

Minutes of Meeting 4th Central Quality Supervisory Committee Meeting

155 A, Nirman Bhawan,
Ministry of Health and Family Welfare, New Delhi
30th December 2019

Fourth meeting of Central Quality Supervisory Committee (CQSC) was held on 30th December' 2019 with Smt. Vandana Gurnani, Additional Secretary & Mission Director, NHM, MOHFW in the chair.

List of the members, attending the meeting is given at Annexure 'A' to these minutes.

After a round of introduction, AS&MD welcomed all the participants and requested Dr J N Srivastava, Advisor (QI)-NHSRC & Member Secretary CQSC to start the proceedings. In-depth discussion was held on the ATR (action taken report) of the decisions taken in the last CQSC meeting, current status of the quality certified facilities, performance of health facilities in term of critical indicators and program challenges.

It was also informed that number of NQAS certified facilities has been increasing steadily and in the past one year alone it jumped from 210 to 536 certified health facilities at national level, and from 509 to 941 state certified facilities.

Detailed below are discussions/decisions taken in the meeting:

Agenda Point 1: Action Taken Report (ATR) on decisions of third CQSC meeting

- 1) The Assessment tools (Checklist) for Health and Wellness Centre (Subcentres) under National Quality Assurance Standards have been developed and field tested in Varanasi (UP) & Mallapuram (Kerala). It was decided that after internal discussion and consensus building within NHSRC, another consultation with external stakeholders will be arranged in the month of March 2020.
- 2) Revision of Operational Guideline for Quality Assurance in Public Health Facilities is nearing completion and is expected to be completed by March 2020.
- 3) It was informed that NQAS certified health facilities are eligible to receive incentives as per norms approved by the MoHFW. Joint Secretary (Policy) felt that there is a need to track this payment including its utilization. ED NHSRC mentioned this could also be verified during the CRM visits to the states, and it should be included as a CRM check-point.
- 4) Issue of utilisation of quality trained manpower was discussed. While there is a shortage of quality trained professionals, states are not utilising trained manpower available with them. States have been requested to ensure efficient utilization of trained human resource, such as NQAS external assessors, state sponsored candidates attending PG diploma course in Quality in healthcare at TISS, Mumbai (NHM supported), etc.
- 5) Process for strengthening the certification unit has already been initiated and expected to be completed in 3-4 months.
- 6) For monitoring the sustenance of improvement process in the NQAS certified facilities, surprise assessment of health facilities has already been initiated. It is planned to visit a total of 27 facilities (10% Sample of 257 NQAS certified facilities till 31st March 2019).
- 7) For creating awareness regarding NQAS and establishing it as a brand, NHSRC is in the process of engaging a professional organisation to prepare a branding manual, which will be shared with the states.
- 8) The states have already been advised to ensure timely conduct of the surveillance assessments, which will ensure timely release of linked incentives.

- 9) As decided in the last meeting, honorarium of external assessors have been enhanced.
- 10) The External assessors are being encouraged to use 'Gunak' App for the external assessment for making the assessment process easy and paperless. The app is also being upgraded to make it contextual. It is planned to link NIN ids of public health facilities in the app. However, NIN Ids of the facilities are yet to be received from CHI.
- 11) Incremental growth in the LaQshya certified facilities has been made leading to the certification of 173 Labour Rooms and 147 Maternity Operation Theatres across the country till 24th Dec 2019.
- 12) Under the NUHM, assessment of urban health facilities has been completed in 20 states. 285 UPHC's have also been integrated under the 'Mera-Aspataal' ICT based feedback system in three states, namely Gujarat, Madhya Pradesh and Mizoram.
- 13) For developing an e-learning application for effective dissemination of STG's (for 12 clinical conditions), a MoU has been signed with National Institute of Epidemiology (NIE – an ICMR institute).

Agenda Point 2: Current Status of National Quality Assurance Program and related Activities

A. NQAS Certification

- 1) It was informed that NQAS certification has gained momentum recently. In the current FY (2019-20), a total of 312 health facilities have been NQAS certified till 24th Dec 2019, while in the last FY, a total of 158 health facilities were NQAS certified in twelve months.
- 2) Majority of the states conduct State QA Committee (SQAC) meetings regularly, however such meetings are not regular at the district level in large number of states.
- 3) In the last one year, concerted efforts were undertaken to increase pool of quality assessors. Currently there are 4074 internal assessors and 447 external assessors, who have respectively undergone 2-day and 5-day trainings and their proficiency tested.
- 4) For creating a pool of quality professionals, who would assist the states in attaining the quality standards at health facilities and monitoring as well, about 120 participants underwent NHSRC-PHFI-AHPI collaborative programme of six-day duration. In addition, about 185 participants attended NHSRC-TISS two semester programme, which has 18 days' contact programme in each semester.
- 5) Overall Quality Score of District Hospitals in the country is approx. 72 %, which is around 3.0 % more than the previous year's score.
- 6) Continuous efforts are being undertaken for improving the Quality of Care (QoC) and effective implementation of the NQAS in urban health facilities also. Till 24th Dec 2019, forty-nine batches of trainings, exclusively for urban health functionaries, have been conducted. Currently, 34 Urban health facilities are NQAS certified.

