

एल. एस. चांगसन, भा.प्र.से.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)

L. S. Changsan, IAS
Additional Secretary & Mission Director (NHM)



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi - 110011

D. O. No. NHSRC/CU/23-24/PB
20th September, 2023

Dear Shri Singh,

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 & LaQshya program. The facility underwent External Assessment by the empanelled external assessors. The assessment detail is as follows:

S. No	Name of Facility	Date of Assessment	Departments	Certificati on Criteria	Overall Score	Certifica tion Status
a).	District Hospital SAS Nagra Mohali	07 th - 09 th Aug 2023	NQAS (Accident&Emergency, Blood Bank, OPD, IPD, Maternity Ward, Paediatric Ward, SNCU, OT, PPU, Laboratory, Radiology, Pharmacy, Aux Ser, Mortuary & Gen Admin)	Met all Criteria	87%	Quality Certified
			LaQshya (Labour Room & Maternity OT)	LR: Met all Criteria MOT: Met all Criteria	LR: 84% MOT: 83%	LR: Quality Certified MOT: Quality Certified

Hence, District Hospital SAS Nagar, Mohali in the state of Punjab is granted **"Quality Certification"** under NQAS and LaQshya 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.

.....2/-

Summary of the Assessment Report along with Areas of Improvement of the
aforementioned facility is enclosed as **Appendices A & B** respectively.

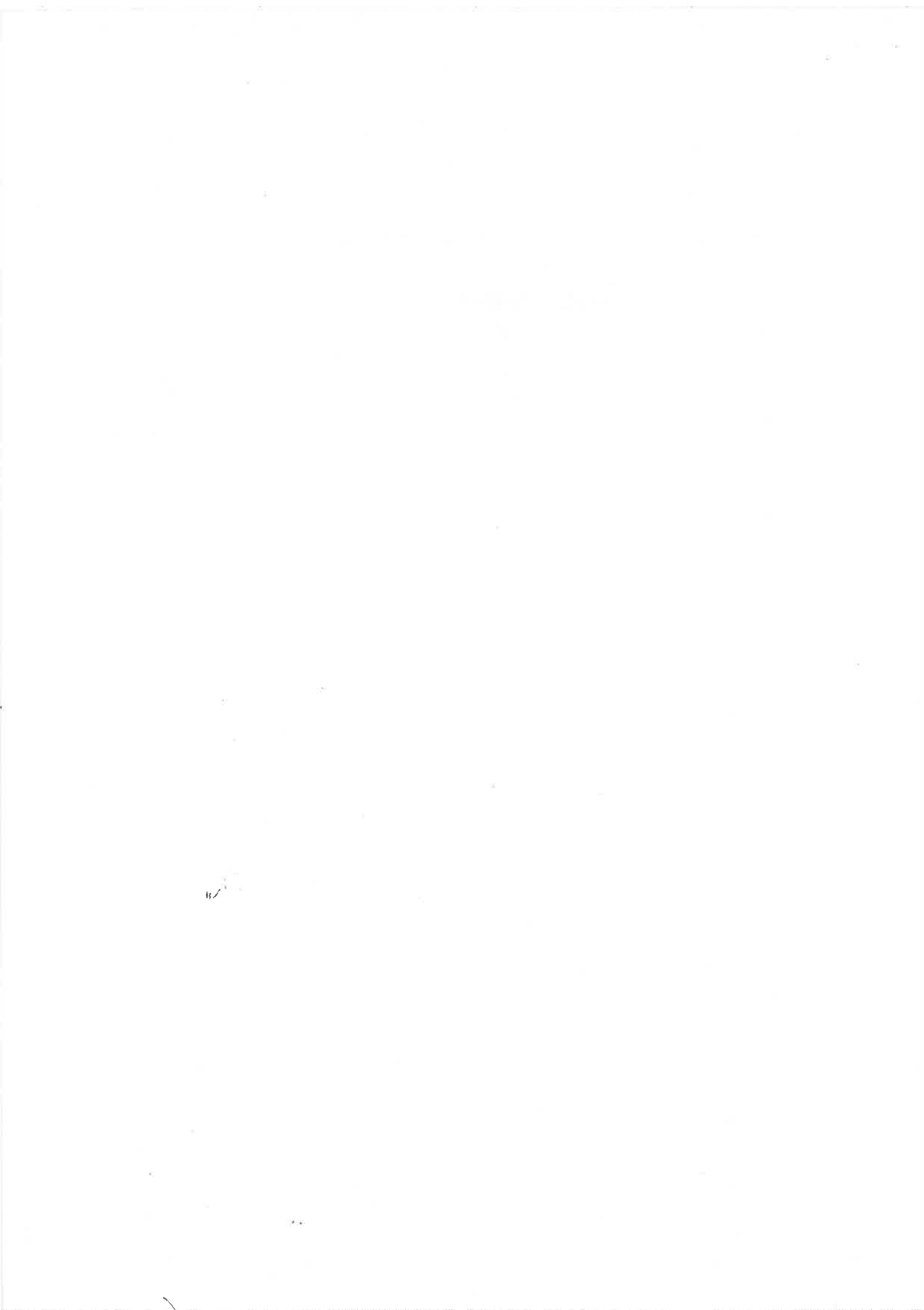
With regards,

Your's sincerely,



(Ms. L. S. Changsan)

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



Summary of the Assessment Report along with Areas of Improvement of the
aforementioned facility is enclosed as **Appendices A & B** respectively.

