

**The domains of IQAC, various quality initiatives undertaken, their impact analysis, and outcomes**

Sl. No.	Domains	Initiatives Undertaken	Impact Analysis The Initiatives Undertaken Has Resulted In The Following Achievements	Outcomes
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A. STUDENT PERFORMANCE				
A1	Student Performance	<p>Capacity Enhancement Soft Skill Programme</p> <p>Competitive Exam/ Career Advancement Guidance</p>	<ul style="list-style-type: none"> <li>• There was an overall increase in the number of capacity enhancement soft skills programs.</li> <li>• A Career Advancement Cell was constituted by the Institute to provide career guidance to students, and it functioned effectively.</li> </ul>	<ul style="list-style-type: none"> <li>• Setting up these soft skill enhancement programs contributed towards better dealing with stressful situations without losing one's mental stability. Additionally, it contributed towards better performance as a doctor in society.</li> </ul> <div data-bbox="1592 655 2141 932" data-label="Image"> </div> <div data-bbox="1603 1031 2141 1326" data-label="Image"> </div>

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**B. TEACHING & LEARNING**

B1	Curriculum	Value Added Courses	<ul style="list-style-type: none"> <li>There was an increase in the number of value-added courses implemented in each department of the institution.</li> <li>Continuous Quality Improvement of the Program curriculum was achieved through defining Program Objectives &amp; Outcomes and Course Objectives &amp; Outcomes.</li> <li>Mandatory curriculum revisions were conducted in all programs while taking care of the feedback received from students/stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>In 2017, there had been 7 value-added courses, which increased to 22 by the year 2021; these had helped the stakeholders (students) to clearly learn the skills &amp; attitudes they were expected to be able to demonstrate by the end of the program.</li> <li>The curriculum was reintroduced according to the needs &amp; interests of the learners, obsolete trends were eliminated, and contents were introduced as per global, national, and local requirements/demands.</li> </ul>
B2	Teaching, Learning	Student Centric Learning Method	<ul style="list-style-type: none"> <li>Student feedback was collected, which was circulated via Google Forms. Based on this feedback, lacunae were identified, and subsequent reforms were introduced with the involvement of stakeholders. This was implemented in various departments.</li> <li>The implementation of Student-Centric teaching-learning methods and integrated teaching extensively improved inter-departmental cooperation and learning outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>Student-centric teaching and learning built on the students' intuitive understanding of what they needed out of their program for which they had been enrolled.</li> <li>Students displayed more interest towards the initiative. It encouraged students to exert greater control over their learning by allowing flexibility over content and pace.</li> <li>This further added to their interest in the research initiative.</li> </ul>

Sl. No.	Date	Day	Topic	Faculty
1	28/12/2020	Wednesday	Event Study Management	Dr. Vandana Sharma
2	29/12/2020	Thursday	Marketing Strategy	Dr. Anu Choudhary
3	30/12/2020	Friday	Complementary Knowledge	Dr. Vinay Mishra
4	31/12/2020	Saturday	Research Methodology Part A	Dr. M. Manojkumar
5	01/01/2021	Sunday	Research Methodology Part B	Dr. Anu Choudhary
6	02/01/2021	Monday	Research Methodology Part C	Dr. Anu Choudhary
7	03/01/2021	Tuesday	Research Methodology Part D	Dr. Anu Choudhary
8	04/01/2021	Wednesday	Academic & Emergency Services	Dr. Anu Choudhary
9	05/01/2021	Thursday	Industrial Engineering Services	Dr. Anu Choudhary
10	06/01/2021	Friday	Research Methodology Part E	Dr. M. Manojkumar
11	07/01/2021	Saturday	Research Methodology Part F	Dr. Anu Choudhary
12	08/01/2021	Sunday	Research Methodology Part G	Dr. Anu Choudhary
13	09/01/2021	Monday	Research Methodology Part H	Dr. Anu Choudhary
14	10/01/2021	Tuesday	Research Methodology Part I	Dr. Anu Choudhary
15	11/01/2021	Wednesday	Research Methodology Part J	Dr. Anu Choudhary

