



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.NoNHSRC/10-11/QI/01/PJB  
Dated the 6<sup>th</sup> October 2022

*Dear Shri Ajoy Sharma,*

At the outset, I congratulate you and your state team for taking up two (02) Public Health Facilities of Punjab for NQAS Certification. The facilities underwent External Assessment by the empaneled 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 Shankar, Jalandhar	1 <sup>st</sup> -2 <sup>nd</sup> June 2022	Met 4 out of 6 Criteria	83.58%	Quality Certified with Conditionality*
b).	SDH Raikot, Ludhiana	9 <sup>th</sup> -11 <sup>th</sup> June 2022	Met all Criteria	89%	Quality Certified

\*Refer Appendix-A

- Hence, Sub District Hospital Raikot (Ludhiana) in the state of Punjab is granted **"Quality Certification"** under NQAS Program.
- Whereas Community Health Centre Shankar (Jalandhar) in state of Punjab is granted **'Quality Certification with Conditionality'** under NQAS program for a period of one (01) year from the date of issue of this letter.
- Summary of the Assessment Reports of the aforementioned facilities are enclosed as **Appendices –A & B** respectively.

*With regards,*

Yours sincerely,

*Roli Singh*  
(Roli Singh)

**Shri Ajoy Sharma**

Secretary, Health & Family Welfare,  
Department of Health & Family Welfare,  
Government of Punjab,  
Room No. 219, 2<sup>nd</sup> Floor,  
Mini Secretariat, Sector – 9,  
Chandigarh – 160009

**Copy to:**

- The Mission Director – NHM, Department of Health & Family Welfare, Government of Punjab, Room No. 1, 5<sup>th</sup> 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 Shankar, Jalandhar, Punjab.
- The Medical Superintendent, Sub District Hospital Raikot, Ludhiana, Punjab

स्वच्छ भारत - स्वस्थ भारत

**External Assessment Report**

**Name of the facility:** CHC Shankar, Jalandhar, Punjab.

**Date of Assessment:** 1<sup>st</sup>-2<sup>nd</sup> June 2022

**1.Overall Score of Health facility: - 83.58%**

**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-83.58%)
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 Not met</b> <b>Standard A2 – 69%</b> Standard B5 – 94% Standard D8 – 78%
V.	Individual Standard wise score is $\geq 50\%$	<b>Criteria not met</b> <b>Standard A2 – 69%</b> <b>Standard E12 – 0%</b> <b>Standard E13 – 0%</b> <b>Standard E14 – 0%</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-4.01

**3. Area of Concern Score**

<b>S. No.</b>	<b>Area of Concern</b>	<b>Score</b>
A	Service Provision	71%
B	Patient Rights	90%
C	Inputs	83%
D	Support Services	87%
E	Clinical Services	78%
F	Infection Control	94%
G	Quality Management	80%
H	Outcome	82%

#### 4. Departmental Score

S. NO	Department	Score
1.	Emergency	86.6%
2.	IPD	81.3%
3.	Laboratory	79.2%
4.	OPD	80.6%
5.	Radiology	87.5%
6.	Labour Room	89.1%
7.	Pharmacy & Store	81.9%
8.	Auxiliary	76.2%
9.	General Administration	85.2%

#### 5. Score against each Standard

Reference. No	Standard	Score
Standard A1	The facility provides Curative Services	73%
<b>Standard A2</b>	<b>The facility provides RMNCHA Services.</b>	<b>69%</b>
Standard A3	The facility Provides diagnostic Services	76%
Standard A4	The facility provides services as mandated in the National Health Programmes /State scheme(s).	59%
Standard A5	Facility provides support services and administrative services.	84%
Standard A6	Health services provided at the facility are appropriate to community needs.	86%
Standard B1	The facility provides information to care-seekers, attendants & community about available services, and their modalities	97%
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.	77%
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	83%
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.	94%
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	74%

