Study on National Quality Assurance Standards of Key Areas of MCH Service at Civil Hospital, Barnala, Punjab

By

Bhavya Pandeya

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

The IIHMR University, Jaipur

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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 Dr. Bhavya Pandeya student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Civil Hopsital, Barnala, from 1st Feb 2018 to 30th April 2018.

The Candidate has successfully carried out the study designated 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 her all success in all her future endeavors.

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TO WHOM IT MAY CONCERN
CERTIFICATE OF DISSERTATION COMPLETION

This is to certify that Ms. Bhavya Pandeya student of MBA in Hospital and Health Management, IIHMR Jaipur has successfully completed three months dissertation in health facility as allotted under Punjab Health Systems Corporation, Punjab from 01.02.2018 to 30.04.2018.

During the dissertation the student's performance was satisfactory.

We wish her success in all her future endeavors.

(Varun Roojam) I.A.S.
Managing Director
Punjab Health Systems Corporation
-Cum-Secretary Health and Family Welfare, Pb.

The IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "A Study on National Quality Assurance of key areas of MCH Services" submitted by Dr. Bhavya Pandeya, Enrollment No. IIHMR-U/01/2016-18/0404 under the supervision of Dr. P.R. Sodani for the award MBA in Hospital & Health of University carried out during the period from Feb.1,2018 to Apr. 30,2018 embodies my original work & has not formed the basis for the award of any degree, diploma associateship, fellowship, titles in this or any other institute or other similar institute of higher learning.

Signature

ACKNOWLEDGEMENT

The dissertation was done in Civil Hospital, Barnala, Punjab. It was a great chance for learning professional development. Therefore, I consider myself as a very lucky individual as I was provided with an opportunity to be part of it. I am also grateful for having chance to meet so many wonderful people and professionals who lead me through this wonderful period.

Bearing this thing in my mind I am using this opportunity to express my deepest gratitude and special thanks to Dr. Parvinder Pal (State Nodal Officer) for allowing me to carry out my dissertation in the esteemed organization.

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Sincerely

Dr. Bhavya Pandeya

MBA-HM (2016-2018)

Roll No: 404

TABLE OF CONTENTS

ABBREVIATIONS

A

AMC- Annual maintenance contract

E

ENT-Ear nose throat

I

IPD-In Patient Department

O

OT- Operation Theater

P

PHSC- Punjab Health Systems Corporation

S

SNCU-Special Neonatal Care Unit

INTRODUCTION

Organization: -

The Punjab Health Systems Corporation was enacted through a special Act of Legislation to provide for the constitution of a Corporation for establishing, expanding, improving and administering medical care in the State of Punjab.The Managing Director is the Executive officer of the Corporation and implements the decisions of the Board of Directors and exercises general control and supervision over the hospitals under PHSC. There are 176 Health Institutions under PHSC, out of which are 21 District Hospitals, 2 Special Hospitals, 34 Sub-divisional Hospitals and 119 Community Health Centres. A wide spectrum of health care facilities, preventive, promotive and curative, are provided in these institutions.
Out of these 21 District hospital I got an chance to serve in district hospital Barnala.
District Hospital Barnala is 200 functional Bedded hospital with 2 buildings.
One old building catering general opd, emergency, blood bank, laboratory and surgery.
While the new building caters MCH it has gyanaec OPD, Paediatric OPD, ICTC lab, USG, Maternity ward, Gyane OT, SNCU, Paediatric ward, adolescent friendly clinic.

The current functioning of most of the district hospitals is not up to the expectation in relation to availability, accessibility and quality of the hospital services. The manpower, equipment supply, service availability and the population coverage by the hospital is not as per the requirement.

Quality in Healthcare

Health care is the diagnosis, treatment and prevention of disease, illness, injury and other physical and mental impairments in human beings. Health care is delivered by practitioners in allied health, dentistry, midwifery, obstetrics, medicine, nursing, optometry, pharmacy, psychology and other care providers.It refers to the work done in providing primary care, secondary care and tertiary care as well as in public health.

The quality of health care as 'the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge'. The quality of technical care consists in the application of medical science and technology in a way that maximizes its benefits to health without correspondingly increasing its risks.

Quality in Healthcare has two components:

Technical Quality: - On which usually service providers (doctors, nurses & para -medical staff) are more concerned and has a bearing on outcome or end- result of services delivered.

Service Quality: - Pertains to those aspects of facility based care and services, which patients are often more concerned, and has bearing on patient satisfaction.

Working Definition – WHO defines Quality of Healthcare services in following six subsets:

A. **Patient- Centred:** Delivering Healthcare, which considers preferences and aspirations of the service users, and is in congruent with their cultures? It implies that patients are accorded dignified and courteous behaviour and their reasonable belief, practices and rights respected.

B. **Equitable:** Delivering health care which does not vary in quality because of personal characteristics such as gender, caste, socioeconomic status, religion, ethnicity, or geographical location.

