

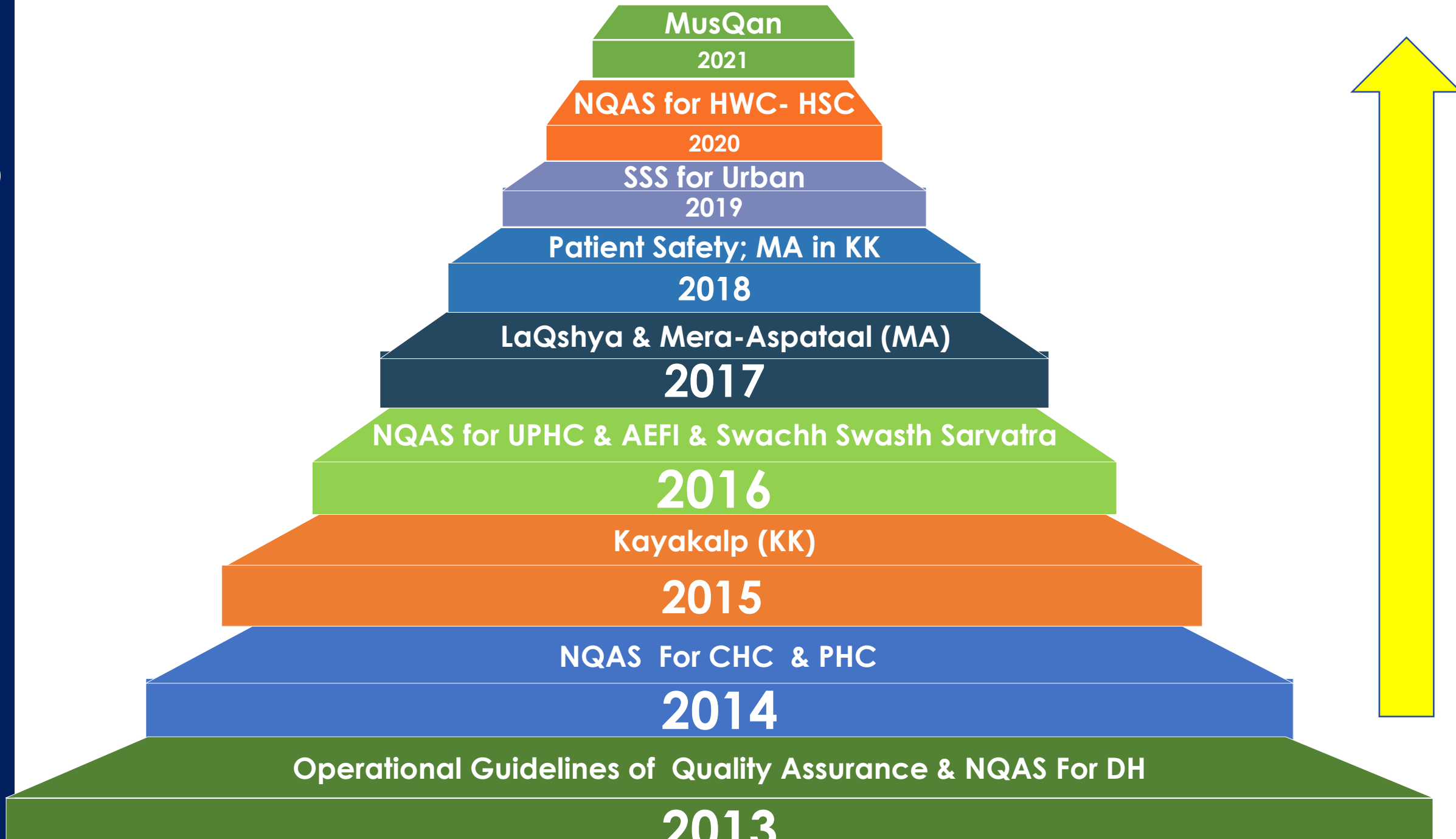


National Quality Assurance Program

# Operational Guidelines *for* Improving Quality in Public Health Facilities

16<sup>th</sup> Dec 2021

# Journey of NQAS Program





# Operational Guidelines for **Improving Quality**

in Public Healthcare Facilities

2021



Ministry of Health and Family Welfare  
Government of India



# **NATIONAL QUALITY ASSURANCE STANDARDS**

FOR  
**Public Health Facilities**

2020



Ministry of Health and Family Welfare

# Need of OG for Quality in Healthcare

## Role of Health-care Workers

- Inbuilt culture of quality
- Use of care protocols and clinical pathways
- Ensure Patient safety
- Data collection and Continual improvement
- Ensure Clinical governance

## Role of Community

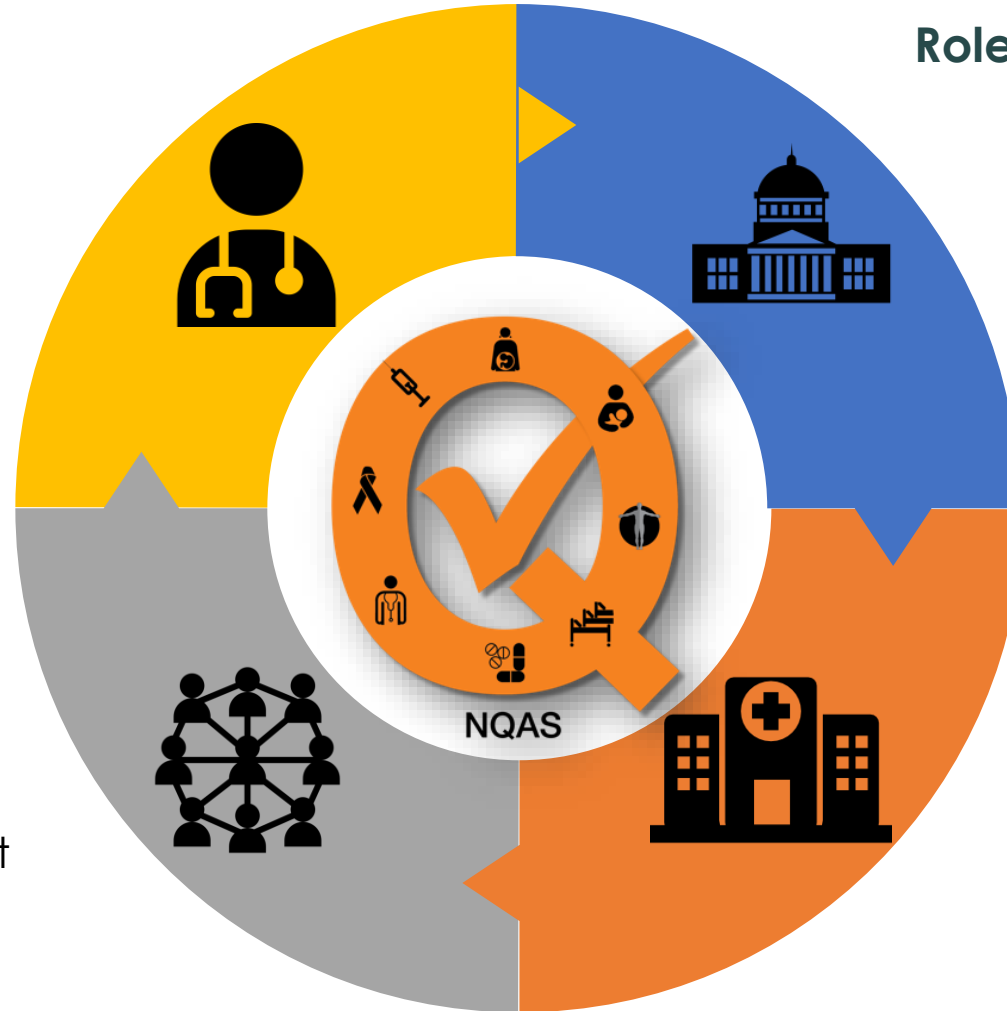
- Ownership
- Patient & family -engagement and empowerment
- Feedback on experience of care
- Participation in governance & self management

