



# Measurement System

**An Initiative to improve the Quality of Child Health Services**

# Measurement & Improvement

If you can't measure something,  
you can't understand it.

If you can't understand it,  
you can't control it.

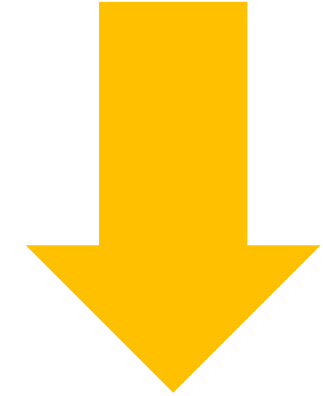
If you can't control it,  
you can't improve it."



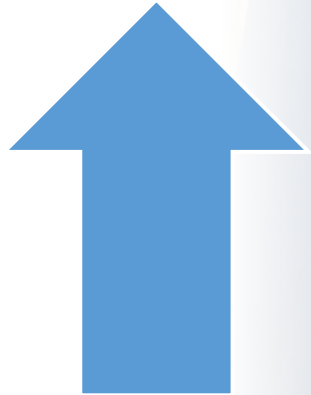


# MusQan Scheme

**NQAS  
Assessment  
Tool**



**Performance  
Indicators**

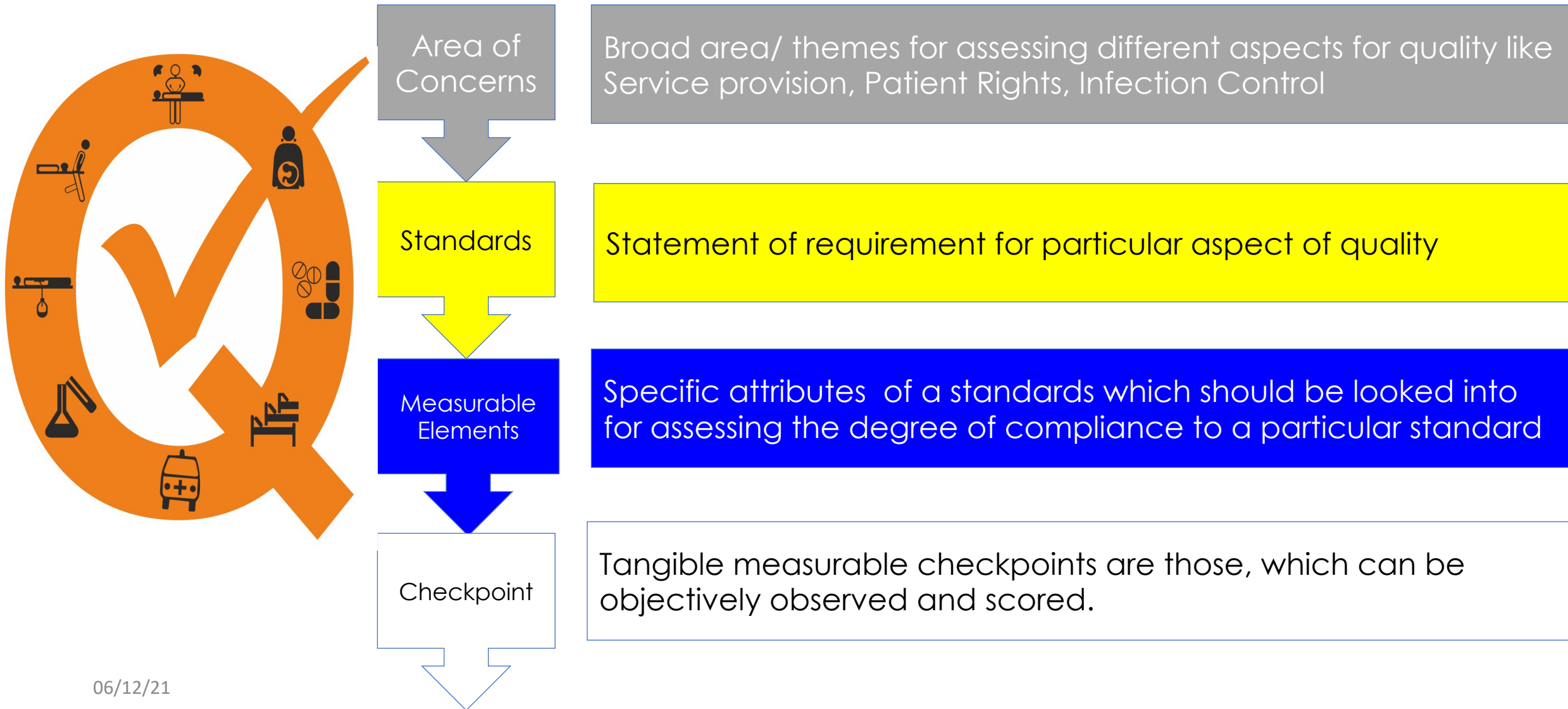


# Departments taken for Assessment

<b>District Hospitals or Equivalent (DH/ DWH/ W&amp;Cs)</b>	<b>Sub District Hospitals (SDH) or Equivalent</b>	<b>All functional FRU CHCs</b>	<b>All other facilities (Example: LaQshya certified, Medical Colleges)</b>
<b>4 Departments</b> <ul style="list-style-type: none"> <li>• Paediatric OPD</li> <li>• Paediatric Ward</li> <li>• SNCU</li> <li>• Nutrition Rehabilitation Centre (NRCs)</li> </ul>	<b>3 Departments</b> <ul style="list-style-type: none"> <li>• Paediatric OPD</li> <li>• Paediatric Ward</li> <li>• SNCU/ NBSU</li> </ul>	<b>2 Departments</b> <ul style="list-style-type: none"> <li>• Paediatric OPD</li> <li>• NBSU</li> </ul>	<b>4 Departments</b> <ul style="list-style-type: none"> <li>• Paediatric OPD</li> <li>• Paediatric Ward</li> <li>• SNCU/NICU</li> <li>• Nutrition Rehabilitation Centre (NRCs)</li> </ul>



