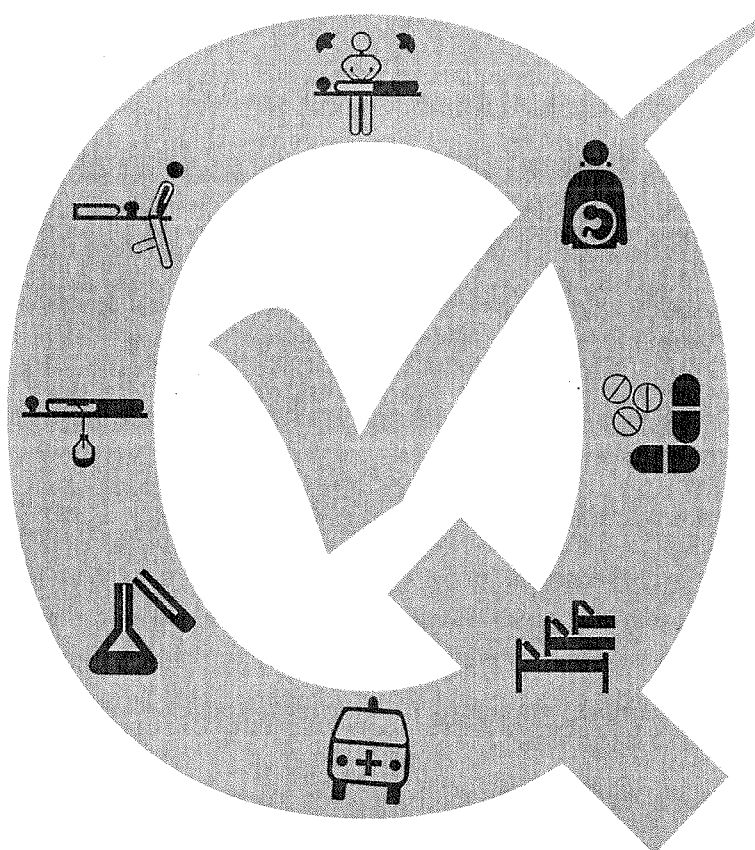


Minutes of the 8th Central Quality Supervisory Committee (CQSC) Meeting

Venue: Chintan Hall, 1st Floor,
National Health Systems Resource Centre,
New Delhi



23rd January 2023

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The eighth meeting of the Central Quality Supervisory Committee (CQSC) was held on 23rd January 2023 at NHSRC with Ms Roli Singh, Additional Secretary & Mission Director, NHM, MoHFW, who chaired the meeting. The list of the participants is enclosed as Annexure-A.

The meeting was initiated with a welcome address by Maj Gen (Prof) Atul Kotwal, SM, VSM, Executive Director, NHSRC, followed by opening remarks by the AS&MD.

Dr J N Srivastava, Advisor, Quality and Patient Safety (QPS), provided information about the background and mandate of CQSC, which is the apex body to oversee the implementation and monitors the health quality framework in the country. Subsequently, in-depth discussions were held on the following points:

- ☐ Action Taken Report on decisions of the 7th CQSC Committee
- ☐ Status and Achievements under NQAS and related domains
- ☐ Efforts for strengthening the implementation of National Quality Assurance Standards
- ☐ Key decision points for the committee

Agenda Point 1: Action Taken Report (ATR) on decisions of 7th CQSC Meetings

1.1 (a) NQAS Rollout of HWC-SCs:

Advisor QPS apprised the committee about introducing NQAS standards for Health and Wellness Centre/ Sub Centre, which were launched in December 2020. He informed that a separate chapter on the Quality-of-Care section is being updated in the revised CP-CPHC Guidelines 'Operational Guidelines for Ayushman Bharat Comprehensive Primary Health Care through Health and Wellness Centre'.

1.1 (b) Finalization of quality standards for PHC

It was informed that requirements under the NQAS take inputs from the IPHS guidelines. Since IPHS guidelines for different levels of facilities have been revised in 2022, the Quality and Patient Safety Division is updating the measurable elements and checkpoints for the Standards. Besides, the inputs from revised guidelines of Non-communicable disease control will also be taken.

