



MISSION DIRECTOR NATIONAL HEALTH MISSION, J&K

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**The Chief Medical Officer,
(Vice- Chairman District Health Society)**

All

No: SHS/NHM/J&K/12684-12700

Dated: 3-11-16

Sub: - Constitution of District Quality Team at District Hospital.

Sir/ Madam,

Consequent upon issuance of Govt. order no 535-HME of 2016 Dated: 04/10/2016 read with this office letter no. SHS/NHM/J&K/12494-12526 dated 02-11-2016, you are hereby advised to constitute the District Quality Team at District Hospital with the following composition as per the GoI Guidelines:-

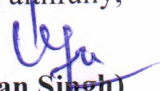
1. I/C Hospital/Medical Superintendent. - Chairperson.
2. I/C Operation Theatre/Anaesthesia I/C, Surgeon.
3. I/C Obstetrics and Gynaecology.
4. I/C Lab services (Microbiologist/ Pathologist)
(for enforcing IMEP & BMW protocols)
5. I/C Nursing.
6. I/C Ancillary Services.
7. I/C Transport.
8. I/C Stores.
9. I/C Records.
10. Hospital Manager.

Members

The Terms of Reference (ToRs) of the above mentioned District Quality Team are enclosed herewith.

Encls: as stated above

Yours Faithfully,


(Dr. Mohan Singh)
Mission Director
NHM, J&K

Copy for information to the:

1. Commissioner Secretary to Govt. Health & Medical education Deptt., Civil Secretariat, J&K.
2. OSD with Hon'ble Minister for Health & Medical Education for information of the Hon'ble Minister.
3. OSD with Hon'ble Minister of State for Health & Medical education, Housing & Urban Development & Social Welfare for information of the Hon'ble Minister.
4. Director Health Services Jammu/ Kashmir.
5. Director Family Welfare MCH & Immunization, J&K.
6. Director P&S, NHM, J&K.
7. FA & CAO, SHS, NHM, J&K
8. State Nodal Officer, SHS, NHM, J&K.
9. State Nodal officer, Quality Assurance.
10. Office copy

Terms of Reference:

The terms of reference for the QA unit remain the same as of QA Committee, since it is the working arm of DQAC. However, some of the important activities of the DQAU 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 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 DQAU.
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.
9. 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 DQAU members.

TORS for the contractual position at District Quality Assurance Unit are given at Annexure 'C'.

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 QA activities in the facility.

Composition

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

1. I/C Hospital/Medical Superintendent: Chairperson.
2. I/C Operation Theatre/Anaesthesia I/C, Surgeon.
3. I/C Obstetrics and Gynaecology.
4. I/C Lab services (Microbiologist/ Pathologist) : for enforcing IMEP & BMW protocols.
5. I/C Nursing.
6. I/C Ancillary Services.

7. I/C Transport.
8. I/C Stores.
9. I/C Records.
10. Hospital Manager.

Terms of Reference

1. Staff orientation:

- Formal training needs to be conducted for the staff of DQT with support from the 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 ensure 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, complications 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 the 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 needs to be identified in the first meeting.
- For achieving the standards DQT 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 DQT 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 DQT will ensure maintaining the standards.
- Facility in-charge and Hospital manager should do daily rounds to supervise the QA activities and sustain the motivational level of the staff.
- The DQT should meet once every month.

In case of any death following a sterilisation operation, it should be reported to the convenor of the DQAC within 24 hours. Monthly reports of maternal and infant deaths should also be given to the district QAC. 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.

TORS for the hospital manager are given at *Annexure 'D'*.

Quality Assessors

Assessment of quality of services in a health facility is a techno-managerial task which requires substantial time, efforts and inputs from the person(s) conducting the assessment. Hence, it is proposed that the state empanels quality assessors who have the technical know-how and are willing to take up such tasks. They should commit for minimum defined duration to ensure continuity of the job. These assessors could be either working experienced professionals or retired senior officials of the department, Medical Colleges faculty and Public Health Professionals, who are willing to spare their time.

TORS for the Quality Assessors are given at *Annexure 'E'*.