Ministry of Health and Family Welfare
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NITI Aayog

World Health Organization
India

BEST PRACTICES IN THE PERFORMANCE OF DISTRICT HOSPITALS

सत्यमेव जयते
NITI Aayog

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Message from the Chief Executive Officer

A healthy population is a productive one, a happier one. The Government of India is committed to this vision, as reflected in the National Health Policy 2017 and several other pathbreaking initiatives such as the Ayushman Bharat Yojana.

This report is the first-ever performance assessment of district hospitals undertaken across the country. It marks a major shift in the health care delivery system towards data-driven governance and takes us even closer to communities and people availing health services. The entire objective of the exercise is to pave the way for a more informed understanding of health care services available in different regions and flag gaps, if any.

The Government has made significant progress in improving the health care system in India. It has initiated major reforms to improve citizens' access to quality and affordable health care at a much greater pace. This assessment exercise also is a step in that direction.

Understanding the performance of district hospitals vis-à-vis a uniform set of indicators will be useful for both the district and state officials involved in decision making and improving service delivery.

I hope that the observations and recommendations presented in this report will help in guiding the decision-makers at the state- and district-levels in taking informed and evidence-based decisions and accelerate the transformation of the public health system in India.

Amitabh Kant
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Foreword

The progress in the health sector in India in terms of improved service delivery and outcome in the last decade has been commendable. District hospitals have a pivotal role in creating healthier communities, providing a wide spectrum of health care services that caters to all individuals of the population. Despite their crucial role in providing advanced secondary care, there are unfortunately gaps, be it shortage of human resources, capacities, utilization and service uptake, quality issues, operational challenges, or sometimes just a lack of motivation amongst hospital staff. To make "health for all" a reality and to ensure that every citizen has access to safe and reliable health services, these gaps must be closed. The district hospital performance assessment exercise undertaken by NITI Aayog is an important step in that direction.

NITI Aayog, in collaboration with the Ministry of Health and Family Welfare, World Health Organization, and key stakeholders, has developed the first-ever comprehensive assessment of the performance of district hospitals in India. The exercise captures the infrastructure and service outputs of district hospitals, giving us useful data to understand their performance and help pave the way towards better health outcomes.

Based on the monitoring framework developed in 2017, the validation exercise was initiated in December 2018 and concluded in 2019 across 731 district hospitals in the country. This exercise has now culminated in what is a large-scale baseline assessment of district hospitals across the country covering 707 (97%) district hospitals. The Health Management Information System (HMIS) data for the year 2017-18 has been used as baseline for this exercise.

This country-wide assessment of district hospitals on a pre-determined set of key performance indicators will serve as a valuable resource that can help hospitals perform better as they learn from one another. It will also encourage a sense of healthy competition and provide an opportunity to showcase progress. In addition, it would bring about greater accountability for quality health care facilities in district hospitals.

It is worth noting that this was the first time any large scale national onsite survey of hospital data was done at the facility level. The exercise apart from making the abovementioned framework of NITI Aayog more meaningful would also reveal comprehensive insights on HMIS and the overall status of record maintenance and data reporting at the district hospital level. It will

create awareness among district hospitals regarding the HMIS and the importance of proper record keeping.

The uniqueness of this report lies in how it has collected and used data around key parameters of infrastructure and services that are available in the district hospitals. The findings from this study may be used to deliver better health services. By celebrating data and assigning it priority, the exercise has helped increase reliance on information technology for greater digitization and optimization of data management. Finally, the initiative provides us with an essential tool to track progress on crucial health care indicators on a regular basis.

We hope that this performance assessment will spur a movement that can demand better health service delivery and strengthen the country's health systems, minimizing disparities and irregularities that exist in the quality of services offered across the board. Inevitably, this would create a learning environment where hospitals can draw lessons from one another, share best practices, and work collaboratively. A roadmap of action would likely emerge for district hospitals in their quest for upgrading and improving service delivery. The goal of any national health programme is to constantly strive for improved health outcomes for the populations they serve. We hope this effort by NITI Aayog and the Ministry of Health and Family Welfare is a step in that direction.

Dr Vinod K Paul

Member, NITI Aayog

Acknowledgments

This report on the best practices in the performance of district hospitals in India has been the result of extensive consultations and collaboration with numerous stakeholders. NITI Aayog would like to thank the Union Ministry of Health and Family Welfare and all officers in the Department of Health and Family Welfare who supported and contributed significantly to making this performance assessment exercise robust and well represented.

NITI Aayog is extremely grateful to the State Governments and Union Territories for their support and assistance throughout the process of this exercise, right from finalizing the indicators up to collating best practices of well performing district hospitals in the area of their excellence. We also thank all district-level health officials for extending their support, coordinating with us, and providing us with helpful information without which the project could not have been completed.

The selection of indicators and the report preparation have benefitted from technical support provided by the World Health Organization India Country Office. I appreciate the contribution of Dr Roderico Ofrin, WHO Representative to India; Ms Payden, Deputy WHO Representative to India; Dr Hilde De Graeve, Team Lead, Health Systems; Dr Ved Prakash Yadav, National Professional Officer, Health Information System; and Dr Sonali Rawal, National Professional Officer, Patient Safety and Quality of Care.

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The project was designed and conceptualised under the guidance of Dr Rajiv Kumar, Vice Chairperson, NITI Aayog; Dr Vinod K Paul, Member, NITI Aayog; Mr Amitabh Kant, CEO, NITI Aayog, and Mr Alok Kumar, former Adviser, Health and Family Welfare, NITI Aayog. The

report writing was done by a team of Shri Shoyabahmed Kalal, Deputy Secretary, NITI Aayog; Vaishnavi Iyer, Young Professional, NITI Aayog; supported by Dr Bhanu Duggal, Professor & HOD, Department of Cardiology, AIIMS, Rishikesh; Dr Kashipa Harit, NABH; Arsh Hashmi, QCI; and Jyoti Khatter, Senior Research Officer, NITI Aayog. The NITI team also included budding professionals namely Shreya Chaturvedi, Gaurika Saxena, Ashima Singh, and Shreya Jain, Interns, who assisted in the compilation of the report.

Dr Rakesh Sarwal
Additional Secretary
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Table of Contents

LIST OF TABLES

LIST OF FIGURES

List of Abbreviations

ABARK	Ayushman Bharat – Arogya Karnataka
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha And Homeopathy
BDS	Bachelor Of Dental Surgery
BY	Base Year
CBC	Complete Blood Count
CCU	Cardiac Care Unit
CEO	Chief Executive Officer
CHC	Community Health Centre
CMO	Chief Medical Officer
CRS	Civil Registration System
CRVS	Civil Registration And Vital Statistics
C-section	Caesarean Section
CSSD	Central Sterile Supply Department
DH	District Hospital
DPT	Diphtheria, Pertussis And Tetanus
DVDMS	Drugs And Vaccines Distribution Management System
EAG	Empowered Action Group
ENT	Ear-Nose-Throat
FLV	First-Level Verification
FRU	First Referral Unit
HDU	High Dependency Unit
HIS	Hospital Information System

HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRMIS	Human Resources Management Information System
HWC	Health And Wellness Centre
ICU	Intensive Care Unit
IDSP	Integrated Disease Surveillance Programme
IEC	Information, Education And Communication
IMR	Infant Mortality Rate
INR	Indian Rupees
IPD	Inpatient Department
IPHS	Indian Public Health System
ISO	International Organization For Standardization
IT	Information Technology
IVA	Independent Validation Agency
KFT	Kidney Function Test
KPI	Key Performance Indicator
LBW	Low Birth Weight
LFT	Liver Function Test
LDR	Labour And Delivery Room
MBBS	Bachelor Of Medicine And A Bachelor Of Surgery
MCH	Maternal And Child Health
MCI	Medical Council Of India
MIS	Management Information System
MMR	Maternal Mortality Ratio
MO	Medical Officer
MoH&FW	Ministry Of Health And Family Welfare
NA	Not Applicable
NABH	National Accreditation Board For Hospitals And Healthcare Providers
NACO	National Aids Control Organization
NCD	Non-Communicable Disease
NE	North-Eastern
NFHS	National Family Health Survey
NHM	National Health Mission
NHP	National Health Policy
NHSRC	National Health Systems Resource Centre
NITI	Aayog National Institution For Transforming India

NMR	Neonatal Mortality Rate
NQAS	National Quality Assurance Standards
OPV	Oral Polio Vaccine
OPD	Outpatient Department
ORGI	Office Of The Registrar General And Census Commissioner Of India
OT	Operation Theatre
PAP	Papanicolaou
P FORM	IDSP Reporting Format For Presumptive Surveillance
PHC	Primary Health Centre
PLHIV	People Living With Hiv
PIPs	Programme Implementation Plans
PGI	Post-Graduate Institute
RRC-NE	Regional Resource Centre For North-Eastern States
RNTCP	Revised National Tuberculosis Control Programme
RU	Reporting Unit
SC	Sub-Centre
SDG	Sustainable Development Goals
SDH	Sub-District Hospital
SRB	Sex Ratio At Birth
SRS	Sample Registration System
SN	Staff Nurse
SNO	State Nodal Officer
SNCU	Special Newborn Care Unit
TA	Technical Assistance
TB	Tuberculosis
TFR	Total Fertility Rate
U5MR	Under-Five Mortality Rate
UT	Union Territory
UHC	Universal Health Coverage

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Executive Summary

India has made significant progress in improving its health outcomes over the last two decades. Many key indicators, however, continue to show considerable scope for improvement. Considering the needs of health care in the country, the Government of India has made ambitious global and national commitments to further improve health outcomes. To honour these commitments, it is important to measure and evaluate the performance of the public health infrastructure.

District hospitals are a valuable resource providing secondary level of health care, which includes comprehensive preventive, promotive and curative services. Currently, there are more than 800 district hospitals across the country providing crucial services to the population. In view of a large fund allocation for district hospitals under the National Health Mission (NHM), as well as their critical role in health care provision, there is a need to set up a comprehensive system to assess their performance holistically. Therefore, NITI Aayog took up to create a framework for tracking the performance of these government hospitals, based on key parameters that illuminate the health of our hospitals.

NITI Aayog conducted a detailed study on the domestic and international health systems, in consultations with the World Health Organization, Ministry of Health and Family Welfare, and other stakeholders, in order to determine the domains and specific indicators that are required to be included in this holistic assessment of hospitals. This is the first-ever pan-India assessment at the district level that draws upon physical validation of the data from the Health Management Information System (HMIS) to benchmark the district hospitals on a diverse mix of input and output indicators. The assessment looked at a wide array of health indicators ranging from beds, doctors, nurses, paramedics, diagnostic and health care facilities to the rate of Caesarean section surgeries and bed occupancy, amongst others. Of the ten Key Performance Indicators (KPIs) used in this exercise, five portray the level of infrastructure these district level hospitals have, and the remaining indicate the output these hospitals are generating.

A total of 707 district hospitals, including medical colleges from some States, as shared by the Ministry of Health and Family Welfare, Government of India, across 36 States and Union Territories were part of the assessment conducted in 2018–19. For this assessment, the HMIS data of district hospitals for the financial year 2017–18 was taken as baseline, which was validated

against the physical records maintained by the hospitals. The validation exercise was conducted by the National Accreditation Board for Hospitals and Healthcare Providers (NABH). It involved onsite review of medical records of all district hospitals — the registers from where data was collated and entered in the HMIS portal were reviewed for the purpose of the audit. The validation exercise revealed that on average, there was a 75% match between the data in the physical records and that entered on HMIS. The most common reasons for a mismatch between the two data points included difference in the understanding of definitions of various indicators, lack of continuity in data capture and data entry in HMIS, and ambiguous indicator definition.

Key Findings

The regional variance across states in the country was evidently visible in the top performing hospitals across indicators. District hospitals from almost every state and union territory have fared well in one or the other indicator. For the KPI "No. of functional hospital beds per 100,000 population" it is seen that on an average a district hospital in India has 24 beds per 1 lakh population. The Indian Public Health Standards (IPHS) 2012 guidelines recommend district hospitals to maintain at least 22 beds per 1 lakh population *(based on district population average of 2001 Census)*. District hospitals in India have a range of 1 to 408 beds per 1 lakh population. 217 district hospitals were found to have at least 22 beds for every 1 lakh population. Less populated districts have been seen to fare well in infrastructure-related KPIs, while the more populated districts in the states of Uttar Pradesh, Maharashtra, etc. have obtained higher scores in KPIs such as bed occupancy rates and number of surgeries per surgeon.

Hospital support services, such as a hospital information system, blood bank, waste management, complement clinical services indirectly contribute to better health outcomes. Based on IPHS (2012), the assessment framework identified 14 support services that a district hospital is expected to maintain. It was found that a district hospital in India has 11 support services on an average. A total of 89 district hospitals were found to have provision of all the 14 support services. With regard to availability of core health care services, 101 district hospitals were found to have provision of all 14 core health care services. On average, a district hospital in India has 10 core health care services. As for availability of diagnostic testing services, 21 district hospitals were found to have provision of all 14 diagnostic testing services; 14 of which are large hospitals (those having more than 300 beds). On average, a district hospital in the country has 9 diagnostic testing services, while large district hospitals have an average of 11 services.

One of the means of determining the efficiency of a district hospital is its bed occupancy rate. The average bed occupancy rate in district hospitals in India is 57%. IPHS guidelines for district hospitals (2012) recommend at least 80% bed occupancy. 263 district hospitals were found to have a bed occupancy rate of more than 80%, of which 54% were small hospitals (those with 200 or less beds), 19% were mid-sized hospitals (those with 201–300 beds), and 27% were large hospitals (those with more than 300 beds). Of these 263 hospitals, the largest share (16%) is occupied by district hospitals in Uttar Pradesh, followed by Madhya Pradesh (9%), and Maharashtra (8%).

District hospitals have been employing unique initiatives in different arenas in order to improve their service delivery. For instance, Belgaum district hospital, Karnataka has an impressive blood bank replacement rate of 0% *(0 blood units issued on replacement).* The hospital team achieved this by focusing on the importance of counselling and convincing potential donors to become regular donors, thereby ensuring availability of blood units in the blood bank.

JLNM Hospital in Srinagar was found to have a high C-section rate. They followed a multidisciplinary approach to effectively improve on existing infrastructure and manpower, including gynaecologists, medical officers, nursing staff and other support staff who were available round the clock. Integrating the health infrastructure with sufficient support services, availability of fully functional blood bank and special newborn care unit (SNCU) helped clinicians in managing high risk delivery cases in the hospital.

This report shares some of the best practices adopted by the district hospitals that obtained the highest scores in each of the indicators. It is hoped that states and districts would be able to learn from one another. An institutional mechanism that helps build capacity and sustain these practices would be useful.

The need for strengthening the public health information system cannot be emphasized enough. It involves better data management, regular data validation and periodic inspections, such as this performance assessment exercise. To ensure quality and timely health information, adequate, trained and dedicated human resources must be provided. An increase in awareness of the importance of HMIS portal following this exercise provides an ideal opportunity to strengthen public health information systems in the country.

The overall objective of this exercise has been to assess the performance of the district hospitals on pre-determined Key Performance Indicators (KPIs) and repeat it annually to capture the change. An annual assessment of district hospitals can serve as a valuable resource that can help them improve their performance. It will also foster a sense of healthy competition and provide an opportunity to showcase progress. It will further help to objectively assess how efficiently the resources are being utilized and thus help improve delivery. Importantly, it will provide greater confidence in the quality of data and serve as a tool to track crucial health care indicators more efficiently.

Many of the variables included in the exercise, however, are input based indicators that reflect the health of the hospitals indirectly. As the exercise evolves, more indicators, which directly represent the health outcomes and reflect the quality of services that are being delivered at public health facilities, could be included.

This exercise highlights the importance of accurate and quality data reporting and is expected to lead to improved HMIS data. It is anticipated that this would encourage policymakers and programme managers using HMIS data to undertake real-time programme evaluation, course correction and evidence-based policy formulation.

It is hoped that the information will be used by the states and districts to improve their service delivery and thereby, improve performance on health outcomes. It will also foster healthy competition and motivate district hospitals and states to take corrective measures, where needed. Overall, the findings of this first-ever facility-based comprehensive exercise for measuring performance is expected to prove extremely valuable for more informed policy formulation and strategic planning for better health outcomes.

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1

Introduction to District Hospitals: The Centrepiece of the Health Care Delivery System

1.1 PUBLIC HEALTH CARE IN INDIA

India has made significant progress in improving its health outcomes over the last two decades. Many key indicators, however, continue to show considerable scope for improvement. We now need to build on the many opportunities to respond to the growing aspirations and needs of a new India. The National Health Policy 2017 envisages strengthening the health system and investing in health and the organization of health care services.[1]

Policy making in the country's health sector is shaped by its federal structure and the Central–State divisions of responsibilities and financing. Public health and sanitation, hospitals and dispensaries are state subject, which means the primary responsibility of their management and service delivery lies with the states. However, the Centre also invests in health services through Centrally Sponsored Schemes such as the National Health Mission (NHM) and Ayushman Bharat. The Centre plays an important role in vital statistics, medical education, and drugs administration, among others, which are subjects in the Concurrent List, as also in planning, policy making, and funding for public health at state and national levels.

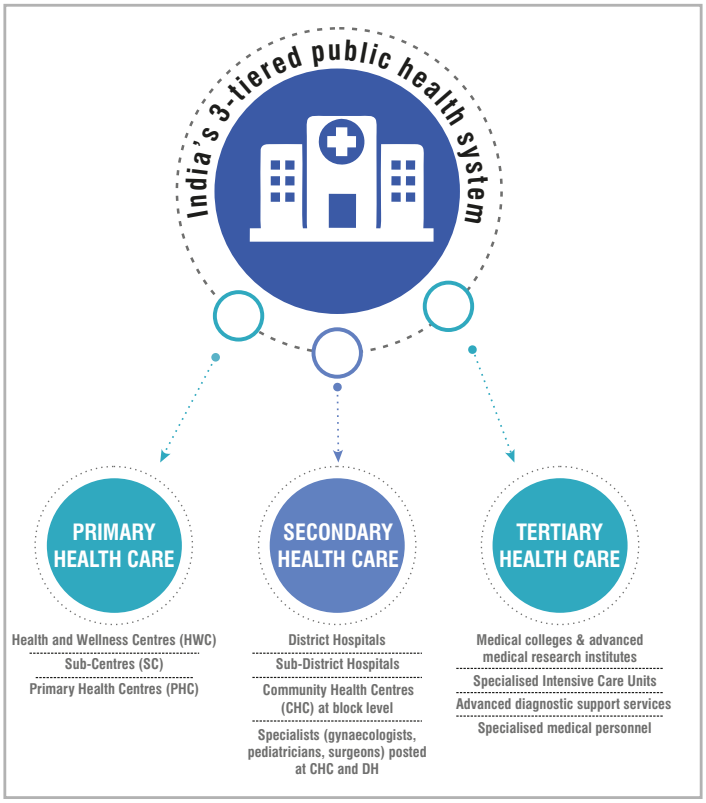


Figure 1: India's three-tiered public health system

As shown in Figure 1, the public health care infrastructure in India has been developed as a three-tier system:

- **Primary health care** provides the first level of contact between the population and health care providers. It has three types of health care institutions, namely, sub-centre (SC), primary health centre (PHC) and, more recently, Health and Wellness Centre (HWC).

1 National Health Policy 2017, Ministry of Health and Family Welfare, Government of India

- **Secondary health care** refers to a second tier of health system, in which, patients from primary health care are referred to higher hospitals for treatment. In India, the institutions for secondary health care include district hospitals, sub-district hospitals, and community health centres at the block level.
- **Tertiary health care** is the third level of health system that includes specialized consultative care, provided mostly on referral basis, from primary and secondary health care. Tertiary care service is usually provided by medical colleges and advanced medical research institutes.

The NSS reports on the key indicators of social consumption of health in India[2] throw light on the care-seeking behaviour of the Indian population. Table 1 shows the distribution of hospital services accessed in the outpatient and inpatient departments with respect to type of demography (rural/urban) and service provider (public/private). The epidemiological transition of disease burden and the country's commitment towards achieving Universal Health Coverage (UHC) has witnessed rapid growth in the health care sector. This is duly reflected in the roll-out of the world's largest social protection scheme, Ayushman Bharat.[3]

Table 1: Distribution of hospital services accessed in India

Share of ailments treated in the outpatient department by sector and demography				
	Rural		Urban	
	2014	2017–18	2014	2017–18
Public facilities	28.30%	32.50%	21.20%	26.20%
Private facilities	71.70%	67.50%	78.80%	73.80%

Share of ailments treated in the inpatient department by sector and demography				
	Rural		Urban	
	2014	2017–18	2014	2017–18
Public facilities	42.00%	45.70%	32.00%	35.30%
Private facilities	58.00%	54.30%	68.00%	64.70%

Source: *NSS 71st and 75th rounds, NSSO, Ministry of Statistics and Programme Implementation*

Taking into account the needs of health care in the country, the government has made ambitious global and national commitments to improve health outcomes.

For India to keep its global commitment, we need to measure and evaluate how its existing public health ecosystem, including district hospitals, is performing.

1.2 TOWARDS IMPROVED HEALTH OUTCOMES — SDGS AND AYUSHMAN BHARAT

India has made creditable progress over the last two decades on many fronts, including elimination of polio, maternal and neonatal tetanus and yaws, thereby improving health outcomes, as also in reducing the disease burden of mothers and children. There has been a

2 NSSO, Key Indicators of Social Consumption in India: Health, NSS 71st (2014) and 75th (2017–18) rounds, Ministry of Statistics and Programme Implementation

3 Press Information Bureau, Government of India, "Ayushman Bharat – Pradhan Mantri Jan Aarogya Yojana (AB-PMJAY) to be launched by Prime Minister Shri Narendra Modi in Ranchi, Jharkhand on September 23, 2018" (https://pib.gov.in/Pressreleaseshare.aspx?PRID=1546948)

significant decline in infant mortality between the years 2006 and 2018, from 57 to 32 per 1000 live births. Similarly, the maternal mortality ratio has dropped from 212 deaths per 100 000 live births in 2007–09 to 113 deaths in 2016–18.[4]

As per the National Health Profile 2020, life expectancy in India has significantly increased from 49.7 years in 1970-75 to 69 years in 2013-17. As a consequence, India today is in the 'epidemiological transition' phase, where it faces a dual burden on the disease, namely rising burden of non-communicable diseases (NCDs) and the already existing burden of communicable diseases. A holistic approach needs to be in place to address this epidemiological transition.

Two major drivers to improve health care outcomes for the country are the Sustainable Development Goals (SDGs) and the Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana. While the former reflects the country's aspirations and commitments, the latter represents the government's intent and action.

District hospitals have the potential to become valuable sources of information on how services are rolled out for other aspects of secondary public health care, including NCDs. To tackle the growing burden of disease and to provide quality primary, secondary, and tertiary health care, India launched Ayushman Bharat, a centrally sponsored programme, in 2018, which aims to provide free access to secondary and tertiary health care services for low-income earners in the country. Under the programme, both public and private hospitals, including district hospitals are empanelled to provide services to eligible beneficiaries.[5] This makes it imperative to measure and understand the current state of health at district hospitals in the country.

1.3 ROLE AND IMPORTANCE OF DISTRICT HOSPITALS

When patients reach any given district hospital, they expect that a doctor in the required medical specialty would be available at the outpatient department (OPD) to diagnose and treat their health disorder and prescribe tests and medicines, which can then be obtained at the pharmacy in the hospital. If the doctor orders diagnostic tests, the patient can get them done at a laboratory by a technician at that particular point of care. If the doctor recommends admission, the patient can get a bed at the hospital. If a higher-level medical intervention, such as surgery, is suggested, the patient can be operated upon within a reasonable period of time. During the patient's stay at the hospital, they are cared by the on-duty nurses. After the surgery, the patient should recover without any infection. The hospital ecosystem is expected to maintain acceptable levels of hygiene and cleanliness. These are the standard expectations of any patient visiting a district hospital anywhere in the world.

All these essential components form links of a delicate health care chain that determines the patient's experience. Inefficiencies and inadequacies in any of the departments can frustrate the patient and adversely impact the health outcomes and overall reputation of the hospital.

4 SRS bulletin, Office of Registrar General of India, Ministry of Home Affairs, Government of India

5 https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/ayushman-bharat-private-players-to-get-a-role-in-running-district-hospitals/articleshow/66266577.cms

This assessment has considered a wide array of health indicators including number of beds, doctors, nurses, and paramedical staff, availability of diagnostic and health care specialties, bed occupancy rate, among others. Indicators were identified on the basis of certain aims and objectives that needed to be fulfilled by a holistic assessment process. Indicators were broadly classified under the domains of structure and output, and top and least performing district hospitals in each indicator were identified.

For patients at the bottom of the economic pyramid, unavailability and inaccessibility of medical attention and intervention at a public sector hospital could mean that their health issues are unaddressed. This could affect their productivity and in turn cost them loss of wages, pushing them into the vicious cycle of poverty and unemployment. This unaddressed illness and sub-optimal productivity, when faced by a significant size of the population, has the potential to negatively impact the country's economy to grow sustainably.

In the three-tier structured level of public health care, the district hospital forms an integral and vital part of the health care delivery system. It functions as a secondary level of health care, which provides comprehensive preventive, promotive, and curative health care services to the people in the district.

A total of 810 district hospitals across India provide critical services to the population.[6]

Each district hospital is linked with public hospitals/ health centres such as the community health centre (CHC), the primary health centre (PHC), and the sub-centre (SC).

As per the Indian Public Health Standards (IPHS), district hospitals are mandated to:

- provide comprehensive secondary health care (specialist and referral services) to the community;
- achieve and maintain an acceptable standard of quality of care; and
- make services more responsive and sensitive to the needs of the people of the district and the hospitals/centres from where the cases are referred.

Key elements governing the functioning of district hospitals:

- **Affordability.** Provide effective, affordable health care services (curative including specialist services, preventive, and promotive) for a defined population.
- **Accessibility.** At least one district hospital for every district providing advanced secondary care.
- **Extensive coverage.** Service coverage encompassing both urban (district headquarter town) and the rural population in the district.
- **Broad scope.** Provide wide-ranging technical and administrative support and education and training for primary health care.

6 As on 31st March 2020, Rural Health Statistics, 2019–20.

- **Substantial infrastructure.** The district hospital, having beds ranging from 100 to 1200, provides out and inpatient critical services including surgical interventions such as caesarean sections; care for sick newborns, infants, and children; management of NCDs and infectious diseases; and blood storage facility on a 24-hour basis.
- **Contribution to society.** District hospitals have a lot to contribute towards meeting the country's global and national goals and targets, including the SDGs, and thus improving health outcomes.

1.4 ROLE OF A ROBUST HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

To make health services more responsive and sensitive to the needs of the people, there must be a robust health information system that tracks the progress and on-ground activities in a systematic manner. In recognizing this, India launched HMIS in 2008 to capture comprehensive health information on input, output, outcome, and impact indicators from sub-centres, PHCs, CHCs, and district hospitals. These were fed into standardized formats in a web-based system. The system was initially launched with the idea of uploading district-wise consolidated figures but has since evolved to serve as an important source for evidence-informed policy.

HMIS captures facility-wise information on formats framed in close consultation with programme divisions under the Ministry of Health and Family Welfare (MoH&FW) and other stakeholders. The data is being utilized in grading health facilities, identification of aspirational districts, and review of state programme implementation plans (PIPs), among others.

The information generated from HMIS serves as evidence for analysis, which helps shape policy and strengthens programme interventions. It is a valuable tool that grades health facilities, identifies aspirational districts, and reviews state PIPs. Further, it is used by the Central/ State governments to monitor and supervise the different functions that make up the public health system. These HMIS formats are designed to capture data on a set of indicators that are vital to track and measure performance of health programmes. A brief summary of the indicators on which data is collected and the frequency with which the reports are generated can be seen in Annexure 1.

Uploading facility-wise data on the HMIS web portal:

More than 200,000 health facilities upload the data, out of which 95 per cent are public health facilities.

On a monthly basis, facility-wise service delivery data is uploaded by these health facilities

On a quarterly basis, training data is collated

On an annual basis, infrastructure related data is collated

Notwithstanding the importance of the HMIS database, there have been observations about the limitations of the quality and the scope of data that the health information system generates. One of the concerns expressed is that the health outcome statistics generated through this system are not representative of the population as all private sector data is not being reported

in the HMIS portal. Another issue that has been flagged is that despite the hospitals generating a wealth of information internally, the same does not always get fully reflected in the national database.

These factors and concerns around on-ground validation of data have led to a need to deepen the understanding of how public health units fundamentally function and what is the experience that the patient takes home from these hospitals and clinics. Are the patients able to access doctors? Get essential drugs? Undergo surgeries when needed? These are some of the questions that need to be answered. From these realizations, germinated a seed of thought — India must evaluate the health of its district hospitals, and assess their performance.

Robust estimation of health care indicators and studying their trends over time at the district level would help strengthen the health information systems and also prove valuable for informed policy formulation and improved health care delivery.

A robust estimation of different health care indicators and studying their trends and patterns over time at the district level would be useful to understand intra-state variations. A comprehensive assessment of these trends in the health care indicators, and their association with policy targets, would prove valuable to inform and improve health care policy formulation and decision making at all levels.

1.5 GLOBAL PRACTICES IN HOSPITAL PERFORMANCE ASSESSMENTS

Performance indicators being a useful mechanism in measuring the quality of service, it has become a popular means in many arenas to use them in facilitating both improvement and efficient management. In the health sector too, there are well established systems of comparing health systems cross-nationally on multiple dimensions. Performance indicators are a dynamic concept that evolve with time, as it cannot ignore changes and evolution that occur in the health sector. WHO and global partners have developed a Health Systems Strengthening framework for a comprehensive assessment of components such as service delivery and health workforce.[7] Within this framework, of a set of indicators are measured — for example, the number of functional beds with respect to population is an important indicator in measuring the levels of access to hospital inpatient services, identifying areas with disproportionate number of beds, and allowing for comparisons within and between countries, regions, sectors, and programs. Similar to health systems, the hospitals and health care delivery systems of different countries are also evaluated on certain indicators. For instance, the number of beds available in a hospital with respect to its population size — WHO recommends that for every 1,000 people there be at least 5 beds. The Indian Public Health Standards (IPHS) recommends district hospitals in India to maintain 220 beds per 10 lakh population.[8] In the same manner, other indicators such as bed occupancy rate, availability of doctors and other medical staff, admission rates, patient satisfaction, among others, are also recommended and measured. These indicators reflect the functioning of the health systems but do not represent the performance of health

7 World Health Organization, Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action, 2007.

8 Indian Public Health Standards (IPHS), Guidelines for District Hospitals, 2012

care institutions (hospitals) per se. While independent studies may measure the performance of hospitals in a region (e.g., the Times Health All India Multispecialty Hospitals Ranking Survey), there is no standard framework that helps assess and compare hospital performance on a set of uniform parameters.

NITI Aayog undertook an in-depth study of domestic and international health systems in order to develop a holistic framework to assess the overall performance of district hospitals in India in a uniform manner. The salient features of these systems are included in Annexure 2. The following chapter highlights the indicators used in the study and the methodology in assessing district hospitals' performance.

2

Rationale and Approach for the Performance Assessment of District Hospitals

2.1 PROJECT BACKGROUND

Public health experts have questioned the limited use of administrative data generated in the country and, at times, its quality. For instance, the country makes use of the sample registration system (SRS) and National Family Health Surveys (NFHS) for data on maternal mortality ratio (MMR), infant mortality rate (IMR), under-5 mortality rates, total fertility rates (TFR), and other important indicators in the absence of complete Civil Registration and Vital Statistics (CRVS) system.

Further, key outcome measures like IMR, MMR, etc. through the SRS system are limited to the state level and do not provide information about district-level variations. However, the public health care system is organized for service delivery at the district and sub-district level. Therefore, outcome-based measures of system functioning at the district level are needed to help programme managers prioritize and tailor their implementation at the local level.

Assessing the performance of district hospitals across the country on a uniform set of key indicators can serve as a valuable resource that can help identify where the hospitals stand in terms of their service delivery and what are the gaps contributing to any under-performance. This will also help study why these gaps exist and how they can be addressed. Undertaking such an exercise annually will help foster a sense of healthy competition between the individual district hospitals and provide them an opportunity to showcase progress against relevant indicators, such as health information systems, stockouts, and functional beds, among others.

This calls for a robust, trustworthy facility-generated data ecosystem and reporting. Large funding allocations to district hospitals to provide critical secondary care services to the community, as well as their critical role in health care delivery, calls for a comprehensive system of assessment of district hospitals.

Having an annual exercise to validate existing data as well as to collect fresh data from the fundamental unit of the public health care system should allay misgivings about the quality of routine, administrative data. It would also help policy makers to find an essential tool to track many crucial health care indicators on a regular basis and assess whether or not the data reported in the government's existing health information system is reflecting the correct picture on the ground.

The Indian Public Health Standards (IPHS) is a set of uniform standards envisaged to improve the quality of health care delivery in the country. They came into existence in the year 2007 and were last revised in 2012. The guidelines are currently under review and the updated guidelines are expected to be released by the National Health Systems Resource Centre. They provide benchmarks for assessing the functional status of hospitals. The MoH&FW is increasingly nudging hospitals to adopt these standards for providing optimal care to the community.

2.2 OBJECTIVES OF THE PROJECT

- To assess the performance of district hospitals vis-à-vis selected Key Performance Indicators (KPIs)
- To disseminate the best practices of well performing district hospitals, so that other hospitals in the country may follow similar interventions to improve their performance and thereby improve health outcomes

2.3 MEASURES USED IN THE ASSESSMENT

The assessment looked at a wide array of health indicators ranging from beds, doctors, nurses, paramedics, diagnostic and health care specialties available to bed occupancy rates, caesarean-section surgeries, and blood bank replacement rate. Annexure 2 gives a summary of the health systems studied in order to create a suitable framework for assessment. A total of 10 KPIs were identified to assess the ecosystem and performance of district hospitals in all the States and Union Territories (UTs). The KPIs were designed by NITI Aayog in consultations with multiple stakeholders namely, the MoH&FW, the States of Punjab, Maharashtra, Uttar Pradesh, Assam, and Tamil Nadu, and specialist agencies like World Health Organization and Bill and Melinda Gates Foundation. After sharing them with all States/UTs for seeking feedback, the KPIs were then finalised in November 2016 by a working group comprising JS (Policy) MoH&FW, Adviser (Health) NITI Aayog, Principal Secretary – Health & ME (Punjab), and WHO representative.

The KPIs were identified on the basis of certain aims and objectives that needed to be fulfilled by a holistic assessment process. They were broadly classified into two categories — structure and output. Five of these 10 KPIs estimated the level of infrastructure which the district-level hospitals had, and the remaining indicated the outputs that these hospitals were generating. A list and description of the indicators is given in Table 2.

Table 2: List of Key Performance Indicators (KPIs) to assess district hospitals

Domain	Category*	Key Performance Indicator
Structure	A	1. Number of functional hospital beds per 100,000 population
	A	2. a. Ratio of doctors in position to IPHS norm; b. Ratio of staff nurses in position to IPHS norm; c. Ratio of paramedical staff in position to IPHS norm
	B	3. Proportion of support services available
	A	4. Proportion of core health care services available
	A	5. Proportion of diagnostic services available
Output	B	6. Bed occupancy rate
	B	7. C-section rate
	B	8. Surgical productivity index
	B	9. OPD per doctor
	B	10. Blood bank replacement rate

***Note:** Category A indicators are those that are largely under the control of the State, while Category B indicators are those that are largely under the control of the district hospital*

2.4 CATEGORIZATION OF HOSPITALS FOR ANALYSIS

For meaningful analysis and comparison, district hospitals were categorized according to their bed strength, thereby enabling comparison of similar-sized hospitals. Therefore, for the purpose of the assessment, district hospitals having up to 200 beds were referred to as small hospitals; those with more than 300 beds were called large hospitals; and those with 201 to 300 beds were referred to as mid-sized hospitals (Table 3).

Table 3: Categorization of district hospitals

Hospital Category	Criteria
Small hospital	District hospital having up to 200 beds
Mid-sized hospital	District hospital having 201 to 300 beds
Large hospital	District hospital having more than 300 beds

2.5 PROCESS FOR CONDUCTING ASSESSMENT

Pre-assessment phase. As stated above, NITI Aayog, the Ministry of Health and Family Welfare (MoH&FW), and World Health Organization (WHO) developed a framework for a comprehensive assessment of district hospitals with a set of KPIs finalized in consultation with States and UTs and other key stakeholders. Thereafter, the National Accreditation Board for Hospitals and Healthcare Providers (NABH), a constituent board of Quality Council of India (QCI), was selected as the external data validation agency through a competitive bidding process.

The Statistics Division of MoH&FW finalized and shared the HMIS data of all district hospitals with NITI Aayog for the year 2017-18. NABH in consultation with NITI Aayog, the National Health Systems Resource Centre (NHSRC) and the Statistics Division from MoH&FW, and Indian Statistical Institute (ISI) designed a questionnaire based on the numerator and denominator variables of the KPIs. The questionnaire was field-tested and developed into a mobile application (survey instrument) for onsite data collection of 57 data items mapped to the KPIs.

Training phase. The NABH assessors (medical professionals from various health institutes in the country) were trained on the overall project, questionnaire, and methodology of the assessment. As many as 17 training workshops were conducted across the country and more than 400 assessors trained.

Assessment phase (data collection). The assessors conducted the onsite review of primary records of district hospitals and validated the observed data with the corresponding HMIS data for each hospital. The responses were collected through a mobile application (survey instrument). A backend quality team from the NABH office was mapped to each assessor for guidance on the day of the assessment. The team monitored the assessment live and flagged the response/ evidence in case of any discrepancy. To ensure that the data collected was appropriate, multiple levels of quality check of assessments were undertaken. At the time of assessment during the period 2018–19, a total of 731 district hospital across 37 States/UTs were part of the on-ground data collection and validation exercise. Of these, 24 hospitals could not be assessed due to security issues and difficult terrain. In effect, 707 (97%) district hospitals were assessed for data validation by the NABH assessors.

Post-assessment phase (data validation and analysis). After assessment, the data collected was cleaned to identify and analyse variation between onsite collected data and HMIS data. NITI Aayog shared this cleaned data with the respective States/UTs and conducted a video conference between them and the validation team (NABH and MoH&FW Statistics Division) to validate the reviewed data. In case the States/UTs disagreed on any of the data points that were collected and shared by NABH, they were given an opportunity to submit corrected data with evidence within a stipulated time period. The submitted data was then examined by NABH and incorporated in the final database, which was used for the evaluation of KPIs.

2.6 KEY RESULTS OF DATA VALIDATION

For the 707 hospitals assessed for data validation, the average percentage of match between the onsite collected data and its corresponding HMIS entry was 75 per cent. Many reasons were cited for the 25 per cent average mismatch, some of the most common being difference in understanding of definitions of various indicators, lack of continuity in data capturing and data entry in HMIS, ambiguous indicator definition, among others. These are elaborated in detail in Chapter 4.

Methodology for evaluation of percentage of match in data

The findings of the data validation exercise are based on the match/mismatch found between the assessor-observed value (onsite validated data) and the corresponding value entered in the HMIS portal. District hospital-wise response to each validated data for the 56 questions (HMIS data points) was compared with their corresponding pre-entered HMIS value. Based on this, a specific percentage of match was calculated for each district hospital. For example, if a match was found between the onsite validated data and its corresponding HMIS data entry for 49 out of 56 questions for a particular district hospital, then the percentage of match for that hospital becomes 88 per cent (=49/56*100).

State/UT-wise average percentage of match (Figure 2a) between the onsite validated data and its corresponding HMIS values was calculated by taking the average percentage of match of each district hospital falling under that State/UT.

Indicator-wise percentage of match (Figure 2b) was calculated by taking the percentage of the total count of match observed for that indicator across the total hospitals assessed (N=707). For example, the assessor-observed value for the question, 'Is General Surgery service available?' matches with its corresponding HMIS data entry in 576 of the 707 district hospitals. Hence the percentage of match for the indicator across the district hospitals is 81 per cent (=576/707*100).

Percentage of match: State/UT-wise and indicator-wise

State-wise, Goa showed the maximum percentage of match (87%) while Mizoram showed the least match (63%) between onsite validated data and pre-entered HMIS values. In the case of UTs, Dadra and Nagar Haveli showed a 100% match, while Lakshadweep had the least percentage of match (41%). Most of the district hospitals fell in the range of 65%–85% of match (see Figure 2a). With regard to indicator-wise percentage of match, the components under the core health care services showed maximum match, while the human resource component of the

indicators showed the least match in all the States/UTs, with number of paramedical staff having the least percentage of match (see Figure 2b). This may be attributed mainly to difference in definitions of the medical staff as understood by the hospital vis a vis definition of HMIS.

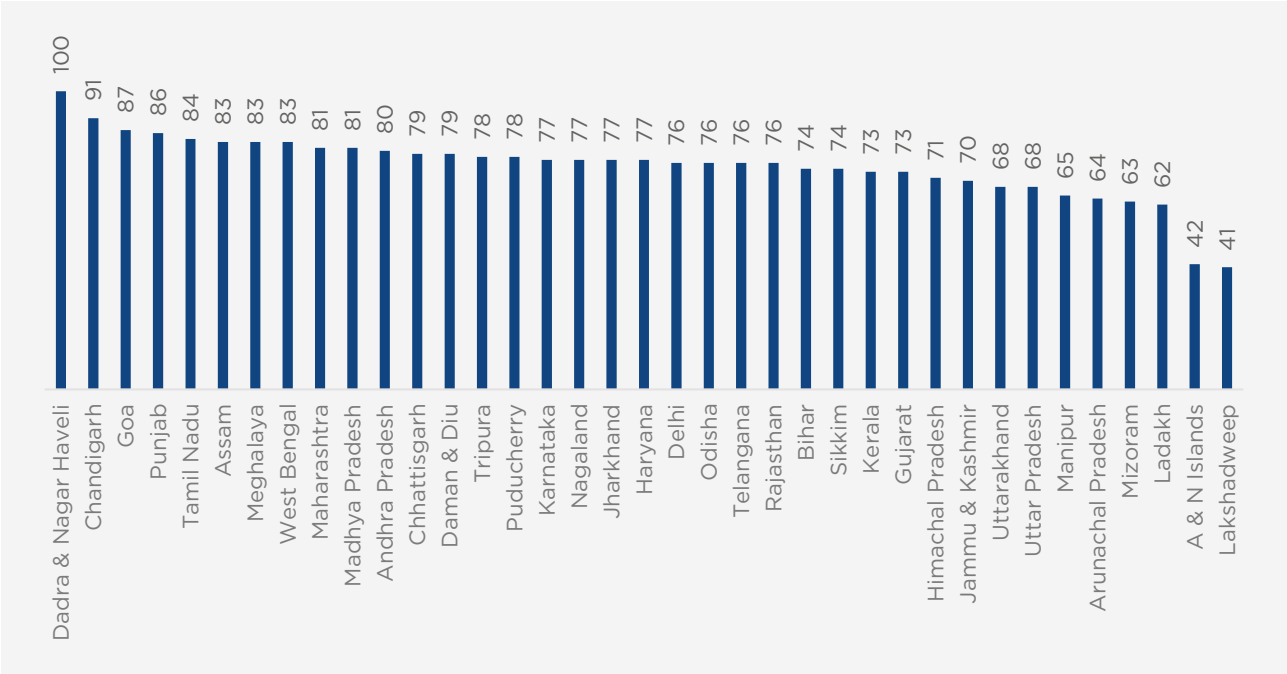


Figure 2a: State/UT-wise percentage of match between NABH onsite validated data and corresponding HMIS values

2.7 COMPUTATION OF KPI SCORES

While the data validation exercise was crucial in determining the validity of the data entered in the HMIS portal, this assessment is based on the onsite validated data collected by the assessors. In order to assess the performance of district hospitals, the formula of each KPI was defined (see Annexure 3). The raw score for each KPI of each district hospital was calculated accordingly and then sorted to identify well-performing and least-performing hospitals for each indicator. Top performing hospitals in each hospital category (small, mid-sized, large) for each individual KPI were identified so as to learn the best practices they have adopted with respect to those indicators. The best practices of these top performing district hospitals were sought from the respective state and/or district-level officials.

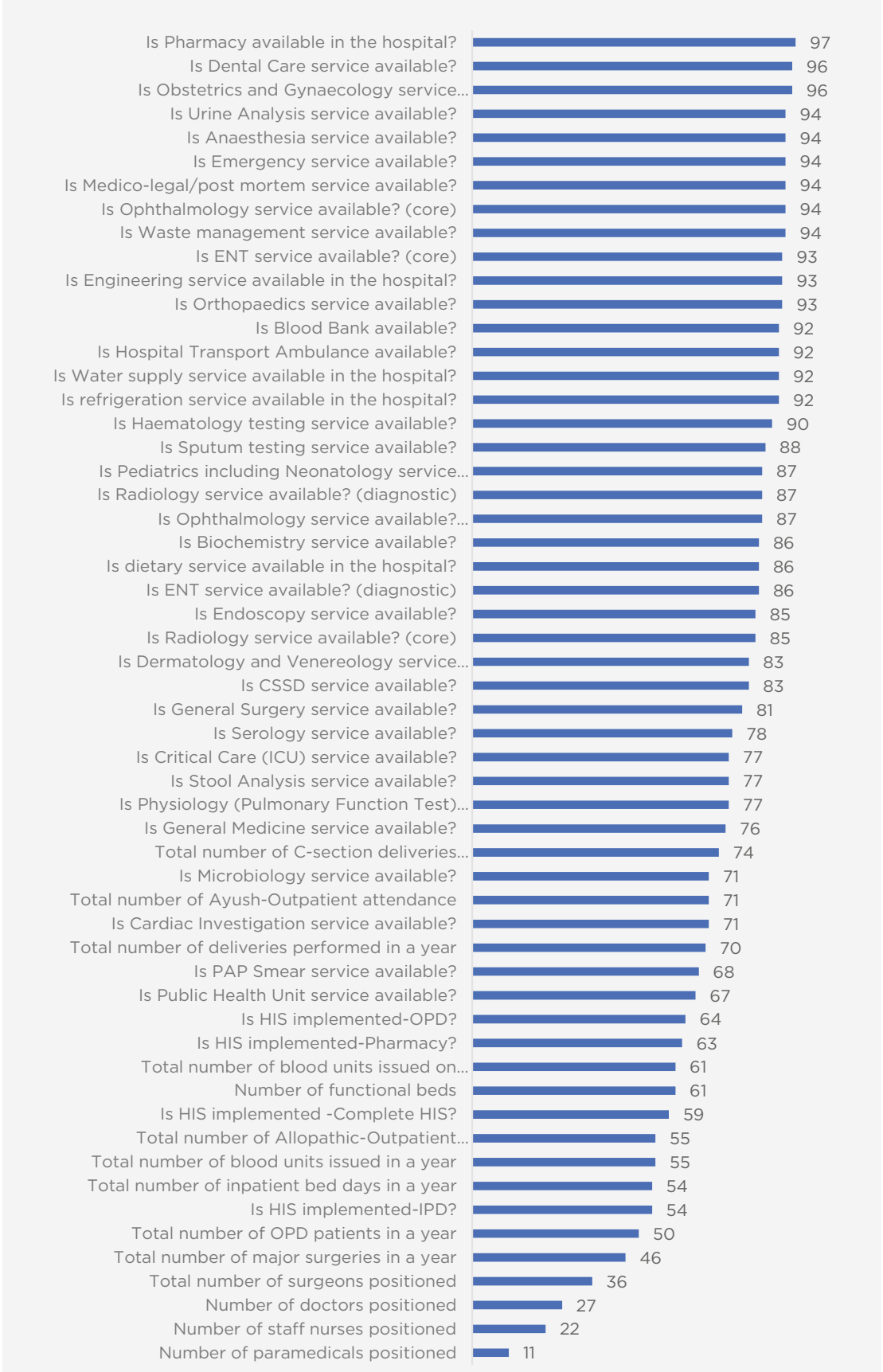


Figure 2b: Indicator-wise percentage of match between NABH onsite validated data and corresponding HMIS values

Ernakulam Government Hospital, Ernakulam, Kerala

3

Assessing District Hospitals with respect to the Key Performance Indicators (KPIs)

As per the framework, for the purpose of the analysis, hospitals were categorized on the basis of bed strength (see Table 3). Of the total 707 hospitals assessed, about 62% (438) were small-sized hospitals. The number of small hospitals was three times the number of large hospitals, which constituted 21% (149) of the total. Mid-sized hospitals constituted only 17% (120) of the district hospitals (Figure 3a).

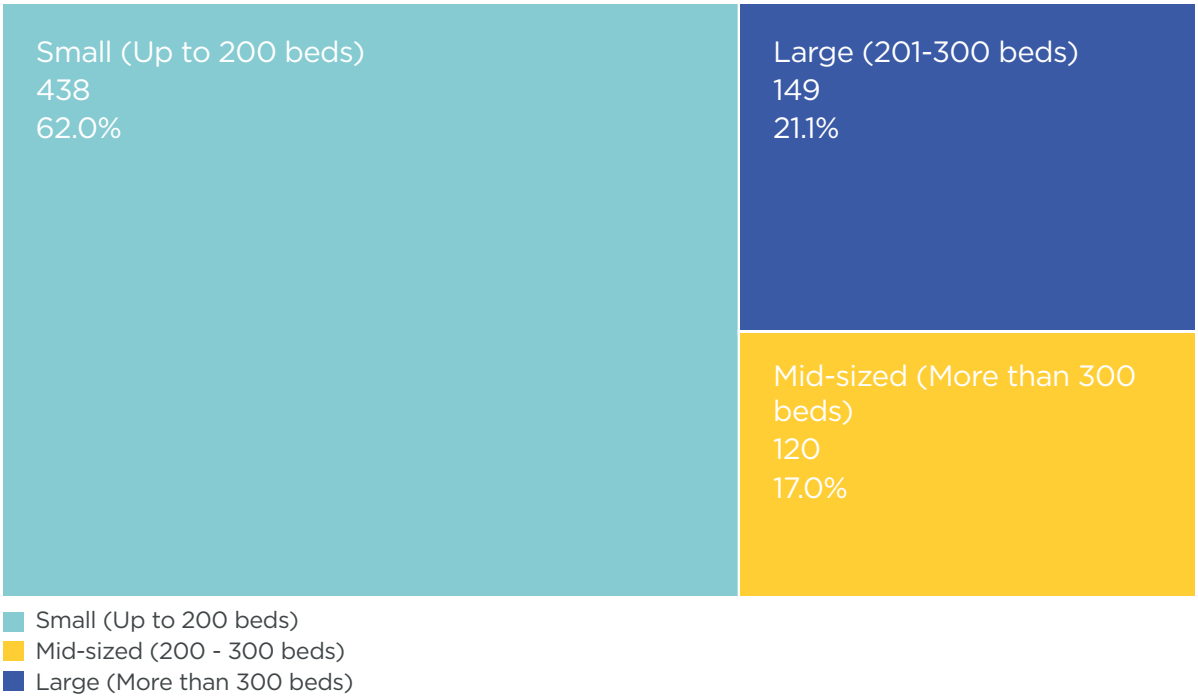


Figure 3a: Distribution of hospitals by size

Large states represent a larger share of districts hospitals in the country and smaller states and UTs have a smaller proportion of district hospitals. It is notable that Uttar Pradesh, with 75 districts has 150 district hospitals which is over 21% of the total district hospitals (Figure 3b). Each district in Uttar Pradesh has separate district hospitals for women and children and general hospitals. Therefore, each district hospital is split into two distinct hospitals with separate infrastructure and service delivery and reported as separate facilities in the HMIS portal. Uttarakhand, with only 2.55% of district hospitals, also has separate hospitals for women and children and separate general hospitals in each district.

This chapter provides an overview of the performance of district hospitals in India with respect to each KPI. The importance of each of KPIs included in the assessment is explained, followed by insights based on the data, and best practices of well-performing district hospitals. Further, the top performing district hospital in each State/UT in individual KPIs has been listed in Annexure 4. Annexure 5 includes graphs illustrating the State/UT-wise average raw score of each KPI for each hospital category (small, mid-sized, and large). The KPI-wise raw scores of all district hospitals that were part of the assessment are given in Annexure 7.

Figure 3b: Distribution of district hospitals by State/UT

3.1 NUMBER OF FUNCTIONAL BEDS PER 100,000 POPULATION

3.1.1 Definition of the KPI

A hospital bed constitutes the primary unit of any hospital infrastructure. The number of functional hospital beds are of fundamental importance to both the patients and staff. This KPI lies in the domain of structure and is largely under the control of the state. It refers to hospital beds which are regularly maintained and staffed and immediately available for the care of admitted patients. It specifically refers to the number of functional hospital beds in a district, available for every 1 lakh people in that district. It includes beds available within the hospital for admissions but excludes floor beds, trolley beds, labour room/operation theatre (OT) tables and observation beds in emergency/OT/labour room. It is calculated by dividing the number of functional hospital beds by the population of the district, multiplied by 100,000.

$$\text{Number of functional beds per 100,000 population} = \frac{\text{Number of functional hospital beds}}{\text{Population of the district}} \times 100{,}000$$

3.1.2 Significance of the KPI in evaluating a district hospital

One of the important aspects under public health planning is providing the population with the necessary bed stock. Knowing the number of beds in proportion to the population helps understand resource availability of the district hospital in comparison to other districts or states.

A shortage of available beds can seriously impact how a hospital functions, as it is the primary cause of denial of admission, surgery cancellations, and delays in emergency admissions. Conversely, excess bed capacity may lead to additional costs and stagnant capital. Moreover, the sub-optimal utilization of resources is not ideal when public health care is facing a resource crunch. Overall, population is the most important factor to take into account for hospital bed capacity planning. Hospital capacity planning should consider hospital bed availability alongside issues related to productivity, and clinical efficiency.[9]

This KPI is also useful in identifying resource allocation, such as requirement of staff, support services, diagnostic testing facilities, etc. For example, in smaller hospitals in less-populated districts, setting up a diagnostic testing lab for each hospital would not be optimal. In such a case, two or three district hospitals may be combined to have such services and should be supported by an efficient logistics system to transport biological samples.

3.1.3 Juxtaposition of the KPI with IPHS guidelines

WHO global standards recommend 5 hospital beds for every 1000 people. The World Bank 2017 data indicates that India has 0.5 beds for every 1000 people, which is inclusive of both public and private hospitals. This report gives a picture of availability of functional hospital beds in a district hospital only, which is a small sub-set of health care institutions in the public sector

9 Tian, F., & Pan, J. (2021). Hospital bed supply and inequality as determinants of maternal mortality in China between 2004 and 2016. Int J Equity Health, 20(1), 51. doi: 10.1186/s12939-021-01391-9

Carey, T. A., Wakerman, J., Humphreys, J. S., Buykx, P., & Lindeman, M. (2013). What primary health care services should residents of rural and remote Australia be able to access? A systematic review of "core" primary health care services. BMC Health Serv Res, 13, 178. doi: 10.1186/1472-6963-13-178

that also comprises SCs, PHCs, CHCS, as well as tertiary care institutions. The size of a district hospital is a function of the hospital bed requirement, which in turn is a function of the size of the population it serves. IPHS 2012 guidelines recommend a bed occupancy rate of at least 80% in a district hospital serving a population of 10 lakh, which means the bed requirement in the district hospital would be 220 beds (based on the assumptions of the annual rate of admission as 1 per 50 population and average length of stay in a hospital as 5 days).[10] Scaling it down to the framework used in this study, a district hospital should have at least 22 beds for every 1 lakh population in order to cater to an 80 per cent annual bed occupancy rate.

3.1.4 District hospital performance and associated insights

Figure 3.1.1 shows State/UT-wise average number of functional beds in a district hospital per 1 lakh population. Puducherry had the highest average beds in the country, with a district hospital in the UT having an average of 222 beds per 1 lakh population, while Bihar had the lowest average of 6 beds per 1 lakh population. Taking the national average, a district hospital in India has 24 beds per 1 lakh population (Figure 3.1.1). Annexure 5 includes graphs illustrating the average number of functional beds per 1 lakh population by State/UT for each of the three hospital categories — small, mid-sized, and large district hospitals.

Figure 3.1.2. shows the percentage of district hospitals in a State/UT that meet the IPHS guidelines, 2012 of ensuring at least 22 beds for every 1 lakh population.

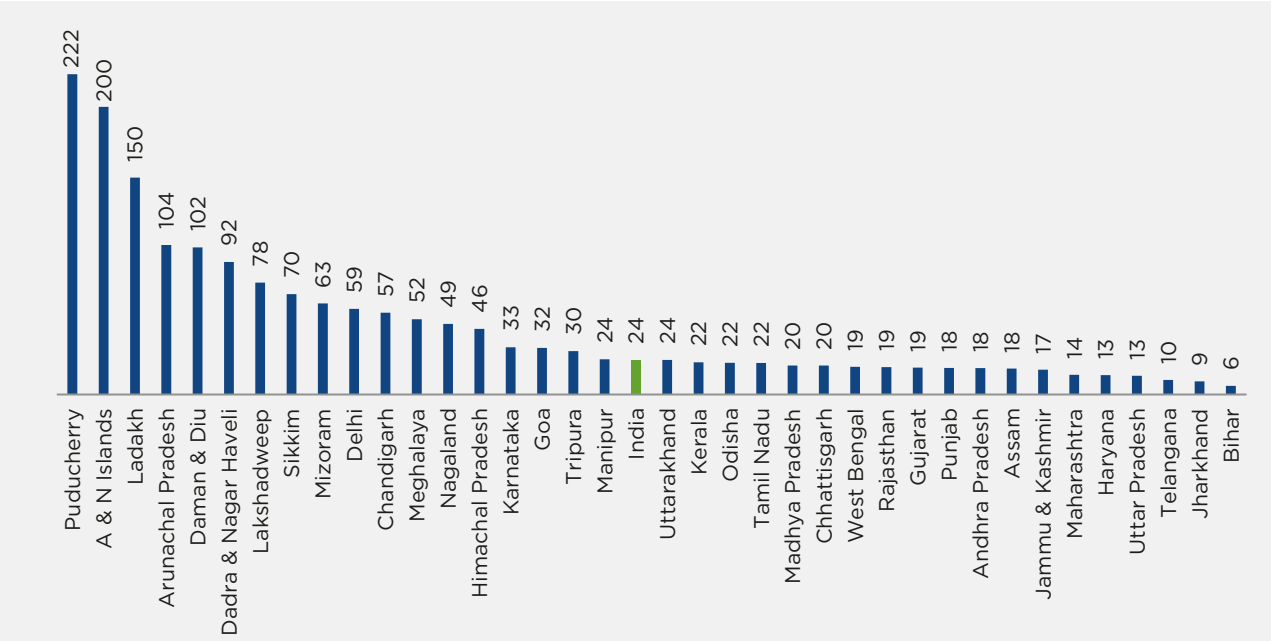


Figure 3.1.1: State/UT-wise average number of beds in a district hospital for every 1 lakh population

10 Indian Public Health Standards (IPHS), Guidelines for District Hospitals, 2012
Derivation of the number of beds required in a district with population of 10,00,000:
The total number of admissions per year = 10,00,000 × 1/50 = 20,000
Bed days per year = 20,000 × 5 = 100,000
Total number of beds required when occupancy is 100% = 100000/365 = 275 beds
A bed occupancy of 80% would mean utilisation of 220 beds (i.e., 275 × 80/100 = 220 beds)

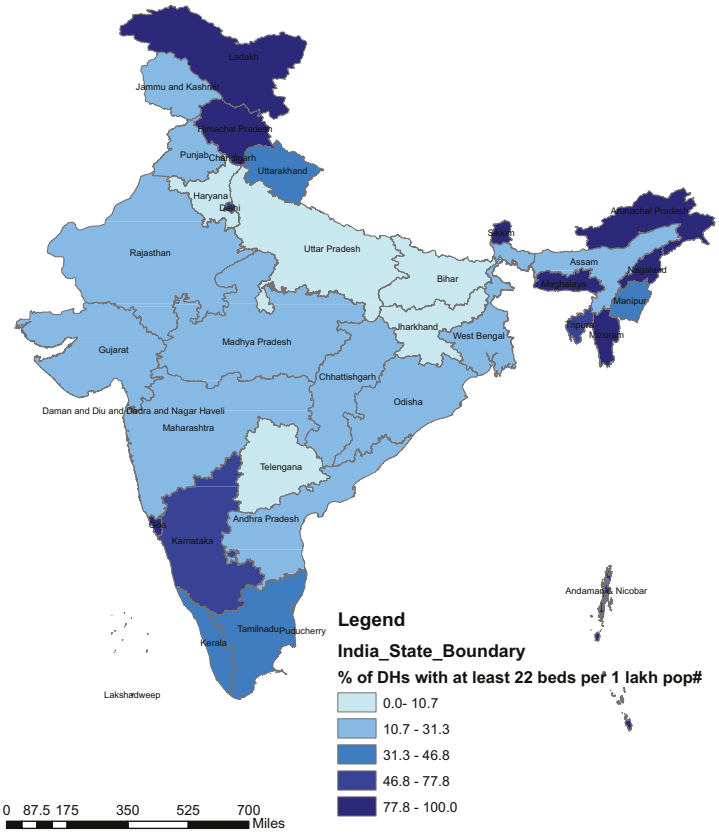


Figure 3.1.2: Percentage of district hospitals in each State/UT that have at least 22 beds per 1 lakh population

The district hospitals that have a higher number of functional beds for every 1 lakh population in comparison to the rest of the hospitals in the country are indicated in Table 4. The top performing district hospital in each State/UT for this KPI is listed in Annexure 4.

Table 4: Top performing district hospitals in the country for the KPI "Number of functional beds per 100,000 population"

Small hospitals	Mid-sized hospitals	Large hospitals
Govt. General Hospital, Mahe, Puducherry *(409 beds per 1 lakh population)*	Leh DH, Leh Ladakh, Ladakh *(187 beds per 1 lakh population)*	Govt. General Hospital, Karaikal, Puducherry *(252 beds per 1 lakh population)*
BJR Hospital, Nicobar, Andaman and Nicobar Islands *(342 beds per 1 lakh population)*	Tomo Riba Institute of Medical Science & Hospital, Papum Pare, Arunachal Pradesh *(143 beds per 1 lakh population)*	G.B. Pant Hospital, South Andaman, Andaman and Nicobar Islands *(199 beds per 1 lakh population)*
Govt. General Hospital, Yanam, Puducherry *(179 beds per 1 lakh population)*	Dharwad District Hospital FRU, Dharwad, Karnataka *(79 beds per 1 lakh population)*	DH SDN Hospital, Shahdara, Delhi *(176 beds per 1 lakh population)*

National average: 24 beds per 1 lakh population
Range: 1 to 409 beds per 1 lakh population

BEST PRACTICES OF WELL PERFORMING DISTRICT HOSPITALS

The ***G.B. Pant Hospital in South Andaman***, a large district hospital in the UT of Andaman and Nicobar Islands, has dedicatedly increased the number of hospital beds in line with the increasing population of the district overtime. Development of infrastructure in existing and new medical facilities, and addition of new specialties have further increased the number of functional beds.

> Despite being in a less populated district of Nicobar, the ***BJR Hospital*** has perceptively increased hospital beds in the last few years and assigned them to specific disciplines. This has ensured optimal performance by the hospital, especially after the COVID-19 pandemic.
>
> **—Director of Health Services**
> Andaman and Nicobar Islands

Tomo Riba Institute of Medical Science & Hospital, Papum Pare, Arunachal Pradesh, which is the only tertiary care hospital in the state, has gradually expanded existing infrastructure and manpower requirements to cater to the increasing population. Strengthening of existing services, regular staff training, adequate fund provision owing to the state government's political will have all contributed to increased service utilization and service delivery. The hospital now provides medical services in all general disciplines and in super-specialty care in Cardiology, Oncology, Paediatric Surgery, Plastic Surgery, and even in AYUSH.

Leh District Hospital in the UT of Ladakh serves as the main referral hospital for the whole district, including the neighbouring district Kargil. During summer there is an influx of tourist and labourers. To accommodate every patient, more beds are being added wherever possible so that no patient is neglected. For this reason, although this hospital is sanctioned 150 beds, there are about 270 functional beds. This hospital is the only functional hospital in the district at present. As such the intervention was necessary.

Three of the four district hospitals the UT of Puducherry are among the top performing hospitals in the country in this particular KPI. In ***Government General Hospital, Karaikal*****,** a separate block for the Obstetrics and Gynaecology Department was sanctioned in 1998, and an eye block was commenced in August 2004 to fulfil the public demand. During that period number of bed strength had been sanctioned as 180 beds for Maternity Department and 90 beds for the Eye Block. Moreover, the hospital caters to the needs of the public not only from the Karaikal region but also from the neighbouring district of Tamil Nadu. In ***Yanam district of Puducherry***, the population was gradually increasing and the then 50-bedded hospital was inadequate to cater to the patient load. Hence the hospital administration sought to increase the number of beds and submitted proposals to the Directorate of Health. The Health Department sanctioned a multi-storeyed building with 100 beds, which was completed in 2005. Super specialists from Kakinada have been engaged on a weekly basis to support the existing services to benefit the public. Health Melas are conducted to screen various diseases at the field level and then referred

to multi-specialty clinics in Yanam region. Similar interventions were undertaken in ***Government General Hospital, Mahe***. Public interest and political will were the key factors in contributing to increased number of functional beds in the UT of Puducherry.

DH SDN Hospital, Shahdara, Delhi and ***Dharwad District Hospital FRU***, Karnataka employed similar proactive measures in addressing the demand–supply gap, and increased the bed strength and manpower in line with state government provisions to cater to its population.

Recommendations for States/UTs

- Having a sufficient and balanced number of beds for the population is important as has been shown by the recent COVID-19 pandemic.
- While the IPHS do not recommend allotting specialty-wise beds as it may lead to suboptimal utilization, the hospital may determine specialty-wise beds depending upon the number of patients denied admissions from the emergency department for a particular specialty, as well as days when no elective admissions could be made for the particular specialty from the outpatient department. Bed strength can be planned in medium term based on local disease burden and its expected trajectory.
- Once a district hospital is converted to a medical college, the number of beds for each specialty is determined by MCI regulations.
- Allotting beds as per specialty and demand would also help avoid multiple admissions on a single bed (for instance, labour wards can be allotted higher number of beds than other specialties). This will ensure the dignity of the patient, prevent cross infection, and ensure hygiene.
- An annual audit of the out-patient and emergency footfalls should be done to recommend the necessary beds for the hospital.
- Optimization of hospital beds is necessary not only in economic interests, but also for efficient patient care, comfort, and outcomes. Opportunities should be explored for providing a judicious mix of outpatient and inpatient care, improve efficiency and quality of hospital care, as well as the necessity of forming a reserve of hospital beds in case of natural calamities, pandemics, or other emergency scenarios, which may increase the level of hospitalization of citizens in a short period of time.

3.2 RATIO OF DOCTORS, STAFF NURSES, AND PARAMEDICAL STAFF IN PROPORTION TO IPHS NORMS

3.2.1 Definition of the KPI

The Indian Public Health Standards (IPHS), 2012 lays down certain standards that may be used as a reference point in health care infrastructure planning. Manpower requirement is determined by bed strength, as indicated in Table 5.

Table 5: Total medical and paramedical manpower requirements as per IPHS

Cadre	100 Beds	200 Beds	300 Beds	400 Beds	500 Beds
Doctors	29	34	50	58	68
Staff Nurse	45	90	135	180	225
Paramedicals	31	42	66	81	100
Total Strength	**105**	**166**	**251**	**319**	**393**

Source: *Guidelines for District Hospitals, IPHS, 2012*

This KPI also lies in the domain of structure and the subject falls under the control of the state rather than the district hospital. It is calculated by dividing the total number of positioned staff by the minimum essential manpower required as per IPHS.

Positioned doctors include MBBS, BDS, and AYUSH specialists; for positioned staff nurses, the post of Auxiliary Nurse Midwife (ANM) is excluded; for paramedical staff, all categories included in IPHS have been considered.

$$\text{Ratio of doctors/nurses/ paramedical staff in position to IPHS norms} = \frac{\text{Total number of positioned staff}}{\text{Minimum essential manpower required (see Table 5)}}$$

3.2.2 Significance of the KPI in evaluating a district hospital

Increasing hospital admissions have led to increasing workloads for all grades of medical staff internationally. The quality of hospital care is influenced by the number of medical staff available. Studies indicate that hospitals with lower than expected mortality rates had on average 24% more nurses, as well as 44% more doctors, per bed than those with the highest rates. Policies are required to achieve proper staffing levels to enhance patient outcomes.[11]

Doctors are responsible for covering all the medical wards, surgical patients requiring medical care, high dependency units and acute medical assessment units. This load is high especially during the night. It can be difficult to predict how many of these patients will require urgent

11 Merrifield, N. (2015). Higher ratio of nurses per hospital bed linked to fewer patient deaths (available at: https://www.nursingtimes.net/news/hospital/higher-ratio-of-nurses-per-hospital-bed-linked-to-fewer-patient-deaths-18-12-2015/)

Sean P. Clarke, Nancy E. Donaldson. (2008). Nurse Staffing and Patient Care Quality and Safety. Patient Safety and Quality: An Evidence-Based Handbook for Nurses: Vol. 2.

treatment during the night, so it is essential to provide enough doctors to cover both planned and unplanned care.

Lower number of doctors per bed may make it difficult to treat the complex medical conditions and the imbalance may negatively affect patient outcomes.

Staff nurses form an important component of any hospital. They are responsible for direct patient care as well as execute special technical duties in areas like operation theatres, intensive care units and highly dependent units. Thus, this indicator is useful to measure compliance with regard to the positioned staff nurses. However, it is important to note that this indicator excludes the Auxiliary Nurse Midwives (ANM).

Studies have shown that an appropriate size of nurse staff helps to achieve clinical and economic improvements in patient care, including enhanced patient satisfaction, reduction in medication errors, incidences of fall, pressure ulcers, health care-associated infections, patient mortality, hospital readmission and duration of stay, patient care cost, nurses' fatigue, and burnout.

Paramedics provide an immediate assessment of life threats and initiate care to stabilize the patient prior to and during transportation to the hospital emergency department. They primarily work as part of the emergency medical services, most often in ambulances. This indicator is useful to assess how proactive a given hospital is with regard to emergency care since a greater number of paramedical staff contribute to reducing response time for any medical emergency and can, therefore, result in improved outcomes, decreased morbidity and mortality, and better quality of care for patients.

Almost all the diagnostic procedures are carried out by the paramedical staff and they have emerged a vital cog in the wheel of the health care delivery system.

3.2.3 District hospital performance and associated insights

Overall, 189 of 707 district hospitals were found to meet the doctor to bed ratio as per IPHS norms (based on positioned doctors / IPHS norm as per bed category ≥ 1). Only 88 hospitals, however, were found to have the ratio of staff nurses as per the IPHS norms based on corresponding bed category. A total of 399 hospitals were found to have ratio of paramedical staff in position as per the IPHS norms. Table 6 summarizes State/UT-wise number of district hospitals that have positioned medical and paramedical staff in line with the IPHS norms.

