assistance to states that have (or are | | |

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| | <p>developing) medical-error reporting systems.</p> <ul style="list-style-type: none"> ❖ Provision of assistance to the states in developing standardized methods for data collection and data collection from state reporting systems for inclusion in the patient safety database. |
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CONSENT OF THE PARTICIPANTS

“We are willing to participate in the committee and will follow the NABH standards in the functioning of the committee”.

Biomedical Waste Management Committee

| | | |
|-----------------------------|--|---------------------------------|
| Frequency Of Meeting | Once every 6 months | |
| Venue | MS Chamber | Name of the Person |
| Members | Chairman | Lalrintluangi |
| | Convener | Dr. Vanlalthazuali Chhangte |
| | Members | Dr Malsawmsanga |
| | | Dr Roy Lalliantluanga Thangluah |
| | | Dr Lalropuii |
| | | Dr C Hrangkapzawna |
| | | Dr Lalfakzuala Hrahsel |
| | | Dr Lalrintluangi |
| | | Dr Annie Lalhriatrengi |
| | | Pi Zarzokimi |
| | | Prisca Lhs Vanphong |
| | | Cicilya Lalrinzami |
| | | Laltanpuia |
| Scope Of Work | <ul style="list-style-type: none"> ❖ Primary focus of developing a Bio medical waste management policy. ❖ Review and monitor the process of Bio medical waste management inside the hospital. ❖ To organize regular training for all staff on Biomedical waste practices. ❖ Ensure the adequate availability of the bio medical waste management resources (Liners, Bins). ❖ Ensure Occupational safety of all health care workers involved in handling of bio medical waste management. ❖ Ensure the maintenance of records pertaining to biomedical waste generated on daily basis | |

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| | <p>i.e., category wise total quantity of waste generated.</p> <ul style="list-style-type: none"> ❖ Annual report submission to Tamil Nadu pollution control board on biomedical waste generated by the hospital. ❖ To ensure statutory requirements related to biomedical waste are maintained i.e., Pollution control board authorization for Biomedical waste. ❖ To develop posters on biomedical waste segregation ❖ To review and implement biomedical waste segregation latest guidelines. ❖ Update quantity of biomedical waste generated by the hospital in Website. |
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CONSENT OF THE PARTICIPANTS

“We are willing to participate in the committee and will follow the NABH standards in the functioning of the committee”.

Internal Complaints Committee

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|-----------------------------|--|---------------------------|--------------------------|
| Frequency Of Meeting | Atleast 4 times per year | | |
| Venue | MS Chamber | Name of the Person | |
| Members | Chairman | Dr. Lalropuii (Obs&Gynae) | |
| | Secretary | Lalrintluangi NS | |
| | Members | | Dr. C. Hrangkapzawna SMO |
| | | | Lalbiakmawii MHIP |
| | | | R. Lalparlawmi WS |
| | | | T. Lalmalsawmi LDC |
| | | | R. Lalnunmawii Group D |
| Scope of Work | <ul style="list-style-type: none"> ❖ Receive complaints of sexual harassment at the workplace. ❖ Initiate and conduct an inquiry as per the company's procedure. ❖ Submit findings and recommendations of all such inquiries. ❖ Coordinate with the Employer in implementing appropriate action. ❖ Maintain strict confidentiality throughout the process as per established guidelines of the Internal Complaints Committee Policy. ❖ Submit annual reports in the prescribed format as prescribed. | | |

CONSENT OF THE PARTICIPANTS

"We are willing to participate in the committee and will follow the NABH standards in the functioning of the committee".

Condemnation Committee

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|-----------------------------|--|----------------------------|--------------------------|
| Frequency Of Meeting | Once every 6 months | | |
| Venue | MS Chamber | Name of the Person | |
| Members | Chairman | Dr. Lalrinfela H (DMS) | |
| | V-Chairman | Dr. Roy Lalliantluanga SMO | |
| | Secretary | Lalrintlaungi (NS) | |
| | Members | | Dr. C. Hrangkapzawna SMO |
| | | | Zarzokimi |
| | | Dr. B. Lalremruata | |
| Scope of Work | <ul style="list-style-type: none"> ❖ To frame/follow the condemnation policy at the hospital. ❖ To inspect all the areas of the hospital for any junk material present/accumulated in various areas of the hospital. ❖ To decide the minimum upset price for which tendering is required and minimum upset price for which public auctions can be made. ❖ To gather and maintain information or list of items from different areas of the hospital that need to be condemned or are beyond use. ❖ To maintain a list of items that are stored in the hospital for condemnation. ❖ To inform all concerned regarding the condemnation activity to be undertaken by the facility. ❖ To approve the condemnation of junk and other materials. ❖ To demarcate and allocate space within the hospital for storage of junk material before its disposal. | | |

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| | <ul style="list-style-type: none">❖ To maintain records of the items that are condemned by the health facility.❖ To follow relevant rules while disposing of the condemned articles e.g., E-waste management rules, BMW management rules etc. |
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CONSENT OF THE PARTICIPANTS

“We are willing to participate in the committee and will follow the NABH standards in the functioning of the committee”.

Quality Assurance Committee/ Core committee/ Quality Circle Committee

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| Frequency of Meeting | Once in a month and as required | |
| Venue | MS Chamber | Name of the Person |
| Members | Chairman | Dr. Lalrinfela H |
| | Convener | Lalrintluangi |
| | Members | Dr. Lalrinkimi Khiangte |
| | | Dr. Malsawmsanga Khiangte |
| | | Dr. Roy Lalliantluanga Thangluah |
| | | Dr. Lalropuii |
| | | Dr. C. Hrangkapzawna |
| | | Dr. Lalfakzuala Hrahsel |
| | | Dr. Lalrintluangi |
| | | Dr. Annie Lalhriatrengi |
| | | Dr. Vanlalthazuali Chhangte |
| | | Dr. B. Lalremruata |
| | | Lalduhsaki |
| | | Lahlimpuii Hmar |
| | | V. Lalrinliani |
| | | Linda Zonunsangi |
| | | Donald Lalruatfela |
| Zonunmawia | | |
| CLT Lallianvunga | | |
| Lalramengmawia | | |
| Scope of Work | <ul style="list-style-type: none"> ❖ Issue Quality Policy. ❖ Documentation of policy. ❖ Define scope of services. ❖ Deal with all matters concerning quality management system, quality improvement, accreditation of the health care service. ❖ Function as apex committee for monitoring performance indicators or parameters of QMS and medical statistics. | |

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| | <ul style="list-style-type: none">❖ Standardization of procedures and systems.❖ Credentialing and Privileging.❖ Plan and act for Continuous Quality improvement of hospital. |
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CONSENT OF THE PARTICIPANTS

“We are willing to participate in the committee and will follow the NQAS standards in the functioning of the committee”.

District Hospital, Mamit – Various Committees and its Meeting Frequency

| Sl. No. | Name of the Committee | Frequency |
|---------|--|--|
| 1 | Disaster management committee | Once a month |
| 2 | Committee against Sexual Harassment | Once in 4 months or as and when required |
| 3 | Drugs and Therapeutics committee | Once in 3 months |
| 4 | Maternal Death Review Committee | Once a month |
| 5 | Child Death Review Committee | Once a month |
| 6 | Hospital Infection Control Committee | Once a month or as and when required |
| 7 | Death Audit Committee | Once a month |
| 8 | Medical Audit Committee | Once a month or as and when required |
| 9 | Grievance Redressal Committee | Once a month |
| 10 | Ethical Committee | Once a month |
| 11 | Risk Management Committee | Atleast twice a year |
| 12 | Bio-medical waste management committee | Once every 6 months |
| 13 | Internal Complaints Committee | Atleast 4 times a year |
| 14 | Hospital Condemnation Committee | Once every 6 months |
| 15 | Quality Assurance/circle committee | Once a month |

List of SOPs as per National Quality Assurance Standards

| ACCIDENT AND EMERGENCY | |
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| 1 | Emergency has documented procedure for receiving the patient in emergency |
| 2 | Department has documented procedure for triaging |
| 3 | Department has documented procedure for taking consent |
| 4 | Department has documented procedure for initial screening of patient |
| 5 | Department has documented procedure for nursing care |
| 6 | Department has documented procedure for admission and transfer of the patient to ward |
| 7 | Emergency has documented procedure for Handling medical records |
| 8 | Department has documented procedure for maintaining records in Emergency |
| 9 | Department has documented procedure to handle brought in dead patient |
| 10 | Department has documented procedure for storage, handling and release of dead body |
| 11 | Department has documented procedure for storage and replenishing the medicine in emergency |
| 12 | Department has documented procedure for equipment preventive and break down maintenance |
| 13 | Department has documented procedure for Disaster management |
| OPD | |
| 1 | OPD has documented procedure for Registration |
| 2 | OPD has documented procedure for patient calling system in OPD clinics |
| 3 | OPD has documented procedure for receiving of patient in clinic |
| 4 | OPD has documented process for OPD consultation |
| 5 | OPD has documented procedure for investigation |
| 6 | OPD has documented procedure for prescription and drug dispensing |
| 7 | OPD has documented procedure for nursing process in OPD |
| 8 | OPD has documented procedure for patient privacy and confidentiality |
| 9 | OPD has documented procedure for conducting, analysing patient satisfaction survey |
| 10 | OPD has documented procedure for equipment management and maintenance in OPD |
| 11 | Department has documented procedure for Administrative and non-clinical work at OPD |
| 12 | Department has documented procedure for No Smoking Policy in OPD |
| 13 | OPD has documented procedure for duty roaster, punctuality, dress code and identity for OPD staff |
| LABOUR WARD | |
| 1 | Department has documented procedure for receiving and assessment of the patient of delivery |
| 2 | Labour room has documented procedure for Emergency obstetric care |

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| 3 | Department has documented procedure for management of high-risk pregnancy |
| 4 | Department has documented procedure for rapid initial assessment |
| 5 | Department has documented procedure for requisition of diagnosis and receiving of the reports |
| 6 | Department has documented procedure for intra partum care |
| 7 | Department has documented immediate postpartum care |
| 8 | Department has documented essential newborn care |
| 9 | Department has documented procedure for neonatal resuscitation |
| 10 | Department has documented procedure for admission, shifting and referral of the patient |
| 11 | Department has documented procedure for arrangement of intervention for labour room |
| 12 | Labour room has documented procedure for blood transfusion |
| 13 | Labour room has documented criteria for distinguish between newborn death and still birth |
| 14 | Labour room has documented procedure for environmental cleaning and processing of the equipment |
| 15 | Labour room has documented procedure for maintenance of rights and dignity of pregnant women |
| 16 | Department has documented procedure for record Maintenance including taking consent |
| MATERNITY WARD | |
| 1 | Department has documented procedure for receiving and initial assessment of the patient in Maternity ward |
| 2 | Department has documented procedure for admission, shifting and referral of pregnant mother |
| 3 | Department has documented procedure for shifting the mother to labour room |
| 4 | Department has documented procedure for requisition of diagnosis and receiving of the reports |
| 5 | Department has documented procedure for preparation of the patient for surgical procedure |
| 6 | Department has documented procedure for transfusion of blood in maternity ward |
| 7 | Department has documented procedure for maintenance of rights and dignity of pregnant women |
| 8 | Department has documented procedure for record Maintenance including taking consent |
| 9 | Department has documented procedure for discharge of the patient from maternity ward |
| 10 | Department has documented procedure for post-natal inpatient care of mother |
| 11 | Department has documented procedure for post-natal inpatient care of new born |
| 12 | Department has documented procedure for payment/ incentives of beneficiary |
| 13 | Department has documented procedure for counselling of the patient at the time of discharge |
| 14 | Maternity ward has documented procedure for environmental cleaning and processing of the equipment |
| 15 | Maternity ward has documented procedure for arrangement of intervention for maternity ward |
| 16 | Maternity ward has documented procedure for sorting, cleaning, and distribution of clean linen to patient |

