Report on
National Convention on Quality in Public Health
20th & 21st April 2018

Venue- Auditorium, PGIMER, Dr RML Hospital, New Delhi

Programme Overview

Time	Session	Details
Day 1: Friday, 20th April 2018		
9.00 AM-9.30 AM	Registration	
Session I: Plenary - Health Systems Approach to Quality		
9:30 AM – 9:35 AM	Aims & Objectives of Convention	Dr J N Srivastava, Advisor – QI, NHSRC
9:35 AM-9:45 AM	Lessons learnt from Journey of Quality: NHSRC Experience	Dr Nikhil Prakash, Sr Consultant, NHSRC
9:45 AM-10:15 AM	Managing Quality, Cost & Efficiency with Volumes: Learning from Aravind Eye Care System	Dr R Ravindran, Chairman, Aravind Eyecare System, Madurai
10:15 AM -10:30 AM	Family Centered Newborn Care: Paradigm in Quality of Health Care	Dr Arti Maria, Prof & Head, Dept. of Neonatology, RML Hospital
10:30 – 11:15	Tea Break & Poster Presentation	
Inaugural Function		
11.15 AM-11.20 AM	Welcome Address	Dr Rajani Ved, ED NHSRC
11.20 AM-11.25 AM	Address by Superintendent RML Hospital	Dr VK Tiwari, Superintendent, RML Hospital
11.25AM – 11.35AM	Address by AS&MD NHM	Shri Manoj Jhalani, AS&MD NHM
11.35AM – 11.45AM	Address by DGHS	Dr Promila Gupta, DGHS
11.45 AM-11.50 AM	Release of STGs (12 Clinical Conditions)	Shri Ashwini Kumar Chaubey, Minister of State for Health & Family Welfare, GOI
11.50 AM–12.05 PM	Address by Chief Guest	Shri Ashwini Kumar Chaubey, Minister of State for Health & Family Welfare, GOI
12.05 PM–12.55 PM	Felicitation of NQAS certified Health Facilities & State Quality Teams	Shri Ashwini Kumar Chaubey, Minister of State for Health & Family Welfare, GOI

12.55 AM-1.00 PM	Vote of Thanks	Dr J N Srivastava, Advisor-QI, NHSRC
1.00 PM-2.00 PM	Lunch	

Session II: Rapid Improvement in Care around birth: 'LaQshya' Chair: Ms Vandana Gurnani, Joint Secretary (RCH) MoHFW
Co-Chair: Dr Dinesh Baswal, D C I/C MH Division MoHFW

2.00 PM- 2.15 PM	Operationalization of Obstetrics ICU & HDU	Dr Dinesh Baswal, Deputy Commissioner I/C MH, MOHFW
2.15 PM- 2.30 PM	Respectful Maternity Care (RMC) in Indian Context	Dr Manmeet Kaur, Additional Professor, School of Public Health PGI
2.30 PM- 2.45 PM	Ensuring Neonatal Care in Labour room & Maternity OT	Prof Vikram Datta, Director Prof, Department of Neonatology, LHMC
2.45 PM-3.00 PM	Partnership with FOGSI for 'LaQshya' Roll-out	Dr Jayam Kannan, FOGSI
3.00 PM- 3.15 PM	Challenges in Implementing QoC Efforts	Dr Mrunal Shetye, Bill & Melinda Gates Foundation
3.15 PM-3.30 PM	Discussion	
3:30 PM-4.00 PM	Tea Break & Evaluation of Posters	

Session III: Patient Safety: An Integral Part of Quality Assurance Chair: Prof JK Das, Director NIHFW
Co-Chair: Dr Inder Prakash, Advisor (PH)

4.00 PM-4.15 PM	Patient Safety Framework in India: Overview	Dr Chhavi Pant Joshi, DADG
4.15 PM-4.30 PM	Resetting Priorities for Safer Care	Dr Akhil Sangal, CEO, Indian Confederation for Healthcare Accreditation
4.30 PM-4.45 PM	Drug Safety in Health Facilities	Dr Y K Gupta, Prof & Head, Department of Pharmacology AIIMS
4.45 PM-5.00 PM	Status of Patient Safety Education & Training in India	Prof Utsuk Datta NIHFW
5.00 PM-5.15 PM	Quality & Safety in UHC	Dr Chandrakant Lahariya, WHO Country

