

Strengthening State Certification

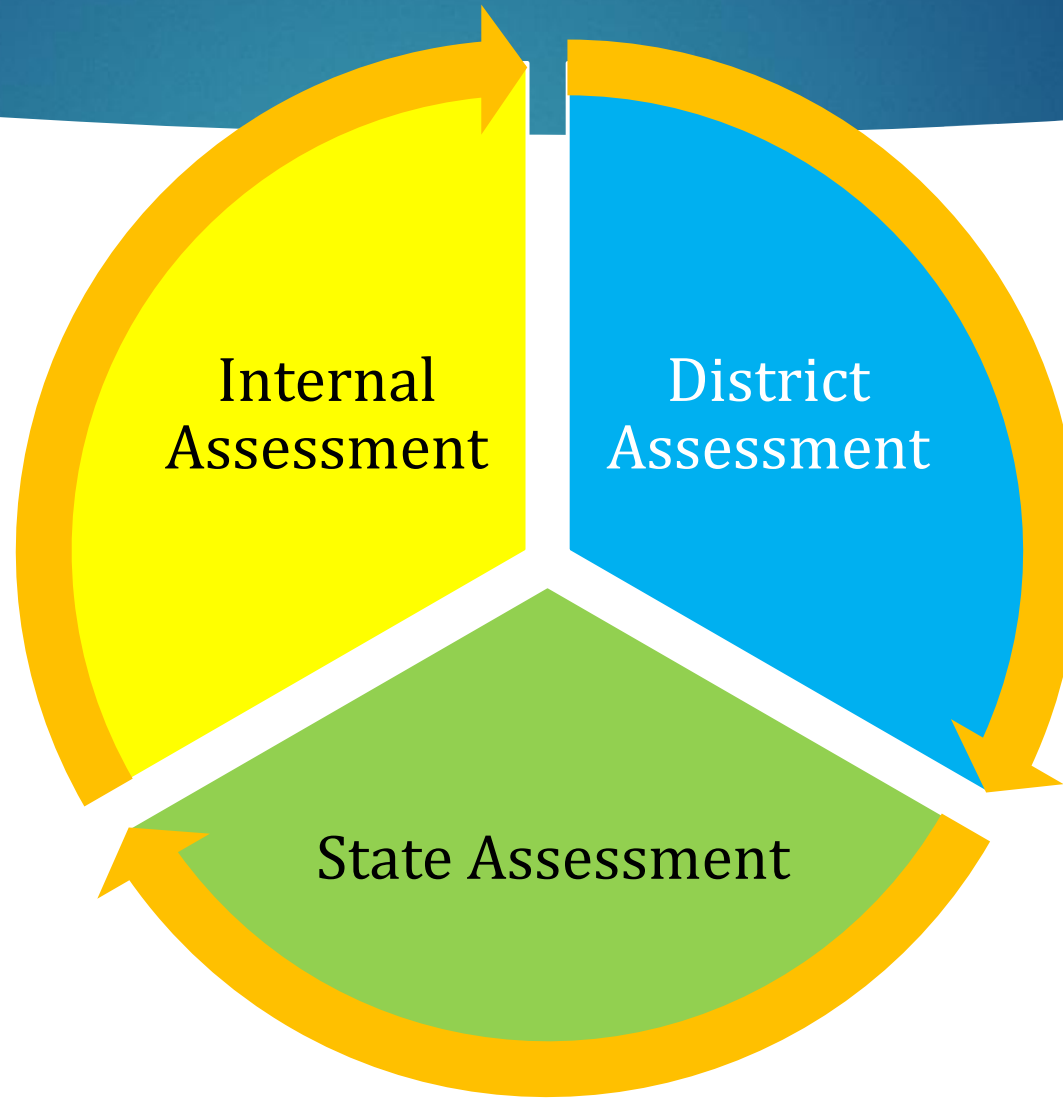
VINNY ARORA
SENIOR CONSULTANT – CERTIFICATION UNIT
QUALITY & PATIENT SAFETY DIVISION
NHSRC



