



# QUALITY DARPAN

An update on National Quality Assurance Programme

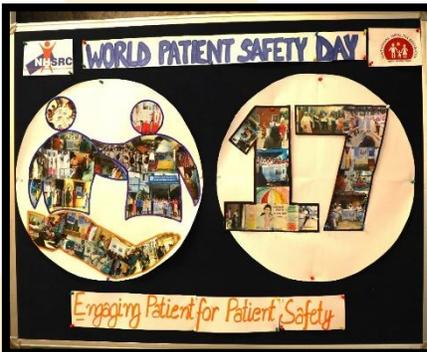


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Ministry of Health & Family Welfare  
Government of India



**“FILLED WITH INSPIRATION AND INTRIGUE  
AN INTENSE VISUAL TREAT”  
-THE PHOTOGRAPHIC REVIEW**





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# Preface

Improving the quality of healthcare has become a focus area for both policymakers and public health practitioners. serving to optimize resource utilization, enhance health outcomes, and increase patient satisfaction. Providing healthcare services without ensuring a minimum standard of quality is both ineffective and unethical. Benchmarking public healthcare facilities against established quality standards is crucial to instilling confidence in the public accessing these services and boosting morale among service providers.

High-quality health systems play a vital role in each specific context by consistently delivering care that enhances or maintains health, earning trust and value from the community, and adapting to evolving population needs. The National Quality Assurance Program has been dedicated to enhancing the quality of care in India's public health institutions, striving to make meaningful improvements.

This edition of 'Quality Darpan: An Update on the National Quality Assurance Program' aims to provide an overview of the program's implementation status for last six months from July 2023 to December 2023, along with highlighting the latest interventions. The analytical presentation of the data in this document is expected to assist states and union territories in assessing their progress, identifying areas for improvement, and continuing their efforts to enhance quality.





**Section 1:  
Progress Under National Quality Assurance Standards**



# QUALITY AND PATIENT SAFETY

*“Quality means doing it right when no one is looking.”*

*-Henry Ford*

## PROGRESS UNDER NATIONAL QUALITY ASSURANCE STANDARDS

### INSIGHTS ON LATEST INTERVENTIONS

The introduction of the National Quality Assurance Standards has marked a significant milestone in the enhancement of quality within the Indian Public Healthcare System. This program is built upon the principles of sustainability and measurability, establishing robust quality standards for public healthcare facilities and yielding positive outcomes. Since its establishment, the National Quality Assurance Standards, have been instrumental in driving strategic planning, offering guidance, and conducting assessments of healthcare facility, thereby playing a pivotal role in enhancing healthcare standards nationwide.

#### 1.1 World Patient Safety Day

17<sup>th</sup> September is observed as the World Patient Safety Day. The National Health Systems Resource Centre (NHSRC) organized a national level workshop on 15<sup>th</sup> of September 2023, to observe the 5<sup>th</sup> World Patient Safety Day. A week-long “Health Melas” with the theme of **Engaging Patients for Patient Safety** were organized to engage with the citizens and to enhance the preventive care.



**Fig 1.1 National Celebration of World Patient Safety Day 2023**

Posters and videos related to Patient Safety and Community Engagement were launched during the event. The posters elucidated the crucial roles patients, families and caregivers play in ensuring delivery of safe healthcare. This was followed by the felicitation of the Patient Safety Champions. These champions were felicitated for their adept use of the SaQushal Tool for all the District Hospitals and equivalent facilities contributing to the advancement of healthcare standards.

The felicitation was succeeded by Patient Safety Pledge and technical sessions on Patient Safety and Community engagement. (Detail on the workshop is mentioned in Section-3 of this booklet on page no.32)

## **1.2 Continuation of Roll out of SaQsham Portal**

The SaQsham (Strengthening Quality & Patient Safety in Health Facilities Assessment) portal, developed by the National Health Systems Resource Centre (NHSRC), New Delhi in collaboration with the Centre for Development of Advanced Computing (C-DAC), Noida, is an automated Quality Certification system for NQAS, LaQshya, and MusQan applications.

In SaQsham portal, nation-wide public health facilities can apply for national level quality certification. This portal provides a step-by-step approach for undertaking the Quality assessment with reduction in the certification cycle time and errors. The stakeholders of this portal include the healthcare facility in-charge, district quality unit, state quality unit, state nodal officers, QPS consultants, ministry officials and external assessors etc.

SaQsham rollout has occurred in 34 states/union territories in phases: in the months of August-23 and November-23. All healthcare facilities, district quality unit, state quality unit, state nodal officers, National Quality Consultants & Ministry Officials, Assessors etc. are granted access through separate login credentials. The portal is operational in all states/union territories of India. (Except for Andaman & Nicobar Islands and Lakshadweep.) As on 31st December 2023, a total of 18407 facilities, 1131 Empaneled External Assessors, Quality Nodal Officers and State and District Quality Consultants from 34 States/UTs have been onboarded on SaQsham Portal.

Applying for Quality Certification is the first step to achieve the NQAS certification. As SaQsham portal is rolled out in all states, trainings were conducted regarding the different processes in the portal starting from registration for each level i.e. facility, district, state, national etc. To further resolve the queries and better understanding of the stakeholders, SaQsham tutorial videos for each module (including the assessors) have been developed in Hindi as well as in English language. These videos are available on Quality and Patient Safety Division's YouTube channel, a link for which is available on Quality and Patient Safety website as well. (Fig 1.1)

Link for YouTube channel- <https://www.youtube.com/@qualityandpatientsafetydiv8436>

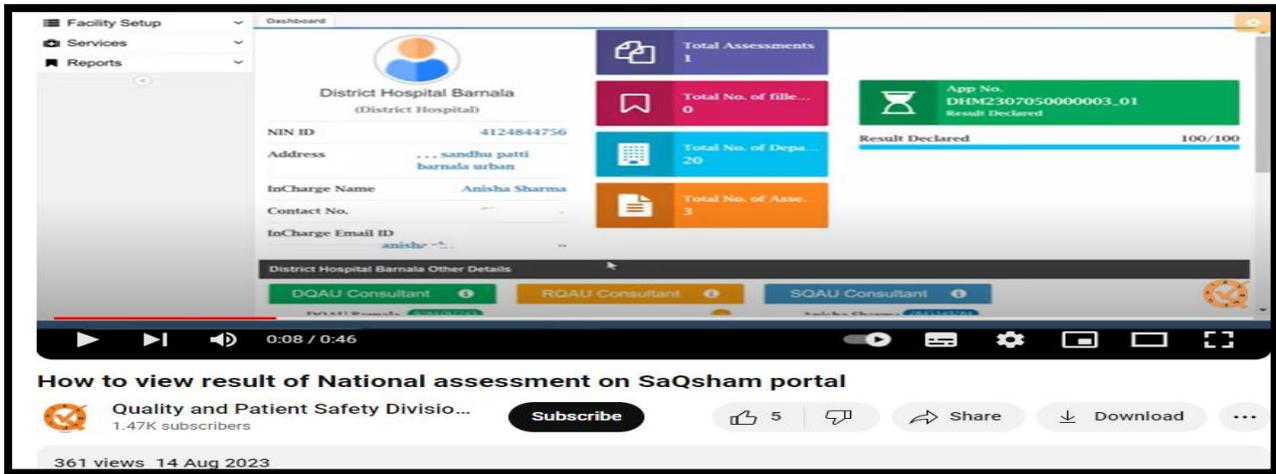


Fig 1.2 Screenshot of SaQsham Tutorial Video on the Quality & Patient Safety Division's YouTube Channel

### 1.3 Development of Ayushman Arogya Mandir – Sub-Centre Video Modules

The Ayushman Arogya Mandir delivers a comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care. Training and capacity building of the staff at large becomes a challenge, and the use of internet technology can help in combating the challenge. Since the NQAS promotes the use of Digital Technology in the sub-centres, some video modules covering various Quality & Patient Safety aspects of NQAS have been planned to be developed. Currently, 9 such video modules have been published on the YouTube channel of the Quality & Patient Safety Division of NHSRC in Hindi with English Subtitles (Fig 1.2), a link for which is available on Quality and Patient Safety website as well.

[Link-[http://www.youtube.com/watch?v=NFdg3tnv-ko&list=PL\\_gAnx-mHR\\_CaU8umL\\_QcXNZXXY-YUCej&ab\\_channel=QualityandPatientSafetyDivision](http://www.youtube.com/watch?v=NFdg3tnv-ko&list=PL_gAnx-mHR_CaU8umL_QcXNZXXY-YUCej&ab_channel=QualityandPatientSafetyDivision)]

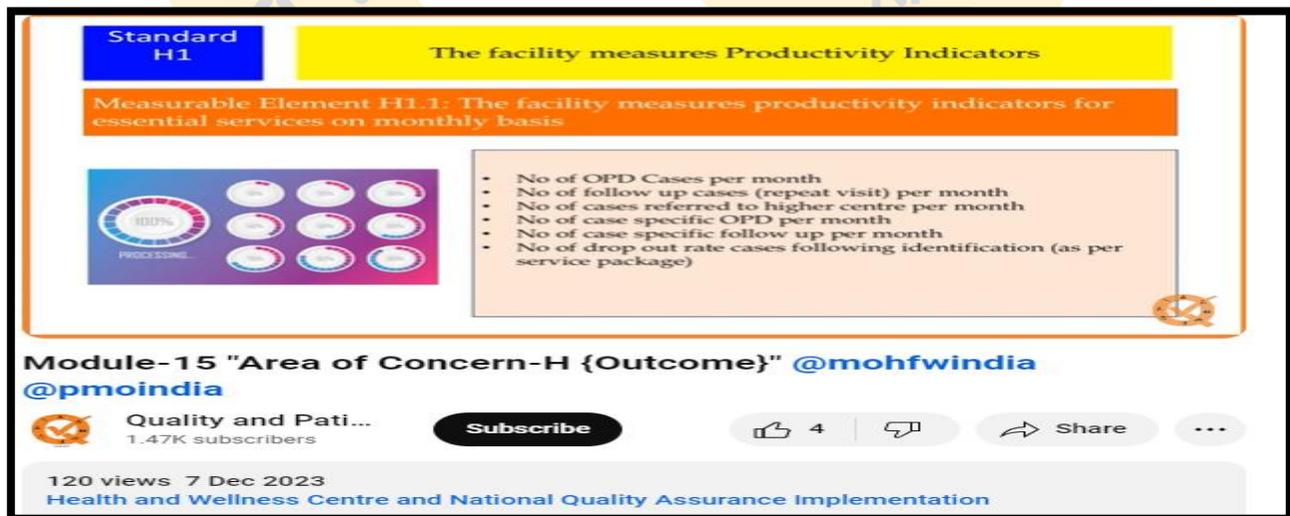


Fig 1.3 Screenshot of AAM Training & Capacity building Video on the Quality & Patient Safety Division's YouTube Channel

## List of Videos –

1. Module 1 -Introduction to Quality AB- Health and Wellness Centre
2. Module 3 -NQAS Measurement System AB- Health and Wellness Centre
3. Module 4 -Measurement System Part 2 AB- Health and Wellness Centre
4. Module 5-Overview of National Quality Assurance Standards at Health and Wellness Centre
5. Module 6- Area of Concern -A (Service Provision)
6. Module 7- Area of Concern -B (Patient Rights)
7. Module 8- Area of Concern -C (Inputs)
8. Module 14- Area of Concern-G (Quality Management)
9. Module 15- Area of Concern-H (Outcome)

## 1.4 Aspirational Block Programme

The Aspirational Block Programme (ABP) was launched by Hon'ble Prime Minister during the 2nd National Conference of Chief Secretaries. NITI Aayog has identified 500 blocks for rapid improvement across 27 States and 4 UTs of the country. To extend the advancements of Aspirational District Programme to the block level, ABP aims to improve the socio-economic indicators, healthcare, education, infrastructure and overall quality of life in these identified aspirational blocks. Percentage of National Quality Assurance Standards (NQAS) certified facilities in blocks has been chosen as one of the indicators in the programme. The Quality & Patient Safety Division of NHSRC organized a two-day consultative workshop for improving the health indicators in these aspirational blocks.

The workshop was attended by the State Programme Managers, Quality Nodal Officers, CP-CPHC Nodal Officers and Aspirational Block Nodal Officers from States/UTs aiming to strategize and work collaboratively to identify actionable measures for immediate improvement and regular measuring of the progress. (Details of the 2 Day Consultative Workshop are mentioned in Section-3 of this booklet on page No. 34)

## 1.5 Standards Treatment Guidelines: 2<sup>nd</sup> Lecture Series

Based on positive feedback and requests, the second STG lecture series was decided to start after the inaugural session, which ran from August 2023 to September 2023 on the third Saturday of every month.

Significant improvements were evident before and after the sessions, as indicated by the pre-test and post-test scores. The data demonstrated clear progress following the sessions. Both the pre-test and post-test scores underscored the effectiveness of the sessions in fostering improvement.

Before starting the new session, it was important to know the knowledge needs and wants of the audience. Hence, inputs were duly taken from the States/Union Territories about the subjects to be addressed over the next 12 months. Once these inputs were collected and analysed, a schedule was

then formulated based on the recommendations provided by the States/UTs. Resource persons for these sessions were identified and a schedule with timelines for addressing the identified subjects or issues was outlined. (Schedule is attached as Annexure A).

