Assessment of Civil Hospital, Jalandhar according to the National Quality Assurance Programme

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Hospital Management

Quality

Quality is meeting and surpassing the customer's expectation

External Customers-

- Patients
- Target Population
- Community

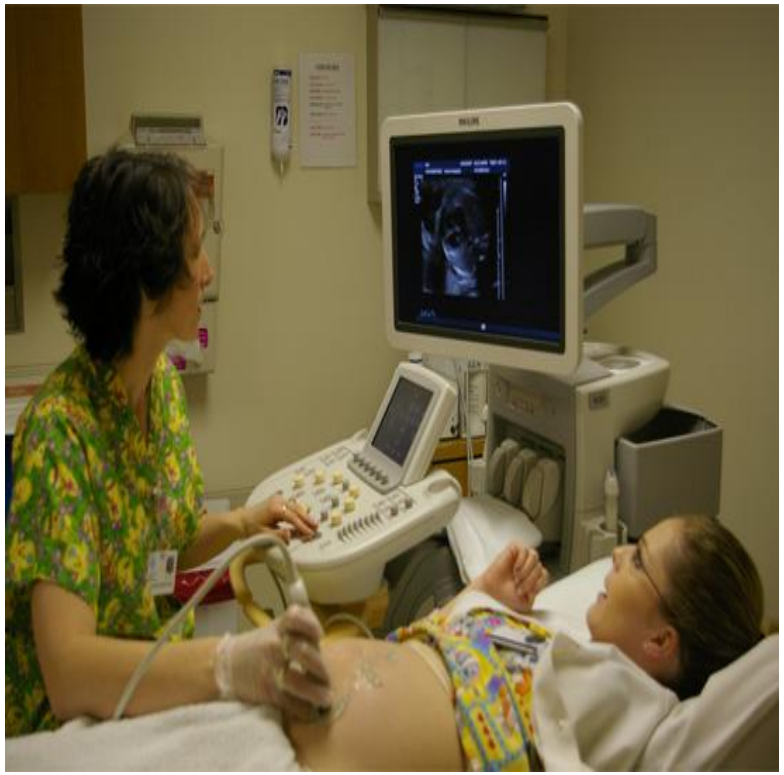
Internal Customers-

- Employees
- Health and Hospital department personals.

Quality in Healthcare

Quality in Healthcare has 2 components:

- Technical Quality



- Service Quality

Need of Quality in Health

- Healthcare practice institutions were stuck with the traditional concepts with no further enhancements.
- The practice of medicine was simpler, less effective but safe.
- Advancement in Operational Technology and diagnostics.
- Increased awareness among people about health.
- More focus on Patient centric and Patient specific approach.

Role of Quality in Public Health

- The primary role of quality system is to provide effective means to assuring that the customer (patient) requirements are met fully.
- The establishment of a quality system in a healthcare organization facilitates the standardization of the systems and processes (both clinical and administrative).

•The National Rural Health Mission (NRHM) was launched in the year 2005 with the goal “to improve the availability of and access to quality health care for people, especially for those residing in rural areas, the poor, women and children.”

•Ministry of Health and Family Welfare, Government of India is committed to support and facilitate a Quality Assurance Programme, which meets needs of Public Health System in the country and is sustainable.

• Main focus of proposed Quality Assurance Programme would be enhancing satisfaction level among users of the Government Health Facilities and reposing trust in the Public Health System.

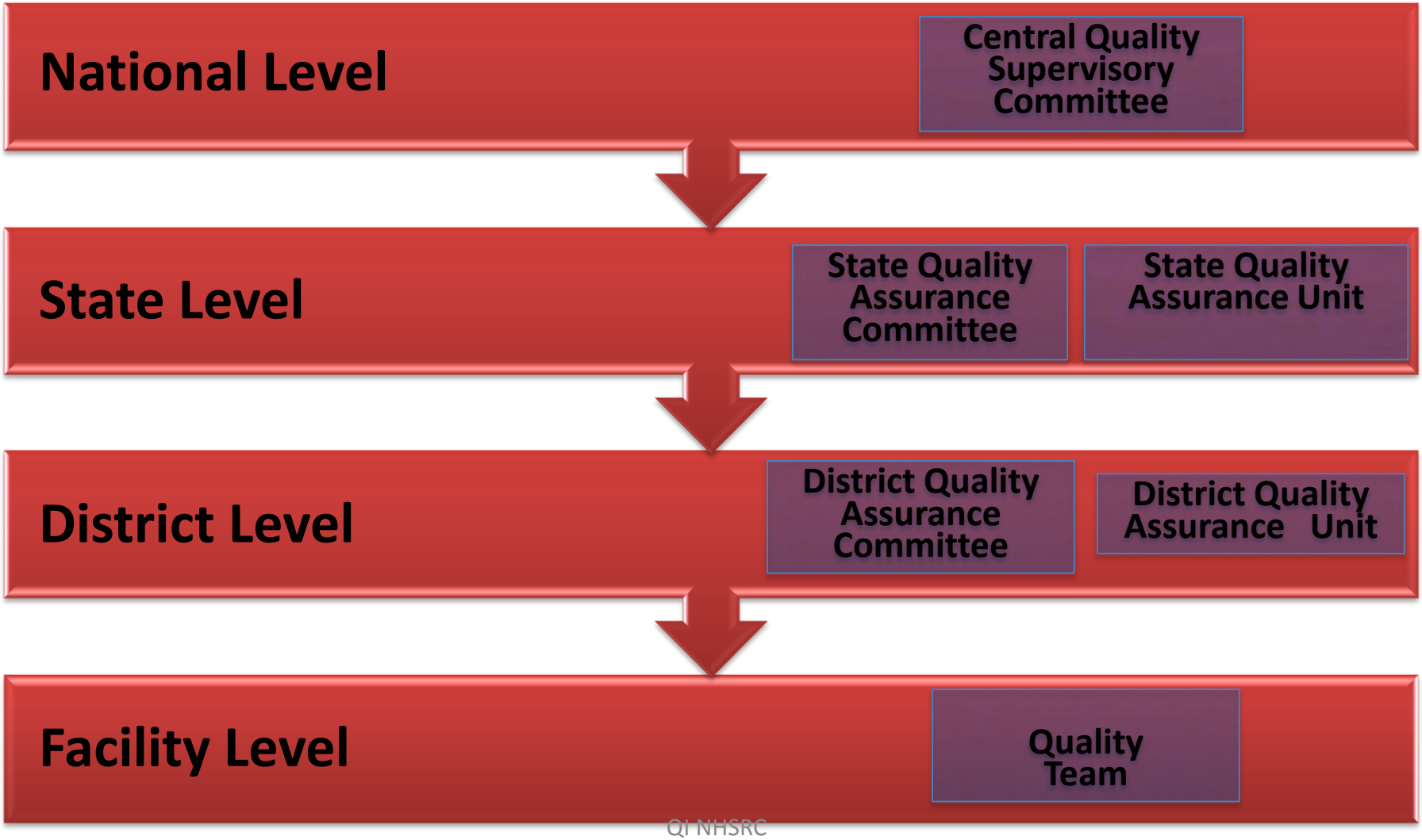
•All government and publically financed private healthcare facilities would be expected to achieve and maintain Quality Standards. An in-house quality management system will be built into the design of each facility which will regularly measure its quality achievements.

National Quality Assurance Program in Public Health

Key Features of QA Programme

1. Unified Org. Framework
2. Quality Assurance Standards
3. Continuous Assessment and scoring
4. Key Performance Indicators
5. Training & Capacity Building
6. Inbuilt Quality Improvement Model
7. Certification at State & National Level
8. Incentives & Sustenance

Quality Assurance Institutional Structure



Issue of Certificate & Incentives

Submission of Assessment Report

Recommendation for Certification

Assessment by external Assessor

Processing of Application and appointment of assessors

Recommendation for Certification

State Level Assessment & Certification

National Quality Assurance Standards (Areas of Concern)

Service Provision

Patient Rights

Inputs

Support Services

Clinical Care

Infection Control

Quality Management

Outcome

Research Question

- What is the Quality Assurance Level of Civil Hospital, Jalandhar according to the National Quality Assurance Standards?

