

OVERVIEW OF NQAS FRAMEWORK

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Quality in General

- Quality is the degree of adherence to pre-determined standards.
- Quality is Minimizing variations.
- Quality is Standardization.
- Quality is Meeting and Surpassing the Customer Expectations
- Quality is Doing Right Things, in Right Way, First Time & Every time.



Quality in Healthcare

EFFECTIVENESS	Achieving outcomes as desired by doing right things.
EFFICIENCY	Relates to maximizing the quality of health care delivered or health benefit achieved for a given unit of health care resources used.
EQUITY	Relates to providing health care of equal quality to those who may differ in personal characteristics
PATIENT CENTEREDNESS	Relates to meeting patients' needs and preferences.
SAFETY	Avoiding harm to patients from care that is intended to help them
TIMELINESS	Relates to obtaining needed care while minimizing delays.





Why

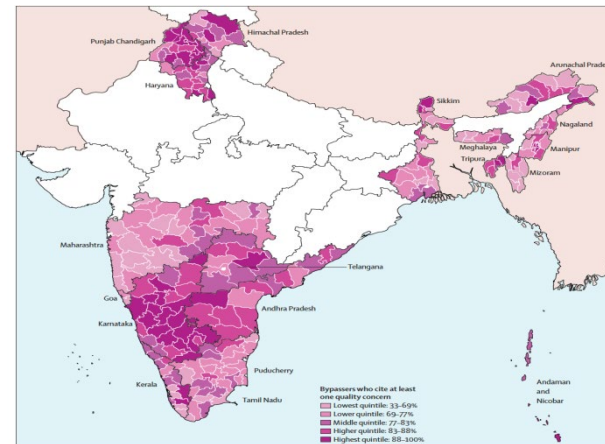
QUALITY



Poor quality a bigger contributor to mortality than non-utilization

	Deaths due to non-utilization of health services	Deaths due to poor-quality services	Percentage due to poor quality
World	3.5 million	5.0 million	58%
South Asia	1 million	1.9 million	64%

Perceived poor quality of care can lead people to avoid certain health facilities



*The Lancet Global Health Commission: High Quality Health Systems in the SDG Era
(Vol-6 November 2018)*



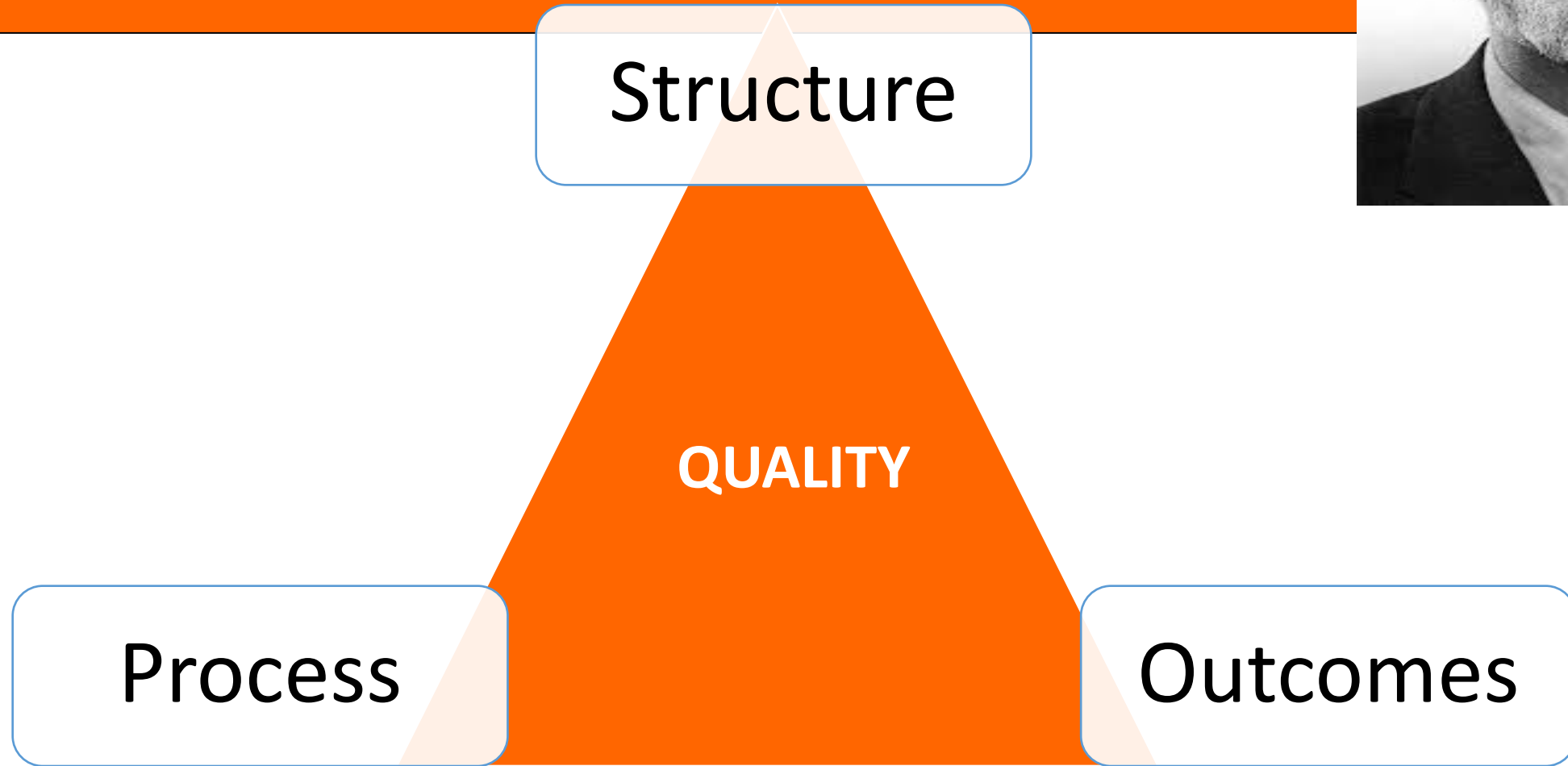
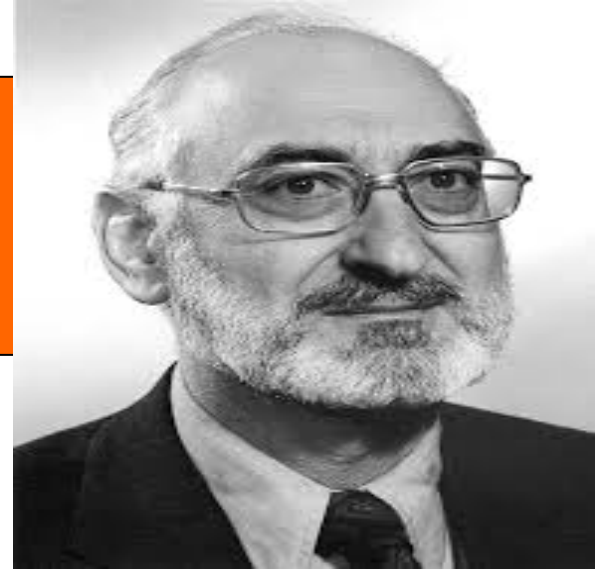
In India **16 lakh** deaths every year are due to poor quality : India can save 3 out of 5 lives by providing quality health care

