

National Quality Assurance Program – Recent Developments



Quality Nodal Officer's Workshop
19th -20th July 2022

Quality & Patient Safety Division
National Health Systems Resource Centre
New Delhi

Key Quality Initiatives



NQAS

Patient Safety



Standard Treatment Guidelines



Free Drug Initiative



Mera Aspataal



MusQan & CLMC



LaQshya & Suman



Kayakalp & SSS

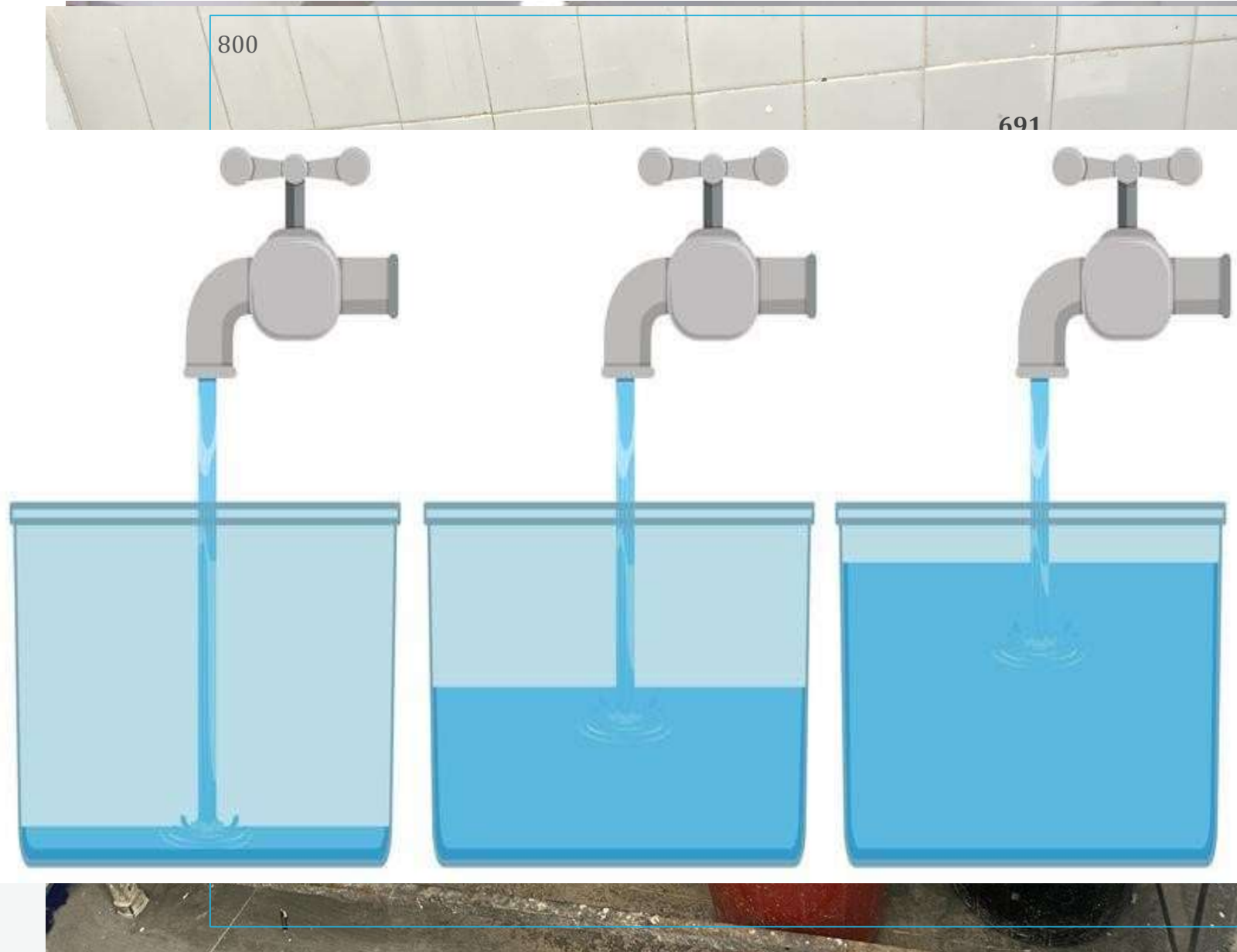


National Quality Assurance Standards



Key Challenges in Certification Status

- (1) Targets vs achievement
- (2) Expectation vs reality
- (3) Achievement vs sustenance