Table 6: Count and percentage of district hospitals in each State/UT meeting IPHS norms for medical and paramedical staff

State/UT	Total number of district hospitals assessed	District hospitals that met IPHS norms for positioned doctors		District hospitals that met IPHS norms for positioned staff nurses		District hospitals that met IPHS norms for positioned paramedical staff	
		Total hospitals	Percentage of hospitals	Total hospitals	Percentage of hospitals	Total hospitals	Percentage of hospitals
Andaman and Nicobar Islands	3	0	0.00	0	0.00	2	66.67
Andhra Pradesh	14	7	50.00	3	21.43	8	57.14

State/UT	Total number of district hospitals assessed	District hospitals that met IPHS norms for positioned doctors		District hospitals that met IPHS norms for positioned staff nurses		District hospitals that met IPHS norms for positioned paramedical staff	
		Total hospitals	Percentage of hospitals	Total hospitals	Percentage of hospitals	Total hospitals	Percentage of hospitals
Arunachal Pradesh	6	2	33.33	0	0.00	5	83.33
Assam	25	3	12.00	0	0.00	13	52.00
Bihar	36	3	8.33	6	16.67	19	52.78
Chandigarh	1	1	**100.00**	1	**100.00**	1	**100.00**
Chhattisgarh	19	3	15.79	1	5.26	11	57.89
Dadra and Nagar Haveli	1	1	**100.00**	0	0.00	1	**100.00**
Daman & Diu	2	0	0.00	0	0.00	0	0.00
Delhi	18	16	88.89	11	61.11	16	88.89
Goa	2	2	**100.00**	2	**100.00**	1	50.00
Gujarat	21	1	4.76	1	4.76	3	14.29
Haryana	18	16	88.89	7	38.89	11	61.11
Himachal Pradesh	11	1	9.09	0	0.00	5	45.45
Jammu and Kashmir	19	11	57.89	0	0.00	16	84.21
Jharkhand	23	1	4.35	1	4.35	14	60.87
Karnataka	40	18	45.00	9	22.50	9	22.50
Kerala	21	6	28.57	1	4.76	7	33.33
Ladakh	2	1	50.00	0	0.00	2	**100.00**
Lakshadweep	1	0	0.00	0	0.00	0	0.00
Madhya Pradesh	51	8	15.69	13	25.49	35	68.63
Maharashtra	25	11	44.00	7	28.00	15	60.00
Manipur	7	3	42.86	1	14.29	7	**100.00**
Meghalaya	9	1	11.11	1	11.11	2	22.22
Mizoram	8	1	12.50	1	12.50	8	**100.00**
Nagaland	3	1	33.33	0	0.00	3	**100.00**
Odisha	32	8	25.00	1	3.13	19	59.38
Puducherry	4	2	50.00	1	25.00	4	**100.00**
Punjab	22	10	45.45	2	9.09	18	81.82
Rajasthan	27	10	37.04	2	7.41	19	70.37
Sikkim	4	1	25.00	0	0.00	4	**100.00**

State/UT	Total number of district hospitals assessed	District hospitals that met IPHS norms for positioned doctors		District hospitals that met IPHS norms for positioned staff nurses		District hospitals that met IPHS norms for positioned paramedical staff	
		Total hospitals	Percentage of hospitals	Total hospitals	Percentage of hospitals	Total hospitals	Percentage of hospitals
Tamil Nadu	32	6	18.75	0	0.00	14	43.75
Telangana	6	0	0.00	0	0.00	4	66.67
Tripura	6	0	0.00	2	33.33	6	**100.00**
Uttar Pradesh	150	24	16.00	10	6.67	83	55.33
Uttarakhand	18	0	0.00	0	0.00	7	38.89
West Bengal	20	10	50.00	4	20.00	7	35.00
Total	**707**	**189**	**26.73**	**88**	**12.45**	**399**	**56.44**

Source: *Primary data collected by NABH for the district hospital performance assessment*

Uttar Pradesh had the highest proportion (12.7%) of doctors in position at district hospitals meeting IPHS norms, followed by Karnataka (9.5%), Delhi (8.5%), Haryana (8.5%), and Jammu and Kashmir (5.8%). However, looking at the percentage of hospitals in each State/UT that meet the IPHS norm, only Chandigarh, Dadra and Nagar Haveli, and Goa had all district hospitals fulfilling IPHS norms for positioned doctors. Figure 3.2.1 depicts the percentage of district hospitals in each State/UT that meet the IPHS norm for positioned doctors.

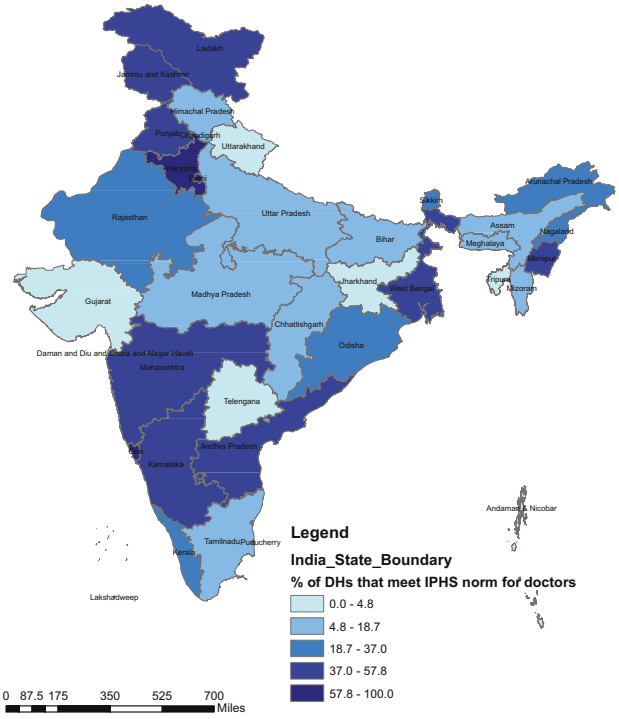


Figure 3.2.1: Percentage of district hospitals in each State/UT that meet the doctors to bed ratio as per IPHS norm

In the case of positioned staff nurses, a total 88 hospitals were found to have ratio of nurses in position as per IPHS norms (based on positioned nurses / IPHS norm as per bed category ≥ 1). Madhya Pradesh had the highest proportion (14.8%) such hospitals, followed by Delhi (12.5%), and Uttar Pradesh (11.4%). All district hospitals in Chandigarh and Goa met the IPHS requirement.

In the case of positioned paramedical staff, a larger number of hospitals have met IPHS requirements (Table 6).

Table 7 highlights the top hospitals in each category that have the highest ratio of medical and paramedical staff with respect to the IPHS requirement. The top performing district hospital in each State/UT for this KPI is listed in Annexure 4.

Table 7: Top performing district hospitals in the country for the KPI "Ratio of doctors, nurses and paramedical staff in position to IPHS norms"

Small hospitals	Mid-sized hospitals	Large hospitals
Top performing district hospitals in the country for the KPI "Ratio of doctors in position to IPHS norms" **National average: 0.86 times the requisite staff** **Range: 0.10–4.79**		
Lal Bahadur Shastri Hospital, East, Delhi *DH has 4.79 times the requisite staff*	DH JPC Hospital, North East, Delhi *DH has 2.34 times the requisite staff*	King George Hospital TH, Vishakapatnam, Andhra Pradesh *DH has 4.71 times the requisite staff*
Babu Jagjeevan Ram Memorial Hospital Jahgirpuri, North, Delhi *DH has 4.52 times the requisite staff*	Balangir, Odisha *DH has 2.26 times the requisite staff*	Victoria Hospital, Bangalore Urban, Karnataka *DH has 4.19 times the requisite staff*
Hedgewar Hospital, Shahdara, Delhi *DH has 3.76 times the requisite staff*	Baripada, Mayurbhanj, Odisha *DH has 2.14 times the requisite staff*	Hubli KIMS District Hospital, Dharwad, Karnataka *DH has 4.18 times the requisite staff*
Top performing district hospitals in the country for the KPI "Ratio of staff nurses in position to IPHS norms" **National average: 0.60 times the requisite staff** **Range: 0.04–2.88**		
Babu Jagjeevan Ram Memorial Hospital Jahgirpuri, North, Delhi *DH has 2.51 times the requisite staff*	Sanjay Gandhi Memorial Hospital Mangolpuri, North West, Delhi *DH has 1.77 times the requisite staff*	Deendayal Upadhyay Hospital, West, Delhi *DH has 2.88 times the requisite staff*
Guru Govind Singh Govt Hospital, West, Delhi *DH has 2.36 times the requisite staff*	Aizawl Civil Hospital, Aizawl West, Mizoram *DH has 1.32 times the requisite staff*	King George Hospital TH, Vishakapatnam, Andhra Pradesh *DH has 2.05 times the requisite staff*

Small hospitals	Mid-sized hospitals	Large hospitals
Rao Tula Ram Hospital, South West, Delhi *DH has 2.11 times the requisite staff*	Civil Hospital, Panchkula, Haryana *DH has 1.14 times the requisite staff*	GH Ernakulam, Ernakulam, Kerala *DH has 1.75 times the requisite staff*

Top performing district hospitals in the country for the KPI "Ratio of paramedical staff in position to IPHS norms"

National average: 1.54 times the requisite staff

Range: 0.03–10.71

Civil Hospital, Rohtak, Haryana *DH has 8.52 times the requisite staff*	Aizawl Civil Hospital, Aizawl West, Mizoram *DH has 5.95 times the requisite staff*	King George Hospital TH, Visakhapatnam, Andhra Pradesh *DH has 10.71 times the requisite staff*
Churachandpur District Hospital, Churachandpur, Manipur *DH has 6.69 times the requisite staff*	North Goa District Hospital, North Goa, Goa *DH has 4.39 times the requisite staff*	Deendayal Upadhyay Hospital, West, Delhi *DH has 8.32 times the requisite staff*
Combined District Hospital, Kannauj, Uttar Pradesh *DH has 6.06 times the requisite staff*		Shimoga District Hospital, Shimoga, Karnataka *DH has 6.54 times the requisite staff*

The following graphs depict the State/UT-wise average of the ratio of doctors (Figure 3.2.2), nurses (Figure 3.2.3), and paramedical staff (Figure 3.2.4) in position to the IPHS norms. An average score of 1 or more denotes that the State/UT has met the IPHS requirement in with respect to its hospital category (as indicated in Table 5). The green-coloured bar in these graphs gives the national average of the ratio of medical/paramedical staff.

Ratio of doctors in position to IPHS norms:

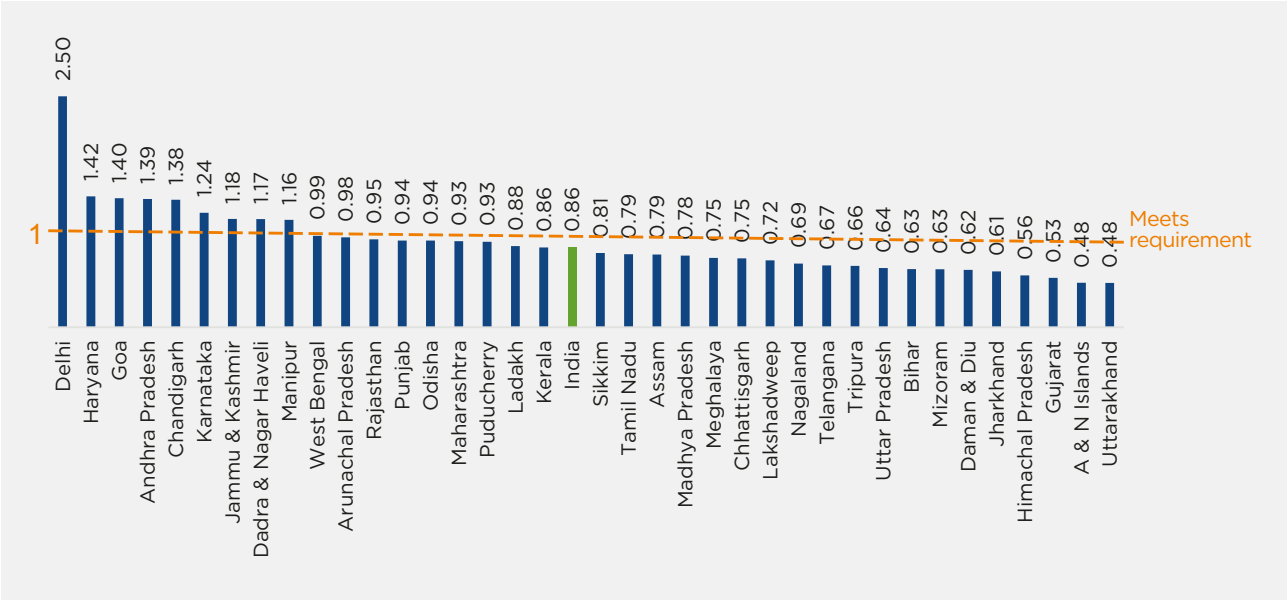


Figure 3.2.2: State/UT-wise average ratio of doctors across hospitals in position to the IPHS norms

Ratio of staff nurses in proportion to IPHS norms:

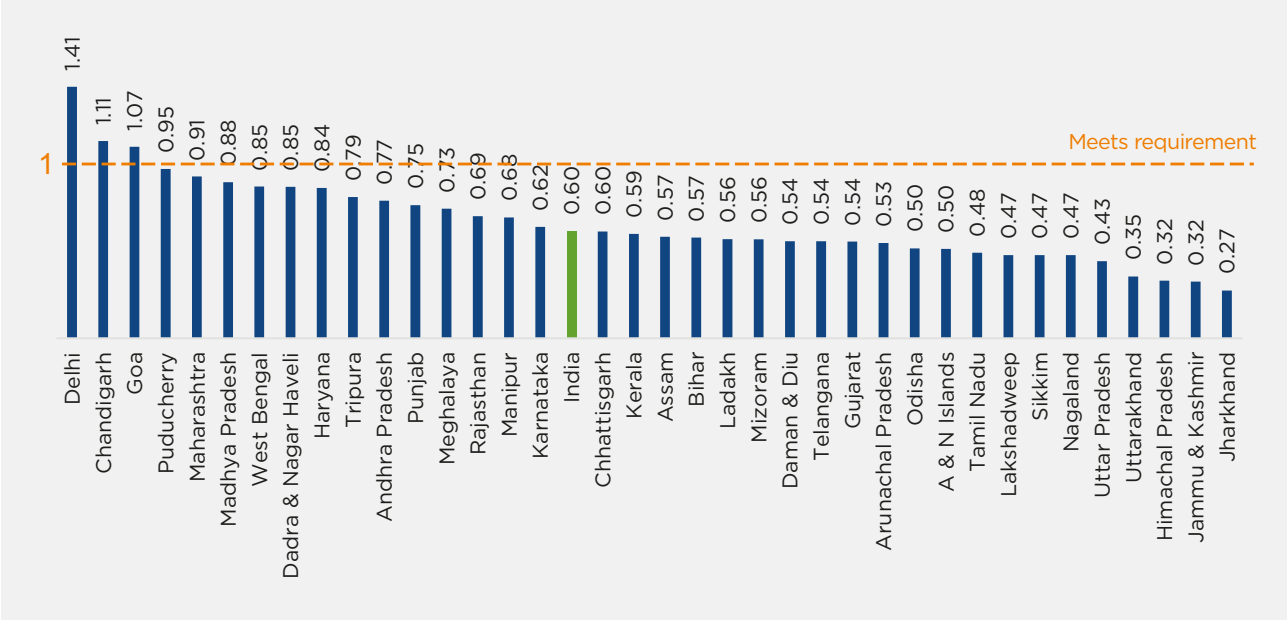


Figure 3.2.3: State/UT-wise average ratio of nurses across hospitals in position to the IPHS norms

Ratio of paramedical staff in proportion to IPHS norms:

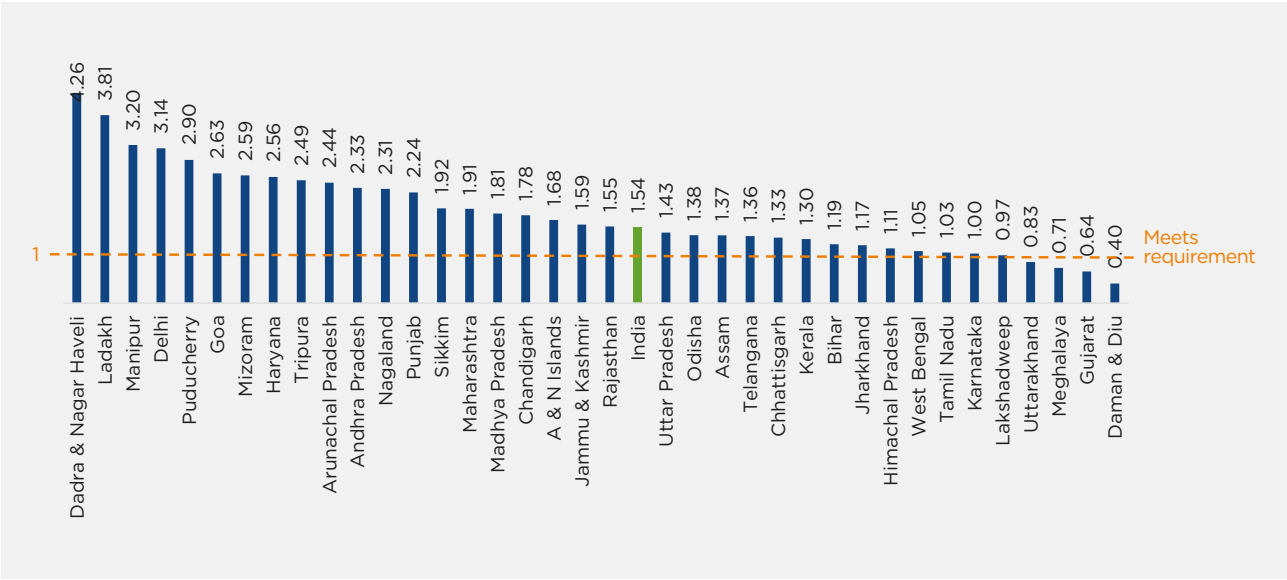


Figure 3.2.4: State/UT-wise average ratio of paramedical staff across hospitals in position to the IPHS norms

The State/UT-wise average ratio of doctors, nurses, and paramedical staff in position to their IPHS norm for each of the 5 bed strength categories can be found in Annexure 5.

BEST PRACTICES OF WELL PERFORMING DISTRICT HOSPITALS

Victoria Hospital, Bangalore, due to its affiliation with Bangalore Medical College and Research Institute (BMCRI), has a higher workforce of doctors. In the past years, construction of new buildings, improvement of existing infrastructure, procurement of new modern equipment and appointment of faculty on contract basis has played important roles in hospital's performance in this indicator.

Hubli KIMS District Hospital located in Dharwad district, Karnataka is well above the IPHS recommended number of positioned doctors. The administration ensures timely recruitment of faculty as per the sanctioned posts, awards promotions to doctors in higher cadres, and creates new posts as per requirement. Further, through a compulsory one-year senior residency program, Senior Residents after their MD/MS are posted regularly.

In ***Churachandpur District Hospital***, Manipur and ***Shimoga District Hospital***, Karnataka, prompt monitoring, regular data collection and reporting to the Directorate has resulted in continuous evaluation, thereby improving performance. Decentralized recruitment of paramedical staff in a phased manner with preference to local candidates was practiced in ***Civil Hospitals in the districts Rohtak and Panchkula*** of Haryana. They also conducted mass recruitment drives for the posts of ANMs and staff nurses as part of a single exercise. Providing an enabling work environment improved employee satisfaction and decreased attrition rate.

In ***General Hospital Ernakulam***, Kerala, human resource support is provided from National Health Mission and temporary postings through the Hospital Development Society. ***North Goa District Hospital*** and ***Combined District Hospital, Kannauj***, Uttar Pradesh also undertake similar measures to ensure staff availability to meet the service demand.

King George Hospital, a tertiary care facility in ***Visakhapatnam***, Andhra Pradesh utilizes the patient footfall and bed strength in addition to the Medical Council of India norms as a tool to determine and fill the required number of posts for various specialties.

> "The ratio of doctors against its IPHS requirement in the ***district hospitals in Balangir and Mayurbhanj*** is higher than most other district hospitals in the country. Here, the district administration, in close co-ordination with the Government and the co-located Medical College & Hospital, has provided sufficient doctors for providing Clinical/ Medical Services to the patients. Further, few super-specialisation departments were also functionalized like Urology, Cardiology, etc. engaging contractual doctors from corpus funds to provide super-specialization services to the patients."
>
> —Joint Secretary to Government, Health & Family Welfare Department, Government of Odisha

The ***Aizawl Civil Hospital*** in Mizoram utilizes the Rogi Kalyan Samiti (RKS) and National Health Mission (NHM) fund for the recruitment of nurses and paramedical staff. Owing to low availability of health care staff, the hospital specifically recruited and trained technicians who could provide services on non-working days. This has improved their performance, both in quality and quantity.

Sanjay Gandhi Memorial Hospital, Mongolpuri in Delhi North West and ***Lal Bahadur Shastri Hospital*** in Delhi East ensure that there are frequent recruitments and that vacancies are filled at regular intervals. ***Babu Jagjeevan Ram Memorial Hospital Jahgirpuri***, Delhi North ensures retention of staff through regular training and periodic monitoring.

> "The requirement for sufficient nursing staff was conveyed from time to time to the higher authorities, who have vindicated the same. In spite of being located in a far-flung area, the nursing staff have shown enthusiasm to work in this hospital, owing to its work ethic and environment."
>
> —Medical Superintendent, Rao Tula Ram Memorial Hospital, Delhi South West

The staff in ***Deendayal Upadhyay Hospital, Delhi West*** is optimally distributed in all wards to cater to the patient load. Regular monitoring of ward-wise allocations helps in quick identification of shortfall and necessary action. ***JPC Hospital*** in ***Delhi North East*** caters to a population of approximately 15 lakhs. The average OPD attendance is around 3000 and daily casualty attendance is approximately 800 patients. The requirement of staff is reviewed periodically, and their services are being utilized effectively as per the patient load of the hospital. ***Hedgewar Hospital, Shahdara***, Delhi has implemented a residency scheme, having in place 51 Senior Resident doctors and 40 Junior Resident doctors. The increase in the number of doctors is still necessary given the patient load, especially in the departments of Obstetrics and Gynaecology and Accident and Emergency. In ***Guru Govind Singh Government Hospital, Delhi West***, the bed strength was increased to cater to the patient load, following which the State sanctioned additional staff for the new services.

Recommendations to States/UTs

- A periodic review of the vacancies must be conducted in all district hospitals in order to ensure timely recruitment of doctors, nurses, and paramedical staff, thereby contributing to better health outcomes.
- States may utilize flexibilities under NHM to engage HR and assume availability of full contingent of HR as per IPHS norms.
- Nurses and paramedical staff should be well trained, and have periodic refresher training sessions.
- Bi-annual trainings for nurses and paramedical staff may be conducted at the nearest medical college.

Hubli KIMS District Hospital, Dharwad, Karnataka

3.3 AVAILABILITY OF SUPPORT SERVICES

3.3.1 Definition of the KPI

Support services assist doctors and nurses in carrying out their responsibilities. Given that their work is broad-based and their responsibilities are crucial in the working of a district hospital, it is important to measure the coverage of support services while holistically assessing hospital performance. The KPI includes the proportion of support services available in a hospital out of the following identified 14 sevices:

i. HIS implemented in OPD
ii. HIS implemented in IPD
iii. HIS implemented in pharmacy
iv. HIS implemented–complete HIS
v. Sterilization and Disinfection
vi. Fully equipped blood bank
vii. Waste management including biomedical waste
viii. Medico-legal/postmortem Service
ix. Hospital Transport Ambulance (Basic Life Support/ Advanced Life Support)
x. Dietary services for patient
xi. Electric supply (power generation and stabilization)
xii. Drugs and pharmacy
xiii. Water supply
xiv. Refrigeration

It is calculated by dividing the number of support services available in the hospital by the total number of support services. This KPI lies in the domain of Structure. The district hospital has control over the indicator.

$$\text{Availability of support services} = \frac{\text{Total number of support services available}}{14}$$

3.3.2 Significance of the KPI in evaluating a district hospital

Hospital support services, though not directly involved with patient care, complement the clinical services and contribute to enhancing the reliability, hygiene, safety, and comfort of health care environments, ultimately leading to wider and better health outcomes. Without them, the day-to-day clinical services in a hospital would be adversely impacted. They have a crucial role in the mitigation of clinical conditions and delivery of safe care to the patients. The overall patient satisfaction greatly depends on the quality of hospital supportive services rendered to

him during his stay. These services usually work at the back end but their contribution in the overall care of a patient is nowhere less than that of the clinical services. Therefore, identifying the need for a balanced health workforce with capacity and regular skill training to provide support services becomes important from the aspect of public health planning.[12]

3.3.3 District hospital performance and associated insights

A total of 89 hospitals fulfilled the criteria of having all support services available (based on available services/ total services score=1) belonging to States/UTs shown in Figure 3.3.1. Tamil Nadu had the highest proportion (20.2%) of hospitals with all support services, followed by Rajasthan (11.2%), Uttar Pradesh (10.1%), Karnataka (10.1%), and West Bengal (9%).

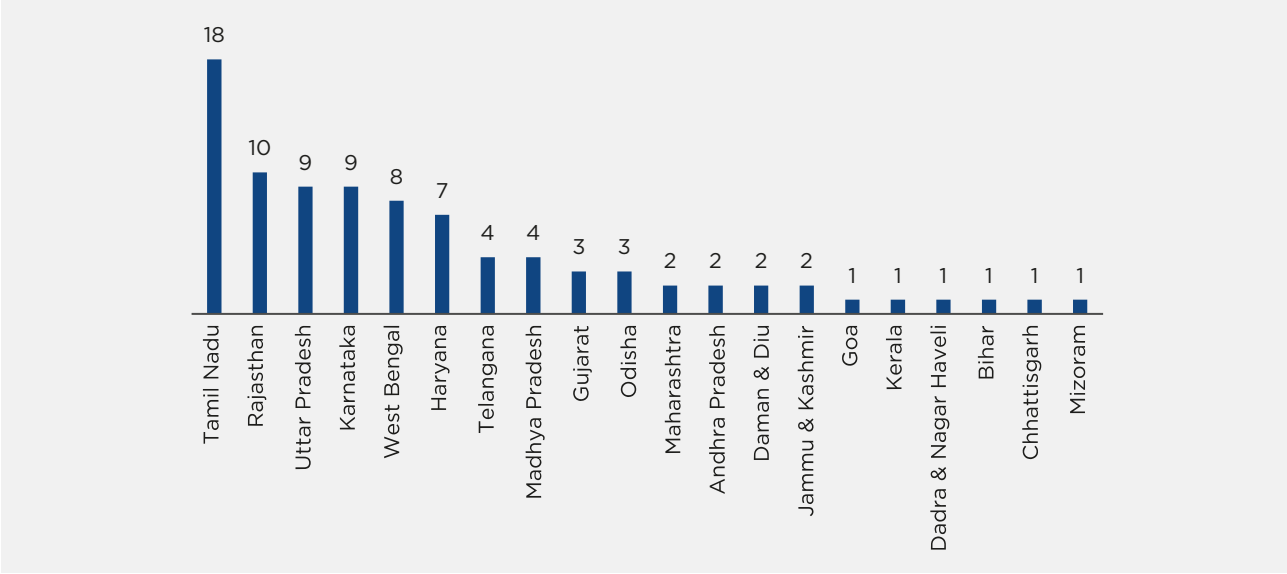


Figure 3.3.1: State/UT-wise distribution of the number of hospitals (n=89) with availability of all support services

On an average, every district hospital in India has 11 support services. The State/UT-wise average number of support services in a district hospital is depicted in Figure 3.3.2. Annexure 5 includes the hospital category-wise graphs depicting the average number of services in each State/UT.

12 Siganporia, P., Astrakianakis, G., Alamgir, H., Ostry, A., Nicol, A. M., & Koehoorn, M. (2016). Hospital support services and the impacts of outsourcing on occupational health and safety. Int J Occup Environ Health, 22(4), 274-282. doi: 10.1080/10773525.2016.1227035

Figueroa, R. L., & Vallejos, G. E. (2013). Supporting management of medical equipment for inpatient service in public hospitals: a case study. Annu Int Conf IEEE Eng Med Biol Soc, 2013, 898-901. doi: 10.1109/EMBC.2013.6609646

Singh, D., Qadri, G., Kotwal, M., Syed, A., & Jan, F. (2009). Quality control in linen and laundry service at a tertiary care teaching hospital in India. Int J Health Sci (Qassim), 3(1), 33-44.

Ukleja, A., Gilbert, K., Mogensen, K. M., Walker, R., Ward, C. T., Ybarra, J., . . . Enteral Nutrition. (2018). Standards for Nutrition Support: Adult Hospitalized Patients. Nutr Clin Pract, 33(6), 906-920. doi: 10.1002/ncp.10204

WHO, "Regional Action Framework on Improving Hospital Planning and Management in the Western Pacific" https://iris.wpro.who.int/bitstream/handle/10665.1/14248/WPR-RC069-09-Hospital-Ann-2018-en.pdf

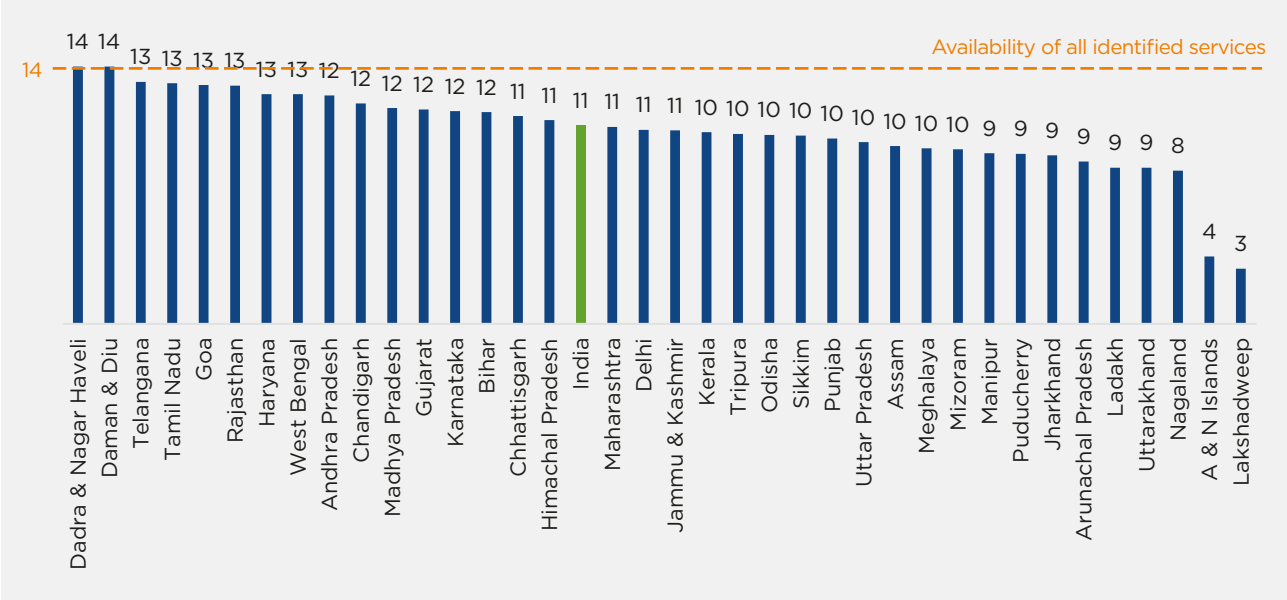


Figure 3.3.2: Average number of support services in a district hospital by State/UT

Table 8 lists the top performing district hospitals in the country that have all support services.[13] The top performing district hospital in each State/UT for this KPI is listed in Annexure 4.

Table 8: Top performing district hospitals in the country that have all the identified support services (N=14)

Small hospital	Mid-sized hospital	Large hospital
Baramula, Jammu and Kashmir	Aizawl Civil Hospital, Aizawl West, Mizoram	Shimoga District Hospital, Shimoga, Karnataka
Usilampatti, Madurai, Tamil Nadu	North Goa District Hospital, North Goa, Goa	GH Ernakulam, Ernakulam, Kerala
Civil Hospital, Hisar, Haryana	Civil Hospital, Panchkula, Haryana	Dindigul District Hospital, Dindigul, Tamil Nadu

National average: 11
Range: 3–14

BEST PRACTICES OF WELL PERFORMING DISTRICT HOSPITALS

The ***Aizawl Civil Hospital*** in Mizoram makes use of the RKS fund for procuring of required consumables and equipment (e.g., fully automatic analyzer) to provide efficient support services. The hospital took lead in engaging a qualified firm for the annual or comprehensive maintenance contract (AMC/CMC) of the hospital equipment. Regular skill training of the staff has played a pivotal role in increasing efficiency of the hospital.

District Hospital Baramulla, Jammu and Kashmir has taken multiple initiatives to improve their availability of support services. These included outsourcing various support services like

13 As 89 hospitals were found to have all support services, top three hospitals having the highest composite score (average of the scaled values of all 10 KPIs) within each hospital category among these 89 hospitals were shortlisted. A list of the 89 district hospitals that have all requisite support services can be found in Annexure 6.

housekeeping, laundry, diet, security, bio medical waste disposal etc., using the mandate for implementation of Kayakalp initiative. In order to ensure infection control and prevent the reuse of linen, the hospital has implemented colour coding of bed sheets on specified days. The e-Aushadhi software facilitates smooth coordination with the pharmacy's supply chain management. IEC has been effectively used for proper disposal and segregation of bio-medical waste. The provision of working and calibrated biomedical instruments in addition to providing diagnostics in a public–private partnership mode has led to availability of maximum possible tests in a cost-efficient way. Specific monitoring mechanisms have also been put in place for proper implementation of all these services.

In Haryana, the ***Civil Hospitals in Hisar and Panchkula*** have outsourced these support services to private service providers selected through tenders. This has greatly resulted in mitigation of infection and delivery of care to patients, especially during the COVID-19 pandemic.

> "We have co-ordinated all available funds, including government funds, NHM funds, MP-MLA funds, CSR funds, and Hospital Development Society (HDS) Funds in providing all 14 support services to the sick and needy. Sponsor meetings were arranged for accumulating CSR funds and the proposals were reviewed and approved by the HDS for further implementation."
>
> —**Deputy Director of Health Service,**
> General Hospital Ernakulam, Kerala

Across the country, similar interventions are undertaken in ***North Goa District Hospital***, Goa; ***Shimoga District Hospital***, Karnataka; ***Dindigul*** and ***Usilampatti District Hospitals***, Tamil Nadu. Regular monitoring of the services and prompt appointment of specialists, trained nurses, and paramedical staff. NQAS served as a reference point for implementing and sustaining quality standards.

Recommendations for district hospitals

- Wherever medical colleges are located near a district hospital and have additional or excess capacity in terms of support services, cross utilisation may be encouraged.
- Each of these services has had a significant role to help abort the 'chain of transmission' of COVID-19 infection across various patient care areas in the hospital, while providing them supportive services[14]
- Central and State funds may be utilized in the procurement of services.

14 Sodhi, J., Satpathy, S., & Arora, P. (2020). Role of hospital supportive services in COVID-19. *International Journal of Infection Control*, *16*(3). doi: 10.3396/ijic.v16i3.20499

3.4 AVAILABILITY OF CORE HEALTH CARE SERVICES

3.4.1 Definition of the KPI

This KPI belongs to the domain of Structure and comes under the control of the State. This indicator includes the core medical competencies of any given district hospital. Its inclusion incorporates the breadth of health care services provided.

It is the proportion of 14 recommended specialties from the following list that are functional against the total number of specialties required:

i. General Medicine
ii. General Surgery
iii. Obstetric & Gynaecology
iv. Paediatrics including Neonatology (as required for level II SNCU)
v. Emergency (accident & other emergency) (Casualty 24X7 basis)
vi. Critical Care (ICU)
vii. Anaesthesia
viii. Ophthalmology
ix. ENT
x. Dermatology and Venereology (Skin & VD) RTI / STI
xi. Orthopedics
xii. Dental care
xiii. Public Health Management
xiv. Radiology

It is calculated by dividing the number of core health care services available in the hospital by the total number of core health care services the hospital is expected to maintain. This KPI lies in the domain of Structure. The State has control over the indicator.

$$\text{Availability of core health care services} = \frac{\text{Total number of core health care services available}}{14}$$

3.4.2 Significance of the KPI in evaluating a district hospital

Each health care specialty at a hospital has its own role and significance in delivering patient care. The critical care services focus on resuscitating unstable patients and allowing time for recovery or the effect of specific therapies to improve outcomes and prevent death. The hospital care department is mostly dependent upon the emergency services for providing medical and surgical provisions for the patients in need of immediate care and attention. Emergency Care in fact serves as the first point of contact for many patients. Especially when there are

logistical or financial barriers to health care access, people may present for care only when they are symptomatic with acute illness or injury. As the number of patients visiting ER has been increasing from day to day, the reliance on ER care is now more comprehensive than ever. This dependence is mostly because it remains open all round the clock and can never deny admission to a patient.[15]

A hospital providing all specialties gives the patient an opportunity to receive a wider range of expert inputs under one roof, all of which combine to create a course of treatment that will offer the best outcome.[16]

3.4.3 District hospital performance and associated insights

A total 101 out of 707 hospitals fulfilled the criteria of having all 14 functional specialties belonging to States/UTs shown in Figure 3.4.1. Tamil Nadu had the highest proportion (16.8%; 17/101) of hospitals with all functional specialties, followed by Karnataka (13.9%; 14/101), West Bengal (10.9; 11/101%), and Kerala (9.9%; 10/101).

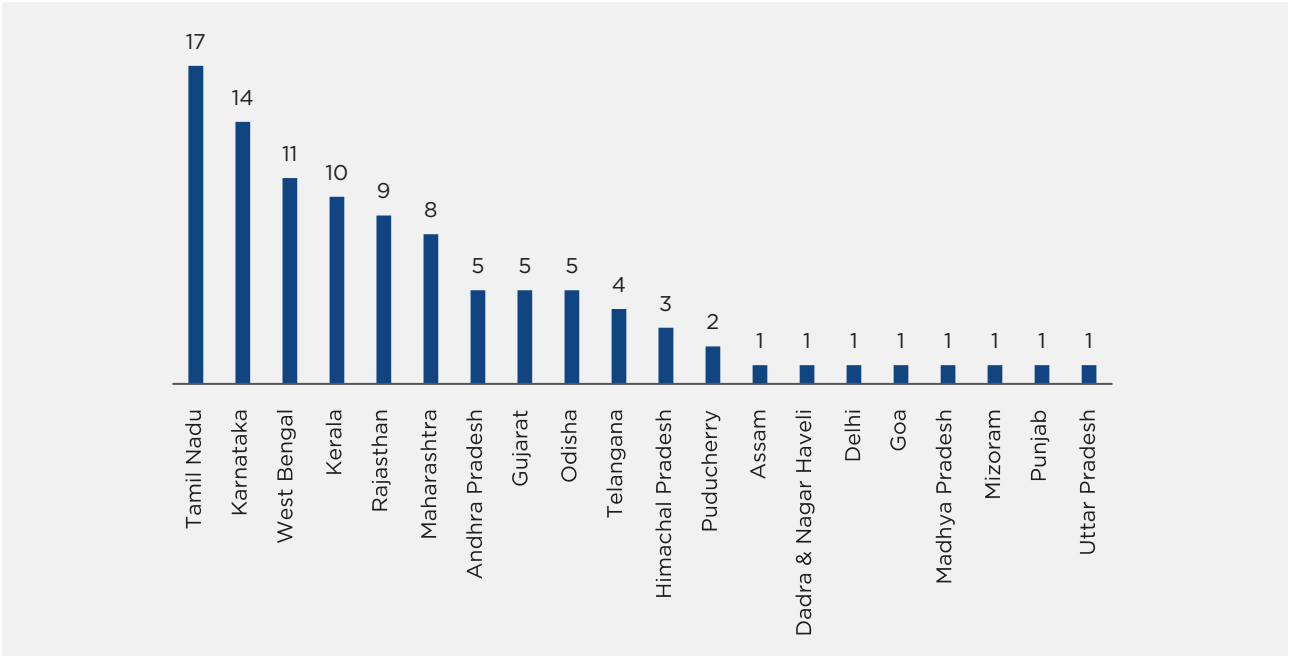


Figure 3.4.1: State/UT-wise distribution of number of hospitals (n=101) with all 14 functional core health care services

15 Schell, C. O., Gerdin Warnberg, M., Hvarfner, A., Hoog, A., Baker, U., Castegren, M., & Baker, T. (2018). The global need for essential emergency and critical care. Crit Care, 22(1), 284. doi: 10.1186/s13054-018-2219-2

16 Morley, C., Unwin, M., Peterson, G. M., Stankovich, J., & Kinsman, L. (2018). Emergency department crowding: A systematic review of causes, consequences and solutions. PLoS One, 13(8), e0203316. doi: 10.1371/journal.pone.0203316

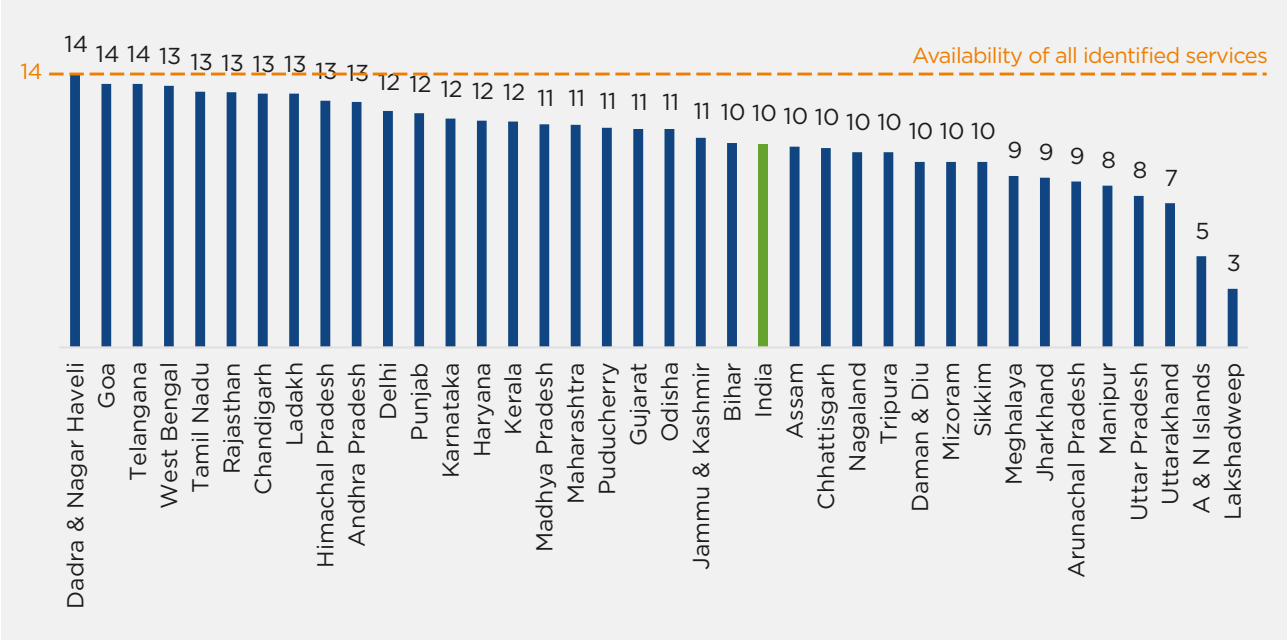


Figure 3.4.2: State/UT-wise average number of available core health care services in a district hospital

Table 9 lists the top performing district hospitals in the country that have all core health care services.[17] The top performing district hospital in each State/UT for this KPI is listed in Annexure 4.

Table 9: Top performing district hospitals in the country that have all the identified core health care services (N=14)

Small Hospital	Mid-Sized Hospital	Large Hospital
Kulithalai, Karur, Tamil Nadu	Aizawl Civil Hospital, Aizawl West, Mizoram	Shimoga District Hospital, Shimoga, Karnataka
Government General Hospital, Mahe, Puducherry	Balangir, Odisha	Hubli KIMS District Hospital, Dharwad, Karnataka
DH Tirur, Malappuram, Kerala	Sanjay Gandhi Memorial Hospital Mangolpuri, North West, Delhi	GH Ernakulam, Ernakulam, Kerala

National average: 10 Range: 1–14

BEST PRACTICES OF WELL PERFORMING DISTRICT HOSPITALS

Aizawl Civil Hospital utilized the facility's RKS fund for infrastructure development and engagement of additional manpower which widely augmented the availability of proper intensive care unit (ICU), newborn intensive care unit (NICU), geriatric care unit, dental services among others. These initiatives have resulted in higher footfall, efficient use and reduced referrals from the hospital.

17 As 101 hospitals were found to have all core health care services, top three hospitals having the highest composite score (average of the scaled values of all 10 KPIs) within each hospital category among these 101 hospitals were shortlisted. A list of these 101 hospitals can be found in Annexure 6.

Balangir District Hospital in Odisha provides various specialized and non-specialized clinical OPD services along with 24×7 causality and emergency services. The hospital is diligently providing the 14 identified core healthcare services. The IPD services are also very well manned with trained staff nurses present round the clock along with the patients. The ancillary services of the hospital are also very good like the hospital provides mechanized housekeeping services, smart security services with CCTV cameras, mechanized laundry services, help desk services (May I Help You), free diet services, proper waste management services, central registration services, free drug services, free investigation services, free high-end diagnostic services like CT scan, dialysis, etc. Interventions undertaken by ***Government General Hospital Mahe***, Puducherry are of a similar nature.

In ***DH Tirur in Mallapuram*** district of Kerala the main initiative was infrastructure development, especially in the women and child hospital wings. With a dedicated team, skilled doctors and supporting staff and support from local self-government, that is, the District Panchayat, they were able to secure financial support from the LSGD, MLA and MP. More importantly, the core health care services were also catered to through support from NRHM.

General Hospital Ernakulam, Kerala and ***Shimoga District Hospital,*** Karnataka conduct regular monitoring and review to ensure availability of services at all times. ***Hubli KIMS District Hospital*** in Dharwad, Karnataka has constituted a quality circle team for each department with regular internal assessment of the various service provisions as per the guidelines of LaQshya and NQAS. They execute targeted and time-bound action plans for the gaps in various service provisions.

Given that ***Sanjay Gandhi Memorial Hospital in Mangolpuri, North West Delhi*** caters to a large population of 25 lakh and has a huge inflow of patients, there is a constant need to ensure the availability and functionality of these services. These are ensured by improving infrastructure, manpower, and machinery at the regular intervals. Quality initiatives were taken up to ensure optimal delivery of services. Obtaining NQAS certification also ensured maintaining the functionality of all available services and monitoring of same at regular intervals — the same was observed in ***DH Kulithalai in Karur***, Tamil Nadu.

Recommendations for States/UTs

- District hospitals may be linked to the nearest medical college by employing a hub and spoke distribution model, which is a cost-effective and time-saving transport and service distribution mechanism.[18]
- Periodic review and reporting on the quality of services is a good practice to identify the gaps and take necessary actions.
- Service delivery of the essential components under this indicator may be improved by adhering to the guidelines put forth by NQAS.

18 Elrod, J.K., Fortenberry, J.L. The hub-and-spoke organization design: an avenue for serving patients well. *BMC Health Serv Res* **17,** 457 (2017). https://doi.org/10.1186/s12913-017-2341-x

3.5 AVAILABILITY OF DIAGNOSTIC TESTING SERVICES

3.5.1 Definition of the KPI

Diagnostic testing is generally performed to screen for, monitor, and detect diseases. Early detection and proper treatment depend on establishing a correct diagnosis. This is often aided by laboratory, radiology, and imaging services. Their inclusion in performance assessment is particularly important given that they have the potential to change the pre-test probability of disease into a post-test certainty that is more definitive, hence providing a better information set of the patient to the doctor. However, this indicator excludes testing done via referral laboratories. For this KPI, the following 14 diagnostic testing services were identified:

i. Urine Analysis
ii. Stool Analysis
iii. PAP smear
iv. Sputum
v. Haematology
vi. Microbiology
vii. Serology
viii. Biochemistry
ix. Cardiac Investigations
x. Ophthalmology
xi. ENT
xii. Radiology
xiii. Endoscopy
xiv. Physiology (Pulmonary function test)

It is calculated by dividing the number of diagnostic testing services available in the hospital by the total number of diagnostic testing services the hospital is expected to maintain (i.e. all 14 services). This KPI also lies in the domain of Structure. The State exercises control over it rather than the district hospital.

$$\text{Availability of diagnostic testing services} = \frac{\text{Total number of diagnostic testing services available}}{14}$$

3.5.2 Significance of the KPI in evaluating a district hospital

About 60–70 per cent of medical treatments are based on laboratory diagnostic tests, thus making it one of the most indispensable segments in the health care industry. Diagnostics may not completely aid in curing the disease but can go a long way in this direction.

District hospitals are secondary level health care providers in India with basic specialties, though IPHS has laid down norms with respect to the number of specialties, types of treatments, and requirement for diagnostic services, most States/UTs in India are not able to adhere to the same for want of one or more factors. It is observed that in most public hospital laboratories the diagnostic centres are not adequately equipped with equipment, technology, and manpower.

These lacunae in the system[19] adversely affect the efficiency and operation of the hospital by:

- Delaying the treatment procedure and inhibiting the continuity of the treatment
- Restricting the treatment capacity of the medical practitioners
- Allowing for judgmental errors on the condition of the patients due to absence of proper diagnostics
- Lack of appropriate diagnostic testing service may adversely affect the treatment outcomes

This also demotivates the medical practitioners as they are not able to extend their services to their fullest capacity.

The importance of the diagnostic testing services at public health facilities like district hospital is to ensure availability and access so as to reduce out of pocket expenditure incurred by patients on diagnostics.

3.5.3 District hospital performance and associated insights

Only 21 hospitals belonging to States/UTs shown in Figure 3.5.1 fulfilled the criteria of having all diagnostic testing services available (based on available services/ total services score=1). Karnataka had the highest proportion (28.6%) of hospitals with all support services, followed by Telangana (19%), Andhra Pradesh (14%), and Gujarat (9.5%).

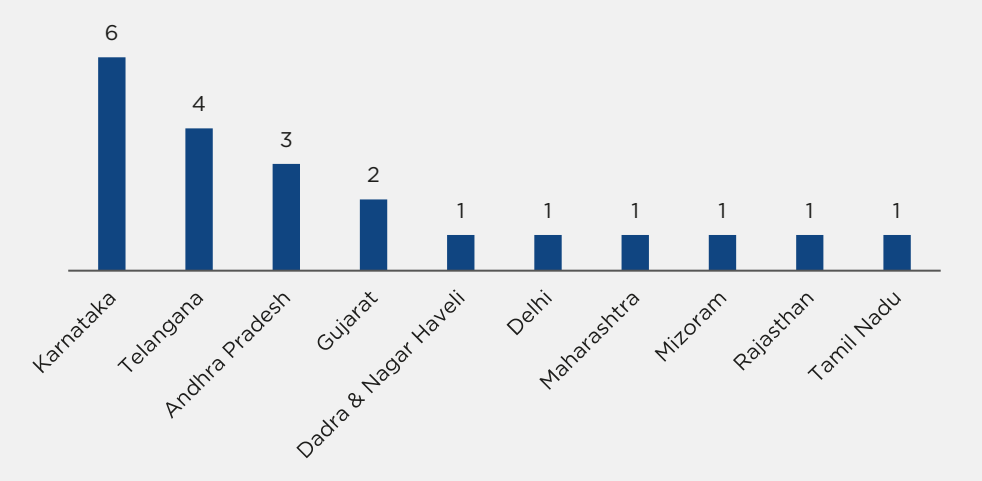


Figure 3.5.1: State/UT-wise distribution of number of district hospitals (n=21) with all 14 functional diagnostic testing services available

19 ICRA Management Consulting Services Ltd, "Prefeasibility Report for Setting up of Diagnostic Centre at District Hospital Dharwad" 2013 http://abhinavinfo.com/idd_new/assets/pdf/pre_feasibility_studies/70b_DiagnosticLab_Dharwad.pdf

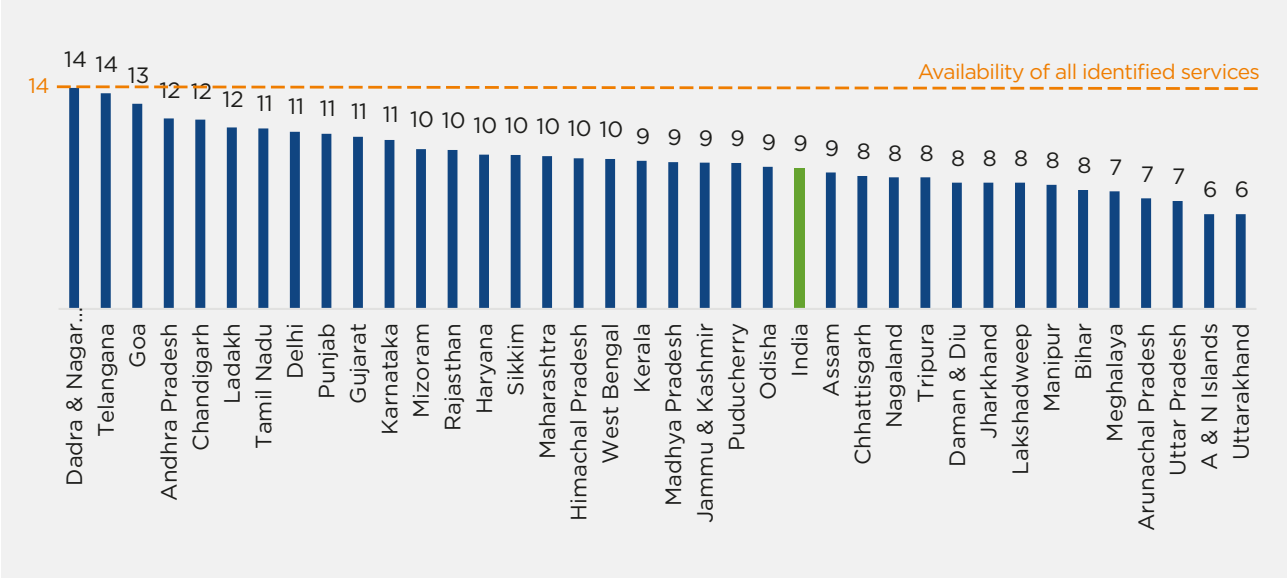


Figure 3.5.2: State/UT-wise average number of available diagnostic testing services in a district hospital

Table 10 lists the top performing district hospitals in the country that have all diagnostic testing services.[20] The top performing district hospital in each State/UT for this KPI is listed in Annexure 4.

Table 10: Top performing district hospitals in the country that have all or most of the identified diagnostic testing services (N=14)

Small hospital	Mid-sized hospital	Large hospital
Tandur, Vikarabad, Telangana	Aizawl Civil Hospital, Aizawl West, Mizoram	Shimoga District Hospital, Shimoga, Karnataka
Pt. Madan Mohan Malviya Hospital, South, Delhi	DH Khammam, Khammam, Telangana	Hubli KIMS District Hospital, Dharwad, Karnataka
Baramula DH, Baramula, Jammu and Kashmir	District Hospital Gadchiroli, Gadchiroli, Maharashtra	Kilpauk Hospital, Chennai, Tamil Nadu

National average: 9
Range: 0–14

BEST PRACTICES OF WELL PERFORMING DISTRICT HOSPITALS

Pandit Madan Mohan Malviya Hospital in South Delhi district, Delhi installed different equipment such as five-part haematology analyzer, fully automatic biochemistry analyzer, CR System for 300 MA X-ray machine, etc. The procurement process for equipment was streamlined through Government e-Marketplace (GeM). Microbiology services were strengthened through installation of Biosafety Cabinet for managing biomedical waste (BMW) generated in the laboratory and a BMW sterilizer was also installed. At the same time, training and re-training of staff was done

20 As 21 district hospitals were found to have all diagnostic testing services, top three hospitals having the highest composite score (average of the scaled values of all 10 KPIs) within each hospital category among these 21 hospitals were shortlisted. A list of these 21 hospitals can be found in Annexure 6.

regularly for ensuring optimal utilization of the equipment. This led to improvement in usage, regular maintenance of the equipment, and reduction of down time. The turnaround time for the investigation reduced and the hospital could efficiently manage the increasing load of patients. New investigations like HbA1C, Serum iron, serum Amylase and serum Ca & Pot were able to be conducted and overall patient satisfaction improved.

District Hospitals Kammam (Khamman district) *and* ***Tandur*** (Vikarabad district) have all the identified diagnostic testing services. While the hospitals do take proactive measures to ensure the availability and functionality of the required services, the recently launched T-Hubs (Telangana Diagnostics) initiative of the Government of Telangana has been instrumental in establishing the requisite services in every district of the state under NHM, which has also led to a reduction in out-of-pocket expenditure for the patients.

Karnataka Infrastructure Development Department conducted a prefeasibility study for setting up a diagnostic centre at Dharwad District Hospital.21 Such interventions throw light on the gaps and requirements to be fulfilled and help addressing the shortfall in an optimal manner. ***Hubli KIMS DH*** and ***Shimoga DH*** have taken such adequate measures to ensure the availability of all services.

DH Baramulla in the UT of Jammu and Kashmir ensured availability through various measures: implementation of Free Diagnostic Initiative with support from NHM and the pro-active role of hospital management has ensured uninterrupted supply of test kits, reagents and consumables; streamlining of Jammu and Kashmir Medical Services Corporation Ltd. (JKMSCL) has improved the supply chain mechanism and timely procurement of bio-medical equipment, reagents and consumables; for appropriate calibration and functioning of biomedical equipment, Bio-Medical Equipment Maintenance and Management program is implemented through PPP mode.

After the empanelling of the hospital under the CMCHIS of Tamil Nadu Government and AB-PMJAY of the Central Government, ***Kilpauk Hospital, Chennai*** was able to perform major diagnostic procedures and the amount earned was used to improve infrastructure and consumables. Due to State and Central Government empanelment for insurance schemes, many diagnostic services (like dynamic MRI, CT scan, digital mammogram, RT PCR for Microbiology, new born OAE (Oto acoustic emission screening), etc.) are performed free of cost to patients. The hospital used to face issues primarily in training; for new investigations like RT PCR or mammogram biopsy, the personnel were asked to undergo immediate training. Lack of availability of consumables required to perform investigation was tackled by fund raising using the insurance scheme.

Gadchiroli District Hospital, Maharashtra has witnessed significant development. In 1994, the hospital was a 100-bedded hospital. It had a small laboratory, inadequate equipment, reagents, kits and vacant posts of Lab Technologists. Medical Officers/ specialists were reluctant to join due to the inaccessibility of the district. Presently, the hospital has 286 functional beds; vacancies for medical officers and specialists, pathologists and microbiologists, and trained technicians are filled through NHM, NCD, IPHS, and State provisions. Laboratories have been strengthened with procurement and supply of equipment, machines, instruments, kits, lab reagents, etc. Calibration of instruments and equipment are done regularly to minimise laboratory errors. There are 14 laboratories and 2 mobile pathology units. The State has outsourced laboratory investigations

21 ICRA Management Consulting Services Ltd, "Prefeasibility Report for Setting up of Diagnostic Centre at District Hospital Dharwad" 2013 http://abhinavinfo.com/idd_new/assets/pdf/pre_feasibility_studies/70b_DiagnosticLab_Dharwad.pdf

to HLL Labs for all hospitals in the district, which allowed for free investigations and cashless treatment of poor villagers and tribals.

Recommendations to States/UTs

- Hiring dedicated paramedical staff to maintain service records and handle laboratory equipment would help in timely identification of shortfall of services.
- Often diagnostic facilities have breakdowns of necessary equipment as the staffers are not provided necessary training and skills required to run these state-of-the-art equipment. Regular training of staff whenever new equipment is purchased is crucial, so that expensive diagnostic equipment is adequately taken care of.
- External agencies may be roped in for Bio-Medical Equipment Maintenance and Management in order to reduce downtime of dysfunctional equipment and ensure regular upkeep of the hospital equipment.
- Provisions under the National Health Mission and State Health Department schemes may be utilized to procure high-end equipment such as automatic analyzers, CT Scan machines, advanced USG machines, ELISA readers, digital X-rays, etc. and the supporting manpower strengthening may be facilitated through the DNB program.

Kulithalai Government Hospital, Karur, Tamil Nadu

3.6 BED OCCUPANCY RATE

3.6.1 Definition of the KPI

This KPI is classified under the domain of Output and falls under the control of the district hospital. It reflects efficiency in the use of hospital beds. The bed occupancy rate is calculated by dividing the total number of inpatient bed days added for a year by the number of functional beds available in the hospital multiplied by 365 days. The ratio is multiplied by 100 to express the figure in percentage. The number of inpatient bed-days refers to the sum of all inpatients at midnight. The bed occupancy rate shows the effective utilization of available beds in a hospital.

$$\text{Bed occupancy rate} = \frac{\text{Total number of inpatient bed days added for a year}}{\text{Total Functional Beds} \times 365} \times 100$$

3.6.2 Significance of the KPI in evaluating a district hospital

A high bed occupancy rate reflects good quality of services, infrastructure, trained staff, patient care and satisfaction provided by the facility. From the point of view of public health planning, the bed occupancy rate helps in identifying facilities with optimal resource utilization rate. This further highlights the need of the facility to balance demand and supply side factors. The indicator can be used to assess hospital performance and recognize areas for improvement. The reasons for the respective level of utilization can be identified and future decisions can be made based upon this. This indicator can be further used for comparison among facilities at the state/region/national level and find their efficiency.[22]

Very low bed occupancy rates (<42%) at primary health care level has indicated lack of medically trained personnel, sporadic supply of drugs and other medical supplies and a complete breakdown in the transfer and referral system.[23] High bed occupancy rate is an indicator of health system under pressure. Hospitals cannot operate at 100% occupancy, as spare bed capacity is needed to accommodate variations in demand.[24] Lack of available beds increase delays in emergency departments, cause patients to be placed on clinically inappropriate wards and increase the rate of hospital-acquired infections. This also puts staff under pressure to free up beds that can pose a risk to patient safety.[25]

22 World Bank (1993). Public hospitals in developing countries (available at: https://documents1.worldbank.org/curated/en/919871468740383421/pdf/multi0page.pdf)

Aloh, H.E., Onwujekwe, O.E., Aloh, O.G., & Nweke, C.J. (2020). Is bed turnover rate a good metric for hospital scale efficiency? A measure of resource utilization rate for hospitals in Southeast Nigeria. Cost Effectiveness and Resource Allocation, 18(21). doi: 10.1186/s12962-020-00216-w

23 Okello, D., Guwatudde, D., Sebina, A., & Lubanga, R. (1994). Low bed occupancy rates in Uganda's peripheral health units: is it a policy problem? East African Medical Journal, 71(9), 601–603.

24 Madsen, F., Ladelund, S., Linneberg, A. (2014). High levels of bed occupancy associated with increased inpatient and thirty-day hospital mortality in Denmark. Health Affairs, 33(7). doi: 10.1377/hlthaff.2013.1303

Friebel, R., Fisher, R., Deeny, S. R., Gardner, T., Molloy, A., & Steventon, A. (2019). The implications of high bed occupancy rates on readmission rates in England: A longitudinal study. Health Policy, 123(8), 765–772. doi: 10.1016/j.healthpol.2019.06.006

25 Rezaei, S., Hajizadeh, M., Nouri, B., Ahmadi, S., Rezaeian, S., Salimi, Y., & Karyani, A. K. (2019). Iranian hospital efficiency: a systematic review and meta-analysis. International Journal of Health Care Quality Assurance, 32(2), 385–397. doi: 10.1108/IJHCQA-03-2018-0067

3.6.3 Juxtaposition of the KPI with recommended norms

A bed occupancy rate of 80-85% is considered ideal, at which a facility is designed to operate most efficiently. IPHS guidelines, 2012 recommend the optimum bed occupancy in district hospitals to be 80%.

3.6.4 District hospital performance and associated insights

Given that government hospitals cannot deny admission to patients, the bed occupancy rate in many hospitals (n=123) were found to exceed 100% occupancy rate. In the framework used in this analysis, bed occupancy rate is given a maximum limit of 90, and values above 90 are considered as 90. Figure 3.6.1 depicts the average bed occupancy rate in a district hospital by State/UT. The top performing district hospital in each State/UT for this KPI is listed in Annexure 4, while the average bed occupancy rate in small, mid-sized, and large hospitals by State/UT are illustrated in Annexure 5.

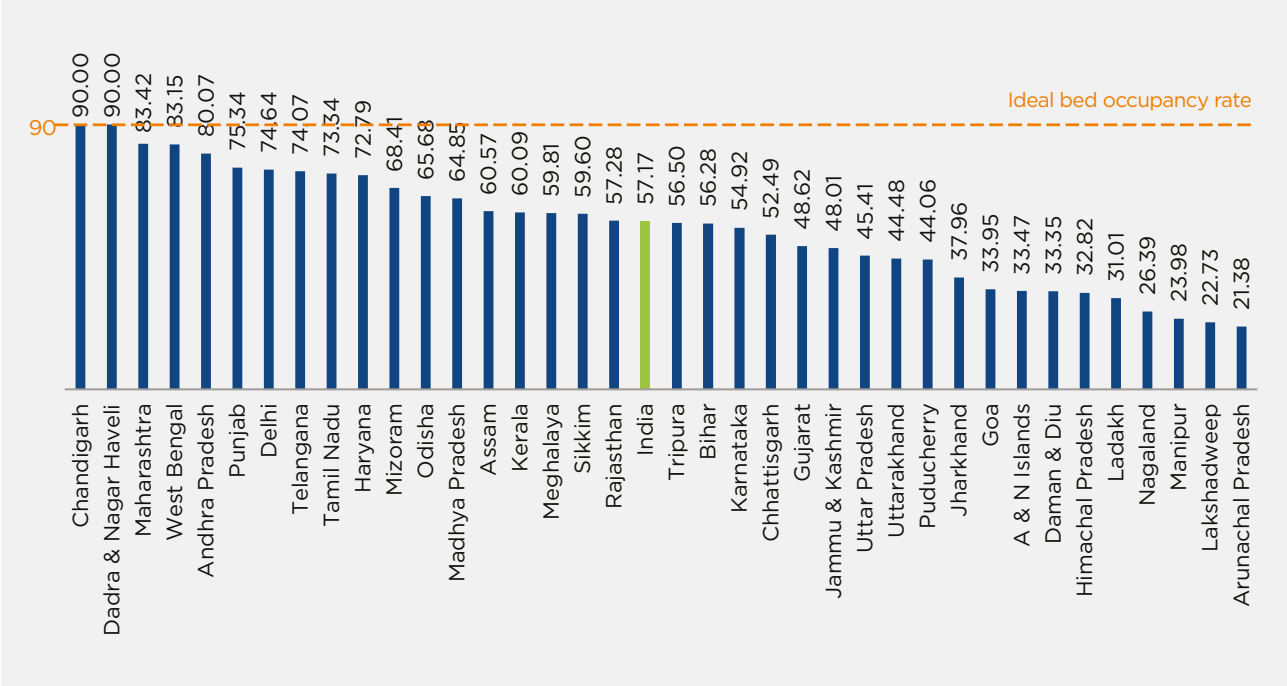


Figure 3.6.1: Average bed occupancy rate (%) of a district hospital by State/UT

Of 707 hospitals, a total of 182 hospitals had bed occupancy rate of 90% or higher. Figure 3.6.2 shows the State/UT-wise percentage distribution of these 182 hospitals. Uttar Pradesh (14.8%) had the highest proportion of hospitals with bed occupancy rate greater than or equal to 90%, followed by Madhya Pradesh (10.9%), Maharashtra (8.2%), Odisha (8.2%), West Bengal (7.1%), and Andhra Pradesh (5.5%).

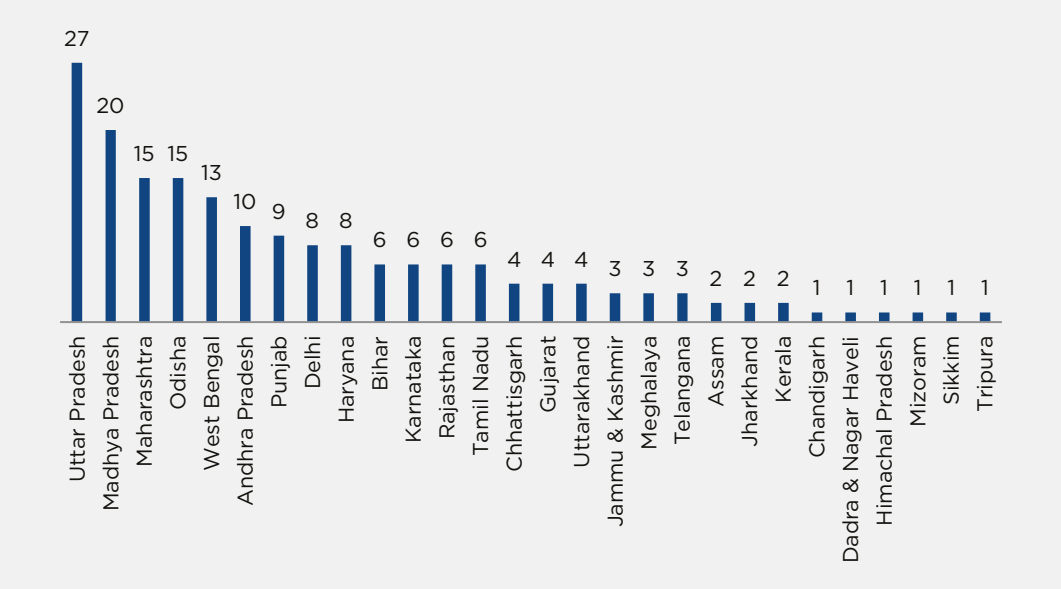


Figure 3.6.2: State/UT-wise number of district hospitals (n=182) with bed occupancy rate of 90% or higher

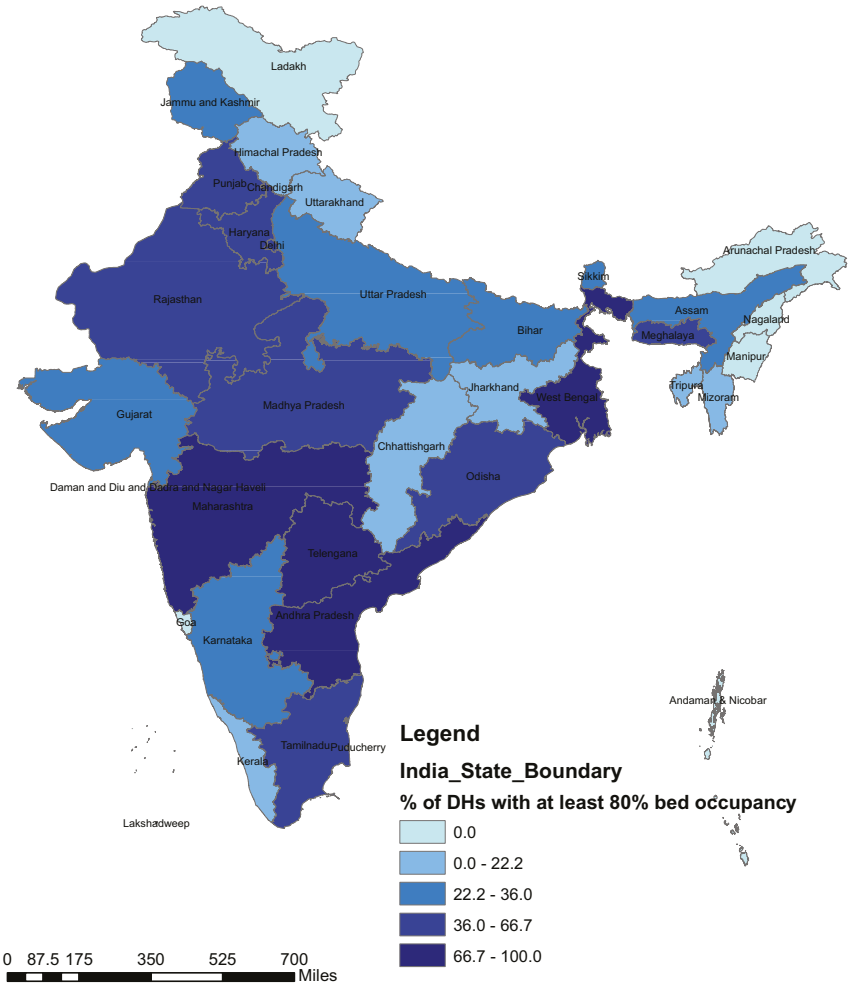


Figure 3.6.3: Percentage of district hospitals in each State/UT that have a bed occupancy rate of at least 80 per cent

As mentioned before, IPHS 2012 recommends a bed occupancy rate of at least 80%. The percentage of district hospitals in each State/UT that meet this criterion is illustrated in Figure 3.6.3. Table 11 lists the top performing district hospitals in the country by hospital size category with the highest bed occupancy rate of up to 100%.[26]

Table 11: Top performing district hospitals in the country that have a bed occupancy rate up to 100%

Small Hospital	Mid-Sized Hospital	Large Hospital
Paralakhemundi, Gajapati, Odisha *(100% bed occupancy rate)*	Balangir, Odisha *(100% bed occupancy rate)*	M. R. Bangur DH & SSH, South Twenty Four Parganas, West Bengal *(99.20% bed occupancy rate)*
Bandipora, Jammu and Kashmir *(100% bed occupancy rate)*	DH Tenali, Guntur, Andhra Pradesh *(100% bed occupancy rate)*	DH SDN Hospital, Shahdara, Delhi *(95.20% bed occupancy rate)*
Deogarh, Odisha *(100% bed occupancy rate)*	DH Vidisha, Vidisha, Madhya Pradesh *(100% bed occupancy rate)*	Shimoga District Hospital, Shimoga, Karnataka *(93.44% bed occupancy rate)*

National average: 66%

Range: 0–365.2%

BEST PRACTICES OF WELL PERFORMING DISTRICT HOSPITALS

M R Bangur Hospital, situated in the South 24 Parganas of West Bengal, categorized under large hospitals, attribute their high performance to a no refusal to admissible patient policy. It started functioning with a bed capacity of 500 and has gradually increased it to 625 over the years. In addition to availability of multi-specialty services, the hospital has a 24X7 Pharmacy Service, Blood Bank Service and PPP diagnostic Services like Echo, MRI, CT, Laboratory, 60-bedded dialysis among others. Numerous efforts to keep waiting time and referrals to a minimum, hygiene management, 24x7 grievance redressal cell have improved the performance of the district hospital.

