



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

6<sup>th</sup> February 2023

*Dear Shri Meena,*

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	Date of assessment	Departments	Certification Criteria	Overall Score	Certification Status
a).	Sub District Hospital Samrala Ludhiana	15 <sup>th</sup> – 17 <sup>th</sup> Dec 2022	Accident & Emergency, OPD, IPD, Labour Room, Maternity Ward, OT, Radiology, PPU, Pharmacy Auxiliary, Lab & General Admin	Met all Criteria	81%	Quality Certified

Hence, Sub District Hospital Samrala, Ludhiana, Punjab is 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)

**Shri V.K. Meena, IAS**

Principal Secretary, Health & Family Welfare,

Department of Health & Family Welfare,

Government of Punjab,

Room No. 219, 2<sup>nd</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, 5<sup>th</sup> 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, Sub District Hospital Samrala, Ludhiana, Punjab

स्वच्छ भारत - स्वस्थ भारत

**External Assessment Report**

Name of the facility : SDH Samrala, Ludhiana, Punjab.

Date of Assessment : 15<sup>th</sup> - 17<sup>th</sup> December 2022

Overall Score of Health facility : 81%

**1. Status on Criteria of Certification:**

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	<b>Criterion met</b> (Overall score - 81%)
II.	Score of each department of the health facility $\geq 70\%$	<b>Criterion met</b>
III.	Segregated score in each Area of Concern is $\geq 70\%$	<b>Criterion met</b>
IV.	Score of Standard A2, B5 and D10 is $\geq 70\%$	<b>Criterion met</b> Standard A2 - 73% Standard B5 - 70% Standard D8 - 90%
V.	Individual Standard wise score is $\geq 50\%$	<b>Criterion met</b>
VI.	Patient Satisfaction Score of 65% in the preceding Quarter or more or Score of 3.2 on Likert Scale	<b>Criterion met</b> PSS - 3.98 (Likert Scale)

**2. Area of Concern Score**

S. No.	Area of Concern	Score
A	Service Provision	81%
B	Patient Rights	85%
C	Inputs	82%
D	Support Services	85%
E	Clinical Services	78%
F	Infection Control	88%
G	Quality Management	71%
H	Outcome	78%

**3. Departmental Score**

S. No	Department	Score
1.	Accident & Emergency	82%
2.	OPD	79%
3.	Labour Room	83%
4.	Maternity Ward	77%
5.	IPD	77%
6.	Operation Theatre	85%
7.	PP Unit	84%
9.	Laboratory	85%
8.	Radiology	82%
10.	Pharmacy	71%
11.	Auxiliary Services	78%
12.	General Admin	85%

#### 4. Score against each Standard

Reference No	Standard	Score
Standard A1	Facility Provides Curative Services	74%
Standard A2	Facility provides RMNCHA Services	73%
Standard A3	Facility Provides diagnostic Services	88%
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme	72%
Standard A5	Facility provides support services	79%
Standard A6	Health services provided at the facility are appropriate to community needs.	81%
Standard B1	Facility provides the information to care seekers, attendants & community about the available services and their modalities	80%
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.	89%
Standard B3	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	85%
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.	60%
Standard B5	Facility ensures that there is no financial barrier to access and that there is financial protection given from cost of care.	70%
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	72%

Standard C2	The facility ensures the physical safety of the infrastructure.	71%
Standard C3	The facility has established Programme for fire safety and other disaster	78%
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	72%
Standard C5	Facility provides drugs and consumables required for assured list of services.	84%
Standard C6	The facility has equipment & instruments required for assured list of services.	77%
Standard D1	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	72%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	68%
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	81%
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	84%
Standard D6	Dietary services are available as per service provision and nutritional requirement of the patients.	50%
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.	90%
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	90%
Standard D11	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	82%
Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	79%
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	80%
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	58%
Standard E3	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	59%
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.	53%
Standard E7	Facility has defined procedures for safe drug administration	66%
Standard E8	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	72%

Standard E9	The facility has defined and established procedures for discharge of patient.	67%
Standard E10	The facility has defined and established procedures for intensive care.	50%
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management	77%
Standard E12	The facility has defined and established procedures of diagnostic services	91%
Standard E13	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	52%
Standard E14	Facility has established procedures for Anaesthetic Services	93%
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	75%
Standard E17	Facility has established procedures for Antenatal care as per guidelines	79%
Standard E18	Facility has established procedures for Intranatal care as per guidelines	97%
Standard E19	Facility has established procedures for postnatal care as per guidelines	97%
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines	79%
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	77%
Standard E23	Facility provides National health program as per operational/Clinical Guidelines	84%
Standard F1	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	76%
Standard F2	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	84%
Standard F3	Facility ensures standard practices and materials for Personal protection	87%
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	78%
Standard F6	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	76%
Standard G1	The facility has established organizational framework for quality improvement	89%
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.	63%
Standard G4	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	68%
Standard G5	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	57%

Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	64%
Standard G7	The facility has defined and established Quality Policy & Quality Objectives	78%
Standard G8	Facility seeks continually improvement by practicing Quality method and tools.	52%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	79%
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	76%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	61%
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark	69%