AS&MD enquired about the availability of NQAS empanelled assessors to undertake timely assessment of LaQshya and NQAS health facilities. Advisor – QI informed that presently

there are 447 empanelled assessors available and about 10% of them are not available due to various reasons. Number of External Assessors would increase further after finalisation of recently conducted EAT in Chennai (Tamilnadu). Another EAT has been scheduled in Guwahati from 27th Jan 2020 for NE States. Hence no difficulty is foreseen in scheduling of the certification assessment on account of availability of assessors. However, he requested, if an advisory could be issued to the states to relieve the assessors, as & when requested, and at least each assessor should undertake assessment of two health facilities in a year.

AS&MD, while sharing her concern on increasing number of NQAS certified health facilities, advised to explore possibility of engaging professional institutions in rendering technical assistance to the states. Advisor-QI also requested that for increasing number of NQAS certified facilities in the country, its importance could be flagged during video-conferencing with the states.

It was felt that since there has been increase in number of quality certified public health facilities, it will be good idea to plan for pre-certification and post-certification comparative studies.

The CQSC was informed that in the month of May 2019, the World Health Assembly (WHA) has passed a resolution on promotion of 'patient safety' and 16th Sep 2019 was observed as first Global Patient Safety day. One of the key challenges for quality and safety is absence of bench-marks for public health facilities. It was decided that a study on Healthcare Associated Infection (HAI) in district hospitals level facilities should be planned in the next year's work-plan (FY 2020-21).

B. LaQshya: Number of health facilities, which have been assessed and certified against the NQAS standards, has increased from 21 Labour rooms & 16 Maternity Operation Theatres (Dec 2018) to 173 Labour Rooms and 147 Maternity Operation Theatres during the last one year. Advisor – QI mentioned that LaQshya tools were designed for high case load facilities, which are providing comprehensive obstetric care. Now few states are requesting for LaQshya certification of Primary Health Centres, which have high case load. Current assessment tools may not meet need such requirement. He suggested that we can develop separate tools for assessment of high case Primary Health Centres.

C. Kayakalp: Under the Kayakalp initiative, number of health facilities, achieving score of 70% and more on external assessment, has been increasing every year. At the end of last FY (2018-19), almost 50 % of DHs (49.7%), 20.2% of SDHs and 15.7 % of PHCs have become 'Kayakalp' facilities.

D. Mera Aspataal- At present, 4275 facilities are using 'Mera-Aspataal' ICT based feedback system in 25 states and 6 UTs. However, roll-out of Mera Aspataal in UPHC's remains a concern primarily due to technical reasons. The states may approach CHI about the challenges in the implementation of 'Mera-Aspataal' through Joint Secretary (E-Gov.)

Agenda Point 3: Recognition of NQAS certified health facilities as Gold Quality Standards under Ayushman Bharat (PMJAY)

Advisor-IQ mentioned that under the NQAS, there are two levels of quality certification - state and national. State Quality Assurance Committees (SQACs), constituted in the states under the QA Programme, are expected to undertake state level quality certification before such facilities are eligible to apply for NQAS certification at the national level. The Insurance

Regulatory Development Authority (IRDA), has also included state level NQAS certification as one of the criteria for empanelment of health facilities, vide its “Modified Guidelines on Standards and Benchmarks for hospitals in the provider network” issued in 2018.

Against this background, NHA has introduced a system of three levels of certification, namely Bronze, Silver and Gold under the AB-PMJAY, and NQAS certified public health facilities have been made eligible for the “Silver” level, whereas, hospitals with NABH’s full Accreditation/JCI accreditation are eligible for Gold Quality Certification directly.

This criterion under the AB PMJAY has put NQAS certified public health facilities in a disadvantageous position.

It was decided that NHA would be requested to examine the matter and correct the anomaly, so that nationally NQAS certified public health facilities become eligible for the gold certification under AB PMJAY.

Agenda Point 4: Extension of tenure of NQAS Appeal Committee Members

A five-member Appeal Committee was constituted for monitoring, reviewing and resolving the disputes related to the NQAS and LaQshya certification process. Proposal for extension of current tenure of existing members of the appeal committee for one year was approved.

Agenda Point 5: Quality Standards for Comprehensive Lactation Management Centre (CLMC)

The assessment tool (checklist) for CLMC has been prepared by the QI division and submitted to MOHFW for approval. It has been decided to field test the assessment tools for NQAS certification by February 2020.

AS&MD also enquired, if standalone quality certification of neonatal care or child-care services in a health facility could be undertaken for the NQAS certification. Advisor-QI informed that standards and measurable elements for each of such services are already in place. It is feasible to create such system. She also directed to ensure that under the NQAS assessment, breast feeding practices within the health facilities are captured well.