# Quality Measurement System



# Area of Concerns



Services  
Provision



Patient Rights



Inputs



Support  
Services



Clinical  
Services



Infection  
Control



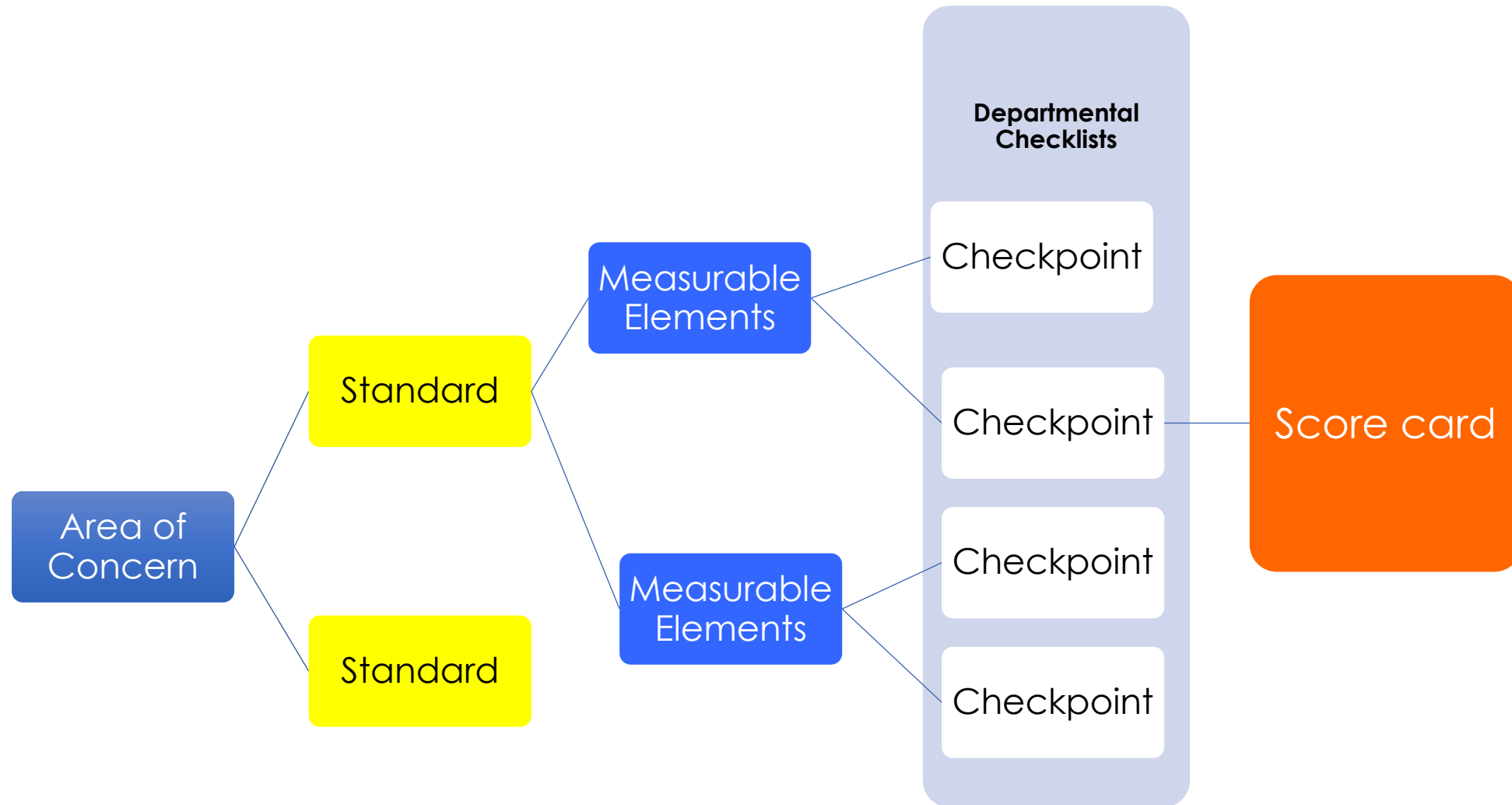
Quality  
Management  
System



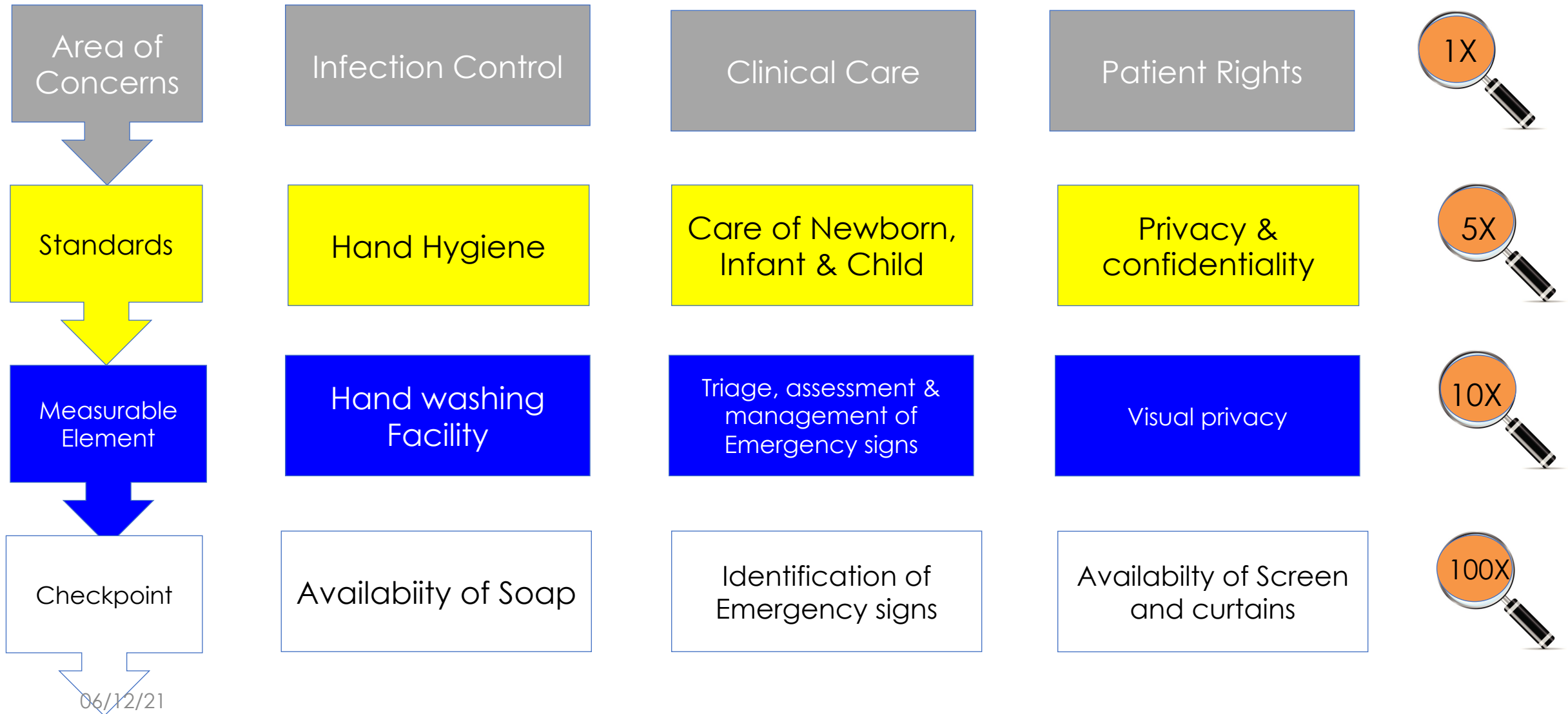
Outcome



# Relationship Between Different Components



# Quality Measurement System





# Anatomy of Checklist

Measurable Element

Checkpoint

Compliance

Assessment Method

Means of Verification

Area of Concern

Reference No.

Statement of Standard

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of Verification	Remarks
MusQan Checklist for Paediatrics Ward						
Area of Concern - A Service Provision						
Standard A1	The facility provides Curative Services					
ME A1.4	The facility provides Paediatric Services	Availability of dedicated paediatric ward		SI/OB	(1) Assessment, investigation & treatment of admitted sick children. (2) Monitoring and supportive care for sick children (3) Early identification & referral of children at higher centre (for services not covered under the scope of DH) Give non compliance if paediatric care is given in general male/ female ward	
		Availability of diarrhoea treatment unit		SI/OB	(1) Assessment for dehydration (2) Management according to degree of dehydration (3) Rational use of drugs in children with diarrhoea/ dysentery (4) Counselling on feeding, danger signs, prevention of diarrhoea	
		Availability of isolation rooms		SI/OB	Segregation and management of children	

# Assessment Method



OBSERVATION (**OB**)



STAFF INTERVIEW (**SI**)



RECORD REVIEW (**RR**)



PATIENT INTERVIEW/ PARENT  
ATTENDANT (**PI**)



# Compliance and scoring

## *GOLDEN RULES*

**Rule no: 1** (Checkpoints without MOV or MOV are explanatory in nature)

Criteria to be used	Full compliance (2)	Partial compliance (1)	Non compliance (0)
Check point	All requirements of check points are met	Half of the requirements of checkpoint are met	None of the requirements met

