



SaQushal: Learning and Way Forward

**“Safe Care for every Newborn and every
Child”**

“Patient Safety from the Start”



Burden of Unsafe Care

*Each year, 2.3 million newborns die globally, with about 15% due to sepsis. The Lancet Commission estimates that 60% of these deaths are preventable through safe, clean, and respectful care

**Study of a paediatric general surgery service: among 64 patients, 108 errors were identified; in about one-third of the patients, these errors led to adverse outcomes.

\$In 2018, an estimated 0.6 million newborns died in India due to preterm birth, neonatal infections, intra-partum related complications/ birth asphyxia and congenital malformations. Eighty percent of these deaths were preventable.

#A study of 3,390 deaths in high-mortality sites across sub- Africa and South Asia found that 77% were potentially preventable. Measures to prevent deaths were improvements in antenatal and obstetric care, clinical management and quality of care, health-seeking behaviour, and health education



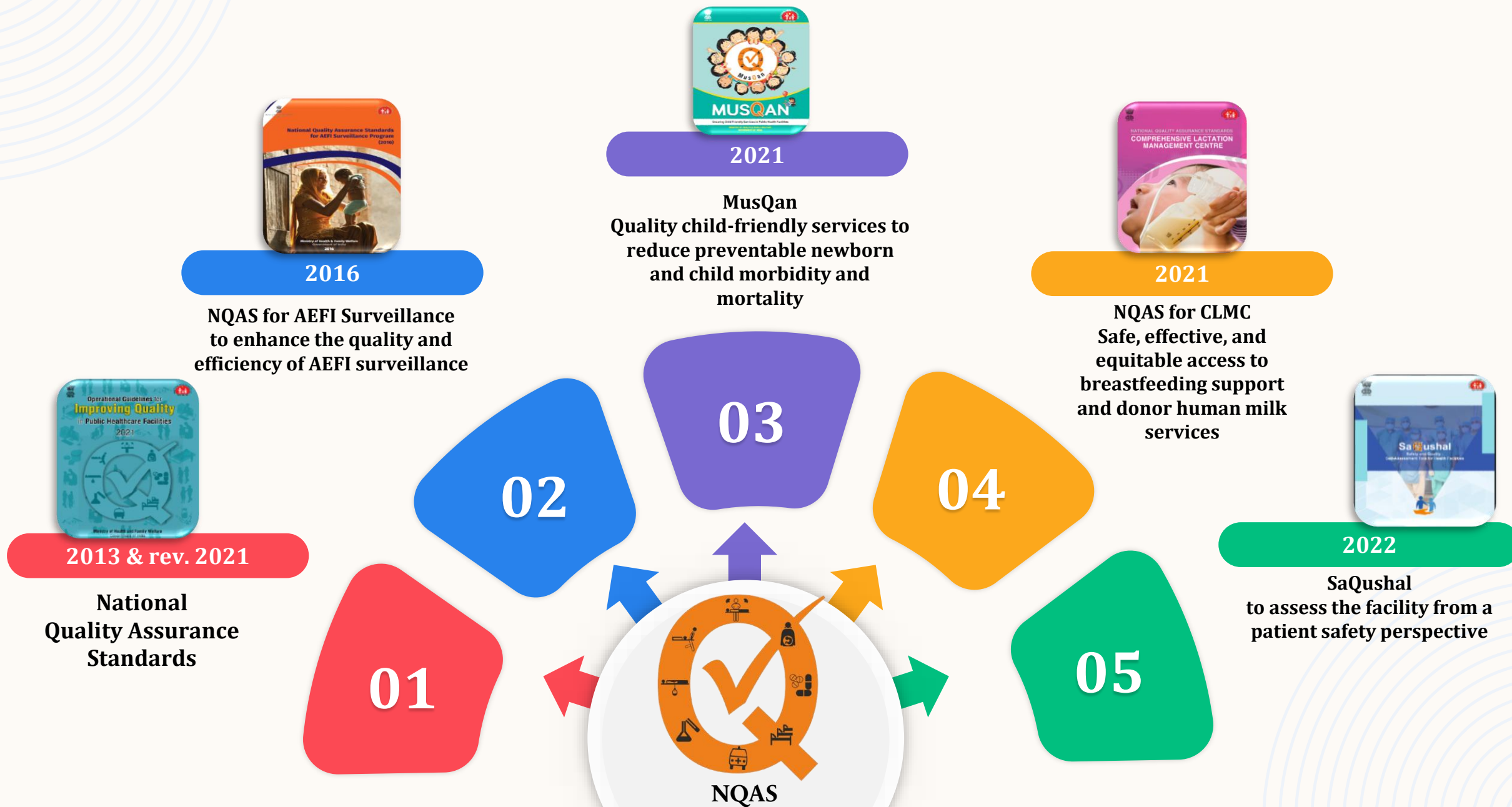
*<https://www.who.int/southeastasia/news/detail/17-09-2025-world-patient-safety-day>

