Assessment of First Referral Unit Community Health Centre, Anta (Rajasthan)

By

Dharna Dwivedi

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that Dharna Dwivedi , student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Piramal Foundation, Jaipur from 14th february to 14rd may .

The Candidate has successfully carried out the study assigned to her during internship training and her approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Pro President Dr. P.R. Sodani
The IIHMR University, Jaipur

Professor J.P. Singh
The IIHMR University, Jaipur

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The certificate is awarded to

Dr. DHARNA DWIVEDI

In recognition of having successfully completed her

Internship in the department of

QUALITY

and has successfully completed her Project on

ASSESSMENT OF FIRST REFERRAL UNIT AT ANTA, BARAN, RAJASTHAN

Date: May 14, 2019

Organization: Piramal Foundation

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish her all the best for future endeavors

Training & Development

General Manager - Human Resources

CERTIFICATE BY SCHOLAR

"This is to certify that the dissertation titled **"Assessment of First Referral Unit CHC, Anta(Rajasthan)"** and submitted by **Dharna Dwivedi Enrollment No**.0558 under the supervision of J.P. Singh for award of MBA in Hospital and Healthcare Management of the University carried out during the period from 14th February to 14th May embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Dharna

Dharna Dwivedi
Signature

ACKNOWLEDGEMENT

I would like to express my special thanks of gratitude to" all my teachers and my family" for their able guidance and support in completing my Project.
I would also like to extend my gratitude to the Organization for their support.

Abbreviations

BOR: Bed Occupancy Rate

IPHS: Indian Public Health Standards

QAT: Quality Assurance Team

SKS: Swasthya Kalyan Samiti

MTP: Medical termination of pregnancy

RMNC: maternal, new born and child health

SNCU: Special New born care unit

BHT: Bed Head ticket

ALOS: Average Length of Stay

BPL: Below Poverty Line

CMO: Chief Medical Officer

PHC: Primary Health Centre

TFR: Total Fertility Rate

MCH: Maternal and Child

CSSM: Child Survival and Safe Motherhood

MDG: Millennium Development Goal

AYUSH: Ayurveda, Yoga and Naturopathy , Unani, Siddha and Homoeopathy

NBSU: New born stabilization unit

BSU: Blood storage unit

IEC: Information , Education and Communication

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-Training
-Drug, Supplies &Equipment
-Lab & Diagnostic
-IEC
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-IEC
-Documentation

8.5 Blood Storage Unit Infrastructure

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-Manpower
-Training
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Infrastructure
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-Documentation

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1.Introduction:

- Operationalisation of FRU is one of the important strategies to reduce maternal mortality under NRHM. There are large numbers of obstetrics emergencies which require skilled intervention to save lives of mother and child
- The National Rural Health Mission (NRHM), launched by the Honourable Prime Minister of India on 12 April 2005, is an ambitious strategy of the government. It aims to restructure the delivery mechanism for health towards providing universal access to equitable, affordable and quality health care that is accountable and responsive to the people's needs, reducing child and maternal deaths as well as stabilizing population, and ensuring gender and demographic balance.
- National Rural Heath Mission has envisaged providing 24 hour services at CHC - Community Health Centre level. FRU – First Referral Unit Hospitals has to provide 24-hours specialist care in Medicine, Obstetrics and Gynaecology , Surgery and Paediatrics, hence launch of NRHM in the State gives us an opportunity to strengthen referral services in the State and to cope-up with the expected increase in demand of HEATH SERVICES which include:
  1. Outdoor Patient (OPD)
  2. Indoor Facility for above services
  3. Anaesthetic Services
  4. Neo-Natal Care /Obstetric Care Services
  5. Investigative Procedures
  6. Control of Epidemic, Endemic & Communicable Disease Programme
  7. All the National Programme in CHCs is to be integrated with all the existing Programmes like Blindness Control, Iodine Deficiency , Integrated Diseases Surveillance Project etc.
  8. Reproductive and Child Health
  9. Emergency Services Medical
- Medical Emergencies - Handling of all emergencies in related to National Health Programmes as per the guidelines like Dengue, Haemorrhagic Fever and Cerebral Malaria etc.
- 24 hours Surgical Emergencies including incision, drainage, and surgery for Hernia, Hydrosol Appendicitis, Haemorrhoids , Fistula and handling of emergencies like intestinal Obstruction, Haemorrhage etc.
- 24 hours' delivery services including normal and assisted deliveries including essential and

emergency obstetric care including surgical interventions like caesarean sections and essential emergency medical interventions.

- New born care'
- Routine and emergency care of sick children

- Safe Abortion services
- Other medical interventions like Nasal Packing, Tracheotomy and Foreign Body Removal.

10. Medico Legal
11. 24-hour Ambulance service
    - FRUs are district or sub-district health care facilities where there are specialists like Obstetrician and Gynaecologist, Anaesthetist and Paediatrician, and facilities for C-Section (caesarean section) and Blood Transfusion . Interstate border districts are the districts that had some commonality with regard to some health indicators and as these districts are close to each other, transfer of patients occurs from one part of the district to the FRU of adjacent district, even of adjacent state

2.Review of Literature:

Perceptions of and Constraints upon Pregnancy-Related Referrals in Rural Rajasthan, India (J. Gupta, H. Gupta)

Mortality associated' with complications of pregnancy' and childbirth remains disproportionately high in the developing' world. This' paper reports on a study into the reasons for the poor uptake' of referrals to specialist' medical units in a group of 276 women in a rural area' in the state of Rajasthan', India.

Of the 276 cases that were' referred, 242 (88%) of the women failed to attend for specialist consultation'. In-depth personal' interviews were conducted and a series of focus group discussions' was held with the women' and with their spouses and spouses' mothers. A range' of geographic, cultural, socio–economic and medico–administrative' factors was identified' as influencing decisions to attend referral units.

Recommendations' for improving' uptake include improving' facilities at referral units, providing additional' training' for' healthcare staff (covering technical, managerial and behavioural aspects) and' in counselling' techniques, a better defined' role for traditional birth attendants, improved' understanding of the mother's needs' by her family (particularly the spouse and his mother)' and increasing public' awareness of the importance of referral. Finally, there is the' requirement that women are encouraged to realize and understand their' own needs.

(https://doi.org/10.1177/095148480001300102)

Assessment of Special Care New-born Units in India

(Sutapa Bandyopadhyay Neogi, Sumit Malhotra,[1] Sanjay Zodpey, and Pavitra Mohan)

