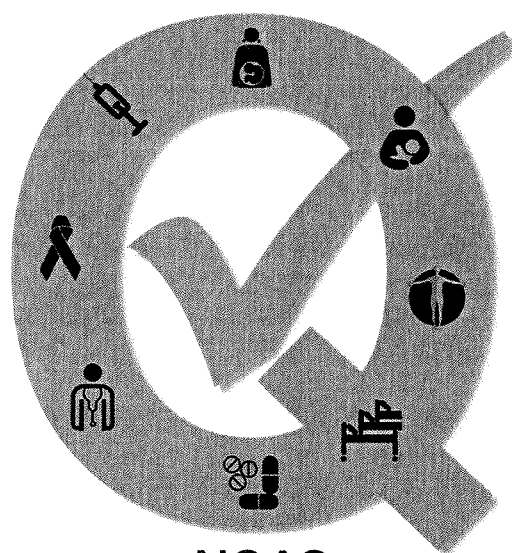


Minutes of 7th Central Quality Supervisory Committee Meeting

157-A, 1st Floor, Nirman Bhawan,
Ministry of Health and Family Welfare, New Delhi



NQAS

28th January' 2022

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Seventh meeting of the Central Quality Supervisory Committee (CQSC) was held on 28th January' 2022 in the chamber of Shri Vikas Sheel, Additional Secretary & Mission Director NHM MoHFW, who chaired the meeting. List of the participants is enclosed at Annexure 'T'.

The meeting was initiated with a welcome address by Shri Vikas Sheel, AS & MD-NHM. Afterwards, he directed the member secretary, Dr J N Srivastava, Advisor, QPS to start the proceedings. In-depth discussions were held on the following points:

- ☐ ATR (Action Taken Report) on the decisions taken in the sixth CQSC meeting held on 22nd July' 2021,
- ☐ Status and achievements of the quality assurance programme across the states
- ☐ Key challenges in the implementation of NQAS
- ☐ Decision points

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

Agenda Point 1: Action Taken Report (ATR) on decisions of 6th CQSC meeting:

1.1 Follow-up for inclusion of NQAS certified facilities into the gold category to NHA
Advisor (QPS) informed that the NHA GB had approved a 15% incentive over and above the base package rate (Gold Category) for the NQAS certified health facilities. NHA would be issuing its notification in due course. This will be implemented from 01st April 2022. ED, NHA has also requested for seamless access to the data of NQAS certified Public Health Facilities.

Action to be taken:

- ☐ AS & MD advised that PM-JAY id or ABDM-Id of health facilities needs to be captured. A meeting with concerned stakeholders such as HMIS, CHI, NHSRC, etc. may be planned.

1.2.a Roll-out of the Quality Standards for HWC-SC

It was informed that state-level workshops for implementing National Quality Assurance Standards at HWCs had been completed for all 36 states/UTs. However, AS&MD emphasized sharing the NQAS certification target for HWCs with the states again to accelerate the progress of NQAS certification of HWCs.

Action to be taken:

- ☐ To integrate the data of NQAS certified HWCs with the HWC portal with the support of CP-CPHC division NHSRC.

1.2.b Finalization of quality standards for HWCs-PHC



It was informed that the scope of existing NQAS for the Primary Health Centres has been expanded as per additional services at HWC-PHCs, and the tools will be ready by mid-February 2022.

1.3 Development of Patient Safety self-assessment tool

Advisor (QPS) informed that the first draft of the Patient safety self-assessment tool has been developed and field testing will commence in February 2022.

1.4 Dissemination workshop for Prescription Audit Guidelines

It was informed that a National dissemination workshop was conducted on 12th August 2021 with approx. 2800 participants. Later, modalities of follow-up actions were discussed in detail.

Action to be taken:

- ☐ AS & MD instructed that a few key performance indicators in respect to adherence rational prescribing could become a part of HMIS portal. QPS division was instructed to review the literature and propose few practical Key Performance Indicators.

1.5 Finalization of quality scheme for childcare services

Subsequent to the decision taken in the 6th CQSC meeting, the MusQan scheme including assessment tools was launched on 17th September'2021 by the Hon'ble HFM. Subsequently, a national level dissemination workshop for MusQan was held on 3rd December'2021 in coordination with Child Health Division, MoHFW under the guidance of AS & MD to orient the states/UTs about the scheme and roadmap for implementation at the facility level.

1.6 Dissemination of six-monthly update- 'Quality Darpan'

It was informed that the 3rd edition of Quality Darpan was released by the Hon'ble HFM on 17th September'2021 and later disseminated to all the states and UTs. The fourth edition for the period July-December 2021 will be published in the second week of February'2022.

