



विशाल चौहान, भा.प्र.से.
संयुक्त सचिव

VISHAL CHAUHAN, IAS
Joint Secretary



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
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NHSRC/15-16/QI/01/Telangana
4th May 2023

Dear Shri Rizvi,

At the outset, I congratulate you and your state team for taking up nine (09) public health facilities of Telangana for Quality Certification under NQAS program. The facilities underwent External Assessment by the empanelled NQAS external assessors. The assessment details are as follows:

S. No	Name of Facility	Date of Assessment	Departments	Certification Criteria	Overall Score	Certification Status
a).	PHC Kodurupaka, Telangana	3 rd -4 th April 2023	All 6 Departments	Met all Criteria	88.85%	Quality Certified
b).	PHC Malkapur, Jangaon, Telangana	14 th -15 th April 2023	All 6 Departments	Met all Criteria	77.57%	Quality Certified
c).	PHC Negireddypet, Kamareddy, Telangana	3 rd -4 th April 2023	All 6 Departments	Met all Criteria	79.93%	Quality Certified
d).	PHC Padara, Nagarkarnool, Telangana	5 th -6 th April 2023	All 6 Departments	Met all Criteria	79.49%	Quality Certified
e).	PHC Pothangal, Nizamabad Telangana	12 th -13 th April 2023	All 6 Departments	Met all Criteria	85.93%	Quality Certified
f).	IHC Dhanwada, Bhupalpally	5 th April 2023	7 service packages	Met all Criteria	87%	Quality Certified
g).	UPHC Mamilagudem, khammam,	5 th -6 th April 2023	All 12 Thematic Areas	Met all Criteria	86.5%	Quality Certified
h).	IHC Sulthanpur, Pedapally	26 th April 2023	7 service packages	Met all Criteria	75%	Quality Certified
i).	PHC Kusmanchi, Khamam Telangana	25 th -26 th April 2023	All 6 Departments	Met all Criteria	81.33%	Quality Certified

Hence, above mentioned public health facilities in state of Telangana are granted "Quality Certification" under NQAS program.

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

Contd....

Summary of the Assessment Report of the aforementioned facilities is enclosed as **Appendices A to I** respectively.

with best wishes

Yours Sincerely,


(Vishal Chauhan)

Shri S.A.M RIZVI,
Secretary (H&FW), Department of H&FW,
Government of Telangana, BRKR Bhavan, 6th Floor,
D Block, Telangana Secretariat, Hyderabad -500063

Copy to:

1. Mission Director, National Health Mission, Commissioner, Public Health & Family Welfare, Government of Telangana DM &HS Campus, Sultan Bazar, Kothi Hyderabad- 500095. Telangana
2. Sate quality Assurance Unit, Room No 410, Directorate of Medical education building, National Health Mission, Hyderabad- 500095. Telangana
3. Medical Officer, Primary Health Centre Kodurupaka, Telangana
4. Medical Officer, Primary Health Centre Malkapur, Telangana
5. Medical Officer, Primary Health Centre Nagireddypet, Telangana
6. Medical Officer, Primary Health Centre Padara, Telangana
7. Medical Officer, Primary Health Centre Pothangal, Telangana
8. Community Health Officer, HWC Dhanwada, Bhupalpally, Telangana
9. Medical Officer, Urban Primary Health Centre, Mamilagudem, Khammam, Telangana
10. Community Health Officer, HWC Sulthanpur, Pedapally, Telangana
11. Medical Officer, Primary Health Centre Kusmanchi, Khammam, Telangana

Performance Summary Report

Name of the facility : PHC Kodurupaka, Telangana

Date of Assessment : 3rd-4th April 2023

Overall Score of Health facility : 88.85%

1. Compliance to certification criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criteria met Overall Score – 88.85%
II.	Aggregated score in each Area of Concern is $\geq 60\%$	Criteria met
III.	Score of Standard A2, B4 and F6 is $\geq 60\%$	Criteria met Standard A2 – 95% Standard B4 – 88% Standard F6 – 93%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction score of $\geq 60\%$ in the preceding quarter or more (Satisfied or Highly satisfied on Mera- Aspataal) or score of 3.0 on Likert Scale.	Criteria met PSS – 4.18

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	87.06%
B	Patient Rights	90.24%
C	Inputs	87.89%
D	Support Services	93.26%
E	Clinical Services	87.27%
F	Infection Control	91.33%
G	Quality Management	86.72%
H	Outcome	86.95%

3. Departmental Score:

S.No.	Department	Score
1	OPD	90.5%
2	Laboratory	86.79%
3	Labour Room	88.10%
4	IPD	91.31%
5	National Health Program	82.31%
6	General Administration	92.66%

