

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 Singh,



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/CU/23-24/PB
23th February, 2024

At the outset, I congratulate you and your state team for taking up of Two (02) public health facility of Punjab for Quality certification under NQAS. The facility 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 Hassanpur (Patiala)	09 th Dec 2023	7 Service packages	Met all criteria	91%	Quality Certified with conditionality
B.	HWC Pitho (Bhatinda)	18 th Dec 2023	7 Service packages	Met 5 out of 6 criteria	93%	Quality Certified with conditionality

2. Hence, above mentioned facility in the State of Punjab are granted “**Quality Certification with conditionality**” under 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 are enclosed as **Annexure-A and B**

With regards

Your's Sincerely,

L. S. Changsan
(Ms. L. S. Changsan)

Shri Vivek Pratap Singh
Principal Secretary,
Department of Health & Family Welfare,
Government of Punjab,
Mini Secretariat, Sector-9,
Chandigarh-160009.



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D. O. No. NHSRC/CU/23-24/PB
23th February, 2024

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

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

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Your's Sincerely,
Sd./-
(Ms. L. S. Changsan)

Shri Vivek Pratap Singh
Principal Secretary,
Department of Health & Family Welfare,
Government of Punjab,
Mini Secretariat, Sector-9,
Chandigarh-160009.

Copy to:

1. 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 Hassanpur (Patiala) Punjab
4. Community Health Officer, HWC Pitho (Bhatinda) Punjab.

(Ms. L. S. Changsan)

8231602)235

Summary Report of External Assessment**Name of the facility: Health & Wellness Centre Hassanpur (Patiala) Punjab.****Date of Assessment: 09th Dec 2023****Overall Score: 91%****1. Compliance to Certification Criteria:**

Criterion No.	Certification Criteria	Status
I.	Overall score of the department shall be $\geq 70\%$	Criteria met (Overall Score- 91%)
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 (81%) Standard D3 (97%) Standard D4 (100%) Standard D5 (91%) Standard G2 (100%)
V.	Individual Standard wise score is $\geq 50\%$	Criteria not met Refer to table no.4
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	83%
B	Patient Rights	77%
C	Inputs	88%
D	Support Services	95%
E	Clinical Services	92%
F	Infection Control	92%
G	Quality Management	97%
H	Outcome	100%

3. Theme Wise Score:

S. No.	Service Packages	Score
1	Care in pregnancy & Childbirth	93%
2	Neonatal & Infant Health Services	96%
3	Childhood & adolescent Health Services	89%
4	Family Planning	73%
5	Management of Communicable diseases	95%
6	Management of Non-Communicable Diseases	85%
7	Drugs & Diagnostics	94%

4. Score against each Standard:

Reference No.	Standard	Score
Standard A1	The facility provides Comprehensive Primary Healthcare Services	81%
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	68%
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	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%
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	78%
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	100%
Standard C4	The facility provides drugs and consumables required for assured services	90%
Standard C5	Facility has adequate functional equipment and instruments for	50%

	assured list of services	
Standard D1	The facility has established Programme for maintenance and upkeep of the facility	88%
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	100%
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	97%
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	100%
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	96%
Standard E2	The facility has defined and established procedures for continuity of care through two-way referral	100%
Standard E3	The facility has defined and established procedures of diagnostic services.	100%
Standard E4	The facility has defined procedures for safe drug administration.	100%
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	100%
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	94%
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	96%
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	90%
Standard E18	The facility has established procedure for postnatal Care	100%
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.	92%
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	97%
Standard G1	The facility has established organizational framework for quality improvement.	93%
Standard G2	The facility has established system for patient and employee satisfaction	100%
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.	100%
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	94%
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	100%
Standard H1	The facility measures Productivity Indicators	100%
Standard H2	The facility measures efficiency Indicators.	100%
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.	Training on identification and referral for GBV cases required.
2.	Skills on measuring vitals, and basic treatment needs substantial improvement
3.	Standardized official registers for documentation required.

Summary Report of External Assessment

Name of the facility: Health & Wellness Centre Pitho (Bhatinda) Punjab.

Date of Assessment: 18th Dec 2023

Overall Score: 93%

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the department shall be $\geq 70\%$	Criteria met (Overall Score- 93%)
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 (91%) Standard D3 (94%) Standard D4 (80%) Standard D5 (94%) Standard G2 (100%)
V.	Individual Standard wise score is $\geq 50\%$	Criteria not met Refer to table no.4
VI.	Patient/Client satisfaction Score $\geq 60\%$ or 3.0 on Likert Scale	Criteria met PSS- 4.16

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	92%
B	Patient Rights	88%
C	Inputs	78%
D	Support Services	91%
E	Clinical Services	96%
F	Infection Control	100%
G	Quality Management	98%
H	Outcome	100%

3. Theme Wise Score:

S. No.	Service Packages	Score
1	Care in pregnancy & Childbirth	96%

2	Neonatal & Infant Health Services	96%
3	Childhood & adolescent Health Services	93%
4	Family Planning	100%
5	Management of Communicable diseases	93%
6	Management of Non-Communicable Diseases	99%
7	Drugs & Diagnostics	83%

4. Score against each Standard:

Reference No.	Standard	Score
Standard A1	The facility provides Comprehensive Primary Healthcare Services	91%
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	89%
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	89%
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	75%
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	92%
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	100%
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	25%
Standard C4	The facility provides drugs and consumables required for assured services	78%
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	92%

Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	89%
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	94%
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	94%
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	100%
Standard E3	The facility has defined and established procedures of diagnostic services.	75%
Standard E4	The facility has defined procedures for safe drug administration.	100%
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	100%
Standard E6	The facility has defined and established procedures for nursing care.	100%
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	96%
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	100%
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	94%
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	100%
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	94%
Standard E18	The facility has established procedure for postnatal Care	100%
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	100%
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	100%
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.	100%
Standard G2	The facility has established system for patient and employee satisfaction	100%
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	100%
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	100%
Standard H1	The facility measures Productivity Indicators	100%
Standard H2	The facility measures efficiency Indicators.	100%
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.	Consent forms should be available.
2.	Handrails should be installed at the entrance of facility.
3.	Training needs identification should be done and annual service review mechanisms of the staff needs to be established.