Sl. No.	Date	Day	Topic	Faculty
16	12/01/2021	Thursday	Research Methodology Part K	Dr. Anu Choudhary
17	13/01/2021	Friday	Research Methodology Part L	Dr. Anu Choudhary
18	14/01/2021	Saturday	Research Methodology Part M	Dr. Anu Choudhary
19	15/01/2021	Sunday	Research Methodology Part N	Dr. Anu Choudhary
20	16/01/2021	Monday	Research Methodology Part O	Dr. Anu Choudhary
21	17/01/2021	Tuesday	Research Methodology Part P	Dr. Anu Choudhary
22	18/01/2021	Wednesday	Research Methodology Part Q	Dr. Anu Choudhary
23	19/01/2021	Thursday	Research Methodology Part R	Dr. Anu Choudhary
24	20/01/2021	Friday	Research Methodology Part S	Dr. Anu Choudhary
25	21/01/2021	Saturday	Research Methodology Part T	Dr. Anu Choudhary
26	22/01/2021	Sunday	Research Methodology Part U	Dr. Anu Choudhary
27	23/01/2021	Monday	Research Methodology Part V	Dr. Anu Choudhary
28	24/01/2021	Tuesday	Research Methodology Part W	Dr. Anu Choudhary
29	25/01/2021	Wednesday	Research Methodology Part X	Dr. Anu Choudhary
30	26/01/2021	Thursday	Research Methodology Part Y	Dr. Anu Choudhary
31	27/01/2021	Friday	Research Methodology Part Z	Dr. Anu Choudhary

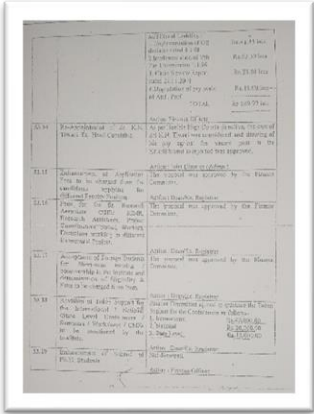

  
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B3	Training Activities	COVID 19 Training	<ul style="list-style-type: none"> <li>In order to provide safe packing and transfer of dead bodies of COVID-19 patients and to ensure the safety of the healthcare workers involved in the process, a Dead Body Management Protocol was established and duly implemented.</li> </ul>	<ul style="list-style-type: none"> <li>108 sessions were held and 2068 HCWs were trained during COVID.</li> </ul>
		Fire Safety Training	<ul style="list-style-type: none"> <li>Hospital Administration, in collaboration with the Fire Control Section and Fire Station, Gov. of U.P., keeps on organising Workshop on Combined Amelioration of Fire Safety Training (CAFS – Training).</li> </ul>	<ul style="list-style-type: none"> <li>10+ Workshop cum Combined Amelioration of Fire Safety Training (CAFS – Training) had been organized, including all the healthcare buildings of SGPGIMS.</li> </ul>
<b>C. ASSESSMENT PROCESS &amp; LEARNING OUTCOMES</b>				
C1	Assessment Process	Student Assessment Performance	<ul style="list-style-type: none"> <li>The student performance assessment process helped extend a helping hand to potential learners and supported advanced learners for their improved performance.</li> <li>The Career Advancement Cell organized lectures which contributed to learning.</li> </ul>	<ul style="list-style-type: none"> <li>Based on their performance, students/residents were divided into slow and advanced learners to achieve quality improvement in their performance. This resulted in an equitable distribution of attention and resources based on the students' ability to comprehend.</li> </ul>
<b>D. RESEARCH</b>				
D1	Research	Reimbursement of Publication Fees & Incentives	Increase in the number of publications year-wise was evident in the details of publications from the Institute, including those on Scopus, Web of Science & PubMed.	Institute's faculties were renowned worldwide, with 15 faculties constituting among the top 2% of scientists in the world.





