R.K. Mahajan, I.A.S.
Principal Secretary, Health

File no. SHSB/GA/319/2010
Letter no.....dt.....

Office Order

As per guidelines laid down by Honourable Supreme Court of India, The State Government of Bihar has set up the Quality Assurance Committee at State and District level to ensure quality in male and female sterilisation services in December 2010 vide letter SHSB/General admin/319/10/22306 dated 23-12-2010.

In 2013, the Government of India expanded the scope of state and district level QA committee beyond family planning to include all services envisaged under RMNCH+A, disease control programme and other hospital services.

Keeping in mind the expanded scope of activities that is now brought under the ambit of the QA structure at state and district level, we are reconstituting state, regional and district level committees' structure and function as per guidelines of GoI. They are as follows.

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's guidelines, and also ensure regular and accurate reporting of the various key indicators.

Composition

Principal Secretary, Health and Family Welfare, Bihar	Chairperson
Executive Director, State Health Society Bihar	Vice- Chairperson
Director in Chief, Health and Family Welfare, Bihar	Convener
State Program Officer, Quality Assurance Program	Member Secretary
Director, Medical Education, Bihar	Member
Director, Monitoring & Evaluation, Bihar	Member
Director, Training, Bihar	Member
Director- SIHFW, Patna	Member
Additional Director, Tuberculosis and Training Center, Patna	Member
Additional Director, Vector Born Diseases, Bihar	Member
Additional Director, Immunisation, Bihar	Member
Additional Director, Leprosy Control, Bihar	Member
Additional Director, Blindness, Bihar	Member
Additional Director, Tuberculosis Control, Bihar	Member
Additional Director, Filariasis, Bihar	Member
Additional Director, State Health Society, Bihar	Member

Additional Director, Family Planning, Bihar	Member
Additional Director, Finance, SHSB	Member
Professor and Head, Department of Obstetrics and Gynaecology, Patna Medical College and Hospital, Patna	Member
Professor and Head, Department of Surgery, Nalanda Medical College and Hospital, Patna	Member
Professor and Head, Department of Paediatric, Sri Krishna Medical College and Hospital, Muzaffarpur	Member
Professor and Head, Department of Anaesthesia, Darbhanga Medical College and Hospital, Darbhanga	Member
Professor and Head, Department of Medicine, AIMS, Patna	Member
Administrative Officer, State Health Society Bihar	Member
SDC cum In-charge Drugs & Infrastructure, SHSB	Member
SDC cum HR In-charge, SHSB	Member
State Program Officer, Nursing	Member
State Program Officer, Maternity Health	Member
State Program Officer, Child Health	Member
State Program Officer, Biomedical Waste Management	Member
State Program Officer, Family Planning	Member
State Program Officer, Radiology & Pathology	Member
State Program Officer, Routine Immunization	Member
State Program Officer, Monitoring & Evaluation	Member
State Program Officer, Training	Member
State Program Officer, Rastriya Bal Swastha Karayakram	Member
State Program Officer, Non Communicable Disease	Member
State Program Officer, Pre Conception Pre Natal Determination Test	Member
State Program Officer, Blood Bank	Member
SPM, National Health Mission	Member
SPM, Urban Health Mission	Member
System Analyst cum Data Officer & In-charge Grivance Redressal	Member
Bio Medical Engineer, SHSB	Member
In-charge of District Hospital, Aurangabad	Member
In-charge of Sub Divisional Hospital, Danapur	Member
In-charge of Primary Health Care, PHULWARISHARIF	Member
One Member from Paras Hospital, Patna	Member
One Member from IMA	Member
One Representative from SRU	Member

Terms of Reference

SQAC is a body for policy decision & direction. This is also responsible for all QA initiative, its success and shortcoming. The primary role of the committee at state level will be to provide overall guidance, mentoring and monitoring of QA effort in the district. 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 & Guidelines for the State:**
   Using national guidelines, the SQACs will develop/adopt QA guidelines specific to their states.
   - Composition of the state and district QACs & QAUs.
   - Recruitment of consultants for QA at state and district levels.
   - 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 states' requirements.

Note: The recruitment committee should include one nominee from the Ministry of Health & Family Welfare, GoI.

