Baseline Assessment of Civil Hospital, Ferozepur according to National Quality Assurance Programme

By : Shifa Arora (Health, 0212)

What is Quality?

Quality is Meeting and Surpassing the Customer Expectation

Who are our customers-
External
Patients
Target Population/Beneficiaries
Community
Internal –
Employees
Health departments

Quality in Health Care

- Quality in Health System has two components:

Technical Quality

Service Quality

Why Quality is needed in Healthcare?

- Earlier the practice of medicine was simpler, less effective but safe and now it is complex, more effective and unsafe.
- Rapid advance in diagnostic and operational technology.
- Increased awareness of people about health.
- More focus on patient centric and patient specific approach.
- The over all objective is good patient care up to their level of satisfaction.

Why Quality now in Public Health?

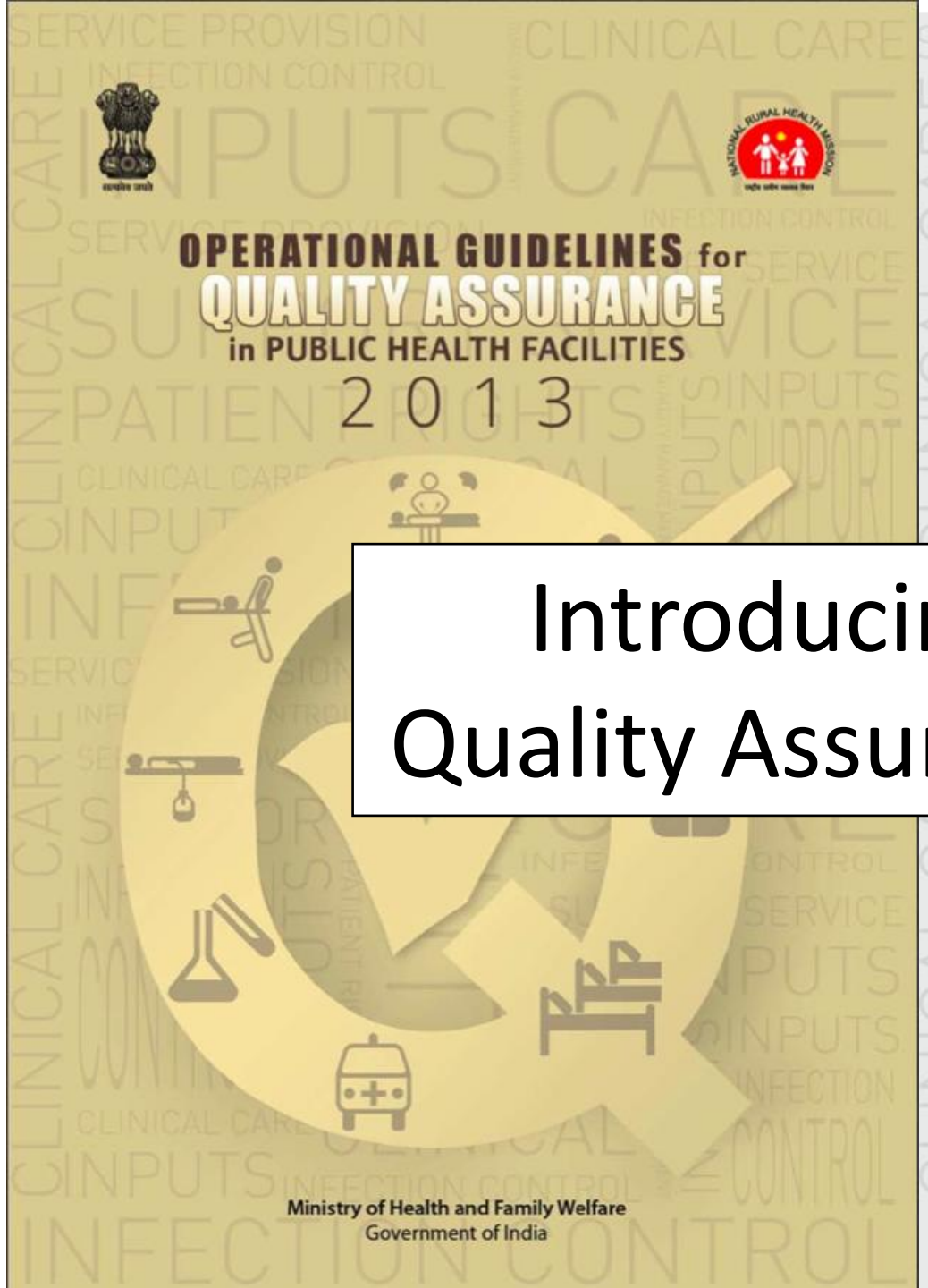
- Empirical evidence suggests that there is an increasing demand for healthcare services across India, still, affordability remains a pertinent issue.(Shah, Mohanty, 2010)
- The World Bank, in 2011 based on 2005's PPPs International Comparison Program, estimated 23.6% of Indian population, or **about 276 million people**, lived below $1.25 per day on purchasing power parity.
- It also says the healthcare spending per capita per annum in India is about $120, with total healthcare spending in the range of 4.2% of the country’s GDP. Most of the spending occurs from the private sector with public sector contributing to a mere 1.4%.

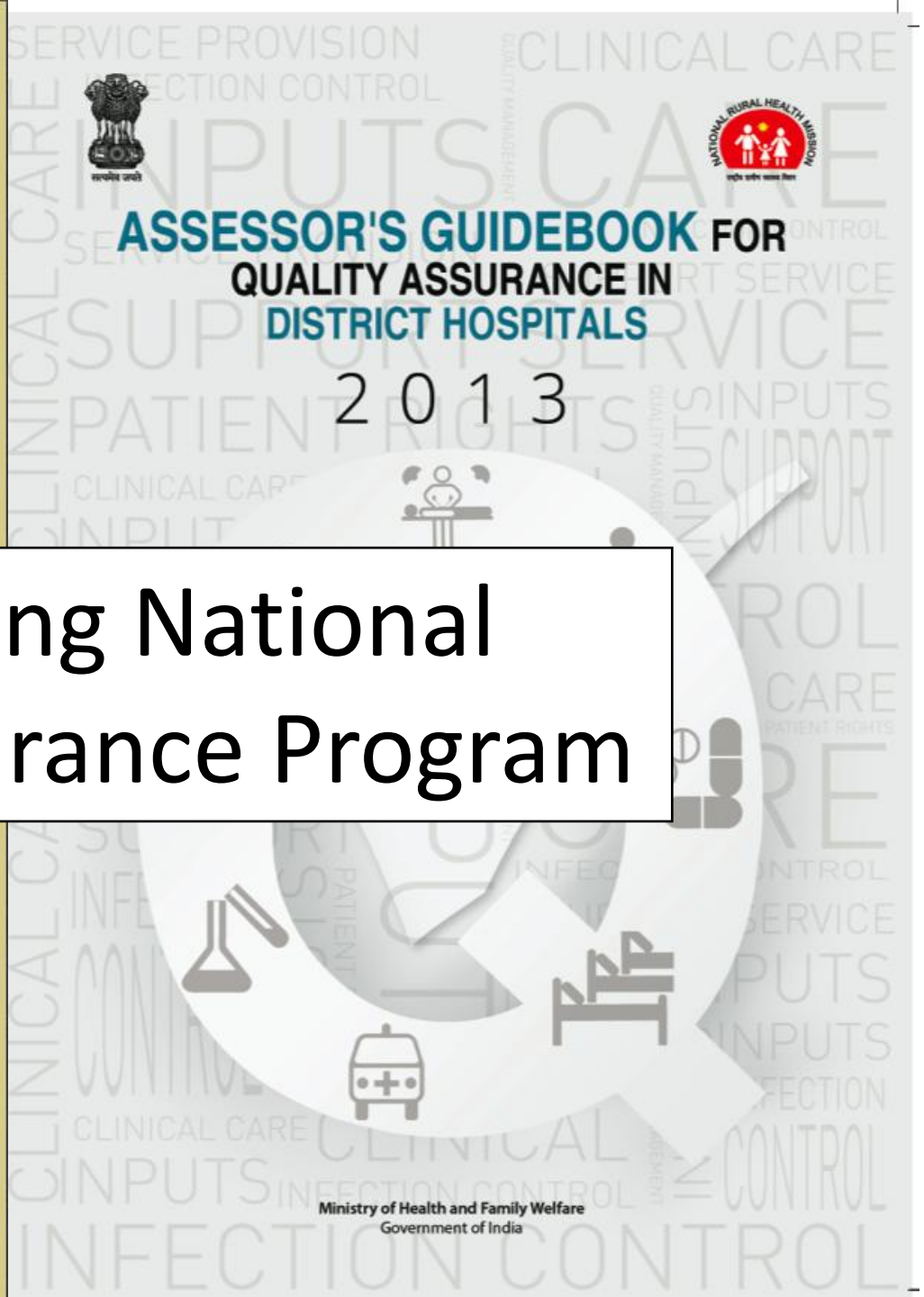
- This has resulted in market segmentation, where on one hand there is an increasing demand for quality medical care services while on the other hand there is a demand for medical care services at affordable cost.
- Public hospitals, in India, now need to provide quality in services at affordable prices

- The 12th Five Year Plan has reaffirmed Government of India's commitment:
- *" All government and publically financed private health care facilities would be expected to achieve and maintain Quality Standards. An in-house quality management system will be built into the design of each facility which will regularly measure its quality achievements*."

Brief History of Quality Assurance in NHM

2005	NRHM Launched Supreme court judgment leading to QAC for Family Planning
2007	Indian Public Health Standard were launched for District Hospital, Sub District Hospitals, PHC, CHC and Sub centers
2008	Taken 8 District Hospitals in EAG state for implementing Quality Management System
2011	Spread of certification program ISO-NABH
2012	74 Facilities get ISO Certification
2013	Consultation for National Quality Assurance Standards started. Operational Guidelines launched
2014	Guidelines for PHC & CHCs, National Quality Convention Priority area for NHM



