Performance Assessment Center Wise Result Report

Region: Lahore

Audit Year: 2026

Category: PHC Indicators for Category 1 Hospitals 50 Beds

Center: Alkhidmat Teaching Hospital Mansoorah

Sr#	Department	Fully Met	Fully Met%	Partially Met	Partially Met %	Not Met	Not Met %	Not Applicable
1	Admin	9	90.0	0	0	1	10.0	0
2	Anesthesia	10	100	0	0	0	0	0
3	Biomedical	3	75.00	1	25.00	0	0	0
4	Blood Bank Services	3	60.0	2	40.0	0	0	0
5	CSSD	3	100	0	0	0	0	0
6	Emergency Services	5	83.33	1	16.67	0	0	0
7	Finance	4	100	0	0	0	0	0
8	Fire & Safety	4	100	0	0	0	0	0
9	Gynae & Obs	5	100	0	0	0	0	0
10	Housekeeping	0	0	1	100	0	0	0
11	Human Resource	14	100	0	0	0	0	0
12	Infection Control	4	80.0	1	20.0	0	0	0
13	IT	3	75.00	1	25.00	0	0	0
14	IT & Medical Record	7	50.0	1	7.14	6	42.86	1
15	Laboratory Services	6	100	0	0	0	0	0
16	Maintenance	3	75.00	1	25.00	0	0	0
17	Nursing Services	8	80.0	2	20.0	0	0	0
18	OPD	3	75.00	1	25.00	0	0	0
19	Pharmacy	10	90.91	1	9.09	0	0	0
20	QIPS	17	89.47	2	10.53	0	0	0
21	Radiology Services	7	87.50	1	12.50	0	0	0
22	Surgical Services	10	100	0	0	0	0	0
	Sum & Percentage	138	85.71	16	9.94	7	4.35	1

Fully Met: 138   **Partially Met:** 16   **Not Met:** 7   **Not Applicable:** 1

Department	Sr#	Question	Rated	Remarks
Admin	1	The designated individual has requisite and appropriate administrative qualifications and experience	Fully Met	
	2	The organization complies with the laid down and applicable legislations and regulations	Fully Met	
	3	Those responsible for governance address the organization's social and community responsibilities.	Fully Met	
	4	Those responsible for governance appoint the senior leaders in the organization	Fully Met	

Admin	5	Those responsible for governance approve the organization's budget and allocate the resources required to meet the organization's mission	Fully Met	
	6	Those responsible for governance establish the organization's organogram	Fully Met	
	7	Those responsible for governance lay down the organization's mission statement	Fully Met	
	8	Those responsible for governance lay down the strategic and operational plans	Fully Met	
	9	Those responsible for governance monitor and measure the performance of the organization against the stated mission	Fully Met	
	10	Those responsible for governance support research activities and quality improvement plans	Not Met	
Anesthesia	11	A qualified individual applies defined criteria to transfer the patient from the recovery area	Fully Met	
	12	All adverse anaesthesia events are recorded and monitored	Fully Met	
	13	All patients for anaesthesia have a pre-anaesthetic assessment by a qualified individual.	Fully Met	
	14	An immediate pre-operative (pre-induction) re-evaluation is documented	Fully Met	
	15	During anaesthesia, monitoring includes regular and periodic recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway security and patency and level of anaesthesia	Fully Met	
	16	Each patient's post-anaesthetic status is monitored and documented	Fully Met	
	17	Informed consent for administration of anaesthesia is obtained by a qualified member of the anaesthetic team.	Fully Met	
	18	No anaesthetic should be administered unless the identity of the patient can be guaranteed	Fully Met	
	19	The pre-anaesthesia assessment results in formulation of an anaesthetic plan for each patient, which is documented	Fully Met	
	20	There is a documented policy and procedure for the administration of anaesthesia	Fully Met	
Biomedical	21	Equipment is periodically inspected, serviced and calibrated to ensure their proper function. There is a documented operational and maintenance (preventive breakdown and replacement) plan	Fully Met	
	22	Equipment is selected by a collaborative process	Fully Met	
	23	Qualified and trained personnel operate and maintain the equipment	Partially Met	Personnel file not maintained ,in process in HR end
	24	The organization plans for equipment in accordance with its services and strategic plan	Fully Met	
Blood Bank Services	25	Documented policies and procedures are used to guide rational use of blood and blood products	Fully Met	