**<https://pubmed.ncbi.nlm.nih.gov/14523820/>

\$ <https://www.who.int/india/health-topics/newborn-health>

#<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2797547>

Quality Initiatives for Newborn and Child Safety



Conduct of Assessment at the Facility



01

**Assessment
Plan & Schedule**



02

**Constitution of the
assessment Team**



03

**Conducting the
Assessment**



04

**Conclusion and
Scoring**

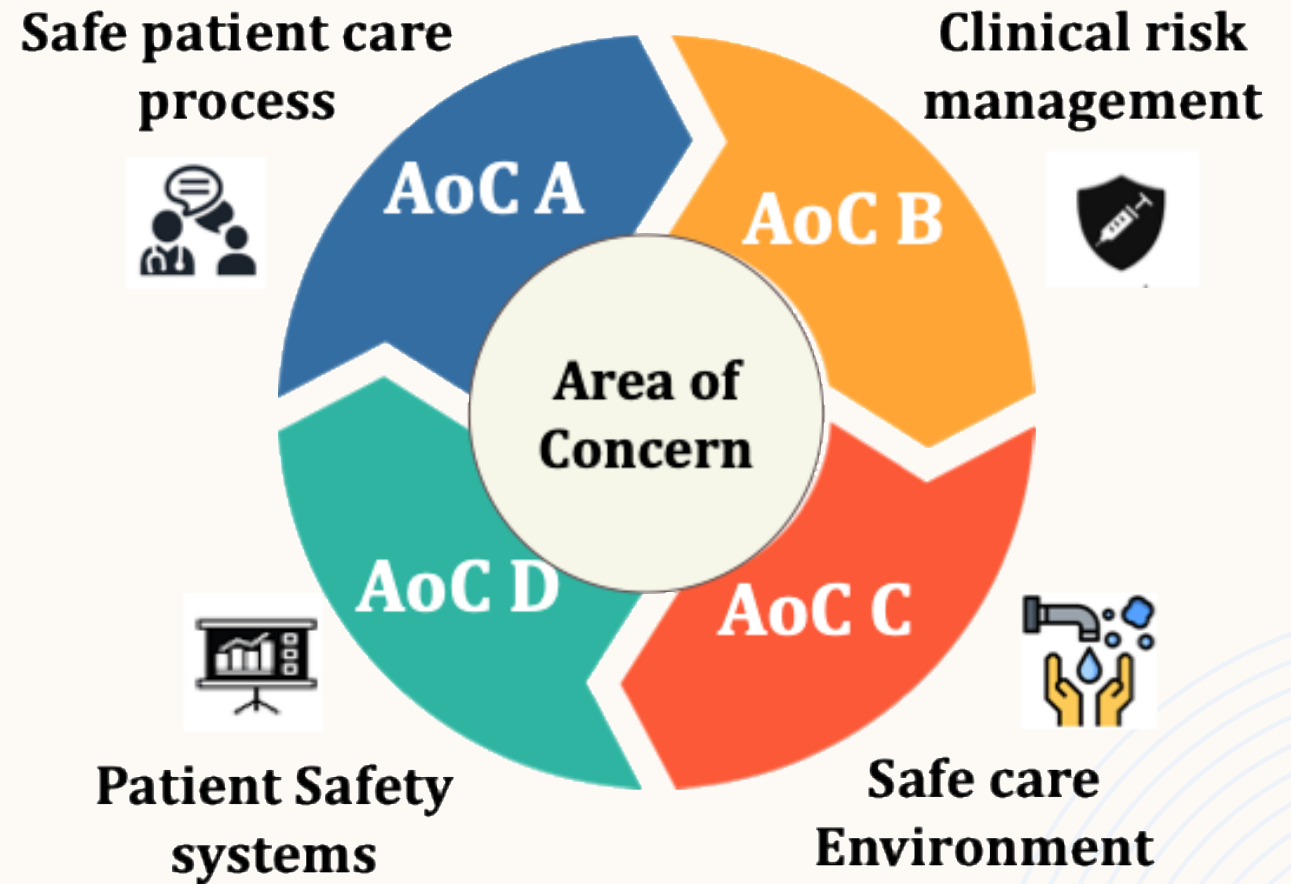
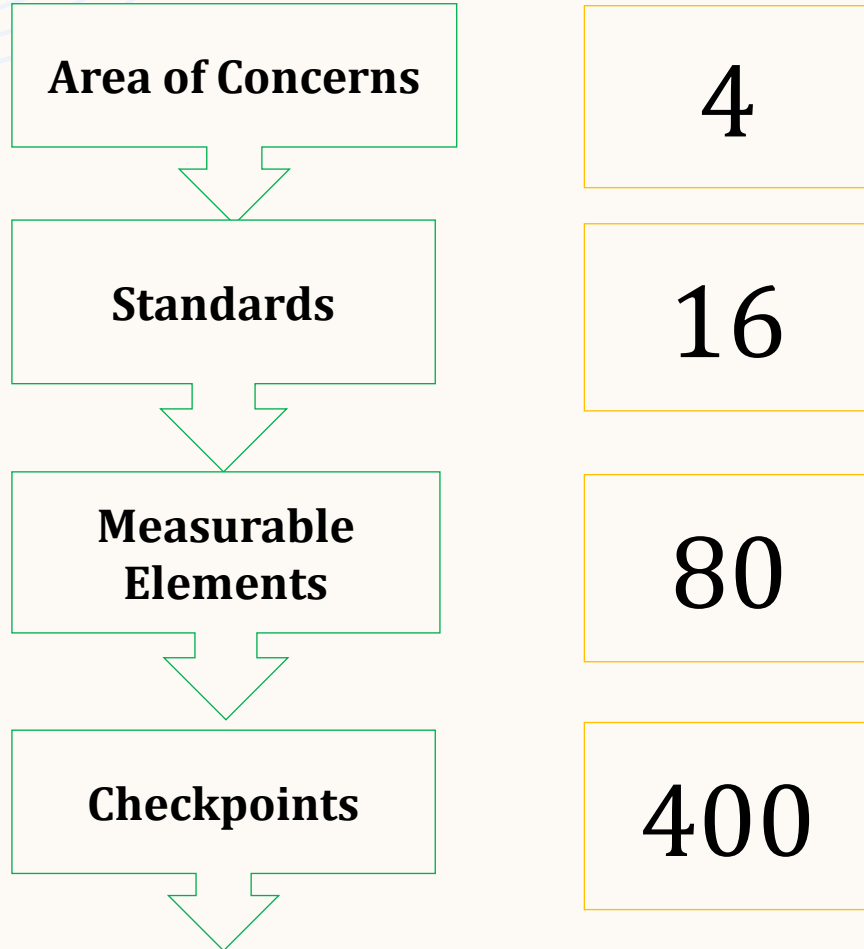


05

**Review and Action
Planning**

SaQushal: Self-assessment Tool For Health Facilities

(Measurement System)



AREA OF CONCERN: SAQUSHAL

A. Safe Patient Care Processes

B. Clinical Risk Management

Standardised Clinical Protocols

Incident Reporting

Medication Safety

RCA

Safe Surgical & Procedure Care

Clinical Audits

IPC

Morbidity and Mortality reviews

Monitoring and escalation

Risk Assessments

Documentation & communication

Safe Culture and training

AREA OF CONCERN: SAQUSHAL

C. Safe Care Environment

Infrastructural Safety

Emergency Preparedness

Cleanliness and Hygiene

Bio medical Waste Management

Safety Signages and zoning

Security and Patient dignity

D. Patient Safety Systems

Governance and Leadership

Policy and protocols

Incident Reporting & learning

Staff training and sensitisation

Monitoring and evaluation

Patient and family engagement

Components in SaQushal for Newborn and Child Safety

B2.3 Newborn Care



Area of Concern B - Clinical Risk Management
Standard (B2): Safety in Reproductive, Maternal, Newborn, Child and Adolescent Health

1. Safety and Security in Newborn Care Areas

- Identification tags for correct baby identification.
- Cots with side rails to prevent falls.
- Room temperature maintained at 26–28°C.

2. Essential Newborn Care After Birth

- Immediate drying, stimulation, and Kangaroo Mother Care (KMC).
- Early initiation of breastfeeding; no promotion of milk substitutes.

3. Essential Postnatal Care

- Caregiver counselling on newborn danger signs.
- Bedside handover using SBAR for safety and continuity.

4. Immunization Safety

- Timely Hepatitis B and BCG vaccination per national guidelines.
- Vitamin K (1 mg IM) administered soon after birth.

5. Management of Newborn Illnesses

- Defined triage and emergency criteria.
- Documented protocols for neonatal and infant illness management.

Components in SaQushal for Newborn and Child Safety

B2.4 Child Care



Area of Concern B - Clinical Risk Management
Standard (B2): Safety in Reproductive, Maternal, Newborn, Child and Adolescent Health

1. Dedicated child health services

- Comprehensive child health services include paediatric ward, immunisation clinic, IYCF, NRC, CLMC, KMC, and SNCU/NBSU/MNCU

2. Functional equipment and consumables

- Adequate paediatric resuscitation equipment (ventilation bag, suction machine, ET tubes).
- Child-appropriate consumables (NG tubes, catheters, airways)

3. Child care safety and security

- Identification bands for all admitted children.
- Bedside call bells, indicator lights, and side railings to prevent falls.