## Role of Government

- National Quality policy & strategies
- Accountability & Transparency
- Supportive supervision
- Performance-based financing
- Intersectoral collaboration

## Role of Health-system

- Development evidence-based Standards & interventions
- People-centered services
- Regular Assessments, certification and benchmarking
- Responsive to population needs
- Resilient





# Need of OG for Quality in Healthcare

## NATIONAL HEALTH POLICY

2017



सत्यमेव जयते

Ministry of Health and Family Welfare  
Government of India

## Goal

Attainment of the highest possible level of health and well-being for all at all ages, through a preventive and promotive health care orientation in all developmental policies, and

**universal access to good quality health** care services without anyone having to face financial hardship as a consequence.

This would be achieved through increasing access, improving quality and lowering the cost of healthcare delivery.

**Patient Centered & Quality of Care:** Gender sensitive, effective, safe, and convenient healthcare services to be provided with dignity and confidentiality. There is need to evolve and disseminate **standards and guidelines for all levels of facilities** and a system to ensure that the quality of healthcare is not compromised

### 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



राजेश भूषण, आईएएस  
सचिव  
**RAJESH BHUSHAN, IAS**  
SECRETARY



75  
Azadi Ka  
Amrit Mahotsav

भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
Government of India  
Department of Health and Family Welfare  
Ministry of Health and Family Welfare  
DO No. Z-18015/26/2020-NHM-II  
1<sup>st</sup> October, 2021

# Financial Year wise Targets for NQAS Certification

## DO Letter issued to States

# Operational Guidelines -2013 - Limitations

1

Scope of the guidelines is limited to the District Hospitals only

2

Focus of the guidelines have been on improving the Quality of care under Reproductive, Maternal, Newborn, Child and Adolescent (RMNCH+A) services

3

Organizational Structure is restricted to implement National Quality Assurance Standards only. No mention of other initiatives, such as Kayakalp, LaQshya, MusQan, Patient Safety, HWCs etc.

4

The framework for Implementation of Quality in PHFs and mechanism for assessments, certification, quality improvement activities & development of standards are not well defined.

5

Financial norms including incentives require updates as per revised directives/ advisories

# Key Changes in OG 2021

01

The scope of QA framework from RMNCHA in DH to all services at all Public Health Facilities

02

Strengthening of the QA mechanism through integrated Quality approaches i.e., amalgamation of QA, QI & QMS

03

Revision of the guidelines as per various advisories / change in financial norms and changing needs i.e., UHC

04

Strengthening of institutional framework in term of delineation of roles and responsibilities for standard setting, certification (as per ISQua requirement)

05

To include requirement of various new initiatives such as LaQshya, AEFI, Kayakalp, Patient Safety, Mera Aspataal, HWCs etc.

06

Introduction of protocols for the Virtual Assessments for conditions like COVID, floods, surprise assessments etc.



# Name of the Guidelines

Operational Guidelines for  
Improving Quality In Public  
HealthCare Facilities

Operational Guidelines for  
Quality Assurance In Public  
HealthCare Facilities

# Objectives of the Operational Guidelines

To strengthen and improve the Quality of Care - by having concrete plan from National to facility level

To boost the Quality System- in congruence with universal Quality & safety goals

To ensure capacity of public healthcare staff for QMS – to provide safe & quality services



