

J N Srivastava
Advisor QPS (CU)

D.O. No. NHSRC/CU/23-24/PB
Date 29-Jul-2024

Subject: National Quality Certification of One (01) Public Health Facility of Punjab under NQAS

Dear Sir,

At the outset, I congratulate you and your state team for taking up one (01) public health facility of Punjab for Quality Certification under NQAS. The facility 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.	AAM-SHC, Biggarwal, Sangrur	08-Apr-2024	7 Mandatory Service Packages	Met All Criteria	84 %	Quality Certified

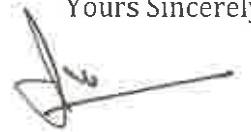
Hence, **Ayushman Arogya Mandir – Sub Health Centre Biggarwal, Sangrur** in the state of Punjab is granted **Quality Certified** under NQAS.

The certified health facility should 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.

The summary of the Assessment Report of the facility is enclosed as **Appendix A**

With regards

Yours Sincerely,



Dr. Abhinav Trikha

The Mission Director (NHM),
State Quality Assurance Unit,
O/O Punjab Health Systems Corporation 2nd Floor,
Block E, PSEB Building, Phase 8,
S.A.S Nagar,
Punjab 160062

Copy to:

- 1.State Quality Assurance Unit, O/o Punjab Health Systems Corporation 2nd Floor, Block E, PSEB Building, Phase 8, S.A.S Nagar, Punjab 160062
- 2.Community Health Officer, AAM-SHC, Biggarwal, Sangrur, Punjab

Summary of External Assessment Report

Name of the facility : AAM-SHC, Biggarwal, Sangrur, Punjab
Date of External Assessment : 08-Apr-2024
Overall Score of Health facility : 84%

1. Compliance to certification criteria

Sl.No.	Criteria Name	Score Required	Meets Criteria
1	Aggregate score of the health facility	≥ 70 %	Criteria Met 84 %
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 - 68 % Standard D3 - 75 % Standard D4 - 80 % Standard D5 - 80 % Standard G2 - 83 %
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 -94 %)

2. Departmental Score :

S.No.	Department	Score(%)
1	Care in pregnancy & Childbirth	71
2	Childhood & adolescent Health Services	79
3	Drugs & Diagnostics	77
4	Family Planning	81
5	Management of Communicable diseases	84
6	Management of Non Communicable Diseases	87
7	Neonatal & Infant Health Services	89

3. Area of Concern wise Score :

S.No.	Area of Concern	Scores(%)
A	Service Provision	71
B	Patients Right	89
C	Inputs	80
D	Support Services	84
E	Wellness & Clinical Services	89
F	Infection Control	79
G	Quality Management	84

S.No.	Area of Concern	Scores(%)
H	Outcome	76

4. Score against each Standard :

Reference No.	Area of Concern & Standards	Score (%)
Standard A1	The facility provides Comprehensive Primary Healthcare Services	68
Standard A2	The facility provides drugs and diagnostic services as mandated	100
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	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	94
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	97
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	100
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	75
Standard C4	The facility provides drugs and consumables required for assured services	68
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	96
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	93
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	75
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	80
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	80

Standard 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	93
Standard E2	The facility has defined and established procedures for continuity of care through two way referral	71
Standard E3	The facility has defined and established procedures of diagnostic services.	100
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	94
Standard E6	The facility has defined and established procedures for nursing care.	88
Standard E7	The facility has defined and established procedures for Emergency care	90
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	96
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.	80
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	78
Standard E18	The facility has established procedure for post natal Care	75
Standard F1	The facility has established program for infection prevention and control	83
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.	83
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	73

Standard G1	The facility has established organizational framework for quality improvement.	93
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.	93
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	63
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	71
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	83