





## Strategies for Accelerating NQAS Certification in Aspirational Block

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To ensure UHC, Gujarat state took the aspiring challenge to operationalize Ayushman Arogya Mandir followed by NQAS certification. The facility acts as a learning center for other Ayushman Arogya Mandir's and motivation to achieve NQAS national-level certification.

Community engagement activities include HBNC visits, PMJAY card distribution, oral school camps, ENT , mental health care & counselling





Development of garden with acupuncture facilities and open gym equipment

All 12 Services packages are operational at the centre.



### Distribution of Level of Health facilities in Aspirational Blocks

District Hospitals
Sub-District Hospitals
Community Health Centres
Primary Health Centres
Ayushman Arogya Mandir





Ayushman Arogya Mandir in Aspirational Blocks



### **NQAS Certification in Aspirational Block**

Level of Facility	Total Facilities as per HMIS	Targeted facilities (till March 2026)	Nationally Certified	State Certified	Total Certified
District Hospital	23	14	2	3	5
Sub District Hospital	86	52	2	4	6
Community Health Centre	718	431	18	9	27
HWC-PHC/PHC	2134	1280	59	45	104
HWC-SC/SC	12959	7775	29	73	102
Total	15920	9552	110	134	244



We must ensure quality at all levels of our health facilities, i.e., Health & Wellness Centres (HWCs), Community Health Centres (CHCs), District Hospitals, Medical College Hospitals, etc. In all big health sector institutions, technology security and cyber security must be ensured through technology audits and cyber security audits.

#### Direction of Hon'ble PM in Chief Secretaries Conference in Jan 2023



### FUNCTIONAL CRITERIA OF AYUSHMAN AROGYA MANDIR



## **Prioritization criteria for NQAS certification**



\*Criteria for Prioritization of NQAS certification: Facilities fulfilling a minimum 3 out of 4

### Assessments under NQAS Framework



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

Internal Assessment

### District Assessment

- By District Teams
- On Quarterly basis
- Support the facility for closing gaps

- By State/ District Team
- At least once in year Initial & Surveillance
- At least one experienced NQAS Internal Assessors from another district

State Certification Assessment\*

\* May be decentralised to Districts

### Actions needs to be taken at State Level ASSESSMENT Sustenance of Review Manage the Analysis of the Create Pool of Create the State

complete assessments Analysis of the reports submitted by assessors & feedback submitted Review Quarterly KPIs & Utilize in decision making

Create Pool of Quality Professionals Create the State Level bench-marks for KPIs Sustenance of Quality Certification Status



## **Strategic Interventions**









## **Gap Analysis Format**

S. No.	Gap Statement	Measurable Element No.	Gap Classification	Gap Severity Rating
1.				
2.				
3.				
4.				
5.				
6.				



### **PICK Chart**





## **Action Plan**









## **Medical Colleges**



Source-https://pib.gov.in/

#### **SCHEDULE I**

#### [See rules 3 (e), 4(b), 7(1), 7(2), 7(5), 7 (6) and 8(2)]

#### Part-1

## Biomedical waste categories and their segregation, collection, treatment, processing and disposal options

Category	Type of Waste	Type of Bag or Container to be used	Treatment and Disposal options
(1)	(2)	(3)	(4)
Yellow	(c) Soiled Waste: Items contaminated with blood, body fluids like dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.		Incineration or Plasma Pyrolysis or deep burial <sup>*</sup> In absence of above facilities, autoclaving or micro-waving/ hydroclaving followed by shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent for energy recovery.

\*Disposal by deep burial is permitted only in rural or remote areas where there is no access to common bio medical waste treatment facility. This will be carried out with prior approval from the prescribed authority and as per the Standards specified in Schedule-III. The deep burial facility shall be located as per the provisions and guidelines issued by Central Pollution Control Board from time to time.

## Meeting Fire Safety Requirements at Primary Health Facilities

- Placing Right type Fire Appliances at the correct locations
- Training to use the appliances
- Unobstructed 'Fire Exit' signage & Mock-drills
- Fire plan for > 1-floor structure to be vetted by the fire officer

## **Key Actions**

- Short-listing of Facilities
- Identification of 'Quality Champions'
- Operationalisation of JAS
- PRI support
- Creating 'Models' and replicate them
- Competition in Districts
- Strengthening the State NQAS Certification

### **State Certification**





# **THANKS!**