*The Lancet Global Health Commission: High Quality Health Systems in the SDG Era
(Vol-6 November 2018)*

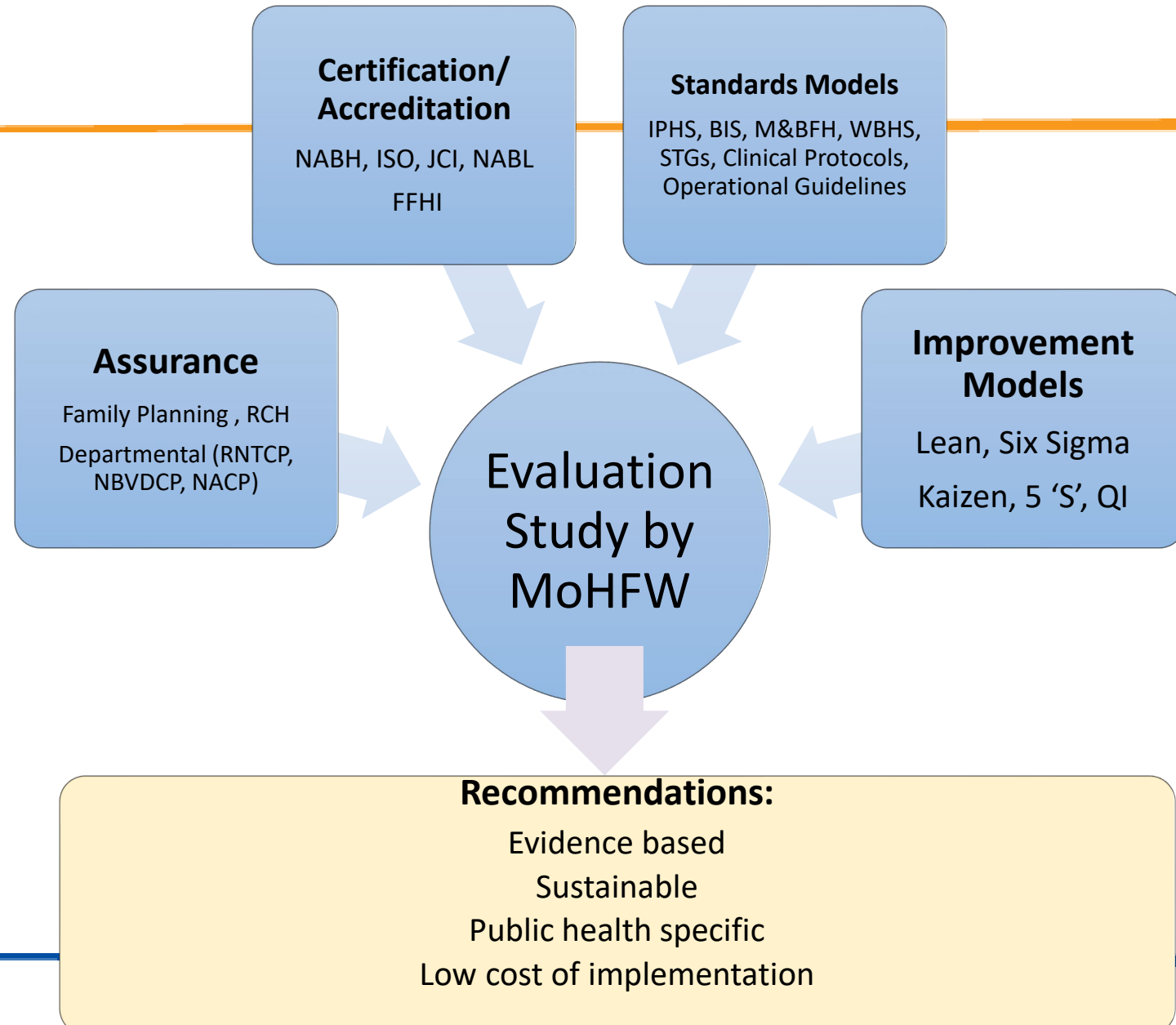


Dimensions of Quality

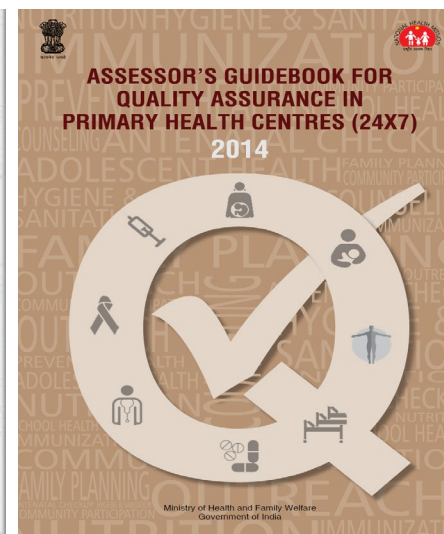
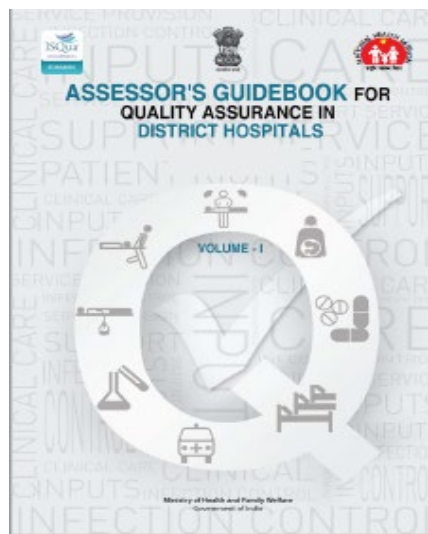
