# Strategy to target more number of Health facilities for NQAS  Certification ANDHRA PRADESH

**State Quality Division**

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The Motto of the State of Andhra Pradesh is to provide Comprehensive and Quality Health services at all public health facilities to every citizen coming to the facilities and also to deliver Quality **outreach** services .

In order to achieve that objective, the AP Govt has taken up implementing NQAS recommended by GOI in all DH/AH/CHC/MCH/PHC/UPHC and HWCs and LaQshya standards in all facilities providing MCH services. The government has decided to implement NABH Standards in all Teaching Hospitals.

**State of Andhra Pradesh** is committed to provide Quality Health care services to its citizen. In order to provide Quality Health care services, State is decided to ensure the following in Two Years.

1. Up-gradation of all Sub Centres, Primary Health Centres, Community Health Centres, Sub-Division Hospitals and District Hospitals as per IPHS Standards.

2. All the Services provided at SC, PHC, CHC, SDH and DH shall be as per NQAS Standards.

3. Every Labour Room and Maternity ward (irrespective of Number deliveries conducted as per mortality) shall be as per LaQshya Standards.

4. All the Teaching Hospitals shall provide the services as per NABH Standards.

5. All the Private Hospitals (which are empanelled in State Insurance authority) shall implement NABH Standards.

**In order to ensure the above, following actions initiated / implemented :-**

i.   Sanctioned 6868 of New posts of Medical Paramedical and Nursing for PHC to DH.

ii.  All the PHCs upgraded as 24 x 7.

iii. Approved for fill up all the vacant posts and New posts from SC to TH

iv.  Implementation of NQAS : PHCs, CHCs, SDH and DH shall implement NQAS Standards.

v.   All the Teaching Hospitals shall implement NABH Standards.

vi.  Sanctioned New Buildings and renovation of Buildings taken up in a big way with Rs.1950 Cr under Nadu Nedu (Then and now) Programme.

## Implementation of NQAS in the State :-

1) State as part of its health policy, decided to ensure that all the Health facilities from DH to SC shall be NQAS compliment.

2) State has designed the following strategies for implement the NQAS.

   1) Vertical implementation strategy

   2) Horizontal implementation strategy

   3) Quality improvement as regular Job Chart

   4) Involvement of top management at state and District level

# Vertical implementation strategy :-

1. All the State Programme Officer, Joint Directors, Additional Directors were Trained extensively on NQAS. They have prepared action plan to ensure Every check / provision / Standards of the check list is implemented in all facilities in their area.

2. These action plans are implemented in all facilities from DH to SC.

3. SPO / JD/ Addl Directors shall ensure that closure of the identified Gaps in Baseline assessment of facility.

4. Certain procurements made centrally to save time and funds.

# Horizontal implementation strategy : -

1. All the facilities shall implement the Programmes irrespective of whether certified or not certified.

2. Quality Assurance Committees constituted in every facility and intensive training impacted to them in NQAS.

3. Every employee of facility was trained in NQAS and his / her role in NQAS implementation.

# Quality improvement as regular Job Chart  : -

1. Principal Secretary reviews the programme of Quality in public Health facilities on monthly basis.

2. MD, NHM review programme on weekly basis.

3. All District Level Joint Collectors (IAS Officer) made in charge of Quality Assurance Programme.

# Technical strategy for Implementation of Quality Assurance Programme

NQAS Dash Board

Comprehensive Check list

Quality Assurance Day in 5th of every month

District wise ranking

Appreciation awards concern Certified facility to Motivate to staff

Obtain Statuotary requirements-Involment Top level mangment

Kayakalp Online Tool

90-90 Calendar developed for IaQshya

Prepared State level Training Modules .

☰ Government of Andhra Pradesh

Who is Who  Dr. Vinod Kumar V.

- ⊕ **Dashboard**
- 💬 Committee Reports
- 💬 Advanced Reports
- 👥 Certified Facilities  ‹
- 💬 Resources
- ⤷ Logout

## State Access Dashboard

Dashboard

| PHC | UPHC | CHC | AH | DH |
|-----|------|-----|-----|-----|
| ≣ 1144 | ≣ 244 | ≣ 197 | ≣ 27 | ≣ 14 |
| More Info ❯ | More Info ❯ | More Info ❯ | More Info ❯ | More Info ❯ |

Dates of 72 Certified Facilities    Download

| | PHC | UPHC | CHC | AH | DH |
|---|---|---|---|---|---|
| **NQAS Status** | | | | | |
| NQAS Certified | 17 | 0 | 12 | 13 | 9 |
| NQAS Certified (Conditional) | 9 | 0 | 8 | 1 | 2 |

