GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department - Quality Assurance in Health Care - Constitution / reconstitution of State Quality Assurance Committee, State Quality Assurance Unit, District Quality Assurance Committee, District Quality Assurance Unit, District Quality Team/District Hospital Team and State Family Planning Indemnity Subcommittee - Sanctioned - Orders issued.

HEALTH & FAMILY WELFARE (FW) DEPARTMENT

G.O.(MS)No.23/2015/H&FWD Dated, Thiruvananthapuram, 03.02.2015.


ORDER

As per the operational Guidelines for Quality Assurance in Public Health Facilities, published by the Ministry of Health & Family Welfare, Government of India in 2013, for strengthening the Quality Assurance activities, various organisational arrangements need to be set up at various levels with the roles and responsibilities defined for each levels.

2. The State Mission Director has forwarded the revised guidelines for the Constitution/reconstitution of State Quality Assurance Committee, State Quality Assurance Unit, District Quality Assurance Committee, District Quality Assurance Unit, District Quality Team/District Hospital Team and State Family Planning Indemnity Subcommittee.

3. Government have examined the draft guidelines in detail and are pleased to approve the constitution/reconstitution of State Quality Assurance Committee, State Quality Assurance Unit, District Quality Assurance Committee, District Quality Assurance Unit, District Quality Team/District Hospital Team and State Family Planning Indemnity Subcommittee.

4. The detailed guidelines is attached as annexure.

(By Order of the Governor),

NISHA. S
Deputy Secretary to Govt.

To

The State Mission Director, National Health Mission, Thiruvananthapuram (requested to provide copies of the Government Order to all concerned)

The Director of Health Services, Thiruvananthapuram
The Director of Medical Education, Thiruvananthapuram
The Director, State Public Health Laboratory, Thiruvananthapuram
All District Medical Officers (Health)
All District Programme Managers, National Health Mission
The Stock File/Office Copy

Forwarded/By Order,

Section Officer.
Annexure

Constitution / reconstitution of State Quality Assurance Committee, State Quality Assurance Unit, District Quality Assurance Committee, District Quality Assurance Unit, District Quality Team/ District Hospital Team and State Family Planning Indemnity Subcommittee

As per the Operational Guidelines for Quality Assurance in Public Health Facilities, published by the Ministry of Health & family Welfare, Government of India in 2013, for strengthening the Quality Assurance activities, following organisational arrangements need to be set up at various levels with the roles and responsibilities defined for each levels.

1. National level: Central Quality Supervisory Committee (CQSC);
2. State level:
   a. State Quality Assurance Committee (SQAC)
   b. State Quality Assurance Unit (SQAU)
   c. QA assessors (Empanelled)
3. District level:
   a. District Quality Assurance Committee (DQAC)
   b. District Quality Assurance Unit (DQAU)
4. District Hospital level: District Quality Team / Hospital Quality Team

NATIONAL LEVEL

The Quality Assurance team at the national level will consist of representatives from the programme divisions (maternal health, child health, family planning, adolescent health, malaria, TB, leprosy etc.) of the Ministry of Health and Family Welfare, Government of India and National Health Systems Resource Centre. Technical Experts working with various development partners can be co-opted, if required.

The Quality Division at National Health Systems Resource Centre (NHSRC) will be the nodal agency to operationalise the Quality Assurance protocols in the country. This team will work under the overall guidance and supervision of the Programme Divisions of Ministry of Health & Family Welfare. Director National Health Mission (NHM) would act as the Nodal Officer for the co-ordination between the National Programme Divisions and the NHSRC.
The primary role of the team at the national level will be to provide overall guidance, mentoring and monitoring of QA efforts in the states. It would include:

1. Drawing up the Technical Guidelines and Protocols

   The Programme Divisions of the Ministry will draw various guidelines for Ministry of Health & Family Welfare, Government of India as per the need & requirement for improving technical aspect of service delivery. Such guidelines shall be the part of Quality Assurance programme.

