NATIONAL QUALITY ASSURANCE STANDARD

Area of Concern – G

(Quality Management)

(गुणवत्ता प्रबंधन)

STANDARDS IN AREA OF CONCERN - G

Standard **G1**	**Organizational framework** for quality improvement	गुणवत्ता सुधार के लिए संगठनात्मक ढांचा
Standard **G2**	System for **patient and employee satisfaction**	रोगी और कर्मचारी संतुष्टि प्रणाली
Standard **G3**	**Standard Operating Procedures** for all key processes and support services	प्रमुख प्रक्रियाओं के लिए मानक संचालन प्रक्रिया (SOPs)
Standard **G4**	**Periodic review** of clinical, support and quality management processes	नैदानिक/सहायक प्रक्रियाओं की आवधिक समीक्षा
Standard **G5**	Mission, Values, **Quality policy and Objectives**,	मिशन, मूल्य, गुणवत्ता नीति, और उद्देश्य

Standard G1	The facility has established organizational framework for quality improvement.
	संस्थान में गुणवत्ता सुधार के लिए एक संगठनात्मक ढांचा स्थापित है।

STANDARD G1 – Implementation Points

- **Quality Team formation** – CHO, ANM / Staff Nurse, MPW & ASHA

- Monthly **meeting and review** of activities with minutes.

- Review performance of **Outcome Indicators**.

- Review and update **work plan** as per requirement

- Review of **Kayakalp and NQAS** Internal & External Assessment results

- Gap identification and **time bound action plan** development

- Identify **issues to be raised in PHC** review meeting

- CHO, ANM/स्टाफ नर्स, MPW, और ASHA के साथ गुणवत्ता टीम बनाएं।

- गतिविधियों की समीक्षा, मिनट्स दर्ज करने, और कार्यों को ट्रैक करने के लिए मासिक बैठकें करें।

- Outcome Indicators की समीक्षा करें।

- प्रदर्शन और आवश्यकताओं के आधार पर कार्य योजनाएं अपडेट करें।

- Kayakalp/NQAS मूल्यांकन परिणामों की समीक्षा करें,

- कमियों को चिह्नित करें, और समयबद्ध कार्य योजनाएं बनाएं।

- PHC समीक्षा बैठकों के लिए मुद्दे चिह्नित करें।

Order

With an aim to provide Quality Assurance services, a "Quality Team" of .... (Name of the HWC SC) has been constituted with the following members. The team will conduct meeting on monthly basis or as and when required with the below-mentioned scopes/responsibility: -

Members	Name	Designation
Chairperson		Community Health Officer/MLHP
Convenor		Staff Nurse
Member		Staff Nurse
Member		Staff Nurse
Member		Multi -Purpose Worker (MPW)
Member		ASHA Facilitator
Member		
Member		
Member		
Member		
Member		
Scope/Responsibilities	- To conduct monthly QA meetings and review its activities - Ensure that regular monitoring of the follow up action has to be done by a responsible person. - Ensuring monthly reporting and review of KPI - Conduct the Client Satisfaction Survey at HWC and Community (VHSND, PSG etc) on monthly basis - Quarterly internal assessment under NQAS & Kayakalp followed by action plan etc. - Ensure cleanliness, hygiene and infection control practices are being followed. - Identify the issues, if any need to be addressed at Mother PHC review meeting	

Copy to:
1. Medical Officer I/C of Mother PHC
2. Jt. DHS/District-Nodal Officer-QA
3. All member concerned
4. Office Copy

Signature:
Name:
Community Health Officer
Name of AAM SC:
Seal:

Standard G2	The facility has established system for patient and employee satisfaction
	संस्थान में मरीजों एवं कर्मचारियों की संतुष्टि सुनिश्चित करने की प्रणाली स्थापित है।

STANDARD G2 – Implementation Points

- Train staff on collecting **unbiased feedback** from patients and beneficiaries.

- Conduct regular client **satisfaction surveys** using standardized **format**

- **Analyze** survey results to identify **low-performing attributes** (e.g., long waiting times, staff behavior).

- Develop **corrective action plans** based on analysis (e.g., staff training, process optimization).

- Ensure feedback mechanisms are **accessible** (e.g., suggestion boxes, anonymous surveys).

- रोगियों/लाभार्थी से निष्पक्ष प्रतिक्रिया एकत्र करने के लिए कर्मचारियों को प्रशिक्षित करें।

- मानकीकृत format का उपयोग कर सर्वेक्षण करें।

- कम प्रदर्शन वाले क्षेत्रों को चिह्नित करने के लिए परिणामों का विश्लेषण करें।

- कमियों को चिह्नित करें, और

- समयबद्ध कार्य योजनाएं बनाएं

- सुझाव बॉक्स जैसे प्रतिक्रिया तंत्र की सरल उपलब्धता सुनिश्चित करें।

OPD Patient Feedback Format

Dear Client,

You have spent your valuable time in the hospital in connection with your / relative's/ friend's treatment. You are requested to share your opinion about the quality of services, which you experienced, while visiting the hospital. The information provided by you would be kept confidential and would only be used for improving the services.

