

National Convention on Quality in Public Health

3 & 4 November 2014



Venue: NDMC Auditorium, Sansad Marg, Opposite Jantar Mantar,
Connaught Place, New Delhi

Programme Overview

National Convention on Quality in Public Health

Day 1: Monday, 3rd November 2014

Time	Session	Speaker
8.30 am - 9.15 am	Registration	
9.30 am - 10.50 am	Inaugural Session	
9.30 am - 9.35 am	Lamp Lighting	
9.35 am - 9.40 am	Welcome Address	Dr Sanjiv Kumar, ED NHSRC
9.40 am - 9.50 am	Address by AS&MD NHM	Mr C K Mishra AS & MD NHM
9.50 am - 10.00 am	Address by DGHS	Dr Jagdish Prasad DGHS
10.00 am - 10.15 am	Address by the Guest of Honour	Mr Lov Verma Health Secretary
10.15 am - 10.45 am	Key-note Address by the Chief Guest & Release of Publications	Dr Harsh Vardhan Hon'ble Union Minister of Health & Family Welfare
10.45 am - 10.50 am	Vote of thanks	Mr Manoj Jhalani JS (Policy)
10.50 am - 11.20 am	Tea	
11.20 am - 1.00 pm	Plenary -1: Cross Learnings in Quality Chair - Mr C K Mishra, AS & MD, NHM Co-chair - Dr Rakesh Kumar JS (RCH)	
11.20 am - 11.35 am	Overview of National Quality Assurance Programme	Mr. Manoj Jhalani JS (Policy)
11.35 am - 11.50 am	Best Practices in Quality Assurance - Learnings from SEARO countries	Dr Martin Weber Regional Adviser SEARO WHO
11.50 am - 12.05 pm	Quality Improvement in Healthcare: Aravind Eye Care Model	Dr R D Ravindran Chairman, Aravind Eye Care System
12.05 pm - 12.20 pm	Importance of Quality and Safety of Health Care	Dr Sunil Senanayake Regional Adviser SEARO WHO
12.20 pm - 12.35 pm	Quality and Outcomes Framework (QOF) in the UK NHS: Linking NICE Quality Standards to Payment	Dr Abha Mehndiratta NICE International UK
12.35 pm - 12.45 pm	Discussion	
12.45 pm - 1.00 pm	Concluding Remarks by the Chair	

1.00 pm - 2.00 pm	Lunch	
2.00 pm - 3.30 pm	Plenary 2: Theme - Operationalising Quality of Care Framework Chair - Mr Manoj Jhalani JS(Policy)	
2.00 pm - 2.15 pm	Operationalising Quality Assurance Institutional Framework under NHM	Dr J N Srivastava Adviser – QI NHSRC
2.15 pm - 2.30 pm	Quality of Care for Improved RMNCH+A Outcomes	Dr Bulbul Sood Country Director - India Jhpiego
2.30 pm - 2.45 pm	Quality Assessment Report of 12 District Hospitals	Dr M Mariappan TISS, Mumbai
2.45 pm - 3.00 pm	Facility Based Quality Improvement	Dr Nikhil Prakash Sr Consultant – QI NHSRC
3.00 pm - 3.10 pm	Discussion	
3.10 pm - 3.20 pm	Concluding Remarks by the Chair	
3.20 pm - 4.00 pm	Poster Presentation & Tea	
4.00 pm - 5.30 pm	Panel Discussion: Learnings from the States Chair – State Health Secretary Co-Chair – Prof. J K Das, Director NIHFW Panellist- Quality Practitioners from States	
4.00 pm - 4.10 pm	Operationalization of Quality Assurance Programme in Odisha	Ms. Roopa Mishra MD NHM, Odisha
4.10 pm - 4.20 pm	Quality Assurance in High Case Load Facilities	Ms. Sanghamitra Ghosh MD NHM, West Bengal
4.40 pm - 5.00 pm	Ensuring Quality of Care at PUHCs	Dr N Vasantha Kumar MD NHM & Addl. Secretary (H&FW) GNCTD
4.20 pm - 4.30 pm	Measuring Quality of Care at Primary Health Centres	Dr K Kolandaswamy DPH, Tamilnadu
4.30 pm - 4.40 pm	Improving Quality of Care at Public Health Facilities: Different Approaches	Dr J L Meena, State QA Medical Officer, Gujarat
5.00 pm - 5.10 pm	Quality Improvement – Applied Science: Experience from States in India	Dr Neerja Arora SIC, USAID-ASSIST Project
5.10 pm - 5.20 pm	Discussion	

5.20 pm - 5.30 pm

Concluding Remarks by the Chair

Day -2: Tuesday, 4th November 2014

9.30 am - 10.00 am

“Moving beyond numbers: Conquering the last frontier in Public Health”

Key-note Address by Dr Rakesh Kumar, Joint Secretary (RCH)

10.00 am -11.00 am

Plenary -3: Quality in RMNCH+A Services

Chair- Dr Rakesh Kumar JS (RCH)

10.00 am - 10.15
am

Ensuring Quality in Maternal Health Services

Dr Dinesh Baswal
DC (MH)

10.15 am - 10.30 am

Quality Issues in Child Health Programme

Dr Ajay Khera
DC (I/C CH)

10.30 am - 10.45
am

Quality Issue in Family Planning Services

Dr S K Sikdar
DC (I/C FP)

10.45 am - 11.00
am

Sustaining Quality in Public Health

Dr J N Sahay
Quality Expert

11.00 am - 11.15 am

Concluding Remarks by the Chair

11.15 am - 11.20 am

Briefing on Group Work

Facilitators

11.20 am - 11.30 am

Tea

11.30 am -12.15 pm

**Group Work- State's Road map for Quality
Facilitators – DC (MH, CH, & FP), Directors (NHM),
MoHFW Consultants, NHSRC & ASSIST SICs**

12.15 pm - 4.00 pm

Presentation of the Group Work (5 minutes for each state)

Chair- Mr Manoj Jhalani JS (Policy)

1.15 pm - 2.00 pm

Lunch

2.00 pm - 3.45 pm

Presentation of the Group Work (Contd.)

3.45 pm - 4.00 pm

Concluding Remarks

4.00 pm - 4.15 pm

Valedictory

Introduction

The 1st National Convention on Quality in Public Health was an historic event in the field of Indian public health which was organised at NDMC Auditorium, Sansad Marg, Connaught Place, New Delhi.

Participants for the conventions includes highest levels policy makers from Ministry of Health and Family Welfare Viz. Dr Harsha Vardhan, Honourable Union Health Minister, Shri Lov Verma, Secretary, Ministry of Health and Family Welfare, Shri C.K.Mishra, Additional Secretary cum Mission Director- National Health Mission, Dr Jagdish Prasad, Director General of Health Services, Shri. Manoj Jhalani, Joint Secretary (Policy), Dr Sanjiv Kumar, Executive Director, National Health Systems Resource Centre etc., respective state health departments in-charge viz. Principal secretaries, Mission Directors, Commissioner, State Programme Officer (Quality Assurance), Dignitaries from developmental partners like World Health Organization, UNICEF, JPHIEGO, NICE, URC, DFID, ADB, UNESCO, UNDP, USAID etc. has been presented from 3-4 November 2014.

Journalists from various leading Newspapers were present to cover the convention which has added value of their presence to make convention brighter. In fact, the spirits and calibre of the dignitaries gathered in convention was so high that the most of the states has started giving major boost by recognising the importance of implementation of National Quality Assurance Programme in their respective states.

Conference

The 1st National Convention on Quality in Public Health was organized for 2 days where includes two plenary sessions with 19 sessions and panel discussions with a group work which was presented by respective state representatives about road map for Quality.

The expression of the convention was set on warm morning welcomed by sun on a sunny day which began by balancing registrations and mixed with motivational speeches by Dr Harsha Vardhan, Honourable Union Health Minister, Shri Lov Verma, Secretary, Ministry of Health and Family Welfare, Shri C.K.Mishra, Additional Secretary cum Mission Director- National Health Mission, Dr Jagdish Prasad, Director General of Health Services, Shri. Manoj Jhalani, Joint Secretary (Policy), Dr Sanjiv Kumar, Executive Director, National Health Systems Resource Centre etc.

With the higher spirits enlightened by speeches, it has been odd play to balance the session by key note speakers which has been fielded to succeed and made the participants had given a major boost to keep their spirits and received applause from panellists.

Detailed recordings of the key note speakers are as follows-

Day-01

Dr. Sanjiv Kumar

Executive Director, National Health Systems Resource Centre

Dr. Sanjiv Kumar, extended a warm welcome to all Dias members along with participants of “National Convention on Quality in Public Health”. He spoke about the how India has shown a substantial improvement in health by quoting two examples namely Life expectancy which has increased 35 years since 1947 and Infant Mortality Rate which has been reduced to half since 1990 saving 20800 infants lives every day.

However, he emphasized on the fact that these achievements were significant but not sufficient to achieve the goals India has set as per the Millennium Development Goals and also the targets to be achieved by the end of 12th five-year plan. He explained about the initiatives taken by Ministry of Health and Family Welfare for quality which includes publication on national quality assurance standards for district hospitals, community health centres and primary health care centres

Dr. Sanjiv Kumar shared his experiences from AIIMS and his perception of quality. He concluded his address by a quote from Mahatama Gandhi which says “It’s not the patient who is dependent on us but we who are dependent on him, by serving him we are not obliging him instead he who is letting us serve him”

Mr C.K Mishra Mr. C.K Mishra

Additional Secretary/Mission Director, National Health Mission

“We have generated some kind of hope and we need to live up to it”

Mr. C. K Mishra greeted honorable minister, all the dias members and the participants to the national convention. He quoted honorable health minister that in healthcare delivery two things matter that is quality and transparency.

He explained that how Ministry of Health and Family Welfare has tried to work with all the state governments and encouraged all states to reach a level of care with quality and satisfaction to people. He spoke about how development in infrastructure and human resources has increased our indicators like institutional deliveries to 73%, new born care etc., but the patient satisfaction still remains low. Hence we all have a major challenge is to increase the demand of good quality service. He emphasized on going beyond our limitations to increase the patient satisfaction.

He explained quality assurance in terms of structure, process and outcome and emphasized his focus on “Processes”.

He encouraged states to come forward with their plans regarding quality assurance and claim funds which is important to give program a direction and reach a stage called “Assurance”.

Mr. Mishra shared a message to all by saying that “Ownership backed with team work is what may work best” meaning that we need to inculcate a sense of dedication in our people, give them resources so that they are able to own the facility they are manning. He concluded by saying that this campaign would only be possible in case we put our heart and soul into it.

Dr. Jagdish Prasad

Director General Of Health Services.

“Evidence based treatment is essential for improving public health”

Dr. Jagdish Prasad greeted all the dias members and said that we all are very late in holding this convention and it should have been done at the advent of National Rural Health Mission as “Quality in Public Health” is a very vast subject as it does not involve only one health systems instead it involves other departments like environment, social justice, rural development, urban development, education and women and child development. Coordination among all these departments is required to achieve quality in public health systems.

He explained about the nine parameters on which public health system can be assessed namely population, immunizations, health promotions, surveillance system, sustainability, assessment, cross checking, leadership and proactiveness.

He emphasized on our readiness toward any untoward events for eg- ebola. He also suggested that surveillance system of the states should be robust to identify the needs of the population and the findings of the system should be reflected in the PIP.

He explained about the importance of analysis and evaluations of our systems which will give us the picture of “where we stand” after which only we can have quality control.

He reiterated the statement “Health is a state subject” and urged all the states to develop leaders at every stage for example leaders for village health and sanitation committee, PHC, subcentres, CHC, district hospital, zonal and state levels.

He suggested all the states to conduct regular assessments, find the lacunae, conduct regular meetings with state officials and continuously keep cross checking in order to achieve quality assurance.

He concluded by saying that evidence based treatment has to be propagated to improve the health care.

Shri Lov Verma

Health Secretary of India

Challenges and opportunities for the public health system is much greater than private sector

Shri Lov Verma greeted all the dias members and all the participants.

He said that we are committed to the values of integrity, accountability and has built trust.

He reaffirmed the approach of Ministry of Health and family Welfare under the leadership of Honorable Union Minister Dr. Harshvardhan to reduce out of pocket expenditure and provide quality services as per the health care needs of the people.

He explained about the proceedings of two days which will include inputs from the experts from national, state and international experiences. According to him, the biggest problem of the healthcare is out of pocket expenditure which is up to 60% and India is ranked 180th out of 193 countries which is a matter of great concern.

He spoke about the biggest criticism of the public health system ie “poor service quality” in terms of poor access and poor availability of services for example non availability of doctors, drugs and diagnostics, long waiting times in secondary and tertiary care facilities, apathetic facilities, lack of services and poor accountability and poor clinical outcomes and high cost of treatment.

He highlighted the fact that our health providers lack in implementing policies, giving the treatment and have poor skills due to insufficient training in Standard Clinical Protocols leading to low self-esteem. However, he agreed with the fact that situation in the southern states is better and these problems are more prevalent in northern states.

He highlighted the huge challenges to achieve quality of care is service quality and technical quality. Hence Ministry has formulated standard treatment guidelines to ensure rationality of clinical pathways.

He urged all to put a system in place where patients are treated with respect and dignity, doctors follow standard treatment guidelines, drugs are prescribed in generic names and rational prescription practices are followed.

He suggested regarding formulation of system for Medical audit and recommended models developed by JIPMER and AIIMS

He explained about the organization structure to be set up within states as per the operational guidelines

Dr. Harsh Vardhan

Union Minister of Health and Family Welfare

‘Nothing is difficult and nothing is Impossible’

He thanked all the dias members and congratulated the NHM team on the launch of the publication of assessor guidebooks for PHC and CHC.

He spoke that it by God’s will that a person gets associated with medical profession and a medical practitioner get the opportunity of earning his bread and butter along with serving the humanity as a bonus unlike other professions. Hence this opportunity should be utilized to its maximum.

He presented the fact that public health systems in India has lost the meaning of accesses to all as in the current scenario in order to get better services in a public health facilities patients feel that they need a recommendation letter from an official. He showed his regret on the fact that after 67 years of Independence we have failed to develop confidence in our people regarding public health facilities.

He spoke about various publications that have been published in the past, but emphasised on the fact that these publications will only be beneficial in case we all develop a

He encouraged all the participants to have a new motive, think out of the box and work with transparency, honesty and perseverance which would be able to bring a change.

He disagreed with the fact that achieving quality in public health means having a high budget, building high end infrastructure, but instead to achieve quality we should have high end processes. Hence quality cannot be measured with a meter instead it can be felt.

He requested all to rethink and assess the current system in terms of quality and what measures should be taken to improve it. To come up with suggestions that can be implemented.

He highlighted the fact that the launch of these publications will be followed with the roll out of the national health assurance mission which is a step of Government of India to provide assured services to every Indian.

Hence with the launch of these publications we can find the gaps between our service delivery and patient satisfaction, it will have a great impact on the launch of national health assurance mission.

He stressed about the polite staff behavior with the patients as there is a hairline difference between good and bad in our profession. In case we are not having the right attitude with the patients, it is most likely that the patient may visit a private facility thereby increasing the out of pocket expenses.

He spoke about the importance of paramedical staff and achieving quality is a team work of both medical and paramedical staff.

He quoted an example of the pulse polio drive which was considered as impossible to achieve 20 years ago and has now been achieved.

He encouraged the process of weekly feedbacks and analysis which may lead to a better health system. He spoke about Prime Minister's mission "Swachh Bharat" which has an additional view called "Swasth Bharat"

He concluded by saying that we all may pledge to make the public health facilities to be better than private health facilities and fulfil the Prime Minister's dream.

Mr. Manoj Jhalani

Joint Secretary Policy

Mr. Jhalani extended his vote of thanks to Union Health Minister Dr. Harshvardhan and appreciated his endeavor to attend this national consultation immediately. He spoke about how Dr. Harshvardhan has been nudging all of us towards a system of quality. He thanked sir for presenting a sorted vision as that more than the tools and the guidelines what is needed in the zeal from the heart and commitment at the ground level.

He thanked the Shri Lov Verma Secretary Health for his constant encouragement and endearing nature. He Complimented the DR. Jagdish Prasad Director General of Health Services for his constant guidance. He extended his vote of thanks to AS/MD Mr. C.K Mishra for his continuous support and keeping quality as the key priority in national health mission.

He extended his Gratitude to Dr. Sanjiv Kumar (ED NHSRC), Dr. Srivastava (Advisor, Quality Improvement NHSRC), Dr. J. K Das (Director NIHFV) align with all the stake holders, development partners, public health experts who were involved in consultations and giving their expert reviews about this publication.

He also thanked all the state secretaries of health services, state nodal officer who have the daunting task to take forward the learnings from this consultation.