Objective of the study

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

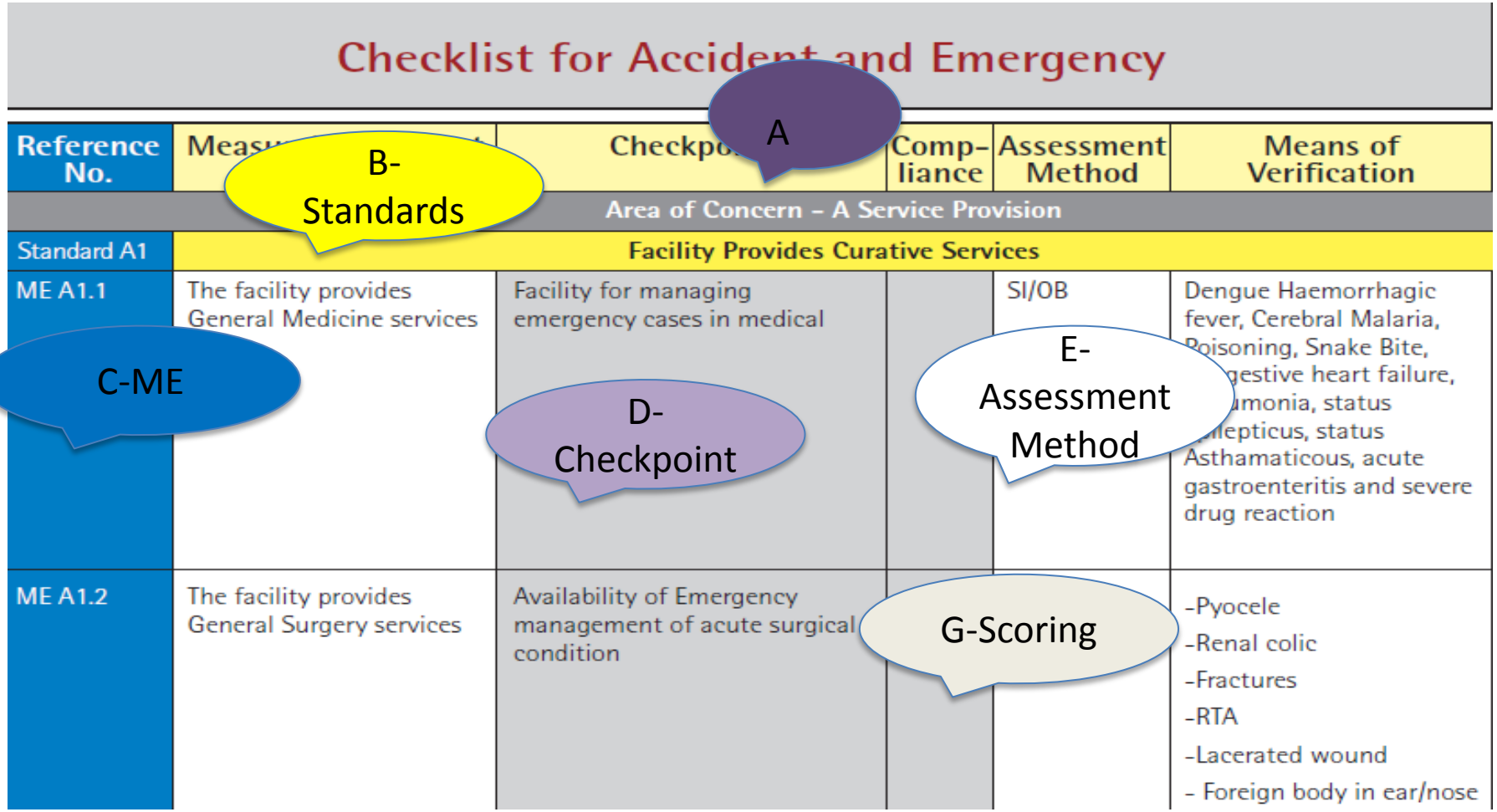
SPECIFIC OBJECTIVES -

- Identify the gaps against the National Quality Assurance Standards department wise (i.e. 16 departments- OPD, IPD, Accident and Emergency, Labour Room, Maternity Ward, Paediatrics ward, SNCU, OT, PP Unit, Blood Bank, Laboratory, Radiology, Pharmacy, Auxiliary Services, Mortuary, Administration).
- To give recommendations for bridging the gap areas or non-compliances.
- To measure the patient satisfaction level by using the standard patient satisfaction score card.

Methodology

- **Study Design:** 1. Observational Study
- 2.Quanititative Study.
- **Study Area:** Civil Hospital, Jalandhar
- **Study Duration:** 3 Months (1/February/2018 to 30/April/2018).
- **Sample size:** 50 OPD patients.
- **Data Collection Tool:**
- **Primary Data Collection-** Department specific checklists of National Quality Assurance Standards in District Hospitals.
- Patient satisfaction feedback form.
- **Secondary Data Collection**- Hospital Documents Review and Clinical Record Review.

Sample Checklist



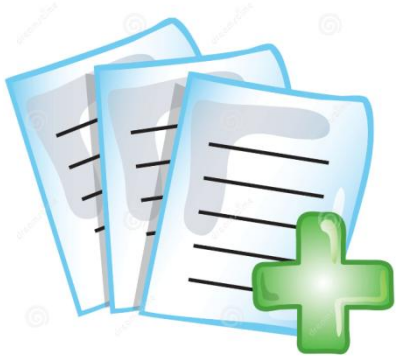
Checklist for Accident and Emergency

Reference No.	Measu…	Checkpo…	Comp-liance	Assessment Method	Means of Verification
		Area of Concern – A Service Provision			
Standard A1		Facility Provides Curative Services			
ME A1.1	The facility provides General Medicine services	Facility for managing emergency cases in medical		SI/OB	Dengue Haemorrhagic fever, Cerebral Malaria, Poisoning, Snake Bite, …gestive heart failure, …monia, status …lepticus, status Asthamaticous, acute gastroenteritis and severe drug reaction
ME A1.2	The facility provides General Surgery services	Availability of Emergency management of acute surgical condition			-Pyocele -Renal colic -Fractures -RTA -Lacerated wound - Foreign body in ear/nose

Assessment Method

OBSERVATION (**OB**)

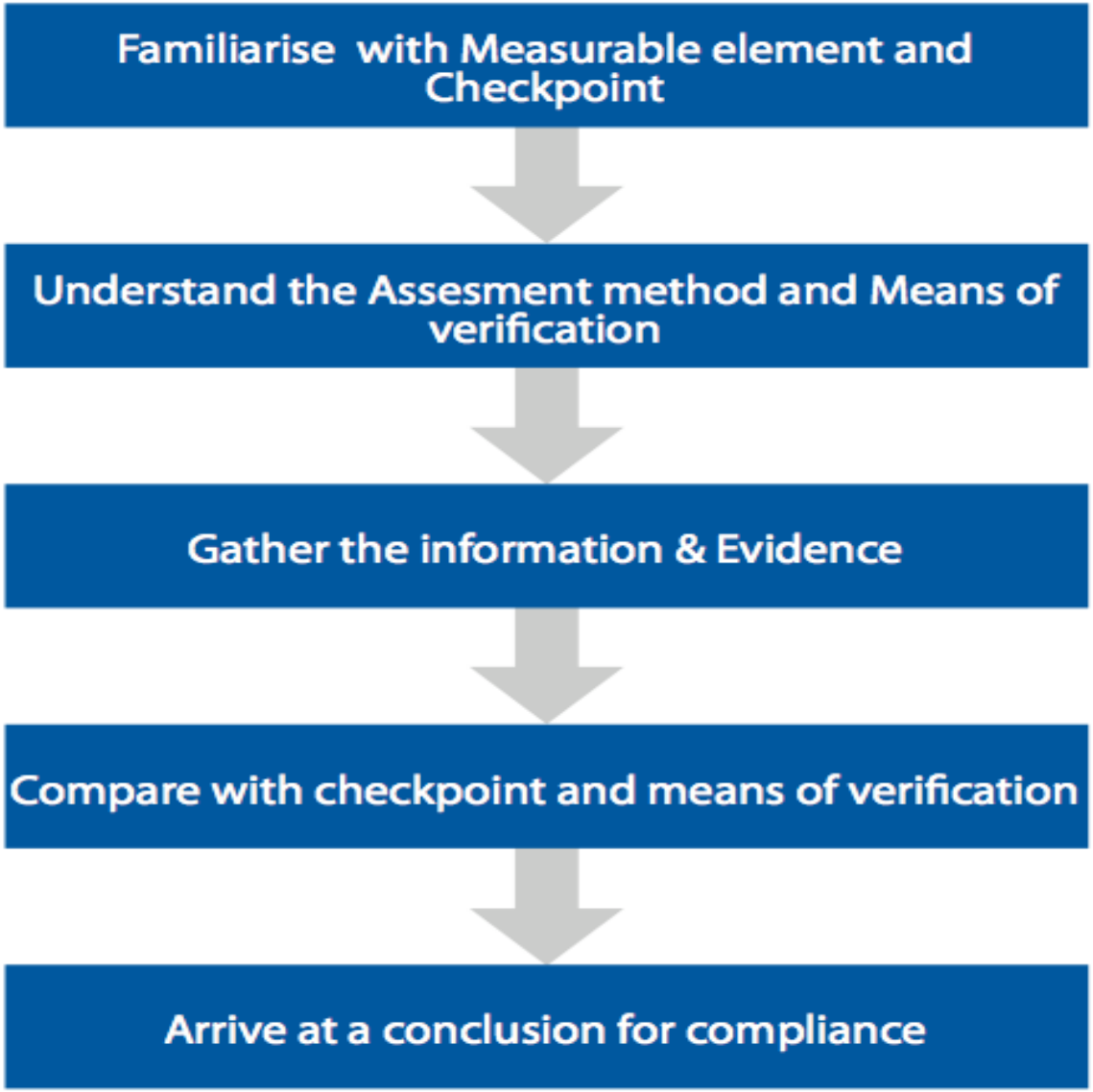
STAFF INTERVIEW (**SI**)



RECORD REVIEW (**RR**)

PATIENT INTERVIEW (**PI**)

