



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

रोली सिंह, भा.प्र.से.
Roli Singh, I.A.S.

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

NHSRC/09-10/QI/01/PJB
14th March 2023

Dear Shri VK Meena ji,

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).	AP Jain Civil Hospital (SDH) Rajpura Patiala	NHSRC/09-10/QI/01/PJB dt 04.10.2017	23 rd – 25 th Jan' 2023	15 Departments (A&E, OPD, IPD, Blood Bank, Labour Room, Paediatric Ward, Maternity Ward, OT, Radiology, PPU, Pharmacy Auxiliary, Lab, Mortuary & General Admin)	Met all Criteria	84%	Quality Certified

Hence, fifteen (15) departments (A&E, OPD, IPD, Blood Bank, Labour Room, Paediatric Ward, Maternity Ward, OT, Radiology, PPU, Pharmacy Auxiliary, Lab, Mortuary & General Admin) of AP Jain Civil Hospital (SDH) Rajpura Patiala, Punjab are **recertified** and granted "**Quality Certification**" under NQAS Program.

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

With regards,

Yours Sincerely,
Roli Singh
(Roli Singh)

Sh. V K Meena, IAS

Principal Secretary, Health & Family Welfare,
Department of Health & Family Welfare,
Government of Punjab,
Room No. 219, 2nd 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, AP Jain Civil Hospital (SDH) Rajpura, Patiala, Punjab

स्वच्छ भारत - स्वस्थ भारत

Tele : 011-2306 3693, Telefax : 011-2306 3687, E-mail : asmd-mohfw@nic.in

External Assessment Report

Name of the facility : SDH Rajpura, Patiala
Date of Assessment : 23rd - 25th January 2023
Overall Score of Health facility : 84%

1. Status on Criteria of Certification:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criterion met (Overall score – 84%)
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 D10 is $\geq 70\%$	Criterion met Standard A2 – 81% Standard B5 – 92% Standard D8 – 100%
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	Criterion met PSS – 4.4 (Likert Scale)

2. Area of Concern Score

S. No.	Area of Concern	Score
A	Service Provision	76%
B	Patient Rights	87%
C	Inputs	81%
D	Support Services	85%
E	Clinical Services	86%
F	Infection Control	84%
G	Quality Management	82%
H	Outcome	92%

3. DepartmentalScore

S. No	Department	Score
1.	Accident & Emergency	78%
2.	OPD	85%
3.	Labour Room	81%
4.	Maternity Ward	75%
5.	IPD	79%
6.	Paediatrics Ward	81%
7.	Operation Theatre	83%
8.	Post-Partum Unit	91%
9.	Blood Bank	96%
10.	Laboratory	89%
11.	Radiology	85%
12.	Pharmacy	87%
13.	Auxiliary Services	82%
14.	Mortuary	88%
15.	General Admin	85%

4. Score against each Standard

Reference No	Standard	Score
Standard A1	Facility Provides Curative Services	84%
Standard A2	Facility provides RMNCHA Services	81%
Standard A3	Facility Provides diagnostic Services	75%
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme	55%
Standard A5	Facility provides support services	94%
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	84%
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.	83%
Standard B3	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	92%
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 is no financial barrier to access and that there is financial protection given from cost of care.	92%
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	78%
Standard C2	The facility ensures the physical safety of the infrastructure.	72%
Standard C3	The facility has established Programme for fire safety and other disaster	85%
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	76%
Standard C5	Facility provides drugs and consumables required for assured list of services.	93%
Standard C6	The facility has equipment & instruments required for assured list of services.	87%
Standard D1	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	83%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	87%
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	84%
Standard D4	The facility has established Programme for maintenance and upkeep of the facility	81%
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.	55%
Standard D7	The facility ensures clean linen to the patients	83%
Standard D8	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	100%
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	93%
Standard D11	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	97%
Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	67%
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	85%
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	86%
Standard E3	Facility has defined and established procedures for continuity of care of patient and referral	76%
Standard E4	The facility has defined and established procedures for nursing care	86%
Standard E5	Facility has a procedure to identify high risk and vulnerable patients.	94%
Standard E6	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	66%
Standard E7	Facility has defined procedures for safe drug administration	78%
Standard E8	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	81%
Standard E9	The facility has defined and established procedures for discharge of patient.	90%

Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management	67%
Standard E12	The facility has defined and established procedures of diagnostic services	80%
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	100%
Standard E15	Facility has defined and established procedures of Surgical Services	95%
Standard E16	The facility has defined and established procedures for end-of-life care and death	100%
Standard E17	Facility has established procedures for Antenatal care as per guidelines	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	94%
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines	81%
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	100%
Standard E23	Facility provides National health program as per operational/Clinical Guidelines	95%
Standard F1	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	72%
Standard F2	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptics	95%
Standard F3	Facility ensures standard practices and materials for Personal protection	90%
Standard F4	Facility has standard Procedures for processing of equipment's and instruments	83%
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	83%
Standard F6	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	81%
Standard G1	The facility has established organizational framework for quality improvement	82%
Standard G2	Facility has established system for patient and employee satisfaction	81%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	68%
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	60%
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	94%
Standard G7	The facility has defined and established Quality Policy & Quality Objectives	74%
Standard G8	Facility seeks continually improvement by practicing Quality method and tools.	56%
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	91%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	80%
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark	100%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	All the measuring equipment/ instruments (BP apparatus, thermometers etc) should be calibrated.
2.	Facility to establish procedures for regular monitoring of infection control practices.
3.	Two way referral system to be established.
4.	Family planning sterilization services to be provided.