

एल. एस. चांगसन, भा.प्र.से.  
अपर सचिव एवं मिशन निदेशक ( रा.स्वा.मि. )

**L. S. Changsan, IAS**  
Additional Secretary & Mission Director (NHM)

D. O. No./ NHSRC/CU/23-24/WB  
05<sup>th</sup> January, 2024

भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011  
Government of India  
Ministry of Health & Family Welfare  
Nirman Bhawan, New Delhi - 110011

Dear Narayan,

At the outset, I congratulate you and your state team for taking up Three (03) Public Health Facilities of West Bengal for MusQan and LaQshya program. The facilities underwent External Assessment by the empanelled external assessors. The assessment details are as follows:

S. No	Name of Facility	Date of Assessment	No. of Departments	Certification Criteria	Overall Score	Certification Status
1.	Dr B C Roy PGIPS, Kolkata	06 <sup>th</sup> -07 <sup>th</sup> Oct 2023	Paediatric OPD, Paediatric Ward, SNCU & NRC under MusQan	Met 5 out of 6 Criteria	89 %	Quality Certified with conditionality
2.	R. G. Kar Medical College & Hospital, Kolkata	16 <sup>th</sup> -17 <sup>th</sup> Oct 2023	Paediatric OPD, Paediatric Ward, SNCU under MusQan	Met All Criteria	96 %	Quality Certified
3.			Labour Room under LaQshya	LR :Met all criteria	92%	Quality Certified
			Maternity OT under LaQshya	MOT: Met 4 out of 5 Criteria	92%	Quality Certified with conditionality
4.	NRS Medical College, Kolkata	6 <sup>th</sup> -7 <sup>th</sup> Nov 2023	Paediatric OPD, Paediatric Ward, SNCU under MusQan	Met All Criteria	97 %	Quality Certified
5.			Labour Room under LaQshya	LR :Met all criteria	93%	Quality Certified
			Maternity OT under LaQshya	MOT: Met all Criteria	91%	Quality Certified

2. Hence, Dr B C Roy PGIPS, Kolkata in the State of West Bengal is granted "Quality Certification with conditionality" under MusQan Program for a period of 1 year from date of issue of this letter.

3. Whereas, R. G. KAR Medical, NRS Medical College & Hospital, Kolkata is granted "Quality Certification" under MusQan Program. While the Labour room of the R. G. Kar Medical College & Hospital, Kolkata is granted "Quality Certification" and its Maternity OT is granted "Quality Certification with conditionality" under LaQshya Program for a period of 1 year from date of issue of this letter.

...2/-



4. 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.

5. Summary of the Assessment Report along with Areas of Improvement of the aforementioned facility is enclosed as **Appendices A to C** respectively.

*With regards,*

Your's Sincerely,



(Ms. L. S. Changsan)

**Shri Narayan Swaroop Nigam**  
Secretary, Health & Family Welfare,  
Government of West Bengal,  
Swasthya Bhawan, GN-29, Sector 5,  
Salt Lake City. Kolkata, West Bengal.



4. 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.

5. Summary of the Assessment Report along with Areas of Improvement of the aforementioned facility is enclosed as **Appendices A to C** respectively.

Your's Sincerely,

Sd./-

(Ms. L. S. Changsan)

**Shri Narayan Swaroop Nigam**  
Secretary, Health & Family Welfare,  
Government of West Bengal,  
Swasthya Bhawan, GN-29, Sector 5,  
Salt Lake City. Kolkata, West Bengal.

**Copy to:**

1. Mission Director (NHM), Department of (H&FW) Government of West Bengal  
Housing Board Commercial Complex 4th Floor Sector-27, North-East Corner,  
Atal nagar West Bengal-492015
2. Medical Superintendent Dr B C Roy PGIPS Kolkata.
3. Medical Superintendent R. G. KAR Medical College & Hospital, Kolkata
4. Medical Superintendent NRS Medical College, Kolkata

  
(Ms. L. S. Changsan)

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(125)

**Summary of External Assessment Report**

Name of the facility : Dr B C Roy PGIPS Kolkata, West Bengal

Date of External Assessment: 06<sup>th</sup> -07<sup>th</sup> Oct 2023

Overall Score of Health facility: 89 %

**1.Compliance to certification criteria:**

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	<b>Criteria met</b> (Overall score 89%)
II.	Score of each department of the health facility is $\geq 70\%$	<b>Criteria met</b>
III.	Aggregated score in each Area of Concern is $\geq 70\%$	<b>Criteria met</b>
IV.	Score of Standard A2, B5, D10, E9 and E20 is $\geq 70\%$	<b>Criteria met</b> Standard A2- 96% Standard B5- 100% Standard D10-86% Standard E9- 98% Standard E20- 94%
V.	Individual Standard wise score is $\geq 50\%$	<b>Criteria not met</b> <b>Refer to table no.4</b>
VI.	Patient Satisfaction score of $\geq 70\%$ in the preceding quarter or more (Satisfied or Highly satisfied on Mera Aspataal) or score of 3.5 on Likert Scale.	<b>Criteria met</b> <b>PSS Score - 4.25</b>

**2.Departmental Score**

S.No.	Department	Score
1.	Paediatric OPD	91%
2.	Paediatric Ward	84%
3.	SNCU	93%
4.	NRC	86%

