

Minutes of Meeting

5th Central Quality Supervisory Committee Meeting

**650-A, 6th Floor, Nirman Bhawan,
Ministry of Health and Family Welfare, New Delhi**

26th October '2020



Fifth meeting of Central Quality Supervisory Committee (CQSC) was held on 26th October' 2020 under the chairpersonship of Ms. Vandana Gurnani, Additional Secretary & Mission Director NHM MoHFW. List of the participants is enclosed at Annexure 'I.

The meeting initiated with a welcome address by Dr J N Srivastava, Advisor, QI, NIISRC. In-depth discussions were held on the ATR (Action Taken Report) on the decisions taken in the fourth CQSC meeting held on 30th December' 2019, current status of the quality certified facilities and program related challenges.

Detailed discussions/decisions undertaken in the meeting are as under:

Agenda Point 1: Action Taken Report (ATR) on decisions of 4th CQSC meeting:

1.1 Inclusion of NQAS Certified into NHA Gold Category

Subsequent to the 4th meeting of CQSC, matter pertaining to inclusion of NQAS nationally certified facilities in the 'Gold' category of quality certification by AB-PMJAY was followed-up with the NHA. In response to the Health Secretary's DO letter dated 13th Feb 2020, CEO NHA had confirmed vide his DO letter (S-12015/49/2019-NHA) dated 31st March 2020 that NQAS fully certified facilities would be eligible for the gold category and eligible for 15% incentive on base package rates. It was followed by issue of NHA circular (S-12015/46/2019-NHA) dated 25th April 2020, including NQAS certified facilities in AB-PMJAY Gold category. However, the circular was withdrawn on 9th June 2020, after post-facto approval was not accorded by the NHA Governing Board, apparently due to objection by finance department.

Action to be taken:

- AS & MD instructed that matter needs to be pursued immediately, so as to ensure that NQAS certified health facilities receive same incentive, as applicable for the Gold category.

1.2. Verification of utilisation of incentives by the NQAS certified facilities

It was informed that all the States/UTs with NQAS certified facilities have demanded the linked incentives for their certified facilities, and same were approved in their ROPs. Field verification of its utilization by the facilities will be included in the Common Review Missions.

1.3 IT enabled certification system for NQAS and LaQshya

Advisor, QI briefed on the progress on engaging CDAC for developing an IT enabled system for managing the certification process under the NQAS, LaQshya and related domains.



Action to be taken:

- Chairperson & AS & MD NHM expressed her concern about the delay in the project after its approval. She instructed to expedite ASAP.
- She also advised to include a module for managing the virtual assessments in the proposed IT solution.

1.4 Finalization of National Quality Assurance Standards for HWC- Sub Centres

The meeting progressed with the discussion on National Quality Assurance Standards for HWC- Sub Centres. Advisor (QI) informed that expert consultation on the standards and measurement system has already been held and the standards will be finalised soon. JS (Policy) enquired about Quality Standards for HWC-Primary Health Centres for which it was shared that the existing tools for the PHC shall be expanded, so that all envisaged functions of HWC (PHC) are also assessed in NQAS framework.

1.5 Patient Safety Standards

Patient safety is one of the priority area for which MoHFW has approved formation of an expert group to formulate the safety standards and a scheme for its roll-out. Advisor (QI) informed that outline of draft Patient Safety standards has been developed through internal discussions. Follow-up meetings have been scheduled in the months of Nov & Dec to give it final shape.

1.6 Effective dissemination of STGs

In the follow-up, a MoU has been signed with National Institute of Epidemiology (NIE-ICMR) to develop an e-learning App. A steering committee under the chairpersonship of Joint Secretary (Policy) is guiding the project. DGHS has been requested to update the existing STGs on 12 clinical conditions.

Action to be taken:

- JS (Policy) suggested to explore the possibility of hosting of the STGs on IGOT platform in addition to NIE-ICMR's e-learning app.

1.7 Publish Prescription Audit Guidelines

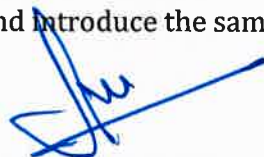
It was informed that comments of the programme divisions and states have been received and incorporated in the guidelines, which will be disseminated soon.

1.8 Develop scheme for NQAS certification of scheme for Child-care services

As suggested by the AS&MD NHM in the 4th CQSC meeting, QI division is working for development of a scheme for NQAS certification of childcare services at public health facilities.

Action to be taken:

- Appreciating the efforts, the chairperson suggested to evaluate the financial budget for the anticipated scheme and introduce the same if required.



1.9 Establish QI Division NHSRC as WHO Collaborating Centre

Advisor (QI) apprised about the actions which have been taken so far for establishing QI Division, NHSRC as WHO Collaborating Centre.

1.10 ISQua Accreditation of Certification Unit (QI Division)

Advisor (QI) informed that documents preparation for getting ISQua Accreditation of Certification Unit of NHSRC will be completed soon.

1.11 Advisory to the States to relieve the NQAS empanelled Assessors

Due to onset of COVID, advisory to the states has not yet been issued. JS (Policy) advised to process it now.