The neonatal mortality rate in India is high and stagnant. Special Care New-born Units (SCNUs) have been set up to provide quality level II new-born-care services in several district hospitals to meet this challenge. The units are located in some remotest districts where the burden of neonatal' deaths is high, and access to special new-born care is poor. The study was conducted to assess the functioning of SCNUs in eight rural districts of India. The evaluation was based on an analysis of secondary data from the eight units that had been functioning for at least one year. A cross-sectional survey was also conducted to assess the availability of human resources, equipment, and quality care. Descriptive statistics were used for analysing the inputs (resources) and outcomes (morbidity and mortality). The rate of mortality among admitted neonates was taken as the key outcome variable to assess the performance of the units. Chi-square test was used for analysing the trend of case-fatality rate over a period of 3-5 years considering the first year of operationalization as the base. Correlation coefficients were estimated to understand the possible association of case-fatality rate with factors, such as bed: doctor ratio, bed: nurse ratio , average duration of stay, and bed occupancy rate, and the asepsis score was determined. The rates of admission increased from a median of 16.7 per 100 deliveries in 2008 to 19.5 per 100 deliveries in 2009. The case-fatality rate reduced from 4% to 40% within one year of their functioning. Proportional mortality due to sepsis and low birthweight (LBW) declined significantly over two years (LBW <2.5 kg). The major reasons for admission and the major causes of deaths were birth asphyxia, sepsis, and LBW/prematurity. The units had a varying nurse: bed ratio (1:0.5-1:1.3). The bed occupancy rate ranged from 28% to 155% (median 103%), and the average duration of stay ranged from two days to 15 days (median 4.75 days). Repair' and maintenance of equipment were a major concern. It is possible to set up and manage quality SCNUs and improve the survival of new-borns with LBW and sepsis in developing countries, although several challenges relating to human resources, maintenance of equipment, and maintenance of asepsis remain.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3225112/

3.Research Question:

1. How to Identify the gaps in Functional First Referral Unit?

2. What are the action plans for filling all the gaps in the facility?

3.Objectives

1. To determine the capacity of high-case load facilities in order to deliver high quality maternal & child care services (Infrastructure, Services, human resource, Trainings, Drugs and Equipment's, Documentation etc.)
2. Identify best practices and gaps to reinforce the facility and staff to provide sustainable quality services by setting benchmarks for other institution.

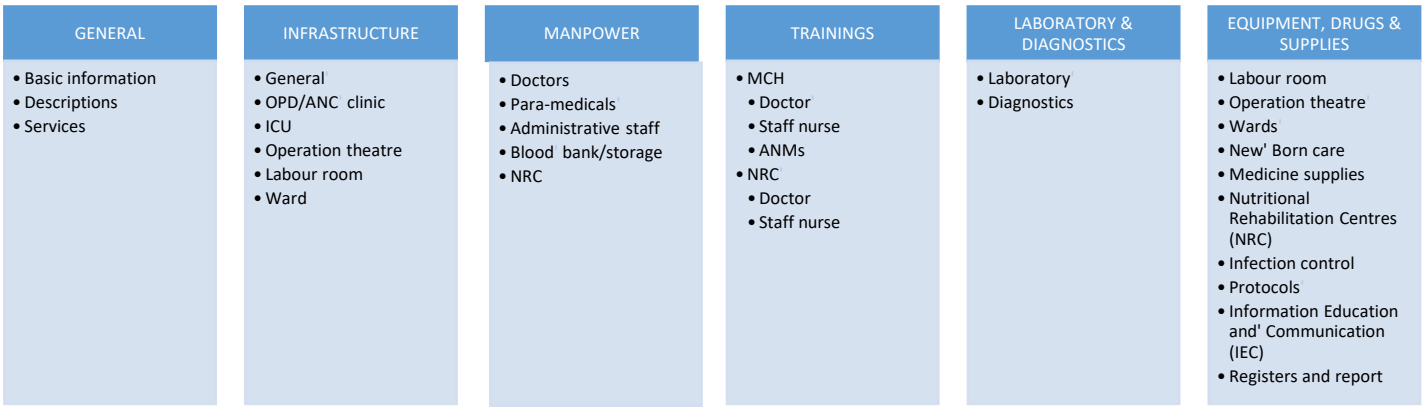
4.Methodology

- ❑ District hospitals and Community' Health centres were assessed in one of the 25 aspirational' districts "Baran" to measure' the access and' quality' of the mother and child health' services. Purpose of the assessment' was to find out the' key Health building' blocks' (infrastructure, manpower', number of services' available, lab/diagnostics, equipment, drugs and supplies)' requirements.
- ❑ Research Methodology:
- ❑ Type of Study: - Observational Study
- ❑ Type of Sampling: - Random Sampling (Hospital- CHC, Anta (RAJASTHAN)
- ❑ Sample size: CHC Hospital, Anta (Labour Room, OT, Family Planning, Lab, Blood Unit)
- ❑ Data Collection: - Assessment was conducted on an application' based tool "Piramal ADT NITI facility assessment checklist." The tool has individual checklists to assess various tiers of health facilities.

