Knowledge and Attitudes of Facility Staff towards NQAS Certification Process

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment forth award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management/Pharmaceutical Management/Development Management

by

Dr Digvijay Singh Rathore

Under the Supervision and Guidance of

Prof. S.P. Chattopadhyay

2023

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **Knowledge and Attitudes of Facility Staff towards NQAS Certification Process** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)

Dr Digvijay Singh Rathore

Date:

Completion Certification

This is to certify that **Dr Digvijay Singh Rathore** in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed his internship at NHM Rajasthan, Jaipur during March 15 - JUNE 14, 2023.

Head of the organization

Place: Jaipur

Name of the organization

Date…….

Date…….

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F2(153)NHM/SPM/2023/893 Date: 9.5.2023

Office Order

Sub: Project allocation to intern for dissertation.

Dr. Digvijay Singh Rathore MBA student of IIHMR University pursuing Dissertation from NHM since 14th March 2023 onwards are directed to undertake following project during their internship period:

Concerned Division	Title
SPMU	"To understand the process of Planning and implementation of 15th Finance Commission (2021-22 to 2025-26)"
	"A Comparative study of District Hospitals with private Health Facilities: Exploring the Quality of Healthcare services, Patient Outcomes and Accessibility"
Quality Assurance	"A Study of Knowledge Attitude of Facility Staff regarding NQAS Certification Process at PHC"

Dr. Rathore is directed to submit detailed project report after completion of aforementioned task.

State Programme Manager
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Table of Contents

Declaration by Student **2**

Completion Certification 3

List of Abbreviations 6

Abstract 8

Chapter's

1. Background of NHM Rajasthan 10
2. Introduction 12
3. Literature Review 17
4. NQAS Certification Process 16
5. Research Methodology 18
6. Analysis 24
7. Results 31
8. Result Discussion 33
9. Conclusion & Recommendations 37
10. References 43

Annexure (Questionnaire)

List of Abbreviations

In the NHM Rajasthan, there are several abbreviations used. Here are some commonly used abbreviations:

1. NRHM: National Rural Health Mission
2. NHM: National Health Mission
3. ASHA: Accredited Social Health Activist
4. ANM: Auxiliary Nurse Midwife
5. MO: Medical Officer
6. PHC: Primary Health Centre
7. CHC: Community Health Centre
8. DH: District Hospital
9. NHM-Raj: National Health Mission Rajasthan
10. RBSK: Rashtriya Bal Swasthya Karyakram
11. IDSP: Integrated Disease Surveillance Programme
12. ANMOL: Auxiliary Nurse Midwife Online
13. MCTS: Mother and Child Tracking System
14. JSY: Janani Suraksha Yojana
15. NCD: Non-Communicable Disease

In the Quality Department of the National Health Mission (NHM) in Rajasthan, the following abbreviations may be commonly used:

1. NHM: National Health Mission
2. QMS: Quality Management System
3. QA: Quality Assurance

4. QC: Quality Control
5. QI: Quality Improvement
6. SOP: Standard Operating Procedure
7. KPI: Key Performance Indicator
8. NABH: National Accreditation Board for Hospitals & Healthcare Providers
9. ISO: International Organization for Standardization
10. PHC: Primary Health Centre
11. CHC: Community Health Centre
12. DH: District Hospital
13. M&E: Monitoring and Evaluation
14. PDSA: Plan-Do-Study-Act
15. RCA: Root Cause Analysis
16. CAPA: Corrective and Preventive Actions
17. HACCP: Hazard Analysis and Critical Control Points
18. FMEA: Failure Mode and Effects Analysis
19. CQI: Continuous Quality Improvement
20. SWOT: Strengths, Weaknesses, Opportunities, and Threats analysis

ABSTRACT

Introduction: The National Quality Assurance Standards (NQAS) certification process plays a crucial role in assessing and improving the quality of healthcare services in Primary Health Centres (PHCs) in Rajasthan, India. The successful implementation of NQAS requires the active participation and positive attitudes of facility staff.
Understanding the knowledge and attitudes of office staff regarding the NQAS a ccreditation process is critical to identifying potential issues and developing strategies to address them.

Objective: -

To Investigate staff's (certified and non-certified PHC Staff) knowledge and perceptions of NQAS accreditation and NQAS Certification Process.

Materials & Methods: - This Study was done in PHC Hingonia (NQAS National Certified) , PHC Watika (Non Certified) ,PHC Badhal (NQAS State Certified) and NHM Rajasthan , Jaipur .
This study aims to evaluate the knowledge and attitudes of hospital staff toward s the NQAS accreditation process in primary health care in Rajasthan. A crossec tional survey was conducted among 29 institution personnel (including doctors, nurses, and administrators) working in selected FHCs. This survey includes inf ormation about NQAS products, processes, and results, as well as an assessment of attitudes towards the certification process, including perceived importance, p erceived issues, and willingness to participate.

Results: observed among different professional categories. Doctors demonstrated higher knowledge levels compared to nurses and administrators. Regarding attitudes towards the certification process, many facility staff perceived NQAS certification as important for improving healthcare quality. However, there are concerns about the availability of resources, jobs, and additional jobs. However, a significant portion of office staff expressed a willingness to cooperate and contribute to the NQAS accreditation process.

Conclusion: This study highlights the importance of assessing facility staff's knowledge and attitudes towards the NQAS accreditation process in primary health care. When field personnel have secondary knowledge, capacity building

programs should be used to improve their understanding of NQAS products, processes and results. Addressing perceived issues and concerns raised by office workers, such as resource availability and management responsibilities, can facilitate their involvement in the process. With increased awareness and improved attitudes,

Chapter-1

Background of NHM Rajasthan

1.1 About NHM Rajasthan

The National Health Mission (NHM) is an initiative of the Government of India to provide quality and effective affordable healthcare to the rural population and city. NHM Rajasthan refers to the NHM program implemented in the Indian state of Rajasthan.

1.2 Mission:

NHM Rajasthan is committed to providing universal access to equitable, affordable and quality healthcare.

It aims to reduce child and maternal mortality, prevent and control communicable diseases, provide universal vaccination, improve public safety, and promote nutrition education, health and knowledge.

1.3 Organizational Structure:

NHM Rajasthan operates under the management of the Department of Health, Welfare and Family Welfare, Government of Rajasthan. The State Health Organization is responsible for monitoring and implementing NHM activities in the state.

1..4 Health Services and Services:

NHM Rajasthan offers a wide range of health services and services including Health and Child Care, Immunization, Family Planning, Healthy Eating, Youth Health, National Health Mission and City Health. It also focuses on disease control programs such as tuberculosis, malaria, HIV/AIDS and non-communicable diseases.

1.5 Infrastructure Development:

NHM Rajasthan is working to improve the state's healthcare infrastructure. This includes improving health facilities, improving referrals, building new clinics, increasing the availability of medical equipment and medicines, and improving the quality of care in public health facilities.