Key Directives – 7th CQSC

Roadmap for next 5yrs to achieve the targets

Annexure
(Ref. DO. No. Z- 18015/26/2020-NHM-II, dated 22nd September)

Targets for NQAS certification of Public Health Facilities
(Denominator – Number of Institutions as per RHS 2019-20)

Level of Health Facilities	Cumulative Certified FY 2021-22 (Percentage)	Cumulative Certified FY 2022-23 (Percentage)	Cumulative Certified FY 2023-24 (Percentage)	Cumulative Certified FY 2024-25 (Percentage)	Cumulative Certification FY 2025-26 (Percentage)
1.District Hospital	40	50	60	70	75
2.Sub-district Hospital	12	25	40	50	60
3.Community Health Centre	12	25	40	50	60
4.Primary Health Centre	12	25	40	50	60
5.Urban Primary Health Centre	12	25	40	50	60
6.HWC (SC)	2	10	20	40	60

Commitments of THEMATIC SESSION II: Affordable, Accessible and Equitable Healthcare for all		
6.	States to prepare and implement a time-bound action plan to set up sufficient Public Health Facilities as per the IPHS 2022 norms, in saturation mode by 2025, especially the primary healthcare facilities, ensuring equitable distribution – rural/urban, tribal/remote areas. (a) 50% PHFs to be IPHS compliant by 2025	JS(VC)
7.	States to evolve, adopt and implement a comprehensive Human Resources – HR Policy by 2023.	JS(VC)
8.	States to target Quality Certification of public health facilities - 70% of DH, 50% of SDH, 50% CHC, PHC and U-PHC, 40% SHC-HWC, under NQAS by 2025 (a) States to set up Public Health Management Cadres in a time bound manner by 2023 (b) States to take all necessary steps for increasing access to services	JS(VC)

Secretary Letter; dated 1st oct 2021

14th CCHFW Resolution ; dated : 5th – 7th May 2022




Key Directives – 7th CQSC

- Conduct Quarterly National and state level review meetings to track the progress
- Strengthen the state certification mechanism – Mandatory submission of the evidence of assessment conducted and certification
- NQAS different colored logo for state certified NQAS healthcare facilities



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भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

D.O. No. 10(3)/2014 –NRHM-I pt. (P-3061261)
Dated 8th August 2016

Subject: Certification of Health Facilities under National Quality Assurance Program

Dear *Colleague,*

This is subsequent to the D.O letter issued on 'Quality Assurance Programme at Public Health Facilities' dated 15th January 2014. This ministry has finalized the following:

- (i) Criteria for National/ State Certification under NQAP
- (ii) Draft certificate for certification for facilities meeting the prescribed score for five criteria and draft certificate with conditionality for facilities meeting the prescribed score in criterion I and any two of the remaining four criteria.
- (iii) Format for reporting of State level certification/ assessment.

Copies of the same are enclosed.

It is expected that, these documents and guidance contained therein will assist your State/ UT to achieve progress regarding certification of various health facilities under National Quality Assurance Program. For any further queries in this regard, QI division of NHSRC may be contacted.

2. State Level Certification

The criteria for State level certification needs to be approved by the State Quality Assurance Committee. The States may adopt criteria proposed for the National certification with relaxation of 5% marks in each criterion.

Key Directives – 7th CQSC

- Nationally quality certified Health facilities- will be signed by States' Principal Secretary and Mission director .
- Development of branding guidance for public recognition of NQAS Nationally certified facilities



New Additions in NQAS

- 1.NQAS for Haemodialysis Unit
- 2.NQAS for Comprehensive Lactation Management Centre (CLMCs)
- 3.Patient Safety Tools
- 4.Gunak web version
- 5.SaQsham portal

NQAS for Haemodialysis Unit

- Pradhan Mantri National Dialysis Program (PMNDP -Haemodialysis) in 2016
- NQAS assessment tool for Dialysis units are ready and shared
- NQAS for hemodialysis units plays a pivotal role in minimize the risks, reduce errors and improve the processes in dialysis units
- Applicable to various models i.e., inhouse, PPP and mixed models in DH & SDH level.



