



Performance Assessment Center Wise Result Report

Region: Lahore

Audit Year: 2024

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	6	60.0	4	40.0	0	0	0
2	Anesthesia	5	50.0	5	50.0	0	0	0
3	Biomedical	2	50.0	2	50.0	0	0	0
4	Blood Bank Services	2	40.0	1	20.0	2	40.0	0
5	CSSD	2	66.67	1	33.33	0	0	0
6	Emergency Services	5	83.33	1	16.67	0	0	0
7	Finance	2	50.0	1	25.00	1	25.00	0
8	Fire & Safety	1	25.00	1	25.00	2	50.0	0
9	Gynae & Obs	5	100	0	0	0	0	0
10	Housekeeping	1	100	0	0	0	0	0
11	Human Resource	7	50.0	5	35.71	2	14.29	0
12	Infection Control	3	60.0	0	0	2	40.0	0
13	IT	3	75.00	1	25.00	0	0	0
14	IT & Medical Record	4	26.67	4	26.67	7	46.67	0
15	Laboratory Services	3	50.0	2	33.33	1	16.67	0
16	Maintenance	4	100	0	0	0	0	0
17	Nursing Services	6	60.0	4	40.0	0	0	0
18	OPD	1	25.00	3	75.00	0	0	0
19	Pharmacy	5	45.45	5	45.45	1	9.09	0
20	QIPS	2	10.53	15	78.95	2	10.53	0
21	Radiology Services	6	75.00	1	12.50	1	12.50	0
22	Surgical Services	8	80.0	2	20.0	0	0	0
Sum & Percentage		83	51.23	58	35.80	21	12.96	0

Fully Met: 83 **Partially Met:** 58 **Not Met:** 21 **Not Applicable:** 0

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	Partially Met	Available in documents but not displayed in the hospital areas
	8	Those responsible for governance lay down the strategic and operational plans	Partially Met	Plan available but not revised from last 7 years
	9	Those responsible for governance monitor and measure the performance of the organization against the stated mission	Partially Met	Revised record not available
	10	Those responsible for governance support research activities and quality improvement plans	Partially Met	Updated evidence not available
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	Partially Met	Performance available but measuring data not found as evidence
	13	All patients for anaesthesia have a pre-anaesthetic assessment by a qualified individual.	Partially Met	Anaesthetic assessment done but identification of anaesthetic not clearly mentioned in the form
	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.	Partially Met	Incomplete informed consent
	18	No anaesthetic should be administered unless the identity of the patient can be guaranteed	Partially Met	Policy and SOP not available
	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	Partially Met	Policy available but not revised



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	Partially Met	Record of equipment calibration and maintenance not available. Plan available but not followed policies available but not revised.
	22	Equipment is selected by a collaborative process	Fully Met	
	23	Qualified and trained personnel operate and maintain the equipment	Partially Met	Policy available but staff not aware to maintain the equipment
	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	Not Met	Not Available
	26	Informed consent is obtained for donation and transfusion of blood and blood products	Fully Met	
	27	Staff members are trained to implement the policies	Partially Met	Not Training has been conducted since 2023
	28	The transfusion services are governed by the applicable laws and regulations	Not Met	PBTA licence is Expired since 2022
	29	Transfusion reactions are analyzed for preventive and corrective actions	Fully Met	
CSSD	30	Regular validation tests for sterilization are carried out and documented	Fully Met	
	31	There is adequate space available for sterilization activities	Partially Met	Separate clean and dirty paths not available
	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	
	34	Policies also address handling of medico-legal cases.	Partially Met	Policy not Displayed in emergency
	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.	Fully Met	
	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	Partially Met	Informing to the patient but policy not available