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		<b>Financial Support for Attending Conferences</b>	Increase in the number of teachers who attended or presented papers in national/international conferences and registered with professional bodies.	Financial Support/LRA is being provided for attending national/international conferences. The corpus of LRA has also been augmented.  
		<b>Incentives for Copyrights &amp; Patents</b>	Increase in number of copyrights/ patents granted, over the course of years have been observed.	An Institutional Patent Cell has been established to promote research translating into actual innovations and patents for those who owned Intellectual Property Rights for the research.
		<b>Collaborative Initiatives under MoU's</b>	Increase in number of collaborative initiatives as part of MoU's have increased over the preceding years, because of focused interventions.	Many functional MoUs for faculty exchange, student exchange, academics, clinical training, internship, on-the-job training, project work, and  

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		<b>Funding for Intramural Research</b>	Seed money of intramural grants has been increased from 5 lacs to 10 lacs.	collaborative research programs (MoU with LU), are in place. The Institute provides seed money to its teachers for research in the form of intramural grants. The sanctioned amount under the intramural grants is Rs. 10 lakhs per sanctioned intramural project, and the Research Committee sanctioned these grants after thorough review of the submitted proposals.
<b>D2</b>	<b>Quality initiatives through Research work under Patient Safety Cell</b>	Mishra Richa, Harsvardhan Rajesh, Rai Ritika, Chandra Hem et al; A study to assess the degree of adherence of prescription to WHO and MCI guidelines at a tertiary health care teaching hospital in North India; Journal of Patient Safety and Infection Control, Year 2019, Volume 7, Issue 2 [p. 48-52] DOI: 10.4103/jpsic.jpsic_12_19	The prescription audit helped in the detection of prescription errors, administration errors, and dispensing errors vis-a-vis WHO and MCI guidelines.	The study aimed for continuous improvement in the prescribing, administration, and dispensing patterns of medicine, thereby enhancing patient safety during the treatment. 
		Harsvardhan. R, Kushwaha Ruchi et al; A Study to assess the impact of appropriate intervention/s on compliance (& its sustenance) w.r.t. key Hospital Infection Control (HIC) Parameters Subsequent to baseline assessment (if, needed) in Dialysis Unit of a Tertiary Healthcare Teaching Institute in India; Year 2020.	This study assessed the impact of appropriate interventions on key infection control parameters subsequent to baseline assessment in dialysis unit with objectives to ascertain the current status of knowledge, attitude, and practice for key hospital infection control (HIC) parameters, to develop and execute appropriate interventions, to assess the impact of interventions, and to recommend an evidence-based HIC module.	Based on the strengths and weakness of each category of HCWs, highlighted by this study various focused training programs to address the weak areas, were embarked upon, which 
		Harsvardhan. R, Shrivastava Ankita et al; A study to assess the level of KAP vis-a-vis Medication & Surgical safety parameters (WHO & IPSC) to	This study led to proper implementation of surgical safety checklists.	improved the compliance rate. Consistent implementation of surgical safety checklists has been shown to institute culture of patient safety in OT.



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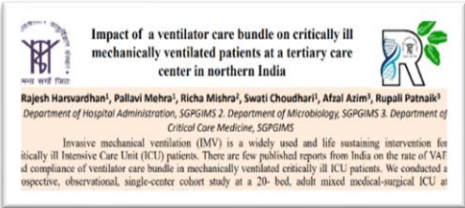
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		strengthen compliance by way of executing appropriate interventions, so as to improve upon the current practices, 2019.		
		Mishra Richa, Omar Arushi, Verma Harshit, Harsvardhan. R et al; A study on post intervention impact assessment of antibiotic prescribing practices in the neurosurgery ICU, under antimicrobial stewardship program; Journal of Indira Gandhi Institute of Medical Sciences, Year 2023	Overall, decrease in the DOT (days of therapy) per 1000 In-patient days from baseline to post intervention phase was 17.8% (P = 0.35), was observed in the study. The reduction in cost of antibiotic usage per patient day from pre intervention phase to post intervention phase was INR 78.1.	Based on the observations and discussion, it was concluded that antibiotic resistance in both health care and community settings represents a daunting challenge. Antibiotic Stewardship can provide all practitioners with tools to prevent the overuse of valuable resources and help control the increase in Antibiotic Resistance. 
		Harsvardhan R, Arora T, Singh S, Lal P. et al; Cost analysis on the total cost incurred (including out-of-pocket expenditure and social cost) during palliative care in cases of head-and-neck cancer at a Government Regional Cancer Centre in North India; Indian J Palliative Care, Year 2022; 28:419-27	The study showed that total expenditure borne per patient per day was computed to be INR 2562.42 for the palliative treatment at Palliative Care Centre, SGPGIMS. Out of the total expenditure, 80% of the cost was out-of-pocket expenditure and the remaining 20% was social cost borne by the patient.	The study thus added to perspective on the average expenditure on out-of-pocket expenses and social costs being incurred as of date, while getting palliative care for head-and-neck cancer at a Regional Cancer Centre, and the recommendations were sent to National Health 



