



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

विकास शील, भा.प्र.से.
Vikas Sheel, I.A.S.

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

D. O No. NHSRC/10-11/QI/01/PJB
Dated: 22 December 2021

Dear Colleague,

At the outset, I congratulate you and your state team for taking up of the below mentioned One (01) public health facility of Punjab for NQAS & LaQshya Certification. The facility underwent External Assessment by the empanelled external assessors. The assessment details are as follows:

S. No	Name of Facility	Date of Assessment	No. of Departments	Certification Criteria	Overall Score	Certification Status
1	District Hospital Nawashahr, Punjab	21 st - 23 rd October 2021	NQAS	Met all five criteria	86%	Quality Certified
			LR & MOT under LaQshya	LR: Met all criteria. MOT: Met four out of five criteria	LR: 93% MOT: 85%	LR: LaQshya Certified MOT: LaQshya Certified with Conditionality

Hence, District Hospital Nawashahr, is granted “Quality Certification” under NQAS Programme. Whereas the Labour Room of DH Nawashahr is granted ‘LaQshya Certification’ and Maternity Operation Theatre is granted “LaQshya Certification with Conditionality” under LaQshya programme.

Summary of the Assessment Reports of the aforementioned facilities are enclosed as Annexure-I, II & II.A, respectively.

Warm regards

Yours sincerely

(Vikas Sheel)

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2. State Quality Assurance Unit, Punjab Health Systems Corporation, Phase VI, Mohali (SAS Nagar), Punjab-160055
3. The Medical Superintendent, District Hospital Nawashahr, Punjab-160036



(Vikas Sheel)

Summary of External Assessment Report

Name of the facility: District Hospital Nawashahr, Punjab

Date of External Assessment: 21th- 23rdOctober 2021

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 (90%) Standard-B5 (89%) Standard-D10(93%)
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 – 4.22

1. Departmental Score

S.No.	Department	Score
1.	Accident and Emergency	87%
2.	OPD	92%
3.	IPD	91%
4.	Laboratory	85%
5.	Maternity Ward	81%
6.	Operation Theatre	82%
7.	Pediatric ward	76%
8.	PP Unit	82%
9.	Pharmacy	89%
10.	Radiology	90%
11.	Auxiliary Services	88%
12.	SNCU	84%
13.	General Administration	87%
14.	Mortuary	84%

2. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	91%
B	Patient Rights	89%
C	Inputs	82%
D	Support Services	82%
E	Clinical Services	89%
F	Infection Control	91%
G	Quality Management	81%
H	Outcome	94%

3. Score against each Standard

Reference No	Standard	Score
Standard A1.	Facility Provides Curative Services	92%
Standard A2	Facility provides RMNCHA Services	90%
Standard A3.	Facility Provides diagnostic Services	92%
Standard A4	Facility provides services as mandated in national Health Programs /state scheme	94%
Standard A5.	Facility provides support services	85%
Standard A6.	Health services provided at the facility are appropriate to community needs	94%
Standard B1.	Facility provides the information to care Seekers, attendants & community about the available services and their modalities.	86%
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.	89%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	93%
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.	94%
Standard B5.	Facility ensures that there is no financial barrier to access and that there is financial protection given from cost of care.	89%
Standard B6	Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities	81%
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.	77%
Standard C3.	The facility has established Program for fire safety and other disaster.	89%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	84%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	89%
Standard C6.	The facility has equipment & instruments required for assured list of services.	90%

Standard C7.	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	67%
Standard D1.	The facility has established Program for Inspection, testing and maintenance and calibration of Equipment.	63%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas.	84%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	86%
Standard D4.	The facility has established Program 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	95%
Standard D6	Dietary services are available as per service provision and nutritional requirement of the patients.	54%
Standard D7.	The facility ensures clean linen to the patients	89%
Standard D8	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	55%
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.	89%
Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations.	59%
Standard E1.	The facility has defined procedures for registration, consultation and Admission of patients.	90%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	94%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	91%
Standard E4.	The facility has defined and established procedures for nursing care	94%

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.	78%
Standard E7.	Facility has defined procedures for safe drug administration	84%
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.	85%
Standard E10.	The facility has defined and established procedures for intensive care.	100%
Standard E11.	The facility has defined and established procedures for Emergency Services and Disaster Management	71%
Standard E12.	The facility has defined and established procedures of diagnostic Services	88%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	96%
Standard E14.	Facility has established procedures for Anaesthetic Services	91%
Standard E15.	Facility has defined and established procedures of Surgical Services	78%
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	94%
Standard E18.	Facility has established procedures for Intra natal care as per guidelines	89%
Standard E19.	Facility has established procedures for postnatal care as per guidelines	93%
Standard E20	The facility has established procedures for care of newborn, infant and child as per guidelines.	85%
Standard E21	Facility has established procedures for abortion and family planning	96%

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	99%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	89%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and anti-sepsis	90%
Standard F3.	Facility ensures standard practices and materials for Personal protection.	95%
Standard F4.	Facility has standard Procedures for processing of equipment and instruments.	90%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	89%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	95%
Standard G1	The facility has established organizational framework for quality improvement	83%
Standard G2	Facility has established system for patient and employee satisfaction	82%
Standard G3.	Facility has established internal and external quality assurance programs wherever it is critical to quality.	87%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	78%
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	86%
Standard G7.	The facility has defined and established Quality Policy & Quality Objectives	87%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	83%
Standard G9.	Facility has defined, approved and communicated Risk Management framework for existing and potential risks.	67%
Standard G10.	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	65%