**Rule no:2** ( Checkpoints with enumerated MOV)

Criteria to be used	Full compliance (2)	Partial compliance (1)	Non compliance (0)
Means of verification	100%	50% to 99%	Less than 50%

# Compliance and scoring

**Rule no:3** (Not as routine) Only when you are

- Not able to score using Rule 1 and Rule 2.
- It seems the checkpoint is not applicable.
- Going beyond obvious.
- Always look for INTENT in relation to the ME and Standard

Criteria to be used	Full compliance (2)	Partial compliance (1)	Non compliance (0)
Intent	Fully met	Partially met	Not met

# Score Cards

## MusQan SNCU Score Card

Area of Concern wise Score			MusQan SNCU Score
A	Service Provision	85%	<b>72%</b>
B	Patient Rights	100%	
C	Inputs	85%	
D	Support Services	93%	
E	Clinical Services	59%	
F	Infection Control	80%	
G	Quality Management	74%	
H	Outcome	61%	

# Performance Indicators

Measurement  
of KPI's

Improvement  
using RIE's





# Key Performance Indicators



Sr No.	Indicators	Sr No.	Indicators
1	Average waiting time for the initial assessment by physician	6	Mortality rate
2	Patient satisfaction score (Parent – attendant)	7	LAMA rate
3	Follow up rate	8	Enhanced skills of mothers/families for providing optimal care to sick and small new-borns
4	Percentage of Low-birth-weight babies successfully discharged after treatment from SNCU /NBSU	9	Percentage of sick newborn received only breast milk (either of mother's own or DHM) throughout their stay at facility
5	Referral rate	10	Percentage of babies on exclusive breastfeeding at the time of discharge from SNCU/NBSU

# Key Performance Indicators



Sr No.	Indicator	Sr No.	Indicator
11	Median uninterrupted time given for Kangaroo Mother Care (KMC)	16	Average time lag between admission and ticket upload online /filling of admission ticket
12	Number of stock out days for essential paediatric drugs	17	Average door to drug time in the health facility
13	Hospital acquired infection rate in SNCU/NBSU	18	Percentage of mothers receiving IYCF counselling availing care in the OPD
14	Number of non-functional equipment days	19	Turnaround time- Diagnostic Services a. Radiology b. Laboratory
15	Rational use of antibiotics	20	Case Fatality Rate a. Pneumonia b. Diarrhoea

# Key Performance Indicators



Sr No.	Indicator
21	Child Safety Audits
22	Bed : Nurse Ratio
23	Percentage of Doctors and Nurses trained in FBNC & observer ship training
24	Facility Conduct new born and child death audits and near miss audits on monthly basis

- Baseline scores need to be submitted as per defined lines
- Data collection for the indicators on monthly basis
- Sharing the collected information regularly