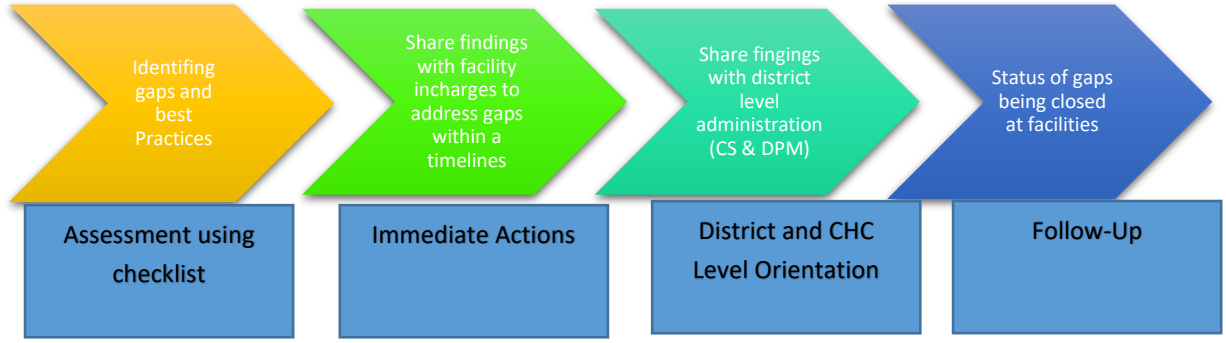
Facilities Assessed

Community Health Center, Anta		

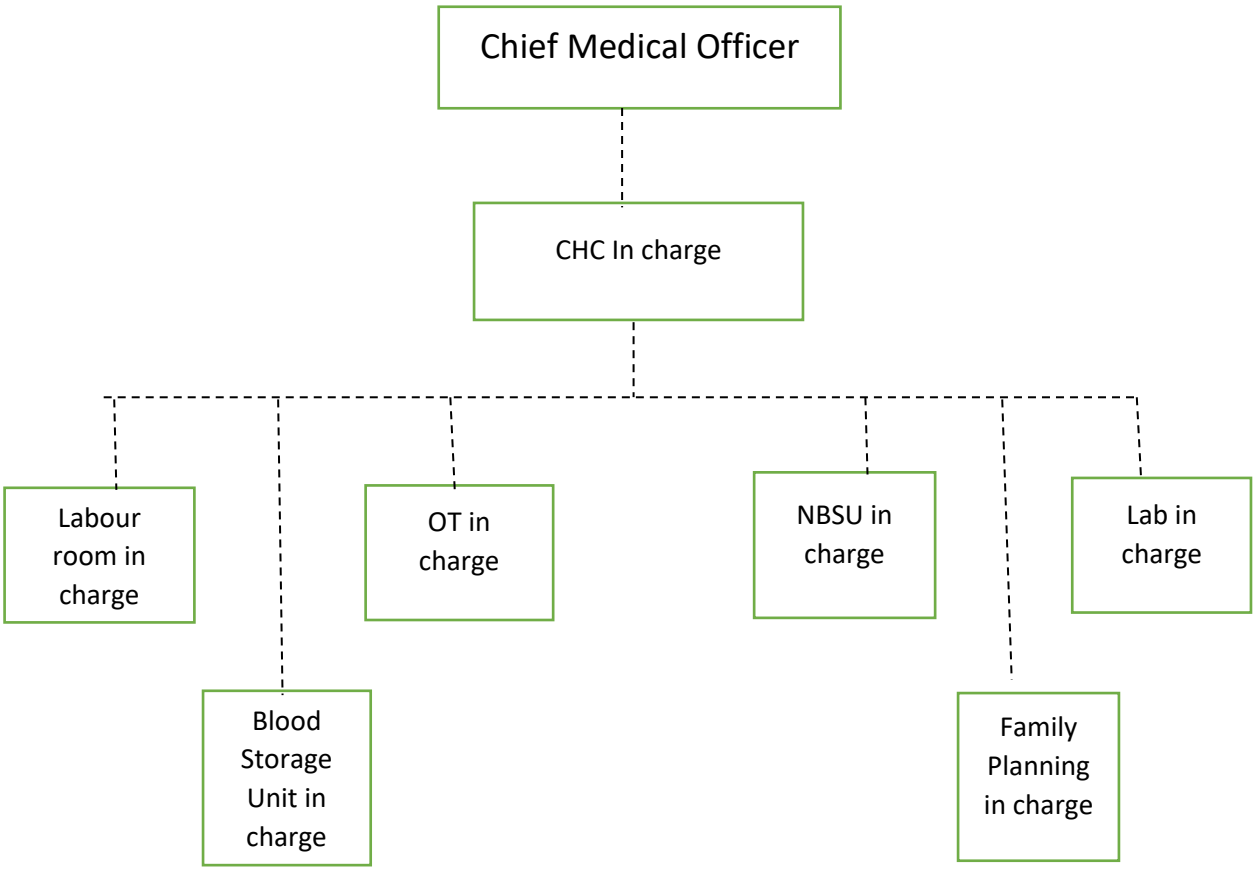
- Assessment was conducted on an application based tool "Piramal ADT NITI facility assessment checklist." The tool has individual checklists to assess various tiers of health facilities.
- CONCEPTUAL FRAMWORK



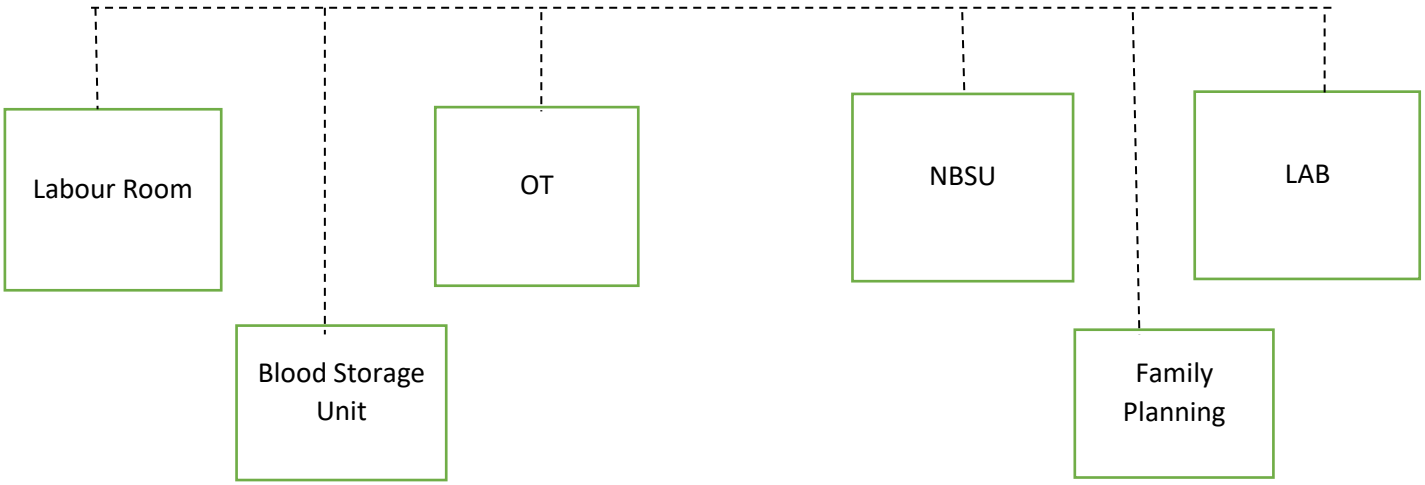
Measurement Plan



5.Organogram

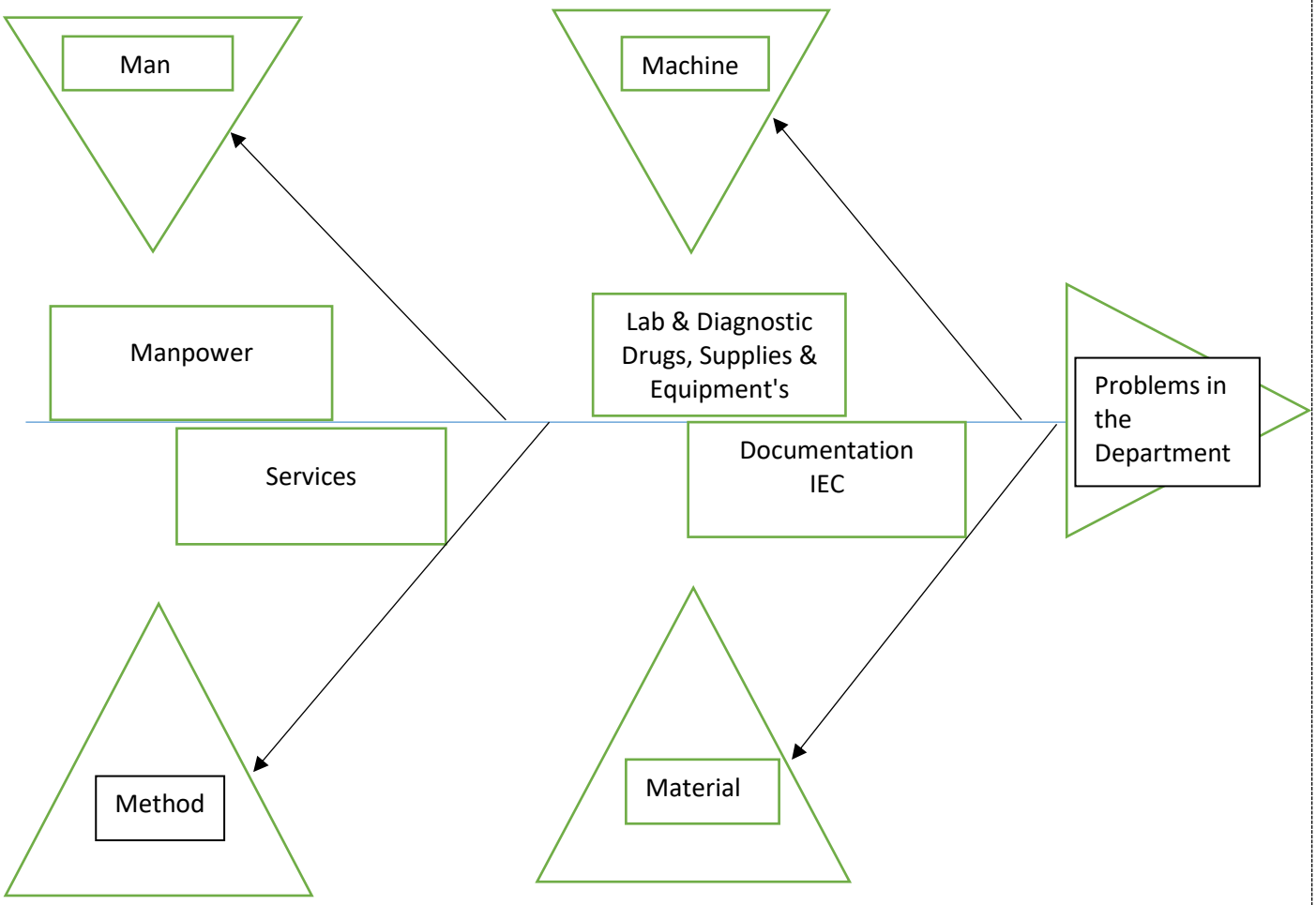


6. Target Departments for Assessment



7.Quality tool (Fish Bone Analysis)