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				Authority for designing an evidence based Package for ABPMJAY.
		Rajesh Harsvardhan, Pallavi Mehra, Richa Mishra, Swati Choudhari, Afzal Azim, Rupali Patnaik; Impact of ventilator care bundle on critically ill mechanically ventilated patients at Tertiary healthcare Teaching Institute in northern India.	The successful implementation of the bundle approach managed to reduce the: <ul style="list-style-type: none"> <li>• duration of mechanical ventilation from 12 to 6 days</li> <li>• length of stay (LOS) in ICU, reduced from 16 to 11 days</li> </ul>	This study led to the reduction in average length of stay & increased patient satisfaction  
<b>E. STUDENTS AND OTHER STAKEHOLDER FEEDBACK</b>				
E1	Assessment Process	Student Feedback Mechanism	<ul style="list-style-type: none"> <li>• As per the request of the students and the policy of the examination cell, an improved grievance redressal mechanism was associated with higher satisfaction and trust in the system, among students.</li> </ul>	<ul style="list-style-type: none"> <li>• The examination reforms of the institute had raised the standard of examination conduction at all three levels, i.e., pre-exams, during exams, and post-exams.</li> </ul>
<b>F. ADMINISTRATIVE REFORMS</b>				
F1	Administrative Management	<b>Faculty Development Programmes (FDP)</b>  <b>Academic &amp; Administrative Audit (AAA)</b>  <b>Welfare schemes for teaching &amp; non – teaching staff &amp; students</b>	<ul style="list-style-type: none"> <li>• Many faculties underwent FDPs regularly every year.</li> <li>• Periodic assessment by internal and external experts resulted in improvements in academic and administrative governance.</li> <li>• Effective welfare measures were adopted for the teaching, non-teaching, and student community to improve stakeholder satisfaction, as en-provisioned under various laws of Govt of India or Govt. of UP.</li> </ul>	<ul style="list-style-type: none"> <li>• The FDP organized by the institute reflected the quality initiatives undertaken for the enrichment of teaching, non-teaching, and administrative staff's professional improvement.</li> <li>• AAA, assessed by internal and external experts, resulted in the implementation of necessary measures to improve academic and administrative performance.</li> <li>• In keeping with the standards of care and sustained motivation for excellence, the institute had provided welfare measures for teaching and non-teaching staff in various domains: personal, academic, research, etc.</li> </ul>



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F2	Ranking	NIRF	<ul style="list-style-type: none"> <li>Quality cell under the department of Hospital Administration had taken the initiative and ensured that a separate category for Medical Institutes was created for NIRF Ranking in the year 2018. Subsequently, the department was responsible for obtaining, scrutinizing, homogenizing, uploading, and submitting data of SGPGIMS on the online portal for NIRF Ranking.</li> </ul>	<ul style="list-style-type: none"> <li>In 2019, SGPGIMS had secured the 4th Rank in the country out of 113 medical institutions with a score of 64.16.</li> <li>In 2020, SGPGIMS had secured the 5th Rank in the country out of 118 medical institutions with a score of 70.21.</li> <li>In 2021, SGPGIMS had secured the 5th Rank in the country out of 111 medical institutions with a score of 72.45.</li> <li>In 2022, SGPGIMS had secured the 7th Rank in the country out of 151 medical institutions with a score of 67.18.</li> <li>In 2023, SGPGIMS had secured the 7th Rank in the country out of 176 medical institutions with a score of 69.62.</li> <li>NIRF provided clarity about the standard of courses delivered and the standard of education institution provided. The matrices considered for the ranking process were quantity-based and every aspect of an institution was scanned. It helped in deriving clarity on the standard of the institution in all aspects. After each ranking cycle, the NIRF report was made available to the public on the institute's website with detailed information, which made the process fair and transparent for the aspiring students or, prospective employees.</li> </ul>
F3	Accreditation	NABH Accreditation	<ul style="list-style-type: none"> <li>The process for NABH accreditation at SGPGIMS has commenced, the data is being collected and consolidated in order to complete the online application process by the Quality Cell.</li> </ul>	<ul style="list-style-type: none"> <li>The mere process is helping us to augment:                             <ol style="list-style-type: none"> <li>Quality control (minimum standards)</li> <li>Accountability and transparency</li> <li>Quality enhancement within the processes because of -</li> </ol> </li> </ul>