C. **Accessible:** Delivering health care that is timely, geographically reasonable, and provided in a setting, where skills and resources are appropriate to the medical need.

D. **Effective:** Delivering health care that is based on the needs, and is in compliance to available evidences. Therefore, observance of treatment guidelines and protocols is important for ensuring the quality of care. The delivered health care results into the improved health outcomes for the individuals, and community in general.

E. **Safe:** Delivering health care, which minimizes risks and harm to the users.

F. **Efficient:** Delivering health care in a manner which maximizes productivity out of the deployed resources. The wastes must be avoided.

Quality Assurance

Quality assurance is a systematic measurement and needs regular monitoring with a feedback loop of services receivers/providers perception on service quality for error prevention and improvement of services.

It is objectively and symmetrically monitors and evaluates services and facilities offered and performed in the hospital premises are in accordance with pre-established standards.

Identify gaps of service quality in terms of perception of service receivers and follow the standards and pursue opportunities for further improvement in the existing services. The survey will be carried out with in the hospital premises on services offered and performed based on National Quality Assurance Standards and ensure the delivery of quality services to the patients as well.

It is comprehensive and multifaceted concept that measures how well client's expectations and providers technical standards are being met.

The four principles of Quality Assurance are:

1. To focuses on the system and process.
2. Utilise data to analyse system delivery processes.
3. To encourages team approach on problem solving and quality improvement
4. It is oriented towards meeting the needs and expectations of the patients.

Background

Introduction

Quality of Care has emerged as key thrust area for both Policy Makers and Public Health Practitioners as an instrument of optimal utilization of resources and improving health outcomes and client satisfaction. The National Health Policy 2016 clearly states in its objective – Improve health status through concentrated policy action in all sectors and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public health sector with focus on Quality.

Ministry of Health & Family Welfare, Government of India in collaboration with state health departments has developed and implementing a comprehensive quality assurance framework for public health facilities and Programs. This Framework comprises of four interrelated approach and activities to achieve patient centric quality system

- Instituting Organizational Framework for Quality.
- Defining Standards of Service Delivery and Patient Care.
- Continuous Assessment of services against set standards.
- Improving Quality through closing gaps and implementing opportunities for Improvement.

The framework-based works on following principles –

1. Systems approach –Quality System should be integral part of Health Systems. Rather than working on isolated themes and facilities, the approach should be holistic quality improvement involving all components of health system. Quality processes should be interlaced with healthcare planning and provision processes to give optimal results. This is achieved by instituting a system of continuous assessment, handholding and participative quality improvement through coordinated efforts of all stakeholders.

2. Client Focus –The quality system should enable providers to meet and surpass the expectations of it clients. These may be patients, beneficiaries and community at large. The patient care and quality assurance processes should be designed keeping in mind the users of public health facilities, so these are accessible,

affordable, dignified and user-friendly to its seekers. This achieved though taking continuos objective feedback from users and using it for improving the services.

3. Recognizing the champions- Healthcare Quality improvement on large scale thrives upon success stories, role models, inspirational leaders and champions to spread quality culture. The quality framework gives provision of promoting and recognizing champions through incentives and reward mechanism.

4. Team work– Quality can only be achieved by concentrated, coordinated and sustainable efforts of all stakeholders be it policy makers, health administrators, clinicians, patient care staff or frontline community health workers. Quality Assurance committees and units have been instituted at National, state and district level to facilitate team work. At facility level Quality Team have been constituted so all service providers can pool their efforts to for quality improvement.

5. Process Focus– Healthcare quality is comprises for three components – structure, process and outcome. The desired outcome can only be achieved when optimal infrastructure and human resources is utilized by efficient processes. Though structure is important component to ensure quality, National Quality Framework is predominately relying on improving the outcome by optimizing the processes within given structural limitations. This is achieved by through assessment, improvement and standardization healthcare processes.

6. Continual Improvement –Quality is a long journey, requires concentrated and sustained efforts. The quality framework believes in incremental improvement in healthcare process through continual quality improvement cycle.

7. Objective Quality Measurement – The journey towards quality improvement starts with objective and unbiased measurement of quality of existing healthcare processes and services. Under Quality Framework, National Quality Assurance Standards have been instituted of all level of public health facilities. Explicit assessment tools and scoring system has been developed for objective measurement and fact based decision making for quality improvement.

8. Concern & Context – Public Hospitals service a large section of community those don't have access to private health care because of affordability or access. Public system also has almost exclusive responsibility for implementing preventive and primitive health programs. National Quality Framework works towards develop indigenous quality system of public health facilities that meets specific requirements of its users as well global benchmarks.

Ministry of Health & family Welfare, Government of India in 2013, for strengthening the Quality Assurance activities, following organisational arrangements need to be set up at various levels with the roles and responsibilities defined for each level.

1.National level**:** Central Quality Supervisory Committee (CQSC).

