

Minutes of First Meeting of Central Quality Supervisory Committee (CQSC)

Wednesday, 1st February' 2017

Venue – NHSRC Theatre

The Ministry of Health & Family Welfare has constituted Central Quality Supervisory Committee (CQSC) vide its office order no. 15015/27/2015-NRHM-1 dated 15th Dec 2015. TORs of the CQSC are attached as Annexure I.

First meeting of the CQSC was held on 1st of February' 2017 at 4.00 pm at NHSRC Theatre under the chairmanship of Dr Arun K Panda, Additional Secretary & Mission Director, NHM, MoHFW. List of the Participants is attached as Annexure II.

Dr Sanjiv Kumar ED NHSRC welcomed the participants and provided a brief overview of the National Quality Assurance Standards (NQAS). Subsequently Dr J N Srivastava, Advisor – Quality NHSRC made a presentation on NQAS & process of development and arrangement of the Standards and current implementation status. Following broad topics were covered in the presentation -

- Overview of National Quality Assurance Standards
- QA Institutional Arrangement in the States
- Assessments of DHs, SDHs, CHCs, PHCs and U-PHCs
- Capacity Building - Trainings and Course modules
- Key findings of assessment in the States
- Quality Assurance under National Urban Health Mission (NUHM)
- Status of QA Certification of Health Facilities
- Challenges & Critical issues
- Status of Kayakalp Scheme Implementation, and
- Mera Aspataal Initiative and key observations

1. Agenda Point 1

- 1.1 State specific Quality Scores:** While reviewing performance of the States against National Quality Assurance Standards, it was observed that the score of State of Rajasthan (78.2%) is significantly high as compared to other States in the same region. It could be genuine efforts of the State or it could be aberration. It was also felt that the state may have introduced few innovations, which resulted into good quality score of the Health Facilities in the State. Hence it was decided a sample of Health Facilities would be visited and score verified.
- 1.2 Strengthening States involvement for NQAS:** While acknowledging the work undergone into roll-out of the Quality Assurance Programme, AS & MD suggested that a letter from MoHFW should be sent to the States to highlight

their performance in term of QA assessment and actions, required to be undertaken.

- 1.3 Inclusion of State specific QA status in PIP approval meeting:** It was felt that the States are expected to demonstrate commitment for improving Quality of Care at Public Health Facilities. Therefore status of QA programme would form a part of discussion in NPCC meeting and the States would be advised to make a presentation on proposed QA activities with a definite road-map.
- 1.4 Improving Quality of Laboratory Reports:** For improving credibility of the Public Hospital laboratories, the States may be advised to plan for strengthening of Internal Quality Control within the Hospital Laboratories and also the laboratories should be encouraged to join the External Quality Assurance Scheme, currently run by AIIMS New Delhi and CMC Vellore. In long run, the Public Hospital Laboratories should aspire for NABL accreditation. As intermediate goal, such laboratories should go for certification against National Quality Assurance Standards within 12 to 18 months.
- 1.5 Follow-up Action on Mera-Aspataal** – Currently there are 58 District Hospitals covered under the ‘Mera-Aspataal’. Need for ensuring follow-up actions on finding of Mera-Aspataal was emphasised.

2. Agenda Point 2

- 2.1 Audit Man-days:** Following audit Man-days for the External QA assessments were approved:

- **DH-** 3 Assessors for 3 working days
- **CHC-** 2 Assessors for 3 working days
- **PHC & U-PHC-** 2 Assessors for 2 working days

- 2.2** Following criteria for Certification of Health facilities were approved –

A. Certification of DH

- I. Criterion 1** - Aggregate score of the health facility $\geq 70\%$
- II. Criterion 2** – Score of each department of the health facility $\geq 70\%$
- III. Criterion 3** – Segregated score in each Area of Concern (Service Provision, Patient’s Right, Inputs, Support Services, Clinical Services, Infection Control, Quality Management, Outcome Indicator) $\geq 70\%$
- IV. Criterion 4** – Score of Standard A2, Standard B5 and Standard D10 is $\geq 70\%$ in each applicable department.
 - Standard A2 States “The facility provides RMNCHA services”.

