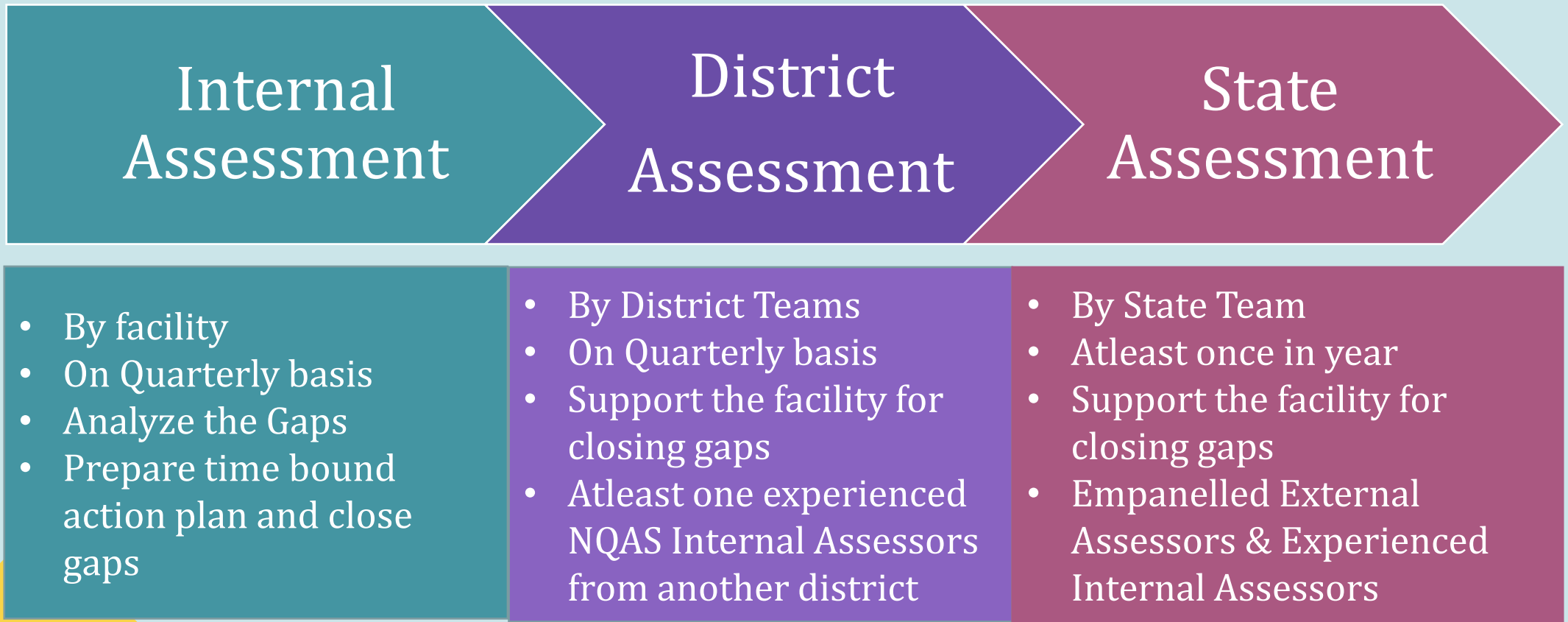


Vinny Arora
Senior Consultant – Certification Unit
NHSRC



Assessments under NQAS



State Certification



What
State Certification using NQAS tool

Responsibility
SQAC/ SQAU

Why
To assess the Quality-of-Care service delivery

Where
In different level of health facilities

Who
Certified Internal & External Assessors issued
with proficiency empanelment certificate from
NHSRC