Blood Bank Services	26	Informed consent is obtained for donation and transfusion of blood and blood products	Partially Met	BTO Endorsement missing +Sign missing in Donor consent from
	27	Staff members are trained to implement the policies	Fully Met	Need effective base training
	28	The transfusion services are governed by the applicable laws and regulations	Fully Met	
	29	Transfusion reactions are analyzed for preventive and corrective actions	Partially Met	Transfusion reaction not properly analyzed , Committee minutes meeting not available ,Monthly record not being shared to PBTA
CSSD	30	Regular validation tests for sterilization are carried out and documented	Fully Met	
	31	There is adequate space available for sterilization activities	Fully Met	
	32	There is an established recall procedure when breakdown in the sterilization system is identified	Fully Met	
Emergency Services	33	Admission or discharge to home or transfer to another organization is documented.	Fully Met	. The discharge register is kept; however, it does not include all medicines prescribed by the doctor on the patient's slip.
	34	Policies also address handling of medico-legal cases.	Fully Met	Only first aid is provided; after that, medico-legal cases are referred to the relevant facility.
	35	Policies and procedures for emergency care are documented.	Fully Met	
	36	Policies and procedures guide the triage of patients for initiation of appropriate care.	Partially Met	No Triage monitoring in emergency slip
	37	Staff members are familiar with the policies and trained on the procedures for care of emergency patients.	Fully Met	
	38	The patients receive care in consonance with the policies.	Fully Met	
Finance	39	Patients and family are educated about the estimated costs of treatment	Fully Met	
	40	Patients and family are informed about the financial implications when there is a change in the patient condition or treatment setting	Fully Met	
	41	The tariff list is available to patients	Fully Met	

Finance	42	There is uniform pricing policy in a given setting (out-patient and ward category	Fully Met	
Fire & Safety	43	Mock drills are held at least once in a year.	Fully Met	
	44	Staff members are trained for their role in case of such emergencies.	Fully Met	
	45	The organization has a documented safe exit (evacuation) plan in case of fire and non-fire emergencies.	Fully Met	
	46	The organization has plans and provisions for 1. Early detection, 2. Containment and 3.abatement of fire and non-fire emergencies	Fully Met	
Gynae & Obs	47	High-risk obstetric patients' assessment also includes maternal nutrition.	Fully Met	
	48	No treatment should be administered unless the identity of the patient can be guaranteed.	Fully Met	
	49	Persons caring for high-risk obstetric cases are competent	Fully Met	
	50	The organization caring for high-risk obstetric cases has the facilities and technically competent staff to take care of neonates of such cases	Fully Met	
	51	The organization defines and displays whether high-risk obstetric cases can be cared for or not	Fully Met	
Housekeeping	52	All staff involved in the creation, handling and disposal of medical waste shall receive regular training and ongoing education in the safe handling of medical waste	Partially Met	Vaccination is In process
Human Resource	53	A well-documented performance appraisal system exists in the organization	Fully Met	
	54	All employees are educated with regard to patients' rights and responsibilities	Fully Met	
	55	All records of in-service training and education are contained in the personnel files	Fully Met	
	56	Each staff member is made aware of his/her rights and responsibilities	Fully Met	
	57	Each staff member is made aware of hospital wide policies and procedures as well as relevant department/unit/service/program policies and procedures	Fully Met	
	58	Each staff member, employee, student and voluntary worker is appropriately oriented to the organization's mission and goals	Fully Met	
	59	Only medical professionals permitted 8y law, regulation and the hospital are to provide patient care without supervision.	Fully Met	
	60	Performance appraisal is carried out at pre-defined intervals and is documented.	Fully Met	
	61	Personal files contain results of all employee evaluations.	Fully Met	
	62	Personnel files are maintained in respect of all employees	Fully Met	

Human Resource	63	The 1. Education, 2. Registration, 3. Training and 4. Experience of the identified health professionals is documented and updated periodically	Fully Met	The HR department is working on developing a policy for the verification of employees' educational qualifications and professional experience.
	64	The appraisal system is used as a tool for further development	Fully Met	
	65	The employees are made aware of the system of performance appraisal at the time of induction.	Fully Met	
	66	The personnel files contain personal information regarding the employee's qualification, disciplinary background and health status.	Fully Met	Arrangement of Hepatitis B vaccination for employees
Infection Control	67	The establishment has appropriate consumables, collection and handling systems, equipment and facilities to manage the control of infection.	Fully Met	
	68	The hospital has a multi-disciplinary infection control committee	Fully Met	
	69	The hospital has an infection control team.	Fully Met	
	70	The hospital has designated a qualified infection control nurse(s) for this activity.	Partially Met	Person designated available but personnel file not maintained ,Employee endorsement missing in JD
	71	The hospital infection control program is documented which aims at preventing and reducing risk of nosocomial infections	Fully Met	
IT	72	Every medical record entry is dated and timed	Fully Met	
	73	Organization policy identifies those authorized to make entries in the medical record	Partially Met	Incomplete list
	74	The author of the entry can be identified	Fully Met	
IT & Medical Record	75	Appropriate corrective and preventive measures undertaken are documented	Not Met	Medical record review system is under process
	76	Care providers have access to current and past medical records	Fully Met	
	77	In the case of death, the medical record contains a copy of the death certificate indicating the cause, date and time of death	Fully Met	
	78	Operative and other procedures performed are incorporated in the medical record	Fully Met	
	79	The medical record contains a copy of the discharge note duly signed by appropriate and qualified personnel	Fully Met	