- Standard B5 states that *“the facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services”*.
- Standard D10 states *“the facility is compliant with all statutory and regulatory requirement imposed by local, state or central government.”*

V. **Criterion 5** - Individual Standard wise score $\geq 50\%$

VI. **Criterion 6** – Patient Satisfaction Score of 70% in the preceding Quarter or more (Satisfied & Highly Satisfied on Mera-Aspataal) or Score of 3.5 on Likert Scale

Award of Certification –

- a) **Certification** – If health facility meets all of above-mentioned criteria.
- i. Certification/recertification is valid for a period of three years, subject to validation of compliance to the QA Standards by the SQAC team every year for subsequent two years.
 - ii. In the third year, the facility would undergo re-certification assessment by the National Assessors after successful completion of two surveillance audits by the SQAC.

b) **Certification with Conditionality** – If a Health Facility’s aggregate score is 70% or more (Criterion I), and also meets at least three criteria out of remaining five (Criterion II, III, IV, V & VI). Within agreed timeframe of six months, the facility is required to submit evidence of having addressed the reasons of conditionality, which may be verified by an external agency.

If the hospital does not meet the conditionality in stipulated time-frame, the QA certification may be revoked after giving one more chance for a period of six months.

- c) **Deferred Certification** – The certification may be deferred until follow-up assessment if Hospital overall score is 70% in external assessment, but does not meet the criteria for conditional certification as mentioned in Para (b) above. The window for follow-up assessment will be from 6 months to one year from the date of declaration of external assessment result.
- d) **Certification declined** - If hospital does not score 70% in external assessment the certification will be declined. The hospital may freshly apply for certification but not before one year of declaration of external assessment result.

B. Proposed Criteria for Certification of CHC/U-CHC

Criterion I - Aggregate score of the health facility $\geq 70\%$

Criterion II – Score of each department of the health facility $\geq 70\%$

Criterion III – Segregated score in each Area of Concern (Service Provision, Patient’s Right, Inputs, Support Services, Clinical Services, Infection Control, Quality Management, Outcome Indicator) $\geq 70\%$

Criterion IV – Score of Standard A2, Standard B5 and Standard D8 is $\geq 60\%$ in each applicable department.

- Standard A2 States “The facility provides RMNCHA services”.
- Standard B5 states that “the facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services”.
- Standard D8 states “the facility is compliant with all statutory and regulatory requirement imposed by local, state or central government.”

Criterion V - Individual Standard wise score $\geq 50\%$

Criterion VI – Patient Satisfaction Score of 65% in the preceding Quarter or more (Satisfied & Highly Satisfied on Mera-Aspataal) or Score of 3.2 on Likert Scale

Award of Certification – As for DH

C. Certification for PHC/U-PHC

Criterion I - Aggregate score of the health facility $\geq 70\%$

Criterion II – Segregated score in each Area of Concern (Service Provision, Patient’s Right, Inputs, Support Services, Clinical Services, Infection Control, Quality Management, Outcome Indicator) $\geq 60\%$

Criterion III – Score of Standard A2, Standard B5 and Standard F6 (PHC)/F4 (U-PHC) is $\geq 60\%$ in each applicable department.

Standard A2 (PHC/U-PHC) states “The facility provides RMNCHA services”.

Standard B4 (PHC) states that “the facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services”. OR B3 (U-PHC) states that “The Services provided are affordable”.

Standard F6 (PHC)/F4 (U-PHC) states “the facility has defined and established procedures for segregation, collection, treatment and disposal of Biomedical & Hazardous Waste”.

Criterion IV - Individual Standard wise score $\geq 50\%$

Criterion V – Patient Satisfaction Score of 60% in the preceding Quarter or more (Satisfied & Highly Satisfied on Mera-Aspataal) or Score of 3.0 on Likert Scale

Award of Certification –

- a) **Certification** – If the health facility meets all of above-mentioned criteria.
- b) **Certification with Conditionality** – If a Health Facility’s aggregate score is 70% or more (Criterion I), and also meets at least three criteria out of remaining four (Criterion II, III, IV & V).

- c) **Deferred Certification** – The certification may be deferred until follow-up assessment if Health facility's overall score is 70% in external assessment, but does not meet the criteria for conditional certification.

For State level certification score of above-criteria may be reduced by 5%.

2.3 Disposal of Appeal – To oversee the certification assessment process, complaint & representation disposal, NHSRC would empanel 5 senior experts, who are qualified assessors of NQAS. Tenure as members would for two years from the date of first meeting. A committee of at least two such experts and Advisor – QI NHSRC would meet at least quarterly (more often if required) and review the assessment process and take technical decisions on the certification related process.