	Office	
5.15 PM-5.30 PM	Discussion & QA	

Day 2: Saturday, 21st April 2018		
Session IV: Models of Quality of Care **Chair: Dr Phyllida Travis, Director of Health System Development, WHO SEARO (TBC)**		
9:00 AM-9.15 AM	'Lean' as tool for Quality Improvement	Dr VK Singh, Managing Director, Innovatiocuris
9:15 AM-9.30 AM	NABH Accreditation of Public Health Facilities	Dr Harish Nadkarni CEO NABH
9:30 AM-9.45 AM	POCQI Experience in AIIMS	Dr K Aparna Sharma AIIMS
9:45 AM-9.55 AM	IHI's Approach to Health Quality – Overview	Dr Abha Mehndiratta, IHI
9.55 AM-10.05 AM	IHI Implementation Experience in Telangana	Dr Ajit Sudke, Access Health
10.05 AM-10.15 AM	Learnings from 'Mera-Aspataal' Implementation	Dr Varun Goyal Deputy Chief of Party, SAATHII
10.15 AM-10:30 AM	STG as a tool for Quality Assurance	Dr Sangeeta Sharma, Prof & Head, Department of Neuropsychopharmacology, IHBAS
10.30 AM-11.00 AM	Building Partnerships for Scaling-up of Quality Interventions Dr T Sundararaman, Dean, School of Health Systems Studies, TISS	
11.00 AM – 11.30 AM	Tea	
Session IV: Learnings from the States Chair: Prof **Vinod Paul, Member Niti Aayog** **Co-Chair: Dr Rajani Ved, ED NHSRC**		
11.30 AM-11.45 AM	Supporting State Teams for Improving 'Quality of Care'	Ms. Pradipta Kundu, JSS
11.45 AM- 11.55 AM	Challenges in Roll-out of Kayakalp in Jammu & Kashmir	Dr Narinder Bhatial, Jammu & Kashmir

11.55 AM- 12.05 PM	Sustaining Achievements of Kayakalp Initiative in Uttar Pradesh	Dr Archana Verma, UP
12.05 PM- 12.15PM	Scaling-up of NQAS Implementation in Punjab	Dr Parvinder Pal Kaur, Punjab
12.15 PM- 12.25 PM	NQAS Implementation in PHCs	Dr Balasaheb Sonwane, Maharashtra
12.25 PM- 12.35 PM	Implementing NQAS in Urban Health Facility	Dr. Pradeep Singla, Haryana
12.35 PM- 12.45 PM	Monitoring of NQAS Indicators	Dr Sandeep Sanyal, West Bengal
12.45 PM- 12.55 PM	IT Enabled Performance Monitoring	Dr JL Meena, Gujarat
12.55 PM- 1.05 PM	State level Challenges in NQAS Implementation	Dr. Amjith Kutty, Kerala
1.05 PM- 1.15 PM	Challenges in NQAS Implementation in NE States	Dr Joy Lyngwa, Meghalaya
1.15 PM-1.30 PM	Address by the Chair and Distribution of Best Poster Presentation Awards	
1.30PM– 2.15 PM	Lunch	
2.15 PM–3.15 PM	Experience sharing by other States	
3:15 PM onward	Tea	

National Quality Convention
Dated: 20th April to 21st April 2018

National Quality Assurance Program has been launched with aim of improving the quality of service in public health facilities and program. Program has been well received in by all the states. The first National Convention on Quality in Public Health was organized in November 2014. Since the first convention in 2014 the program evolved into a national wide quality movement. Second National Convention on Quality in Public Health was organized on 20th and 21st April 2018 with the following objectives:

1. To provide a national level platform to share the best practices and problem-solving ideas for quality improvement in public health facilities and programs.
2. To felicitate the national quality certified facilities and best quality teams
3. To review the progress of implementation of quality assurance program
4. To draft the long-term strategic plan for quality improvement program
5. To discuss the strategy for emerging themes such as Patient safety, Quality in Medical Colleges and LaQshya.