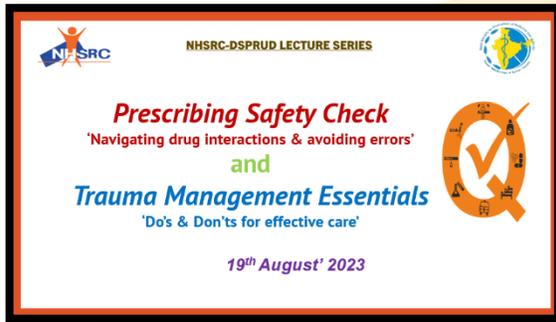
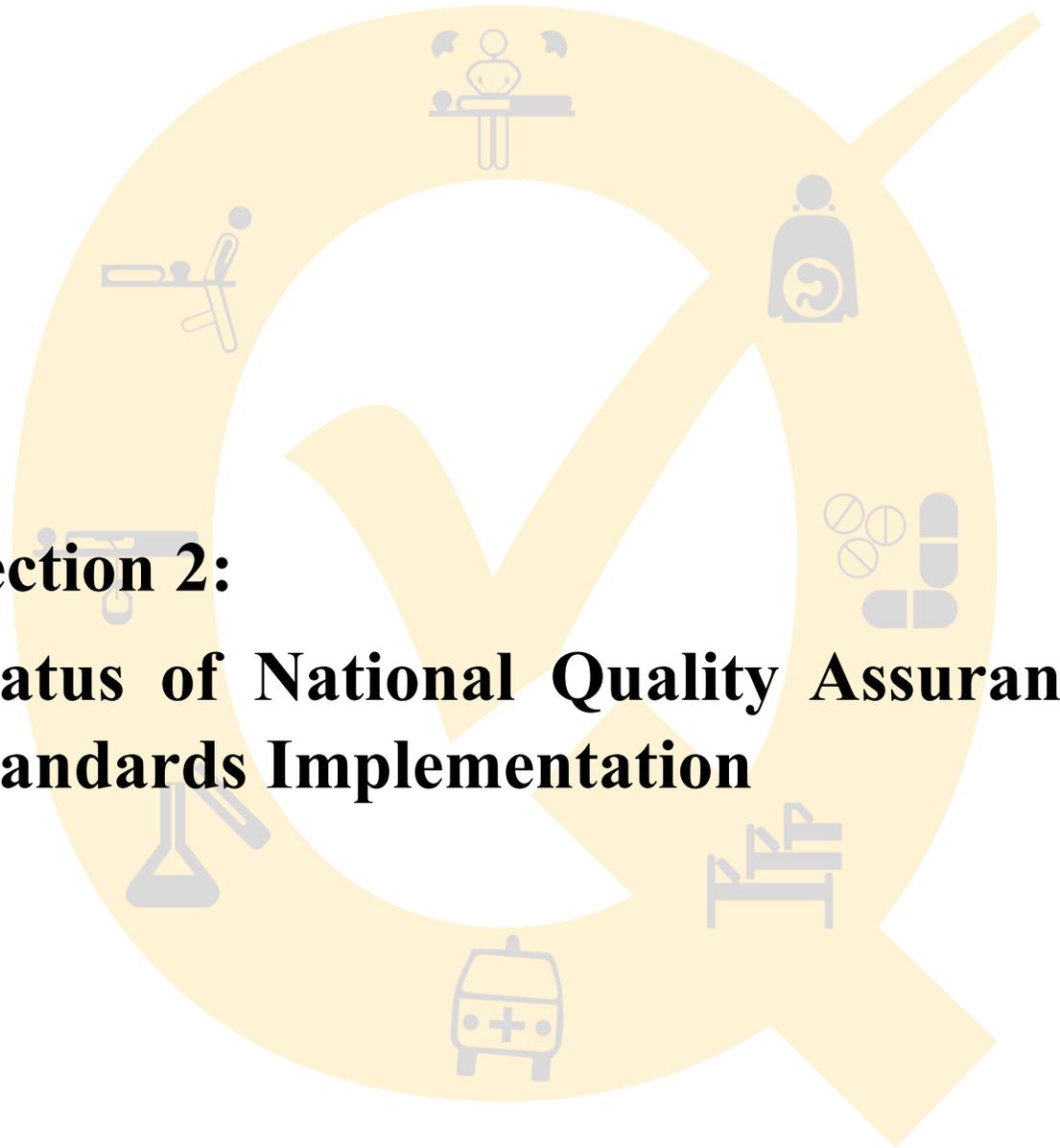


Fig1.4 12th STG lecture series



Fig 1.5 Glimpse of Lecture series





## **Section 2:**

# **Status of National Quality Assurance Standards Implementation**



## STATUS OF NATIONAL QUALITY ASSURANCE STANDARDS

The National Quality Assurance Standards (NQAS) was launched by the Ministry of Health & Family Welfare keeping in mind the specific requirements for public health facilities as well as the global best practices. The National Quality Assurance Framework was established in November 2013 with the release of ‘Operational Guidelines for Quality Assurance in Public Health Facilities’ along with Assessors Guidebook for District Hospitals. A significant improvement in the public health system of the country can be seen with implementation of NQAS for District Hospitals and subsequently, the NQAS for Community Health Centres (2014), Primary Health Centres (2014), Urban Primary Health Centres (2016) and Health & Wellness Sub-Centres (2020) were developed.

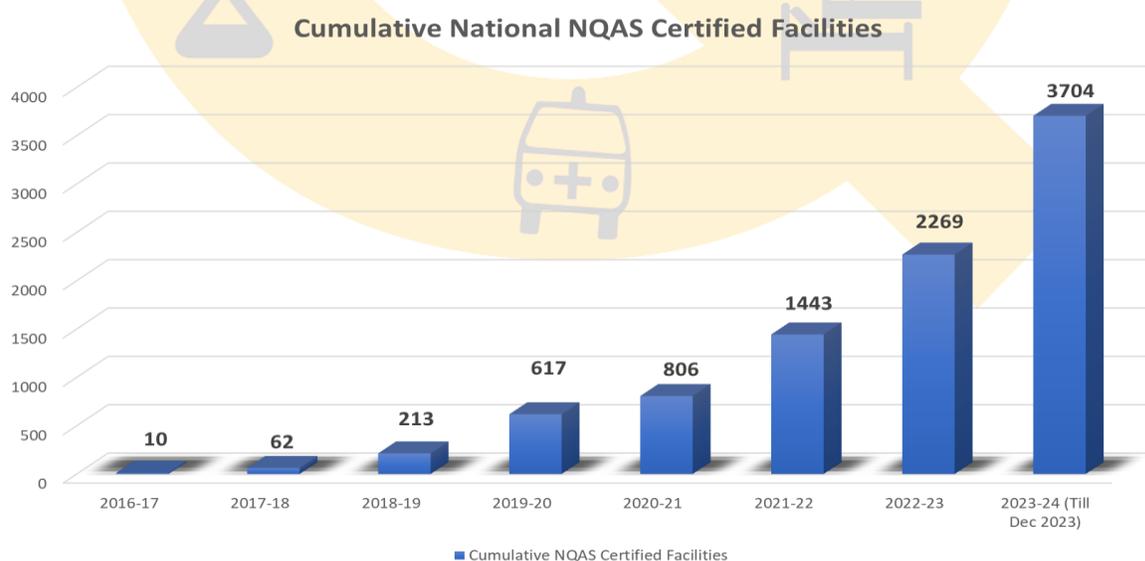
The National Quality Assurance Standards are accredited by the International Society for Quality in Healthcare (ISQua). These are also recognized by Insurance Regulatory and Development Authority (IRDA) and National Health Authority (NHA) has also approved a 15% incentive over and above the base package rate (Gold category) for the NQAS certified health facilities.

### National Quality Assurance Standards Status

Since the last June 2023 edition of Quality Darpan, the total number of NQAS certified facilities has surged from 4886 to 6513 by December 2023, reflecting a notable increase of 1627 certifications (33.2% increase).

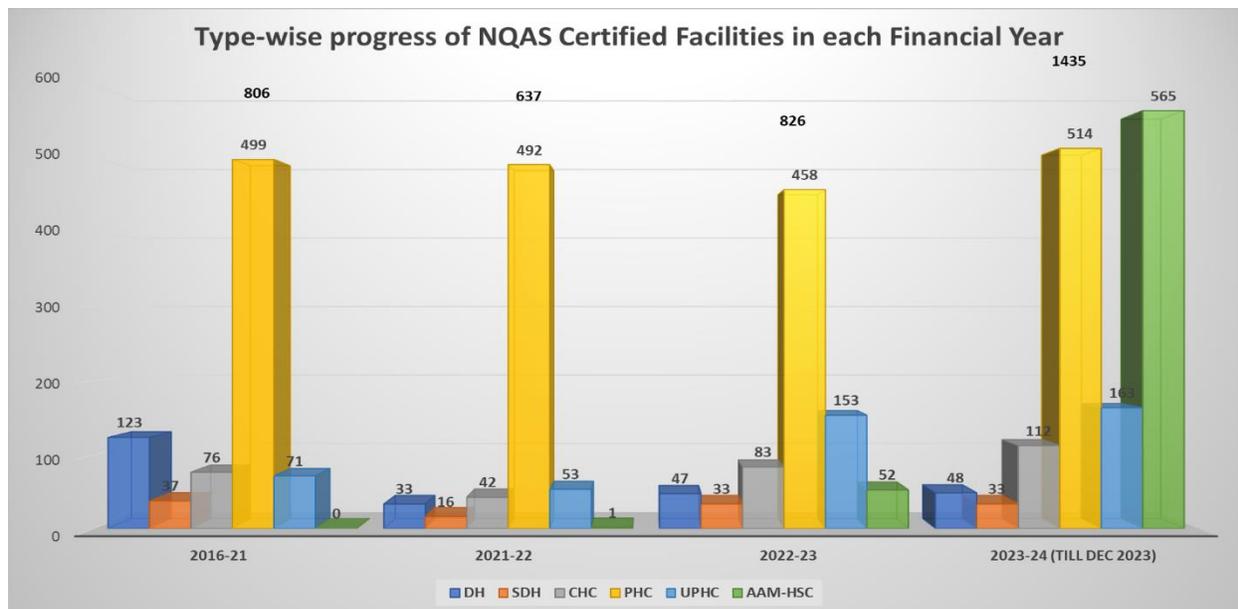
Among these 6513 facilities, 3704 have received national certification, while 2809 have obtained state certification for public health facilities. (Please refer to *Annexure – B*, for state-wise number of NQAS Certified Public Health facilities.)

The Fig 2.1 below displays the year-on-year cumulative progress of the National Quality Assurance Standards certified public health facilities.



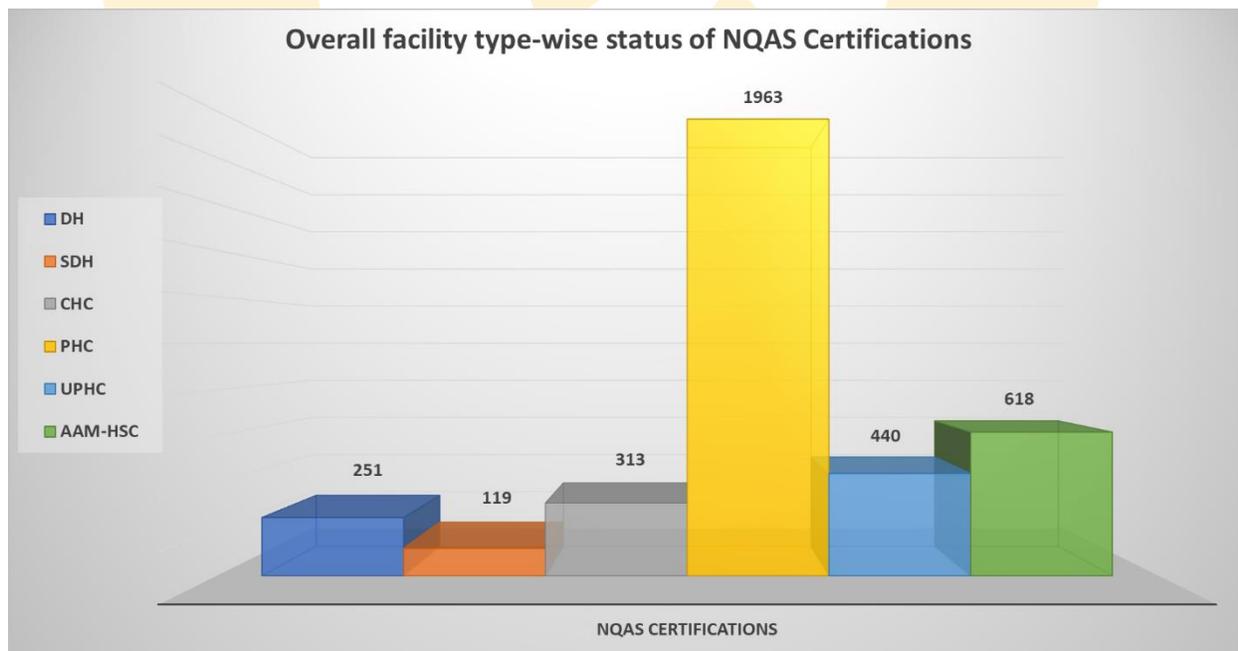
**Fig 2.1 Financial Year wise cumulative status of National Quality Assurance Standards**

Fig 2.2 represents the NQAS certification data through the years and illustrates the total number of healthcare facilities (primary and secondary) in each category. The highest number of NQAS certifications this year have been at the Ayushman Arogya Mandir (Sub-Health Centre) level whereas the overall highest NQAS certifications since inception have been at the Primary Health Centre level.