Standard C2	The facility ensures physical safety including fire safety of the infrastructure.	89%
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services at the current case load	74%
Standard C4	The facility provides drugs and consumables required for assured services.	97%
Standard C5	The facility has equipment & instruments required for assured list of services.	94%
Standard D1	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	61%
Standard D2	The facility has defined procedures for storage of drugs, inventory management and dispensing of drugs in pharmacy and patient care areas	90%
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.	92%
Standard D4	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	89%
Standard D5	The facility ensures availability of Diet as per nutritional requirement and clean Linen to all admitted patients.	79%
Standard D6	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	100%
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	78%
Standard D9	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	95%
Standard D10	The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	88%
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	89%
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	94%
Standard E3	The facility has defined and established procedures for continuity of care of patient and referral	65%
Standard E4	The facility has defined and established procedures for nursing care	83%
Standard E5	The facility has a procedure to identify high risk and vulnerable patients.	90%
Standard E6	The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	85%

Standard E7	The facility has defined procedures for safe drug administration	80%
Standard E8	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	81%
Standard E9	The facility has defined and established procedures for discharge of patient.	89%
Standard E10	The facility has defined and established procedures for Emergency Services and Disaster Management	74%
Standard E11	The facility has defined and established procedures of diagnostic services	81%
<b>Standard E12</b>	<b>The facility has defined and established procedures for Blood Storage Management and Transfusion.</b>	<b>0%</b>
<b>Standard E13</b>	<b>The facility has established procedures for Anaesthetic Services</b>	<b>0%</b>
<b>Standard E14</b>	<b>The facility has defined and established procedures of Operation theatre.</b>	<b>0%</b>
Standard E15	The facility has defined and established procedures for end-of-life care and death	89%
Standard E16	The facility has established procedures for Antenatal care as per guidelines	94%
Standard E17	The facility has established procedures for Intranatal care as per guidelines	98%
Standard E18	The facility has established procedures for postnatal care as per guidelines	77%
Standard E19	The facility has established procedures for care of new born infant and child as per guidelines	71%
Standard E20	The facility has established procedures for abortion and family planning as per government guidelines and law	63%
Standard E21	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines	73%
Standard E22	The facility provides services as per National Health Programmes' Operational/ Clinical Guidelines	68%
Standard F1	The facility has Infection Control Programme, and there are procedures in place for prevention and measurement of Hospital Associated Infections	95%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	96%
Standard F3	The facility ensures availability of material for personal protection, and facility staff follow standard precaution for personal protection.	99%
Standard F4	The facility has standard procedures for processing of equipment and instruments	95%
Standard F5	Physical layout and environmental control of the patient care areas ensure infection prevention	92%
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio-medical and hazardous Waste.	92%
Standard G1	The facility has established organizational framework for quality improvement	92%
Standard G2	The facility has established system for patient and employee satisfaction	91%

Standard G3	The facility has established internal and external quality assurance Programmes wherever it is critical to quality.	68%
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes.	82%
Standard G5	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	89%
Standard G6	The facility has defined and established Quality Policy & Quality Objectives	79%
standard G7	The facility seeks continual improvement by practicing Quality tool and method.	63%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	79%
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmarks	81%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmarks	83%
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmarks	87%

**External Assessment Report****Name of the facility:** SDH Raikot, Ludhiana, Punjab.**Date of Assessment:** 9<sup>th</sup>-11<sup>th</sup> June 2022**1.Overall Score of Health facility: - 89 %****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-89%)
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 (73%) Standard- B5 (75%) Standard- D8 (90%)
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	82%
B	Patient Rights	89%
C	Inputs	88%
D	Support Services	89%
E	Clinical Services	90%
F	Infection Control	91%
G	Quality Management	85%
H	Outcome	93%

