



## ABSTRACT

Tamil Nadu Health System Reform Program - To develop a "Quality of Care Strategy" for Government Primary, Secondary and Tertiary Care institutions – Approved and Adopted – orders - Issued.

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### HEALTH AND FAMILY WELFARE (EAPI-1) DEPARTMENT

G.O.(Ms).No.155

Dated: 24.03.2020  
Thiruvalluvar Aandu – 2051  
Vihari, Panguni – 11

#### Read :

From the Project Director, Tamil Nadu Health System Reform Program, letter No.2881/TNHSRP/2018, dated: 20.03.2020.

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#### ORDER:

In the reference read above, the Project Director, Tamil Nadu Health System Reform Program has stated that Tamil Nadu Health System Reform Program is being implemented by Government of Tamil Nadu with funding support from World Bank. As per the loan agreement the project will be funded under Program for Results mode, that is, the funds will be disbursed based on the achievement of pre-defined Disbursement Linked Indicators (DLI) in respect of the project activities. The following are the activities which are linked to disbursement for year one of the Project.

- i. To carryout Gap Analysis and to work out the Facility Improvement Plan for 300 Primary Health Centres, 75 Secondary care Health facilities and 7 Medical College Hospitals for obtaining NQAS/NABH accreditation.

*(Disbursement eligible US\$ 7,125,000)*

- ii. To develop and adopt a "TN State Health Policy/ Strategy for Vision 2030" Document

*(Disbursement eligible US\$ 4,000,000)*

- iii. To develop a "Quality of Care Strategy" for Government Primary, Secondary and Tertiary Care institutions

*(Disbursement eligible US\$ 4,000,000)*

- iv. "TN Non-Communicable Diseases Strategy" - to be developed and adopted.

*(Disbursement eligible US\$ 4,000,000)*

- v. Tamil Nadu - Quality Enhancing Structured Training (TAN-QuEST)

*(Disbursement eligible US\$ 3,000,000)*

- vi. To develop a conceptual Note and Operational plan for Strengthened HMIS

*(Disbursement eligible US\$ 6,000,000)*

- vii. Conceptual Model and operational plan for strengthened HMIS

*(Disbursement eligible US\$ 6,000,000)*

2. The Project Director, Tamil Nadu Health System Reform Program has stated that Health outcomes are a function of both quantity and quality of health services. Tamil Nadu (TN) has significantly improved access and utilization of health services over the past decades. Quality is the next frontier to further improve health outcomes for its people, and quality improvement in a systematic, strategic manner is the next step. TN has been working towards improving quality, but considering the fragmentation of efforts, quality of care has to be prioritized and strengthened further as a cross cutting agenda for strengthening the health systems in the state. As countries commit to achieving Health for all, it is imperative to ensure health services provided are effective, safe and people centred. It was in this context that this comprehensive TN Quality of Care Strategy (QoCS) document, a first of its kind in India was developed with a coalition of stake holders in a consultative manner.

### **Key contents of the QoCS Document**

#### **A. Definition:**

Tamil Nadu defines quality of care as ***"people-centred, safe, timely, and integrated health services in line with established quality standards"***.

#### **B. Interventions:**

- The Lancet Global Health Commission for Quality Health Systems provides a comprehensive framework for assessing, measuring and improving QoC. This framework has been adopted and fine-tuned to guide the development of the Tamil Nadu QoC Strategy. Interventions to improve QoC in TN over the next 5 years will be prioritized on the basis of universal actions. Strategies and interventions to address these universal actions are categorized as State, District and Facility level.
- **State Level**
  - *Ignite Population demand for Quality* -Formalized citizen engagement and empowerment, Population-level health literacy and Public reporting on QoC

- *Govern for Quality* - Quality monitoring and comparative benchmarking, External evaluation and accreditation, Institutional arrangements for quality in DOHFW, Medicine regulations, Self-regulations by professional associations, Professionalization of facility administration/management, Quality-oriented service delivery redesign and Private Sector Engagement
- *Redesign service delivery to optimize quality* - Pre-service medical education reforms & Improve work environment.
- *Incentives and Financing*- Performance based financing & Non-financial incentives.
- **District level**
  - *Co-ordination & improved communication* - Strengthening existing quality improvement collaborative and networks at district level, Strengthening quality Committees and Referral feedback systems and Formation of patient support groups
- **Facility Level**
  - *Facility*- Improvement of supplies and infrastructure, Clinical audit and feedbacks Mortality and morbidity reviews, Adverse event reporting & Continuous Quality improvement cycles
  - *Health Care worker* - Supportive supervision, Clinical mentorship. Standard protocols and Check lists and Clinical decision support tools
  - *Individual Patients* - Patient education & Patient feedback on experience of care

### C. Quality Assurance Committees

QACs are established by NHM at State, Regional and District level. Under this QoCS, it is proposed to work through the existing organizational structure, however the scope and membership of the organizational structure will be expanded to ensure implementation of the QoCS. It is also proposed to include a facility quality assurance committee which will support/monitor Quality Improvement interventions as outlined by TN QoCS.

### D. Measuring QoCS

A list of quality indicators has been chosen to measure quality. These indicators would focus on care, competency, community and user experience. The indicators would be either structural, process or outcome indicators. The quality related indicators will be measured at various levels – State (16), District (3) and Facility level (14). The indicators will be periodically reviewed and revised. The facility level indicators chosen will be used for developing score cards based on which institutions would be scored for monitoring services related to Quality.

Measurement and monitoring of this comprehensive approach to quality will allow better management and improvement of quality of care over time, accelerating the transformation to a high-quality health system in Tamil Nadu.

3 The Project Director, Tamil Nadu Health System Reform Program has therefore requested the Government to issue orders for approving and adopting the draft Quality of Care Strategy.

4. The Government after careful examination have decided to approve and adopt the Quality of Care Strategy as annexed to this Government Order.

**(BY ORDER OF THE GOVERNOR)**

**BEELA RAJESH  
SECRETARY TO GOVERNMENT**

To  
The Project Director, Tamil Nadu Health Systems Project, Chennai-6  
The Accountant General, Chennai-18.  
The Pay and Accounts Officer (South), Chennai-35.  
Copy to:  
The Finance (Health-II) Department,  
The Health and Family Welfare (Data cell) Department, Chennai-9  
SF/SC

**//FORWARDED BY ORDER //**

  
**SECTION OFFICER**

*B.R.*