NQAS for Haemodialysis Units

Unified Organisational Framework

Handholding & Support

Explicit &
flexibles
Measurement
System

Certification,
Incentives for
the
achievement
& sustenance

Training &
Capacity
building

Monitoring,
reporting &
supervision

Integration of Quality Approaches

Continuous Assessment &
Scoring

Continual Improvement
using PDCA

Area of Concern Applicable -8

Standards Applicable – 59/75

Measurable Elements- 209/372

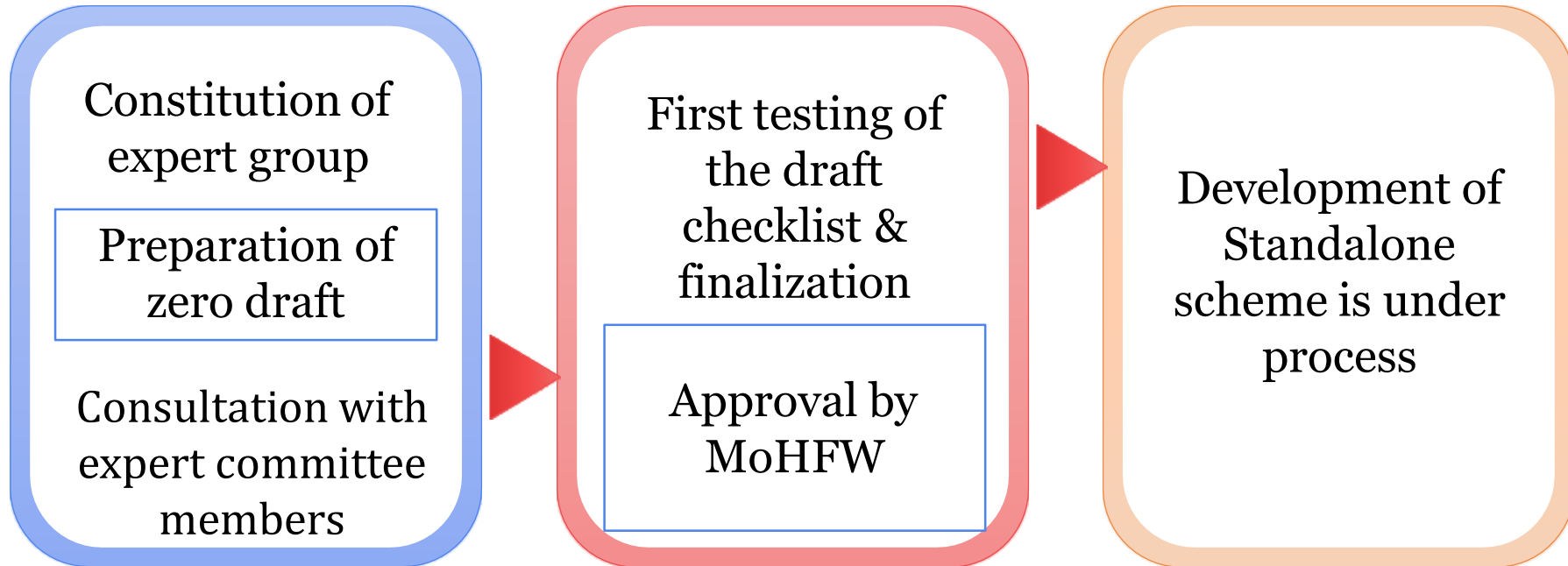
New Addition:

Standard E24: The facility has defined and established procedure for Haemodialysis Services.

Measurable Elements:

- Pre-Haemodialysis Assessment
- Care during dialysis
- Post Dialysis Care & Management