4. Score against each Standard:

Reference No	Standard	Score
Standard A1	Facility provides primary level curative services	85%
Standard A2	The facility provides RMNCHA Services	95%
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.	80%
Standard A4	The facility provides services as mandated in the National Health Programmes /State scheme(s).	88%
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities	88%
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there is no barrier on account of physical, economic, cultural or social status.	91%
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.	100%
Standard B4	The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of hospital services.	88%
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	74%
Standard C2	The facility ensures the physical safety including fire safety of the infrastructure.	96%
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	95%
Standard C4	The facility provides drugs and consumables required for assured services.	87%
Standard C5	The facility has equipment & instruments required for assured list of services.	89%
Standard D1	The facility has an established Facility Management Program for Maintenance & Upkeep of Equipment & Infrastructure to provide safe & Secure environment to staff & Users	95%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	89%
Standard D3	The facility ensures availability of diet, linen, water and power backup as per requirement of service delivery & support services norms	92%
Standard D4	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	92%
Standard D5	Hospital has defined and established procedures for Financial Management & monitoring of quality of outsourced services.	92%
Standard D6	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	100%
Standard D7	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	100%

Reference No	Standard	Score
Standard D8	Hospital has defined and established procedure for monitoring & reporting of National Health Program as per state specifications	93%
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	100%
Standard E2	The facility has procedures for continuity of care of patient.	95%
Standard E3	The facility has defined and established procedures for nursing care	91%
Standard E4	The facility has defined & follows procedure for drug administration, and standard treatment guidelines, as defined by the government	94%
Standard E5	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	84%
Standard E6	The facility has defined and established procedures for discharge of patient.	100%
Standard E7	The facility has defined and established procedures for Emergency Services and Disaster Management	74%
Standard E8	The facility has defined and established procedures for diagnostic services	83%
Standard E9	The facility has established procedures for Antenatal care as per guidelines	100%
Standard E10	The facility has established procedures for Intranatal care as per guidelines	88%
Standard E11	The facility has established procedures for postnatal care as per guidelines	91%
Standard E12	The facility has established procedures for care of new born, infant and child as per guidelines	93%
Standard E13	The facility has established procedures for abortion and family planning as per government guidelines and law	69%
Standard E14	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines	93%
Standard E15	The facility provides National health Programme as per operational/Clinical Guidelines	76%
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection	75%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	98%
Standard F3	The facility ensures availability of material for personal protection, and facility staff follows standard precaution for personal protection.	94%
Standard F4	The facility has standard procedures for decontamination, disinfection & sterilization of equipment and instruments	88%
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	80%
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	93%
Standard G1	The facility has defined and established organizational framework & Quality policy for Quality Assurance	100%
Standard G2	The facility has established system for patient and employee satisfaction	94%
Standard G3	The facility has established system for assuring and improving quality of Clinical & support services by internal & external program.	78%
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	87%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	76%
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	93%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	88%
Standard H4	The facility measures Service Quality Indicators and endeavors to reach State/National benchmark	100%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Safe abortion services not provided and MVA procedure not conducted
2.	AYUSH clinic not available.
3.	Retraining and refresher training of different national programs need to be strengthened.
4	Security services not available in facility.

Performance Summary Report

Name of the facility : PHC Malkapur, Jangaon, Telangana

Date of Assessment : 14th-15th April 2023

Overall Score of Health facility : 77.57%

1. Compliance to certification criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criteria met Overall Score – 77.57%
II.	Aggregated score in each Area of Concern is $\geq 60\%$	Criteria met
III.	Score of Standard A2, B4 and F6 is $\geq 60\%$	Criteria met Standard A2 – 74% Standard B4 – 84% Standard F6 – 88%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction score of $\geq 60\%$ in the preceding quarter or more (Satisfied or Highly satisfied on Mera- Aspataal) or score of 3.0 on Likert Scale.	Criteria met PSS – 4.3

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	76.29%
B	Patient Rights	89.02%
C	Inputs	73.05%
D	Support Services	74.75%
E	Clinical Services	78.58%
F	Infection Control	86.33%
G	Quality Management	70.79%
H	Outcome	75.36%

3. Departmental Score:

S.No.	Department	Score
1	OPD	77.40%
2	Laboratory	83.49%
3	Labour Room	85.19%
4	IPD	75.34%
5	National Health Program	74.33%
6	General Administration	74.61%

4. Score against each Standard:

Reference No	Standard	Score
Standard A1	Facility provides primary level curative services	79%
Standard A2	The facility provides RMNCHA Services	74%
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.	60%
Standard A4	The facility provides services as mandated in the National Health Programmes /State scheme(s).	76%
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities	89%
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there is no barrier on account of physical, economic, cultural or social status.	88%
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.	96%
Standard B4	The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of hospital services.	84%
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	68%
Standard C2	The facility ensures the physical safety including fire safety of the infrastructure.	80%
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	63%
Standard C4	The facility provides drugs and consumables required for assured services.	80%

