



Certification Process under NQAS

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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 Colleague,

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.

Targets for HWC

(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)

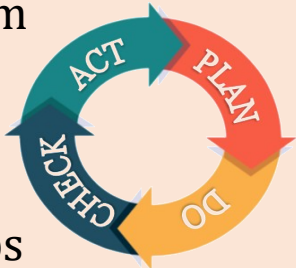
Level of Health Facilities	Cumulative Certified FY 2021-22 (Percentage)	Cumulative Certified FY 2022-23 (Percentage)	Cumulative Certified FY 2023-24 (Percentage)	Cumulative Certified FY 2024-25 (Percentage)	Cumulative Certification FY 2025-26 (Percentage)
1.District Hospital	40	50	60	70	75
2.Sub-district 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

Level of Assessment

The first assessment score will be baseline score

Internal Assessment

1. Continuous process
2. Find the gaps
3. Perform



4. Close gaps
5. Review Score $\geq 70\%$
6. Apply for State Certification

DQAU Assessment

1. Quarterly by DQAU
2. Share the findings with SQAU
3. Support/ Hand hold facility in closing gaps

State Assessment

1. Every Facility should be assessed at least once in a year.
2. Once the facility is state certified and has been consistently getting high score on assessment the facility would apply for National assessment.

National Assessment

Mandatory Criteria for Certification

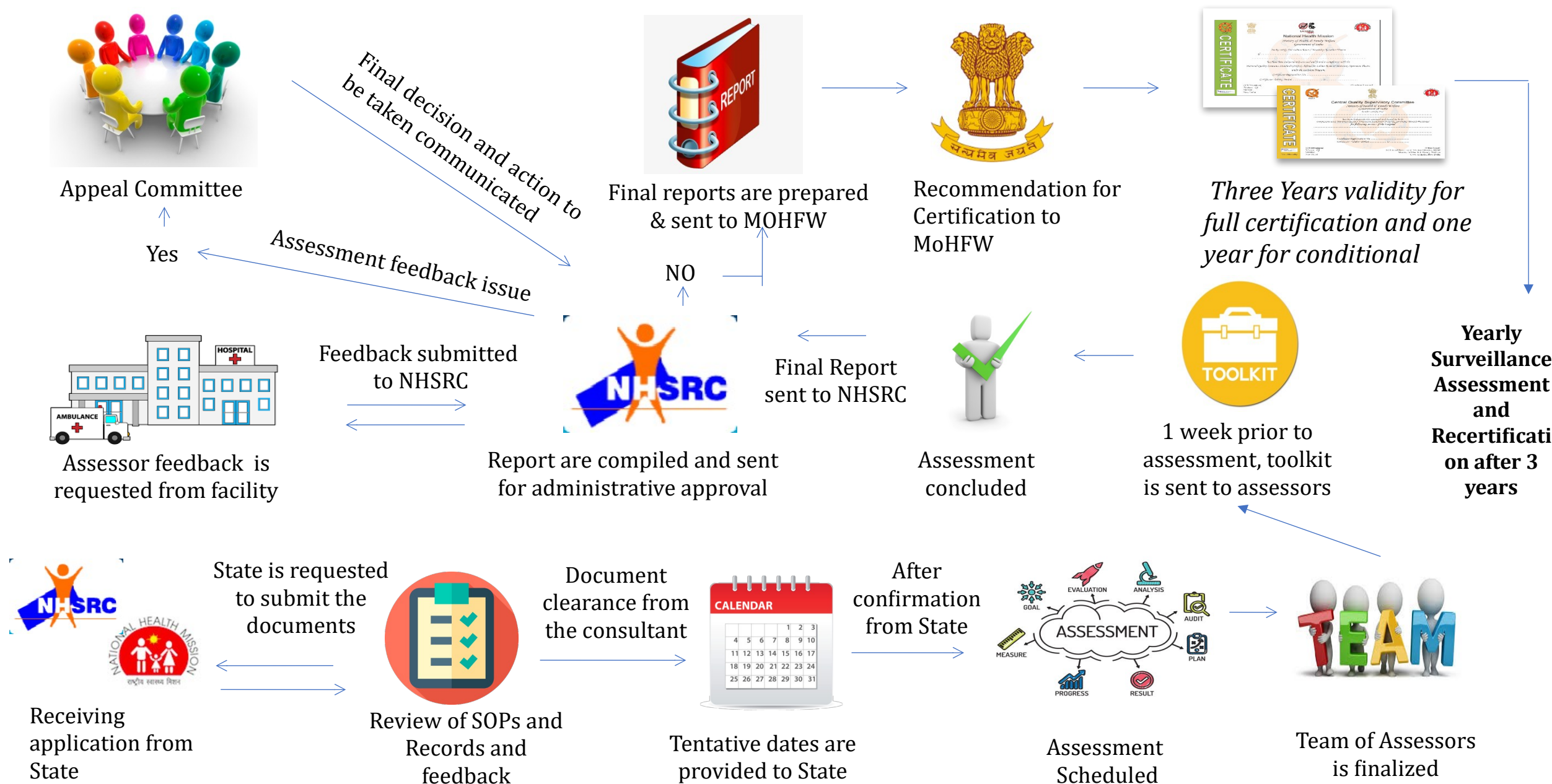
For a facility to apply for the state and national certification it is mandatory to apply atleast for the following 7 packages:

1. Care in pregnancy and child-birth.
2. Neonatal and infant health care services.
3. Childhood and adolescent health care services.
4. Family planning, Contraceptive services and other reproductive Health Care services.
5. Management of Communicable diseases including national Health Programmes.
6. Management of Common Communicable diseases and outpatient care for acute simple illnesses and minor ailments.
7. Screening, Prevention, Control and Management of non-Communicable diseases.

State Certification at Primary level

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.

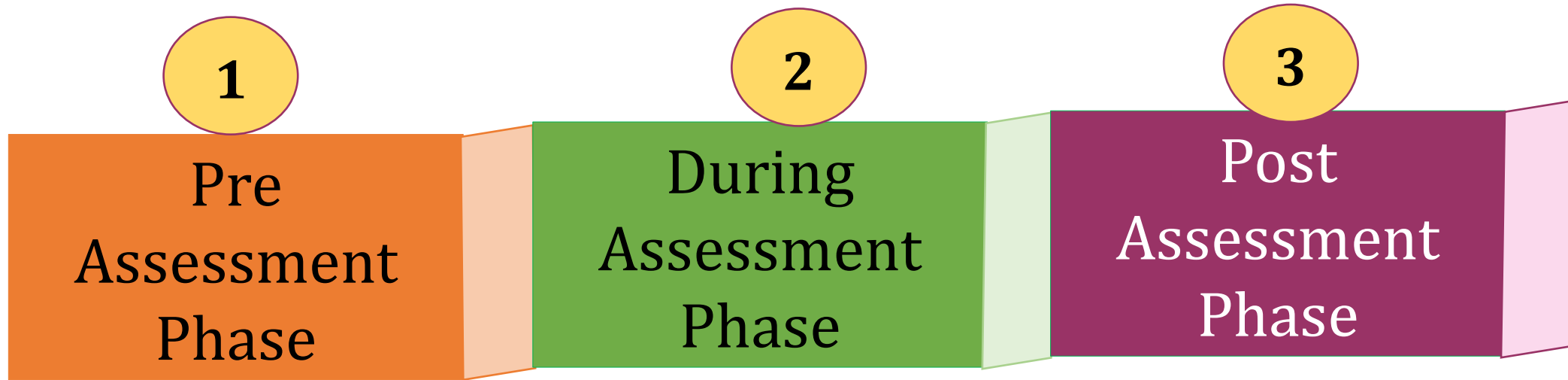
National level Assessment Process



Audit Man-days

Facility Types	No. of Departments	Physical	
		No. of Assessors	Man Days
PHC / UPHC	All 6/12	2	2
HWC	All Packages	2	1