For Quality Improvement we can use Quality Tool (Fish Bone Analysis



8 Gap Analysis:

8.1 Labour Room

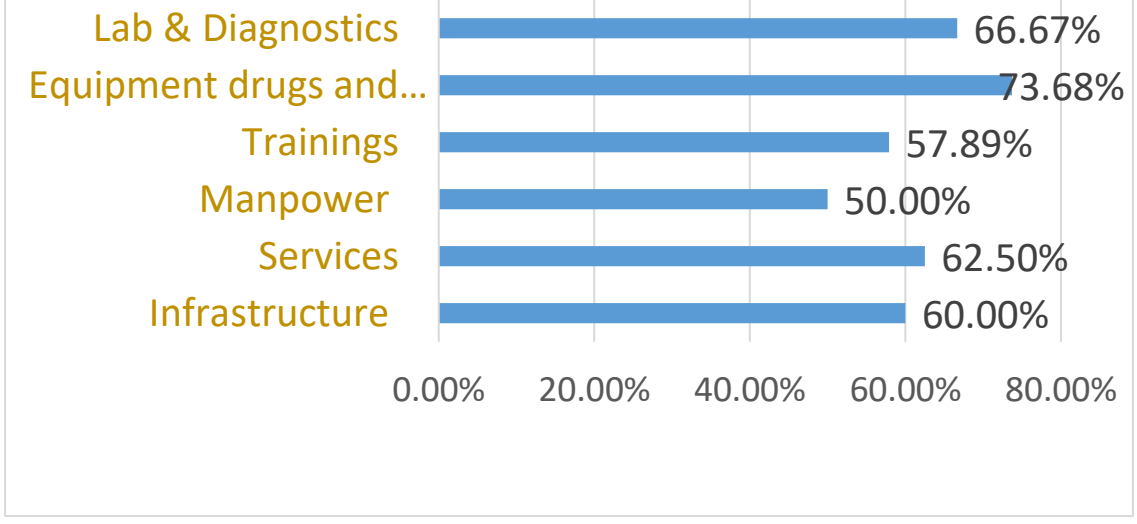

Documentation
IEC & Patient eduction
Lab & Diagnostics
Equipment drugs and...
Trainings
Manpower
Services
Infrastructure
53.57%
50.00%
66.67%
73.68%
57.89%
50.00%
62.50%
60.00%
0.00%
20.00%
40.00%
60.00%
80.00%

Fig:1

Labour Room Score Card	
Infrastructure	60.00%
Services	62.50%
Manpower	60.00%
Trainings	57.89%
Equipment drugs and supplies	73.68%
Lab & Diagnostics	66.67%
IEC & Patient education	50.00%
Documentation	53.57%

Departmental Score	61.22%

Problems and Action Plan

Infrastructure:

1.Screen/ partition for delivery tables Adequate number of Delivery Table /cupboards and storage area for record keeping not available.

2. Patients amenities such as Drinking water, antiseptic soap with soap dish/ liquid antiseptic with dispenser, Toilet & Changing area, Clean and dirty utility rooms, Staff Room & Doctor's Duty Room not available. 3.Registration Area & Waiting area and Storage Area not appropriate

4.Triage and Examination Area, functional telephone, AC in LB, Security and Intercom Services not available.

5. Corridors are restricted, overcrowding in labour room

Action Plan

CHC in charge has to be informed (work done at the level of the CHC in charge if budget available)- 2-3 month/Fund demand can be raised to CMHO in DHS

Services:

1.Pre term delivery services, Management of Postpartum Haemorrhage, PIH/Eclampsia/ Pre-eclampsia, Essential new born care, Management of Obstructed Labour not available.

2. Septic Delivery & Delivery of HIV positive Pregnant Women not available
Action Plan

- Get the budget estimation for the requirement (by CHC in charge)- 1 week
- If budget come under 1 lakh and fund is available than

- 2.a- Proposal review: DHS in consultation with civil, electrical engineer etc.- 15 day
- 2.b- Proposal Approval: DM (chairperson of DHS) - 15 days
- 3. If budget is not available than Proposal review: District Health society (DHS) - 15 days
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- 3.a Proposal 1st level Review: MD, NHM - 15 days
- 3.b-Proposal 2nd level review: PS, Health. - 15 days
- 3.c Proposal 1st level Review: MD, NHM (chairperson - Executive committee) in consultation with GM Maternal Health - 15 days
- 3.d. Proposal 2nd level review: PS, Health (Chairperson - Governing body). - 15 days

Training

- 1.Staff is not trained for Triage Management, SBA, FBNC, MVA/EVA, Infection control and hand hygiene, Disaster Management, Training on Quality Management and Needle stick injury

Action Plan

- Orientation and Training Plan Proposal: CHC in charge/DM/CMHO - 1 month
  - 2. Proposal review: District Health society (DHS) - 15 days
  - 3. Proposal Approval: DM (chairperson of DHS) - 15 days
  - 4. Letter release to CHC in charge with permission to use the available budget

Drugs, Supplies & Equipment's

1.Drugs and Equipment are insufficient

Action Plan

- CHC in charge: Demand Can be send with monthly Drug indent monthly.
  For Equipment-- budget estimation should be made 1 week
  Instrument can be purchase according fund availability 3 weeks.
  if fund is not available fund demand letter send to CMHO which further discuss in DHS.
- if CMHO don't have fund then demand can be raised to MD 2 weeks