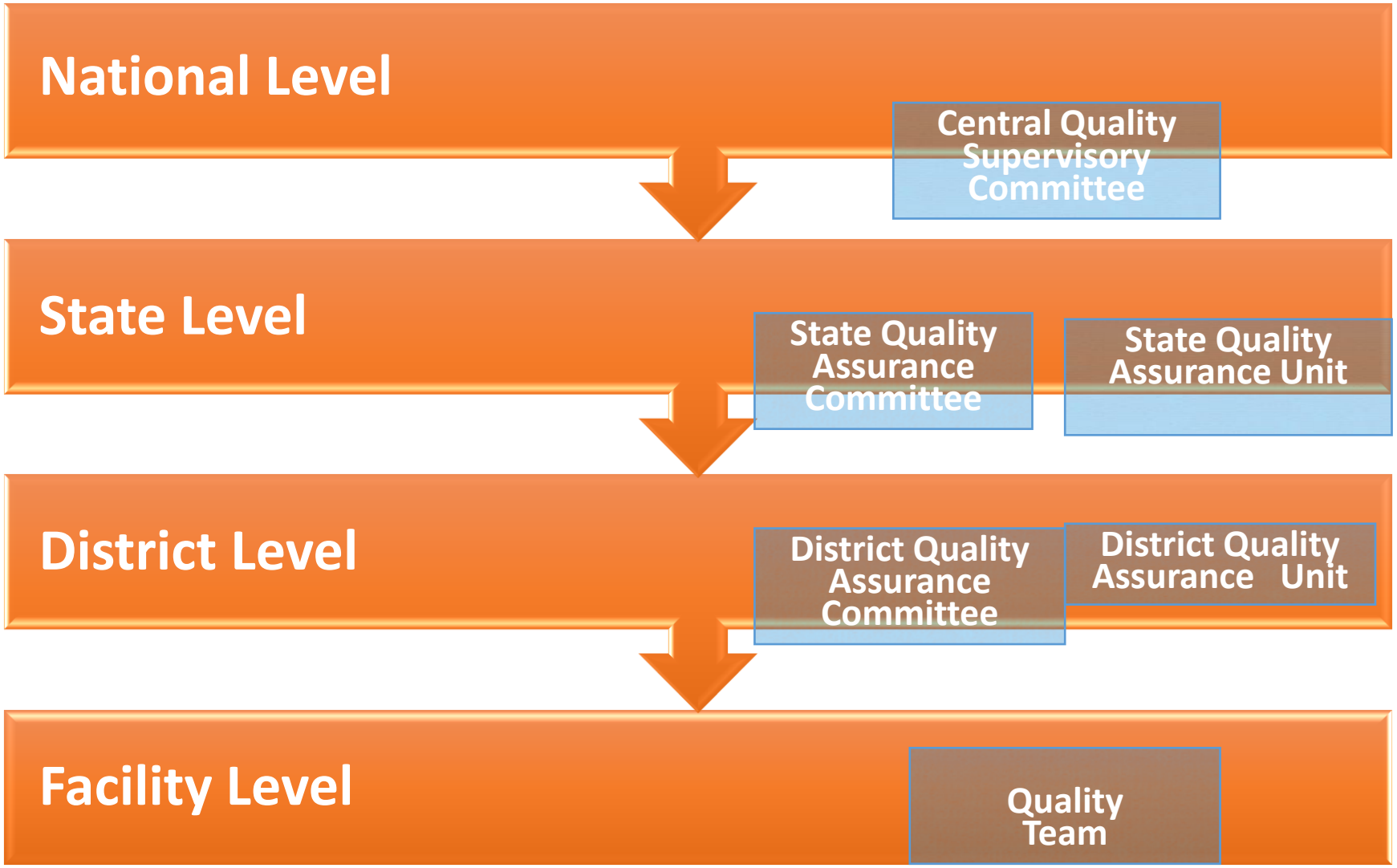


Introducing National Quality Assurance Program

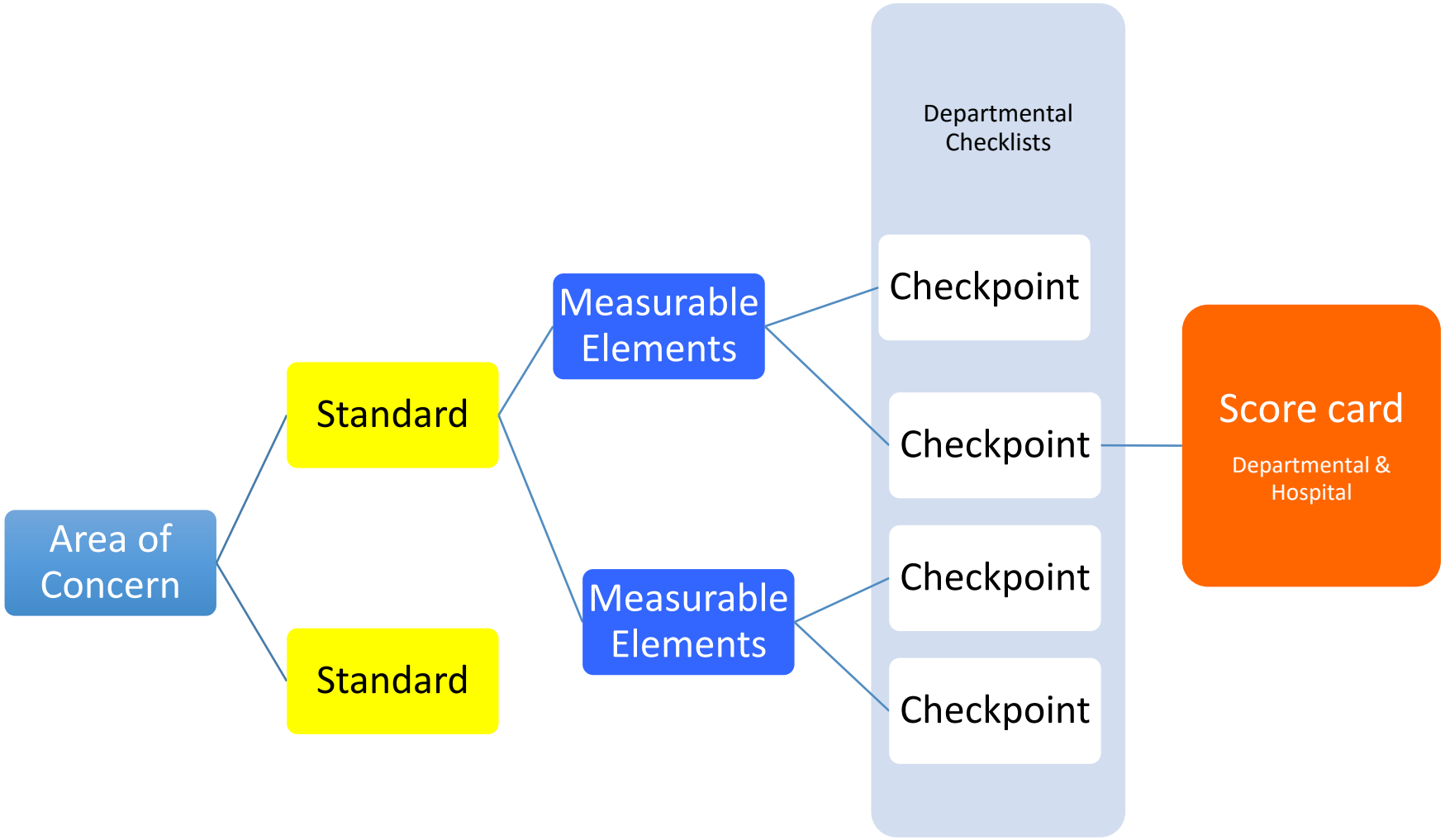
Key Features of Program

1. Unified Organizational Framework
2. Explicit Measurement System
3. Flexibility of adopting as per state's need
4. Training & Capacity Building
5. Continuous Assessment and scoring
6. Inbuilt Quality Improvement Model
7. Certification at State & National Level
8. Incentives on Achievement & Sustenance

1. Quality Assurance Institutional Structure



2. Explicit Measurement System



National Quality Assurance Standards
(8 Areas of Concern)

Service Provision

Patient Rights

Inputs

Support Services

Clinical Care

Infection Control

Quality Management

Outcome

Area of Concern A : Services Provision

A1
Curative Services

A2
RMNCH+A Services

A3
Diagnostic Services

A4
National Health Programs

A5
Support Services

A6
Services as per Local Needs

Area of Concern B : Patient Rights

B1
Information Accessibility

B2
Non discrimination+ Physical Accessibility

B3
Privacy, Dignity & Confidentiality

B4
Inform patient about Medical condition

B5
Financial barrier free access

Area of Concern C: Inputs

C1
Infrastructure & Space

C2
Physical Safety

C3
Fire Safety

C4
Human Resource

C5
Drugs & consumables

C6
Instruments & Equipment

Area of Concern D: Support Services

D1 Equipment Maintenance	**D2** Inventory management	**D3** Safety & Security	**D4** Facility management
D5 Water & Power Supply	**D6** Dietary Services	**D7** Laundry Services	**D8** Community Monitoring
D9 Financial Management	**D10** Legal Compliances	**D11** Human Resources Management	**D12** Contract Management

Area of Concern E: Clinical Services

E1
Registration ,Admission & consultation

E2
Assessment

E3
Continuity of Care

E4
Nursing Care

E5
High Risk & Vulnerable Patients

E6
Rational Use of Drugs

E7
Medication Safety

E8
Medical Records

E9
Discharge

Area of Concern E: Clinical Services

E10
Intensive Care

E11
Emergency Services

E12
Diagnostic Services

E13
Blood Bank & Transfusion

E14
Anesthesia

E15
Surgical Services

E16
End of Life Care

Area of Concern E: Clinical Services

E17
Antenatal Care

E18
Intra natal Care

E19
Post Natal Care

E20
Newborn & Child Health

E21
Family Planning & Abortion

E22
Adolescent Health

E23
National Health Programs

Area of concern F: Infection Control

F1
Infection Control Program

F2
Hand Hygiene & Antisepsis

F3
Personal Protection

F4
Instrument Processing

F5
Environment Control

F6
Biomedical Waste Management

Area of Concern G: Quality Management

G1
Organizational Framework

G2
PSS &ESS

G3
Internal & External QAP

G4
SOP for all Critical Processes

G5
Process Mapping

G6
Periodic Review & External assessment

G7
Quality Policy & Objectives

G8
Continual Quality Improvement

Area of concern H: Outcome

H1

Productivity

H2

Efficiency

H3

Clinical Care & Patient Safety

H4

Service Quality

3. Flexibility of adopting as per state’s need

4. Training &Capacity Building

Training	Duration	Level	Participants	Scope
Awareness Workshop	1 day	State	SQAC, State level program officers, RPM units, Civil Surgeons/ CDMOs	To sensitize state level officials for quality assurance program and its steps
Internal Assessor Training	2 Day	State / Regional Level	SQAC/DQAC/DQT members	standards , measurable element, Internal assessment Methodology Filling up checklists and calculating scores Preparing action Plans
Service Provider training (For Implementation)	3 Day	Regional/ District Level	MS, Hospital Managers, Matrons, department I/C, DPM , other service providers	Basic concepts of quality Introduction to standards and measurement system Standard operating procedures Patient satisfaction programs , quality improvement tools
Ext. Assessor Training	5 Day	National/ State	Impaneled external national/state assessors	Detailed training on standards , measurable elements, assessment methodology, audit trail, code of conduct, filling formats and reporting

5. Assessment scoring & Performances Measurement

Productivity

- Bed Occupancy Rate
- Lab Utilization Index
- Percentage of High Risk Pregnancy/ Obstetric Complications
- Percentage of Surgeries done at Night
- C- Section Rate

Efficiency

- Referral Rate
- Major Surgeries per Surgeon
- OPD per Doctor
- External Quality Assurance Score for Lab test
- Stock out percent of supplies for RMNCHA

Clinical Quality

- Maternal Death Rate
- Neonatal Death Rate
- Percentage Maternal Death Review done
- Average Length of Stay
- Surgical Site Infection Rate
- SNCU Mortality Rate
- No. of Sterilization Failures
- No. of Sterilization Complications
- No. of Sterilization Deaths
- Blood unit replacement Rate
- Partograph Recording Rate
- Antibiotic use rate

Service Quality

- LAMA Rate
- Patient Satisfaction Score (IPD)
- Patient Satisfaction Score (IPD)
- Registration to Drug time
- Percentage of JSY payment done before discharge
- Percentage of women provided drop back after delivery
-

