Study on Quality Assessment of Hospital in relation to Indian Public Health Standards (IPHS)

Internship Training
at
Sub District Hospital, Kharar Punjab

By
Anshuman Mittal

Under the guidance of
Dr. Monika Chaudhary

Post Graduate Diploma in Hospital & Health Management
2012–14

Institute of Health Management Research
Jaipur
2014

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
1, Prabhu Dayal Marg
Sanganer Airport, JAIPUR - 302 029, INDIA
Tel. : 3924700, 2791431-32
Fax : 91-141-3924738
E-mail : iihmr@iihmr.org
URL : http://www.iihmr.org
Gram : HEALTHINST

TO WHOMSOEVER MAY CONCERN

This is to certify that Dr. Anshuman Mittal student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management and Research, Jaipur has undergone internship training at Civil Hospital, Government of Punjab from 3 February to 30 April 2014.

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 requirement.

I wish her all the success in all her future endeavors.

Dr. Ashok Kaushik
Dean, Academics and Student Affairs
IIHMR, Jaipur

Dr. Monika Chaudhary
Associate Professor
IIHMR, Jaipur

PUNJAB HEALTH SYSTEMS CORPORATION

State Institute of Health and Family Welfare Complex
Phase-VI, Near Civil Hospital, Sahibzada Ajit Singh Nagar, Punjab.
Phone : 0172-2262938, 2263938, Tele-Fax : 0172 - 2266938
Visit us at : punjabhealth.co.in : E-mail: phschd@yahoo.com

No. PHSC/NABH/14/ 33 Dated 6.5.14.

To whomsoever it may concern

Certificate of Dissertation Completion

This is to certify that Dr. Anshuman Mittal., student of Postgraduate Diploma in Hospital and Health Management of IIHMR Jaipur, has successfully completed three months dissertation under Punjab Health Systems Corporation, Punjab, from 03.02.2014 to 30.04.2014

During the dissertation the student's performance was found to be satisfactory.

We wish him/her success in all his/her future endeavors.

Hussan Lal I.A.S.
Managing Director
Punjab Health Systems Corporation
-Cum-Secretary Health and Family Welfare, Pb.

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
1, Prabhu Dayal Marg
Sanganer Airport, JAIPUR - 302 029, INDIA
Tel. : 3924700, 2791431-32
Fax : 91-141-3924738
E-mail : iihmr@iihmr.org
URL : http://www.iihmr.org
Gram : HEALTHINST

INSTITUTE OF HEALTH MANAGEMENT RESEARCH, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "Study on Quality assessment of Hospital Facility in Relation to IPHS" and submitted by Dr. Anshuman Mittal Enrolment No. IIHMR/PGDHM/2012-14/17-1295 under the supervision of Dr. Monika Chaudhary for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from February 03, 2014 to April 30, 2014 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature: Anshuman

Date: 26th May, 2014

APPENDIX VI

ABSTRACT

"Study on Quality assessment of Hospital Facility in relation to Indian Public Health Standards(IPHS)"

By

Dr. Anshuman Mittal

Introduction:

Government of Punjab in its bid to bring about a paradigm shift in healthcare delivery system across the state has undertaken an initiative for quality improvement in the public health facilities with the active technical assistance of National Health Systems Resource Centre (NHSRC), a technical support wing of Ministry of Health & Family Welfare, Govt. of India. Quality improvement in these public health facilities is to be initiated through implementation of Quality Management Systems (QMS) as per the Indian Public Health Standards (IPHS)

Aim of the Study:

To assess and analyse the gaps in quality compliance of the facility as per IPHS standards so as to prepare it for further accreditation process by ISO and NABH .

Objectives of study:

- To describe the process flow of respective departments in the hospital with the identification of process Owners, Input(s), Outputs (s) and process flow of each process occurring at each section of the hospital with the relevant records
- To identify the significant gaps observed on all the processes in each section and explanation of the gap statement with document evidences and photographs. The gaps are analyzed based on IPHS and National Quality assurance standard checklist
- To identify the area which needs to be focused upon primarily.
- To prepare actions to be taken to fulfill the gaps.

Research Methodology

Stage I IPHS Checklist was used for a total survey of the hospital in terms of services provided, Manpower, Physical infrastructure, Equipments, drugs and Lab services.

Stage II National Quality assurance standards checklist was used to audit OPD AND IPD areas of the hospital and according scoring is given to each concerned area .

Stage III Observation and personal interview were used to map the various processes of the hospital and to know the functioning of the each department.

Stage IV Extensive analysis based on data collected from stage I, II and Stage III. Based on this Report was prepared reflecting the processes, Infrastructure, Equipments, Manpower. The report reflects strengths of the hospital and various gaps observed in the processes and other parameters

Results and Recommendations

From the IPH Survey , it was found that the gaps of all the departments are mainly Process gaps, some of those gaps are Infrastructure, Equipment and Manpower gaps. According to National Quality assurance checklist it was found that the main area of concern was Quality Management which is 23.10% for OPD and 28.20% for IPD department according to score cards.

The gaps as identified will be taken up strategically and short term, long term goals will be identified in liaison with the hospital, which involves developing documentations including quality manual, SOP's for all the departments, developing benchmarks, capacity building which includes training &orientation of staff according to IPHS guidelines and towards Quality Improvement.

Conclusion

Special consideration on gaps of the department is given and time bound action plan is prepared and need to be monitor by the hospital's internal expert consist of Civil Surgeon, Senior Medical Officer, Hospital Manager and Nursing In Charge. It will help for the quality improvement process of Sub district Hospital, Kharar, Punjab.

APPENDIX VII

ACKNOWLEDGEMENT

I Dr. Anshuman Mittal would like to express our sincere gratitude to **Mr. Hussan Lal (MD, PHSC- Punjab**) for providing us an opportunity to undergo Internship training at Civil hospital Kharar, Punjab.

I am thankful to Assistant Director **Dr. Parvinder Pal Kaur** for her support, cooperation and motivation provided to us during summer training for constant inspiration, presence and sharing her knowledge. The task of summer training would have been never completed without her valuable suggestions, which had helped us a lot in completing our project. We are blessed to work under guidance of such a wonderful and knowledgeable person.

I extend my sincere appreciation to my SMO **Dr. Surinder Singh** and the other hospital staff members who helped us in successful completion of summer training program in such a well encouraging Government organization, which had helped us in accomplishing assigned tasks and to reach myself a step head.

Lastly I would also like to thank our mentors at IHMR Jaipur **Dr. Monika Chaudhary** and **Dr. Ashok Kaushik (Academics Dean**) for giving their guidance in completion of my project and Director Dr. S.D. Gupta for giving us this opportunity to use this internship as a stepping stone in our career in health management.

APPENDIX VIII

TABLE OF CONTENTS

APPENDIX IX

LIST OF FIGURES

APPENDIX X

LIST OF TABLES

APPENDIX XI

LIST OF ABBREVIATIONS

AERB	Atomic Energy Regulatory Board
AIDS	Acquired Immuno Deficiency Syndrome
ANM	Auxiliary Nurse Midwife
ARV	Anti Rabies vaccine
BMW	Bio-medical waste
CS	Civil Surgeon
CSSD	Central Sterile Supply Department
DHS	District Health Society
DOTS	Directly Observed Treatment Short course
ECG	Electro Cardiograph
EEG	Electroencephalograph
ER	Emergency
HK	House Keeping HR Human Recourses
ICTC	Integrated Counseling and Testing Centre
ICU	Intensive Care Unit ILR Ice lined Refrigerators
IPD	Inpatient Department
IPHS	Indian Public Health Standard
IUD	Intra Uterine Device
ISO	International Organisation of Standards
JSSY	Janani Sishu Suraksha Yojana
LHW	Lady Health Worker
MD	Managing Director

MLC	Medico Leal Case MO Medical officer
MOIC	Medical Officer In-charge
MOHFW	Ministry of Health & Family welfare
MRD	Medical Records Department
NABH	National Accrediation Board for Hospital& Healthcare
NHSRC	National Health System Resources Centre
NRHM	National Rural Health Mission
OPD	Out Patient Department
OT	Operation Theatre
OT	Occupational therapy
PT	Physiotherapy
PHSC	Punjab Health System Corporation
PPE	Personal Protective Equipments
RKS	Rogi Kalyan Samiti
SMO	Senior Medical Officer
USG	Ultrasonography

APPENDIX XII

LIST OF APPENDICES

DISSERTATION REPORT

Chapter1: Introduction

1.1

Quality in healthcare is a relatively novel concept in public health in our country . It is the guiding principle in assessing how well the health system is performing in its mission to improve the health of the citizens. Quality is the degree of adherence of a product or service to the predetermined specification. Indian Public Health Standard (IPHS) are the set of standards formed to provide optimal level of quality health care, with the aim to deliver high quality services which are fair and responsive to client's needs, which should provide equitably and deliver improvements in the health and wellbeing of the population.

Government of Punjab in its bid to bring about a paradigm shift in healthcare delivery system across the state has undertaken an initiative for quality improvement in the public health facilities with the active technical assistance of National Health Systems Resource Centre (NHSRC), a technical support wing of Ministry of Health & Family Welfare, Govt. of India. Though, NHSRC realizes the significance of increasing availability of health services, it is also aware that availability does not directly improve its utilization. It needs concerted efforts to bring about improvement in the quality and comprehensiveness of services through improvement initiatives for service delivery processes. With this understanding, NHSRC had started a project to enhance the service quality level at the District hospitals. It is time now to look at how evaluation of the hospital and subsequent improvement, go hand in hand leading to better access and quality service to all service seekers with focus on erstwhile deprived section of the society .The establishment of a quality system in a healthcare organization facilitates the standardization of the systems and processes (both clinical and administrative). This standardization further ensures improving the performance of the hospital with respect to above-stated key elements/components of quality. The quality system thus acts as a vehicle for healthcare organizations to focus on patient and provider needs and expectations.

To facilitate the above goals, comprehensive study was carried out on the current processes, practices and existing infrastructure with other available resources to identify the major gaps based on IPHS standards of quality management system and Ministry of health and welfare standards as applicable to Subdistrict hospital

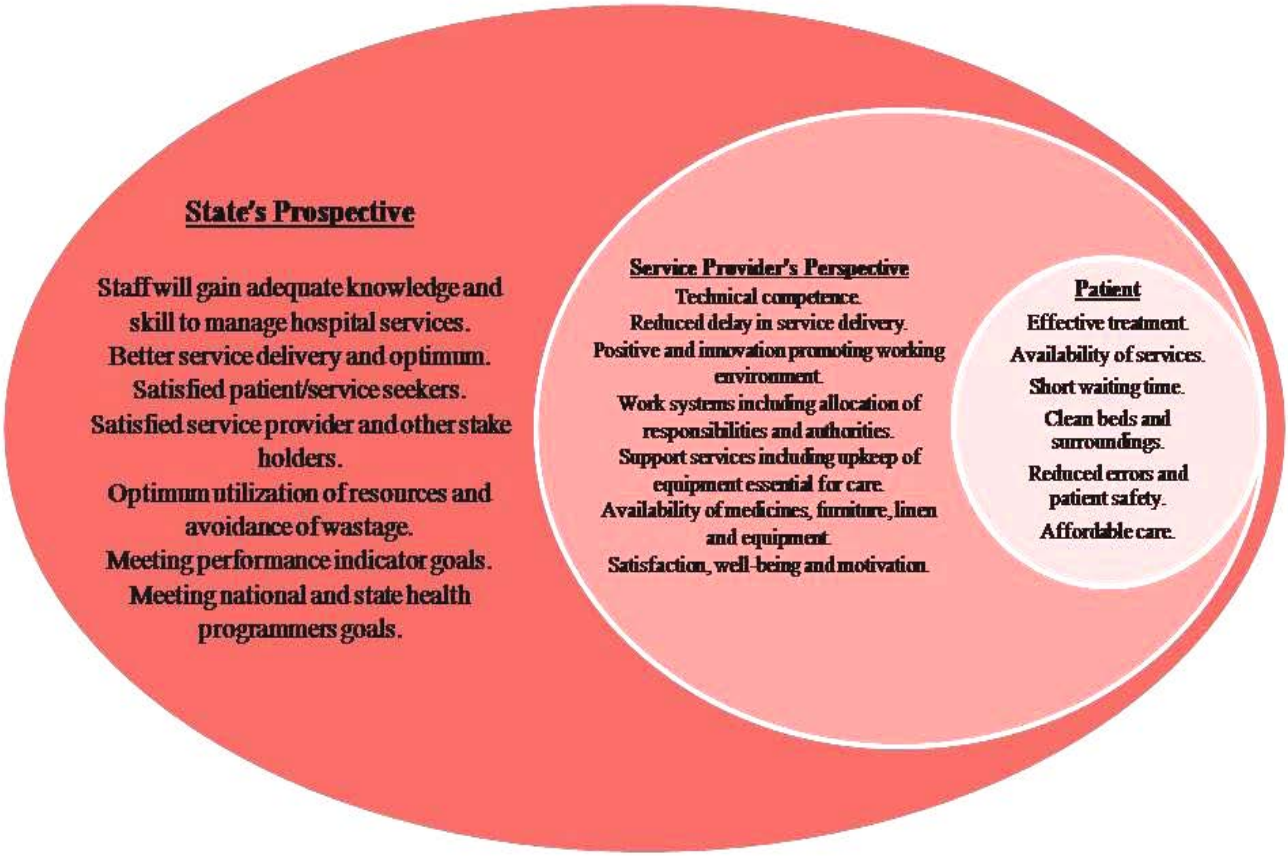


Figure 1 : Different Perspective of Quality Management

The overall objective of IPHS is to provide health care that is quality oriented and sensitive to the needs of the people of the district. The specific objectives of IPHS for Sub-district Hospitals are:

1. To provide comprehensive secondary healthcare (specialist and referral services) to the community through the Sub-district Hospital.