**Fig 2.2 Facility type wise status of National Quality Assurance Standards for each FY**

Fig 2.3 illustrates the total number of healthcare facilities in each category which are NQAS certified till 31<sup>st</sup> December 2023.



**Fig 2.3 Overall facility type-wise status of NQAS certified facilities till 31st December 2023**

According to the Health Secretary's Letter No. Z-18015/26/202-NHM-II, dated October 1, 2021, for this fiscal year, significant progress has been made in achieving the defined targets. As of December 31, 2023, NQAS Certification for approximately 50% of District Hospitals, 25% of Sub-District Hospitals, 14% of Community Health Centres, 20% of Primary Health Centres, 19% of Urban Primary Health Centres, and 4% of Ayushman Arogya Mandirs (Sub-Health Centres) has been achieved (Fig 2.3). (Table for the targets is attached as *Annexure C*)

## Re-Certification Status

The NQAS Certification remains valid for a period of three (03) years, contingent upon full compliance with the certification criteria and submission of surveillance assessments reports conducted by the SQAC in the subsequent two years. After three years of validity, to maintain NQAS certification status, healthcare facilities are required to undergo a re-certification assessment, following the procedures outlined in the Operational Guidelines for Improving Quality in Public Health Facilities, 2021.

In the fiscal year 2022-23, a total of 196 facilities were successfully re-certified for NQAS (Fig 2.4) and for FY 2023-24, till December 31, 2023, total 159 healthcare facilities were re-certified. (Fig 2.5).

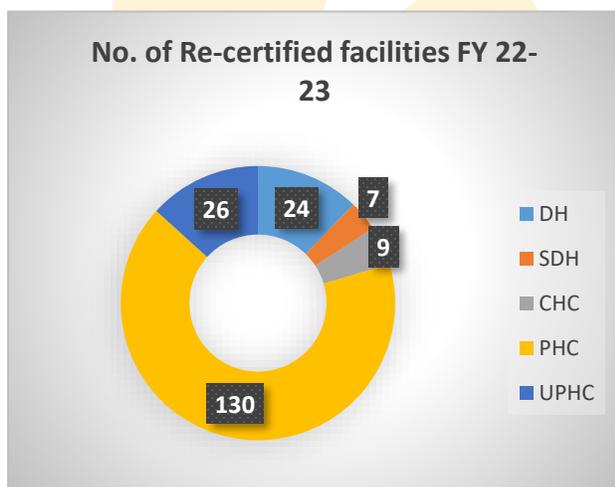


Fig 2.4 Re-certified facilities FY 22-23

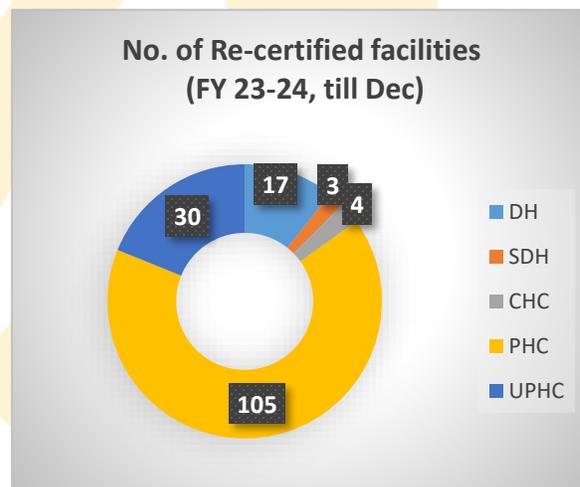


Figure 2.5 Re-certified facilities Till Dec 23

## Progress of NQAS in Last Six Months (July to December 2023)

In the past six months since the last update of the Quality Darpan, 1630 facilities have achieved the NQAS certification. Out of this, 1104 have achieved the National Certification and 526 have achieved the State Certification. This 1104 includes 38 DHs, 21 SDHs, 72 CHCs, 370 PHCs, 119 UPHCs and 484 Ayushman Arogya Mandir (Sub-Health Centres) which have national NQAS certification.

Fig 2.6 depicts the addition of NQAS certification in the last 6 months i.e. from July to December 2023. The graph also shows the number of health care facilities which could not achieve the NQAS certification after the national level external assessment.

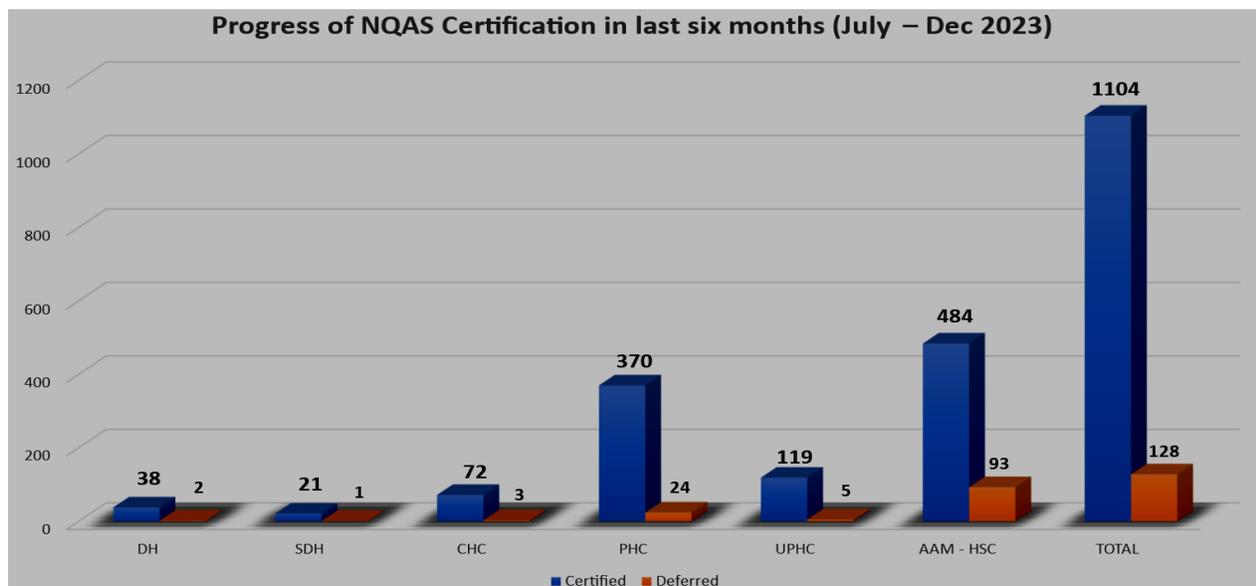


Fig 2.6: Progress of NQAS Certification in the last six months (July to Dec 2023)

## LaQshya

To reduce the Maternal and Newborn mortality and morbidity, LaQshya initiative was launched in 2017 by the Ministry of Health & Family Welfare. LaQshya emphasizes the importance of providing dignified and respectful care to pregnant women, promoting safe delivery practices, and reducing maternal and newborn mortality and morbidity rates. As on 31<sup>st</sup> December 2023, the incremental growth in the LaQshya Certified Labour Rooms (LRs) and Maternity-OTs (MOTs) has reached 910 and 685 respectively.



## Progress of LaQshya in Last Six Months

Progress of LaQshya in last six months (July to December 2023), 125 LR and 75 MOTs have achieved the NQAS certification. A state-wise breakup of the NQAS certified LR and MOT has been placed as *Annexure – D*. Fig 2.7 represents the financial year wise increase in NQAS certification of LR and MOTs. Whereas Fig 2.8 shows the cumulative numbers of NQAS certified LR and MOTs since the inception of the initiative.

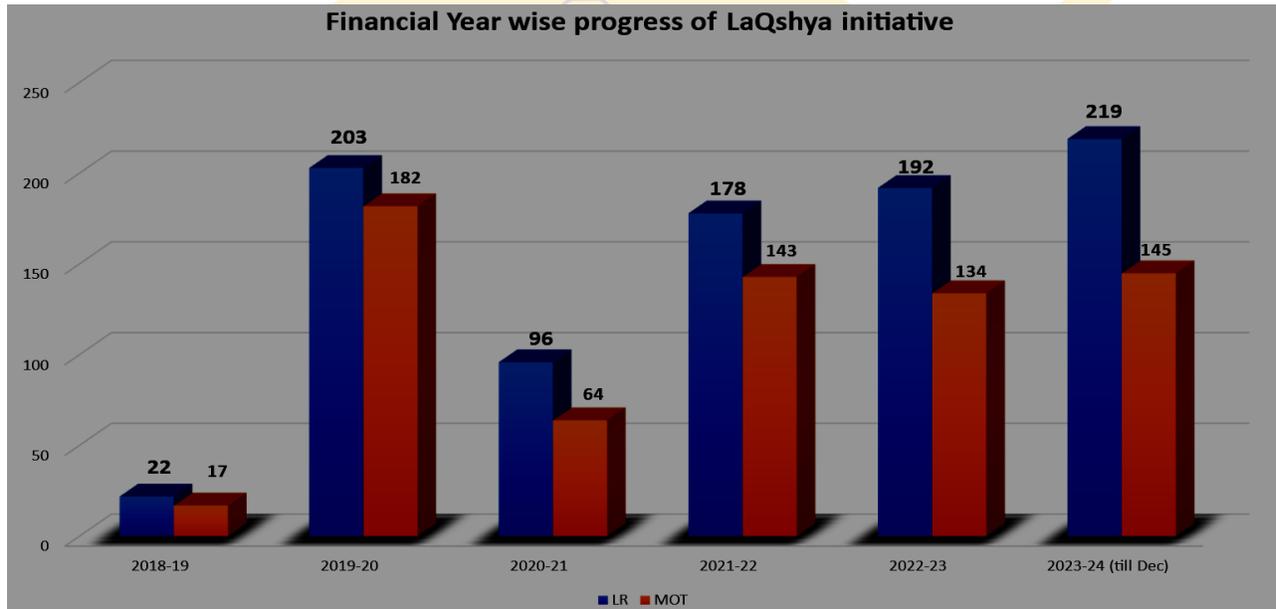


Fig 2.7 Financial year wise progress of Certification under LaQshya in LR and MOTs

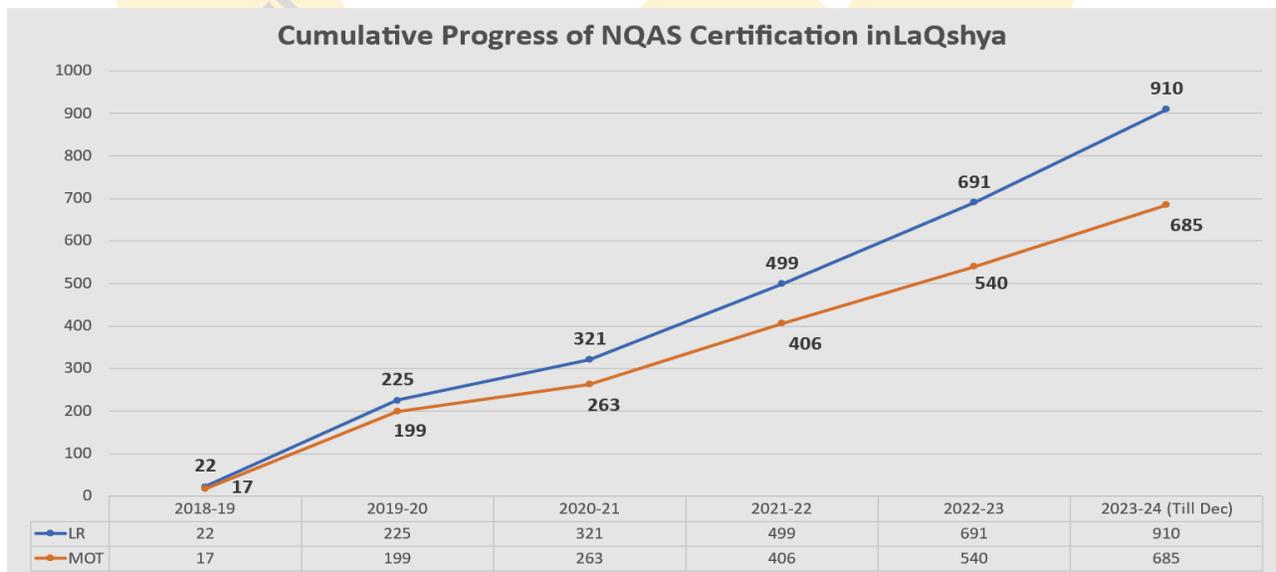


Fig 2.8: Financial year wise cumulative progress of NQAS Certification in LR and MOTs

## MusQan

MusQan was launched to ensure the provision of quality child-friendly services in public health facilities to reduce the preventable newborn and child morbidity and mortality. It is intended to be implemented at all District Hospitals and equivalent health facilities, all functional FRU CHCs, and facilities with LaQshya certified LR and MOT with a focus on inpatient services for sick newborn and children upto the age of 12 years.

Fig 2.9 depicts the tremendous progress of NQAS certifications under MusQan from the last financial year whereas fig 2.10 shows the facility wise breakup of NQAS certifications under MusQan in this financial year till Dec 2023.