Day-01

Session I: Plenary-Health Systems Approach to Quality
1. **Dr. J.N Srivastava**
   Advisor-QI, National Health Systems Resource Centre

Dr. J.N Srivastava, extended a warm welcome to all Dias members along with participants of "National Convention on Quality in Public Health". He spoke about the National Quality Assurance Standards (NQAS) Certification process providing the statistics that 91 facilities have been quality certified. He also briefed that the facilities should perform internal assessment, identify the gaps and close their procedural gaps within 6 months with the help of their respective State Quality Assurance Committees with in the State. He concluded by highlighting the need for sustaining these efforts under quality by yearly surveillance audit and Operationalization of *"Mera Aspatal"* in the State.

2. **Dr. Nikhil Prakash**
Senior Consultant-QI, National Health Systems Resource Centre

Dr. Nikhil Prakash, briefed about the journey of quality in the past few years under NHM and the learnings from this journey. In 2008-12 ISO Generic QMS Model, in 2013 Operational Guidelines for Quality Assurance were released. In 2015 Kayakalp Program was introduced as a stepping stone in quality assurance. Further in 2016, Mera Aspatal and Quality program in Urban Health Facilities were introduced. Further in this direction, Swachh Swastha

Sarvatra program was launched with the aim of improving cleanliness, sanitation and hygiene in the surrounding environment to make India open defecation free country. Recently LaQshya was evolved in December 2017 with the aim improving quality of care during the intrapartum and immediate post-partum care. He mentioned 6 Key Learnings from the journey of Quality Improvement in past years.

1. Quality initiatives can be implemented through vertical programs but inter-sectoral convergence is required for a common vision.
2. Every problem has a solution, identify the gaps and root cause of the problem, prioritize them as per the availability of resources and constraint.
3. 80% of the problem are process oriented, focus on them for continuous quality improvement.
4. Think of last person in the queue- Identify the weakest link and bring them to our level
5. Small is beautiful- Maharashtra getting max awards since they selected PHC's
6. Be your own lamp, Grow Organic Way- Internalize all the processes within the system so that all the efforts can be sustained.

He stressed on developing "Systems approach to Quality" meaning some kind of direction or magnet is required to align all the quality improvement goals. He concluded with quoting Juran's Trilogy for quality management which includes quality planning, quality improvement and quality control as a part of one organic system that is quality management.

3. Dr. R Ravindran
Chairman, Aravind Eyecare System, Madurai
He spoke about "Managing Quality, Cost & Efficiency with Volumes and Learning from Aravind Eye Care". He briefed on the journey of Aravind Eye Care which started with 10 beds and today holds 6 tertiary care centers, 6 Secondary care centres, 6 Outpatient clinics and 65 Vision Centre's. All this was accomplished largely by continuous quality improvement, monitoring and evaluation of ongoing processes which helped assess and improve the outcomes. He concluded by addressing the need to take ownership and accountability of the problems to address the barriers that affect the effectiveness of health services.

4. Dr. R Arti Maria
Professor & Head, Department of Neonatology, RML Hospital
Dr Arti Maria spoke about "Family Centered Newborn Care: Paradigm in Quality of Health Care". She briefed on the journey of the model of Patient Centeredness implemented in Dr. R.M.L Hospital for the past 11 years. In 2007, Dr. R.M.L Hospital newborn care department was facing issues of incessant alarms, wet babies, misplaced tubes/probes and frequent IV swellings. To resolve these issues, they engaged the parents and patient attendants as nursing aides for their own babies for better management. This led them to conceptualize a

model of family centric care rather than the conventional provider centric model of care. Audio-visual training tools were developed to standardize this intervention with 4 modules to capacity build the parents with respect to essential care giving skills, supportive care, kangaroo mother care and care at home. This brought about net outcome of quality improvement, improved health outcome and continuum of care through empowering, encouraging, participative ownership and positive/trustful relationships between care provider and care seeker.

5. **Dr. Rajani Ved**
   Executive Director, National Health Systems Resource Centre
   Dr. Rajani Ved extended a warm welcome to all Dias members and briefed the importance of Quality of care to achieve the goal of Universal Health Coverage. She emphasized upon to build the culture of cross learning between states which would help in identifying and addressing the challenges at the grass root level itself.

