


# SA Q USHAL

The letter 'Q' in the title is a large blue circle. Inside the circle are several black medical icons: a person in a wheelchair, a person lying in a hospital bed, a person sitting on the floor, a clipboard with a checklist, a pill, and a syringe. A blue rectangular tag is attached to the bottom right of the circle, containing a pill and a syringe icon.

## Measurement System

Dr Deepika Sharma,  
Quality & Patient Safety Division  
National Health Systems Resource Centre

# Learning Objectives

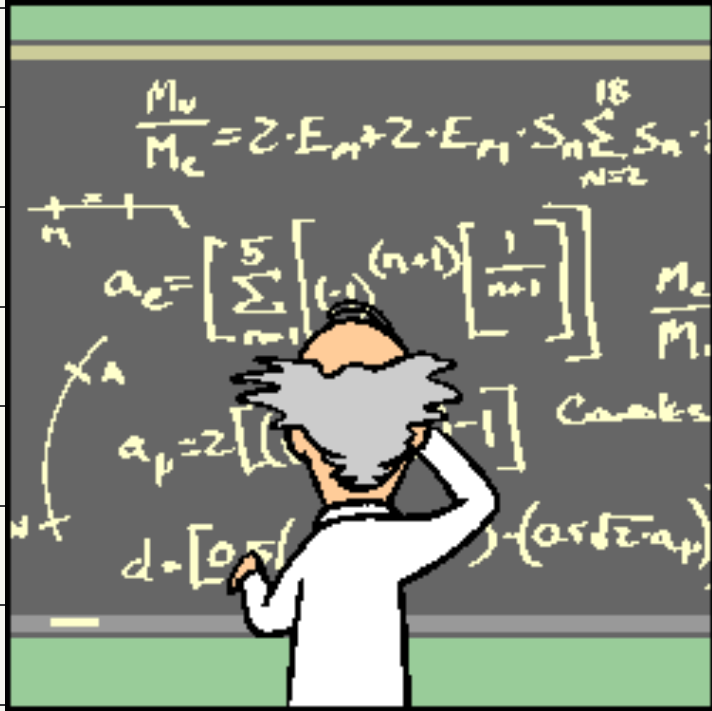


- To understand the architecture-the Layout and design of different components of SaQushal
- Comprehend different component of measurement system: Area of Concern, standards, Measurable Elements and checkpoints.
- Identify and understand different methods of Assessment
- Complete clarity/understanding of Scoring rules
- Get acquainted with assessment protocol

”

- If you can't measure something, you can't understand it.
- If you can't understand it, you can't control it.
- If you can't control it, you can't improve it.”

