ORIGINAL ARTICLE

Assets and obstacles in obtaining National Quality Assurance Standards Certification: Lessons learnt from Certified Public health facilities in Tamil Nadu

T.P. Jayanthi, Timsi Jain

Department of Community Medicine, Sri Muthukumaran Medical College Hospital and Research Institute, Chennai, Tamilnadu

CORRESPONDING AUTHOR

Dr T.P. Jayanthi, Department of Community Medicine, Sri Muthukumaran Medical College Hospital and Research Institute, Chennai, Tamilnadu

Email: jayanthipandian@yahoo.co.in

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ABSTRACT

Background: National Quality Assurance standards certification is a Govt of India initiative through the Ministry of Health and Family Welfare to certify the quality of care in public health facilities across the country based on predefined criteria. As Tamil Nadu is in the process of scaling up this certification to all its health facilities, it is important to learn the experience from its certified facilities for strategic planning. **Objective:** The main objective is to comprehend the various lessons learnt from National Quality Assurance Standard certification process. **Materials & Methods:** Lessons Learnt Analysis was done with various stakeholders involved in the certification process in the primary and secondary level public health facilities from four districts of Tamil Nadu using qualitative research methods – In depth interviews and Focus group discussions. **Results:** Involvement of the healthcare providers, team work, in house training, multiple funding sources, support from state and district administrators were enabling factors for obtaining certification, while inadequate staff especially basic level health workers, lack of need based and timely funding, existing infrastructure not in line with the norms and inability of CHCs to obtain certification as per the criteria and maintenance of multiple registers emerged as major challenges. **Conclusion:** Health planners and service providers should work towards sustaining the gains achieved and bring in relevant policy changes and provide necessary support to address the challenges identified for smooth scaling of the certification.

KEYWORDS

NQAS certification, Public health facilities, Quality of Care.

INTRODUCTION

National Quality Assurance standards (NQAS) is a comprehensive framework, launched by the Ministry of Health and Family Welfare (MoHFW), in India, to improve the quality of care (Qoc) in primary and secondary public health facilities. NQAS is primarily meant for providers to assess their own quality for improvement through pre-defined standards and to bring up their facilities for certification. NQAS assessments for certification are based on checklist that includes 70 standards in eight domains - Service provision, Patient rights, Inputs, Support services, Clinical care, Infection control, Quality management and Outcomes. Certification obtained is valid for three years and must be periodically renewed. (1) Preparing for certification is a long-time intense process but worthwhile as it helps to provide safe and high-quality care to the patients ensuring that whole system is patient centric and brings a trust in the public. (2-5)

Tamil Nadu (TN), one of the progressive states in India, after significantly improving accessibility and utilization of public health services has now shifted its focus to provision of quality health care to its people. (6) NQAS certification is now taken up by the state in all its primary and secondary health facilities in a phased manner. (7) TN now stands second among the states in the country with a high number of quality certified public health facilities - 873. (8,9) It is crucial that the state requires a detailed appraisal of the lessons learnt in the certification process for future planning and scaling up across the state.

Aim & Objective: The main objective of this operational research is to comprehend the various lessons learnt from NQAS certification process.

MATERIAL & METHODS

Study setting: Four districts from Tamil Nadu - Kancheepuram, Trichy, Coimbatore and Kanyakumari were chosen for the study to get a geographical representation of the main regions of the state. From each district two secondary level health facilities (SLHFs) i.e.; one District Hospital (DH) and one Sub District

Hospital (SDH) and three Primary Health care facilities (PHCFs) - one Community health centre (CHC), one Primary health Centre (PHC) and one Urban Primary Health centre (UPHC) were chosen, one more DH - GH Ussilampatti in Madurai District was chosen, as this health facility obtained certification after an initial delay. So, in total 21 health facilities were chosen for the study.