DH Bandipora, a newly upgraded District Hospital, is located in the northern border district of Kashmir valley. The administration undertook key measures to utilize the limited space and staff of the hospital, such as incorporating a time bound initial assessment and reassessment schedule resulting in a timely discharge policy for the patients. Maintenance and upkeep of medical equipment also paved way for decreased turn-around time for test results. All this has led to a reduction in the average length of stay in the hospital and creation of space for new patients. All these measures were diligently monitored and followed. Furthermore, new staff positions were sanctioned which have increased the footfall and narrowed down the doctor/nurse to patient ratio. Strong advocacy and IEC regarding availability of services was done for improving admissions.

26 In case two or more hospitals had identical bed occupancy rates, their composite score (average of the scaled values of all the 10 KPIs) was referred to, and the hospital with a higher composite score was regarded as a top performing hospital for this particular indicator.

Dynamic steps were undertaken by the Head of Departments in ***DH Tenali***, Andhra Pradesh to improve patient services. Overall, they ensured quality patient care provided by the doctors and nursing staff, early discharges of stable patients, increased day care procedures and major surgeries, prompt attendance of doctors in trauma care and emergency services, and simultaneously provision of quality diet, hygiene, and good sanitation facilities.

DH Vidisha, a mid-sized hospital in Madhya Pradesh, ensured that the infrastructure met NQAS and Kayakalp standards of quality, facilitated regular training for doctors and staff, developed standard operating protocols, improved quality of care, patient safety, all of which consequently reduced hospital acquired infection rate and improved patient satisfaction. These measures also helped ensure maximum bed occupancy.

Two small and one mid-sized hospital in Odisha have high bed occupancy rates in India. In ***Balangir District Hospital***, the patient footfall has been increasing every day and has touched approximately 9,000 to 10,000 inpatient bed days per month. Patients cannot be cured of disease only with medicine; there is also need of appropriate ambience/ improved facilities. The staff are pushed to follow respectful patient care. ***District Headquarter Hospital Paralakhemundi*** utilizes the Ishikawa (Fishbonc Diagram) technique for brainstorming and mind mapping to discover the cause-and-effect relationship of any identified underlying problem to increase patient satisfaction during their stay in the hospital. The focus shifted towards cleanliness of wards, installation of air conditions, clean beds, adequate lighting, clean toilets, providing mosquito nets, blankets, cooked balanced diet, Aahar scheme[27] in hospital premises for the attendants accompanying the patients. In ***District Headquarter Hospital, Deogarh*** too the aforesaid key measures on housekeeping and cleaning upkeep, staff behaviour, laundry service, availability of staff, counselling of patients, and the availability of patient centric services free of cost have played a key role in ensuring a high bed occupancy rate.

Shimoga District Hospital, Karnataka is supervised by eminent specialists who ensure that the hospital is well-equipped with all new technology, that all the specialities in the hospital are operational 24×7, and that the entire staff is well-trained with respect to specialities. Patients from within the district and surrounding districts come for treatments in large numbers. The hospital therefore appointed specialists accordingly, and proactively filled any vacancies for nursing and paramedical staffs. A new wing was constructed to cater to cardiology patients. The OTs were upgraded with modern equipment and empanelled with Ayushman Bharat Schemes, which is very helpful in giving free service to the poor people. Paperwork was minimized by digitizing all work All of this contributed to an increase in OPD services, IPD services, and emergency services.

> "In SDN Hospital in Delhi Shahdara, shortage of manpower and HR vacancies used to result in high workload on the existing staff, conversely resulting in longer waiting periods and delayed admissions. However, this was addressed through timely recruitment of staff and we were able to maintain high bed occupancy rates. During the COVID-19 pandemic, the bed occupancy rate was as high as 110% with a 75% patient satisfaction score."
>
> **—Chief Medical Officer, SDN Hospital, Shahdara, Delhi**

27 Aahar scheme is a food subsidisation program run by the Government of Odisha to provide cheap lunch to the urban poor.

Recommendations to district hospitals

- Ensuring 24×7 availability of support services, diagnostic testing facilities, pharmacy, and well-planned shifts of medical and paramedical staff would contribute to an optimal bed occupancy and resource utilization.
- Regular maintenance and upkeep of medical equipment reduces its downtime and increases its optimal utilization.
- Periodic monitoring of processes will help analyse gaps and acts on addressing it thereby eventually ensuring smooth processes, reduced waiting time, and redressal of any other administrative lacunae.
- Timely recruitment and prompt steps to fill HR vacancies will allow for larger numbers of patient examinations.

Kulithalai Government Hospital, Karur, Tamil Nadu

3.7 C-SECTION RATE

3.7.1 Definition of the KPI

This KPI lies in the domain of Output. The district hospital exercises control over this indicator. It is calculated by dividing the number of Cesarean section deliveries performed in a year with the total number of deliveries in the year. The figure is multiplied by 100 in order to express it in percentage.

$$\text{C-section rate} = \frac{\text{Number of C-section deliveries performed in the year}}{\text{Total number of deliveries in the year (Normal + Assisted Deliveries + C Section)}} \times 100$$

3.7.2 Significance of the KPI in evaluating a district hospital

Caesarean section (C-section) was introduced in clinical practice as a lifesaving procedure both for the mother and the baby. C-section deliveries are absolutely critical to save lives in situations where vaginal deliveries would pose risks, so all health systems must ensure timely access for all women when needed. However, not all the C-sections carried out at the moment are needed for medical reasons. Unnecessary surgical procedures can be harmful, both for a woman and her baby. Both extremely low and extremely high rates of C-section deliveries pose adverse effects within maternal health care,[28] and therefore, observing the trend of the C-section rate is crucial in identifying its reasons.

C-section deliveries are associated with longer hospital stays, delayed initiation of breastfeeding and higher out-of-pocket expenses due to longer duration of stay.[29] A high rate of C-section deliveries can be associated with both short- and long-term risks which can extend for many years beyond the current delivery and affect the health of the woman, her child, and future pregnancies.[30]

3.7.3 Juxtaposition of the KPI with global standards

Globally, there is an ongoing debate on what should be the optimal rates of C-section deliveries. As per a WHO report, "At population level, C-section rates higher than 10% are not associated

28 Lee, H-Y., Kim, R., Oh, J., & Subramanian, S. V. (2021). Association between the type of provider and Cesarean section delivery in India: A socioeconomic analysis of the National Family Health Surveys 1999, 2006, 2016. doi: 10.1371/journal.pone.0248283

29 Dongre, A., Surana, M. (2018). C-section deliveries and the role of the private health sector in India (available at: https://www.ideasforindia.in/topics/productivity-innovation/c-section-deliveries-and-the-role-of-the-private-health-sector-in-india.html)

30 World Health Organization. (2015). WHO Statement on Cesarean Section Rates. (available at: http://apps.who.int/iris/bitstream/10665/161442/1/ WHO_RHR_15.02_eng.pdf)

with reductions in maternal and newborn mortality rates."[31] However, there is no evidence showing the benefits of C-section delivery for women who do not require the procedure. A district hospital would receive multiple complicated cases of pregnancy that require performing C-section surgery. The WHO states that every effort should be made to provide caesarean sections to women in need, rather than striving to achieve a specific rate.

3.7.4 District hospital performance and associated insights

As mentioned above, cases that come to district hospitals are often emergency or complicated cases. A surgical procedure cannot be avoided in such cases.

It is interesting to note the average percentage of C-section deliveries being performed in a district hospital in India. Figure 3.7.1 gives a State/UT-wise distribution of this average, while the same distribution by hospital size can be seen in Annexure 5. On an average, 20.8% C-section deliveries are performed in a district hospital in India. In small hospitals having up to 200 beds this average stands at 16.03%, mid-sized hospitals (201-300 beds) have an average of 25.08%, while large hospitals (with more than 300 beds) have an average C-section rate of 31.3%.

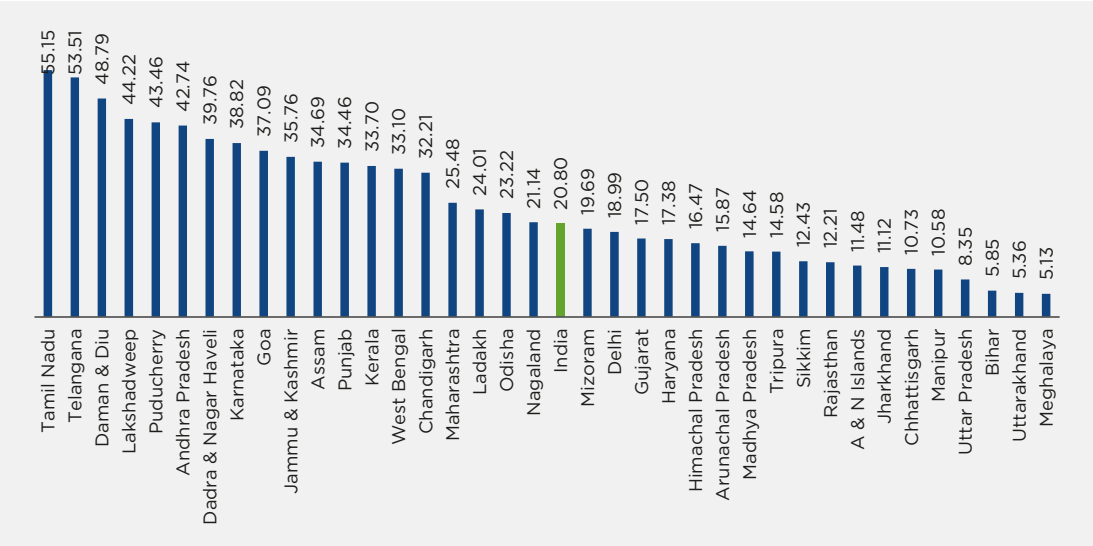


Figure 3.7.1: Average percentage of C-section deliveries in a district hospital by State/UT

Figure 3.7.2 represents the count of district hospitals in each State/UT with C-section rate of less than 35%. Of the 707 hospitals, 450 district hospitals performed less than 35% C-section deliveries.

31 World Health Organization. WHO Statement on Cesarean Section Rates, 2015, Available from: http://apps.who.int/iris/bitstream/10665/161442/1/ WHO_RHR_15.02_eng.pdf.

Souza J, Gulmezoglu A, Lumbiganon P, et al. Cesarean section without medical indications is associated with an increased risk of adverse shortterm maternal outcomes: the 2004-2008 WHO global survey on maternal and perinatal health. BMC Med. 2010;8:71.

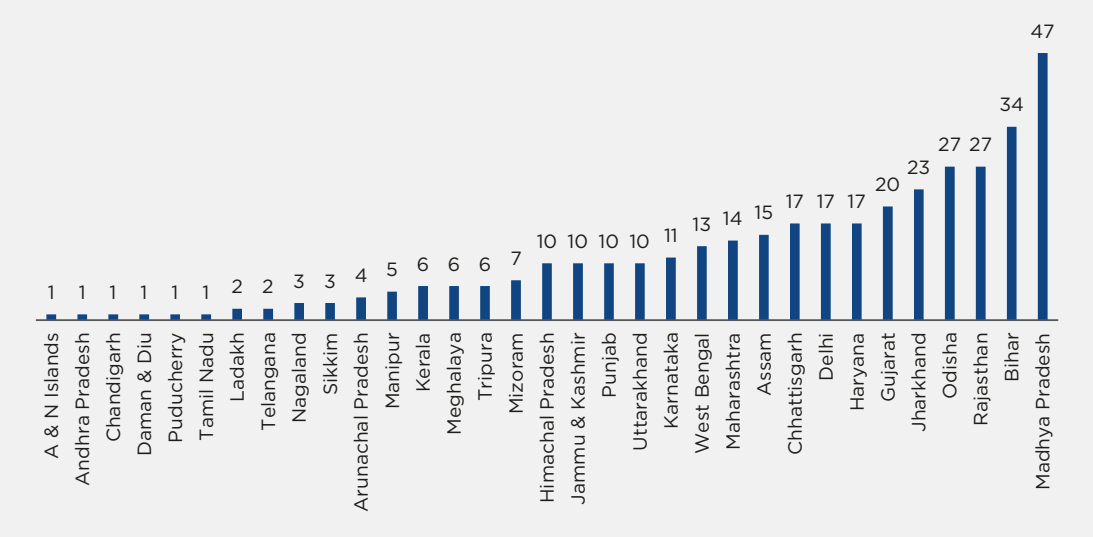


Figure 3.7.2: Number of district hospitals by State/UT having C-section rate less than 35%

Note: *As Uttar Pradesh and Uttarakhand have separate hospitals for men and women & children, the C-section rate for male hospitals in recorded as 0; hospitals that were unable to provide data also have been assigned a value of 0.*

Table 12 lists the hospitals that have the highest C-section rate among district hospitals in the country within each hospital category. The district hospitals having the highest C-section rate in each State/UT is listed in Annexure 4.

Table 12: District hospitals in India with the highest C-section rate

Small Hospital	Mid-Sized Hospital	Large Hospital
District Hospital JNLM, Srinagar, Jammu and Kashmir *(90.8% C-section deliveries)*	Bijapur District Hospital FRU, Bijapur, Karnataka *(100% C-section deliveries)*	DH Machilipatnam, Krishna, Andhra Pradesh *(73.34% C-section deliveries)*
	DH Aluva, Ernakulam, Kerala *(67.04% C-section deliveries)*	DH Karimnagar, Karim Nagar, Telangana *(69.93% C-section deliveries)*
	DH Khammam, Khammam, Telangana *(65.42% C-section deliveries)*	DH Nagapattinam, Nagapattinam, Tamil Nadu *(68.77% C-section deliveries)*

National average: 20.8% C-section deliveries
Range: 0-100%

MEASURES UNDERTAKEN IN DISTRICT HOSPITALS WITH HIGH RATE OF C-SECTION DELIVERIES

JLNM Hospital in Srinagar followed a multidisciplinary approach to effectively improve on existing infrastructure and manpower including gynaecologists, medical officer, nursing staff and other support staff who were available round the clock. The regional hospital has well equipped Maternity Operation Theatres (OTs), including one emergency OT, for management of C-section deliveries. Due to the hospital's referral policy, it receives complicated cases from other district hospitals so as to avoid congestion in medical college hospitals. The facility provides all the

drugs, consumables, diagnostics, diet and other entitlements as envisaged under JSSK free of cost to the obstetric patients. These measures have made it possible to conduct C-section deliveries around the clock.

> "Integrating the health infrastructure with sufficient support services, availability of fully functional blood bank and special newborn care unit (SNCU) helped clinicians in managing high risk delivery cases in the hospital."
>
> **—District Surgeon,**
> JLNM Hospital, Srinagar

Lack of awareness regarding the benefits of a normal delivery and fear of labour pains forced women in ***Karimnagar and Khammam District Hospitals***, Telangana to opt for C-section deliveries. The hospitals included one-to-one counselling of women by medical officers, obstetricians and ANMs, and regularly conducted meetings in presence of MD, NHM of the state. This has led to improved awareness and positive attitude in favour of normal deliveries.

Initially, ***District Hospital Machilipatnam*** in Krishna district of Andhra Pradesh, had limited space for inpatients which led to a decline in their turnover. Limited gynaecologists, staff nurses, supporting staff, operation theatres all led to issues in management of antenatal mothers. To address these issues, the hospital increased the bed availability by developing a newly built full-fledged MCH block with facilities like LDRs, HDUs, and well-equipped OTs. Number of specialists were increased by appointing new gynaecologists, anaesthetists, general duty medical officers in addition to support staff, and making them available round the clock under strengthening of MCH services. The Dakshatha training, specifically designed to improve care and survival of mothers, made the facility's service delivery efficient. All these actions decreased referrals and increased performance of the hospital.

Bijapur District Hospital in Karnataka appointed new specialists and created a separate MCH wing with support from the State and local administration, which was followed by NQAS certification. Good leadership, high staff motivation, regular training to identify early complications and sustainability of quality care services are some of the key factors which have helped in achieving minimal post-operative complications, less than 0.5% surgical site infection, low MMR and IMR.

District Hospital Aluva in Ernakulam district, Kerala also adopted a similar approach to increase the overall deliveries, while also ensuring an improvement in the gynaecology services provided by the department. The administration tackled two key issues — inadequate staff strength and scope for improvement in the infrastructure. Consequently, both normal and C-section deliveries saw an increase, coupled with reduction in maternal and infant deaths.

The staff in ***Nagapattinam District Hospital***, Tamil Nadu worked in co-ordination with field-level staff and mentored them for identification of high-risk cases at the earliest, follow-up, and referral at appropriate time. A constant communication link was maintained with the sub-district hospitals and higher referral centers for proper guidance and timely referral. The

doctors on duty were put on alert and were informed at the earliest of the likely patients who may turn up for delivery. There was regular training and mentoring sessions, and a separate team of nurses was created for postnatal care and post-operative care. Shortage in manpower was addressed by putting in place schemes to hire private specialists such as obstetricians and gynaecologists.

Recommendations to district hospitals

- The proportion of caesarean sections at the population level is a measure of the level of access to and use of this intervention. It can serve as a guideline for policy-makers and governments in assessing progress in maternal and infant health and in monitoring emergency obstetric care and resource use.
- The C-section rate is a result of varied contextual factors, which should be analysed so that tailored interventions can be implemented to stabilize the rate at large.
- Leveraging the ANM–ASHA–Anganwadi Worker (AAA) network, institutional deliveries over home deliveries should be encouraged and ensured. At the same time, the primary health centres (PHCs) and community health centres (CHCs) should be strengthened to cater to these deliveries and only emergency cases should be referred to district hospitals for C-section. Further, the National Ambulance Service must cater to emergency reference cases.
- Overall, efforts must be made to reduce maternal and infant deaths. At the same time, hospitals must adhere to the norms of complications that allow for a C-section rather than a vaginal delivery.

Kulithalai Government Hospital, Karur, Tamil Nadu

3.8 SURGICAL PRODUCTIVITY INDEX

3.8.1 Definition of the KPI

This is an Output indicator. For the purpose of this assessment, this KPI is calculated by dividing the total number of major surgeries performed in a year (excluding the surgeries related to Obstetrics, Gynaecology and Ophthalmology) with the number of surgeons in the hospital. This data element would be calculated by subtracting the surgeries related to Obstetrics, Gynaecology and Ophthalmology from the total number of major surgeries performed at the District Hospital.

This KPI is largely under the control of the district hospital.

$$\text{Surgical productivity index} = \frac{\text{Total number of major surgeries in a year } \left(\text{excluding obstetrics/gynaecology and ophthalmology surgeries}\right)}{\text{Total number of surgeons } \left(\text{excluding obstetric/gynaecological surgeon; ophthalmologist; dental surgeons}\right)}$$

3.8.2 Significance of the KPI in evaluating a district hospital

Many different surgical societies define a minimum number of surgical procedures to acquire and maintain surgical competence, though this varies from country to country. The Operations Rooms (ORs) in the surgical centres are critical units in a hospital management.[32] They are directly related to the larger function of a hospital production system, which is the intervention to restore the patient's health. They represent a large part of the hospital income and costs. Also, ORs have a complex environment where the tolerance for mistakes is extremely low and they can have a limited capacity to the number of available ORs, materials, human resources, and equipment.[33] In this context, it is essential to develop tools that show how to improve and analyze the OR's efficiency.

3.8.3 District hospital performance and associated insights

A total of 177 district hospitals from 27 States/UTs fell in the upper quartile for Surgical Productivity Index, which included hospitals performing more than 205 surgeries per surgeon per year. The top share of hospitals is occupied by the States/UTs of Uttar Pradesh (21.9%), followed by Rajasthan (6.7%), and Delhi (6.2%) (see Figure 3.8.1).

32 Souza, T.A., Roehe Vaccaro, G.L. and Lima, R.M. Operating Room effectiveness: a lean health-care performance indicator. International Journal of Lean Six Sigma, Vol. ahead-of-print No. ahead-of-print. https://doi.org/10.1108/IJLSS-12-2017-0141. (2020).

33 Cima, R.R., Brown, M.J., Hebl, J.R., Moore, R., Rogers, J.C., Kollengode, A. and Team, S.P.I. Use of lean and six sigma methodology to improve Operating Room efficiency in a high-volume zertiary-care academic medical center", Journal of the American College of Surgeons, Vol. 213 No. 1, pp. 83-92. (2011).

Demeulemeester, E., Beliën, J., Cardoen, B. and Samudra, M. Operating Room planning and scheduling", in Denton, B.T. (Ed.), Handbook of Healthcare Operations Management, Springer, New York, NY, pp. 121-152. (2013).

Rothstein DH, Raval M V. Operating Room efficiency. Seminars Pediatric Surgery. Vol. 27(2):79–85, (2018).

Figure 3.8.2 gives a State/UT-wise distribution of the average number of surgeries per surgeon in a district hospital, while the same distribution by hospital size may be found in Annexure 5. On an average, 194 surgeries per surgeon are performed in a year in a district hospital in India. In small hospitals having up to 200 beds this average stands at 140, mid-sized hospitals (201-300 beds) have an average of 262, while in large hospitals (with more than 300 beds) a surgeon performs an average of 300 surgeries in a year.

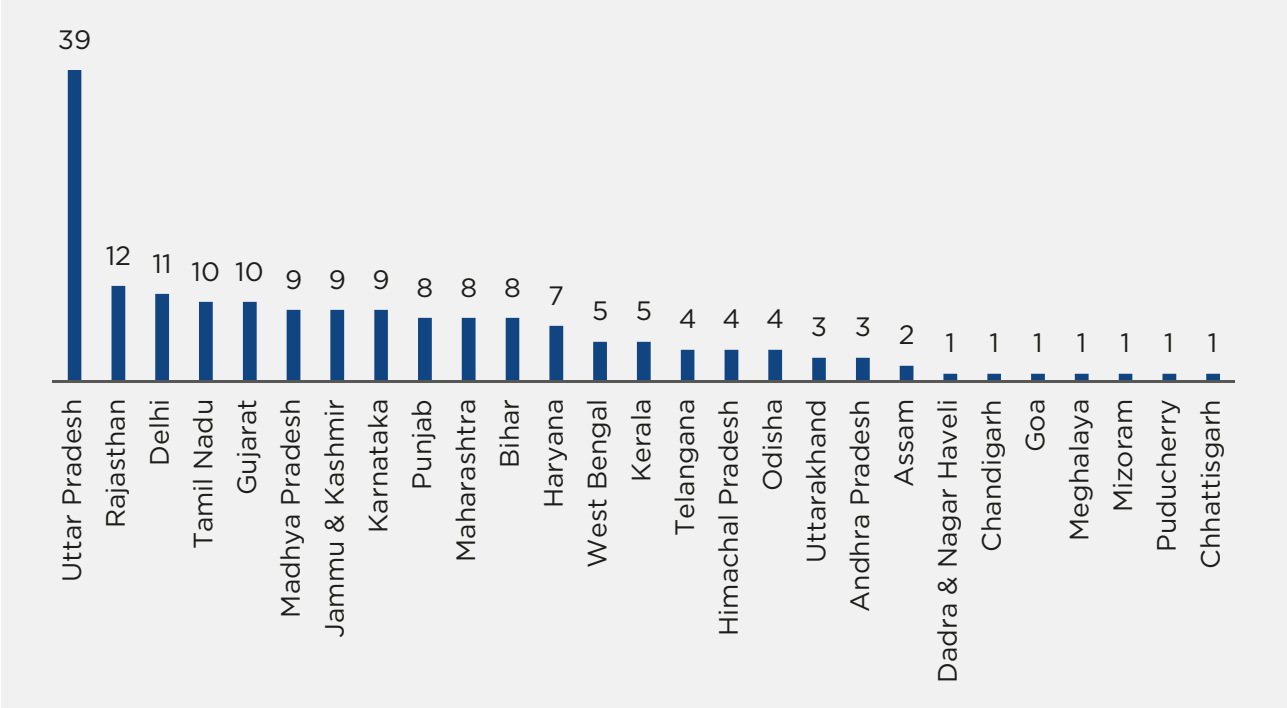


Figure 3.8.1: State/UT-wise distribution of number of district hospitals (n=177) in the upper quartile for surgical productivity index

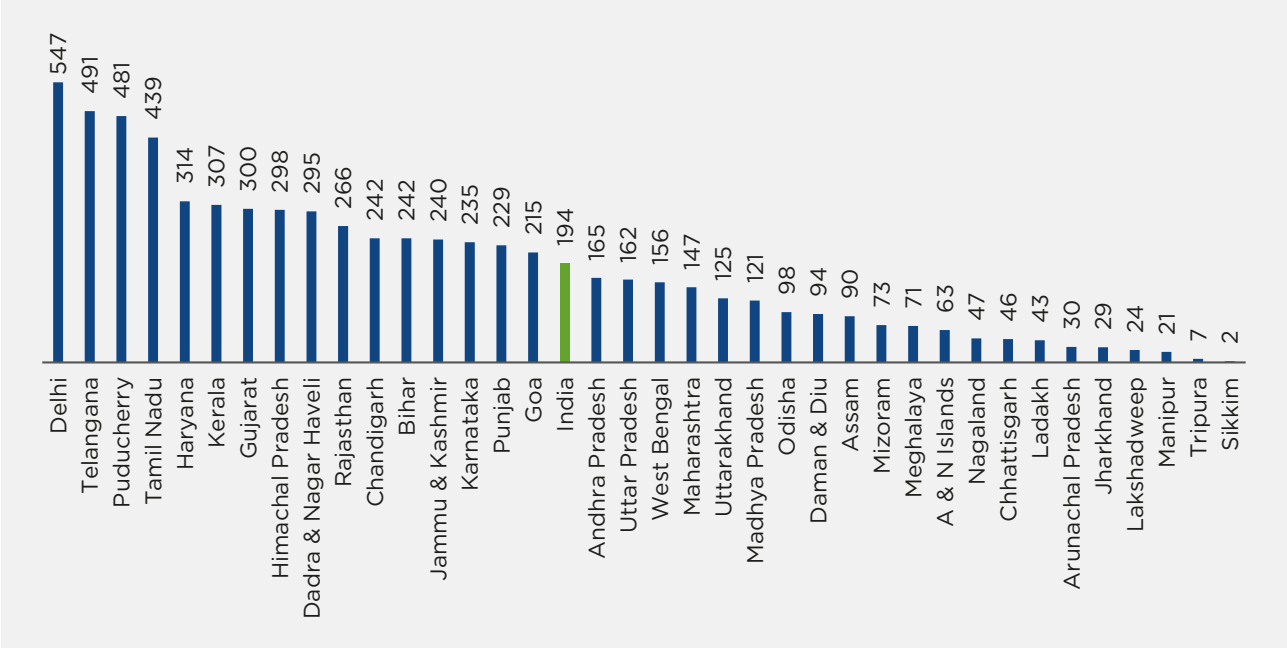


Figure 3.8.2: Average number of surgeries per surgeon performed in a year in a district hospital by State/UT

Table 13 lists the top performing district hospitals in the country by hospital size for the KPI surgical productivity index. The top performing district hospital in each State/UT for this KPI is listed in Annexure 4.

Table 13: Top performing district hospitals in the country for the KPI "surgical productivity index"

Small hospital	Mid-sized hospital	Large hospital
Hedgewar Hospital, Shahdara, Delhi *(1823 surgeries per surgeon in a year)*	Sanjay Gandhi Memorial Hospital Mangolpuri, North West, Delhi *(4523 surgeries per surgeon in a year)*	Chickmagalur District Hospital FRU, Chikmagalur, Karnataka *(2236 surgeries per surgeon in a year)*
Tej Bahadur Sapru Hospital, Prayagraj, Uttar Pradesh *(1686 surgeries per surgeon in a year)*	Sadar Hospital Saharsa, Saharsa, Bihar *(3587 surgeries per surgeon in a year)*	
	Mandi Zonal Hospital, Mandi, Himachal Pradesh *(1424 surgeries per surgeon in a year)*	

National average: 194 surgeries per surgeon in a year
Range: 0–4523

BEST PRACTICES OF WELL PERFORMING DISTRICT HOSPITALS

Chikmagalur District Hospital FRU, Chikmagalur, Karnataka allows all surgeons to perform surgeries on all days, including out of OPD / duty hours. To document all surgeries, an e-hospital portal was implemented and all procedures that were performed were registered. More recently, the Ayushman Bharat – Arogya Karnataka (ABArK) scheme has been influential in contributing to the number of surgeries done - doctors are encouraged to operate 24x7 with paid incentives (including ABArK).

Sadar Hospital Saharsa in Bihar conducted detailed gap assessments of their infrastructure and services, renovated the OT by adhering to the NQAS checklist and incorporating feedback from the surgeons, and ensured regular capacity building of the dedicated staff.

> The hospital is an old building and the OT had very poor infrastructure and lacked a functional quality team. After conducting gap assessments, the OT was renovated and a quality circle team was formulated — they were oriented with quality tools like clinical discussion, PDCA cycles, review meetings with paramedical staff, support staff and surgeons. The Deputy Superintendent and Hospital Manager conduct regular and random inspections for quality checks.
>
> **—Sadar Hospital Saharsa**
> Civil Surgeon, Saharsa, Bihar

Pre-intervention, there was no mechanism for scheduling surgeries in the OT at Saharsa hospital, resulting in overcrowding of patients, unavailability of surgeons, and conflicts between the hospital staff and the patients' representatives. A management team and supporting administrative staff were roped in for OT scheduling in coordination with surgeons. Surgeon-wise days were fixed for operative procedures and waiting time was reduced by mapping end-to-end processes from registering of a patient till transfer of a patient to the ward. Patients have been providing positive feedback on the *Mera Aspataal* portal, a MoH&FW, GoI initiative to capture patient feedback for the services received at the hospital.

Shri Tez Bahadur Sapru Hospital in Prayagraj, Uttar Pradesh, established in 1909, is a combination of modern and ancient architecture. It caters to the medical demand from nearby districts as a multispecialty referral centre. It provides a wide range of curative health care services ensuring quality and cost-effectiveness. The optimal performance of one indicator depends on the optimal performance of other related indicators. To complement a high rate of surgeries per surgeon, the hospital also has a high bed occupancy rate and more than 2500 OPD patients every day. Facilities such as diagnostic testing services, e-hospital, ambulance service, public announcement system, etc. are well maintained. Along with declaration of the best employee of the week in the hospital, vocational training of personnel is conducted regularly through technical training sessions and workshops, and an employment satisfaction index is maintained.

Sanjay Gandhi Memorial Hospital in Mangolpuri, North West Delhi caters to a population of 25 lakh and has a huge inflow of patients. Initially, junior specialists would resign in short time periods, making it difficult to run OTs in full capacity. Moreover, appointments for surgeries were given with a waiting period of more than one month. To address this, the hospital ensured regular recruitment of doctors, senior residents, and junior residents. More recently, DNB graduates are being given separate training after gaining approval of the national board. Their intake proved helpful in running the OPD, preparing the OT for surgeries, taking follow-ups, etc., thereby strengthening the surgical teams. Further, OT days for each department were increased. Case discussions are done regularly so as to avoid repetition of any lapse.

> The result is owing to team work of the surgical team comprising of six non-teaching specialists with approximately 25 SRs from respective departments, along with three anaesthetists. For them to run the show serving the underprivileged from Delhi as well as other states and regions is commendable.
>
> —**Quality Nodal Officer,**
> Sanjay Gandhi Memorial Hospital, North West Delhi

Hedgewar Hospital, Shahdara, Delhi focuses on optimal usage of OTs by engaging in communication with the patients and pre-planning surgeries and following a transparent procedure in booking an OT for surgery. Patient data was computerized and mobile number of the patient's point of contact was recorded for direct coordination. Improved coordination between the internal departments and timely procurement of surgical material were key in enabling a high number of surgeries.

Mandi Zonal Hospital, Himachal Pradesh has two functional OTs for round the clock services with all diagnostic and lab investigations, which helped in scheduling operations at any hour of the day. Maintenance of surgical instruments, training the support staff in using them, and keeping the OT open 24×7 contributed to the increasing number of surgeries.

Recommendations for district hospitals

- Providing logistic support including operation theatre facilities, manned by trained nursing staff and paramedical support staff, and necessary surgical items helps specialists to provide round the clock services.
- Access to specialists from nearby medical colleges/ on contract specialists leads to providing necessary services from different specialties at the DH. This leads to improved access by rural populations and decreases regional disparities in access to specialist services.

Ernakulam Government Hospital, Ernakulam, Kerala

3.9 OPD PER DOCTOR

3.9.1 Definition of the KPI

This indicator is classified under Output. It is a proxy indicator for accessibility and utilization of health services that may reflect the quality of services. It is calculated by dividing the total number of OPD patients in a year with the number of OPD days and the total number of positioned doctors. The district hospital largely exercises control over this KPI.

$$\text{OPD per doctor} = \frac{\text{Total number of OPD patients in a year (Allopathic + AYUSH)}}{\text{Number of positioned doctors} \times \text{OPD days in that year}}$$

3.9.2 Significance of the KPI in evaluating a district hospital

According to WHO, there is one doctor for every 1,445 Indians as per the country's current population estimate of 135 crore, which is lower than the WHO's prescribed norm of one doctor for 1,000 people.[34] In a tertiary care facility such as Post-Graduate Institute of Medical Education & Research, Chandigarh about 500 new patients are registered daily in the OPD, and ideally each new patient requires about 15 to 30 minutes.[35] Super specialty clinics in government hospitals are over worked and under staffed with heavy patient load. There should be adequate number of doctors to attend to expected patient load so that doctors can give adequate time and quality treatment to patients, which is the basic right of every patient.[36] By measuring the OPD patients per doctor for district hospitals, inter-district comparisons can be made accounting for factors such as population, accessibility of the district hospital, etc. This will give insights on resource allocation and will enable more informed decision-making.

3.9.3 District hospital performance and associated insights

To characterize the number of OPD patients attended in a district hospital per doctor in a day, the data was divided into quartiles. Figure 3.9.1 depicts the percentage distribution of a total of 177 out of 707 hospitals falling in the upper quartile (75th percentile) that included hospitals with more than or equal to 34 OPD patients per doctor in a day. Uttar Pradesh (49.2%) had the highest proportion of hospitals with ≥34 OPD patients per doctor, followed by Tamil Nadu (12.4%), Bihar (7.3%), Karnataka (4.5%), and Delhi (3.4%).

34 Economic Times. (2019). Doctor-patient ratio in India less than WHO-prescribed norm of 1:1000: Govt (available at: https://health.economictimes.indiatimes.com/news/industry/doctor-patient-ratio-in-india-less-than-who-prescribed-norm-of-11000-govt/72135237)

35 The Indian Express. (2015). PGI faculty writes to director, seek fixing of doctor-patient ratio (available at: https://indianexpress.com/article/cities/chandigarh/pgi-faculty-writes-to-director-seek-fixing-of-doctor-patient-ratio/)

36 Pandey, A., Singh, A., Singh, S., & Kumar, A. (2019). Patient-doctor ratio across nine super speciality clinics in government hospital: a cross sectional study. International Journal of Community Medicine and Public Health 6(10). doi: 10.18203/2394-6040.ijcmph20194505

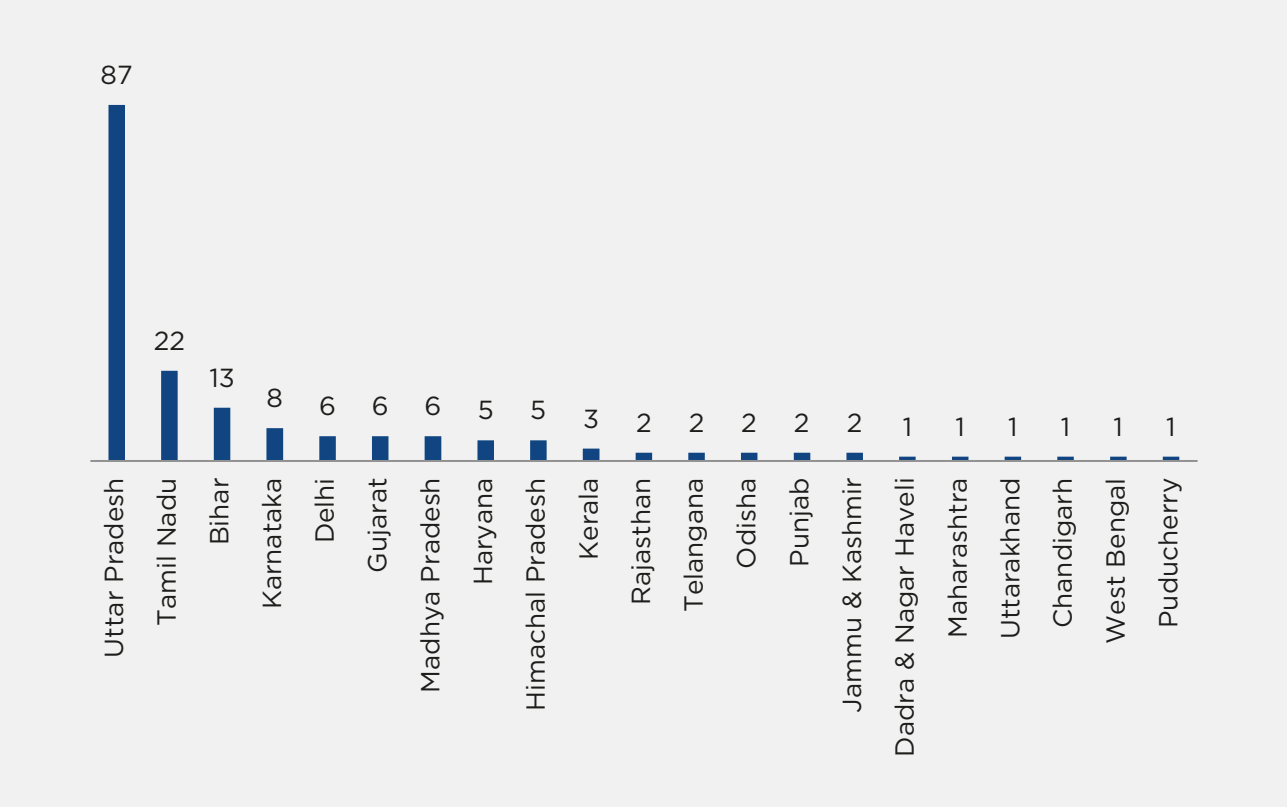


Figure 3.9.1: State/UT-wise distribution of number of district hospitals (n=177) having doctors attending to 34 or more OPD patients per day

Figure 3.9.2 gives a State/UT-wise distribution of the average number of OPD patients per doctor in a district hospital, while the same distribution by hospital size can be seen in Annexure 5. On an average, 27 OPD patients are attended to by one doctor in a day in a district hospital in India. In small hospitals having up to 200 beds this average stands at 28, mid-sized hospitals (201-300 beds) have an average of 27, while in large hospitals (with more than 300 beds) a doctor attends to an average of 26 OPD patients in a day.

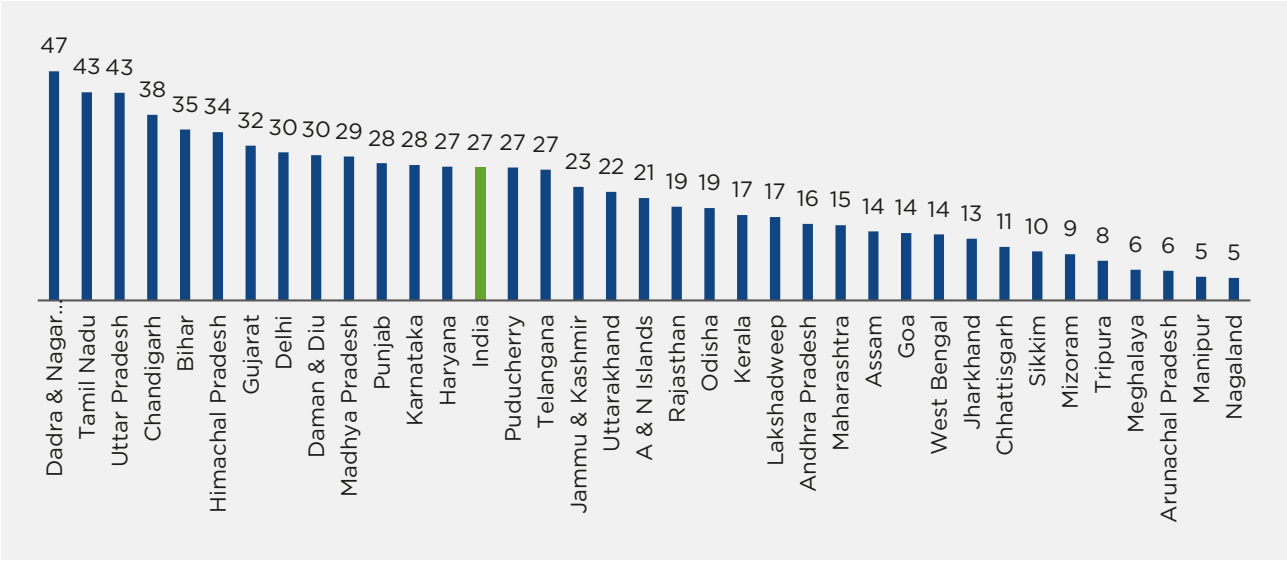


Figure 3.9.2: Average number of OPD patients per doctor in a day in a district hospital by State/UT

Table 14 lists the top performing district hospitals in the country by hospital size for the KPI OPD per doctor. The top performing district hospital in each State/UT for this KPI is listed in Annexure 4.

Table 14: Top performing district hospitals in the country for the KPI "OPD per doctor"

Small hospital	Mid-sized hospital	Large hospital
District Women Hospital, Mau, Uttar Pradesh *(206 OPD patients per doctor)*	Walajapet, Vellore, Tamil Nadu *(130 OPD patients per doctor)*	DH Bhind, Bhind, Madhya Pradesh *(312 OPD patients per doctor)*
DH Botad, Botad, Gujarat *(134 OPD patients per doctor)*	Malkhan Singh District Hospital, Aligarh, Uttar Pradesh *(104 OPD patients per doctor)*	Balrampur Hospital, Lucknow, Uttar Pradesh *(193 OPD patients per doctor)*
RNM District Joint Hospital, Firozabad, Uttar Pradesh *(123 OPD patients per doctor)*	Periakulam, Theni, Tamil Nadu *(103 OPD patients per doctor)*	

National average: 27 OPD patients per doctor in a day
Range: 0.05–312

BEST PRACTICES OF WELL PERFORMING DISTRICT HOSPITALS

One large, one mid-sized, and two small hospitals in Uttar Pradesh have a high score of OPD per doctor compared to the rest of the district hospitals in the country.

Balarampur Hospital in Lucknow district is Uttar Pradesh's largest and most renowned hospital. Owing to variety of specialties and super-specialties available here, many complex cases are referred here from different districts of the state. The hospital provides OPD services and indoor medical services round the clock on all days, except Sundays and National Holidays. The hospital has a well-equipped OT wherein General Surgery, Urosurgery, Neurosurgery, Orthosurgery, ENT and Ophthalmic surgeries are performed. In addition, it also operates an emergency OT. Given the access to services, the hospital witnesses more than 2500 patients for treatment every day in the OPD translating into a high OPD per doctor score.

Malkhan Singh District Hospital, a mid-sized hospital in ***Aligarh***, witnesses a high footfall of around 1500 new and 1200 old patients daily for treatment. The bed occupancy rate for hospitalization generally remains 100% and on an average 10 to 15 major surgeries are performed every day in the hospital.

Rajnarayan Maheshwari Government Hospital is a 100-bedded hospital situated in the ***Firozabad*** district of Uttar Pradesh. The facility provides services to the rural population and witnesses more than 1800 OPD patients every day. More recently, the hospital has also been witnessing upward growth fueled by funding from Ayushman Bharat Yojana in the last few years.

The ***District Female Hospital in Mau*** district is a 100-bedded facility for women, which attends to more than 300 OPD patients on a daily basis. On average, 1–2 major surgeries (C-section) and 3–5 minor surgeries are performed every day. The hospital has 24*7 availability of pathology services.

In ***Botad District Hospital***, Gujarat, one of the driving forces enabling doctors to attend to a high number of OPD patients was efficient implementation of the Government of Gujarat's CM-SETU Yojana (Chief Minister Services of Experts at Treatment Unit). There were only two specialists in 2016–17. Thus, specialist medical services were limited. Also, posts of Medical Officers were vacant. Through the CM-SETU Yojana, private gynaecologists, surgeons, physicians, orthopaedicians, ENT surgeons, ophthalmologists were recruited to visit the hospital on fixed days and for a defined duration. Thus, multi-specialty OPDs were started and this led to an increase in OPD patients at the centre. To sustain the improved footfall, a full-time gynaecologist and surgeon were also appointed, and posts of nursing staff and other support staff were also filled.

> "Availability of human resources helped improve service availability and utilization. Further, to capitalize on this, the district hospital organized various camps such as for NCD awareness, disability certification, ENT check-ups, etc. This was compounded with extensive IEC in local mass media and print media to make people aware of the available services and increase their utilization."
>
> **—State Health Systems Resource Centre, Gujarat**

> "Periyakulam GHQH in Theni district has a high number of OPD patients per doctor owing to many factors – while the patient footfall is generally high in the OPD, there is a separate OPD wing in the hospital with online registration facility. Additionally, there are separate registration counters for men, women, and children, separate consulting and injection rooms, 24×7 laboratory, 24×7 pharmacy, a separate dispensary for NCDs, facility for ECG, USG scan, digital X-ray, among others. Due to the availability and maintenance of facilities, waiting time is limited and doctors are able to attend to more patients."
>
> **—Joint Director, Medical and Rural Health Services,** Theni, Tamil Nadu

DH Bhind, a 300-bedded hospital in Madhya Pradesh, has enhanced the hospital infrastructure to improve patient services. By developing digital sign boards, conducting behaviour training of the doctors, and strengthening the implementation and monitoring of the Mera Aspataal portal,

patient satisfaction saw gradual improvement. Facilitating government schemes for the patients also helped reduced their out-of-pocket expenditure. Overall, footfall of patients continued to grow, while doctors were trained in effective management of patients.

Walajapet DH in Vellore, Tamil Nadu undertook regular exercises to map the gaps and the critical processes that are carried out, analysed waiting time, and prepared an improved process mapping. These activities also helped meet LaQshya and other NQAS requirements. The staff is punctual, cordial, and respectful towards patients, all of which contribute to being able to treat as many patients as possible.

Recommendations to district hospitals

- Hospitals should encourage care seeking among the community through extension services, as also make seeking care a hassle-free and productive experience. Tele-medicine services can help increase OPD footfalls, with convenience to patients.
- Work flow in OPDs, and functioning of departments needs to be so organized so as to limit waiting time, increase speed of reporting of test results, and high quality consultations, as well as outdoor procedures wherever feasible.
- For maximal utilization of the infrastructure of public hospitals, provision should be made for both morning and evening OPDs. The necessary staff, equipment, and space should be provisioned for running such clinics and diagnostic set-up. Evening OPDs shall have the added advantage of obviating "opportunity costs" for the poor who have to miss their daily wage to attend to the hospital in the morning.[37]

Kulithalai Government Hospital, Karur, Tamil Nadu

37 Bajpai, V. (2014). The challenges confronting public hospitals in India, their origins, and possible solutions. Advances in Public Health, Article ID 898502. doi: 10.1155/2014/898502

3.10 BLOOD BANK REPLACEMENT RATE

3.10.1 Definition of the KPI

This KPI is categorized under Output. It falls under the control of the district hospital.

It is calculated by dividing the total number of blood units issued on replacement in the year by the total number of blood units issued in that year and then multiplied by 100.

In this indicator, blood units issued in a year includes voluntary donation replacement. Number of blood units issued on replacement donation means that a patient's attendant is being asked to give blood units, for getting blood from the blood bank. Replacement needs to be phased out as the replacement donor has a chance of higher sero-positivity (giving a positive result in a test of blood serum, e.g. for the presence of a virus.)

This indicator has negative valence, implying that lower the score, better the performance.

$$\text{Blood bank replacement rate} = \frac{\text{Total number of blood units issued on replacement in the year}}{\text{Total number of blood units issued in year}} \times 100$$

3.10.2 Significance of the KPI in evaluating a district hospital

An important aspect of patient care is the provision of safe and quality blood collection from voluntary donors at an affordable cost to the general public and free of cost to the poor. Hence, this indicator measures the ability of the hospital to provide as well as manage the supply of blood from low-risk donors.

It helps in identifying how much voluntary replacements are made and how many are paid. In an ideal situation the blood bank should be replenished with voluntary donations rather than asking the patient's caretakers to replace the blood units being issued to the patient. The idea behind measuring this indicator is to encourage voluntary donations and maintain a replenished blood bank. The spirit is not to refuse blood units by the patients' caretakers when issued, but also not insist upon replacing the blood units issued.

3.10.3 District hospital performance and associated insights

This segment presents data on a total of 554 out of 707 district hospitals; as the remaining hospitals were unable to produce accurate records for this indicator, which were therefore excluded from the analysis. On an average, 35% blood units are issued on replacement in a year in a district hospital. Among the small hospitals, the national average stands at 39.49%. In mid-sized hospitals, this figure is 33.89%. In large hospitals, 25.57% blood units are issued on replacement. The State/UT-wise average percentage of the blood bank replacement rate is presented in Figure 3.10.1. The States/UTs are arranged in ascending order, with a lower score indicating better performance.

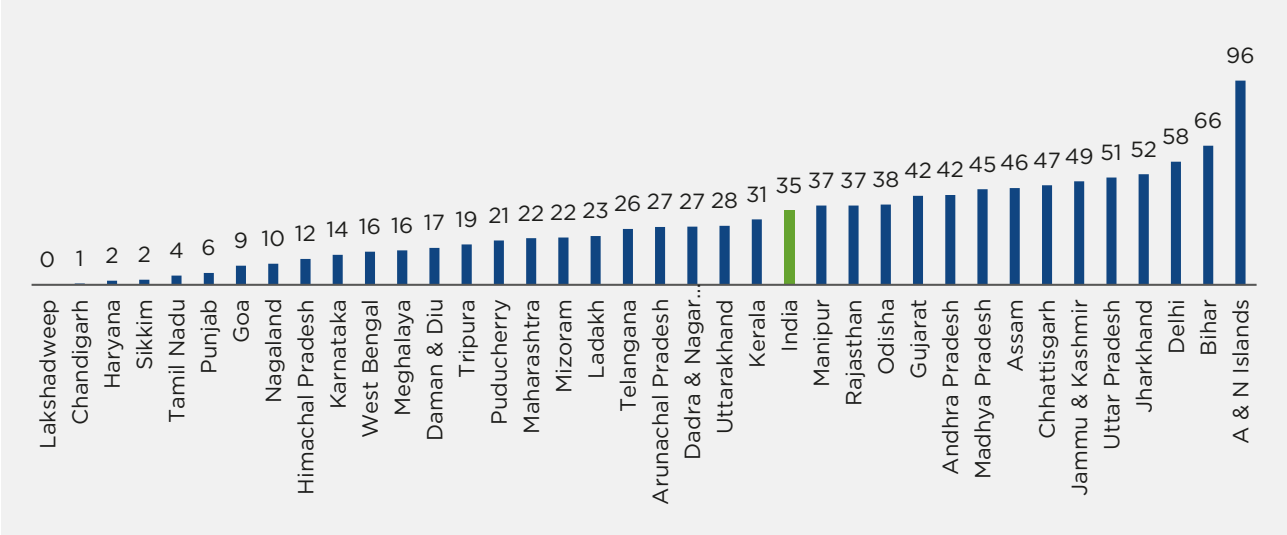


Figure 3.10: Average number of blood units issued on replacement in a year in a district hospital by State/UT

Table 15 lists the district hospitals in the country that have the least number of blood units issued on replacement against the total number of blood units issued in the year.[38] The district hospital having the least blood bank replacement rate in each State/UT is listed in Annexure 4.

Table 15: Top performing district hospitals in the country that have a blood bank replacement rate of 0%

Small hospital	Mid-sized hospital	Large hospital
Usilampatti, Madurai, Tamil Nadu	Civil Hospital, Panchkula, Haryana	GH Ernakulam, Ernakulam, Kerala
Civil Hospital, Hisar, Haryana	Alibag, Raigarh, Maharashtra	Belgaum District Hospital, Belgaum, Karnataka
Padhmanabapuram, Kanniyakumari, Tamil Nadu	Mettur Dam, Salem, Tamil Nadu	VIMS Bellary Medical College, Bellary, Karnataka

National average: 26.94% blood units issued on replacement
Range: 0–100%

BEST PRACTICES OF WELL PERFORMING DISTRICT HOSPITALS

Civil Hospital Hisar, Haryana have collaborated with various NGOs/blood donation camp organizers, out of which some are very active. The hospital tries to never miss any opportunity to organize voluntary blood donation camps whenever offered by any organization. Every Sunday has been mandatorily fixed to conduct blood donation camps on field. Days of national importance are also celebrated by organizing blood donation drives.

Civil Hospital Panchkula, Haryana provides 24x7 Blood Bank services to the indoor patients, private hospitals, and nursing homes in the region. It encourages 100 per cent voluntary donation by arranging camps regularly — about 55–60 camps annually. Blood is issued without any

38 Similar to the method adopted for other indicators, if two or more hospitals had the same raw score, the hospital with a higher composite score (average of the scaled values of all 10 KPIs) was regarded as the better performing district hospital.

replacement to those in need. A directory of Voluntary Blood Donors is also maintained and in case of emergency or during times of low availability, donors are contacted directly. There is also availability of transfusion services round the clock. The hospital maintains an association with the Sarpanchs of villages of Panchkula and they conduct camps and outreach activities in their village after every 3–4 months for Blood Donation camps. In addition to organizing regular blood donation activities throughout the year, the hospital has been educating potential blood donors and camp organizers regarding the technical aspects of these activities, specifically about the limited shelf life of blood units. These measures help the hospital in ensuring an average amount of blood stock throughout the year thereby meeting maximum number of requests.

> It is very difficult to counsel the donors on a regular basis. One of our measures is to motivate the donors to become regular donors for lifetime by highlighting the importance of donation and recruitment of the donor. We also conducted awareness through social media webinars lecture/PPT presentation in the local language. This created a positive impact from the donors which enhanced their performance.
>
> **—Transfusion medicine specialist,**
> Belgaum District Hospital, Karnataka

One of the main interventions through which ***VIMS Bellary Medical College***, Bellary dist., Karnataka ensured a low blood bank replacement rate was spreading awareness amongst the youth. VIMS blood bank works closely with various educational institutes on spreading awareness of voluntary blood donations and the numerous advantages it has. Many competitions were held in colleges with the help of the District AIDS Prevention and Control Unit where voluntary blood donations was the main topic. VIMS also worked with PHCs, wherein ASHA workers played a huge role in motivating people to donate blood.

> With increased number of blood storage centres in the district we were able to conduct more number of voluntary blood donation camps in the villages, where the number of donors went up from initial 1-2 to 50 donors per camp.
>
> **—Blood bank officer, VIMS Hospital, Bellary**

Pre-intervention, there was lack of knowledge about importance of blood and blood donation in saving lives, coupled with lack of motivation for voluntary blood donation amongst people. Limited or no coordination and cooperation between governmental and non-governmental organisations also is a contributing factor in suboptimal blood donation.

> With concerted efforts professional and replacement donors are completely eliminated, and there has been an increase in the number of voluntary donors as well as blood availability, thereby ensuring increased supply to blood storage centres.
>
> **—Director, VIMS Medical College, Bellary**

GH Ernakulam, Kerala regularly coordinate with several NGOs that organize voluntary blood donation camps. Similarly, ***Usilampatti District Hospital*** in Madurai, Tamil Nadu has been involved in sensitising the Block Medical Officers as well as local NGOs regarding the importance of voluntary blood donation camps. Urgent and rare group blood requirements were met through the maintenance of a voluntary blood donor registry, in addition to circulation of requests on WhatsApp groups. Pre-intervention, the hospital used to replace blood units issued with blood donated by the patients' relatives. However, post-intervention, the blood bank is mostly in stock, and if not, a list of backup donors is readily available. ***Government District Headquarters Hospital Metturdam*** in Salem, Tamil Nadu, provides 24×7 blood transfusion services and supplies blood units to the nearby government hospital for elective surgeries and its storage centre. In addition to the measures adopted in Usilampatti DH, IEC material is used creatively to educate college students on the importance of donation and its various aspects, which also helps in the increased outreach of information. The blood bank at ***Padmanabapuram District Government Headquarters Hospital***, Kanyakumari district, Tamil Nadu is well-equipped with quality infrastructure and adequate manpower. Any newly posted staff is trained on blank bank related operations prior to being assigned related tasks. This ensures no operational hiccups. On average, 2–5 blood donations camps are organized in a month.

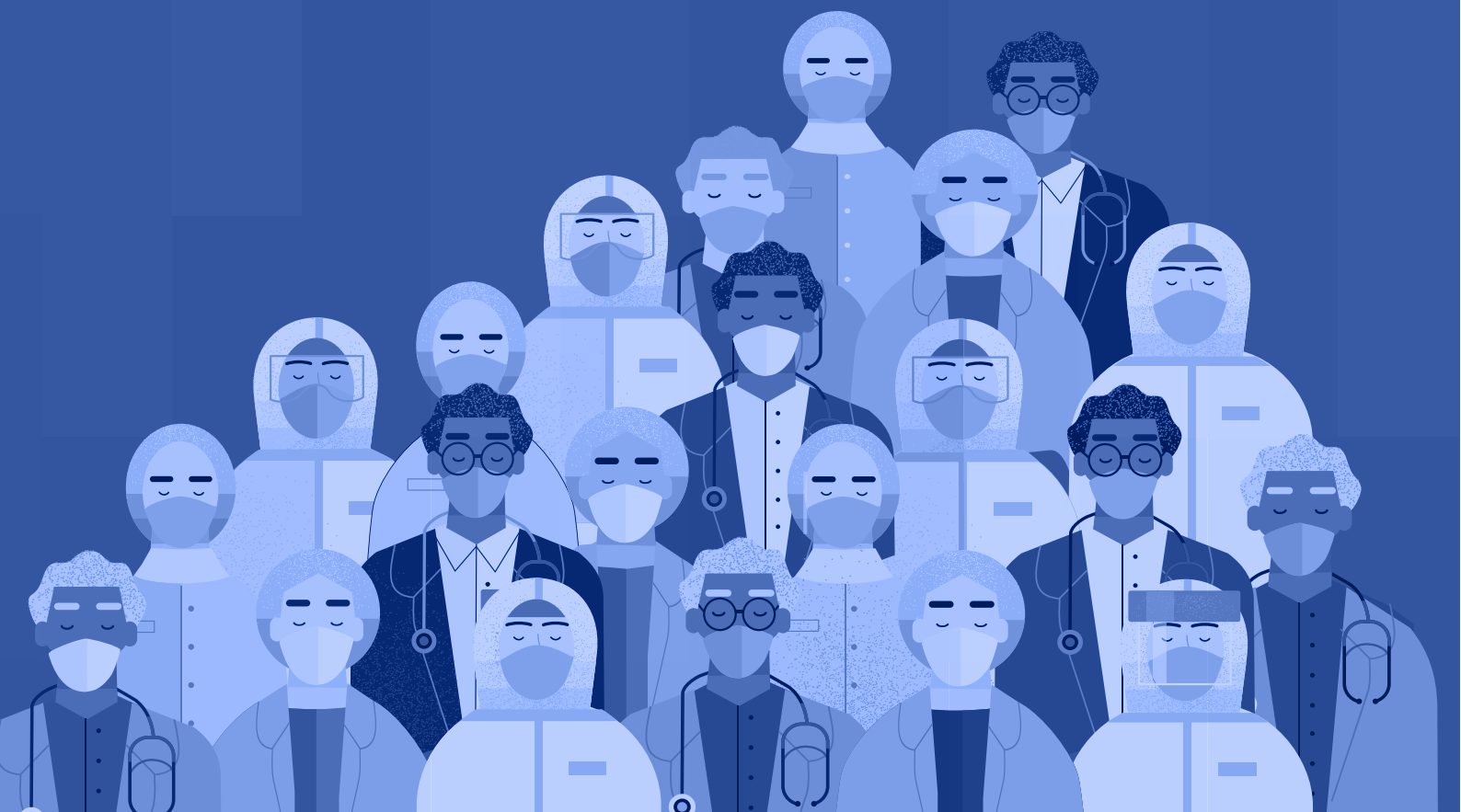
In ***Alibag District Hospital***, Raigad district, Maharashtra, blood donation camps are planned one to two months in advance such that the average blood stock can be maintained throughout the year to meet every request of blood requirement.

Recommendations for district hospitals

- Hospitals may have a lifetime donor programme by motivating donors to become regular donors for lifetime, and maintain a directory of blood donors who may be reached out at the time of emergencies.
- Blood donation camps may be organized regularly and follow a fixed schedule to enable donors to plan and schedule their blood donations.
- Social media-education to encourage blood donation would increase the outreach of the message to potential donors.
- Adequate facilities for storage along with provision for blood component separation are necessary for a blood bank to function efficiently. Ensuring availability of transfusion services round the clock will also help the hospital to maintain a low blood bank replacement rate.

4

Challenges and Limitations



This chapter highlights the main limitations and challenges faced during the exercise, including those during on ground data collection and validation, issues related to KPIs and HMIS data components, and limitations in the scoring process.

4.1 ISSUES AND CHALLENGES DURING THE DATA COLLECTION AND VALIDATION EXERCISE

NABH undertook the onsite assessment and validation of HMIS data for the KPIs for 731 district hospitals across the country. This involved conducting assessments across different districts simultaneously on a pan India level, including hospitals in remote and difficult areas of the country. Some challenges that were faced during the planning and execution of the assessment and validation exercise are discussed below.

Difficult terrains and sensitive areas

- Few districts in the States/UTs of Jammu and Kashmir, Arunachal Pradesh, Himachal Pradesh, and Meghalaya were left out of the assessment owing to their extremely difficult terrain, while some district hospitals in Nagaland and Chhattisgarh were not assessed as they were located in sensitive parts of the states. Therefore, of the 731 district hospitals that were identified for the assessment, onsite data validation was completed for 707 (97%) district hospitals.

Occasional administrative issues

- The unpreparedness of some hospitals in keeping the records ready led to delay in assessments.
- Obtaining appropriate records was a challenge if the staff were untrained or newly posted.
- Absence of relevant staff of the said departments made the retrieval of documents/ registers difficult.
- In case of unavailability or lack of detailed records in hospitals for an indicator, the assessor had to rely on certified statements/ declarations provided by the Chief Medical Officer or an equivalent authority at the time of the visit.

4.2 CONCERNS WITH REGARD TO KPIs AND THEIR ASSOCIATED HMIS DATA COMPONENTS

Specific points of concern that had arisen with respect to the KPIs and their HMIS component are summarized below:

- Since the HMIS definitions are based on IPHS 2007, the data was collected based on IPHS 2007 guidelines, and not the updated IPHS 2012 guidelines. Therefore, this caused some discrepancy (e.g., inclusion of non-technical posts such as plumber in the paramedic staff in IPHS 2007).
- The questionnaire recorded annual scores for the numeric indicators, whereas in the HMIS the same data is captured monthly. The assessor was required to take an

aggregate score of 12 months for the reference period, which was cumbersome and susceptible to error.

- Components of the KPIs that were not captured in HMIS (e.g. total number of OPD days in a year) or that had scope for different interpretations were not reported uniformly across States/UTs.
- Health being a state subject, there is a vast variation in designations and nomenclature of the in service positions, due to which hospitals are unable to report all medical staff on the HMIS portal (e.g., 'Chief Nursing Officer' position is present in Delhi region but not mentioned in HMIS)

4.3 LIMITATIONS OF THE SCORING PROCESS

Despite the assessment providing a holistic picture of the quality of services offered by district hospitals, the scores should be looked at with caution. The identification of well performing district hospitals in this exercise is not only based on the services being provided but also dependent on a proper data recording and reporting system.[39]

It is important to note that the missing indicator values and mathematically incorrect values were assigned the worst possible indicator score (=0). This should be seen as a penalty on the particular hospital for their inability to provide relevant data.

The original endeavour of the exercise was to assess district hospitals on the basis of a composite, weighted score of 16 indicators (see Annexure 3). Due to significant limitations in the data, an overall weighted average was not computed as it would not provide a complete reflection of the service delivery of hospitals owing to significant missing data elements. Subsequent rounds of this exercise can attempt to include more variables and compute a composite score to rank the hospitals.

39 The data set used for the evaluation is for the period 2017-18 and not representative of the present-day scenario.

5

Learnings and Way Forward

A systematic assessment of district hospitals across the country can serve as a valuable resource of their performance, and guide hospital managers perform better. With such a system in place, the hospitals receiving a lower score on each individual parameters can learn from the top performing ones. When such an assessment is undertaken annually, it will foster a sense of healthy competition between district hospitals and provide them an opportunity to showcase progress against individual indicators, such as health information systems, stockouts, functional beds, among others.

5.1 KEY LEARNINGS AND OBSERVATIONS FROM THE DISTRICT HOSPITAL PERFORMANCE ASSESSMENT

District hospitals cater to a wide spectrum of the population, including people from neighbouring states and districts, depending on its ease of accessibility. The findings reveal that there is scope for improvement in the quality and quantity of resources available in most district hospitals; nevertheless, the services provided by district hospitals are indispensable for the masses.

It is encouraged that the best practices shared by top performing district hospitals be adopted suitably by all district hospitals with the aim to serve the public in a better equipped and more optimal manner.

Along with service delivery, maintenance of records and accurate data reporting are equally important to assess the performance of the hospitals and analyse their outputs and outcomes. District hospitals that had adopted digitized data reporting formats and had a dedicated staff to monitor data not only fared better in the performance assessment but also were able to utilize the data for internal decision-making and output improvement.

Data elements that were clearly defined or straightforward (such as the components under core health care services and diagnostic testing services) were uniformly reported across States/UTs, while the definition of elements such as the personnel in position (doctors, nurses, paramedical staff) saw variations across States/UTs. It was also found that the format of the physical records maintained by the hospitals did not always correspond their corresponding HMIS format, thereby requiring additional measures for data collection.

This exercise highlights the importance of accurate and quality data reporting and is expected to lead to an improvement in the quality of HMIS data. An institutional mechanism that helps build capacity and sustain these practices would be useful. It is anticipated that this could encourage policy makers and programme managers using HMIS data to undertake real-time programme evaluation, course correction, and evidence-based policy formulation.

Overall, States/UTs gave very positive feedback regarding the whole validation exercise and emphasised that it brought about awareness among district hospitals on HMIS and proper record keeping.

5.2 ACTION POINTS FOR STAKEHOLDERS CONCERNED

Based on the results of this exercise and the process, some learnings have emerged, which may be incorporated for an overall improvement in the health outcomes. Thereby, the following action points have been formulated:

5.2.1 Improving data reporting in HMIS

Data reporting standards in HMIS may be enhanced through a largely improved understanding of data definitions and an overall facility-level record maintenance.

Suggestions to the Ministry of Health and Family Welfare:

- **Strengthen HMIS system:** HMIS should be strengthened through various means, for example, clarification on the definitions (as it has been found that a number of hospitals were not clear with respect to the accepted definitions of various terms), periodic inspections (on the lines of this exercise) at the local level, and better data management of data quality at the hospital level.
- **Increase regular trainings on digitisation:** Frequent digital trainings/orientation of data entry operators/officials concerned with regular assessment and reviews, besides accountability for the quality of data entered on HMIS portal, should be undertaken.

Suggestions for States/UTs:

- **Increase resources to improve quality at district hospital:** Adequate resources may be provided to district hospitals towards digitization. This can be done by enabling provision of good data network, organizing frequent training sessions, and encouraging large-scale use of various platforms of Government of India like *Mera Aspataal*. National and regional level trainings, workshops etc. may be organized to acknowledge as well as disseminate hospitals' best practices.
- **Maintain uniformity and continuity in data entry:** Necessary regular posts should be created by the State/UT to maintain continuity and uniformity in data management work at the hospital.
- **Health system strengthening:** After the data validation activity undertaken for this exercise by NABH, there is now immense awareness regarding the HMIS portal, which can be used to strengthen the quality of collection and collation of data in the district hospitals.
- **Increase accountability:** It is suggested that the accountability of the officer's in-charge of the facility for quality of data reporting should be increased and their role clearly defined.

Suggestions for district hospitals:

- **Improve maintenance of records:** The district hospital should maintain records accurately and also as per the HMIS definitions. Documentation is also important for audit and inventory management.
- **Encourage maximum participation:** Awareness drives about the HMIS, Drugs and Vaccine Distribution Management System, *Mera Aspataal* as well as the importance of correct record keeping should be regularly undertaken.
- **Increase both in-person and digital trainings:** District hospital staff should be encouraged to attend trainings regularly and incorporate the learnings from the training in their practice and day to day work to ensure quality, completeness, and continuity to

guidelines in maintaining records. The teachings of the trainings should also be passed on to the new staff.

- **Encourage digitization:** Heads of the hospitals should ensure that all the staff are encouraged and adequately trained to enable digitization, so that use of Electronic Medical Records and Hospital Management Information Systems are scaled up.
- **Align raw data with HMIS elements:** District hospitals should focus on aligning the raw data that they maintain as per the definition of the HMIS data elements.

5.2.2 Improving the framework of the performance assessment exercise

Outcome-based measures of system functioning at the district level are needed to help programme managers plan and prioritize their resources at the state and district levels. The performance assessment of district hospitals presented in this report is the first step towards this endeavour. Going forward, similar exercises will be repeated taking into account the challenges and limitations faced during this initial stage with suitable measures to address them. It is endeavoured that in the subsequent rounds, more KPIs will be included so that a weighted average score of district hospitals is computed to generate a District Hospital Index, which would enable ranking of all the district hospitals. To this end, the following recommendations are proposed:

Leverage HMIS for monitoring of Sustainable Development Goals

India is committed to achieving SDGs by 2030. At present, monitoring of many health-related indicators that measure the progress of SDGs is dependent on demographic surveys such as the National Family Health Surveys that are conducted once every three to five years. This could mean that by 2030, the year when the SDG goals have to be achieved, the country would have only around two to three datasets to assess its progress. HMIS could serve as an important data source for monitoring SDGs annually. Maintaining and assessing data on an annual basis could support policy makers to respond with agility by planning interventions and revising policies at a relatively shorter frequency, when required.