**3.Area of Concern Wise Score**

S. No.	Area of Concern	Score
A	Service Provision	96%

B	Patient Rights	88%
C	Inputs	83%
D	Support Services	82%
E	Clinical Services	93%
F	Infection Control	95%
G	Quality Management	78%
H	Outcome	100%

#### 4.Score against each Standard

Reference No	Standard	Score
Standard A1.	Facility Provides Curative Services	96%
Standard A2	Facility provides RMNCHA Services	96%
Standard A3.	Facility Provides diagnostic Services	94%
Standard A4	Facility provides services as mandated in national Health Programs /state scheme	92%
Standard A5.	Facility provides support services	100%
Standard A6.	Health services provided at the facility are appropriate to community needs	83%
Standard B1.	Facility provides the information to care Seekers, attendants & community about the available services and their modalities.	80%
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.	69%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	96%
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 is no financial barrier to access and that there is financial protection given from cost of care.	100%
Standard B6	Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities	100%
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 of the infrastructure.	88%



<b>Standard C3.</b>	The facility has established Program for fire safety and other disaster.	92%
<b>Standard C4.</b>	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	96%
<b>Standard C5.</b>	Facility provides drugs and consumables required for assured list of services.	94%
<b>Standard C6.</b>	The facility has equipment & instruments required for assured list of services.	88%
<b>Standard C7.</b>	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	66%
<b>Standard D1.</b>	The facility has established Program for Inspection, testing and maintenance and calibration of Equipment.	94%
<b>Standard D2.</b>	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas.	98%
<b>Standard D3.</b>	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	88%
<b>Standard D4.</b>	The facility has established Program for maintenance and upkeep of the facility.	50%
<b>Standard D5.</b>	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	78%
<b>Standard D6.</b>	Dietary services are available as per service provision and nutritional requirement of the patients.	84%
<b>Standard D7.</b>	The facility ensures clean linen to the patients	77%
<b>Standard D10.</b>	Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	86%
<b>Standard D11.</b>	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating Procedures.	91%
<b>Standard D12.</b>	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations.	75%
<b>Standard E1.</b>	The facility has defined procedures for registration, consultation and Admission of patients.	100%
<b>Standard E2.</b>	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	71%
<b>Standard E3.</b>	Facility has defined and established procedures for continuity of care	89%
<b>Standard E4.</b>	The facility has defined and established procedures for nursing care	95%
<b>Standard E5.</b>	Facility has a procedure to identify high risk and vulnerable patients.	100%
<b>Standard E6.</b>	Facility follows standard treatment guidelines defined by state /Central government for prescribing the generic drugs & their Rational use.	97%

<b>Standard E7.</b>	Facility has defined procedures for safe drug administration	89%
<b>Standard E8.</b>	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	100%
<b>Standard E9.</b>	The facility has defined and established procedures for discharge of patient.	98%
<b>Standard E10.</b>	The facility has defined and established procedures for intensive care.	100%
<b>Standard E11.</b>	The facility has defined and established procedures for Emergency Services and Disaster Management	93%
<b>Standard E12.</b>	The facility has defined and established procedures of diagnostic Services	94%
<b>Standard E13.</b>	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	88%
<b>Standard E15.</b>	Facility has defined and established procedures of Surgical Services	75%
<b>Standard E16.</b>	The facility has defined and established procedures for end-of-life care and death	100%
<b>Standard E20</b>	The facility has established procedures for care of newborn, infant and child as per guidelines.	94%
<b>Standard E23</b>	Facility provides National health program as per operational/Clinical Guidelines	88%
<b>Standard F1.</b>	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	72%
<b>Standard F2.</b>	Facility has defined and Implemented procedures for ensuring hand hygiene practices and anti-sepsis	97%
<b>Standard F3.</b>	Facility ensures standard practices and materials for Personal protection.	100%
<b>Standard F4.</b>	Facility has standard Procedures for processing of equipment and instruments.	99%
<b>Standard F5.</b>	Physical layout and environmental control of the patient care areas ensures infection prevention	95%
<b>Standard F6.</b>	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous	99%
<b>Standard G1</b>	The facility has established organizational framework for quality Improvement	100%
<b>Standard G2</b>	Facility has established system for patient and employee Satisfaction	75%
<b>Standard G3.</b>	<b>Facility has established internal and external quality assurance programs wherever it is critical to quality.</b>	<b>44%</b>
<b>Standard G4.</b>	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	94%
<b>Standard G5.</b>	<b>Facility maps its key processes and seeks to make them more efficient by reducing non-value adding activities and wastages</b>	<b>38%</b>

<b>Standard G6.</b>	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	73%
<b>Standard G7.</b>	The facility has defined and established Quality Policy & Quality Objectives	88%
<b>Standard G8.</b>	Facility seeks continually improvement by practicing Quality method and tools.	73%
<b>Standard G10.</b>	<b>Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan</b>	25%
<b>Standard H1.</b>	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	100%
<b>Standard H2.</b>	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	100%
<b>Standard H3.</b>	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%
<b>Standard H4.</b>	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.	Facility to ensure building maintenance with no seepage, cracks and chipping of plasters
2.	Availability of Directional signages and child friendly toilets should be made.
3.	Admission notes should be complete and signed by doctors on duty with date and time of documentation
4.	Drinking water should be available at premises.