   This session was followed by welcome address from key dignitaries namely; Dr. VK Tiwari, Superintendent, RML Hospital, Shri Manoj Jhalani, AS&MD NHM. Following which, Shri Ashwini Kumar Chaubey, Minister of State for Health and Family Welfare, released Standard Treatment Guidelines for 12 clinical conditions and an update on National Quality Assurance Standards (photo is attached as Annexure I). During this session, they felicitated quality certified Public Health Facilities against National Quality Assurance Standards (NQAS) along with their respective State Quality teams.

Session II: Rapid Improvement in Care around birth: 'LaQshya'
Chair: Ms. Vandana Gurnani, Joint Secretary (RCH) MoHFW
Co-Chair: Dr Dinesh Baswal, D C I/C MH Division MoHFW

1. **Dr Dinesh Baswal, Deputy Commissioner I/C MH, MOHFW**

He briefed about the rationale for establishing Obstetrics ICU & HDU in India. He reflected upon the that approximately 46% maternal deaths, over 40% stillbirths and 40% neonatal deaths take place on the day of the delivery. He further explained the reasons for this are due to inadequacy of Critical care in present set up, overloaded ICUs, non-adherence to clinical protocols by the service provider at the health facilities. He described about the following Objectives under LaQshya programme implementation:

i. The Govt of India will support the states in establishing and operationalizing Obstetric/HDU/Hybrid/ICU in Medical Colleges and District hospitals based on their needs

ii. Use standard recording format for already functional and newly operationalized facilities

iii. Develop IT enable monitoring system for critical maternal cases

He stated that at present nearly 45 public health facilities across the country is running obstetric ICU/HDUs. In this direction, workshops were organized and state level planning was done in 28 states. He quoted the required infrastructure, Human resource as per the availability of bed in Obstetric HDU, Hybrid HBU and ICU. Finally, he emphasized upon the importance of Capacity Building of Obstetrician, Medical Officer & Staff Nurse in Critical Care to achieve the desired objectives.

2. Dr Manmeet Kaur
Additional Professor, School of Public Health PGI

Dr Kaur mentioned about the upcoming surge of disrespect & Abuse in Childbirth and it's seven domains. Further she explained the findings from Landscape Analysis in India that highlighted the lack of policies, protocol guidelines curricula pertaining to respectful maternity care. As per the study, lack of awareness about their right to respectful care, non-utilization of health services due to disrespect and abuse and lastly lack of formal research is on this subject are the poor deterrent of maternal services. She mentioned the methodology of the Study, study area, and about study population under landscape analysis. She talked about the Physical abuse, non-dignified care, non-consented care, non-confidential care, discrimination based on specific attributes, detention in facilities, abandonment or denial of care are barrier to pregnant women and their families accessing skilled care. Dr Kaur also gave suggestion to ensure RMC by improving knowledge of women and families on their rights. She concluded by saying we have to work together with service providers and help them in improving their behavior and services.

3. Prof Vikram Datta
Director Prof, Department of Neonatology, LHMC

He introduced by mentioning the global challenges in ensuring Neonatal Care in Labour room & Maternity Operation Theatre. The provision of effective care for all women and babies at the time of birth in facilities would prevent an estimated 1.3 million deaths annually by 2020. He mentioned about the challenges faced in India including key interventions having scope for improvement like early initiation of breastfeeding, exclusive breastfeeding and postnatal visit for baby. He mentioned about the Neonatal LaQshya targets (Short, Intermediate & Long term). He highlighted that optimal resources and manpower provision, Capacity building, Skill enhancement, incentivization, monitoring, adherence to NQAS, adoption of Quality Improvement strategies are the key factors affecting the Neonatal care in Labour Room & Maternal OT like. He briefed upon reduction of neonatal hypothermia at admission in his department and shared the results which shows

89.7% reduction of moderate hypothermia and 55% reduction in deaths per 1000 patient days. Main focus is on care around the birth practices. He described process improvement in Labour room and Maternal OT are vital for ensuring optimal maternal and neonatal outcomes. He concluded by saying the need of the hour is to effectively incorporate QI strategies across the Labour Room and Maternal OT to promote compliance and sustenance.

