

**DQAU & INTERNAL NQAS ASSESSMENT REPORT FORMAT FOR DH (Version 3)**  
*(A standard NQAS Assessment Report format to be used for District Quality Assessment cum Mentoring Visit and Facility-level Internal Assessment in Mizoram)*

**1. Type of Assessment:**

- District Quality Assessment cum Mentoring Visit (*IPA Ex-Ante Assessment*)  
 Facility Internal Assessment (*IPA Self-Assessment*)

**2. Name of the Facility:**..... DH

**3. Date of Assessment:** .....

**4. Name & Signature of Assessors:**

- a. ....  
 b. ....  
 c. ....

**5. Overall NQAS Score of Health Facility:** .....% (**MusQan:** .....%; **LaQshya:** .....%)

**6. Compliance to NQAS State Certification Criteria:**

Criterion No.	Certification Criteria	Status <sup>1</sup>
I.	Aggregate score of the health facility is $\geq 65\%$	Criteria Met/ Not Met  Overall Score:
II.	Individual Quality Score for all selected Department $\geq 65\%$	Criteria Met/ Not Met  (List department not met criteria with score)
III.	Individual Quality Score of all 8 Area of Concern $\geq 65\%$	Criteria Met/ Not Met  (List AoC not met criteria with score)
IV.	Score of Standard A2, B5, D10 is $\geq 65\%$	Criteria Met/ Not Met  (List Standard with score)
V.	Individual Standard wise score $\geq 45\%$	Criteria Met/ Not Met

<sup>1</sup> Delete or Strikethrough non applicable status. ("Met" leh "Not Met" hi a ñul lo zawk delete/thaichhiat ni se).

<b>Criterion No.</b>	<b>Certification Criteria</b>	<b>Status<sup>1</sup></b>
		(List Standard not met criteria with score)
VI.	Patient Satisfaction Score of $\geq 65\%$ or more in the preceding quarter (Satisfied & Highly Satisfied on Mera Aaspataal), or Score of 3.25 on Likert Scale	Criteria Met/ Not Met  (Average Quarter Score) Month 1:  Month 2:  Month 3:

**7. Compliance to LaQshya State Certification:**

<b>Criterion No.</b>	<b>State Certification Criteria</b>	<b>LR Status<sup>2</sup></b>	<b>M-OT Status</b>
I.	Separate overall score of the department (LR/OT) shall be $\geq 65\%$	Criteria Met/ Not Met  Overall Score:	Criteria Met/ Not Met  Overall Score:
II.	Score of each Area of Concern in r/o department (LR/OT) shall be $\geq 65\%$	Criteria Met/ Not Met  (List AoC not met criteria with score)	Criteria Met/ Not Met  (List AoC not met criteria with score)
III.	Individual scores of three core Standards (B3, E18 and E19) shall be $\geq 65\%$	Criteria Met/ Not Met  (List Standard with score)	Criteria Met/ Not Met  (List Standard with score)
IV.	Individual Score in each applicable Quality standard $> 45\%$	Criteria Met/ Not Met  (List Standard with score)	Criteria Met/ Not Met  (List Standard with score)
V.	Client Satisfaction of the department shall be more $\geq 65\%$ or a score of 3.2 on Likert scale	Criteria Met/ Not Met  (List Standard not met criteria with score)	Criteria Met/ Not Met  (List Standard not met criteria with score)
		Criteria Met/ Not Met  (Average Quarter Score)	Criteria Met/ Not Met  (Average Quarter Score)

<sup>2</sup> Delete or Strikethrough non applicable status. ("Met" leh "Not Met" hi a ñul lo zawk delete/thaichhiat ni se).

