



OPERATIONAL GUIDELINES for
QUALITY ASSURANCE
in PUBLIC HEALTH FACILITIES

2013

**National Quality Assurance
Program**

Ministry of Health and Family Welfare
Government of India



ASSESSOR'S GUIDEBOOK FOR
**QUALITY ASSURANCE IN
DISTRICT HOSPITALS**

2013

Ministry of Health and Family Welfare
Government of India

Brief History of Quality Assurance in NHM



2005

NRHM Launched
Supreme court judgment leading to QAC for Family Planning

2007

Indian Public Health Standard were launched for District Hospital, Sub District Hospitals, PHC, CHC and Sub centers

2008

Taken 8 District Hospitals in EAG state for implementing Quality Management System

2011

Spread of certification program ISO-NABH

2012

74 Facilities get ISO Certification , 15 NABH
Review of Currently going accreditation process

2013

Consultation for National Quality Assurance Standards started.
Operational Guidelines launched

2014

Guidelines for PHC & CHCs, National Quality Convention
Priority area for NHM

Requirements for Pro Public Health Quality Model



Internal Quality Culture

Evidence Based

Structure Processes & Outcome

Flexibility for States to Customize

Explicit , Measurable & Transparent

Sustainable & Scalable

Inbuilt Accreditation/ Certification

Low Cost of Implementation

Key Features of Program



1

Unified
Organization
al
Framework

2

Explicit
Measurement
System

3

Flexibility of
adopting as
per state's
need

4

Training &
Capacity
Building

5

Continuous
Assessment
and scoring

6

Inbuilt Quality
Improvement
Model

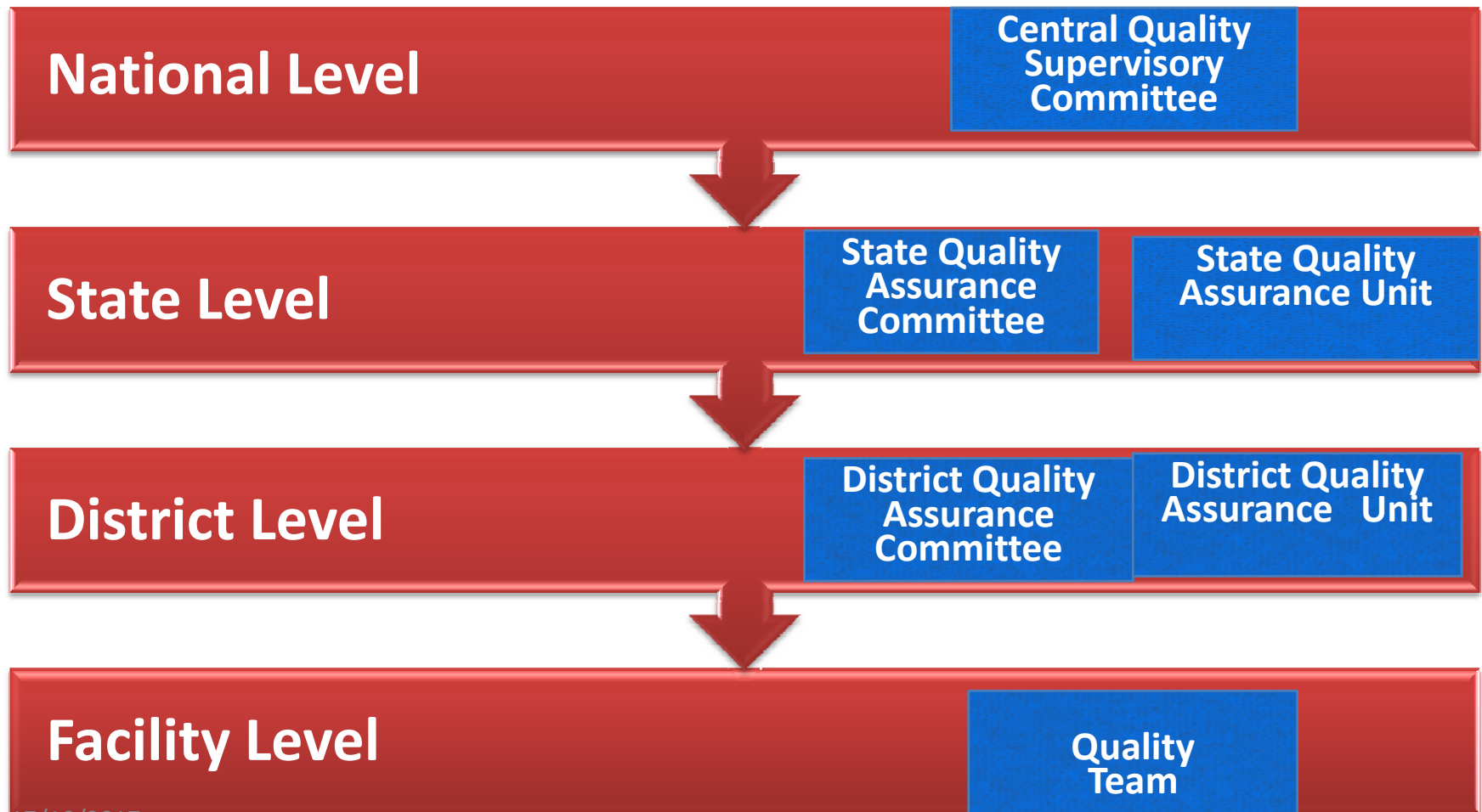
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Certification
at State &
National
Level