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| 17 | Maternity ward has documented procedure for providing free diet to the patient as per their requirement |
| 18 | Department has documented procedure for end-of-life care |
| PAEDIATRIC WARD | |
| 1 | Department has documented Procedure for receiving and initial assessment of the patient |
| 2 | Department has documented procedure for reassessment of the patient as per clinical condition |
| 3 | Department has documented procedure for admission, shifting and referral of children |
| 4 | Department has documented procedure for emergency triage assessment and treatment |
| 5 | Department has documented procedure for assessment and management of Emergency signs |
| 6 | Department has documented procedure for Management of fever, cough, breathlessness, diarrhoea and malnutrition |
| 7 | Department has documented discharge process for paediatric patient |
| 8 | Department has documented procedure for transfusion of blood in maternity ward |
| 9 | Department has documented procedure for requisition and reporting of diagnostics |
| 10 | Department has documented procedure for end-of-life care |
| 11 | Department has documented procedure for discharge of the patient |
| 12 | Department has documented procedure for environmental cleaning and processing of the equipment |
| 13 | Department has documented procedure for arrangement of intervention for Paediatric ward |
| 14 | Department has documented procedure for sorting, cleaning, and distribution of clean linen to patient |
| 15 | Department has documented procedure for providing free diet to the patient as per their requirement |
| SNCU | |
| 1 | SNCU has documented procedure for receiving and assessment of the patient |
| 2 | SNCU has documented procedure for admission of the new born |
| 3 | SNCU has documented procedure for discharge of the patient from unit |
| 4 | SNCU has documented procedure for triage of new born |
| 5 | SNCU has documented procedure for assessment and treatment of new born emergency signs |
| 6 | SNCU has documented procedure for neonatal transportation and referral from unit |
| 7 | SNCU has documented procedure for shifting the patient in Step down unit |
| 8 | SNCU has documented procedure for collection, transfer and reporting the sample to side laboratory |
| 9 | SNCU has documented procedure for clinical assessment and reassessment of the patient and doctor follows it |
| 10 | SNCU has documented procedure for key clinical protocols |
| 11 | SNCU has documented procedure for preventive- break down maintenance and calibration of equipment |
| 12 | SNCU has documented system for storage, retaining, retrieval of SNCU records |
| 13 | SNCU has documented procedure for purchase of External services and supplies |

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| 14 | SNCU has documented procedure for Maintenance of infrastructure of SNCU |
| 15 | SNCU has documented procedure for thermoregulation of new born |
| 16 | SNCU has documented procedure for drugs, intravenous, and fluid management and nutrition management of new born |
| 17 | SNCU has documented procedure for resuscitation of new born if required |
| 18 | SNCU has documented procedure for infection control practices |
| 19 | SNCU has documented procedure for inventory management |
| 20 | SNCU has documented procedure for entry of parent's visitor |
| NRC | |
| 1 | Department has documented procedure for receiving and initial assessment of the patient |
| 2 | Department has documented procedure for admission, shifting and referral of patient |
| 3 | Department has documented procedure for requisition of diagnosis and receiving of the reports |
| 4 | Department has documented procedure for counselling of Mother for feeding, care and Hygiene |
| 5 | Department have standard procedures for management of medical complications associated with Severe Acute Malnutrition |
| 6 | Department has documented procedures for feeding of Child with SAM |
| 7 | Department has documented procedure for management of SAM children less than 6 month of age |
| 8 | Department has documented procedure for Management of SAM in HIV exposed /HIV infected and TB infected children |
| 9 | Department has documented procedure for Structures play therapy and loving care |
| 10 | Department has documented procedure for environmental cleaning and processing of the equipment |
| 11 | Department has documented procedure for sorting, and distribution of clean linen to patient |
| 12 | Department has documented procedures for demonstration and practice of energy dense child food |
| 13 | Department has documented procedure for follow up of children discharge from the NRC |
| OT | |
| 1 | Department has documented procedure for scheduling the Surgery and its booking |
| 2 | Department has documented procedure for preoperative procedure |
| 3 | Department has documented procedure for preoperative anaesthetic check up |
| 4 | Department has documented procedure for in process check during surgery |
| 5 | Department has documented procedure for post operative care of the patient |
| 6 | Department has documented procedure for operation theatre asepsis and environment management |
| 7 | Department has documented procedure for OT documentation. |
| 8 | Department has documented procedure for reception of dirt packs and issue of sterile packs from TSSU |
| 9 | Department has documented procedure for maintenance and calibration of equipment |
| 10 | Department has documented procedure for general cleaning of OT and annexes. |

| PP UNIT | |
|----------------|--|
| 1 | Department has documented procedure for registration, admission, and discharge |
| 2 | Department has documented procedure for initial assessment of the patient |
| 3 | Department has documented procedure for providing appointment/day and date for the surgery |
| 4 | Department has documented procedure for preparation of patient for surgery |
| 5 | Department has documented procedure for IUD insertion |
| 6 | Department has documented procedure for taking consent of the patient for procedure |
| 7 | Department has documented procedure for record maintenance |
| 8 | Department has documented procedure for counselling of the patient |
| 9 | Department has manual for male and female sterilization |
| 10 | Department has manual for Quality assurance for sterilization |
| 11 | Department has guideline for administration of Emergency contraceptive |
| 12 | Department has standard for various technique of contraception |
| 13 | Department has standard IEC material for patient education and counselling |
| 14 | Department has manual for FP indemnity scheme |
| ICU | |
| 1 | Department has documented procedure for receiving and initial assessment |
| 2 | Department has documented procedure for admission |
| 3 | Department has documented procedure for clinical assessment and reassessment of patient in ICU |
| 4 | Department has documented procedure for discharge of the patient |
| 5 | ICU has documented procedure of nursing care for critical patient |
| 6 | ICU has documented procedure for collection, transfer and reporting the sample to laboratory |
| 7 | ICU has documented procedure for nutrition in critical illness |
| 8 | ICU has documented procedure for key clinical protocols |
| 9 | ICU has documented procedure for preventive- break down maintenance and calibration of equipment |
| 10 | ICU has documented system for storage, retaining, retrieval of records |
| 11 | ICU has documented procedure for purchase of External services and supplies |
| 12 | ICU has documented procedure for Maintenance of infrastructure of SNCU |
| 13 | ICU has documented procedure for thermoregulation |
| 14 | ICU has documented procedure for drugs, intravenous, and fluid management of patient |
| 15 | ICU has documented procedure for counselling of the patient attendant |
| 16 | ICU has documented procedure for infection control practices |
| 17 | ICU has documented procedure for inventory management |
| 18 | ICU has documented procedure for entry of visitor in ICU |
| IPD | |

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|-------------------|---|
| 1 | Department has documented procedure for receiving and initial assessment of the patient |
| 2 | Department has documented procedure for admission, shifting and referral of patient |
| 3 | Department has documented procedure for requisition of diagnosis and receiving of the reports |
| 4 | Department has documented procedure for preparation of the patient for surgical procedure |
| 5 | Department has documented procedure for transfusion of blood |
| 6 | Department has documented procedure for maintenance of rights and dignity of patient |
| 7 | Department has documented procedure for record eminence including taking consent |
| 8 | Department has documented procedure for counselling of the patient at the time of discharge |
| 9 | Department has documented procedure for environmental cleaning and processing of the equipment |
| 10 | Department has documented procedure for sorting, and distribution of clean linen to patient |
| 11 | Department has documented procedure for end-of-life care |
| BLOOD BANK | |
| 1 | Blood bank has documented procedure for Donor selection and collection of blood from donor |
| 2 | Blood bank has documented procedure for testing of donated blood |
| 3 | Blood bank has documented procedure for preparation of blood components |
| 4 | Blood bank has documented procedure for storage, transportations of blood and issue of blood for transfusion |
| 5 | Blood bank has documented procedure for issue of blood in case of urgent requirement |
| 6 | Blood bank has documented procedure to address the transfusion reactions |
| 7 | Blood bank has documents procedure for calibration and maintenance of equipment |
| 8 | Blood bank has documented procedure for HAI and disposal of BMW |
| 9 | Blood bank has documented system for storage, retaining and retrieval of laboratory records, primary sample, Examination sample and reports of results. |
| 10 | Blood bank has documented system for internal and external Quality control of Equipment, reagent and tests |
| LABORATORY | |
| 1 | Laboratory has documented process for Collection and handling of primary sample |
| 2 | Laboratory has documented procedure for transportation of primary sample with specification about time frame, temperature and carrier |
| 3 | Laboratory has documented process on acceptance and rejection of primary samples |
| 4 | Laboratory has documented procedure on receipt, labeling, processing and reporting of primary sample |
| 5 | Laboratory has documented procedure on receipt, labeling, processing and reporting of primary sample for emergency cases |
| 6 | Laboratory has documented system for storage of examined samples |
| 7 | Laboratory has documented system for repeat tests due to analytical failure |
| 8 | Laboratory has documented validated procedure for examination of samples |
| 9 | Laboratory has documented biological reference intervals |

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| 10 | Laboratory has documented critical reference values and procedure for immediate reporting of results |
| 11 | Laboratory has documented procedure for release of reports including details of who may release result and to whom |
| 12 | Laboratory has documented internal quality control system to verify the quality of results |
| 13 | Laboratory has documented External Quality assurance program |
| 14 | Laboratory has documented procedure for calibration of equipment |
| 15 | Laboratory has documented procedure for validation of results of reagents, stains , media and kits etc. wherever required |
| 16 | Laboratory has documented system of resolution of complaints and other feedback received from stakeholders |
| 17 | Laboratory has documented procedure for examination by referral laboratories |
| 18 | Laboratory has documented system for storage, retaining and retrieval of laboratory records, primary sample, Examination sample and reports of results. |
| 19 | Laboratory has documented system to control of its documents |
| 20 | Laboratory has documented procedure for preventive and break down maintenance |
| 21 | Laboratory has documented procedure for internal audits |
| 22 | Laboratory has documented procedure for purchase of External services and supplies |
| RADIOLOGY | |
| 1 | Department has documented procedure for process of taking and handling X ray |
| 2 | Department has documented procedure for acceptance and rejection of X ray taken |
| 3 | Department has documented procedure for receipt, labelling, processing, and reporting of X ray |
| 4 | Department has documented procedure for taking X ray in emergency conditions |
| 5 | Department has documented procedure for quality control system to verify the quality of results |
| 6 | Radiology has documented system for repeat X ray. |
| 7 | Department has documented procedure for storage, retaining and retrieval of department records, and reports of results. |
| 8 | Department has documented procedure preventive and break down maintenance |
| 9 | Department has documented procedure for purchase of External services and supplies |
| 10 | Department has documented procedure for inventory management |
| 11 | Department has documented procedure for upkeep management of department |
| 12 | Department has documented procedure for radiation safety of staff, patients and visitors |
| PHARMACY | |
| 1 | Department has documented procedure for indent the drugs and items from district drug warehouse |
| 2 | Department has documented procedure for local purchase of drugs/ generic drug stores |
| 3 | Department has documented procedure for reception of drugs and items |
| 4 | Department has documented procedure for storage of drugs |
| 5 | Department has documented procedure for disposal of expired drugs |