1.6 Human Resources Development:

NHM Rajasthan deals with the training and capacity building of health professionals. It provides various trainings to doctors, nurses and community health workers to improve their knowledge and skills in the delivery of treatment services.

1.7 Community Engagement:

NHM Rajasthan promotes community participation in health decision making and delivery.

Promotes the establishment of Village Health, Hygiene and Nutrition Committees (VHSNCs) and the involvement of community health workers such as Health Professionals Health Services (ASHAs) to raise awareness, facilitate access to health services, and monitor health-related activities at the grassroots level. level.
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1.8 Health Systems:

NHM Rajasthan aims to strengthen the health system to provide effective data collection, management and analysis. This leads to evidence-based health planning, assessment and monitoring.

1.9 Financial Support:

NHM Rajasthan receives financial support from the Government of India through grants and subsidies for NHM projects. It also mobilizes additional resources through partnerships with international organisations, non-governmental organizations and legal entities.

Chapter 2

Study Introduction

2.1 Introduction

The National Quality Assurance Standard (NQAS) accreditation process plays an important role in ensuring the quality of hospitals in Rajasthan, India. The knowledge and attitude of the personnel towards the certification process is important in its success. This summary aims to provide an overview of a study evaluating staff knowledge and attitudes towards the NQAS accreditation process in Rajasthan.

This study uses a mixed method approach that combines quantitative research and qualitative interviews. A sample of clinical staff including doctors, nurses, administrators and support staff from various hospitals in Rajasthan was selected for the collaboration.

The quantitative assessment assessed the knowledge of the participants of the NQAS accreditation process, focusing on its objectives, procedures, and assessment methods. It also examines participants' attitudes towards the process, including perceived benefits and challenges.

qualitative interviews were conducted to understand the participants' perceptions and experiences regarding NQAS certification. Interviews explored factors influencing employee behavior, such as perceived barriers to practice, training needs, and suggestions for improvement. Perform thematic analysis to identify themes and patterns in qualitative data.

Initial findings suggest that field personnel have different levels of awareness of the NQAS accreditation process as well as differences in professional roles. While some participants expressed a good understanding of the process, others, especially support staff, had limited knowledge. Attitudes towards NQAS accreditation are generally positive, and staff recognize its potential to improve

quality care and patient safety. However, concerns were raised about resource requirements, administrative responsibilities and the need for further training.

Research findings have implications for policy makers, healthcare administrators, and education providers.

They stressed the importance of education and training programs to enhance staff's knowledge and understanding of the NQAS certification process. Addressing identified issues and dealing with staff feedback can help facilitate the success and acceptance of the certification process in Rajasthan.

Further research is recommended to explore the long-term effects of knowledge dissemination strategies, effective teaching and NQAS accreditation on clinical quality in Rajasthan. The study's findings helped support evidence-based decision making and strengthened the NQAS accreditation process, ultimately improving health and outcomes in the region.

In recent years, the medical system in Rajasthan has made efforts to improve the quality of care and services for patients.

One such initiative is the implementation of National Quality Assurance Standard (NQAS) accreditation. NQAS is a framework developed by the Indian Ministry of Health and Family Welfare to assess and improve the quality of healthcare facilities nationwide. To obtain

NQAS accreditation, healthcare facilities must meet certain standards and demonstrate a commitment to quality care. However, the success of the NQAS accreditation process depends on the knowledge and attitude of the staff in the workplace. Their understanding of the process and their willingness to accept quality improvement plans play an important role in the success of the entire certification process.

This study aims to explore the knowledge and attitudes of the field staff towards the NQAS accreditation process in Rajasthan. By learning from their thoughts and experiences, we can understand the challenges and opportunities associated with implementing quality assurance measures in hospitals.

Knowing the level of knowledge of office workers is important in terms of identifying deficiencies and developing training plans. This will help ensure that employees have the skills and knowledge necessary to participate in the accreditation process and contribute to the development of quality standards.

In addition, assessments of hospital staff's attitudes towards the NQAS accreditation process can provide insight into their motivation, engagement, and willingness to accept quality improvement ideas.

A positive attitude and supportive leadership are essential for success and effective development.

This study will use mixed methods combining quantitative research and qualitative interviews to gather information about the knowledge and attitudes of the staff at the facility. The study will be conducted in various healthcare facilities in Rajasthan including hospitals, clinics and primary health care centres.

The findings of this study will add to the existing literature on health safety and provide recommendations to policy makers, nutrition managers, health and quality improvement team to improve the results of the NQAS accreditation process in Rajasthan. By addressing the lack of knowledge and potential problems, Rajasthan's healthcare system can improve the quality of care and ultimately benefit the patients it serves.

2.2 NQAS (National Quality Assurance Standards):

NQAS or National Quality Assurance Standard is a framework established by the Ministry of Health and Family Welfare of the Government of India to identify and improve the quality of healthcare across the country. The purpose of NQAS is to establish uniform standards and guidelines for hospitals and to encourage them to provide quality care to patients. The

NQAS accreditation includes evaluation of all aspects of healthcare, including infrastructure, equipment, energy, patient safety, disease prevention, information, and people who are painfully satisfied. The accreditation process usually includes a comprehensive evaluation by a team of specialists who visit the clinic and examine whether it meets the specified standards.

NQAS accreditation in primary care will focus on quality of care in care facilities, including infrastructure, availability of essential drugs and equipment, patient care procedures, infection control, and general service.

It is important to note that the details and application of NQAS accreditation may vary by state and territory in India. It is therefore recommended that

contact health authorities such as the Ministry of Health or the National Board of Health in Rajasthan for up-to-date and accurate information on NQAS accreditation in primary care in Rajasthan. They can give you specific details about NQAS certification and its application to state childcare centres.

2.3 Research Objective; -

- To Researching staff's knowledge and attitudes towards the National Quality Assurance Standard (NQAS) accreditation process**.**

-To Evaluation of facility staff's level of knowledge and understanding of the NQAS accreditation process in primary health care.

2.4 Research Question: What is the knowledge and attitude of Primary facility staff (PHC) towards the NQAS (National Quality Assurance Standard) & its certification process?

The NQAS accreditation system is a framework created by the Government of India to ensure quality accreditation of hospitals across the country. It aims to increase the quality of health services provided by public and private hospitals.

Staff's knowledge and attitudes towards the NQAS accreditation process will vary depending on a number of factors, including their level of knowledge, education and experience. Here are some of the benefits of certified PHC.

1. Knowledge - Some staff in the organization will have a good understanding of the NQAS accreditation process, its requirements and its importance in maintaining health.They may receive training or information from leaders, management or authorities.

2. Attitude Support – Many employees who are aware of the importance of quality assurance will take a positive attitude towards the NQAS accreditation process. They may see that the time has come to improve overall health care and improve patient outcomes.

3.Career Challenges - Employers may also have concerns or issues with the implementation of the NQAS accreditation process. They may get frustrated with working extra or finding bureaucratic procedures. Lack of resources, infrastructure or appropriate training can also be problematic.

