

Quality Measurement System & Assessment Protocol

NQAS for IPHL

Objectives

1

Reduce subjectivity
in the measurement
system.

2

Reduce errors in
laboratory processes
and improve the
efficiency of the
treatment.

3

Meeting all critical
to quality
components
holistically.

4

Using simple
measurement tool,
encompassing the
micro-details.



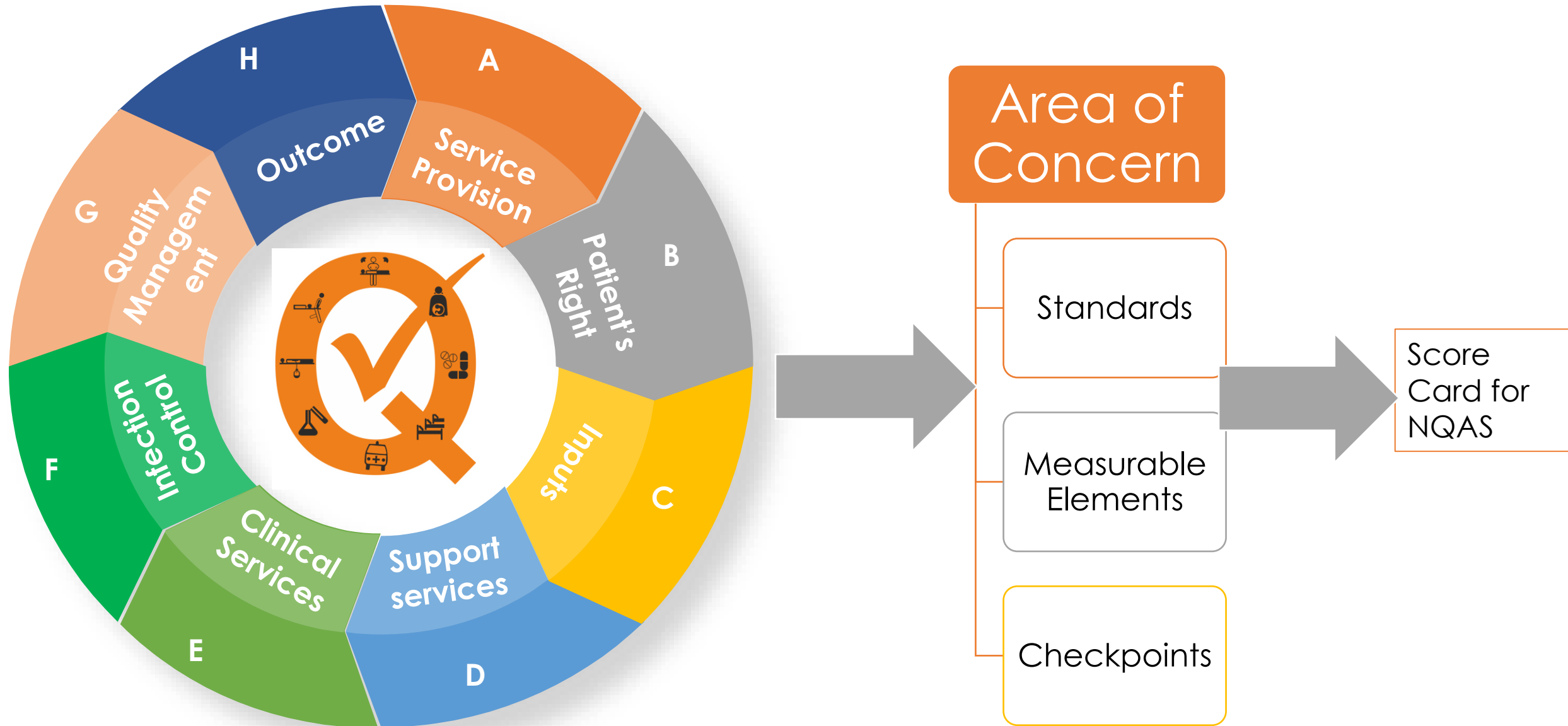
Scope

- IPHL in a district
- Co-located with the District Hospital.