12:19 28%

**GUNAK (गुणक)**

KVAKALP कायाकल्प  
Revitalizing Public Healthcare Facilities

LaQshya

MusQan

Update Checklists/Facilities

Download My Assessments Add State

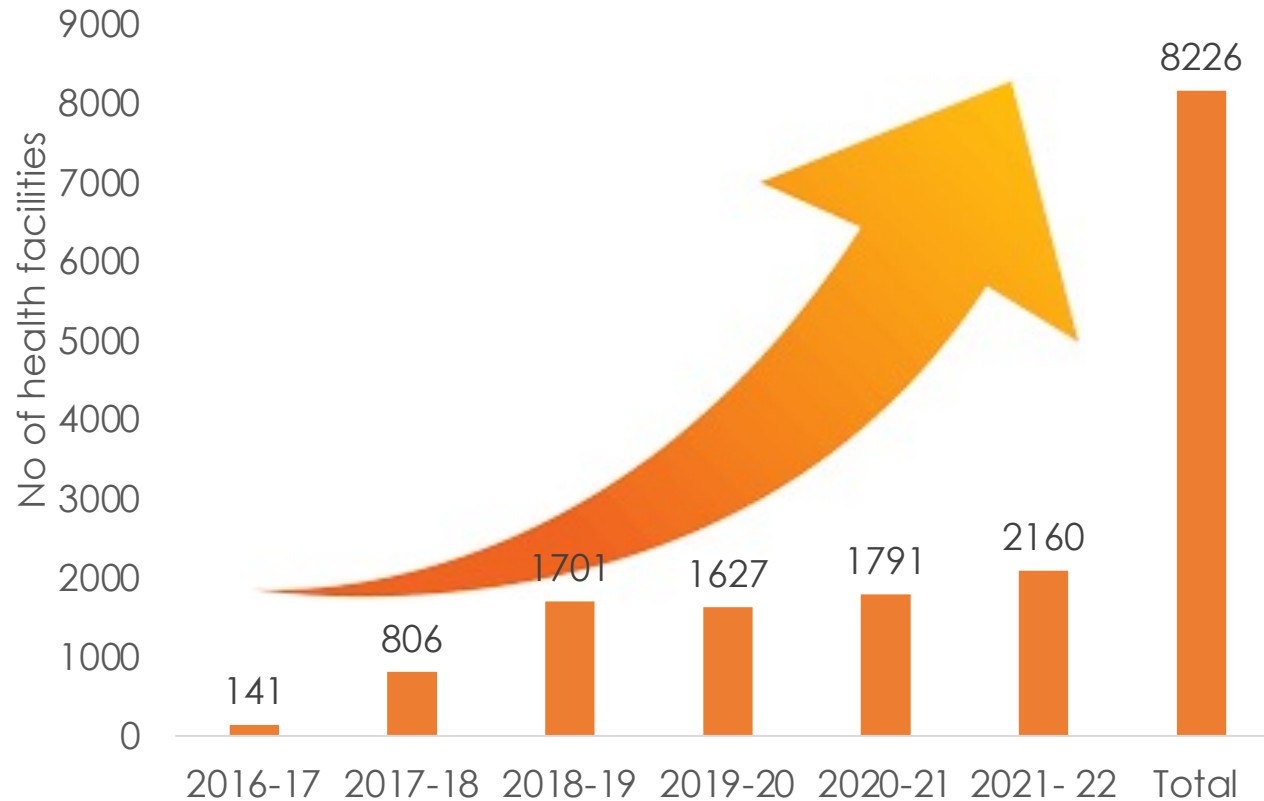
**Support Email**  
[help@gunaknhsrc.freshdesk.com](mailto:help@gunaknhsrc.freshdesk.com)

NH-SRC National Health Systems Resource Center  
Ministry of Health & Family Welfare, Government of India