   The standards proposed in the Quality Assurance document are based on various Govt guidelines, IPHS Standards, WHO guidelines, examples of good practices & also standard textbooks & journals. However in view of the wide variations in the conditions of the existing health facilities and the quality of services available, the standards set in the Quality Assurance guidelines are the minimum, and the states are expected to meet them. The state may set more standards of quality after achieving the minimum that are part of these guidelines.

   The MoHFW with Quality Division of NHSRC would be responsible for training of State Quality Assurance committees & Units. External faculties for the training could also be invited depending upon the need. A pool of National trainers will be created by the MoHFW for meeting the training needs of the States.

2. Recruitment of State QA Assessors

   Department of Health and Family Welfare and NHM will interview and empanel the QA Assessors. Doctors from Health Services Department, Senior Nurses from the Health Services Department, senior retired personnel of the health services department, faculty at medical colleges, doctors with experience public health, Quality Assurance officers with experience, who are willing to undertake this task may be empanelled. It needs to be ensured that assessors are of high integrity with no conflict of interest nor there is any commercial interest. The empanelled assessors would be trained in the assessment and scoring methodology. Govt may nominate a representative as the expert in recruitment panel to ensure quality and transparency in recruitment. Names, Professional Qualification and Work experience of empanelled assessors would be shared with NHSRC, who would be maintaining a central registry of External Assessors.
3. Mentoring the State QA Teams

The Quality Assurance Division of NHSRC will disseminate guidelines and mentor the state Quality Assurance units under the overall guidance of the national programme divisions and Director NHM as per requirement in their respective domains.

4. Monitoring the Quality Assurance Activities

The National Programme Divisions will monitor the Quality Assurance activities in the states, including the trends in key outcome indicators that are targeted for improvement through these QA efforts. They may monitor the QA activities through various means, including but not limited to: Evaluation surveys measuring outcome level data, including client satisfaction status and visits by the central team members.

STATE LEVEL

Based on the directions of Honorable Supreme court of India, Quality Assurance Committees (QACs) have been formed by all the states at state and district levels and have been functioning since then. Their initial mandate was to ensure quality in male and female sterilisation services. As per the guidelines from Government of India, it is decided to expand the scope of these states and district level QA committee beyond family planning to include all services envisaged under the RMNCH+A, disease control programmes and other hospital services.

The expanded scope of activities that is now brought under the ambit of the QA structures at the state and district levels, these guidelines have been revised as per the structure and function of the QACs and are described below.

STATE LEVEL QUALITY ASSURANCE COMMITTEE (SQAC)

The broad responsibility of this committee will be to oversee the quality assurance activities across the state in accordance with the national and state guidelines, and also ensure regular and accurate reporting of the various key indicators.

Composition
1. Principal Secretary / Secretary, Department of Health and Family Welfare (Chairperson).
2. State Mission Director - NHM (Vice Chairperson).
3. Director Health Services (Convener).
4. Director, Medical Education.
5. Additional Director (FW), Health Services Department designated as the nodal officer for the Quality Assurance Cell (Member Secretary).
6. State Programme Manager RCH, National Health Mission
7. Director Finance, National Health Mission
8. Principal of Kerala State Institute of Health and Family Welfare, Trivandrum
9. Senior Consultant Monitoring and Evaluation, NHM
10. Principal, Government Medical College Trivandrum
11. One Empanelled Gynecologist (from hospital under Health Services Department).
12. One Empanelled Surgeon (from hospital under Health Services Department).
13. One Chief Consultant / Senior Consultant Anesthesiology (from Health Services Department).
14. One Chief Consultant / Senior Consultant Pediatrics (from Health Services Department).
15. One Chief Consultant / Senior Consultant Medicine (from Health Services Department).
16. One nominated Medical Superintendent (from Health Services Department) of District level Hospital.
17. One nominated Medical Superintendent (from Health Services Department) of Thaluk Head Quarters Hospital.
18. Additional Director Nursing, Health Services Department.
19. One member from an accredited private sector hospital.
20. One representative from the legal cell
21. Director, Kerala State Public Health Laboratory
22. One representative from medical professional bodies e.g KFOG/ IMA/ IAP/ Indian Public Health Association.
23. Any other member or representatives of public health organisations of eminence as nominated by the state government.