**Quality and Safety is all about  
Improvement and  
Measurement is the first Step**

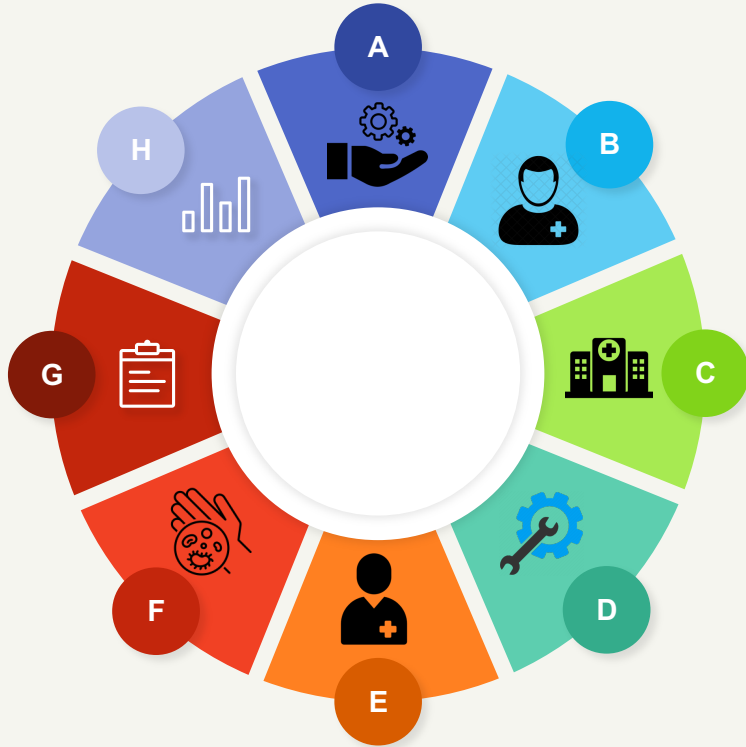


# What is Measurement

Process of applying Numbers to objects or Process, according to a set of Rules

