



ABSTRACT

State Health Society – Tamil Nadu – Implementation of National Quality Assurance State Quality Assurance Standard (NQAS) Programme in the State through establishing Orders – Issued.

Health and Family Welfare (EAP II-1) Department

G.O.(Ms) No.479

Dated : 18.12.2017
Heyvilambi, Margazhi-3
Thiruvalluvar Aandu 2048

Read:

1. G.O.(Ms).No.445, Health and Family Welfare (EAP II-1) Department, dated: 31.04.2017
2. From the Mission Director, State Health Society, letter No.7404/SHS/P9/2016, dated:09.05.2017.

ORDER:

In the Government Order first read above orders had been issued forming State Quality Assurance Committee (SQAC) and District Quality Assurance Committee (DQAC) at State and District level respectively along with State Quality Assurance Unit and District Quality Assurance Units to continuously measure the quality of services at Public Health Facilities in Rural areas under National Rural Health Mission and the committees have been formed.

2. Based on the above Government order, the State and District Committees / units have been formed and regular meetings are conducted for implementation of Quality Assurance. As per the decision taken in State Quality Assurance Committee meeting & subsequent meetings, the selected facilities for State certification are taken up in prioritized 10 districts during the year 2015-16. 13 Government Secondary Care Hospitals and 17 Primary / Community Health Centres have been processed. Initially awareness training and internal assessors training have been completed. For the year 2016-2017, all the facilities (District Hospital / Sub District Hospital / CHC / Upgraded Primary Health Centres / Primary Health Centres) in 31 districts in the State has been taken up for the quality assurance process under Director of Medical and Rural Health Service and Director of Public Health and Preventive Medicine and the quality assurance implemented with the state certification for public health facilities as per National Health Mission – Government of India standards.

3. In the Record of Proceedings 2016-2017 issued by Government of India, there is conditionality to implement the process of Quality Certification and Quality Services in Public Health Facilities i.e at least 20% of District Hospitals and 10% of Community Health Centres / Block Primary Health Centres to be certified. According to guidelines of National Quality Assurance Standards, the main pillars of Quality Measurement Systems are Quality Standards. There are seventy standards, defined under the proposed quality measurement system. The standards have been grouped within the eight areas of concern as given below:-

- a. Service Provision
- b. Patient Rights
- c. Inputs
- d. Support Services
- e. Clinical Services
- f. Infection Control
- g. Quality Management
- h. Outcome

Each standard further has specific measurable elements. These standards and measurable elements are checked in each department of health facility through department specific checkpoints. All checkpoints for a department are collated, and together they form assessment tool called 'Checklist'. Scored/filled-in Checklists would generate scorecards. Hence, to achieve the quality improvement and change management in health facilities, the State and Regional level Quality Assurance Unit have to be strengthened in order to monitor the District / Facility Quality Team in set of activities which is annexed to this order.

4. The National Health Mission will provide guidance to both the Director of Medical and Rural Health Service and the Director of Public Health and Preventive Medicine to plan and implement the Quality Assurance activity in the Health Facilities by establishing Regional Quality Assurance Unit at already existing Regional Training Institute of 7 Regions. The State Nodal Officers of Director of Medical and Rural Health Service and Director of Public Health and Preventive Medicine will monitor the activities of quality assurance and provide the progress report to be placed in the regular meeting of the State Quality Assurance Unit and the State Quality Assurance Committee to proceed further.

5. The above proposal has been approved in the 32nd Executive Committee meeting. The Mission Director, State Health Society has requested the Government Orders in this regard.

6. After careful examination of the proposal of the Mission Director, State Health Society the Government issue the following orders:-

- i. The Mission Director, National Health Mission is permitted to implement the Quality Assurance activity as per National Quality Assurance Standards – Government of India operational guidelines in all Government facilities duly utilizing funds Rs.312.66 lakhs for Strengthening the Quality Assurance activities in Tamil Nadu and Rs.30.44,000/- for the operational cost, review meeting training workshop, assessment and other support cost as per norms as sanctioned under National Health Mission, Government of India with co-ordination of the Director of Medical and Rural Health Service & Director of Public Health and Preventive Medicine. The breakup details are in annexure – I to this order.
- ii. The Mission Director, National Health Mission is permitted to establish seven Regional Quality Assurance Units in the already existing Regional Training Institute of seven Region with the Co-ordination of the Joint Director of Health Services for District Hospital / Sub District Hospital, Deputy Director of Health Services for Community Health Centre / Primary Health Centre of 7 Regions, as detailed below:-