Plenary 1-Cross Learnings

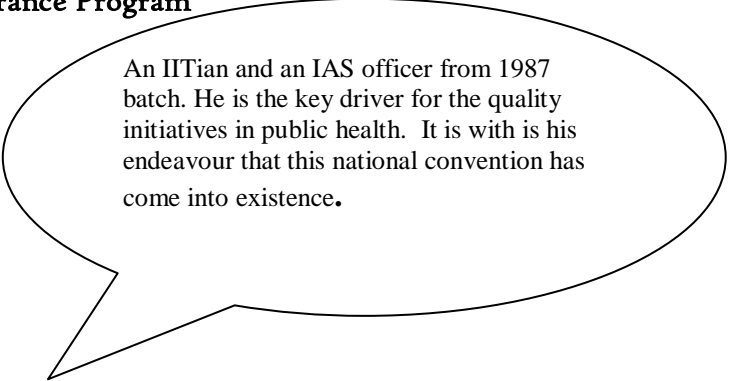
Chair- Mr. C.K Mishra AS/MD NHM

Co-Chair-Mr. Praveen Krshna, Principal Secretary Health, Madhya Pradesh

Plenary 1 comprised of eminent speaker's from Ministry of health and Family Welfare, developmental partners and corporate hospitals.

1. Mr. Manoj Jhalani, Joint Secretary Policy

Topic- Overview of National Quality Assurance Program

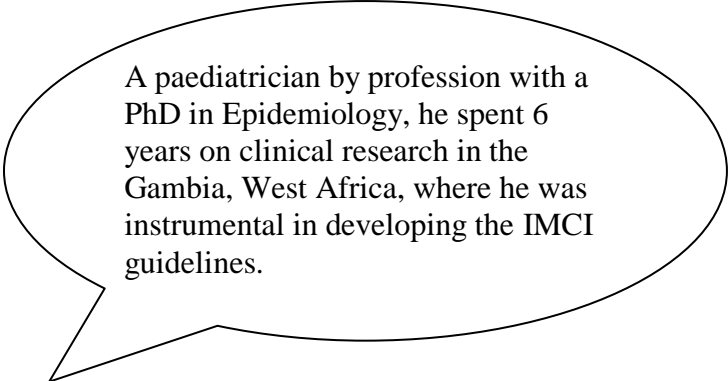


An IITian and an IAS officer from 1987 batch. He is the key driver for the quality initiatives in public health. It is with his endeavour that this national convention has come into existence.

- He initiated the talk by explaining about perspective of quality from patient point of view and service provider point of view. According to him from patient point of view availability of services, accessibility of services, affordable care, prompt services, courteous behavior, privacy & dignity and informed treatment & cure were important. He discussed about Infrastructure & Equipment, Work Environment, Enabling Policies & recognition, Clinical Protocols, Outcome of care, Personal Protection and Skill & Career Development from service provider point of view.
- Introduction to the national quality assurance program and eight salient features of the program were discussed. Namely- Unified organization framework, Quality Assurance Standards, Continuous Assessment and scoring, Key Performance Indicators, Training & Capacity Building, Inbuilt Quality Improvement Model, Certification at State & National Level and Incentives & Sustenance.
- Institutional Structure of Quality Assurance under national quality assurance program which includes Central Quality Supervisory Committee at National Level, State Quality Assurance Committee and State Quality Assurance Unit (SQAU) at State level, District Quality Assurance Committee and District Quality Assurance Unit (DQAU) at district level and Quality Team at Facility level.
- Eight areas of concerns in National quality assurance standards were introduced, namely Service Provision, Patient Rights, Inputs, Support Services, Clinical Care, Infection Control, Quality Management and Outcome.
- Assessment Cycle was presented including continuous internal assessment, quarterly assessment by DQAU, Periodic assessment by SQAU followed by National Certification.
- Key performance indicators in the national quality assurance standards were discussed.
- Plan do check and act cycle implementation in facility level quality improvement was explained.

2. Dr. Martin Webber, Regional Adviser, Maternal, Newborn and Reproductive Health, WHO/SEARO

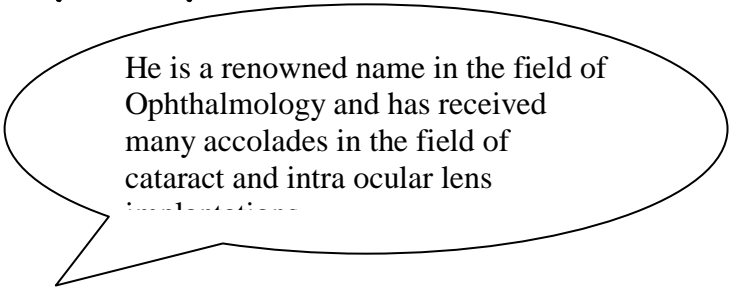
Topic- Best Practices in Quality Assurance - Learning's from other SEARO countries



A paediatrician by profession with a PhD in Epidemiology, he spent 6 years on clinical research in the Gambia, West Africa, where he was instrumental in developing the IMCI guidelines.

- He initiated the talk by explaining about the current scenario in maternal and newborn health. He mentioned about the universally accepted good practices regarding new born care like –Immediate drying and delayed cord clamping and Skin to Skin contact. Hence he raised the point that the practices which are not in best interest of the patients should be discontinued immediately
- Definitions of quality i.e. “Quality is to do the right thing to the right person at the right time at the lowest cost”.
- Showed a graphical representation for how “**Coverage varies across the continuum of care**” from pre-pregnancy stage till childhood which had been promoted from past five years across the globe. The graph depicted highest coverage of antenatal care up to 88%. But they have all the information regarding coverage of antenatal care but no clue about the quality of care been given.
- He introduced the The WHO/SEARO framework for quality of care which indicated “what needs to be done” i.e. Standards, “Is it done” i.e. Assessment and “if not done what needs to be done to meet the standard” i.e. Improvement.
- He gave an example of Indonesia, where he was involved in developing the “Pocket book for Community Care” for midwives which was formulated by customizing the standards of care in consultation with the midwives. Based on these standards assessment an assessment tool was designed which could categorize the assessment indicators as per Group A-Performed and met the standards Group B- Performed but need to be improved and Group C- Not met/needs strong improvement.
- He focused on case observation as the prime method for assessment rather than observing the infrastructure and administration aspects.
- He concluded by saying that we all should have a collaborative approach for achieving quality improvement which includes sharing and learning from each other

3. Dr.R.D.Ravindran , Chairman Aravind Eye Care Systems
Topic – “Quality Assurance in Aravind Eye Care System “



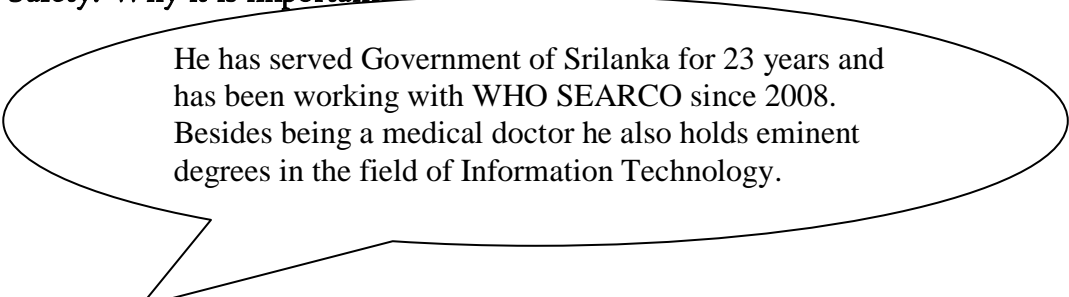
He is a renowned name in the field of Ophthalmology and has received many accolades in the field of cataract and intra ocular lens implantation.

- Dr. R.D Ravindran gave a brief introduction about Aravind Eye Care Systems. Aravind Eye Care Systems was started by **Dr.G.Venkatasamy** with 11 beds which has grown into 5 tertiary care centres and 5 secondary care centres and 6 outpatient clinics and 49 vision centres with video conferencing systems. In 2013-14 Aravind Eye systems has done 32.75 Lakh Outpatient Examinations and has conducted 3.78 Lakh Surgical Procedures on subsidised rates.
- He listed out the 15 steps where patient interactions take place which includes Registration, Escorting, Auto refraction, Refraction, IOL, BP, Preliminary exam, Final exam and Escorting and stressed on the importance of each step. He highlighted the process of patient identification and its importance at every patient interaction.
- He explained about 10 patient safety goals that have been formulated at Aravind Eye Hospitals for better staff understanding. The patient safety goals include (Correct patient, eye, procedure, Correct implant power, design, drug, prevent morbidity from systemic illness, Reduction of post-op infections, eliminate sight threatening complications, eliminate medical / diagnostic errors, ensuring correct medication, ensuring correct spectacles, Ensuring physical safety and Follow-up of High Risk Ophthalmic Patients)
- He shared the strategies used at Aravind Eye Care Hospitals to reduce the patient cost i.e. Completing all investigations in a single visit, no appointments or waiting list, Eliminating unnecessary tests and Minimizing length of stay
- He then explained about the importance of **patient centered care** and how it leads in achieving efficiency in health systems. He mentioned about four strategies to achieving efficiency which included Eliminating waste, Standardization, Enhancing utilization of doctors and equipment's and Minimizing delays
- Once efficiency is achieved its **effectiveness** needs to be checked which shall include “Good Clinical outcomes, Eliminating complications and Enhancing Compliance”
- Effectiveness is followed by **Timeliness** is followed by i.e. we should reach the patient before it's too late. Aravind eye care system has a separate triage protocol for treating emergency patients which includes giving a wrist band and separate batch on the case sheet, treatment place is identified and doctor is identified.

- And last but not the least he mentioned about **equity**, i.e. every patient should be treated equally

4. Dr Sunil Senanayake, Regional Adviser, WHO – SEARO

Topic-Patient Safety: Why it is important?



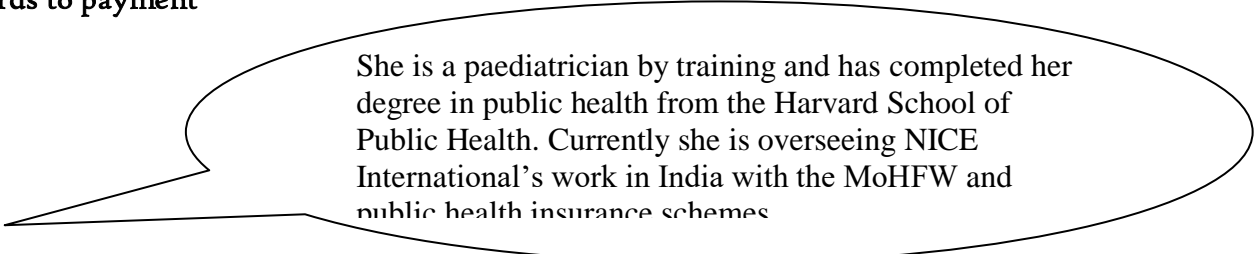
He has served Government of Sri Lanka for 23 years and has been working with WHO SEARCO since 2008. Besides being a medical doctor he also holds eminent degrees in the field of Information Technology.

- He initiated the talk by explaining about the importance of Patient Safety. He focused on the magnitude of unsafe care both in developed and developing countries. **In developed countries** as per WHO one in one in 10 patients is harmed while receiving **hospital care** and at any given time, 1.4 million people suffer from **infections acquired in hospitals** out of which 50% are preventable and Every year **unsafe injections** result in 1.3 million deaths mainly due to Hepatitis B, Hepatitis C and HIV
- He defined patient safety as” **Preventing medical error that may lead to adverse events and harm.** “It demands a complex system-wide effort, involving a wide range of actions in performance improvement, environmental safety and risk management, including infection control, safe use of medicines, equipment safety, safe clinical practice and safe environment of care
- He mentioned about the regional challenges faced which leads to unsafe care like –culture of not reporting the medical errors, overlooking the safety rules due to lack of safety culture, lack of patient empowerment as patients often sign consent forms without really understanding , strained doctor-patient relationship, Limited resources, poor health care infrastructure, equipment, unreliable supply and quality of drugs and other supplies, shortcomings in waste management, clean water and sanitation.
- **In developing countries** as per WHO at least 50% of medical equipment is unusable, 77% of all reported cases of counterfeit and substandard drugs, nearly two-thirds of injections administered in unsafe manner (62.9%) and Added Problems of blood, water, sanitation and waste management safety
- The area of focus for WHO Patient safety program **is** Safety campaigns called Global Patient Safety Challenges, Coordinating Patients for Patient Safety, Patient Safety Curriculum development, designing tools for research policy and assessment, Identifying solutions for patient safety, Developing reporting and learning initiatives aimed at producing ‘best practice’ guidelines.
- Six major strategic objectives for Regional Strategy on Patient Safety were Improve the structural systems to support quality and efficiency of healthcare and place patient safety at the core at all levels of healthcare, Assess the nature and scale of harm to patients and

establish a system of reporting and learning at the national level, Ensure a competent and capable workforce which is aware and sensitive to patient safety, Prevent and control healthcare-associated infection, Improve implementation of global patient safety campaigns and strengthen patient safety in all health programmes, Strengthen capacity for and promote patient safety research.

5. Dr Abha Mehndiratta , India Technical Adviser, NICE International UK

Topic – “Quality and Outcomes Framework in the UK NHS: Linking NICE Quality Standards to payment”



She is a paediatrician by training and has completed her degree in public health from the Harvard School of Public Health. Currently she is overseeing NICE International's work in India with the MoHFW and public health insurance schemes

- She initiated the talk by explaining about QOF i.e. Quality and Outcomes Framework which is a voluntary, pay-for-performance programme for all primary care practices in England and is been working on indicators derived from NICE evidence-based Quality Standards. She mentioned that QOF is one of the levers used by NICE for quality improvement.
- QOF is voluntary and pay for performance scheme and it rewards GP practices for implementing systematic improvements in quality of care. QOF has a point system where all GP practices are scored against indicators and higher the points give GP's higher income. It contributes to almost 40 % of the GP's income.
- QOF 2013-14 covers three domains mainly clinical (69 indicators), public health (7 indicators) and public health additional services (5 indicators).
- She explained the role of NICE in developing and reviewing the indicators which are suitable in the QOF criteria by a transparent consultative process. The selection of the indicators is done by NHS which includes representatives by GP's.
- NICE conducts a Health technology assessment where it does a systematic review of assessment and compare the cost effectiveness and clinical effectiveness and outcomes of the assessment is woven into the clinical pathways which are used as evidence based clinical pathways.
- Based on evidence based clinical pathways quality standards and indicators are derived and some of these indicators are chosen for QOF.
- For e.g. as per NICE Clinical guidelines target clinic blood pressure below 140/90 mmHg in people aged under 80 years and below 150/90 mmHg in people aged 80 years. Now from this the quality standard derived is People with treated hypertension have a clinic blood pressure target set to below 140/90 mmHg if aged under 80 years, or below 150/90 mmHg if aged 80 years and over. The quality indicator shall be The percentage of patients with

hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less.

- She also highlighted that as per QOF that lowest performing practices have improved
- She concluded by saying that QOF indicators are evidence based recording, processes and intermediate outcomes.

Discussion on Day-1 after Plenary session-1

Dr. Baishya from NEERC: -

Dr Baishya raised the point that even after release of operation Guideline one year back, there are many states, where SQAC and DQAC are not functioning properly and have not been reconstituted as per the operational guidelines.

Dr. Baishya also stated that during release of Guideline from National Level there should be some mandatory instructions should also have issued to State for its Implementation.

Dr. Jyoti from Pondicherry: -

She quoted that “Quality is an achievement; achievement is our Goal and we will have to really work hard for it”.

Dr. Parvindra Pal Kaur from Punjab: -

She stated her concern on capturing data from the Private sector facilities also.

Dr.C.K.Mishra:-

Reverted on Dr. Kaur concern and said, we fully agree with her, as we are still facing problem during our planning process of burden of TB cases, because, we don't have reliable data on the cases of TB from private institutions.

Dr. Shoma from UT-Chandigarh suggested Since, NICE model is based upon the incentives we have to strengthen our system first by following strategies, Before implementing NICE model in our Public facilities.

1. We should have robust system of Monitoring.
2. We should enhance our account and Finance cell.
3. Separate cell to deals with RTI.

Dr. Nitin Datta, Chandigarh

He asked to Mr. Manoj Jhalani ‘: -Whether the NQAS assessor will be certified before they assess any facility?

He also asked Dr. Ravindran How much their cost incurred on Human resource maintenance in Arvind Eye care?

Mr. Manoj Jhalani said yes, assessor would be only those who would be certified. But since we do not reach at that level, assessment should be going as its being done. We already have one Assessor training at national level.

For states who are interested in certification we will provide technical support for the certification of Assessor's.

Dr. Ravindran said in Healthcare major operation cost is on Human resource, but with our productivity and efficiency we incurred cost of only 25 to 30% on our Human resource of total budget.

Dr. JaswantTaneja: -

He asked Dr. Ravindran which standard been followed in Arvind Eye care out of NABH, NQAS or NICE?

Dr. Ravindran replied they don't follow any system. As per them NABH standard is not very practical, and not really improves the Quality of care, instead it harms their production and efficiency as well.

Dr. Prachin: -

He asked Dr. Ravindran what kind of challenges you would face, if you would run Arvind model in Public Sector Hospital?

His second question was to Dr. Abhaon how NICE model can work in Indian scenario?

Dr. Ravindran replied to question of Mr. Prachin that, yes Arvind eye Model can be done in Public Health facilities as we already seen in Chennai. This only depends upon the Leadership, commitment and access to data. People are always trying to do the best, whether it is private or public sector.

