

Different QI committees at a glance

Administrative levels	Committees by organizational level	Committees by facility level (public)
MOHFW (National)	a. National QI Steering committee (N-QISC) b. National QI Committee (N-QIC) QI Secretariat (QIS)	a. Specialized Hospital Committee (SPH-QIC) b. Medical College Hospital Committee (MCH- QIC)
DGHS (National)	a. National QI Technical committee (N-QITC)	
DGFP (National)	b. National Task Force Committee (N-TFC)	
Division	Divisional Quality Improvement committee (Div-QIC)	
District	District Quality Improvement committee (D-QIC)	a. District Hospital QIC (DH-QIC) b. MCWC and other hospitals under DGFP
Upazila	Upazila Quality Improvement Committee (Uz-QIC)	Upazila Health Complex QIC (UHC-QIC)
Private Health Facility Quality Improvement Committee(PQIC) *QIC at Private Specialized Hospital, QIC at Private Medical College Hospitals, QIC at Private Hospitals/ Clinics)		

Organizational level committees

Divisional Quality Improvement committee (Div. QIC)

Composition of Div. - QIC

- **Chair Person:** Director, Divisional Health
- **Member Secretary:** AD- Divisional health
- **Members**
 - Divisional director–FP
 - Deputy director of MCH
 - Medicine Specialist -1
 - Surgery Specialist -1
 - Gynae & Obs Specialist -1
 - Anesthetist -1
 - Metron -1
 - Representative from medical professional bodies
e.g. BMA
 - Representatives of City corporation
 - Representatives from private hospitals/ Clinics
 - Representatives from private diagnostics lab

Terms of Reference for Div.- QIC

1. Implement QI strategy & Guidelines in all health facilities at divisional level and below.
2. Ensure attainment of the Standards for Quality of Care by Public & Private Health Facilities in division.
3. Monitor and mentor health facilities at divisional level
 - Necessary support for implementation of QI initiatives at divisional facilities.
 - Support and ensure hospital administrator/managers/service providers to mentor motivate and encourage quality improvement teams.
 - Monthly supervisory visits to divisional health facilities.
 - Ensure regular training and orientation of the QI teams.
 - Ensure functioning of the QI teams in health facilities.

4. Specific mentoring of district and upazila level units
 - Conduct quarterly routine supervisory and monitoring visits to the district and upazila facilities.
 - Provide necessary support to establish a functional mechanism of QI activities at the district and upazila facilities including training and orientations.
 - Establish a regular reporting system from the district and upazila QI facilities to divisional level and necessary feedback.
 - Quarterly divisional co-ordination meeting with district and upazila facility level committees.
 - Ensure 'quality initiatives' as an agenda in district and upazila monthly meeting.

5. Regular reporting to higher level on divisional update on QI activities and share feedback in the internal review meeting
 - Monthly reporting to the NQIC/ N-TFC.
 - Upload reviewed monthly report at divisional health website
 - Sharing of report in internal review meeting as well as with district and upazila committees and other stakeholders.

6. Periodic Review of the progress of QI activities
 - Conduct divisional quarterly co-ordination meetings with district and upazila committees.
 - Conduct monthly internal review meetings.
 - Set targets, roadmaps and site example for best practices.
 - Review Quality scores attained by different categories of Public Health Facilities.
 - Provide support for necessary corrections as per need.

7. Support quality improvement process
 - Organize yearly QI festival.
 - Recognize good performance by the facilities on QI activities.

8. View and assess key performance indicators of quality
 - Encourage to follow national key indicator chart.
 - Identify champions as model to encourage others.

9. Co-opt any member as per requirement.

Modalities to conduct Divisional Co-ordination meeting

- a. The Divisional Quality Improvement Committee will arrange Divisional co-ordination meeting quarterly involving the district and upazila committees.
- b. The Member Secretary will issue meeting notice at least 2 weeks before the scheduled date of meeting with the approval of the Chairperson/ Vice Chairperson. The district and upazila participants will be notified even earlier.
- c. While every attempt should be made to ensure that the Chairperson and/ or the Vice-Chairperson are able to attend the meeting, however, in the absence of the Chair, the Member Secretary shall have the right to convene the meeting and conduct it according to the set agenda. Under such circumstances, the minutes of the meeting should be sent to all members before finalization.
- d. The Member Secretary will ensure the preparation of the agenda and notes for the meeting, minutes of the last meeting and Action Taken Report (ATR), which will also be circulated in advance to all committee members, at least seven days before the scheduled date for the meetings.
- e. An attendance by at least one-third of the Committee members will constitute the quorum required for a valid meeting.
- f. Member Secretary will ensure follow-up actions with responsibilities and timelines for the same.