Assessments under NQAS Framework

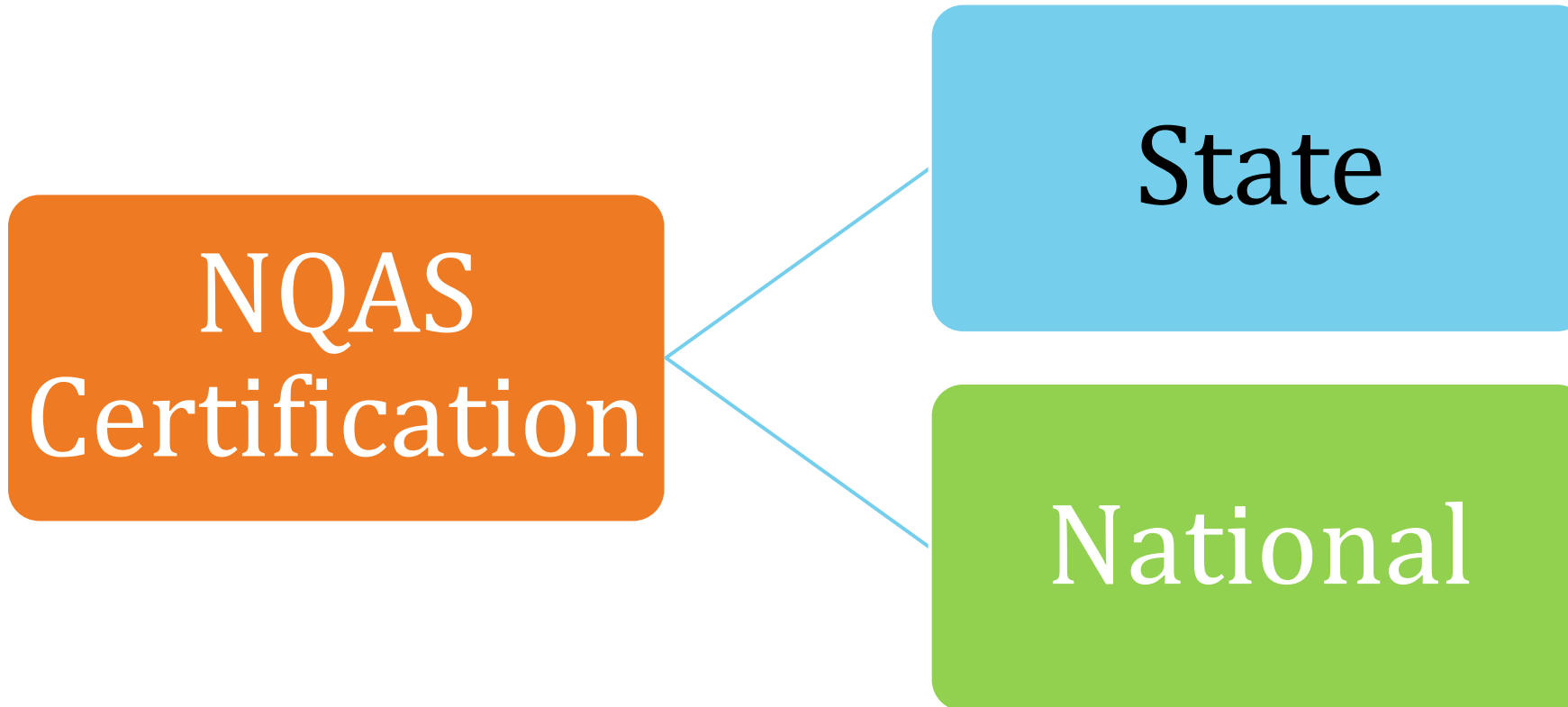
- By facility
- On Quarterly basis
- Analyze the Gaps
- Prepare time bound action plan and close gaps

