



Overview of QA programme & Recent Developments

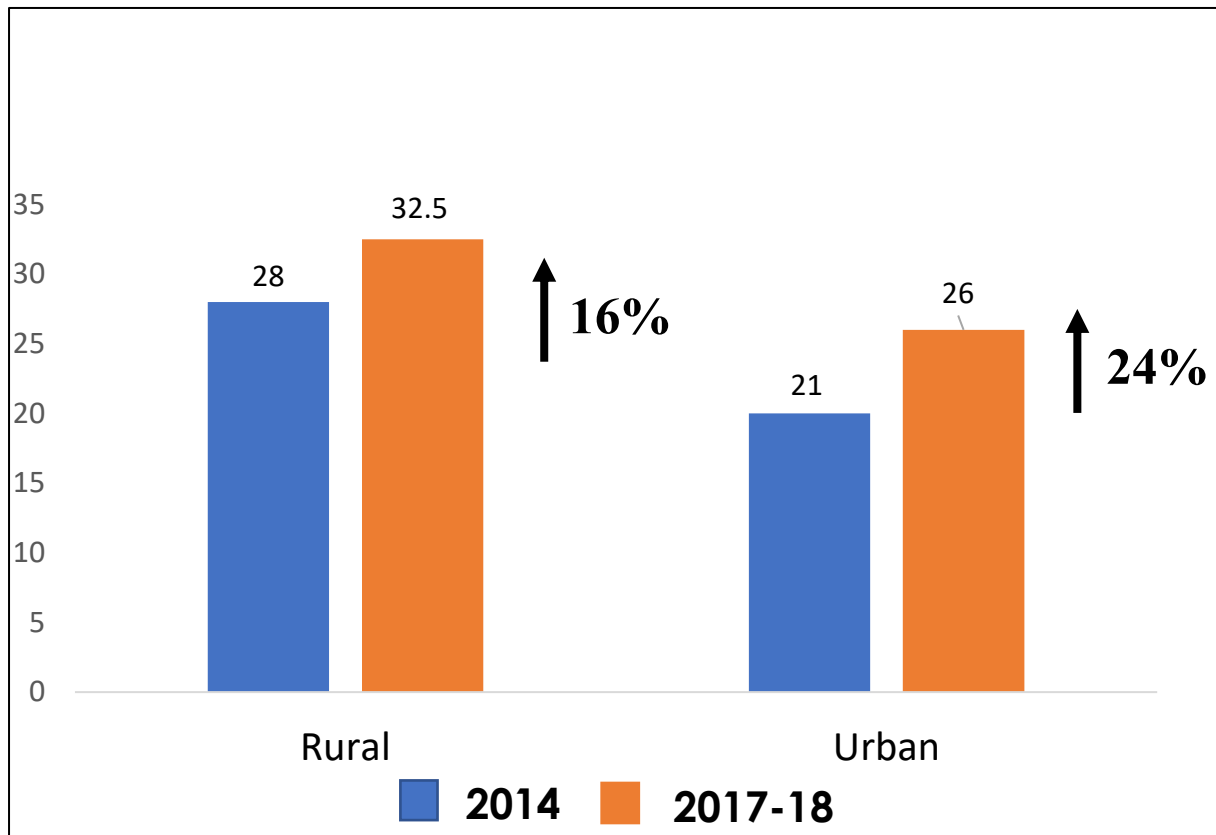
Dr J N Srivastava

Advisor-Quality Improvement

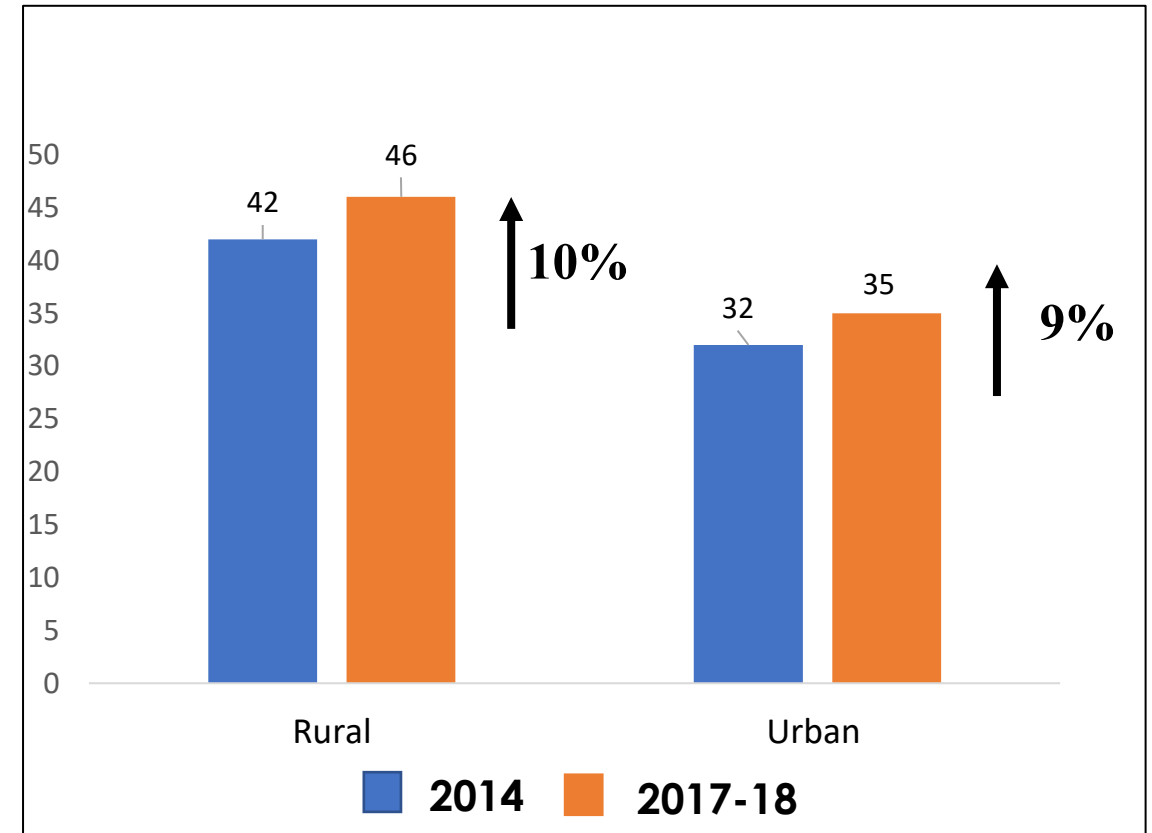
National Health System Resource Centre

Increased public healthcare utilization

Share of cases in public hospitals for OPD Care



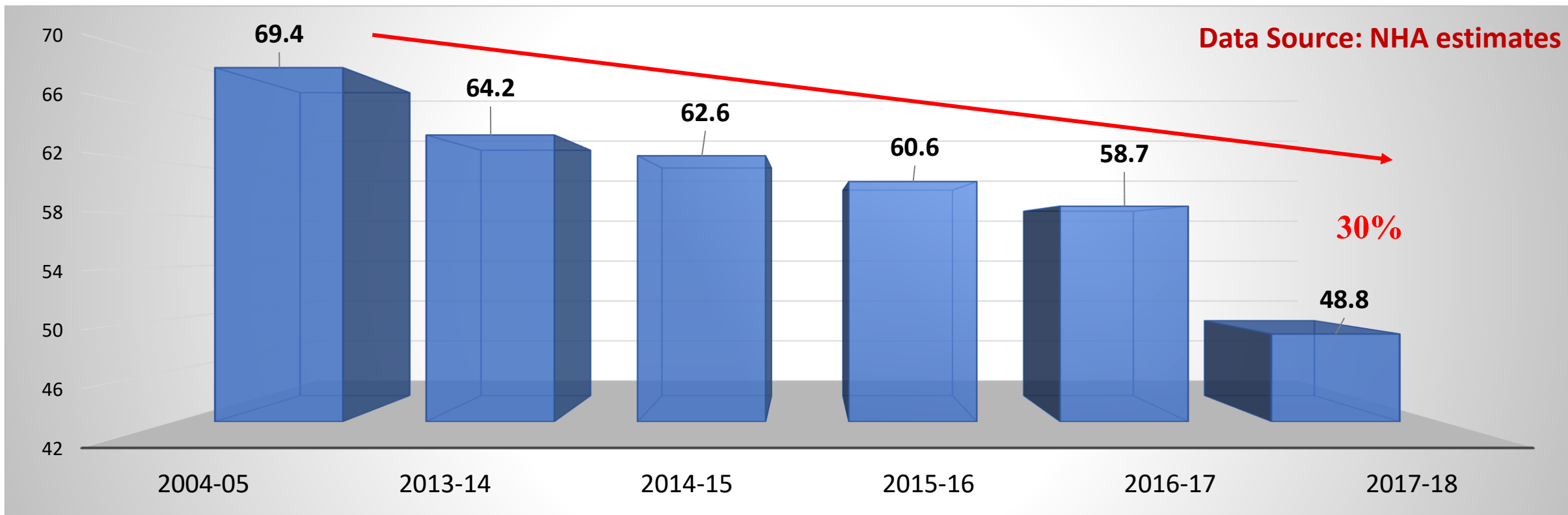
Share of hospitalization cases in public hospitals for IPD Care



NSSO Survey 2014 (71st) and 2017-18 (75th)

Continuing Reduction of OOPE

Out of Pocket Expenditures (OOPE) as percent of Total Health Expenditure



Major interventions for considerable reduction in OOPE.

**National Health
Programmes**

**Free Drugs
Services Initiative
(FDSI)**

**Free Diagnostic
Services Initiative**

**Specialists,
Doctors, other HR
and ASHAs**

**Infrastructure &
Referral
Transport
Services**

**NQAS, Kayakalp,
LaQshya &
Mera-Aspataal**

Key Findings in the Evaluation of NHM by NITI Aayog

On **Effectiveness** Front,

- Strategies and tools have been quite effective as evident by **increased utilization of PHFs** and initiatives viz. JSY, **LaQshya**, SNCUs / NBCCs, MMUs, **NQAS**, Community Outreach sessions, etc.

Progress under NQAS



2013

2014



2015



Quality Assurance Standards for CHCs and PHCs

2016



2017



2018



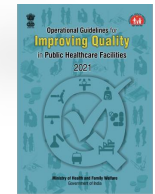
2019



2020



2021



Operational Guidelines for ensuring quality service for child health and family welfare (CHC) and PHCs (SC)



