



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
9th May 2023

Dear Shri Rizvi,

At the outset, I congratulate you and your state team for taking up one (01) public health facility of Telangana for Quality Certification under LaQshya program. The facility 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).	CHC Chityal, Jayashankar Bhupalpally	19 th -20 th April 2023	6 departments (Emergency, OPD, IPD, Pharmacy & Storage and General administration) (NQAS)	Met all Criteria	81.59%	Quality Certified
			Labour room & Maternity OT (LaQshya)	LR: Met all Criteria MOT: Met all Criteria	LR: 84% MOT: 77%	LR: Quality Certified MOT: Quality Certified

Hence, six(06) departments (Emergency, OPD, IPD, Pharmacy & Storage and General administration) of CHC Chityal, (Jayashankar Bhupalpally) under NQAS program and Labour Room & MOT of CHC Chityal, (Jayashankar Bhupalpally) under LaQshya program in the state of Telangana are granted "Quality Certification" under LaQshya Program.

The certified health facility 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.

Summary of the Assessment Report of the aforementioned facility is enclosed as **Appendices- A & B** respectively.

With best wishes

Yours Sincerely,

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

(Vishal chauhan)

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. State quality Assurance Unit, Room No 410, Directorate of Medical education building, National Health Mission, Hyderabad- 500095, Telangana
3. Medical Officer, CHC Chityal, Telangana

External Assessment Report

Name of Facility : CHC Chityal

Date of Assessment : 19th-20th March 2023

Overall Score of Health facility : 81.59%

1. Status on Criteria of Certification:

CriterionNo.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criteria met Overall Score – 81.59%
II.	Score of each department of the health facility $\geq 70\%$	Criteria met
III.	Segregated score in each Area of Concern is $\geq 70\%$	Criteria met
IV.	Score of Standard A2, B5 and Standard D8 is $\geq 60\%$	Criteria met Standard A2 – 70% Standard B5 – 72% Standard D8 – 82%
V.	Individual Standard wise score is $\geq 50\%$	Criteria met
VI.	Patient Satisfaction Score of 65% in the preceding Quarter or more or Score of 3.2 on Likert .Scale	Criteria met PSS: 4.08 (Likert Scale)

2. Area of Concern Score

S. No.	Area of Concern	Score
A	Service Provision	83%
B	Patient Rights	88%
C	Inputs	79%
D	Support Services	86%
E	Clinical Services	82%
F	Infection Control	84%
G	Quality Management	71%
H	Outcome	79%

3. Departmental Score

S.No	Department	Score
1.	Emergency	84.4%
2.	OPD	81.52%

3.	IPD	81.8%
4.	Pharmacy & Store	71.2%
5.	General Admin	83.4%

4. Standard Wise Score

Reference no	Standard	Score
StandardA1	The facility provides Curative Services	64%
StandardA2	The facility provides RMNCHA Services.	70%
StandardA3	The facility Provides diagnostic Services	63%
StandardA4	The facility provides services as mandated in the National Health Programmes /State scheme(s).	80%
StandardA5	Facility provides support services and administrative services.	79%
StandardA6	Health services provided at the facility are appropriate to community needs.	93%
StandardB1	The facility provides information to care-seekers, attendants &community about available services, and their modalities	72%
StandardB2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barriers on account of physical, economic, cultural or social status.	72%
StandardB3	The facility maintains privacy, confidentiality & dignity of patients, and has a system for guarding patient related information.	76%
StandardB4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making	76%
StandardB5	The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of hospital services.	72%
StandardC1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	64%
StandardC2	The facility ensures physical safety including fire safety of the infrastructure.	66%
StandardC3	The facility has adequate qualified and trained staff, required for providing the assured services at the current caseload	61%
StandardC4	The facility provides drugs and consumables required for assured services.	73%
StandardC5	The facility has equipment & instruments required for assured list of services.	62%
StandardD1	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	60%
StandardD2	The facility has defined procedures for storage of drugs, inventory management and dispensing of drugs in pharmacy and patient care areas	63%
StandardD3	The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.	71%
StandardD4	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	71%
StandardD5	The facility ensures availability of Diet as per nutritional requirement and clean linen to all admitted patients.	59%
StandardD6	The facility has defined and established procedures for promoting public participation in management of	70%