Refining the existing KPIs and expanding indicators to include child and maternal health, communicable diseases, and NCDs

There is scope for refinement in the data variables of the KPIs of district hospitals such that they are brought in parity with the HMIS definitions to allow for clear and uniform data capturing.

As this district hospital assessment exercise evolves, indicators may be refined and data reporting processes expanded to reflect how the country is progressing on crucial aspects of health care. Since the onset of the COVID-19 pandemic, health care resources are constantly engaged in addressing the aftermath of the spread of the virus and its variants. The extent and quality of response to district hospitals to the pandemic can also be included in their performance assessment.

Further, optimum ranges for each KPI may be fixed in consultation with experts.

Assign appropriate weightage to outcome-based data

A large part of data acquisition in the public health care information system has traditionally focused on the quality and quantity of infrastructure and the processes which the hospitals have adopted. Many of the present variables included in the exercise, however, are proxy indicators that reflect the health of the hospitals indirectly. As the exercise evolves, more indicators, which directly represent the health outcomes and reflect the quality of services that are being delivered at the public health facilities could be included.

It is hoped that the information shared in this report will be used by the States/UTs and districts to improve their service delivery and thereby, improve performance on health outcomes. It will also foster healthy competition and motivate district hospitals and States/UTs to take corrective measures, where needed. On the whole, the findings of this first-ever facility-based comprehensive exercise for measuring performance will set the foundation for more informed policy formulation, strategy, and planning for better health outcomes.

While the performance of district hospitals presented in this report is for the financial year 2017–18, there was a setback in its timely release — this exercise being first of its kind saw a few hiccups in data collection, validation, and analysis. Further, the onset of the COVID-19 pandemic hammered the task of data analysis, validation, and report-writing. Given the novelty of this exercise, its importance in assessing and improving performance of an important element in our health care system, this delay may be overlooked. Future reports may assess the performance against the 2017–18 baseline data. The report is relevant, as it gives the first-ever insight into the district hospitals' performance and will help program managers in effective decision-making. It is hoped that subsequent rounds of the assessment will be enhanced to incorporate additional indicators as well as improve the methodological framework, such that the performance of district hospitals is reflected in a holistic manner.

Govt Head Quarters Hospital, Mettur Dam, Salem, Tamil Nadu

Kulithalai Govenment Hospital, Karur, Tamil Nadu

ANNEXURES

ANNEXURE 1

HEALTH MANAGEMENT INFORMATION SYSTEM

HEALTH MANAGEMENT INFORMATION SYSTEM

A government to government (G2G) web-based monitoring information system, HMIS is implemented by the Ministry of Health & Family Welfare (MoH&FW), Government of India with the primary goal of monitoring the National Health Mission (NHM) and other health programmes. The information that emerges from this exercise serves as evidence and analysis, which helps shape policy formulation and strengthens programme interventions.

In 2011, facility-based reporting was initiated in the HMIS, which was refined as an information technology platform of in.Net and MS SQL. It has proved to be a valuable tool that grades health facilities, identifies aspirational districts, and reviews state programme implementation plans (PIPs), among others. It is widely used by the central/state governments to monitor and supervise the different functions that make up the public health system.

These HMIS formats are designed to capture data on a set of indicators that are vital to track and measure performance of health programmes. The **Monthly Service Delivery formats** successfully collate data on over 300 indicators that cover the length and breadth of the health programmes and schemes run by the Health Ministry. They take into account aspects related to reproductive and child health, health facility services, mortality, monthly inventory, and other programmes.

The **Quarterly Training formats** capture data on training imparted to medical and paramedical staff at district and state levels and other NHM components. This covers the status of health infrastructure, trainings conducted (in various NHM components for medical, paramedical, and other staff of PMU), and additional NRHM components.

Formats on **Annual Infrastructure** take into account data on manpower, equipment, cleanliness, building, and availability of medical services such as surgery, super specialties services such as cardiology, diagnostics, paramedical, and clinical services. Specifically, the nine categories under which infrastructure data is collected includes services, physical infrastructure, manpower, operation theatre, blood bank/ storage, investigative and laboratory services, capacity-building, equipment drugs and furniture and quality control.

ANNEXURE 2

SUMMARY OF HEALTH SYSTEMS STUDIED

1. IPHS GUIDELINES FOR DISTRICT HOSPITALS

The IPHS guide the HMIS annual infrastructure form, from which multiple indicators were directly picked. Revised in 2012, they cover the following domains, recommended by size:

- Services
- Physical Infrastructure
- Manpower Requirements
- Equipment norms
- Laboratory Services at District Hospital
- Recommended Allocation of Bed Strength
- Requirements of Operation Theatre
- List of Drugs/Lab Reagents/Other Consumables and Disposables for District Hospitals Capacity Building
- Quality Assurance and Quality Control of Processes and Service Delivery
- Statutory Compliance
- Rogi Kalyan Samitis (RKS)/Hospital Management Committee (HMC)
- Citizen's Charter

2. STAR RATING SYSTEM FOR CHCS

Star Rating System of the CHCs provides a good reference as it makes use of data sources that are readily available to us.

Categories considered

- Human Resources available
- Infrastructure available
- Drugs and supplies
- Service availability
- Client orientation
- Service utilization

Calculating the outcome:

- HR + Infrastructure —> facility is eligible for Star Reporting and gets 1 Star; NA where parameters are not reported or reported 0

- Where parameters have a non-zero value —> NE (Not eligible)
- One star each for fulfilling criteria of delineated for other aspects
- All yes/no questions

3. ACCREDITATION STANDARDS FOR HOSPITALS AND HEALTHCARE PROVIDERS – NABH

The following key domains to measure hospital quality are assessed:

- Access, Assessment and Continuity of Care (AAC)
- Care of Patients (COP)
- Patient Rights and Education (PRE)
- Infection Control (IC)
- Continuous Quality Improvement (CQI)
- Responsibilities of Management (ROM)
- Facilities, Management and Safety (FMS)
- Community Participation and Integration (CPI)

The orientation for assessment is truly patient-centred and provides a great reference for a vision for improving healthcare quality in India at the facility level.

4. INSTITUTE OF MEDICINE (IOM) REPORT – CROSSING THE QUALITY CHASM

The initial motivation for the report was to counter the alarmingly high rate of preventable medical errors in the United States. It is now referenced as a basis for measuring quality care as the US shifts from a fee-for-service model to a value-based system —> for Affordable Care and Patient Protection Act (ACA) 2010

Six quality aspects that are key to healthcare have been identified

- Safety
- Effectiveness
- Timeliness
- Efficiency
- Personalization
- Equity

5. US NEWS AND WORLD REPORT BEST HOSPITALS RANKING

The four domains for hospital ranking are structure, process, outcomes, and patient safety. Specifically for outcomes, the following measures are considered – risk-adjusted mortality based

on observed and expected values, and related indicators such as complications, readmissions, patient safety, infection rate

Weighting

The weights given to each domain are as follows – 32.5% for outcomes, 30% for structure, 27.5% for process, 10% for patient safety. Values normalized prior to weighting using the following formula:

(Value – minimum possible) / (maximum possible – minimum possible)

6. CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS) STAR RATING – HOSPITAL QUALITY INITIATIVE

The aim was for patient's to be able to choose hospitals based on ratings, which provides incentive through profits gained by being patient's choice.

The categories measured were informed by the IoM report, Agency for Healthcare Research and Quality, National Quality Forum and The Joint Commission. A variety of data sources are used to create The Hospital Compare profile, which consists of the following:

- General Information
- Survey of Patients' Experience
- Timely and effective Care
- Complications
- Readmissions and deaths
- Use of medical imaging
- Usage rate by type of diagnostic test, to gauge over-usage or potential of missing a diagnosis; often lower percentages are better or a recommended range is prescribed
- Payment and value of care

7. STUDY OF SELECTED INTERNATIONAL HEALTH SYSTEMS – UK, TAIWAN, JAPAN, GERMANY

Great Britain is seen to be a leader in preventive medicine and sees virtually no medical bankruptcy.

Taiwan worked with a Harvard-led committee to examine the world's best healthcare systems before reforming their own. The underlying goals of reform were equal access, no waiting, and competition among providers. An excellent information technology infrastructure was used to create the 'smart card' for every citizen. No medical bankruptcy is observed, but the system, however, is very financially strained.

Japan boasts of the world's longest life expectancy and lowest infant mortality. The system is one of social insurance – the government picks up a tab for those too poor to pay for healthcare. The Japanese health ministry controls the price of healthcare tightly. Despite the system being very popular among citizens, 50% hospitals are in financial deficit.

Germany: Sickness funds – premiums based on income to private insurers, are the main means of healthcare funding. Health insurance continues with no change if citizens become unemployed. The system is extremely efficient – medical providers and insurers negotiate standard prices. Insurance plans actively compete though they are not allowed to profit.

SYSTEMS STUDIED FOR METHODOLOGY

1. Times Heath All India Multispeciality Hospitals Ranking Survey 2016

Desk Research, Factual Data Collection and a Perceptual Survey were used to choose hospitals and identify indicators to be measured. A detailed scoring system was developed for each parameter. After assigning scores to each parameter, raw scores were calculated. Based on importance determined through a regression model, raw scores were weighted. The weighted average of factual and perceptual score, with both given equal weight, yielded a final result.

2. WHO Ranking of World Health Systems

Methodologically, performance is measured by how well a country achieves the above five goals, relative to how well it can given its resource and development level. It is acknowledged that the overall goal attainment may not be '0' even in the absence of a modern health system. The framework is in reference to the minimum – the level of attainment that would exist even in the absence of any health inputs.

A weighted average of the five component goals yields a conclusive result. A survey to gauge preference of individuals in their valuation of each goal was used to reach the distribution. A transcendental logarithmic model was used.

A linear equation is used to visualize the data, where the intercept is country-specific. Overall efficiency is represented by [(composite)-(minimum)] / [(maximum-minimum)]

3. Times Higher Education Ranking

13 carefully calibrated performance indicators grouped into five areas – teaching, research, citations, international outlook, industry income, each with different weights, are used.

On the rare occasions when the data are not provided, estimations are made – a low estimate between average value of indicators and the lowest value reported i.e. the 25th percentile of other indicators. That way, they avoid a harsh zero while being careful not to reward them for withholding information

The standardization approach used is based on the distribution of data within a particular indicator, and an evaluation is made on where a particular institution's indicator sits within a calculated cumulative probability function.

4. NBE Testing Methodology

Item response theory (IRT) is a psychometrically supported statistical model. The result is a score that takes into account performance of the candidate as well as difficulty of the form. The difficulty of each form may be perceived to vary. A post-equating process ensures fairness.

Exam items are concurrently analysed, and the estimated item parameters (item difficulty and discrimination) are put onto a common metric.

5. Education Development Index – National University of Educational Planning and Administration

Raw data is converted into a normalized form. First the Best and Worst values in an indicator are identified. The BEST and the WORST values will depend upon the nature of a particular indicator. The formula then used is: 1 – [best value – observed value] / [best value – worst value]

Once the Normalized Values are obtained for all the indicators across Districts/States, the next step is to assign factor loadings and weights. Principal Component Analysis (PCA) is used to compute the same. The objective of Principal Component analysis is to reduce the dimensionality (number of indicators) of the data set but retain most of the original variability in the data. The first Principal Component accounts for as much of the variability in the data as possible, and each succeeding component accounts for as much of the remaining variability as possible.

6. County Health Rankings and Roadmaps – Robert Wood Johnson Foundation

Each measure within each state is standardized to the average of counties in that state. The measures are in a number of different scales—some are percentages, some are rates, some are averages of survey responses, or other metrics. Standardizing each of these measures transforms them to the same metric—a mean (average) value of 0 and a standard deviation (measure of spread) of 1. We refer to these as Z-scores where:

Z = [(County Value)–(Average of Counties in State)] / [(Standard Deviation of Counties in State)]

Each Z-score is relative to the other counties in that state—not compared to an absolute standard—and shown in the metric of standard deviations. A positive Z-score indicates a value higher than the average of counties in that state; a negative Z-score indicates a value for that county lower than the average of counties in that state. For most of the measures, a higher Z-score score indicates poorer health, but for those that it doesn't, the sign is merely reversed.

The overall scores computed are weighted composites of the Z-scores for individual measures where the weights represent relative importance of the different measures.

ANNEXURE 3

DEFINITIONS OF KEY PERFORMANCE INDICATORS (KPIs) FOR THE DISTRICT HOSPITAL PERFORMANCE ASSESSMENT

Indicator categories:

A–Indicators that are largely under the control of the State

B–Indicators that are largely under the control of the district hospital

Sr. No.	Category of the KPI	Key Performance Indicator (KPI)	Numerator	Denominator	Source of Information
Domain: Structure					
1	A	Number of functional hospital beds per 100,000 population	Number of functional hospital beds X 100,000 **Inclusion:** 1. Beds available in hospital for admissions **Exclusion:** 1. Floor Beds* 2. Trolley Beds* 3. Labour Room/ OT Tables 4. Observation Beds in Emergency/OT/Labour Room* *To be captured to the extent possible	Population of district according to Census 2011 Special Consideration: If the district has more than one district hospital, the population denominator will be estimated in the same ration as ratio of number of beds of particular DH to DH level beds	**Numerator:** HMIS Infrastructure format **Denominator:** Manual entry (Census of India 2011)
2.1	A	Ratio of doctors in position to IPHS norms	Number of doctors in position **Inclusion:** MBBS/BDS/ AYUSH Specialist	IPHS norm for the respective category hospitals 500 beds – 68 400 beds – 58 300 beds – 50 200 beds – 34 100 beds – 29	**Numerator:** HMIS Infrastructure format **Denominator:** Pre-entered value (IPHS guidelines for district hospitals, 2012, p. 37)

Sr. No.	Category of the KPI	Key Performance Indicator (KPI)	Numerator	Denominator	Source of Information
2.2	A	Ratio of staff nurses in position to IPHS norm	Number of staff nurses in position **Exclusion:** ANM	IPHS norm for the respective category hospitals 500 beds – 225 400 beds – 180 300 beds – 135 200 beds – 90 100 beds – 45	**Numerator:** HMIS Infrastructure format **Denominator:** Pre-entered value (IPHS guidelines for district hospitals, 2012, p. 37)
2.3	A	Ratio of paramedical staff in position to IPHS norm	Number of paramedical staff in position **Inclusion:** All categories included in IPHS	IPHS norm for the respective category hospitals 500 beds – 100 400 beds – 81 300 beds – 66 200 beds – 42 100 beds – 31	**Numerator:** HMIS Infrastructure format **Denominator:** Pre-entered value (IPHS guidelines for district hospitals, 2012, p. 37)
3	B	Availability of support services	Proportion of the following support services available from the total: i. Hospital information system (At least OPD, IPD and Pharmacy Module) ii. Sterilization and Disinfection – CSSD (Central Sterile Supply Department) iii. Blood Bank iv. Waste management including biomedical waste v. Medico-legal / post-mortem vi. Dietary services for patient vii. Electric supply backup viii. Pharmacy ix. Water supply (plumbing) x. Refrigeration	14	**Numerator:** For item (i) – Manual entry For items (ii) to (x) – IPHS Infrastructure format **Denominator:** Pre-entered value (based on IPHS guidelines for district hospitals, 2012, p. 6)

Sr. No.	Category of the KPI	Key Performance Indicator (KPI)	Numerator	Denominator	Source of Information
4	A	Availability of core health care services	Proportion of specialties from the list that are functional i. General Medicine ii. General Surgery iii. Obstetrics and Gynaecology iv. Paediatrics, including neonatology [as required for a Level II SNCU] v. Emergency (Accident and other emergency) (Casualty 24x7 basis) vi. Critical Care (ICU) vii. Anaesthesia viii. Ophthalmology ix. ENT x. Dermatology and Venereology (Skin and VD) RTI/STI xi. Orthopaedics xii. Dental Care xiii. Public Health Unit (may be collocated) xiv. Radiology	14	**Numerator:** HMIS Infrastructure format **Denominator:** Pre-entered value (based on IPHS guidelines for district hospitals, 2012, p. 6)
5	A	Availability of diagnostic testing services	Number of diagnostic services available i. Urine analysis ii. Stool analysis iii. PAP Smear iv. Sputum v. Haematology vi. Microbiology vii. Serology viii. Biochemistry ix. Cardiac Investigation x. Ophthalmology xi. ENT	14	**Numerator:** HMIS Infrastructure format **Denominator:** Pre-entered value (based on IPHS guidelines for district hospitals, 2012, p. 58–60)

Sr. No.	Category of the KPI	Key Performance Indicator (KPI)	Numerator	Denominator	Source of Information
			xii. Radiology xiii. Endoscopy xiv. Physiology (Pulmonary Function Test) **Inclusion:** In-house lab Outsourced laboratories **Exclusion:** Test done through referral laboratories		
Domain: Output					
6	B	Bed occupancy rate	Total number of inpatient bed days added for a year X 100 **Exclusion:** Day Care Patients; Newborn admitted with mother in maternity ward	Total Functional Beds X 365 **Exclusion:** 1. Floor Beds 2. Trolley Beds 3. Labour Room/ OT Tables 4. Observation Beds in Emergency/OT/ Labour Room	**Numerator:** Statement from medical superintendent office (manual entry) **Denominator:** HMIS Infrastructure format
7	B	C-section rate	Number of C-section deliveries performed in the year X 100	Total number of deliveries in the year (Normal + Assisted Deliveries + C Section)	**Numerator & Denominator:** HMIS service delivery format
8	B	Surgical productivity index	Total number of major surgeries in a year **Exclusion:** Obstetrics & Gynaecology, Ophthalmology surgeries	Total number of surgeons excluding Obstetric/ Gynaecological surgeon; Ophthalmologist; Dental Surgeon	**Numerator:** OT register **Denominator:** HMIS Infrastructure format

Sr. No.	Category of the KPI	Key Performance Indicator (KPI)	Numerator	Denominator	Source of Information
9	B	OPD per doctor	Total number of OPD patients in a year	Number of positioned doctors X OPD days in that year	**Numerator:** HMIS service delivery format **Denominator:** HMIS Infrastructure format + Statement from medical superintendent office (manual entry)
10	B	Blood bank replacement rate	Total number of blood units issued on replacement in the year X 100	Total number of blood units issued in year **Inclusion:** Voluntary donation; Replacement	**Numerator & Denominator:** Blood bank issue register

Note:

The original endeavour of the exercise was to assess district hospitals on the basis of a composite, weighted score of 16 indicators. In order to compute the index, the hospital raw scores of each KPI, which were not in uniform units, were to be scaled as per the formulae below. A composite index was to be calculated by taking the average of the scaled values, a higher index indicating a better hospital.

Scaling formula

$$\text{Scaled value (positive indicator*)} = \frac{X - \text{Minimum value}}{\text{Maximum value} - \text{Minimum value}}$$

$$\text{Scaled value (negative indicator*)} = \frac{\text{Maximum value} - X}{\text{Maximum value} - \text{Minimum value}}$$

** Three indicators (stockout rate of essential drugs, blood bank replacement rate, post-surgical infection rate) shortlisted for the assessment had negative valence, while the rest of the KPIs had positive valence.*

Due to significant limitations in the data, 6 KPIs were excluded from the assessment. The excluded KPIs are listed in the table below, accompanied with their definitions. Due to this exclusion, the composite index of hospitals was disregarded as it would not provide a complete reflection of the service delivery of hospitals. Alternatively, the hospitals were assessed for their performance on individual KPIs. However, in order to shortlist the top performing hospitals, in the case of a tie in their raw score, the composite score of the hospital (average of the scaled values of the above-listed 10 KPIs) was considered, and the district hospital with a higher composite score was viewed as the better performing hospital.

List of KPIs excluded from the assessment:

Sr. No.	Category of the KPI	Key Performance Indicator (KPI)	Numerator	Denominator	Source of Information
Domain: Process					
1	B	Kayakalp score	Total obtained score (on peer assessment) X 100	Total no. of Checkpoint X 2	Online where possible (Kaykalp score generated using Kayakalp assessment through peer review process validated by district Kayakalp committee)
2	B	Quality Score	Total obtained score X 100	Total no. of Checkpoint X 2	Online where possible (QA score generated using NQAS assessment tool for district hospital)
Domain: Output and Outcome					
3	B	Number of laboratory tests per technician	Number of lab tests conducted **Inclusion:** Test done in in-house laboratory **Exclusion:** Lab test done bed side/ Point of care lab test done in outsourced laboratory	Number of lab technicians available in-house **Inclusion:** Lab technician available in-house, including lab technician deputed under disease control program such as RNTCP, NVBDCP & NACP. **Exclusion:** Lab technician in outsourced laboratory; lab attendants	Numerator: Laboratory register Denominator: Statement from Medical Superintendent on Laboratory Technician in Position (taking into account exclusion criteria)
4	B	Stock-out rate of essential drugs	Total no. of stockout days in the year X 100 Stock out days: Total no. of stock outs occurred daily added for the year	Total number of essential drugs X 365	Numerator and Denominator: Drug and Vaccine Distribution Management System (DVDMS)

Sr. No.	Category of the KPI	Key Performance Indicator (KPI)	Numerator	Denominator	Source of Information
5	B	Post-surgical infection rate	No. of surgical cases developed post- operative surgical site infection during the year Surgical site infection – Any purulent discharge around the wound or the insertion site of the drain, or spreading cellulitis from the wound	Total No. of clean surgeries performed in the year	Numerator: OT septic register Denominator: OT Register
6	B	Patient satisfaction score	Feedback score obtained by patient satisfaction survey X 100	Total no. of patients interacted X maximum score	As is calculated. Where the DH has no patient feedback system, score will be 0.

ANNEXURE 4

STATE/UT-WISE TOP SCORING DISTRICT HOSPITAL FOR EACH KEY PERFORMANCE INDICATOR (KPI)

Indicator / State/UT	1. Number of functional beds per 100,000 population	2.1 Number of doctors in position to IPHS norms	2.2 Number of nurses in position to IPHS norms	2.3 Number of paramedicals in position to IPHS norms
Andaman and Nicobar Islands	BJR Hospital, Nicobar	G.B.Pant Hospital, South Andaman	G.B.Pant Hospital, South Andaman	G.B.Pant Hospital, South Andaman
Andhra Pradesh	King George Hospital TH, Vishakapatnam	King George Hospital TH, Vishakapatnam	King George Hospital TH, Vishakapatnam	King George Hospital TH, Vishakapatnam
Arunachal Pradesh	GH Pasighat, East Siang	Tomo Riba Institute of Medical Science & Hospital, Papum Pare	Tomo Riba Institute of Medical Science & Hospital, Papum Pare	Tomo Riba Institute of Medical Science & Hospital
Assam	Haflong Civil Hospital, Dima Hasao	Diphu Civil Hospital, Karbi Anglong	LGB Civil Hospital, Tinsukia	200 Bedded Civil Hospital, Goalpara
Bihar	Sadar Hospital Saharsa, Saharsa	Sadar Hospital Jehanabad, Jehanabad	Sadar Hospital Samastipur, Samastipur	Sadar Hospital Nawada, Nawada
Chhattisgarh	Narayanpur DH, Narayanpur, Chhattisgarh	Raipur DH, Raipur, Chhattisgarh	Raipur DH, Raipur, Chhattisgarh	Dantewada, Dantewada, Chhattisgarh
Daman and Diu	Government Hospital Daman, Daman	Government Hospital Daman, Daman	Government Hospital Daman, Daman	Government Hospital Daman, Daman
Delhi	Hedgewar Hospital, Shahdara	Lal Bahadur Shastri Hospital, East Delhi	Deendayal Upadhyay Hospital, West Delhi	Deendayal Upadhyay Hospital, West Delhi
Goa	South Goa District Hospital, South Goa	North Goa District Hospital, North Goa	North Goa District Hospital, North Goa	North Goa District Hospital, North Goa
Gujarat	General Hospital Dang, The Dangs	General Hospital Dahod, Dahod	General Hospital Vyara, Tapi	General Hospital Dang, The Dangs
Haryana	Civil Hospital, Panchkula	Civil Hospital, Ambala	LNJP Civil Hospital, Kurukshetra	Civil Hospital, Rohtak

Note: *As the UTs of Chandigarh, Dadra and Nagar Haveli, and Lakshadweep had only one district hospital participating in the assessment, these UTs are not included in this table.*
Dadra & Nagar Haveli and Daman & Diu are regarded as separate UTs in this assessment

Indicator / State/UT	1. Number of functional beds per 100,000 population	2.1 Number of doctors in position to IPHS norms	2.2 Number of nurses in position to IPHS norms	2.3 Number of paramedicals in position to IPHS norms
Himachal Pradesh	Bilaspur RH, Bilaspur	Nahan RH, Sirmaur	Nahan RH, Sirmaur	Bilaspur RH, Bilaspur
Jammu and Kashmir	DH Doda, Doda	DH Anantnag, Anantnag	DH Handwara, Kupwara	DH Kargil, Kargil
Jharkhand	Hazaribagh Sadar Hospital, Hazaribagh	Ranchi Sadar Hospital, Ranchi	Ranchi Sadar Hospital, Ranchi	Purbi Singhbhum Sadar Hospital, Purbi Singhbhum
Karnataka	Dharwad DH FRU, Dharwad	Victoria Hospital, Bangalore Urban	Belgaum DH, Belgaum	Shimoga DH, Shimoga
Kerala	W&C Hospital Thiruvananthapuram, Thiruvananthapuram	GH Ernakulam, Ernakulam	GH Ernakulam, Ernakulam	GH Ernakulam, Ernakulam
Ladakh	Kargil DH, Leh	Kargil DH, Kargil	Kargil DH, Kargil	Kargil DH, Kargil
Madhya Pradesh	DH Datia, Datia	DH Gwalior, Gwalior	DH Rewa, Rewa	DH Tikamgarh, Tikamgarh
Maharashtra	DH Bhandara, Bhandara	DH Hingoli, Hingoli	DH Hingoli, Hingoli	District Hospital Jalna, Jalna
Manipur	Churachandpur District Hospital, Churachandpur	Churachandpur District Hospital, Churachandpur	Thoubal District Hospital, Thoubal	Churachandpur District Hospital, Churachandpur
Meghalaya	Ganesh Das Hospital, East Khasi Hills	Tura Civil Hospital, West Garo Hills	Tura Maternity and Child Hospital, West Garo Hills	Nongpoh DH, Ri Bhoi
Mizoram	Lunglei DH, Lunglei	Aizawl Civil Hospital, Aizawl West	Aizawl Civil Hospital, Aizawl West	Aizawl Civil Hospital, Aizawl West
Nagaland	Ongpangkong DH, Mokokchung	Dimapur DH, Dimapur	Dimapur DH, Dimapur	Ongpangkong DH, Mokokchung
Odisha	Subarnapur, Sonapur	Balangir DH, Balangir	Rayagada DH, Rayagada	Phulbani DH, Kandhamal
Puducherry	Govt. General Hospital, Mahe	RGGW & CH, Pondicherry	Govt. General Hospital, Yanam	Govt. General Hospital, Karaikal
Punjab	Nawanshahar DH, Nawanshahr	Bathinda DH, Bathinda	Amritsar DH, Amritsar	Mansa DH, Mansa
Rajasthan	District Hospital Chittaurgarh, Chittaurgarh	B.D.K. Hospital Jhunjhunun, Jhunjhunun	District Sahadat Hospital Tonk, Tonk	Govt Hospitls Sriganganagar, Ganganagar
Sikkim	Mangan Hospital, North Sikkim	Namchi District Hospital, South Sikkim	District Hospital Gyalshing, West Sikkim	Singtam Hospital, East Sikkim

Indicator / State/UT	1. Number of functional beds per 100,000 population	2.1 Number of doctors in position to IPHS norms	2.2 Number of nurses in position to IPHS norms	2.3 Number of paramedicals in position to IPHS norms
Tamil Nadu	Perambalur DH, Perambalur	Kilpauk Hospital, Chennai	Kilpauk Hospital, Chennai	Kilpauk Hospital, Chennai
Telangana	DH Sangareddy, Sangareddy	DH Khammam, Khammam	Tandur DH, Vikarabad	Kingkoti DH, Hyderabad
Tripura	District Hospital Unakoti District, Unakoti	District Hospital Gomati District, Gomati	District Hospital North Tripura, North Tripura	District Hospital South, South Tripura
Uttar Pradesh	Rani Laxmi Bai Combined Hospital, Lucknow	Lokbandhu Raj Narain DH, Lucknow	Mahatma Jyotiba Phule DH, Ambedkar Nagar	Combined DH, Kannauj
Uttarakhand	Shyam Lal Shah DH, Bageshwar	B D Pandey District Male Hospital, Pithoragarh	DH Bauradi, Tehri Garhwal	DH Bauradi, Tehri Garhwal
West Bengal	Jhargram DH & SSH, Jhargram	M. R. Bangur DH & SSH, South Twenty Four Parganas	M. R. Bangur DH & SSH, South Twenty Four Parganas	Tamluk District Hospital, Purba Medinipur

Indicator / State/UT	3. Support services	4. Core healthcare services	5. Diagnostic testing services	6. Bed occupancy rate
Andaman and Nicobar Islands	BJR Hospital, Nicobar	G.B.Pant Hospital, South Andaman	Dr. R.P.Hospital, North and Middle Andaman	G.B.Pant Hospital, South Andaman
Andhra Pradesh	Govt.Maternity Hospl.TH, Chittoor	RIMS Srikakulam TH, Srikakulam	King George Hospital TH, Vishakapatnam	GGH Anantapur, Anantapur
Arunachal Pradesh	DH Roing, Lower Dibang Valley	Tomo Riba Institute of Medical Science & Hospital, Papum Pare	Tomo Riba Institute of Medical Science & Hospital, Papum Pare	Tomo Riba Institute of Medical Science & Hospital, Papum Pare
Assam	Barpeta Civil Hospital Kalgachia, Barpeta	Sivasagar Civil Hospital, Sibsagar	200 Bedded Civil Hospital, Goalpara	North Lakhimpur Civil Hospital, Lakhimpur
Bihar	Sadar Hospital Sitamarhi, Sitamarhi	Sadar Hospital Motihari Purbi Champaran, East Champaran	Sadar Hospital Purnia, Purnia	Sadar Hospital Hajipur Vaishali, Vaishali
Chhattisgarh	Raipur DH, Raipur	Indira Gandhi DH Korba, Korba	Indira Gandhi DH Korba, Korba	Dantewada DH, Dantewada

Indicator / State/UT	3. Support services	4. Core healthcare services	5. Diagnostic testing services	6. Bed occupancy rate
Daman and Diu	Government Hospital Daman, Daman	Government Hospital Daman, Daman	Government Hospital Daman, Daman	Government Hospital Daman, Daman
Delhi	Sanjay Gandhi Memorial Hospital Mangolpuri, North West Delhi	Sanjay Gandhi Memorial Hospital Mangolpuri, North West Delhi	Pt. Madan Mohan Malviya Hospital, South Delhi	Guru Govind Singh Govt Hospital, West Delhi
Goa	North Goa District Hospital, North Goa	South Goa District Hospital, South Goa	North Goa District Hospital, North Goa	North Goa District Hospital, North Goa
Gujarat	General Hospital Mehsana, Mahesana	General Hospital Vyara,Tapi	General Hospital Dahod, Dahod	PK General Hospital, Rajkot
Haryana	Civil Hospital, Rohtak	Civil Hospital, Rohtak	Civil Hospital, Panchkula	LNJP Civil Hospital, Kurukshetra
Himachal Pradesh	DDU ZH, Shimla	Nahan RH, Sirmaur	Mandi ZH, Mandi	Kullu RH, Kullu
Jammu and Kashmir	DH Baramula, Baramula	District Hospital JNLM, Srinagar	DH Baramula	DH Kulgam, Kulgam
Jharkhand	Kodrma Sadar Hospital, Kodarma	Ranchi Sadar Hospital, Ranchi	Jamtara Sadar Hospital, Jamtara	Lohardaga Sadar Hospital, Lohardaga
Karnataka	Shimoga DH, Shimoga	Shimoga DH, Shimoga	Shimoga DH, Shimoga	Gadag DH FRU, Gadag
Kerala	GH Ernakulam, Ernakulam	GH Ernakulam, Ernakulam	GH Thrissur, Thrissur	DH Mananthavady, Wayanad
Ladakh	Leh DH, Leh	Kargil DH, Kargil	Leh DH, Leh	Kargil DH, Kargil
Madhya Pradesh	DH Satna, Satna	DH Satna, Satna	DH Sehore, Sehore	DH Dhar, Dhar
Maharashtra	District Hospital Alibag, Raigarh	District Hospital Nashik, Nashik	District Hospital Gadchiroli, Gadchiroli	Women Hospital Parbhani, Parbhani
Manipur	Thoubal District Hospital, Thoubal	Thoubal District Hospital, Thoubal	Bishnupur District Hospital, Bishnupur	Churachandpur District Hospital, Churachandpur

Indicator / State/UT	3. Support services	4. Core healthcare services	5. Diagnostic testing services	6. Bed occupancy rate
Meghalaya	Ganesh Das Hospital, East Khasi Hills	Jowai Civil Hospital, West Jaintia Hills	Shillong Civil Hospital, East Khasi Hills	Tura Maternity and Child Hospital, West Garo Hills
Mizoram	Aizawl Civil Hospital, Aizawl West	Aizawl Civil Hospital, Aizawl West	Aizawl Civil Hospital, Aizawl West	Serchhip DH, Serchhip
Nagaland	Ongpangkong DH, Mokokchung	Ongpangkong DH, Mokokchung	Ongpangkong DH, Mokokchung	Ongpangkong DH, Mokokchung
Odisha	DH Balangir, Balangir	Capital Hospital, Khordha	Capital Hospital, Khordha	DH Baripada, Mayurbhanj
Puducherry	Govt. General Hospital, Karaikal	Govt. General Hospital, Karaikal	Govt. General Hospital, Karaikal	RGGW & CH, Pondicherry
Punjab	Amritsar DH, Amritsar	Jalandhar DH, Jalandhar	Ludhiana DH, Ludhiana	Gurdaspur DH, Gurdaspur
Rajasthan	Govt Hospitls Sriganganagar, Ganganagar	Govt Hospitls Sriganganagar, Ganganagar	M G Hospital Bhilwara, Bhilwara	District Sahadat Hospital Tonk, Tonk
Sikkim	Namchi District Hospital, South Sikkim	Namchi District Hospital, South Sikkim	Singtam DH, East Sikkim	Namchi District Hospital, South Sikkim
Tamil Nadu	Dindigul DH, Dindigul	Kilpauk Hospital, Chennai	Kilpauk Hospital, Chennai	Krishnagiri DH, Krishnagiri
Telangana	DH Khammam, Khammam	DH Khammam, Khammam	Karimnagar DH, Karim Nagar	DH Khammam, Khammam
Tripura	District Hospital Gomati District, Gomati	District Hospital Gomati District, Gomati	District Hospital Gomati District, Gomati	District Hospital Gomati District, Gomati
Uttar Pradesh	Ram Manohar Lohiya DH, Lucknow	Ram Manohar Lohiya DH, Lucknow	Shyama Prasad Mukherjee DH, Lucknow	District Female Hospital, Mainpuri
Uttarakhand	J.L.N. District Hospital, Udham Singh Nagar	Shyam Lal Shah DH, Bageshwar	B.D.Pandey Male Hospital, Nainital	H G Pant District Female Hospital, Pithoragarh
West Bengal	Tamluk District Hospital, Purba Medinipur	M. R. Bangur DH & SSH, South Twenty Four Parganas	M. R. Bangur DH & SSH, South Twenty Four Parganas	Alipurduar District Hospital, Alipurduar

Indicator / State/UT	7. C-section rate (Hospital with max. value)	8. Surgical Productivity Index	9. OPD per Doctor	10. Bloodbank Replacement Rate (Hospital with min. value)
Andaman and Nicobar Islands	G.B.Pant Hospital, South Andaman	G.B.Pant Hospital, South Andaman	G.B.Pant Hospital, South Andaman	BJR Hospital, Nicobar
Andhra Pradesh	DH Machilipatnam, Krishna	DH Proddutur, Cuddapah	DH Tenali, Guntur	RIMS Ongole TH, Prakasam
Arunachal Pradesh	Tomo Riba Institute of Medical Science & Hospital, Papum Pare	Tomo Riba Institute of Medical Science & Hospital, Papum Pare	DH Roing, Lower Dibang Valley	General Hospital Aalo, West Siang
Assam	Sonapur District Hospital, Kamrup M (C-section rate)	Dhemaji Civil Hospital, Dhemaji	Mangaldai Civil Hospital, Darrang	TRB Civil Hospital, Kamrup R
Bihar	Sadar Hospital Motihari Purbi Champaran, East Champaran	Sadar Hospital Saharsa, Saharsa	Sadar Hospital Jamui, Jamui	Sadar Hospital Khagaria, Khagaria
Chhattisgarh	Bilaspur DH, Bilaspur	DH Baloda Bazar, Baloda Bazar	DH Baloda Bazar, Baloda Bazar	Dhamtari DH, Dhamtari
Daman and Diu	Government Hospital Daman, Daman	Government Hospital Daman, Daman	Government Hospital Daman, Daman	Government Hospital Daman, Daman
Delhi	Hedgewar Hospital, Shahdara Delhi	Sanjay Gandhi Memorial Hospital Mangolpuri, North West Delhi	Deep Chand Bandhu Hospital, North West Delhi	Kasturba Hospital, Central Delhi
Goa	South Goa District Hospital, South Goa	North Goa District Hospital, North Goa	South Goa District Hospital, South Goa	South Goa District Hospital, South Goa
Gujarat	General Hospital Mehsana, Mahesana	S.S.Hospital Petlad, Anand	Jam Khambhalia, Devbhumi Dwarka (OPD Gujarat)	General Hospital Vyara,Tapi
Haryana	Civil Hospital, Panchkula	Civil Hospital, Mahendragarh	Civil Hospital, Bhiwani	Civil Hospital, Panchkula
Himachal Pradesh	Una RH, Una	Mandi ZH, Mandi	Chamba RH MCH Centre, Chamba	Hamirpur RH, Hamirpur
Jammu and Kashmir	District Hospital JNLM, Srinagar	DH Reasi, Reasi	DH Shopain, Shopian	DH Bandipora, Bandipora
Jharkhand	Ranchi Sadar Hospital, Ranchi	Garhwa Sadar Hospital, Garhwa	Ranchi Sadar Hospital, Ranchi	Jamtara Sadar Hospital, Jamtara

Indicator / State/UT	7. C-section rate (Hospital with max. value)	8. Surgical Productivity Index	9. OPD per Doctor	10. Bloodbank Replacement Rate (Hospital with min. value)
Karnataka	Bijapur DH FRU, Bijapur	Chikmagalur DH FRU, Chikmagalur	Uttara Kannada District Hospital FRU	Belgaum DH, Belgaum
Kerala	DH Aluva, Ernakulam	General Hospital Thiruvananthapuram	DH Tirur, Malappuram	GH Ernakulam, Ernakulam
Ladakh	Leh DH, Leh	Leh DH, Leh	Leh DH, Leh	Kargil DH, Kargil
Madhya Pradesh	DH Balaghat, Balaghat	DH Gwalior, Gwalior	DH Bhind, Bhind	DH Mandsaur, Mandsaur
Maharashtra	Sindhudurg DH, Sindhudurg	Sindhudurg DH, Sindhudurg	District Hospital Jalgaon, Jalgaon	Lt Karntisigh Nana Patil Civil Hospital Satara, Satara
Manipur	Thoubal District Hospital, Thoubal	Churachandpur District Hospital, Churachandpur	Thoubal District Hospital, Thoubal	Bishnupur District Hospital, Bishnupur
Meghalaya	Ganesh Das Hospital, East Khasi Hills	Shillong Civil Hospital, East Khasi Hills	Mairang DH, West Khasi Hills	Tura Civil Hospital, West Garo Hills
Mizoram	Lunglei DH, Lunglei	Aizawl Civil Hospital, Aizawl West	Aizawl Civil Hospital, Aizawl West	Mamit DH, Mamit
Nagaland	Ongpangkong DH, Mokokchung	District Hospital, Dimapur	Ongpangkong DH, Mokokchung	Wokha DH, Woha
Odisha	DH Paralakhemundi, Gajapati	Capital Hospital, Khordha	DH Nayagarh, Nayagarh	DH Baripada, Mayurbhanj
Puducherry	Govt. General Hospital, Karaikal	Govt. General Hospital, Karaikal	Govt. General Hospital, Mahe	RGGW & CH, Pondicherry
Punjab	Sangrur DH, Sangrur	Sangrur DH, Sangrur	Tarn Taran DH, Tarn Taran	Sangrur DH, Sangrur
Rajasthan	District Hospital Banswara, Banswara	District Hospital Barmar, Barmer	A K Hospital Beawar Ajmer, Ajmer	A K Hospital Beawar Ajmer, Ajmer
Sikkim	Namchi District Hospital, South Sikkim	Namchi District Hospital, South Sikkim	Namchi District Hospital, South Sikkim	Singtam DH, East Sikkim
Tamil Nadu	Padhmanamapuram DH, Kanniyakumari	Tenkasi DH, Tirunelveli	Walajapet, DH Vellore	Thiruvallur DH, Thiruvallur
Telangana	Karimnagar DH, Karim Nagar	Karimnagar DH, Karim Nagar	Tandur DH, Vikarabad	Nalgonda DH, Nalgonda

Indicator / State/UT	7. C-section rate (Hospital with max. value)	8. Surgical Productivity Index	9. OPD per Doctor	10. Bloodbank Replacement Rate (Hospital with min. value)
Tripura	District Hospital Gomati District, Gomati	District Hospital Unakoti District, Unakoti	Khowai District Hospital, Khowai	District Hospital Gomati District, Gomati
Uttar Pradesh	Lokbandhu Raj Narain DH, Lucknow	Tej Bahadur Sapru Hospital, Prayagraj	District Women Hospital, Maunathbhanjan	DH Male Agra, Agra
Uttarakhand	H G Pant District Female Hospital, Pithoragarh	District Hospital, Uttarkashi	J.L.N. District Hospital, Udham Singh Nagar	B.D.Pandey Male Hospital, Nainital
West Bengal	M. R. Bangur DH & SSH, South Twenty Four Parganas	M. R. Bangur DH & SSH, South Twenty Four Parganas	Barasat DH, North Twenty Four Parganas	Imambara District Hospital, Hugli

ANNEXURE 5

GRAPHS ILLUSTRATING THE STATE/UT-WISE AVERAGE RAW SCORE OF EACH KPI FOR EACH HOSPITAL CATEGORY (SMALL, MID-SIZED, AND LARGE)

KPI 1: NUMBER OF FUNCTIONAL BEDS PER 100,000 POPULATION

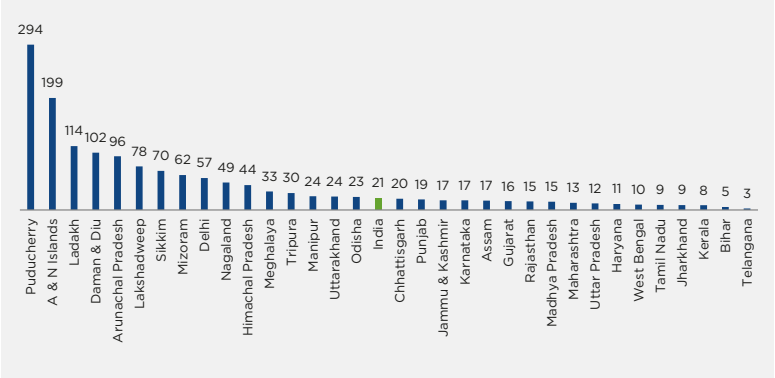


Figure A1-1: Average number of beds in small district hospitals (up to 200 beds) for every 1 lakh population by State/UT

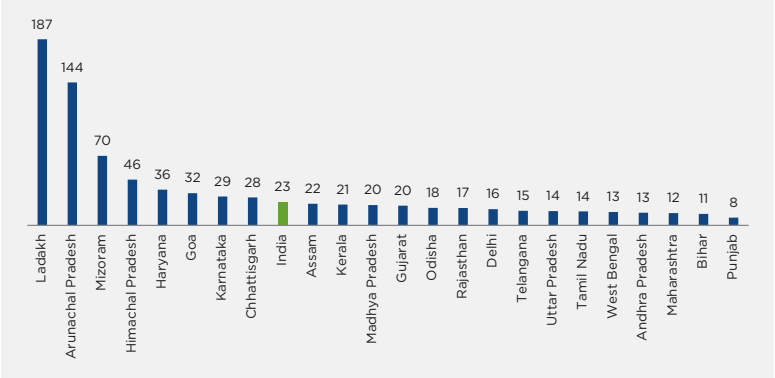


Figure A1-2: Average number of beds in mid-sized district hospitals (201–300 beds) for every 1 lakh population by State/UT

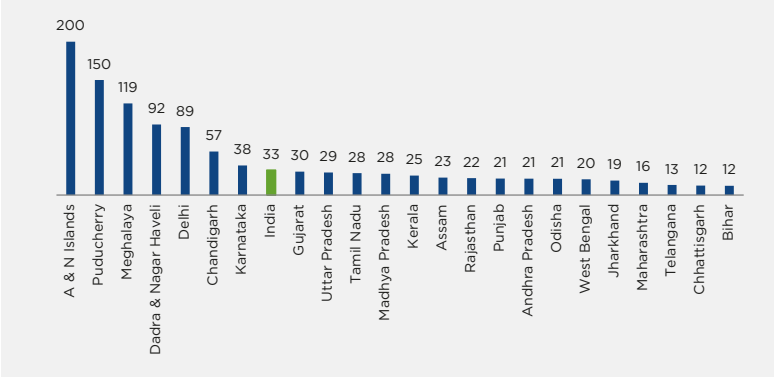


Figure A1-3: Average number of beds in large district hospitals (more than 300 beds) for every 1 lakh population by State/UT

KPI 2: RATIO OF DOCTORS, STAFF NURSES, AND PARAMEDICAL STAFF IN PROPORTION TO IPHS NORMS

For hospitals with up to 100 beds:

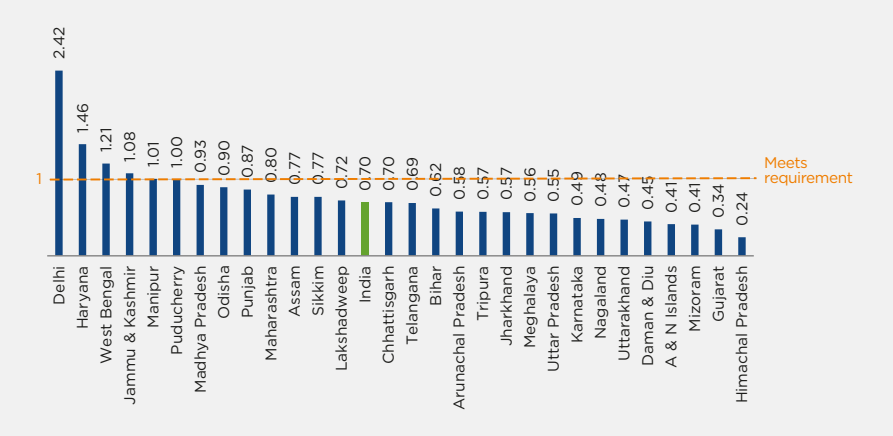


Figure A2.1-1: State/UT-wise average ratio of doctors in hospitals with up to 100 beds in position to the IPHS requirement of 29 doctors

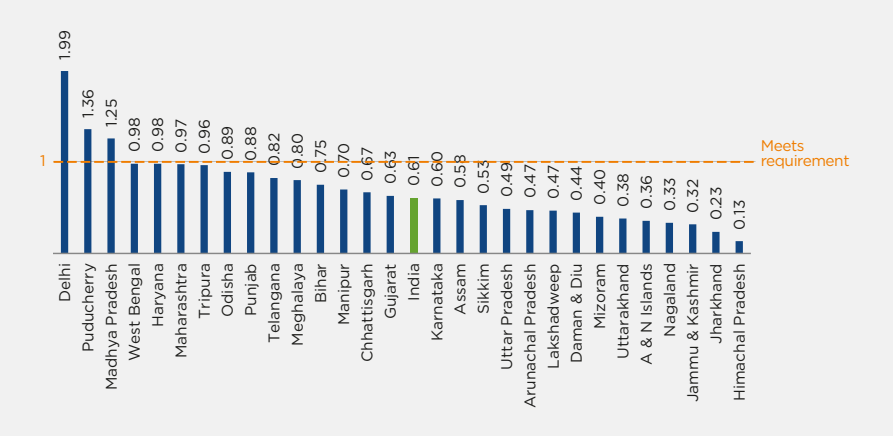


Figure A2.1-2: State/UT-wise average ratio of nurses in hospitals with up to 100 beds in position to the IPHS requirement of 45 nurses

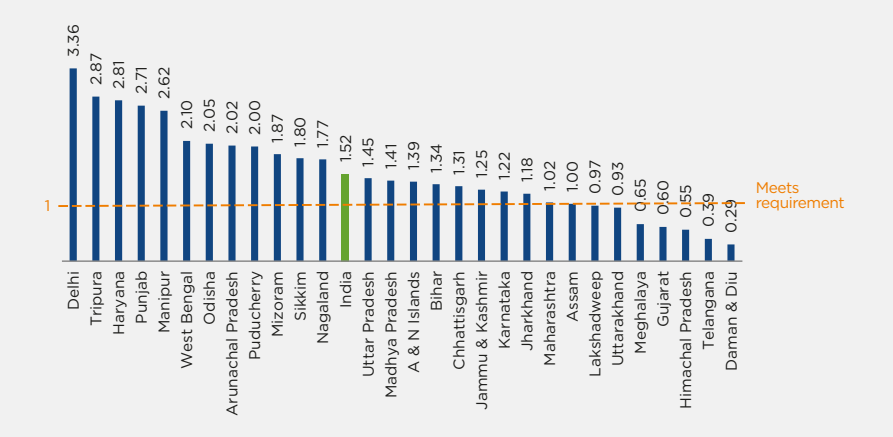


Figure A2.1-3: State/UT-wise average ratio of paramedical staff in hospitals with up to 100 beds in position to the IPHS requirement of 31 paramedical staff

For hospitals with 101-200 beds:

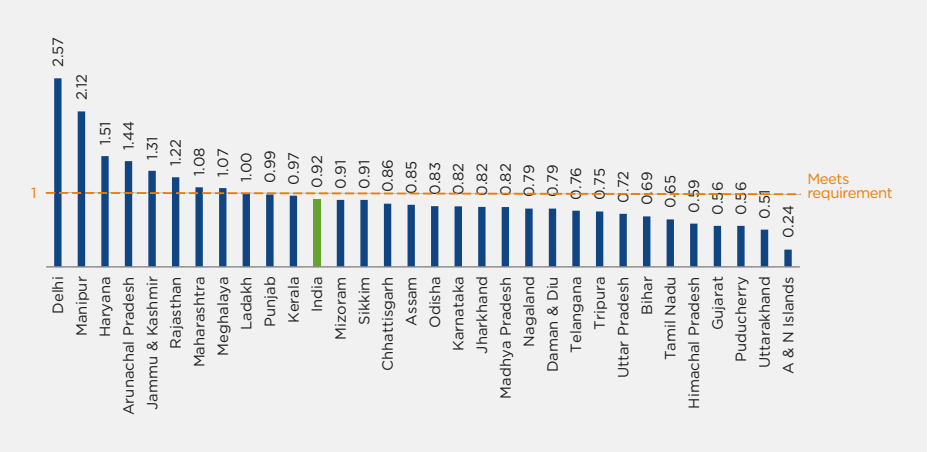


Figure A2.2-1: State/UT-wise average ratio of doctors in hospitals with up to 200 beds in position to the IPHS requirement of 34 doctors

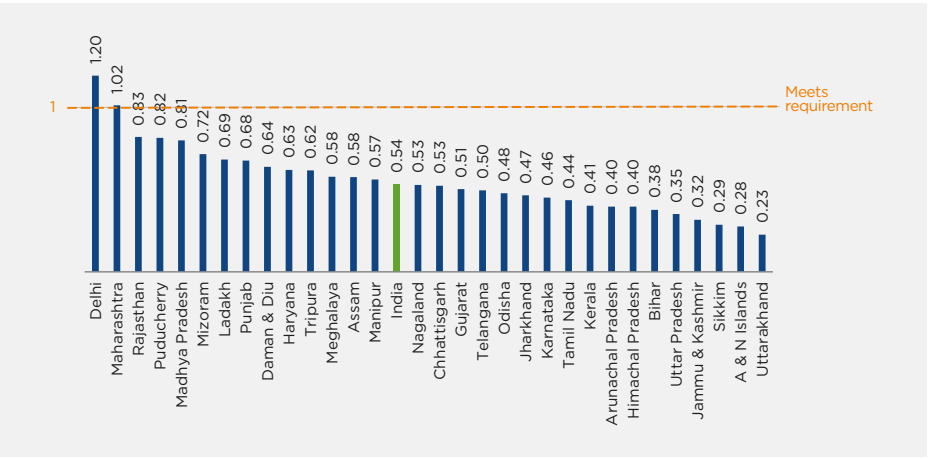


Figure A2.2-2: State/UT-wise average ratio of nurses in hospitals with up to 200 beds in position to the IPHS requirement of 90 nurses

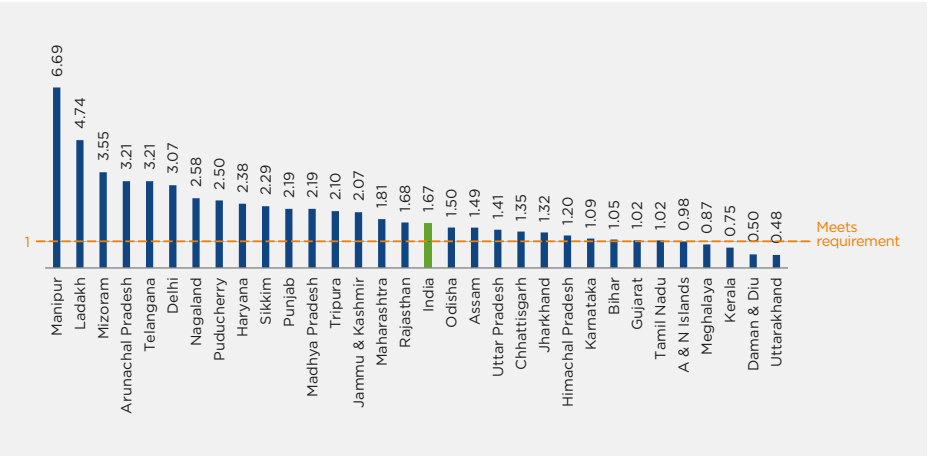


Figure A2.2-3: State/UT-wise average ratio of paramedical staff in hospitals with up to 200 beds in position to the IPHS requirement of 42 paramedical staff

For hospitals with 201 - 300 beds:

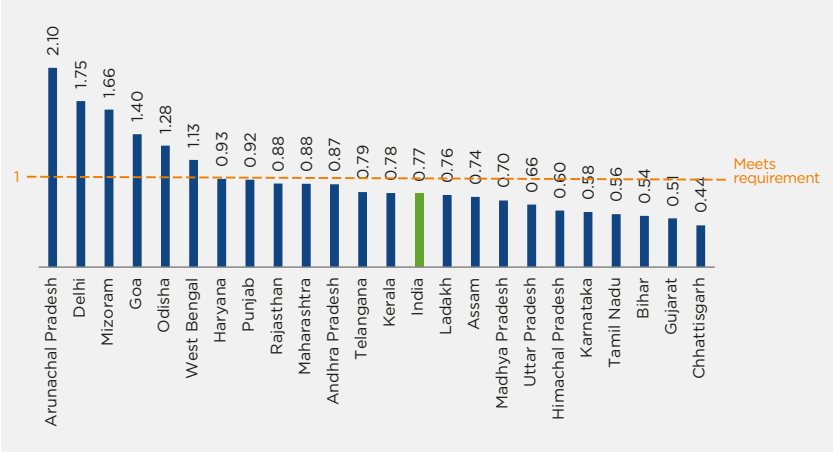


Figure A2.3-1: State/UT-wise average ratio of doctors in hospitals with up to 300 beds in position to the IPHS requirement of 50 doctors

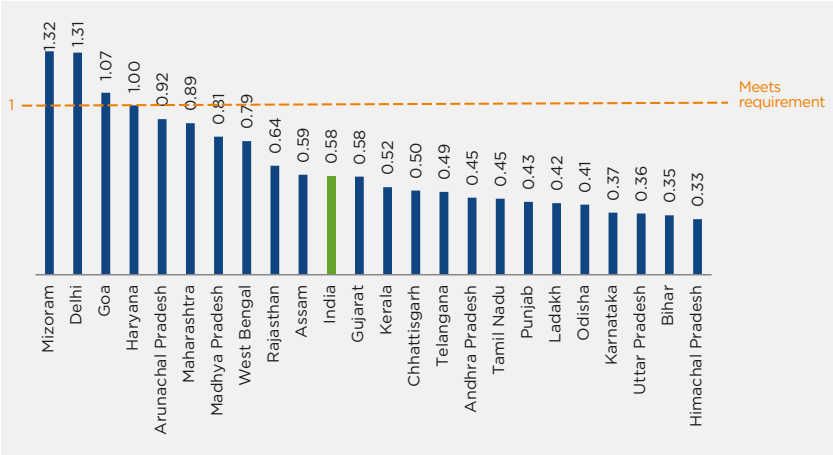


Figure A2.3-2: State/UT-wise average ratio of nurses in hospitals with up to 300 beds in position to the IPHS requirement of 135 nurses

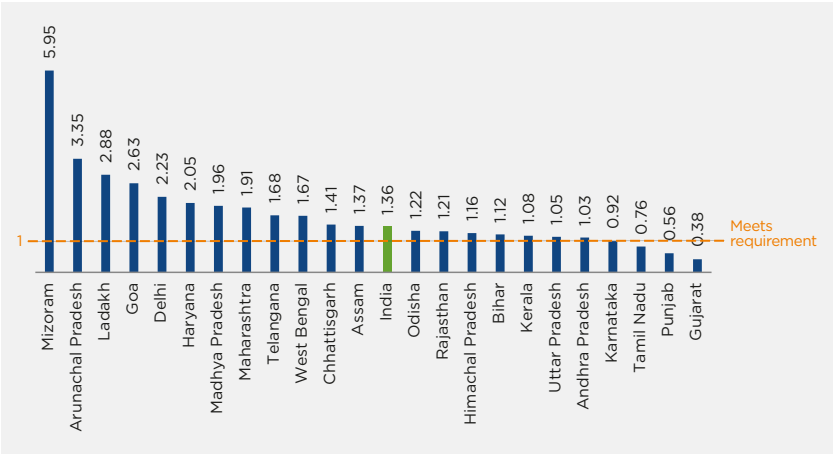


Figure A2.3-3: State/UT-wise average ratio of paramedical staff in hospitals with up to 300 beds in position to the IPHS requirement of 66 paramedical staff

For hospitals with 301 - 400 beds:

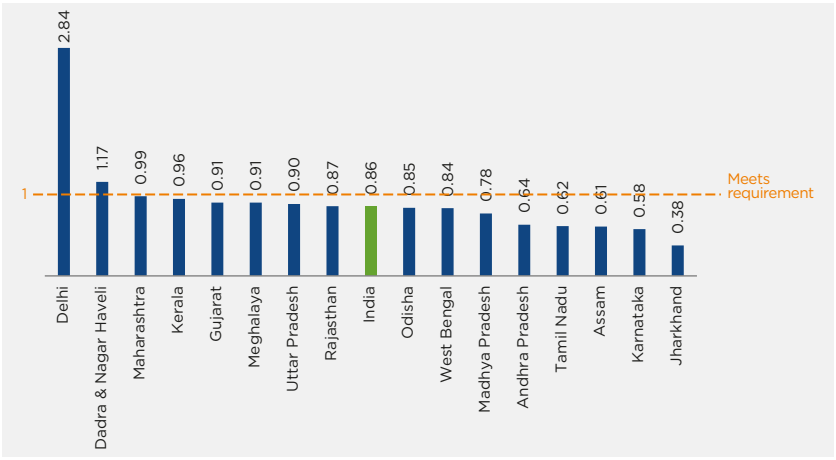


Figure A2.4-1: State/UT-wise average ratio of doctors in hospitals with up to 400 beds in position to the IPHS requirement of 58 doctors

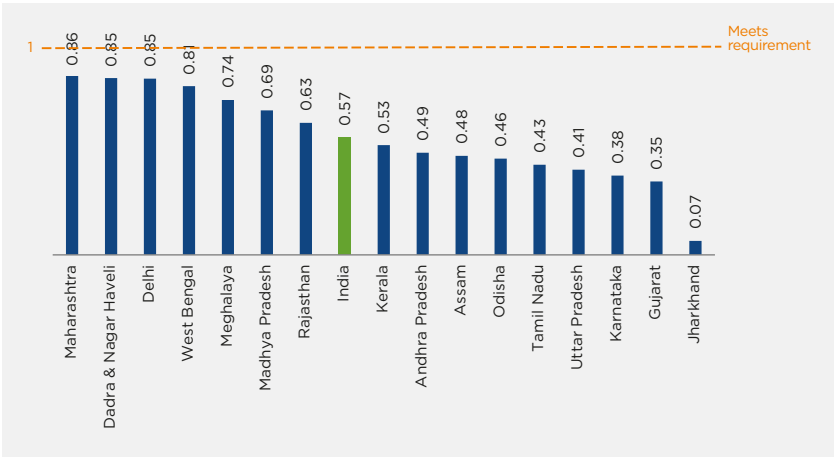


Figure A2.4-2: State/UT-wise average ratio of nurses in hospitals with up to 400 beds in position to the IPHS requirement of 180 nurses

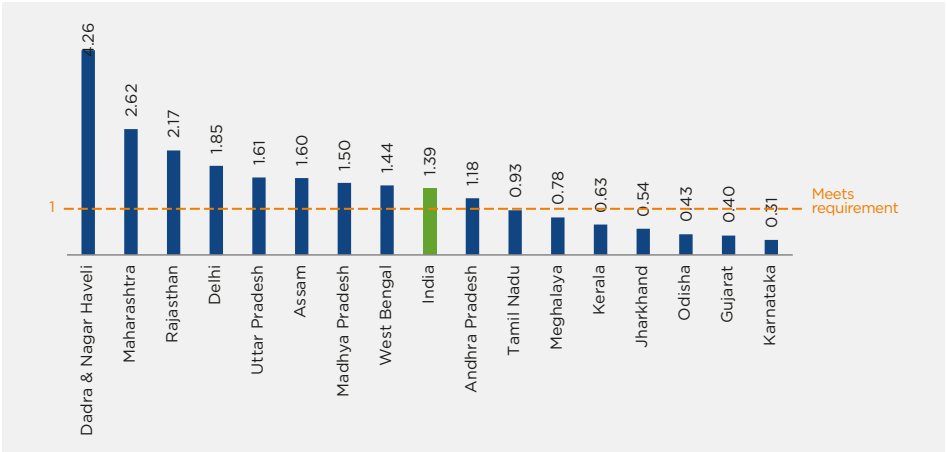


Figure A2.4-3: State/UT-wise average ratio of paramedical staff in hospitals with up to 400 beds in position to the IPHS requirement of 81 paramedical staff

For hospitals with more than 400 beds:

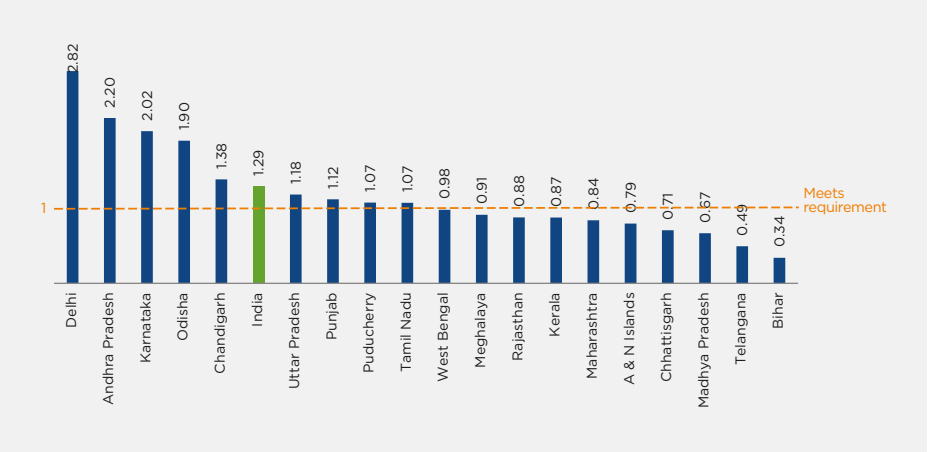


Figure A2.5-1: State/UT-wise average ratio of doctors in hospitals with more than 400 beds in position to the IPHS requirement of 68 doctors

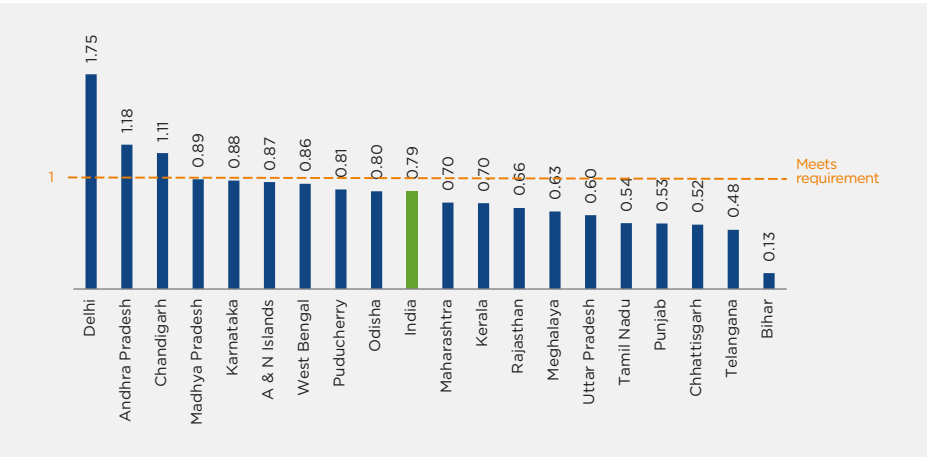


Figure A2.5-2: State/UT-wise average ratio of nurses in hospitals with more than 400 beds in position to the IPHS requirement of 225 nurses

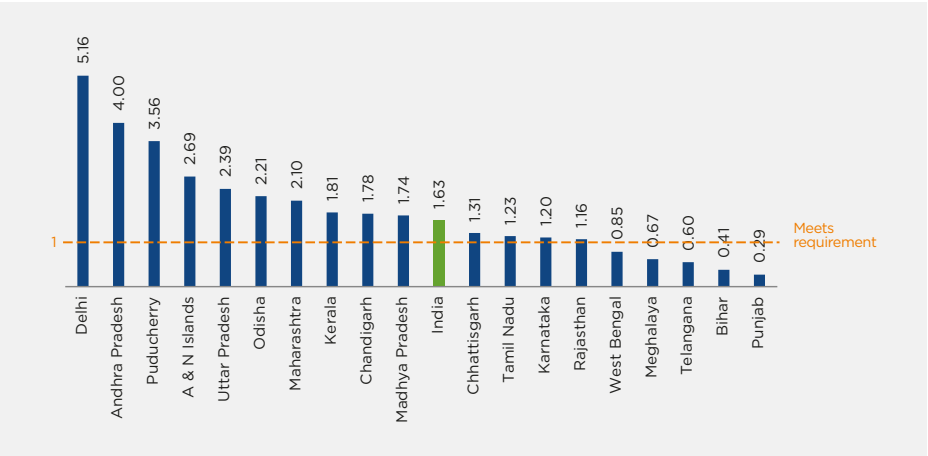


Figure A2.5-3: State/UT-wise average ratio of paramedical staff in hospitals with more than 400 beds in position to the IPHS requirement of 100 paramedical staff

KPI 3: AVAILABILITY OF SUPPORT SERVICES

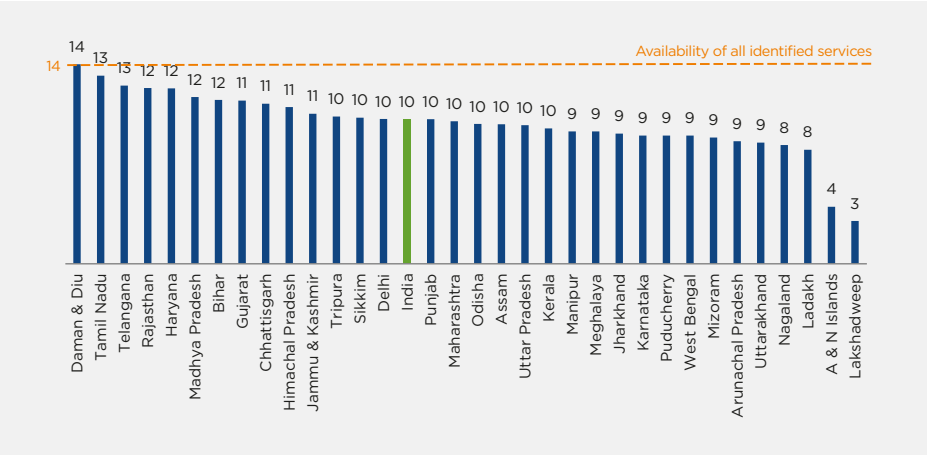


Figure A3-1: Average number of support services in small district hospitals (up to 200 beds) by State/UT

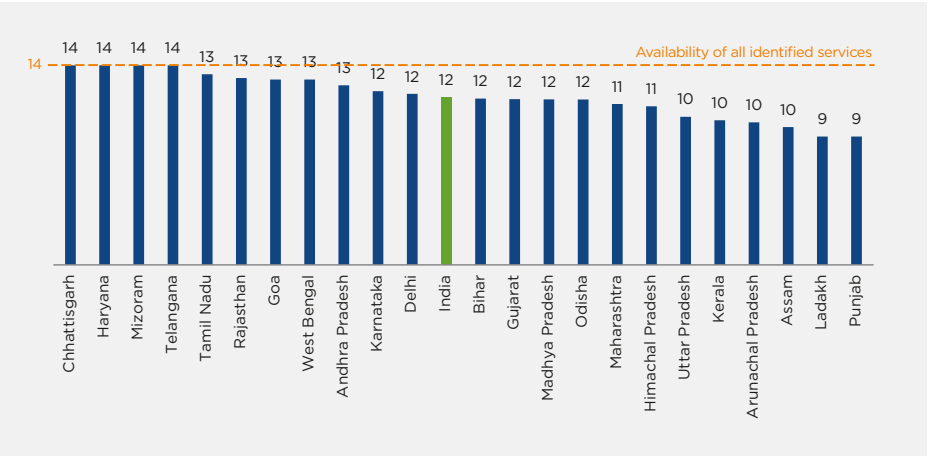


Figure A3-2: Average number of support services in mid-sized district hospitals (201–300 beds) by State/UT

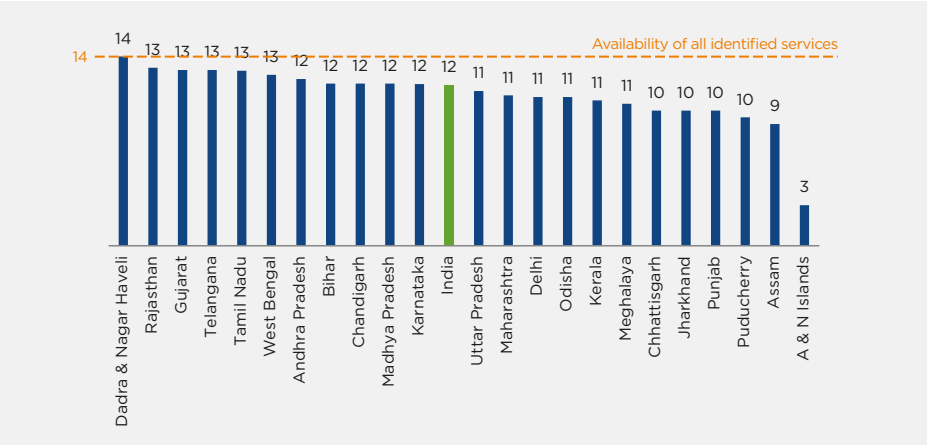


Figure A3-3: Average number of support services in large district hospitals (more than 300 beds) by State/UT