1.2: Launch of Patient Safety Self-Assessment Tool: Advisor QPS informed that Shri Rajesh Bhushan, Union Health Secretary, on World Patient Safety Day, formally launched SaQushal (Patient Safety Self-Assessment Tool). The tool has been well accepted and appreciated in India and by international organisations.

1.3: Dissemination of six-monthly update - "Quality Darpan": Based on the committee's recommendation to disseminate the update on Quality, which includes the progress made, best practices, and learning from the states, "Quality Darpan" a six-monthly update is being published and disseminated after the MoHFW approval.

1.4: Approval of translating the Mera Aspataal questionnaire into 12 other languages and addressing the issues/challenges of Mera Aspataal: Advisor QPS shared the challenge regarding the Mera Aspataal, which needs a thorough restructuring. He updated that based on the feedback received, the Mera-Aspataal questionnaire has

been translated into regional languages, but these have not been integrated. The issue of responsive technical support to the states was also discussed.

JS (P) MoHFW advised to constitute a team led by Advisor IT, NHSRC and engage a vendor to restructure the system and take it forward. It may also be integrated with the ongoing system of ABIIA ID.

1.5 Increase of pool of NQAS External Assessors for the anticipated high load of NQAS Certification:

Advisor QPS informed the committee that in year 2022, a total of 5 batches of External Assessor training have been conducted by NHSRC to increase the pool of external assessors. The issue of conducting External Assessors Training at the State level was also discussed. Advisor-QPS highlighted the challenges of conducting this training at the state level. ED NHSRC advocated that maintaining quality in training at the state level, besides meeting norms of the International Society of Quality in Healthcare (ISQua), will be difficult. He also highlighted the challenge being faced in terms of using external assessors by the state for quality improvement activities.

The Joint Secretary (Policy) directed to increased frequency of National level EAT so that there is no shortage of quality assessors.

1.6: LaQshya:

Advisor QPS updated the members about the status of LaQshya Certification in the country. He also briefed about the follow-up action being taken on previous decisions. A letter has been issued to the states to ensure that labour room and maternity OT should be LaQshya certified within one year of either department getting the certified status.

1.7 NQAS certification under SUMAN initiatives: Advisor QPS updated the members regarding the status of the NQAS certification of the SUMAN-notified facilities.

1.8: NQAS for Haemodialysis Unit: Advisor-QPS apprised the members about the approval of NQAS standards of the Haemodialysis centres, which have been integrated with the NQAS framework for DH. It was further informed that a draft scheme for NQAS certification of the stand-alone dialysis units, which are being run in the PPP mode, has been developed, and the same will be submitted to the MoHFW for approval.

1.9: SaQsham: Advisor QPS provided the update on the SaQsham portal (IT-enabled NQAS certification System), which is developed in collaboration with the Centre for Development of Advance Computing (CDAC). He also informed that orientation training on the portal has been completed for the states and consultants.

1.10: Budgetary support towards Bio-Medical Waste Management, ETP, Fire NOC, etc.: ED, NHSRC informed the committee that getting BMW Authorization and Fire NOC are few of the major challenges being faced by the states/ facilities, especially in the North Eastern States where the fee for getting the authorization for BMW for the primary health care facilities are exorbitantly high.



1.11: Kayakalp scheme for CGHS: Advisor-QPS informed that a request was received from the CGHS for support in developing the KAYAKALP scheme. Subsequently, a draft scheme and assessment tools have been prepared and shared with CGHS.

1.12: Replication of MP State Action Plan for containment of Antimicrobial Resistance (MPSAPCR):

It was informed that QPS Division intends to work on Anti-Microbial Resistance. Work being undertaken in the states could be studied as a first step.

