

Venue: 650-A, Nirman Bhawan
Ministry of Health & Family Welfare,
New Delhi



The ninth meeting of the Central Quality Supervisory Committee (CQSC) was held on 27th March 2024 at 650-A, Nirman Bhawan, Ministry of Health & Family Welfare under the chairpersonship of Ms. Aradhana Patnaik, Joint Secretary (Policy), NHM, MoHFW. 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. It was followed by an overview of the National Quality Assurance Standards (NQAS) provided by Dr J N Srivastava, Advisor-QPS. He also elaborated on the mandate of the CQSC which is the apex body to provide strategic direction on NQAS implementation in the country and simultaneously undertaking programmatic review.

He informed the committee that ISQua surveyors have visited the NHSRC from 26th February 2024 - 2nd March 2024 for undertaking assessment of the certification unit, prior to the award of ISQua accreditation. The result of the assessment is awaited.

Further, the Chairperson sought a clarity on the ISQua accreditation status of NABH. Wherein ED, NHSRC briefed that NABH and NQAS certification of health facilities are considered at par by the Insurance Regulatory Development Authority (IRDA) and National Health Authority (NHA). He added that NABH standards and Certification Process are ISQua accredited, whereas National Quality Assurance Standards (NQAS) and NQAS External Assessor Trainings are ISQua accredited. After, we receive the ISQua accreditation for the Certification Unit, NHSRC will be the first entity in the country to achieve all three ISQua Accreditations.

Subsequently, in-depth discussions were held on the following points:

- Action Taken Report on decisions of the 8th CQSC Committee
- Status and Achievements under the 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 8th CQSC Meetings

1.1 (a) Issue of an advisory to all States/UTs to undertake surveillance & recertification audits as per protocol

- Advisor QPS apprised the committee that the advisory was issued.
- The Joint Secretary (Policy) emphasized on importance of having regular follow-up of certified health facilities for ensuring continued compliance and improvement. It was decided that the NQAS certified facilities will be required to submit gap closure reports along with improvement plans every year.



1.1 (b) NQAS Certification of AAM-SC

- As discussed in the last meeting, for supporting NQAS certification in AAM-SCs, intensive field visits have been undertaken and resource material such as videos in hindi have been developed and made available to the implementers. Till date, a total of 2887 AAM-SCs have been certified (1346 being certified at the state level and 841 at the national level).
- The committee was also intimated that the division is in the process of collaborating with SIHFWs/SHSRCs and academic institutions to bolster the implementation and certification of NQAS.

1.2 (a) Sharing of LaQshya Certification data with MH Division

The Quality & Patient Safety Division regularly shares the data with the Maternal Health Division, MoHFW on a monthly basis.

1.2 (b) Kayakalp Incentive Scheme- Revision

Advisor, QPS apprised that the revised Kayakalp guidelines have already been submitted to the MOHFW for its approval and roll-out in the year 2024-25. The chairperson directed to prepare a separate presentation on the NQAS implementation and Kayakalp for the Health Secretary. The dates for the same will be confirmed later.

1.3 (a) Approval of Departmental approach in the MusQan Certification

It was appraised that the decision of the 8th CQSC meeting was complied.

1.4 (b) Scaling up the NQAS Certification in Urban Health Facilities

Advisor QPS apprised that a workshop for States' NUHM and QA nodal officers was organised to bring about more synergy in their efforts. Now 11.8% urban health facilities are NQAS certified vis-à-vis 4% overall certification of the health facilities.

Agenda point 2: Status and Achievements

2.1 (a) While reviewing the progress of certified facilities under National Quality Assurance Standards, JS(P), MoHFW mentioned the requirement of mapping the NQAS progress at each level of health facilities i.e. at DH, SDH, CHC, AAM – PHC/ UPHC/ SC levels in all States/ UTs. She added to categorize facilities into four (4) colour coding based on their achievements -

- >50% - Green
- 39-50% - Blue
- 20-39%- Yellow
- <20%- Red

Based on the performance, the State-wise targets to be decided and disseminated.



