

GOVERNMENT OF WEST BENGAL
DIRECTORATE OF HEALTH SERVICES
HOSPITAL ADMINISTRATION BRANCH,
GRANTHAGAR BHAVAN, GN 29, SECTOR V, BIDHANNAGAR

Tel no 2333 0610

Email – wbhabr@gmail.com

Memo no. HFW-40012/11/2018-HA/ 182

Date- 22.04.2019


ORDER

In continuation with order number HFW-40012/11/2018-HA/64 dated 01.03.2019, and as part of ongoing Quality Assurance Programme under National Health Mission, it has been decided that from now on all Hospitals (DH, SDH, SGH, RH, BPHC) will have to perform their baseline assessment of Quality Assurance **every three months**.

The assessment will be carried out in a team comprising of all unit in charges (Deputy Nursing Superintendents, Ward sisters, Pathology in charge, Blood bank in charge, Radiologist in charge, Assistant Superintendent etc.) of the Hospital and they will be assisted by District Consultant (QA), District Consultant (PH), District Consultant (QM), Facility level Quality Manager (FLQM), wherever in position. Programme Assistant under guidance of District Consultant (QM) will enter the data in the excel score sheet.

The assessment is planned for three days for each facility, two days for assessment and one day for entering the scores in excel score sheet and discussion and classification of gaps according to severity level. Guidelines for assessment are enclosed as Annexure A.

Mobility support is to be provided by CMOH to DQAC teams and cost so incurred is to be met out of Mobility fund under Quality Assurance already lying with District. If additional fund is required District may apply for the same, post facto. District's DQAC teams have already submitted their tour plans to respective CMOHs of their Districts and CMOH s may allow visits of DQAC team as per plan.


22/4/19
Director of Health Services,
West Bengal

Memo no. HFW-40012/11/2018-HA/ 182/1(8)

Date- 22.04.2019

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1. Mission Director, NHM, West Bengal
2. AMD, NHM, West Bengal
3. PO NHM 1
4. PO NHM 2
5. CMOH- All Districts and Health Districts
6. Superintendents- all hospitals
7. BMOH -all RH/ BPHCs
8. District Consultants under QA- all.

Amulya
22/04/2019.
Jt. DHS HA

Annexure A-
Guidelines

1. All unit in charges must be briefed about the National Quality Assurance Programme in an opening meeting and all unit in charges must be given adequate support by District Consultants during assessment of their units. After assessment is over DQAC team should discuss checkpoints where no score has been given and should also check randomly some checkpoints where full scores have been given. No partial marking is to be given.
2. The assessors would be responsible for ensuring that all relevant standards and criteria are assessed adequately during the survey. The team will prepare the final assessment report to accurately reflect the findings within the agreed timelines. They will collate all 'gaps' and allocate severity level. They will conduct opening and closing meeting in the facility.
3. After completion of the assessment, they are required to prepare assessment report and submit to the Health Facility, with copies to District Quality Assurance Committee, SQAC, and Hospital Administration Branch (wbqabr@gmail.com). Role of DQAC team would also be to provide supportive supervision at the facilities.
4. The assessors would facilitate development of 'gap-closure' plan at the facility level through a consultative process. No department should be left blank, except that the Department is not functional.
5. District Consultants (Quality Assurance), District Consultant (Public Health) and FLQM of the facility where ever posted, District Consultants (Quality Monitoring) must actively participate in the assessment. District Consultant (Quality Monitoring) will perform time motion study in OPD, Pharmacy and Laboratory and will also complete H outcome indicators of the facility assessed.
6. Programme cum Administrative Assistants will also visit those facilities along with QA team members and complete data entry in excel sheet after completion of assessment at any department/ user unit. They will also check and verify all expenditure under QA and Sushree at the facility and prepare a report.
7. Hospital must produce SOP s of all departments and policy documents to assessors. In case of hospitals which will be visited for the first time, they must be shared the copies of template SOPs, and policies by DQAC team members.

8. All assessments along with report returns should be completed by 24th May 2019.
9. A team from State may also visit these facilities and make another round of Internal Assessment of Hospitals.

Handwritten signature
22/05/2019
Jt. DHS HA