A STUDY ON NATIONAL QUALITY ASSURANCE STANDARDS OF KEY AREAS OF MCH SERVICE" AT CIVIL HOSPITAL, BARNALA, PUNJAB

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INTRODUCTION

- WHO defines Quality of Healthcare services in following six subsets:
- **"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."
- **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."

- **Accessible:** Delivering health care that is timely, geographically reasonable, and provided in a setting, where skills and resources are appropriate to the medical need.
- **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."
- "**Safe:** Delivering health care, which minimizes risks and harm to the users."
- "**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 objectively and symmetrically monitors and evaluates services and facilities offered and performed in the hospital premises in accordance with pre-established standards."

- The four principles of Quality Assurance are:
- To focuses on the system and process.
- Utilize data to analyze system delivery processes.
- To encourage team approach on problem solving and quality improvement
- It is oriented towards meeting the needs and expectations of the patients.

- According to Quality Assurance following are the areas of concerns in a health facility:
- Service Provision
- Patient's Rights
- Inputs
- Support Services
- Clinical Services
- Infection Control
- Quality Management
- Outcome

RESEARCH QUESTION

- 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 of key areas of Mch Services (i.e. 4 departments- Labor Room, Maternity Ward, Pediatrics 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 as Observation, staff interview, patient interview and Record Review, so the study design will be Qualitative Study based on the Observation and Discussions.”

STUDY DESIGN

- Observational Study
- 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

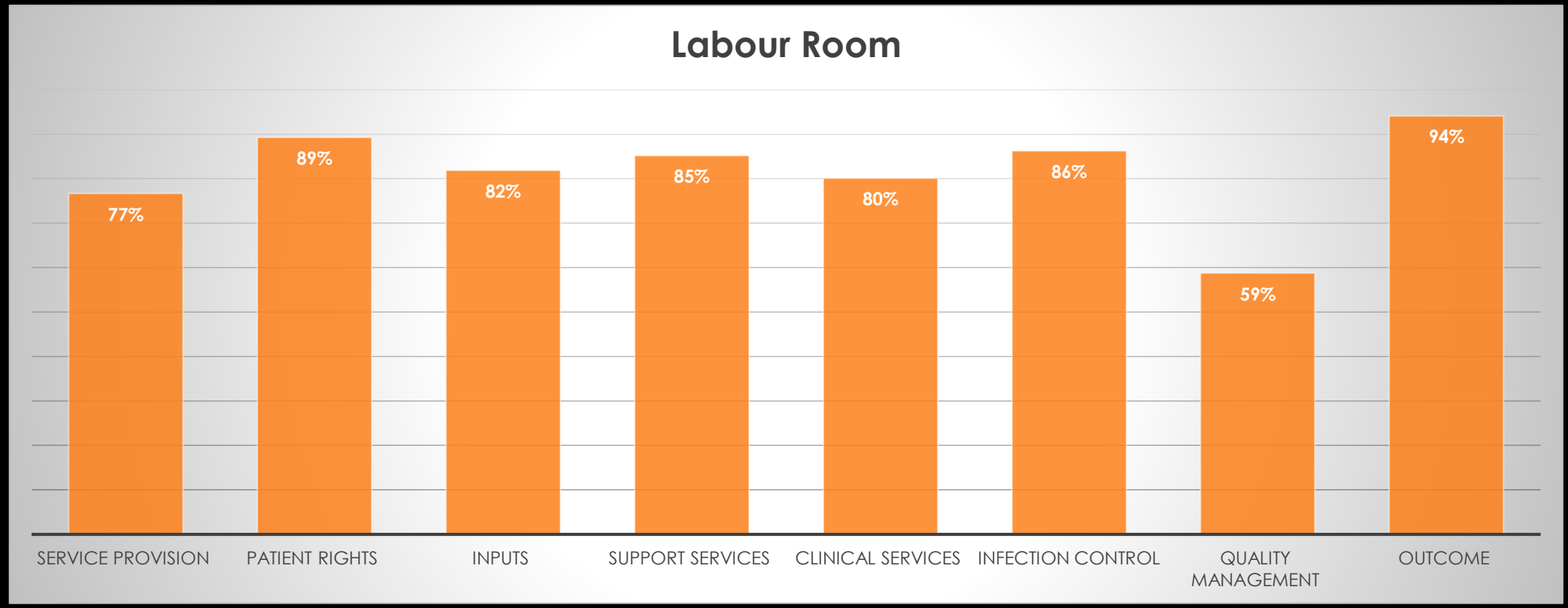
- The final score of each department will be in percentage that can be calculated by using formula:
- $\frac{\text{Score obtained}}{\text{No. of checkpoints in checklist}} * 100 * 2$
- After calculating the final department wise Quality Score, the department's Quality Assurance Standards will be then 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.

