

Steps for Implementation of **NQAS** at HWCs



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Learning Objectives

- › Measuring Quality vs Improving Quality
- › 10-steps of NQAS implementation
- › Documentation at HWC
- › Budgetary support

Measuring Quality vs Improving Quality

MEASURING QUALITY

- › NQAS checklist for HWC
- › Patient/Client Satisfaction Survey
- › Audits (Prescription Monitoring, Referral Audit)
- › Outcome Indicators

IMPROVING QUALITY

- › Root Cause Analysis
- › Prioritization
- › Action Plan and Monitoring
- › Gap Closure

10-steps of NQAS implementation at HWC



Sensitization
of Service
Provider



Formation of
Quality Team



Conduct
baseline
assessment/IA



Conduct of Patient
Satisfaction Survey



Measurement
of KPI



Do the gap
analysis



Action Planning
and Prioritization



Quality
Policy and
Objectives



Documentation &
Implementation
of Work
Instructions



Referral Audit
and Prescription
Monitoring
Audit

1- Sensitization of Service Provider

WHAT

Orientation of Quality Team regarding National Quality Assurance Standards, Assessments, Scoring system and its implementation methodology.

WHO

DQAU with support of MO PHC

WHEN

Within October 2022

2- Formation of Quality Team at HWC

WHAT

Form the Quality team at the facility level.
Community Health Officer (CHO) along with MPW, LHV, Proactive ANM and ASHA (1-2) workers will be in the team.

WHO

CHO with support of MO PHC

WHEN

Within October 2022

3- Conduct of baseline & Internal Assessment

WHAT

Conduct of baseline assessment immediately followed by periodic internal assessment using NQAS checklist, at least once in six months

WHO

Quality team

WHEN

Ongoing after formation of Quality team

4- Patient Satisfaction Survey

- › Collect Monthly feedback in a *structured format* defined by the state.
- › ***Minimum 30 OPD patients*** PSS to be collected in a month in type A sub-centres; whereas all delivered patient PSS to be collected additionally at type B sub-centres.
- › Analyze and identification of lowest scoring attributes.
- › Take actions to close the gap.

5- Reporting and Monitoring of Outcome Indicators

- › Capture the Outcome indicators on monthly basis.

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- › Analyze, review and utilize data for monthly quality team meetings.

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- › Report to DQAC/ SQAC for monitoring purpose.

6- Do the gap analysis

WHAT

Analysis of assessment activities, identification of gaps, preparation of action plan and closure of gaps