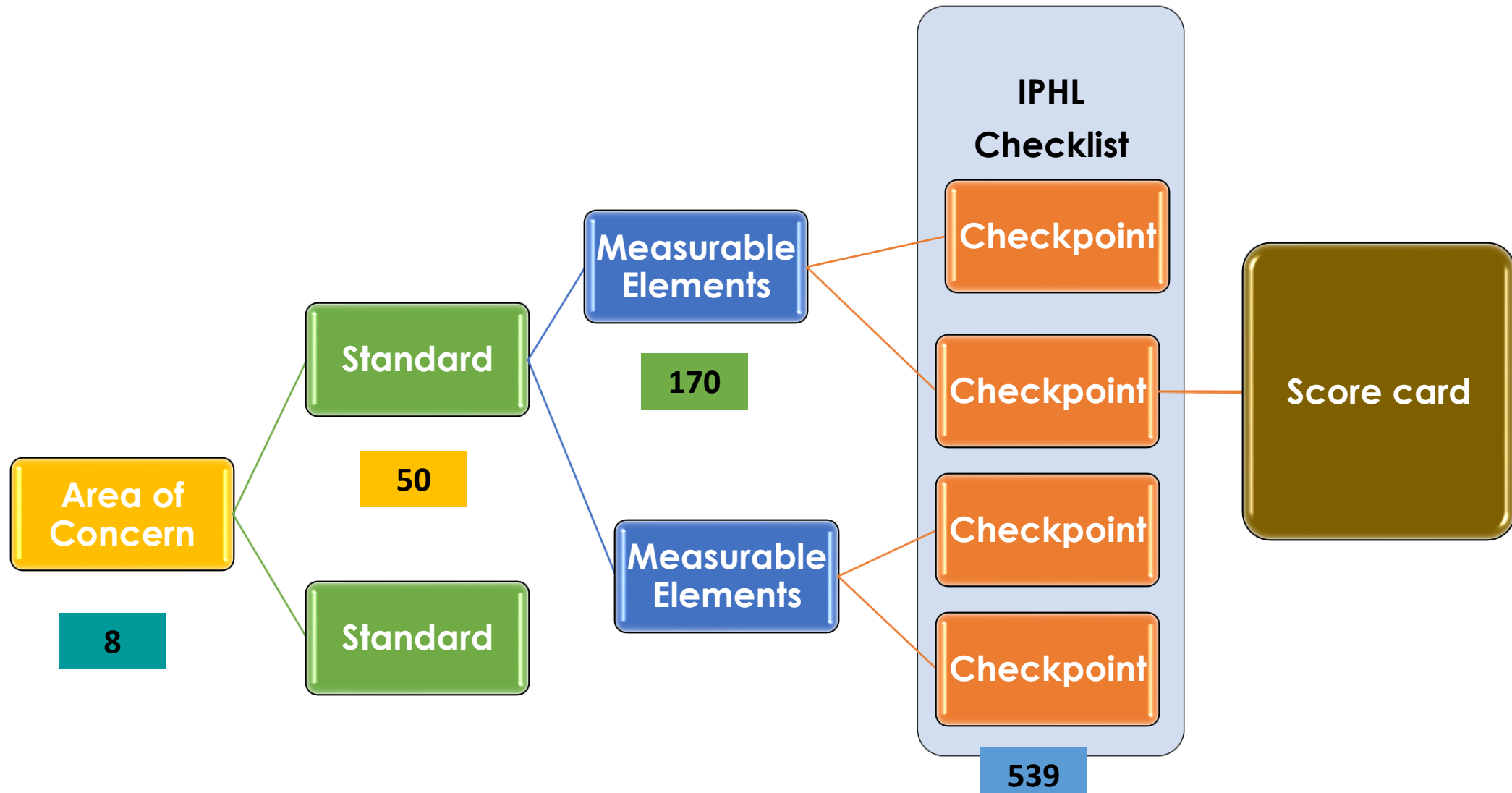
Exclusion

DH Labs. Providing routine diagnostic services- not converted into IPHL – NQAS 2020

