QUALITY ASSURANCE CELL

Structure & Terms of Reference

QUALITY ASSURANCE CELL

A. Background:

For improving the functioning of the public health facilities and help in strengthening the processes for the providing quality public health care services throughout the State, provision for QA Cell can be done in FY 11-12. Quality Assurance intervention in NRHM will be an attempt to move forward by initiating and operationalizing programmatic interventions. It proposes to develop and institutionalise the use of the field based, practical and feasible indicators in quality assessment and to transform existing supervision practices into a more standardized and structured process. ***Any sustainable change in terms of institutionalisation of Quality Assurance (QA) will come from within the system and not from outside.*** It is hoped that interventions from demand side (for example, community and individuals demanding better services) will also put pressure on the system to deliver quality services which will in turn give impetus for investing in QA.

B. Objective of the Quality assurance Cell

I. To facilitate the improvement of systems and processes of service delivery in the healthcare facilities as per the standard technical protocol to meet the laid down standards (e.g. IPHS/GOI guidelines) as appropriate.

II. To establish &develop quality management systems at the hospital level, leading to enhancement in service quality and leading to Quality certifications by the Quality assurance cell.

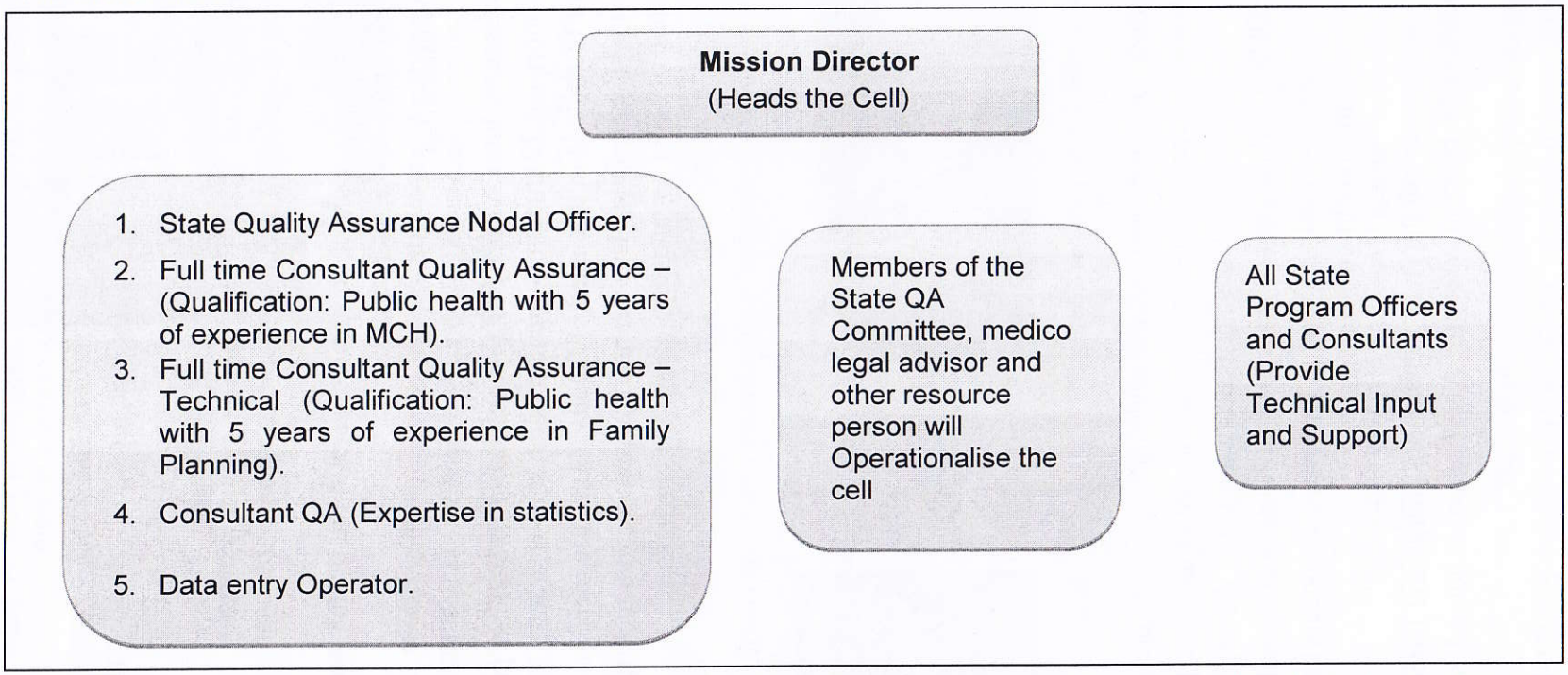
III. To implement & monitor quality of reproductive health services/ MCH services at health facilities and consequently improve service quality by focusing on and addressing the gaps identified during the assessment process.