8

Incentives on
Achievement
& Sustenance

Quality Assurance Institutional Structure





Aligning Organizational Structure

All existing QA cells including Family Planning merged to proposed structure

Notification for Constitution/Restructuring Committees

Appointment of Nodal Person

Recruitment of fulltime technical staff

State Family Planning Indemnity Subcommittee



- Mission Director –NRHM (Chairperson).
- Director Family Welfare/Director Health Services/Director Public Health Equivalent (Convener).
- Additional/Joint Director (FW)/Deputy Director (FW)/Equivalent (Member Secretary).
- Empanelled Gynaecologist (from public institutions).
- Empanelled Surgeon (from public institutions).



SQAU Composition

- SQAU is the working arm under SQAC
- **Composition:**
 - ❖ Additional/ Joint Director (FW)/Deputy Director (FW) / Equivalent, designated by the state government as the nodal officer for the Quality Assurance (QA) Unit (Member Secretary - SQAC).
 - ❖ State Nodal Officers of Programme Divisions;
 - ❖ State Consultant (Quality Assurance)
 - ❖ State Consultant(Public health)
 - ❖ State Consultant (Quality Monitoring)
 - ❖ Administrative-cum-Programme Assistant



Functions of DQAC

- 1. Dissemination of QA policy and guidelines:**
- 2. Ensuring Standards for Quality of Care**
- 3. Review, report and process compensation claims**
- 4. Capacity building of DQAU and DQT**
- 5. Monitoring QA efforts in the district**
- 6. Periodic Review of the progress of QA activities**
- 7. Supporting QI Process**
- 8. Co-ordination with State & Reporting**



District Family Planning Indemnity Subcommittee

- District Collector, (Chairperson)
- Chief Medical Officer/District Health Officer (convener)
- District Family Welfare Officer/RCHO/ ACMO/ equivalent (member secretary)
- Empanelled gynaecologist (from public institutions)
- Empanelled surgeon(from public institutions)



Composition of DQAU

Composition:

- District Family Welfare Officer/RCHO/ ACMO/ equivalent (Head of DQAU)
- One Clinician (Surgical/ Medical/ any other speciality)
- District Consultant (Quality Assurance)
- District Consultant (Public Health)
- District Consultant (Quality Monitoring)
- Administrative cum Programme Assistant



Quality Team (District Hospital)

- I/C Hospital/Medical Superintendent: Chairperson
- I/C Operation Theatre/Anaesthesia I/C, Surgeon
- I/C Obstetrics and Gynaecology
- I/C Lab services (Microbiologist/ Pathologist) : for enforcing IMEP & BMW protocols
- I/C Nursing
- I/C Ancillary Services
- I/C Transport
- I/C Stores
- I/C Records
- Hospital Manager



2

Explicit Measurement System

Implicit Vs. Explicit Measurement System



Implicit

- Easy to design
- Require more vigorous training
- Requires highly qualified assessors (Domain Expert)
- Scalability is limited
- More subjective
- Needs interpretations
- Less in Volume
- Reference to other guidelines