Modalities to conduct Divisional Internal Review meeting

- a. The Divisional Quality Improvement Committee will meet once in every month.
- b. The Member Secretary will issue meeting notice at least 7 days before the scheduled date of meeting with the approval of the Chairperson/ Vice Chairperson.
- c. While every attempt should be made to ensure that the Chairperson and/or the Vice-Chairperson are able to attend the meeting, however, in the absence of the Chair, the Member Secretary shall have the right to convene the meeting and conduct it according to the set agenda. Under such circumstances, the minutes of the meeting should be sent to all members before finalization.
- d. The Member Secretary will ensure the preparation of the agenda and notes for the meeting, minutes of the last meeting and Action Taken Report (ATR), which will also be circulated in advance to all committee members, at least seven days before the scheduled date for the meetings.
- e. An attendance by at least one-third of the Committee members will constitute the quorum required for a valid meeting.
- f. Member Secretary will ensure follow-up actions with responsibilities and timelines for the same.

District Quality Improvement Committee (D - QIC)

Composition of D- QIC

Chairperson: Civil Surgeon

Member secretary: DCS/MO, CS

Members

- DD, Family Planning
- UHFPO Sadar
- RMO/ RP/ RS
- Public Health nurse
- BMA
- Representatives from NGO
- Representatives from private hospital & diagnostics

Terms of references for D-QIC

1. Implement QI strategy & Guidelines in all health facilities at district level and below.
2. Ensure attainment of the Standards for Quality of Care by Public & Private Health Facilities in district.
3. Monitor and mentor health facilities at district level
 - Necessary support for implementation of QI initiatives at district facilities.
 - Support and ensure hospital administrator/managers/service providers to mentor, motivate and encourage quality improvement teams.
 - Monthly supervisory visits to district health facilities.
 - Ensure regular training and orientation of the QI teams.
 - Ensure functioning of the QI teams in health facilities.
4. Specific mentoring of upazila level units
 - Conduct quarterly routine supervisory and monitoring visits to the upazila facilities.
 - Provide necessary support to establish a functional mechanism of QI activities at the upazila facilities including training and orientations.
 - Establish a regular reporting system from the upazila facilities to district level and necessary feedback.
 - Ensure 'quality initiatives' as an agenda in Upazila monthly meeting.

5. Regular reporting to higher level on district update on QI activities and share feedback in the internal review meeting
 - Monthly reporting to the N-TFC/ Div.-QIC.
 - Upload reviewed monthly report at district health website.
 - Sharing of report in internal review meeting as well as with upazila committees and other stakeholders.
6. Periodic Review of the progress of QI activities
 - Conduct monthly internal review meetings.
 - Set targets, roadmaps and site example for best practices.
 - Review quality scores attained by different categories of Public Health Facilities.
 - Provide support for necessary corrections as per need.
7. Support quality improvement process
 - Organize yearly QI festival.
 - Recognize good performance by the facilities on QI activities.
8. View and assess key performance indicators of quality
 - Encourage to follow national key indicator chart.
 - Identify champions as model to encourage others.
9. Dissemination of QI policy and guidelines: The DQIC will be responsible for disseminating the QI guidelines to service providers and stakeholders.
10. Co-opt any member as per requirement.

Modalities to conduct internal review meeting

- a. The district quality improvement committee will meet once in every month.
- b. The Member Secretary will issue meeting notice at least 7 working days before the scheduled date of the meeting with the approval of the Chairperson.
- c. While every attempt should be made to ensure that the Chairperson is able to attend the meeting, however, in the absence of the Chair, the Member Secretary shall convene the meeting. Under such circumstances, the minutes of the meeting should be sent to the Chairperson for information and ratification.
- d. Member Secretary will ensure the preparation of agenda notes, and action taken reports, which will be circulated in advance to all committee members preceding the DQIC meetings.
- e. An attendance by at least one third of the Committee members will constitute the quorum required for a valid meeting.
- f. Member Secretary will ensure follow-up actions with responsibilities and timelines for the same.

