

Training Manual for

IMPLEMENTATION OF NATIONAL QUALITY ASSURANCE STANDARDS

PART-1



2025

NATIONAL HEALTH SYSTEMS RESOURCE CENTRE

TRAINING MANUAL FOR

IMPLEMENTATION OF NATIONAL

QUALITY ASSURANCE STANDARDS

PART - 1

2025

NATIONAL HEALTH SYSTEMS RESOURCE CENTRE

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Disclaimer

The training manual is designed solely for the use of participants of Internal Assessor cum service provider trainings. The content of the training manual is generic, and it does not endeavour to meet any specific requirement. The information in this manual has been compiled from evidence-based reliable sources. The manual is used as a supportive tool for implementation of quality improvement activities. For taking patient and clinical care related decisions, manual may not be used. Art and science of health quality implementation is dynamic in nature. Training content may change as per the requirement.

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INTRODUCTION TO QUALITY

Quality in healthcare has been a focus in India for the last two decades, as reflected in policies such as the National Health Policy (2017) and the National Health Mission implementation framework. Evidence shows that through relentless efforts to ensure access to equitable, affordable, and quality healthcare services, India has achieved remarkable improvements, reducing preventable mortalities and morbidities.

Although access to healthcare has grown substantially, the quality of care varies widely, ranging from excellent to insufficient, which affects overall outcomes. Poor quality is characterized by unsafe treatment, missed diagnoses, limited consultation time, and disrespectful delivery of services. These shortcomings result in unexpected, preventable deaths; poor health outcomes; prolonged hospital stays; financial burdens; and a loss of trust in healthcare services within communities. This creates a vicious cycle that disproportionately impacts the poor, marginalized, and vulnerable sections of society.

Quality of care (QoC) is defined as “the degree to which healthcare services are provided to individuals and patient populations to improve the desired health outcomes.” For healthcare providers, the desired outcomes typically involve successfully preventing or treating morbid conditions and averting deaths. For patients, they include a clean and welcoming environment, speedy, low-cost, and effective treatment without harm or complications. Therefore, quality services must consider the perspectives of both healthcare providers and patients.

QoC in health services has been recognized as a critical element of Universal Health Coverage (UHC) and is fundamental to achieving the health-related goals and targets outlined in the Sustainable Development Goals (SDGs). According to the Lancet Global Health Commission report, nearly 5 million deaths from conditions amenable to healthcare are attributable to poor-quality care. This issue imposes an additional burden on the health system by reducing the effectiveness of interventions and increasing the cost of care.

To improve QoC in public health facilities, the Ministry of Health and Family Welfare (MoHFW), Government of India, defined the National Quality Assurance Standards (NQAS). Subsequently, under the umbrella of NQAS, various initiatives such as **Kayakalp**, **LaQshya**, **Mera Aspataal**, and **MusQan** were introduced to further strengthen and enhance the quality of care and patient safety in public healthcare facilities.

PURPOSE OF TRAINING MANUAL

Quality is an essential component of Universal Health Coverage (UHC), and there is a critical need to strengthen health systems to ensure the delivery of high-quality health services. This can be achieved through various means such as setting quality standards, implementing evidence-based interventions, promoting practices that minimize patient harm, and ensuring active participation of healthcare staff in quality measurement and improvement to deliver effective and safe care.

Ensuring adherence to standard or evidence-based practices, measuring and improving the quality of care, and changing the behaviour and attitudes of staff are not easy tasks. These require skilled, motivated, and well-supported health professionals who possess the appropriate skills, knowledge, and attitude, along with an enabling environment that fosters continuous capacity building (both pre-service and in-service) for delivering quality health services.

To address the needs of service providers in terms of quality, in alignment with the National Quality Assurance Standards (NQAS) and related interventions, a concise training manual has been developed. This manual aims to build the capacity of service providers to identify gaps in service delivery, uncover root causes, and link them to organizational processes.

The training content and methodology of the manual are designed to enable service providers to deliver health services that are effective, safe, people-centred, timely, equitable, integrated, and efficient. It will also address frequently asked questions from service providers, such as: the roadmap for implementing quality assurance standards at health facilities, minimum standards and regulatory compliances required, and the use of quality tools for data collection, analysis, and improvement.

Additionally, the manual will equip participants with tools, techniques, and support systems to help them implement the NQAS at healthcare facilities, thereby enabling them to take ownership in improving, sustaining, and fostering a culture of quality care.

This training manual will be utilized by NHSRC, SQAU / RQAU and DQAU Trainer for conducting quality training workshops for doctors, nurses, and allied health professionals working in public healthcare facilities.

OBJECTIVES

- To acquaint service providers with the key concepts of quality and its related domains, and how to implement them in public healthcare facilities.
- To familiarize participants with the structure and measurement system employed in the National Quality Assurance Standards (NQAS).
- To ensure facility staff understand the minimum stipulated standards that a public healthcare facility must meet to provide safe, quality, and comprehensive care.
- To equip service providers with the knowledge and skills to measure and improve care processes by applying quality improvement tools and methodologies.

EXPECTED OUTCOMES

At the end of this course, participants are expected to have gained comprehensive insight into the following areas:

1. A clear understanding of basic terms, approaches, and underlying principles of quality, along with related terminology.
2. In-depth knowledge of the components of the quality measurement system, assessment methodology, and certification criteria.
3. Familiarity with the standards and measurable elements for each Area of Concern across various levels of healthcare facilities.
4. Understanding of department-specific requirements (e.g., Labour Room, Operation Theatre, Laboratories, General Administration) under the National Quality Assurance Standards (NQAS).
5. Proficiency in applying quality methods and tools for gathering evidence, measuring, and analyzing the quality of care.
6. The ability to conduct internal assessments effectively, identify service delivery gaps, and prepare a prioritized action plan for continuous quality improvement.
7. The ability to use outcome indicators effectively to track the progress of improvement initiatives.
8. Understanding strategies to build team enthusiasm, motivate staff, and implement recognition mechanisms through rewards.

TRAINING OF TRAINER MODULE (TOT MODULE)

Learning objectives

- This three-day training is focused on teaching the NQAS framework and a simple step-wise approach for implementing it at the healthcare facility for improving standards of patient care & safety in health facilities along with sensitization of the staff for NQAS.
- Health workers trained to identify and solve quality related issues at their level without seeking significant additional resources.
- The first day of the training focuses on introducing Key concepts of Quality, NQAS measurement system and assessment protocols, Introduction to NQAS standards followed by group work and exercises.
- At the end of the day participants are assigned exercises which helps them to fill the assessment checklist of their facility and identify standards & ME as per assessment methods (OB, RR, PI, SI).
- The second day starts with 10 min. recap. This is followed by sessions of day-2 and group exercises.
- The third day starts with recap and sessions focusing on quality management system followed by post test.
- At the end of this training, it is expected that participants will have learned to:

1. Identify a gap statement, respective AoC, Standard & ME



- How to run checklist to identify problems
- How to prioritize what problem to work on
- How to use the quality tools / quality methods to solve the problem
- How to measure outcome/improvement in the process

2. Analyse and measure quality of care

- Tools for understanding processes and systems and how to use them
- How using these tools can help identify possible solutions to reach your aim
- How to develop indicators for process and outcome of care



- How to use indicators to track progress of improvement

3. Develop changes and test these to learn what works



- How to come up with ideas about what to change to reach your aim
- How to plan a plan-do-check-act (PDCA) cycle to test change ideas
- What to do as you learn from PDCA cycles
- How to test multiple change ideas to achieve your aim

4. Sustain improvements

- How to build enthusiasm, motivate team, recognition by certificates and celebration.
- How to share the results and engage in peer learning process.
- Identify smart ways to make quality improvement.
- How to hardwire the gains by making system change.



Course Structure

The participants in the three-day training learn the value of establishing quality assurance standards in their health facilities.

The primary topics covered on the first day of the training are the fundamentals of quality and an overview of the quality standards that should be used in healthcare facilities. This is followed by exercises and group work on the previously covered themes.

Day 2 focuses on quality tools, process mapping, and prioritisation, followed by case studies, and how to conduct prescription and medical audits.

The third day is dedicated to PDCA and risk management. Additionally, it provides an overview of other quality programmes like LaQshya, MusQan under the umbrella of National Quality Assurance Program.

For the purpose of evaluating the knowledge acquired throughout the course and awarding certificates, participants are required to complete a post-training evaluation on day 3.

Eligibility Criteria for Trainers

- Empaneled NQAS External Assessors
- Quality Professionals trained at TISS
- Faculty of Medical colleges, SIHFW, SHSRC and other institutions of repute
- Public Health Professionals having at least 10 years of experience
- In-charge of large public hospitals

- In-charge of NQAS nationally certified facilities

Eligibility Criteria for Trainees

- Hospital managers
- Hospital Superintendents
- Quality Managers
- Matrons and Nursing Superintendents,
- Nodal Officers for Quality Assurance in State health departments/NHM
- Members of Quality Assurance Teams, Committees and Units,
- Quality Assessors
- Other Health Program Managers
- Doctors, Staff Nurses & allied Healthcare Providers
- Any other desired candidate nominated by state & districts as per their suitability and goal.

Training Structure

- Most of the training course consists of small group work, exercises and presentations using the NQAS guidebooks for all levels of health facilities.
 - On day one, each session is introduced with a presentation to provide and clarify the key concepts.
 - On the second day, the groups use a QPS tools and template to develop a QPS project for their health facility and share their plans with the rest of the participants to get their inputs.
 - On the third day, there is revision of all the sessions followed by the post test.

Pre- requisites for Training

State should plan a training well in advance and inform NHSRC coordinator at least one month prior of the scheduled date.

Batch size: The suggested batch size is 40 to 50 participants per batch.

- ◆ Responsibility of State:

Material Required:

1. Flip charts and markers Overhead projector
2. Slide changer and PowerPoint presentations
3. Audio system with mike

4. Training agenda
5. Training resource material/books
6. Index cards (group name/display of time duration)
7. Adequate number of the
8. Photocopies of the exercise

- ◆ Finalizing the dates of the training
- ◆ Finalizing the venue
- ◆ Finalizing the participants
- ◆ Arranging Projector, slide changer, pointer, White board and marker
- ◆ Printing of training material
- ◆ Coordinating with NHSRC for NQAS books required for training
- ◆ Arrangement of Stationary
- ◆ Logistics for participants and resource people to the training venue

Pre- requisites for Training



Since the trainees comes from different part of the state, it is advisable to arrange the hall in such a way that the trainees can interact with other district participants for knowledge sharing.

Criteria for Attendance Record

Attendance is recorded at the registration counter before the beginning of the training, and on all days randomly by the state training coordinator both during morning and evening hours.

Training Sessions

Training sessions will be planned as per Agenda given in Annexure or final agenda shared by training coordinator of NHSRC. Each day there will be 2 tea breaks (15 minute each) and 1 Lunch Break (45 min). Tea breaks may be working breaks in case of any spill in the sessions due to participatory interaction between trainee and faculty.

Post-Training Evaluation

The purpose of conducting post-training evaluation is to understand the effectiveness of the training programme, and to understand whether the objectives of the training are achieved or not.

During Internal assessor or Internal Assessor cum Service Provider Training a post training evaluation will be mandatory as it supports to create pool of internal assessors in State. State may use certified internal assessors for NQAS, LaQshya, Kayakalp and other quality related assessment of their healthcare facilities. While, for Service Provider training a pre and post training evaluation should be conducted by training coordinator of NHSRC.

1. Post training evaluation for IA and IA cum SPT trainings consist of Multiple-choice questions. Exam will be an open book. Responses will be filled in OMR sheet distributed along with the question paper to participants. All the instructions are written on the examination sheet and will be explained by the NHSRC- State/training coordinator at the beginning of the exam.
2. The minimum passing marks for the examination are 60%.
3. All the examination sheets, training feedback along with Day wise attendance sheet will be submitted to NHSRC (State/ Training) coordinator.

Result Declaration and Issue of Certificate

The training result will be declared within 30 days of the training. NHSRC or its branch office RRC-NE will be the authenticated bodies for result declaration. NHSRC maintains a strict confidence level in revealing the results and does not publish the list of unsuccessful trainees or marks obtained on its official website. These lists are kept in confidential records with the state coordinator of NHSRC and the Nodal person at NHSRC who issues Internal Assessor Certificates.

All the candidates who have successfully cleared the post-training examination are awarded with certificates; these certificates are dispatched to MD NHM office within one month of result declaration.

Report Preparation

State / training coordinator of NHSRC prepare the report of training and submit NHSRC repository. Its copy may be shared with state if requested. The report contains complete information about the training, viz., list of participants, brief about all the sessions conducted, completed feedback of the training, etc. The report is prepared within 1-2 weeks of declaration of the result and submitted to the designated consultant for central storage. Further these reports are uploaded on QPS microsite.

Records and Repository of the Training

Training records play an increasingly important part in accomplishment of the entire training process. These records require a high degree of confidentiality and good maintenance of data. The question paper along with OMR sheets are collected by the training coordinator and stored in safe custody.

Process Flow Chart

Activity	Requirements	Responsibility	Timeline
Before Training	The state Nodal officer sends a request to the concerned State Consultant/ Advisor NHSRC	State	30-40 days prior
	Advisor, QPS confirm the date (Dates are decided bilaterally) for conducting the training	NHSRC	20-30 days prior
	Books and other resource material (soft/ hard copies) are mailed/ dispatched to the Quality Nodal Officer	NHSRC	20 days prior
	Pre- requisite requirement of training (agenda, course training manual, exercises and feedback form)	NHSRC	07-10 days prior
During Training	Arrangement of the logistic material (projector, audio aid, laptop, print out of exercises and feedback form)	State	At least 1 day prior
	Training is imparted as per the schedule and feedback will be collected at the end of each day	NHSRC/ State	Day 1/2/3
	Post Training assessment questionnaires are served	NHSRC	Day 3
After Training	Evaluation of exam papers and feedback forms	NHSRC	Within 10-15 days
	Empanelment of successful candidates as per criteria	NHSRC	Within 25-30 days
	Preparation of training report by training coordinator	NHSRC	After 30 days

Guidance for trainers

- Trainers' knowledge and skills
 - Trainer should be well versed with the topics.
 - Trainer should calmly explain the doubts of the participants.
- Trainers Role & Responsibilities
 - Organizing the training: The trainer will make sure that reminder is sent to all the participants to attend the training on time, the venue is all setup to progress the training and all training material is available.
 - Introduction: the trainer should introduce himself and also introduce participants
 - Managing the session: the trainer will make sure that the sessions are starting and ending in the prescribed time
 - Presentations: the trainer will make sure that the presentations are branded as per NHSRC guidelines also the presentations are given to participants in PDF format.
- General advice for trainers
 - Be positive and enthusiastic
 - Listen patiently to participants needs and queries
 - Encourage the quiet participants to speak
 - Be an observer and listener
 - Be aware of language and tone
 - Make lectures and activities interesting
 - Give examples to simplify the concepts
 - Give clear instructions for every assigned activity
 - Give extra time and efforts to make understand the concepts to the weak participants
 - Use local language for better explanation
- How to conduct exercises, Case studies and Group work, quiz & demonstration
 - Divide participants in small groups (each group should not have more than 10 participants)
 - Circulate the activity sheets and instruct the participants about how to work on activity sheet
 - Let the participants first individually answer the questions mentioned in the activity sheet in the form of MCQs or case study format with the help of NQAS guidebooks for different level of health facilities.
 - Later the exercise will be discussed in the group with moderation by the training facilitator.

- How to conduct Recap sessions: -
 - Recap session to be conducted for the previous day learnings. Participants are recapitulated through a short presentation or quiz about previous day learning and doubt clearing session. In the last, participants are briefed about linkage of present-day sessions with the previous day learning.
 - If using small quiz session than give small token of appreciation to good performing participant/group to encourage others to participate in the discussion.

SESSION 1 : KEY CONCEPTS OF QUALITY AND OVERVIEW OF NATIONAL QUALITY ASSURANCE STANDARDS

Why Quality of care is important?

Quality of care is a degree to which health services for individuals and population increase the likelihood of desired health outcomes. It is based on evidence- based professional knowledge and is critical in achieving universal health coverage.

Any healthcare institution must have quality, yet stakeholders have varying views on what quality is. According to the clinical staff, quality is provided to its users in accordance with their best professional judgement, while for the patient, it extends beyond the ability to be cured and make a quick recovery. The patient also requires less waiting, free medication, a clean environment, and polite and respectful behaviour in addition to treatment. High customer dissatisfaction rates result from the fact that very few healthcare institutions consider the perspective of consumers when providing the services. The wealthy typically use private healthcare facilities, while the weak and vulnerable, in particular, endure excruciating pain in the form of exorbitant out-of-pocket costs or subpar health outcomes.

The average medical expenditure for hospitalised treatment at a private hospital is almost four times higher than at private hospitals. Around 75% of the patients did not take treatment at the public hospital and preferred private hospitals over the public hospital because of the perception of poor quality of services or a long waiting time.

To provide quality services to the vulnerable, sick, and ailing at a par with those who can afford them, the Ministry of Health and Family Welfare, Government of India, has taken various steps. It includes making quality the foremost agenda in its National policies as well as defining minimum standards from the perspectives of service providers and service seekers. The defined standards framework is a rational mix of infrastructure, technical, and client perspectives where continual improvement and sustainability are in focus.

The session provides an overview of the basic concepts of quality and the journey of healthcare quality in India. It will also include a detailed discussion on the National Quality Assurance Standards, background on the standards evolution, and how each standard is pertinent to public healthcare facilities.

Perspective of quality:

What kind of quality may a patient expect?

According to patients, quality care is defined as being available, accessible, affordable, prompt, courteous, respecting patients' privacy and dignity, and providing knowledgeable treatment and cure.

Who wants to offer high-quality care as a service provider?

Infrastructure and equipment, a supportive work environment, enabling policies and recognition, clinical guidelines, care outcomes, personal safety, and skill and career development are all things that service providers want.

Public health requires quality standards:

1. To specify the acceptable standard of medical care
2. Security and advancement
3. Evaluating quality goals
4. Comparison and facility ranking
5. To increase community/user trust

Requirements for Public Health Quality Model:

1. Internal quality culture
2. Structure, process and outcome
3. Explicit, measurable and Transparent
4. Inbuilt Accreditation/ certification
5. Evidence based
6. Flexibility of states to customize
7. Sustainable and scalable
8. Low cost of implementation

Area of Concerns:

- A. Service Provision
- B. Patient Rights
- C. Inputs
- D. Support Services
- E. Clinical Services
- F. Infection Control

G. Quality Management

H. Outcome

Area of concern	About	Rationale	Measures	DH Standards / Measurable Elements	CHC Standards / Measurable Elements	PHC Standards / Measurable Elements	UPHC Standards / Measurable Elements	AAM-SHC Standards / Measurable Elements
A	Availability of services to end users	Provision minimum assured services are mandatory	outcome	6 / 52	6 / 43	4 / 32	5 / 29	2 / 16
B	Ensuring access and dignity to the users	Essential for ensuring patient friendly services	Process	6 / 40	5 / 28	4 / 21	3 / 17	5 / 13
C	Availability of infrastructure, equipment, drugs and HR	Optimum inputs are required for Quality services	Structure	7 / 40	5 / 30	5 / 25	4 / 20	5 / 12
D	Quality of maintenance, Auxiliary and administrative services	To support daily functioning of hospital	Process	12 / 44	10 / 42	8 / 51	5 / 43	6 / 15
E	Quality of clinical care and adherence to the protocol	Core processes of the hospital	Process	24 / 126	22 / 101	15 / 78	9 / 58	18 / 49
F	Adherence to the infection control protocol	Aims to do no harm	Process	6 / 21	6 / 21	6 / 15	4 / 10	5 / 9

Area of concern	About	Rationale	Measures	DH Standards / Measurable Elements	CHC Standards / Measurable Elements	PHC Standards / Measurable Elements	UPHC Standards / Measurable Elements	AAM-SHC Standards / Measurable Elements
G	Implementation of quality assurance services	To standardize the process and to sustain the improvement	Process	10 / 49	7 / 23	4 / 19	3 / 17	5 / 7
H	Measurement and benchmarking performance	Implementing practise of measuring quality and performance	Outcome	4 / 8	4 / 9	4 / 9	2 / 6	4 / 8

KEY CONCEPTS OF QUALITY AND OVERVIEW OF NATIONAL QUALITY ASSURANCE STANDARDS (NQAS)

Quality

Quality of service is its ability to satisfy the needs and expectations of the end user or meet the purpose for which the service is designed

What is Quality

“

Quality of care is

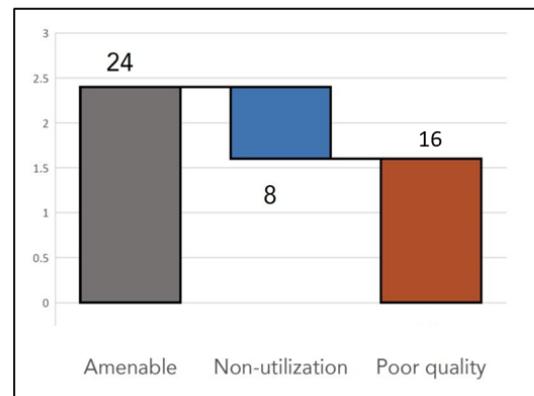
“The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”

Why to implement a Quality System

- Maximizes effectiveness of resources by streamlining and aligning the work
- Answers critical questions on performance and impact
- Documents outcomes and impact of Health programs
- Utilize proven Quality methodologies to improve work processes and products, so all beneficiaries, providers and administrators are 'assured' of best possible care in a given setting

Why 'Quality of Care' is Important?

- High-quality health systems could save over 86 Lakhs lives each year in LMICs*
- Over 24 lakh deaths in India from treatable conditions
- In India, 15.99 lakh deaths per year on account of poor quality of care**

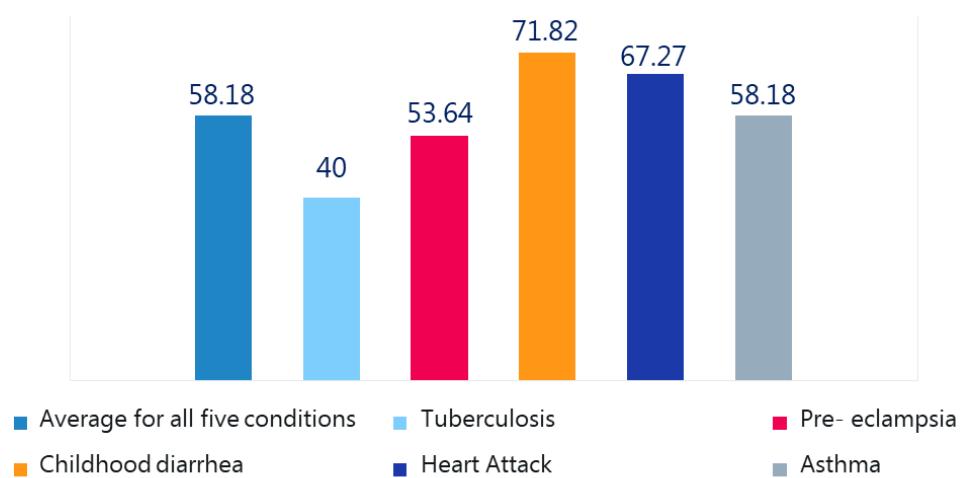


Mortality due to Low-quality Health Systems in the UHC era*

Country	Avertable deaths		Amenable deaths		
	Deaths preventable by public health interventions	Deaths amenable to health care	Deaths due to use of poor-quality services	Deaths due to non-utilization of health services	Percent of amenable deaths due to poor quality
India	1,498,027	2,438,342	1,599,870	838,473	66%
Nepal	27,541	46,400	26,556	19,845	57%
Russia	299,856	204,791	131,744	73,047	64%
Pakistan	256,683	348,174	225,389	122,785	65%
Indonesia	235,662	351,190	225,641	125,549	64%
China	847,843	1,283,099	629,765	653,334	46%
Bangladesh	117,549	182,905	91,631	91,275	50%
Brazil	76,295	204,036	153,327	50,708	75%
Ukraine	104,362	71,081	44,202	26,879	62%

* Source - Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries, Margaret E Kruk, et al, www.thelancet.com Vol 392 November 17, 2018

% Cases diagnosed correctly



<https://www.hsp.harvard.edu/india-health-systems/2022/05/06/quality-of-care/> Assessed on 5th June 2023

Understanding the Terminology

Three common applications of the term 'Quality':

- ✓ **Quality Control** - the "detection of defects", (also referred to as Verification and Validation).
- ✓ **Quality Assurance** - the "prevention of defects", such as the deployment of a Quality Management System and preventive activities.
- ✓ **Quality Improvement** – Part of Quality Management, focussed on increasing the ability to fulfil quality requirements

Stakeholders in Hospitals



Patients 01
Communities



Service Providers 02
Doctors, Nurses, Lab.
Technicians, X-Ray
technicians, Receptionist,
Support Staff, etc.



Administrators 03
CDMO, Superintendent,
Director, Matrons, etc.

Expectations of Patients

Cure

- Correct, speedy, low cost, lasting
- Emergency response
- No new disease
- No harmful procedure/ complication



Care

- Psychological well being & courteous behaviour
- Clean, inviting atmosphere
- Personalised approach

Expectations of Service Providers

Short-term

- Able to finish the allocated work
- Supervisor being happy
- Not contacting infection
- Personal Safety



Long-term

- Learning Opportunities
- Leave on time
- Career growth
- Recognition of my work



Expectations of Administrator

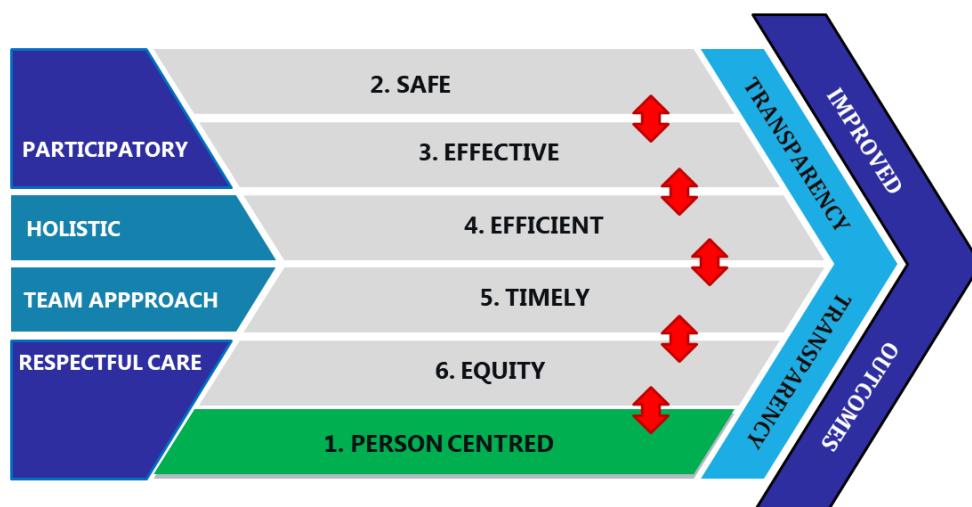
Short-term

- 'No problem' – Adverse events, Complaints, Adverse Media Coverage.
- Output of every penny (Value addition)
- Patients being happy (High Patient Satisfaction)
- Staff being happy



Long-term

- Saving for further expansion
- Recognition
- Attract & retain 'best' staff



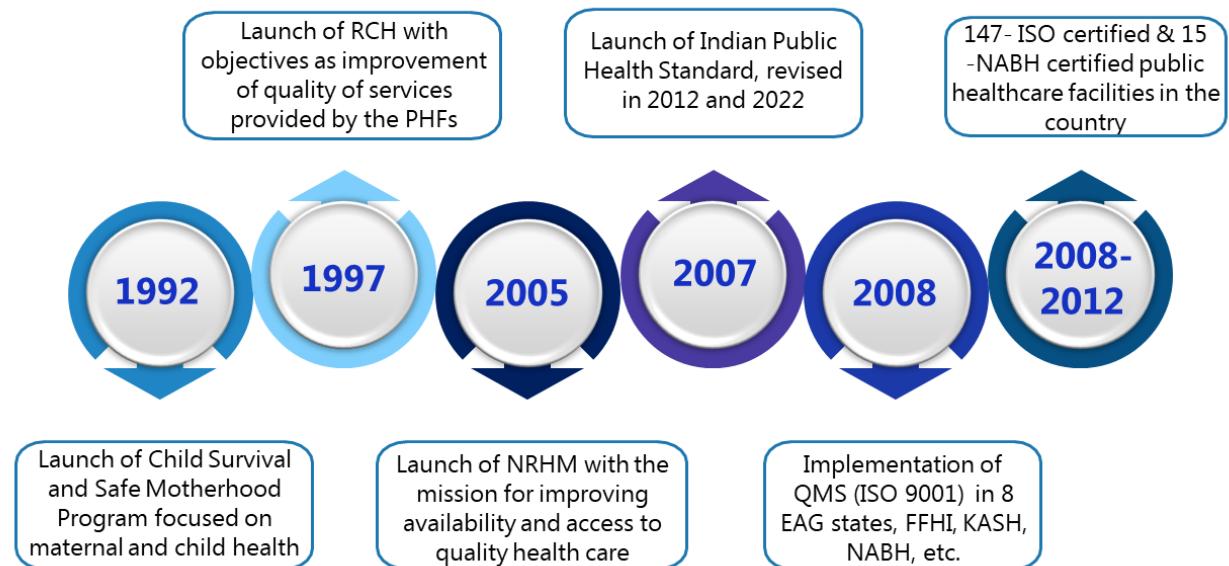


Measuring Quality of Coffee

What makes a good coffee ?