Your's sincerely,
Sd./-

(Ms. L. S. Changsan)

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

Copy to:

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



(Ms. L. S. Changsan)

Summary of External Assessment Report

Name of the facility : District Hospital SAS Nagra Mohali, Punjab

Date of External Assessment : 07th -09th Aug 2023

Overall Score of Health facility : 87 %

1. Compliance to certification criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criteria met (Overall score 87 %)
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 - 88% Standard B5 - 88% Standard D10 - 97%
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 - 3.75

2. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	92%
B	Patient Rights	85%
C	Inputs	85%
D	Support Services	84%
E	Clinical Services	90%
F	Infection Control	88%
G	Quality Management	81%
H	Outcome	93%

3. Departmental Score

S.No.	Department	Score
1.	Accident and Emergency	88%
2.	OPD	87%
3.	Maternity Ward	89%
4.	IPD	85%
5.	Paediatric Ward	87%
6.	SNCU	92%
7.	OT	88%
8.	PP Unit	87%
9.	Blood Bank	85%
10.	Lab	88%
11.	Radiology	84%
12.	Pharmacy	80%
13.	Auxiliary	78%
14.	Mortuary	84%
15.	General Admin	87%

4. Score against each Standard

Reference No	Standard	Score
Standard A1.	Facility Provides Curative Services	92%
Standard A2	Facility provides RMNCHA Services	88%
Standard A3.	Facility Provides diagnostic Services	92%
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme	87%
Standard A5.	Facility provides support services	94%
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	80%
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.	86%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	88%
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.	73%
Standard B5.	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.	88%

Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	80%
Standard C2.	The facility ensures the physical safety of the infrastructure.	69%
Standard C3.	The facility has established Programme for fire safety and other disaster	84%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	87%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	92%
Standard C6.	The facility has equipment & instruments required for assured list of services.	86%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	68%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	79%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	87%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	82%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	92%
Standard D6	Dietary services are available as per service provision and nutritional requirement of the patients.	63%
Standard D7.	The facility ensures clean linen to the patients	80%
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	88%
Standard D10.	Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	97%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	94%
Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	71%
Standard E1.	The facility has defined procedures for registration, consultation and admission of patients.	93%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	90%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	84%

Standard E4.	The facility has defined and established procedures for nursing care	88%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	78%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	75%
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	91%
Standard E9.	The facility has defined and established procedures for discharge of patient.	98%
Standard E11.	The facility has defined and established procedures for Emergency Services and Disaster Management	84%
Standard E12.	The facility has defined and established procedures of diagnostic services	94%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	91%
Standard E14	Facility has established procedures for Anaesthetic Services	93%
Standard E15.	Facility has defined and established procedures of Surgical Services	95%
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	68%
Standard E19	Facility has established procedures for postnatal care as per guidelines	81%
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines	80%
Standard E21	Facility has established procedures for abortion and family planning as per government guidelines and law	74%
Standard E22	Facility provides Adolescent Reproductive and Sexual Health services as per guidelines	93%
Standard E23	Facility provides National health program as per operational/Clinical Guidelines	93%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	76%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	85%
Standard F3.	Facility ensures standard practices and materials for Personal protection	90%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	79%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	87%
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	90%
Standard G2	Facility has established system for patient and employee satisfaction	80%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	83%
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	61%
Standard G6.	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	82%
Standard G7.	The facility has defined and established Quality Policy & Quality Objectives	78%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	51%
Standard H1 .	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	94%
Standard H2 .	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	95%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	83%
Standard H4.	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark	88%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Outcome indicators should be reviewed regularly and improvised for further improvement.
2.	Non-structural items should be fixed across the departments
3.	Lack of quality check on the auxiliary services
4.	Security arrangements not adequate for crowd management at peak hours in all the sections of OPD and Emergency areas.