4. Competent staff for emergency management

- Staff trained in IYCF, ETAT, IMNCI, and communication.
- Capacity built for AEFI management

5. Referral and continuity of care

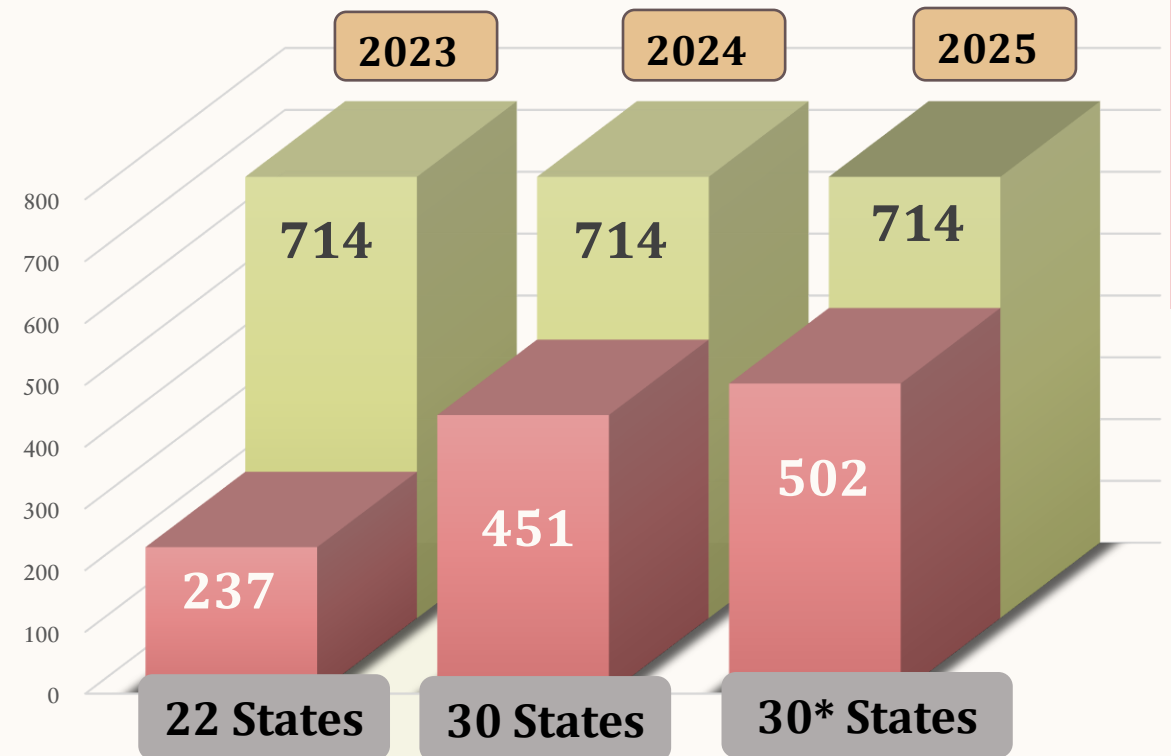
- Linkages with tertiary care (PICU) for critical cases.
- Referral pathways for 4Ds — Defects, Deficiencies, Diseases, and Developmental Delays/Disabilities

Growing Footprint of SaQushal across States



In comparison to year 2023 there is an increase of 37% of District Hospitals being assessed

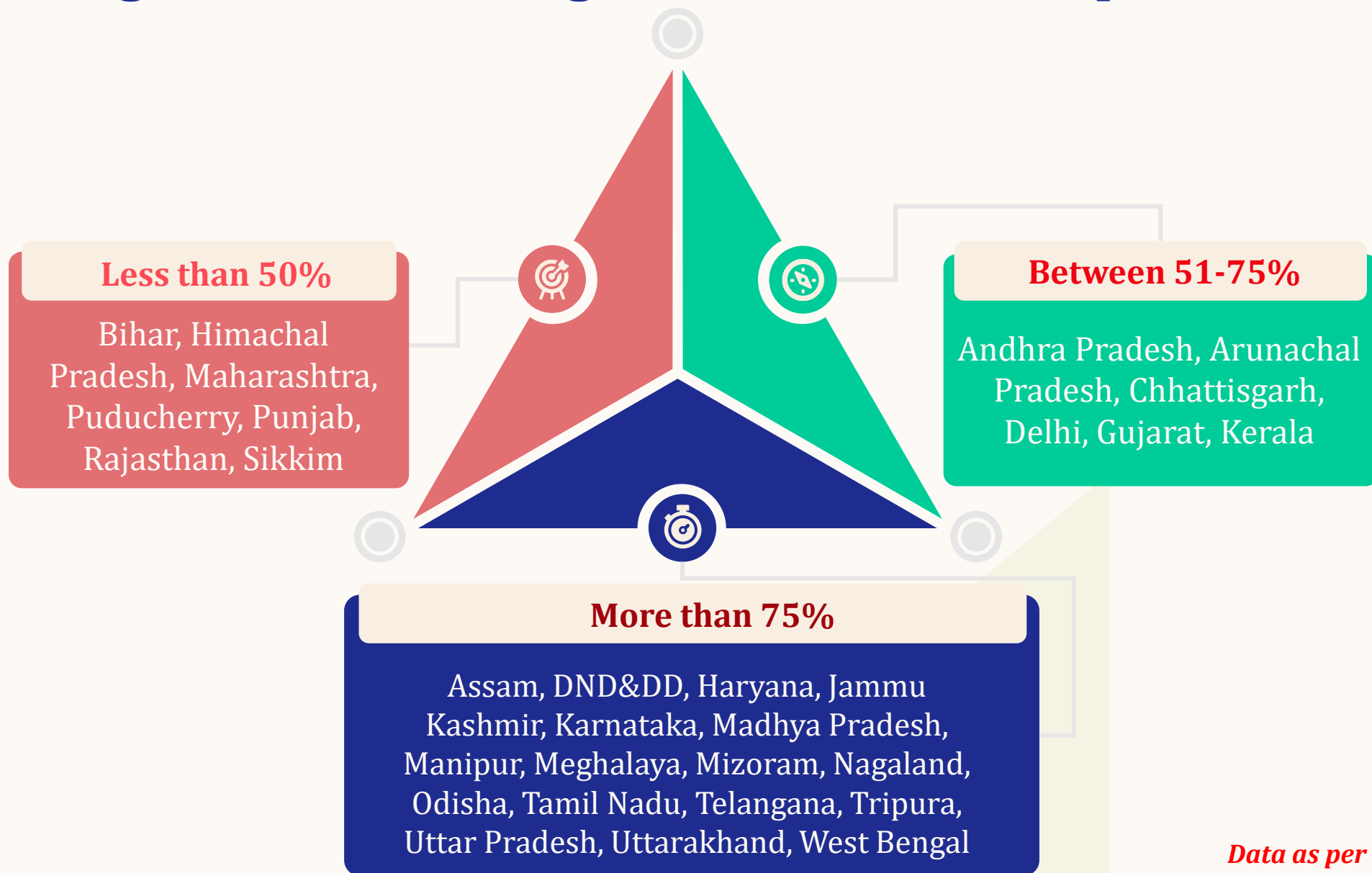
*A&N, Chandigarh, Goa, Ladakh, Lakshadweep, Jharkhand.



