

एल. एस. चांगसन, भा.प्र.से.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)

L. S. Changsan, IAS
Additional Secretary & Mission Director (NHM)



06th December, 2023

Dear Shri Singh,

At the outset, I congratulate you and your state team for taking up of Two (02) public health facilities of Punjab for Quality certification under NQAS. The facilities underwent External Assessment by the NQAS empanelled external assessors. The assessment details are as follows:

S. No	Name of Facility	Date of Assessment	No. of Departments	Certification Criteria	Overall Score	Certification Status
a.	HWC Bhadla (Ludhiana)	16 th Oct 2023	7 Service packages	Met all criteria	87%	Quality Certified
b.	HWC Gobindpura (Ludhiana)	17 th Oct 2023	7 Service packages	Met all criteria	83%	Quality Certified


2. Hence, above mentioned facilities in the State of Punjab are granted "Quality Certification" under NQAS program.

3. 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.

4. Summary of the Assessment Reports of the aforementioned facilities are enclosed as Annexures-A&B.

With regards,

Your's Sincerely,


(Ms. L. S. Changsan)

Shri Vivek Pratap Singh

Principal Secretary, Health & Family Welfare,
Department of Health & Family Welfare,
Government of Punjab, Room No. 219, 2nd Floor,
Mini Secretariat, Sector – 9, Chandigarh – 160009

8231949

एल. एस. चांगसन, भा.प्र.से.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)

L. S. Changsan, IAS
Additional Secretary & Mission Director (NHM)

06th December, 2023

At the outset, I congratulate you and your state team for taking up of Two (02) public health facilities of Punjab for Quality certification under NQAS. The facilities underwent External Assessment by the NQAS empanelled external assessors. The assessment details are as follows:

S. No	Name of Facility	Date of Assessment	No. of Departments	Certification Criteria	Overall Score	Certification Status
a.	HWC Bhadla (Ludhiana)	16 th Oct 2023	7 Service packages	Met all criteria	87%	Quality Certified
b.	HWC Gobindpura (Ludhiana)	17 th Oct 2023	7 Service packages	Met all criteria	83%	Quality Certified

2. Hence, above mentioned facilities in the State of Punjab are granted “**Quality Certification**” under NQAS program.

3. 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.

4. Summary of the Assessment Reports of the aforementioned facilities are enclosed as **Annexures-A&B**.

Your's Sincerely,
Sd./-

(Ms. L. S. Changsan)

Shri Vivek Pratap Singh

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.
2. State Quality Assurance Unit, National Health Mission, Punjab Health Systems Corporation, Phase VI, Mohali (SAS Nagar), Punjab.
3. The Community Health Officer, HWC Bhadla (Ludhiana) Punjab.
4. The Community Health Officer, HWC Gobindpura (Ludhiana) Punjab.

(Ms. L. S. Changsan)

8231949

Summary Report of External Assessment

Name of the facility: Health & Wellness Centre Bhadla (Ludhiana) Punjab.

Date of Assessment: 16th Oct 2023

Overall Score: 87%

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the department shall be $\geq 70\%$	Criteria met (Overall Score- 87%)
II.	Score for each service packages of facility (Minimum 7 packages) $\geq 70\%$	Criteria met
III.	Segregated Score of each area of concern shall be $\geq 60\%$	Criteria met
IV.	Score of Standard A1, D3, D4, D5 and G2 is $\geq 60\%$	Criteria met Standard A1 (90%) Standard D3 (100%) Standard D4 (77%) Standard D5 (91%) Standard G2 (67%)
V.	Individual Standard wise score is $\geq 50\%$	Criteria met
VI.	Patient/Client satisfaction Score $\geq 60\%$ or 3.0 on Likert Scale	Criteria met PSS- 4.55

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	89%
B	Patient Rights	96%
C	Inputs	78%
D	Support Services	91%
E	Clinical Services	87%
F	Infection Control	92%
G	Quality Management	81%
H	Outcome	74%

3. Theme Wise Score:

S. No.	Service Packages	Score
1	Care in pregnancy & Childbirth	90%
2	Neonatal & Infant Health Services	91%
3	Childhood & adolescent Health Services	89%

4	Family Planning	88%
5	Management of Communicable diseases	79%
6	Management of Non-Communicable Diseases	89%
7	Drugs & Diagnostics	78%