Reference No	Standard	Score
Standard C5	The facility has equipment & instruments required for assured list of services.	83%
Standard D1	The facility has an established Facility Management Program for Maintenance & Upkeep of Equipment & Infrastructure to provide safe & Secure environment to staff & Users	83%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	77%
Standard D3	The facility ensures availability of diet, linen, water and power backup as per requirement of service delivery & support services norms	53%
Standard D4	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	69%
Standard D5	Hospital has defined and established procedures for Financial Management & monitoring of quality of outsourced services.	54%
Standard D6	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	88%
Standard D7	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	73%
Standard D8	Hospital has defined and established procedure for monitoring & reporting of National Health Program as per state specifications	75%
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	92%
Standard E2	The facility has procedures for continuity of care of patient.	84%
Standard E3	The facility has defined and established procedures for nursing care	91%
Standard E4	The facility has defined & follows procedure for drug administration, and standard treatment guidelines, as defined by the government	75%
Standard E5	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	77%
Standard E6	The facility has defined and established procedures for discharge of patient.	77%
Standard E7	The facility has defined and established procedures for Emergency Services and Disaster Management	68%
Standard E8	The facility has defined and established procedures for diagnostic services	86%
Standard E9	The facility has established procedures for Antenatal care as per guidelines	86%
Standard E10	The facility has established procedures for Intranatal care as per guidelines	100%
Standard E11	The facility has established procedures for postnatal care as per guidelines	100%
Standard E12	The facility has established procedures for care of new born, infant and child as per guidelines	71%
Standard E13	The facility has established procedures for abortion and family planning as per government guidelines and law	56%
Standard E14	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines	67%
Standard E15	The facility provides National health Programme as per operational/Clinical Guidelines	72%
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection	63%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	97%
Standard F3	The facility ensures availability of material for personal protection, and facility staff follows standard precaution for personal protection.	76%
Standard F4	The facility has standard procedures for decontamination, disinfection & sterilization of equipment and instruments	90%
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	75%
	The facility has defined and established procedures for segregation, collection,	88%

Reference No	Standard	Score
Standard G1	The facility has defined and established organizational framework & Quality policy for Quality Assurance	53%
Standard G2	The facility has established system for patient and employee satisfaction	91%
Standard G3	The facility has established system for assuring and improving quality of Clinical & support services by internal & external program.	66%
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	76%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	87%
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	80%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	65%
Standard H4	The facility measures Service Quality Indicators and endeavors to reach State/National benchmark	56%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Need better infrastructure for IPD& Lab.
2.	Repeat training is mandatory in all aspects.
3.	Counseling services have to be improved.
4	. Quality indicator capturing needs to be augmented.

Performance Summary Report

Name of the facility : PHC Negireddypet, Telangana

Date of Assessment : 3rd-4th April 2023

Overall Score of Health facility : 79.93%

1. Compliance to certification criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criteria met Overall Score – 79.93%
II.	Aggregated score in each Area of Concern is $\geq 60\%$	Criteria met
III.	Score of Standard A2, B4 and F6 is $\geq 60\%$	Criteria met Standard A2 – 83% Standard B4 – 94% Standard F6 – 86%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction score of $\geq 60\%$ in the preceding quarter or more (Satisfied or Highly satisfied on Mera- Aspataal) or score of 3.0 on Likert Scale.	Criteria met PSS – 4.1

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	77.15%
B	Patient Rights	82.92%
C	Inputs	79.68%
D	Support Services	77.16%
E	Clinical Services	81.34%
F	Infection Control	81.66%
G	Quality Management	78.31%
H	Outcome	81.15%

3. Departmental Score:

S.No.	Department	Score
1	OPD	87.70%
2	Laboratory	77.83%
3	Labour Room	81.46%

4	IPD	76.73%
5	National Health Program	72.11%
6	General Administration	80.12%

4. Score against each Standard:

Reference No	Standard	Score
Standard A1	Facility provides primary level curative services	75%
Standard A2	The facility provides RMNCHA Services	83%
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.	75%
Standard A4	The facility provides services as mandated in the National Health Programmes /State scheme(s).	74%
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities	82%
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there is no barrier on account of physical, economic, cultural or social status.	72%
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.	88%
Standard B4	The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of hospital services.	94%
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	73%
Standard C2	The facility ensures the physical safety including fire safety of the infrastructure.	90%
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	81%
Standard C4	The facility provides drugs and consumables required for assured services.	77%
Standard C5	The facility has equipment & instruments required for assured list of services.	84%
Standard D1	The facility has an established Facility Management Program for Maintenance & Upkeep of Equipment & Infrastructure to provide safe & Secure environment to staff & Users	74%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	84%
Standard D3	The facility ensures availability of diet, linen, water and power backup as per requirement of service delivery & support services norms	79%
Standard D4	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	81%
Standard D5	Hospital has defined and established procedures for Financial Management & monitoring of quality of outsourced services.	54%
Standard D6	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	100%
Standard D7	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	73%
Standard D8	Hospital has defined and established procedure for monitoring & reporting of National Health Program as per state specifications	76%
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	100%
Standard E2	The facility has procedures for continuity of care of patient.	72%
Standard E3	The facility has defined and established procedures for nursing care	59%
Standard E4	The facility has defined & follows procedure for drug administration, and standard treatment guidelines, as defined by the government	89%