- b) It was observed that a total of 5158 health facilities have undergone assessments till 29th Feb 2024 and 4462 health facilities received the certified status. Chairman and Joint Secretary (Policy) directed those 696 health facilities, which were assessed but did not receive the certification should be prioritised for NQAS certification.
- c) The considerable increase in the Quality Certification of Public Healthcare Facilities was evident in the last three years. It was informed that the number of certified facilities will further increase after implementation of the virtual certification protocol for the AAM-SC.
- d) Slow progress in the State Certification was evident over the years as compared to the National Certification.
- e) Advisor – QPS brought out that health facilities are certified for a period of 3 years. It has been observed that many states do not submit the applications for recertification in a timely manner. He proposed that validity of certificate may be enhanced to four years from existing provision of three years. After discussions, the chairperson directed that data of recertification assessment of health facilities needs to examine in term of percentage of health facilities getting recertified on recertification assessment. If more than 90% of facilities are getting recertified, validity of certified status may be increased to four years.

2.2 **MusQan** -Advisor-QPS briefed regarding the progress made under the MusQan initiative.

2.3 **LaQshya** -Under the LaQshya Program, JS(P) asked the reason for difference in the number of certified Labour Rooms & M-OT. Upon discussion, the following actionable points emerged.

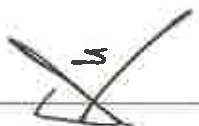
Actions to be taken:

- Maternal Health Division will review the targets of the LR & M-OT certification.
- Maternal Health Division will undertake the due diligence to verify the functional M-OT in the facilities having certified Labour Rooms.
- Facilities having certified Labour Rooms should also be prioritized to achieve M-OT certification.

Joint Secretary (RCH) was requested to look into the subject.

Upon detailed discussions, ED NHSRC proposed to the chairperson for branding of National Quality Assurance Standards (NQAS) by focusing only on NQAS certification. All other sub-components for certification to be subsumed under it.

2.4 **Kayakalp**- The progress under the Kayakalp including the eco-friendly theme was discussed and it was mentioned that the National felicitation could not be conducted. In this regard, JS(P), MoHFW suggested to hold a national level event, not only to recognize the public healthcare facilities under the Kayakalp Initiative, but also for NQAS certified facilities.



Action to be taken: File to be initiated & submitted to MoHFW after conclusion of Lok-Sabha elections.

2.5 Training and Capacity Building- During the discussion about the training and capacity building, JS(P) enquired about the number of assessors required to undertake the assessments. Advisor-QPS informed that additionally approx. 8000 assessors will be required according to an analysis done by the team. Issue of non-utilisation of trained manpower (External Assessors, TISS PGDHQM Diploma holders, etc.) by the states for implementation of NQAS was brought out by the Advisor-QPS. ED, NHSRC also mentioned about the launch of 3-day external assessors training of NQAS Internal Assessors, who are otherwise eligible for the empanelment, to prepare them for the virtual assessment of Ayushman Arogya Mandir. Executive Director, NHSRC also suggested remodelling of short-term courses with academic institutions.

2.7 Patient Safety- Advisor, QPS mentioned about the SaQushal- self-assessment toolkit which is utilized by healthcare facilities.

2.8 AMR & IPC-

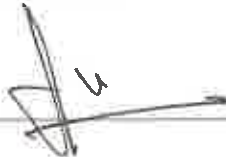
- Advisor – QPS Division briefed about the collaboration with the ICMR and AIIMS for reporting of HAI and IPC practices.
- He also mentioned about the STG lectures which are getting organised every third Saturday of the month and topics covered under it.

Agenda Point 3: Efforts taken to strengthen the implementation of the NQAS.

Subsequently, Advisor-QPS appraised about the efforts undertaken for strengthening of the NQAS certification, as enumerated below:

- A consultative workshop was conducted on 21st -22nd December 2023 for improving health indicators in Aspirational Blocks
- Strengthening of NQAS Assessment tool- The standards of the District Hospital were revised in 2016, 2018, and 2020, while the revision of Standards & Assessment Toolkit of the Primary Health Centre, Community Health Centre, and Urban Primary Health Centre has been initiated recently. Expert Committee Meetings were held for reviewing the standards and recommend changes, if required. After incorporating the changes, as recommended by the expert group committee, draft standards and measurable elements for all three facilities have been put in the public domain, inviting the suggestions by 15th March 2024. The inputs received from the public domain have been reviewed and the required changes will be incorporated into the assessor checklists of AAM-PHC, CHC, and UPHC. The entire process of revision of the NQAS Assessment Toolkit is expected to be completed by Aug 2024.
- Progress under SaQsham: Advisor-QPS mentioned about digitalization of all certification processes.