The KPIs along with the probable source of data for verification is given below:

S. No.	Key Performance Indicator	Target	Status (Achieved/ Not Achieved)
1	Average waiting time for the initial assessment by physician	More than 90% cases are seen within 10 minutes of arrival in the facility	Achieved
2	Patient satisfaction score (Parent - Attendant)	80% of parent-attendants are either satisfied or highly satisfied (or Equivalent score > 4 on Likert scale)	Achieved
3	Follow-up rate	At least 50% discharged patients report for facility follow-up within one month	Achieved
4	Percentage of low-birth-weight babies successfully discharged after treatment from SNCU /NBSU	At least 75% and above success rate	Not Achieved
5	Referral rate	20% reduction from the baseline	Achieved
6	Mortality rate	20% reduction from the baseline	Achieved
7	LAMA rate	20% reduction from the baseline	Not achieved for SNCU

S. No.	Key Performance Indicator	Target	Status (Achieved/ Not Achieved)
			▪ Achieved for Paediatric Ward
8	Enhanced skills of mothers/families for providing optimal care to sick and small newborns	At least 80% or more mothers/families are trained on Family Participatory Care (FPC)	Achieved
9	Percentage of sick newborn received only breast milk (either of mother's own or DHM) throughout their stay at facility	At least 80% or more	Not Achieved
10	Percentage of babies on exclusive breastfeeding at the time of discharge from SNCU/NBSU	At least 80% or more	Achieved
11	Median uninterrupted time given for Kangaroo Mother Care (KMC)	At least 1 hr or more	Achieved
12	Number of stock-out days for essential paediatric drugs	No stock out	Achieved
13	Hospital acquired infection rate in SNCU/NBSU	Less than 5% or at least reduction of 30% from the baseline	Achieved
14	Number of non-functional equipment days	20% reduction from the baseline	Not Achieved
15	Rational use of antibiotics	20% reduction from the baseline	Not Achieved
16	Average time lag between admission and ticket uploading online/filing of admission ticket	20% reduction from the baseline	Achieved
17	Average door-to-drug time in the health facility	At least 30% reduction from baseline	Achieved
18	Percentage of mothers receiving IYCF counselling availing care in the OPD	At least in 80% cases	Achieved
19	Turnaround time in diagnostic services	At least 30% reduction from baseline	Achieved
	a. Radiology		
	b. Laboratory		
20	Case Fatality Rate	At least 10% reduction from baseline	Achieved
(a)	Pneumonia		
(b)	Diarrhoea		
21	Child Safety Audit	100% achievement of conducting the quarterly Child Safety Audit in last 6 months	Achieved
<b>Essential Information</b>			
1	Bed: Nurse Ratio	Target to reach 4:1(SNCU) /4:1 (NBSU)	Achieved
2	Percentage of doctors and staff nurses trained in FBNC and observer-ship training	Target 100%	Achieved
3	Facility conducts newborn and child death audit and 'near-miss' on monthly basis	Records to be maintained for root cause analysis and actions taken thereafter	Achieved

Kindly mention whether the facility have achieved 75% of KPIs targets - **Achieved**.

**Summary of External Assessment Report****Name of the facility : RG KAR MCH, Kolkata****Date of External Assessment: 16<sup>th</sup> -17<sup>th</sup> Oct 2023****Overall Score of Health facility: 96 %****1.Compliance to certification criteria:**

<b>Criterion No.</b>	<b>Certification Criteria</b>	<b>Status</b>
I.	Aggregate score of the health facility is $\geq 70\%$	<b>Criteria met</b> (Overall score 96%)
II.	Score of each department of the health facility is $\geq 70\%$	<b>Criteria met</b>
III.	Aggregated score in each Area of Concern is $\geq 70\%$	<b>Criteria met</b>
IV.	Score of Standard A2, B5, D10, E9 and E20 is $\geq 70\%$	<b>Criteria met</b> Standard A2- 100% Standard B5- 100% Standard D10-92% Standard E9- 100% Standard E20- 98%
V.	Individual Standard wise score is $\geq 50\%$	<b>Criteria met</b>
VI.	Patient Satisfaction score of $\geq 70\%$ in the preceding quarter or more (Satisfied or Highly satisfied on Mera Aspataal) or score of 3.5 on Likert Scale.	<b>Criteria met</b> <b>PSS Score - 4</b>

**2.Departmental Score**

<b>S.No.</b>	<b>Department</b>	<b>Score</b>
1.	Paediatric OPD	93%
2.	Paediatric Ward	97%
3.	SNCU	98%

**3.Area of Concern Wise Score**

<b>S. No.</b>	<b>Area of Concern</b>	<b>Score</b>
A	Service Provision	99%
B	Patient Rights	97%
C	Inputs	94%



D	Support Services	92%
E	Clinical Services	96%
F	Infection Control	99%
G	Quality Management	99%
H	Outcome	100%

