**NATIONAL QUALITY ASSURANCE STANDARDS**



[Document title]



NAme of the Assessors

Executive Summary

Introduction -

External Assessment of \_\_\_\_\_\_\_\_\_\_\_\_\_ against National Quality Assurance Standards was conducted from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name of Assessor’s-

1.

2.

3.

Assessment has been conducted on standard format of National quality Assurance Programme Checklist which contains functional ­­­\_\_\_\_\_\_\_\_\_\_\_ departments.

Main Gaps

* ..
* ..
* ..
* ..
* ..
* ..
* ..

Assessment Outcome-

Name and Signatures of External assessors-

1.

2.

3.

**Award of Certification**

|  |  |  |  |
| --- | --- | --- | --- |
| **Criterion** | **Yes** | **No** | **Remarks** |
| 1. Criterion 1 - Aggregate score of the health facility ≥ 70% |  |  |  |
| 1. Criterion 2–Score of each department of the health facility ≥ 70% |  |  |  |
| 1. 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) ≥ 70% |  |  |  |
| 1. Criterion 4 –Score of Standard A2, Standard B5 and Standard D10 is>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.” |  |  |  |
| 1. Criterion 5- Individual Standard wise score ≥ 50% |  |  |  |
| 1. Criterion 6- Patient Satisfaction Score of 65% in the preceding Quarter or more (Satisfied & Highly Satisfied on Mera-Aspataal) or Score of 3.2 on Likert Scale |  |  |  |

*It is recommended that hospital may be awarded ........................................................................*

**Snapshot of score card**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Accident & Emergency | New-Born Stabilization Unit | Operation Theatre | Laboratory | Out-Patient Department | |
| % | % | % | % | % | |
| Radiology | Labour room | HOSPITAL SCORE  % | | Pharmacy and Store | |
| % | % | % | |
| In-Patient Department | Auxiliary Services | Blood Storage Unit | | General Administration |
| % | % | % | | % |

**Area of Concern wise score**

|  |  |
| --- | --- |
| Area of Concern | Scoring pattern |
| *Service Provision* |  |
| *Patient Rights* |  |
| *Inputs* |  |
| *Support Services* |  |
| *Clinical Services* |  |
| *Infection control* |  |
| *Quality Management* |  |
| *Outcomes* |  |

**Standard wise Score Card**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Area of Concern -A Service Provision**  **Overall Score -** | | **Area of Concern D**  **Support Services**  **Overall Score -** | | **Area of Concern E**  **Clinical Services**  **Overall Score -** | | **Area of Concern F**  **Infection Control**  **Overall Score-** | |
| Standard | Score | Standard | Score | Standard | Score | Standard | Score |
| Standard A1 |  | Standard D 1 |  | Standard E1 |  | Standard F1 |  |
| Standard A2 |  | Standard D 2 |  | Standard E2 |  | Standard F2 |  |
| Standard A3 |  | Standard D 3 |  | Standard E3 |  | Standard F3 |  |
| Standard A4 |  | Standard D 4 |  | Standard E4 |  | Standard F4 |  |
| Standard A5 |  | Standard D 5 |  | Standard E5 |  | Standard F5 |  |
| Standard A6 |  | Standard D 6 |  | Standard E6 |  | Standard F6 |  |
| **Area of Concern B**  **Patient Rights**  **Overall Score -** | | Standard D 7 |  | Standard E7 |  |
| Standard D 8 |  | Standard E8 |  | **Area of Concern G**  **Quality Management**  **Overall Score-** | |
| Standard B1 |  | Standard D 9 |  | Standard E9 |  | Standard G1 |  |
| Standard B2 |  | Standard D10 |  | Standard E10 |  | Standard G2 |  |
| Standard B3 |  |  |  | Standard E11 |  | Standard G3 |  |
| Standard B4 |  |  |  | Standard E12 |  | Standard G4 |  |
| Standard B5 |  |  |  | Standard E13 |  | Standard G5 |  |
| **Area of Concern C**  **Inputs Overall Score -** | |  |  | Standard E14 |  | Standard G6 |  |
|  |  | Standard E15 |  | Standard G7 |  |
| Standard C1 |  |  |  | Standard E16 |  | **Area of Concern H**  **Outcome Indicators**  **Overall Score** | |
| Standard C2 |  |  |  | Standard E17 |  | Standard H1 |  |
| Standard C3 |  |  |  | Standard E18 |  | Standard H2 |  |
| Standard C4 |  |  |  | Standard E19 |  | Standard H3 |  |
| Standard C5 |  |  |  | Standard E20 |  | Standard H4 |  |
|  |  |  |  | Standard E21 |  |
|  |  |  |  | Standard E22 |  |  |  |

