

I/5717/2022



Govt. of National Capital Territory of Delhi  
Health and Family Welfare Department  
Delhi State Health Mission  
6<sup>th</sup> Floor, A&B Wing, Vikas Bhawan-II  
Civil lines, Delhi-110054



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Dated- 15<sup>th</sup> June, 2022

**Minutes of State Quality Assurance Meeting held on 22<sup>nd</sup> April 2022**

Meeting of the State Quality Assurance Committee was held on 22-04-2022 at 03:00 PM under the Chairmanship of Principle Secretary (Health & Family Welfare) GNCTD & Chairman, SQAC in the conference Room of Secretary (H & FW), 2nd floor, A wing, Delhi Secretariat, I.P. Estate, Delhi-110002.

**The Meeting was attended by following members:**

1. Sh. Amit Singla, Secretary Health
2. Dr. Monika Rana, Director (DFW) & SPO (QA)
3. Asmita M Rathore, HOD(Obs & Gynae, MAMC, President(AOGD)
4. Dr. K.K. Tyagi, SPO(DSHM)
5. Dr. Alka Gupta, Addl. DHA, SDMC
6. Dr. Dinesh Negi, Dy. DHA, MI, North MCD
7. Dr. Birender Sharma, Deputy Director (H), AYUSH
8. Dr. Sanjay Singh, SPO(NPCDCS)
9. Dr. Anuja Prakash, SPO(Child Health), DFW
10. Dr. Madhu Bala, CMO(M&CO, SHS), EDMC
11. Dr. Kamna Agarwal, MOI/C, DGHC Sector-2, Dwarka, New Delhi
12. Mrs. Savita Vashisht, Registrar, DNC
13. Dr. Jyoti Sachdeva, SPO(FP), DFW
14. Dr. Vandana Bagga, CMO (SAG) & PO(QA)
15. Mr. Arvind Mishra, Communitization Officer, DSHM
16. Ms. Preeti Patel, State QA Consultant, DSHM
17. Ms. Deepti Bhatt, Nursing Officer, DSHM
18. Mr. Kuldeep Bhandari, MIS Assistant, DSHM

**Record of proceedings and decisions are given below:**

- I. The meeting started with apprising the committee of the progress made since previous SQAC meeting held on 13<sup>th</sup> August 2019. The committee was informed of the
  - i) **National level re- certification of two District hospitals:**
    - a. Pt. Madan Mohan Malviya Hospital (NQAS & LaQshya) on virtual mode due to Covid pandemic
    - b. Guru Govind Singh Govt. Hospital (NQAS with conditionality in LaQshya)
  - ii) **NQAS State assessment of five District Hospitals and three PUHCs**
  - iii) **National level NQAS certification achieved for:**
    - a. Sanjay Gandhi Memorial Hospital

I/5717/2022

## b. Acharya Shree Bhikshu Hospital

The three PUHCs of DGD Surajmal Vihar, DGD Nand Nagri Extn. and M&CW Nangal Raya are under the process of undergoing National level NQAS assessment.

iv) **Surveillance Assessments for Validation of National Certification:**

National NQAS/LaQshya certification is valid for three years. In second & third year, State Assessors carry out the state level surveillance assessment to validate the continuation of the NQAS/LaQshya compliance. This validation of compliance makes these facilities eligible for the continued NQAS/LaQshya certification and henceforth for incentive. Surveillance assessment scores of following district hospitals were presented to the committee:

a) **Surveillance Assessment for National NQAS Certification :**

- i) Pandit Madan Mohan Hospital (for third year),
- ii) Lal Bahadur Shastri Hospital (for second & third year),
- iii) Shri Dada Dev Matri Avum Shishu Chikitsalaya (for second & third year),
- iv) Guru Govind Singh Govt. Hospital (for second & third year)
- v) Sanjay Gandhi Memorial Hospital (for second year)

b) **Surveillance Assessment for National NQAS Certification:**

- i) Pandit Madan Mohan Hospital (for second & third year)
- ii) Sanjay Gandhi Memorial Hospital (for second year)

**II. Committee was apprised of the plan for the year 2022-23**

1. Following three District hospitals shall be taken up for **National level NQAS Re- certification (inclusive of LaQshya) in May 2022:**
  - i) Pt. Madan Mohan Malviya Hospital
  - ii) Shri Dada Dev Matri Avum Shishu Chikitsalaya
  - iii) Lal Bahadur Shastri Hospital
2. Facilities to be taken up for **LaQshya Certification in FY 2022-23:**
  - i) Lady Hardinge Medical College
  - ii) Aruna Asaf Ali Hospital
  - iii) All India Institute Of Medical Sciences, New Delhi
  - iv) Guru Teg Bahadur Hospital
3. Planned for **NQAS & LaQshya Certification in FY 2022-23:**
  - i) Deen Dayal Upadhyay Hospital
  - ii) Rao Tula Ram Hospital
  - iii) Babu Jagjeevan Ram Memorial Hospital
  - iv) Dr. Baba Saheb Ambedkar Hospital
  - v) Maharishi Valmiki Hospital
  - vi) Bhagwan Mahavir Hospital

