A study to find out the gaps in the sustenance of certification status of NQAS-certified public health facilities in India

Dissertation organization: NHSRC

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INTRODUCTION

- Globally the trend is increasing toward getting the health facility accredited or certified due to the many benefits it offers to the patients, staff as well as the health facility.
- The challenge is to sustain the quality after getting the certification.
- The sustenance of certification status refers to a health facility's ability to maintain the necessary standards and requirements to retain its certification.
- Sustaining quality requires ongoing efforts, commitment, adherence to compliance with standards, training and education, documentation, record-keeping, and rigorous monitoring and evaluation of predetermined parameters.

National Quality Assurance Standards (NQAS)
Launched in 2013

→

Aim

To recognize the good performing PHFs & improving the credibility of PHFs in the community.

Criteria for NQAS certification

	Criteria	DH/ SDH	CHC	PHC/ UPHC
1	Aggregate score of PHF	≥ 70%	≥ 70%	≥ 70%
2	Score of each department	≥ 70%	≥ 70%	NA
3	Score in each AoC	≥ 70%	≥ 70%	≥ 60%
4	Score of Standard	A2, B5 and D10 ≥ 70%	A2, B5 and D8 is ≥ 60%	A2, B4 and F6 (PHC)/ F4 (U-PHC) is ≥ 60%
5	Individual Standard wise	≥ 50%	≥ 50%	≥ 50%
6	Patient Satisfaction Score	70%	65%	60%

Source: Guidelines for certification of public health facilities based on NQAS

CERTIFICATION STATUS AFTER AN NQAS ASSESSMENT

Certification

If the health facility meets all required criteria. Remains valid for three years and subject to validation of compliance by SQAC

Certification with Conditionality

Health Facility's aggregate score is 70% or more and also meets at least three criteria. Validity is for a year.

Deferred Certification

Hospital's overall score is 70% and does not meet the criteria for conditional certification

THE SURPRISE ASSESSMENT

It was decided in the 4th CQSC meeting that the Surprise Assessment of NQAS-certified public health facilities will be conducted.

A 10% random sample of such facilities would be physically visited.

To monitor the real performance of certified facilities to get the correct picture and to evaluate the sustenance.

Source: NHSRC

REVIEW OF LITERATURE

Author	Study location	Sample size	Methodology	Salient features
Hussein M, Pavlova M, Ghalwash M, Groot W. (2021)	Netherlands	Seventy-six empirical studies which were conducted in 22 countries	Meta-Analyses guidelines (PRISMA) The study analysed how hospital certification programmes overall affected the standard of health care during the last two decades. (i.e. from January 2000 – February 2020)	The study highlights that hospital accreditation has a positive impact on safety culture, performance measures, efficiency, and patient length of stay. It stimulates performance improvement and patient safety. The study recommends that accreditation should be seen as one element that complements other improvement strategies, and efforts to incentivise and modernize accreditation.

Author	Study location	Sample size	Methodology	Salient features
Sajini B. Nair (2020)	Kerala, India	43 health facilities Divided into three groups: 1) Hospitals with NQAS certification, n=25 2) Hospitals Failed to achieve NQAS certification but are Kayakalp winners. For assessing both barriers and enablers. n=5 3)Hospitals have not applied for NQAS for assessing the barriers. n=13	Purposive sampling The districts selected are those selected for NHM PIP Monitoring in Kerala	The study identified intrinsic and extrinsic factors that influenced NQAS accreditation. The intrinsic factors included services, teamwork and leadership, staff attitude and satisfaction, staff competency and training, functional coordination, documentation, and resource availability. The extrinsic factors were the participation of local self-government departments (LSGD), involvement of NGOs, community support, and the geographical location of the facility.

Author	Study location	Sample size	Methodology	Salient features
Devkaran S, O'Farrell PN. (2014)	Abu Dhabi, UAE	A 150-bed multi-specialty hospital	Interrupted time series analysis. A simple random sample of 24% of patient records was audited, per month. 2,76,000 observations were collected from 12,000 patient records. between 2009 -2012. It used to evaluate data on 23 quality measures. The model consists of four phases: initiation, presurvey, post-accreditation slump, and stagnation.	The results indicate that accreditation has the ability to sustain improvements throughout the cycle, despite a temporary decline in performance after the accreditation survey. The Life Cycle Model provides a valuable framework for avoiding stagnation and declining outcomes by monitoring the different phases and implementing proactive initiatives at appropriate times to maintain performance. It emphasizes the importance of continuous survey readiness programs throughout the organization.