3. Agenda Point 3:

Accreditation of Quality Standards by ISQua – International Society in Healthcare Society (ISQua) is an Ireland based apex body which accredits Hospital Quality Standards globally. Developed Quality Standards were put-up for ISQua Accreditation. ISQua had suggested to include separate Quality Standards on Medical Ethics, Risk Assessment and Competence & Performance. Hence four Standards encompassing these issues have been added. Post-facto approval of ISQua Accredited Standards was accorded.

4. Agenda Point 4

Approval for National Quality Convention in the year 2017 was accorded.

5. Agenda Point 5

Under the current system of QA Assessment, the health facilities are expected to be assessed at four levels – Facilities, Districts, States and National. Such assessment generates following scores:-

- a. Overall score of Health Facility
- b. Score against each area of concern – Service Provision, Patients' Rights, Inputs, Support Services, Clinical Services, Infection control, Quality Management and Outcome
- c. Departmental Check-list Score
- d. Score against each Quality Standard.

In most of the states, at least one assessment of District Hospitals and also of other health facilities have been conducted. The MoHFW has accorded approval to create a website on National Quality Assurance Programme, linked to the NHM Existing Website.

Display of information on the Quality score of Health Facilities, Departmental Score, Score against Quality Standards, Monthly KPIs of the facilities, training resource, training reports, list of QA assessors, Certification Status of Health Facilities, etc. was approved.

6. Agenda Point 6

Capacity building & Training: NHSRC has launched following training programmes for creation of a pool of Quality professional in the country.

- i) PG Diploma in Health Quality Management in collaboration with TISS Mumbai – Two semester course with contact programme of approx. 15 days in each semester, project work and on-line learning
- ii) Short term course on Quality in health care in collaboration with PHFI and AHPI – 6 days contact programme with project work to be completed in three months.

Post-facto approval to conduct above-mentioned training programmes was accorded.

The meeting ended with a vote of thanks to the chair.

Annexure 'I'

156950(1202)

F.No. 15015/27/2015-NRHM-I
Government of India
Ministry of Health & Family Welfare

New Delhi, Nirman Bhawan
Dated the 15th December, 2015

ORDER

Subject: Constitution of Central Quality Supervisory Committee for National Quality Assurance Standards (NQAS)


Pursuant to issue of "Operational Guidelines for Quality Assurance in Public Health Facilities" a Central Quality Supervisory Committee is being constituted as per the requirement of these guidelines.

2. The composition of the Working Group is as under:

Sr. No	Members	Title
1	Additional Secretary & Mission Director, NHM, MoHFW	Chairperson
2	Joint Secretary (Policy)	Convener
3	Joint Secretary (RCH)	Member
4	Joint Secretary (Urban Health)	Member
5	Deputy Commissioner Maternal Health	Member
6	Deputy Commissioner Child Health	Member
7	Deputy Commissioner Immunization	Member
8	Deputy Commissioner Family Planning	Member
9	Deputy Commissioner Adolescent Health	Member
10	Deputy Commissioner NCD Division	Member
11	Director NHM	Member
12	Director NVBDCP	Member
13	Director Statistical Division	Member
14	ED, NHSRC	Member
15	Advisor, QI NHSRC	Member
	Any other technical expert as approved by the Chairperson CQSC	

3. The Terms of Reference ToR of the Committee is enclosed at Annexure-A'.

This issues with the approval of Secretary (HFW)


15/12/2015
(Limatula Yaden)
Dir(NHM-I)

✓ To,
All Members of the Central Quality Supervisory Committee (As per List)

Draft TOR for Central Quality Supervisory Committee(CQSC)

The Central Quality Supervisory Committee will consist of representatives from the programme divisions (maternal health, child health, family planning, adolescent health, malaria, TB, leprosy etc.) of the Ministry of Health and Family Welfare, Government of India and National Health Systems Resource Centre, Technical Experts working with various development partners can be co-opted, if required. The Quality Division at National Health Systems Resource Centre (NHSRC) will be the nodal agency to operationalise the QA protocols in the country. This committee will work under the overall guidance and supervision of the Programme Divisions, Ministry of Health & Family Welfare. Director NHM would act as the Nodal Officer for the co-ordination between the National Programme Divisions and the NHSRC. The primary role of the team at the national level will be to provide overall guidance, mentoring and monitoring of QA efforts in the states.