Upazila Quality Improvement committee (Uz-QIC)

Composition of Uz- QIC

Chairperson: Upazila Health & Family Planning Officer

Member secretary (Selected by UHFPO): Medical Officer

Members:

- Upzilla Family Planning Officer
- MO, MCH
- Health Inspector
- FPI
- SACMO
- Representatives from private hospitals/clinics
- Representatives from private diagnostic lab

Terms of References for Uz-QIC

1. Implement QI strategy & Guidelines in all health facilities at upazila level and below.
2. Ensure attainment of the Standards for Quality of Care by Public & Private Health Facilities in upazila.
3. Monitor and mentor health facilities at upazila level
 - Necessary support for implementation of QI initiatives at upazila facilities.
 - Support and ensure hospital administrator/managers/service providers to mentor, motivate and encourage quality improvement teams.
 - Monthly supervisory visits to Upazila health facilities.
 - Ensure regular training and orientation of the QI teams.
 - Ensure functioning of the QI teams in health facilities.
4. Specific mentoring of facilities at union level facilities and below
 - Conduct quarterly routine supervisory and monitoring visits to the union facilities and below.
 - Provide necessary support to establish a functional mechanism of QI activities at the union facilities and below including training and orientations.
 - Establish a regular reporting system from the union facilities to Upazila level and necessary feedback.

5. Regular reporting to higher level on upazila update on QI activities and share feedback in the internal review meeting
 - Monthly reporting to the N-TFC/ Div.-QIC.
 - Sharing of report in internal review meeting.
6. Periodic Review of the progress of QI activities
 - Conduct monthly internal review meetings.
 - Set targets, roadmaps and site example for best practices.
 - Review Quality scores attained by different categories of Public Health Facilities.
 - Provide support for necessary corrections as per need.
7. Support quality improvement process
 - Organize yearly QI festival.
 - Recognize good performance by the facilities on QI activities.
8. View and assess key performance indicators of quality
 - Encourage to follow national key indicator chart.
 - Identify champions as model to encourage others.
9. Co-opt any member as per requirement.

Modalities to conduct Upazila internal review meeting

- a. The Upazila Quality Improvement Committee will meet once in a month.
- b. The Member Secretary will issue meeting notice at least 7 working days before the scheduled date of the meeting with the approval of the Chairperson.
- c. While every attempt should be made to ensure that the Chairperson is able to attend the meeting, however, in the absence of the Chair, the Member Secretary shall convene the meeting. Under such circumstances, the minutes of the meeting should be sent to the Chairperson for information and ratification.
- d. Member Secretary will ensure the preparation of agenda notes, and action taken reports, which will be circulated in advance to all committee members preceding the DQIC meetings.
- e. An attendance by at least one third of the Committee members will constitute the quorum required for a valid meeting.
- f. Member Secretary will ensure follow-up actions with responsibilities and timelines for the same.

Facility level committees

QIC at Specialized hospital (Public & Private)

Composition of QIC at Specialized Hospital

Chairperson: Director/ Super/ CEO

Member secretary: DD/AD -1

Members:

- Senior level specialist -3
- RP/RS -1
- Medical officer -1
- Nursing Supervisor/In charge -1
- Lab-Manager-1

Terms of References for Specialized Hospital Committees

1. Ensure adherence to the clinical protocols & quality standards:
Through regular internal assessments, audits, reviews etc. the hospital QI committee members should ensure that the protocols, guideline & standards set are being met. Corrective action plans should be initiated for identified gaps.
2. Regular monthly reporting to the NQIC/QIS and sharing of feedback of report in internal review meeting.
3. Ensure implementation of QI strategy & guidelines at hospitals to attain quality of care.
4. Monitoring and mentoring QI teams
 - Regular inspection, review of QI activities and planning for continuous improvement - Provide support for activities of quality improvement teams.
 - Ensure regular training and orientation of the QI teams with support from National Task force.
 - Ensure interdepartmental coordination through liaison with various departments within the facility for effective implementation of QI activities.
5. Periodic Review of the progress of QI activities:
 - Conduct monthly review meetings.
 - Set targets, roadmaps and site example for best practices

- Review Quality scores attained by teams.
 - Provide support for necessary corrections as per need.
6. Support quality improvement process:
 - Organize yearly QI festival.
 - Recognize good performance by the facilities on QI activities.
 7. View key performance indicators of quality:
 - Encourage to follow national key indicator chart.
 - Develop and maintain facility level indicators chart.
 - Identify champions as model to encourage others.
 8. Co-opt any member as per requirement.

