# STUDY ON QUALITY ASSESSMENT OF HOSPITAL FACILITY IN RELATION TO IPHS

BY : DR. ANSHUMAN MITTAL

ROLL NO. : 1295

IIHMR JAIPUR

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Punjab Health Systems Corporation
Department of Health & Family Welfare
Government of Punjab

# HOSPITAL BRIEF

- **Civil Hospital Kharar** is a **Sub District** level 50 bedded hospital situated in district Mohali.
- It acts a **First Referral Unit** catering to approx 2.5 lakhs of population from 1 CHC, 6 PHC and 27 SC.
- The hospital was undertaken by PHSC in 1996 which is State level Governing Body to provide assistance and update its facilities.

# KEY LEARNINGS

- Functioning of Government Hospital and management issues related to it.
- Checking  day to day work of Hospital.
- Conducting various committee meetings
- Supervising various departments like Medical Record, Housekeeping, Nursing etc.
- Managing the work assigned with limited resources.
- Understanding of the Quality Certification process .
- Detailed Process mapping and process flow of all departments of Hospital.

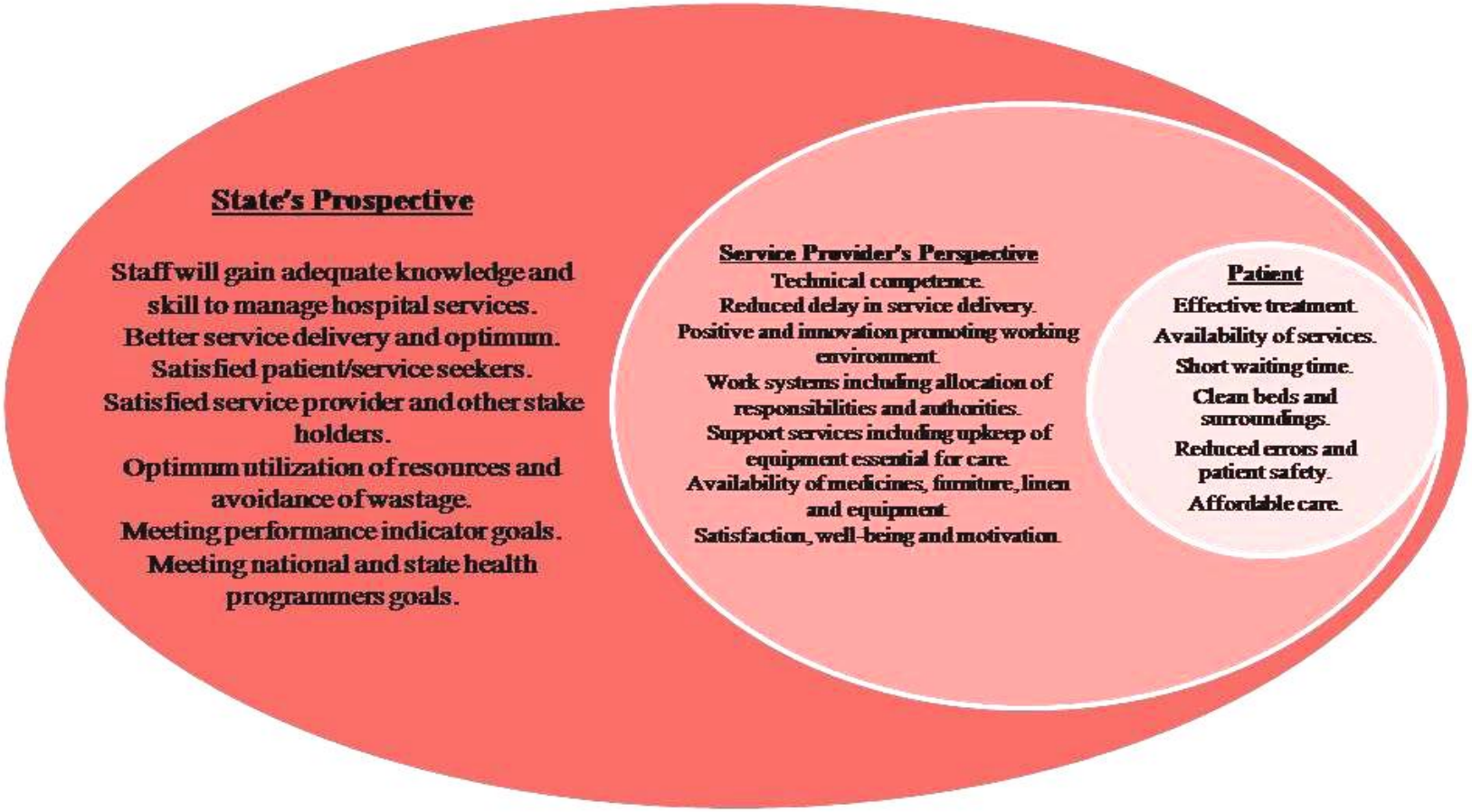
# WHY IPHS ??

