

NQAS Application of IPHLs on SaQsham Portal

SaQsham

URL: <https://saqsham.nhsrcindia.org/>



The image shows the landing page of the SaQsham website. The page has a dark background with a light-colored line graph and binary code (0s and 1s) scattered throughout. At the top left is the Government of India logo with the motto 'Satyameva Jayate'. In the center is the SaQsham logo, which consists of the word 'SAQSHAM' in a bold, sans-serif font, with a checkmark inside the letter 'Q'. Below the logo is the tagline 'Strengthening Quality and Safety in Health Facilities Assessment'. At the top right is the logo of the National Health Authority (NHA). Below the logo is a navigation menu with three items: 'HOME' (underlined), 'ABOUT US', and 'FEATURES'. To the right of the navigation menu is an email address 'saqsham[at]nhsrcindia[dot]org' and two buttons: 'Sign In' and 'Register'. The main content area features four horizontal bars with the following text: 'Automated Certification Process', 'Continual Assessment & Monitoring', 'National Quality & Patient Safety Dashboard', and 'GUNAK App Integration'. To the right of these bars is an illustration of a person sitting on a large laptop screen, another person standing next to it with a magnifying glass, and a third person standing next to a clipboard labeled 'TESTING' with a checklist. At the bottom right is a yellow banner with the text 'Strengthening Quality and Safety of Health facility Assessments'.

SAQSHAM
Strengthening Quality and Safety in Health Facilities Assessment

HOME ABOUT US FEATURES

saqsham[at]nhsrcindia[dot]org Sign In Register

Automated Certification Process

Continual Assessment & Monitoring

National Quality & Patient Safety Dashboard

GUNAK App Integration

TESTING

Strengthening Quality and Safety of Health facility Assessments

What is SaQsham?

IT platform for end-to-end
NQAS certification

Developed with CDAC
support

IPHL -


- Facility Registration
- Application Submission
- Scheduling of Assessment
- Scoring & Report Generation
- NQAS Certification

Facility Registration

NIN ID – mandatory



For IPHL within District Hospital – same NIN ID can be used



For standalone IPHL – NIN ID need to be created and updated

Facility Department Mapping

Map the department named as **IPHL Lab**

The background of the slide is a blurred image of a map. Several pushpins are pinned to the map in various colors, including orange, red, and green. The map shows some geographical features and labels, though they are out of focus. The overall aesthetic is clean and professional, suggesting a focus on location and mapping.

Update KPI Details

Select Program Name as IPHL

Fill all the available mandatory KPIs – need to be updated on monthly basis.

Key Performance Indicators (KPI) for IPHL				
Category	Indicator	Last Three month Data		
		Month 1	Month 2	Month 3
Category 1	Pre Analytic Indicators			
1.	Percentage of sample rejected			
2.	Percentage of contaminated blood cultures			
Category 2	Analytic Indicators			
3.	EQAS Score / ILC			
4.	Number of IQC Failure			
5.	Result of competency assessment of staff			
6.	Average downtime of testing equipment			
Category 3	Post- Analytic Indicators			
7.	Percentage of results meeting turn – around time			
8.	Number of missed critical results			
Category 4	Indicators for Public Health Functions			
9.	Number of IPHS recommended parameters included in scope of testing			
10.	Number of tests being conducted by lab			
11.	Percentage of outbreaks detected by IPHL through routine lab surveillance			
12.	Percentage of outbreaks investigated by IPHL in the District			

Department Details

Select whether the IPHL is located within District Hospital or it is a Standalone IPHL

Hospital Information

Type of IPHL

IPHL in a district (Standalone)

IPHL in a district (Standalone)

Located within the district hospital

List of Documents to be submitted for National Level NQAS Certification

S. No	Name of Documents
1.	Filled application form
2.	State Assessment report along with scores (Conducted in the last six months)
3.	Minutes of Quality Team Meeting held in last quarter
4.	Quality Manual
5.	Lab Safety Manual
6.	Sample Collection/ Receiving/ Handling and Transportation Manual
7.	Risk Management Plan
8.	Standard Operating Procedures & Work Instructions <ol style="list-style-type: none">1. Procedure for Testing and Validation of the samples2. Procedure for Critical Results and Reporting3. Procedure for Internal and External Quality Control4. Procedure for Maintenance and Calibration of the equipment5. Procedure for Storage of Samples and Reports6. Procedure for processing of urgent/emergency samples7. Procedure for Review of the Results8. Procedure for Labelling, Storing and Disposal of Reagents/ Controls and Consumables9. Procedure for Bio-Medical Waste Management

List of Documents to be submitted for National Level NQAS Certification

S. No	Name of Documents
9.	Documented policies established by the IPHL I) Policy on Registration of the Patients and Samples II) Policy on Referral Linkages III) Policy on Laboratory Information Management System(LIMS) IV) Policy on Testing/Examination Procedures V) Policy on competency testing of staff VI) Consent Policy VII) Reporting of Notifiable Diseases
10.	Last three months data of Performance Indicators (As given in Annexure 1)
11.	Statutory /Regulatory Compliance- (may be co-opted with the main hospital) I) Authorization for handling Biomedical Waste from pollution control board. II) Fire Safety NOC IV) Certificate of inspection of electrical installations.
12.	Last 3 months record of Patient Satisfaction Survey with CAPA.
13.	List of Tests participating in proficiency testing (EQAS and ILC)

Submission of Assessment Application

Facility to upload Internal Assessment Report and submit the application

DQAU to upload the District level assessment Report

SQAU to upload the application along with State assessment report

Application finally get submitted through Mission Director profile



Thank You