Modalities to conduct monthly internal review meeting

- a. Once the Specialized hospital (facility) QI committee is formed, areas for an initial assessment need to be identified in the first meeting.
- b. For achieving the standards, the committee will undertake the process of filling the check list, scoring the measurable indicators, summing up area wise and services wise gaps.
- c. Assessment to be carried out and based on its findings follows up actions to be taken.
- d. Monitoring of the follow up actions has to be done in the subsequent meetings. A regular monthly meeting will be conducted
- e. Assessments should be followed by time bound action plans along with person responsible for each action shall be prepared.
- f. Facility in-charge and hospital manager should do daily rounds to supervise the QI activities and sustain the motivational level of the staff.

QIC at Medical College hospital (MCH – QIC)

Composition of QIC at Medical College Hospital

Chairperson: Director/ Super/ CEO

Member secretary: DD/AD

Members:

- Prof Medicine –1
- Prof Surgery –1
- Prof Gynae -1
- Prof Anesthesia -1
- Prof Pediatrics -1
- RP/RS -1
- Nursing Supervisor
- AO

Terms of References for QIC at Medical College Hospital (MCH – QIC)

1. Ensure adherence to the clinical protocols & quality standards:
Through regular internal assessments, audits, reviews etc. the hospital QI committee members should ensure that the protocols, guideline & standards set are being met. Corrective action plans should be initiated for identified gaps.
2. Regular monthly reporting to the NQIC/ QIS and sharing of feedback of report in internal review meeting.
3. Ensure implementation of QI strategy & guidelines at hospitals to attain quality of care.
4. Monitoring and mentoring QI teams
 - Regular inspection, review of QI activities and planning for continuous improvement.
 - Provide support for activities of quality improvement teams.
 - Ensure regular training and orientation of the QI teams with support from National Task force.
 - Ensure interdepartmental coordination through liaison with various departments within the facility for effective implementation of QI activities.
5. Periodic Review of the progress of QI activities:
 - Conduct monthly review meetings.
 - Set targets, roadmaps and site example for best practices.

- Review Quality scores attained by teams.
 - Provide support for necessary corrections as per need.
6. Support quality improvement process:
 - Organize yearly QI festival.
 - Recognize good performance by the facilities on QI activities.
 7. View key performance indicators of quality:
 - Encourage to follow national key indicator chart.
 - Develop and maintain facility level indicators chart.
 - Identify champions as model to encourage others.
 8. Co-opt any member as per requirement.

Modalities to conduct monthly internal review meeting

- a. Once the Medical College QI committee is formed, areas for an initial assessment need to be identified in the first meeting.
- b. For achieving the standards, the committee will undertake the process of filling the check list, scoring the measurable indicators, summing up area wise and services wise gaps.
- c. Assessment to be carried out and based on its findings follows up actions to be taken.
- d. Monitoring of the follow up actions has to be done in the subsequent meetings.
- e. Assessments should be followed by time bound action plans along with person responsible for each action shall be prepared.
- f. Facility in-charge and hospital manager should do daily rounds to supervise the QI activities and sustain the motivational level of the staff.

District Hospital Quality Improvement Committee (DH – QIC)

Composition of QIC at District Hospital

Chairperson: DD/ AD/ Superintendent

Member Secretary: AD/ RMO

Members:

- Gynae & Obs Consultant -1
- Surgery Consultant -1
- Medicine Consultant -1
- Anesthesia Consultant -1
- Pediatric Consultant -1
- EMO -1
- Nursing Supervisor -1
- Medical Technologist -1
- AO -1
- Ward Master -1

Terms of References for QIC at District Hospital (DH – QIC):

1. Ensure adherence to the clinical protocols & quality standards:
Through regular internal assessments, audits, reviews etc. the hospital QI committee members should ensure that the protocols, guideline & standards set for a district hospital are being met. Corrective action plans should be initiated for identified gaps.
2. Regular reporting to N-TFC/ Div.-QIC
 - Monthly reporting to the N-TFC/ Div.-QIC. A copy of the report will be set to N-QIC/ QIS.
 - Sharing of feedback of report in internal review meeting.
3. Ensure implementation of QI strategy & guidelines at hospitals to attain quality of care.
4. Conduct formal training for the staff of facilities with support from the National Task force.
5. Monitoring and mentoring QI teams
 - Regular inspection, review of QI activities and planning for continuous improvement.
 - Provide support for activities of quality improvement teams.
 - Ensure regular training and orientation of the QI teams.
6. Ensure interdepartmental coordination through liaison with various departments within the facility for effective implementation of QI activities.

