

Revised
Process Note
on
Virtual Certification
of
Public Health Facilities
under
National Quality Assurance Program
during
COVID -19 Pandemic

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

- ✚ National Quality Assurance Standards were launched for improving the Quality of Care (QoC) in public health facilities. After launch of the standards for district hospitals in 2013, standards for CHCs (functional as FRUs) and PHCs (with beds) were rolled-out in the year 2014. Subsequently, quality standards for Urban PHCs were developed in 2016. The standards have attained international accreditation from International Society for Quality in Healthcare (ISQua). At national level these standards have been recognized by the Insurance Development Authority (IRDA) for empanelment of hospitals.
- ✚ For the continual quality improvement, the health facilities undergo four level of assessment viz facility, district, state and national level. QI division at NHSRC has been supporting the states with capacity building for undertaking the assessments, analysing the gaps, development of action –plans for the gap closure, application of quality tools and measuring the outcomes.
- ✚ Quality Certification of health facilities is an inbuilt feature of the program, state and national certification. Health facilities have been striving hard to achieve and sustain the NQAS and LaQshya certifications of the facilities.
- ✚ In the current situation, field visits by the External Assessors may not be possible, it is planned to undertake certification assessment of the health facilities remotely. This virtual arrangement give assurance to all stakeholders (administration, hospitals, service providers and public) that the services are bench- marked and minimum quality is being met. This note is intended to describe the virtual certification process.
- ✚ The States/UTs facing issues with physical external certification may follow this guidance for State virtual certification. This guidance note will be applicable for all facilities in the States.
- ✚ Virtual certification of the facility will have 30% weightage in the final physical assessment.
- ✚ The attainment of virtual certification will incentivise the facility with 30% of incentive money and remaining 70% will be disbursed after attainment of certified status on physical verification of the facility and attainment of certification.
- ✚ Virtual certification will be effective from 01st July 2020 till the visit to health facilities by the assessors become feasible or maximum for 1 year, whichever is earlier.
- ✚ **An abridged version of NQAS checklist will be used for Virtual certification.**

1. **Unit of Certification** – All state level certified health facilities as per established State certification/Virtual certification are eligible for the virtual NQAS certification.

2. **Criteria for certification** – virtual certification of the facility will be finalized based on the weighted average score obtained in the following six criteria for NQAS certification:-

Table 1: Certification Criteria for NQAS

S.No	Criteria	Scores	Weightage
3. Application for Criteria-I	State certification score of the facility	% of scores obtained during state assessment	10%
Criteria-II	Virtual assessment score of the facility	% of scores obtained during virtual assessment	40%
Criteria-III	Mera Aspathaal score/Manual PSS Score	% of Marks obtained	10%
Criteria-IV	Document verification	% of Marks obtained	15%
Criteria-V	Statutory and Legal compliance	% of Marks obtained	15%
Criteria-VI	Key Performance indicators	% of Marks obtained	10%

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 NQAS national assessment shall be sent as per the existing protocols.

4. **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.
5. **Selection of the assessors** –From the pool of empanelled external assessors, number of assessors shall be selected for each assessment as per following table:-

Table 2- Assessors for NQAS certification

Type of facility	Number of Applied departments	No. of Assessors	No. of days
DHs/SDHs	>10	2	3
DHs/SDHs	Less than or equal to 10	2	2
CHCs	-	2	2
PHCs/UPHCs	-	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.

6. **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 for all level of facilities.
7. **Timelines for report submission** - The assessors are expected to assess the content of the documents submitted as per the scope of services in the facility. The assessors will attend the virtual tour with the facility and prepare the report and submit within seven (07) working days after the last day of assessment. The Assessment criteria along with the draft report format are attached as *Annexure – A*.
8. **Validity of Certification** - This is an virtual certification and the certification will be valid till the time physical assessment of the facility will be done or Maximum for one 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 and remaining 70% will be disbursed after physical verification and certification attained.
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.
 - 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 (**Annexure-D**).
 - 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 NQAS/ LaQshya scheme.

Format for Assessor Report

Virtual assessment of the (Name of facility)..... against National Quality Assurance Standards was conducted from.....to through document review and virtual meetings.

Name of Assessor's-

1.

2.

Departments assessed:-

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

Hospital Score Card (Department wise)					
Accident & Emergency	Labour Room	ICU	OT	Pharmacy	Hospital Score
OPD	Maternity Ward	NRC	Auxiliary Services	Laboratory	
SNCU	Paediatric Ward	Blood Bank	Radiology	General Admin	
PP Unit	IPD	Mortuary			

Major Gaps observed during the virtual assessment

- ..
- ..
- ..
- ..
- ..
- ..
- ..

Areas/ Points for improvements -

- ..
- ..
- ..
- ..
- ..
- ..

Virtual tour with the facility staff was conducted onto.....

Name of person interacted with his/ her designation

- 1.
- 2.

3.

4.

Scoring against the criteria –

S.No	Criteria	Scores obtained	Weightage	Marks obtained
Criteria –I	State certification score of the facility		10%	
Criteria-II	Virtual assessment score of the facility		40%	
Criteria-III	Mera Aspathaal score/Manual PSS Score		10%	
Criteria-IV	Document verification		15%	
Criteria-V	Statutory and Legal compliance		15%	
Criteria-VI	Key Performance indicators		10%	
Total Marks				

It is to certify that(Name of Health Facility) has attained an overall score of under NQAS. The facility comply / does not comply with the criteria of virtual certification i.e. obtaining an aggregate score of more than or equal to 70%.

