

Revised
Process Note
on
Virtual Certification
of
Public Health Facilities
under
LaQshya
during
COVID -19 Pandemic

Revised Process note on virtual Quality Certification of Public Health facilities under LaQshya

- ✚ In December' 2017, Ministry of Health and Family Welfare launched the 'LaQshya' initiative, aiming to improve quality of intra-partum and immediate post-partum care and furthermore, accentuating the Respectful Maternal Care in Public Health Facilities. Aiming to accomplish the desired objectives, the implementation of the Program was initiated in the Labour Rooms & Maternity Operation Theatres of the targeted facilities of the States/UTs. Within a short span of 3 Years of its implementation the LaQshya is now a popular and well-accepted initiative.
 - ✚ In the current pandemic situation due to COVID-19, the States/UTs are facing difficulty in LaQshya certification. The requirement for social distancing and restricted travel are main hindrances for undertaking assessments. Therefore it has been decided to go for online virtual certification of the healthcare facilities under LaQshya.
 - ✚ This guidance note will be applicable for all facilities in the States/UTs selected for LaQshya. The States and UTs may use this guidance for State level virtual certifications as well.
 - ✚ This note is intended to describe the process of virtual certification under LaQshya and it will be remain effective till the physical assessments become feasible or maximum for 1 Year, whichever is earlier.
 - ✚ Virtual certification of the facility will have 30% weightage in the final physical assessment.
 - ✚ The attainment of Virtual certification will incentivize the facility with 30% of incentive money and remaining 70% will be disbursed after physical verification of the facility and attainment of certified status on physical assessment.
 - ✚ Virtual certification will be effective from 01st July 2020 till the visit to health facilities by the assessors become feasible or 1 year, whichever is earlier.
 - ✚ **LaQshya checklists as given in the programme guidelines will be used for Virtual certification.**
1. **Unit of Certification** – All state level LaQshya certified health facilities as per established State certification/Virtual certification are eligible for the National level virtual LaQshya certification.
 2. **Criteria for certification** – Virtual certification of the facility will be finalized based on the weighted average score obtained in the following five criteria for LaQshya certification:-

Table 1: Certification Criteria for NQAS

S.No	Criteria	Scores	Weightage	Marks obtained
Criteria –I	State certification score of the facility	% of scores obtained during state assessment	15%	
Criteria-II	Virtual assessment score of the facility	% of scores obtained during virtual assessment	50%	
Criteria-III	Mera Aspathaal score/Manual PSS Score	% of Marks obtained	10%	
Criteria-IV	Document verification	% of Marks obtained	15%	
Criteria-V	Annexure-C for LaQshya	% of Marks obtained	10%	
Total Marks				

- Application for the Certification** – Health Facility ready for virtual certification can apply through the state quality assurance committee (SQAC). The application should be made only after ascertaining that the facility meets the State certification criteria as per physical/virtual certification. It is advisable that SQAC validate these scores before applying for the national level certification. Application for LaQshya national assessment shall be sent as per the existing protocols.
- Verification of submitted Documents** - All the documents that have been requested from the health facility would undergo two level of verification. The initial verification in terms of adequacy will be done by the designated Consultant, QI Division NHSRC. Thereafter the set of documents will be forwarded to the selected assessors.
- Selection of the assessors** – After the receipt of application and document verification clearance in terms of availability of all the desired documents from the concerned QI consultants, the complete set of documents would be sent to empanelled assessor by the certification cell. From the pool of empanelled external assessors, assessors shall be selected for each assessment as per following table:-

Table 2- Assessors for LaQshya Certification

Number of Applied department	No. of Assessors	No. of Days
One Department (LR/M-OT)	1	1
Two Department (LR & M-OT)	2	1

Assessors will be shortlisted based on the number of field assessments conducted and type of health facility to be assessed without any possibility of conflict of interest.

- Honorarium for the assessor**- Assessor's honorarium shall be reimbursed by NHSRC for the undertaking virtual certification at the rate of Rs 3000/ day/Assessor.