7 Regional Level Quality Assurance unit		
Sl. No	7 Regional Institute for Training	District
1.	Tiruvallur (IPH Poonamallee)	1. Thiruvallur
		2. Vellore
		3. Thiruvannamalai
		4. Kancheepuram
2.	Madurai	5. Madurai
		6. Virudhunagar
		7. Ramnad
		8. Sivagangai
		9. Kanyakumari
3.	Pudhukottai (Thiruvarangulam)	10. Ariyalur
		11. Perambalur
		12. Trichy
4.	Salem	13. Pudukottai
		14. Salem
		15. Namakkal
		16. Coimbatore
		17. Tiruppur
		18. The Nilgiris
5.	Dindigul (Gandhigram)	19. Dindugal
		20. Theni
		21. Karur
		22. Tirunelveli
		23. Thoothukudi
6.	Villupuram	24. Cuddalore
		25. Villupuram
		26. Thanjavur
		27. Thiruvarur
		28. Nagapattinam
7.	Krishnagiri (IVCZ, Hosur)	29. Krishnagiri
		30. Dharmapuri
		31. Erode

- iii. The Mission Director, State Health Society is permitted to place the following posts at the Staff Quality Assurance Units (SQAU) and Regional level for Quality Assurance Program on contract basis / outsourcing method subject to the condition that the staff to be posted on contract basis through outsourcing shall be considered as the staff of State Health Society and they are not eligible to be absorbed under regular time scale of pay post.

B15.2.1 – State Quality Assurance Unit Human Resources	Salary Per month (Rs.)	Mode of Appointment
State Consultant (Quality Assurance)	44,100	Outsourcing/ Contract basis
State Consultant (Public Health)	44,100	Outsourcing/ Contract basis

State Consultant (Quality Monitoring)	40,000	Outsourcing/ Contract basis
Programme cum Administrative Assistant	15,000	Outsourcing/ Contract basis

Qualification with experience, Roles and Responsibilities for State Level post, Regional level posts are in annexure –II, III and IV respectively to this order.

- iv. The Mission Director, National Health Mission is permitted to place the following posts to each of the seven regional Quality Assurance Units established in para 7(ii) above.

S. No.	Post	No of Post	Salary per month/Unit (in Rs)	Mode of Appointment
1.	Regional Consultant	1	40,000	Outsourcing / contract basis
2.	Administrative cum Programme Assistant	1	12,000	Outsourcing / contract basis

Terms of Reference for Regional Quality Assurance Unit and Roles and Responsibilities of Regional level consult and programme cum Administrative Assistant are in annexure – V and VI to this order

- v. The Mission Director, National Health Mission may be permitted to nominate Additional Director under the Control of Director of Medical and Rural Health Services, and Director of Public Health and Preventive Medicine as state Nodal Officer in respect of their Directorates to monitor the activities of State and Regional Quality Assurance units. The activities of the state and Regional Quality Assurance Units are in annexure – VII to this order.
- vi. The Principal, Regional Training Institute may be nominated as the Regional Nodal Officer for the 7 Regional Quality Assurance units.

(BY ORDER OF THE GOVERNOR)

J.RADHAKRISHNAN
PRINCIPAL SECRETARY TO GOVERNMENT

To

The Mission Director, State Health Society, Chennai-600006.

The Committee Member thro Mission Director, State Health Society, Chennai-600006.

All District Collector,

The Accountant General, Chennai – 600 018.

The Pay and Accounts Officer (South), Chennai – 600 035.

Copy to

The Health and Family Welfare (Data Cell) Department, Chennai – 600 009.

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N. Latha
Section Officer

Annexure – I

(G.O.(Ms).No.479, Health and Family Welfare (EAP II-1) Department,
dated: 18.12.2017)

Subject	Break up of amount (in Rs.)	Amount
Quality Assurance Committees at State Level – Operational cost	Approved as per NHM guidelines	91,70,000
1 State quality Consultant (Quality Assurance) and 1 State consultant (Public Health) @ Rs.44100 pm for 9 months State Consultant (Quality Monitoring) - @ Rs.40000 pm for 9 months and 1 programme cum Statistical Assistant @ 15000 pm for 9 months	12,88,800	
SQAU Assessment cum Mentoring Visits @ 0.69 Lakhs for 31 districts	21,39,000	
Training Cost – For 5 internal Assessors trainings @ 13.3 lakhs. To impart training to Medical Officer / Staff Nurse at district / facility in respect of District Hospital, Sub District Hospital, CHC & Primary Health Centres by NHSRC Resource Persons. One service provider training @ 3.35 lakhs for the Medical Officers / Staff Nurse of facilities which have completed internal assessment by NHSRC Resource Persons.	16,65,000	
Certification Cost: For National certification of 7 District Hospital @ Rs.1.02 Lakhs = Rs.7,14,000 – Cost to meet out the contingencies of National Assessors from NHSRC State certification of 7 District Hospital @ Rs.69 Lakhs + Rs.4,83,000, and State Certification for 80 Sub District Hospital/CHC and x Rs.36,000 per CHC/Sub District Hospital + Rs.28,80,000 – Cost to meet out the contingencies for State Assessors / State Officials who are qualified in assessors training.	40,77,000	
Quality Assurance Committees at District / Regional level		66,24,000
Regional level Human Resource For 7 Regional Level Consultant – Quality (for 7 Regions x Rs.40,000 per head x 9 months) @ Rs.25.20 Lakhs Programme Cum Statistical Assistant for (7 Regions x Rs.12,000 per head 9 months) @ Rs.7.56 laks		
RQAU Assessment – cum – Mentoring Visits @ Rs.1200 per visit for 2 persons x 1395 days + Rs.33.48 lakhs	33,48,000	