National Quality Assurance Standards

District Hospitals

**Community Health
Centres**

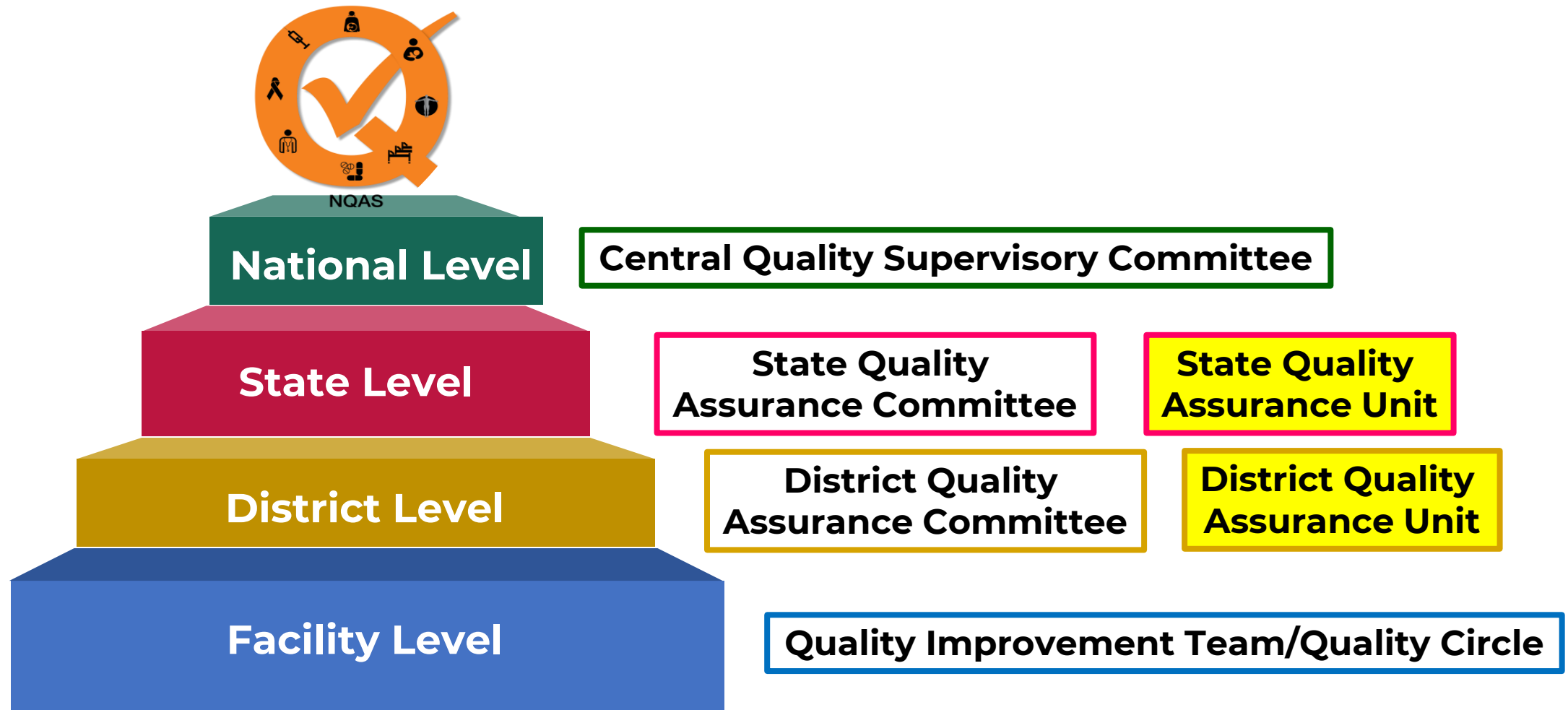
**Primary Health
Centres**

**Health & Wellness
Centre- Sub Centre**

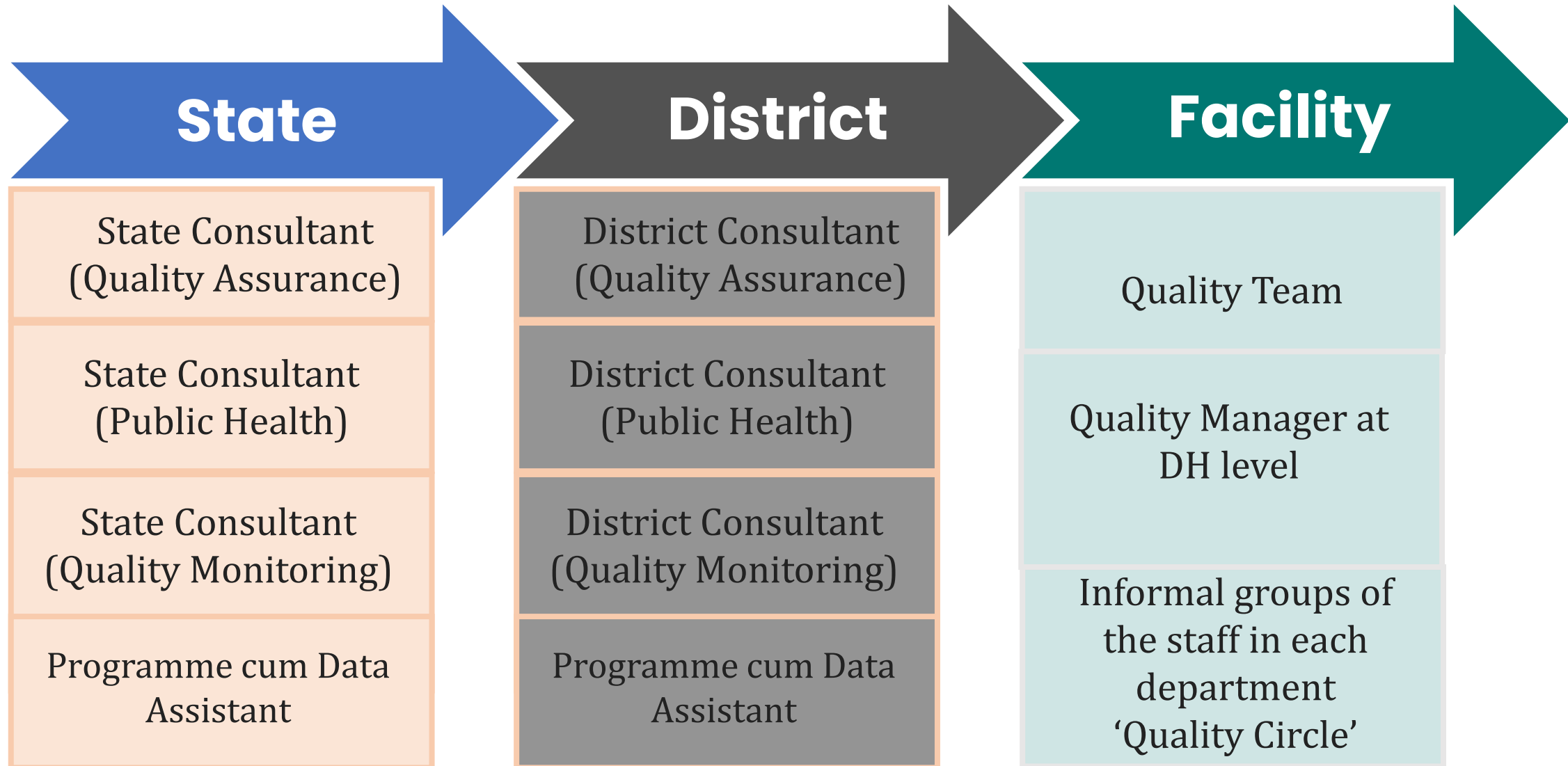
**Urban Primary
Health Care Centre**

**NQAS For AEFI
Surveillance**

Organizational Structure under Quality Assurance Programmes



Approved HR posts under Quality Assurance Programmes




Certification Under NQAS

National Quality Assurance Programme under National Health Mission (NHM), envisaged to improve the Quality of Public healthcare facilities as well as help them to achieve minimum standards of Quality.


