

Minutes of meeting of State Quality assurance Committee on 2nd June 2011

1. Welcome Address and opening remarks by Executive Director, SHSB –

The Secretary Health –cum-Executive Director, SHSB welcomed all the participants in the first meeting of the State Quality Assurance Committee. In his welcome address he mentioned about the current scenario of health in the state and how the outcome of the programs are suffering due to lack of quality element in the programs & services provided in the facilities.

- He said the lack of infrastructure, resources and manpower is over-emphasised in the state. Everyone gives this a reason for non-achievement of desired outcome but we do not care for the optimum utilization of the existing infrastructure, resources and manpower as well. If whatever available resources are available are optimally utilized and as per the expected competency we would be able to achieve the quality in the service and health care provided. This is to be done while taking all the steps to fill the critical gaps in physical and human infrastructure.
- But due to lack of our will and enough understanding there is mismatch of what we want and what we do.
- He also laid stress that there is a need for attitudinal and behavioural change among the service providers.

2. Presentation on the current status of state and district quality assurance committee-

This was followed by a brief presentation by Ms. Jyoti Verma, Deputy Director, Monitoring & Evaluation, SHSB on the current status and functioning of state and district quality assurance committee. The SQAC which was formed earlier housed at SIHFW was supposed to look after the quality assurance aspect and conduct supervisory visits in districts but could not function as per the defined TOR. At present activities related to quality assurance of training program (SBA, LSAS, BeMOC) has been taken up by the SQAC. But no regular supervisory visits or activity for quality assurance is being undertaken by the SQAC. Likewise the DQAC is formed only in few districts and are not functioning as per their TOR. The DQAC are looking after the family planning issues to some extent like monitoring of the public and private (accredited) institutions for family planning activities.

3. Presentation on quality assurance Plan by Dr. Himanshu Bhusan-

In his presentation he explained on what quality assurance is; why there is need for quality assurance in NRHM. He mentioned about the on-going quality assurance activities in the state like the supportive supervision & review at different levels; the supportive supervision tools developed at state, action taken and compliance of the visit reports. But he emphasized that this initiative for QA has to be taken forward with better plan for implementation and state should put more focus on it.

- He also presented a model for the Quality Assurance Cell along with TOR for the State, regional and district QAC and said that state should list technical treatment protocols; adopt/develop standard treatment protocol and develop quality assurance tools.
- When proposed by state system analyst-cum-data office to use data captured in MCTS as a mean for analysing, he said that at later phase it may be included in quality assurance.

This was followed by an open house discussion. Outcome of the discussions are as follows:-

- a) Whatever tools and mechanisms are developed for quality assurance should be uniform for all (including development partners) and each level.
- b) Beside the QAC, there are other committees at district level like maternal death review committee and which at present are either defunct or not performing as per the TOR. Hence the Executive Director directed that the structure, scope of work and TOR of the existing State and district quality assurance cell/ committee must reviewed and worked out as per

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needs and priorities of state . Other committees should be converged into it. This would be helpful in making a single DQC functional and easy to monitor,

This was followed by deliverables by Dr. Padmanabhan, NHSRC. He shared his opinion and expertise on the issues to be covered under quality assurance .As discussed the core issues to be covered could be as follows:-

- Service quality.
- Training & capacity building.
- Reviewing maternal and child deaths.

He was of opinion that TOT and visioning exercise is necessary to develop an understanding of quality of care among the service providers and would enable them to assess their problems and prepare plans by their own.

5. Dr. Vatsyayan, Professor and HOD, Dept. of Anaesthesia, ANMCH - He shared his views on the issues that how quality could be assured in the medical colleges. He said that Supportive supervision and visits could be one of the mean for bringing efficacy in service delivery as frequent visits and follow-up actions build a kind of peer pressure among the institutions and among the service providers. He suggested that Executive Director should visit the medical colleges at regular intervals and review the performance.

He said that once we start optimal utilization of our resources as per the standards laid down will automatically result in assuring quality.

Comments and suggestions of the Executive Director -

- a) At Tertiary Level. Medical colleges can take up the issue of quality assurance and develop action plan for it; give necessary direction for its implementation and attainment.
 - b) The medical colleges must take the activity of conducting researches activities.
6. Dr. Ravishwar Sinha and Ms. Baisakhi Banerjee, DFID-BTAST- They shared their experience and knowledge based on their research and activities in quality assurance activities in two districts in Bihar.
- BTAST has developed the minimum quality essential service package (based on the GOI guidelines) for maternal, new-born child health, tuberculosis and kalazaar.
 - The standard treatment protocol guidelines have been developed on maternal, new-born child health, tuberculosis and kalazaar.
 - The road map for establishing the MQESP has been prepared.
 - The baseline facility assessment and client on the above issue have been done in the Purnea and Banka districts.
 - The prescription audit would be carried out in the 4 districts to assess the gap.
7. Mr. Ajit Singh, NHSRC- He shared his experience of working for improving the services at SDH, Danapur. He shared that how through participatory approach a visioning cum gap analysis exercise was conducted at the hospital and hence after with the efforts of the hospital administration and staff the implementation on the action plan has resulted in improvement in the hospital which is quite visible now.
8. Prof (Dr.) Diwan, SIHFW- He mentioned about the importance of quality circle and emphasised that an institution or facility must be empowered to identify their own and develop mechanism to address those gaps.

Prasanth S., NHSRC-

- He said that there are facilities which are undergoing changes but there are some facilities/ institutions that are willing for change but they face problem / difficulty in bringing about desirable change. These challenges need to be addressed.
- Expectation of the institution willing for undertaking the QA interventions must be listed out and the kind of support that they would be requiring for this.
- Systematic issues must be addressed by the QAC.
- Good sample should be taken for good outcome.
- Systematic empowerment and handholding will benefit 60-70% institution.
- Mutual learning must be shared.
- Mechanism of QA from private organisation must be shared.
- Factors causing hindrance in Quality assurance must be assessed.


10. **Dr. Sridhar Srikantiah and Mr. Shamik Trehan, CARE-** They mentioned about the integrated family health initiative taken up by CARE in 13 districts of Bihar to improve the Quality in MCH and FP services.

- He mentioned that the approach is of intensive facility wise facilitation.
- This process will be able to come up with some important lessons, different tools will be developed and how tools will be working
- He also said that this initiative will come up with evidences of outcome and documentation of lessons would be helpful.

Concluding remarks Executive Director:

- a. A small road map may be developed for state and district quality assurance committee.
- b. To draft the road map a small working group must be formed who work on it and give final shape to the it in next 2 weeks.
- c. At state and district level Mechanism to monitor on daily basis of improving quality in institutions.
- d. Begin small- identify priority, list TOR as per issues, measurable outcomes which could be monitored on daily basis.
- e. Capacity of these institutions / committees should be built up.
- f. Then the list of TOR could be expanded.
- g. A working paper on this may be developed, thereafter a working group may be formed which shall work and develop everything.
- h. A very specific instruction will go to the districts by 20th of June' on Quality assurance.
 - ‡ He said that the TOR for Quality assurance should not be made a document of individual intention.
 - ‡ The TOR should reflect priority of state and in order of the priority.
 - ‡ It should be kept as short as possible and as per capacity of the district.
 - ‡ The outcomes of TOR should be measurable.
 - ‡ Eventually with increasing capacity for QA in Districts the TOR may be expanded.

Finally the meeting was concluded with vote of thanks by the Executive Director.


(Sanjay Kumar)

Secretary health-cum-Executive Director