While appreciating the intention, AS&MD also highlighted the work undertaken by the ICMR. ED NHSRC informed that all the work related to AMR would be taken up in collaboration with ICMR, focusing not only on the research but also on the health systems perspective. AS&MD emphasized that AMR problems at the primary and secondary care levels need to be included in the proposed work.

Agenda point 2: Status and achievements under NQAS and related domains.

2.1. While updating on the progress of the National Quality Assurance Programme, Advisor-QPS highlighted the issue of delays in applying for recertification after the expiry of the certified status. He requested intervention from the MoHFW. He also flagged the challenge faced by the states that nationally empanelled assessors largely are unwilling for state-level assessment when the states/UTs make such requests. The committee was also briefed on the findings of the surprise assessment, and in many states, sustaining the gains of NQAS & LaQshya certification has been challenging.

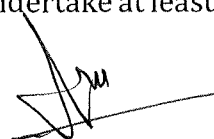
Ms. Anjali Rawat, DDG (Stat), MoHFW, suggested to the house that an advisory should go to the State/UTs regarding the NITI Ayog Hospital Ranking indicators.

JS (P) advised that an advisory to the states needs to be issued on the subject matter. It was decided that the number of facilities requiring recertification would be included in the key performance indicators for Mid Term review of the states.

ASMD shared her experience of the recent visit to a health facility at Kalyanpur (Kanpur), where the commitment of the Gynaecologist has been of an exceptional order.

Action to be taken:

- a) An advisory would be issued to all the States/UTs to carry out surveillance audits and recertification as per the protocol.
- b) More emphasis needs to be given to the NQAS Certification of HWC-SCs.
- c) It was decided to map the performance of the NQAS External Assessors in context with the number of state-level assessments conducted, the number of facilities supported as mentors to speed up the certification of health facilities, the number of national-level assessments and their performance, etc.
- d) The states may also take an undertaking from the prospective applicants of the External Assessors Training that they will be available to undertake at least three State level assessments besides three National assessments.



- e) ASMD suggested involving the other organisations in strengthening the NQAS implementation process and certification. The subject matter is placed on Agenda no. 4.7.

2.2: LaQshya Certification:

While discussing the progress of LaQshya certification in the country, Dr Padmini Kashyap Deputy Commissioner, Maternal Health Division MoHFW, raised a concern that out of 2800 identified facilities for LaQshya, 906 are state certified. However, that number has not been converted to national certification. She requested the committee if the assessors' findings could be shared with the MH Division, it would help the division in channelising the support for the facilities not performing well during the assessment.

Action to be taken: The copy of the LaQshya Assessment result and the scorecard's details will be shared with the Maternal Health Division. Subsequently, the Maternal Health Division will review the reason and support the State/UTs to fill the gaps.

2.3: Kayakalp incentive scheme:

While updating on the Kayakalp progress, Advisor-QPS informed that the "KAYAKALP AWARDS" scheme is no longer a National Award scheme but has become an incentive scheme. Director NHM suggested that changes may also be incorporated into the KAYAKALP guidelines.

JS (P) suggested that Hon'ble HFM may be apprised of these changes in the scheme.

Advisor, QPS apprised the members that the National Level felicitation function for DH & SDH/CHC level institutions has not been held, and states have been looking forward to such recognition. It was agreed to conduct the national-level felicitation sometime in May 2023.

Action to be taken:

Revision of the KAYAKALP guidelines incorporating the changes and changes need to be sent to MoHFW for approval.

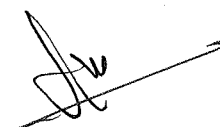
2.4.: Swachh Swasth Sarvatra (SSS): Advisor QPS apprised the chair about the SSS scheme, which is being implemented with the Ministry of Jal Shakti in rural areas which were subsequently extended to urban areas through a joint initiative between the Ministry of Housing & Urban Affairs (MoHUA) and MoHFW.

As instructed in the 7th CQSC meeting, an evaluation study to assess the impact of SSS was conducted, and a detailed report will be shared with the ministry.

Advisor, QPS suggested that the support towards the SSS programme may be continued.