Under NQAS there is 2 types of certifications:

1. State level certification
2. National level certification


NHM-II targets for NQAS



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



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
1st October, 2021



Dear Colleagues,

Ministry of Health & Family Welfare has undertaken a thorough revision of Quality Assurance Framework in the Country and has finalized the revised "Operational Guidelines for Improving Quality in Public Healthcare Facilities – 2021". The Guidelines have been released by Hon'ble Union Minister of Health & Family Welfare on 17th September, 2021. Services provided by Public Health Facilities need to be bench marked against National Quality Assurance Standards which are internationally accredited by International Society for Quality in Health Care (ISQua). Formal certification against these standards assures the patients that the care delivered to them is at par with the best in country.

Ensuring Quality is also one of the focus areas of the National Health Policy (NHP-2017). The Ministry is committed to support the States/UTs in achieving the Quality certification against National Quality Assurance Standards (NQAS). Proposed targets for the State/UTs are given in Annexure-I. These targets may please be kept in mind preparing the NHM PIPs for the coming years.

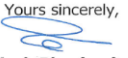
For achieving these targets, you are requested to include status of NQAS certified facilities in your regular review of districts and monitoring dashboard.

In addition, following actions may be thought-of for achieving tangible progress:-

- Sensitization of District Magistrates on the Quality Assurance Program.
- Identification of the technical support institutions for harnessing their capacities for achieving quality certification for the facilities.
- Allocating targets to CMOs/Civil Surgeon (equivalent) for achieving NQAS certification of health facilities.
- Surakshit Matritva Aashwasan (SUMAN) notified facilities, LaQshya certified and Kayakalp winner facilities could be taken on priority for NQAS certification.
- Identification of individual subject matter experts who could be trained and empanelled for providing hand-holding support to the facilities.
- Strengthening the State/UT NQAS certification mechanism.
- Filling all vacant positions of state & district consultants under the National Quality Assurance Program.

Should the State need technical assistance, this Ministry/National Health Systems Resource Centre (NHSRC) may please be contacted.

Harm Legarda.

Yours sincerely,

(Rajesh Bhushan)

Encl.: as above


ACS/Pr.Secy./Secy., Health – All States/UTs

CC to Mission Director, National Health Mission – All States/UTs


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

Target for NQAS certification

DO letter from Sec (HFW)



Changes incorporated in NQAS 2018 version



Summery of Changes....

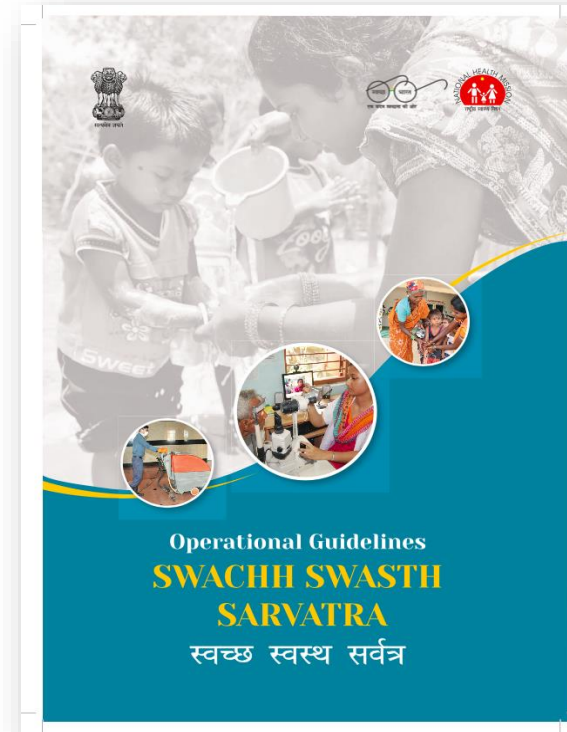
1. Introduction of 4 New Standards i.e. B6, C7, G9 and G10.
2. Checkpoints for 4 New standards are added while at few places checkpoints are shifted under new standard or Measurable element.
3. Bio medical waste Management , AERB, Family planning Changed
4. Replaced whole Labour room CL with LaQshya LR
5. Introduced M-OT Checklist from LaQshya
6. Statement of some Measurable elements is changed or few new ME are introduced

Standard Wise Changes.... New

- **Standard B6** Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities
- **Standard C7** Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff
- **Standard G9** Facility has defined, approved and communicated Risk Management framework for existing and potential risks.
- **Standard G10.** Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan



Kayakalp



**Swachh Swasth
Sarvatra**

Kayakalp : An Initiative under ‘Swachh Bharat Abhiyaan’



2nd October 2014
Launch of Swachh Bharat Abhiyaan

“A clean India would be the best tribute India could pay to Mahatma Gandhi on his 150th birth anniversary in 2019.”



कायाकल्प *Rejuvenating Public Healthcare Facilities*

15th May 2015 Launch of ‘Kayakalp’ as an adaptation and Extension of ‘Swachh Bharat Abhiyaan’.

To encourage and incentivize Public Health Facilities (PHFs) in the country to demonstrate high levels of cleanliness, hygiene and infection control practices.

"Kayakalp"



Kayakalp award scheme, an initiative for recognizing good Public Health Facilities, was launched on 15th May 2015 by the Ministry of Health and Family Welfare as an extension of Swachh Bharat Abhiyan.