4. **Dr. Jayam Kannan**
   FOGSI
   Her topic for the presentation was on "Partnership with FOGSI for LaQshya roll-out". She appreciated the efforts of National health Mission (NHM) in increasing the institutional deliveries but also brought up the key question whether this has resulted equally in the improvement of maternal and newborn healthcare. She narrated the state of 46% maternal death, 40% still birth and 40% neonatal death occurring on the day of delivery in India. This emphasized the need of adhering with the clinical procedure and protocols to improve the maternal and newborn health services. She briefed on the journey of FOGSI, its affiliation with JHPIEGO and role of 'Manyata' program in improving quality maternal in India. She concluded with a request for collaborative action to support and achieve the objectives of LaQshya program.

5. **Dr. Mrunal Shetye**
   Bill and Melinda Gates Foundation

   He spoke about the "Challenges in Implementing Quality of Care efforts". He described the historical evolution of Quality of care since 1854 where there were numerous cases of cholera and diarrhoea. A group of nurses led by Florence Nightingale, took certain steps (such as keeping the patient beds 3 feet apart to reduce overcrowding, removed horses and created separate stables etc.) which in turn reduced the mortality from 42.7% to 2.2% in 6 months. He further pointed that there have been certain similar tipping points in history where quality improvement efforts had been taken and further need to be carried on. One such program namely; Janani Suraksha Yojana was launched in 2015 pushing for more institutional deliveries but by simply commiserating with the increase in institutional deliveries we would not be able to bend the curve on maternal and infant mortality to the aspired levels. He further explains that there is a need to focus on quality as well as quantity in terms of strengthening the number of public facilities to improve the quality of care. It needs to be identified whether the barriers are access related or due to perceived benefits. He believes there is a need to identify the scope of vertical integration of efforts to bring together the primary, secondary and tertiary level facilities to ensure seamless continuum of care. He further focused on identifying the motivational factors that lead to performance because quality is not a onetime effort, it is a continuum of efforts that need to be sustained. He emphasized on strengthening the referral linkages and shared his experience on conducting a study in Uttar Pradesh whose results showed that nurse mentoring is an important factor in bringing improvement changes provided

the facility's staff is highly motivated. He emphasized on the health system's strengthening including designing of dashboard to improve accountability and governance.

The Session was concluded with felicitation of all the speakers and dignitaries at the dais followed by evaluation of posters presentation and tea break.

Session III: Patient Safety- An integral part of Quality Assurance
Chair: Prof JK Das, Director NIHFW
Co-Chair: Dr Inder Prakash, advisor (PH)

1. Dr. Chhavi Pant Joshi
DADG

She presented on "overview of the Patient Safety Framework in India". She shared her experiences of her first day at medical school wherein the principal welcomes every student with an inaugural lecture on patient safety emphasizing on the famous Hippocratic oath of "Do no harm" and essentially focused on importance of adhering to medical ethics and etiquettes. But somewhere down the line professionals tend to err and mistakes are committed due to several reasons. She reverberates that with initiatives like Kayakalp, Swacch Bharat Abhiyan etc. that are inputs driven, now there is a need to move towards process-oriented approach for a critical outcome in healthcare that is patient safety. Taking cognizance of this, the Nation's Patient Safety Framework was developed by an expert group of the Directorate in 2018. She explained that the framework draws from WHO regional strategy which is based upon six pillars of patient safety implementation. The idea behind this framework is better expression of patient safety among all the existing interventions in healthcare working in both public and private sector, rather than creating a separate vertical doom of patient safety in silo. She highlighted the contours of the framework inclusive of a National level steering committee as a central coordinating mechanism for Patient Safety. She briefed about the mechanisms of the framework and its strategic objectives along with the accountable nodal agencies/authorities.