Dr. Abha replied to Mr. Prachin that NICE model is successful because their process is very robust and transparent. It can be done in India based upon the GOI strategies to priorities their funds based upon the public health interventions they want or based on disease burden to treat it. We can engage Private provider through Public Health Insurance scheme.

Dr. Sambashiv Rao from Telangana: -

He wanted to know from Mr. Manoj Jhalani, do GoI have any incentives for the service providers who are working in hard to reach area or tribal locality?

Mr. Manoj Jhalani said, yes we are already providing incentives to person working in hard to reach areas and also tribal, state only have to proposed these activities and budget in their annual PIP.

Roopa Mishra from Odisha: -

She had some suggestions and messages for everybody.

She stated National Health Mission provides wonderful framework and flexibility to the state, and it is the responsibility of state to innovate and customize it as per their need. It is up to state, to allocate this resource based upon prioritizations.

She also reacted on the comment of Mr. Prachin and said she is totally disagreeing with his comments. She said some of the best practices are in government set up, due to kind of scale, complexities and volumes we are operating can't be matched by private sector. She also said, 20 years back, we never used to talk about Quality in Public sector, but now there is paradigm shift due to which now we all gather here and with the leadership of our Union Minister we are discussing quality in Public healthcare facilities. So concluded by saying that never dishearten, and just move on.

Huge round of applause from the audience

Martin Weber

He said, we should not hesitate to implement accreditation in our healthcare facility due to fear of failure.

Concluding Remarks by Dr.C.K.Mishra

I love the enthusiasm of all the participants. Very briefly he explained based upon the discussion:

1. Patience is the key, we have to plan and design towards the satisfaction of our patients.
2. We need to create a culture of achieving excellence, where we are working. This micro level excellence can bring satisfaction to our patients.

3. We are committed to do good work, but on the same time don't hesitate to take risk due to fear of failure. We may be unsuccessful in some of the places but can succeed in other place.
4. Our ultimate aim should always be to bring patient satisfaction to each and every patient who comes to our facilities.
5. He requested to state officials beware to choose their leaders. Leaders should choose carefully and place them in right place to perform.

Plenary-2

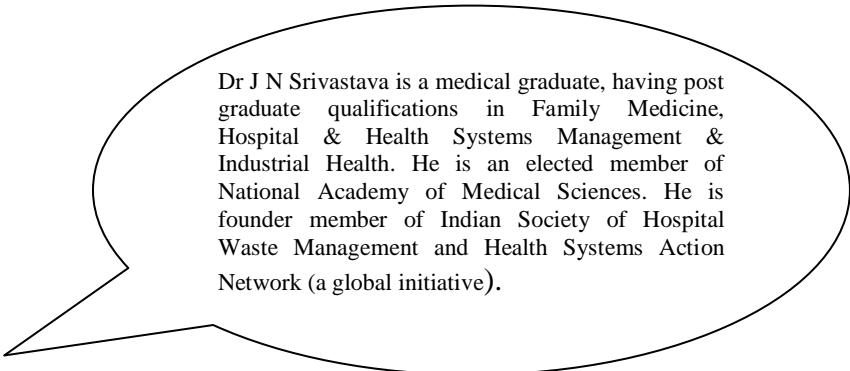
Theme - Operationalising Quality of Care Framework

Chair-Mr. Manoj Jhalani - Welcomes again all the participants after lunch and introduced co-chair Ms. Sujata Saunik.

Co-chair- Ms. Sujata Saunik:-Introduced Dr.J.N.Srivastava , and invited him for presentation.

1. **:-Dr.J.N. Srivastava, Advisor, Quality Improvement**

Topic- Operationalising Quality Assurance Institutional Framework.



Dr J N Srivastava is a medical graduate, having post graduate qualifications in Family Medicine, Hospital & Health Systems Management & Industrial Health. He is an elected member of National Academy of Medical Sciences. He is founder member of Indian Society of Hospital Waste Management and Health Systems Action Network (a global initiative).

- Dr. Srivastava initiated the talk by raising the question about the functionality of State quality assurance committee and district Quality Assurance committee and once again suggested all the state officials to reconstitute their SQAC as per operational Guideline and make them functional. In addition to this he explained about the members and responsibilities of SQAC, DQAC, SQAU, DQAU and District quality assurance teams.
- He explained how NQAS has been developed at national level but is also having flexibility at state level. State has to customize the standard as per their standard and we will be there to provide technical support. He also explained about the various training to be conducted under the NQAS namely awareness workshop, Internal Assessor training, QAP Implementation training, External Assessor Training and Facility level training. He highlighted the issue regarding lack of ownership to close the gaps after baseline assessment.
- He explained about importance of classification of gaps based on their severity and prioritizations.

- He shared that there are 70 standards for District Hospital, 63 for CHC and 55 for PHC out of which 70-80% of the standards are based upon the processes and many of them can be closed at the facility level only.
- He mentioned about four line of Assessment: -1st at facility level-which is ongoing process, 2nd at district level by DQAU ,3rd at state level and 4th at National level followed by explanation on assessment scoring of the facility which can be obtained in many ways, like overall facility score, department wise score, area of concern wise score or even by standard wise score.
- He shared the activities to be carried out at the facility level for implementation of NQAS which included Gap Analysis, Classification of Gaps – Severity (High, Moderate & Low) & level of required action (State, District & Local), Regulatory Compliances, Calibration of Equipment, Patients' Satisfaction Survey and Employees' Satisfaction Surveys
- He explained about the incentivisation process. Incentives are provided to the facilities with 5000/bed after national level certification. The key performance indicators for monitoring of QA program. Here some of my friends raised question that we don't have many clinical related indicators, we are always open for discussion and will try to incorporate your suggestions.
- He concluded by requesting all the states to reconstitute SQAC and DQAC and make them operational by conducting meetings and Select the facility in phase manner on yearly basis.

2. **Dr. Bulbul Sood, Country Director, Jhpiego**

Topic-Quality of Care for Improved RMNCH+A outcome

A public health professional with more than 35 years of experience, which includes 23 years' experience as Professor of Preventive and Social Medicine at Lady Harding medical college. She has strong technical expertise in reproductive health, extensive program management experience and is well-known in the field of family planning, maternal and reproductive health—both in India and internationally.

- She initiated the talk by mentioning that 9 out of 137 are likely to meet MDG 4 and 5 by 2015 namely China, Egypt, Iran, Libya, Peru, Maldives, Mongolia, Syria, Tunisia. She spoke about effective coverage and integrated coverage in our RMNCHA services.
- She said increase in contact with the health care facilities like more ANC Visits need not be proportionally decrease the maternal death, if we don't think of Quality of care which we are offering. She focused on Pre-School education to enhance the competencies of health care providers.
- She stressed on continuum of care approach when we are offering RMNCHA services. This continuum should also be maintained during transportation of pregnant women in ambulance. She highlighted focus on implementation Gaps and to bring a culture of Quality in our Public health system.
- She shared a Study according to which we can't improve the Quality if we reduce the work and more training can also not improve the performance. She stressed that focus should be on Skill building.
- She insisted that we have to improve the methodology and quality of training not only the duration of training and should have post training follow-up and support, which is really important for implementation.
- She spoke about improvement of our resources which can be done by prioritization, assessment and focus on supply chain, bottlenecks, low hanging fruits.
- She promoted RMNCH+A matrix which is a very simple tool and can be used during supportive supervision, data collection and can be used for our action.
- She concluded by saying that real bottleneck in our system is accountability.

3. **Dr. M Marriapan, Associate Professor and Chairperson, Centre for Hospital Management, School of Health Systems Studies, Tata Institute of Social Sciences**
Topic- Quality Assessment Report of 12 District Hospitals

He started his career as Assistant Hospital Administrator in Bangalore. He worked in three different hospitals from 1992 to 2000 and joined Tata Institute of Social Sciences as faculty. He was a visiting fellow to London School of Economics in 2010 and has done 15 major research studies and, over 40 consultancy services for various organisations.

- His idea of presentation was to motivate all states to take these standards for implementation and share the findings of some of the hospitals TISS has conducted baseline assessment.
- He spoke that Ministry of Health and Family Welfare issued Operational guidelines for Quality assurances with clear objectives namely -Uniform Quality Assurance Organizational Framework, Standards and Measurement System for Public Health Facilities, Capacity Building of Health Systems for Quality, Assessment System and Scoring of Facilities and Certification of Public Health Facilities
- He discussed the whole framework of national quality assurance standards i.e. District hospital is supposed to have 18 departments. The 18 departments have separate checklist for each department. These checklists consist of 8 Areas of concerns which are further divided into 70 standards, 380 measurable elements which are further divided into checkpoints.
- He explained the assessment method which observation/record review/and staff interview. Scoring can be done on the basis of Noncompliance-0, Partial Compliance-1 and full compliance-2.
- He explained about the objectives of baseline assessment which included -To assess the district Hospitals using the departmental checklists, to generate scorecards based on the assessment, to do the inter departmental and inter hospital comparison by analyzing scores and to give feedback and suggestions for improvement of assessment tool
- He also shared the scorecards for base line assessments conducted by TISS in 12 district hospitals across India where General Hospital Kottayam, Kerala scored the highest.
- He highlighted the key findings observed after the base line assessment for 12 hospitals. The findings were namely- Absence of clear goals and objectives , Structural issues – Physical as well as social structure, absence of written policies and guidelines ,Lack of appropriate systems and procedures – either excess or no records or registers, Inadequate equipment/ no equipment /unused equipment ,Inadequate maintenance of equipment and infrastructure, Workforce shortage – perception – utilization, No uniform staffing pattern within as well across the country, Lack of positive culture, absence of effective communication systems, Lack of learning opportunities, and motivation, unsatisfied with work, frustration and to some extent confusion in few hospitals and last but not the least lack of leadership at hospital level.
- He concluded by saying that we need to build confidence in patients so that they come back for care, patients should be shown example to action.

4. Dr. Nikhil Prakash, Sr. Consultant, Quality Improvement NHSRC
Topic- Facility Based Quality Improvement

He is a Quality Professional working as senior consultant with Quality Improvement Division of National Health Systems Resource Center. He is a PG in Quality Management and Certified lean practitioner and Six Sigma Black Belt. His Core Competence is in developing Quality standards and tools.

- He initiated the talk by referring to Dr.Mariappan's presentation which showed the lowest score for quality management in the baseline assessment conducted for 12 hospitals. He stressed on the fact that how we all need to focus on quality management as it remains the most neglected department in hospitals.
- He defined quality as "Say what you do then do what you say, prove it and improve it" "which means you should say /write in form of a standard operating procedure and then follow it, try to prove that whatever you are doing is correct and is yielding results and then try to find the shortcomings and improve it. Followed by this he explained the "Plan, do check and act cycle"
- He explained the standards under area of concern "Quality Management" which were namely- formation of Organizational Framework, conducting patient satisfaction surveys, internal and external quality program, formation of standard operating procedures, process mapping, conducting internal assessments and clinical audits, formation of quality policy and quality objectives and continual quality improvement.
- He insisted that the first step towards a quality improvement program is "PLAN" which includes constituting a quality team as per the operational guidelines. This should be followed by regular meetings and formulation of quality policy. In addition to this facility should conduct a base line assessment to know the actual position.
- Formulation of quality policy should be followed by analysis of the KPI which may lead to formation of quality objectives which should be SMART (specific, measurable, attainable, reliable and time bound)
- After the base line assessment is conducted the quality team is supposed to form a time bound action plan for gap closure, and the progress in the time bound action plan should be reviewed every month.
- Now we move towards Step#2 i.e. "DO" which includes formation of standard operating procedures, trainings, patient and employee satisfaction surveys and implementation of KPI's.
- This is followed by #Step 3 i.e. "CHECK" which includes internal assessments, medical and death audit
- Step#4 is "ACT" which includes process improvement in the form of rapid improvement events which includes closing one gap at a timeframe one month.
- He concluded by mentioning above the steps we should take for measuring the quality which will eventually bring the change ahead.

Discussions

DR. A.C Baishya

He asked Dr. Bulbul Sood that is the use of Partograph generating suitable outcomes.i.e. are we able to decrease/prevent the cases of still births, increase referral to higher centres after the identification of first and second stage labor etc.

On this Dr. Sood replied that they have managed to decrease the incidence of still births but are still waiting for the independent assessments and will be sharing the data by January 2015.

Dr. Geetika

She referred to current situation in Rajasthan where NGO's are working with traditional birth attendants in conducting deliveries and asked Dr. Bulbul Sood about her opinion

On this Dr. Sood replied that there is no harm in using the traditional birth attendants for facilitation of the deliveries but deliveries should be conducted by SBA trained staff,

To the discussion Ms. Roopa Mishra (MD, NHM Odisha) added that Odisha works in a strategy where they identify the areas where highest number of home deliveries take place and appoint their SBA trained staff in more number at such facilities.

Dr. Neha Singh

She asked that is the certification of traditional birth attendants possible?

In response to the question Mr. Manoj Jhalani (JS Policy) reiterated that we need to identify the areas where highest number of home deliveries take place and appoint their SBA trained staff in more number at such facilities hence Certification of TBA not possible.

The next question from the audience was regarding the standards. They asked that the standards consist of hospital specific checkpoints and public health programs specific checkpoints, however the existing vertical health programs have their own quality parameters and checkpoints, so is there any chance for contradiction between the new and the already existing standards.

In response to the above question Dr. J.N Srivastava (Advisor, Quality Improvement) replied that both the standards complement each other and the existing quality standards for vertical programs have been customized as per the standards applicable under the domain of PHC. In addition to this Dr. Nikhil Prakash (Sr. Consultant, NHSCR) added that the reference of the standards has been taken from the existing standards of the vertical programs and both will not contradict each other.

Mr. Fareed, Quality Assurance Expert, MPTAST

He asked about what shall be the status of NABH after the launch of these guidelines and why can't we take forward NABH. In response to this Mr. Manoj Jhalani replied that pan India only 220 hospitals are accredited by NABH and our country needs standards which are scalable, affordable and attainable by public health facilities. Unfortunately, these parameters are not offered by NABH.

Concluding remarks by Chair

Mr. Manoj Jhalani thanked all the speakers and participants for their contribution. He agreed with Dr. Baishya that after implementation of regular use of partographs still we are not able to reduce MMR and IMR and we surely need to focus on outcomes.

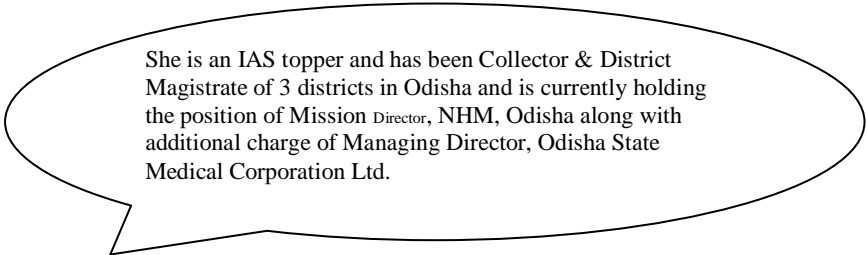
Panel Discussion: Learning's from the States

Chair- Dr. Rakesh Kumar, JS RCH

Co-chair – Dr J K Das, Director, NIHF

1. Ms. Roopa Mishra, Mission Director NHM, Odisha

Topic-Operationalization of Quality Assurance Programme in Odisha



She is an IAS topper and has been Collector & District Magistrate of 3 districts in Odisha and is currently holding the position of Mission Director, NHM, Odisha along with additional charge of Managing Director, Odisha State Medical Corporation Ltd.

- Ms. Roopa Mishra spoke about the initiative taken by Odisha government regarding quality assurance programs. The priority focus in Odisha is RMNCHA services as the **Expected Annual Preventable Deaths (Source SRS)** Maternal Deaths:2070, Neonatal Deaths:33000, Infant Deaths:50500 and <5 Years Deaths : 67700. This in turn increases the quality demand. Hence to overcome this the state has prioritized the interventions from RMNCHA matrix which includes shift from camp approach to fixed day approach. Secondly focus on labor room standardization and thirdly a functional New born care corner.
- In order to achieve the above mentioned interventions state had adopted three approaches namely – through DP mentoring, ANM mentoring and critical care units mentoring. For sustenance they have clearly adopted the structure specified by GOI.
- She mentioned that 6 district hospitals were taken up for quality improvement program and with help of external mentors they prioritized mother, child centric processes and worked in improving them. By the end of one year they could see visible changes but this had its own inadequacies. As it was very costly, acceptance within the system was a

challenge and frequency between the external mentors and the facility was difficult to match. Hence to overcome this state decided to straightway go to a DP mentoring process.