IEC, Education & Information

1.Signages for information and education of the patients are not available

Action Plan

- CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week

Documentation

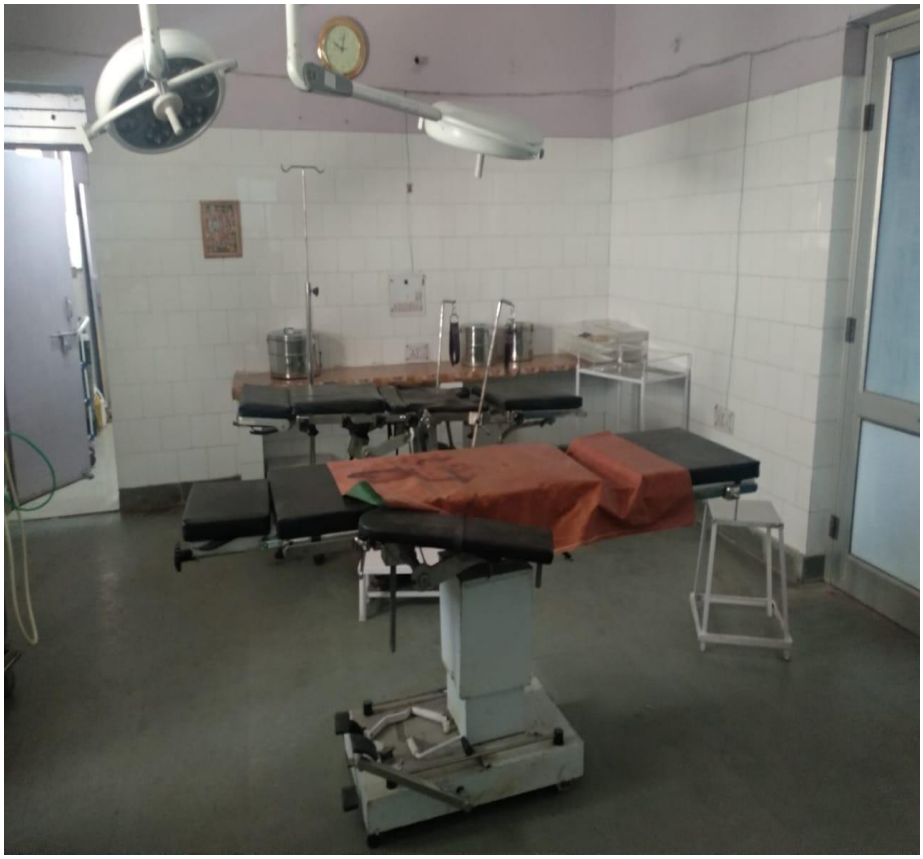
1. Pantograph is not used and updated as per stages of labour.
2. Treatment not prescribed in nursing records.

3.Death note is written on patient record Minor OT/BT/Diet / Expenditure/Transfer Out Record/Call Book/D&C /Autoclave Register not maintained/HIV/MTP/Day off/Death/High Risk pregnancy/Drug Reaction/Condemnation/Bad behaviour/Ambulance/Emergency/Linen Register not maintained

Action Plan

CHC in charge has to be informed (work done at the level of the CHC in charge only)- 3 week

8.2 Operation Theatre



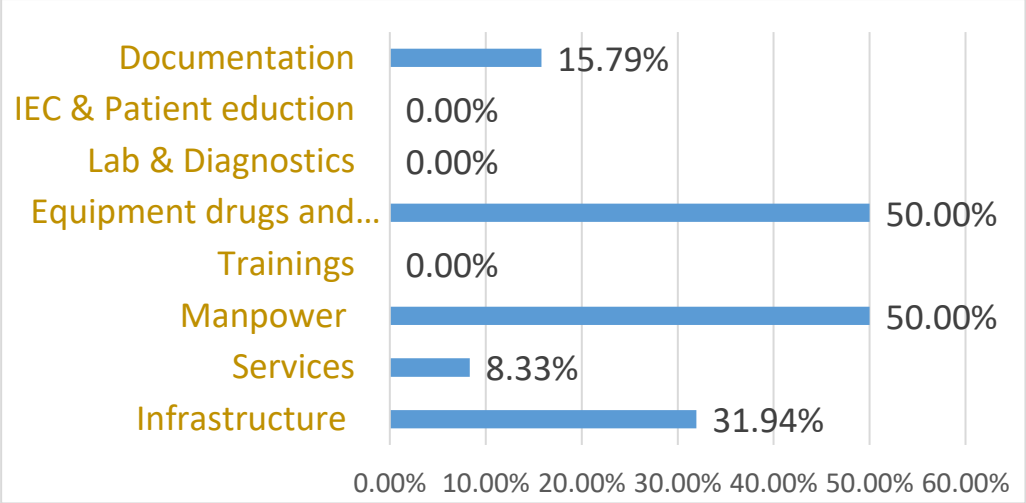


Fig :2

n

Operation Theatre Score Card	
Infrastructure	31.94%
Services	8.33%
Manpower	50.00%
Trainings	0.00%
Equipment drugs and supplies	50.00%
Lab & Diagnostics	0.00%
IEC & Patient eduction	0.00%
Documentation	15.79%

Departmental Score	25.28%

Problems

Infrastructure

- 1.Demarcated Protective Zone /Clear zone/sterile zone/disposal zone/changing room not available
- 2.Earmarked area for new born Corner/earmarked area for new born Corner/ Scrub Area /TSSU /CSSD, power back up in OT/ UPS & Emergency light Centralized /local piped Oxygen, nitrogen and vacuum, hand washing with running Water Facility at Point of Use /elbow operated taps/ three phase electricity supply not available.
- 3.Visual Privacy is not maintained between two OT Tables

- 4.Corridors are not wide enough for movement of trolleys

- 5.Patient Records are not secure, Windows/ ventilators if any in the OT are not intact and sealed
- 6.OT does not have sufficient fire exit to permit safe escape to its occupant at time of fire
- 7. Adequate Illumination at OT table, AC Security not available

Action Plan

- Discussion with CHC in charge to find out the causes after That further strategy can be made that is
- 1.Get the budget estimation for the requirement (by CHC in charge)- 1 week
- If budget come under 1 lakh and fund is available than
- 2.a- Proposal review: DHS in consultation with civil, electrical engineer etc.- 15 day
- 2.b- Proposal Approval: DM (chairperson of DHS) - 15 days
- 3.If budget is not available than Proposal review: District Health society (DHS) - 15 days
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- 3.d. Proposal 2nd level review: PS, Health (Chairperson - Governing body). - 15 days
- 3.e Letter release to Director (Civil), Secretariat - 15

Services

All services available in the department, but they are not using it

Action Plan

Take meeting with CHC in charge about the problem.

Manpower

1.Availability of Obs. & Gynae Surgeon/OT technician/OT attendant/assistant & TSSU assistant is not appropriate

2. Nursing staff not available

Action Plan

- CHC in charge should send letter to CMHO and discuss the matter in DHS. CMHO can arrange the staff from field or send letter to MD /PHS. DO Letter also can be send if need

Training

1. Staff is not trained for Advance Life support/OT Management/Adequate and Adherence of preparation for surgical scrub/Competence assessment/Autoclaving/Chemical sterilization with glutaraldehyde/Management of soiled and infected linen Validation of autoclaving through chemical or biological indicators/Equipment and instruments are sterilized after each use as per requirement/High level Disinfection of instruments/equipment's is done as per protocol

2. Chemical sterilization of instruments/equipment's is done as per protocols/Autoclaved linen are used for procedure

Action Plan

- 1. Orientation and Training Plan Proposal preparation for Newly joined human resource: CMS/DS/CMO/CS - 1 month
- 2. Proposal review: District Health society (DHS) - 15 days
- 3. Proposal Approval: DM (chairperson of DHS) - 15 days

- Letter release to CHC in charge with permission to use the available budget

Drugs& Supplies

1.Medical gases /drugs for general anaesthesia/ opioid analgesics/ muscle relaxants drugs/dressings Material / consumables for new born care Emergency drug tray is maintained in OT in pre and post-operative room/functional Equipment &Instruments etc.

