

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

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

Dear Shri Sharma,



सत्यमेव जयते



आज़ादी का
अमृत महोत्सव

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi - 110011
D. O. No./NHSRC/10-11/QI/01/PB
23th February, 2024

At the outset, I congratulate you and your state team for taking up of the below mentioned One (01) Public Health facility of Punjab under NQAS Program. The facility underwent External Assessment by the empanelled external assessors. The assessment detail is as follows:

S. No	Name of Facility	Date of Assessment	Departments Assessed	Certificati on Criteria	Overall Score	Certificati on Status
1.	CHC Naushera Majha Singh Gurdaspur	07 th -08 th Dec 2023	10 Departments (A&E, OPD, Labour room, IPD, Auxiliary Ser, OT, General Admn, Pharmacy, Laboratory, Radiology,)	Met 5 out of 6 Criteria	76.86%	Quality Certified

2. Hence, 10 Departments of CHC Naushera Majha Singh Gurdaspur in state of Punjab is granted '**Quality Certification with conditionality**' NQAS program for a period of One (01) Year from the date of issue of this letter.

3. The certified health facility 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 facility enclosed as **Appendix A.**

With regards,

Your's Sincerely,

(Ms. L. S. Changsan)

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



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(Ms. L. S. Changsan)

Shri Ajoy Sharma
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, Chandigarh.
2. State Quality Assurance Unit, National health Mission, Punjab Health Systems Corporation, Phase VI, Mohali (SAS Nagar), Punjab.
3. Medical Officer, Community Health Center, Naushera Majha Singh Gurdaspur Punjab.


(Ms. L. S. Changsan)

8231962/232

Summary of External Assessment Report (Appendix A)

Name of the facility: HWC Reaili Kalan Gurdaspur Punjab

Date of External Assessment: 17-11 -2023

Overall Score of Health facility: 86 %

1. Compliance to certification criteria

Sl.No.	Criteria Name	Score Required	Meets Criteria
1	Aggregate score of the health facility	≥ 70 %	Criteria Met 86 %
2	Score of each Service Package of the health facility	≥ 70 %	Criteria Met
3	Aggregated score in each Area of Concern	≥ 60 %	Criteria Met Refer Table - 3
4	Score of Standard of A1,D3,D4,D5,G2	≥ 60 %	Criteria Met Standard A1 - 82 % Standard D3 - 72 % Standard D4 - 97 % Standard D5 - 93 % Standard G2 - 67 %
5	Individual Standard wise score	≥ 50 %	Criteria Met Refer Table - 4
6	Patient Satisfaction Score in the preceding quarter or more (Satisfied or Highly satisfied on Mera-Aspataal)	PSS ≥ 60 %	Criteria Met (PSS Score - 92%)

2. Departmental Score :

S.No.	Department	Score(%)
1	Care in pregnancy & Childbirth	96%
2	Childhood & adolescent Health Services	100%
3	Drugs & Diagnostics	64%
4	Family Planning	92%
5	Management of Communicable diseases	91%
6	Management of Non Communicable Diseases	88%
7	Neonatal & Infant Health Services	99%

3. Area of Concern wise Score :

S.No.	Area of Concern	Scores(%)
A	Service Provision	82%
B	Patients Right	92%
C	Inputs	71%
D	Support Services	82%
E	Wellness & Clinical Services	93%
F	Infection Control	92%

S.No.	Area of Concern	Scores(%)
G	Quality Management	82%
H	Outcome	93%

4. Score against each Standard:

Reference No.	Standard	Score
Standard A1	The facility provides Comprehensive Primary Healthcare Services	82%
Standard A2	The facility provides drugs and diagnostic services as mandated	75%
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	79%
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	94%
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	84%
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	63%
Standard C4	The facility provides drugs and consumables required for assured services	60%
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	100%
Standard D1	The facility has established Programme for maintenance and upkeep of the facility	67%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	71%

Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	72%
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	97%
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	93%
Standards D6	The facility is compliant with statutory and regulatory requirement	75%
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	96%
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.	63%
Standard E4	The facility has defined procedures for safe drug administration.	88%
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	89%
Standard E6	The facility has defined and established procedures for nursing care.	94%
Standard E7	The facility has defined and established procedures for Emergency care	70%
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	90%
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	97%
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	100%
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	90%
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	100%
Standard E16	The facility has established procedures for Antenatal care as per guidelines	98%
Standard E18	The facility has established procedure for postnatal Care	75%

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	100%
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.	83%
Standard F5	The 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.	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.	86%
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.	86%
Standard H3	The facility measures Clinical Care Indicators.	100%
Standard H4	The facility measures Service Quality Indicators	100%

5. Areas of improvement

S. No	Recommended areas of improvement
1.	Staff requires training for Bio medical waste management.
2.	Infection control practices should be improved.
3.	More Screening Needed for Non Communicable diseases.