QUALITY ASSESSMENT OF HEALTH SERVICES IN HEALTH LINE HOSPITAL , JAIPUR

Nancy Dixon
PGDHM -19

- VISION
- Continuous and conscious effort to provide quality and patient -centred health services that are affordable and improve the overall wellbeing of the community we serve

- MISSION
- To serve is our motto

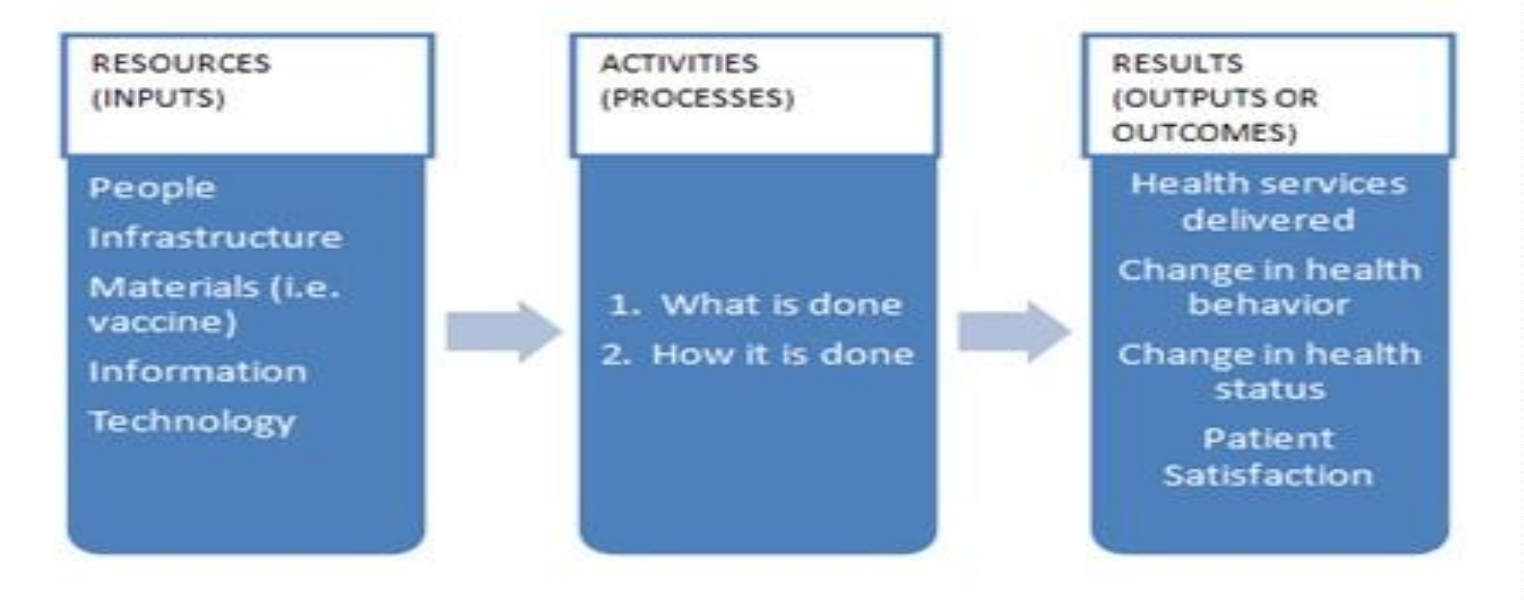
- AMENITIES
- 100 bedded multi -speciality hospital
- General and speciality OPD services
- Diagnostic services with Lal Pathology Lab
- Super-deluxe, deluxe, twin- sharing rooms
- Professional and compassionate team of Doctors, Nurses and Paramedics.

WHAT IS QUALITY?

Quality

Degree to which a set of inherent characteristics fulfill requirement (ISO 9000:2000)

Quality is "conformance to the norms of Input, Process and Output"



WHY QUALITY?

- Private Health Care market growing.
- Competitive environment.
- Quality, a key factor in differentiation & excellence of services
- Patient's lack knowledge of evaluating the technical quality of services.
- Patient's evaluation based on medical care processes.
- Analysis of Quality enables allocation of financial resources to areas that influence patients' perception of service quality.
- Needs continuous assessment of whether customers expectation have been met.