Assessment Procedure



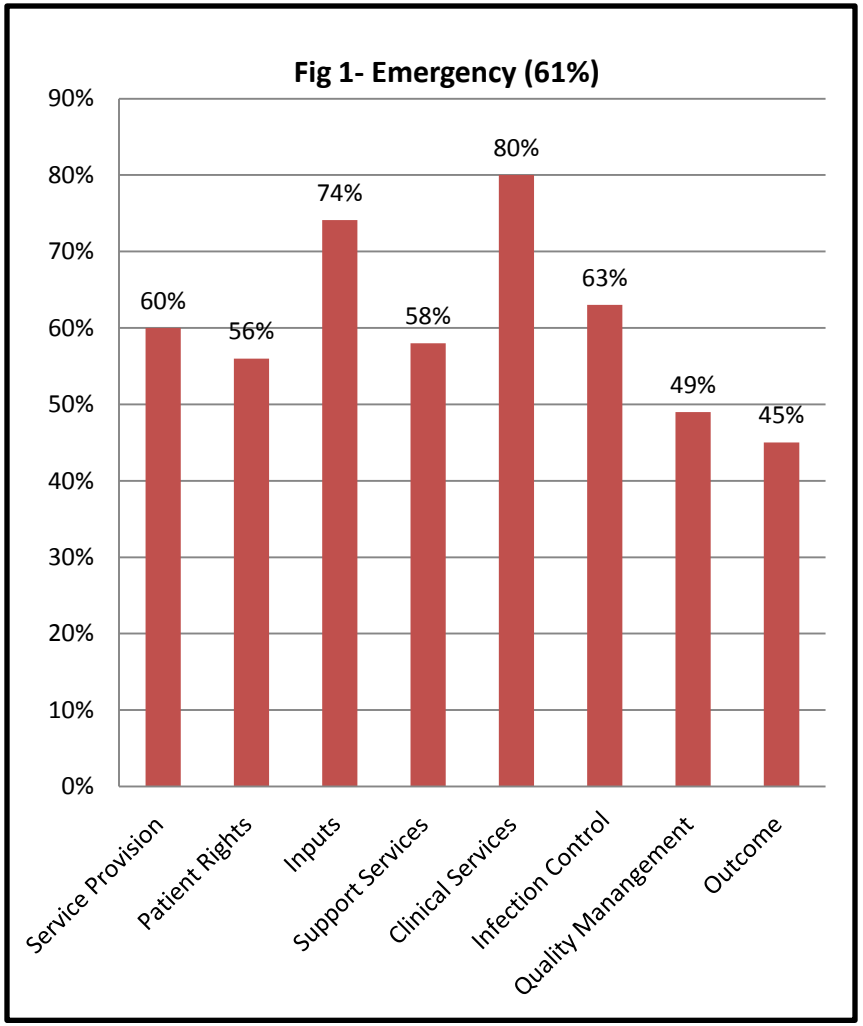
Data Analysis

- Data Analysis is done using Excel.
- **Scoring Rule :**
- 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

Department wise Scores



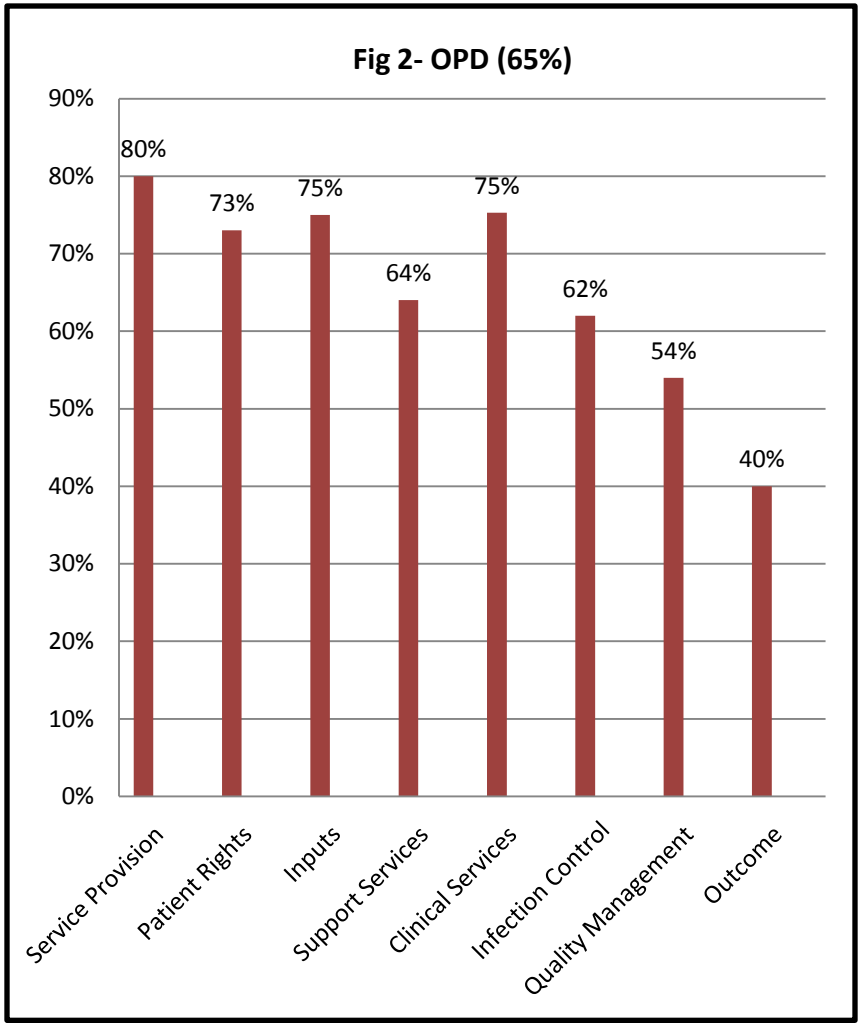


Fig -3 Labour Room (69%)

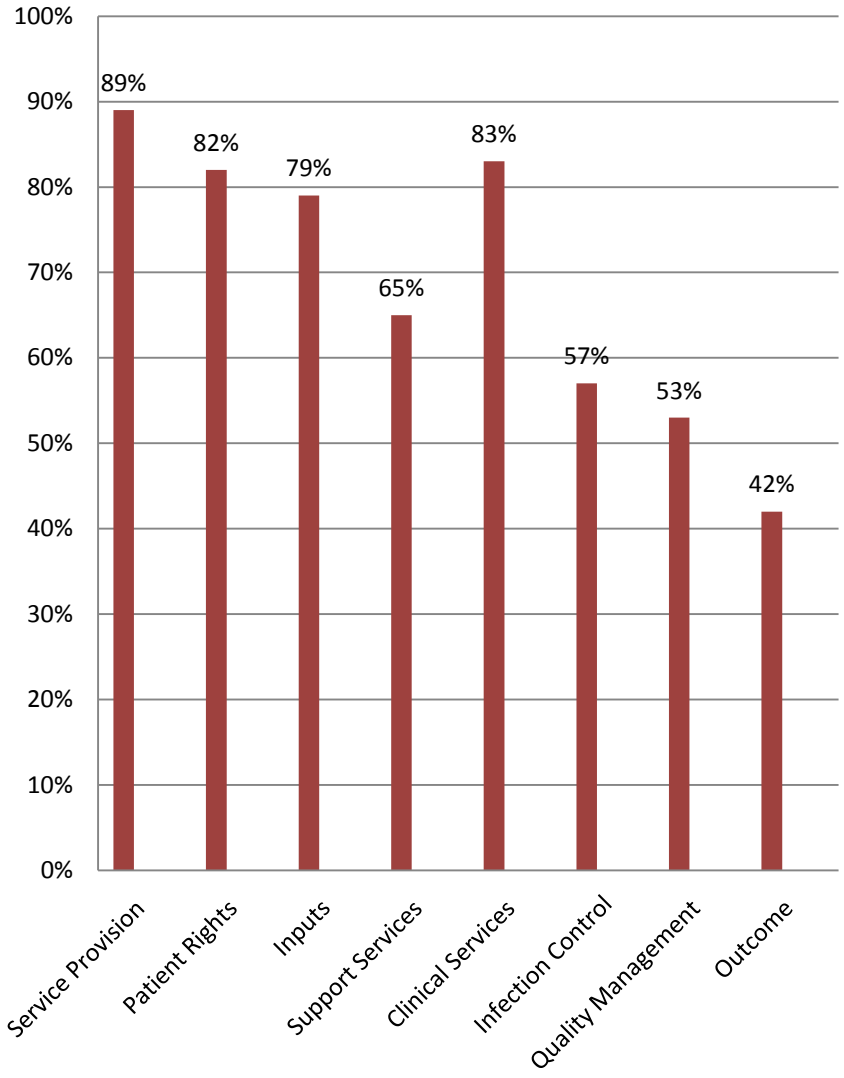
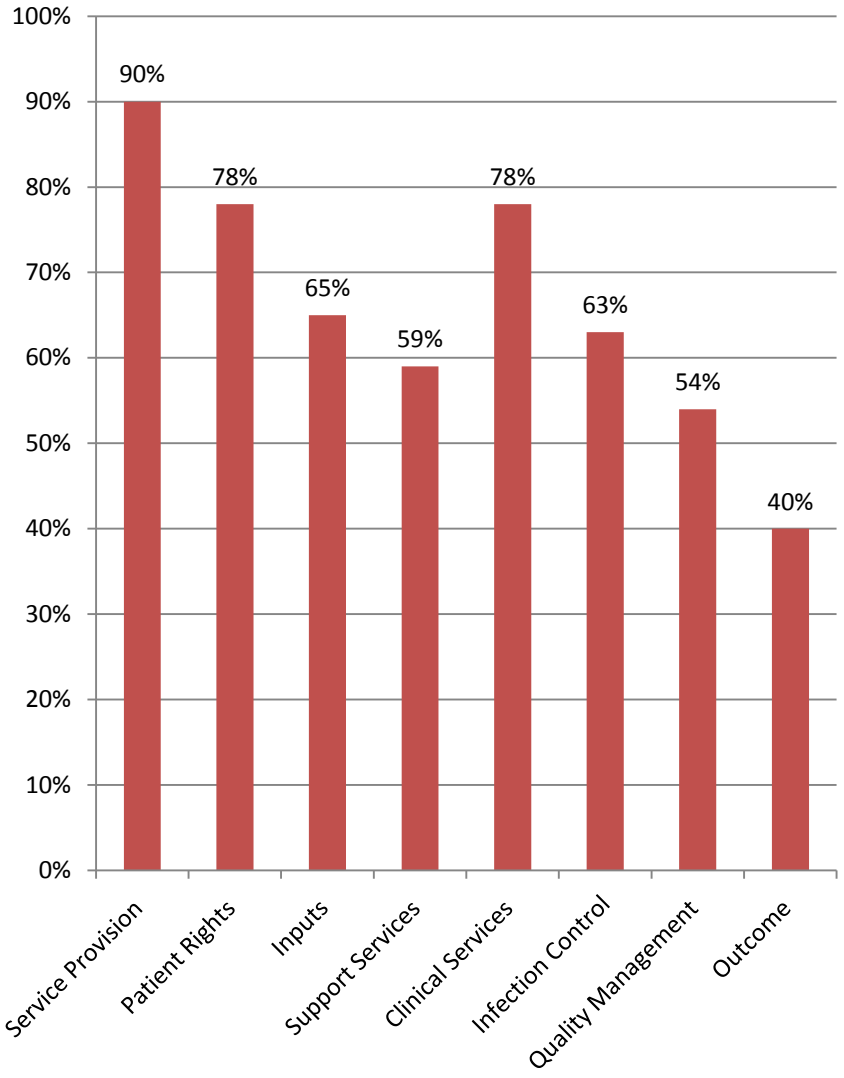


