

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 four (04) public health facilities of Punjab for Quality Certification under NQAS program. The facilities underwent External Assessment by the empanelled NQAS external assessors under NQAS. The assessment details are as follows:

S. No	Name of Facility	Date of Assessment	Departments	Certification Criteria	Overall Score	Certification Status
a).	UPHC Basti Tankan Wali, Ferozpur	20 <sup>th</sup> – 21 <sup>st</sup> Feb' 2023	All 12 Thematic areas	Met all Criteria	81.6%	Quality Certified
b).	District Hospital Gurdaspur	20 <sup>th</sup> – 22 <sup>nd</sup> Feb' 2023	(A & E, OPD, IPD, Blood Bank, Maternity Ward, Paediatric Ward, SNCU, OT, PPU, Lab, Radiology, Auxiliary, Pharmacy, Mortuary General Admin) (NQAS)	Met 4 out of 6 Criteria	83%	Quality Certified with Conditionality*
			Labour room & Maternity OT (LaQshya)	LR: Met all Criteria MOT: Met 4 out of 5 Criteria	LR: 92% MOT: 90%	LR: Quality Certified MOT: Quality Certified with Conditionality@
c).	UPHC Bhai Dharam Singh Satellite Hospital, Amritsar	10 <sup>th</sup> – 11 <sup>th</sup> Mar' 2023	All 12 Thematic areas	Met all Criteria	78.6%	Quality Certified
d).	CHC Kalanaur Gurdaspur	13 <sup>th</sup> – 14 <sup>th</sup> Mar' 2023	(A&E, OPD, IPD, Labour Room, OT, Lab, Radiology, Pharmacy, Auxiliary & General Admin) (NQAS)	Met all Criteria	76.6%	Quality Certified

\*Refer Appendix-B

@Refer Annexure to Appendix-C

Hence, UPHC Basti Tankan Wali, Ferozpur, UPHC Bhai Dharam Singh Satellite Hospital, Amritsar, CHC Kalanaur Gurdaspur in the state of Punjab are granted "Quality Certification" under NQAS program & Labour room of District Hospital Gurdaspur in the state of Punjab is granted "Quality Certification" under LaQshya Program.

Whereas, Maternity OT of DH Gurdaspur in state of Punjab is granted "Quality Certification with Conditionality" under LaQshya program for a period of one(01) year from the date of issue of this letter.

Contd...



The certified health facilities 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 Reports of the aforementioned facilities is enclosed as **Appendices- A,B, C, D & E** respectively.

*with regards*

Yours Sincerely,

  
(Vishal Chauhan)

**Shri V.K. Meena**

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

**Copy to:**

1. Mission Director (NHM) Department of H&FW, 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, UPHC Bhai Dharam Singh Satellite Hospital, Amritsar, Punjab
4. Medical Superintendent, District Hospital Gurdaspur, Punjab
5. Medical Officer, Urban Primary Health Centre Basti Tankan Wali, Ferozpur, Punjab
6. The Medical Officer, Community Health Centre Kalanaur, Gurdaspur Punjab.



**External Assessment Report**

Name of Facility : UPHC Basti Tankan Wali

Date of Assessment : 20<sup>th</sup> – 21<sup>st</sup> February 2023

Overall Score of Health facility : 81.6%

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

Criterion No.	Certification Criteria	Status
I	Aggregate score of the health facility is $\geq 70\%$	<b>Criteria met</b> Overall score – 81.6%
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 B4 – 100% Standard F6 – 96%
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 – 74%

**2. Area of Concern Score**

S. No.	Area of Concern	Score
A	Service Provision	80.7%
B	Patient Rights	86.5%
C	Inputs	80.6%
D	Support Services	82.8%
E	Clinical Services	82.7%
F	Infection Control	93.6%
G	Quality Management	65.4%
H	Outcome	72.5%

### 3. Departmental Score

S. No.	Department	Score
1.	Dressing Room and Emergency	88.8%
2.	General Clinic	83%
3.	Maternity Health	90.7%
4.	New Born and Child Health	83.3%
5.	Immunization	91.1%
6.	Family Planning	61.2%
7.	Communicable Disease	76.2%
8.	Non-communicable Disease	68.1%
9.	Outreach	91.2%
10.	Pharmacy	83.5%
11.	Laboratory	77.2%
12.	General Administration	79.7%