BASIC PREMISE OF QUALITY OF SERVICES

Improved Service Quality

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Increased Client Satisfaction

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Increased Utilization of Services

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Increased Cure Rate

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Improved Health (Reduced Morbidity and Mortality)

Further use of services

Sustainability of services

ACCREDITATION AGENCIES

AIM OF THE STUDY

To perform a Quality Assessment of the health services provided by the Health Line Hospital.

Objectives:

- To perform Process mapping for the Out-patients and As- Is Survey for the In-patient Departments of the Hospital.
- To conduct an Internal Quality Assessment using the NABH Self-Assessment tool kit.
- To study the Key Performance Indicators for the Hospital.
- To assess Patient Satisfaction using Survey.
- To identify the Gaps based on the process mapping and the As- Is Survey method and make recommendations for closure of the gaps in achieving Quality Standards.

STUDY DESIGN

- DESCRIPTIVE STUDY
- Study span : 08Feb- 30 April 2016
- Study Area : Health Line Hospital
- Departments of the hospital (OPD, IPD)
- Data Type : Primary and Secondary data
- Method of Data Collection
  - Checklist
  - Patient Records
  - Exit Interview of patients
  - Observations (day to day)

NABH Self Assessment Tool-Kit

QUALITY PARAMETERS

NABH has laid down the following pattern

Non-compliance 0

Partial compliance 5

Full compliance 10

No standard can have more than one zero

The average for a standard must exceed 5

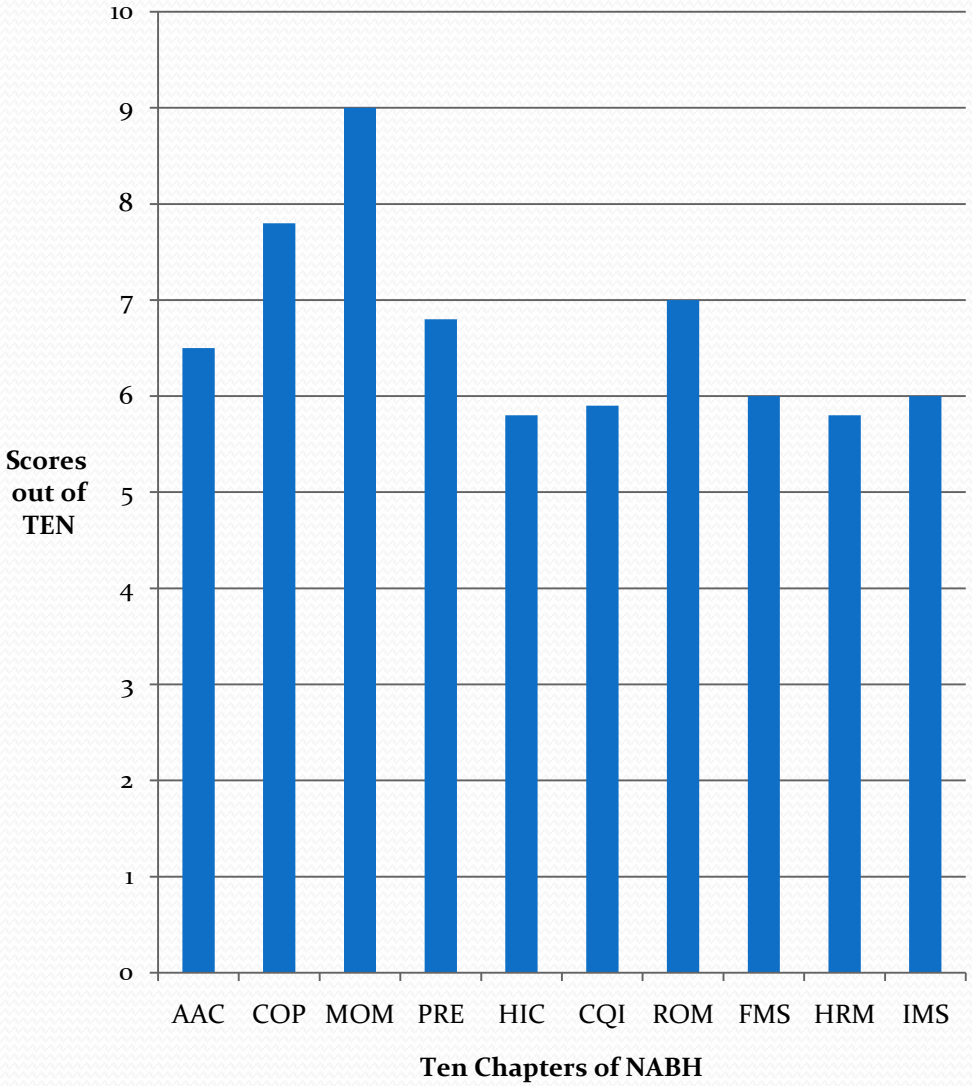
The overall average score must exceed 7

No zeros in legal requirements

Satisfactory Total Score = 70

HLH Total Score =66.6

Overall average score for 4 standards is significantly less than 7.