- By State Team
- Atleast once in year
- Support the facility for closing gaps
- Empanelled External & Internal Assessors & Experienced Assessors



- By District Teams
- On Quarterly basis
- Support the facility for closing gaps
- Atleast one experienced NQAS Internal Assessors from another district

Type of Certifications



State Certification



Responsibility
SQAC/ SQAU

Why

To assess the Quality-of-Care service delivery



Where

In different level of health facilities

Who

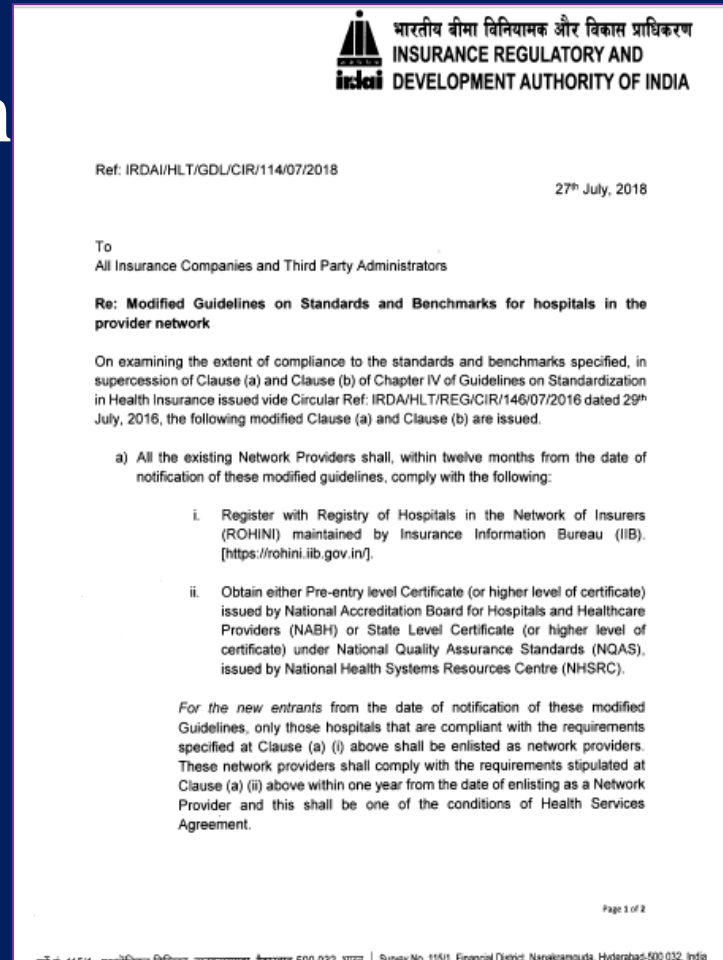
Certified Internal & External Assessors issued
with proficiency empanelment certificate from
NHSRC

