

## **Guidance Note for Assessors on Rapid Assessment of District Hospitals under National Quality Assurance Standards**

### **1. Background**

In a recent review of the National Health Systems Resource Centre (NHSRC), it was directed by the Union Secretary of Health, Ministry of Health and Family Welfare (MoHFW), Government of India, that NHSRC may plan to undertake quality checks in all primary and secondary healthcare facilities over three years. To meet the requirement, NHSRC has envisioned covering all the District Hospitals that are neither National nor State Certified in the first phase. The healthcare facilities will be visited and assessed by the empanelled assessors (internal and/or external) under NQAS over a short span of 1.5 days.

### **2. Protocol**

#### ***I. General***

1. **Assessment Days** – The assessment is expected to be completed in one day. Followed by the preparation of a time-bound action plan in the next half day. Thus, the duration of the entire rapid assessment is 1.5 days.
2. **Honorarium** - The honorarium for the external assessor will be borne by the Certification Unit, NHSRC.
3. **Travel expenses**- Travel expenses for the external assessor will be reimbursed by Certification Unit, NHSRC as per the travel norms set by NHSRC.

#### ***II. Before the conduct of rapid assessment***

1. **Identification and nomination of assessors**: A district-level hospital that has not undergone a state-level or a national-level assessment is identified by the Certification Unit at NHSRC. An empanelled external assessor will be nominated by the Certification Unit along with one empanelled internal assessor who will be nominated by the State Quality Assurance Unit (SQU) to undertake the rapid assessment of the healthcare facility.
2. **Permission / Invitation to undertake the assessment**: A relieving letter/ invite is sent to the empanelled external assessors detailing the scheduled assessment of the district hospital. The external assessor will then plan for the assessment which includes flight tickets, boarding and lodging, and other miscellaneous activities.
3. **Coordination with the Internal Assessor**: An external assessor is expected to coordinate with the State Nodal Officer (details will be shared by the Certification Unit, NHSRC) and the deputied internal assessor to complete the assigned assessment.

### **III. During the conduct of rapid assessment-**

1. **Conduct Opening meeting:**

- Assessors are expected to adhere to the principles of the assessment.
- Introduce yourself and your role.
- The facility is expected to depute a nodal contact person to undertake this assessment.
- Will guide the facility on the methodology to undertake the rapid assessment.
- The assessor will find the gap during the assessment. Before closing the meeting, the assessment team will prepare a time-bound action plan in the consensus with the facility and staff.
- The assessor and the facility are expected to agree on the time-bound action plan for implementation.
- Follow the assessment tool.

2. **Verification of Information:** The external assessor will verify the information of the district hospital using the National Identification Number (NIN ID). They will further add the details of the internal assessors nominated by the state. These details are submitted to further initiate the process of rapid assessment on the scheduled dates.

3. **Tool used for assessment:** The tool for the assessment is sent to the team of assessors before the assessment. The scores and other relevant data are then entered into the Google sheet. The tool consists of 3 sheets- General Profile, Critical Quality Parameters, and Key Performance Indicators.

a. **General Profile:** This section requires the inclusion of basic details about the district hospital. These details include the previous Internal Assessment Quality Score, Kayakalp Peer Assessment Score for the fiscal year 2023-24, certification status, Mera-Asptaal score, and PSS Patient Satisfaction Score from the previous month. It is necessary to provide all this information as per the assessment tool. Record information on the services they offer, information about their staff, the availability of essential medications, etc.

b. **Critical Quality Parameters:** This part holds great significance as it involves capturing crucial parameters. Pay close attention to your surroundings throughout the hospital visit.

c. **Scoring methodology** - The answers will be "Yes" and "No". You can further elaborate in the "Remarks" column if needed. Review and verify hospital documentation precisely.

d. **Key Performance Indicators (KPI):** To assess each KPI, choose "Yes" or "No" as your answer. You can further elaborate in the "Remarks" column if needed. Review and verify hospital documents precisely.

***IV. After the conduct of a rapid assessment:***

1. Protocol for closing meeting: Schedule a debriefing session with the hospital to share preliminary observations or recommendations. External and internal assessor debrief observation with the hospital staff. Execute gap analysis, root cause analysis, support required from the state, timeline, roles and responsibilities, and action plan.
2. Report preparation and submission: The external assessors are expected to prepare the report and submit it through the Google form. The link for the tool and report will be shared through email.