Study Design: Lessons Learnt Analysis (LLAs) was done using qualitative research methods- Focus group discussions (FGDs) and In-depth interviews (IDIs), as it best suits to answer the objective**.** LLA is a process improvement tool that assesses expectations versus outcomes, identifies what is done well, what went wrong and what can be done differently. Through LLAs one can learn from the mistakes and successes and maximise performance over a period. (10)

Data Collection: One FGD was conducted in each of the health facilities chosen totalling to 21. FGD participants included staff of the health facilities - administrators, quality nodal officers (QNOs), quality committee members, Medical Officers (MOs), paramedical and housekeeping staff. Twenty-seven IDIs were conducted with State officials of the Directorates, District administrators and QNOs from the study districts.

Data Analysis: Both FGDs & IDIs were conducted by the authors using facilitator guides which focused on the preparation and process of certification, issues and challenges faced and suggestions for improving and simplifying the certification process. The entire sessions of FGDs & IDIs were audio recorded, transcribed, and translated wherever required. A frame work analytical approach was used for data analysis. This process involved several interconnected stages beginning with: familiarization with data; identifying a thematic framework; indexing and placing them under the appropriate thematic category; mapping; and final interpretation.

Study Period: Feb 2023 to Jan 2024.

Ethics: Ethical clearance was obtained from the Institutional Ethical committee of Sree Balaji Medical College Hospital & Research Institute, (SBMCH&RI) Chennai and the Scientific Advisory Committee of the DPH&PM. All the study participants were briefed about the objective of the study and informed consent was obtained.

RESULTS

Lessons Learnt Analysis: Three major themes emerged which best explained the lessons learnt in the process of certification and suggestions for improvement. Themes and subthemes are provided in Table given below.

Table: 1 LLAs – Themes and Sub themes

	Themes	Sub Themes
1	Common Successful approaches	a. Selection of health facilities for certification b. Support from State and District level officials c. Support provided for equipping the facility & upgrading skills of staff d. Specific activities related to certification done in the health facility e. Motivating factors f. Multiple Sources of funding for certification
2	Issues of Concern & Challenges	a. Selection of health facilities for certification b. Sanction of Funds and utilisation c. Inadequate staff position d. Empowering staff to obtain certification e. Obtaining certificates and issues related to it
3	Suggestions	a. Certification Process b. Simplifying and supply of registers c. Fund allocation, sanction and utilisation

1. Common successful approaches

a. Selection of health facilities for certification: Health facilities with good infrastructure, better performance and motivated staff were the main criteria for choosing a health facility for certification as maximum scores can be obtained with minimal expenditure. Health facilities which have already obtained commendation for Kayakalp and LaQshya certification were considered as staff would be oriented to quality related indicators and have prize money which can be used to address gaps. District public health officials preferred to choose PHCs for certification instead of CHCs, as additional departments are required as per the NQAS.

b. Support from State and District level officials: Though Health facility staffs were initially reluctant to take up their centre for certification for fear of additional work, constant motivation by the District Level Officials (DLO) made them to take up certification. DLOs have initiated NQAS certification process in many facilities and the better ones would be taken up in the immediate phase for certification. State and District QNO supported in developing Standard Operating procedures (SOP) for each department, establishing committees and preparing registers as per the NQAS norms and few District Collectors have extended their support in obtaining mandatory clearances.

c. Support provided for equipping the facility & upgrading staff skills: Teams from health facilities which are going for certification were made to visit certified health facilities to understand the certification process. Mentor staff nurses, staff from certified hospitals and QNO made frequent visits and reviewed each of the departments using NQAS check list, this was a common practice across all Districts, which helped in the entire process of certification. Periodic in-house training had been organised in many health facilities to upgrade the skills of their staff and to equip the new comers to meet the requirements.

d. Specific activities related to certification done in the health facility: In all the health care facilities either one MO and one staff nurse or any two-health staff were

made responsible for each department, who did a detailed gaps analysis using the check list. Feedback was given to the head of the institution who in turn arranged to provide necessary infrastructure in terms of civil works and equipment, procurement of the registers, signage, obtainment of certificates like fire safety, building stability and other requirements like patient amenities etc. in accordance with the NQAS guidelines.