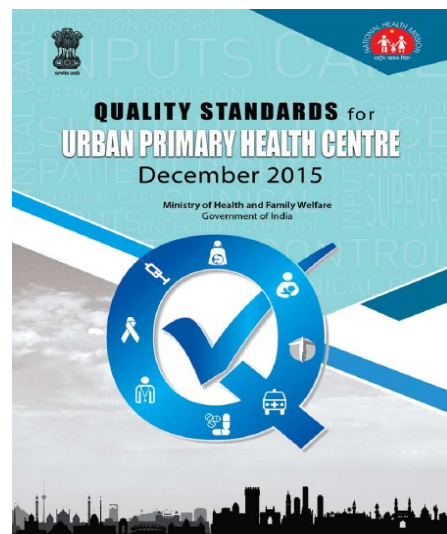
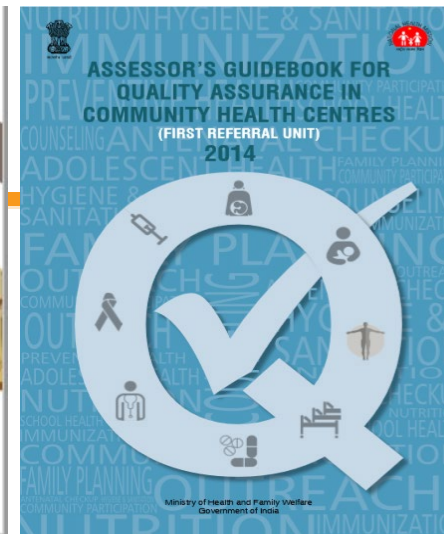
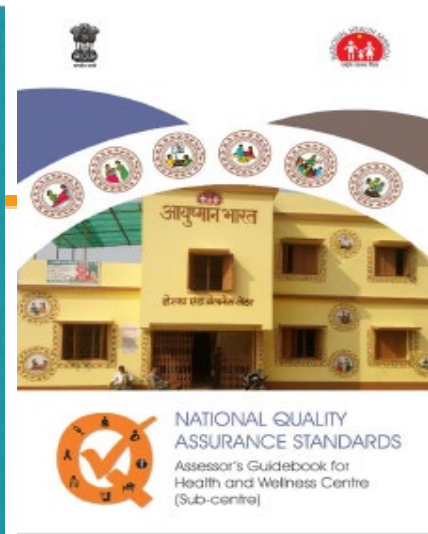
Dr Avedis Donabedian (1919-2000)



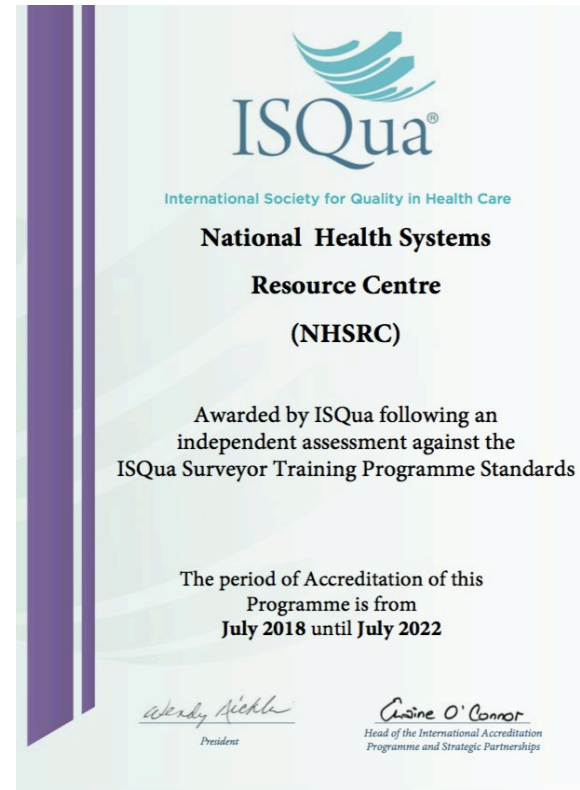
Evolution of Quality of Care Framework-NQAS



