F.No. F 50 (2) NHM/QA/2018/ ५९२   Date: 5/6/18

Dr. J.N. Srivastava
Advisor QI
NHSRC, MoHFW, GoI

     Subject: **Regarding reassessment of R.K. Government District Hospital Rajsamand, Rajasthan FY 2018-19.**
     Ref : NHSRC/15-16/QI/01/RAJASTHAN dt. 16.04.2018

This is in reference to the validation of NQAS certification of R.K. Government District Hospital Rajsamand, Rajasthan which is 'Quality Certified under NQAS' as per MoHFW D.O. letter NHSRC/15-16/QI/01/RAJASTHAN dated 06th June' 2017. As per the criteria NQAS Certification Surveillance Assessment of R.K. Government District Hospital Rajsamand, Rajasthan was done by following NQAS certified assessors from 31st May- 2nd June'18 -

- Dr. Ram Babu Jaiswal (SNO- QA & Kayakalp)
- Dr. Gopal Jangid (RCHO- Tonk)
- Dr. Pradeep Sinsiwal (Consultant FRU)

The surveillance assessment report of the hospital is enclosed in prescribed format.

     Thanking you

                                   (Naveen Jain)
                                     Secretary
                            Medical, Health & FW
                            Mission Director-NHM

Copy to:-
     1. JS Policy, MoHFW, GOI
     2. Director NHM, MoHFW, GOI

Surveillance Assessment Report R.K. Government District Hospital Rajsamand, Rajasthan.

Date of assessment: 31.5.2018- 2.6.2018

1. Overall Score of the Health Facility: 86%

2. Area of Concern Wise Score:

S.NO	Area of Concern	Score
1.	Service Provision	88%
2.	Patient Rights	92%
3.	Inputs	86%
4.	Support Services	91%
5.	Clinical Services	92%
6.	Infection Control	93%
7.	Quality Management	78%
8.	Outcome	86%

3. Departmental Score

S.NO	Department	Score
1.	Accident & Emergency	92 %
2.	OPD	83%
3.	Labour Room	94%
4.	Maternity	90%
5.	Indoor Department	92%
6.	NRC	94%
7.	Pediatrics Ward	90%
8.	SNCU	94%
9.	ICU	86%
10	Operation Theatre	92%
11.	Post Partum Unit	88%
12.	Blood Bank	95%
13.	Laboratory	92%
14.	Radiology	94%
15.	Pharmacy	78%
16.	Auxiliary Services	78%
17.	Mortuary	77%
18.	General Administration	81%

4. Score Against each standard

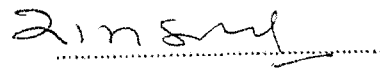| Reference No	Standard	Score
Standard A1.	Facility Provides Curative Services	87%
Standard A2	Facility provides RMNCHA Services	91%
Standard A3.	Facility Provides diagnostic Services	87%
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme	82%
Standard A5.	Facility provides support services	94%
Standard A6.	Health services provided at the facility are appropriate to community needs.	75%
Standard B1.	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 are no barrier on account of physical economic, cultural or social reasons.	84%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	97%
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.	92%
Standard B5.	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.	97%
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	86%
Standard C2.	The facility ensures the physical safety of the infrastructure.	76%
Standard C3.	The facility has established Programme for fire safety and other disaster	85%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	81%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	98%
Standard C6.	The facility has equipment & instruments required for assured list of services.	92%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	83%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	91%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	84%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	98%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	92%
StandardD6	Dietary services are available as per service provision and nutritional requirement of the patients.	74%
Standard D7.	The facility ensures clean linen to the patients	96%
Standard D8	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	95%
Standard D9	Hospital has defined and established procedures for Financial Management	94%
Standard D10.	Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	93%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	96%

Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	100%
Standard E1.	The facility has defined procedures for registration, consultation and admission of patients.	96%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	95%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	84%
Standard E4.	The facility has defined and established procedures for nursing care	95%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	92%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	93%
Standard E7.	Facility has defined procedures for safe drug administration	96%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	93%
Standard E9.	The facility has defined and established procedures for discharge of patient.	98%
Standard E10.	The facility has defined and established procedures for intensive care.	62%
Standard E11.	The facility has defined and established procedures for Emergency Services and Disaster Management	90%
Standard E12.	The facility has defined and established procedures of diagnostic services	98%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	95%
Standard E14	Facility has established procedures for Anaesthetic Services	100%
Standard E15.	Facility has defined and established procedures of Surgical Services	95%
Standard E16.	The facility has defined and established procedures for end of life care and death	93%
Standard E17	Facility has established procedures for Antenatal care as per guidelines	100%
Standard E18	Facility has established procedures for Intranatal care as per guidelines	100%
Standard E19	Facility has established procedures for postnatal care as per guidelines	100%
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines	96%
Standard E21	Facility has established procedures for abortion and family planning as per government guidelines and law	100%
Standard E22	Facility provides Adolescent Reproductive and Sexual Health services as per guidelines	100%
Standard E23	Facility provides National health program as per operational/Clinical Guidelines	52%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	82%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	96%
Standard F3.	Facility ensures standard practices and materials for Personal protection	93%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	93%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	90%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	99%
Standard G1	The facility has established organizational framework for quality improvement	81%

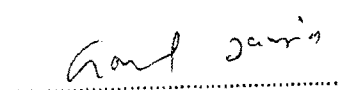| Standard G2	Facility has established system for patient and employee satisfaction	78%
Standard G3.	Facility has established internal and external quality assurance programs wherever it is critical to quality.	91%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	89%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	67%
Standard G6.	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	63%
Standard G7.	The facility has defined and established Quality Policy & Quality Objectives	82%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	52%
Standard H1.	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	94%
Standard H2.	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	83%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	86%
Standard H4.	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark	74%

5. Patient Satisfaction Score: Patient satisfaction Score of >7% in the preceding quarter or more (satisfied or highly satisfied on Mera Aspatal or score of 3.5 on Likert scale)--- 3.6

Date: 31st May to 2nd June 2018

1. Signature of Assessor:

(Designation) Dr. Rambabu Jaisual
SMO- QA

2. Signature of Assessor:

(Designation) DR. GOPAL JANGTL
RCHO TONK