फाइल संख्या निदेशक/SB/ LaQshya Quality Improvement Committee/2026-72
भारत सरकार
स्वास्थ्य सेवा महानिदेशालय
लेडी हार्डिंग मेडिकल कॉलेज और सम्बंधित अस्पताल, नई दिल्ली

February 24, 2026

OFFICE ORDER

Subject: Constitution of LaQshya Quality Improvement Committee.

In supersession of all previous orders on the subject, the LaQshya Quality Improvement Committee is hereby constituted at Lady Hardinge Medical College & Associated Hospitals (Smt. Sucheta Kriplani Hospital and Kalawati Saran Children's Hospital) to implement and sustain quality standards in Labour Rooms, Maternity Operation Theatres, and Obstetric HDU/ICU as per the Labour Room Quality Improvement Initiative (LaQshya) under Ministry of Health & Family Welfare, Government of India.

1. Composition of the Committee

S. No.	Name/Designation	Role
1.	Director, LHMC	Chairperson
2.	Medical Superintendent, SSKH	Co-Chairperson
3.	Medical Superintendent, KSCH	Co-Chairperson
4.	Director Professor & Head, Dept. of Obstetrics & Gynaecology, LHMC	Vice-Chairperson
5.	Additional Medical Superintendent (MCH Block)	Member
6.	Hospital Quality Nodal Officer, AMS SH-II	Member Secretary
7.	Dr. Swati Agarwal, Professor, In-Charge OT, SSKH	Co-Member Secretary
8.	Dr. Meenakshi Singh, Professor and Labour Room In-Charge, SSKH	Co-Member Secretary
9.	Professor & Head, Dept. of Anesthesia, SSKH	Member
10.	Professor & Head, Dept. of Neonatology, KSCH	Member
11.	Professor & Head, Dept. of Radiology, SSKH	Member
12.	Chief Nursing Officer, SSKH	Member
13.	Assistant Nursing Superintendent (Obstetrics & Gynaecology), SSKH	Member
14.	ANS/ Labour Room In-Charge, SSKH	Member
15.	ANS/Maternity OT In-Charge, SSKH	Member
16.	Nursing Superintendent, KSCH	Member

17.	Nodal Officer, Hospital Infection Control	Member
18.	Nodal Officer HIMS	Member
19.	Store Officer, SSKH	Member
20.	Representative Staff Nurse, Labour Room, SSKH (Rotational)	Member
21.	Representative from Social Work/Counselling Department	Member

Special Invitees (as required):

- DDO
- Civil Engineer/Electrical Engineer (CPWD)
- HOD/Representative Blood Bank
- IT Support
- Representatives from State LaQshya Cell/State Quality Assurance Committee

2. Terms of Reference

2.1 Purpose

The Committee shall work towards achieving and sustaining LaQshya quality standards in Labour Rooms, Maternity Operation Theatres, and Obstetric HDU/ICU of LHMC & Associated Hospitals and obtain LaQshya certification under National Quality Assurance Standards (NQAS) for all eligible units.

2.2 Objectives

1. To implement the Labour Room Quality Improvement Initiative (LaQshya) as per Ministry of Health & Family Welfare guidelines across all maternity care units.
2. To ensure continuous quality improvement and respectful maternity care in all labour rooms and maternity operation theatres.
3. To achieve and maintain NQAS certification for labour rooms and maternity OTs at SSKH.
4. To reduce preventable maternal and neonatal morbidity and mortality through standardized protocols and emergency preparedness.
5. To enhance patient experience and satisfaction in maternity care services.

2.3 Scope

The Committee shall cover:

- Labour Rooms at SSKH
- Maternity Operation Theatres at SSKH
- Obstetric HDU/ICU (if applicable)
- All clinical, nursing, and support staff working in these areas
- Infrastructure, equipment, drugs, supplies, and utilities related to maternity care
- Clinical protocols, emergency response systems, and infection control measures
- Patient experience, respectful maternity care, and grievance redressal