Evolutionary Landmarks of Quality in Health Care in India



Guiding Principles of NQAS Framework

- Internal Quality Culture - Sustainability
- Evidence-based Standards subsuming Prog. requirements
- Structure, Process & Outcome – Focus on Process & Outcome
- Flexibility for varied needs of Health Systems
- Explicit and Transparent Measurement System
- Low cost of implementation**

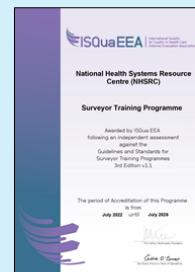
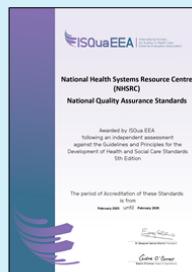


National Quality Assurance Program

Overview

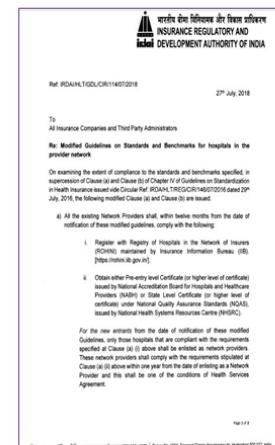
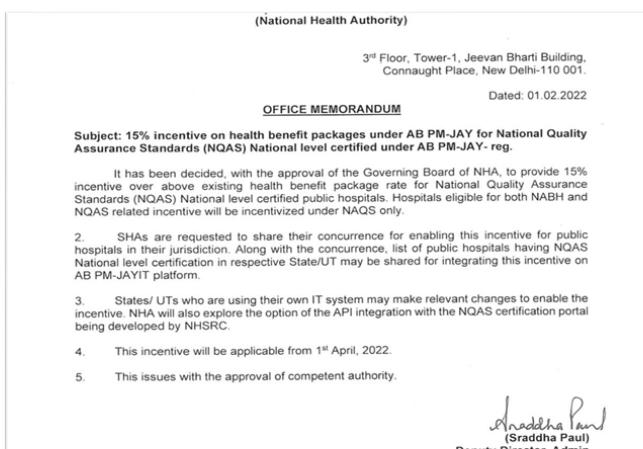


NQAS – Meeting – International & National standards



IRDAI included NQAS as benchmark for hospitals in providers' network

National Recognition



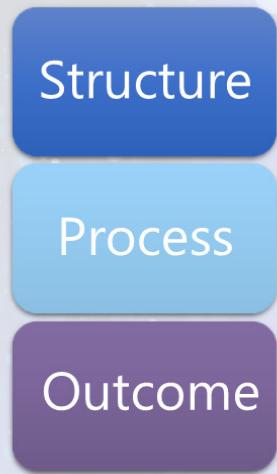
NQAS certification for Gold Category by NHA

IRDAI recognises NQAS State certification for empanelment hospitals

Organizational Structure under Quality Assurance Programmes



NQAS follow 'Donabedian Model' of QoC

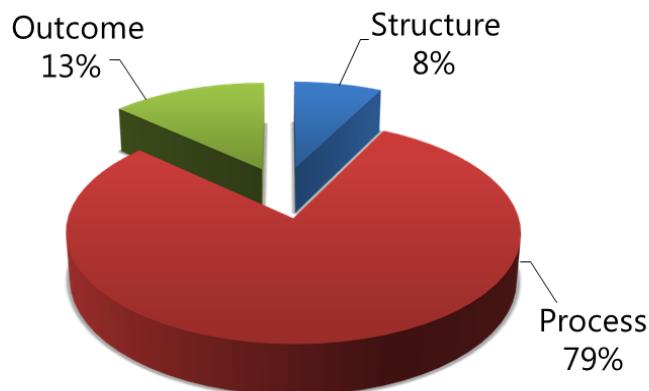


Dimensions of Health Quality Dr. Avedis Donabedian (1919-2000)

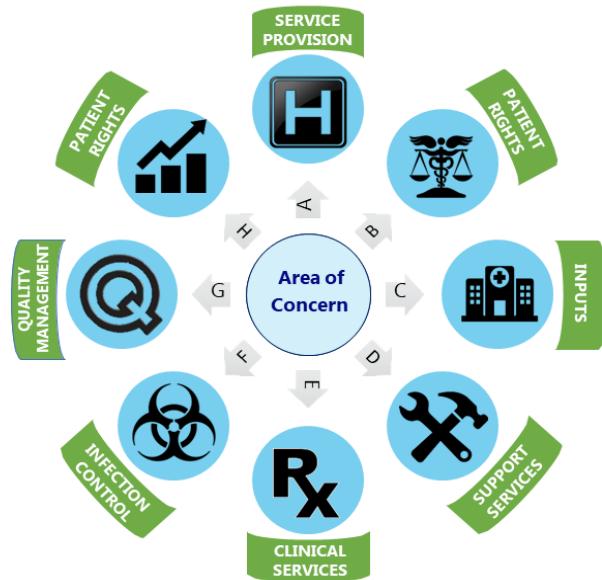
Quality of Care



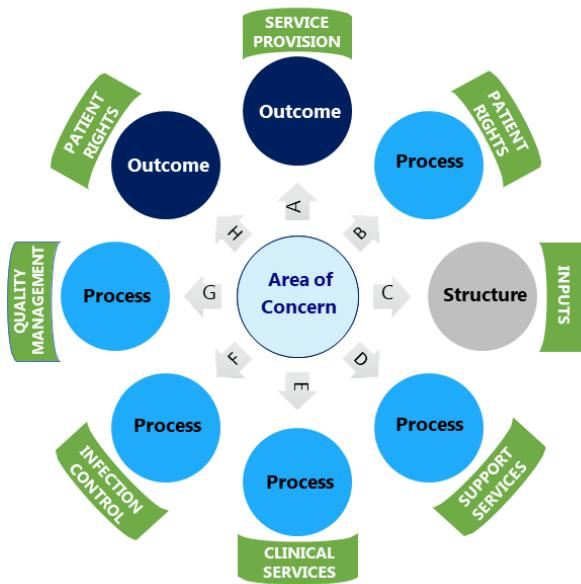
NQAS Weightage – Structure, Process & Outcome



Area of Concern – 8 Pillars for Quality Standards



Predominantly process driven standards



From where requirements/evidences are drawn

	Service Provision	Indian Public Health Standards Operational Guidelines for RCH and Disease Control Program
	Patient Rights	Indian Public Health Standards (Information) Code of Medical Ethics (MCI) Disable Friendly Facilities Guidelines
	Inputs	Indian Public Health Standards (Infrastructure, HR Equipment) Trainings – Program Specific Operational Guidelines
	Support Services	Indian Public Health Standards Trainings – Program Hospital Management Guidelines / Books RKS Guidelines, Legal & Statuary Requirements



Clinical Services

Technical Guidelines of RMNCHA Programs
Technical Guidelines of Disease Control Program
Clinical Standards
(Various Sources)



Infection Control

IMEP Guidelines
Biomedical Waste Management Rules



Quality Management

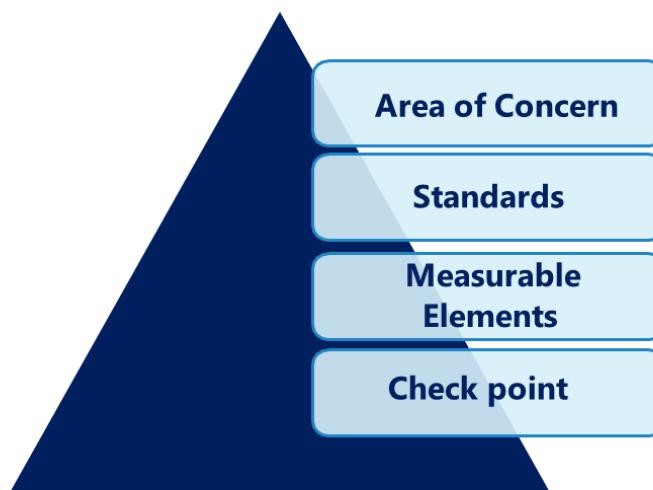
ISO 9001
Lean , Quality Improvement Tools



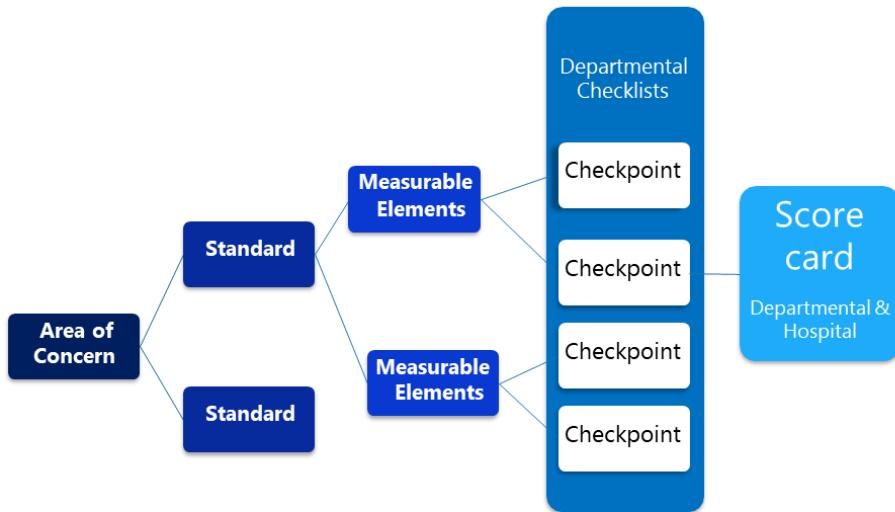
Outcome Indicators

Various operational guidelines IPHS-MIS
Global Benchmarks

Arrangement of Quality Standards



Relationship between different components



Measurement system for levels of facilities

Component	District Hospital	CHC	PHC	UPHC	HWC-SC
Area of Concern	8	8	8	8	8
Standards	75	65	50	35	48 (A) 50 (B)
Measurable Elements	380	297	250	200	122 (A) 125 (B)
Checklists	21	12	6	12	1

Certification Criteria

Criteria No.	Criteria	District Hospital	CHC	PHC/APHC	AAM-SHC
I	Aggregate Score	Aggregate score \geq 70%	Aggregate score of \geq 70%	Aggregate score of \geq 70%	Aggregate score of \geq 70%
II	Department Score	Individual Quality Score for all selected Department \geq 70%	Individual Quality Score for all selected Department \geq 70%	NA	Score of Each Service Package (Minimum 7 packages) \geq 70%
III	Area of Concern Wise Score	Individual Quality Score of all 8 area of concern \geq 70%	Individual Quality Score of all 8 area of concern \geq 70%	Individual Quality Score of all 8 area of concern \geq 60%	Individual Quality Score of all 8 area of concern \geq 70%
IV	Critical Standards	Standard A2, B5 and D10 \geq 70%	Standard A2, B5 and D8 \geq 60%	Standard A2, B4 and F6 \geq 60%	Standard A1, D3, D4, D5, G2 \geq 60%
V	Standards wise Score	Individual Standard wise score \geq 50%	Individual Standard wise score \geq 50%	Individual Standard wise score \geq 50%	Individual Standard wise \geq 50%
VI	Patient Satisfaction Score	PSS -70% in the preceding Quarter or more (Satisfied & Highly Satisfied on Mera-Aspatal) or Score of 3.5 on Likert Scale	PSS- 65% in the preceding Quarter or more (Satisfied & Highly Satisfied on Mera-Aspatal) or Score of 3.2 on Likert Scale	PSS- 60% in the preceding Quarter or more (Satisfied & Highly Satisfied on Mera-Aspatal) or Score of 3.0 on Likert Scale	PSS - 60% in the preceding Quarter or more on Mera- Aspatal) or Score of 3.0 on Likert scale.

Systems Approach- NQAS



SESSION 2: MEASUREMENT SYSTEM AND ASSESSMENT PROTOCOLS AND CHECKLIST

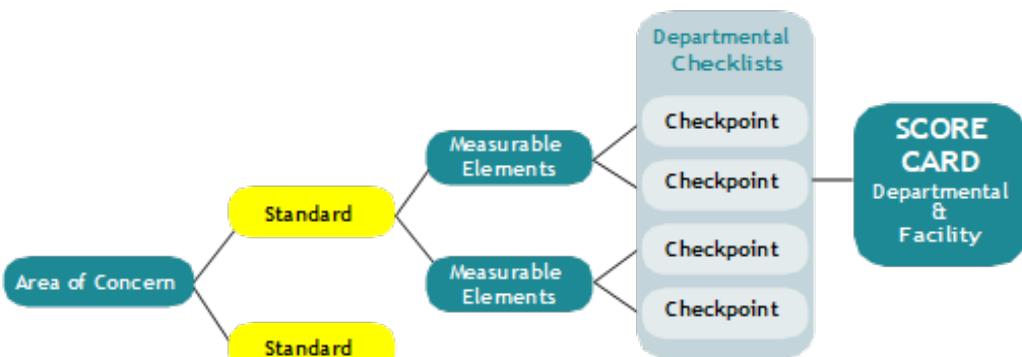
Essential characteristics of a good or service are those that guarantee that it meets its objectives. Measuring its qualities is another definition of quality. Hence, to put it simply, quality involves identifying a product's or service's properties and creating a scientific method to measure those attributes in order to assess the system's performance. These characteristics can be described in terms of established norms or specifications. The establishment of a measurement system to calculate the control and improvement prescribed by previously established specifications or standards is crucial.

National Quality Assurance Standards (NQAS) have explicit robust measurement system in place which ensures that the service provider gets an insight about quality scores of healthcare. It supports them to develop its quality targets and encourage to implement the actions required to achieve set objectives.

Learning objectives of this session is:

- A. To understand the importance of measurement in quality
- B. To understand the anatomy of NQAS checklist
- C. To get understanding of scoring system.
- D. To identify and understand different methods of assessment
- E. To get acquainted with assessment methodology
- F. To acquaint with the checklists applicable at district hospital level

Quality Measurement System:



Assessment Method:

1. Observation (OB)
2. Staff Interview (SI)
3. Patient Interview (PI)
4. Record Review (RR)

Compliance and Scoring: Three Golden Rules

Rule No 1: Checkpoints without MOV or MOV are explanatory in nature

Criteria to be used	Full Compliance (2)	Partial Compliance (1)	Non Compliance (0)
Checkpoint	All requirements of checkpoints are met	Half of the requirements of the checkpoints are met	None of the requirements met
Criteria to be used	Full Compliance (2)	Partial Compliance (1)	Non Compliance (0)

Rule No 2: Checkpoints with enumerated MOV

Criteria to be used	Full Compliance (2)	Partial Compliance (1)	Non Compliance (0)
Means of Verification	100%	50% to 99%	Less than 50%
Criteria to be used	Full Compliance (2)	Partial Compliance (1)	Non Compliance (0)

Rule No 2: Checkpoints with enumerated MOV

Criteria to be used	Full Compliance (2)	Partial Compliance (1)	Non Compliance (0)
Intent	Fully Met	Partially Met	Not Met
Criteria to be used	Full Compliance (2)	Partial Compliance (1)	Non Compliance (0)

Measurement System for various level of health facilities

Component	DH	CHC	PHC	UPHC	AAM-SHC
Area of Concern	8	8	8	8	8
Standards	75	65	50	35	50
Measurable Elements	380	297	250	200	129
Checklists	21	12	6	12	1

Departmental Checklists for Various level of health facilities

	DH	CHC	PHC	UPHC	AAM-SHC
1.	Accident and Emergency	Emergency	IPD	Dressing Room & Emergency	Care in Pregnancy & Child Birth (M)
2.	OPD	OPD	OPD	General Clinic	Neonatal & Infant Health Services (M)
3.	Labour Room	Labour Room	Labour Room	Maternity Health	Childhood & Adolescent Health Services (M)
4.	Maternity ward	OT	Laboratory	New Born & Child Health	Family Planning (M)
5.	SNCU	NBSU	National Health Programs	Immunization	Management of Communicable Diseases (M)
6.	Pediatric ward	IPD	General Admin	Family Planning	Management of Simple Illness including Minor Elements (M)
7.	Pediatric OPD	Auxiliary		Communicable Diseases	Management of Non-Communicable Diseases (M)
8.	Maternity OT	General Admin		Non-Communicable Diseases	Care for common Ophthalmic and ENT
9.	NRC	Laboratory		Outreach	Emergency Medical Services
10.	IPD	Pharmacy		Pharmacy	Oral Health Care
11.	ICU	Radiology		Laboratory	Elderly & Palliative Health care
12.	OT	Blood Storage Unit		General Admin	Management of Mental health ailments

13.	Post Partum Unit				
14.	Blood Bank				
15.	Laboratory				
16.	Radiology				
17.	Pharmacy				
18.	Auxiliary Services				
19.	Mortuary				
20.	General/ Admin				
21.	Haemodialysis				

MEASUREMENT SYSTEM IN QUALITY

**Quality is all about
Improvement
and
Measurement is the first Step**

“Measurement is the first step that leads to control and eventually to improvement. If you can't measure something, you can't understand it. If you can't understand it, you can't control it. If you can't control it, you can't improve it.”
— H. James Harrington

Emotions



Anger

Disgust

Fear

Joy



Neutral

Sadness

Surprise

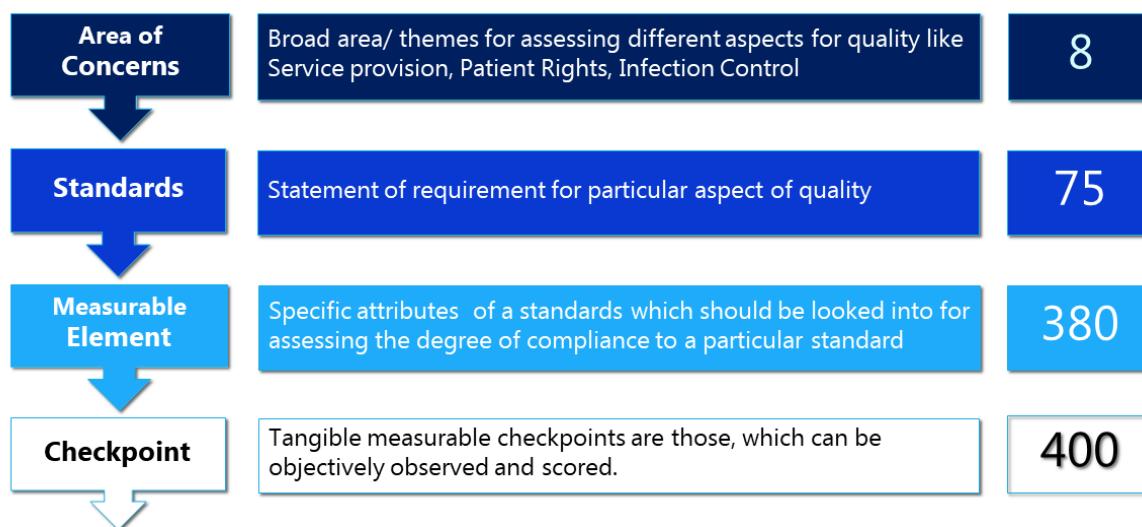
Emotions

Differential Emotional Scale

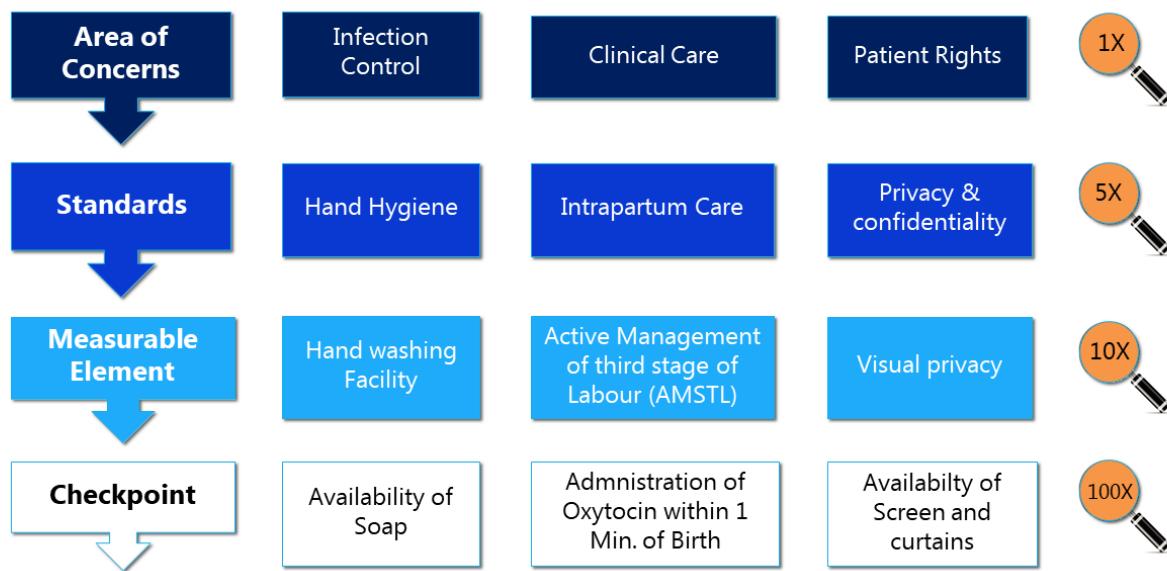
Discrete emotion theory is the claim that there is a small number of core emotions. For example, there are twelve basic emotions: Interest, Joy, Surprise, Sadness, Anger, Disgust, Contempt, Hostility, Fear, Shame, Shyness, and Guilt

Tool – DES IV

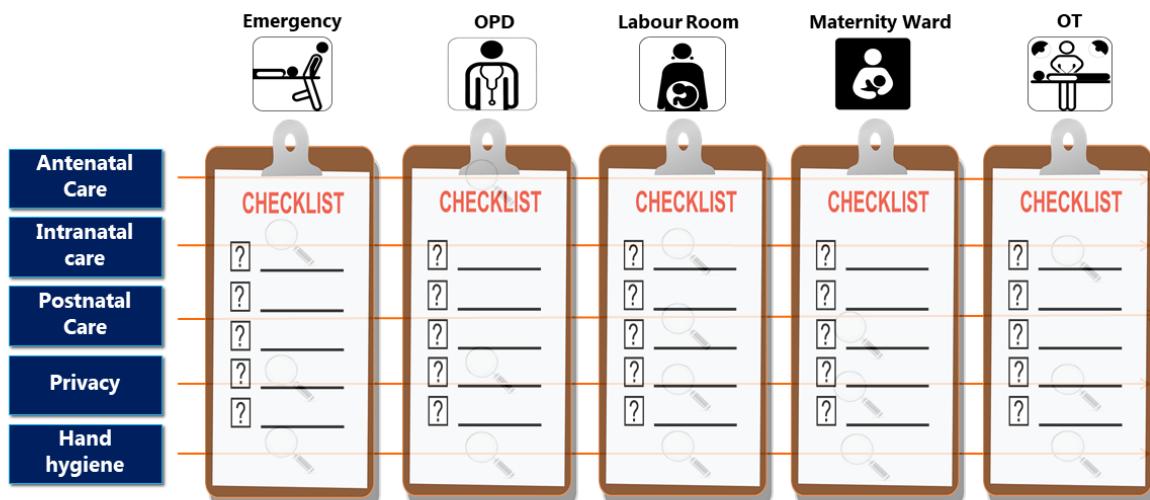
Quality Measurement System



Quality Measurement System



Approaches for Assessment



Anatomy of Checklist

Area of Concern	Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Checklist for Accident and Emergency						
Area of Concern – A Service Provision						
Standard A1		Facility Provides Curative Services				
	ME A1.1	The facility provides General Medicine services	Facility for managing emergency cases in medical		SI/OB	Dengue Haemorrhagic fever, Cerebral Malaria, Poisoning, Snake Bite, congestive heart failure, Pneumonia, status epilepticus, status Asthmaticus, acute gastroenteritis and severe drug reaction
	ME A1.2	The facility provides General Surgery services	Availability of Emergency management of acute surgical condition		SI/OB	-Pyocele -Renal colic -Fractures --

So ready for assessment?



Assessment Method



Observation (OB)



Staff Interview (SI)



Client Interview (CI)



Record Review (RR)



Patient Interview (PI)

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, important information
- b. Enumeration of articles like equipment, drugs, etc
- c. Facilities - patient amenities, ramps, complaint-box, etc.
- d. Environment – cleanliness, loose-wires, seepage, overcrowding, temperature control, drains, etc
- e. Procedures like measuring BP, counseling, segregation of biomedical waste,

Staff Interview (SI)



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

Examples -

- a. Competency testing – Quizzing the staff on knowledge related to their job
- b. Demonstration – Asking staff to demonstrate certain activities like hand-washing technique, new born resuscitation, etc.
- c. Awareness - Asking staff about awareness off patients' right, quality policy, handling of high alerts drugs etc.
- 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, drug tray in the Labour room may have adequate quantity of Oxytocin, but if review of the drug expenditure register reveals poor consumption pattern of Oxytocin, then more enquiries would be required to ascertain on the adherence to protocols in the Labour room.

Examples of the record review are given below -

- a. Review of clinical records/ monitoring records - delivery note, anesthesia note, maintenance of treatment chart, operation notes, etc.
- b. Review of department registers like admission registers, handover registers, expenditure registers, etc.
- c. Review of licenses, formats for legal compliances like Blood bank license and Form 'F' for PNDT, department data & indicators
- d. Review of SOPs for adequacy and process



Patient Interview (PI)

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

It should include -

- a. Feedback on quality of services, staff behavior, food quality, waiting times, etc.
- b. Out of pocket expenditure incurred during the hospitalization
- c. Effectiveness of communication like counseling services and self drug administration



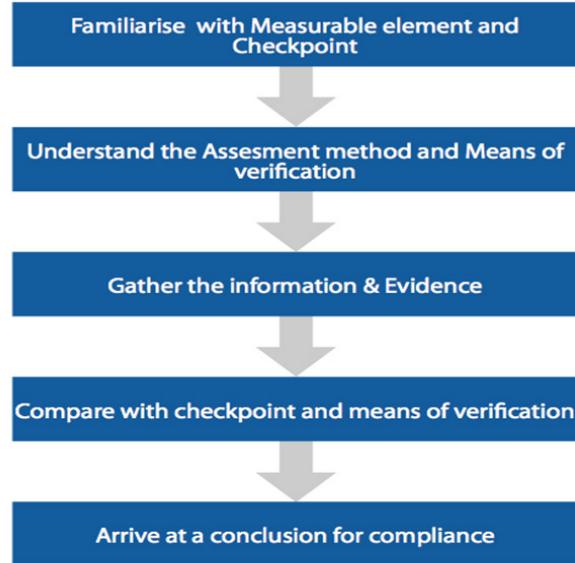
Client Interview (CI)

Interaction with beneficiaries, for getting the useful information about quality of services and their experience in the hospital. It gives us users' perspective.

Scoring Rules

Rule 1	Rule 2	Rule 3
<ul style="list-style-type: none">• Checkpoints without MOV or MOV are explanatory in nature	<ul style="list-style-type: none">• Checkpoints with enumerated MOV<ul style="list-style-type: none">• 100% -2• 50% TO 99% - 1• LESS THAN 50% - 0	<ul style="list-style-type: none">• Always look for INTENT in relation to the ME and Standard

Knowing the context



Hospital Score Card

NQAS SCORE CARD-DISTRICT HOSPITAL					Version : DH/ 02/19-Rev-03
Hospital Score Card (Department wise)					
Accident & Emergency	OPD	Labour Room (LaQshya)	Maternity Ward	Paediatric OPD (MusQan)	Hospital Score (Including LaQshya & MusQan)
100%	#DIV/0!	100%	100%	100%	100%
Paediatric Ward (MusQan)	SNCU	NRC	OT	M- OT (LaQshya)	100%
100%	100%	100%	100%	100%	100%
PP Unit	ICU	IPD	Blood Bank	Lab	LaQshya Score
100%	100%	100%	100%	100%	MusQan Score
Radiotherapy	Pharmacy	Auxillary	Mortuary	General Admin	100%
100%	100%	100%	100%	100%	100%

Area of concern wise score

HOSPITAL QUALITY SCORE CARD AREA OF CONCERN WISE			
Service Provision 100%	Patient Rights 100%	Inputs 100%	Support Services 100%
HOSPITAL SCORE			
100%			
Clinical Services 100%	Infection Control 100%	Quality Management 100%	Outcome 100%

Department Score Card

Accident & Emergency Score Card		
Area of Concern wise Score		Accident & Emergency Score
A	Service Provision	100%
B	Patient Rights	100%
C	Inputs	100%
D	Support Services	100%
E	Clinical Services	100%
F	Infection Control	100%
G	Quality Management	100%
H	Outcome	100%

Standard wise score

Reference No	Area of Concern & Standards	NQAS Score	LaQshya Score	MusQan Score
Area of Concern A- Service Provision				
Standard A1.	Facility Provides Curative Services	100%	100%	100%
Standard A2	Facility provides RMNCHA Services	100%	100%	100%
Standard A3.	Facility Provides diagnostic Services	100%	100%	100%
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme	100%	NA	100%
Standard A5.	Facility provides support services	100%	NA	100%
Standard A6.	Health services provided at the facility are appropriate to community needs.	100%	NA	100%
Area of Concern B- Patient Rights				
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	100%	100%	100%
Standard B2.	Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.	100%	100%	100%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	100%	100%	100%
Standard B4.	Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.	100%	100%	100%

Thematic score for AAM - SHCs

Theme Wise Score			
Care in pregnancy & Childbirth	100%	Care for Common Ophthalmic and ENT	100%
Neonatal & Infant Health Services	100%	Oral health care.	100%
Childhood & adolescent Health Services	100%	Elderly and Palliative health care	100%
Family Planning	100%	Emergency Medical Services	100%
Management of Communicable diseases	100%	Management of Mental health ailments.	100%
Management of Non Communicable Diseases	100%	Drugs & Diagnostics	100%

Name of Checklists		
Accident & Emergency	NRC (MusQan)	Laboratory
OPD	IPD	Radiology
Labour Room Maternity OT (LaQshya)	ICU	Pharmacy
Maternity Ward	OT	Auxiliary Services
SNCU (MusQan)	PP Unit	Mortuary
Pediatric Ward Pediatric OPD (MusQan)	Blood Bank	General/Admin
Hemodialysis		

Checklists

Accident & Emergency –

Checklist is applicable to Accident & Emergency department of a Hospital. The checklist has been designed to assess all aspect of dedicated emergency department.

Labour Room-

This checklist is applicable to the labour room(s) and its auxiliary area like nursing station, waiting area and recovery area. It also includes septic labour room and eclampsia room .

This checklist is updated for LaQshya

Outdoor department

Include:

All clinics , Immunization room, Dressing room, Waiting area and Laboratory's sample collection centre. ICTC and ANC clinics.

It may be possible that OPD services are dispersed geographically, for example ANC Clinic may not be located in the main OPD complex. Therefore, all such facilities should be visited.

Exclusion:

Family planning Clinic (if co-located in OPD),

Dispensary has been included in the Pharmacy check list.

Maternity ward –

This checklist is meant for assessment of indoor obstetric department including wards for Antenatal care, and Post-partum wards (including C-Section). The auxiliary area for these wards like nursing station, toilets and department sub stores are also included in this check-list.

However, general female wards or family planning ward are not covered within the purview of maternity ward.

Indoor Department –

This is a common checklist for other indoors wards including Medical, Surgical, Orthopedics, etc.

This checklist should be used for all such departments.

Nutritional Rehabilitation Centre

This checklist is applicable to NRC functioning within the health facility.

However, it may not be relevant, if management of malnourished patients is done in the pediatric wards.

Pediatric ward

This checklist meant for a dedicated paediatric ward. **If, there is no such ward in the hospital and paediatric patients are treated in other wards, then this checklist is not applicable at such health facilities.**

Updated for MusQan

Sick Newborn Care Unit

This checklist is applicable to a functional **Level II SNCU**, located in the Hospital. It includes auxiliary area like waiting area for relatives, side laboratory and duty rooms for the staff. **This checklist is not meant for lower level of facilities like Newborn Stabilization units and Newborn corner.**

Intensive Care Unit –

This checklist is meant for assessing **level II ICUs**, which are recommended for District Hospitals. The ICU should have ventilators.

Operation Theatre

This checklist is applicable for OT complex including General OT, Obstetrics & Gynecology OT, Orthopedics OT, Ophthalmic OT and any other facility for undertaking the surgeries **(if available)**.

Family planning/ Postpartum OT is excluded from this checklist, which will be assessed through postpartum checklist.

This checklist also includes CSSD /TSSU, either co-located within the OT complex or located separately.

A separate M-OT is introduced for LaQshya

Postpartum Unit

This checklist is applicable to Family Planning clinic, separate OT used for Family planning surgeries & abortion cases and separate indoor ward available to admit any such cases. Assessment of Post partum unit would be undertaken through this checklist.

Blood Bank

This checklist is applicable to Blood bank available within the premises of the hospital. This checklist also covers the blood component services.

This checklist is not meant for blood storage unit.

Laboratory

This checklist is meant for main clinical laboratory of the hospital and also includes the laboratory for testing TB and malaria cases under respective National Health programme. **This does not include ICTC lab for HIV testing which is part of OPD checklist.**

Radiology

This checklist is applicable on X-ray, Ultrasound & CT scan departments.
This checklist does not cover technical checkpoints for MRI

Pharmacy

This checklist is applicable on Drug store, Cold Chain storage and Drug dispensing counter.
General store and Drug warehouse are not covered within ambit of this checklist.

Auxiliary Services –

This checklist covers Laundry ,Dietary and medical record department. If these departments are outsourced and even located outside the premises, then also this checklist can be used. **Washing hospital linen in public water body like river or pond or food supplied by charitable/religious institutions does not constitute having Hospital laundry / kitchen *per se*.**

Mortuary

This checklist is applicable to Mortuary and post-mortem room located at the hospital.

Haemodialysis

This checklist is applicable in Haemodialysis Department.

General Hospital Administration

This checklist covers medical superintendent (equivalent) and hospital manager offices and processes related to their functioning. This also covers hospital policy level issues and hospital wide cross cutting processes.

This checklist is complimentary to all other checklist. So if a hospital wants to choose only some of the department for Quality Assurance initially, then this check list should always be included in the assessment programme.

List of CHC Level Checklist

12

Name of Checklists		
Accident & Emergency	New Born Stabilization Unit	Pharmacy & Store
OPD	Operation Theatre	Blood Storage Unit
Labour Room	Laboratory	Auxiliary Services
Inpatient Department	Radiology	General Administration

List of AAM - PHC Level Checklists

6



List of AAM - Urban Primary Health Care (UPHC) Checklists

12

Name of Checklists		
General Clinic	Family Planning	Pharmacy
Maternal Health	Communicable Disease	Laboratory
New Born & Child Health	Non Communicable Disease	Outreach
Immunization	Dressing & Emergency	General Administration

List of AAM – SHC level Checklist (1 Checklist – 12 Packages)

Care in pregnancy and child-birth	Neonatal and Infant healthcare services	Childhood and adolescent healthcare services	Family Planning, Contraceptive and Reproductive Healthcare Service
Management of Communicable Disease including NHP	Management of common Communicable Disease and Out-Patient care for acute simple illness and minor ailments	Screening, Prevention, Control and Management of NCD.	Care for Common Ophthalmic and ENT problems
Basic Oral Healthcare Services	Elderly & Palliative Healthcare Services	Emergency Medical Services	Screening and Basic Management of Mental Health ailments.