**Department wise score card**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Accident & Emergency** | | | | |
| **Accident & Emergency Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **Accident & Emergency Score** |
| A | Service Provision | 0% | **0%** | |
| B | Patient Rights | 0% |
| C | Inputs | 0% |
| D | Support Services | 0% |
| E | Clinical Services | 0% |
| F | Infection Control | 0% |
| G | Quality Management | 0% |
| H | Outcome | 0% |
| **Major Gaps Observed** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **New-Born Stabilization Unit** | | | | |
| **New-Born Stabilization Unit Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **New-Born Stabilization Unit Score** |
| A | Service Provision | 0% | **0%** | |
| B | Patient Rights | 0% |
| C | Inputs | 0% |
| D | Support Services | 0% |
| E | Clinical Services | 0% |
| F | Infection Control | 0% |
| G | Quality Management | 0% |
| H | Outcome | 0% |
| **Major Gaps Observed** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Operation Theatre** | | | | |
| **Operation Theatre Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **Operation Theatre Score** |
| A | Service Provision | 0% | **0%** | |
| B | Patient Rights | 0% |
| C | Inputs | 0% |
| D | Support Services | 0% |
| E | Clinical Services | 0% |
| F | Infection Control | 0% |
| G | Quality Management | 0% |
| H | Outcome | 0% |
| **Major Gaps Observed** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Laboratory** | | | | |
| **Laboratory Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **Laboratory Score** |
| A | Service Provision | 0% | **0%** | |
| B | Patient Rights | 0% |
| C | Inputs | 0% |
| D | Support Services | 0% |
| E | Clinical Services | 0% |
| F | Infection Control | 0% |
| G | Quality Management | 0% |
| H | Outcome | 0% |
| **Major Gaps Observed** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Out-Patient Department** | | | | |
| **Out-Patient Department Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **Out-Patient Department Score** |
| A | Service Provision | 0% | **0%** | |
| B | Patient Rights | 0% |
| C | Inputs | 0% |
| D | Support Services | 0% |
| E | Clinical Services | 0% |
| F | Infection Control | 0% |
| G | Quality Management | 0% |
| H | Outcome | 0% |
| **Major Gaps Observed** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Radiology** | | | | |
| **Radiology Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **Radiology Score** |
| A | Service Provision | 0% | **0%** | |
| B | Patient Rights | 0% |
| C | Inputs | 0% |
| D | Support Services | 0% |
| E | Clinical Services | 0% |
| F | Infection Control | 0% |
| G | Quality Management | 0% |
| H | Outcome | 0% |
| **Major Gaps Observed** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Labour Room** | | | | |
| **Labour Room Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **Labour room Score** |
| A | Service Provision | 0% | **0%** | |
| B | Patient Rights | 0% |
| C | Inputs | 0% |
| D | Support Services | 0% |
| E | Clinical Services | 0% |
| F | Infection Control | 0% |
| G | Quality Management | 0% |
| H | Outcome | 0% |
| **Major Gaps Observed** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pharmacy and Store** | | | | |
| **Pharmacy and Store Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **Pharmacy and Store Score** |
| A | Service Provision | 0% | **0%** | |
| B | Patient Rights | 0% |
| C | Inputs | 0% |
| D | Support Services | 0% |
| E | Clinical Services | 0% |
| F | Infection Control | 0% |
| G | Quality Management | 0% |
| H | Outcome | 0% |
| **Major Gaps Observed** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **In-Patient Department** | | | | |
| **In-Patient Department Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **In-Patient Department Score** |
| A | Service Provision | 0% | **0%** | |
| B | Patient Rights | 0% |
| C | Inputs | 0% |
| D | Support Services | 0% |
| E | Clinical Services | 0% |
| F | Infection Control | 0% |
| G | Quality Management | 0% |
| H | Outcome | 0% |
| **Major Gaps Observed** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Auxiliary Services** | | | | |
| **Auxiliary Services Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **Auxiliary ServicesScore** |
| A | Service Provision | 0% | **0%** | |
| B | Patient Rights | 0% |
| C | Inputs | 0% |
| D | Support Services | 0% |
| E | Clinical Services | 0% |
| F | Infection Control | 0% |
| G | Quality Management | 0% |
| H | Outcome | 0% |
| **Major Gaps Observed** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General Administration** | | | | |
| **General Administration Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **General Administration Score** |
| A | Service Provision | 0% | **0%** | |
| B | Patient Rights | 0% |
| C | Inputs | 0% |
| D | Support Services | 0% |
| E | Clinical Services | 0% |
| F | Infection Control | 0% |
| G | Quality Management | 0% |
| H | Outcome | 0% |
| **Major Gaps Observed** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