- She explained the system adopted by the state to scale up the delivery points which included defining deliverable and outcomes, identification of mentors from within the system, capacity building for mentors and performance based incentive for mentors. State has identified few basic areas of improvement namely Labor room standardisation, skill building of service providers, retention and extension of the delivery points
- She explained about the categorization of mentors as internal and external mentors. Internal Mentors consisted of SBA trained Staff Nurse within the same institution, DHH & SDH DPs. External mentors consisted of MBBS doctors BEmOC trained/ MD, O & G and SAB trained AYUSH doctors & paramedics and DPs other than DHH and SDH
- She shared the design of performance based incentives been implemented in Odisha which included-
 - 10% of total amount -Completion of Baseline gap assessment of the facility, Skill & practice assessment of identified mentees and Planning of roadmap as per gap assessment
 - 20% of total amount on submission of used WHO safe birthing checklist for at least 10 cases per month per mentee over a period of 3 months
 - 30 % of total amount on achievement of labour room standardisation and sustenance for minimum period of three months Serviceable and calibrated equipment's
 - 40 % of total amount if ≥ 80 % score achieved in skill & practice assessment of the mentees as per the checklist
- Under the QA Initiatives for Critical Care Units State New Born Care Resource Center (SNBCRC) were established, Empanelment of experts from Medical Colleges, IAP and NNF done, Mentoring visits ensured (Quarterly once) and Feedback shared through Video Conference - I/c of SNCU/ NBSU & District Health Authorities
- Composite SIMTs (State integrated monitoring teams) have been formed involving Programme, Finance, M & E, Technical experts.

2. Dr. Sandeep Sanyal, Hospital Administration department West Bengal

Topic- Quality Assurance in High Case Load Facilities in West Bengal

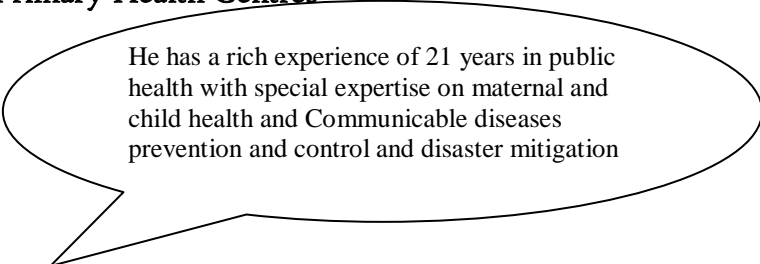
- Dr. Sanyal spoke on behalf of Ms. Sanghmitra Ghosh, Mission Director West Bengal. He initiated the talk by speaking about ISO 9001: 2008 certification that was carried in nine district hospitals of West Bengal and the improvements achieved since then
- He explained about the Donabedian model i.e. structure process and outcome on the basis of which certification was undertaken.
- He shared the improvements done in Bangur DH, Barasat DH and Howrah DH. The improvements were categorised as Service provider requirements, Patients' expectations and Health system requirements

- He explained that under service provider improvements hospitals achieved Adequate and planned infrastructure, good quality drugs, skilled human resources via trainings and clean environment.
- State was successful in achieving patient's expectations to a certain extent by giving Barrier free access, Availability of clean water, sanitation and timely availability of service, Grievance redressal, Privacy and confidentiality.
- The improvements under health system requirements included Adequate technical support, Infection control practices, Biomedical waste management, Training and skill development, Safe and effective nursing care, Effective logistics management.
- He explained about the checklists and the regular audit process being undertaken at the facilities.
- He shared some of the best practices being practices at the facilities. For example- Regular cleaning of overhead tanks, Provision of clean drinking water, separate trolley bay at Emergency, Colour coded linen for 7 days, usage of TLD badges, Mechanized cleaning of linen, Waiting place for patient parties, Timely disposal of condemned articles, baby foot printing, Introduction of female security and Neo natal care ambulance.
- He mentioned about the results and outcomes of the quality certification programs in the district hospitals namely- Better understanding of the importance of Quality by staff, Adherence to Statutory Requirements, Coordination of clinical and administrative procedures, Strengthened Infection Control practices, Decreased Hospital associated infection rate, Adherence to Fire and Safety, Sanitation and Hygiene of the facilities has undergone a dramatic improvement, Adopting best practices like EQAS for Laboratory, Culture Sensitivity Tests, use of Sterilization Indicators has improved the level of confidence among the clinicians, data Management has been streamlined, Periodic Management Review Meeting has helped in knowing scope for improvement.

3. Dr K Kolandaswamy, Director of Public Health and Preventive Medicine

Tamil Nadu

Topic- Measuring Quality of Care at Primary Health Centres



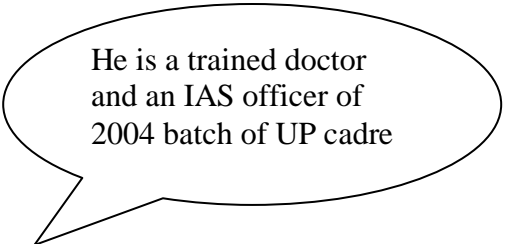
He has a rich experience of 21 years in public health with special expertise on maternal and child health and Communicable diseases prevention and control and disaster mitigation

- He initiated the talk by sharing the quality policy for Tamil Nadu which stated “We are committed to build a healthy nation through quality and safety in health care services to all the people with equity, respect, dignity and social justice to the utmost satisfaction of the community, particularly women and children. We will continually improve upon our public health services through holistic approach.”

- He explained about the protocol based approaches that have been adopted in Tamil Nadu for the improvement of quality which included active management of PPH&PIH, New Born Care, One delivery one kit, Snake bite management/ poison management, Anti Rabies Vaccination
- He stated that Tamil Nadu under Tamil Nadu Health systems project has devised snake bite management protocols and standard treatment guidelines.
- He emphasised on building institutions for improving quality in public health services. Based on this Tamil Nadu has devised Tamil Nadu Medical Services Corporation (TNMSC) which is responsible for supplying good quality drugs an affordable service. In addition to this 108 Emergency Ambulance Service, 104 Health Helpline- Health Information, Health Advice, Complaints, 24x7 epidemic control cell and Hearse service (Mortuary service) which transfers the bodies from hospital to home.
- He highlighted training as a tool to improve quality and trainings including NABH, ISO and establishment of skill laboratories to improve skills and simulation exercises for both doctors and nurses have been imparted.
- He stated that under NABH accreditation two DHQ Hospitals and one sub-district hospital have received accreditation, Final assessment completed for four hospitals and under board review and four hospitals preliminary assessment completed. Under ISO certification 48 PHC's have been certified and is under process for 30 PHC's.
- He shared the lessons learnt from ISO certification which included more attention was given on Quality concepts, Knowledge and skills on quality management improved, Compliance with legal requirements required adequate attention of authorities and Simple gap identification and rectification approach works well, Various Quality Indicators are assessed, Staff members are trained to calculate the indicators and to watch the progress. 1560 of all category of staff members have been trained
- He stated that maternal death audit review is done in Tamil Nadu every month's fourth Thursday via video conferencing.
- Tamil Nadu has graded the PHC's into three categories namely **Category 1:** PHCs without Operation Theatre Facility, **Category 2:** PHCs with Operation Theatre Facility and **Category 3:** PHCs with both Operation Theatre and Blood Storage Unit Facility.
- He concluded by sharing his thoughts about what tasks should be undertaken in the future, namely Dedicated cells are to be formed at state level and district level, Non-Medical quality management experts are to be involved more, Internal certification mechanisms to be developed and Master trainers are to be developed for each state.

4. Dr. N Vasantha Kumar, Mission Director (NHM) & Addl. Secretary (H&FW)

Topic-Ensuring Quality of care at UPHC

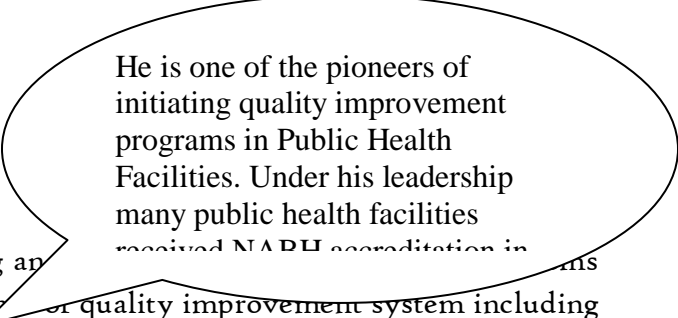


He is a trained doctor
and an IAS officer of
2004 batch of UP cadre

- He highlighted the challenges faced by Government in implementing quality in primary healthcare in urban scenario. This mainly included-Multiplicity of service providers like Municipal corporation, Railways etc., Lack of IPHS Standards for Urban Primary Health facilities, Heterogeneous entities in terms of structure / service delivery, Fragmented continuity of care (No defined referral hierarchy), Hazy areas of responsibility, Fluid population dynamics and Providing universal coverage.
- He shared the two publications namely Public Health Standards for UPHCs and quality assurance tools developed by the state.
- He explained about the common minimum service package to be provided at the UPHC and Process for opening of new health centre.
- He stated that state has developed curriculum for Medical Officers CMEs and trainings on regular basis started for hospital and dispensary based officers.
- State has already constituted the State and District Quality Assurance Committees and Baselines surveys / SOP compilation has begun. SOPs for Pharmacy / Lab are drafted.
- He stated that Capacity building / training of health facility staff has begun and three batches of district program officers and Medical Officers in charge are trained in collaboration with NHSRC.
- He shared the link of a web based software created to capture details of Physical Infrastructure.
Link“[http://health.delhigovt.nic.in/mis/\(S\(t3dcydytaep3nmqbeobsvj55\)\)/frmMyPageESPL.aspx](http://health.delhigovt.nic.in/mis/(S(t3dcydytaep3nmqbeobsvj55))/frmMyPageESPL.aspx)”
- He stated that Delhi state has planned for undertaking 6 hospitals and 55 primary health care facilities for conducting “AS IS Survey”using Operational guidelines and PUHC standards.
- He shared the scoring of hospitals where assessment had taken place and the maximum score obtained during assessment was for DGD IP extension followed by DGD Vasundhara enclave and the least score obtained was for DGD Khajuri Khas.
- He also shared the report of the client satisfaction survey which depicted DGD old Seempuri having the lowest score.
- He concluded by mentioning about the road ahead of the quality implementation which included automation of the QA process.

5. Dr. J.L Meena, State Quality Assurance Officer, Government of Gujarat

Topic- Improving Quality of Care at Public Health Facilities: Different Approaches



He is one of the pioneers of initiating quality improvement programs in Public Health Facilities. Under his leadership many public health facilities received NABH accreditation in 2015.

- Dr. Meena initiated the presentation by giving an overview of the challenges faced by the public health facilities in the absence of a quality improvement system including poor infrastructure, safety of employees, cleanliness, poor processes etc.
- He stated that Gujarat was the first state in India which initiated quality improvement programs in the public healthcare facilities through the network of Sub Centre, Primary Health Centers (PHCs), Community Health Centers (CHCs), Sub District Hospitals, District Hospitals, Blood Banks, Medical College Laboratories, Food & Drug Laboratories, Dental Colleges, Mental Colleges, Paraplegia Hospital & Medical Colleges Hospitals. In order to institutionalize Quality Assurance, Gujarat is the only state which has set up the District Quality Assurance cell & State Quality Assurance cell for implementation of this programme.
- He listed out the activities under QIP namely- NABH / NABL Accreditation of Government Healthcare facilities, Implementation of National QA Standard (NHSRC), Implementation of Kaizen & 5 S in all healthcare facilities including administrative offices, Biomedical Waste Management, Cleanliness drive (**“Mahatma Gandhi Swachhta Mission”**) in all healthcare facilities, Fire and non-fire emergency management, Radiation safety, Instrument and equipment's Audit and Capacity Building & motivational Award.
- He explained about the changes/improvements achieved by the public health facilities in Gujarat after the implementation of NABH guidelines. The improvements included mainly fulfillment of statutory requirements, Standard Operation Procedures (SOPs), forms & formats formulated, Hygienic Hospital environment, Recruitment of staff as per workload through RKS, audits conducted, Calibration system of Instruments etc.
- Currently in Gujarat a total of 103 facilities are undergoing NABH/NABL out of which 29 have been accredited, 5 have under gone pre-assessment, 3 have undergoing final assessment and 66 are under process.
- He also spoke about implementation of KIAZEN under Quality Improvement Programme under which CQI Champion training is completed in all districts. A **Total 3540** participants are trained as a CQI Champion.
- He stated the government of Gujarat have also implemented 5S program in 56 departments. In addition to this state has also formed State Level Task force, District Level Task Force,

Taluka Level Task Force & Facility level Task force for proper monitoring of BMW Management.

- He concluded by saying that Gujarat is working to create a Quality culture based on various standards which is sustainable, affordable, equitable & reliable having state of art technology and which can be easy to follow and replicate.

Discussion

1. One of the participants asked Ms. Roopa Mishra (MD, NHM Odisha), that how does the state of Odisha manage the effective monitoring of the far reach tribal districts. In response to this question Ms. Mishra replied that they have adopted a multistake holder approach for primitive tribal group. This multistake holders mainly include five departments.i.e. SC/ST, women and child development, RWSS,Panchayat and health. All these five departments select one mother NGO per district which is responsible for facilitation of all activities and monitoring. State Government has devised special incentives for HR in tribal areas and also has identified platforms like hostels at Panchayat level that can facilitate the program.
2. One of the participants asked Dr. Sandeep Sanyal (Hospital Administrator, West Bengal) regarding the increasing child /newborn deaths in Bengal. In response to this Dr. Sanyal replied that state has devised many SNCU's which has helped in bringing down the newborn death rate. In addition to this DR. Rakesh Kumar (JS, RCH) added that increased IMR is not the sole responsibility of hospitals but as also affected by early marriages, poor intra partum care, less focus on reproductive health. Hence these factors should be dealt with.

Concluding Remarks

Chair-Dr. Rakesh Kumar

He thanked all the speakers and concluded by saying that as per his viewpoint there are two parameters that should be followed for quality improvement program, mainly formation of a quality team and devising a quality culture.

Co-Chair- Dr. J. K Das

He stated that quality is a dynamic process and incase of service any damage is irreversible. It goes a long way in creating an impression in the mind of the beneficiary. He complimented all the speakers and appreciated the presentations shared by them He also stressed on how we all need to build a culture to increase the motivation of staff to achieve certification. He highlighted the process of feedback as one of the most important tools.

Day-02

As we move to the next day of National Convention on Quality in Public Health with a grand success after launching two new editions of Quality Assurance Guidelines for Community as well as Primary Health Centre.

Dr. Rakesh Kumar, Joint Secretary (RCH), Ministry of Health & Family Welfare Govt. of India.

- He is an experienced Administrator, a policy maker and public health strategist. He has vast experience of working with international organisation like USAID, World Bank & UNICEF. Currently, he is spearheading the programme planning and monitoring RMNCH+A program.
- The second day was started with Key-note Address by Dr Rakesh Kumar Joint Secretary (RCH) with an important topic in terms of **“Moving beyond numbers: Conquering the last frontier in Public Health”**.
- Given the emphasis on India’s progress on key indicators& highlighted about India’s Progress on MDG 4 (Under 5 Mortality rate) in Global Context and how we are improving from 126 in 1990 to 52 in 2012 and also given emphasis on India’s progress on MDG 5 (Maternal Mortality Ratio) in Global context and declining of MMR by 68 % from 1990 to 2010-13 (according to MMEIG Estimates: 1990 & SRS 2010-12). Also highlighted about NRHM impact on Under 5 Mortality Rate. Discussed accelerated pace of decline in MMR after the launch of RCH II / NRHM in 2005.
- An important saying regarding Quality of care **“The next level of progress can only happen by improvement in quality of care”**.
- Discussed about Quality of Healthcare comprehensively. Quoted regarding Quality of Care **“The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”**.
- Quoted on Six Dimensions of Quality Viz. Effectiveness, Efficiency, Safety, Patient Centeredness, Equity & Accessibility as well as Six Strategies/ Domains of Quality Viz. Leadership, Information, Patient & Population engagement Regulation & Standards, Organizational Capacity & Models of Care.
- Discussed about three group of Activities such as Quality Planning or design, Monitoring & Quality Improvement Cycle & three levels of Quality Management through HS which should be focus both internally as well as externally.
- Delivered benchmark definition of Quality Improvement & differentiated it from Quality Assurance & shared his view on Quality Improvement framework under the four headings Identify, Analysis, Develop & Test and Implementation.
- Summarizes his talk on Model of Improvement under which briefed about Plan, Do, Study, Act cycle.

- While reinstating the importance of AMTSL quoted fruitful example for achieving a **“single Aim multiple ramps of changes can be made”**.
- Elaborated about the Key Quality Initiatives under NHM and discussed about the GoI's Strategies to Improve the Quality of Care.
- Discussed about online Monitoring solution for SNCUs and follow up tracking system which plays a pivotal role in terms of Quality of Care.
- Discussed about the underline cause of death in SNCUs and is preventable & highlighted the importance of Strategic skill building under five sub headings which is Skills Labs, Targeting key competencies, Pre-service nursing education, skill assessment & onsite training.
- Quoted on Strengthening Supervision which is **“Tools for supportive supervision have been released. Need implementation to achieve results”**.
- At last of his grand presentation, he briefs out conclusive points which may be considered as a benchmark in terms of Quality. The presentation was concluded with an important saying from William Foster ***“Quality is never an accident; it is always the result of high intension, serious effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives”***.

Briefs on Plenary 3: - Quality in RMNCH+A Services

Plenary 3 was chaired by Dr Rakesh Kumar Joint Secretary (RCH) and co-chaired by Ms. Nel Druce.

Plenary 3 comprised of eminent speakers from Ministry of Health and Family Welfare, development partners and a veteran Quality Expert.

