



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011

Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110011

रोली सिंह, भा.प्र.से.

**Roli Singh, I.A.S.**

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)  
Additional Secretary & Mission Director (NHM)

D.O.No.NHSRC/10-11/QI/01/PUNJAB

Dated the 14<sup>th</sup> October 2022

*Dear Shri Sharma,*

Refer letter no. NHSRC/10-11/QI/01/PJB-Vol-II dated 5<sup>th</sup> February' 2019, CHC Goniana, Bhatinda, Punjab was granted Quality Certification for a period of three (03) years. After receipt of application for recertification and submission of the supporting documents from the state; the facility underwent external assessment by a team of empanelled NQAS external assessors. The assessment details are as follows:

S. No	Name of Facility	Date of Assessment	Certification Criteria	Overall Score	Certification Status
a).	CHC Goniana, Bhatinda	6 <sup>th</sup> -8 <sup>th</sup> June 2022	Met all Criteria	95.58%	Quality Certified

- Hence, Community Health Centre Goniana (Bhatinda) in the state of Punjab is recertified and granted "**Quality Certification**" under NQAS Program.
- Summary of the Assessment Reports of the aforementioned facilities are enclosed as **Appendix -A**.

*with regards,*

Yours sincerely,

*Roli Singh*  
(Roli Singh)

**Shri Ajoy Sharma**

Secretary, Health & Family Welfare,  
Department of Health & Family Welfare,  
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**Copy to:**

- The Mission Director - NHM, Department of Health & Family Welfare, Government of Punjab, Room No. 1, 5th Floor, Prayas Building, Dakshin Marg, Sector 38-B, Chandigarh - 160036,
- State Quality Assurance Unit, National health Mission, Punjab Health Systems Corporation, Phase VI, Mohali (SAS Nagar), Punjab.
- The Medical Officer, Community Health Centre Goniana, Bhatinda Punjab.

स्वच्छ भारत - स्वस्थ भारत

**External Assessment Report****Name of the facility:** CHC Goniana, Jalandhar, Punjab.**Date of Assessment:** 6<sup>th</sup>-8<sup>th</sup> June 2022**1.Overall Score of Health facility: - 95.58 %****2.Status on Criteria of Certification:**

<b>Criterion No.</b>	<b>Certification Criteria</b>	<b>Status</b>
I.	Aggregate score of the health facility is $\geq 70\%$	<b>Criteria met</b> (Overall score-95.58%)
II.	Score of each department of the health facility $\geq 70\%$	<b>Criteria met</b>
III.	Segregated score in each Area of Concern is $\geq 70\%$	<b>Criteria met</b>
IV.	Score of Standard A2, B5 and D8 is $\geq 70\%$	<b>Criteria met</b> Standard A2 – 100% Standard B5 – 99% Standard D8 – 97%
V.	Individual Standard wise score is $\geq 50\%$	<b>Criteria met</b>
VI.	Patient Satisfaction Score of 65% in the preceding Quarter or more or Score of 3.2 on Likert Scale	<b>Criteria met</b> PSS-4.2

**3.Area of Concern Score**

<b>S. No.</b>	<b>Area of Concern</b>	<b>Score</b>
A	Service Provision	90%
B	Patient Rights	97%
C	Inputs	96%
D	Support Services	92%
E	Clinical Services	98%
F	Infection Control	96%
G	Quality Management	96%
H	Outcome	98%

#### 4. Departmental Score

S.No	Department	Score
1.	Emergency	96.6%
2.	IPD	95.1%
3.	Laboratory	91.1%
4.	OPD	95.8%
5.	Radiology	93.6%
6.	Labour Room	97.6%
7.	Pharmacy & Store	96.5%
8.	Auxiliary	92.7%
9.	General Administration	95.0%
10.	NBSU	98.1%
11.	Operation Theater	96.0%
12.	Blood Storage Unit	95.2%

