



सत्यमेव जयते



आज़ादी का
अमृत महोत्सव

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/09-10/QI/01/PJB
25th March 2023

विशाल चौहान, भा.प्र.से.
संयुक्त सचिव
VISHAL CHAUHAN, IAS
Joint Secretary

Dear 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 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 Re-assessment	Departments	Certification Criteria	Overall Score	Certification Status
a).	SDH Mukerian Hoshiyarpur	NHSRC/09-10/QI/01/PJB dt. 16.09.2019	23 rd - 25 th Feb' 2023	A&E, OPD, IPD, Blood Bank, Labour Room, Paediatric Ward, Maternity Ward, OT, Radiology, PPU, Pharmacy Auxiliary, Lab, Mortuary & General Admin	Met all Criteria	77%	Quality Certified

Hence, SDH Mukerian (Hoshiyarpur) Punjab is **recertified** and granted "Quality Certification" under NQAS 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 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 -160036, Punjab
2. State Quality Assurance Unit, Punjab Health System Corporation, Phase VI, Mohali, Punjab.
3. Medical Superintendent, SDH Mukerian Hoshiyarpur, Punjab

External Assessment Report

Name of the facility : SDH Mukerian, Hoshiyarpur
Date of Assessment : 23rd - 25th February 2023
Overall Score of Health facility : 77%

1. Status on Criteria of Certification:

CriterionNo.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criteria met (Overall score - 77%)
II.	Score of each department of the health facility $\geq 70\%$	Criteria met
III.	Segregated 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 - 81% Standard B5 - 85% Standard D8 - 80%
V.	Individual Standard wise score is $\geq 50\%$	Criteria met
VI.	Patient Satisfaction Score of 65% in the preceding Quarter or more or Score of 3.2 on Likert Scale	Criteria met PSS - 4.02 (Likert Scale)

2. Area of Concern Score

S. No.	Area of Concern	Score
A	Service Provision	80%
B	Patient Rights	78%
C	Inputs	78%
D	Support Services	78%
E	Clinical Services	81%
F	Infection Control	81%
G	Quality Management	77%
H	Outcome	87%

3. Departmental Score

S. No	Department	Score
1.	Accident & Emergency	75%
2.	OPD	78%
3.	Labour Room	78%
4.	Maternity Ward	78%
5.	IPD	74%
6.	Paediatrics Ward	77%
7.	Operation Theatre	75%
8.	Post-Partum Unit	82%
9.	Blood Bank	78%
10.	Laboratory	76%
11.	Radiology	75%
12.	Pharmacy	75%
13.	Auxiliary Services	74%
14.	Mortuary	76%
15.	General Admin	77%

4. Score against each Standard

Reference No	Standard	Score
Standard A1	Facility Provides Curative Services	80%
Standard A2	Facility provides RMNCHA Services	81%
Standard A3	Facility Provides diagnostic Services	86%
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme	73%
Standard A5	Facility provides support services	92%
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	70%
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.	84%
Standard B3	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	87%
Standard B4	Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.	73%

Standard B5	Facility ensures that there is no financial barrier to access and that there is financial protection given from cost of care.	85%
Standard B6	Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities	69%
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.	80%
Standard C3	The facility has established Programme for fire safety and other disaster	73%
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.	85%
Standard C6	The facility has equipment & instruments required for assured list of services.	76%
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.	77%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	75%
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	83%
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	80%
Standard D6	Dietary services are available as per service provision and nutritional requirement of the patients.	80%
Standard D7	The facility ensures clean linen to the patients	82%
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	75%
Standard D10	Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	83%
Standard D11	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	83%
Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	75%
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	86%
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	85%
Standard E3	Facility has defined and established procedures for continuity of care of patient and referral	72%
Standard E4	The facility has defined and established procedures for nursing care	78%
Standard E5	Facility has a procedure to identify high risk and vulnerable patients.	74%
Standard E6	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	74%
Standard E7	Facility has defined procedures for safe drug administration	83%
Standard E8	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	80%

Standard E9	The facility has defined and established procedures for discharge of patient.	89%
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	74%
Standard E12	The facility has defined and established procedures of diagnostic services	79%
Standard E13	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	82%
Standard E14	Facility has established procedures for Anaesthetic Services	81%
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	79%
Standard E17	Facility has established procedures for Antenatal care as per guidelines	93%
Standard E18	Facility has established procedures for Intranatal care as per guidelines	84%
Standard E19	Facility has established procedures for postnatal care as per guidelines	88%
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines	89%
Standard E21	Facility has established procedures for abortion and family planning as per government guidelines and law	96%
Standard E22	Facility provides Adolescent Reproductive and Sexual Health services as per guidelines	93%
Standard E23	Facility provides National health program as per operational/Clinical Guidelines	59%
Standard F1	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	74%
Standard F2	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	82%
Standard F3	Facility ensures standard practices and materials for Personal protection	89%
Standard F4	Facility has standard Procedures for processing of equipment's and instruments	78%
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	76%
Standard F6	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	86%
Standard G1	The facility has established organizational framework for quality improvement	83%
Standard G2	Facility has established system for patient and employee satisfaction	68%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	73%
Standard G4	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	83%
Standard G5	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	73%
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	74%
Standard G7	The facility has defined and established Quality Policy & Quality Objectives	72%

Standard G8	Facility seeks continually improvement by practicing Quality method and tools.	70%
Standard G9	Facility has de defined, approved and communicated Risk Management framework for existing and potential risks.	58%
Standard G10	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	71%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	85%
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	88%
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 endeavours to reach State/National benchmark	89%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Regular Competency assessment to be done periodic interval.
2.	Causality services need to be strengthened
3.	IEC for free services need to be displayed
4.	Directional signages need to be improved