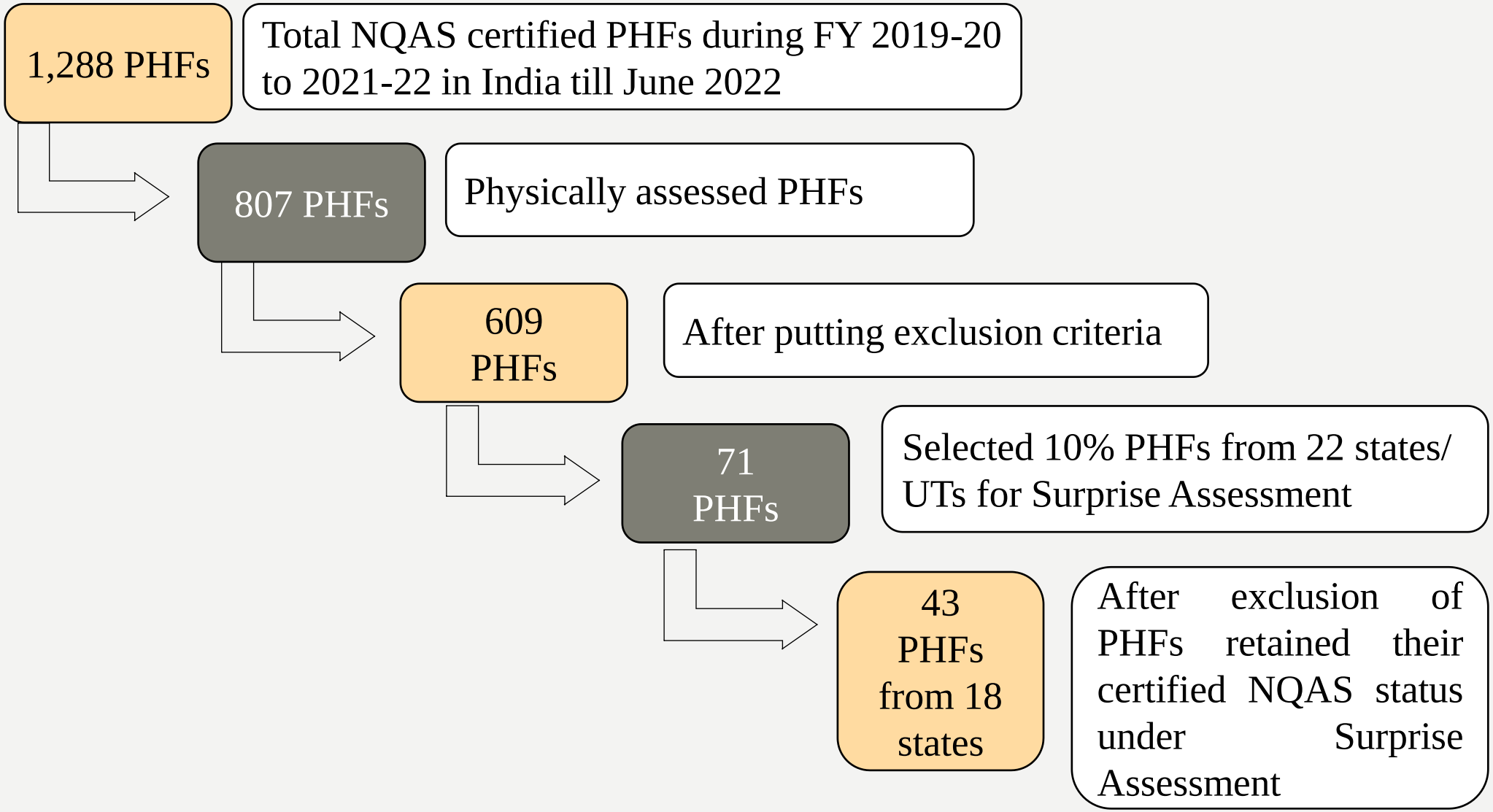
METHODOLOGY

Study Objective	Research question	Method	Sources of data
To determine which level of Public health facilities, were not able to sustain NQAS-certified status in India.	Which types of PHFs were not able to sustain the certified NQAS status (2019-2021) ?	Compare the initial and the Surprise Assessment scores.	Secondary data from the NHSRC data pool.
To evaluate the gaps in the sustenance of attained NQAS-certified status between the initial external assessment and the Surprise Assessment under NQAS for selected PHFs	Which quality standards, did public health facilities find challenging to sustain during the Surprise Assessment 2022?	Quantitative analysis by building a matrix based on NQAS quality standards.	Secondary data and NQAS guidelines for QA for PHFs.
To recommend the action plan to the public health facilities which were not able to attain the full certification under the Surprise NQAS Assessment.	How can NQAS-certified status be sustained at NQAS-certified Public health facilities?	Based on the gaps observed and Literature review.	Relevant articles and notes taken during discussions.

MATERIAL AND METHODS

- **Study design:** Descriptive exploratory research design
- **Setting:** National Health Systems Resource Centre (NHSRC) Delhi.
- **Duration of study:** April and May 2023
- **Sampling technique**: Non-probability purposive sampling
- **Study population:** 71 public health facilities from 22 states/UTs of India. Which were selected for NQAS Surprise Assessment in the year 2022
- **Data collection procedure:** The initial external NQAS assessment (FY 2019-20 to 2021-22) and Surprise External Assessment (FY 2022) scores of selected public health facilities were collected.
- **Data Source:** This study includes secondary data which was collected from the NHSRC data pool.

FLOW OF SAMPLE SELECTION FOR THE STUDY



KEY RESEARCH FINDINGS AND ANALYSIS

Result summary of Surprise NQAS Assessment 2022.