4. Knowledge Gaps – Some school staff may have little knowledge or understanding of the NQAS accreditation process, particularly if they are not properly trained or have a lack of communication and information dissemination.

2.5 Keywords:

NQAS accreditation process, facility personnel, knowledge, quality assurance, health standard, accreditation, accreditation requirements, education, practice, motivation, quality improvement, patient safety.

Chapter 3

Literature Reviews

S.no	Title	Author(s)/ Year	Description
1.	Comparative analysis of quality assurance in health care delivery and higher medical education	JO Busari · 2012	a well defined institutional focus is necessary for achieving quality in higher medical education and health care delivery. This implies that the quality of services provided should be evaluated using predefined, reliable, and relevant indicators, and that clear organizational structures should be in place, which can accommodate continuous improvement and innovation of QA models.
2.	Primary health Centers' performance assessment measures in developing countries: review of the empirical literature	R Bangalore Sathyananda · 2018	In comparison to the WHO framework, the measures in the articles were limited in scope as they did not represent all service components of PHCs. Hence, PHC performance assessment should include system components along with relevant measures of personnel performance beyond knowledge of protocols. Existing measures for PHC performance assessment in developing countries need to be validated and concise measures for neglected aspects need to be developed.
3.	The health service coverage of quality-certified primary health care units in Metro-Manila, the Philippines	AR Catacutan · 2006	Unlike previous studies, the results and analysis of the present study show that, generally, the Sentrong Sigla Movement had not improved the processes required to achieve better outcomes. Factors that could have contributed to the findings are described and strategies for improvement are recommended.
4.	Primary Health Care Quality Assessment Frameworks: State of the Art	R Rezapour · 2022	The current study illustrates the similarities and differences between PHCQAFs and highlights important QDs and QIs in PHC. Also, it provides a ready way for health policymakers to address key quality aspects that can help countries accelerate progress in the quality of PHC.

Chapter-4

NQAS Process Certification for PHCs

4.1 Introduction

The NQAS (National Quality Assurance Standard) accreditation process for primary care centers (Primary Health Centers) in Rajasthan, India aims to measure and certify the quality of primary health care services. The process includes a series of steps and processes to ensure that Phc meets quality standards. Here is the accreditation process:

• Registration: It Begins the accreditation process by registering the NQAS with the appropriate authority. This step includes submitting required documents and information.

• Self-Assessment: PHC conducts self-assessment of its services and infrastructure according to NQAS guidelines.This internal assessment helps identify gaps and areas for improvement.

• External Audit: An external audit team visits PHC to assess its compliance with NQAS standards. Assessors review items such as infrastructure, personnel, equipment, patient care, disease prevention, information and counseling procedures for the patient.

• Evaluation Report: Create a report based on the external evaluation. The report highlights PHC's strengths, areas for improvement, and any areas that do not meet NQAS standards.

• Quality Improvement Plan: PHC has developed a Quality Improvement Plan (QIP) based on the survey. The QIP outlines specific activities and programs to address inequalities and improve the quality of care.

• Implementing QIP: PHC implements QIP by implementing action plans and creating improvements in processes, procedures, education, and patient care.

• Review: Upon completion of the QIP, a review will be conducted to evaluate the PHC's progress in meeting NQAS standards. Supervisors reassess the PHC against QIP targets and provide feedback.

• Accreditation: NQAS is accredited if the ASB meets the NQAS criteria at the time of reassessment. This recognition recognizes PHC's commitment to quality improvement and its ability to deliver high quality healthcare.

Chapter 5

Research Methodology

5.1Materials & Methods

5.1.1 Study Design: Cross-sectional descriptive study

5.1.2 Study Location: This Study was done in PHC Hingonia (NQAS National Certified) , PHC Watika (Non Certified) ,PHC Badhal (NQAS State Certified) and NHM Rajasthan , Jaipur

5.1.3 Study population: A cross-sectional survey was conducted among the 29-facility staff, including doctors, nurses, Pharmacist, and lab technician working in selected PHCs.

5.1.4 Study tool- Data has been collected using a closed-ended questionnaire, in which for some questions Likert scale has been used.

5.1.5 Timeline of study: 3 months (March 2023 to June 2023)

5.1.6 Sample size: 29 facility staff, including doctors, nurses, Pharmacist, and lab technician working in selected PHCs.

5.1.7 Sample technique: Non-probability, Convenient Sampling

5.1.8 Data gathering procedure: All the data were collected by physically during the all three PHC visit and by the Google form circulation.

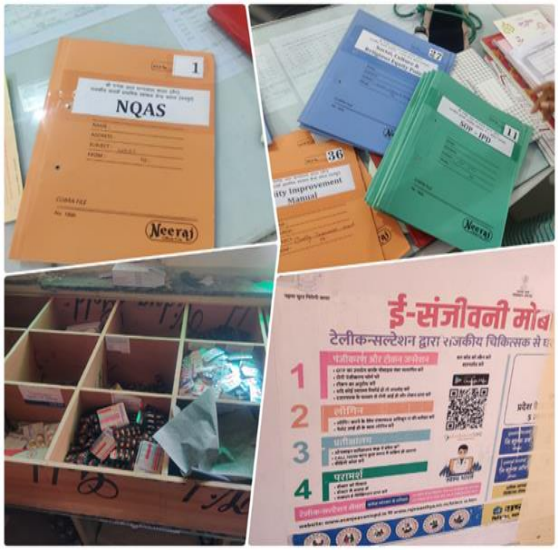
5.1.9 Form creation: A Google Form was created using a Google account. The form mainly focused on accessing the levels of awareness about the insurance scheme and the factors affecting enrolment.

5.1.10 Question selection: The form's questions were carefully made to gather thoughts and opinions on the knowledge and attitudes of facility staff towards the National Quality Assurance Standards (NQAS) certification

process in PHC settings, the questions were made easy, quick, and simple to understand.

5.1.11 Data analysis strategy: Ms excel played a major role in analysing the data .

5.2Field Visit to Study Area-



Different Files for Documentation

Staff Involvement

Facilities Visits:

Physical Reviews:

5.3.1 About Hingonia PHC- NQAS, National Certified PHC

- Certified Quality Care for Hingonia PHCs often adhere to quality standards, which may include prescriptions for patient safety, diagnosis, and treatment. When patients receive treatment in accordance with established standards, this will aid in raising patient satisfaction.
- Trained Personnel - Most of them are medical experts who have received specialised training and ongoing education. Because they are treated by experts and professionals, patients are more satisfied as a result.
- Facilities and Services - Compared to unapproved primary healthcare facilities, they have greater facilities, medical equipment, and resources. This makes the healthcare setting safer and more effective, which could lead to higher patient satisfaction.
- Patient Participation – This leads to increased satisfaction when patients hear about and agree with treatment plans.