Journey of Kayakalp

2015

- **Launch of Kayakalp Implemented in DH only**

2016

Extended to SDH, CHC and PHC

2017

Extended to Urban PHC and UCHC

2018

New theme - Assessment of 'Outside Boundary wall' added

2019

Extension to Health and Wellness Centres & Private health facilities

2021

New theme- 'Eco-Friendly facility' incorporated



S. No	Criteria	Particulars	Weightage
I	Kayakalp Score	Score obtained in external Assessment	85%
II	Mera Aspataal Score	% of patients dissatisfied with the cleanliness	15%
Total Weighted Score			100%



LAQSHYA
लक्ष्म्य

LABOUR ROOM QUALITY
IMPROVEMENT INITIATIVE

2017

LaQshya

*Quality Care
around birth*



LAQSHYA
लक्ष्य

LABOUR ROOM QUALITY
IMPROVEMENT INITIATIVE

2017

NATIONAL HEALTH MISSION
MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

LaQshya – QI initiative for LR & M-OT



Goal & Objectives

- *Reduction in maternal & newborn morbidity & mortality*
- *Improve Quality of care during delivery & immediate post partum*
- *Provide **Respectful Maternal Care** and enhanced satisfaction*

Criteria

- *NQAS Certification of Labour Room and Maternity OT*
- *Attainment of at least of 75% facility level targets*
- *80% of the beneficiary's satisfaction*

Scope

- *District Hospitals & equivalent health facilities*
- *FRUs and high case load CHCs*
- *Government Medical College Hospitals*



Ensuring Child Friendly Services

'MusQan': Ensuring Child Friendly Services in Public Health Facilities



Overview

- *Launched by the Hon'ble Health Minister on 17th September 2021.*
- *A focused approach towards ensuring delivery of Quality Care to paediatric age group (0-12 years) at the public health facilities*

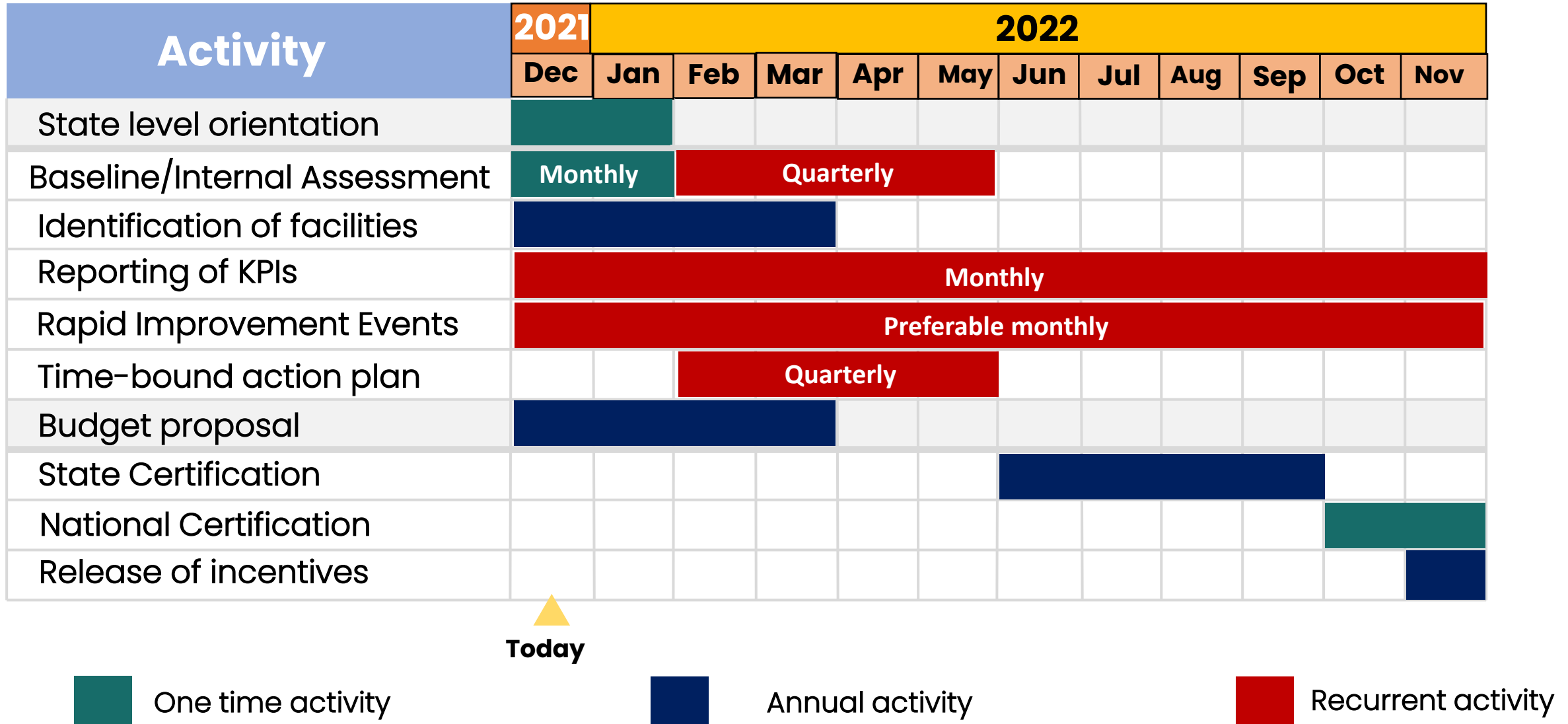
Objective

- *To reduce preventable mortality and morbidity among children below 12 years of age.*
- *To enhance Quality of Care (QoC) as per National Quality Assurance Standards (NQAS).*
- *To promote adherence to evidence-based practices and standard treatment guidelines & protocols.*
- *To provide child-friendly services to newborn and children in humane and supportive environment.*

Scope

Sr No	Type	Description
1	District Hospital and Equivalent	4 Departments – a. Paediatric OPD, b. Paediatric Ward c. Special Newborn Care Unit (SNCU), and d. Nutrition Rehabilitation Centre (Optional)
2	Sub-divisional Hospital	3 Departments – a. Paediatric OPD, b. Paediatric Ward c. Special Newborn Care Unit (SNCU)/NBSU
3	Functional FRU CHCs	2 Departments - a. Paediatric OPD b. Newborn Stabilization Unit (NBSU)