Measurement System for Levels for Facilities

Component	District Hospital	CHC	AAM-PHC	AAM-UPHC	AAM-SHC
Area of Concern	8	8	8	8	8
Standards	75	65	50	35	48 (A) 50 (B)
Measurable Elements	380	297	250	200	124 (A) 129 (B)
Checklist	21	12	6	12	1

SESSION 3: AREA OF CONCERN

A - SERVICE PROVISION

National Health Policy 2017 envisages an attainment of the highest possible level of health and wellbeing for all at all ages, through a preventive and promotive health care, and universal access to good quality health care services. To achieve the NHP goals and provide quality health care services accountable and responsive to people's needs, various strategic plans have been developed, which includes efforts towards ensuring the availability of services offered by public healthcare facilities. Under NHM Indian Public healthcare standards (IPHS) established in 2007, revised in 2012 and 2022 define the service provision and infrastructure requirements for Primary and secondary level public healthcare facilities. To strengthen the availability of services as per IPHS, under NQAS first Area of concern -Service Provision has been carved out.

Area of concern not only ensures mere availability of mandated services but also ensures services are functional and available to its users as per time mandate. So, area of concern -A, service provision, defines and measure 360-degree availability of services which means availability of structure (infrastructure, staff, equipment, drugs etc.), process (clinical, support, administrative processes) and outcome (adequacy, functionality, utilization) for the services.

In this session -six standards will be covered along with their measurable elements, checkpoints, and applicable checklist. As RMNCH+A is the priority standard A2; the facility provides RMNCH+A services, is the core standard to get national level certification.

Learning objectives:

1. Understanding of the standards under the area Of concern' a' inclusive of

- Curative services
- RMNCHA
- Diagnostic services
- National Health Programmes
- Support services
- Local community needs

2. How these standards are arranged in different checklists

3. Things to be kept in mind while conducting assessment for area of concern a

Expected outcome:

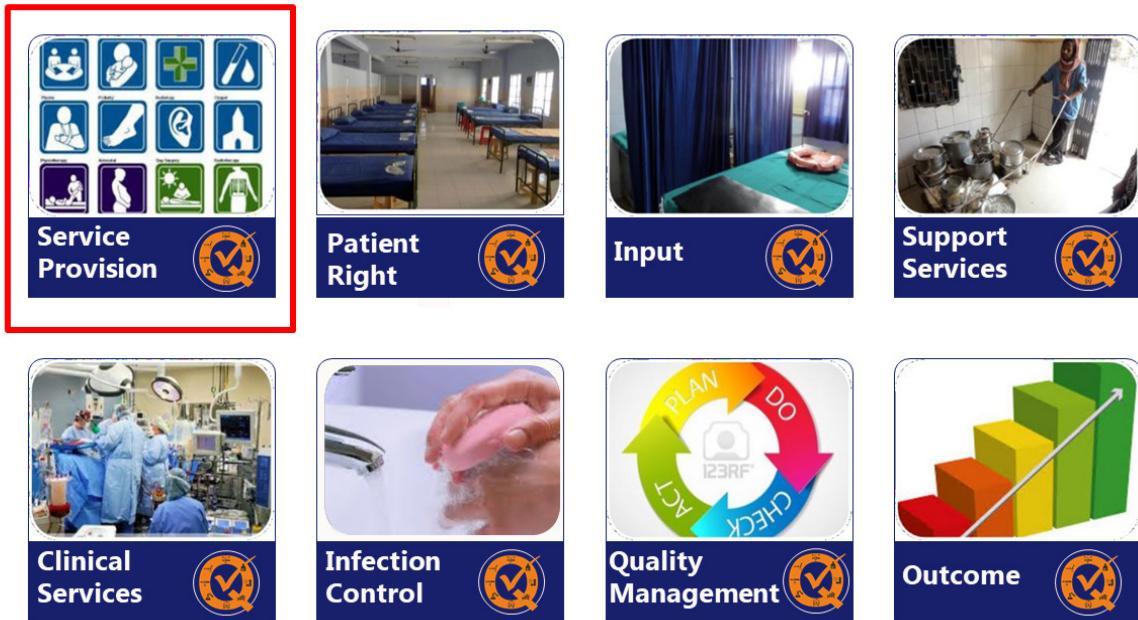
By the end of the session, it is expected that trainees will be well-acquainted with the idea that the mere availability of infrastructure or human resource does not always ensure the availability of services. The use of assessment methods in various permutations is very much essential to assess the functionality of services.

Suggested reading material:

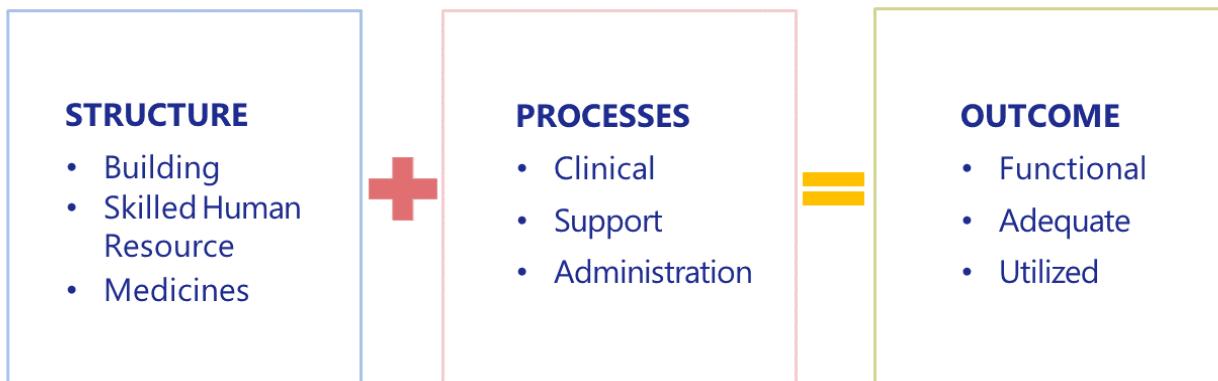
1. Implementation guide on RCH-II, adolescent and reproductive sexual health strategy for state and district program manager, ministry of health and family welfare, govt. Of India.
2. Rashtriya Bal Swasthya Karyakaram (RBSK), Operational guidelines, MOHFW 2013.
3. National Quality Assurance Standards for public health facilities 2020.
4. Assessor's guidebook for quality assurance in district hospitals 2019, vol I, vol II & vol III

AREA OF CONCERN - A

SERVICE PROVISION



AVAILABILITY TO SERVICE USERS



SERVICE PROVISION

This area of concern measures availability of services, which implies that the services are functional and available to **end-users**.



- Infrastructure and Equipment are functional
e.g. Departments is not locked /Deserted, Critical equipment are working
- Service Providers available
e.g. Doctor, Nurse, Pharmacist etc. available
- Services being provided for time mandated
e.g. OPD for at least 8 hours
- Subcomponent of services are being delivered
e.g. ANC conducted; Immunization done
- Service Being Utilized
e.g. There must have been some users if service is available.

AREA OF CONCERN A

Standards and Measurable Elements

Checklists	District Hospitals	CHCs	PHCs	UPHCs	HWCs
Standards	6	6	4	5	2
ME	52	43	32	25	16

Area of Concern
A

Service Provision- Standards

DH

A1
Curative Services

A2
RMNCHA Services

A3
Diagnostic Services

A4
National Health Programs

A5
Support Services

A6
Services as per Local Needs

Standard	DH	CHC (FRU)	PHC (24*7)	UPHC	HWC-SC
Curative Services (A1)	Y	Y	Primary Level	Y	A-1 Comprehensive Primary Healthcare Services
RMNCHA Services (A2)	Y	Y	Y	Y	A-2 Drugs and diagnostic services
Diagnostic Services (A3)	Y	Y	A3	A3	N
National Health Programmes (A4)	Y	Y	Y	Y	N
Support Services (A5)	Y	Y	A3	A3	N
Community Needs (A6)	Y	Y	N	A5	N

**Standard
A1(ME 18)**

The Facility Provides Curative Services (DH)

Medicine
Surgery
Obs & Gynae
Pediatric
Ophthalmology
ENT
Orthopedics
Skin & VD
Psychiatry
Dental
AYUSH
Physiotherapy
Super Specialty
Emergency
Intensive Care
Blood Bank

EMERGENCY



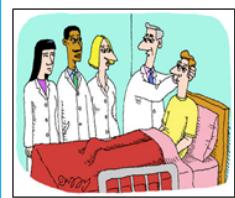
Availability of Emergency Procedures for different specialties

OPD



Availability of Functional OPD Consultation Services for different specialties

INDOOR



Availability of Indoor Services (Wards) For different specialties

OT



Availability of Surgical Procedures For different Specialties

Curative Services

**Standard
A1**

**Checklist 1
Accident & Emergency**



Ask Emergency Doctor/ Nursing Staff

- if they can manage patients of Different Medical Emergencies/ Perform Procedures as given in means of verification as **tracers**.



Review emergency register to see

- What kind of case they usually manage
- Patients are not referred for cases can be managed easily at facility.
- check for some patients have been treated in Night



Observe in emergency department

- case load and type of patients
- Doctors and paramedic staff is available on duty
- patients are not refused emergency treatment

**Standard
A2**

The Facility Provides RMNCHA Services



Reproductive

Maternal

Newborn

Childhood

Adolescent

**Standard
A2**

The Facility Provides RMNCH+A Services (DH)

ME A2.1 Reproductive	EMR	OPD	Labour Room	Maternity Ward	NRC Paed. Ward	SNCU	OT	PP Unit
ME A2.2 Maternal	EOC	ANC	PPIUD Delivery, Complications	Postpartum care			Tubal Ligation C-Section Complication	Limiting Spacing Counsel Abortion Post- Partum Counsel
ME A2.3 Newborn		Immunization	Resuscitation	Newborn Care		Treatment of Sick Newborn	Resuscita tion	
ME A2.4 Child	Emergency Management	RBSK			SAM, Pneumonia Diarrhea			
ME A2.5 Adolescent		ARSH Clinic						Abortion

**Standard
A2**

The Facility Provides RMNCH+A Services



Observe :-

- Dedicated functional clinics for different services like ARSH , Immunization, Family Counseling , ANC are available .
- Service providers Doctor, Nurse, counselors etc. are available in operational hours.



Review registers / records:-

- For procedures like delivery, C-sections, family planning surgeries, abortion and management of complications like eclampsia has been done.
- Patients are being treated for different illnesses as given in scope of services



Ask staff

- If they can manage different cases and services are being provided as per defined in means of verification.

**Standard
A3**

Facility Provides Diagnostic Services



**Availability of
Other Diagnostics
tests as mandated**



**Availability of Lab
Services**

**Availability of Radiology
Services**

**Standard
A3**

The Facility Provides Diagnostic Services (DH)

	Laboratory	Radiology	IIPD, Labour Room, OT, Emergency	SNCU, NRC, ICU
ME A3.1 Radiology		X-Ray USG		Portable X-Ray
ME A3.2 Laboratory	Hematology Bio-chemistry Microbiology Serology		Point of Care tests	Side Lab
ME A3.3 Other			ECG, TMT	

**Standard
A3**

The Facility Provides Diagnostic Services (DH)



Observe

- Dedicated department and services eg. X- Ray, Lab etc are available in house
- Service providers Doctor, Technician etc. are available



Review registers / records

- For diagnostic tests/ procedures are being done for different categories
- Emergency lab test , & X-ray specially in Night are done



Ask staff

- If they tests/ procedures are done in the facility eg. Emergency HIV testing in labor room

**Standard
A4
ME 12**

The Facility Provides services as mandated in National Health Programs/ state scheme

- *This standard measures availability of the services at health facility under different National Health Programmes such as NTEP, NVBDCP, etc.*

**Standard
A4**

**The Facility Provides services as mandated in National Health Programs/
state scheme**

National Program for the health care of the elderly as per guidelines

National TB Elimination Programme as per guidelines

National Leprosy Eradication Programme as per guidelines

National AIDS Control Programme as per guideline

National Program for control of Blindness & Visual Impairment as per guidelines

Mental Health Program as per guideline

National Vector Borne Disease Control Program as per guidelines

National Program for Prevention and control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) as per guidelines

National TB Elimination Programme as per guidelines

Integrated Disease Surveillance Programme as per guidelines

National health Program for prevention and control of deafness as per Guideline

Universal Immunization Programme (UIP) as per guidelines

National Iodine deficiency Program as per guidelines

National Tobacco Control Program as per guidelines

As per local needs/ State specific health program as per guidelines

Observe



- Dedicated functional clinics for different services DOT Center, ICTC, Geriatric Clinic, Microscopy center etc. are available.
- Service providers Doctor, Nurse, counselors etc. are available in operational hours.

Review registers / records



- Patients are being treated for different illnesses as given in scope of services

Ask staff



- If they provide different services as under National Health Programs.

Standard A5

The Facility provides support services

ME A 5.1 Dietary services	Pharmacy	Auxiliary	Mortuary	General
ME A 5.2 Laundry Services	Functional Drug Store, Drug Distribution Counter Cold Chain	Functional Kitchen, Medical record Department & Laundry	Storage & Postmortem Services	Availability of support services
ME A 5.3 Security Services				
ME A5.4 Housekeeping services				
ME A 5.5 Maintenance Services				
ME A 5.6 Pharmacy Services				
ME A 5.7 Medical records				
ME A 5.8 Mortuary				

- *The standard mandates availability of the services according to specific local health needs. Different geographical area may have certain health problems, which are prevalent locally*



Ask staff

- Ask staff if there are some local health problems that are not addressed by the facility
- As hospital leadership (Superintendent/Civil Surgeon) how they decide scope of services and is there any mechanism to involve community in that.



Ask Patient

- Interact with some patients/Visitors to know about the services that are needed but not provided by the facility



Observe

- Collect information independent about local health needs & Prevalent Health problems and see if scope of services of facility match with it or not.

SESSION 4: AREA OF CONCERN B - PATIENT RIGHTS

Area of concern – B, Patient's rights, ensure that public health facilities address the healthcare issues of the poor and vulnerable population, and services are provided in a manner that is sensitive to gender. It advocates the services are accessible as well as provided with respect, dignity, and confidentiality. It also ensures that religious and cultural preferences of patients and attendants are taken into consideration while delivering services. Besides, healthcare facilities provide services irrespective of social and economic status of the patients, which includes special cases like transgender groups, domestic violence, and assault etc. as per prevalent norms and government directions.

Session broadly covers six standards focused on accessibility of services which includes physical as well as financial accessibility of services in public healthcare facilities. So, it ensures services mandated under Govt schemes are available cashless to targeted groups. As to reduce out of pocket expenditure, Govt is providing free of cost drugs, diagnostic etc. Standard B5, which states -there is no financial barrier to access, and that financial protection is given from the cost of hospital services is core standards of NQAS National Certification.

Learning objectives:

1. Understanding of the standards under the Area of Concern 'B' inclusive of

- Information
- Accessibility
- Privacy and Confidentiality
- Patient Participation
- Free Services
- Ethical Dilemmas

2. How these standards are distributed in different checklists

3. Things to be kept in mind while conducting an assessment of these standards

Expected outcome:

By the end of the session, it is expected that trainees will be well acquainted with the concept

of quality healthcare services which are accessible, acceptable, and affordable to all without any financial barriers. The trainees have the requisite knowledge about the information to be inquired from the patient/their attendants about service accessibility.

They will also be well-versed with the measurable elements which ensure that:

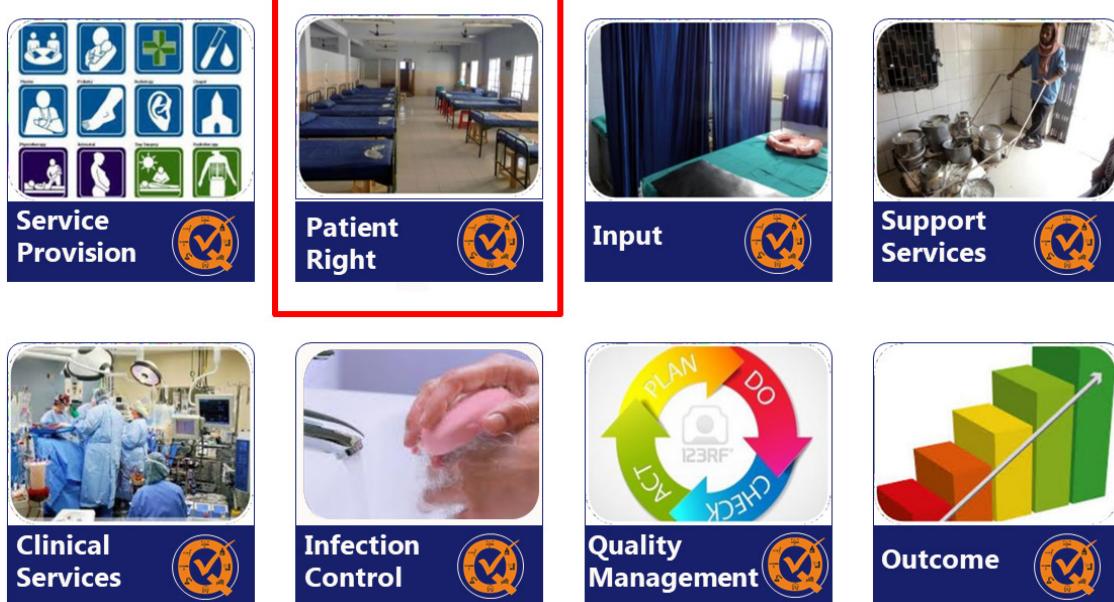
- Mechanism to maintain privacy, confidentiality, and dignity of patients, and has a system for guarding patient-related information.
- Importance of informing patients about the medical condition, involving them in treatment planning, and facilitates informed decision-making.
- System for complaint management & grievance re- addressal.
- The mechanism for defining and implementing ethical dilemmas confronted during the delivery of services at public health facilities.

Suggested Reading Material:

1. Guideline for implementing Sevottam, Department of Administration reform and public grievance, Ministry of Health and Family Welfare
2. International Covenant on Social, Economic and Cultural Rights (ICESCR)
3. National Quality Assurance Standards for Public Health Facilities 2020
4. Assessor's Guidebook for Quality Assurance in District Hospitals 2019, vol I, vol II & vol III

AREA OF CONCERN - B

PATIENT RIGHTS



Patient Rights

- Right to information
- Right to records and reports
- Right to Emergency Medical Care
- Right to informed consent
- Right to confidentiality human dignity and privacy
- Right to second opinion
- Right to transparency in rates, and care according to prescribed rates wherever relevant
- Right to non discrimination
- Right to safety and quality care according to standards
- Right to choose alternative treatment options if available
- Right to choose source for obtaining medicines or tests
- Right to proper referral and transfer, which is free from perverse commercial influences
- Right to protection for patients involved in clinical trials
- Right to protection of participants involved in biomedical and health research



Standard B1

The facility provides the **information to care seekers, attendants & community about the available services and their modalities**

**ME B1.1
Signage**

Look for

- Name of the Department Displayed
- Direction to different department is given
- Restriction Notice (Labour Room, OT, SNCU)
- Signage in Uniform color & user friendly

All Departments

**ME B1.2
Service
Availability
Information**

Display of

- Available Services, Drugs
- Timings, Contact No..
- Entitlements (JSY, JSSK, Other Schemes)
- Staff on Duty

**All Patient Care
Departments**

**ME B1.3
Citizen
Charter**

Displayed Prominently

- Scope services
- Beds Available in Different Department
- Whom to Contact in case of complaint

General/ Admin

**ME B1.4
User
Charges**

Look for

- User Charges, if Any, Displayed

**OPD, IPD,
Pharmacy**

**ME B1.5
IEC Material**

Look for Display of IEC material

- National Health Programs
- Health Education'
- Counseling Aid & other Brochure

**All Patient Care
Departments**

**ME B1.6
Local
Language**

- Look for that all information is at least available in local language

All Departments

ME B1.7 Help Desk	<p>Look for</p> <ul style="list-style-type: none"> ➤ Dedicated "May I Help You Desk" ➤ A dedicated person is available to for answering enquiry 	OPD, IPD, Pharmacy
ME B1.8 Access to clinical Records	<p>Check for</p> <p>Clinical records/Information is shared with the patients eg. OPD Prescription, Lab Reports, Discharge Summary etc.</p>	All Patient Care Departments

OPD Checklist , Vol - I

Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barriers on account of physical economic, cultural or social reasons	
ME B2.1 Gender Sensitivity	<ul style="list-style-type: none"> ➤ Separate Queue & Clinic for Females in OPD ➤ Separate Male & female toilets ➤ Female attendant at time of female examination ➤ Male Patients not Admitted in Female wards 	All Patient Care Departments
ME B2.2 Religious & Cultural Preferences	<ul style="list-style-type: none"> ➤ Food Preferences ➤ Environment 	All Patient Care Departments
ME B2.3 Physical Access	<ul style="list-style-type: none"> ➤ Ramps ➤ Disable Friendly Toilets ➤ Wheelchair/ Stretcher ➤ Maintained Internal Paths/ Circulation Area 	All Patient Care Departments
ME B2.4 Social Indiscrimination	<ul style="list-style-type: none"> ➤ No social Discrimination (Age/Religion/colour/region/education, etc.) 	General /Admin
ME B2.5 Affirmative Services	<p>Arrangements for-(linkage)</p> <ul style="list-style-type: none"> ➤ Terminally Ill Patients ➤ Lawaris Patients ➤ Domestic Violence 	General/Admin

Standard B3	The facility maintains <u>privacy, confidentiality & dignity of patient</u>, and has a system for guarding patient related information	
ME B3.1 Visual privacy	<ul style="list-style-type: none"> ➢ Availability of Screen/ curtains ➢ No two women are treated on same bed ➢ Separate Clinics ➢ Breastfeeding Area 	All Patient Care Departments
ME B3.2 Confidentiality of records	<ul style="list-style-type: none"> ➢ Patient Records are kept at secure place 	All Patient Care Departments
ME B3.3 Staff Behavior	<ul style="list-style-type: none"> ➢ Dignified behavior ➢ Free from Physical abuse or harm ➢ Informed during any procedure 	All Patient Care Departments
ME B3.4 Confidentiality of Patient Vulnerable groups	<ul style="list-style-type: none"> ➢ HIV status of the patient 	All Patient Care Departments

Standard B4	The facility has defined and established procedures for <u>informing</u> patients about the medical condition, and <u>involving</u> them in treatment planning, and facilitates <u>informed decision making</u>.	
ME B4.1 Consent	There is established procedures for taking informed consent before treatment and procedures.	All Patient Care Departments
ME B4.2 Patient Rights Information	Patient is informed about his/her rights and responsibilities	All Clinical Departments
ME B4.3 Staff Awareness	Staff are aware of Patients rights responsibilities	All Patient care Departments
ME B4.4 Treatment Information	Information about the treatment is shared with patients or attendants, regularly	All Patient Care Departments
ME B4.5 Grievance Redressal	The facility has defined and established grievance redressal system in place	All Patient Care Departments/Admin

**Standard
B5**

The facility ensures that there is no financial barrier to access, and that there is **financial protection given from the cost of hospital services**

**ME B5.1
JSY/JSSK**

The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes

**All Maternal &
Newborn
Departments****ME B5.2
Free Drugs**

The facility ensures that drugs prescribed are available at Pharmacy and wards

**All Patients care
Departments****ME B5.3
Free
Diagnostics**

It is ensured that facilities for the prescribed investigations are available at the facility

**All Patient care
Departments****ME B5.4
BPL**

The facility provide free of cost treatment to Below poverty line patients without administrative hassles.

**All Patient Care
Departments****ME B5.5
Incentives**

The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients

**All Clinical
Departments****ME B5.6
Health
Insurance**

The facility ensure implementation of health insurance schemes as per National/ state scheme

**All Patient care
Departments****Standard
B6**

The Facility has defined framework for **ethical management including dilemmas confronted during delivery of services at public health facilities**

**ME B6.1
Code of
Conduct**

- Ethical norms and code of conduct for medical and paramedical staff have been established.

General Admin**ME B6.2
Awareness**

- Staff is aware of code of conduct established

General Admin**ME B6.3
Medical
Representatives**

- The Facility has an established procedure for entertaining representatives of drug companies and suppliers

General Admin**ME B6.4
Medical
Examination**

- The Facility has an established procedure for medical examination and treatment of individual under judicial or police detention as per prevalent law and government directions

General Admin

Standard B6	The Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities	
ME B6.1 Code of Conduct	➤ Ethical norms and code of conduct for medical and paramedical staff have been established.	General Admin
ME B6.2 Awareness	➤ Staff is aware of code of conduct established	General Admin
ME B6.3 Medical Representatives	➤ The Facility has an established procedure for entertaining representatives of drug companies and suppliers	General Admin
ME B6.4 Medical Examination	➤ The Facility has an established procedure for medical examination and treatment of individual under judicial or police detention as per prevalent law and government directions	General Admin
ME B6.5 Data Sharing	➤ There is an established procedure for sharing of hospital/patient data with individuals and external agencies including non-governmental organization	General Admin
ME B6.6 End of Life Care	➤ Removal of life support ➤ There is an established procedure for 'end-of-life' care	All patient care areas
ME B6.7 LAMA	➤ Declaration of LAMA patient and its consequences	All Patient Care areas
ME B6.8 Research Activity	➤ Established procedure for obtaining informed consent from the patients in research	General Admin
ME B6.9 Medical Certificates	➤ There is an established procedure to issue of medical certificates and other certificates	General Admin
ME B6.10 Strikes	➤ There is an established procedure to ensure medical services during strikes or any other mass protest leading to dysfunctional medical services	General Admin
ME B6.11 Copy of Code of Ethics	➤ Updated copy of code of ethics under Indian Medical council act is available with the facility.	General Admin
ME B6.12 Resolving of Ethical Dilemmas	➤ Framework for resolving ethical dilemmas' through ethical committee	General Admin

Area of Concern- B- Patients' Rights

Standards	DH/SDH	CHC	PHC (24x7)	UPHC	AAM-SHC
B1 - Information to care seekers, attendants and community about availability of services	√	√	√	√	√
B2 – Sensitive to gender, religious & cultural needs, no barriers on account of physical economic, cultural or social reasons	√	√	√	√	√
B3 – Maintain privacy, confidentiality & dignity of patient & guarding patient related information	√	√	√		√
B4 – Informing patient about medical condition & involving them in treatment planning and decision making	√	√	✗	✗	✗
B5 – No financial barrier to access & financial protection given from the cost of hospital services	√	√	√	√	√
B6 – Ethical management including dilemmas confronted during delivery of services	√	✗	✗	✗	✗

SESSION 5: AREA OF CONCERN

C - INPUTS

National Health Mission (NHM) was launched in 2005 to strengthen the Public Health System. The Mission seeks to provide effective healthcare to the populace throughout the country with special focus on the States with weak health indicators. Studies reveals that one of the reasons for non-availability of services is inadequate infrastructure in term of HR, equipment, medicines etc. To address the structural issues in public health care institutions Indian Public Health Standards (IPHS) for Sub-Centres (SC), Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District and District Hospitals (SDH and DH) were published in 2007 and then subsequently revised.

IPHS are a set of uniform standards envisaged to improve service provisioning and structural norms in country. It defines infrastructure, human resources, medicines, and equipment requirements for the different levels of health facilities. Quality standards given in this area of concern take cognizance of the IPHS requirement.

Area of concern- C, Inputs, address Seven standards which predominantly covers the structural part of the facility and focus on ensuring compliance to a minimum level of inputs, which are required for ensuring delivery of committed services. Area of concern not only cover adequacy of HR but also ensure HR is skilled, competent to perform their stipulated functions.

Learning objectives:

1. Understanding of the standards under the Area of Concern 'C' inclusive of

- Infrastructure and Space
- Physical Safety
- Fire Safety
- Human Resources
- Drugs and Consumables
- Instruments and Equipment
- Staff Competence

2. How these standards are distributed in different checklists

3. Things to be kept in mind while conducting assessment of these standards

Expected outcome:

By the end of the session, it is expected that trainees will be acquainted with the structural requirements to ensure that available services are safe and effective. At the end of the session, following outcomes are expected:

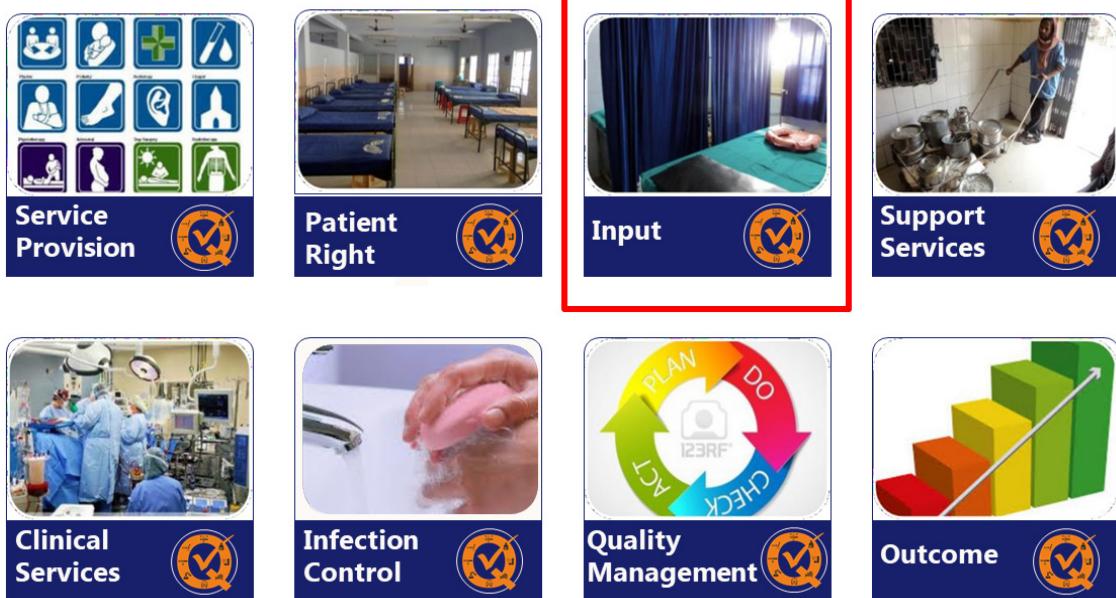
1. Learned about infrastructure requirement for delivery of health services as per the patient load or prevalent norms.
2. Learned about the requirements to ensure physical safety, fire safety and prevention from any disaster.
3. Learned about defined inputs (e.g., skilled staff, drugs and consumables, equipment, and instruments) required for providing committed health services as per service provision and patient load.
4. Learned about parameters used to assess competence and performance of clinical and paraclinical staff.