7. Periodic Review of the progress of QI activities:
 - Conduct monthly internal review meetings.
 - Participate in divisional co-ordination meeting at quarterly interval.
 - Set targets, roadmaps and site example for best practices.
 - Review Quality scores attained by teams.
 - Provide support for necessary corrections as per need.
8. Dissemination of QI policy and guideline to service providers.
9. Support quality improvement process:
 - Organize yearly QI festival.
 - Recognize good performance by the facilities on QI activities.
10. Viewing Key performance indicators of quality:
 - Encourage to follow national key indicator chart.
 - Develop and maintain facility level indicators chart.
 - Identify champions as model to encourage others.
11. Co-opt any member as per requirement.

Modalities to conduct internal review meeting

- a. Once the district hospital (facility) QI committee is formed, areas for an initial assessment need to be identified in the first meeting.
- b. For achieving the standards, the committee will undertake the process of filling the check list, scoring the measurable indicators, summing up area wise and services wise gaps.
- c. Assessment to be carried out and based on its findings follows up actions to be taken.
- d. Monitoring of the follow up actions has to be done in the subsequent meetings.
- e. Assessments should be followed by time bound action plans along with person responsible for each action shall be prepared.
- f. Facility in-charge and hospital manager should do daily rounds to supervise the QI activities and sustain the motivational level of the staff.

Quality Improvement Committee at Upazila Health Complex (UHC-QIC)

Composition of QIC of Upazila Health Complex

Chairperson: UHFPO

Member secretary: RMO

Members:

- a. Gynae & Obs Consultant -1
- b. Surgery Consultant -1
- c. Medicine Consultant -1
- d. Anesthesia Consultant -1
- e. EMO -1
- f. Medical technologist -1
- g. Nursing supervisor -1
- h. AO -1

Terms of References for UHC-QIC

1. Ensure adherence to the clinical protocols & quality standards:
Through regular internal assessments, audits, reviews etc. the hospital QI committee members should ensure that the protocols, guideline & standards set for a district hospital are being met. Corrective action plans should be initiated for identified gaps.
2. Regular monthly reporting to the N-TFC/ D-QIC and sharing of feedback of report in internal review meeting.
3. Ensure implementation of QI strategy & guidelines at UHC to attain quality of care.
4. Conduct formal training for the staff of facilities with support from the district committees/ divisional committees.
5. Monitoring and mentoring QI teams
 - Regular inspection, review of QI activities and planning for continuous improvement.
 - Provide support for activities of quality improvement teams.
 - Ensure regular training and orientation of the QI teams.
6. Ensure interdepartmental coordination through liaison with various departments within the facility for effective implementation of QI activities.

7. Periodic Review of the progress of QI activities
 - Conduct monthly internal review meetings.
 - Participate in divisional co-ordination meeting at quarterly interval.
 - Conduct quarterly review meetings.
 - Set targets, roadmaps and site example for best practices.
 - Review Quality scores attained by teams.
 - Provide support for necessary corrections as per need.
8. Support quality improvement process:
 - Organize yearly QI festival.
 - Recognize good performance by the facilities on QI activities.
9. View key performance indicators of quality:
 - Encourage to follow national key indicator chart.
 - Develop and maintain facility level indicators chart.
 - Identify champions as model to encourage others.
10. Co-opt any member as per requirement.

Modalities to conduct internal review meeting

- a. Once the Upazila Health Complex QI committee is formed, areas for an initial assessment needs to be identified in the first meeting.
- b. For achieving the standards, the committee will undertake the process of filling the check list, scoring the measurable indicators, summing up area wise and services wise gaps.
- c. Assessment to be carried out and based on its findings follows up actions to be taken.
- d. Monitoring of the follow up actions has to be done in the subsequent meetings.
- e. Assessments should be followed by time bound action plans along with person responsible for each action shall be prepared.
- f. Facility in-charge and hospital manager should do daily rounds to supervise the QI activities and sustain the motivational level of the staff.