Agenda Point 2: Achievements under National Quality Assurance Standards Implementation and related activities

2.1 ISQUA Accreditation of National Quality Assurance Standards:

Advisor (QI) informed that National Quality Assurance Standards continue to meet global benchmark and have once again been awarded with the ISQua accreditation for a period of four years (till August 2024).

2.2 'GUNAK' application

Advisor QI shared the usability and reach of 'GUNAK' application, which helps in undertaking the 'paperless' assessment, besides having quick performance review against each of the standards.

Action to be taken:

- Commending the intervention, the chairperson recommended to ensure that the app is utilized for undertaking the assessments. She suggested that an advisory could be issued to the states /UTs to utilize *Gunak* for conducting the self-assessment and to identify the gaps particularly related to infrastructure, human resources, procurement, training, etc.
- She also advised to hold internal discussion with PHA Division, if inputs of Gunak App could also be used for elucidating infrastructure gaps at health facilities.

2.3 Online certification in the pandemic situation

For ensuring the provision of quality services in the current pandemic, virtual assessment of health facilities under NQAS, LaQshya and Kayakalp has been initiated. So far, 111 applications for virtual certification have been received from thirteen states and thirty-three (33) assessments through virtual mode have been conducted till 10th October'2020.



2.4 Quality Darpan

Publication of 'Quality Darpan', a biannual update on National Quality Assurance Program was then mentioned by the Advisor, QI.

Action to be taken:

- It was decided that for increasing its reach to States Health Secretaries and NHM MDs, a forwarding note will be provided by the MoHFW.

2.5 Impact studies on NQAS & Kayakalp

Findings of five impact studies conducted by Population Research Centres (PRCs) on NQAS & Kayakalp were discussed.

Action to be taken:

- JS (Policy) suggested to share these studies with the concerned states so that appropriate action can be taken for further strengthening the programmes.

Agenda Point 3: (a) Support to the States in COVID activities and (b) Observation of World Patient Safety Day

3.1 Support to the States in COVID activities

Advisor(QI) shared the support, which was provided to the states in strengthening the COVID response.

- Utilisation of NQAS empanelled assessors for field assessments of 149 health facilities (46 DCH and 103 DCHC) to assess the preparedness for COVID management.
- A video on Standard Practices of Infection Prevention during the COVID pandemic for Housekeeping and support staff was developed and disseminated. The film is also available on the IGOT platform.
- Guidelines for Isolation Ward and Infection Control in secondary healthcare facilities during COVID-19 pandemic were drafted.
- Online capacity building workshop for managing biomedical waste in the context of COVID -19 guidelines was conducted for the nodal officers, followed by seven regional trainings.

3.2 Celebration of second world patient safety day

On the occasion of 2nd world patient safety day, a webinar was organised on 17th September 2020. The inaugural address was delivered by Sh. Rajesh Bhushan, Health Secretary, MoHFW. Eminent International & National experts conducted the sessions and shared their experiences. The Webinar was attended by more than 1200 participants from the states. AS&MD NHM and JS (P) appreciated successful conduct of the webinar.



Agenda Point 4: Current Status of NQAS, LaQshya, Kayakalp & Mera-Aspataal Implementation

4.1 Status of NQAS Certifications

The status of National Certified facilities was then discussed. Advisor (QI) informed that a total of 667 facilities have been certified nationally, while 910 facilities are State Certified.

Action to be taken:

- In view of the restricted travel and decline in number of external assessments in the preceding months, AS & MD recommended to explore the possibility of commencing the physical assessment by taking necessary precautionary measures during the visit in addition to current mode of virtual assessments.
- AS & MD suggested to include NQAS Certification status in States'/UTs' review meetings held by the MoHFW.

4.2 Sustenance Assessment

The CQSC members were briefed about the sustenance assessments undertaken to verify the post certification status of the facilities. The details of 24 facilities, which underwent sustenance assessments were presented along with the identified areas of improvement in the assessed facilities.

4.3 Status of LaQshya Certifications

While presenting the status of LaQshya Certifications, Advisor (QI) informed about the States' request for the inclusion of PHCs under the LaQshya Program. Currently, there is no system of surveillance assessment and recertification assessment of LaQshya facilities.

Action to be taken:

- The chairperson advised that LaQshya assessment tools for lower level facilities needs to developed fast, more so in the context of quality certification SUMAN facilities.
- It was also decided that existing protocol of surveillance and recertification assessments be extended to LaQshya facilities.

4.4 Status of Mera-Aspataal (MA)

While providing the status of 'Mera-Aspataal' feedback system, Adviser-QI mentioned its limitation due to availability of questionnaire in six Indian languages only. It was also proposed to have an IT enabled facilitatory tool within the existing MA framework for supporting the facilities and states in developing action-plan for improving the quality of care and also having a better MA score.



Action to be taken:

- Proposal to have questionnaire available in other Indian languages was approved.
- It was decided to explore the possibility, if the IT developer of 'Mera-Aspataal' could undertake this task through USAID.