7. **Timelines for report submission** - The assessors are expected to assess the content of the documents submitted. The assessors will also attend the virtual tour with the facility and prepare the report and submit within seven (07) working days after the last days of assessment. The Assessment criteria along with the draft report format are attached as **Annexure – A**.
8. **Validity of Certification** - This is a virtual certification and the certification will be valid till the time physical assessment of the facility will be done or 1 Year, whichever is earlier. The facility that will attain virtual certification would undergo a physical verification once the situation improves post COVID -19 pandemic. The attainment of virtual certification will incentivise the facility with 30% of the incentive money (after meeting incentives criteria) and remaining 70% will be disbursed on attainment of certified status after physical verification.
9. **Assessment Process –**
- a. The application for the assessment would always be accompanied by the supporting documents, as given at **Annexure –C**. After receipt of the application, supporting document will be verified by certification team at NHSRC.
 - b. Once the clearance is received from the respective NHSRC Consultant, the certification team at NHSRC will schedule assessment of the facility.
 - c. Assessment days will be communicated for the conduct of an assessment of a health facility by the certification unit.
 - d. Selection and allocation of external assessor will be done by established protocols of external assessment. The assessors are required to fill the “Declaration of Impartiality and Confidentiality” before assessment **Annexure-B**
 - e. Certification unit will forward the document to the assigned assessors for review along with the details of the assessment dates allocated to a particular health facility.
 - f. Virtual tour – During the allocated day’s online calls from facility will be arranged with mutual consent of facility administration and empanelled assessors along with intimation to certification cell at NHSRC. The Assessors are expected to use the LaQshya checklists for virtual assessment and prepare the assessment report.
 - g. Certification cell at NHSRC will collate the feedback from the facility on the conduct of the assessment as per the protocol.
 - h. Certification team at NHSRC will compile the submitted assessment report and draft the result and letter for MOHFW to issue the virtual certification to concerned facility, as per approved criteria. If facility fails to meet the certification criteria, a letter from Advisor, QI will be sent to the facility stating the reason for same.
 - i. Facility will keep on striving for rest of targets set under LaQshya scheme.

Format for Assessor Report

Introduction -

Virtual Assessment of _____ (name of department) at (Name of Facility)..... against National Quality Assurance Standards was conducted from _____ (date) under LaQshya.

Name, designation, current Organization and signature of Assessor's-

1.

2.

Assessment has been conducted using standard NQAS assessment tools as per LaQshya Guideline.

Labour Room			
Labour Room			
Area of Concern Wise Score			Overall 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			
4.			
5.			
Strengths			
1			
2			
3			
4.			
5.			
Recommendations / Opportunities for improvement			
1			
2.			

3.	
4.	
5.	
	Evidences

1.

Standard wise Score Card

Area of Concern -A Service Provision		Area of Concern C		Area of Concern E		Area of Concern G	
Overall Score -		Inputs		Clinical Services		Quality Management	
		Overall Score -		Overall Score -		Overall Score-	
Standard	Score	Standard	Score	Standard	Score	Standard	Score
Standard A1		Standard C1		Standard E1		Standard G1	
Standard A2		Standard C2		Standard E2		Standard G2	
Standard A3		Standard C3		Standard E3		Standard G3	
Area of Concern B		Standard C4		Standard E4		Standard G4	
Patient Rights		Standard C5		Standard E5		Standard G5	
Overall Score -		Standard C6		Standard E6		Standard G6	
Standard B1		Standard C7		Standard E7		Standard G7	
Standard B2				Standard E8		Standard G8	
Standard B3				Standard E9	NA	Standard G9	NA
Standard B4				Standard E10	NA	Standard G10	
Standard B5						Standard E11	
		Area of Concern D		Standard E12		Area of Concern H	
		Support Services		Standard E13		Outcome Indicators	
		Overall Score -		Standard E14	NA	Overall Score	
				Standard E15	NA		
		Standard D1		Standard E16		Standard H1	
		Standard D2		Standard E17	NA	Standard H2	
		Standard D3		Standard E18		Standard H3	
		Standard D4		Standard E19		Standard H4	
		Standard D5		Area of Concern F			
		Standard D6	NA	Infection Control			
		Standard D7		Overall Score-			
		Standard D8	NA	Standard F1			
		Standard D9	NA	Standard F2			
		Standard D10	NA	Standard F3			
		Standard D11		Standard F4			
				Standard F5			
		Standard F6					

Patient Satisfaction Score of the preceding Quarter:

Maternity OT				
Maternity OT				
Area of Concern Wise Score			Overall 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				
4.				
5.				
Strengths				
1				
2				
3				
4.				
5.				