Main Roles and Responsibilities of CQSC are given below-

1. Drawing up the Technical Guidelines and Protocols

The CQSC will draw various guidelines for Ministry of Health & Family Welfare, Government of India as per the need & requirement for improving technical aspect of service delivery. Such guidelines shall be the part of Quality Assurance programme.

The standards proposed in the QA document are based on various GoI guidelines, IPHS Standards, WHO guidelines, examples of good practices & also standard textbooks & journals. However in view of the wide variations in the conditions of the existing health facilities and the quality of services available, the standards set in the QA guidelines are the minimum, and the states are expected to meet them. If a state so desires, it can set more rigorous standards of quality after achieving the minimum that are part of these guidelines.

1. Recruitment of State QA Assessors

States are expected to interview and empanel the QA Assessors, preferably with Hospital Management/Public Health background. Senior retired personnel of the health department, faculty at medical colleges /institutes running hospital administration courses, experienced public health professionals willing to undertake this task may be empanelled. It needs to be ensured that assessors are of high integrity with no conflict of interest nor there is any commercial interest. The empanelled assessors would be trained in the assessment and scoring methodology. CQSC will nominate a representative as the expert in recruitment panel to ensure quality and transparency in recruitment. Names, Professional, Qualification and Work experience of empanelled assessors would be shared with NHSRC, who would be maintaining a central registry of External Assessors.

2. Mentoring the State QA Teams

The QA Division of NHSRC will disseminate guidelines and mentor the state QA units under the overall guidance of the national programme divisions and Director NRHM as per requirement in their respective domains. The representatives of CQSC (NHM/RCH/Programme Divisions) are expected to participate in dissemination meetings for technical clarity related on QA framework.

3. Monitoring the QA Activities

The CQSC will monitor the QA activities in the states, including the trends in key outcome indicators that are targeted for improvement through these QA efforts. They may monitor the QA activities through various means, including but not limited to:

- a. Evaluation surveys measuring outcome level data, including client satisfaction status.
- b. Visits by the central team members.
- c. Quarterly review by NHSRC of the reports sent by the state teams, KPI data etc. followed by feedback to the CQSCI and submission of brief analytical report to NHM division of GoI. The reports will then be forwarded by MoHFW to the States along with the recommendations for improvement.

Annexure II**List of Participants: Central Quality Supervisory Committee****List of CQSC members:**

S.NO.	Name	Designation
1.	Dr. A.K. Panda	AS & MD, NHM, MoHFW - Chairman
2.	Shri Manoj Jhalani	JS, Policy & Convenor
3.	Dr K. Rajeswara Rao	JS, Urban Health
4.	Dr. Sanjiv Kumar	ED, NHSRC
5.	Dr. S.K. Sikdar	DC, I/C FP
6.	Dr. Sushma Dureja	DC, Adolescent Health
7.	Dr. P.K. Prabhakar	DC, Child Health
8.	Dr. Sunita	DC, Maternal Health
9.	Ms. Navanita Gogoi	Director, Statistics, MoHFW
10.	Capt. Kapil Chaudhary	Director, NHM, MoHFW
11.	Dr. J.N. Srivastava	Advisor, QI, NHSRC

Others:

S.NO.	Name	Designation
1.	Dr. Parminder Gautam	Senior Consultant, QI, NHSRC
2.	Dr. Nikhil Prakash	Senior Consultant, QI, NHSRC
3.	Dr. Sushant Agarwal	Consultant, QI, NHSRC
4.	Dr. Deepika Sharma	Consultant, QI, NHSRC
5.	Dr. Jagjeet Singh	Consultant, QI, NHSRC
6.	Mr. Rajesh Nallamothe	Consultant, QI, NHSRC
7.	Dr. Namit Singh Tomar	Consultant, QI, NHSRC
8.	Dr. Abhay Dahiya	Short-term Consultant, QI, NHSRC
9.	Mr. Gulam Rafey	Short-term Consultant, QI, NHSRC
10.	Dr. Shivali Sisodia	Fellow, QI, NHSRC
11.	Shri Shabeer P.K.	Consultant, NHM, MoHFW
12.	Dr. Disha Agarwal	Consultant, MoHFW