I/5717/2022

- vii) Sardar Vallabh Bhai Patel Hospital
- viii) Swami Dayanand Hospital

- III. The committee approved that request may be sent to GOI (NHSRC) for **customization of checklists** for PUHCs for following exemption of following two points:
- a) Abortion services are not in the mandate of PUHCs of Delhi which is currently a requirement in PUHC checklist (ME A2.1, ME B1.7, ME C2.4, ME C4.2, ME D4.7, ME E2.8, ME E7.4, ME E7.5, ME G3.3, ME H1.1)
  - b) Availability of trained ANMs in place of GNM/B.Sc. Nursing staff which is a requirement in PUHC checklist (ME C2.2)
- IV. **Manpower Shortage:** The committee was informed that 2 out of 3 quality consultants posts at state level and 7 out of 11 Quality coordinators posts at district level are vacant currently. It was approved by the committee that proposal for recruitment to fill the vacant positions in SQAU and DQAU may be send for approval and processing, separately from other DSHM posts to expedite the process.
- V. With reference to the order issued from Pr. Secretary (H&FW) dt.10/03/22, the details of **Hospital Managers** have been received from 34 Hospitals and still awaited from following seven Hospitals:
- i) Govind Ballabh Pant Hospital
  - ii) Sushrut Trauma Centre
  - iii) Dr. Baba Saheb Ambedkar Hospital
  - iv) Attar Sain Jain Hospital
  - v) Swami Dayanand Hospital
  - vi) Rajiv Gandhi Super Specialty Hospital
  - vii) Guru Nanak Eye Centre
- Worthy chairperson advised that a DO letter may be sent to MS / MD of these hospitals for compliance.
- VI. The committee was also apprised about the inclusion of **MusQan** and subsumption and **LaQshya** initiatives into NQAS by GOI and upgradation of Quality Improvement (QI) concept to **Quality & Patient Safety (QPS)**
- VII. The committee appreciated the **Buddy & Peer concept** of state for handholding of facilities. It was advised by worthy chairperson to strengthen the State Quality Team further by developing a **pool of resources** and to create a separate monitoring roster with mechanism for **surprise visits** of the facilities that are shortlisted for undergoing State / National Assessments.
- VIII. The committee also recommended **Regular State Level Workshops with MS/MD** of all hospitals that may be followed up quarterly with smaller sessions with 4-5 hospitals each.
- IX. The SQAC was informed about the **shortage of water supply in a few PHUCs**. It was advised that a communication letter should be sent from these facilities to DGHS for resolving these issues.
- X. The **SPO (FP)**, presented the **Family Planning agenda and action points** to the committee as below:

I/5717/2022

a) **Action taken on recommendations of SQAC(FP) dated-21.02.2020**

- i) The chairperson and members were informed about expansion of FP campaigns to medical colleges and also to other allied universities like International Institute of Health Management Research, Dwarka as per suggestions during last Family Planning- SQAC (FP-SQAC).
- ii) Involvement of Anganwadi Workers in program for deeper penetration of strategies into the community had been undertaken through their involvement in competitions and monitoring during FP campaigns.

b) **Annual progress of Family Planning Program** including review and reporting of adverse events following sterilization for last two years.

- i) Method wise performance of last two years was presented highlighting the dip in 2020-21 attributable to COVID and revival during 2021-22
- ii) Conscious efforts towards sustenance of program all throughout the pandemic were described. Role played by Front Line Workers including ASHAs was told and appreciated.
- iii) Improvement in key performance indicators eg. % coverage of deliveries with PPIUCD (an immediate FP method) and sustained continuation rate of Injectable method was also informed.
- iv) Review of adverse events after sterilizations reported during last 2 years was presented. While no sterilization death was reported, % failure reported was informed to be in acceptable range.(0.2-0.3%)

c) **Management of FP Program during COVID-19 pandemic and recent Quality initiatives:**

- i) Enhanced IEC (360 degree) undertaken during last two years was shown
- ii) Alternate modalities (Virtual/Physical) for meetings and supervisory visits were informed.
- iii) E-module and webinars developed for trainings were also introduced as alternate tools for continuing medical education and up-dation of health care workers (HCWs) on latest guidelines and FAQs on management during COVID.
- iv) Glimpses of campaigns (both World Population Day in July and Vasectomy Fortnight in Nov.) amidst pandemic waves were shown.
- v) Introduction and roadmap for two recent initiatives were informed. (Caesarean audit and formulation of PPIUCD training module for private practitioners) in collaboration with FOGSI.

The meeting ended with vote of thanks to the chair.



Dr. Vandana Bagga  
CMO(SAG) & PO(QA)  
Delhi State Health Mission

Copy to:

1. PS to Secretary (H&FW) for information
2. PA to Mission Director, DSHM for information
3. All the members of SQAC
4. All the CDMOs
5. MDs/MSs of all Delhi Govt. Hospitals