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| --- | --- | --- | --- | --- |
| **Blood Storage Unit** | | | | |
| **Blood Storage Unit Score Card** | | | | |
| **Area of Concern Wise Score** | | | | **Blood Storage Unit Score** |
| A | Service Provision | 0% | **0%** | |
| B | Patient Rights | 0% |
| C | Inputs | 0% |
| D | Support Services | 0% |
| E | Clinical Services | 0% |
| F | Infection Control | 0% |
| G | Quality Management | 0% |
| H | Outcome | 0% |
| **Major Gaps Observed** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| **Evidences (if any….)** | | | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |

**Annexures**

1. Minutes of meeting of opening meeting.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Opening Meeting | | | | | | |
| Name Of The Facility | | | State/Dist. | | |  |
| Date | | Start Time | Finished Time | | | |
| List of Attendees | | | | | | |
| Assessors | | | | Facility Representatives | | |
| Team Leader | | | | Name | Designation | Signature |
| Name | Designation | Signature | |  |  |  |
|  |  |  | |  |  |  |
| Assessment Team | | | |  |  |  |
| Name | Designation | Signature | |  |  |  |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
| Discussion Points | | | | | | |
|  | | | | | | |

1. Minutes of meeting of closing meeting.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Closing Meeting | | | | | | | | | | |
| Name of The Facility | | | | | State/Dist: | | | | | |
| Date | | Start Time |  | | | Finished Time | |  | |  |
| List of Attendees | | | | | | | | | | |
| Assessors | | | | Facility Representatives | | | | | | |
| Team Leader | | | | Name | | | Designation | | Signature | |
| Name | Designation | Signature | |  | | |  | |  | |
|  |  |  | |  | | |  | |  | |
| Assessment Team | | | |  | | |  | |  | |
| Name | Designation | Signature | |  | | |  | |  | |
|  |  |  | |  | | |  | |  | |
|  |  |  | |  | | |  | |  | |
|  |  |  | |  | | |  | |  | |
|  |  |  | |  | | |  | |  | |
|  |  |  | |  | | |  | |  | |
|  |  |  | |  | | |  | |  | |
| Discussion Points | | | | | | | | | | |
|  | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Checklist for review of documents  Document Review Checklist | | | |
| Observation | Yes | No | Remarks |
| Customization of NQAS | | | |
| Has the state customized NQAS |  |  |  |
| If yes, is the customized version approved by CQSC |  |  |  |
| Copy of customized standards and assessment tools submitted. |  |  |  |
| Internal assessment by facility with involvement of DQAC/DQAU | | | |
| Facility has conducted internal assessment with involvement of DQAC/DQAU. |  |  |  |
| Complete assessment report and scores submitted? |  |  |  |
| Details of assessment team (name & designation) provided. |  |  |  |
| Approved internal assessment plan for one year submitted. |  |  |  |
| Internal assessment by state team | | | |
| Assessment schedule submitted. |  |  |  |
| Details of assessment team (name & designation) provided. |  |  |  |
| Complete assessment report and scores submitted? |  |  |  |
| All checklists and scores submitted? |  |  |  |
| Quality policy and Quality objectives | | | |
| Quality policy submitted. |  |  |  |
| Quality policy is approved by head of institution? |  |  |  |
| Overall quality objectives of hospital submitted? |  |  |  |
| Quality objectives of all departments submitted? |  |  |  |
| Quality objectives are in line with quality policy? |  |  |  |
| Quality objectives are smart? |  |  |  |
| Is there any mechanism to monitor and track quality objectives? |  |  |  |
| Operational quality team | | | |
| Supporting document/office order submitted regarding constitution of quality team? |  |  |  |
| Quality team is multi-disciplinary with representation from all departments (clinical, admin, support) |  |  |  |
| Records of proceedings (mom) of at least three consecutive monthly meeting? |  |  |  |
| Standard operating procedures (SOP) | | | |
| All required sops are submitted. |  |  |  |
| All sops are drafted and approved by competent authority? |  |  |  |
| All sops adequately describe the process and have details as per NQAS. |  |  |  |
| Quality Improvement Manual | | | |
| Quality improvement manual submitted. |  |  |  |
| Manual is approved by competent authority. |  |  |  |
| Manual is complete in all respects and adequately describes the process as per NQAS? |  |  |  |
| Defined hospital wide policies |  |  |  |
| Condemnation policy. |  |  |  |
| End of life care policy |  |  |  |
| Antibiotic policy |  |  |  |
| Visitor policy |  |  |  |
| Privacy, dignity and confidentiality policy |  |  |  |
| Social, Cultural & Religious equality policy |  |  |  |
| Policy on use of PPE & PEP in case of reported sharp injuries |  |  |  |
| Consent policy |  |  |  |
| Maintenance of patient records, its security & sharing of information policy. |  |  |  |
| Change of linen policy |  |  |  |
| Consultation & Bed allocation Policy |  |  |  |
| Handing over Policy |  |  |  |
| Dress code policy |  |  |  |
| Prescription by generic names policy |  |  |  |
| Reporting of adverse events policy |  |  |  |
| Narcotic and psychotropic drug safety & usage policy |  |  |  |
| Availability of EDL & Stock out management policy |  |  |  |
| Intradepartmental & higher centre referral policy |  |  |  |
| Policy for timely reimbursements of entitlements and compensation. |  |  |  |
| Grievance readdressal policy |  |  |  |
| No smoking policy |  |  |  |
| Quality policy. |  |  |  |
| Free treatment to BPL Patient Policy/Procedure. |  |  |  |
| Regular competence testing as per job description policy |  |  |  |
| Patient satisfaction surveys | | | |
| Records of at least 3 consecutive surveys submitted. |  |  |  |
| Analysis of the surveys submitted and Corrective and Preventive actions. |  |  |  |
| Key performance indicators (KPIs) | | | |
| Records of at least 3 months of KPIs. |  |  |  |
| Action plan |  |  |  |
| Action plan prepared. |  |  |  |
| Action plan is based on internal assessment's findings. |  |  |  |
| Actions taken. |  |  |  |
| Audits |  |  |  |
| Audit reports of 3 consecutive medical audits |  |  |  |
| Audit report of 3 consecutive death audits |  |  |  |
| Audit reports of 3 consecutive prescription audits. |  |  |  |