Note: The Quality Assurance Committee as laid down in the “Quality Assurance Manual for Sterilization Services’ shall stand subsumed within the QAC mentioned above.

However eight member “State Family Planning Indemnity Subcommittee” from within the SQAC would redress, dispose and complaints received through the DQAC, as per procedure and time frame laid down in the manual on “Family Planning Indemnity Scheme 2013”.
The subcommittee comprise of the following:

1. Mission Director -NHM (Chairperson).
2. Director Health Services (Convener).
3. Additional Director (FW), Health Services Department (Member Secretary).
4. State Programme Manager RCH
5. Director Finance, NHM
6. One empanelled Gynecologist (from public health institutions).
7. One empanelled NSV Surgeon (from public health institutions).
8. One empanelled Anesthesiologist (from public health institutions).
9. Any special invites as per need

Terms of Reference of SQAC

SQAC is a body for the Policy decision and directions. This is also responsible for all QA initiative, its success and shortcomings. The primary role of the committees at the state level is to provide overall guidance, mentoring and monitoring of QA efforts in the districts. Some of the ToRs reflected here are operational in nature and shall be implemented by the SQAU, which is the operational and implementation arm of SQAC.

1. Developing the Quality Assurance Policy and Guidelines for the State:

Using national guidelines, the SQACs will develop/ adapt QA guidelines specific to the state.

- Composition of the state and district QACs and QAUs
- Empanelment of state QA assessors who may be retired/serving, part time/ full time as per the state specific need
- Expanding the scope of QA process as per the states’ requirements

2. Ensuring attainment of the Standards for Quality of Care by Public Health Facilities:

- The committee will develop a ‘road-map’ for achieving the national standards
- Assessment of need of Technical Assistance by the facilities and mobilization of such technical assistance
3. **Mentoring the state/district level units:**
   - Ensuring that state/district level orientation and other trainings are conducted timely in a meaningful manner.
   - The support of the technical team at the national level may be taken to prepare a pool of master trainers at the state/district.

4. **Periodic Review of the progress of QA activities:**
   - Will conduct review meetings at six monthly interval.
   - Review of Quality scores, attained by different categories of Public Health Facilities
   - Take decisions for corrective actions and preventive actions
   - Defining targets and road maps

5. **Review and adjudicate compensation claims: under the National Family Planning**
   Indemnity Scheme for cases of deaths, complications and failures following male and female sterilisation procedures. (for detailed procedures to be followed please refer to the manual on “Family Planning Indemnity Scheme 2013”, Ministry of Health & Family Welfare, Government of India”).

6. **Supporting quality improvement process:**
   - Take visionary decisions for continuous quality improvement and its sustenance.
   - Sanction funds for implementation and improvement of quality.
   - Reflect fund requirement for Quality Assurance in the annual State PIP along with justification.
   - Operationalisation of incentive scheme.

7. **Reviewing Key performance indicators of quality:**
   - The suggested Key performance indicators for District Hospitals are provided by the Ministry of Health and Family Welfare Government of India. The SQAC may add additional indicators in Key performance indicators list.
   - Performance of health facilities as assessed by the Key performance indicators shall also be discussed during review meetings of District Medical Officers Conference / SMO conference.

8. **Reporting:**
   - The committees review report may be hosted in the State’s website.
• The reports shall be shared with all district committees and other stakeholders.