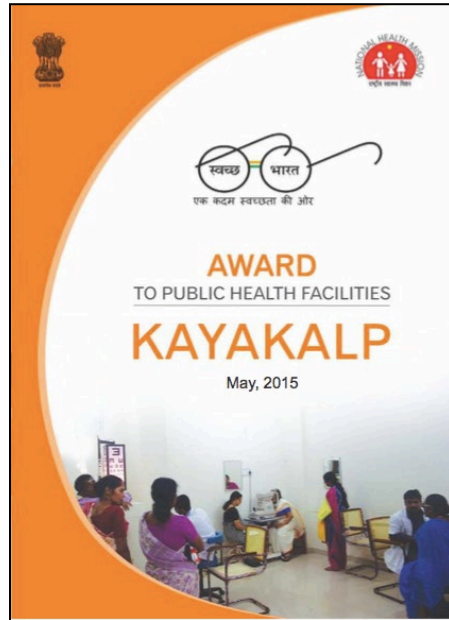
Quality Standards for Different Level of Facilities



International Accreditation



Other Initiatives under the NQAP



LaQshya



- Focused approach for ensuring Quality of care around birth
- **Emphasis on Respectful Maternal Care**
- **Target link Indicators on Maternal & Newborn Care in Labour room and Maternity OT**
- Assessment on NQAS
- Rapid Improvement Cycles focusing on important aspect of the care
- Provision of Quality Certification and Incentives





The Targets



Quality Certification of Labour Room and Maternity OT under National Quality Assurance Standards



Attainment of at least of 75% facility level targets (15 out of 20 Indicators)



