

**Minutes of Central Quality  
Supervisory Committee's (CQSC)  
3rd Meeting**

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**Venue: Room No. 155-A, Nirman  
Bhawan, New Delhi**

**Friday, 28th December' 2018**

Third Meeting of Central Quality Supervisory Committee (CQSC) was held on 28<sup>th</sup> December' 2018 with Sh. Manoj Jhalani, Additional Secretary & Mission Director, NHM, MOHFW in the chair. List of the participants is attached as '**Annexure A**'.

The meeting was initiated with a welcome address by Dr J N Srivastava, Advisor (QI)-NHSRC. In his presentation, he emphasised that paradigm shift is needed for building Quality Health Systems, as has been suggested by the recent studies and publications. He explained how National Quality Assurance Programme is in alignment with the same. National Quality Assurance Programme (NQAP) revolves around capacity building, hand-holding and empowering health care workforce and communities, practice of science of Quality Improvement, which collectively enable certification of the facilities.

Subsequently, details of actions taken on the decisions of 2<sup>nd</sup> CQSC meeting were discussed. With continued efforts, there has been substantial increase in the number of facilities being quality certified. In the past one year, number of NQAS certified facilities has increased from 52 to 210 (Nationally), and 286 to 509 in state level NQAS certification.

Detailed below are the Agenda Points and the subsequent discussions/decisions taken in the meeting:

**Agenda Point No.1- Action Taken Report** (Follow up action on decisions taken in 2<sup>nd</sup> CQSC meeting):

- 1) IRDAI has recognized State Level NQAS Certification (or Higher level of Certificate) under National Quality Assurance Standards for Health insurance and issued "Modified Guidelines on Standards and Benchmarks for hospitals in the provider network" dated 27.07.2018.
- 2) Drafting of Quality Standards for Health and Wellness Centre is complete, however, the measurable elements and checkpoints will be worked-out, once the operational guidelines for the twelve service package are ready.
- 3) Revision of the Quality Assurance Operational Guidelines is under progress.
- 4) Twitter account has been set up for creating awareness and visibility about the NQAP. Regular updates on the National Quality Assurance Programme are shared on the social media.
- 5) National Quality Convention and Kayakalp Award Felicitation Ceremony were held on 20th & 21st April 2018, when the State Quality Teams were also felicitated.
- 6) STGs for 12 clinical conditions, development of which, was facilitated by NHSRC have with shared with the states, and these are also available on MoHFW & NHSRC websites.
- 7) Roll-out of the LaQshya program in high case load facilities is in progress. All efforts are undertaken in close coordination of maternal health division.
- 8) As decided in the last meeting, period for uploading of patient data has been increased from 24 hours to 72 hours at Mera Aspataal portal.

- 9) Refresher trainings for empanelled external assessors' have been successfully conducted on 17<sup>th</sup> February 2018 and on 22<sup>nd</sup> Dec 2018.
- 10) Inclusion of "LaQshya" tool on 'Gunak' platform has been done and this is being used by the facilities for internal, peer and external assessments.

