

National Health Systems Resource Centre

Technical Support Institution with National Health Mission Ministry of Health & Family Welfare, Government of India



IN Srivastava Officiating ED, NHSRC D.O. No. NHSRC/CU/23-24/PB Date 22-Jul-2024

Subject: National Quality Certification of One [01] Public Health Facility of Punjab under NOAS

Dear Sir.

At the outset, I congratulate you and your state team for taking up one (01) facilities of Punjab for National Quality Assurance Certification. The facilities underwent assessment by empanelled NQAS external assessors. The assessment details are as follows:

S. No	Name of Facility	Date of Assessment	Departments	Certification Criteria	Overall Score	Certification Status
1	AAM-SHC Mianwal, Jalandhar Punjab	28-02-2024	7 Mandatory Service Packages as per NQAS framework	Met all Criteria	86%	Quality Certified

Hence, AAM-SHC, Mianwal in Jalandhar in the state of Punjab are granted "Quality Certification" under the NQAS program.

The certified health facilities 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 aforementioned facility is enclosed as Appendices A respectively.

With stegards

Yours Sincerely,

Dr. Abhinav Trikha

The Mission Director (NHM), State Quality Assurance Unit, 0/0 Punjab Health Systems Corporation 2nd Floor, Block E, PSEB Building, Phase 8, S.A.S Nagar, Punjab 160062

Copy to:

- 1. The Mission Director NHM, Department of Health & Family Welfare, Government of Punjab, Room No.1, 5th Floor, Prayas Building. Dakshin Marg. Sector 38-B, Chandigarh - 160036, Punjab
- 2. State Quality Assurance Unit, Punjab Health System Corporation, Phase VI, Mohali, Punjab.
- 3. Community Health Officer, AAM-SHC, Mianwal, Jalandhar, Punjab



App<u>endix - A</u>

Summary Report of External Assessment

Name of the facility

: AAM-SHC, Mianwal, Jalandhar Punjab

Date of Assessment

: 28-02-2024

Overall Score

:86%

1. Compliance to Certification Criteria:

Criterion No.	Certification Criteria	Status
I.	Overall score of the facility ≥70%	Criteria met Overall Score – 86%
11.	Score for each service package of the facility (Minimum 7 packages) ≥70%	Criteria met
III.	Segregated Score of each area of concern shall be ≥ 60%	Criteria met
IV.	Score of Standard A1, D3, D4, D5 and G2 is ≥60%	Criteria met Standard A1 – 94% Standard D3 – 94% Standard D4 – 77% Standard D5 – 91% Standard G2 – 100%
V.	Individual Standard wise score is ≥ 50%	Criteria met- Refer Table 4
(VI.	Patient/Client satisfaction Score ≥60% or 3.0 on Likert Scale	Criteria met PSS – 77.6%

2. Area of Concern Wise Score:

S. No.	Area of Concern	Score
A	Service Provision	93%
В	Patient Rights	86%
C	Inputs	77%
D	Support Services	86%
Е	Clinical Services	86%
F	Infection Control	81%
G	Quality Management	88%
Н	Outcome	100%
	1	

3. Theme Wise Score:

S. No.	Service Packages	Score
1	Care in Pregnancy & Childbirth	92%
2	Neonatal & Infant Health Services	89%
3	Childhood & Adolescent Health Services	79%
4	Family Planning	73%
5	Management of Communicable diseases	91%
6	Management of Non-Communicable Diseases	95%
7	Drugs & Diagnostics	83%

4. Score against each Standard:

Reference No.	Standard	Score
Standard A1	The facility provides Comprehensive Primary Healthcare Services	94%
Standard A2	The facility provides drugs and diagnostic services as mandated	88%
Standard B1	community about available services & their modalities The facility ensures services are accessible to care seekers and visitors	
Standard B2		
Standard B3	Services are delivered in a manner that is sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	94%
Stand ar d B4	The facility maintains the privacy, confidentiality & dignity of the patient	92%
Standard B5	The facility ensures all services are provided free of cost to its users	100%
Stand ard C1	The facility has adequate and safe infrastructure for the delivery of assured services as per prevalent norms and it provides optimal care and comfort to users	72%
Stand ard C2	The facility has adequate qualified and trained staff required for providing the assured services as per the current caseload	86%
Stand ard C3	The facility has a defined and established procedure for effective utilization, evaluation, and augmentation of competence and performance of staff	
Standard C4	The facility provides drugs and consumables required for assured services	80%
Stand ard C5	The facility has adequate functional equipment and instruments for an assured list of services	50%
Standard D1	The facility has established a program for maintenance and upkeep of the facility	
Standard D2	The facility has defined procedures for the storage, inventory management, and dispensing of drugs	
Standard D3	and data management with the progressive use of digital technology	
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.	77%
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	91%

Standard D6	The facility is compliant with statutory and regulatory requirements	75%
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment, and reassessment of the patients	89%
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 for diagnostic services.	88%
Standard E4	The facility has defined procedures for safe drug administration.	88%
Standard E5	The facility follows standard treatment guidelines and ensures the rational use of drugs	78%
Standard E6	The facility has defined and established procedures for nursing care.	100%
Standard E10	The facility has defined & established procedures for the management of communicable diseases as per operational/clinical guidelines	85%
Standard E11	The facility has defined & established procedures for the management of non-communicable diseases as per operational/clinical guidelines	93%
Standard E13	The facility has established procedures for the care of newborn, infant, and child as per guidelines	84%
Standard E14	The facility has established procedures for family planning as per government guidelines and law.	70%
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 the guidelines	90%
Standard F1	The facility has established a 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.	83%
Standard F5	The facility has defined and established procedures for the segregation, collection, treatment, and disposal of Bio Medical and Hazardous Waste.	80%
Standard G1	The facility has established an organizational framework for quality improvement.	86%
Standard G2	The facility has established a 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 a system of periodic reviews of clinical, support, and quality management processes	81%
Standard G5	The facility has defined its Mission, Values, Quality policy, and Objectives, and approved a plan to achieve them.	83%
Standard H1	The facility measures Productivity Indicators	100%
Standard H2	The facility measures efficiency Indicators.	100%
Standard II3	The facility measures Clinical Care Indicators.	100%
Standard H4	The facility measures Service Quality Indicators	100%