Reference No	Standard	Score
Standard E5	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	80%
Standard E6	The facility has defined and established procedures for discharge of patient.	59%
Standard E7	The facility has defined and established procedures for Emergency Services and Disaster Management	82%
Standard E8	The facility has defined and established procedures for diagnostic services	83%
Standard E9	The facility has established procedures for Antenatal care as per guidelines	100%
Standard E10	The facility has established procedures for Intranatal care as per guidelines	88%
Standard E11	The facility has established procedures for postnatal care as per guidelines	100%
Standard E12	The facility has established procedures for care of new born, infant and child as per guidelines	85%
Standard E13	The facility has established procedures for abortion and family planning as per government guidelines and law	78%
Standard E14	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines	93%
Standard E15	The facility provides National health Programme as per operational/Clinical Guidelines	70%
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection	50%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	81%
Standard F3	The facility ensures availability of material for personal protection, and facility staff follows standard precaution for personal protection.	85%
Standard F4	The facility has standard procedures for decontamination, disinfection & sterilization of equipment and instruments	74%
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	83%
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	86%
Standard G1	The facility has defined and established organizational framework & Quality policy for Quality Assurance	72%
Standard G2	The facility has established system for patient and employee satisfaction	97%
Standard G3	The facility has established system for assuring and improving quality of Clinical & support services by internal & external program.	70%
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	82%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	87%
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	68%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	82%
Standard H4	The facility measures Service Quality Indicators and endeavors to reach State/National benchmark	94%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Ventilation to be maintained in overcrowded wards
2.	Mobile Medical Unit to be made available
3.	Routine hematology services to be made available

Performance Summary Report

Name of the facility : PHC Padara, Telangana

Date of Assessment : 5th-6th April 2023

Overall Score of Health facility : 79.49%

1. Compliance to certification criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criteria met Overall Score - 79.49%
II.	Aggregated score in each Area of Concern is $\geq 60\%$	Criteria met
III.	Score of Standard A2, B4 and F6 is $\geq 60\%$	Criteria met Standard A2 - 72% Standard B4 - 97% Standard F6 - 82%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction score of $\geq 60\%$ in the preceding quarter or more (Satisfied or Highly satisfied on Mera- Aspathaal) or score of 3.0 on Likert Scale.	Criteria met PSS - 4.1

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	82.32%
B	Patient Rights	84.14%
C	Inputs	70.09%
D	Support Services	79.32%
E	Clinical Services	80.20%
F	Infection Control	87.33%
G	Quality Management	75.22%
H	Outcome	85.50%

3. Departmental Score:

S.No.	Department	Score
1	OPD	75.74%
2	Laboratory	79.04%
3	Labour Room	85.19%
4	IPD	78.47%
5	National Health Program	90.68%
6	General Administration	70.94%

4. Score against each Standard:

Reference No	Standard	Score
Standard A1	Facility provides primary level curative services	87%
Standard A2	The facility provides RMNCHA Services	72%
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.	75%
Standard A4	The facility provides services as mandated in the National Health Programmes /State scheme(s).	94%
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities	74%
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there is no barrier on account of physical, economic, cultural or social status.	91%
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.	92%
Standard B4	The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of hospital services.	97%
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	72%
Standard C2	The facility ensures the physical safety including fire safety of the infrastructure.	78%

Reference No	Standard	Score
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	67%
Standard C4	The facility provides drugs and consumables required for assured services.	68%
Standard C5	The facility has equipment & instruments required for assured list of services.	72%
Standard D1	The facility has an established Facility Management Program for Maintenance & Upkeep of Equipment & Infrastructure to provide safe & Secure environment to staff & Users	75%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	84%
Standard D3	The facility ensures availability of diet, linen, water and power backup as per requirement of service delivery & support services norms	55%
Standard D4	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	69%
Standard D5	Hospital has defined and established procedures for Financial Management & monitoring of quality of outsourced services.	71%
Standard D6	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	63%
Standard D7	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	100%
Standard D8	Hospital has defined and established procedure for monitoring & reporting of National Health Program as per state specifications	97%
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	71%
Standard E2	The facility has procedures for continuity of care of patient.	77%
Standard E3	The facility has defined and established procedures for nursing care	64%
Standard E4	The facility has defined & follows procedure for drug administration, and standard treatment guidelines, as defined by the government	78%
Standard E5	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	71%
Standard E6	The facility has defined and established procedures for discharge of patient.	64%
Standard E7	The facility has defined and established procedures for Emergency Services and Disaster Management	65%
Standard E8	The facility has defined and established procedures for diagnostic services	83%
Standard E9	The facility has established procedures for Antenatal care as per guidelines	98%
Standard E10	The facility has established procedures for Intranatal care as per guidelines	81%
Standard E11	The facility has established procedures for postnatal care as per guidelines	100%
Standard E12	The facility has established procedures for care of new born, infant and child as per guidelines	76%
Standard E13	The facility has established procedures for abortion and family planning as per government guidelines and law	66%
Standard E14	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines	50%
Standard E15	The facility provides National health Programme as per operational/Clinical Guidelines	93%
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection	75%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	94%
Standard F3	The facility ensures availability of material for personal protection, and facility staff follows standard precaution for personal protection.	88%
	The facility has standard procedures for decontamination, disinfection & sterilization	86%