States	Certified	Conditionality	Deferred	Total
Andhra Pradesh	8	2	8	18
Assam			1	1
Bihar			2	2
Chhattisgarh			2	2
Delhi	1			1
Gujarat	1		7	8
Haryana	1	2	1	4
Jammu & Kashmir			1	1
Karnataka	1			1
Kerala	3	2		5
Madhya Pradesh		1		1
Maharashtra		1		1
Manipur			1	1
Odisha	1			1
Punjab		1		1
Rajasthan	2			2
Tamil Nadu	6	1	2	9
Telangana	3	1	2	6
Tripura		1		1
Uttar Pradesh	1		2	3
Uttarakhand		1		1
West Bengal			1	1
Grand Total	**28**	**13**	**30**	**71**

Source: NHSRC

KEY RESEARCH FINDINGS AND ANALYSIS CONTINUED…

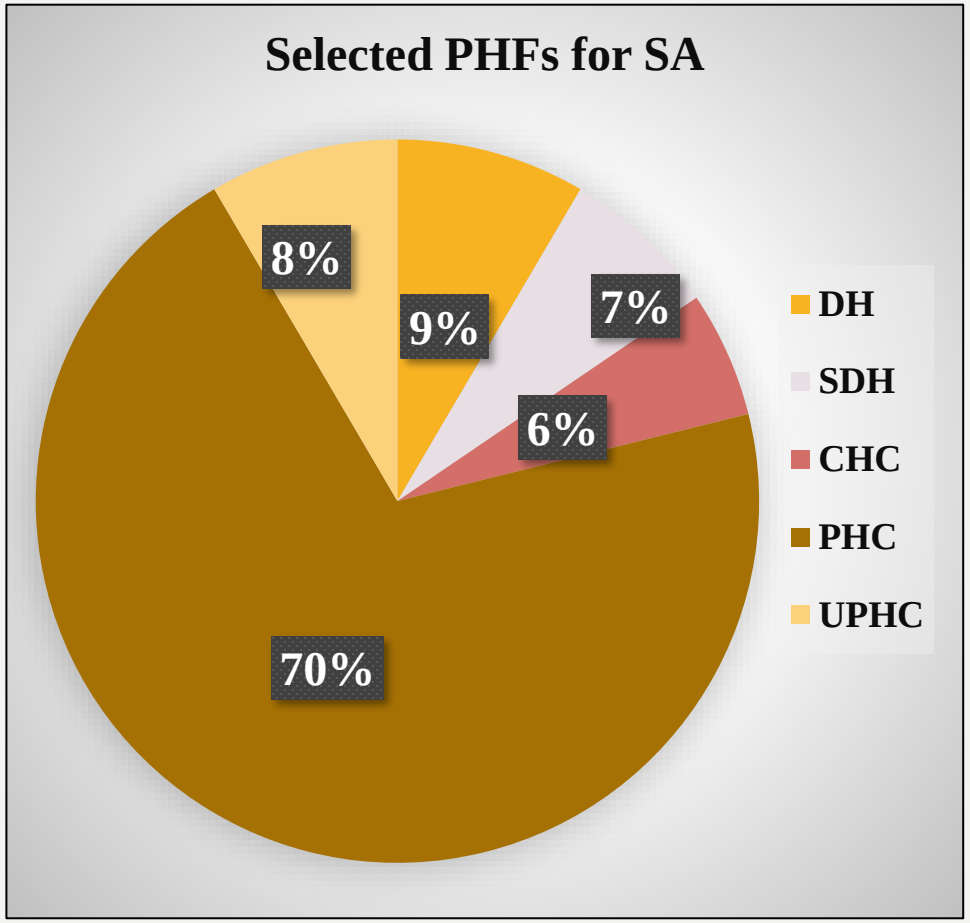


Figure: Selected PHFs for the SA

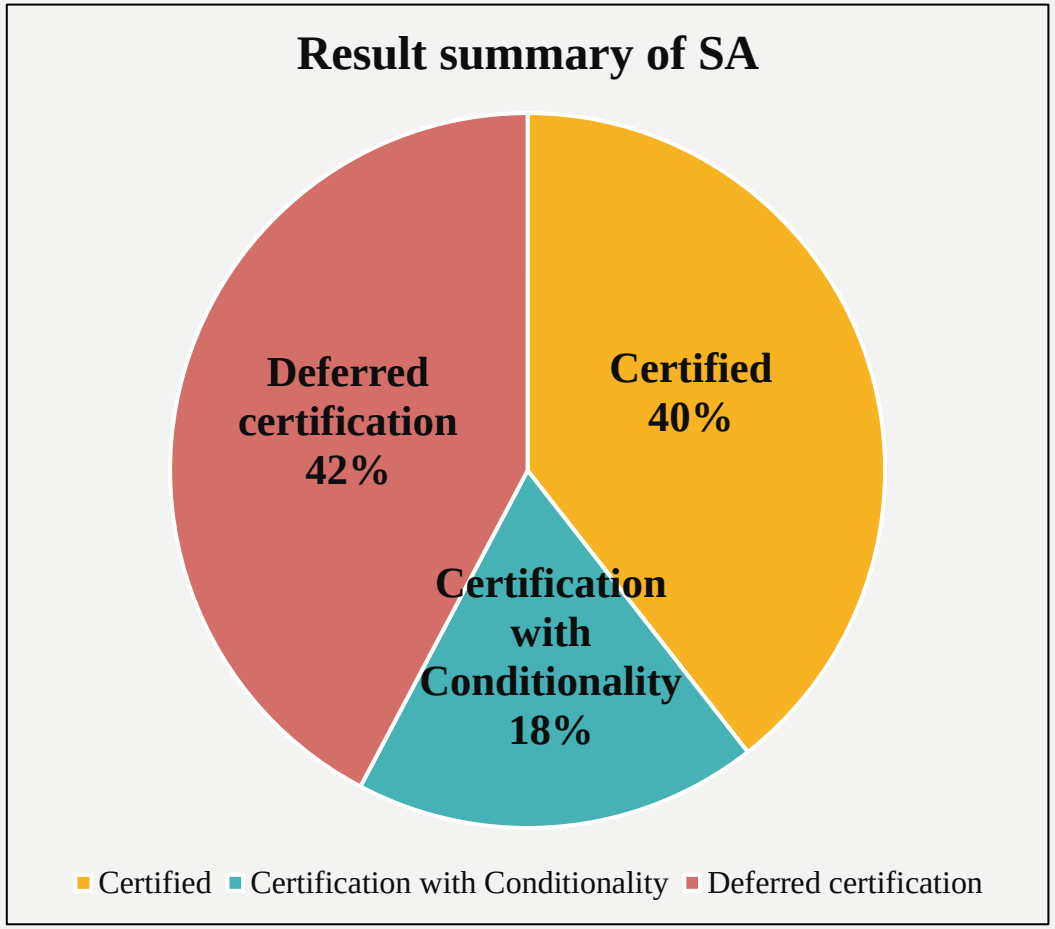


Figure: Result summary of the SA