### 4. Score Against Each Standard

Reference No	Standard	Score
Standard A1	Facility provides Promotive, preventive and Curative services	75%
Standard A2	The facility provides RMNCHA Services	92%
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.	59%
Standard A4	The facility provides services as mandated in National Health Programmes, state scheme and local requirement.	79%
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	74%
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	89%
Standard C2	The facility has adequate qualified and trained staff, required for providing the assured services to the current caseload	68%
Standard C3	The facility provides drugs and consumables required for assured services.	90%
Standard C4	The facility has equipment & instruments required for assured list of services.	72%
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	82%

Standard D3	Facility has defined & established procedure for Community Participation for providing assured services	79%
Standard D4	Facility has defined procedure for Governance & work Management	77%
Standard D5	Facility has procedure for collecting & Reporting of the health facility related information	68%
Standard E1	The facility has defined procedures for Registration and consultation of patients.	100%
Standard E2	Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records	80%
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	81%
Standard E5	The facility has established procedure for Maternal health care as per guideline	89%
Standard E6	Facility has established procedure for care of Newborn & Child as per guideline	93%
Standard E7	Facility has established procedure for Family Planning as per Govt guideline	66%
Standard E8	Facility provides Adolescent reproductive & sexual health services as per guideline	85%
Standard E9	Facility provides National Health Programmes as per operational/clinical guidelines of the Government	79%
Standard F1	Facility has defined & implemented procedure for ensuring Hand hygiene practices & asepsis	96%
Standard F2	Facility ensures availability of Personal Protective equipment & follows standard precautions.	95%
Standard F3	Facility has standard procedure for disinfection & sterilization of equipment & instrument	82%
Standard F4	Facility has defined & establish procedure for segregation, collection, treatment & disposal of Biomedical & hazardous waste	96%
Standard G1	Facility has established quality Assurance Program as per state/National guidelines	67%
Standard G2	Facility has established system for Patient's and employee's satisfaction	69%
Standard G3	Facility has established, documented & implemented standard operating procedure system for its all key processes.	63%
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators	74%
Standard H2	Facility endeavors to improve its performance to meet benchmarks	63%

## 5. Areas of Improvement

S. No	Recommended areas of improvement
1.	Infection Control Practices need to be strengthened
2.	Training on Quality methods and tools to be conducted for all the staff

**Summary of External Assessment Report**

**Name of the facility** : District Hospital Gurdaspur  
**Date of External Assessment** : 20<sup>th</sup> -22<sup>nd</sup> February 2023  
**Overall Score of Health facility** : 83%

**1. Compliance to certification criteria:**

<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 - 83%)
II.	Score of each department of the health facility is $\geq 70\%$	<b>Criteria not met</b> <b>Auxiliary - 67%</b>
III.	Aggregated score in each Area of Concern is $\geq 70\%$	<b>Criteria met</b>
IV.	Score of Standard A2, B5 and D10 is $\geq 70\%$	<b>Criteria met -</b> Standard A2 - 89% Standard B5 - 88% Standard D10 - 86%
V.	Individual Standard wise score is $\geq 50\%$	<b>Criteria not met</b> <b>Standard D8 - 35%</b>
VI.	Patient Satisfaction score of $\geq 70\%$ in the preceding quarter or more (Satisfied or Highly satisfied on Mera Aspataal) or score of 3.5 on LikertScale.	<b>Criteria met</b> PSS Score - 89%

**2. Area of Concern Wise Score**

<b>S. No.</b>	<b>Area of Concern</b>	<b>Score</b>
A	Service Provision	85%
B	Patient Rights	81%
C	Inputs	79%
D	Support Services	83%
E	Clinical Services	91%
F	Infection Control	91%
G	Quality Management	75%
H	Outcome	82%



### 3. Departmental Score

S.No.	Department	Score
1.	Accident and Emergency	85%
2.	OPD	84%
3.	Labour Room (LaQshya)	92%
4.	Maternity Ward	90%
5.	Paediatric Ward	84%
6.	SNCU	86%
7.	OT	83%
8.	Maternity OT (LaQshya)	90%
9.	PP Unit	77%
10.	IPD	80%
11.	Blood Bank	90%
12.	Lab	86%
13.	Radiology	88%
14.	Pharmacy	78%
<b>15.</b>	<b>Auxiliary</b>	<b>67%</b>
16.	Mortuary	92%
17.	General Admin	77%