NQAS for Haemodialysis Unit



NQAS for CLMC

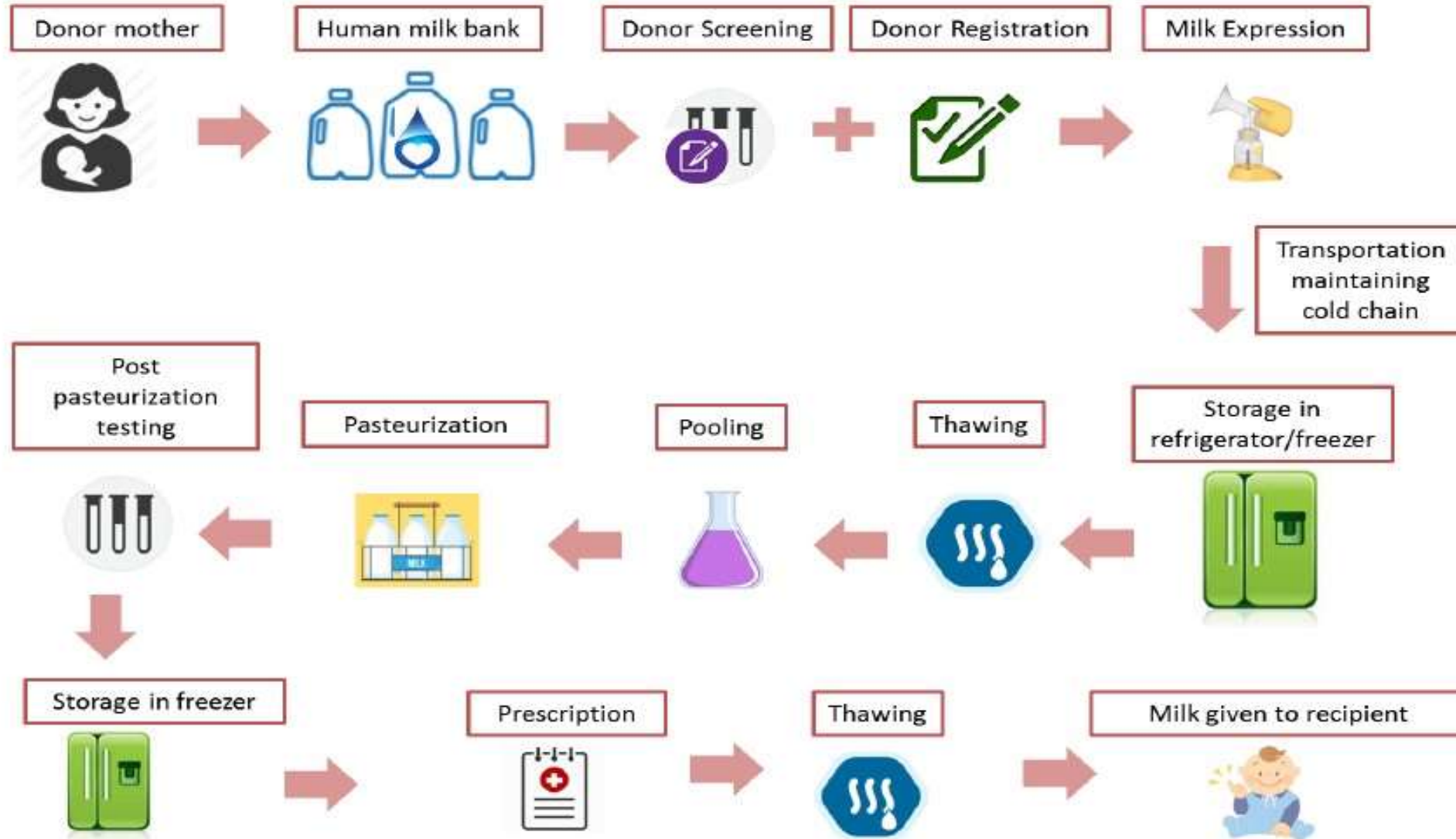
- National guidelines on Lactation Management Centre launched in 2017.
- To ensure the quality of Lactation management Centre's operations- National Quality Assurance Standards were introduced .
- Aim : To ensure quality and safety of donated Human milk (DHM) and minimize the risk of DHM to its recipient



