



# Road map of NQAS Certification for HWCs

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# AGENDA

1

**State Level**

2

**District Level**

3

**Facility Level**

4

**National Certification**



# Roadmap for the States

S.No	Activities	Task	Responsibilities	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
1	Organizational Framework	1.1 Nodal Officer HWC (SC) at State and district level to be inducted in the State and District Quality Assurance Committees respectively	State Quality Assurance committee and District Quality Assurance Committee	15 <sup>th</sup> July					
		1.2 State to provide <i>HWC portal access to the Quality Consultants/ Coordinators</i> in the State/ Districts to review the indicators of the facilities.		15 <sup>th</sup> July					
2	Targeted Facilities	2.1 Selection of targeted operational health facilities for Quality Implementation	State Representative of HWC and Quality Assurance	30 <sup>th</sup> July					
3	Capacity Building	3.1 State level Orientation Workshop for Regional/ District Officers and dissemination of Guidelines	State with support of NHSRC (QI & CP teams)	30 <sup>th</sup> July					
		3.2 Two days ToT Module of IA cum SPT trainings for the targeted facilities	State HWC and QA teams with support of NHSRC		On Going				

# Roadmap for the States

S.No	Activities	Task	Responsibilities	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
4	Documentation	4.1 State to develop Standard Templates for Documentation requirements under NQAS and disseminate to health facilities	State HWC and QA team		31 <sup>st</sup> Aug				
5	Mentoring Visits	5.1 State to conduct mentoring visits and provide implementation support in HWC (SC) in targeted facilities	State HWC and QA teams						
6	Implementation	6.1 Mid-Course correction; if required to strengthen and streamline the implementation of QA activities in the State	State HWC and QA teams with NHSRC	Ongoing Activities					
7	Certification	7.1 State to undertake State level certification of the HWC (SC) and apply them for National level certification	State QA teams				Ongoing activities		

# Roadmap for the Districts

S.No	Activities	Task	Responsibilities	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
1	Organizational Framework	1.1 District Quality Assurance Unit to induct District Nodal officer (HWC) in DQAC	DQAC with Support of SQAC	15 <sup>th</sup> July					
2	Capacity Building	2.1 Orientation training on how to conduct assessments for the CHOs of selected facilities along with MO of the PHC/ CHC accountable for ensuring service delivery in HWC in its jurisdiction	District Quality Assurance Units with District HWC teams	15 <sup>th</sup> July					
		2.2 Conduct a service provider training of the quality teams in the targeted facilities; PSS, IA, Gap closures, Action Plan, Outcome indicators	District Quality Assurance Units with District HWC teams		15 <sup>th</sup> Aug				
3	Assessments	3.1 Support in conducting Internal assessment in targeted facilities and review the status	District Quality Assurance Units with District HWC teams		1 <sup>st</sup> Aug				
4	Meetings	Develop the Quarterly report of the targeted facilities and discuss during the DQAC meetings and report to SQAU	DQAC		On Going				

# Roadmap for the Districts

S.No	Activities	Task	Responsibilities	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
4	Documentation	4.1 State to develop Standard Templates for Documentation requirements under NQAS and disseminate to health facilities	State HWC and QA team		31 <sup>st</sup> Aug				
5	Mentoring Visits	5.1 State to conduct mentoring visits and provide implementation support in HWC (SC) in targeted facilities	State HWC and QA teams		Ongoing Activities				
6	Implementation	6.1 Mid-Course correction; if required to strengthen and streamline the implementation of QA activities in the State	State HWC and QA teams with NHSRC	Ongoing Activities					
7	Certification	7.1 State to undertake State level certification of the HWC (SC) and apply them for National level certification	State QA teams				Ongoing activities		



# Road Map for the facilities

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# Step-1:- Formation of Quality Team at HWC

## WHAT

Form the Quality team at the facility level. Community Health Officer (CHO) along with MPW, LHV, Proactive ANM and ASHA (1-2) workers will be in the team.

## WHO

CHO with support of MO PHC

## WHEN

Within July 2021





## Step-2:- Orientation of Quality Teams at HWCs

### WHAT

Orientation of Quality Team regarding National Quality Assurance Standards, Assessments, Scoring system and its implementation methodology.

### WHO

DQAU/CHO with support of MO PHC

### WHEN

Within Aug 2021



## Step-3:- Ensure monthly Quality meetings

### WHAT

The Quality team will conduct monthly meetings to discuss their status of implementation and record their proceedings.

### WHO

CHO with support of Quality team

### WHEN

Ongoing after formation of Quality team



# Step-4:- Quality Assurance Activities

## WHAT

The Quality team will initiate various QA activities in the HWCs like PSS, Quality Policy & objectives, analysis of indicators, work instructions etc.

## WHO

Quality team

## WHEN

Ongoing after formation of Quality team



# Client/ Patient Satisfaction Survey

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- Collect Monthly feedback in a ***structured format*** defined by the state.
- ***Minimum 30 OPD patients*** PSS to be collected in a month in type A sub-centres; whereas all delivered patient PSS to be collected additionally at type B sub-centres.
- Analyze and identification of lowest scoring attributes
- Take actions to close the gap.



# Quality Policy and Objectives

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## Example of Quality Policy:

- *“HWC (SC) endeavour to deliver safe, effective, efficient, accessible, free of cost comprehensive services to its beneficiaries, keeping focus on providing patient centric quality care, within the available resources.”*

## Example of Quality Objective:

- *To increase the cervical cancer screening percentage of female population above age of 30 from x% percent per month to y% per month by .....2021.*



# Outcome Indicators

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- Capture the Outcome indicators on monthly basis.
- Analyze, review and utilize data for monthly quality team meetings.
- Report to DQAC/ SQAC for monitoring purpose.



