



Manoj Jhalani

Joint Secretary & CVO

Telefax : 23063687

E-mail : manoj.jhalani@nic.in



भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

निर्माण भवन, नई दिल्ली - 110011

Government of India

Ministry of Health & Family Welfare

Nirman Bhavan, New Delhi - 110011

D.O. No. 10(3)/2014 –NRHM-I pt. (P-3061261)

Dated 8th August 2016

Subject: Certification of Health Facilities under National Quality Assurance Program

Dear *Colleague,*

This is subsequent to the D.O letter issued on 'Quality Assurance Programme at Public Health Facilities' dated 15th January 2014. This ministry has finalized the following:

- (i) Criteria for National/ State Certification under NQAP
- (ii) Draft certificate for certification for facilities meeting the prescribed score for five criteria and draft certificate with conditionality for facilities meeting the prescribed score in criterion I and any two of the remaining four criteria.
- (iii) Format for reporting of State level certification/ assessment.

Copies of the same are enclosed.

It is expected that, these documents and guidance contained therein will assist your State/ UT to achieve progress regarding certification of various health facilities under National Quality Assurance Program. For any further queries in this regard, QI division of NHSRC may be contacted.

With regards,

Yours sincerely,

(Manoj Jhalani)

Principal Secretary (Health) - All States and UTs

Copy to-

Mission Directors (NHM) - All States/Union Territories

Criteria for Certification under NQAS

1. National Certification

Before award of National level QA certification, the applicant health facility would be assessed on following criteria -

- I. Criterion 1 - Aggregate score of the health facility $\geq 70\%$
- II. Criterion 2 – Score of each department of the health facility $\geq 70\%$
- III. Criterion 3 – Segregated score in each Area of Concern (Service Provision, Patient's Right, Inputs, Support Services, Clinical Services, Infection Control, Quality Management, Outcome Indicator) $\geq 70\%$
- IV. Criterion 4 – Score of Standard A2, Standard B5 and Standard D10 is $\geq 70\%$ in each applicable department.
 - Standard A2 States “The facility provides RMNCHA services”.
 - Standard B5 states that “the facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services”.
 - Standard D10 states “the facility is compliant with all statutory and regulatory requirement imposed by local, state or central government.”
- V. Criterion 5 - Individual Standard wise score $\geq 60\%$

AWARD OF CERTIFICATION --

- a) **Certification** – If health facility meets all of above-mentioned criteria.

Surveillance & Re-certification Protocol:

- i. Certification / recertification would be valid for a period of three years, subject to validation of compliance to the QA Standards by the SQAC team every year for subsequent two years.
 - ii. In the third year, the facility would undergo re-certification assessment by the National Assessors after successful completion of two surveillance audits by the SQAC.
- b) **Certification with Conditionality** – If a Health Facility's aggregate score is 70% or more (Criterion I), and also meets at least two criteria out of remaining four (Criterion II, III, IV & V). It implies that the health facility has shown partial evidence of meeting the Quality Standards. Such certificate would have reason of conditionality mentioned in the certificate. Within agreed timeframe of six months, the facility would produce evidence of having addressed the reasons of conditionality, which may be verified by an external agency.

Then the linked incentive, if any, may be released.

If the hospital does not meet the conditionality in stipulated time-frame,

certification may be revoked after giving one more chance for a period of six months.

- c) **Deferred Certification** – The certification may be deferred until follow-up assessment if Hospital overall score is 70% in external assessment, but does not meet the criteria for conditional certification as mentioned in Para (b) above. The health facility should submit a time bound action plan to NHSRC/ MoHFW within 30 days of declaration of result of external assessment. On intimation of the compliance, follow-up assessment would be undertaken. The window for follow-up assessment will be from 6 months to one year from the date of declaration of external assessment result.

Assessment Time Line: Follow up assessment between 6 month to one year

- d) **Certification declined** - If hospital does not score 70% in external assessment the certification will be declined. The hospital may freshly apply for certification but not before one year of declaration of external assessment result.

Assessment Time Line: Once Certification has been declined, fresh assessment would be undertaken after one year.

2. State Level Certification

The criteria for State level certification needs to be approved by the State Quality Assurance Committee. The States may adopt criteria proposed for the National certification with relaxation of 5% marks in each criterion.