# Scope of the Guidelines

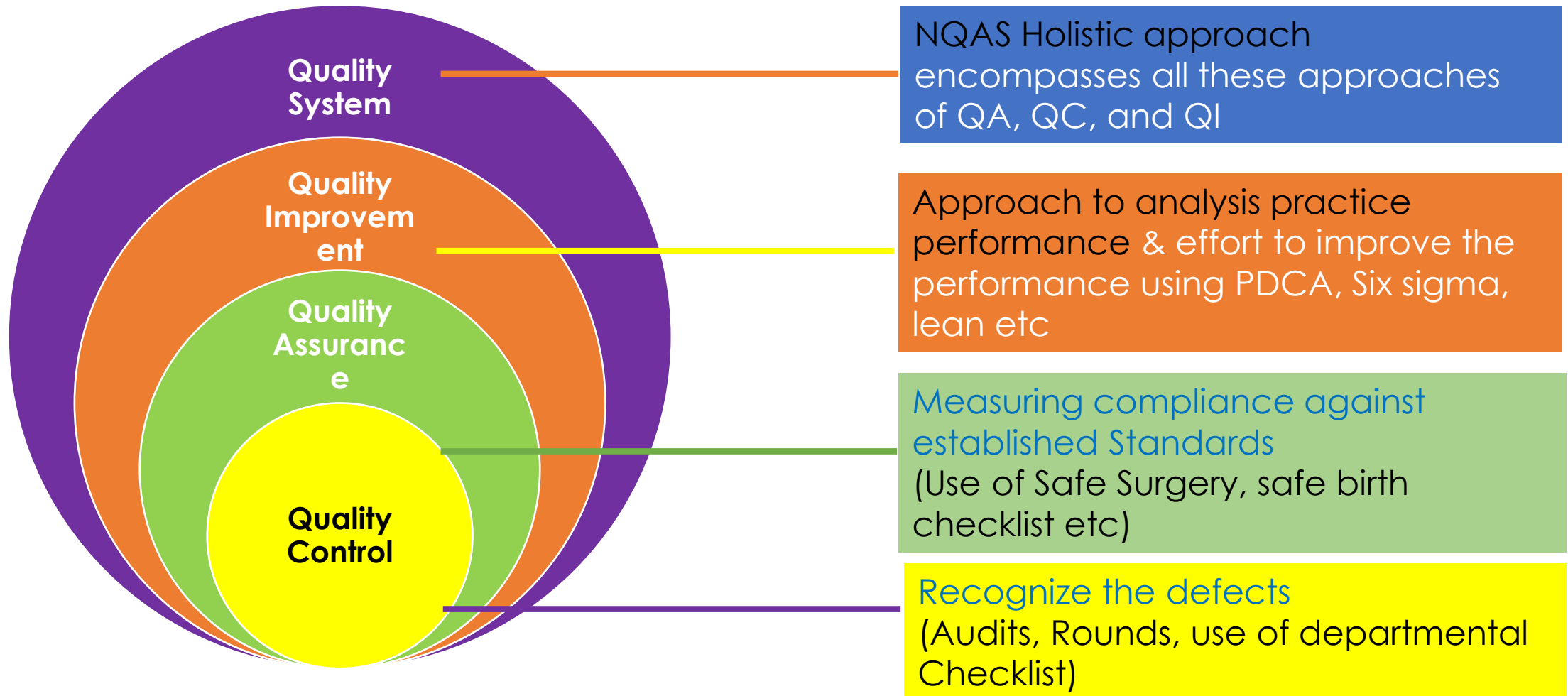


# Section A

## Understanding Quality in Healthcare

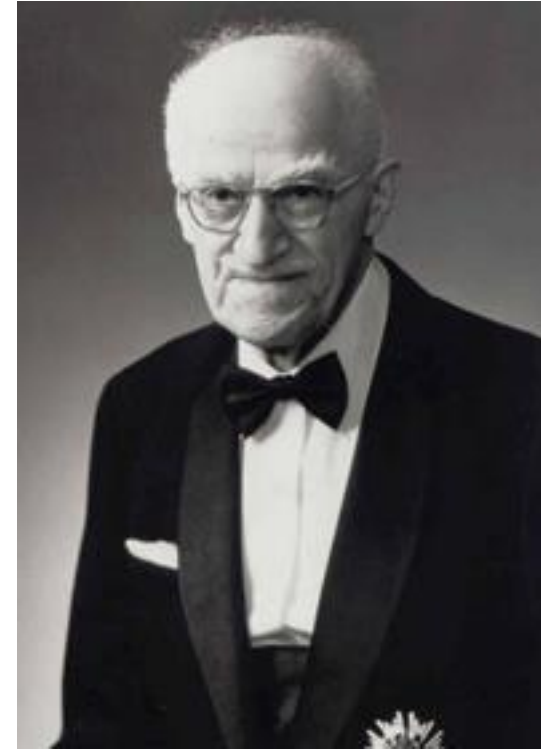
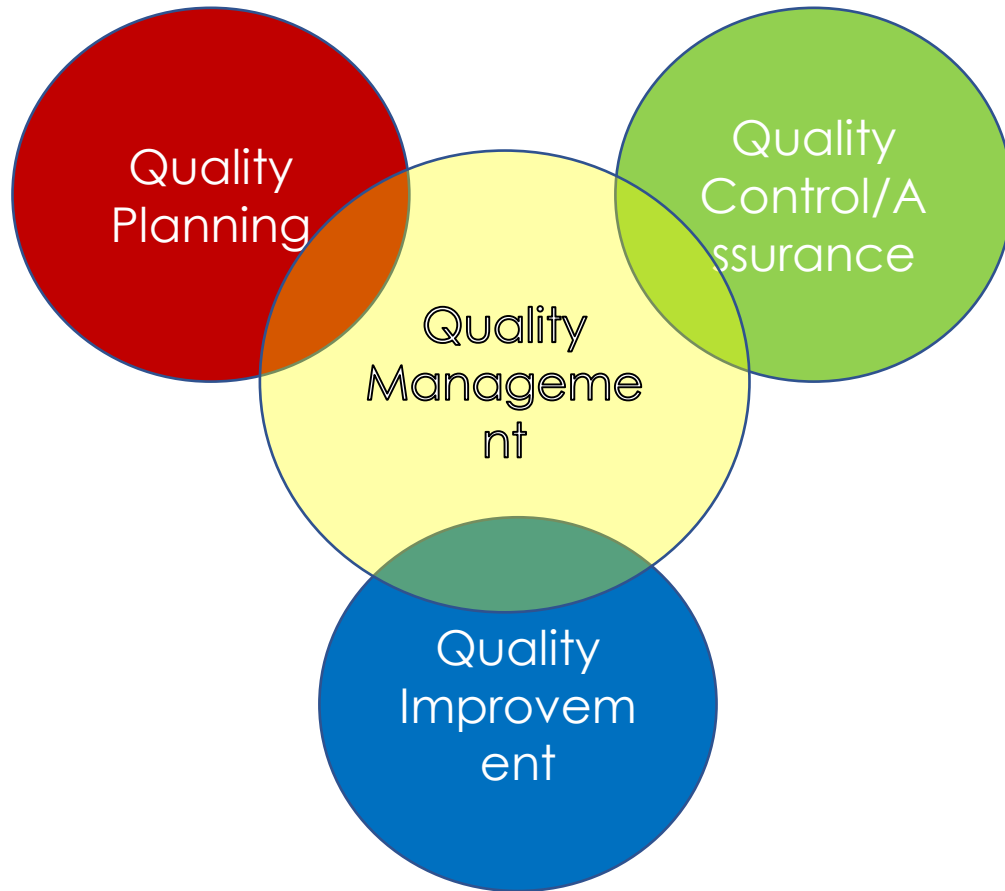