Finance	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	Not Met	Tarif List not available
	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.	Not Met	Mock drill not held from last 3 years.
	44	Staff members are trained for their role in case of such emergencies.	Not Met	Staff training not delivered from last 3 years
	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	Partially Met	Fire and smoke detectors and fire alarms not available.
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	Fully Met	
Human Resource	53	A well-documented performance appraisal system exists in the organization	Partially Met	Evidence not found
	54	All employees are educated with regard to patients' rights and responsibilities	Partially Met	Not available in all staff files
	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	Partially Met	JDs off all staff and roles not available
	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	Not Met	Not available in staff files
	59	Only medical professionals permitted by law, regulation and the hospital are to provide patient care without supervision.	Fully Met	



Human Resource	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	
	63	The 1. Education, 2. Registration, 3. Training and 4. Experience of the identified health professionals is documented and updated periodically	Partially Met	Incomplete files
	64	The appraisal system is used as a tool for further development	Not Met	Not available
	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.	Partially Met	Incomplete files
Infection Control	67	The establishment has appropriate consumables, collection and handling systems, equipment and facilities to manage the control of infection.	Not Met	Evidence not found
	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.	Not Met	JD and Notification are not Available in file
	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	Available but not revised
	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	Evidence not available
	76	Care providers have access to current and past medical records	Partially Met	Policy not available
	77	In the case of death, the medical record contains a copy of the death certificate indicating the cause, date and time of death	Partially Met	Policy not available for how to indicate cause of death and how to handle the deadbody
	78	Operative and other procedures performed are incorporated in the medical record	Partially Met	Incomplete patient files
	79	The medical record contains a copy of the discharge note duly signed by appropriate and qualified personnel	Fully Met	
	80	The medical record contains information regarding reasons for admission, diagnosis and plan of care	Partially Met	Incomplete patient files



IT & Medical Record	81	The medical records are reviewed periodically	Not Met	No evidence found
	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	Checklist not available
	84	The review identifies, and documents any deficiencies in the record	Not Met	Evidence not available
	85	The review is conducted by identified care providers and health professionals	Not Met	Evidence not found
	86	The review process includes records of both active (current) and discharged patients	Not Met	Evidence for record review not available
	87	The review uses a representative sample based on statistical principles	Not Met	Policy not available
	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	Fully Met	
Laboratory Services	90	Adequately qualified and trained personnel perform and/or supervise the investigations	Partially Met	Pathologist not Available.. Staff list are not updated in Documentation file
	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	
	94	Policies and procedures guide the: 1. Collection, 2. Identification, 3. Handling, 4. Safe transportation, 5. Processing and 6. Disposal of specimens	Partially Met	Sops are not Controlled , revision Date not mentioned, no revision policy available
	95	Scope of the laboratory services is commensurate to the clinical services provided by the organization	Not Met	Scope of Service not displayed at Reception
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	
	98	The management regularly updates any amendments in the prevailing laws of the land.	Fully Met	
	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	Partially Met	Incomplete information for administration and signatures not available
	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 list 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	Partially Met	Policy available not SOP for patient not displayed in ward
	107	Prepared medications are labelled prior to preparation of a second drug	Partially Met	Policy available but staff not aware
	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	General consent not taken from all kind of patients. Only IPD patients providing consent.
	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	Partially Met	Document available but not controlled
	113	The policy describes who can give consent when patient is incapable of independent decision-making	Partially Met	Not detailed policy available. Available document not controlled
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	Partially Met	Safe storage protocols are not fulfilled in the wards and Gynea department refrigerator..



Pharmacy	116	Expiry dates are checked and documented prior to dispensing.	Fully Met	
	117	High-risk medication orders are verified prior to dispensing	Not Met	List available but SOP not communicated to staff and SOP not followed
	118	Labelling requirements are documented and implemented by the organization.	Partially Met	Lable cards available but not attached on the medicine.
	119	Medication orders are clear, legible, dated, timed, named and signed.	Partially Met	Medication orders not legible and singed.
	120	Orders are written in a uniform location in the medical records	Partially Met	Priscription sequence not followed
	121	Policy on verbal orders is documented and implemented.	Partially Met	Staff not aware about policy
	122	The organization defines a list of high-risk medication.	Fully Met	
	123	The organization formally determines who can write orders	Fully Met	
	124	The policies include a procedure for medication recall	Fully Met	
QIPS	125	Monitoring includes adverse drug events	Partially Met	Performa available but measuring data not found as evidence
	126	Monitoring includes all invasive procedures	Partially Met	Performa available but measuring data not found as evidence
	127	Monitoring includes appropriate patient assessment	Partially Met	Performa available but measuring data not found as evidence
	128	Monitoring includes availability and content of medical records	Partially Met	Performa available but measuring data not found as evidence
	129	Monitoring includes safety and quality control programs of the diagnostic services	Partially Met	Performa available but measuring data not found as evidence
	130	Monitoring includes use of anaesthesia.	Partially Met	Performa available but measuring data not found as evidence



