National Quality Assurance Program

J.N. Srivastava¹, Ms. Vinny Arora²

Abstract

Quality in healthcare is an attribute; it is complex construct that has several tangible & intangible dimensions including individual patient interest and larger societal concerns about improvement in health outcomes. National Quality Assurance Program is an NHM initiative to provide accessible, and equitablequality affordable services in Public Health Facilities. The program has been launched in November 2013 and implemented in all the States & Union Territories. Under NQAP, National Quality Assurance Standards (NQAS) have been formulated and incorporated in the tools prepared for conducting the assessments in public health facilities. Indian Healthcare system is 3 tier in nature, keeping it in view and for meeting the requirements, Quality Standards for District Hospitals, CHC, PHC/UPHC have been formulated in subsequent years for implementation. The entire framework of Quality Assurance Standards has been prepared by laying prominence on Donabedian Model of Structure Process and Outcome. The program lays emphasis on gap closure activities those are found during the assessment. There are 8 key features & explicit measurement system in the program. The entire focus of the program is on continual quality improvement of service delivery in public health facilities, in years to come. Conclusion: Quality Assurance Programmemeets the need of Public Health system in the country which is transparent, reliable & sustainable. The program endeavor to serve the country ¹Advisor Quality Improvement ²Consultant, Quality Improvement, National Health System Resource Centre, Delhi 110067, India.

Correspondence and Reprint Requests:

Vinny Arora, Consultant, Quality Improvement, National Health System Resource Centre, Delhi 110067, India.

E-mail: : vinnyarora24@gmail.com

Received Date: 12 December 2017 Accepted Date: 19 January 2018

by improving the 'Quality of Care' provided in public health facilities.

Keywords: National Quality Assurance Program; National Quality Assurance Standards.

Background

Tational Health Mission is one of the most aspiring health sector domainin India. National Rural Health Mission has been launched in year 2005 with an aim to provide accessible, affordable and quality health care to the rural population. In year 2013, it has been extended in urban areas and has been transformed into National Health Mission. Since the inception of NHM, Quality had remained as one of the focused areas of implementation. Earlier in this efforts ISO was implemented in many of the health facilities. NABH was also established in year 2005 and propagated as accreditation system in healthcare, however full accreditation was achieved by only few of the health facilities. In year 2012, Ministry of Health & Family Welfare analyzed the stand alone efforts undertaken till date and found that although quality interventions have been undertaken in due course of time, still there is a requirement of a Pro Public Health Quality System. Hence, National Quality Assurance Program was launched in 2013 with an aim of developing a sustainable inbuilt quality system within the public health facilities.

National Quality Assurance Program (NQAP) is one the versatile program those have been implemented under NHM. Under NQAP, after extended deliberations of 16 months "Operational Guidelines for Quality Assurance in Public Health Facilities" were developed and released in 2013. Initially Quality Standards for District hospital were released followed by Quality Standards for FRUs, PHC & UPHCs. Quality Standards for District Hospitals are ISQUa (International Society in Healthcare) certified first public health standards. National Quality Assurance Standards were formulated by conducting consultations workshops with involvement of State Government Representatives, Development Partners, Academic Institutions, Public Health Experts & Ministry Officials. These were framed by considering the public health challenges and constraints that are encountered in the health facilities along with a focus on quality improvement initiatives. Ministry of Health & Family welfare is supporting the States and Union Territories in Financial & Operational implementation of Quality Assurance Program. Incentives are also associated with the implementation and certification of the targeted facilities under NQAP.

National Quality Assurance Standards

Quality in healthcare is multidimensional, under NQAP the major emphasis have been levied on Structure, Process and Outcome approach. The present set of guidelines have been prepared comprehensively beginning with

- Areas of concerns,
- Defining its standards,
- Measurable elements and
- Checkpoints

both from service provider and service seekers aspect. There is a prudent mix of technical, infrastructural and clients perspective while framing these standards. The National Quality Assurance Standards are organised around eight 'Areas of Concern' as described in Figure 1. The 8 areas of concern are further sub-divided into Standards and Measurable Elements which are covered under all checklists (Fig. 2). There is an explicit measurement system of NQAP. The filled tangible department wise checklists form the part of

the Assessors guidebook for assessment and hence provides an ease of assessment to the assessors.



Fig. 1: Eight areas of Concern under NQAP



Fig. 2: Relationship between different component under NQAS

Keeping in view, the variability in the delivery of scope of service different standards and checklist have been prepared and introduced.

Table 1: Measurement System for all level facilities

Components	District Hospitals	СНС	PHC	U-PHC
Area of Concern	8	8	8	8
Standards	74	63	50	35
Measurable Elements	315	293	245	198
Checklists	18	12	6	12

The QA programme targets gaps finding, (in each area of concern, as well in each department of health facility) followed by prioritisation of the gaps, and action planning for closure of the gaps. The facilities are required to develop departmental SOPs, meeting regulatory compliances (Blood Bank Licences, Authorisation for Biomedical Waste, Atomic Energy Regulatory Board requirement, Fire Safety, etc.), strengthening system of infection control, instituting a system of external quality

assurance in hospital laboratories, creating amenities for patients & their relatives, etc.