# NQAS : the Holistic Approach

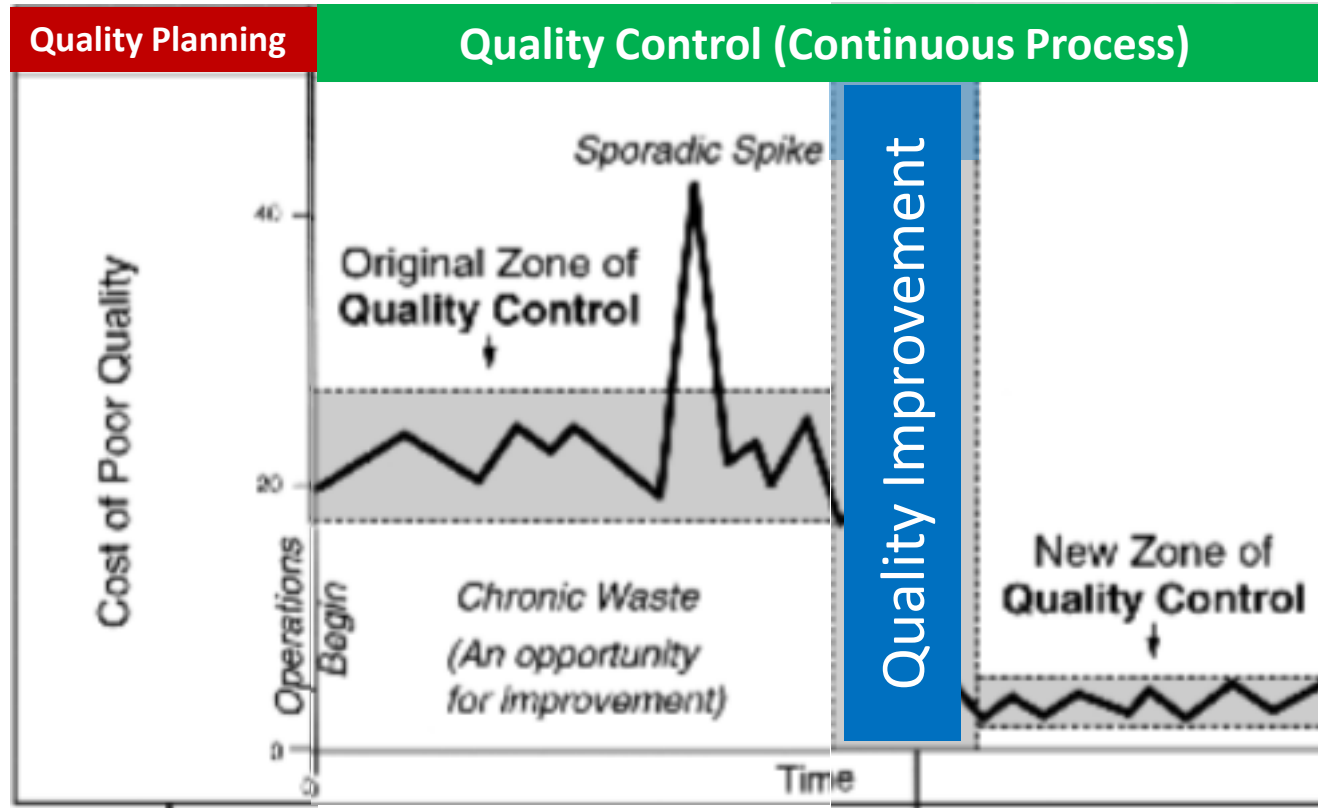




# Juran's Trilogy for Quality Management



# Juran Trilogy Diagram



## Quality Planning

- Defining policy Framework at National and State level
- Defining Organization framework & quality committee
- Defining standards of care for various level of facilities
- Defining reporting and feedback mechanism
- Allocating resources for operationalizing quality framework

## Quality Improvement

- .Evolving Quality Teams, quality circles and champions
- Testing and implementing improvement ideas/ planned actions through PDCA cycle.
- Use of basic and advance tools through QI trainings and practice.
- Addressing human side of change,

## Quality Assurance

- Internal, peer & External Assessment against defined standards
- Periodic reviews and clinical audits,
- Gap analysis & action plan
- Scoring and ranking of healthcare facilities,
- Legal compliances and licensure.

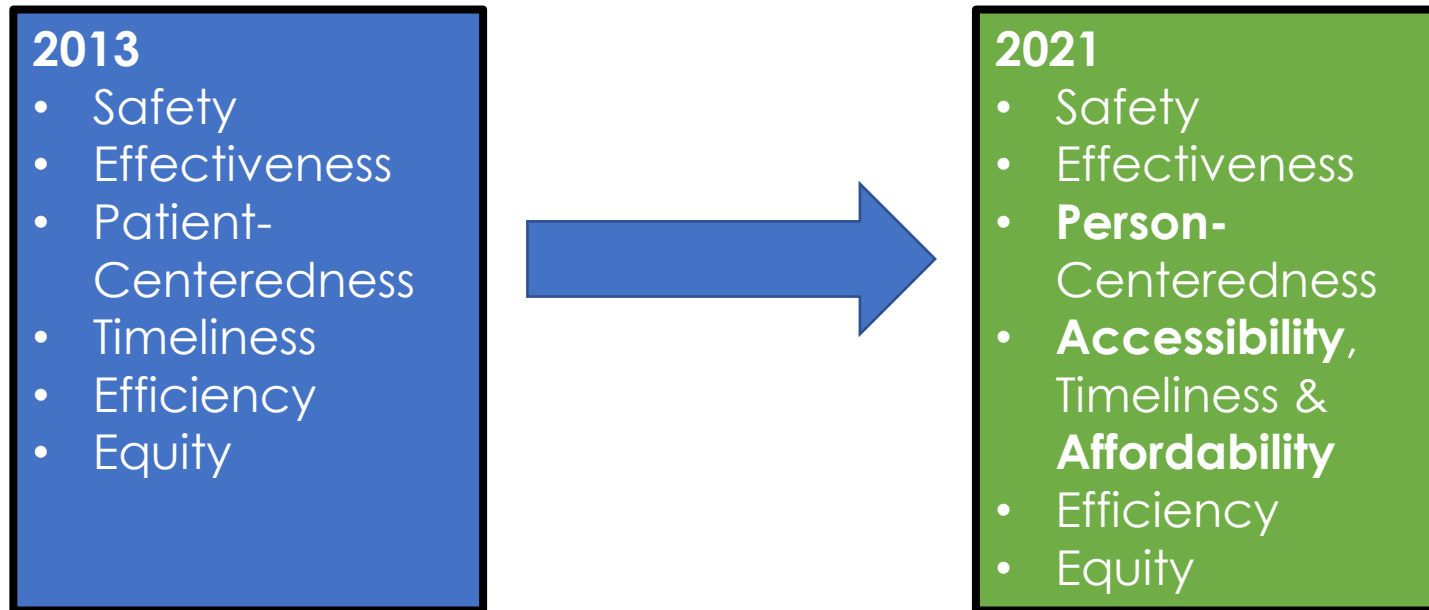
**Improvement**

**Assessment**

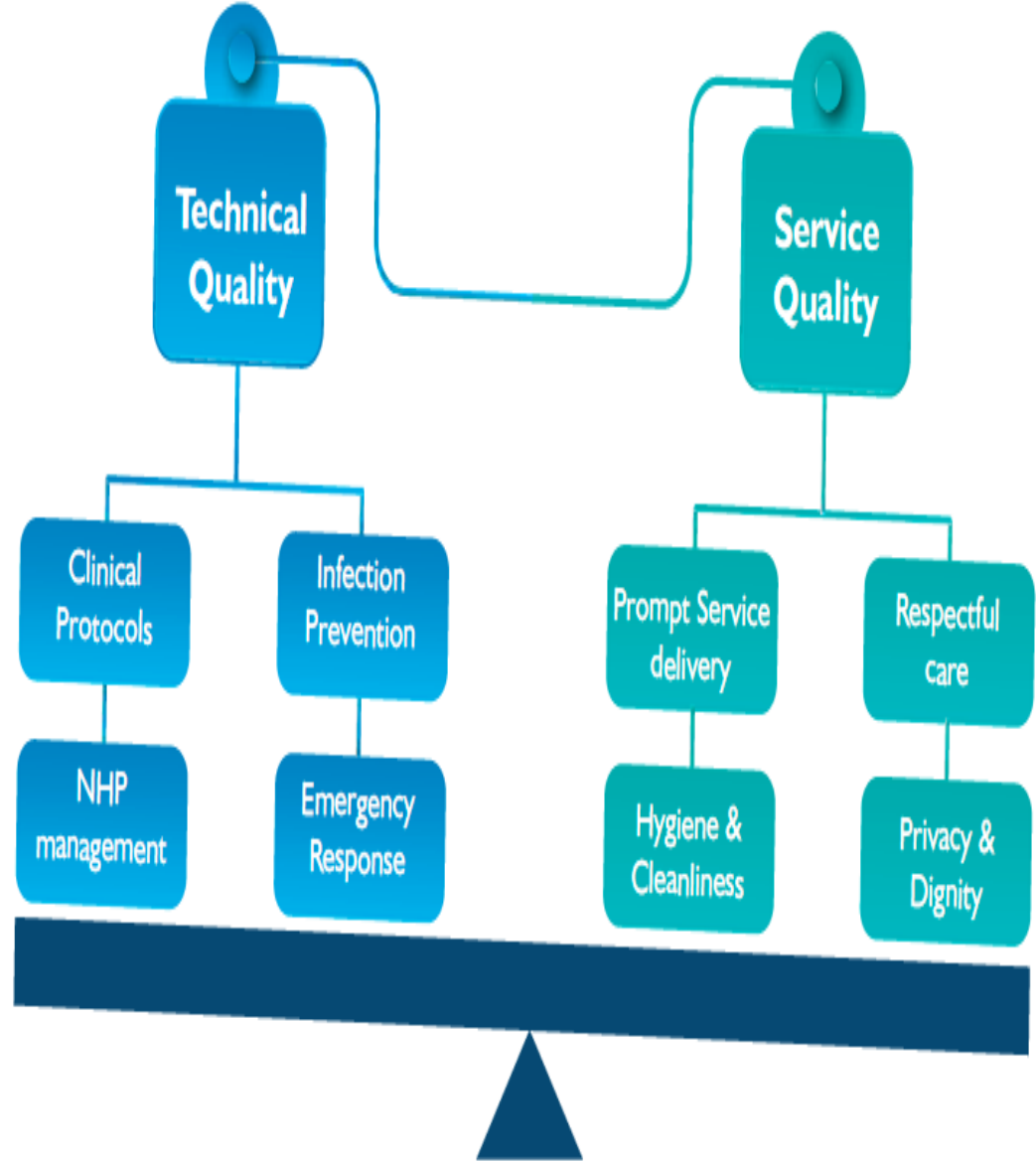
## Quality Certification and Accreditation