Reference No	Standard	Score
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	95%
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	82%
Standard G1	The facility has defined and established organizational framework & Quality policy for Quality Assurance	53%
Standard G2	The facility has established system for patient and employee satisfaction	75%
Standard G3	The facility has established system for assuring and improving quality of Clinical & support services by internal & external program.	82%
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	79%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	87%
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	85%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	94%
Standard H4	The facility measures Service Quality Indicators and endeavors to reach State/National benchmark	67%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	PHC building needs expansion and reorganizing of the building as per the NQAS standards and need
2.	Proper documentation of inpatient case sheets need to be done.
3.	Needs improvement in overall training especially in the areas of infection control and biomedical management, clinical SOPs, quality management and delivering the services efficiently, maintaining safety of the patients-meeting the benchmarks in the KPI

Performance Summary Report

Name of the facility : PHC Pothangal, Telangana

Date of Assessment : 12th-13th April 2023

Overall Score of Health facility : 85.93%

1. Compliance to certification criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criteria met Overall Score – 85.93%
II.	Aggregated score in each Area of Concern is $\geq 60\%$	Criteria met
III.	Score of Standard A2, B4 and F6 is $\geq 60\%$	Criteria met Standard A2 – 90% Standard B4 – 100% Standard F6 – 90%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction score of $\geq 60\%$ in the preceding quarter or more (Satisfied or Highly satisfied on Mera- Aspataal) or score of 3.0 on Likert Scale.	Criteria met PSS – 4.1

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	87.5%
B	Patient Rights	95.12%
C	Inputs	76.48%
D	Support Services	85.81%
E	Clinical Services	86.79%
F	Infection Control	88.33%
G	Quality Management	83.62%
H	Outcome	96.37%

3. Departmental Score:

S.No.	Department	Score
1	OPD	92.52%
2	Laboratory	87.26%
3	Labour Room	78.39%
4	IPD	80.20%
5	National Health Program	87.64%
6	General Administration	85.32%

4. Score against each Standard:

Reference No	Standard	Score
Standard A1	Facility provides primary level curative services	87%
Standard A2	The facility provides RMNCHA Services	90%
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.	85%
Standard A4	The facility provides services as mandated in the National Health Programmes /State scheme(s).	86%
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities	92%
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there is no barrier on account of physical, economic, cultural or social status.	100%
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.	92%
Standard B4	The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of hospital services.	100%
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	71%
Standard C2	The facility ensures the physical safety including fire safety of the infrastructure.	80%

Reference No	Standard	Score
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	77%
Standard C4	The facility provides drugs and consumables required for assured services.	84%
Standard C5	The facility has equipment & instruments required for assured list of services.	69%
Standard D1	The facility has an established Facility Management Program for Maintenance & Upkeep of Equipment & Infrastructure to provide safe & Secure environment to staff & Users	85%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	85%
Standard D3	The facility ensures availability of diet, linen, water and power backup as per requirement of service delivery & support services norms	74%
Standard D4	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	85%
Standard D5	Hospital has defined and established procedures for Financial Management & monitoring of quality of outsourced services.	88%
Standard D6	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	88%
Standard D7	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	90%
Standard D8	Hospital has defined and established procedure for monitoring & reporting of National Health Program as per state specifications	93%
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	85%
Standard E2	The facility has procedures for continuity of care of patient.	75%
Standard E3	The facility has defined and established procedures for nursing care	64%
Standard E4	The facility has defined & follows procedure for drug administration, and standard treatment guidelines, as defined by the government	88%
Standard E5	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	79%
Standard E6	The facility has defined and established procedures for discharge of patient.	86%
Standard E7	The facility has defined and established procedures for Emergency Services and Disaster Management	85%
Standard E8	The facility has defined and established procedures for diagnostic services	93%
Standard E9	The facility has established procedures for Antenatal care as per guidelines	95%
Standard E10	The facility has established procedures for Intranatal care as per guidelines	83%
Standard E11	The facility has established procedures for postnatal care as per guidelines	86%
Standard E12	The facility has established procedures for care of new born, infant and child as per guidelines	89%
Standard E13	The facility has established procedures for abortion and family planning as per government guidelines and law	88%
Standard E14	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines	93%
Standard E15	The facility provides National health Programme as per operational/Clinical Guidelines	91%
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection	88%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	94%
Standard F3	The facility ensures availability of material for personal protection, and facility staff follows standard precaution for personal protection.	100%
	The facility has standard procedures for decontamination, disinfection & sterilization	76%

Reference No	Standard	Score
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	78%
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	90%
Standard G1	The facility has defined and established organizational framework & Quality policy for Quality Assurance	72%
Standard G2	The facility has established system for patient and employee satisfaction	81%
Standard G3	The facility has established system for assuring and improving quality of Clinical & support services by internal & external program.	83%
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	90%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	96%
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	98%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	97%
Standard H4	The facility measures Service Quality Indicators and endeavors to reach State/National benchmark	94%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Space constraints noticed in Labour room and IPD
2.	Effective trainings to be conducted on patient rights, infection control, quality management outcome indicators
3.	In laboratory quality assurance activities(EQAS) inadequate
4	Water quality testing needs to improved- no bacteriological test report available
5	Quality tools application to be done.