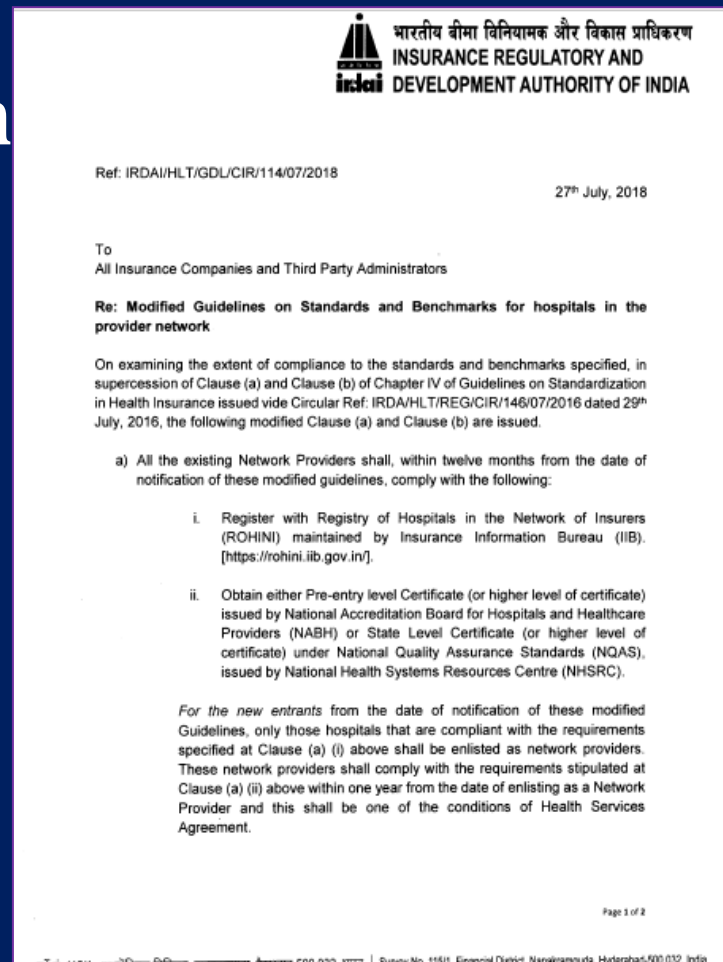


Validity
One Year



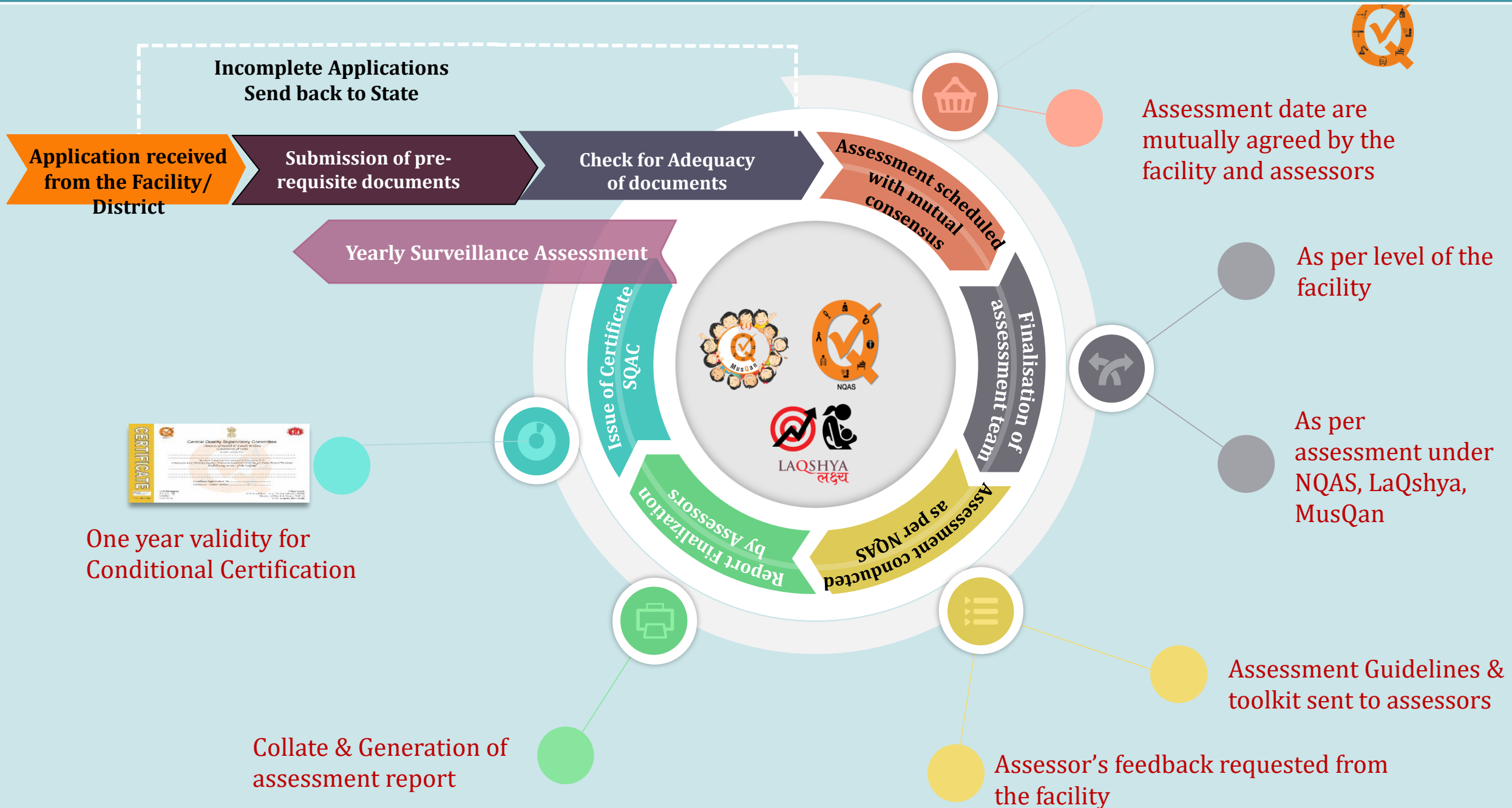
National Recognition

State Certification Recognized by IRDA



IRDAI included NQAS as benchmark for hospitals in providers' network

CERTIFICATION PROCESS





Function of SQAU for State Certification

1



Receive application for state certification

2



Review the documents submitted by facility

3



Create Pool of Internal & External Assessors

4



Assign a team of Assessors

5



Conduct assessment

6



Analysis of the reports submitted by assessors & feedback submitted by facility & Declare result

7



Result Declaration

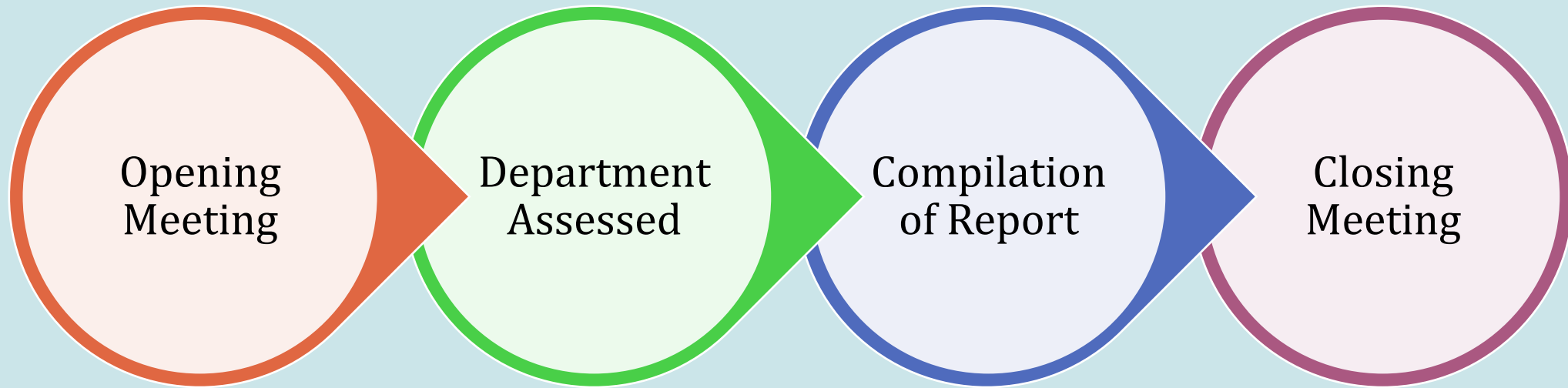
8



Issue of Certificate & Monitoring for Sustenance



During Assessment



Certification assessment of Primary Health Care facilities (HWC-SC/HWC-PHC/ PHC/U-PHC) in a district may be planned at the district level through a robust system of peer assessment. Such team will have at least one experienced NQAS Internal Assessor from another district.

Points to remember – Assessment Team



1. Atleast 5 years of experience in Public health
2. District where they have been working during preceding 05 years.
3. Declaration form of Impartiality and confidentiality to SQAU before starting assessment