Validity
One Year



National Recognition

State Certification Recognized by IRDA



IRDAI included NQAS as benchmark for hospitals in providers' network

Achieving the Targets

Target for FY 2023-24 – 60%

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

DH

50

National certified

8

State Certified

12

Total

20

Target Achieved

67%

Yet to achieve

33%

Function of SQAU for State Certification

7

1



Manage the complete assessments

2



Analysis of the reports submitted by assessors & feedback submitted

3



Review Quarterly KPIs & Utilize in decision making

4



Create Pool of Quality Professionals

5



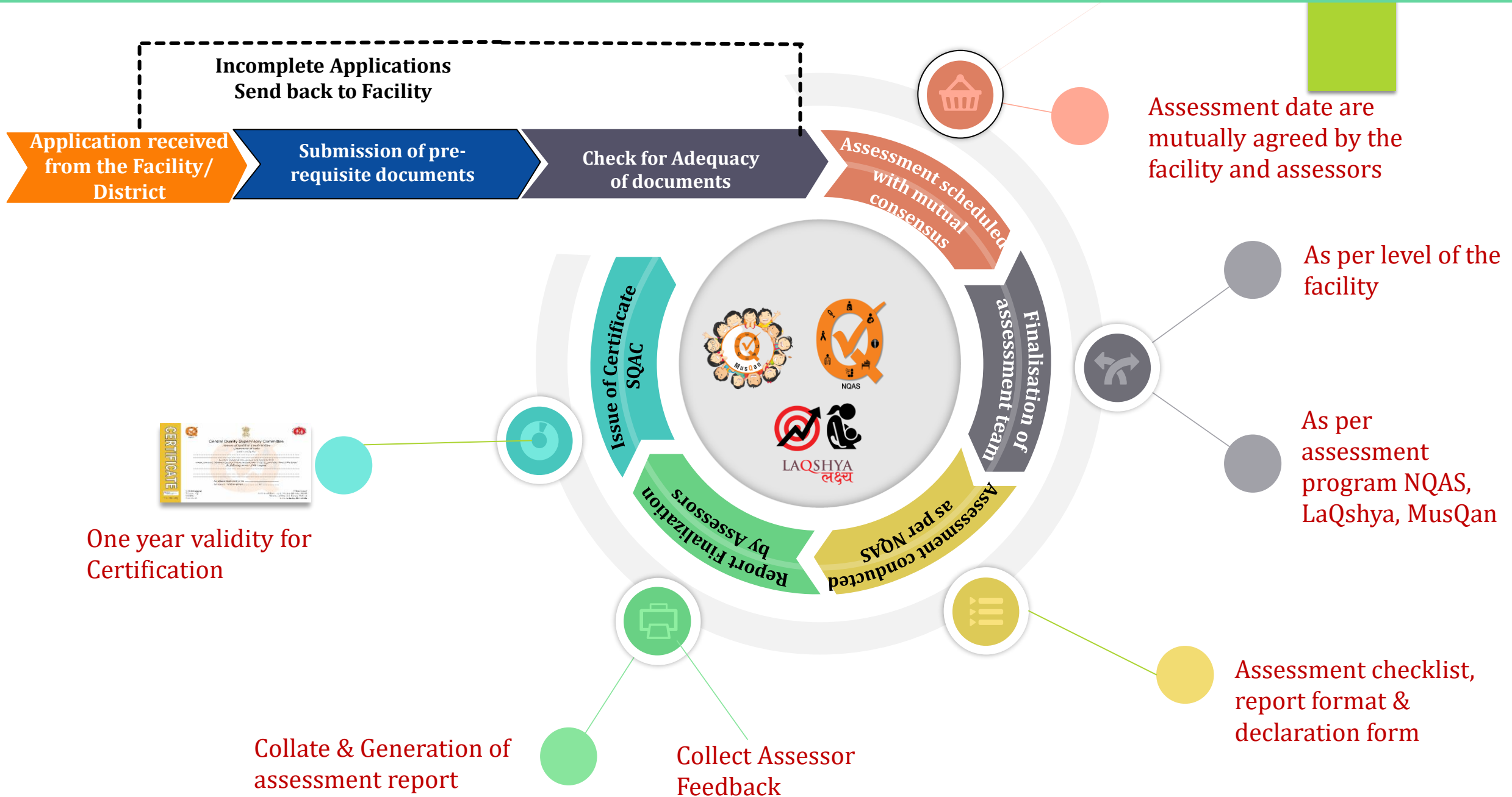
Create the State Level bench-marks for KPIs