80% of the beneficiaries are either satisfied or highly satisfied



Key Features of Program

1

Unified
Organizational
Framework

2

Explicit
Measurement
System

3

Flexibility of
adopting as per
state's need

4

Training &
Capacity Building

5

Continuous
Assessment
and scoring

6

Inbuilt Quality
Improvement
Model

7

Certification at
State & National
Level

8

Incentives on
Achievement
& Sustenance



1

Unified Organizational Framework



Institutional Framework



National Level

Central Quality Supervisory Committee

State Level

State Quality Assurance Committee

District Level

District Quality Assurance Committee

Facility Level

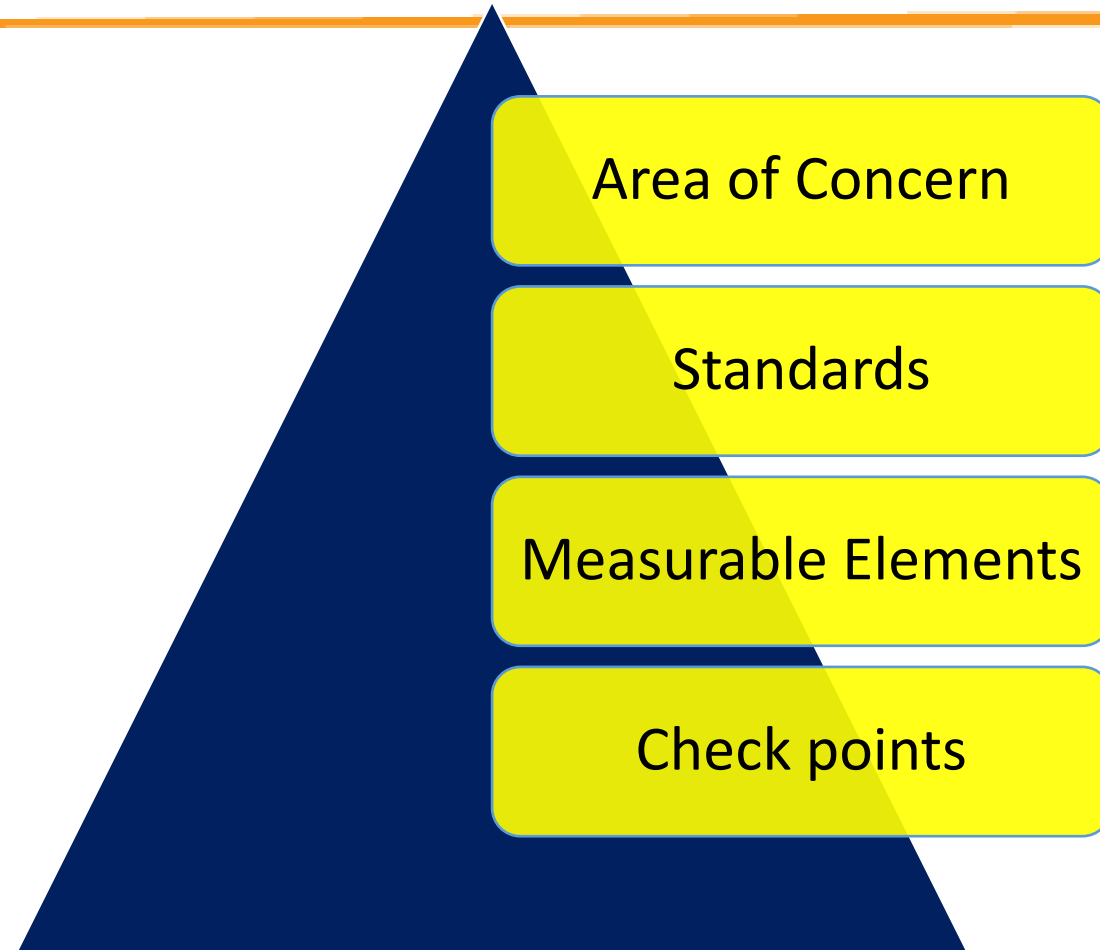
Quality Improvement Team/Quality Circle

2

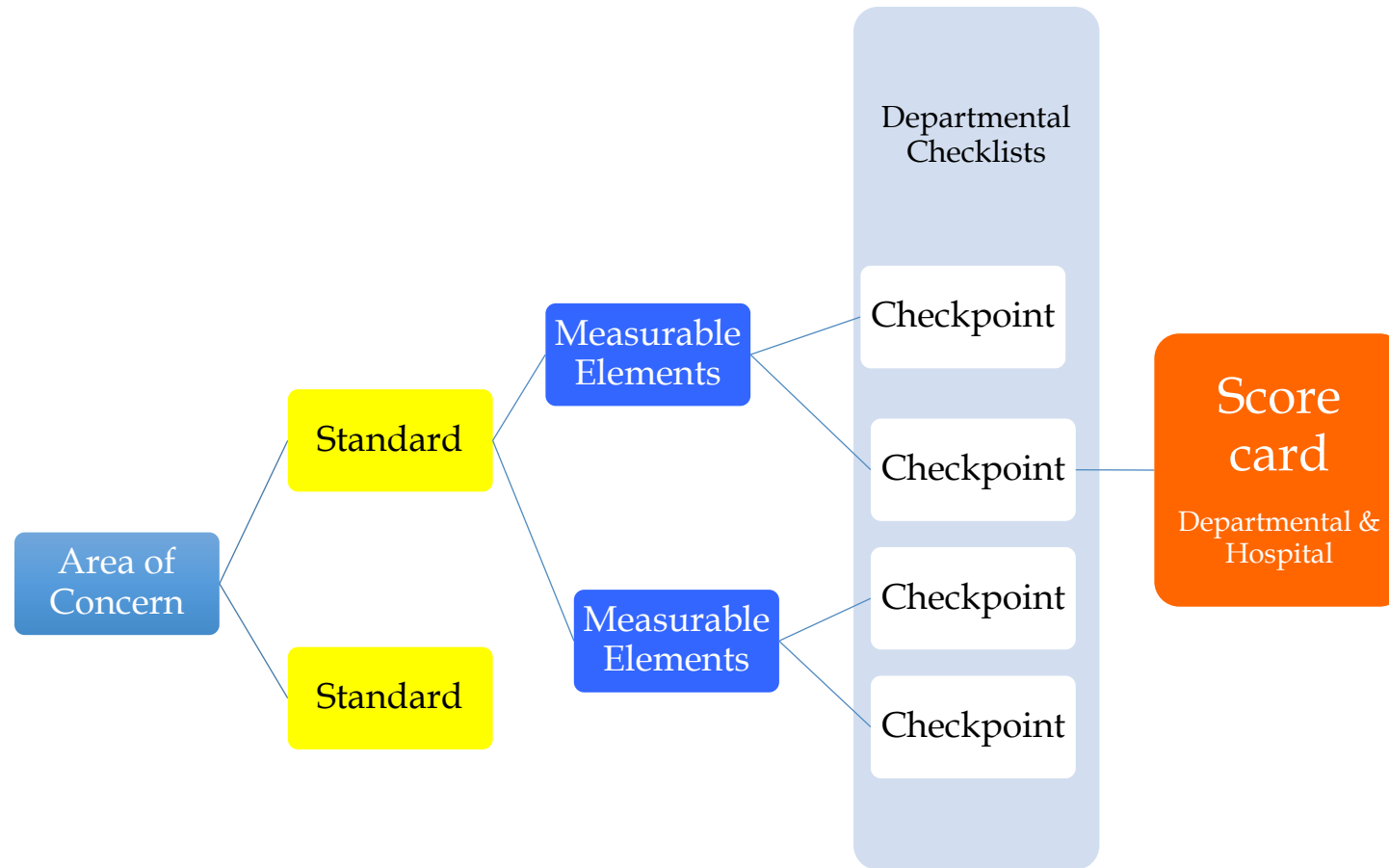
Explicit
Measurement
System



Anatomy of NQAS



Relationship Between Different Components



Arrangement at Different Level of Facilities

Type of Facility	Standards	ME	Check-lists
DH	74	362	19
CHC	65	297	12
PHC	50	250	06
U-PHC	35	200	12
HWC-SC (A)	48	122	1
HWC-SC (B)	50	125	



Departmental Check-lists: District Hospital

1. Accident & Emergency	2. Out Patient Department
3. Labour Room	4. Maternity Ward
5. Indoor Department	6. NRC
7. Paediatric Ward	8. SNCU
9. ICU	10. Operation Theatre
11. Post-Partum Unit	12. Blood Bank
13. Laboratory	14. Radiology
15. Pharmacy	16. Auxiliary Services
17. Mortuary	18. General Administration
	19. Maternity OT