■ Facilities assessed ■ Total No. of DH

37% Increase

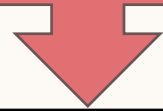
Assessing SaQushal Coverage across District Hospitals* – FY 2025



Data as per HDI 2022-23

Median Scores: Overall and by Area of Concern

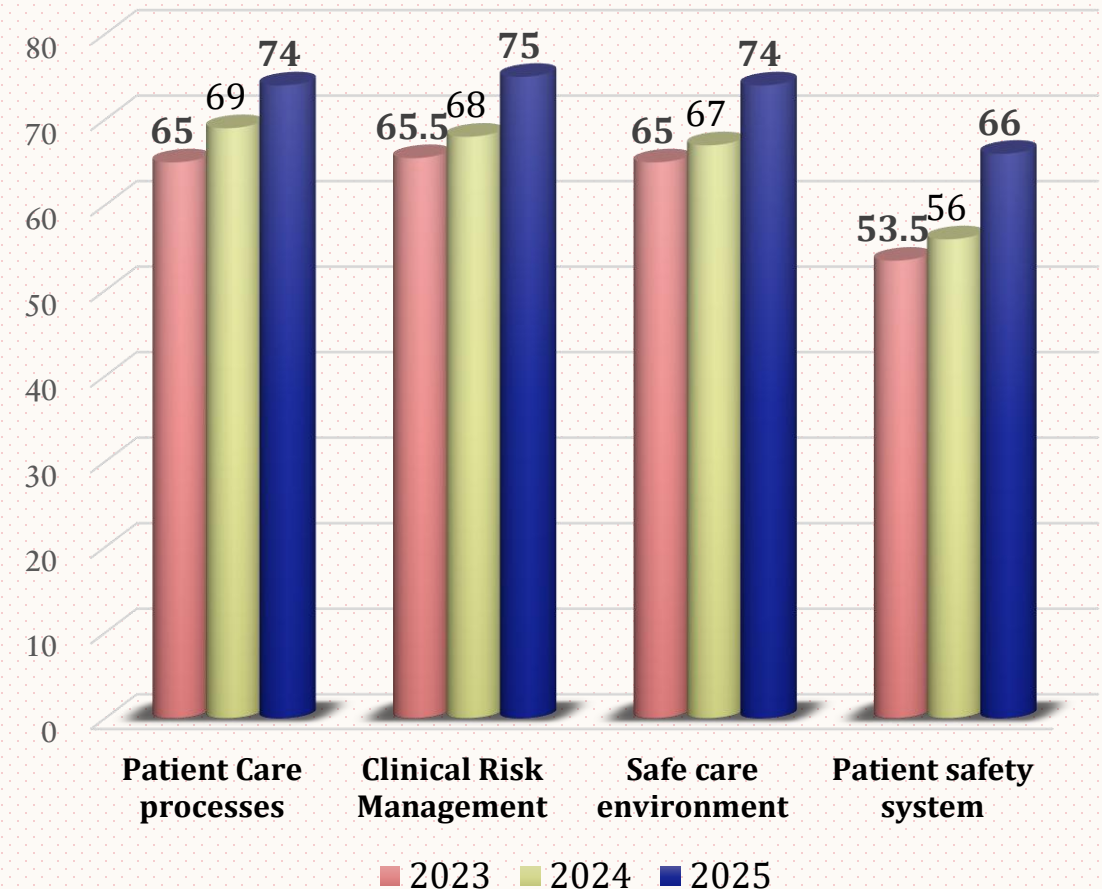
**The overall median score was 72
(an increase of 18% as compared to 2023)**

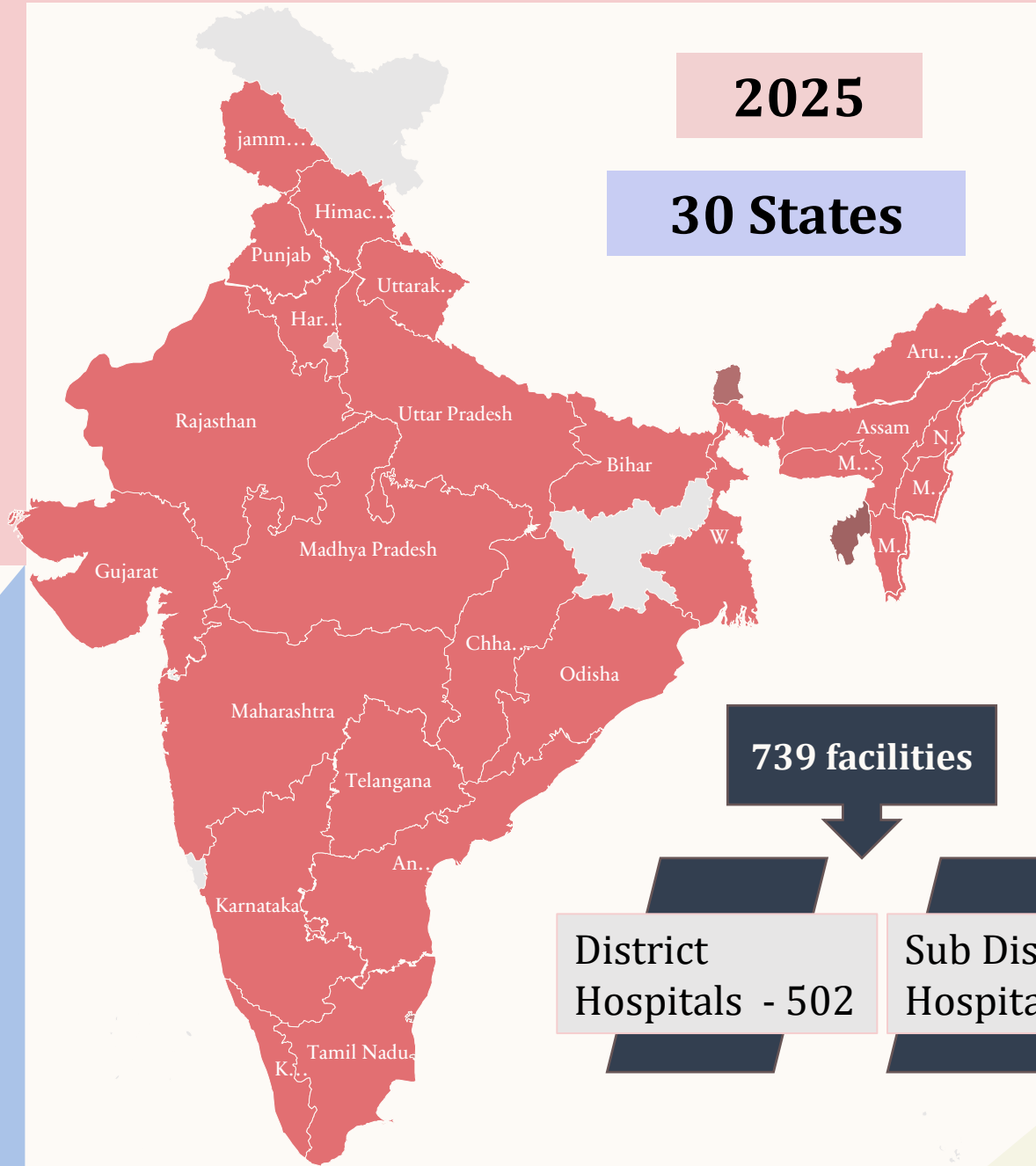


Attributes	2024	2025
% of facilities scoring below 60%	42%	28%
% of facilities scoring between 60-80%:	41%	41%
% of facilities scoring above 80%:	17%	31%

An increase in facilities with higher median scores indicates a positive trend in quality and patient safety nationwide.