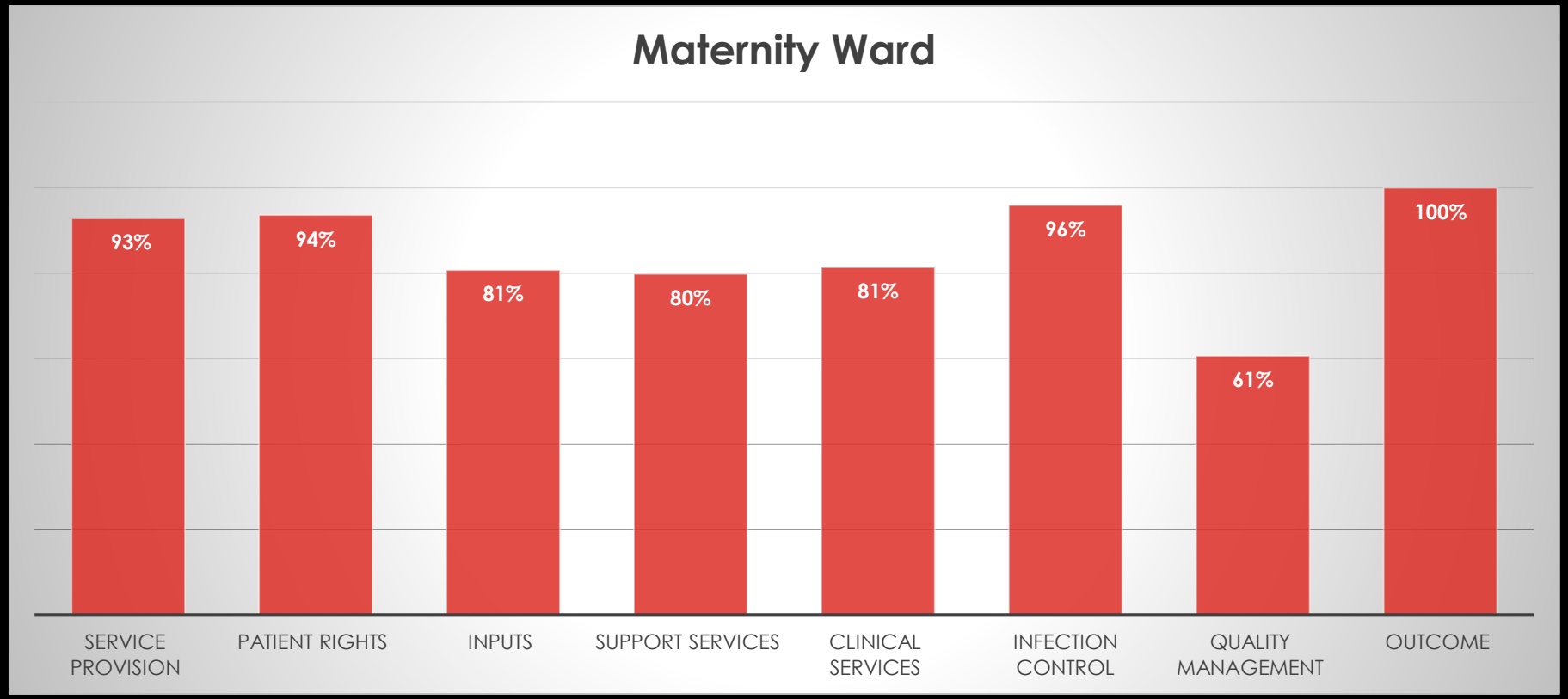
NATIONAL QUALITY ASSURANCE SCORES FOR LABOR ROOM: -