Process

a. The state quality assurance committee will meet at least once in six months.

b. The convener will issue meeting notice at least seven working days before the scheduled date of meeting with the approval of the chairperson / vice chairperson.

c. While every attempt should be made to ensure that the Chairperson or the vice chairperson are able to attend the meeting, however in the absence of the chair, the convener shall have the right to convene the meeting and conduct it according to the set agenda. Under such circumstances the minutes of the meeting should be sent to the chairperson and vice chairperson for information and ratification.

d. The member secretary will ensure the preparation of the agenda notes for meeting, minutes of the last meeting and action taken report, which will also be circulated in advance to all committee members before the scheduled date for the meetings.

e. An attendance by at least one-third of the Committee members will constitute the quorum required for a valid meeting.

f. Member secretary will ensure follow-up actions with responsibilities and timelines for the same.

g. The “State Family Planning Indemnity Subcommittee” will meet as often as warranted. At least four members would constitute the quorum of this subcommittee.

STATE QUALITY ASSURANCE UNIT

SQAU is the working arm under SQAC that will be responsible for undertaking various activities as per ToRs of the unit, and other tasks, as entrusted to them from time to time by the SQAC.

Composition:
1. Additional Director (FW) designated by the state government as the nodal officer for the Quality Assurance Unit (Member Secretary - SQAC).
2. State Consultant / Senior Consultant (Monitoring and Evaluation), NHM Convener.
3. Senior Consultants / Consultants Quality Assurance, NHM.
4. State Programme Manager RCH
5. Senior Consultant Finance
6. Consultants, Quality Assurance (Regional Quality Assurance Officer)
7. Assistant Director (Public health), Directorate of Health Services
8. Administrative-cum-Programme Assistant, NHM.
9. Additional DHS TB
10. Additional DHS Medical
11. State Nodal Officers of Programme Divisions

The SQAU is headed by the SQAC’s member secretary, who along with the state programme officers will provide support to the SQAC for implementation of quality assurance activities in the state.

The number of full time technical persons (consultants) will be increased once the state decides to expand QA for the Disease Control and other programmes as part of the mandate of the State QAC.

DISTRICT LEVEL

District Level Quality Assurance Committee (DQAC)

Composition:

1. District Collector, Chairperson
2. District Medical Officer (Health) Vice Chair Person
3. Additional DMO (FW) / Deputy DMO
4. District RCH Officer (Member secretary).
5. District Programme Manager, NHM (convener)
6. Medical Superintendent of District Hospital / General Hospital
7. Medical Superintendent of W and C Hospital
8. Principal Government Medical College in the district.
9. District Mass Media Officer
10. District Malaria Officer
11. District TB Officer
12. District Surveillance Officer
13. One empanelled Gynecologist (from public institutions).
14. One empanelled NSV surgeon (from public institutions).
15. One Chief Consultant / Senior Consultant/ Consultant / Junior Consultant Medicine from public institutions.


17. One Chief Consultant / Senior Consultant / Consultant / Junior Consultant Pediatrics from public institutions.

18. Quality Assurance Officer (Junior Consultant / Consultant / Senior Consultant QA), NHM

19. Biomedical Engineer (Junior Consultant / Consultant / Senior Consultant Biomedical), NHM

20. District Nursing Officer.

21. District Account Officer, NHM

22. District Maternal and Child Health Officer

23. One representative from the legal cell / Government pleader

24. One member from an accredited private sector hospital (health care sector).

25. One representative from medical professional bodies e.g. KFOG/IMA/IAP/ Indian Public Health Association.

Junior Consultant / Consultant / Senior Consultant Documentation NHM is responsible for documentation activities related to DQAC.

However, a 7 member “District Family Planning Indemnity Subcommittee” from within the DQAC will process claims received from the clients and complaints/ claims lodged against the surgeons and accredited facilities, as per procedure and time frame laid down in the manual on “Family Planning Indemnity Scheme 2013”.