Summary Report of External Assessment

Name of the facility : HWC Dhanwada, Bhupalpally

Date of Assessment : 5th April 2023

Overall Score : 87%

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the facility $\geq 70\%$	Criteria met Overall Score – 87%
II.	Score for each service packages of facility (Minimum 7 packages) $\geq 70\%$	Criteria met
III.	Segregated Score of each area of concern shall be $\geq 60\%$	Criteria met
IV.	Score of Standard A1, D3, D4, D5 and G2 is $\geq 60\%$	Criteria met Standard A1 – 78% Standard D3 – 81% Standard D4 – 80% Standard D5 – 87% Standard G2 – 67%
V.	Individual Standard wise score is $\geq 50\%$	Criteria met
VI.	Patient/Client satisfaction Score $\geq 60\%$ or 3.0 on Likert Scale	Criteria met PSS – 4.17

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	80%
B	Patient Rights	89%
C	Inputs	94%
D	Support Services	86%
E	Clinical Services	88%
F	Infection Control	85%
G	Quality Management	81%
H	Outcome	83%

3. Theme Wise Score:

S. No.	Service Packages	Score
1	Care in pregnancy & Childbirth	100%
2	Neonatal & Infant Health Services	91%
3	Childhood & adolescent Health Services	86%
4	Family Planning	96%

5	Management of Communicable diseases	87%
6	Management of Non-Communicable Diseases	78%
7	Drugs & Diagnostics	94%

4. Score against each Standard:

Reference No.	Standard	Score
Standard A1	The facility provides Comprehensive Primary Healthcare Services	78%
Standard A2	The facility provides drugs and diagnostic services as mandated	100%
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	86%
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	83%
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	100%
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	92%
Standard B5	The facility ensures all services are provided free of cost to its users	90%
Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users	84%
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	100%
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	81%
Standard C4	The facility provides drugs and consumables required for assured services	100%
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	100%
Standard D1	The facility has established Programme for maintenance and upkeep of the facility	88%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	89%
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	81%
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	80%
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	87%
Standards D6	The facility is compliant with statutory and regulatory requirement	100%
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	89%
Standard E2	The facility has defined and established procedures for continuity of care through two-way referral	57%
Standard E3	The facility has defined and established procedures of diagnostic services.	88%
Standard E4	The facility has defined procedures for safe drug administration.	100%
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	78%
Standard E6	The facility has defined and established procedures for nursing care	81%

Standard E7	The facility has defined and established procedures for Emergency care	50%
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	92%
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	81%
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	90%
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	100%
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	100%
Standard E16	The facility has established procedures for Antenatal care as per guidelines	100%
Standard E18	The facility has established procedure for postnatal Care	100%
Standard F1	The facility has established program for infection prevention and control	67%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	88%
Standard F3	The facility ensures standard practices and equipment for Personal protection	67%
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	92%
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	90%
Standard G1	The facility has established organizational framework for quality improvement.	79%
Standard G2	The facility has established system for patient and employee satisfaction	67%
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	79%
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	81%
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	83%
Standard H1	The facility measures Productivity Indicators	86%
Standard H2	The facility measures efficiency Indicators.	86%
Standard H3	The facility measures Clinical Care Indicators.	80%
Standard H4	The facility measures Service Quality Indicators	83%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Infection control practices need to be enhanced
2.	Staff needs to be trained on clinical bench marks for follow up

Summary Report of External Assessment

Name of the facility : UPHC Mamilagudem, khammam

Date of Assessment : 5th-6th April 2023

Overall Score of Health facility : 86.5%

1. Compliance to certification criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criteria met Overall Score – 86.5%
II.	Aggregated score in each Area of Concern is $\geq 60\%$	Criteria met
III.	Score of Standard A2, B3 and F4 is $\geq 60\%$	Criteria met Standard A2 – 83% Standard B3 – 100% Standard F4 – 90%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction score of $\geq 60\%$ in the preceding quarter or more (Satisfied or Highly satisfied on Mera- Aspataal) or score of 3.0 on Likert Scale.	Criteria met PSS – 4.3

2. Departmental Score

S. No.	Department	Score
1.	Dressing Room and Emergency	80.5%
2.	General Clinic	783.8
3.	Maternity Health	86.0%
4.	New Born and Child Health	84.3%
5.	Immunization	90.5%
6.	Family Planning	88.2%
7.	Communicable Disease	90.2%
8.	Non-communicable Disease	86.7%
9.	Outreach	79.3%
10.	Pharmacy	86.7%
11.	Laboratory	92.9%
12.	General Administration	88.0%

3. Area of Concern Score

S. No.	Area of Concern	Score
A	Service Provision	86.4%

B	Patient Rights	90.3%
C	Inputs	88.4%
D	Support Services	89.7%
E	Clinical Services	81.6%
F	Infection Control	91.2%
G	Quality Management	79.9%
H	Outcome	86%