# Work Instructions (WIs)

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- WIs are step -by-step approach to perform the activity.
- For standardization of the processes, define WIs.
- Existing WI given in operational guidelines of National Health Programs may be use.
- State may provide standard templates of WIs
- Implementation of the defined WI to be ensured



## Step-5:- Assessment Activities

### WHAT

The Quality team will conduct baseline assessment of the facility and ensure internal assessment quarterly. State Assessment if facility got >70% score

### WHO

Quality team, DQAU & SQAU

### WHEN

Ongoing





## Step-6:- Traversing Gaps

### WHAT

Analysis of assessment activities, identification of gaps, preparation of action plan and closure of gaps

### WHO

Quality team, DQAU & SQAU

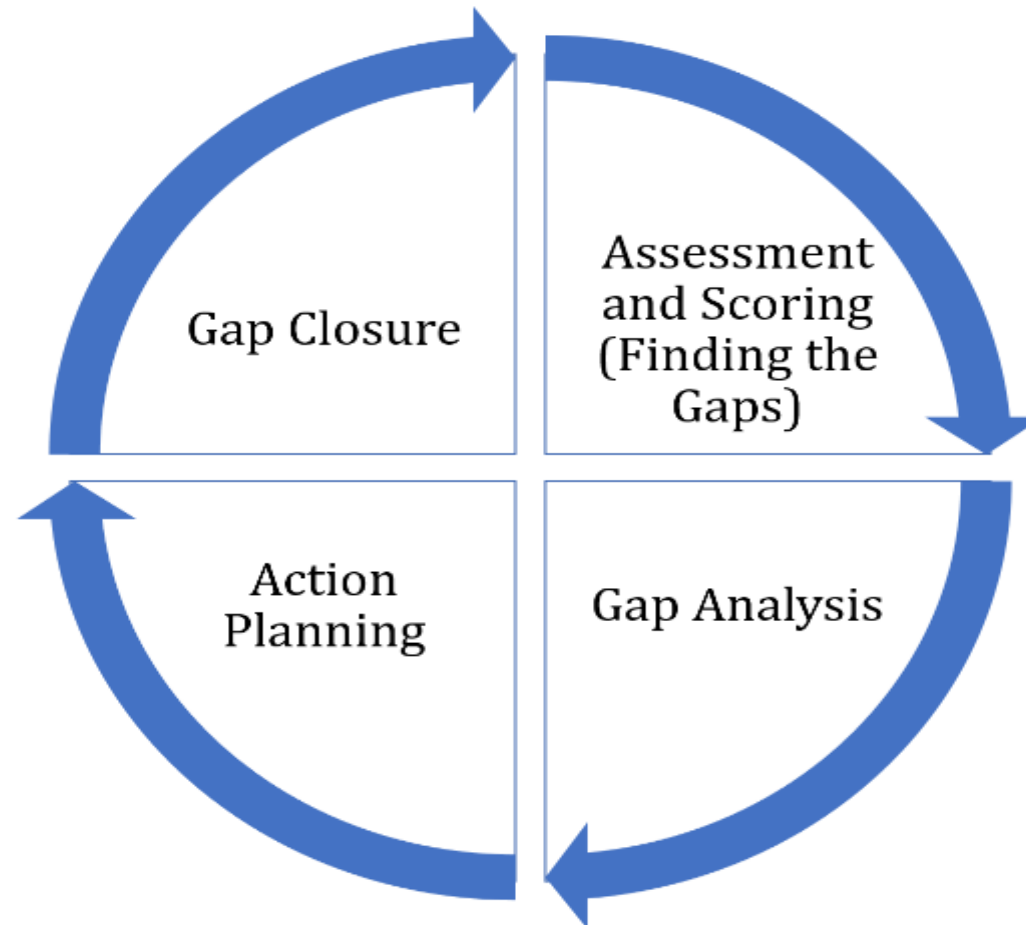
### WHEN

Ongoing



# Traversing Gaps

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## Step-7:- Certification Activities

### WHAT

Apply for State Certification through DQAC and National Certification through SQAC

### WHO

DQAU & SQAU

### WHEN

After Closure of gaps and reach bench mark score of 70%



# Incentivazation

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- Incentivization - An incentive of Rs. 18000/- per package per year will be awarded on attainment of National certification and its maintenance in subsequent years and annual submission of surveillance report.
- Sustenance - Continuation of national certification is subject to clearance of annual surveillance which is done by the State QA Committee and submitted to MoHFW.



Recommendation for  
Certification



Issue of  
Certification



Certification  
Assessment



Internal Assessment and  
Quality Improvement



Review of SOPs and  
Records and feedback



Recommendation to  
SQAC



Processing of Application and  
appointment of assessors



Application to Director,  
NHM, MoHFW, GoI



# Criteria for National Certification (HWCs)

Over All Score of HCF		Score of each service Package (Min 7)		Score in each Area of concern	
Criteria 1	70% or More	Criteria 2	70% or More	Criteria 3	60% or More
Core Standards*		Individual Standard score		Patient Satisfaction Score	
Criteria 4	60% or More	Criteria 5	50% Or More	Criteria 6	60% Or 3(Likert) scale More

\*A1- Facility provide Comprehensive Primary healthcare Services, D3- Clinical records and data management, D4- Hospital transparency and accountability, D5- Health Promotion and Disease prevention activities through community mobilization  
G2:- Patient and Employee satisfaction



# Budgeting Provision

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- For undertaking Quality assessments and traversing the gaps found during assessments, the state may propose the budget under Quality Assurance in HWC (SC) in the Program Implementation Plan (PIP) as per the “Operational Guidelines for QA in public health facilities”.



Спасибо

धन्यवाद

Hindi

ありがとうございました

多謝

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Thank  
you

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