### 4. Score against each Standard

Reference No	Standard	Score
Standard A1.	Facility Provides Curative Services	81%
Standard A2	Facility provides RMNCHA Services	89%
Standard A3.	Facility Provides diagnostic Services	82%
Standard A4	Facility provides services as mandated in national Health Programs /state scheme	80%
Standard A5.	Facility provides support services	84%
Standard A6.	Health services provided at the facility are appropriate to community needs	94%
Standard B1.	Facility provides the information to care Seekers, attendants & community about the available services and their modalities.	78%
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.	79%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	93%
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.	87%
Standard B5.	Facility ensures that there is no financial barrier to access and that there is financial protection given from cost of care.	88%
Standard B6	Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities	79%
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	69%

Standard C2.	The facility ensures the physical safety of the infrastructure.	84%
Standard C3.	The facility has established Program for fire safety and other disaster.	79%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	67%
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.	85%
Standard C7.	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	80%
Standard D1.	The facility has established Program for Inspection, testing and maintenance and calibration of Equipment.	88%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas.	76%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	78%
Standard D4.	The facility has established Program for maintenance and upkeep of the facility.	94%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	84%
StandardD6	Dietary services are available as per service provision and nutritional requirement of the patients.	57%
Standard D7.	The facility ensures clean linen to the patients	74%
<b>Standard D8</b>	<b>The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.</b>	<b>35%</b>
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	86%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating Procedures.	90%
Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations.	73%
Standard E1.	The facility has defined procedures for registration, consultation and Admission of patients.	94%
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	98%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	93%
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.	98%
Standard E6.	Facility follows standard treatment guidelines defined by state /Central government for prescribing the generic drugs & their Rational use.	86%

Standard E7.	Facility has defined procedures for safe drug administration	90%
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.	94%
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	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.	97%
Standard E14.	Facility has established procedures for Anaesthetic Services	97%
Standard E15	Facility has defined and established procedures of Surgical Services	92%
Standard E16.	The facility has defined and established procedures for end-of-life care and death	100%
StandardE17.	Facility has established procedures for Antenatal care as per guidelines	91%
StandardE18.	Facility has established procedures for Intra natal care as per guidelines	100%
StandardE19.	Facility has established procedures for postnatal care as per guidelines	100%
Standard E20	The facility has established procedures for care of newborn, infant and child as per guidelines.	94%
Standard E21	Facility has established procedures for abortion and family planning	100%
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	85%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	83%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and anti-sepsis	88%
Standard F3.	Facility ensures standard practices and materials for Personal protection.	98%
Standard F4.	Facility has standard Procedures for processing of equipment and instruments.	90%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	86%
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	98%
Standard G2	Facility has established system for patient and employee satisfaction	63%
Standard G3.	Facility has 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.	87%

Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non-value adding activities and wastages	61%
Standard G6.	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	67%
Standard G7.	The facility has defined and established Quality Policy & Quality Objectives	62%
Standard G8.	Facility seeks continually improvement by practicing Quality method and tools.	51%
Standard G9.	Facility has defined, approved and communicated Risk Management framework for existing and potential risks.	67%
Standard G10.	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	73%
Standard H1.	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	80%
Standard H2.	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	75%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	84%
Standard H4.	The facility measures Service Quality Indicators and endeavors to reach State/National benchmark.	76%

## Assessment Report

Department : Labour Room

### 1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of department shall be $\geq 70\%$	<b>Criteria met</b> Overall score - 92%
II.	Score of each Area of Concern shall be $\geq 70\%$	<b>Criteria met</b>
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	<b>Criteria met</b> Standard B3 - 100% Standard E18 - 100% Standard E19 - 100%
IV.	Individual Standard wise score is $\geq 50\%$	<b>Criteria met</b>
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	<b>Criteria met</b> PSS - 89%

### 2. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	100%
B	Patient Rights	93%
C	Inputs	85%
D	Support Services	89%
E	Clinical Services	99%
F	Infection Control	89%
G	Quality Management	94%
H	Outcome	75%