- 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

- 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.

- 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

# DIFFERENT PERSPECTIVES OF QUALITY MANAGEMENT



# AIM OF THE STUDY

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

# OBJECTIVES

- 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

# STUDY DESIGN AND METHODS

- **Research Questions:** 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 .

- **Study Design :** Descriptive study , Exploratory in nature.

- **Target Sample :** Doctors, Nurses, Housekeeping and other support and utility service staff , Patients

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

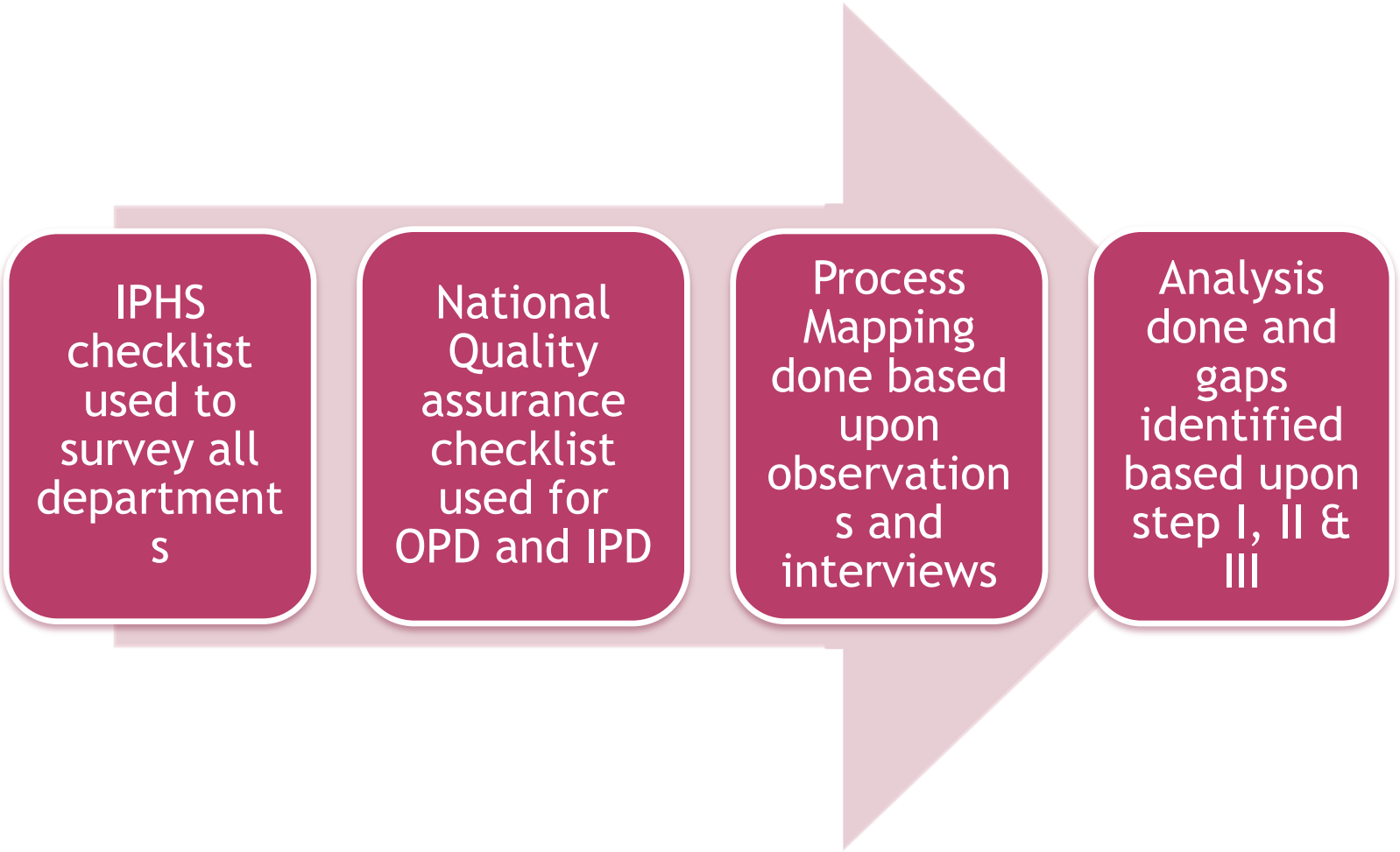
## Tools :