#### 4.Score against each Standard

Reference No	Standard	Score
<b>Standard A1.</b>	Facility Provides Curative Services	100%
<b>Standard A2</b>	Facility provides RMNCHA Services	100%
<b>Standard A3.</b>	Facility Provides diagnostic Services	100%
<b>Standard A4</b>	Facility provides services as mandated in national Health Programs /state scheme	100%
<b>Standard A5.</b>	Facility provides support services	94%
<b>Standard A6.</b>	Health services provided at the facility are appropriate to community needs	100%
<b>Standard B1.</b>	Facility provides the information to care Seekers, attendants & community about the available services and their modalities.	99%
<b>Standard B2.</b>	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.	88%
<b>Standard B3.</b>	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	94%
<b>Standard B4.</b>	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%
<b>Standard B5.</b>	Facility ensures that there is no financial barrier to access and that there is financial protection given from cost of care.	100%
<b>Standard B6</b>	Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities	100%
<b>Standard C1.</b>	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	93%
<b>Standard C2.</b>	The facility ensures the physical safety of the infrastructure.	88%
<b>Standard C3.</b>	The facility has established Program for fire safety and other disaster.	95%

<b>Standard C4.</b>	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	93%
<b>Standard C5.</b>	Facility provides drugs and consumables required for assured list of services.	100%
<b>Standard C6.</b>	The facility has equipment & instruments required for assured list of services.	100%
<b>Standard C7.</b>	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	86%
<b>Standard D1.</b>	The facility has established Program for Inspection, testing and maintenance and calibration of Equipment.	100%
<b>Standard D2.</b>	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care	93%
<b>Standard D3.</b>	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	93%
<b>Standard D4.</b>	The facility has established Program for maintenance and upkeep of the facility.	75%
<b>Standard D5.</b>	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	100%
<b>Standard D6.</b>	Dietary services are available as per service provision and nutritional requirement of the patients.	100%
<b>Standard D7.</b>	The facility ensures clean linen to the patients	100%
<b>Standard D10.</b>	Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	92%
<b>Standard D11.</b>	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating Procedures.	100%
<b>Standard D12.</b>	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations.	100%
<b>Standard E1.</b>	The facility has defined procedures for registration, consultation and Admission of patients.	89%
<b>Standard E2.</b>	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	90%
<b>Standard E3.</b>	Facility has defined and established procedures for continuity of care	90%
<b>Standard E4.</b>	The facility has defined and established procedures for nursing care	97%
<b>Standard E5.</b>	Facility has a procedure to identify high risk and vulnerable patients.	100%
<b>Standard E6.</b>	Facility follows standard treatment guidelines defined by state /Central government for prescribing the generic drugs & their Rational use.	96%
<b>Standard E7.</b>	Facility has defined procedures for safe drug administration	98%

<b>Standard E8.</b>	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	87%
<b>Standard E9.</b>	The facility has defined and established procedures for discharge of patient.	100%
<b>Standard E10.</b>	The facility has defined and established procedures for intensive care.	100%
<b>Standard E11.</b>	The facility has defined and established procedures for Emergency Services and Disaster Management	100%
<b>Standard E12.</b>	The facility has defined and established procedures of diagnostic Services	100%
<b>Standard E13.</b>	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	100%
<b>Standard E15.</b>	Facility has defined and established procedures of Surgical Services	100%
<b>Standard E16.</b>	The facility has defined and established procedures for end-of-life care and death	100%
<b>Standard E20</b>	The facility has established procedures for care of newborn, infant and child as per guidelines.	98%
<b>Standard E23</b>	Facility provides National health program as per operational/Clinical Guidelines	88%
<b>Standard F1.</b>	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	100%
<b>Standard F2.</b>	Facility has defined and Implemented procedures for ensuring hand hygiene practices and anti-sepsis	100%
<b>Standard F3.</b>	Facility ensures standard practices and materials for Personal protection.	100%
<b>Standard F4.</b>	Facility has standard Procedures for processing of equipment and instruments.	98%
<b>Standard F5.</b>	Physical layout and environmental control of the patient care areas ensures infection prevention	96%
<b>Standard F6.</b>	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous	100%
<b>Standard G1</b>	The facility has established organizational framework for quality Improvement	100%
<b>Standard G2</b>	Facility has established system for patient and employee Satisfaction	100%
<b>Standard G3.</b>	Facility has established internal and external quality assurance programs wherever it is critical to quality.	92%
<b>Standard G4.</b>	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	99%
<b>Standard G5.</b>	Facility maps its key processes and seeks to make them more efficient by reducing non-value adding activities and wastages	100%
<b>Standard G6.</b>	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	100%



<b>Standard G7.</b>	The facility has defined and established Quality Policy & Quality Objectives	92%
<b>Standard G8.</b>	Facility seeks continually improvement by practicing Quality method and tools.	100%
<b>Standard G10.</b>	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	100%
<b>Standard H1.</b>	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	100%
<b>Standard H2.</b>	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	100%
<b>Standard H3.</b>	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%
<b>Standard H4.</b>	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.	Facility to ensure building maintenance with no seepage, cracks and chipping of plasters
2.	Training of staff on patient safety and regular mock drills to be ensured
3.	Cleanliness and Hygiene of surrounding areas to be ensured

The KPIs along with the probable source of data for verification is given below:

S. No.	Key Performance Indicator	Target	Status (Achieved/ Not Achieved)
1	Average waiting time for the initial assessment by physician	More than 90% cases are seen within 10 minutes of arrival in the facility	Achieved
2	Patient satisfaction score (Parent - Attendant)	80% of parent-attendants are either satisfied or highly satisfied (or Equivalent score > 4 on Likert scale)	Achieved
3	Follow-up rate	At least 50% discharged patients report for facility follow-up within one month	Achieved
4	Percentage of low-birth-weight babies successfully discharged after treatment from SNCU /NBSU	At least 75% and above success rate	Achieved
5	Referral rate	20% reduction from the baseline	Achieved
6	Mortality rate	20% reduction from the baseline	Achieved
7	LAMA rate	20% reduction from the baseline	▪ Achieved
8	Enhanced skills of mothers/families for providing optimal care to sick and small newborns	At least 80% or more mothers/families are trained on Family Participatory Care (FPC)	Achieved
9	Percentage of sick newborn received only breast milk (either of mother's own or DHM) throughout their stay at facility	At least 80% or more	Not Achieved

S. No.	Key Performance Indicator	Target	Status (Achieved/ Not Achieved)
10	Percentage of babies on exclusive breastfeeding at the time of discharge from SNCU/NBSU	At least 80% or more	Achieved
11	Median uninterrupted time given for Kangaroo Mother Care (KMC)	At least 1 hr or more	Achieved
12	Number of stock-out days for essential paediatric drugs	No stock out	Achieved
13	Hospital acquired infection rate in SNCU/NBSU	Less than 5% or at least reduction of 30% from the baseline	Achieved
14	Number of non-functional equipment days	20% reduction from the baseline	Achieved
15	Rational use of antibiotics	20% reduction from the baseline	Achieved
16	Average time lag between admission and ticket uploading online/filling of admission ticket	20% reduction from the baseline	Achieved
17	Average door-to-drug time in the health facility	At least 30% reduction from baseline	Not Achieved
18	Percentage of mothers receiving IYCF counselling availing care in the OPD	At least in 80% cases	Achieved
19	Turnaround time in diagnostic services	At least 30% reduction from baseline	Achieved
	a. Radiology		
	b. Laboratory		
20	Case Fatality Rate	At least 10% reduction from baseline	Not Achieved
(a)	Pneumonia		
(b)	Diarrhoea		
21	Child Safety Audit	100% achievement of conducting the quarterly Child Safety Audit in last 6 months	Achieved
<b>Essential Information</b>			
1	Bed: Nurse Ratio	Target to reach 4:1(SNCU) /4:1 (NBSU)	Not Achieved
2	Percentage of doctors and staff nurses trained in FBNC and observer-ship training	Target 100%	Achieved
3	Facility conducts newborn and child death audit and 'near-miss' on monthly basis	Records to be maintained for root cause analysis and actions taken thereafter	Achieved

Kindly mention whether the facility have achieved 75% of KPIs targets - **Achieved** .

### Summary of External Assessment Report

Name of the facility : R G Kar Medical College, Kolkata  
 Date of Assessment : 16<sup>th</sup> Oct 2023  
 Department : Labour Room (LaQshya)

#### 1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	<b>Criteria met</b> Overall score - 92%
II.	Score of each Area of Concern shall be $\geq 70\%$	<b>Criteria met</b>
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	<b>Criteria met</b> Standard B3 - 94% Standard E18 - 100% Standard E19 - 100%
IV.	Individual Standard wise score is $\geq 50\%$	<b>Criteria met</b>
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	<b>Criteria met</b> PSS- 4.2

#### 2. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	95%
B	Patient Rights	93%
C	Inputs	90%
D	Support Services	77%
E	Clinical Services	96%
F	Infection Control	85%
G	Quality Management	96%
H	Outcome	100%

#### 3. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	100%
Standard A2	Facility provides RMNCHA Services	94%
Standard A3.	Facility Provides diagnostic Services	100%

Reference No.	Standard	Score
Standard B1.	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 are no barrier on account of physical economic, cultural or social reasons.	88%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	94%
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	96%
Standard C2.	The facility ensures the physical safety of the infrastructure.	50%
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	100%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	100%
Standard C6.	The facility has equipment & instruments required for assured list of services.	86%
Standard C7.	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	86%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	63%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	75%
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	57%
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 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.	100%
Standard E3.	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.	Facility has a procedure to identify high risk and vulnerable patients.	75%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	83%
Standard E7.	Facility has defined procedures for safe drug administration	86%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	100%
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%

Reference No.	Standard	Score
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	100%
Standard E19	Facility has established procedures for postnatal care as per guidelines	100%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	67%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis	100%
Standard F3.	Facility ensures standard practices and materials for Personal protection	81%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	75%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	80%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	94%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G2	Facility has established system for patient and employee satisfaction	100%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	75%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	96%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	100%
Standard G6.	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	100%
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	100%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	100%
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	100%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%

#### 4. Areas of improvement

S. No	Recommended areas of improvement
1.	Strengthening of medication storage and management practices
2.	Training of staff on patient safety and conduction of mock drills
3.	Building maintenance and upkeep to be improved



Department : Maternity Operation Theatre

### 1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	<b>Criteria met</b> Overall score - 92%
II.	Score of each Area of Concern shall be $\geq 70\%$	<b>Criteria met</b>
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	<b>Criteria met</b> Standard B3 - 100% Standard E18 - 100% Standard E19 - 100%
IV.	Individual Standard wise score is $\geq 50\%$	<b>Criteria not met</b> <b>Refer to table no 4</b>
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	<b>Criteria met</b> PSS- 4.5