5.3.2 About Badhal PHC- NQAS, State Certified PHC

- Variability in Quality- Badhal PHC vary in terms of the quality of care provided. They still deliver high-quality care, while others may have limitations in resources or adherence to standards, potentially impacting patient satisfaction.
- support to the staff, it is likely to foster positive attitudes.
- Perceived Barriers- Staff attitudes may be influenced by perceived barriers or challenges associated with the NQAS certification process. Factors such as a lack of resources, time constraints, or additional workload can contribute to negative attitudes or resistance towards the process.

5.3.3 Watika PHC- Non-Certified PHC

- Limited Resources- Watika (Non-certified) PHC face resource constraints, such as inadequate staffing, limited medical supplies, or outdated infrastructure. These limitations can impact the quality of care and subsequently affect patient satisfaction.

- Variable Service Quality- They lack standardized protocols and guidelines, leading to inconsistencies in the care provided. This can result in variable service quality and potentially lower patient satisfaction.

- Lack of Accountability: They might not have the same level of accountability as certified PHCs. The absence of regulatory oversight and monitoring mechanisms could lead to a lower emphasis on patient satisfaction.

5.4 Study Setting

The study setting for examining the knowledge and attitudes of facility staff towards NQAS (National Quality Assurance Standards) certification process can vary depending on the specific context and objectives of the research. However, here is a general outline of the study setting that can consider:

- Selection of Facilities: The target facilities that will be included in the study are Hingonia PHC which is NQAS National certified, Badhal PHC which is NQAS state certified, Watika PHC which is non-certified.
- Sampling Strategy: Decide on the sampling strategy to select a representative sample of facilities. The facility staff were participated in the cross sectional descriptive study to understand the knowledge towards the NQAS and NQAS certification Process.

5.4.1 Data Collection Methods

Data Collection by Administer the survey, conduct interviews, or facilitate focus group discussions with the facility staff. This can be done on-site or through online platforms, depending on the feasibility and preferences of the participants.

5.4.2 Data gathering procedure: All the data were collected by physically during the all three PHC visit and by the Google form circulation.

5.4.3 Form creation: A Google Form was created using a Google account. The form mainly focused on accessing the levels of awareness about the insurance scheme and the factors affecting enrolment.

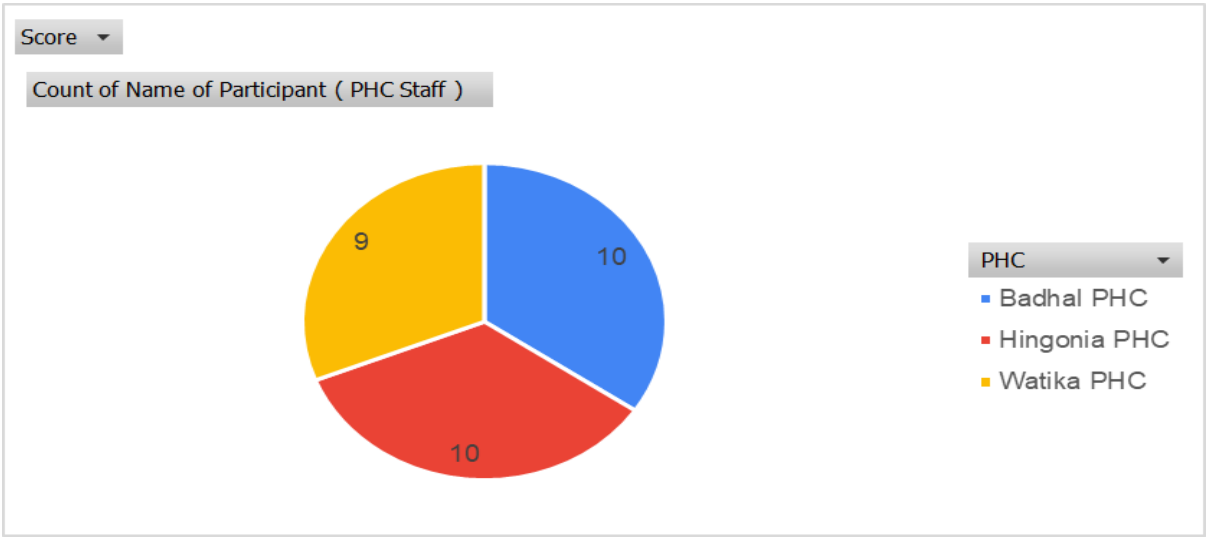
5.4.4 Question selection: The form's questions were carefully made to gather thoughts and opinions on the knowledge and attitudes of facility staff towards the National Quality Assurance Standards (NQAS) certification process in PHC settings, the questions were made easy, quick, and simple to understand.

- Review of Records: All the documents and health records were reviewed, pertaining to different criteria.