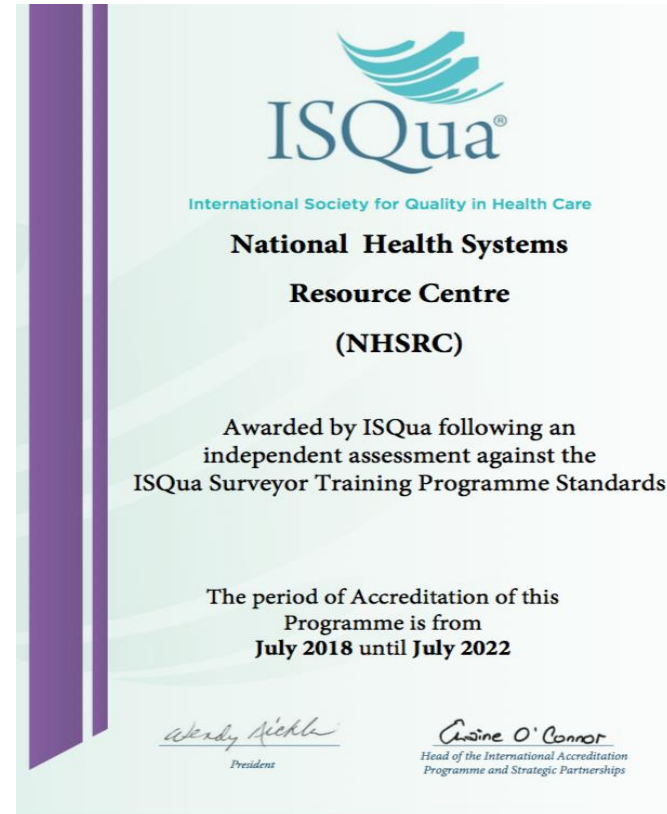
Time-bound action plan



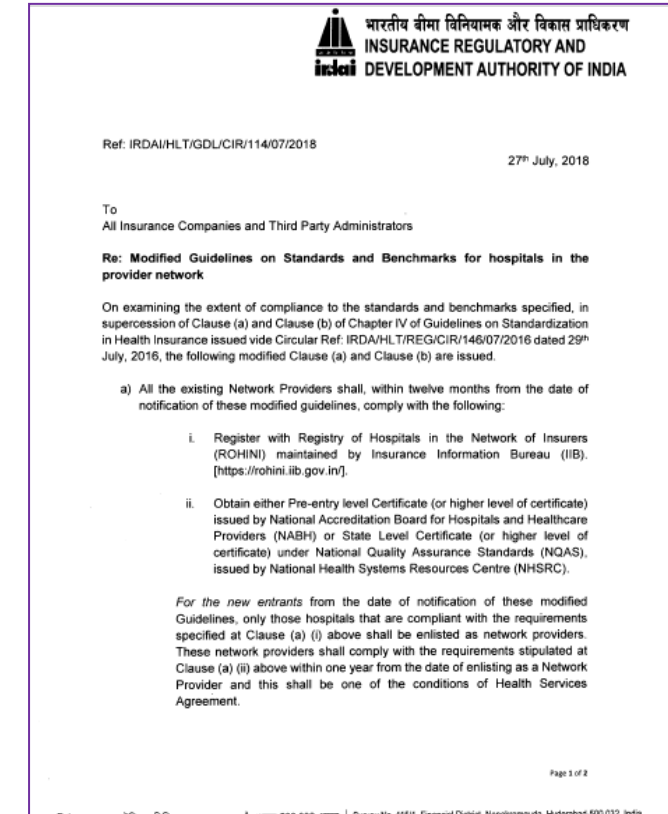
Meeting International & National Standards



ISQUA accreditation for 4 years i.e. till August 2024.



NQAS Surveyor Training Program



IRDAI recognize NQAS as benchmark for hospitals in providers' network



स्वास्थ्य एवं परिवार कल्याण मंत्रालय
भारत सरकार



Mera Aspataal

an overview...

Ministry of Health and Family Welfare
Government of India

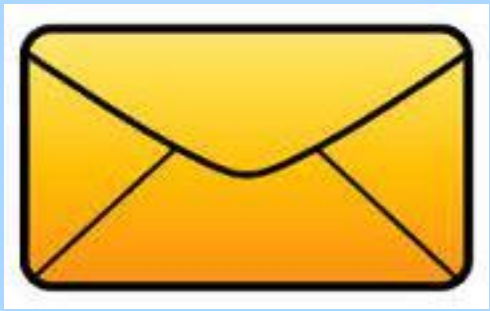


Mera-Aspataal



- *'Mera Aspataal' is a patient feedback system which was launched in September 2016 with a mandate to integrate Central Government Hospitals (CGHs) & District Hospitals (DHs) on the feedback portal.*
- *An initiative to capture patient feedback and improve quality of services*
- *Multi-Channel Approach – SMS, Call, Mobile app & web page*
- *It has now been extended up to CHC, Rural & Urban Primary Health Centre and private medical colleges and is currently functional in 34 States/UTs.*

Channels to Capture Patient Feedback



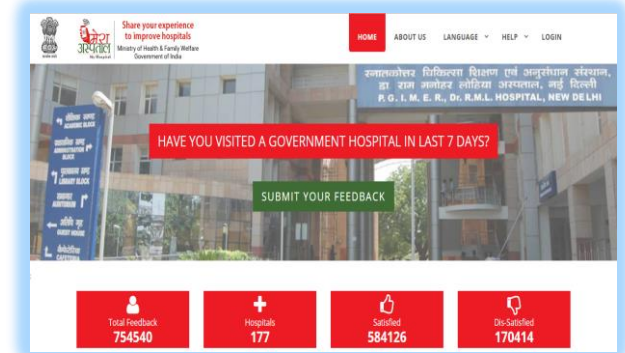
Short Message Service



Out Bound Dialing



Mobile Application



Web Application

Average No. of calls made by the system-

Daily – 59,005

Weekly- 43,68,64

Average No. of Patient Responses Captured

Daily – 4,495

Weekly- 33,362

Patient Feedback Questionnaire Outline



Greeting Message
Qo (Overall Rating)



Very Satisfied



Satisfied



Not Satisfied

**Q1 (service/s
dissatisfied
with)**

Staff Behaviour

Cleanliness

Treatment Cost

Quality of Care

Others

Q2

Q3

Q4

Q5

Q6

Patient Feedback Parameters

Q2: Staff Behaviour

- Doctor
- Nurse
- Lab/X Ray Technician
- Pharmacist
- Ward Assistant
- Other Staff