	Recommendations / Opportunities for improvement
1	
2.	
3.	
4.	
5.	
	Evidences

1.

Standard wise Score Card

Area of Concern -A Service Provision		Area of Concern C		Area of Concern E		Area of Concern G	
Overall Score -		Inputs		Clinical Services		Quality Management	
		Overall Score -		Overall Score -		Overall Score-	
Standard	Score	Standard	Score	Standard	Score	Standard	Score
Standard A1		Standard C1		Standard E1		Standard G1	
Standard A2		Standard C2		Standard E2		Standard G2	
Standard A3		Standard C3		Standard E3		Standard G3	
Area of Concern B		Standard C4		Standard E4		Standard G4	
Patient Rights		Standard C5		Standard E5		Standard G5	
Overall Score -		Standard C6		Standard E6		Standard G6	
Standard B1		Standard C7		Standard E7		Standard G7	
Standard B2				Standard E8		Standard G8	
Standard B3				Standard E9	NA	Standard G9	NA
Standard B4				Standard E10	NA	Standard G10	
Standard B5				Standard E11			
		Area of Concern D		Standard E12		Area of Concern H	
		Support Services		Standard E13		Outcome Indicators	
		Overall Score -		Standard E14	NA	Overall Score	
				Standard E15	NA		
		Standard D1		Standard E16		Standard H1	
		Standard D2		Standard E17	NA	Standard H2	
		Standard D3		Standard E18		Standard H3	
		Standard D4		Standard E19		Standard H4	
		Standard D5		Area of Concern F			
		Standard D6	NA	Infection Control			
		Standard D7		Overall Score-			
		Standard D8	NA	Standard F1			
		Standard D9	NA	Standard F2			
		Standard D10	NA	Standard F3			
Standard D11		Standard F4					
		Standard F5					
		Standard F6					

Patient Satisfaction Score of the preceding Quarter:

Scoring against the criteria –

S.No	Criteria	Scores	Weightage	Marks obtained
Criteria –I	State certification score of the facility	% of scores obtained during state assessment	15%	
Criteria-II	Virtual assessment score of the facility	% of scores obtained during virtual assessment	50%	
Criteria-III	Mera Aspataal score/Manual PSS Score	% of Marks obtained	10%	
Criteria-IV	Document verification	% of Marks obtained	15%	
Criteria-V	Annexure-C for LaQshya	% of Marks obtained	10%	
Total Marks				

It is to certify that(Name of Health Facility) has attained an overall score of for Labour Room andfor Maternity OT under LaQshya. The facility comply / does not comply with the criteria of virtual certification for&..... after obtaining an aggregate score of more than or equal to 70%.

Name of Assessor:-

1.

Signature-

2.

Signature-

Declaration by Assessors

National Health Systems Resource Centre, New-Delhi
External Assessment of public health facilities under LaQshya

Declaration of Impartiality and Confidentiality

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

1.	Name	
2.	Address	
3.	Qualification	
4.	Recent Organization	
5.	Designation	
6.	Date(s) of Assessment	
7.	Areas assessed	
8.	Name of the health facility Assessed	

9. I declare that;
- i) I have not offered any guidance, supervision or other services to the above mentioned health facility, in any way.
 - ii) I do not have any commercial interest in the above mentioned health facility.
 - iii) 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.
10. I under take that;
- i) 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.

- ii) 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.
- iii) 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.
- iv) 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

List of Documents to be submitted

1. Filled application form along with the Hospital data sheet.
2. Scores of last 3 Patient Satisfaction Surveys and Subsequent Corrective and Preventive actions undertaken.
3. Latest Labour Room Checklist validated by SQAU
4. Latest Maternity-OT Assessment Checklist validated by SQAU
5. Quality Policy and Quality objectives of LR & Maternity OT
6. Standard operating procedures for Labour Room and Maternity OT
7. Facility level indicators for last three months
8. OSCE Report of assessment done in last one Year
9. Official order for Quality circle formation in LR and Maternity OT
10. Documents in respect of 6 Rapid improvement events
11. Documents supporting District and state mentoring team visits and hand holding

Guidelines for providing marks and weightage:-

The assessors are expected to fill the two scoring sheet separately for Labour room and Maternity OT.