Action to be taken: JS(P), MoHFW recommended to initiate the actions for having digital signature on the letters and certificates.



Agenda Point 4: Key Decision Points

4.1 Decision on conducting CQSC meetings bi-annually: Advisor-QPS appraised the recommendation by ISQua that CQSC should be conducted bi-annually.

Action to be taken: After deliberation, it was agreed to hold CQSC meetings twice a year.

4.2 Accelerating NQAS Certification: CQSC was appraised that targets for each state & UT have been reviewed. Revised targets are in light of progress made by each of the state. Same has been submitted on file. While actions on expanding the pool of assessors have already been initiated, strengthening of the certification unit at NHSRC would also be needed to manage the whole process.

Action to be taken: Proposal for strengthening of the CU needs to be developed.

4.3 Decision on Transition to Digital record- Advisor-QPS briefed the members about the multiplicity of assessors personal data collection, beginning with receipt of applications for undergoing the training, successful completion of the evaluation, empanelment, improvement and refresher trainings, selection of assessors, etc. He proposed that same could be digitised.

Action to be taken- Earlier it was done manually, but now the process is automated for the existing process of collecting, scrutinizing, compiling, and storing the CVs of external assessors. The proposal was given post-facto approval.

4.4 Decision of Certification Unit Process: Post-facto approval was accorded for Certification Unit Manual encompassing Information Management, Strategic and Operational Plan including KPIs, Risk Management, and Quality Improvement reports.

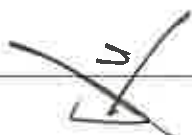
Other Decision Points

4.5 Decision on NQAS for IPHL: Advisor-QPS informed that NQAS for IPHL was drafted and was planned to be launched in the World Patient Safety Day function on 15th Sep 2023. However, its launch could not take place. He requested for formal approval of the NQAS for IPHL, so that it can be shared with the States for improving the IPHL, which are getting operationalised.

Action to be taken:

- Rollout of NQAS for IPHL in all the States/UTs after obtaining the approval from MoHFW.
- NQAS for BPHL (Block Public Health Laboratories) will be developed after receiving the guidelines for Block Public Health Laboratories.

4.6 Decision on development of separate checklist for LaQshya for Medical Colleges: Advisor-QPS apprised the committee that currently the same LaQshya checklist is used by all facilities, opting for LaQshya certification. He brought out that challenges in a Medical College hospital would be significantly different from that of a DH and current LaQshya checklist was developed primarily for a normal DH. It was proposed to develop



a separate checklist pertaining to the LaQshya. After discussion, the proposal was approved by the committee.

- **Action to be taken:** A separate LaQshya checklist will be developed.

4.7 Decision on Surveillance Assessment Report: Currently, the health facilities on getting NQAS certification are expected to surveillance assessment report in the 12th month and 23rd month after the certification. However, it hardly serves any useful purpose. Hence, it was proposed that facilities would develop improvement plan after one year and two years of the certification. It will be reviewed at NHSRC. Initially, this activity is proposed to be undertaken at DH and equivalent level of facilities.

Action to be taken: An advisory letter with an Action Plan and KPIs along with Internal Assessment report format will be communicated to all the States/UTs. These reports will be further reviewed by the QPS consultants.

4.8 Decision on Service Utilization of Quality Trained Professionals: The Chair was apprised that all the States/UTs have a pool of Quality Professionals such as NQAS Internal Assessors, NQAS External Assessors, quality professionals from TISS, Mumbai (Post Graduate Diploma in Healthcare Quality Management-PGDHQM). However, their services are not being utilized/under-utilized for the implementation of the National Quality Assurance Framework.

Action to be taken:

- A letter will be sent to States/Union Territories by the MoHFW, requesting details regarding TISS professionals and their current roles in implementing and mentoring the National Quality Assurance Framework. Additionally, an advisory will be issued to all States/UTs, urging them to develop strategic roadmaps and action plans for effectively utilizing the available pool of NQAS IA, NQAS EA, and TISS professionals.