# National Quality Assurance Standards

## *Areas of Concern (AOC)*



**A** Service Provision

**B** Patient Rights

**C** Inputs

**D** Support Service

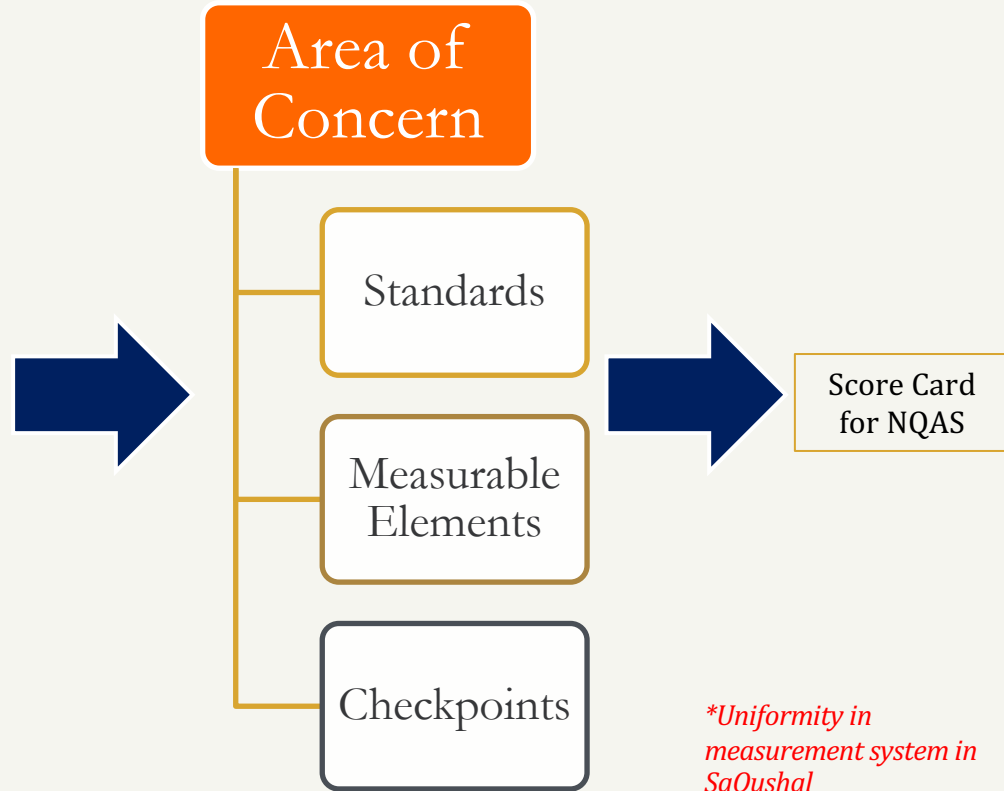
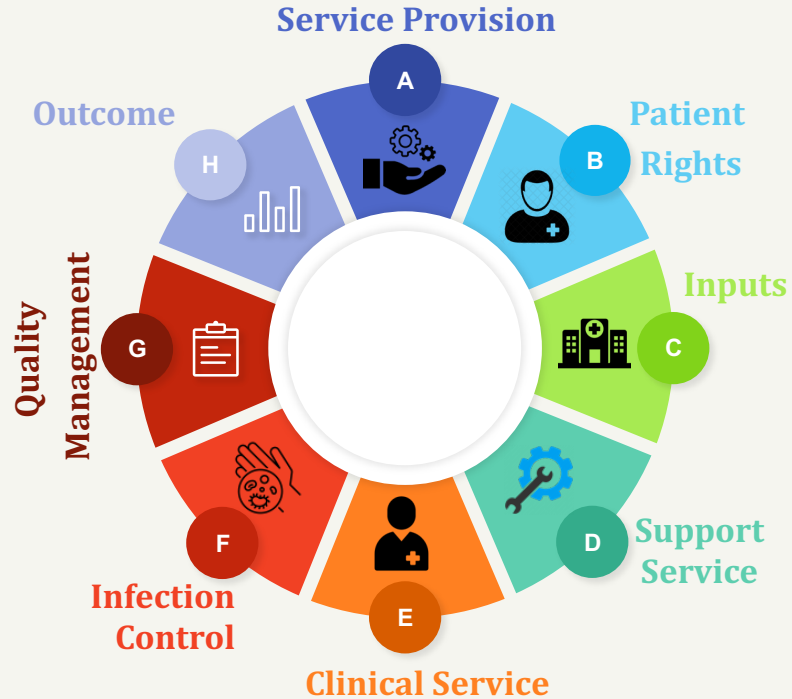
**E** Clinical Service