2. To achieve and maintain an acceptable standard of quality of care.

3. To make the services more responsive and sensitive to the needs of the people of the Sub-district/Sub-division and act as the First Referral Unit (FRU) for the hospitals/centers from which the cases are referred to the Sub-district hospitals

1.2 Problem Statement:

The National Rural Health Mission (NRHM) was launched in the year 2005 with aim to provide affordable and equitable access to public health facilities . Since then the quantitative improvement in services have been achieved in many areas but the Quality aspect is still facing a challenge at public health facilities. Quality Assurance (QA) is cyclical process which needs to be continuously monitored against defined standards and measurable elements. Regular assessment of health facilities by their own staff and state and 'action-planning' for traversing the observed gaps is the only way in having a viable quality assurance programme in Public Health. In order to ensure quality of services IPHS have been set up for public health facilities so as to provide a yardstick to measure the services being provided there.

1.3 Aim of the Study:

The aim of this study is to identify areas of the current and target quality management system for which provision has not been made in the technical architecture. This is required in order to identify projects to be undertaken as part of the implementation of the target quality management system for achieving ISO certification and NABH accreditation.

1.4 Objectives of study:

- To describe the process flow of respective departments in the hospital with the identification of process Owners, Input(s), Outputs (s) and process flow of each process occurring at each section of the hospital with the relevant records
- To identify the significant gaps observed on all the processes in each section and explanation of the gap statement with document evidences and photographs. The gaps are analyzed based on IPHS and National Quality assurance standard checklist
- To identify the area which needs to be focused upon primarily.
- To prepare actions to be taken to fulfill the gaps.

Chapter 2: Literature Review

National Rural Health Mission (NRHM) is a genuine measure to strengthen the Rural Public Health System and has aroused many hopes and expectations. The Mission seeks to provide effective health care to the rural populace throughout the country, with special focus on States/Union Territories (UTs), which have weak public health indicators and/or weak infrastructure. Towards this end, the Indian Public Health Standards (IPHS) for Sub-centers, Primary Health Centers (PHCs), Community Health Centers (CHCs), Sub-district and District Hospitals were developed and last released in January/February, 2007. These have since been used as the reference point for public health care infrastructure planning and up gradation in the States/UTs. IPHS are a set of standards envisaged to improve the quality of health care delivery in the country.

Quality in Health Care

Quality in Health System 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

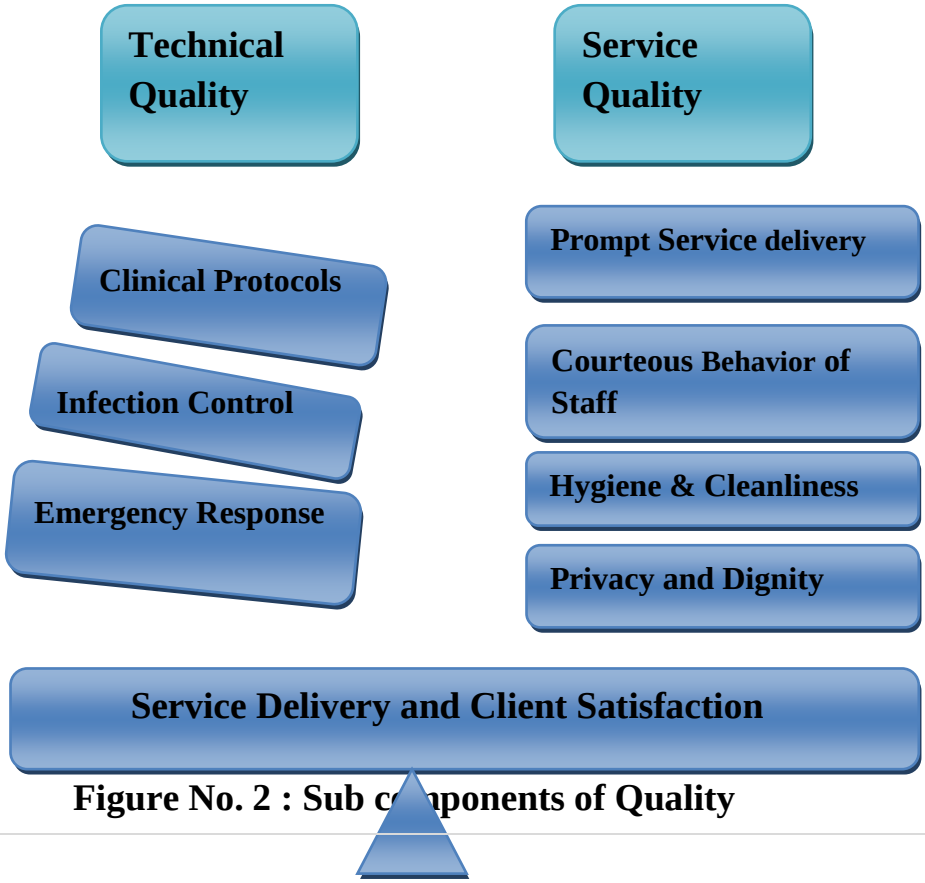


Figure No. 2 : Sub components of Quality

The notion of enforcing quality care in medical profession can be traced back to early 1900s in the form of "Medical Audit" in the United States of America (USA). The medical audit gradually moved to "Hospital Standardization Program" in 1918 and finally took the form of "Quality Assurance activities" (i.e., delivery of relevant and effective medical care in accordance with the standards) with the formation of "Joint Commission on Accreditation of Hospitals" later named as "Joint Commission on Accreditation of Health Care Organizations" in 1960. The Geneva-based International Organization for Standardization (ISO) was raised in 1946. The ISO 9000 series of standards have generated maximum interest worldwide. In India, National Accreditation Board for Hospital and Health Care Providers (NABH), a constituent board of Quality Council of India (QCI), has been set up to establish and operate accreditation program for healthcare organizations. In order to ensure quality of services IPHS have been set up for public health facilities so as to provide a yardstick to measure the services being provided there.

Singh (2010), concluded that the important reasons to visit government hospitals are fewer charges, geographical proximity, recommended by their friends or relatives. Patients are found to be dissatisfied with the doctors' checkups. Mostly patients were found dissatisfied with the hygiene and overall condition of the basic amenities. Half of the patients were satisfied with the recovery since admission in the hospital. Majority of patients were satisfied with various diagnostic services provided by hospitals. Mostly patients did not lodge complaint against the behavior of staff and quality of services.

Brahmbhatt et al. (2011*),* shows that Out of 5 dimensions Private hospitals perform better than public hospital in 4 dimensions namely Physical Aspects, Encounter, Process and Policy, while public sector hospitals perform better than private sector only in one dimension namely Reliability. Overall private sector is performing better in Encounter dimension, but specific Encounter-Responsiveness public sector has lowest score.

Chunduri (2011), clearly reveal that service quality was the one of the important drivers in selection of a hospital. The researcher would like to state that each demographic was associated with the choice of hospitals. The results of analysis show that the attitudes of the patients within each dimension having a uniform or equal attitude for any item between hospital.

Karuna Dev Sharma (2012) in his study on "Implementing Quality services in Public sector Hospitals in India" concluded that Effective implementation of the Quality Management System will address the major quality issues such as the staff deficit ,implementation of the health management information system, interpersonal communication, and other important unaddressed areas such as regular patient feedback and its evaluation, standardization of care processes, patient safety, safe transport, and continuity of care and will thus facilitate improvement in public sector hospital as envisaged under NRHM.

Mekoth N , George BP, Dalvi V, Rajanala N, Nizomadinov K. during a study on Service quality in public sector hospitals indicate that, even in the public sector context, the quality of the physician and that of the clinical support staff significantly impact patient satisfaction. However, the quality of nonclinical support staff is not found to have any significant effect on patient satisfaction.

Chapter 3 : Research Methodology

Research question:

Assessment of current level of quality compliance to the IPHS standards and probing the available futuristic corrective measures, in respect to various parameters across the departments of Kharar , Sub district Hospital, Punjab .

Area of Study : The study was under taken at Sub District hospital Kharar, Punjab.

Study Design : Descriptive study, Exploratory in nature.

Target Sample : Doctors, Nurses, Hospital Administrator, housekeeping And Utility service staff, Patients,

Departments : OPD, IPD, Accident & emergency, X-Ray, and various other departments..

Tools :

- IPHS Facility Survey Performa
- National Quality Assurance Standards Checklist for Government Hospitals by MOHFW for OPD, IPD departments.
- Interview schedule
- Observation notes
- Review records and reports.

Method : Facility audit, in depth interviews with the Staff.

Research Methodology

Stage I IPHS Checklist was used for a total survey of the hospital in terms of services provided, Manpower, Physical infrastructure, Equipments, drugs and Lab services.

Stage II National Quality assurance standards checklist was used to audit OPD AND IPD areas of the hospital and accordingly scoring is given to each concerned area .

Score '0' – Non compliance

Score '1'- Partial compliance

Score '2' - Complete compliance

Stage III Observation and personal interview were used to map the various processes of the hospital and to know the functioning of the each department.

Stage IV Extensive analysis based on data collected from stage I, II and Stage III. Based on this Report was prepared reflecting the processes, Infrastructure, Equipments, Manpower. The report reflects strengths of the hospital and various gaps observed in the processes and other parameters.

Sample size : For Patient Satisfaction Survey

OPD – 75patients

IPD – 52 patients

Sampling : Convenience Type

Chapter 4 : Results and Findings

4.1 Out Patient Department

OPD Card		
	OPD Score	63.46%
	Area of Concern wise Score (percentage)	
A	Service Provision	59.80%
B	Patient Rights	60.20%
C	Inputs	64.20%
D	Support Services	73.80%
E	Clinical Services	79.30%
F	Infection Control	63%
G	Quality Management	23.10%
H	Outcome	70.90%

Table no 1: OPD card according to national quality assurance checklist

The major findings in OPD :

- OPD patient's registration takes place from 8:00 am to 2:00 pm in summers and from 9 :00 a.m to 3:00 p.m in winters.
- There are two registeration counters but not separate for female and male patients.
- Drinking Water facilities is not available inside the hospital premises, There is one water cooler which is not in working condition, patient and visitor used to go outside the hospital to drink.
- No Hand rails on ramps for Disabled patients.

- Inadequate waiting area for Opd patients.
- Circulation area in opd is also not adequate
- Information is not available in bi-lingual format at various locations.
- Improper signage system in the hospital.
- Too many patients and its relative enter the consultation chamber at a time.
- No numbering system followed in opd consultation rooms.
- No patient calling system available in the facility.

4.2 Inpatient Department

IPD Card		
	IPD Score	76.49%
	Area of Concern wise Score (In Percentages)	
A	Service Provision	63.80%
B	Patient Rights	77.60%
C	Inputs	76.10%
D	Support Services	67.60%
E	Clinical Services	79.70%
F	Infection Control	64.20%
G	Quality Management	28.20%
H	Outcome	72.70%

Table No.2 : IPD score card according to national quality assurance checklist

The major findings in IPD :

- No proper nursing stations present in the wards.
- No waiting rooms for patient attendants present.
- Beds cluttered together in the wards.
- IV stands not available in adequate number.
- No check on attendants coming along with the patients due to non availability of security personnel in the hospital.

- No timely rounds of patient admitting doctors in the wards.
- Improper taken over hand over charge of biomedical equipments and medicines.

Both the OPD and IPD departments majorly lack in Quality Management with scores of 23.10% and 28.20% respectively. This is due to non availability of Quality Procedures and Policies adopted in the facility like lack of documented standardized procedures available in various patient care areas (SOP's), lack of various audits like medical, quality, prescription audits to keep a check**.**

4.3 Patient Satisfaction Survey

The Patient Satisfaction Survey is a short, easily administered questionnaire that provides health centers with information and insight on their patients' view of the services they provide. Health centers can use survey results to design and track quality improvement over time, as well as compare themselves to other health centers. The objective behind this survey is to measure the level of satisfaction of the patients as an outcome of care in hospitals, to identify the areas of satisfaction and dissatisfaction in hospitals.

Some major findings of PSS:

- 65% patients has to wait less than 10 mins before consultation, 16% say the had wait for more than 30 mins for consultation.
- 99% were satisfied with doctor whom they consulted , and by the behavior of staff.
- 93% people the will come back for any future treatment required.
- 67% of admitted patients say they were satisfied with the cleanliness of wards especially toilets.
- 11% says that the treating doctor doesn't visit daily to see them, whereas 89% say doctors come daily to see them
- 96% were satisfied by care given by nursing staff.

CHAPTER 5: DISCUSSIONS

5.1 OUTPATIENT DEPARTMENT

The Out Patient Services at the hospital extends its services to the public from 800 hours to 1400 hours everyday, from Monday to Saturday. Besides the consultation facilities, the OPD complex also has a registration counter (for patient registration), a billing counter (for billing of the diagnostic tests) and a pharmacy counter (for dispensing of drugs to the patients). The seating capacity of the OPD complex is for about 50 patients, with 10 consultation chambers providing facilities like General Medicine, General Surgery, Paediatrics, Obstetrics & Gynaecology, ENT services, Opthalmology, Orthopedic, Skin& VD clinic, Dental and Ayush.

The OPD complex is the first point of contact from where patients get into the system to receive care in the hospital – attached to it are Injection & ECG room, Laboratory, X-Ray room, Pharmacy, ICTC AND ANC Clinic.

Functionalities of OPD: It covers the patients who visit the OPD facility for new and follow up visits.