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| 6 | Department has documented procedure for dispensing of medicines at Pharmacy |
| 7 | Department has documented procedure of indenting the drugs to patient care area |
| 8 | Department has documented procedure for issue of the drugs in emergency condition |
| 9 | Department has documented procedure for maintenance of temperature of ILR/Deep freezer /refrigerators |
| 10 | Department has documented procedure for maintaining near expiry drugs at store and pharmacy |
| 11 | Department has documented procedure for rational use of drugs and prescription audit |
| 12 | Department has documented procedure for storage of narcotic and psychotropic drugs |
| 13 | Department has documented system for periodic random check and quality testing of drugs |
| AUXILLARY | |
| 1 | Record Department has documented procedure for indexing of the records |
| 2 | Record Department has documented procedure for receiving, compiling, and maintaining records |
| 3 | Record Department has documented procedure for issuing of the records |
| 4 | Record Department has documented procedure for retention of records |
| 5 | Record department has documented procedure for pest and rodent control |
| 6 | Diet department has documented procedure for diet schedule |
| 7 | Diet department has documented procedure for calculation of diet required in wards |
| 8 | Diet department has documented procedure for procurement of food items |
| 9 | Diet department has documented procedure for preparation and distribution of food |
| 10 | Diet department has documented procedure to check the quality of food provided to the patient |
| 11 | Diet department has documented procedure for disposal of remaining food |
| 12 | Diet department has documented procedure for cleaning of kitchen and utensils |
| 13 | Diet department has documented procedure for check-ups of kitchen workers at defined intervals |
| 14 | Linen department has documented procedure for collection, sorting and cleaning of linen |
| 15 | Linen department has documented procedure for sluicing of the blood/ body fluid-stained linen |
| 16 | Linen department has documented procedure for distribution of linen in all patient care area |
| 17 | Linen department has documented procedure for physical verification of the linen for cleanliness or torn out |
| 18 | Linen department has documented procedure for condemnation of linen |
| 19 | Linen department has documented procedure corrective and preventive maintenance of laundry equipment |
| 20 | Security department has documented procedure for duty hours |
| 21 | Security department has documented procedure for control of incoming and outgoing items |
| 22 | Security department has documented procedure for visiting hours in patient care area |
| 23 | Security department has documented procedure for fire safety in hospital |

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| 24 | Security department has documented procedure for electrical safety |
| 25 | Security department has documented procedure for training and drills of security staff |
| MORTUARY | |
| 1 | Department has documented procedure for death in ward and emergency |
| 2 | Department has documented procedure for receiving the body in mortuary |
| 3 | Department has documented procedure for storage of the body in mortuary |
| 4 | Department has documented procedure for temperature maintenance in cold store |
| 5 | Department has documented procedure for corrective and preventive maintenance of cold stores |
| 6 | Department has documented procedure for tagging of the dead bodies |
| 7 | Department has documented procedure for maintenance of records |
| 8 | Department has documented procedure sending the bodies for autopsy |
| 9 | Department has documented procedure for hand over the body to deceased relatives |
| 10 | Department has documented procedure for issuing the records to police and patient relatives |
| 11 | Department has documented procedure for storage and send the viscera/tissue for further investigation |
| 12 | Department has documented procedure for cleaning and upkeep of mortuary and post mortem room |
| GENERAL ADMINISTRATION | |
| 1 | Hospital has documented system for Internal audits at defined intervals |
| 2 | Hospital has documented procedure for control of documents and records |
| 3 | Hospital has documented procedure for defining Quality objectives |
| 4 | Hospital has documented procedure for action planning |
| 5 | Hospital has documented procedure for training and CMEs of hospital staff at defined intervals |
| 6 | Hospital has documented procedure for monthly review meeting |

List of Hospital Wide Policies and Procedures

- 1) Condemnation Policy.
- 2) End of Life care Policy.
- 3) Antibiotic policy.
- 4) Visitor's Policy.
- 5) Social, Culture and Religious Equality policy.
- 6) Privacy, Dignity and confidentiality policy of patient.
- 7) Maintaining of Patient Records its security and sharing of information.
- 8) Consent policy.
- 9) Linen policy.
- 10) Policy on use of PPE and PEP in case of reported sharp injury.
- 11) Prescription by Generic name policy.
- 12) Adverse Event reporting policy.
- 13) Consultation and bed allocation policy.
- 14) Handing over policy.
- 15) Inter departmental and Higher centre referral policy.
- 16) Dress code policy.
- 17) Narcotics and Psychotropic drug safety and usage policy.
- 18) Availability of EDL and stock out management policy.
- 19) Policy of timely reimbursement of entitlements and compensation.
- 20) Grievance Redressal policy.
- 21) No smoking policy.
- 22) Quality Policy.
- 23) Free treatment to BPL patients' procedure/ policy.
- 24) Regular Competence testing as per Job Description policy.

Hospital Indicators for various Department

| LIST OF INDICATORS | |
|---|--------------------------|
| Emergency | |
| No. of trauma cases treated per 1000 emergency cases | Productivity |
| No. of poisoning cases treated per 1000 emergency cases | Productivity |
| No. of cardiac cases treated per 1000 emergency cases | Productivity |
| No of resuscitation done per thousand population | Productivity |
| Number of emergency cases treated at night per month | Productivity |
| Response time for ambulance | Efficiency |
| Proportion of cases referred | Efficiency |
| Response time at emergency for initial assessment | Efficiency |
| Average Turn Around Time | Efficiency |
| Proportion of patient referred by state owned/108 ambulance per 1000 referral cases | Efficiency |
| No of adverse events per thousand patients | Clinical care and safety |
| Death Rate | Clinical care and safety |
| LAMA Rate | Service Quality |
| Absconding rate | Service Quality |
| Response Time in Emergency department | Service Quality |
| Percentage of emergency patients for whom the initial assessment was completed within defined timeframe | Service Quality |
| Out Door Patient Department | |
| Proportion of follow-up patients | Productivity |
| No of ANC done per thousand | Productivity |
| ICTC OPD per thousand | Productivity |
| ART patient load per thousand | Productivity |
| ARSH OPD per thousand | Productivity |
| Immunization OPD per thousand | Productivity |
| No. of Geriatric cases admitted in geriatric Ward | Productivity |
| Medicine OPD per Doctor | Efficiency |
| Surgery OPD per Doctor | Efficiency |
| Paediatric OPD per Doctor | Efficiency |
| OBG OPD per Doctor | Efficiency |
| Dental OPD per Doctor | Efficiency |
| Ophthalmology OPD per doctor | Efficiency |
| Skin & OPD per doctor | Efficiency |
| TB/DOT pod per doctor | Efficiency |
| ENT OPD per doctor | Efficiency |
| Psychiatry OPD per doctor | Efficiency |
| AYUSH OPD per doctor | Efficiency |
| Consultation time at ANC Clinic | Clinical care and safety |
| Consultation time at General Medicine Clinic | Clinical care and safety |
| Consultation time for General Surgery Clinic | Clinical care and safety |
| Consultation time for paediatric clinic | Clinical care and safety |
| Proportion of High-risk pregnancy detected during ANC | Clinical care and safety |
| Proportion of severe anaemia cases | Clinical care and safety |
| Patient Satisfaction Score | Service Quality |
| Waiting time at registration counter | Service Quality |

| | |
|---|--------------------------|
| Waiting time at ANC Clinic | Service Quality |
| Waiting time at general OPD | Service Quality |
| Waiting time at paediatric Clinic | Service Quality |
| Waiting time at surgical clinic | Service Quality |
| Average door to Medicine time | Service Quality |
| Labour Room | |
| Percentage of deliveries conducted at night | Productivity |
| Percentage of complicated cases managed | Productivity |
| % PPIUCD inserted against total number of normal delivery | Productivity |
| Percentage of cases referred to OT | Efficiency |
| % of newborns required resuscitation out of total live births | Efficiency |
| No of drugs stock out in the month | Efficiency |
| Percentage of deliveries conducted using real time partograph | Clinical care and safety |
| Percentage of deliveries conducted using safe birth checklist | Clinical care and safety |
| No of adverse events per thousand patients | Clinical care and safety |
| The percentage of Women, administered Oxytocin, immediately after birth. | Clinical care and safety |
| Intrapartum stillbirth rate | Clinical care and safety |
| Percentage newborn breastfed within 1 hour of birth | Clinical care and safety |
| No. of cases of Neonatal asphyxia | Clinical care and safety |
| No. of cases of Neonatal Sepsis | Clinical care and safety |
| Percentage of antenatal corticosteroid administration in case of preterm labour | Clinical care and safety |
| No. of cases of Maternal death related to APH/ PPH | Clinical care and safety |
| No of cases pf maternal death related to Eclampsia/ PIH | Clinical care and safety |
| OSCE Score | Clinical care and safety |
| Percentage of Deliveries attended by Birth Companion | Service Quality |
| Client Satisfaction Score | Service Quality |
| Maternity Ward | |
| Bed Occupancy Rate for normal delivery ward | Productivity |
| Bed Occupancy Rate for C section ward | Productivity |
| Proportion of Severe anaemia cases treated with blood transfusion | Productivity |
| The proportion of high-risk pregnancies managed | Productivity |
| Referral Rate | Efficiency |
| Bed Turnover rate | Efficiency |
| Discharge rate | Efficiency |
| No. of drugs stock out in the ward | Efficiency |
| Average length of stay for normal delivery | Clinical care and safety |
| Average length of stay for Surgical Cases | Clinical care and safety |
| Newborns Breastfed within 1 hr of Birth | Clinical care and safety |
| Maternal Death per 1000 deliveries | Clinical care and safety |
| No of adverse events per thousand patients | Clinical care and safety |
| Proportion of mother given postnatal counselling | Clinical care and safety |
| Time taken for initial assessment | Clinical care and safety |
| LAMA Rate | Service Quality |
| Patient Satisfaction Score | Service Quality |
| Proportion of mothers given drop back facility | Service Quality |
| Paediatric OPD | |
| Number of cases in paediatric OPD per month | Productivity |