NATIONAL HEALTH MISSION

# Parent Attendant Satisfaction

## Mera-Aspataal Integration



### Status of Mera-Aspataal integration

DH Integrated : 751 in 32 States/UTs

SDH Integrated: 462 in 15 States/UTs

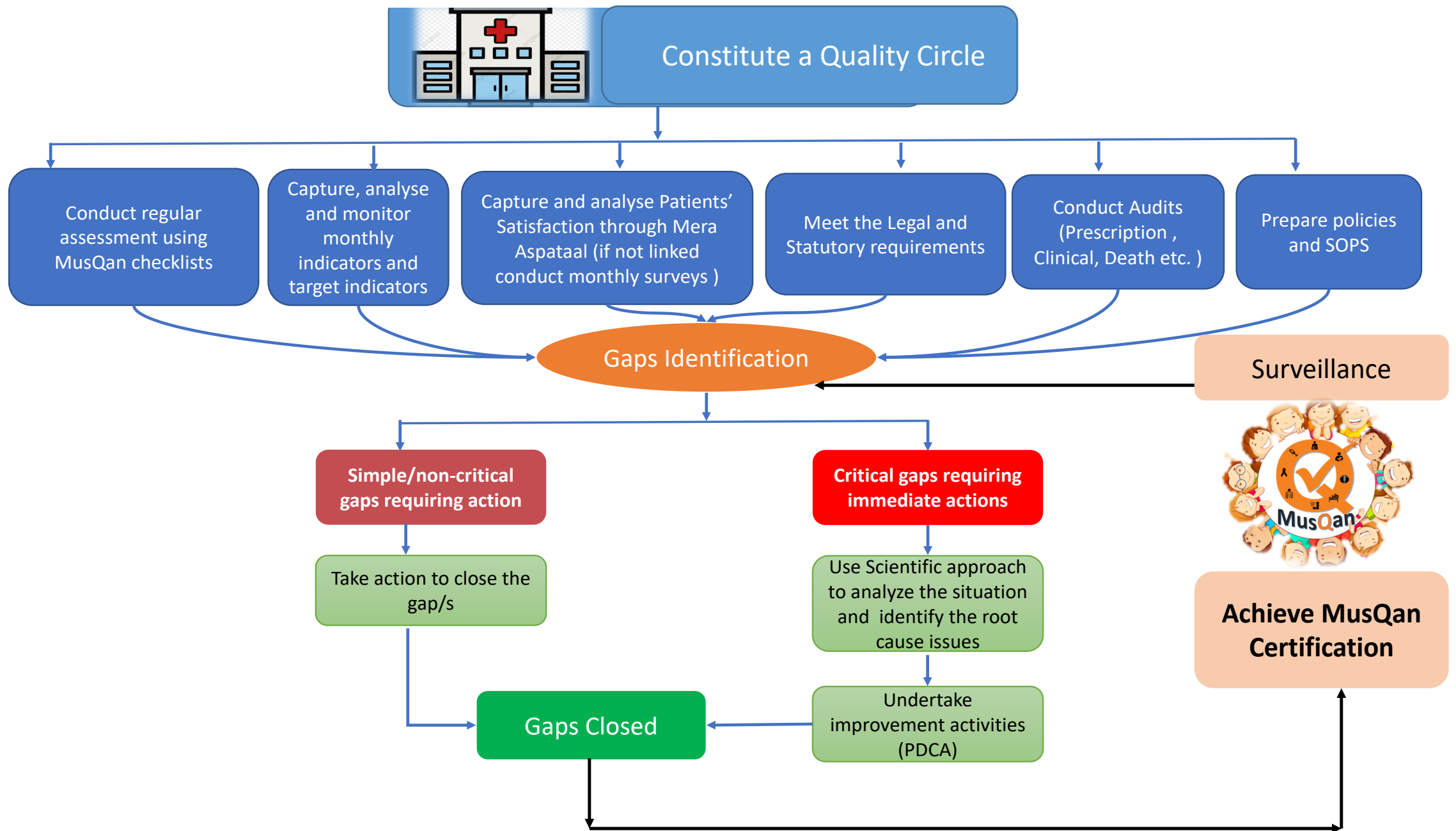
CHC Integrated: 2560 in 14 States/UTs

### ***Patient satisfaction***

Satisfied with services: **76.7%**

Unsatisfied with services: **23.3%**



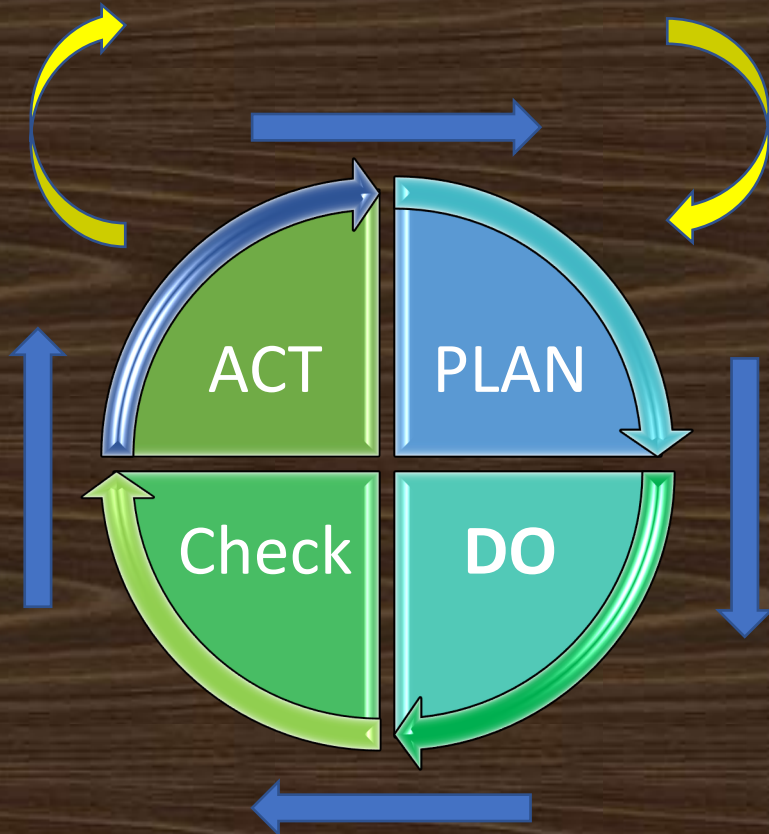


Steps for Implementation at Facility

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can be made that will result in an improvement?



AIM

MEASURE

CHANGE

Multiple  
PDCA

Structure  
Measure



Assess attributes of care setting. Eg: resources, facilities, equipment, personnel etc.

Process  
Measure



Indication of the hypothesized parts & steps which will lead to improved outcomes. Eg: Clinical and non-clinical care processes

Outcome  
Measure



Assess effects of care structure and processes on health status of patients and populations. Eg: improvement in the HAIs, Delay in consultation and admission etc.



BALANCE MEASURE

# Certification Criteria

- a) NQAS Certification of SNCU/NBSU, Paediatric Ward, OPD and NRC. Facility needs to take 70%, or more in external assessment