**F** Infection Control

**G** Quality Management

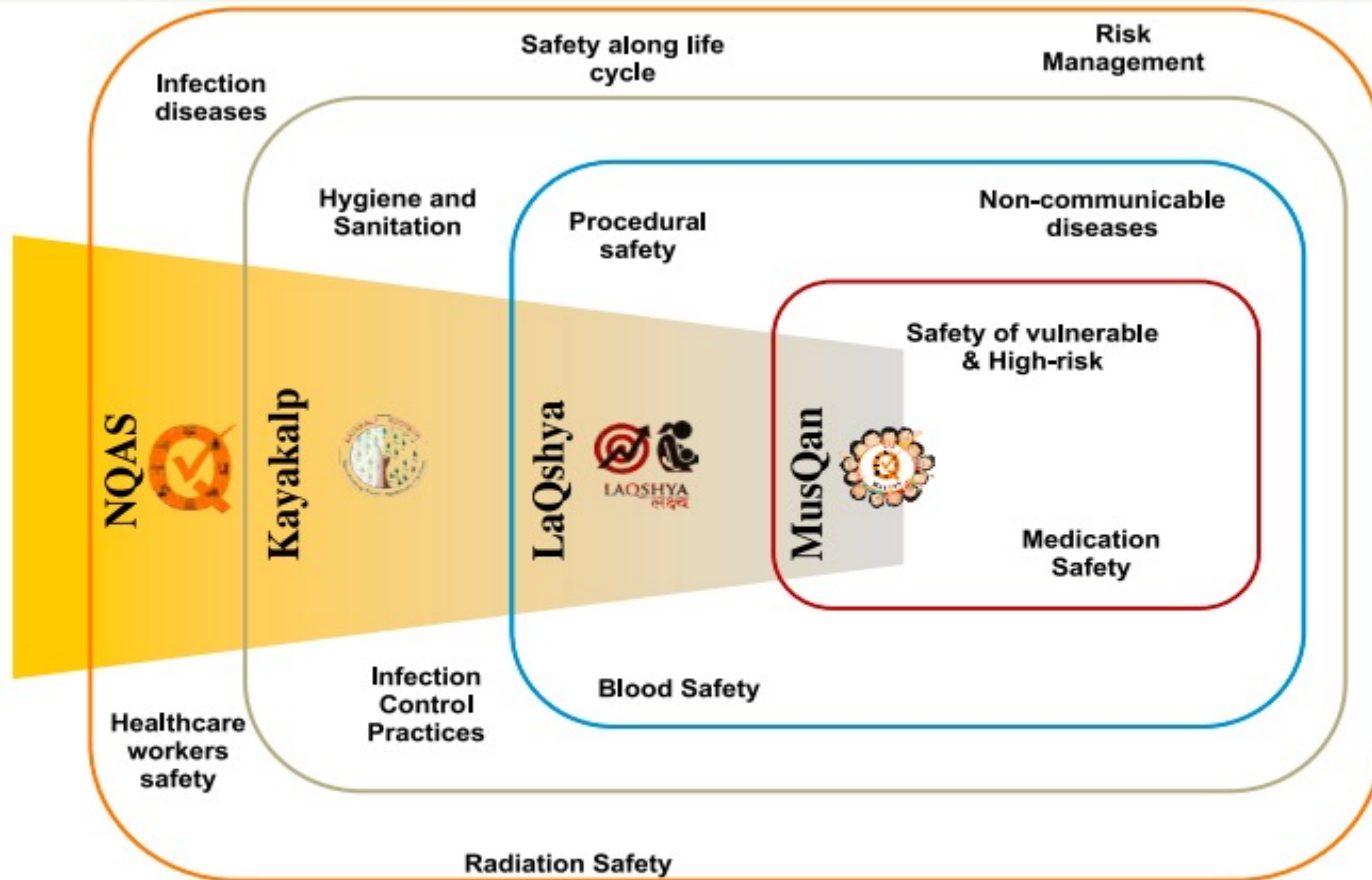
**H** Outcome

# Measurement System\* in NQAS

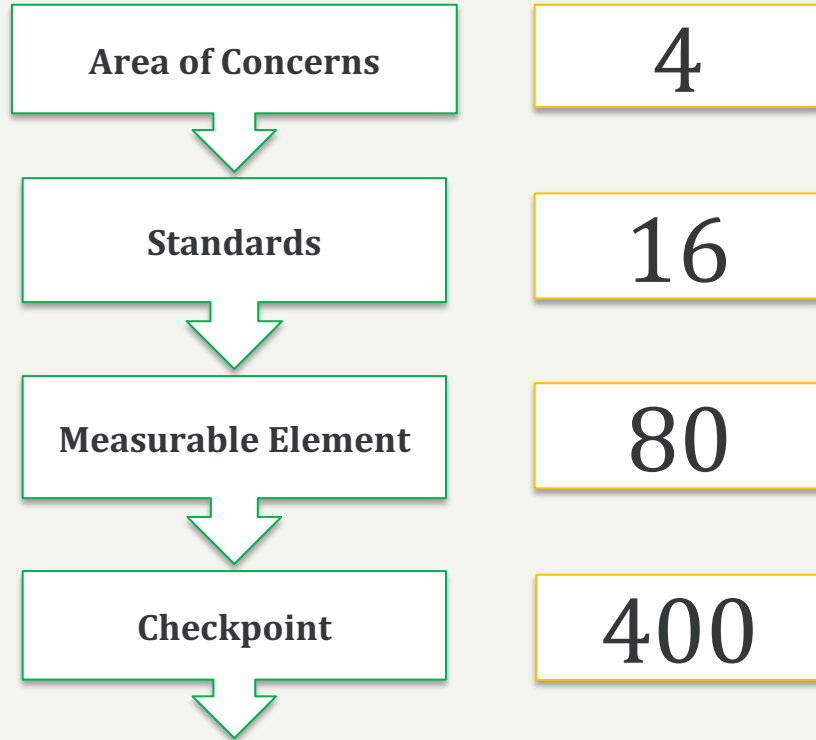


*\*Uniformity in measurement system in SaQushal*

# Patient Safety : Integral part of NQAS and its domains



# Arrangement of Standards in SaQushal





## An example to elaborate the arrangement of SaQushal

### 01 AREA OF CONCERN

**Safe Patient Care Process**

### 02 STANDARD

**STANDARD A1: Medication Safety**-The hospital has a medication management system to ensure safe medication practices at all times

