



12th September 2022

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

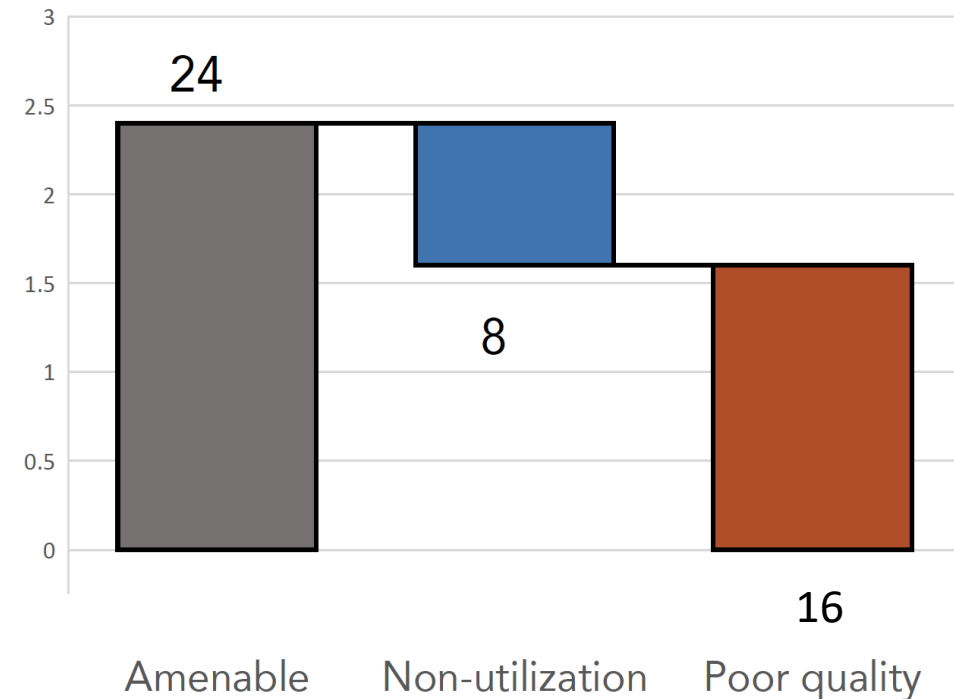




Why 'Quality of Care' is Important?



- High-quality health systems could save over 86 Lakhs lives each year in LMICs*
- Over 24 lakh deaths in India from treatable conditions
- In India, 15.99 lakh deaths per year on account of poor quality of care**



* The Lancet Global Health Commission on High Quality Health Systems in the SDG era

**Kruk ME, Gage AD, Joseph NT, Danaei G, García-Saisó S, Salomon JA. Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries. The Lancet. 2018 Sep 5.



Mortality due to Low-quality Health Systems in the UHC era*

| | Avertable deaths | | Amenable deaths | | |
|------------|---|--------------------------------|--|--|--|
| Country | Deaths preventable by public health interventions | Deaths amenable to health care | Deaths due to use of poor-quality services | Deaths due to non-utilization of health services | Percent of amenable deaths due to poor Quality |
| Brazil | 76,295 | 2,04,036 | 1,53,327 | 50,708 | 75% |
| India | 14,98,027 | 24,38,342 | 15,99,870 | 8,38,473 | 66% |
| Pakistan | 2,56,683 | 3,48,174 | 2,25,389 | 1,22,785 | 65% |
| Russia | 2,99,856 | 2,04,791 | 1,31,744 | 73,047 | 64% |
| Indonesia | 2,35,662 | 3,51,190 | 2,25,641 | 1,25,549 | 64% |
| Ukraine | 1,04,362 | 71,081 | 44,202 | 26,879 | 62% |
| Nepal | 27,541 | 46,400 | 26,556 | 19,845 | 57% |
| Bangladesh | 1,17,549 | 1,82,905 | 91,631 | 91,275 | 50% |
| China | 8,47,843 | 12,83,099 | 6,29,765 | 6,53,334 | 46% |

* Source - Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries, Margaret E Kruk, et al, www.thelancet.com Vol 392 November 17, 2018



Historic Perspective



Indian Public Health
Standards for different
level of health facilities

ISO 9001:2008 Standards in
District Hospitals, QMS in 8
DHs of EAG states and Family
Friendly Hospital Initiative

Review of currently going
accreditation process by
an Ext. Agency

2005



National Rural Health Mission
and set-up of Quality
Assurance Committee under
Family Planning by Court
Order

2007



Indian Public Health
Standards for different
level of health facilities

2007



Eleventh five-year plan,
few quality-of-care
approaches were piloted

2008



ISO 9001:2008 Standards in
District Hospitals, QMS in 8
DHs of EAG states and Family
Friendly Hospital Initiative