1.7 Commence the physical assessment of health facilities for quality certification

It was briefed by Advisor (QPS) that physical assessment of health facilities was initiated from 13th September'2021. However, due to the surge in the COVID cases, the assessors and states had been asked to indicate their preference for the physical/virtual assessment. Around 50% of assessors and states are willing to conduct physical assessments. Therefore, AS & MD suggested opting for any methods, as preferred by the states and assessors.

1.8 Approval for translating 'Mera-Aspataal' questionnaire in 12 other languages



It was informed that the Mera-Aspataal questionnaire has been translated into 12 languages and submitted to CHI for integration. However, Advisor (QPS) highlighted the need for eliciting requisite support from CHI, which at times is found wanting.

Action to be taken:

- ☐ It was reiterated by the AS & MD that the QPS division could schedule a review meeting with CHI to address the issues/challenges in the implementation of Mera-Aspataal.

1.9 Roadmap for next five years with a target of 50% health facilities getting quality certified in next phase of NHM

Following the issue of the Health Secretary's DO letter to all the states/UTs with NQAS targets for the next five years, a consultative workshop with the state's quality nodal officer was held on 16th and 17th December 2021 in physical mode. A roadmap for NQAS certification was discussed with the states/UTs in detail in the workshop.

Action to be taken:

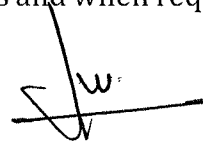
- ☐ AS & MD advised to include NQAS in the orientation programme for District Magistrates.
- ☐ It was discussed to prepare a branding guidance document for public recognition of the NQAS nationally and state certified facilities.
- ☐ AS & MD directed that quality certificate for nationally quality certified health facilities should also be signed by States' Principal Health Secretary and Mission Director for enhancing ownership of the certification process.
- ☐ Conduct joint review meetings at the national and state level, quarterly
- ☐ AS & MD asked to strengthen state certification mechanism by mandatory submission of evidence of actual conduct of state assessment and certification. NHSRC was instructed to work-out the details, which need to be submitted along with the application for national certification.

1.10 Increase the pool of external assessors for anticipated high load

Advisor (QPS) apprised that three batches of NQAS external assessor training had been conducted with an addition of 145 assessors in the national pool. He highlighted that at times such assessors are not given permission for travel to other states to undertake the certification assessment. Along with this, he briefed that all assessors will be signing a code of conduct with NHSRC for carrying out assessments of Health Care Facilities under the National Quality Assurance Standards (NQAS).

Action to be taken:

- ☐ AS&MD instructed to issue an advisory to the states/UTs regarding grant of permission to undertake the travel by the assessors as and when requested by the Certification unit, NHSRC.



- ☐ Copy of signed code of conduct to be mailed to all the empanelled external assessors.

1.11 Expand scope of the NQAS to include newer initiatives and services as per NHM mandate

Advisor (QPS) shared that a proposal has been submitted to the MoHFW for creating clinical sub-groups for periodical Updation of checkpoints and means of verification in r/o clinical care standards. It was briefed that the NQAS framework will be further strengthened to include Geriatric and Oncology services as per the NHM mandate.

1.12 NQAS roll-out under SUMAN initiatives-Expedite the process of quality certification of SUMAN notified facilities

An orientation workshop was conducted in October'2021 for NQAS roll-out under SUMAN, and a guidance note was prepared and shared with the states/UTs. However, it was highlighted by the Advisor, QPS, that many of the SUMAN notified facilities are not NQAS state certified, as per the SUMAN guidelines.

Action to be taken:

- ☐ Issue of an advisory letter, to the states/UTs to ensure that all SUMAN notified facilities should be state NQAS certified facility within one year of the notification; otherwise, the facilities will be de-notified from SUMAN.

1.13 Observance of third Patient Safety Day on 17th September 2021

Advisor (QPS) shared that a series of activities were undertaken during the patient safety week (11th-17th September'2021) in all the states/UTs and had been documented, published and shared as a compendium with the states/UTs.

1.14 Endorsement of revised TORs of the Central Quality Supervisory Committee

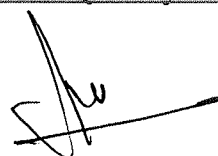
Advisor (QPS) shared that CQSC was constituted in 2015, and few TORs were documented in the office order. With time, the programme's scope has increased, so the TORs of the CQSC members are revised and incorporated in the revised operational guidelines for improving quality in public healthcare facilities 2021. Thereafter, AS&MD endorsed the revised TORs of the CQSC.

1.15 Approval of Financial Plan of the Certification Unit 2022-23

Advisor (QPS) presented the financial plan for the certification unit to undertake operational activities for FY 2022-23. An amount of 196.46 lakh was proposed, which was later recommended for approval by the CQSC members and advised to take it to the upcoming 18th GB for final approval.