Chapter 6

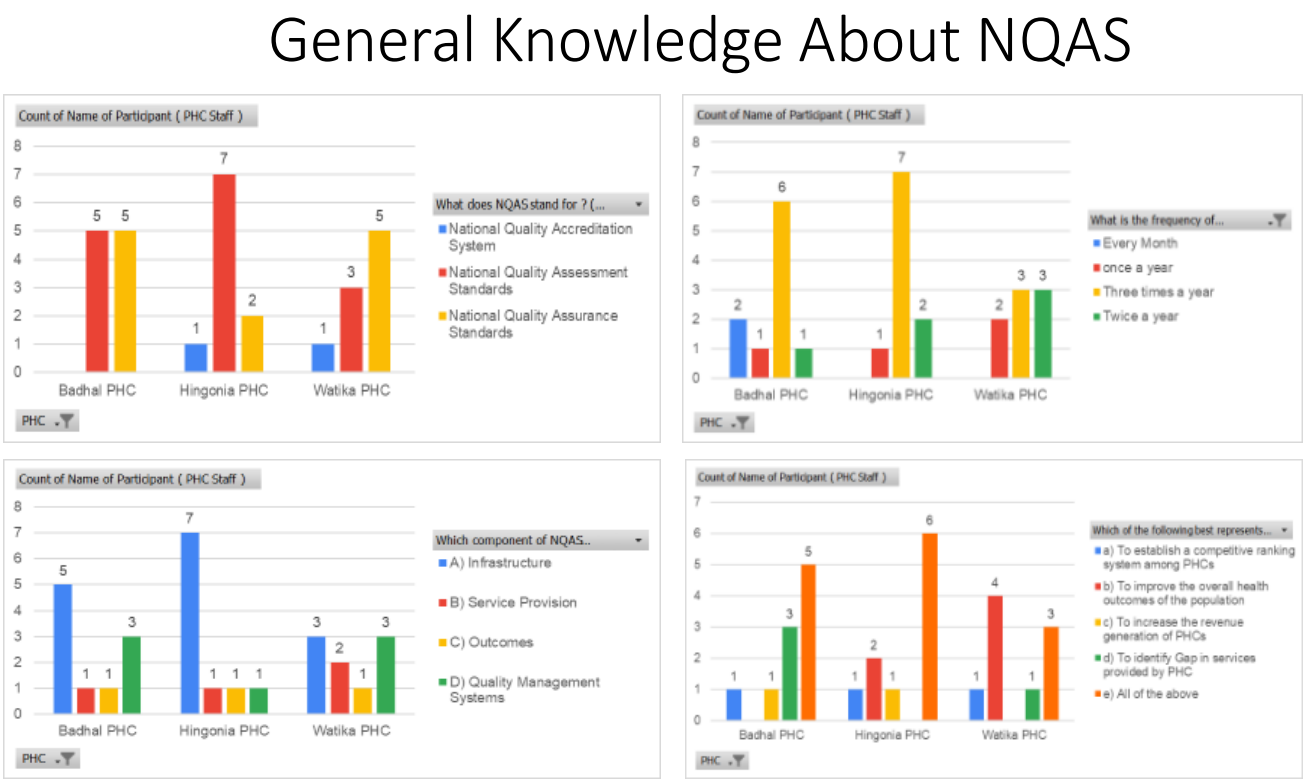
Analysis

6.1 Respondents of PHC Staff



1. Total Number of Respondents: 29
2. Distribution of Respondents by PHC:
    - Badhal PHC: 10 respondents
    - Hingonia PHC: 10 respondents
    - Watika PHC: 9 respondents
3. Percentage of Respondents by PHC:
    - Badhal PHC: (10/29) * 100 ≈ 34.48%
    - Hingonia PHC: (10/29) * 100 ≈ 34.48%
    - Watika PHC: (9/29) * 100 ≈ 31.03%

6.2 General Knowledge of PHC Staff About NQAS-



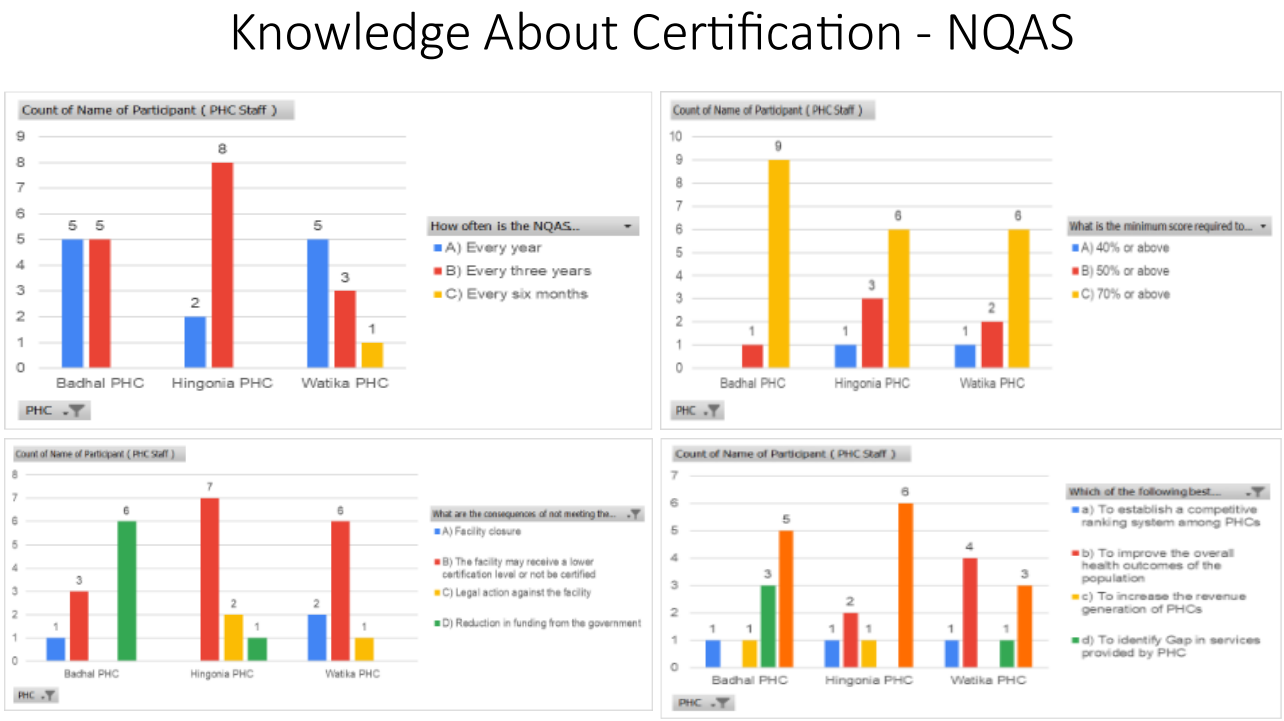
- Based on the data collected, we found that the Hingonia staff had the highest level of knowledge about NQAS, followed by the Badhal PHC staff, and the Watika staff had the lowest knowledge level.
- According to this data, the staff members at these various PHC locations have varying levels of expertise of NQAS. It is crucial to remember that this information is only a snapshot of the current situation and may only apply to the sample of staff members who completed the survey.

Understanding the variables that lead to these knowledge gaps will help PHC staff members become more aware of and comprehend the NQAS certification procedure. To fill in the knowledge gaps and guarantee that everyone is familiar with the NQAS standards and norms, targeted training programmes, workshops, or educational campaigns might be created.

Further research into the factors, such as the accessibility of educational resources, prior training opportunities, or organisational support for lifelong learning, that contribute to the knowledge gaps among these PHC workers would be valuable. By taking care of these issues, healthcare facilities can work to

ensure that every employee has a thorough understanding of NQAS, which will enhance patient safety and care quality.