4. Score against each Standard:

Reference No.	Standard	Score
Standard A1	The facility provides Comprehensive Primary Healthcare Services	90%
Standard A2	The facility provides drugs and diagnostic services as mandated	88%
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	100%
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	83%
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	100%
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	100%
Standard B5	The facility ensures all services are provided free of cost to its users	100%
Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users	94%
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	86%
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	50%
Standard C4	The facility provides drugs and consumables required for assured services	75%
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	83%
Standard D1	The facility has established Programme for maintenance and upkeep of the facility	100%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	86%
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital	100%

	technology	
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	77%
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	91%
Standards D6	The facility is compliant with statutory and regulatory requirement	100%
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	100%
Standard E2	The facility has defined and established procedures for continuity of care through two-way referral	86%
Standard E3	The facility has defined and established procedures of diagnostic services.	100%
Standard E4	The facility has defined procedures for safe drug administration.	75%
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	78%
Standard E6	The facility has defined and established procedures for nursing care.	75%
Standard E7	The facility has defined and established procedures for Emergency care	80%
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	77%
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	93%
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	91%
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	85%
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	75%
Standard E16	The facility has established procedures for Antenatal care as per guidelines	90%
Standard E18	The facility has established procedure for postnatal Care	50%

Standard F1	The facility has established program for infection prevention and control	100%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	88%
Standard F3	The facility ensures standard practices and equipment for Personal protection	83%
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	75%
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	100%
Standard G1	The facility has established organizational framework for quality improvement.	86%
Standard G2	The facility has established system for patient and employee satisfaction	67%
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	79%
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	81%
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	83%
Standard H1	The facility measures Productivity Indicators	86%
Standard H2	The facility measures efficiency Indicators.	57%
Standard H3	The facility measures Clinical Care Indicators.	80%
Standard H4	The facility measures Service Quality Indicators	67%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Inventory management should be improved.
2.	High alert drug maximum dose value should be available with CHO
3.	National health program like NVBDCP, NLEP need to be strengthen

Summary Report of External Assessment

Name of the facility: Health & Wellness Centre Gobindpura (Ludhiana) Punjab.

Date of Assessment: 17th Oct 2023

Overall Score: 83%

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the department shall be $\geq 70\%$	Criteria met (Overall Score- 83%)
II.	Score for each service packages of facility (Minimum 7 packages) $\geq 70\%$	Criteria met
III.	Segregated Score of each area of concern shall be $\geq 60\%$	Criteria met
IV.	Score of Standard A1, D3, D4, D5 and G2 is $\geq 60\%$	Criteria met Standard A1 (85%) Standard D3 (97%) Standard D4 (77%) Standard D5 (89%) Standard G2 (83%)
V.	Individual Standard wise score is $\geq 50\%$	Criteria met
VI.	Patient/Client satisfaction Score $\geq 60\%$ or 3.0 on Likert Scale	Criteria met PSS- 4.35

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	86%
B	Patient Rights	87%
C	Inputs	77%
D	Support Services	90%
E	Clinical Services	81%
F	Infection Control	84%
G	Quality Management	78%
H	Outcome	70%

3. Theme Wise Score:

S. No.	Service Packages	Score
1	Care in pregnancy & Childbirth	81%
2	Neonatal & Infant Health Services	84%
3	Childhood & adolescent Health Services	71%

4	Family Planning	73%
5	Management of Communicable diseases	78%
6	Management of Non-Communicable Diseases	83%
7	Drugs & Diagnostics	80%

4. Score against each Standard:

Reference No.	Standard	Score
Standard A1	The facility provides Comprehensive Primary Healthcare Services	85%
Standard A2	The facility provides drugs and diagnostic services as mandated	88%
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	93%
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	78%
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	81%
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	100%
Standard B5	The facility ensures all services are provided free of cost to its users	80%
Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users	94%
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	86%
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	50%
Standard C4	The facility provides drugs and consumables required for assured services	75%
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	67%
Standard D1	The facility has established Programme for maintenance and upkeep of the facility	100%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	86%
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital	97%

	technology	
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	77%
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	89%
Standards D6	The facility is compliant with statutory and regulatory requirement	100%
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	89%
Standard E2	The facility has defined and established procedures for continuity of care through two-way referral	79%
Standard E3	The facility has defined and established procedures of diagnostic services.	100%
Standard E4	The facility has defined procedures for safe drug administration.	69%
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	78%
Standard E6	The facility has defined and established procedures for nursing care.	75%
Standard E7	The facility has defined and established procedures for Emergency care	80%
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	77%
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	88%
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	84%
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	75%
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	75%
Standard E16	The facility has established procedures for Antenatal care as per guidelines	82%
Standard E18	The facility has established procedure for postnatal Care	50%

Standard F1	The facility has established program for infection prevention and control	100%
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	75%
Standard F3	The facility ensures standard practices and equipment for Personal protection	100%
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	75%
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	83%
Standard G1	The facility has established organizational framework for quality improvement.	79%
Standard G2	The facility has established system for patient and employee satisfaction	83%
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	57%
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	88%
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	67%
Standard H1	The facility measures Productivity Indicators	57%
Standard H2	The facility measures efficiency Indicators.	71%
Standard H3	The facility measures Clinical Care Indicators.	80%
Standard H4	The facility measures Service Quality Indicators	67%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Staff should be trained for inventory management.
2.	Staff should be aware of High alert drug doses.