2.4 Roles and Responsibilities

A. Committee (Institutional Level)

1. Prepare and approve facility LaQshya Action Plan based on gap analysis, interventions, timelines, and responsibilities for all eligible units.
2. Ensure alignment with National Quality Assurance Standards (NQAS) for Labour Room and Maternity OT and pursue formal LaQshya certification.
3. Oversee infrastructure upgrade, layout reorganization, essential equipment, drugs, and supplies in labour room, maternity OT, and obstetric HDU as per MoHFW guidelines.
4. Ensure adherence to standard clinical protocols including management of labour, PPH, eclampsia, sepsis, newborn resuscitation, referral, and emergency response.
5. Coordinate with Hospital Infection Control Committee (HICC) and Biomedical Waste Management Committee (BMWMC) for infection prevention and waste management.
6. Institutionalize respectful maternity care including privacy, informed consent, birth companion policy, and grievance handling.
7. Monitor patient experience and implement improvements based on beneficiary feedback.
8. Approve training and drill plan covering Skilled Birth Attendance (SBA), Basic/Comprehensive Emergency Obstetric and Newborn Care (BEmONC/CEmONC), emergency obstetric care, neonatal resuscitation, infection control, and respectful care.
9. Monitor key LaQshya indicators including maternal and neonatal outcomes, stillbirths, near-miss cases, delays in care, and patient satisfaction.
10. Review monthly dashboards and take corrective action based on indicator trends.
11. Facilitate internal and external assessments, documentation, and liaison with State Quality Assurance/LaQshya cell and national teams.
12. Recommend recognition and rewards for high-performing units and staff, which may be linked to Kayakalp or internal awards.

B. Chairperson and Co-Chairpersons

1. Provide overall leadership, policy direction, and strategic guidance for LaQshya implementation.
2. Approve LaQshya Action Plan, budget allocations, and resource deployment.
3. Ensure convergence with hospital budget, capital projects, and other quality initiatives (Kayakalp, NABH).
4. Review progress at least quarterly and give directions for addressing bottlenecks and systemic issues.
5. Represent the institution in State and National LaQshya forums.

C. Vice-Chairperson

1. Provide clinical and academic leadership for obstetric care quality improvement.
2. Guide development and implementation of evidence-based clinical protocols.
3. Oversee clinical training programs and competency assessments.
4. Assist Chairperson in reviewing clinical outcomes and audit findings.

D. Member Secretary (Hospital Quality Nodal Officer)

1. Coordinate all committee meetings, maintain records, minutes, and follow-up action taken reports.
2. Lead facility gap assessment using LaQshya/NQAS checklists and prepare/update LaQshya Action Plan.
3. Coordinate internal mentoring, mock assessments, and external assessments.
4. Consolidate indicator data from labour rooms and maternity OTs and prepare monthly reports for Chairperson and State LaQshya cell.
5. Liaise with State Quality Assurance Committee, State LaQshya Cell, and national quality agencies.
6. Maintain documentation dossier for certification including checklists, action plans, photographs, indicator trends, training records, and meeting minutes.
7. Coordinate with Co-Member Secretaries for unit-level implementation.

E. Co-Member Secretaries (Senior Obstetrician SSKH and Labour Room In-Charge SSKH)

1. Lead unit-level LaQshya implementation at SSKH.
2. Conduct micro-level gap analysis and coordinate unit-level Quality Circles.
3. Ensure daily adherence to checklists, case-sheets, partographs, emergency trays, and infection control practices.
4. Collect and submit monthly indicator data and Quality Circle reports to Member Secretary.
5. Organize on-the-job coaching, case debriefings, and emergency drills at unit level.
6. Prepare respective units for internal and external assessments.

F. Members

Each member shall contribute expertise from their respective domain:

- **Clinical faculty** (Anesthesia, Neonatology, Radiology): Provide technical guidance, protocol development, training, and emergency response coordination.
- **Nursing leadership and labour room/OT in-charges**: Ensure nursing care quality, staff training, compliance with protocols, equipment and supply management, and patient experience improvement.
- **Hospital Infection Control Officer**: Ensure infection prevention practices, hand hygiene, aseptic techniques, sterilization, and biomedical waste segregation in maternity areas.
- **Biomedical Engineer/OT Technician**: Ensure availability, functionality, calibration, and preventive maintenance of all labour room and maternity OT equipment.
- **Additional Medical Superintendent (MCH Block)**: Coordinate logistics, HR deployment, administrative support, and resource allocation.
- **Data Manager/HMIS Nodal Officer**: Maintain LaQshya indicator database, generate monthly dashboards, and support evidence-based decision making.
- **Store Officer**: Ensure availability, storage, and rational use of emergency drugs including oxytocin, $MgSO_4$, antibiotics, and resuscitation medicines.
- **Staff nurse representatives**: Provide frontline staff perspective, participate in Quality Circles, and facilitate peer learning.
- **Social Work/Counselling representative**: Promote respectful maternity care, facilitate birth companion policy, handle grievances, and conduct patient satisfaction surveys.