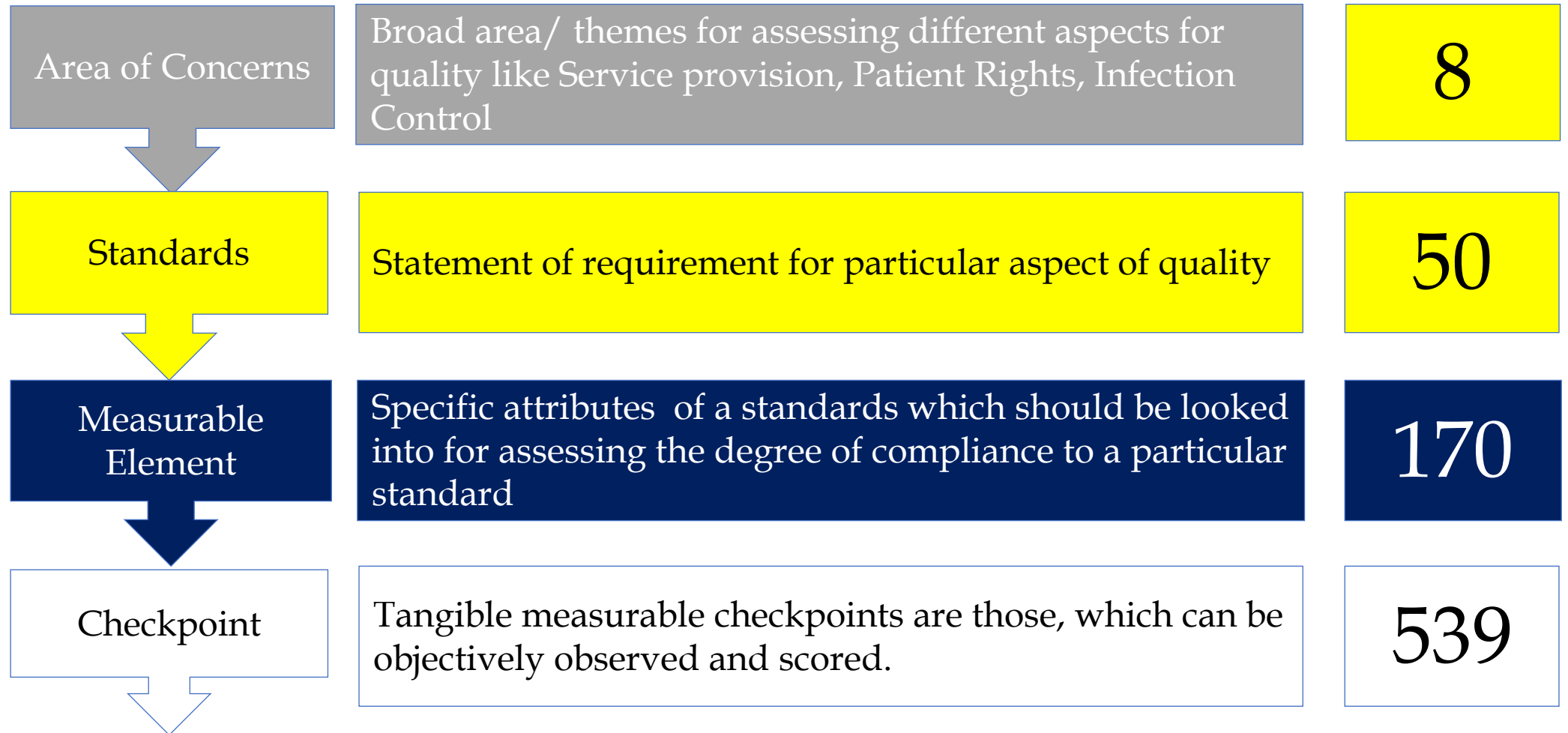
Measurement System in NQAS



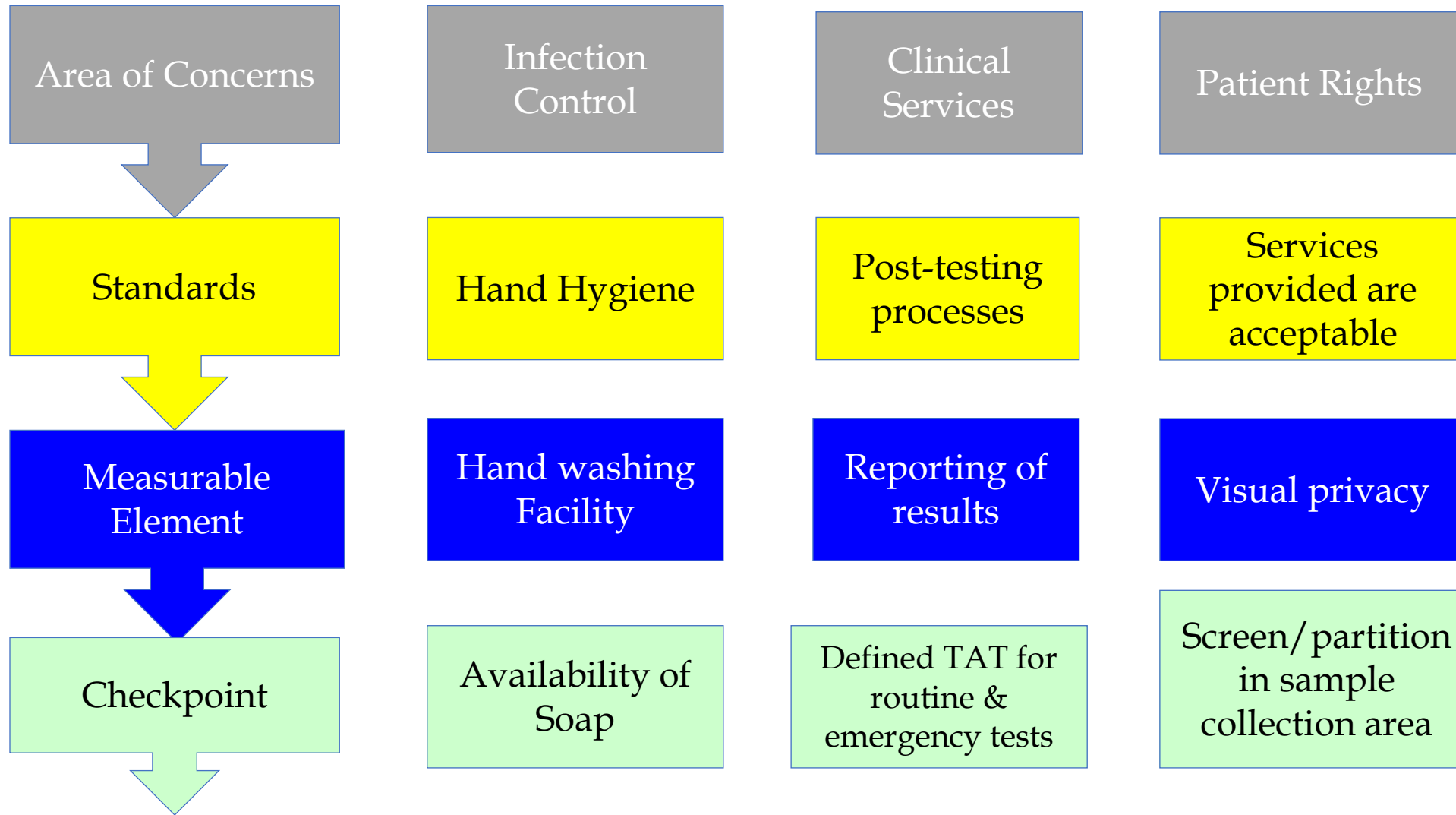
Relationship Between Different Components of NQAS



Quality Measurement System



Quality Measurement System

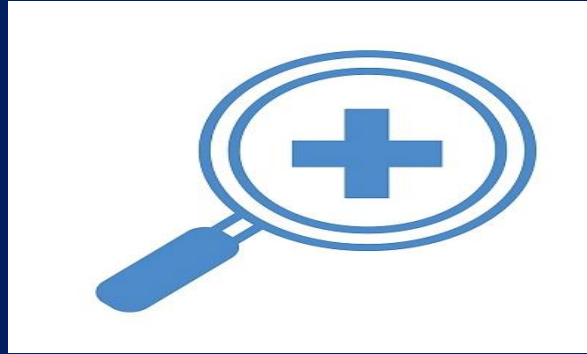


Anatomy of NQAS Checklist for IPHL

	Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern	Area of Concern - A Service Provision					
	Standard A1	Facility provides Integrated Diagnostic Laboratory Services as per mandate				
Reference No.	ME A1.1	Facility provides comprehensive set of Laboratory services	Availability of Basic Haematology services		SI/RR	Hb%, TC, DLC, Platelet, Red Cell Indices, ESR, BG & Rh typing, Blood cross matching, Peripheral blood film, Reticulocyte count, AEC, Prothrombin time (PT) & International Normalised Ratio (INR), Activated partial thromboplastin time