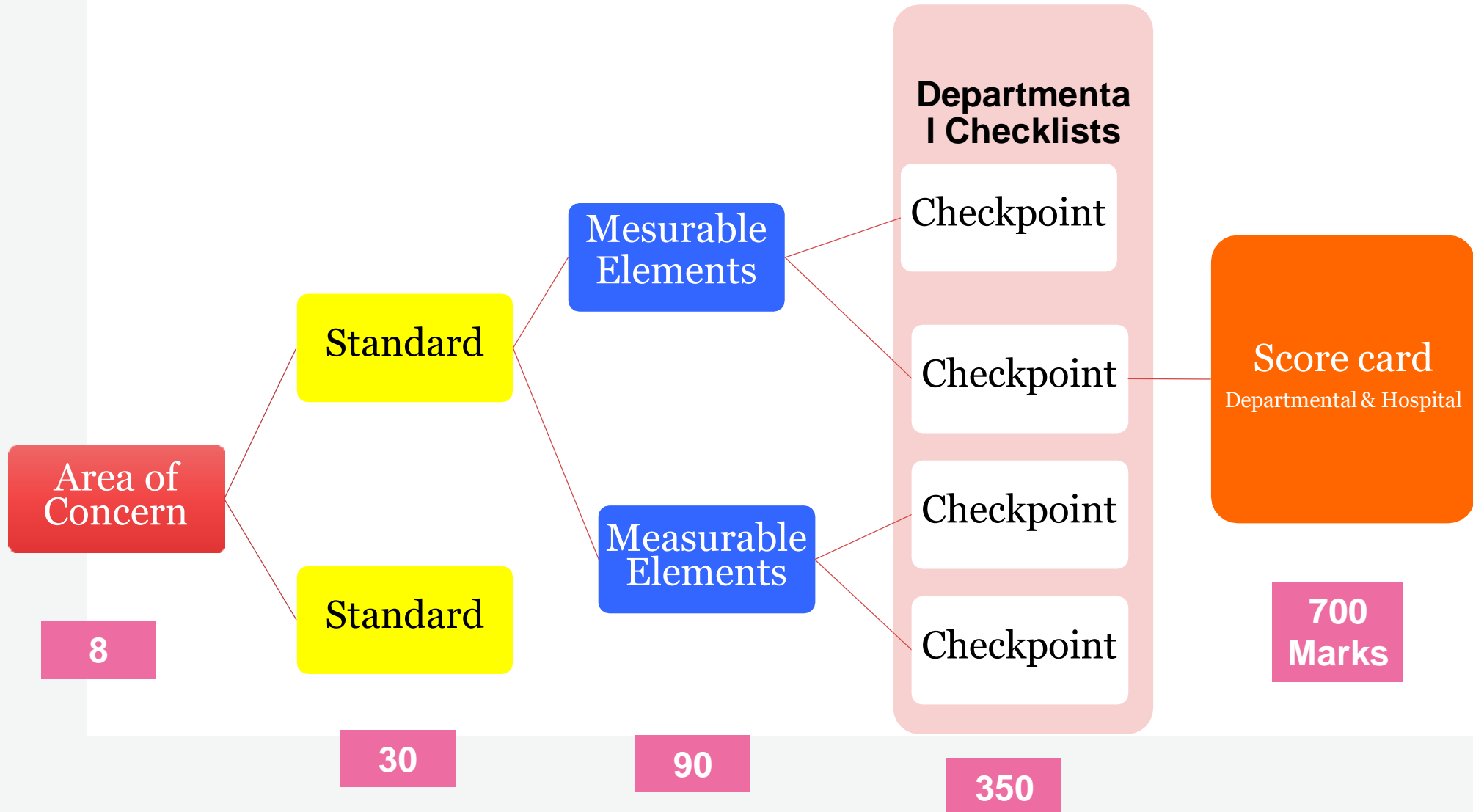
Type and Scope

Type of Centre	Location	Type of Milk	Function	Assessment Tool
Comprehensive Lactation Management Centre (CLMC)	Medical College with NICU/ Large District Hospitals	DHM & MoM	Milk Donation, counseling, screening, processing, storage and dispensing of DHM	NQAS for CLMCs
Lactation Management Units (LMU)	District hospitals/ large Sub district hospitals with SNCU	MoM	Expression of MoM, storage and dispensing	NQAS DH/SDH, CHC or equivalent
Lactation Support Unit (LSU)	All delivery points	MoM	Skilled lactation support and counseling	NQAS CHC, PHC etc