Explicit

- Hard to design
- Requires less vigorous training
- Do not require domain experts
- Easy to scale up
- More Objective
- Self explanatory
- Voluminous
- Reference is limited

National Quality Assurance Standards (Areas of Concern)



Service
Provision



Patient Rights



Inputs



Support
Services



Clinical
Care



Infection
Control



Quality
Management



Outcome



17/10/2017

Dr. Parminder Gautam - NHSRC



3

Flexibility of
adopting as per
state's need



4

Training &
Capacity
Building

Capacity Building



Training	Duration	Level	Participants	Scope
Awareness Workshop	1 day	State	SQAC, State level program officers, RPM units, Civil Surgeons/ CDMOs	To sensitize state level officials for quality assurance program and its steps
Internal Assessor Training	2 Day	State / Regional Level	SQAC/DQAC/DQT members	standards , measurable element, Internal assessment Methodology Filling up checklists and calculating scores Preparing action Plans
Service Provider training (For Implementation)	3 Day	Regional/ District Level	MS, Hospital Managers, Matrons, department I/C, DPM , other service providers	Basic concepts of quality Introduction to standards and measurement system Standard operating procedures Patient satisfaction programs , quality improvement tools
Ext. Assessor Training	5 Day	National/ State	Impaneled external national/state assessors	Detailed training on standards , measurable elements, assessment methodology, audit trail, code of conduct, filling formats and reporting



5

**Assessment
scoring &
Performances
Measurement**



Reporting of Key Performance Indicators

Productivity

- Bed Occupancy Rate
- Lab Utilization Index
- Percentage of High Risk Pregnancy/ Obstetric Complications
- Percentage of Surgeries done at Night
- C- Section Rate

Efficiency

- Referral Rate
- Major Surgeries per Surgeon
- OPD per Doctor
- External Quality Assurance Score for Lab test
- Stock out percent of supplies for RMNCHA

Clinical Quality

Maternal Death Rate
Neonatal Death Rate
Percentage Maternal Death Review done
Average Length of Stay
Surgical Site Infection Rate
SNCU Mortality Rate
No. of Sterilization Failures
No. of Sterilization Complications
No. of Sterilization Deaths
Blood unit replacement Rate
Partograph Recording Rate
Antibiotic use rate

Service Quality

LAMA Rate
Patient Satisfaction Score (IPD)
Patient Satisfaction Score (IPD)
Registration to Drug time
Percentage of JSY payment done before discharge
Percentage of women provided drop back after delivery



Facility Level Quality Improvement

6

Inbuilt Quality
Improvement
Model



Facility Level Quality Improvement





7

Certification at
State &
National Level



8

Incentives on
Achievement
& Sustainance



Certification & Incentives

**Selection of
High Priority
Facilities**

**Option of
Partial
(Departmental)
or Facility
certification**

**Graded
Certification
At State &
National Level**

**Incentives
linked with
Performance &
Certification**



Incentives

Financial



- Rs. 5000 per Functional bed on National Accreditation
- 25% for Individual Incentives
- 75% for Staff welfare and Improving Work environment
- Annual Incentives of Same Amount for maintaining the accreditation

Non Financial



- Facilitation at State Level
- Publication of Achievement in Media
- CMEs, Trainings , Short Courses for Staff
- Weightage during Appraisal