StandardD7	Hospital has defined and established procedures for Financial Management	100%
StandardD8	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	82%
StandardD9	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	75%
StandardD10	The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	94%
StandardE1	The facility has defined procedures for registration, consultation and admission of patients.	76%
StandardE2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	63%
StandardE3	The facility has defined and established procedures for continuity of care of patient and referral	67%
StandardE4	The facility has defined and established procedures for nursing care	66%
StandardE5	The facility has a procedure to identify high risk and vulnerable patients.	71%
StandardE6	The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	65%
StandardE7	The facility has defined procedures for safe drug administration	59%
StandardE8	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	68%
StandardE9	The facility has defined and established procedures for discharge of patient.	68%
StandardE10	The facility has defined and established procedures for Emergency Services and Disaster Management	71%
StandardE11	The facility has defined and established procedures of diagnostic services	57%
StandardE12	The facility has defined and established procedures for Blood Storage Management and Transfusion.	50%
StandardE13	The facility has established procedures for Anesthetic Services	55%
StandardE14	The facility has defined and established procedures of Operation theatre.	54%
StandardE15	The facility has defined and established procedures for end-of-life care and death	83%
StandardE16	The facility has established procedures for Antenatal care as per guidelines	92%
StandardE17	The facility has established procedures for Intranatal care as per guidelines	50%
StandardE18	The facility has established procedures for postnatal care as per guidelines	69%
StandardE19	The facility has established procedures for care of newborn, infant and child as per guidelines	61%
StandardE20	The facility has established procedures for abortion and family planning as per government guidelines and law	71%
StandardE21	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines	57%
StandardE22	The facility provides services as per National Health Programmes' Operational/Clinical Guidelines	97%
StandardF1	The facility has Infection Control Programme, and there are procedures in place for prevention and measurement of Hospital Associated Infections	60%

Standard F2	The facility has ensured availability of material for personal protection, and facility staff follow standard precaution for personal protection.	64%
Standard F3	The facility has standard procedures for processing of equipment and instruments	58%
Standard F4	Physical layout and environmental control of the patient care areas ensure infection prevention	64%
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio-medical and hazardous Waste.	66%
Standard G1	The facility has established organizational framework for quality improvement	73%
Standard G2	The facility has established system for patient and employee satisfaction	75%
Standard G3	The facility has established internal and external quality assurance Programmes wherever it is critical to quality.	51%
Standard G4	The facility has established, documented, implemented and maintained Standard Operating Procedures for all key processes.	60%
Standard G5	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	60%
Standard G6	The facility has defined and established Quality Policy & Quality Objectives	58%
Standard G7	The facility seeks continual improvement by practicing Quality tool and method.	52%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	70%
Standard H2	The facility measures Efficiency Indicators and ensures to reach State/National Benchmarks	64%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmarks	51%
Standard H4	The facility measures Service Quality Indicators and endeavors to reach State/National benchmarks	64%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Registration counter in OPD needs to be maintained as per standard
2.	Emergency C section to be conducted (In night)
3.	IPD case tickets & OPD tickets need to be filled completely
4.	Prescription audits need to be conducted
5.	Drug store needs to properly managed

External Assessment Report

Name of facility : CHC Chityal

Date of Assessment : 19th-20th April 2023

Department: Labour Room

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the department shall be $\geq 70\%$	Criteria met Overall Score- 84%
II.	Score of each area of concern shall be $\geq 70\%$	Criteria met
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	Criteria met Standard B3 – 100% Standard E18 - 83% Standard E19 – 75%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Client satisfaction of the department shall be more than $\geq 70\%$	Criteria met PSS- 4.13%

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	77%
B	Patient Rights	90%
C	Inputs	84%
D	Support Services	90%
E	Clinical Services	84%
F	Infection Control	88%
G	Quality Management	73%
H	Outcome	85%

3. Score against each Standard:

Reference No.	Standard	Score
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Standard A1	The facility provides Curative Services	
Standard A2	The facility provides RMNCHA Services	100%
Standard A3	The facility Provides diagnostic Services	78%
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities	75%
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 reasons.	100%
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.	100%
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving the min treatment planning, and facilitates informed decision making	50%
Standard B5	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	82%
Standard C2	The facility ensures the physical safety of the infrastructure.	83%
Standard C3	The facility has established Programme for fire safety and other disaster	83%
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	80%
Standard C5	The facility provides drugs and consumables required for assured services.	88%
Standard C6	The facility has equipment & instruments required for assured list of services.	93%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	71%
Standard D1	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	88%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	94%
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	90%
Standard D4	The facility has established Programme for maintenance and upkeep of the facility	93%
Standard D5	The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms	75%
Standard D7	The facility ensures clean linen to the patients	75%
Standard D11	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	100%
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	100%

Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	
Standard E3	The facility has defined and established procedures for continuity of care of patient and referral	95%
Standard E4	The facility has defined and established procedures for nursing care	70%
Standard E5	The facility has a procedure to identify high risk and vulnerable patients.	75%
Standard E6	The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	50%
Standard E7	The facility has defined procedures for safe drug administration	64%
Standard E8	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	86%
Standard E12	The facility has defined and established procedures of diagnostic services	100%
Standard E13	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	100%
Standard E16	The facility has defined and established procedures for end-of-life care and death	100%
Standard E18	The facility has established procedures for Intra-natal care as per guidelines	88%
Standard E19	The facility has established procedures for postnatal care as per guidelines	75%
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection	83%
Standard F2	The facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis	100%
Standard F3	The facility ensures standard practices and materials for Personal protection	81%
Standard F4	The facility has standard procedures for processing of equipment and instruments	75%
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.	100%
Standard G1	The facility has established organizational framework for quality improvement	50%
Standard G2	The facility has established system for patient and employee satisfaction	83%
Standard G3	The facility has established internal and external quality assurance Programmes wherever it is critical to quality.	50%
Standard G4	The facility has established documented implemented and maintained Standard Operating Procedures for all key processes and support services.	86%
Standard G5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	50%
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	71%