2. Dr. Akhil Sangal
CEO, Indian Confederation for Healthcare Accreditation

He addressed the need for "Resetting Priorities for safer care". He spoke that health care excellence stands on the pillars of trust resulting from communication, collaboration and coordination and rests upon foundation of values and culture. He described the various challenges of safer healthcare. He further points out that if Quality is conformance to standards, Excellence results from the willingness to conform and is a much larger domain. He shared his experiences of United Kingdom which led to the identification of existence of a huge "Know-Do" gap. Despite the knowledge and recognition of magnitude and costs of unsafe healthcare we are not able to cut it down. To answer this, he stressed

upon the fact that can only a safe provider provide safe care. He spoke about the myths and controversies surrounding the scenario wherein he talks about the need for data sanctity and a culture of reporting rather than complaining. He suggests that less data is more useful rather than more data which leads to nowhere. He discussed on the missed issues viz inappropriate care, engagement of clinicians with the patients, lack of trust and culture of patient safety. He brought in focus about the WHO medical curriculum which emphasize about the building a safety culture, communication and collaborative teamwork along with reinforced behavior to change attitude. Furthermore, he suggests that the solutions lie in the basics by building trust and creating a culture of transparency. He also emphasizes that rewards, recognitions and solutions based on approach are essential actions to improve upon. He concluded with the carry home summary "Build trust through transparency in transactions, build inter-linkages and focus on process. Knowing is not enough, we should apply and work upon the willingness to do"

3. Dr. Y.K Gupta
Professor & Head, Department of Pharmacology, AIIMS

He mentioned about key challenges of "Drug Safety in Health Facilities". He emphasized on the application of principles of efficacy and safety during the development of new drugs before conducting trials to ensure reasonable certainty that the drug is safe. He explains that a constant vigilance of adverse events is required even to monitor the existing drugs/vaccines and also every country needs to conduct its risk benefit assessment to continue/ban a certain drug. Therefore, the Pharmacovigilance program was launched in 2010 by AIIMS in India with 10 centres which has now expanded to 250 centres across the nation. The MCI has made it mandatory for reporting of adverse drug reactions and that each medical college must have a Pharmacovigilance unit for licensing it. He further explains the importance of risk assessment for management and evidence-based decision making. He also highlighted the issue of increase in number of deaths due to illegible prescriptions rendering to administration of wrong drugs to patients. He concludes by describing the reasons for therapeutic failures and emerging issues of Antimicrobial Resistance with an upsurge use of antibiotics and suggested that these events should not lead to the conclusion that the drug is not functioning at all.

4. Prof. Utsuk Datta
NIHFW

He presented on topic namely "Status of Patient Safety Education and Training in India". He emphasized that strengthening of patient safety is critical to an effective, efficient and quality healthcare delivery and it depends on safe practices by the healthcare providers but we shall not ignore other factors such as huge load of patients at different levels of public health facilities in India. On the basis of a study conducted, he explained that the evaluation of healthcare provider in the existing education curriculum should have

components of patient safety along with their capacity building in this domain through their training need assessment pertaining to patient safety. Based on this study, the recommendations included bringing about awareness among teaching faculties, formation of core group of experts to design and develop a comprehensive curriculum for integrating the patient safety concept in the existing education curriculum, conduction of regular CME's/induction trainings, on site and in-service job trainings/supportive supervision. Also, an explicit integration of patient safety concept as a whole in healthcare at all levels is required with periodic assessment of knowledge and skills.

5. **Dr. Chandrakant Lahariya**
WHO, Country Office

In his presentation, he spoke about "Quality and Safety in Universal Health Coverage (UHC)". UHC aims that all individuals and communities receive the quality health services they need without suffering financial hardship. It is defined by three dimensions namely; coverage of additional population, provision of additional services and financial protection. He demystified quality of health services into six dimensions, and patient safety was one of them which has further components. He emphasized that merely by making health services accessible does not ensure they will be utilized and effective. Research shows that demand for health services rises with the improvement in quality. He further accentuates the need for attention that even in well-developed and resourced health systems, quality remains a concern. Economic benefits of improving quality of care are huge while not improving quality tends to be expensive in the long run. He rationalized the importance of quality of care in achieving UHC and improving clinical outcomes. Furthermore, he suggested to strengthen the policy and strategy development, health service provision and engagement of community/service users for achieving quality improvement. He described various efforts of WHO in these areas and highlighted an example of WHO study on "Injection Safety Project" in Punjab that recommends use of "reuse prevention syringes" instead of "auto disable syringes" which shall lead to prevent and reduce healthcare infections. He summarized by saying that for achieving improvement in quality, a balanced approach of policy, implementation and community engagement is needed and all potential opportunities from ongoing initiatives need to be utilized.