Fig- 4 Maternity Ward (66%)



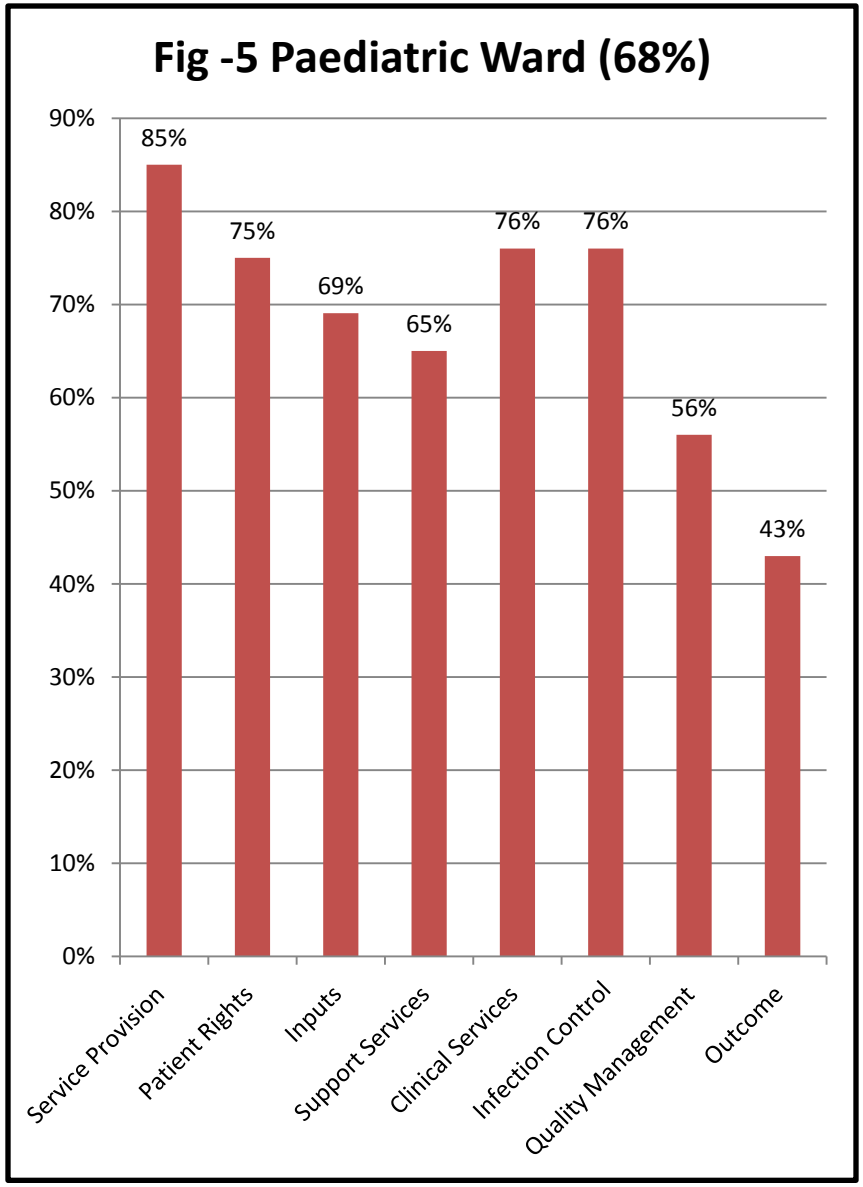


Fig -5 Paediatric Ward (68%)
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
85%
75%
69%
65%
76%
76%
56%
43%
Service Provision
Patient Rights
Inputs
Support Services
Clinical Services
Infection Control
Quality Management
Outcome

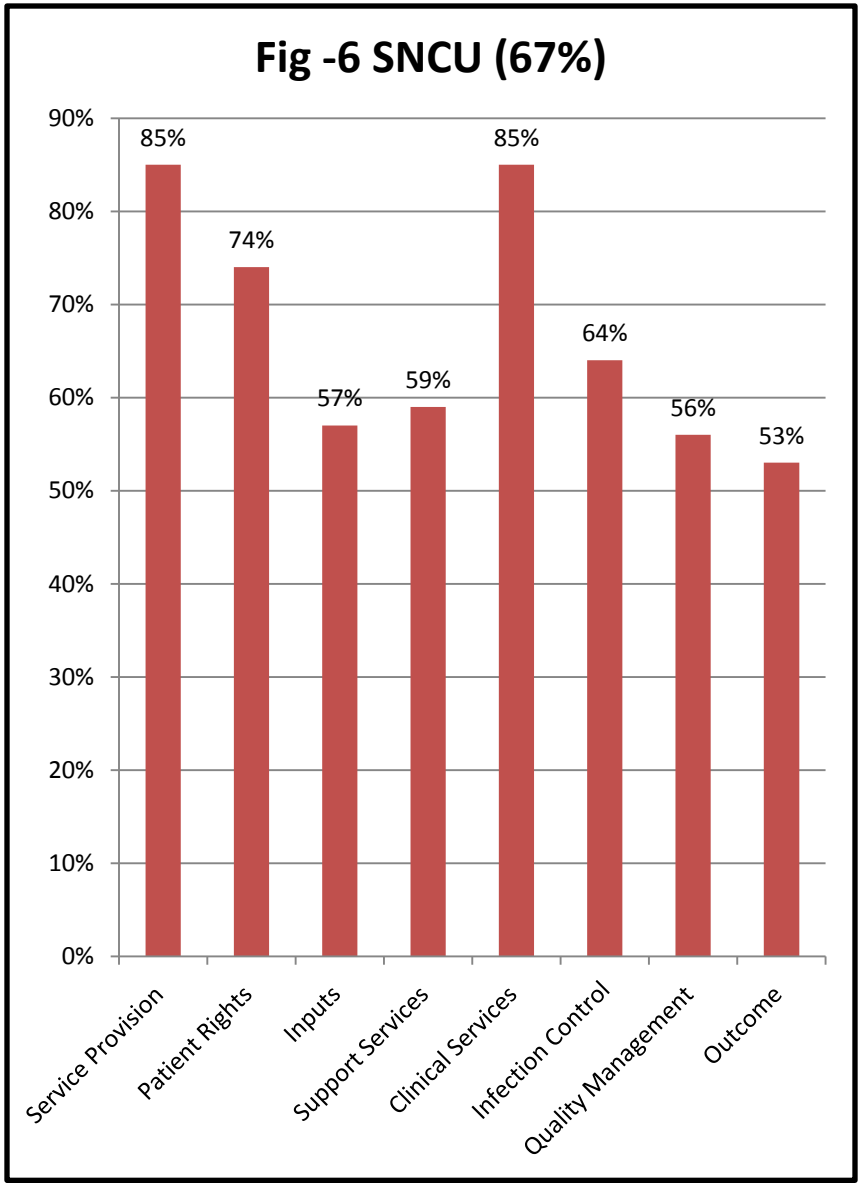


Fig -6 SNCU (67%)
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
85%
74%
57%
59%
85%
64%
56%
53%
Service Provision
Patient Rights
Inputs
Support Services
Clinical Services
Infection Control
Quality Management
Outcome

Fig-7 Operation Theatre (66%)

