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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, Virk Kalan, Bathinda	05 Feb 2024	7 Mandatory Service Packages	Met All Criteria	87.25 %	Quality Certified
2.	HWC Jaipura, Ludhiana	06 Feb 2024	7 Mandatory Service Packages	Met 4 out of 6 Criteria	84.01 %	Quality Certified with Conditionality

Hence, **HWC, Virk Kalan, Bathinda** in the state of Punjab is granted “**Quality Certified**” under NQAS Programme.

Whereas **HWC Jaipura, Ludhiana** in the state of Punjab is granted **Quality Certified with Conditionality** under NQAS Programme for a period of 1 year from the date of issue of this letter.

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.

Summary of the Assessment Reports of the facilities is enclosed as **Appendices A & B** respectively.

With regards.

Yours Sincerely,


(Aradhana Patnaik)

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2. Community Health Officer, HWC Virk Kalan Bhatinda.
3. Community Health Officer, HWC Jaipura, Ludhiana Punjab.


(Aradhana Patnaik)

Summary of External Assessment Report (Appendix A)

Name of the facility: HWC Virk Kalan , Bathinda , Punjab

Date of External Assessment: 05-Feb-2024

Overall Score of Health facility: 87.25 %

1. Compliance to certification criteria

Sl.No.	Criteria Name	Score Required	Meets Criteria
1	Aggregate score of the health facility	≥ 70 %	Criteria Met 87.25 %
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 - 89.71 % Standard D3 - 87.5 % Standard D4 - 96.67 % Standard D5 - 98.15 % 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 - 92.0%)

2. Departmental Score :

S.No.	Department	Score(%)
1	Care in pregnancy & Childbirth	98.48
2	Childhood & adolescent Health Services	89.29
3	Drugs & Diagnostics	74.07
4	Family Planning	80.77
5	Management of Communicable diseases	87.80
6	Management of Non-Communicable Diseases	74.49
7	Neonatal & Infant Health Services	97.14

3. Area of Concern wise Score :

S. No.	Area of Concern	Scores(%)
A	Service Provision	88.16
B	Patients Right	85.71
C	Inputs	75.78
D	Support Services	91.48
E	Wellness & Clinical Services	86.93
F	Infection Control	91.94
G	Quality Management	100.0
H	Outcome	85.19

4. Score against each Standard :

Reference No.	Area of Concern & Standards	Score(%)
Service Provision		
Standard A1	The facility provides Comprehensive Primary Healthcare Services	89.71
Standard A2	The facility provides drugs and diagnostic services as mandated	75.00
Patients Right		
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	89.29
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	61.11
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	93.75
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	91.67
Standard B5	The facility ensures all services are provided free of cost to its users	100.00
Inputs		
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	100.00
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	62.50
Standard C4	The facility provides drugs and consumables required for assured services	68.33
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	83.33
Support Services		
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	78.57
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.	96.67
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	98.15
Standard D6	The facility is compliant with statutory and regulatory requirement	100.00
Wellness & Clinical Services		
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	89.29
Standard E2	The facility has defined and established procedures for continuity of care through two way referral	85.71
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.	93.75
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	88.89
Standard E6	The facility has defined and established procedures for nursing care.	81.25

Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines	81.25
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines	70.69
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.	80.00
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	98.00
Standard E18	The facility has established procedure for post natal Care	100.00
Infection Control		
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	50.00
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.	100.00
Quality Management		
Standard G1	The facility has established organizational framework for quality improvement.	100.00
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.	100.00

Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	100.00
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	100.00
Outcome		
Standard H1	The facility measures productivity indicators	85.71
Standard H2	The facility measures efficiency indicators.	85.71
Standard H3	The facility measures clinical care indicators.	80.00
Standard H4	The facility measures service quality indicators	100.00

5. Areas of Improvement:

1. NLEP program need to be strengthened
2. Infection Control Training and Fire safety training to be focused more
3. Capacity building required to be done on periodic basis

Summary of External Assessment Report (Appendix B)

Name of the facility: Jaipura , Ludhiana , Punjab

Date of External Assessment: 06-Feb-2024

Overall Score of Health facility: 84.01 %

1. Compliance to certification criteria

Sl.No.	Criteria Name	Score Required	Meets Criteria
1	Aggregate score of the health facility	≥ 70 %	Criteria Met 84.01 %
2	Score of each Service Package of the health facility	≥ 70 %	Criteria Not 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 - 90.63 % Standard D4 - 73.33 % Standard D5 - 85.19 % Standard G2 - 66.67 %
5	Individual Standard wise score	≥ 50 %	Criteria Not 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 - 76.6%)

2. Departmental Score :

S.No.	Department	Score(%)
1	Care in pregnancy & Childbirth	100.00
2	Childhood & adolescent Health Services	100.00
3	Drugs & Diagnostics	68.52
4	Family Planning	88.46
5	Management of Communicable diseases	93.90
6	Management of Non Communicable Diseases	94.90
7	Neonatal & Infant Health Services	100.00

3. Area of Concern wise Score :

S.No.	Area of Concern	Scores(%)
A	Service Provision	93.42
B	Patients Right	86.9
C	Inputs	66.41
D	Support Services	84.66
E	Wellness & Clinical Services	92.05
F	Infection Control	66.13
G	Quality Management	62.5
H	Outcome	96.3

4. Score against each Standard :

Reference No.	Area of Concern & Standards	Score(%)
Service Provision		
Standard A1	The facility provides Comprehensive Primary Healthcare Services	95.59
Standard A2	The facility provides drugs and diagnostic services as mandated	75.00
Patients Right		
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	67.86
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	88.89
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	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
Inputs		
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	62.50
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	60.00
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	66.67
Support Services		
Standard D1	The facility has established Programme for maintenance and upkeep of the facility	91.67
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	90.63
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	73.33
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
Wellness & Clinical Services		
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients	78.57
Standard E2	The facility has defined and established procedures for continuity of care through two way referral	92.86
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.	75.00
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	72.22
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	93.75

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	100.00
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
Infection Control		
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	33.33
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.	75.00
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	56.67
Quality Management		
Standard G1	The facility has established organizational framework for quality improvement.	78.57
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.	71.43
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	50.00
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.	33.33

Outcome		
Standard H1	The facility measures productivity indicators	100.00
Standard H2	The facility measures efficiency indicators.	85.71
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. Facility doesn't have facility branding as per HWC guidelines.
2. Facility has common toilet for male and female.
3. Facility does not have its own Water supply and storage.
4. Power backup (inverter) was non-functional.
5. Facility doesn't have intact boundary wall and it shares the boundary wall of adjacent houses.
6. Poor understanding of indenting and forecasting of drugs and supplies.
7. Facility staff were not aware of Biomedical waste management rules and display of work instructions of BMW was not pictorial.
8. Quality objectives are not in sync with facility statistics.
9. Quality policy has ambiguity and lack of specificity, making it difficult for staff to understand what is expected from them.
10. Although facility is conducting Patient satisfaction survey but unable to make appropriate action plans to close to the gaps.