Statement of Standard

Assessment Method



Observation
(OB)



Staff Interview
(SI)



Patient Interview
(PI)



Record Review
(RR)



Observation (OB)

Compliance to many of the measurable elements can be assessed by directly observing the articles, processes and surrounding environment.

Few examples:-

- a. Displays of signages, work instructions, list of services etc.
- b. Enumeration of articles like equipment, reagents & control etc.
- c. Facilities - patient amenities, ramps, complaint-box, etc.
- d. Environment – cleanliness, loose-wires, seepage, overcrowding, temperature control, illumination, eye wash station etc.
- e. Procedures like sample collection, counseling, segregation of biomedical waste etc.

Staff Interview (SI)



Interaction with the staff helps in assessing the knowledge and skill level required for performing job functions.

Examples -

- a. Competency assessment – Quizzing the staff on knowledge related to their job.
- b. Demonstration – Asking staff to demonstrate certain activities like hand-washing technique, spill management , etc.
- c. Awareness - Asking staff about awareness off patients’ right, quality policy, reporting critical alerts, record retention policy.
- d. Attitude about patient’s dignity and gender issues.
- e. Feedback about adequacy of supplies, problems in performing work, safety issues, etc.

Record Review (RR)



It may not be possible to observe all clinical procedures. Records also generate objective evidences, which need to be triangulated with finding of the observation.

For example- on the day of assessment, adequate number of reagents and control available in the IPHL but review of the stock register reveals poor consumption pattern of reagents and control, then more enquiries would be required to ascertain on the adherence to protocols in the Laboratory.

Examples of the record review are given below -

- a. Review of records - expiry & near expiry reagents, record of water quality test, duty roster of staff, validation of test reports etc.
- b. Review of laboratory registers like inventory log/register, expenditure register, IQAS/EQAS registers etc.
- c. Review of Material safety data sheet (MSDS), copy of legal compliance BMW authorization, Fire NOC, LIMS data & indicators
- d. Review of SOPs for adequacy and process

Patient Interview (PI)

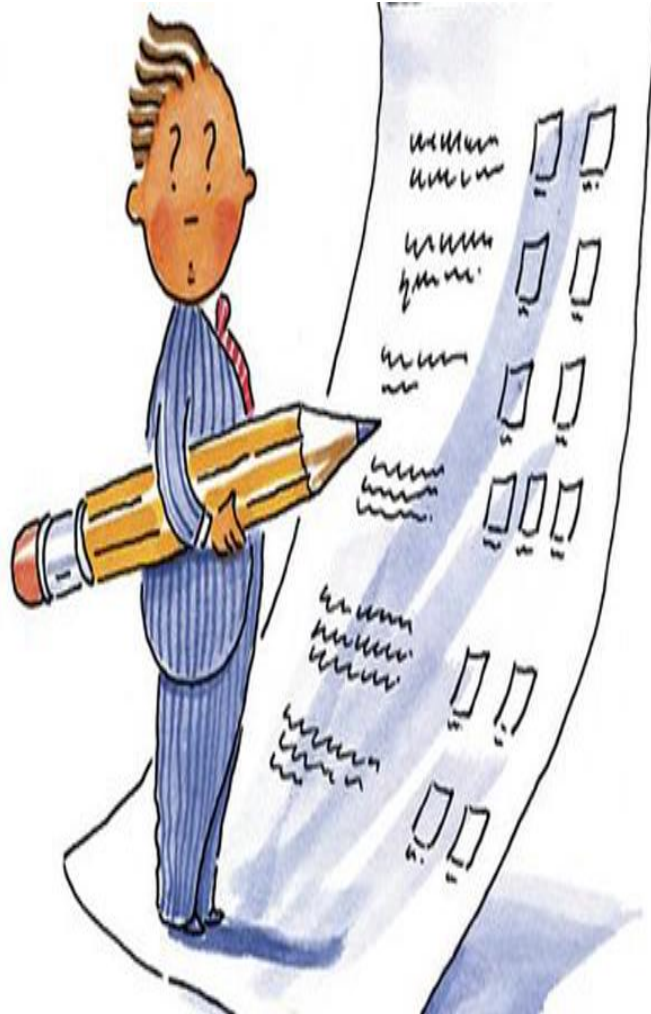
Interaction with patients/beneficiaries may be useful in getting information about quality of services and their experience in the laboratory. It gives us users' perspective.