6



Sustenance of Quality Certification Status

CERTIFICATION PROCESS

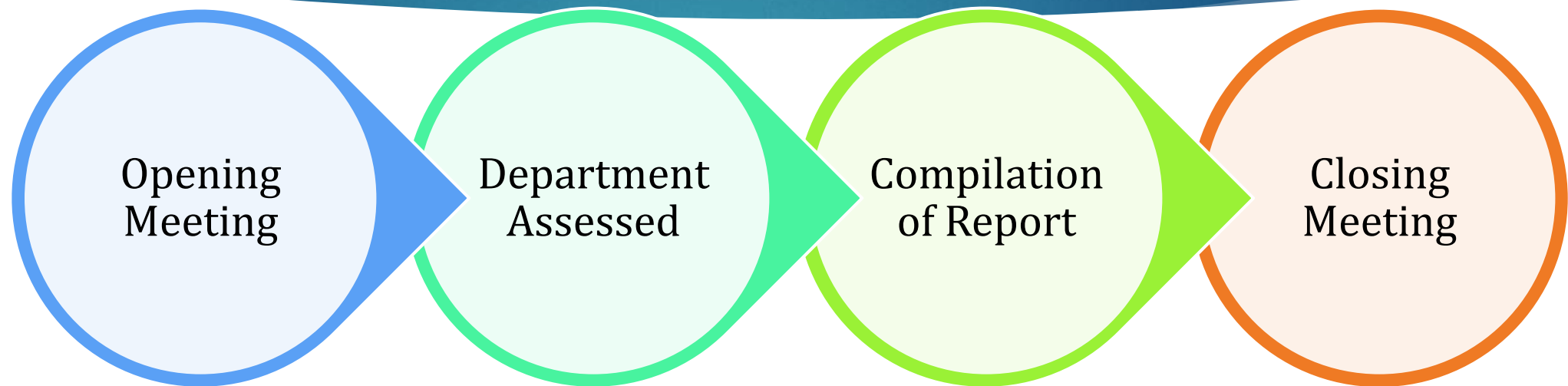


Points to remember – Assessment Team

1. Certified Internal/External Assessors empaneled with from NHSRC
2. Declaration form of Impartiality and confidentiality to SQAU before starting assessment.
3. 'Team Leader' selected and designated by SQAU (State Quality Assurance Unit) based on experience, qualification and seniority.
4. Within the district, hospital staff of one block level facility would undertake the assessment of a facility in another block at HWC-(SC) facilities.



During Assessment



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.

Reference – Operational Guidelines for Quality Improvement in Public Health Facilities.

State Certification Criteria

Overall Score

$\geq 65\%$

AoC Wise

$\geq 65\%$

Each Standard

$\geq 45\%$

Core Standard

$\geq 65\%$

Department
Score

$\geq 65\%$

PSS

$\geq 65\%$

Certification Criteria

Criteria No.	Criteria	District Hospital	CHC	PHC/UPHC	HWC (SC)
I	Aggregate Score	Aggregate score $\geq 65\%$	Aggregate score of $\geq 65\%$	Aggregate score of $\geq 65\%$	Aggregate score of $\geq 65\%$
II	Department Score	Individual Quality Score for all selected Department $\geq 65\%$	Individual Quality Score for all selected Department $\geq 65\%$	NA	Score of Each Service Package (Minimum 7 packages) $\geq 65\%$
III	Area of Concern Wise Score	Individual Quality Score of all 8 area of concern $\geq 65\%$	Individual Quality Score of all 8 area of concern $\geq 65\%$	Individual Quality Score of all 8 area of concern $\geq 55\%$	Individual Quality Score of all 8 area of concern $\geq 65\%$
IV	Critical Standards	Standard A2, B5 and D10 $\geq 65\%$	Standard A2, B5 and D8 $\geq 65\%$	Standard A2, B4/ B3 and F6/ F4 $\geq 55\%$	Standard A1, D3, D4, D5, G2 $\geq 55\%$
V	Standards wise Score	Individual Standard wise score $\geq 45\%$	Individual Standard wise score $\geq 45\%$	Individual Standard wise score $\geq 45\%$	Individual Standard wise $\geq 45\%$
VI	Patient Satisfaction Score	PSS -65% in the preceding Quarter or more (Satisfied & Highly Satisfied on Mera-Aspataal) or Score of 3.2 on Likert Scale	PSS- 60% in the preceding Quarter or more (Satisfied & Highly Satisfied on Mera-Aspataal) or Score of 3.0 on Likert Scale	PSS- 55% in the preceding Quarter or more (Satisfied & Highly Satisfied on Mera-Aspataal) or Score of 2.75 on Likert Scale	PSS - 55% in the preceding Quarter or more on Mera- Aspataal) or Score of 2.75 on Likert scale.

