FAQs on Documentation and Record Maintenance under NQAS

FAQ 1. Does the facility need to maintain separate registers for all NQAS checkpoints?
No, only the mandatory registers prescribed under NQAS are required. Additional registers may be maintained only if required under specific national or state health programmes.

FAQ 2. Is a separate register required for every record review (RR)?

No, separate registers are not required for every checkpoint. Existing programme records, registers, and data from the digital portal can be used for assessment.

FAQ 3. What is the difference between records and registers?
Records may be maintained in digital or manual form, such as case sheets, consent forms, and portal-based data, whereas registers are generally maintained manually.

FAQ 4. Can digital records be used during NQAS assessment?
Yes, records available on portals such as ANMOL, RCH, U-WIN, DVDMS, e-Sanjeevani, NCD portal, and other government platforms are acceptable during assessment.

FAQ 5. What should be done if digital and manual records do not match?
The facility should verify the correct data, explain the variation to the assessor, and provide supporting evidence wherever required.

FAQ 6. Are training certificates mandatory for all trainings?
No, certificates are required only for specific technical training. Routine training can be verified through training records and staff interviews.

FAQ 7. What details should be maintained in the training register?
The training register should include the name/topic of training, date, scope/content of training, participant details, faculty/resource person name, and signatures of participants.

FAQ 8. Is the State Essential Medicine List (EML) acceptable during assessment?
Yes, the State EML is acceptable if it covers medicines required for all the services as per IPHS norms.

FAQ 9. Can assessors insist on a specific documentation format or register?
No, facilities may use state-specific or programme-specific formats. The required information should be properly documented and verifiable.

FAQ 10. What records are required to be maintained during certification and recertification?
For certification, facilities should maintain records for the previous 3 months, while for re-certification, records and evidence of compliance for the previous 3 years should be available.

FAQ 11. What is expected of facilities to ensure smooth documentation during assessment?
Facilities should maintain records that are simple, complete, legible, up to date, and easily verifiable.

FAQ 12. Which records and registers should be signed by authorised persons?
Registers, policies & procedures, and manuals should be signed by the Officer-in-charge or the designated authority. Minutes of Meetings (e.g., JAS, Quality Team, HICC) should be signed by all participating members or authorised signatories.

FAQ 13. Can programme records maintained under national health programmes be used for NQAS assessment?
Yes, programme records and portal-based data maintained under national and state health programmes can be used as evidence during NQAS assessment.