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NQAS

Central Quality Supervisory Committee

Ministry of Health & Family Welfare
Government of India
hereby certify that

(Name of the Hospital)

has been independently assessed & found to be in compliance with
'National Quality Assurance Standards (NQAS) for Public Health Facilities '
for following services of the Hospital§

Certificate Registration no.:

Effective Date:

Certificate Expiry Date:

Advisor
Quality Improvement
NHSRC
New Delhi

Joint Secretary (Policy)
Ministry of Health & Family Welfare
Govt. Of India
New Delhi

CERTIFICATE



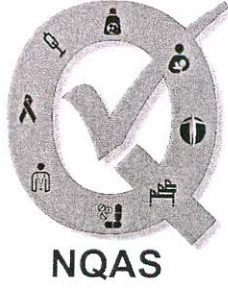
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Advisor
Quality Improvement
NHSRC
New Delhi

Joint Secretary (Policy)
Ministry of Health & Family Welfare
Govt. Of India
New Delhi

CERTIFICATE



Assessment Report: (*Name of the facility*)

Date of Assessment -

1. Overall Score**2. AREA OF CONCERN SCORE**

S.No.	Area of Concern	Score
A	Service Provision	
B	Patient Rights	
C	Inputs	
D	Support Services	
E	Clinical Services	
F	Infection Control	
G	Quality Management	
H	Outcome	

3. DEPARTMENTAL SCORE (Please amend the list as per departments given in the Assessor's Guidebook for other facilities viz CHC, PHC, UPHC)

S.NO	DEPARTMENT	SCORE
1	Accident & Emergency	
2	OPD	
3	Labour Room	
4	Maternity Ward	
5	Indoor Department	
6	NRC	
7	Paediatric Ward	
8	SNCU	
9	ICU	
10	Operation Theatre	
11	Post Partum Unit	
12	Blood Bank	
13	Laboratory	
14	Radiology	
15	Pharmacy	
16	Auxiliary Services	
17	Mortuary	
18	General Administration	

4. SCORE AGAINST EACH STANDARD (Please amend the list as per Quality Standards given in the Assessor's Guidebook for other facilities viz CHC, PHC, UPHC)

STANDARD	STANDARD STATEMENT	SCORE
Standard A1.	Facility Provides Curative Services	
Standard A2	Facility provides RMNCHA Services	
Standard A3.	Facility Provides diagnostic Services	
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme	
Standard A5.	Facility provides support services	
Standard A6.	Health services provided at the facility are appropriate to community needs.	
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	
Standard B2.	Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.	
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient and related information.	
Standard B4.	Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.	
Standard B5.	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.	
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	
Standard C2.	The facility ensures the physical safety of the infrastructure.	
Standard C3.	The facility has established Programme for fire safety and other disaster	
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	
Standard C5.	Facility provides drugs and consumables required for assured list of services.	
Standard C6.	The facility has equipment & instruments required for assured list of services.	
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas	
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	
StandardD6	Dietary services are available as per service provision and nutritional requirement of the patients.	
Standard D7.	The facility ensures clean linen to the patients	
Standard D8	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	

Standard D9	Hospital has defined and established procedures for Financial Management		
Standard D10.	Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government		
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.		
Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations		
Standard E1.	The facility has defined procedures for registration, consultation and admission of patients.		
Standard E2.	The facility has defined and established procedures for clinical assessment and reassessment of the patients.		
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral		
Standard E4.	The facility has defined and established procedures for nursing care		
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.		
Standard E6.	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.		
Standard E7.	Facility has defined procedures for safe drug administration		
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage		
Standard E9.	The facility has defined and established procedures for discharge of patient.		
Standard E10.	The facility has defined and established procedures for intensive care.		
Standard E11.	The facility has defined and established procedures for Emergency Services and Disaster Management		
Standard E12.	The facility has defined and established procedures of diagnostic services		
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.		
Standard E14	Facility has established procedures for Anaesthetic Services		
Standard E15.	Facility has defined and established procedures of Surgical Services		
Standard E16.	The facility has defined and established procedures for end of life care and death		
Standard E17	Facility has established procedures for Antenatal care as per guidelines		
Standard E18	Facility has established procedures for Intranatal care as per guidelines		
Standard E19	Facility has established procedures for postnatal care as per guidelines		
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines		
Standard E21	Facility has established procedures for abortion and family planning as per government guidelines and law		
Standard E22	Facility provides Adolescent Reproductive and Sexual Health services as per guidelines		
Standard E23	Facility provides National health program as per operational/Clinical Guidelines		

Standard F1	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	
Standard F2	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis	
Standard F3	Facility ensures standard practices and materials for Personal protection	
Standard F4	Facility has standard Procedures for processing of equipments and instruments	
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention	
Standard F6	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	
Standard G1	The facility has established organizational framework for quality improvement	
Standard G2	Facility has established system for patient and employee satisfaction	
Standard G3	Facility have established internal and external quality assurance programs wherever it is critical to quality.	
Standard G4	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	
Standard G5	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	
Standard G6	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit	
Standard G7	The facility has defined and established Quality Policy & Quality Objectives	
Standard G8	Facility seeks continually improvement by practicing Quality method and tools.	
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark	

5. Approval of State Quality Assurance committee/Designated Authority.

State Certification of as per National Quality Assurance Standards for District Hospitals is approved /not approved.

Date :

Signature

(Designation)