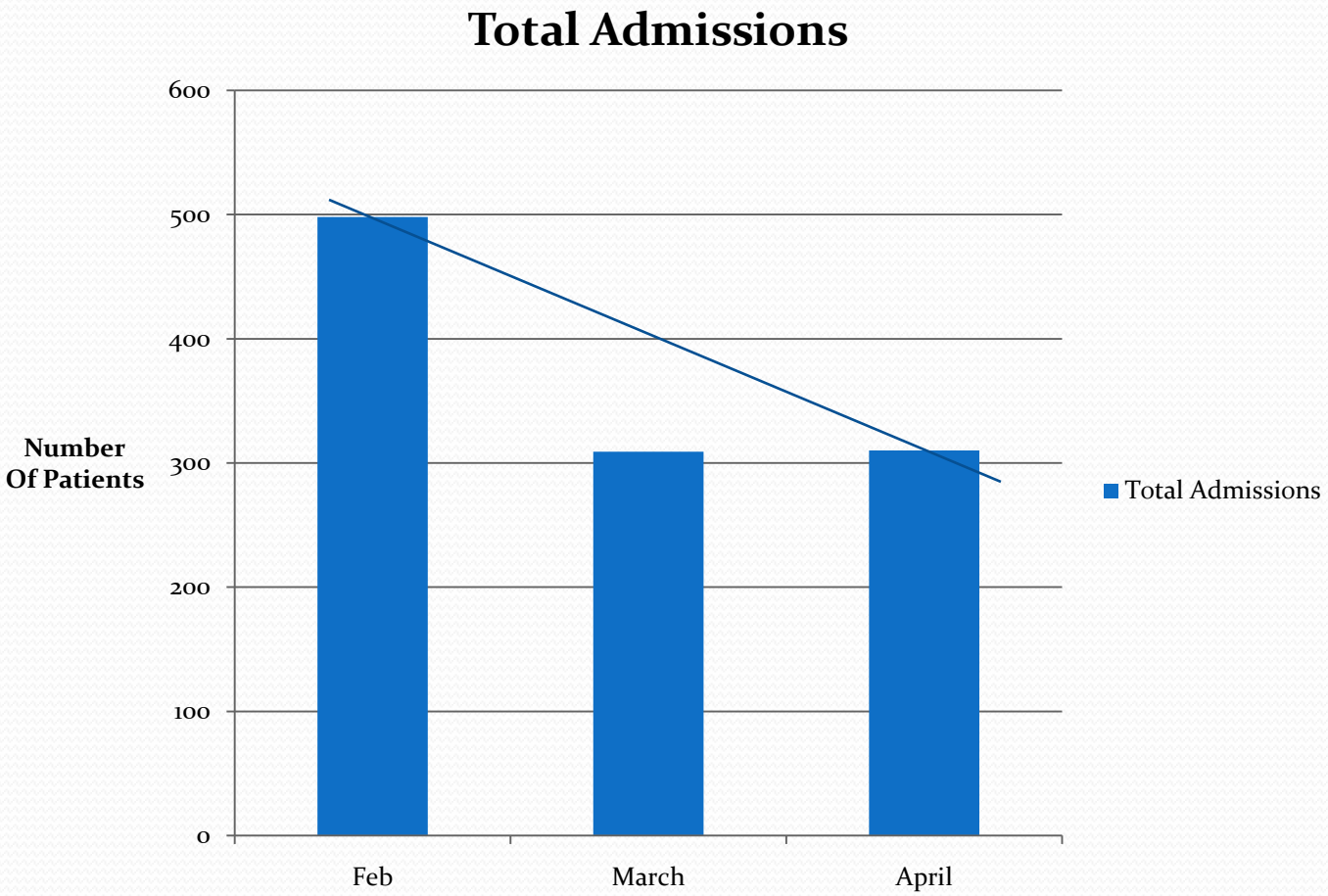
FINDINGS:
HLH scores explained

- Hospital Infection Control -5.8
- Continuous Quality improvement -5.9
- Facility Management & Safety-6
- Human Resource management-5.8