| | |
|---|--------------------------|
| Number of follow-up cases per month | Productivity |
| Immunization OPD per month | Productivity |
| Number of cases screened under RBSK per month | Productivity |
| Proportion of cases being given IYCF counselling per month | Productivity |
| Proportion of cases being referred per month | Productivity |
| No. of cases disease wise | Productivity |
| Proportion of cases being referred disease wise | Productivity |
| Proportion of BPL patients | Productivity |
| Paediatric OPD per Doctor | Efficiency |
| No. of Stock out days for essential medicines | Efficiency |
| Drop out rate for Pentavalent vaccination | Efficiency |
| IYCF counselling sessions per counsellor | Efficiency |
| No. of paediatric Cases seen per paediatrician | Efficiency |
| No. of needle stick injuries reported | Clinical care and safety |
| Percentage of AEFI cases reported | Clinical care and safety |
| Consultation time at Clinic | Clinical care and safety |
| Number of children with diarrhoea treated with ORS and Zinc | Clinical care and safety |
| Number of anaemia cases treated successfully | Clinical care and safety |
| Number of children with Pneumonia treated | Clinical care and safety |
| Proportion of cases requiring DEIC services out of screened | Clinical care and safety |
| Percentage of children on exclusive breastfeeding attending OPD | Clinical care and safety |
| Number of children with severe & moderate anaemia treated | Clinical care and safety |
| Patient Satisfaction Score | Service Quality |
| Waiting time at nutrition counselling centre | Service Quality |
| Waiting time at paediatric clinic | Service Quality |
| waiting time at drug dispensing counter dedicated for paediatric OPD | Service Quality |
| Waiting time at registration counter | Service Quality |
| Average door to drug time | Service Quality |
| Paediatric Ward | |
| Total admissions | Productivity |
| Bed Occupancy Rate | Productivity |
| Proportion of admissions by gender | Productivity |
| Referral Rate | Efficiency |
| Discharge Rate | Efficiency |
| Relapse rate | Efficiency |
| Percentage of children with emergency signs received initial treatment in emergency | Efficiency |
| Average length of Stay | Clinical care and safety |
| Case fatality rate in Paed. Ward | Clinical care and safety |
| No of adverse events per thousand patients | Clinical care and safety |
| % of infants exclusively breastfed from admission to discharge | Clinical care and safety |
| No. of cases treated for severe Anaemia | Clinical care and safety |
| No. of cases treated for pneumonia with shock | Clinical care and safety |
| No. of cases treated for severe dehydration | Clinical care and safety |
| Percentage of viral hepatitis cases managed | Clinical care and safety |
| LAMA Rate | Service Quality |
| Parent/caregiver Satisfaction Score | Service Quality |

| | |
|--|--------------------------|
| Sick New-born care unit | |
| Percentage of babies weighting less than 1800gm are admitted to SNCU | Productivity |
| Bed Occupancy Rate | Productivity |
| Proportion of female babies admitted | Productivity |
| No. of FPC sessions conducted in a month | Productivity |
| Percentage of very low birth weight babies survived | Efficiency |
| Down time Critical Equipment | Efficiency |
| Referral Rate | Efficiency |
| Survival rate | Efficiency |
| Average waiting time for initiation of treatment | Efficiency |
| Percentage of new-born deaths among inborn weighting 2500gm or more | Clinical care and safety |
| Percentage of new-born deaths among out-born weighting 1200 to 1800g | Clinical care and safety |
| Recovery rate | Clinical care and safety |
| Antibiotic use rate | Clinical care and safety |
| Average length of stay | Clinical care and safety |
| Percentage of new-born survived following Resuscitation | Clinical care and safety |
| Adverse events are reported | Clinical care and safety |
| LAMA Rate | Service Quality |
| Parent/ care giver Satisfaction Score | Service Quality |
| Nutritional Rehabilitation Centre (NRC) | |
| Total admissions | Productivity |
| Bed Occupancy Rate | Productivity |
| Proportion of admissions by gender | Productivity |
| Percentage of children achieved target weight gain | Efficiency |
| Down time Critical Equipment | Efficiency |
| Bed Turnover Rate | Efficiency |
| Referral Rate | Efficiency |
| Discharge Rate | Efficiency |
| Defaulter rate | Efficiency |
| Relapse rate | Efficiency |
| Average length of stay in (weeks) | Clinical care and safety |
| Death rate following discharge from NRC | Clinical care and safety |
| Recovery rate | Clinical care and safety |
| Adverse events are reported | Clinical care and safety |
| LAMA Rate | Service Quality |
| Parent/ care giver Satisfaction Score | Service Quality |
| Operation Theatre | |
| No. of Major surgeries done per 1 lakh population | Productivity |
| No. of emergency surgeries done | Productivity |
| Proportion of other emergency surgeries done in the night | Productivity |
| No. of elective surgeries performed | Productivity |
| CSSD/TSSU productivity index | Productivity |
| Downtime critical equipment | Efficiency |
| Skin to skin time | Efficiency |
| No of major surgeries per surgeon | Efficiency |
| Proportion emergency surgeries | Efficiency |
| Cycle time for instrument processing | Efficiency |
| Surgical Site infection Rate | Clinical care and safety |
| Proportion of cases with post-surgical complications | Clinical care and safety |

| | |
|--|--------------------------|
| No of adverse events per thousand patients | Clinical care and safety |
| Incidence of re-exploration of surgery | Clinical care and safety |
| % of environmental swab culture reported positive | Clinical care and safety |
| Perioperative Death Rate | Clinical care and safety |
| Proportion of General Anaesthesia to spinal anaesthesia | Clinical care and safety |
| Proportion of PAC done out of total elective surgeries | Clinical care and safety |
| No. of autoclave cycle failed in Bowie dick test out of total autoclave cycle | Clinical care and safety |
| Operation Cancellation rates | Service Quality |
| Average time taken to conduct the emergency surgery | Service Quality |
| M-OT | |
| C-Section Rate | Productivity |
| Percentage of C-Sections done in the night | Productivity |
| Downtime critical equipment | Efficiency |
| No of C-Section per OBG surgeon | Efficiency |
| Percentage of elective C-Sections | Efficiency |
| No of drug stock out in the month | Efficiency |
| Surgical Site infection Rate | Clinical care and safety |
| No of adverse events per thousand patients | Clinical care and safety |
| % of environmental swab culture reported positive | Clinical care and safety |
| Perioperative Death Rate | Clinical care and safety |
| Percentage of C-Sections conducted using Safe Surgery Checklist | Clinical care and safety |
| Operation Cancellation rates | Service Quality |
| PPU UNIT | |
| IUD insertion per 1000 eligible female | Productivity |
| No of First Trimester MTP | Productivity |
| No. of Second Trimester MTP | Productivity |
| No. Antara (injectable contraceptive) user | Productivity |
| No. Chhaya user | Productivity |
| No. of PP- FP Method | Productivity |
| Proportion of users using limiting method | Productivity |
| Proportion of target met for male sterilization surgery | Productivity |
| Proportion of target met for female sterilization surgery | Productivity |
| No. of family planning counselling done per 1000 client | Productivity |
| Skin to Skin time | Efficiency |
| Proportion of clients agreed for family planning methods out of total counselled | Efficiency |
| FP surgeries done per surgeon | Efficiency |
| Surgical Site Infection rate | Clinical care and safety |
| No of adverse events per thousand patients | Clinical care and safety |
| No. of complication per 1000 male sterilization surgeries | Clinical care and safety |
| No. of complication per 1000 female sterilization surgeries | Clinical care and safety |
| No. of post operative deaths per 1000 surgeries | Clinical care and safety |
| No. of sterilization failure per 1000 surgeries | Clinical care and safety |
| Client Satisfaction score | Service Quality |
| Average counselling time | Service Quality |
| Intensive care unit | |
| Bed Occupancy Rate | Productivity |

| | |
|---|--------------------------|
| Proportion of BPL patients admitted | Productivity |
| Number of the patients screened for pain | Productivity |
| Downtime critical equipments | Efficiency |
| Transfer Rate | Efficiency |
| Re admission rate | Efficiency |
| Patient's fall rate | Efficiency |
| Average length of stay | Clinical care and safety |
| Risk Adjusted Mortality Rate/Standard Mortality Rate | Clinical care and safety |
| No of Pressure Ulcer developed per thousand cases | Clinical care and safety |
| No of adverse events per thousand patients | Clinical care and safety |
| UTI rate | Clinical care and safety |
| VAP rate | Clinical care and safety |
| Adverse events are identified | Clinical care and safety |
| Reintubation Rate | Clinical care and safety |
| Culture Surveillance sterility rate | Clinical care and safety |
| LAMA Rate | Service Quality |
| Patient Satisfaction Score | Service Quality |
| IPD | |
| Bed Occupancy Rate of Medical Wards | Productivity |
| Bed Occupancy Rate for surgical wards | Productivity |
| Number of the patients screened for pain | Productivity |
| Referral Rate | Efficiency |
| Bed Turnover rate | Efficiency |
| Discharge rate | Efficiency |
| No. of drugs stock out in the ward | Efficiency |
| Percentage of in-patients with complete screening for nutritional needs | Efficiency |
| Patient's fall rate | Efficiency |
| Average length of stay for medical wards | Clinical care and safety |
| Average length for surgical wards | Clinical care and safety |
| Time taken for initial assessment | Clinical care and safety |
| Medication error per 1000 patient days | Clinical care and safety |
| LAMA Rate | Service Quality |
| Patient Satisfaction Score | Service Quality |
| Blood Bank | |
| No. of Blood unit issued per thousand population | Productivity |
| % of units issued for the transfusion at facility | Productivity |
| No of voluntary donation done per thousand population | Productivity |
| No. of units supplied to storage units | Productivity |
| Blood donation camps held | Productivity |
| Proportion of blood units issued in emergency cases out of total unit issued in month | Productivity |
| No of blood units issued for free of cost | Productivity |
| Downtime critical equipments | Efficiency |
| % of Blood Units discarded | Efficiency |
| % of unit issued against replacement | Efficiency |
| % of unit tested sero-reactive | Efficiency |
| Blood transfusion reaction rate | Clinical care and safety |
| Adverse events are identify and reported | Clinical care and safety |
| Component to whole blood ratio | Clinical care and safety |
| Cross matched/ Transfused Ratio | Clinical care and safety |
| % of single unit transfusion | Clinical care and safety |

| | |
|--|--------------------------|
| Number of adverse events per thousand patients | Clinical care and safety |
| Time gap between issuing and requisition of blood in routine conditions | Service Quality |
| Time gap between issuing and requisition of blood in emergency conditions | Service Quality |
| Donor Satisfaction Score at Blood Bank | Service Quality |
| No of refusal cases | Service Quality |
| Laboratory | |
| No. of HIV test done per 1000 population | Productivity |
| No. of VDRL test done per 1000 population | Productivity |
| No. of Blood Smear Examined per 1000 population | Productivity |
| No. of AFB Examined per 1000 population | Productivity |
| No. of HB test done per 1000 population | Productivity |
| Lab test done per patients in 100 OPD | Productivity |
| Lab test done per patients 100 IPD | Productivity |
| Percentage of lab test done at night | Productivity |
| Proportion of test done for BPL patients | Productivity |
| No of test not matched in validation | Efficiency |
| Percentage of test not matched in Split test | Efficiency |
| VIS / Z scores or equivalent | Efficiency |
| Down time of critical equipments | Efficiency |
| Turn around time for emergency lab investigations | Efficiency |
| Turn around time for routine lab investigations | Efficiency |
| Lab test done per technician | Efficiency |
| % of critical values reported within one hour | Clinical care and safety |
| No of adverse events per thousand patients | Clinical care and safety |
| Test demography | Clinical care and safety |
| Report correlation rate | Clinical care and safety |
| Proportion of false positive /false negative | Clinical care and safety |
| Waiting time at sample collection area | Service Quality |
| Number of stock out incidences of reagents | Service Quality |
| Radiology | |
| X ray done per 1000 OPD patient | Productivity |
| X ray done per 1000 IPD patient | Productivity |
| Ultrasound done per 1000 OPD patient | Productivity |
| Proportion of X ray done at night | Productivity |
| No. of dental X ray per 1000 dental OPD | Productivity |
| Proportion of BPL Patients screened | Productivity |
| Percentage of re-dos in imaging | Productivity |
| Downtime for critical equipment | Efficiency |
| Turn around time for X-Ray film development | Efficiency |
| Proportion of waste of films | Efficiency |
| Proportion of X ray rejected/repeated | Efficiency |
| X ray done per radiographer | Efficiency |
| Proportion of X rays for which report is signed by radiologist | Clinical care and safety |
| Proportion of scans for which F form is filled out of pregnant women scanned | Clinical care and safety |
| Examination Demography | Clinical care and safety |
| Report correlation rate | Clinical care and safety |
| No of adverse events per thousand patients | Clinical care and safety |
| No of events of over limit of radiation exposure | Clinical care and safety |
| Average waiting time at radiology | Service Quality |