2011



148 Facilities get ISO Certification
and several state-initiated approaches
for certification/accreditation

2012



Review of currently going
accreditation process by
an Ext. Agency

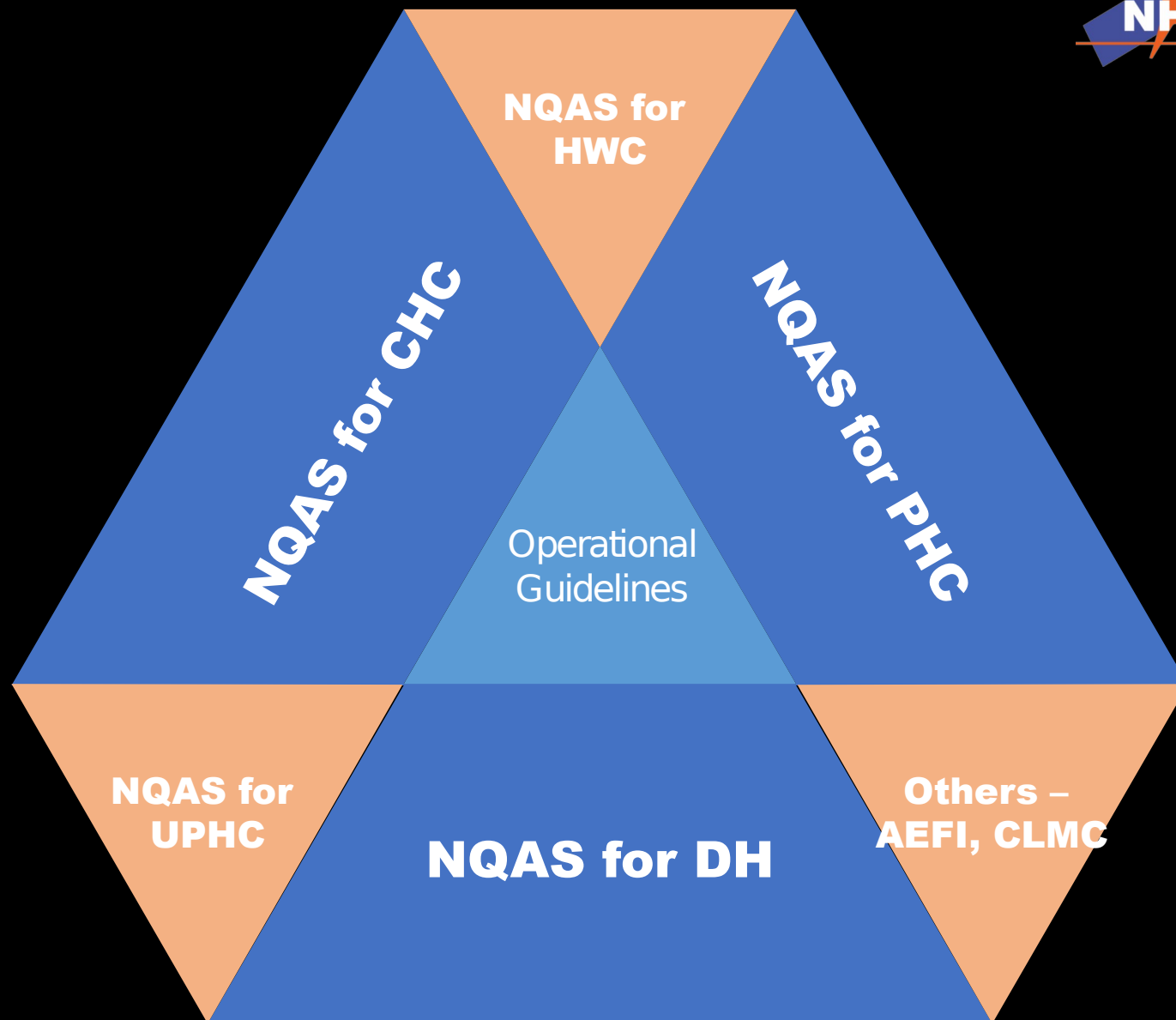


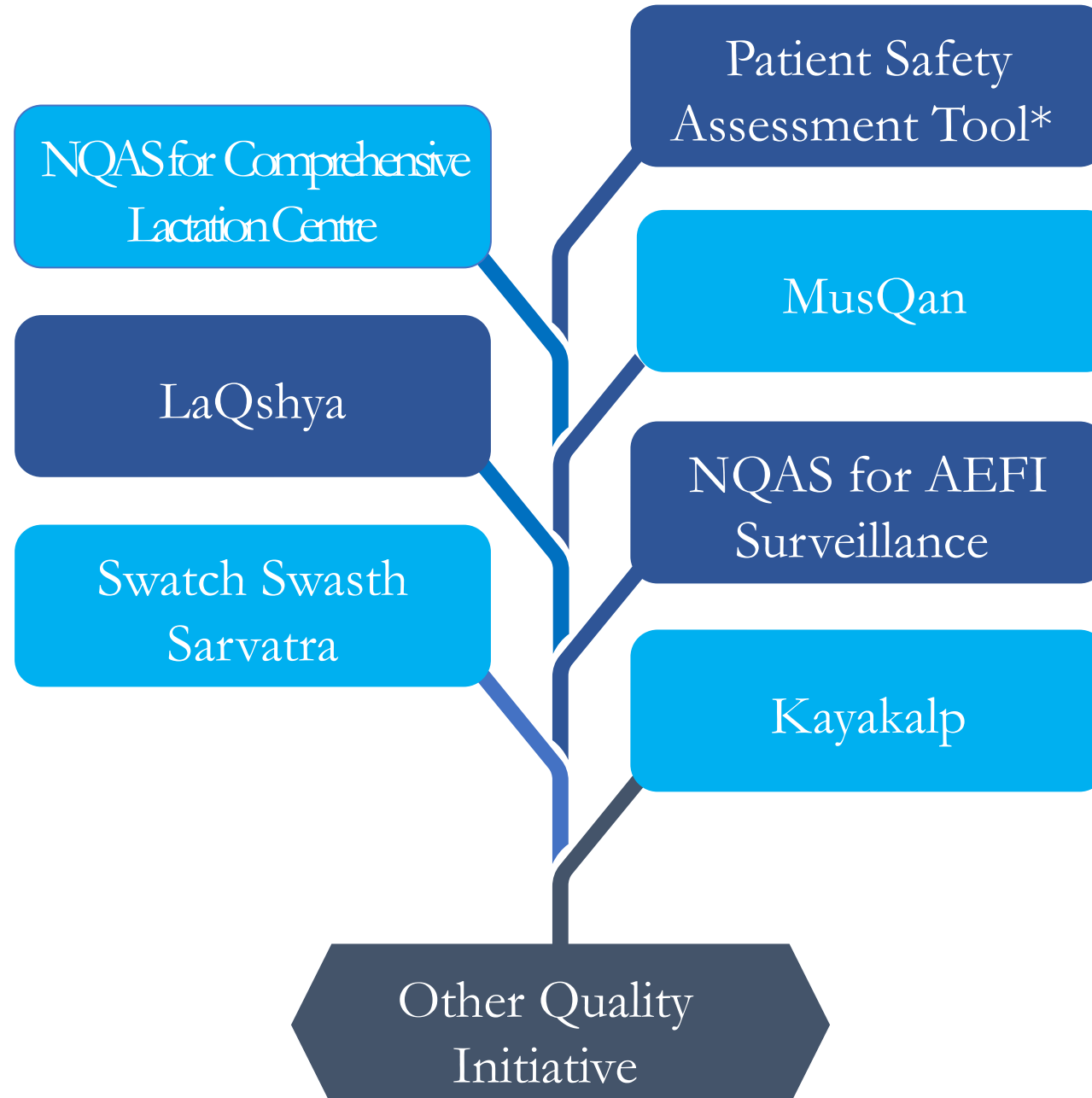
MoHFW Core-Group for drafting of the QA Operational Guidelines and Quality Standards