### 2. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	100%
B	Patient Rights	95%
C	Inputs	93%
D	Support Services	77%
E	Clinical Services	94%
F	Infection Control	90%
G	Quality Management	95%
H	Outcome	100%

### 3. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	100%
Standard A2	Facility provides RMNCHA Services	100%
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	100%

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.	100%
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.	75%
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	87%
Standard C2.	The facility ensures the physical safety of the infrastructure.	90%
Standard C3.	The facility has established Programme for fire safety and other disaster	67%
Standard C4.	The facility has adequate qualified and trained staff required for providing the assured services to the current case load	100%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	100%
Standard C6.	The facility has equipment & instruments required for assured list of services.	100%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	92%
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	83%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	100%
<b>Standard D4.</b>	<b>The facility has established Programme for maintenance and upkeep of the facility</b>	<b>44%</b>
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	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	67%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	75%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	100%
Standard E7.	Facility has defined procedures for safe drug administration	93%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	94%
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	100%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	90%
Standard E14	Facility has established procedures for Anaesthetic Services	92%
Standard E15.	Facility has defined and established procedures of Surgical Services	98%
Standard E16.	The facility has defined and established procedures for end of life care and	100%

	death	
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 F1.	Facility has infection control program and procedures in place for prevention and measurement of <b>hospital</b> associated infection	90%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and <b>antiseptis</b>	100%
Standard F3.	Facility ensures standard practices and materials for Personal protection	100%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	90%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	82%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	78%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	100%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	88%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by <b>reducing non value adding</b> activities and wastages	100%
Standard G6.	The facility has established system of periodic review as internal assessment , <b>medical &amp; death audit and prescription audit</b>	100%
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	100%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	100%
Standard G10.	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	100%
Standard H1 .	The facility measures Productivity Indicators and ensures compliance with <b>State/National</b> 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	100%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach <b>State/National</b> benchmark	100%

#### 4. Areas of improvement

S. No	Recommended areas of improvement
1.	Unidirectional flow to be ensured in OT
2.	Pre anesthesia room and fire exit to be identified/made in OT
3.	Staff training on disaster management.

#### 5. Medical Superintendent NRS Medical College, Kolkata



**Summary of External Assessment Report**

Name of the facility : NRS Medical College, Kolkata

Date of External Assessment: 6<sup>th</sup> -7<sup>th</sup> Nov 2023

Overall Score of Health facility: 97 %

**1.Compliance to certification criteria:**

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	<b>Criteria met</b> (Overall score 97%)
II.	Score of each department of the health facility is $\geq 70\%$	<b>Criteria met</b>
III.	Aggregated score in each Area of Concern is $\geq 70\%$	<b>Criteria met</b>
IV.	Score of Standard A2, B5, D10, E9 and E20 is $\geq 70\%$	<b>Criteria met</b> Standard A2- 100% Standard B5- 100% Standard D10- 100% Standard E9- 100% Standard E20- 98%
V.	Individual Standard wise score is $\geq 50\%$	<b>Criteria met</b>
VI.	Patient Satisfaction score of $\geq 70\%$ in the preceding quarter or more (Satisfied or Highly satisfied on Mera Aspataal) or score of 3.5 on Likert Scale.	<b>Criteria met</b> <b>PSS Score - 4.45</b>

**2.Departmental Score**

S.No.	Department	Score
1.	Paediatric OPD	94%
2.	Paediatric Ward	95%
3.	SNCU	97%

**3.Area of Concern Wise Score**

S. No.	Area of Concern	Score
A	Service Provision	97 %

B	Patient Rights	92 %
C	Inputs	96 %
D	Support Services	97 %
E	Clinical Services	98 %
F	Infection Control	93 %
G	Quality Management	94 %
H	Outcome	97 %

#### 4.Score against each Standard

Reference No	Standard	Score
Standard A1.	Facility Provides Curative Services	96%
Standard A2	Facility provides RMNCHA Services	100%
Standard A3.	Facility Provides diagnostic Services	100%
Standard A4	Facility provides services as mandated in national Health Programs /state scheme	83%
Standard A5.	Facility provides support services	100%
Standard A6.	Health services provided at the facility are appropriate to community needs	100%
Standard B1.	Facility provides the information to care Seekers, attendants & community about the available services and their modalities.	85%
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.	88%
Standard B3.	Facility maintains the <b>privacy</b> , confidentiality & Dignity of patient and related information.	94%
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 is no financial barrier to access and that there is financial protection given from cost of care.	100%
Standard B6	Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities	100%
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	90%
Standard C2.	The facility ensures the physical safety of the infrastructure.	100%
Standard C3.	The facility has established Program for fire safety and other disaster.	95%