- ☐ Registration
- ☐ Consultation
- ☐ Examination
- ☐ Prescription
- ☐ Investigation Requisition
- ☐ Pharmacy Requisition
- ☐ Admission to IPD
- ☐ Referral

Flow Chart of the Registration Process and OPD consultation

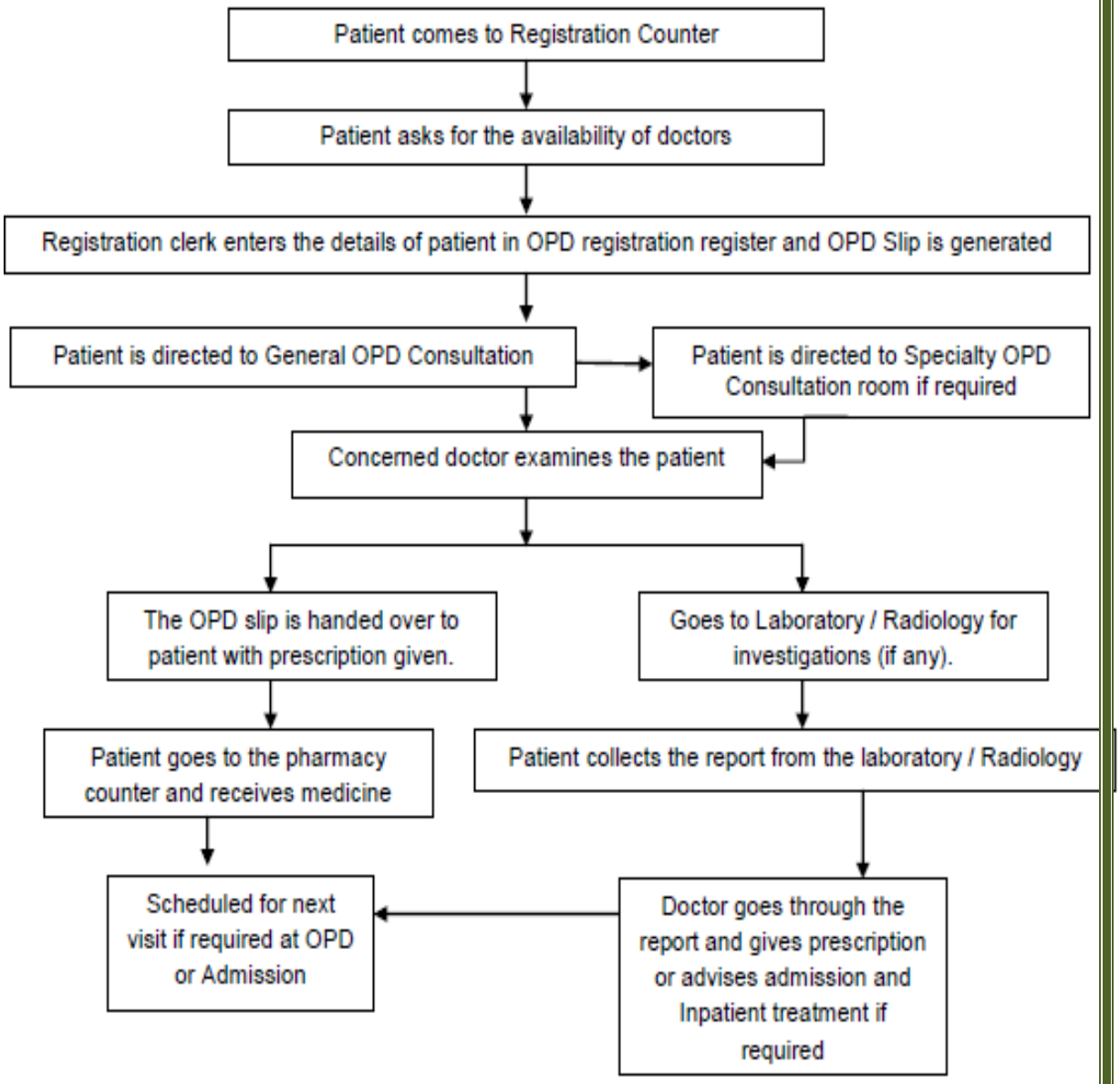


Figure 3 : Process Mapping for OPD

Process Flow:

1. Patient Registration

Process Group	OPD	**Sub-Process**	Registration
Process Location	Registration Counter	**Process Owner**	Registration Clerk
Input(s)	Walk in patients, Referred patients	**Output(s)**	Registered patients
Process Flow / Process Description • Patient arrives at the OPD. • The new patients are registered at the registration counter after their details (Name, age, sex) are filed in by the registration clerk and the patient is charged a nominal sum of Rs.5 as registration fee on basis of first come first serve. • The entry of the patient is made into the OPD register			
Process Records	OPD Slips Registration Regsiter		

2. Patient Consultation/ Examination

Process Group	Out Patient Services	**Sub-Process**	General / Specialist OP Clinics
Process Location	Specialist‘s rooms	**Process Owner**	Specialists
Input(s)	Patients with OPD Card	**Output(s)**	Patients‘ consultation done with the specialist
Process Flow/ Process Description • The registered new/old patients arrive in the waiting area of the OPD. • The consultant examines the patient and calls the name of the patient next in queue, if her OPD card is with the doctor, else the next patient walks in herself. • At every consultation, the doctor advises suitable medications/tests on the OPD slips.			
Process Records	OPD Registers OPD slips		

3.Dispensing of Medicines

Process Group	Out Patient Services	**Sub-Process**	Dispensing of Medications
Process Location	Medicine Dispensing counter	**Process Owner**	Pharmacist In-charge
Input(s)	OPD card with the prescribed medicines Pharmacist Medicines	**Output(s)**	Dissipation of available medicines to the patient

Process Flow / Process Description

- Patient is directed to the drug distribution counter to collect the medicines.
- Patient stands in a queue at the drug distribution counter with his OPD ticket.
- Patients give their prescription to the pharmacist.
- Pharmacist read it.
- Pharmacist searches that particular medicine in OPD pharmacy.
- Pharmacist gives medicine to the patient which is available in pharmacy/advice for purchase from outside which is not available in pharmacy.
- Patients are described briefly about the intake of medicines.
- Pharmacist enters the name of medicine in medicine dispensing register.

Process Records	OPD medicine slip ,OPD drug register

4. Injection Room

Process Group	Out Patient Services	**Sub-Process**	Injection Room
Process Location	Injection Room	**Process Owner**	Nurse In-charge
Input(s)	Patients requiring IM/IV injections.	**Output(s)**	Medication Injections are administered

Process Flow / Process Description

- The patient who is prescribed an injection by the doctor, arrives at the injection room
- The prescription is referred to, and the injection is administered .

Process Records	Injection Register

Key findings – gap analysis

Definition of Gap Classification

High: Resources and processes that are Vital, without which patient care delivery is not possible, are called as 'High' Gap

Medium: Resources and processes that are Essential, without which patient care delivery is possible for sometime, are called as 'Medium' Gap

Low: Resources and processes that are Desirable, which does not affect the patient care delivery, are called as 'Low' Gap

<table>
<tr><td>GAP ID No.</td><td colspan="2">OPD001</td></tr>
<tr><td colspan="3">Gap Statement:
Overcrowding in the OP waiting area reduces effectiveness of care delivered in the OP area.</td></tr>
<tr><td colspan="3">Rationale / Explanation:
• High turnover of patients at OPD results in crowding
• A system for calling patients into the doctor's chamber one after the other is not evidenced. As a result of which the doctor is surrounded by patients from all sides
• Waiting and sitting arrangements in the OPD is also not adequate, to handle the quantum of patients visiting the facility .
• Patient privacy is not maintained in the consultation chamber.
• No nursing station is been provided in the OPD area.
• No ENQUIRY or May I Help You desk.
• Number of Registration counter is also less.
• No security personnel to manage the overcrowd.</td></tr>
<tr><td colspan="2">Gap Classification :
Structure and Resources</td><td>Gap Classification :
Medium</td></tr>
<tr><td>Gap Reference:</td><td colspan="2">IPHS 2.16, 2.18, 2.20 ; Quality Assurance : Inputs C,
Patients rights (ME B1.7, ME B3)</td></tr>
<tr><td colspan="2">Supporting Annexure</td><td></td></tr>
</table>

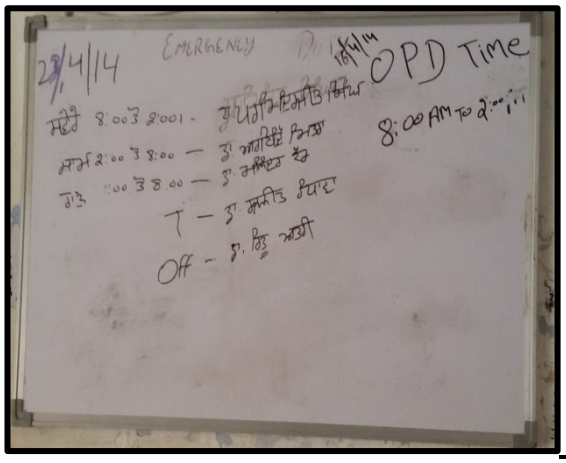
View of OPD, inadequate waiting area

GAP ID No.	**OPD002**
Gap Statement: Basic facilities are not available in the OPD area for public conveniences.	
Rationale / Explanation: • Drinking water facilities not available inside the hospital premises. • Citizen Charters , Patient rights and responsibilities not displayed in the opd area. • No patient calling system present to confirm the presence of doctor. • Disabled friendly toilets not present. • No separate toilets for men and women. • Hospital doesn't have appropriate signage system, no display of layout.	
Gap Classification : Structure	**Gap Classification :** High
Gap Reference: Patients	**IPHS** 2.32(b) (e), 7.1 ; Quality Assurance : B Rights(ME B1.3, B2.1, B2.3) , Inputs(ME C1.2, 3)
Supporting Annexure	

GAP ID No.	OPD003
Gap Statement: Facility lacks in established documentation and standard operating procedures.	
Rationale / Explanation: • No fire Exit and Safety Plan available, No fire drills. • No objection certificate from Fire Safety Officer not obtained. • SOP's not available for any of the departments. • No committees formed . • No system for internal medical, prescription and quality audits. • Service quality indicators like Patient waiting time, Consultation time, Patient satisfaction not measured.	
Gap Classification : Structure	**Gap Classification :** Medium
Gap Reference:	**IPHS :** 7.3, 2.32(d**) ; Quality assurance:** G Quality Management(ME G4.2), H Outcome(ME H4.1) , C3 Inputs
Supporting Annexure	

STEPS TAKEN:

- Enquiry desk made and a person is assigned to sit over there in the OPD hours.
- Numbering System started in consultants chamber , for turn wise consultation of patients and to reduce overcrowd in chamber and maintaining patients privacy.
- Sweeper allotted in OPD area given the task to manage patient overcrowd during peak hours 9:00 to 12:00.
- Display of white board in OPD for Patient information which is daily updated to reduce the patient inconvenience about doctors not present, shift duties.
- Patient rights& responsibilities board and list of OPD services board and necessary IEC material displayed.
- Patient satisfaction survey performed for their feedback.
- Inprocess for the preparation for fire exit plan, contacted fire safety officer.
- Need for Water coolers and adequate chairs told to senior authorities.
- Hand hygiene posters displayed in all OPD clinics.



Patient information display board

Posters to reinforce hygiene

5.2 INPATIENT DEPARTMENT

The inpatient department of the hospital comprises of male ward, female ward, obstetric ward, antenatal ward, isolation ward, emergency and 1 private room. There are total 50 sanctioned beds but 60 beds are currently working. Total 19 staff nurses are there including 1 nursing head. The registers present in the IPD are report book, diet register, admission register, injection expenditure and medicine expenditure register and dhobi book register.

Functionalities of IPD:
It covers all indoor patients admitted and receiving treatment at the Hospital. This includes:

- ☐ Admission of the patient
- ☐ Assessment of patient by doctors/ nurses
- ☐ Medication by doctors
- ☐ Administration of drugs by staff nurse
- ☐ Monitoring of patient's condition
- ☐ General hygiene and upkeep of ward
- ☐ Consent for procedures
- ☐ Complaint handling
- ☐ Discharge of patients
- ☐ Death of patients