State Cost per review meeting @ Rs.10000x4 Meetings	Approved as per NHM guidelines	7,44,000
District / Regional Cost per review meeting R.2000x372 meetings at district and regional level	Approved as per NHM guidelines	20,08,000
Other activities – Calibration of Essential – (1) Rs.0.50 lakhs for 48 facilities with bed strength below 100@ Rs.24.00 lakhs (2) Rs.1.20 lakhs for 32 facilities with bed strength between 100-300 @ 38.40 lakhs (3) Rs.1.50 lakhs for 7 facilities with bed strength above 300@ Rs.4.00 lakhs	76,40,000	
Budget for external quality assurance in laboratories @ Rs.2000x770 facilities (31 subscription District Hospital, 254 Sub District Hospital & 485 CHC/PHC) Subscription charges to participate in proficiency testing under CMC EQAS for the Biochemistry parameter like blood sugar, cholesterol, etc.,	15,40,000	
Budget for establishment of fire safety with fire extinguisher: Budget for establishment of fire safety (1) Rs.0.25 for 48 facilities with bed strength below 100 @ Rs.12.00 lakhs (2) Rs.0.50 lakhs for 32 facilities with bed strength between 100-300 @ Rs.16.00 lakhs (3) Rs.1.00 lakhs for 7 facilities with bed strength above 300 @ Rs.7.00 lakhs.	35,00,000	
		3,12,66,000

2016-2017

Subject	Break up of amount (in Rs.)	Amount
Cost of electricity, telephone, internet, printing, stationary, contingency and miscellaneous and cost for monitoring and supportive supervision for the State Level Quality Assurance Committee	Approved as per NHM guidelines	5,76,000
Establishment of Quality Unit at State Level, furniture, fixtures, interiors, air – conditioners, 2 computers, 2 laptops and accessories	Approved as per NHM guidelines	17,75,000
Cost of electricity, telephone, internet, printing, stationary, contingency and miscellaneous and cost for monitoring	Approved as per NHM	6,93,000

and supportive supervision for the Regional Level Quality Assurance Committee cost per quarter Rs.2.31 x 7	guidelines	
Other activities – Recommended for Quality Assurance related activities. State must ensure that these facilities are National / State certified in the current financial year.	Approved as per NHM guidelines	
	Total	30,44,000
Grand Total		3,43,10,000

J.RADHAKRISHNAN
PRINCIPAL SECRETARY TO GOVERNMENT

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N. Lathe
SECTION OFFICER

ANNEXURE – II

G.O.(Ms).No.479, Health and Family Welfare (EAP II-1) Department,
dated: 18.12.2017)

Post for Quality Assurance

State Quality Assurance Unit Human Resources	Salary Per month (Rs.)
State Consultant (Quality Assurance)	44,100
State Consultant (Public Health)	44,100
State Consultant (Quality Monitoring)	40,000
Programme cum Administrative Assistant	15,000
Regional quality Assurance Unit Human Resources	Salary per month (Rs.)
Regional Consultant-1 – Madurai Region	40,000
Regional Consultant-2 – Thiruvallur Region	40,000
Regional Consultant-3 – Villupuram Region	40,000
Regional Consultant-4 – Salem Region	40,000
Regional Consultant-5 – Dindigul Region	40,000
Regional Consultant-6 – Pudukottai Region	40,000
Regional Consultant-7 – Krishnagiri Region	40,000
Administrative cum Programme Assistant	Salary per month (Rs.)
Administrative cum Programme Asst.-1 – Madurai Region	12,000
Administrative cum Programme Asst.-2 – Thiruvallur Region	12,000
Administrative cum Programme Asst.-3 – Villupuram Region	12,000
Administrative cum Programme Asst.-4 – Salem Region	12,000
Administrative cum Programme Asst.-5 – Dindigul Region	12,000
Administrative cum Programme Asst.-6 – Pudukottai Region	12,000
Administrative cum Programme Asst.-7 – Krishnagiri Region	12,000

