

List of Amendments done (2016)

ADDED				
Reference No	Standards (2016)	Measurable Elements (2016)	Explanation	
1	B6	ME B6.1 – ME B6.11	<p>ME B6.1 Ethical norms and code of conduct for medical and paramedical staff have been established.</p> <p>ME B6.2 The facility staff is aware of code of conduct established.</p> <p>ME B6.3 The facility has an established procedure for entertaining representatives of drug companies and suppliers.</p> <p>ME B6.4 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.</p> <p>ME B6.5 There is an established procedure for sharing of hospital/patient data with individuals and external agencies including non governmental organization.</p> <p>ME B6.6 There is an established procedure for 'end-of-life' care.</p> <p>ME B6.7 There is an established procedure for patients who wish to leave hospital against medical advice or refuse to receive specific treatment.</p> <p>ME B6.8 There is an established procedure for obtaining informed consent from the patients in case facility is participating in any clinical or public health research.</p> <p>ME B6.9 There is an established procedure to issue of medical certificates and other certificates.</p> <p>ME B6.10 There is an established procedure to ensure medical services during strikes or any other mass protest leading to dysfunctional medical services.</p> <p>ME B6.11 An updated copy of code of ethics under Indian Medical council act is available with the facility.</p>	
2	C7	ME C7.1 – ME C7.11	<p>ME C7.1 Criteria for Competence assessment are defined for clinical and Para clinical staff.</p> <p>ME C7.2 Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year.</p> <p>ME C7.3 Criteria for performance evaluation clinical and para clinical staff are defined.</p> <p>ME C7.4 Performance evaluation of clinical and para clinical staff is done on predefined criteria at least once in a year</p> <p>ME C7.5 Criteria for performance evaluation of support and administrative staff are defined.</p> <p>ME C7.6 Performance evaluation of support and administration staff is done on predefined criteria at least once in a year.</p> <p>ME C7.7 Competence assessment and performance assessment includes contractual, empanelled, and outsourced staff.</p> <p>ME C7.8 Training needs are identified based on competence assessment and performance evaluation and facility prepares the training plan.</p> <p>ME C7.9 The Staff is provided training as per defined core competencies and training plan.</p> <p>ME C7.10 There is established procedure for utilization of skills gained through trainings by on -job supportive supervision.</p> <p>ME C7.11 Feedback is provided to the staff on their competence assessment and performance evaluation.</p>	