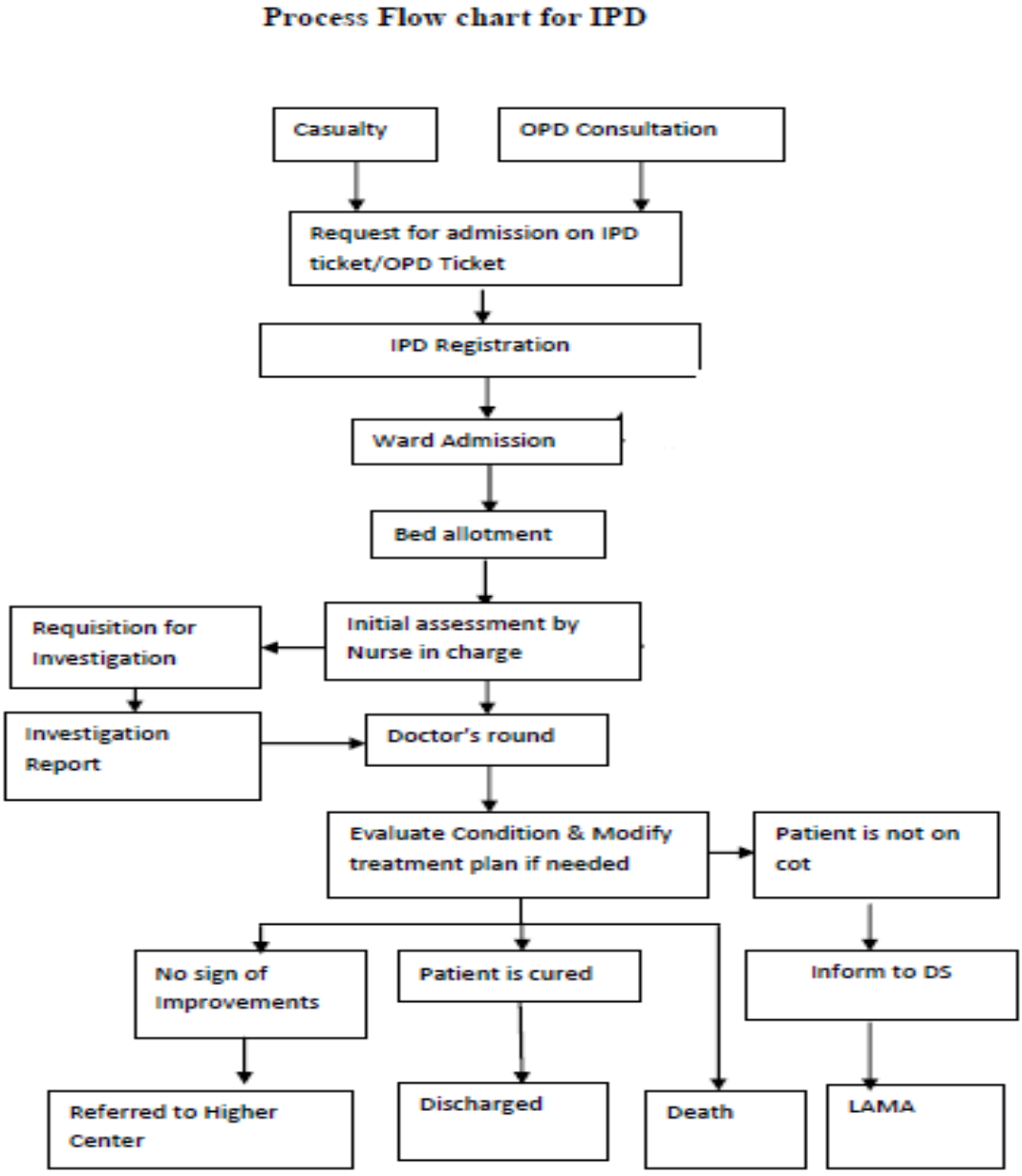


Figure no.4 : Process Mapping of Inpatient Department

Process Flow

1. Patient admission in the ward

Process Group	IPD	**Sub-Process**	Admission
Process Location	Wards	**Process Owner**	Admission clerk
Input(s)	OPD slips with Doctors advice	**Output(s)**	Admitted Patients
Process Flow / Process Description: • The doctor advices the patient for admission after examination and writes it on the OPD ticket. • Patient IPD file is made at registration counter . • The patient is admitted by his or her attendants. • The present staff nurse admits the patient and enters the detail In Indoor register . and allots the bed and takes over the charge of patient along with his IPD file.			
Patient Records:	Patient IPD files Admission Register		

2. Preparation of Patient

Process Group	IPD	Sub-Process	Patient Care
Process Location	Wards	Process Owner	Staff Nurse, Medical officer
Input(s)	Patients	Output(s)	Patients care
Process Flow / Process Description: • Nursing staff check the vitals of the patient and monitor the condition of patient during a fix interval according to condition of patient. • Nursing staff administrate medication of the patients. • Medical officer make sure the condition of the patient by communicating with nursing staff and patient. • If required, Medical officer changes the medication according the condition of patient. • If any investigation required according to the condition of the patient nursing staff call the technician. • If there is no improvement in the health condition of the patient, then the medical officer referred the patients to the higher centre. • If the patient condition is satisfactory, the medical officer gives the discharge order			

Patient Records	IPD Files

3. Drug Administration

Process Group	IPD	**Sub-Process**	Drugs / IV fluid Administration
Process Location	Wards	**Process Owner**	Staff Nurse, Medical officer
Input(s)	IPD Files with doctors advice	**Output(s)**	IV fluid administration

Process Flow / Process Description:

- Nursing staff administer drugs as per the direction in Bed Head ticket by Doctor
- Medical Officer evaluates and examines the patient.
- Nursing staff maintain the details of drug administration in IP medication register

Patient Records	IP medication register

4. Patient Discharge

Process Group	IPD	**Sub-Process**	Discharge of patients
Process Location	Wards	**Process Owner**	Staff Nurse, Medical officer
Input(s)	Doctor‘s orders to discharge IPD File Discharge Slip	**Output(s)**	Discharge of patient from ward

Process Flow / Process Description:

- The doctor intimates the patient about her discharge
- The discharge slip is prepared by the doctor and nurse hands it over to the patient
- The patient is discharged from the hospital
- The Patient file is then sent to the MRD .

Patient Records	Discharge Slip Patient IPD file Discharge Register

For Gap Analysis:

GAP ID No.	IPD 001
Gap Statement: Facility lacks some of clinical , supportive and utility services for patient care delivery	
Rationale / Explanation: • Orthopaedic surgeries not conducted due to non availability of orthopedic surgeon. • Physiotherapy services not provided. • No separate CSSD room. • No ICU services provided. • Hospital Dietary services for ward patients not available, only given to JSSK patients by outsourcing. • No separate Surgical ward, Paediatric wards present.	
Gap Classification : Manpower and Infrastructure	**Gap Classification :** High
Gap Reference: G	**IPHS :** 1.5,2.26,2.24(c),2.30**; Quality assurance:** Quality Management(ME G4.2), H Outcome(ME H4.1)
Supporting Annexure	

GAP ID No.	IPD 002
Gap Statement: Facility does not meet the required infrastructure for proper patient care delivery	
Rationale / Explanation: • Nursing stations are not located properly for direct patient monitoring. • In female ward nursing station is made in a room which is located at one corner . • There is no store, clean and dirty utility rooms provided. • No janitors closet for keeping housekeeping material. • No waiting area or room for patient attendants available. • No fire exit plan.	
Gap Classification : Infrastructure	**Gap Classification :** High
Gap Reference:	**IPHS :** 2.24(d)**; Quality assurance:** C1 Inputs
Supporting Annexure	

Nursing Station of Female Ward

GAP ID No.	**IPD 003**
Gap Statement: Wards are not well equipped for patient care delivery.	
Rationale / Explanation: • Inadequate circulation space with cluttering of beds. • Non availability of drinking water. • Bed railings not available to avoid patient fall • Inadequate number of IV stands. • Shortage of linen , not in ratio of (1:6) • Crash carts not available for emergency medicines and instruments instead kept in almirahs.	
Gap Classification : Resources	**Gap Classification :** Medium
Gap Reference: Inputs(ME	**IPHS :** 2.13, 2.16, 2,24**; Quality assurance:** C C1.1,C6.5, C6.7, D Support services D7
Supporting Annexure	

Emergency Drugs kept in almirah

Cluttering of patient beds in wards

GAP ID No.	**IPD 004**
Gap Statement: Hospital does not have disabled friendly infrastructure.	
Rationale / Explanation: • Handrails not provided in patient care areas, to avoid patient fall. • Disabled friendly toilets not available. • No separate toilets for male and females and for visitors.	
Gap Classification : Structural	**Gap Classification :** High
Gap Reference:	**IPHS :** 2.7**; Quality assurance:** B Patient Rights (

ME B 2.1, 2.3)	
Supporting Annexure	

GAP ID No.	**IPD 005**
Gap Statement: Transfer of information between nurses in between shifts is verbal.	
Rationale / Explanation: • Patient information and patient status is verbally communicated by the nurses from one shift to the other in wards. This may be a constraint in patient care management**.** • No hand over take over charge practiced of medicines , equipments between shifts.	
Gap Classification : Process	**Gap Classification :** Medium
Gap Reference:	**Quality assurance:** E Clinical Services (ME E4.3)
Supporting Annexure	

GAP ID No.	**IPD 006**
Gap Statement: The security service has scope for strengthening	
Rationale / Explanation: • Many a times, more than 2-3 attendants are present with a patient in wards. • Attendants are also seen sitting on patients beds in the ward. • No control on thefts , pilferage of linen , medicine .	
Gap Classification : Process	**Gap Classification :** High
Gap Reference:	**IPHS :** 1.4(F) **Quality assurance:** D Support Services (D3.2, D3.4)
Supporting Annexure	

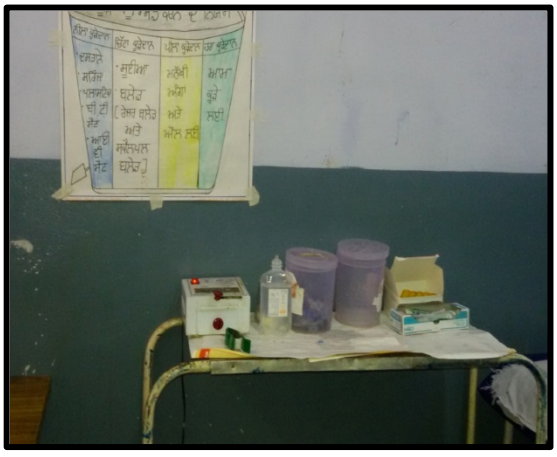
Patient attendants in the wards

GAP ID No.	**IPD 007**
Gap Statement: Hospital doesn't maintain system for infection control and to reduce risk of hospital acquired infections.	
Rationale / Explanation: • There is no documented and periodic survey, and monitoring of urinary tract infections, respiratory tract infections, intra-vascular device infections, surgical site infections . • Use of personal protective equipments like glove, mask etc not being used by the nursing staff • Non availability of liquid antiseptic hand wash, proper disinfectants, floor cleaners • No Autoclaving of instruments performed. • Hand hygiene practices not followed . • There is no procedure for periodic immunization of staff. • No standard procedures for needle stick injuries, adverse reactions followed.	
Gap Classification : Process	**Gap Classification :** High
Gap Reference:	**IPHS :** 2.31**Quality assurance:** F Infection Control
Supporting Annexure	

GAP ID No.	**IPD 008**
Gap Statement: Facility doesn't measure its important indicators to evaluate the status of hospital services.	
Rationale / Explanation: Indicators like average length of stay(ALOS), bed Occupancy Rate, Bed Turnover Rate, Referral Rates, LAMA Rate, Patient Satisfaction score not measured.	
Gap Classification : Process	**Gap Classification :** Medium
Gap Reference:	**Quality assurance:** H Outcome
Supporting Annexure	

STEPS TAKEN IN INPATIENT DEPARTMENT

- Autoclaving of instruments started every morning in every ward.
- Hand over taken over registers made and distributed in each department to be maintained daily.
- Trainings regarding proper segregation of BMW given to sweepers , class 4 workers and staff nurses.
- Colored bins made available at all the waste generation points in each ward.
- One incharge out of available staff nurses of each male , female ward is made to maintain the proper stocks , registers, cleanliness.
- Personal equipments like gloves, mask provided, gum boots, heavy duty gloves
- Immunization of all the staff members is done against tetanus, Hepatitis B, C
- Daily checks on availability of linen on every bed in the ward.
- Hand hygiene posters displayed at all nursing stations.
- Letter for Construction of proper nursing stations with stores, clean and dirty utility room , and attendants waiting rooms given to SDO Civil passed through Senior Medical officer.
- Requirement of security personnels delivered to senior personnels.
- Crash carts ordered for every ward.
- List of emergency drugs and equipment given.
- Proper emergency trays made in each ward with list of expiry dates.



Segregation of Bio Medical Waste Management

5.3 EMERGENCY DEPARTMENT

The Emergency department is working round the clock 24*7. The Emergency department physical infrastructure needs some maintenance. The emergency department has one entrance zone and one exit zone and one consultation chamber area with inadequate waiting area of the patients. In emergency department one medical officer present all the time. But the emergency equipments are not present in emergency department according to the IPHS standards.

Functionalities of Emergency:

Scope of services of the Emergency range from providing Episodic, Primary, Acute (comprehensive) care to referrals. This includes:

- Providing immediate care and stabilizing the patient
- Admission to IPD
- Referral of patients to higher medical Institutions
- Accepting referred patients from other hospitals
- Providing immediate medical and surgical intervention.

Overall Responsibility:

Emergency: Emergency staff

Disaster: Senior Medical Officer, supported by all hospital staff and doctors.