# Dimensions of Quality of Care

- According to, ***Crossing the Quality Chasm: Improving Healthcare Quality Worldwide***: Six basic dimension of quality of care are



# Quality as perceived by different Stakeholders



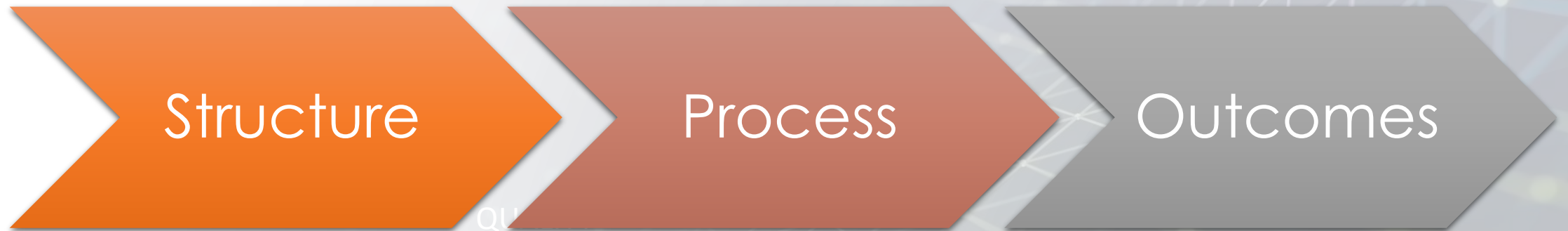
## Sub -Components of Quality





# Section B

## Framework of Quality of Care



# Aim

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To ensure PHCF achieve National Quality Assurance Standards

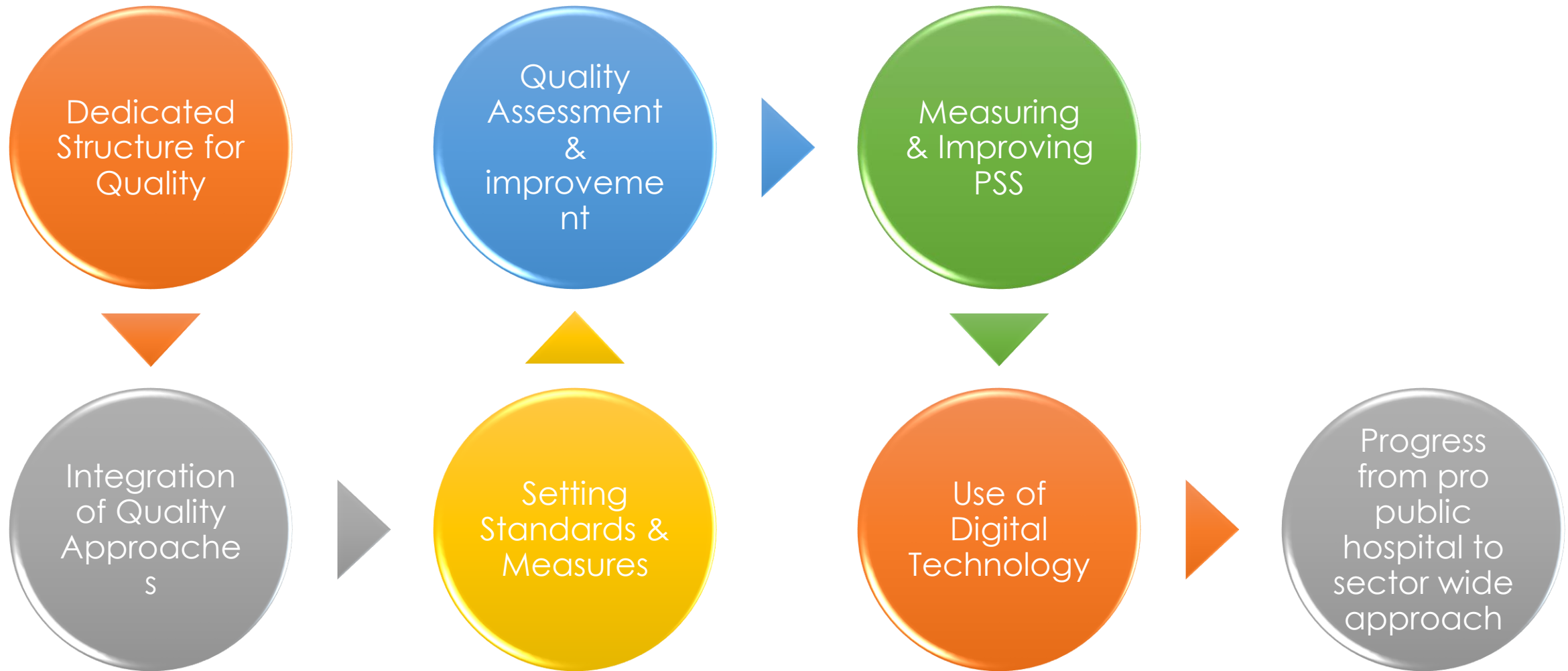
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Ensure implementation of global best practices, evidences and policy to reduce the harm to patients

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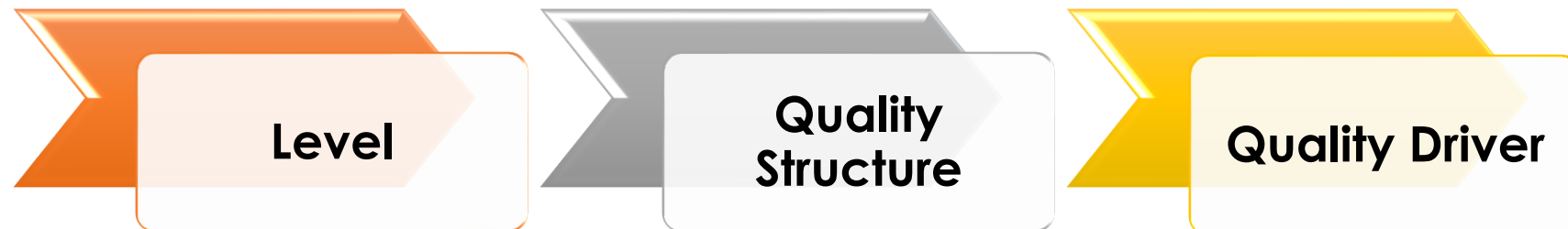
Enhancing satisfaction/experience among users of PHCF