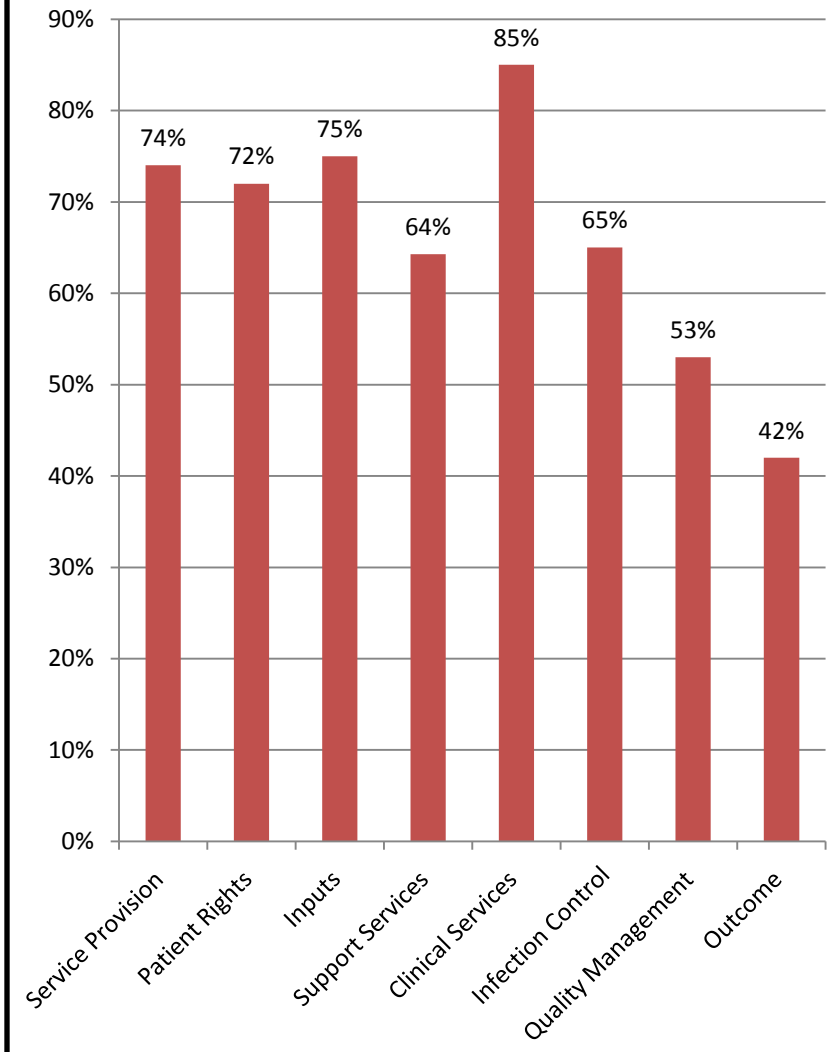


Fig- 8 PP Unit (72%)

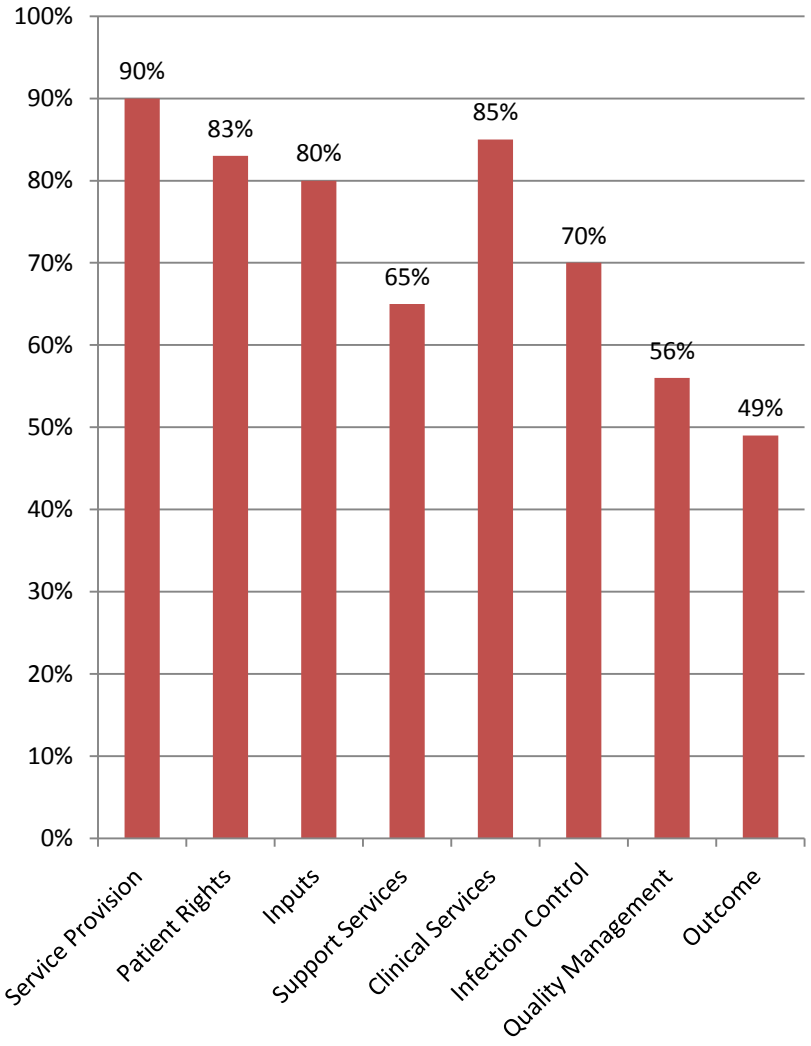


Fig- 9 IPD (62%)

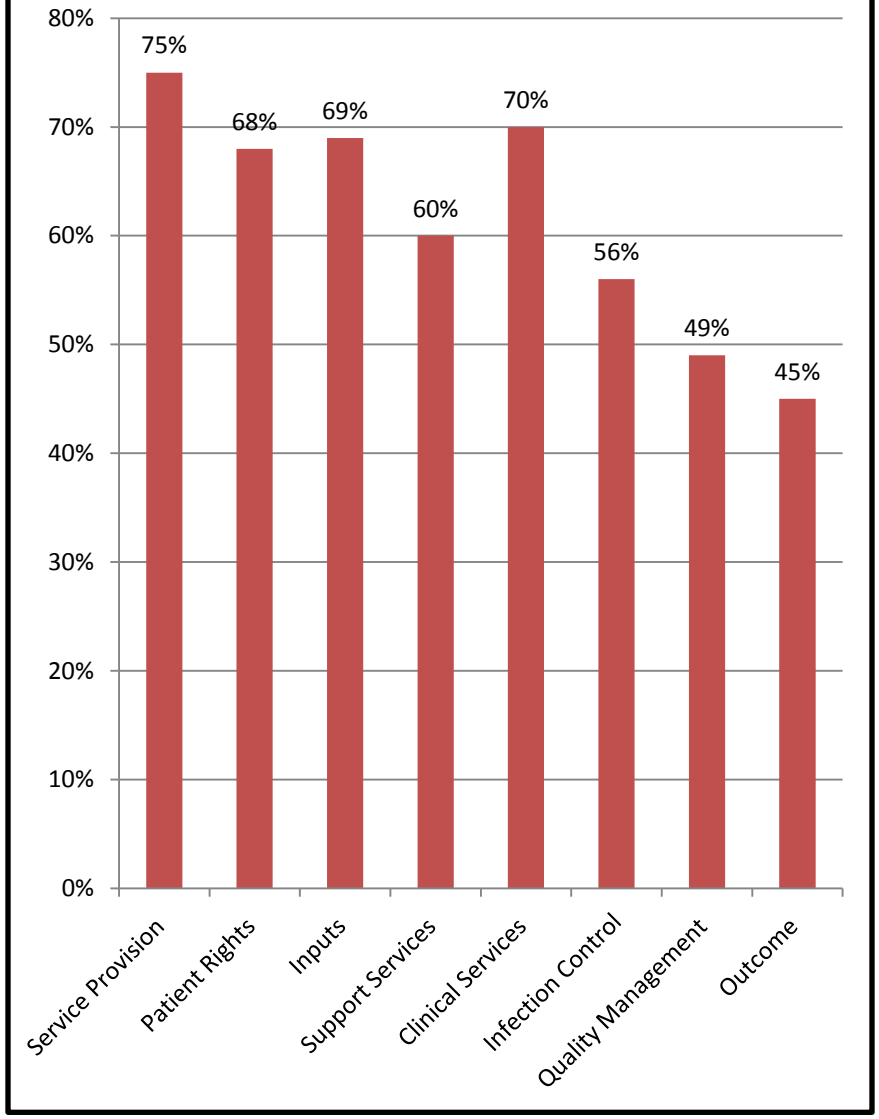


Fig- 10 Blood Bank(77%)

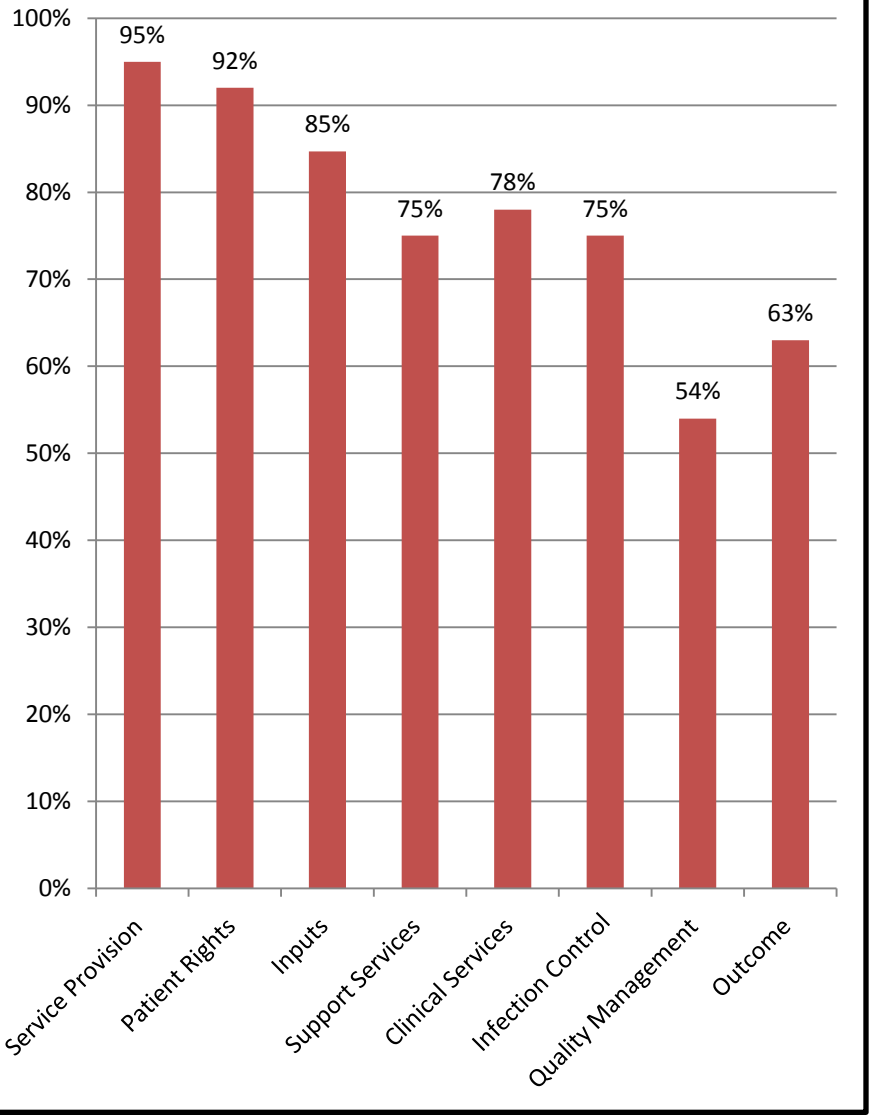


Fig- 11 Laboratory (68%)