**Comparitive Analysis of scores -
2023, 2024 and 2025**





2025

30 States

SaQushal in 2024 & 2025: a glance

Four new States/UTs joined the SaQushal assessment in 2025: Dadra and Nagar Haveli, Maharashtra, Manipur, and Karnataka

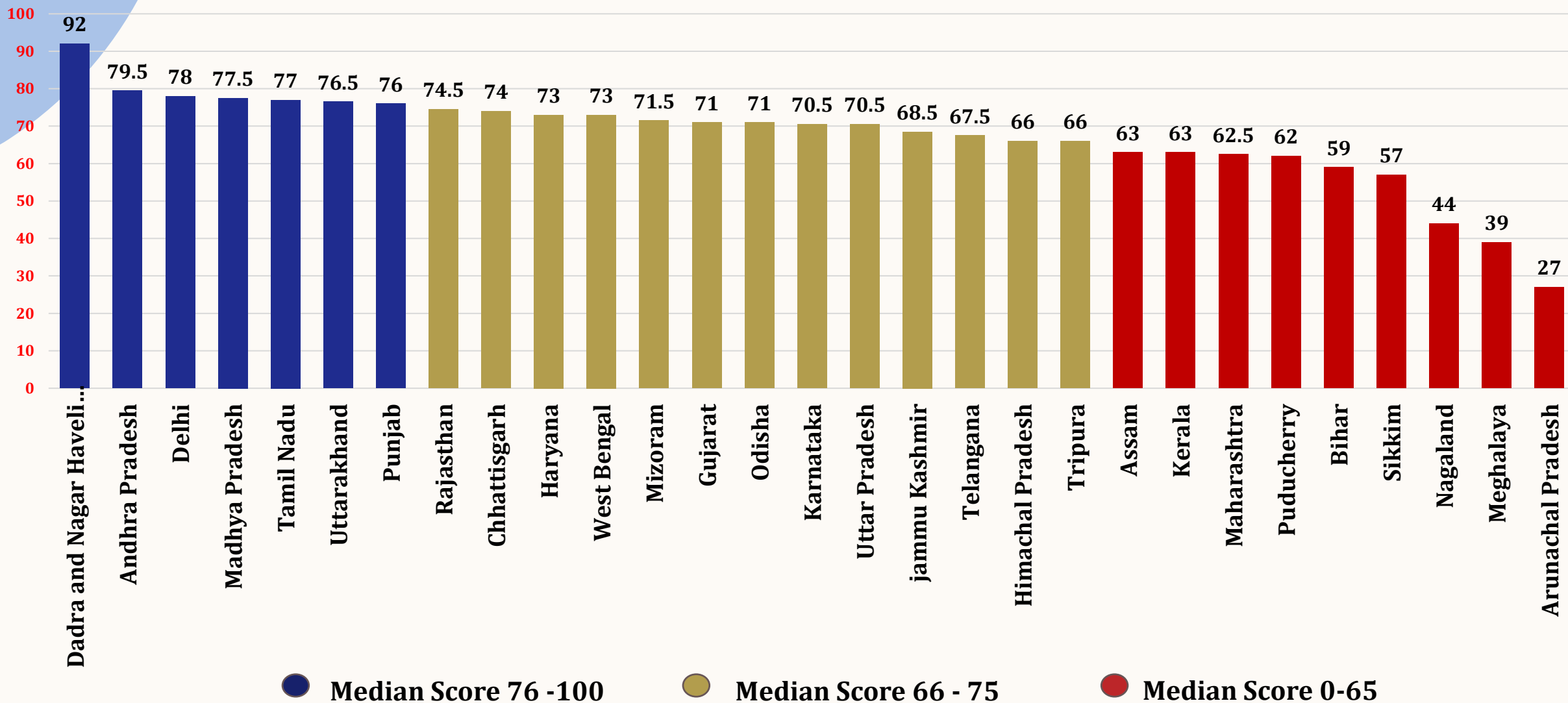
However, Chandigarh, Goa, Jharkhand and Lakshadweep participated in Self Assessment in 2024 but not in 2025

739 facilities

**District
Hospitals - 502**

**Sub District
Hospital - 237**

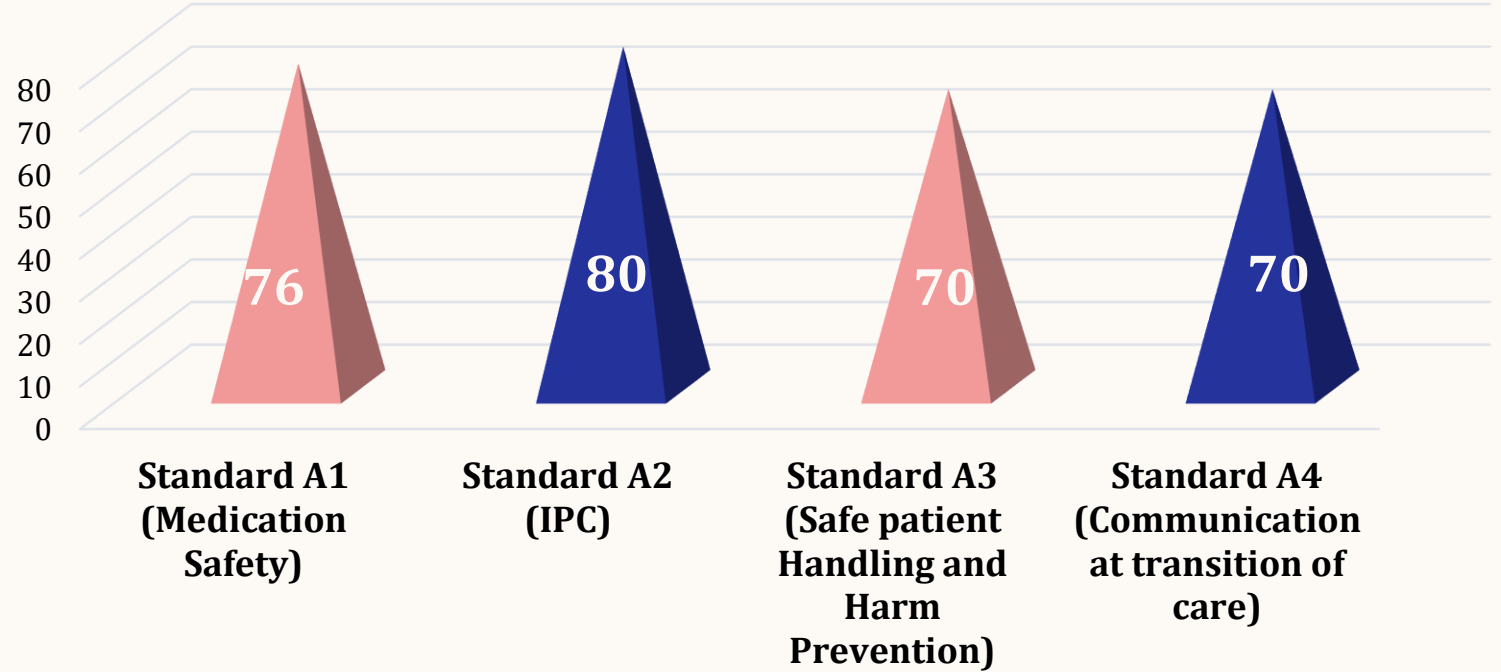
Categorization of States based on Median Score Achieved