Q3: Cleanliness

- Patient Registration and Waiting area
- Patient Wards
- Examination Room and Table
- Toilet
- Bed sheets
- General Surrounding of the hospital

Q4: Cost of Treatment

- Cost of Medicines and Supplies
- Cost of Investigations
- Informal payment to the Staff

Q5: Quality of Treatment

- No relief in symptoms
- Health condition worsened after treatment
- Doctor didn't listen to your problems carefully
- Nurses were not skilled enough
- Poor quality of food served during the hospital stay

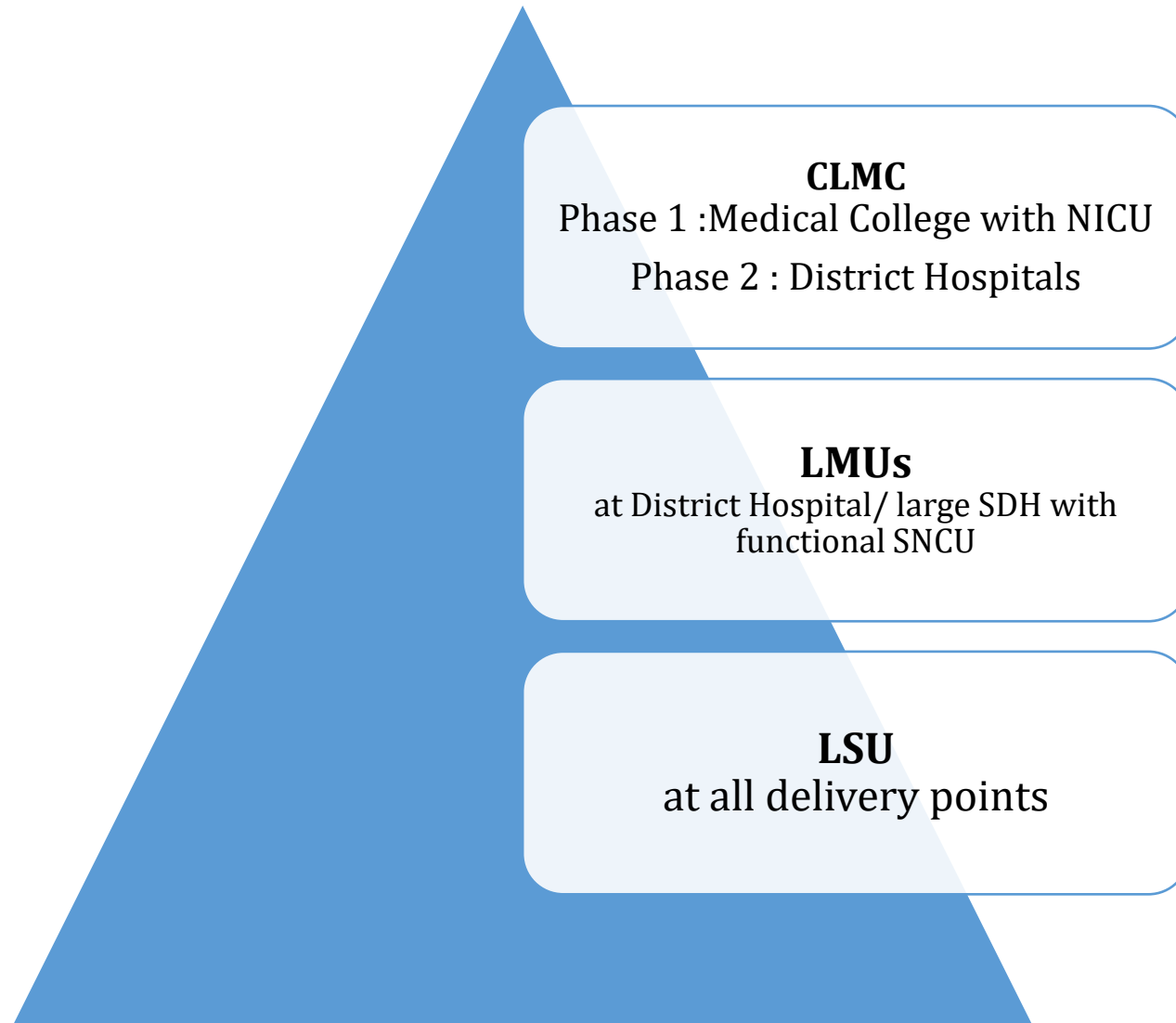
Q6: Other Reasons

- Long waiting time
- Inadequate information on available services and location
- Lack of amenities for patients
- Lack of support services for accompanying family members
- Overcrowding
- Others

NQAS Assessors' Guidebook for Comprehensive Lactation Management Centre (CLMC)