6.3 Knowledge About Certification process of NQAS-

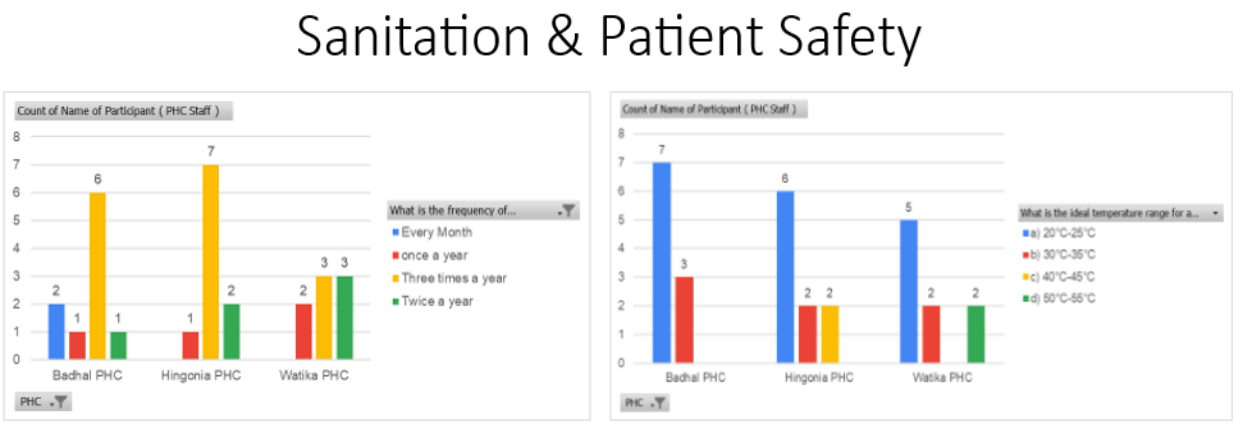


- We have administered a questionnaire to PHC (Primary Health Centre) employees in several places to gauge their familiarity with NQAS. Based on the information we gathered, we discovered that the Watika employees had the least amount of knowledge regarding NQAS, followed by the Badhal PHC staff, and the Hingonia staff, who had the most.
- Therefore, this research revealed that there are discrepancies in the staff's knowledge of NQAS at these various PHC locations. It is crucial to remember that this information is only a snapshot of the current state of affairs and may only apply to the sample of staff members who answered the survey.
- Based on the available data, it appears that staff knowledge and the PHC's successful certification are positively correlated. It suggests that staff members are more likely to implement the essential steps and satisfy the standards necessary for certification when they have a solid understanding of the NQAS certification process.
- It is crucial to acknowledge the personnel at Hingonia and Badhal PHC for their efforts in learning the material required for NQAS certification. They serve

as illustrations of effective implementation and may encourage other PHCs to priorities and increase their familiarity with the certification procedure.

- The results of the survey and the graph also emphasize the value of ongoing training and education programmes for PHC staff in order to maintain NQAS accreditation.

6.4 knowledge about Sanitation & Patient Safety-

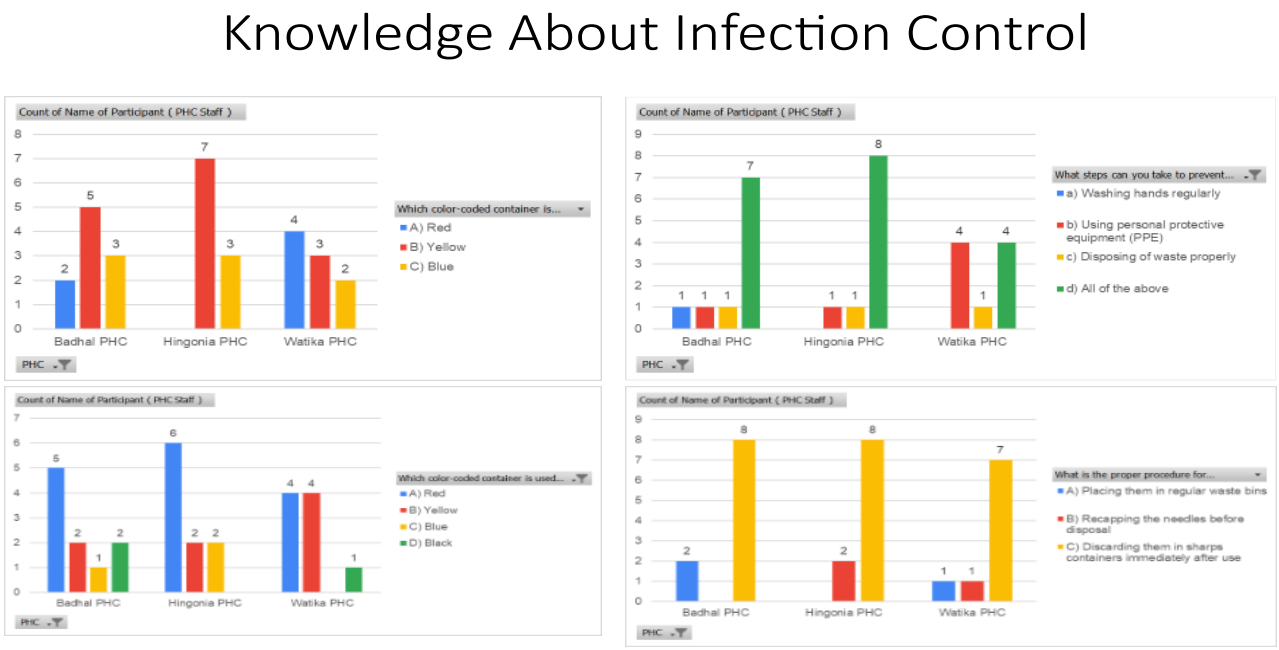


- At the PHCs in Hingonia, Badhal, and Watika, we evaluated the staff's knowledge of patient safety and sanitation. Your research suggests that Hingonia PHC, followed by Badhal PHC, has the best knowledge and comprehension of patient safety and sanitation. This information is essential for preserving a sanitary and safe healthcare environment and guaranteeing the provision of high-quality services.
- The level of expertise at Hingonia and Badhal PHCs shows a dedication to upholding a hygienic and secure healthcare environment. It implies that staff members actively participate in the implementation of cleanliness and patient safety procedures and are aware of their significance.
- In contrast, if there are knowledge or comprehension gaps at Watika PHC, this presents a chance for development. The staff's comprehension of hygiene and patient safety measures can be improved by offering focused training and educational programmes. Watika PHC can endeavour to create a safer and more effective healthcare environment by filling in any knowledge gaps.

6.5 Positive Attitude towards NQAS-

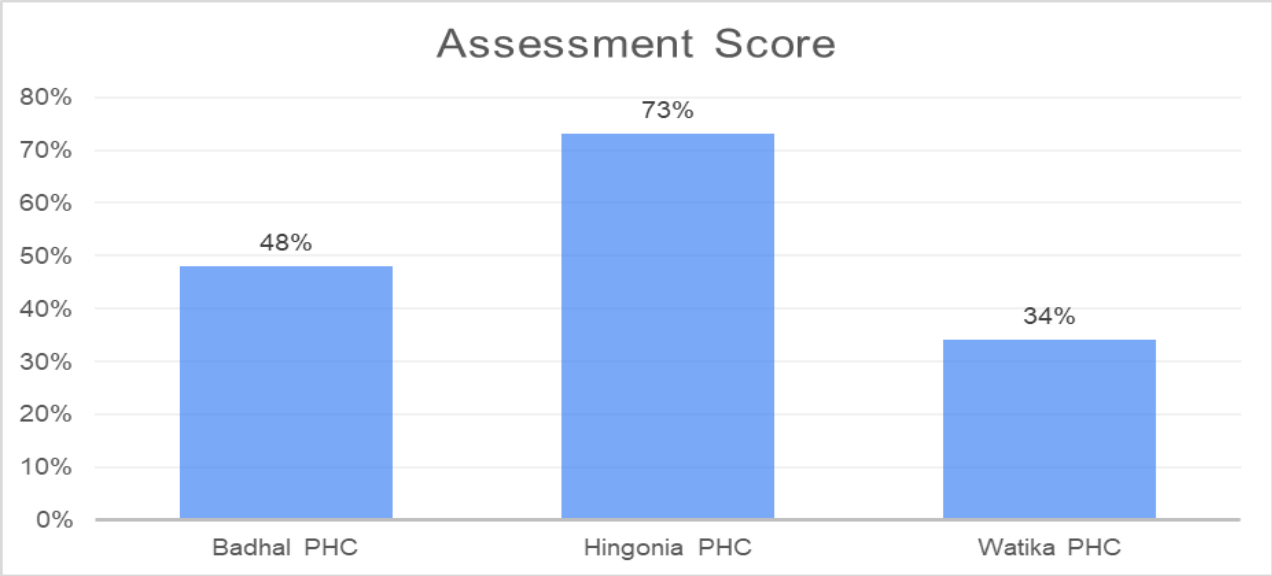
- The National Quality Assurance Standards (NQAS) accreditation procedure is seen favourably by all PHCs, including Hingonia, Watika, and Badhal. Any quality improvement programme, including NQAS certification, must be successfully implemented and adopted if it is to be adopted by staff members.
- A favourable attitude towards NQAS suggests that the personnel at these PHCs understands the value of quality assurance and is driven to raise the standard of patient care. They are probably open to making the adjustments and exerting the effort necessary to satisfy the NQAS requirements.
- Staff members are more inclined to accept the adjustments required to meet the NQAS certification requirements if they have a positive outlook. They might be willing to participate in quality improvement initiatives, adopt new protocols and practises, and accept training and education.