3	G9	ME G9.1 – ME G9.6	<p>ME G9.1 Risk Management framework has been defined including context, scope, objectives and criteria.</p> <p>ME G9.2 Risk Management framework defines the responsibilities for identifying and managing risk at each level of functions.</p> <p>ME G9.3 Risk Management Framework includes process of reporting incidents and potential risk to all stakeholders</p> <p>ME G9.4 A comprehensive list of current and potential risk including potential strategic, regulatory, operational, financial, environmental risks has been prepared.</p> <p>ME G9.5 Modality for staff training on risk management is defined</p> <p>ME G9.6 Risk Management Framework is reviewed periodically</p>	
4	G10	ME G10.1 – ME G10.10	<p>ME G10.1 Risk management plan has been prepared and approved by the designated authority and there is a system of its updation at least once in a year.</p> <p>ME G10.2 Risk Management Plan has been effectively communicated to all the staff, and as well as relevant external stakeholders.</p> <p>ME G10.3 Risk assessment criteria and checklist for assessment have been defined and communicated to relevant stakeholders</p> <p>ME G10.4 Periodic assessment for Physical and Electrical risks is done as per defined criteria</p> <p>ME G10.5 Periodic assessment for potential disasters including fire is done as per defined criteria</p> <p>ME G10.6 Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.</p> <p>ME G10.7 Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria</p> <p>ME G10.8 Risks identified are analyzed evaluated and rated for severity.</p> <p>ME G10.9 Identified risks are treated based on severity and resources available.</p> <p>ME G10.10 A risk register is maintained and updated regularly to risk records identified risks, there severity and action to be taken.</p>	
<b>DELETED</b>				
1	C4	ME C4.6 & ME C4.7	<p>ME C4.6 The staff has been provided required training/skill sets.</p> <p>ME C4.7 The Staff is skilled as per job description. <b>(Added under C7 Standard of updated version of NQAS 2017)</b></p>	
2	E9	ME E9.4	ME E9.4 The facility has established procedure for patients leaving the facility against medical advice, absconding, etc. <b>(Rephrased and added under ME B6.7)</b>	
3	E16	ME E16.3	ME E16.3 The facility has standard operating procedure for end of life support. <b>(Rephrased and added under Me B6.6)</b>	
<b>REPHRASED</b>				
			<b>EARLIER</b>	<b>NEW</b>
1	G7	ME G7.1 – ME G7.4 to ME G7.1 – ME G7.7	<p>ME G7.1 The facility defines its quality policy .</p> <p>ME G7.2 The facility periodically defines its quality objectives and key departments have their own objectives.</p> <p>ME G7.3 Quality policy and objectives are disseminated and staff is aware of that.</p> <p>ME G7.4 Progress towards quality objectives is monitored periodically.</p>	<p>ME G7.1 The facility has defined mission statement.</p> <p>ME G7.2 The facility has defined core values of the organization.</p> <p>ME G7.3 The facility has defined Quality policy, which is in congruency with the mission of facility.</p> <p>ME G7.4 The facility has defined quality objectives to achieve mission and quality policy.</p> <p>ME G7.5 Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services.</p> <p>ME G7.6 The facility prepares strategic plan to achieve mission, quality policy and objectives.</p> <p>ME G7.7 The facility periodically reviews the progress of strategic plan towards mission, policy and objectives.</p>
<b>List of Amendments done (2018)</b>				
<b>ADDED</b>				
<b>Reference No</b>	<b>Standards (2018)</b>	<b>Measurable Elements (2018)</b>	<b>Explanation</b>	
1	A4	ME A4.12	ME A4.12 The facility provides services as per Rashtriya Bal Swasthya Karykram	

2	E18	ME E18.1, 18.2, 18.3, 18.5, 18.6, 18.7, 18.8, 18.9, 18.11	ME E18.1 The facility staff adheres to standard procedures for management of second stage of labor. ME E18.2 The facility staff adheres to standard procedure for active management of third stage of labor ME E18.3 The facility staff adheres to standard procedures for routine care of newborn immediately after birth. ME E18.5 The facility staff adheres to standard protocols for identification and management of Pre Eclampsia/Eclampsia ME E18.6 The facility staff adheres to standard protocols for identification and management of PPH. ME E18.7 The facility staff adheres to standard protocols for Management of HIV in Pregnant Woman & Newborn 34 National Quality Assurance Standards for Public Health Facilities   2017 ME E18.8 The facility staff adheres to standard protocol for identification and management of preterm delivery. ME E18.9 Staff identifies and manages infection in pregnant woman ME E18.11 The facility ensures Physical and emotional support to the pregnant women means of birth companion of her choice	
3	E19	ME E19.3	ME E19.3 The facility staff adheres to protocol for ensuring care of newborns with small size at birth	
4	E20	ME E20.5, ME E20.6, ME E20.10	ME E20.5 Management of neonatal sepsis is done as per guidelines ME E20.6 Management of children with severe Acute Malnutrition is done as per guidelines. ME E20.10 The facility ensures optimal breast feeding practices for new born & infants as per guidelines	
<b>DELETED</b>				
1	E18	ME E18.1, ME E18.3	ME E18.1 Established procedures and standard protocols for management of different stages of labour including AMTSL (Active Management of third Stage of labour) (Rephrased under Standard 18, refer NQAS 2018) are followed at the facility. ME E18.3 There is established procedure for management/Referral of Obstetrics Emergencies as per scope of services.	
2	H1	ME H1.2	ME H1.2 The Facility measures equity indicators periodically.	
<b>REPHRASED</b>				
			<b>EARLIER</b>	<b>NEW</b>
1	G6	ME G6.5	ME G6.5 Corrective and preventive actions are taken to address issues, observed in the assessment & audit.	ME G6.5 Planned actions are implemented through Quality improvement cycle (PDCA)
2	E18	ME E18.10	ME E18.4 There is an established procedure for new born resuscitation and newborn care.	ME E18.10 There is Established protocol for newborn resuscitation is followed at the facility.
3	E19	ME E19.1, ME E19.3	ME E19.1 Post partum Care is provided to the mothers. ME E19.3 There is an established procedure for Post partum counselling of mother.	ME E19.1 The facility staff adheres to protocol for assessments of condition of mother and baby and providing adequate postpartum care ME E19.2 The facility staff adheres to protocol for counseling on danger signs, post-partum family planning and exclusive breast feeding
4	E20	ME E20.4	ME E20.4 Management of neonatal asphyxia, jaundice and sepsis is done as per guidelines.	ME E20.4 Management of neonatal asphyxia is done as per guidelines
5	H1	ME H1.3	ME H1.3 Facility ensures compliance of key productivity indicators with National/State Benchmarks.	ME H1.2 The facility endeavours to improve its productivity indicators to meet benchmarks
5	H2	ME H2.2	ME H2.2 Facility ensures compliance of key efficiency indicators with National/State Benchmarks.	ME H2.2 The facility endeavours to improve its efficiency indicators to meet benchmarks
5	H3	ME H3.2	ME H3.2 Facility ensures compliance of key Clinical Care & Safety with National/State Benchmarks.	ME H3.2 The facility endeavours to improve its clinical & safety indicators to meet benchmarks
5	H4	ME H4.2	ME H4.2 Facility ensures compliance of key Service Quality with National/State Benchmarks.	ME H4.2 The facility endeavours to improve its service Quality indicators to meet benchmarks
<b>List of Amendments done (2020)</b>				
<b>ADDED</b>				
<b>Reference No</b>	<b>Standards (2020)</b>	<b>Measurable Elements (2020)</b>	<b>Explanation</b>	
1	B6	ME B6.12	ME B6.12- Facility has established a framework for identifying, receiving, and resolving ethical dilemmas' in a time-bound manner through ethical committee	
2	E2	ME E2.3	ME E2.3- There is an established procedure to document treatment or care plan involving individual patient to achieve the best possible results	
3	E6	ME E6.3	ME E6.3- There are procedures defined for medication review and optimization	
4	G3	ME G3.4 & ME G3.5	ME G3.4- Actions are planned to address gaps observed during quality assurance process, ME G3.5- Planned actions are implemented through Quality improvement cycles(PDCA)	