<b>Standard C4.</b>	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	95%
<b>Standard C5.</b>	Facility provides drugs and consumables required for assured list of services.	98%
<b>Standard C6.</b>	The facility has equipment & instruments required for assured list of services.	100%
<b>Standard C7.</b>	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	100%
<b>Standard D1.</b>	The facility has established Program for Inspection, testing and maintenance and calibration of Equipment.	100%
<b>Standard D2.</b>	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care	89%
<b>Standard D3.</b>	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	91%
<b>Standard D4.</b>	The facility has established Program for maintenance and upkeep of the facility.	75%
<b>Standard D5.</b>	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	100%
<b>Standard D6.</b>	Dietary services are available as per service provision and nutritional requirement of the patients.	100%
<b>Standard D7.</b>	The facility ensures clean linen to the patients	100%
<b>Standard D10.</b>	Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	100%
<b>Standard D11.</b>	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating Procedures.	100%
<b>Standard D12.</b>	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations.	100%
<b>Standard E1.</b>	The facility has defined procedures for registration, consultation and Admission of patients.	100%
<b>Standard E2.</b>	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	100%
<b>Standard E3.</b>	Facility has defined and established procedures for continuity of care	92%
<b>Standard E4.</b>	The facility has defined and established procedures for nursing care	100%
<b>Standard E5.</b>	Facility has a procedure to identify high risk and vulnerable patients.	100%
<b>Standard E6.</b>	Facility follows standard treatment guidelines defined by state /Central government for prescribing the generic drugs & their Rational use.	92%
<b>Standard E7.</b>	Facility has defined procedures for safe drug administration	98%
<b>Standard E8.</b>	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	100%

<b>Standard E9.</b>	The facility has defined and established procedures for discharge of patient.	100%
<b>Standard E10.</b>	The facility has defined and established procedures for intensive care.	100%
<b>Standard E11.</b>	The facility has defined and established procedures for Emergency Services and Disaster Management	94%
<b>Standard E12.</b>	The facility has defined and established procedures of diagnostic Services	100%
<b>Standard E13.</b>	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	100%
<b>Standard E15.</b>	Facility has defined and established procedures of Surgical Services	100%
<b>Standard E16.</b>	The facility has defined and established procedures for end-of-life care and death	100%
<b>Standard E20</b>	The facility has established procedures for care of newborn, infant and child as per guidelines.	98%
<b>Standard E23</b>	Facility provides National health program as per operational/Clinical Guidelines	100%
<b>Standard F1.</b>	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	100%
<b>Standard F2.</b>	Facility has defined and Implemented procedures for ensuring hand hygiene practices and anti-sepsis	100%
<b>Standard F3.</b>	Facility ensures standard practices and materials for Personal protection.	100%
<b>Standard F4.</b>	Facility has standard Procedures for processing of equipment and instruments.	93%
<b>Standard F5.</b>	Physical layout and environmental control of the patient care areas ensures infection prevention	88%
<b>Standard F6.</b>	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous	89%
<b>Standard G1</b>	The facility has established organizational framework for quality Improvement	100%
<b>Standard G2</b>	Facility has established system for patient and employee Satisfaction	100%
<b>Standard G3.</b>	Facility has established internal and external quality assurance programs wherever it is critical to quality.	100%
<b>Standard G4.</b>	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	95%
<b>Standard G5.</b>	Facility maps its key processes and seeks to make them more efficient by reducing non-value adding activities and wastages	78%
<b>Standard G6.</b>	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	95%
<b>Standard G7.</b>	The facility has defined and established Quality Policy &Quality Objectives	100%

<b>Standard G8.</b>	Facility seeks continually improvement by practicing Quality method and tools.	100%
<b>Standard G10.</b>	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	100%
<b>Standard H1.</b>	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	100%
<b>Standard H2.</b>	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	86%
<b>Standard H3.</b>	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%
<b>Standard H4.</b>	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.	Issue of space constrains as per load to be addressed
2.	Training of staff on biomedical waste management practices to be ensured
3.	Cleanliness and Hygiene of surrounding areas to be ensured

The KPIs along with the probable source of data for verification is given below:

S. No.	Key Performance Indicator	Target	Status (Achieved/ Not Achieved)
1	Average waiting time for the initial assessment by physician	More than 90% cases are seen within 10 minutes of arrival in the facility	Achieved
2	Patient satisfaction score (Parent - Attendant)	80% of parent-attendants are either satisfied or highly satisfied (or Equivalent score > 4 on Likert scale)	Achieved
3	Follow-up rate	At least 50% discharged patients report for facility follow-up within one month	Achieved
4	Percentage of low-birth-weight babies successfully discharged after treatment from SNCU /NBSU	At least 75% and above success rate	Achieved
5	Referral rate	20% reduction from the baseline	Achieved
6	Mortality rate	20% reduction from the baseline	Achieved
7	LAMA rate	20% reduction from the baseline	▪ Achieved
8	Enhanced skills of mothers/families for providing optimal care to sick and small newborns	At least 80% or more mothers/families are trained on Family Participatory Care (FPC)	Achieved
9	Percentage of sick newborn received only breast milk (either of mother's own or DHM) throughout their stay at facility	At least 80% or more	Achieved