Standard G7	The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them	
Standard G8	The facility seeks continually improvement by practicing Quality method and tools.	50%
Standard G10	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	50%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	100%
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	100%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National Benchmark	75%
Standard H4	The facility measures Service Quality Indicators and endeavour to reach State/National benchmark	100%

Department: Maternity Operation Theatre

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the department shall be $\geq 70\%$	Criteria met (Overall Score- 77%)
II.	Score of each area of concern shall be $\geq 70\%$	Criteria met
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	Criteria met Standard B3 – 100% Standard E18– 92% Standard E19 –83%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient satisfaction of the department shall be more than $\geq 70\%$	Criteria met PSS-4.04%

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	72%
B	Patient Rights	91%
C	Inputs	72%
D	Support Services	80%
E	Clinical Services	82%
F	Infection Control	73%
G	Quality Management	75%
H	Outcome	75%

3. Score against each Standard:

Reference No.	Standard	Score
Standard A1	Facility Provides Curative Services	50%
Standard A2	Facility provides RMNCHA Services	80%
Standard A3	Facility Provides Diagnostic Services	100%
Standard B1	Facility provides the information to care seekers, attendants & community about the available services and their modalities	50%

Standard B2	cultural needs, and there is no barrier on account of physical, economic, cultural or social reasons.	
Standard B3	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	100%
Standard B4	Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.	100%
Standard B5	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.	100%
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	73.3%
Standard C2	The facility ensures the physical safety of the infrastructure.	60%
Standard C3	The facility has established Programme for fire safety and other disaster	50%
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	60%
Standard C5	Facility provides drugs and consumables required for assured list of services.	90.9%
Standard C6	The facility has equipment & instruments required for assured list of services.	69.2%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of Staff.	66.75
Standard D1	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	80%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	66.7%
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	62.5%
Standard D4	The facility has established Programme for maintenance and upkeep of the facility	81.3%
Standard D5	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	100%
Standard D7	The facility ensures clean linen to the patients	100%
Standard D11	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	100%
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	100%
Standard E3	Facility has defined and established procedures for continuity of care of patient and referral	100%
Standard E4	The facility has defined and established procedures for nursing care	100%
Standard E5	Facility has a procedure to identify high risk and vulnerable patients.	50%
Standard E6	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	50%

Standard E7		
Standard E8	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	87.5%
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management	50%
Standard E12	The facility has defined and established procedures of diagnostic services	50%
Standard E13	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	50%
Standard E14	Facilityhasestablishedproceduresfor AnaestheticServices	100%
Standard E15	Facility has defined and established procedures of Surgical Services	85.7%
Standard E16	The facility has defined and established procedures for end-of-life care and death	100%
Standard E18	Facility has established procedures for Intranatal care as per guidelines	92.9%
Standard E19	Facilityhasestablishedproceduresforpostnatal care as perguidelines	83.3%
Standard F1	Facility has infection control program and procedures in place for prevention andmeasurement of hospital associated infection	80%
Standard F2	FacilityhasdefinedandImplementedprocedures for ensuring hand hygiene practicesandAntisepsis	83.3%
Standard F3	Facility ensures standard practices and materials for Personal protection	75%
Standard F4	FacilityhasstandardProceduresforprocessing of equipment's andinstruments	53.3%
Standard F5	Physicallayoutandenvironmentalcontrolofthe patientcareareasensuresinfectionprevention	67.9%
Standard F6	Facility has defined and established proceduresfor segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	94.4%
Standard G1	Thefacilityhasestablishedorganizational framework for qualityimprovement	100%
Standard G3	Facility have established internal and external quality assurance programs wherever it iscritical to quality.	75%
Standard G4	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	87.5%
Standard G 5	Facility maps its key processes and seeks tomakethemmoreefficientbyreducingnonvalue adding activities andwastages	50%
Standard G6	The facility has established system of periodic review as internal assessment, medical &death.audit and prescription audit	70%
Standard G7	The facility has defined mission, values, Qualitypolicy & objectives & prepared a strategic plan to achieve them	50%
Standard G8	Facility seeks continually improvement by practicing Quality method and tools.	75%
Standard G10	Facility has established procedures for assessing, reporting, evaluating, and managing.risk as per Risk Management Plan	50%
Standard H1	ThefacilitymeasuresProductivityIndicatorsand ensurescompliancewithState/NationalBenchmarks	50%
Standard H2	ThefacilitymeasuresEfficiencyIndicatorsand ensuretoreachState/NationalBenchmark	100%

Standard/HIS	The facility measures Clinical Safety	
	& Safety Indicators and tries to reach State/National benchmark	
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National Benchmark	100%

4. Areas of Improvement

S.NO	Recommended areas of improvement
1.	Infection control practices need to be followed strictly
2.	IPD case tickets need to be updated
3.	HDU/ICU to be made available
4.	Staff needs training on SOP and policy
5.	Emergency C section services to be made available
6.	Drug storage and management system was very poor like - LASA, labeling of medicines, near expiry drug policy etc