Reading Material:

1. Indian Public Health Standards (IPHS), Guidelines for District Hospitals, Community Health Centre, Primary Health Centre, Revised 2012
2. Compendium of norms for designing of hospitals and medical institutions
3. National Quality Assurance Standards for Public Health Facilities 2020
4. Assessor's Guidebook for Quality Assurance in District Hospitals 2019, Vol I, Vol II & Vol III

AREA OF CONCERN - C

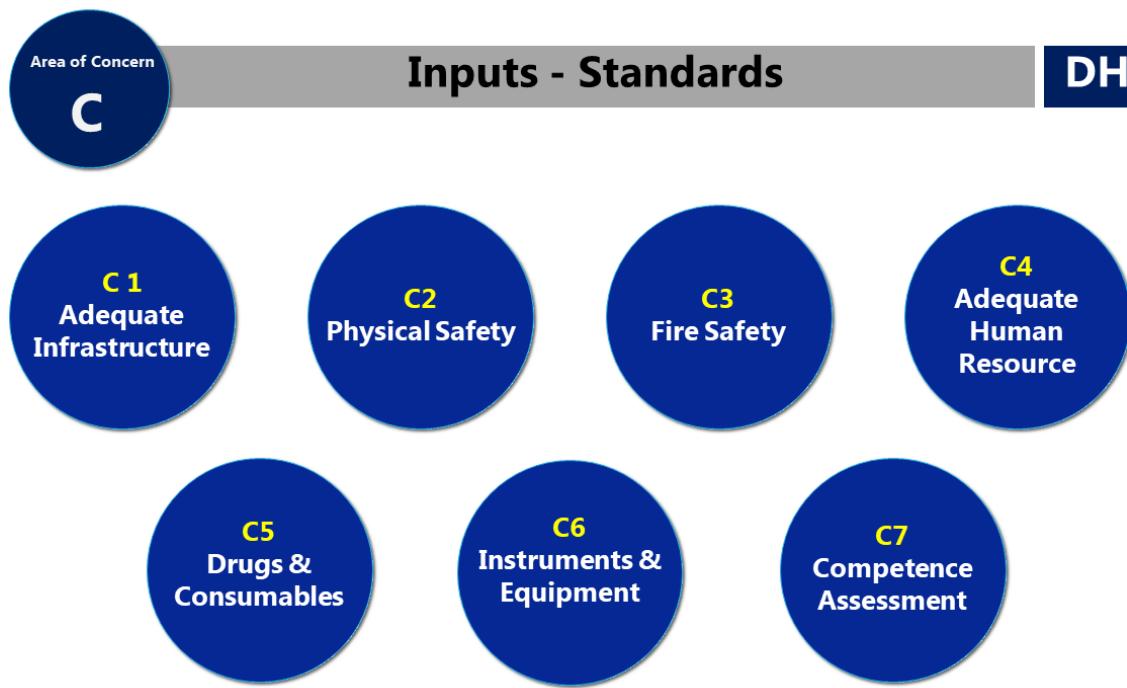
INPUTS



AREA OF CONCERN C

Standards and Measurable Elements under Inputs

Checklists	District Hospitals	CHCs	PHCs	UPHCs	HWCs
Standards	7	5	5	4	5
ME	40	30	25	20	12



Arrangement of Standards in Checklists

	Standards	DHs	CHCs	PHCs	UPHCs	HWC-SC
C-1	Available infrastructure and Space to meet prevalent norms	Yes	Yes (C1)	Yes (C1)		
C-2	Physical safety	Yes	MERGED (C2 ,C3 with C7)	MERGED (C2 ,C3 with C7)	MERGED (C1,C2 &C3)	MERGED (C1,C2)
C-3	Fire safety and other disaster	Yes				
C-4	Adequate qualified and trained staff	Yes	Yes (C-3)	Yes (C-3)	Yes C2	Yes (C2)
C-5	Drugs and consumables	Yes	Yes (C-4)	Yes (C-4)	Yes C-3	Yes (C-4)
C-6	Equipment and instruments	Yes	Yes (C-5)	Yes (C-5)	Yes C-4	Yes (C-5)
C-7	Competency and performance of Staff	Yes	Merged in C3	Merged in C3	Merged in C2	Yes (C-3)

Standard C1

The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms.

Measurable Elements – 07

ME C1.1 Adequate Space	Departments have adequate space as per patient or workload.	All Departments	
ME C1.2 Patient Amenities	Patient amenities are provided as per patient load.	All Patient Care Areas	
ME C1.3 Layout	Departments have layout and demarcated areas as per functions.	All Departments	
ME C1.4 Circulation Area	The facility has adequate circulation area and open spaces according to need and local law.	All Departments	
ME C1.5 Communication	The facility has infrastructure for intramural and extramural communication.	All Departments	
ME C1.6 Service Counters	Service counters are available as per patient load.	All Departments	
ME C1.7 Functional Relationship	The facility and departments are planned to ensure structure follows the function/processes	All Departments	

Standard C2

The facility ensures the physical safety of the infrastructure.

Measurable Elements – 04

ME C2.1 Seismic safety	The facility ensures the seismic safety of the infrastructure.	All Departments	
ME C2.2 Lifts Safety	The facility ensures safety of lifts and lifts have required certificate from the designated bodies/board.	General/ Administration	
ME C2.3 Electrical Safety	The facility ensures safety of electrical establishment.	All Departments & Special focus on departments having additional electrical safety e.g. SNCU & ICU	
ME C2.4 Building Safety	Physical condition of buildings are safe for providing patient care.	All Departments	

**Standard
C3**

The facility has established Program for fire safety and other disaster

Measurable Elements – 03

**ME C3.1
Fire Safety
Plan**

The facility has plan for prevention of fire

**All Departments &
Hospital wide issues in
General/Administration**



**ME C3.2
Fire Fighting
Equipment**

The facility has adequate fire fighting Equipment.

All Departments



**ME C3.3
Fire Safety
Training**

The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation

All Departments



**Standard
C4**

The facility has adequate qualified and trained staff, required for providing the assured services to the current case load

Measurable Elements – 05

**ME C4.1
Specialist
Doctors**

The facility has adequate specialist doctors as per service provision.

**All Clinical
Departments**



**ME C4.2
General Duty
Doctors**

The facility has adequate general duty doctors as per service provision and workload.

**All Clinical
Departments**



**ME C4.3
Nursing Staff**

The facility has adequate nursing staff as per service provision and workload.

**All Clinical
Departments**



**ME C4.4
Paramedic/
Technician**

The facility has adequate technicians/paramedics as per requirement.

**All Clinical
Departments except
labour room & NRC**



**ME C4.5
Support Staff**

The facility has adequate support/general staff.

All Departments

Standard C5**The facility provides drugs and consumables required for assured services****Measurable Elements – 03**ME C 5.1
Drug Availability

The departments have availability of adequate drugs at point of use

All Clinical DepartmentsME C5.2
Consumables Availability

The departments have adequate consumables at point of use

All Clinical DepartmentsME C5.3
Emergency Drug Tray

Emergency drug trays are maintained at every point of care, wherever it may be needed.

All Clinical Departments**Standard C6****The facility has equipment & instruments required for assured list of services****Measurable Elements – 07**ME C6.1
Examination & Monitoring Instruments

Availability of equipment & instruments for examination & monitoring of patients

All Clinical DepartmentsME C6.2
Surgical Instruments

Availability of equipment & instruments for treatment procedures, being undertaken in the facility

All clinical Departments doing surgical proceduresME C6.3
Diagnostic Equipment

Availability of equipment & instruments for diagnostic procedures being undertaken in the facility

All clinical departmentsME C6.4
Resuscitation Equipment

Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients

All clinical DepartmentsME C6.5
Storage Equipment

Availability of Equipment for Storage

All DepartmentsME C6.6
Support Services Equipment

Availability of functional equipment and instruments for support services

All DepartmentsME C6.7
Furniture & Fixtures

Departments have patient furniture and fixtures as per load and service provision

All Departments

**Standard
C7**

Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff

Measurable Elements – 11



ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff.	All Departments
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year	All Departments
ME C7.3	Criteria for performance evaluation clinical and para clinical staff are defined	All Departments
ME C7.4	Performance evaluation of clinical and para clinical staff is done on predefined criteria at least once in a year	All Departments
ME C7.5	Criteria for performance evaluation of support and administrative staff are defined.	All Departments
ME C7.6	Performance evaluation of support and administration staff is done on predefined criteria at least once in a year	All Departments
ME C7.7	Competence assessment and performance assessment includes contractual, empaneled, and outsourced staff	All Departments
ME C7.8	Training needs are identified based on competence assessment and performance evaluation and facility prepares the training plan	All Departments
ME C7.9	The Staff is provided training as per defined core competencies and training plan	All Departments
ME C7.10	There is established procedure for utilization of skills gained through trainings by on –job supportive supervision	All Departments
ME C7.11	Feedback is provided to the staff on their competence assessment and performance evaluation	All Departments

SESSION 6: AREA OF CONCERN D - SUPPORT SERVICES

Support services are an essential component of every healthcare facility as it helps immensely to define patient's or visitor perception about the quality of services provided. Neat and clean patient care area, well-maintained building and corridors, hygienic & good quality food, clean linen and well-maintained workstations inculcate trust and comfort. It also ensures services are provided efficiently in a safer and secure environment and finally influence the overall satisfaction rate of the healthcare institutions.

Area of concern -D Support Services is 2nd largest area of concern following clinical services under the NQAS quality system. Area of Concern has 12 Standards to ensure the quality of support services provided by the hospital. It includes services like maintenance of equipment, inventory management of medicines, storage of gases and inflammable, safety and security of staff, patients, and visitors etc. It also ensures compliance of the hospital to all applicable regulatory requirements.

It is important to note that the availability of support services like dietary, laundry services will be assessed in the Area of Concern- 'Services Provision. However, quality of food, linen that is a nutritional requirement, cleanliness and freshness of linen provided etc. will be assessed under the area of concern support services.

Standard D10: which ensures compliance of healthcare facility with all applicable statutory/legal requirements is one of the core standards for NQAS Certification.

Learning objectives:

1. Understanding of the standards under the Area of Concern 'D.'
2. How these standards are distributed in different checklists.
3. Things to be kept in mind while conducting an assessment of these standards.

Expected outcome:

By the end of the session, it is expected that trainees will be well acquainted with the following:

1. Importance and assessment methodology of evaluating support services, specially outsource services.
2. Trainee is aware that washing of linen (inhouse or outsourced) are not allowed in the nearby pond, river, etc. and food provided by free by community meals should not be considered as dietary services.

3. Aware of all statutory and legal requirements imposed by local, state and central government.
4. Aware about roles of Rogi Kalyan Samiti/ Hospital Management Committee for promoting public participation and ensure transparency and accountability.

Suggested Reading Material:

1. IS 10905, Part-1, Recommendations for basic requirements of general hospital buildings: Part 1, Administrative and Hospital Services, 1984
2. BIS standards- Medical Gases
3. National Quality Assurance Standards for Public Health Facilities 2020
4. Assessor's Guidebook for Quality Assurance in District Hospitals 2019, Vol I, Vol II & Vol III

AREA OF CONCERN - D

SUPPORT SERVICES



Support Services– Beneath the “Tip of the Iceberg”



Equipment Maintenance

Standard D1

The facility has established Program for inspection, testing and maintenance and calibration of Equipment



ME D1.1 Equipment Maintenance

Maintenance of critical Equipment
Preventive Maintenance, AMC, Routine User Level Maintenance

Applicable to all Departments

ME D1.2 Calibration

Internal & external calibration of measuring Equipment
Calibration Plans, Methods / Work Instructions, Calibration Record, Calibration Status Labels with correction factor

Applicable to all Departments having measuring equipment like BP Apparatus, thermometer, Auto analyzer, pressures gauge etc.

ME D1.3 Operating Instructions

Operating and maintenance instructions are available with the users of equipment
Operating Manuals, Work Instructions / Operating Instructions

Applicable to Departments having High End Equipment like Radiant warmer, auto analyzer, Boyles apparatus , ILR in ICU, SNCU, Lab, Blood Bank, OT , Labour room

Inventory management

Standard D2

The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas



ME D2.1 Indenting & Forecasting

Established procedure for forecasting and indenting drugs and consumables.
Preventive Maintenance, AMC, Routine User Level Maintenance

Applicable to all clinical department & Special focus on Pharmacy

ME D2.2 Drug Procurement

Established procedure for procurement of drugs.
Local purchase, vendor selection, procedure for requisition

Applicable to Pharmacy only

ME D2.3 Drug Storage

Ensures proper storage of drugs and consumables
Storage conditions, Racks / Bins / Containers, Labelling – Strength, Expiry, LASA, Loose Strips / Cut Strips, O2 / Medical Gas Cylinders

Applicable to all Clinical departments & Special focus on Pharmacy

ME D2.4 Expiry Drugs

Ensures management of expiry and near expiry drugs
Expiry Checks, Expiry management for crash carts / POC Drugs.

Applicable to all clinical department

ME D2.5 Inventory Management

Established procedure for inventory management techniques
Buffer Stocks, Minimum Stock Levels, Reorder Levels, Bin Cards, VED, FEFO

Applicable to all clinical departments & Special focus on Pharmacy

ME D2.6 Replenishment

Procedure for periodically replenishing the drugs in patient care areas Crash Carts – ED, ICU, Ambulance, Track Stock Outs

Applicable to all Clinical departments

ME D2.7 Cold Chain

Process for storage of vaccines and other drugs, requiring controlled temperature.
Temperature Logging, Display of vaccine storage instructions

Applicable to all clinical department & Special focus on Pharmacy/ Cold Chain Room

ME D2.8 Psychotropic Drugs

Procedure for secure storage of narcotic and psychotropic drugs.
Double Lock & Key, Reconciliation of empty ampoules, NDPS List

Applicable to all patient care areas with special focus on Pharmacy

Safety & Security

Standard D3

The facility provides safe, secure and comfortable environment to staff, patients and visitors.



ME D3.1 Illumination	Provides adequate illumination level at patient care areas. OT Lighting, Procedure Area Lighting, Corridors / Stairwells	Applicable to all department
ME D3.2 Restriction of Visitors	Has provision of restriction of visitors in patient areas. Overcrowding, Visitors Policy, Entry Restrictions in Patient Care Areas, Signages, Policy on Night Stay of Attendants	Applicable to all Departments & Policy level issues in General/ Admin
ME D3.3 Work Environment	Ensures safe and comfortable environment for patients and service providers Ambient Temperature – Fans/AC / Heating, Nursing Stations / Duty Rooms, Temperature Monitoring in Critical Care Areas	Applicable to all departments with special focus to critical care & Hazard Prone areas like SNCU, ICU, OT & Radiology
ME D3.4 Security System	Has security system in place at patient care areas Security – Labour Rooms, Emergency, Identification bands / footprints – Labour Room, SNCU	Applicable to all department & Special focus on departments having vulnerable Patients – Emergency, Labour Room & SNCU Systemic Issues Covered in General/Admin Checklist
ME D3.5 Women Safety	Has established measure for safety and security of female staff Women's Safety, Nights Roster, Review of Duty Roster, ICC / Committee Against Sexual Harrassment	Applicable to all departments & Policy Level Issues in General/ Admin

Facility Management

Standard D4

The facility has established Program for maintenance and upkeep of the facility.



ME D4.1 Hospital Appearance	Exterior of the facility building is maintained appropriately	Applicable to all department
ME D4.2 Cleanliness	Patient care areas are clean and hygienic	Applicable to all department
ME D4.3 Infrastructure Maintenance	Hospital infrastructure is adequately maintained	Applicable to all department
ME D4.4 Landscaping	Hospital maintains the open area and landscaping of them.	Applicable to all department
ME D4.5 Condemnation	Policy of removal of condemned junk material	Applicable to all department
ME D4.6 Pest Control	Has established procedures for pest, rodent and animal control	Applicable to all department

Water & Power Supply

Standard D5	<p>The facility ensures 24 x 7 water and power backup as per requirement of service delivery, and support services norms.</p>	
ME D5.1 Water Supply	Adequate arrangement storage and supply for portable water in all functional areas.	Supply applicable to all department Storage and Maintenance in General/Admin
ME D5.2 Power Supply	Ensures adequate power backup in all patient care areas as per load	Power backup in all departments, Alternate Backup in critical area like OT, SNCU, ICU , Emergency & labor room
ME D5.3 Medical Gas Supply	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply.	Supply in critical areas- OT, Labor room, SNCU, ICU, Manifold room in general/ admin



Dietary Services

Standard D6	<p>Dietary services are available as per service provision and nutritional requirement of the patients.</p>	
ME D6.1 Nutritional assessment	Provision of nutritional assessment of the patients. Nutritional Assessment of patients – Clinical / Nursing Notes	All department admitting patients- Maternity ward, SNCU, ICU, NRC etc. & OPD
ME D6.2 Dietary Provision	Provides diets according to nutritional requirements of the patients. Menu, Diet Timing / Servings, Patient Satisfaction, Availability of Diet	All department admitting patients- Maternity ward, SNCU, ICU, NRC etc.
ME D6.3 Kitchen Management	Standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients. Storage of perishable and non-perishable items, Kitchen Hygiene, Waste Management, Staff Grooming & Hygiene, Food Handlers Health Checks, Special Diets Preparation training	Hospital Kitchen & NRC Kitchen



Laundry Services

Standard D7	<p>The facility ensures clean linen to the patients.</p>	
ME D7.1 Linen Stock	The facility has adequate sets of linen	All patient care departments
ME D7.2 Linen Change	Established procedures for changing of linen in patient care areas	All patient care departments
ME D7.3 Linen Processing	Standard procedures for handling, collection, transportation and washing of linen.	Quality Check at Departments , washing at laundry (Auxiliary)



Community Participation

Standard D8	<p>The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability</p>		
ME D8.1 Rogi Kalyan Samiti	Established procedures for management of activities of Rogi Kalyan Samiti.	For assessment of RKS Office (General/Admin)	
ME D8.2 Community Monitoring	Established procedures for community based monitoring of its services.	Applicable on General/Admin.	

Financial Management

Standard D9	<p>Hospital has defined and established procedures for Financial Management</p>		
ME D9.1 Fund Utilization	Ensures the proper utilization of fund provided to it	Applicable on General/Admin.	
ME D9.2 Financial Planning	Ensures proper planning and requisition of resources based on its need.	Applicable on General/Admin.	

Legal Compliances

Standard D10	<p>Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government</p>		
ME D10.1 Licenses	Has requisite licenses and certificates for operation of hospital and different activities	Applicable on department requires licenses like radiology, Blood Bank & General Admin for licensees like BMW & Fire NOC	
ME D10.2 Copies of Act	Updated copies of relevant laws, regulations and government orders are available at the facility	Applicable on General/Admin.	
ME D10.3 Regulatory Practices	The facility ensure relevant processes are in compliance with statutory requirement.	Radiology for PNDT, Emergency for Medico legal PP Unit for abortion	

H R Management

Standard D11	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	
ME D11.1 Job Description	Established job description as per govt. guidelines	All departments & Policy to General/Admin
ME D11.2 Deputation	Established procedure for duty roster and deputation to different departments	Applicable to all the departments
ME D11.3 Dress Code	Ensures the adherence to dress code as mandated by its administration / the health department	Applicable to all departments



Contract Management

Standard D12	The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations .	
ME D12.1 Contract Management	Established system for contract management for outsourced services.	All Departmental, Contract management at General/Admin
ME D12.2 Review of Outsourced Services	There is a system of periodic review of quality of outsourced services.	General/Admin.



SESSION 7: AREA OF CONCERN E- CLINICAL SERVICES

The Clinical care is the most important aspects of any hospital. Management of clinical cases is a collective effort that includes assessment, planning, coordination among services and staff to meet the patient's medical care needs. It also includes developing a discharge plan, arranging rehabilitation and community based medical services (wherever applicable). Policies, procedures, standard treatment guidelines and Government directives etc. followed to provide clinical care help to fulfil the requirements of cases management, safety, and regulatory compliance. So, to achieve the effective high clinical outcomes, it is required that due attention be given to improve the quality of all collaborative processes.

Area of Concern 'E' – Clinical care is the largest area of concern under NQAS and contains 23 standards and it is. They could be grouped into three parts.

- First set of standards (E1-E9) - General Clinical Services
- Second set of standards (E10-E16) – Specific Clinical Services
- Third set of standards talks about RMNCH+A Services (E17-E22), National Health Programmes (E23) and Hemodialysis (E24)

Learning objectives:

- a. Understanding of the standards under the Area of Concern 'E' inclusive of-
 - Registration, Consultation and Admission
 - Clinical Assessment and Re-assessment
 - Continuity of Care
 - Nursing Care
 - High-risk and Vulnerable Patients
 - Drug Prescription
 - Safe Drug Administration
 - Clinical Records and Storage
 - Discharge of Patient
 - Intensive Care
 - Emergency Services

- Diagnostic Services
- Blood Bank/Storage
- Anaesthetic Services
- Operation Theatre Services
- End-of-Life Care
- Antenatal, Intra-natal and Postnatal Care
- Newborn and Child Care
- Family Planning and Adolescent Health
- National Health Programmes

- a. How these standards are distributed in different checklists
- b. Things to be kept in mind while conducting assessment of these standards

Expected outcome:

By the end of the session, it is expected that trainees will be well acquainted with the perception that clinical services are the processes that define directly the outcome of services and quality of care. Non-adherence to clinical guidelines and protocols may affect the quality of care provided by the healthcare facility. Following outcomes are expected at the end of the session:

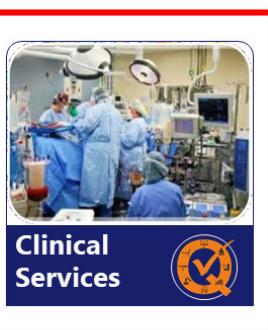
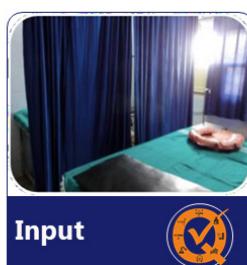
1. Well-versed with the underlying principles of clinical assessment and reassessment of the patients. Simultaneously, know the procedures for continuity of care during inter-departmental or inter-hospital transfer.
2. Importance of patient handover/nursing handover during the change in the staff shift.
3. Underlying concept of safe drug administration which includes: prescribing drugs by their generic name only (and not by brand name), and as per Standard Treatment Guidelines (STG). Ensuring compliance with the 7R concept (Right Drug, Right Patient, Right Time, Right Route, Right Dose, Right Reason, Right Documentation) before prescribing drugs, identification and cautious administration of high alert drugs.
4. Trainees are aware of basic requirements of specific services viz Emergency, blood bank, SNCU, ICU, Mortuary etc.
5. Perceive the significance of the underlying principles of antenatal, intra-natal and postnatal care as per the guidelines.
6. Aware of the recent changes in various national health programmes.

Suggested Reading Material:

1. Hutchinson Clinical Methods, 24th Edition
2. A guide for advocating for Respectful Maternity Care by White Ribbon Alliance
3. National Patient Safety Implementation Framework
4. National Quality Assurance Standards for Public Health Facilities 2020 Assessor's Guidebook for Quality Assurance in District Hospitals 2019, Vol I, Vol II & Vol III

AREA OF CONCERN - E

CLINICAL SERVICES



GENERAL CLINIC SERVICES

E1
Registration,
Consultation &
Admission

E2
Clinical Assessment
& Treatment Plan

E3
Continuity of Care
& Referral

E4
Nursing Care

E5
High Risk &
Vulnerable patients

E6
Rational
Prescribing & Use
of drugs

E7
Safe Drug
administration

E8
Maintain, Update &
storage of records

E9
Discharge &
Follow up



**Standard
E1**

The facility has defined procedures for registration, consultation and admission of patients



Measurable Elements – 04

**ME E1.1
Registration**

The facility has established procedure for registration of patients

**ME E1.2
Consultation**

The facility has an established procedure for OPD consultation

**ME E1.3
Admission**

The facility has an established procedure for OPD consultation

**ME E1.4
Extra Beds**

There is established procedure for managing patients, in case beds are not available at the facility



**Standard
E2**

The facility has defined and established procedure for clinical assessment and preparation of the treatment plan



Measurable Elements – 03

**ME E2.1
Initial Assessment**

There is established procedure for initial assessment of patients

**ME E2.2
Follow up**

There is established procedure for follow-up/reassessment of Patients

**ME E2.3
Treatment Plan**

The facility has an established procedure for OPD consultation

**Standard E3**

The facility has defined and established procedures for continuity of care of patient and referral

**Measurable Elements – 04**

ME E3.1
Interdepartmental Transfer

The facility has established procedure for continuity of care during interdepartmental transfer

ME E3.2
Referral

The facility provides appropriate referral linkages to the patients/Services for transfer to other/ higher facilities to assure the continuity of care

ME E3.3
Designated Person

A person is identified for care during all steps of care

ME E3.4
Telemedicine

The facility is connected to medical colleges through telemedicine services

**Standard E4**

The facility has defined and established procedures for nursing care

**Measurable Elements – 05**

ME E4.1
Identification

Procedure for identification of patients is established at the facility

ME E4.2
Timely Care

Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility

ME E4.3
HOTO

There is established procedure of patient hand over, whenever staff duty change happens

ME E4.4
Nursing record

Nursing records are maintained

ME E4.5
Monitoring

There is procedure for periodic monitoring of patients

HIGH-RISK**Standard E5****The facility has a procedure to identify high risk and vulnerable patients****Measurable Elements – 02**ME E5.1
Vulnerable

The facility identifies vulnerable patients and ensure their safe care

ME E5.2
High Risk

The facility identifies high risk patients and ensure their care, as per their need

Standard E6**Facility ensures rationale prescribing and use of medicines****Measurable Elements – 03**ME E6.1
Generic Name

The facility ensured that drugs are prescribed in generic name only

ME E6.2
Rational Use

There is procedure of rational use of drugs

ME E6.3
Review &
Optimization

There is established procedure for Medication Review and optimization

5 Moments of Medication Safety**Engagement of Patient**

5 Moments for Medication Safety



Starting a medication

- ▶ What is the name of this medication and what is it for?
- ▶ What are the risks and possible side-effects?



Taking my medication

- ▶ When should I take this medication and how much should I take each time?
- ▶ What should I do if I have side-effects?



Adding a medication

- ▶ Do I really need any other medication?
- ▶ Can this medication interact with my other medications?



Reviewing my medication

- ▶ How long should I take each medication?
- ▶ Am I taking any medications I no longer need?



Stopping my medication

- ▶ When should I stop each medication?
- ▶ If I have to stop my medication due to an unwanted effect, where should I report this?

Reference: World Health Organisation



Standard E7

The facility has defined procedures for safe drug administration



Measurable Elements – 05

ME E7.1
High Alert Drugs

There is process for identifying and cautious administration of high alert drugs

ME E7.2
Medication Order

Medication orders are written legibly and adequately

ME E7.3
Drug Administration

There is a procedure to check drug before administration/dispensing

ME E7.4
7Rs

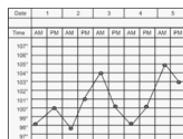
There is a system to ensure right medicine is given to right patient

ME E7.5
Self drug

Patient is counselled for self drug administration

**Standard
E8**

The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage

**Measurable Elements – 07****ME E8.1
Assessment record**

All the assessments, re-assessment and investigations are recorded and updated

**ME E8.2
Prescription record**

All treatment plan prescription/orders are recorded in the patient records

**ME E8.3
Case record**

Care provided to each patient is recorded in the patient records

**ME E8.4
Procedures record**

Procedures performed are written on patients records

**ME E8.5
Forms & Formats**

Adequate form and formats are available at point of use

**ME E8.6
Registers**

Register/records are maintained as per guidelines

**ME E8.7
Storage &
retrieval**

The facility ensures safe and adequate storage and retrieval of medical records

**Standard
E9**

The facility has defined and established procedures for discharge of patient

**Measurable Elements – 03****ME E9.1
Patient readiness**

Discharge is done after assessing patient readiness

**ME E9.2
Summary**

Case summary and follow-up instructions are provided at the discharge

**ME E9.3
Counselling**

Counselling services are provided as during discharges wherever required

SPECIFIC CLINIC SERVICES

E10
Intensive Care

E11
Emergency Services

E12
Diagnostic Services

E13
Blood Bank & Transfusion

E14
Anesthesia

E15
Surgical Services

E16
End of life care & Death

**Standard
E10**

The facility has defined and established procedures for intensive care.



Measurable Elements – 03

ME E10.1
Assessment Criteria

The facility has established procedure for shifting the patient to and from step-down / ward based on explicit assessment criteria

ME E10.2
Intensive Patient Care

The facility has defined and established procedure for intensive care

ME E10.3
Intubation

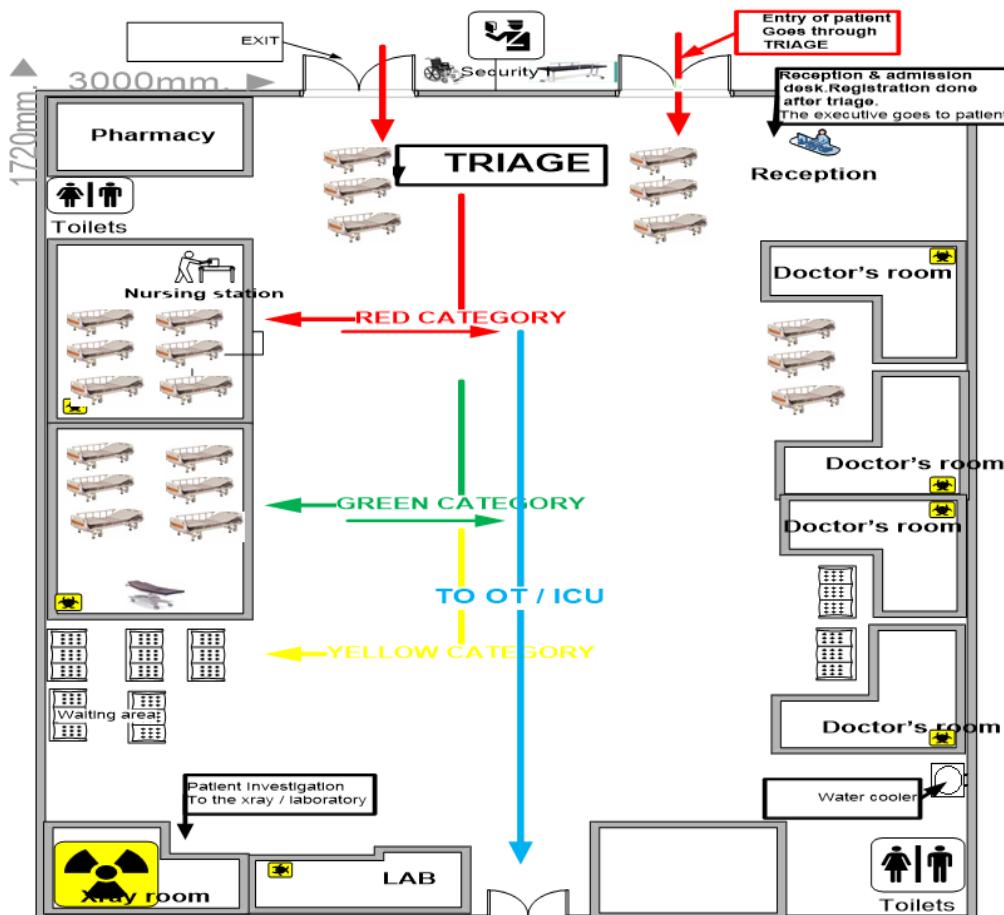
The facility has explicit clinical criteria for providing intubation & extubation, and care of patients on ventilation and subsequently on its removal.

**Standard E11**

The facility has defined and established procedures for Emergency Services and Disaster Management

**Measurable Elements – 05**

ME E11.1 Triage	There is procedure for Receiving and triage of patients	Emergency, SNCU, NRC
ME E11.2 Emergency Protocols	Emergency protocols are defined and implemented	Emergency
ME E11.3 Disaster Management	The facility has disaster management plan in place.	All Departments & Special focus in Emergency
ME E11.4 Ambulance Services	The facility ensures adequate and timely availability of ambulances services and mobilization of resources, as per requirement	Emergency & SNUC
ME E11.5 Medico Legal	There is procedure for handling medico legal cases.	Emergency



Standard E12

The facility has defined and established procedures of diagnostic services

Measurable Elements – 03ME E12.1
Pre test

There is procedure for Receiving and triage of patients

ME E12.2
Test

Emergency protocols are defined and implemented

ME E12.3
Post Test

The facility has disaster management plan in place.

Standard E13

The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion

Measurable Elements – 10

ME E13.1

Blood bank has defined and implemented donor selection criteria

Blood Bank

ME E13.2

There is established procedure for the collection of blood

Blood Bank

ME E13.3

There is established procedure for the testing of blood

Blood Bank

ME E13.4

There is established procedure for preparation of blood component

Blood Bank

ME E13.5

There is establish procedure for labelling and identification of blood and its product

Blood Bank

ME E13.6

There is established procedure for storage of blood

Blood Bank

ME E13.7

There is established the compatibility testing

Blood Bank

ME E13.8

There is established procedure for issuing blood

A & E, Paediatrics Ward, SNCU, NRC, OT, ICU, Blood Bank

ME E13.9

There is established procedure for issuing blood

A & E, Labour Room, Maternity Ward, Paediatrics Ward, SNCU, NRC, OT, ICU, IPD

ME E13.10

There is a established procedure for monitoring and reporting Transfusion complication

A & E, Labour Room, Maternity Ward, Paediatrics Ward, SNCU, NRC, OT, ICU, Blood Bank, IPD

Processes related to functioning of blood bank & transfusion services

- Donor Selection
- Collection of Blood
- Testing Procedure
- Preparation of blood component
- Labelling
- Storage of blood bags
- Compatibility testing
- Issuing
- Transfusion
- Monitoring of Transfusion Reaction

Standard E14

The facility has established procedures for Anesthetic Services.