Many facilities had to construct rooms or place partitions to create additional rooms to meet NQAS criteria. Equipping old buildings, though difficult had been done in few secondary hospitals, which had limited space and poorly planned buildings.

e. Motivating factors: Clean ambience, good infrastructure, in-service training and positive feedbacks from patients were motivating factors encouraging staff to go for certification. State funding to address the gaps and GOI funds provided following certification were other added factors.

f. Multiple Sources of funding for certification: Tamil Nādu Health System Reforms Programme (TNHSRP) and National Health Mission (NHM) Directorates were the main funders to the health facilities to address the gaps and to equip health facilities to go for NQAS certification. Additional sources of funds were mobilized by the District Collectors from MLA & MP funds and from donors as a part of their corporate social responsibility. Funds received as commendation of Kayakalp and for LaQshya certification were other sources. Institutions like GH Padmanabapuram had used their health insurance funds generated and few MOs have mobilised donor funds when the state funds were insufficient.

2. Issues of concern / Challenges faced in the process

Selection of health facilities for certification: Unlike the primary health facilities, SLHFs were chosen by DM&RHS for certification without consultation with District officials, making it difficult for them, when small hospitals without adequate staff and buildings were chosen for certification.

Sanction of Funds and utilisation: Funding was not need based. Facilities funded by NHM received relatively less and was insufficient, while TNHSRP provided more funds and therefore was able to cover most of the expenditure related to certification. Fund allocation was different for same type of health facilities even within a district. Bigger facilities with less funding managed to cover expenses from other sources like health insurance funds and donor contributions. While smaller facilities without other resources found it difficult.

Delay in release of funds was a major constraint quoted in many hospitals. Funds were many times released towards the end of the financial year making it difficult to claim and utilise the funds within a short period. Health facility administrators were not provided with guidelines for fund utilisation. MOs at times were unable to claim the expenditure incurred and faced audit objections for not adopting the correct procedure of fund utilisation.

Inadequate staff position: Basic workers/ Class IV employers employed as regular Government staff were few across all SLHFs. However, SLHFs with bed strength more than 100 alone are provided with outsourcing staff. SLHFS with bed strength less than 100 but with a high Outpatient and Inpatient strength find it difficult to cover all hospital services and maintaining hospital premises clean with their limited staff.

The districts which had more vacancies for health care workers or where nurses and doctors have gone on long leave their the district administrators had diverted staff from one health facility to another as regular functioning of the health facility was their priority. This affected the preparatory work for certification.

Support required to empowering staff: NQAS certification mandates preparation of SOPs for all the departments and they should be institution specific. In all the health facilities MOs felt that briefing alone was not sufficient to equip them to write the SOPs, and requested for model SOPs. Staff Nurses were not clear of the data to be provided. Method of data collection for calculation for certain indicators like antibiotic use, patient feedback etc. was not found to be uniform across health facilities due to lack of guidance.

Obtaining certification - Issues relating to it: NQAS checklist used for the CHC and the SDH is the same, while the services provided are different. Even among the SDHs the services provided differ. All CHCs and many SDHs do not provide all the services as per the NQAS check list. For example, speciality OP must be conducted and many specialized emergencies are expected to be handled as per the checklist, but they are not actually done since few specialists are only available in many CHCs/SDHs.

Full certification for the CHCs is difficult since many of them may or may not have the required services – Blood storage unit, Xray services, New born stabilisation unit and specific beds for Accident and emergencies. In many places X-ray machines were old and therefore not able to obtain AERB certificate. Such facilities went for partial certification excluding the departments they did not have.