Departmental Check-lists: CHC, PHC & U-PHC

CHC	PHC	U-PHC
1. A & E	1. OPD	1. General Clinic
2. OPD	2. Labour room	2. Maternal Health
3. Labour Room	3. IPD	3. Newborn & Child Health
4. IPD	4. Laboratory	4. Immunisation
5. NBSU	5. National Health Progms.	5. Family Planning
6. Operation Theatre	6. Gen. Adm.	6. Communicable Diseases
7. Laboratory		7. NCD
8. Radiology		8. Dressing & Emergency
9. Pharmacy & Stores		9. Pharmacy
10. Blood Storage Unit		10. Laboratory
11. Auxiliary Services		11. Outreach
12. Gen. Administration		12. Gen. Administration



3

Flexibility of
adopting as per
State's need



4

Training &
Capacity
Building



Trainings under NQAS

Training	Duration	Level	Scope
Awareness Workshop	1 day	State	To sensitize state level officials for quality assurance program
Internal Assessors' Training	2 Days	State / Regional	Standards , measurable elements, Internal assessment Methodology Filling up checklists and calculating scores Preparing action Plan
QA in NUHM	2 Days	State/ Regional	Assessment, Gap Closure Action
Service Providers' Training	3 Days	Regional/ District	Basic concepts of quality Standard operating procedures Patient satisfaction Surveys Quality improvement tools
External Assessors' Training	5 Days	National/ State	Detailed training on Standards, measurable elements, assessment methodology, audits, code of conduct, scoring and reporting



Capacity Building for Health Quality

To build capacity and knowledge among healthcare professionals executive programs run by NHSRC in collaboration with TISS, Mumbai and PHFI, Delhi.



PG Diploma in Healthcare Quality Management -TISS



Certificate Course in Health Care Quality –PHFI

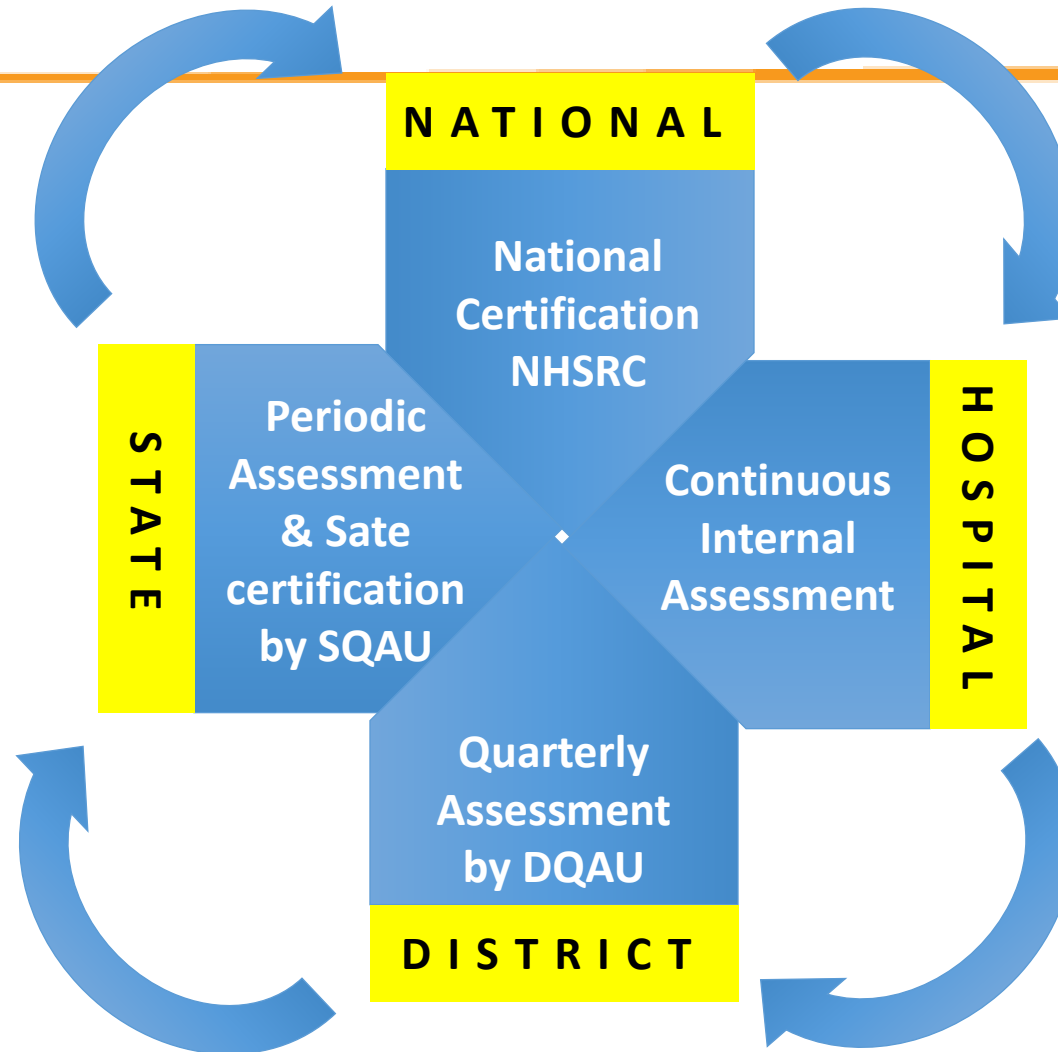


5

Continuous
Assessment &
Scoring



Assessment Protocol



Hospital Quality Score Card

Hospital Quality Score Card Department wise				
Accident & Emergency 45%	OPD 58%	Labour room 70%	Maternity Ward 67%	Indoor Department 78%
NRC 68%	Paediatric ward 85%	Hospital Score 70%	SNCU 57%	ICU 68%
Operation Theatre 82%	Post Partum Unit 49%		Blood Bank 85%	Laboratory 50%
Radiology 35%	Pharmacy 72%	Auxiliary Services 65%	Mortuary 25%	General Administration 60%