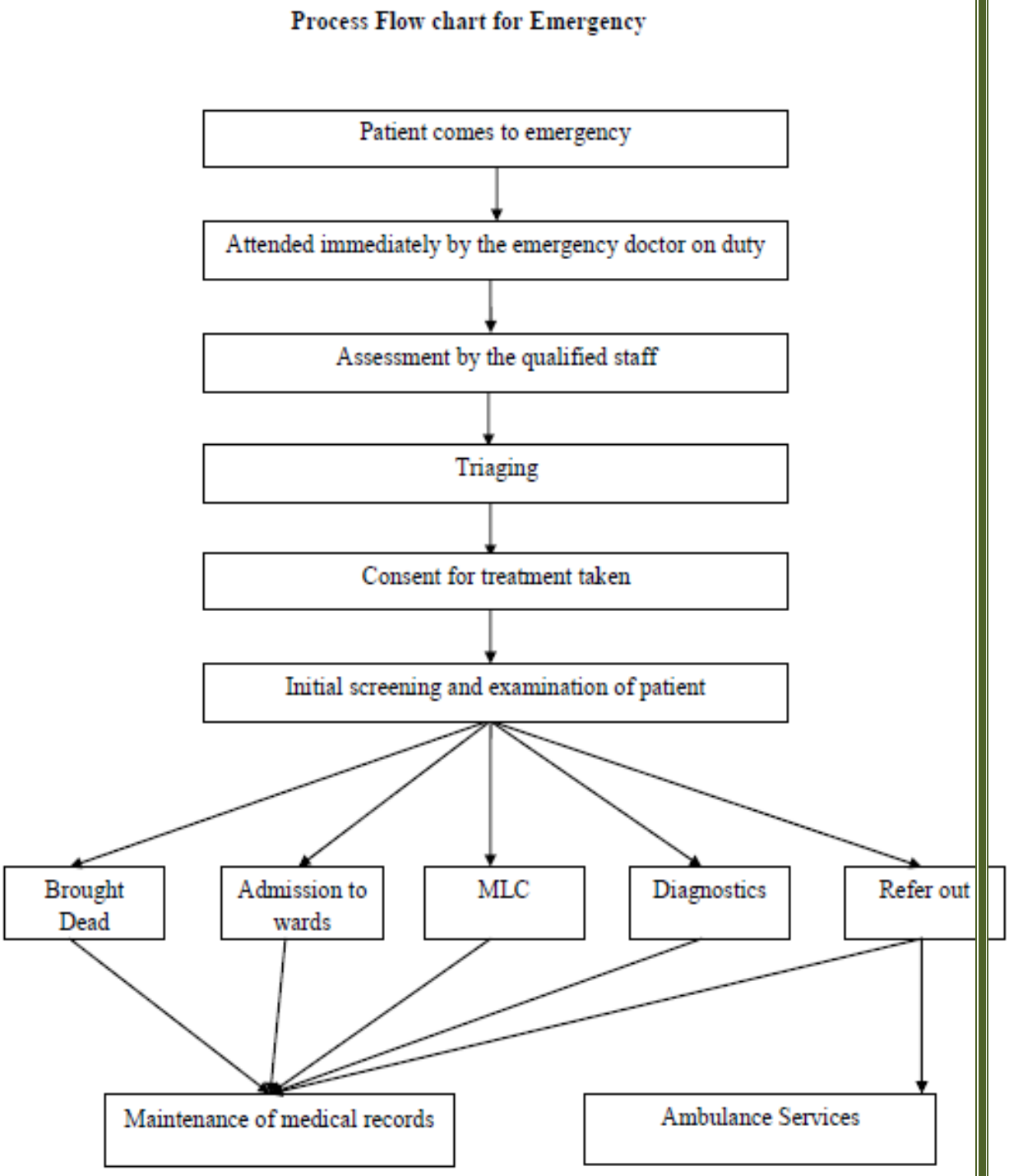


Figure No 5: Process mapping of Emergency department

For Process Flow:

Process Group	Emergency	**Sub-Process**	Registration
Process Location	Registration counter	**Process Owner**	Staff Nurse
Input(s)	Patient	**Output(s)**	1. Total no. of patients seen in emergency per day. 2. Total no. of MLC cases 3. Total no. of patient admitted through emergency. 4. Total no. of patient referred. 5. Total no. of deaths in emergency.
Process Flow / Process Description • Emergency patient comes directly to emergency. • According to the nature of emergency cases doctors are called by staff that is looking after the emergency patient. • Doctors examine the patient and as per the condition of patient they either admit the patient or discharge it. • On duty staff registers the patient and inform the doctor .			
Patient Record		Emergency Register	

Process Group	Emergency	**Sub-Process**	Consultation
Process Location	Emergency room	**Process Owner**	Consultant
Input(s)	Patient slip	**Output(s)**	No of patients, Prescription, Investigation slips, Patients Files
Process Flow / Process Description: • After registration patient is examined by the doctor in emergency room. • After examination doctor writes down the treatment and investigation as required. • On duty staff Starts the treatment as advised by the doctor. • The patient is shifted toward wards / OT / referred as per the needs .			
Patient Records		Prescription, Investigation slip, referral slip, Admission register, MLC or Patient Files.	

For Gap Analysis:

GAP ID No.	EMER001
Gap Statement: Resources and processes in Emergency Ward not as per the IPHS Standards	
Rationale / Explanation: • No exclusive Emergency Medical Officer (EMO) for the emergency room. The Medical Officers who are doing emergency duty has to handle emergencies across all the wards 2pm to 8am next day . • Emergency is not air conditioned. • No ET tubes, laryngoscopes, ECG machines or defibrillator in the emergency room. • Emergency Crash Cart is not available. • There is no patient calling system for ambulance in emergency need. • Patient calls 108 by there own . no one is incharge of ambulance for smooth coordination.	
Gap Classification : Process	**Gap Classification :** High
Gap Reference:	**IPHS –** 1.4(c), 2.27, III Manpower (11), VI Equipments
Supporting Annexure	

GAP ID No.	EMER002
Gap Statement: Department is not designed as per requirements of the department .	
Rationale / Explanation: • The department is not organized as per the workflow. • There are no separate observation, treatment and consultation areas. • Area for triaging in case of disaster is not provided. No triaging of patients done • Dirty Utility has not been provided. • Waiting area for the attendants has not been provided	
Gap Classification : Structural	**Gap Classification :** High
Gap Reference:	**IPHS –** 2.27, II Infrastructure
Supporting Annexure	

STEPS TAKEN IN EMERGENCY DEPARTMENT

- One staff nurse is made as incharge of emergency department to maintain stocks, medications, registers, maintenance.
- Emergency trays been made with the help of staff nurse.
- One almirah is assigned as mass casualty almirah with all the updated emergency drugs and equipments.
- Defibrillator has been ordered for emergency
- Autoclaving of instruments of dressing room made to be start.
- Hand over taken over registers maintained.
- Intercoms made repair for interdepartmental coordination in emergency situations.
- Requisitions given to BSNL for putting up a local telephone for patient calling system.
- All the out of order equipments were repaired from local biomedical engineer.
- Biomedical Waste Management training given to staff, with display of BMW posters.
- Safety belts on stretchers and wheelchairs need to be placed for patient safety.

Emergency Drug Trays

5.4 ManPower Requirement as per IPHS Norms in Subdistrict Hospital, Kharar

A. DOCTORS

S.NO	Personnel	IPHS Norm	Current availability at Hospital (number)	Remarks/ Gaps
1.	Hospital Superintendent/SMO	1	1	
2.	Medical specialist	1	2	
3.	Surgery specialist	1	1	
4	O& G Specialist	1	2	
5	Dermatologist	1	1	
6	Paediatrician	1	1	
7	Anaesthetist	1	1	
8	Ophthalmologist	1	1	
9	Orthopaedician	1	0	1 REQUIRED
10	Radiologist	1	0	1 REQUIRED
11	Casualty doctors/general dutydoctors	7	2	5 REQUIRED
12	Dental Surgeon	1	1	
13	Forensic Specialist	1	0	1 REQUIRED
14	ENT Surgeon	1	1	
15	AYUSH Physician	2	1	1 LESS
	TOTAL	22	15	32% shortage

B. PARA MEDICALS

S.No.	Personnel	IPHS Norm	Current Availability at Hospital (Indicate Numbers)	Remarks/ Gaps
1	Staff Nurse*	18	18	
2	Hospital worker (OP/ward +OT+ blood bank)	5	3	
3	Sanitary Worker	5	8	
4	Ophthalmic Assistant / Refractionist	1	1	
5	ECG Technician	1	0	
6	Laboratory Technician (Lab + Blood Bank)	5(3+2)	1+2	2 more required
7	Laboratory Attendant (Hospital Worker)	2	0	2required
8	Radiographer	2	2	
9	Pharmacist[1]	4	3	1 chief pharmacist req
10	Matron	1	1	
11	Physiotherapist	1	0	No physiotherapist
12	Statistical Assistant	1	0	
13	Medical Records Officer / Technician	1	0	
14	Electrician	1	On call	
15	Plumber	1	On call	
	TOTAL	49	39	20% shortage

C. ADMINISTRATIVE STAFF

S.NO	Personnel	IPHS Norms	Current Availability at hospital	Remarks/ Gaps
1.	Office Superintendent	**1**	**0**	**Vacant post**
2.	Accountant	**2**	**1**	**1 post vacant**
3.	Computer Operator	**6**	**3**	**3 vacant**
4.	**Driver**	**1**	**2**	

5.	**Peon**	**2**	**1**	**1 vacant**
6.	**Security Staff**	**2**	**1**	**1 vacant**
	Total	**14**	**8**	**55% shortage**

D. OPERATION THEATRE

S.NO	STAFF	IPHS Norms	Current availability at Hospital	Remarks/ Gaps
1.	Staff Nurse	2	2	
2.	OT Assistant	2	1	1 VACANT
3.	Sweeper	1	1	
	TOTAL	5	4	

E. BLOOD STORAGE

S.NO	STAFF	IPHS Norms	Current Availability at Hospital	Remarks/ Gaps
1.	Staff Nurse	1	0	
2.	MNA/FNA	1	0	
3.	Blood Bank Technician	1	2+1	2from NACO,1user charge
4.	Sweeper	1	0	Temporary for 1 hour
	TOTAL	4	3	

CHAPTER 6: CONCLUSION

The study revealed and find out the gaps which need to be full filled for the quality improvement of the Subdistrict hospital, Kharar. By achieving the quality care services the Hospital is able get quality certifications like ISO9001:2008, NABH. Gaps of all the departments are mainly process gaps, some of those gaps are infrastructure, equipment and manpower gaps. Study also revealed that what specific and general action to be taken for full filling those gaps. What kind of trainings is required and will be given to the staff including nurses, housekeepers, ward boys and medical officers. Special consideration on gaps of the department is given and action plan is prepared and need to be monitored by internal experts who include Matron, Senior Medical Officer, Civil surgeon and Nursing In Charge

THE NEXT STEPS

1. Implementation of Gap Filling

Herein, the gaps as identified will be taken up strategically and short term, long term goals will be identified in liaison with the hospital .

a. Develop documents including quality manual, procedures and work instructions to institute processes, to maintain optimal functionality within the existing resources and processes

b. Develop handy broad framework of Standard Treatment Protocol (STP) for ensuring delivery of uniform and standardized services .

c. Develop benchmarks, based on local needs and sensitivities and that would be focused at improving the quality of services provided

d. Develop an effective HMIS to elucidate actionable feedback .

e. Build capacity and prepare the system to meet IPHS guidelines with the existing inputs.

- This would include basic orientation and training to hospital managers or resource group and/or internal auditors meant to help this process, and provide capacity building training to the existing Staff at the Healthcare facilities.
- This would also include active hand-holding and guidance as they test out and put new processes into place.

f. Basic training to individual healthcare staff shall comprise the following training & awareness program at minimum of:

- Awareness on Good Management System Design, IPHS requirements
- Training on Documentation & Document Control

- Training on Work Instruction, Quality Improvement & Performance Tools for improved status
- Corrective & Preventive Action Plan Management, e.g. as for Biomedical Waste Management

g. Awareness training on clinical care system management

- Clinical Audits and documentation
- Ward management
- Inventory management
- Equipment planning and management
- Accident and Emergency Management
- Disaster management
- Bio-Medical Waste Management

h. Orientation of staff towards their roles in quality improvement of healthcare facilities

i. Develop system to facilitate effective implementation of documented processes in liaison with all the stakeholders involved in direct improvement with the healthcare facility, i.e.,doctors, nursing, hospital managers and district health administration

j. Hand-hold the health care facility to sustain and achieve the prevailing IPHS standards

k. Applying for quality Certification

2. Mapping the To-Be Process

Herein, the To-Be processes will be mapped and a system will be developed to ensure continuous improvement and monitoring within the healthcare facility in-order-to meet the IPHS standards.

Some of the Improvements Done

Apart from steps taken at Outpatient, Inpatient and Emergency Department. Improvements done at other areas include:

1.Condemnation of old and obsolete things was done to make the space available for other major components .

2.Separate Medical Record Room made with all the previous and current years record of whole hospital at one place.

3.One staff nurse handling the Birth and Death record maintenance made the incharge of Medical Record Room.

4. Records were arranged properly in racks year wise distribution.

5. X-Ray Department layout plan prepared for getting AERB certification.

6. Committes formed like Disaster management committee, infection control, purchasing, condemnation, grievance handling, code blue etc.

7. Distribution of adverse reaction, incident reporting forms in the concerned department.

8. Working on documentation like Standard operating procedure, manuals for each departments.

Showing Before and After views of making Separate MRD room

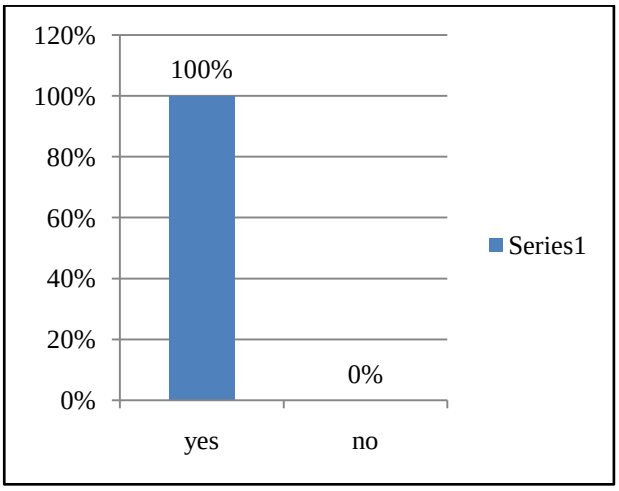
BEFORE

AFTER

Patient Satisfaction Survey : IPD Patients(52)

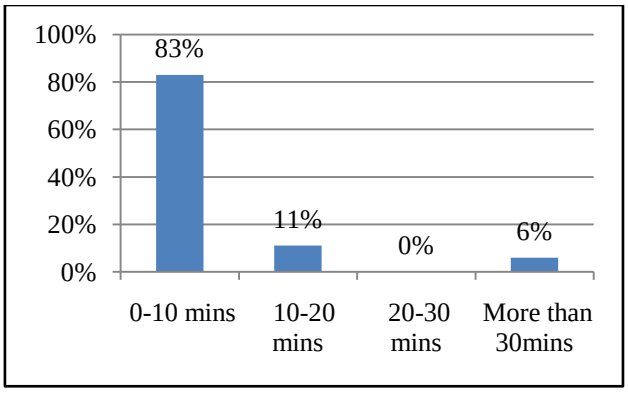
1. Where you/your relatives infirmed about the reasons for your admission in the hospital by the consultant doctor?