IT & Medical Record	80	The medical record contains information regarding reasons for admission, diagnosis and plan of care	Fully Met	
	81	The medical records are reviewed periodically	Partially Met	medical records review system in process
	82	The record provides an up-to-date and chronological account of patient care	Fully Met	
	83	The review focuses on the timeliness, legibility and completeness of the medical records	Not Met	Medical record review system is under process
	84	The review identifies, and documents any deficiencies in the record	Not Met	Medical record review system is under process
	85	The review is conducted by identified care providers and health professionals	Not Met	Medical record review system is under process
	86	The review process includes records of both active (current) and discharged patients	Not Met	Medical record review system is under process
	87	The review uses a representative sample based on statistical principles	Not Met	Medical record review system is under process
	88	When a patient is transferred to another hospital, the medical record contains the date of transfer, the reason for the transfer and the name of the receiving hospital	Fully Met	
	89	Whenever a clinical autopsy is carried out, the medical record contains a copy of the report of the same	NA	
Laboratory Services	90	Adequately qualified and trained personnel perform and/or supervise the investigations	Fully Met	
	91	Critical results are reported immediately to the concerned personnel	Fully Met	
	92	Laboratory results are available within a defined time frame	Fully Met	
	93	Laboratory tests not available in the organization are outsourced to organization(s) based on their quality assurance system and independent accreditation	Fully Met	Histopathology MOU revision in process
	94	Policies and procedures guide the: 1. Collection, 2. Identification, 3. Handling, 4. Safe transportation, 5. Processing and 6. Disposal of specimens	Fully Met	Effective Training Required. No Feedback mechanism is in practice.
	95	Scope of the laboratory services is commensurate to the clinical services provided by the organization	Fully Met	
Maintenance	96	The management ensures implementation of these requirements	Fully Met	
	97	The management is conversant with the relevant laws and regulations and knows their applicability to the organization.	Fully Met	

Maintenance	98	The management regularly updates any amendments in the prevailing laws of the land.	Partially Met	Amendments record not available
	99	There is a mechanism to regularly update licenses/registrations/ certifications.	Fully Met	
Nursing Services	100	Dosage is verified from the order prior to administration	Fully Met	
	101	Medication administration is documented	Fully Met	
	102	Medication is verified from the order prior to administration	Fully Met	
	103	Medications are administered (dispensed) by those who are permitted by law to do so	Partially Met	Authorization not available
	104	Patient is identified prior to administration	Fully Met	
	105	Policies and procedures govern patient's medications brought from outside the organization	Fully Met	
	106	Policies and procedures govern patient's self-administration of medications	Fully Met	
	107	Prepared medications are labelled prior to preparation of a second drug	Partially Met	Labeling sticker is in process
	108	Route is verified from the order prior to administration.	Fully Met	
	109	Timing is verified from the order prior to administration	Fully Met	
OPD	110	General consent for treatment is obtained when the patient enters the organization. Patient and/or the family members are informed of the scope of such general consent	Partially Met	For emergency Consent form not available
	111	Informed consent includes information on risks, benefits, and alternatives and as to who will perform the requisite procedure in a language that they can understand	Fully Met	
	112	The organization has listed those situations where specific informed consent is required	Fully Met	Situations
	113	The policy describes who can give consent when patient is incapable of independent decision-making	Fully Met	
Pharmacy	114	Documented policies and procedures exist for the prescription of medications	Fully Met	
	115	Documented policies and procedures guide the safe storage and dispensing of medications	Fully Met	1. A designated quarantine area is not available. 2. Auxiliary in the process of label printing.
	116	Expiry dates are checked and documented prior to dispensing.	Fully Met	
	117	High-risk medication orders are verified prior to dispensing	Fully Met	
	118	Labelling requirements are documented and implemented by the organization.	Fully Met	Auxiliary in the process of label printing .
	119	Medication orders are clear, legible, dated, timed, named and signed.	Fully Met	

