



## ABSTRACT

Tamil Nadu Health Systems Project – Quality Assurance –Improving the quality of care in the Project hospitals- conducting Training on Standard Treatment Guidelines, Quality of Care Indicators and Quality improvement to the health care providers - Expenditure sanctioned – Orders issued.

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### HEALTH AND FAMILY WELFARE (EAP 1) DEPARTMENT

G.O. (2D) No. 3

Dated: 8.1.2008

Thiruvalluvar Aandu 2038  
Sarvajith Margazhi 23

Read:

From the Project Director, Tamil Nadu Health Systems Project letter No. 6746 / E1 / TNHSP / 2007 dated 11.12.2007.

### ORDER:

The Project Director, Tamil Nadu Health Systems Project, has stated that the World Bank supported Tamil Nadu Health Systems Project is being implemented from January 2005. All the activities of the Project are aimed at improving the quality of care in all the secondary care hospitals in the state, consisting of 29 Districts Head Quarters Hospitals and 241 Sub Districts Hospitals. While planning for interventions to these hospitals, various aspects of improving quality of care has been considered and several activities are being undertaken towards this end. A major study on hospital utilization and patient satisfaction has been carried out by a Consultant Firm covering all the districts in Tamil Nadu and the findings have been analyzed. Another study on quality of care in all the 270 secondary care hospitals has also just been concluded and the findings are being analysed. Based on the studies several activities have been planned.

2. The Project Director, Tamil Nadu Health Systems Project has further stated that large scale additions, extensions, repairs and renovations to the hospital buildings, provision of equipment, hospital furniture etc to these 270 hospitals are in progress. Patient Counseling Centers with trained Counselors are offering round the clock Counseling services to the patients in 166 hospitals. Simultaneously, skill development activities for the health care providers in both technical and managerial skills have been devised and is being carried out. Behavior change communication activities for the health care providers for attitudinal change and on inter personal communication has begun. Over the next one and half years, a Web based Hospital Management Information System and Comprehensive Bio-Medical Waste Management System will be established

in all the hospitals. The vacancies of health care providers especially doctors and nurses have been filled up.

3. In order to have quality assurance in all the 270 project hospitals consisting of 29 District Head Quarters hospitals and 241 sub district hospitals and to improve the quality of care the Project Director submitted the following proposals.

(a) The Standard Treatment Guidelines have been prepared by enlisting the services of eminent Professors from various Medical Colleges in the State. The book and charts are to be printed and distributed to the various health care institutions. It is proposed to provide training of Doctors and Nurses working in these hospitals on Standard Treatment Guidelines at a cost of Rs.15.00 lakh. It is also proposed to have training of Trainers in Chennai at a cost of Rs.0.94 lakh. The trainers after the training shall train the Doctors and Nurses in their respective districts. The trainers will be selected among the senior specialists working in the same districts or from the nearby districts, either in the Medical Colleges or in the District Head Quarters Hospitals.

(b) The quality of care prevailing in each hospital has to be measured and compared with the findings at different periods and with the other hospitals coming under the same category. Hence, indicators are to be developed and formulae for measuring them have to be evolved. The quality of care indicators need to be structure based, process based or output/outcome based. The project team has developed quality of care indicators and formulae to measure them for the project hospitals. The indicators need to be field tested in the hospitals in one district and finalized based on the pilot. Subsequently, the indicators have to be disseminated to all the project hospitals and health care providers are to be trained to monitor these indicators. Primarily, these indicators will help to monitor and evaluate the quality of care in the hospitals. It is proposed to print the quality of care indicators and their rationale and train the health care providers in the pilot district at a cost of Rs.1.54 lakh to evaluate the experience, finalise the indicators and extend the same to the rest of the districts. The doctors and para medicals shall be trained in all aspects of quality of care along with the indicators to measure the quality of care at a cost of Rs. 15.00 lakh.

(c) To provide quality of care improvement training at a total cost of Rs. 15.94 lakh to the health care providers especially the doctors, nurses, pharmacists and laboratory technicians. Syllabus and the training modules will be developed by the specialists in the field. The quality improvement training shall deal with such subjects as

- Quality Assurance system for hospitals
- Quality circles
- Medical audit and prescription audit
- Quality Audit

- Continuous quality improvement (CQI)
- Bench marking in health sector
- Accreditation
- Patient friendly hospital initiatives
- Dos and Don'ts for health care providers
- Dos and Don'ts for patients and attenders
- Citizen charter
- Patient information board
- Feed back cards
- Suggestion registers

The training will be conducted as a two stage training. Initially, there will be the training of trainers conducted by the specialists in the field. Secondly, the trainers will train the health care providers in the districts.