SUMMARY OF CLMC PROCESS



Relationship between d/f component





National PATIENT SAFETY IMPLEMENTATION

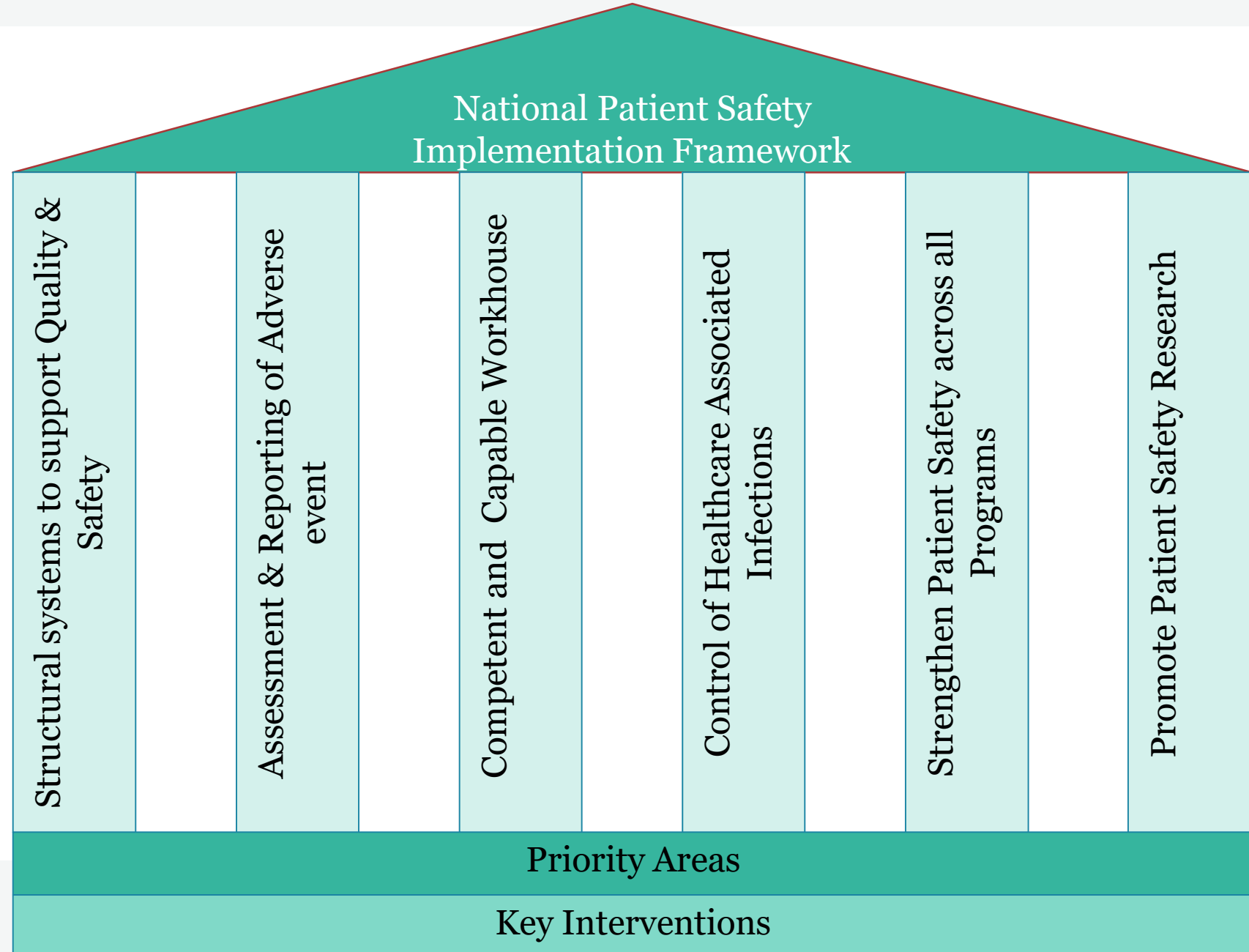
Framework (2018-2025)

INDIA



MINISTRY OF HEALTH & FAMILY WELFARE
Government of India

Strategic objectives under NPSIF



Tasks defined under NPSIF (2018- 2025)