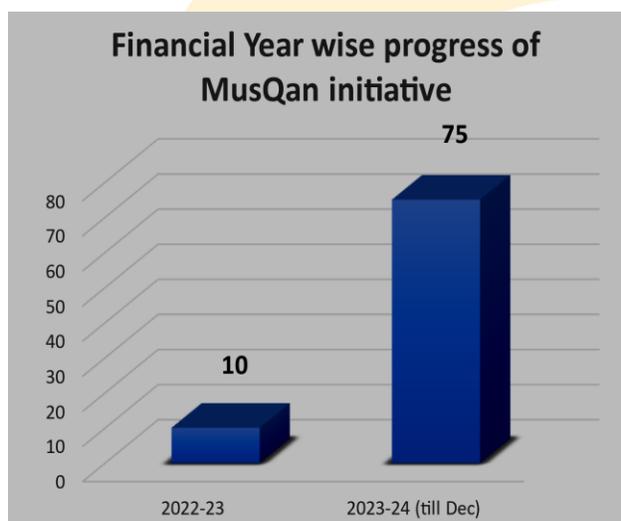


Figure 2.9: Progress of NQAS certification under MusQan (Cumulative)

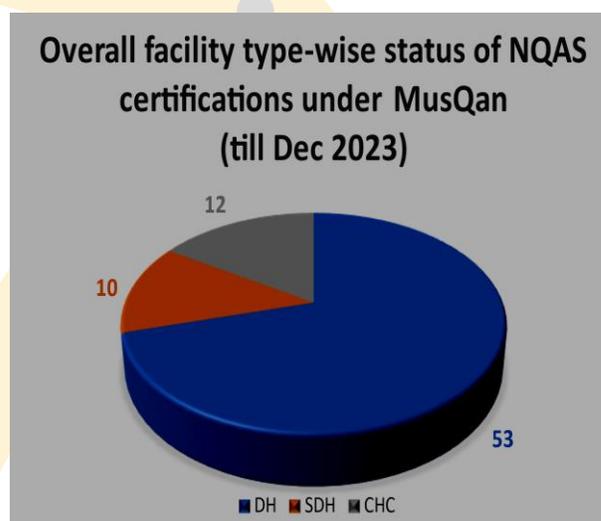


Fig. 2.10: Facility type wise breakup of NQAS certification under MusQan

## Progress of MusQan in Last Six Months

Progress of MusQan in last six months (July 2023 to December 2023), NQAS certifications under the MusQan initiative have increased more than 3 times. In the last update of the Quality Darpan, there were only 24 NQAS certified facilities under the MusQan initiative and this number has increased to a cumulative of 85 as on 31<sup>st</sup> December 2023. A state and facility-wise breakup of the number of NQAS certified facilities under MusQan initiative has been placed as *Annexure – E*.



## Kayakalp Incentive Scheme

Launched in 2015, Kayakalp Incentive Scheme has received an overwhelming response across the country. It aims to promote cleanliness, hygiene and infection control practices in the public health care facilities and incentivize the exemplary performing facilities. The scheme has made a strong influence on the existing hygiene and sanitation conditions of the public health facilities. It started initially in District Hospitals, later expanding to the SDHs/CHCs, PHCs, UPHCs, and AAMs (SCs). The total number of Kayakalp incentivized facilities has increased humongously from 100 in FY 2015-16 to 20336 in FY 2022-23 (Result of 3 states/UTs still pending i.e. Andaman & Nicobar Islands, Lakshadweep, and Maharashtra). Fig 2.11 depicts the progress of the Kayakalp initiative over the years.

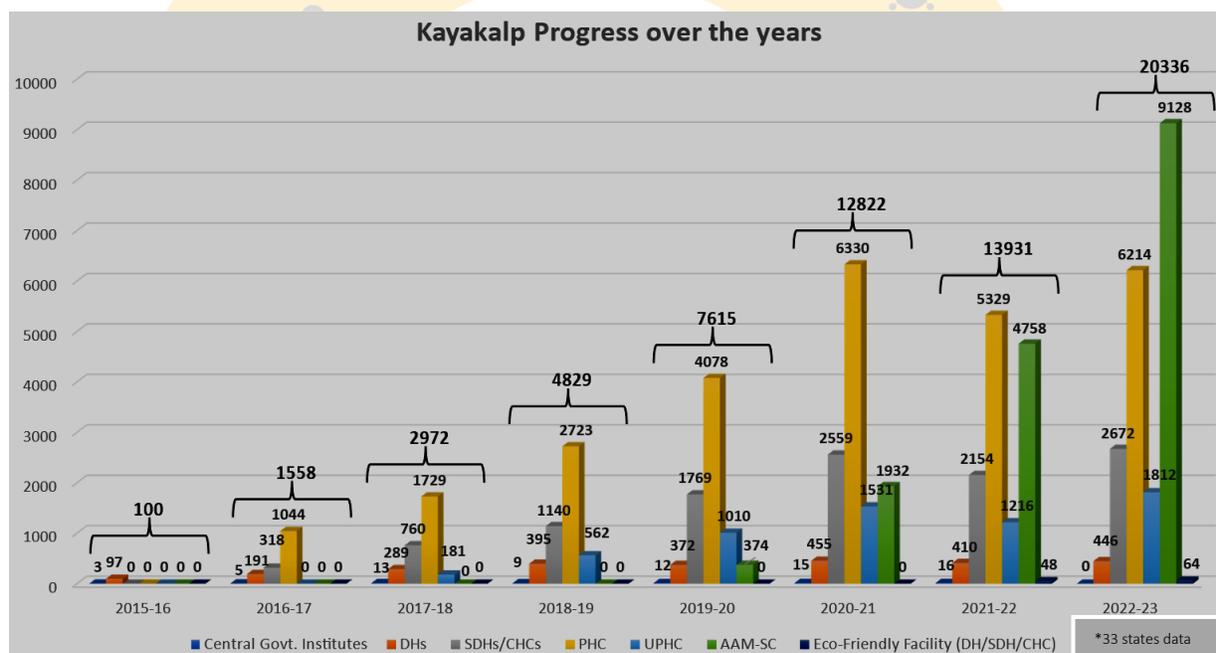


Fig 2.11: Facility type wise breakup of Kayakalp incentivized public health facilities

For the FY 2023-24, the external assessment has been completed and the results are shared by 10 states only (till Dec 2023) i.e. Bihar, Chandigarh, Dadra Nagar Haveli and Daman & Diu, Goa, Gujarat, Haryana, Ladakh, Lakshadweep, Mizoram, and Punjab.

The Eco-friendly theme was incorporated in the Kayakalp initiative in 2021 and 112 healthcare facilities have been incentivized so far. In FY 2021-22, 48 facilities (22 DHs and 26 SDHs/CHCs) were incentivized and in FY 2022-23, 64 facilities (32 DHs and 32 SDHs/CHCs) were incentivized. State wise details of the facilities incentivized in the FY 2022-23 are placed as *Annexure – F*.

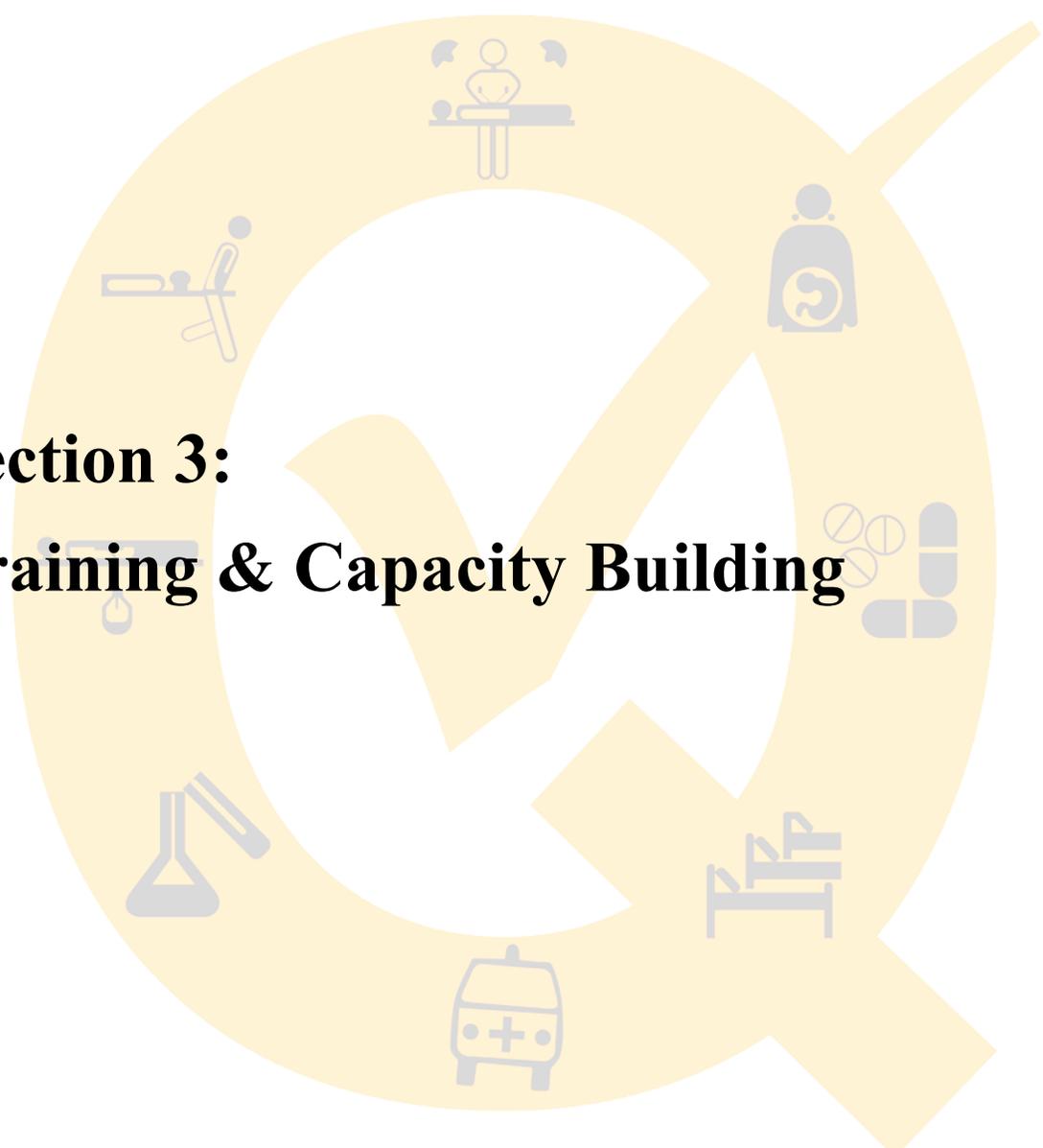


**Facilities incentivized under scheme**

FY 21-22: 48

FY 22-23: 64





**Section 3:**  
**Training & Capacity Building**



## TRAINING AND CAPACITY BUILDING

### I. Trainings under National Quality Assurance Standards

Ensuring the efficiency and growth of a program requires a focus on capacity building, which involves continual improvement of employees' skills, knowledge, and attitudes through relevant trainings. The primary goals of capacity building and training initiatives are to foster the ability at the country level to design, execute, and oversee National Programmes. In the context, since the launch of NQAS in 2013, complete training and capacity-building efforts were undertaken in the country to support the implementation and long-term maintenance of the established standards.

Standardized and customized training modules have been developed for the states based on their requirements and the scope of NQAS. The existing training modules include Awareness Training (01 day), Internal Assessors' Training (02 days), External Assessors' Training (6 days), Service Provider Training (03 days), and thematic training etc.

Till 31<sup>st</sup> December 2023, 670 batches of training have been imparted since the inception of the National Quality Assurance Standards. Table 3.1 shows the details of the number of trainings conducted whereas Fig 3.1 shows the number of trainings conducted under different programmes. A state-wise list of training conducted is placed as *Annexure – G*.