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N. Lakshmi
SECTION OFFICER

ANNEXURE – III

G.O.(Ms).No.479, Health and Family Welfare (EAP II-1) Department,
dated: 18.12.2017)

Qualification for Human Resources at level and Regional level for Quality Assurance

Name of Post	Salary per month / unit (in Rs.)	Qualification and Experience
State Consultant (Quality Assurance)	44,100	MBBS/Ph.D./Dental/AYUSH/ Nursing graduate with Masters in Hospital Administration/Social Work/ Health Management (MHA-Fulltime or equivalent) – with 5 years experience in public Health/Hospital administration, out of which, at least 3 years work in administration, out of which, at least 3 years work in the field of quality. Training and experience of implementing a recognized quality system like NABH/ISO 9001:2008/Six Sigma/Lean/Kaizen would be preferred.
State Consultant (Public Health)	44,100	MBBS/Ph.D./BDS/AYUSH/ Nursing graduate with Masters in Public Health (MPH), Community Medicine (MD), MBA-(Health Management) – With 5 years experience in public Health / Hospital administration, out of which, at least one year work in the field of Public Health quality. Training and experience of implementing a recognized quality system like NABH/ISO 9001:2008/Six Sigma/Lean/Kaizen would be preferred.
State Consultant (Quality Monitoring)	40,000	Post graduate degree/ advance qualification in Statistics / Social Science with statistics. Specialization in Biostatistics / Masters in Health Informatics (MBA health informatics) / Masters in epidemiology (MPH epidemiology) – With 2 years experience in Public Health would be an added advantage.
Programme cum Administrative Assistant (Program Cum Statistics Assistant)	15,000	Recognized Graduate Degree with fluency in MS Office Package with one year experience of managing office and providing support to Health Programme / National Rural Health Mission (NRHM). Knowledge of Accountancy would be an added advantage. Candidates having drafting skills would be preferred.
Regional Consultant (Quality) – for	40,000	MBBS/Dental/AYUSH Masters in Social Science / Social Work / Public Health / Nursing graduate with master in Hospital administration / Health Management (MHA-Full

7 Regions		time or equivalent) – With 2 years experience in Public Health / Hospital administration. Training and experience of implementing a recognized quality system like NABH/ISO 9001:2008/Six Sigma/Lean/Kaizen would be preferred. Previous work experience in the field of health quality would be an added advantage.
Programme cum Administrative Assistant (Progm Cum Statistics Assistant	12,000	Recognized Graduate Degree with fluency in MS Office package with one year experience of managing officer and providing support to Health Programme / NRHM Knowledge of Accountancy would be an added advantage. Candidates having drafting skills would be preferred.

J.RADHAKRISHNAN
PRINCIPAL SECRETARY TO GOVERNMENT

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SECTION OFFICER

ANNEXURE - IV

Roles and Responsibilities for State level Posts

Roles and Responsibilities for State Consultant (Quality Assurance)

1. Coordinating and promoting quality related activities and advocacy across the state.
2. To assist, support and conduct assessment and scoring of Public Health facilities.
3. Grading of healthcare facilities on the basis of score.
4. Facilitating selection of facilities that may go for Certification and supporting them in the process.
5. Estimating state's requirements (in terms of Structure, Process and outputs) for improving quality of healthcare services.
6. Review the status of QA activities in districts.
7. Providing support to Districts in taking appropriate and time-bound actions on closure of the gaps, identified during the initial self assessment.
8. Conducting workshops and training for district personnel on QA and Certification of health care facilities.
9. Providing necessary support to DQAC/DQAU in the area of Quality Assurance and Certification.
10. Ensuring conduct of meetings regularly & taking follow-up actions and presenting 'Action Taken Report (ATR)' in the SQAC meetings.
11. To provide technical assistance to achieve compliance to statutory requirements such as Atomic Energy Act & AERB Guidelines, Blood bank License, PC PNDR act, Biomedical (Management & handling) rules, etc.
12. To review the Patient's and employee's satisfaction from different districts submitted by DQAU, subsequently develop an action plan to address the concerns of patients, which led to poor satisfaction.
13. Advise on the further development of QA and Certification across health facilities in the state.
14. Monitoring of recording/reporting system through field visits and submit the visit reports with appropriate suggestions/actions for improvement.
15. To assist the State Nodal Officer for quality assurance in discharging his duties.
16. To attend to any other duties/responsibilities assigned by the authorities and the reporting officer
17. To facilitate state level assessment.

18. Liaison with the Central body for Certification of State's Public Health Facilities and facilitate the assessment process.