- OVERALL SCORE: - 81%



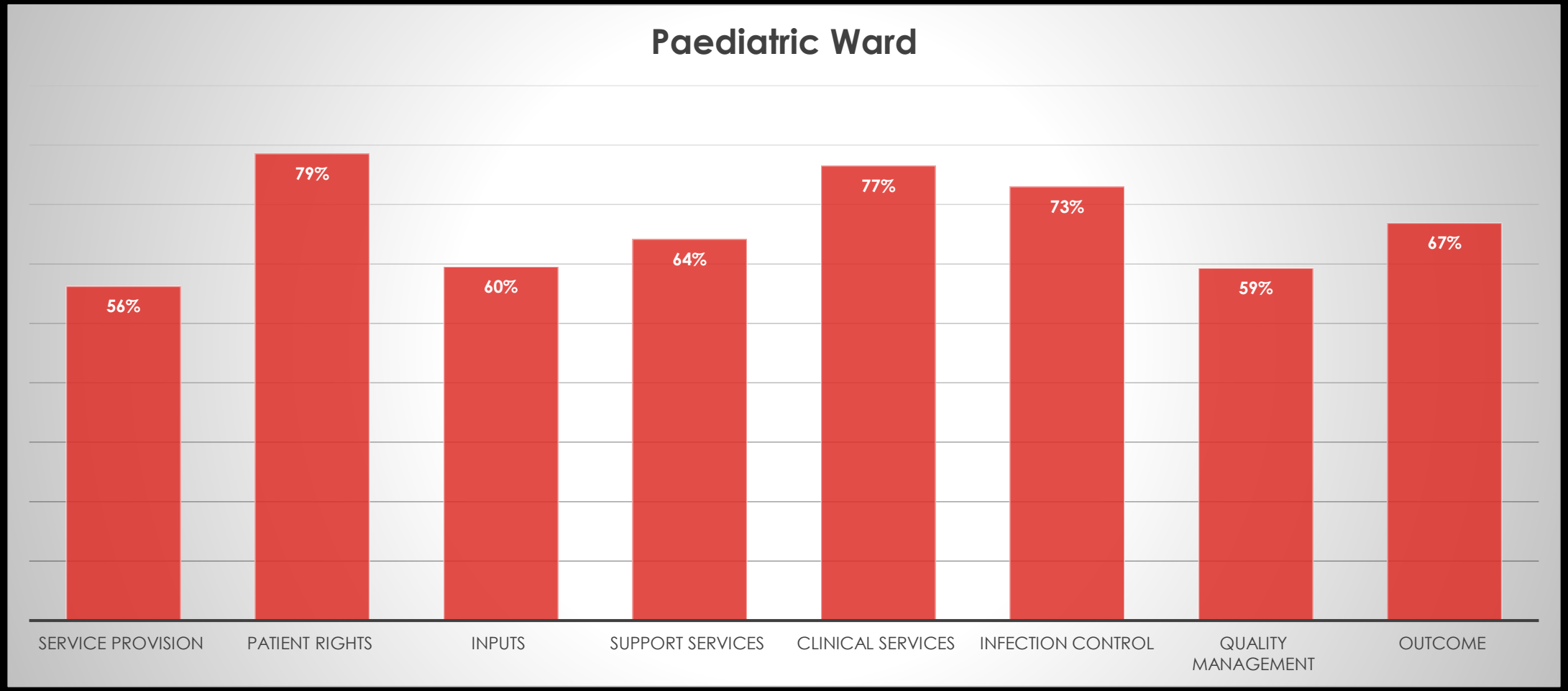
NATIONAL QUALITY ASSURANCE SCORES FOR MATERNITY WARD