| | |
|---|--------------------------|
| Average waiting time at USG | Service Quality |
| Number of stock-out incidences of x ray films | Service Quality |
| Pharmacy | |
| Percentage of medicines available against essential medicine list for OPD | Productivity |
| Percentage of medicines available against essential medicine list for IPD | Productivity |
| Expenditure on medicines procured through local purchase for BPL patient | Productivity |
| Percentage of medicines procured locally | Productivity |
| Number of stock out situations in Vital category medicines | Efficiency |
| % of medicines expired during the months | Efficiency |
| Number of stock out medicines against EML | Efficiency |
| Proportion of prescription found prescribing non generic medicines | Clinical care and safety |
| No of adverse medicine reaction per thousand patients | Clinical care and safety |
| Antibiotic rate | Clinical care and safety |
| Percentage of irrational use of medicines/overprescription | Clinical care and safety |
| Turn Around time for dispensing medicine at Pharmacy | Service Quality |
| Auxiliary Services | |
| No of cases for which medical audit done | Productivity |
| No of cases for which death audit is done | Productivity |
| Linen Index | Productivity |
| Diet Index | Productivity |
| Proportion of maternal deaths audited | Efficiency |
| Proportion of newborn deaths audited | Efficiency |
| Cycle for laundry services | Efficiency |
| Proportion of special diets | Efficiency |
| Medical Audit Score | Clinical care and safety |
| Death Audit Score | Clinical care and safety |
| Waiting time for getting handicap certificate | Service Quality |
| Waiting time for getting death certificate | Service Quality |
| Patient feedback on cleanliness of linen | Service Quality |
| Patient feedback on quality of food | Service Quality |
| Mortuary | |
| Proportion of non-MLC cases | Productivity |
| Occupancy rate of cold storage for dead bodies | Productivity |
| Mean storage time for dead body in cold storage | Efficiency |
| Down time Cold storage equipments | Efficiency |
| Waiting time for carrying out post mortem | Service Quality |
| Waiting time for getting post mortem report in MLC cases | Service Quality |
| Haemodialysis Centre | |
| Average dialysis session conducted per day | Productivity |
| Percentage of dialysis session conducted free of cost for entitled patients | Productivity |
| Average dialysis sessions performed per machine | Efficiency |
| Downtime critical equipments/unit | Efficiency |
| Percentage of patients shortening their dialysis sessions | Efficiency |
| Dialysis complication rate (Percentage of incidence of complication occurring while dialysis session) | Clinical care and safety |
| No of adverse events per thousand patients | Clinical care and safety |

| | |
|---|--------------------------|
| Average Urea Reduction Ratio | Clinical care and safety |
| Average Kt/V | Clinical care and safety |
| Dialyzer reuse rate | Clinical care and safety |
| Culture Surveillance sterility rate | Clinical care and safety |
| Average days in availing follow up sessions | Service Quality |
| Patient Satisfaction Score | Service Quality |
| Administration | |
| Bed Occupancy Rate | Productivity |
| No. of total admissions per thousand population | Productivity |
| IPD per thousand population | Productivity |
| OPD consultation per Thousand Population | Productivity |
| Number of beds per 10 thousand | Productivity |
| Maternal mortality per 1000 deliveries | Productivity |
| Neonatal mortality per 1000 live births | Productivity |
| Nurse to bed ratio | Productivity |
| No. of meeting held under RKS | Productivity |
| Proportion of BPL patient in hospital | Productivity |
| Overall Referral Rate | Efficiency |
| Overall discharge rate | Efficiency |
| Proportion of obstetric cases out of total IPD | Efficiency |
| Proportion of fund/ grant utilized | Efficiency |
| Average Length of Stay | Clinical care and safety |
| Crude mortality rate | Clinical care and safety |
| Maternal mortality per 1000 deliveries | Clinical care and safety |
| Neonatal mortality per 1000 live births | Clinical care and safety |
| Hospital acquired infection rate | Clinical care and safety |
| Overall LAMA Rate | Service Quality |
| Patient satisfaction Score IPD | Service Quality |
| Staff Satisfaction Score | Service Quality |
| Turn-over rate of contractual staff | Service Quality |

List of Quality-of-Care Indicators

Quality Indicators (Data Sheet)

Month & year : _____

AE department

| No | Indicator | Formula | Derivation | Result |
|------|--|------------------------------|------------|--------|
| H1.1 | No of Emergency cases per thousand | Total emergency cases x 1000 | | |
| | | Total population | | |
| | No of trips per ambulance | Total trips x 100 | | |
| | | No of ambulances | | |
| | No. of trauma cases treated per 1000 emergency | Total trauma cases x 1000 | | |
| | | Total emergency cases | | |
| | No. of poisoning cases treated per 1000 | Total poisoning cases x 1000 | | |
| | | Total emergency cases | | |
| | No. of cardiac cases treated per 1000 emergency | Total cardiac cases x 1000 | | |
| | | Total emergency case | | |
| | No. of obstetric cases treated per 1000 emergency | Total obstetric cases x 1000 | | |
| | | Total emergency cases | | |
| | No of resuscitation done per thousand | Total resuscitation x 1000 | | |
| | | Total population | | |

(To be submitted to Quality assurance asst coordinator at the end of every month)

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AE department (page 2 of 3)

| No | Indicator | Formula | Derivation | Result |
|------|---|--|------------|--------|
| H1.1 | Proportion of Patients attended in Night | $\frac{\text{Total night patients} \times 100}{\text{Total emergency patients}}$ | | |
| H1.2 | Proportion of BPL Patients | $\frac{\text{Total BPL patients} \times 100}{\text{Total emergency patients}}$ | | |
| H2.1 | Response time for ambulance | $\frac{\text{Total time taken for response of all trips}}{\text{No of trips}}$ | | |
| | Proportion of cases referred | $\frac{\text{Total cases referred} \times 100}{\text{Total emergency cases}}$ | | |
| | Response time at emergency for initial assessment | $\frac{\text{Total time taken for initial assessment} \times 100}{\text{Total emergency cases}}$ | | |
| | Average Turn Around Time | $\frac{\text{Total time taken for observation at emergency table}}{\text{Total emergency cases}}$ | | |
| | Proportion of patient referred by state owned/108 ambulance per 1000 referral cases | $\frac{\text{Total patients referred by 108 ambulance} \times 1000}{\text{Total emergency cases}}$ | | |

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AE department (page 3 of 3)

| No | Indicator | Formula | Derivation | Result |
|------|--|---|------------|--------|
| H3.1 | No of adverse events per thousand patients | $\frac{\text{Total adverse events reported} \times 1000}{\text{Total emergency cases}}$ | | |
| | Death Rate | $\frac{\text{No of deaths} \times 100}{\text{Total emergency cases}}$ | | |
| H4.1 | LAMA Rate | $\frac{\text{No of LAMA cases} \times 100}{\text{Total emergency cases}}$ | | |
| | Absconding rate | $\frac{\text{No of absconding cases} \times 100}{\text{Total emergency cases}}$ | | |
| | | | | |
| | | | | |
| | | | | |

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OPD (page 2 of 4)

| No | Indicator | Formula | Derivation | Result |
|---------|------------------------------|---|------------|--------|
| H2.1(c) | O&G OPD per Doctor | $\frac{\text{No of O\&G OPD cases}}{\text{No of O\&G doctors}}$ | | |
| | Dental OPD per Doctor | $\frac{\text{No of dental OPD}}{\text{No of Doctors}}$ | | |
| | Ophthalmology OPD per doctor | $\frac{\text{No of ophthal OPD cases}}{\text{No of Ophthalmologist}}$ | | |
| | Skin & OPD per doctor/Ortho | $\frac{\text{No of ortho OPD cases}}{\text{No of Orthopedician}}$ | | |
| | TB/DOT pod per doctor | $\frac{\text{N O OF dot opd cases}}{\text{No of Doctors}}$ | | |
| | ENT OPD per doctor | $\frac{\text{No of ENT OPD cases}}{\text{No of ENT doctors}}$ | | |
| | Psychiatry OPD per doctor | $\frac{\text{No of Psychiatry OPD cases}}{\text{No of Doctors}}$ | | |

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OPD (page 3 of 4)

| No | Indicator | Formula | Derivation | Result |
|---------|---|--|------------|--------|
| H2.1(c) | AYUSH OPD per doctor | $\frac{\text{No of AYUSH opd cases}}{\text{No of Doctors}}$ | | |
| H3.1 | Consultation time at ANC Clinic | $\frac{\text{Sum of time taken}}{\text{No of patients reported}}$ | | |
| | Consultation time at General Medicine Clinic | $\frac{\text{Sum of time taken}}{\text{No of patients reported}}$ | | |
| | Consultation time for General Surgery Clinic | $\frac{\text{Sum of time taken}}{\text{No of patients reported}}$ | | |
| | Consultation time for paediatric clinic | $\frac{\text{Sum of time taken}}{\text{No of patients reported}}$ | | |
| | Proportion of High risk pregnancy detected during ANC | $\frac{\text{No of high risk pregnancy detected during the month}}{\text{Total ANC Cases}} \times 100$ | | |
| | Proportion of severe anemia cases | $\frac{\text{No of Anemia cases}}{\text{Total ANC cases}} \times 100$ | | |

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OPD (page 4 of 4)

| No | Indicator | Formula | Derivation | Result |
|------|--------------------------------------|---|------------|--------|
| H4.1 | Patient Satisfaction Score | $\frac{\text{Score Achieved}}{\text{Maximum score}} \times 100$ | | |
| | Waiting time at registration counter | $\frac{\text{Sum of time taken}}{\text{No of patients reported}}$ | | |
| | Waiting time at ANC Clinic | $\frac{\text{Sum of time taken}}{\text{No of patients reported}}$ | | |
| | Waiting time at general OPD | $\frac{\text{Sum of time taken}}{\text{No of patients reported}}$ | | |
| | Waiting time at paediatric Clinic | $\frac{\text{Sum of time taken}}{\text{No of patients reported}}$ | | |
| | Waiting time at surgical clinic | $\frac{\text{Sum of time taken}}{\text{No of patients reported}}$ | | |
| | Average door to drug time | $\frac{\text{Sum of time taken}}{\text{No of patients reported}}$ | | |