Please tick the appropriate box and drop the questionnaire in the Suggestion box

Sl. No.	Attributes	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
1	Availability of sufficient information in Hospital (Directional & location signages, Registration counter, Laboratory, Radiology Department, Dispensary, etc.)					
2	Waiting time at the registration counter					
3	Behaviour and attitude of Hospital Staff					
4	Amenities in waiting area (chairs, fans, drinking water and cleanliness of bathrooms & toilets)					
5	Attitude & communication of Doctors					
6	Time spent on consulting, examination and counselling					
7	Availability of Lab and Radiology investigation facilities within the hospital					
8	Promptness at medicine distribution counter					
9	Availability of prescribed drugs at the hospital dispensary					
10	Your overall satisfaction during the visit to the hospital					

1. What improvement would you like to see in the hospital?

2. What made you come to this hospital for treatment?

3. Would you like to return to this hospital next time for treatment?

4. Your valuable suggestions

Date _____   Clinic_____ Age _____Sex_____

PHC XYZ, PATIENT SATISFACTION SCORE, Jan'2019

S. No	Attributes	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	P14	P15	P16	P17	P18	P19	P20	P21	P22	P23	P24	P25	P26	P27	P28	P29	P30	AVERAGE
1.	Availability of sufficient information in Hospital (Directional & Location signages, Registration counter, Laboratory, Radiology Department, Dispensary, etc)	5	3	3	5	2	5	5	4	5	5	3	5	5	2	2	3	4	5	2	5	2	2	3	2	5	2	3	3	5	5	3.7
2.	Waiting time at the registration counter	2	2	3	2	5	3	4	5	4	4	2	5	2	5	2	3	2	5	3	5	2	5	5	1	5	1	5	2	2		3.3
3.	Behaviour and attitude of Hospital Staff	5	5	5	5	5	5	5	4	5	5	5	4	5	5	5	5	4	4	5	4	5	4	5	4	5	5	4	5	5	5	4.7
4.	Amenities in waiting area (chairs, fans, drinking water and cleanliness of bathrooms & toilets)	5	5	5	5	5	5	5	5	5	3	5	5	4	5	3	5	4	3	5	5	5	5	5	4	4	4	4	4	4	4	4.5
5.	Attitude & communication of Doctors	5	5	4	5	5	5	3	4	5	5	5	3	5	3	5	5	5	5	4	5	5	4	5	4	5	5	5	5	5	5	4.6
6.	Time spent on consulting, examination and counselling	5	5	5	2	5	5	5	5	3	5	5	4	5	3	5	5	5	4	5	5	5	5	4	5	4	5	5	5	5	5	4.6
7.	Availability of Lab and Radiology investigation facilities within the hospital	5	5	5	5	5	5	4	5	4	5	5	5	5	4	5	5	5	5	4	5	3	5	4	5	3	5	5	5	5	5	4.7
8.	Promptness at Medicine distribution counter	5	3	5	5	3	5	5	5	3	5	5	5	3	5	5	3	5	2	5	5	2	5	5	5	5	5	2	5	5	5	4.4
9.	Availability of prescribed drugs at the hospital	5	5	5	5	4	4	1	5	2	1	5	5	1	5	5	1	5	5	5	5	5	5	3	5	5	5	3	5	5	4	4.1
10.	Your overall satisfaction during the visit to the hospital	3	5	5	5	5	4	5	4	5	4	5	4	5	5	3	5	5	3	3	5	3	5	3	5	5	3	5	3	5	3	4.3

4.3

CAPA Report on Low Performing Attributes in the Patient Satisfaction Survey

Sl. No.	Low Performing Attributes of PSS	score of the month	Corrective & preventive Action	Responsibility	Timeline	Score in next month
1	Waiting time at the registration counter	3.3	Reduce the waiting time of patient registration by following proper que system & increasing staff at registration counter	Facility Incharge	05-02-2019	
2	Availability of sufficient information in Hospital (Directional & location signages, Registration counter, Laboratory, Radiology Department,	3.7		Facility Incharge	05-02-2019	

Standard G3	The facility has established, documented, implemented and updated **Standard Operating Procedures for all key processes** and support services.
	संस्थान में सभी प्रमुख प्रक्रियाओं एवं सहायक सेवाओं के लिए SOP (मानक संचालन प्रक्रिया) का दस्तावेजीकरण, क्रियान्वयन और अद्तन किया गया है।

STANDARD G3 – Implementation Points

- Availability of up-to-date **Work instructions** for the available service package in the facility

- Eg.:RMNCHA, NCDs, CDs, Mental health, ENT problems, Oral, Elderly & palliative care, referrals mechanisms, BMW, AEFI, RDK etc.

- Update WI/SOPs based on new guidelines or feedback.