(d) To celebrate **Hospital Annual Day** at a cost of Rs.8.68 lakh in each of the Project Hospitals every year. For the hospital annual day function, dignitaries and public shall be invited. There can be a mini exhibition and or physical check up camp or simply a blood pressure measurement camp prior to the function. The facilities available in the hospital and the achievement during the year shall be explained to the public in the function which shall be followed by a cultural entertainment programme by the staff, children of the staff of the hospital. This will lead to better relationship with the public and shall remove any misconceptions about the hospital in the minds of the public. This shall also improve the interpersonal relationship among the hospital staff. This activity will be observed every year from 2008 – 2009.

(e) Medical audit is an objective method for applying a yard stick to the quality of professional performances, is a method of evaluating the quality of medical care given to the patient and its serves as a tool to enable the hospital administrator and medical staff to uncover inefficient service and point to the way to the evaluation of standards in the hospital. Medical audit, if properly conducted will highly benefit the patient, the doctor, the hospital and the entire community. The medical audit is conducted by going through the medical records. The prescription audit is an objective method of assessing the rational use of drugs and the treatment offered to the patient. The prescription audit is conducted usually for the outpatients by means of an exit interview and by interviewing the in patients who are admitted to the hospitals in the wards. It is proposed to conduct medical audit and prescription audit by hiring the services of a Consultant Firm at a cost of RS. 8.50 lakh by following the '**Consultant Qualification**' (CQ) method of the World Bank procurement procedures on the basis of proper terms of reference. The consultant firm has to send a team of specialist doctors and a medical records officer or a statistical officer. The team shall visit all hospitals in each of the 29 districts and shall conduct the medical

audit and prescription audit. The duration of the consultancy shall be four months.

4. All the above activities proposed by Project Director, Tamil Nadu Health Systems Project to improve the quality of care in the hospitals are included in the Component III, Sub Component 2 in the Project Implementation Plan (PIP) document approved by the World Bank. The non-recurring and recurring expenditure involved in the proposal is reimbursable by the World Bank.

5. The Project Director has placed the above proposal before the members of the Empowered Committee and the State Empowered Committee has approved the proposal. The Project Director has requested the orders of the Government on the proposal.

6. The Government have examined the proposal of the Project Director, Tamil Nadu Health Systems Project and has decided to accept it. Accordingly, the following orders are issued.

- (i) Sanction is accorded a non-recurring expenditure for Rs.56.92 lakh (Rupees Fifty six lakh and ninety two thousand only) towards dissemination of Standard Treatment Guidelines, Quality of care indicators – printing and training, quality improvement training for health care providers, cost of advertisement for hiring a consultant for Medical audit and cost of consultancy for medical and prescription audit. Sanction is also accorded for a recurring expenditure of and Rs.8.68 lakh towards cost of celebration of Hospital Annual Day for 29 District Head Quarters hospitals from the year 2008 – 2009 as detailed in the Annexure to this order.

- (ii) The expenditure sanctioned in para 6 (i) above shall be debited to the following heads of account:

2210. Medical and Public Health – 06. Public Health – 112. Public Health Education – Schemes in Eleventh Five Year Plan II – State Plan – PA. Quality Health Services and Evaluation and Assessment under Health Systems Project.

(Rupees in thousand)

1. 05. Office Expenses	
02. Other contingencies	868
(DPC: 2210 06 112 PA 0522)	
2. 08. Advertisement & Publicity	
01. Advertisement charges	100
(DPC: 2210 06 112 PA 0817)	
3. 33 Payment for Professional & Special Services	
03. Special services	750

- (DPC: 2210 06 112 PA 3332)  
 4. 72 Training 4842  
 (DPC: 2210 06 112 PA 7203)

(iii) The Project Director, Tamil Nadu Health Systems Project, is permitted to conduct the training on Standard Treatment Guidelines, Quality of Care Indicators and Quality Improvement training to the health care providers as mentioned in para 3 above. The Project Director, is also permitted to print the quality care indicators, training module by observing World Bank Procurement procedures.