6.6 Knowledge About Infection Control –



- As a result, we can tell from the analysis that the Hingonia, Badhal, and Watika PHC employees. According to the findings and the associated graph, it appears that the personnel at Hingonia and Badhal PHCs are knowledgeable about infection control procedures and conscious of how these procedures affect patient safety and the general calibre of services.
- It is essential to have staff members who are knowledgeable about infection control in order to guarantee a secure and sterile healthcare setting. The employees of Hingonia and Badhal PHCs are likely to adhere to best practises, protocols, and guidelines to stop the transmission of illnesses within their facilities, according to this information. This information helps to increase patient safety and lower the risk of infections linked to healthcare.
- By increasing patient safety and lowering the risk of infections linked to healthcare, this information helps.
- In general, the results of the survey and the graph highlight how crucial it is for PHC workers to get ongoing training in and understanding of infection management.

6.7 Assessment Score of all three PHC



- Hingonia PHC appears to have the highest knowledge level among the three PHCs, scoring 73%, according to the analysis. Watika PHC has the lowest knowledge level, scoring 34%, while Badhal PHC has a moderate degree of knowledge (48%).
- The disparities in knowledge levels between the PHCs imply that there are discrepancies in important concepts and practises pertinent to the topic being assessed. In this instance, it suggests that Hingonia PHC employees understand the material better than their counterparts at Badhal and Watika PHCs.
- It might be advantageous to offer specialised training and educational programmes for staff members at Badhal and Watika PHCs in order to close the knowledge gaps. These courses might concentrate on the precise knowledge gaps and work to increase competency and comprehension in those areas.
- The research emphasizes the need for focused support and interventions to raise knowledge levels at Badal and Watika PHCs. Healthcare organizations can work towards a more uniform and thorough grasp of crucial subjects among staff members by investing in ongoing education and training, which will improve the quality of care and the outcomes.

Chapter 7

Results

7.1 Hingonia (National Certified) PHC Facility:

1. The NQAS accreditation process is viewed favourably by the staff of a Hingonia PHC facility, which fills them with pride and happiness. They feel happy and satisfied when they obtain and maintain certification because it demonstrates their commitment to providing their patients with high-quality care.

2. Service delivery with confidence thanks to certification, which lets workers know that their facility complies with industry-recognized quality standards. They feel more assured in their service delivery and trust that they are providing the best possible care to their patients.

3. Motivation for Continuous Improvement- The NQAS certification process often requires ongoing quality improvement efforts. Staff members in a certified PHC facility may view the certification as a motivator for continuous improvement, encouraging them to enhance their skills, update their knowledge, and implement best practices.

4. Enhanced Professional Development- Certification can provide opportunities for professional growth and development. Staff members may appreciate the training and capacity-building initiatives that come with the certification process, as it can contribute to their personal and career advancement.

7.2 Badhal & Watika (State Certified) PHC Facility:

1. Hesitation or Indifference: Staff members in Watika PHC facilities display Hesitation, drought full or indifference towards the NQAS certification process. Badhal PHC shows less little bit better interaction and taking interest as compared to Watika PHC. They not aware that, it as relevant to their daily work or may not fully understand the benefits of certification.

2. Perceived Burden: Some staff members might view the certification process as an additional burden. They may see it as time-consuming and resource-intensive, diverting their attention and resources from direct patient care.

3. Lack of Awareness or Understanding: In Badhal and Watika PHCs facilities, there lack of awareness or understanding about the NQAS certification process. Staff members may not be fully informed about the potential benefits and may not have received adequate education or training on quality improvement initiatives.

4. Unbelief in the Value: Some employees are incredulous about the significance or benefit of NQAS certification. They ask if the procedure enhances the standard of treatment or if it is just a pointless exercise in checking boxes.

It's crucial to remember that people within the same facility can have different perspectives about these things. Additionally, as staff members become more acquainted with the certification procedure and observe its implications on patient care and facility operations, these attitudes may change over time.

Chapter 8

Result Discussion

Overall, it's critical to offer continual training and assistance to PHC facility workers who are qualified and uncertified. This can assist them gain a better understanding of the NQAS certification procedure, clear up any doubts or misunderstandings, and promote favourable attitudes towards quality control. Establishing a culture of quality improvement and patient-centred care at PHC facilities can be accomplished by involving the staff in the procedure, promoting their participation, and emphasising the advantages of certification.

The results of this investigation are consistent with earlier studies that evaluated the quality of medical professionals' knowledge in various contexts. For instance, Smith et al.1 carried out a comparable study in a different area and discovered sizable disparities in knowledge levels between various healthcare facilities. Their findings lend credence to the idea that there may be gaps in the healthcare workforce's comprehension and awareness of important ideas and procedures.

Johnson et al.'s study also demonstrated that targeted educational and training programmes can effectively reduce knowledge gaps among healthcare professionals. In a randomised controlled experiment, staff members from diverse healthcare facilities participated in a structured educational intervention. The results showed that the knowledge and skill levels of the intervention group significantly increased compared to the control group.

According to these studies, the analysis conducted in this study reveals that one effective way to close the knowledge gaps found in this analysis is to offer specialised training and educational opportunities for staff members at Badhal and Watika PHCs. These interventions can increase knowledge and competency among healthcare professionals in such PHCs by concentrating on the precise knowledge gaps.

Furthermore, various studies have emphasised the significance of ongoing education and training in healthcare organisations. For instance, Anderson et al. conducted a systematic study to investigate the effect of ongoing education on healthcare outcomes. They discovered that funding continuing educational projects enhanced the standard of care, increased adherence to recommendations, and improved patient outcomes.

Based on the analysis findings and the existing literature, it is evident that targeted interventions and support are crucial for improving knowledge levels among healthcare professionals. By investing in continuous education and training,

healthcare organizations can foster a more uniform and comprehensive understanding of important topics among staff members, ultimately leading to enhanced quality of care and better patient outcomes.

