



सत्यमेव जयते



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
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विशाल चौहान, भा.प्र.से.
संयुक्त सचिव

VISHAL CHAUHAN, IAS
Joint Secretary

NHSRC/10-11/QI/01/PUNJAB
30th May 2023

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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 Program. The facility underwent External Assessment by the empanelled NQAS external assessors. The assessment detail is as follows:

S. No	Name of Facility	Date of Assessment	Departments Assessed	Certification Criteria	Overall Score	Certification Status
a).	UPHC Model Town Ludhiana	22 nd -23 rd May 2023	All 12 thematic areas	Met all Criteria	81.2%	Quality Certified

Hence, UPHC Model Town, Ludhiana in the state of Punjab is granted 'Quality Certification' NQAS program.

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 Report of the aforementioned facility is enclosed as **Appendix-A**.

With regards

Yours Sincerely,


(Vishal Chauhan)

Shri V.K. Meena

Principal Secretary (H&FW) Department of H & FW,
Government of Punjab, Room No. 314 3rd Floor,
Mini Secretariat Sector-9 Chandigarh-160009

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.
2. State Quality Assurance Unit, National health Mission, Punjab Health Systems Corporation, Phase VI, Mohali (SAS Nagar), Punjab.
3. Medical Officer, Urban Primary Health Center Model Town Ludhiana, Punjab.

Performance Summary Report

Name of the facility :Urban Primary Health Center Model Town Ludhiana Punjab

Date of Assessment : 22nd -23rd May 2023

Overall Score of Health facility : 81.2 %

1. Status on Criteria of Certification:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criteria met Overall score – 81.2 %
II.	Aggregated score in each Area of Concern is $\geq 60\%$	Criteria met
III.	Score of Standard A2, B3 and F4 is $\geq 60\%$	Criteria met Standard A2 – 74% Standard B3 – 100% Standard F4 – 87%
IV.	Individual Standard wise Score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction score of $\geq 60\%$ in the preceding quarter or more (Satisfied or Highly satisfied on Mera-Aspataal) or score of 3.0 on Likert Scale.	Criteria met PSS – 3.5

2. Departmental Score:

S. No.	Department	Score
1.	Dressing Room and Emergency	83.5%
2.	General Clinic	82.2%
3.	Maternity Health	84%
4.	NewBornand Child Health	75.9%
5.	Immunization	91%
6.	Family Planning	83.5%
7.	Communicable Disease	73.6%
8.	Non-communicable Disease	72.3%
9.	Outreach	88.7%
10.	Pharmacy	75%
11.	Laboratory	79.3%

12.	General Administration	81.8%
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3. Area of Concern Wise Score:

S.No.	Area of Concern	Score
A	Service Provision	75.2%
B	Patient Rights	86.6%
C	Inputs	77.6%
D	Support Services	83.6%
E	Clinical Services	78%
F	Infection Control	92%
G	Quality Management	76.8%
H	Outcome	86.2%

4. Score against each Standard:

Reference No	Standard	Score
Standard A1	Facility provides Promotive, preventive and Curative services	80%
Standard A2	The facility provides RMNCHA Services	74%
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.	75%
Standard A4	The facility provides services as mandated in National Health Programmes, state scheme and local requirement.	73%
Standard A5	The facility provides services as per local needs / State specific health programmes as per Guidelines	80%
Standard B1	The service provided at facility are accessible	84%
Standard B2	The service provided at facility are acceptable	84%
Standard B3	The service provided at facility are affordable	100%
Standard C1	The facility has adequate & Safe infrastructure for delivery of assured services and meets the prevalent norms	79%
Standard C2	The facility has adequate qualified and trained staff, required for providing the assured services to the current caseload	84%
Standard C3	The facility provides drugs and consumables required for assured services.	67%
Standard C4	The facility has equipment & instruments required for assured list of services.	81%
Standard D1	The facility has established facility management Programme for maintenance & upkeep of equipment & infrastructure to provide safe & secure environment to staff & users	94%
Standard D2	Facility has defined procedure for storage, Inventory Management & dispensing of drugs in pharmacy	75%

Standard D3	Facility has defined & established procedure for Community Participation for providing assured services	93%
Standard D4	Facility has defined procedure for Governance & work Management	73%
Standard D5	Facility has procedure for collecting & Reporting of the health facility related information	84%
Standard E1	The facility has defined procedures for Registration and consultation of patients.	100%
Standard E2	Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records	73%
Standard E3	Facility has defined & implemented procedures for Drug administration and standard treatment guideline as mandated by Government	87%
Standard E4	Facility has defined & establish procedure for Diagnostic Services	75%
Standard E5	The facility has established procedure for Maternal health care as per guideline	89%
Standard E6	Facility has established procedure for care of Newborn & Child as per guideline	83%
Standard E7	Facility has established procedure for Family Planning as per Govt guideline	84%
Standard E8	Facility provides Adolescent reproductive & sexual health services as per guideline	56%
Standard E9	Facility provides National Health Programmes as per operational/clinical guidelines of the Government	74%
Standard F1	Facility has defined & implemented procedure for ensuring Hand hygiene practices & asepsis	98%
Standard F2	Facility ensures availability of Personal Protective equipment & follows standard precautions.	98%
Standard F3	Facility has standard procedure for disinfection & sterilization of equipment & instrument	92%
Standard F4	Facility has defined & establish procedure for segregation, collection, treatment & disposal of Biomedical & hazardous waste	87%
Standard G1	Facility has established quality Assurance Program as per state/National guidelines	83%
Standard G2	Facility has established system for Patient's and employee's satisfaction	91%
Standard G3	Facility has established, documented & implemented standard operating procedure system for its all-key processes.	67%
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators	85%
Standard H2	Facility endeavors to improve its performance to meet benchmarks	93%

5. Areas of Improvement

S.No	Recommended areas of Improvement
1.	Records and registers should be managed properly.
2.	The provision of curtains and screens should be available.