(iv) The Project Director, Tamil Nadu Health Systems Project, is permitted to hire the services of a Consultant Firm by following the Consultant Qualification (CQ) of the World Bank Procurement Procedures for conducting the medical and prescription audit and to make the payment to the Consultant as follows.

- 1/3 of the contract amount on signing the contract and submission of inception report and bank guarantee.
- 1/3 of the contract amount on submission of interim report
- 1/3 of the contract amount on submission of final report accepted by the Project.

(v) The Project Director Tamil Nadu Health Systems Project, is permitted to make allotment of funds of Rs.8.68 lakh from the year 2008 – 2009 to the Joint Directors of Medical and Rural Health Services and Family Welfare towards hospital annual day celebrations. The Joint Directors of Medical and Rural Health Services and Family Welfare are permitted to re allocate the same to the Chief Medical Officers / Hospital Superintendents at the rate of Rs.3000/- per hospital for sub district hospitals and Rs.5000/- per hospital for district hospitals.

(vi) The Project Director Tamil Nadu Health Systems Project is permitted to draw Rs.48.42 lakhs in advance towards the conduct of training activities as mentioned in the Annexure to this order. The Project Director Tamil Nadu Health Systems Project is permitted to adjust the advance to be drawn for the above activities as soon as the activities are over and granted exemption for the time limit for settling the advances since large scale training activities need to be conducted through out the State.

(vii) The Project Director, Tamil Nadu Health Systems Project, is authorized to reallocate the non recurring expenditure within the components without exceeding the total cost.

7. Necessary additional funds of Rs.48.42 lakh (Rupees forty eight lakh and forty two thousand only) towards training will be provided in Revised Estimate/Final Modified Appropriation 2007-2008. Pending provision of such

funds, the Project Director, Tamil Nadu Health Systems Project is authorized to incur the expenditure. The Project Director, Tamil Nadu Health Systems Project is requested to include this expenditure while sending Revised Estimate/Final Modified Appropriation 2007-2008 proposals to Government in Finance Department without fail.

8.This order issues with the concurrence of the State Empowered Committee constituted in G.O. Ms. No. 28, Health and Family Welfare, dated 28.2.2005 and the concurrence of Finance Department vide its U.O. No. 84216 / HI / 07 dated 4.1.2008 and Additional Sanction Ledger No. 1615 (One thousand six hundred and fifteen)

(BY ORDER OF THE GOVERNOR)

V.K. SUBBURAJ  
SECRETARY TO GOVERNMENT

To

The Project Director, Tamil Nadu Health Systems Project, Chennai –6

The Director of Medical and Rural Health Services, Chennai-6

The Principal Accountant-General (A&E), Chennai-18

The Principal Accountant General (Audit I), Chennai-18

The Pay and Accounts Officer (South), Chennai-35

All Collectors.

All Joint Directors of Medical, Rural Health Services and Family Welfare,

Copy to:

The Secretary to Government of India, Ministry of Health and Family Welfare, New Delhi –11

The Country Director-India, The World Bank, New Delhi Office, 70, Lodhi Estate, New Delhi-3

The Finance (Health I / BG II) Department, Chennai –9

/ FORWARDED / BY ORDER /

SECTION OFFICER

## ANNEXURE

### I. NON RECURRING EXPENDITURE

#### A. Dissemination of standard Treatment Guidelines

##### (i) Training of trainers @ 2 trainees per district 2 x 30 districts

Sl. No	Activity	Cost in Rs	Total cost in Rs. lakhs
1.	Training of trainers @ 2 trainees per district 2 x 30 districts. Travel expenditure	@ Rs. 1,000 per person x 60 persons (actuals will be paid)	0.60
2.	Food and refreshments @ Rs. 200 per day per person x 1 day	Rs. 200 x 60	0.12
3.	Resource persons fee @ Rs. 400 per day x 15 persons x 1 day	Rs. 400 x 15	0.06
4.	Course materials @ Rs. 200 per person	Rs. 200 x 60	0.12
5.	Contingencies and internal documentation	Rs. 4,000	0.04
		<b>Total</b>	<b>0.94</b>