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

## Method :

Facility audit, in depth interviews with the Staff and Patients.

# STEPS OF STUDY METHODOLOGY



# 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

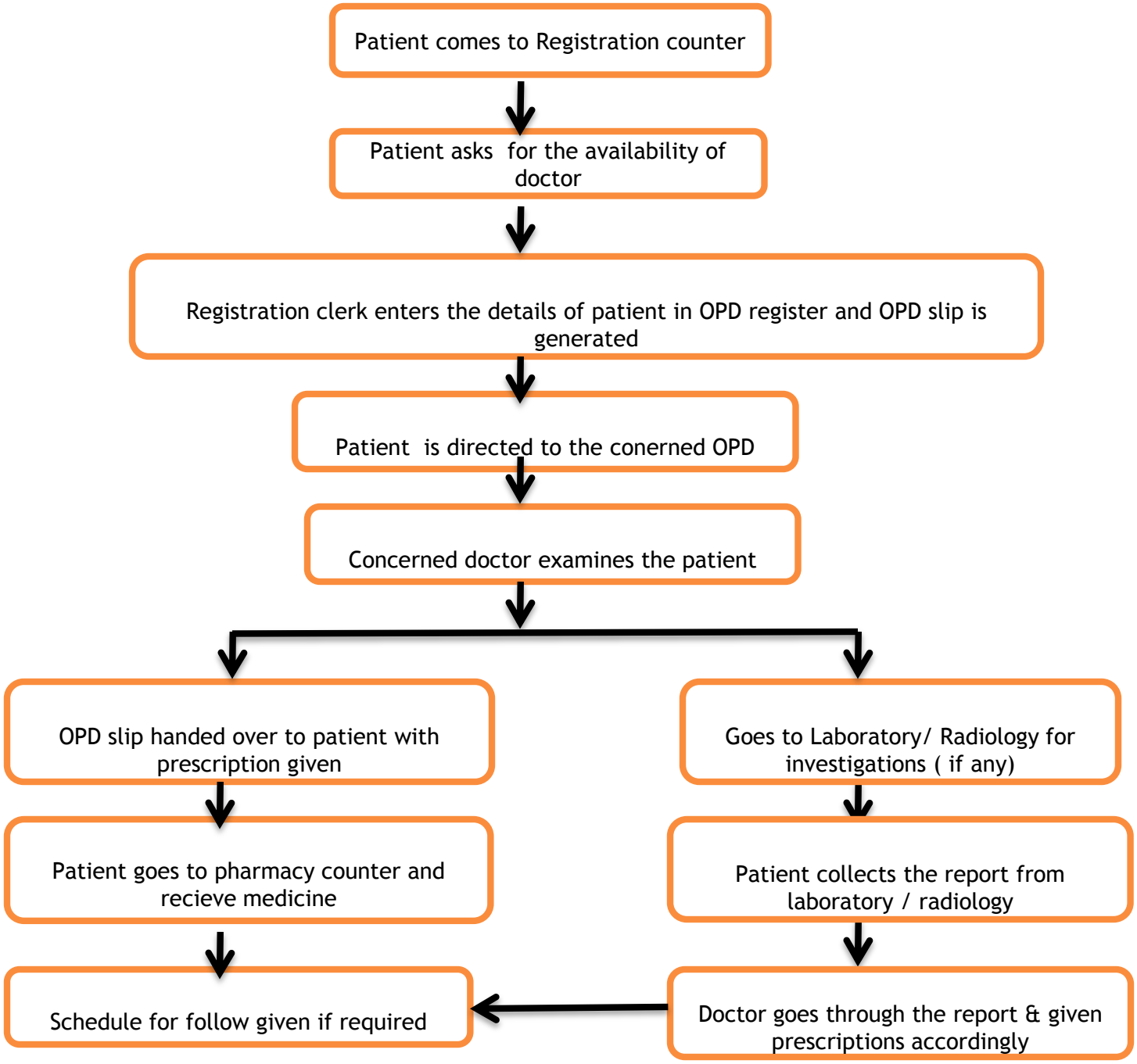
**Stage III** Observation and personal interview were used to map the various processes of the hospital and to know the functioning of the each department.