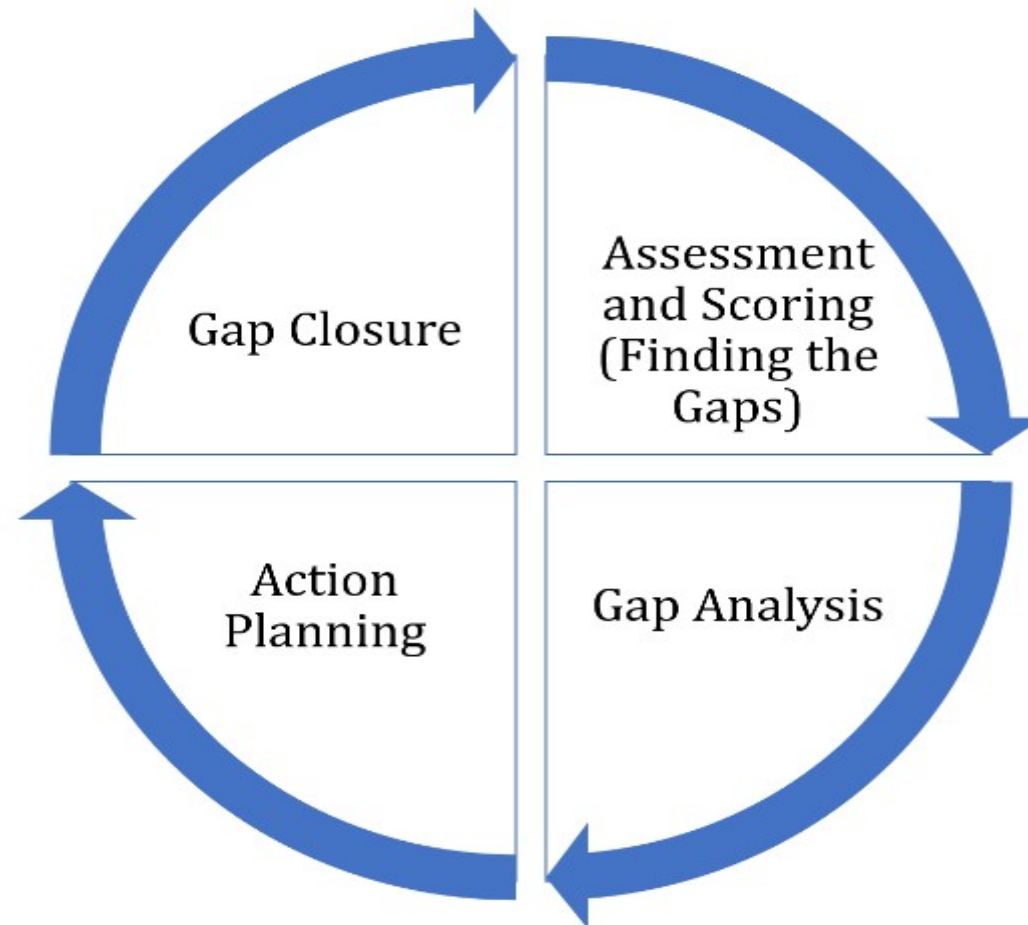
WHO

Quality team, DQAU & SQAU

WHEN

Ongoing

7- Action Planning and Prioritization



8- Quality Policy and Objectives

Example of Quality Policy:

- › *“HWC (SC) endeavor to deliver safe, effective, efficient, accessible, free of cost comprehensive services to its beneficiaries, keeping focus on providing patient centric quality care, within the available resources.”*

Example of Quality Objective:

- › *To increase the cervical cancer screening percentage of female population above age of 30 from x% percent per month to y% per month by2022.*

9- Documentation and Implementation of Work Instructions

- › Work Instructions (WI) are detailed steps in a process an employee can follow each time he or she performs a task.
- › Work Instructions are step wise steps guide to instruct the user 'how' to perform a particular task.
- › A detailed set of instructions that describe exactly how a low-level activity must be carried out.

Benefits of Work Instructions

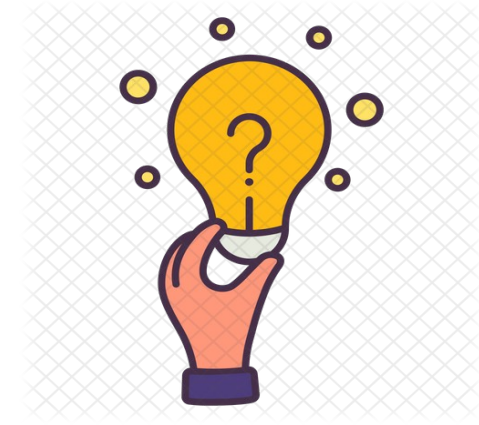


Tentative List of Work Instructions

Instructions for Using RDK	Screening of common oral problems
RMNCHA services	Screening of common elderly & palliative care
Preventing, identifying and managing AEFI	Management of medical emergency services
Screening, management & adequate referral of NCDs	Infection prevention and BMW management
Screening, management & referral of communicable diseases	Conducting normal vaginal delivery
Screening & referral of pts with mental disorders	Management of newborn
Screening of common ophthalmic problems	IT platform/ digital technology use
Screening of ENT problems	