Roles and Responsibilities for State Consultant (Public Health)

1. Coordinating and promoting quality related activities and advocacy especially related to National Health Programs.
2. Coordination with State's Programme Officers for implementation of National Health
3. Programmes at Facility level under ambit of Quality Assurance Activities.
4. Providing technical support in implementing the technical protocols & clinical standards.
5. Estimating state's requirements of resources for Quality Assurance programme and coordinate with the Directorate and SPMU for allocation of resources for the gap closure, found during the assessment process.
6. To assist, support and conduct Assessment and scoring of Public Health facilities.
7. Grading of healthcare facilities on the basis of score.
8. Certification Review the status of QA activities at different facilities.
9. Review of financial requirement of facilities.
10. Facilitate need assessment for training, prepare training curriculum and plan training activities in collaboration with training institutes.
11. Conducting workshops and training for the district personnel on QA and Certification of healthcare facilities.
12. Ensure that the planned outputs related to Quality Improvement Programme are achieved as per the annual work plan of the State.
13. Analyze financial and physical progress report and take corrective measures for improving.
14. Identify the cause of any unreasonable delay in the achievement of milestones, or in the release of funds and propose corrective action.
15. Providing necessary support to DQAC/DQAU in the area of Public health.
16. Advise on the further development of QMS across health facilities in the state.
17. Monitoring of recording/reporting system through field visits and submit the visit report with appropriate suggestions/actions for improvement.
18. To attend to any other duties/responsibilities assigned by the authorities and the reporting officer.

Roles and Responsibilities of State Consultant (Quality Monitoring)

1. To create a single source repository of health care data at the state level.
2. Collection, compilation and regular updation of data from various sources - Census, HMIS, Periodical surveys (NSSO, NFHS, SRS, AHS, etc.), and reports etc.
3. To develop a system of monthly reporting of Key Performance Indicators (KPI) from all the facilities to the State level.
4. Collection/collation/Analysis and Review of KPIs and presenting analysis findings to programme officers, directorate and SQAC.
5. To regularly update SQAC of emerging and changing trends. Capacity building and mentoring of District Consultant (statistics/demographics/HMIS).
6. To conduct trainings on how to use data for informed decision making and planning.
7. Monitoring of recording/reporting system through field visits and submit the visit reports with appropriate suggestions/actions for improvement.
8. To provide necessary statistical support to technical consultants of SQAC and DQAC. To provide necessary information to the relevant consultant.
9. Submission of reports to Govt. of India/NHSRC as per GoI guidelines/instructions.
10. To attend to any other duties/responsibilities assigned by the SQAC.

Roles and Responsibilities for Administrative cum Programme Assistant

1. To provide support to SQAC in its administration. To coordinate all activities of SQAU.
2. Preparation of agenda notes of SQAC meetings, and ensuring its circulation to SQAC members.
3. Preparation of the minutes of meetings and initiating correspondence for follow-up action.
4. Liaison with DQAC and DQAU. Facilitatory support for the field visits including logistics arrangement.
5. Liaisoning with the External Assessors and maintenance of their register at state level.
6. Submission of Utilisation certificates in respect of funds received. Upkeep of files, registers and books of accounts.

J. RADHAKRISHNAN
PRINCIPAL SECRETARY TO GOVERNMENT

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N. Sathya
SECTION OFFICER

- 124 -

ANNEXURE - V

Terms of Reference for Regional Quality Assurance Unit and Roles and Responsibilities of Regional level Consultant and Programme cum Administrative Assistant.

The National Health Mission - Tamil Nadu will provide guidance to both the Directorate of Medical and Rural Health Services (DM&RHS) and the Directorate of Public Health and Preventive Medicine (DPH&PM) to plan and implement the Quality Assurance activity in the Health Facilities by establishing Regional Quality Assurance Unit (RQAU) at already existing Regional Training Institute of 7 Regions (Annexure -IV) with the coordination of the Joint Director of Health Services for DH / SDH and the Deputy Director of Health Services for CHC / PHC of 7 Regions. The Principal of Regional Training Institute of 7 Region (Annexure-IV) will be the Regional Nodal Officer to monitor the activities of Regional Consultant and Regional Administrative cum Programme Assistant through of RQAU and submit report to SQAU. The State Nodal Officers of DM&RHS and DPH&PM will monitor the activities of quality assurance and provide the progress report to be placed in the regular meeting of the State Quality Assurance Unit and the State Quality Assurance Committee to proceed further.

The Terms of Reference for Regional Quality Assurance Unit (RQAU) to be developed by State based on the terms of reference for District Quality Assurance Unit so that the RQAU may have to look after at least 4-6 Districts in the State towards implementing and monitoring the NQAS (National Quality Assurance Standards) activities at District Head Quarters Hospitals, Taluk/Non-Taluk Hospitals, CHCs and PHCs in their respective regions.