Key Features of the Program

There are 8 key features in the program as enlisted below:

Unified Organizational Framework

Under NQAP the organizational framework has been constituted at all levels across all the States/ UTs

- National level Central Quality Supervisory Committee (CQSC)
- State Level State Quality Assurance Committee (SQAC) & functional arm as State Quality Assurance Unit (SQAU)
- District Level District Quality Assurance Committee (DQAC) & functional arm as District Quality Assurance Unit (DQAU)
- Facility Level District Quality Team
- Empanelment of Assessors
 - Internal Assessors Pool of Internal Assessors is created at State level, in order to support the States in effective implementation of the program at State & Facility level.
 - External Assessors Pool of External Assessors is created at National Level, in order to assess the facilities for National Certification. External Assessors enact as Internal Assessors for their own States & External Assessors for other States assessment.

The pool of External Assessors is empanelled at NHSRC level wherein they have been provided a 5 days training and had cleared a post training evaluation.

• *Flexibility of adopting standards*

Every State is distinct in its own way, so is there ways of implementation of the Quality assurance program. States are provided leverage in respect of the implementation of the program by doing the customization of these standardized checklists as per their delivery of scope of services in public health facilities. However customization is limited to only incorporating changes in Measurable Elements, Checkpoints and Means of Verification; Standards and Essential commodities as per IPHS norms are not covered in scope of customization. Customization itself is a dynamic process

wherein the distinct components of the state is incorporated; for instance de-addiction is major issue encountered in Public health facilities of the State of Punjab hence new standard various means of verification were incorporated for the State to reassure the delivery of quality services in this domain. Another illustration is in the State of Kerala wherein Palliative care is an essential component of all the public health facilities, hence means of verification pertaining to palliative care is incorporated especially for the State and furthermore customization shall be incorporated as per the states requirement.

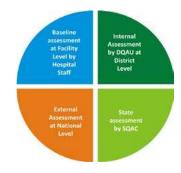
• Training & Capacity Building

There are 5 types of trainings those are imparted under this program namely:-

- Awareness Workshop To sensitize the State level Officials on Quality Assurance Program.
- Internal Assessor 2 days workshop To sensitize the staff about how methodology of conducting assessments.
- Service Provider Training 3 days workshop - To sensitize the facility health care professionals for preparing the action plan for traversing gap found during assessments.
- External Assessor 5 days training To empanel the pool of external assessors for undertaking certification audits.

Thematic Training – To guide the hospital healthcare professional on implementation of theme related activities.

♦ Assessments & Scoring



A set of checklist have been provided at "Assessors Guidebook". Each Checkpoint is scored as 0 for Non compliance, 1 for partial compliance & 2 for full compliance in against the Checkpoint by following the tracers provided in Means of Verification.

◆ Certification

Certification is a voluntary dynamic process; wherein the facility tries to achieve minimum defined quality standards for attaining certification. Certification under NQAS is provided by Government of India, illustrating that the services provided in a particular facility is uptothe National Quality Assurance Standards.

- State Certification Assessment conducted by team of Internal Assessors from within the state, facility scoring minimum 70% is recommended for certification. The entire process of certification is conducted by SQAC.
- National Level Certification After State Certification, facilities applies for National Certification and from pool of empanelled external assessors the assessment is conducted. If facility attains 70% or above they are awarded with National Certification. As it is an ongoing cycle surveillance audit on yearly basis and recertification audit after 2 years is conducted.

Incentivization

Financial & Non financial incentives are awarded once the facility is National certified.

Current Status

- In 4 years of implementation of Quality Assurance Program in States & Union Territories, a pool of 2399 internal assessors have been created for supporting the states in conducting assessment and undertaking gap closure activities at the facility level. Where in a pool of 199 external assessors have been created at national level for conducting the certification audits.
- 58 health facilities have been assessed under National Quality Assurance Program till date, in which 49 health facilities have been certified and more than 50 are in pipeline under the program. The progress embarks the quality improvement initiatives undertaken at the facility level.
- In 18 States, 788 Urban Primary Health Centre have been assessed in since April 2016 for highlighting & addressing the Urban health facility requirements.
- With the roll out of National Quality Assurance Program, other program i.e. Kayakalp,

LaQshya and SwachhSwasthSarvatra have also been included in pool of the NHM Programs to improvise the cleanliness & infection control practices within & outside the facility.



Region Wise Status of Certified Facilities

- 19 Health Facilities in North
- 2 Health Facilities in East
- 21 Health Facilities in West
- 2 Health Facilities in South
- 1 Health Facility in Northeast
- 4 Health Facilities in Southeast

Although Quality is considered an inbuilt approach in all the programs, implementation & assessing quality in public health facilities remained a big challenge. National Quality Assurance Program had tried to address the inequalities found in the different health facilities; based on their delivery of scope of the services. As we all know the different quality systems have stronger impact on the designing & delivery of healthcare services in the facilities; National Quality Assurance Program is an initiative to bring all the health facilities to a common platform in regards to provide and attain holistic approach of 'Quality of Care'.

References

- 1. Operational Guidelines for Quality Assurance in Public Health Facilities 2013, Ministry of Health & Family Welfare, Government of India.
- Quality Management in Public Health Facilities
 Traversing Gaps, NRHM, Ministry of Health & Family Welfare, Government of India.
- 3. Assessor's Guidebooks for Quality Assurance in District Hospitals 2013; Volume I & II, Ministry of Health & Family Welfare, Government of India.
- 4. Quality Standards for Urban Primary Health Centres (First Referral Unit); January 2015, Ministry of Health & Family Welfare, Government of India.
- 5. Office of National Health Systems Resource Centre, New Delhi- Quality Division; Reports from States/ UTs.