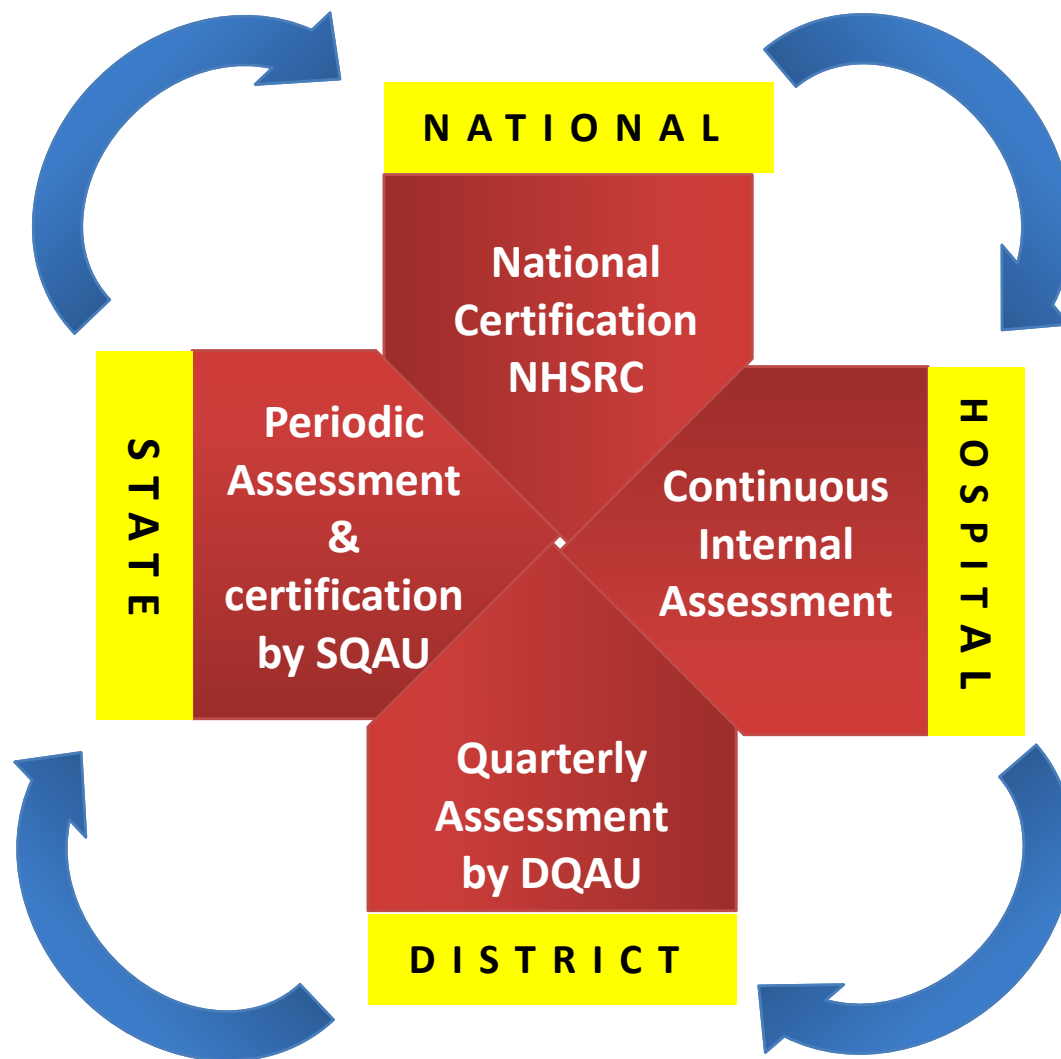


Score Card

Labour Room Score Card	
Labour Room Score	70%
Area of Concern wise score	
Service Provision	78 %
Patient Rights	52 %
Inputs	55 %
Support Services	50 %
Clinical services	77 %
Infection control	85 %
Quality Management	90 %
Outcome	73 %