2. **Ensuring attainment of the Standard for Quality of Care by Public Health Facilities:**
   - The committee will develop 'road map' for achieving the national standards.
   - Assessment of need of Technical Assistance (TA) by the facilities and mobilisation of such TA.
3. **Mentoring the state/ district level units:**
   - Ensuring that state/district level orientation and training 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 meeting at six monthly intervals.
   - Review of Quality scores, attained by different categories of Public Health Facilities.
   - Take decision for correctives action and preventive action.
   - Defining targets and road maps.
5. **Review of adjudicate compensation claims: Under the National Family Planning Indemnity** Scheme for cases of deaths, complications and failures following male and females sterilisation procedure As per manual for "Family Planning Indemnity Scheme-2013, Ministry of Health and Family Welfare, GoI" under the Scheme for cases of deaths, complication and failures following males and females sterilization procedures. 5 members of "State Family Planning Indemnity Subcommittee" from within the SQAC would redress, dispose and disburse claim/complaints received through DQAC, to the district health society as per procedure and time frame laid down in this manual on "Family Planning Indemnity Scheme- 2013".

Executive Director	Chairperson
Director, SIHFW/ Additional Executive Director	Vice-Chairperson
State Program Officer, Family Planning	Member Secretary
Deputy Director, Family Planning	Coordinator
Professor and Head, Department of Obstetrics and Gynaecology, Patna Medical College and Hospital, Patna	Member
Professor and Head, Department of Surgery, Patna Medical College and Hospital, Patna	Member
One representative from SRU/TSU Unit FP	Member

6. **Supporting quality improvement process:**
   - Take visionary decision 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 incentives scheme.
7. **Reviewing Key Performance Indicators of Quality**:
   - The Suggested KPIs for District Hospitals are given in the Annexure 'A'. The SQAC may add additional indicator in KPIs list.
   - Performance of health facilities as assessed by the KPIs would also be discussed during review meeting of CMO/CS/CMHO/DHO.
   - RMNCH score card can be used for assessing the performance of the facilities.
8. **Reporting:**
   - The committees' review report should be put on the State's website.
   - The report would also 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 and/or the vice chairperson are able to attend the meeting, however, in the absence of the chair, the convenor 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 Takes Report (ATR), which will also be circulated in advances to all committee members, at least seven days before the scheduled date for the meeting.
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 action with responsibilities and timelines for the same.

g) The "State Family Planning Indemnity Subcommittee' would meet as often as warranted. At least three members would constitute the quorum of this subcommittee.

RQAC

Composition:

Divisional Commissioner	Chairperson
RDD-Health	Convener
RPM	Member Secretary
Deputy Director, Public Relation Department	Member
State Nodal Officer of the Division	Member
RM&E	Member
One empanelled Gynaecologist (from public institutions)	Member
One empanelled Surgeon (from public institutions)	Member
One anaesthetist (from public institutions)	Member
One paediatrician (from public institutions)	Member
One medical specialist (from public institutions)	Member
One in-charge of District Hospital, Sub-divisional Hospital, CHC and PHC	Member
One representative from Nursing Cadre	Member
One member from an accredited private sector hospital/ NGO (healthcare sector)	Member
One representative from Public Prosecutor	Member
One representative from medical professional bodies e.g. FOGSI/ IMA/ IAPSM/ Association of Public Health	Member
RAM	Member
Divisional ASHA coordinator	Member
Biomedical Engineer	Member
Regional Family Planning Counsellor	Member

Terms and Reference:

1. **Dissemination of QA policy and guidelines:**

- RQAC will be responsible for dissemination the QA guidelines 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.

3. **Monitoring QA efforts in the district:**
   - The committee needs to ensure that facility assessment and subsequently quality improvement efforts are executed as per plan.
4. **Periodic review of the progress of QA activities:**
   - Will conduct quarterly review meeting and more if needed.
   - Review of Quality scores, attained by different categories of Public Health Facilities.
   - Take decision for corrective and preventive actions.
   - Define targets and road maps.
   - During the regional level program review meetings the Key Performance Indicators (KPI) of quality can be reviewed.
   - RMNCH score card can be used for assessing the performance of the facilities.
5. **Supporting quality improvement process:**
   - Take visionary decision for continuous quality improvement and its sustenance.
   - Sanction and release of funds for implementation and improvement of quality.
   - Operationalisation of incentives scheme.
6. **Coordination with the state:**
   - Dissemination and implementation of guidelines.
   - Facilitator support for the visit of SQAC/SQAU to the district.
   - Sharing minutes of DQAC meeting and monthly reports.
   - Correctives action & Preventive action.
7. **Reporting:**
   - The committees' review report to be put on the state NRHM website.
   - Share with all DQAC and other stakeholders.
   - Share the QA reports with the concerned facility.