### 03 MEASURABLE ELEMENT

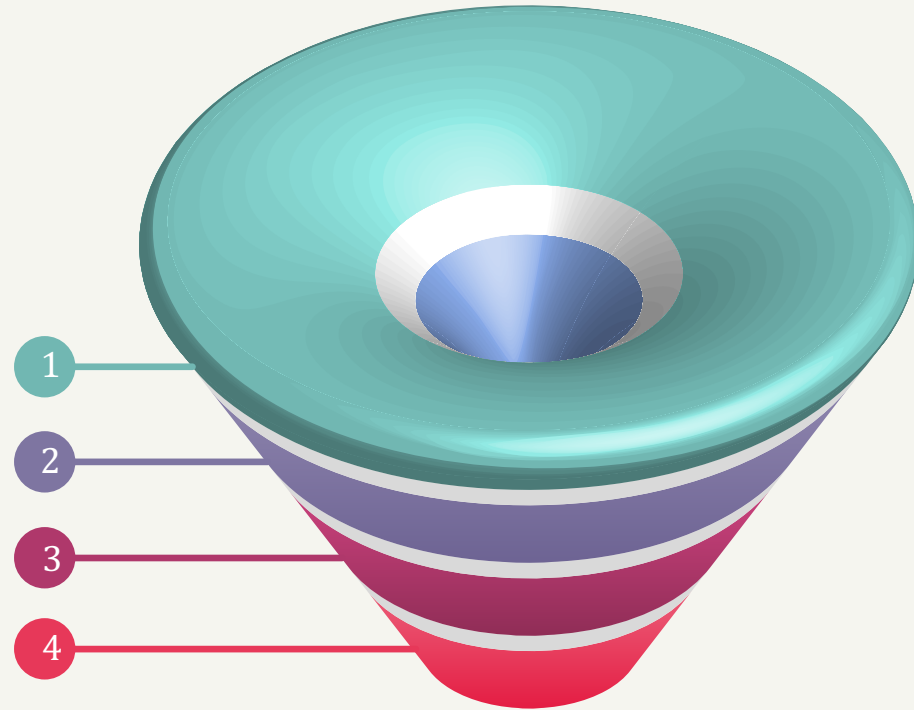
**ME A1.1** Safe prescription practices

### 04 CHECKPOINT

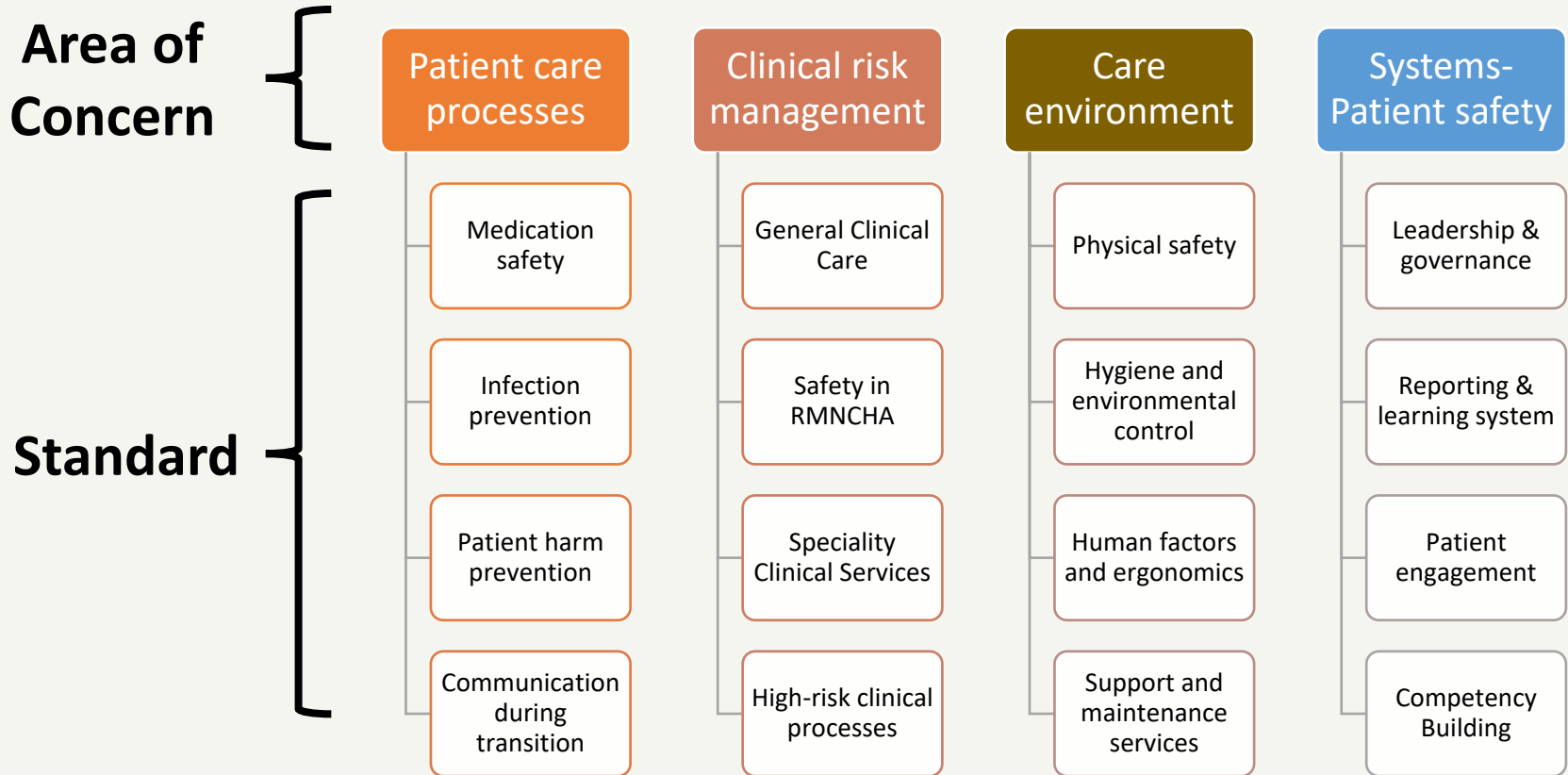
Uniform and comprehensive prescription format is used