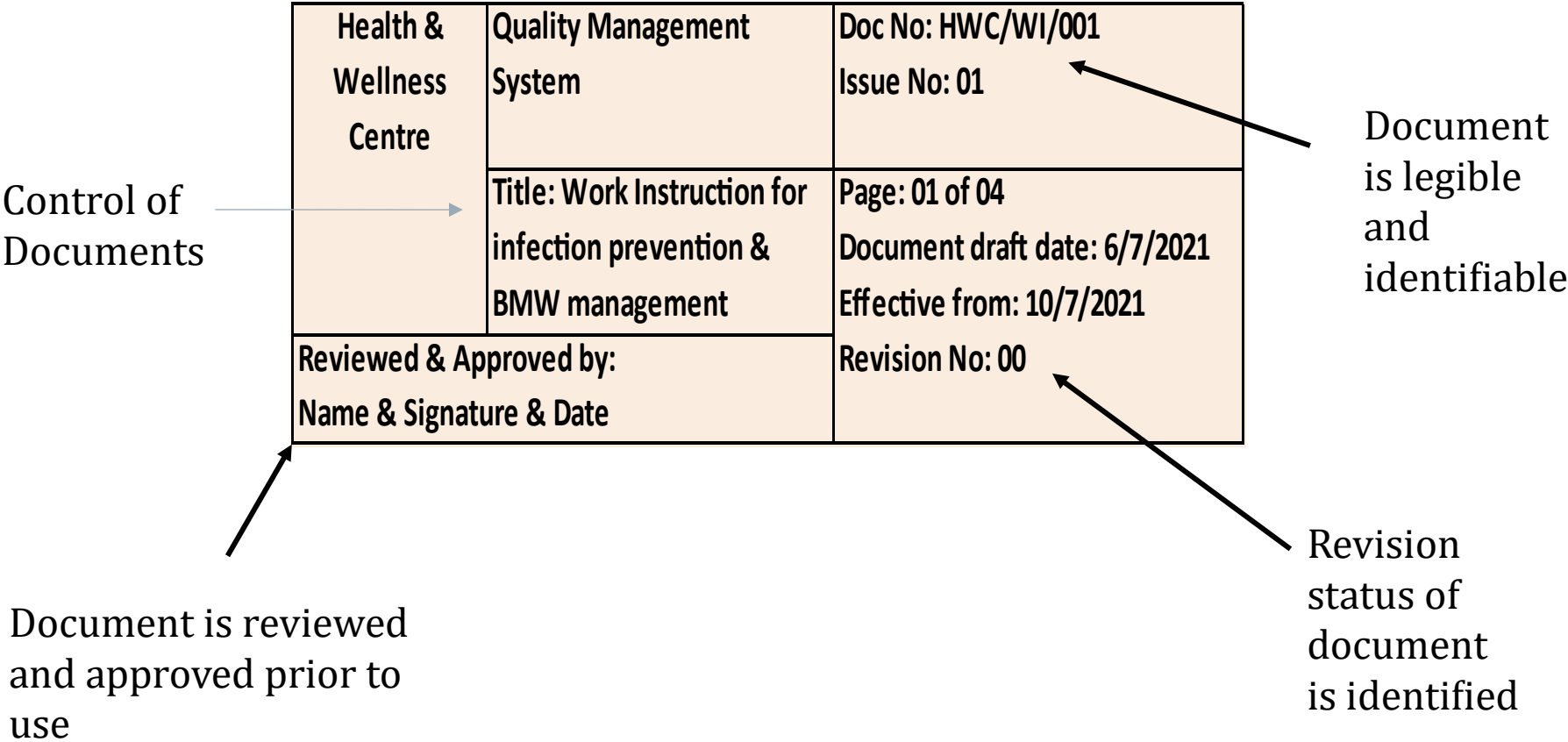
Suggested Format

- › Purpose of document
- › Scope of document
- › Responsibilities/ process owners
- › Definitions
- › Equipment needed, (if any specific)
- › Stepwise Instructions
- › Supporting documents, (if any): eg policies, QMS Manual etc.