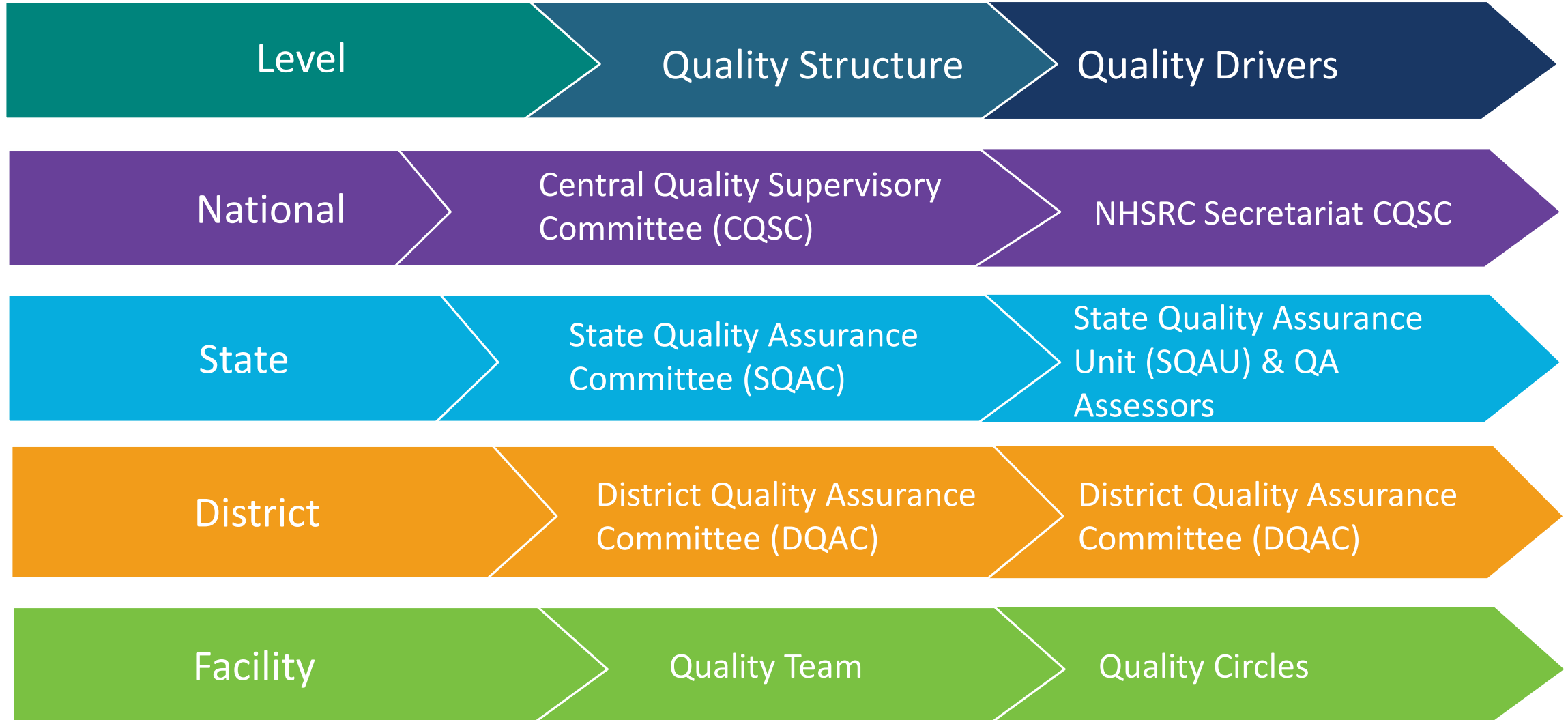
# Key Strategies



# Section-C

## The Organizational Structure







# National Level

- A. Development & ratification of quality standards and oversight function for the quality certification of public health facilities to National Quality Assurance Standards: Central Quality Supervisory Committee (CQSC) undertake this function.
- B. Implementation and Operationalization of QA activities across the Nation: Quality Improvement Division at National Health Systems Resource Centre will provide support and guidance to the states & UTs for the implementation of quality standards at public health facilities.

## 2013

- Drawing up the Technical Guidelines and Protocols
- Recruitment of State QA Assessors
- Mentoring the State QA Teams
- Monitoring the QA Activities

## 2021

- Drawing up the Technical Guidelines and Protocols
- Monitoring the QA Activities
- **Drawing up the Certification Criteria under NQAS**
- **Planning processes**
- **Creation of a pool of National Assessors**
- **Ethical Norms**
- Mentoring the State QA Teams
- Development of resource material
- Support for establishing institutional framework
- Training
- Empanelment of Quality Assurance Assessors
- Periodic update on progress of QA programme

# Family Planning Sub Committee – State/District Level

1. Under the SQAC, the terms of reference of subcommittee “State Family Planning Indemnity Subcommittee” (SISC) can be referred from Family Planning Indemnity Scheme-MoHFW, GOI.
2. Under the DQAC, the terms of reference of subcommittee “District Family Planning Indemnity Subcommittee” (DISC) can be referred from Family Planning Indemnity Scheme-MoHFW, GOI.

# Additions

Suggestive Composition of Quality Team is introduced



*Refer to page no. 43, 44 of Operational Guidelines for Improving Quality in Public Healthcare Facilities 2021*



# Section –D Road Map

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# Implementation of Quality Assurance at Facility level

## OG 2013

- Formation of Quality Assurance Team at Facility Level
- Internal Assessment
- Patient Satisfaction Survey (PSS)
- Key Performance Indicators (KPIs)
- Quality Policy & Objectives
- Rapid Improvement Events
- Medical & Deaths Audits
- Standards Operating Procedures & Work Instructions
- External Quality Assurance of measuring equipments and Laboratories.