Verification

Agenda Point 2: Status and Achievements under National Quality Assurance Standards and its related domains



2.1 Status of NQAS Certifications

The status of National Certified facilities was then discussed. Advisor (QPS) informed that a total of 1368 facilities (both urban and rural) had been certified nationally, while 3578 (both urban and rural) facilities are State Certified till 31st December 2021. The current trajectory of the certification appears satisfactory as many states have achieved NQAS certification targets for FY 2021-22 under different levels of health facilities. Shri Vishal Chauhan, Joint Secretary (Policy), mentioned that ensuring quality in delivered services at public health facilities is one of the key priorities of NHM.

Action to be taken:

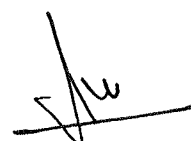
- ☐ AS & MD directed to send an advisory letter to the states to focus on NQAS certification in aspirational districts.
- ☐ He also asked to send an appreciation letter to the states/UTs which have achieved NQAS certification targets for FY 2021-22.
- ☐ AS & MD instructed that a key performance indicator in respect to surveillance quality score of NQAS certified health facilities could become a part of HMIS portal.

2.2 Status of LaQshya Certifications

Advisor (QPS) informed that a total of 451 labour rooms and 365 maternity operation theatres had been certified nationally under the LaQshya initiative. Also, he highlighted that number of Labour Room certified under LaQshya is greater than the number of Maternity OT. The states are reluctant to apply for LaQshya certification of MOT. Although, in the programme guidelines quality certification of Labour room/or MOT is permitted separately. However, the facility must endeavour for LaQshya certification of both the departments. Subsequently, Dr Padmini Kashyap, Assistant Commissioner-Maternal Health also highlighted that the states are not aware of the revision in incentivisation that a LaQshya certified facility is eligible to receive incentives for three years.

Action to be taken:

- ☐ AS & MD directed to send an advisory to the states, advocating that the facility must apply for LaQshya certification of both Labour Room and Maternity Operation Theatre to ensure that basic and emergency obstetric care at FRU facilities meet quality norms. However, if the facility applies for LaQshya certification of one department only, in that case, it will be awarded as provisionally certified under LaQshya, and the state must apply for LaQshya of another department within one year. In case of non-compliance with the above-said mandate, their LaQshya certificate for one department will stand cancelled.
- ☐ He also asked the NHSRC to issue a letter to the states informing about eligibility of LaQshya certified health facilities for receipt of incentives for three years, subject to submission of their surveillance reports to the NHSRC.



- ☐ AS & MD instructed not to design a separate LaQshya scheme for Primary Health Centres (PHC) and non-FRU Community Health Centres (CHC). These facilities should undergo NQAS certification.

2.3 Status of Kayakalp

Subsequently, Advisor (QPS) presented the status of the Kayakalp award scheme and the progress of the States/UTs over the years. The total number of Kayakalp Awardee facilities has increased from 100 facilities in FY 2015-16 to 12618 in FY 2020-21. Following this, AS & MD asked to confirm a date from the HFM office to organise the Kayakalp Award function, preferably in first week March 2022.

2.4 Swachh Swasth Sarvatra (SSS)

The CQSC members were briefed that in the year 2021-22, Rs. 1938.55 lakhs have been approved as a one-time grant to CHCs & U-PHCs in the ODF blocks and wards, respectively, to improve hygiene and sanitation.

Action to be taken:

- ☐ AS & MD asked to conduct an evaluation study to assess the impact of SSS in rural and urban areas for its further continuation under the NHM.

2.5 Mera-Aspataal status

While providing the status of the 'Mera-Aspataal' feedback system, Adviser-QPS mentioned that 9485 health facilities across 34 states/UTs are integrated with Mera Aspataal; however, the states and health facilities do not utilize the data for improving patients' perception.

2.6 Support for free drug service initiative (FDSI)

It was informed that the division has finalised the guidelines for district drug warehouse planning and is in the process of publication.

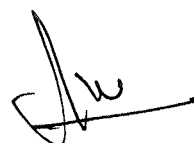
Action to be taken:

- ☐ AS & MD asked the division to draft quality standards and parameters of drug warehouses.

2.7 Training and Capacity Building

Advisor-QPS briefed that a total of 604 batches of training have been imparted since the programme's inception, out of which 48 batches were conducted IN FY 2021-22. He said that NHSRC had empanelled ten experts and two external organisations to support quality assurance training in the state.

2.8 NQAS for Haemodialysis Centre



Advisor-QPS informed that the MoHFW had approved the quality standards and assessment tools for haemodialysis, and a national dissemination workshop is planned in February 2022.