KEY RESEARCH FINDINGS AND ANALYSIS CONTINUED…

Overall score decline: The overall scores of 43 facilities showed a decline, ranging from 2% to 41% with Average decline score: 16%.

→ This suggests a significant drop in the overall quality performance of the facilities

Result summary of surprise assessment based on type of PHF

PHFs	DH	SDH	CHC	PHC	UPHC	Grand Total
No of the PHFs selected	6	5	4	50	6	71
No of the PHFs retained the certification status	1	3	0	20	4	28
% of the PHFs retained the certification status	16.67	60.00	0.00	40.00	66.67	39.44

SUB-GROUP ANALYSIS

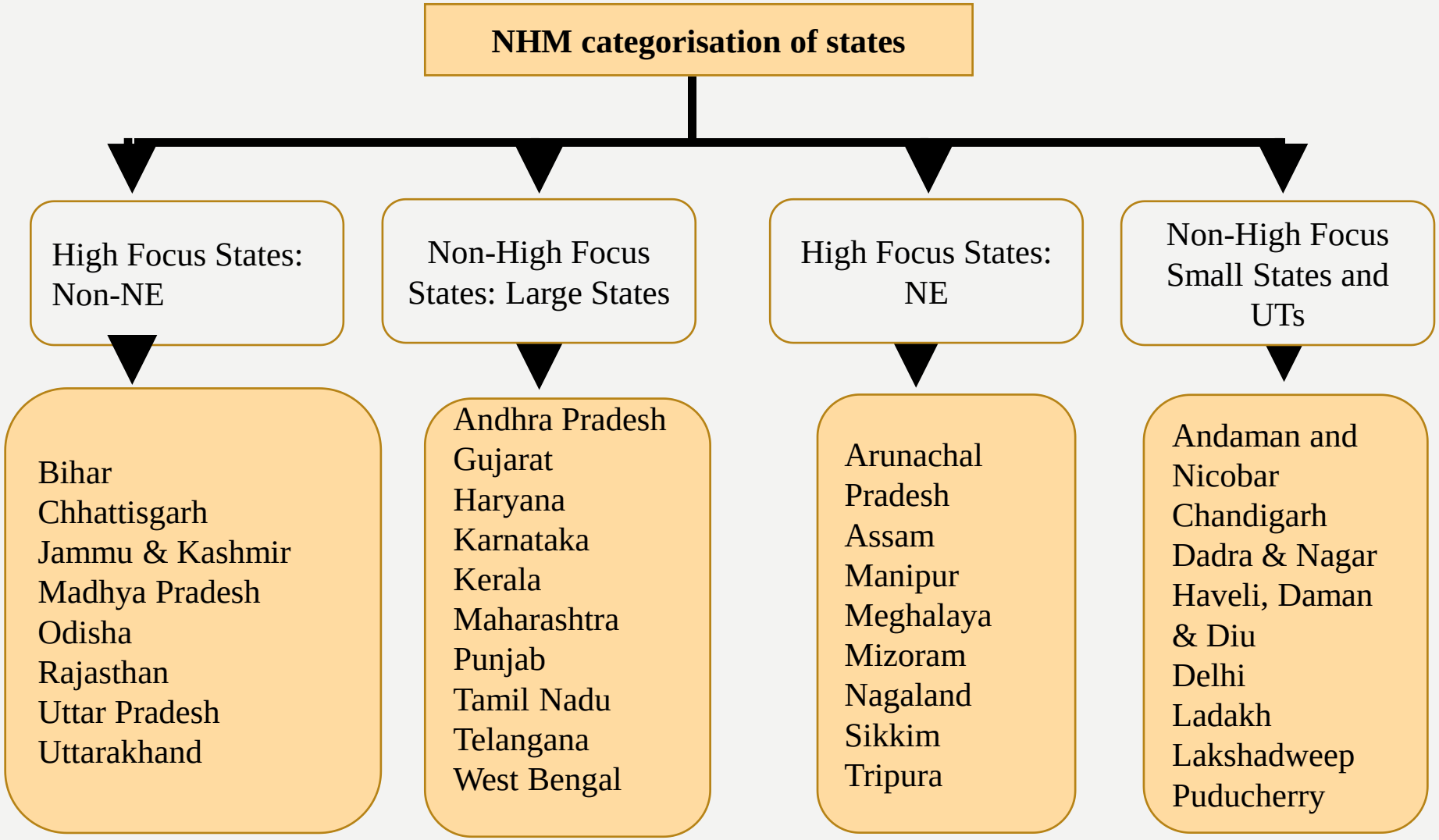


Figure: NHM categorisation of states.