1. Dr Neerja Arora, a State Improvement Coordinator, NCT of Delhi, USAID ASSIST Project.

- She has over 16 years of clinical experience in obstetrics & gynecology and over 10 years in public health, particularly in the fields of TB control and Maternal and Child Health. Currently she is working with the USAID ASSIST Project in India which focuses on health systems strengthening through improvement in quality of processes related to RMNCH+A services. She leads the Delhi team which is supporting 15 Delivery Points in the two high priority districts.
- She delivered a talk on **“Quality Improvement – Applied Science: Experience from States in India”**.
- Gave an overview of scale of working in India across 263 facilities having the same number of QI Teams throughout the facility covering 12-14,000 deliveries per month among these 30% of deliveries in 27 high priority Districts.
- 263 teams are working to improve RMNCH+A services to improve Maternal Health and Reduce Child Mortality.
- Explained about the results across different facilities across States Viz. Improvement of Antenatal Care in Zonal Hospital, Mandi, Himachal Pradesh.

- Through a fruitful graphical presentation shared her view on Percentage of ANC's during which BP and Hb were measured in Mandi, Himachal Pradesh during July 2013-March 2014 and support of this they are able to identify high risk pregnancies.
- Quoted an example from District Women's Hospital, Pauri in Uttarakhand in terms of Improving Delivery Care by change in management of delivery cases on the basis of partographs. As for e.g. timely referral of 4 cases with dully filled Partographs and no patient delivered in the ambulance.
- Discussed the findings of Improving Post-Partum Care for early detection of complications to reduce maternal mortality in Bhagwan Mahavir Hospital North-West district in Delhi.
- By means of systematic graphical presentation, discussed the findings of Major Indicators of all States for improving routine care of mothers and babies which includes Newborns Breastfed within one hour of birth, Women whose Hemoglobin was checked during ANC, Newborns given injection Vitamin K & Mothers who received Injection Oxytocin 10IU I/M for AMTSL.
- At last of her presentation, she highlighted about 6 steps to improve the care and focused on Plan, Do, Study, Act cycle.

2. Dr. Dinesh Baswal, Dy. Commissioner, Maternal Health, Ministry of Health and Family Welfare, Govt. of India.

- He provides technical support to Ministry of Health and Family Welfare in National Level Policy on Maternal Health Programme and is also a member and partner in various National Expert groups for training and Maternal Health Services.
- The second session began with one of the eminent speaker Dr Dinesh Baswal DC (MH) who briefed **"Ensuring Quality in Maternal Health Services"**.
- His emphasis on every aspects of Quality Concerning to Maternal Health and also briefed about MNH tool kit.
- Discussed Quality in Health Care under six key areas to achieve Quality which should be Effective, Efficient, Accessible, Acceptable / Patient Centered, Equitable & Safe.
- While delivering this lecture talked about the Frame work of Quality & impact of Quality Care to improved Maternal Health.
- Discussed about Quality in Maternal Health Services and elaborated regarding Maternal Mortality & Magnitude of the problem, role of Quality in Antenatal Care, Intra Natal Care and Emergency Obstetric Care & Post-Partum Care.
- He recognizes that **'Every pregnancy is different and needs special attention'**.

- Emphasizes on the initiatives taken to improve Quality such as Safe Motherhood Booklet, Mother and Child Protection Card (Developed in collaboration with department of WCD), Village Health and Nutrition days (IPC and BCC), various print and visual media.
- Discussed about Improving Equity and Universal Coverage viz. Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram & Mother Child Tracking System (MCTS). and discussed about Maternal Death Review & MNH tool Kit.
- The presentation was concluded with an important thought ***“We are moving step by step but we have a long way to go”***.

3. Dr. Ajay Khara Deputy Commissioner in charge (Child Health & Immunisation), Ministry of Health and Family Welfare, Government of India.

- A Medical Graduate with Post Graduate Qualification in Public Health with more than 20 years of experience in Public Health Programme at National level. He has also immense contribution in the field of epidemiology and National Integrated Disease Surveillance Programme.

3. Third session of Plenary 3 was taken by DC (I/C CH) Dr Ajay Khara and shared his view on **“Quality Issues in Child Health Programme”**.

- Given overview of Quality issue in SNCU, NBCC and NBSU. By means of graphical presentation, he has shown the substantial decrease in NMR and Early NMR from 2007-2012 under the heading Snapshot of New Born Health in India.
- Discussed about the Strategic actions for New Born Health under three headings which includes Essential newborn care and resuscitation, home based new born care & Facility based care for sick new born and India New Born Action Plan (INAP) is based on above principles and is a comprehensive life cycle approach encompassing packages from pre-conception to care beyond new born survival.
- Elaborated regarding the Quality issues in SNCU and remarkable increase in number of SNCU from 131 in 2010 to 548 in 2014 and discussed the percentage of functional SNCU in different States- Andhra Pradesh, Haryana, Madhya Pradesh, Rajasthan, Tamil Nadu & West Bengal is the best performing where 100% districts have functional SNCU. Whereas Jharkhand, Uttarakhand, Manipur, Arunachal Pradesh, Tripura & Lakshadweep is not good so far having less than 25% districts with SNCU.
- Also given emphasis in terms of Bed Strength and Human Resource availability, Service Utilization and outcomes across different states which is helpful for preparing the Road Map & prioritization & also brief out the Quality issue in NBCC & NBSU which is fruitful.
- Delivered a talk on Navjaat Shishu Suraksha Karyakram NSSK & F-IMNCI Facility Based Newborn Care & given due stress on Systematic approach to quality improvement in Newborn care viz. Plan, Do, Study, Act cycle for achieving the maximum standard of Quality of care & also earmarked future steps for improving Quality.

- He also concluded his presentation with an important saying from Wills & Foster, **“Quality is never an accident, it is always the result of high intention, sincere effort, intelligent direction and skillful execution, it represents the wide choice of many alternatives.”**

4. **Dr. S.K. Sikdar**, Deputy Commissioner, In charge: Family Planning Division, Ministry of Health and Family Welfare, Government of India.

Dr. Sikdar technical lead and head of the National Family Planning Program whose prudent and sincere efforts have not only helped scaling up the family planning services in the country but also contributed to improving maternal and neonatal health.

- Next session was taken by DC (I/C FP) Dr S K Sikdar. He delivered a talk on **“Quality issue in Family Planning Services”**.
- Covered all the concerning points of Family Planning. His emphasis on input, process and outcome is fruitful & delivered brief history of Evolution of Standards and Quality care in Family Planning & Revision of Quality Standards & Guidelines.
- Discussed the Orders of the Hon’ble Supreme Court dated 1.3.2005.
- Highlighted the importance of Quality Assurance Committees at National, State & District level respectively & its common function to achieve the same goal.
- Brief about the Family Planning Indemnity Subcommittee at State & District level respectively & its measurable elements in terms of Members, Meeting Frequency, Quorum & Functions.
- Given due importance to Quality Assessment & Improvement along with the periodicity of Assessment of facilities.
- At last of his presentation, he talked about Existing Monitoring Mechanism such as HMIS, Physical Reports- for new FP Schemes (not captured through HMIS) & Supportive Supervision Visits.
- His presentation was concluded with a good note with due respect on six major points viz. **Client Knowledge, Informed Decision, Contraceptive use, Reduced unmet need, Improved Client Health & Satisfied Client.**

5. **Dr J N Sahay**, a veteran Quality Expert.

A renowned name in the public health and trained quality auditor on quality systems He has been an important part of NHSRC since its inception.

Dr. J N Sahay a veteran Quality Expert delivered his view on **“Sustaining Quality in Public Health”**.

- He shared his experience from every corner of Quality which was handful for implementation and Sustaining Quality.

- Discussed about the framework of Quality. He started with definition of Quality followed by the Quality Building process which stipulates “As-Is- Survey” of the facility including “Process Mapping “, Identification of “gaps”, Facilitating participatory development of “Action Plan” to address gaps Developing “To- Be” processes and protocol as per requirements.
- Discussed about the Quality Building process which stipulates Training /capacity building for all eligible & service providing members of the Hospital on topics related to Quality Management System awareness, Administrative process, Clinical process & Support process.
- Highlighted the importance of Implementation of the process/protocols, Evaluation of extent of compliance through internal assessment & External Audits for certification to standards.
- Given due stress on Sustainability Culture for Quality in Public Health & favors for Sustaining it such as Total Value Management, Suggestion Management, Knowledge Management (Internal & External) & Closed loop complaint management system.
- He concluded his presentation with good note with an important saying “**Appropriate management of resources is important and often its review at defined frequency helps the purpose**”.

Conclusion: - Plenary 3 concluded with a vote of thanks and Memento by the Chair to all the Speakers.

Briefing on Group work given by **Mr. R C Danday** Dir. (NRHM) from MoHFW.

- Highlighted the importance of Quality in Public Health facilities and explained the applicability of National Quality Assurance Standards for Public Health Facilities.
- He gave an overview of Quality outcome frame work in India and threw a light on the reconstitution of State as well as District Quality Assurance committees, Operationalizing of State as well as District Quality Assurance Committees, selection process of the facilities and gap closure activities and the Certification process.
- It was expected that at the end of the event, the States would have worked-out an action plan for Quality Assurance in the State.
- Post tea all the States & UT presented the Road Map for Quality Assurance in the stipulated time frame of five minutes. It is worthful information for the future aspects concerning Quality Improvement and Implementation.

Session was chaired by Mr. Manoj Jhalani, Joint Secretary Policy.

State / UT were overview their respective Road Map for Quality Assurance in following five main headings:

1. **Institutional Frame work: Status**
2. **Training and Capacity Building**

3. **Measuring Quality**
4. **Facility level Quality Improvement**
5. **Certification**

1. Chhattisgarh

- According to guideline of NHSRC, under MoHFW, they are doing Gap Analysis and sending monthly report.
- Continuous observation of KPI and HMIS.
- After Implementation of Quality Parameters, they will plan to define Quality Policy and Objective.
- Having requirement of Doctors.
- In the cleanliness part they have well defined Biomedical Waste Management (BMW) system and performing periodic assessment of the same.
- Presented some of the photographs concerning the framed SOPs, training and monitoring, Facility Assessment and Labor room.
- All seven trays in Labor room implemented.
- BMW achievement is good.

2. Chandigarh

- RMNCH+A program and other national health program is running at a good pace, but UT has prioritized RMNCH+A.
- Having six delivery points.
- Constitution of Quality team in next few weeks positively in December.
- UT has not having any CHC, one dedicated Maternal and Child Health Centre, one Civil Hospital.
- 10.5 lakhs approved in PIP.
- Requesting NHSRC team according to availability for conducting training, they have put up the file in Director Health Services for approval.
- Recently they have participated in a Regional Level Consultation and doing a novel work “**Beti Bachao- Beti Pado**” Karyakram in consultation with six states.
- All the committees meet quarterly.
- Recently on 30th October 2014 Gram Panchayat meeting was held, fifteen members from headquarter was attended.
- They have decided one workshop is supposed to organize in school of village in next ten days, removal of all junk material from sub centers & civil dispensary & conduction of training for interpersonal communication.
- Measuring Quality at all different points.
- Scoring and ranking - after two months.
- Reporting of KPI, HMIS & MCTS is already in process.
- Empanelment of External Assessors - after one month.
- Quality policy and Objective - after one and half months.
- Patient Satisfaction Survey (PSS) - next two weeks.

- SOPs – SIHFW will do.
- Major challenges are – training which was suffered from last four years, lack of CEmOC, BEmOC and Gynecologist.
- Periodic assessment on quarterly basis.
- State level Certification in first six months.
- Few areas to concentrate – Intrapartum care & Partograph Implementation.
- National Level Certification – One year.

3. Dadra and Nagar Haveli

- UT comprised of only one DH, Vinoba Bhave DH heading towards NABH Accreditation.
- Dr. J.P. Agarwal, MD, assured it is better than a private Hospital.
- He is hopeful by this year facility may get NABH Accreditation.
- Shri Vinoba Bhave Civil Hospital is attached with International Infection Control Consortium (INICC) Argentina for technical guidance and analysis.
- Unique Identification number has been implemented for the complete history of patient. It can be replicated at other States.
- State cum District Quality Assurance Committee only- November to December 2014
- Creation of SQAU will be done after SQAC meeting in December.
- Constitution of Quality Teams at DH – in place for NABH accreditation.
- Constitution of Quality team at CHC – to be formed in FY 2014-15.
- All the trainings viz. Awareness Training, Internal Assessors Training, Service Provider Training and any other Training – to be done after formation of Quality team for CHCs and PHCs.
- Baseline Assessment, Scoring and ranking of facilities, Reporting of Key Performance Indicators and Empanelment of External Assessors for measuring Quality – to be done after formation of Quality team for CHCs and PHCs.
- Facility level Quality Improvement such as Quality Policy and Objectives, Patient Satisfaction Survey (PSS), Standard Operating Procedures (SOPs), Cleanliness and Periodic Assessment review - to be done after formation of Quality team for CHCs and PHCs.
- State level Certification of DH – By December 2015.
- Help required from MoHFW: training of Staff, funds for training.

4. Daman and Diu

- Re-constitution of SQAC – It is proposed that the Executive Committee of UT and District Health Societies will function as UT and District Quality Assurance Committees.
- Re-constitution of DQAC – The UT Health Society will be responsible for taking actions in both the districts of Daman and Diu.
- Constitution of Quality Teams at DH & CHC - The UT of Daman and Diu being a small UT, Executive Committee of UT Health Society will include DH & CHC members of the same functioning as quality teams.

- Awareness trainings for UT of Daman and Diu are carried out in affiliation with the Gujarat State of Health and Family Welfare (GSHFW) and National Institute of Health and Family Welfare (NIHFW), Delhi.
- Baseline Assessment, Scoring and ranking of facilities, Reporting of Key Performance Indicators and Empanelment of External Assessors for measuring Quality – to be done after the Quality Assurance Committee formation is approved for CHCs & PHCs.
- Quality Policy & Objectives – The UT Health Society of Daman & Diu Quality Assurance Committee shall serve in an additional managerial and technical capacity to the Directorate of Medical and Health Services for the Implementation of Quality Standards in UT of Daman and Diu.
- Patient Satisfaction Survey (PSS), Standard Operating Procedures (SOPs), Cleanliness and Periodic Assessment review - to be done after formation of Quality team for CHCs and PHCs.
- Review meetings are proposed to be held periodically to discuss standards and topics pertaining to Quality healthcare services.
- Certification as per NABH is in process.

5. Delhi

Institutional Framework: Status

- Re-constitution of SQAC - To be reconstituted as per guidelines by November 20th.
- Re-constitution of DQAC - To be reconstituted as per guidelines by November end.
- Constitution of Quality team at DH - Orientation meeting of MS on 5th Nov, to be done in November.
- Constitution of Quality Circles at PUHC - After completion of baseline survey, by November end.

Training and Capacity Building

- Awareness Training - To be done for the Hospital staff in December 2014.
- Internal Assessors Training - To be done by NHSRC in January / February 2015.
- Service Provider Training - Planned for other staff of the identified centers, 7 batches in January 2015

Measuring Quality

- Baseline assessment, Scoring and Ranking facilities & Reporting of Key Performance Indicators – by January end 2015.
- Empanelment of External Assessors - March 2015.

Facility Level Quality Improvement

- Quality Policy and Objective - Quality Policy is there, Objectives to crystallize after baseline survey completion.
- Patient Satisfaction Surveys - Client exit interview tool. Ongoing process. 60 beneficiaries interviewed so far, around 5 per PUHC.
- SOPs - Clinical SOPs / STG already available, Administrative / Non clinical processes SOPs being formulated, to be vetted by a designated committee, to be completed by Dec 2014.
- Periodic Assessment review - Monthly at the facility level. Quarterly at the District and State level.

Certification

- State level Certification of DH - Ist Quarter of 2015.

- State level certification of PUHCs - Ist Quarter of 2015.
- National level certification of DH - Ist Quarter of 2015.
- National level certification of PUHCs - Ist Quarter of 2015.

6. Puducherry

Institutional Framework: Status

- Re-constitution of SQAC, Re-constitution of DQAC, Creation of SQAU and DQAU, Constitution of Quality Teams at DH & CHC – To be done in one month.

Training and Capacity Building

- Awareness training, Internal Assessor training & Service Provider Training - To be done in two months.
- Any other Training for Hospital Management in six months.

Measuring Quality

- Baseline assessment, Scoring and Ranking facilities & Reporting of Key Performance Indicators & Empanelment of External Assessors - To be done in three months.

Facility Level Quality Improvement

- Quality Policy and Objective – to be planned in three months.
- Patient Satisfaction Surveys - to be planned in three months.
- SOPs - to be planned in three months.
- Cleanliness – Standards followed.
- Periodic Assessment review - to be done in three months.

Certification

- State level Certification of DH – Number of facilities selected – 5, to be done in six months.
- State level certification of CHC - Number of facilities selected – 4, to be done in six months.
- State level certification of PHC - Number of facilities selected – 10, to be done in six months.
- National level certification of DH - Number of facilities selected – 4, to be done in one year.
- National level certification of CHCs - Number of facilities selected – 4, to be done in one year.
- National level certification of PHCs - Number of facilities selected – 10, to be done in one year.