Name of Assessor:-

1.

Signature-

2.

Signature-

Declaration by Assessors

Annexure-B

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

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

Annexure – C

1. Filled application form along with the Hospital data sheet.
2. State Certification Report duly signed by the assessors.
3. Scores of last 3 Patient Satisfaction Surveys and Subsequent Corrective and Preventive actions undertaken.
4. Following list of documents:-

S. No.	List of documents	DH/ SDH	CHC	PHC
1.	Minutes of last month Quality Team meeting (MOM). In last quarter	√	√	√
2.	Departmental SOPs	√	√	√
3.	Quality Improvement Manual.	√	√	√
4.	Copy of Hospital Wide Policies/ Procedures. (Government Order/ Single Pager Policy / Procedures)			
a	Vision, Mission, Values, Strategic Plan and Quality Policy	√		√
b	Condemnation Policy.	√	√	√
c	Antibiotic policy.	√	√	
d	End of Life care policy	√		
e	Social, Culture and Religious Equality policy.	√	√	
f	Privacy, Dignity and confidentiality policy of patient.	√	√	
g	Consent policy.	√	√	
h	Prescription by Generic Name policy.	√		
i	Adverse Event reporting policy.	√		
j	Referral policy.	√	√	√
k	Timely reimbursement of entitlements and compensation.	√	√	
l	Grievance Redressal policy.	√		
m	Free treatment to BPL patient's procedure/ policy.	√		
n	Maintaining patient's record , its security, sharing of information and safe disposal			√
5	Prescription/Medical Audit Analysis with Corrective and Preventive Action (CAPA)	√	√	√

5. Evidence for compliance against the following Statutory/ Regulatory Compliance.
 - i. Authorization for handling Bio Medical Waste from Pollution Control Board. (mandatory)
 - ii. NoC from Fire Safety
 - iii. Certificate of inspection of electrical installation. (mandatory for SNCU)
 - iv. Licence for operating lift (wherever applicable)
 - v. AERB authorization for X-ray, mobile X-ray, OPG, Dental X-ray (if applicable)
 - vi. Licence of Blood Bank (if applicable)
 - vii. Copy of registration under PCPNDT Act (if applicable)
 - viii. Pre-authorization of deep burial pits in remote PHCs. (if applicable)
6. Key Performance Indicators of last three months.

Guidelines for providing marks and weightage:-

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 10% weightage to this score and arrived at the total score in criteria-I.

Eg:- If the facility has got 85% overall score in the State Certification, than the facility will get $85 \times 10\% = 8.5$ Marks in Criteria-I.

For Virtual Assessment Score:-

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

The % of scores obtained after the virtual assessment will have 40% weightage.

Eg:- If the facility has got 85% overall score in virtual assessment, than the facility will get $85 \times 40\% = 34$ Marks in Criteria-II.

For “Mera Aspataal” Score/PSS Score:-

The assessors are expected to enquire about the “Mera Aspataal” score of the facility 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.

Eg:- For a DH level facilities 17 mandatory documents are required.

If out of these 17 only 15 are available and adequately described the process.

$30/34 \times 100 = 88.23\%$ score is recommended in criteria-IV.

The % of scores obtained will have 15% weightage.

Therefore, If the facility has got 88.23% overall score in Document verification, than the facility will get $88.23 \times 15\% = 13.23$ Marks in Criteria-IV.

For Statutory and legal compliances:-

The assessors are expected to check the statutory and legal compliances of the facility based on its applicability in the facility.

In general these are essential Statutory and legal compliances for a DH facility:-

- i) Authorization for handling Bio Medical Waste from Pollution Control Board. (mandatory)
- ii) NoC from Fire Safety
- iii) Certificate of inspection of electrical installation. (mandatory for SNCU)
- iv) Licence for operating lift (wherever applicable)
- v) AERB authorization for X-ray, mobile X-ray, OPG, Dental X-ray
- vi) Licence of Blood Bank (if applicable)
- vii) Copy of registration under PCPNDT Act

If the required statutory compliances is available than full compliance score-2 is recommended.

If the required statutory compliances is not-available than Non-compliance score-0 is recommended.

Eg:- For a DH level facilities if all above mentioned 7 mandatory legal compliances are required.

If out of these 5 are available.

$10/14 \times 100 = 71.42\%$ score is recommended in criteria-V.

The % of scores obtained will have 15% weightage.

Therefore, If the facility has got 71.42% overall score in Statutory and legal compliances, than the facility will get $71.42 \times 15\% = 10.71$ Marks in Criteria-V.

For Key Performance Indicators:-

The assessors are expected to check the Key Performance indicators of the facility as per the level of facility for last three months as per following details:-

Level of facilities	Number of Key Performance Indicators
District Hospital	30
Community Health Centers/ Sub divisional Hospital	25
Primary Health Centers	20
Urban Health Centers	16

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

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

Eg:- For a DH level facilities if all above mentioned 30 the facility has calculated and reported only 20 indicators, $40/60 \times 100 = 66.66\%$ score is recommended in criteria-VI.

The % of scores obtained will have 10% weightage.

Therefore, If the facility has got 66.66% overall score in Key performance indicators, than the facility will get $66.66 \times 10\% = 6.66$ Marks in Criteria-VI.

Flow chart for the process