Terms of Reference and Modalities to conduct meeting for District Level Quality Improvement Committee

• District Committee

Terms of references for District Quality Improvement Committee:

- 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,
 - -Support and ensure hospital administrator/managers/service providers to men 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 for District Quality Improvement Committee:

- a. The district quality improvement committee will meet once in every month.
- b. The Member Secretary will issue meeting notice at least seven 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.

• District Hospital Committee

Terms of References for QIC at District Hospital Quality Improvement Committee:

- 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 at District Hospital Quality Improvement Committee:

- 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.