7. Andhra Pradesh & Telangana

Institutional Framework: Status

- Re-constitution of SQAC – Formed according to Latest guidelines.
- Re-constitution of DQAC – Constituted but to be changed with latest guidelines.
- Creation of SQAU- Formed but not active because of bifurcation of state, EC committee meeting proposed this month, by End of December is the time line.
- Creation of DQAU - Formed but not active because of bifurcation of state.
- Constitution of Quality team at DH - Formed but not active because of bifurcation of state, DHS meetings planned exclusively on quality, End of January 2015 is the time line.
- Constitution of Quality Team at CHC - Formed but not active because of bifurcation of state, DHS meetings planned exclusively on quality, End of January 2015 is the time line.

Training & Capacity Building

- Awareness Training - On Going, to complete all batches by January 2015.

- Internal Assessors Training - RMNCH training completed rest of trainings to be completed by March 2015.
- Services Provider Training – Ongoing will begin in January 2015 with focus on priority districts, expected to be completed in April 2015.
- Any other Training (Specify) - Birthing Unit Mandate Training started, Tot completed, starting training to service providers from the 11th Nov, expected to be completed by February 2015.

Measuring Quality

- Baseline Assessment - RMNCH basic assessment has been completed, Periodic assessment after gap filling to be done, to be Completed by Dec 2014.
- Scoring & Ranking of Facilities - Teaching and District Hospital completed, to cover FRU and 24hr PHC till Feb 2015.
- Reporting of Key Performance Indicators - Shall be started after constitution of committees, by March 2015 (estimate).
- Empanelment External Assessors - Shall be started after constitution of committees, by March 2015 (estimate).

Facility Level Quality Improvement

- Quality Policy & Objectives, Patient Satisfaction Survey, Standard Operating Procedures, Cleanliness & Periodic Review of Assessments – not presented by the respective state in PPT.

Certification

- State level Certification of DH, State level Certification of CHC, State level Certification of PHC, National Level Certification of DHs, National Level Certification of CHCs & National level Certification of PHCs - not presented by the respective state in PPT.

8. Arunachal Pradesh

Institutional Framework: Status

- Re-constitution of SQAC, Re-constitution of DQAC, Creation of SQAU and DQAU, Constitution of Quality Teams at DH & CHC – not constituted, to be done.

Training & Capacity Building

- Awareness Training, Internal Assessors Training & Service Provider training – to be done.

Measuring Quality

- Baseline Assessment, Scoring & Ranking of Facilities, Reporting of Key Performance Indicators & Empanelment External Assessors - to be done.

Facility Level Quality Improvement

- Quality Policy & Objectives, Patient Satisfaction Survey, Standard Operating Procedures, Cleanliness & Periodic Review of Assessments – to be done.

Certification

- State level Certification of DH, CHCs & PHCs & National Level Certification of DHs, CHCs & PHCs – time line not given to be communicated accordingly.
- Government has sanctioned 65 Specialist post.

9. Assam

Institutional Framework: Status

- Re-constitution of SQAC - Waiting for GOA Notification, to be done by November, 2014.
- Re-constitution of DQAC - Yes (Only Five Districts reconstituted DQAG), to be done by November, 2014.
- Creation of SQAU & DQAU - ROP Approved, to be done by November, 2014.

- Constitution of Quality Teams at DH & CHC - ROP Approved, to be done by November, 2014.

Training & Capacity Building

- Awareness Training - All District Level Officials are trained by NERRC.
- Internal Assessors Training & Service Provider Training - ROP Approved, to be done by December 2014.

Measuring Quality

- Baseline Assessment - Under process (5 DH completed) by RRC-NE, to be done by November, December 2014.
- Scoring & Ranking of Facilities - Under process (5 DH completed) by RRC-NE, to be done by November, December 2014.
- Reporting of Key Performance Indicators – yet to start, to be done by November, December 2014.
- Empanelment External Assessors - Not Yet, to be done by November, December 2014.

Facility Level Quality Improvement

- Quality Policy & Objectives - Under process, to be done by November, 2014.
- Patient Satisfaction Survey & Standard Operating Procedures - Under process, to be done by January 2015.
- Cleanliness – Status is good.
- Periodic assessment review - Under Process, to be done by November, 2014.

Certification

- State level Certification of DH – Number of Facilities Selected– 6, to be done by March 2015.
- State level Certification of CHC - Number of Facilities Selected– 12, time line not given.
- State level Certification of PHC - Number of Facilities Selected– 18, time line not given.
- National Level Certification of DHs - Number of Facilities Selected– 1, to be done by May 2015.
- National Level Certification of CHCs - Number of Facilities Selected– 4, to be done by May 2015.
- National level Certification of PHCs – None of the facilities selected.

10. Goa

Institutional Framework: Status

- Re-constitution of SQAC & DQAC – Formulation of Re- constitution & sent for Approval.
- Constitution of Quality Teams at DH & CHC – Constituted & Inputs have been implemented & review of the same in monthly meeting.

Training & Capacity Building

- Awareness Training – Initiated.
- Internal Assessors Training – Not done yet.
- Service Provider Training – For Staff Nurses & work related activities has been done.
- Soft skill training – For staff Nurses, Juniors & Class IV staffs has been done.

Measuring Quality

- Baseline Assessment – To be done after approval of Committees.

Facility Level Quality Improvement

- Patient Satisfaction Survey – Goa Institute of Hospital Management Services is supposed to start from January 2015.

- Standard Operating Procedures for Clinical part - Compilation & formulation to be done. Goa Institute of Hospital Management Services is supposed to prepare the non-clinical part.

Certification

- Not initiated yet.
- Guidelines of Patient record / Hospital Manual – to be done by March 2015.
- Death Review Meeting – Intra & Inter Departmental is usually being done periodically.

Comments by Mr. Manoj Jhalani Joint Secretary Policy:

- Goa is one of the States of front runners in terms of all Health Parameters expect to share the lead in the country. Still have to fill some gaps.

II. Gujarat

Institutional Framework: Status

- Re-constitution of SQAC, DQAC – Complete.
- Creation of SQAU & DQAU – Complete.
- Constitution of Quality Teams at DH & CHC – Complete.

Training & Capacity Building

- Awareness Training - To be planned for SQAU & DQAU Staffs up to November 2014.
- Internal Assessors Training - To be planned, 2 Batches of 40 each of DQAMO/AHA/MO PHC/ CHC MS/CDMO up to December, 2014.
- Services Provider Training - To Be Planned 4 Batches of 25 each of CHC MS/CDMO/AHA/MO PHCs up to January, 2015
- Any other Training - IMEP, BMW, Cleanliness, CQI & other SOPs is Ongoing activity.

Measuring Quality

- Baseline Assessment – District wise assessment to be conducted by trained internal assessors in liaison with trained service providers, up to January, 2015.
- Scoring & Ranking of Facilities - Facility wise scoring & ranking to be conducted by trained internal assessors in liaison with trained service providers, up to January 2015.
- Reporting of Key Performance Indicators – Post assessment & scoring, reporting will be started, November, 2014 onwards.
- Empanelment External Assessors - In co-ordination with NHSRC, February, 2015
- Onwards.

Facility Level Quality Improvement

- Quality Policy & Objectives – Complete.
- Patient Satisfaction Survey – Ongoing.
- Standard Operating Procedures - Most of SOPs Existing, Remaining completed up to Feb 2014.
- Cleanliness – Ongoing
- Periodic assessment review – Ongoing

Certification

- State level Certification of DH – Number of facilities selected – 15, March, 2015.
- State level Certification of CHC -Number of facilities selected – 33, March, 2015.
- State level Certification of PHC - Number of facilities selected – 66, March, 2015.
- National Level Certification of DHs - Number of facilities selected – 5, March, 2015.
- National Level Certification of CHCs - Number of facilities selected – 5, March, 2015.
- National level Certification of PHCs – Number of facilities selected – 15, March, 2015.

12. Rajasthan

Institutional Framework: Status

- Re-constitution of SQAC- Reconstitution underway, file is under submission.
- Re-constitution of DQAC - Process started & will be completed in 15 days.
- Creation of SQAU & DQAU - Not yet done.
- Constitution of Quality Teams at DH & CHC - In process.

Training & Capacity Building

- Awareness Training - Orientation of RCHOs / Health Managers held on 11-01-2013, other Awareness Training to be completed by December 2014.
- Internal Assessors Training - Plan & Time line not proposed.
- Services Provider Training - Plan & Time line not proposed.
- Any other Training - Plan & Time line not proposed.

Measuring Quality

- Baseline Assessment - Plan & Time line not proposed.
- Scoring & Ranking of Facilities - Plan & Time line not proposed.
- Reporting of Key Performance Indicators - Plan & Time line not proposed.
- Empanelment External Assessors - Plan & Time line not proposed.

Facility Level Quality Improvement

- Quality Policy & Objectives - Plan & Time line not proposed.
- Patient Satisfaction Survey - Plan & Time line not proposed.
- Standard Operating Procedures - Plan & Time line not proposed.
- Cleanliness - Plan & Time line not proposed.
- Periodic assessment review - Plan & Time line not proposed.

Certification

- State level Certification of DH - Plan & Time line not proposed.
- State level Certification of CHC - Plan & Time line not proposed.
- State level Certification of PHC - Plan & Time line not proposed.
- National Level Certification of DHs - Plan & Time line not proposed.
- National Level Certification of CHCs - Plan & Time line not proposed.
- National level Certification of PHCs - Plan & Time line not proposed.

13. Haryana

Institutional Framework: Status

- Re-constitution of SQAC- SQAC Re-constituted, 1st meeting held on 27.05.14.
- Re-constitution of DQAC - DQAC yet to be constituted, to be constituted in next two months.
- Creation of SQAU - Would be reconstituted as per Operational guidelines in next 2 months.
- Creation of DQAU - Formulation would be done as per ROP in next 2 months.
- Constitution of Quality Teams at DH - Formulation would be done as per ROP in next 2 months.

- Constitution of Quality Team at CHC - Standards for CHC not available.

Training & Capacity Building

- Awareness Training – Awareness training organized on 12.03.14 with NHSRC.
- Internal Assessors Training – Request sent, Communication yet to be received from to NHSRC for training.
- Services Provider Training – One batch of training conducted 9th to 11th June 2014, Request sent for next training, Communication yet to be received from NHSRC for training

Measuring Quality

- Baseline Assessment – Would be done in 15 DH in next six months.
- Scoring & Ranking of Facilities - Would be done in all selected facilities in next 6 months.
- Reporting of Key Performance Indicators – Would be initiated in the facilities selected in next 12 months.
- Empanelment External Assessors - Request sent, Communication yet to be received from NHSRC.

Facility Level Quality Improvement

- Quality Policy & Objectives – Quality policy and objectives formulated & would be reconstituted.
- Patient Satisfaction Survey – Already conducted in 5 District hospitals under NABH, would be initiated in remaining facilities in next 12 months.
- Standard Operating Procedures - SOPs would be reviewed and circulated in other selected facilities in next 12 months.
- Periodic assessment review – Quarterly by DQAC and 6 monthly by SQAC.

Certification

- State level Certification of DH – Number of facilities selected – 5 DH in 3 months & 10 DH in 18 months respectively.
- State level Certification of CHC -Standards yet not available.
- State level Certification of PHC - Standards yet not available.
- National Level Certification of DHs - Five district hospital selected 5 DH in 6 months & 10 DH in 24 months respectively.
- National Level Certification of CHCs - Standards yet not available.
- National level Certification of PHCs – Standards yet not available.

14. Himachal Pradesh

Institutional Framework: Status

- Re-constitution of SQAC & DQAC –Done.
- Creation of SQAU & DQAU – Done.
- Constitution of Quality Teams at DH – Done.
- Constitution of Quality Team at CHC - To be decided in next FY.

Training & Capacity Building

- Awareness Training – Already communication done with NHSRC Team, to be done in December 2014.
- Internal Assessors Training – To be done in January 2015.
- Services Provider Training – To be done in January 2015.

Measuring Quality

- Baseline Assessment – Started in two Districts- Mandi & Sirmaur, 2 more DH Planned for this Year, by April 2015.
- Scoring & Ranking of Facilities - Would be done from April 2015.

- Reporting of Key Performance Indicators – Would be initiated from December 2014
- Empanelment External Assessors - In Process, through Ex Government Employee by January 2015.

Facility Level Quality Improvement

- Quality Policy & Objectives – In Process, letter to be sent, to be done by January 2015 onwards.
- Patient Satisfaction Survey – Initially for 4 Districts by December 2014 onwards.
- Standard Operating Procedures - In process, Action Plan to be sent, to be done by December 2014 onwards.
- Cleanliness - Ongoing Process Intensively started in HPD's.
- Periodic assessment review – Done by Regional Quality Consultant, after getting on board, by December 2014.

Certification

- State level Certification of DH – Number of facilities selected – 4 DH, by September 2015.
- State level Certification of CHC -Next FY
- State level Certification of PHC - Next FY.
- National Level Certification of DHs - Assessment of 4 DH done, by Oct 2015
- National Level Certification of CHCs - Next FY.
- National level Certification of PHCs – Next FY.

15. Jharkhand

Institutional Framework: Status

- Re-constitution of SQAC & DQAC –Done.
- Creation of SQAU - Under Process, by November 2014.
- Creation of DQAU – Letter has to be sent from the state, by December 2014.
- Constitution of Quality Teams at DH – To be done, by December 2014.
- Constitution of Quality Team at CHC - To be decided, by February 2015.

Training & Capacity Building

- Awareness Training – Already communication done with NHSRC Team, to be done in December 2014.
- Internal Assessors Training – To be done in January 2015.
- Services Provider Training – To be done in February 2015.

Measuring Quality

- Baseline Assessment – Done by NHSRC Team for 4 Districts Hospital, 5 more DH of the state Planned for this Year, by April 2015.
- Scoring & Ranking of Facilities - Not yet received, will be obtained by April 2015.
- Reporting of Key Performance Indicators – Letter to be send from the state about monitoring of KPI, to be done by January 2015.
- Empanelment External Assessors - After Internal Assessors training, EOI will be advertised, to be done by March 2015

Facility Level Quality Improvement

- Quality Policy & Objectives – Letter to be sent from the State to all 20 Districts, by January 2015 onwards.

- Patient Satisfaction Survey – Letter to be sent from State to all 20 Districts, by January 2015 onwards.
- Standard Operating Procedures - Letter to be sent from State, by January 2015 onwards.
- Cleanliness - All 24 DH, Ongoing process, by January 2015 onwards.
- Periodic assessment review – to be done by State Review Mission, will add more person from Quality Team also, by February 2015 onwards.

Certification

- State level Certification of DH – Number of facilities selected – 5 DH, by August 2015.
- State level Certification of CHC – by December 2015.
- State level Certification of PHC - by August 2016.
- National Level Certification of DHs - Assessment of 4 DH to be done, by October 2015.
- National Level Certification of CHCs - August 2016.
- National level Certification of PHCs – December 2016.

16. Karnataka

Institutional Framework: Status

- Re-constitution of SQAC & DQAC – to be done, for Sterilization constituted and functioning.

Measuring Quality

- Baseline Assessment – 4 District Hospital completed, done by TISS in Consultation with NHSRC, report waited for plan of action for Quality Improvement.
- Scoring & Ranking of Facilities – will be implemented in 2014-15 once the PHC & CHC check list rolled over in State.
- Reporting of Key Performance Indicators – to be integrated with HMIS as per IPHS / NABH guide level & for PHC check list also.
- Empanelment External Assessors – to be planned in Consultation with NHSRC.

Facility Level Quality Improvement

- Cleanliness – BMW Management is ongoing process regularly.

OTHER ONGOING ACTIVITIES OF QA CELL

- Preparation of Quality Manual for the Hospitals.
- Preparation of Common patient records for all Hospitals.
- Preparation of Quality Manual for the PHC.
- Road Map for Quality Improvement Programme for Grad-E PHCs.
- Training programmes on Quality Management System.

NABH ACCREDITATION PROGRAMME

- Seven Hospitals in Karnataka State are selected for NABH Implementation Programme.
- K.C General Hospital, Malleshwaram and General Hospital, Jayanagar, in Bangalore City underwent pre-assessment and schedule for Final Assessment in the month of December 2014.
- Three District Hospital and Two Taluk Hospital underwent GAP Analysis and schedule for Pre-Assessment in the month of March 2015.

Discussion with NHSRC, New Delhi on 1st August 2014

- To modify the present PHCs Checklist after final draft of the NHSRC PHC Guideline Action Plan awaiting final draft.

- NEW PHC QA Assessment Checklist Quarterly Gap Analysis on IPHS /NABH/HMIS Guidelines is under design stage pending approval from WB Consultant.
- Quality Manual preparation based on NHSRC Guidelines is in progress.

17. Kerala

Institutional Framework: Status

- Re-constitution of SQAC & DQAC –The draft order prepared, Government will issue order by December 2014.
- Creation of SQAU & DQAU- The existing QA wing reconstitution in progress, will be done in December 2014.
- Constitution of Quality Teams at DH – Present, will be extended to all DHS by December 2014.
- Constitution of Quality Team at CHC - Present in selected institutions, will be extended to all CHCs by December 2014.