2.State level**:**

a. State Quality Assurance Committee (SQAC)

b. State Quality Assurance Unit (SQAU)

c. Quality Assessors (Empanelled)

3. District level**:**

a. District Quality Assurance Committee (DQAC)

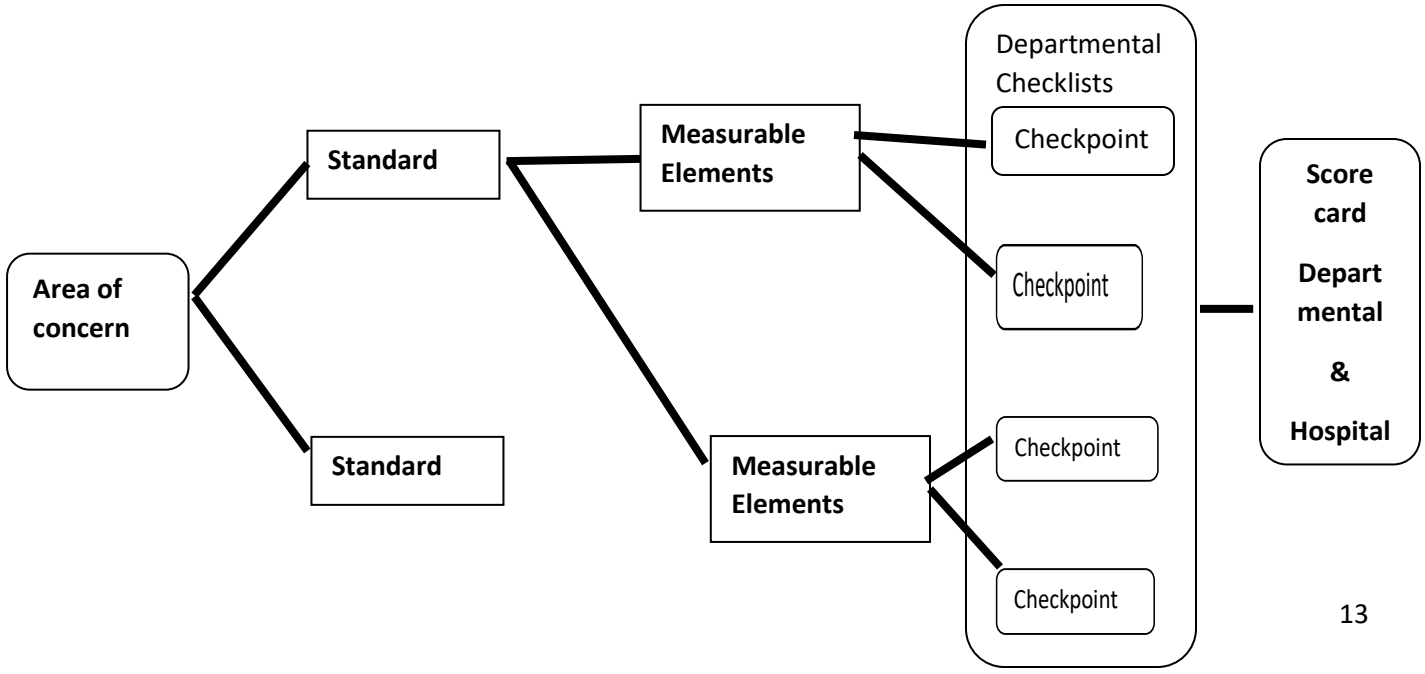
b. District Quality Assurance Unit (DQAU)

4. District Hospital level**:** District Quality Team / Hospital Quality Team

2. Explicit Measurement System

The main pillars of Quality Measurement System are Quality Standards. There are seventy standards, defined under his system. The standards have been grouped within the eight areas of concern. Each standard further has specific measurable elements. These standards and elements are checked in each department of a health facility through department specific checkpoints. All checkpoints for a department are collated and together they focus assessment tool called Checkpoint. Scored/filled checklists would generate scorecards.

A) Relationship between Different Components



Following are the areas of concerns in a health facility:

1. Service Provision
2. Patient's Rights
3. Inputs
4. Support Services
5. Clinical Services
6. Infection Control
7. Quality Management
8. Outcome

- **Area of Concern A: Services Provision**

StandardA1:- The facility provides Curative Services

Standard A2:- The facility provides RMNCHA Services

Standard A3:- The facility provides diagnostic Services

Standard A4:- The facility provides services as mandated in national Health Programmes/State Scheme.

Standard A5:- The facility provides support services

Standard A6:- Health services provided at the facility are appropriate to community needs.

- **Area of Concern B: Patient Rights**

Standard B1:- The facility provides the information to care seekers, attendants & community about the available services and their modalities.

Standard B2:- Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barriers on account of physical economic, cultural or social
reasons.

Standard B3:- The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.

Standard B4:- The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates

informed decision making.

Standard B5:- The facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services.