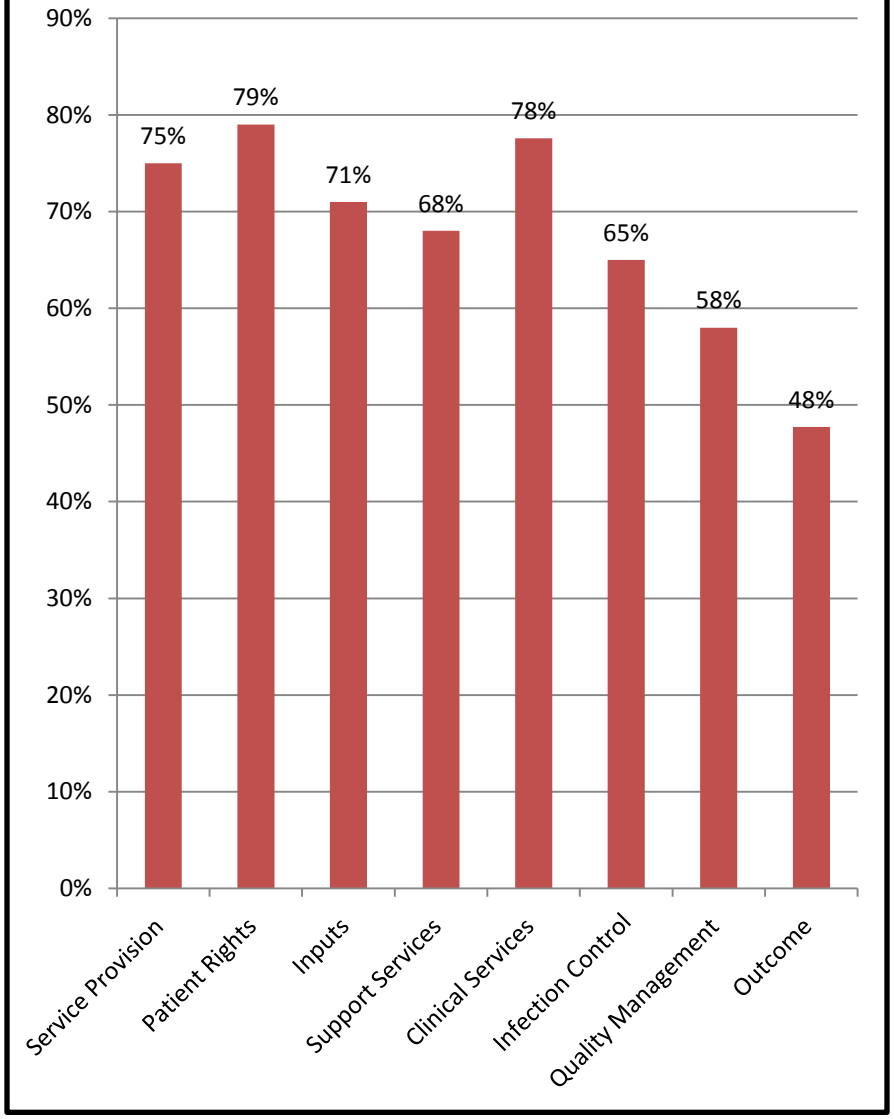


Fig- 12 Radiology (65%)

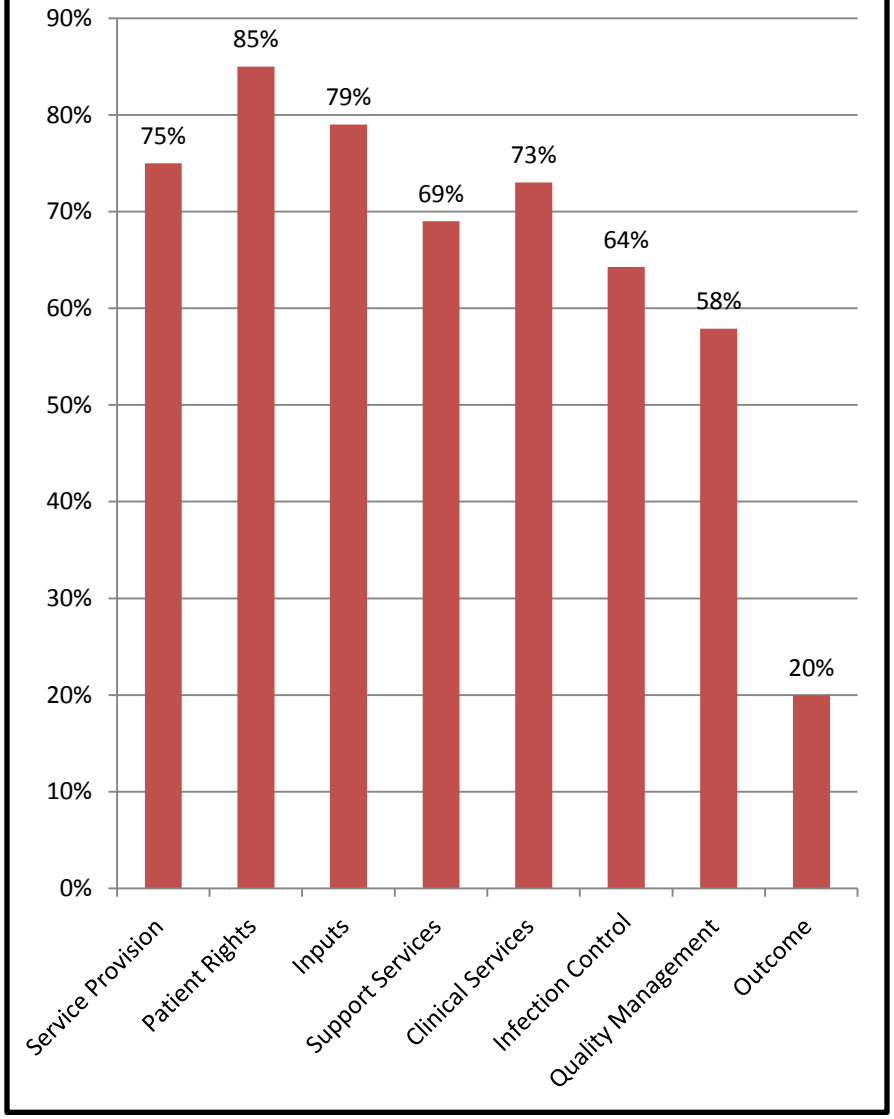


Fig- 13 Pharmacy (64%)

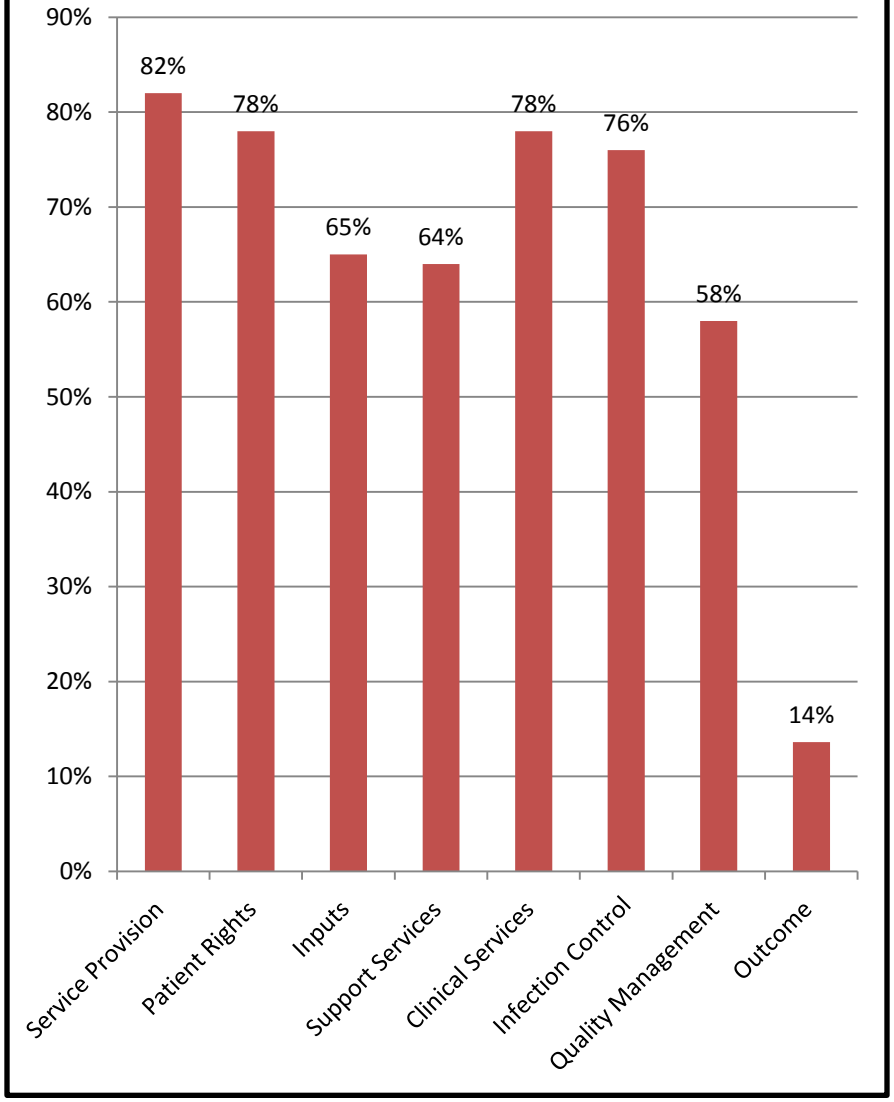


Fig- 14 Auxiliary Services (62%)