Training & Capacity Building

- Awareness Training – 3 training conducted with NHSRC at Trivandrum, Ernakulum& Kozhikode, completed.
- Internal Assessors Training –Planned in November 4th week.
- Services Provider Training – One training conducted at Malappuram CHC Area code, 4 per month per district, by March 2014.
- Any other Training - In the year 2013-14, 431 trainings conducted and this year also training is being conducted.

Measuring Quality

- Baseline Assessment – 28 institutions per month (2 per district/ month), October 2014 to March 2015.
- Scoring & Ranking of Facilities - Will be conducted in December 2014.
- Reporting of Key Performance Indicators – Presently being done at 24 institutions, will be extended to other institutions by February 2014.
- Empanelment External Assessors - List of is being prepared for training in December 14. 5 NABH assessors in Health Services Dept. & 10 KASH assessors, Training of the assessors will be conducted in Dec 2014. (45 trainees are expected) by December 2014.

Facility Level Quality Improvement

- Quality Policy & Objectives – Developed and implemented in 45 hospitals, will be implemented in all institutions, by March 2014.
- Patient Satisfaction Survey –Conducted in 45 institutions, will be conducted 20 % of institutions, by March 2014.
- Standard Operating Procedures - Developed all SOP Generic, implemented in 45 institutions, will be implemented in the hospitals selected for QA programme, by March 2014.
- Cleanliness – “**Clean Kerala Green Kerala**”, Will be implemented in all selected hospitals, by February 2015 onwards.
- Periodic assessment review –Implemented in 45 institutions, will be implemented in hospitals, by March 2014.

Certification

- State level Certification of DH – Number of facilities selected – 40 DH THQHW and C, One per district, by March 2014.

- State level Certification of CHC -Number of facilities selected – 29, two per district, by March 2014.
- State level Certification of PHC - Number of facilities selected – 26, two per district, by March 2014.
- National Level Certification of DHs - Number of facilities selected – 10, five per district, by March 2014.
- National Level Certification of CHCs - Number of facilities selected – 14, seven per district, by March 2014.
- National level Certification of PHCs – Number of facilities selected – 14, fourteen per district, by March 2014.

18. Madhya Pradesh

Institutional Framework: Status

- Re-constitution of SQAC & DQAC –Reconstituted dated 12-09-14, SQAC meeting scheduled on 12 Nov 2014.
- Re-constitution of DQAC - Instructions issued for reconstitution, Orientation to DQA committee for the issues to be discussed in the Meeting, by January'15- March '15.
- Creation of SQAU – Reconstituted, to conduct Quarterly Review meeting to address the issue in SQAC, by December '14.
- Creation of DQAU – Reconstituted, Monitoring of DQAU for conducting review meetings at facility level and finalize for DQAC.
- Constitution of Quality Teams at DH – Functional (But in 16 High priority districts from development partners), Recruitment of 51 Hospital Administrators to monitor Quality Assurance Activities by January'14 to March' 14.

Training & Capacity Building

- Awareness Training – One-day Orientation Programme for state and District official's dissemination of Operational guidelines by November-December'14.
- Internal Assessors Training –Two-day training to acquaint District officials with standards, measurable elements, departmental check lists and scoring System as per DH Assessors Guidebook by January'15 to March'15.
- Services Provider Training – 3 Days training for facility in charges, hospital and programme managers and other hospital staff from DH by January'15 to March'15.
- Infection control and Biomedical waste management – ongoing, 2 Batch per district/Quarter is undergoing. Total batches planned- 102 during current FY. In 3rd quarter 30 Batches trainings have been completed rest 20 will be completed by the end of Nov'14. Per batch 50 participants, January'15-February'15.

Measuring Quality

- Baseline Assessment –To scale up assessment as per District Hospital assessor's guidebook in rest 35 District after recruiting Hospital Administrators by April'15 onwards.
- Scoring & Ranking of Facilities - Ranking as per District Assessors guidebook by May'15.
- Reporting of Key Performance Indicators – Post Training of Internal Assessors on NQAS Assessment sheets by December'14.

Facility Level Quality Improvement

- Quality Policy & Objectives – Under Process, Reframing and implementation by January '15.
- Patient Satisfaction Survey – To implement in the rest 50 DH after getting approval in the SQAC meeting by last quarter.
- Standard Operating Procedures - In process, Implementation After approval in SQAC meeting by November' 14.

- Cleanliness – On going.
- Periodic assessment review to implement in all 51 districts after approval from SQAC meeting by November' 14.

Certification

- State level Certification of DH – Number of facilities selected – 5 by September'15.
- National Level Certification of DHs - Number of facilities selected – 5, by December'15.

19. Maharashtra

Institutional Framework: Status

- Re-constitution of SQAC & DQAC –Re-constitution of SQAC will be done on Priority basis in 1 month.
- Creation of SQAU- the Advertisement for the post of State QA Consultant and State QA associate consultant under UNFPA has been floated, to be done in 2 Months.
- Creation of DQAU - The procedure for filling up the vacant posts is under process to be done in 2 Months.
- Constitution of Quality Teams at DH – The procedure for Constitution of Quality teams at District Hospital is under Process, to be done in 2 Months.
- Constitution of Quality Team at CHC - The procedure for constitution of Quality teams at CHCs of remaining districts is under process, to be done in 3 Months.

Training & Capacity Building

- Awareness Training, Internal Assessors training & Services Provider Training – In NHM PIP 2014-15 approvals for training in all 33 Districts has been given, to be done by March 2015.
- Any other Training - Approved in NHM PIP 2014-15—to be done till March 2015
 - Reorientation training of DQAG members at district level.
 - Training of District Hospital Teams.
 - Training of institutional QA Groups.

Measuring Quality

- Baseline Assessment – Baseline Assessment to be completed in remaining 15 Districts in next 6 months.
- Scoring & Ranking of Facilities - Scoring & Ranking of Facilities for remaining 15 districts is under process, to be done in next 6 months.
- Reporting of Key Performance Indicators – Is a continuous monthly activity.
- Empanelment External Assessors – No Empanelment External Assessors by State.

Facility Level Quality Improvement

- Quality Policy & Objectives – To achieve objective of achieving A & A+ gradation of remaining facilities in one year.
- Patient Satisfaction Survey – Plan to implement in remaining 15 Districts in next six months.
- Standard Operating Procedures - Standard Operating Procedures have been defined as per guidelines and being implemented in 1223 facilities of 18 Districts, Plan to implement in remaining 15 Districts in next 6 months.
- Cleanliness – Achievements of A & A+ gradation- 642 facilities out of 1223 (52.4 %). To achieve objective of achieving A & A+ gradation of remaining facilities in 6 Months.
- Periodic assessment review - Periodic assessment review has been done through DLOs and DLSs in 18 districts, Plan to implement in remaining 15 Districts in next 6 Months.

Certification

- State level Certification of DH, CHC & PHC – NA.
- State has not selected any facility for State Level Certification.
- National Level Certification of DHs, CHCs & PHCs - NA.
- State has not selected any facility for National Level Certification.

20. Manipur

Institutional Framework: Status

- Re-constitution of SQAC – Formed.
- Re-constitution of DQAC - Order issued to the districts, to be done by December 2014.
- Creation of SQAU – Not done, to form & conduct 1st meeting of SQAU, to be done by November 2014.
- Creation of DQAU – Not yet created, to follow to districts for creation by December 2014.
- Constitution of Quality Teams at DH & CHC – Not yet constituted, planned to first orient at State & at District for identified facilities, by January 2015.

Training & Capacity Building

- Awareness Training – done.
- Internal Assessors Training – After coordinating with RRC NE and NHSRC in 5 facilities 3 (L3) 2(L2) by February'15.
- Services Provider Training – by December 2014.

Measuring Quality

- Baseline Assessment –Not yet done, planned to conduct in December 2014.
- Scoring & Ranking of Facilities, Reporting of Key Performance Indicators & Empanelment of External Assessors – by February 2015.

Facility Level Quality Improvement

- Quality Policy & Objectives, Patient Satisfaction Survey, Standard Operating Procedures, Cleanliness & Periodic assessment review - Yet to be started, 5 facilities planned by February'15.

Certification

- State level Certification of DH, CHC & PHC –NA at present context.
- National Level Certification of DHs, CHCs & PHCs - NA at present context.

21. Mizoram

Institutional Framework: Status

- Re-constitution of SQAC & DQAC – Reconstituted.
- Creation of SQAU & DQAU –done.
- Constitution of Quality Teams at DH- In one DH it has been done
- Constitution of Quality Teams at CHC - Not yet done, to be done by the end of November-2014.

Training & Capacity Building

- Awareness Training – done, 10th January'14 at Guwahati.
- Internal Assessors Training – By December 2014.
- Services Provider Training – By January 2015.
- Any other Training - As and when required, up to March'15.

Measuring Quality

- Baseline Assessment –Completed for one DH, remaining one will be covered in the next phase by December' 14.
- Scoring & Ranking of Facilities - 16 Departments covered.
- Reporting of Key Performance Indicators – Nil.
- Empanelment of External Assessors – N/A.

Facility Level Quality Improvement

- Quality Policy & Objectives - It has already been carried out in one DH, One DH will be covered in next phase by January 2015.
- Patient Satisfaction Survey – Not yet done, by December 2014.
- Standard Operating Procedures – Yes some of the departments (Blood Bank, Lab, BMW), To develop for all departments and need assistance from NE-RRC and NHSRC, to be done by January 2015
- Cleanliness – Moderate, Improve for betterment.
- Periodic assessment review – Under process.

Certification

- State level Certification of DH, CHC & PHC –Nil.
- National Level Certification of DHs, CHCs & PHCs - Nil.

22. Nagaland

Institutional Framework: Status

- Re-constitution of SQAC - In place.
- Re-constitution of DQAC – In process, sent to all districts for constitution of the same (as per NQA Guidelines) in the 3rd Quarter (by December 2014-15).
- Creation of SQAU - In place.
- Creation of DQAU –In process, sent to all districts for constitution of the same (as per NQA Guidelines) in the 3rd Quarter (By 10th Nov.2014).
- Constitution of Quality Teams at DH– In process, sent to all districts for constitution of the same (as per NQA Guidelines) in the 3rd Quarter (By 10th Nov.2014).
- Constitution of Quality Teams at CHC - Not taken up.

Training & Capacity Building

- Awareness Training – Proposed but not approved.
- Internal Assessors Training –District ToT done (Training conducted by NHSRC team, New Delhi) on 6th & 7th May 2014, To be conducted by State & District ToTs in the 3rd Quarter (by Dec 2014-15).
- Services Provider Training – Proposed but not approved.
- Any other Training - To be conducted by State & District ToTs in the 3rd Quarter (by Dec 2014-15).

Measuring Quality

- Baseline Assessment –2 DHs already done by RRC-NE(NHAK, Mokokchung DH), same process to be followed as per guideline.
- Scoring & Ranking of Facilities - 2 DHs already assessed and scored (RRC-NE), same process to be followed as per guideline.
- Reporting of Key Performance Indicators – time line not proposed.

Facility Level Quality Improvement

- Quality Policy & Objectives - In place (as per guideline).
- Patient Satisfaction Survey - Yet to be done as per guideline.
- Standard Operating Procedures - Printed & Distributed as per guideline.
- Cleanliness - Average, to fulfill as per guideline.
- Periodic assessment review - Yet to be done, On quarterly basis

Certification

- State level Certification of DH - No of Facilities Selected - District Hospital = Kohima, Dimapur, Mokokchung, Tuensang & Mon
- State level Certification of CHC & PHC -Not taken up.
- National Level Certification of DHs -Kohima DH (NHAK), 2 DHs already assessed and Scoring started (NHAK & Mokokchung DH), NHAK already ISO certified from before.
- National Level Certification of CHCs & PHCs - Not taken up.

23. Odisha

Institutional Framework: Status

- Re-constitution of SQAC - Reconstituted.
- Re-constitution of DQAC -Re-constituted in all 30 districts
- Creation of SQUAU - Created.
- Creation of DQAU - Not Created, will be Constituted after recruitment of QA Consultant at district level.
- Constitution of Quality Teams at DH - Constituted in all 32 DHHs.
- Constitution of Quality Teams at CHC - Constituted in all 27 SDHs.

Training & Capacity Building

- Awareness Training -Conducted on 24.12.2013.
- Internal Assessors Training -Internal Assessors Training imparted to all ADMO (Medical) & HM of DHHs, SDMO & Jr. HM of SDH.
- Services Provider Training - by January 2015

Measuring Quality

- Baseline Assessment -Completed in all the DHHs and continued in SDHs.
- Scoring & Ranking of Facilities - Completed.
- Reporting of Key Performance Indicators - From December 2014.
- Empanelment External Assessors - December 2014

Facility Level Quality Improvement

- Quality Policy & Objectives - Formed in 9 DHHs, Rest will be started & to be completed by December 2014.
- Patient Satisfaction Survey - Continued in 9 DHHs, Rest will be started & to be completed by December 2014.
- Standard Operating Procedures - Available in 9 DHHs, to be prepared.
- Cleanliness - Maintained.
- Periodic assessment review- Continued (Both at State & district Level)

Certification

- State level Certification of DH - Number of facilities selected - 16 DHH by March'15.
- State level Certification of CHC & PHC - Nil.
- National Level Certification of DHs - Number of facilities selected - 12 DHH, by March'15.

- National Level Certification of CHCs - Number of facilities selected – 12 CHCs, by March'15.
- National Level Certification of PHCs – Nil.

24. Sikkim

Institutional Framework: Status

- Re-constitution of SQAC & DQAC – Done.
- Creation of SQAU – Under Process, 2nd Week of November.
- Creation of DQAU – Under Process.
- Constitution of Quality Teams at DH – No, to be done in the Last Week of November.
- Constitution of Quality Teams at CHC - No.

Training & Capacity Building

- Awareness Training – done on 10 the January, 2014 Guwahati.
- Internal Assessors Training - at State level and we would require resource person from NE-RRC and NHSRC, to be done in the 1st week of December.
- Services Provider Training – It will be carried out in four Districts.

Measuring Quality

- Baseline Assessment – Will be carried out by technical person from RRC-NE and State team, in the 3rd Week of November.
- Scoring & Ranking of Facilities, Reporting of Key Performance Indicators – No.
- Empanelment External Assessors - Not yet done.

Facility Level Quality Improvement

- Quality Policy & Objectives – After the State level awareness training in the month of December.
- Patient Satisfaction Survey – Currently we carried out Exit interview for all Pregnant Women and also recently IPD/OPD formats have been distributed in all districts. Plan for implementation in DH for better patient satisfaction.

- Standard Operating Procedures - Currently following in few programmes (Blood Bank, BMW and Lab). To cover all division, need technical assistance from RRC-NE
- Cleanliness – Ongoing process.

Certification

- State level Certification of DH – Number of facilities selected – 4, by March'15.
- State level Certification of CHC – 2, by March'15.
- State level Certification of PHC – 10, by March'15.
- National Level Certification of DHs - Number of facilities selected – 1, time line not given.

25. Tamil Nadu

Institutional Framework: Status

- Re-constitution of SQAC – Approved in SHS, Training planned in next 1 month.
- Re-constitution of DQAC – Approved in SHS, Training proposed in next 2 months.
- Creation of SQAU- Formed for Maternal and Child Health, Training planned in next 1 month.
- Creation of DQAU – Formed, Training planned in next 3 months.

- Constitution of Quality Teams at DH – Already functioning, further training planned in next six months.
- Constitution of Quality Team at CHC - Completed in 78, remaining will be completed soon, further training planned in next six months.

Training & Capacity Building

- Awareness Training, Internal Assessors training & Services Provider Training – Proposed.
- Refresher training on SOP – Ongoing activity.
- Workshop on STGS - Updating planned.

Measuring Quality

- Baseline Assessment – Revised assessment as per GOI in next 3 months.
- Scoring & Ranking of Facilities - Scoring method under revision in next 2 months.
- Reporting of Key Performance Indicators – Will be matched with GoI guidelines in next three months.
- Empanelment External Assessors – to be decided.

Facility Level Quality Improvement

- Quality Policy & Objectives – In process.
- Patient Satisfaction Survey – Introduced.
- Standard Operating Procedures – Developed.
- Cleanliness – In process
- Periodic assessment review – Under Planning.

Certification

- State level Certification of DH - No of Facilities Selected – 5.
- State level Certification of CHC – No of Facilities Selected – 84.
- State level Certification of PHC - No of Facilities Selected – 168.
- National Level Certification of DHs - No of Facilities Selected – 2.
- National Level Certification of CHCs - No of Facilities Selected – 10.
- National Level Certification of PHCs - No of Facilities Selected – 2.

26. Tripura

Institutional Framework: Status

- Re-constitution of SQAC & DQAC – Constituted as per new guideline.
- Creation of SQUA & DQUA - Created as per guideline.
- Constitution of Quality Teams at DH – Under process to be done by November'14.
- Constitution of Quality Team at CHC - Under process to be done by December'14.

Training & Capacity Building

- Awareness Training- done.
- Internal Assessors training - Approved in ROP-2014-15, to be done in December'14.
- Services Provider Training – Approved in ROP-2014-15, to be done in February'15.

Measuring Quality

- Baseline Assessment – 2 DH have been completed, by December'14.
- Scoring & Ranking of Facilities - After training, by March'15.
- Reporting of Key Performance Indicators – After training, by April'15.
- Empanelment External Assessors – After training, by June'15.