Phase for assessment



Phase – I Pre Assessment Phase

Avoid possible Conflict of Interest

Finalize the team

Considering the scope of packages applied

Refer Program guidelines

Review the documents

Share the Assessment schedule & plan

Documents required for Certification

S. No. Name of the Documents

- 1 No. and Names of service packages to be assessed
- 2 Latest District level assessment report verified by State*
- 3 Minutes of last Quality Team meeting (Preferable within Last Quarter)
- 4 Work Instructions (As per Service Packages)
- 5 Copy of Facility Wide Policies/ Instructions
 - a Quality Policy & Objectives
 - b Policy for Maintaining Patients' Records [its security, sharing of information and safe disposal] (*Both physical and digital copies*)
 - c Referral Policy
- 6 Last 3 months Patient Satisfaction Survey Report (Analysis) with subsequent Corrective and Preventive actions undertaken.
- 7 Last 3 months data of Key Performance Indicators (KPI).
- 8 Bio Medical Waste (BMW) Authorization Certificate
- 9 Letter for Fire compliance from the appropriate authority.

Toolkit shared by NHSRC should only be used

Checklist
(DH/SDH/CHC/PHC/UPHC/H&WC/MusQan)

Word Format Report

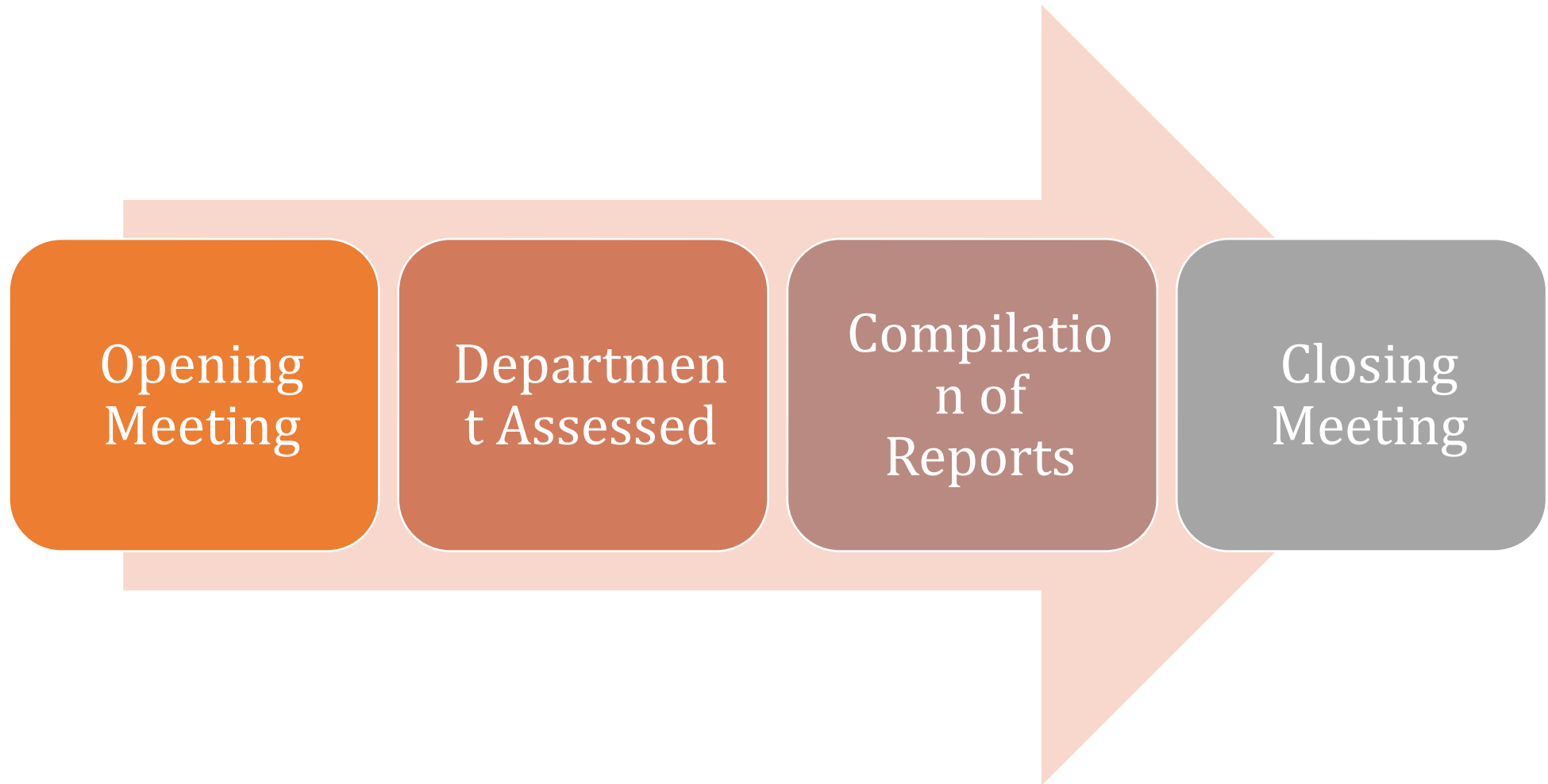
Opening & Closing Meeting Format

Co-Assessor feedback form

Declaration of Impartiality and Confidentiality
form

Role and responsibilities for the Assessors
along with Do's & Dont's

Phase – II During Assessment



Certification Criteria

Criteria	Fully Certified	Conditionality	Deferred/ Declined
Aggregate score of the health facility - $\geq 70\%$	√	√	Not met
Score of each service package of the health facility (minimum 7 packages) - $\geq 70\%$	√	Met 3 out of 5 criteria	
Segregated score in each Area of concern - $\geq 60\%$	√		
Score of Standard - $\geq 60\%$	√		
Individual Standard wise score- $\geq 50\%$	√		
Patient/client Satisfaction Score - 60% or Score of 3.0 on Likert Scale	√		

For State level Certification score of above criteria may be reduced by 5%

DO letter no – NHSRC/ 13-14/ QI/01/ QAP dated 10th August' 2017

Core Standards under NQAS

Core-Standards For H&WCs

Standard A1 - *The facility provide comprehensive primary healthcare services.*

