

Aradhana Patnaik
Joint Secretary

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भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली-110011

Government of India
Ministry of Health and Family Welfare
Nirman Bhawan, New Delhi-110011

D.O.No.NHSRC/CU/23-24/PB

Dated: 27th Mar-2024

Respected Sir,

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	Date of Assessment	Packages	Certification Criteria	Overall Score	Certification Status
1.	HWC Balloh Bathinda	27 th Feb 2024	7 Mandatory Service Packages	Met All Criteria	91.3 %	Quality Certified
2.	HWC, Balluana Bathinda	26 th Feb 2024	7 Mandatory Service Packages	Met All Criteria	82.29 %	Quality Certified

Hence, Above mentioned facilities in the state of Punjab is granted **Quality Certified** under NQAS Programme.

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.**

With regards.

Yours sincerely,

Aradhana Patnaik
27.3.24
(Aradhana Patnaik)

To

Sh. Ajoy Sharma
Principal Secretary (H&FW),
Department of (H&FW),
Government of Punjab,
Room No. 314 3rd Floor, Mini Secretariat,
Sector-9, Chandigarh-160009

E-FILE - 8231602

FTS - 3609948 / 2024

Copy to:

1. Department of (H&FW), Government of Punjab, Room No 1, 5th Floor, Prayas Building
Dakshin Marg, Sector 38-B, Chandigarh-160036
2. Community Health Officer HWC Balloh Bathinda.
3. Community Health Officer HWC Balluana Bathinda.


(Aradhana Patnaik)

Summary of External Assessment Report (Appendix A)

Name of the facility : HWC Balloh Bathinda, Punjab
Date of External Assessment : 27-Feb-2024
Overall Score of Health facility : 91.3 %

1. Compliance to certification criteria

Sl.No.	Criteria Name	Score Required	Meets Criteria
1	Aggregate score of the health facility	≥ 70 %	Criteria Met 91.3 %
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 - 95.59 % Standard D3 - 93.75 % Standard D4 - 93.33 % Standard D5 - 88.89 % Standard G2 - 100.0 %
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 - 80.0%)

2. Departmental Score :

S.No.	Department	Score(%)
1	Care in pregnancy & Childbirth	98.48
2	Childhood & adolescent Health Services	89.29
3	Drugs & Diagnostics	86.11
4	Family Planning	84.62
5	Management of Communicable diseases	91.46
6	Management of Non Communicable Diseases	92.86
7	Neonatal & Infant Health Services	98.57

3. Area of Concern wise Score :

S.No.	Area of Concern	Scores(%)
A	Service Provision	94.74
B	Patients Right	91.67
C	Inputs	89.06
D	Support Services	90.91
E	Wellness & Clinical Services	92.05
F	Infection Control	91.94
G	Quality Management	89.29
H	Outcome	88.89

4. Score against each Standard :

Reference No.	Area of Concern & Standards	Score(%)
Standard A1	The facility provides Comprehensive Primary Healthcare Services	95.59
Standard A2	The facility provides drugs and diagnostic services as mandated	87.50
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	85.71
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	83.33
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	100.00
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	100.00
Standard B5	The facility ensures all services are provided free of cost to its users	100.00
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	93.75
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	100.00
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	68.75
Standard C4	The facility provides drugs and consumables required for assured services	90.00
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	83.33
Standard D1	The facility has established Programme for maintenance and upkeep of the facility	87.50
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	89.29
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	93.75
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	93.33

Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	88.89
Standard D6	The facility is compliant with statutory and regulatory requirement	100.00
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	100.00
Standard E2	The facility has defined and established procedures for continuity of care through two way referral	78.57
Standard E3	The facility has defined and established procedures of diagnostic services.	87.50
Standard E4	The facility has defined procedures for safe drug administration.	81.25
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	94.44
Standard E6	The facility has defined and established procedures for nursing care.	100.00
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	87.50
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	89.66
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	95.59
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	85.00
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	75.00
Standard E16	The facility has established procedures for Antenatal care as per guidelines	98.00
Standard E18	The facility has established procedure for post natal Care	100.00
Standard F1	The facility has established program for infection prevention and control	100.00
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	87.50
Standard F3	The facility ensures standard practices and equipment for personal protection	100.00
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	91.67

Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	90.00
Standard G1	The facility has established organizational framework for quality improvement.	85.71
Standard G2	The facility has established system for patient and employee satisfaction	100.00
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	92.86
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	93.75
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	66.67
Standard H1	The facility measures productivity indicators	100.00
Standard H2	The facility measures efficiency indicators.	71.43
Standard H3	The facility measures clinical care indicators.	100.00
Standard H4	The facility measures service quality indicators	66.67

5. Areas of Improvement :

S. No	Recommended areas of improvement
1.	Bio medical waste management should be improved.
2.	Staff needs training for SOP.

Summary of External Assessment Report (Appendix B)

Name of the facility : HWC Balluana Bathinda , Punjab
Date of External Assessment : 26-Feb-2024
Overall Score of Health facility : 82.29 %

1. Compliance to certification criteria

Sl.No.	Criteria Name	Score Required	Meets Criteria
1	Aggregate score of the health facility	≥ 70 %	Criteria Met 82.29 %
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 - 92.65 % Standard D3 - 87.5 % Standard D4 - 63.33 % Standard D5 - 70.37 % Standard G2 - 66.67 %
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 - 95.3%)

2. Departmental Score :

S.No.	Department	Score(%)
1	Care in pregnancy & Childbirth	100.00
2	Childhood & adolescent Health Services	92.86
3	Drugs & Diagnostics	74.07
4	Family Planning	88.46
5	Management of Communicable diseases	91.46
6	Management of Non Communicable Diseases	89.80
7	Neonatal & Infant Health Services	92.86

3. Area of Concern wise Score :

S.No.	Area of Concern	Scores(%)
A	Service Provision	90.79
B	Patients Right	80.95
C	Inputs	71.88
D	Support Services	74.43
E	Wellness & Clinical Services	89.2
F	Infection Control	80.65

S.No.	Area of Concern	Scores(%)
G	Quality Management	73.21
H	Outcome	88.89

4. Score against each Standard :

Reference No.	Area of Concern & Standards	Score(%)
Standard A1	The facility provides Comprehensive Primary Healthcare Services	92.65
Standard A2	The facility provides drugs and diagnostic services as mandated	75.00
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	64.29
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	66.67
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	100.00
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	100.00
Standard B5	The facility ensures all services are provided free of cost to its users	100.00
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	71.88
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	78.57
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	50.00
Standard C4	The facility provides drugs and consumables required for assured services	75.00
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	83.33
Standard D1	The facility has established Programme for maintenance and upkeep of the facility	62.50
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	82.14

Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	87.50
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	63.33
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	70.37
Standard D6	The facility is compliant with statutory and regulatory requirement	100.00
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	100.00
Standard E2	The facility has defined and established procedures for continuity of care through two way referral	64.29
Standard E3	The facility has defined and established procedures of diagnostic services.	75.00
Standard E4	The facility has defined procedures for safe drug administration.	75.00
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	77.78
Standard E6	The facility has defined and established procedures for nursing care.	93.75
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	87.50
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	87.93
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	89.71
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	90.00
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.	100.00
Standard E16	The facility has established procedures for Antenatal care as per guidelines	100.00
Standard E18	The facility has established procedure for post natal Care	100.00
Standard F1	The facility has established program for infection prevention and control	83.33
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	62.50

Standard F3	The facility ensures standard practices and equipment for personal protection	83.33
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	66.67
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	90.00
Standard G1	The facility has established organizational framework for quality improvement.	64.29
Standard G2	The facility has established system for patient and employee satisfaction	66.67
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	92.86
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	68.75
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	66.67
Standard H1	The facility measures productivity indicators	100.00
Standard H2	The facility measures efficiency indicators.	71.43
Standard H3	The facility measures clinical care indicators.	100.00
Standard H4	The facility measures service quality indicators	66.67

5. Areas of Improvement :

S. No	Recommended areas of improvement
1.	BMW work instructions are not adequate, small in size & not all pictorial.
2.	No dedicated covered area for Yoga activity.
3.	There is need of training of infection control practices & there is lack of Supervision on the same.
4.	Cleaning checklists are not verified by the staff.