2.5 Unit-Level Quality Circles

Three unit-level "LaQshya Quality Circles" shall be constituted:

1. SSKH Labour Room & Maternity OT Quality Circle
2. Obstetric HDU/ICU Quality Circle

Functions of Quality Circles:

- Conduct micro-level gap analysis and run Rapid Improvement Cycles (RICs) using Plan-Do-Check-Act (PDCA) methodology.
- Ensure daily adherence to checklists, case-sheets, partographs, emergency trays, and infection control practices.
- Conduct on-the-job coaching, debriefings after complications, and promote a no-blame culture for reporting errors and near-misses.
- Submit fortnightly or monthly meeting minutes and RIC reports to Co-Member Secretaries.

2.6 Meetings and Reporting

1. **Committee Meetings:** The Committee shall meet at least once every quarter. During initial implementation and pre-assessment period, meetings may be held monthly or more frequently as required.
2. **Quality Circle Meetings:** Unit-level Quality Circles shall meet fortnightly or monthly with brief minutes and RIC reports submitted to respective Co-Member Secretaries.
3. **Quorum:** The quorum for Committee meetings shall be one-third of total members, with Chairperson/Co-Chairperson and Member Secretary or their authorized representatives present.
4. **Reporting:**
    - Monthly LaQshya dashboard and indicator summary to Director/MS and State LaQshya/QA Cell as per NHM formats.
    - Six-monthly comprehensive progress report including infrastructure, HR, training, indicators, patient feedback, and certification status.
    - Annual report on LaQshya implementation to be submitted to competent authority and State Health Authority.

2.7 Key Performance Indicators

The Committee shall monitor the following key performance indicators:

1. LaQshya/NQAS score of Labour Room and Maternity OT (Target: ≥ 70% and certification)
2. Facility-based Maternal Mortality Ratio (MMR) – trend decreasing
3. Severe maternal outcome/near-miss ratio – trend decreasing
4. Fresh stillbirth rate – trend decreasing
5. Early neonatal mortality rate – trend decreasing
6. Incidence of major intrapartum complications (PPH, eclampsia, obstructed labour) and response times
7. Percentage of deliveries with properly completed partograph (Target: ≥ 90%)
8. Patient (beneficiary) satisfaction score in labour room and maternity OT (Target: ≥ 80%)

2.8 Documentation and Record Keeping

1. Minutes of all Committee and Quality Circle meetings shall be documented and circulated within seven days.
2. Action Taken Reports (ATRs) shall be prepared and reviewed at subsequent meetings.
3. All gap assessment reports, LaQshya Action Plans, training records, indicator data, and assessment reports shall be maintained by Member Secretary.
4. A master file/dossier for LaQshya certification shall be maintained and updated regularly.
5. All records shall be preserved for a minimum period of five years.

2.9 Confidentiality

All clinical data, patient records, incident reports, and near-miss cases discussed in Committee meetings shall be treated as confidential and used only for quality improvement purposes.

2.10 Review

These Terms of Reference shall be reviewed annually or earlier if required, particularly in case of changes in national guidelines, organizational structure, or regulatory requirements.

2.11 Effective Date

This order shall come into force with immediate effect from the date of issue.

3. Implementation Plan for LHMC & Associated Hospitals

Phase 1: Preparatory Phase (0–3 months)

1. Issue formal office order constituting the LaQshya Committee and unit-level Quality Circles with TORs and meeting calendar.
2. Conduct orientation of committee members and labour room/maternity OT staff on LaQshya objectives, facility criteria, and certification process using NHM guidelines and SOPs.
3. Perform baseline facility gap assessment using LaQshya/NQAS checklists covering infrastructure, layout, equipment, drugs, HR, protocols, records, and patient experience.
4. Prepare a consolidated, costed LaQshya Action Plan for SSKH (and any obstetric HDU/ICU) with responsibilities, timelines, and funding sources (NHM, hospital funds, CSR, etc.).
5. Establish baseline data collection systems for LaQshya indicators.