Standard D3 - *The facility has defined and established procedure for clinical record and data management with progressive use of digital technology.*

Standard D4 - *The facility has defined and established procedure for hospital transparency and accountability.*

Standard D5 - *The facility ensures health promotion and disease prevention activities through community mobilization.*

Standard G2 - *The facility has established system for patient and employee satisfaction.*

Phase – III Post Assessment

1. Report submission
2. **Honorarium** is provided by the State.
3. Share your major findings including best practices and recommendations during closing meeting.
4. The final status of the assessment **not to be shared** with facility.

“The Quality of the report reflects the Quality of Assessment”

Score Cards



National Quality Assurance Standards

Health & Wellness Centre -Sub Centre

Details of Services Provided At HWC_HSC

1	Care in pregnancy & Childbirth	Mandatory	7	Management of Non Communicable Diseases	
2	Neonatal & Infant Health Services	Mandatory	8	Care for Common Ophthalmic and ENT	
3	Childhood & adolescent Health Services	Mandatory	9	Oral health care.	
4	Family Planning	Mandatory	10	Elderly and Palliative health care	
5	Management of Communicable diseases	Mandatory	11	Emergency Medical Services	
6	Management of Simple illness including Minor Elements	Mandatory	12	Management of Mental health ailments.	

Score Cards

HWC_HSC Overall Score Card	HWC -HSC Overall Score & Area of Concern wise Scores				
	Service Provision	Patient Rights	Overall Score of HWC -HSC	Clinical Services	Infection Control
	50%	50%		50%	50%
	Inputs	Support Services	50%	Quality Management System	Output
	50%	50%		50%	50%

Score Cards

Theme Wise Score	Theme Wise Score			
	Care in pregnancy & Childbirth	50%	Care for Common Ophthalmic and ENT	50%
	Neonatal & Infant Health Services	50%	Oral health care.	50%
	Childhood & adolescent Health Services	50%	Elderly and Palliative health care	50%
	Family Planning	50%	Emergency Medical Services	50%
	Management of Communicable diseases	50%	Management of Mental health ailments.	50%
	Management of Non Communicable Diseases	50%	Drugs & Diagnostics	50%