For State Certification score:-

The assessors will verify that the facility has submitted the State certification report and met the criteria for State certification physical/virtual.

After verification of State certification report, the assessors will consider the overall score of the facility as score in Criteria-I.

Assessor should give 15% weightage to this score and arrived at the total score in criteria-I.

Eg:- If the facility has got 80% overall score in the State Certification of Labour Room, than the facility will get $80 \times 15\% = 12$ Marks in Criteria-I.

For Virtual Assessment Score:-

The assessor will run the LaQshya checklist for virtual assessment and arrived at the % of score obtained.

The % of scores obtained after the virtual assessment will have 50% weightage.

Eg:- If the facility has got 80% overall score in virtual assessment of Labour Room, than the facility will get $80 \times 50\% = 40$ Marks in Criteria-II.

For “Mera Aspataal” Score/PSS Score:-

The assessors are expected to enquire about the “Mera Aspataal” score of the applied department in the last quarter.

The % score of satisfied and very satisfied patients in the last quarter will be the score in Criteria-III.

The assessor will give 10% weightage to this score and arrived at the total score for Criteria-III.

Eg:- If the Mera Aspataal score of the facility is 80% (Very satisfied and satisfied), than the total score in criteria-III will be $80 \times 10\% = 8$ Marks.

If the facility is not integrated with the “Mera Aspataal” and have a system of manual Patient satisfaction survey, than the PSS score of last month will be considered.

Suppose the facility has got 3.8 PSS score in five-point Likert scale, in this case the $3.8/5 \times 100 = 76\%$ will be score of the PSS.

Again a 10% of 76% will 7.6 Marks for criteria-III.

For Document verification:-

The assessors are expected to check the availability and adequacy of all the submitted documents as per the level of facilities.

If the required document is available and it has all the required details than full compliance score-2 is recommended.

If the required document is available, but is has not adequately described the process, than partial compliance-1 is recommended.

If the required document is missing- non-compliance 0 is recommended.

Assessors are expected to check the following documents for each department (LR/M-OT)

Checklist for documents verification				
S.No	Documents to review	Yes	No	Remarks
1	Official Order of Quality circle formation			
2	Availability of time bound improvement plan available at the facility			
3	Availability of approved Quality policy			
4	Availability of SMART Quality Objectives which are aligned with Quality Policy			
5	Confirm availability of record of OSCE based assessment conducted for all staff			
6	Evidence of support provided by State & District Mentoring team			
7	Confirm availability of documents in r/o of 6 Rapid Improvement Events			
8	Check availability and adequacy of submitted LR SOPs			
9	Check availability and adequacy of submitted M-OT SOPs			

If out of these 9 only 6 is available and adequately described the process.

$12/18 \times 100 = 66.66\%$ score is recommended in criteria-IV.

The % of scores obtained will have 15% weightage.

Therefore, If the facility has got 66.66% overall score in Document verification, than the facility will get $66.66 \times 15\% = 9.99$ Marks in Criteria-IV.

For facility level Indicators:-

The assessors are expected to check the 20 facility level targets for the facility as per annexure-C of LaQshya guidelines for last three months.

If the facility has measured this indicator for last three months adequately than full compliance score-2 is recommended for each of this indicator.

If the facility has partially calculated the indicator for last three months than partial compliance score-1 is recommended for each of this indicator.

If the facility has not calculated the indicator for last three months than non- compliance score-0 is recommended for each of this indicator.

Eg:- If the facility has calculated and reported only 10 indicators out of 20, $20/40 \times 100 = 50\%$ score is recommended in criteria-V.

The % of scores obtained will have 10% weightage.

Therefore, If the facility has got 50% overall score in these indicators, than the facility will get $50 \times 10\% = 5$ Marks in Criteria-V.