Measurable Elements – 03

ME E14.1 Pre Anesthesia Checkup	The facility has established procedures for Pre-anesthetic Check up and maintenance of records.	IPD & OT
ME E14.2 Anesthesia Records	The facility has established procedures for monitoring during anesthesia and maintenance of records.	OT
ME E14.3 Post – Anesthesia Care	The facility has established procedures for Post-anesthesia care.	OT

Standard E15

The facility has defined and established procedures of Operation theatre services

Measurable Elements – 04

ME E15.1 OT Scheduling	The facility has established procedures OT Scheduling
ME E15.2 Preoperative Care	The facility has established procedures for Preoperative care
ME E15.3 Surgical Safety	The facility has established procedures for Surgical Safety.

The facility has established procedures for Post operative care

- **A**irway equipment,
- **B**reathing system (including oxygen and inhalational agents),
- **s**u**C**tion,
- **D**rugs and devices and
- **E**mergency medications, equipment and assistance to confirm their availability and functioning.



SURGICAL SAFETY CHECKLIST (FIRST EDITION)

Before induction of anaesthesia ►►►►► Before skin incision ►►►►►►►►►►► Before patient leaves operating room

SIGN IN	TIME OUT	SIGN OUT
<ul style="list-style-type: none"> <input type="checkbox"/> PATIENT HAS CONFIRMED <ul style="list-style-type: none"> • IDENTITY • SITE • PROCEDURE • CONSENT <input type="checkbox"/> SITE MARKED/NOT APPLICABLE <input type="checkbox"/> ANAESTHESIA SAFETY CHECK COMPLETED <input type="checkbox"/> PULSE OXIMETER ON PATIENT AND FUNCTIONING DOES PATIENT HAVE A: <ul style="list-style-type: none"> <input type="checkbox"/> KNOWN ALLERGY? <ul style="list-style-type: none"> <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DIFFICULT AIRWAY/ASPIRATION RISK? <ul style="list-style-type: none"> <input type="checkbox"/> NO <input type="checkbox"/> YES, AND EQUIPMENT/ASSISTANCE AVAILABLE RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)? <ul style="list-style-type: none"> <input type="checkbox"/> NO <input type="checkbox"/> YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED 	<ul style="list-style-type: none"> <input type="checkbox"/> CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE <input type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM <ul style="list-style-type: none"> • PATIENT • SITE • PROCEDURE ANTICIPATED CRITICAL EVENTS <ul style="list-style-type: none"> <input type="checkbox"/> SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS? <input type="checkbox"/> ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNs? <input type="checkbox"/> NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNs? <input type="checkbox"/> HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES? <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> IS ESSENTIAL IMAGING DISPLAYED? <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE 	<p>NURSE VERBALLY CONFIRMS WITH THE TEAM:</p> <ul style="list-style-type: none"> <input type="checkbox"/> THE NAME OF THE PROCEDURE RECORDED <input type="checkbox"/> THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE) <input type="checkbox"/> HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME) <input type="checkbox"/> WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED <input type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNs FOR RECOVERY AND MANAGEMENT OF THIS PATIENT

THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED.

**Standard
E16**

The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion

Measurable Elements – 03

ME E16.1 Death Note	Death of admitted patient is adequately recorded and communicated.	Indoor Departments, Labour Room, OT
ME E16.2 Death Management	The facility has standard procedures for handling the death in the hospital	Indoor Departments, Labour Room, OT
ME E16.3 Post- Mortem	The facility has standard procedures for conducting post-mortem, its recording and meeting its obligation under the law	Mortuary

RMNCHA+N

E17
Antenatal Care

E18
Intranatal Services

E19
Post-Natal
Services

E20
Newborn, Infant,
Child Health

E21
Abortion Services
& Family Plan

E22
Adolescent Health

E23
NHP

E24
PM-NDP

INTENT OF E 17 ANTENATAL CARE

- Adequate & quality ANC is provided.
- ANC registration.
- Processes during check-up.
- Identification of High-Risk pregnancy.
- Management of severe anaemia & counselling services.
- Maintenance of MCP cards.
- ANC records can be reviewed.
- Review line listing of anaemia cases.
- Review counselling on nutrition, birth preparedness, family planning, etc.



**Standard
E17**

The facility has established procedures for Antenatal care as per guidelines



Measurable Elements – 06

ME E17.1 ANC Registration	There is an established procedure for Registration and follow up of pregnant women	OPD PPU & MATERNITY WARD
ME E17.2 Antenatal Checkup	There is an established procedure for History taking, Physical examination, and counselling for each antenatal visit	OPD
ME E17.3 ANC Drugs & Diagnostics	The facility ensures availability of diagnostic and drugs during antenatal care of pregnant women	OPD
ME E17.4 High Risk Pregnancy	There is an established procedure for identification of high risk pregnancy and appropriate treatment/referral as per scope of services	OPD PPU & MATERNITY WARD
ME E17.5 Treatment of Anemia	There is an established procedure for identification and management of moderate and severe anemia	OPD PPU & MATERNITY WARD

Standard
E18**The facility has established procedures for Intrapartum care as per guidelines.****Measurable Elements – 11**

ME E18.1 Normal Delivery Protocols	Facility staff adheres to standard procedures for management of second stage of labour	Labour Room
ME E18.2 AMTSL	Facility staff adheres to standard procedure for active management of third stage of labour	Labour Room
ME E18.3 Newborn care	Facility staff adheres to standard procedures for routine care of new-born immediately after birth	Labour Room & OT
ME E18.4 C-Section Protocols	There is an established procedure for assisted and C-section deliveries per scope of services.	Labour Room & OT
ME E18.5 Pre Eclampsia / Eclampsia	Facility staff adheres to standard protocols for identification and management of Pre Eclampsia / Eclampsia	Labour Room & OT
ME E18.6 PPH	Facility staff adheres to standard protocols for identification and management of PPH	Labour Room & OT
ME E18.7 HIV	Facility staff adheres to standard protocols for Management of HIV in Pregnant Woman & Newborn	Labour Room & OT
ME E18.8 Preterm delivery	Facility staff adheres to standard protocol for identification and management of preterm delivery	Labour Room
ME E18.9 Maternal infection	Staff identifies and manages infection in pregnant woman	Labour Room
ME E18.10 New born resuscitation	There is Established protocol for newborn resuscitation is followed at the facility.	Labour Room & Maternity OT
ME E18.11 Birth Companion	Facility ensures Physical and emotional support to the pregnant women means of birth companion of her choice	Labour Room

E19 POSTNATAL CARE

- postnatal protocols of prevention of Hypothermia and breastfeeding are adhered to.
- Mother may be interviewed to know that proper counselling has been provided.



Standard E19

The facility has established procedures for postnatal care as per guidelines

ME E19.1 Post Partum Care	Post Facility staff adheres to protocol for assessment of condition of mother and baby and providing adequate postpartum care partum Care is provided to the mothers	Labor Room, Maternity Ward & OT
ME E19.2 Post Partum Counselling	Facility staff adheres to protocol for counselling on danger signs, post-partum family planning and exclusive breast feeding	Labor Room, Maternity Ward & OT
ME E19.3 Preterm Neonatal Care	Facility staff adheres to protocol for ensuring care of newborns with small size at birth	Labor Room, Maternity Ward
ME E19.4 Post Natal complications	The facility has established procedures for stabilization/treatment/referral of post natal complications	Labor Room, Maternity Ward
ME E19.5 Discharge & Followup	The facility ensure adequate stay of mother and new born in a safe environment as per standard protocols	Maternity Ward & OT
ME E19.6 Discharge & Followup	There is established procedure for discharge and follow up of mother and newborn.	Maternity Ward & OT

E20 NEWBORN AND CHILD HEALTH

- Immunization(assessed at immunization clinic)
- Emergency triage,
- Management of newborn and childhood illnesses like neonatal asphyxia, low birth weight, neo-natal jaundice, sepsis, malnutrition, diarrhoea.
- Assess availability of diluents, adherence to protocols of reconstitution of vaccine, storage of VVM labels and shake test.
- Adherence to clinical protocols for management of different illnesses in newborn and child



Standard E20

The facility has established procedures for care of new born, infant and child as per guidelines



ME E20.1 Immunization	The facility provides immunization services as per guidelines	SNCU,OPD,POPD, NRC, Paediatric & Maternity WARD
ME E20.2 Emergency Management of New born	Triage, Assessment & Management of newborns having emergency signs are done as per guidelines	SNCU NRC POPD & Pediatric Ward
ME E20.3 Low Birth Weight	Management of Low birth weight newborns is done as per guidelines.	SNCU
ME E20.4 Asphyxia	Management of neonatal asphyxia, is done as per guidelines	SNCU
ME E20.5 Sepsis	Management of sepsis is done as per guidelines	SNCU
ME E20.6 Jaundice	Management of jaundice is done as per guidelines	SNCU

ME E20.7 Management of Resp. Illness	"Management of children presenting with fever, cough or respiratory distress is done as per guidelines "	SNCU OPD POPD & Pediatric Ward
ME E20.8 SAM	"Management of children with Severe Acute Malnutrition is done as per guidelines "	NRC OPD POPD & Paediatric Ward
ME E20.9 Diarrhoea	"Management of children presenting with diarrhoea is done per guidelines "	OPD POPD & Paediatric Ward
ME E20.10 Breast feeding	Facility ensures optimal breast feeding practices for new born & infants as per guidelines	POP D SNCU NRC & Paediatric Ward
ME E20.11 RBSK	The facility provides services as per Rashtriya Bal Swasthya Karykram	POP D & Paediatric Ward

Standard E21	The facility has established procedures for abortion and family planning as per government guidelines and law	
ME E21.1 Family Planning Counseling	Family planning counseling services provided as per guidelines	Postpartum Unit
ME E21.2 Spacing Methods	The facility provides spacing method of family planning as per guideline.	Postpartum Unit
ME E21.3 Limiting Method	The facility provides limiting method of family planning as per guideline.	Postpartum Unit
ME E21.4	The facility provide counselling services for abortion as per guideline.	Postpartum Unit
ME E21.5	The facility provide abortion services for 1st trimester as per guideline.	Postpartum Unit
ME E21.6	The facility provide abortion services for 2nd trimester as per guideline.	Postpartum Unit

E21 FAMILY WELFARE & ABORTION

- Standard practices & procedures for FP counselling, spacing methods, FP surgeries and abortion services.
- Quality and adequacy of counselling services can be assessed by Client exit interview.
- Assess adherence to the protocols for IUCD insertion, precaution & contraindication for oral pills, family planning surgery, etc.



Standard E22

The facility provides Adolescent Reproductive and Sexual Health services as per guidelines

ME E22.1	The facility provides Promotive ARSH Services	OPD
ME E22.2	The facility provides Preventive ARSH Services	OPD
ME E22.3	The facility Provides Curative ARSH Services	OPD
ME E22.4	The facility Provides Referral Services for ARSH	OPD

E22 ARSH

- Promotive, preventive, curative and referral services under the ARSH.
- Staff should be interviewed, and records should be reviewed

ADOLESCENT

Priority Interventions:

1. Adolescent nutrition; iron and folic acid supplementation
2. Facility-based adolescent reproductive and sexual health services (Adolescent health clinics)
3. Information and counseling on adolescent sexual reproductive health and other health issues
4. Menstrual hygiene
5. Preventive health checkups



NATIONAL HEALTH PROGRAM

E23

NHP

Standard
E23

The facility provides National health Programme as per
operational/Clinical Guidelines

Measurable Elements - 12

Standard E23:The facility provides National Health Programme as per Operational/Clinical Guidelines

National Vector Borne Disease Control Programme	National Tuberculosis Elimination Programme	National Leprosy Eradication Programme
National AIDS Control Programme	National Programme for Control of Blindness	Mental Health Programmes
National Programme for Health Care of Elderly	National Programme for Prevention & Control of Cancer, Diabetes, Cardio & Stroke (NPCDCS)	Integrated Disease Surveillance Programme
National Programme for Prevention & Control of Deafness	National Viral Hepatitis Control Programme	National Programme for Palliative Care

HAEMODIALYSIS PROGRAM

E24 HAEMODIALYSIS PROGRAM

Standard E24

The facility has defined & established procedure for National Haemodialysis Services

ME E24.1

There is established procedure for Pre Hemodialysis assessment

Dialysis

ME E24.2

There is established procedure for care during Hemodialysis

Dialysis

ME E24.3

There is established procedure for care after completion of Hemodialysis

Dialysis

SESSION 8: AREA OF CONCERN

F - INFECTION CONTROL

Infections are a problem of serious concern in hospitals as it not only adds morbidity or mortality, but also add to a financial burden to both patients as well as health care facilities. In the case of the patient, it contributes to increase the average lengthen of stay while in the case of a healthcare facility, it put additional strain on resources of the healthcare facility. It also increases antibiotic resistance, so it is the biggest bug for clinician and challenge for hospital administration. The magnitude of hospital acquire infections are challenging to identify as there is hardly any data collected by healthcare facilities, or people are scared to disclose the infection rates due to punitive actions.

Hospital-acquired infections or nosocomial infections are the infections acquired by the person in the hospital, the manifestation of which may occur during hospitalization or after discharge from hospital

Under Area of concern- F, Infection Control the following points will be covered in detail:

1. Constitution of hospital Infection Control Committee (ICC) for monitoring of the activities related to infection control in the facility. The principal responsibility of ICC is to ensure that the facility and staff comply with the requirements of infection control in the facility.
2. Practice and execution of Standard Precautions by a healthcare worker.
3. Usage of Personal Protective Equipment
4. Cohesive measures are needed to control transmission-based (like airborne, droplet, contact, etc.) infections.
5. Reprocessing of reusable instruments and equipment
6. Ensuring compliance with environment control measures like, Zoning of the OTs (protective, clean, sterile and disposal area) Labour room and ICUs, etc.
7. Ensuring compliance with Bio-Medical Waste Management Rules, 2016 (BMW) and its subsequent amendments for segregation, collection, treatment, and disposal of bio-medical and hazardous waste.

Learning objectives:

- a. Understanding of the standards under the Area of Concern 'F' inclusive of-
 - Infection Control Programme
 - Hand Hygiene Practices

- Personal Protection
- Equipment Processing
- Environmental Control
- Bio-Medical Waste Management

b. How these standards are distributed in different checklists

c. Things to be kept in mind while conducting assessment of these standards

Expected outcome:

By the end of the session, it is expected that trainees will be well acquainted with the following:

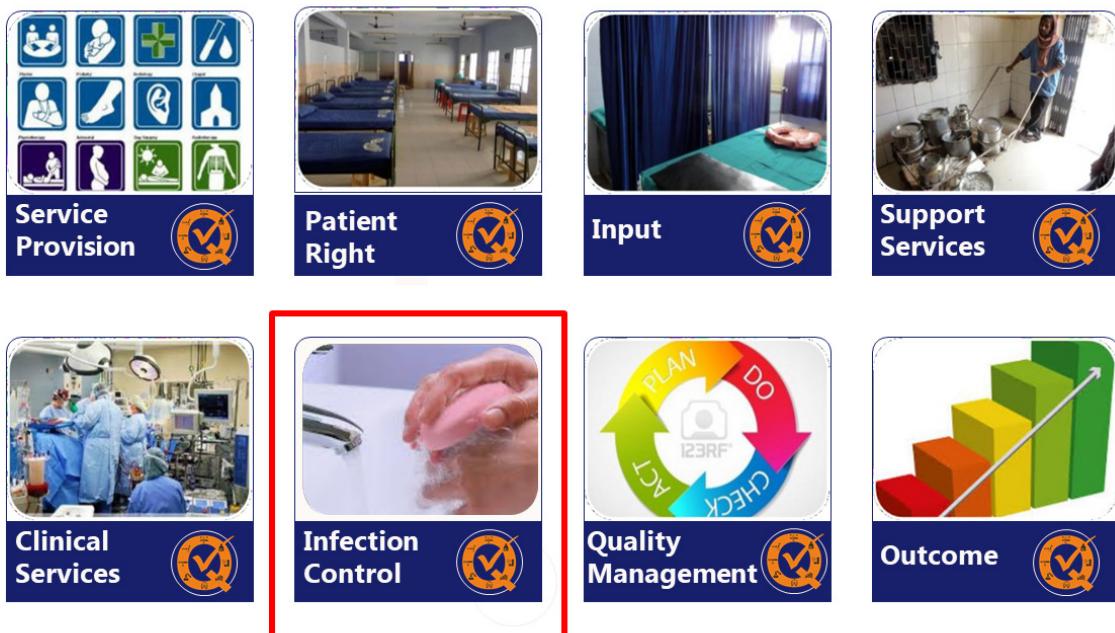
1. Standard precautions.
2. Constitution and role, responsibilities of Infection Control Committee, conducting meetings, minutes of meetings, action taken report, and follow-up action.
3. Donning and doffing of personal protective equipment.
4. equipment.
5. Decontamination, cleaning, disinfection, sterilization of instruments/equipment
6. Physical layout and environmental control of the patient care area. Collection, reporting and analysis of culture reports for action planning.
7. Bio-Medical Waste Management as per the BMW Rules, 2016 and all the related amendments.

Suggestive Reading Material:

1. Guidelines for management of healthcare waste as per BMW rules 2016
2. Guidelines for implementation of Kayakalp Initiative
3. National Quality Assurance Standards for Public Health Facilities 2020
4. Assessor's Guidebook for Quality Assurance in District Hospitals 2019, Vol I, Vol II & Vol III

AREA OF CONCERN - F

INFECTION CONTROL



Area of Concern

F

Infection Control- Standards

F1
Infection
Control
Program

F2
Hand
Hygiene

F3
Personal
Protection

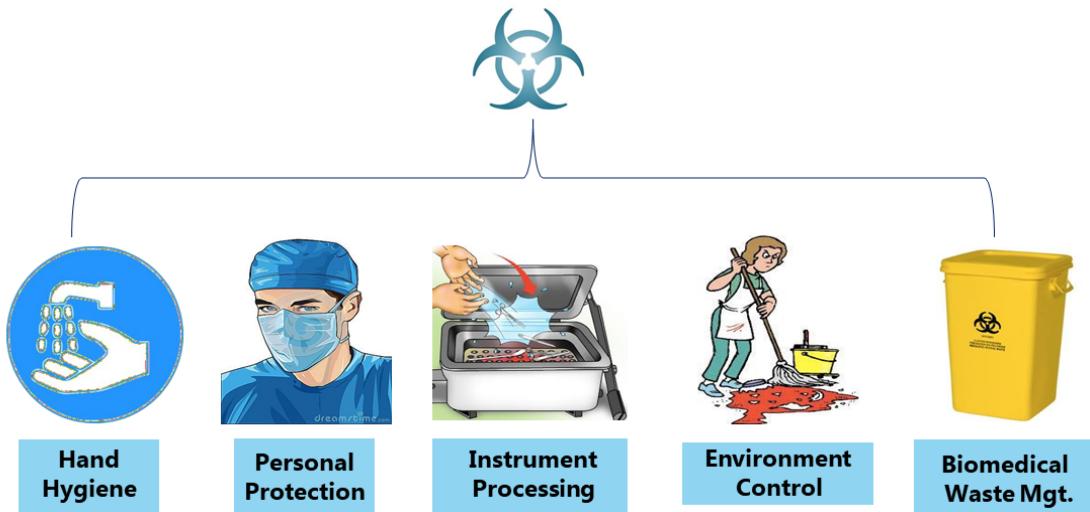
F4
Instrument
Processing &
Autoclaving

F5
Environmental
Control

F6
Biomedical
Waste
Management

What are the Standard Precautions

Infection Control Program



Standard F1

The facility has infection control Program and procedures in place for prevention and measurement of hospital associated infection.



ME F1.1 Infection Control Committee	The facility has functional infection control committee.	General Administration
ME F1.2 Infection Surveillance	The facility has provision for Passive and active culture surveillance of critical & high-risk areas.	Sample Collection in Infection Prone Department e.g., OT, Labour Room ICU, SNCU, Emergency Administrative & Policy Issue in General/ Administration
ME F1.3 Hospital Acquired Infections	The facility measures hospital associated infection rates.	Data & Sample Collection in Indoor Departments & OT Analysis & feedback In General Administration
ME F1.4 Staff Immunization	There is Provision of Periodic Medical Check-up and immunization of staff.	All Departments
ME F1.5 Infection Control Monitoring	The facility has established procedures for regular monitoring of infection control practices.	All Departments
ME F1.6 Antibiotic Policy	The facility has defined and established antibiotic policy.	Policy level in General/Admin. Practices all patient care departments

F1.1 Infection Control Committee

Medical Superintendent- Chair Person

Hospital Manager

Nursing In charge/ Matron

Pathologist/ microbiologist

One general duty medical officer

Pharmacist

In charge/ Supervisor – Housekeeping

In charge/ Supervisor- Security



Constituted and Approved by Appropriate Authority

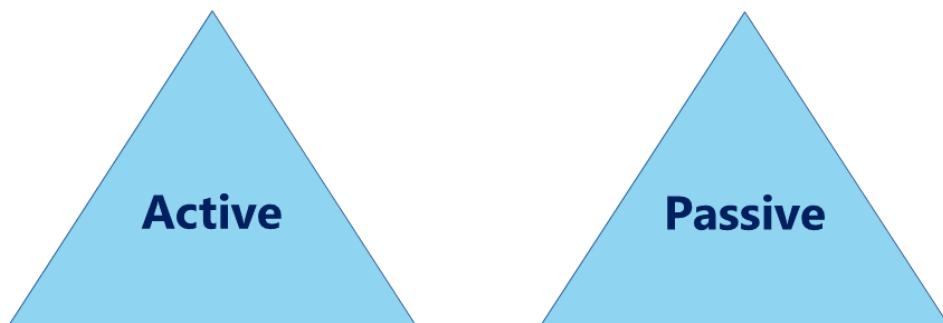


Roles and responsibility is defined and communicated

Meeting at regular interval

Records are maintained

F1.2 Culture Surveillance



Active Surveillance

Swabbing and culture for bacteria in OT

Frequency -Once a month

Passive Surveillance

Clinicians suspecting occurrence of HAI may report this to the Medical Superintendent. All details regarding the patient, procedures, medication etc. are made available.

The Medical Officer in charge of Microbiology/Pathology department of the Hospital shall be responsible for reporting any information about infections suspected to be hospital acquired.

F1.3 Hospital Acquired Infections

Sample are taken for culture to detect HAI in suspected cases.

There is defined criteria and format for reporting HAI based on clinical observation

There is defined criteria and format for reporting HAI based on clinical observation

Feedback is given to the respective departments

F1.4 Periodic Medical Checkup and Immunization of Staff

Records of Immunization

Records of Medical Check ups

F1.5 Regular Monitoring of Infection Control Practices

Designated person for coordinating infection control activities (Infection Control Nurse)

Format for monitoring hand washing activities and infection control practices

F1.6 Antibiotic Policy

Facility has antibiotic policy in place

There is system for reporting Anti Microbial Resistance within the facility

Policy Includes Rational Use of Antibiotics

Antibiotic policy includes plan for identifying, transferring, discharging & readmitting patients with specific antimicrobial resistant pathogen

Standard treatment guidelines are followed while developing Antibiotic Policy

There is procedure for periodic Laboratory Surveillance for Antibiotic Resistance

Facility Measures the Antibiotic Consumption Rates

Hand Hygiene & Antisepsis

Standard F2

The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis



ME F2.1 Hand Washing Facility

Hand washing facilities are provided at point of use

All Departments

ME F2.2 Hand Washing Practices

The facility staff is trained in hand washing practices and they adhere to standard hand washing practices

All Departments

ME F2.3 Antisepsis

The facility ensures standard practices and materials for antisepsis.

All Clinical Departments

- Washbasins are available at the at/nearby service areas with running water and soap
- IEC depicting steps of hand washing and when to hand wash is displayed at hand washing area
- Alcohol base hand rub is available for the staff
- Availability of antiseptics Betadine, Savlon etc.
- Supply of water, soap & Hand rub is regular
- Cleaning of skin with antiseptic before procedure like insertion of cannula or catheter

How to Handwash:

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB



Duration of the handwash (steps 2-7): 15-20 seconds



Duration of the entire procedure: 40-60 seconds

0



Wet hands with water;

1



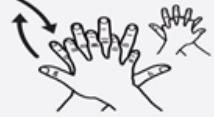
Apply enough soap to cover all hand surfaces;

2



Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palm with fingers interlocked;

6



Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



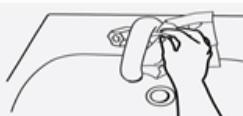
Rinse hands with water;

9



Dry hands thoroughly with a single use towel;

10



Use towel to turn off faucet;

11



Your hands are now safe.



World Health Organization

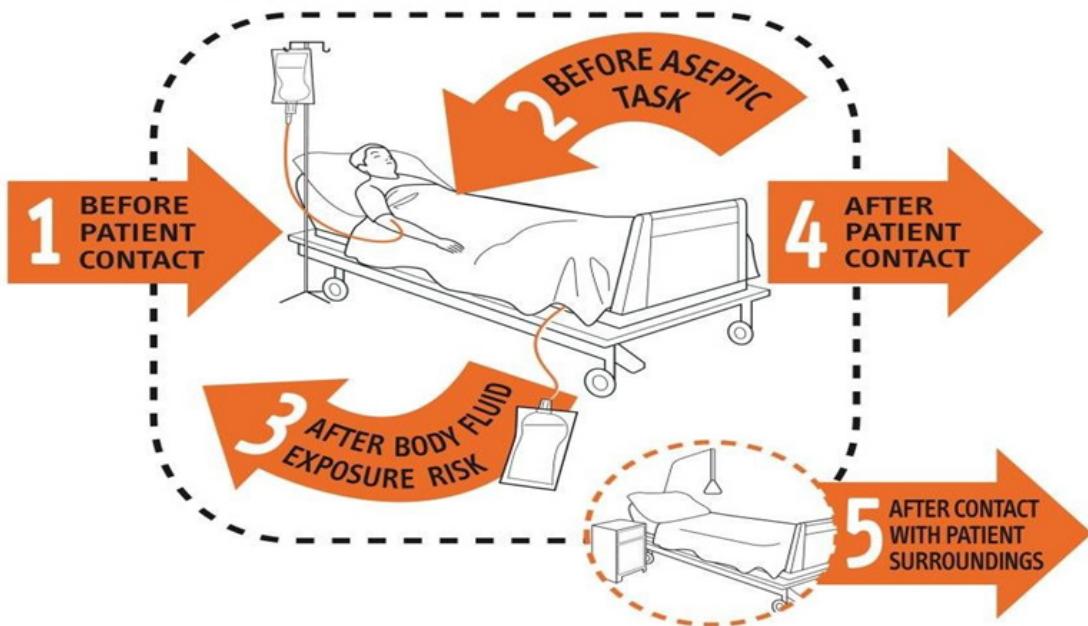
Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

5 moments for HAND HYGIENE



Personal Protection

Standard
F3

The facility ensures standard practices and materials for Personal protection.



ME F3.1 Personal Protection Equipment

The facility ensures adequate personal protection Equipment as per requirements

All Departments

ME F3.2 Personal Protection Practices

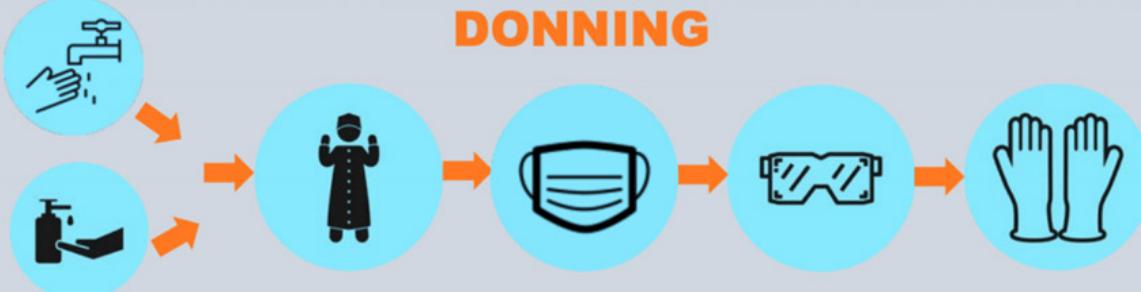
The facility staff adheres to standard personal protection practices.

All Departments

F3.1 Personal Protective Equipment



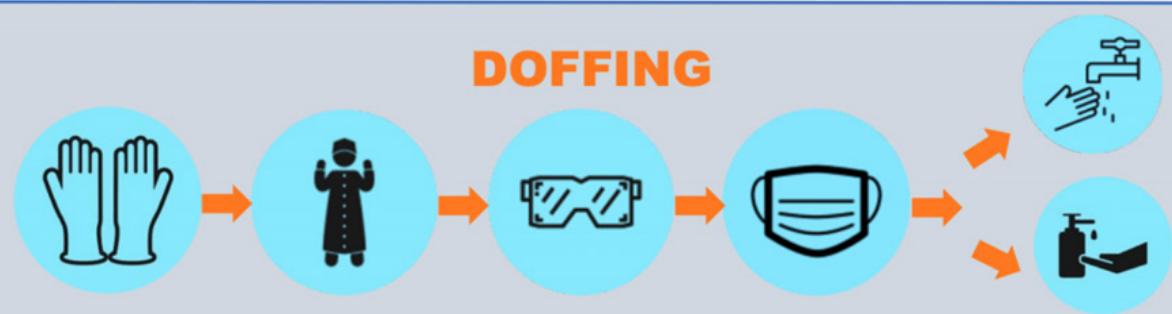
DONNING



For respiratory protection use a surgical mask or above

For eye protection use goggles or a face shield

DOFFING





- Availability and regular supply of personal protective equipment like Gloves, Gown, Mask, head cap, shoes, lab coat etc.
- Check staff is using these PPE when required
- Check there is no reuse of disposable items

Instrument Processing

Standard F4

The facility has standard procedures for processing of equipment and instruments



ME F4.1
Decontamination & Cleaning

The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas.

All Clinical Area

ME F4.2
Disinfection & Sterilization

The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment.

All Clinical Area
Sterilization/ Autoclaving covered in OT



- Sterilization records being maintained.
- Autoclaving Indicators are being used.
- Where are sterilized items kept?
- How linen is collected from wards and whether some processing of infected linen done on patient care areas.
- Ask staff about how they do decontamination and Cleaning of used instruments and procedure surface like Delivery & OT Tables
- Ask staff how they **make chlorine solution**
- Ask staff about **process of High-level disinfection (HLD)**
- Ask OT staff about the processes of **Autoclaving and Management of Sterile Goods**

INSTRUMENT PROCESSING

There are six (6) recommended steps for Instrument Processing:

1. Cleaning
2. Inspection
3. Packaging
4. Sterilization
5. Storage & Delivery
6. Quality Assurance



Environment Control

**Standard
F5**

**Physical layout and environmental control of the patient care areas ensures
infection prevention**



ME F5.1 Layout for
Infection
Prevention

Layout of the department is conducive for the infection control practices.

All High-risk area like
**SNCU, ICU, OT, Labour
Room, Emergency Etc.**

ME F5.2
Disinfectant
Materials

The facility ensures availability of standard materials for cleaning and disinfection of patient care areas.

All Departments

ME F5.3
Environment
Cleaning

The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas.