# State Quality Assurance cell

## LaQshya – Ninety 90 Calendar

| | Activity | CODE | MON | TUES | WED | THUR | FRI | SAT |
|---|---|---|---|---|---|---|---|---|
| OSCE | Abdominal Examination | AE | Day-1 | Day-2 | Day-3 | Day-4 | Day-5 | Day-6 |
| Training | Assisted Feeding for Babies with Small Size | AFB | | | | | | |
| Training | Active Management of Third Stage Labour ( AMTSL) | AMTSL | | | | COG | COG | COG |
| Internal Auditing | Action Taken Reports | ATR | QMS | FLO | BLA | QS&MDPA | RKM | SDA |
| Training | Base-line Assessnent, Gaps Identification, Gap Analysis, Action Plan. | BLA | | | | HHA | KPI | QC |
| Training | Operating Instructions & Trouble shooting of Bio Medical Equipment | BME | | | | | | |
| Training | Bio Medical Waste Management | BMW | Day-7 | Day-8 | Day-9 | Day-10 | Day-11 | Day-12 |
| Internal Auditing | BMW & Handling Audit | BMW&HA | | | | | | |
| OSCE | CAB Approach | CAB | COG | COG | COG | COG | COG | COG |
| OSCE | Cervical Dilatation | CD | IA | PC | UR | ICP | GRM | PS |
| Training | Conducting Normal Delivary | CND | EWB | | | MA | KPI | QCs |
| Activity | Closure of Gaps Identified & Supervision & Monitoring | COG | | | | | | |
| Training | Counselling of Mother and Relatives | COM&R | Day-13 | Day-14 | Day-15 | Day-16 | Day-17 | Day-18 |
| Drill | Cleaning Protocols | CP | | | | | | |
| Training | Processing of Items for Reuse, CSSD/SSU Process Flow | CSSD/SSU | COG | COG | COG | COG | COG | COG |
| Drill | Essential New Born Care | DENC | VP&P | DSM&B | COM | EBC | MOE | PPH |
| External Auditing | District Level Quality Audits | DLQA | AE | | PPE | ICA | ATR | DQAU |
| Drill | Management of Birth Asphyxia | DMBA | | | | | | |
| Drill | Management of Complications - Pre-eclampsia, Eclampsia | DMOE | Day-19 | Day-20 | Day-21 | Day-22 | Day-23 | Day-24 |
| Drill | Normal Delivery | DND | | | | | | |
| Training | Rational use ; Dos and Don'ts of Uterotonics | DOs &Don'ts | COG | COG | COG | COG | COG | COG |
| Drill | Management of Complications - PPH | DPPH | MPPH | MMI | PPTCT | RM | CND | AMTSL |
| Review Meeting | District Level by District Collector/DCHS/DMHO - DQAC | DQAC | HB | | EBC | PSA | QT/PF | DQAC |
| Review Meeting | District Level by DCHS/DMHO/Pos - DQAU | DQAU | | | | | | |

# Kayakalp HWC Reports

Home

Download

| S.NO | Name Of the District | SC-HWC | |
| --- | --- | --- | --- |
| | | Total | Completed |
| 1 | Anantapur | 241 | 42 |
| 2 | Chittoor | 268 | 262 |
| 3 | East godavari | 273 | 152 |
| 4 | Guntur | 284 | 46 |
| 5 | Krishna | 236 | 187 |
| 6 | Kurnool | 217 | 211 |
| 7 | Prakasam | 204 | 145 |
| 8 | Spsr nellore | 166 | 122 |
| 9 | Srikakulam | 173 | 93 |
| 10 | Visakhapatnam | 247 | 208 |