### 3. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	100%
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	75%
Standard B2.	Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barriers on account of physical economic, cultural or social reasons.	88%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	100%
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 barriers 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	68%
Standard C2.	The facility ensures the physical safety of the infrastructure.	100%
Standard C3.	The facility has established Programme for fire safety and other disaster	100%
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.	81%
Standard C6.	The facility has equipment & instruments required for assured list of services.	100%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	86%
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	100%
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.	80%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	100%
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	75%
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	100%

Reference No.	Standard	Score
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.	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	100%
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.	100%
Standard E7.	Facility has defined procedures for safe drug administration	85%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	100%
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	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 F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	100%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	71%
Standard F3.	Facility ensures standard practices and materials for Personal protection	100%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	100%
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.	75%
Standard G1	The facility has established organizational framework for quality improvement	100%
Standard G2	Facility has established system for patient and employee satisfaction	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.	86%
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	100%
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	100%

Reference No.	Standard	Score
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	50%
Standard H2.	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	67%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	83%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	75%



## Department: Maternity OT

## 1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of departments shall be $\geq 70\%$	<b>Criteria not met</b> Overall score – 90%
II.	Score of each Area of Concern shall be $\geq 70\%$	<b>Criteria met</b>
III.	Score of Standard B3, E18 and E19 is $\geq 70\%$	<b>Criteria met</b> Standard B3 – 100% Standard E18 – 100% Standard E19 – 100%
IV.	Individual Standard wise score is $\geq 50\%$	<b>Criteria not met</b> Standard D3 – 37.5%
V.	Patient Satisfaction of the department shall be more than $\geq 70\%$	<b>Criteria met</b> PSS – 89%

## 2. Area of Concern Wise Score

S. No.	Area of Concern	Score
A	Service Provision	94%
B	Patient Rights	95%
C	Inputs	74%
D	Support Services	84%
E	Clinical Services	97%
F	Infection Control	91%
G	Quality Management	97%
H	Outcome	96%

## 3. Score against each Standard

Reference No.	Standard	Score
Standard A1.	Facility Provides Curative Services	83.3%
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	75%
Standard B2.	Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barriers on account of physical economic, cultural or social reasons.	100%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	100%

Reference No.	Standard	Score
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 barriers 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	70%
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	66.7%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	70%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	63.3%
Standard C6.	The facility has equipment & instruments required for assured list of services.	88.5%
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.	100%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	77.8%
<b>Standard D3.</b>	<b>The facility provides safe, secure and comfortable environment to staff, patients and visitors.</b>	<b>37.5%</b>
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	93.8%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	87.5%
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.	100%
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	100%
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.	100%
Standard E7.	Facility has defined procedures for safe drug administration	100%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	100%
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management	100%

Reference No.	Standard	Score
Standard E12.	The facility has defined and established procedures of diagnostic services	50%
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	92.2%
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	100%
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	90%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptics	91.7%
Standard F3.	Facility ensures standard practices and materials for Personal protection	100%
Standard F4.	Facility has standard Procedures for processing of equipments and instruments	93.3%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	85.7%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	88.9%
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	90%
Standard G7.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	100%
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	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 tries to reach State/National benchmark	100%
Standard H4.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	50%

#### 4. Areas of Improvement

S. No	Recommended areas of improvement
1	Overcrowding to be managed
2	Security services to be improved
3	Male and female wards to be demarcated separately
4	Training of staff on Quality tools to be implemented
5.	Proper signage to be displayed

**Summary of External Assessment Report**

Name of Facility : UPHC Bhai Dharam Singh Satellite Hospital, Amritsar

Date of Assessment : 10<sup>th</sup> - 11<sup>th</sup> March 2023

Overall Score of Health facility : 78.6%

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

Criterion No.	Certification Criteria	Status
I	Aggregate score of the health facility is $\geq 70\%$	<b>Criteria met</b> Overall score - 78.6%
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 - 83% Standard B3 - 97% Standard F4 - 82%
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 - 90.1

**2. Area of Concern Score**

S. No.	Area of Concern	Score
A	Service Provision	70.9%
B	Patient Rights	88.5%
C	Inputs	80.2%
D	Support Services	79.9%
E	Clinical Services	77.1%
F	Infection Control	86.9%
G	Quality Management	78.5%
H	Outcome	60.0%