Departmental Score Card

Emergency Score Card		
Emergency Score	Room	70%
Area of Concern wise score		
Service Provision		78 %
Patient Rights		52 %
Inputs		55 %
Support Services		50 %
Clinical services		77 %
Infection control		85 %
Quality Management		90 %
Outcome		73 %



6

Inbuilt Quality
Improvement
Model



Model for Quality Improvement

PLAN A CHANGE

FORMULATE A PLAN FOR IMPROVEMENT-SET GOALS,
TARGETS & METHODS FOR IMPROVEMENT

DO

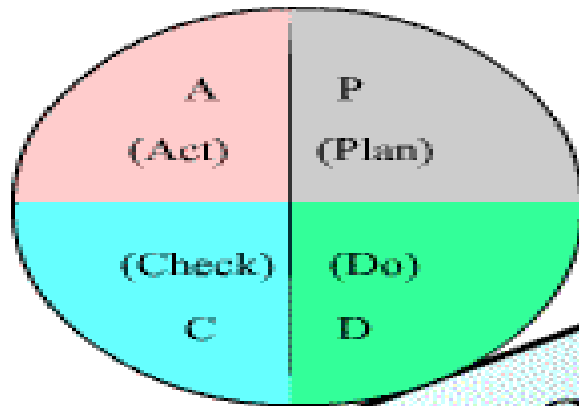
IMPLEMENT THE PLAN
EDUCATE/TRAIN

CHECK

EVALUATE RESULTS
MODIFICATIONS NEEDED

ACT

IMPLEMENT PLANNED CHANGES
NOT SUCCESSFUL, REWORK CYCLE



QUALITY



In-built Improvement Activity

Standard G1	The facility has established organizational framework for quality improvement.
ME G1.1	The facility has a quality team in place.
ME G1.2	The facility reviews quality of its services at periodic intervals.

Standard G 5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages.
ME G5.1	The facility maps its critical processes.
ME G5.2	The facility identifies non value adding activities/waste/redundant activities.
ME G5.3	The facility takes corrective action to improve the processes.



Emphasis on delivery of Standardized Care

Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.
ME G4.1	Departmental standard operating procedures are available.
ME G4.2	Standard Operating Procedures adequately describes process and procedures.
ME G4.3	Staff is trained and aware of the procedures written in SOPs.
ME G4.4	Work instructions are displayed at Point of use.