Programme	Type of Training	Number of Trainings (Cumulative)	Number of Trainings (in last 6 months)
NQAS	Awareness Training	45	00
	Internal Assessors' Training	174	1
	Service Provider Training	110	05
	External Assessors' Training	32	04
	Training for AAM (SC)	2	00
	TOT	14	00
	Others including Refresher Trainings	115	00
Kayakalp	Awareness Training	24	00
	Swachh Bharat Abhiyan	22	00
	External Assessors	26	00
NUHM	Awareness Training	14	00
	IA cum SPT	47	00
LaQshya	IA cum SPT	45	00
<b>Total</b>		<b>670</b>	<b>10</b>

Table 3.1 Total number of trainings conducted under National Quality Assurance Standards



**Fig 3.1: Number of trainings under different programmes**

## **NQAS trainings conducted in the last six months (July to December 2023)**

From the last update of the Quality Darpan, 10 batches of training have been conducted in the country under the National Quality Assurance Standards. These include 4 External Assessors’ Trainings (3 in NHSRC, New Delhi and 1 in NE-RRC, Assam), 3 IA cum SPT (Andhra Pradesh, Leh and Jammu), 1 IA ToT model in Uttar Pradesh, 1 NUHM IA cum SPT in Bihar and 1 IA training for AFMS in NHSRC. (Fig 3.2 & Fig 3.3)



**Fig 3.2: Field visit during External Assessors Training**



**Fig 3.3: 3rd Batch of AFMS training**

## Field Visits in the states in the last six months (July to December 2023)

To assess the progress of the National Quality Assurance Standards, field visits are planned to the states for all level of facilities with the objective to know the status preparedness and implementation challenges faced by the facility/district/state team towards achieving the National Quality Assurance Standards certification. In the last six months, eight (08) states (Haryana, Kerala, Odisha, Telangana, Uttar Pradesh, Chandigarh, Jharkhand, and West Bengal) were visited by the NHSRC consultants. Out of these, six (06) states namely, Haryana, Kerala, Odisha, Telangana, Uttar Pradesh, and West Bengal were visited for Aspirational Blocks to review the status and to handhold the blocks for accelerating NQAS certification in them. (Fig 3.4 & 3.5)



Fig 3.4: Hand holding of states during Field visit



Fig 3.5: Field visit to Aspirational Block in UP

## II. Workshops conducted in the last six months (July-Dec 2023)

### A. World Patient Safety Day

On September 15<sup>th</sup>, World Patient Safety Day was observed focusing on the theme of “Engaging Patients for Patients Safety”. The overarching slogan for the event was “Elevate the voice of patients.” The Ministry of Health and family Welfare, Government of India, and NHSRC orchestrated as series of events and initiatives to encourage everyone to learn more about patient safety. In this direction, a week-long **Rogi Suraksha Saptah** – Patient Safety week (11<sup>th</sup>-17<sup>th</sup> September 2023) was planned. A total of 90,30,684 people attended the 1,92,843 Health Melas that were held across 35 states. A series of activities like counselling, yoga sessions, hypertension screening, diabetes screening, oral cancer screening, immunization of pregnant women, children were conducted at the state, district, and block level to orient the implementers at the facility and community level to raise awareness regarding importance of patients and their family’s engagement in health care safety. (Fig 3.7 & 3.8)



Fig 3.6: National Celebration of World Patient Day 2023



Fig 3.7: Home visit for Palliative Care



Fig 3.8: Poster presentation during Health Mela

A national event was hosted at the India Habitat Centre, New Delhi on September 15, 2023, to mark this important day which included taking of Patient Safety Pledge (Fig 3.9), release of Patient Safety IEC material as per the theme of World Patient Safety Day 2023, felicitation of Patient Safety Champions along with Technical Sessions and sharing of the experiences from the representatives of the States. These champions were selected based on the analysis of the SaQushal Patient Safety Assessment Tool for all the DHs and equivalent shared by the states. (IEC material for Patient Safety is attached in *Annexure H* & list of Patient Safety Champions attached in *Annexure I*)



Figure 3.9: Administration of Patient Safety Pledge by Dignitaries and Participants



Figure 3.10: Felicitation of states as Patient Safety Champions

The event was attended by over 250 guests physically and over 900 participants joined virtually on the online platform. The event was digitally telecasted live on NHSRC's YouTube channel gathering over 1.7K views. Among the guests were Mission Directors and representatives from National Health Mission (NHM) from states and UTs, representatives from Ministry of Health and Family Welfare (MoHFW), representatives from academic institutions, development partners, non-governmental organizations (NGOs), International agencies and other esteemed individuals including External Assessors for National Quality Assurance Standards (NQAS).

## B. Virtual Orientation on Aspirational Blocks

A virtual orientation workshop for accelerating NQAS Certification in Aspirational Blocks was organized on 25th August 2023 for all the Quality Nodal Officers across the 31 States/UTs having the Aspirational Blocks. The agenda of this workshop was to orient the participants about the Aspirational Blocks Programme and the NQAS indicators (Percentage of NQAS Certified facilities in the Block) incorporated in it. The participants were briefed about the Aspirational Block Programme along with the status of the NQAS certified health care facilities in these Aspirational Blocks. It was also discussed what roles the States/UTs can play in strengthening and accelerating the NQAS state certification in these Aspirational Blocks. The meeting ended with discussion and probable solutions to the challenges of accelerating the NQAS certification in these Aspirational Blocks.

## C. Two Days Consultative workshop- Aspirational Block Programme

The Aspirational Block Programme (ABP) was launched by Hon'ble Prime Minister during the 2<sup>nd</sup> National Conference of Chief Secretaries. NITI Aayog has identified 500 blocks for rapid improvement across 27 States and 4 UTs of the country.



**Objective-** Improve the Socio-economic indicators, healthcare, education, infrastructure and overall quality of life in the identified Aspirational Blocks.

**Percentage of National Quality Assurance Standards (NQAS) certified facilities in blocks** has been chosen as one of the indicators in the programme.

Under the guidance and support of the Ministry of Health and Family Welfare (MoHFW), the Quality and Patient Safety (QPS) team, in collaboration with the Community Process-Comprehensive Primary Health Care (CP-CPHC) team of the National Health Systems and Resource Centre (NHSRC), New Delhi, held a two-day consultative workshop on improving health indicators in aspirational blocks.

The national workshop was held on December 21 and 22, 2023 at Silver Oak Hall, India Habitat Centre, New Delhi, with the primary goal of focusing on three core indicators of health:

- Percentage of National Quality Assurance Standards (NQAS) certified facilities in the block.
- Percentage of person screened for Hypertension against the targeted population in the block.
- Percentage of person screened for Diabetes against the targeted population in the block.

The purpose of this workshop was to strengthen health systems in aspirational blocks by increasing NQAS certification of health facilities including state certification, and screening and management of Non-communicable Diseases (NCD) with emphasis on the role of Ayushman Aarogya Mandirs with prevention of NCDs.

The workshop was attended by over 200 stakeholders from MoHFW, State Programme Managers Quality Nodal Officers, Nodal Officers of Community Process and Comprehensive Primary Health Care from 19 states, and Development Partners like PATH and USAIDS. The Aspirational Block Programme guide document was formally launched by the distinguished guest and Technical Sessions were held following it (Fig 3.11). Presentations from states on Challenges and Support required from NHSRC (National Health System Resource Centre) and MOHFW (Ministry of Health & Family Welfare) were given by State representatives.

Towards the end of the programme, a Panel discussion was held in 2 parts.

- 1<sup>st</sup> part- focused on challenges faced in usage of NCD portal and its solutions as well as feedback.
- 2<sup>nd</sup> part- focused on strengthening of core indicators of health and Ayushman Aarogya Mandir for Aspirational Block Programme. (Fig 3.12)

**Key Outcome of the workshop were:**

- Orientation of all the stakeholders including the Central Nodal Officers towards the Aspirational Block Programme and the indicators related to non-communicable diseases and National Quality Assurance Standards.
- A two-way communication about the challenges faced in the aspirational blocks and how to overcome them for achieving the targets related to the indicators.
- Launch of Guidance Document for Aspirational Block Programme.



*Fig 3.11: Release of Guiding Document for Aspirational Block Programme*



*Fig 3.12: Panel discussion during Aspirational block Programme*

## **D. Capacity building & strengthening of Hospitals Infection Control to detect and prevent AMR in India.**

Quality & Patient Safety Division of NHC with the support of ICMR and JPN Apex Trauma Centre, AIIMS, New Delhi organised a 3-day online workshop for public hospitals. The workshop covered training on the use of WHO IPCAF tool to assess the IPC capabilities of hospital and Hospital Acquired Infections reporting to strengthen the prevention of Anti-Microbial Resistance (AMR). The faculty of the workshop included the members from ICMR, AIIMS and CDC.

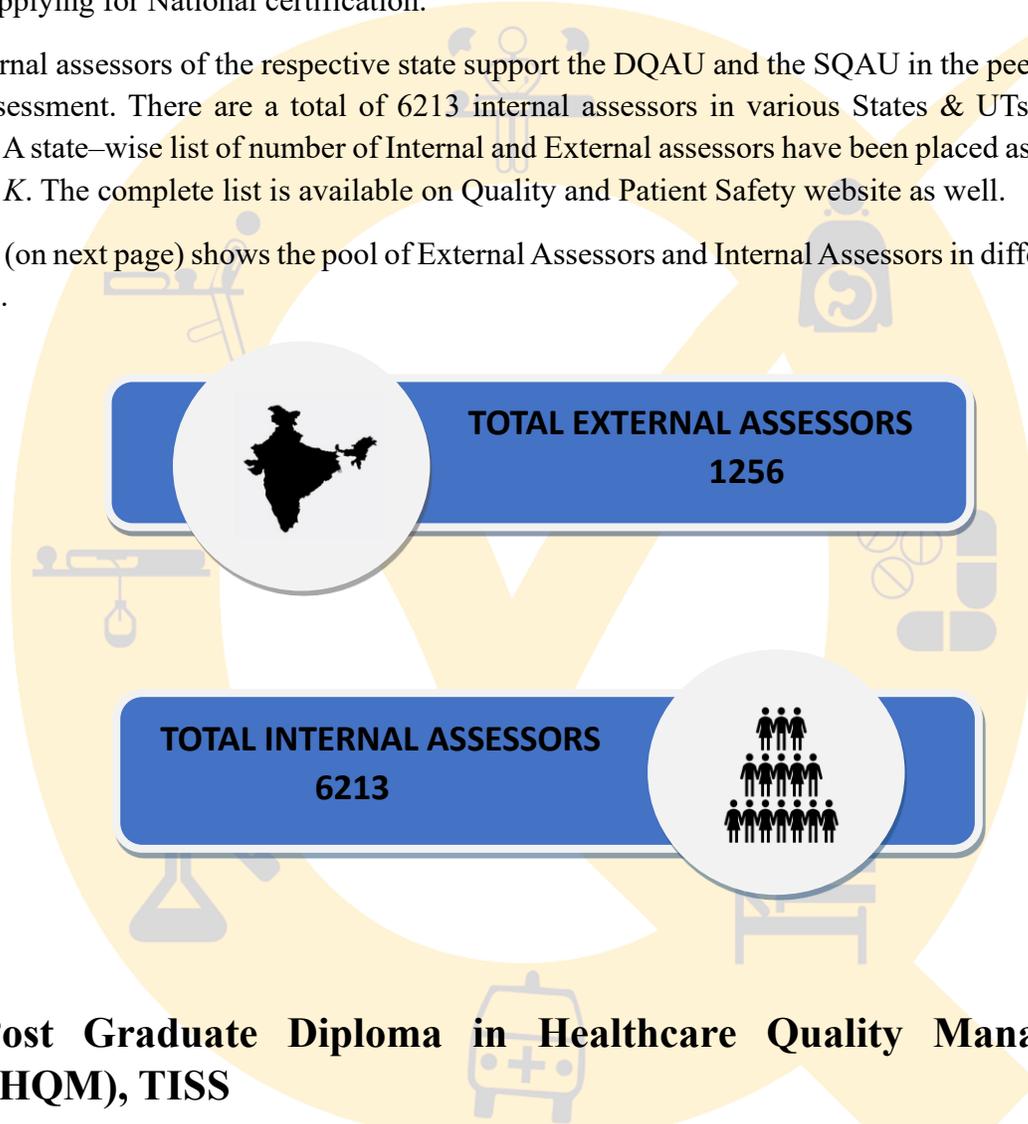
Based on the discussion in the workshop an IPCAF tool-based study of IPC capabilities of the secondary care hospitals was done using an online reporting tool wherein more than 300 hospitals participated, and a report was developed.

### III. Qualified Internal and External Assessors under NQAS

Since the last update of the Quality Darpan, 4 Batches of External Assessors' Training have been conducted. There are a total of 1256 External Assessors in the country from various States & UTs. Each state and UT have their pool of Internal Assessors also. The facility needs to be state certified before applying for National certification.

The internal assessors of the respective state support the DQAU and the SQAU in the peer and state-level assessment. There are a total of 6213 internal assessors in various States & UTs across the country. A state-wise list of number of Internal and External assessors have been placed as *Annexures – J and K*. The complete list is available on Quality and Patient Safety website as well.

Fig 3.13 (on next page) shows the pool of External Assessors and Internal Assessors in different States and UTs.



### IV. Post Graduate Diploma in Healthcare Quality Management (PGDHQM), TISS

NHSRC in collaboration with the Centre for Hospital Management, School of Health Systems Studies, Tata Institute of Social Sciences (TISS), Mumbai has started a Post Graduate Diploma in Healthcare Quality Management (PGDHQM) in the year 2016. Six batches of the course have successfully been completed. Over the years, the demand for these seats has been increasing. As of 31<sup>st</sup> December 2023, 206 professionals have been nominated for supporting the Quality Assurance Programme from various States/UTs. A detailed list is placed at *Annexure – L*.

