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GOVERNMENT OF N.C.T OF DELHI
INDIRA GANDHI HOSPITAL
SECTOR-9, DWARKA, NEW DELHI-110077

राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार
इंदिरा गाँधी हॉस्पिटल
सेक्टर-०९, द्वारका, नई दिल्ली-११००७७

File no.: F-14/17(3)BMW/2023 IGH 5515 **Date:** 03.

To
Chairperson
DPCC Building 4th and 5th Floor
ISBT, GT Karnal Road, Kashmere Gate
New Delhi-110006

Subject: Annual report BMW management of Indira Gandhi Hospital, Dwarka.

Respected Sir/Madam,
Please find enclosed herewith annual BMW report of Indira Gandhi Hospital , Dwarka for a period from 01-01-2025 to 31-12-2025.

Thanking you

Dr. Swati Khatri
BMW Nodal Officer
IGH, Dwarka

Dr. SWATI KHATRI
Specialist Microbiology (MBBS, MD)
Medical Officer
Department of Microbiology
Indira Gandhi Hospital
Govt. of NCT of Delhi
Sector-9, Dwarka, New Delhi-77

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Copy to:

1. Additional director, BMW Management, Govt. of NCT of Delhi, DHS, Swasthya Seva Nideshalya Bhavan, F-17, Karkardooma, Delhi-110032
2. Guard fie
3. Office copy

Form - IV
(See rule 13)
ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year , by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1 .	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr.Navneet Kr Goel
	(ii) Name of HCF or CBMWTF	:	Indira Gandhi Hospital
	(iii) Address for Correspondence	:	Sector 9, Dwarka, 110077
	(iv) Address of Facility		NA
	(v)Tel. No, Fax. No	:	20895997
	(vi) E-mail ID	:	medicaldirectorigh@gmail.com
	(vii) URL of Website		https://maps.app.goo.gl/MbhqHnb1suxkFT3fA
	(viii) GPS coordinates of HCF or CBMWTF		28.58 N 77.06 E
	(ix) Ownership of HCF or CBMWTF	:	Government of Delhi
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.:Applied For, Application number-13386220
	(xi). Status of Consents under Water Act and Air Act	:	CTO applied for,awaiting approval
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 300
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry		NA
3.	Details of CBMWTF	:	NA
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA Kg per day

ntity of biomedical waste treated or disposed IWTF	:	NA Kg/day
of waste generated or disposed in Kg per on monthly average basis)	:	Yellow Category :3530 kg/monthly (average) Red Category :5465 kg/monthly White:152 kg/monthly Blue Category :326 kg/monthly General Solid waste:8150 kg/monthly

f the Storage, treatment, transportation, processing and Disposal Facility

ls of the on-site storage	:	Size : Approx 30x20x10 Capacity : 700 kg Provision of on-site storage : Stored in color coded bins and handed over to CBWTF next day

ails of the treatment or l facilities	:	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treatedor disposed in kg per annum
		Incinerators			
		Plasma Pyrolysis			
		Autoclaves	2	180	
		Microwave			
		Hydroclave			
		Shredder			
		Needle tip cutter or destroyer	30	30	55/month
		Sharps encapsulation or concrete pit		-	
		Deep burial pits:		-	
		Chemical disinfection:	1% hypochlorite used	-	
		Any other treatment equipment:			

Quantity of recyclable wastes to authorized recyclers after tment in kg per annum.	:	Red Category (like plastic, glass etc.)-NA
No of vehicles used for collection transportation of biomedical te	:	Handed over to CBWTF
Details of incineration ash and P sludge generated and disposed		Quantity Where

	during the treatment of wastes in Kg per annum		Incineration Ash NA ETP Sludge NIL NIL
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	SMS Water Grace BMW Pvt. Ltd. Nilothi village , New Delhi
	(vii) List of member HCF not handed over bio-medical waste.		-
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Yes, attached
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		82
	(ii) number of personnel trained		981
	(iii) number of personnel trained at the time of induction		350
	(iv) number of personnel not undergone any training so far		Nil
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		-
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		36
	(ii) Number of the persons affected		36
	(iii) Remedial Action taken (Please attach details if any)		Training for proper handling of sharp waste.
	(iv) Any Fatality occurred, details.		Nil
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		NA
	Details of Continuous online emission monitoring systems installed		NA
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		ETP installed and functioning in the hospital
11	Is the disinfection method or sterilization meeting the log 4		Yes

	standards? How many times you have not met the standards in a year?		
12.	Any other relevant information	:	NA

Certified that the above report is for the period from

...01-01-2025 to 31-12 2025

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Name and Signature of the Head of the Institution

Dr Navneet Kumar Goel
Medical Director, IGH

Date:

Place

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राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार
इंदिरा गाँधी हॉस्पिटल
सेक्टर-०९, द्वारका, नई दिल्ली-११००७७