2. Antiseptic soap with soap dish/ liquid antiseptic with dispenser and cleaning agent as per requirement not available.

3. Colour coded bins & Bags at point of waste generation not available in the department

Action Plan

1.Can only done after above required needs. Can be send with monthly Drug indent

2. Can purchase at CHC level

Lab & Diagnostic

1.No Lab Services available in the department

Action Plan

- Get the budget estimation for the requirement (by CHC in charge)- 1 week
- If budget come under 1 lakh and fund is available than
- 2.a- Proposal review: DHS in consultation with civil, electrical engineer etc.- 15 day
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- 3.c Proposal 1st level Review: MD, NHM (chairperson - Executive committee) in consultation with GM Maternal Health - 15 days
- 3.d. Proposal 2nd level review: PS, Health (Chairperson - Governing body). - 15 days
- 3.e Letter release to Finance department of the secretariat. - 15 days

- Note: Proposal forwarded to GOI for fund

IEC

- Signage's for information and education of the patients are not available
- CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week

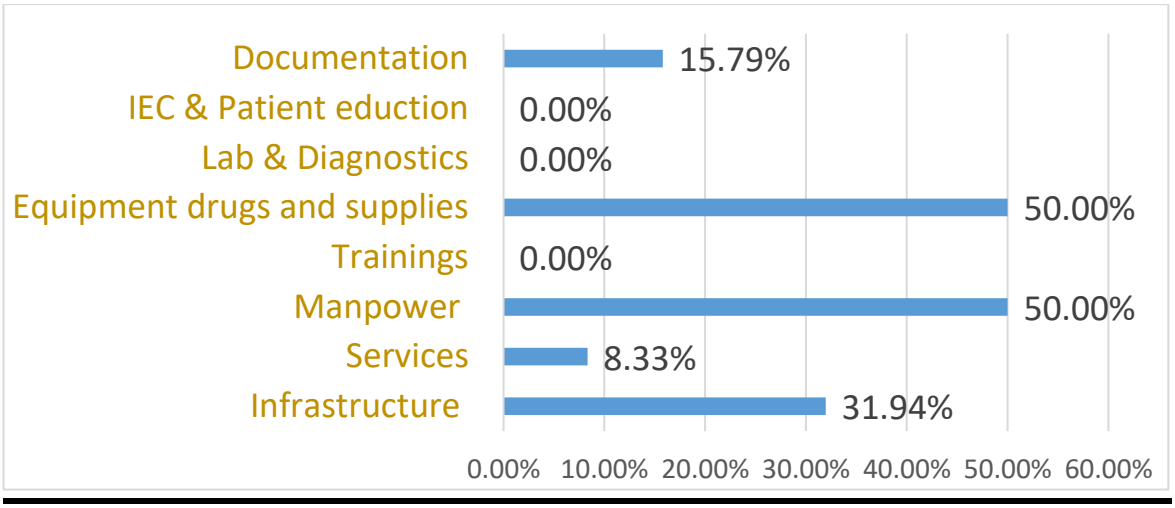
Documentation

- 1. Department does not have Record Maintaining system in the department

Action Plan

CHC in charge has to be informed (work done at the level of the CHC in charge only)- 3 week

8.2 New-born stabilization unit Score Card



New-born stabilization unit Score Card	
Infrastructure	44.57%
Services	50.00%
Manpower	50.00%
Trainings	50.00%
Equipment drugs and supplies	0.00%
Lab & Diagnostics	0.00%
IEC & Patient education	3.85%
Documentation	27.94%

Infrastructure

1. Nursing station, Hand washing and gowning area, Mother's area for expression of breast milk/ breast feeding, functional Intercom Services & Telephone Services not available

2. NBSU is not easily accessible from labour room, maternity ward and OT

3. NBSU have temporary connections and loosely hanging wires / 10 central Voltage stabilizer outlets are not available.

4. NBSU does not have earthling system available, fire exit to permit safe escape of its occupant at time of fire, installed fire Extinguisher that are capable of fighting A, B & C Type of fire.

5. All the measuring equipment/ instrument are not calibrated

6. Drugs are not stored in containers/tray/crash cart and are labelled.

7. Empty and filled cylinders are not labelled.

8. No refrigerator, Security, system to control temperature and humidity, and record of same is maintained (Air conditioning). & Adequate Illumination

Action Plan

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- 2.a- Proposal review: DHS in consultation with civil, electrical engineer etc.- 15 day
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- 3.d. Proposal 2nd level review: PS, Health (Chairperson - Governing body). - 15 days
- 3.e Letter release to Finance department of the secretariat. - 15 days
- Note: Proposal forwarded to GOI for fund requirement. (if fund is not released in PIP).
- 3.f Finance NOC & Fund sanctioning process

Services

1.NO Services in NBSU.

Action Plan

. Discussion with CHC in charge to find out the causes after That further strategy can be made

Manpower

NA

Action Plan

1.Disscussion with CHC in charge to find out the causes after That further strategy can be made

Training

1.No training on (FBNC) training, (FIMNCI) training to MO/Infection Management and Environment Plan (IMEP) training/ Bio Medical Waste Management/New born safety resuscitation of New Born/identifying and managing complications/ maintaining clinical records / disaster plan etc.

Action Plan

- 1. Orientation and Training Plan Proposal preparation: CMS/DS/CMO/CS - 1 month
- 2. Proposal review: District Health society (DHS) - 15 days
- 3. Proposal Approval: DM (chairperson of DHS) - 15 days
- 4. Letter release to CHC in charge with permission to use the available budget

Drugs & Supplies

No Drugs Available in the department

Action Plan

1.Need to made an indent for drugs by medicine store keeper of CHC

Lab & Investigations

1.NBSU does not have Linkage for laboratory investigations

Action Plan

CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week

IEC, Education & Information

1.No signage's and Information Available in the department

Action Plan

CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week, Letter send to CMHO

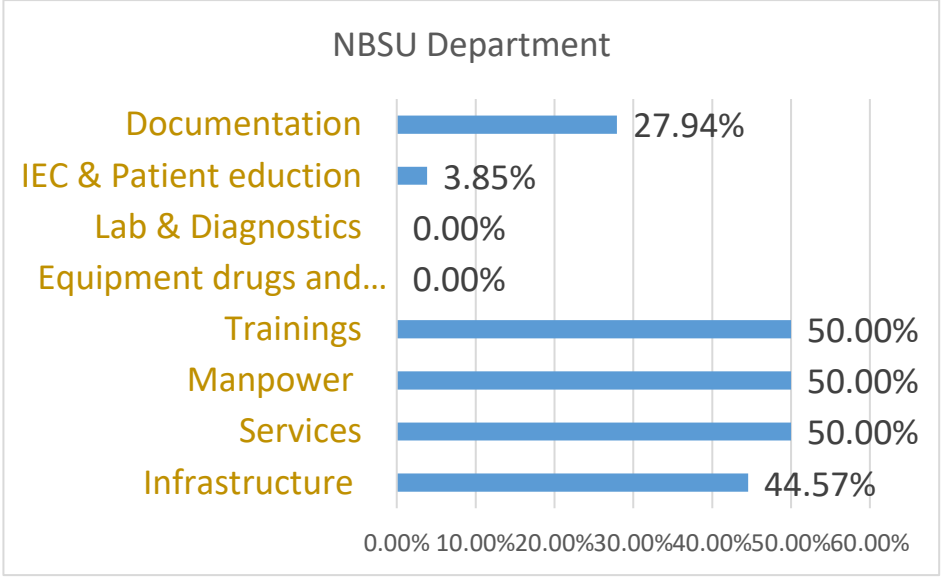
Documents

1.Documents are not available by the department

Action Plan

1. CHC in charge has to be informed (work done at the level of the CHC in charge only)- 3 week

8.4 Laboratory & Diagnostics



Laboratory & Diagnostics Score Card	
Infrastructure	92.31%
Services	80.43%
Manpower	37.50%
Trainings	75.00%
Equipment drugs and supplies	87.84%
Lab & Diagnostics	0.00%
IEC & Patient education	38.24%
Documentation	92.65%