**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

# RESULTS AND FINDINGS

**1.Out Patient Department:**

Process Mapping


Patient comes to Registration counter
Patient asks for the availability of doctor
Registration clerk enters the details of patient in OPD register and OPD slip is generated
Patient is directed to the conerned OPD
Concerned doctor examines the patient
OPD slip handed over to patient with prescription given
Goes to Laboratory/ Radiology for investigations ( if any)
Patient goes to pharmacy counter and recieve medicine
Patient collects the report from laboratory / radiology
Schedule for follow given if required
Doctor goes through the report & given prescriptions accordingly

# OPD score card according to Quality assurance checklist

| OPD Score 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 | **79.31%** |
| F | Infection Control | **63%** |
| G | Quality Management | **23.10%** |
| H | Outcome | **70.90%** |

checklist

# 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

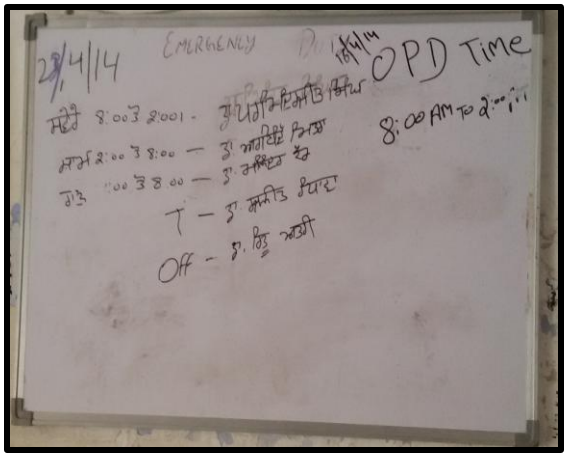
| GAP ID NO. | GAP STATEMENT | GAP SEVERITY | GAP REFERENCE |
|---|---|---|---|
| OPD 001 | Overcrowding in the OP waiting area reduces effectiveness of care delivered in the OP area | Medium | **IPHS** Structural & Resources 2.16, 2.18, 2.20 **Quality Assurance** : Inputs C, Patients rights (ME B1.7, ME B3 |
| OPD 002 | Basic facilities are not available in the OPD area for public conveniences. | High | **IPHS** Physical layout & Structural 2.32(b) (e), 7.1 ; **Quality Assurance** : B Patients Rights( ME B1.3, B2.1, B2.3) , Inputs( ME C1.2, 3) |
| OPD003 | Facility lacks in established documentation and standard operating procedures | Medium | **IPHS :** Structural 7.3, 2.32(d**) ; Quality assurance:** G Quality Management( ME G4.2), H Outcome( ME H4.1) , C3 Inputs |

# 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.
- 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 r
- No patient calling system available in the facility.