The subcommittee would comprise of the following:

1. District Collector, (Chairperson).

1. District Medical Officer (Health) (Vice chairperson)

2. Addl DMO / Deputy DMO FW.

3. District RCH Officer (member secretary).

4. District Programme Manager, National Health Mission

5. District Maternal and Child Health Officer / equivalent


7. Empanelled Surgeon (from public institutions).

**Terms of Reference of District QAC**

1. Dissemination of QA policy and guidelines:
   - The district QAC will be responsible for disseminating the QA guidelines/ Standards to all the stakeholders.
2. Ensuring Standards for Quality of Care:
   - The committee will ensure that QA standards have been achieved at designated health facilities. (NABH/ KASH / IPHS/ National Standards, Operational Guidelines for Quality Assurance in Public Health Facilities published by Ministry of Health and Family Welfare Government of India)

3. Review, process, disburse and report disputed claims for onward submission to the SQAC under the National Family Planning Indemnity Scheme for cases of deaths, complications and failures following male and female sterilisation procedures. (procedures to be followed as per the manual on “Family Planning Indemnity Scheme 2013, Ministry of Health & Family Welfare, Government of India”).

4. In case a facility reports a sterilisation related death, the District Medical Officer (vice chair person of the District Level Quality Assurance Committee) will inform the convener of the SQAC within 24 hours. Death audit needs to be undertaken by the District Level Quality Assurance Committee and report sent to the state with a copy to the Ministry of Health & Family Welfare, Govt. of India, within one month of the death being reported.

5. Capacity building of DQAU and District Quality Team (DQT):
   - Ensuring that district level orientation and trainings are accomplished in time for DQAU and also DQT.

6. Monitoring QA efforts in the district:
   - The committee needs to ensure that facility assessments and subsequent quality improvement efforts are executed as per plan.

7. Periodic Review of the progress of QA activities:
   - Will conduct quarterly review meetings
   - Take decisions for corrective actions.
   - Define targets and road maps.
   - During the district level program review meetings the Key performance indicators (KPI)/ Indicators of quality assurance can be reviewed.

8. Supporting quality improvement process:
• Sanction and release of funds for implementation and improvement of quality.
• Reflect fund requirement in the annual District Health Action Plan along with justification.
• Taking all required actions for incentivization of the facilities on attaining the certified status.

9. Coordination with the state for:

• Dissemination and implementation of guidelines.
• Facilitator support for the visits of SQAC/SQAU to the districts.
• Sharing minutes of DOAC meeting and monthly reports.
• Corrective actions & Preventive actions.

10. Implementing five mandate service quality monitoring measures in health care organizations.

• Proper infection control practices: Ensuring Institutional Surveillance and monitoring of hospital infection control programme and prevention of hospital infections.
• Ensuring minimum hospital stay: Hospital length of stay shall be defined for major/ minor conditions of disease based on Institution Specific Standardized Hospital Treatment Protocols. Deviations from the defined hospital length stay may subject for detailed audit by the QA Committee.
• Clinical Audits: Clinical audit shall be implemented in all health care institutions which shall be multidisciplinary in nature. Clinical audit team shall be constituted in all health care institutions. Clinical audit team also shall audit treatment of critically ill patients. Death audit also shall be done in all health care institutions. Corrective and preventive action shall be taken based on root cause analysis.
• Patient satisfaction surveys: Periodic patient satisfaction surveys / exit interviews which is a key indicator of quality shall be done in all health care institutions. Institutions shall conduct these surveys quarterly in fixed days. Analyzed report with corrective action shall send to the QAC on quarterly basis.
• Training: Hospital shall assign minimum hours for training for the skill development of staff. Institutional level training shall be conducted at least once in a month or as warranted. Each training session shall ensure post assessment of trainees. The training shall include soft skill training also for class IV level staff and other needed staff.
• Benchmarking: Benchmarking of institutions shall be done by the DQAC based on the above said quality monitoring measures.

11. Reporting:
• The committees’ review report.
• Report shall share with all district committee members and other stakeholders.
• Report shall share the QA reports with the concerned facility.
• Immediate compensation of sterilization death cases shall be review and report to the SQAC through DQAC.