5	G10	ME G10.1, ME G10.2, ME G10.3, ME G10.4, ME G10.5, ME G10.6 & ME G10.7	ME G10.1- The facility has defined clinical governance framework, ME G10.2- Clinical Governance framework has been effectively communicated to all staff, ME G10.3- Clinical care effectiveness criteria have been defined and communicated, ME G10.4- Facility conducts the periodic clinical audits including prescription, medical and death audits, ME G10.5- Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process, ME G10.6- Governing body of healthcare facilities ensures accountability for clinical care provided, ME G10.7- Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care	
<b>DELETED</b>				
1	G6	ME G6.1, ME G6.2, ME G6.3, ME G6.4 & ME G6.5	ME G6.1- The facility conducts periodic internal assessment, ME G6.2- The facility conducts the periodic prescription/medical/death audits, ME G6.3- The facility ensures non compliances are enumerated and recorded adequately, ME G6.4- Action plan is made on the gaps found in the assessment/audit process, ME G6.5- Planned actions are implemented through Quality improvement cycle (PDCA)	
<b>REPHRASED</b>				
			<b>EARLIER</b>	<b>NEW</b>
1	A4	ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	The facility provides services under National TB elimination Programme as per guidelines
2	E2	Standard Statement	The facility has defined and established procedures for clinical assessment and reassessment of the patients	The facility has defined and established procedure for clinical assessment and preparation of the treatment plan
3	E6	Standard Statement	The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use	Facility ensures rationale prescribing and use of medicines
4	E23	ME E23.2	The facility provides services under Revised National TB Control Programme as per guidelines	The facility provides services under National TB elimination Programme as per guidelines
5	G3	Standard Statement	The facility has established internal and external quality assurance Programmes wherever it is critical to quality	Facility have established internal and external quality assurance programs
6	G4	ME G4.4	Work instructions are displayed at Point of use	The facility ensures documented policies and procedures are appropriately approved and controlled