**SCORES OF EACH AREA OF CONCERN
PERTAINING TO SAQUSHAL TOOL
IN 2025**

Scores of Area of Concern A Patient Care Processes

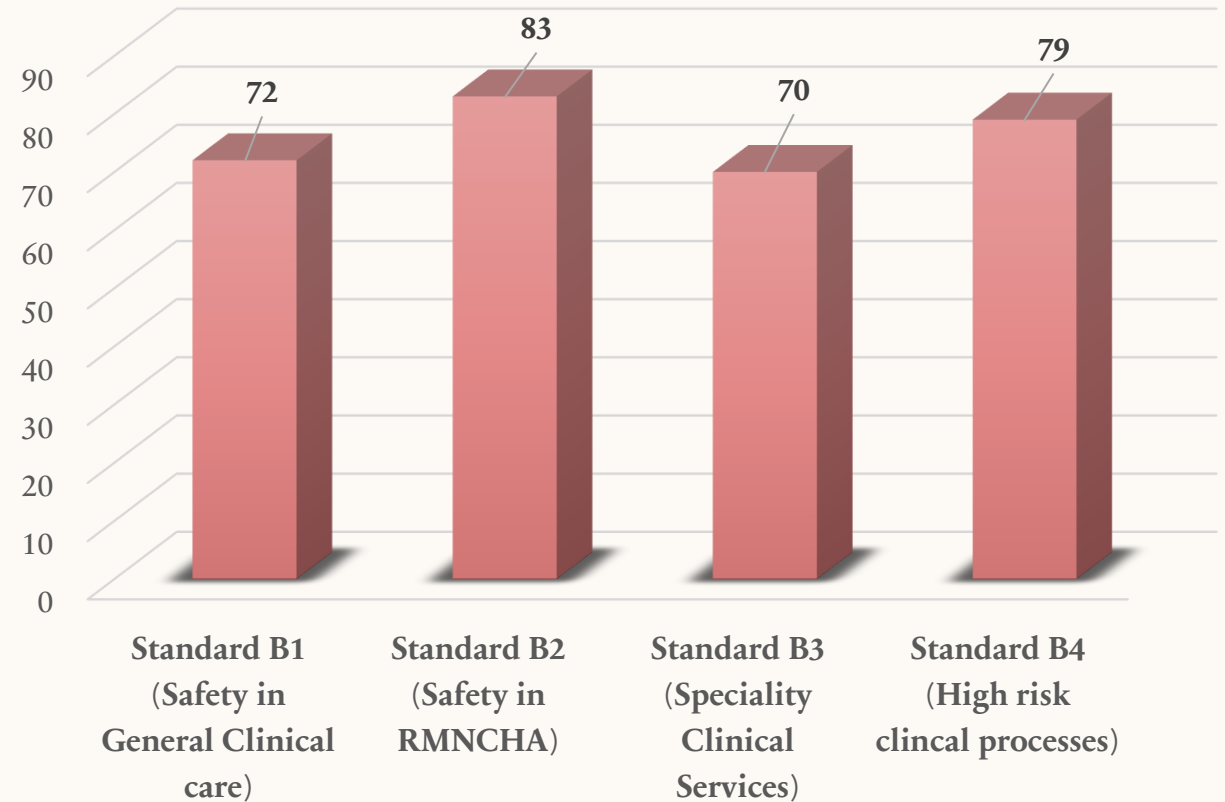
Scores of Area of Concern A



Scores of Area of Concern B Clinical Risk Management

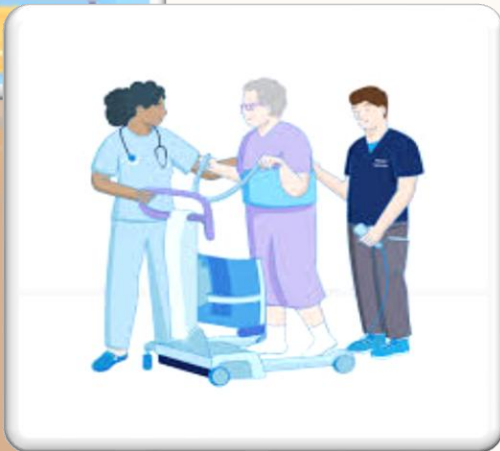
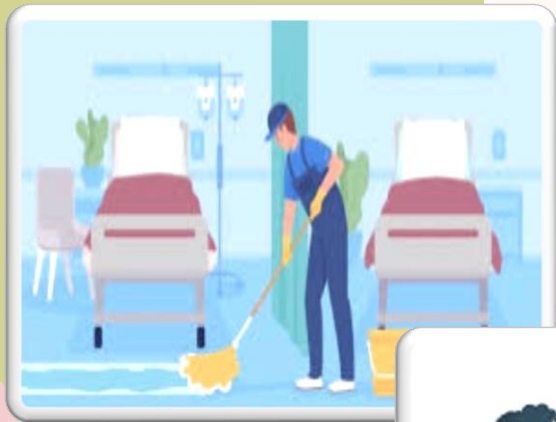
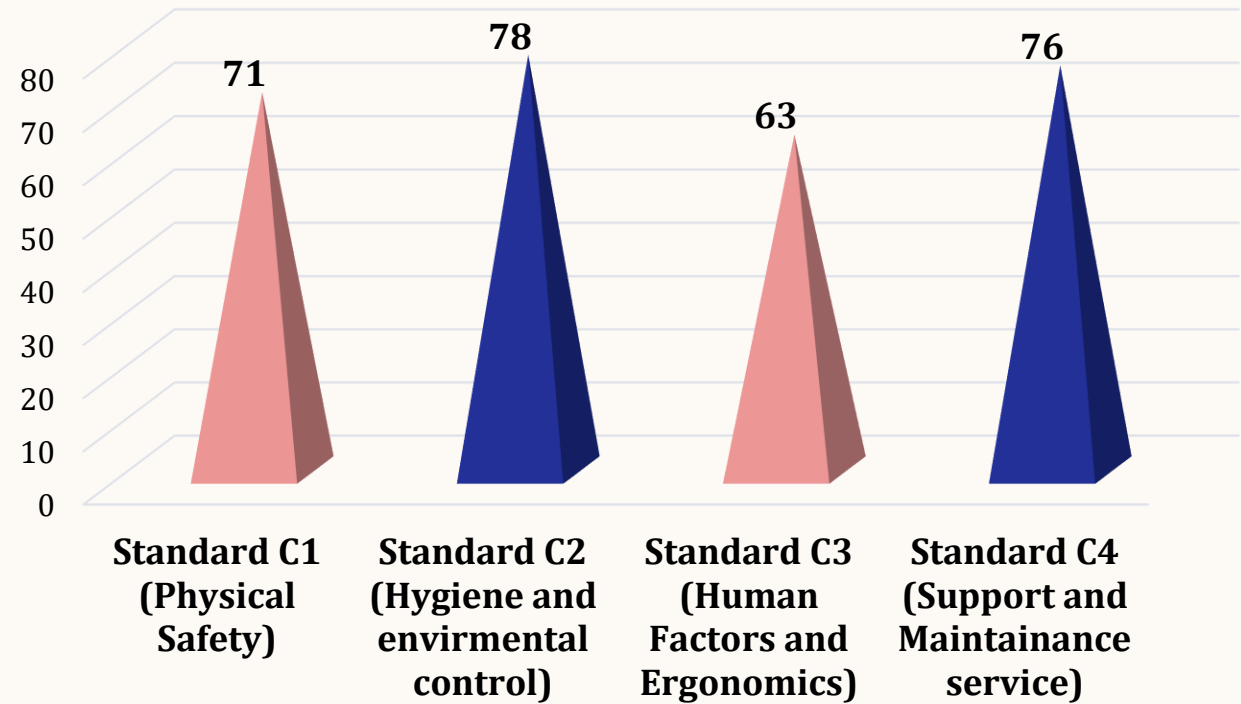