Source: CRM Report 2017, NHM

Percentage of health facilities that retained their NQAS certification status.

NHM categorisation of states	Number of facilities selected for Surprise assessment	Number of facilities retained their certification status	% of PHFs retained their certification status	% of PHFs retained their certification status out of total certified PHFs (N=28)
High Focus States: Non-NE (n=8)	13	4	30.77	14.29
Non-High Focus States: Large States (n=10)	54	23	42.59	82.14
High Focus States: NE (n=3)	3	0	0.00	0
Non-High Focus Small States and UTs (n=1)	1	1	100.00	3.57
Total	71	28	39.44	100%

***Objective 1 is achieved by determining which public health facilities in India, were not able to sustain their attained NQAS certified status under surprise assessment.**

Summary of PHFs did not achieve minimum scores: Area of Concern wise.

Area of Concern	DH/ SDH	CHC	UPHC	PHC	Total	Percentage of non-compliant PHFs
Service Provision (A)	0	0	0	1	1	2.33
Patient Rights (B)	0	0	0	0	0	0.00
Inputs (C)	4	1	0	1	6	13.95
Support Services (D)	4	1	1	3	9	20.93
Clinical Services (E)	1	2	0	2	5	11.63
Infection Control (F)	2	1	0	2	5	11.63
Quality Management Systems (G)	6	3	2	12	23	**53.49**
Outcome (H)	4	1	2	7	14	**32.56**