Criterion No.	State Certification Criteria	LR Status <sup>2</sup>	M-OT Status
		Month 1: Month 2: Month 3:	Month 1: Month 2: Month 3:

### 8. Compliance to MusQan Certification:

Criterion No.	State Certification Criteria	Status <sup>3</sup>
I.	Separate overall score of the department (SNCU/NBSU, Paedia Ward, Paedia OPD and NRC) shall be $\geq 70\%$	Criteria Met/ Not Met Overall Score:
II.	Score of each Area of Concern in r/o department (SNCU/NBSU, Paedia Ward, Paedia OPD and NRC) shall be $\geq 65\%$	Criteria Met/ Not Met (List AoC not met criteria with score)
III.	Individual scores of three core Standards A2, B5, D10/D8 (DH/CHC) shall be $\geq 65\%$ for DH, $\geq 55\%$ for CHC	Criteria Met/ Not Met (List Standard with score)
IV.	Individual Score in each applicable Quality standard > 45%	Criteria Met/ Not Met (List Standard not met criteria with score)
V.	Client Satisfaction of the department shall be more $\geq 75\%$ or a score of 3.5 on Likert scale	Criteria Met/ Not Met (Average Quarter Score) Month 1: Month 2: Month 3:

### 9. Area of Concern Wise Score:

Sl. No.	Area of Concern	NQAS score (%)	LaQshya score (%)		MusQan score (%)
			LR	MOT	
A	Service Provision				

<sup>3</sup> Delete or Strikethrough non applicable status. ("Met" leh "Not Met" hi a ñul lo zawk delete/thaichhiat ni se).

B	Patient Rights				
C	Inputs				
D	Support Services				
E	Clinical Services				
F	Infection Control				
G	Quality Management				
H	Outcome				

**10. Departmental Score:**

Sl. No.	Department	Score
1.	General Administration	
2.	Paediatrics OPD	
3.	Paediatrics Ward	
4.	Special Newborn Care Unit (SNCU)	
5.	Labour Room (LR)	
6.	Maternity Operation Theatre (M-OT)	
7.	Operation Theatre	
8.	Accident & Emergency	
9.	Outdoor Patient Department	
10.	Maternity Ward	
11.	Post Partum Unit (PP Unit)	
12.	Laboratory	
13.	Radiology	
14.	Pharmacy	
15.	Blood Bank	
16.	Intensive Care Unit (ICU)	
17.	Auxiliary	
18.	Mortuary	
19.	Nutrition Rehabilitation Centre	

Sl. No.	Department	Score
20.	Indoor Patient Department	
21.	Haemodialysis Centre	

### 11. Score Against Each Standard:

Reference No	Area of Concern & Standards	NQAS Score
	<b>Area of Concern A - Service Provision</b>	
Standard A1	Facility Provides Curative Services	
Standard A2	Facility provides RMNCHA Services	
Standard A3	Facility Provides diagnostic Services	
Standard A4	Facility provides services as mandated in National Health Programmes/ State Scheme	
Standard A5	Facility provides support services	
Standard A6	Health services provided at the facility are appropriate to community needs.	
	<b>Area of Concern B - Patient Rights</b>	
Standard B1	Facility provides the information to care seekers, attendants & community about the available services and their modalities	
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.	
Standard B3	Facility maintains the privacy, confidentiality & Dignity of patient, and has a system for guarding patients related information	
Standard B4	Facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitate informed decision-making patient.	
Standard B5	Facility ensures that there is no financial barrier to access and that there is financial protection given from cost of hospital services.	
Standard B6	Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities	
	<b>Area of Concern C - Inputs</b>	
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	
Standard C2	The facility ensures the physical safety of the infrastructure.	
Standard C3	The facility has established Programme for fire safety and other disaster	
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	