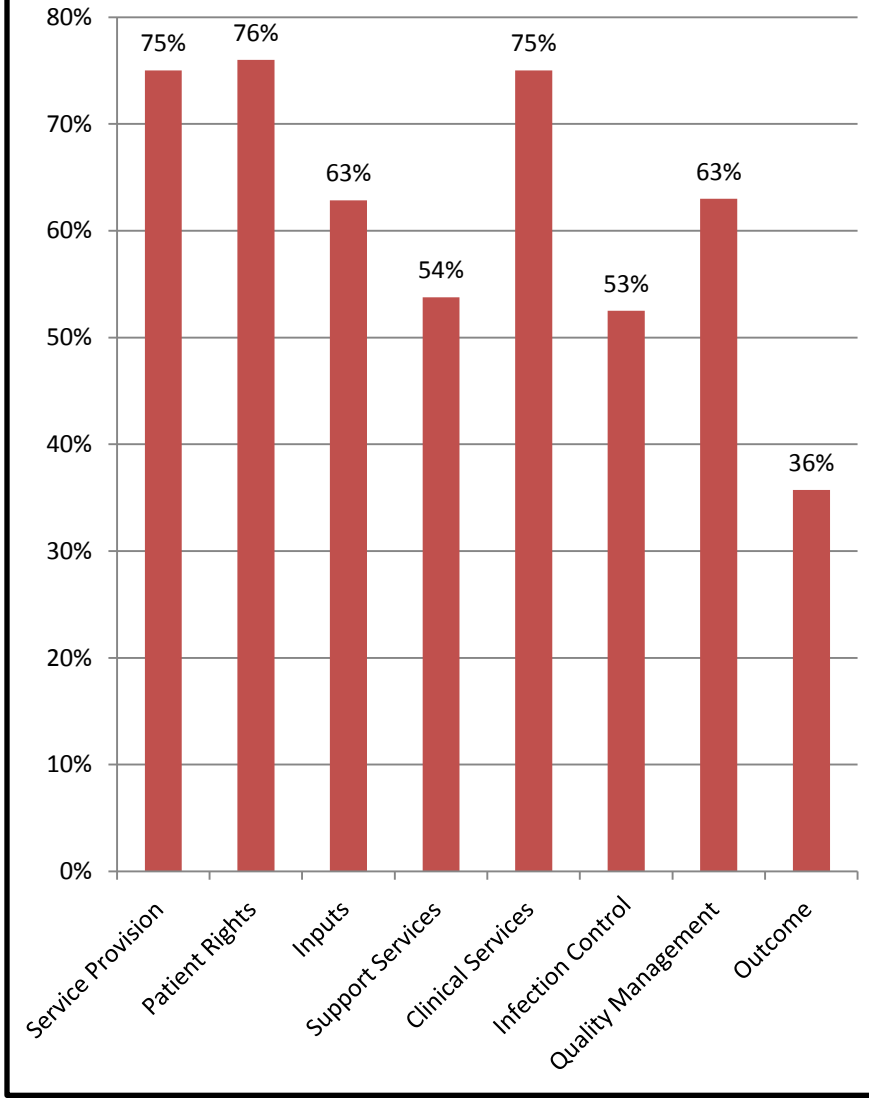


Fig -15 Mortuary (56%)

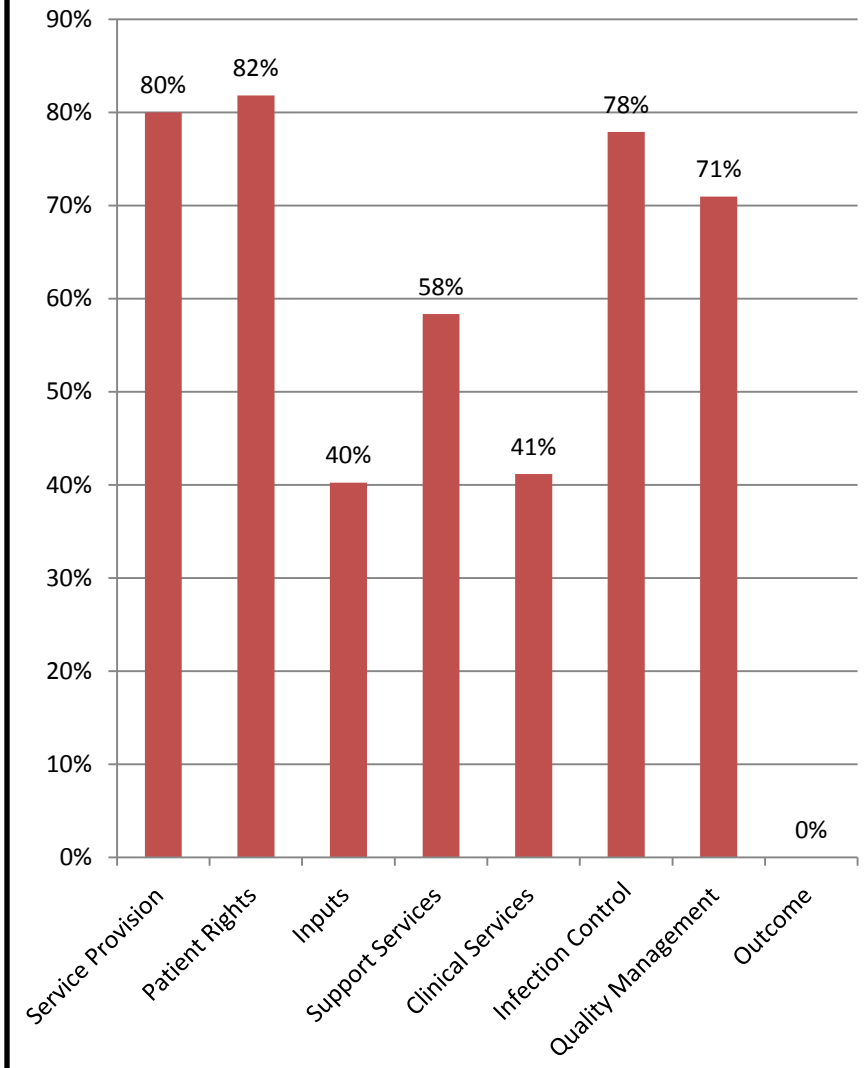
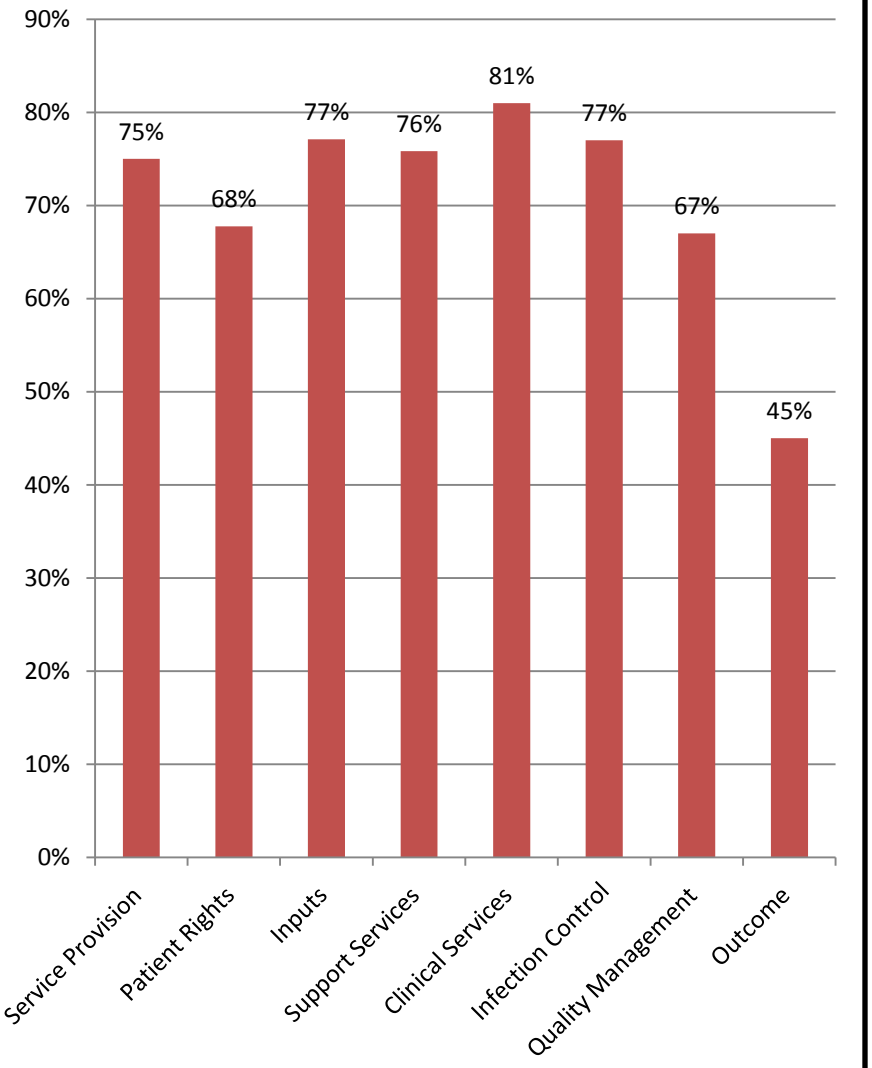