NQAS – Holistic Quality Standards

- Addresses needs of Public Health System
- Nationally & Internationally recognized – IRDA, NHA, ISQua





NQAS

* Upcoming Standards



Key Features of National Quality Assurance Programme



Unified Organisational Framework

Explicit &
flexibles
Measurement
System

Certification,
Incentives for
the
achievement
& sustenance

Handholding & Support

Training &
Capacity
building

Monitoring,
reporting &
supervision

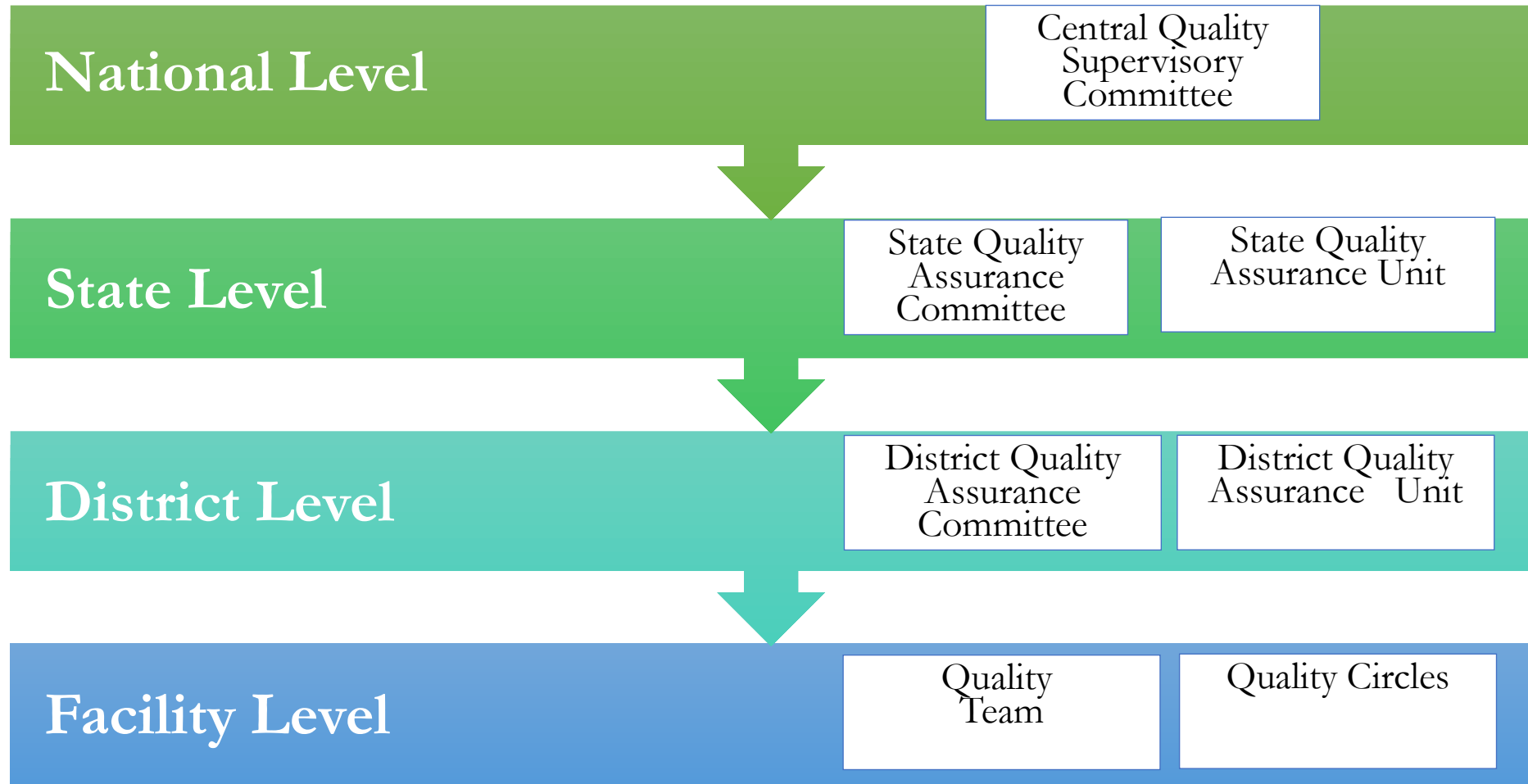
Integration of Quality Approaches

Continuous Assessment &
Scoring

Continual Improvement
using PDCA



Quality Assurance Institutional Structure





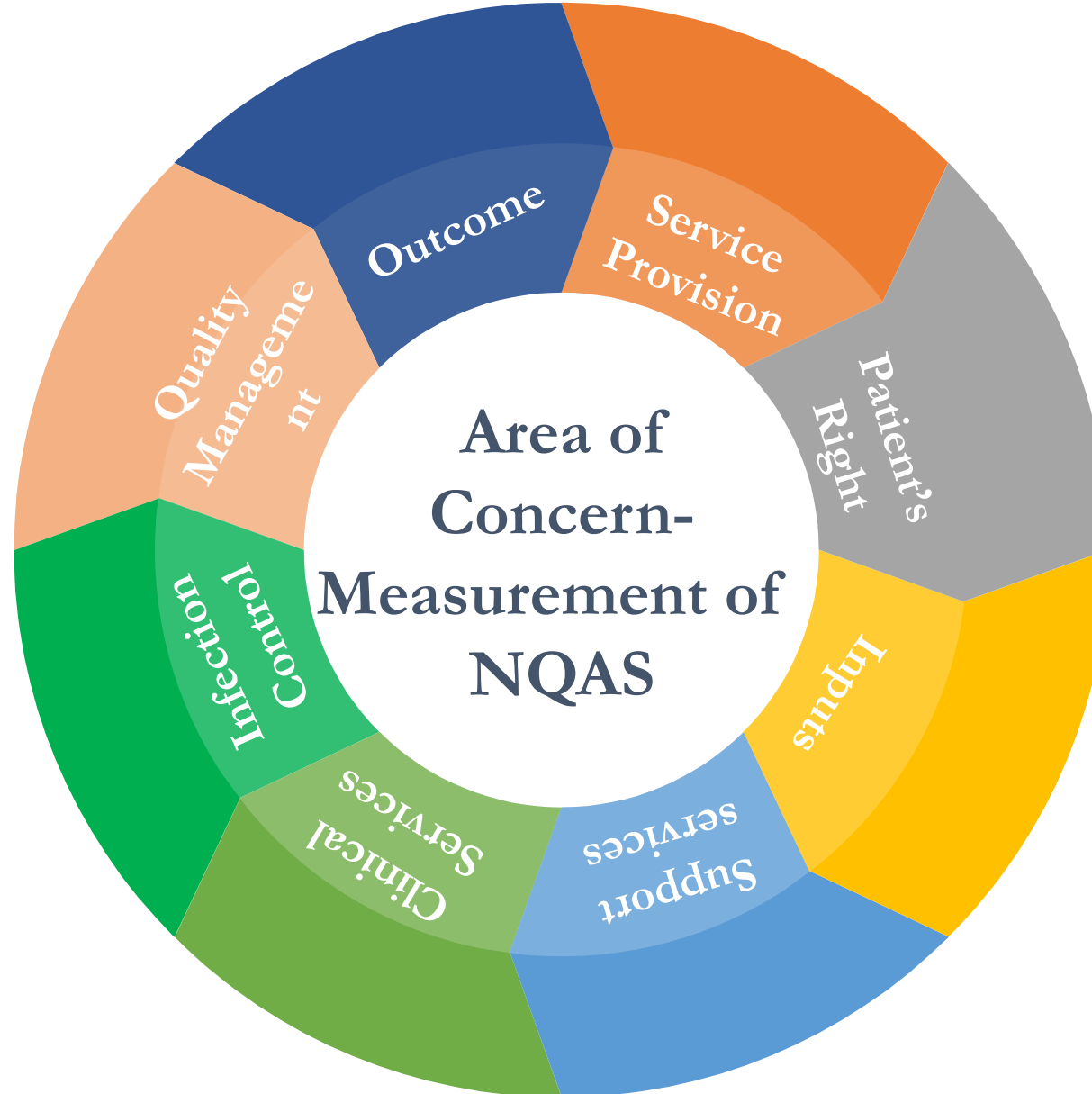
Capacity Building



| Training | Duration | Level | Scope |
|----------------------------|----------|--------------------|--|
| Awareness Workshop | 1 day | State | To sensitize state level officials for quality assurance program etc. |
| Internal Assessor Training | 2 Days | State / Regional | Standards , measurable elements, Internal assessment, Methodology, Filling up checklists and calculating scores and Preparing action Plan etc. |
| QA in NUHM | 2 Days | State/ Regional | Measurement System, Assessment, Gap Closure Action etc. |
| Implementation Training | 3 Days | Regional/ District | Basic concepts of quality, Standard operating procedures, patient satisfaction programs and Quality improvement tools etc. |
| IA Cum SPT Training | 3 Days | State / Regional | Measurement system, Internal assessment Methodology, Basic concepts of quality, Standard operating procedures, Quality improvement tools. |
| External Assessor Training | 6 Days | National/ State | Detailed training on standard, measurable elements, assessment methodology, audit trail, code of conduct, reporting etc. |