Accordingly, the terms of reference for RQAU may be based on DQAU since the nature of work covers 4-6 districts district level to be monitored and submitted below for approval.

RQAU is the working arm under SQAC that will be responsible for undertaking various activities as per the ToRs of the committee and also entrusted to them from time to time by the DQA Committee.

COMPOSITION OF RQAU

1. JDHS of respective 7 Regions. (Chairman)
2. Principal of the Regional Training Institute of 7 Regions (Member Secretary)
3. JDHS of concerned districts comprising of 4 - 6 districts in a region (Members)
4. District Family Welfare Officer/RCHO/ ACO/ equivalent comprising of 4 - 6 districts in a region (Members)
5. Deputy Director of Public Health Services comprising of 4 - 6 districts in a region (Convener).
6. Medical Superintendent of Government Medical College of the respective region. (Members)
7. One Clinician (CCS cadre- Surgical/ Medical/ any other speciality) respective region. (Members).
8. Quality Medical Officer from District Quality Team (Head Quarters Hospital) from 4 - 6 districts in a region (Members)
9. Regional Consultant for Quality Assurance (Members)
10. Administrative cum Programme Assistant (Members).

Terms of reference for the RQ A unit

The composition for RQAU will provide the support to the DQAU and DQAC for implementation of QA activities in the district. All the positions of this unit should preferably be regular staff from the government except one Regional Level Consultant and Administrative cum Programme Assistant.

The terms of reference for the RQA unit remain the same as of DQAU, since it is the working arm of DQAC. However, some of the important activities of the RQAU are listed below:

1. Ensure roll out of standard protocols for Quality Services in DH, SDH, CHC and PHCs.
2. Develop a plan for the Quality Assurance at each level of health facilities 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 as stated in terms of reference for DQAU and share it with the DQAC members and discuss with DQAC meeting.
8. Follow up the activities of DQAU and report to SQAU so as to review at State level for improvement further.
9. Follow up the activities of District Quality Team and Facility Team, as per the terms of reference given for District Quality Team in the GoI guidelines.
10. Closely monitor the process of implementation of NQAS at facility level as per the road map given in the Operational Guideline for NQAS.
11. Provide necessary support to utilize the services of the Regional Consultant and Administrative cum Programme Assistant (contract posts) to follow up the quality assurance process successfully.
12. RQAU should develop and act as Resource centre for quality assurance to provide guidance and support to the DQAU and DQT to improve further.
13. Report to DQAU every month regarding the progress of NQAS
14. RQAU should meet every month to report the status and progress of NQAS programme to SQAU before 5th of every month.
15. Update the Quality Assurance programme through online.

Hence, the Regional Quality Assurance Unit to be formed as above and the role and responsibilities of Regional Consultant and Administrative cum Programme Assistant may be followed as per GoI guidelines.

The Regional Consultant and Administrative cum Programme may be attached to respective Regional Training Institute as follows:

7 Regional Level Quality Assurance Unit		
Sl. No	7 Regional Institute for Training	District
1	Tiruvallur (IPH Poonamallee)	1. Tiruvallur
		2. Vellore
		3. Thiruvannamalai
		4. Kancheepuram
2	Madurai	5. Madurai
		6. Virudhunagar
		7. Ramnad
		8. Sivagangai
		9. Kanyakumari
3	Pudhukottai (Thiruvarangulam)	10. Ariyalur
		11. Perambalur
		12. Trichy
		13. Pudukottai
4	Salem	14. Salem
		15. Namakkal
		16. Coimbatore
		17. Tiruppur
		18. The Nilgiris
5	Dindigul (Gandhigram)	19. Dindugal
		20. Theni
		21. Karur
		22. Tirunelveli
		23. Thoothukudi
6	Villupuram	24. Cuddalore
		25. Villupuram
		26. Thanjavur
		27. Thiruvavur
		28. Nagapattinam
7	Krishnagiri (IVCZ, Hosur)	29. Krishnagiri
		30. Dharmapuri
		31. Erode

Based on Operational Guideline given by Govt. of India for NQAS (National Quality Assurance Standards) programme, the following qualification, Terms of Reference and Job responsibilities for Regional Consultant and Programme cum Administrative Assistant for 7 Regional Quality Assurance Units may be considered and approved.

ESTABLISHMENT OF RQAU OFFICE AT RTI:

The office of Regional Consultants and Programme cum Administrative Assistants of RQAUs at 7 Regions may be placed in respective 7 RTIs since funding is provided to 7 Regions only from SHS, NHM. The office for RQAU set up may be established at RTIs of 7 Regions with following guidelines.