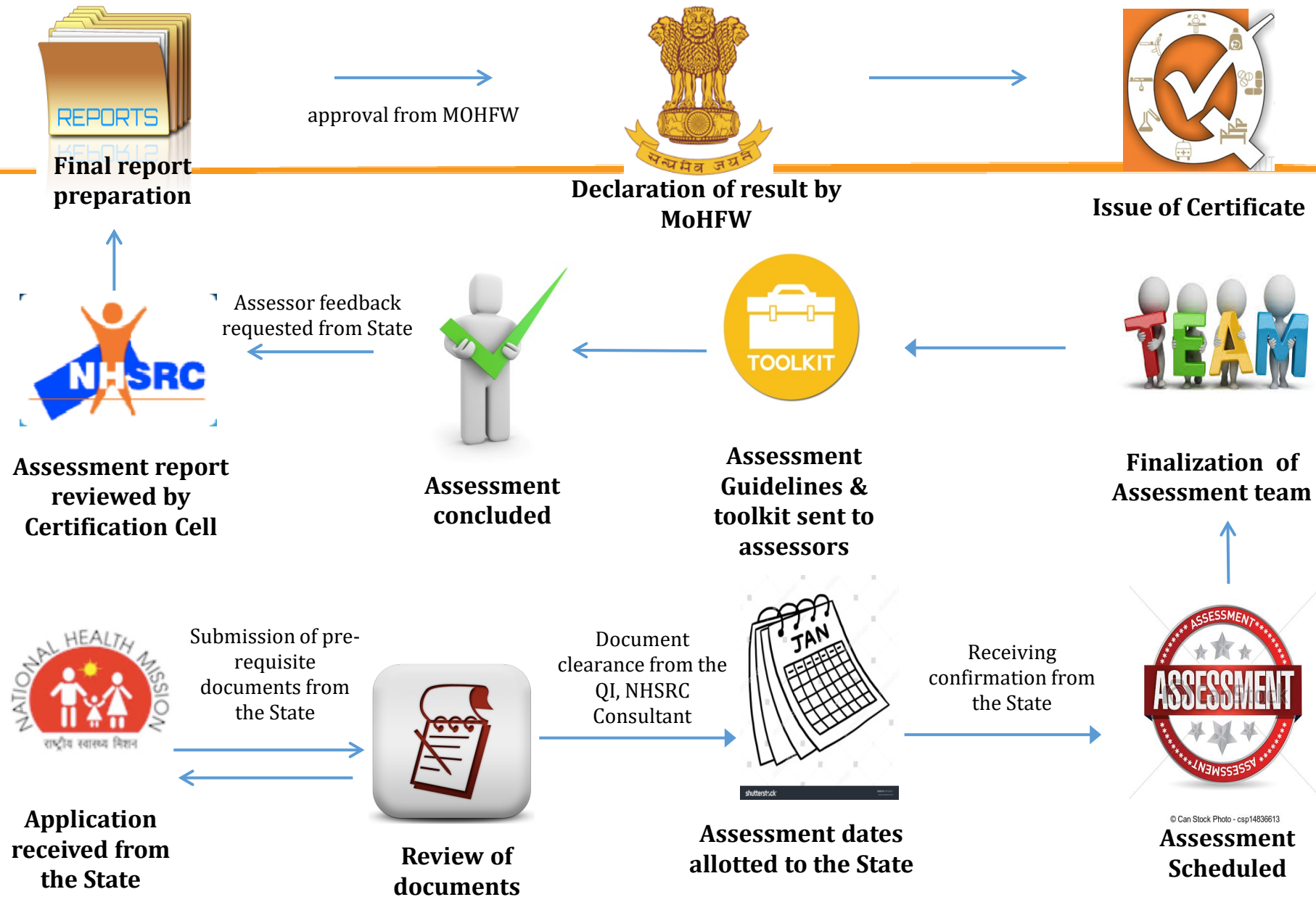


7

Certification at
State &
National Level



OVERVIEW OF EXTERNAL ASSESSMENT PROCESS



Criteria for National Certification (DH)

	Over All Hospital Score		Department wise Score		Area of Concern wise Score
Criteria 1	70% or More	Criteria 2	70% or More	Criteria 3	70% or More
	Core Standards*		Standard wise Scores		Patient Satisfaction Score
Criteria 4	70% or More	Criteria 5	50% or More	Criteria 6	70% or More

*A2- RMNCHA Services, B5- Free services, D10- Legal Requirements



Quality Certification Criteria: DH

Criterion	Score	Full Certification	Certification with Conditionality	Deferred	Declined
Criterion I	Facility Score $\geq 70\%$				
Criterion II	Score of Each Department $\geq 70\%$		Meets at least 3 Criteria out of 5		
Criterion III	Score in Each Area of Concern $\geq 70\%$				
Criterion IV	Score in three Core Standards $\geq 70\%$				
Criterion V	Score in each of Standards $\geq 50\%$				
Criteria VI	Patient Satisfaction Score of 70% in the preceding Quarter or more on Mera-Aspataal) or Score of 3.5 on Likert scale.				

Core-Standards

Standard A2 - "The facility provides RMNCHA services".

Standard B5 - "The facility ensures that there are no financial barriers to access, and that there is financial protection given from cost of hospital services".

Standard D10 - "The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government."



Quality Certification Criteria: CHC/U-CHC

Criterion	Score	Full Cert.	Certification with Conditionality	Deferred	Declined
Criterion I	Facility Score $\geq 70\%$				
Criterion II	Score of Each Department $\geq 70\%$		Meets at least Criteria 3 out of 5		
Criterion III	Score in Each Area of Concern $\geq 70\%$				
Criterion IV	Score in three Core Standards $\geq 60\%$				
Criterion V	Score in Each of the Quality Standards $\geq 50\%$				
Criteria VI	Patient Satisfaction Score of 65% in the preceding Quarter or more on Mera-Aspataal) or Score of 3.2 on Likert cale.				

Core-Standards

Standard A2 - "The facility provides RMNCHA services".

Standard B5 - "The facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services".

Standard D8 - "The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government."



Incentives on NQAS Certification

Type of Facility	Type of Certification	Incentive
PHC/ U-PHC with beds	Full Certification	Rs. 3.0 Lakh
PHC/ U-PHC with beds	Certification with conditionality	Rs. 2.0 Lakh
U-PHC/ PHC without beds	Full Certification	Rs. 2.00 Lakh
U-PHC/ PHC without beds	Certification with conditionality	Rs. 1.50 Lakh



Departmental Approach for SUMAN Identified Facilities

Sl. No	Level of Facilities	Department
1	District Hospitals / SDH	OPD (should prioritize antenatal & pediatrics services), Labour room, Maternity OT, Maternity ward, Pediatric ward, SNCU, Post-Partum unit, Blood Bank/Blood storage unit, General Administration
2	CHC	OPD (Antenatal clinic & pediatrics services), Labour room, OT, IPD, NBSU, Post-Partum unit, Blood Storage Unit, General Administration
3	PHC	All departments (LR, OPD, IPD, General Administration, National Health Programme & Laboratory). States may take exemptions for the National Health Programme & Laboratory, if needed.
4	UPHC	General clinic, Maternal Health, Newborn and Child health, Immunization, Family Planning, Outreach, General Administration
5	HWC-SC (7 mandatory packages)	Care in pregnancy & child-birth, Neo-natal & infant health care services, Family planning and contraceptive services and other Reproductive Health Care Services, Management of communicable diseases including National Health Programme, Management of common communication diseases & outdoor care for acute simple illness and minor ailments, Screening, prevention, control and management of non-communicable diseases



NQAS: The Pro-Public Health Quality Model

Internal Quality Culture

Evidence Based

Inbuilt Quality Improvement Model

Flexible

Explicit , Measurable & Transparent

Sustainable & Scalable

Recognition

Cost effective



**Thank
you**