Action to be taken: The draft report findings will be submitted to MoHFW.

2.5: Mera Aspataal: Members were informed about the key findings of the patients' feedback received on the Mera Aspataal portal. The issues are generally shared among



each level of healthcare facilities. The behaviour of healthcare staff and cleanliness in public health facilities are major concerns of the patients visiting the health facilities.

2.6: Training and Capacity Building

a. Training

The details of the capacity building trainings in r/o quality and patient safety were presented.

b. Post Graduate Diploma in Healthcare Quality Management-PGDHQM course (TISS)

The committee was apprised of the progress of the course, where professionals from the states and UT are nominated with the aim to support the Quality Assurance programme. Advisor QPS mentioned that trained professionals do not support NQAS implementation in all states and often they are engaged in other responsibilities.

Action to be taken: It was decided that states will be requested to ensure that such trained professionals are engaged in supporting NQAS implementation, besides undertaking their regular task.

2.7 Standardisation of processes in Certification Unit

It was observed that the certification unit lacks documented policies and procedures as per the Quality Management System's requirement. Advisor, QPS updated the members that the existing Certification Manual is reviewed and revised as per the requirement of the Quality Management System, including the Risk Management Framework and Quality Improvement Framework. CQSC members have endorsed the document.

2.8 Recognition of ISQua Certification

It was informed to the house that the NQAS standards and Assessors training program are accredited by International Society for Quality in Healthcare (ISQua).

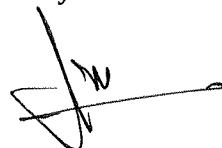
Advisor, QPS updated the members, that an application for ISQua accreditation of Certification Unit of NHSRC has already been submitted and physical assessment is expected in the last quarter of the current year. However, availability of physical space remains a constraint.

2.9 Status of Quality Improvement Plan:

The committee members were apprised of the status of the Quality Improvement Plan implementation for the FY 2022-23. Post-internal audit findings, an improvement plan has been prepared to address opportunities for improvement in October 2022. AS & MD advised monitoring the progress of the implementation.

2.10 Standard Treatment Guidelines:

The committee was informed that for enhancing the clinical skills of the doctors, a lecture series on 'Standard Treatment Guidelines' is being conducted by NHSRC in collaboration



with the Delhi Society for Promotion of Rational Use of Drugs. While appreciating the initiative, AS & MD advised including a component on rational prescribing.

2.11 Support for Free Drug Service Initiative

The QPS Division also supports implementation of the FDSI. The team also undertakes visit to states to assess drug procurement and supply chain management. The key findings of the last few visits were discussed.

Agenda point 3: Efforts taken to strengthen the implementation of the National Quality Assurance Programme:

The Advisor-QPS informed the committee that the following activities were undertaken in the year 2022 :

- a) Consultative workshop with the Development Partners
- b) Capacity building of Development Partners
- c) MoU with the Academy of Hospital Administration (AHA)
- d) Collaboration with Care India for National Level Quality Conclave
- e) National Consultation with States/UTs' nodal officers such as QA, Maternal Health, CP-CPHC Nodal Officers.
- f) Details of the certification process, the workflow of state certification, and surveillance were also explained in the regional review workshops of PM-ABHIM & XV FC.

Agenda point 4: Key decision points

4.1: Decision to departmental approach in MusQan certification: Dr Sumita Ghosh, Additional Commissioner CH mentioned about the challenges in the MusQan certification, primarily due to non-existent separate departments, such as Paediatrics OPD. Advisor QPS brought out challenges being faced in few of the states, where at district level SNCU is a part of Women Hospital, providing primarily maternity care, while other departments are in the male hospital, having a separate administrative mechanism. He also highlighted that the intent of the MusQan certification should not be diluted.

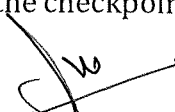
Action to be taken: After deliberations, following decisions were taken –

- a) At district level, at least two departments out of four departments needs to be taken up.
- b) NQAS certification of single department under MusQan will be given conditional certification with a validity of one year.