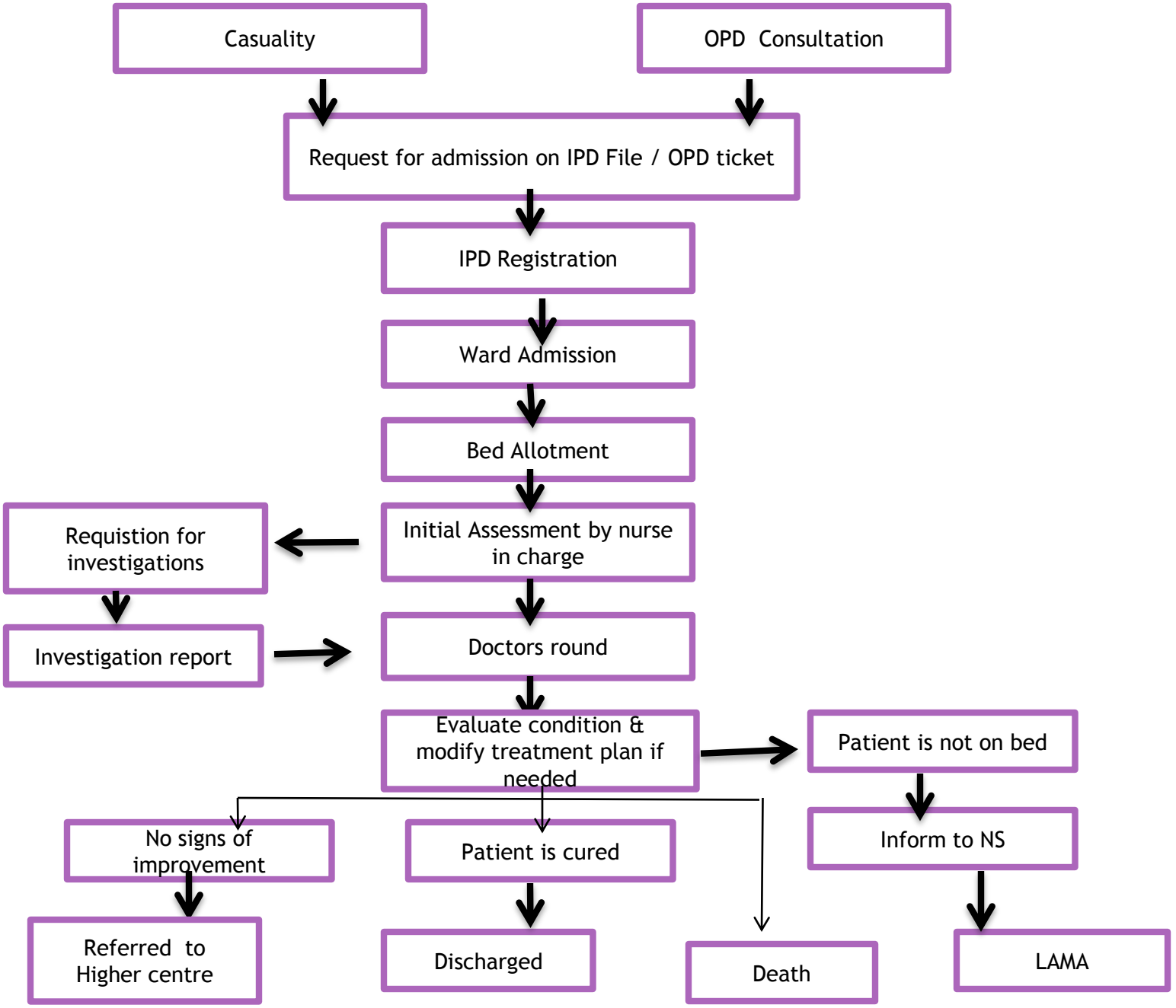
# WORK DONE IN OPD

- 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.
- 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