IV. To undertake periodic assessment visits through state and district quality assurance cell/ committees using specific tools and based on the gaps identified, to guide the service providers in addressing specific service quality elements and sub-elements.

V. To undertake such other GOI / State initiatives entrusted with the QAC from time to time (e.g. MDR, MCTS etc.)

C. Structure of Quality Assurance Cell

i. *At State Level*



In order to assist the State Quality Assurance Cell, a **State Working Group** consisting of members / technical experts:-

1. Members of State QA cell (State Quality Assurance Officer/ Nodal Officer; Full time Consultant Quality Assurance (Experience in MCH); Full time Consultant Quality Assurance (Experience in Family Planning); Full time Consultant Quality Assurance – Managerial.
2. Maternal Health expert from UNICEF.
3. Technical Expert, CARE.
4. MCH Expert, B-TAST.
5. State Facilitator, NHSRC.
6. State Coordinator, PFI
7. Programme Officers / Consultants from SHS Bihar; officials from Directorate and SIHFW may be called for technical assistance as and when required.

ii. ***At Regional Level***: Regional Program Management Unit as Regional Quality Assurance Unit headed by RDDs. On quarterly basis the functioning of the QAC and progress would be reviewed by Divisional Commissioner.

iii. ***At District level:***

District Magistrate will review the progress of the QAC.

1. Civil Surgeon - Chairperson
2. DPM – Convenor
3. ACMO - Member secretary (Hospital manager will assist)
4. Members:
   i. District Gynaecologist and/or district surgeon and /or district Anaesthetist/or dist.Paediatrician
   ii. NGO representative
   iii. District Nursing head
   iv. District RCH officer/FW officer
   v. District Program officer, TB, Vector Borne, Blindness and leprosy
   vi. DPC
6. Technical assistance
   a. Two health educator (competency on computer) can be deputed to the cell by CS
7. Secretarial assistance – District M&E Officer
8. Special Invitee: Representative from Development Partners in the district

All Program Officers and Consultants at DHS (Provide Technical Input and Support)

D. Terms of References

For State QAC :-

1. Adapt standard protocols in maternal, neonatal, child health & family planning services as well as for disease control programme implementation in tune with national guidelines.
2. Ensure adequate dissemination and monitor the adherence to these standards through a set of quality indicators.
3. Sensitize & orient the health personnel involved in quality management on the quality protocols & tools.
4. Formulate strategies with timelines for the Quality Improvement at each level of health institution e.g. Sub Centers, PHCs, RHs, SDHs, District Hospitals, Medical College & private health facilities accredited to the govt. of India PPP schemes as well as for outreach based programmes.
5. Provide technical and managerial guidance to program officers at state and districts on the implementation of measures for improving the quality of maternal, neonatal, child health & family planning (including sterilization services) in the state.
6. Develop and recommend a joint field travel plan of officers from GoB, SHSB and DPs for undertaking Quality Assurance visits to districts at regular intervals using Checklists for reviewing facilities, community based interventions, implementation of schemes under MNCH. The scope of visits should include accredited private facilities as well. Share the field visit

feedbacks received from teams with all QAC members and recommend concrete measurable corrective actions with timeline for different levels.

7. Review the report and recommendations of member's field observations and District Quality Assurance Committee (DQAC) and recommend corrective actions to the chair.
8. Review the report from cases of adverse outcomes/complications in maternal, neonatal health & child health; maternal, infant & child deaths; deaths & complications following sterilization, cases of conception due to failure of sterilization in the State in the state.
9. Implementing infection prevention & bio-medical waste management.
10. Meet once every three months.
11. A minimum of half + one members shall constitute the quorum.