Work Instructions Have

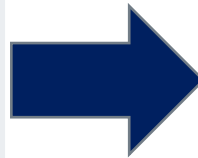


Health & Wellness Centre		Responsibilities
Services	Preventive and Curative care	
Screening for blindness and refractive errors	<ul style="list-style-type: none"> Visual Acuity by using Snellen's Chart and near Vision card (Annexure 2). Case identification for Cataract, Presbyopia, Trachoma and Corneal disease. Screening for visual acuity in Diabetic patients. Dispensing of medicines for Conjunctivitis, Dry eye, Trachoma and follow up medicines for chronic eye disease (e.g. Cataract, Glaucoma and Diabetes) treated at referral centre. 	CHO/ANM/MPW
Conjunctivitis, Acute red eye and Eye allergy	<ul style="list-style-type: none"> To create awareness about these contagious eye diseases through IEC to avoid spread of these conditions using appropriate measures. 	CHO
Trachoma	<ul style="list-style-type: none"> Awareness generation on common eye diseases and need of seeking early eye care services whenever required. Awareness generation on eye donation. Educate community regarding personal hygiene, facial cleanness and cleanliness of environment to prevent spread of Trachoma. Refer patients to higher centre for treatment. Surveillance of TT/TI cases and their referral to eye specialist where needed. Maintenance of record as per NPCBVI guidelines. 	CHO
Xerophthalmia	<ul style="list-style-type: none"> To identify Vitamin A deficiency and Bitot's spot To assure Vitamin A prophylaxis 	CHO/ ANM/ MPW

10- Prescription Monitoring and Referral Audit

Prescription

A prescription is a written, verbal, or electronic order from a practitioner or designated agent to a pharmacist for a particular medication for a specific patient



Medication Refill Audit

- Part of Prescription Audit
- A tool to improve the medication refill practices and ensure patient get high quality care & outcome.
- Support to measure performance in terms of dispensing practices & patient care

Who will conduct the audit:
Medical Officer of nearest PHC

What will be the frequency:
Quarterly

When to conduct the audit:
After patient left the facility



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Competence and Performance Assessment

- › Preparation of competence assessment checklist for each cadre
- › Performance evaluation at least once in a year
- › Training calendar is prepared based on competence and performance assessment
- › Trainings are imparted as per mandate

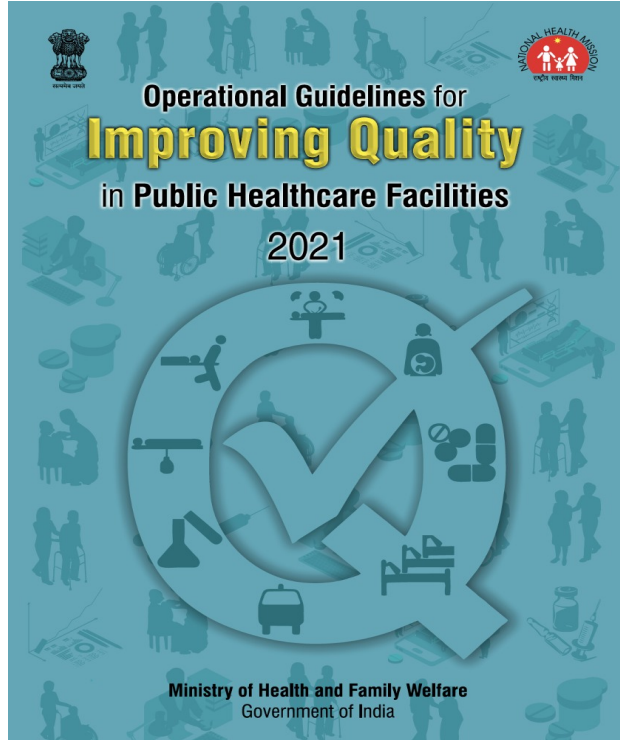
Adherence with Statutory and Regulatory Compliances

- › Authorization for Bio-Medical Waste Management
- › Implementation of “No Smoking Sign” policy
- › Reporting of notifiable diseases
- › Updated copies of relevant laws (BMW rules, fire safety, electrical installations and any other as per state mandate)

Fire Safety

- › Fire extinguisher ABC type
- › Display of expiry date and refill date
- › Staff knows PASS (P-Pull the pin, A-Aim at base of fire, S-Squeeze the lever, S-Sweep side to side)
- › Exits are clutter free

NG PROVISIO N



For undertaking Quality Assessments and traversing the gaps found during assessments, the state may propose the budget under Quality Assurance in the Program Implementation Plan (PIP) as per the “Operational Guidelines for Improving Quality in public health facilities 2021”.



Thank
You