## 2. In Patient Department:

Process Mapping


Casuality
OPD Consultation
Request for admission on IPD File / OPD ticket
IPD Registration
Ward Admission
Bed Allotment
Initial Assessment by nurse in charge
Requistion for investigations
Investigation report
Doctors round
Evaluate condition & modify treatment plan if needed
Patient is not on bed
Inform to NS
LAMA
No signs of improvement
Referred to Higher centre
Patient is cured
Discharged
Death

# IPD Score card according to quality assurance checklist

| 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%** |

checklist

| GAP ID NO. | GAP STATEMENT | GAP SEVERITY | GAP REFERENCE |
|---|---|---|---|
| IPD 001 | Facility lacks some of clinical , supportive and utility services for patient care delivery | High | **IPHS:** Manpower & Infrastructural1.5,2.26,2.24(c),2.30**;Quality assurance:** G Quality Management( ME G4.2), H Outcome( ME H4.1) |
| IPD 002 | Facility does not meet the required infrastructure for proper patient care delivery | High | **IPHS :** Infrastructural 2.24(d)**; Quality assurance:** C1 Inputs |
| IPD 003 | Wards are not well equipped for patient care delivery. | Medium | **IPHS :** Resources 2.13, 2.16, 2,24**; Quality assurance:** C inputs (ME C1.1,C6.5, C6.7), D Support services D7 |
| IPD 004 | Hospital does not have disabled friendly infrastructure. | High | **IPHS :** Resources 2.7**; Quality assurance:** B Patient Rights ( ME B2.1, 2.3) |
| IPD 005 | Transfer of information between nurses in between shifts is verbal. | Medium | **Quality assurance:** E Clinical Services ( ME E4.3) |

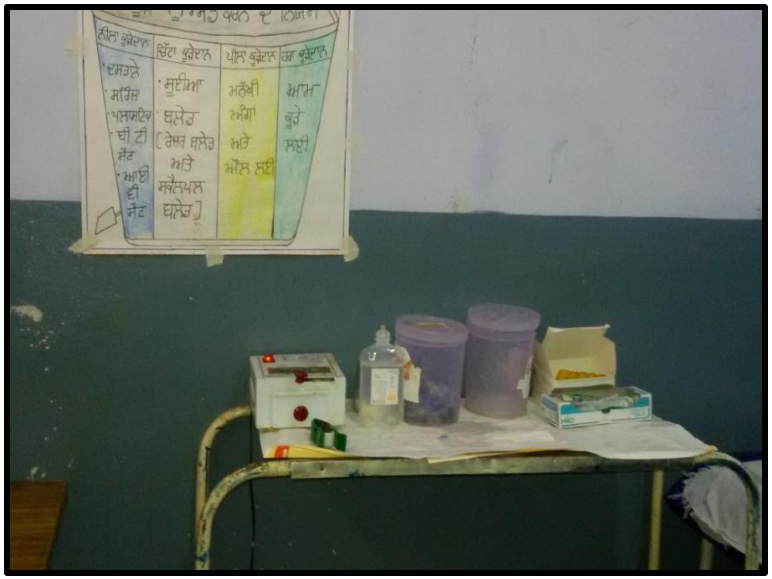
| GAP ID NO. | GAP STATEMENT | GAP SEVERITY | GAP REFERENCE |
|---|---|---|---|
| IPD006 | The security service has scope for strengthening | High | **IPHS :** 1.4(F) **Quality assurance:** D Support Services ( D3.2, D3.4) |
| IPD 007 | Hospital doesn't maintain system for infection control and to reduce risk of hospital acquired infections. | High | **IPHS :** 2.31**Quality assurance:** F Infection Control |
| IPD 008 | Facility doesn't measure its important indicators to evaluate the status of hospital services | Medium | **Quality assurance:** H Outcome |

# 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.

# STEPS TAKEN IN IPD

- Autoclaving of instruments started every morning in all the departments.
- 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 at every nursing station.
- 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 labor room.
- List of emergency drugs and equipment given.
- Proper emergency trays made in each ward with list of expiry dates.