## OG 2021

- Formation of Quality Assurance Team at Facility Level
- Internal Assessment
- Patient Satisfaction Survey (PSS) – **Empanelled to Mera Aspataal to capture patients' feedback.**
- Key Performance Indicators (KPIs)- **Integration of IT based dashboard for reporting and monitoring of the indicators.**
- Quality Policy & Objectives
- Undertaking Rapid Improvement Events (**Gap identifications, Setting-up an objectives, Root-Cause Analysis, Measuring indicators, PDCA (Plan-Do-Check-Act) Cycle**)
- Medical & Deaths Audits
- Standards Operating Procedures & Work Instructions
- External Quality Assurance of measuring equipments and Laboratories.
- **Competency and Performance Assessment.**
- **Development and Implementation of Risk Management Framework.**
- **Clinical Governance**

# Strengthening of Quality Certification Mechanism

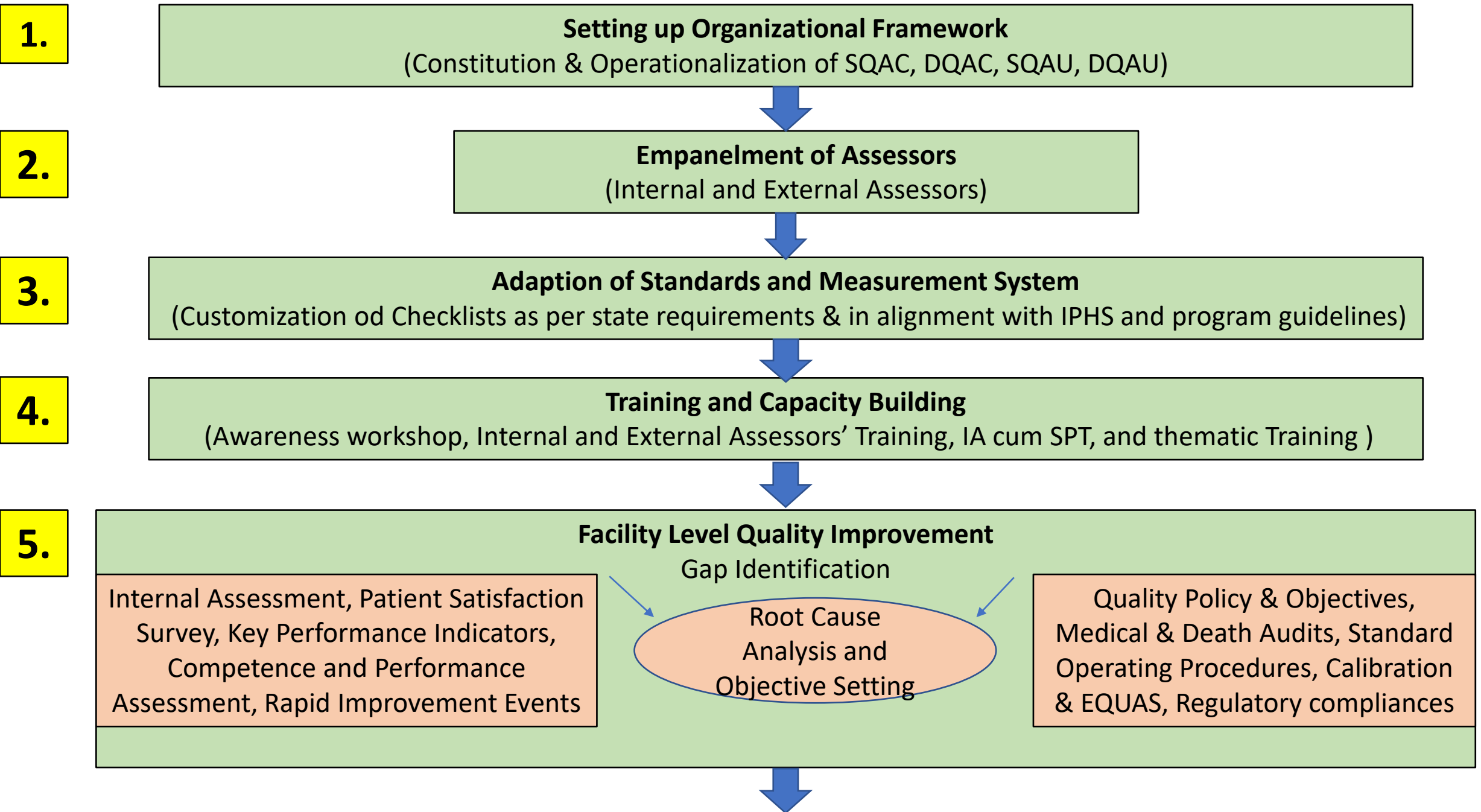
## OG 2013

- Empanelment of external assessor
- Selection of assessor for national assessment
- Certification Cell at NHSRC

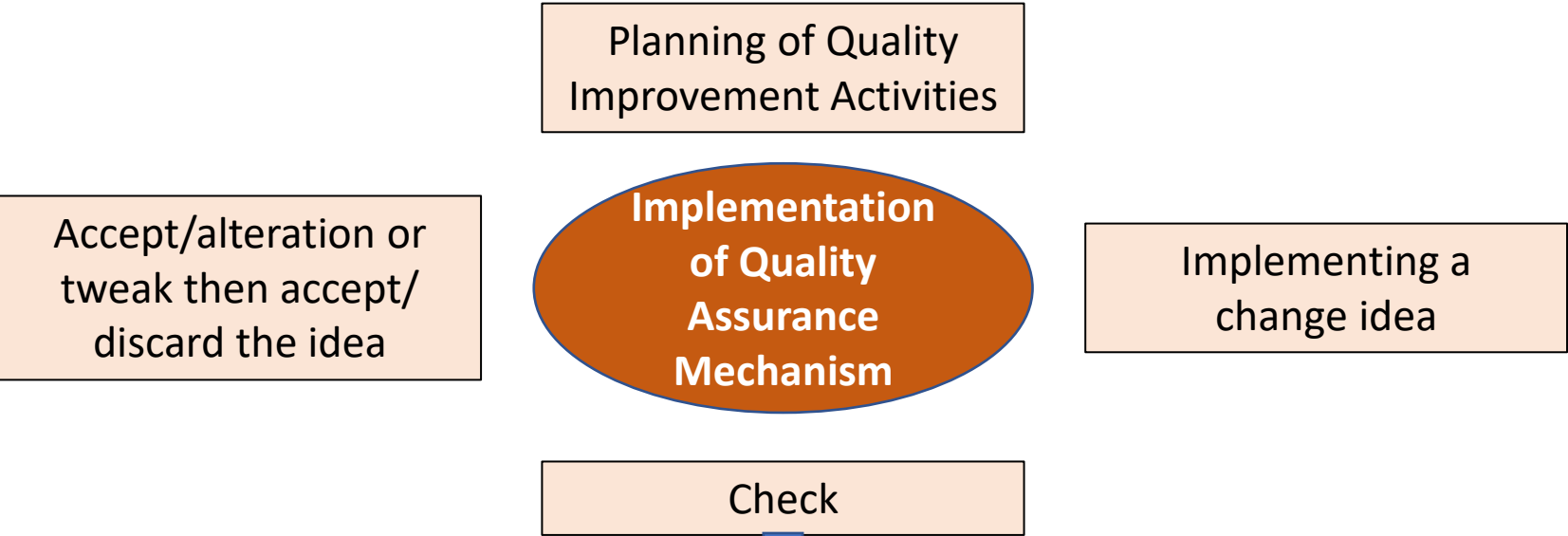
## OG 2021

- Empanelment of external assessor
- Selection of assessor for national assessment
- Certification Cell at NHSRC
- Certification Process
- Document Verification and clearance
- Compliance criteria
- Validity of the certificates
- Surveillance assessments
- Re-certification
- Virtual/ online Assessments & its protocols