KPI 4: AVAILABILITY OF CORE HEALTH CARE SERVICES

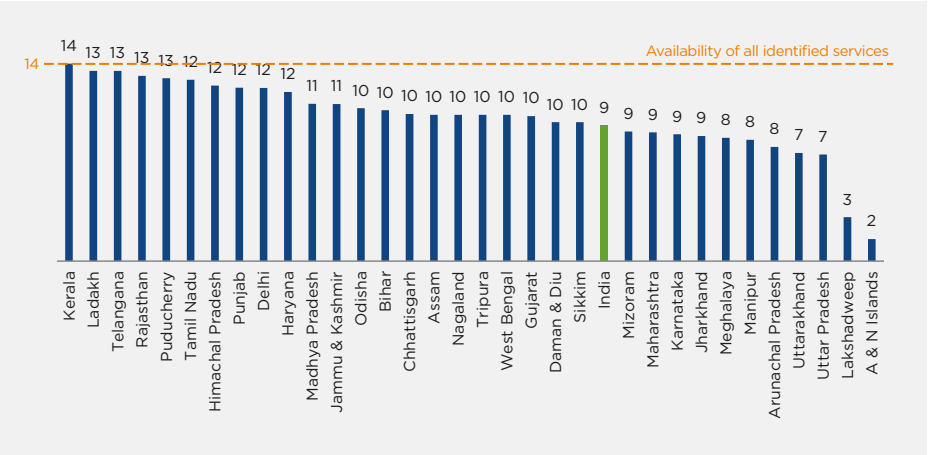


Figure A4-1: Average number of core health care services in small district hospitals (up to 200 beds) by State/UT

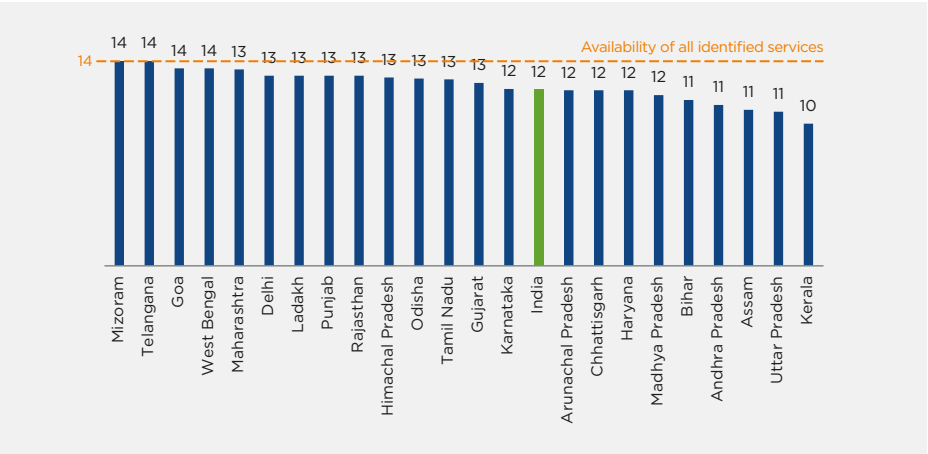


Figure A4-2: Average number of core health care services in mid-sized district hospitals (201–300 beds) by State/UT

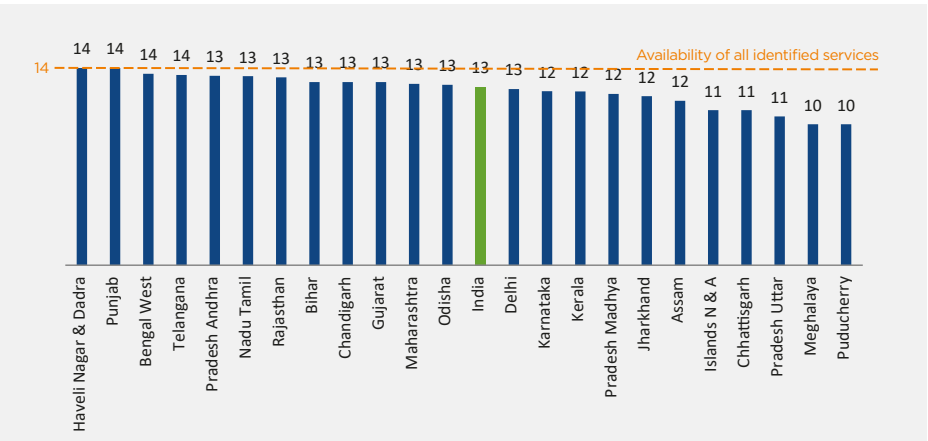


Figure A4-3: Average number of core health care services in large district hospitals (more than 300 beds) by State/UT

KPI 5: AVAILABILITY OF DIAGNOSTIC TESTING SERVICES

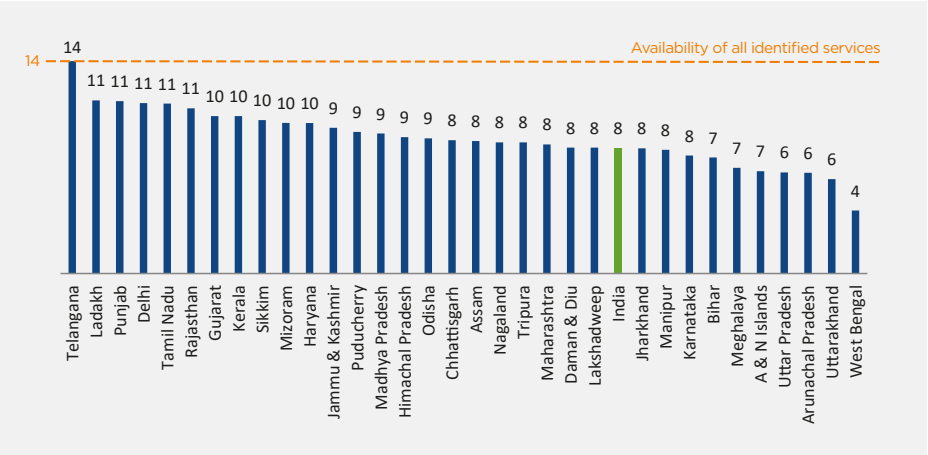


Figure A5-1: Average number of diagnostic testing services in small district hospitals (up to 200 beds) by State/UT

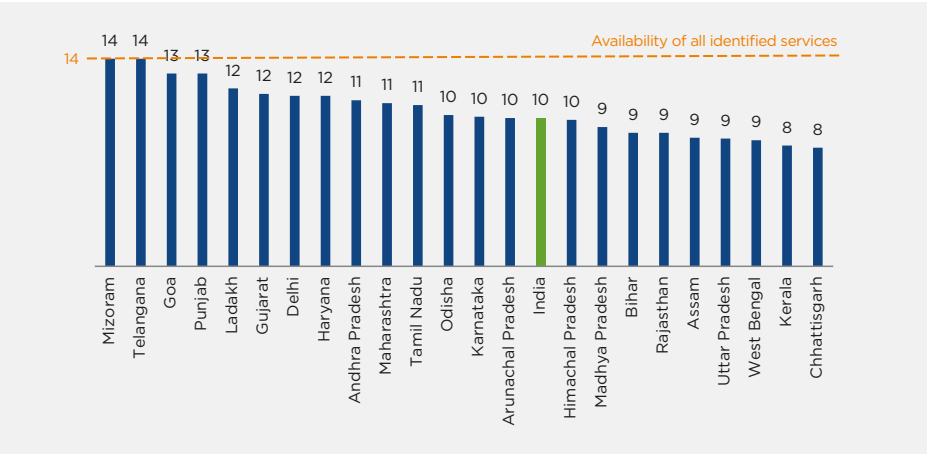


Figure A5-2: Average number of diagnostic testing services in mid-sized district hospitals (201–300 beds) by State/UT

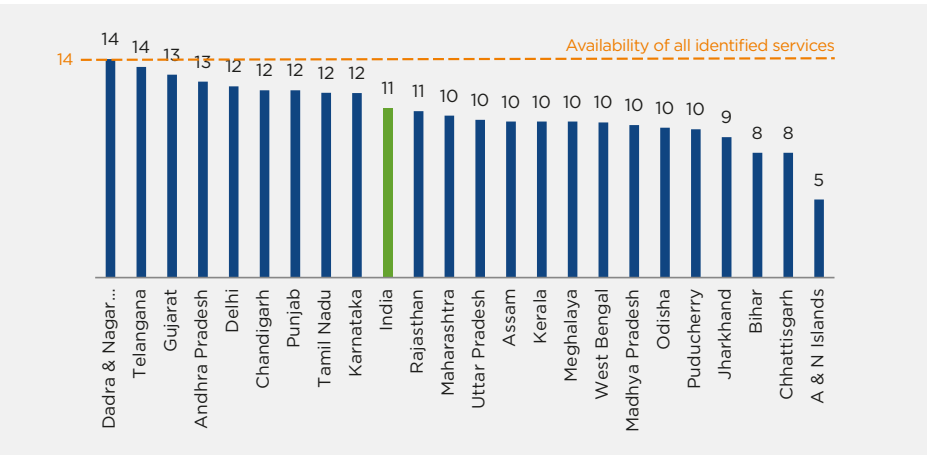


Figure A5-3: Average number of diagnostic testing services in large district hospitals (more than 300 beds) by State/UT

KPI 6: BED OCCUPANCY RATE

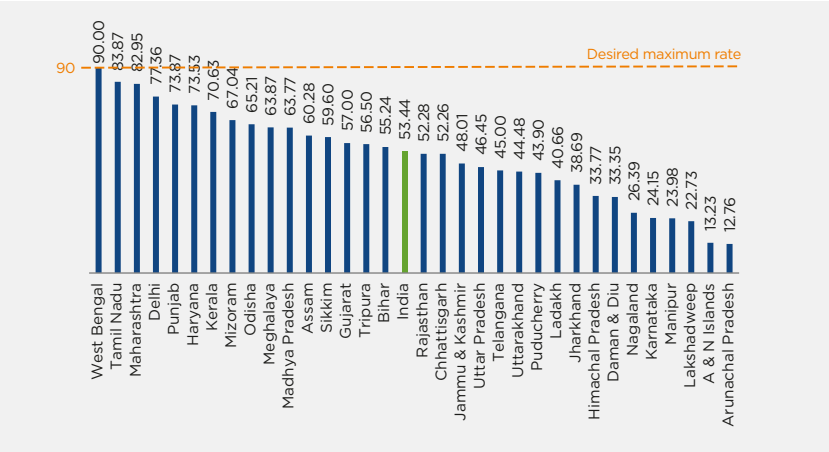


Figure A6-1: Average bed occupancy rate (%) in small district hospitals (up to 200 beds) by State/UT

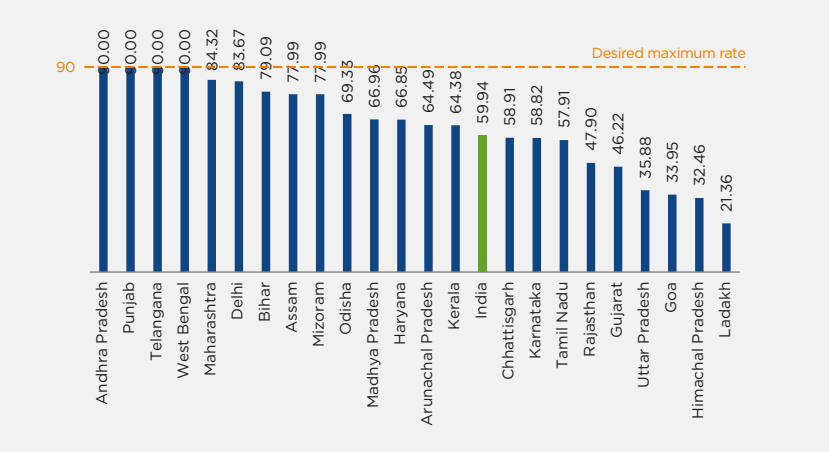


Figure A6-2: Average bed occupancy rate (%) in mid-sized district hospitals (201–300 beds) by State/UT

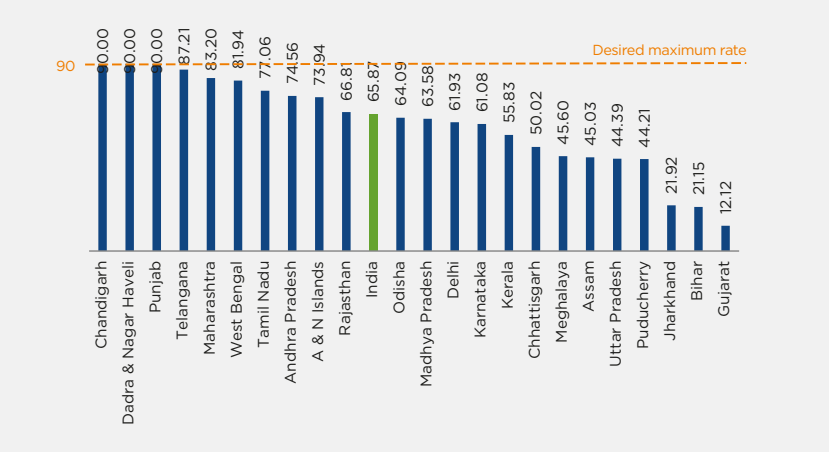


Figure A6-3: Average bed occupancy rate (%) in large district hospitals (more than 300 beds) by State/UT

KPI 7: C-SECTION RATE

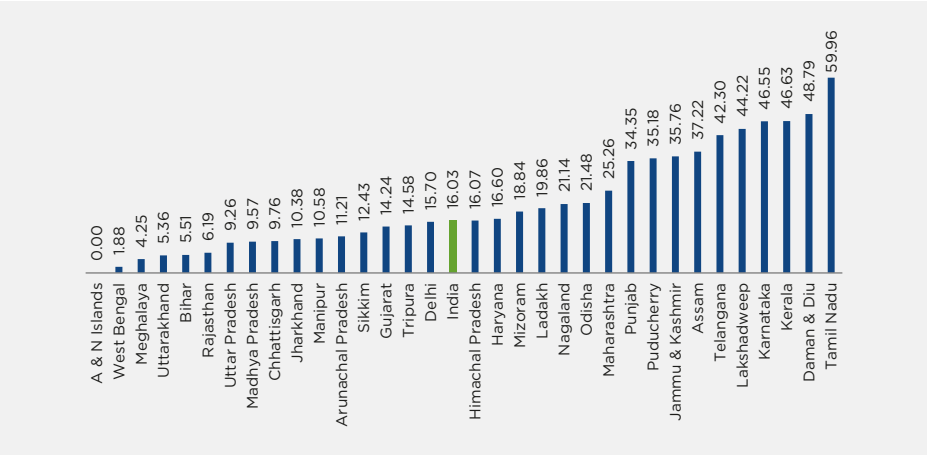


Figure A7-1: Average percentage of C-section deliveries in small district hospitals (up to 200 beds) by State/UT

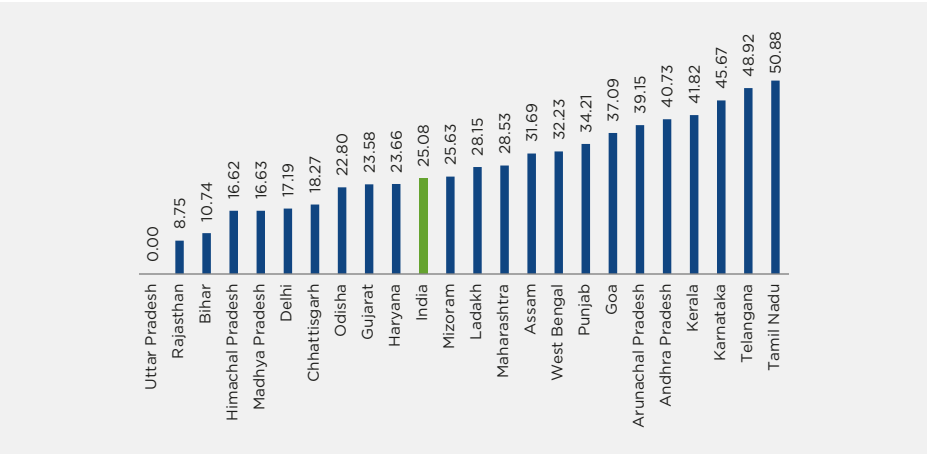


Figure A7-2: Average percentage of C-section deliveries in mid-sized district hospitals (201–300 beds) by State/UT

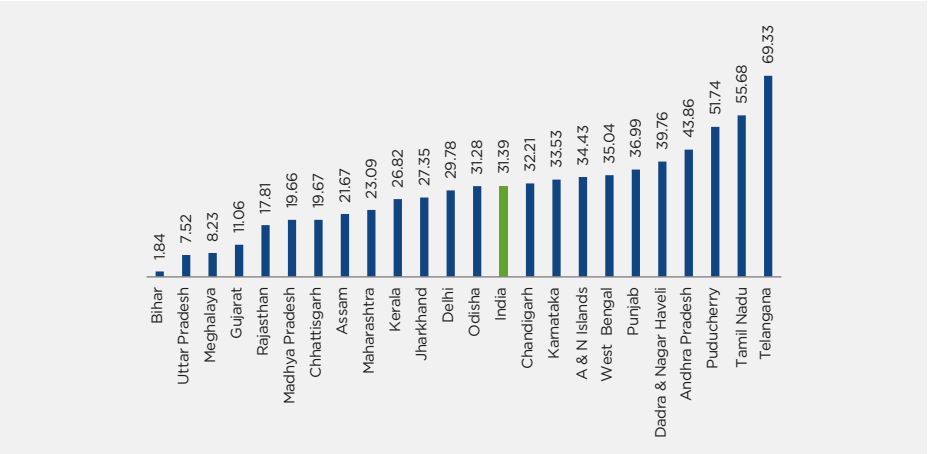


Figure A7-3: Average percentage of C-section deliveries in large district hospitals (more than 300 beds) by State/UT

KPI 8: SURGICAL PRODUCTIVITY INDEX

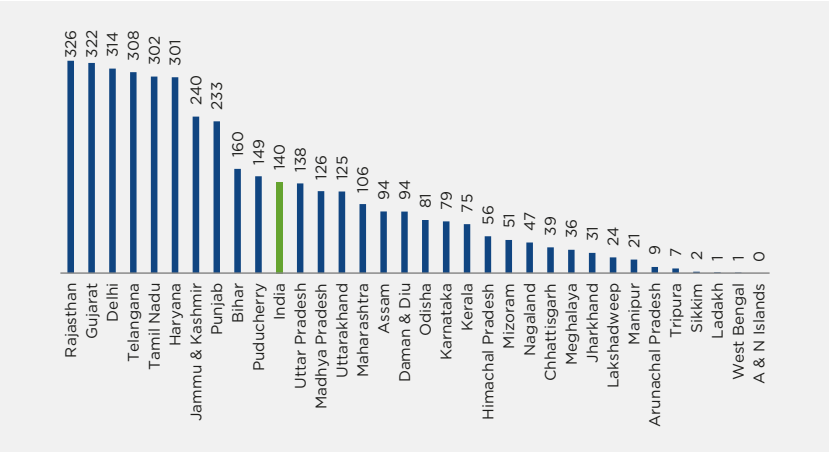


Figure A8-1: Average number of surgeries per surgeon performed in a year in small district hospitals (up to 200 beds) by State/UT

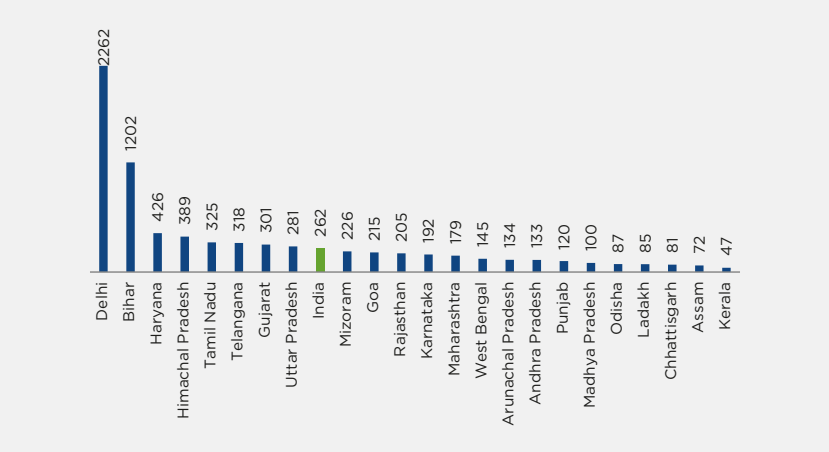


Figure A8-2: Average number of surgeries per surgeon performed in a year in mid-sized district hospitals (201–300 beds) by State/UT

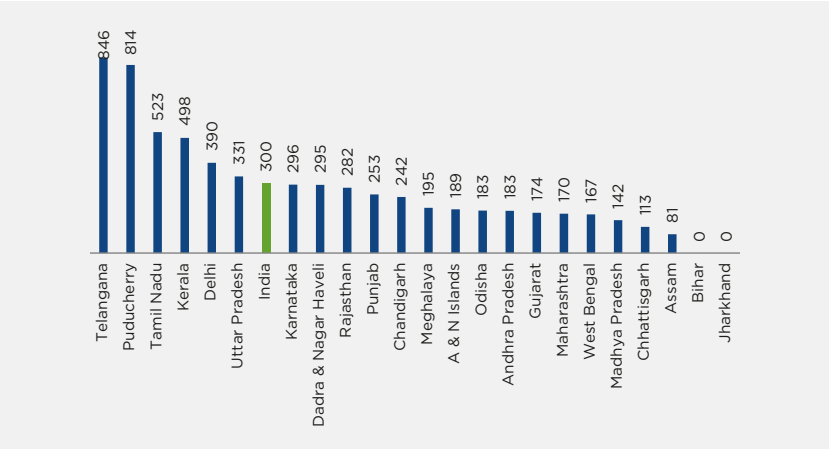


Figure A8-3: Average number of surgeries per surgeon performed in a year in large district hospitals (more than 300 beds) by State/UT

KPI 9: OPD PER DOCTOR

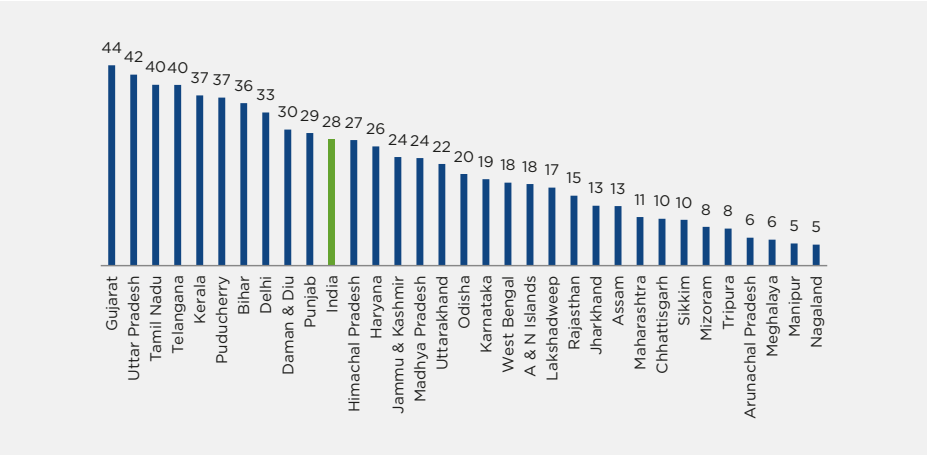


Figure A9-1: Average number of OPD patients per doctor in a day in small district hospitals (up to 200 beds) by State/UT

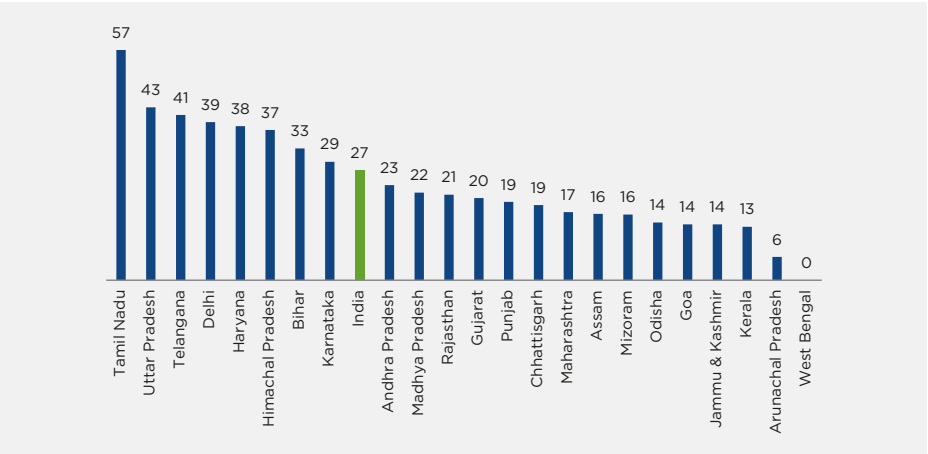


Figure A9-2: Average number of OPD patients per doctor in a day in mid-sized district hospitals (201–300 beds) by State/UT

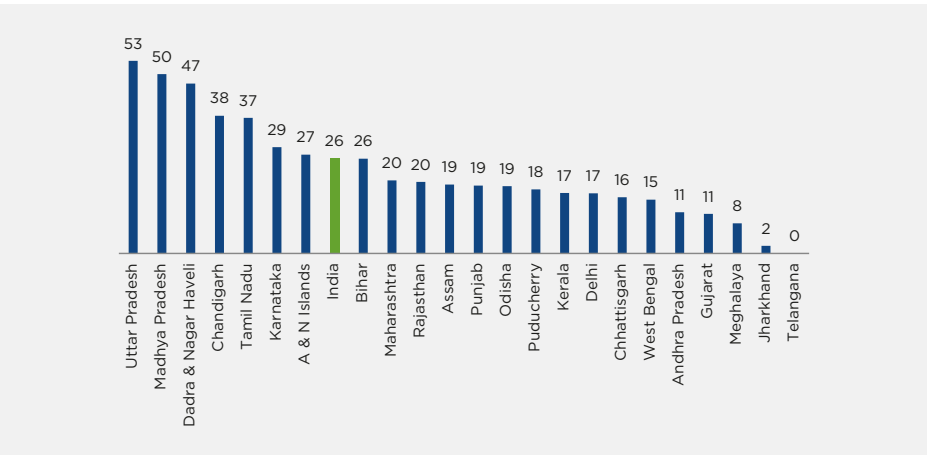


Figure A9-3: Average number of OPD patients per doctor in a day in large district hospitals (more than 300 beds) by State/UT

KPI 10: BLOOD BANK REPLACEMENT RATE

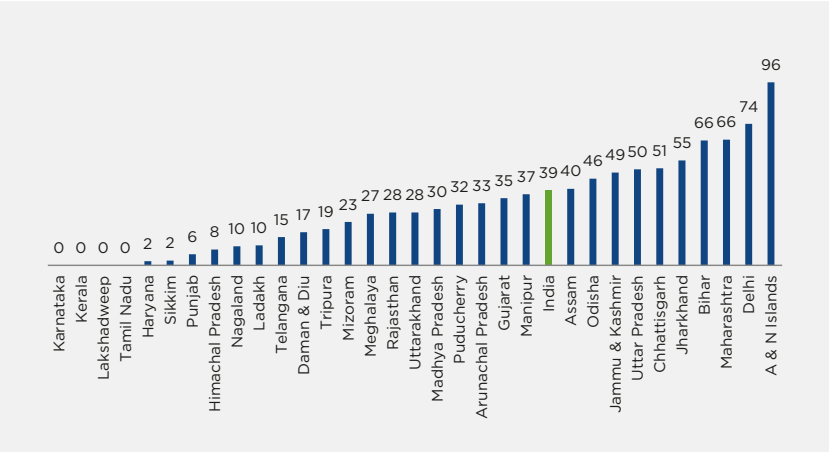


Figure A10-1: Average percentage of blood units issued on replacement in a year in small district hospitals (up to 200 beds) by State/UT

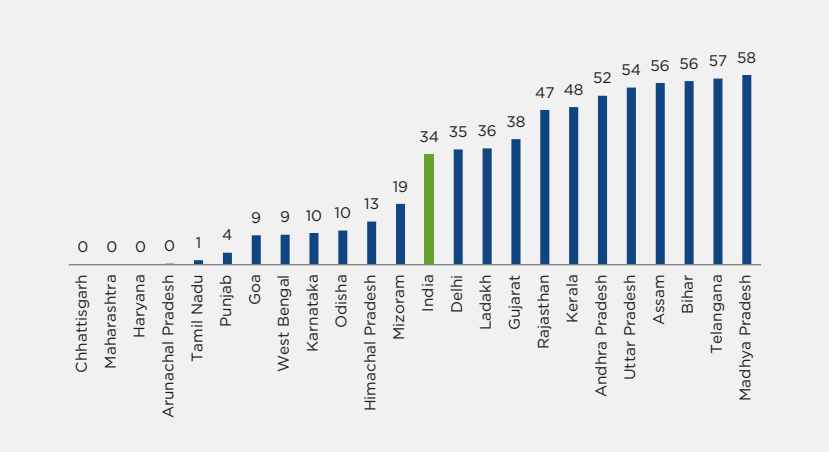


Figure A10-2: Average percentage of blood units issued on replacement in a year in mid-sized district hospitals (201–300 beds) by State/UT

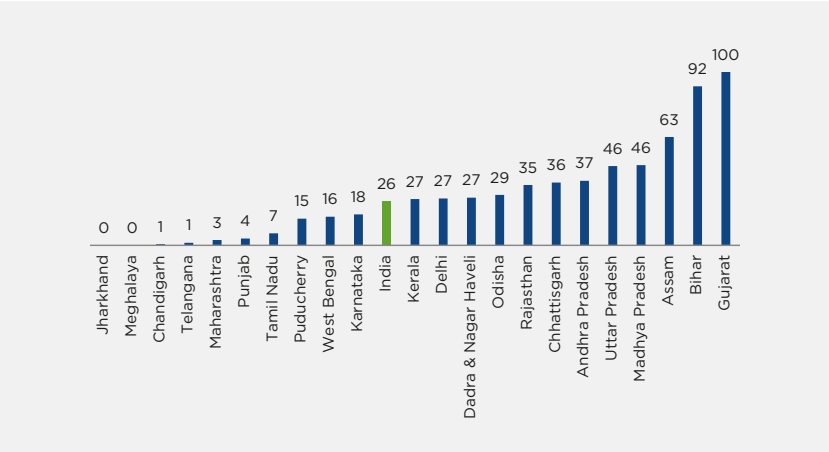


Figure A10-3: Average percentage of blood units issued on replacement in a year in large district hospitals (more than 300 beds) by State/UT

ANNEXURE 6

LIST OF DISTRICT HOSPITALS HAVING ALL REQUISITE SERVICES (SUPPORT SERVICES, CORE HEALTH CARE SERVICES, DIAGNOSTIC TESTING SERVICES)

ANNEXURE 6 - TABLE 6A: LIST OF DISTRICT HOSPITALS HAVING ALL IDENTIFIED SUPPORT SERVICES (N=14)

State/UT	District	District Hospital	Hospital category*
Andhra Pradesh	Chittoor	Govt. Maternity Hospital TH	M
	Nellore	Govt. General Hospital Nellore	L
Bihar	Sitamarhi	Sadar Hospital Sitamarhi	S
Chhattisgarh	Dhamtari	DH Dhamtari	M
Dadra and Nagar Haveli	Dadra and Nagar Haveli	Shri Vinoba Bhave Civil Hospital	L
Daman and Diu	Daman	Government Hospital Daman	S
	Diu	Government Hospital Diu	S
Goa	North Goa	North Goa District Hospital	M
Gujarat	Devbhumi Dwarka	Jam Khambhalia	S
	Mahesana	General Hospital Mehsana	M
	Panch Mahals	General Hospital Godhra	M
Haryana	Bhiwani	Civil Hospital	M
	Hisar	Civil Hospital	S
	Kaithal	IGMS Civil Hospital	S
	Kurukshetra	LNJP Civil Hospital	S
	Panchkula	Civil Hospital	M
	Rohtak	Civil Hospital	S
	Sonipat	Civil Hospital Sonepat	S
Jammu and Kashmir	Baramula	Baramula DH	S
	Pulwama	Pulwama DH	S
Karnataka	Bangalore Urban	KC General Hospital	L
	Chitradurga	Chitradurga District Hospital FRU	L
	Dakshina Kannada	Lady Goshan Hospital Mangalore DH FRU	M

* Hospital category - S: small (up to 200 beds); M: mid-sized (201-300 beds); L: large (more than 300 beds)

State/UT	District	District Hospital	Hospital category*
Karnataka	Dharwad	Dharwad District Hospital FRU	M
	Gulbarga	Gulbarga District Hospital FRU	L
	Hassan	Hassan District Hospital	L
	Koppal	Koppal District Hospital FRU	M
	Mandya	Mandya District Hospital	L
	Shimoga	Shimoga District Hospital	L
Kerala	Ernakulam	GH Ernakulam	L
Madhya Pradesh	Harda	DH Harda	S
	Jhabua	DH Jhabua	S
	Satna	DH Satna	L
	Tikamgarh	DH Tikamgarh	S
Maharashtra	Amravati	District General Hospital Amravati	L
	Raigarh	DH Alibag	M
Mizoram	Aizawl West	Aizawl Civil Hospital	M
Odisha	Balangir	DH Balangir	M
	Baleshwar	DH Balasore	L
	Kendrapara	DH Kendrapada	S
Rajasthan	Ajmer	A K Hospital Beawar Ajmer	L
	Chittaurgarh	District Hospital Chittaurgarh	L
	Churu	D B Government Hospital Churu	M
	Dausa	District Hospital Dausa	M
	Dhaulpur	Sadar Hospital Dholpur	L
	Ganganagar	Govt Hospital Sriganganagar	L
	Hanumangarh	DH Hanumangarh Town	L
	Jaisalmer	Jawahar Hospital Jaisalmer	S
	Jhunjhunun	B.D.K. Hospital Jhunjhunun	S
	Rajsamand	R K District Hospital Rajsamand	M
Tamil Nadu	Ariyalur	DH Ariyalur	M
	Coimbatore	DH Pollachi	L
	Dindigul	DH Dindigul	L
	Erode	DH Erode	L
	Kanniyakumari	DH Padhmanabapuram	S
	Madurai	DH Usilampatti	S
	Nagapattinam	DH Nagapattinam	L

State/UT	District	District Hospital	Hospital category*
Tamil Nadu	Namakkal	DH Namakkal	L
	Nilgiris	DH Uthagamandalam	L
	Ramanathapuram	DH Ramanathapuram	L
	Salem	DH Mettur Dam	M
	Theni	DH Periakulam	M
	Thiruvallur	DH Thiruvallur	L
	Thiruvarur	DH Mannargudi	L
	Tiruchirappalli	DH Manapparai	M
	Tirunelveli	DH Tenkasi	M
	Toothukudi	DH Kovilpatti	L
	Virudhunagar	DH Virudhunagar	L
Telangana	Khammam	DH Khammam	M
	Nalgonda	DH Nalgonda	L
	Sangareddy	DH Sangareddy	M
	Vikarabad	DH Tandur	S
Uttar Pradesh	Ambedkar Nagar	Mahatma Jyotiba Phule District Hospital	S
	Azamgarh	District Hospital Azamgarh	M
	Budaun	District Hospital Badaun	M
	Lucknow	DH Ram Manohar Lohiya	L
	Maharajganj	District Combined Hospital	S
	Prayagraj	Moti Lal Nehru District Hospital	S
	Rampur	District Male Hospital	S
	Sant Kabir Nagar	District Combined Hospital Sant Kabir Nagar	S
	Varanasi	Pt. Deen Dayal Upadhyay Govt Hospital	S
West Bengal	Alipurduar	Alipurduar District Hospital	M
	Dakshin Dinajpur	Balurghat DH & SSH	L
	Jalpaiguri	Jalpaiguri DH & SSH	L
	Koch Bihar	MJN District Hospital	L
	Nadia	District Hospital Nadia	L
	Purba Medinipur	Tamluk District Hospital	L
	Puruliya	D.M. Sadar DH & SSH	L
	Uttar Dinajpur	Raiganj DH & SSH	L

ANNEXURE 6 - TABLE 6B: LIST OF DISTRICT HOSPITALS HAVING ALL IDENTIFIED CORE HEALTH CARE SERVICES (N=14)

State/UT	District	District Hospital	Hospital category*
Andhra Pradesh	Anantapur	GGH Anantapur	L
	East Godavari	DH Rajahmundry	M
	Nellore	Govt. General Hospital Nellore	L
	Prakasam	RIMS Ongole TH	L
	Srikakulam	RIMS Srikakulam TH	L
Assam	Sibsagar	Sivasagar Civil Hospital	L
Dadra and Nagar Haveli	Dadra and Nagar Haveli	Shri Vinoba Bhave Civil Hospital	L
Delhi	Delhi North West	Sanjay Gandhi Memorial Hospital Mangolpuri	M
Goa	South Goa	South Goa District Hospital	M
Gujarat	Amreli	General Hospital Amreli	M
	Dahod	General Hospital Dahod	L
	Panch Mahals	General Hospital Godhra	M
	Tapi	General Hospital Vyara	M
	The Dangs	General Hospital Dang	S
Himachal Pradesh	Bilaspur	Bilaspur RH	M
	Mandi	Mandi ZH	M
	Sirmaur	Nahan RH	M
Karnataka	Bagalkote	Bagalkote District Hospital FRU	M
	Bangalore Urban	Jayanagar General Hospital	M
	Bidar	Bidar District Hospital	L
	Chamrajnagar	Chamarajnagar District Hospital FRU	M
	Dharwad	Hubli KIMS District Hospital	L
	Gulbarga	Gulbarga District Hospital FRU	L
	Hassan	Hassan District Hospital	L
	Kodagu	Kodagu District Hospital FRU	L
	Kolar	Kolar District Hospital FRU	L

* Hospital category - S: small (up to 200 beds); M: mid-sized (201-300 beds); L: large (more than 300 beds)

State/UT	District	District Hospital	Hospital category*
Karnataka	Mandya	Mandya District Hospital	L
	Raichur	Raichur District Hospital	L
	Shimoga	Shimoga District Hospital	L
	Tumkur	Tumkur District Hospital FRU	L
	Uttara Kannada	Uttara Kannada District Hospital FRU	L
Kerala	Ernakulam	DH Aluva	M
	Ernakulam	GH Ernakulam	L
	Kannur	GH Thalassery	L
	Kasaragod	DH Kanhangad	L
	Kozhikode	General Hospital Calicut	L
	Malappuram	DH Tirur	S
	Malappuram	GH Manjeri	L
	Pathanamthitta	General Hosp Pathanamthitta	L
	Thrissur	GH Thrissur	M
	Wayanad	DH Mananthavady	M
Madhya Pradesh	Satna	DH Satna	L
Maharashtra	Ahmednagar	DH Ahmednagar	M
	Beed	District Hospital Beed	L
	Nashik	District Hospital Nashik	L
	Pune	DH Aundh	L
	Raigarh	DH Alibag	M
	Ratnagiri	District Hospital Ratnagiri	S
	Satara	Lt Karntisigh Nana Patil Civil Hospital Satara	M
	Thane	District Hospital Thane	M
Mizoram	Aizawl West	Aizawl Civil Hospital	M
Odisha	Balangir	DH Balangir	M
	Baleshwar	DH Balasore	L
	Khordha	Capital Hospital	L
	Mayurbhanj	DH Baripada	M
	Puri	DH Puri	L
Puducherry	Karaikal	Govt. General Hospital	L
	Mahe	Govt. General Hospital	S

State/UT	District	District Hospital	Hospital category*
Punjab	Jalandhar	Jalandhar DH	L
Rajasthan	Bharatpur	RBM Hospital, Bharatpur	L
	Churu	D B Government Hospital Churu	M
	Ganganagar	Govt Hospital Sriganganagar	L
	Hanumangarh	DH Hanumangarh Town	L
	Jhunjhunun	B.D.K. Hospital Jhunjhunun	S
	Karauli	General Hospital Karauli	M
	Rajsamand	R K District Hospital Rajsamand	M
	Sikar	S K Hospital, Sikar	L
	Tonk	District Sahadat Hospital Tonk	S
Tamil Nadu	Ariyalur	DH Ariyalur	M
	Chennai	Kilpauk Hospital	L
	Cuddalore	DH Cuddalore	L
Tamil Nadu	Dindigul	DH Dindigul	L
	Erode	DH Erode	L
	Kancheepuram	DH Kancheepuram	L
	Karur	DH Kulithalai	S
	Krishnagiri	DH Krishnagiri	L
	Namakkal	DH Namakkal	L
	Ramanathapuram	DH Ramanathapuram	L
	Salem	DH Mettur Dam	M
	Sivaganga	DH Karaikudi	M
	Thiruvallur	DH Thiruvallur	L
	Tirupur	DH Tiruppur	L
	Toothukudi	DH Kovilpatti	L
	Vellore	DH Walajapet	M
	Virudhunagar	DH Virudhunagar	L
Telangana	Karim Nagar	DH Karimnagar	L
	Khammam	DH Khammam	M
	Sangareddy	DH Sangareddy	M
	Vikarabad	DH Tandur	S
Uttar Pradesh	Lucknow	DH Ram Manohar Lohiya	L

State/UT	District	District Hospital	Hospital category*
West Bengal	Birbhum	Rampuhat DH & SSH	M
	Darjiling	Siliguri DH	L
	Darjiling	Darjeeling DH	L
	Hugli	Imambara District Hospital	L
	Jalpaiguri	Jalpaiguri DH & SSH	L
	Jhargram	Jhargram DH & SSH	L
	North Twenty Four Parganas	Barasat DH	L
	Paschim Barddhaman	Asansol DH & SSH	L
	Purba Medinipur	Tamluk District Hospital	L
	Puruliya	D.M. Sadar DH & SSH	L
	South Twenty Four Parganas	M. R. Bangur DH & SSH	L

ANNEXURE 6 - TABLE 6C: LIST OF DISTRICT HOSPITALS HAVING ALL IDENTIFIED DIAGNOSTIC TESTING SERVICES (N=14)

State/UT	District	District Hospital	Hospital category*
Andhra Pradesh	Nellore	Govt. General Hospital Nellore	L
	Srikakulam	RIMS Srikakulam TH	L
	Vishakapatnam	King George Hospital TH	L
Dadra and Nagar Haveli	Dadra and Nagar Haveli	Shri Vinoba Bhave Civil Hospital	L
Delhi	Delhi South	Pt. Madan Mohan Malviya Hospital	S
Gujarat	Dahod	General Hospital Dahod	L
	Panch Mahals	General Hospital Godhra	M
Karnataka	Bangalore Urban	Vanivilas Hospital	L
	Bellary	VIMS Bellary Medical College	L
	Dakshina Kannada	Wenlock Hospital Mangalore DH	L
	Dharwad	Hubli KIMS District Hospital	L
	Hassan	Hassan District Hospital	L
	Shimoga	Shimoga District Hospital	L

State/UT	District	District Hospital	Hospital category*
Maharashtra	Gadchiroli	District Hospital Gadchiroli	M
Mizoram	Aizawl West	Aizawl Civil Hospital	M
Rajasthan	Bhilwara	M G Hospital Bhilwara	L
Tamil Nadu	Chennai	Kilpauk Hospital	L
Telangana	Karim Nagar	Karimnagar	L
	Khammam	DH Khammam	M
	Sangareddy	DH Sangareddy	M
	Vikarabad	DH Tandur	S

* Hospital category - S: small (up to 200 beds); M: mid-sized (201-300 beds); L: large (more than 300 beds)

ANNEXURE 7

KPI-WISE RAW SCORES FOR DISTRICT HOSPITALS

Key for Table 7A and Table 7B:

KPI	Name of the KPI	Numerator (Num.)	Denominator (Den.)	Raw Score
Table 7A				
KPI 1	No. of functional hospital beds per 100,000 population	No. of functional beds available in the hospital	District population	Num. × 100000 / Den.
KPI 2.1	Ratio of doctors in position to IPHS norms	No. of doctors positioned in the hospital	No. of doctors required as per IPHS norm	Num. / Den.
KPI 2.2	Ratio of staff nurses in position to IPHS norms	No. of staff nurses positioned in the hospital	No. of staff nurses required as per IPHS norm	Num. / Den.
KPI 2.3	Ratio of paramedical staff in position to IPHS norms	No. of paramedical staff are positioned in the hospital	No. of paramedical staff required as per IPHS norm	Num. / Den.
KPI 3	Availability of support services	Total no. of support services available	Total services identified (N=14)	Num. / Den.
KPI 4	Availability of core health care services	Total no. of core health care services available	Total services identified (N=14)	Num. / Den.
KPI 5	Availability of diagnostic testing services	Total no. of diagnostic testing services available	Total services identified (N=14)	Num. / Den.
Table 7B				
KPI 6	Bed occupancy rate	Total number of inpatient bed days in a year	No. of functional beds available in the hospital	(Num. × 100) / (Den. × 365)
KPI 7	C-section rate	Total number of C-section deliveries performed in a year	Total number of deliveries performed in a year (Normal + Assisted Deliveries + C Section)	Num. × 100 / Den.
KPI 8	Surgical Productivity Index	Total number of major surgeries in a year (excluding - Obstetrics & Gynecology, Ophthalmology Surgeries)	Total number of surgeons in this hospital (excluding Obstetric/ Gynecological Surgeon & Ophthalmologist)	Num. / Den.
KPI 9	OPD per doctor	Total number of OPD patients in a year (Allopathic + AYUSH outpatient attendance)	(i) Total number of OPD days in a year (ii) Total number of positioned doctors	Num. / (i) × (ii)
KPI 10	Blood bank replacement rate	Total number of blood units issued on replacement in a year	Total number of blood units issued in a year (inclusive voluntary blood donation)	Num. × 100 / Den.

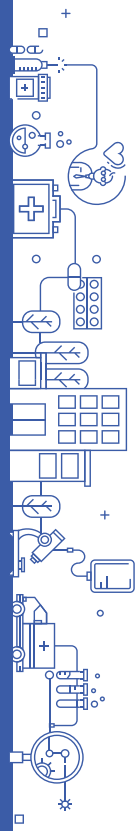
ANNEXURE 7 - TABLE 7A - KPIs 1-5

Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D1	DH1	S	126	36842	342.00	8	34	0.24	25	90	0.28	41	42	0.98	4	2	6
D2	DH2	S	60	105597	56.82	12	29	0.41	16	45	0.36	43	31	1.39	4	1	7
D3	DH3	L	476	238142	199.88	54	68	0.79	196	225	0.87	269	100	2.69	3	11	5
D4	DH4	L	500	4081148	12.25	135	68	1.99	161	225	0.72	235	100	2.35	13	14	11
D5	DH5	M	300	895721.9	33.49	35	50	0.70	31	135	0.23	40	66	0.61	14	4	9
D5	DH6	L	1098	3278342	33.49	157	68	2.31	198	225	0.88	327	100	3.27	13	13	13
D6	DH7	L	350	2882469	12.14	29	58	0.50	74	180	0.41	30	81	0.37	12	13	13
D7	DH8	M	250	5154296	4.85	40	50	0.80	86	135	0.64	149	66	2.26	13	14	13
D8	DH9	M	257	4887813	5.26	38	50	0.76	57	135	0.42	23	66	0.35	11	11	11
D9	DH10	L	350	4517398	7.75	39	58	0.67	60	180	0.33	36	81	0.44	10	13	13
D10	DH11	M	300	4053463	7.40	46	50	0.92	71	135	0.53	24	66	0.36	12	13	11
D11	DH12	L	1077	2963557	36.34	103	68	1.51	341	225	1.52	22	100	0.22	14	14	14
D12	DH13	L	500	3397448	14.72	93	68	1.37	197	225	0.88	286	100	2.86	12	14	11
D13	DH14	L	500	2703114	18.50	89	68	1.31	229	225	1.02	459	100	4.59	13	14	14
D14	DH15	L	2042	4290589	47.59	320	68	4.71	461	225	2.05	1071	100	10.71	12	13	14
D15	DH16	M	300	2344474	12.80	59	50	1.18	62	135	0.46	103	66	1.56	13	13	12
D16	DH17	L	350	3936966	8.89	43	58	0.74	131	180	0.73	220	81	2.72	12	13	10

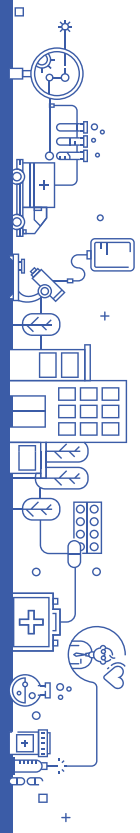
Note:

Hospital category - S: small (up to 200 beds); M: mid-sized (201-300 beds); L: large (more than 300 beds)

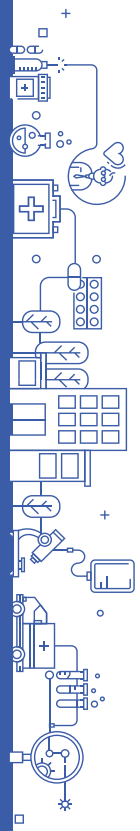
0 - data not provided/ error in submitted data



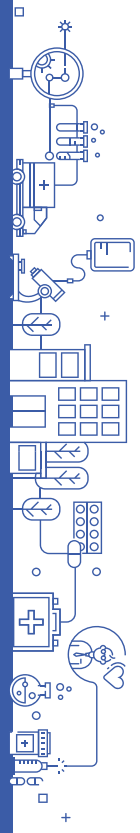
Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D17	DH18	S	150	99214	151.19	49	34	1.44	36	90	0.40	135	42	3.21	10	12	10
D18	DH19	S	68	145726	46.66	21	29	0.72	21	45	0.47	32	31	1.03	5	7	6
D19	DH20	S	72	54080	133.14	11	29	0.38	25	45	0.56	13	31	0.42	11	4	3
D20	DH21	M	254	176573	143.85	105	50	2.10	124	135	0.92	221	66	3.35	10	12	10
D21	DH22	S	38	49977	76.03	13	29	0.45	14	45	0.31	86	31	2.77	9	7	6
D22	DH23	S	80	112274	71.25	22	29	0.76	25	45	0.56	119	31	3.84	8	9	7
D23	DH24	S	70	950075	7.37	21	29	0.72	24	45	0.53	12	31	0.39	9	7	8
D24	DH25	S	45	1693622	2.66	22	29	0.76	22	45	0.49	12	31	0.39	13	10	9
D25	DH26	S	160	738804	21.66	25	34	0.74	38	90	0.42	101	42	2.40	11	11	8
D26	DH27	S	82	1736617	4.72	21	29	0.72	35	45	0.78	92	31	2.97	9	7	7
D27	DH28	S	100	482162	20.74	15	29	0.52	32	45	0.71	9	31	0.29	8	8	7
D28	DH29	S	200	928500	21.54	29	34	0.85	66	90	0.73	26	42	0.62	8	10	8
D29	DH30	S	160	686133	23.32	27	34	0.79	63	90	0.70	22	42	0.52	9	10	8
D30	DH31	S	200	1949258	10.26	30	34	0.88	63	90	0.70	18	42	0.43	11	11	10
D31	DH32	S	136	214102	63.52	20	34	0.59	44	90	0.49	109	42	2.60	9	10	9
D32	DH33	S	200	1008183	19.84	29	34	0.85	31	90	0.34	134	42	3.19	11	12	11
D33	DH34	L	325	1066888	30.46	31	58	0.53	78	180	0.43	22	81	0.27	9	10	9
D34	DH35	S	102	659296	15.47	16	34	0.47	35	90	0.39	97	42	2.31	9	8	7
D35	DH36	S	50	1253938	3.99	30	29	1.03	29	45	0.64	14	31	0.45	8	8	9
D36	DH37	S	40	1517542	2.64	25	29	0.86	15	45	0.33	47	31	1.52	12	10	6
D37	DH38	S	200	956313	20.91	52	34	1.53	65	90	0.72	27	42	0.64	9	10	8



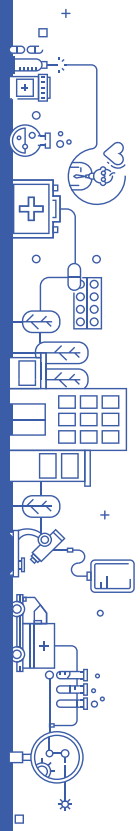
Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D38	DH39	S	169	1228686	13.75	32	34	0.94	48	90	0.53	114	42	2.71	11	13	8
D39	DH40	S	200	887142	22.54	29	34	0.85	68	90	0.76	14	42	0.33	11	13	10
D40	DH41	M	220	1042137	21.11	43	50	0.86	104	135	0.77	21	66	0.32	9	10	7
D41	DH42	S	150	957423	15.67	34	34	1.00	46	90	0.51	73	42	1.74	10	11	10
D42	DH43	L	302	2823768	10.69	39	58	0.67	93	180	0.52	197	81	2.43	9	11	11
D43	DH44	M	235	771639	30.45	39	50	0.78	57	135	0.42	117	66	1.77	11	12	10
D44	DH45	L	309	1151050	26.85	37	58	0.64	86	180	0.48	169	81	2.09	9	14	10
D45	DH46	M	262	1924110	13.62	29	50	0.58	78	135	0.58	133	66	2.02	9	10	9
D46	DH47	S	150	1327929	11.30	31	34	0.91	71	90	0.79	60	42	1.43	10	11	8
D47	DH48	S	121	831668	14.55	20	34	0.59	42	90	0.47	20	42	0.48	8	10	9
D48	DH49	S	100	2811569	3.56	17	29	0.59	15	45	0.33	41	31	1.32	12	8	6
D49	DH50	S	97	700843	13.84	18	29	0.62	19	45	0.42	28	31	0.90	11	9	8
D50	DH51	S	114	2540073	4.49	17	34	0.50	16	90	0.18	40	42	0.95	12	9	6
D51	DH52	S	124	2034763	6.09	16	34	0.47	47	90	0.52	56	42	1.33	11	8	8
D52	DH53	S	108	2970541	3.64	22	34	0.65	49	90	0.54	14	42	0.33	13	12	10
D53	DH54	S	30	3037766	0.99	22	29	0.76	26	45	0.58	11	31	0.35	11	9	9
D54	DH55	S	150	2728407	5.50	35	34	1.03	37	90	0.41	14	42	0.33	12	13	8
D55	DH56	S	100	1706352	5.86	23	29	0.79	27	45	0.60	39	31	1.26	11	11	5
D56	DH57	S	160	5099371	3.14	33	34	0.97	31	90	0.34	48	42	1.14	11	13	8
D57	DH58	S	60	4391418	1.37	12	29	0.41	50	45	1.11	59	31	1.90	10	6	9
D58	DH59	S	105	2562012	4.10	21	34	0.62	21	90	0.23	37	42	0.88	12	13	8



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D59	DH60	S	100	1760405	5.68	12	29	0.41	25	45	0.56	39	31	1.26	10	9	5
D60	DH61	S	100	1125313	8.89	32	29	1.10	54	45	1.20	14	31	0.45	9	13	9
D61	DH62	S	102	1626384	6.27	15	34	0.44	29	90	0.32	42	42	1.00	12	10	6
D62	DH63	S	120	3071029	3.91	19	34	0.56	30	90	0.33	55	42	1.31	12	11	8
D63	DH64	S	100	1666886	6.00	14	29	0.48	53	45	1.18	11	31	0.35	12	12	8
D64	DH65	S	100	1690400	5.92	14	29	0.48	20	45	0.44	67	31	2.16	12	9	8
D65	DH66	S	75	1000912	7.49	16	29	0.55	48	45	1.07	17	31	0.55	12	10	1
D66	DH67	S	80	2001762	4.00	14	29	0.48	30	45	0.67	10	31	0.32	13	11	8
D67	DH68	S	110	4487379	2.45	21	34	0.62	43	90	0.48	55	42	1.31	10	12	8
D68	DH69	S	160	1367765	11.70	26	34	0.76	50	90	0.56	84	42	2.00	11	11	7
D69	DH70	S	164	4801062	3.42	20	34	0.59	34	90	0.38	57	42	1.36	10	12	9
D70	DH71	M	300	2877653	10.43	24	50	0.48	50	135	0.37	59	66	0.89	10	11	9
D71	DH72	S	82	2219146	3.70	18	29	0.62	52	45	1.16	102	31	3.29	13	9	7
D72	DH73	M	300	3264619	9.19	41	50	0.82	52	135	0.39	147	66	2.23	12	12	10
D73	DH74	S	100	2959918	3.38	22	29	0.76	36	45	0.80	83	31	2.68	12	10	8
D74	DH75	M	281	1900661	14.78	16	50	0.32	40	135	0.30	15	66	0.23	13	11	8
D75	DH76	S	98	4261566	2.30	18	29	0.62	65	45	1.44	101	31	3.26	11	9	5
D76	DH77	S	135	3951862	3.42	24	34	0.71	29	90	0.32	41	42	0.98	12	12	9
D77	DH78	S	83	636342	13.04	23	29	0.79	31	45	0.69	51	31	1.65	11	9	8
D78	DH79	S	76	656246	11.58	15	29	0.52	12	45	0.27	12	31	0.39	11	7	4
D79	DH80	S	73	3423574	2.13	12	29	0.41	27	45	0.60	21	31	0.68	14	9	7

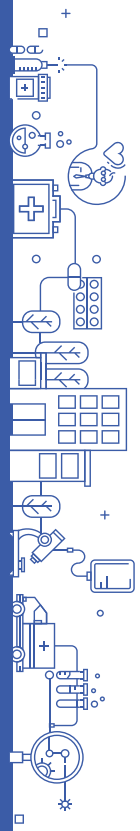


Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D80	DH81	S	100	3330464	3.00	19	29	0.66	22	45	0.49	48	31	1.55	12	11	8
D81	DH82	S	84	2229076	3.77	20	29	0.69	28	45	0.62	36	31	1.16	11	11	8
D82	DH83	S	136	3495021	3.89	35	34	1.03	29	90	0.32	32	42	0.76	12	12	10
D83	DH84	L	470	3935042	11.94	23	68	0.34	29	225	0.13	41	100	0.41	12	13	8
D84	DH85	L	598	1055450	56.66	94	68	1.38	249	225	1.11	178	100	1.78	12	13	12
D85	DH86	S	100	352700	28.35	22	29	0.76	15	45	0.33	6	31	0.19	11	11	8
D86	DH87	S	100	467697	21.38	12	29	0.41	17	45	0.38	6	31	0.19	11	11	10
D87	DH88	S	60	285481	21.02	11	29	0.38	16	45	0.36	8	31	0.26	13	8	8
D88	DH89	S	178	2663629	6.68	40	34	1.18	55	90	0.61	71	42	1.69	12	12	9
D89	DH90	S	175	533638	32.79	54	34	1.59	86	90	0.96	186	42	4.43	10	11	8
D90	DH91	M	225	799781	28.13	22	50	0.44	67	135	0.50	93	66	1.41	14	12	8
D91	DH92	L	410	3343872	12.26	48	68	0.71	118	225	0.52	131	100	1.31	10	11	8
D92	DH93	S	60	585494	10.25	12	29	0.41	12	45	0.27	54	31	1.74	7	6	5
D93	DH94	S	93	1619707	5.74	28	29	0.97	43	45	0.96	64	31	2.06	11	10	8
D94	DH95	S	126	851669	14.79	20	34	0.59	36	90	0.40	15	42	0.36	13	12	11
D95	DH96	S	160	748941	21.36	21	34	0.62	24	90	0.27	16	42	0.38	13	13	9
D96	DH97	S	100	822526	12.16	21	29	0.72	38	45	0.84	79	31	2.55	12	11	7
D97	DH98	S	163	605073	26.94	20	34	0.59	25	90	0.28	79	42	1.88	11	8	7
D98	DH99	S	114	1206640	9.45	28	34	0.82	57	90	0.63	15	42	0.36	13	13	12
D99	DH100	S	165	1032754	15.98	22	34	0.65	50	90	0.56	14	42	0.33	10	12	9
D100	DH101	S	60	275036	21.82	13	29	0.45	16	45	0.36	24	31	0.77	11	7	7



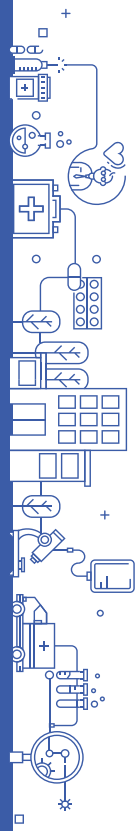
Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D101	DH102	S	100	139820	71.52	17	29	0.59	30	45	0.67	48	31	1.55	12	7	8
D102	DH103	S	100	4063872	2.46	48	29	1.66	74	45	1.64	53	31	1.71	11	12	10
D103	DH104	S	100	576702	17.34	19	29	0.66	39	45	0.87	63	31	2.03	10	7	8
D104	DH105	L	316	343709	91.94	68	58	1.17	153	180	0.85	345	81	4.26	14	14	14
D105	DH106	S	170	191173	88.92	27	34	0.79	58	90	0.64	21	42	0.50	14	12	10
D106	DH107	S	60	52074	115.22	13	29	0.45	20	45	0.44	9	31	0.29	14	7	6
D107	DH108	S	147	123344.4	119.18	111	34	3.26	84	90	0.93	166	42	3.95	12	12	10
D107	DH109	S	97	81390.55	119.18	28	29	0.97	44	45	0.98	116	31	3.74	11	6	7
D107	DH110	L	450	377585	119.18	254	68	3.74	140	225	0.62	199	100	1.99	13	11	12
D108	DH111	S	188	1709346	11.00	163	34	4.79	117	90	1.30	253	42	6.02	10	13	11
D109	DH112	S	100	197328.4	50.68	131	29	4.52	113	45	2.51	105	31	3.39	9	12	11
D109	DH113	S	150	295992.7	50.68	34	34	1.00	105	90	1.17	50	42	1.19	9	13	13
D109	DH114	S	200	394656.9	50.68	88	34	2.59	124	90	1.38	250	42	5.95	8	11	8
D110	DH115	M	222	2241624	9.90	117	50	2.34	115	135	0.85	186	66	2.82	11	12	11
D111	DH116	S	200	886433.7	22.56	36	34	1.06	109	90	1.21	38	42	0.90	9	12	11
D111	DH117	M	300	1329651	22.56	58	50	1.16	239	135	1.77	108	66	1.64	13	14	12
D111	DH118	L	325	1440455	22.56	132	58	2.28	130	180	0.72	54	81	0.67	10	13	11
D112	DH119	S	103	2731929	3.77	31	34	0.91	89	90	0.99	63	42	1.50	12	13	14
D113	DH120	S	100	2292958	4.36	91	29	3.14	95	45	2.11	41	31	1.32	11	12	13
D114	DH121	S	100	276439.5	36.17	31	29	1.07	106	45	2.36	155	31	5.00	8	13	12
D114	DH122	S	180	497591	36.17	108	34	3.18	99	90	1.10	149	42	3.55	13	12	9

Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D114	DH123	L	640	1769213	36.17	130	68	1.91	647	225	2.88	832	100	8.32	9	13	13
D115	DH124	S	200	113309.1	176.51	128	34	3.76	140	90	1.56	61	42	1.45	10	13	11
D115	DH125	L	370	209621.9	176.51	198	58	3.41	175	180	0.97	246	81	3.04	12	13	13
D116	DH126	M	235	818008	28.73	74	50	1.48	147	135	1.09	290	66	4.39	14	13	13
D117	DH127	M	230	640537	35.91	66	50	1.32	143	135	1.06	57	66	0.86	12	14	13
D118	DH128	M	220	1514190	14.53	11	50	0.22	55	135	0.41	14	66	0.21	13	14	12
D119	DH129	S	119	2092745	5.69	13	34	0.38	33	90	0.37	13	42	0.31	13	10	11
D120	DH130	L	320	728535	43.92	37	58	0.64	84	180	0.47	44	81	0.54	13	12	12
D121	DH131	M	210	1551019	13.54	31	50	0.62	62	135	0.46	31	66	0.47	9	13	11
D122	DH132	S	64	652000	9.82	5	29	0.17	25	45	0.56	5	31	0.16	9	9	6
D123	DH133	S	100	1070000	9.35	14	29	0.48	27	45	0.60	5	31	0.16	12	9	8
D124	DH134	L	363	2127086	17.07	69	58	1.19	43	180	0.24	21	81	0.26	13	14	14
D125	DH135	S	150	752484	19.93	13	34	0.38	40	90	0.44	9	42	0.21	14	11	12
D126	DH136	S	160	2299885	6.96	30	34	0.88	42	90	0.47	30	42	0.71	12	13	10
D127	DH137	M	214	2035064	10.52	32	50	0.64	74	135	0.55	32	66	0.48	14	13	11
D128	DH138	S	50	994624	5.03	5	29	0.17	27	45	0.60	55	31	1.77	8	5	7
D129	DH139	M	206	960329	21.45	19	50	0.38	48	135	0.36	16	66	0.24	8	8	10
D130	DH140	S	81	590297	13.72	16	29	0.55	34	45	0.76	9	31	0.29	13	11	10
D131	DH141	M	230	1329672	17.30	29	50	0.58	72	135	0.53	22	66	0.33	13	13	11
D132	DH142	M	264	2390776	11.04	21	50	0.42	76	135	0.56	18	66	0.27	14	14	14
D133	DH143	M	241	585449	41.16	33	50	0.66	90	135	0.67	46	66	0.70	12	11	12

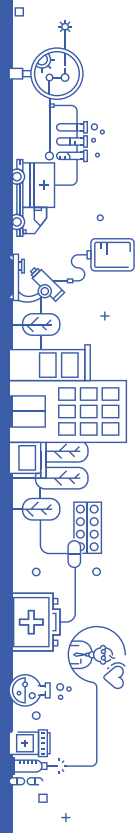


Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D134	DH144	S	115	3804558	3.02	24	34	0.71	39	90	0.43	78	42	1.86	11	9	11
D135	DH145	S	110	1756268	6.26	17	34	0.50	73	90	0.81	30	42	0.71	11	8	11
D136	DH146	M	235	807022	29.12	29	50	0.58	148	135	1.10	23	66	0.35	10	14	12
D137	DH147	S	200	228291	87.61	23	34	0.68	43	90	0.48	126	42	3.00	12	14	12
D138	DH148	S	200	4165626	4.80	13	34	0.38	50	90	0.56	15	42	0.36	11	10	12
D139	DH149	S	200	1128350	17.72	72	34	2.12	34	90	0.38	80	42	1.90	13	12	11
D140	DH150	M	300	1634445	18.35	42	50	0.84	116	135	0.86	26	66	0.39	14	11	11
D141	DH151	S	200	1809733	11.05	48	34	1.41	61	90	0.68	22	42	0.52	12	12	8
D142	DH152	S	100	942011	10.62	22	29	0.76	51	45	1.13	29	31	0.94	13	11	8
D143	DH153	S	176	1743931	10.09	47	34	1.38	93	90	1.03	202	42	4.81	14	12	11
D144	DH154	S	100	958405	10.43	54	29	1.86	52	45	1.16	182	31	5.87	13	13	10
D145	DH155	S	90	1334152	6.75	35	29	1.21	31	45	0.69	28	31	0.90	8	10	10
D146	DH156	S	175	1074304	16.29	36	34	1.06	64	90	0.71	201	42	4.79	14	11	7
D147	DH157	S	92	964655	9.54	41	29	1.41	62	45	1.38	96	31	3.10	14	13	9
D148	DH158	S	100	922088	10.84	36	29	1.24	41	45	0.91	19	31	0.61	13	8	8
D149	DH159	S	48	1089263	4.41	47	29	1.62	24	45	0.53	46	31	1.48	12	11	9
D150	DH160	S	100	1042708	9.59	44	29	1.52	31	45	0.69	46	31	1.48	13	10	8
D151	DH161	M	300	561293	53.45	51	50	1.02	154	135	1.14	244	66	3.70	14	13	12
D152	DH162	S	83	1205437	6.89	47	29	1.62	51	45	1.13	73	31	2.35	8	13	10
D153	DH163	S	109	900332	12.11	62	34	1.82	48	90	0.53	151	42	3.60	10	12	11
D154	DH164	S	100	1061204	9.42	55	29	1.90	53	45	1.18	264	31	8.52	14	13	11

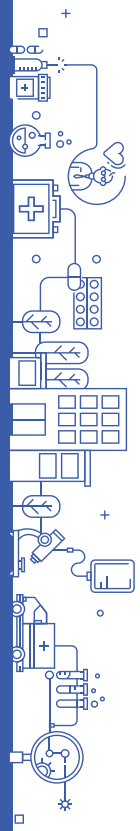
Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D155	DH165	S	120	1295189	9.27	47	34	1.38	37	90	0.41	20	42	0.48	12	12	12
D156	DH166	S	200	1450001	13.79	47	34	1.38	57	90	0.63	24	42	0.57	14	12	10
D157	DH167	M	270	381956	70.69	20	50	0.40	35	135	0.26	138	66	2.09	12	14	8
D158	DH168	M	300	519080	57.79	8	50	0.16	31	135	0.23	15	66	0.23	9	11	11
D159	DH169	M	216	454768	47.50	25	50	0.50	38	135	0.28	35	66	0.53	10	12	11
D160	DH170	M	215	1510075	14.24	26	50	0.52	49	135	0.36	112	66	1.70	11	12	9
D161	DH171	M	300	437903	68.51	28	50	0.56	54	135	0.40	96	66	1.45	11	13	8
D162	DH172	S	20	31564	63.36	7	29	0.24	6	45	0.13	17	31	0.55	10	10	9
D163	DH173	M	300	999777	30.01	25	50	0.50	13	135	0.10	46	66	0.70	11	14	12
D164	DH174	M	261	814010	32.06	39	50	0.78	39	135	0.29	31	66	0.47	13	13	9
D165	DH175	M	250	529855	47.18	67	50	1.34	95	135	0.70	137	66	2.08	12	14	11
D166	DH176	S	180	580320	31.02	22	34	0.65	36	90	0.40	76	42	1.81	12	13	8
D167	DH177	S	200	521173	38.37	18	34	0.53	36	90	0.40	25	42	0.60	11	13	9
D168	DH178	S	110	412000.4	26.70	20	34	0.59	23	90	0.26	45	42	1.07	10	5	4
D168	DH179	S	178	666691.6	26.70	67	34	1.97	29	90	0.32	126	42	3.00	13	10	10
D169	DH180	S	64	753745	8.49	50	29	1.72	7	45	0.16	25	31	0.81	12	11	9
D170	DH181	S	20	392232	5.10	23	29	0.79	17	45	0.38	37	31	1.19	13	9	9
D171	DH182	S	200	1008039	19.84	66	34	1.94	31	90	0.34	105	42	2.50	14	12	13
D172	DH183	S	160	409936	39.03	23	34	0.68	17	90	0.19	79	42	1.88	8	11	8
D173	DH184	S	40	297446	13.45	31	29	1.07	15	45	0.33	38	31	1.23	8	11	11
D174	DH185	S	135	843038.1	16.01	56	34	1.65	40	90	0.44	34	42	0.81	12	12	10



