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Minutes of Quality Assurance sub-group meeting on 3rd May 2012

The 2nd meeting of QA (sub –group) was conducted on 3rd May 2012 at RI conference Hall, SHSB.

The members present in the meeting were:-

1. Prof. J.M. Dewan, Prof. in –chief SIHFW, Patna.
2. Jyoti Verma , Deputy Director-Monitoring & Evaluation, SHSB.
3. Dr. P. Padmanaban, Advisor, NHSRC.
4. Mr. Prasanth K S, Consultant, NHSRC.
5. Mr. Ajit Kr. Singh, Consultant, NHSRC
6. Dr. C. Ravichandran, Health Specialist, UNICEF.
7. Mr. Shamic Trehan, CARE.
8. Dr. Sebanti Ghosh, MCH Expert, BTAST, DFID.
9. Dr. S.S.S. Reddy, State Consultant, QA-Child health UNICEF.
10. Dr. Hemant Shah, CARE.
11. Dr. Anand , Consultant, UNICEF
12. Ms. Baisakhi Baneerji, Training & Capacity Building Expert, BTAST
13. Mr. Rajeev Kumar, Public Health Expert BTAST, DFID.
14. Dr. Ranjeet Kr. Mandal, Fellow Quality Improvement, NHSRC

The meeting started with welcoming of the members by Ms. Jyoti Verma, Deputy Director –Monitoring & evaluation, SHSB who briefly introduced the objective and agenda of the meeting. Dr. Padmanaban opened up the discussion with the pertinent points to be kept in mind for in-house certification programme. The highlights of the issues discussed were as follows:-

1. Need for certification and system for any QA certification:-

The discussion was initiated by DD-M&E on the need and relevance for quality certification which was supported by members.

- a. Since last one year SHSB, NHSRC and DPs have been working in the state for qualitative improvement in the health facilities which are commonly known as “Family Friendly Hospital initiative (FFHI)”. So, it is the right time that one should move a step ahead in this process and

initiate steps for the creation of a Certification body. There must also be provision for recognizing health professionals for the good work done in improving the quality of services in the hospitals. It will allow opportunities to all for continual improvement.

- b. Different levels of certifications would be attempt to start with minimum standards, yet provide for continuous quality improvement. This would build in community's faith towards health care delivery system as well.
- c. Mr. Prasanth stressed for the requirement of development of TORs for the specific areas put forward in the agenda. These TORs will be developed by the working group, coordinated by a nodal person. He also framed the TORs for discussion by the group. The agenda & TORs were discussed one by one and consensus of the members was gained.

2. The process for certification: - After discussion on the processes or steps to be followed for certification all came to a consensus that the following steps or processes would be involved in certification;

- a) The process of certification is mentioned in the Handbook on FFHI. Members are requested to reflect upon them and give feedback to the group
- b) The certification body will be at the State level only
- c) A handholding team will be available at the district level, who will provide continuous support to the health facilities who are opting for FFHI certification
- d) The initiation of quality improvement in health facilities would initially be a voluntary process – the institution informing the District Quality Assurance Cell who will in-turn appoint a handholding team for facility support
- e) Once a facility is ready and willing for certification, the handholding support group will inform district quality assurance committee, who then will forward the application to the State Quality Assurance Cell.
- f) The SQAC will compile the requisition and organize for the certification visits of the certifying body.

3. Certification under family Friendly Hospital Initiative, its type and validity.

➤ The certification types:

- a) There will be 4 variables used for categorizing the certification. One would be to use stars – '3 star and 5 star' and the other would be 'Silver & Gold'. The team developing the TOR for linking the functionality with certification will categorize the facilities within these 4 variables.
- b) The minimum essential services would be uniform and would be provided in all hospitals across the state.
- c) The tool for assessment would consist of both negotiable & non-negotiable elements.
- d) The assessment by certification team would use a tool mostly gaining from the facility's 'Assessment Tool' itself. The major areas for assessment would be; Clinical services; Leadership & Governance; use of resources and Patients safety & rights.