All the session was followed by questions answer round followed by a call for the day.

As we move to the next day of National Convention on Quality in Public Health. The first session for the day was on Models of Quality of Care chaired by Dr Phyllida Travis, Director of Health System Development, WHO SEARO and Dr Rajani Ved, Executive director, National Health Systems Resource Centre (NHSRC) as a co-chair and discusser.

1. **Dr Vivek Singh, Managing Director, Innovatiocuris,**

He briefed about 'Lean' as a tool for Quality Improvement. He highlighted that any quality health care tools have two aim, one is to reduce the health care delivery cost and other is to maintain the quality. He gave an over view of various quality models available. He said that the main focus of lean is to cut down the wastes. The main focus of any quality improvement tool will be based on 8 quality management principles that are given by ISO. He highlighted the application of lean at various points of Health care delivery right from the planning or designing of the hospital to efficient service delivery at laboratories, emergency department, OPD, Operation Theatre, Pharmacy etc. He highlighted the concept of three P's that is pain of the patients, payers and providers. He cited an example of value map streaming done at Narayana Hirudalaya Hospital for reducing non-value adding activities and thereby reduced costs and improve quality. He concluded saying that effective implementation of lean can show rapid improvement in health care facility.

2. **Dr Harish Nadkarni, CEO NABH**

He discussed about NABH accreditation of public health facilities. During the talk he mentioned that at present 15 district hospitals which covers 10,000 beds are NABH accredited and pointed out that timeline and resource crunch are the major difference in achieving the NABH accreditation in public and private hospitals. Lack of expertise and support from all the departments are the major barriers for an organization to get accreditation. Maintaining enthusiasm throughout the course of the project and also during follow up is an important aspect for its success. He concluded his talk by saying that involvement of the top and executive management is also crucial to implement any project at Central, State and local level.

3. **Dr K Aparna Sharma AIIMS**

She presented on the topic "POCQI experience in AIIMS". She talked about the presumption that quality is for managers and clinicians provide health care because they have more patient interactions and have to face the consequences. She emphasized that quality problems occur typically not because of failure of goodwill, knowledge, effort or resources devoted to health care, but because of fundamental short comings in the way care is delivered. She highlighted the salient features on point of care quality care. She pointed out the major barrier is the negative attitude of the clinicians. She finally concluded by emphasizing about the 4-step approach of POCQI and measures they have taken up to improve quality at AIIMS by conducting various trainings, workshops and projects.

4. **Dr Abha Mehndiratta, IHI**
   IHI's Approach to Health Quality

By citing her experiences working with government hospitals of Bihar. She briefed about the implementation of four key interventions suggested by Edward Deming to improve the quality of a district hospital. They focused on 4 key areas; Appreciation of a system, Psychology, understanding variation and Theory of knowledge. She said that despite of having many barriers like insufficient infrastructure, manpower etc. an engaging leadership helped in overcoming them. She emphasized that having an open conversation between the administrators and front-line workers will encourage them to work towards quality improvement. From her experiences in Bihar, she pointed out the challenges they faced in understanding the data as the front-line workers were unable to maintain the records properly. She briefed about a recent project taken up by the government where they have identified ten district hospitals to achieve positive clinical outcomes. In order to achieve this, they are engaging with leadership to resolve problems around inputs, strengthening the data system, providing person centered care, building capability within the system. She concluded that team work is the major factor for any project.

5. **Dr Ajit Sudke, Access Health**
   IHI Implementation Experience in Telangana.

