

J N Srivastava
Advisor QPS (CU)

D.O. No. NHSRC/CU/23-24/PB
Date 30-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, Malsian, Jalandhar	09-May-2024	7 Mandatory Service Packages	Met All Criteria	84 %	Quality Certified

Hence, **Ayushman Arogya Mandir - Sub Health Centre Malsian, Jalandhar** 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, Malsian, Jalandhar, Punjab



Summary of External Assessment Report

Name of the facility : AAM-SHC, Malsian, Jalandhar, Punjab
Date of External Assessment : 09-May-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 - 81% Standard D3 - 84 % Standard D4 - 63 % Standard D5 - 89 % Standard G2 - 100 %
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 - 90%)

2. Departmental Score :

S.No.	Department	Score(%)
1	Care in pregnancy & Childbirth	89
2	Childhood & adolescent Health Services	89
3	Drugs & Diagnostics	74
4	Family Planning	73
5	Management of Communicable diseases	90
6	Management of Non Communicable Diseases	85
7	Neonatal & Infant Health Services	90

3. Area of Concern wise Score :

S.No.	Area of Concern	Scores(%)
A	Service Provision	80
B	Patients Right	87
C	Inputs	83
D	Support Services	84
E	Wellness & Clinical Services	85
F	Infection Control	79
G	Quality Management	86
H	Outcome	100

4. Score against each Standard :

Reference No.	Area of Concern & Standards	Score (%)
Standard A1	The facility provides Comprehensive Primary Healthcare Services	81
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	83
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	83
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	88
Standard C4	The facility provides drugs and consumables required for assured services	74
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	100
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	75
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	84
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	63
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	89
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	88
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.	63
Standard E4	The facility has defined procedures for safe drug administration.	75
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	61
Standard E6	The facility has defined and established procedures for nursing care.	81
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	88
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	89
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines	90
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 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	75
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.	75
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	80
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.	67
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	88
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	67
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