- **Area of Concern C: Inputs**

Standard C1:- The facility has infrastructure for delivery of assured services, and available
infrastructure meets the prevalent norms.

Standard C2:- The facility ensures the physical safety of the infrastructure.

Standard C3:- The facility has established Programme for fire safety and other disaster.

Standard C4:- The facility has adequate qualified and trained staff, required for providing the assured services to the current case load.

Standard C5:- The facility provides drugs and consumables required for assured services.

Standard C6:-The facility has equipment & instruments required for assured list of services.

- **Area of Concern D: Support Services**

Standard D1:- The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.

Standard D2:- The facility has defined procedures for storage, inventory management and
dispensing of drugs in pharmacy and patient care areas.

Standard D3:- The facility provides safe, secure and comfortable environment to staff, patients and visitors.

Standard D4:- The facility has established Programme for maintenance and upkeep of the facility.

Standard D5:- The facility ensures 24 X 7 water and power backup as per requirement of service delivery, and support services norms.

Standard D6:- Dietary services are available as per service provision and nutritional requirement of the patients.

Standard D7:- The facility ensures clean linen to the patients.

Standard D8:- The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.

Standard D9:- Hospital has defined and established procedures for Financial Management."

Standard D10:- The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government.

Standard D11:- Roles & Responsibilities of administrative and clinical staff are determine as per govt. regulations and standards operating procedures.

Standard D12:- The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations.

- **Area of Concern E: Clinical Services**

Standard E1:- The facility has defined procedures for registration, consultation and admission of patients.

Standard E2:- The facility has defined and established procedures for clinical assessment and reassessment of the patients.

Standard E3:- The facility has defined and established procedures for continuity of care of patient and referral.

Standard E4:- The facility has defined and established procedures for nursing care."

Standard E5:- The facility has a procedure to identify high risk and vulnerable patients.

Standard E6:- The facility follows standard treatment guidelines defined by state/Central

government for prescribing the generic drugs & their rational use.

Standard E7 :-The facility has defined procedures for safe drug administration.

Standard E8:- The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage.

Standard E9:-The facility has defined and established procedures for discharge of patient.

Standard E10:- The facility has defined and established procedures for intensive care.

Standard E11:- The facility has defined and established procedures for Emergency Services and Disaster Management.

Standard E12:- The facility has defined and established procedures of diagnostic services.

Standard E13:- The facility has defined and established procedures for Blood Bank/Storage
Management and Transfusion.

Standard E14:- The facility has established procedures for Anaesthetic Services.

Standard E15:- The facility has defined and established procedures of Operation theatre services.

Standard E16:- The facility has defined and established procedures for end of life care and death.

- **Maternal & Child Health Services**

Standard E17:- The facility has established procedures for Antenatal care as per guidelines.

Standard E18:- The facility has established procedures for Intranatal care as per guidelines.

Standard E19:- The facility has established procedures for postnatal care as per guidelines.

Standard E20:- The facility has established procedures for care of new born, infant and child as per guidelines.

Standard E21:- The facility has established procedures for abortion and family planning as per government guidelines and law.

Standard E22:- The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.

- **National Health Programmes**

Standard E23:- The facility provides National health Programme as per operational/Clinical
Guidelines.

- **Area of Concern F: Infection Control**

Standard F1:- The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection.

Standard F2:- The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis.

Standard F3:- The facility ensures standard practices and materials for Personal protection.

Standard F4:- The facility has standard procedures for processing of equipment and instruments.

Standard F5:- Physical layout and environmental control of the patient care areas ensures
infection prevention .

Standard F6:- The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.

- **Area of Concern G: Quality Management**

Standard G1:- The facility has established organizational framework for quality improvement.

Standard G2:- The facility has established system for patient and employee satisfaction.

Standard G3:- The facility has established internal and external quality assurance Programmes wherever it is critical to quality.

Standard G4:- The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.

Standard G5:- The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages.

Standard G6:- The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit.

Standard G7:- The facility has defined and established Quality Policy & Quality Objectives.

Standard G8:- The facility seeks continually improvement by practicing Quality method and tools.

- **Area of Concern H: Outcome Indicator**

Standard H1:- The facility measures Productivity Indicators and ensures compliance with State/National benchmarks.

Standard H2:- The facilities measures Efficiency Indicators and ensure to reach State/National Benchmark.

Standard H3:- The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark.

Standard H4:- The facility measures Service Quality Indicators and endeavours to reach State/National benchmark.

