



विकास शील
संयुक्त सचिव
VIKAS SHEEL
Joint Secretary



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
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NHSRC/10-11/QI/01/PJB
12 February 2020

Dear Sir,

At the outset, I congratulate you and your State team for taking up of the below mentioned two (02) public health facilities of Punjab for National Quality Assurance Certification (NQAS) and LaQshya. The facilities underwent assessment by a two-member team of empanelled external assessors. The assessment details are as follows:

S. No	Name of Facility	Date of Assessment	Type of assessment	Certification Criteria	Overall Score	Certification Status
1	Shaheed Bhai mani Singh District Hospital Bathinda, Punjab	23 rd January 2020	LaQshya	Met four out of five criteria	LR: 83%	LaQshya Certified with Conditionality
2	Primary Health Centre Ballauana, Bathinda, Punjab	24 th to 25 th January 2020	NQAS	Met all five criteria	86.1%	Quality Certified

Summary of the Assessment Reports of the aforementioned facilities are enclosed as Annexure.

Encl: as above

warm regards

Yours sincerely,


(Vikas Sheel)

Mr Anurag Agarwal,
Principal Secretary,
Department of Health and Family Welfare,
Room no- 219, 2nd Floor, Mini Secretariat,
Sector-9 Chandigarh, Punjab

Copy to:

1. MD-PHSC cum Mission Director- NHM, Pb Prayas Building, Sector-38, Chandigarh, Punjab - 160036.
2. Director Health Services, Pb. Parivar Kalyan Bhawan, Sector- 34, Chandigarh, Punjab.
3. State Quality Assurance Unit, Punjab Health Systems Corporation, Phase VI, Mohali (SAS Nagar), Punjab.
4. Medical Superintendent, Shaheed Bhai mani Singh District Hospital Bathinda, Punjab
5. Medical Officer, Primary Health Centre Ballauana, Bathinda, Punjab



(Vikas Sheel)

D.O No: NHSRC/10-11/QI/01/PJB
11 February 2020

Subject: - National Certification of two (02) public health facilities of Punjab

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Yours Sincerely,

(Vandana Gurnani)

Mr Anurag Agarwal,
Principal Secretary, GoP,
Department of Health and Family Welfare,
Room no- 219, 2nd Floor, Mini Secretariat,
Sector-9 Chandigarh, Punjab

Copy to:

1. MD-PHSC cum Mission Director- NHM, Pb Prayas Building Sector -38, Chandigarh, Punjab - 160036.
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4. Medical Superintendent, Shaheed Bhai mani Singh District Hospital Bathinda, Punjab
5. Medical Officer, Primary Health Centre Ballauana, Bathinda, Punjab

(Vandana Gurnani)

Assessment Report
Shaheed Bhai mani Singh District Hospital Bathinda, Punjab

Date of Assessment: 23rd January 2020

Department: Labour Room

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall 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 (89%) Standard- E18 (95%) Standard- E19 (71%)
IV.	Individual Standard wise score is $\geq 50\%$	Criteria not met Standard B4 (25%) Standard D7 (25%)
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	78%
C	Inputs	77%
D	Support Services	76%
E	Clinical Services	88%
F	Infection Control	80%
G	Quality Management	80%
H	Outcome	98%

3. Score against each Standard:

Reference No	Standard	Score
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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	63%
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there is no barrier on account of physical, economic, cultural or social reasons.	88%
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.	89%
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	25%
Standard B5	The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of hospital services.	100%
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	68%
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	83%
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	60%
Standard C5	The facility provides drugs and consumables required for assured services.	100%
Standard C6	The facility has equipment & instruments required for assured list of services.	71%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	79%
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	69%

Reference No	Standard	Score
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	79%
Standard D5	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	75%
Standard D7	The facility ensures clean linen to the patients	25%
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.	75%
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	90%
Standard E5	The facility has a procedure to identify high risk and vulnerable patients.	75%
Standard E6	The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use	67%
Standard E7	The facility has defined procedures for safe drug administration	71%
Standard E8	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	86%
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	50%
Standard E16	The facility has defined and established procedures for end of life care and death	100%
Standard E18	The facility has established procedures for Intra natal care as per guidelines	95%
Standard E19	The facility has established procedures for postnatal care as per guidelines	71%
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection	50%