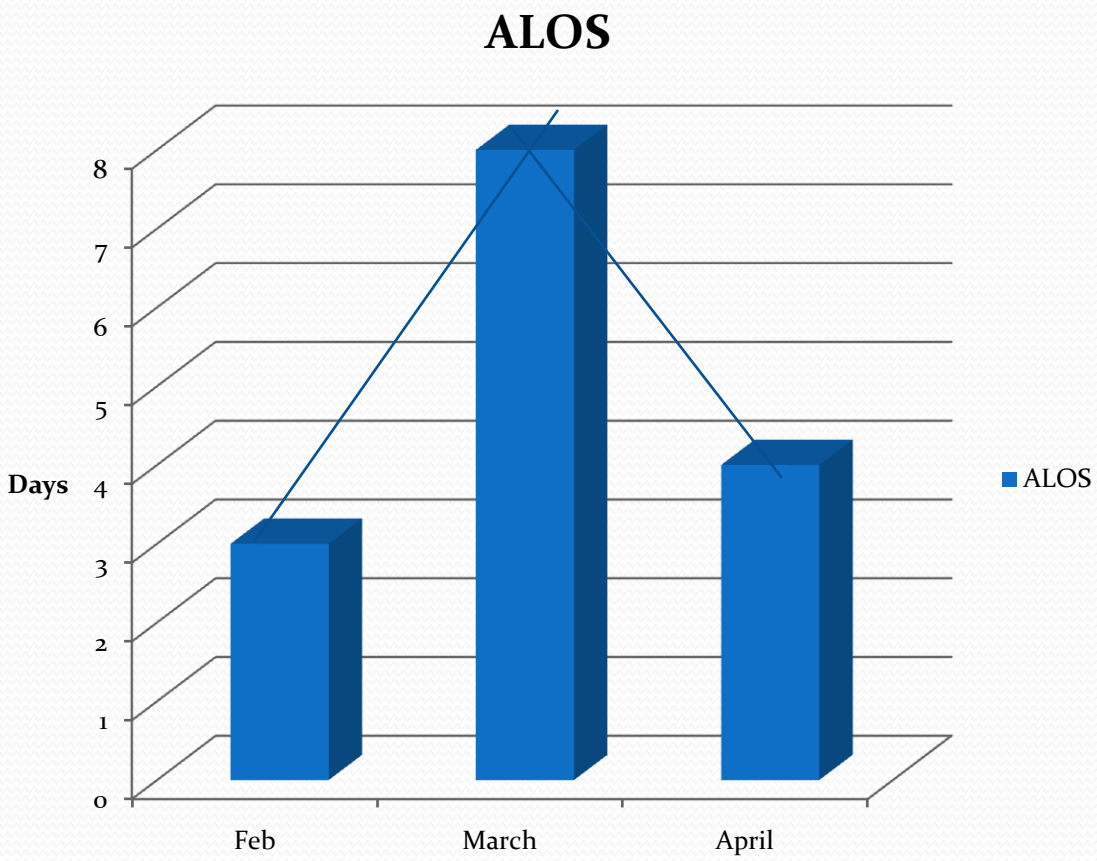
- Lack of SOP's for Hospital Infection Control and Health & Safety could possibly be the explanation for the low scores in these Chapters. Also an increase workload due to staff shortages explains the scores of HRM. Lack of a Quality Committee in the hospital justify it's poor scoring in the CQI chapter.