##### (ii) Training of health care providers @ 30 districts

Sl. No	Activity	Unit Cost in Rs	Total cost in Rs, lakhs
1.	Training of health care providers at facility level in each of the facilities including course materials	Rs. 50,000 per district for 30 districts Rs. 50,000 x 30	15.00
		<b>Total</b>	<b>15.00</b>

**B Quality of Care Indicators****(i) Training of trainers @ 2 trainees per district 2 x 30 districts**

<b>Sl. No</b>	<b>Activity</b>	<b>Cost in Rs</b>	<b>Total cost in Rs. lakhs</b>
1.	Printing of booklet on quality of care indicators, rationale and training module at Rs. 60 per copy for 1,000 copies	Rs. 60 x 1000	0.60
2.	Training of trainers @ 2 trainees per district 2 x 30 districts. Travel expenditure	@ Rs. 1,000 per person x 60 persons (actuals will be paid)	0.60
3	Food and refreshments @ Rs. 200 per day per person x 1 day	Rs. 200 x 60	0.12
4.	Resource persons fee @ Rs. 400 per day x 15 persons x 1 day	Rs. 400 x 15	0.06
5.	Course materials @ Rs. 200 per person	Rs. 200 x 60	0.12
6.	Contingencies and internal documentation	Rs. 4,000	0.04
		<b>Total</b>	<b>1.54</b>

**(ii) Training of health care providers @ 30 districts**

<b>Sl. No</b>	<b>Activity</b>	<b>Unit Cost in Rs</b>	<b>Total cost in Rs, lakhs</b>
1.	Training of health care providers at facility level in each of the facilities including course materials	Rs. 50,000 per district for 30 districts Rs. 50,000 x 30	15.00
		<b>Total</b>	<b>15.00</b>

**c. Quality of Care improvement training to the Health Care Providers**

**(i) Training of trainers @ 2 trainees per district 2 x 30 districts**

<b>Sl. No</b>	<b>Activity</b>	<b>Cost in Rs</b>	<b>Total cost in Rs. lakhs</b>
1.	Training of trainers @ 2 trainees per district 2 x 30 districts. Travel expenditure	@ Rs. 1,000 per person x 60 persons (actuals will be paid)	0.60
2.	Food and refreshments @ Rs. 200 per day per person x 1 day	Rs. 200 x 60	0.12
3.	Resource persons fee @ Rs. 400 per day x 15 persons x 1 day	Rs. 400 x 15	0.06
4.	Course materials @ Rs. 200 per person	Rs. 200 x 60	0.12
5.	Contingencies and internal documentation	Rs. 4,000	0.04
<b>Total</b>			<b>0.94</b>

**(ii) Training of health care providers @ 30 districts**

<b>Sl. No</b>	<b>Activity</b>	<b>Unit Cost in Rs</b>	<b>Total cost in Rs, lakhs</b>
1.	Training of health care providers at facility level in each of the facilities including course materials	Rs. 50,000 per district for 30 districts Rs. 50,000 x 30	15.00
<b>Total</b>			<b>15.00</b>

**D. Medical and Prescription Audits**

<b>Sl. No</b>	<b>Activity</b>	<b>Unit cost in Rs</b>	<b>Total cost in Rs. lakhs</b>
1.	Cost of advertisement for selection of agency	1,00,000	1.00
2.	Cost of consultancy	7,50,000	7.5
<b>Total</b>			<b>8.5</b>

**ABSTRACT**

<b>Activity</b>	<b>Cost</b>
Standard Treatment Guideline training	15.94
Quality of care indicators training	16.54
Quality improvement training	15.94
Medical and prescription audit	8.50
<b>Total</b>	<b>56.92</b>

**II. RECURRING EXPENDITURE FROM THE YEAR 2008 – 2009**

<b>Sl. No</b>	<b>Activity</b>	<b>Unit cost in Rs</b>	<b>Total annual cost in Rs. lakhs</b>
1.	Cost of Celebration of Hospital Annual Day @ Rs. 5,000 per District Head Quarters Hospital for 29 hospitals	Rs. 5,000 x 29	1.45
2.	Full cost of celebration of hospital annual day @ Rs. 3,000 per hospital for 241 Sub District Hospitals	Rs. 3,000 x 241	7.23
	<b>Total</b>		<b>8.68</b>

V.K. SUBBURAJ  
SECRETARY TO GOVERNMENT

/ TRUE COPY /

SECTION OFFICER