Key Performance Indicator

1.Productivity

D1 Bed Occupancy Rate

D2 Lab test done per thousand Patients (indoor & OPD)

D3 Percentage of cases of high risk pregnancy/ obstetric complications out of total registered pregnancies at the facility

D4 Percentage of surgeries done at night out of total surgeries

D5 Percentage of surgeries one during day out of total surgeries

D6 Percentage of C- Section out of Total deliveries

2. Efficiency

D7 No. of Deaths in Emergency/Total No. of emergency attended

D8 Percentage of out referrals out of Total Admission

D9 No. of major surgeries per surgeon (in a month)

D10 OPD per Doctor

D11 External Quality score for lab tests (Median value)

D12 Percentage of Stock outs of Vital drugs (list of essential commodities under RMNCH+A)

3. Clinical Care/Safety

D13 No. of Maternal Deaths out of total admission during ANC, INC, PNC

D14 No. of Neonatal Deaths out of total live births and neonatal admission

D15 Percentage of cases for which Maternal Death Review done

D16 Average Length of Stay

D17 Percentage of Surgical Site Infection out of total surgeries

D18 Percentage of Mortality out of total SNCU admissions

D19 Number of Sterilization Failures

D20 Number of Sterilization Complications

D21 No. of Deaths after Sterilization

D22 No. of unit issued on replacement X 100/ Total no of unit issued

D23 Percentage of delivery having partograph recorded

D24 Percentage of IIIrd and IVth generation antibiotics being prescribed (Sampling methods)

4. Service Quality

D25 Percentage of LAMA out of Total Admission

D26 Patient Satisfaction Score for IPD

D27 Patient Satisfaction Score for OPD

D28 Registration to Drug Time (average)

D29 Percentage of JSY payments done before discharge

D30 Percentage of women provided drop-back facility after delivery

Research Questions

To review the Quality Assurance Level of Key Areas of MCH services of Civil Hospital, Barnala, Punjab according to the National Quality Assurance Standard.

Study Objectives

GENERAL OBJECTIVE- To assess the Quality Assurance Standards of Civil Hospital, Barnala, Punjab.

SPECIFIC OBJECTIVES -

- Identify the gaps against the National Quality Assurance Standards key areas of Mch Services (i.e. 4 departments- Labour Room, Maternity Ward, Paediatrics ward, SNCU).
- To give recommendations for bridging the gap areas or non- compliances.

Study Methodology

As the National Quality Assurance departmental checklist has means of verification is Observation, staff interview and patient interview and Record Review, so the study design will be Qualitative Study based on the Observation and Discussions.

Study Design:

1. Observational Study

2. Qualitative Study (interviewing staff of different departments and patients of different departments).

Study Area: Civil Hospital, Barnala

Study Duration: 3 Months (1/February/2018 to 30/April/2018).

Data Collection Tool:

- **Primary Data Collection-** Department specific checklists of National Quality Assurance Standards in District Hospitals.
- **Secondary Data Collection-** Hospital Documents Review and Clinical Record Review.

Data collection Technique:

- Record Review (RR)
- Staff Interview (SI)
- Observation (OB)
- Patient's Interview (PI)

Sample Size: Sample size for interview will be –

- 1 senior employee and 2 junior employees from different departments.
- 2 patients from each department (i.e., 2 patients from wards, Labor Room, waiting area, etc.).

Data Analysis

As per the pre-defined Scoring Rule of National Quality Assurance Standards:

2 marks – Full compliance

1 marks – Partially compliance

O mark – Non compliance

The final score of each department will be in percentage that can be calculated by using formula:

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

After calculating the final department wise Quality Score, the department's Quality Assurance Standards will be then assessed on the scale provided by the National Quality Assurance i.e., as follows:

- 70% and above score – Highly Satisfactory
- 50 - 60% score – Satisfactory
- 40- 50% score – Average
- Below 40% - poor

Findings & Graphical Presentation

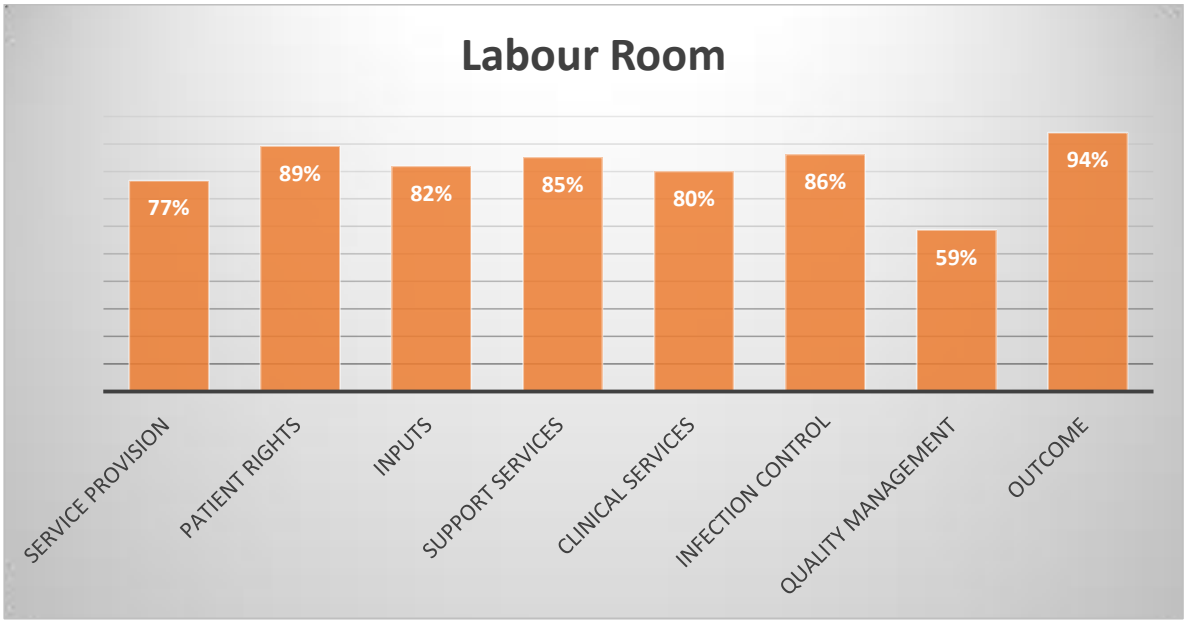
The assessment for the hospital was done for 4 departments. The finding is discussed in way:

- Graphs showing department wise score based on the score a department attains in each area of concern using the above mentioned formula and average of these departmental scores gave the hospital score.

RESULTS

NATIONAL QUALITY ASSURANCE SCORES FOR LABOR ROOM: -

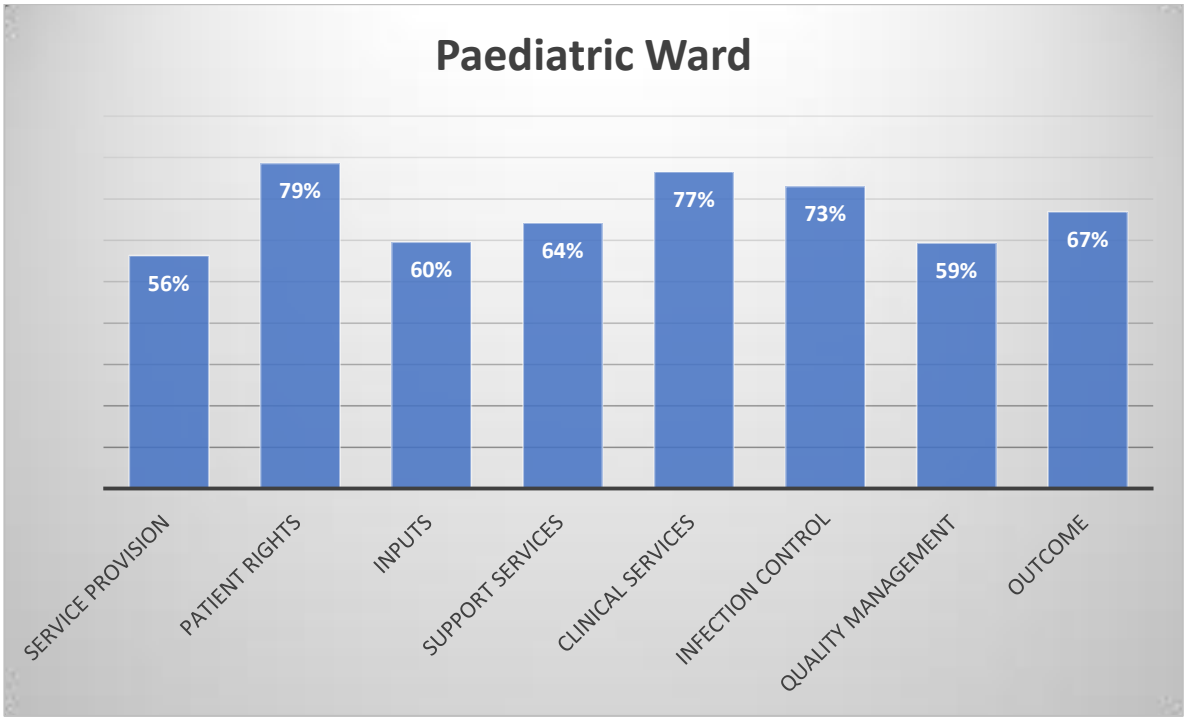
OVERALL SCORE: - 81%



Labour room is most critical area of any hospital, somewhere lacking in quality management practices.