## **Agenda Point 2: Current status of NQAS and its subdomains**

### **A. NQAS and Certification**

1. Increase in number of NQAS certified facilities (210 Nationally Certified facilities and 509 state certified facilities).
2. Most of the States are conducting SQAC meetings regularly. However, regularity in conduct of the DQAC meetings is still an issue.
3. Increased pool of Trained Quality Professionals (More than 3300 Internal Assessors and 288 External Assessors) with 330 plus trainings (42 trainings in past one year). Supportive supervisory visits were also undertaken over the year for supporting the programme.
4. **Collaboration with Academic Institutions:** NHSRC in collaboration with PHFI & AHPI has conducted three batch short-term course in health quality (CCHQ- 'Certificate course in Health Quality') and 'PG Diploma in Health Quality' in collaboration with TISS Mumbai (3rd batch started in Aug 2018).
5. ISQua Accreditation of External Assessor's training program in July 2018.
6. Overall Quality Score in DHs is 69%, which are around 1.7% more than the previous year's score.
7. **Area of concern wise comparison** between DH, SDH, CHC and PHC level highlighted that at CHC level, gaps have been found across all eight Area of Concerns. The comparative analysis also highlights that intensive efforts are needed for improving score against quality standards under G (Quality Management System) and H (Outcome) across all the level of facilities.
8. **Status of Quality in High Focus States-** Uttar Pradesh, Uttarakhand, Jharkhand, Odisha and Madhya Pradesh have shown progress in last year. However, not much improvement has been observed in the scores of facilities in Chhattisgarh and Bihar. While the scores have reduced in comparison to previous years in case of Rajasthan and Himachal Pradesh.
9. **Status of Quality in Non- High focus states-** Andhra Pradesh, West Bengal, Gujarat, Punjab, Haryana and Tamil Nadu have shown improvement, while states like Kerala and Maharashtra have shown reduction in the score during last one year.
10. **Status of Quality in North- Eastern states-** Improvement in the quality score has been observed in the States of Assam, Tripura and Arunachal Pradesh. While reduction in scores has been reported for Meghalaya, Manipur, Nagaland, Mizoram and Sikkim.
11. **Key Performance Indicators: District Hospitals (as reported by the states) -**
  - 11.1. Bed Occupancy Rate- The country's median is 88.5%. It is highest in Haryana (111%) and lowest in Bihar (50.5%).
  - 11.2. Average Length of Stay- Country's median is 3.5 days, highest in Kerala (5 days) and lowest in Bihar (1.47 days).

- 11.3. Patient Satisfaction Score (IPD) – Country's median score is 3.45/5, highest in Andhra Pradesh (4.48/5) and lowest in Jharkhand (2/5).

**12. Lowest Scoring Departments and across all levels-**

- 12.1. DH- Mortuary, ICU, Radiology and Pharmacy
  - 12.2. CHC - Blood Storage Unit, Radiology and Newborn stabilization unit (NBSU)
  - 12.3. PHC- National Health Programmes (NHP) and Laboratory
  - 12.4. UPHC- Non communicable disease Program (NCD), Communicable Disease (CD) and Dressing & Emergency
13. Inadequate Quality HR across states at state and district level. However, following challenges are there pertaining to the existing HR –
- 13.1. Many states have not undertaken recruitment of qualified quality consultants esp. district consultants.
  - 13.2. Limited HR recruited for the NQAP has been deployed for other programs.
  - 13.3. Support to undertake field visit is very limited.
  - 13.4. Limited utilization/involvement of trained (TISS/PHFI) professionals.

**Actions to be taken:**

- 1. AS& MD has directed to ensure that facilities, which have been certified till date under the NQAS receive their linked incentives timely. A formal letter to the states may be sent.
- 2. To ensure that healthcare professionals trained in Quality Improvement under various collaborative courses/trainings with TISS, ASCI and PHFI are optimally utilized for implementation of National QA program. AS & MD also directed to send a letter to states, advising them to utilise trained HR for improving Quality of Care. He also asked to develop detailed TORs for each position under the NQAP.
- 3. Issues Pertaining to Certification processes were discussed and suggestions to overcome them are given below.
  - 3.1. Strengthening of the certification unit, manned by 1 Senior Consultant and 2 consultants.
  - 3.2. It has been observed that few of the facilities tend to deteriorate after completion of certification process. It was decided to develop a protocol for sample (10%) verification of facilities (state wise).
  - 3.3. JS (RCH) suggested that branding should be done for the certified facilities.
  - 3.4. Non-compliance to timely submission of surveillance reports – It was decided that the states would be informed to follow the defined protocol for the surveillance and submission of reports, failing which, linked incentive amount would be withheld.
  - 3.5. With increasing number of facilities coming up for the certification, a need has been felt to increase the pool of assessors. It was approved to conduct more external assessors training.
  - 3.6. Issue of existing rate of honorarium including the honorarium for travel days was also discussed. It was decided to increase honorarium of assessors to Rs.4000 for the assessors employed in Govt. sector and Rs. 7000 for the assessors from Private Sector including one day's honorarium for travel. (e.g.

assessor spending 3 days for external assessment will be paid for 3+1 travel day=4 days)

3.7. AS & MD has directed to issue an advisory to the states, whose NQAS score has gone down after the assessment.

3.8. AS & MD also emphasised that usage of 'Gunak' needs to be encouraged for assessment of health facilities.

#### **B. LaQshya**

Under the LaQshya initiative, number of health facilities assessed and certified against the NQAS standards is 21 Labour rooms & 16 Operation Theatres (maternity). AS&MD emphasised that more efforts are required to be put-in for the LaQshya certification.

