



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)

D.O.No.NHSRC/09-10/QI/01/PJB  
Dated the 17th January 2023

*Dear Shri Sharma,*

At the outset, I congratulate you and your state team for taking up two (02) public health facilities of Punjab for Quality Certification under NQAS program. The facilities 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 Reassessment	Departments	Certificati on Criteria	Overa ll Score	Certific ation Status
a).	Urban Primary Health Centre Bara, Fatehgarh Sahib	NHSRC/09-10/QI/01/PJB dt 26.08.19	5 <sup>th</sup> - 6 <sup>th</sup> Nov' 2022	All Departments	Met all Criteria	89.10 %	Quality Certified
b)	Sub District Hospital Jagraon Ludhiana	NHSRC/09-10/QI/01/PJB dt 26.08.19	20 <sup>th</sup> - 22 <sup>nd</sup> Dec' 2022	Accident & Emergency, OPD, IPD, Blood Bank, Labour Room, Maternity Ward, OT, Radiology, Mortuary, PPU, Lab, Pharmacy, Auxiliary and General Admin	Met all Criteria	93%	Quality Certified

Hence, Urban Primary Health Centre Bara, Fatehgarh Sahib and Sub District Hospital Jagraon Ludhiana are **recertified** and granted "**Quality Certification**" under NQAS Program.

Summary of the Assessment Reports of the aforementioned facilities is enclosed as **Appendices A & B** respectively.

*with regards,*

Yours sincerely,

*Roli Singh*  
(Roli Singh)

**Shri Ajoy Sharma**  
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


स्वच्छ भारत - स्वस्थ भारत

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

:2:

**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 Officer, Urban Primary Health Centre Bara, Fatehgarh Sahib, Punjab
4. Medical Superintendent, Sub District Hospital Jagraon Ludhiana, Punja

  
(Roli Singh)

**External Assessment Report**

**Name of Facility** : **UPHC Bara Fatehgarh Sahib, Punjab**

**Date of Assessment** : **5<sup>th</sup>- 6<sup>th</sup> December 2022**

**Overall Score of Health facility** : **89.1%**

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

<b>Criterion No.</b>	<b>Certification Criteria</b>	<b>Status</b>
I	Aggregate score of the health facility is $\geq 70\%$	<b>Criteria met</b> Overall score – 89.1%
II	Segregated score in each Area of Concern is $\geq 60\%$	<b>Criteria met</b>
III	Score of Standard A2, B3 and Standard F4 is $\geq 60\%$	<b>Criteria met</b> Standard A2 – 92% Standard B3 – 100% Standard F4 – 89%
IV	Individual Standard wise score is $\geq 50\%$	<b>Criteria met</b>
V	Patient Satisfaction Score of 60% in preceding Quarter or more or Score of 3.0 on likert scale	<b>Criteria met</b> PSS – 3.8 (Likert Scale)

**2. Area of Concern Score**

<b>S. No.</b>	<b>Area of Concern</b>	<b>Score</b>
A	Service Provision	92.0%
B	Patient Rights	88.8%
C	Inputs	89.4%
D	Support Services	84.6%
E	Clinical Services	87.1%
F	Infection Control	92.6%
G	Quality Management	88.6%
H	Outcome	96.6%

### 3. Departmental Score

S. No.	Department	Score
1.	Dressing Room and Emergency	96.3%
2.	General Clinic	89.9%
3.	Maternity Health	89.8%
4.	New Born and Child Health	82.6%
5.	Immunization	79.1%
6.	Family Planning	84.5%
7.	Communicable Disease	85.2%
8.	Non-communicable Disease	93.2%
9.	Outreach	87.7%
10.	Pharmacy	80.4%
11.	Laboratory	96.6%
12.	General Administration	93.2%

### 4. Score Against Each Standard

Reference No	Standard	Score
Standard A1	Facility provides Promotive, preventive and Curative services	91%
Standard A2	The facility provides RMNCHA Services	92%
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.	94%
Standard A4	The facility provides services as mandated in National Health Programmes, state scheme and local requirement.	91%
Standard A5	The facility provides services as per local needs / State specific health programmes as per Guidelines	100%
Standard B1	The service provided at facility are accessible	88%
Standard B2	The service provided at facility are acceptable	89%
Standard B3	The service provided at facility are affordable	100%
Standard C1	The facility has adequate & Safe infrastructure for delivery of assured services and meets the prevalent norms	96%
Standard C2	The facility has adequate qualified and trained staff, required for providing the assured services to the current caseload	88%
Standard C3	The facility provides drugs and consumables required for assured services.	83%
Standard C4	The facility has equipment & instruments required for assured list of services.	89%
Standard D1	The facility has established facility management Programme for maintenance & upkeep of equipment & infrastructure to provide safe & secure environment to staff & users	95%