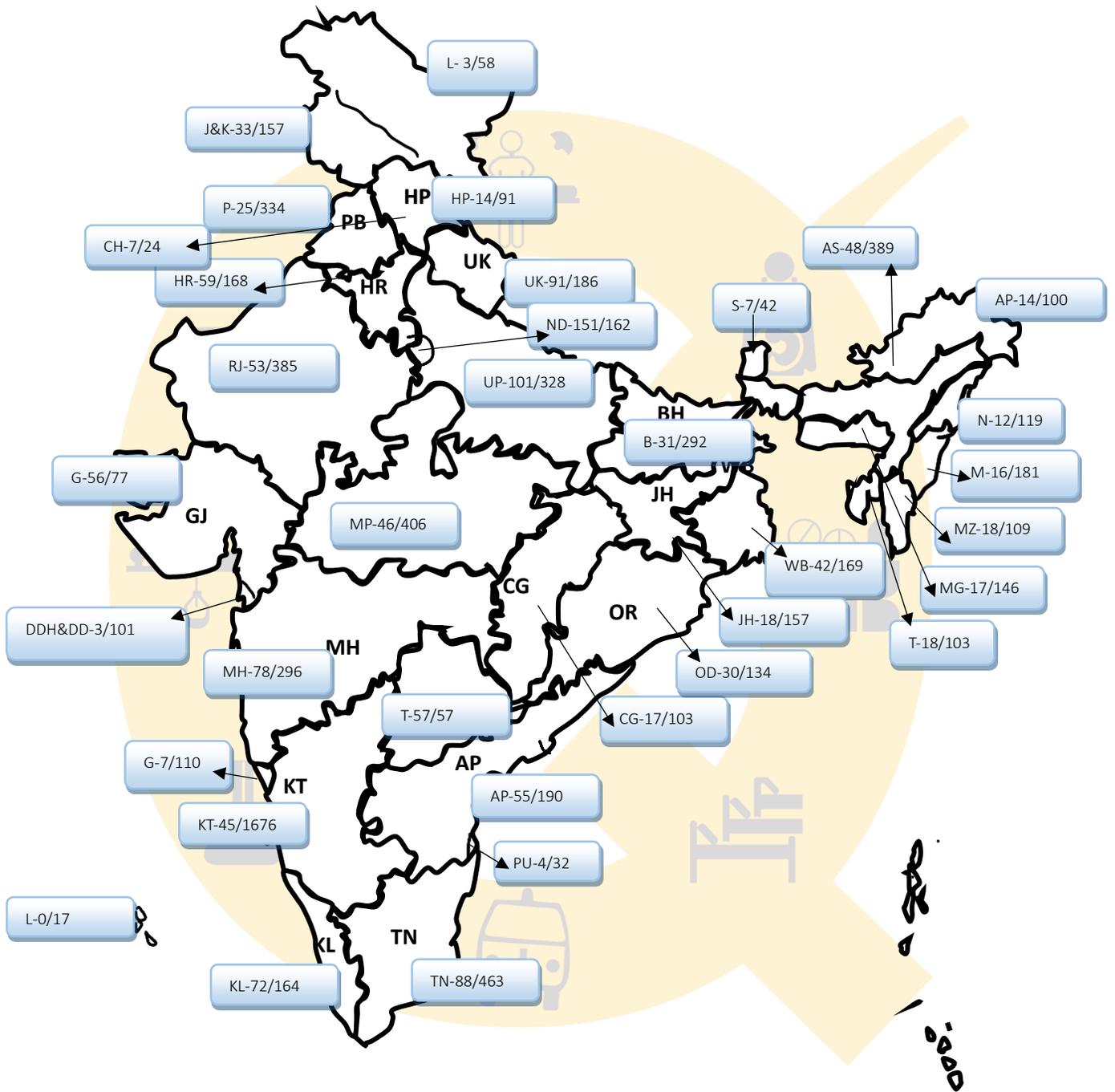
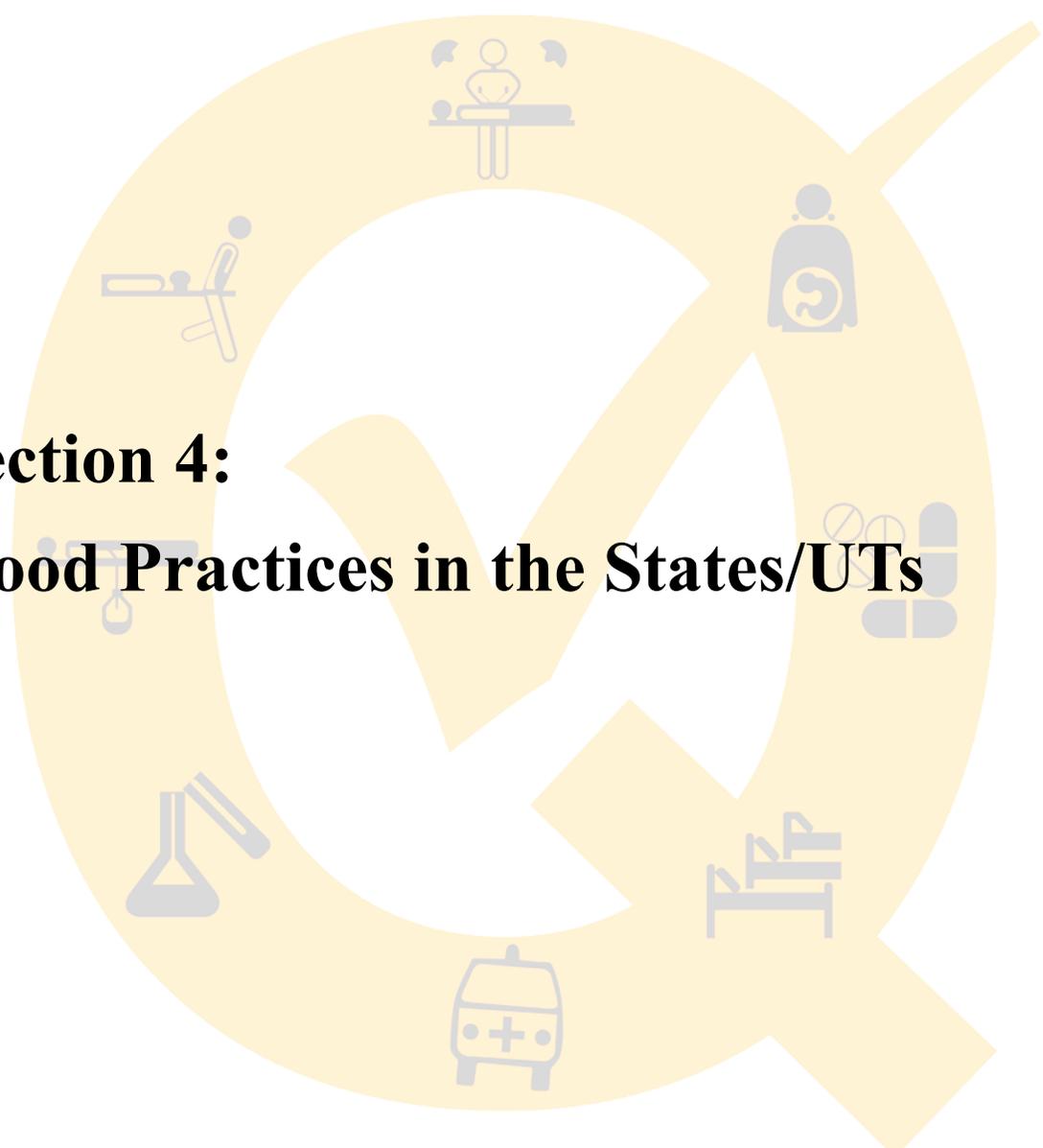


Fig 3.13: Map showing No. of External and Internal Assessors in States





**Section 4:**  
**Good Practices in the States/UTs**



## GOOD PRACTICES IN THE STATES/UTs

### 1. Handholding to Aspirational Blocks - Rajasthan

In the state of Rajasthan, a total of 27 Aspirational blocks were identified, out of which 3 lowest performing blocks were identified for first phase. A 3-day Rigorous training was conducted to orient and sensitize BCMOs, CHOs & Facility in-charge of 3 Aspirational Blocks about NQAS Programme & Kayakalp Programme. Continuous handholding support is provided through Virtual platform.

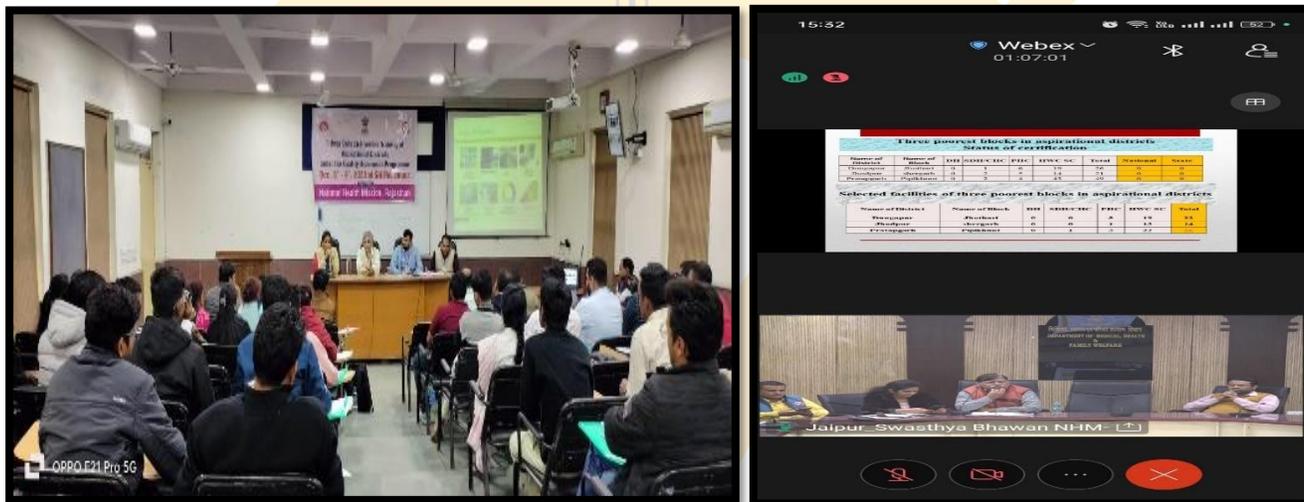


Fig 4.1 : Glimpse from the State orienting staff for NQAS and Kayakalp programme

### 2. Look Alike Drugs – Himachal Pradesh

"Look-alike" and "sound-alike" drugs refer to medications that have similar names or appearances, which can lead to confusion and potential medication errors. This similarity in names or appearances can pose a significant risk to patient safety, as healthcare professionals and patients may inadvertently confuse one drug with another. In the state of Himachal Pradesh, the facility has created a board of Look Alike drugs that shows Medicines which are similar in appearance. This method reduces the chance of error while distributing the drugs.



Fig 4.2 Board prepared for Look Alike Drugs at PHC

### 3. Journey of Quality – West Bengal

West Bengal has made substantial progress in the field of Quality Certification in 2023-24.

In early 2023 West Bengal took some innovative steps to strengthen the Quality Care among all tier of Hospitals as follows:

- Increasing number of External Assessors throughout the state with multi-disciplinary staff.
- Three days orientation training of NQAS among all level of District officials.
- Introduction of MENTOR concept – Twenty-three (23) Mentors have been selected to provide supportive supervision to the identified facilities, who will appear for National Certification.
- The state has conducted 69 ToT model trainings, which include 7 at the state level & 62 at the district level. And also more than 240 batches of “one-day orientation of NQAS” were conducted.

All 27 Districts are assigned among the mentors. The HCFs of the district, which have qualified through State Assessment and will appear for National Assessment will be under mentoring of the concerned mentor of the district. The mentor will handhold the facility team and the District QA Cell and will navigate the entire journey of National Certification.

- Involvement of government civil officers at district level to bridge the gaps between the administrative officers and Medical Officers.
- Hospital performances were reviewed in each, and every month based on the poor performing indicators of KPI.
- Introduction of a Quality Handbook as “Staff Interview Manual” to facilitate the stakeholders so that they can face the questions of the assessors.
- A 40-minute video in local language was made to disseminate the idea of quality assurance among all tiers of staff. A series of videos will be followed to bridge the knowledge gaps, especially on “Quality Management”.
- Focusing of Aspirational blocks to expedite the certification process.
- An award distribution ceremony was held under the chairmanship of the Hon. Principal Secretary to recognize the best performing districts.

## 4. Journey of Quality – Ladakh

In the Union Territory (UT) of Ladakh, the use of best practices in healthcare schemes like Kayakalp and NQAS has greatly enhanced healthcare quality and accessibility. During the Kayakalp & NQAS implementation, certain best practices were used, including:

- **Tailored Training Programs-** Training programs were developed and customized to the unique healthcare challenges and cultural context of Ladakh. This includes exclusive NQAS Orientation of CHOs of both Leh & Kargil districts.
- **Community Engagement-** Local Communities including village health committees, NGOs and traditional healers were involved in health care decision making processes. Awareness campaigns on healthcare best practices, disease prevention and the importance of seeking timely medical care were conducted from time to time.
- **Infrastructure Development-** Timely Investments were made by the health department in improving healthcare infrastructure, especially in remote areas of Ladakh ensuring availability of essential medical equipment, medications and facilities for infection control.
- **Telemedicine and Teleconsultation Services-** Technology was leveraged to provide telemedicine and teleconsultation services, overcoming geographical barriers.
- **Adaptation to local Climate and terrain-** Healthcare facilities and practices are designed in such a way that it can withstand Ladakh's extreme weather and rugged terrain. Guidelines were developed for cold weather healthcare delivery, including protocols for hypothermia and frostbite management.
- **Multisectoral Collaboration-** Initiatives were taken for foster partnerships between healthcare providers, local government agencies, NGOs and other stakeholders to address holistic healthcare needs.
- **Culturally Sensitive Care-** The healthcare providers were trained to understand and respect the cultural practices and beliefs of Ladakhi communities. Language interpreters and cultural mediators were involved to facilitate communication with patients from diverse backgrounds.
- **Continuous Quality Improvement-** Mechanisms were established for ongoing monitoring, evaluation, and feedback to identify areas for improvement in healthcare services.
- **Disaster Preparedness and Response-** A robust disaster preparedness plan was developed considering Ladakh's vulnerability to natural disasters like earthquakes, cloudbursts, and avalanches. Regular drills and training sessions are being conducted to ensure healthcare staff are well prepared to respond to any kind of emergencies.
- **Sustainability and Resource Management-** Multiple sustainable practices were promoted in healthcare delivery such as energy efficient infrastructure, eco-friendly waste disposal methods and recycle of wastes generated from healthcare facilities after proper

treatment & disinfection which helped in reducing the waste generated from the healthcare facilities. Optimization of resource allocation and utilization was done to maximise the impact of available funds and supplies.