1. SHS funds for establishing RQAU will be provided to the Principal, RTIs.
2. The Regional Consultant and Programme cum Administrative Assistant will work under the supervision of the DDHS cum Principal, RTI (Member Secretary of RQAU) of the 7 region duly reporting their performance to the respective JDHS (Chairman of RQAU) of the 7 region every month.
3. So the RQAU members meet every month to discuss the progress of quality assurance in the region and report the performance of quality assurance programme to State Quality Assurance Unit / DM&RSH, DPH&PM and the SHS, NHM.
4. The working rules and regulations being followed for Consultant and Assistant category in SHS, NHM-TN will be applicable for Regional Consultants and Programme cum Admin. Assistant at RQAUs.
5. The working time for Regional Consultants and Programme cum Admin. Assistant at RQAUs may be followed as per working timings of Regional Training Institute (RTI) i.e. 10 am to 5.45 pm. During the facility visit, the working time may be followed as per the timings of facility.
6. The Regional Consultants and Programme cum Admin. Assistant at RQAUs to submit the advance work plan and tour programme to the respective Principal of RTIs with a copy marked to JDHS and DDHS of 7 Regions.
7. The Regional Consultants and Programme cum Admin. Assistant at RQAUs has to report to the Principal, RTI of the region with the reports of quality assurance programme relating to the DH, SDH, CHC and PHCs in order to place the same RAQU meeting every month.
8. So every month, first week, the RC has to report at RTI, then proceed to District Head Quarters Hospital of the respective region and subsequently to other facilities covering 4-6 districts on rotation basis as allocating 3 days for each of the 4-6 districts in a month.
9. RQAU will report to SQAU before 5th of every month.
10. VC meeting of SQAU members with RQAU members may be done for regular review.

J. RADHAKRISHNAN
PRINCIPAL SECRETARY TO GOVERNMENT

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N. Lalhe
SECTION OFFICER.

Annexure -VI

Roles and Responsibilities for Regional level Posts

Roles and Responsibilities for Regional Consultant (Quality)

1. The Regional Consultant has to work for Implementation and monitoring of quality assurance programme in all facilities DH, SDH, CHC and PHCs covering 4-6 districts in the respective region.
2. Working timing for Regional Consultant at RQAU to be followed as per working timings of Regional Training Institute (RTI) i.e. 10 am to 5.45 pm. During the facility visit, the working timing to be followed as per the timings of facility. The advance work plan and tour programme of Regional Consultant should be submitted to the respective Principal of RTIs and JDHS of the Region. The Principal of RTI will supervise the work of Regional Consultant duly checking reports of quality assurance programme relating to the DH, SDH, CHC and PHCs. So every week, first day, the RC has to report at RTI and then proceed for field work at facility level covering 4-6 districts on rotation basis as allocating 4 days.
3. At field visits, the Regional Consultant should report to JDHS and DDHS regarding their visit to the facilities (DH, SDH, CHC and PHCs); Coordinating and promoting quality related activities and advocacy related to NQAS across the Region comprising of 4-6 districts.
4. Coordination with the state programme officers / Consultant and SQUA for QA related activities at Health facilities in the Region comprising 4-6 districts. Providing District inputs for District PIP and to SQUA on the QA programmes in the State.
5. Providing technical support in assessing the technical protocol.
6. To assist the District Quality Assurance Team Officers and Block Medical Officers in discharging work related to NAQS.
7. To assist, support and conduct Assessment and scoring of Public Health facilities in the Region covering 4-6 districts.
8. Grading of healthcare facilities on the basis of score in the Region comprising 4-6 districts.
9. Ensuring that RQAC and DQAC meets regularly and follow-up actions have been taken.
10. Selecting facilities that may go for Certification and supporting them in the process.

11. Estimating district's requirements for QA program (in terms of Structure, Process and outputs) for improving quality of healthcare services.
12. Review the status of QA activities at different facilities in the district.
13. To provide support to facilities in the district in taking appropriate and time-bound actions on closure of the gaps, identified during assessments.
14. Conducting workshops and training at district and facility level on QA and Certification of healthcare facilities.
15. Facilitate need assessment for training, prepare training curriculum and plan training activities in collaboration with training institutes.
16. To provide technical assistance to health facilities in achieving compliance to statutory requirements such as Atomic Energy Act & AERB Guidelines, Blood bank, PC PNDT act, BMW Rules, etc. in the district.
17. To review the Patient's and employee's satisfaction from different facilities, subsequently develop an action plan to address the concerns of patients, which led to poor satisfaction.
18. Advise on the further development of QA and Certification across health facilities in the district.
19. Collection and compilation of data from various sources- Census, Surveys, Gap Analysis report, Documentation of photographs, Assessment, Weekly / Monthly reports, etc. at Regional level covering all Districts and reporting to SQAC/SQAU.
20. To develop a system of monthly reporting of Quality indicators from all the facilities in the district and reporting it to the State.
21. Collection/collation/Analysis and Review of Key performance indicators and health care data and dissemination of findings to RQAC and facilities.
22. Analyze financial and physical progress report and provide supervisory support
23. Identify the cause of any unreasonable delay in the achievement of milestones, or in the release of funds and propose corrective action
24. Monitoring of recording/reporting system through field visits and submit the visit reports with appropriate suggestions/actions for improvement.
25. To regularly update of emerging and changing trends.
26. To provide necessary support to SQAC and DQAC.
27. To attend to any other duties/responsibilities assigned by the SQAC.