6. Facility Level Quality Improvement

7. Certification at State & National Level

Issue of Certificate & Incentives

Submission of Assessment Report

Recommendation for Certification

Assessment by external Assessor

Processing of Application and appointment of assessors

Application to Director, NHM, MoHFW, GoI

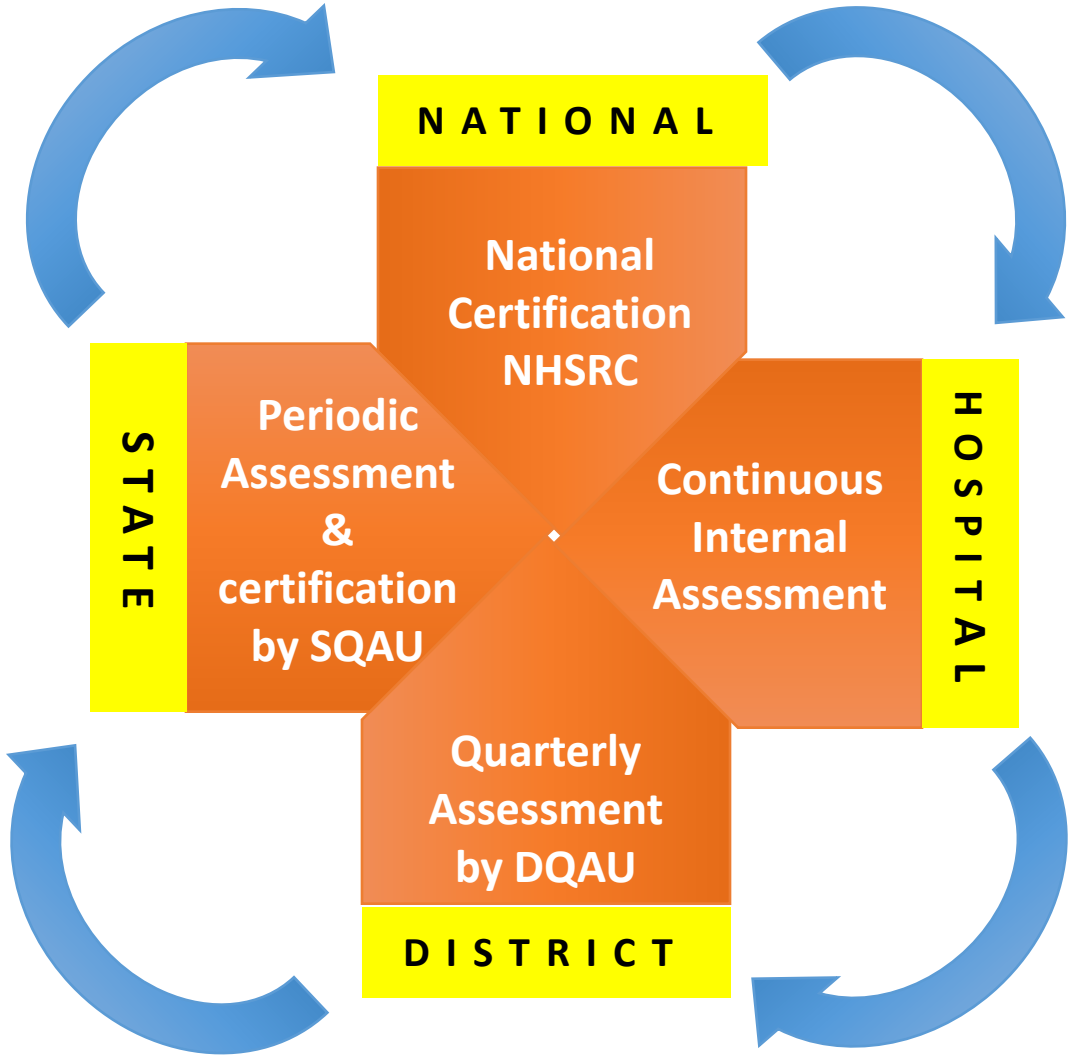
Health and Family Welfare Department

Internal Assessment and Quality Improvement

Recommendation for Certification

State Level Assessment & Certification

8.Incentives on Achievement & Sustenance



Research Question

- What is the quality assurance level of Civil Hospital Ferozepur according to National Quality Assurance Standards?

Objectives of the Study

- To assess the quality assurance level of Civil Hospital, Ferozepur against National Quality Assurance Standards.

  - To assess the department wise quality assurance of Civil Hospital, Ferozepur against National Quality Assurance Standards.

Methodology

Data collection tools- Department specific **checklists** from Assessor's Guidebook for Quality Assurance in District Hospitals. A total of 18 checklists are available.

Accident & Emergency	**NRC**	**Laboratory**
OPD	**IPD**	**Radiology**
Labour Room	**ICU**	**Pharmacy**
Maternity Ward	**OT**	**Auxiliary Services**
SNCU	**PP Unit**	**Mortuary**
Pediatric Ward	**Blood Bank**	**General/Admin**

Sample Checklist

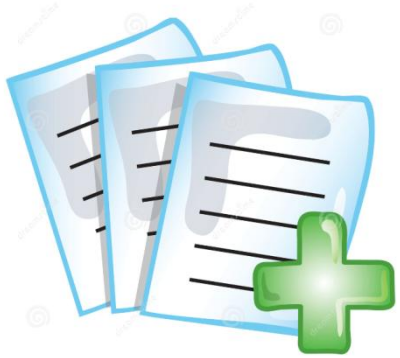
Figure 3: Sample checklist*.

Checklist for Accident & Emergency					
Reference No.	**Measurement Element**	**Checkpoint**	**Compli-ance**	**Assess-ment Method**	**Means of Verification**
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**The facility provides Curative Services**				
ME A1.1.	The facility provides General Medicine services	Availability of Emergency Medical Procedures		SI/OB	Poisoning, Snake Bite, CVA, Acute MI, ARF, Hypovolumic Shock, Dysnea, Unconsious Patients
ME A1.2.	The facility provides General Surgery services	Availability of Emergency Surgical Procedures		SI/OB	Appendicitis, Rupture spleen, Intestinal Obstruction, Assault Injuries, perforation, Burns
ME A1.3.	the facility provides Obstetrics & Gynaecology Services	Availability of Emergency Obstertics & Gynaecology Procedures		SI/OB	APH, PPH, Eclampsia, Obstructed labour, Septic abortion, Emergency Contraceptives
ME A1.4.		Availability of emergency Pediatric procedures		SI/OB	ARI, Diarrheal diseases, Hypothermia, PEM, reucitation

Assessment Method

OBSERVATION (**OB**)

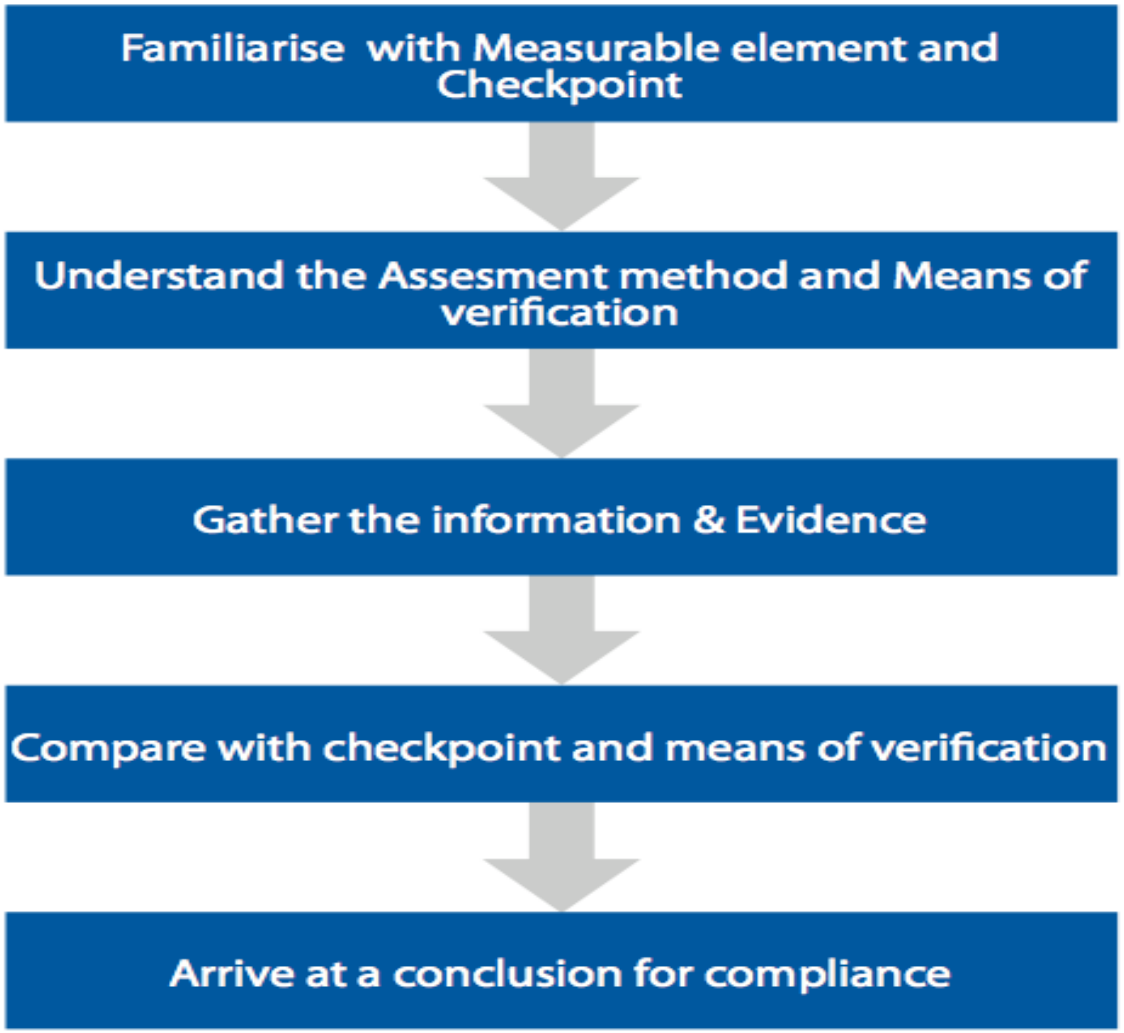
STAFF INTERVIEW (**SI**)



RECORD REVIEW (**RR**)

PATIENT INTERVIEW (**PI**)

Data collection procedure



Data Analysis

Scoring Rules

- 2 marks for full compliance
- 1 mark for partial compliance
- 0 Marks for Non Compliances

Department wise scoring:

- All checkpoints have equal weightage to keep scoring simple
- Calculated for the departments, and for standards by adding the individual scores for checkpoints.

$$\frac{\text{Score obtained} * 100}{\text{No. of checkpoint in checklist} * 2}$$

- Calculation of percentage for each area of concern in a department is as follows:

- The final scoring for each department is calculated by taking average of areas of concern of the respective department.

Hospital Quality Score

- Overall score of the hospital in percentage will be calculated by taking average of departmental scores.
- The other way of calculating hospital score can also be by taking average of area of concern score of all departments.

*It would be worth noting here that the benchmark set by government is for all hospitals to attain a score above **70 percent**

Findings

- Assessment was done for 13 departments excluding SNCU, Pediatric Ward, NRC, ICU and Auxiliary services.

- The SNCU and Pediatric ward were nonfunctional due to absence of a specialist doctor whereas there was no provision for NRC and ICU.

- The hospital score was calculated by 2 methods:
  - By taking average of individual departmental scores.
  - By taking average of total of each area of concern score in all departments.

Department wise Scores

(All scores in percentage)

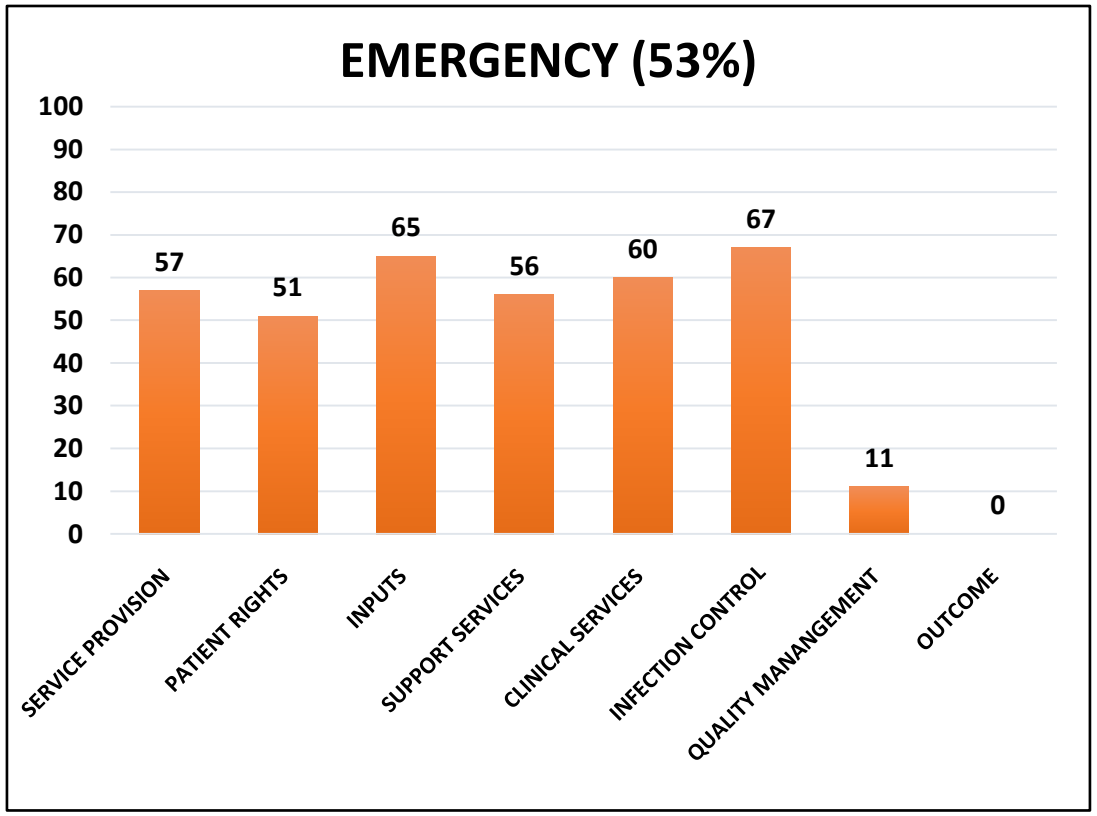


Fig 1. Score of accident and emergency department of Civil Hospital Ferozepur according to NQAS