#### 5.Score against each Standard

Reference No	Standard	Score
Standard A1	The facility provides Curative Services	100%
Standard A2	The facility provides RMNCHA Services.	100%
Standard A3	The facility Provides diagnostic Services	85%
Standard A4	The facility provides services as mandated in the National Health Programmes /State scheme(s).	66%
Standard A5	Facility provides support services and administrative services.	98%
Standard A6	Health services provided at the facility are appropriate to community needs.	100%
Standard B1	The facility provides information to care-seekers, attendants & community about available services, and their modalities	96%
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there is no barrier on account of physical, economic, cultural or social status.	98%

Standard B3	The facility maintains privacy, confidentiality & dignity of patients, and has a system for guarding patient related information.	96%
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making	95%
Standard B5	The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of hospital services.	99%
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	92%
Standard C2	The facility ensures physical safety including fire safety of the infrastructure.	94%
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services at the current case load	99%
Standard C4	The facility provides drugs and consumables required for assured services.	99%
Standard C5	The facility has equipment & instruments required for assured list of services.	99%
Standard D1	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	80%
Standard D2	The facility has defined procedures for storage of drugs, inventory management and dispensing of drugs in pharmacy and patient care areas	97%
Standard D3	The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.	88%
Standard D4	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	99%
Standard D5	The facility ensures availability of Diet as per nutritional requirement and clean Linen to all admitted patients.	99%
Standard D6	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	90%
Standard D7	Hospital has defined and established procedures for Financial Management	100%
Standard D8	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	97%
Standard D9	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	100%

Standard D10	The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	75%
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	98%
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	100%
Standard E3	The facility has defined and established procedures for continuity of care of patient and referral	98%
Standard E4	The facility has defined and established procedures for nursing care	98%
Standard E5	The facility has a procedure to identify high risk and vulnerable patients.	100%
Standard E6	The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	98%
Standard E7	The facility has defined procedures for safe drug administration	96%
Standard E8	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	97%
Standard E9	The facility has defined and established procedures for discharge of patient.	100%
Standard E10	The facility has defined and established procedures for Emergency Services and Disaster Management	96%
Standard E11	The facility has defined and established procedures of diagnostic services	88%
Standard E12	The facility has defined and established procedures for Blood Storage Management and Transfusion.	98%
Standard E13	The facility has established procedures for Anaesthetic Services	91%
Standard E14	The facility has defined and established procedures of Operation theatre.	93%
Standard E15	The facility has defined and established procedures for end-of-life care and death	100%
Standard E16	The facility has established procedures for Antenatal care as per guidelines	100%
Standard E17	The facility has established procedures for Intranatal care as per guidelines	100%
Standard E18	The facility has established procedures for postnatal care as per guidelines	100%
Standard E19	The facility has established procedures for care of new born, infant and child as per guidelines	99%
Standard E20	The facility has established procedures for abortion and family planning as per government guidelines and law	100%
Standard E21	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines	100%

Standard E22	The facility provides services as per National Health Programmes' Operational/ Clinical Guidelines	100%
Standard F1	The facility has Infection Control Programme, and there are procedures in place for prevention and measurement of Hospital Associated Infections	99%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	100%
Standard F3	The facility ensures availability of material for personal protection, and facility staff follow standard precaution for personal protection.	98%
Standard F4	The facility has standard procedures for processing of equipment and instruments	100%
Standard F5	Physical layout and environmental control of the patient care areas ensure infection prevention	98%
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio-medical and hazardous Waste.	89%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G2	The facility has established system for patient and employee satisfaction	100%
Standard G3	The facility has established internal and external quality assurance Programmes wherever it is critical to quality.	94%
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes.	100%
Standard G5	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	100%
Standard G6	The facility has defined and established Quality Policy & Quality Objectives	97%
standard G7	The facility seeks continual improvement by practicing Quality tool and method.	71%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	98%
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmarks	100%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmarks	98%
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmarks	97%