KEY RESEARCH FINDINGS AND ANALYSIS CONTINUED…

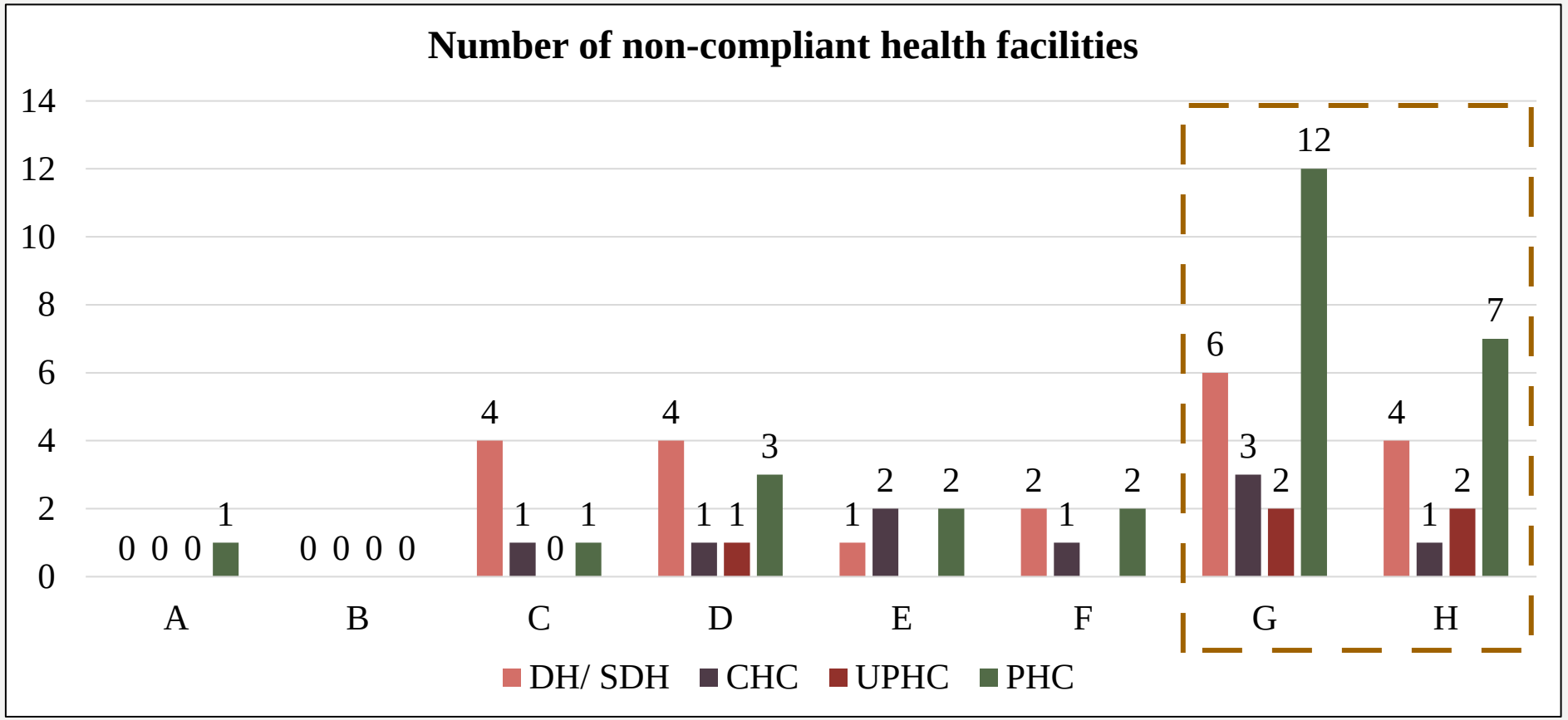
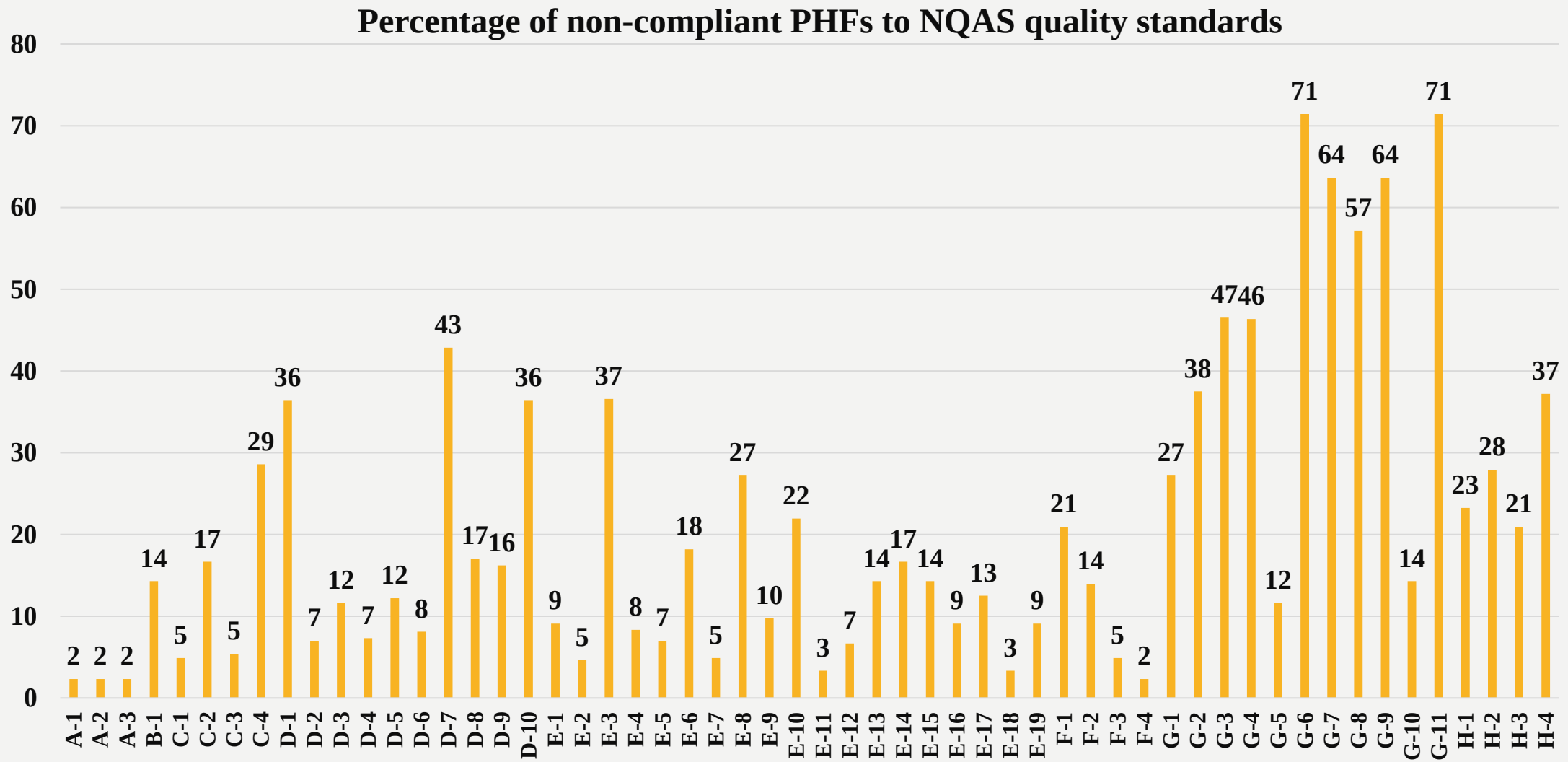


Figure: Number of non-compliant health facilities- Area of Concerns and type of health facility wise.

Matrix of percentage of non-compliant PHFs to NQAS quality standards under SA 2022



Categories of standards based on percentile of non-compliant PHFs.