**MEANS OF VERIFICATION** are measurable explanation of Checkpoint, which can be objectively scored e.g.,

1. The facility has standardized prescription format in all departments
2. The format has provision of documenting all relevant information related to patients and service provider as per Prescription Audit guidelines from NHSRC



# Components of SAT



# Standard A1- Medication Safety

Safe prescription practices

Storage and dispensing

Preparation and administration of medicines

Medication review and optimization

High-alert drugs and response mechanism

# Standard A2-IPC

Hand hygiene

Personal protection equipment

Instrument processing

Isolation and barrier nursing

Injection safety

# Standard A3- Harm Prevention

Accident and Falls

Bed Sores

Venous Thromboembolism

Patient identification

Safety during patient referral

# Standard A4-Communication

Intramural communication

Communication during referrals

Hospital alert codes

Discharge and follow up communication

Risk and hazard communication

# Standard B1-Safety in General Clinical Services

Diagnostic error prevention

Administrative error prevention

Multimorbidity prevention

Safety in dental practices

Safety in NHP

# Standard B2-Safety in RMNCHA

Reproductive and adolescent health

Maternal Health

New born Care

Child Health

Immunization Safety



# Standard B3-Safety in Speciality Clinical Services

Safety in dialysis services

Safety in Ophthalmology services

Safety in mental health care

Safety in intensive care

Safety in palliative and geriatric Care

# Standard B4-High Risk Clinical Process

Surgical safety

Anaesthesia safety

Radiation safety

Blood and transfusion safety

Safety in emergency care

# Standard C1-Physical Safety



Structural safety

Seismic safety

Electrical safety

Fire safety

Security and access control

# Standard C2-Hygiene and Environment Control

Illumination

Water and sanitation

Cleaning services and surface disinfection

Spill management

Air quality, humidity and temperature

# Standard C3: Human Factor

Layout and process flow

Material and machine handling

Safe patient handling

Workstation management

Hazardous substance handling

# Standard C4:Support and maintenance Services

Equipment maintenance

Safety in hospitals support services (Laundry & Kitchen)

Infectious waste management (solid & liquid)

Data and information system safety

Disaster preparedness

# Standard D1:Leadership and Governance

Patient safety policy and plan

Institutional structure and teams

Licenses and statutory requirements

Credible Clinical Governance System

Performance management

# Standard D2:Reporting & Learning



Incident reporting

Safety surveillance

Patient safety indicators

Analysis, alerts and feedback

Learning and improvement



# Standard D3:Patient Engagement

Patient centred design

Patient information

Patient and family engagement

Patient Empowerment

Communication and Grievance Redressal

# Standard D4: Competency of workforce

Multidisciplinary teams

Competence based task assignment

Psychological safety

Training and education

Staffing and rostering

# Anatomy of Toolkit

SaQushal						
Safety and Quality: Self assessment tool for health facility						
Area of Concern: Patient Safety Systems						
Reference No.	Measurable Element	Checkpoints	Means of Verification	Assessment Method	Scoring	Remarks
Standard (A1): Reporting and Learning System						
The health system has established a functional system for reporting and learning of adverse events						
A 1.1	Incident reporting	The facility has established a user friendly mechanism to report patient safety incident	1. The facility has established a mechanism for single point reporting of patient safety incidents through local IT system or paper format reporting 2. Incident reported at the national reporting systems like Pharmacovigilance/Hemovigilance program of India, AEFI, etc. should also be included under single reporting platform established at the facility			
		The facility has defined definitions, classifications and format for reporting of adverse events	1. The facility has defined clear criteria and definitions for what kinds of incident should be reported such as error, adverse event and near miss 2. Formats for reporting has been made available electronically or in paper format inclusive patient information, incident time, incident location, agents involved, incident type, incident outcome, action taken, reporter's role, etc.)			
		The facility has a positive environment for reporting	1. The leadership of the facility has provided and committed to policies that establish a safety culture and non-punitive environment 2. The facility has established and implemented a blame free policy on reporting of patient safety events			

a

Area of Concern

b

Standard

f

Means of Verification

g

Assessment Method

h

Scoring

i

Any remark

# Assessment Methods



OBSERVATION (OB)



STAFF INTERVIEW (SI)



RECORD REVIEW (RR)



PATIENT INTERVIEW (PI)