Agenda Point 6: NQAS Certification for AEFI surveillance program

Under the National Quality Assurance Guidelines for the AEFI program, two types of assessment are envisaged in the program to measure the Quality of AEFI Surveillance, i.e. Internal and External assessments. Assessors with domain knowledge of immunization from the pool of NQAS empanelled assessors have already been identified for external assessment of the programme in the states. Their orientation is being planned in coordination with the Immunisation Division, MoHFW.

Agenda Point 7: Alignment of Patient Safety framework in existing NQAS framework

Advisor-QI informed that in May 2019, World Health Assembly (WHA) has requested WHO to formulate global patient safety action plan in consultation with countries and all relevant stakeholders for improving and ensuring patient safety globally. MoHFW GOI has already launched Patient Safety Implementation Framework in India. Development of the framework was supported by the QI Division. Approval for conduct of 2-day training module on patient safety was accorded. It was also decided that few critical indicators pertaining to patient safety may be included in the HMIS portal.

Agenda Point 8: ISQua Accreditation of Certification Unit (NHSRC)

Advisor-QI informed that NQAS and External Assessors Training programmes are already accredited by International Society for Quality in Healthcare (ISQua). Now the Division will work on getting ISQua accreditation of the certification unit at NHSRC. It is expected to take approx. 12 – 18 months. AS&MD instructed to expedite the process.

Agenda Point 9: Automation of NQAS and LaQshya Certification Process

Advisor – QI informed about the need for having NQAS and LaQshya certification process IT enabled. Joint Secretary (Policy) mentioned that the matter is already being examined on the file. He has asked for tentative cost of the proposed activity. He also suggested that IT solution should encompass state level assessment findings and also reporting of the performance indicators. All future requirements should be envisaged and included in the proposal.

Agenda Point 10: Others

In the meeting, following subjects were also discussed with the permission of the chair.

- a. Need of having robust Standard Treatment Guidelines was also highlighted. NHSRC has worked on the development of STGs for 12 clinical conditions and STG development methodology manual. For dissemination of developed STGs, an IT enabled platform is being developed in collaboration with ICMR-NIE. It was also informed that there are STGs available under the programme guidelines and Clinical Establishment Act.
- b. It was informed that QI Division has developed a manual for prescription audit.
- c. QI Division would work towards getting status of WHO collaborating centre.

11. Key Follow-up Points:

- a. Finalisation of Quality Standards for Health & Wellness Centre by March 2020
- b. Monitoring of utilisation of NQAS certification linked incentive
- c. Recognition of NQAS certified health facilities as Gold Quality Standards under Ayushman Bharat (PMJAY)
- d. NQAS certification of child (including newborn & infant) care services in hospitals
- e. ISQua accreditation of the certification cell
- f. IT enabled NQAS & LaQshya assessment process

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

Annexure A

List of Participants: Central Quality Supervisory Committee

S.No.	Name	Designation
1.	Smt Vandana Gurnani	AS & MD, NHM, MoHFW – Chairperson
2.	Dr Manohar Agnani	JS (RCH) MoHFW
3.	Shri Vikas Sheel	JS (Policy) MoHFW & Convenor CQSC
4.	Smt Preeti Pant	JS (Urban Health) MoHFW
5.	Dr Rajani Ved	ED (NHSRC)
6.	Dr K Ojha	DDG (Stats) MoHFW
7.	Dr Sila Deb	Additional Commissioner (CH),
8.	Dr M K Aggarwal	Joint Commissioner (UIP)
9.	Dr Sudhir Gupta	Addl. DDG
10.	Mr Elangbam Robert Singh	Dir (NHM - III) MoHFW
11.	Dr Arun K Bansal	Addl. Director & Acting Director NVBCP
12.	Mr S Nayak	DS NHM MoHFW
13.	Ms Varinder Kaur Bhalla	US MoHFW
14.	Dr Parminder Gautam	Sr Consultant QI NHSRC
15.	Dr Deepika Sharma	Sr Consultant QI NHSRC
16.	Dr Sushant Kumar Agrawal	Consultant QI NHSRC
17.	Dr Rashmi Wadhwa	Consultant QI NHSRC
18.	Dr Shivali Sisodia	Consultant QI NHSRC
19.	Mr Gulam Rafey	Consultant QI NHSRC
20.	Dr Arpita Agrawal	Jr Consultant QI NHSRC
21.	Dr Nadeem Shaikh	Jr Consultant NHM
22.	Ms Nondiya Wanth	Jr Consultant NHM
23.	Dr S Kirti	Fellow QI NHSRC
24.	Dr Palak	Fellow QI NHSRC
25.	Ms Jayathra	Fellow QI NHSRC
26.	Dr J N Srivastava	Advisor QI Division (NHSRC) & Member Secretary CQSC