Phase 2: Improvement Phase (3–12 months)

A. Infrastructure and Systems Changes

- Reorganization of labour room and maternity OT layout, zoning, and workflow as per MoHFW and State guidelines.
- Ensure availability and maintenance of essential equipment including foetal dopplers, emergency drugs, resuscitation equipment, suction, oxygen, emergency trays, and HDU equipment.
- Strengthen emergency obstetric and newborn care readiness for PPH, eclampsia, sepsis, obstructed labour, and neonatal resuscitation.
- Improve infection prevention infrastructure including hand hygiene stations, sterilization facilities, and biomedical waste segregation systems.

B. Clinical and Administrative Protocols

- Develop/update and standardize clinical protocols for management of labour, PPH, eclampsia, sepsis, obstructed labour, newborn resuscitation, and referral.
- Ensure universal use of partograph for monitoring labour.
- Implement referral and escalation algorithms for complications and emergencies.
- Integrate infection prevention, biomedical waste management, rational use of antibiotics, and hand hygiene protocols with HICC/BMWM committees.
- Adopt respectful maternity care standards including privacy curtains, birth companions (where feasible), effective communication, and grievance redress mechanism.

C. Capacity Building

- Conduct regular trainings and drills on Skilled Birth Attendance (SBA), Basic/Comprehensive Emergency Obstetric and Newborn Care (BEmONC/CEmONC), maternal and newborn emergencies, and documentation.
- Use Quality Circles to run at least six thematic Rapid Improvement Cycles covering triage, PPH management, eclampsia management, newborn resuscitation, documentation, cleanliness, and privacy.
- Conduct regular mock drills for obstetric and neonatal emergencies.
- Provide training on respectful maternity care and effective communication.

Phase 3: Internal Assessment and Pre-Certification (9–15 months)

1. Conduct formal internal assessments using LaQshya/NQAS tools and calculate scores for Labour Rooms and Maternity OTs.
2. Close high-priority gaps identified during internal assessment.
3. Repeat internal assessments till facilities consistently exceed 70% NQAS score and meet LaQshya standards.
4. Strengthen documentation including registers, case sheets, partographs, incident reporting, and patient satisfaction tools.
5. Finalize certification dossier including checklists, action plan, photographs, indicator trends, training records, and meeting minutes.

Phase 4: External Assessment, Certification and Scale-up (12–18 months)

1. Coordinate with State Quality Assurance Committee/State LaQshya cell to schedule external assessment and certification.
2. Address observations from external assessors promptly and submit compliance reports.
3. After certification:
    - Display LaQshya branding and information for beneficiaries at labour room and maternity OT entrances.
    - Integrate LaQshya indicators with routine HMIS and hospital quality dashboards.
    - Link LaQshya implementation with Kayakalp cleanliness initiatives and NABH accreditation efforts.
    - Institutionalize annual self-assessment, refresher trainings, and periodic internal audits to maintain certification and eligibility for performance incentives.
4. Share best practices and learnings with other medical college hospitals and district hospitals.

4. Budget and Resources

1. The Director shall ensure allocation of adequate budget for LaQshya implementation from hospital funds, NHM allocations, and other available sources.
2. Proposals for capital expenditure (infrastructure, equipment) shall be prepared by the Committee and submitted through proper channel for approval.
3. The Committee may explore additional funding through CSR, donations, and government schemes.

5. Authority and Supersession

1. This order supersedes all previous orders, notifications, and circulars related to constitution of LaQshya Committee or Labour Room Quality Improvement Committee at LHMC & Associated Hospitals.
2. The Committee is authorized to co-opt additional members, form sub-committees, and constitute working groups as required for effective implementation.
3. The Chairperson may nominate alternate members in case of vacancy, transfer, or prolonged absence of any member.

24/07/25.

(Dr. Sarita Beri)
Director

Copy to:

1. All Members of the Committee
2. All Heads of Departments, LHMC
3. Medical Superintendents, SSKH
4. Chief Nursing Officer, SSKH
5. All Labour Room and Maternity OT In-Charges
6. DDA
7. DDO
8. HMIS Nodal Officer
9. Notice Board (for information of all staff)
10. State Quality Assurance Committee/State LaQshya Cell, Directorate of Health Services, GNCTD
11. Website (for information of all stakeholders)