**Fig 4.3 Glimpse from the state of Ladakh following some best practices.**

**Outcome:**

- 34 facilities received the incentive under the Kayakalp scheme including 2 Eco-friendly Healthcare facilities (DH Leh & CHC Sankoo).
- 6 facilities got the NQAS State certification.





**Schedule for the STG Lecture series***Annexure – A*

S. No	Topic	Date
1	Dengue Fever	16 <sup>th</sup> Sept 2023
2	Emergency Management of IHD in Primary Health Facilities	21 <sup>st</sup> Oct 2023
3	Managing Birth Asphyxia	18 <sup>th</sup> Nov 2023
4	Approach to Managing Respiratory Disease	16 <sup>th</sup> Dec 2023
5	Pain Management in Terminal Care	20 <sup>th</sup> Jan 2024
6	Skin Infections	17 <sup>th</sup> Feb 2024
7	Musculoskeletal Disorder	16 <sup>th</sup> Mar 2024
8	Nutritional Deficiency in Childhood	20 <sup>th</sup> Apr 2024
9	Early Recognition & Management of Chest Injury	18 <sup>th</sup> May 2024
10	Acute Stroke Management	15 <sup>th</sup> Jun 2024
11	Polycystic Ovarian Syndrome: Challenges of Management	20 <sup>th</sup> Jul 2024
12	Challenges and Opportunities in the Management of TB	17 <sup>th</sup> Aug 2024

**Details of the STG Webinars- 2<sup>nd</sup> Series (Till Dec 2023)**

Topic	Number of Participants attended Lecture Series	Pre test score	Post test score
Dengue Fever	524	11.90	16.70
Emergency Management of IHD in Primary Health Facilities	481	12.40	12.40
Managing Birth Asphyxia	184	10.05	11.72
Approach to Managing Respiratory Disease	159	7.83	10.41
<b>Total</b>	<b>1348</b>		

**NQAS Certification status of Public Healthcare Facilities in India***Annexure- B*

State	DH	SDH	CHC	PHC	UPHC	AAM-SC
Andaman & Nicobar	0	0	0	0	0	0
Andhra Pradesh	11	16	28	463	13	55
Arunachal Pradesh	0	0	0	1	0	3
Assam	3	0	0	8	1	9
Bihar	2	1	0	2	0	0
Chandigarh	1	0	0	0	2	0
Chhattisgarh	15	0	13	57	19	20
Daman & Diu & Dadra & Nagar Haveli	2	1	3	7	0	3
Delhi	8	0	0	0	3	0
Goa	1	1	1	4	0	0
Gujarat	5	2	4	309	55	116
Haryana	14	3	6	94	20	3
Himachal Pradesh	3	2	1	0	0	0
Jammu & Kashmir	3	0	1	5	1	0
Jharkhand	1	1	0	0	0	33
Karnataka	15	10	22	58	37	23
Kerala	6	3	9	127	44	0
Ladakh	0	0	0	0	0	0
Lakshadweep	0	0	0	0	0	0
Madhya Pradesh	27	2	16	46	8	29
Maharashtra	1	1	1	60	2	0
Manipur	2	0	0	1	0	1
Meghalaya	0	0	0	2	0	0
Mizoram	1	0	0	2	1	0
Nagaland	0	0	0	2	3	0
Odisha	5	0	4	26	32	26
Puducherry	0	0	0	0	0	0
Punjab	11	3	4	2	7	21
Rajasthan	6	2	28	90	50	7
Sikkim	0	0	0	2	0	6
Tamil Nadu	24	50	109	320	63	2
Telangana	9	7	10	233	42	56
Tripura	0	1	0	15	2	10
Uttar Pradesh	61	0	41	22	2	58
Uttarakhand	4	2	0	1	0	0
West Bengal	10	11	11	7	33	138
<b>Total</b>	<b>251</b>	<b>119</b>	<b>313</b>	<b>1963</b>	<b>440</b>	<b>618</b>

**Annexure**

(Ref. DO. No. Z- 18015/26/2020-NHM-II, dated 22<sup>nd</sup> September)

**Targets for NQAS certification of Public Health Facilities**

(Denominator – Number of Institutions as per RHS 2019-20)

Level of Health Facilities	Cumulative Certified	Cumulative Certified	Cumulative Certified	Cumulative Certified	Cumulative Certification
	FY 2021-22 (Percentage)	FY 2022-23 (Percentage)	FY 2023-24 (Percentage)	FY 2024-25 (Percentage)	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



**NQAS Certification status for Labour Room & Maternity OT**

Annexure-D

State	Labour Room	Maternity OT
Andhra Pradesh	49	37
Arunachal Pradesh	1	1
Assam	21	12
Bihar	22	12
Chandigarh	4	4
Chhattisgarh	24	22
Delhi	7	6
Daman & Diu and Dadra Nagar Haveli	5	3
Goa	5	4
Gujarat	61	51
Haryana	11	6
Himachal Pradesh	5	4
Jammu & Kashmir	8	8
Jharkhand	10	8
Karnataka	112	108
Kerala	10	9
Madhya Pradesh	132	48
Maharashtra	80	78
Manipur	4	3
Meghalaya	0	1
Mizoram	2	1
Odisha	27	23
Puducherry	2	2
Punjab	12	9
Rajasthan	61	37
Sikkim	1	1
Tamil Nadu	80	78
Telangana	46	36
Tripura	4	3
Uttar Pradesh	70	44
Uttarakhand	12	7
West Bengal	22	19
<b>Total</b>	<b>910</b>	<b>685</b>

**NQAS Certification status for MusQan***Annexure - E*

S.No	Name of the State/UT	DH	SDH	CHC	Total
1	Andhra Pradesh	9	5	8	22
2	Chhattisgarh	2		1	3
3	Bihar	1			1
4	Gujarat	1			1
5	Haryana	2			2
6	Karnataka	11			11
7	Kerala	1			1
8	Madhya Pradesh	15			15
9	Odisha	1			1
10	Rajasthan	1			1
11	Tamil Nadu	3			3
12	Telangana	8	4	3	15
13	Uttar Pradesh	3		2	5
14	West Bengal	3	1		4
<b>Total</b>		<b>61</b>	<b>10</b>	<b>14</b>	<b>85</b>

S. No	Name of State/UT	KAYAKALP WINNER FACILITIES (Scoring more than 70% in Ext Assessment)							Eco-friendly Award winner facilities		Total awarded facilities
		DH	SDH	CHC	PHC	UPHC	UCHC	HC	DH	SDH/CHC	
1	A & N Islands	<b>Result not declared</b>									
2	Andhra Pradesh	8	24	50	541	265	0	2271	1	1	3161
3	Arunachal Pradesh	3	0	10	15	1	0	1	1	1	32
4	Assam	23	7	105	380	30	2	451	1	1	1000
5	Bihar	10	16	54	41	0	0	49	0	0	170
6	Chandigarh	1	1	0	0	0	2	27	1	1	33
7	Chhattisgarh	17	1	44	250	38	0	500	1	1	852
8	DD & DNH	2	1	4	12	0	0	50	1	1	71
9	Delhi	26	3	0	0	93	0	0	1	1	124
10	Goa	1	1	2	6	4	0	6	1	2	23
11	Gujarat	8	26	118	748	131	3	466	1	2	1503
12	Haryana	15	21	49	143	55	4	105	1	1	394
13	Himachal Pradesh	2	10	4	174	3	0	94	1	1	289
14	Jammu and Kashmir	6	0	23	56	7	0	82	1	1	176
15	Ladakh	0	0	4	10	0	0	0	0	0	14
16	Jharkhand	12	1	37	29	12	1	198	1	1	292
17	Karnataka	33	82	106	0	140	8	0	1	1	371
18	Kerala	11	11	12	44	20	0	0	1	1	100
19	Lakshadweep	<b>Result not declared</b>									
20	Madhya Pradesh	33	36	110	238	116	2	243	1	1	780
21	Maharashtra	<b>Result not declared</b>									
22	Manipur	7	0	4	40	6	0	41	0	0	98
23	Meghalaya	3	0	3	11	2	0	9	1	1	30
24	Mizoram	8	2	8	47	8	0	58	1	1	133
25	Nagaland	8	0	7	41	6	0	41	1	0	104
26	Odisha	26	23	194	657	96	6	1410	1	1	2414
27	Puducherry	0	0	0	3	0	0	0	0	0	3
28	Punjab	14	24	46	38	30	0	94	1	1	248
29	Rajasthan	13	8	171	517	0	0	762	1	3	1475

30	Sikkim	3	0	2	19	0	0	97	1	1	<b>123</b>
31	Tamil Nadu	20	162	324	1017	263	12	818	2	1	<b>2619</b>
32	Telangana	14	15	11	306	94	1	292	1	1	<b>735</b>
33	Tripura	4	8	10	45	5	0	119	1	1	<b>193</b>
34	Uttar Pradesh	92	0	327	170	50	0	780	3	1	<b>1423</b>
35	Uttarakhand	10	11	9	40	2	0	64	1	0	<b>137</b>
36	West Bengal	13	56	274	576	294	0	0	1	2	<b>1216</b>
	<b>Total</b>	<b>446</b>	<b>550</b>	<b>2122</b>	<b>6214</b>	<b>1771</b>	<b>41</b>	<b>9128</b>	<b>32</b>	<b>32</b>	<b>20336</b>



**State-wise list of trainings conducted**

**Annexure - G**

State	NQAS							Kayakalp			NUHM		LaQshya	Total
	AT	SPT	IAT	EAT	AAM	ToT	Others	AT	SBA	EAT	AT	IA-SPT	IA-SPT	
A&N Islands	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Andhra Pradesh	1	2	4	0	0	1	1	2	0	1	0	0	4	16
Arunachal Pradesh	0	3	3	0	0	0	0	0	1	0	0	0	1	8
Assam	2	3	4	0	0	0	5	0	0	0	0	1	1	16
Bihar	1	4	9	0	0	0	4	2	4	2	1	3	2	32
Chandigarh	1	0	3	0	0	1	0	0	0	0	0	0	1	6
Chhattisgarh	1	4	3	0	0	1	0	0	0	0	1	0	1	11
DD & DNH	1	1	2	0	0	0	1	0	0	0	0	0	1	6
Delhi	0	0	5	0	0	0	8	1	1	1	0	2	1	19
Goa	0	2	5	0	0	1	0	0	0	0	0	1	1	10
Gujarat	0	7	1	1	1	1	2	1	0	0	0	3	1	18
Haryana	3	2	7	0	0	1	0	1	0	1	1	2	1	19
Himachal Pradesh	1	2	3	0	0	1	1	1	0	0	0	0	0	9
J&K	1	7	7	0	0	0	1	0	1	1	0	0	1	19
Jharkhand	3	3	7	0	0	0	1	1	0	2	0	1	1	19
Karnataka	2	5	4	0	0	0	2	0	0	0	0	3	0	16
Kerala	3	9	5	1	0	1	1	1	1	0	0	0	1	23
Ladakh	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Lakshadweep	1	0	0	0	0	0	0	0	0	0	0	0	0	1
MP	1	8	14	0	0	0	5	1	0	0	0	6	4	39
Maharashtra	0	1	10	0	1	0	2	3	2	2	2	3	5	31
Manipur	0	3	6	0	0	0	0	0	0	2	0	2	1	14
Meghalaya	0	2	5	0	0	0	1	0	0	1	0	1	1	11
Mizoram	0	1	3	0	0	0	0	0	0	0	0	0	0	4
Nagaland	1	0	2	0	0	0	0	0	0	0	0	1	0	4
Odisha	1	8	7	0	0	0	1	0	1	0	4	4	2	28
Puducherry	1	0	2	0	0	0	1	0	1	0	0	0	0	5
Punjab	3	5	7	0	0	1	0	0	0	0	0	1	1	18
Rajasthan	1	5	3	0	0	2	0	2	0	0	0	2	2	17
Sikkim	0	0	3	0	0	0	0	0	0	0	0	0	0	3
Tamil Nadu	1	3	14	1	0	1	2	0	0	0	0	3	2	27
Telangana	1	3	2	0	0	0	0	2	1	1	0	0	3	13
Tripura	1	1	3	0	0	0	0	0	0	1	0	0	1	7
Uttar Pradesh	8	5	8	0	0	1	2	1	6	2	0	3	3	39
Uttarakhand	2	1	4	0	0	1	1	2	3	3	1	3	0	21
West Bengal	2	5	6	0	0	1	6	2	4	1	1	1	1	30
NHSRC	1	1	4	29	0	0	67	1	0	1	3	1	0	108
<b>Total</b>	<b>45</b>	<b>106</b>	<b>177</b>	<b>32</b>	<b>2</b>	<b>15</b>	<b>115</b>	<b>24</b>	<b>26</b>	<b>22</b>	<b>14</b>	<b>47</b>	<b>45</b>	<b>670</b>

**World Patient Safety Day 2023**

**"ENGAGING PATIENTS FOR PATIENT SAFETY"**

**DOCTOR/HEALTHCARE STAFF**

- Inform patient about his/her medical condition.
- Prescribe medication using 7Rs (right patient, right drug, right dose, right time, right route, right reason and right documentation) approach.
- Engage patient/family during the care at health facility.
- Courteous behavior towards patients.
- Do follow-up with patient.

