

विशाल चौहान, भा.प्र.से.
संयुक्त सचिव

VISHAL CHAUHAN, IAS
Joint Secretary



सत्यमेव जयते



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

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
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NHSRC/10-11/QI/01/PJB
26th May 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 and LaQshya program. The facility underwent External Assessment by the empanelled NQAS external assessors. The assessment details are as follows:

S. No	Name of Facility	D.O Letter and date of certification	Date of Assessment	Departments	Certification Criteria	Overall Score	Certification Status
a).	SDH Dasuya Hoshiyarpur	NHSRC/10-11/QI/01/PJ B-Vol-II 20 th Sep 2018	27 th -29 th April 2023	14 Departments (A&E, OPD, IPD Maternity Ward, Pediatric Ward, Operation Theater, PPU, Blood Bank, Laboratory Radiology, Pharmacy, Aux Ser, Mortuary and Gen Admn) (NQAS)	Met all Criteria	88 %	Quality Certified
				Labour room & Maternity OT (LaQshya)	Met 4 out of 5 Criteria	LR:95%	Quality Certified with conditionality*
		---	Met all Criteria	MOT: 85%	Quality Certified		

*Refer Appendix-B

Hence, above mentioned departments of SDH Dasuya Hoshiyarpur in the State of Punjab are recertified and granted "Quality Certification" under NQAS program & Maternity OT of SDH Dasuya Hoshiyarpur in the State of Punjab as mentioned above is granted 'Quality Certification' under LaQshya program

Whereas, **Labour Room** of SDH Dasuya Hoshiyarpur in the State of Punjab as mentioned above is granted 'Quality Certification with conditionality' under LaQshya program for a period of one (01) year from the date of issue of this letter.

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.

Contd...

Summary of the Assessment Report of the aforementioned facility is enclosed as **Appendix-A**.

With regards

Yours Sincerely,


(Vishal Chauhan)

Shri V.K. Meena

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

Copy to:

1. The Mission Director – NHM, Department of Health & Family Welfare, Government of Punjab, Room No. 1, 5th Floor, Prayas Building, Dakshin Marg, Sector 38-B, Chandigarh.
2. State Quality Assurance Unit, National health Mission, Punjab Health Systems Corporation, Phase VI, Mohali (SAS Nagar), Punjab.
3. Medical Superintendent, SDH Dasuya Hoshiyarpur Punjab.

Summary Report of External Assessment

Name of the facility: SDH Dasuya Hoshiyarpur, Punjab

Date of Assessment-27th -29th April 2023

1. Overall Score of Health facility-88%

2. Status on Criteria of Certification:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criterion met (Overall score-88%)
II.	Score of each department of the health facility $\geq 70\%$	Criterion met
III.	Segregated score in each Area of Concern is $\geq 70\%$	Criterion met
IV.	Score of Standard A2, B5 and Standard D8 is $\geq 60\%$	Criterion met Standard A2- 84 % Standard B5- 90% Standard D8- 60 %
V.	Individual Standard wise score is $\geq 50\%$	Criterion met
VI.	Patient Satisfaction Score of 65% in the preceding Quarter or more or Score of 3.2 on Likert Scale	Criterion met 4.06

3. Area of Concern Score

S. No.	Area of Concern	Score
A	Service Provision	82%
B	Patient Rights	92%
C	Inputs	86%
D	Support Services	88%
E	Clinical Services	88%
F	Infection Control	91%
G	Quality Management	90%
H	Outcome	92%

4. Departmental Score

S.No	Department	Score
1.	Accident & Emergency	93%
2.	OPD	89%
3.	Maternity Ward	88%
4.	IPD	90%
5.	Pediatric Ward	90%
6.	Operation Theater	82%
7.	Post Partum Unit	85%
8.	Blood Bank	89%
9.	Laboratory	88%
10.	Radiology	92%
11.	Pharmacy	88%
12.	Auxiliary Services	84%
13.	Mortuary	88%
14.	General Admin	91%

5. Score against each Standard

Standard A1.	Facility Provides Curative Services	88%
Standard A2	Facility provides RMNCHA Services	84%
Standard A3.	Facility Provides diagnostic Services	84%
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme	72%
Standard A5.	Facility provides support services	88%
Standard A6.	Health services provided at the facility are appropriate to community needs.	63%
Standard B1.	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 are no barrier on account of physical economic, cultural or social reasons.	92%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	96%
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.	86%

Standard B5.	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.	90%
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	91%
Standard C2.	The facility ensures the physical safety of the infrastructure.	91%
Standard C3.	The facility has established Programme for fire safety and other disaster	96%
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.	90%
Standard C6.	The facility has equipment & instruments required for assured list of services.	84%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	85%
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.	94%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	88%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	98%
Standard D6	Dietary services are available as per service provision and nutritional requirement of the patients.	65%
Standard D7.	The facility ensures clean linen to the patients	78%
Standard D8	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	60%
Standard D9	Hospital has defined and established procedures for Financial Management	100%
Standard D10.	Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	86%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	95%
Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	66%
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.	91%
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	82%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	84%
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	92%
Standard E7.	Facility has defined procedures for safe drug administration	86%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	92%