4. Each team is expected to have One (01) NQAS certified external assessor along with another NQAS certified internal assessors.
5. 'Team Leader' selected and designated by SQAU (State Quality Assurance Unit) based on experience, qualification and seniority.

State Certification Criteria

Overall Score

≥ 65%

AoC Wise

≥ 65%

Each Standard

≥ 45%

Core Standard

≥ 65%

**Department
Score**

≥ 65%

PSS

≥ 65%



State Certification Report Format

Reference of JS (P) DO Letter – D.O.No. 10(3)/2014—
NRHM- I pt. (P3061261)
Dated – 8th August' 2016

Annexure -B

Assessment Report: (Name of the facility)

Date of Assessment –

1. Overall Score

2. AREA OF CONCERN SCORE

S.No.	Area of Concern	Score
A	Service Provision	
B	Patient Rights	
C	Inputs	
D	Support Services	
E	Clinical Services	
F	Infection Control	
G	Quality Management	
H	Outcome	

3. DEPARTMENTAL SCORE (Please amend the list as per departments given in the Assessor's Guidebook for other facilities viz CHC, PHC, UPHC)

S.NO	DEPARTMENT	SCORE
1	Accident & Emergency	
2	OPD	
3	Labour Room	
4	Maternity Ward	
5	Indoor Department	
6	NRC	
7	Paediatric Ward	
8	SNCU	
9	ICU	

State Certification of as per National Quality Assurance Standards for District Hospitals is approved /not approved.