NATIONAL QUALITY ASSURANCE SCORES FOR PAEDIATRIC WARD: -

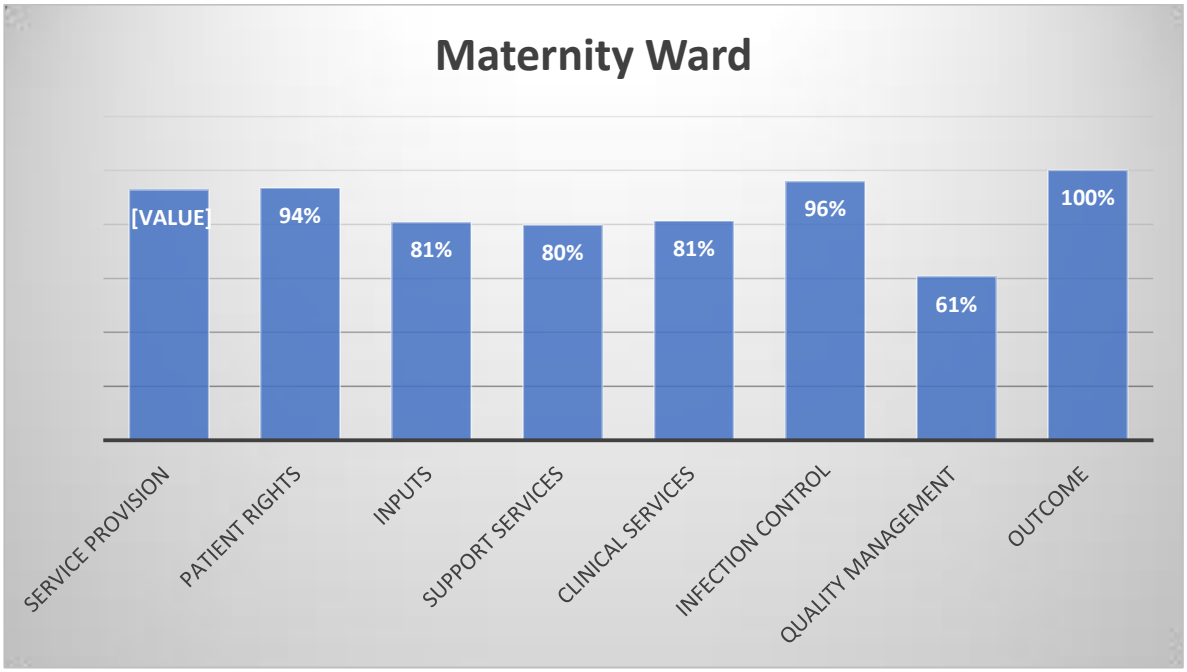
OVERALL SCORE:- 67%



Paediatric Ward was lacking behind in quality management techniques, outcome indicators.

NATIONAL QUALITY ASSURANCE SCORES FOR MATERNITY WARD: -

OVERALL SCORE:- 83%



Maternity Ward is the extension of the labour room it consist of ANC (Anti natal) and PNC (Post natal) ward lacking in quality management techniques

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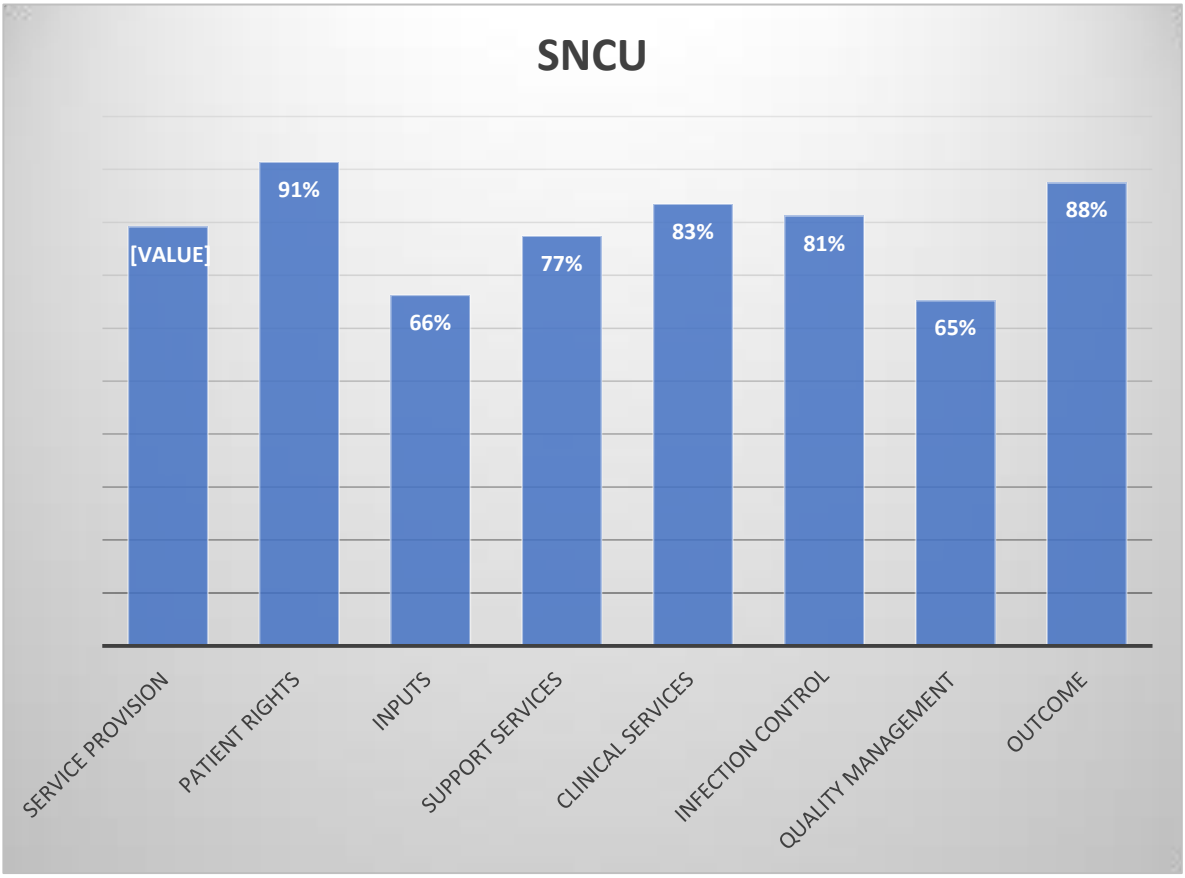
NATIONAL QUALITY ASSURANCE SCORES FOR SNCU: -