Departmental Score	81.14%

Infrastructure

1.Laboratory space is not adequate for carrying out activities

2. Temporary connections and loose hanging wires seepage/Cracks/ chipping of plaster/elbow operated taps

Action Plan

1. CHC in charge has to be informed (work done at the level of the CHC in charge only)- 1 week

SERVICES

1. Sputum cytology, Serology services, Skin Smear Examination, USG services for Pregnant women

2. Female attendant with female patient radiological procedures

Action Plan

1. Get the budget estimation for the requirement (by CHC in charge)- 1 week

2. If budget come under 1 lakh and fund is available than

2.a- Proposal review: DHS in consultation with Lab in charge, Pathologist, Accountant, etc .- 15 day

2.b- Proposal Approval: DM (chairperson of DHS) - 15 days

Manpower

1.Radiologist not available.

2.Availability of housekeeping staff is not appropriate

3. security staff not available

Action Plan

1.CHC in charge has to be informed to send the letter to CMHO and discuss the issue in DHS. A letter Should be send by CMHO to MD.

2.letter can be send from DM to MD copied to PHS

Training

1.Operating fire extinguisher and what to do in case of fire. Disaster management, mercury spill management

Action Plan

1. Orientation and Training plan Proposal preparation for Newly joined human resource: MS/DS/CMO/CS - 1 month

2. Proposal review: District Health society (DHS) - 15 days

3. Proposal Approval: DM (chairperson of DHS) - 15 days

4. Letter release to CHC in charge with permission to use the available budget

Drug, supplies and equipment

1.Functional Microscopy equipment's, Serology Equipment's, equipment for sterilization and disinfection

Action Plan

1. CHC in charge has to be informed then.1. Get the budget estimation for the requirement (by CHC in charge)- 1 week

2. If budget come under 1 lakh and fund is available than

2.a- Proposal review: DHS in consultation with Lab in charge, Pathologist, Accountant, etc.- 15 day

2.b- Proposal Approval: DM (chairperson of DHS) - 15 days. C. If budget is required, then letter send to MD for extra budget

Lab & Diagnostic

1.Surface and environment samples are not taken for microbiological surveillance

Action Plan

1. CHC in charge has to be informed (work done at the level of the CHC in charge only)- 1 week

IEC

- 1.Departmental signage's, Restricted area signage, List of services, Timing for collection of sample, User charges in r/o laboratory services and delivery of reports are not displayed
- Display of Hand washing Instruction, PNDT Notice at USG, Certificate of registration under Form B, Instructions to be followed by patient/staff for USG

Action Plan

- 1 CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week.

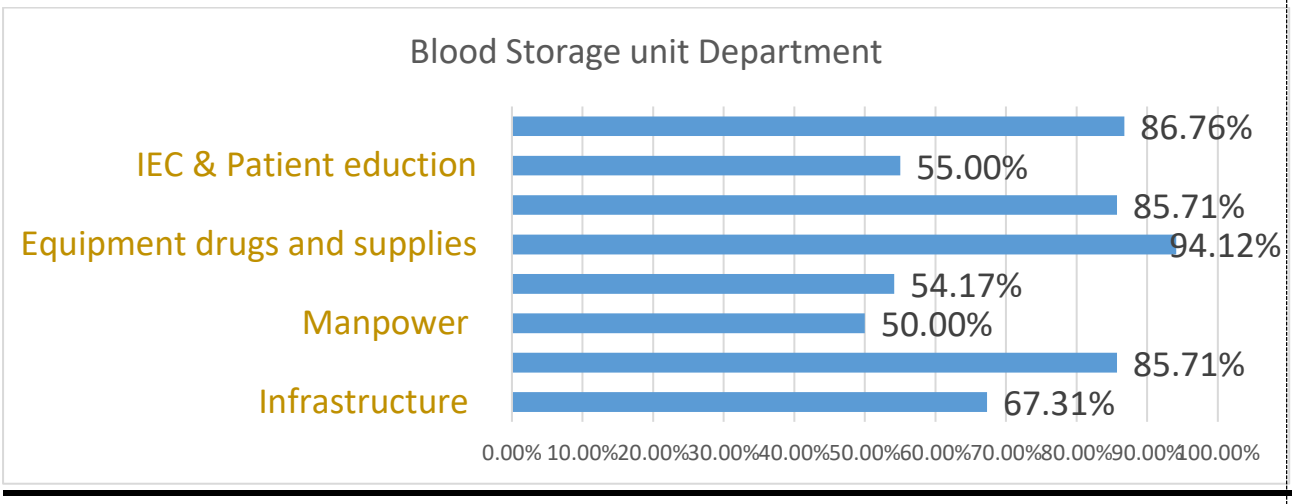
Documentation

- 1.confidentiality of the reports.
- 2. Handover register &Standard Formats not available

Action Plan

1. CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week

8.5 Blood Storage Unit



Blood Storage Unit Score Card	
Infrastructure	67.31%
Services	85.71%

Manpower	50.00%
Trainings	54.17%
Equipment drugs and supplies	94.12%
Lab & Diagnostics	85.71%
IEC & Patient education	55.00%
Documentation	86.76%

Departmental Score	76.52%

Infrastructure

1.Blood storage does not have adequate space / Whole blood and components.
2.functional Intercom and telephone services not available
3. Blood storage have temporary connection and loosely hanging wires/ electrical socket provided.

4. Blood storage does not have plan for safe storage and handling of potentially flammable materials.

5.no calibration of measuring equipment's/ instrument

6. cleanliness and maintenance of infrastructure.

Action Plan

1. CHC in charge has to be informed (work done at the level of the CHC in charge only)- 1 week

Services

1. Blood storage does not have facility for storage of blood components mainly platelets.

Action Plan

1. Get the budget estimation for the requirement (by CHC in charge)- 1 week

2. If budget come under 1 lakh and fund is available than

2.a- Proposal review: DHS in consultation with civil, electrical engineer etc.- 15 day

2.b- Proposal Approval: DM (chairperson of DHS) - 15 days

. If budget is not available than Proposal review: District Health society (DHS) - 15 days

3. Proposal Approval: DM (chairperson of DHS) - 15 days

3.a Proposal 1st level Review: MD, NHM - 15 days
3.b-Proposal 2nd level review: PS, Health. - 15 da

3.d. Proposal 2nd level review: PS, Health (Chairperson - Governing body). - 15 days

3.e Letter release to Director (Civil), Secretariat - 15 days

4.. f Letter release to Finance department of the secretariat. - 15 days

Training

1.IMEP training/ staff aware of disaster management/staff is aware for spill management/staff don't know about the condition of needle stick injury/staff was not aware about the mercury spill management

Action Plan

1. Orientation and Training Plan Proposal preparation for Newly joined human resource: CMS/DS/CMO/CS - 1 month

2. Proposal review: District Health society (DHS) - 15 days

3. Proposal Approval: DM (chairperson of DHS) - 15 days

4. Letter release to CHC in charge with permission to use the available budget

Drugs & Supplies

All Drugs and equipment's are available in the Department

Lab & Diagnostic

Availability of post exposure prophylaxis

Action Plan

CHC in charge has to be informed and request letter send to CMHO /PMO (work done at the level of the CHC in charge only)- 2 week