All departments with &
Special focus on **High-Risk
Areas**

ME F5.4
Isolation

The facility ensures segregation of infectious patients

All patient Care Area

ME F5.5
Air Quality

The facility ensures air quality of high-risk area

**SNCU, ICU, OT Unit,
Lab & PP Unit**

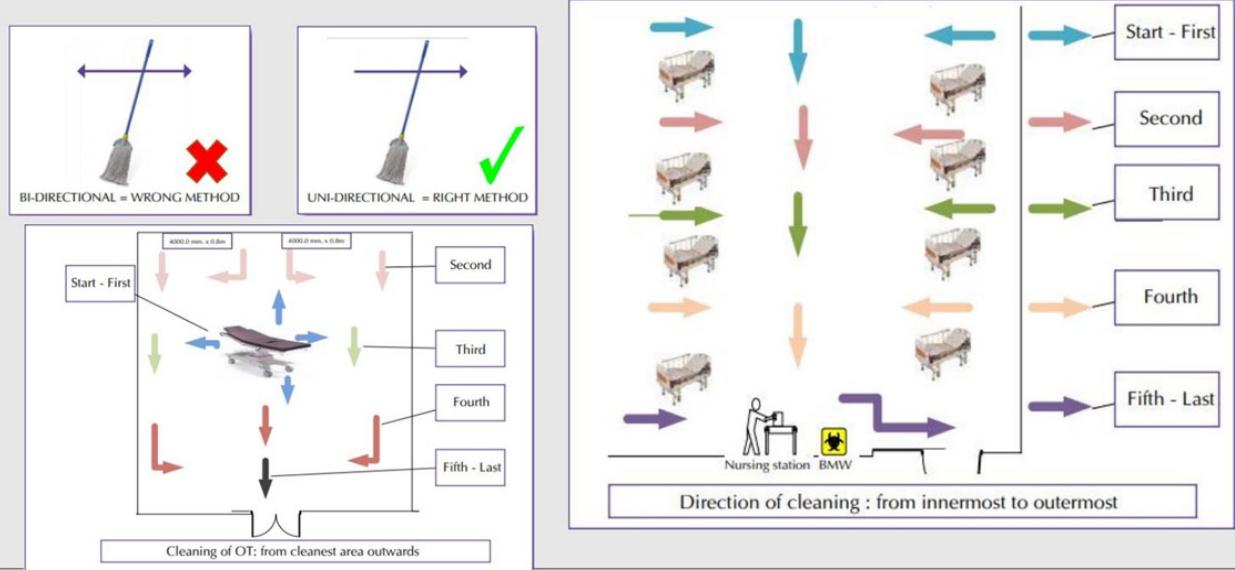
Protective Zone	Clean Zone
<p>The outermost area i.e. the entrance of Operating Theatre</p> <p>Area includes:-</p> <ol style="list-style-type: none"> 1. Circulation area including waiting room 2. OT reception 3. Staff change room 4. Toilets 5. Trolley bay patient transfer area 	<p>Next is clean zone</p> <p>Area includes:-</p> <ol style="list-style-type: none"> 1.Preoperative patient waiting area 2. Recovery Room 3. Anaesthesia Room 4. Others room includes :- Blood storage, frozen section laboratory mobile X-Ray, unit, dark room, Sister's Room, Staff Nurse room etc.
Sterile Zone	Disposal Zone
<p>The inner most area where conditions fully sterile as possible.</p> <p>This zone is maintained at highest air pressure so as to exclude entry of air from the other zones.</p> <p>It includes:</p> <ol style="list-style-type: none"> 1. Operating room 2. scrub room, 3. Theatre supply room for sterilized instruments. 	<ul style="list-style-type: none"> • Disposal Zone – Has an air –pressure less than the sterile zone. • It includes rooms where used instruments, suction bottles, waste material and soiled linen are temporarily stored before being collected for disposal or for cleaning and sterilization.

NHSRC

19

Cleanliness Protocols

Direction of cleaning (Unidirectional)



- **Three Bucket System:**

Bucket 1 - Water with detergent used in the beginning.

Bucket 2 - Rinsed in the second bucket

Bucket 3 - Disinfectant



- Check layout of department and organization of processes ensures unidirectional flow and no criss cross between sterile and infected items
- Check for availability of cleaning solutions/Disinfectants used for cleaning purpose
- Observe infectious patients are not admitted with other patients
- There is provision of equipment for maintain positive/negative pressure as per requirement
- External foot wears are not allowed in critical areas like Labour room , OT & SNCU
- Ask staff how they clean and disinfect the area
- What materials they use for cleaning
- Ask staff how they manage spills specially of body fluids like blood
- Check for records of fumigation and cleaning activities

Blood Spill Management



Biomedical Waste Management

**Standard
F6**

The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste



**ME F6.1
Segregation**

The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on- site' management of waste is carried out as per guidelines.

All Departments

**ME F6.2
Sharp
Management**

The facility ensures management of sharps as per guidelines.

**All departments
except Pharmacy &
Radiology**

**ME F6.3
Disposal**

The facility ensures transportation and disposal of waste as per guidelines.

**Transport in all
departments & disposal in
General/Admin**

BMW Management

Segregation

Collection

Transportation

Disposal





Bio-Medical Waste Segregation Chart	
Category	Type of Waste
YELLOW   	<ul style="list-style-type: none"> Post Operative Body Parts Placenta Plaster of Paris (POP) Pathological Waste Cotton Waste Dressing Materials Beddings Body Fluid Contaminated Paper and Cloth Face Mask, Cap Cytotoxic, Expired & Discarded Medicines Microbiology, Biotechnology Lab Waste
RED   	<ul style="list-style-type: none"> Syringe with out needles IV Set Catheters Gloves Urine Bag Dialysis Kit IV Bottles
WHITE (Translucent)  	<ul style="list-style-type: none"> Needles Syringes with fixed needles Blades Scalpels <p>* Use 1% Hypo Chloride Solution for disinfecting Glass & Metal Sharps</p>
BLUE   	<ul style="list-style-type: none"> Glass <ul style="list-style-type: none"> Broken Glass Ampoules Lab Slides Metals <ul style="list-style-type: none"> Nails Metallic Body Implants Scissors <p>* Use 1% Hypo Chloride Solution for disinfecting Glass & Metal Sharps</p>

Closed Bins & Container



Display of Instructions



Sharp Waste Management

Scalpels, Blades, lance Suture needle, aluminium foil and any contaminated sharp object



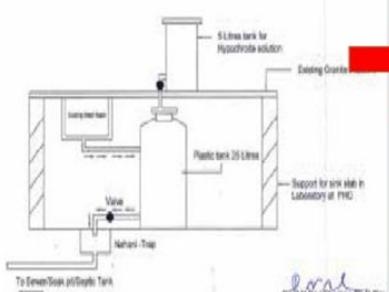
Glass Waste Management

Glassware – Broken & Contaminated glass, Medicine vials & ampoules



Liquid Waste Management

Proposal for disinfection of "Liquid Bio-medical Waste" at Primary Health Centres in Karnataka



For Small quantity waste



Automatic Lab liquid waste management machine

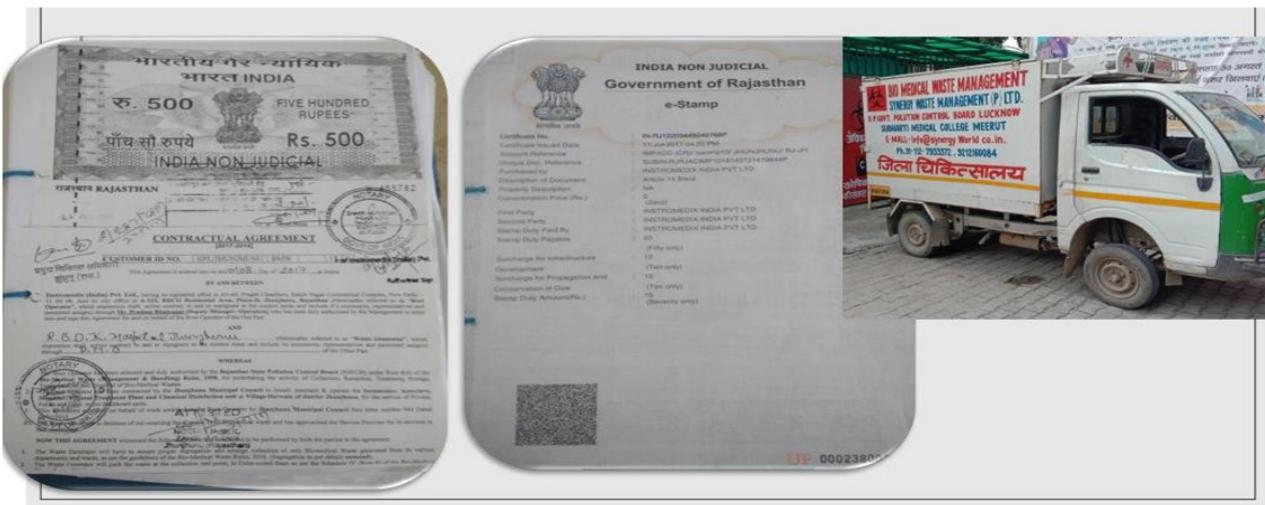
Transportation



Dedicated Storage for Biomedical Waste



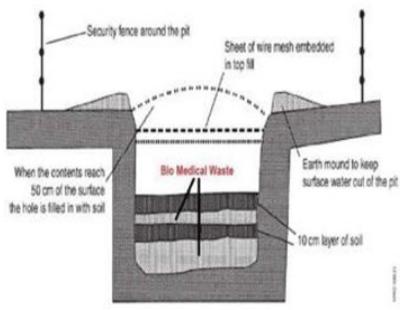
CBWTF Linkage



Deep Burial Pit with approval from Appropriate Authority

LAND DISPOSAL-DEEP BURIAL

► Wastes belonging to category 1,3,6 collected in yellow containers are disposed by this method.



Needle Stick/Sharp Injury

Safety Measures

1. Safe Management of sharps (Needles, blades, knives and scissors).
2. Wear personal protective equipments (PPE)
3. Never recap the needle after use.
4. Decontamination of used sharps by 1% chlorine solution.
5. Always dispose the sharps appropriately in puncture proof box (Sharp container).
6. Don't overfill in the sharp container.
7. Don't put finger inside the sharp container.
8. Don't remove needle from the hub.
9. Vaccination against Hepatitis B and tetanus of all the staff.
10. Report all needle stick injuries promptly.



Clean:

Report

Test

Treat

Management

- Encourage the wound to bleed, ideally by holding it under running water.
- Don't scrub the affected site
- Don't squeeze or suck the blood from the wound.
- Report the injury to their supervisor/ Infection Control Nurse (ICN).
- Immediately consult doctor on emergency duty.
- Find out the patient's HIV, Hep B and Hep C status
- First dose of post exposure prophylaxis (PEP) should be administered ideally within 2 hours (but certainly within the first 72 hours) of exposure and the risk evaluated as soon as possible.



Mercury Spill Management



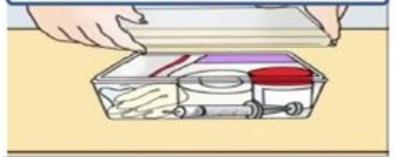
If thermometer or BP apparatus break



Do not touch Mercury



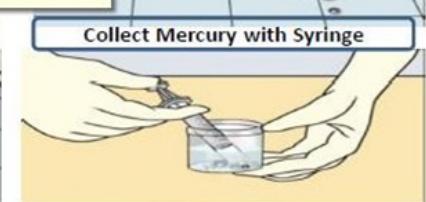
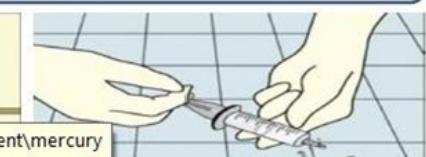
Remove accessories, Watch & bangles



Use Mercury spill management Kit



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SESSION 9: AREA OF CONCERN G - QUALITY MANAGEMENT

Quality management in health care is a broad term. In the current scenario, it aims to manage the processes to assure the delivery of quality healthcare services to its seekers.

It refers to observing the organizational functions as an interaction of procedures and methods that can be addressed individually and collectively.

Quality management ultimately seeks to improve the effectiveness of treatments and increase patient satisfaction with the services. A healthcare facility comprises different sections that is Clinical (Patient care areas like Wards, ICU, Operation Theatre, etc.) and administrative (Medical Record Department, Security, General Administration, etc.). All components need to provide quality service for the system to work properly. The essential facets of quality healthcare delivery encompass; being accessible, patient-centric, efficient, safe, impartial, and providing timely services.

Area of Concern G- Quality management requires a facility to constitute a team and undertake a set of interrelated activities that assure the quality of services according to set standards and strive to improve upon it through systematic planning, implementation, checking and acting upon the compliances. There are ten standards defined under the ambit of the National Quality Assurance Programme. It is expected that a public health facility shall provide quality care and will strive for continual improvement.

It is important to understand that while facilities shall be striving to assure provisioning of quality services, they shall be undertaking various improvement activities.

Learning objectives:

- a. Understanding of the various standards under the Area of Concern 'G'.
- b. How these standards are distributed in different checklists
- c. Why it is importance to work with teams
- d. Constitution of different committees at facility level, frequency of meeting.
- e. Roles and responsibilities of the Quality Team and different committees at the facility.

Expected outcome:

By the end of the session, it is expected that trainees will be well acquainted with the idea of the quality management in respect to health system. Under the ambit of NQAS, area

of concern covers various aspects including team formation, undertaking audits, internal assessments using NQAS checklists, undertaking Patient and employee satisfaction survey, documentation aspects usage of tools for improvement and meeting the standards. The trainee shall be able to understand they should aim at providing patient-centred care by adopting a wide team-based culture in which mission, vision, certain values and objectives are shared and transparently communicated among team members.

The participants are expected to understand the following:

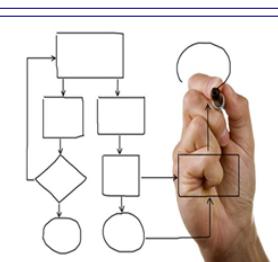
1. Formation of quality team, frequency of meetings, responsibilities of each member, minutes of meeting of the quality team of the concerned healthcare facilities.
2. Basic orientation to all the standards under Area of Concern G. and How to comply with them.

Suggested Reading Material:

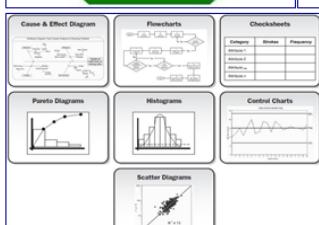
1. Quality Management in Public Health Facilities- An implementation Handbook National Health Systems Resource Centre
2. Quality Management in Hospitals, S. K. Joshi, Jaypee Publishers, New Delhi
3. Quality and Accreditation of Health Services-A Global Review, ISQua & WHO
4. National Quality Assurance Standards for Public Health Facilities 2020 Assessor's Guidebook for Quality Assurance in District Hospitals 2019, Vol I , Vol II & Vol III

AREA OF CONCERN - G

QUALITY MANAGEMENT



External quality assurance



Standards and MEs under Quality Management

Checklists	District Hospitals	CHCs	PHCs	UPHCs	HWC-SC
Standards	10	7	4	3	5
ME	49	23	19	17	07



Area on concern-G for different level of facilities

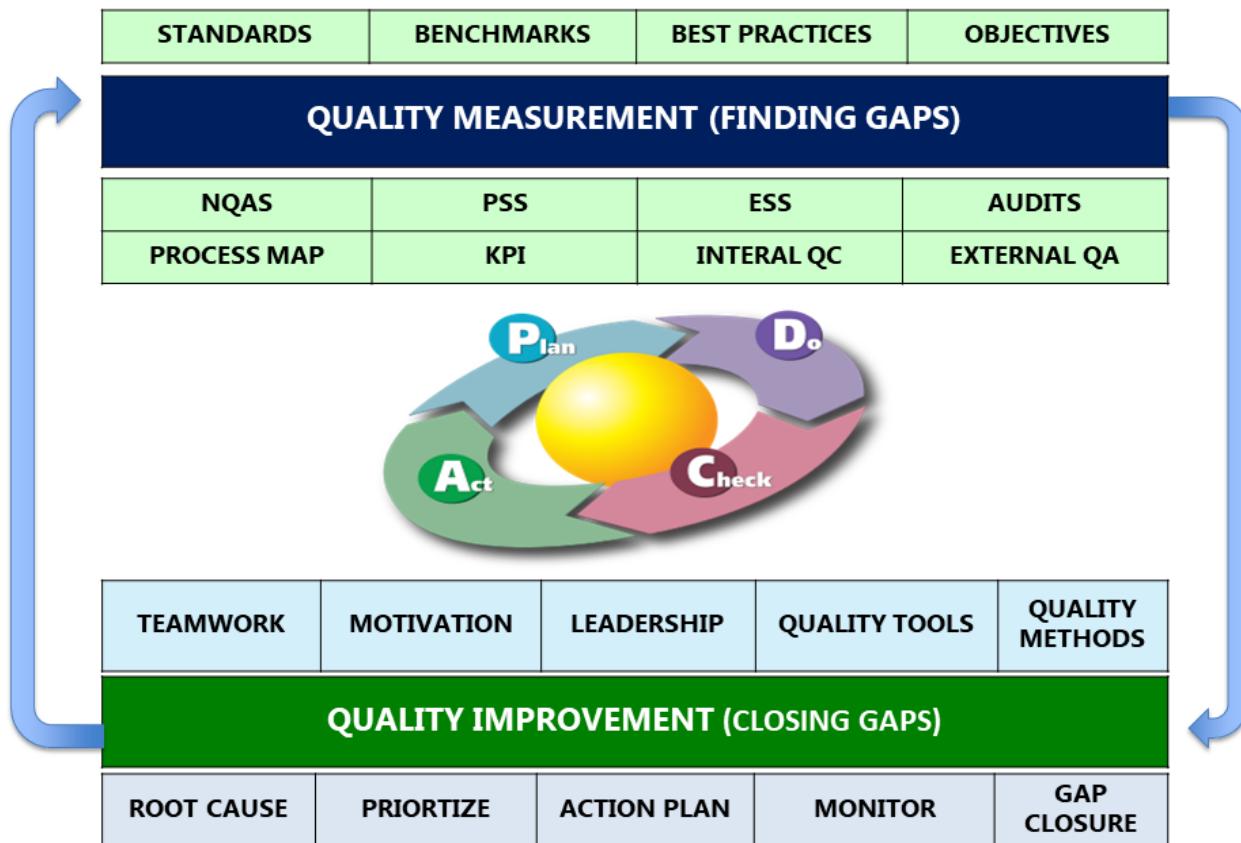


District Hospital	CHC (FRU)	PHC (24*7)	UPHC	AAM-SC
Organizational framework for quality improvement.	G-1	G-1	G-1	G-1
System for patient and employee satisfaction.	G-2	G-2	G-2	G-2
Established internal and external quality assurance Program	G-3	G-3	G-1	G-4
Established, documented implemented and maintained Standard Operating Procedures	G-4	G-4	G-3	G-3
Maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	NA	NA	NA	NA

Area on concern-G for different level of facilities



District Hospital	CHC (FRU)	PHC (24*7)	UPHC	AAM-SC
Defined Mission, Values, Quality policy and Objectives, and prepares a strategic plan to achieve them.	G-6	G-1	G-1	G-5
Continually improvement by practicing Quality methods and tools.	G-7	G-3	G-3	NA
Defined, approved and communicated Risk Management framework for existing and potential risks.	NA	NA	NA	NA
Established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	NA	NA	NA	NA
The established system of periodic reviews as internal assessment, medical & death audit and prescription audit.	G-5	G-3	G-1	G-4
Establish system for clinical Governance to improve quality and safety in clinical care processed	NA	NA	NA	NA



Standard G1	The facility has established organizational framework for quality improvement	
ME G1.1 Quality Team	The facility has a quality team in place.	General/Admin
ME G1.2 Review Meetings	The facility reviews quality of its services at periodic intervals.	General/Admin

Quality Team District Hospital

- Medical Superintendent – Chairperson
- One doctor from each department
- Matron / Nursing Superintendent
- Pharmacist
- Nodal for quality / Assistant Hospital Administrator
- Sanitation supervisor

Quality Team Community Health Centre

- MOIC – Chairperson
- 1 Doctor from each department
- 1 Staff Nurse
- 1 Pharmacist
- 1 Sanitation Staff

Quality Team Community Health Centre

- MOIC – Chairperson
- 1 Doctor from each department
- 1 Staff Nurse
- 1 Pharmacist
- 1 Sanitation Staff

Quality Team AAM –PHC / AAM - UPHC

- MOIC - Chairperson
- 1 Staff Nurse
- 1 Pharmacist
- 1 ANM
- 1 ASHA from each village / ward

Quality Team AAM - SC

- 1 CHO
- 1 ANM
- 2 ASHA from each village

Standard G2**Facility has established system for patient and employee satisfaction**

ME G2.1 Patient Feedback	Patient satisfaction surveys are conducted at periodic intervals.	All department except ICU, Emergency & OT
ME G2.2 Feedback Analysis	The facility analyses the patient feedback, and root-cause analysis.	General/Admin
ME G2.3 Feedback Action Plan	The facility prepares the action plans for the areas, contributing to low satisfaction of patients	General/Admin

PSS Questionnaire for OPD

S. No.	Attributes	Poor	Fair	Good	Very Good	Excellent	No comments
1	Availability of sufficient information at registration counter					✓	
2	Waiting time at the registration counter	more than 30 mts.	10-30 mts. ✓	5-10 mts.	Within 5 mts.	Immediate	
3	Behaviour and attitude of staff at the registration counter				✓		
4	Cleanliness of the OPD, Bathrooms & toilets	✓					
5	Attitude & communication of Doctors			✓			
6	Time spent for examination and counselling						
7	Availability of Lab and radiology tests.						
8	Promptness at Medicine distribution counter						
9	Availability of drugs at the hospital dispensary						
10	Your overall satisfaction during the visit to the hospital						

Analysis of PSS

Availability of PSS forms

Filled PSS forms

Adequate sample size (At least 30)

Analysis of PSS

Over all PSS score

Identification of low scoring attributes

Action plan prepared for improvement



OG _Page 119-120

Sl No	Attributes	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)	No comments	P1
1	Availability of sufficient information at registration counter				✓			4
2	Waiting time at the registration counter	more than 30	10-30 mts.	5-10 mts.	Within 5 mts.	Immediate		2
3	Behaviour and attitude of staff at the registration counter		✓					2
4	Cleanliness of the OPD, Bathrooms & toilets				✓			4
5	Attitude & communication of Doctors			✓				3
6	Time spent for examination and counselling				✓			4
7	Availability of Lab and radiology tests.				✓			4
8	Promptness at Medicine distribution counter				✓			4
9	Availability of drugs at the hospital dispensary					✓		5
10	Your overall satisfaction during the visit to the hospital			✓				3



Role of PSS in NQAS and its related domains

Either

Criteria VI for NQAS certifications:-

Patient Satisfaction Score of 3.5 or more on Likert Scale in the preceding Quarter or more

Criteria V for LaQshya certifications:-

Patient Satisfaction Score of 3.5 or more on Likert Scale in the preceding Quarter or more

Criteria for LaQshya incentivisation:-

Patient Satisfaction Score of 4 or more on Likert Scale in the preceding Quarter or more

Criteria for MusQan Certification & incentivisation:-

Patient Satisfaction Score of 4 or more on Likert Scale in the preceding Quarter or more



Role of Mera Aspataal in NQAS and its domains

Either

Criteria VI for NQAS certifications:-

Patient Satisfaction Score of 70% in the preceding Quarter or more (Satisfied & Highly Satisfied on Mera-Aspataal)

Criteria V for LaQshya certifications:-

Patient Satisfaction Score of 70% in the preceding Quarter or more (Satisfied & Highly Satisfied on Mera-Aspataal)

Criteria for LaQshya incentivisation:-

Patient Satisfaction Score of 80% in the preceding Quarter or more (Satisfied & Highly Satisfied on Mera-Aspataal)

Criteria for MusQan Certification & incentivisation:-

Patient Satisfaction Score of 80% in the preceding Quarter or more (Satisfied & Highly Satisfied on Mera-Aspataal)

Corrective and Preventive Action Plan

S. No.	Indicators	Root Cause	Plan	Responsible Person	Timeline
1.	Attitude & communication of Doctors	Doctors are overloaded with work	Training of doctors on soft skills	CS/ MS	30 days
2.	Availability of prescribed drugs	Stockout of the drugs	Buffer stock to be maintained	Pharmacist	15 days



Standard G3	Facility have established internal and external quality assurance programs wherever it is critical to quality.	
ME G3.1 Internal Quality Assurance	Facility has established internal quality assurance program at relevant departments	Applicable to all the departments & special focus on lab services
ME G3.2 External Quality Assurance	Facility has established external assurance programs at relevant departments	Applicable to Diagnostic & Pharmacy Services
ME G3.3 Use of Checklist	Facility has established system for use of check lists in different departments and services	Applicable to all departments
ME G3.4 Action Planning	Actions are planned to address the gaps observed during quality assurance process	Applicable to all departments
ME G3.5 External Quality Assurance	Planned actions are implemented through Quality improvement cycles (PDCA)	Applicable to all departments

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Internal Quality Assurance

Quality Control-

Less than 40 per day - at least one level QC once a day.

Between 40-80 per day - apply two level QC at least once a day.

More than 80 per day - apply two level QC at least twice a day for such analyses.

If controls are not available-

- Retesting of any randomly chosen specimen/s
- Replicate test of specimen by different method, different machine and different person, wherever applicable

EQAS

External Quality Assessment scheme (EQAS) is an essential aspect of any laboratory operation. Helps in evaluating the performance and accuracy of lab tests.

EQAS provides a means of assessing the ***analytical performance*** of a laboratory ***compared*** to other laboratories utilizing the same ***methods and instruments***.

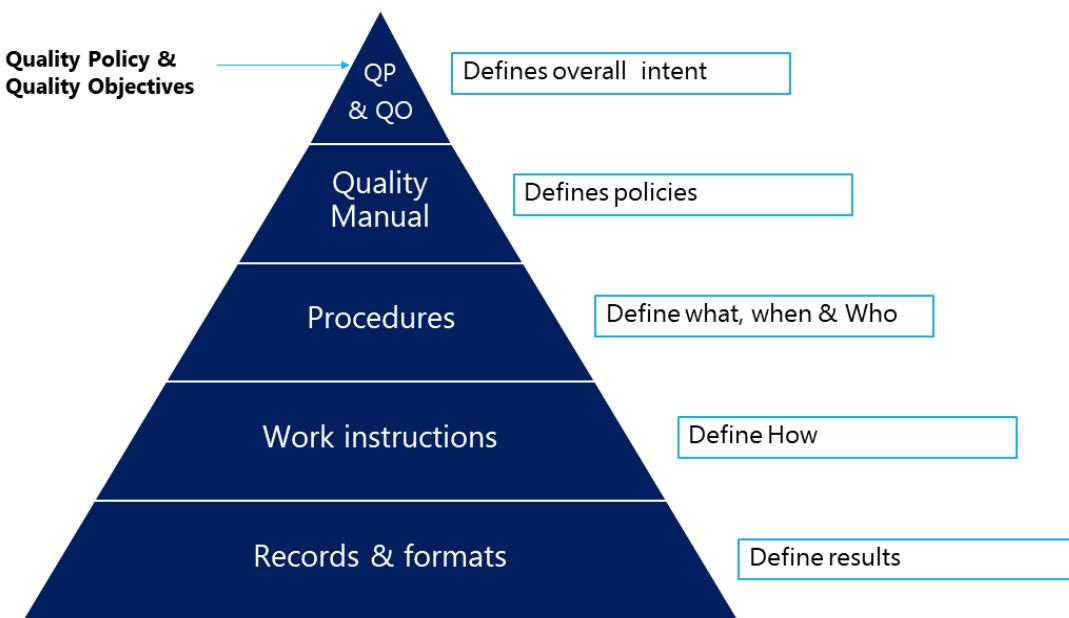
EQAS measures a laboratory's accuracy using 'blind' samples that are analysed as if they were patient samples.

Results are returned to the scheme organizer for ***statistical analysis***.

Laboratories receive a report comparing their ***individual performance against other participants*** in the Programme.

Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	
ME G4.1 SOP Availability	Departmental standard operating procedures are available.	All Departments
ME G4.2 SOP Adequacy	Standard Operating Procedures adequately describes process and procedures.	All Departments
ME G4.3 SOP Training	Staff is trained and aware of the procedures written in SOPs	All Departments
ME G4.4 Document controlled	The facility ensures documented policies and procedures are appropriately approved and controlled	All Departments

Hierarchy of Documents



Check Format for SOP

- Title
- Purpose
- Scope
- Responsibility
- Definitions
- Procedure
- Forms/format/records
- Work instructions.
- Revision history
- Reference Documents

Sadar Hospital	Quality Management System Procedure	Doc. No.: SH-CH/P/010 Issue No.: 01
	Title: Procedure for Radiology Department Management	Page: 5 of 15 Page Rev. No.: 00
Reviewed & Approved by: Signature & Date	Effective date	Document is legible and identifiable. Control of Documents Revision Status of the document are identified

Standard G5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	
ME 5.1 Process Mapping	The facility maps its critical processes.	All Departments
ME G5.2 Non Value Adding Activities	The facility identifies non value adding activities / waste / redundant activities	All Departments
ME G5.3 Process Improvement	Facility takes corrective action to improve the processes	All Departments

WHAT IS A PROCESS

A process is a set of interrelated or interacting activities which transforms inputs into outputs

A process is defined as "a series of steps which convert one or more inputs into one or more outputs."

Why Process Mapping?

- **Visually represents** the work process
- Before you can improve a process, you must **understand** it.
- Provides a **common understanding** of the entire process and specific roles and contributions of process participants.
- Identifies **problem areas** and opportunities for process improvement
- Process maps are a **great problem solving tool**
- Helps us determine what is the problem/what it is not

You don't learn to Process Map,

You Process Map to learn. (Dr.Myron Tribus)

Why Process Mapping

- Increase efficiency
- Eliminate non-value-added activities
- Reduce cycle time
- Expand service capabilities
- Simplify work flow
- Minimize dependencies
- Gain buy-in and organizational support for change

Symbols used to Process Map

Start & End: An **oval** is used to show the materials, information or action (inputs) to start the process or to show the results at the end (output) of the process.



Activity: A **box or rectangle** is used to show a task or activity performed in the process. Although multiple arrows may come into each box, usually only one arrow leaves each box.

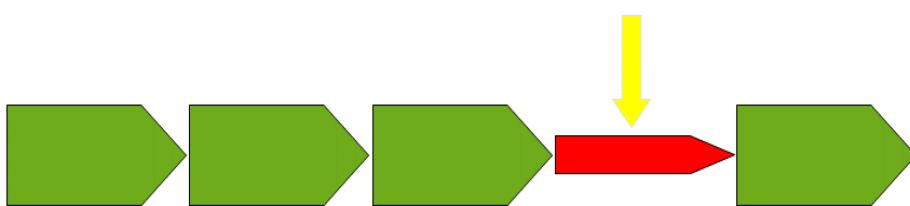


Decision: A **diamond** shows those points in the process where a yes/no question is being asked or a decision is required.



Process Bottlenecks

The step takes a significant time, and slows the whole process down.



