

विशाल चौहान, भा.प्र.से.
संयुक्त सचिव

VISHAL CHAUHAN, IAS
Joint Secretary



सत्यमेव जयते



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

Tele: 011-23063585 / 23061740
e-mail: js.policy-mohfw@gov.in

NHSRC/CU/23-24/PB
18th July 2023

Sir,

At the outset, I congratulate you and your state team for taking up one (01) public health facility of Punjab for Quality Certification under NQAS program. The facility underwent External Assessment by the empanelled NQAS external assessors. The assessment detail is as follows:

S. No	Name of Facility	Date of Reassessment	Departments	Certification Criteria	Overall Score	Certification Status
a).	District Hospital Barnala	19 th -21 st June 2023	(Accident & Emergency, OPD, Labour room, Maternity Ward, IPD, OT, PPU, Blood Bank, Laboratory, Radiology, Pharmacy, Auxiliary Ser, Mortuary & Gen Admin) (NQAS)	Met all Criteria	86%	Quality Certified

Hence, above mentioned departments of District Hospital Barnala in the state of Punjab are granted "Quality Certification" under NQAS program.

The certified health facility should strive to work on recommended Areas of Improvements and submit the action plan to the State Quality Assurance Unit. The State Quality assurance unit is expected to verify the improvement in the surveillance audits and submit the status to Certification Unit NHSRC along with the surveillance reports.

Summary of the Assessment Report along with Areas of Improvement of the aforementioned facility is enclosed as **Appendix A**.

With regards

Yours Sincerely,


(Vishal Chauhan)

Sh. Vivek Pratap Singh

Principal Secretary (H&FW) Department of H&FW,
Government of Punjab, Room No. 314 3rd Floor,
Mini Secretariat Sector-9 Chandigarh-160009

Copy to:

1. 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.
2. State Quality Assurance Unit, National health Mission, Punjab Health Systems Corporation, Phase VI, Mohali (SAS Nagar), Punjab.
3. The Medical Superintendent, District Hospital Barnala, Punjab

Summary of External Assessment Report**Name of the facility: District Hospital Barnala, Punjab****Date of External Assessment : 19th -21st June 2023****Overall Score of Health facility : 86 %****1. Compliance to certification criteria:**

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criteria met (Overall score 86 %)
II.	Score of each department of the health facility is $\geq 70\%$	Criteria met
III.	Aggregated score in each Area of Concern is $\geq 70\%$	Criteria met
IV.	Score of Standard A2, B5 and D10 is $\geq 70\%$	Criteria met - Standard A2 – 83% Standard B5 – 93% Standard D10 – 88%
V.	Individual Standard wise score is $\geq 50\%$	Criteria met
VI.	Patient Satisfaction score of $\geq 70\%$ in the preceding quarter or more (Satisfied or Highly satisfied on Mera Aspataal) or score of 3.5 on Likert Scale.	Criteria met PSS Score – 4

2. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	86%
B	Patient Rights	89%
C	Inputs	87%
D	Support Services	86%
E	Clinical Services	88%
F	Infection Control	90%
G	Quality Management	73%
H	Outcome	84%

3. Departmental Score

S.No.	Department	Score
1.	Accident and Emergency	83%
2.	OPD	86%
3.	Maternity Ward	84%
4.	IPD	84%
5.	Labour room	90%
6.	OT	80%
7.	PP Unit	87%
8.	Blood Bank	80%
9.	Lab	93%
10.	Radiology	93%
11.	Pharmacy	94%
12.	Auxiliary	73%
13.	Mortuary	73%
14.	General Admin	92%

4. Score against each Standard

Reference No	Standard	Score
Standard A1.	Facility Provides Curative Services	88%
Standard A2	Facility provides RMNCHA Services	83%
Standard A3.	Facility Provides diagnostic Services	92%
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme	80%
Standard A5.	Facility provides support services	85%
Standard A6.	Health services provided at the facility are appropriate to community needs.	88%
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	90%
Standard B2.	Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.	81%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	90%
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 required.	84%
Standard B5.	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.	93%
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	86%
Standard C2.	The facility ensures the physical safety of the infrastructure.	81%

Standard C3.	The facility has established Programme for fire safety and other disaster	95%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	83%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	98%
Standard C6.	The facility has equipment & instruments required for assured list of services.	92%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	76%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	90%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	91%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	89%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	80%
Standard D6.	Dietary services are available as per service provision and nutritional requirement of the patients.	50%
Standard D7.	The facility ensures clean linen to the patients	81%
Standard D8.	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	70%
Standard D9.	Hospital has defined and established procedures for Financial Management	94%
Standard D10.	Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	88%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	90%
Standard D12.	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	68%
Standard E1.	The facility has defined procedures for registration, consultation and admission of patients.	95%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	83%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	85%
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.	88%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	70%
Standard E7.	Facility has defined procedures for safe drug administration	78%

Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	93%
Standard E9.	The facility has defined and established procedures for discharge of patient.	91%
Standard E11.	The facility has defined and established procedures for Emergency Services and Disaster Management	77%
Standard E12.	The facility has defined and established procedures of diagnostic services	92%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	97%
Standard E14	Facility has established procedures for Anaesthetic Services	77%
Standard E15.	Facility has defined and established procedures of Surgical Services	97%
Standard E16.	The facility has defined and established procedures for end of life care and death	90%
Standard E17	Facility has established procedures for Antenatal care as per guidelines	93%
Standard E18	Facility has established procedures for Intranatal care as per guidelines	97%
Standard E19	Facility has established procedures for postnatal care as per guidelines	84%
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines	94%
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	97%
Standard E23	Facility provides National health program as per operational/Clinical Guidelines	87%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	90%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptics	94%
Standard F3.	Facility ensures standard practices and materials for Personal protection	97%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	86%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	84%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	90%
Standard G1	The facility has established organizational framework for quality improvement	98%
Standard G2	Facility has established system for patient and employee satisfaction	83%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	67%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	88%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	50%

Standard G6.	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	69%
Standard G7.	The facility has defined and established Quality Policy & Quality Objectives	57%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	50%
Standard H1 .	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	93%
Standard H2 .	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	77%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	89%
Standard H4.	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark	68%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Clinical records and documents keeping should be improved.
2.	Staff should be trained for Quality management and improvement.
3.	Dietary services should be improved.
4.	Staff should be trained for SOP nad STG.