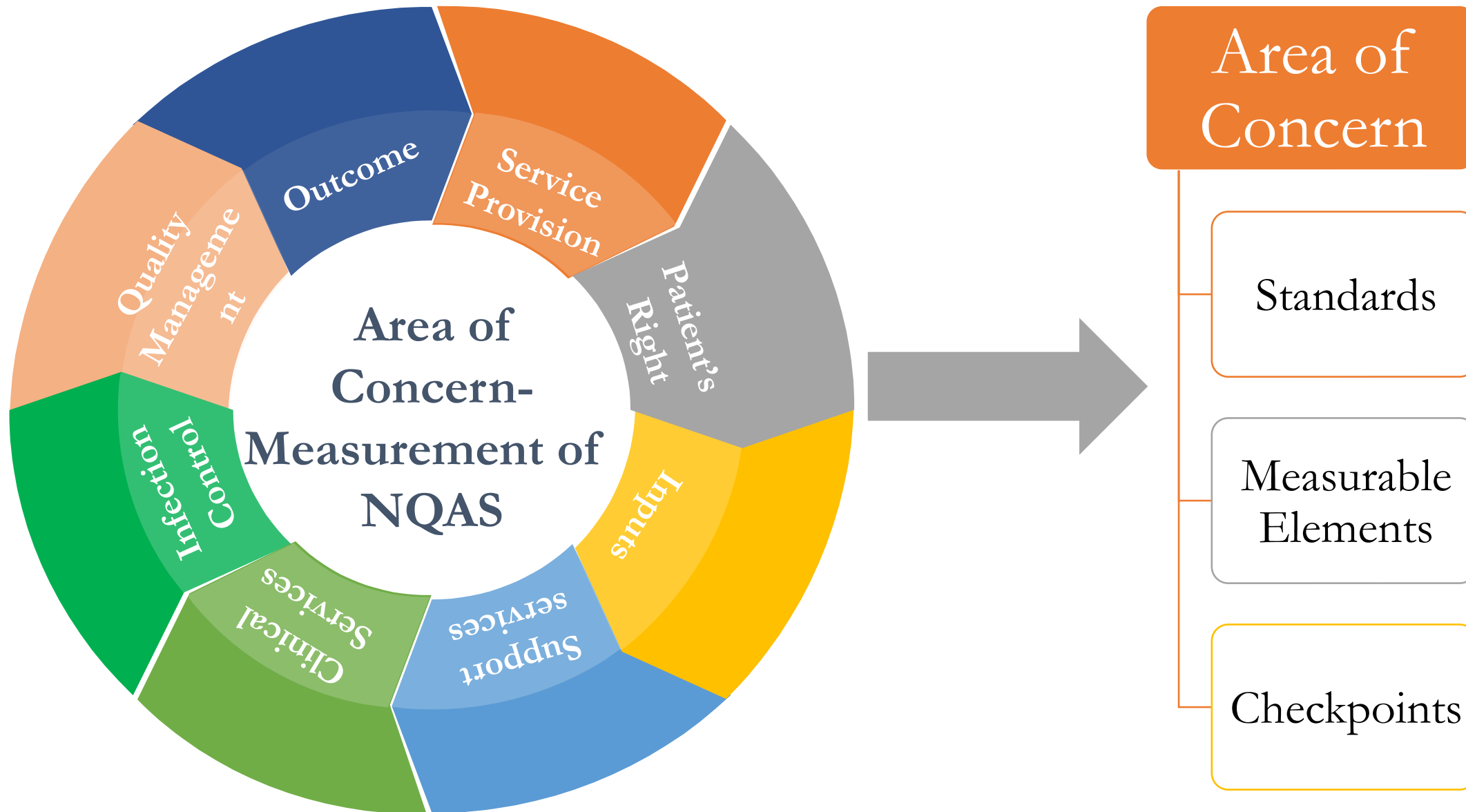


NQAS- Measurement System





Measurement System





NHM-II targets for NQAS



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 |

Secretary Letter; dated 1st oct 2021

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) |

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



Steps for implementation of NQAS in facilities



01

Sensitization
of Service
Provider

02

Formation of
Quality team
& circles

03

Conduct
baseline
Assessment/
IA

04

Conduct the
PSS/ESS

05

Measurement
of KPIs



Steps for implementation of NQAS in facilities



06

Conduct Audits

07

Gaps analysis, action
planning &
prioritization

08

Develop
Quality Policy
& SOP

09

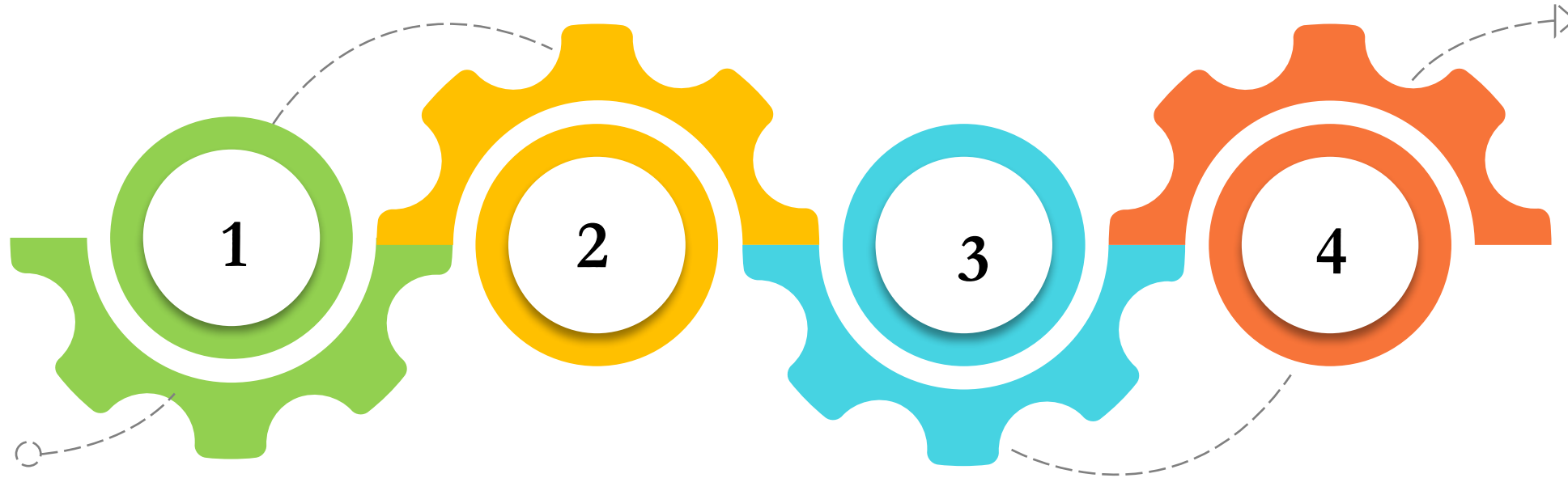
Undertake Quality
improvement using
PDCA