#### 4. Departmental Score

S. No	Department	Score
1.	Accident & Emergency	92%
2.	Indoor Department	87%
3.	Laboratory	86%
4.	OPD	92%
5.	Radiology	89%
6.	Labour Room	91%
7.	Pharmacy & Store	78%
8.	Auxiliary	90%
9.	General Administration	87%
10.	Operation Theatre	92%
11.	Post-Partum Unit	87%
12.	Maternity	87%

#### 5.Score against each Standard

Reference No	Standard	Score
Standard A1	Facility Provides Curative Services	78%
Standard A2	Facility provides RMNCHA Services	73%
Standard A3	Facility Provides diagnostic Services	75%
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme	76%
Standard A5	Facility provides support services	81%
Standard A6	Health services provided at the facility are appropriate to community needs.	81%
Standard B1	Facility provides the information to care seekers, attendants & community about the available services and their modalities	80%
Standard B2	Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there is no barrier on account of physical economic, cultural or social reasons.	88%
Standard B3	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	84%
Standard B4	Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is	80%



	required.	
Standard B5	Facility ensures that there is no financial barrier to access and that there is financial protection given from cost of care.	75%
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	76%
Standard C2	The facility ensures the physical safety of the infrastructure.	75%
Standard C3	The facility has established Programme for fire safety and other disaster	83%
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	81%
Standard C5	Facility provides drugs and consumables required for assured list of services.	86%
Standard C6	The facility has equipment & instruments required for assured list of services.	81%
Standard D1	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	71%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	77%
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	83%
Standard D4	The facility has established Programme for maintenance and upkeep of the facility	80%
Standard D5	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	88%
StandardD6	Dietary services are available as per service provision and nutritional requirement of the patients.	72%
Standard D7	The facility ensures clean linen to the patients	83%
Standard D8	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	90%
Standard D9	Hospital has defined and established procedures for Financial Management	88%
Standard D10	Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	93%
Standard D11	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	87%
Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	89%
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	81%
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	79%
Standard E3	Facility has defined and established procedures for continuity of care of patient and referral	76%

Standard E4	The facility has defined and established procedures for nursing care	82%
Standard E5	Facility has a procedure to identify high risk and vulnerable patients.	85%
Standard E6	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	73%
Standard E7	Facility has defined procedures for safe drug administration	83%
Standard E8	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	83%
Standard E9	The facility has defined and established procedures for discharge of patient.	77%
Standard E10	The facility has defined and established procedures for intensive care.	50%
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management	73%
Standard E12	The facility has defined and established procedures of diagnostic services	86%
Standard E13	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	63%
Standard E14	Facility has established procedures for Anaesthetic Services	82%
Standard E15	Facility has defined and established procedures of Surgical Services	92%
Standard E16	The facility has defined and established procedures for end-of-life care and death	75%
Standard E17	Facility has established procedures for Antenatal care as per guidelines	81%
Standard E18	Facility has established procedures for Intranatal care as per guidelines	99%
Standard E19	Facility has established procedures for postnatal care as per guidelines	88%
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines	71%
Standard E21	Facility has established procedures for abortion and family planning as per government guidelines and law	98%
Standard E22	Facility provides Adolescent Reproductive and Sexual Health services as per guidelines	100%
Standard E23	Facility provides National health program as per operational/Clinical Guidelines	100%
Standard F1	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	82%
Standard F2	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	80%
Standard F3	Facility ensures standard practices and materials for Personal protection	83%
Standard F4	Facility has standard Procedures for processing of equipment's and instruments	80%
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	78%

Standard F6	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	81%
Standard G1	The facility has established organizational framework for quality improvement	84%
Standard G2	Facility has established system for patient and employee satisfaction	88%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	80%
Standard G4	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	76%
Standard G5	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	68%
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	81%
Standard G7	The facility has defined and established Quality Policy & Quality Objectives	73%
Standard G8	Facility seeks continually improvement by practicing Quality method and tools.	69%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	85%
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	85%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	82%
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark	79%