FINDINGS:HLH Performance Indicators

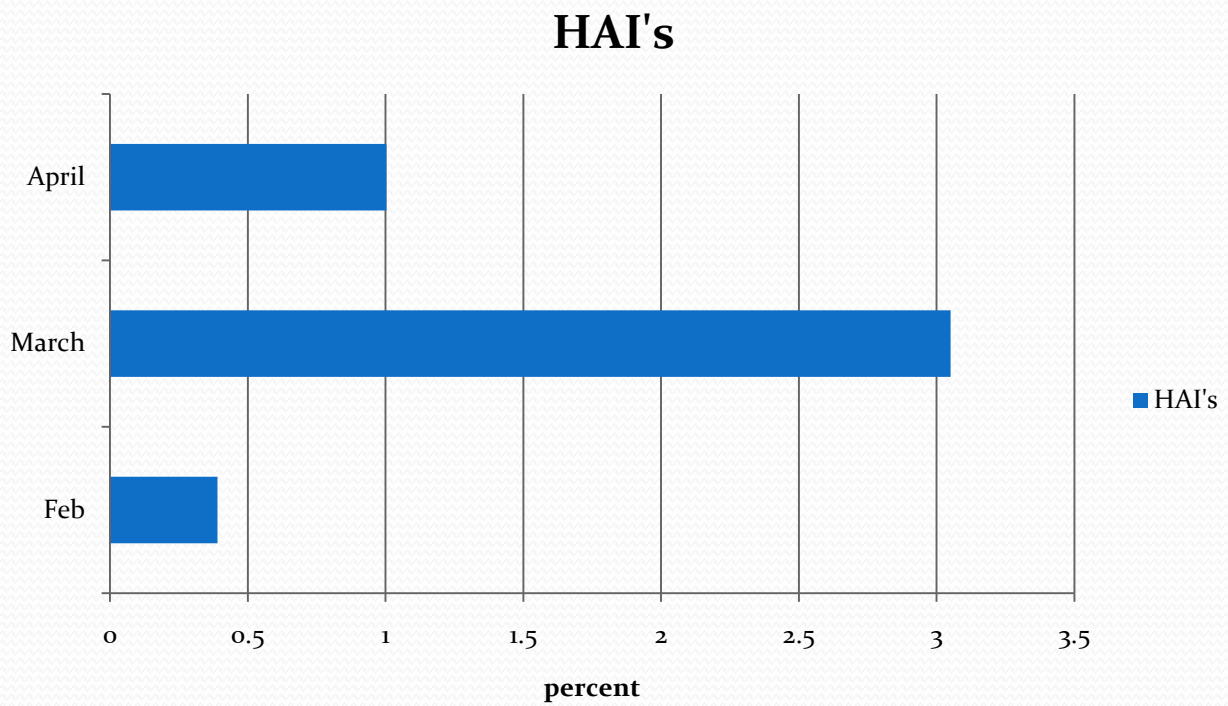
- Total Admissions
- ALOS
- HAI
- Total Deaths
- Bed Turnover rate
- Bed Turnover Interval
- Total Discharges



The graph shows a steep fall from Feb to march but then levels off.



The standard ALOS should be between 3 - 4.5.
It is very high for the month of March, which also coincides with high percent Of Hospital Acquired Infection.