EMPLOYEES
IMMUNIZATION
RECORD
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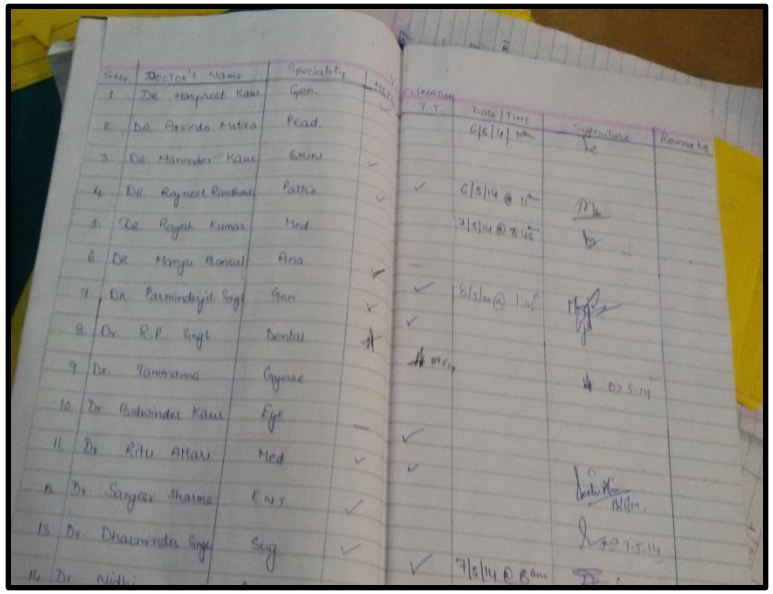
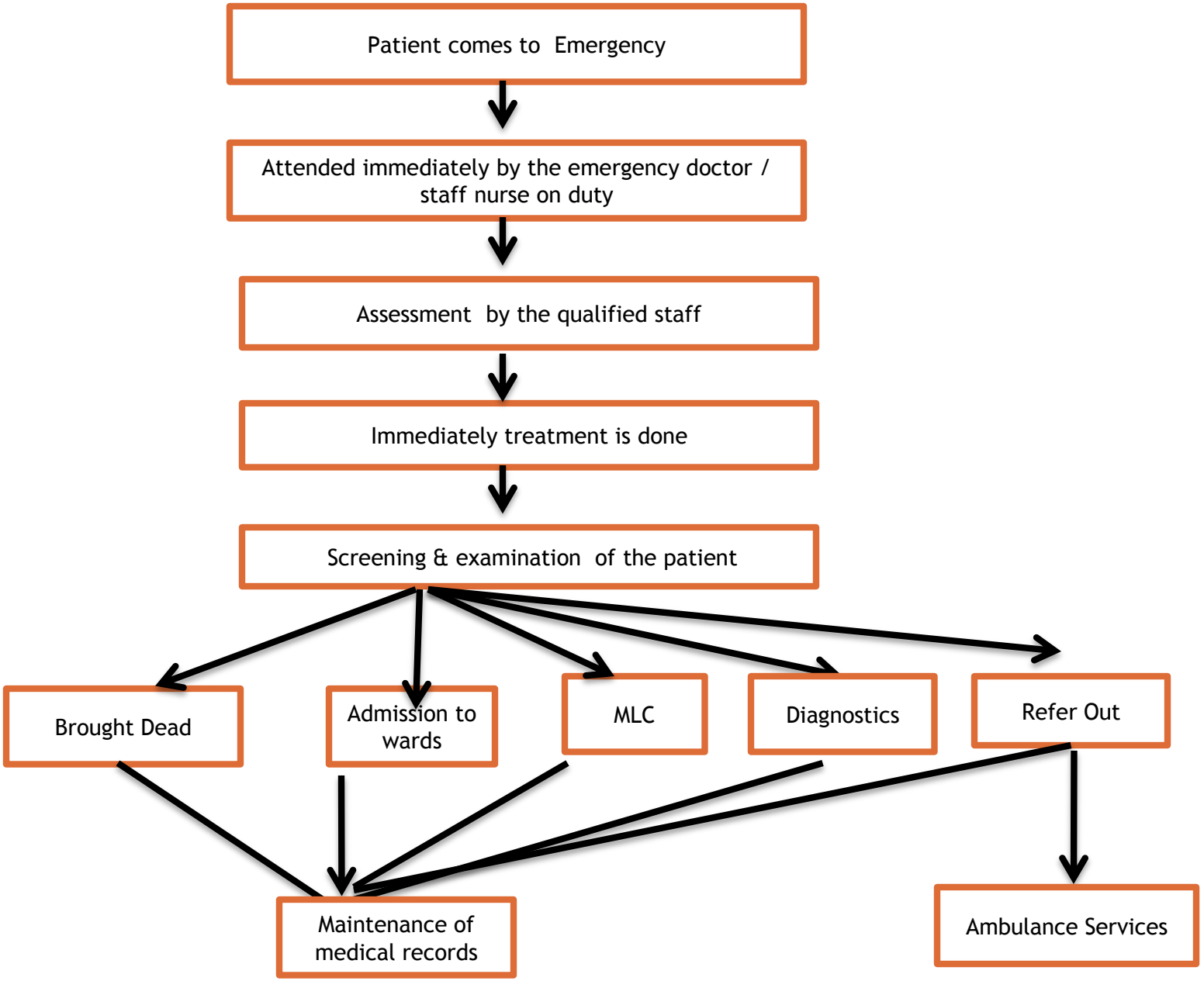