For State Quality Assurance Working Group:

1. Prepare, adopt and ensure dissemination of SOPs, Guidelines and Manuals for the Facilities.
2. The Working Group will meet every month to review the reports being received from the districts. The members may ask for additional information from the district committees if needed.
3. Review the reports of District-level committees received from the regional QAC and present the progress before the state QAC.
4. Create a pool of district trainers for disseminating quality assurance concept, tools and methodology at district and sub district level.
5. Periodic visit to the district, evaluate the QA in the district using standardised format and give necessary inputs to the regional / district QA team.
6. Visit both public and private accredited facilities (under PPP schemes) providing various health services in the state to ensure implementation of national standards and provide feedback for consideration during the accreditation renewal process of the facilities.
7. Review (desk review / field visit, if required) cases of death / complications following sterilization and cases of conception due to failure of sterilization in the state.
8. Review the cases of maternal and infant deaths/any adverse outcomes in maternal, neonatal & child health.
9. Review & monitor the quality of trainings under RCH II/National disease control programmes organized at state & district level and undertake follow-up of selected sample of trainees during field visits.

For Regional QAC:

1. Monitoring of health facilities and guiding the District level teams on development of processing for ensuring quality health care services from that facility.
2. Ensuring adherence of treatment protocols on public health management and to ensure delivery of quality health care services focusing more on the medical colleges, district Hospital and FRUs.
3. Planning, controlling, management of the medical staff, demography and bio-statistic, management of research in health care, epidemiology and community health and strategic management.
4. Ensuring proper functioning of the Hospital Management Information system and will also ensures and monitor the maintenance of the medical records, as prescribed.

5. Management of health and related services within the medical colleges / hospital premises to achieve optimal care by providing staff with managerial leadership, experts advice and opinion to aid diagnosis, management and treatment of patients
6. To provide quality of care through the monitoring and evaluation of services, development of protocols, supervision of staff and continuing education
7. Review the cases of maternal & infant deaths and report from cases of adverse outcomes/complications in maternal, neonatal health & child health.
8. To provide technical inputs to the medical colleges/ District Hospital / FRUs within the division for improving their functioning.

For District QAC:-

1. Meet once every month.
2. Develop half yearly action plan of district for quality assurance intervention in the facilities (Based on facility wise planning for infrastructure strengthening and strengthening of services at the facility).

3. Provide technical and managerial guidance to blocks on the implementation of action plan for improving the quality of services in the facilities disease control programme service delivery in the state.

4. Monitor the Quality Improvement of programme and track progress based on identified quality indicators at each level e.g. Sub Centres, PHCs, RHs, SDHs, District Hospitals and Medical College. Also keep a check whether the facilities are providing the essential service package as per standards and protocols being adhered to.

5. Review the cases of maternal & infant deaths and report from cases of adverse outcomes/complications in maternal, neonatal health & child health.

6. Collecting information on all hospitalization cases related to complications following sterilization as well as sterilization failure.

7. Processing all cases of failure, complications requiring hospitalization, and deaths following sterilization for payment of compensation.

8. Reviewing all static institutions, i.e. government and accredited private / NGOs and selected camps providing sterilization services and safe abortion services, for quality of care as per the standards laid down, and recommending remedial action for institutions not adhering to the standards.

9. Conducting medical audits from time to time of all maternal & infant deaths and deaths related to sterilization and sending reports to the State QAC office.

10. Review & monitor the quality of trainings under RCH II/National disease control programmes organized at state & district level and undertake follow-up of selected sample of trainees during field visits.

11. Review of different community based interventions, implementation of schemes under MNCH.

12. Plans QAC visits and make necessary preparations for visit to facilities and use the standardized QA Checklists to conduct the assessment and debriefs the Medical Officer In-charge of the facility with guidance on what actions needs to be taken.

13. Compiles findings during the visits at the district level and distributes the District Summary Report and discusses these at the monthly meeting with medical officers. Forward the minutes of the monthly QAC meeting and actions to be taken to the concerned officials; regional and state QAC.

14. Shares the district visit reports with the State Committee on monthly basis and initiates actions based on recommendations from state committee. To address the state level actions, the district has to take the initiation and pursue the state authorities and follow-up.

15. Keeps a record of follow-up and actions taken so that these can be reviewed on subsequent visits to the facility.