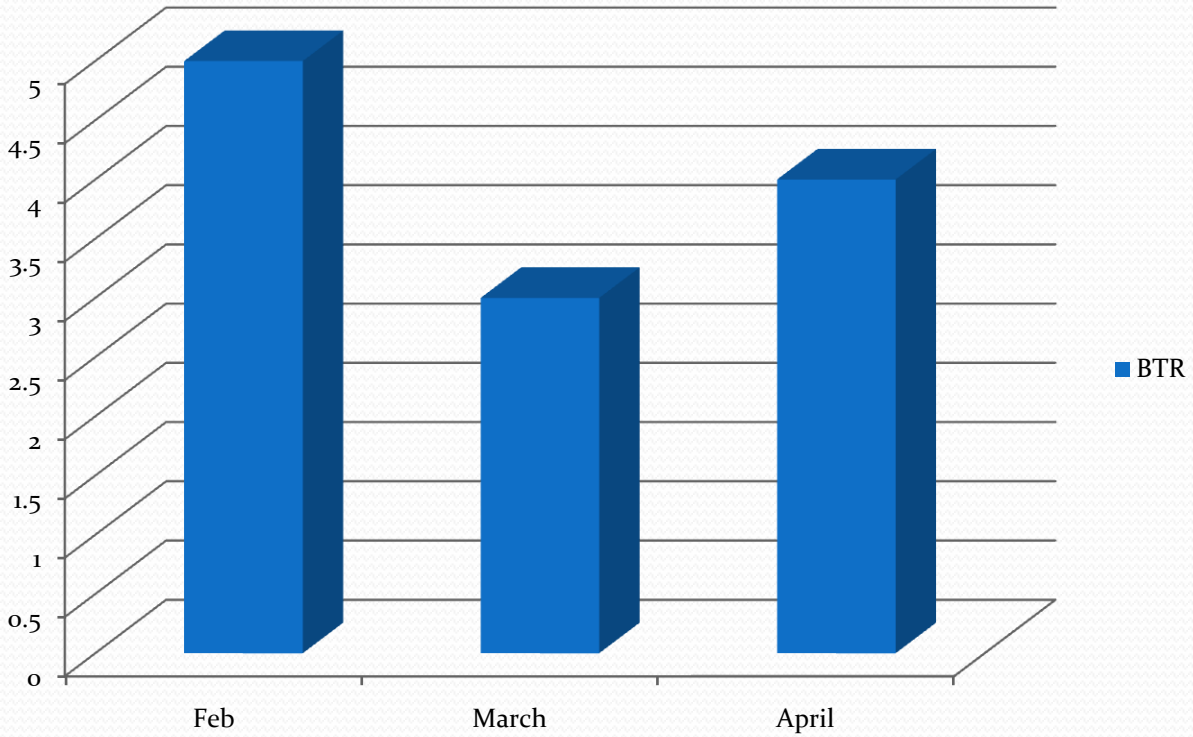


The graph shows that the percentage of Hospital Acquired Infection (HAI) was high in March 3.05% compared to 0.3% And 1.0% of Feb and April respectively which could be one of the Reasons for an increased ALOS.

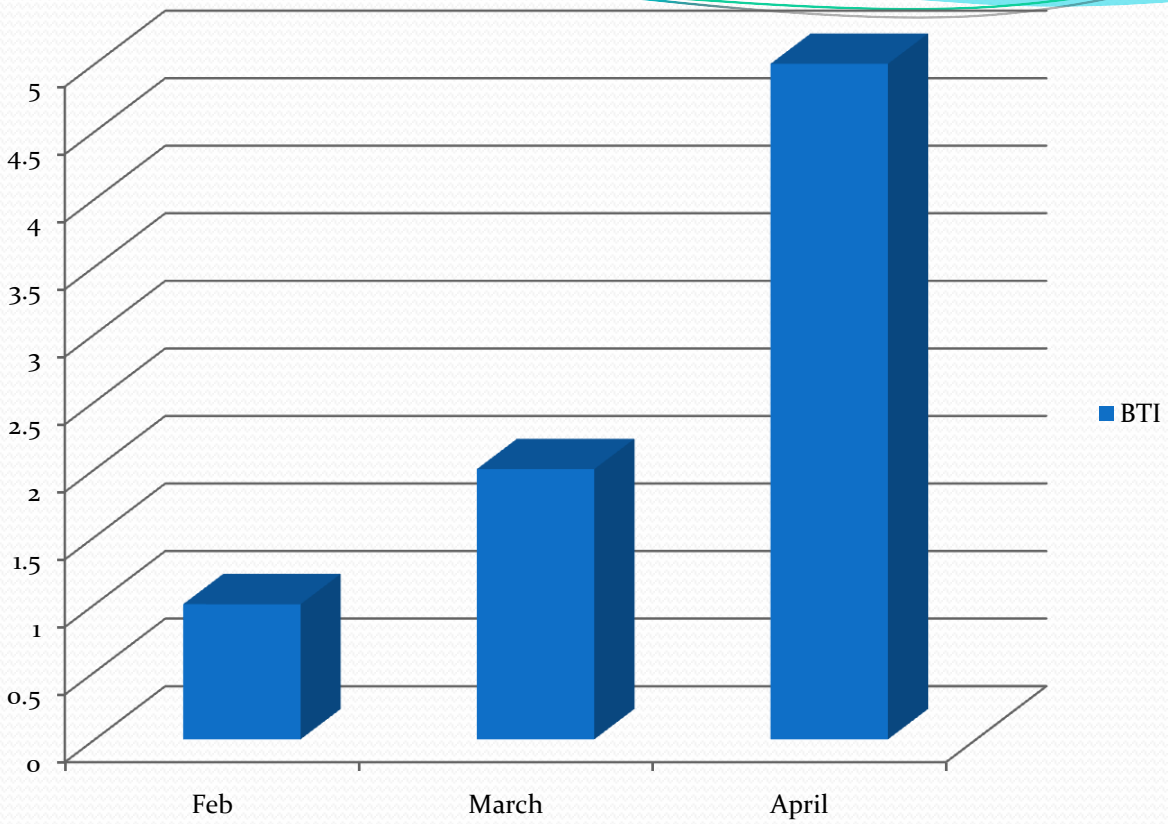
TOTAL DEATHS

Month of march recorded one death as compared to nil in February And April.