**PATIENTS & FAMILIES**

- Inform your doctor about previous medication history and allergy, if any.
- Follow the treatment plan given by your doctors.
- Inform your doctor regarding any health issue, during treatment.
- Don't share your medicines with others.
- Keep your treatment record safe & handy.

Quality & Patient Safety Division, National Health Systems Resource Centre

**विश्व रोगी सुरक्षा दिवस 2023**

**रोगी की सुरक्षा के लिए रोगी की सहभागिता**

**डॉक्टर और स्वास्थ्य कर्मचारी**

- रोगी को उसकी चिकित्सीय स्थिति के बारे में सूचित करें।
- 7Rs (सही रोगी, सही दवा, सही खुराक, सही समय, सही मार्ग, सही कारण और सही दस्तावेजीकरण) दृष्टिकोण का उपयोग करके दवा लिखें।
- स्वास्थ्य सुविधा में देखभाल के दौरान रोगी/परिवार को शामिल करें।
- मरीजों के प्रति विनम्र व्यवहार करें।
- मरीजों के साथ अनुवर्तन अवश्य करें।

**मरीज़ और परिवार**

- अपने डॉक्टर को अपने पिछले दवा इतिहास और एलर्जी, यदि कोई हो, के बारे में सूचित करें।
- अपने डॉक्टरों द्वारा दी गई उपचार योजना का पालन करें।
- उपचार के दौरान किसी भी स्वास्थ्य समस्या के बारे में अपने डॉक्टर को सूचित करें।
- अपनी दवाएँ दूसरों के साथ साझा न करें।
- अपने उपचार अभिलेख को सुरक्षित एवं सुविधाजनक रखें।

Quality & Patient Safety Division, National Health Systems Resource Centre

**World Patient Safety Day 2023**

**आपकी भागीदारी, आपकी सुरक्षा**

“रोगी और चिकित्सक की भागीदारी, पूरी करेगी रोगी सुरक्षा की जिम्मेदारी”

Quality & Patient Safety Division, National Health Systems Resource Centre

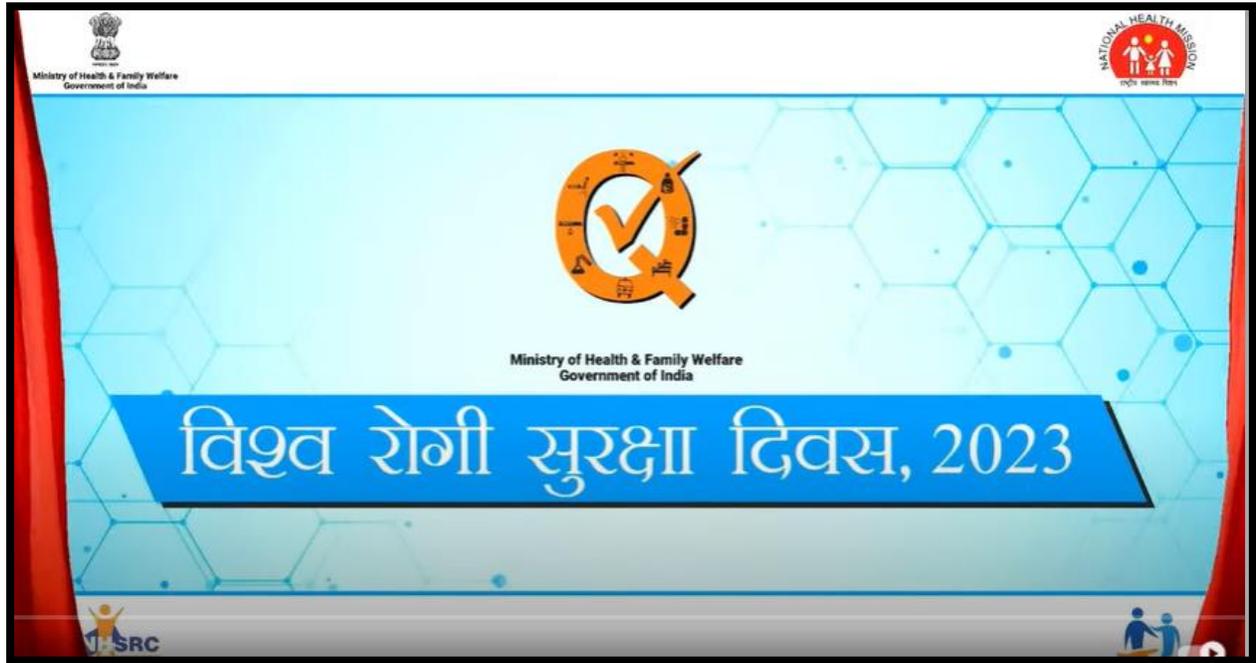
**World Patient Safety Day 2023**

**आपकी भागीदारी, आपकी सुरक्षा**

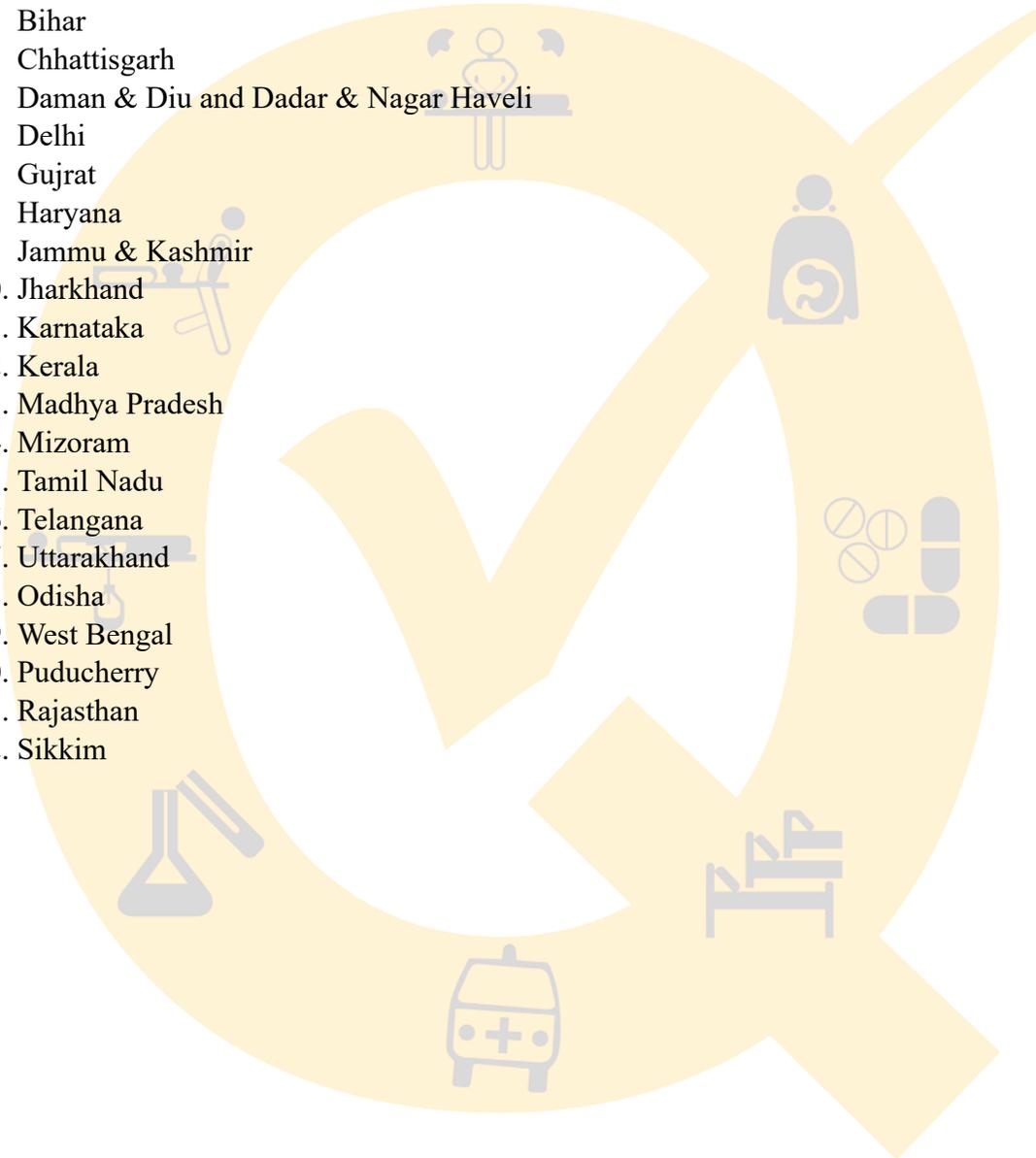
“रोगी और चिकित्सक की भागीदारी, पूरी करेगी रोगी सुरक्षा की जिम्मेदारी”

Quality & Patient Safety Division, National Health Systems Resource Centre

Screen shot of Patient Safety Video



1. Andhra Pradesh
2. Assam
3. Bihar
4. Chhattisgarh
5. Daman & Diu and Dadar & Nagar Haveli
6. Delhi
7. Gujrat
8. Haryana
9. Jammu & Kashmir
10. Jharkhand
11. Karnataka
12. Kerala
13. Madhya Pradesh
14. Mizoram
15. Tamil Nadu
16. Telangana
17. Uttarakhand
18. Odisha
19. West Bengal
20. Puducherry
21. Rajasthan
22. Sikkim



**State-wise list of Internal Assessors***Annexure - J*

Sl. No	Name of State/ UT's	Total number of Internal Assessors
1	Andhra Pradesh	190
2	Arunachal Pradesh	100
3	Assam	389
4	Bihar	292
5	Chandigarh	24
6	Chhattisgarh	103
7	Dadar and Nagar Haveli	86
8	Daman & Diu	15
9	Delhi	162
10	Goa	110
11	Gujarat	77
12	Haryana	168
13	Himachal Pradesh	91
14	Jharkhand	157
15	Jammu & Kashmir	198
16	Karnataka	167
17	Kerala	164
18	Ladakh	58
19	Lakshadweep	17
20	Madhya Pradesh	406
21	Maharashtra	296
22	Meghalaya	146
23	Manipur	181
24	Mizoram	109
25	Nagaland	119
26	Odisha	134
27	Puducherry	32
28	Punjab	334
29	Rajasthan	385
30	Sikkim	42
31	Tamil Nadu	463
32	Telangana	57
33	Tripura	103
34	Uttar Pradesh	328
35	Uttarakhand	186
36	West Bengal	169
37	NHSRC	21
38	AFMS Officers	108
39	Development Partners	27
<b>Total Internal Assessors</b>		<b>6213</b>

**State-wise list of External Assessors***Annexure - K*

S.No	Name of State/UTs	Total number of External Assessors
1	Andhra Pradesh	55
2	Arunachal Pradesh	14
3	Assam	48
4	Bihar	31
5	Chandigarh	7
6	Chhattisgarh	17
7	Daman & Diu & Dadar and Nagar Haveli	3
8	Delhi	151
9	Goa	7
10	Gujarat	56
11	Haryana	59
12	Himachal Pradesh	14
13	Jharkhand	18
14	Jammu & Kashmir	35
15	Karnataka	45
16	Kerala	72
17	Ladakh	3
18	Lakshadweep	0
19	Madhya Pradesh	46
20	Maharashtra	78
21	Meghalaya	17
22	Manipur	16
23	Mizoram	18
24	Nagaland	12
25	Odisha	30
26	Puducherry	4
27	Punjab	25
28	Rajasthan	53
29	Sikkim	7
30	Tamil Nadu	88
31	Telangana	57
32	Tripura	18
33	Uttar Pradesh	101
34	Uttarakhand	9
35	West Bengal	42
<b>Total External Assessors</b>		<b>1256</b>

**State-wise list of TISS PGDHQM Professionals**

*Annexure - L*

S. No	State/UT	2016-17	2017-18	2018-19	2019-20	2020-21	2022-23	2023-24	Total
1	Andaman and Nicobar	0	0	1	0	0	0	0	1
2	Bihar	4	2	3	2	3	3	4	21
3	Chhattisgarh	1	0	0	0	0	0	0	1
4	Delhi	2	2	2	2	2	0	2	12
5	Gujarat	0	0	0	0	2	3	2	7
6	Himachal Pradesh	0	0	2	0	0	2	2	6
7	Jammu and Kashmir	0	3	0	3	0	0	0	6
8	Jharkhand	2	2	2	2	2	2	0	12
9	Karnataka	0	1	0	3	0	0	0	4
10	Kerala	0	1	0	5	0	0	0	6
11	Madhya Pradesh	4	0	2	3	5	0	0	14
12	Maharashtra	0	0	4	4	4	3	0	15
13	Manipur	0	0	1	2	2	0	0	5
14	Meghalaya	0	0	0	0	0	0	1	1
15	Mizoram	1	0	0	0	0	0	0	1
16	Nagaland	0	0	0	0	1	0	0	1
17	Odisha	3	3	3	2	4	10	26	51
18	Punjab	2	2	0	0	0	0	0	4
19	Rajasthan	0	0	2	2	3	3	3	13
20	Telangana	0	1	2	0	0	0	0	3
21	Uttarakhand	2	2	2	2	0	2	2	12
22	Uttar Pradesh	0	0	0	0	0	0	4	4
23	West Bengal	0	0	0	0	0	3	3	6
<b>Total</b>		<b>21</b>	<b>19</b>	<b>26</b>	<b>32</b>	<b>28</b>	<b>31</b>	<b>49</b>	<b>206</b>

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