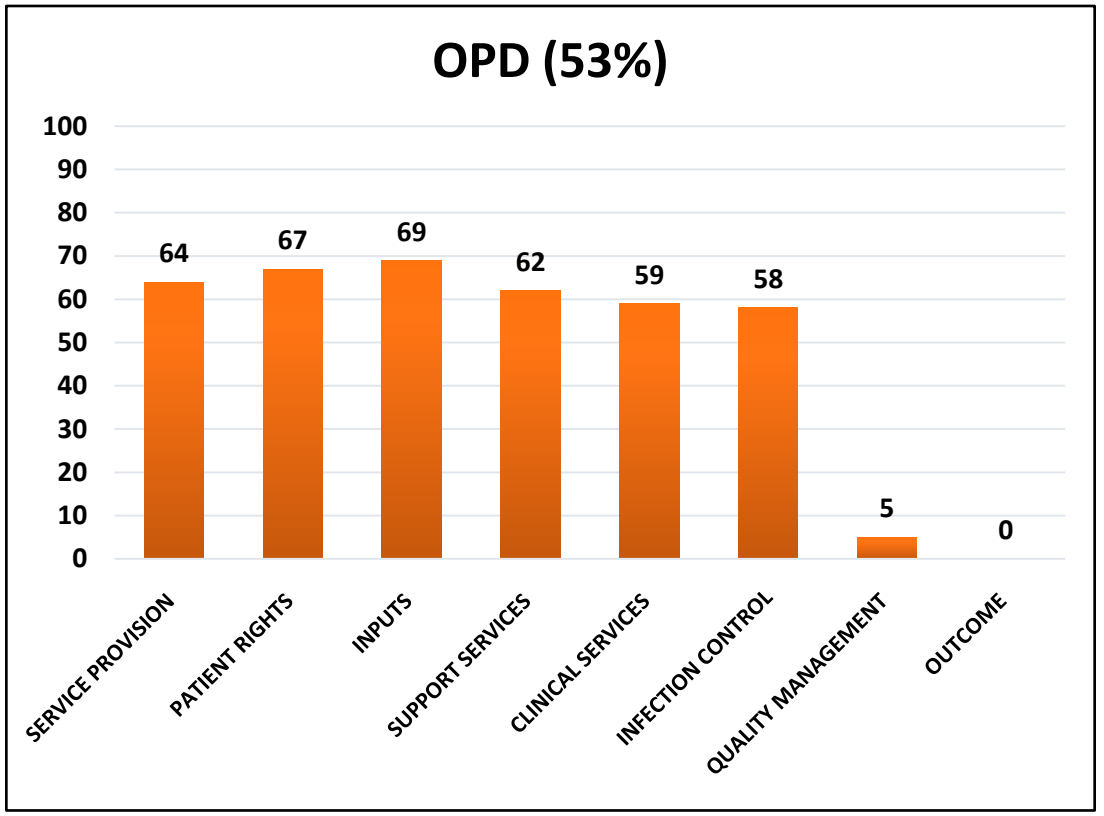


Fig 2. Score of OPD of Civil Hospital Ferozepur according to NQAS

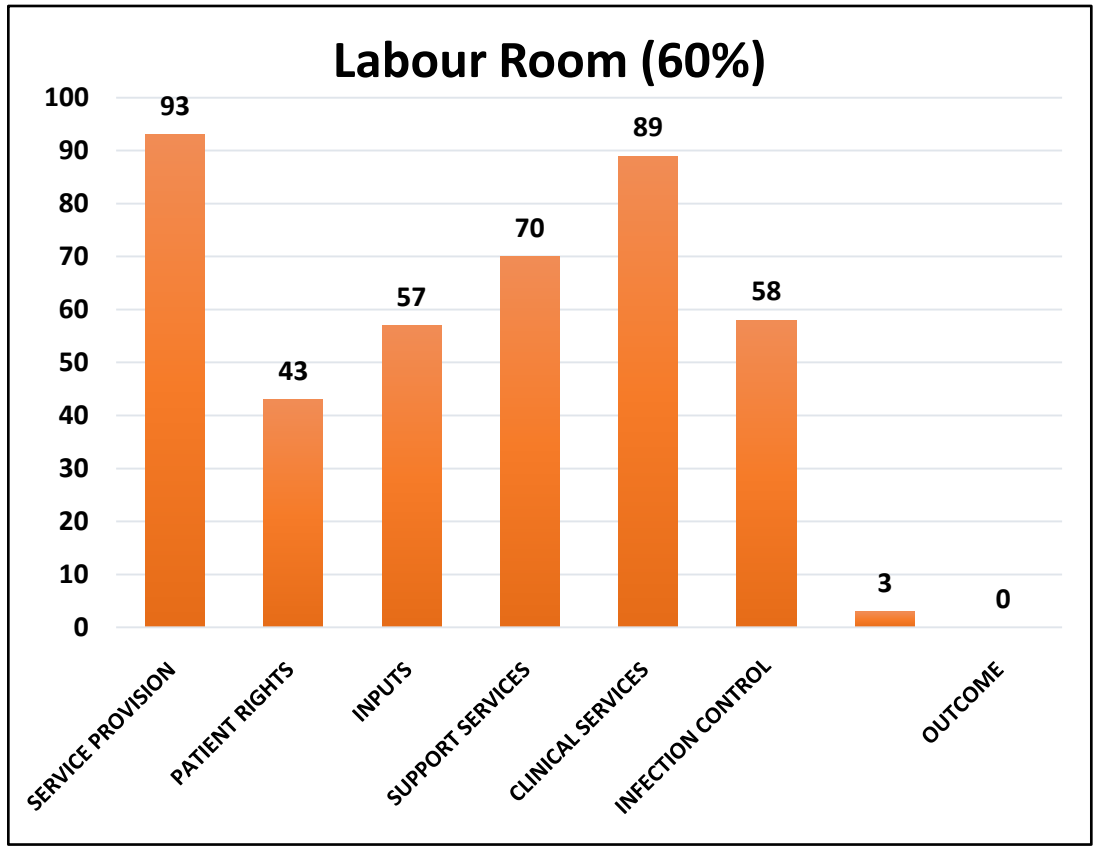


Fig 3. Score of Labour Room of Civil Hospital Ferozepur according to NQAS

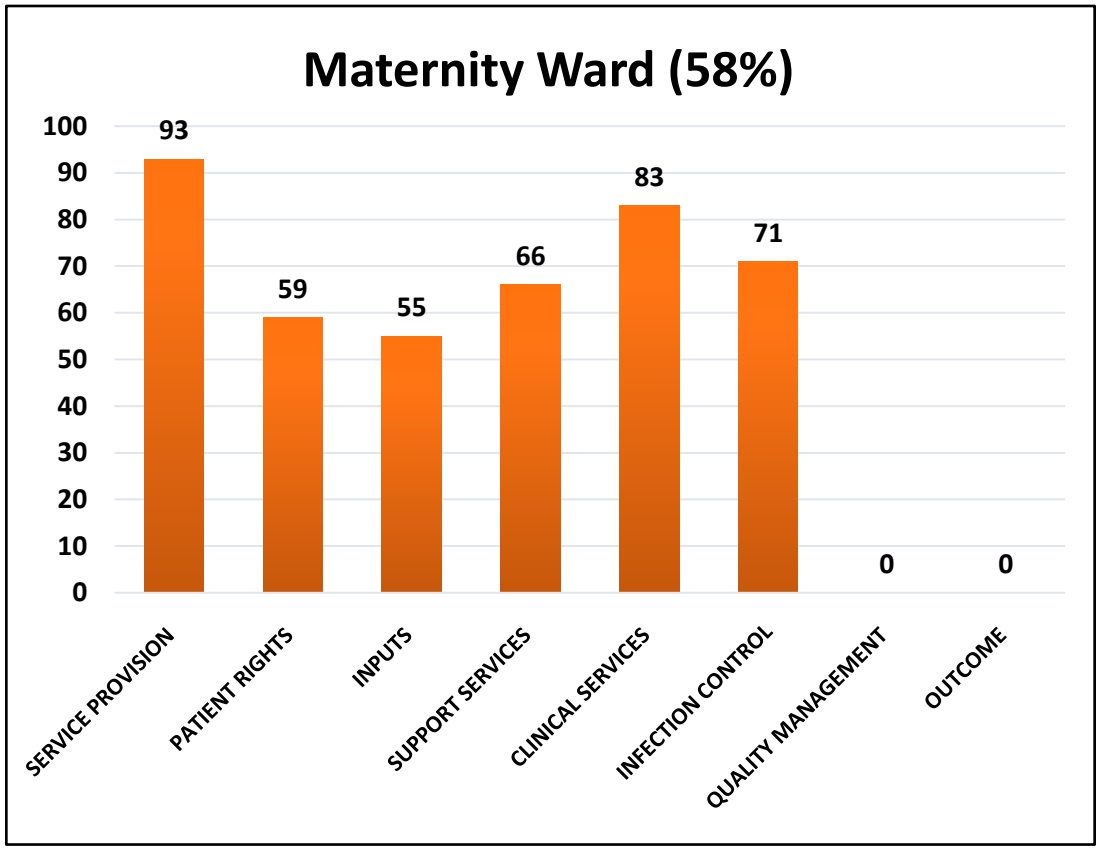


Fig 4. Score of Maternity ward of Civil Hospital Ferozepur according to NQAS

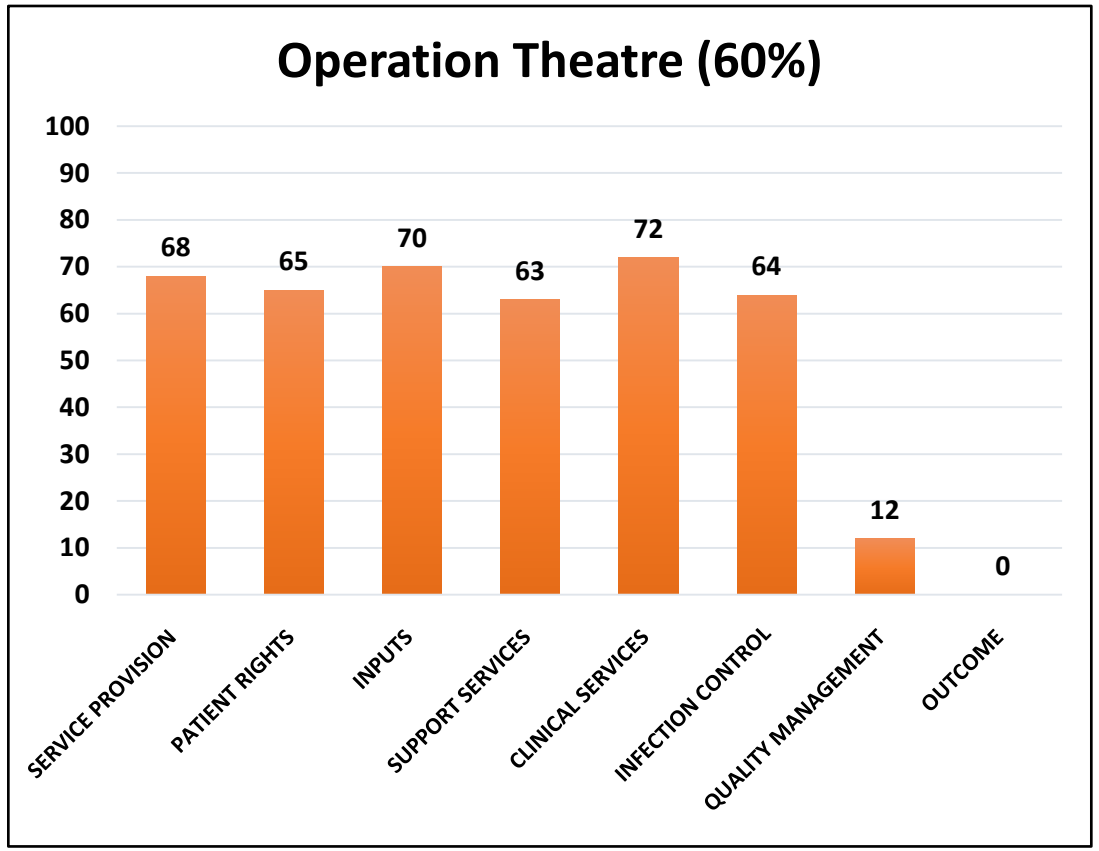


Fig 5. Score of Operation Theatre of Civil Hospital Ferozepur according to NQAS

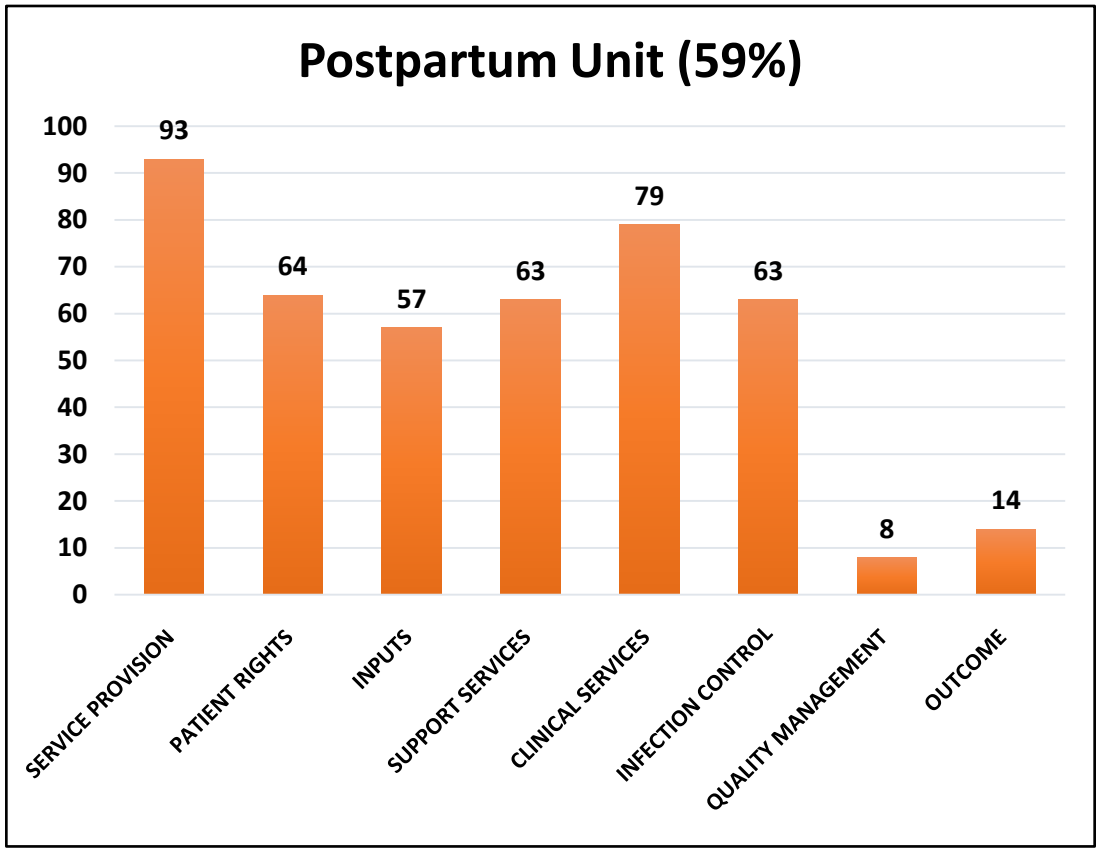


Fig 6. Score of Post partum unit of Civil Hospital Ferozepur department according to NQAS