Continuous Assessment & Feedback





Issue of Certificate & Incentives



Submission of Assessment Report

Recommendation for Certification



Application to Director, NHM, MoHFW, GoI

Assessment by external Assessor

Processing of Application and appointment of assessors



Internal Assessment and Quality Improvement



Recommendation for Certification



Health and Family Welfare Department

Government of Gujarat

State Level Assessment & Certification



NATIONAL QUALITY ASSURANCE STANDARDS

17/10/2017

NHSRC - QI

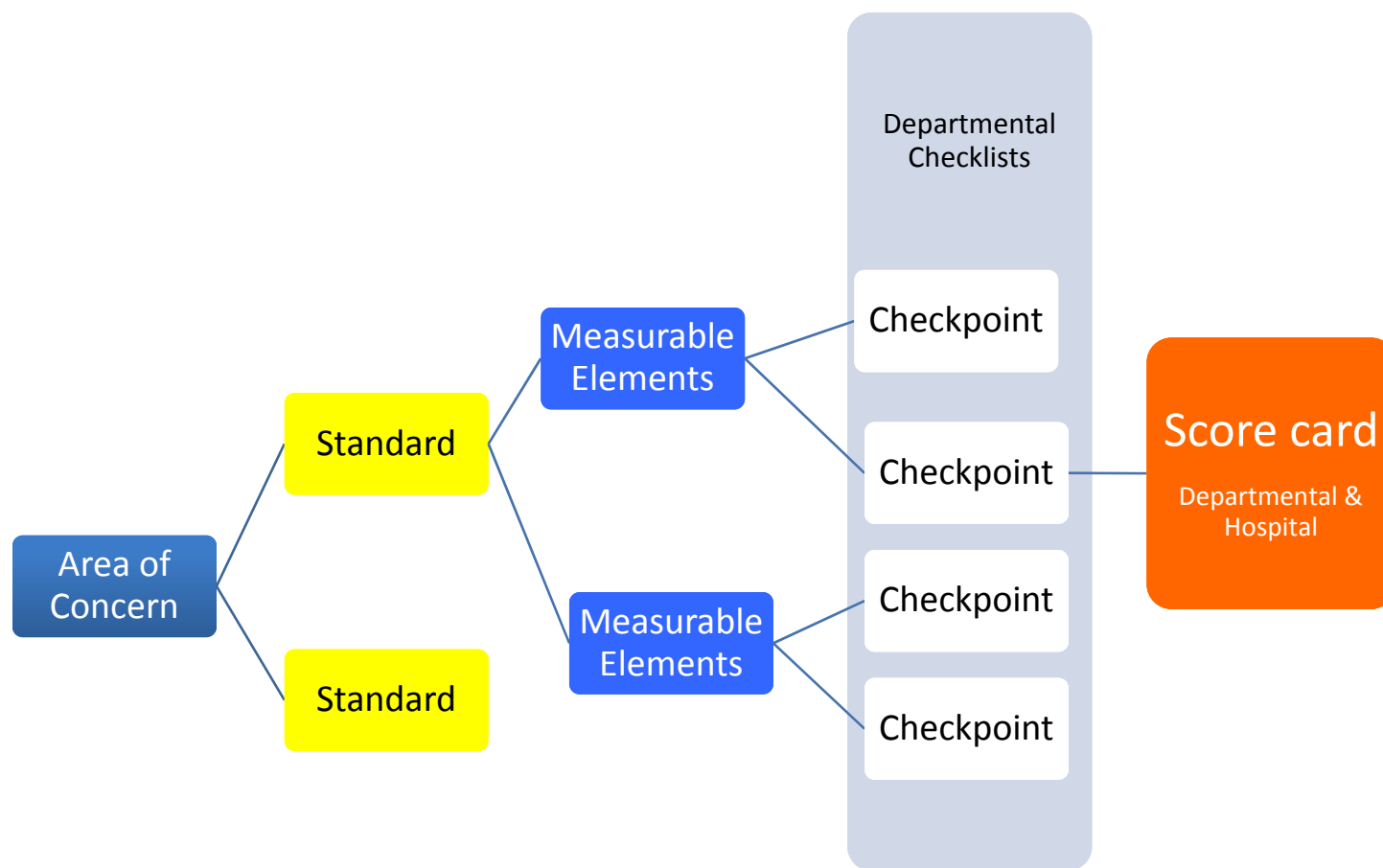


Synthesis of NQAS





Relationship Between Different Components

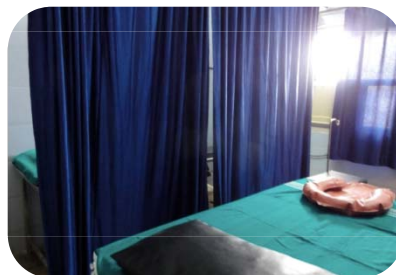




Area of Concern



Service Provision



Patient Rights



Input



Support Services



Clinical Services



Infection Control



Quality Management



Outcome



Area of Concern A : Services Provision

A1

Curative
Services

A2

RMNCH+A
Services

A3

Diagnostic
Services

A4

National
Health
Programs

A5

Support
Services

A6

Services as
per Local
Needs



Area of Concern B : Patient Rights

B1

Information
Accessibility

B2

Non
discrimination+
Physical Accessibility

B3

Privacy, Dignity
&
Confidentiality

B4

Inform patient
about Medical
condition

B5

Financial
barrier free
access



Area of Concern C: Inputs

C1

Infrastructure
& Space

C2

Physical
Safety

C3

Fire Safety

C4

Human
Resource

C5

Drugs &
consumables

C6

Instruments
& Equipment



Area of Concern D: Support Services

D1

Equipment
Maintenance

D2

Inventory
management

D3

Safety &
Security

D4

Facility
management

D5

Water &
Power Supply

D6

Dietary
Services

D7

Laundry
Services

D8

Community
Monitoring

D9

Financial
Management

D10

Legal
Compliances

D11

Human
Resources
Management

D12

Contract
Management



Area of Concern E: Clinical Services

E1

Registration
,Admission &
consultation

E2

Assessment

E3

Continuity of
Care

E4

Nursing Care

E5

High Risk &
Vulnerable
Patients

E6

Rational Use
of Drugs

E7

Medication
Safety

E8

Medical
Records

E9

Discharge



Area of Concern E: Clinical Services

E10

Intensive Care

E11

Emergency
Services

E12

Diagnostic
Services

E13

Blood Bank &
Transfusion

E14

Anesthesia

E15

Surgical
Services

E16

End of Life
Care



Area of Concern E: Clinical Services

E17

Antenatal
Care

E18

Intra natal
Care

E19

Post Natal
Care

E20

Newborn &
Child Health

E21

Family
Planning &
Abortion

E22

Adolescent
Health

E23

National
Health
Programs



Area of concern F: Infection Control

F1

Infection
Control
Program

F2

Hand Hygiene
& Antisepsis

F3

Personal
Protection