Score Card

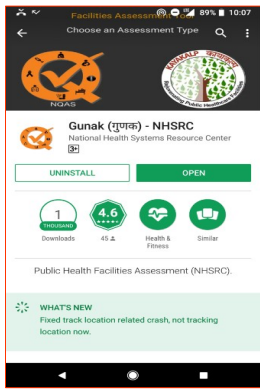
Area of Concern	Reference No	Standard	Score Obtained	Maximum Scores	Percentage
Service Provision	Standard A1	The facility provides Comprehensive Primary Healthcare Services	50	100	50%
Service Provision	Standard A2	The facility provides drugs and diagnostic services as mandated	4	8	50%
Patient Rights	Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	14	28	50%
Patient Rights	Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	9	18	50%
Patient Rights	Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	8	16	50%
Patient Rights	Standard B4	The facility maintains privacy, confidentiality & dignity of patient	6	12	50%
Patient Rights	Standard B5	The facility ensures all services are provided free of cost to its users	5	10	50%
Inputs	Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users	17	34	50%

Surveillance and Re-certification

- Certification / recertification would be **valid for a period of three years**, subject to validation of compliance to the QA Standards by the SQAC team every year for subsequent two years.
- In the **third year**, the facility would undergo **re-certification assessment** by the National Assessors after successful completion of two surveillance audits by the SQAC.

Surprise Audit

A total of 10 % facilities are selected for surprise visits who have attained certificate on/or before current financial year.



IT Solution For management of Certification Process and Quality Dashboard

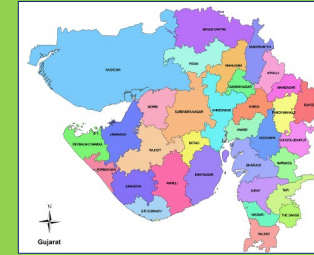
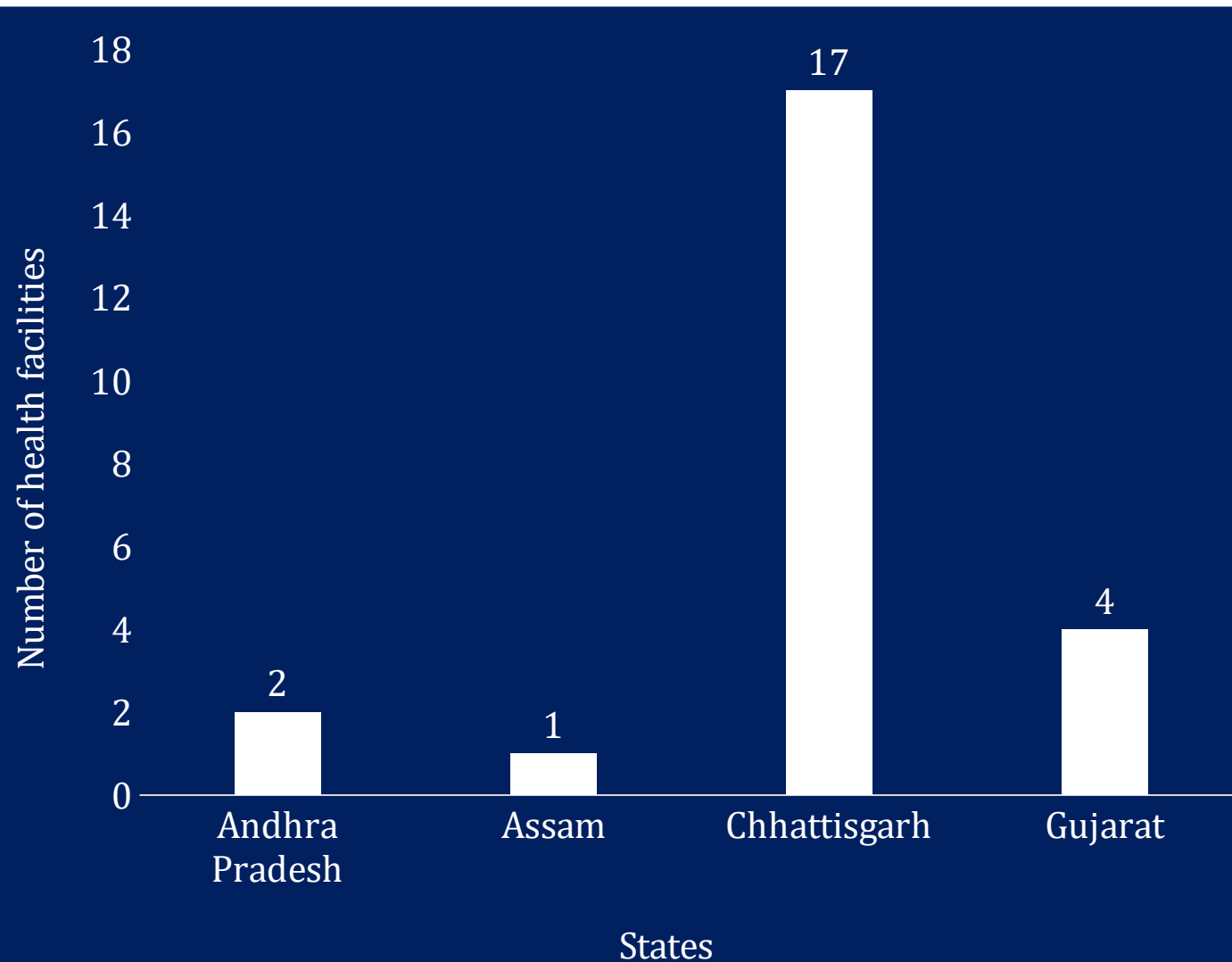
GUNAK APP. : NQAS, KK & LaQshya Assessments