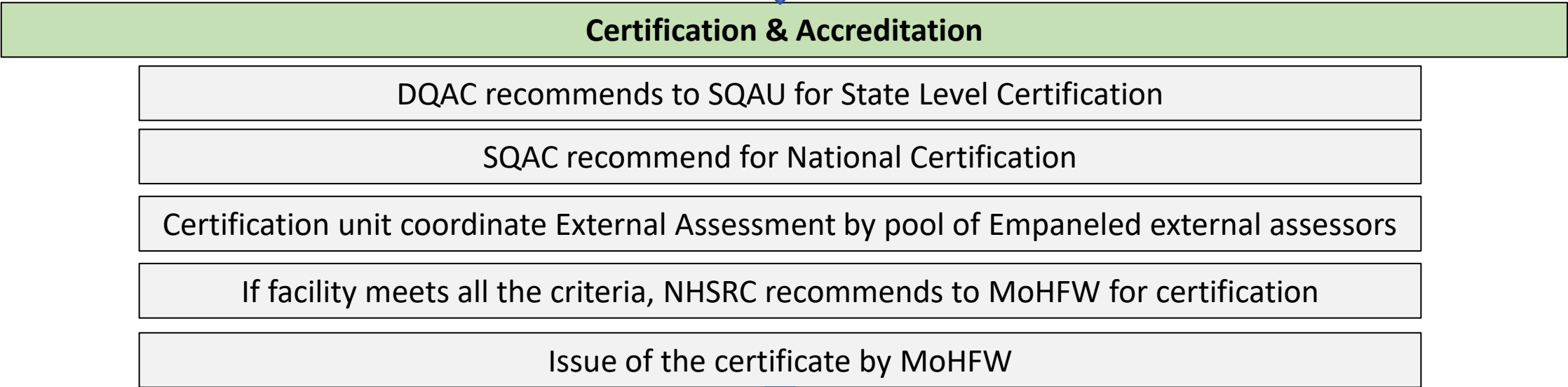
Trainings	Target Audience	Duration*	Purpose
<b>Awareness Workshop</b>	SQAC members, State level programme officers, RPM units, Civil Surgeons/ CDMO/ DHO	1 day	To sensitize state level officials for quality assurance program and its step
<b>Assessor Training</b>	Members of state and district quality assurance units, member of facility level quality assurance teams.	2 days	To acquaint trainees with standards, measurable elements, departmental check lists and scoring system and how to use them
<b>Quality improvement training for service providers</b>	Facility in charges, hospital and programme managers and other hospital staff	3 days	To understand basic concepts of quality improvement approaches, quality tools and how to implement them in their facilities
<b>Internal Assessor cum Service Provider training</b>	Members of state and district quality assurance units, programme managers, Facility in charges, and hospital staff	3 days	To acquaint trainees with standards, measurable elements, scoring system and basic concepts of quality improvement approaches and how to implement them in their facilities
<b>External assessor Training</b>	Assessors who conduct certification / Certification audits (organized at the National level by GOI or its technical resource institutions)	5 days	Detailed discussion about standards and their subcomponents, scoring methodology, filling up assessment forms and code of conduct.
<b>Thematic Training</b>	Depending upon State specific Requirements		Detailed Discussion on Area viz. Quality tools, IPC, PDCA etc



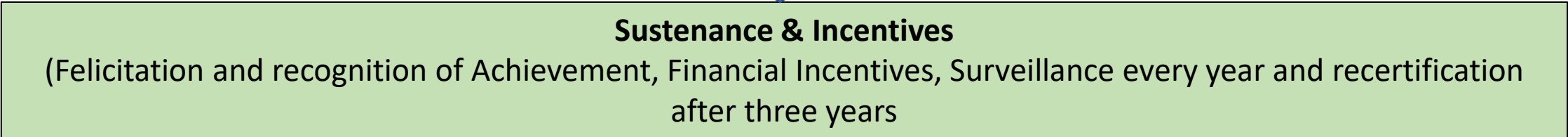
6.



7.



8.



# Branding of NQAS Certified Facilities

- Idea for certification is to repose confidence and trust of catering population and local community in Quality of services provided by the certified healthcare institution.
- Certified facility should display GOI's NQAS Logo. This logo can be displayed at the facility, citizen charter, signages, linen etc. and can also be used on hospital stationary.
- A national level Quality Excellence award can also be given by GOI to best performing state in each category – DH (Large & small), SDH, CHC, PHC, etc), or exceptionally well performing health facility in the country which is separate from the certification.



# Annexure – Key Changes

Sr. No.	Theme	Suggested Changes
1.	ToRs	Revised ToRs based additional responsibilities on the addition of new themes. <b>(Performance linked incentives)</b>
2.	KPIs	Aligned with existing reporting format. Existing DH - 30 KPIs / <b>28 KPIs</b> CHC - 25 KPIs/ <b>24 KPIs</b> PHC – 20 KPIs / <b>20 KPIs</b> UPHC – 16 KPIs/ <b>15 KPIs</b>
3.	Application format for certification	Based on the expanded scope of services applying for certification for all levels of health facilities
4.	Document verification Report	All level of PHCFs are added including pre requisite for re-certification.
5.	Certification Criteria	All level of PHCFs are added

# TOR – State Quality Consultant

## Selection Criteria:

MBBS/Dental/AYUSH/Nursing graduate with masters in Hospital administration/ Health Management (MHA-Full time or equivalent) with 5 years' experience in public Health/ Hospital administration, out of which, at least 3 years' work in the field of quality.

Training and experience of implementing a recognised quality system like NQAS/NABH/ISO 9001:2015/Six Sigma/Lean/Kaizen would be preferred.

## Recommended Remuneration:

Rs 60,000/- per month. Higher the compensation may be given to highly qualified and experienced candidates.

In addition, a performance linked incentive per month @ 25% remuneration or part thereof may be given on attainment of performance linked milestones or part thereof in previous year.

Apart from this the consultant shall have to meet minimum performance deliverables as defined by NHM or state.

# Terms of reference: Program cum Accounting Assistant (SQAU)

## **TOR Changed with Disclaimer**

\*These norms may not be applicable for already deployed Program Assistants, however, in case of new appointments these norms should be followed

# Financial Norms Changes-

Norms related to different Quality Domains are compiled

TRAININGS					
Training Under National Quality Assurance Program					
Sl. No.	Head	Unit Cost	No of Participants	No. of days *	Amount (in INR)
1	Hiring of Venue	10000		1	10000
2	Tea & Lunch	350	50	1	17500
	Incidental Exp. like study material, course material, Photo copying, job aids, flip charts, LCD etc.	300	50	1	15000
	Travel, Boarding & lodging and DA of Participants	As per State norms	50		As per state norms
	Travel Cost for external faculty (economy class airfare as per actuals)	20000	1		20000
	Per diem for faculty/ Honorarium for National external trainer	1500	1	1	1500
	Per diem for faculty/ Honorarium for State external trainer	1000	1	1	1000
	Boarding & Lodging for external Trainers	4000	1	2	8000
	Hiring of Vehicle for Trainer	As per State norms		3	As per state norms
5	Contingency	10000			10000
	<b>Total (One Training)</b>				<b>83000</b>

\* No of training days may be vary as per type of training - Awareness Training (1 Day), Internal Assessor Training (2 Days), Service Provider training (3 Days), Internal Assessor cum Service Provider training (3 Days), Any Other thematic training (Varies from 1-3 days)



# Thanks