National Health Systems Resource Centre

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

Letter No: NHSRC/13-14/QI/01/QAP
Date: 11 February 2020

Subject: Guidance Note for Recertification of NQAS certified health facilities

Dear Sir / Madam

As you are aware that under National Quality Assurance Standards the certified status of facilities is valid for the period of three years only. Please find enclosed with this letter a guidance note which has to be followed when the facility is due for the recertification.

This is for your kind information and necessary action.

With regards

Yours sincerely

(Dr J N Srivastava)
Advisor – Quality Improvement

To,

State Quality Nodal Officer - All States/UTs

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Guidance Note
Recertification of NQAS certified Health Facilities

Background

- National Quality Assurance Standards (NQAS) for various level of Public Health Facilities were launched for improving quality of care delivered at such facilities. These standards are available for District Hospitals, Community Health Centres, Primary Health Centres and Urban Primary Health Centres.
- Facilities meeting the minimum of eligibility criteria are certified and incentivized (Refer, DO letter no- NHSRC/13-14/QI/01/QAP dated 10th March 2017 and DO letter no- NHSRC/13-14/QI/01/QAP dated 24th May 2017 for details).
- The certified status once achieved is valid for a period of three years, subject to validation of compliances to the QA Standards by the SQAC team every year in subsequent two years (Refer, DO letter no- NHSRC/13-14/QI/01/QAP dated 24th May 2017).
- For continuation of the certified status, the facility is expected to undergo re-certification assessment by the national assessors as per the procedure given below.

Prerequisite

NQAS nationally certified health facilities, which had undergone surveillance assessment by the state team during subsequent two years and had demonstrated the NQAS compliance status, are eligible to apply for the NQAS re-certification.

Procedure for NQAS re-certification

1. The request for renewal must be submitted at least 3 months before expiry of validity of the existing certificate.
2. If the facility fails to apply at least two months before the expiry of current certificate, it shall be presumed that facility is not interested in undergoing the re-certification and then the certification status shall remain valid for a period as mentioned in the original certificate.
3. In case, the facility applies later after expiry of the validity period, then afresh application for the certification needs to be processed as per existing protocol for first time certification.
4. While applying for the re certification, the facility may increase the scope i.e. number of departments if the same were not assessed earlier.
5. Public Healthcare facilities may apply for recertification by filling the prescribed Application Form (Annexure A) along with submission of supporting documents (Annexure B). The norms pertaining to days of assessment, assessment protocol, norms for certification criteria, incentivisation, etc. remain same as of "Certification Process" *(Refer- Guidelines for Certification of Public Health Facilities based on National Quality Assurance Standards).*

6. Application along with the documents need to be sent to certification.nqas@gmail.com with cc marked to Dr J N Srivastava ,Advisor- QI (NHSRC) at jn.nhsrc@gmail.com and respective state consultant.
7. The certificate issued to the facility after re-assessment shall be valid for three years. Criteria for certification and incentive amount shall remain same as mandated by the Central Quality Supervisory Committee (Refer, DO letter no- NHSRC/13-14/QI/01/QAP dated 10th March 2017).

Ineligibility for Recertification:

1. Non closure of conditionalities, as found during previous assessments.
2. Absence of surveillance assessments and its evidences.
3. Facilities not meeting the CQSC approved certification criteria in subsequent surveillance assessments by SQAC / NHSRC.
4. Improper use of NQAS certified status.
5. Downgrading of scope of services.
6. Unethical practices and regulatory non-compliances.

Annexure A

APPLICATION FORM
FOR RE-CERTIFICATION UNDER
NATIONAL QUALITY ASSURANCE STANDARDS

From

State Quality Assurance Committee
.....
.....

No. Date:

To,
Joint Secretary (Policy)
Ministry of Health & Family Welfare
Government of India
Nirman Bhawan, Maulana Azad Road
New Delhi – 110011

REQUEST FOR ASSESSMENT OF HEALTH FACILITY FOR RE- CERTIFICATION UNDER NATIONAL QUALITY ASSURANCE STANDARDS

Sir,

Our facility ..... (Name) was certified as per National Quality Assurance Standards on ..... (Date).

Name of Health Facility
Full Address

Now, in continuation with efforts for sustaining "Quality" in our health facility as per National Quality Assurance Standards, we are happy to inform that we wish to apply for re- certification.

The health facility has successfully undergone surveillance assessments during previous two years by SQAC and assessment reports dated ------ and -------- are attached herewith. Hence, we request you to issue instructions for assessment of the health facility for the NQAS re-certification. Detail information about the health facility is given in the attached annexure.

Thanking you.

Yours sincerely

(.....)

Annexure B

Hospital Data Sheet (to be enclosed with the application for External Quality Certification)

1. a) Full Name of Health Facility b) Category of the facility (DH/SDH/CHC/ PHC(24*7)/any other please specify) c) NIN ID	Name: Category: NIN ID:
2. Full Address with PIN Code	
3. Contact Details - a. SQAU	i. Nodal Officer- ii. Email - iii. Tel – iv. Score of the facility on SQAU Assessment –
b. DQAU	i. Nodal Officer – ii. Email – iii. Tel – iv. Score of the facility on DQAU Assessment –
c. Facility	i. In-charge – ii. Email – iii. Tel –
4. Nearest Railway Station	
5. Nearest Airport	
6. Certification Status a) NQAS (Certificate number, date of certification and Validity Period) b) Any other certification (Name , Certificate number, date of certification and Validity Period)	C.No.- Date- Validity period - Name- C.No.- Date- Validity period -
7. Name and No. of departments which have been certified earlier (as mentioned on previous certificate)	Number- Name -

8. Any addition of department/s for assessment in re-certification	Number – Name-			
9. a) Number of Beds *excluding floor beds	i. Sanctioned beds			
	ii. Functional beds*			
b) Distribution of Beds **excluding new-born bassinets in Maternity ward, Observation beds, Floor beds, Labour room tables etc.	i. Medical- ii. Surgical- iii. Gynae- iv. Maternity- v. Paediatrics- vi. Orthopaedics- vii. Ophthalmology- viii. ENT- ix. ICU- x. SNCU- xi. Other** (Please add)-			
10 . Maternal Services	a. Number of deliveries in a month(average)- b. Number of Caesarean Section in a month (average)- c. Percentage of deliveries in night (Average)-			
11. Radiological Services	a. No. of X-ray machines- b. Ultrasound availability- b. CT Scan- d. Any other -			
12. IPD Services	a) Average no of discharges per month b) Average number of LAMA per month c) Average number of Referral per month			
13. Patient Satisfaction score of Preceding Three months and Sample size		Month 1	Month 2	Month 3
	Patient Satisfaction Score			
	Sample size			

Documents to be attached:

1. SQAC Verified (year wise)–
   A. Detailed assessment report of last two surveillance assessments (date and team members name to be mentioned)as per the guidelines.
   B. Post surveillance action taken
   C. Key performance Indicators for each of the preceding 12 months.
   D. Evidence (pictures etc.) for assurance of provision of quality services to the health seekers (Display of certificate, Logo placement at main board and at other relevant signages, inclusion in citizen charter and display of logo in all hospital stationary -OPD slip, case sheet etc.)
2. SOP of departments which shall be taken up for first time for the assessment.

3. Status of Current SOP , Manual and Policies-

S.No.	Name of Departmental SOP/ Policy/ Manual	Date of Revision
1		
2		
3		
4		