4.9 Submission of the Annual Plan for FY 2024-25: The committee accorded the approval for the Annual plan including financial plan as proposed.

4.10 Decision on Conditionality closure- The chair was apprised that approximately, 18% of the healthcare facilities getting NQAS certified with conditionality. As per existing protocol, such facilities are certified (with conditionality) for one year only and reassessed after one year. It is proposed that conditionalities due to minor non-conformities (NCs) could be closed on documentary evidences. However, verification of major NCs closure would require 'on-site' visit as per existing protocol. The committee approved the proposal.

Action to be taken:



- A committee of 2-3 experts will be formed at NHSRC for undertaking desktop review of conditionality closure. In case of any ambiguity, on-site verification will be undertaken as per existing protocol. However, for major gaps, field verification would continue to be undertaken.
- Also, all the states / UTs will be communicated regarding the revised validity period for Conditionality Closure from 1 year to Six months as well as facilities those are deferred can also re-apply after 6 months.

4.11 Decision on renaming of Ethics and Appeal Committee: It has observed by the ISQua surveyors that existing 'Ethics and Appeal Committee' to oversee the process of NQAS certification addresses complaints and grievances of routine in nature; while disposal 'ethical' matters require specialised skill set. It has been recommended by ISQua surveyors that existing committee be named as 'Appeal Committee'. The chair approved the renaming of the "Ethics & Appeal Committee" to "NQAS Appeal Committee."

4.12 Proposed actions for scaling of NQAS certification:

Following points were proposed to expedite the NQAS Certification of Public Health Facilities and approved by the committee:

- a) Engagement of National & State mentors for CHO mentoring Programme for NQAS of Ayushman Arogya Mandir, after training as assessors.
- b) Addition of NQAS as a part of the IGNOU curriculum for CHO.
- c) Critical to-quality components need be added to the supportive supervision checklist of National/State/District visits.
- d) Incentivisation of healthcare facilities

Action to be taken:

- A concise checklist containing critical to quality components will be developed and subsequently, it will be shared with the respective stakeholders. All the concerned will be advised to report their findings based on the checklist with SQUA/DQUA.
- It is approved that 25% of the NQAS incentives to be disbursed on achieving state certification, and the remaining 75% will be disbursed after achieving national-level certification. Also, State- Certified facilities have to apply for National Certification within six months of attainment of the state certification status.

4.13 Supplementary agenda point on decision regarding extension of validity of NQAS Certification from 3yrs to 4yrs: Already discussed at 2.1 (e)

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



Annexure- A

List of the participants

Sl. No	Name	Designation
1.	Ms Aradhana Patnaik	Joint Secretary (Policy), MoHFW
2.	Ms Meera Srivastava	Joint Secretary (RCH), MoHFW
3.	Maj Gen (Prof) Atul Kotwal VSM SM	Executive Director, NHSRC
4.	Shri Saroj Kumar	Director, NHM-III
5.	Dr J N Srivastava	Advisor, QPS
6.	Shri A Srivastava	Advisor, IT
7.	Dr G B Singh	Advisor, CP-CPHC
8.	Dr Tamana Sharma	Lead Consultant. MoHFW
9.	Ms Vinny Arora	Lead Consultant-QPS(CU)
10.	Dr Ananth Kumar	Lead Consultant -CP-CPHC
11.	Dr Chinmayee Swain	Sr Consultant -QPS
12.	Dr Arpita Agrawal	Sr Consultant-QPS
13.	Dr Balu Natha Mote	Sr Consultant- CP-CPHC
14.	Dr Neeraj Gautam	Sr Consultant-QPS (CU)
15.	Dr Naveen Kumar	Consultant-QPS
16.	Dr Abhay Dahiya	Consultant-QPS
17.	Dr Siddhi Dhond	Consultant-QPS
18.	Dr Vineeta Dhankhar Shah	Consultant-QPS
19.	Mr Gulam Rafey	Consultant-QPS(CU)
20.	Ms Sonia Verma	Consultant-QPS(CU)
21.	Mr Anand Yadav	Consultant-QPS
22.	Dr Richa Verma	Fellow-QPS



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