IEC Material, Information

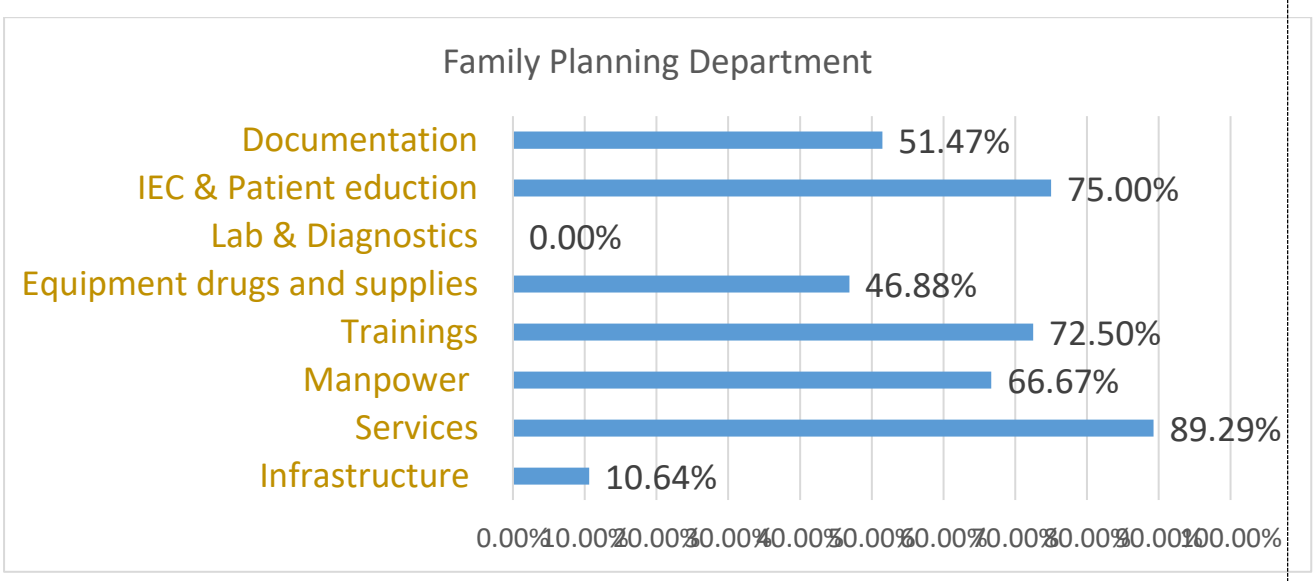
IEC material to promote blood donation/ Hand washing/BMW Instruction/duty roster are not available as blood storage unit is not stablished

Action Plan

CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week

8.6 Family Planning Department


परिवार नियोजन परामर्श कक्ष
Family Planning Councilling Room
परिवार नियोजन परामर्श कक्ष
Family Planning Councilling Room


Family Planning Department
Documentation
IEC & Patient eduction
Lab & Diagnostics
Equipment drugs and supplies
Trainings
Manpower
Services
Infrastructure
51.47%
75.00%
0.00%
46.88%
72.50%
66.67%
89.29%
10.64%
0.00%
10.00%
20.00%
30.00%
40.00%
50.00%
60.00%
70.00%
80.00%
90.00%
100.00%

Family Planning Score Card	
Infrastructure	10.64%
Services	89.29%
Manpower	66.67%
Trainings	72.50%
Equipment drugs and supplies	46.88%
Lab & Diagnostics	0.00%
IEC & Patient education	75.00%
Documentation	51.47%

Departmental Score	49.75%

Infrastructure

1.Family Planning OT is not available separately in the Hospital, general OT is used as a Family Planning OT

Action Plan

Discussion with CHC in charge to find out the causes after That further strategy can be made. that is

- Get the budget estimation for the requirement (by CHC in charge)- 1 week
- If budget come under 1 lakh and fund is available than
- 2.a- Proposal review: DHS in consultation with civil, electrical engineer etc.- 15 day
- 2.b- Proposal Approval: DM (chairperson of DHS) - 15 days
- 3.If budget is not available than Proposal review: District Health society (DHS) - 15 days 3. Proposal Approval: DM (chairperson of DHS) - 15 days
- 3.a Proposal 1st level Review: MD, NHM - 15 days
- 3.b-Proposal 2nd level review: PS, Health. - 15 days
- 3.c Proposal 1st level Review: MD, NHM (chairperson - Executive committee) in consultation with GM Maternal Health - 15 days
- 3.d. Proposal 2nd level review: PS, Health (Chairperson - Governing body). - 15 days
- 3.e Letter release to Director (Civil), Secretariat - 15 days
- 3.f Letter release to Finance department of the secretariat. - 15 days
- Note: Proposal forwarded to GOI for fund requirement. (if fund is not released in PIP).
- 3.gFinance NOC & Fund sanctioning process (state/GOI) - 1 month.

Services

1. All Counselling Services, Medical Termination, Surgery, Free medicines for the patients available

Manpower

1.Security staff not available

2.All other staff of OT and LR working for family planning

Action Plan

1. CHC in charge should send letter to CMHO and discuss the matter in DHS . CMHO can arrange the staff from field or send letter to MD /PHS. DO Letter also can be send if need

Training

1.Staff is not aware of disaster plan
2.Staff is not trained for Quality Management

Action Plan

1.Orientation and Training Plan Proposal preparation for Newly joined human **resource**: CMS/DS/CMO/CS - 1 month.

Drugs, Supplies& Equipment

1.High alert drugs not available in department.

2. Antiseptic soap with soap dish/ liquid antiseptic with dispenser/Alcohol based Hand rub / Antiseptic Solutions /gloves/ Masks/ gown/ Apron / Caps/Personal protective kit for infectious patient's/double bucket system for mopping / colour coded bins at point of waste generation/plastic colour coded plastic bags /functional needle cutters/ puncture proof box / post exposure prophylaxis / not available.

3. Transportation of bio medical waste is not done in close container/trolley

Lab & Diagnostic

1.point of care diagnostic test not available
2.There is no procedure to report cases of Hospital acquired infection
3. Surface and environment samples are not taken for microbiological surveillance

Action Plan

CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week, Letter send to CMHO

IEC

1.Hand washing Instruction at Point of Use/6 steps of Hand washing /work instructions for segregation and handling of Biomedical waste.

Action Plan

CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week

Documentation

1.Unique identification number is given to each client during process of registration
2.MTP Register/Copper T Register/OT Register/Autoclave Register/LT Card Register/Medicine Stock Register/Adverse Drug Reaction Register/HIV Register/Complaint
3.Register/Narcotic Use Register/Consumption Register/Complication Register/Fumigation Register/Handover Register/General Order Register/Equipment Check register not maintained

Action Plan

CHC in charge has to be informed (work done at the level of the CHC in charge only)- 2 week, Letter send to CMHO

9. Conclusion:

   All the Departments of the Functional FRU CHC, Anta are not appropriately working in context of Infrastructure, Services, Manpower, Training, Lab & Diagnostic, Drugs & equipment's, IEC and Documentation.

10. Bibliography:

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Piramal Foundation PPT