- सभी नैदानिक प्रक्रियाओं के लिए अद्यतन कार्य निर्देश (Work Instruction) उपलब्ध हों।

- Eg.:RMNCHA, NCDs, CDs, Mental health, ENT problems, Oral, Elderly & palliative care, referrals mechanisms, BMW, AEFI, RDK etc.

- सुनिश्चित करें कि WI/ SOPs अद्यतन, सुलभ, और सरल भाषा में हों।

- नए दिशानिर्देशों या प्रतिक्रिया के आधार पर WI/ SOPs अपडेट करें।

Page 1:

Work Instruction for Management of Common NCDs	
Document No : CNCD/HWC-SC/.../.	Date of Issue : ----------------
Version/Issue No: 01	Effective Date : ------------------

Work Instruction

For

Management of Common NCDs

HWC-HSCs

The signatures below certify that this procedure has been reviewed and approved, and demonstrate that the Signatories are aware of all the requirements contained herein and are committed to ensuring their provision.

Page 2:

	Name	Position	Signature
Prepared By			
Approved By			

Amendment Note:

This procedure is reviewed to ensure its continuing relevance to the systems and process

Page No	Context	Revision	Date

Note: *Prior to use, ensure this document is the most recent issued*
that it describes. A record of contextual additions or omissions is given below:

Page 3:

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Sample Work Instruction Format

| **Standard G4** | The facility has established system of **periodic review** of clinical, support and quality management processes. |
| | संस्थान में नैदानिक, सहायक और गुणवत्ता प्रबंधन प्रक्रियाओं की **नियमित समीक्षा** की प्रणाली है। |

STANDARD G4 – Implementation Points

- Service Delivery and Performance review visit, and addressing the gaps observed.
  - Monthly – PHC Medical Officer
  - Quarterly - Block Nodal Officer
  - Biannual - District Nodal Officer
- Periodic assessment using Kayakalp Checklist (Quarterly) and NQAS Checklist (Biannual)

- सेवा/प्रदर्शन अधिकारियों द्वारा समीक्षा करें।
  - मासिक - PHC चिकित्सा अधिकारी
  - त्रैमासिक - ब्लॉक नोडल अधिकारियों
  - अर्धवार्षिक - जिला नोडल अधिकारियों
- कमियों को बंद करने के लिए कार्य योजनाओं का पालन करें।
- त्रैमासिक Kayakalp और हर छह महीने में NQAS चेकलिस्ट का उपयोग करें।

STANDARD G4 – Implementation Points

- **Non-compliances** of Internal Assessment NQAS / Kayakalp Checklists are recorded

- Gaps identified and **time bound action plan** prepared

- **Root Cause Analysis** done - Brainstorming, Fishbone analysis, Why-Why analysis

- Improvement on identified non-compliances is ensured using **PDCA** approach

- NQAS/Kayakalp की कमियों को चिहिनत कर व्यवस्थित रूप से दर्ज करें।

- कमियों के मूल कारण विश्लेषण करे। (Brainstorming, Fishbone analysis, Why-Why analysis etc.)

- समयबद्ध कार्य योजनाएं विकसित करें।

- सुधार के लिए PDCA का उपयोग करें।

- टीम सहयोग को प्रोत्साहित करें।

Gap statement	Root causes	Actions required	Responsibility	Time framework	End of the month status
No System of Taking clients Feedback	Feedback form is not available	A Client feedback form in local language will be developed	CHO/MO	10th July 2025	Open/ Closed

Sample Action Plan

Standard G5	Facility has defined Mission, Values, **Quality policy and Objectives**, and approved plan to achieve them.
	संस्थान ने अपना मिशन, मूल्य, **गुणवत्ता नीति एवं उद्देश्य** परिभाषित किया है और इसे प्राप्त करने की योजना स्वीकृत की गई है।

STANDARD G5 – Implementation Points

- Quality Policy is **defined**, **displayed** in local language and staff are **aware**.

- "SMART" quality objectives are defined (**S**-Specific, **M**-Measurable, **A**-Attainable, **R**-Relevant, **T**-Timely)

- System for **monitoring** of performance towards quality objectives

- गुणवत्ता नीति को परिभाषित करें और स्थानीय भाषा में प्रदर्शित करें; कर्मचारी जागरूकता सुनिश्चित करें।

- SMART (विशिष्ट, मापनीय, प्राप्त करने योग्य, प्रासंगिक, समयबद्ध) गुणवत्ता उद्देश्य निर्धारित करें।

- मासिक समीक्षा के माध्यम से गुणवत्ता उद्देश्यों की ओर प्रगति की निगरानी करें।

Example: Quality policy

"We shall strive to provide preventive, promotive and primary level of curative healthcare services to the people in the region with sustained efforts to ensure that it is equitable, affordable, accountable and responsive to the people needs, with in limitation of its resources"

or

"We are committed to delight the end users of our services by efficient service delivery"

Example: Quality Objectives

Decrease the drop out rate for pentavalent immunization by 'a%' in 'b' month

Increasing PSS score to 'g%' in 'h' months

"Quality is not an act, it is a Habit"

-Aristotle

Thank you