F4

Instrument
Processing

F5

Environment
Control

F6

Biomedical
Waste
Management

Area of Concern G: Quality Management



G1

Organizational
Framework

G2

PSS & ESS

G3

Internal &
External
QAP

G4

SOP for all
Critical
Processes

G5

Process
Mapping

G6

Periodic Review
& External
assessment

G7

Quality Policy &
Objectives

G8

Continual
Quality
Improvement

t



Area of concern H: Outcome

H1

Productivity

H2

Efficiency

H3

Clinical Care
& Patient
Safety

H4

Service
Quality



List of Checklist

Accident & Emergency	NRC	Laboratory
OPD	IPD	Radiology
Labour Room	ICU	Pharmacy
Maternity Ward	OT	Auxiliary Services
SNCU	PP Unit	Mortuary
Pediatric Ward	Blood Bank	General/Admin



Assessment Protocols

17/10/2017



Sample Checklist

Figure 3: Sample checklist*.

Checklist for Accident & Emergency					
Reference No.	Measurement Element	Checkpoint	Compliance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	The facility provides Curative Services				
ME A1.1.	The facility provides General Medicine services	Availability of Emergency Medical Procedures		SI/OB	Poisoning, Snake Bite, CVA, Acute MI, ARF, Hypovolumic Shock, Dysnea, Unconscious Patients
ME A1.2.	The facility provides General Surgery services	Availability of Emergency Surgical Procedures		SI/OB	Appendicitis, Rupture spleen, Intestinal Obstruction, Assault Injuries, perforation, Burns
ME A1.3.	the facility provides Obstetrics & Gynaecology Services	Availability of Emergency Obstertics & Gynaecology Procedures		SI/OB	APH, PPH, Eclampsia, Obstructed labour, Septic abortion, Emergency Contraceptives
ME A1.4.		Availability of emergency Pediatric procedures		SI/OB	ARI, Diarrheal diseases, Hypothermia, PEM, reucitation



Assessment Method



OBSERVATION (OB)



STAFF INTERVIEW (SI)



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 are given below

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



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** - delivery note, anaesthesia 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
- d) Review of **SOPs** for adequacy and process
- e) Review of **monitoring records** – TPR chart, Input/output chart, culture surveillance report, calibration records, etc
- f) Review of **department data** and indicators



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.



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 hospitalisation
- c) Effectiveness of communication like **counseling services and self drug administration**



Scoring Rules

- 2 marks for full compliance
- 1 mark for partial compliance
- 0 Marks for Non Compliances