Level of Facility based Lactation Management



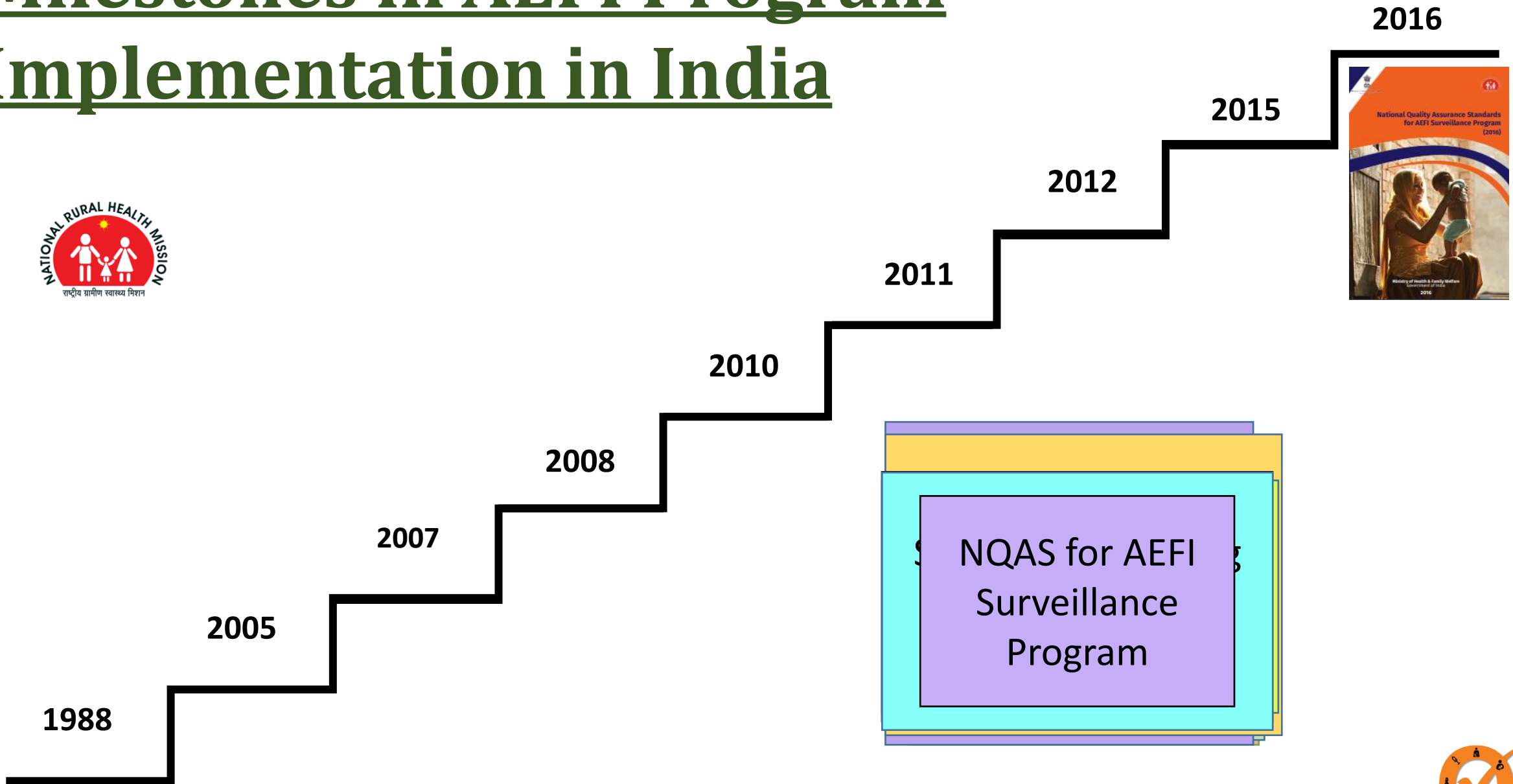
National Quality Assurance Standards
for AEFI Surveillance Program
(2016)



NQAS for AEFI Surveillance




Milestones in AEFI Program Implementation in India



Interim Certification Software

- Quality Improvement division has developed an interim software to digitalise the whole certification process.
- Overview on utilization of software given to all the states/UTs on 30th September'2021
- Operational (Go-live) from 5th October 2021 onwards
- It comprises of 5 modules
 1. State
 2. NHSRC
 3. External Assessor
 4. Certification Unit
 5. Secretarial Assistant

Portal Link: <http://nqas.nhsrcindia.org/>

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National Health Systems Resource Centre -
About us

We are a team of passionate people whose goal is to improve everyone's life through disruptive products. We build great products to solve your business problems.

Our products are designed for small to medium size companies willing to optimize their performance.



Snapshots

Certification Requests

New Request

Applications Submitted

Application Reverted

Applications Accepted

Schedule Proposed

Schedule Accepted

Schedule Rejected

Assessment Conducted

Certificate Issued

Full Certification Requested

My Applications

Request ID

New

NIN ID

[0012345678] / [DH Kerala]

Created At

[9876540987] / [Gorakhpur Medical College]

Certificate Valid Upto

[258369147] / [Medical Collage Jaunpur]

Address

QA Unit

[111118848] / [3 H]

[111124481] / [7 f]

[111124879] / [PHC KALEPAL]

[111126882] / [25 ML]

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Certification Requests

Schedule Request

Facility Registration

LaQshya Department Status

Reports

Configurations

My Applications / New

Save Discard

Submit Application Cancel

Draft Cancelled

Linked Application

Request ID

New

NIN ID

Created At

15/12/2021 16:02:11

Certificate Valid Upto

Is Review Pending

Created By

Administrator

Certification Status

Prev App No (If Any)

Address

QA Unit

Facility Details

Document Upload

Address

Facility In-charge's Name

Street...

Street 2...

City

Taluka

District

State

India

Landmark

Phone

Mobile

Email ID

Nearest Railway Station

Nearest Airport

Load Document

Document Name

Latest State Assessment Report

Quality Team Formation Order & minutes of last meeting

SOP

Quality Improvement Manual

Policy- Vision, Mission, Values, Strategic Plan & Quality Policy

Policy- Condemnation Policy

Policy- Referral policy

Policy- Maintaining of patient records, its security, sharing of information and safe disposal

Last 3 months record of Patient Satisfaction Survey (PSS) & subsequent Action plan

Key Performance Indicators (last 3 month)

Prescription/ Medical Audit Analysis with action taken report

Signed Application form

Policy- Antibiotic Policy

Policy- End of Life care policy

Policy- Social, culture and religious equality policy

Policy- Privacy, dignity and confidentiality policy of patient

Policy- Prescription by generic name policy

Policy- Adverse event reporting policy

Policy- Timely reimbursement of entitlements & compensation policy

Policy- Grievance redressal Policy

Policy- Free treatment to BPL patients' procedure policy

Policy- Quality Policy

Patient safety

- Observance of Nationwide third World Patient Safety Day on 17th September'21
- A series of webinars were conducted in a weeklong Rogi Suraksha Saptah
- Patient safety self assessment tool for HCFs
- Renaming the name of the division to “Quality and Patient Safety Division” from 1st January'2022

Forthcoming initiative

01

**Patient safety self
assessment tool for HCFs**

03

**Development of 'NQAS for
Elderly Care Services'**

05

**Framework for engaging family
and community in patient care**

07

**App for 'SCAET' (Skill and
Competence Assessment &
Enhancement Tool)**

02

**Quality standards for
Hemodialysis Unit**

04

**Development of 'NQAS
for Oncology Services'**

06

**Quality standards for 'Data
management and E-record
Maintenance'**

08

**IT enabled NQAS
certification system**



THANK YOU