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		<b>NAAC Accreditation</b>	<ul style="list-style-type: none"> <li>The NAAC accreditation process for SGPGIMS was initiated by the Quality Cell, Department of Hospital Administration. Currently, the data collection process is being carried out by a group of faculties, under 07 key Criteria.</li> </ul>	<p>iv. Development of Quality Manuals/SoPs</p> <ul style="list-style-type: none"> <li>Helped in streamlining the documentation process as well as implementing newer initiatives, as per the mandate, which ultimately helped in adding value to the institute.</li> </ul>
<b>F4</b>	<b>Biomedical Waste Management (BMWM)</b>	<b>Microwave</b>	<ul style="list-style-type: none"> <li>Procured microwave with frequencies of about 2450 MHz. for medical waste management and disinfection.</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in the spread of infectious diseases due to the effective disinfection achieved by the microwave technology.</li> </ul>
		<b>Autoclave</b>	<ul style="list-style-type: none"> <li>Procured 03 fully automated, menu-driven autoclaves equipped with a data logging system, which recorded sterilization parameters and cycle details.</li> </ul>	<ul style="list-style-type: none"> <li>Enhancement in the efficiency of sterilization processes and better documentation of sterilization cycles.</li> </ul>
<b>F5</b>	<b>Infection Control Practices</b>	<b>Hospital Infection Control Cell, DoHA,</b> monitors & helps in minimizing the risk of spread of infection to patients and staff in hospital by implementing good infection control practices & by spreading awareness by regular teaching & training activities.	<ul style="list-style-type: none"> <li>Development and execution of an infection control program was undertaken.</li> <li>Monitoring and auditing of practices and standards of care for HIC practices were carried out.</li> <li>Promotion of the implementation of multimodal strategies was facilitated.</li> <li>Assistance was provided for the early detection of outbreaks and provision of infection control training.</li> <li>Infection control audits were undertaken, and research was conducted.</li> </ul>	<ul style="list-style-type: none"> <li>A compendium of guidelines for sanitation, BMWM, and dead body management was published and uploaded on the SGPGIMS website, which aided hospitals all over UP.</li> <li>The Institute was also engaged in the task of developing its HIC Manual.</li> </ul>