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D174	DH186	S	58	686919.9	8.44	38	29	1.31	14	45	0.31	27	31	0.87	9	10	9
D175	DH187	S	160	616435	25.96	28	34	0.82	33	90	0.37	73	42	1.74	11	11	8
D176	DH188	S	36	424483	8.48	36	29	1.24	18	45	0.40	40	31	1.29	10	12	9
D177	DH189	S	50	870354	5.74	38	29	1.31	23	45	0.51	50	31	1.61	9	10	9
D178	DH190	S	54	560440	9.64	55	29	1.90	20	45	0.44	49	31	1.58	14	12	10
D179	DH191	S	40	283713	14.10	17	29	0.59	11	45	0.24	48	31	1.55	8	11	9
D180	DH192	S	50	314667	15.89	11	29	0.38	8	45	0.18	35	31	1.13	8	11	8
D181	DH193	S	70	318898	21.95	23	29	0.79	10	45	0.22	31	31	1.00	9	12	8
D182	DH194	S	32	266215	12.02	22	29	0.76	14	45	0.31	45	31	1.45	9	10	9
D183	DH195	S	150	1236829	12.13	61	34	1.79	30	90	0.33	116	42	2.76	13	13	12
D184	DH196	S	200	554985	36.04	35	34	1.03	27	90	0.30	116	42	2.76	10	11	11
D185	DH197	S	100	2062330	4.85	22	29	0.76	8	45	0.18	24	31	0.77	3	7	10
D186	DH198	S	27	1042886	2.59	11	29	0.38	10	45	0.22	45	31	1.45	9	5	6
D187	DH199	S	100	1492073	6.70	24	29	0.83	12	45	0.27	8	31	0.26	9	12	8
D188	DH200	S	103	1321442	7.79	23	34	0.68	30	90	0.33	20	42	0.48	10	11	9
D189	DH201	S	100	1322784	7.56	20	29	0.69	9	45	0.20	26	31	0.84	11	10	8
D190	DH202	S	100	2445474	4.09	17	29	0.59	6	45	0.13	26	31	0.84	11	10	8
D191	DH203	S	100	1313551	7.61	17	29	0.59	6	45	0.13	35	31	1.13	5	9	7
D192	DH204	S	182	1025213	17.75	19	34	0.56	20	90	0.22	64	42	1.52	10	9	7
D193	DH205	L	326	1734495	18.80	22	58	0.38	12	180	0.07	44	81	0.54	10	12	9
D194	DH206	S	100	791042	12.64	12	29	0.41	8	45	0.18	38	31	1.23	9	9	11

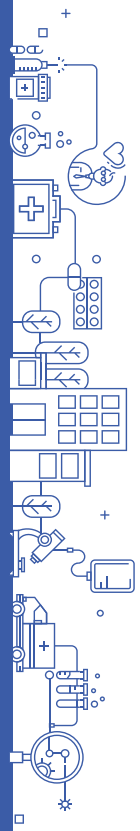


Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D195	DH207	S	60	531885	11.28	15	29	0.52	14	45	0.31	37	31	1.19	9	6	6
D196	DH208	S	100	716259	13.96	12	29	0.41	13	45	0.29	20	31	0.65	13	9	8
D197	DH209	S	60	726978	8.25	12	29	0.41	11	45	0.24	51	31	1.65	10	7	7
D198	DH210	S	50	461790	10.83	19	29	0.66	12	45	0.27	45	31	1.45	11	6	9
D199	DH211	S	100	900422	11.11	9	29	0.31	7	45	0.16	50	31	1.61	6	6	5
D200	DH212	S	200	1939869	10.31	25	34	0.74	16	90	0.18	74	42	1.76	11	12	8
D201	DH213	S	100	1502338	6.66	23	29	0.79	31	45	0.69	51	31	1.65	10	7	7
D202	DH214	S	100	2293919	4.36	20	29	0.69	11	45	0.24	101	31	3.26	9	9	10
D203	DH215	S	40	949443	4.21	19	29	0.66	2	45	0.04	31	31	1.00	8	10	8
D204	DH216	S	200	2914253	6.86	44	34	1.29	103	90	1.14	63	42	1.50	10	13	10
D205	DH217	S	60	1150567	5.21	15	29	0.52	0	45	0.00	0	31	0.00	10	7	8
D206	DH218	S	80	1065056	7.51	14	29	0.48	9	45	0.20	9	31	0.29	8	6	8
D207	DH219	S	100	599578	16.68	17	29	0.59	21	45	0.47	59	31	1.90	9	8	7
D208	DH220	M	300	1889752	15.88	19	50	0.38	56	135	0.41	16	66	0.24	12	14	11
D209	DH221	S	120	350405.5	34.25	11	34	0.32	36	90	0.40	75	42	1.79	13	5	5
D209	DH222	S	200	584009.2	34.25	44	34	1.29	71	90	0.79	28	42	0.67	7	11	9
D209	DH223	M	285	832213.1	34.25	53	50	1.06	93	135	0.69	25	66	0.38	13	14	11
D209	DH224	L	536	1565145	34.25	167	68	2.46	210	225	0.93	29	100	0.29	6	5	14
D209	DH225	L	764	2230915	34.25	285	68	4.19	233	225	1.04	68	100	0.68	10	9	11
D209	DH226	L	360	1051216	34.25	46	58	0.79	91	180	0.51	21	81	0.26	14	13	10
D209	DH227	L	1030	3007647	34.25	114	68	1.68	110	225	0.49	42	100	0.42	12	12	12

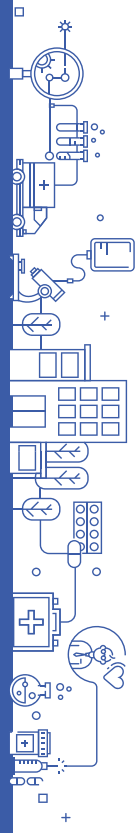


Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D210	DH228	L	740	4779661	15.48	131	68	1.93	335	225	1.49	386	100	3.86	10	13	12
D211	DH229	M	210	2452595	8.56	43	50	0.86	65	135	0.48	208	66	3.15	9	12	10
D211	DH230	L	1017	2452595	41.47	170	68	2.50	170	225	0.76	63	100	0.63	11	13	14
D212	DH231	L	450	1703300	26.42	179	68	2.63	306	225	1.36	49	100	0.49	11	14	11
D213	DH232	M	250	2177331	11.48	17	50	0.34	71	135	0.53	41	66	0.62	12	13	9
D214	DH233	M	300	1020791	29.39	58	50	1.16	29	135	0.21	45	66	0.68	12	14	12
D215	DH234	S	140	1255104	11.15	29	34	0.85	16	90	0.18	34	42	0.81	9	12	9
D216	DH235	L	400	1137961	35.15	28	58	0.48	58	180	0.32	46	81	0.57	13	11	7
D217	DH236	L	450	1659456	27.12	33	68	0.49	94	225	0.42	112	100	1.12	14	13	11
D218	DH237	M	272	482909.5	56.33	33	50	0.66	78	135	0.58	185	66	2.80	14	5	7
D218	DH238	L	905	1606739	56.33	117	68	1.72	125	225	0.56	19	100	0.19	10	13	14
D219	DH239	S	100	1945497	5.14	8	29	0.28	46	45	1.02	42	31	1.35	5	4	5
D219	DH240	L	930	1945497	47.80	38	68	0.56	105	225	0.47	26	100	0.26	13	13	11
D220	DH241	M	250	318452.2	78.50	20	50	0.40	54	135	0.40	11	66	0.17	14	13	11
D220	DH242	L	1200	1528571	78.50	284	68	4.18	314	225	1.40	79	100	0.79	12	14	14
D221	DH243	M	250	1064570	23.48	9	50	0.18	35	135	0.26	65	66	0.98	10	9	7
D222	DH244	L	560	2566326	21.82	106	68	1.56	154	225	0.68	60	100	0.60	14	14	13
D223	DH245	L	750	1776421	42.22	176	68	2.59	324	225	1.44	54	100	0.54	14	14	14
D224	DH246	M	300	1597668	18.78	31	50	0.62	27	135	0.20	45	66	0.68	12	13	11
D225	DH247	L	410	554519	73.94	80	68	1.18	144	225	0.64	282	100	2.82	12	14	12
D226	DH248	L	400	1536401	26.03	43	58	0.74	59	180	0.33	26	81	0.32	12	14	11
D227	DH249	M	300	1389920	21.58	8	50	0.16	11	135	0.08	9	66	0.14	14	13	11

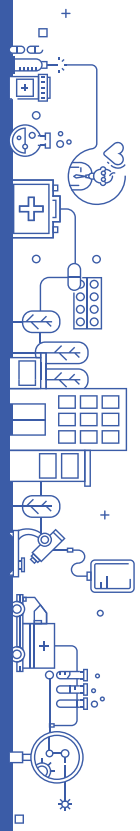
Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D228	DH250	L	650	1805769	36.00	197	68	2.90	290	225	1.29	61	100	0.61	14	14	13
D229	DH251	L	410	860463	47.65	83	68	1.22	86	225	0.38	13	100	0.13	9	4	5
D229	DH252	L	1020	2140664	47.65	45	68	0.66	49	225	0.22	85	100	0.85	12	11	12
D230	DH253	L	640	1928812	33.18	124	68	1.82	266	225	1.18	77	100	0.77	13	14	12
D231	DH254	S	100	1082636	9.24	16	29	0.55	14	45	0.31	23	31	0.74	11	10	8
D232	DH255	L	950	1752753	54.20	148	68	2.18	261	225	1.16	654	100	6.54	14	14	14
D233	DH256	L	400	2678980	14.93	43	58	0.74	80	180	0.44	26	81	0.32	13	14	13
D234	DH257	M	250	1177361	21.23	28	50	0.56	25	135	0.19	18	66	0.27	12	13	11
D235	DH258	L	316	1437169	21.99	9	58	0.16	55	180	0.31	7	81	0.09	12	14	12
D236	DH259	S	100	1174271	8.52	19	29	0.66	21	45	0.47	48	31	1.55	9	10	9
D237	DH260	M	255	2127789	11.98	24	50	0.48	65	135	0.48	14	66	0.21	10	5	5
D237	DH261	L	400	2127789	18.80	54	58	0.93	78	180	0.43	69	81	0.85	8	12	11
D238	DH262	M	227	860395	26.38	32	50	0.64	46	135	0.34	34	66	0.52	11	14	9
D238	DH263	L	639	2421993	26.38	91	68	1.34	394	225	1.75	602	100	6.02	14	14	12
D239	DH264	S	144	1108974	12.98	32	34	0.94	42	90	0.47	14	42	0.33	9	13	9
D240	DH265	L	541	2523003	21.44	56	68	0.82	119	225	0.53	62	100	0.62	9	14	9
D241	DH266	L	364	1307375	27.84	52	58	0.90	94	180	0.52	39	81	0.48	10	14	9
D242	DH267	M	273	2635375	10.36	31	50	0.62	98	135	0.73	16	66	0.24	7	5	5
D242	DH268	L	537	2635375	20.38	63	68	0.93	149	225	0.66	44	100	0.44	11	11	9
D243	DH269	L	360	1974551	18.23	61	58	1.05	113	180	0.63	45	81	0.56	11	13	8
D244	DH270	L	525	3086293	17.01	60	68	0.88	124	225	0.55	35	100	0.35	10	14	12



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D245	DH271	S	164	4112920	3.99	34	34	1.00	31	90	0.34	49	42	1.17	10	14	11
D245	DH272	L	501	4112920	12.18	48	68	0.71	106	225	0.47	21	100	0.21	11	14	10
D246	DH273	M	250	2809934	8.90	21	50	0.42	61	135	0.45	24	66	0.36	13	4	5
D246	DH274	L	544	2809934	19.36	47	68	0.69	117	225	0.52	234	100	2.34	13	11	13
D247	DH275	L	403	1197412	33.66	55	68	0.81	56	225	0.25	21	100	0.21	12	14	9
D248	DH276	M	300	671476.7	44.68	54	50	1.08	65	135	0.48	34	66	0.52	10	12	10
D248	DH277	L	747	1671977	44.68	77	68	1.13	214	225	0.95	367	100	3.67	10	11	10
D248	DH278	L	428	957973.4	44.68	38	68	0.56	137	225	0.61	244	100	2.44	10	6	8
D249	DH279	M	240	3121200	7.69	48	50	0.96	80	135	0.59	169	66	2.56	10	14	13
D250	DH280	M	296	817420	36.21	63	50	1.26	73	135	0.54	208	66	3.15	10	14	10
D251	DH281	S	160	140802	113.63	34	34	1.00	62	90	0.69	199	42	4.74	8	13	11
D252	DH282	M	250	133487	187.28	38	50	0.76	57	135	0.42	190	66	2.88	9	13	12
D253	DH283	S	50	64473	77.55	21	29	0.72	21	45	0.47	30	31	0.97	3	3	8
D254	DH284	S	100	571278	17.50	22	29	0.76	54	45	1.20	14	31	0.45	12	9	9
D255	DH285	S	110	728999	15.09	34	34	1.00	56	90	0.62	80	42	1.90	12	9	5
D256	DH286	S	100	749237	13.35	20	29	0.69	51	45	1.13	16	31	0.52	12	9	9
D257	DH287	S	100	845071	11.83	27	29	0.93	54	45	1.20	12	31	0.39	11	11	10
D258	DH288	M	300	1701698	17.63	31	50	0.62	136	135	1.01	211	66	3.20	11	12	8
D259	DH289	M	300	1385881	21.65	35	50	0.70	103	135	0.76	195	66	2.95	10	12	5
D260	DH290	M	300	1575362	19.04	28	50	0.56	138	135	1.02	36	66	0.55	13	11	11
D261	DH291	L	350	1703005	20.55	50	58	0.86	82	180	0.46	30	81	0.37	13	12	10

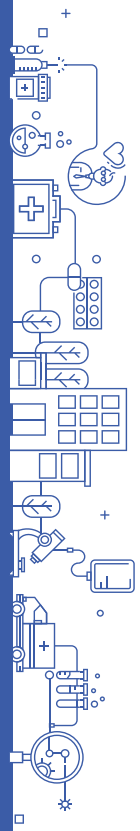


Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D262	DH292	L	330	2371061	13.92	76	58	1.31	158	180	0.88	87	81	1.07	11	12	9
D263	DH293	S	200	757847	26.39	23	34	0.68	71	90	0.79	25	42	0.60	12	9	8
D264	DH294	M	300	1762375	17.02	57	50	1.14	92	135	0.68	131	66	1.98	13	11	8
D265	DH295	L	400	2090922	19.13	53	58	0.91	154	180	0.86	163	81	2.01	13	13	11
D266	DH296	M	300	1264219	23.73	32	50	0.64	92	135	0.68	25	66	0.38	12	11	9
D267	DH297	L	350	786754	44.49	44	58	0.76	48	180	0.27	86	81	1.06	12	11	10
D268	DH298	L	400	1563715	25.58	43	58	0.74	140	180	0.78	204	81	2.52	13	13	9
D269	DH299	M	300	2185793	13.72	46	50	0.92	108	135	0.80	161	66	2.44	11	12	9
D270	DH300	S	100	704524	14.19	21	29	0.72	66	45	1.47	85	31	2.74	9	10	10
D271	DH301	L	400	1241519	32.22	35	58	0.60	108	180	0.60	154	81	1.90	11	13	9
D272	DH302	S	200	2032036	9.84	45	34	1.32	81	90	0.90	128	42	3.05	13	12	9
D273	DH303	S	100	570465	17.53	31	29	1.07	58	45	1.29	39	31	1.26	14	13	10
D274	DH304	M	300	1241350	24.17	38	50	0.76	117	135	0.87	208	66	3.15	12	11	12
D275	DH305	S	100	3276697	3.05	37	29	1.28	63	45	1.40	22	31	0.71	10	11	9
D276	DH306	L	500	2463289	20.30	48	68	0.71	224	225	1.00	306	100	3.06	11	11	10
D277	DH307	S	200	1025048	19.51	27	34	0.79	69	90	0.77	31	42	0.74	14	12	9
D278	DH308	S	200	1292042	15.48	24	34	0.71	85	90	0.94	73	42	1.74	10	13	9
D279	DH309	L	400	1310061	30.53	28	58	0.48	115	180	0.64	64	81	0.79	9	12	10
D280	DH310	M	300	1873046	16.02	41	50	0.82	104	135	0.77	45	66	0.68	10	12	10
D281	DH311	M	300	1054905	28.44	25	50	0.50	132	135	0.98	114	66	1.73	13	13	10
D282	DH312	L	500	1340411	37.30	34	68	0.50	165	225	0.73	22	100	0.22	11	13	11



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D283	DH313	M	300	1965970	15.26	42	50	0.84	114	135	0.84	126	66	1.91	13	13	11
D284	DH314	M	300	1091854	27.48	22	50	0.44	116	135	0.86	139	66	2.11	13	12	8
D285	DH315	S	200	826067	24.21	28	34	0.82	46	90	0.51	81	42	1.93	13	12	9
D286	DH316	S	200	1016520	19.67	21	34	0.62	74	90	0.82	173	42	4.12	11	10	9
D287	DH317	S	200	1331597	15.02	32	34	0.94	70	90	0.78	98	42	2.33	11	12	11
D288	DH318	M	300	1545814	19.41	21	50	0.42	86	135	0.64	115	66	1.74	12	12	10
D289	DH319	L	500	1455069	34.36	45	68	0.66	170	225	0.76	52	100	0.52	13	12	10
D290	DH320	S	100	2365106	4.23	35	29	1.21	67	45	1.49	91	31	2.94	12	13	10
D291	DH321	M	300	2378458	12.61	37	50	0.74	146	135	1.08	257	66	3.89	9	12	10
D292	DH322	L	400	2228935	17.95	50	58	0.86	152	180	0.84	268	81	3.31	14	14	12
D293	DH323	M	240	1311332	18.30	29	50	0.58	102	135	0.76	105	66	1.59	11	12	13
D294	DH324	L	400	1379131	29.00	27	58	0.47	168	180	0.93	36	81	0.44	13	10	6
D295	DH325	M	300	1066063	28.14	38	50	0.76	99	135	0.73	159	66	2.41	13	12	10
D296	DH326	S	200	1512681	13.22	20	34	0.59	68	90	0.76	109	42	2.60	12	11	9
D297	DH327	S	100	687861	14.54	31	29	1.07	53	45	1.18	56	31	1.81	13	11	9
D298	DH328	M	300	1726050	17.38	45	50	0.90	87	135	0.64	117	66	1.77	13	11	9
D299	DH329	M	300	1127033	26.62	26	50	0.52	121	135	0.90	43	66	0.65	10	10	8
D300	DH330	S	120	1178273	10.18	24	34	0.71	81	90	0.90	21	42	0.50	9	8	7
D301	DH331	S	200	1445166	13.84	27	34	0.79	98	90	1.09	192	42	4.57	14	10	10
D302	DH332	L	700	1986864	35.23	54	68	0.79	245	225	1.09	315	100	3.15	12	12	10
D303	DH333	S	100	644758	15.51	18	29	0.62	42	45	0.93	57	31	1.84	10	10	7

Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D304	DH334	M	300	1458875	20.56	39	50	0.78	87	135	0.64	144	66	2.18	10	11	8
D305	DH335	M	274	4543159	6.03	54	50	1.08	143	135	1.06	56	66	0.85	11	14	11
D306	DH336	L	379	1927325	19.66	50	58	0.86	155	180	0.86	51	81	0.63	14	11	9
D306	DH337	S	189	961119.9	19.66	34	34	1.00	59	90	0.66	26	42	0.62	8	4	5
D307	DH338	L	320	2585049	12.38	62	58	1.07	136	180	0.76	220	81	2.72	11	14	11
D308	DH339	L	482	1200334	40.16	61	68	0.90	142	225	0.63	222	100	2.22	10	13	11
D309	DH340	L	306	2586258	11.83	71	58	1.22	158	180	0.88	225	81	2.78	11	12	9
D310	DH341	M	252	1072942	23.49	33	50	0.66	120	135	0.89	22	66	0.33	11	12	14
D311	DH342	S	100	1177345	8.49	52	29	1.79	89	45	1.98	47	31	1.52	13	11	7
D312	DH343	L	356	4229917	8.42	25	58	0.43	166	180	0.92	217	81	2.68	10	13	9
D313	DH344	S	60	452087.5	13.27	18	29	0.62	34	45	0.76	20	31	0.65	8	3	6
D313	DH345	S	200	1506958	13.27	47	34	1.38	110	90	1.22	220	42	5.24	11	11	9
D314	DH346	S	200	1648295	12.13	37	34	1.09	101	90	1.12	45	42	1.07	10	10	10
D315	DH347	L	541	6107187	8.86	66	68	0.97	203	225	0.90	379	100	3.79	11	14	11
D316	DH348	M	236	1657576	14.24	42	50	0.84	147	135	1.09	155	66	2.35	11	13	10
D316	DH349	S	60	1657576	3.62	16	29	0.55	33	45	0.73	56	31	1.81	9	6	9
D317	DH350	L	406	1836086	22.11	44	68	0.65	130	225	0.58	29	100	0.29	11	12	11
D317	DH351	S	60	1836086	3.27	7	29	0.24	19	45	0.42	4	31	0.13	9	6	7
D318	DH352	L	333	9429408	3.53	80	58	1.38	159	180	0.88	347	81	4.28	11	14	12
D319	DH353	M	272	2634200	10.33	47	50	0.94	88	135	0.65	42	66	0.64	14	14	10
D320	DH354	S	200	1615069	12.38	35	34	1.03	111	90	1.23	32	42	0.76	11	14	12



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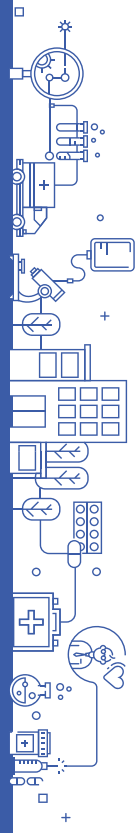
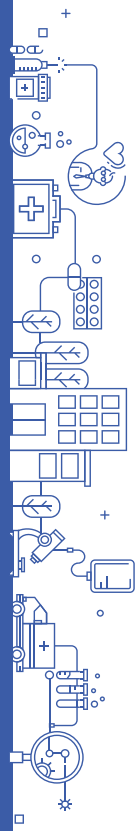
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D321	DH355	M	242	3003741	8.06	41	50	0.82	123	135	0.91	—	—	—	11	14	11
D322	DH356	S	200	849651	23.54	40	34	1.18	99	90	1.10	24	42	0.57	10	12	9
D323	DH357	M	278	11060148	2.51	40	50	0.80	129	135	0.96	256	66	3.88	11	14	9
D324	DH358	M	282	1300774	21.68	50	50	1.00	95	135	0.70	70	66	1.06	10	13	12
D325	DH359	S	200	1197160	16.71	28	34	0.82	72	90	0.80	109	42	2.60	11	11	8
D326	DH360	S	50	237399	21.06	39	29	1.34	25	45	0.56	92	31	2.97	9	10	10
D327	DH361	S	29	144182	20.11	28	29	0.97	30	45	0.67	80	31	2.58	8	7	6
D328	DH362	S	141	274143	51.43	72	34	2.12	51	90	0.57	281	42	6.69	11	10	8
D329	DH363	S	50	479148	10.44	17	29	0.59	24	45	0.53	76	31	2.45	8	7	7
D330	DH364	S	36	140651	25.60	11	29	0.38	19	45	0.42	53	31	1.71	9	6	8
D331	DH365	S	64	422168	15.16	59	29	2.03	57	45	1.27	119	31	3.84	11	12	9
D332	DH366	S	50	183998	27.17	21	29	0.72	33	45	0.73	68	31	2.19	9	6	7
D333	DH367	S	100	317917	31.45	13	29	0.45	39	45	0.87	14	31	0.45	9	6	3
D334	DH368	L	386	323332.5	119.38	53	58	0.91	134	180	0.74	63	81	0.78	12	9	8
D334	DH369	L	600	502589.5	119.38	62	68	0.91	142	225	0.63	67	100	0.67	9	11	12
D335	DH370	S	74	258840	28.59	17	29	0.59	31	45	0.69	35	31	1.13	10	8	8
D336	DH371	S	50	643291	7.77	19	29	0.66	46	45	1.02	6	31	0.19	8	5	4
D336	DH372	S	200	643291	31.09	50	34	1.47	52	90	0.58	27	42	0.64	10	11	8
D337	DH373	S	108	395124	27.33	23	34	0.68	53	90	0.59	46	42	1.10	10	11	8
D338	DH374	S	100	191730.5	52.16	20	29	0.69	28	45	0.62	30	31	0.97	9	10	9
D338	DH375	S	100	191730.5	52.16	12	29	0.41	36	45	0.80	15	31	0.48	9	8	7

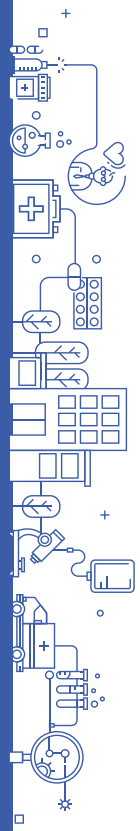


Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D339	DH376	M	280	400309	69.95	83	50	1.66	178	135	1.32	393	66	5.95	14	14	14
D340	DH377	S	73	125745	58.05	14	29	0.48	21	45	0.47	64	31	2.06	9	9	10
D341	DH378	S	60	83955	71.47	10	29	0.34	19	45	0.42	55	31	1.77	9	8	8
D342	DH379	S	34	117894	28.84	12	29	0.41	15	45	0.33	58	31	1.87	9	7	9
D343	DH380	S	143	161428	88.58	31	34	0.91	65	90	0.72	149	42	3.55	10	13	12
D344	DH381	S	26	86364	30.11	10	29	0.34	11	45	0.24	39	31	1.26	8	8	9
D345	DH382	S	45	56574	79.54	11	29	0.38	23	45	0.51	64	31	2.06	9	7	7
D346	DH383	S	51	64937	78.54	14	29	0.48	19	45	0.42	67	31	2.16	8	10	12
D347	DH384	S	150	378811	39.60	36	34	1.06	54	90	0.60	67	42	1.60	9	11	9
D348	DH385	S	150	194622	77.07	18	34	0.53	42	90	0.47	150	42	3.57	9	11	10
D349	DH386	S	50	166343	30.06	14	29	0.48	15	45	0.33	55	31	1.77	7	8	6
D350	DH387	S	163	1273821	12.80	31	34	0.91	42	90	0.47	13	42	0.31	10	13	9
D351	DH388	M	236	1648997	14.31	113	50	2.26	61	135	0.45	156	66	2.36	14	14	11
D352	DH389	L	360	2320529	15.51	73	58	1.26	95	180	0.53	33	81	0.41	14	14	11
D353	DH390	S	160	1481255	10.80	22	34	0.65	49	90	0.54	62	42	1.48	12	9	8
D354	DH391	S	93	441162	21.08	28	29	0.97	17	45	0.38	38	31	1.23	8	7	5
D355	DH392	M	269	1506337	17.86	38	50	0.76	54	135	0.40	17	66	0.26	12	13	11
D356	DH393	S	130	2624470	4.95	33	34	0.97	31	90	0.34	22	42	0.52	11	8	8
D357	DH394	S	128	312520	40.96	16	34	0.47	35	90	0.39	54	42	1.29	11	9	9
D358	DH395	M	288	1192811	24.14	29	50	0.58	41	135	0.30	69	66	1.05	11	11	8
D359	DH396	S	111	577817	19.21	25	34	0.74	28	90	0.31	88	42	2.10	11	11	10

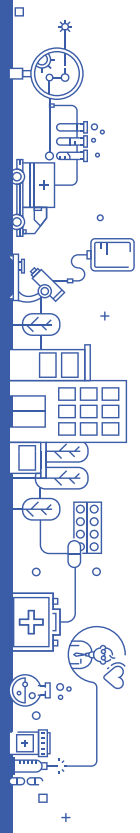


Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D360	DH397	S	137	3529031	3.88	33	34	0.97	36	90	0.40	119	42	2.83	11	13	10
D361	DH398	S	126	1136971	11.08	25	34	0.74	38	90	0.42	33	42	0.79	11	13	8
D362	DH399	L	305	1827192	16.69	30	58	0.52	90	180	0.50	44	81	0.54	10	12	8
D363	DH400	S	116	579505	20.02	25	34	0.74	43	90	0.48	53	42	1.26	10	12	8
D364	DH401	S	165	1576869	10.46	33	34	0.97	55	90	0.61	17	42	0.40	11	13	11
D365	DH402	S	186	733110	25.37	39	34	1.15	49	90	0.54	178	42	4.24	11	13	10
D366	DH403	S	195	1440361	13.54	25	34	0.74	32	90	0.36	13	42	0.31	14	13	8
D367	DH404	S	162	405272	39.97	40	34	1.18	65	90	0.72	103	42	2.45	10	13	10
D368	DH405	L	675	1851254	36.46	129	68	1.90	179	225	0.80	221	100	2.21	12	14	12
D368	DH406	S	146	400419.3	36.46	43	34	1.26	45	90	0.50	43	42	1.02	10	13	9
D369	DH407	S	195	1379647	14.13	34	34	1.00	61	90	0.68	94	42	2.24	9	7	11
D370	DH408	S	125	613192	20.39	32	34	0.94	54	90	0.60	90	42	2.14	9	11	9
D371	DH409	M	255	2519738	10.12	107	50	2.14	86	135	0.64	118	66	1.79	12	14	11
D372	DH410	S	135	1220946	11.06	24	34	0.71	46	90	0.51	69	42	1.64	6	7	7
D373	DH411	S	168	962789	17.45	20	34	0.59	34	90	0.38	25	42	0.60	13	11	8
D374	DH412	S	120	610382	19.66	16	34	0.47	50	90	0.56	69	42	1.64	6	11	9
D375	DH413	L	380	1698730	22.37	50	58	0.86	66	180	0.37	35	81	0.43	10	14	11
D376	DH414	S	99	967911	10.23	24	29	0.83	63	45	1.40	89	31	2.87	5	8	7
D377	DH415	M	225	1041099	21.61	33	50	0.66	37	135	0.27	44	66	0.67	9	12	10
D378	DH416	S	110	80775	136.18	19	34	0.56	22	90	0.24	32	42	0.76	7	5	6
D379	DH417	L	313	2093437	14.95	44	58	0.76	82	180	0.46	27	81	0.33	9	10	6

Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D379	DH418	S	197	2093437	9.41	28	34	0.82	53	90	0.59	79	42	1.88	10	10	9
D380	DH419	L	506	200222	252.72	58	68	0.85	166	225	0.74	562	100	5.62	10	14	11
D381	DH420	S	171	41816	408.93	19	34	0.56	74	90	0.82	105	42	2.50	9	14	9
D382	DH421	L	450	950289	47.35	88	68	1.29	199	225	0.88	149	100	1.49	9	6	8
D383	DH422	S	100	55626	179.77	29	29	1.00	61	45	1.36	62	31	2.00	9	11	9
D384	DH423	S	200	2490656	8.03	37	34	1.09	98	90	1.09	189	42	4.50	11	12	10
D385	DH424	S	160	595527	26.87	28	34	0.82	53	90	0.59	98	42	2.33	10	12	12
D386	DH425	S	200	1388525	14.40	49	34	1.44	59	90	0.66	133	42	3.17	10	13	12
D387	DH426	S	100	617508	16.19	31	29	1.07	44	45	0.98	87	31	2.81	11	11	10
D388	DH427	S	80	118100	67.74	32	29	1.10	42	45	0.93	25	31	0.81	10	12	12
D389	DH428	S	75	1180483	6.35	14	29	0.48	23	45	0.51	34	31	1.10	11	10	10
D390	DH429	S	120	2029074	5.91	27	34	0.79	56	90	0.62	54	42	1.29	11	11	11
D391	DH430	S	104	2298323	4.53	28	34	0.82	50	90	0.56	69	42	1.64	10	10	11
D392	DH431	S	200	1586625	12.61	32	34	0.94	59	90	0.66	21	42	0.50	9	13	12
D393	DH432	L	470	2193590	21.43	76	68	1.12	120	225	0.53	29	100	0.29	10	14	12
D394	DH433	S	120	815168	14.72	30	34	0.88	40	90	0.44	109	42	2.60	11	13	11
D395	DH434	M	270	3498739	7.72	46	50	0.92	58	135	0.43	37	66	0.56	9	13	13
D396	DH435	S	100	769751	12.99	26	29	0.90	42	45	0.93	140	31	4.52	10	13	12
D397	DH436	S	120	995746	12.05	25	34	0.74	77	90	0.86	57	42	1.36	10	12	11
D398	DH437	S	200	994628	20.11	37	34	1.09	64	90	0.71	145	42	3.45	11	12	12
D399	DH438	S	100	901896	11.09	16	29	0.55	40	45	0.89	111	31	3.58	11	8	10



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D400	DH439	S	100	129500	77.22	22	29	0.76	40	45	0.89	85	31	2.74	10	13	11
D401	DH440	S	150	626154	23.96	34	34	1.00	60	90	0.67	88	42	2.10	10	12	11
D402	DH441	S	200	1895686	10.55	42	34	1.24	60	90	0.67	48	42	1.14	9	12	8
D403	DH442	S	100	684627	14.61	31	29	1.07	42	45	0.93	133	31	4.29	9	13	11
D404	DH443	S	100	1655169	6.04	29	29	1.00	45	45	1.00	61	31	1.97	10	13	12
D405	DH444	S	100	1119627	8.93	25	29	0.86	40	45	0.89	81	31	2.61	9	12	10
D406	DH445	L	400	2583052	15.49	33	58	0.57	105	180	0.58	151	81	1.86	14	13	12
D407	DH446	L	701	3674179	19.08	79	68	1.16	147	225	0.65	153	100	1.53	13	13	11
D408	DH447	L	454	1797485	25.26	57	68	0.84	169	225	0.75	17	100	0.17	12	13	12
D409	DH448	L	333	1222755	27.23	53	58	0.91	108	180	0.60	27	81	0.33	13	13	9
D410	DH449	M	285	2603751	10.95	43	50	0.86	83	135	0.61	106	66	1.61	13	13	11
D411	DH450	L	525	2548462	20.60	60	68	0.88	121	225	0.54	130	100	1.30	12	14	10
D412	DH451	L	525	2408523	21.80	54	68	0.79	186	225	0.83	223	100	2.23	12	13	14
D413	DH452	M	300	1110906	27.00	58	50	1.16	103	135	0.76	170	66	2.58	12	13	9
D414	DH453	L	551	1544338	35.68	48	68	0.71	119	225	0.53	55	100	0.55	14	13	8
D415	DH454	M	300	2039547	14.71	55	50	1.10	84	135	0.62	170	66	2.58	14	14	13
D416	DH455	M	250	1634409	15.30	50	50	1.00	72	135	0.53	40	66	0.61	14	11	10
D417	DH456	L	400	1206516	33.15	44	58	0.76	128	180	0.71	154	81	1.90	14	13	11
D418	DH457	M	256	1388552	18.44	30	50	0.60	97	135	0.72	9	66	0.14	13	13	8
D419	DH458	L	370	1969168	18.79	68	58	1.17	129	180	0.72	316	81	3.90	14	14	10
D420	DH459	L	307	1774692	17.30	45	58	0.78	90	180	0.50	246	81	3.04	14	14	10



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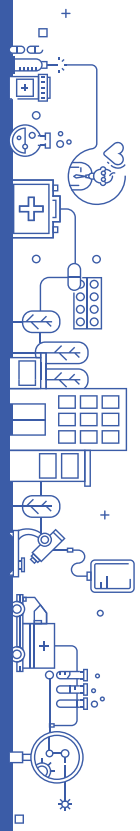
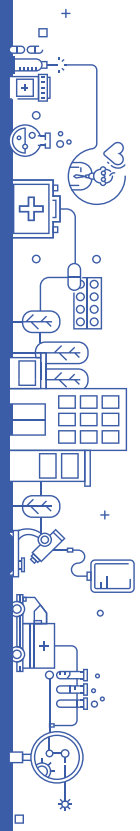
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D421	DH460	S	150	669919	22.39	32	34	0.94	26	90	0.29	52	42	1.24	14	13	12
D422	DH461	S	150	1828730	8.20	57	34	1.68	60	90	0.67	59	42	1.40	10	11	9
D423	DH462	S	200	2137045	9.36	60	34	1.76	73	90	0.81	49	42	1.17	14	14	11
D424	DH463	M	300	1458248	20.57	39	50	0.78	78	135	0.58	65	66	0.98	13	14	8
D425	DH464	M	296	3307743	8.95	30	50	0.60	84	135	0.62	78	66	1.18	12	12	6
D426	DH465	L	307	2037573	15.07	38	58	0.66	113	180	0.63	153	81	1.89	13	13	10
D427	DH466	S	150	867848	17.28	28	34	0.82	96	90	1.07	11	42	0.26	13	12	10
D428	DH467	M	220	1156597	19.02	27	50	0.54	64	135	0.47	14	66	0.21	14	14	9
D429	DH468	M	294	1335551	22.01	64	50	1.28	117	135	0.87	66	66	1.00	13	13	7
D430	DH469	L	400	2677333	14.94	72	58	1.24	127	180	0.71	185	81	2.28	13	14	11
D431	DH470	S	200	1036346	19.30	28	34	0.82	75	90	0.83	100	42	2.38	10	12	10
D432	DH471	S	200	1421326	14.07	44	34	1.29	117	90	1.30	153	42	3.64	13	14	11
D433	DH472	S	105	283583	37.03	31	34	0.91	26	90	0.29	96	42	2.29	9	11	11
D434	DH473	S	50	43709	114.39	17	29	0.59	23	45	0.51	57	31	1.84	9	5	8
D435	DH474	S	100	146850	68.10	34	29	1.17	20	45	0.44	44	31	1.42	13	12	9
D436	DH475	S	80	136435	58.64	16	29	0.55	28	45	0.62	66	31	2.13	10	10	11
D437	DH476	M	232	754894	30.73	42	50	0.84	64	135	0.47	21	66	0.32	14	14	11
D438	DH477	L	1098	4646732	23.63	231	68	3.40	199	225	0.88	272	100	2.72	12	14	14
D439	DH478	L	314	3458045	9.08	31	58	0.53	50	180	0.28	11	81	0.14	14	13	12
D440	DH479	L	750	2605914	28.78	78	68	1.15	132	225	0.59	198	100	1.98	10	14	12
D441	DH480	S	152	1506843	10.09	16	34	0.47	27	90	0.30	7	42	0.17	13	13	12

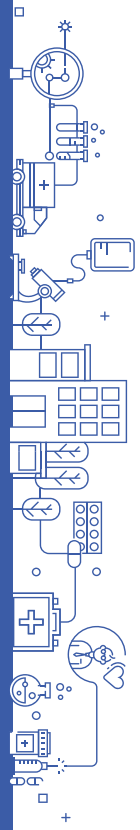


Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D442	DH481	L	645	2159775	29.86	73	68	1.07	132	225	0.59	100	100	1.00	14	14	12
D443	DH482	L	700	2251744	31.09	77	68	1.13	124	225	0.55	209	100	2.09	14	14	12
D444	DH483	L	543	3998252	13.58	65	68	0.96	128	225	0.57	57	100	0.57	13	14	12
D445	DH484	S	154	1870374	8.23	32	34	0.94	31	90	0.34	22	42	0.52	14	13	12
D446	DH485	S	103	1064493	9.68	13	34	0.38	31	90	0.34	10	42	0.24	13	14	11
D447	DH486	L	422	1879809	22.45	65	68	0.96	93	225	0.41	35	100	0.35	13	14	12
D448	DH487	S	185	3038252	6.09	27	34	0.79	60	90	0.67	88	42	2.10	14	13	11
D449	DH488	L	545	1616450	33.72	32	68	0.47	135	225	0.60	32	100	0.32	14	11	12
D450	DH489	L	468	1726601	27.11	69	68	1.01	120	225	0.53	158	100	1.58	14	14	13
D451	DH490	L	375	735394	50.99	43	58	0.74	114	180	0.63	196	81	2.42	14	13	10
D452	DH491	L	477	565223	84.39	63	68	0.93	109	225	0.48	40	100	0.40	12	13	11
D453	DH492	S	168	1618345	10.38	22	34	0.65	49	90	0.54	87	42	2.07	12	9	8
D454	DH493	L	613	1353445	45.29	63	68	0.93	122	225	0.54	51	100	0.51	14	14	12
D455	DH494	M	300	3482056	8.62	33	50	0.66	60	135	0.44	12	66	0.18	14	14	12
D456	DH495	M	222	1339101	16.58	19	50	0.38	55	135	0.41	77	66	1.17	13	14	12
D457	DH496	L	526	2405890	21.86	24	68	0.35	76	225	0.34	148	100	1.48	13	12	11
D458	DH497	M	296	1245899	23.76	18	50	0.36	66	135	0.49	153	66	2.32	14	9	9
D459	DH498	L	370	3728104	9.92	53	58	0.91	104	180	0.58	15	81	0.19	14	14	12
D460	DH499	L	354	1264277	28.00	23	58	0.40	54	180	0.30	47	81	0.58	14	13	12
D461	DH500	M	210	2722290	7.71	35	50	0.70	60	135	0.44	29	66	0.44	14	13	12
D462	DH501	M	256	3077233	8.32	34	50	0.68	68	135	0.50	34	66	0.52	14	12	10

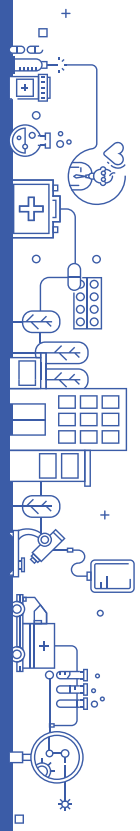
Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D463	DH502	L	726	2479052	29.29	70	68	1.03	121	225	0.54	179	100	1.79	11	14	11
D464	DH503	M	226	2464875	9.17	19	50	0.38	47	135	0.35	23	66	0.35	12	12	11
D465	DH504	L	413	1750176	23.60	37	68	0.54	79	225	0.35	126	100	1.26	14	14	12
D466	DH505	M	300	3936331	7.62	23	50	0.46	64	135	0.47	53	66	0.80	12	14	10
D467	DH506	L	304	3458873	8.79	31	58	0.53	37	180	0.21	28	81	0.35	8	12	11
D468	DH507	L	386	1942288	19.87	35	58	0.60	109	180	0.61	154	81	1.90	14	14	12
D469	DH508	S	200	3943323	5.07	26	34	0.76	45	90	0.50	135	42	3.21	11	12	13
D470	DH509	L	500	3776269	13.24	41	68	0.60	107	225	0.48	11	100	0.11	12	14	14
D471	DH510	M	250	2797370	8.94	41	50	0.82	74	135	0.55	91	66	1.38	14	14	14
D472	DH511	L	450	3488809	12.90	26	68	0.38	110	225	0.49	108	100	1.08	14	13	13
D473	DH512	M	250	1235341	20.24	38	50	0.76	58	135	0.43	131	66	1.98	14	14	14
D474	DH513	S	0	927140	0.00	20	29	0.69	37	45	0.82	12	31	0.39	14	14	14
D475	DH514	S	150	378230	39.66	25	34	0.74	46	90	0.51	66	42	1.57	11	10	9
D476	DH515	S	150	441538	33.97	29	34	0.85	77	90	0.86	124	42	2.95	11	12	10
D477	DH516	S	100	327564	30.53	15	29	0.52	46	45	1.02	96	31	3.10	10	8	7
D478	DH517	S	100	693947	14.41	20	29	0.69	46	45	1.02	74	31	2.39	10	10	9
D479	DH518	S	100	876001	11.42	15	29	0.52	38	45	0.84	97	31	3.13	10	8	6
D480	DH519	S	150	298194	50.30	23	34	0.68	45	90	0.50	75	42	1.79	10	12	9
D481	DH520	S	128	1724409	7.42	46	34	1.35	59	90	0.66	121	42	2.88	10	11	9
D481	DH521	S	200	2694388	7.42	29	34	0.85	84	90	0.93	182	42	4.33	11	4	6
D482	DH522	S	100	870589.8	11.49	42	29	1.45	61	45	1.36	55	31	1.77	8	10	9



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D482	DH523	S	90	783530.8	11.49	6	29	0.21	7	45	0.16	7	31	0.23	7	3	5
D482	DH524	M	232	2019768	11.49	20	50	0.40	10	135	0.07	24	66	0.36	9	8	8
D483	DH528	S	100	2397888	4.17	24	29	0.83	76	45	1.69	119	31	3.84	14	11	9
D484	DH529	S	50	459848.3	10.87	9	29	0.31	10	45	0.22	22	31	0.71	7	7	4
D484	DH530	S	100	919696.7	10.87	13	29	0.45	15	45	0.33	41	31	1.32	6	6	4
D485	DH531	S	100	1446368	6.91	14	29	0.48	55	45	1.22	15	31	0.48	9	5	5
D485	DH532	M	219	3167545	6.91	39	50	0.78	69	135	0.51	113	66	1.71	14	12	7
D486	DH533	S	100	1303048	7.67	33	29	1.14	19	45	0.42	105	31	3.39	11	12	8
D487	DH534	S	135	964843.6	13.99	13	34	0.38	21	90	0.23	42	42	1.00	5	4	4
D487	DH535	L	353	2522887	13.99	46	58	0.79	62	180	0.34	147	81	1.81	9	11	12
D488	DH536	S	176	2365976	7.44	23	34	0.68	23	90	0.26	28	42	0.67	13	10	8
D488	DH537	S	65	873798	7.44	3	29	0.10	13	45	0.29	19	31	0.61	11	3	4
D489	DH538	S	30	315980.1	9.49	5	29	0.17	14	45	0.31	5	31	0.16	6	3	1
D489	DH539	S	74	779417.7	9.49	14	29	0.48	3	45	0.07	29	31	0.94	6	10	7
D489	DH540	S	100	1053267	9.49	7	29	0.24	11	45	0.24	9	31	0.29	6	6	7
D490	DH541	S	30	405882	7.39	6	29	0.21	16	45	0.36	42	31	1.35	8	3	2
D490	DH542	S	103	1393528	7.39	18	34	0.53	42	90	0.47	119	42	2.83	12	10	9
D491	DH543	S	75	1137453	6.59	11	29	0.38	6	45	0.13	40	31	1.29	8	5	5
D491	DH544	S	140	2123246	6.59	26	34	0.76	15	90	0.17	65	42	1.55	9	10	10
D492	DH545	L	325	4448359	7.31	35	58	0.60	90	180	0.50	158	81	1.95	13	10	9
D492	DH546	S	114	4448359	2.56	15	34	0.44	23	90	0.26	81	42	1.93	13	3	3

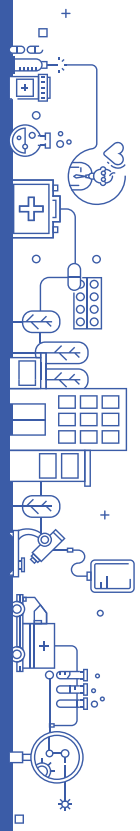


Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D493	DH547	S	125	480589.7	26.01	8	34	0.24	19	90	0.21	3	42	0.07	8	4	4
D493	DH548	M	216	830459	26.01	33	50	0.66	13	135	0.10	49	66	0.74	9	12	9
D493	DH549	M	300	1153415	26.01	25	50	0.50	66	135	0.49	37	66	0.56	7	10	8
D494	DH550	S	100	2104407	4.75	15	29	0.52	19	45	0.42	72	31	2.32	8	10	8
D494	DH551	S	75	1578306	4.75	8	29	0.28	10	45	0.22	45	31	1.45	8	2	3
D495	DH552	S	79	929296.4	8.50	9	29	0.31	21	45	0.47	33	31	1.06	13	4	4
D495	DH553	M	234	2752600	8.50	34	50	0.68	49	135	0.36	79	66	1.20	14	11	8
D496	DH554	S	60	619322.3	9.69	9	29	0.31	6	45	0.13	10	31	0.32	13	5	5
D496	DH555	S	50	516101.9	9.69	10	29	0.34	8	45	0.18	37	31	1.19	9	5	7
D496	DH556	S	52	536746	9.69	14	29	0.48	6	45	0.13	11	31	0.35	8	6	6
D496	DH557	S	177	1827001	9.69	25	34	0.74	23	90	0.26	96	42	2.29	11	11	8
D497	DH558	S	100	849024.3	11.78	17	29	0.59	11	45	0.24	29	31	0.94	10	12	10
D497	DH559	S	30	254707.3	11.78	10	29	0.34	14	45	0.31	43	31	1.39	7	5	4
D497	DH560	S	100	849024.3	11.78	15	29	0.52	12	45	0.27	69	31	2.23	10	9	8
D498	DH561	S	100	991730	10.08	21	29	0.72	25	45	0.56	20	31	0.65	11	8	6
D499	DH562	S	191	1406842	13.58	8	34	0.24	24	90	0.27	16	42	0.38	9	4	4
D499	DH563	M	230	1694104	13.58	36	50	0.72	50	135	0.37	37	66	0.56	9	11	8
D500	DH564	S	100	1503797	6.65	18	29	0.62	18	45	0.40	103	31	3.32	9	8	10
D500	DH565	S	18	270683.4	6.65	4	29	0.14	6	45	0.13	21	31	0.68	10	3	3
D501	DH566	S	43	249149.6	17.26	6	29	0.21	17	45	0.38	15	31	0.48	9	4	2
D501	DH567	M	230	1332660	17.26	31	50	0.62	74	135	0.55	77	66	1.17	10	9	10



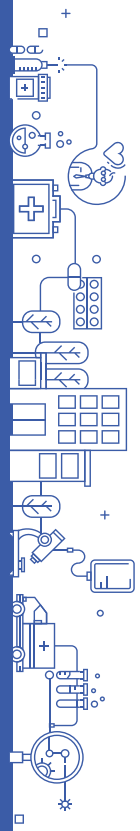
Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D502	DH568	S	114	685385.8	16.63	10	34	0.29	17	90	0.19	33	42	0.79	9	4	3
D502	DH569	S	85	511033.2	16.63	22	29	0.76	53	45	1.18	141	31	4.55	9	11	10
D502	DH570	M	212	1274577	16.63	37	50	0.74	67	135	0.50	107	66	1.62	11	9	7
D503	DH571	S	65	415383.9	15.65	11	29	0.38	20	45	0.44	3	31	0.10	10	5	3
D503	DH572	S	200	1278104	15.65	13	34	0.38	20	90	0.22	34	42	0.81	11	11	8
D503	DH573	S	30	191715.7	15.65	5	29	0.17	4	45	0.09	5	31	0.16	8	5	5
D504	DH574	S	72	869526.5	8.28	7	29	0.24	12	45	0.27	37	31	1.19	9	3	5
D504	DH575	S	146	1763207	8.28	27	34	0.79	64	90	0.71	38	42	0.90	9	9	8
D505	DH576	S	45	899336.2	5.00	5	29	0.17	6	45	0.13	13	31	0.42	6	2	5
D505	DH577	S	80	1598820	5.00	7	29	0.24	13	45	0.29	19	31	0.61	9	5	4
D506	DH578	S	137	1648115	8.31	53	34	1.56	85	90	0.94	31	42	0.74	10	11	10
D507	DH579	S	68	953149.3	7.13	14	29	0.48	28	45	0.62	12	31	0.39	7	3	4
D507	DH580	S	100	1401690	7.13	23	29	0.79	26	45	0.58	15	31	0.48	6	11	8
D507	DH581	S	166	2326806	7.13	30	34	0.88	54	90	0.60	29	42	0.69	11	12	8
D508	DH582	S	80	190144	42.07	6	29	0.21	22	45	0.49	51	31	1.65	9	4	5
D508	DH583	S	150	356520	42.07	17	34	0.50	32	90	0.36	68	42	1.62	12	11	10
D509	DH584	S	134	1493978	8.97	7	34	0.21	17	90	0.19	5	42	0.12	5	3	4
D509	DH585	S	174	1939941	8.97	28	34	0.82	19	90	0.21	35	42	0.83	13	10	7
D510	DH586	L	305	3036935	10.04	53	58	0.91	45	180	0.25	63	81	0.78	10	11	10
D510	DH587	S	141	1403960	10.04	20	34	0.59	43	90	0.48	78	42	1.86	8	4	5
D511	DH588	S	30	338046.4	8.87	4	29	0.14	5	45	0.11	9	31	0.29	10	4	2

Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D511	DH589	S	68	766238.6	8.87	16	29	0.55	20	45	0.44	26	31	0.84	11	9	6
D512	DH590	S	64	1056218	6.06	12	29	0.41	23	45	0.51	79	31	2.55	9	3	4
D512	DH591	S	184	3036627	6.06	25	34	0.74	17	90	0.19	68	42	1.62	10	10	9
D513	DH592	S	70	1095296	6.39	16	29	0.55	12	45	0.27	61	31	1.97	7	7	6
D513	DH593	S	30	469412.4	6.39	13	29	0.45	18	45	0.40	49	31	1.58	9	5	5
D514	DH594	S	60	618283.2	9.70	11	29	0.38	29	45	0.64	6	31	0.19	12	2	3
D514	DH595	S	104	1071691	9.70	26	34	0.76	12	90	0.13	21	42	0.50	9	9	9
D515	DH596	S	100	1834369	5.45	12	29	0.41	30	45	0.67	65	31	2.10	8	4	4
D515	DH597	S	145	2659835	5.45	26	34	0.76	19	90	0.21	90	42	2.14	10	10	7
D516	DH598	S	47	428923.9	10.96	11	29	0.38	21	45	0.47	53	31	1.71	9	3	4
D516	DH599	S	172	1569679	10.96	46	34	1.35	22	90	0.24	81	42	1.93	13	11	10
D517	DH600	S	100	1840221	5.43	20	29	0.69	23	45	0.51	71	31	2.29	8	9	6
D518	DH601	S	100	1656616	6.04	36	29	1.24	55	45	1.22	188	31	6.06	10	11	10
D519	DH602	S	100	1796184	5.57	33	29	1.14	33	45	0.73	153	31	4.94	10	12	8
D520	DH603	L	423	2497263	16.94	69	68	1.01	149	225	0.66	283	100	2.83	12	11	11
D520	DH604	S	68	401451.3	16.94	19	29	0.66	13	45	0.29	65	31	2.10	10	9	7
D520	DH605	S	100	590369.6	16.94	34	29	1.17	32	45	0.71	52	31	1.68	9	11	8
D520	DH606	S	185	1092184	16.94	22	34	0.65	43	90	0.48	179	42	4.26	13	3	7
D521	DH607	S	30	1436719	2.09	7	29	0.24	4	45	0.09	41	31	1.32	9	6	3
D522	DH608	S	100	1599596	6.25	35	29	1.21	27	45	0.60	46	31	1.48	10	11	7
D523	DH609	S	100	3564544	2.81	42	29	1.45	71	45	1.58	126	31	4.06	9	13	9

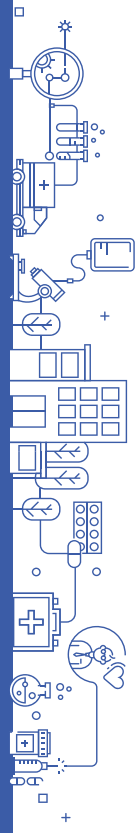


Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D524	DH610	S	60	196936.7	30.47	17	29	0.59	24	45	0.53	8	31	0.26	12	5	4
D524	DH611	S	167	548140.3	30.47	28	34	0.82	51	90	0.57	112	42	2.67	9	11	9
D525	DH612	S	60	366477.6	16.37	9	29	0.31	25	45	0.56	19	31	0.61	9	4	3
D525	DH613	S	140	855114.4	16.37	25	34	0.74	20	90	0.22	52	42	1.24	10	9	6
D526	DH614	L	376	745155	50.46	95	58	1.64	79	180	0.44	340	81	4.20	12	11	13
D526	DH615	L	656	1300058	50.46	85	68	1.25	132	225	0.59	383	100	3.83	9	11	9
D526	DH616	L	326	646065.3	50.46	43	58	0.74	111	180	0.62	26	81	0.32	12	5	6
D526	DH617	L	466	923516.6	50.46	87	68	1.28	125	225	0.56	50	100	0.50	14	14	12
D526	DH618	S	110	217997.5	50.46	38	34	1.12	59	90	0.66	30	42	0.71	12	9	8
D526	DH619	S	100	198179.5	50.46	48	29	1.66	61	45	1.36	78	31	2.52	11	11	8
D526	DH620	S	82	162507.2	50.46	33	29	1.14	36	45	0.80	56	31	1.81	9	4	6
D526	DH621	S	100	198179.5	50.46	22	29	0.76	19	45	0.42	12	31	0.39	7	9	5
D526	DH622	S	100	198179.5	50.46	23	29	0.79	5	45	0.11	7	31	0.23	8	11	7
D527	DH623	S	100	2684703	3.72	28	29	0.97	56	45	1.24	77	31	2.48	14	11	6
D528	DH624	S	30	202144.2	14.84	7	29	0.24	12	45	0.27	38	31	1.23	9	3	4
D528	DH625	S	100	673813.8	14.84	20	29	0.69	26	45	0.58	63	31	2.03	10	10	9
D529	DH626	S	30	431199	6.96	5	29	0.17	11	45	0.24	9	31	0.29	9	4	4
D529	DH627	S	100	1437330	6.96	19	29	0.66	58	45	1.29	52	31	1.68	11	11	7
D530	DH628	S	54	603280.4	8.95	11	29	0.38	19	45	0.42	64	31	2.06	10	4	5
D530	DH629	S	100	1117186	8.95	22	29	0.76	40	45	0.89	89	31	2.87	10	11	10
D530	DH630	S	74	826717.6	8.95	19	29	0.66	9	45	0.20	79	31	2.55	11	11	9

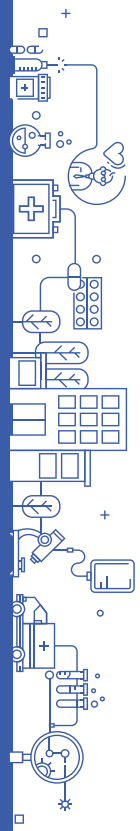
Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D531	DH631	S	30	661551	4.53	6	29	0.21	13	45	0.29	17	31	0.55	11	4	4
D531	DH632	S	70	1543619	4.53	34	29	1.17	28	45	0.62	37	31	1.19	12	10	10
D532	DH633	S	116	1091442	10.63	18	34	0.53	30	90	0.33	41	42	0.98	9	5	4
D532	DH634	M	250	2352247	10.63	40	50	0.80	55	135	0.41	107	66	1.62	12	11	10
D533	DH635	S	88	904252.5	9.73	11	29	0.38	22	45	0.49	63	31	2.03	8	3	3
D533	DH636	S	155	1592717	9.73	44	34	1.29	53	90	0.59	82	42	1.95	11	12	11
D534	DH637	S	187	3367416	5.55	39	34	1.15	21	90	0.23	150	42	3.57	9	11	10
D534	DH638	S	78	1404590	5.55	6	29	0.21	9	45	0.20	6	31	0.19	8	3	6
D535	DH639	S	127	1742470	7.29	13	34	0.38	43	90	0.48	17	42	0.40	11	4	8
D535	DH640	S	175	2401042	7.29	28	34	0.82	26	90	0.29	51	42	1.21	12	11	10
D536	DH641	S	130	1320155	9.85	16	34	0.47	13	90	0.14	21	42	0.50	13	11	10
D536	DH642	S	70	710852.5	9.85	10	29	0.34	17	45	0.38	48	31	1.55	11	6	3
D537	DH643	S	62	822176.6	7.54	9	29	0.31	9	45	0.20	29	31	0.94	11	4	4
D537	DH644	S	180	2386964	7.54	22	34	0.65	20	90	0.22	22	42	0.52	13	9	6
D538	DH525	S	156	1789759	8.72	40	34	1.18	24	90	0.27	47	42	1.12	14	10	10
D538	DH526	S	164	1881542	8.72	22	34	0.65	18	90	0.20	3	42	0.07	10	4	6
D538	DH527	S	199	2283090	8.72	48	34	1.41	22	90	0.24	17	42	0.40	11	10	9
D539	DH645	S	121	1116728	10.84	14	34	0.41	18	90	0.20	34	42	0.81	11	5	8
D539	DH646	M	248	2288831	10.84	28	50	0.56	27	135	0.20	51	66	0.77	12	9	9
D540	DH647	S	150	1734519	8.65	15	34	0.44	45	90	0.50	15	42	0.36	14	9	11
D540	DH648	S	52	601299.9	8.65	10	29	0.34	12	45	0.27	34	31	1.10	5	5	5



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D541	DH649	S	168	1193345	14.08	19	34	0.56	51	90	0.57	72	42	1.71	10	4	7
D541	DH650	L	320	2273037	14.08	40	58	0.69	55	180	0.31	49	81	0.60	12	11	9
D542	DH651	S	70	2192933	3.19	5	29	0.17	4	45	0.09	19	31	0.61	12	7	5
D543	DH652	S	100	1715183	5.83	35	29	1.21	46	45	1.02	16	31	0.52	14	12	8
D544	DH653	S	100	1052142	9.50	20	29	0.69	9	45	0.20	32	31	1.03	10	9	7
D544	DH654	S	50	526071	9.50	18	29	0.62	7	45	0.16	36	31	1.16	7	11	7
D545	DH655	S	108	1040725	10.38	14	34	0.41	29	90	0.32	80	42	1.90	9	4	4
D545	DH656	M	204	1965813	10.38	28	50	0.56	37	135	0.27	138	66	2.09	10	12	9
D546	DH657	S	100	1117361	8.95	14	29	0.48	12	45	0.27	48	31	1.55	12	9	10
D547	DH658	S	100	2559297	3.91	27	29	0.93	36	45	0.80	69	31	2.23	9	13	8
D548	DH659	S	144	1877020	7.67	14	34	0.41	34	90	0.38	100	42	2.38	8	4	4
D548	DH660	S	200	2606972	7.67	34	34	1.00	32	90	0.36	128	42	3.05	11	10	8
D549	DH661	S	100	1862559	5.37	20	29	0.69	5	45	0.11	26	31	0.84	7	12	7
D550	DH662	S	82	1066314	7.69	11	29	0.38	27	45	0.60	12	31	0.39	7	3	4
D550	DH663	M	210	2730803	7.69	34	50	0.68	73	135	0.54	40	66	0.61	7	12	10
D551	DH664	S	60	1097071	5.47	18	29	0.62	32	45	0.71	88	31	2.84	9	5	7
D551	DH665	S	110	2011296	5.47	31	34	0.91	14	90	0.16	37	42	0.88	9	9	10
D552	DH666	S	180	889558.3	20.23	18	34	0.53	38	90	0.42	50	42	1.19	10	4	3
D552	DH667	S	125	617748.8	20.23	29	34	0.85	28	90	0.31	21	42	0.50	14	9	10
D552	DH668	S	153	756124.6	20.23	25	34	0.74	14	90	0.16	68	42	1.62	13	11	8
D552	DH669	M	286	1413409	20.23	43	50	0.86	44	135	0.33	39	66	0.59	11	11	9



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D553	DH670	S	36	235897	15.26	9	29	0.31	18	45	0.40	26	31	0.84	6	3	1
D553	DH671	S	59	386609	15.26	19	29	0.66	17	45	0.38	36	31	1.16	7	8	8
D554	DH672	S	45	58046	77.52	19	29	0.66	15	45	0.33	38	31	1.23	9	11	9
D555	DH673	S	68	391605	17.36	15	29	0.52	28	45	0.62	51	31	1.65	10	8	7
D556	DH674	S	45	259648	17.33	11	29	0.38	24	45	0.53	1	31	0.03	8	8	7
D557	DH675	S	132	553169.3	23.86	18	34	0.53	16	90	0.18	15	42	0.36	8	10	10
D557	DH676	S	32	134101.7	23.86	9	29	0.31	5	45	0.11	6	31	0.19	3	3	4
D558	DH677	S	38	665148.5	5.71	8	29	0.28	15	45	0.33	34	31	1.10	11	3	2
D558	DH678	S	70	1225274	5.71	17	29	0.59	22	45	0.49	23	31	0.74	12	8	8
D559	DH679	S	63	518449.3	12.15	22	29	0.76	16	45	0.36	39	31	1.26	10	11	10
D559	DH680	S	53	436155.7	12.15	7	29	0.24	8	45	0.18	15	31	0.48	10	2	0
D560	DH681	S	44	129703.1	33.92	8	29	0.28	18	45	0.40	18	31	0.58	6	3	0
D560	DH682	S	120	353735.9	33.92	26	34	0.76	29	90	0.32	25	42	0.60	8	11	9
D561	DH683	S	50	242285	20.64	16	29	0.55	13	45	0.29	33	31	1.06	4	8	5
D562	DH684	S	76	618931	12.28	18	29	0.62	28	45	0.62	61	31	1.97	8	11	9
D563	DH685	S	125	1648902	7.58	11	34	0.32	24	90	0.27	17	42	0.40	12	11	9
D564	DH686	S	108	225628.4	47.87	14	34	0.41	13	90	0.14	24	42	0.57	10	6	5
D564	DH687	S	50	104457.6	47.87	14	29	0.48	13	45	0.29	24	31	0.77	11	8	5
D565	DH688	M	282	1501983	18.78	55	50	1.10	84	135	0.62	34	66	0.52	14	13	7
D566	DH689	M	286	3502404	8.17	58	50	1.16	129	135	0.96	186	66	2.82	12	14	10
D567	DH690	L	430	1676276	25.65	49	68	0.72	226	225	1.00	37	100	0.37	14	13	11



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Total services available	Total services available	Total services available
			KPI 1			KPI 2.1			KPI 2.2			KPI 2.3			KPI 3	KPI 4	KPI 5
D568	DH691	L	365	952105.1	38.34	61	58	1.05	136	180	0.76	141	81	1.74	13	14	9
D568	DH692	L	343	894717.9	38.34	37	58	0.64	156	180	0.87	93	81	1.15	13	14	10
D569	DH693	L	636	4850029	13.11	71	68	1.04	177	225	0.79	39	100	0.39	12	13	10
D570	DH694	L	625	5519145	11.32	72	68	1.06	168	225	0.75	41	100	0.41	13	14	10
D571	DH695	L	700	3872846	18.07	67	68	0.99	243	225	1.08	193	100	1.93	14	14	10
D572	DH696	L	460	1136548	40.47	73	68	1.07	172	225	0.76	208	100	2.08	13	14	11
D573	DH697	L	500	2819086	17.74	57	68	0.84	156	225	0.69	37	100	0.37	14	13	11
D574	DH698	L	849	5167600	16.43	76	68	1.12	254	225	1.13	33	100	0.33	14	13	8
D575	DH699	L	600	5227040	11.48	66	68	0.97	212	225	0.94	94	100	0.94	11	14	11
D575	DH700	L	549	4782741	11.48	34	68	0.50	132	225	0.59	52	100	0.52	8	13	9
D576	DH701	L	405	1159127	34.94	66	68	0.97	173	225	0.77	26	100	0.26	10	14	10
D577	DH702	L	415	4360388	9.52	62	68	0.91	166	225	0.74	373	100	3.73	14	14	11
D577	DH703	S	70	735487.1	9.52	35	29	1.21	44	45	0.98	65	31	2.10	9	10	4
D578	DH704	L	590	2930115	20.14	89	68	1.31	182	225	0.81	23	100	0.23	14	14	10
D579	DH705	L	625	4849074	12.89	104	68	1.53	339	225	1.51	53	100	0.53	13	14	12
D579	DH706	L	427	3312887	12.89	60	68	0.88	130	225	0.58	23	100	0.23	11	13	7
D580	DH707	L	436	3007134	14.50	51	68	0.75	162	225	0.72	44	100	0.44	14	13	9

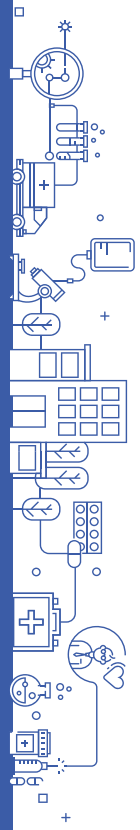
ANNEXURE 7 - TABLE 7B - KPIs 6-10

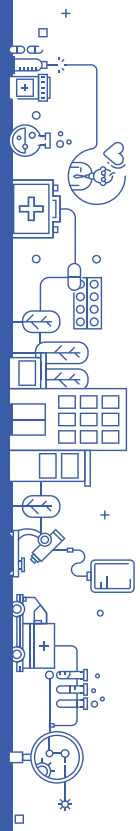
Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den. (i)	Den. (ii)	Raw Score	Num.	Den.	Raw Score
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D1	DH1	S	363	126	0.79	0	206	0.00	0	0	0.00	59339	363	8	20.43	76	82	92.68
D2	DH2	S	5621	60	25.67	0	78	0.00	0	0	0.00	66105	362	12	15.22	305	305	100.00
D3	DH3	L	128472	476	73.94	918	2666	34.43	1134	6	189.00	532901	362	54	27.26	6629	4344	—
D4	DH4	L	345131	500	189.11	3498	9087	38.49	5619	30	187.30	592736	0	135	0.00	2982	13007	22.93
D5	DH5	M	108713	300	99.28	3472	12164	28.54	0	0	0.00	106521	313	35	9.72	0	2804	0.00
D5	DH6	L	252314	1098	62.96	0	0	0.00	6231	41	151.98	565377	313	157	11.51	75	6477	1.16
D6	DH7	L	84525	350	66.16	1107	2499	44.30	2050	6	341.67	284121	312	29	31.40	3440	3440	100.00
D7	DH8	M	134755	250	147.68	1658	4139	40.06	1238	4	309.50	318384	311	40	25.59	2522	4513	55.88
D8	DH9	M	93805	257	100.00	1320	2965	44.52	729	6	121.50	381316	313	38	32.06	1452	1452	100.00
D9	DH10	L	127750	350	100.00	4051	5523	73.35	938	6	156.33	250542	0	39	0.00	116	3548	3.27
D10	DH11	M	114340	300	104.42	2319	4565	50.80	588	4	147.00	425208	365	46	25.33	3760	3760	100.00
D11	DH12	L	40653	1077	10.34	2309	3603	64.09	1486	23	64.61	295151	0	103	0.00	2616	2616	100.00
D12	DH13	L	185556	500	101.67	1993	3859	51.65	1888	16	118.00	468617	365	93	13.81	0	3687	0.00
D13	DH14	L	148869	500	81.57	1227	3285	37.35	2370	21	112.86	189074	313	89	6.79	959	3657	26.22
D14	DH15	L	795990	2042	106.80	5168	13569	38.09	21675	66	328.41	1034198	313	320	10.33	7153	12068	59.27
D15	DH16	M	201220	300	183.76	2963	7460	39.72	779	9	86.56	453625	313	59	24.56	79	3033	2.60
D16	DH17	L	148306	350	116.09	2811	5932	47.39	2014	11	183.09	443873	365	43	28.28	641	2896	22.13
D17	DH18	S	17248	150	31.50	215	1256	17.12	311	10	31.10	65716	303	49	4.43	228	788	28.93
D18	DH19	S	1506	68	6.07	57	677	8.42	5	0	0.00	44325	0	21	0.00	144	144	100.00

Note:

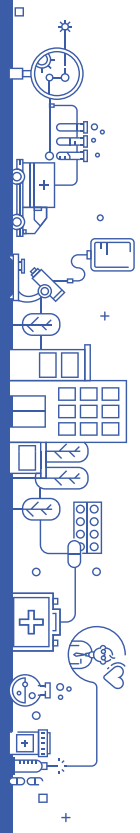
Hospital category - S: small (up to 200 beds); M: mid-sized (201-300 beds); L: large (more than 300 beds)