His main topic of discussion was about the project "Safe care Saving lives" which focused on reducing neonatal mortality through quality improvement. As part of the project in 2014, 25 hospitals across private and public sector empaneled with Aarogya Sri health care trust to improve outcomes for newborns. Andhra Pradesh and Telangana were chosen for the project because they reported more neonatal and maternal death. The uniqueness of the project is that it is linked to public health insurance scheme. The key drivers of the program are to provide reliable care, to prevent birth asphyxia, newborn sepsis, complications of prematurity. They have identified 17 interventions to achieve them, includes process mapping, root cause analysis, identification of bottle necks, facilitation of removal of bottle necks and addressing root causes. Other interventions include regular audits and review of results. As part of the project they have developed an IT Platform for effective data management and the results were highly satisfactory.

6. **Dr Varun Goyal Deputy Chief of Party, SAATHII**
   Learning's from 'Mera-Aspataal' Implementation
Dr Varun gave an overview on Mera-aspataal which is a multi-channel approach to capture patient feedback using SMS, OBD, Mobile app, web portal. It covers 25 states and 1000 plus health facilities. The application has been designed to capture user friendly unbiased feedback by overcoming the shortcomings like low proportion of valid phone numbers, lack of stakeholder orientation, etc. It captures data across the nation. Four key parameters

identified for Mera Aspataal (MA) application which includes overcrowding and long waiting time, staff behavior, cleanliness, informal payment. After implementation of MA district hospitals in Rajasthan, Gujarat and Tamil Nadu, they have shown improvement in their patient satisfaction. He concluded by saying that facilities specific parameters and timelines should be set up in order to perform better services. He emphasized that integration of facilities with MA application will also help them in getting NQAS and NABH accreditation. He requested the states to use the IEC material available on the MA dash board to sensitize their stake holder and to cooperate with the quality improvement teams of the hospital for better results.

7. **Dr T Sundararaman, Dean, School of Health Systems Studies, TISS**
   Building Partnerships for Scaling-up of Quality Interventions

He initiated the talk speaking about his experience and journey in the quality assurance program and pointed out that though 91 facilities have been NQAS certified the denominator is huge with around 35000 facilities and it is an issue of concern. In order to cover maximum of these facilities within 5 years the major step is capacity building which is only possible by formation of a strong quality team. He said that a huge leap from 20 District Hospitals to 700 District Hospitals can be reached only through partnerships.

He specified about partnerships with private commercial quality management and also taking up medical colleges as a center of excellence. Select NQAS certified district hospitals and make them as model to bring others (public health facilities) on board. The other set of partners can be academic institutions that provide hospital care management programs. Civil society organizations can be used to advocate and campaign quality health care service as a human right. He highlighted that the major difference between NQAS and other quality certifications is that it includes patient rights. Rogi Kalyan Samiti can also play crucial role in partnerships. Development of mid-level health care provider as quality control cadre is the other major aspect that's needs to be addressed for scaling up the quality interventions

This technical session was followed by another session namely; Learnings from the States chaired by Professor Vinod Paul, Member Niti Aayog and Co-chaired by Dr Rajani Ved, ED NHSRC. During this session respective State representative shared their key challenges and strategies implemented by them to improve the health outcomes at their public health facilities by applying the principles of Quality Assurance and Quality Control for Continuous Quality Improvement. List of which is mentioned below:

S. No	State Representative	Topic
1.	Narinder Bhatial, Jammu & Kashmir	Challenges in Roll-out of Kayakalp in Jammu and Kashmir
2.	Dr Archana Verma, Uttar Pradesh	Sustaining Achievements of Kayakalp initiative in Uttar Pradesh
3.	Dr Parvinder Pal Kaur, Punjab	Scaling-up of NQAS implementation in Punjab
4.	Dr Balasaheb Sonwane, Maharashtra	NQAS implementation in PHCs
5.	Dr Pradeep Singla, Haryana	Implementing NQAS in Urban Health Facility
6.	Dr Sandeep Sanyal, West Bengal	Monitoring of NQAS indicators
7.	Dr J L Meena, Gujarat	IT enabled performance monitoring
8.	Dr Amjith Kutty, Kerala	State level Challenges in NQAS implementation
9.	Dr Joy Lyngwa, Meghalaya	Challenges in NQAS implementation in NE States

This was followed by prize distribution for best poster presentation awards and closing address by the Chair.

Annexure I