Date :

Signature

(Designation)



State Certification is mandatory before applying for National Certification

Data Management



Repository of data

1. Maintain repository of KPIs reported by DQACs.
2. Analyze the data for benchmarking.
3. Utilize the data for decision making at State & District level Program Implementation
4. Maintain all records related to state certification (Applications, documents submitted, assessment reports, certification status and certificates)
5. Develop and maintain a system of Conflict resolutions pertaining to appeal.

Continued certification status

1. Improvement in the scores by atleast 5% from previous year score
2. Improvement in KPI and other outcomes.
3. In case the facility does not apply for National Certification, the same may not be eligible for state certification for consecutive year.



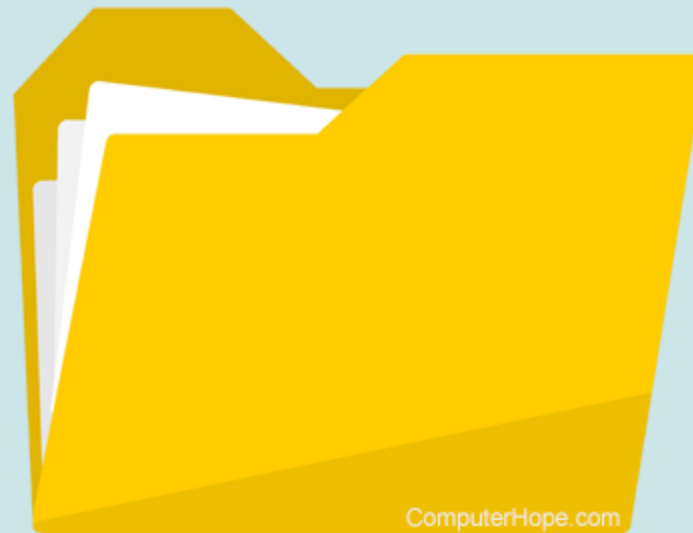
Report submission at NHSRC

For Nationally
certified facilities
submit surveillance
report

State Certification Report of
Certified Health facilities –
Signed by Assessors

Signed letter by SQAC

Excel sheets of Certified
Health facilities



As soon as declared by state



Challenges in State Certification Data

1. Timely updation of the State Certification Data – proactively not provided
2. Duplication of data at State & National level - Health facilities those have attained national level certification to be excluded from State Certification pool.
3. Only Excel are received- Reports not Submitted



Surveillance Assessments

Surveillance Assessments



1. Responsibility - State QA Unit - to ensure adherence to standards and delivery of Quality of Care in the certified departments
2. On the yearly basis for subsequent 02 years after attaining national certification.
3. Submit a report to QPS Division within one week of due date of surveillance.
4. For undergoing surveillance assessment, the facility must submit the action taken report in r/o all gaps observed during assessment.
5. State Quality Assurance Committee reserves the right to carry out more frequent surveillance as & when necessary and in case of complaints/ concerns against the departments.

Surveillance Assessment one month prior to due date of national level certification

Surveillance Assessments



The SQSU reserve the right to cancel/suspend the Quality Certificate of the hospital in case of any reasons as mentioned below, but not limited to:

1. Incase the facility does not meet the CQSC approved certification criteria in its subsequent surveillance assessment by SQAC / NHSRC.
2. Discontinuity in Quality delivery of care.
3. Noncompliance or violation of the NQAS requirements.
4. Providing insufficient or incorrect information to SQAC.
5. Changes without SQAC and NHSRC approval.
6. Improper use of Certification.
7. Failure to report any major legal (mandatory compliance) changes.
8. Any other condition deemed appropriate by SQAC.



Re-Certification Assessments

Re-certification Assessments



Prerequisite

1. Undergone surveillance assessment by the state team during subsequent two years
2. Demonstrated the NQAS compliance status

Procedure :

1. Timeline: 3 months before the expiry of Certification
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.
2. In case, the facility applies later after expiry of the validity period, then afresh application for the certification.
3. The facility may increase the scope i.e., number of departments if the same were not assessed earlier.

Re-certification Assessments



Ineligibility for Re-certification :

1. Non closure of conditionalities, as found during previous assessments.
2. Absence of surveillance assessments and its evidence.
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.



Summarize

1. State Certification is mandatory, before applying for National Certification.
2. Certification assessment of Primary Health Care facilities in a district may be planned at the district level. At least one experienced NQAS Internal Assessor from another district.
3. Surveillance assessment one month prior to due date of national level certified facilities.
4. Surveillance reports to be submitted to NHSRC for release of incentives.
5. Re-certification to be applied three months prior to expiry.



Thank you

Thanks to your commitment and strong work ethic, we know next Quarter will be even better than the last.

We look forward to working together!