<b>Reference No</b>	<b>Area of Concern &amp; Standards</b>	<b>NQAS Score</b>
Standard C5	Facility provides drugs and consumables required for assured list of services.	
Standard C6	The facility has equipment & instruments required for assured list of services.	
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	
	<b>Area of Concern D- Support Services</b>	
Standard D1	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of medicines and consumables in pharmacy and patient care areas	
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	
Standard D4	The facility has established Programme for maintenance and upkeep of the facility	
Standard D5	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	
Standard D6	Dietary services are available as per service provision and nutritional requirement of the patients.	
Standard D7	The facility ensures clean linen to the patients	
Standard D8	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	
Standard D9	Hospital has defined and established procedures for Financial Management	
Standard D10	Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	
Standard D11	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	
Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	
	<b>Area of Concern E- Clinical Services</b>	
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	
Standard E2	The facility has defined and established procedures for clinical assessment, reassessment and treatment plan preparation.	
Standard E3	Facility has defined and established procedures for continuity of care of patient and referral	
Standard E4	The facility has defined and established procedures for nursing care	
Standard E5	Facility has a procedure to identify high risk and vulnerable patients.	

<b>Reference No</b>	<b>Area of Concern &amp; Standards</b>	<b>NQAS Score</b>
Standard E6	Facility ensures rationale prescribing and use of medicines	
Standard E7	Facility has defined procedures for safe drug administration	
Standard E8	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	
Standard E9	The facility has defined and established procedures for discharge of patient.	
Standard E10	The facility has defined and established procedures for intensive care.	
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management	
Standard E12	The facility has defined and established procedures of diagnostic services	
Standard E13	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	
Standard E14	Facility has established procedures for Anaesthetic Services	
Standard E15	Facility has defined and established procedures of Operation theatre services	
Standard E16	The facility has defined and established procedures for the management of death & bodies of deceased patients	
Standard E17	Facility has established procedures for Antenatal care as per guidelines	
Standard E18	Facility has established procedures for Intra-natal care as per guidelines	
Standard E19	Facility has established procedures for postnatal care as per guidelines	
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines	
Standard E21	Facility has established procedures for abortion and family planning as per government guidelines and law	
Standard E22	Facility provides Adolescent Reproductive and Sexual Health services as per guidelines	
Standard E23	Facility provides National health program as per operational/Clinical Guidelines	
Standard E24	The facility has defined and established procedure for Haemodialysis Services	
	<b>Area of Concern F- Infection Control</b>	
Standard F1	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	
Standard F2	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	
Standard F3	Facility ensures standard practices and materials for Personal protection	
Standard F4	Facility has standard Procedures for processing of equipment and instruments	

Reference No	Area of Concern & Standards	NQAS Score
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	
Standard F6	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	
<b>Area of Concern G- Quality Control</b>		
Standard G1	The facility has established organizational framework for quality improvement	
Standard G2	Facility has established system for patient and employee satisfaction	
Standard G3	Facility have established internal and external quality assurance programs wherever it is critical to quality.	
Standard G4	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	
Standard G5	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	
Standard G6	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	
Standard G7	Facility seeks continually improvement by practicing Quality method and tools.	
Standard G8	Facility has de defined, approved and communicated Risk Management framework for existing and potential risks.	
Standard G9	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	
Standard G10	The facility has established clinical Governance framework to improve quality and safety of clinical care processes	
<b>Area of Concern H- Outcome</b>		
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	
Standard H4.	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark	

## 12. Area of Improvement:

Sl. No.	Recommended Areas of Improvement <sup>4</sup>

<sup>4</sup> The Assessors are expected to make checkpoints/standards-level recommended actions (not AoC-level). The Assessors may add extra rows or sheets as required.


TO BE FILLED BY THE DISTRICT

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**13. Approval of District Quality Assurance Committee/Designated Authority**

- 1) Application for State QA Certification of ..... (Name of Health Facility) as per National Quality Assurance Standards for DH is approved/not approved.
- 2) State LaQshya Certification of Labour Room/ Maternity-OT of ..... (Name of Health Facility) as per LaQshya Standards is approved/ not approved.
- 3) State MusQan Certification of (at least 3 departments - Paediatric OPD, Paediatric Ward, SNCU, and NRC) of ..... (Name of Health Facility) as per MusQan Standards is approved/ not approved.

Date:  
Designation:

Signature