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OPD (page 1 of 4)

| No | Indicator | Formula | Derivation | Result |
|------|----------------------------------|--|------------|--------|
| H1.1 | Proportion of follow-up patients | $\frac{\text{No of follow up cases (total old cases)} \times 100}{\text{Total OPD cases}}$ | | |
| | ICTC OPD per thousand | $\frac{\text{No of ICTC cases} \times 1000}{\text{Total OPD cases}}$ | | |
| | ARSH OPD per thousand | $\frac{\text{No of ARSH OPD cases} \times 1000}{\text{Total OPD cases}}$ | | |
| H1.2 | Proportion of BPL patients | $\frac{\text{No of BPL patients} \times 100}{\text{Total OPD cases}}$ | | |
| H2.1 | Medicine OPD per Doctor | $\frac{\text{No of medical OPD}}{\text{No of physicians}}$ | | |
| | Surgery OPD per Doctor | $\frac{\text{No of surgical OPD}}{\text{No of Surgeons}}$ | | |
| | Paediatric OPD per Doctor | $\frac{\text{No of pediatric OPD}}{\text{No of pediatricians}}$ | | |

(To be submitted to Quality assurance asst coordinator at the end of every month)

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Labour room (page 2 of 3)

| No | Indicator | Formula | Derivation | Result |
|---------|---|--|------------|--------|
| H2.1(c) | Proportion of cases referred to Higher Facilities | $\frac{\text{No of Referred out cases}}{\text{Total no of delivery}} \times 100$ | | |
| | % of newborns required resuscitation out of total live births | $\frac{\text{No of Newborn required resuscitation}}{\text{Total no of live birth}} \times 100$ | | |
| H3.1 | Proportion of cases partograph maintained | $\frac{\text{No of partograph}}{\text{Total no of delivery}} \times 100$ | | |
| | Episiotomy site infection rate | $\frac{\text{No of Episiotomy site Infection rate}}{\text{Total no of delivery}} \times 100$ | | |
| | No of adverse events per thousand patients | $\frac{\text{No of Adverse drug event}}{\text{Total no of normal delivery}} \times 100$ | | |
| | Culture Surveillance sterility rate | $\frac{\text{No of positive report}}{\text{No of culture surveillance taken}} \times 100$ | | |

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Labour room (page 3 of 3)

| No | Indicator | Formula | Derivation | Result |
|---------|--|--|------------|--------|
| H3.1(c) | Proportion of cases of different complications | $\frac{\text{No of different complication}}{\text{Total no of complication cases}} \times 100$ | | |
| | Rational oxytocin usage Index | $\frac{\text{No of Oxytocin uses cases}}{\text{Total no of delivery}} \times 100$ | | |
| H4.1 | Patient satisfaction | $\frac{\text{Score Achieved}}{\text{Maximum score}} \times 100$ | | |
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Labour room (page 1 of 3)

| No | Indicator | Formula | Derivation | Result |
|------|---|---|------------|--------|
| H1.1 | Normal Deliveries per 1000 population | $\frac{\text{No of Normal Delivery}}{\text{Total population}} \times 1000$ | | |
| | Proportion of deliveries conducted at night | $\frac{\text{No of delivery during the night}}{\text{Total no of delivery}} \times 100$ | | |
| | Proportion of complicated cases managed | $\frac{\text{No of complicated cases}}{\text{Total no of delivery}} \times 100$ | | |
| | Proportion assisted delivery conducted | $\frac{\text{No of Assited delivery}}{\text{Total no of delivery}} \times 100$ | | |
| | % PPIUCD inserted against total IUCD | $\frac{\text{No of PPIUCD insertion}}{\text{Total no of delivery}} \times 100$ | | |
| H1.2 | Proportion of BPL Deliveries | $\frac{\text{No of BPL Patients delivery}}{\text{Total no of delivery}} \times 100$ | | |
| H2.1 | Proportion of cases referred to OT | $\frac{\text{No of case refer to OT for LSCS}}{\text{Total no of delivery}} \times 100$ | | |

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Maternity ward (page 3 of 3)

| | | Formula | Derivation | Result |
|---------|---|--|------------|--------|
| H3.1(c) | Time taken for initial assessment | $\frac{\text{Time taken for initial assessment}}{\text{No of patients}}$ | | |
| H4.1 | LAMA Rate | $\frac{\text{No of LAMA X100}}{\text{Total no of discharged}}$ | | |
| | Patient Satisfaction Score | $\frac{\text{Score achieved x100}}{\text{Maximum score}}$ | | |
| | Proportion of JSY payment done with in stay of mother at facility | $\frac{\text{Total JSY payment done x100}}{\text{Total discharged delivery patients}}$ | | |
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Maternity ward (page 1 of 3)

| No | Indicator | Formula | Derivation | Result |
|------|---|--|------------|--------|
| H1.1 | Bed Occupancy Rate for normal delivery ward | $\frac{\text{Total midnight census in a given month} \times 100}{\text{Number of available bed days in that month}}$ | | |
| | Bed Occupancy Rate for C section ward | $\frac{\text{Total midnight census in a given month} \times 100}{\text{Number of available bed days in that month}}$ | | |
| | Proportion of Severe anaemia cases treated with blood transfusion | $\frac{\text{No of severe anemia treated with blood transfusion} \times 100}{\text{Total no of blood transfusion}}$ | | |
| | Proportion of cases of high risk pregnancy/ obstetric complications | $\frac{\text{Number of high risk pregnancies} \times 100}{\text{Total no of registered complicated cases}}$ | | |
| H2.1 | Referral Rate | $\frac{\text{No of referral cases} \times 100}{\text{Total number of admissions}}$ | | |
| | Bed Turnover rate | $\frac{\text{In patient days given in a month} \times 100}{\text{Bed days available given that month}}$ | | |
| | Discharge rate | $\frac{\text{Total no admission} \times 100}{\text{Total no of admissions}}$ | | |

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Maternity ward (page 2 of 3)

| | | Formula | Derivation | Result |
|---------|--|---|------------|--------|
| H2.1(c) | No. of drugs stock out in the ward | $\frac{\text{No of stock out during the month} \times 100}{\text{Total list of drug in ward}}$ | | |
| H3.1 | Average length of stay for normal delivery | $\frac{\text{Total mid night census in a given month}}{\text{Number of discharge and death}}$ | | |
| | Average length of Stay for C-Section | $\frac{\text{Total mid night census in a given month}}{\text{Number of discharge and death}}$ | | |
| | Newborns Breastfed within 1 hr of Birth | $\frac{\text{Number of babies breastfeed within one hour} \times 100}{\text{Total no of live birth}}$ | | |
| | Maternal Death per 1000 deliveries | $\frac{\text{Number of maternal death} \times 1000}{\text{Total no of delivery}}$ | | |
| | No of adverse events per thousand patients | $\frac{\text{No of adverse event} \times 1000}{\text{Total no of admissions}}$ | | |
| | Proportion of mother given postnatal counselling | $\frac{\text{No of postnatal mother counseled} \times 100}{\text{Total no of delivery}}$ | | |

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Pediatric ward (page 2 of 3)

| No | Indicator | Formula | Derivation | Result |
|---------|---|---|------------|--------|
| H2.1(c) | Bed Turnover rate | | | |
| | No. of drug stock out in the pediatric ward | $\frac{\text{No of stock out}}{\text{Total no of EDL}} \times 100$ | | |
| | Discharge Rate | $\frac{\text{No of discharges}}{\text{Total no of admissions}} \times 100$ | | |
| H3.1 | No of Newborn / Child Resuscitated | $\frac{\text{No of child and newborn resuscitated}}{\text{Total no admissions}} \times 100$ | | |
| | Average length of Stay | $\frac{\text{Midnight census}}{\text{No of discharge and death}}$ | | |
| | Death rate | $\frac{\text{No of death}}{\text{Total no of admissions}} \times 100$ | | |
| | No of adverse events per thousand patients | $\frac{\text{No of adverse events}}{\text{No of admissions}} \times 100$ | | |

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Pediatric ward (page 3 of 3)

| No | Indicator | Formula | Derivation | Result |
|---------|--|--|------------|--------|
| H3.1(c) | % of infants exclusively breastfed from admission to discharge | | | |
| | Time taken for initial assessment | $\frac{\text{Sum of time taken}}{\text{Total no of admissions}}$ | | |
| | Case fatality rate | | | |
| H4.1 | LAMA Rate | $\frac{\text{No of LAMA rate}}{\text{Total no of discharge and death}} \times 100$ | | |
| | Attendant Satisfaction Score | $\frac{\text{Score Achieved}}{\text{Maximum score}} \times 100$ | | |
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Paediatric ward (page 1 of 3)

| No | Indicator | Formula | Derivation | Result |
|------|--|---|------------|--------|
| H1.1 | Bed Occupancy Rate | $\frac{\text{Midnight census}}{\text{No of available days in that month}} \times 100$ | | |
| | Proportion of Mothers given nutritional counseling | $\frac{\text{No of mothers counseled}}{\text{Total no mothers}} \times 100$ | | |
| | No. of pediatric admission per 1000 indoor admission | $\frac{\text{No of pediatric Admission}}{\text{Total Admission}} \times 100$ | | |
| | Proportion of female patient | $\frac{\text{No of female patient}}{\text{Total no of pediatric admission}} \times 100$ | | |
| H1.2 | LAMA rate for female patient | $\frac{\text{No of LAMA rate}}{\text{Total no of Discharges}} \times 100$ | | |
| | Proportion of BPL patient | $\frac{\text{No of BPL patient}}{\text{Total no of admission}} \times 100$ | | |
| H2.1 | Referral Rate | $\frac{\text{No of referral rate}}{\text{Total no of admission}} \times 100$ | | |

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SNCU (page 3 of 4)

| No | Indicator | Formula | Derivation | Result |
|---------|---|---------|------------|--------|
| H3.1(c) | Proportion of newborn deaths among out-born | | | |
| | Case Fatality Rates | | | |
| | Proportion of asphyxiated newborn babies admitted out of deliveries conducted at facility | | | |
| | Antibiotic use rate | | | |
| | Average length of stay | | | |
| | Adverse events are reported | | | |
| | No of Newborn Resuscitated | | | |

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SNCU (page 4 of 4)

| No | Indicator | Formula | Derivation | Result |
|---------|---|---------|------------|--------|
| H3.1(c) | % of environmental swab culture reported positive | | | |
| H4.1 | LAMA Rate | | | |
| | Attendant Satisfaction Score | | | |
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SNCU (page 1 of 4)

| No | Indicator | Formula | Derivation | Result |
|------|---|---------|------------|--------|
| H1.1 | Inborn admission rate | | | |
| | Proportion of admissions which are out born | | | |
| | Bed Occupancy Rate | | | |
| H1.2 | Proportion of female babies admitted | | | |
| | LAMA rate for female babies | | | |
| | Proportion of BPL Patients | | | |
| H2.1 | Proportion of very low birth weight babies | | | |