Standard H1.	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	97%
Standard H2.	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	97%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	87%
Standard H4.	The facility measures Service Quality Indicators and endeavors to reach State/National benchmark.	95%

Summary of External Assessment Report of

Name of Facility: District Hospital Nawashahr, Punjab

Department: Labour Room

Overall Score of Labour Room: 93%

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the department shall be $\geq 70\%$	Criteria met (Overall score 93%)
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(100%) Standard- E18(90.5%) Standard- E19 (93.75%)
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Client satisfaction of the department shall be more than $\geq 70\%$	Criteria met

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	100%
B	Patient Rights	98%
C	Inputs	93%
D	Support Services	92%
E	Clinical Services	94%
F	Infection Control	88%
G	Quality Management	86%
H	Outcome	100%

3. 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	100%
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities	87.5%
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.	100%
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.	100%
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	100%
Standard B5	The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.	100%
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	92.85%
Standard C2	The facility ensures the physical safety of the infrastructure.	83.33%
Standard C3	The facility has established Programme for fire safety and other disaster	100%
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	80%
Standard C5	The facility provides drugs and consumables required for assured services.	87.5%

Standard C6	The facility has equipment & instruments required for assured list of services.	100%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	92.85%
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	100%
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	78.5%
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%
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.	87.5%
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	95%
Standard E4	The facility has defined and established procedures for nursing care	100%
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.	100%
Standard E7	The facility has defined procedures for safe drug administration	100%
Standard E8	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	100%
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	The facility has established procedures for Intranatal care as per guidelines	90.5%
Standard E19	The facility has established procedures for postnatal care as per guidelines	93.75%
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection	83.33%
Standard F2	The facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis	85.71%
Standard F3	The facility ensures standard practices and materials for Personal protection	87.5%
Standard F4	The facility has standard procedures for processing of equipment and instruments	66.66%
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	100%
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	100%
Standard G1	The facility has established organizational framework for quality improvement	100%

Standard G2	The facility has established system for patient and employees satisfaction	50%
Standard G3	The facility have established internal and external quality assurance Programmes wherever it is critical to quality.	75%
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	89.28%
Standard G5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	66.66%
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	92.85%
Standard G7	The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve Them	100%
Standard G8	The 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	100%
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	100%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National Benchmark	100%
Standard H4	The facility measures Service Quality Indicators and endeavor to reach State/National benchmark	100%

Summary of External Assessment Report
Name of Facility: District Hospital Nawashahr, Punjab

Department: Maternity Operation Theatre

Overall Score of Maternity Operation Theatre: 85%

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the department shall be $\geq 70\%$	Criteria met. (Overall Score – 85%)
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 not met. Standard B3 (100%) Standard E18 (87.5%) Standard E19 (66.7%)
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient satisfaction of the department shall be more than $\geq 70\%$	Criteria met

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	83%
B	Patient Rights	91%
C	Inputs	85%
D	Support Services	86%
E	Clinical Services	83%
F	Infection Control	84%
G	Quality Management	79%
H	Outcome	100%

3. Score against each Standard:

Reference No.	Standard	Score
Standard A1	Facility Provides Curative Services	66.7%
Standard A2	Facility provides RMNCHA Services	90%
Standard A3	Facility Provides Diagnostic Services	100%
Standard B1	Facility provides the information to care seekers, attendants&communityabouttheavailable services and theirmodalities	50%
Standard B2	Services are delivered in a manner that is sensitivetogender,religiousandculturalneeds, andtherearenobarrieronaccountofphysical, economic, cultural or socialreasons.	100%
Standard B3	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	100%
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 barrier to access and that there is financial protection given from cost of care.	100%
Standard C1	The facility has infrastructure for delivery of assuredservices,andavailableinfrastructure meets the prevalentnorms	93.3%
Standard C2	The facility ensures the physical safety of the infrastructure.	70%
Standard C3	ThefacilityhasestablishedProgrammeforfire safety and otherdisaster	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.	86.4%
Standard C6	The facility has equipment & instruments required for assured list of services.	92.3%

Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of Staff	58.3%
Standard D1	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	60%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	100%
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	100%
Standard D4	The facility has established Programme for maintenance and upkeep of the facility	81.3%
Standard D5	The facility ensures 24X7 water and power, backup as per requirement of service delivery, and support services norms	87.5%
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	100%
Standard E4	The facility has defined and established procedures for nursing care	83.3%
Standard E5	Facility has a procedure to identify high risk and vulnerable patients.	50%
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	85.7%

Standard E8	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	75%
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	95.8%
Standard E15	Facility has defined and established procedures of Surgical Services	81%
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	87.5%
Standard E19	Facility has established procedures for postnatal care as per guidelines	66.7%
Standard F1	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	70%
Standard F2	Facility has defined and implemented procedures for ensuring hand hygiene practices and Antisepsis	87.5%
Standard F3	Facility ensures standard practices and materials for Personal protection	93.8%
Standard F4	Facility has standard Procedures for processing of equipment's and instruments	76.7%
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	87.5%
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.	75%
Standard G4	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	75%
Standard G 5	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	100%
Standard G7	The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them	83.3%
Standard G8	Facility seeks continually improvement by practicing Quality method and tools.	75%
Standard G10	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	100%
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	100%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%
Standard H4	The facility measures Service Quality Indicators and endeavour to reach State/National Benchmark	100%