BED TURNOVER RATE

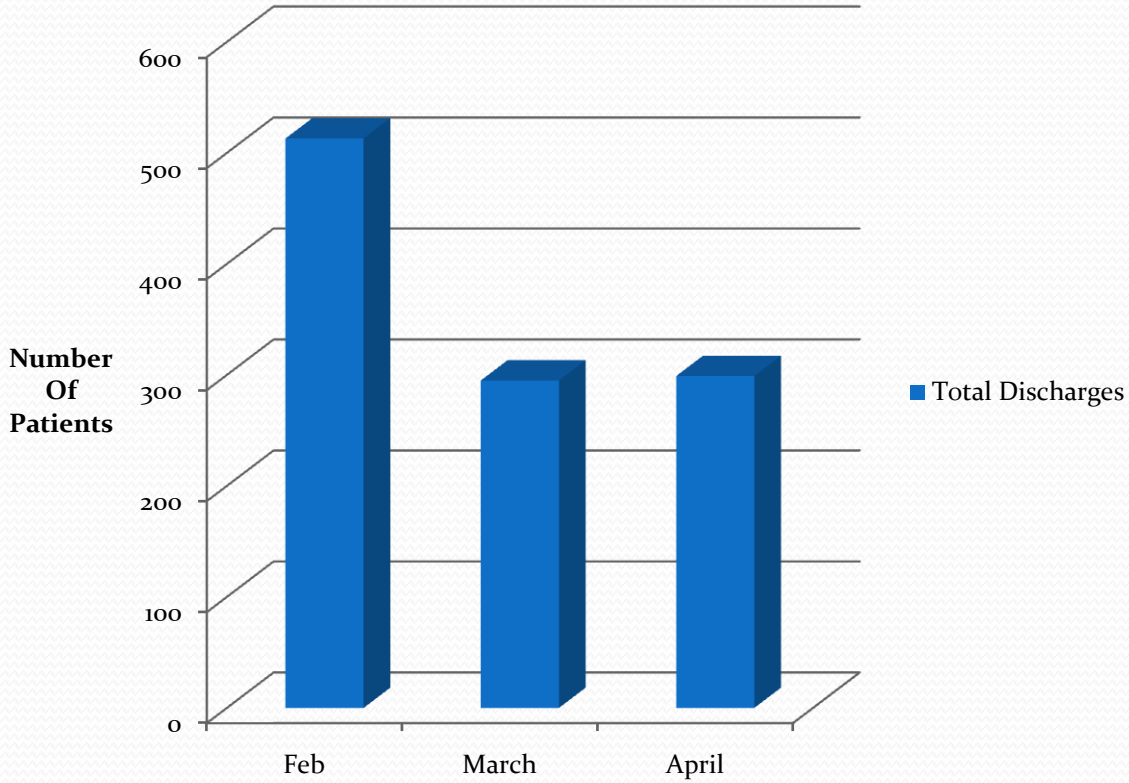


Useful Indicator: Months of February and March had 100 available beds While in April the available beds were 75.



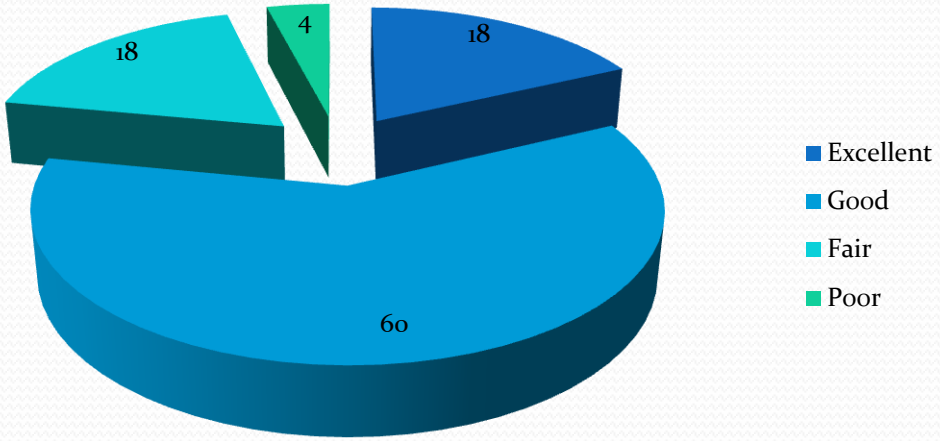
Bed Turnover Interval:
Average period in days that an available bed remains empty between the discharge of one patient and the admission of the next.
Negative value indicates shortage of beds
Positive value indicates underutilization or Inefficient Admission System.