4. Score Against Each Standard

Reference No	Standard	Score
Standard A1	Facility provides Promotive, preventive and Curative services	90%
Standard A2	The facility provides RMNCHA Services	83%
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.	78%
Standard A4	The facility provides services as mandated in National Health Programmes, state scheme and local requirement.	91%
Standard A5	The facility provides services as per local needs / State specific health programmes as per Guidelines	70%
Standard B1	The service provided at facility are accessible	88%
Standard B2	The service provided at facility are acceptable	89%
Standard B3	The service provided at facility are affordable	100%
Standard C1	The facility has adequate & Safe infrastructure for delivery of assured services and meets the prevalent norms	89%
Standard C2	The facility has adequate qualified and trained staff, required for providing the assured services to the current caseload	90%
Standard C3	The facility provides drugs and consumables required for assured services.	87%
Standard C4	The facility has equipment & instruments required for assured list of services.	84%
Standard D1	The facility has established facility management Programme for maintenance & upkeep of equipment & infrastructure to provide safe & secure environment to staff & users	95%
Standard D2	Facility has defined procedure for storage, Inventory Management & dispensing of drugs in pharmacy	89%
Standard D3	Facility has defined & established procedure for Community Participation for providing assured services	68%
Standard D4	Facility has defined procedure for Governance & work Management	87%
Standard D5	Facility has procedure for collecting & Reporting of the health facility related information	92%
Standard E1	The facility has defined procedures for Registration and consultation of patients.	90%
Standard E2	Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records	71%
Standard E3	Facility has defined & implemented procedures for Drug administration and standard treatment guideline as mandated by Government	90%
Standard E4	Facility has defined & establish procedure for Diagnostic Services	92%
Standard E5	The facility has established procedure for Maternal health care as per guideline	82%
Standard E6	Facility has established procedure for care of Newborn & Child as per guideline	78%

Standard E7	Facility has established procedure for Family Planning as per Govt guideline	82%
Standard E8	Facility provides Adolescent reproductive & sexual health services as per guideline	62%
Standard E9	Facility provides National Health Programmes as per operational/clinical guidelines of the Government	88%
Standard F1	Facility has defined & implemented procedure for ensuring Hand hygiene practices & asepsis	93%
Standard F2	Facility ensures availability of Personal Protective equipment & follows standard precautions.	81%
Standard F3	Facility has standard procedure for disinfection & sterilization of equipment & instrument	89%
Standard F4	Facility has defined & establish procedure for segregation, collection, treatment & disposal of Biomedical & hazardous waste	90%
Standard G1	Facility has established quality Assurance Program as per state/National guidelines	83%
Standard G2	Facility has established system for Patient's and employee's satisfaction	100%
Standard G3	Facility has established, documented & implemented standard operating procedure system for its all key processes.	71%
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators	88%
Standard H2	Facility endeavours to improve its performance to meet benchmarks	77%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	BMW Management to be done as per rules
2.	Staff needs training on training of Infection control, Emergency & Accident, MTP & abortion, Drug inventory Management, ARSH, NVBDCP, National Deafness Control Program, , IMNCI, Skill lab, Dakshata,
3.	Citizen charter to be properly maintained
4.	Referral system to be strengthened

Summary Report of External Assessment

Name of the facility : HWC Sulthanpur, Pedapally

Date of Assessment : 26th April 2023

Overall Score : 75%

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the facility $\geq 70\%$	Criteria met Overall Score – 75%
II.	Score for each service packages of facility (Minimum 7 packages) $\geq 70\%$	Criteria met
III.	Segregated Score of each area of concern shall be $\geq 60\%$	Criteria met
IV.	Score of Standard A1, D3, D4, D5 and G2 is $\geq 60\%$	Criteria met Standard A1 – 93% Standard D3 – 66% Standard D4 – 93% Standard D5 – 67% Standard G2 – 67%
V.	Individual Standard wise score is $\geq 50\%$	Criteria met
VI.	Patient/Client satisfaction Score $\geq 60\%$ or 3.0 on Likert Scale	Criteria met PSS – 4.1

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	92%
B	Patient Rights	85%
C	Inputs	80%
D	Support Services	82%
E	Clinical Services	68%
F	Infection Control	66%
G	Quality Management	61%
H	Outcome	73%

3. Theme Wise Score:

S. No.	Service Packages	Score
1	Care in pregnancy & Childbirth	86%
2	Neonatal & Infant Health Services	73%
3		71%

4	Family Planning	86%
5	Management of Communicable diseases	81%
6	Management of Non-Communicable Diseases	70%
7	Drugs & Diagnostics	85%

4. Score against each Standard:

Reference No.	Standard	Score
Standard A1	The facility provides Comprehensive Primary Healthcare Services	93%
Standard A2	The facility provides drugs and diagnostic services as mandated	83%
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	82%
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	78%
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	75%
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	100%
Standard B5	The facility ensures all services are provided free of cost to its users	100%
Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users	66%
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	100%
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	56%
Standard C4	The facility provides drugs and consumables required for assured services	90%
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	83%
Standard D1	The facility has established Programme for maintenance and upkeep of the facility	75%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	86%
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	66%
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	93%
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	85%
Standards D6	The facility is compliant with statutory and regulatory requirement	100%
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	68%
Standard E2	The facility has defined and established procedures for continuity of care through two-way referral	57%
Standard E3	The facility has defined and established procedures of diagnostic services.	63%
Standard E4	The facility has defined procedures for safe drug administration.	69%

Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	72%
Standard E6	The facility has defined and established procedures for nursing care.	50%
Standard E7	The facility has defined and established procedures for Emergency care	60%
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	68%
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	69%
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	62%
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	81%
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	75%
Standard E16	The facility has established procedures for Antenatal care as per guidelines	84%
Standard E18	The facility has established procedure for postnatal Care	50%
Standard F1	The facility has established program for infection prevention and control	50%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	75%
Standard F3	The facility ensures standard practices and equipment for Personal protection	50%
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	58%
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	73%
Standard G1	The facility has established organizational framework for quality improvement.	57%
Standard G2	The facility has established system for patient and employee satisfaction	67%
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	64%
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	50%
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	50%
Standard H1	The facility measures Productivity Indicators	86%
Standard H2	The facility measures efficiency Indicators.	86%
Standard H3	The facility measures Clinical Care Indicators.	60%
Standard H4	The facility measures Service Quality Indicators	50%

. Areas of improvement

S. No	Recommended areas of improvement
1.	Record keeping should be strengthened

2.	Infection control practices needs to be strengthened
3	AYUSH services to be implemented
4	Counselling services to be strengthened

Performance Summary Report

Name of the facility : PHC Kusmanchi, Khamam, Telangana

Date of Assessment : 25th-26th April 2023

Overall Score of Health facility : 81.33%

1. Compliance to certification criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criteria met Overall Score - 81.33%
II.	Aggregated score in each Area of Concern is $\geq 60\%$	Criteria met
III.	Score of Standard A2, B4 and F6 is $\geq 60\%$	Criteria met Standard A2 - 76% Standard B4 - 97% Standard F6 - 89%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction score of $\geq 60\%$ in the preceding quarter or more (Satisfied or Highly satisfied on Mera- Aspataal) or score of 3.0 on Likert Scale.	Criteria met PSS - 4.3

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	81.30%
B	Patient Rights	84.14%
C	Inputs	79.68%
D	Support Services	83.65%
E	Clinical Services	80.71%
F	Infection Control	87%
G	Quality Management	75.22%
H	Outcome	77.53%

3. Departmental Score:

S.No.	Department	Score
1	OPD	82.27%
2	Laboratory	83.01%
3	Labour Room	86.16%
4	IPD	81.59%
5	National Health Program	76.99%
6	General Administration	80.27%

4. Score against each Standard:

Reference No	Standard	Score
Standard A1	Facility provides primary level curative services	82%
Standard A2	The facility provides RMNCHA Services	76%
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.	90%
Standard A4	The facility provides services as mandated in the National Health Programmes /State scheme(s).	82%
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities	76%
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there is no barrier on account of physical, economic, cultural or social status.	84%
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.	92%
Standard B4	The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of hospital services.	97%
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	68%
Standard C2	The facility ensures the physical safety including fire safety of the infrastructure.	80%

Reference No	Standard	Score
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	81%
Standard C4	The facility provides drugs and consumables required for assured services.	85%
Standard C5	The facility has equipment & instruments required for assured list of services.	84%
Standard D1	The facility has an established Facility Management Program for Maintenance & Upkeep of Equipment & Infrastructure to provide safe & Secure environment to staff & Users	80%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	89%
Standard D3	The facility ensures availability of diet, linen, water and power backup as per requirement of service delivery & support services norms	76%
Standard D4	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	77%
Standard D5	Hospital has defined and established procedures for Financial Management & monitoring of quality of outsourced services.	75%
Standard D6	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	88%
Standard D7	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	90%
Standard D8	Hospital has defined and established procedure for monitoring & reporting of National Health Program as per state specifications	90%
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	77%
Standard E2	The facility has procedures for continuity of care of patient.	77%
Standard E3	The facility has defined and established procedures for nursing care	64%
Standard E4	The facility has defined & follows procedure for drug administration, and standard treatment guidelines, as defined by the government	81%
Standard E5	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	75%
Standard E6	The facility has defined and established procedures for discharge of patient.	82%
Standard E7	The facility has defined and established procedures for Emergency Services and Disaster Management	85%
Standard E8	The facility has defined and established procedures for diagnostic services	90%
Standard E9	The facility has established procedures for Antenatal care as per guidelines	97%
Standard E10	The facility has established procedures for Intranatal care as per guidelines	90%
Standard E11	The facility has established procedures for postnatal care as per guidelines	86%
Standard E12	The facility has established procedures for care of new born, infant and child as per guidelines	89%
Standard E13	The facility has established procedures for abortion and family planning as per government guidelines and law	75%
Standard E14	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines	77%
Standard E15	The facility provides National health Programme as per operational/Clinical Guidelines	73%
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection	75%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	87%
Standard F3	The facility ensures availability of material for personal protection, and facility staff follows standard precaution for personal protection.	94%
	The facility has standard procedures for decontamination, disinfection & sterilization	81%

Reference No	Standard	Score
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	85%
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	89%
Standard G1	The facility has defined and established organizational framework & Quality policy for Quality Assurance	75%
Standard G2	The facility has established system for patient and employee satisfaction	72%
Standard G3	The facility has established system for assuring and improving quality of Clinical & support services by internal & external program.	74%
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	78%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	83%
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	73%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	82%
Standard H4	The facility measures Service Quality Indicators and endeavors to reach State/National benchmark	67%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Need better infrastructure for IPD& Lab.
2.	Staff trainings on SOPs, Infection control
3	Quality indicator capturing needs to be augmented.