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SNCU (page 2 of 4)

| No | Indicator | Formula | Derivation | Result |
|---------|--|---------|------------|--------|
| H2.1(c) | Down time Critical Equipments | | | |
| | Bed Turnover Rate | | | |
| | Referral Rate | | | |
| | Survival rate | | | |
| | No. of drug stock out in SNCU | | | |
| H3.1 | Average waiting time for initial assessment of newborn | | | |
| | Proportion of newborn deaths among inborn | | | |

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OT (page 2 of 3)

| No | Indicator | Formula | Derivation | Result |
|----------|--|---|------------|--------|
| H2.1 (c) | No of major surgeries per surgeon | $\frac{\text{No of major surgeries}}{\text{No of surgeons}}$ | | |
| | Proportion of elective C-Sections | $\frac{\text{No of elective cases}}{\text{Total C.section}} \times 100$ | | |
| | Proportion emergency surgeries | $\frac{\text{No of emergency surgeries}}{\text{Total surgeries}} \times 100$ | | |
| | Cycle time for instrument processing | PRN | | |
| H3.1 | Surgical Site infection Rate | $\frac{\text{No of surgical site infections during the month}}{\text{No of surgeries performed during the month}} \times 100$ | | |
| | No of adverse events per thousand patients | $\frac{\text{No of adverse drug event}}{\text{Total no of surgeries}} \times 100$ | | |
| | Incidence of re-exploration of surgery | $\frac{\text{No of incidence of Re-exploration}}{\text{Total no of surgeries}} \times 100$ | | |

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OT (page 3 of 3)

| No | Indicator | Formula | Derivation | Result |
|---------|---|--|------------|--------|
| H3.1(c) | % of environmental swab culture reported positive | $\frac{\text{No of positive report}}{\text{Total no of swab taken}} \times 100$ | | |
| | Preoperative Death Rate | $\frac{\text{No of pre-operative death}}{\text{Total no of death}} \times 100$ | | |
| | Proportion of General Anesthesia to spinal anesthesia | $\frac{\text{No of modified anesthesia}}{\text{No of planned anesthesia}} \times 100$ | | |
| | Proportion of PAC done out of total elective surgeries | $\frac{\text{No of PAC done}}{\text{Total no of elective cases}} \times 100$ | | |
| | No. of autoclave cycle failed in Bowie dick test out of total autoclave cycle | $\frac{\text{No of Bowie dick test failed}}{\text{Total no of Bowie dick test done}} \times 100$ | | |
| H4.1 | Operation Cancellation rates | $\frac{\text{No of cases cancelled}}{\text{No of surgery performed}} \times 100$ | | |
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OT (page 1 of 3)

| No | Indicator | Formula | Derivation | Result |
|------|---|--|------------|--------|
| H1.1 | C-Section Rate | $\frac{\text{Total C.section}}{\text{Total no of delivery}} \times 100$ | | |
| | Proportion of C-Sections done in night | $\frac{\text{Total no of night surgeries}}{\text{Total surgeries}} \times 100$ | | |
| | Proportion of other emergency surgeries done in the night | $\frac{\text{Total emergency surgeries}}{\text{Total surgeries}} \times 100$ | | |
| | No. of Major surgeries done per 1 lakh population | $\frac{\text{No of major surgeries}}{\text{one lakhs populations}}$ | | |
| | CSSD/TSSU productivity index | $\frac{\text{No of bins autoclaved /day}}{\text{Total no of bins}} \times 100$ | | |
| H2.1 | Downtime critical equipments | $\frac{\text{Equipments down time during the month}}{\text{No of days the equipments has worked during the month}} \times 100$ | | |
| | Skin to skin time | | | |

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PP unit (page 2 of4)

| No | Indicator | Formula | Derivation | Result |
|------|---|---|------------|--------|
| H1.1 | Proportion of target met for male sterilization surgery | $\frac{\text{No of Achieved Target (male)}}{\text{Total Target(male)}} \times 100$ | | |
| | Proportion of target met for female sterilization surgery | $\frac{\text{No of Achieved Target (female)}}{\text{Total Target(female)}} \times 100$ | | |
| | No. of family planning counseling done per 1000 client | $\frac{\text{No of client counseling for FP}}{\text{Total no of clients}} \times 100$ | | |
| H2.1 | Skin to Skin time | | | |
| | Proportion of clients agreed for family planning methods out of total counseled | $\frac{\text{No of clients agreed for FP}}{\text{Total no of counseled clients}} \times 100$ | | |
| H3.1 | Surgical Site Infection rate | $\frac{\text{No of surgical site infection during the month}}{\text{No of surgeries performed}} \times 100$ | | |
| | Medical Audit Score | $\frac{\text{Score Achieved}}{\text{-Maximum score}} \times 100$ | | |

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PP unit (page 3 of 4)

| No | Indicator | Formula | Derivation | Result |
|----|---|--|------------|--------|
| | No of adverse events per thousand patients | $\frac{\text{No of adverse event}}{\text{No of admissions}} \times 100$ | | |
| | No. of complication per 1000 male sterilization surgeries | $\frac{\text{No of ST complication (MALE)}}{\text{Total no of sterilization(MALE)}} \times 1000$ | | |
| | No. of complication per 1000 female sterilization surgeries | $\frac{\text{No of ST complication (FEMALE)}}{\text{Total no of sterilization(female)}} \times 1000$ | | |
| | Surgical site infection rate | $\frac{\text{No of surgical site infection}}{\text{No of surgeries performed}} \times 100$ | | |
| | No. of post operative deaths per 1000 surgeries | $\frac{\text{No of post operative death}}{\text{Total no of surgeries performed}} \times 1000$ | | |
| | No. of sterilization failure per 1000 surgeries | $\frac{\text{No of sterilization failure}}{\text{Total no of sterilization}} \times 1000$ | | |
| | Client Satisfaction score | $\frac{\text{Score Achieved}}{\text{Maximum score}} \times 100$ | | |

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PP unit (page 4 of 4)

| No | Indicator | Formula | Derivation | Result |
|----|-------------------------|---|------------|--------|
| | Average counseling time | $\frac{\text{Sum of time taken}}{\text{No of clients}}$ | | |
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PP unit (page1 of 4)

| No | Indicator | Formula | Derivation | Result |
|------|---|---|------------|--------|
| H1.1 | IUD insertion per 1000 eligible female | $\frac{\text{No of IUD insertion} \times 100}{\text{No of eligible cases}}$ | | |
| | Vasectomy performed | $\frac{\text{No of vasectomy} \times 100}{\text{Total no of sterilization}}$ | | |
| | Tubectomy performed | $\frac{\text{No of Tubectomy} \times 100}{\text{Total no of sterilization}}$ | | |
| | No of First Trimester MTP | $\frac{\text{No of first trimester MTP} \times 100}{\text{Total no of MTP}}$ | | |
| | No. of Second Trimester MTP | $\frac{\text{No of second trimester MTP} \times 100}{\text{Total no of MTP}}$ | | |
| | OCP Users | | | |
| | Proportion of users using limiting method | | | |

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ICU (page 2 of 3)

| No | Indicator | Formula | Derivation | Result |
|---------|---|--|------------|--------|
| H3.1(c) | No of Pressure Ulcer developed per thousand cases | $\frac{\text{No of pressure ulcer developed during the month} \times 1000}{\text{No of discharges and death}}$ | | |
| | No of adverse events per thousand patients | $\frac{\text{No of adverse event} \times 1000}{\text{Total no of patients}}$ | | |
| | UTI rate | $\frac{\text{No of UTI in a month} \times 1000}{\text{Total no of urinary catheter days in that month}}$ | | |
| | VAP rate | $\frac{\text{No of VAP in a month} \times 100}{\text{No of ventilator days in that month}}$ | | |
| | Adverse events are identified | $\frac{\text{No of adverse event} \times 100}{\text{Total no of patients}}$ | | |
| | Re intubation Rate | $\frac{\text{No of re-intubation rate} \times 100}{\text{Total no of intubations}}$ | | |
| | Culture Surveillance sterility rate | $\frac{\text{No of positive cases} \times 100}{\text{Total no of culture taken}}$ | | |

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ICU (page 3 of 3)

| No | Indicator | Formula | Derivation | Result |
|------|----------------------------|---|------------|--------|
| H4.1 | LAMA Rate | $\frac{\text{No of LAMA rate}}{\text{Total no of admissions}} \times 100$ | | |
| | Patient Satisfaction Score | $\frac{\text{Score achieved}}{\text{Maximum score}} \times 100$ | | |
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ICU (page 1 of 3)

| No | Indicator | Formula | Derivation | Result |
|------|--|--|------------|--------|
| H1.1 | Bed Occupancy Rate | $\frac{\text{Total midnight census}}{\text{No of available bed days in that month}} \times 100$ | | |
| H1.2 | Proportion of BPL patients admitted | $\frac{\text{No of BPL Patient admitted}}{\text{Total no of admissions}} \times 100$ | | |
| H2.1 | Downtime critical equipments | $\frac{\text{Equipments downtime day during the month}}{\text{No of days the equipments has worked days during the month}} \times 100$ | | |
| | Transfer Rate | $\frac{\text{No of Transfers}}{\text{No of admissions}} \times 100$ | | |
| | Re admission rate | $\frac{\text{No of re-admissions}}{\text{Total no of discharge and death}} \times 100$ | | |
| H3.1 | Average length of stay | $\frac{\text{No of in patients days in a given month}}{\text{No of discharge and death}}$ | | |
| | Risk Adjusted Mortality Rate/Standard Mortality Rate | $\frac{\text{Risk adjusted mortality rate}}{\text{Standard mortality rate}} \times 100$ | | |

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IPD (page 2 of 2)

| No | Indicator | Formula | Derivation | Result |
|---------|-----------------------------------|--|------------|--------|
| H3.1(c) | Average length for surgical wards | $\frac{\text{Mid night census}}{\text{No of discharge and death}}$ | | |
| | Time taken for initial assessment | $\frac{\text{Sum of time taken}}{\text{Total no admissions}}$ | | |
| H4.1 | LAMA Rate | $\frac{\text{No of LAMA X100}}{\text{Total no of admissions}}$ | | |
| | Patient Satisfaction Score | $\frac{\text{Score achieved} \times 100}{\text{Maximum score}}$ | | |
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IPD (page 1 of 2)

| No | Indicator | Formula | Derivation | Result |
|------|--|---|------------|--------|
| H1.1 | Bed Occupancy Rate of Medical Wards | $\frac{\text{Mid night census} \times 100}{\text{No of available days in a month}}$ | | |
| | Bed Occupancy Rate for surgical wards | $\frac{\text{Mid night census} \times 100}{\text{No of available days in a month}}$ | | |
| H2.1 | Referral Rate | $\frac{\text{No of cases refer out} \times 100}{\text{Total no of admission}}$ | | |
| | Bed Turnover rate | | | |
| | Discharge rate | $\frac{\text{No of discharge during the month} \times 100}{\text{Total no of admissions}}$ | | |
| | No. of drugs stock out in the ward | $\frac{\text{No of stock out in ward} \times 100}{\text{Total listed vital drugs (wards)}}$ | | |
| H3.1 | Average length of stay for Medical wards | $\frac{\text{Midnight census}}{\text{No of discharge and death}}$ | | |