Action to be taken:

- ☐ AS & MD directed to design a scheme for standalone NQAS certification of Haemodialysis Centre.

2.9 IT enabled NQAS certification system

Advisor (QPS) shared that the IT software for NQAS certification will be completed in two phases.

Action to be taken:

- ☐ AS & MD directed to schedule a review meeting with CDAC for demonstration of the software.

Agenda Point 3: Challenges in implementation of NQAS

Advisor (QPS) mentioned the state's key challenges in implementing NQAS at the facility level.

1. Adherence with statutory and regulatory requirements under NQAS in terms of
 - ☐ Fire NoC: High cost for installing firefighting equipment such as hydrant, underground water tank, etc., with varied cost between Rs. 60 lakhs to Rs. 3.9 crores per facility
 - ☐ Bio-medical waste Authorisation: Cost of installing ETP varies from Rs. 40 lakhs to Rs. 1 crore

Action to be taken:

- ☐ AS & MD emphasised that given the scope and magnitude of the challenge in ensuring quality services at public health facilities, it would be prudent to support the states in the installing firefighting equipment and ETP through the NHM PIP route. But at the same time, he also emphasised that an approximate budget could be estimated per facility (as per IPHS norms) with the support of PHA division, NHSRC in terms of cost per unit for planning and approval purposes.

Agenda Point 4: Key decision

4.1 Rationalisation of incentives for NQAS certified facilities

It was highlighted by Advisor (QPS) that incentive norms for CHC/PHC/UPHC need to be rationalised under NQAS.

Action to be taken:



- ☐ AS & MD directed to study the financial implications of NQAS certified facilities against the set target. Following this exercise only, the proposal for rationalising incentives for NQAS certified facilities will be re-examined.

4.2 Recognition of SQAU and DQAU on quality certification

The proposal for team-based incentives to SQAU and DQAU based on the performance of NQAS certification was not agreed.

4.3 Development of NQAS for Medical Colleges and Tertiary Care Institutions

The proposal for the development of NQAS for Medical Colleges and Tertiary Care Institutions was not approved, as it would entail shifting of focus from Primary and Secondary care facilities.

4.4 Extension of Kayakalp in CGHS empanelled HWCs

A request has been received from CGHS for technical support to expand the Kayakalp initiative to HWCs under CGHS. While agreeing for extending the support, it was advised that these HWCs should go for NQAS certification in near future.

4.5 Replication of MP State Action Plan for containment of Antimicrobial Resistance (MPSAPCAR)

It was proposed to issue an advisory to states to adopt the MP State Action Plan for containment of Antimicrobial Resistance after customisation as per the state's need.

Action to be taken:


- ☐ AS & MD instructed to enquire from the state about its impact, if such study has been conducted by the state.
- ☐ JS (P) advised that NHSRC should look at the work, which have already been undertaken by various organisations, followed by consultation with NCDC, WHO and other organisations to develop a roadmap for primary and secondary care facilities.

4.6 Development of IEC materials for patient safety through various media

Advisor (QPS) reiterated the importance of IEC to ignite the demand for quality and safe care from the community. Therefore, it was proposed to develop IECs material (audio, video films) related to quality and safety which could be disseminated through various print and electronic media. The proposal was approved by the AS & MD.

In his concluding remarks, the chairperson asked the QPS Division to prepare a timeline of all the planned activities and expedite them.

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



Annexure 'A'

List of Participants (7th CQSC Meeting)

A. Attended in-person

	Name	Designation
1	Mr. Vikas Sheel	AS&MD - NHM
2	Shri Vishal Chauhan	JS (Policy)
3	Dr Neha Garg	Director – NHM II
4	Dr J N Srivastava	Advisor-QPS, NHSRC
5	Dr Deepika Sharma	Lead Consultant- QPS, NHSRC
6	Dr Moiz Uddin Ahmad	Sr. Consultant- NHM (Public Health Policy and Planning)

B. Attended virtually

7	Dr Ashok Babu	JS (RCH)
8	Ms. Anjali Rawat	Deputy Director General (Stats)
9	Shri Robert Singh	Director – NHM III
10	Shri Rabindra Prasad	Director – NHM IV
11	Dr Sumita Ghosh	Additional Commissioner-CH/AH/RBSK
12	Dr Teja Ram	Additional Commissioner-MH and Family Planning)
13	Dr Ritu	o/o DGHS
14	Dr Padmini Kashyap	Assistant Commissioner-MH
15	Dr Ashok Roy	Director – NERRC
16	Dr Rashmi Wadhwa	Senior Consultant-MH
17	NHSRC and RRC-NE -QPS Team	