Process:
• The district quality assurance committee will meet at least once in a quarter.
• The convener will issue meeting notice at least seven working days before the scheduled date of the meeting with the approval of the chairperson.
• While every attempt shall be made to ensure that the chairperson is able to attend the meeting, however, in the absence of the chair, the Vice chairperson shall have the right to convene the meeting. Under such circumstances, the minutes of the meeting shall be sent to the chairperson for information and ratification.
• Member secretary will ensure the preparation of agenda notes, and action taken reports, which will be circulated in advance to all committee members preceding the DQAC meetings.
• An attendance by at least one third of the Committee members will constitute the quorum required for a valid meeting.
• Member secretary will ensure follow-up actions with responsibilities and timelines for the same.
• The “District Family Planning Indemnity Subcommittee” would meet as often as warranted.
• At least three members would constitute the quorum of this subcommittee.

District Quality Assurance Unit

District Quality Assurance Unit (DQAU) is the working arm under DQAC that will be responsible for undertaking various activities as per the ToRs of the committee and also entrusted to them from time to time by the DQA Committee.

Composition:
1. District RCH Officer (Head of DQAU).
2. District Programme Manager, NHM
3. One Clinician (Surgical/ Medical/ any other speciality from Health Services Department).
4. District Consultant, Quality Assurance (Junior Consultant / Consultant / Senior Consultant Quality Assurance), NHM.
5. Deputy DMO i/c Public Health.
7. Administrative cum Programme Assistant, NHM

The District Quality Assurance Unit (DQAU) is headed by the Member Secretary DQAC, who along with the district programme officers provide the support to the DQAC for implementation of Quality Assurance activities in the district. All the positions of this unit shall preferably be regular staff from the government. However, in case of non availability of the regular cadre staff, posts can be hired under NHM till the regular cadre become available.

**Terms of Reference:**

The terms of reference for the District Quality Assurance Unit remain the same as of Quality Assurance Committee, since it is the working arm of DQAC. However, some of the important activities of the District Quality Assurance Unit are listed below:

1. Ensure roll out of standard protocols for RMNCH A+ services as well as for Disease Control Programme implementation.
2. Develop a master plan for the Quality Assurance at each level of health institution in a phased manner.
3. Disseminating the quality assurance guidelines, tools and methodology to be followed at district and sub district level.
4. Develop a field travel plan for independent and joint (with State teams) visits to the health facilities in the districts by members of the District Quality Assurance Unit.
5. Following these visits, prepare the draft report and recommendations.
6. Mentor the facility in-charges at the districts for implementing quality improvement measures at the facilities.
7. Compile and collate monthly data received from facilities on outcome level indicators, especially those related to cases of adverse outcomes/ complications in maternal, neonatal & child health; maternal, infant & child deaths (all cases), disease control programmes and share it with the DQAC members and discuss with DQAC meeting.
8. Send the regular reports on sterilisation related indicators (deaths, complications, failures) to the State after ratification of the same by the Chairperson of the DQAC.
10. Review the implementation of the National Family Planning Indemnity Scheme/ payment of compensation in the district, based on reports received from the facilities as well as from the visits undertaken by the District Quality Assurance Unit members.
11. Review PC PNDT/ AERB implementation in the health care institutions in the district.

DISTRICT QUALITY TEAM (DQT) AT DISTRICT HOSPITAL / DISTRICT LEVEL HOSPITAL

The District Quality Team shall be constituted in at district level hospitals.

Composition

The suggested composition of the Quality Team at the District level Hospital is as follows:

1. Medical Superintendent: Chairperson.
2. Deputy Medical Superintendent Convener
3. RMO
5. Chief Consultant / Senior Consultant/ Consultant / Junior Consultant Anesthesiology
6. Chief Consultant / Senior Consultant/ Consultant / Junior Consultant Surgery
7. Chief Consultant / Senior Consultant/ Consultant / Junior Consultant Microbiology or Pathology.
8. Chief Consultant / Senior Consultant/ Consultant / Junior Consultant from other specialties (nominated by Medical Superintendent)
9. Medical Officer in charge of Hospital Infection Control
10. Lay secretary and Treasure
11. Quality Manager
12. PRO, Public Relation Officer
14. Infection Control nurse
15. I/C of Ancillary Services.
17. Pharmacist / Store keeper
18. Lab Technician
19. Medical Records Librarian.
20. Other members nominated by Medical Superintendent