0 - data not provided/ error in submitted data

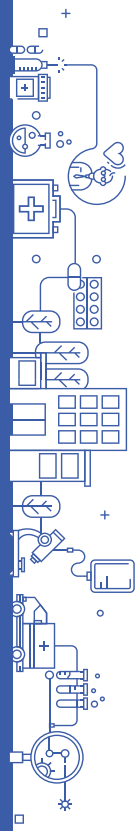




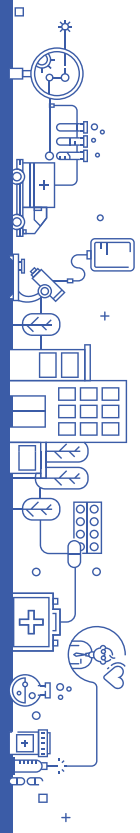
Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den. (i)	Den. (ii)	Raw Score	Num.	Den.	Raw Score
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D19	DH20	S	1451	72	5.52	0	434	0.00	0	0	0.00	39835	292	11	12.40	0	0	—
D20	DH21	M	59790	254	64.49	1148	2932	39.15	2539	19	133.63	181000	301	105	5.73	8	2688	0.30
D21	DH22	S	1052	38	7.58	43	272	15.81	0	2	0.00	30678	303	13	7.79	52	151	34.44
D22	DH23	S	3829	80	13.11	125	849	14.72	78	5	15.60	39282	303	22	5.89	0	188	0.00
D23	DH24	S	4046	70	15.84	46	1001	4.60	0	0	0.00	85638	365	21	11.17	0	0	—
D24	DH25	S	13637	45	83.03	594	3746	15.86	56	3	18.67	113896	299	22	17.31	0	0	—
D25	DH26	S	30502	160	52.23	1181	2282	51.75	320	6	53.33	69854	301	25	9.28	1327	2121	62.56
D26	DH27	S	13822	82	46.18	1068	3119	34.24	32	4	8.00	79894	313	21	12.15	0	0	—
D27	DH28	S	5345	100	14.64	311	1182	26.31	14	1	14.00	19192	301	15	4.25	0	0	—
D28	DH29	S	60100	200	82.33	498	5859	8.50	30	2	15.00	218748	301	29	25.06	2770	3576	77.46
D29	DH30	S	62830	160	107.59	2713	5502	49.31	567	1	567.00	91306	301	27	11.23	935	1749	53.46
D30	DH31	S	65147	200	89.24	1051	6145	17.10	373	4	93.25	160173	310	30	17.22	142	2994	4.74
D31	DH32	S	33085	136	66.65	585	1081	54.12	230	4	57.50	112460	305	20	18.44	573	1049	54.62
D32	DH33	S	53826	200	73.73	1833	5013	36.56	206	4	51.50	147722	301	29	16.92	2697	2734	98.65
D33	DH34	L	365	325	0.31	1442	6073	23.74	234	4	58.50	199736	301	31	21.41	825	7108	11.61
D34	DH35	S	23253	102	62.46	52	3759	1.38	0	2	0.00	78416	313	16	15.66	18	72	25.00
D35	DH36	S	9909	50	54.30	908	1538	59.04	22	2	11.00	63553	305	30	6.95	0	2	0.00
D36	DH37	S	5559	40	38.08	517	1357	38.10	8	1	8.00	66022	301	25	8.77	0	40	0.00
D37	DH38	S	47205	200	64.66	912	2065	44.16	360	6	60.00	48376	301	52	3.09	891	1554	57.34
D38	DH39	S	51962	169	84.24	600	2465	24.34	11	7	1.57	174399	300	32	18.17	774	1516	51.06
D39	DH40	S	43007	200	58.91	1401	4105	34.13	430	3	143.33	79603	300	29	9.15	3009	3020	99.64
D40	DH41	M	92295	220	114.94	3140	5763	54.49	417	3	139.00	204802	301	43	15.82	283	4754	5.95
D41	DH42	S	34132	150	62.34	—	—	—	787	4	196.75	162212	306	34	15.59	1246	1184	—



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den. (i)	Den. (ii)	Raw Score	Num.	Den.	Raw Score
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D42	DH43	L	91444	302	82.96	1658	6947	23.87	506	4	126.50	248716	279	39	22.86	8167	9069	90.05
D43	DH44	M	76313	235	88.97	844	3890	21.70	19	2	9.50	154412	365	39	10.85	2368	3219	73.56
D44	DH45	L	58459	309	51.83	519	2983	17.40	288	5	57.60	144128	305	37	12.77	3334	3883	85.86
D45	DH46	M	52611	262	55.02	651	3449	18.88	136	2	68.00	197922	305	29	22.38	4806	5500	87.38
D46	DH47	S	46174	150	84.34	—	—	—	990	2	495.00	163443	306	31	17.23	583	3095	18.84
D47	DH48	S	9740	121	22.05	85	1121	7.58	2	3	0.67	55962	297	20	9.42	0	13	0.00
D48	DH49	S	14398	100	39.45	24	17372	0.14	0	2	0.00	193554	305	17	37.33	171	196	87.24
D49	DH50	S	14570	97	41.15	37	3353	1.10	11	0	0.00	154260	303	18	28.28	0	3	—
D50	DH51	S	19196	114	46.13	57	7360	0.77	49	1	49.00	357015	303	17	69.31	1397	663	—
D51	DH52	S	15730	124	34.75	62	5903	1.05	42	3	14.00	159737	303	16	32.95	0	13	—
D52	DH53	S	26494	108	67.21	63	8094	0.78	138	4	34.50	195005	303	22	29.25	1671	2181	76.62
D53	DH54	S	12291	30	112.25	525	5014	10.47	123	2	61.50	138404	303	22	20.76	0	13	—
D54	DH55	S	45468	150	83.05	1283	7189	17.85	179	3	59.67	31162	365	35	2.44	290	429	67.60
D55	DH56	S	5628	100	15.42	81	3666	2.21	0	2	0.00	130209	303	23	18.68	0	0	—
D56	DH57	S	18001	160	30.82	4089	11384	35.92	213	6	35.50	160824	303	33	16.08	0	0	—
D57	DH58	S	12524	60	57.19	514	2969	17.31	914	1	914.00	180083	303	12	49.53	0	0	—
D58	DH59	S	26397	105	68.88	471	7980	5.90	1	4	0.25	159507	299	21	25.40	1439	1555	92.54
D59	DH60	S	0	100	0.00	552	8750	6.31	25	1	25.00	430959	303	12	118.53	429	1416	30.30
D60	DH61	S	18909	100	51.81	152	4465	3.40	87	1	87.00	210613	365	32	18.03	377	349	—
D61	DH62	S	35447	102	95.21	193	6490	2.97	45	3	15.00	230934	303	15	50.81	129	229	56.33
D62	DH63	S	26706	120	60.97	1041	9488	10.97	522	2	261.00	215006	303	19	37.35	2312	2663	86.82
D63	DH64	S	30795	100	84.37	51	9403	0.54	288	3	96.00	290076	303	14	68.38	147	1536	9.57
D64	DH65	S	34950	100	95.75	148	7105	2.08	0	3	0.00	129811	302	14	30.70	955	3683	25.93



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den. (i)	Den. (ii)	Raw Score	Num.	Den.	Raw Score
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D65	DH66	S	11594	75	42.35	13	4000	0.33	20	2	10.00	119934	303	16	24.74	0	0	—
D66	DH67	S	36992	80	126.68	254	6275	4.05	60	2	30.00	261787	303	14	61.71	896	896	100.00
D67	DH68	S	23119	110	57.58	58	6516	0.89	52	3	17.33	0	303	21	0.00	0	790	—
D68	DH69	S	37324	160	63.91	45	5930	0.76	3	3	1.00	262030	303	26	33.26	816	1292	63.16
D69	DH70	S	16976	164	28.36	147	4248	3.46	1305	1	1305.00	239715	365	20	32.84	1003	1285	78.05
D70	DH71	M	91367	300	83.44	1460	7718	18.92	11	1	11.00	279298	305	24	38.16	1365	1724	79.18
D71	DH72	S	76	82	0.25	185	6569	2.82	1067	3	355.67	171853	303	18	31.51	410	491	83.50
D72	DH73	M	84687	300	77.34	679	7759	8.75	63	9	7.00	317677	303	41	25.57	533	4992	10.68
D73	DH74	S	24481	100	67.07	48	3216	1.49	16	5	3.20	231656	303	22	34.75	43	137	31.39
D74	DH75	M	78461	281	76.50	326	7174	4.54	7174	2	3587.00	163844	303	16	33.80	1639	2082	78.72
D75	DH76	S	2296	98	6.42	352	9340	3.77	1702	2	851.00	166666	303	18	30.56	1250	1333	93.77
D76	DH77	S	43777	135	88.84	509	5957	8.54	1380	3	460.00	294508	303	24	40.50	1419	1706	83.18
D77	DH78	S	14801	83	48.86	32	6063	0.53	23	2	11.50	155032	303	23	22.25	0	0	—
D78	DH79	S	0	76	0.00	0	6928	0.00	0	0	0.00	95236	0	15	0.00	0	67	—
D79	DH80	S	20353	73	76.39	68	7638	0.89	0	0	0.00	241423	303	12	66.40	1092	1550	70.45
D80	DH81	S	34834	100	95.44	936	7983	11.72	24	7	3.43	187244	303	19	32.52	5320	5436	97.87
D81	DH82	S	20325	84	66.29	289	8560	3.38	3	1	3.00	199274	303	20	32.88	291	0	—
D82	DH83	S	72772	136	146.60	1738	12362	14.06	1234	3	411.33	418948	305	35	39.25	465	583	79.76
D83	DH84	L	36288	470	21.15	269	14625	1.84	0	0	0.00	182320	303	23	26.16	1781	1941	91.76
D84	DH85	L	197587	598	90.52	2879	8937	32.21	5090	21	242.38	1050839	294	94	38.02	20	3195	0.63
D85	DH86	S	10707	100	29.33	1	328	0.30	24	1	24.00	67664	305	22	10.08	0	0	—
D86	DH87	S	15377	100	42.13	3	1068	0.28	418	2	209.00	80894	264	12	25.53	0	0	—
D87	DH88	S	11556	60	52.77	20	632	3.16	17	1	17.00	54483	276	11	17.95	0	81	0.00



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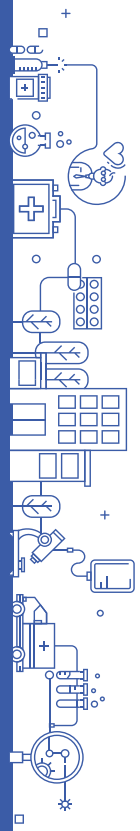
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D88	DH89	S	43127	178	66.38	1042	3008	34.64	320	2	160.00	195069	365	40	13.36	2407	2588	93.01
D89	DH90	S	69391	175	108.64	131	1331	9.84	243	6	40.50	121210	297	54	7.56	0	1681	0.00
D90	DH91	M	48377	225	58.91	247	1352	18.27	162	2	81.00	117451	288	22	18.54	0	2344	0.00
D91	DH92	L	74848	410	50.02	1191	6054	19.67	339	3	113.00	219743	295	48	15.52	2235	6181	36.16
D92	DH93	S	12133	60	55.40	0	426	0.00	4	0	0.00	54211	303	12	14.91	334	334	100.00
D93	DH94	S	13256	93	39.05	366	1963	18.64	71	6	11.83	76847	365	28	7.52	4179	1347	—
D94	DH95	S	12540	126	27.27	27	1222	2.21	84	1	84.00	130829	0	20	0.00	893	1349	66.20
D95	DH96	S	160	160	0.27	84	1014	8.28	116	2	58.00	116299	0	21	0.00	2875	4765	60.34
D96	DH97	S	36500	100	100.00	30	1413	2.12	16	1	16.00	80948	365	21	10.56	1243	2030	61.23
D97	DH98	S	27766	163	46.67	19	1277	1.49	0	2	0.00	53995	297	20	9.09	0	2886	0.00
D98	DH99	S	40462	114	97.24	476	2168	21.96	69	3	23.00	114729	292	28	14.03	3564	4489	79.39
D99	DH100	S	41622	165	69.11	303	1760	17.22	10	3	3.33	95209	0	22	0.00	1240	1240	100.00
D100	DH101	S	21600	60	98.63	0	1089	0.00	0	1	0.00	52907	300	13	13.57	43	48	89.58
D101	DH102	S	297	100	0.81	79	775	10.19	7	1	7.00	55275	297	17	10.95	76	566	13.43
D102	DH103	S	20663	100	56.61	843	2501	33.71	151	10	15.10	150542	294	48	10.67	0	0	—
D103	DH104	S	15525	100	42.53	12	660	1.82	6	3	2.00	45954	297	19	8.14	328	631	51.98
D104	DH105	L	141638	316	122.80	2119	5330	39.76	3246	11	295.09	1164589	365	68	46.92	3041	11075	27.46
D105	DH106	S	36579	170	58.95	620	2102	29.50	833	5	166.60	261481	294	27	32.94	161	1031	15.62
D106	DH107	S	1698	60	7.75	128	188	68.09	22	1	22.00	102516	297	13	26.55	82	427	19.20
D107	DH108	S	41205	147	76.80	506	2403	21.06	2035	5	407.00	373202	345	111	9.75	526	404	—
D107	DH109	S	19632	97	55.45	460	2176	21.14	0	0	0.00	108297	293	28	13.20	0	0	—
D107	DH110	L	111108	450	67.65	3016	9058	33.30	94	1	94.00	257381	295	254	3.43	282	1682	16.77
D108	DH111	S	117863	188	171.76	1801	7485	24.06	1296	21	61.71	846053	348	163	14.92	1377	3788	36.35



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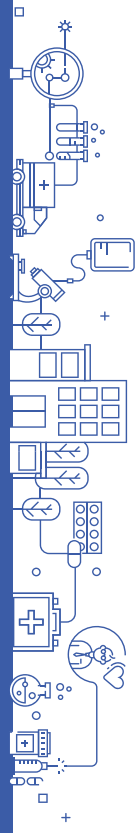
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D109	DH112	S	47455	100	130.01	256	3747	6.83	487	15	32.47	868455	345	131	19.22	167	167	100.00
D109	DH113	S	40823	150	74.56	67	945	7.09	1078	5	215.60	468675	313	34	44.04	29	87	33.33
D109	DH114	S	53480	200	73.26	90	1834	4.91	1077	3	359.00	712861	278	88	29.14	225	225	100.00
D110	DH115	M	62673	222	77.35	613	4579	13.39	758	0	0.00	1083995	302	117	30.68	146	414	35.27
D111	DH116	S	23107	200	31.65	0	0	0.00	0	3	0.00	654369	260	36	69.91	0	0	—
D111	DH117	M	157577	300	143.91	2179	10377	21.00	31661	7	4523.00	801401	292	58	47.32	68666	6866	—
D111	DH118	L	77	325	0.06	1687	5885	28.67	1453	3	484.33	678739	295	132	17.43	700	1545	45.31
D112	DH119	S	50207	103	133.55	508	3883	13.08	755	5	151.00	622791	297	31	67.64	650	650	100.00
D113	DH120	S	29209	100	80.02	282	3164	8.91	672	3	224.00	545522	295	91	20.32	295	295	100.00
D114	DH121	S	79964	100	219.08	1158	4841	23.92	859	3	286.33	588391	296	31	64.12	541	666	81.23
D114	DH122	S	56916	180	86.63	506	2156	23.47	827	4	206.75	1006471	294	108	31.70	400	400	100.00
D114	DH123	L	257294	640	110.14	3287	9854	33.36	6050	13	465.38	1333848	294	130	34.90	9317	40405	23.06
D115	DH124	S	85132	200	116.62	1773	5230	33.90	3646	2	1823.00	624308	273	128	17.87	1056	5493	19.22
D115	DH125	L	128596	370	95.22	2199	9237	23.81	1550	3	516.67	568895	273	198	10.52	850	3702	22.96
D116	DH126	M	57960	235	67.57	834	2293	36.37	1211	4	302.75	266627	295	74	12.21	47	457	10.28
D117	DH127	M	276	230	0.33	1055	2790	37.81	1014	8	126.75	303445	300	66	15.33	189	2457	7.69
D118	DH128	M	65297	220	81.32	741	2826	26.22	991	3	330.33	150792	0	11	0.00	0	0	—
D119	DH129	S	24069	119	55.41	140	1427	9.81	—	—	—	138644	300	13	35.55	0	0	—
D120	DH130	L	0	320	0.00	49	694	7.06	549	14	39.21	160632	365	37	11.89	919	919	100.00
D121	DH131	M	37235	210	48.58	309	1817	17.01	185	3	61.67	111445	306	31	11.75	0	0	—
D122	DH132	S	19629	64	84.03	373	2827	13.19	529	3	176.33	200675	300	5	133.78	130	0	—
D123	DH133	S	26702	100	73.16	9	1110	0.81	61	1	61.00	89396	300	14	21.28	0	107	0.00
D124	DH134	L	32121	363	24.24	775	5148	15.05	3091	10	309.10	204791	298	69	9.96	0	226	—



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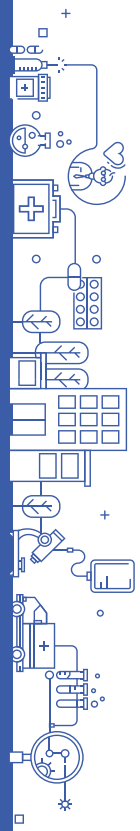
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D125	DH135	S	365	150	0.67	121	764	15.84	1004	3	334.67	271707	300	13	69.67	1656	1656	100.00
D126	DH136	S	43860	160	75.10	141	637	22.14	847	3	282.33	162637	310	30	17.49	0	0	—
D127	DH137	M	140	214	0.18	618	1458	42.39	3056	4	764.00	320167	299	32	33.46	4	1103	0.36
D128	DH138	S	11400	50	62.47	9	270	3.33	0	0	0.00	54945	307	5	35.79	0	9	—
D129	DH139	M	44324	206	58.95	126	1716	7.34	233	0	0.00	154964	304	19	26.83	175	2074	8.44
D130	DH140	S	32953	81	111.46	303	1045	29.00	323	2	161.50	76033	310	16	15.33	0	709	—
D131	DH141	M	78913	230	94.00	385	1574	24.46	601	3	200.33	248060	305	29	28.05	0	0	—
D132	DH142	M	301	264	0.31	401	1468	27.32	1487	3	495.67	184987	301	21	29.27	934	1121	83.32
D133	DH143	M	365	241	0.41	625	2831	22.08	103	2	51.50	130822	307	33	12.91	1625	1625	100.00
D134	DH144	S	71161	115	169.53	477	3022	15.78	239	3	79.67	395407	304	24	54.20	0	201	0.00
D135	DH145	S	15489	110	38.58	178	1198	14.86	779	7	111.29	140498	290	17	28.50	108	916	11.79
D136	DH146	M	88632	235	103.33	623	2854	21.83	1003	2	501.50	177249	310	29	19.72	0	165	0.00
D137	DH147	S	41366	200	56.67	102	1100	9.27	1189	3	396.33	97402	300	23	14.12	0	432	0.00
D138	DH148	S	644	200	0.88	563	2490	22.61	1315	6	219.17	266364	365	13	56.14	205	205	100.00
D139	DH149	S	74458	200	102.00	1173	4432	26.47	292	14	20.86	417620	270	72	21.48	325	5093	6.38
D140	DH150	M	169845	300	155.11	294	3603	8.16	4179	6	696.50	704880	284	42	59.09	4	6244	0.06
D141	DH151	S	75011	200	102.75	1580	6419	24.61	1664	2	832.00	553086	284	48	40.57	0	3135	0.00
D142	DH152	S	29572	100	81.02	841	3312	25.39	347	4	86.75	302606	292	22	47.11	0	2930	0.00
D143	DH153	S	57252	176	89.12	395	2377	16.62	744	7	106.29	358717	270	47	28.27	0	8672	0.00
D144	DH154	S	21307	100	58.38	111	2313	4.80	580	10	58.00	310339	280	54	20.53	0	2725	0.00
D145	DH155	S	25830	90	78.63	436	4419	9.87	563	4	140.75	384381	287	35	38.27	0	6483	0.00
D146	DH156	S	62040	175	97.13	1364	4765	28.63	1361	7	194.43	384898	270	36	39.60	0	6434	0.00
D147	DH157	S	86796	92	258.48	1201	4193	28.64	537	2	268.50	353825	292	41	29.55	0	6640	0.00



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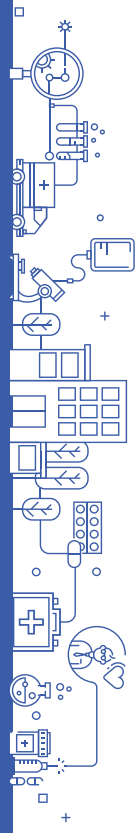
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D148	DH158	S	0	100	0.00	1507	7938	18.98	1502	1	1502.00	0	0	36	0.00	0	3594	0.00
D149	DH159	S	0	48	0.00	36	2361	1.52	206	7	29.43	205734	283	47	15.47	27	304	8.88
D150	DH160	S	29787	100	81.61	64	949	6.74	249	1	249.00	399887	282	44	32.23	0	5300	0.00
D151	DH161	M	47848	300	43.70	914	2334	39.16	2028	13	156.00	248235	288	51	16.90	0	4556	0.00
D152	DH162	S	31565	83	104.19	940	10893	8.63	225	8	28.13	223319	274	47	17.34	0	0	—
D153	DH163	S	32962	109	82.85	452	3462	13.06	1244	6	207.33	332599	282	62	19.02	12	7407	0.16
D154	DH164	S	70737	100	193.80	601	4183	14.37	493	14	35.21	490757	290	55	30.77	0	183	0.00
D155	DH165	S	69216	120	158.03	1391	5368	25.91	2014	2	1007.00	244015	272	47	19.09	503	5160	9.75
D156	DH166	S	54677	200	74.90	633	5587	11.33	256	6	42.67	238313	286	47	17.73	316	3481	9.08
D157	DH167	M	42268	270	42.89	164	1617	10.14	228	7	32.57	236678	293	20	40.39	247	2407	10.26
D158	DH168	M	0	300	0.00	364	2628	13.85	1294	4	323.50	189029	280	8	84.39	810	1226	66.07
D159	DH169	M	3	216	0.00	301	2885	10.43	721	1	721.00	283410	292	25	38.82	36	2678	1.34
D160	DH170	M	27007	215	34.41	123	887	13.87	321	4	80.25	218390	292	26	28.77	21	1040	2.02
D161	DH171	M	119121	300	108.79	416	2590	16.06	995	3	331.67	209144	289	28	25.85	206	1650	12.48
D162	DH172	S	1290	20	17.67	0	9	0.00	0	1	0.00	16108	291	7	7.91	0	0	—
D163	DH173	M	3	300	0.00	1476	5540	26.64	1424	1	1424.00	310246	292	25	42.50	52	3692	1.41
D164	DH174	M	46759	261	49.08	277	1856	14.92	875	8	109.38	274632	289	39	24.37	16	401	3.99
D165	DH175	M	39532	250	43.32	497	1836	27.07	1388	16	86.75	215119	280	67	11.47	77	957	8.05
D166	DH176	S	54954	180	83.64	341	2533	13.46	699	6	116.50	303652	284	22	48.60	77	1365	5.64
D167	DH177	S	3	200	0.00	1273	3665	34.73	158	3	52.67	135824	292	18	25.84	267	2454	10.88
D168	DH178	S	35176	110	87.61	4729	9107	51.93	0	0	0.00	260457	365	20	35.68	511	570	89.65
D168	DH179	S	32115	178	49.43	0	0	0.00	1941	3	647.00	528536	313	67	25.20	770	1368	56.29
D169	DH180	S	7332	64	31.39	644	1188	54.21	996	5	199.20	37550	313	50	2.40	133	191	69.63



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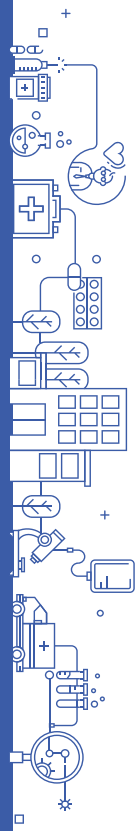
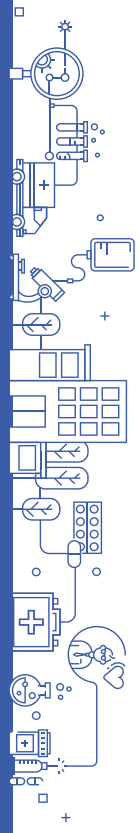
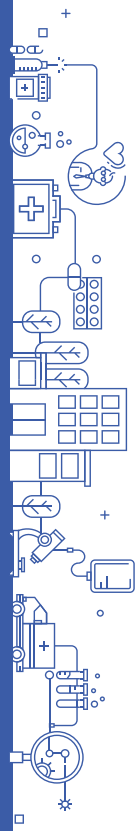
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D170	DH181	S	7300	20	100.00	258	1385	18.63	283	1	283.00	194084	365	23	23.12	0	4	0.00
D171	DH182	S	66425	200	90.99	1982	3871	51.20	1987	15	132.47	575577	312	66	27.95	339	1256	26.99
D172	DH183	S	15998	160	27.39	889	2610	34.06	838	4	209.50	147363	303	23	21.15	436	504	86.51
D173	DH184	S	4252	40	29.12	134	517	25.92	454	2	227.00	313160	313	31	32.27	0	0	—
D174	DH185	S	20587	135	41.78	1628	3322	49.01	1074	6	179.00	423980	309	56	24.50	1144	1536	74.48
D174	DH186	S	0	58	0.00	562	1027	54.72	359	5	71.80	216114	295	38	19.28	0	152	—
D175	DH187	S	7427	160	12.72	1421	3196	44.46	878	3	292.67	235665	308	28	27.33	853	988	86.34
D176	DH188	S	25295	36	192.50	1055	3625	29.10	702	6	117.00	359705	313	36	31.92	24	221	10.86
D177	DH189	S	9980	50	54.68	478	2142	22.32	873	6	145.50	266977	313	38	22.45	205	299	68.56
D178	DH190	S	16885	54	85.67	1059	1582	66.94	1058	12	88.17	682934	0	55	0.00	151	409	36.92
D179	DH191	S	6471	40	44.32	88	1379	6.38	60	4	15.00	93161	302	17	18.15	8	12	66.67
D180	DH192	S	576	50	3.16	25	941	2.66	1919	2	959.50	80778	270	11	27.20	0	0	—
D181	DH193	S	5706	70	22.33	198	1215	16.30	345	5	69.00	210203	305	23	29.96	0	0	—
D182	DH194	S	4082	32	34.95	212	694	30.55	735	2	367.50	246627	313	22	35.82	0	0	—
D183	DH195	S	36530	150	66.72	1985	2184	90.89	1623	5	324.60	560469	313	61	29.35	371	762	48.69
D184	DH196	S	37215	200	50.98	1210	4005	30.21	1644	7	234.86	332695	302	35	31.48	607	1018	59.63
D185	DH197	S	865	100	2.37	138	1227	11.25	0	0	0.00	93599	302	22	14.09	0	0	—
D186	DH198	S	6418	27	65.12	4	2617	0.15	7	1	7.00	57164	302	11	17.21	36	58	62.07
D187	DH199	S	18506	100	50.70	301	4914	6.13	48	2	24.00	142282	307	24	19.31	4869	5298	91.90
D188	DH200	S	15306	103	40.71	81	2976	2.72	14	2	7.00	110291	303	23	15.83	462	736	62.77
D189	DH201	S	13204	100	36.18	383	5703	6.72	383	2	191.50	132630	0	20	0.00	1810	2158	83.87
D190	DH202	S	12512	100	34.28	218	6496	3.36	8	3	2.67	102688	303	17	19.94	626	3333	18.78
D191	DH203	S	19676	100	53.91	235	6323	3.72	0	1	0.00	111040	303	17	21.56	0	0	—



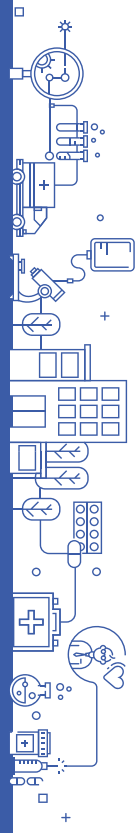
Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den. (i)	Den. (ii)	Raw Score	Num.	Den.	Raw Score
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D192	DH204	S	14068	182	21.18	401	3805	10.54	95	2	47.50	91964	303	19	15.97	296	2370	12.49
D193	DH205	L	26087	326	21.92	2367	8655	27.35	0	5	0.00	13964	303	22	2.09	0	0	—
D194	DH206	S	4910	100	13.45	64	3051	2.10	0	3	0.00	48829	0	12	0.00	0	4	0.00
D195	DH207	S	4416	60	20.16	182	1673	10.88	0	1	0.00	73685	0	15	0.00	0	62	—
D196	DH208	S	3312	100	9.07	473	3333	14.19	0	3	0.00	76578	303	12	21.06	1312	1663	78.89
D197	DH209	S	7098	60	32.41	92	1461	6.30	12	1	12.00	90357	302	12	24.93	136	179	75.98
D198	DH210	S	16807	50	92.09	250	2316	10.79	36	1	36.00	86895	302	19	15.14	1241	1484	83.63
D199	DH211	S	6526	100	17.88	42	3554	1.18	42	2	21.00	47125	330	9	15.87	0	0	—
D200	DH212	S	22499	200	30.82	856	6403	13.37	532	5	106.40	231613	0	25	0.00	8803	10066	87.45
D201	DH213	S	31589	100	86.55	112	2007	5.58	10	3	3.33	119530	355	23	14.64	2419	4462	54.21
D202	DH214	S	18389	100	50.38	349	1239	28.17	167	1	167.00	126722	301	20	21.05	0	602	—
D203	DH215	S	13171	40	90.21	285	3130	9.11	0	2	0.00	83081	0	19	0.00	31	31	100.00
D204	DH216	S	25371	200	34.75	2101	6260	33.56	75	2	37.50	359753	301	44	27.16	79	431	18.33
D205	DH217	S	0	60	0.00	997	3183	31.32	2	1	2.00	57862	303	15	12.73	265	876	30.25
D206	DH218	S	16891	80	57.85	131	1255	10.44	0	0	0.00	68993	0	14	0.00	0	0	—
D207	DH219	S	4870	100	13.34	96	1420	6.76	26	2	13.00	58728	303	17	11.40	495	636	77.83
D208	DH220	M	20145	300	18.40	627	3122	20.08	317	5	63.40	161035	365	19	23.22	194	1000	19.40
D209	DH221	S	6485	120	14.81	1199	3455	34.70	0	0	0.00	38198	365	11	9.51	0	256	0.00
D209	DH222	S	1150115	200	0.00	566	764	74.08	790	6	131.67	105594	365	44	6.57	0	345	—
D209	DH223	M	58491	285	56.23	1995	4246	46.99	807	10	80.70	302302	365	53	15.63	0	0	—
D209	DH224	L	195884	536	100.12	10488	307517	3.41	0	0	0.00	139527	365	167	2.29	0	0	—
D209	DH225	L	219985	764	78.89	0	0	0.00	6929	78	88.83	432513	0	285	0.00	1241	10366	11.97
D209	DH226	L	99825	360	75.97	1935	4084	47.38	2224	8	278.00	264771	365	46	15.77	0	3904	0.00



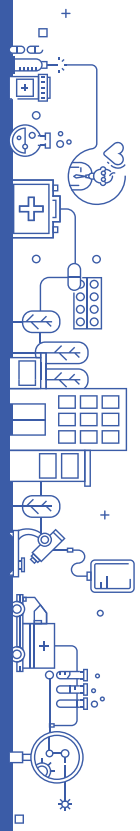
Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den. (i)	Den. (ii)	Raw Score	Num.	Den.	Raw Score
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D209	DH227	L	139953	1030	37.23	786	2332	33.70	5469	28	195.32	461095	365	114	11.08	0	3432	0.00
D210	DH228	L	266222	740	98.56	2450	8554	28.64	3199	11	290.82	402032	365	131	8.41	0	6811	0.00
D211	DH229	M	26538	210	34.62	2521	5604	44.99	160	4	40.00	294749	365	43	18.78	0	421	0.00
D211	DH230	L	298375	1017	80.38	2957	7290	40.56	8332	15	555.47	337131	365	170	5.43	0	22074	0.00
D212	DH231	L	0	450	0.00	2623	7660	34.24	2695	0	0.00	336430	365	179	5.15	6831	1854	—
D213	DH232	M	250	250	0.27	2476	2476	100.00	3063	17	180.18	320865	365	17	51.71	0	1977	0.00
D214	DH233	M	105850	300	96.67	1375	3597	38.23	1849	15	123.27	327360	365	58	15.46	1588	2541	62.50
D215	DH234	S	45373	140	88.79	2110	3527	59.82	795	6	132.50	454292	250	29	62.66	0	0	—
D216	DH235	L	96622	400	66.18	1652	3248	50.86	2236	1	2236.00	—	—	—	—	66	1895	3.48
D217	DH236	L	145314	450	88.47	4529	7839	57.78	950	6	158.33	333137	365	33	27.66	664	1210	54.88
D218	DH237	M	100775	272	101.51	2829	5946	47.58	0	0	0.00	38612	365	33	3.21	0	14590	0.00
D218	DH238	L	211765	905	64.11	0	0	0.00	4685	55	85.18	293712	365	117	6.88	106	18237	0.58
D219	DH239	S	7016	100	19.22	1947	4979	39.10	0	0	0.00	39198	365	8	13.42	0	382	—
D219	DH240	L	45645	930	13.45	3564	10032	35.53	11040	9	1226.67	512047	365	38	36.92	378	2444	15.47
D220	DH241	M	62894	250	68.92	1086	3447	31.51	1338	4	334.50	291813	365	20	39.97	0	1361	0.00
D220	DH242	L	309513	1200	70.67	3786	10731	35.28	5352	35	152.91	484139	365	284	4.67	161	8472	1.90
D221	DH243	M	101973	250	111.75	2287	4393	52.06	671	2	335.50	188480	365	9	57.38	400	3260	12.27
D222	DH244	L	37863	560	18.52	4642	10709	43.35	1303	20	65.15	397346	365	106	10.27	3679	1779	—
D223	DH245	L	750	750	0.27	3300	8550	38.60	820	26	31.54	556463	365	176	8.66	1310	6472	20.24
D224	DH246	M	29458	300	26.90	1707	4578	37.29	398	2	199.00	237529	365	31	20.99	74	2655	2.79
D225	DH247	L	96211	410	64.29	942	3125	30.14	1465	17	86.18	269350	365	80	9.22	0	1597	0.00
D226	DH248	L	99445	400	68.11	2727	5456	49.98	326	8	40.75	472743	365	43	30.12	0	1867	—
D227	DH249	M	93946	300	85.80	1827	5071	36.03	655	1	655.00	170267	365	8	58.31	0	1905	0.00



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den. (i)	Den. (ii)	Raw Score	Num.	Den.	Raw Score
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D228	DH250	L	198281	650	83.57	2648	6846	38.68	978	25	39.12	751845	365	197	10.46	9527	15642	60.91
D229	DH251	L	128686	410	85.99	3329	11443	29.09	0	1	0.00	163552	365	83	5.40	581	6683	8.69
D229	DH252	L	229601	1020	61.67	0	0	0.00	9207	15	613.80	457213	365	45	27.84	10202	14416	70.77
D230	DH253	L	147693	640	63.22	1554	5639	27.56	1869	12	155.75	340126	365	124	7.51	9507	9507	100.00
D231	DH254	S	7949	100	21.78	632	1098	57.56	411	2	205.50	249122	0	16	0.00	0	1411	0.00
D232	DH255	L	323998	950	93.44	4122	10111	40.77	6316	34	185.76	731871	0	148	0.00	322	12568	2.56
D233	DH256	L	114322	400	78.30	3669	6132	59.83	1967	11	178.82	481730	365	43	30.69	164	3395	4.83
D234	DH257	M	78377	250	85.89	917	1924	47.66	311	3	103.67	171359	365	28	16.77	0	8271	—
D235	DH258	L	40923	316	35.48	449	982	45.72	544	4	136.00	274290	365	9	83.50	0	1021	0.00
D236	DH259	S	100	100	0.27	464	3313	14.01	12	2	6.00	146455	365	19	21.12	1457	1370	—
D237	DH260	M	38557	255	41.43	767	1538	49.87	0	0	0.00	99872	313	24	13.29	274	326	84.05
D237	DH261	L	58495	400	40.07	0	0	0.00	494	7	70.57	621672	313	54	36.78	0	0	—
D238	DH262	M	42024	227	50.72	761	1135	67.05	656	4	164.00	392327	365	32	33.59	6373	6373	100.00
D238	DH263	L	154476	639	66.23	1033	2511	41.14	3331	6	555.17	683100	365	91	20.57	0	168	0.00
D239	DH264	S	36121	144	68.72	478	878	54.44	382	5	76.40	317913	313	32	31.74	0	0	—
D240	DH265	L	152615	541	77.29	1818	3906	46.54	2367	11	215.18	393053	315	56	22.28	0	7463	0.00
D241	DH266	L	70710	364	53.22	511	1594	32.06	681	8	85.13	305597	365	52	16.10	2413	3139	76.87
D242	DH267	M	66312	273	66.55	2975	5788	51.40	0	0	0.00	268579	0	31	0.00	160	160	100.00
D242	DH268	L	145410	537	74.19	0	0	0.00	—	—	—	781154	0	63	0.00	6599	6599	100.00
D243	DH269	L	13897	360	10.58	645	1213	53.17	422	8	52.75	674648	313	61	35.33	187	666	28.08
D244	DH270	L	96791	525	50.51	222	729	30.45	762	11	69.27	756556	0	60	0.00	36	1097	3.28
D245	DH271	S	43425	164	72.54	304	783	38.83	369	5	73.80	529530	365	34	42.67	0	1356	0.00
D245	DH272	L	189007	501	103.36	1569	5161	30.40	6600	52	126.92	915886	0	48	0.00	0	5885	0.00



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den. (i)	Den. (ii)	Raw Score	Num.	Den.	Raw Score
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D246	DH273	M	78800	250	86.36	2091	5695	36.72	0	0	0.00	175030	365	21	22.83	0	0	—
D246	DH274	L	173269	544	87.26	0	0	0.00	1328	2	664.00	459276	303	47	32.25	70	27366	0.26
D247	DH275	L	0	403	0.00	399	808	49.38	589	9	65.44	306254	365	55	15.26	1072	1842	58.20
D248	DH276	M	41156	300	37.59	241	760	31.71	137	7	19.57	535748	0	54	0.00	2	78	2.56
D248	DH277	L	174295	747	63.93	0	0	0.00	5872	7	838.86	747663	0	77	0.00	0	3812	0.00
D248	DH278	L	88529	428	56.67	2210	5719	38.64	0	0	0.00	300097	365	38	21.64	0	399	—
D249	DH279	M	68340	240	78.01	1011	3049	33.16	383	5	76.60	569318	0	48	0.00	2	1110	0.18
D250	DH280	M	119712	296	110.80	521	2284	22.81	685	10	68.50	514537	365	63	22.38	82	3170	2.59
D251	DH281	S	23744	160	40.66	337	1697	19.86	9	9	1.00	96949	303	34	9.41	65	622	10.45
D252	DH282	M	19490	250	21.36	424	1506	28.15	766	9	85.11	158443	303	38	13.76	321	902	35.59
D253	DH283	S	4148	50	22.73	130	294	44.22	24	1	24.00	109214	305	21	17.05	0	0	—
D254	DH284	S	16945	100	46.42	18	3666	0.49	0	2	0.00	189090	285	22	30.16	0	186	0.00
D255	DH285	S	50900	110	126.77	5	2158	0.23	43	3	14.33	118537	285	34	12.23	20	839	2.38
D256	DH286	S	15870	100	43.48	489	2514	19.45	568	2	284.00	128420	285	20	22.53	490	2131	22.99
D257	DH287	S	45823	100	125.54	122	4514	2.70	58	4	14.50	200375	285	27	26.04	0	444	—
D258	DH288	M	59949	300	54.75	2819	7842	35.95	393	5	78.60	173104	285	31	19.59	5364	6444	83.24
D259	DH289	M	204139	300	186.43	700	6337	11.05	849	11	77.18	231702	285	35	23.23	6796	11094	61.26
D260	DH290	M	128654	300	117.49	688	5766	11.93	497	3	165.67	253899	285	28	31.82	4823	6574	73.36
D261	DH291	L	159	350	0.12	250	9431	2.65	1300	8	162.50	4459695	285	50	312.96	2127	1896	—
D262	DH292	L	120450	330	100.00	1391	5176	26.87	3602	15	240.13	622046	285	76	28.72	284	1083	26.22
D263	DH293	S	33788	200	46.28	808	5736	14.09	187	3	62.33	251784	285	23	38.41	1508	4110	36.69
D264	DH294	M	109284	300	99.80	1302	8722	14.93	1773	8	221.63	317164	285	57	19.52	477	5227	9.13
D265	DH295	L	184378	400	126.29	2574	10384	24.79	689	7	98.43	304038	285	53	20.13	1164	11042	10.54



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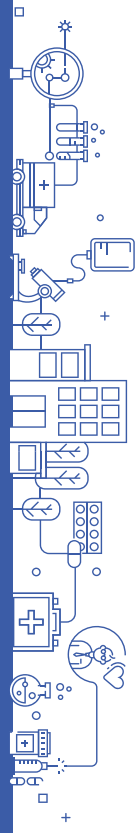
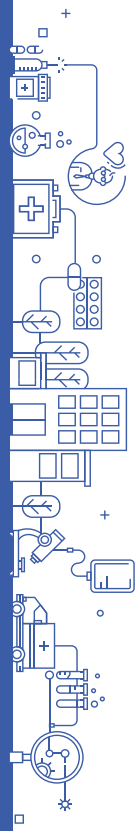
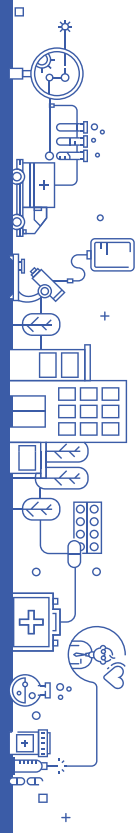
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D266	DH296	M	87948	300	80.32	983	6869	14.31	40	6	6.67	37150	285	32	4.07	920	2678	34.35
D267	DH297	L	36868	350	28.86	277	4536	6.11	329	6	54.83	283382	285	44	22.60	1398	1530	91.37
D268	DH298	L	89166	400	61.07	1362	7424	18.35	146	2	73.00	332644	285	43	27.14	1356	2274	59.63
D269	DH299	M	236193	300	215.70	661	5474	12.08	464	3	154.67	242924	285	46	18.53	470	3762	12.49
D270	DH300	S	29765	100	81.55	100	1798	5.56	0	1	0.00	69992	285	21	11.69	101	744	13.58
D271	DH301	L	148410	400	101.65	643	6942	9.26	1005	7	143.57	240827	285	35	24.14	649	6687	9.71
D272	DH302	S	23169	200	31.74	833	6653	12.52	2562	4	640.50	329651	285	45	25.70	1069	1862	57.41
D273	DH303	S	51359	100	140.71	768	4055	18.94	275	5	55.00	146567	289	31	16.36	1564	2629	59.49
D274	DH304	M	97271	300	88.83	2060	5812	35.44	686	6	114.33	213590	285	38	19.72	3352	3461	96.85
D275	DH305	S	27285	100	74.75	339	2818	12.03	37	4	9.25	259014	285	37	24.56	0	170	—
D276	DH306	L	84856	500	46.50	0	0	0.00	2044	11	185.82	211527	285	48	15.46	66	6249	1.06
D277	DH307	S	54082	200	74.08	67	1508	4.44	378	2	189.00	126351	285	27	16.42	319	2542	12.55
D278	DH308	S	83541	200	114.44	586	4707	12.45	163	6	27.17	212244	285	24	31.03	109	6668	1.63
D279	DH309	L	99381	400	68.07	2290	7639	29.98	154	1	154.00	384022	285	28	48.12	5509	6491	84.87
D280	DH310	M	0	300	0.00	1982	8475	23.39	1408	5	281.60	236631	285	41	20.25	990	10786	9.18
D281	DH311	M	147	300	0.13	139	3556	3.91	236	4	59.00	164828	285	25	23.13	3500	3927	89.13
D282	DH312	L	76833	500	42.10	2207	6545	33.72	459	6	76.50	243198	285	34	25.10	0	5400	0.00
D283	DH313	M	214736	300	196.11	415	11269	3.68	346	7	49.43	355643	285	42	29.71	346	3657	9.46
D284	DH314	M	62635	300	57.20	1147	4454	25.75	423	3	141.00	21638	285	22	3.45	479	4383	10.93
D285	DH315	S	38305	200	52.47	302	4952	6.10	296	4	74.00	192440	285	28	24.12	1360	1360	100.00
D286	DH316	S	58286	200	79.84	561	3113	18.02	58	3	19.33	153203	285	21	25.60	779	1598	48.75
D287	DH317	S	46355	200	63.50	861	3727	23.10	1201	4	300.25	229350	285	32	25.15	979	989	98.99
D288	DH318	M	128578	300	117.42	274	4636	5.91	19	2	9.50	177508	285	21	29.66	3316	4048	81.92



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den. (i)	Den. (ii)	Raw Score	Num.	Den.	Raw Score
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D289	DH319	L	170333	500	93.33	1170	8199	14.27	899	7	128.43	514658	285	45	40.13	7839	8640	90.73
D290	DH320	S	6995	100	19.16	158	2294	6.89	82	5	16.40	227589	285	35	22.82	0	11	0.00
D291	DH321	M	49375	300	45.09	2036	8457	24.07	112	4	28.00	103368	285	37	9.80	0	8903	0.00
D292	DH322	L	190174	400	130.26	2561	10949	23.39	1740	6	290.00	374867	285	50	26.31	10370	13611	76.19
D293	DH323	M	88637	240	101.18	740	5364	13.80	288	4	72.00	361531	285	29	43.74	3763	4275	88.02
D294	DH324	L	97344	400	66.67	1830	5905	30.99	149	1	149.00	294692	365	27	29.90	3220	4267	75.46
D295	DH325	M	75558	300	69.00	1995	6775	29.45	453	2	226.50	186280	285	38	17.20	6432	7045	91.30
D296	DH326	S	63161	200	86.52	173	4347	3.98	76	4	19.00	195526	285	20	34.30	204	3555	5.74
D297	DH327	S	35	100	0.10	402	3697	10.87	258	2	129.00	230887	285	31	26.13	1860	118	—
D298	DH328	M	124056	300	113.29	1514	8120	18.65	648	7	92.57	375821	285	45	29.30	2365	2430	97.33
D299	DH329	M	0	300	0.00	31	4073	0.76	0	0	0.00	140723	285	26	18.99	1403	1403	100.00
D300	DH330	S	15516	120	35.42	33	2622	1.26	174	3	58.00	82432	285	24	12.05	1349	504	—
D301	DH331	S	98570	200	135.03	345	6260	5.51	497	1	497.00	191668	285	27	24.91	115	2165	5.31
D302	DH332	L	161423	700	63.18	2457	6970	35.25	988	11	89.82	353147	285	54	22.95	1842	6261	29.42
D303	DH333	S	45394	100	124.37	302	2350	12.85	310	3	103.33	103685	285	18	20.21	109	1258	8.66
D304	DH334	M	109500	300	100.00	733	5109	14.35	130	7	18.57	301549	285	39	27.13	4593	4711	97.50
D305	DH335	M	135956	274	135.94	2341	6085	38.47	1410	10	141.00	250899	290	54	16.02	3372	742	—
D306	DH336	L	125607	379	90.80	0	2	0.00	1185	3	395.00	290785	306	50	19.01	775	5974	12.97
D306	DH337	S	109889	189	159.29	3591	10945	32.81	0	1	0.00	48611	297	34	4.81	1	2072	0.05
D307	DH338	L	171625	320	146.94	2646	10394	25.46	1076	10	107.60	417435	305	62	22.07	0	12300	0.00
D308	DH339	L	160937	482	91.48	4023	7530	53.43	899	4	224.75	228078	300	61	12.46	532	6448	8.25
D309	DH340	L	83070	306	74.38	374	3278	11.41	455	4	113.75	191901	298	71	9.07	0	2725	0.00
D310	DH341	M	119294	252	129.70	1822	5359	34.00	1239	9	137.67	156122	294	33	16.09	0	6529	0.00



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den. (i)	Den. (ii)	Raw Score	Num.	Den.	Raw Score
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D311	DH342	S	72912	100	199.76	1009	4814	20.96	94	5	18.80	195141	305	52	12.30	3695	3695	100.00
D312	DH343	L	144217	356	110.99	1932	6984	27.66	3148	15	209.87	284152	283	25	40.16	0	5757	—
D313	DH344	S	34701	60	158.45	501	6001	8.35	0	0	0.00	101684	294	18	19.21	0	0	—
D313	DH345	S	60503	200	82.88	0	0	0.00	395	3	131.67	262620	305	47	18.32	0	667	—
D314	DH346	S	102739	200	140.74	1130	4410	25.62	1028	3	342.67	38000	298	37	3.45	3348	3469	96.51
D315	DH347	L	174819	541	88.53	2525	6899	36.60	2580	9	286.67	326407	296	66	16.71	0	8891	0.00
D316	DH348	M	57108	236	66.30	0	0	0.00	1024	6	170.67	392122	296	42	31.54	0	2736	0.00
D316	DH349	S	51688	60	236.02	1555	6082	25.57	0	0	0.00	31963	300	16	6.66	0	0	—
D317	DH350	L	148190	406	100.00	0	0	0.00	0	4	0.00	354788	300	44	26.88	0	7535	0.00
D317	DH351	S	58122	60	265.40	3735	8702	42.92	0	0	0.00	24184	305	7	11.33	0	0	—
D318	DH352	L	64071	333	52.71	448	1486	30.15	201	9	22.33	352239	294	80	14.98	0	996	0.00
D319	DH353	M	82391	272	82.99	1461	3532	41.36	968	3	322.67	160327	312	47	10.93	0	4955	0.00
D320	DH354	S	76996	200	105.47	921	2863	32.17	561	4	140.25	193781	0	35	0.00	0	6357	0.00
D321	DH355	M	124770	242	141.25	1748	4678	37.37	781	3	260.33	267652	297	41	21.98	0	2351	0.00
D322	DH356	S	34320	200	47.01	93	151	61.59	1655	4	413.75	111075	300	40	9.26	4692	4692	100.00
D323	DH357	M	88451	278	87.17	1045	4031	25.92	525	4	131.25	262251	312	40	21.01	0	1796	0.00
D324	DH358	M	86274	282	83.82	626	2772	22.58	356	4	89.00	497556	0	50	0.00	1	1713	0.06
D325	DH359	S	50816	200	69.61	76	2876	2.64	22	2	11.00	181764	313	28	20.74	1767	1767	100.00
D326	DH360	S	4288	50	23.50	128	731	17.51	14	4	3.50	46775	276	39	4.35	0	90	0.00
D327	DH361	S	803	29	7.59	0	70	0.00	0	1	0.00	14504	268	28	1.93	0	0	—
D328	DH362	S	33385	141	64.87	426	2573	16.56	972	9	108.00	131566	280	72	6.53	1110	1482	74.90
D329	DH363	S	2333	50	12.78	78	654	11.93	0	3	0.00	21426	283	17	4.45	0	0	—
D330	DH364	S	3486	36	26.53	5	245	2.04	22	1	22.00	14490	267	11	4.93	0	11	—



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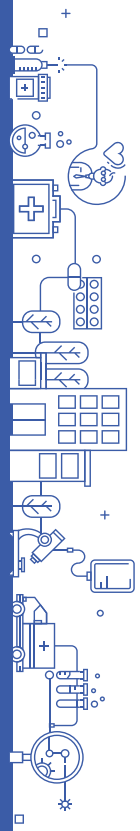
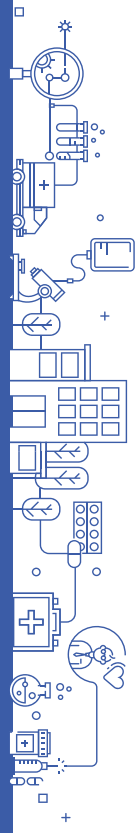
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D331	DH365	S	4075	64	17.44	422	1623	26.00	24	6	4.00	108220	278	59	6.60	28	75	37.33
D332	DH366	S	2759	50	15.12	0	336	0.00	20	3	6.67	28767	276	21	4.96	0	0	—
D333	DH367	S	43	100	0.12	4	782	0.51	0	0	0.00	39742	0	13	0.00	0	0	—
D334	DH368	L	146596	386	104.05	1690	10272	16.45	230	3	76.67	121084	313	53	7.30	0	0	—
D334	DH369	L	2629	600	1.20	0	0	0.00	942	3	314.00	177502	308	62	9.30	0	0	—
D335	DH370	S	17177	74	63.59	0	578	0.00	0	5	0.00	40974	282	17	8.55	0	0	—
D336	DH371	S	26606	50	145.79	221	1558	14.18	0	0	0.00	28362	0	19	0.00	0	0	—
D336	DH372	S	49966	200	68.45	0	0	0.00	950	5	190.00	55320	307	50	3.60	2294	2819	81.38
D337	DH373	S	38323	108	97.22	119	2726	4.37	42	1	42.00	51632	307	23	7.31	532	70	—
D338	DH374	S	30978	100	84.87	58	1726	3.36	50	5	10.00	48162	306	20	7.87	0	0	—
D338	DH375	S	18262	100	50.03	85	1159	7.33	29	4	7.25	44961	304	12	12.32	0	0	—
D339	DH376	M	79709	280	77.99	1093	4264	25.63	3847	17	226.29	389784	290	83	16.19	4532	24373	18.59
D340	DH377	S	9901	73	37.16	78	714	10.92	139	3	46.33	31692	288	14	7.86	213	1248	17.07
D341	DH378	S	16291	60	74.39	62	677	9.16	242	2	121.00	43387	283	10	15.33	128	745	17.18
D342	DH379	S	8935	34	72.00	32	442	7.24	5	2	2.50	33214	277	12	9.99	369	1037	35.58
D343	DH380	S	36257	143	69.46	207	264	78.41	406	6	67.67	92013	277	31	10.72	530	1778	29.81
D344	DH381	S	4442	26	46.81	16	255	6.27	0	2	0.00	556	284	10	0.20	12	165	7.27
D345	DH382	S	13052	45	79.46	106	648	16.36	86	2	43.00	20928	277	11	6.87	288	792	36.36
D346	DH383	S	18266	51	98.13	13	370	3.51	224	3	74.67	30794	265	14	8.30	175	1067	16.40
D347	DH384	S	14488	150	26.46	827	3680	22.47	580	7	82.86	144945	0	36	0.00	8037	2048	—
D348	DH385	S	23487	150	42.90	179	663	27.00	231	5	46.20	44830	269	18	9.26	168	841	19.98
D349	DH386	S	1789	50	9.80	41	294	13.95	47	4	11.75	17458	280	14	4.45	0	61	0.00
D350	DH387	S	365	163	0.61	1202	6048	19.87	34	3	11.33	224152	365	31	19.81	6968	7171	97.17



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den. (i)	Den. (ii)	Raw Score	Num.	Den.	Raw Score
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D351	DH388	M	86140	236	100.00	2821	9467	29.80	34	9	3.78	285313	365	113	6.92	1696	7408	22.89
D352	DH389	L	147358	360	112.14	5012	12101	41.42	776	20	38.80	364475	365	73	13.68	854	17430	4.90
D353	DH390	S	20682	160	35.41	1294	4318	29.97	156	2	78.00	319057	365	22	39.73	2958	14079	21.01
D354	DH391	S	13434	93	39.58	545	2913	18.71	158	4	39.50	133655	365	28	13.08	547	2536	21.57
D355	DH392	M	108352	269	110.35	1486	6487	22.91	391	6	65.17	321839	365	38	23.20	1042	10960	9.51
D356	DH393	S	19764	130	41.65	604	2232	27.06	1156	3	385.33	385875	365	33	32.04	0	0	—
D357	DH394	S	46720	128	100.00	150	1507	9.95	31	2	15.50	107452	365	16	18.40	107	2431	4.40
D358	DH395	M	80566	288	76.64	2013	5911	34.06	614	3	204.67	343295	365	29	32.43	447	6004	7.45
D359	DH396	S	40515	111	100.00	1445	2920	49.49	82	4	20.50	166102	365	25	18.20	1527	3807	40.11
D360	DH397	S	11700	137	23.40	633	3636	17.41	259	7	37.00	354693	365	33	29.45	0	3	—
D361	DH398	S	45800	126	99.59	1208	4447	27.16	1332	3	444.00	201204	0	25	0.00	1999	2042	97.89
D362	DH399	L	51110	305	45.91	572	8045	7.11	273	4	68.25	320541	365	30	29.27	1226	4620	26.54
D363	DH400	S	44414	116	104.90	319	2833	11.26	49	49	1.00	219040	0	25	0.00	1495	7308	20.46
D364	DH401	S	93203	165	154.76	1335	6960	19.18	83	6	13.83	195800	365	33	16.26	7204	9956	72.36
D365	DH402	S	56890	186	83.80	646	2967	21.77	173	6	28.83	179387	365	39	12.60	2761	5128	53.84
D366	DH403	S	42408	195	59.58	567	6539	8.67	275	3	91.67	274472	365	25	30.08	825	3672	22.47
D367	DH404	S	91126	162	154.11	1936	5720	33.85	162	4	40.50	224787	365	40	15.40	3544	7142	49.62
D368	DH405	L	196993	675	79.96	4691	10872	43.15	6951	11	631.91	786996	365	129	16.71	5491	23034	23.84
D368	DH406	S	66	146	0.12	1205	4862	24.78	959	5	191.80	420643	365	43	26.80	307	2903	10.58
D369	DH407	S	30404	195	42.72	1340	4299	31.17	680	3	226.67	186479	365	34	15.03	722	6234	11.58
D370	DH408	S	66040	125	144.75	678	3480	19.48	104	5	20.80	98505	365	32	8.43	1972	2870	68.71
D371	DH409	M	223497	255	240.13	3001	11021	27.23	3844	24	160.17	333746	365	107	8.55	138	7468	1.85
D372	DH410	S	66739	135	135.44	541	3186	16.98	24	6	4.00	84965	365	24	9.70	6321	7238	87.33



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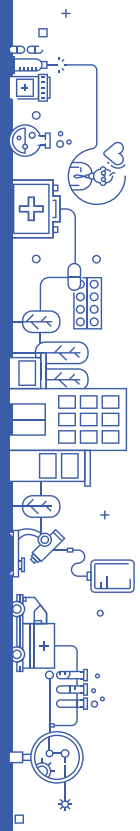
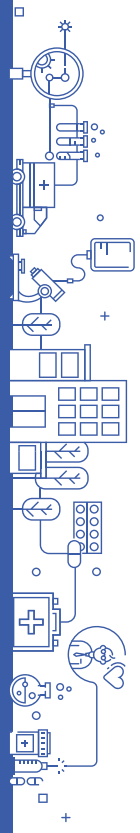
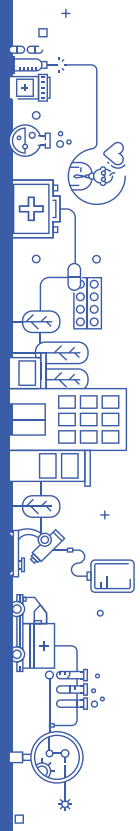
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D373	DH411	S	65574	168	106.94	271	4107	6.60	350	3	116.67	361145	365	20	49.47	625	4932	12.67
D374	DH412	S	39643	120	90.51	1112	5266	21.12	32	5	6.40	86878	365	16	14.88	3326	3779	88.01
D375	DH413	L	117423	380	84.66	2101	5399	38.91	191	10	19.10	344011	365	50	18.85	1183	5131	23.06
D376	DH414	S	61754	99	170.90	769	4017	19.14	47	6	7.83	151858	365	24	17.34	1793	3601	49.79
D377	DH415	M	0	225	0.00	0	0	0.00	0	0	0.00	0	365	33	0.00	0	0	—
D378	DH416	S	29433	110	73.31	342	2916	11.73	22	3	7.33	198855	365	19	28.67	391	3891	10.05
D379	DH417	L	22768	313	19.93	1979	7661	25.83	953	6	158.83	229487	365	44	14.29	8902	13295	66.96
D379	DH418	S	31984	197	44.48	1278	4713	27.12	12	3	4.00	219304	308	28	25.43	3252	4493	72.38
D380	DH419	L	1107	506	0.60	1433	2387	60.03	3256	2	1628.00	535784	365	58	25.31	451	1935	23.31
D381	DH420	S	24031	171	38.50	180	338	53.25	228	2	114.00	287927	365	19	41.52	76	238	31.93
D382	DH421	L	144258	450	87.83	4312	9927	43.44	0	0	0.00	276970	313	88	10.06	143	1935	7.39
D383	DH422	S	17992	100	49.29	51	298	17.11	366	2	183.00	338164	365	29	31.95	0	0	—
D384	DH423	S	47990	200	65.74	1183	2901	40.78	818	6	136.33	293228	275	37	28.82	0	5748	0.00
D385	DH424	S	27104	160	46.41	1598	5302	30.14	973	4	243.25	286655	262	28	39.08	23	5832	0.39
D386	DH425	S	75645	200	103.62	2139	4961	43.12	1923	7	274.71	368815	276	49	27.27	1208	7953	15.19
D387	DH426	S	38260	100	104.82	607	1691	35.90	670	4	167.50	137678	275	31	16.15	0	443	0.00
D388	DH427	S	23323	80	79.87	267	967	27.61	288	4	72.00	236812	365	32	20.28	0	1365	0.00
D389	DH428	S	16641	75	60.79	527	2514	20.96	202	3	67.33	122286	279	14	31.31	0	3919	0.00
D390	DH429	S	47948	120	109.47	914	2334	39.16	167	2	83.50	227557	276	27	30.54	0	4566	0.00
D391	DH430	S	77370	104	203.82	1306	3130	41.73	1470	5	294.00	186044	294	28	22.60	0	5427	0.00
D392	DH431	S	56718	200	77.70	677	2787	24.29	1323	2	661.50	290966	283	32	32.13	0	4887	0.00
D393	DH432	L	167650	470	97.73	2617	7074	36.99	2279	9	253.22	406878	286	76	18.72	382	9886	3.86
D394	DH433	S	50773	120	115.92	586	1932	30.33	1179	4	294.75	254491	292	30	29.05	0	2810	0.00



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den. (i)	Den. (ii)	Raw Score	Num.	Den.	Raw Score
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D395	DH434	M	95941	270	97.35	2758	8063	34.21	956	8	119.50	254208	286	46	19.32	318	8688	3.66
D396	DH435	S	11676	100	31.99	1135	2974	38.16	758	4	189.50	197398	282	26	26.92	0	5215	0.00
D397	DH436	S	74137	120	169.26	2074	5152	40.26	797	8	99.63	207424	277	25	29.95	0	11224	0.00
D398	DH437	S	41790	200	57.25	678	2324	29.17	1092	7	156.00	324213	290	37	30.22	0	988	0.00
D399	DH438	S	18451	100	50.55	393	2162	18.18	220	2	110.00	147481	275	16	33.52	362	7040	5.14
D400	DH439	S	24140	100	66.14	500	1479	33.81	798	4	199.50	176042	291	22	27.50	0	71	—
D401	DH440	S	36852	150	67.31	1840	4330	42.49	1181	6	196.83	226775	292	34	22.84	3178	14921	21.30
D402	DH441	S	65666	200	89.95	1446	3714	38.93	3918	7	559.71	374200	281	42	31.71	0	233	—
D403	DH442	S	23323	100	63.90	296	1488	19.89	442	5	88.40	249808	287	31	28.08	0	4144	0.00
D404	DH443	S	48886	100	133.93	2637	5106	51.65	673	1	673.00	267851	287	29	32.18	0	6459	0.00
D405	DH444	S	32799	100	89.86	755	1869	40.40	457	5	91.40	279836	282	25	39.69	2984	4767	62.60
D406	DH445	L	146000	400	100.00	1068	8542	12.50	1046	7	149.43	493680	365	33	40.99	187	6629	2.82
D407	DH446	L	205585	701	80.35	2419	12311	19.65	1752	19	92.21	804745	365	79	27.91	7430	7430	100.00
D408	DH447	L	52374	454	31.61	2180	7068	30.84	4186	6	697.67	351520	365	57	16.90	1514	3055	49.56
D409	DH448	L	124182	333	102.17	1195	7072	16.90	674	8	84.25	439988	0	53	0.00	1198	12608	9.50
D410	DH449	M	77998	285	74.98	624	9525	6.55	1843	2	921.50	474102	0	43	0.00	1334	4623	28.86
D411	DH450	L	63139	525	32.95	1097	10402	10.55	834	2	417.00	468812	365	60	21.41	7431	11388	65.25
D412	DH451	L	164060	525	85.62	2381	15126	15.74	2310	9	256.67	491397	365	54	24.93	308	7330	4.20
D413	DH452	M	91010	300	83.11	567	6952	8.16	739	6	123.17	500909	0	58	0.00	4736	4914	96.38
D414	DH453	L	115569	551	57.46	2022	10396	19.45	1248	3	416.00	508249	365	48	29.01	1056	12658	8.34
D415	DH454	M	82475	300	75.32	563	5445	10.34	1283	6	213.83	509663	350	55	26.48	1594	9436	16.89
D416	DH455	M	0	250	0.00	760	10811	7.03	1218	10	121.80	533282	365	50	29.22	1471	3199	45.98
D417	DH456	L	56912	400	38.98	1062	13402	7.92	956	13	73.54	509447	365	44	31.72	2313	5194	44.53



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den. (i)	Den. (ii)	Raw Score	Num.	Den.	Raw Score
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D418	DH457	M	38822	256	41.55	442	5485	8.06	587	2	293.50	212668	365	30	19.42	61	1898	3.21
D419	DH458	L	131485	370	97.36	886	4968	17.83	1792	9	199.11	548789	365	68	22.11	405	7771	5.21
D420	DH459	L	37592	307	33.55	1430	6390	22.38	583	9	64.78	43063	365	45	2.62	6593	9297	70.92
D421	DH460	S	3739	150	6.83	118	3378	3.49	256	2	128.00	264491	365	32	22.64	625	1870	33.42
D422	DH461	S	12167	150	22.22	82	2450	3.35	1911	3	637.00	216637	365	57	10.41	301	2721	11.06
D423	DH462	S	87099	200	119.31	108	3643	2.96	2204	16	137.75	559785	362	60	25.77	3813	6375	59.81
D424	DH463	M	365	300	0.33	210	7646	2.75	640	8	80.00	470538	365	39	33.06	3903	4306	90.64
D425	DH464	M	79384	296	73.48	1131	6884	16.43	1374	0	0.00	319800	365	30	29.21	2486	3310	75.11
D426	DH465	L	91027	307	81.23	1018	7543	13.50	2408	3	802.67	456109	0	38	0.00	1488	5863	25.38
D427	DH466	S	27484	150	50.20	48	6040	0.79	959	2	479.50	204839	0	28	0.00	398	2755	14.45
D428	DH467	M	65822	220	81.97	290	4994	5.81	1332	24	55.50	353894	365	27	35.91	1155	4187	27.59
D429	DH468	M	365	294	0.34	1115	8178	13.63	501	15	33.40	385307	365	64	16.49	1970	4725	41.69
D430	DH469	L	146000	400	100.00	1875	7081	26.48	2024	15	134.93	506782	365	72	19.28	2655	8409	31.57
D431	DH470	S	39743	200	54.44	429	3555	12.07	1140	4	285.00	287315	0	28	0.00	746	2213	33.71
D432	DH471	S	119036	200	163.06	1239	8555	14.48	3464	12	288.67	527432	365	44	32.84	587	4077	14.40
D433	DH472	S	19381	105	50.57	89	525	16.95	0	7	0.00	106635	365	31	9.42	0	227	0.00
D434	DH473	S	9665	50	52.96	0	105	0.00	0	0	0.00	17617	274	17	3.78	0	0	—
D435	DH474	S	40437	100	110.79	265	883	30.01	59	7	8.43	130306	274	34	13.99	52	1067	4.87
D436	DH475	S	13097	80	44.85	9	326	2.76	0	0	0.00	56454	275	16	12.83	0	0	—
D437	DH476	M	62160	232	73.41	1146	1986	57.70	1034	9	114.89	503366	365	42	32.84	2	1715	0.12
D438	DH477	L	338008	1098	84.34	3052	5861	52.07	—	—	—	1110122	365	231	13.17	15373	16002	96.07
D439	DH478	L	100080	314	87.32	1666	2509	66.40	855	10	85.50	693322	365	31	61.27	0	3309	—
D440	DH479	L	217048	750	79.29	3804	5657	67.24	761	19	40.05	1019267	365	78	35.80	0	4459	0.00



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den. (i)	Den. (ii)	Raw Score	Num.	Den.	Raw Score
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D441	DH480	S	42088	152	75.86	380	890	42.70	306	4	76.50	435354	365	16	74.55	0	190	0.00
D442	DH481	L	199382	645	84.69	2447	5990	40.85	1708	22	77.64	1151416	365	73	43.21	0	4391	—
D443	DH482	L	64955	700	25.42	1764	3210	54.95	955	12	79.58	984783	365	77	35.04	0	5889	0.00
D444	DH483	L	168079	543	84.80	2321	4039	57.46	883	13	67.92	969857	365	65	40.88	0	1750	0.00
D445	DH484	S	50850	154	90.46	1001	1292	77.48	565	2	282.50	404529	365	32	34.63	0	1033	0.00
D446	DH485	S	32352	103	86.05	404	558	72.40	60	4	15.00	217674	0	13	0.00	0	496	—
D447	DH486	L	181493	422	117.83	3042	5261	57.82	792	19	41.68	770441	365	65	32.47	0	3971	0.00
D448	DH487	S	55483	185	82.17	1398	2862	48.85	386	3	128.67	458109	365	27	46.48	0	1624	0.00
D449	DH488	L	112210	545	56.41	1220	1774	68.77	543	7	77.57	725117	365	32	62.08	0	1513	0.00
D450	DH489	L	117579	468	68.83	1146	1944	58.95	922	8	115.25	696372	365	69	27.65	0	4212	0.00
D451	DH490	L	62655	375	45.78	1090	1912	57.01	2329	5	465.80	243393	365	43	15.51	0	1247	0.00
D452	DH491	L	161906	477	92.99	2439	4825	50.55	5859	11	532.64	531554	0	63	0.00	0	2808	0.00
D453	DH492	S	52300	168	85.29	1242	2128	58.36	2011	2	1005.50	337424	365	22	42.02	0	1047	0.00
D454	DH493	L	198232	613	88.60	2657	4133	64.29	1603	12	133.58	672462	365	63	29.24	0	3590	0.00
D455	DH494	M	77414	300	70.70	955	1759	54.29	481	2	240.50	476128	365	33	39.53	0	1651	0.00
D456	DH495	M	62337	222	76.93	1472	2943	50.02	362	4	90.50	302276	365	19	43.59	0	2209	—
D457	DH496	L	148070	526	77.12	1779	4217	42.19	729	5	145.80	567703	365	24	64.81	0	3068	—
D458	DH497	M	58716	296	54.35	722	1365	52.89	1326	3	442.00	679311	365	18	103.40	0	1541	0.00
D459	DH498	L	143140	370	105.99	2179	4704	46.32	2065	2	1032.50	917421	365	53	47.42	0	4360	0.00
D460	DH499	L	129210	354	100.00	1063	1566	67.88	190	6	31.67	421782	365	23	50.24	0	216	—
D461	DH500	M	51325	210	66.96	1100	2623	41.94	160	1	160.00	381669	0	35	0.00	0	781	0.00
D462	DH501	M	256	256	0.27	1510	3893	38.79	6991	5	1398.20	529197	365	34	42.64	0	1703	0.00
D463	DH502	L	194982	726	73.58	2685	5519	48.65	1850	9	205.56	917021	365	70	35.89	0	3327	—