External Assessment Summary Report

Name of the Facility : District Hospital SAS Nagra Mohali, Punjab
Date of Assessment : 07th -09th Aug 2023
Department : Labour Room

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	Criteria met Overall score - 84%
II.	Score of each Area of Concern shall be $\geq 70\%$	Criteria met
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	Criteria met Standard B3 - 83% Standard E18 - 82% Standard E19 - 88%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	Criteria met PSS - 3.8

2. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	95%
B	Patient Rights	85%
C	Inputs	81%
D	Support Services	82%
E	Clinical Services	81%
F	Infection Control	92%
G	Quality Management	84%
H	Outcome	85%

3. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	100%
Standard A2	Facility provides RMNCHA Services	94%
Standard A3.	Facility Provides diagnostic Services	100%
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	63%
Standard B2.	Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barriers on account of physical economic, cultural or social reasons.	100%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	83%
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.	100%
Standard B5.	Facility ensures that there are no financial barriers to access and that there is financial protection given from cost of care.	100%
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	82%
Standard C2.	The facility ensures the physical safety of the infrastructure.	67%
Standard C3.	The facility has established Programme for fire safety and other disaster	67%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	100%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	88%
Standard C6.	The facility has equipment & instruments required for assured list of services.	82%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	64%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	100%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	69%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	90%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	71%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	100%
Standard D7.	The facility ensures clean linen to the patients	75%

Reference No.	Standard	Score
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	100%
Standard E1.	The facility has defined procedures for registration, consultation and admission of patients.	88%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	90%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	70%
Standard E4.	The facility has defined and established procedures for nursing care	80%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	75%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	83%
Standard E7.	Facility has defined procedures for safe drug administration	71%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	79%
Standard E12.	The facility has defined and established procedures of diagnostic services	100%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	100%
Standard E16.	The facility has defined and established procedures for end of life care and death	75%
Standard E18	Facility has established procedures for Intranatal care as per guidelines	82%
Standard E19	Facility has established procedures for postnatal care as per guidelines	88%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	100%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	86%
Standard F3.	Facility ensures standard practices and materials for Personal protection	94%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	92%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	90%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	94%
Standard G1	The facility has established organizational framework for quality improvement	100%
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.	100%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	82%

Reference No.	Standard	Score
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non-value adding activities and wastages	83%
Standard G6.	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	79%
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	100%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	100%
Standard G10.	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	50%
Standard H1.	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	100%
Standard H2.	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	67%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	88%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	75%

Department: Maternity OT

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	Criteria met Overall score - 83%
II.	Score of each Area of Concern shall be $\geq 70\%$	Criteria met
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	Criteria met Standard B3 - 90% Standard E18 - 89.5% Standard E19 - 83%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	Criteria met PSS - 3.9

2. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	89%
B	Patient Rights	86%
C	Inputs	85%
D	Support Services	77%
E	Clinical Services	82%
F	Infection Control	86%
G	Quality Management	82%
H	Outcome	88%

3. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	83.3%
Standard A2	Facility provides RMNCHA Services	100%
Standard A3.	Facility Provides diagnostic Services	50%
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	50%
Standard B2.	Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barriers on account of physical economic, cultural or social reasons.	100%
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.	100%
Standard B5.	Facility ensures that there are no financial barriers to access and that there is financial protection given from cost of care.	100%
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	93.3%
Standard C2.	The facility ensures the physical safety of the infrastructure.	70%
Standard C3.	The facility has established Programme for fire safety and other disaster	83.3%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	90%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	90.9%
Standard C6.	The facility has equipment & instruments required for assured list of services.	80.8%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	75%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	90%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	72.2%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	62.5%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	68.8%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	100%

Reference No.	Standard	Score
Standard D7.	The facility ensures clean linen to the patients	75%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	100%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	100%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	50%
Standard E4.	The facility has defined and established procedures for nursing care	66.7%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	75%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	66.7%
Standard E7.	Facility has defined procedures for safe drug administration	57.1%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	87.5%
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management	50%
Standard E12.	The facility has defined and established procedures of diagnostic services	75%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	90%
Standard E14	Facility has established procedures for Anaesthetic Services	87.5%
Standard E15	Facility has defined and established procedures of Surgical Services	83.3%
Standard E16.	The facility has defined and established procedures for end of life care and death	100%
Standard E18	Facility has established procedures for Intranatal care as per guidelines	89.3%
Standard E19	Facility has established procedures for postnatal care as per guidelines	83.3%
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 antisepsis	91.7%
Standard F3.	Facility ensures standard practices and materials for Personal protection	93.8%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	83.3%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	75%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	88.9%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	50%

Reference No.	Standard	Score
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	87.5%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	83.3%
Standard G6.	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	80%
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	75%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	100%
Standard G10.	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	50%
Standard H1.	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	100%
Standard H2.	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	75%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	90%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%

4. Areas of improvement

S. No	Recommended areas of improvement
1.	The complete information of the mother as per protocol should be noted in Delivery register.
2.	The JSY beneficiaries records should be maintained in LR so the JSY payments should be validated and made in time.
3.	No validation of sterilization through biological indicators.
4.	The positive pressure should be maintained in OT