Terms of Reference

- Staff orientation: Formal training needs to be conducted for the staff of District Quality Team with support from the district QAU. District Quality Team should orient the medical, paramedical and all other staff team to the service standards set by the state.
- Ensuring adherence to quality standards: Through regular internal assessments, internal audits, reviews etc the District Quality Team members should ensure that the standards set for a district hospital are being met. Corrective action plans should be initiated for identified gaps.
- Regular reporting to District QAC:
  - The District Quality Team needs to report regularly to the district QAC on outcome level indicators such as sterilisation deaths, complications and failures as well as maternal and infant deaths.
  - The District Quality Team should also report to the district QAC on the internal assessment findings, quality improvement measures undertaken, etc.
- Ensure interdepartmental coordination:
  - The District Quality Team should liaise with various departments within the facility for effective implementation of Quality Assurance activities.
  - To share the internal assessment findings of District Quality Team and external assessment findings of SQAU/ DQAU with all the staff at the district hospital.
- Enforcing IMEP and Bio Medical Waste Management protocols
- Proper infection control practices: Ensuring Institutional Surveillance and monitoring of hospital infection control programme and prevention of hospital infections.
- Ensuring minimum hospital stay: Hospital length of stay shall be defined for major/ minor conditions of disease based on Institution
Specific Standardized Hospital Treatment Protocols. Deviations from the defined hospital length stay may subject for detailed audit.

- Clinical Audits: Clinical audit shall be implemented in all health care institutions which shall be multidisciplinary in nature. Clinical audit team shall be constituted in all health care institutions. Clinical audit team also shall audit treatment of critically ill patients. Death audit also shall be done in all health care institutions. Corrective and preventive action shall be taken based on root cause analysis.

- Patient satisfaction surveys: Periodic patient satisfaction surveys/exit interviews which is a key indicator of quality shall be done in all health care institutions. Institutions shall conduct these surveys quarterly in fixed days. Analyzed report with corrective action shall send to the DQAU on quarterly basis.

- Training: Hospital shall assign minimum hours for training for the skill development of staff. Institutional level training shall be conducted at least once in a month or as warranted. Each training session shall ensure post assessment of trainees. The training shall also include skill training for class IV level staff and other needed staff.

District Quality Team will ensure that Departmental nodal officers will take corrective actions as per the road map provided by District Quality Team.

Process:

- Once the District Quality Team is formed, areas for an initial assessment needs to be identified in the first meeting.
- Conduct internal audit.
- For achieving the standards District Quality Team will undertake the process of filling the check list, scoring the measurable indicators, summing up area wise and services wise gaps.
- Assessment to be carried out and based on its findings follow up actions to be taken.
- Monitoring of the follow up actions has to be done in the subsequent meetings.
- Assessments should be followed by time bound action plans along with person responsible for each action shall be prepared.
- Once the District Quality Team completes the assessment and gives service wise/area wise scoring then will inform and invite District/State assessors for verification and guidance.
• This process will continue till the SQAC assessors certify the attainment of the quality standards at the hospital. Then onwards District Quality Team will ensure maintaining the standards.
• Medical Superintendent should do weekly rounds to supervise the Quality Assurance activities and sustain the motivational level of the staff.
• The District Quality Team should meet once every month.

HOSPITAL QUALITY TEAM AT ALL OTHER HEALTH CARE INSTITUTIONS

Hospital Quality Team shall be constituted in all Health Care Institutions under Health Services Department.