10

Undertake
State/National
/Surveillance
Assessment



Type of Assessments



INTERNAL ASSESSMENT

As per NQAS checklist

- Gap analysis
- SOPs and Work instructions
- Calibration of Equipment
- Controls
- Periodical Ext. Validation
- EQAS
- Reporting of Quality Indicators



STATE ASSESSMENT

- Score validation at State Level
- Internal and External Quality Assurance



NATIONAL ASSESSMENT

- Through a team of empanelled External Assessors
- As per NQAS certification criteria

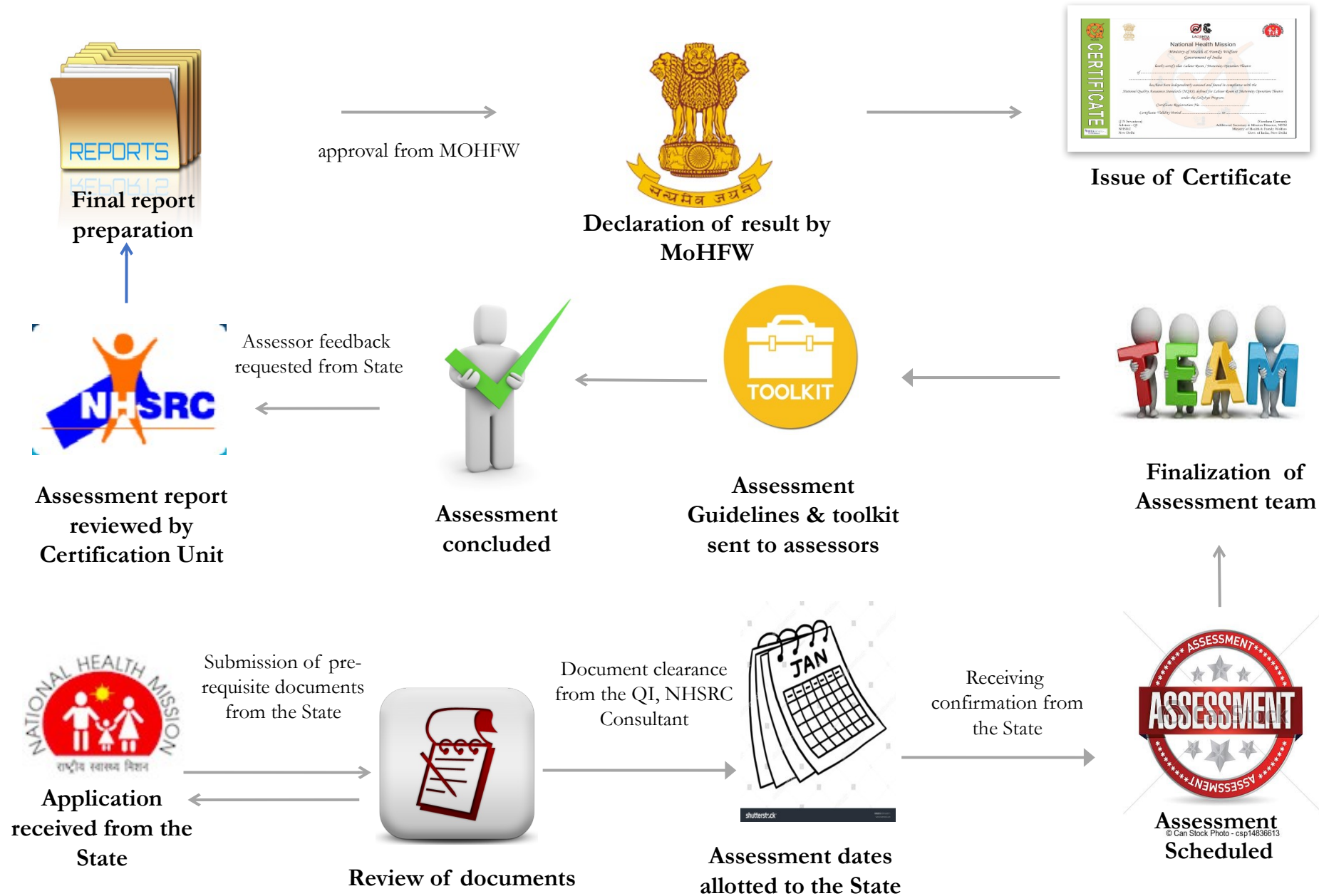


Surveillance Assessment

- Through a team of State empanelled External Assessors
- Surprise assessment is conducted by empanelled External Assessors