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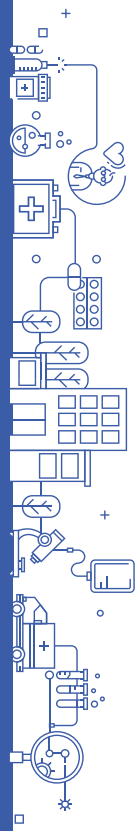
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D464	DH503	M	56516	226	68.51	594	974	60.99	68	1	68.00	432989	365	19	62.44	0	124	—
D465	DH504	L	116519	413	77.30	1872	2890	64.78	720	8	90.00	427940	365	37	31.69	0	2728	0.00
D466	DH505	M	57100	300	52.15	456	905	50.39	513	6	85.50	1092100	365	23	130.09	76	949	8.01
D467	DH506	L	112376	304	101.28	1336	3910	34.17	346	13	26.62	518746	365	31	45.85	0	1630	0.00
D468	DH507	L	113743	386	80.73	2275	3955	57.52	715	6	119.17	500521	365	35	39.18	0	4483	0.00
D469	DH508	S	78117	200	107.01	1971	3295	59.82	871	6	145.17	259090	365	26	27.30	0	0	—
D470	DH509	L	162202	500	88.88	4527	6473	69.94	4913	4	1228.25	324617	0	41	0.00	82	4745	1.73
D471	DH510	M	128450	250	140.77	4272	6530	65.42	461	7	65.86	648194	312	41	50.67	426	3054	13.95
D472	DH511	L	140510	450	85.55	4140	6025	68.71	3240	7	462.86	257916	0	26	0.00	20	1761	1.14
D473	DH512	M	122033	250	133.73	2383	7352	32.41	2282	4	570.50	361168	308	38	30.86	3369	3369	100.00
D474	DH513	S	1189	0	0.00	1151	4644	24.78	943	2	471.50	320626	310	20	51.71	100	673	14.86
D475	DH514	S	27367	150	49.99	25	1031	2.42	0	3	0.00	43345	269	25	6.45	106	319	33.23
D476	DH515	S	61211	150	111.80	836	3427	24.39	105	6	17.50	83390	0	29	0.00	180	3200	5.63
D477	DH516	S	25178	100	68.98	315	1524	20.67	0	2	0.00	47463	253	15	12.51	144	915	15.74
D478	DH517	S	18590	100	50.93	187	1673	11.18	0	1	0.00	63725	267	20	11.93	489	2390	20.46
D479	DH518	S	16126	100	44.18	67	700	9.57	0	0	0.00	47025	265	15	11.83	84	416	20.19
D480	DH519	S	19123	150	34.93	318	1655	19.21	96	4	24.00	37138	275	23	5.87	0	1415	—
D481	DH520	S	26040	128	55.74	0	0	0.00	5276	8	659.50	636399	310	46	44.63	0	1166	0.00
D481	DH521	S	24380	200	33.40	1245	6937	17.95	0	0	0.00	160140	309	29	17.87	0	0	—
D482	DH522	S	37253	100	102.06	57	1907	2.99	2282	6	380.33	536714	0	42	0.00	0	0	—
D482	DH523	S	0	90	0.00	368	10167	3.62	0	0	0.00	151832	365	6	69.33	0	0	—
D482	DH524	M	240000	232	283.42	0	0	0.00	1330	6	221.67	644502	310	20	103.95	219	5094	4.30
D483	DH528	S	60635	100	166.12	820	2853	28.74	1416	5	283.20	308654	286	24	44.97	1481	1656	89.43



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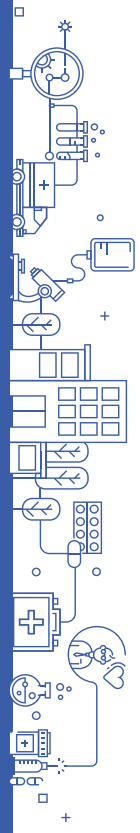
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D484	DH529	S	4861	50	26.64	0	0	0.00	0	1	0.00	170614	310	9	61.15	0	0	—
D484	DH530	S	6603	100	18.09	0	386	0.00	0	0	0.00	66724	310	13	16.56	0	0	—
D485	DH531	S	36500	100	100.00	1941	7638	25.41	0	0	0.00	157496	270	14	41.67	0	0	—
D485	DH532	M	2558	219	3.20	0	0	0.00	4252	8	531.50	571443	365	39	40.14	12440	12440	100.00
D486	DH533	S	3870	100	10.60	209	1820	11.48	200	3	66.67	272803	282	33	29.31	502	1006	49.90
D487	DH534	S	30801	135	62.51	2032	10861	18.71	0	0	0.00	155829	0	13	0.00	0	0	—
D487	DH535	L	125301	353	97.25	0	0	0.00	0	8	0.00	626695	310	46	43.95	6358	6358	100.00
D488	DH536	S	41616	176	64.78	0	0	0.00	1327	6	221.17	672215	313	23	93.38	2477	2819	87.87
D488	DH537	S	13937	65	58.74	341	7209	4.73	98	0	0.00	108778	310	3	116.97	0	0	—
D489	DH538	S	10800	30	98.63	56	2549	2.20	0	0	0.00	48550	308	5	31.53	206	206	100.00
D489	DH539	S	200	74	0.74	0	0	0.00	20	9	2.22	184800	308	14	42.86	0	0	—
D489	DH540	S	0	100	0.00	50	201	24.88	660	1	660.00	25506	0	7	0.00	1800	2190	82.19
D490	DH541	S	0	30	0.00	19	5864	0.32	0	0	0.00	68562	313	6	36.51	0	0	—
D490	DH542	S	0	103	0.00	0	0	0.00	175	6	29.17	354303	313	18	62.89	134	1517	8.83
D491	DH543	S	29780	75	108.79	2784	6541	42.56	3612	0	0.00	142990	305	11	42.62	0	0	—
D491	DH544	S	1695	140	3.32	0	0	0.00	2044	4	511.00	584986	304	26	74.01	1286	2679	48.00
D492	DH545	L	28890	325	24.35	0	0	0.00	5880	7	840.00	677555	310	35	62.45	1657	1381	—
D492	DH546	S	35864	114	86.19	1406	6327	22.22	0	0	0.00	109656	0	15	0.00	0	0	—
D493	DH547	S	7814	125	17.13	1166	7202	16.19	0	0	0.00	139700	310	8	56.33	0	0	—
D493	DH548	M	15279	216	19.38	0	0	0.00	0	5	0.00	0	0	33	0.00	1040	1040	100.00
D493	DH549	M	310	300	0.28	0	0	0.00	1225	7	175.00	0	310	25	0.00	627	808	77.60
D494	DH550	S	28837	100	79.01	0	0	0.00	673	0	0.00	398929	290	15	91.71	3904	3904	100.00
D494	DH551	S	981	75	3.58	1121	4028	27.83	0	0	0.00	78407	280	8	35.00	0	0	—



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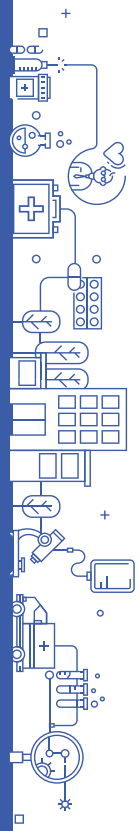
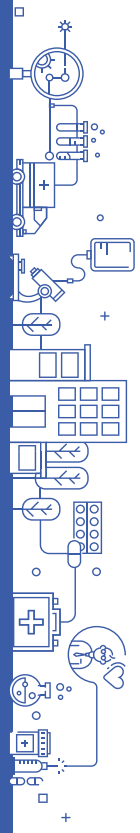
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D495	DH552	S	14520	79	50.36	297	4820	6.16	0	0	0.00	93414	309	9	33.59	0	0	—
D495	DH553	M	20729	234	24.27	0	0	0.00	550	9	61.11	319494	300	34	31.32	2368	171	—
D496	DH554	S	23529	60	107.44	413	8074	5.12	0	0	0.00	129158	310	9	46.29	0	0	—
D496	DH555	S	6983	50	38.26	2	2155	0.09	0	0	0.00	188188	310	10	60.71	0	0	—
D496	DH556	S	5479	52	28.87	0	0	0.00	250	4	62.50	137288	309	14	31.74	0	0	—
D496	DH557	S	16674	177	25.81	0	0	0.00	489	5	97.80	493420	307	25	64.29	250	2641	9.47
D497	DH558	S	2953	100	8.09	39	521	7.49	501	7	71.57	278888	310	17	52.92	1170	1645	71.12
D497	DH559	S	724	30	6.61	91	1147	7.93	0	0	0.00	49167	310	10	15.86	0	0	—
D497	DH560	S	990	100	2.71	50	1067	4.69	501	5	100.20	99683	310	15	21.44	0	0	—
D498	DH561	S	32460	100	88.93	9	3806	0.24	158	4	39.50	283768	265	21	50.99	188	225	83.56
D499	DH562	S	10594	191	15.20	1090	6511	16.74	0	0	0.00	86193	309	8	34.87	0	0	—
D499	DH563	M	66189	230	78.84	0	0	0.00	3124	4	781.00	387865	317	36	33.99	666	5867	11.35
D500	DH564	S	30212	100	82.77	0	0	0.00	0	0	0.00	412620	305	18	75.16	682	967	70.53
D500	DH565	S	360	18	5.48	64	3449	1.86	0	0	0.00	53058	308	4	43.07	0	0	—
D501	DH566	S	7925	43	50.49	386	5439	7.10	0	0	0.00	92241	310	6	49.59	0	0	—
D501	DH567	M	58869	230	70.12	0	0	0.00	1048	7	149.71	688337	310	31	71.63	1985	2301	86.27
D502	DH568	S	48017	114	115.40	920	5466	16.83	0	1	0.00	96009	312	10	30.77	390	390	100.00
D502	DH569	S	8996	85	29.00	0	0	0.00	661	5	132.20	344306	310	22	50.48	0	0	—
D502	DH570	M	20000	212	25.85	0	0	0.00	2149	10	214.90	544409	311	37	47.31	2120	7639	27.75
D503	DH571	S	14721	65	62.05	122	4501	2.71	0	0	0.00	73868	308	11	21.80	0	0	—
D503	DH572	S	11645	200	15.95	0	0	0.00	350	0	0.00	384559	288	13	102.71	3651	4426	82.49
D503	DH573	S	78	30	0.71	0	594	0.00	594	0	0.00	67645	308	5	43.93	0	0	—
D504	DH574	S	27214	72	103.55	157	5955	2.64	0	0	0.00	88615	309	7	40.97	0	0	—



Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den. (i)	Den. (ii)	Raw Score	Num.	Den.	Raw Score
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D504	DH575	S	13166	146	24.71	0	0	0.00	1083	8	135.38	457781	308	27	55.05	738	911	81.01
D505	DH576	S	20206	45	123.02	53	6987	0.76	0	0	0.00	14869	294	5	10.11	0	0	—
D505	DH577	S	12977	80	44.44	0	4621	0.00	0	0	0.00	267646	310	7	123.34	0	0	—
D506	DH578	S	24223	137	48.44	840	7596	11.06	1921	5	384.20	811035	0	53	0.00	218	1254	17.38
D507	DH579	S	27340	68	110.15	812	5938	13.67	0	0	0.00	144405	309	14	33.38	0	0	—
D507	DH580	S	27900	100	76.44	406	1286	31.57	1271	6	211.83	192238	0	23	0.00	0	0	—
D507	DH581	S	15209	166	25.10	0	0	0.00	1649	4	412.25	527133	312	30	56.32	1071	3739	28.64
D508	DH582	S	29200	80	100.00	568	3808	14.92	0	0	0.00	58790	307	6	31.92	0	0	—
D508	DH583	S	53250	150	97.26	0	0	0.00	344	3	114.67	276116	307	17	52.91	2582	1995	—
D509	DH584	S	38467	134	78.65	2419	13490	17.93	0	0	0.00	120659	307	7	56.15	0	0	—
D509	DH585	S	0	174	0.00	0	0	0.00	920	12	76.67	520269	309	28	60.13	521	4904	10.62
D510	DH586	L	83533	305	75.04	0	0	0.00	753	5	150.60	574362	309	53	35.07	9	1496	0.60
D510	DH587	S	19557	141	38.00	1075	5499	19.55	0	0	0.00	116578	310	20	18.80	0	0	—
D511	DH588	S	10800	30	98.63	509	3369	15.11	0	2	0.00	54957	309	4	44.46	0	0	—
D511	DH589	S	309	68	1.24	0	0	0.00	543	5	108.60	239011	309	16	48.34	119	611	19.48
D512	DH590	S	365	64	1.56	464	11306	4.10	0	0	0.00	117027	310	12	31.46	0	0	—
D512	DH591	S	365	184	0.54	0	0	0.00	555	5	111.00	461762	310	25	59.58	3717	4554	81.62
D513	DH592	S	17629	70	69.00	0	0	0.00	129	4	32.25	344829	310	16	69.52	98	1180	8.31
D513	DH593	S	4622	30	42.21	234	4591	5.10	0	0	0.00	69989	310	13	17.37	0	0	—
D514	DH594	S	13134	60	59.97	201	5580	3.60	0	0	0.00	85010	0	11	0.00	0	0	—
D514	DH595	S	5704	104	15.03	0	0	0.00	764	4	191.00	540567	309	26	67.28	56	119	47.06
D515	DH596	S	26680	100	73.10	1408	7163	19.66	0	0	0.00	72306	311	12	19.37	533	533	100.00
D515	DH597	S	16537	145	31.25	0	0	0.00	1720	8	215.00	328070	309	26	40.84	2235	5495	40.67



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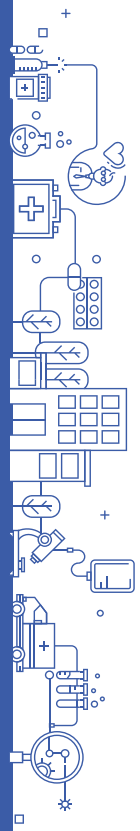
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D516	DH598	S	16249	47	94.72	577	4647	12.42	0	0	0.00	88146	278	11	28.82	98	182	53.85
D516	DH599	S	54672	172	87.09	0	0	0.00	10464	13	804.92	886104	313	46	61.54	424	1598	26.53
D517	DH600	S	16217	100	44.43	26	823	3.16	501	2	250.50	266846	290	20	46.01	949	2936	32.32
D518	DH601	S	36876	100	101.03	65	3670	1.77	1121	3	373.67	223398	309	36	20.08	349	610	57.21
D519	DH602	S	30802	100	84.39	91	5171	1.76	267	2	133.50	79475	309	33	7.79	340	340	100.00
D520	DH603	L	348	423	0.23	0	0	0.00	4603	7	657.57	501898	0	69	0.00	5778	9078	63.65
D520	DH604	S	15355	68	61.87	0	0	0.00	519	6	86.50	160656	310	19	27.28	0	0	—
D520	DH605	S	20482	100	56.12	415	2886	14.38	869	5	173.80	294497	291	34	29.77	0	0	—
D520	DH606	S	23673	185	35.06	3650	8871	41.15	0	0	0.00	204826	310	22	30.03	0	0	—
D521	DH607	S	0	30	0.00	0	0	0.00	0	3	0.00	0	0	7	0.00	0	0	—
D522	DH608	S	29880	100	81.86	155	2921	5.31	677	5	135.40	269436	309	35	24.91	908	1047	86.72
D523	DH609	S	0	100	0.00	128	3178	4.03	1156	7	165.14	329861	313	42	25.09	1373	1412	97.24
D524	DH610	S	18906	60	86.33	557	8965	6.21	557	1	557.00	156219	0	17	0.00	0	0	—
D524	DH611	S	365	167	0.60	0	0	0.00	1956	6	326.00	386230	310	28	44.50	4821	11052	43.62
D525	DH612	S	28540	60	130.32	978	8134	12.02	0	0	0.00	106904	310	9	38.32	0	0	—
D525	DH613	S	0	140	0.00	0	0	0.00	846	8	105.75	8298	0	25	0.00	475	4094	11.60
D526	DH614	L	113477	376	82.69	0	0	0.00	2979	18	165.50	878968	309	95	29.94	4522	4736	95.48
D526	DH615	L	48855	656	20.40	0	0	0.00	8422	24	350.92	5068250	309	85	192.97	383	4964	7.72
D526	DH616	L	20555	326	17.27	2720	7029	38.70	0	0	0.00	197911	310	43	14.85	0	0	—
D526	DH617	L	0	466	0.00	1876	6471	28.99	5661	16	353.81	1271496	308	87	47.45	1047	12252	8.55
D526	DH618	S	40105	110	99.89	567	1675	33.85	4474	5	894.80	326605	310	38	27.73	0	0	—
D526	DH619	S	24278	100	66.52	2344	4488	52.23	1182	6	197.00	529766	308	48	35.83	0	0	—
D526	DH620	S	9415	82	31.46	1266	2681	47.22	0	0	0.00	86014	310	33	8.41	0	0	—



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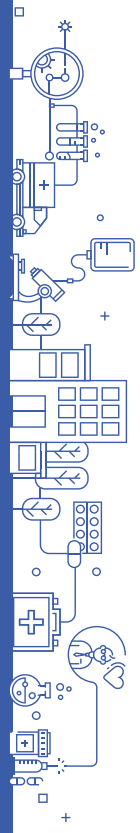
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D526	DH621	S	5202	100	14.25	45	286	15.73	220	4	55.00	199303	306	22	29.61	0	0	—
D526	DH622	S	1442	100	3.95	10	27	37.04	329	5	65.80	137726	310	23	19.32	0	0	—
D527	DH623	S	28020	100	76.77	94	2888	3.25	993	2	496.50	338665	306	28	39.53	803	194	—
D528	DH624	S	8028	30	73.32	92	4033	2.28	0	0	0.00	97962	310	7	45.14	0	0	—
D528	DH625	S	130	100	0.36	0	0	0.00	385	6	64.17	376642	310	20	60.75	145	333	43.54
D529	DH626	S	39990	30	365.21	6	4332	0.14	0	0	0.00	76292	305	5	50.03	0	0	—
D529	DH627	S	19813	100	54.28	0	0	0.00	195	2	97.50	393738	308	19	67.28	960	157	—
D530	DH628	S	14598	54	74.06	407	4855	8.38	0	0	0.00	82725	0	11	0.00	0	0	—
D530	DH629	S	25408	100	69.61	129	710	18.17	502	6	83.67	278530	363	22	34.88	0	0	—
D530	DH630	S	8749	74	32.39	0	0	0.00	1079	7	154.14	439258	325	19	71.13	3140	2852	—
D531	DH631	S	2742	30	25.04	14	850	1.65	0	0	0.00	387070	313	6	206.11	0	0	—
D531	DH632	S	0	70	0.00	0	0	0.00	1656	11	150.55	283618	312	34	26.74	535	801	66.79
D532	DH633	S	20477	116	48.36	1574	4919	32.00	0	0	0.00	313	313	18	0.06	0	0	—
D532	DH634	M	2	250	0.00	0	0	0.00	1787	3	595.67	535315	309	40	43.31	5047	8889	56.78
D533	DH635	S	310	88	0.97	1806	8611	20.97	0	1	0.00	112179	310	11	32.90	0	0	—
D533	DH636	S	0	155	0.00	0	0	0.00	2189	6	364.83	708998	300	44	53.71	0	0	—
D534	DH637	S	60337	187	88.40	0	0	0.00	633	5	126.60	625532	309	39	51.91	3235	4237	76.35
D534	DH638	S	24748	78	86.93	1272	5067	25.10	0	0	0.00	89299	310	6	48.01	0	0	—
D535	DH639	S	43193	127	93.18	3707	11312	32.77	0	0	0.00	186486	312	13	45.98	5881	5881	100.00
D535	DH640	S	56170	175	87.94	0	0	0.00	4361	5	872.20	741875	312	28	84.92	18393	19448	94.58
D536	DH641	S	41444	130	87.34	0	0	0.00	467	1	467.00	347425	310	16	70.05	1549	2199	70.44
D536	DH642	S	10183	70	39.86	246	3105	7.92	246	2	123.00	100024	308	10	32.48	0	0	—
D537	DH643	S	21996	62	97.20	2510	7451	33.69	3197	0	0.00	104087	308	9	37.55	0	0	—



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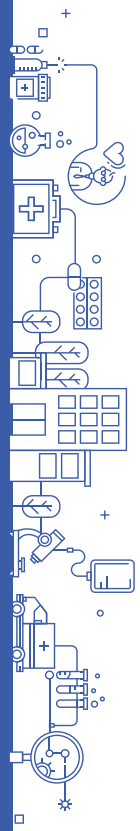
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D537	DH644	S	662	180	1.01	0	0	0.00	2878	6	479.67	305395	308	22	45.07	978	2443	40.03
D538	DH525	S	56940	156	100.00	0	0	0.00	3390	10	339.00	942139	308	40	76.47	5276	5608	94.08
D538	DH526	S	39550	164	66.07	1534	4581	33.49	0	0	0.00	165166	309	22	24.30	0	0	—
D538	DH527	S	0	199	0.00	0	0	0.00	5059	3	1686.33	934306	309	48	62.99	4283	5148	83.20
D539	DH645	S	0	121	0.00	1928	8295	23.24	518	0	0.00	140464	297	14	33.78	0	0	—
D539	DH646	M	0	248	0.00	0	0	0.00	0	5	0.00	89283	0	28	0.00	617	8320	7.42
D540	DH647	S	69671	150	127.25	0	0	0.00	828	2	414.00	424945	309	15	91.68	3740	4414	84.73
D540	DH648	S	15847	52	83.49	485	3153	15.38	0	0	0.00	123961	304	10	40.78	0	0	—
D541	DH649	S	0	168	0.00	3567	13305	26.81	140	1	140.00	196747	312	19	33.19	0	0	—
D541	DH650	L	104595	320	89.55	0	0	0.00	2788	6	464.67	641890	309	40	51.93	2119	4791	44.23
D542	DH651	S	2723	70	10.66	1	5552	0.02	0	1	0.00	156902	308	5	101.88	0	0	—
D543	DH652	S	23351	100	63.98	112	1250	8.96	514	8	64.25	349220	308	35	32.40	684	761	89.88
D544	DH653	S	15287	100	41.88	0	503	0.00	190	3	63.33	257192	310	20	41.48	247	345	71.59
D544	DH654	S	1550	50	8.49	4	3114	0.13	135	4	33.75	222033	310	18	39.79	0	0	—
D545	DH655	S	365	108	0.93	322	7662	4.20	0	0	0.00	78390	310	14	18.06	0	0	—
D545	DH656	M	365	204	0.49	0	0	0.00	1291	6	215.17	405903	310	28	46.76	4861	5886	82.59
D546	DH657	S	0	100	0.00	16	3117	0.51	50	2	25.00	0	313	14	0.00	102	102	100.00
D547	DH658	S	62081	100	170.08	246	1327	18.54	306	3	102.00	232954	312	27	27.65	2032	2164	93.90
D548	DH659	S	38430	144	73.12	727	13377	5.43	0	0	0.00	202367	295	14	49.00	0	0	—
D548	DH660	S	0	200	0.00	0	0	0.00	1554	5	310.80	769240	295	34	76.69	1673	2870	58.29
D549	DH661	S	16338	100	44.76	61	1341	4.55	606	3	202.00	0	0	20	0.00	4059	4622	87.82
D550	DH662	S	30832	82	103.01	1911	10227	18.69	0	0	0.00	161238	308	11	47.59	0	0	—
D550	DH663	M	61288	210	79.96	0	0	0.00	2074	8	259.25	395428	304	34	38.26	1613	9435	17.10



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			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D551	DH664	S	21971	60	100.32	981	6458	15.19	0	0	0.00	108555	292	18	20.65	0	0	—
D551	DH665	S	9888	110	24.63	0	0	0.00	470	5	94.00	569267	305	31	60.21	726	726	100.00
D552	DH666	S	53088	180	80.80	2381	5874	40.53	0	0	0.00	12042	349	18	1.92	0	0	—
D552	DH667	S	13462	125	29.51	0	0	0.00	2578	3	859.33	428391	310	29	47.65	2469	2469	100.00
D552	DH668	S	2901	153	5.19	70	798	8.77	465	3	155.00	247740	310	25	31.97	0	0	—
D552	DH669	M	77252	286	74.00	0	0	0.00	3999	9	444.33	1301539	309	43	97.96	2732	3433	79.58
D553	DH670	S	9560	36	72.75	160	1121	14.27	0	0	0.00	22335	310	9	8.01	0	0	—
D553	DH671	S	5296	59	24.59	0	0	0.00	0	2	0.00	104506	310	19	17.74	66	858	7.69
D554	DH672	S	17286	45	105.24	68	1349	5.04	97	1	97.00	111905	295	19	19.97	0	21	—
D555	DH673	S	7026	68	28.31	0	643	0.00	10	1	10.00	68279	315	15	14.45	200	230	86.96
D556	DH674	S	2341	45	14.25	0	483	0.00	0	1	0.00	55190	313	11	16.03	0	153	0.00
D557	DH675	S	36500	132	75.76	0	0	0.00	37	3	12.33	169603	310	18	30.39	13	13	100.00
D557	DH676	S	2081	32	17.82	19	637	2.98	0	0	0.00	18085	310	9	6.48	0	0	—
D558	DH677	S	15523	38	111.92	606	4561	13.29	0	0	0.00	82694	308	8	33.56	189	641	29.49
D558	DH678	S	13857	70	54.23	0	0	0.00	288	2	144.00	104393	312	17	19.68	1722	8440	20.40
D559	DH679	S	8744	63	38.03	0	0	0.00	200	5	40.00	132994	0	22	0.00	0	350	0.00
D559	DH680	S	5350	53	27.66	126	718	17.55	0	0	0.00	35538	313	7	16.22	0	0	—
D560	DH681	S	40290	44	250.87	837	3087	27.11	0	0	0.00	74584	309	8	30.17	0	0	—
D560	DH682	S	40290	120	91.99	0	0	0.00	1664	5	332.80	200600	309	26	24.97	113	2176	5.19
D561	DH683	S	298	50	1.63	144	1210	11.90	128	4	32.00	70381	330	16	13.33	0	0	—
D562	DH684	S	485	76	1.75	3	546	0.55	10	4	2.50	99756	270	18	20.53	293	293	100.00
D563	DH685	S	21338	125	46.77	11	3579	0.31	180	3	60.00	287784	310	11	84.39	707	5976	11.83
D564	DH686	S	12000	108	30.44	0	0	0.00	1521	2	760.50	93000	300	14	22.14	0	491	0.00

Dist Code	DH Code	Hospital category	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den.	Raw Score	Num.	Den. (i)	Den. (ii)	Raw Score	Num.	Den.	Raw Score
			KPI 6			KPI 7			KPI 8			KPI 9				KPI 10		
D564	DH687	S	1200	50	6.58	69	1996	3.46	1521	2	760.50	93000	300	14	22.14	578	491	—
D565	DH688	M	161555	282	156.96	3316	7528	44.05	2001	8	250.13	385619	0	55	0.00	2699	14721	18.33
D566	DH689	M	140897	286	134.97	1633	8002	20.41	202	5	40.40	0	0	58	0.00	0	8100	0.00
D567	DH690	L	147737	430	94.13	1865	5742	32.48	595	7	85.00	371794	0	49	0.00	1056	4411	23.94
D568	DH691	L	126870	365	95.23	1408	5919	23.79	2437	7	348.14	488431	303	61	26.43	25	3046	0.82
D568	DH692	L	65276	343	52.14	511	1975	25.87	337	4	84.25	113941	300	37	10.26	2213	2213	100.00
D569	DH693	L	230368	636	99.24	2458	5936	41.41	851	9	94.56	325454	0	71	0.00	0	9259	—
D570	DH694	L	261906	625	114.81	4668	9188	50.81	978	4	244.50	362606	303	72	16.62	0	9692	0.00
D571	DH695	L	161724	700	63.30	3636	11004	33.04	1626	11	147.82	396491	305	67	19.40	4217	14917	28.27
D572	DH696	L	137160	460	81.69	2056	6604	31.13	499	8	62.38	266792	355	73	10.29	193	5070	3.81
D573	DH697	L	136903	500	75.02	3129	9036	34.63	863	8	107.88	524329	0	57	0.00	3345	13957	23.97
D574	DH698	L	267421	849	86.30	7819	14223	54.97	860	10	86.00	408158	303	76	17.72	266	16911	1.57
D575	DH699	L	253662	600	115.83	2766	10959	25.24	1552	13	119.38	1143611	299	66	57.95	15	10077	0.15
D575	DH700	L	120435	549	60.10	1733	7231	23.97	578	10	57.80	246332	301	34	24.07	357	6202	5.76
D576	DH701	L	181133	405	122.53	2837	9004	31.51	1160	10	116.00	245859	303	66	12.29	2051	86831	2.36
D577	DH702	L	184288	415	121.66	4387	10160	43.18	598	8	74.75	371714	303	62	19.79	461	21550	2.14
D577	DH703	S	23116	70	90.47	32	1700	1.88	2	3	0.67	192266	303	35	18.13	0	0	—
D578	DH704	L	280144	590	130.09	3615	13243	27.30	2129	7	304.14	453160	302	89	16.86	1884	8012	23.51
D579	DH705	L	226293	625	99.20	3409	5571	61.19	4578	6	763.00	645275	303	104	20.48	5069	32	—
D579	DH706	L	186232	427	119.49	3769	9996	37.71	596	9	66.22	540280	0	60	0.00	0	14841	0.00
D580	DH707	L	118549	436	74.49	1697	9747	17.41	584	8	73.00	273373	0	51	0.00	3955	12801	30.90

ANNEXURE 7 - TABLE 7C - DISTRICT AND DISTRICT HOSPITAL CODES

District Code	District	DH Code	District Hospital (DH)
Andaman and Nicobar Islands			
D1	Nicobar	DH1	BJR Hospital
D2	North and Middle Andaman	DH2	Dr R.P. Hospital
D3	South Andaman	DH3	G.B. Pant Hospital
Andhra Pradesh			
D4	Anantapur	DH4	Ggh Anantapur
D5	Chittoor	DH5	GovernmentMaternity Hospl.Th
D5	Chittoor	DH6	Sri.Venkateshwara Ram Narayana Ruia Gen. Hospl.Th
D6	Cuddapah	DH7	DH Proddutur
D7	East Godavari	DH8	DH Rajahmundry
D8	Guntur	DH9	DH Tenali
D9	Krishna	DH10	DH Machilipatnam
D10	Kurnool	DH11	DH Nandyal
D11	Nellore	DH12	Government General Hospital Nellore
D12	Prakasam	DH13	Rims Ongole Th
D13	Srikakulam	DH14	Rims Srikakulam Th
D14	Vishakapatnam	DH15	King George Hospital Th
D15	Vizianagaram	DH16	DH Vizianagaram
D16	West Godavari	DH17	DH Eluru
Arunachal Pradesh			
D17	East Siang	DH18	GH Pasighat
D18	Lohit	DH19	GH Tezu
D19	Lower Dibang Valley	DH20	DH Roing
D20	Papum Pare	DH21	Tomo Riba Institute Of Medical Science & Hospital
D21	Tawang	DH22	DH Tawang
D22	West Siang	DH23	General Hospital Aalo
Assam			
D23	Baksa	DH24	Dr Ravi Boro Civil Hospital Baksa
D24	Barpeta	DH25	Barpeta Civil Hospital Kalgachia
D25	Bongaigaon	DH26	Bongaigaon Ch
D26	Cachar	DH27	S.M.Deb Civil Hospital Silchar
D27	Chirang	DH28	J.S.B Civil Hospital Chirang
D28	Darrang	DH29	Mangaldai Civil Hospital
D29	Dhemaji	DH30	DHemaji Civil Hospital
D30	Dhubri	DH31	DHubri Civil Hospital

District Code	District	DH Code	District Hospital (DH)
D31	Dima Hasao	DH32	Haflong Civil Hospital
D32	Goalpara	DH33	200 Bedded Civil Hospital
D33	Golaghat	DH34	Kushal Konwar Civil Hospital
D34	Hailakandi	DH35	S.K.Roy Civil Hospital
D35	Kamrup M	DH36	Sonapur District Hospital
D36	Kamrup R	DH37	Trb Civil Hospital
D37	Karbi Anglong	DH38	Diphu Civil Hospital
D38	Karimganj	DH39	Karimganj Civil Hospital
D39	Kokrajhar	DH40	Rnb Civil Hospital Kokrajhar
D40	Lakhimpur	DH41	North Lakhimpur Civil Hospital
D41	Marigaon	DH42	Morigaon Civil Hospital
D42	Nagaon	DH43	B.P. Civil Hospital
D43	Nalbari	DH44	Smk Civil Hospital
D44	Sibsagar	DH45	Sivasagar Civil Hospital
D45	Sonitpur	DH46	Kanaklata Civil Hospital
D46	Tinsukia	DH47	LGB Civil Hospital
D47	Udalguri	DH48	Udalguri Civil Hospital
		Bihar	
D48	Araria	DH49	Sardar Hospital Araria
D49	Arwal	DH50	Sadar Hospital Arwal
D50	Aurangabad	DH51	Sadar Hospital Aurangabad
D51	Banka	DH52	Sadar Hospital Banka
D52	Begusarai	DH53	Sadar Hospital Begusarai
D53	Bhagalpur	DH54	LNJP Sadar Hospital Bhagalpur
D54	Bhojpur	DH55	Sadar Hospital Ara Bhojpur
D55	Buxar	DH56	Sadar Hospital Buxar
D56	East Champaran	DH57	Sadar Hospital Motihari Purbi Champaran
D57	Gaya	DH58	Sadar Hospital Pilgrim Gaya
D58	Gopalganj	DH59	Sadar Hospital Gopalganj
D59	Jamui	DH60	Sadar Hospital Jamui
D60	Jehanabad	DH61	Sadar Hospital Jehanabad
D61	Kaimur Bhabua	DH62	Sadar Hospital Bhabua Kaimur
D62	Katihar	DH63	Sadar Hospital Katihar
D63	Khagaria	DH64	Sadar Hospital Khagaria
D64	Kishanganj	DH65	Sadar Hospital Kishanganj
D65	Lakhisarai	DH66	Sadar Hospital Lakhisarai
D66	Madhepura	DH67	Sadar Hospital Madhepura
D67	Madhubani	DH68	Sadar Hospital Madhubani
D68	Munger	DH69	Sadar Hospital Munger

District Code	District	DH Code	District Hospital (DH)
D69	Muzaffarpur	DH70	Sadar Hospital Muzaffarpur
D70	Nalanda	DH71	Sadar Hospital Biharsharif Nalanda
D71	Nawada	DH72	Sadar Hospital Nawada
D72	Purnia	DH73	Sadar Hospital Purnia
D73	Rohtas	DH74	Sadar Hospital Rohtas Sasaram
D74	Saharsa	DH75	Sadar Hospital Saharsa
D75	Samastipur	DH76	Sadar Hospital Samastipur
D76	Saran	DH77	Sadar Hospital Saran
D77	Sheikhpura	DH78	Sadar Hospital Sheikhpura
D78	Sheohar	DH79	Sadar Hospital Sheohar
D79	Sitamarhi	DH80	Sadar Hospital Sitamarhi
D80	Siwan	DH81	Sadar Hospital Siwan
D81	Supaul	DH82	Sadar Hospital Supaul
D82	Vaishali	DH83	Sadar Hospital Hajipur Vaishali
D83	West Champaran	DH84	Sadar Hospital M.J.K Bettiah Paschim Champaran
Chandigarh			
D84	Chandigarh	DH85	GMSH 16
Chhattisgarh			
D85	Balod	DH86	DH Balod
D86	Baloda Bazar	DH87	DH Baloda Bazar
D87	Bemetra	DH88	DH Bemetara
D88	Bilaspur	DH89	Bilaspur DH
D89	Dantewada	DH90	Dantewada
D90	Dhamtari	DH91	DHamtari
D91	Durg	DH92	District Hospital Durg
D92	Gariyaband	DH93	DH Gariaband
D93	Janjgir Champa	DH94	District Hospital
D94	Jashpur	DH95	Jashpur
D95	Kanker	DH96	Kanker DH
D96	Kawardha	DH97	District Hospital Kawardha
D97	Kondagaon	DH98	Ravindra Tagore DH Kondagaon
D98	Korba	DH99	Indira Gandhi Dstt Hospital Korba
D99	Mahasamund	DH100	Mahasamund
D100	Mungeli	DH101	DH Mungeli
D101	Narayanpur	DH102	Narayanpur
D102	Raipur	DH103	Raipur
D103	Sukma	DH104	DH Sukma

District Code	District	DH Code	District Hospital (DH)
Dadra and Nagar Haveli			
D104	Dadra and Nagar Haveli	DH105	Shri Vinoba Bhave Civil Hospital
Daman and Diu			
D105	Daman	DH106	Government Hospital Daman
D106	Diu	DH107	Government Hospital Diu
Delhi			
D107	Delhi Central	DH108	Aruna Asaf Ali Hospital
D107	Delhi Central	DH109	Girdhari Lal Maternity Hospital
D107	Delhi Central	DH110	Kasturba Hospital
D108	Delhi East	DH111	Lal Bahadur Shastri Hospital
D109	Delhi North	DH112	Babu Jagjeevan Ram Memorial Hospital Jahgirpuri
D109	Delhi North	DH113	Maharishi Valmiki Hospital
D109	Delhi North	DH114	Satyawati Raja Harishchandra Hospital
D110	Delhi North East	DH115	DH Jpc Hospital
D111	Delhi North West	DH116	Deep Chand Bandhu Hospital
D111	Delhi North West	DH117	Sanjay Gandhi Memorial Hospital Mangolpuri
D111	Delhi North West	DH118	Bhagwan Mahavir Hospital Pitampura
D112	Delhi South	DH119	Pt. Madan Mohan Malviya Hospital
D113	Delhi South West	DH120	Rao Tula Ram Hospital
D114	Delhi West	DH121	Guru Govind Singh Govt Hospital
D114	Delhi West	DH122	Acharya Shree Bhikshu Hospital
D114	Delhi West	DH123	Deendayal Upadhyay Hospital
D115	Shahdara	DH124	Hedgewar Hospital
D115	Shahdara	DH125	DH SDN Hospital
Goa			
D116	North Goa	DH126	North Goa District Hospital
D117	South Goa	DH127	South Goa District Hospital
Gujarat			
D118	Amreli	DH128	General Hospital Amreli
D119	Anand	DH129	S.S.Hospital Petlad
D120	Banas Kantha	DH130	General Hospital Palanpur
D121	Bharuch	DH131	General Hospital Bahruch
D122	Botad	DH132	Botad
D123	Chhotaudepur	DH133	Chhotaudepur
D124	Dahod	DH134	General Hospital Dahod
D125	Devbhumi Dwarka	DH135	Jam Khambhalia
D126	Kheda	DH136	General Hospital Nadiad
D127	Mahesana	DH137	General Hospital Mehsana

District Code	District	DH Code	District Hospital (DH)
D128	Mahisagar	DH138	Lunawada
D129	Morbi	DH139	Morbi
D130	Narmada	DH140	General Hospital Rajpipla
D131	Navsari	DH141	M.G.G.Hospital Navsari
D132	Panch Mahals	DH142	General Hospital Godhra
D133	Porbandar	DH143	Bhavsinhji General Hospital
D134	Rajkot	DH144	PK General Hospital
D135	Surendranagar	DH145	M.G. General Hospital
D136	Tapi	DH146	General Hospital Vyara
D137	The Dangs	DH147	General Hospital Dang
D138	Vadodara	DH148	Jamnabai General Hospital
Haryana			
D139	Ambala	DH149	Civil Hospital
D140	Bhiwani	DH150	Civil Hospital
D141	Faridabad	DH151	B.K. Civil Hospital
D142	Fatehabad	DH152	Civil Hospital Fatehabad
D143	Hisar	DH153	Civil Hospital
D144	Jhajjar	DH154	Civil Hospital Jhajjar
D145	Jind	DH155	Civil Hospital Jind
D146	Kaithal	DH156	IGMS Civil Hospital
D147	Kurukshetra	DH157	LNJP Civil Hospital
D148	Mahendragarh	DH158	Civil Hospital
D149	Mewat	DH159	Civil Hospital Mandikhera
D150	Palwal	DH160	Civil Hospital
D151	Panchkula	DH161	Civil Hospital
D152	Panipat	DH162	Civil Hospital
D153	Rewari	DH163	Civil Hospital Rewari
D154	Rohtak	DH164	Civil Hospital
D155	Sirsa	DH165	Civil Hospital Sirsa
D156	Sonipat	DH166	Civil Hospital Sonepat
Himachal Pradesh			
D157	Bilaspur	DH167	Bilaspur RH
D158	Chamba	DH168	Chamba RH MCH Centre
D159	Hamirpur	DH169	Hamirpur RH
D160	Kangra	DH170	DHaramshala ZH
D161	Kullu	DH171	Kullu RH
D162	Lahul Spiti	DH172	Keylong RH
D163	Mandi	DH173	Mandi ZH
D164	Shimla	DH174	DDU ZH

District Code	District	DH Code	District Hospital (DH)
D165	Sirmaur	DH175	Nahan RH
D166	Solan	DH176	Solan RH
D167	Una	DH177	Una RH
	Jammu and Kashmir		
D168	Anantnag	DH178	MCH Anantnag
D168	Anantnag	DH179	DH Anantnag
D169	Badgam	DH180	District Hospital Budgam
D170	Bandipora	DH181	Bandipora
D171	Baramula	DH182	Baramula
D172	Doda	DH183	Doda
D173	Ganderbal	DH184	District Hospital
D174	Jammu	DH185	Gandhinagar Hospital
D174	Jammu	DH186	Sarwal Hospital
D175	Kathua	DH187	Kathua
D176	Kulgam	DH188	Kulgam
D177	Kupwara	DH189	DH Handwara
D178	Pulwama	DH190	Pulwama DH
D179	Ramban	DH191	Ramban
D180	Reasi	DH192	DH Reasi
D181	Samba	DH193	Samba
D182	Shopian	DH194	Shopain
D183	Srinagar	DH195	District Hospital Jnlm
D184	Udhampur	DH196	Udhampur
	Jharkhand		
D185	Bokaro	DH197	Bokaro Sadar Hospital
D186	Chatra	DH198	Chatra Sadar Hospital
D187	Deoghar	DH199	Deoghar Sadar Hospital
D188	Dumka	DH200	Dumka Sadar Hospital
D189	Garhwa	DH201	Garhwa Sadar Hospital
D190	Giridih	DH202	Giridih Sadar Hospital
D191	Godda	DH203	Godda Sadar Hospital
D192	Gumla	DH204	Gumla Sadar Hospital
D193	Hazaribagh	DH205	Hazaribagh Sadar Hospital
D194	Jamtara	DH206	Jamtara Sadar Hospital
D195	Khunti	DH207	Khunti Sadar Hospital
D196	Kodarma	DH208	Kodrma Sadar Hospital
D197	Latehar	DH209	Latehar Sadar Hospital
D198	Lohardaga	DH210	Lohardaga Sadar Hospital
D199	Pakur	DH211	Pakur Sadar Hospital

District Code	District	DH Code	District Hospital (DH)
D200	Palamu	DH212	Palamau Sadar Hospital
D201	Pashchimi Singhbhum	DH213	Pashchimi Singhbhum Sadar Hospital
D202	Purbi Singhbhum	DH214	Purbi Singhbhum Sadar Hospital
D203	Ramgarh	DH215	Ramgarh Sadar Hospital
D204	Ranchi	DH216	Ranchi Sadar Hospital
D205	Sahibganj	DH217	Sahibganj Sadar Hospital
D206	Saraikela	DH218	Saraikela Sadar Hospital
D207	Simdega	DH219	Simdega Sadar Hospital
		Karnataka	
D208	Bagalkote	DH220	Bagalkote District Hospital FRU
D209	Bangalore Urban	DH221	HSIS Goshiya
D209	Bangalore Urban	DH222	Indiranagar General Hospital
D209	Bangalore Urban	DH223	Jayanagar General Hospital
D209	Bangalore Urban	DH224	Vanivilas Hospital
D209	Bangalore Urban	DH225	Victoria Hospital
D209	Bangalore Urban	DH226	Kc General Hospital
D209	Bangalore Urban	DH227	Bowring Lady Curzon
D210	Belgaum	DH228	Belgaum District Hospital
D211	Bellary	DH229	Bellary District Hospital FRU
D211	Bellary	DH230	Vims Bellary Medical College
D212	Bidar	DH231	Bidar District Hospital
D213	Bijapur	DH232	Bijapur District Hospital FRU
D214	Chamrajnagar	DH233	Chamarajnagar District Hospital FRU
D215	Chikkaballapur	DH234	Chikkaballapur District Hospital FRU
D216	Chikmagalur	DH235	Chickmagalur District Hospital FRU
D217	Chitradurga	DH236	Chitradurga District Hospital FRU
D218	Dakshina Kannada	DH237	Lady Goshan Hospital Mangalore DH FRU
D218	Dakshina Kannada	DH238	Wenlock Hospital Mangalore DH
D219	Davanagere	DH239	Davangere Women And Children DH FRU
D219	Davanagere	DH240	Davanagere District Hospital
D220	Dharwad	DH241	DHarwad District Hospital FRU
D220	Dharwad	DH242	Hubli Kims District Hospital
D221	Gadag	DH243	Gadag District Hospital FRU
D222	Gulbarga	DH244	Gulbarga District Hospital FRU
D223	Hassan	DH245	Hassan District Hospital
D224	Haveri	DH246	Haveri District Hospital FRU
D225	Kodagu	DH247	Kodagu District Hospital FRU
D226	Kolar	DH248	Kolar District Hospital FRU
D227	Koppal	DH249	Koppal District Hospital FRU

District Code	District	DH Code	District Hospital (DH)
D228	Mandya	DH250	Mandya District Hospital
D229	Mysore	DH251	Cheluvamba Hospital Mysore DH
D229	Mysore	DH252	KR Hospital Mysore DH
D230	Raichur	DH253	Raichur District Hospital
D231	Ramanagar	DH254	Ramanagara District Hospital FRU
D232	Shimoga	DH255	Shimoga District Hospital
D233	Tumkur	DH256	Tumkur District Hospital FRU
D234	Udupi	DH257	Udupi District Hospital FRU
D235	Uttara Kannada	DH258	Uttara Kannada District Hospital FRU
D236	Yadgir	DH259	Yadgir District Hospital FRU
Kerala			
D237	Alappuzha	DH260	W And C Hospital Alappuzha
D237	Alappuzha	DH261	General Hospital Alappuzha
D238	Ernakulam	DH262	DH Aluva
D238	Ernakulam	DH263	GH Ernakulam
D239	Idukki	DH264	District Hospital Thodupuzha
D240	Kannur	DH265	GH Thalassery
D241	Kasaragod	DH266	DH Kanhangad
D242	Kollam	DH267	W&C Hospital Kollam
D242	Kollam	DH268	DH Kollam
D243	Kottayam	DH269	General Hospital Kottayam
D244	Kozhikode	DH270	General Hospital Calicut
D245	Malappuram	DH271	DH Tirur
D245	Malappuram	DH272	GH Manjeri
D246	Palakkad	DH273	W & C Palakkad
D246	Palakkad	DH274	District Hospital Palakkad
D247	Pathanamthitta	DH275	General Hosp Pathanamthitta
D248	Thiruvananthapuram	DH276	District Model Hospital Peroorkada
D248	Thiruvananthapuram	DH277	General Hospital Thiruvananthapuram
D248	Thiruvananthapuram	DH278	W&C Hospital Thiruvananthapuram
D249	Thrissur	DH279	GH Thrissur
D250	Wayanad	DH280	DH Mananthavady
Ladakh			
D251	Kargil	DH281	Kargil
D252	Leh	DH282	Leh DH
Lakshadweep			
D253	Lakshadweep	DH283	Indira Gandhi Hospital
Madhya Pradesh			
D254	Agar Malwa	DH284	DH Agar

District Code	District	DH Code	District Hospital (DH)
D255	Alirajpur	DH285	DH Alirajpur
D256	Anuppur	DH286	DH Anuppur
D257	Ashok Nagar	DH287	DH Ashoknagar
D258	Balaghat	DH288	DH Balaghat
D259	Barwani	DH289	DH Barwani
D260	Betul	DH290	DH Betul
D261	Bhind	DH291	DH Bhind
D262	Bhopal	DH292	DH Bhopal J.P
D263	Burhanpur	DH293	DH Burhanpur
D264	Chhatarpur	DH294	DH Chhatarpur
D265	Chhindwada	DH295	DH Chhindwara
D266	Damoh	DH296	DH Damoh
D267	Datia	DH297	DH Datia
D268	Dewas	DH298	DH Dewas
D269	Dhar	DH299	DH DHar
D270	Dindori	DH300	DH Dindori
D271	Guna	DH301	DH Guna
D272	Gwalior	DH302	DH Gwalior
D273	Harda	DH303	DH Harda
D274	Hoshangabad	DH304	DH Hoshangabad
D275	Indore	DH305	DH Indore
D276	Jabalpur	DH306	DH Jabalpur
D277	Jhabua	DH307	DH Jhabua
D278	Katni	DH308	DH Katni
D279	Khandwa	DH309	DH Khandwa
D280	Khargone	DH310	DH Khargone
D281	Mandla	DH311	DH Mandla
D282	Mandsaur	DH312	DH Mandsaur
D283	Morena	DH313	DH Morena
D284	Narsinghpur	DH314	DH Narsinghpur
D285	Neemuch	DH315	DH Neemuch
D286	Panna	DH316	DH Panna
D287	Raisen	DH317	DH Raisen
D288	Rajgarh	DH318	DH Rajgarh
D289	Ratlam	DH319	DH Ratlam
D290	Rewa	DH320	DH Rewa
D291	Sagar	DH321	DH Sagar
D292	Satna	DH322	DH Satna
D293	Sehore	DH323	DH Sehore

District Code	District	DH Code	District Hospital (DH)
D294	Seoni	DH324	DH Seoni
D295	Shahdol	DH325	DH Shahdol
D296	Shajapur	DH326	DH Shajapur
D297	Sheopur	DH327	DH Sheopur
D298	Shivpuri	DH328	DH Shivpuri
D299	Sidhi	DH329	DH Sidhi
D300	Singroli	DH330	DH Singrauli
D301	Tikamgarh	DH331	DH Tikamgarh
D302	Ujjain	DH332	DH Ujjain
D303	Umaria	DH333	DH Umaria
D304	Vidisha	DH334	DH Vidisha
Maharashtra			
D305	Ahmednagar	DH335	Ahmednagar
D306	Amravati	DH336	District General Hospital Amravati
D306	Amravati	DH337	District Women Hospital Amravati
D307	Beed	DH338	District Hospital Beed
D308	Bhandara	DH339	Bhandara
D309	Buldana	DH340	DH Buldana
D310	Gadchiroli	DH341	District Hospital Gadchiroli
D311	Hingoli	DH342	DH Hingoli
D312	Jalgaon	DH343	District Hospital Jalgaon
D313	Jalna	DH344	Women Hospital Jalna
D313	Jalna	DH345	District Hospital Jalna
D314	Nandurbar	DH346	Nandurbar
D315	Nashik	DH347	District Hospital Nashik
D316	Osmanabad	DH348	District Hospital Osmanabad
D316	Osmanabad	DH349	WH Osmanabad
D317	Parbhani	DH350	General Hospital Parbhani
D317	Parbhani	DH351	Women Hospital Parbhani
D318	Pune	DH352	Aundh
D319	Raigarh	DH353	Alibag
D320	Ratnagiri	DH354	District Hospital Ratnagiri
D321	Satara	DH355	Lt Karntisigh Nana Patil Civil Hospital Satara
D322	Sindhudurg	DH356	Sindhudurg
D323	Thane	DH357	District Hospital Thane
D324	Wardha	DH358	Wardha
D325	Washim	DH359	Washim
Manipur			
D326	Bishnupur	DH360	Bishnupur District Hospital

District Code	District	DH Code	District Hospital (DH)
D327	Chandel	DH361	Chandel District Hospital
D328	Churachandpur	DH362	Churachandpur District Hospital
D329	Senapati	DH363	Senapati District Hospital
D330	Tamenglong	DH364	Tamenglong District Hospital
D331	Thoubal	DH365	Thoubal District Hospital
D332	Ukhrul	DH366	Ukhrul District Hospital
Meghalaya			
D333	East Garo Hills	DH367	Williamnagar Civil Hospital
D334	East Khasi Hills	DH368	Ganesh Das Hospital
D334	East Khasi Hills	DH369	Shillong Civil Hospital
D335	Ri Bhoi	DH370	Nongpoh DH
D336	West Garo Hills	DH371	Tura Maternity And Child Hospital
D336	West Garo Hills	DH372	Tura Civil Hospital
D337	West Jaintia Hills	DH373	Jowai Civil Hospital
D338	West Khasi Hills	DH374	Nongstoin DH
D338	West Khasi Hills	DH375	Mairang DH
Mizoram			
D339	Aizawl West	DH376	Aizawl Civil Hospital
D340	Champhai	DH377	Champhai DH
D341	Kolasib	DH378	Kolasib DH
D342	Lawngtlai	DH379	Lawngtlai DH
D343	Lunglei	DH380	Lunglei DH
D344	Mamit	DH381	Mamit DistrictHospital
D345	Saiha	DH382	Saiha DH
D346	Serchhip	DH383	Serchhip DH
Nagaland			
D347	Dimapur	DH384	District Hospital
D348	Mokokchung	DH385	Ongpangkong DH
D349	Wokha	DH386	Wokha DH
Odisha			
D350	Anugul	DH387	Angul
D351	Balangir	DH388	Balangir
D352	Baleshwar	DH389	Balasore
D353	Bargarh	DH390	Bargarh
D354	Baudh	DH391	Boudh
D355	Bhadrak	DH392	Bhadrak
D356	Cuttack	DH393	City Hospital
D357	Deogarh	DH394	Deogarh
D358	Dhenkanal	DH395	DHenkanal

District Code	District	DH Code	District Hospital (DH)
D359	Gajapati	DH396	Paralakhemundi
D360	Ganjam	DH397	City Hospital
D361	Jagatsinghpur	DH398	Jagatsinghpur
D362	Jajapur	DH399	Jajpur
D363	Jharsuguda	DH400	Jharsuguda
D364	Kalahandi	DH401	Bhawanipatna
D365	Kandhamal	DH402	Phulbani
D366	Kendrapara	DH403	Kendrapada
D367	Keonjhar	DH404	Keonjhar
D368	Khordha	DH405	Capital Hospital
D368	Khordha	DH406	Khordha
D369	Koraput	DH407	DHh Koraput
D370	Malkangiri	DH408	Malkangiri
D371	Mayurbhanj	DH409	Baripada
D372	Nabarangapur	DH410	Nabarangpur
D373	Nayagarh	DH411	Nayagarh
D374	Nuapada	DH412	Nuapada
D375	Puri	DH413	Puri
D376	Rayagada	DH414	Rayagada
D377	Sambalpur	DH415	Sambalpur
D378	Sonapur	DH416	Subarnapur
D379	Sundargarh	DH417	Rgh Rourkela
D379	Sundargarh	DH418	Sundargarh
Puducherry			
D380	Karaikal	DH419	Government General Hospital
D381	Mahe	DH420	Government General Hospital
D382	Pondicherry	DH421	RGGW & CH
D383	Yanam	DH422	Government General Hospital
Punjab			
D384	Amritsar	DH423	Amritsar DH
D385	Barnala	DH424	Barnala DH
D386	Bathinda	DH425	Bathinda DH
D387	Faridkot	DH426	Faridkot DH
D388	Fatehgarh Sahib	DH427	Fatehgarh Sahib DH
D389	Fazilka	DH428	Fazilka DH
D390	Firozpur	DH429	Ferozepur DH
D391	Gurdaspur	DH430	Gurdaspur DH
D392	Hoshiarpur	DH431	Hoshiarpur DH
D393	Jalandhar	DH432	Jalandhar DH

District Code	District	DH Code	District Hospital (DH)
D394	Kapurthala	DH433	Kapurthala DH
D395	Ludhiana	DH434	Ludhiana DH
D396	Mansa	DH435	Mansa DH
D397	Moga	DH436	Moga DH
D398	Mohali SAS Nagar	DH437	Mohali DH
D399	Muktsar	DH438	Muktsar DH
D400	Nawanshahr	DH439	Nawanshahar DH
D401	Pathankot	DH440	Pathankot DH
D402	Patiala	DH441	M.K.H. Patiala DH
D403	Rupnagar	DH442	Rupnagar DH
D404	Sangrur	DH443	Sangrur DH
D405	Tarn Taran	DH444	Tarn Taran DH
	Rajasthan		
D406	Ajmer	DH445	A K Hospital Beawar Ajmer
D407	Alwar	DH446	Rajeev Gandhi Govt Genaral Hospital Alwar
D408	Banswara	DH447	District Hospital Banswara
D409	Baran	DH448	District Hospital Baran
D410	Barmer	DH449	District Hospital Barmar
D411	Bharatpur	DH450	RBM Hospital, Bharatpur
D412	Bhilwara	DH451	M G Hospital Bhilwara
D413	Bundi	DH452	Pandit Briz Sundar Sharma General Hospital Bundi
D414	Chittaurgarh	DH453	District Hospital Chittaurgarh
D415	Churu	DH454	D B Government Hospital Churu
D416	Dausa	DH455	District Hospital Dausa
D417	Dhaulpur	DH456	Sadar Hospital DHolpur
D418	Dungarpur	DH457	Shri Hari Dev Joshi Genaral Hospital Dungarpur
D419	Ganganagar	DH458	Govt Hospitls Sriganganagar
D420	Hanumangarh	DH459	DH Hanumangarh Town
D421	Jaisalmer	DH460	Jawahar Hospital Jaisalmer
D422	Jalor	DH461	District Hospital Jalor
D423	Jhunjhunun	DH462	B.D.K. Hospital Jhunjhunun
D424	Karauli	DH463	General Hospital Karauli
D425	Nagaur	DH464	District Hospital Nagaur
D426	Pali	DH465	Govt Bangur Hopital Pali
D427	Pratapgarh	DH466	District Hospital Pratapgarh
D428	Rajsamand	DH467	RK District Hospital Rajsamand
D429	Sawai Madhopur	DH468	General Hospital Sawai Madhopur
D430	Sikar	DH469	S K Hospital, Sikar

District Code	District	DH Code	District Hospital (DH)
D431	Sirohi	DH470	General Hospital Sirohi
D432	Tonk	DH471	District Sahadat Hospital Tonk
		Sikkim	
D433	Sikkim East	DH472	Singtam Hospital
D434	Sikkim North	DH473	Mangan Hospital
D435	Sikkim South	DH474	Namchi District Hospital
D436	Sikkim West	DH475	District Hospital Gyalshing
		Tamil Nadu	
D437	Ariyalur	DH476	Ariyalur
D438	Chennai	DH477	Kilpauk Hospital
D439	Coimbatore	DH478	Pollachi
D440	Cuddalore	DH479	Cuddalore
D441	Dharmapuri	DH480	Pennagaram
D442	Dindigul	DH481	Dindigul
D443	Erode	DH482	Erode
D444	Kancheepuram	DH483	Kancheepuram
D445	Kanniyakumari	DH484	Padhmanabapuram
D446	Karur	DH485	Kulithalai
D447	Krishnagiri	DH486	Krishnagiri
D448	Madurai	DH487	Usilampatti
D449	Nagapattinam	DH488	Nagapattinam
D450	Namakkal	DH489	Namakkal
D451	Nilgiris	DH490	Uthagamandalam
D452	Perambalur	DH491	Perambalur
D453	Pudukkottai	DH492	Aranthangi
D454	Ramanathapuram	DH493	Ramanathapuram
D455	Salem	DH494	Mettur Dam
D456	Sivaganga	DH495	Karaikudi
D457	Thanjavur	DH496	Kumbakonam
D458	Theni	DH497	Periakulam
D459	Thiruvallur	DH498	Thiruvallur
D460	Thiruvarur	DH499	Mannargudi
D461	Tiruchirappalli	DH500	Manapparai
D462	Tirunelveli	DH501	Tenkasi
D463	Tirupur	DH502	Tiruppur
D464	Tiruvanamalai	DH503	Cheyyar
D465	Toothukudi	DH504	Kovilpatti
D466	Vellore	DH505	Walajapet
D467	Viluppuram	DH506	Kallakurichi

District Code	District	DH Code	District Hospital (DH)
D468	Virudhunagar	DH507	Virudhunagar
		Telangana	
D469	Hyderabad	DH508	Kingkoti
D470	Karim Nagar	DH509	Karimnagar
D471	Khammam	DH510	DH Khammam
D472	Nalgonda	DH511	Nalgonda
D473	Sangareddy	DH512	DH Sangareddy
D474	Vikarabad	DH513	Tandur
		Tripura	
D475	Dhalai	DH514	DHalai District Hospital
D476	Gomati	DH515	District Hospital Gomati District
D477	Khowai	DH516	Khowai District Hospital
D478	North Tripura	DH517	District Hospital North Tripura
D479	South Tripura	DH518	District Hospital South
D480	Unakoti	DH519	District Hospital Unakoti District
		Uttar Pradesh	
D481	Agra	DH520	DH Male
D481	Agra	DH521	DH Female
D482	Aligarh	DH522	Pt Deen Dayal District Combined Hospital
D482	Aligarh	DH523	Mohan Lal Gautam District Female Hospital
D482	Aligarh	DH524	Malkhan Singh District Hospital
D483	Ambedkar Nagar	DH528	Mahatma Jyotiba Phule District Hospital
D484	Auraiya	DH529	District Combined Hospital Auraiya
D484	Auraiya	DH530	District Combined Hospital Chicholi
D485	Azamgarh	DH531	District Women Hospital
D485	Azamgarh	DH532	District Hospital Azamgarh
D486	Bagpat	DH533	District Combined Hospital
D487	Bahraich	DH534	District Women Hosp
D487	Bahraich	DH535	District Male Hosp
D488	Ballia	DH536	District Male Hospitol Ballia
D488	Ballia	DH537	District Fimale Hospitol Ballia
D489	Balrampur	DH538	District Women Hospital
D489	Balrampur	DH539	District Memeorial Male Hospital
D489	Balrampur	DH540	District Combined Hospital
D490	Banda	DH541	DWH Banda
D490	Banda	DH542	DH Banda
D491	Barabanki	DH543	DWH Barabanki
D491	Barabanki	DH544	DH Barabanki
D492	Bareilly	DH545	District Male Hospital

District Code	District	DH Code	District Hospital (DH)
D492	Bareilly	DH546	District Female Hospital
D493	Basti	DH547	District Female Hospital
D493	Basti	DH548	District Male Hospital
D493	Basti	DH549	Opec Hospital Kaily
D494	Bijnor	DH550	Pandit Deendayal Upadyaya District Combined Hospital Bijnor Male
D494	Bijnor	DH551	Pandit Deendayal Upadyaya District Combined Hospital Bijnor Female
D495	Budaun	DH552	District Female Hospital Budaun
D495	Budaun	DH553	District Hospital Badaun
D496	Bulandshahar	DH554	K.M.C Bulandshahr
D496	Bulandshahar	DH555	Joint Hospital Sikandrabad
D496	Bulandshahar	DH556	Ssmj Hospital Khurja
D496	Bulandshahar	DH557	B.B.D.Government Hospital
D497	Chandauli	DH558	Pt K P T DistrictCombined Hospital Chandauli
D497	Chandauli	DH559	Rajkiya Mahila Chikitsalaya Mughalsarai
D497	Chandauli	DH560	Combined Hospital Chakiya Chandauli
D498	Chitrakoot	DH561	District Combined Hospital
D499	Deoria	DH562	District Hospital Female
D499	Deoria	DH563	District Hospital Male
D500	Etah	DH564	Distt Male Hospital
D500	Etah	DH565	District Women Hospital
D501	Etawah	DH566	District Women Hospital F
D501	Etawah	DH567	District Male Hospital
D502	Faizabad	DH568	DistrictFemale Hospital
D502	Faizabad	DH569	Sri Ram Ayodya
D502	Faizabad	DH570	Distt Male Hospital
D503	Farrukhabad	DH571	Dr Ram Manohar Lohiya Female
D503	Farrukhabad	DH572	Dr Ram Manohar Lohiya Male
D503	Farrukhabad	DH573	Civil Hospital Linziganj
D504	Fatehpur	DH574	District Hospital Female
D504	Fatehpur	DH575	District Hospital Male
D505	Firozabad	DH576	District Women Hospital
D505	Firozabad	DH577	Rnm District Joint Hospital
D506	Gautam Buddha Nagar	DH578	Combined Distt Hospital Noida
D507	Ghaziabad	DH579	District Women Hospital
D507	Ghaziabad	DH580	District Combined Hospital Sanjay Nagar
D507	Ghaziabad	DH581	District Mmg Male Hospital
D508	Ghazipur	DH582	District Woman Hospital

District Code	District	DH Code	District Hospital (DH)
D508	Ghazipur	DH583	District Hospital
D509	Gonda	DH584	DWH
D509	Gonda	DH585	DH
D510	Gorakhpur	DH586	Neta Ji Subhash Chandra Bose District Hospital
D510	Gorakhpur	DH587	District Women Hospital
D511	Hamirpur	DH588	District Women Hospital
D511	Hamirpur	DH589	District Men Hospital
D512	Hardoi	DH590	District Women Hospital
D512	Hardoi	DH591	District Male Hospita
D513	Hathras	DH592	Bagala Joint District Hospital, Hathras
D513	Hathras	DH593	District Female Hospital Hathras
D514	Jalaun	DH594	District Women Hospital
D514	Jalaun	DH595	District Hospital
D515	Jaunpur	DH596	District Femail Hospital
D515	Jaunpur	DH597	District Male Hospital
D516	Jhansi	DH598	District Women Hospital
D516	Jhansi	DH599	District Hospital
D517	Jyotiba Phule Nagar	DH600	Amroha
D518	Kannauj	DH601	Combined District Hospital Kannauj
D519	Kanpur Dehat	DH602	District Combined Hospital
D520	Kanpur Nagar	DH603	UHM Male Hospital
D520	Kanpur Nagar	DH604	Kpm Hospital Kanpur Nagar
D520	Kanpur Nagar	DH605	Manyawar Kashiram Hospital
D520	Kanpur Nagar	DH606	Distric Women Hospital
D521	Kashi Ram Nagar	DH607	WH
D522	Kaushambi	DH608	District Combined Hospital
D523	Kushinagar	DH609	District Combined Hospital Kushinagar
D524	Lakhimpur Kheri	DH610	DFH
D524	Lakhimpur Kheri	DH611	DH
D525	Lalitpur	DH612	District Female Hospital
D525	Lalitpur	DH613	District Male Hospital
D526	Lucknow	DH614	Shyama Prasad Mukherjee
D526	Lucknow	DH615	Balrampur Hospital Lucknow
D526	Lucknow	DH616	Awanti Bai Mahila Hospitals
D526	Lucknow	DH617	Ram Manohar Lohiya
D526	Lucknow	DH618	Rani Laxmi Bai Combined Hospital
D526	Lucknow	DH619	Lokbandhu Raj Narain
D526	Lucknow	DH620	Jhalkari Bai Mahila Hospitals
D526	Lucknow	DH621	RSM Combined Hospital

District Code	District	DH Code	District Hospital (DH)
D526	Lucknow	DH622	Bhau Rao Devras Hospital Mahanagar
D527	Maharajganj	DH623	District Combined Hospital
D528	Mahoba	DH624	DWH Mahoba
D528	Mahoba	DH625	DH Mahoba
D529	Mainpuri	DH626	District Female Hospital
D529	Mainpuri	DH627	District Male Hospital
D530	Mathura	DH628	District Women Hospital
D530	Mathura	DH629	District Combined Hospital
D530	Mathura	DH630	District Male Hospital
D531	Maunathbhanjan	DH631	District Women Hospital
D531	Maunathbhanjan	DH632	District Hospital
D532	Meerut	DH633	District Women Hospital
D532	Meerut	DH634	P.L. Sharma Hospital
D533	Mirzapur	DH635	DistrictWoman Hospital Mzp
D533	Mirzapur	DH636	District Hospital Mirzapur
D534	Moradabad	DH637	Male District Hospital
D534	Moradabad	DH638	Female District Hospital
D535	Muzaffarnagar	DH639	Female District Hospital Muzaffar Nagar
D535	Muzaffarnagar	DH640	Swami Kalyan Dev District Hospital Muzaffar Nagar
D536	Pilibhit	DH641	District Male Hospital
D536	Pilibhit	DH642	District Women Hospital
D537	Pratapgarh	DH643	District Women Hospital
D537	Pratapgarh	DH644	District Male Hospital
D538	Prayagraj	DH525	Moti Lal Nehru District Hospital
D538	Prayagraj	DH526	District Women Hospital
D538	Prayagraj	DH527	Tej Bahadur Sapru Hospital
D539	Rae Bareli	DH645	District Female Hospital
D539	Rae Bareli	DH646	District Hospital
D540	Rampur	DH647	District Male Hospital
D540	Rampur	DH648	District Woman Hospital
D541	Saharanpur	DH649	District Women Hospital
D541	Saharanpur	DH650	SBD District Hospital
D542	Sambhal	DH651	District Combined Hospital
D543	Sant Kabir Nagar	DH652	District Combined Hospital Sant Kabir Nagar
D544	Sant Ravidas Nagar	DH653	Maharaja Chet Singh District Hospital
D544	Sant Ravidas Nagar	DH654	Maharaja Balavant Singh Distric Hospital
D545	Shahjahanpur	DH655	District Women Hospital
D545	Shahjahanpur	DH656	District Male Hospital

District Code	District	DH Code	District Hospital (DH)
D546	Shrawasti	DH657	Combined District Hospital
D547	Siddharth Nagar	DH658	District Combined Hospital
D548	Sitapur	DH659	District Women Hospital
D548	Sitapur	DH660	District Hospital Male Sitapur
D549	Sonbhadra	DH661	District Combined Hospital Robertsganj
D550	Sultanpur	DH662	District Women Hospital
D550	Sultanpur	DH663	District Hospital
D551	Unnav	DH664	Uma Shankar Female Hospital
D551	Unnav	DH665	Uma Shanker Male Hospital
D552	Varanasi	DH666	District Women Hospital Varanasi
D552	Varanasi	DH667	Pt. Deen Dayal Upadhyay Govt Hospital
D552	Varanasi	DH668	Lbs Ramnagar Hospital
D552	Varanasi	DH669	S.S.P.G. Div. Dist. Hospital
Uttarakhand			
D553	Almora	DH670	Distt Female Hosptial
D553	Almora	DH671	Distt Hosptial Almora
D554	Bageshwar	DH672	Shyam Lal Shah DH
D555	Chamoli	DH673	District Hospital
D556	Champawat	DH674	DH Champawat
D557	Garhwal	DH675	DH Pauri
D557	Garhwal	DH676	DH Female Pauri
D558	Hardwar	DH677	Cr Women Govt Hospital
D558	Hardwar	DH678	Hmg Hospital Hardwar
D559	Nainital	DH679	B.D.Pandey Male Hospital
D559	Nainital	DH680	B.D.Pandey Female Hospital
D560	Pithoragarh	DH681	H G Pant District Female Hospital
D560	Pithoragarh	DH682	B D Pandey District Male Hospital
D561	Rudraprayag	DH683	District Hospital Rudraprayag
D562	Tehri Garhwal	DH684	DH Bauradi
D563	Udham Singh Nagar	DH685	J.L.N. District Hospital
D564	Uttarkashi	DH686	District Hospital
D564	Uttarkashi	DH687	District Female Hospital
West Bengal			
D565	Alipurduar	DH688	Alipurduar District Hospital
D566	Birbhum	DH689	Rampuhat DH & SSH
D567	Dakshin Dinajpur	DH690	Balurghat DH & SSH
D568	Darjiling	DH691	Siliguri DH
D568	Darjiling	DH692	Darjeeling DH
D569	Howrah	DH693	Howrah District Hospital

District Code	District	DH Code	District Hospital (DH)
D570	Hugli	DH694	Imambara District Hospital
D571	Jalpaiguri	DH695	Jalpaiguri DH & SSH
D572	Jhargram	DH696	Jhargram DH & SSH
D573	Koch Bihar	DH697	Mjn District Hospital
D574	Nadia	DH698	District Hospital Nadia
D575	North Twenty Four Parganas	DH699	Barasat DH
D575	North Twenty Four Parganas	DH700	Basirhat DH & SSH
D576	Paschim Barddhaman	DH701	Asansol DH & SSH
D577	Purba Medinipur	DH702	Tamluk District Hospital
D577	Purba Medinipur	DH703	Nandigram DH & SSH
D578	Puruliya	DH704	D.M.Sadar DH & SSH
D579	South Twenty Four Parganas	DH705	M. R. Bangur DH & SSH
D579	South Twenty Four Parganas	DH706	Diamond Harbour DH & SSH
D580	Uttar Dinajpur	DH707	Raiganj DH & SSH


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