It should include -

- a. Feedback on quality of services, staff behavior, waiting times, etc.
- b. Out of pocket expenditure incurred during availing lab services.
- c. Effective communication like consent & counseling services and information about pre-testing requirements



Scoring Rules



Scoring Rule

- Rule-1: Checkpoint without MoV OR MoV is self explanatory in nature

Refer- ence No.	Measurable Element	Checkpoint	Compli- ance	Assess- ment Method	Means of Verification
ME B2.2	Services are provided in manner that are sensitive to gender	Separate queue for female and specially abled patients		OB	1. IPHL and sample collection areas / report receiving areas 2. Give the full compliance, if token system is followed
		Laboratory has defined policy for non-discrimination on basis of gender		OB	
ME C2.4	Physical condition of buildings are safe for providing mandated lab services	Work benches are chemical resistant		OB	Check bench tops are impervious to water and resistant to moderate heat, organic solvents, acids, alkalis, chemicals.
		Floors of the Laboratory are non slippery and even surfaces and acid resistant		OB	

Scoring Rule

- Rule-2: Checkpoint with Enumerated MoV

Refer- ence No.	Measurable Element	Checkpoint	Compli- ance	Assess- ment Method	Means of Verification
ME B1.5	The facility has de- fined and established grievance redressal system in place	Availability of com- plaint box		OB/RR	1.Complain box is available in proximity to IPHL/sample col- lection area/reporting receiving area (may be shared with main hospital) 2. Process to complete resolution of the com- plaint is defined and displayed bilingual 3. Staff is aware about complaints pertaining to the lab & mechanism of the complaint re-ad- dressal 4. Lab ensures that actions are taken against the complaints within the defined time interval

Scoring Rule

- Rule-3: Intent in relation to Standard & ME

Area of Concern - B Patient Rights					
Standard B1	The services provided at the facility are accessible and affordable				
ME B1.6	The facility provides cashless services as per prevalent government norms/schemes	IPHL provides free diagnostic services as per guidelines/ state mandate		OB/PI	As per the mandate of free diagnostic services
		Check patient has not incurred any expenditure on diagnostics		OB/PI	Ask patient randomly (At least 5)
		Cashless investigations for patients/ beneficiaries		OB/PI	JSSK, Ayushman Bharat, applicable national & state specific govt. schemes

Compliance Scoring

2 Marks

Full Compliance

- If the information gathered gives the impression that all the requirements of the Checkpoint and means of verifications are being met, full compliance (marks – 2) should be provided for that checkpoint