**Declaration by Assessors**

National Health Systems Resource Centre, New-Delhi

External Assessment of public health facilities under National Quality Assurance Programme

**Declaration of Impartiality and Confidentiality**

(*To be filled in by each Assessor and to be enclosed with the Assessment Report)*

|  |  |  |
| --- | --- | --- |
|  | **Name** |  |
|  | Address |  |
|  | Qualification |  |
|  | Organization |  |
|  | Designation |  |
|  | Date(s) of Assessment |  |
|  | Areas assessed |  |
|  | Name and Address of the health facility Assessed |  |

1. I declare that;
2. I have not offered any guidance, supervision or other services to the above mentioned health facility, in any way.
3. I do not have any commercial interest in the above mentioned health facility.
4. I am not an ex-employee of the health facility and am not related to any person of the management/Employee of the above mentioned health facility.
5. I under take that;
6. I shall maintain strict confidentiality of the information acquired through various documents like health facility records, Quality Manual, Standard Operating Procedures, Internal Reports, etc., of the above mentioned public health facility and other related information that might have been given by National Health Systems Resource Centre- New-Delhi or State Quality Cell, in the course of discharge of my responsibility and shall not disclose to any person other than that required by National Health Systems Resource Centre-New-Delhi.
7. I shall neither copy any documentation nor divulge any information to any third party without the written prior consent of the above mentioned public health facility or National Health Systems Resource Centre-New-Delhi.
8. I shall maintaining independent and acting impartially with integrity during external assessment. I shall not act in any damaging to the reputation or interest of National Health Systems Resource Centre-New-Delhi or the above mentioned public health facility.
9. In the event of any alleged breach of this undertaking, I shall co-operate fully with National Health Systems Resource Centre-New-Delhi.

Date:

Place Signature of Assessor

National Health Systems Resource Centre, New-Delhi

External Assessment of public health facilities under National Quality Assurance Programme

**Declaration of Impartiality and Confidentiality**

(*To be filled in by each Assessor and to be enclosed with the Assessment Report)*

|  |  |  |
| --- | --- | --- |
|  | **Name** |  |
|  | Address |  |
|  | Qualification |  |
|  | Organization |  |
|  | Designation |  |
|  | Date(s) of Assessment |  |
|  | Areas assessed |  |
|  | Name and Address of the health facility Assessed |  |

1. I declare that;
2. I have not offered any guidance, supervision or other services to the above mentioned health facility, in any way.
3. I do not have any commercial interest in the above mentioned health facility.
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5. I under take that;
6. I shall maintain strict confidentiality of the information acquired through various documents like health facility records, Quality Manual, Standard Operating Procedures, Internal Reports, etc., of the above mentioned public health facility and other related information that might have been given by National Health Systems Resource Centre- New-Delhi or State Quality Cell, in the course of discharge of my responsibility and shall not disclose to any person other than that required by National Health Systems Resource Centre-New-Delhi.
7. I shall neither copy any documentation nor divulge any information to any third party without the written prior consent of the above mentioned public health facility or National Health Systems Resource Centre-New-Delhi.
8. I shall maintaining independent and acting impartially with integrity during external assessment. I shall not act in any damaging to the reputation or interest of National Health Systems Resource Centre-New-Delhi or the above mentioned public health facility.
9. In the event of any alleged breach of this undertaking, I shall co-operate fully with National Health Systems Resource Centre-New-Delhi.

Date:

Place Signature of Assessor