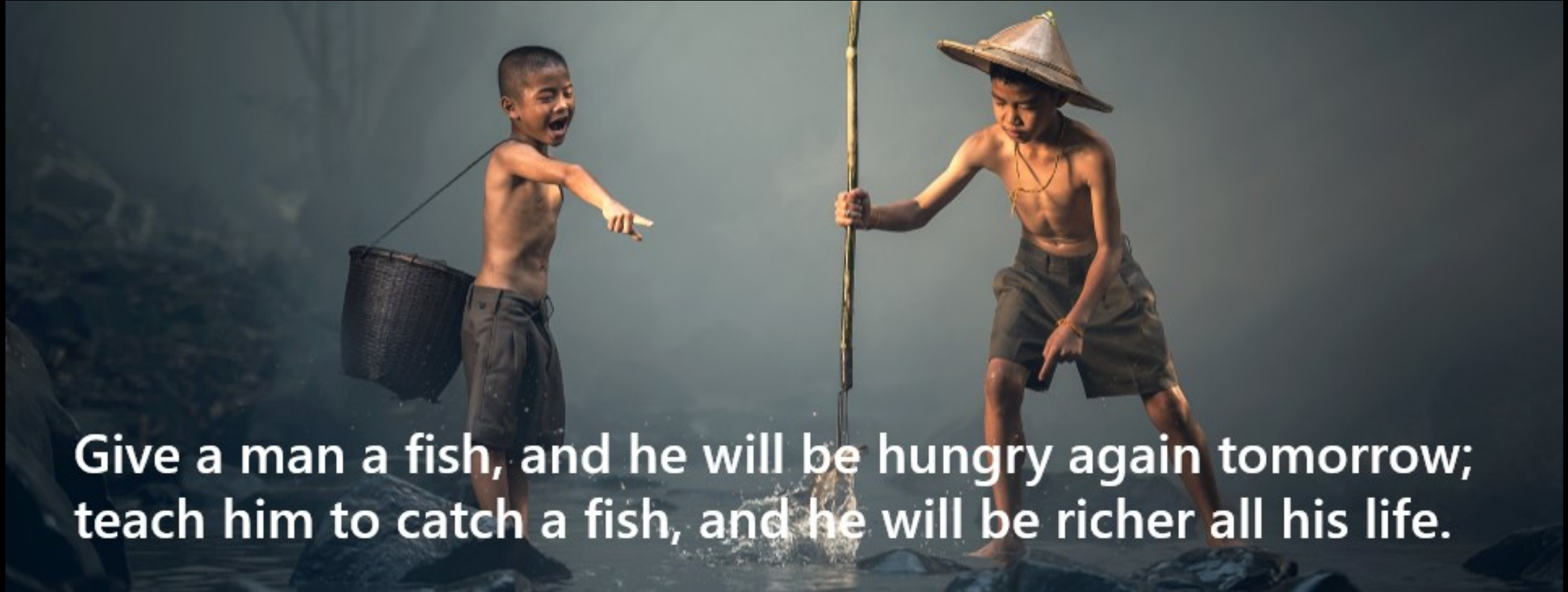
Certification Process



National Vs State Certification Status



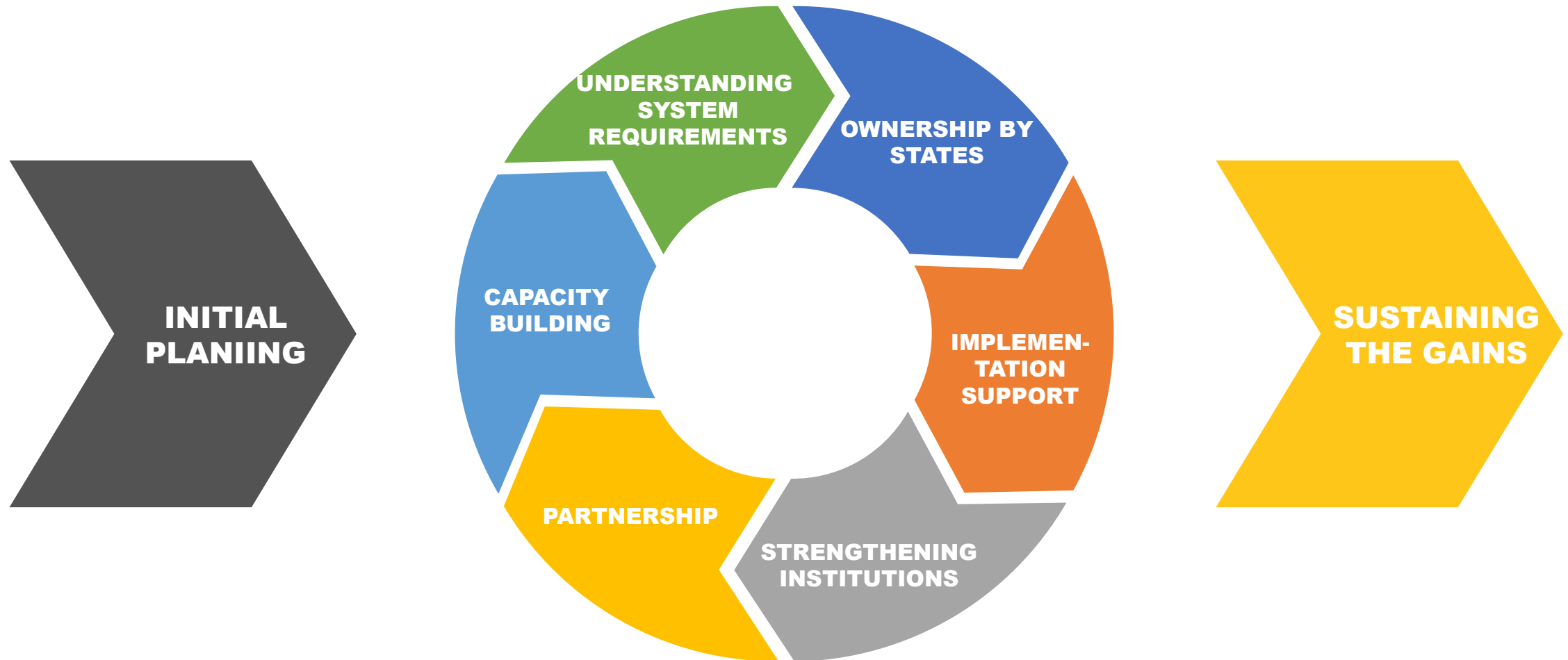
Status as on 31st August 2022



**Give a man a fish, and he will be hungry again tomorrow;
teach him to catch a fish, and he will be richer all his life.**

Strengthening the Quality System

COLLABORATIVE APPROACH





Key Areas for TA

State Level





Key Areas for TA

Facility Level



Data Analysis, Sustenance & Regular Review

- Data Analysis – Mera-Aspataal & KPIs
- Sustaining the gains



5



Regulatory Compliances

- BMW – Liquid Waste Management, Authorization form the authority
- Fire – Appliances, Trg., Practice