Facility Level Quality Improvement

- Quality Policy & Objectives, Patient Satisfaction Survey, Standard Operating Procedures, Cleanliness & Periodic assessment review – Not yet done.

Certification

- State level Certification of DH - No of Facilities Selected – 3, by March'15.
- State level Certification of CHC – Not selected in this financial year.
- State level Certification of PHC – Not selected in this financial year.
- National Level Certification of DHs – Not selected in this financial year.
- National Level Certification of CHCs – Not selected in this financial year.
- National Level Certification of PHCs – Not selected in this financial year.

27. Uttar Pradesh

Institutional Framework: Status

- Re-constitution of SQAC & DQAC – Formed but not reconstituted, Process is going on, to be done by November Last Week.
- Creation of SQAU & DQAU – Created, Four Review meetings planned, to be done by November – December'14 & February'15.
- Constitution of Quality Teams at DH – 18 DWH QA Team formed, remaining in process, remaining 34 DWH will form by November'14
- Constitution of Quality Team at CHC – 12 QA teams formed against 99 selected facilities, 87 QA teams will be formed by December'14 end.

Training & Capacity Building

- Awareness Training – State level: 2 days Awareness cum Orientation given to 70 districts. Div. level to 21 targeted District, Remaining 54 districts by March'15.
- Internal Assessors training – 267 officers has been trained at State Level during 2013-14, 14-15, 4 at state Level planned to be finish by, First batch 2nd Week of November'14, 3 more in December'14, January-February'15.
- Services Provider Training – 30 CMS, 37 CHC I/C & 33 PHC I/C Trained during 2013-14, 130 In charge of selected facilities will be trained in 2 batches by January'15.
- Any other Training
 - 5 days Int. Assess. Training & 10 days Special Certificate course in QA at Delhi – To be planned by NHSRC by February'15.

Measuring Quality

- Baseline Assessment – Done in 134 facilities of FY 2013-14 & 150 2014-15. 6 Selected DWH (Varanasi, Allahabad, Hathras, Lucknow, Barielly and Meerut). Completed
- Scoring & Ranking of Facilities – Out of 6 Selected DWH Lucknow and Hathras are scoring between 60-70%. Lucknow, Hathras need one or two hand-holding visits by the team, to be done by November'14.
- Reporting of Key Performance Indicators – Monthly hospital statistics on the prescribed format to be submitted by CMS through email by March'15.
- Empanelment External Assessors – Complete Expansion under consideration at present.

Facility Level Quality Improvement

- Quality Policy & Objectives – To be implemented after SQA WG review and approval of Govt. of UP by December'14.
- Patient Satisfaction Survey – To conduct at all selected facilities by February'15.

- Standard Operating Procedures – Developing at State Level, after approval of State govt. it would be implementing at all facility by February'15.
- Cleanliness – After Orientation 60 facilities the IP practices have visibly improved, remaining targeted facilities will be covered by December'14.
- Periodic assessment review – At 60 facilities 1st IA completed, Remaining facilities IA will be initiated in Current FY

Certification

- State level Certification of DH - No of Facilities Selected – 2/6 DWH by January'15.
- State level Certification of CHC – No of Facilities Selected – 9/99 CHC by January'15.
- State level Certification of PHC - No of Facilities Selected – 20/77, by June'15.
- National Level Certification of DHs - No of Facilities Selected – 2 by December'14.
- National Level Certification of CHCs - No of Facilities Selected – 5 by December'14.
- National Level Certification of PHCs - No of Facilities Selected – not proposed, by August'15.

28. West Bengal

Institutional Framework: Status

- Re-constitution of SQAC – Constituted. 1st meeting scheduled to be held in 2nd wk. November'14.
- Re-constitution of DQAC– To be constituted in 2nd wk. November'14.
- Creation of SQAU & DQAU- To be constituted in 2nd wk. December'14.
- Constitution of Quality Teams at DH – To be constituted in 1st wk. December'14.
- Constitution of Quality Team at CHC - Yet to be decided.

Training & Capacity Building

- Awareness Training - 1 done in August'14. Total participants around 70 include 20 SQAC members, 15 State level Prog officers, 25 (18+7) CMOHs of districts and health districts, Zonal Officers of K MUHO. To be done in 3rd/4th wk. November'14.
- Internal Assessors training –Participants include- (I) SQAU - 20 (5 members + 5 members from main Prog divisions), (ii) RQAU- 6, (iii) 108 (18x6) participants from 18 DQAUs (6 members in each DQAU), (iv) 160 (16 x10) participants from 16 Facility level QAT (10 members in each QAT). Total participants- 284, 7 training sessions required. Seven two days training in - 1st wk. January'15 – 4th week of March'15.
- Services Provider Training – Total participants include 10 participants each from 16 facilities, total 160 participants for three days training in 4 sessions. Four 3 days training in – 1st week of January'15– 3rd week of April'15.

Measuring Quality

- Baseline Assessment – Start with assessment of Purulia DH by 2nd week of December'14 will continue till 4th week of March'15.
- Scoring & Ranking of Facilities - Will be done only after Baseline Assessment by 4th week of March'15.
- Reporting of Key Performance Indicators – It has already been notified through Govt order for all.
- Empanelment External Assessors – by January' 15.

Facility Level Quality Improvement

- Quality Policy & Objectives – by March’15.
- Patient Satisfaction Survey – June’15.
- Standard Operating Procedures – March’15.
- Cleanliness – April 15.
- Periodic assessment review – June 15.

Certification

- State level Certification of DH - No of Facilities Selected – 16/22 by Feb 2016.
- State level Certification of CHC & PHC– Yet to be decided.
- National Level Certification of DHs - No of Facilities Selected – 12/22 by March’16
- National Level Certification of CHCs PHCs - Yet to be decided.
- Finally, National Convention of Quality in Public Health was ended with flying colors with thanks to the Chair and distribution of memento by Mr. Manoj Jhalani, Joint Secretary, Policy to all the QI Team Members.

With the active participation of speakers with an appropriate context to idea of content of the presentation, solutions to the questions raised by the participations and fruitful discussions which had left the great memories at the convention and left their motivational positive words on the wall made the organiser more responsible to move the Quality in public health.

Road map presentation by state representatives from 29 states and 6 Union territories has made serious impact and key deliverable by the states to lay road for implementation of Quality assurance in their public health facilities which also became the stage for conveying seriousness of taking quality assurance by the high level authorities in Ministry of Health and Family Welfare, Government of India.

Accomplishments

Convention has been a great platform which has given National Quality Assurance Programme a strong boost. It has shown significant projections in terms of implementation with surge in

- Proposal for budget from states in PIP has increased substantially which made Quality Assurance a top priority for Ministry of Health and Family Welfare, Government of India
- Capacity building requisition to QI, NHSRC has increased demand more than 100%.
- Adaption of Quality Assurance by States Issuing Gazetted Order.
- Increase in awareness for recruitment of specialized and experienced man power for success of programme.
- Serious approach by states with fixed timeline to implement has proved an attention of policy makers.
- Raise in demand for provision of quality services to needy.

- Reducing guideline fatigues by following National Quality Assurance Standards.

Participants in National Convention on Quality in Public Health has admitted that their strong scepticism has turned enthusiasm which has built a cooperation and goodwill between representatives of various states has made convention a great success. Many states representatives have announced some of the objectives through their road map, they are:

- Promote Quality assurance as a priority in their respective states with an aim of strengthening their public health facilities to achieve National certification.
- Enhancing capacity building of their in-house staff to make Quality Assurance as a habit.
- Encourage public health cadre to follow Quality assurance standards and exchanging best practices.
- Encouraging Clinical staff to follow clinical protocols to deliver Safe and quality of care to needy citizens.

Convention has been covered by various National news channel and also posted on various official social networking by Ministry of Health and Family Welfare, Government of India.

List of Participants

List of Participants	
S. No	Participants
1	Mrs. Indra Mallo Principal Secretary for Health& FW Government of Arunachal Pradesh
2	Mr. P.N. Thungon Mission Director, NHM, Government of Arunachal Pradesh
3	Dr. Moji Jini DME, Government of Arunachal Pradesh
4	Dr. Emi Rumi Jt. DHS, FW, Government of Arunachal Pradesh
5	Dr. Dimong Padung Nodal officer, NHM.
6	Mrs.Dr.T.Lalhmailhi, Joint Mission Director, Mizoram
7	Mr.Dr.R. Lalhuanawma State Nodal Officer, QA, Mizoram
8	Dr.C.N. Mahesvaran Mission Director, Tamil Nadu
9	Dr. P. Kolandaisamy Tamil Nadu

10	Dr. Ravikant Gupta Director, NRHM, Haryana
11	Dr. Monika Narang State Quality Coordinator, Haryana State Health Resource Center, Haryana
12	Dr. Sarat Chavhan Commissioner / Secretary (Health), Goa
13	Dr. Sunanda Amonkar Medical Supdt., Goa Medical College.
14	Dr. Siona Gomes Medical superintendent, Hospicio hospital, Margao, Goa
15	Dr. Rupa Naik DIO, SFWB-Goa
16	Dr. Yash Pal Sharma MD, NHM, Jammu & Kashmir
17	Dr. Alka Nodal Officer QI, NHM, Himachal Pradesh
18	Dr. S. Sucheta Devi Deputy Director, NHM, Manipur
19	Dr. Usha Kh. RCH consultant, Manipur
20	Dr. L L Sawaian Director Health Services, Meghalaya
21	Dr. K Lyngdoh Joint Director Health services, Meghalaya
22	Dr. Sarita Lama Additional Director cum nodal officer QA, Sikkim
23	Dr. Baroon Subba Medical superintendent, DistrictHospital, Namchi, Sikkim
24	Ms. Mon Moyuri Dutta State Facilitator, Sikkim
25	Shri Minhaj Alam MD NRHM- Kerala
26	Dr.K. Sandip State Consultant M&E, Kerala
27	Dr.P.K. Jamila Director Health Services
28	Dr Gaur Nodal Officer-Quality, Madhya Pradesh
29	Ms. Juhi Consultant Quality NHM
30	Smt. Roopa Mishra MD, NHM, Odisha

31	Dr. D. K. Panda Team Leader, SHSRC-Odisha
32	Dr. Manoranjan Mohapatra Consultant QI & QA (Mgt.)- Odisha
33	Dr. Nitin Arora Consultant QI-Chandigarh
34	Dr. Soma Rani District Family Welfare Officer-Chandigarh
35	Dr Rajesh SPM-Chandigarh
36	Ms. Sharvari Ubal Quality Consultant-Chandigarh
37	Dr JL Meena (SQAMO) Gujarat
38	Dr. Kanan Desai State Consultant-WASH, Gujarat
39	Dr. Sanghmitra Ghosh MD NHM, West Bengal
40	Dr. Satpathy DG Health Services, West Bengal
41	Dr. Barun Santra AD (Hospital Administration), West Bengal
42	Dr. Sandip Sanyal Department of Hospital Administration, West Bengal
44	Dr. Vijay Baviskar Assistant Director of Health Services, Maharashtra
45	Smt. Sujata Saunik Principal Secretary, Public Health & Family Welfare Department, Maharashtra
46	Dr. Sadhana Tayade Joint Director of Health Services (Hospitals), Maharashtra
47	Dr. Neelima Singh Telangana
48	Dr. Raja Sekhar Babu SPO(QA), Telangana
49	Dr. Veena Kumari Commissioner-TSVVP, Telangana

50	Dr. T Neerada CPO-Telangana
51	Dr. Suman Arya Uttarakhand
52	Dr. Archana Johiri Uttarakhand
53	Dr. Rajendra Prasad JD (Training), O/o CHFW, Andhra Pradesh
54	Dr. B.V. Rao DD, O/o DME, Andhra Pradesh
55	Dr. Shailaja Consultant Health, Plg. Dept, Andhra Pradesh
56	Dr. Urvashi Kaushik Consultant, Public Health, Health Dept, Andhra Pradesh
57	Mr. Amit Ghosh Uttara Pradesh
58	Dr. Sulbha Swaroop Uttara Pradesh
59	Dr. Ishtikar Khan Uttara Pradesh
60	Dr. V. K. Das Director, Medical and Health Services-Dadar and Nagar Haweli
61	and Dr. A. K. Mahala SPO (RCH)-Dadar and Nagar Haweli
62	Dr. Kalpana Vyas ED(Logistics), RMSC, Rajasthan
63	Dr. Thangi Lam Deputy Director Health Service cum Nodal Officer Quality-Nagaland
64	Dr. Sandip N. Mahatma Mission Director, NHM, Tripura
65	Mr. Deepak Kumar Biswal, State RMNCH+A Coordinator, Tripura
66	Dr A C Baishya, Director, RRC NE
67	Dr Chandana Deka, Consultant-PH, RRC NE
68	Ms. Sanyukta Kashyap, Programme Associate, RRC NE
69	DR R M Kumbhar Maharashtra
70	Mr. Ashish Singhmar Mission Director-Jharkhand

71	Dr. Sumant Mishra Director in Chief-NHM-Jharkhand
72	Dr. Tunul Hemrom Deputy Director cum Nodal Officer Quality Assurance-Jharkhand
73	Mr. Kedar Nath Consultant Regional Quality Assurance-Jharkhand
74	Dr S.C. Gulati Senior Consultant, Policy Unit, NIHFW
75	Dr Ashish Arora GM, Irene Healthcare
76	Director SOHS IGNOU
77	Dr. Bidhan Das Managing Director, Octavo Solutions Pvt. Ltd.
78	Dr. Dharm Pal Taneja State Improvement Coordinator(URC)
79	Dr. Rajesh Singh JSI India
80	Dr. Sebanti Ghosh, JSI India
81	Dr. Sudhir Maknikar, JSI India
82	Dr. Vandana Jain Technical Operations Manager(Medical)NABL
83	Dr. Vikrant Khanna, Appolo Group
84	Dr Naresh Goel, DDG (LS & IEC) National AIDS Control Organization
85	Mr. Aditi Lyer, Indian Institute of Management Bangalore, India & Adjunct Professor Global Health and Population Harvard School of Public Health
86	DR Ajay Gambhir Chairman PEDICON 2015, President Elect NNF, Executive Member Delhi Medical Council, Board Member NABQP (Quality Council India)
87	Rajeev Gera Project Director IPE GLOBAL
88	Dr. Prachinkumar Ghodajkar Assistant Professor, Centre of Social Medicine and Community Health School of Social Science Jawaharlal Nehru University
89	Mr. Alok Banerjee

90	Balmiki Kr. Choudhury Quality Manager/AMS Satya Medical Centre
91	Dr. Pankaj Dhingra, State Improvement Coordinator- Haryana.
92	Dr Neerja Arora State Improvement Coordinator, Delhi
93	Dr M Srivastava President, Academy of Hospital Administration
94	Mr. Shahadat Hussain, Statistical Officer, Quality Assurance Cell, Delhi State Health Mission,
95	Dr. Kovid Sharma State Improvement Coordinator, Uttarakhand
96	Mr. Mirwais Rahimzai Deputy Project Director, India
97	Mr. Praveen K Sharma
98	Dr. Purna Chandra Kora
99	Dr.P. K. Prabhakar Deputy Commissioner (Child Health) Ministry of Health & Family Welfare, Government of India
100	Dr. Gopakumar
101	Dr. Javvad Suri National Expert- Newborn Health
102	Dr. Preeti Kumar Adjunct Associate Professor Director - Training Division Public Health Foundation of India
103	Mr. Gaurav Taneja
104	Ms. Swati Bharti
105	Dr. P C Kora
106	Dr. S Sahu
107	Dr Sona Bedi
108	Devendra Khandaait
109	Mr. Farid, MP TAST
110	Dr. Aboli Bore MPTAST
111	Dr. Nancy Godfrey
112	Ms. Sheena Chhabra, USAID
113	Dr. Sachin Gupta, USAID
114	Dr. Sharmila Ghosh Neogi, USAID

115	Ms. Moni Sinha Sagar, USAID
116	Dr. Amit Shah, USAID
117	Dr. Hari Singh, USAID
118	Dr. Ekta Saroha, USAID
119	Mr. SomeshKumar JHPIEGO
120	Dr Sankar Narayanan GDMO Dabri
121	Mr. RavindraKumar Khullar
122	Dr. Devina Bajpayee, IPE Global
123	Dr. Roop lal Additional MS, JPC hospital
124	Dr Abha Mehndiratta
125	Dr Anita Thurakal, UNICEF
126	Dr. Sanjeev Upadhyaye, UNICEF
127	Dr. Teja Ram Deputy Commissioner (FP) Ministry of Health & Family Welfare
128	Dr. Genevieve Begkoyian Chief of Health, UNICEF
129	Dr. KhalidSiddeeg (Health Specialist)
130	Mr. ChandrakantLahariya (WHO, India)
131	Ms. Harpreet Kaur Kalsi, Jamia Hamdard
132	Ms. Sujatagupta, Jamia Hamdard
133	Ms. Sheetal lohmod, Jamia Hamdard
134	Dr. Anish Barnawal
135	Dr Irina Papieva (WHO, India)
136	Ms. Sudha Tewari
137	Mr. Linta Merlin Daniel
138	Ms. Steffi Jose
139	Air Mshl L K Verma AVSM(Retd), Ex DGMS, IAF