VALUE / NON-VALUE ADDING STEPS

Value adding

- The activity transforms the patient and moves them towards the next defined outcome
- The activity is something that the patient cares about

Non-value adding

- Do not serve any purpose (aim to remove these)

Necessary non-value adding

- Do not directly benefit patient but are necessary

e.g. completion of forms, logging patient details onto systems, numerous checks of details

WASTE IS A SENSITIVE ISSUE

It's critical to eliminate "waste"

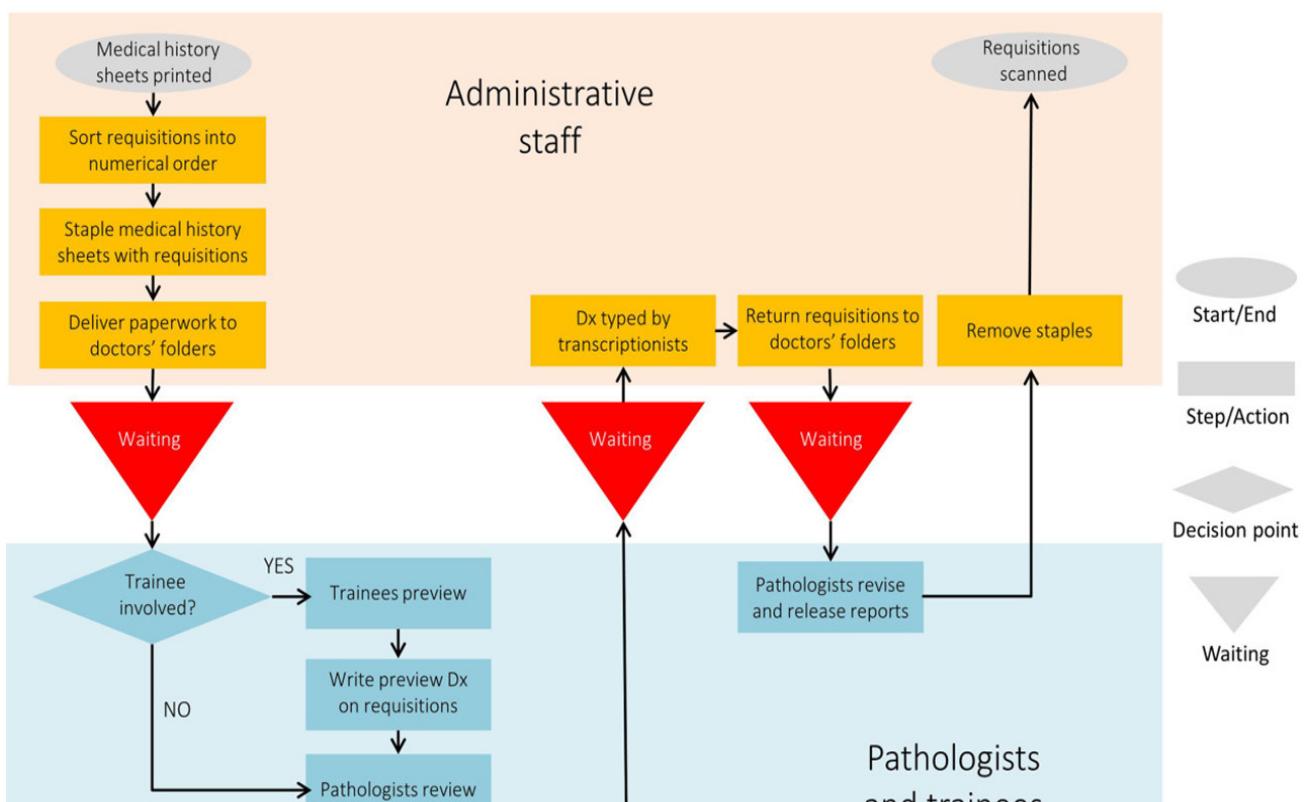
It's also critical to recognise that the non value adding activities may have been a core part of someone job for many years

It's the activities that are non value adding not the person

Wastes in Hospitals (MUDAS)

1. Confusion
2. Motion/conveyance.
3. Waiting
4. Overprocessing
5. Inventory.
6. Defects
7. Overproduction.





Standard G6

Facility has defined Mission, Values, Quality policy and Objectives, and prepares a strategic plan to achieve them

MEG 6.1 Mission Statement	Facility has defined Mission statement	General Admin
ME G6.2 Core Values	Facility has defined Core values of the organization	General Admin
ME G6.3 Quality Policy	Facility has defined Quality policy, which is in congruency with the mission of facility	General Admin
ME G6.4 Quality Objectives	Facility has defined quality objectives to achieve mission and quality policy	All Departments
ME G 6.5 Communicated to the Staff	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	All Departments
ME G6.6 Strategic Plan	Facility prepares strategic plan to achieve mission, quality policy and objectives	General Admin
ME G6.7 Periodic Review	Facility periodically reviews the progress of strategic plan towards mission, policy and objectives	General Admin

Quality Policy



"We shall strive to provide preventive, Promotive and secondary level of curative healthcare services to the people in the state with sustained efforts to ensure that it is equitable, affordable, accountable and responsive to the people needs, within the limit of its resources.

Hospital Administration shall mobilize resources and ensure its efficient utilization to improve functioning of the hospital.

We are committed to satisfy our users of services by efficient service delivery system.

We shall built & upgrade competencies of our people involved in service delivery to keep up with current changing professional requirement & to overcome emerging challenges. Continuous improvement shall be the guiding principle all our all endeavors."

Quality Objective & its Monitoring

Requirement:

Create objective

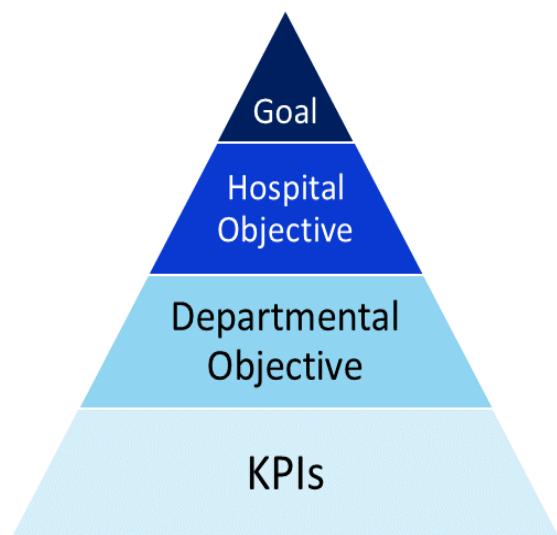
Define its measurement tool & Parameter

Measure its Baseline

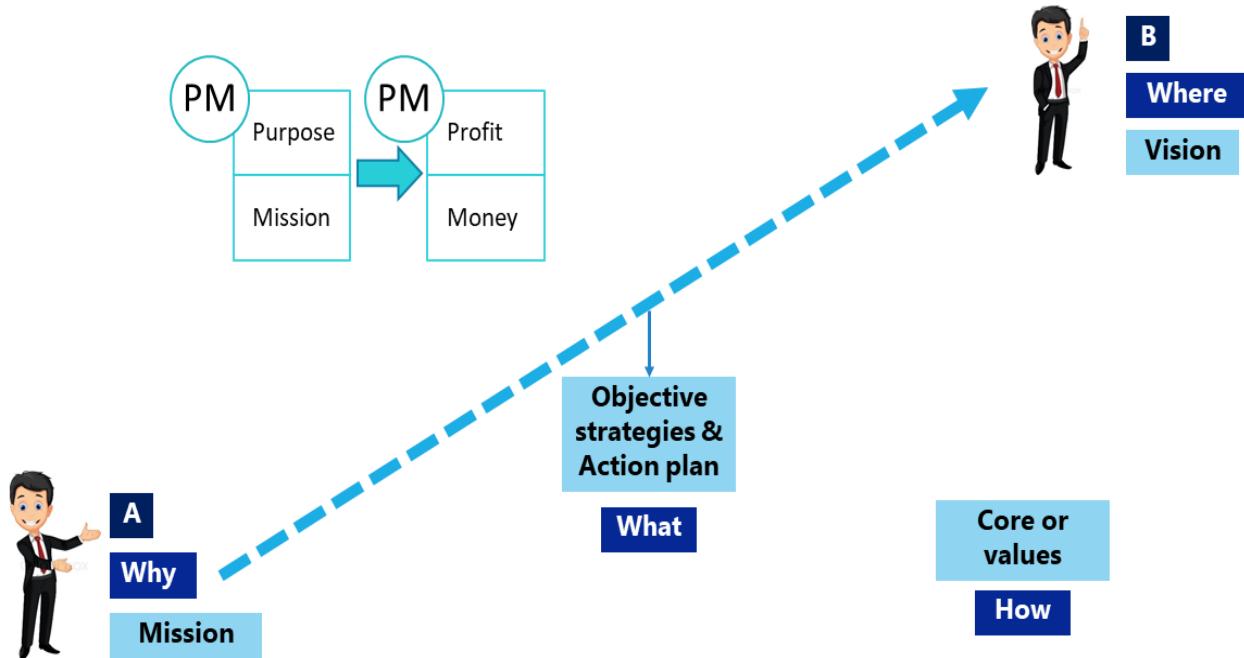
Define Target

Define Timeline for measurement

Decide responsibility of monitoring



VMOSA



Standard
G7

Facility seeks continually improvement by practicing Quality Tools & Methods

MEG 7.1

Facility uses method for quality improvement in services

ME G7.2
Core Values

The facility uses tools for the Quality improvement

Quality Improvement Tools

Working with Ideas/Concepts	Working with numbers
Affinity	Histogram
Brainstorming	Pareto
Fishbone/Cause and Effect	Control Charts
Forcefield	Run Charts
Gantt	Scatter Diagram
Flowchart	Check Sheet
Matrix	Stratification
Story Board	Data Points
Logic Model	Process Capability

Brainstorming

A group technique used to generate a large number of ideas quickly. Involve all stakeholders.

State the Gap/Problem statement. Then everybody is encouraged to provide the cause of the problem. The thumb rules are:

Every suggestion is documented.

Everybody has to speak till all ideas are exhausted.

No suggestion is criticized; however weird or ridiculous it may be.



Why-Why Analysis

First you state the problem and ask why it has occurred?

Keep on asking why?

Till you find the root cause.

It may be noted that at each step, most suited statement should be selected for further analysis. Let us explain it with an example:



Why? Why? An example

Problem	Patients are not satisfied with the cost of treatment on medicines
Why?	Most of the Medicines are prescribed in brand name by the physicians
Why?	Clinicians think that most of the medicines are not available in the facility
Why?	Clinicians are not aware that the facility have sufficient medicines as per EML
Why?	Pharmacist did not communicate to the clinicians about the availability of medicines in the facility
Why?	Pharmacist assumed that it's not his/her responsibility

Cause and Effect Diagram

Problem or Effect

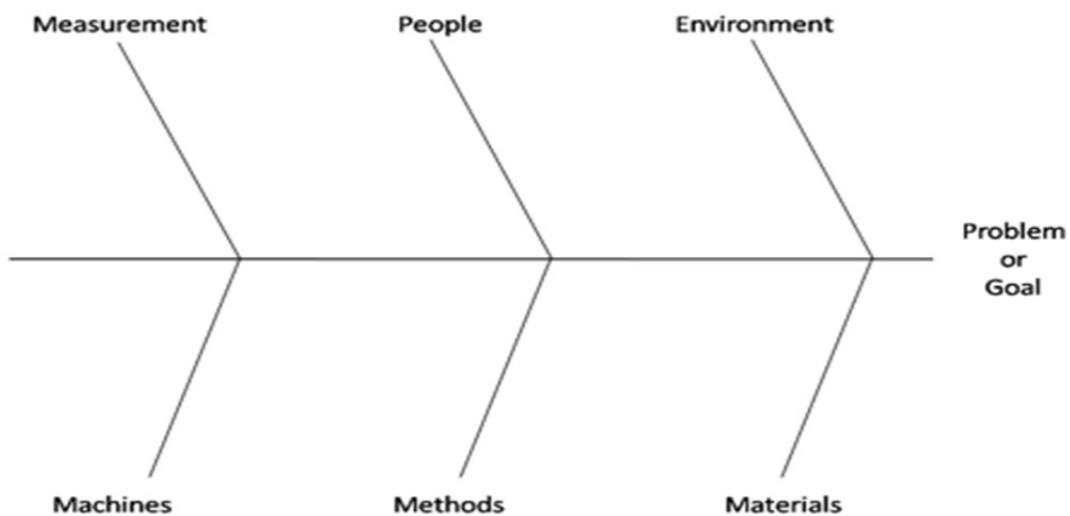
Effect or problem being investigated is shown at end of a horizontal arrow

Potential causes are then shown as labeled arrows entering main cause arrow

Each arrow may have other arrows entering it as principal causes

Factors are reduced to their sub-causes

Brainstorming can be effectively used to generate causes & sub-causes



Pareto Analysis

Large majority of problems (80%) are produced by a few key causes (20%).

Methodology -

Step 1: Form an explicit table listing the causes and their frequency as a percentage.

Step 2: Arrange the rows in the decreasing order of importance of the causes (i.e., the most important cause first)

Step 3: Add a cumulative percentage column to the table

Step 4: Plot with causes on x - and cumulative percentage on y -axis

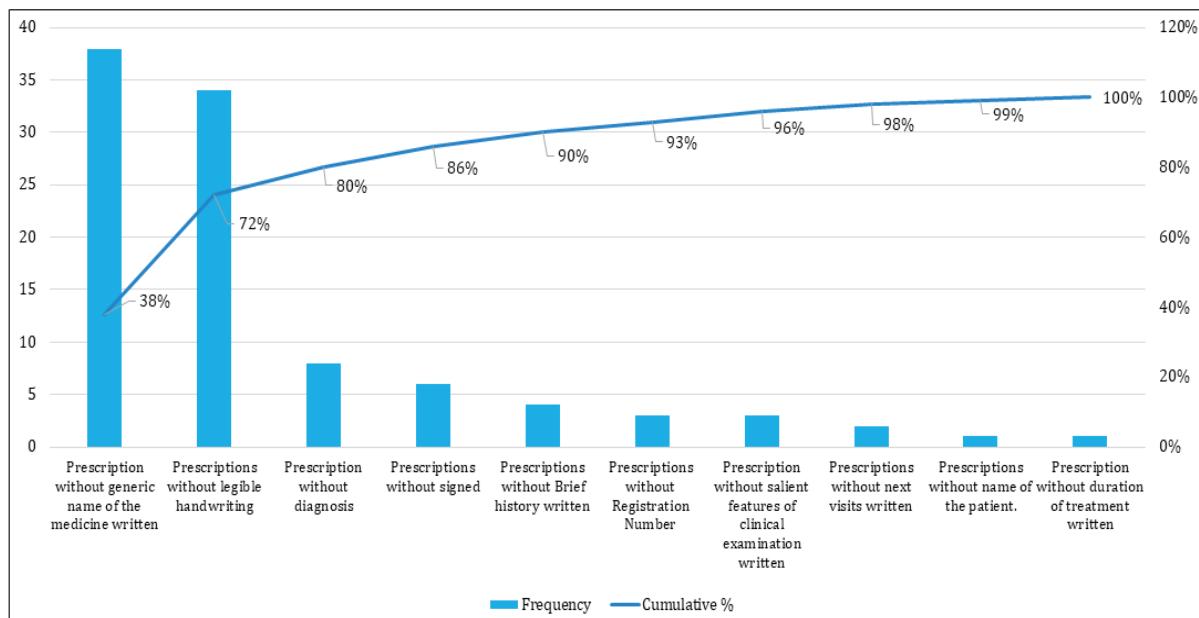
Step 5: Join the above points to form a curve

Step 6: Plot (on the same graph) a bar graph with causes on x - and percent frequency on y -axis

S. No.	Attribute	Frequency
1	Prescriptions without name of the patient.	1
2	Prescriptions without Registration Number	3
3	Prescriptions without Brief history written	4
4	Prescription without generic name of the medicine written	38
5	Prescription without salient features of clinical examination written	3
6	Prescription without duration of treatment written	1
7	Prescriptions without legible handwriting	34
8	Prescriptions without signed	6
9	Prescriptions without next visits written	2
10	Prescription without diagnosis	8

S. No.	Attribute	Frequency	Percentage %	Cumulative %
1	Prescription without generic name of the medicine written	38	38%	38%
2	Prescriptions without legible handwriting	34	34%	72%
3	Prescription without diagnosis	8	8%	80%
4	Prescriptions without signed	6	6%	86%
5	Prescriptions without Brief history written	4	4%	90%
6	Prescriptions without Registration Number	3	3%	93%
7	Prescription without salient features of clinical examination written	3	3%	96%
8	Prescriptions without next visits written	2	2%	98%
9	Prescriptions without name of the patient.	1	1%	99%
10	Prescription without duration of treatment written	1	1%	100%
	Total	100		

Pareto Analysis



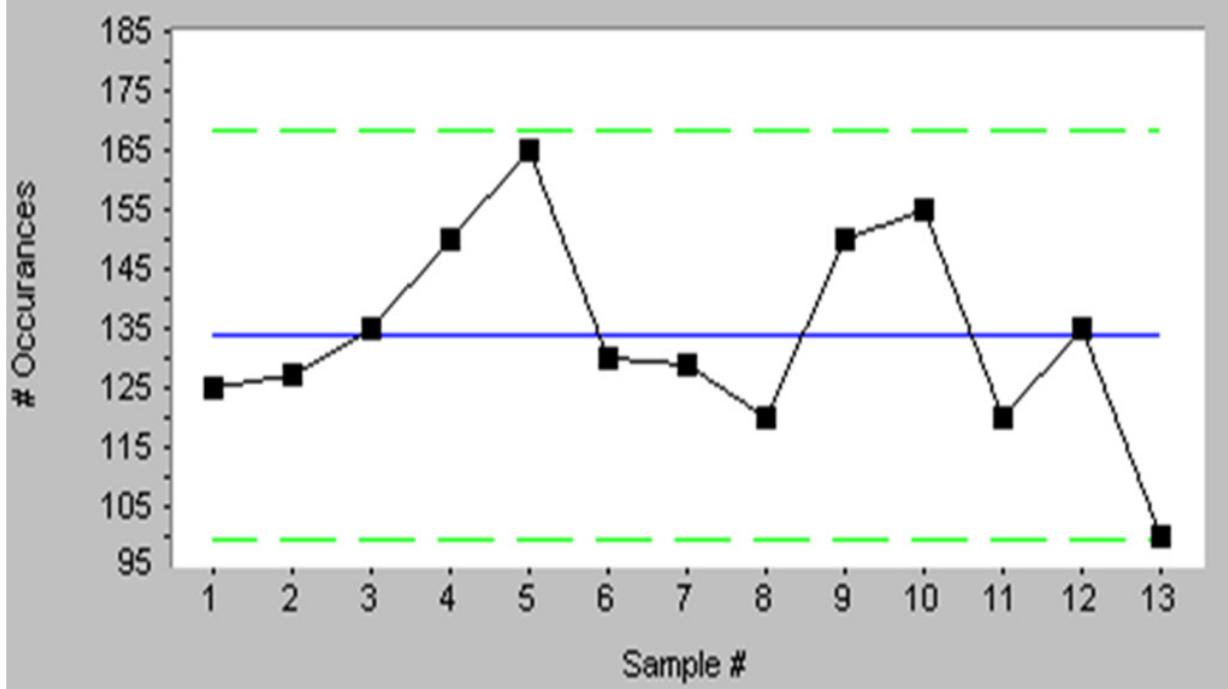
Control Charts

All control charts have three basic components:

- A centerline, usually mathematical average of all samples plotted
- Upper & lower statistical control limits that define constraints of common cause variations
- Performance data plotted over time

The point of making control charts is to look at variation, seeking special causes & tracking common causes

Example c Chart, 3 sigma limits, No Standards Given



Control Charts

Normal Control Values for 'X' Lab test

10, 11, 10, 10, 11

Calculate its Mean & Standard Deviation

Formula:

Mean (X) = $\Sigma X_n / n$

$Sd = \sqrt{\Sigma (X_n - \bar{X})^2 / (n-1)}$

Control Charts

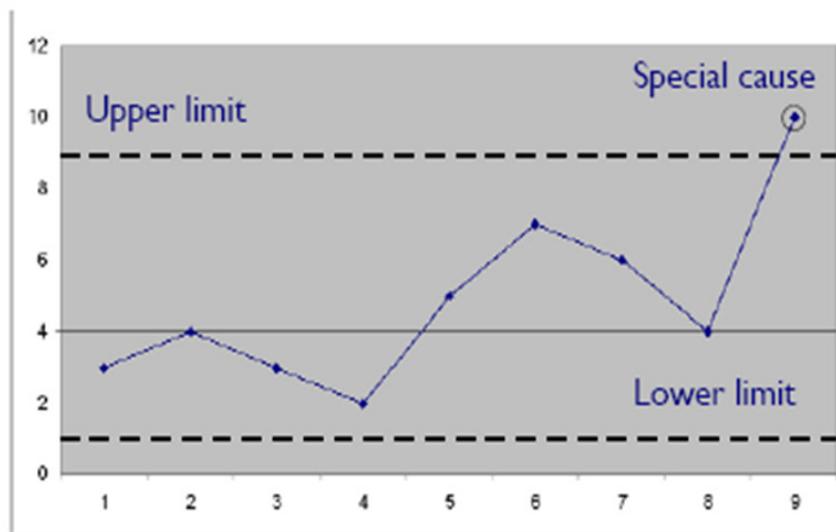
$$\begin{aligned}\text{Means} &= 10+11+10+10+11/5 \\ &= 10.4\end{aligned}$$

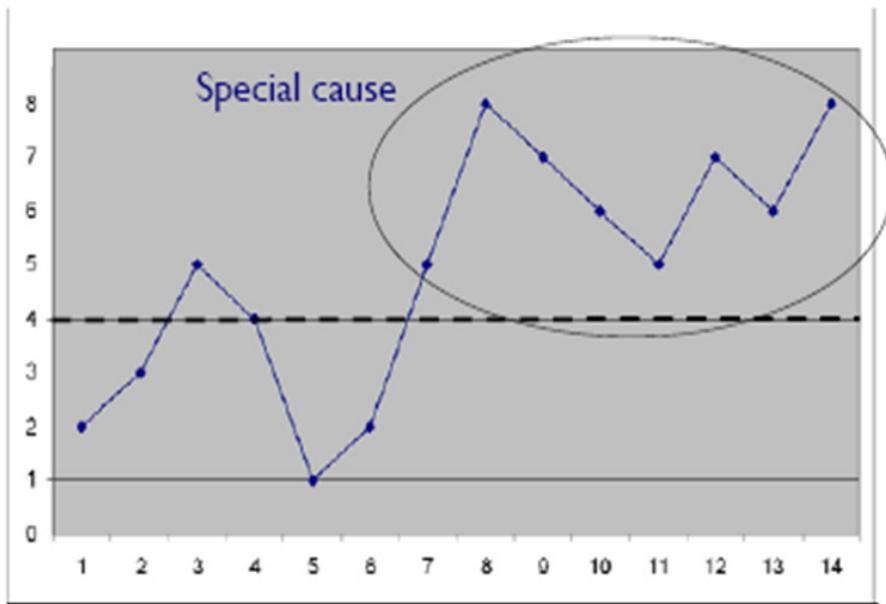
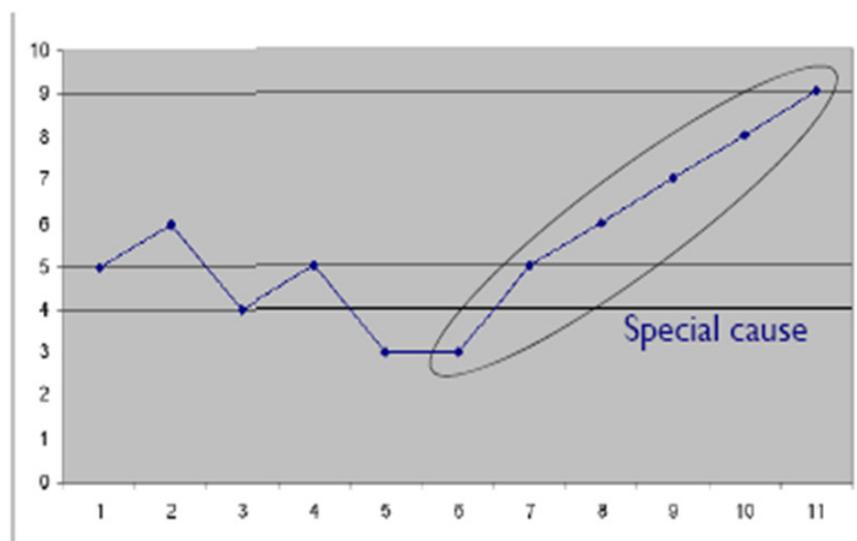
$$\begin{aligned}Sd &= \sqrt{(10-10.4)^2 + (11-10.4)^2 + (10-10.4)^2 + (10-10.4)^2 + (11-10.4)^2} / 5-1 \\ &= \sqrt{.16 + .36 + .16 + .16 + .36} / 4 \\ &= 0.96\end{aligned}$$

$$\text{Upper Standard Deviation} = 11.36$$

$$\text{Lower Standard Deviation} = 9.44$$

Special Cause Variations





Run Chart

A process is defined as a series of activities that transforms a set of inputs into a specific set of outputs.

Process change happens over time.

Determining if a change has happened – and if that change lasts over time – is important to process improvement.

A run chart is used to determine whether or not the central tendency of a process is changing.

It plots observed values on the y-axis and the times they were observed on the x-axis. The terms **time-series chart** and run chart are used interchangeably.

Run charts are similar in some regards to the control charts used in statistical process control, but do not show the control limits of the process.

Signals of improvement

Trends:- Trends are five or more consecutively increasing or decreasing points indicating that special cause variation exists in the process.

Shift:- Shift is six or more consecutive points above or below the central line. This is an indication that special cause variation exists in the process.

Alternating points – 14 or more consecutively points alternating up and down indicates special cause variation exists in the process.

Outliers:- any dramatically different values indicating special cause variation in the process. In addition to these formal checks, it is important to determine if the current data looks different than the older data (if available).

Figure 1: Run Chart – Trends Example

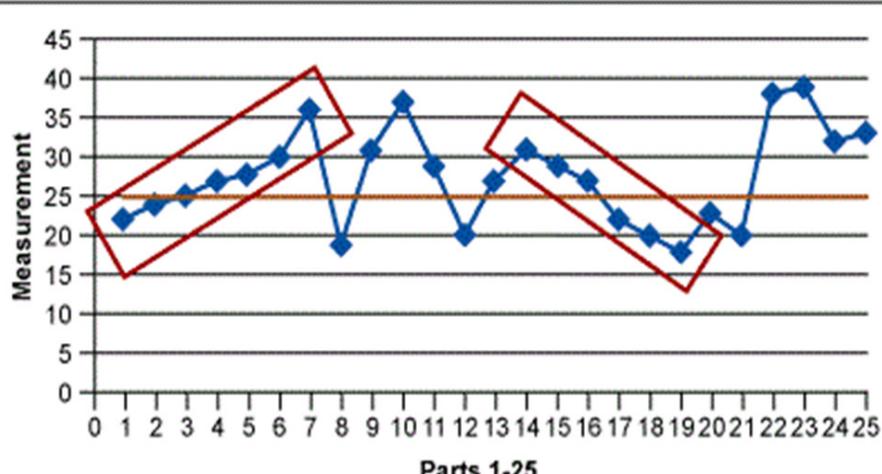


Figure 2: Run Chart – Shifts Example

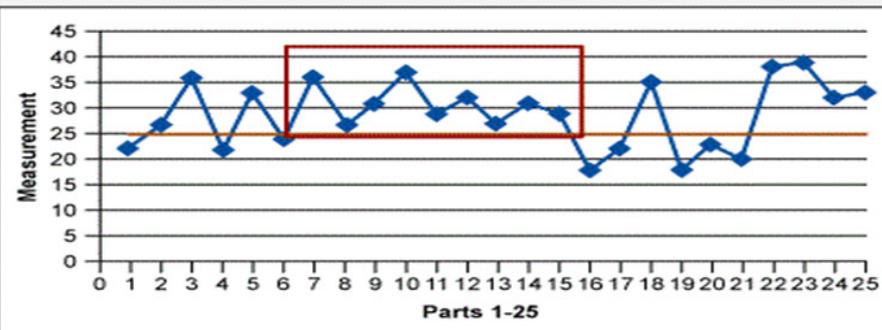
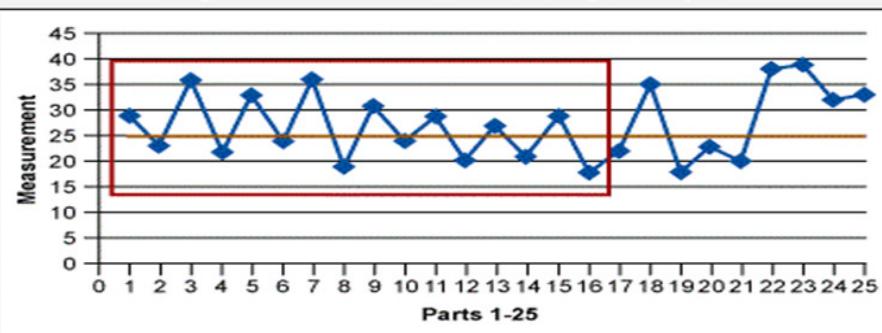
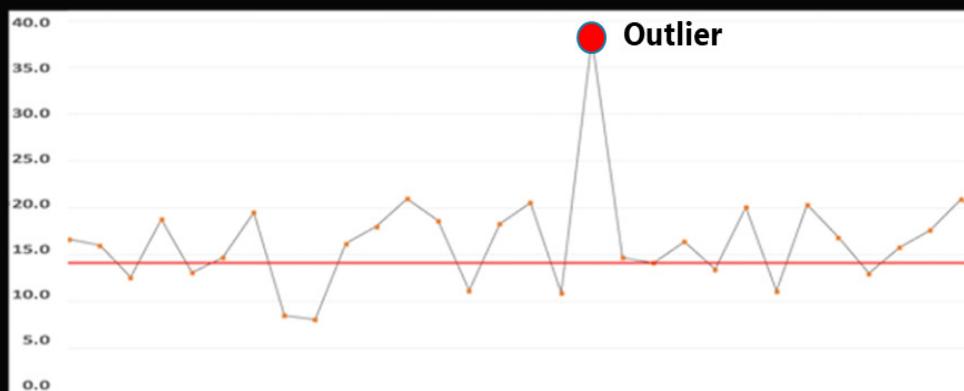


Figure 3: Run Chart – Alternating Example

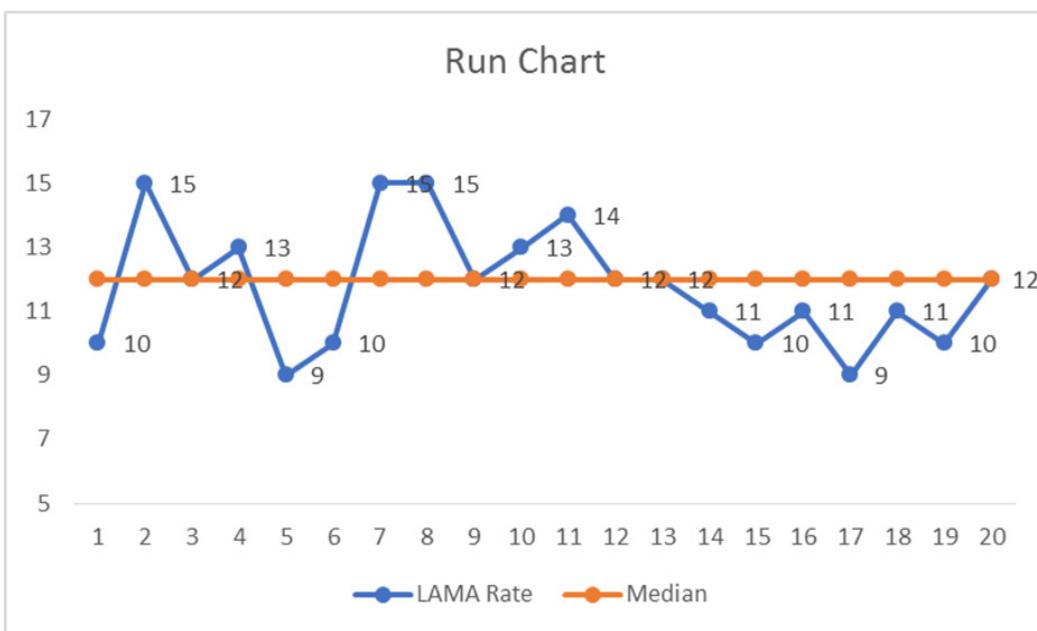


Tools – Run Charts – Part 5: Outliers



Run Chart Ex	
Month	LAMA Rate
Jan-16	10
Feb-16	15
Mar-16	12
Apr-16	13
May-16	9
Jun-16	10
Jul-16	15
Aug-16	15
Sep-16	12
Oct-16	13
Nov-16	14
Dec-16	12
Jan-17	12
Feb-17	11
Mar-17	10
Apr-17	11
May-17	9
Jun-17	11
Jul-17	10
Aug-17	12

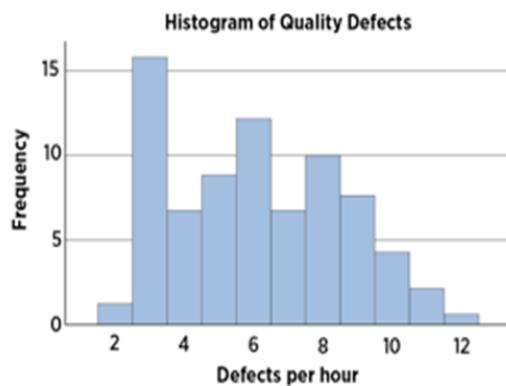
Median - 12



Histogram

A histogram is the most commonly used graph to show frequency distributions.

It looks very much like a bar chart, but there are important differences between them.



Histogram- When to use

The data are numerical

Seeing whether a process change has occurred from one time period to another

Determining whether the outputs of two or more processes are different

Check to communicate the distribution of data quickly and easily to others

Check Sheet

A check sheet can be used for collecting both quantitative and qualitative data.