# Observation (OB)

**Observation** – Compliance to many of the measurable elements can be assessed by directly observing the articles, process, and surrounding environment. Few examples are given below:

- a) Adherence to infection control practices and safety protocols
- b) Display of signage, work instructions and important information
- c) Availability of personal protective equipment, vaccines, illumination, etc.
- d) Environment like seepage, cleanliness, loose hanging wires, etc.
- e) Procedures like filling CGA tool, counselling, segregation of biomedical waste, etc.
- f) Close observation of behaviour, knowledge, attitude and practice by the service providers and their communication within the team

# Staff interview (SI)



**Staff Interview** – Interaction with the staff helps in assessing the knowledge and skill level, required for performing job functions. Examples of staff interview are given below:

- a) Competency testing - Asking staff how they perform certain diagnostic procedures, identification of early sign and symptoms of disease condition.
- b) Demonstration – Asking staff to demonstrate certain activities like hand washing technique or newborn resuscitation.
- c) Awareness – Asking staff about awareness of patient's right, patient safety quality policy, etc.
- d) Perception about psychological safety, problems in performing work, other safety issues, etc.

# Record Review (RR)

**Record Review** – As all processes especially clinical/consultation procedures cannot be observed, review of records may provide more objective evidence and triangulate within findings of the observation. Few of examples of record review are given below:

- a) Review of clinical records for assessing adequacy of processes like History, maintenance of records of referral, medication review and optimisation, assessment and reassessment of patients at each visit.
- b) Review of license, formats for legal compliances like authorisation certificate for Biomedical Waste Management.
- c) Review of Work Instructions for adequacy and compliance.
- d) Review of records for incident reporting, surveillance reports, PSG meetings etc.
- e) Randomly reviewing the forms and formats to ascertain their completeness.
- f) Reviewing the patients' records to check follow-up care, post referral, etc.

# Patient Interview (PI)



**Patient Interview** – Interaction with patients & relatives may be useful in getting information about quality of services and their experience at the facility. It should include Feedback on quality and safety of services, patient engagement in decision making, counselling on self-medication, counselling on home care, etc.



# Compliance and Scoring

## *The TWO GOLDEN Rules*

### **RULE NO:1** (Checkpoints with self-explanatory MOV)

CRITERIA TO BE USED	FULL COMPLIANCE (2)	PARTIAL COMPLIANCE (1)	NON COMPLIANCE (0)
MEANS OF VERIFICATION	100%	50% TO 99%	LESS THAN 50%

### **RULE NO:2** (Not as routine) Only when you are

- Not able to score using Rule 1.
- It seems the checkpoint is not applicable.
- Going beyond obvious.
- Always look for INTENT in relation to the ME and Standard

CRITERIA TO BE USED	FULL COMPLIANCE (2)	PARTIAL COMPLIANCE (1)	NON COMPLIANCE (0)
INTENT	FULLY MET	PARTIALY MET	NOT MET

# Score Cards

Overall Score & Area of Concern wise Scores				
Patient Care Processes	Clinical Risk Management	Overall Score	Safe Care Environment	Patient Safety System
50%	50%	50%	50%	50%

# Departmental Score Card

Departmental Score Card						
Accident & Emergency	OPD	Labour Room	Maternity Ward	Paediatric Ward	SNCU	NRC
50%	70%	65%	53%	12%	88%	70%
Maternity OT	Post Partum Unit	Operation Theatre	Overall Score	Intensive Care Unit	In-patient Department	Blood Bank
80%	67%	92%	58%	46%	64%	52%
Laboratory	Radiology	Pharmacy	Auxillary	Mortuary	General Administration	
71%	46%	68%	77%	32%	11%	

# Score Card- Standard wise Scores

Reference No	Standard	Percentage
Area of Concern A- Safe Patient Care Processes		
Standard A1	<b>Medication Safety:</b> The hospital has a medication management system to ensure safe medication practices at all times	80%
Standard A2	<b>Infection prevention and Control:</b> The hospital has an infection control programme to ensure safe infection control practices at all times	86%
Standard A3	<b>Safe patient handling and Harm prevention:</b> The hospital has an established system to ensure safe patient handling and harm prevention in all clinical care settings	56%
Standard A4	<b>Communication at transition of care:</b> The hospital has an established system to ensure safe patient transport and referrals	63%

# Conduct of the assessment at the facility





**SaQushal- Committed to provide SAFE healthcare services to all**