#### **C. Kayakalp**

Under the Kayakalp initiative, number of health facilities achieving 70% score on external assessment has been increasing every year. In the year 2015-16, 4.4% of CHCs had met Kayakalp norms, which increased to 17.7% CHCs in the year 2017-18. During the same period, number of DHs, meeting the Kayakalp norm, has increased from 8.3% to 31.8%.

#### **D. NQAS under NUHM**

More than 60% of UPHCs have completed internal assessments in 20 states & UTs and overall score is approx. 56%. Highest scoring states are Chandigarh and Gujarat with 70% or more as average score. Lowest scoring states are Jharkhand and Arunachal Pradesh with around 20% of score.

Challenges under NUHM-

- a. Non-reporting of data pertaining to base-line assessments of U-PHCs & U-CHCs.
- b. Non-implementation of 'Mera-Aspataal' initiative at Urban Health Facilities.
- c. There are number of Urban health facilities, which are better performing. However, the states/ ULBs have not prioritized them for the NQAS certification.

AS&MD directed to send a communication to the States and seven metro towns to complete the assessment ASAP and also to initiate action for implementation of 'Mera-Aspataal' initiative.

**E. Status of Mera Aspataal**- At present 1122 facilities are collecting patients' feedback through 'Mera-Aspataal' System.

#### **F. Others**

Effective and meaningful dissemination of Standard Treatment Guidelines (STGs) for twelve clinical conditions and STG development methodology book.

#### **Actions to be taken:**

Although STGs have been shared with the states and have also been made available online on the websites but for the effective utilisation of these STGs, also others,

available in the public domain, remains a concern. In this regard AS& MD directed to take the following steps:

- a. Organising a national level STG Dissemination Workshop.
- b. To involve Professional bodies like IMA for effective dissemination of the Standard Treatment Guidelines.
- c. Creation of the national level online repository of all the STGs available at various resources/organisation.
- d. To develop Apps/Tools for tracking STG access and usage

### **Agenda Point 3: Follow-up actions on the workshop on 'Accelerating Transformation to High Quality Health System'**

A national workshop "Accelerating Transformation to High Quality Health Systems" was held on 20<sup>th</sup> November'18 to discuss the key global recommendations. Following three actionable points were identified in the workshop –

1. Developing Health System Quality Dashboard- It was agreed that there is a need for developing a National Dashboard which should have data-elements and indicators, measuring process of care and their impacts in long term, including competent care, user's experience, health outcomes, confidence in the systems, etc. Currently, most of the developed countries such as USA, Australia, Canada, Britain, Netherland, etc. have dashboards, which measure health systems' performance, quality indicators, patient safety, specialized care or combination of one or two or all. In India, mapping of existing IT systems & platforms, data elements and indicators, within the country including those of states need to be undertaken.
2. National Quality Guarantee – Another global recommendation pertains to having National Quality guarantee for each level of the health facilities, which would largely entail describing and declaring the services provided at each level of care and adherence to predefined norms of Quality of care. It would also need to have a system for monitoring & concurrent evaluation. It was felt that India could also make a beginning by having such guarantee.
3. Service Delivery redesign for Maternal, Newborn and Non-communicable diseases care –AS&MD emphasized the need for 'paradigm shift' in service organization. Since non-communicable diseases such as Hypertension, Diabetes Mellitus, etc. require life-long monitoring and treatment, initiation of treatment could be undertaken at the secondary level facilities and further follow-up and dispensation of drugs being done at primary care facilities. While cases of delivery, where critical emergencies occur unexpectedly, need to be managed higher level facilities, which are equipped to handle such cases.