State Certification Report Format

Reference of JS (P) DO Letter – D.O.No. 10(3)/2014—
NRHM- I pt. (P3061261)
Dated – 8th August' 2016

State Certification is mandatory before applying for National
Certification

Annexure -B

Assessment Report: (Name of the facility)

Date of Assessment –

1. Overall Score

2. AREA OF CONCERN SCORE

S.No.	Area of Concern	Score
A	Service Provision	
B	Patient Rights	
C	Inputs	
D	Support Services	
E	Clinical Services	
F	Infection Control	
G	Quality Management	
H	Outcome	

3. DEPARTMENTAL SCORE (Please amend the list as per departments given in the Assessor's Guidebook for other facilities viz CHC, PHC, UPHC)

S.NO	DEPARTMENT	SCORE
1	Accident & Emergency	
2	OPD	
3	Labour Room	
4	Maternity Ward	
5	Indoor Department	
6	NRC	
7	Paediatric Ward	
8	SNCU	
9	ICU	

State Certification of as per National Quality Assurance Standards for District Hospitals is approved /not approved.

Date :

Signature

(Designation)

Data Management

14

Repository of data

1. Maintain repository of KPIs reported by DQACs.
2. Maintain all records related to state certification (Applications, documents submitted, assessment reports, certification status and certificates)
3. Develop and maintain a system of Conflict resolutions pertaining to appeal.

Continued certification status

1. Improvement in the scores by atleast 5% from previous year score
2. Improvement in KPI and other outcomes.

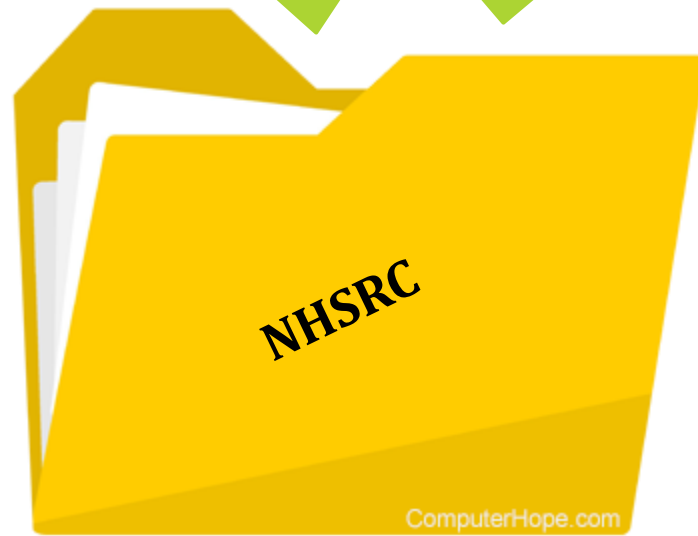
Format

S. No.	Name of District	Name of Block	Code of Block	Aspirational Block (Yes/No)	Tribal Area (Yes/No)	Name of Facility	Type of Facility	Date of Assessment	Assessors Name	Date of Assessment	Certification Date	Validity
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Report submission at NHSRC

Signed letter by SQAC

NHSRC Excel Sheets
At-least Quarterly



State Certification Report of
Certified Health facilities –

1. Signed by Assessors
2. 2. Excel sheets of Certified Health facilities

As soon as declared by state

Points to remember

1. Create a separate pool of State & National level certified facilities
2. Focus on Primary Care to achieve the targets.
3. Engage SHSRCs/ Academic Institutions



Thank you

Thanks to your commitment and strong work ethic, we know next Quarter will be even better than the last.

We look forward to working together!