**NATIONAL QUALITY ASSURANCE STANDARDS**

External Assessment report of PHC-……………..

Date of submission: ……………………..

NAme of the Assessors

1. ………………………

2. ……………………………

Executive Summary

Introduction -

External Assessment of PHC ……………..against National Quality Assurance Standards was conducted from .......................... 2018.

Name of Assessor’s-

1.

2.

Assessment has been conducted on standard format of National Quality Assurance Programme Checklist for Primary Health Centres which contains functional ­­­six (06) departments.

Main Gaps

Assessment Outcome-

Patient Satisfaction Score of the preceding quarter :

Name and Signatures of External Assessors-

1.

2.

**Snapshot of score card**

|  |  |  |
| --- | --- | --- |
| PHC Score Card | | |
| OPD | **PHC Score** | **Laboratory** |
|  |  |
| Labour Room | **National Health Program** |
|  |  |
| IPD | **General administration** |
|  |  |

**Area of Concern wise score**

|  |  |
| --- | --- |
| Area of Concern | Scoring pattern |
| *Service Provision* |  |
| *Patient Rights* |  |
| *Inputs* |  |
| *Support Services* |  |
| *Clinical Services* |  |
| *Infection control* |  |
| *Quality Management* |  |
| *Outcomes* |  |

**Standard wise Score Card**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Area of Concern -A Service Provision | | Area of Concern D  Support Services | | Area of Concern E Clinical Services | | Area of Concern F Infection Control | |
| **Standard** | **Score** | **Standard** | **Score** | **Standard** | **Score** | **Standard** | **Score** |
| Standard A1 |  | Standard D1 |  | Standard E1 |  | Standard F1 |  |
| Standard A2 |  | Standard D2 |  | Standard E2 |  | Standard F2 |  |
| Standard A3 |  | Standard D3 |  | Standard E3 |  | Standard F3 |  |
| Standard A4 |  | Standard D4 |  | Standard E4 |  | Standard F4 |  |
| Area of Concern B Patient Rights | | Standard D5 |  | Standard E5 |  | Standard F5 |  |
| Standard B1 |  | Standard D6 |  | Standard E6 |  | Standard F6 |  |
| Standard B2 |  | Standard D7 |  | Standard E7 |  | Area of Concern G Quality Management | |
| Standard B3 |  | Standard D8 |  | Standard E8 |  | Standard G1 |  |
| Standard B4 |  |  | | Standard E9 |  | Standard G2 |  |
| Area of Concern C  Inputs | | Standard E10 |  | Standard G3 |  |
| Standard C1 |  | Standard E11 |  | Standard G4 |  |
| Standard C2 |  | Standard E12 |  | Area of Concern H  Outcome | |
| Standard C3 |  | Standard E13 |  | Standard H1 |  |
| Standard C4 |  | Standard E14 |  | Standard H2 |  |
| Standard C5 |  | Standard E15 |  | Standard H3 |  |
|  |  |  |  | Standard H4 |  |

**Department wise score card**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outdoor Department** | | | | |
| **Outdoor Department Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **Outdoor Department Score** |
| A | Service Provision |  |  | |
| B | Patient Rights |  |
| C | Inputs |  |
| D | Support Services |  |
| E | Clinical Services |  |
| F | Infection Control |  |
| G | Quality Management |  |
| H | Outcome |  |
| **Major Gaps Observed** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Labour Room** | | | | |
| **Labour Room Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **Labour room Score** |
| A | Service Provision |  |  | |
| B | Patient Rights |  |
| C | Inputs |  |
| D | Support Services |  |
| E | Clinical Services |  |
| F | Infection Control |  |
| G | Quality Management |  |
| H | Outcome |  |
| **Major Gaps Observed** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **In-Patient Department** | | | | |
| **In-Patient Department Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **In-Patient Department Score** |
| A | Service Provision |  |  | |
| B | Patient Rights |  |
| C | Inputs |  |
| D | Support Services |  |
| E | Clinical Services |  |
| F | Infection Control |  |
| G | Quality Management |  |
| H | Outcome |  |
| **Major Gaps Observed** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Laboratory** | | | | |
| **Laboratory Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **Laboratory Score** |
| A | Service Provision |  |  | |
| B | Patient Rights |  |
| C | Inputs |  |
| D | Support Services |  |
| E | Clinical Services |  |
| F | Infection Control |  |
| G | Quality Management |  |
| H | Outcome |  |
| **Major Gaps Observed** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

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| **National Health Programme** | | | | |
| **National Health Programme Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **National Health Programme Score** |
| A | Service Provision |  |  | |
| B | Patient Rights |  |
| C | Inputs |  |
| D | Support Services |  |
| E | Clinical Services |  |
| F | Infection Control |  |
| G | Quality Management |  |
| H | Outcome |  |
| **Major Gaps Observed** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
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| **General Administration** | | | | |
| **General Administration Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **General Administration Score** |
| A | Service Provision |  |  | |
| B | Patient Rights |  |
| C | Inputs |  |
| D | Support Services |  |
| E | Clinical Services |  |
| F | Infection Control |  |
| G | Quality Management |  |
| H | Outcome |  |
| **Major Gaps Observed** | | | | |  |  |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