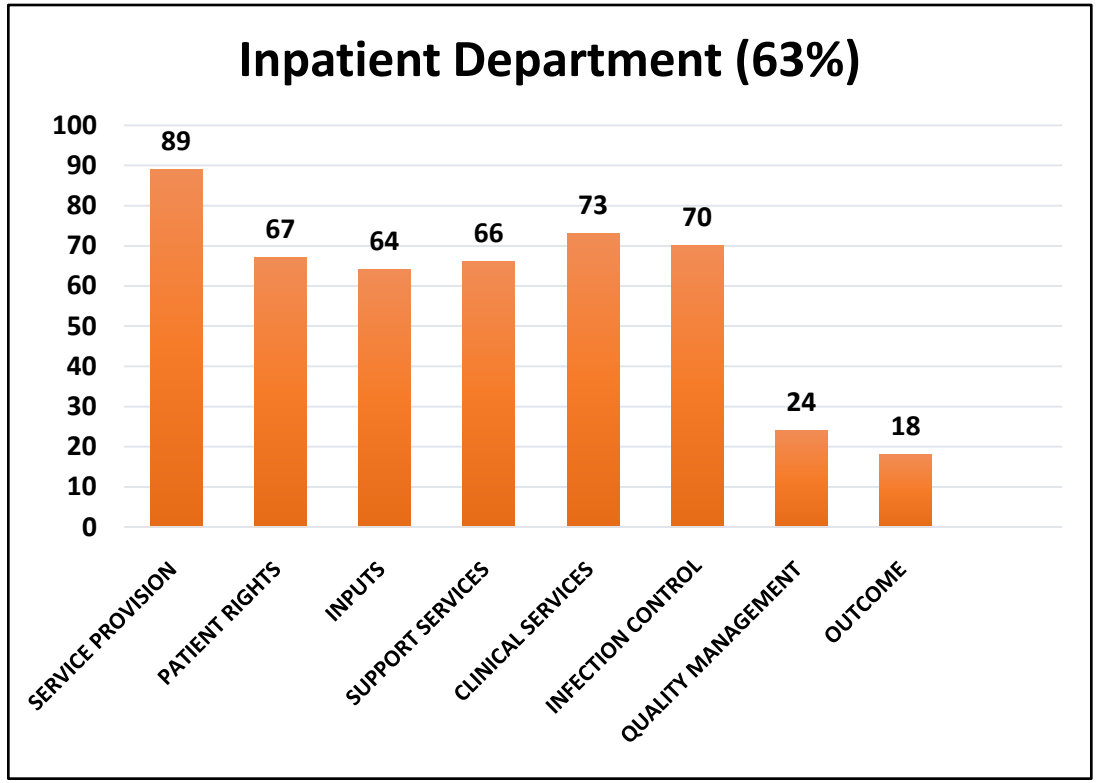


Fig 7. Score of IPD of Civil Hospital Ferozepur according to NQAS

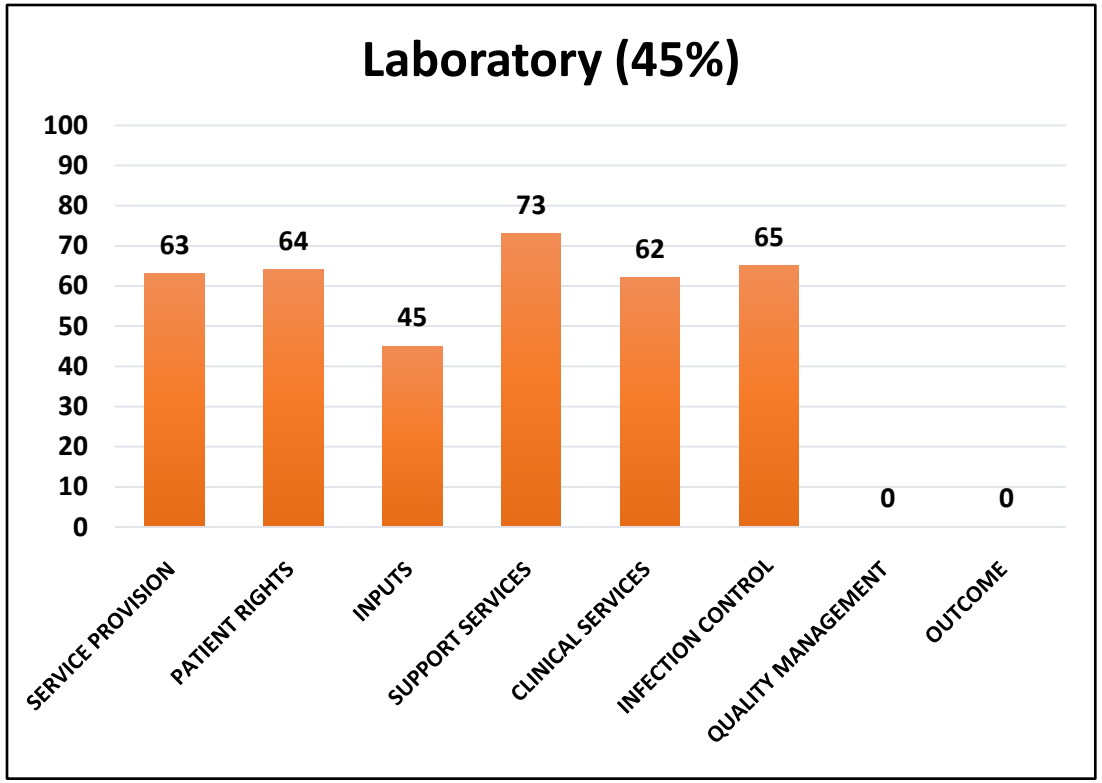


Fig 8. Score of Laboratory of Civil Hospital Ferozepur according to NQAS

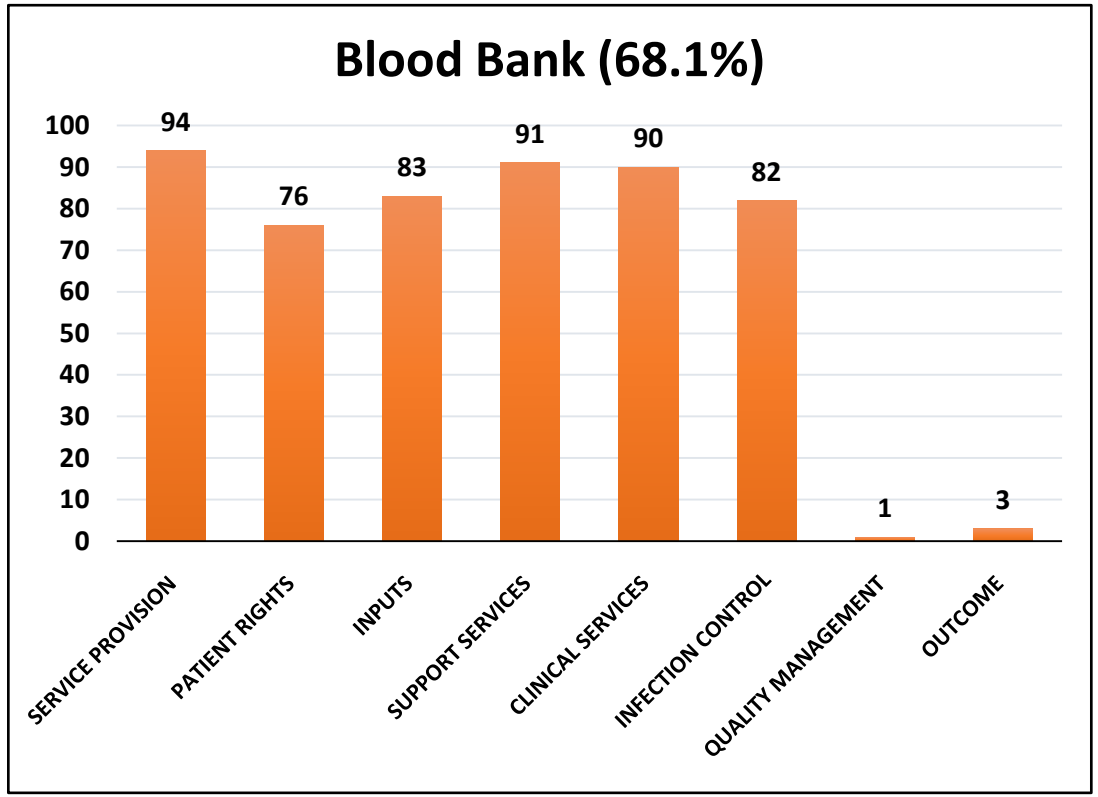


Fig 9. Score of Blood Bank of Civil Hospital Ferozepur according to NQAS

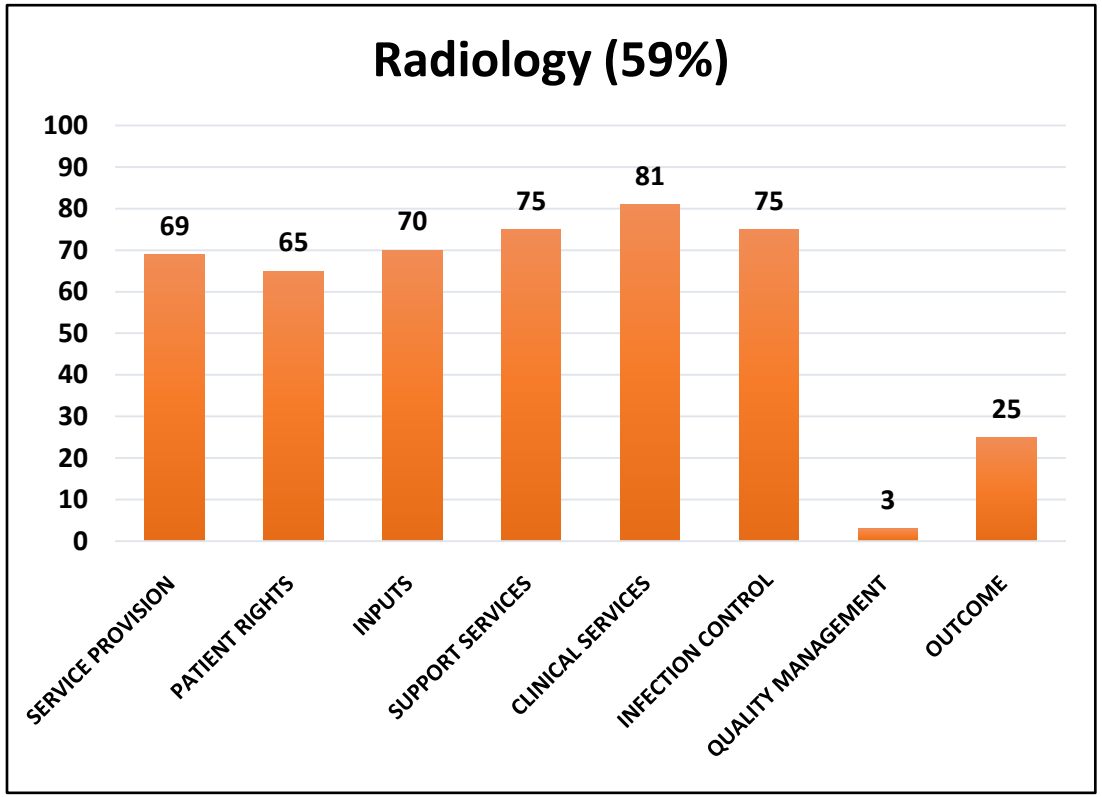


Fig 10. Score of Radiology department of Civil Hospital Ferozepur according to NQAS

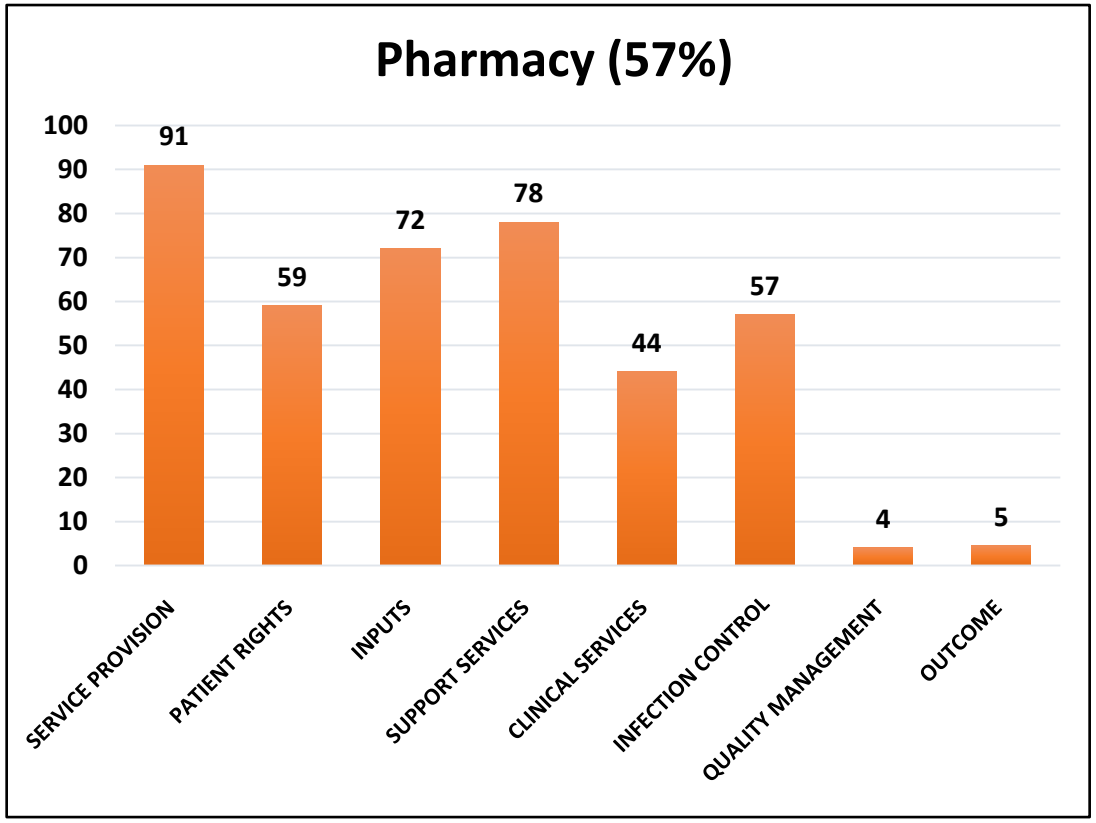


Fig 11. Score of Pharmacy department of Civil Hospital Ferozepur according to NQAS