Pharmacy	120	Orders are written in a uniform location in the medical records	Fully Met	
	121	Policy on verbal orders is documented and implemented.	Fully Met	
	122	The organization defines a list of high-risk medication.	Fully Met	
	123	The organization formally determines who can write orders	Partially Met	SOP Available but List NA
	124	The policies include a procedure for medication recall	Fully Met	
QIPS	125	Monitoring includes adverse drug events	Fully Met	
	126	Monitoring includes all invasive procedures	Fully Met	
	127	Monitoring includes appropriate patient assessment	Partially Met	Not being monitored
	128	Monitoring includes availability and content of medical records	Fully Met	
	129	Monitoring includes safety and quality control programs of the diagnostic services	Fully Met	
	130	Monitoring includes use of anaesthesia.	Fully Met	
	131	Monitoring includes use of blood and blood products	Fully Met	
	132	Sentinel events are intensively analyzed when they occur.	Fully Met	
	133	The designated programme is communicated and coordinated amongst all the employees of the organization through a proper training mechanism	Fully Met	
	134	The organization has defined sentinel events	Partially Met	Complete list not available
	135	The organization informs the patient of his/her right to express his/her concern or complain either verbally or in writing	Fully Met	
	136	The organization informs the patient of the progress of the investigation at regular intervals and inform about the outcome	Fully Met	
	137	The organization uses the results of complaints investigations as part of the quality improvement process	Fully Met	
	138	The quality improvement program is comprehensive and covers all the major elements related to quality improvement and risk management	Fully Met	
	139	The quality improvement programme is a continuous process and updated at least once in a year	Fully Met	
	140	The quality improvement programme is developed, implemented and maintained by a multi-disciplinary committee	Fully Met	
	141	The quality improvement programme is documented	Fully Met	
	142	There is a designated individual for coordinating and implementing the quality improvement programme	Fully Met	

QIPS	143	There is a documented process for collecting, prioritizing, reporting and investigating complaints, which is fair and timely	Fully Met	
Radiology Services	144	Adequately qualified and trained personnel perform, supervise and interpret the investigation	Fully Met	
	145	Critical results are intimated immediately to the concerned personnel	Fully Met	
	146	Imaging results are available within a defined time frame	Partially Met	Reporting format update is under process
	147	Imaging services comply with legal and other requirements	Fully Met	
	148	Imaging tests not available in the organization are outsourced to organization(s) based on their quality assurance system and compliance with applicable laws and regulations	Fully Met	
	149	Policies and procedures guide identification and safe transportation of patients to imaging services	Fully Met	
	150	Quality assurance activities are evident in the imaging department	Fully Met	
	151	Scope of the imaging services is commensurate to the clinical services provided by the organization	Fully Met	
Surgical Services	152	A brief operative note is documented by the surgeon or a doctor in the surgical team prior to transferring the patient out of the recovery area.	Fully Met	
	153	A quality assurance program is followed for the surgical services	Fully Met	
	154	An informed consent is obtained by a qualified medical member of the surgical team prior to the procedure	Fully Met	
	155	Documented policies and procedures exist to prevent adverse events like wrong site, wrong patient and wrong surgery	Fully Met	
	156	Persons qualified by law are permitted to perform the procedures that they are entitled to perform	Fully Met	
	157	Surgical patients have a pre-operative assessment and a provisional diagnosis documented prior to surgery	Fully Met	
	158	The operating surgeon or their surgical assistant documents the post-operative plan of care.	Fully Met	
	159	The plan also includes monitoring of surgical site infection rates	Fully Met	
	160	The surgery-related policies and procedures are documented.	Fully Met	
	161	The surgical quality assurance program includes surveillance of the operation theatre environment	Fully Met	

Observations:

The hospital shows some gaps in emergency department documentation regarding triage monitoring and consent form missing, Blood Bank Services BTO Endorsement missing, and the total absence of a medical record review system. Additionally, some authorization lists are missing across departments.

Note: Please see the detailed report for indicator-specific findings.

Recommendations:

The hospital should make proper triage system and consent taking in emergency. All procedures, including blood transfusions, should have mandatory approvals, and authorization lists must be complete and regularly updated in all departments. A regular medical record review system should be established to identify and correct errors, and staff should receive ongoing training on proper documentation and compliance.

Note: Please submit compliance actions for all indicators marked partially met or not met to the head office within the required timeline.