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F6	<b>Patient Safety</b>	As a culmination of the preceding intra-mural research,..6.5.1_Annexures 4, Any other relevant information\Annexure C_, Patient Safety Research Work Patient Safety Cell, DoHA was established.	<ul style="list-style-type: none"> <li>The Patient Safety Cell was involved in providing regular training to healthcare staff and workers on topics related to patient safety for quality healthcare services.</li> </ul>	<ul style="list-style-type: none"> <li>The Patient Safety Nurse, along with ICNs, was involved in providing regular training to support staff and workers on Standard Precautions, adhering to the guidelines.</li> <li>Based on the findings during those rounds, regular training, awareness sessions, and classes were conducted for HCWs.</li> <li>The Patient Safety Cell was also involved in research, with one resident from the department being allotted a thesis topic on Patient Safety every year.</li> </ul>
F7	<b>Adverse Drug Reaction Monitoring Cell</b>	<ul style="list-style-type: none"> <li>Adverse Drug Reaction Monitoring Center (AMC) in the Department of Hospital Administration as a quality initiative towards patient safety.</li> <li>Pharmacovigilance Committee was formed in 2015 under the Indian Pharmacopoeia Commission, National Coordination Centre (NCC), Pharmacovigilance Program of India (PvPI), Ministry of Health &amp; Family Welfare, Government of India.</li> </ul>	<ul style="list-style-type: none"> <li>Done in the larger interest of safer healthcare delivery, thereby ensuring patient safety, and also to conform to the statutory requirement of implementing the pharmacovigilance program, reflecting the steps taken by the quality cell to improve internal quality checks.</li> </ul>	<ul style="list-style-type: none"> <li>Up to June 2023, a total of 709 Adverse Drug Reactions, including Adverse Events Following Immunization (ICSRs), were reported.</li> </ul>
F8	<b>Right to Information Cell</b>	Nodal centre for disseminating all requests made under the Rights to Information Act from the SGPGIMS by informed persons or parties.	<ul style="list-style-type: none"> <li>The day-to-day activities of the RTI Cell were managed by the Coordinator, RTI Cell, who directly reported to the HoD, Hospital Administration.</li> </ul>	<ul style="list-style-type: none"> <li>Implemented the eRTI software and then shifted to the online RTI Portal of the Government of Uttar Pradesh.</li> </ul>



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F9	<b>Central Control Room, ATC</b>	In the light of rising Covid-19 cases, the Central Control Room was commissioned at Rajdhani Covid Hospital/Apex Trauma Centre (ATC), SGPGI.	<ul style="list-style-type: none"> <li>Resident doctors of the Department of Hospital Administration were on duty 24 x 7 x 365 to perform the listed duties, including the operational management of non-clinical/administrative concerns related to the execution/delivery of healthcare services at the Institute. They were available over the phone 24 x 7 x 365 as and when requested.</li> </ul>	<ul style="list-style-type: none"> <li>Till date, more than 3000+ complaints (as per the complaint register maintained in CCR) were received and solved through appropriate channels. The establishment of CCR at ATC enabled a culture of continuous monitoring and evaluation of all administrative tasks pertaining to patient care and the commitment to provide the best possible trauma care, by the deployment of resources, as a conscious effort, towards attaining Continuous Quality Improvement (CQI).</li> </ul> 
F10	<b>State Organ &amp; Tissue Transplant Organization – Uttar Pradesh (SOTTO – U. P.)</b>	State Organ and Tissue Transplant Organization (SOTTO) for the state of Uttar Pradesh (U.P.) was established at SGPGIMS, under the aegis of the Department of Hospital Administration.	<ul style="list-style-type: none"> <li>The establishment of SOTTO - U.P. was a significant step in the journey of improving the quality of transplant services by formalizing the system of removal, storage, and transport of human organs and tissues, under the mandate of NOTP, through policy change advocacy, capacity building programs, massive and continuous awareness session and pledge drives</li> </ul>	<ul style="list-style-type: none"> <li>The Quality Cell expanded the current network of Transplant/ retrieval &amp; tissue bank centers by acting as a Nodal Centre/ hub for all centers, thus drastically improving the quality of patient services in the field of organ transplantation.</li> <li>A total of 53 centers were registered under SOTTO, U.P. till 2023, which had been 26 in 2019.</li> </ul> 