3. Suggestions

a. Certification process: MOs preferred a detailed explaining of the check list by the QNOs. It was suggested that a state or district cell can be formed, which could periodically train the entire staff of the health facilities going for certification and model SOPs can be prepared at the state level and shared with the health facilities, based on which they can make changes specific to their institution. Many buildings of the hospitals do not meet the NQAS requirements, for example; uni-directional movement of patients is recommended from reception to labour room and post recovery; there should be a direct access to the emergency ward from the road and sewage treatment plant should be in place for bigger hospitals. Public works department (PWD) engineers should be sensitized on this, so the newer buildings should be constructed with such facilities. PWD staff should be included in the quality team involved in certification, as this will help to speed up the civil works and in obtaining clearance certificates especially for old buildings.

b. Simplifying & supplying registers: Numerous registers are maintained for various accreditations like NQAS, Kaya Kalp and LaQshya and there is duplication of data. Registers can be simplified, printed and distributed by the state to ensure uniformity in reporting and reduce the workload of the staff maintaining the registers. It was also suggested to study the use of digital records as currently

followed in Telangana and replicate it. If Staff Nurses spend more time on registers, then they spend less time with the patients who really need their care.

C. Fund allocation & utilisation: Fund allocation should be need based and provided in advance to the health facilities along with guidelines for fund utilization.

DISCUSSION

Availability of similar scope of operation research related to NQAS is very limited. Even those available focused on the impact rather than the process. Good leadership and motivation of the DLOs have been responsible for the smooth process of certification, and the same has been reflected in a study report from Kerala.(11) Health facilities which have obtained commendation for Kaya Kalp have been chosen for certification as they would be oriented to quality check list, however, a study done in selected hospitals across the state showed that there was no correlation between the two.(12)

Team work, improved knowledge and attitude, ownership, sense of pride that their hospitals are in par with private facilities and looking at certification as an opportunity for upgrading and improving their service delivery, support from mentors, making partitions for additional space were favourable factors reflected in other studies also (13-15). Adapting existing old hospital buildings to meet the requirements of NQAS were challenges seen in Kerala also. (11)

Manpower shortage, especially nursing staff and specialists, lack of training, persistent infrastructure issues, shortage of emergency medicines and instruments and labour room essential are some the key gaps identified in a study from Bihar.(16) Scenario in TN was totally different; our major lacunae were the non-availability of basic workers. Health facilities in TN had adequate emergency medicines and labour room essentials. Issues related to manpower shortage and training has been observed in studies from other countries also. This not only affects the certification process but also sustenance.(17,18) Delay in releasing funds and supply of case sheets, records and registers was yet another common problem in TN as well as in other states. (11,14) CHCs often failed to meet criteria related to blood storage, new born care unit and this has been highlighted by studies from DPH bringing in the need for specific guidelines for CHCs. (19,20) Strengths and challenges in obtaining NQAS certification may differ a little between States, but many factors remain common.(21)

CONCLUSION

While it is encouraging to observe these strengths of the systems like involvement of health care providers in obtaining NQAS certification, multiple funding sources and support from state and district administration, the system is not free from challenges. Challenges hampering certification process were inadequate staff specifically basic workers and security personnel, lack of need based and timely funding, frequent movement of doctors and nurses between facilities.

Few recommendations include establishing a District level training cell to equip the staff for certification, establishing systems in place for need based and timely release of funds. State needs to make few policy decisions like providing basic workers proportional to bed strength and supply of case sheets and other printed materials and digitalising the records and registers.

It is crucial to deal with issues identified as scaling would be more challenging as the facilities with better infrastructure and human resources have been taken up in the initial phases. The learnings from TN will help other states of India to make strategic planning and bring in relevant policies to make quality and integral part of service delivery.

AUTHORS CONTRIBUTION

All authors have contributed equally.

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CONFLICT OF INTEREST

There are no conflicts of interest.

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DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors haven't used any generative AI/AI assisted technologies in the writing process.

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