

**Aradhana Patnaik**  
Joint Secretary

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सत्यमेव जयते



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: 16<sup>th</sup> Apr-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.	AAM Bhokra Bathinda	21 <sup>st</sup> Mar 2024	7 Mandatory Service Packages	Met All Criteria	80.59 %	Quality Certified
2.	AAM Goindwal Sahib, Tarn Taran	23 <sup>rd</sup> Mar 2024	7 Mandatory Service Packages	Met All Criteria	83.74 %	Quality Certified

Hence, **above mentioned facilities** in the state of Punjab are 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 facilities is enclosed as **Appendices A to B**.

*With regards.*

Yours Sincerely,

  
(Aradhana Patnaik)

To

**Sh. Ajoy Sharma**  
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. 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 AAM Bhokra Bathinda, Punjab.
3. Community Health Officer AAM Goindwal Sahib, Tarn Taran

*AD*  
*16.4.24*

**(Aradhana Patnaik)**



### Summary of External Assessment Report (Appendix A)

Name of the facility: AAM Bhokra , Bathinda , Punjab

Date of External Assessment: 21-Mar-2024

Overall Score of Health facility: 80.59 %

#### 1. Compliance to certification criteria

Sl.No.	Criteria Name	Score Required	Meets Criteria
1	Aggregate score of the health facility	≥ 70 %	Criteria Met 80.59 %
2	Score of each Service Package of the health facility	≥ 70 %	Criteria Met
3	Aggregated score in each Area of Concern	≥ 60 %	Criteria Met <b>Refer Table - 3</b>
4	Score of Standard of A1,D3,D4,D5,G2	≥ 60 %	Criteria Met Standard A1 - <b>75.0 %</b> Standard D3 - <b>84.38 %</b> Standard D4 - <b>63.33 %</b> Standard D5 - <b>66.67 %</b> Standard G2 - <b>66.67 %</b>
5	Individual Standard wise score	≥ 50 %	Criteria Met <b>Refer Table - 4</b>
6	Patient Satisfaction Score in the preceding quarter or more (Satisfied or Highly satisfied on Mera-Aspataal)	PSS ≥ 60 %	Criteria Met (PSS Score - 83.3%)

#### 2. Departmental Score :

S.No.	Department	Score(%)
1	Care in pregnancy & Childbirth	98.39
2	Childhood & adolescent Health Services	96.43
3	Drugs & Diagnostics	71.30
4	Family Planning	76.92
5	Management of Communicable diseases	79.27
6	Management of Non Communicable Diseases	86.73
7	Neonatal & Infant Health Services	97.14

#### 3. Area of Concern wise Score :

S.No.	Area of Concern	Scores(%)
A	Service Provision	77.63
B	Patients Right	96.43
C	Inputs	80.47
D	Support Services	71.59
E	Wellness & Clinical Services	85.06
F	Infection Control	75.81

S.No.	Area of Concern	Scores(%)
G	Quality Management	62.5
H	Outcome	85.19

#### 4. Score against each Standard :

Reference No.	Area of Concern & Standards	Score(%)
Standard A1	The facility provides Comprehensive Primary Healthcare Services	75.00
Standard A2	The facility provides drugs and diagnostic services as mandated	100.00
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	92.86
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	94.44
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	84.38
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	75.00
Standard C4	The facility provides drugs and consumables required for assured services	80.00
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	79.17
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	60.71

Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	84.38
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	66.67
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	85.71
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.	50.00
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	50.00
Standard E6	The facility has defined and established procedures for nursing care.	62.50
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	85.42
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	84.48
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	97.06
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	80.00
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	100.00
Standard F1	The facility has established program for infection prevention and control	66.67
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	75.00

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.	83.33
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	73.33
Standard G1	The facility has established organizational framework for quality improvement.	57.14
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.	78.57
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	56.25
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	50.00
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.	90.00
Standard H4	The facility measures service quality indicators	66.67

#### 5. Areas of Improvement :

1.	Updated Work Instructions to be made available to the staff and the staff to be aware of them.
2.	BMW Storage at facility to be as per norms and practice of taking away waste to the CHC by hand by the HWC to be stopped.
3.	The monitoring of the HCW by the medical officer to be done with aim of auditing and guiding the HWC on improvements and implementation and not merely signing the documents.
4.	Inventory management to be strengthened and indenting, stock maintenance and issuing documented.
5.	The e portals to be used properly in real time and not as a mere exercise to show for assessment only.



## Summary of External Assessment Report (Appendix 3)

Name of the facility: AAM Goindwal Sahib Tarn Taran , Punjab

Date of External Assessment: 23-Mar-2024

Overall Score of Health facility: 83.74 %

### 1. Compliance to certification criteria

Sl.No.	Criteria Name	Score Required	Meets Criteria
1	Aggregate score of the health facility	≥ 70 %	Criteria Met 83.74 %
2	Score of each Service Package of the health facility	≥ 70 %	Criteria Met
3	Aggregated score in each Area of Concern	≥ 60 %	Criteria Met <b>Refer Table - 3</b>
4	Score of Standard of A1,D3,D4,D5,G2	≥ 60 %	Criteria Met Standard A1 - <b>79.41 %</b> Standard D3 - <b>81.25 %</b> Standard D4 - <b>76.67 %</b> Standard D5 - <b>85.19 %</b> Standard G2 - <b>100.0 %</b>
5	Individual Standard wise score	≥ 50 %	Criteria Met <b>Refer Table - 4</b>
6	Patient Satisfaction Score in the preceding quarter or more (Satisfied or Highly satisfied on Mera-Aspataal)	PSS ≥ 60 %	Criteria Met (PSS Score - 82.0%)

### 2. Departmental Score :

S.No.	Department	Score(%)
1	Care in pregnancy & Childbirth	82.26
2	Childhood & adolescent Health Services	71.43
3	Drugs & Diagnostics	77.78
4	Family Planning	88.46
5	Management of Communicable diseases	84.15
6	Management of Non Communicable Diseases	82.65
7	Neonatal & Infant Health Services	91.43

### 3. Area of Concern wise Score :

S.No.	Area of Concern	Scores(%)
A	Service Provision	80.26
B	Patients Right	89.29
C	Inputs	80.47
D	Support Services	81.25
E	Wellness & Clinical Services	86.21
F	Infection Control	77.42

S.No.	Area of Concern	Scores(%)
G	Quality Management	80.36
H	Outcome	90.74

#### 4. Score against each Standard :

Reference No.	Area of Concern & Standards	Score(%)
Standard A1	The facility provides Comprehensive Primary Healthcare Services	79.41
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	71.43
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	94.44
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	90.63
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	92.86
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	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	83.33
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	75.00

Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	81.25
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	76.67
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	85.19
Standard D6	The facility is compliant with statutory and regulatory requirement	87.50
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	92.86
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.	68.75
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	55.56
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	91.67
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	86.21
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	91.18
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	86.00
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	83.33
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	83.33
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	66.67
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.	78.57
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	75.00
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	64.29
Standard H2	The facility measures efficiency indicators.	100.00
Standard H3	The facility measures clinical care indicators.	100.00
Standard H4	The facility measures service quality indicators	100.00

#### 5. Areas of Improvement :

1.	Directional signages should be displayed on way to the facility.
2.	Follow up of patients/cases is weak and needs to be strengthened.
3.	Medication review by the PHC-MO is not done as per the recommended schedule