OVERALL SCORE: -78%



SNCU's also lacks in quality management techquines.

Gaps Observed while Assessment: -

- No directional signage's
- Un-Availability of enquiry desk
- Contact number of authorized person on complaint box not mentioned
- No water facility nearby
- No dedicated receiving area
- No telephone and intercom services
- No linkage with OT and SNCU

- No clear fire exit plan
- Unavailability of general duty doctor
- User manual not available
- Mattresses are broken.
- No sterile drape/ baby blanket.
- No system to check cleanliness of linen after receiving from laundry
- No dress code
- No monitoring of outsourced services.
- No procedure for admitting pregnant women directly coming to labor room
- No procedure for consulting of patient with other specialties within hospitals.
- Bedside nursing handover not done
- ID-tags for mothers and baby
- SOP not available at point of use
- No disaster plan
- Consent not taken before transfusion
- Death summary not given
- Unavailability of post exposure prophylaxis
- Departmental checklist not used and staff doesn't fill
- Facility doesn't map its critical processes
- Facility doesn't identify non-value adding activities
- No periodic internal assessment is done
- Action plan on gaps are not made started
- Facility doesn't use any tool for quality improvement in services
- No record of transfusion reaction.

ACTION TAKEN:

- Training given to housekeeping staff
- SOP prepared and distributed to doctors & nursing Staff
- Training regarding infection control given

- Hospital map was reviewed & fire plan was discussed with fire safety officer.
- Training on fire was given
- Uniform made mandatory for staff
- Visitor pass generated
- Departmental checklist provided to department
- Handover register maintained
- ID tags for mother & child was made available

ACTION PLAN

Activities	Start date	End date
Training to housekeeping staff	**16/02/2018**	**16/02/2018**
SOP prepared and distributed	**17/2/2018**	**21/2/2018**
Training on fire safety	**22/2/2018**	**22/2/2018**
Uniform mandatory	**23/2/2018**	**23/3/2018**
Visitor pass	**26/2/2018**	**15/3/2018**
Infection control training	**17/3/2018**	**17/3/2018**
Departmental checklist	**21/3/2018**	**24/3/2018**
Handover register	**3/4/2018**	**9/4/2018**
ID-tags for patients	**10/4/2018**	**13/4/2018**

Discussion

The Quality Assurance Assessment of the Civil Hospital, Barnala yielded the score of 73% which isabove the government's target of score of 70%.

All the departments assessed for eight area of concern and maximum departments are lacking in 2 area of concern i.e. Quality Management which includes making SOPs, internal quality assessment and control, monitoring and evaluation of departments, process mapping of critical processes and corrective and preventive action plans, Quality Policy and Quality Objective, Quality Management is a new concept to the public hospital so relatively lacking in scoring for this area of concern.

Outcome talked about the Productivity Indicators like Bed Occupancy Rate, Efficiency Indicators like No. of OPDs per Doctor, Clinical Indicators like MMR, IMR and Death rate for the hospital etc., these indicators emphasize on the efficiency of the processes of the

hospital, which can help in improvement of the outcome of the hospitals and various government run programmes.

The above discussion shows that the hospital is very efficient in providing the services round the clock as per government norms but only failing in Quality Management and maintaining the Outcome Indicator.

Conclusion

In the end we can say that, Quality in public place is newer concept and the results and effectiveness will only be seen in long term. The hospital's quality assurance committee has to work with proper framework to fulfil the gaps and to provide the quality healthcare services in the hospital.

The biggest challenge is to maintain that score for the long time period, as the regular check is needed to maintain the service quality which can be done by allocating the roles and responsibilities to the departmental in-charges for the upkeep of the services.

Last but not the least appraisal for every work is very necessary, so there should be a yearly appraisal programme for the in-charges to increase their enthusiasm towards providing the quality healthcare services along with the upkeep of the services.

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