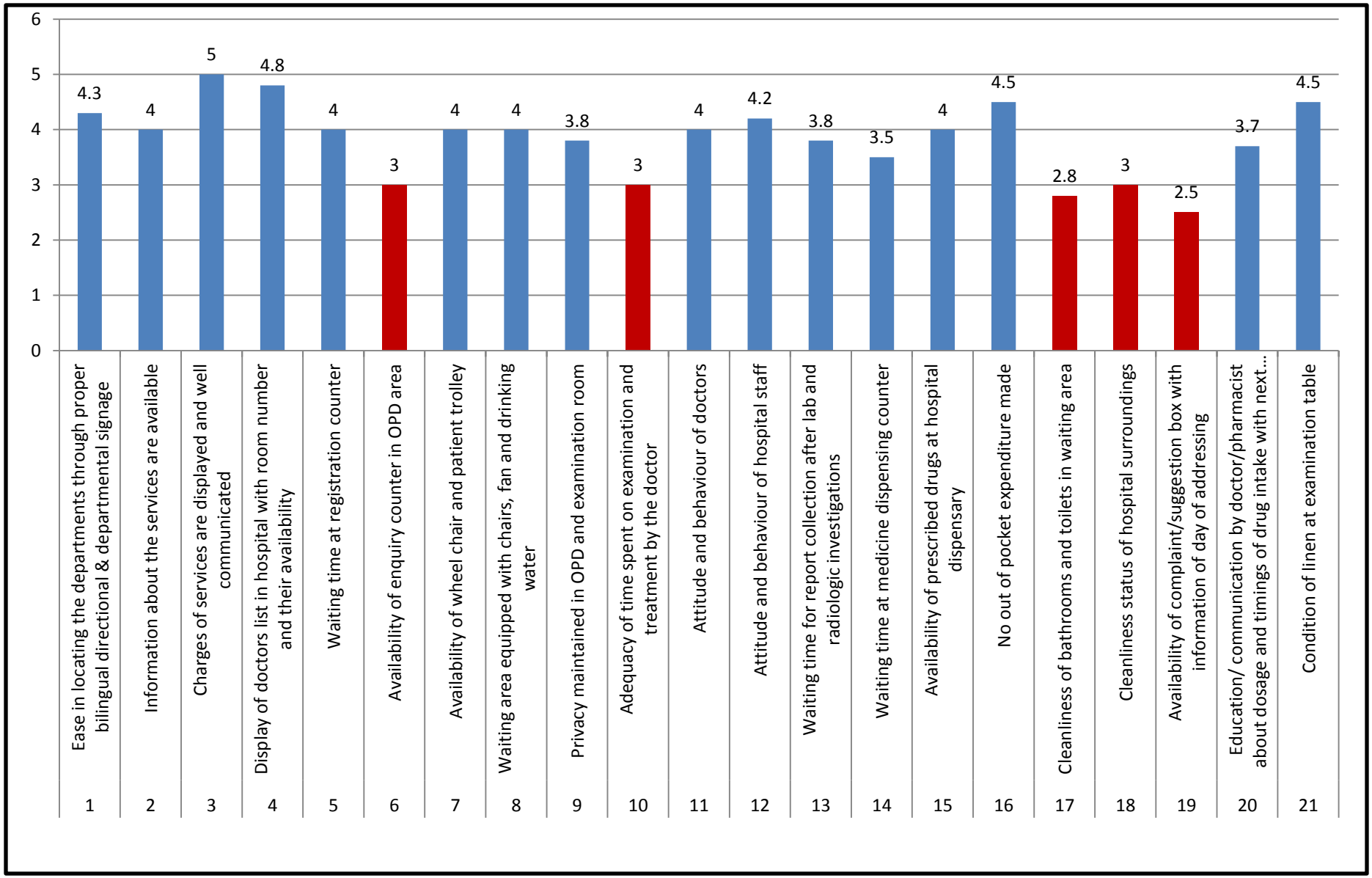
Fig- 16 Administration (71%)



Hospital Quality Score Card

S. NO.	Department Wise Score	Score (%)
1	Accident and Emergency	61
2	OPD	65
3	Labour Room	69
4	Maternity Ward	66
5	Paediatrics	68
6	SNCU	67
7	Operation Theatre	66
8	PP UNIT	72
9	IPD	62
10	Blood Bank	77
11	Laboratory	68
12	Radiology	65
13	Pharmacy	64
14	Auxiliary Services	62
15	Mortuary	56
16	Administration	71

Patient's Satisfaction Feedback



Recommendations

- **Accident and Emergency-**

❖ Need triage to display.
❖ Proper demarcation of area according to the triage needed to be done.
❖ Emergency Drug trays needed to maintain timely and record the stock outs timely.
❖ SOP's and Outcome indicators needed to maintain.

- **OPD-**

❖ Queue system needed to manage along with patient calling system as the OPD is very high.
❖ SOPs needed to be displayed.
❖ Privacy issues needed to be cater by using curtains and sheets.

- **LABOUR ROOM –**

❖ Tables are rusted needed to be painted or replace.
❖ Point of care diagnostic tests is not available needed to make available to improve Quality Care.
❖ Signage's not available as per standards informed concern head of the department to rectify the same.
❖ Staffs needs regular training on Bio- Medical Waste Management and Hand Hygiene as this is the most critical area of the hospital.

- **MATERNITY WARD –**

❖ Visiting Policy needed to be implemented as the no. of attendants coming with patients are more than 2.
❖ Staffs are not aware of the disaster plan, roles and responsibilities of them.

- **PAEDIATRIC WARD –**

❖ No security guard is posted there, suggested for the posting a guard common in paediatrics and SNCU.
❖ Visiting Policy needed to be implemented.
❖ Suggested to make play room or place television with some cartoon channels so that children feel happy and recover soon.

- **OPERATION THEATRE –**

❖ OT zones are not demarked like protective zone, clean utility, dirty utility, sterile area etc, suggested to OT incharge to implement same.

❖ Lacking in maintaining the records of carbolisation and sterilization suggested implementing the same.

❖ WHO Surgical Safety Checklist needed to be implemented to ensure the right surgery for right patient at right demarcated place at right time.

- **POST PARTUM UNIT –**

❖ Only lacking in maintaining the Outcome Indicator which is consulted with PP UNIT incharge to make sure the compliance.

❖ SOPs needed to implement to ensure the Quality care is given to patients.

- **IPD –**

❖ Cleanliness of wards and washroom is sometime a issue, housekeeping incharge instructed to maintain cleanliness and training given to the housekeeping staff to follow the standard practices.

❖ Nursing station is not provided or displayed the critical value of different tests, nursing incharge of every ward instructed to display the same.

- **BLOOD BANK –**

❖ Annual Maintenance record maintenance needed to be done, blood bank incharge suggested doing the same and ensuring the compliance of the same.

❖ Training on Fire Safety needed to be given to the dedicated staff.

- **LABORATORY –**

❖ Common people flow through the department needed to be restricted as this is non-compliance according to the National Quality Assurance Standards.

❖ Bio-Medical Waste disposal adherence is needed as per BMW rules and regular training needed to be given.

❖ Outcome Indicators needed to be maintained as these are the essential to know the disease status.

- **RADIOLOGY –**

❖ Lead apron and TLD badges are not placed properly, incharge of the department instructed to keep it properly as per guidelines.
❖ Medical Check up of all staff need to made compulsory at least yearly.
❖ SOPs needed to be implemented and ensure the compliance of the same.
❖ Outcome Indicators needed to be maintained.

- **Pharmacy-**

❖ List of drugs needed to be displayed, with their availability status on daily basis.
❖ Timely indenting of drugs needed to be done to avoid the stock out.
❖ Proper marking of drugs needed to be done along with LASA drugs.

- **Auxiliary Services –**

❖ Laundry equipments needed to be buying to compliance the National Quality Assurance Standards.
❖ Demarcated and dedicated area/zones needed to be made in the laundry to separate out dirty and clean clothes.
❖ Records of laundry needed to be maintained, to identify from which ward which and how much clothes collected and needed to return back.
❖ In Kitchen serving trolley needed to buy to serve the hot food to the patient.

- **Mortuary –**

❖ As mortuary has a different building and almost all need maintenance.

- **Administration –**

❖ Record maintenance is only issue in the administration, needed to take with priority and reach to compliance soon.

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 need to work a lot to reach the National Quality Standards and to attain the 70% marks and for achieving the same 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 inchrages 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 incharges to increase their enthusiasm towards providing the quality healthcare services along with the upkeep of the services.

References

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

The question is can India afford not to do it…

Thanks