4. Certification body:

- a) This certifying body would be a heterogeneous group comprising from health dept; Directorate, SHSB, SIHFW, NHSRC, Civil society representations, Professional Organizations (FOGSI, IMA etc.) MCH experts (MCH – PSM)
- b) The members would be identified and empanelled so that as per their availability the certification team could be constituted. But in any case there should be minimum no. of experts in the team, which will be defined in the TOR.
- c) The Regional QA team will nominate a person as its representative in the Certification team.
- d) Development partners will not be a part of this body as their role would be more in handholding support and as a catalyst in change.
- e) State would decide upon the mobility support, honorarium, etc for the members during the field visit.

5. Validity of the certificate:

- a) The certificate awarded to a hospital will remain valid for a period of 3 years.

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- b) Every six months the certified facilities will be visited by the regional QAC. In case of any compromise in the quality of services, facility will be given 3 months to take corrective and preventive measures. Reports on these will be sent to SQAC.
 - c) The objective of the six monthly visits or any revisits would be more supportive rather than fault finding & punishment.
 - d) In the last year i.e. 3rd year the certifying body will visit the facility and conduct surveillance audit and recommend for continuation or non-continuation of certification status.

6. Sustainability after Certification: - All the members were of opinion that the changes brought about in the facility and services through certification should be sustained. For this there is need –

- a) For institutionalization of the services & standardization of the system.
- b) To generate demand for the services, more of public awareness should be done.
- c) Minimum essential supplies to the certified hospitals should be ensured by districts.
- d) Recognition of the hospital by the community would be institutionalized

7. What kind of benefit would the facilities get once they are certified?

The members discussed and came to consensus that the certified hospitals once certified may be supported in the following manner-

- a. HR requirement would be fulfilled on a priority basis.
- b. Additional money would be granted to RKS.
- c. Recognition to the Hospital at state level. (FFHI badge for staff working in certified hospitals)
- d. Recognition to the MO, ANMS or any staff for their exceptional contribution for improving the quality of services in the hospitals. State may also decide to use them as master trainers.

The members were of opinion that state should take decision on how it wants to give recognition to the hospital and its employees.

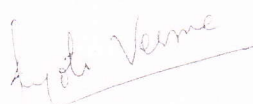
8. **Uniform Record book for NBCC-** As the implementation of the QA-FBNC is going on, hence there is a need for uniform register that would be maintained for the NBCC units. In this regards a format was been developed by UNICEF in consultation with DD-M&E & DD-MCH, SHSB. This was discussed with the members and approved after some changes.

The following TORs would be developed with nodal persons and timelines of submission-

| Sl. no. | Kind of TOR or guidelines | Nodal Persons |
|---------|--|--|
| 1. | Certification – types and linking with functionality | Dr.Padmanaban, Prasanth K S, Ajit Kr.Singh (NHSRC) |
| 2. | Handholding support group (functions, members) | Mr. Shamik Trehan, Dr.Hemant Shah (CARE) |
| 3. | Assessor's guide (linking with non-negotiables) | Dr. Ravichandran, (UNICEF) |
| 4. | Certification body (functions, members) | Dr.Padmanaban, Prasanth K S, Ajit Kr.Singh (NHSRC) |
| 5. | Revisiting conditions post certification | Dr. Sebanti Ghosh, B –TAST |

- All the above responsible persons would send the 1st draft by 21st May 12 on email of DD-M&E at [jyoti26.ranchi@gmail.com](mailto: jyoti26.ranchi@gmail.com).
- Compilation would be done by DD-M&E and send back the feedbacks to all by 28th May 12.
- The members would send back 2nd & final draft by 1st June' 12 to DD-M&E.
- All group members expected to go through the current FFHI guidelines (Handbook) and suggest changes in FFHI process, if any, for certification.
- The same sub group members would again meet on 5th June 12 under the chairmanship of Executive Director, SHSB for sharing on the work done and to decide on further plan of action.

Meeting ended with vote of thanks by DD-M&E.


(Jyoti Verma)
DD M& E, SHSB