Priority areas	Interventions	Responsible organizations/ Institutions
1.2 Strengthen quality assurance mechanisms, including accreditation system	1.2.1 Development and commissioning of minimum patient safety standards and Indicators	MoHFW/ National Patient Safety Secretariat
	1.2.2 Incorporate selected Patient Safety indicators as key performance indicators within the Quality Assurance Program	NHSRC
	1.2.3 Incorporate selected Patient Safety indicators within the accreditation system for hospitals and laboratories, including entry level accreditation	NHSRC NABH/ NABL
	1.2.4 Introduce hospital performance monitoring/ ranking system based on number of indicators, including patient safety indicators	HMIS & NHSRC
	1.2.5 Establish Special Commission to declare "Patient Safe Healthcare Institution" based on adherence to defined standards (Quality Assurance, NABH, etc.)	MOHFW/DGHS
	1.2.6 Streamline accreditation programs for availing incentives in reimbursement benefits the insurance providers	NABH/NQAS/STATE STANDARD/ BIS/ IRDA/ RSBY
	1.2.7 Incorporate fire safety, seismic safety, device safety, structural safety of healthcare facilities into the existing Quality Assurance and Accreditation standards	NABH/NQAS/NATIONAL BUILDING CODE/state govt.
1.3 Establishing a culture of safety and improving communication, patient identification, handing over transfer protocols in healthcare facilities	1.3.1 Develop comprehensive communication strategy for Patient Safety, targeting different stakeholders	MOHFW/DGHS
	1.3.2 Streamline standardization of Patient Safety initiatives at different levels of care through SOPs, algorithms, checklists, etc. (link to Strategic Objective 5)	MOHFW/DGHS /NHSRC



Patient Safety- Self Assessment Tool



Goal

Achieve the maximum possible reduction in avoidable harm due to unsafe health care

Scope

All District hospitals, Community Health Centres and Primary Health Centres

Being cross-cutting concept, the scope of the self-assessment tool applies to all national health programmes