Standard D2	Facility has defined procedure for storage,Inventory Management &dispensing of drugs in pharmacy	73%
Standard D3	Facility has defined &established procedure for Community Participation for providing assured services	64%
Standard D4	Facility has defined procedure for Governance & work Management	81%
Standard D5	Facility has procedure for collecting & Reporting of the health facility related information	92%
Standard E1	The facility has defined procedures for Registration and consultation of patients.	60%
Standard E2	Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records	78%
Standard E3	Facility has defined & implemented procedures for Drug administration and standard treatment guideline as mandated by Government	93%
Standard E4	Facility has defined &establish procedure for Diagnostic Services	92%
Standard E5	The facility has established procedure for Maternal health care as per guideline	100%
Standard E6	Facility has established procedure for care of Newborn& Child as per guideline	95%
Standard E7	Facility has established procedure for Family Planning as per Govt guideline	92%
Standard E8	Facility provides Adolescent reproductive &sexual health services as per guideline	86%
Standard E9	Facility provides National Health Programmes as per operational/clinical guidelines of the Government	80%
Standard F1	Facility has defined &implemented procedure for ensuring Hand hygiene practices &asepsis	93%
Standard F2	Facility ensures availability of Personal Protective equipment & follows standard precautions.	100%
Standard F3	Facility has standard procedure for disinfection &sterilization of equipment &instrument	96%
Standard F4	Facility has defined &establish procedure for segregation, collection, treatment &disposal of Biomedical & hazardous waste	89%
Standard G1	Facility has established quality Assurance Program as per state/National guidelines	89%
Standard G2	Facility has established system for Patient's and employee's satisfaction	91%
Standard G3	Facility has established, documented &implemented standard operating procedure system for its all key processes.	88%
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators	100%
Standard H2	Facility endeavors to improve its performance to meet benchmarks	79%

**External Assessment Report**

Name of the facility : SDH Jagraon Ludhiana, Punjab

Date of Assessment : 20<sup>th</sup> – 22<sup>nd</sup> December 2022

Overall Score of Health facility : 93%

**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 – 93%)
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 – 94% Standard B5 – 94% Standard D10 – 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	94%
B	Patient Rights	96%
C	Inputs	92%
D	Support Services	93%
E	Clinical Services	95%
F	Infection Control	96%
G	Quality Management	80%
H	Outcome	94%

### 3. DepartmentalScore

S. No	Department	Score
1.	Accident & Emergency	88%
2.	OPD	97%
3.	Labour Room	97%
4.	Maternity Ward	93%
5.	IPD	91%
6.	Operation Theatre	92%
7.	Post Partum Unit	92%
8.	Blood Bank	92%
9.	Laboratory	90%
10.	Radiology	91%
11.	Pharmacy	94%
12.	Auxiliary Services	93%
13.	Mortuary	95%
14.	General Admin	93%

### 4. Score against each Standard

Reference No	Standard	Score
Standard A1	Facility Provides Curative Services	93%
Standard A2	Facility provides RMNCHA Services	94%
Standard A3	Facility Provides diagnostic Services	93%
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme	93%
Standard A5	Facility provides support services	100%
Standard A6	Health services provided at the facility are appropriate to community needs.	93%
Standard B1	Facility provides the information to care seekers, attendants & community about the available services and their modalities	98%
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.	94%
Standard B3	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	97%
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.	96%
Standard B5	Facility ensures that there is no financial barrier to access and that there is financial protection given from cost of care.	94%

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.	94%
Standard C3	The facility has established Programme for fire safety and other disaster	91%
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	89%
Standard C5	Facility provides drugs and consumables required for assured list of services.	96%
Standard C6	The facility has equipment & instruments required for assured list of services.	92%
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	92%
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	95%
Standard D4	The facility has established Programme for maintenance and upkeep of the facility	97%
Standard D5	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	99%
Standard D6	Dietary services are available as per service provision and nutritional requirement of the patients.	91%
Standard D7	The facility ensures clean linen to the patients	96%
Standard D8	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	65%
Standard D9	Hospital has defined and established procedures for Financial Management	88%
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.	94%
Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	93%
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.	98%
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	97%
Standard E3	Facility has defined and established procedures for continuity of care of patient and referral	99%
Standard E4	The facility has defined and established procedures for nursing care	88%
Standard E5	Facility has a procedure to identify high risk and vulnerable patients.	100%
Standard E6	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.	93%
Standard E7	Facility has defined procedures for safe drug administration	91%
Standard E8	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	91%
Standard E9	The facility has defined and established procedures for discharge of patient.	95%
Standard E10	The facility has defined and established procedures for intensive care.	81%
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management	96%



Standard E12	The facility has defined and established procedures of diagnostic services	99%
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	100%
Standard E15	Facility has defined and established procedures of Surgical Services	99%
Standard E16	The facility has defined and established procedures for end-of-life care and death	98%
Standard E17	Facility has established procedures for Antenatal care as per guidelines	99%
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	100%
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines	98%
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	97%
Standard E23	Facility provides National health program as per operational/Clinical Guidelines	94%
Standard F1	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	97%
Standard F2	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis	99%
Standard F3	Facility ensures standard practices and materials for Personal protection	92%
Standard F4	Facility has standard Procedures for processing of equipment's and instruments	93%
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	100%
Standard F6	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	93%
Standard G1	The facility has established organizational framework for quality improvement	87%
Standard G2	Facility has established system for patient and employee satisfaction	76%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	95%
Standard G4	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	50%
Standard G5	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	66%
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	89%
Standard G7	The facility has defined and established Quality Policy & Quality Objectives	55%
Standard G8	Facility seeks continually improvement by practicing Quality method and tools.	100%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	89%
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	93%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	91%

Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark	81%
-------------	---	-----