File No.:- F.23/1(1)/Quality Cell/QC/2025-IGH/4991 Date:- 06/04/2026

06 APR 2026

MINUTES OF MEETING

A meeting was held under the chairmanship of worthy MD sir, Dr. Navneet Kumar Goel at 5th floor Board room on 25/03/2026 at 12:00 PM. All members of the Quality Committee attended the meeting. The agenda of the meeting was Strengthening Implementation in NQAS Programme and improve quality of services at our hospital. The following points were discussed in the meeting:-

1. All departments to run NQAS checklists on quarterly basis and provide copy of the scores and gaps to the quality cell within 15 days after completion of each quarter. The following departments have not filled checklists till date : Surgery OPD, OT , ICU, Laundry, Ortho,Respiratory Medicine, Psychiatry, Pharmacy and Housekeeping. (HODs, Concerned Nodal Officer)
2. Outcome indicators to be calculated on monthly basis and a copy to be sent to Quality Cell by 7th of every month. (HODs, Nodal Officers)
3. The following KPIs are not being reported on monthly basis to the DSHM:

- % of high risk pregnancy
- OPD/doctor
- External quality assurance score for lab test
- Stock out percentage of supplies
- % of maternal deaths review done
- Surgical site infection rate
- SNCU mortality rate
- Blood unit replacement rate
- Antibiotics use rate
- Patients satisfaction score of IPD
- Patients satisfaction score of OPD
- Registration to drug time
- % of JSY Payment done before discharge
- % of women provided drop back after delivery

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22. Stray Animal/Dog in premises come under Sanitation Committee, Sanitation committee to coordinate with MCD for removal of Dogs & strays within one month. Security Supervisor to instruct guards not to let dogs & other stray animals to enter the premises. (Sanitation committee, CTB, Security Supervisor)
23. Objective Structured Clinical Examination (OSCE) to be created by HODs of Respective departments for all levels within one month period. ANS to prepare a common OSCE for all the nursing officers which can be distributed among all departments and personalised as per departmental needs. (HODs, ANS)
24. Awards for Best Performers for Wards and OPDs on Quarterly basis to be started. (Quality cell, Admin)
25. No Single Use Plastics including one time use Water Bottles and Plastic Disposable Glasses for OGTT.

a) Dispensers For All Office Use with Biodegradable Glasses (CTB, Admin) &
b) Steel Glass to be brought by Patients from home or availability of 2 to 3 Chained Steel Glasses at Water Coolers for OGTT. (HOD Obs & Gynae, HOD Pathology)

26. Construction of Permanent BMW and General Waste storage is pending. In the meanwhile, the temporary storage for BMW & General waste needs reinforcement of roof & walls to prevent entry of rain water & strays within 2 months time period. (PWD)
27. Construction of Compost Pit for Kitchen waste is also pending. The temporary arrangement for compost pit has been made which needs lids to avoid entry of stray animals, rain & to ensure safety. Dietician to maintain records of weight of kitchen waste sent to compost pit and the weight of manure taken out from the compost pit. (PWD, Dietician, Kitchen I/C)
28. Fencing of Herbal Garden is needed as the mesh that was installed (in 2023) around it is completely torn & not serving any purpose (within 3 months). (PWD)
29. No intercom is available in announcement room to communicate. Hence, Intercom Be Placed In Fire Announcement System Room for all different codes to function. CMO on duty shall be

onsible for verifying such alerts and authorize announcement to be made. Creation of Central amber For Activation Of Codes. (PWD, CCMO, CMO (Casualty))

Mock Drill for Code Pink, Code Blue and Code Red to be arranged for all Doctors & Staff on regular basis. Copy of schedule to be submitted to Quality cell within 15 days time. (Concerned Nodal Officer & In-charge)

31. Copy of Immunization Status of Outsource Staff (BMW Handlers, Kitchen, NO, Guards and H/K workers) to be submitted to Quality Cell by the Service Provider within 15 days time. A Proposal has been submitted to Medicine Department for regular health check up of Outsource staff & copy to be given to Quality cell within 3 months time. (HOD Medicine, Nodal Officer Outsource, I/C Medical Board)

32. Chimneys are to be installed in Kitchen for ventilation. (PWD, Kitchen I/C)

33. Records of Calibration & AMC of Equipments to be maintained by all Departments. (HODs)

As no papers are available for donated equipments & hence No AMC or Calibration done till date. So it was decided to explore alternatives for resolution of this issue with stakeholders. (HODs)

34. BMW Authorisation and CTO has been applied but is still pending from DPCC. Also Purchase of the weighing machine specific for BMW handling with inbuilt barcode scanner, software and printer is also pending. (BMW Nodal Officer, P.O, Admin)

35. Installation of more number of general waste dustbins in common areas along with both upper & lower basements within one week. (H/K Supervisor)

36. The collection of General waste is to be done in General waste trolleys and not to be mixed in BMW trolleys. (H/K Supervisor)

37. Signages demand submitted, Process may please be expedited by PWD so installation maybe completed before the NQAS assessment.Till the time permanent signages are made available by