IT Solution for certification Process

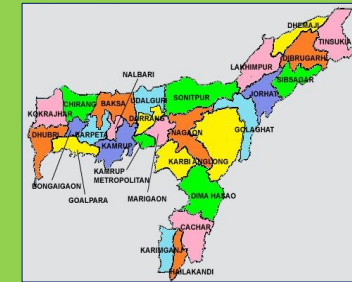
SaQsham : Complete IT solution for Assessment, certification & Reporting



HWC(SC) Certification Status



Gujarat

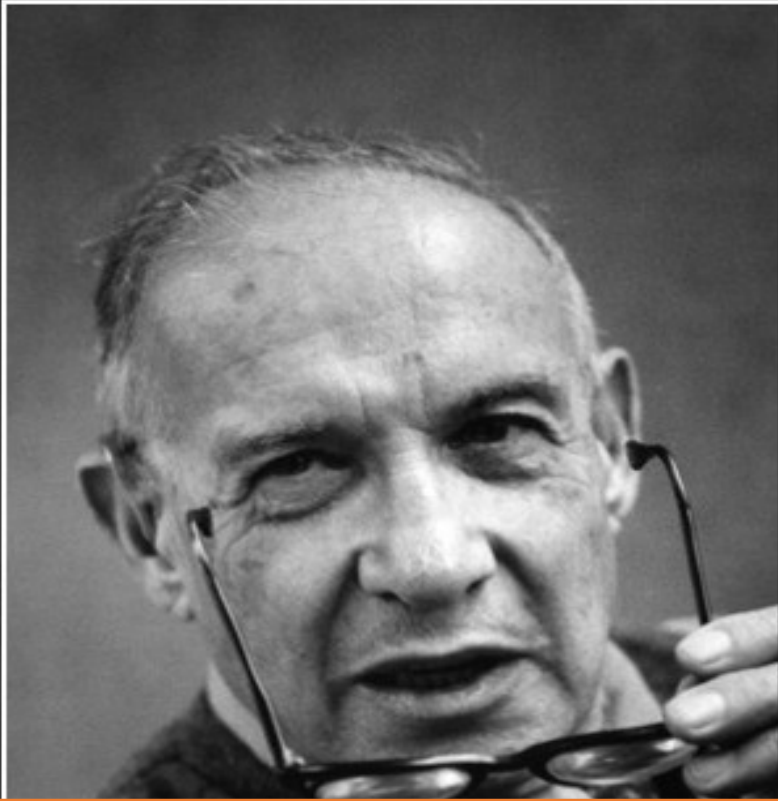


Assam



Chhattisgarh

Lets see which is the next state



Quality in a service or product is not
what you put into it. It is what the
client or customer gets out of it.

— *Peter Drucker* —

Thank You!