Process:

- The regional 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 should be made to ensure that the chairperson is able to attend the meeting, however, in the absence of the chair, the convener shall have the right to convene the meeting. Under such circumstances, the minutes of the meeting should be sent to the chairperson for information and ratification.
- Member secretary will ensure the preparation of agenda notes; the action takes reports, which will be circulated in advance to all committee members preceding the RQAC meeting.
- 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.

District Level Quality Assurance Committee (DQAC)

Composition:

District Collector/ Dy. Commissioner	Chairperson
Civil Surgeon/ Chief Medical Superintendent of District Hospital/ Deputy Superintendent/ Equivalent	Vice Chairperson
District Program Manager	Convener
District Family Welfare Officer/ RCHO/ ACMO/ equivalent	Member Secretary
In charge of CHC & PHC (One each)	Member
Nodal officers of Programme Division at Districts	Member
One empanelled gynaecologist (from public institutions)	Member
One empanelled Surgeon (from public institutions)	Member
One Medical Specialist (from public institutions)	Member
One Anaesthetist (from public institutions)	Member
One Paediatrician (from public institutions)	Member
One representative from nursing cadre	Member
One representative from legal cell	Member
One Member from an accredited private sector hospital/ NGO (healthcare sector)	Member
One representative from medical professional bodies e.g. FOGSI/IMA/IAP/IAPSM/Association of Public Health	Member

5 members "District Family Planning Indemnity Subcommittee" from within the DQAC would process claims received from the clients and complains/ 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:

District Collector/ District Magistrate	Chairperson
Civil Surgeon/ Chief Medical Superintendent/ Deputy Superintendent of District Hospital	Vice chairperson
District Family Welfare Officer/ RCHO/ ACMO/ Equivalent	Member Secretary
District Program Manager	Convener
Empanelled Gynaecologist (from public institutions)	Member
Empanelled Surgeon (from public institutions)	Member

Terms and Reference:

1. **Dissemination of QA policy and guidelines:**
   - The District QAC will be responsible for disseminating the QA guidelines 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.

3. **Review, report and process compensation claims** for onwards submission to the SQAC under the National Family Planning Indemnity Scheme for cases of deaths, complications and failures following male and female sterilisation procedure. (for details procedure to be followed please refer to the manual on "Family Planning Indemnity Scheme 2013, Ministry of Health & Family Welfare, GoI")

4. **In case a facility reports a sterilisation related death,** the convenor of the DQAC should inform the Convenor of the SQAC within 24 hours. Death audit needs to be undertaken by the DQAC and reports sent to the state with 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 DQT:**
   - Ensuring that district level orientation and training are accomplished in time for DQAU and also DQT.

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

7. **Periodic Review of the progress of QA activities:**
   - Will conduct quarterly review meeting and more if needed.
   - Take decision for corrective actions.
   - Define targets and road maps.
   - During the district level program review meetings Key Performance Indicators (KPI) of quality can be reviewed.
   - RMNCH score card can be used for assessing the performance of the facilities.

8. **Supporting quality improvement process:**
   - Sanction and release of funds for implementation and improvement of quality
   - Reflect fund requirement in the annual DHAP 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 visit of SQAC/SQAU to the districts.
   - Sharing minutes of DQAC meeting and monthly reports.
   - Corrective actions & Preventive actions.

10. **Reporting:**
   - The committees' review report to be put on the state NRHM website.
   - Share with all district committee members and other stakeholders.
   - Share the QA reports with the concerned facility.

Process:

- The district quality assurance committee will meet at least once in a month.
- The convener will issue meeting notice at least seven working days before the schedule date of the meeting with the approval of the chairperson.
- While every attempt should be made to ensure that the chairperson is able to attend the meeting, however, in the absence of the chair, the convenor shall have the right to convene the meeting. Under such circumstances, the minutes of the meeting should be sent to the chairperson for information and ratification.
- Member secretary will ensure the preparation of agenda notes, and action takes 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 the subcommittee.

District Quality Team (DQT) at District Hospital

The DQT will be functioning exclusively at district hospitals. If any facility below district level implements quality assurance under the supervision of DQAU, Special incentives can be given to the team implementing activities in the facility.