### 3. Departmental Score

S. No.	Department	Score
1.	Dressing Room and Emergency	74.0%
2.	General Clinic	74.0%
3.	Maternity Health	90.2%
4.	Newborn and Child Health	87.4%
5.	Immunization	92.4%
6.	Family Planning	76.5%
7.	Communicable Disease	59.1%
8.	Non-communicable Disease	74.1%
9.	Outreach	72.3%
10.	Pharmacy	82.6%
11.	Laboratory	72.8%
12.	General Administration	87.0%

### 4. Score Against Each Standard

Reference No	Standard	Score
Standard A1	Facility provides Promotive, preventive and Curative services	85%
Standard A2	The facility provides RMNCHA Services	83%
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.	72%
Standard A4	The facility provides services as mandated in National Health Programmes, state scheme and local requirement.	62%
Standard A5	The facility provides services as per local needs / State specific health programmes as per Guidelines	60%
Standard B1	The service provided at facility are accessible	90%
Standard B2	The service provided at facility are acceptable	79%
Standard B3	The service provided at facility are affordable	97%
Standard C1	The facility has adequate & Safe infrastructure for delivery of assured services and meets the prevalent norms	81%
Standard C2	The facility has adequate qualified and trained staff, required for providing the assured services to the current caseload	82%
Standard C3	The facility provides drugs and consumables required for assured services.	73%
Standard C4	The facility has equipment & instruments required for assured list of services.	88%
Standard D1	The facility has established facility management Programme for maintenance& upkeep of equipment & infrastructure to provide safe & secure environment to staff& users	82%
Standard D2	Facility has defined procedure for storage, Inventory Management & dispensing of drugs in pharmacy	82%
Standard D3	Facility has defined & established procedure for Community Participation for providing assured services	68%
Standard D4	Facility has defined procedure for Governance & work Management	88%

Standard D5	Facility has procedure for collecting & Reporting of the health facility related information	67%
Standard E1	The facility has defined procedures for Registration and consultation of patients.	80%
Standard E2	Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records	70%
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	75%
Standard E5	The facility has established procedure for Maternal health care as per guideline	95%
Standard E6	Facility has established procedure for care of Newborn & Child as per guideline	88%
Standard E7	Facility has established procedure for Family Planning as per Govt guideline	84%
Standard E8	Facility provides Adolescent reproductive & sexual health services as per guideline	75%
Standard E9	Facility provides National Health Programmes as per operational/clinical guidelines of the Government	66%
Standard F1	Facility has defined & implemented procedure for ensuring Hand hygiene practices & asepsis	90%
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	86%
Standard F4	Facility has defined & establish procedure for segregation, collection, treatment & disposal of Biomedical & hazardous waste	82%
Standard G1	Facility has established quality Assurance Program as per state/National guidelines	83%
Standard G2	Facility has established system for Patient's and employee's satisfaction	81%
Standard G3	Facility has established, documented & implemented standard operating procedure system for its all key processes.	73%
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators	58%
Standard H2	Facility endeavors to improve its performance to meet benchmarks	70%

## 5. Areas of Improvement

S. No	Recommended areas of improvement
1	Facility needs to improve BMW Management practices.
2	Periodical trainings need to be taken for the office staff on quality improvement methods & tools.
3	More Human Power need to be deputed in every department.
4.	Clinical Services need to be strengthened.

**External Assessment Report**

**Name of the facility** : CHC Kalanaur Gurdaspur Punjab.  
**Date of Assessment** : 13<sup>th</sup>-14<sup>th</sup> March 2023  
**Overall Score of Health facility** : 76.6%

**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 – 76.6%
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 D8 is $\geq 70\%$	<b>Criterion met</b> Standard A2 – 70% Standard B5 – 76% Standard D8 – 88%
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 – 3.6

**2. Area of Concern Score**

S. No.	Area of Concern	Score
A	Service Provision	76%
B	Patient Rights	81%
C	Inputs	74%
D	Support Services	78%
E	Clinical Services	75%
F	Infection Control	80%
G	Quality Management	76%
H	Outcome	77%



### 3. Departmental Score

S.No	Department	Score
1.	Emergency	75.5%
2.	OPD	75.2%
3.	Labour Room	74.5%
4.	IPD	76.5%
5.	Operation Theatre	79.9%
6.	Laboratory	73.7%
7.	Radiology	76.4%
8.	Pharmacy	72.3%
9.	Auxiliary	73.7%
10.	General Admin	82.1%