Category	Percentile of non- compliant PHFs	Scores range
I	Up to 25	0 – 7
II	26- 50	7.01- 14
III	51-75	14.01- 28
IV	76-100	28.01 and above

Standards fall under Categories IV

S. No	%	Standard
C-4	28.57	The facility has a defined and established procedure for effective utilization, evaluation, and augmentation of competence and performance of staff
D-1	36.36	The facility has established programme for inspection, testing and maintenance and calibration of equipment
D-10	36.36	The facility has established a procedure for monitoring the quality of outsourced services and adheres to contractual obligations
E-3	36.59	The facility has defined and established procedures for nursing care
H-4	37.21	The facility measures service quality indicators and endeavours to reach state/national benchmark
G-2	37.50	The facility has defined and established an organizational framework and quality policy for quality assurance
D-7	42.86	The facility has established system of periodic review as internal assessment, medical and death audit, and prescription audit

Source: Guidebooks for NQAS Quality Assurance in PHFs

“Table : continued”

G-4	46.34	The facility has established system for assuring and improving the quality of clinical and support services by an internal and external program (EQAS)”
G-3	46.51	The facility has established system for patient and employee satisfaction
G-8	57.14	The facility has defined mission, values, quality policy and objectives, and prepares a strategic plan to achieve them
G-7	63.64	The facility has established system of periodic review as internal assessment, medical and death audit, and prescription audit
G-9	63.64	The facility seeks continual improvement by practicing quality methods and tools
G-6	71.43	The facility maps its key processes and seeks to make them more efficient by reducing non-value-adding activities and wastages
G-11	71.43	The facility has established procedures for assessing, reporting, evaluating, and managing risk as per the risk management plan

Source: Guidebooks for NQAS Quality Assurance in PHFs

Objective 2 is achieved by assessing the standards that PHFs found difficult to meet the requirements for sustenance of attained NQAS certified status.

DISCUSSION

The decline in scores highlights the importance of continuous quality assessment and improvement efforts to ensure consistent high-quality healthcare services. all facilities achieved and maintained the quality standards for the Area of Concern "Patient rights", demonstrating their commitment to upholding patient rights and ensuring ethical healthcare practices. While 53% of facilities found the "Quality Management System" as the most challenging AoC to be implemented followed by the "Outcome" Area of Concern. These findings present an opportunity for quality improvement.

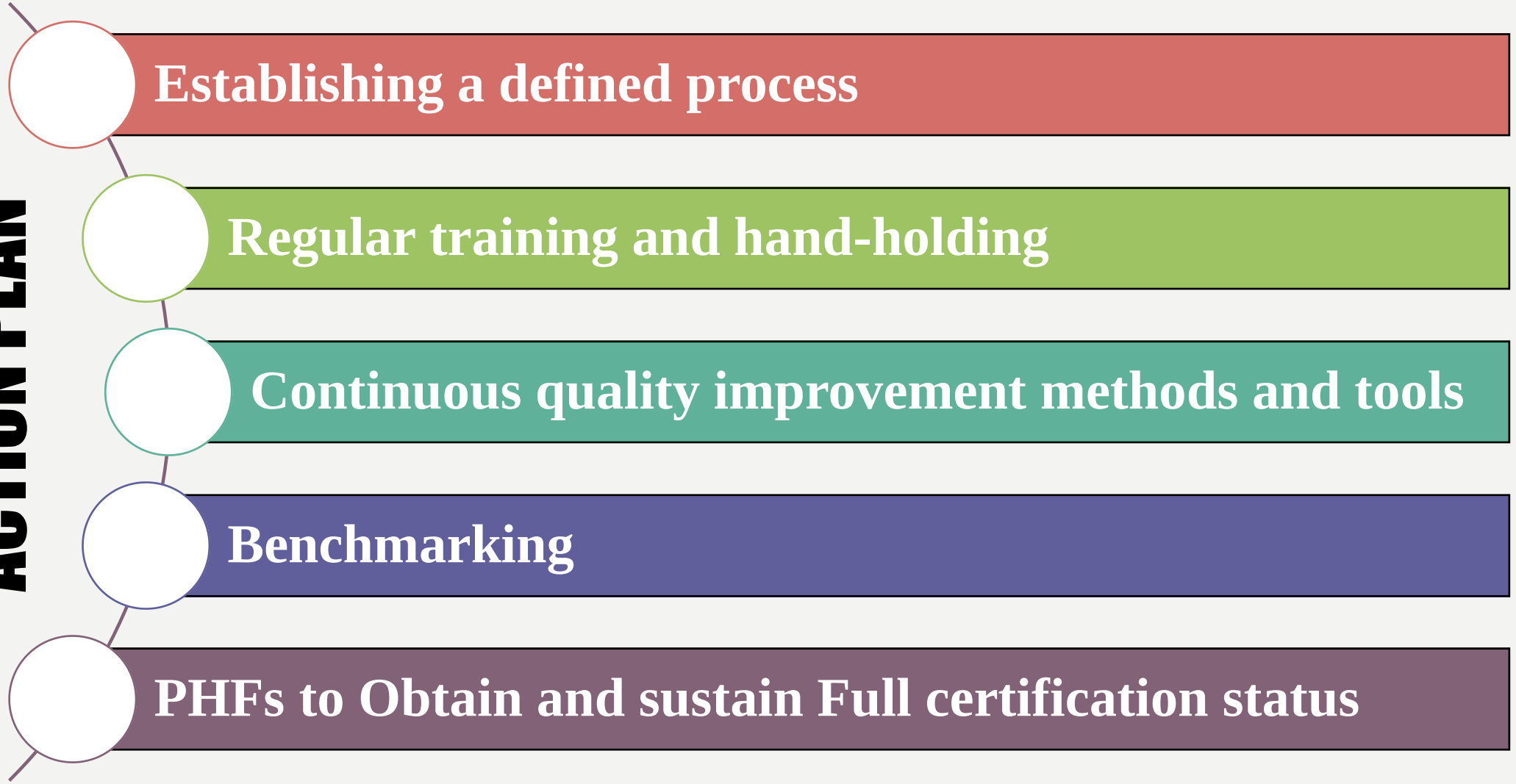
STRENGTH OF THIS STUDY

The strength of this study lies in its focus on identifying and addressing the specific quality standards that public health facilities find most challenging to sustain under the National Quality Assurance Standards. This approach sets it apart from previous studies that have not specifically addressed these gaps in quality standards.