Area of Concern

A

Systems for
Patient
Safety

B

Safe Patient
Care Process

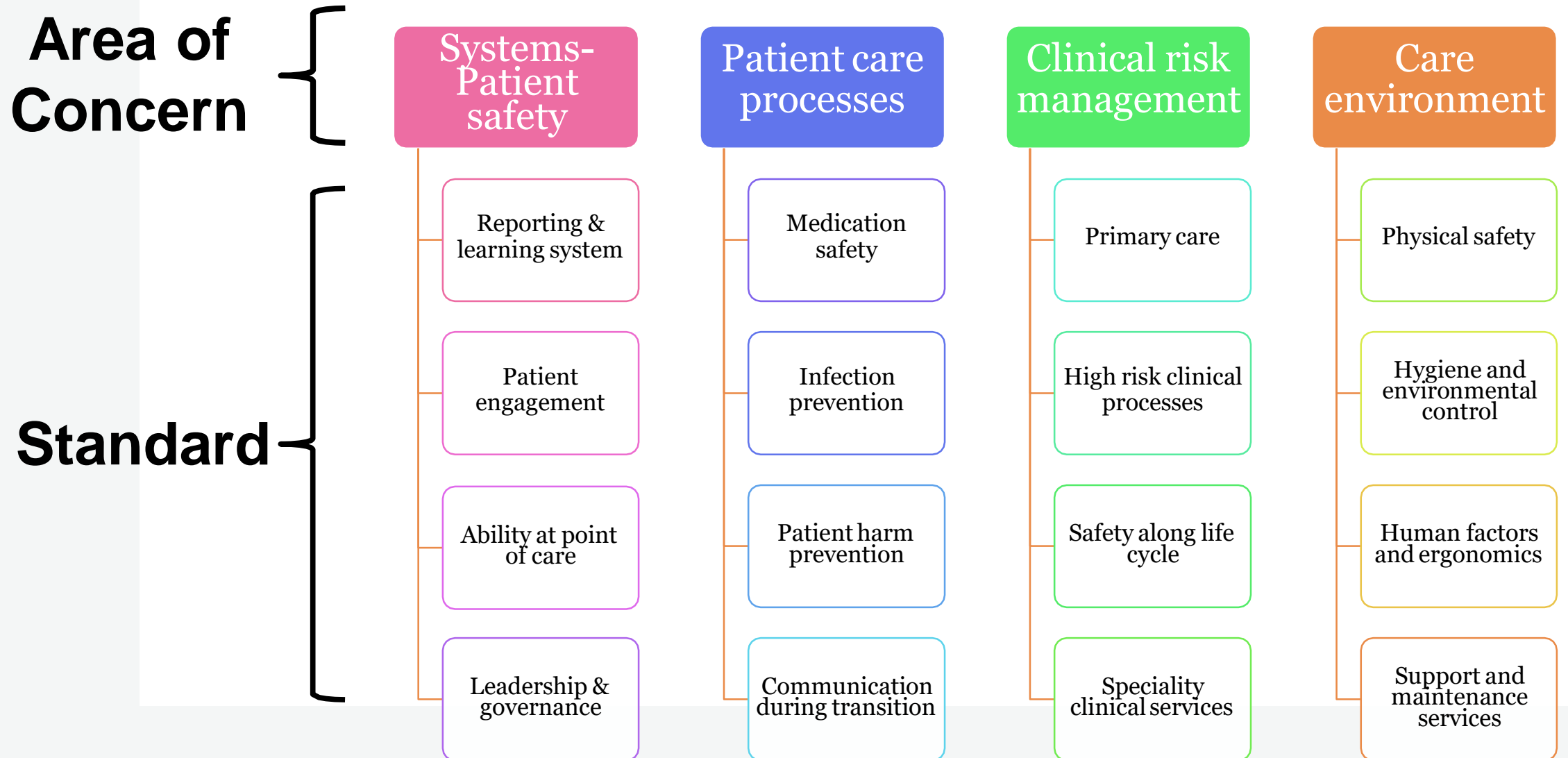
C

Clinical Risk
Management

D

Safe Care
Environment

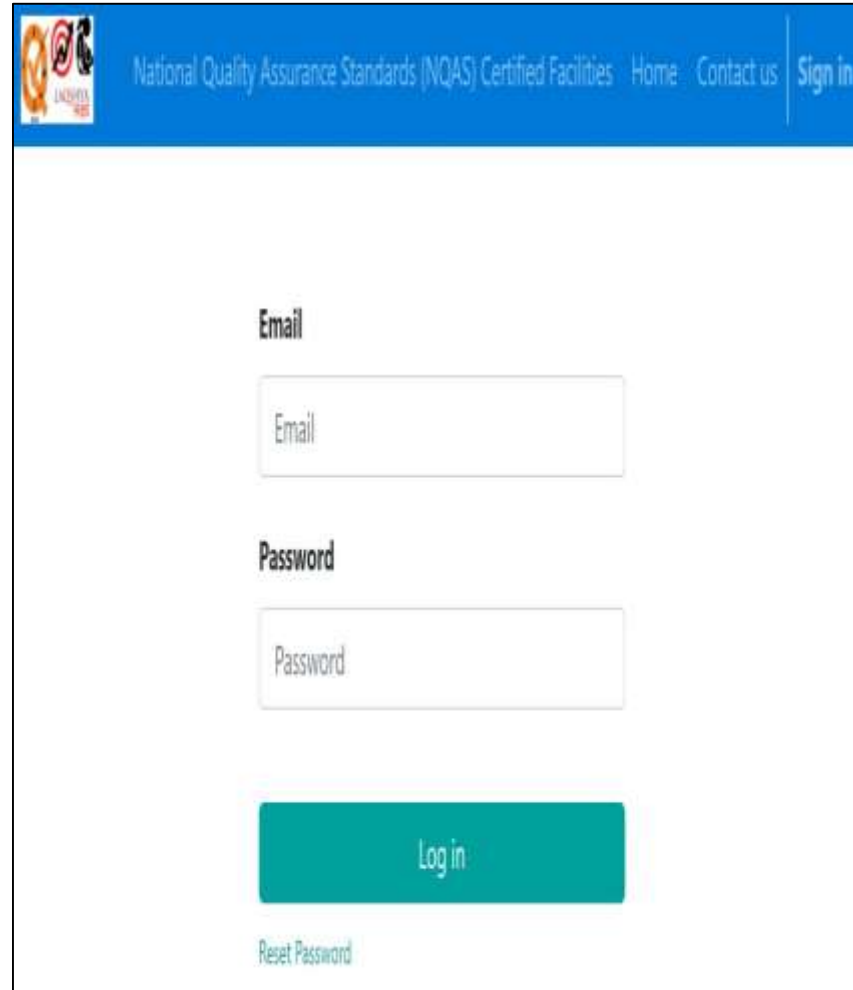
Components of SAT



IT initiatives



**GUNAK App for Assessments
Gunak Web for compilation**



**Interim IT Solution for
certification Process**



**SaQsham Portal- One stop for
Quality in public healthcare**



Gunak web version



Count of Assessment Done

Internal/Peer/State/External



Assessment Statistics

Compare the facility's data and scores.



View/Export Assessment

Find, view score summary, and download assessments.



Facilities Ranking

Ranking of the facility in the State based on overall score of assessment.



*Coming together is
beginning
Keeping together is
progress
Working together is
success*