- b) Attainment of at least of 75% or more of facility-level targets
- c) 80% of the parent-attendant group are either satisfied or highly satisfied (or Equivalent score  $>4$  on the Likert scale).

# Assessor's Pool – Pan India

## Jammu & Kashmir

IA	EA
94	8

Punjab		Chandigarh	
IA	EA	IA	EA
307	10	24	4
Himachal Pradesh		Rajasthan	
IA	EA	IA	EA
54	6	336	14
Delhi		Haryana	
IA	EA	IA	EA
162	46	168	29

Uttarakhand		Uttar Pradesh	
IA	EA	IA	EA
112	3	295	38
Madhya Pradesh		Chhattisgarh	
IA	EA	IA	EA
326	20	53	

Gujarat		Goa	
IA	EA	IA	EA
77	39	83	4
Maharashtra		DNH & DD	
IA	EA	IA	EA
296	34	101	2

Karnataka		Tamil Nadu	
IA	EA	IA	EA
167	24	492	85
Andhra Pradesh		Telangana	
IA	EA	IA	EA
61	28	57	27
Tamil Nadu		Lakshadweep	
IA	EA	IA	EA
492	85	17	

Bihar		West Bengal	
IA	EA	IA	EA
199	11	123	5
Odisha		Jharkhand	
IA	EA	IA	EA
97	10	143	3
Puducherry			
IA	EA		
32	3		

Assam		Arunachal Pradesh	
IA	EA	IA	EA
186	8	61	4
Nagaland		Manipur	
IA	EA	IA	EA
54	3	149	5
Mizoram		Tripura	
IA	EA	IA	EA
28	4	14	7
Meghalaya		Sikkim	
IA	EA	IA	EA
77	9	20	2

**Total no. of Internal Assessor: 4618**  
**Total no. of External Assessor: 626**





Thank You