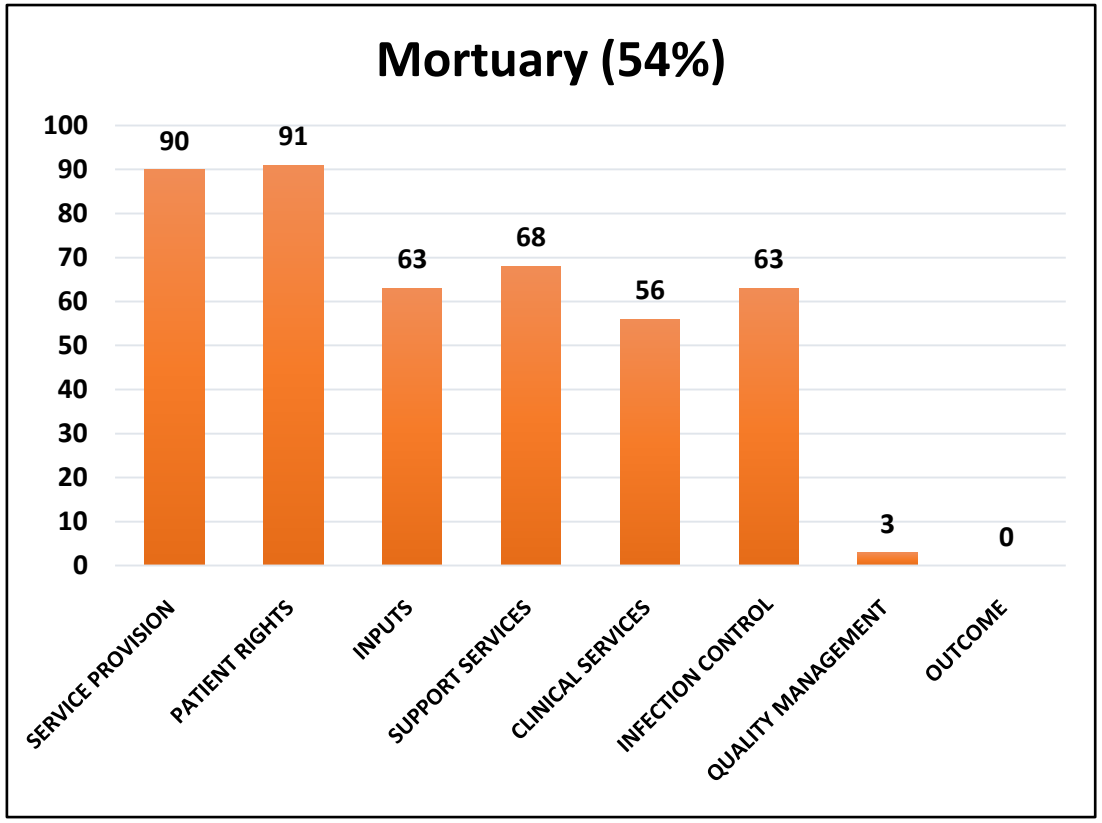


Fig 12. Score of Mortuary of Civil Hospital Ferozepur according to NQAS

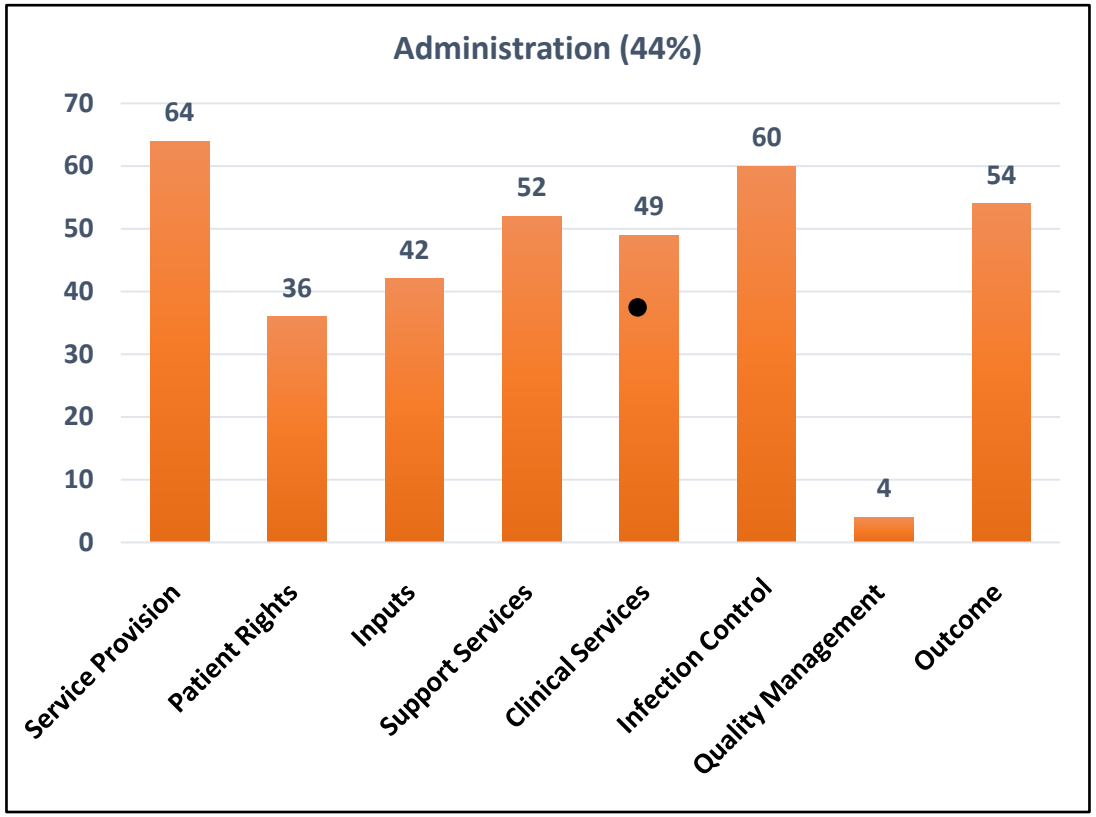


Fig 13. Score of General Administration of Civil Hospital Ferozepur according to NQAS

Hospital Quality Score Card Department wise

	Hospital Score	56%
1	Accident &Emergency	53
2	OPD	53
3	Labor Room	59
4	Maternity Ward	58
5	Operation Theatre	60
6	PP Unit	59
7	IPD	63
8	Laboratory	45
9	Blood Bank	68
10	Radiology	59
11	Pharmacy	57
12	Mortuary	54
13	Administration	44

Area of Concern wise Scores

(All scores in percentage)