When used to collect qualitative data, a check sheet collects data in the form of checkmarks. It indicates how many times a particular value has occurred.

Name of Data Recorder: _____
Location: _____
Data Collection Dates: _____

Defect Types/ Event Occurrence	Dates							TOTAL
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Defect 1								
Defect 2								
Defect 3								
Defect 4								
Defect 5								
Defect 6								

Standard G8

The facility has defined, approved and communicated Risk Management framework for existing and potential risks

ME G8.1 Risk Management Framework defined	Risk Management framework are defined including context, scope, objectives and criteria	General Admin
ME G8.2 Identify and Manage	Risk Management framework defines the responsibilities for identifying and managing risk at each level of functions	General Admin
ME G8.3 Reporting incidents and potential risk	Risk Management framework includes process of reporting incidents and potential risks to all stakeholders	General Admin
ME G8.4 Current and potential risks	Risk A comprehensive list of current and potential risk including potential strategic, regulatory operational, financial, environmental risks has been prepared	General Admin
ME G8.5 Staff Training	Modality of staff training on risk management is defined	General Admin
ME G8.6 Reviewed	Risk Management framework is reviewed periodically	General Admin

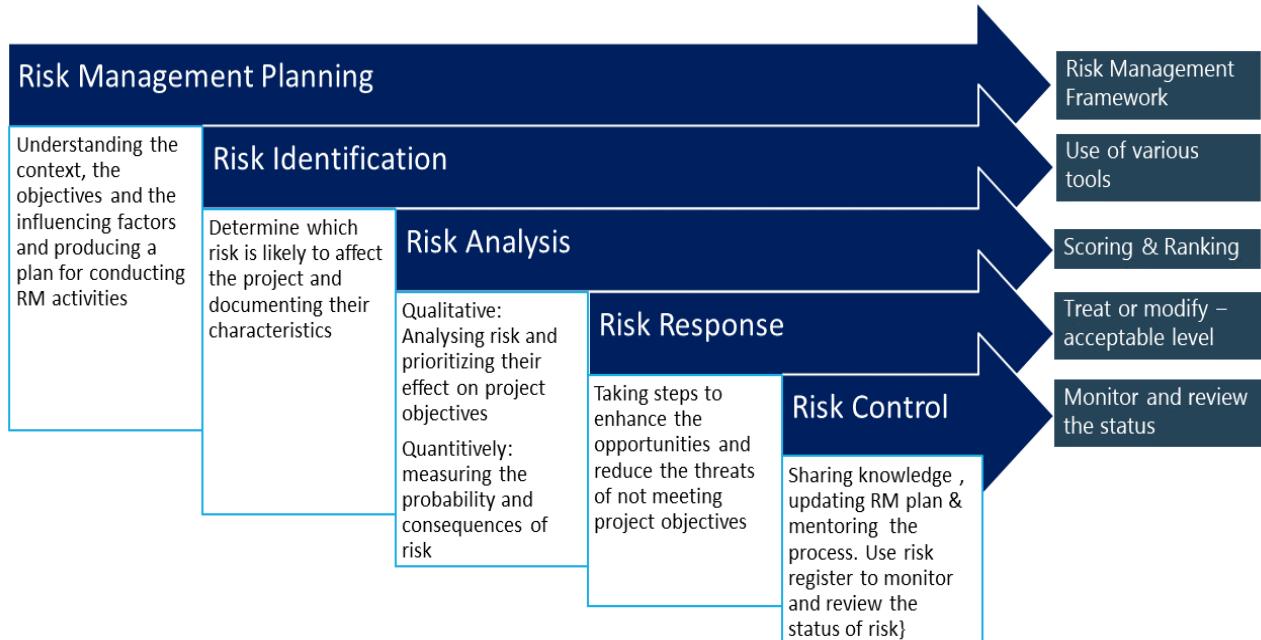
**Standard
G9**

The facility has established procedure for assessing, reporting, evaluating and managing risk as per risk management plan

ME G 9.1 Approved	RMP has been prepared and approved by the designated authority and there is a system of its updation at least once in a month	General Admin
ME G 9.2 Communicated	Risk Management Plan has been effectively communicated to its staff as well relevant stakeholders	General Admin
ME G 9.3 Criteria and checklists	Risk Assessment criteria and checklist for assessment have been defined and communicated to relevant stakeholders	General Admin
ME G 9.4 Physical & electrical risks	Periodic Assessment for physical and electrical risks is done as per defined criteria	All Departments
ME G 9.5 Fire safety	Periodic assessment of potential disasters including fire is done as per defined criteria	All Departments
ME G 9.6 Medication safety	Periodic assessment for medication and patient safety risks is done as per defined criteria	All Departments
ME G 9.7 Safety & Security	Periodic assessment of potential risks regarding safety and security of staff as per defined criteria	All Departments
ME G 9.8 Analysis & evaluation	Risk identified are analyzed evaluated and rated for severity	All Departments
ME G 9.9 Treatment	Identified risks are treated based on severity and resources available	All Departments
ME G 9.10 Risk register	Risk register is maintained and updated regularly	General Admin



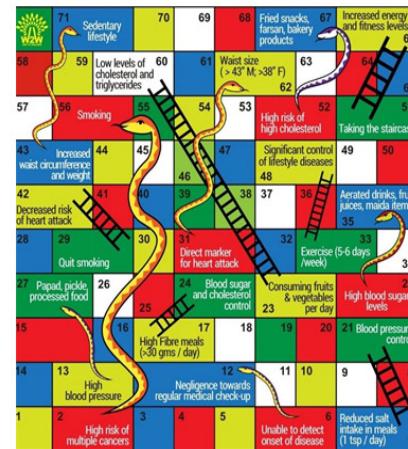
Risk Management Process



Risk

Risk = Likelihood X (Sum of Consequences)

MOVE UP IN LIFE WITH HEALTHY HABITS



Likelihood

How often may the hazard event occur in a hospital or its community?

1. Unlikely – May occur once in 50 Years
2. May occur once in 10Yrs
3. May occur once in 5 year
4. May occur every year in hospital
5. Multiple occurrences per year in the hospital

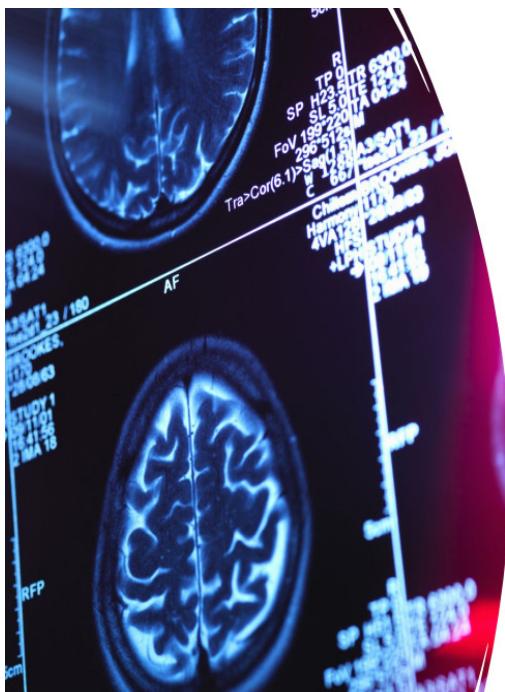


Consequences

Anticipated impact of the risk in the worst-case scenario.

Consequences – This may be – Human Impact, Physical infrastructure, financial impact and damage to reputation.



<div[[{"id": 1, "text": "1. Injury or illness unlikely"}, {"id": 2, "text": "2. Low probability of injuries or illness"}, {"id": 3, "text": "3. High probability of injuries or illness"}, {"id": 4, "text": "4. High probability of injuries and low probability of death"}, {"id": 5, "text": "5. High probability of injuries or illness and high probability of death"}]]

Physical/ infrastructure Impact

1. Property damage or loss of access is unlikely
2. Minor clean-up or recovery time
3. Minor damage, temporary loss of access
4. Major damage, prolonged loss of access
5. Indefinite loss of access to the affected area: complete rebuild

Financial Impact

1. Negligible
2. Generate expense and an insurance claim under 10Lakh
3. Generate expense and an insurance claim under 50Lakh
4. Generate expense and an insurance claim under 1 Cr
5. Generate expense and an insurance claim beyond 1 Cr



Reputation damage

1. Reputation unlikely to be damaged
2. Limited negative local media coverage and/or public stigma
3. Negative regional media coverage and strong public stigma
4. Negative national media coverage and affecting recruitment
5. Permanent association of adverse events with the hospital



Result

High Priorities- 36-100



Moderate Priorities- 26-35

Low Priorities- 4-25

Severity

Likelihood

	Negligible	Minor	Moderate	Major	Catastrophic
Almost certain	5	10	15	20	25
Likely	4	8	12	16	20
Possible	3	6	9	12	15
Unlikely	2	4	6	8	10
Rare	1	2	3	4	5

		Impact				
		Trivial	Minor	Moderate	Major	Extreme
Probability	Rare	Low	Low	Low	Medium	Medium
	Unlikely	Low	Low	Medium	Medium	Medium
	Moderate	Low	Medium	Medium	Medium	High
	Likely	Medium	Medium	Medium	High	High
	Very likely	Medium	Medium	High	High	High

Risk Register

Document that contain all well defined risk

Risk Register Contents (for each Risk)	Identification Number
	Name & description
	Risk Category
	Root Cause
	Likelihood & impact score
	Rank
	Risk Owner
	Potential Response
	Current Status
	Notes

Risk response in Healthcare setting

Risk Treatment / Control:
Implement measures to reduce with a practical approach:

- Eliminate
- Substitute process or material with a safer one
- Engineering Control
- Administrative Control
- Personal Protective Equipment
- Retention (Acceptance)
- Transfer (Buying Insurance)



Risk Monitor

Evaluate execution of risk plan

Evaluate the effectiveness in reducing risk

Keep track of identified risks

Monitor trigger conditions for contingencies

Identify new risks arising through

- Risk re assessment- update the risk when there is any change
- Risk audits- Examine effectiveness of risk responses and RM process
- Status meeting- Discuss regularly in monthly /management review meeting

**Standard
G10**

The facility has established clinical Governance framework to improve the quality and safety in clinical care and processes

ME G10.1
Framework

The facility has defined clinical Governance framework

General Admin

ME G10.2
Communication

Clinical Governance framework is effectively communicated to all staff

General Admin

ME G10.3
Effectiveness
criteria

Clinical effectiveness criteria have defined and communicated

**All clinical
Departments**

ME G10.4
Clinical Audit

Facility conducts the periodic clinical audits including prescription, medical and death audits

**All clinical
Departments**

ME G10.5
Audits data
Analysis

Clinical care audit data are analysed, and actions are taken to close the identified gaps

General Admin

ME G10.6
Accountability &
transparency

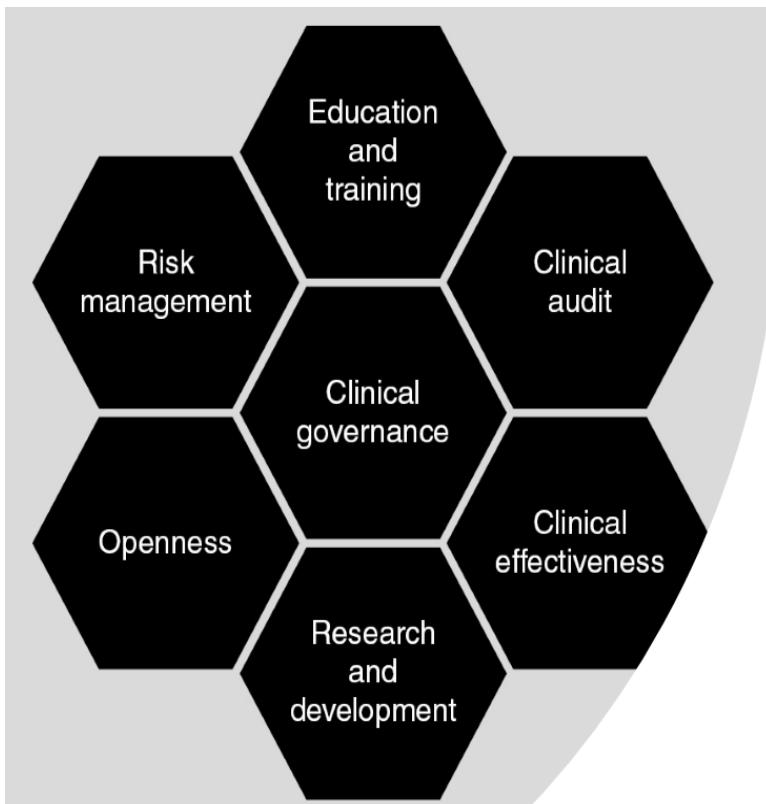
Governing body of healthcare facilities ensures accountability for clinical care provided – defined organogram

General Admin

ME G10.7
STG and its
implementation

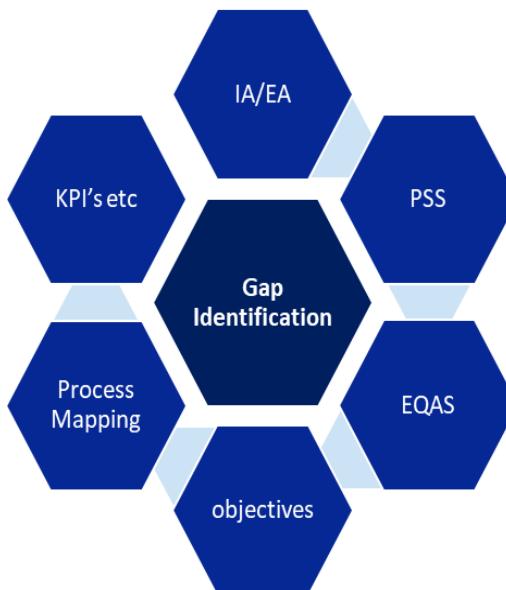
Facility ensures easy access & use of standards treatment guidelines & implementation tools at the point of care

**All clinical
Departments**



Clinical Governance

Gap Identification





ACTION PLANNING

ACTION PLANS



Specify **steps or actions** required to attain an objective.

Designate **who** will be held accountable for seeing the each step or action is completed.

Define **when** these steps or actions will be carried out.

Define **resources needed** to be allocated in order to carry out the required steps or actions.

Define **feedback mechanisms** needed to monitor progress within each action step.

PICK Chart

		PICK Chart Results	
		BIG payoff (Benefits)	SMALL payoff (Benefits)
EASY to implement	Implement	I	Possible
	Severe Gap needs no or very less resources Severe Gap Requires needs local action Visible Changes with less efforts		Moderate or Low Gaps require Low resources or efforts Desirable Improvement Action
HARD to implement	Challenge	C	Kick out
	Severe Gaps Needs High Resource Severe Gaps Needs State level Intervention Major change in the processes		Low level Gaps require high efforts or resources Efforts adding no value in quality

Sample Action Plan



Gap statement	Root causes	Actions required	Responsibility	Time framework	Prioritization Score	End of the month status
No system of taking clients feedback	Feedback form is not available	A new Feedback form will be developed	MO	31 July 2023	I- Implement immediately	Open/Closed

SESSION 10: AREA OF CONCERN H - OUTCOME INDICATORS

"If you can't measure something you cannot understand it. If you cannot understand it, you can't control it. If you cannot control it, you can't improve it."

Indicator is an attribute (the criteria in terms of structure, process, or outcome) which are used to measure the quality of care. A healthcare indicator is a well-defined performance measurement that is used to analyse and monitor all relevant healthcare processes to improve and achieve the optimum outcomes. Providers wish to know how well they are performing and to have effective means for assessing and improving the quality of care. For this, they require measures that are meaningful, interpretable and of demonstrable value in helping to improve quality.

Key Performance Indicators (KPI, facility-level) and Outcome Indicators (Department- wise) are measures that the healthcare facilities can use to gauge their performance. As per National Quality Assurance Standards, these indicators have been categorised into- Productivity, Efficiency, Clinical Care & Safety and Service Quality. Indicators are useful in assessing the facility's operations and its objectives. In other words, KPI and outcome indicators can be used for:

1. Analysing the performance of the facility in terms of productivity, efficiency, quality of clinical care, safety, and service quality.
2. Undertaking quality improvement initiatives.
3. Monitoring and evaluation of a process for rationalisation and appropriate resource allocation.
4. Support in setting benchmarks.

Area of concern H- Outcome contain four Standards under NQAS. These Indicators comprises a set of performance indicators which can be categorised into- productivity, efficiency, clinical care & safety, and service quality indicators. Each category has defined department wise indicators which provide facility-wise holistic picture. A brief description of the set of indicators is given below:

- **Productivity Indicators:** Indicators that measure the volume of services or overall coverage of the services provided by a health facility. E.g., Bed Occupancy Rate, C-section Rate, Proportion of major surgeries done at night.
- **Efficiency Indicators:** Indicators indicating how efficiently are the services being delivered. Number and quantity of resources in terms of HR, equipment, space, drugs, consumables,

etc., are being utilized in delivery of services. E.g., Bed turnover rate, Number of major surgeries per surgeon.

- **Clinical Care and Safety Indicators:** Indicators that give information related to the effectiveness of the treatment provided and the errors and other safety related issues. E.g., ALOS, Maternal Mortality, Neonatal Mortality.
- **Service Quality Indicators:** Indicators providing information about the patients' experience at the facility and their satisfaction level. E.g., LAMA rate, average door-to-drug time.

Learning objectives:

- a. Understanding of the standards under the Area of Concern 'H' inclusive of-
 - Productivity Indicators
 - Efficiency Indicators
 - Clinical Care and Safety Indicators
 - Service Quality Indicators
- b. How to calculate the Key Performance Indicators?

Expected outcome:

Quality is a journey, and quality management advocates continual improvement. Public health facilities collect data but still have very little information because data elements are not translated into meaningful information using objective measures. However, if measures were used, the information could have been used by top management for planning and improvement in the quality of care of a hospital. This module envisages:

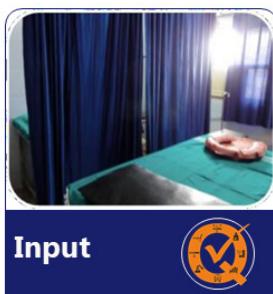
- Building capacity of participants for data collection
- Analyse of the performance of the health facility and necessary action can be further taken.

Reading Material:

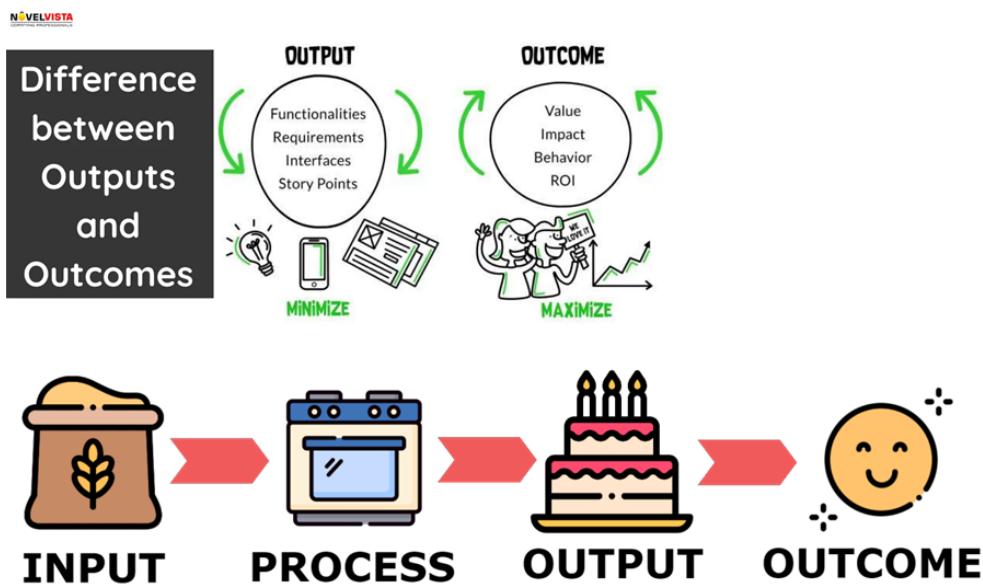
1. National Quality Assurance Standards for Public Health Facilities 2020.
2. Assessor's Guidebook for Quality Assurance in District Hospitals 2019, Vol I, Vol II & Vol III.
3. ISO 15195, Performance Guidelines for Quality Assurance in Hospital Services up to 100-Bedded Hospitals.

AREA OF CONCERN - H

OUTCOME INDICATORS



Output Vs Outcome



Importance of Indicators

Indicators provide **critical information on performance, achievement and accountability**



Effective **M&E (monitoring and evaluation)** system

**Patient's
Expectation**



No out-of-pocket expenditure



**Availability of services
as guaranteed**



High Patient Satisfaction



Treatment and Cure

Service Providers Expectation

Low Mortality, Morbidity, complications, and Referrals, etc.

Effectiveness of the care in term of average length of stay, bed occupancy, etc.

Low Adverse drug reactions and Hospital acquired infection

High Employees' Satisfaction

Health Systems Expectation



Optimal utilization of resources



Measurable deliverables of programmes



Improvement in Health Indicators



Enhanced Productivity in terms of volume

Aspects of Measuring Quality of Care

Productivity

Volume of the services provided

e.g.: OPD attendance, BOR,
Deliveries conducted

Efficiency

Volume of the services provided in given resources i.e. Output to input ratio

E.g.: OPD per doctor , Turnaround time

Clinical care and safety

How effective and safe are our hospital services

e.g.: Average length of stay, Complication rates

Service Quality

How acceptable the services are

e.g.: Waiting times, Satisfaction score, LAMA rate

WHAT 'AREA OF CONCERN-H' COVERS

Productivity Indicators

Efficiency Indicators

Clinical care and Safety

Service Quality

DH

Standard H1

Standard H2

Standard H3

Standard H4

CHC

Standard H1

Standard H2

Standard H3

Standard H4

PHC

Standard H1

Standard H2

Standard H3

Standard H4

UPHC

Standard H1

Standard H2- The facility endeavors to improve its performance to meet benchmarks

AAM-SC

Standard H1

Standard H2

Standard H3

Standard H4



**KEY PERFORMANCE
INDICATORS**

**OUTCOME
INDICATORS**

Is there any difference between Outcome & Key Performance Indicator



Outcome: It is final desired quality impacts in terms of better health, **confidence** in the system, or **economic benefit** to the patient **AND** they are **department specific**

Key Performance Indicator: Key metrics indicating whether your **performance** is good enough to **achieve your outcomes** in the end **AND** they are **facility specific**

AOC H: Standards and Measurable Element

Standard H1

The facility measures **Productivity Indicators** and ensures compliance with State/National Benchmarks.

ME H1.1

The facility measures productivity Indicators on monthly basis

ME H1.2

The facility endeavors to improve its productivity indicators to meet benchmark

Standard H2

The facility measures **Efficiency Indicators** and ensures compliance with State/National Benchmarks

ME H2.1

The facility measures efficiency Indicators on monthly basis

ME H2.2

The facility endeavors to improve its efficiency indicators to meet benchmark

Standard H3

The facility measures **Clinical Care and Safety** indicators and tries to reach State/National Benchmarks.

ME H3.1

The facility measures Clinical and Safety Indicators on monthly basis

ME H3.2

The facility endeavors to improve clinical and Safety indicators to meet benchmark

Standard H4

The facility measures **Service Quality indicators** and tries to reach State/National Benchmarks.

ME H4.1

The facility measures Service Quality Indicators on monthly basis

ME H4.2

The facility endeavors to improve Service Quality indicators to meet benchmark

Number of KPI and Outcome indicators

Facility	Key Performance Indicators	Outcome indicators
District Hospital	28	350
Community Health Centers	24	193
Primary Health Centers	20	70
Urban Health Centers	15	89
HWC-SC	12	27/28

Key Performance Indicators

PRODUCTIVITY

- Bed Occupancy Rate
- Lab test done per thousand patients
- Percentage of cases of High-Risk Pregnancy/obstetric complication treated
- Percentage of Surgeries done at Night
- Blood Transfusion Rate
- Percentage of NCD Cases managed in OPD
- C- Section Rate

EFFICIENCY

- Percentage of emergency cases admitted at night (8 PM to 8 AM)
- Percentage of Referral Out of Total Registered patient
- No of major Surgeries per surgeon (in a month)
- OPD per Doctor
- External Quality Assurance Score for Lab test
- Stock out percent of supplies for RMNCHA

Key Performance Indicators

CLINICAL CARE

- Percentage of Maternal Deaths out of total admission during ANC, INC, PNC rate
- Percentage of neonatal Deaths out of total live births and neonatal admission
- IUD Complication rate
- Percentage of anemia cases treated successfully
- Average Length of Stay
- Percentage of Surgical Site Infection out of total surgeries
- No of needle stick injuries reported
- Percentage of DOT cases completed successfully
- Family Planning Indicators (as per HMIS)
- LaQshya Indicators

SERVICE QUALITY

- LAMA Rate
- Patient Satisfaction Score (OPD)
- Patient Satisfaction Score (IPD)
- Registration to Drug time
- Consultation time in OPD

Bed Occupancy Rate

Significance - Indicator of the utilization of Indoor services of the Hospital

Formula -
$$\frac{\text{Patient Bed Days}}{\text{Functional Beds} \times \text{days in Month}} \times 100$$

Numerator- Patient Census of each day added for the month.
Exclusion –
1. Newborns in Maternity Wards
2. Day Care Patients

Denominator -Product of Functional Beds in the Hospital and Days in the Month.

Exclusion-
1. Labour Room Tables
2. Observation Beds

Source of Data - Daily Mid-Night Census

Reference:- *KPI, IPD, Maternity Ward, Paediatric ward, ICU etc.*

Average Length of Stay

Significance - Indicator of Quality of Clinical care and infection control practices

Formula -
$$\frac{\text{Patient Bed Days}}{\text{Total No. of Discharges}}$$

Numerator - Patient Census of each day added for the month

Exclusion Denominator - Day care Patients
Total no. of Discharges in the Months

Inclusion - LAMA, Death, Referral and Absconding in the Month
Source of Data - Indoor Register

Reference:- KPI, IPD, ICU

- Required for Performance evaluation of the health care facility
- At least three months data of KPIs are needed to be measured by the facility for applying for NQAS Assessment
- Reporting of KPI to DQAU & SQAU
- Aligning the Quality Objectives based on the KPIs performance
- Utilization of the indicators for improvement in the service delivery

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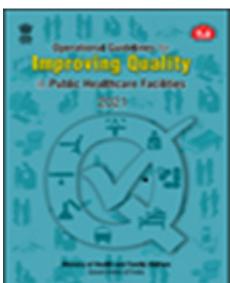
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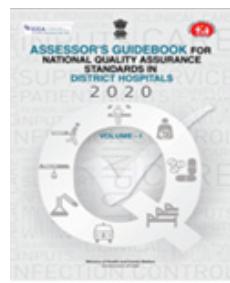
FROM EVIDENCE TO EXCELLENCE – YOUR QUALITY CARE GUIDEBOOKS SHELVES



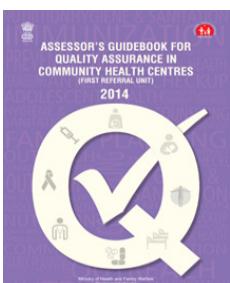
Operational Guidelines for PHFs 2021



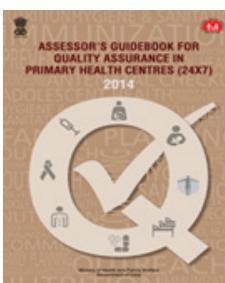
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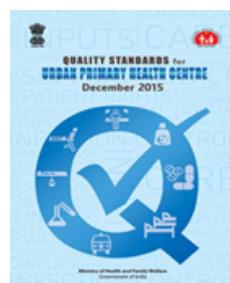
Assessor's Guidebook for DH
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Assessor's Guidebook for Quality Assurance for CHC



Assessor's Guidebook for Quality Assurance in PHC



Assessor's Guidebook for Quality Assurance in UPHC



Assessor's Guidebook for Ayushman Arogya Mandirs



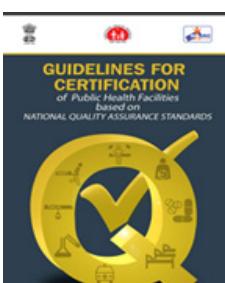
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MusQan : Ensuring Child-Friendly Services



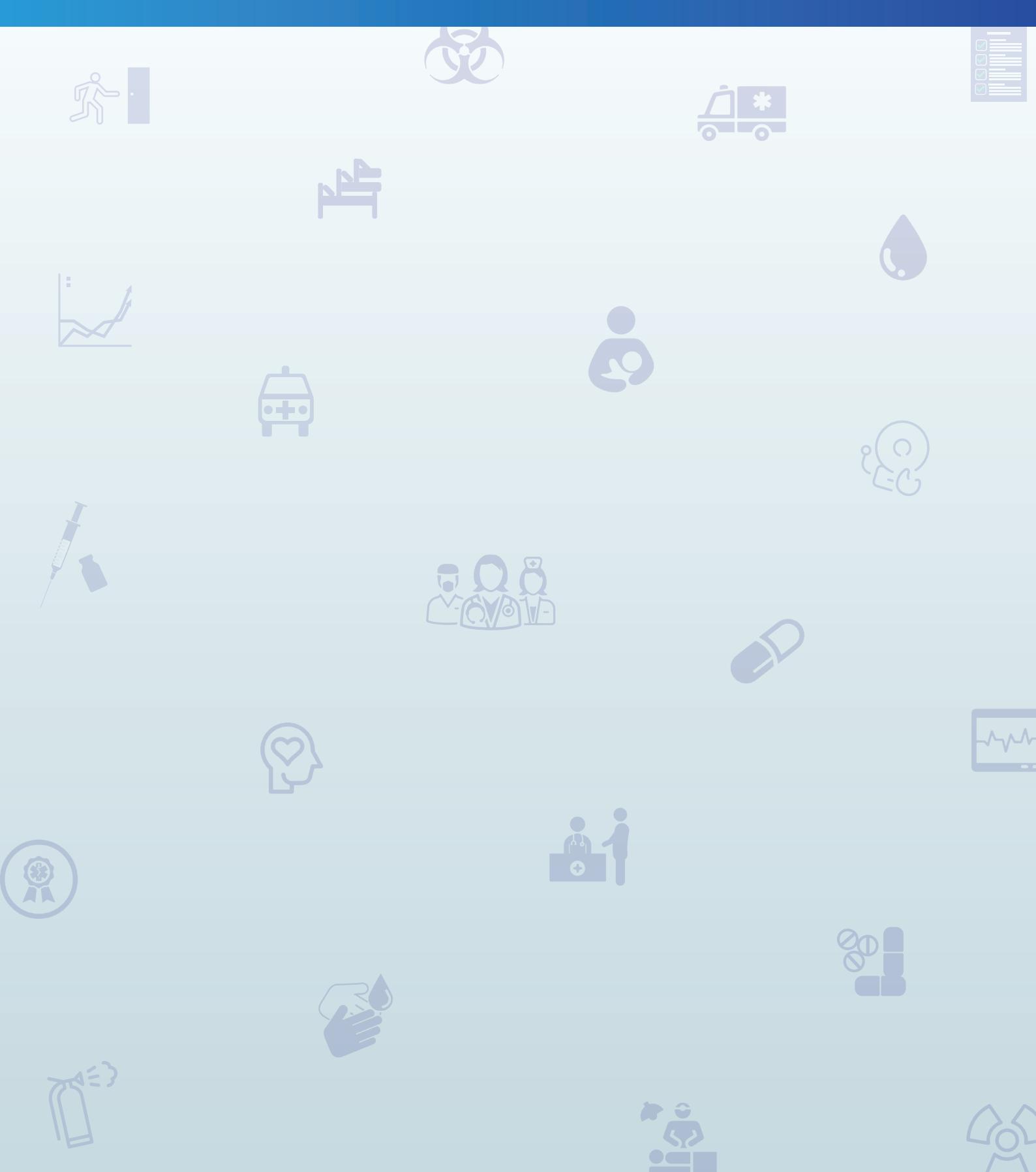
Kayakalp- Rejuvenating the public health facilities



Guidelines for certification of public health facilities



Risk Management framework for DH



QUALITY AND PATIENT SAFETY DIVISION
NATIONAL HEALTH SYSTEMS RESOURCE CENTRE