QIPS	131	Monitoring includes use of blood and blood products	Partially Met	Performance available but measuring data not found as evidence
	132	Sentinel events are intensively analyzed when they occur.	Not Met	Policy of sentinel events not available
	133	The designated programme is communicated and coordinated amongst all the employees of the organization through a proper training mechanism	Partially Met	Training not conducted from last 4 years
	134	The organization has defined sentinel events	Fully Met	
	135	The organization informs the patient of his/her right to express his/her concern or complain either verbally or in writing	Partially Met	Complain box not available at all areas
	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	Partially Met	CAPA taking but in considering as tool for QI process in policy
	138	The quality improvement program is comprehensive and covers all the major elements related to quality improvement and risk management	Partially Met	Plan available but no revised from last 4 years. Risk related information not available in plan
	139	The quality improvement programme is a continuous process and updated at least once in a year	Partially Met	Plan available not revised from last 4 years
	140	The quality improvement programme is developed, implemented and maintained by a multi-disciplinary committee	Partially Met	Updated record not available
	141	The quality improvement programme is documented	Partially Met	Available but not revised from last 4 years
	142	There is a designated individual for coordinating and implementing the quality improvement programme	Not Met	Notification for CQI coordinator not available
	143	There is a documented process for collecting, prioritizing, reporting and investigating complaints, which is fair and timely	Partially Met	Policy available but not controlled. Timelines for complain investigation not available
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	TAT register not available.



Radiology Services	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	Not Met	Quality activities not conducting for radiology department
	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.	Partially Met	Incomplete Operative notes
	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	Partially Met	1 Wall of main OT is damaged and Not Tiled as well

Observation:

- All indicator wise observations mentioned in remarks as well, general observations are listed below:
 - Staff not trained on the departmental policies, procedure and SOPs.
 - Staff not trained on the waste segregation and infection control.
 - Pharmacy racks not labelled, LASA and High-Risk SOPs not followed.
 - Fridge temperature not maintained in the Pharmacy.
 - Staff not using their employee cards and lab coat.
 - Lab Quality Controls out of range from last 1 months.
 - PPM of Biomedical equipment's not conducted.
 - PBTA license expired from 2022.
 - Anti-Sera used for blood grouping present at phlebotomy area and test are performing there.
 - Pathologist not available.
 - Expired kits found from Laboratory.
 - No near expiry racks are found in the Laboratory and refrigerator as well.
 - OT staff not aware about the surgical safety checklist.
 - OT wall of main OT is Damaged and not tiled completely.
 - Clean and dirty areas same in the OT.
 - SSI register not properly maintained.
 - CQI and Infection Control nurse notification and JDs not available.
 - CQI meetings not conducted and regulatory KPIs not monitoring.
 - Checklist for the Medical Record Review not available.
 - Medical record review and record keeper JDs and notification not available.
 - Incomplete patient files (Multiple Registration numbers of same patient, files not legible, properly singed and stamped, timeliness not followed, proper doctors not mentioned in files including the plan of care etc.)
 - TAT and re-due not measuring in the Lab, Ultrasound and Xray department.
 - Sample retention policy not available and samples not saving of previous days.
 - Tariff list not available.
 - Mock drill not conducted annually.
 - Fire alarms, smoke and fire detectors not available.

Recommendation:

- Compliance against remarks and observations of indicators which are mentioned in summary report and are not fully met must be share with the head office.