### **Action to be taken**

1. Constitution of the expert group/task force for making recommendations for the Quality Dashboard.
2. Advisor-QI may consult other stakeholders such as PHFI, etc. for developing a concept note on National Quality Guarantee in India.

**Agenda Point 4: Quality Collaborate (QA – QI):** Advisor QI informed about the recent discourse about the Quality Assurance vis-à-vis Quality Improvement and resultant impression being created that they are not complimentary, but mutually exclusive. He emphasised that under the existing Quality Assurance Standards, improvement activities need to be undertaken for attainment of standards. There is fair amount of 'process' measurement under the current QA framework. There are few quality standards, which measure quality improvement activities. He proposed to include one chapter on the QI tools like PDCA, Process mapping etc. in the Operational guidelines. This was agreed.

**Agenda Point 5: Collaborative Programme with Academy of Hospital Administration (AHA) on Medical Records Management**

Management and disposal of the medical records is a concern for many hospitals as many of them are following the manual procedure. It was proposed to conduct 5 days training in collaboration with Academy of Hospital Administration for the states so as to guide the facilities (District Hospital) for better record management.

The AS&MD has directed to take only those facilities, which are already on *e-hospital*.

**Agenda Point 6 - Increasing honorarium of external assessors including days of travel** (Covered at agenda point 2)

**Agenda point 7-Recognition of “NQAS” under Ayushman Bharat (PM JAY)**

Under the Ayushmaan Bharat, many public health facilities are also getting enrolled under this. Many states (e.g. Tripura) have expressed their concern that facilities, which are NQAS certified, have not been included in the scheme. It was also noted that IRDAI has already included state or higher level NQAS certification as one of the criteria for the empanelment. AS&MD directed that a communication may be send to NHA to include NQAS certified health facilities in the empanelment.

**Agenda Point -8 Permission to Dispose all training records older than 3 years**

Norms given in official procedure needs to be adopted for disposal of old training records.

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

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

<b>S.NO.</b>	<b>Name</b>	<b>Designation</b>
<b>1.</b>	Shri Manoj Jhalani	AS & MD, NHM, MoHFW – Chairman
<b>2.</b>	Smt Vandana Gurnani	JS (RCH)
<b>3.</b>	Sh Manohar Agnani	JS (Policy)
<b>4.</b>	Smt Preeti Pant	JS (Urban Health)
<b>5.</b>	Dr Teja Ram	DC, FP-II
<b>6.</b>	Dr Dinesh Baswal	DC, Maternal Health I/C
<b>7.</b>	Dr M K Aggarwal	DC,UIP
<b>8.</b>	Dr P K Prabhakar	DC, Child Health-II
<b>9.</b>	Dr P K Sen	Director, NVBDCP
<b>10.</b>	Dr Zoya Ali Rizvi	AC (AH)
<b>11.</b>	Dr S C Agrawal	Deputy Director, NHM- II
<b>12.</b>	Smt Seema Joshi	Deputy Director, MMP Cell RCH Division
<b>13.</b>	Sh G S Bedi	GM (QA), CMSS
<b>14.</b>	Sh Vikash Kumar	Program Manager EPMU
<b>15.</b>	Dr J N Srivastava	Advisor, QI, NHSRC – Member Secretary

**Others:**

<b>S.NO.</b>	<b>Name</b>	<b>Designation</b>
<b>1.</b>	Dr Parminder Gautam	Senior Consultant, QI, NHSRC
<b>2.</b>	Dr Deepika Sharma	Senior Consultant, QI, NHSRC
<b>3.</b>	Dr Sushant K Agarwal	Consultant, QI, NHSRC
<b>4.</b>	Ms Vinny Arora	Consultant, QI, NHSRC
<b>5.</b>	Dr Rashmi Wadhwa	Consultant, QI, NHSRC
<b>6.</b>	Ms Rekhashree	Fellow, QI, NHSRC