- OVERALL SCORE: - 83%



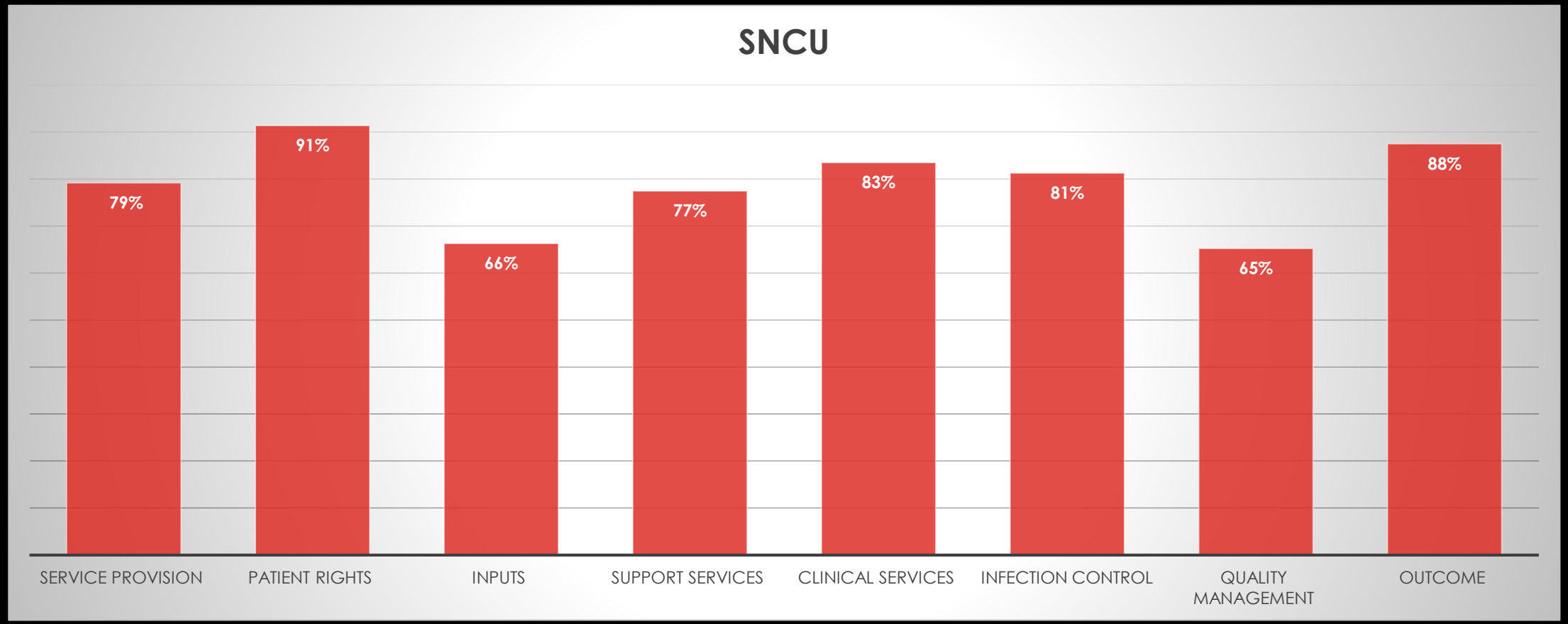
NATIONAL QUALITY ASSURANCE SCORES FOR PAEDIATRIC WARD

OVERALL SCORE: - 67%



NATIONAL QUALITY ASSURANCE SCORES FOR SNCU

- OVERALL SCORE: -78%



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
- On spot trainings were 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
- Started monthly departmental audits and the winner departments were given prize.

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 is above 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.
- Second area of concern is inputs which includes disaster management policy, physical safety of infrastructure, equipment and instruments as per load

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

Thank You