

NQAS Sensitization Training for District Hospitals, Sikkim

8th July 2025

Conducted by

Quality and Patient Safety Division

RRC-NE

Regional Resource Center for NE States
(Branch of National Health Systems Resource Center, New Delhi)
Jawahar Nagar, Khanapara, Guwahati, Assam

The National Quality Assurance Standards (NQAS) were launched in 2013 by the Ministry of Health and Family Welfare (MoHFW) to institutionalize quality in public health facilities. Recognized internationally by ISQua, NQAS has emerged as a cornerstone in improving service delivery across District Hospitals (DHs), Community Health Centers (CHCs), Primary Health Centers (PHCs), and Urban Health & Wellness Centers.

To strengthen Sikkim's journey toward achieving state and national certification targets, an online sensitization training was conducted on 8th July 2025 in collaboration with State NHM, Sikkim and Sir Thutop Namgyal Memorial (STNM) Hospital for key stakeholders including Medical Officers, Nursing Officers of STNM & all District Hospitals and State and District QA Teams. Sessions were facilitated by the QPS team, RRCNE.

The objectives of the training were:

- To orient participants on the concept of quality in health system and NQAS.
- To build capacity on measurement system, assessment protocols, and gap closure.
- To develop skills in root cause analysis and action planning through practical exercises.
- To familiarize participants with other quality initiatives (LaQshya & MusQan) and their synergies with the NQAS framework.

The training began with a welcome address by the Dr. Raj Prabha Moktan, Director, RRC-NE, who stressed the importance of achieving the national targets of 50% certification of health facilities by December 2025 and 100% by 2026. The Director highlighted that quality is everyone's responsibility and sustained commitment, capacity building, and patient-centric approaches will not only provide safe quality care services to the patients but will also enable the state to achieve its certification target. Additionally, the Additional Medical Superintendent Dr Suresh Rasaily of STNM Hospital thanked the RRC-NE team for organizing the training and shared that he is hopeful that this training will benefit all the participants.

Session I: Overview of Quality in Health System

This session provided an overview of the concept of quality and its relevance in global and Indian contexts. The key highlights included the burden of poor quality, dimensions of quality, evolution of quality initiatives in India, various key initiatives under National Quality Assurance Programs, the Donabedian Model, and the NQAS Areas of Concern. The emphasis was that quality is not an inspection mechanism but a continuous cycle of improvement requiring leadership, teamwork, and patient engagement.

Session II: NQAS Standards (AoC A,B,C,D and E)

Session II introduced the first five Area of Concern (AoCs): Service Provision, Patient Rights, Inputs, Support Services, and Clinical Services, with examples from Northeast health facilities. Service Provision (AoC-A) focused on availability of assured services and functional service delivery. Patient Rights (AoC-B) elaborated on patient-centered care, dignity, informed consent, confidentiality, grievance redressal. Inputs (AoC-C) discussed on the adequacy of infrastructure, HR, drugs, supplies, equipment, and consumables. Support Services (AoC-D) talked about the biomedical waste management, laundry, dietary, security, IT services, and biomedical engineering. Clinical Services (AoC-E) was on adherence to clinical protocols, rational use of medicines, infection prevention, and continuum of care.

Session III: NQAS Standards (AoC F,G and H)

NQAS Standards Area of Concern F,G and H were deliberated upon in this session. It covered infection control, quality management, and outcomes, highlighting their cross-cutting role

across all services. Infection control (AoC-F) highlighted the importance of implementation of IPC protocols, hand hygiene, sterilization, biomedical waste segregation, and antimicrobial stewardship. Quality Management (AoC-G) discussed on internal assessments, mortality audits, patient satisfaction surveys, corrective and preventive actions (CAPA). Outcome (AoC-H) focused on patient feedback, health outcomes, service utilization, and efficiency indicators.

Session IV: NQAS & Assessment Protocol

This session detailed assessment methodology: observation, staff interview, record review, and patient interview, as well as scoring, types of assessments, and certification processes with incentives.

Session V: Assessment, Root Cause analysis, Gap Analysis & Action Plan

To provide a practical approach and familiarize the participants with assessment criteria and the checklist; they were introduced to a simulated assessment where they were asked to do sample assessments based on the information provided, identify the root causes, perform gap analysis and develop corrective action plans.

Closing Session: Vote of Thanks

The State QA team concluded the training with the vote of thanks. Participants were encouraged to initiate NQAS implementation in their respective departments/facilities, conduct periodic internal assessments, engage actively and prepare their facilities for state and national certification.

Annexure I - Training Agenda

Sl.	Time	Topic
1	10:00 AM - 10:15 AM	Welcome Address by Director RRCNE
2	10:15 AM - 11:00 AM	Overview of National Quality Assurance Program including MusQan & LaQshya
3	11:00 AM - 11:50 PM	National Quality Assurance Standards in District Hospital AoC – A, B, C, D & E
4	11:50 PM - 12:00 PM	Tea Break
5	12:00 PM – 12:30 PM	National Quality Assurance Standards in District Hospital AoC – F, G & H
6	12:30 PM - 01:00 PM	NQAS assessment protocol
7	01:00 PM - 01:45 PM	Exercise on Assessment, Root Cause analysis, Gap Analysis & Action Plan
8	01:45 PM – 02:00 PM	Vote of Thanks by state QA team