4.5 Status of Kayakalp

Subsequently, Advisor (QI) presented the status of Kayakalp scheme and progress of the States/UTs. The CQSC members were also informed about approval of protocol for virtual assessment of Kayakalp and its dissemination for conduct of virtual assessment under the Kayakalp in FY 2020-21. The chair inquired about the plan for award distribution to the winning facilities, to which the Advisor (QI) responded with a possibility to execute an online award distribution function.

Agenda Point 5: Development of New Standards and Technical Guidelines

Status of standards and guidelines under development by the QI Division, NHSRC was briefed. It included Quality Standards for Health and Wellness Centres (Sub centre), NQAS for Comprehensive Lactation Management Centres, Quality Certification of Child Care Service, NQAS for Breastfeeding, Patient Safety Standards and NQAS for Dialysis Centres.

Agenda Point 6: Dis-empanelment of Assessors

Advisor (QI) informed that 512 external assessors were empanelled with NHSRC for undertaking field assessment for NQAS and LaQshya Certification. It has been observed that 29 assessors have never been available for undertaking the field visits. There are few assessors, who never attended refresher trainings, a requirement after three years of their to be empanelment. There are few assessors, whose conduct in the field assessment was found wanting.

The issue was discussed in the Appeal committee, constituted under the programme to oversee, guide and resolve the certification related issues. The Appeal Committee has recommended that names of following category of the NQAS assessors may be removed-

1. Refusal to undertake the assessments more than three consecutive times.
2. Not attending the refresher training within one year of expiry of the empanelment status.
3. No response from the external assessors on repeated communication attempts within one year of empanelment/ conduct of last assessment.
4. More than three written complaints against assessor for the misconduct during assessments in three different states.

Appeal Committee's recommendations were approved.

Agenda Point 7: Reassessment of Conditionality Certified Facilities after one year

After certification assessment, a facility gets 'certified with conditionality', if two certification criteria are not met. These facilities are expected to close the gaps within six

months of declaration of result and submit evidences of improvement to NHSRC in the form of photographs, scans, videos, photocopy etc. If submitted evidences are found satisfactory, the facilities are awarded full certification. At times, field visits are undertaken by the assessors to see its implementation on the ground. However, such process is ambiguous, cumbersome, time-consuming and has not always yielded the desired results.

Hence it was proposed that validity of 'Certified with Conditionality' may be changed to one year, when such facilities should undergo full reassessment as per NQAS/LaQshya assessment protocol.

The proposal was approved.

In her concluding remarks, the chairperson advised the QI Division to prepare a timeline of all the planned activities. The meeting ended with a vote of thanks to the Chairperson & AS& MD – NHM.

A handwritten signature in blue ink, consisting of a stylized 'S' followed by a horizontal line and a diagonal stroke.

List of Participants (5th CQSC Meeting)		
	Name	Designation
1	Ms Vandana Gurnani (ASMD, NHM)	AS&MD – NHM - Chairperson
2	Shri Vikas Sheel (IAS)	JS Policy
3	Ms. Preeti Pant	JS (NUHM)
4	Shri D K Ojha	DDG – Stats.
5	Dr S K Sikdar	Advisor - Maternal Health & Family Planning
6	Ms. Vidushi Chaturvedi	Director – NHM
7	Shri Sachin Mittal	Director – NHM
8	Shri Robert Singh	Director – NHM
9	Dr. Rajani R Ved	Ex - ED-NHSRC
10	Dr. Ashok Roy	Director – NERRC
11	Dr J N Srivastava	Offg. ED-NHSRC
12	Dr Pradeep Khasnobis	CMO (NFSG)(IH) (NCD) Dte-GHS
13	Dr. Gaurav Chauhan	Consultant – Public Health Policy & Planning
14	Ms Jyoti Rai	Consultant – Public Health
15	Dr Deepika Sharma	Sr. Consultant- QI, NHSRC
16	Dr Suchitra Rajkumari	Sr. Consultant- QI, NERRC
17	Dr Surbhi Seth	Sr. Technical Officer – LaQshya PMU
18	Mr Anupjyoti Basistha	Consultant – QI, NERRC
19	Dr Chinmayee Swain	Consultant- QI, NHSRC
20	Dr Arvind Srivastava	Consultant- QI, NHSRC
21	Dr Arpita Agrawal	Consultant- QI, NHSRC
22	Dr Shivali Sisodia	Consultant- QI, NHSRC
23	Dr Rashmi Wadhwa	Consultant- QI, NHSRC
24	Ms.Nasrain Nikhat Khan	Consultant- QI, NHSRC
25	Shri Gulam Rafey	Consultant- QI, NHSRC
26	Ms Vinny Arora	Consultant- QI, NHSRC
27	Dr Neeti Sharma	Consultant- QI, NHSRC
28	Dr Sushant Agrawal	Quality Expert– ADB
29	Ms Falguni Bhosale	Fellow - QI, NHSRC

List of Participants (5th CQSC Meeting)		
	Name	Designation
30	Ms Ankitha T	Fellow - QI, NHSRC
31	Dr Vineeta Dhankhar	Fellow - QI, NIISRC
32	Ms Nondiya Wanth	Jr Consultant NHM