**Annexures**

1. Minutes of meeting of opening meeting.

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| --- | --- | --- | --- | --- | --- | --- |
| Opening Meeting | | | | | | |
| Name Of The Facility  PHC Lonikalbhor | | | State/Dist.  **Pune/Maharashtra** | | |  |
| Date | | Start Time | Finished Time | | | |
| List of Attendees | | | | | | |
| Assessors | | | | Facility Representatives | | |
| Team Leader | | | | Name | Designation | Signature |
| Name | Designation | Signature | |  |  |  |
|  |  |  | |  |  |  |
| Assessment Team | | | |  |  |  |
| Name | Designation | Signature | |  |  |  |
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| Discussion Points | | | | | | |
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(ii) Minutes of meeting of closing meeting.

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| Closing Meeting | | | | | | | |
| Name of The Facility  PHC Lonikalbhor | | | | State/Dist:  **Pune/ Maharashtra** | | | |
| Date | | Start Time |  | | Finished Time |  |  |
| List of Attendees | | | | | | | |
| Assessors | | | Facility Representatives | | | | |
| Team Leader | | | Name | | | Designation | Signature |
| Name | Designation | Signature |  | | |  |  |
|  |  |  |  | | |  |  |
| Assessment Team | | |  | | |  |  |
| Name | Designation | Signature |  | | |  |  |
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| Discussion Points | | | | | | | |
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1. Assessment Schedule

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| --- | --- | --- | --- | --- |
| Assessment Schedule | | | | |
| Date | **Department/Activity** | **Time** | | **Support Required** |
| **From** | **To** |  |
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**(III) Declaration by Assessors**

National Health Systems Resource Centre, New-Delhi

External Assessment of public health facilities under National Quality Assurance Programme

**Declaration of Impartiality and Confidentiality**

(*To be filled in by each Assessor and to be enclosed with the Assessment Report)*

|  |  |  |
| --- | --- | --- |
|  | Name |  |
|  | Address |  |
|  | Qualification |  |
|  | Organization |  |
|  | Designation |  |
|  | Date(s) of Assessment |  |
|  | Areas assessed |  |
|  | Name and Address of the health facility Assessed |  |

1. I declare that;
2. I have not offered any guidance, supervision or other services to the above mentioned health facility, in any way.
3. I do not have any commercial interest in the above mentioned health facility.
4. I am not an ex-employee of the health facility and am not related to any person of the management/Employee of the above mentioned health facility.
5. I under take that;
6. I shall maintain strict confidentiality of the information acquired through various documents like health facility records, Quality Manual, Standard Operating Procedures, Internal Reports, etc., of the above mentioned public health facility and other related information that might have been given by National Health Systems Resource Centre- New-Delhi or State Quality Cell, in the course of discharge of my responsibility and shall not disclose to any person other than that required by National Health Systems Resource Centre-New-Delhi.
7. I shall neither copy any documentation nor divulge any information to any third party without the written prior consent of the above mentioned public health facility or National Health Systems Resource Centre-New-Delhi.
8. I shall maintaining independent and acting impartially with integrity during external assessment. I shall not act in any damaging to the reputation or interest of National Health Systems Resource Centre-New-Delhi or the above mentioned public health facility.
9. In the event of any alleged breach of this undertaking, I shall co-operate fully with National Health Systems Resource Centre-New-Delhi.

Date:

Place Signature of Assessor

National Health Systems Resource Centre, New-Delhi

External Assessment of public health facilities under National Quality Assurance Programme

**Declaration of Impartiality and Confidentiality**

(*To be filled in by each Assessor and to be enclosed with the Assessment Report)*

|  |  |  |
| --- | --- | --- |
|  | Name |  |
|  | Address |  |
|  | Qualification |  |
|  | Organization |  |
|  | Designation |  |
|  | Date(s) of Assessment |  |
|  | Areas assessed |  |
|  | Name and Address of the health facility Assessed |  |

1. I declare that;
2. I have not offered any guidance, supervision or other services to the above mentioned health facility, in any way.
3. I do not have any commercial interest in the above mentioned health facility.
4. I am not an ex-employee of the health facility and am not related to any person of the management/Employee of the above mentioned health facility.
5. I under take that;
6. I shall maintain strict confidentiality of the information acquired through various documents like health facility records, Quality Manual, Standard Operating Procedures, Internal Reports, etc., of the above mentioned public health facility and other related information that might have been given by National Health Systems Resource Centre- New-Delhi or State Quality Cell, in the course of discharge of my responsibility and shall not disclose to any person other than that required by National Health Systems Resource Centre-New-Delhi.
7. I shall neither copy any documentation nor divulge any information to any third party without the written prior consent of the above mentioned public health facility or National Health Systems Resource Centre-New-Delhi.
8. I shall maintaining independent and acting impartially with integrity during external assessment. I shall not act in any damaging to the reputation or interest of National Health Systems Resource Centre-New-Delhi or the above mentioned public health facility.
9. In the event of any alleged breach of this undertaking, I shall co-operate fully with National Health Systems Resource Centre-New-Delhi.

Date:

Place Signature of Assessor