# 3. EMERGENCY DEPARTMENT:

Process Mapping


Patient comes to Emergency
Attended immediately by the emergency doctor / staff nurse on duty
Assessment by the qualified staff
Immediately treatment is done
Screening & examination of the patient
Brought Dead
Admission to wards
MLC
Diagnostics
Refer Out
Maintenance of medical records
Ambulance Services

# GAP ANALYSIS ACC. TO IPHS

| GAP ID NO. | GAP STATEMENT | GAP SEVERITY | GAP REFERENCE |
|---|---|---|---|
| EMER 001 | Resources and processes in Emergency Ward not as per the IPHS Standards | HIGH | **IPHS** - 1.4(c), 2.27, III Manpower (11), VI Equipments |
| EMER 002 | Department is not designed as per requirements of the department | HIGH | **IPHS** - 2.27, II Infrastructure |

IPHS CHECKLIST

# FINDING IN EMERGENCY

- 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.
- Emergency trays / Crash carts 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
- 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

# 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.

# PATIENT SATISFACTION SURVEY

- Sample size - 75 outpatient department
  52 Inpatient department

- Sampling - Convenience Type

# FINDINGS

- 65% patients has to wait less than 10 mins before consultation, 16% say they had to wait for more than 30 mins for consultation.
- 99% were satisfied with doctor whom they consulted , and by the behavior of staff.
- 93% people said that they will come back for any future treatment required.
- 67% of admitted patients say they were not 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

# WORK DONE IN OTHER DEPARTMENTS

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. Old record disposed and necessary year wise records were arranged properly in racks year .

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

checklist

## BEFORE

## AFTER


# CONCLUSION

- 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 and Civil surgeon.

# THE NEXT STEP -

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

- This would include basic orientation and training to hospital staff 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.

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 staff, 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.

# THANK YOU ….