YES	NO
100%	0%



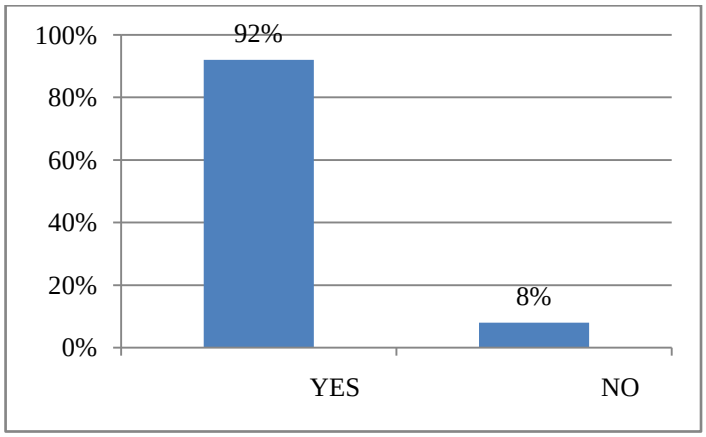
3. How long did you wait before being shifted to ipd ward?

0-10 mins	10-20 mins	20-30 mins	More than 30mins
83%	11%	0%	6%



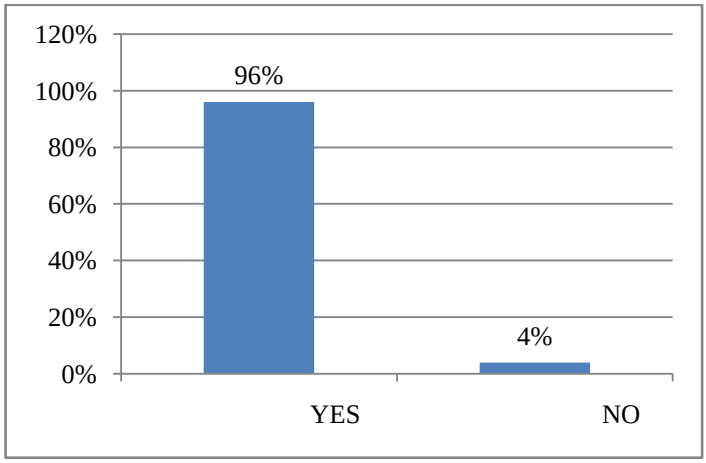
3 . Was the bed ready before you arrived in inpatient wards?

YES	NO
92%	8%



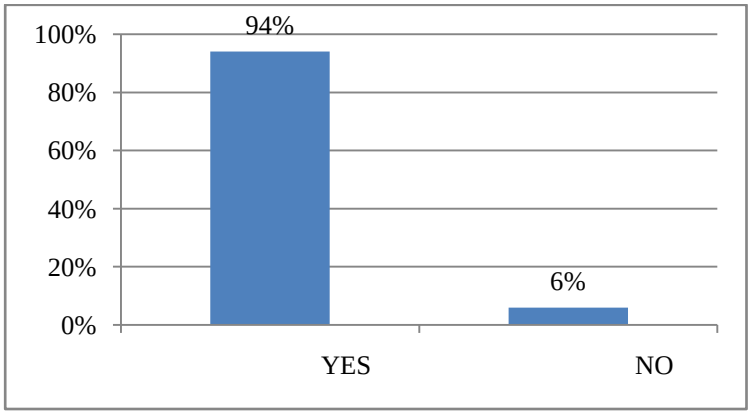
4 . Are you satisfied with the nursing staff and the care given by them?

YES	NO
96%	4%



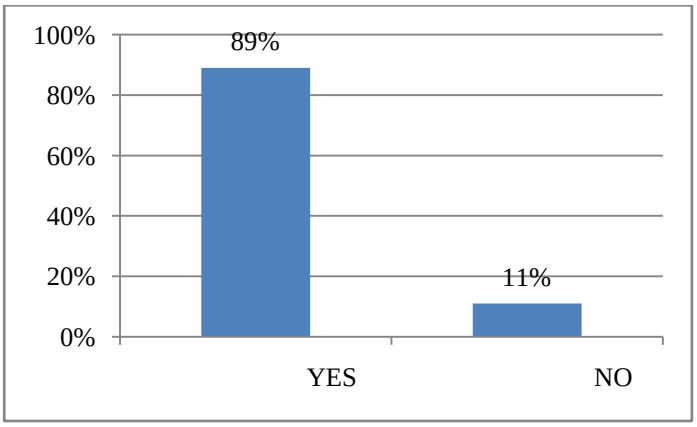
5 . Do the nurse provide you the medicines regularly at the rightr time prescribed by your Doctor?

YES	NO
94%	6%



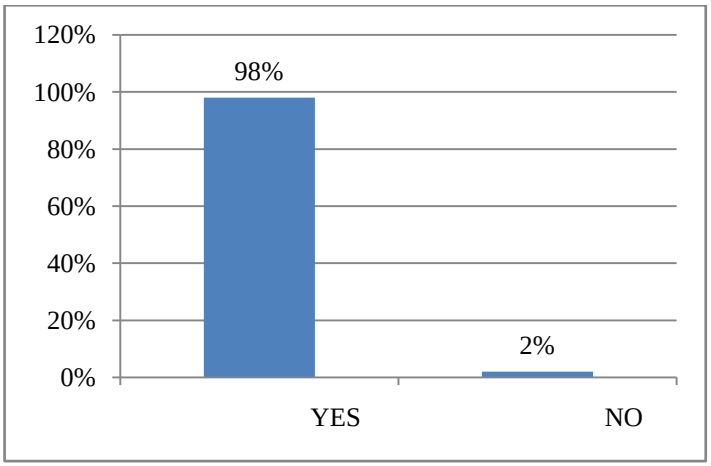
6 . Do the treating doctor examines you everyday?

YES	NO
89%	11%



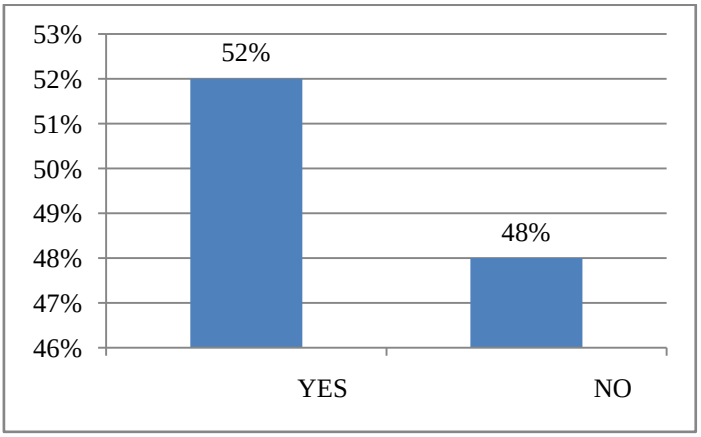
7. Was the doctor courteous in his behavior towards you?

YES	NO
98%	2%



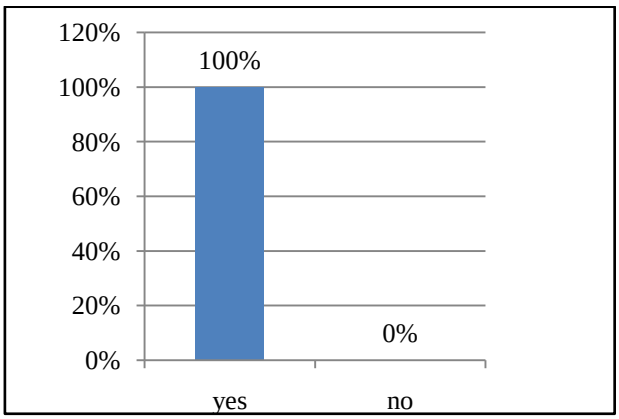
8 . Did you undergo any operation in the hospital?

YES	NO
52%	48%



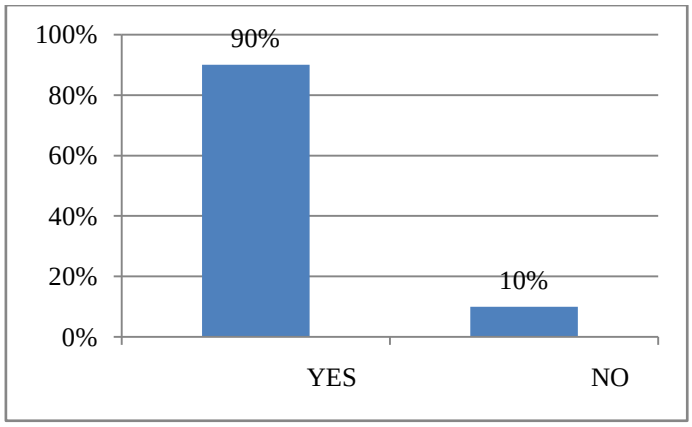
If yes- Did the doctor inform you / your relative about the need for such operation?

YES	NO
100%	0%



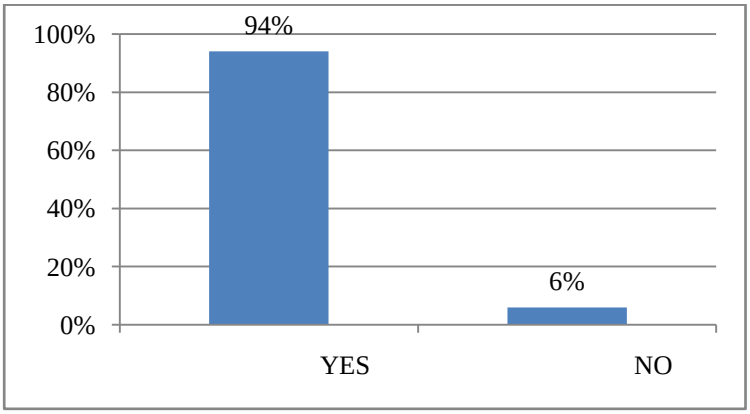
9. Are you satisfied with the food provided by the hospital?

YES	NO
90%	10%



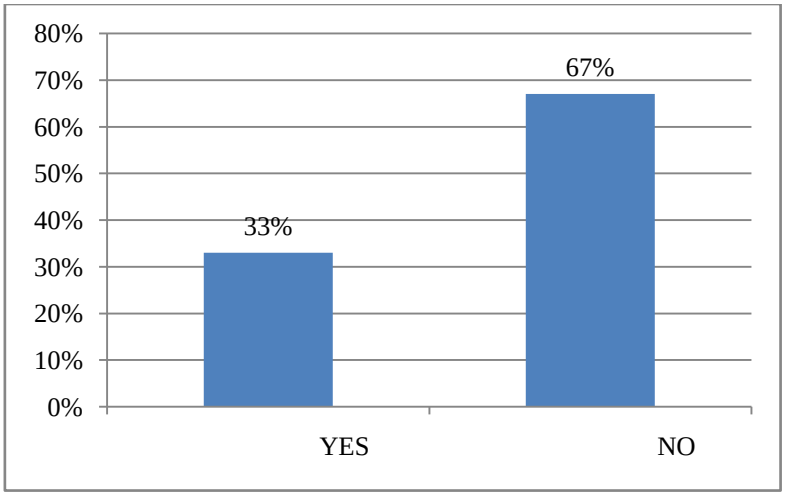
10. Are you satisfied with the condition of the ward / rooms where you are admitted?

YES	NO
94%	6%



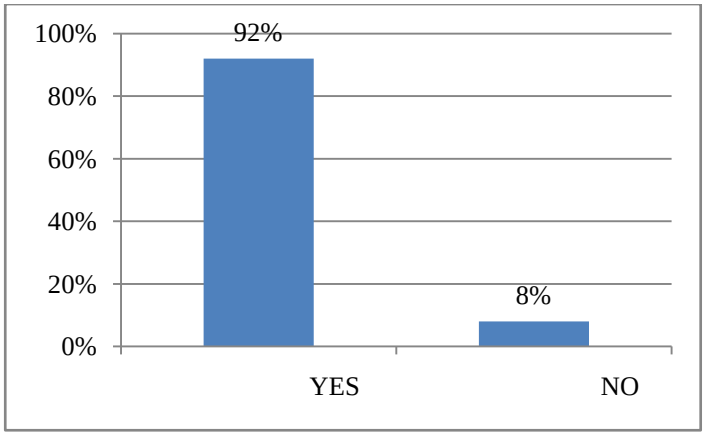
11. Are you satisfied with the cleanliness of the wards and the toilets?

YES	NO
33%	67%



12. Does the hospital staff respect your privacy and religious sentiments?

YES	NO
92%	8%

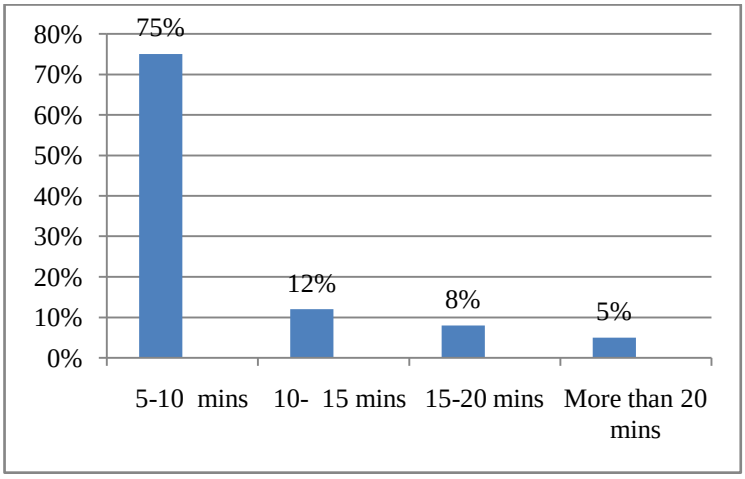


Patient Satisfaction Survey :- OPD Patients

No. of Patients (75)

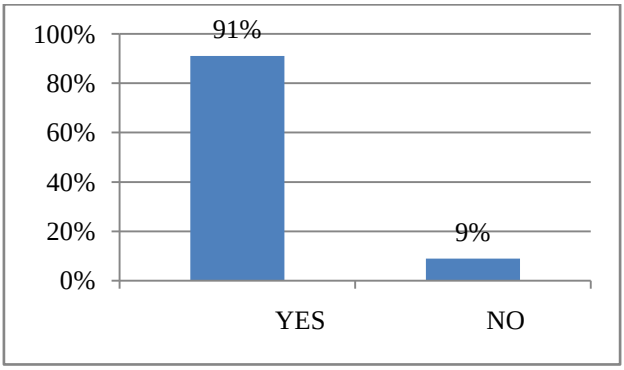
1. How long did you wait in the registration counter?