Score Card

Emergency Score Card

Emergency Room Score

70%

Area of Concern wise Score

Service Provision

78%

Patient Rights

52%

Inputs

55%

Support Services

50%

Clinical Services

77%

Infection Control

85%

Quality Management

90%

Outcome

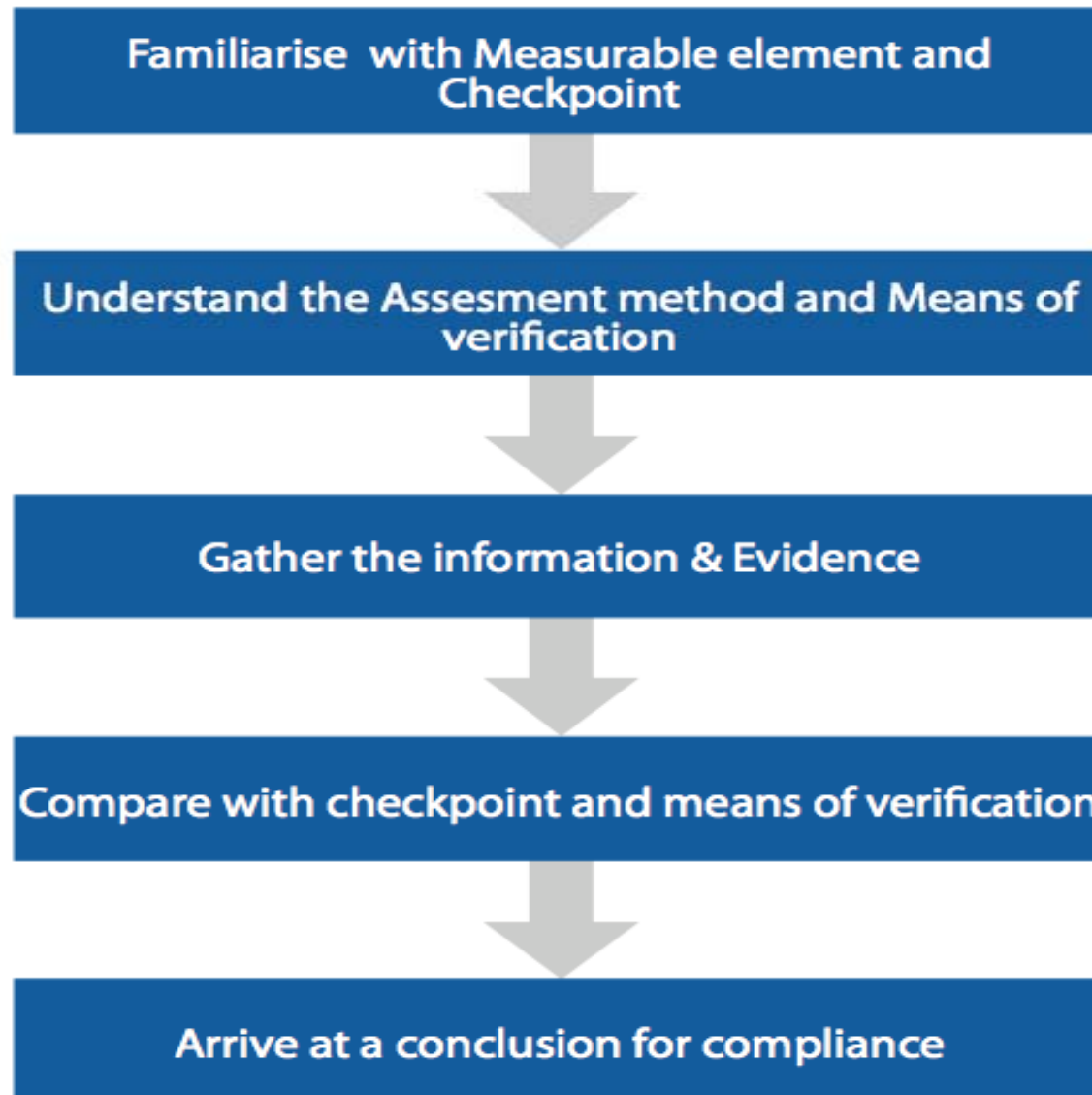
73%

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Hospital Score card

Hospital Quality Score Card Department wise				
Accident & Emergency 45%	OPD 58%	Labour room 70%	Maternity Ward 67%	Indoor Department 78%
NRC 68%	Paediatric ward 85%	Hospital Score 70%	SNCU 57%	ICU 68%
Operation Theatre 82%	Post Partum Unit 49%		Blood Bank 85%	Laboratory 50%
Radiology 35%	Pharmacy 72%	Auxiliary Services 65%	Mortuary 25%	General Administratio 60%





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Thank You