S. No.	Key Performance Indicator	Target	Status (Achieved/ Not Achieved)
10	Percentage of babies on exclusive breastfeeding at the time of discharge from SNCU/NBSU	At least 80% or more	Achieved
11	Median uninterrupted time given for Kangaroo Mother Care (KMC)	At least 1 hr or more	Achieved
12	Number of stock-out days for essential paediatric drugs	No stock out	Achieved
13	Hospital acquired infection rate in SNCU/NBSU	Less than 5% or at least reduction of 30% from the baseline	Achieved
14	Number of non-functional equipment days	20% reduction from the baseline	Achieved
15	Rational use of antibiotics	20% reduction from the baseline	Achieved
16	Average time lag between admission and ticket uploading online/filling of admission ticket	20% reduction from the baseline	Achieved
17	Average door-to-drug time in the health facility	At least 30% reduction from baseline	Achieved
18	Percentage of mothers receiving IYCF counselling availing care in the OPD	At least in 80% cases	Achieved
19	Turnaround time in diagnostic services	At least 30% reduction from baseline	Achieved
	a. Radiology		
	b. Laboratory		
20	Case Fatality Rate	At least 10% reduction from baseline	Achieved
(a)	Pneumonia		
(b)	Diarrhoea		
2 ]1	Child Safety Audit	100% achievement of conducting the quarterly Child Safety Audit in last 6 months	Achieved
<b>Essential Information</b>			
1	Bed: Nurse Ratio	Target to reach 4:1(SNCU) /4:1 (NBSU)	Achieved
2	Percentage of doctors and staff nurses trained in FBNC and observer-ship training	Target 100%	Achieved
3	Facility conducts newborn and child death audit and 'near-miss' on monthly basis	Records to be maintained for root cause analysis and actions taken thereafter	Achieved

Kindly mention whether the facility have achieved 75% of KPIs targets - **Achieved**.

## Summary of External Assessment Report

Name of the facility : NRS Medical College, Kolkata  
 Date of Assessment : 6<sup>th</sup> Nov 2023  
 Department : Labour Room (LaQshya)

## 1.Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	<b>Criteria met</b> Overall score - 93%
II.	Score of each Area of Concern shall be $\geq 70\%$	<b>Criteria met</b>
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	<b>Criteria met</b> Standard B3 - 100% Standard E18 - 100% Standard E19 - 100%
IV.	Individual Standard wise score is $\geq 50\%$	<b>Criteria met</b>
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	<b>Criteria met</b> PSS- 4.3

## 4. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	100%
B	Patient Rights	98%
C	Inputs	88%
D	Support Services	87%
E	Clinical Services	99%
F	Infection Control	92%
G	Quality Management	85%
H	Outcome	95%

## 5. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	100%
Standard A2	Facility provides RMNCHA Services	100%

Reference No.	Standard	Score
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	88%
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.	100%
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	88%
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	100%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	100%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	88%
Standard C6.	The facility has equipment & instruments required for assured list of services.	89%
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.	100%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	100%
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	64%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	50%
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 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.	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.	100%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	100%
Standard E7.	Facility has defined procedures for safe drug administration	93%



Reference No.	Standard	Score
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	100%
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	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 F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	100%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	79%
Standard F3.	Facility ensures standard practices and materials for Personal protection	100%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	83%
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.	100%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G2	Facility has established system for patient and employee satisfaction	67%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	100%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	96%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	83%
Standard G6.	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	79%
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	75%
Standard G8.	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	100%
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	67%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%

#### 4. Areas of improvement

S. No	Recommended areas of improvement
1.	Strengthening of infection control practices
2.	Quality improvement skills need to be enhanced
3.	The flow of and the movement of BMW needs to be worked on.

Department : Maternity Operation Theatre

**1. Compliance to Certification Criteria:**

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	<b>Criteria met</b> Overall score – 91%
II.	Score of each Area of Concern shall be $\geq 70\%$	<b>Criteria met</b>
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	<b>Criteria met</b> Standard B3 – 100% Standard E18 – 100% Standard E19 – 100%
IV.	Individual Standard wise score is $\geq 50\%$	<b>Criteria met</b>
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	<b>Criteria met</b> PSS- 4.3

**4. Area of Concern Wise Score**

S. No.	Area of Concern	Score
A	Service Provision	100%
B	Patient Rights	95%
C	Inputs	83%
D	Support Services	84%
E	Clinical Services	98%
F	Infection Control	93%
G	Quality Management	80%
H	Outcome	100%

**5. Score against each Standard**

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	100%
Standard A2	Facility provides RMNCHA Services	100%
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	75%

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.	100%
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	66.7 %
Standard C2.	The facility ensures the physical safety of the infrastructure.	100%
Standard C3.	The facility has established Programme for fire safety and other disaster	100%
Standard C4.	The facility has adequate qualified and trained staff required for providing the assured services to the current case load	80%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	77.3%
Standard C6.	The facility has equipment & instruments required for assured list of services.	92.3%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	91.7%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	100%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	94.4%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	100%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	56.3%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	62.5%
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.	100%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	66.7%
Standard E7.	Facility has defined procedures for safe drug administration	85.7%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	100%
Standard E11.	The facility has defined and established procedures for Emergency Services and Disaster Management	100%
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 E14	Facility has established procedures for Anaesthetic Services	100%
Standard E15.	Facility has defined and established procedures of Surgical Services	100%
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	100%
Standard E19	Facility has established procedures for postnatal care as per guidelines	100%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	100%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptics	100%
Standard F3.	Facility ensures standard practices and materials for Personal protection	100%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	93.3%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	78.6%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	94.4%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	100%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	79.17%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	83.3%
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, Quality policy and objectives, and prepares a strategic plan to achieve them	75%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	100%
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	100%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%

#### 4. Areas of improvement

S. No	Recommended areas of improvement
1.	Training of staff on quality management tools and its implementation.
2.	OT to have a separate store and refrigerator.
3.	Infection control and BMW practices need improvement, for example unidirectional flow of waste, segregation of clean area and the zones.