Reference No	Standard	Score
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	71%
Standard F3	The facility ensures availability of material for personal protection	88%
Standard F4	The facility has standard procedures for processing of equipment and instruments	100%
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	80%
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	75%
Standard G1	The facility has established organizational framework for Quality improvement	50%
Standard G2	The facility has established system for patient and employee satisfaction	67%
Standard G3	The facility has 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%
Standard G5	The 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	93%
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	50%
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	83%
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 endeavours to reach State/National benchmark	100%

**External Assessment Report
Primary Health Centre Ballauana, Bathinda, Punjab**

Date of Assessment: 24th to 25th January 2020

1. Overall Score of Health facility: 86.1%

2. Status on Criteria of Certification:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criteria met (Overall score 86.1%)
II.	Aggregated score in each Area of Concern is $\geq 60\%$	Criteria met
III.	Score of Standard A2, B4 and F6 is $\geq 60\%$	Criteria met Standards scores are as follows- Standard- A2 (86 %) Standard- B4 (94%) Standard- F6 (90%)
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction score of $\geq 60\%$ in the preceding quarter or more (Satisfied or Highly satisfied on Mera- Aspataal) or score of 3.0 on Likert Scale.	Criteria met

3. Departmental Score:

S.No.	Department	Score
1.	OPD	87.3%
2.	Laboratory	83.4%
3.	Labour Room	87.9%
4.	IPD	90.1%
5.	National Health Program	79.5%
6.	General Administration	84.4%

4. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	88.7%
B	Patient Rights	90.8%

C	Inputs	80.8%
D	Support Services	89.6%
E	Clinical Services	100.7%
F	Infection Control	92.0%
G	Quality Management	89.4%
H	Outcome	92.8%

5. Score against each Standard:

Reference No	Standard	Score
Standard A1	Facility provides primary level curative services	90%
Standard A2	The facility provides RMNCHA Services	86%
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.	90%
Standard A4	The facility provides services as mandated in the National Health Programmes /State scheme(s).	94%
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities	92%
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there is no barrier on account of physical, economic, cultural or social status.	81%
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.	96%
Standard B4	The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of hospital services.	94%
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	62%
Standard C2	The facility ensures the physical safety including fire safety of the infrastructure.	100%
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	77%
Standard C4	The facility provides drugs and consumables required for assured services.	93%
Standard C5	The facility has equipment & instruments required for assured list of services.	81%
Standard D1	The facility has an established Facility Management Program for Maintenance & Upkeep of Equipment & Infrastructure to provide safe & Secure environment to staff & Users	96%

Reference No	Standard	Score
Standard E12	The facility has established procedures for care of new born, infant and child as per guidelines	85%
Standard E13	The facility has established procedures for abortion and family planning as per government guidelines and law	88%
Standard E14	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines	100%
Standard E15	The facility provides National health Programme as per operational/Clinical Guidelines	92%
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection	63%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	100%
Standard F3	The facility ensures availability of material for personal protection, and facility staff follows standard precaution for personal protection.	91%
Standard F4	The facility has standard procedures for decontamination, disinfection & sterilization of equipment and instruments	90%
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	93%
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	90%
Standard G1	The facility has defined and established organizational framework & Quality policy for Quality Assurance	78%
Standard G2	The facility has established system for patient and employee satisfaction	56%
Standard G3	The facility has established system for assuring and improving quality of Clinical & support services by internal & external program.	57%
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	83%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	92%
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 endeavors to reach State/National benchmark	67%

Reference No	Standard	Score
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	94%
Standard D3	The facility ensures availability of diet, linen, water and power backup as per requirement of service delivery & support services norms	68%
Standard D4	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	92%
Standard D5	Hospital has defined and established procedures for Financial Management & monitoring of quality of outsourced services.	96%
Standard D6	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	75%
Standard D7	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	67%
Standard D8	Hospital has defined and established procedure for monitoring & reporting of National Health Program as per state specifications	94%
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	96%
Standard E2	The facility has procedures for continuity of care of patient.	70%
Standard E3	The facility has defined and established procedures for nursing care	95%
Standard E4	The facility has defined & follows procedure for drug administration, and standard treatment guidelines, as defined by the government	67%
Standard E5	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	89%
Standard E6	The facility has defined and established procedures for discharge of patient.	64%
Standard E7	The facility has defined and established procedures for Emergency Services and Disaster Management	65%
Standard E8	The facility has defined and established procedures for diagnostic services	90%
Standard E9	The facility has established procedures for Antenatal care as per guidelines	99%
Standard E10	The facility has established procedures for Intranatal care as per guidelines	95%
Standard E11	The facility has established procedures for postnatal care as per guidelines	91%