Total Discharges

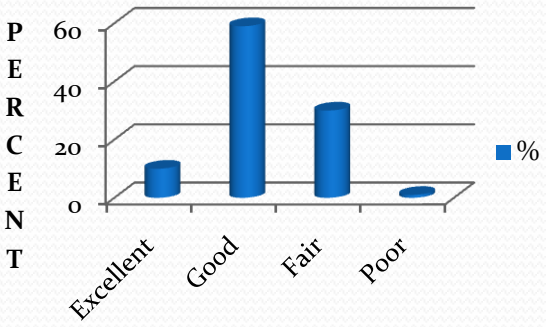


February witnessed the highest number of Discharges wit h the lowest number of available days, 29 days.

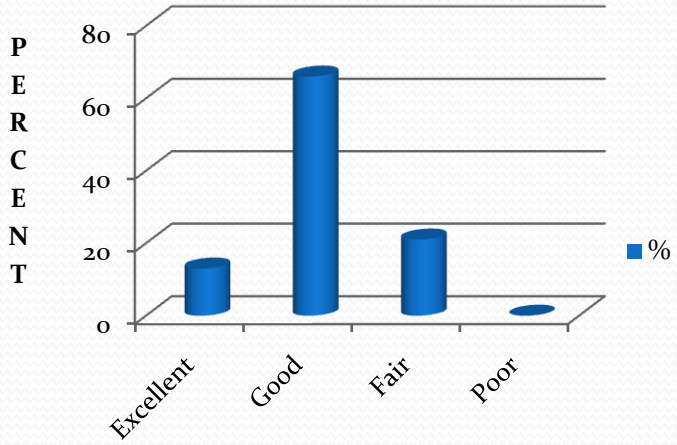
Overall Experience



Doctors' Experience



Nursing Experience



Patient Satisfaction Survey

Patient Satisfaction Survey

- Sixty percent of Patients satisfied with the hygiene, cleanliness and ambience of the hospital.
- Nearly sixty percent satisfied with the consultation and treatment by the Doctors.
- More than half the number of patients for the three months were satisfied by the Nursing Care provided.
- Admission Process was not quite satisfactory for forty percent of the patients.
- Sixty percent of patients were Quite likely to recommend the services to family and friends.

FINDINGS:GAPS IDENTIFIED IN OPD

- Non –value Adding activities consuming patients time.
- OPD timings are not followed strictly.
- Old / new patients have no record of their ongoing treatment.
- Retrieval of Old patient's charts is time consuming.
- Signage is confusing.
- Storage is inadequate.
- Wheelchairs are not available when required.
- Citizen charter is not displayed.

FINDINGS:GAPS IDENTIFIED IN IPD

- No Standard policy for Infection Control in the wards.
- Information regarding treatment is not given to the patients.
- No method of Incident Reporting in IPD
- No monitoring of Quality Indicators.
- No policy for Bed-allotment.
- Hand Hygiene is not maintained strictly.
- Visitors Policy not followed.
- Use of PPE's is inadequate.
- Spacing between beds is not as per the guidelines.
- Nurse to patient ratio is not as per the norms.

Limitations of the Study:

- Duration of the study was of 3 months only.
- Time constraint did not permit the detailed Quality assessment of all the Departments of the hospital.
- Restricted access to patient records.
- Dependency on MRD staff for Primary data.
- Lack of communication between staff.
- Inadequate manpower led to increased workload of employees, which resulted in less time for interaction with staff.

Conclusion

Despite its own limitations, the study brings out the gaps in the health care delivery process particularly for the OPD and IPD departments. It also highlights the need to constantly strive to reach the Quality parameters given in the NABH Self-Assessment Tool-kit and use this as a guide for providing Quality services in all departments. This would be the first step towards accreditation for this hospital, the beneficiaries being the patient, employees and the business itself in the long run. Once implemented, the Quality parameters can be continuously scrutinized and lead to effective Quality management system with far reaching results for both, the hospital business and its credibility.