Standard E9.	The facility has defined and established procedures for discharge of patient.	92%
Standard E11.	The facility has defined and established procedures for Emergency Services and Disaster Management	89%
Standard E12.	The facility has defined and established procedures of diagnostic services	89%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	88%
Standard E14	Facility has established procedures for Anaesthetic Services	54%
Standard E15.	Facility has defined and established procedures of Surgical Services	84%
Standard E16.	The facility has defined and established procedures for end of life care and death	94%
Standard E17	Facility has established procedures for Antenatal care as per guidelines	98%
Standard E18	Facility has established procedures for Intranatal care as per guidelines	93%
Standard E19	Facility has established procedures for postnatal care as per guidelines	85%
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines	90%
Standard E21	Facility has established procedures for abortion and family planning as per government guidelines and law	87%
Standard E22	Facility provides Adolescent Reproductive and Sexual Health services as per guidelines	90%
Standard E23	Facility provides National health program as per operational/Clinical Guidelines	83%
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 antiseptics	97%
Standard F3.	Facility ensures standard practices and materials for Personal protection	96%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	80%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	82%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	97%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G2	Facility has established system for patient and employee satisfaction	96%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	85%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	94%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	96%
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	91%

Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	74%
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	81%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	95%
Standard H4.	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark	95%

1. Areas of improvement

S. No	Recommended areas of improvement
1.	Unique ID mechanism should be implemented for Patient registration
2.	Follow up for patients should be done.
3.	Informed consent for IUD should be taken
4.	Child health services are not adequate in management of meningitis, acute malnutrition.

Name of the facility: SDH Dasuya Hoshiyarpur, Punjab

Date of Assessment- 27th -29th April 2023

Department: Labour Room

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the department shall be $\geq 70\%$	Criteria met (Overall Score- 86 %)
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 (94%) Standard E18 (91%) Standard E19 (62.5%)
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction Score of 70% in preceding Quarter or more or Score of 3.0 on Likert scale	Criteria met PSS- 4.1

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	100%
B	Patient Rights	93%
C	Inputs	82%
D	Support Services	77%
E	Clinical Services	83%
F	Infection Control	88%
G	Quality Management	94%
H	Outcome	98%

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	100%
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.	94%
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	75%
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	79%
Standard C2	The facility ensures the physical safety of the infrastructure.	83%
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	90%
Standard C5	The facility provides drugs and consumables required for assured services.	75%
Standard C6	The facility has equipment & instruments required for assured list of services.	89%
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.	63%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	63%
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	86%
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	50%
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.	100%
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	60%
Standard E4	The facility has defined and established procedures for nursing care	80%
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	86%
Standard E8	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	64%
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	100%
Standard E18	The facility has established procedures for Intranatal care as per guidelines	92%
Standard E19	The facility has established procedures for postnatal care as per guidelines	63%
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection	100%
Standard F2	The facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis	71%
Standard F3	The facility ensures standard practices and materials 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.	94%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G2	The facility has established system for patient and employee satisfaction	100%
Standard G3	The facility have established internal and external quality assurance Programmes wherever it is critical to quality.	100%
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	100%
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	75%

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 try to reach State/National Benchmark	96%
Standard H4	The facility measures Service Quality Indicators and endeavour to reach State/National benchmark	100%

Department: Maternity Operation Theatre

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 met Standard B3 (80%) Standard E18 (100%) Standard E19 (83.3%)
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction Score of 70% in preceding Quarter or more or Score of 3.0 on Likert scale	Criteria met PSS- 4.1

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	89%
B	Patient Rights	91%
C	Inputs	78%
D	Support Services	89%
E	Clinical Services	85%
F	Infection Control	83%
G	Quality Management	93%
H	Outcome	92%

3. Score against each Standard

Reference No.	Standard	Score
Standard A1	Facility Provides Curative Services	66.7%
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 is no barrier on account of physical, economic, cultural or social reasons.	100%
Standard B3	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	80%
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 assured services, and available infrastructure meets the prevalent norms	73.3%
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	60%
Standard C5	Facility provides drugs and consumables required for assured list of services.	100%
Standard C6	The facility has equipment & instruments required for assured list of services.	73.1%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of Staff.	83.3%
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	83.3%
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	87.5%
Standard D4	The facility has established Programme for maintenance and upkeep of the facility	87.5%
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	100%
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.	50%
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	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.	83.3%
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	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.	100%
Standard E14	Facility has established procedures for Anaesthetic Services	87.5%
Standard E15	Facility has defined and established procedures of Surgical Services	73.8%

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	83.3%
Standard F1	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	80%
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	100%
Standard F4	Facility has standard Procedures for processing of equipment's and instruments	70%
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	71.4%
Standard F6	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 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.	95.8%
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	80%
Standard G7	The facility has defined mission, values, Quality policy & objectives & prepared 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	100%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National Benchmarks	75%
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 endeavours to reach State/National Benchmark	66.7%

4. Areas of improvement

S. No	Recommended areas of improvement
1.	Training records should be maintained
2.	Disposal zone should be adequately demarcated