Area of Concern B



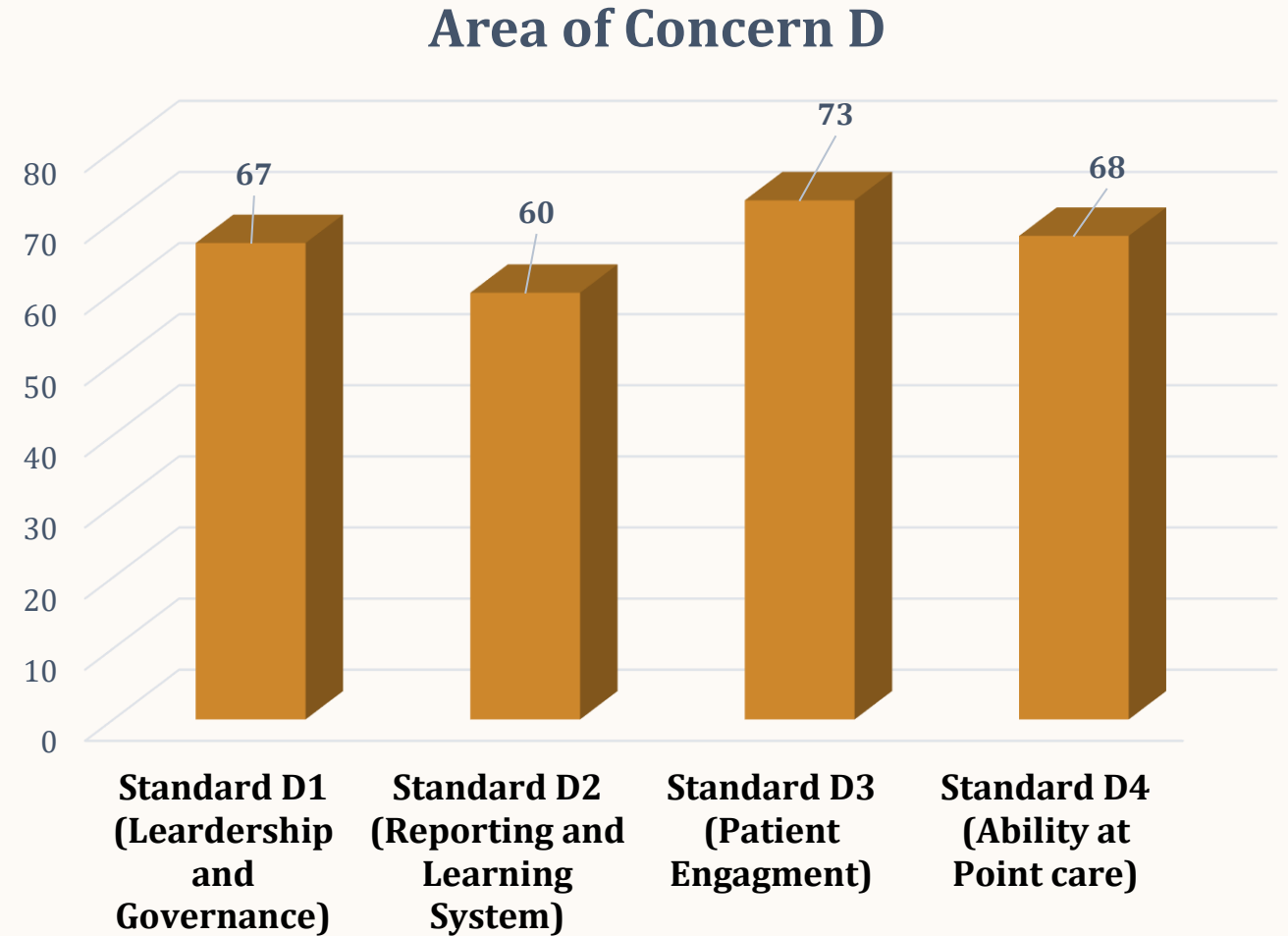
Scores of Area of Concern C Safe Care Environment

Area of Concern C



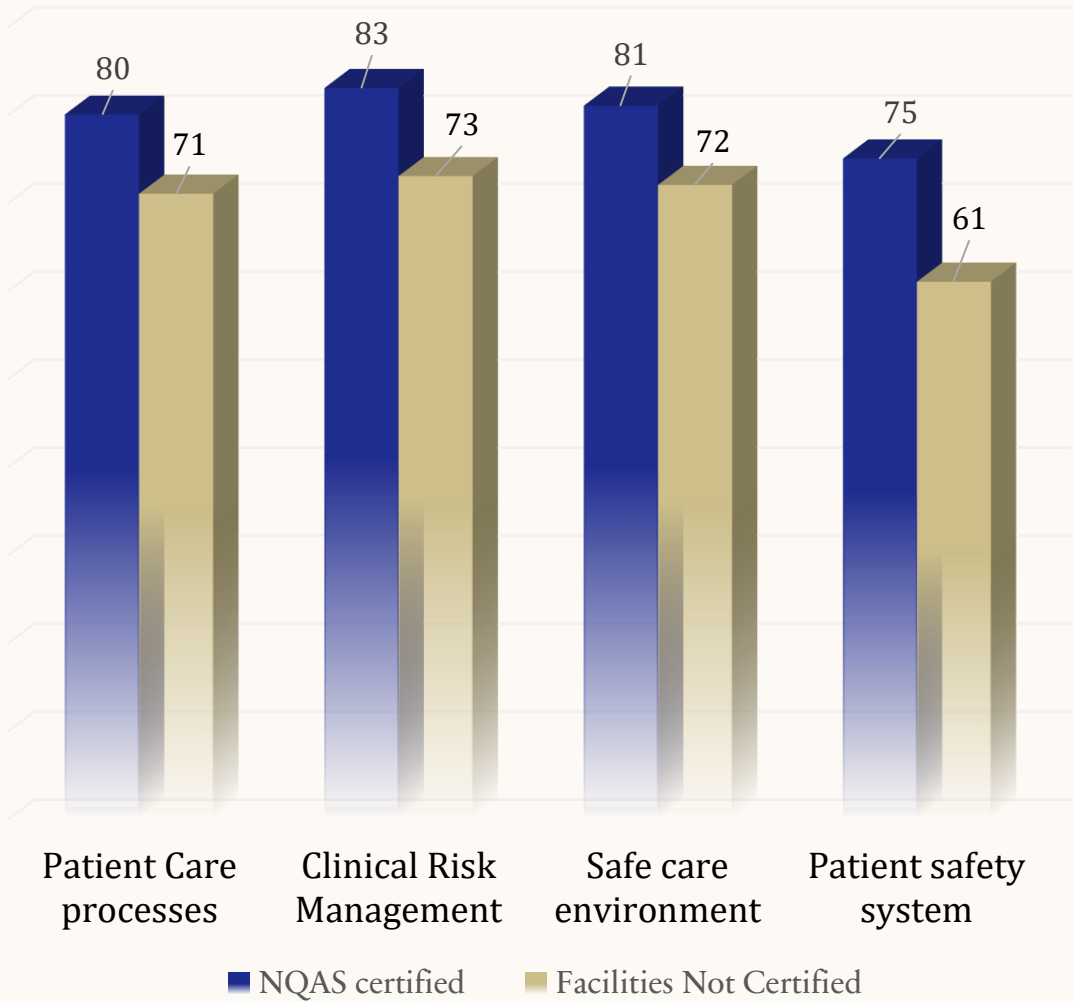
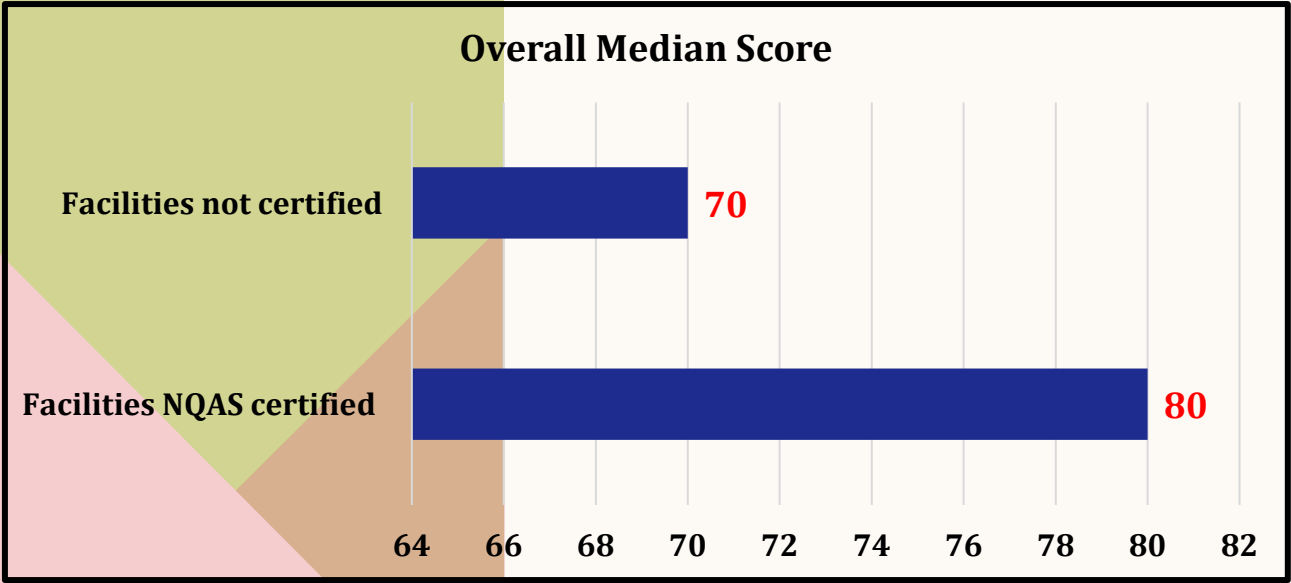
Scores of Area of Concern D