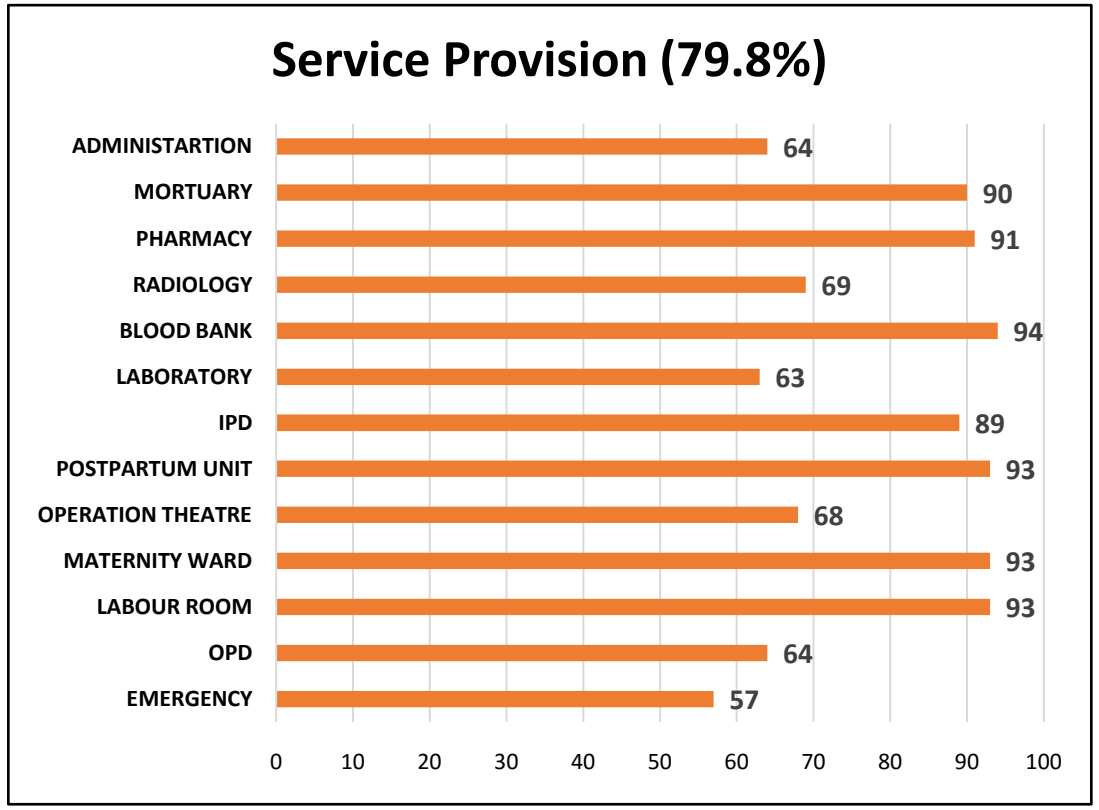


Fig. 14. Service Provision score of Civil Hospital Ferozepur according to NQAS

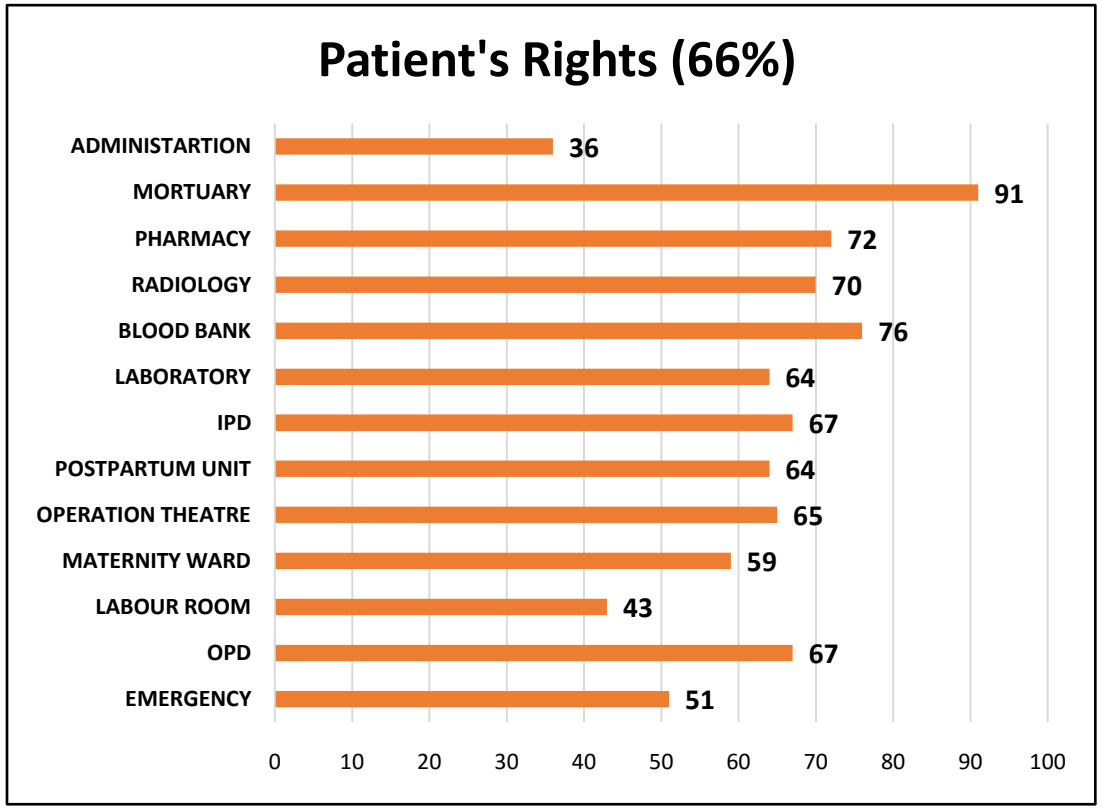


Fig. 15. Patient's rights score of Civil Hospital Ferozepur according to NQAS

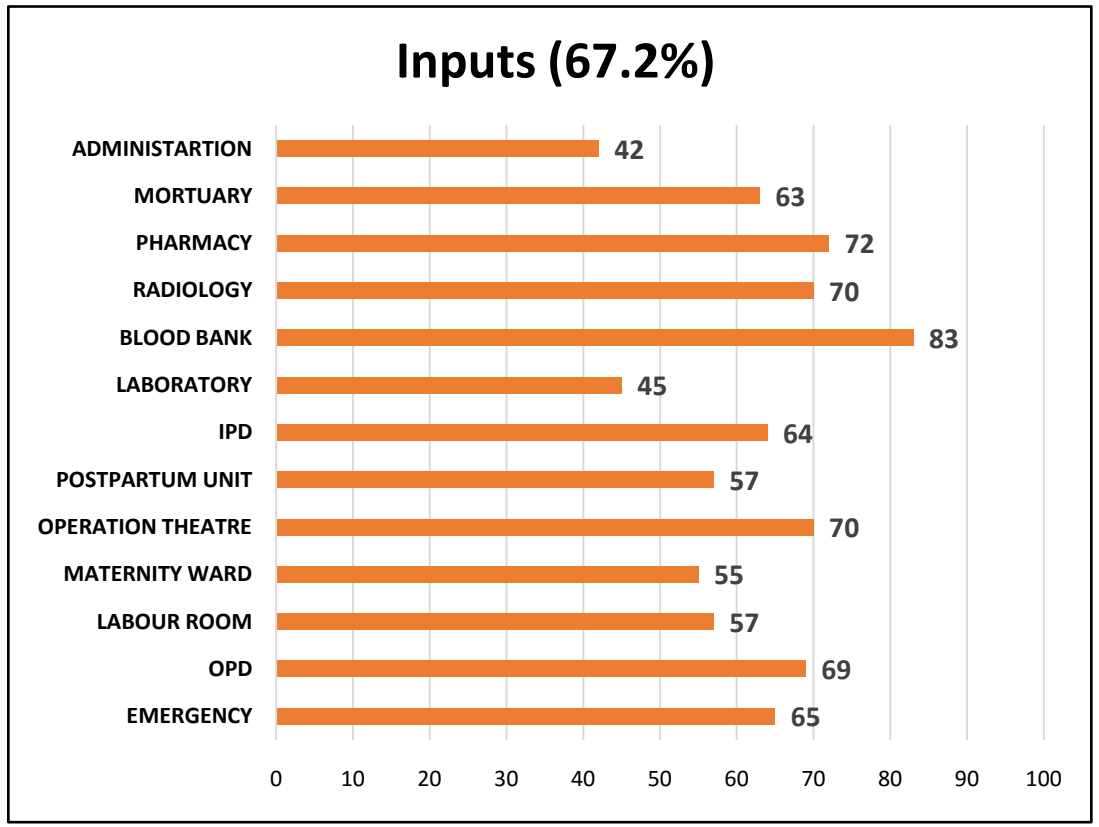


Fig. 16. Inputs score of Civil Hospital Ferozepur according to NQAS

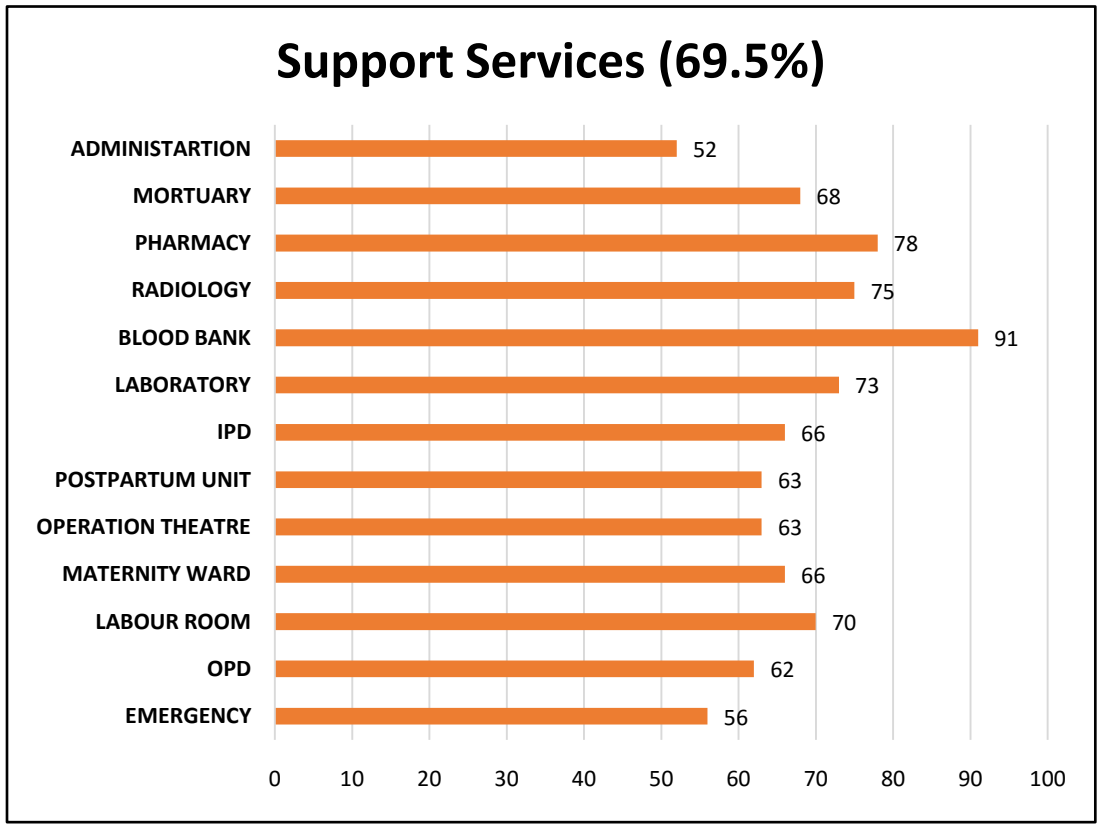


Fig. 17. Support services score of Civil Hospital Ferozepur according to NQAS

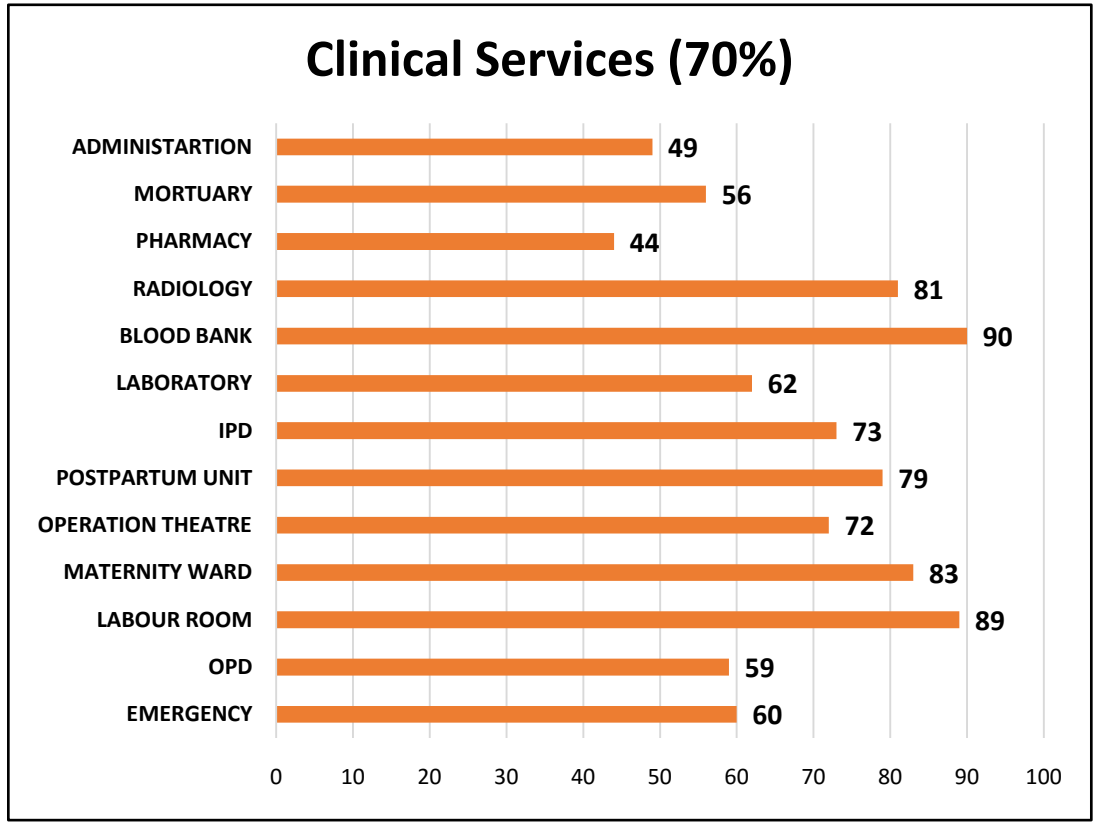


Fig. 18. Clinical services score of Civil Hospital Ferozepur according to NQAS

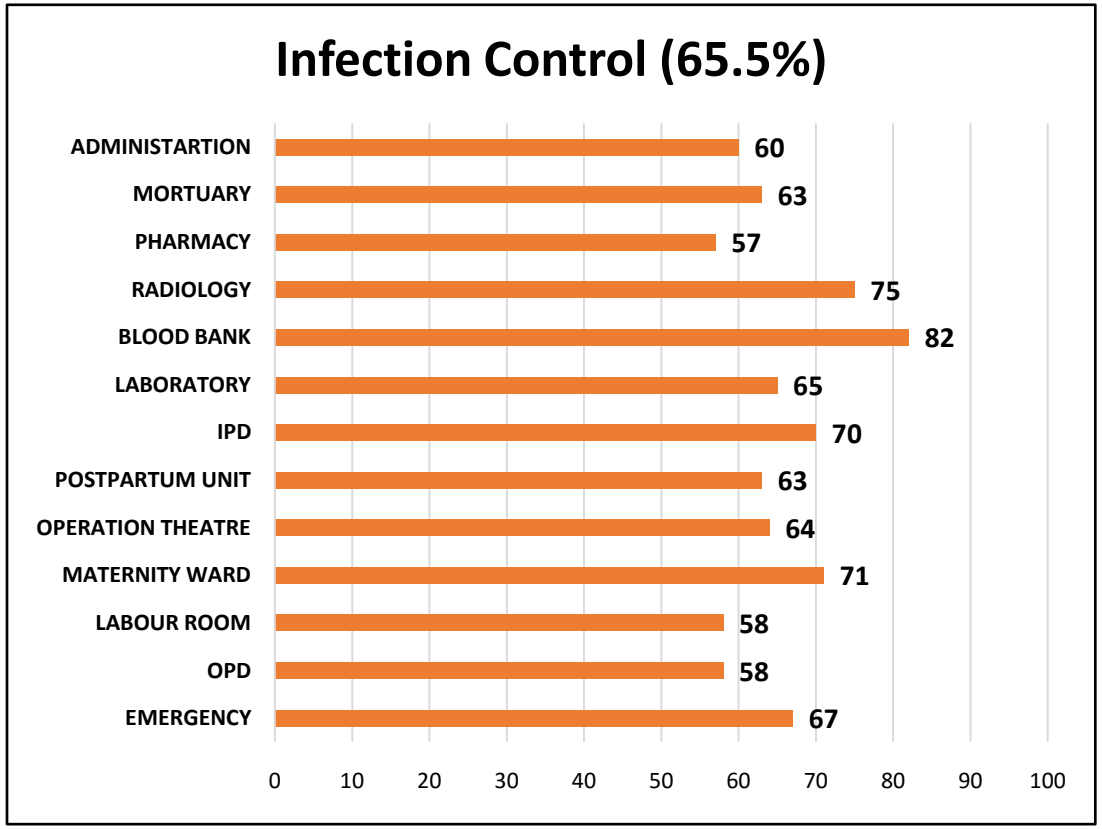


Fig. 19. Infection Control score of Civil Hospital Ferozepur according to NQAS

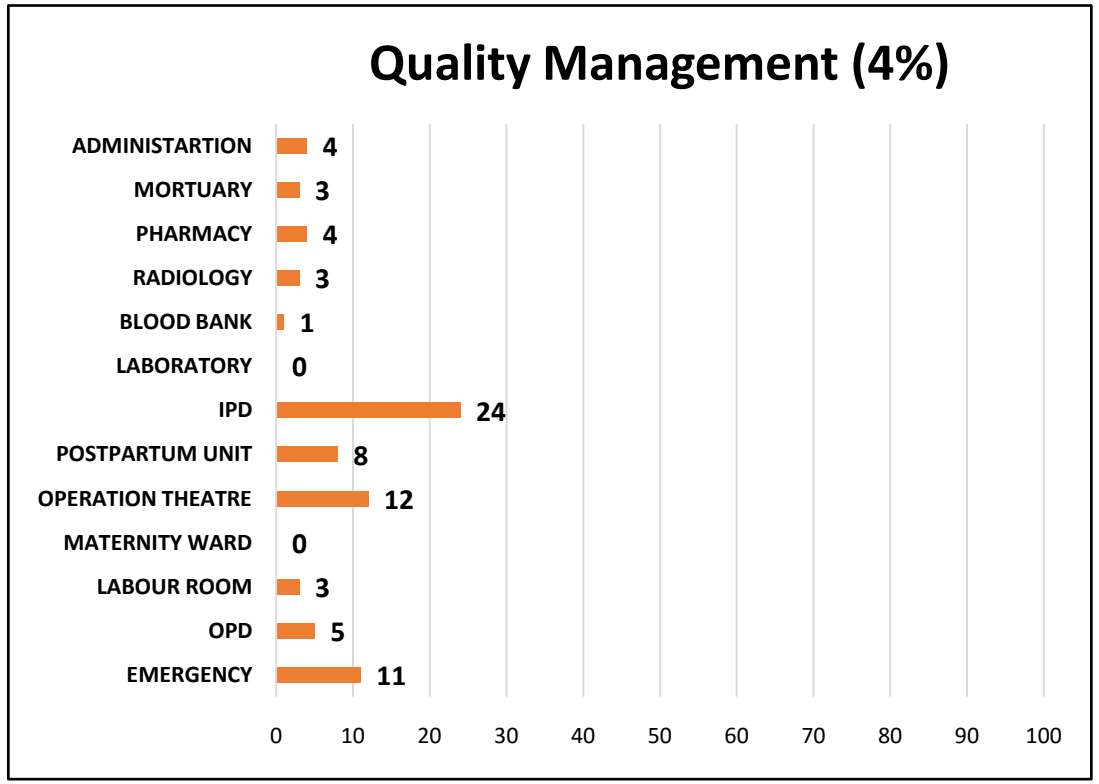


Fig. 20. Quality Management score of Civil Hospital Ferozepur according to NQAS

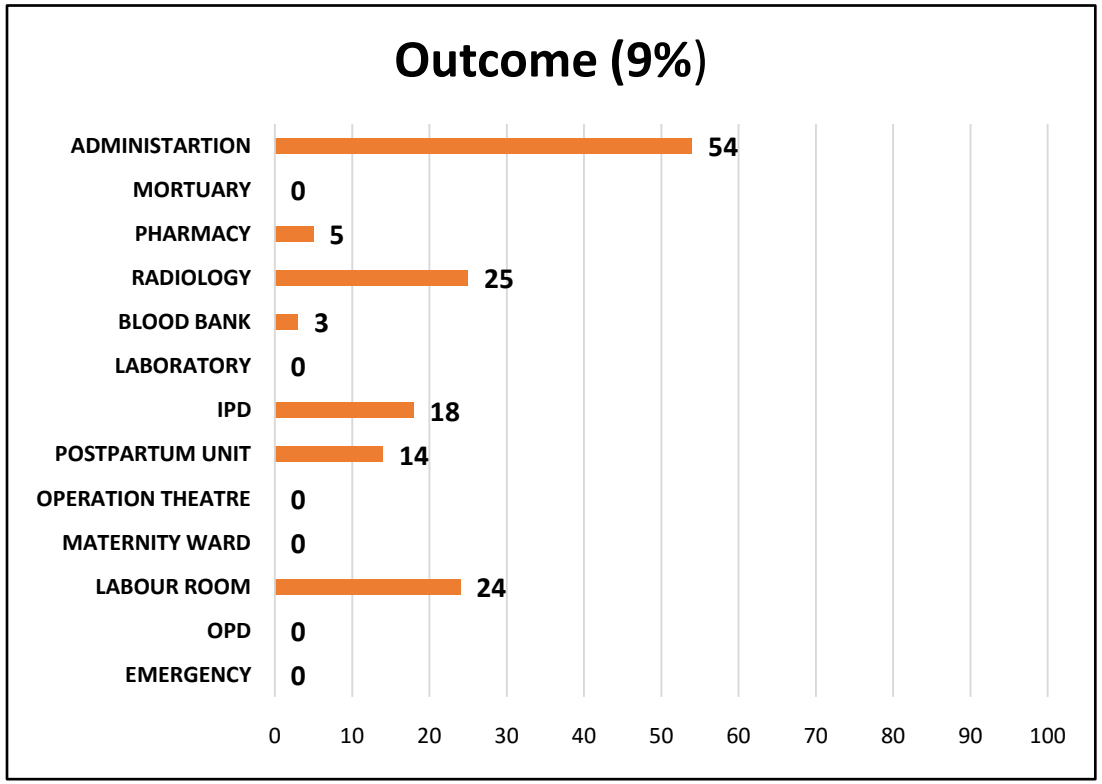


Fig. 21. Outcome score of Civil Hospital Ferozepur according to NQAS

Hospital Quality Score Card Area of Concern wise

Hospital Score		**53%**
1	Service Provision	80
2	Patient’s Rights	66
3	Inputs	67
4	Support Services	70
5	Clinical Services	70
6	Infection Control	66
7	Quality Management	4
8	Outcomes	11

- Blood Bank is the highest scoring department with a score of 68%.
- The Blood bank scored well above the figure of 70 percent in all areas of concern except Quality Management and Outcomes.
- The Laboratory and General Administration are the lowest scoring departments with a score of 44 and 45 percent respectively.
- The facility scored really high in Service Provision (80%) in contrast to Quality Management and Outcome.
- The hospital seemed to perform exceptionally low in 2 areas of concern i.e., QM and Outcomes. throughout all departments yielding an overall score of 4 percent and 11 percent respectively.

Suggestions

- All the departments need to focus on the 2 areas of concern i.e., Quality Management & Outcomes to improve their individual scores.
- The lowest scoring departments Laboratory and General Administration need an improvement in all areas of concern especially Inputs for Laboratory and Patient's Rights for Administration.
- Change in the scoring method for calculation of overall hospital score.
  - Average of all scores does not represent the true hospital score.
  - Each department wise benchmarks could be suggested.

Conclusion

- In the end, we can say that, Quality standards in public health is relatively a newer concept and the results and effectiveness of these set standards will only be seen in the long term. The hospital needs to work a lot in the area of Quality Management to reach to the set benchmark of 70% and above. Continuous efforts can definitely lead to achievement of this mark but the major challenge will be to sustain this score over a long period even in the absence of any external assessment.

The question is not , if India can afford to do it…

The question is can India afford not to do it…

Thanks

References

Books

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