5-10 mins	10- 15 mins	15-20 mins	More than 20 mins
75%	12%	8%	5%



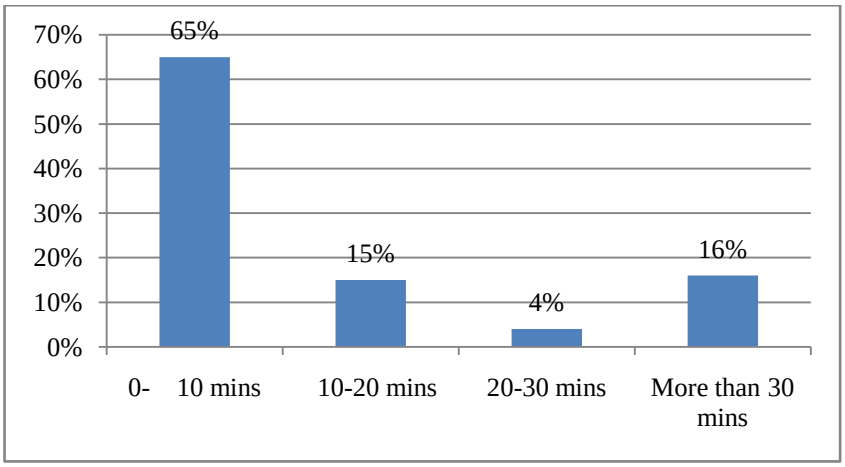
2 . Was the staff courteous to you while replying to your queries at the registration counter?

YES	NO
91%	9%



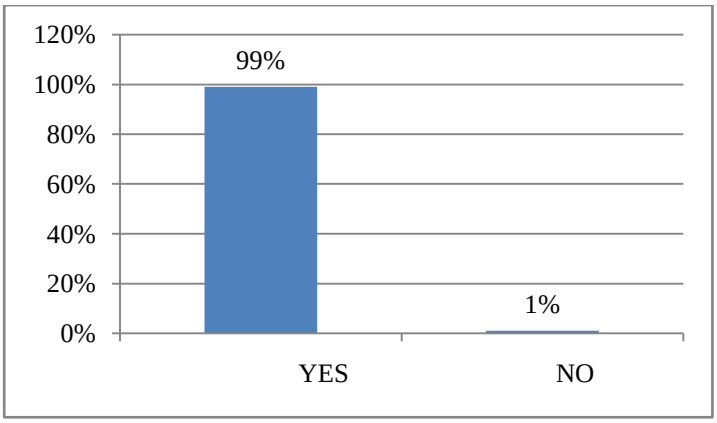
3 . How long did you wait to see the doctor after your registration?

0- 10 mins	10-20 mins	20-30 mins	More than 30 mins
65%	15%	4%	16%



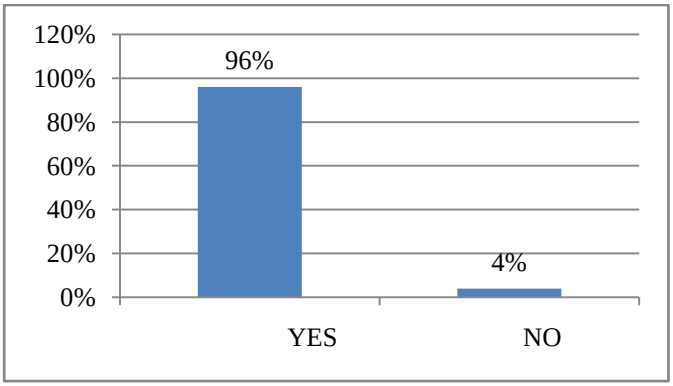
4 . Are you satisfied with the doctor whom you consulted?

YES	NO
99%	1%



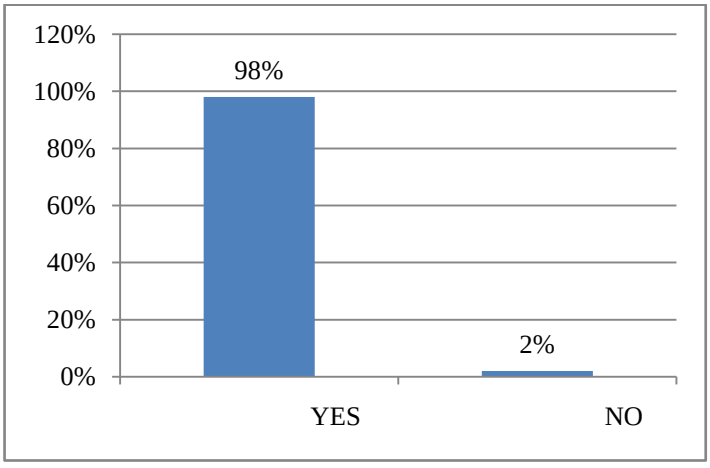
5 . Did the doctor explain you about your problems, treatment plan and other related informations?

YES	NO
96%	4%



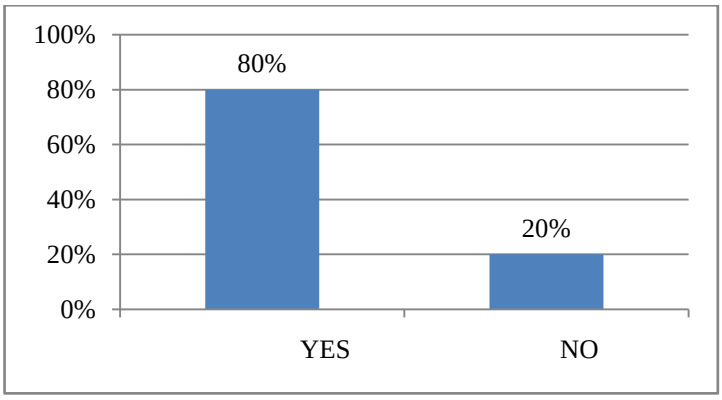
6 . Was the doctor and Nursing Staff courteous in their behavior?

YES	NO
98%	2%



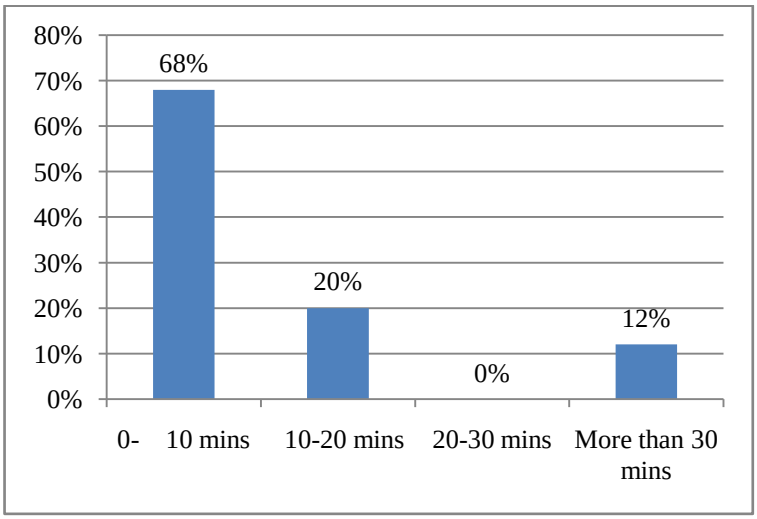
7. Did you undertake any investigation (Lab tests or X-ray) in the Hospital?

YES	NO
80%	20%



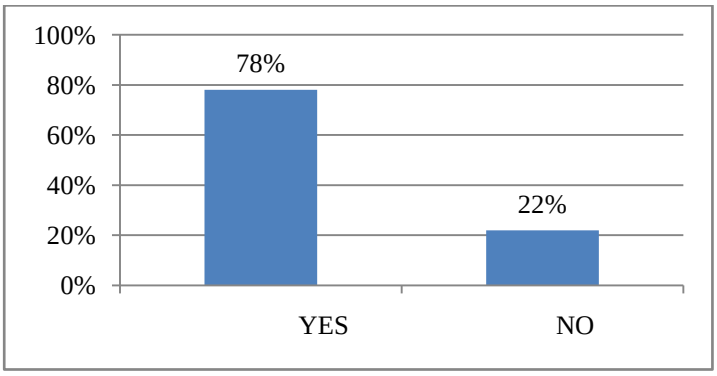
8. How long did you wait for the investigations?

0- 10 mins	10-20 mins	20-30 mins	More than 30 mins
68%	20%	0%	12%



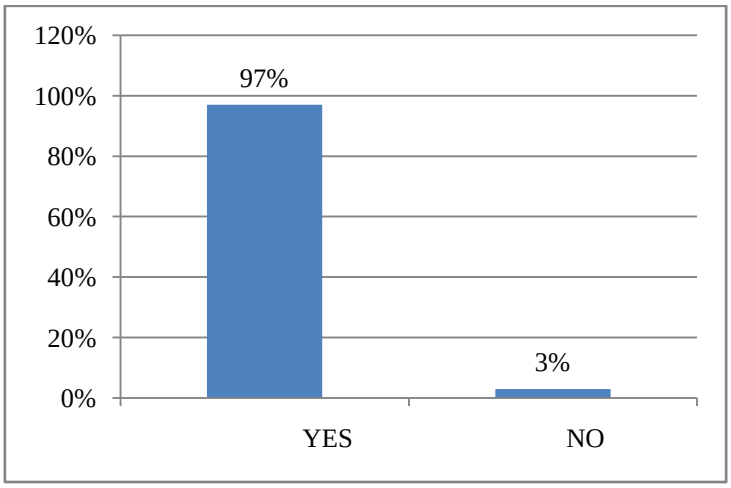
9. Was the report of the investigation available on time?

YES	NO
78%	22%



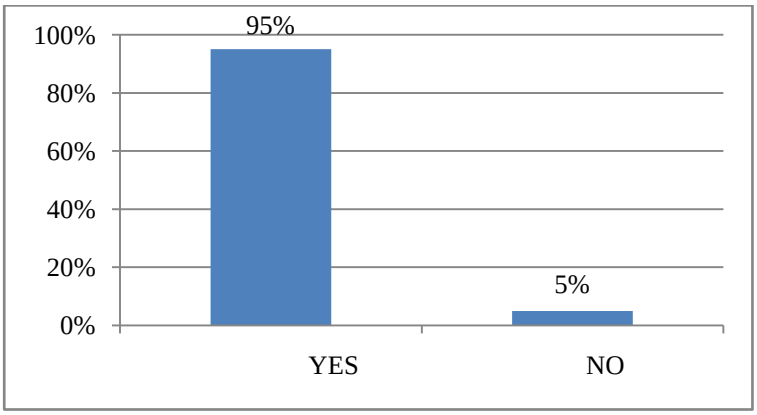
10. Was your privacy protected by the staff of the hospital?

YES	NO
97%	3%



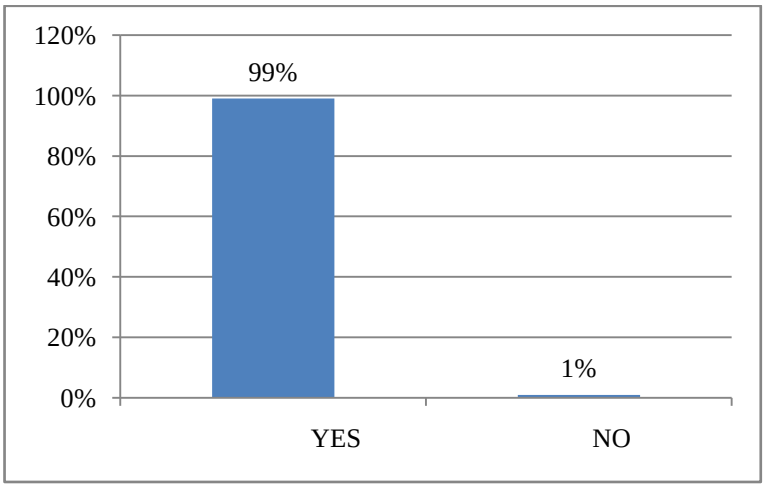
11. Is the waiting area of the hospital comfortable?

YES	NO
95%	5%



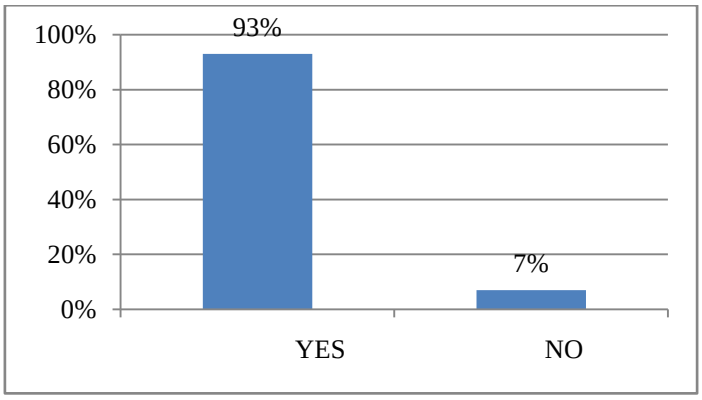
12. Are you satisfied with the following?