Patient Safety System



NQAS Certified vs Non-certified Facilities

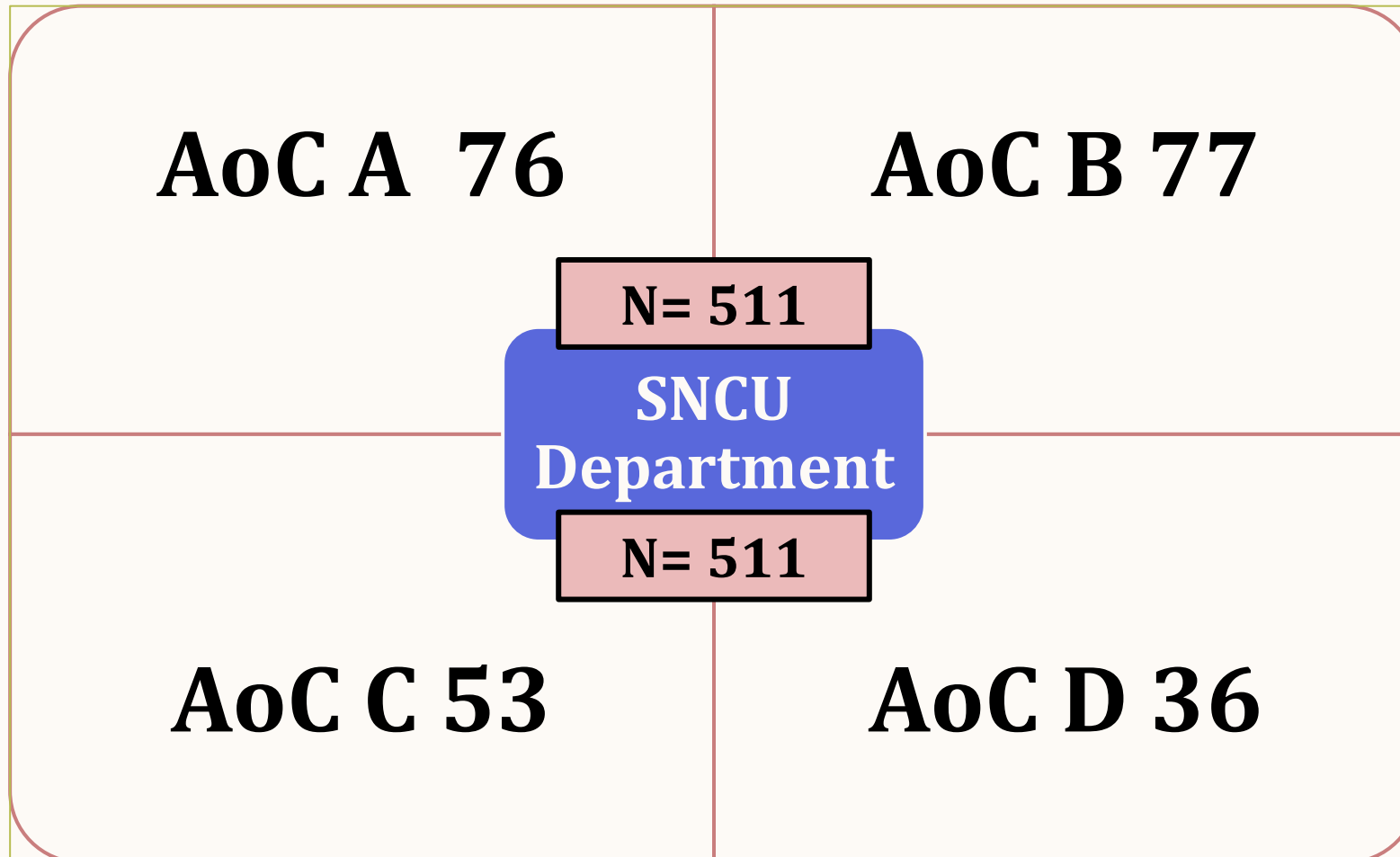
No. of Facilities NQAS certified	No. of Facilities not certified
154	348



DEPARTMENT WISE SCORES 2025



Department wise Score – SNCU



Department wise Score – Pediatric Ward

Department – Pediatric Ward

N= 563

AoC A -
77

AoC B -
76

AoC C -
75

AoC D
- 65



Department wise Score –NRC

AOC A

79

AOC B

79

AOC C

79

AOC D

73

N= 336



Scores of Components in SaQushal for Newborn and Child Safety

PAED WARD

B2.3 - 100

B2.4 - 80

SNCU

B2.3 - 80

B2.4 - 70

Way forward

01

Prioritise the newborn and Child Safety:
Strengthen the critical care units
Promote the HFE principles in neonatal and paediatrics ward

02

Scale SaQushal implementation:
Expend the SaQushal to all SDHs & high case load CHCs
Institutionalize the mechanism of peer review

03

Targeted Capacity building:
Focused training on Clinical risk management and Patient safety.
Address the gaps through Simulation drills

04

Data driven monitoring:
Analysis the SaQushal scores during NQAS assessments, identify trends.
Develop mechanism for digital reporting of safety indicators



**Safety isn't optional, it's
foundational.
Every child's life deserves
safe, quality health care.
Embed safety in every layer-
transform harm into health,
dignity and trust.**

Thank You