



सत्यमेव जयते



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

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विशाल चौहान, भा.प्र.से.  
संयुक्त सचिव

VISHAL CHAUHAN, IAS  
Joint Secretary

NHSRC/CU/23-24/PB  
18<sup>th</sup> 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 & LaQshya program. The facility underwent External Assessment by the empanelled NQAS external assessors. The assessment detail is as follows:

S. No	Name of Facility	D.O Letter and date of certification	Date of Reassessment	Departments	Certification Criteria	Overall Score	Certification Status
a).	District Hospital Pathankot	NHSRC/10-11/QI/01/PJB & 21.10.2021	12 <sup>th</sup> -14 <sup>th</sup> June 2023	15 departments (Accident & Emergency, OPD, Maternity Ward, IPD, Pediatric Ward, SNCU, OT, PPU, Blood Bank, Laboratory, Radiology, Pharmacy, Auxiliary Ser, Mortuary & Gen Admin) (NQAS)	Met all Criteria	85%	Quality Certified
				Labour Room & Maternity OT (LaQshya)	LR: Met all Criteria MOT: Met all Criteria	LR: 90% MOT: 91%	LR: Quality Certified MOT: Quality Certified

Hence, mentioned departments of District Hospital Pathankot in the state of Punjab are **recertified** and granted "Quality Certification" under NQAS program.

Hence, **Labour Room** and **Maternity OT** of District Hospital Pathankot in the state of Punjab are **recertified** and granted "Quality Certification" under 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.

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

With regards

Yours Sincerely,

  
(Vishal Chauhan)



**Sh. Vivek Pratap Singh**

Principal Secretary (H&FW), Department of H&FW,  
Government of Punjab, Room No. 314 3<sup>rd</sup> 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 Pathankot, Punjab.



**Summary of External Assessment Report**

Name of the facility: District Hospital Pathankot, Punjab

Date of External Assessment : 12<sup>th</sup> -14<sup>th</sup> June 2023

Overall Score of Health facility : 85 %

**1. Compliance to certification criteria:**

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	<b>Criteria met</b> (Overall score 85 %)
II.	Score of each department of the health facility is $\geq 70\%$	<b>Criteria met</b>
III.	Aggregated score in each Area of Concern is $\geq 70\%$	<b>Criteria met</b>
IV.	Score of Standard A2, B5 and D10 is $\geq 70\%$	<b>Criteria met -</b> Standard A2 - 90% Standard B5 - 82% Standard D10 - 95%
V.	Individual Standard wise score is $\geq 50\%$	<b>Criteria met</b>
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.	<b>Criteria met</b> PSS Score - 4.4

**2. Area of Concern Wise Score**

S. No.	Area of Concern	Score
A	Service Provision	88%
B	Patient Rights	85%
C	Inputs	84%
D	Support Services	84%
E	Clinical Services	84%
F	Infection Control	85%
G	Quality Management	82%
H	Outcome	89%

### 3. Departmental Score

S.No.	Department	Score
1.	Accident and Emergency	84%
2.	OPD	80%
3.	Maternity Ward	84%
4.	IPD	73%
5.	Paediatric Ward	78%
6.	SNCU	80%
7.	OT	92%
8.	PP Unit	94%
9.	Blood Bank	94%
10.	Lab	88%
11.	Radiology	78%
12.	Pharmacy	83%
13.	Auxiliary	82%
14.	Mortuary	78%
15.	General Admin	91%

### 4. 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	87%
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme	83%
Standard A5.	Facility provides support services	88%
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	86%
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.	83%
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.	84%
Standard B5.	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.	82%
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.	88%
Standard C3.	The facility has established Programme for fire safety and other disaster	87%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	80%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	94%
Standard C6.	The facility has equipment & instruments required for assured list of services.	91%
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, 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.	78%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	86%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	90%
Standard D6.	Dietary services are available as per service provision and nutritional requirement of the patients.	78%
Standard D7.	The facility ensures clean linen to the patients	87%
Standard D8.	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	80%
Standard D9.	Hospital has defined and established procedures for Financial Management	81%
Standard D10.	Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	95%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	88%
Standard D12.	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	91%
Standard E1.	The facility has defined procedures for registration, consultation and admission of patients.	87%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	81%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	71%
Standard E4.	The facility has defined and established procedures for nursing care	77%
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	75%

Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	89%
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	72%
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.	90%
Standard E14	Facility has established procedures for Anaesthetic Services	100%
Standard E15.	Facility has defined and established procedures of Surgical Services	100%
Standard E16.	The facility has defined and established procedures for end of life care and death	89%
Standard E17	Facility has established procedures for Antenatal care as per guidelines	87%
Standard E18	Facility has established procedures for Intranatal care as per guidelines	100%
Standard E19	Facility has established procedures for postnatal care as per guidelines	95%
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines	84%
Standard E21	Facility has established procedures for abortion and family planning as per government guidelines and law	100%
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	92%
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	83%
Standard F3.	Facility ensures standard practices and materials for Personal protection	93%
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	86%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	83%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G2	Facility has established system for patient and employee satisfaction	95%
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.	81%



Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	72%
Standard G6.	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	83%
Standard G7.	The facility has defined and established Quality Policy & Quality Objectives	90%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	71%
Standard H1 .	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	95%
Standard H2 .	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	86%
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	89%

#### 5. Areas of improvement

S. No	Recommended areas of improvement
1.	IPC practices to be improve in all departments.
2.	Strengthened trainings according to TNA.
3.	Fire exist plan required to replan again there is no proper signage and exit

## Assessment Report

Name of the Facility : District Hospital Pathankot, Punjab  
 Date of Assessment : 12<sup>th</sup> -14<sup>th</sup> June 2023  
 Department : Labour Room

## 1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	<b>Criteria met</b> Overall score - 90%
II.	Score of each Area of Concern shall be $\geq 70\%$	<b>Criteria met</b>
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	<b>Criteria met</b> Standard B3 - 94% Standard E18 - 96% Standard E19 - 94%
IV.	Individual Standard wise score is $\geq 50\%$	<b>Criteria met</b>
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	<b>Criteria met</b> PSS - 4.3

## 2. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	95%
B	Patient Rights	88%
C	Inputs	90%
D	Support Services	84%
E	Clinical Services	92%
F	Infection Control	91%
G	Quality Management	87%
H	Outcome	98%

## 3. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	100%
Standard A2	Facility provides RMNCHA Services	94.4%
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	75%

Reference No.	Standard	Score
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.	87.5%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	94.4%
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.	75%
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	89.2%
Standard C2.	The facility ensures the physical safety of the infrastructure.	83.3%
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	80%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	93.75%
Standard C6.	The facility has equipment & instruments required for assured list of services.	96.4%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	85.7%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	75%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	87.5%
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.	83.3%
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.	Facility has defined and established procedures for continuity of care of patient and referral	90%
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.	100%

Reference No.	Standard	Score
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	92.8%
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	95.9%
Standard E19	Facility has established procedures for postnatal care as per guidelines	93.75%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	83.3%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	85.7%
Standard F3.	Facility ensures standard practices and materials for Personal protection	93.75%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	91.6%
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.	93.7%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G2	Facility has established system for patient and employee satisfaction	83.3%
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.	89.2%
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	85.7%
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.	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	95.8%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	100%

## Department: Maternity OT

## 1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	<b>Criteria met</b> Overall score - 91%
II.	Score of each Area of Concern shall be $\geq 70\%$	<b>Criteria met</b>
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	<b>Criteria met</b> Standard B3 - 100% Standard E18 - 100% Standard E19 - 100%
IV.	Individual Standard wise score is $\geq 50\%$	<b>Criteria met</b>
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	<b>Criteria met</b> PSS - 4.4

## 2. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	94%
B	Patient Rights	100%
C	Inputs	86%
D	Support Services	84%
E	Clinical Services	96%
F	Infection Control	86%
G	Quality Management	95%
H	Outcome	92%

## 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	100%
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	100%
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.	100%

Reference No.	Standard	Score
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	90%
Standard C2.	The facility ensures the physical safety of the infrastructure.	100%
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	70%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	95.5%
Standard C6.	The facility has equipment & instruments required for assured list of services.	76.9%
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.	70%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	88.9%
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	75%
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	87.5%
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	100%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	100%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	100%
Standard E7.	Facility has defined procedures for safe drug administration	92.9%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	100%
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management	100%

Reference No.	Standard	Score
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.	90%
Standard E14	Facility has established procedures for Anaesthetic Services	100%
Standard E15	Facility has defined and established procedures of Surgical Services	90.5%
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	100%
Standard E19	Facility has established procedures for postnatal care as per guidelines	100%
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 antiseptis	95.8%
Standard F3.	Facility ensures standard practices and materials for Personal protection	100%
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	78.6%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	83.3%
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.	100%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	100%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	100%
Standard G6.	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	90%
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.	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	87.5%
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.	Infection control practices should be improved.
2.	Bio medical waste guidelines should be followed.