Composition:

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

In-charge of Hospital/ Medical Superintendent/ Deputy Superintendent	Chairperson
Hospital Manager	Convener
I/C of Accident & Emergency Department	Member
I/C Out Patient Department	Member
I/C Labour Room, Maternity Ward, Post Partum Unit	Member
I/C Paediatrics Ward	Member
I/C Sick Newborn Care Unit (SNCU)	Member
I/C Nutritional Rehabilitation Center (NRC)	Member
I/C Operation Theatre	Member
I/C Intensive Care Unit (ICU)	Member
I/C Indoor Patient Department	Member
I/C Blood Bank	Member
I/C Laboratory Services	Member
I/C Radiology & USG	Member

I/C Pharmacy	Member
I/C Auxiliary Services	Member
I/C Mortuary	Member
I/C General Administration	Member

Terms of Reference

1. **Staff orientation:**
   - Formal training needs to be conducted for all staff of DQT with support from district QAU.
   - DQT should orient the medical, paramedical and support staff team including Group C & D to the service standards set by the state.
2. **Ensuring adherence to quality standards:**
   - Through regular internal assessments, audits, reviews etc the DQT members should ensures that the standards set for a district hospital are being met.
   - Corrective action plans should be initiated for identified gaps.
3. **Regular reporting to district QAC:**
   - The DQT needs to report regularly to the district QAC on outcome level indicators such as sterilisation deaths, compilations and failures as well as maternal and infant deaths.
   - The DQT should also report to the district QAC on the internal assessment findings, quality improvement measures undertaken, etc.
4. **Ensure interdepartmental coordination:**
   - The DQT should liaise with various departments within the facility for effective implementation of QA activities.
   - To share the internal assessment findings of DQT and external assessment findings of SQAU/DQAU with all the staff at district hospital.
   - DQT will ensure that departmental nodal officers will take corrective actions as per the road map provided by DQT.

Process:

- Once the DQT is formed, areas for an initial assessment need to be identified in the first meeting.
- For achieving the standards DQT will undertake the process of filing 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 DQT completes the assessment and gives services wise/ area wise scoring then will inform and invite District/ State assessors for verifications and guidance.

- This process will continue till the SQAC assessors certify the attainment of the quality standards at the hospital. Then onwards DQT will ensure maintaining the standards.
- Facility in-charge and Hospital manager should be daily rounds to supervise the QA activities and sustain the motivational level of the staff.
- The DQT should meet once in a week.

Above all mentioned committees should reconstitute after receiving this letter within 15 days and share details of reconstituted committee with QA cell, SHSB (email id- qashsb456@gmail.com) and arrange committees' meeting as per norms.

Yours sincerely
sd/
(R.K. Mahajan)

Memo No. 8201 **Patna, dated** 15/12/15

Copy to:

- **The Secretary, Ministry of Health & FW, Nirman Bhavan, New Delhi-110011.**
- **Additional Secretary & Mission Director (NRHM), Ministry of Health & FW, Nirman Bhavan, New Delhi-110011.**
- **The Deputy Commissioner (MH), Ministry of Health & FW, Nirman Bhavan, New Delhi-110011.**
- **Executive Director, State Health Society Bihar, Patna.**
- **Director in Chief, Health and FW, Bihar.**
- **Director, Medical Education, Bihar.**
- **Director, Monitoring and Evaluation, Bihar.**
- **Director, Training, Bihar.**
- **Director, SIHFW, Patna.**
- **Additional Director, Tuberculosis and Training Centre, Patna.**
- **Additional Director, Vector Born Diseases, Bihar.**
- **Additional Director, Immunisation, Bihar.**
- **Additional Director, Leprosy Control, Bihar.**
- **Additional Director, Blindness.**
- **Additional Director, Tuberculosis Control, Bihar.**
- **Additional Director, Filariasis, Bihar.**
- **Additional Director, State Health Society Bihar.**
- **Additional Director, Family Planning, Bihar.**
- **Additional Director, Finance, SHSB.**
- **Superintendent PMCH Patna, NMCH Patna, SKMCH Mujaffarpur, DMCH Darbhanga, AIIMS Patna.**

- Superintendent PMCH Patna, NMCH Patna, SKMCH Mujaffarpur, DMCH Darbhanga, AIIMS Patna.
- Administrative Officer, SHSB.
- SDC cum In-charge Drugs & Infrastructure, SHSB.
- SDC cum HR In-charge, SHSB.
- All State Programme Officers', SHSB
- SPM, NHM & SPM, Urban Health Mission, SHSB.
- Bio Medical Engineer, SHSB.
- Dr. J.N. Srivastava, Advisor, Quality Improvement Division, NHSRC, NIHFW Campus, Baba Gang Nath Marg, Munirka, New Delhi.
- All RDD, RPMU, Bihar.
- All District Magistrate
- All Civil Surgeons' cum Member Secretary, DHS, Bihar.
- All Deputy Superintendent, District Hospital, Bihar.
- All MoIC of SDH, RH & PHC, Bihar.
- Director of IMA, Bihar.
- Director of SRU, Bihar.
- CEO/COO of Paras Hospital, Patna.

11/12/15
Principal Secretary, Health