1 Mark

Partial Compliance

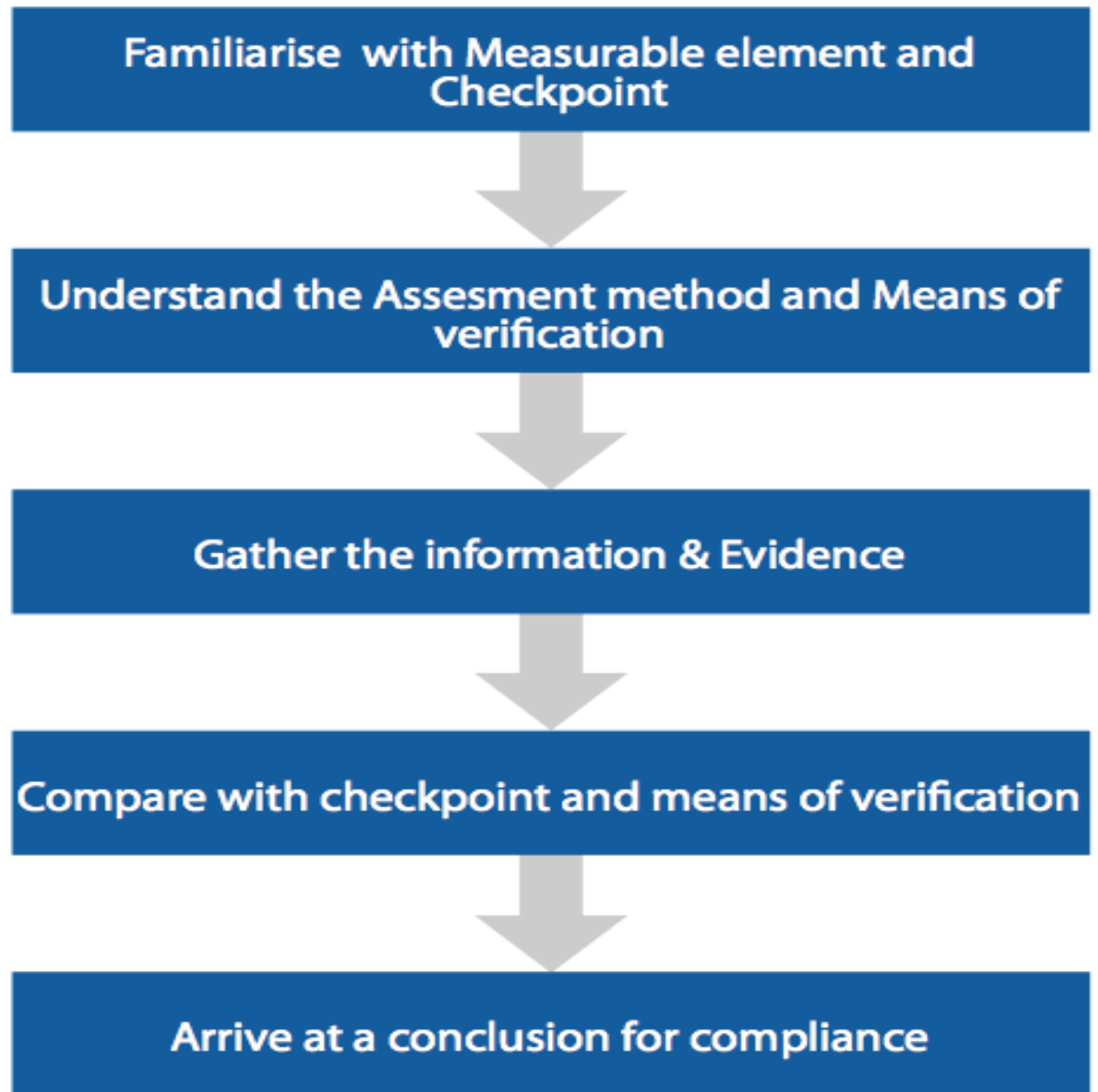
- For providing partial compliance, at least 50% or more requirements should be met. For partial compliance a score of 1 mark is given

0 Mark

Non-Compliance

- Non-compliance is assigned to when facility fails to meet at least 50 percent of the requirements given in a checkpoint and its corresponding means of verification. In this case, '0' score is given.

Knowing the context



IPHL Scorecard

IPHL Score Card			
Area of Concern wise Score			IPHL Score
A	Service Provision	50%	50%
B	Patient Rights	50%	
C	Inputs	50%	
D	Support Services	50%	
E	Clinical Services	50%	
F	Infection Control	50%	
G	Quality Management	50%	
H	Outcome	50%	

Figure 3: Schematic representation of Area of Concern wise and Overall IPHL score card

Reference No.	Standards & Measurable Element	IPHL Score
Area of Concern - A Service Provision		
Standard A1	Facility Provides Integrated Diagnostic Laboratory Services as per mandate	50%
Standard A2	Facility provides support services to linked spokes	50%
Area of Concern - B Patient Rights		
Standard B1	The service provided at facility are accessible and affordable	50%
Standard B2	The service provided at facility are acceptable	50%
Standard B3	The facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities.	50%



Thanks