### 4. Score against each Standard

Reference No	Standard	Score
Standard A1	The facility provides Curative Services	73%
Standard A2	The facility provides RMNCHA Services.	70%
Standard A3	The facility Provides diagnostic Services	67%
Standard A4	The facility provides services as mandated in the National Health Programmes /State scheme(s).	72%
Standard A5	Facility provides support services and administrative services.	86%
Standard A6	Health services provided at the facility are appropriate to community needs.	86%
Standard B1	The facility provides information to care-seekers, attendants & community about available services, and their modalities	75%
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 status.	74%
Standard B3	The facility maintains privacy, confidentiality & dignity of patients, and has a system for guarding patient related information.	89%
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	80%
Standard B5	The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of	76%

	hospital services.	
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	71%
Standard C2	The facility ensures physical safety including fire safety of the infrastructure.	72%
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services at the current case load	72%
Standard C4	The facility provides drugs and consumables required for assured services.	74%
Standard C5	The facility has equipment & instruments required for assured list of services.	69%
Standard D1	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	56%
Standard D2	The facility has defined procedures for storage of drugs, inventory management and dispensing of drugs in pharmacy and patient care areas	63%
Standard D3	The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.	74%
Standard D4	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	91%
Standard D5	The facility ensures availability of Diet as per nutritional requirement and clean Linen to all admitted patients.	73%
Standard D6	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	100%
Standard D7	Hospital has defined and established procedures for Financial Management	94%
Standard D8	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	88%
Standard D9	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	91%
Standard D10	The 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.	79%
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.	55%
Standard E3	The facility has defined and established procedures for continuity of care of patient and referral	81%
Standard E4	The facility has defined and established procedures for nursing care	56%
Standard E5	The facility has a procedure to identify high risk and vulnerable	75%

	patients.	
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	72%
Standard E8	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	77%
Standard E9	The facility has defined and established procedures for discharge of patient.	65%
Standard E10	The facility has defined and established procedures for Emergency Services and Disaster Management	70%
Standard E11	The facility has defined and established procedures of diagnostic services	68%
Standard E12	The facility has defined and established procedures for Blood Storage Management and Transfusion.	58%
Standard E13	The facility has established procedures for Anaesthetic Services	95%
Standard E14	The facility has defined and established procedures of Operation theatre.	79%
Standard E15	The facility has defined and established procedures for end-of-life care and death	79%
Standard E16	The facility has established procedures for Antenatal care as per guidelines	78%
Standard E17	The facility has established procedures for Intranatal care as per guidelines	61%
Standard E18	The facility has established procedures for postnatal care as per guidelines	72%
Standard E19	The facility has established procedures for care of new born, infant and child as per guidelines	79%
Standard E20	The facility has established procedures for abortion and family planning as per government guidelines and law	81%
Standard E21	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines	57%
Standard E22	The facility provides services as per National Health Programmes' Operational/ Clinical Guidelines	69%
Standard F1	The facility has Infection Control Programme, and there are procedures in place for prevention and measurement of Hospital Associated Infections	74%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	77%
Standard F3	The facility ensures availability of material for personal protection, and facility staff follow standard precaution for personal protection.	88%

Standard F4	The facility has standard procedures for processing of equipment and instruments	68%
Standard F5	Physical layout and environmental control of the patient care areas ensure infection prevention	70%
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio-medical and hazardous Waste.	74%
Standard G1	The facility has established organizational framework for quality improvement	60%
Standard G2	The facility has established system for patient and employee satisfaction	72%
Standard G3	The facility has established internal and external quality assurance Programmes wherever it is critical to quality.	68%
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes.	83%
Standard G5	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit	70%
Standard G6	The facility has defined and established Quality Policy & Quality Objectives	64%
standard G7	The facility seeks continual improvement by practicing Quality tool and method.	50%
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	86%
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmarks	67%
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmarks	64%
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmarks	70%

### 5. Ares of Improvement

S. No	Recommended areas of improvement
1.	Condemnation process to be implemented
2.	Maintenance of Bio Medical Equipment's need to be initiated
3.	Training on quality tools & methods to be conducted for all staff