# List of Training Modules

| S.NO | TOPIC | S.NO | TOPIC |
|------|-------|------|-------|
| 1 | Introduction to Quality Assurance Programme in Public Health Facilities | | **Standard Treatment Guidelines Modules** |
| 2 | Basic Quality Tools | 37 | Obstetrics & Gynaecology |
| 3 | Orientation on NQAS | 38 | Pediatrics |
| 4 | Orientation on Kayakalp | 39 | General Medicine |
| 5 | Orientation on LaQshya | 40 | General Surgery |
| 6 | Departmental Quality indicators | 41 | Opthalmology |
| 7 | Organizational Behaviour | 42 | Orthopeadics |
| 8 | Grievence redressal Mechanism | 43 | Psychitry |
| 9 | Patient's rights and responsibilities | 44 | Dermatology |
| 10 | Hospital policies & protocols | 45 | ENT |
| 11 | Acts & Regulations | 46 | Dental |
| 12 | Standard Operating Procedures | | **Community Process Modules** |
| 13 | 5S Work place management | 47 | Micro Planning to conduct Village Health Nutrition Day |
| 14 | Disaster management | 48 | Formation & Functioning of Village health sanitation Committee |
| 15 | Patient safety Goals (IPSG 6 Goals) | 49 | Formation & Functioning of HDS/JAS/MAS |
| 16 | Emergency protocols for first aid and stabilization & Triage Protocols | 50 | Social Audits |
| 17 | Basic life support | | **RCH MODULES** |
| 18 | Basic Trauma life support & Safe Patient Transportation | 51 | Procedures for care of new born, infant and child as per guidelines |
| 19 | Fire safety | 52 | Procedures for family planning as per government guidelines and law. |
| 20 | Documentation & Record Keeping | 53 | Adolescent Reproductive and Sexual Health services as per guidelines. |
| 21 | Safe Drug Administration | 54 | Procedure for AnteNatal ,intranatal care & Postnatal care as per guidelines |
| 22 | Prescription Audit | | **Communicable Diseases Modules** |
| 23 | Patient Satisfaction Survey & Analysis | 55 | National vector Borne disease control programme |
| 24 | Drug Indenting & Inventory Management | 56 | National Tuberculosis Elimination Program (NTEP) |
| 25 | Infection Prevention & control Measures | 57 | National Leprosy Eradication Program |
| 26 | Barrier Nursing & Reverse barrier techniques | 58 | National AIDS Control Program |
| 27 | Cleaning procedures | 59 | Integrate Disease surveillance Program |
| 28 | Linen Management | 60 | The facilities provide services for National Viral Hepatitis Control Programme (NVHCP) |
| 29 | Bio Waste Management | | **Non-Communicable Diseases Modules** |
| 30 | OT Management & Sterilization techniques | 61 | Management of Common NCD |
| 31 | Emergency & Crash Cart Drugs | 62 | Screening of Common Cancers |
| 32 | Nursing assessment and care planning | 63 | Elderly care |
| 33 | Safety and Use of Medical Equipment | 64 | Palliative Care |
| 34 | Referral Audit | 65 | Deafness Control Programme |
| 35 | Multi Displinary Committees Formations & Periodical Review | 66 | Blindness Control Programme |
| 36 | Usage IT Tools for Quality Management | 67 | Mental health care |
| | | 68 | Tobacco control Control Programme |

# Key Achievement

28 NQAS Certified

2017-18

44 NQAS Certified

2019-20

281 NQAS Certified

2021-22

Total NQAS Certified: 321

2 LaQshaya Certified

2018-19

28 LaQshya Certified

2021-22

Total LaQshya Certified:
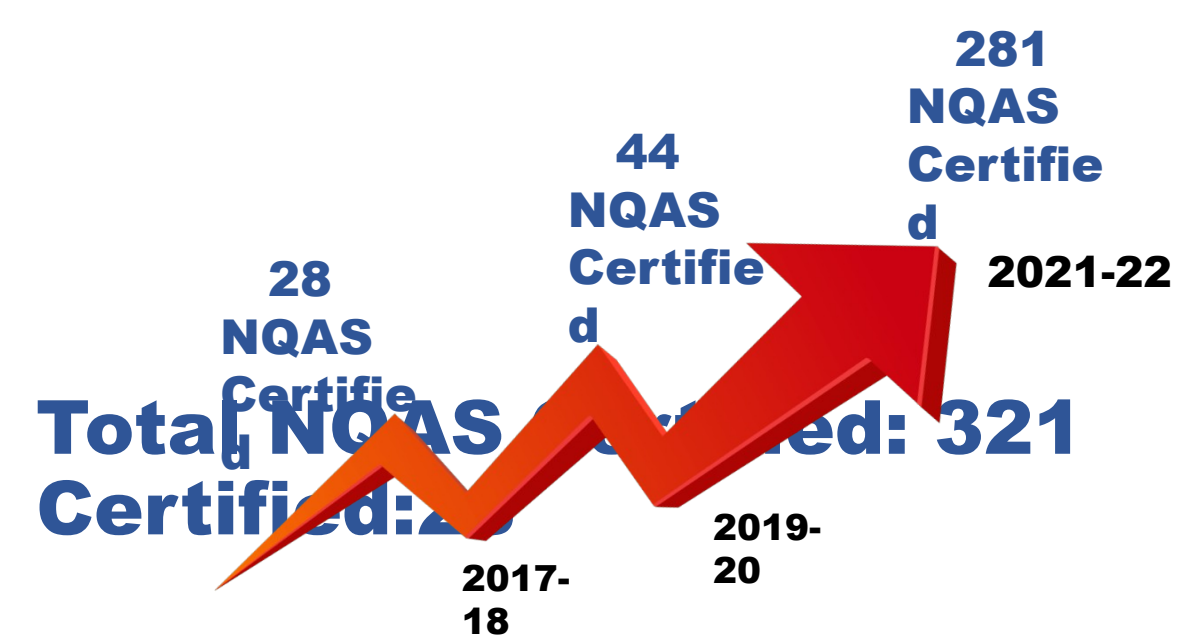
THE WAY FORWARD:
OUR AIM IS TO GET ALL HEALTH FACILITIES QUALITY CERTIFIED BY MARCH 2023.

THANK YOU