YES	NO
99%	1%



13. Will you visit Civil Hospital, Kharar in case you need any Medical treatment in future?

YES	NO
93%	7%



We thank you for providing us your valuable feedback which will help us serve you better

ANNEXURE -I (Patient Satisfaction Survey Questionnaire)

CIVIL HOSPITAL, KHARAR

Patient Satisfaction Survey (Outpatient)

(Please tick the applicable Box)

1. How long did you wait in the registration counter?

_____5-10 mins _____10-15 mins _____15-20 mins _____> than 20 mins

2. Was the staff courteous to you while replying to your queries at the registration counter?

☐ Yes ☐ NO

3. How long did you wait to see the doctor after your registration?

_____0-10 mins _____10-20 mins _____20-30 mins _____> than 30 mins

4. Are you satisfied with the doctor whom you consulted?

☐ Yes ☐ No

5. Did the doctor explain you about your problems, treatment plan and other related informations?

☐ Yes ☐ No

6. Was the doctor and Nursing Staff courteous in their behavior?

☐ Yes ☐ No

7. Did you undertake any investigation (Lab tests or X-ray) in the Hospital?

☐ Yes ☐ No

8. How long did you wait for the investigations?

_____0-10 mins _____10-20 mins _____20-30 mins _____> than 30 mins

9. Was the report of the investigation available on time?

☐ Yes ☐ No

10. Was your privacy protected by the staff of the hospital?

☐ Yes ☐ No

11. Is the waiting area of the hospital comfortable?

☐ Yes ☐ No

12. Are you satisfied with the following?

☐ Yes ☐ No

13. Will you visit Civil Hospital, Kharar in case you need any Medical treatment in future?

☐ Yes ☐ No

We thank you for providing us your valuable feedback which will help us serve you better?

ANNEXURE II – Patient Satisfaction Questionnaire(IPD)

CIVIL HOSPITAL,KHARAR

Patient Satisfaction Survey (Inpatient)

(Please tick the applicable Box)

1. Were you/your relatives informed about the reason for your admission in the hospital by the consultant doctor?

☐ Yes ☐ NO

2. How long did you wait before being shifted to the inpatient ward.

_____0-10 mins _____10-20mins _____20-30 mins _____> than 30 mins

3. Was the bed ready before you arrived in the inpatient wards?

☐ Yes ☐ NO

4. Are you satisfied with the nursing staff and the care given by them?

☐ Yes ☐ No

5. Do the nurse provide you the medicines regularly at the right time prescribed by your Doctor?

☐ Yes ☐ No

6. Do the treating doctor examine you everyday?

☐ Yes ☐ No

7. Was the doctor courteous in his behavior towards you?

☐ Yes ☐ No

8. Did you undergo any operation in the hospital?

☐ Yes ☐ No

If yes – Did the doctor inform you/your relatives about the need for such Operation?

☐ Yes ☐ No

9. Are you satisfied with the food provided by the hospital?

☐ Yes ☐ No

10. Are you satisfied with the condition of the ward/rooms where you are admitted?

☐ Yes ☐ No

11. Are you satisfied with the cleanliness of the wards and the toilets?

☐ Yes ☐ No

12. Does the hospital staff respect your privacy and religious sentiments?

☐ Yes ☐ No

We thank you for providing us your valuable feedback which will help us serve you better

ANNEXURE III- INCIDENT REPORTING FORM

CIVIL HOSPITAL, KHARAR

INCIDENT REPORTING FORMAT

Serious injury/ death must be reported immediately to concerned authority at …….

1	Date of accident/ incident Time Location
2	Affected person pa☐t ☐staff ☐student ☐ volunteer (please tick) Con☐ctor ☐ther mal☐ fem☐e ☐☐ Name & Address Tel (R) Tel (M) E-mail:
3	Type of accident/ incident severity Clinic☐ Non C☐cal major ☐ mod☐e ☐minor ☐ near miss

4	Details of accident/ incident ☐ ☐ Equipment model Removed form service Y N
5	Immediate action taken at time of incident (including any equipment involved)
6	Section completed by- please PRINT NAME Designation: Date & time: Signature
7	Subsequent action: To be completed by Line Manager on duty at time of incident

ANNEXURE IV- IPHS PROFORMA FOR SUBDISTRICT HOSPITAL

IPHS Checklist

Physical Infrastructure

Physical Infrastructure		
		Current Availability in the Hospital
2.1.	Size (Area) of the Hospital (In Sq. Meters)	3 acres
2.2.	Number of indoor beds available	50
Location		
2.3.	Is the hospital located near residential area? (Yes / No)	Yes
2.4.	Is the hospital building free from danger of flooding? (Yes / No)	No
2.5.	Is the hospital located in an area free from pollution of any kind including air, noise, water and land pollution? (Yes /No)	No
2.6.	Is necessary environmental clearance obtained? (Yes / No)	Yes
2.7.	Whether hospital building is disabled friendly as per provisions of Disability Act? (Yes / No)	No
Building Status		

2.8.	What is the present stage of construction of the building (Complete: 1; Incomplete: 0)	complete
2.9.	Compound Wall / Fencing (1-All around; 2-Partial; 3-None)	All around
2.10.	Condition of plaster on walls (1- Well plastered with plaster intact every where; 2- Plaster coming off in some places; 3- Plaster coming off in many places or no plaster)	plaster coming off in some places
2.11.	Condition of floor (1- Floor in good condition; 2- Floor coming off in some places; 3- Floor coming off in many places or no proper flooring)	floor in good condition
Building Requirements (Availability to be recorded in Yes / No)		
2.12.	Administrative Block	yes
2.13.	Circulation Area	inadequate
2.14.	Entrance Area	Yes
2.15.	Ambulatory Care Area (OPD)	Yes
2.16.	Waiting Spaces adjacent to each consultation and treatment room	No
2.17.	Registration Counter	Yes
2.18.	Assistance and Enquiry Counter	No

2.19.	**Departments / Clinics**	
a.	General	Yes
b.	Medical	Yes
c.	Surgical	Yes
d.	Ophthalmic	Yes
e.	ENT	Yes
f.	Dental	Yes
g.	Obstetric & Gynecologist	Yes
h.	Paediatrics	yes
i.	Dermatology & Venereology	yes
j.	Psychiatry	No
l.	Orthopedic	yes
m.	Social Service	no
n.	Infectious & Communicable Diseases located in remote corner with independent access	yes
o.	National Health Programmes	yes
2.20.	Nursing Stations	Not in opd
2.21.	**Diagnostic Services**	
a.	X-Ray Room	yes
b.	Dark Room for X-Ray film developing and processing	yes
c.	X-Ray Reporting Room for Doctor	yes
d.	Is X-Ray room accessible to OPD, Wards and	yes

	Operation Theatre?(Yes / No)	
e.	Ultrasound Room	yes
f.	Is Ultrasound room accessible to OPD, Wards and Operation Theatre?(Yes / No)	yes
g.	Ultrasound Reporting room for Doctors	yes
2.22.	**Clinical Laboratory**	
a.	Fully equipped laboratory	no
b.	Sample Collection Room with facility for quick diagnosis of blood, urine, etc.	yes
c.	Separate reporting room for Doctors	yes
2.23.	**Blood Bank**	
a.	Fully equipped Blood Bank	Yes
b.	Is the blood bank located in close proximity to pathology department and at an accessible distance to Operation Theatre, ICU, Emergency and Accident department? (Yes / No)	Yes
c.	Separate reporting room for Doctors	Yes
2.24.	**Intermediate Care Area (Inpatient Nursing Units)**	
a.	General Wards (Number to be given)	
i.	Male	2
ii.	Female	2
iii.	Total	5
b.	Private Wards (Number to be given)	1
c.	Wards for Specialities (Number to be given)	0

d.	Nursing Stations (Number to be given)	2 wards+ 1 emeregency
e.	Doctors' Duty Room	yes
f.	Pantry	No
g.	Isolation Room	Yes
h.	Treatment Room	Yes
i	Nursing Store	Yes
j.	Toilets	Yes
2.25.	**Pharmacy (Dispensary)**	
a.	Medical Store facility for indoor patients	Yes
b.	Separate pharmacy with accessibility for OPD patients	yes
2.26.	**Intensive Care Unit (ICU) & High Dependency Wards**	**No ICU facilities**
a.	Number of beds available in ICU	o
b.	Number of beds available in High Dependency Wards	no
c.	Changing Room	no
d.	Is the unit located close to OT, X-Ray and Pathology department? (Yes / No)	yes
e.	Essential Specialized Services	no
i.	Piped Suction	no
ii.	Medical Gases	no
iii.	Uninterrupted Electric Supply	no

iv.	Heating	no
v.	Ventilation	no
vi.	Central Air Conditioning	no
f.	Nurses' Station	no
g.	Clean Utility Area	no
h.	Equipment Room	no
2.27.	**Critical Care Area (Emergency Services)**	
a.	Critical Care Area with independent entry	yes
b.	Adequate space for free passage of vehicles	Yes
c.	Covered area for alighting patients	yes
2.28.	**Operation Theatre**	
a.	Fully equipped Operation Theatre	Yes
b.	Location of OT in close relation to ICU, Radiology, Pathology, Blood Bank	Yes
c.	Specialized Services in OT	
i.	Piped suction and medical gases	Yes
ii.	Uninterrupted Electric Supply	Yes
iii.	Heating	Yes
iv.	Air Conditioning	Yes
v.	Ventilation	No
vi.	Efficient Life Service	Yes
d.	Other Rooms adjoining OT	
i.	Preparation Room	no

ii.	Pre-operative Room	no
iii.	Post-operative Room	No
iv.	Scrub-up Room for washing and scrubbing	Yes
v.	Sub-sterilizing Unit	Yes
2.29.	**Delivery Suit Unit**	
a.	Fully equipped Delivery Suit Unit located near OT	Yes
b.	Facilities in Delivery Suit Unit	
i.	Reception and admission	No
ii.	Examination and Preparation Room	Yes
iii.	Labour Room (clean and a septic room)	Yes
iv.	Delivery Room	yes
v.	Neo-natal Room	no
vi.	Sterilizing Rooms	no
vii.	Sterile Store Room	no
viii.	Scrubbing Room	no
ix.	Dirty Utility	no
2.30.	**Physiotherapy**	
a.	Physiotherapy department located at a convenient access to both outdoor and indoor patients	Not present in hospital
b.	Facilities	
i.	Physical and electro-therapy rooms	no
ii.	Gymnasium	No
iii.	Office	no

iv.	Store	no
v.	Separate toilets for male and female	no
2.31.	**Hospital Services**	
a.	Hospital Kitchen (Dietary Service)	No
b.	Central Sterile and Supply Department (CSSD)	No
i.	CSSD located	no
ii.	Easily accessible to OT	no
iii.	Provision of hot water supply	no
c.	Hospital Laundry	yes
d.	Medical and General Stores	yes
e.	Mortuary	yes
2.32.	**Engineering Services**	
a.	**Electric Engineering**	
i.	Electric Sub Station and standby generator room	yes
ii.	Emergency Lighting (shadow less light in OT and Delivery Rooms and portable light units in Wards and Departments	yes
iii.	Call Bells	no
iv.	Ventilation (Natural or mechanical exhaust)	yes
b.	**Mechanical Engineering**	
i.	AC and Room Heating in OT and Neo-natal units	Yes, not in neonate
ii.	Air coolers or hot air convectors	no

iii.	Water coolers and Refrigerators	No water coolers
c.	**Public Health Engineering**	
i.	**Water Supply**	
1	Round the clock piped water supply	No
2	Overhead water storage tank with	Yes
	pumping and boosting arrangements	
3	Separate provision for fire fighting and	no
	water softening plants	
ii.	**Drainage and Sanitation**	
	Proper drainage and sanitation system for waste water, surface water, sub soil water and sewerage	no
iii.	**Waste Disposal System**	
	Proper waste disposal system as per National Guidelines	yes
iv.	**Trauma Centre**	
d.	Fire Protection	yes
e.	Telephone and Intercom	yes
f.	Medical Gas	yes
g.	Cooking Gas	No
h.	Laboratory Gas	No
i.	Office-cum-store for maintenance work	No
j.	Parking place	Yes

k.	Administrative Services	Yes
i.	General Section	yes
ii.	Medical Records Section	yes
l.	Committee Room	no
m.	Residential Quarters for all medical and Para medical staff	yes

APPENDIX XIII

REFERENCES

1. **http://nrhm.gov.in/nhm/nrhm/guidelines/indian-public-health-standards.html**
2. **http://nhsrcindia.org/index.php?option=com_content&view=article&id=139:quality-standards-and-framework-for-public-health-facilities&catid=29:news&Itemid=728**
3. **http://mohfw.nic.in/NRHM/Documents/Proforma%20for%20IPHS%20Facility%20Survey%20of%20201-300%20Beded%20Hospital.xls**
4. **http://intra.itiltdindia.com/quality/ISOStandards/ISO9001-2008-STD.pdf**
5. **Quality management systems - Requirements (ISO 9001:2008).**
6. **"ISO 9001 certifications top one million mark, food safety and information security continue meteoric increase" (Press release). International Organization for Standardization. October 25, 2010. Retrieved March 24, 2012.**
7. **District Health Facilities, Guidelines for Development and Operations; WHO; 1998.**
8. **Karuna Dev(2012) –" Implementing Quality Processes in Public Health Sector Hospitals in India".**
9. **Rationalisation of Service Norms for Secondary Care Hospitals, Health & Family Welfare Department, Govt. of Tamil Nadu. (Unpublished)**
10. **Richa Bharti (2013)- " Assessing the compliance to IPHS at district hospital "**