4.2: NQAS Branding: The proposal of developing a new logo for NQAS was discussed in the meeting. Few options developed by BMGF were shown to members.

Action to be taken: BMGF will be requested to share a few more options. AS & MD suggested to explore the option of NQAS logo with emblem of India.

4.3: Expand the scope of NQAS to include newer services as per NHM mandate: It was proposed to create small groups for specialty clinicians for reviewing the checkpoints



under NQAS framework so that standards remains contextual, evidence based and as per updated clinical requirements. Joint Secretary (Policy) advised that while undertaking such updation, assessment design and protocols should not be changed. It was approved by the CQSC.

4.4: Scaling-up the programme in Urban Health Facilities: It was observed that NQAS and Kayakalp activities have been lagging in the Urban Health Facilities.

Action to be taken: An orientation workshop of Quality Nodal Officers and Urban Health officials including Urban Local Bodies (ULBs) needs to be arranged and a road map may be developed to expediate the National Quality Assurance certification.

4.5: Support for the conduct of state-level assessment or surveillance audits by national-level assessors: Advisor-QPS appraised the members that in a few of the states, NQAS external assessors do not support the state-level assessment.

Action to be taken:

- a) It was decided that an advisory will be issued to the States/UTs to utilize assessors services for state-level assessment and mentoring for healthcare facilities. However, honorarium, etc. needs to be paid as per rate recommended in the operational guidelines for improving the quality in public healthcare facilities 2021.
- b) ASMD also instructed to fix a minimum number of state-level assessments for each empanelled external assessor with NHSRC.

4.6: Complaint management system: Status of complaints and resolutions was presented. It was appraised that a large number of complaints against the national assessors are about their behaviour during assessments, escalated travel costs, undue demands, etc.

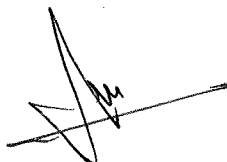
4.7: Delegation of state certification to the RRC-NE and reputed institutions: A proposal was put up to the committee for engaging SHSRC, SIHFWs, RRC-NE, and other reputed institutions for supporting the states and districts in undertaking the following activities –

- a) State Certification Assessment
- b) Surveillance Assessment
- c) Capacity Building

Action to be taken:

In principle approval to the proposal was accorded. ASMD, MoHFW instructed to outline the ground rules for the engagement of such institutions.

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



Annexure A
List of the participants

Sl. No	Name	Designation
1	Ms. Roli Singh	Additional Secretary & Mission Director, NHM, MoHFW
2	Shri Vishal Chauhan	Joint Director (Policy), MoHFW
3	Maj. Gen (Prof) Atul Kotwal	Executive Director, NHSRC
4	Ms Anjali Rawat	DDG(Stat), MoHFW
5	Dr Neha Garg	Director, NHM – II, MoHFW
6	Dr Sumita Ghosh	Additional Commissioner & In charge Child Health Division, MoHFW
7	Dr Padmini Kashyap	Deputy Commissioner-Maternal Health, MoHFW
8	Dr J N Srivastava	Advisor, QPS

Sl. No	Name	Designation
9	Mr Harsh Mangla	Director, NHM – I, MoHFW
10	Mr Adwait Singh	Deputy Secretary, NHM – IV, MoHFW
11	Mr A Srivastava	Advisor, IT (special invitee)
12	Dr Ranjan Choudhury	Advisor, HCT (special invitee)
13	Dr MA Balasubramanya	Advisor, CP-CPHC (special invitee)
14	Dr Moiz Ahmad	Sr. Consultant, MoHFW
15	Dr Rashmi Wadhwa	Sr. Consultant MH
16	Dr Kapil Joshi	Sr. Consultant CH
17	Dr Tushar Purohit	Sr. Technical Officer LaQshya, PMU MH division
18	Ms. Sampada Sahu	Jr. Consultant, NHM -II, MoHFW
19	NHSRC and RRCNE Team	