LIMITATIONS

- This study focuses on NQAS-certified facilities that were specifically chosen for the Surprise Assessment. As a result, the findings cannot be generalized to PHFs that have not pursued or obtained NQAS certification
- The uneven selection of PHF types, may lead to an incomplete representation of different facility types. Consequently, the comparative analysis may not provide a comprehensive picture of the challenges faced by various types of PHFs.
- Due to privacy concerns, the specific names, codes, documents, or findings related to individual PHFs cannot be disclosed. Consequently, a detailed discussion of the performance of specific health facilities at a micro-level could not be discussed in this study.
- The study's duration was limited, which restricted the scope for primary data collection and in-depth qualitative analysis, this hinders a thorough exploration of the underlying reasons for the gaps

ACTION PLAN



Objective 3 is achieved by recommending the action plan to public health facilities that are not able to attain the full certification under the Surprise NQAS Assessment.

CONCLUSION

This study focuses on evaluating the sustenance of certification status in NQAS-certified public health facilities in India and highlights the need to focus on enhancing performance and addressing the challenges faced in specific NQAS standards.

Incorporating the action plan will help PHFs to develop a culture of continual quality improvement, enabling them to uphold and surpass established criteria for quality and improve their service delivery, patient outcomes, and overall performance. This would assist the facilities in obtaining state certification and ultimately result in obtaining national NQAS certification status.

Expected outcome

The study's outcomes will offer valuable insights to policymakers, program implementers, and health officials, specifically in identifying the obstacles that have impeded public health facilities from sustaining their certification status during the Surprise Assessments. Such assessments can serve as a catalyst to initiate and sustain improvements in quality health care. The vision is to enable all public health facilities in India to gradually achieve and sustain certified NQAS status.

REFERENCES

1. National Quality Assurance Standards. [Online].; 2023. Available from: https://qps.nhsrcindia.org/national-quality-assurance-standards.
2. Operational Guidelines for Improving Quality in Public Healthcare Facilities. [Online].; 2021. Available from: https://qps.nhsrcindia.org/sites/default/files/2022-04/Operational-Guidelines-for-Improving_Quality_Public_Health_Facilities_2021.pdf.
3. Hussein M, Pavlova M, Ghalwash M, Groot W. The impact of hospital accreditation on the quality of healthcare: a systematic literature review. BMC Health Services Research. 2021 Dec;: p. 1057.
4. Nair BS. Enablers and Barriers of NQAS Certification of Hospitals in Kerala. [Online].; 2020. Available from: https://qps.nhsrcindia.org/sites/default/files/2021-05/Report%20on%20Enablers%20and%20Barriers%20of%20NQAS%20accreditation%20of%20Hospitals_%20PRC%20Kerala.PDF.
5. Devkaran S, O'Farrell PN. The impact of hospital accreditation on clinical documentation compliance: a life cycle explanation using interrupted time series analysis. BMJ Open. 2014 Aug.; 4(8).
6. National Health Systems Resource Centre. [Online].; 2023. Available from: https://qps.nhsrcindia.org/quality-certification.
7. Rural Health Statistics. [Online].; 2021. Available from: https://hmis.mohfw.gov.in/downloadfile?filepath=publications/Rural-Health-Statistics/RHS%202021-22.pdf.
8. Centre NQSFUPH. [Online].; 2015 [cited 2023. Available from: https://qps.nhsrcindia.org/sites/default/files/2021-05/National%20Quality%20Standards%20for%20Urban%20Primary%20Health%20Centre_0.pdf. Assessors Guidebook for Quality Assurance in Primary Health Centre. [Online].; 2014 [cited 2023. Available from: https://qps.nhsrcindia.org/sites/default/files/2022-03/6.%20Assessor_s%20Guidebook%20for%20Quality%20Assurance%20in%20Primary%20Health%20Centre.pdf.
9. Assessor's Guidebook For Quality Assurance In District Hospitals Vol I. [Online].; 2018 [cited 2023. Available from: https://qps.nhsrcindia.org/sites/default/files/2022-03/3.%20Assessor%27s%20Guidebook%20For%20Quality%20Assurance%20In%20District%20Hospitals%20Vol%20I.pdf.
10. Assessors Guidebook for Quality Assurance In Community Health Centres First Referral Unit. [Online].; 2014 [cited 2023. Available from: https://qps.nhsrcindia.org/sites/default/files/2022-03/5.%20Assessors%20Guidebook%20for%20Quality%20Assurance%20In%20Community%20Health%20Centres%20First%20Referral%20Unit.pdf.

THANK YOU!