Roles and Responsibilities for Administrative cum Programme Assistant:

1. To provide support to RQAC in its administration.
2. To coordinate all activities of RQAU.
3. Preparation of agenda notes of RQAC meetings, and ensuring its circulation to RQAC members.
4. Preparation of the minutes of meetings and initiating correspondence for follow-up action. Assist and support grading of health facilities on the basis of scores. Assist in getting the estimated district's requirements for QA program (in terms of Structure, Process and outputs) for improving quality of healthcare services.
5. Facilitating selection of facilities that may go for Certification and supporting them in the process
6. To assist in collection and compilation of data from various sources- Census, Surveys, Gap Analysis report, Documentation of photographs, Assessment, Weekly / Monthly reports, etc. at Regional level covering all Districts and reporting to SQAC/ SQAU.
7. To assist in develop a system of monthly reporting of Quality indicators from all the facilities in the district and reporting it to the State. Collection/collation/Analysis and Review of Key performance indicators and health care data and dissemination of findings to DQAC and facilities. To assist in conduct of trainings / workshops for quality improvement.
8. Support for collecting and maintaining reports of field visits and visit reports with appropriate suggestions/actions for improvement. Liaison with SQAC and SQAU. Submission of reports to SQAU.
9. Facilitator support for the field visits including logistics arrangement.
10. Submission of Utilisation certificates in respect of funds received. Upkeep of files, registers and books of accounts.
11. Assist in ensuring that RQAC, DQAC, DQAU meets regularly and follow-up actions have been taken. To maintain the track of each of DH, SHD, CHC and PHCs for necessary follow up. To attend to any other duties/responsibilities assigned by SQAC and SQAU.

J. RADHAKRISHNAN
PRINCIPAL SECRETARY TO GOVERNMENT

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N. Lathhe
SECTION OFFICER

Annexure – VII

G.O.(Ms).No.479, Health and Family Welfare (EAP II-1) Department,
dated: 18.12.2017)

State Quality Assurance Committee - Activities

- Formation of Quality Assurance Team at Facility level
- Identification of the gaps based on National Quality Assurance Standards.
- Preparation of action plan based on the gaps analysed.
- Internal Assessment of the facilities
- Reporting on Patient Satisfaction Survey by all facilities
- Reporting on Key Performance Indicators (KPI) by all Facilities
- Customisation of Standard Operating Protocols and Quality Policy.
- Rapid Improvement Events. Medical and Death Audits.
- Phasing out actions and allocation of resources for the actions to be carried out based on gap analysis.
- National Quality Assurance Standards are implemented and integrated with hospital functioning.
- Review of actions and process of certification at State and National level.

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Regional Quality Assurance Unit- Activities

- Quality Assurance Internal Assessment Training held on 24.10.2016 and 25.10.2016 for Hospital Superintendents of District Head Quarters Hospitals and Assistant Programme Managers of District Health Society to implement quality assurance programme in District Hospital, Sub District Hospital, CHC and Primary Health Centres in 31 Districts.
- District and Facility level awareness on quality assurance held during November – December 2016 along with Kayakalp awareness programme in District Hospital, Sub District Hospital, CHC and Primary Health Centres.
- Kayakalp Cleanliness Award programme completed for the year 2016-2017.
- The District Quality Assurance Committee has been formed in 31 Districts in order to review and monitor the quality assurance programme being implemented in District Hospital, Sub District Hospital and CHC under Director of Medical and Rural Health Services and Director of Public Health and Preventive Medicine.
- In the State Quality Assurance Unit meeting and State Quality Assurance Committee meeting convened on 11.01.2017 and 02.02.2017 respectively, the quality assurance activities have been reviewed. The internal assessments of quality assurance programme have been conducted in facilities. Next, the State External Assessment for District Hospital, Sub District Hospital and CHCs / Upgraded Primary Health Centres (for Facilities with 70% above score in internal assessment) have to be carried out for State Certification with the coordination of Director of Medical and Rural Health Service and Director of Public Health and Preventive Medicine concerned.

**J.RADHAKRISHNAN
PRINCIPAL SECRETARY TO GOVERNMENT**

//True copy//

N. Latha
SECTION OFFICER