Composition

The suggested composition of the Hospital Quality Team is as follows:

1. Medical Superintendent/ Medical Officer in charge: Chairperson.
2. Deputy Superintendent / RMO in secondary level hospitals
3. PRO / Block co coordinator, if the post is present in the institution
4. Chief Consultant / Senior Consultant/ Consultant / Junior Consultant of major specialties
5. Medical Officer in charge of Hospital Infection Control
6. Lay secretary and Treasure / Office Superintendent / Head clerk / clerk
7. Nursing Superintendent/ Senior Nurse
8. Infection Control nurse
9. Pharmacist / Store keeper
10. Medical Records Librarian.
11. Laboratory technician
12. Other members nominated by Medical Superintendent or Medical Officer in charge

Terms of Reference

• Staff orientation: Formal training needs to be conducted for the staff of Hospital Quality Team with support from the district QAU. Hospital Quality Team should orient the medical, paramedical and all other staff team to the service standards set by the state.
• Ensuring adherence to quality standards: Through regular internal assessments, internal audits, reviews etc the Hospital Quality Team members should ensure that the standards set for the health care institutions are being met. Corrective action plans should be initiated for identified gaps.

• Regular reporting to District QAC:
  - The Hospital Quality Team needs to report regularly to the district QAC on outcome level indicators such as sterilisation deaths, complications and failures as well as maternal and infant deaths.
  - The Hospital Quality Team should also report to the district QAC on the internal assessment findings, quality improvement measures undertaken, etc.

• Ensure interdepartmental coordination.
• The Hospital Quality Team should liaise with various departments within the facility for effective implementation of Quality Assurance activities.
• To share the internal assessment findings of District Quality Team and external assessment findings of SQAU/ DQAU with all the staff at the district hospital.
• Enforcing IMEP and Bio Medical Waste Management protocols.
• Proper infection control practices: Ensuring Institutional Surveillance and monitoring of hospital infection control programme and prevention of hospital infections.
• Ensuring minimum hospital stay: Hospital length of stay shall be defined for major/ minor conditions of disease based on Institution Specific Standardized Hospital Treatment Protocols. Deviations from the defined hospital length stay may subject for detailed audit.

• Clinical Audits: Clinical audit shall be implemented in all health care institutions which shall be multidisciplinary in nature. Clinical audit team shall be constituted in all health care institutions. Clinical audit team also shall audit treatment of critically ill patients. Death audit also shall be done in all health care institutions. Corrective and preventive action shall be taken based on root cause analysis.

• Patient satisfaction surveys: Periodic patient satisfaction surveys / exit interviews which is a key indicator of quality shall be done in all health care institutions. Institutions shall conduct these surveys quarterly in fixed days. Analyzed report with corrective action shall send to the DQAU on quarterly basis.

• Training: Hospital shall assign minimum hours for training for the skill development of staff. Institutional level training shall be conducted at least once in a month or as warranted. Each training session shall
ensure post assessment of trainees. The training shall include soft skill training also for class IV level staff and other needed staff.

**Process:**

- Once the Hospital Quality Team is formed, areas for an initial assessment need to be identified in the first meeting.
- Conduct internal audit.
- For achieving the standards Hospital Quality Team will undertake the process of filling the check list, scoring the measurable indicators, summing up area wise and services wise gaps.
- Assessment to be carried out and based on its findings, follow up actions to be taken.
- Monitoring of the follow up actions has to be done in the subsequent meetings.
- Assessments should be followed by time bound action plans along with person responsible for each action shall be prepared.
- Once the Hospital Quality Team completes the assessment and gives service wise/ area wise scoring then will inform and invite District/ State assessors for verification and guidance.
- This process will continue till the SQAC assessors certify the attainment of the quality standards at the hospital. Then onwards Hospital Quality Team will ensure maintaining the standards.
- Facility in-charge and Hospital manager should do daily rounds to supervise the Quality Assurance activities and sustain the motivational level of the staff.
- The Hospital Quality Team should meet once every month.

In case of any death following a sterilisation operation, it should be reported to the convener of the DQAC within 24 hours. Monthly reports of maternal and infant deaths should also be given to the DQAC. In case there are no deaths, a NIL report should mandatorily be sent. DQAC is responsible for investigating a sterilisation related death and also review of maternal and infant deaths.