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Blood bank (page 2 of 3)

| No | Indicator | Formula | Derivation | Result |
|------|--|--|------------|--------|
| H2.1 | Downtime critical equipments | $\frac{\text{Equipment down time during the month} \times 100}{\text{No of days the equipment has worked during the month}}$ | | |
| | % of Blood Units discarded | $\frac{\text{No of blood unit discarded} \times 100}{\text{Total storage}}$ | | |
| | % of unit issued against replacement | $\frac{\text{No of blood unit issued against replacement} \times 100}{\text{Total no of issued}}$ | | |
| | % of unit tested sero reactive | $\frac{\text{No of unit tested} \times 100}{\text{Total no of collection}}$ | | |
| H3.1 | Blood transfusion reaction rate | $\frac{\text{No of transfusion reaction} \times 100}{\text{Total no of transfusion}}$ | | |
| | Adverse events are identifies and reported | $\frac{\text{No of adverse event} \times 100}{\text{Total no of transfusion}}$ | | |
| | Component to whole blood ratio | | | |

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Blood bank (page 3 of 3)

| No | Indicator | Formula | Derivation | Result |
|---------|--|---|------------|--------|
| H3.1(c) | Cross matched/ Transfused Ratio | $\frac{\text{No of blood cross matched}}{\text{Total no of blood issued}} \times 100$ | | |
| | % of single unit transfusion | $\frac{\text{Sum of time taken for single unit transfusion}}{\text{Total no of blood unit transfused}}$ | | |
| H4.1 | Time gap between issuing and requisition of blood in routine conditions | $\frac{\text{Sum of time taken for emergency blood unit}}{\text{No of blood unit issued(emergency)}}$ | | |
| | Time gap between issuing and requisition of blood in emergency conditions | $\frac{\text{Score achieved} \times 100}{\text{Maximum score}}$ | | |
| | Donor Satisfaction Score at Blood Bank | $\frac{\text{Score achieved} \times 100}{\text{Maximum score}}$ | | |
| | No of refusal cases | $\text{No of referral case} \times 100$ | | |
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Blood bank (page 1 of 3)

| No | Indicator | Formula | Derivation | Result |
|------|---|--|------------|--------|
| H1.1 | No. of Blood unit issued per thousand population | $\frac{\text{No of blood unit issued} \times 1000}{\text{Total no of collection}}$ | | |
| | % of units issued for the transfusion at facility | $\frac{\text{No of blood issued to facility} \times 100}{\text{Total no of blood issued}}$ | | |
| | No of voluntary donation done per thousand population | $\frac{\text{No of voluntary donor} \times 100}{\text{Total population}}$ | | |
| | No. of units supplied to storage units | | | |
| | Blood donation camps held | | | |
| | Proportion of blood units issued in emergency cases out of total unit issued in month | $\frac{\text{No of emergency blood issued} \times 100}{\text{Total no of blood issued}}$ | | |
| H1.2 | No of blood units issued for free of cost | $\frac{\text{No of blood unit issued free of cost} \times 100}{\text{-----Total no blood issued}}$ | | |

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Lab (page 3 of 4)

| No | Indicator | Formula | Derivation | Result |
|---------|--|---|------------|--------|
| H2.1(c) | Turnaround time for emergency lab investigations | $\frac{\text{Sum of time taken}}{\text{No of emergency investigation done}}$ | | |
| H3.1 | % of critical values reported within one hour | $\frac{\text{No of critical value reported}}{\text{No of test performed}} \times 100$ | | |
| | No of adverse events per thousand patients | $\frac{\text{No of adverse event}}{\text{Total no of patient}} \times 100$ | | |
| | Test demography | $\frac{\text{No of test demography done}}{\text{Total test performed}} \times 100$ | | |
| | Report correlation rate | $\frac{\text{No of report co-relating with clinical diagnosis}}{\text{No of test performed}} \times 100$ | | |
| | Proportion of false positive /false negative | $\frac{\text{No of False positive and False negative report} \times 100}{\text{Total no test performed}}$ | | |
| H4.1 | Waiting time at sample collection area | $\frac{\text{Sum of time taken}}{\text{No of patients reported}}$ | | |

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Lab (page 4 of 4)

| No | Indicator | Formula | Derivation | Result |
|---------|--|---|------------|--------|
| H4.1(c) | Number of stock out incidences of reagents | $\frac{\text{No of stock out} \times 100}{\text{Total no of reagents}}$ | | |
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Lab (page 1 of 4)

| No | Indicator | Formula | Derivation | Result |
|------|---|---|------------|--------|
| H1.1 | No. of HIV test done per 1000 population | $\frac{\text{Total HIV tests done} \times 1000}{\text{Total population}}$ | | |
| | No. of VDRL test done per 1000 population | $\frac{\text{Total VDRL tests done} \times 1000}{\text{Total population}}$ | | |
| | No. of Blood Smear Examined per 1000 population | $\frac{\text{Total Blood smear examined} \times 1000}{\text{Total population}}$ | | |
| | No. of AFB Examined per 1000 population | $\frac{\text{Total AFB examined} \times 1000}{\text{Total population}}$ | | |
| | No. of HB test done per 1000 population | $\frac{\text{Total HB tests done} \times 1000}{\text{Total population}}$ | | |
| | Lab test done per patients in OPD | $\frac{\text{Total Lab tests done for OP patients}}{\text{Total OPD}}$ | | |
| | Lab test done per patients IPD | $\frac{\text{Total Lab tests done for IP patients}}{\text{Total IPD}}$ | | |

(To be submitted to Quality assurance asst coordinator at the end of every month)

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Lab (page 2 of 4)

| No | Indicator | Formula | Derivation | Result |
|---------|--|---|--|--------|
| H1.1(c) | Proportion of lab test done at night | $\frac{\text{Lab tests done at night} \times 100}{\text{Total lab tests done}}$ | | |
| H1.2 | Proportion of test done for BPL patients | $\frac{\text{Lab tests done for BPL patients} \times 100}{\text{Total lab tests done}}$ | | |
| H1.3 | No of test not matched in validation | $\frac{\text{No of test co relate with clinical diagnosis}}{\text{No of test performed}} \times 100$ | | |
| | Z score for biochemistry or equivalent | $\frac{\text{Total external quality score}}{\text{Total external quality assessment done}}$ | | |
| | Z score for hematology or equivalent | $\frac{\text{Total external quality score}}{\text{Total external quality assessment}}$ | | |
| | Down time of critical equipments | $\frac{\text{Equipments down time during the month}}{\text{No of equipments has worked during the month}} \times 100$ | | |
| | Turnaround time for routine lab investigations | OP IP | OP next day morning -----IP Same day | |

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Mortuary

Month & year : _____

| No | Indicator | Formula | Derivation | Result |
|----|--|---|------------|--------|
| | Proportion of Non MLC cases | $\frac{\text{No of NMLC cases} \times 100}{\text{Total cases}}$ | | |
| | Occupancy rate of cold storages for dead bodies | $\frac{\text{No of cases in a month} \times 100}{\text{Available days during the month}}$ | | |
| | Mean storage time for dead body in cold storage | $\frac{\text{Sum of cold storage meantime}}{\text{Available days during the month}}$ | | |
| | Down time cold storage equipments | $\frac{\text{Equipments downtime days during the month} \times 100}{\text{No of equipments has worked during the month}}$ | | |
| | Waiting time for getting post mortem report in MLC cases | | | |
| | | | | |

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(To be submitted to quality assurance asst co ordinator at the end of every month)

Month & year : _____

Pharmacy (page 1 of 2)

| No | Indicator | Formula | Derivation | Result |
|----|---|---|------------|--------|
| | No of adverse drug reaction per thousand patients | $\frac{\text{No of adverse event} \times 1000}{\text{Total no of admissions}}$ | | |
| | Antibiotic rate | | | |
| | Percentage of irrational use of drugs/over prescription | $\frac{\text{No of irrational drug usage} \times 100}{\text{No of prescription(sample)}}$ | | |
| | Waiting time for Pharmacy Counter | $\frac{\text{Sum of time taken}}{\text{No of patients reported}}$ | | |
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(To be submitted to Quality assurance asst coordinator at the end of every month)

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Month & year : _____

Pharmacy (page 1 of 2)

| No | Indicator | Formula | Derivation | Result |
|----|--|---|------------|--------|
| | Percentage of drugs available against essential drug list for OPD | $\frac{\text{No of available drugs EDL in OPD} \times 100}{\text{Total EDL (OPD)}}$ | | |
| | Percentage of drugs available against essential drug list for IPD | $\frac{\text{No of available drug EDL in IPD} \times 100}{\text{Total EDL (IPD)}}$ | | |
| | Expenditure on drugs procured through local purchase for BPL patient | $\frac{\text{No of items procured by local purchase} \times 100}{\text{No of drug in EDL}}$ | | |
| | Number of stock out situations in Vital category medicines | $\frac{\text{No of stock out} \times 100}{\text{Total no of drug in EDL}}$ | | |
| | Turn Around time for dispensing medicine at Pharmacy | $\frac{\text{Sum of time taken}}{\text{No of patents reported}}$ | | |
| | % of drugs expired during the months | $\frac{\text{No of drug expired during the month} \times 100}{\text{Total no of drugs}}$ | | |
| | Proportion of prescription found prescribing non generic drugs | $\frac{\text{No of non generic prescription found} \times 100}{\text{Total no of p}}$ | | |

(To be submitted to Quality assurance asst coordinator at the end of every month)

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Administration page(1of 4)

Month & year :

| No | Indicator | Formula | Derivation | Result |
|----|--|--|------------|--------|
| | Bed occupancy Rate | $\frac{\text{Mid night census} \times 100}{\text{No of available bed days in that month}}$ | | |
| | No of total admissions per thousand population | $\frac{\text{Total admission} \times 1000}{\text{Total population}}$ | | |
| | IPD per thousand population | $\frac{\text{Total midnight census} \times 1000}{\text{Total population}}$ | | |
| | OPD consultation per thousand population | $\frac{\text{Total no of OPD in the month} \times 1000}{\text{Total population}}$ | | |
| | Number of beds per 10 Thousand | $\frac{\text{No of beds per 10 thousand}}{10000}$ | | |
| | Maternal mortality per 1000 delivery | $\frac{\text{Neonatal mortality} \times 1000}{\text{Total no of live birth}}$ | | |

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(To be submitted to quality assurance asst co ordinator at the end of every month)

Month & year : _____

Radiology

| No | Indicator | Formula | Derivation | Result |
|----|---|---|------------|--------|
| | X ray done per 1000 OPD patient | $\frac{\text{No of x-ray done OPD patient} \times 1000}{\text{Total x-ray taken}}$ | | |
| | X ray done per 1000 IPD patient | $\frac{\text{No of x-ray done IPD patient} \times 1000}{\text{Total x-ray taken}}$ | | |
| | Ultrasound done per 1000 OPD patient | $\frac{\text{No of ultrasound taken (opd)} \times 1000}{\text{Total no of ultrasound taken}}$ | | |
| | Proportion of X ray done at night | $\frac{\text{No of x-ray taken at night} \times 100}{\text{Total no of x-ray taken}}$ | | |
| | No. of dental x ray per 1000 dental OPD | $\frac{\text{No of dental x-ray taken} \times 1000}{\text{Total no of x-ray taken}}$ | | |
| | Proportion of BPL patients screened | $\frac{\text{No of BPL patient taken} \times 100}{\text{Total no of x-ray}}$ | | |
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