BMW 4 Fire

SOP

- Inculcating culture of working with SOPs & Work Instructions



Participatory Development 3 Implementation



Gap closure

- Gap Prioritization Tools
- Mentoring support – conduct of Audits

Prioritization

2

Support for Process Gap Closure

Support for Generating NQAS Score

- Working with Facility Team



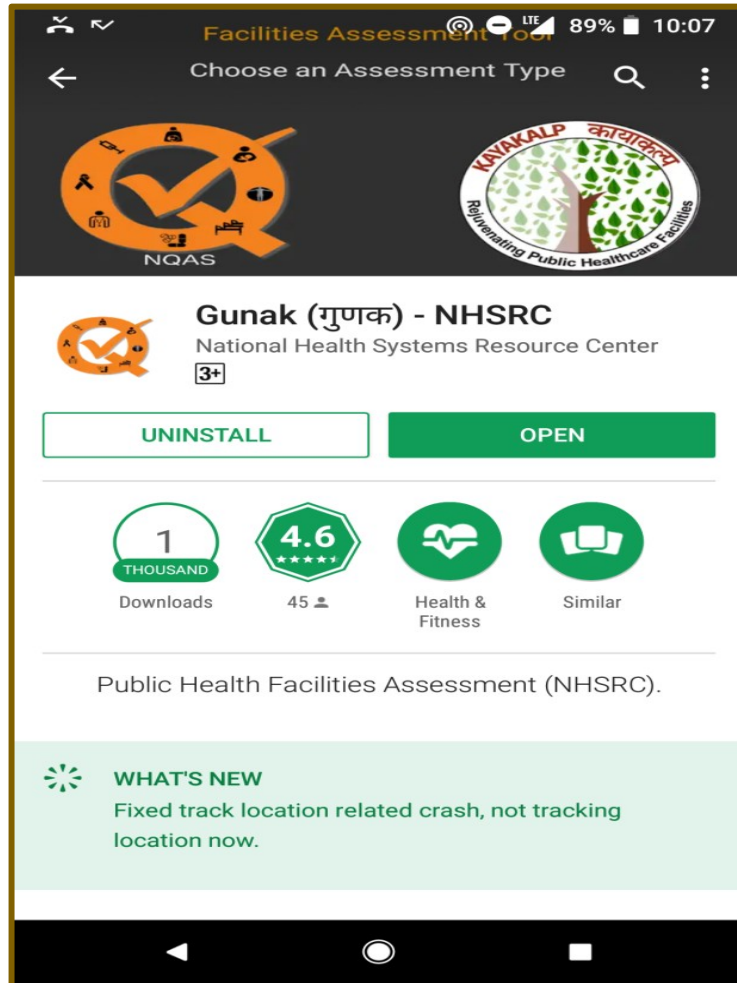
Team Formation

1

Regular Team Meetings



IT for Quality Initiatives



GUNAK App : NQAS, KK & LaQshya Assessments



Quality Dashboard- SaQsham Portal



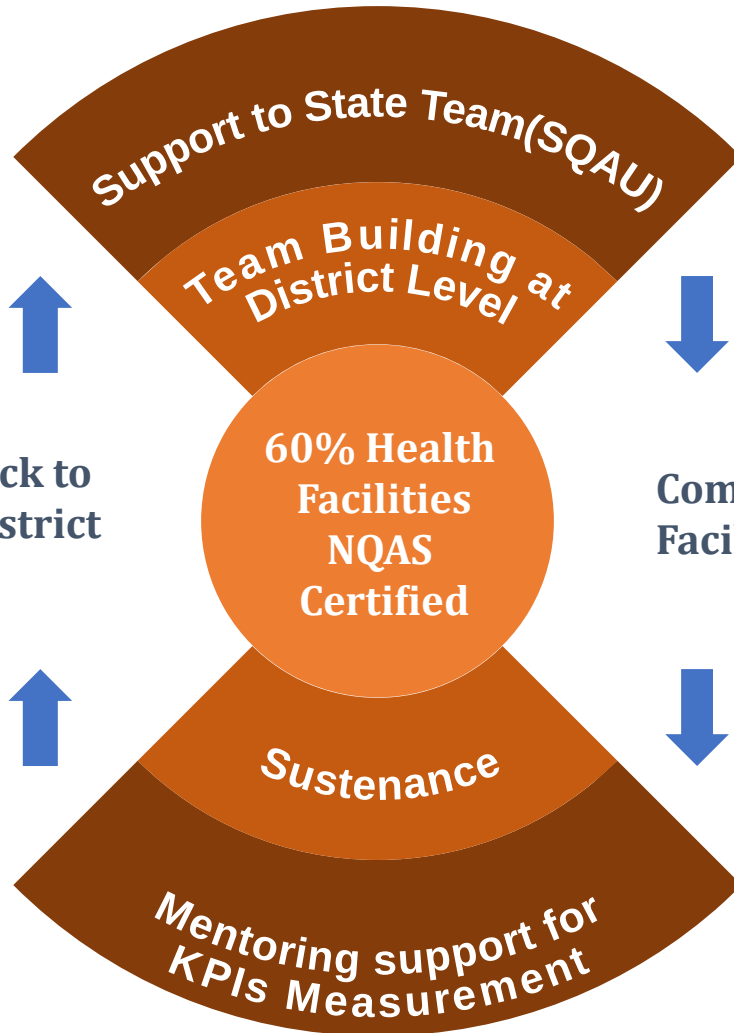
NQAS Certification

Role of Development Partners



**Collaborative Working with
States & Districts**

**Feedback to
State & District**



**Communicating to
Facilities**

**Cross Learning from other
Partners and sharing of
Technical Resources**

Why this Workshop?



Synergise our efforts



Empower the States, District & Facilities for NQAS
implementation



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