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F7	<b>Condemnation &amp; Disposal Cell</b>	Prepared and implemented the SGPGIMS Condemnation Policy in 2015.	<ul style="list-style-type: none"> <li>The condemnation of outdated equipment in a hospital setting can improve patient safety &amp; quality of services by increasing efficiency, reducing waiting time, improving accuracy of diagnosis and treatment and enhance the overall patient experience. These improvements can lead to better outcomes, higher patient satisfaction and more efficient healthcare system.</li> </ul>	<ul style="list-style-type: none"> <li>Following its inception, SGPGIMS successfully ensured the preparation of files for the condemnation of medical equipment across a total of 08 clinical departments. Approval for the condemnation and final disposal of Medical Equipment/Allied Accessories of these 08 Departments was granted by the 91st Governing Body. The disposal of all 08 files was successfully completed.</li> <li>Subsequently, the next batch of 08 files (07 clinical and 01 non-clinical department) was approved during the 93rd Governing Body Meeting (GBM). The disposal process for the equipment outlined in these files is currently underway at various stages.</li> <li>Preparation of the next batch of 09 files for condemnation approval, to be presented at the upcoming GBM, has been completed.</li> </ul>
<b>G. FINANCIAL MANAGEMENT</b>				
G1	<b>Financial Management</b>	<ul style="list-style-type: none"> <li><b>Resource Mobilization Policy</b></li> <li><b>Internal &amp; External Audit</b></li> </ul>	<ul style="list-style-type: none"> <li>Proper implementation of the resource mobilization policy and process assessment by the internal and external audit system resulted in effective financial management.</li> </ul>	<ul style="list-style-type: none"> <li>Institute received funds mainly from the Government of UP in the categories of planned and unplanned budgets. Additionally, it received budgets from other Central Government departments such as the Ministry of Health and Family Welfare, and research grants from the Department of Science and Technology and the Department of Biotechnology, both from the UP Science and Technology. Funds were also generated from individuals through highly subsidized patient care facilities, including investigations, treatments, and the dispensing of medicines/surgical items by the Hospital Revolving Fund (HRF).</li> </ul>



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				<ul style="list-style-type: none"> <li>Since its inception, the Institute's financial records and books were audited by two Government agencies, the Department of Local Funds, Government of UP, and the Office of the Auditor General, Govt. of India. The Directorate of Internal Audit, Govt. of UP, also kept watch on expenses related to particular events and conducted internal audits of all financial records of the Institute as special audits.</li> </ul>
G2	<b>AB-PMJAY Scheme</b>	The Department of Hospital Administration had played a key role in the rollout of the AB-PMJAY Scheme at SGPGIMS.	<ul style="list-style-type: none"> <li>For exemplary contributions of SGPGIMS under AB-PMJAY for providing cashless benefits to the concerned beneficiaries, SGPGIMS was awarded by the Govt. for Four consecutive years for outstanding performance.</li> </ul>	<ul style="list-style-type: none"> <li>Until June 2023, over 12,000 beneficiaries under AB-PMJAY at SGPGIMS, availed treatment amounting to more than 32 crores.</li> </ul> 
G3	<b>Pandit Deendayal Upadhyay Rajya Karmchari Cashless Chiktisha Yojna (PDDURKCCY)</b>	The Department of Hospital Administration had played a key role in the rollout of the PDDURKCCY Scheme in the SGPGIMS.	<ul style="list-style-type: none"> <li>Available to eligible beneficiaries since 14th January 2023.</li> </ul>	<ul style="list-style-type: none"> <li>Until June 2023, 189 patients had benefited from the scheme and availed treatment amounting to more than 2.5 crores.</li> </ul> 



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**The domains of IQAC, various quality initiatives undertaken, their impact analysis, and outcomes**

Sl. No.	Domains	Initiatives Undertaken	Impact Analysis The Initiatives Undertaken Has Resulted In The Following Achievements	Outcomes
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**6.5. 3: Quality Assurance Initiatives Adapted by Institute**

The Institution implemented the following QA initiatives:

Year	Regular meetings of the Internal Quality Assurance Cell (IQAC)	Feedback from stakeholders collected, analysed and report submitted to Institute Management for improvements	Organization of workshops, seminars and orientation programmes on quality initiatives for teachers and administrative staff	Preparation of documents for Accreditation bodies (NAAC, NBA, ISO, NIRF, NABL, NABH etc.)
2018-2019	YES ✓ NO	YES ✓ NO	YES ✓ NO	YES ✓ NO
2019- 2020	YES ✓	YES ✓	YES ✓	YES ✓
2020-2021	YES ✓	YES ✓	YES ✓	YES ✓
2021-2022	YES ✓	YES ✓	YES ✓	YES ✓
2022-2023	YES ✓	YES ✓	YES ✓	YES ✓



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