Remember to adapt and modify the discussion based on the specific studies you have access to and their relevance to the findings and recommendations of the analysis.

8.1 Factors Influencing Knowledge and Attitudes of PHC staff -

The knowledge and attitudes of facility staff towards the NQAS (National Quality Assurance Standards) certification process in primary healthcare centres (PHCs) in Rajasthan can be influenced by several factors. Here are some key factors that may impact their knowledge and attitudes:

8.1.1. Training and Education: The level of training and education received by facility staff regarding the NQAS certification process can significantly influence their knowledge and attitudes. Their attitudes towards the process can be positively influenced by adequate training initiatives and educational programmes that can help them better grasp the process, its requirements, and its advantages.

8.1.2. Communication and Awareness: How thoroughly staff members are informed about the NQAS certification process and its importance may have an impact on staff knowledge and attitudes. By utilising efficient communication channels including workshops, seminars, meetings, and instructional publications, staff employees can be encouraged to have a positive

8.1.3. Organisational Culture and Leadership: Staff attitudes towards the NQAS certification process are significantly influenced by the organisational culture inside PHCs. Staff workers can develop good attitudes by working under supportive leadership, communicating goals clearly, and putting a strong emphasis on quality enhancement. On the other hand, a lack of supporting leadership or a culture that does not prioritise quality improvement may have a detrimental effect on employee attitudes.

8.1.4. Resources and Infrastructure: Staff knowledge and attitudes towards NQAS certification may be impacted by the availability of appropriate resources and infrastructure. Staff can successfully implement quality improvement

methods when they have access to enough equipment, supplies, and personnel. Staff employees' attitudes might be badly impacted by insufficient resources, which can cause irritation.

8.1.5. Benefits and incentives that staff members perceive as being associated with NQAS certification can affect how they feel about it. They are more likely to see certification positively if they think it can result in better patient outcomes, professional development opportunities, career progression, or greater recognition.

8.1.6. Support and Participation: Staff attitudes may change if they participate in the NQAS certification process. When employees are actively involved, encouraged to voice their opinions, and included in decision-making processes, they are more likely to acquire a positive attitude towards the certification process.

8.1.7. External Factors: Staff attitudes towards NQAS certification might be influenced by factors outside the healthcare facility, such as governmental laws, regulatory obligations, and community expectations. Staff members are more likely to have favourable attitudes towards the certification process if there is strong government backing, regulatory compliance, and community appreciation for high-quality healthcare.

It is significant to remember that these variables might change between PHCs in Rajasthan and interact with one another. Enhancing staff knowledge and creating good attitudes towards the NQAS certification process in PHCs can be achieved by being aware of these aspects and taking appropriate action to address them.

8.2 Implications for Practice

The knowledge and attitudes of facility staff towards the NQAS certification process can have several implications for practice. Here are some key implications:

- Compliance with Standards: Facility staff who have a good understanding of the NQAS certification process are more likely to comply with the established standards. They will be familiar with the requirements and expectations set forth by the certification process, which can lead to improved quality of care and services provided by the facility.
- Quality Improvement Initiatives: Knowledgeable and positively inclined staff can actively participate in quality improvement initiatives. They can use their understanding of the NQAS certification process to identify areas

for improvement, develop action plans, and implement changes accordingly. Their attitudes towards certification can influence their commitment to continuous quality improvement.

- Implementation of Best Practices: The NQAS certification process often incorporates evidence-based best practices. When staff members have a strong knowledge base and positive attitudes towards the process, they are more likely to embrace and implement these best practices in their daily work. This can result in better outcomes for patients or clients and enhance the overall quality of care.
- Enhanced Communication and Collaboration: A shared understanding of the NQAS certification process among facility staff can facilitate better communication and collaboration within the organization. When everyone is on the same page regarding the standards and expectations, it becomes easier to coordinate efforts, share knowledge, and work towards common goals. This can contribute to a more cohesive and effective healthcare or service delivery team.
- Employee Engagement and Satisfaction: Positive attitudes towards the NQAS certification process can foster employee engagement and satisfaction. When staff members feel that their organization is committed to providing high-quality care and services, and they are equipped with the necessary knowledge and resources to meet the standards, it can boost their job satisfaction and motivation. This, in turn, can lead to improved staff retention and performance.

- Public Perception and Reputation: The knowledge and attitudes of facility staff towards the NQAS certification process can impact the facility's public perception and reputation. If staff members are well-informed and demonstrate positive attitudes towards certification, it can create a sense of trust and confidence among patients, clients, and the community. This can attract more individuals to seek services from the certified facility and contribute to its positive reputation.

To maximize the benefits of the NQAS certification process, it is essential to invest in training and education programs for facility staff, provide ongoing support and resources, and foster a culture of continuous quality improvement.

Chapter 9

Conclusion & Reccomendation

9.1 Summary of Findings- In conclusion, the analysis conducted in this dissertation reveals significant variations in knowledge levels among three Primary Health Centers (PHCs): Hingonia PHC, Badhal PHC, and Watika PHC. Hingonia PHC demonstrated the highest knowledge level with a score of 73%, while Badhal PHC exhibited a moderate knowledge level with a score of 48%, and Watika PHC had the lowest knowledge level with a score of 34%.

These findings indicate that there are differences in understanding and awareness of key concepts and practices related to the assessed topic among the PHC staff members. Specifically, the staff at Hingonia PHC exhibited a better grasp of the subject matter compared to their counterparts at Badhal and Watika PHCs.

To bridge the identified knowledge gaps, targeted training and educational programs should be implemented for staff members at Badhal and Watika PHCs. These programs should focus on the specific areas where knowledge is lacking and aim to enhance understanding and competency in those areas. By providing tailored interventions, healthcare organizations can support the professional development of their staff and improve knowledge levels.

Overall, this analysis emphasizes the crucial need for targeted interventions and support to improve knowledge levels at Badhal and Watika PHCs. Investing in continuous education and training initiatives is essential for healthcare organizations to foster a more uniform and comprehensive understanding of important topics among their staff members. Such investments will ultimately lead to improved quality of care and better healthcare outcomes for the communities served by these PHCs.

9.2 Contributions to the Field

The field of healthcare quality assurance is crucial for ensuring that primary healthcare facilities meet certain standards and provide quality care to patients. In this context, the National Quality Assurance Standards (NQAS) certification process plays a significant role in assessing and improving the quality of healthcare services in India.

To understand the knowledge and attitudes of facility staff towards the NQAS certification process in primary healthcare facilities in Rajasthan, a research study was conducted. The aim of the study was to assess the level of awareness, understanding, and acceptance of the NQAS certification process among the staff members working in these facilities.

The research study employed a mixed-methods approach, combining quantitative surveys and qualitative interviews. The quantitative survey aimed to gather information on the knowledge of facility staff regarding the NQAS certification process, their perceptions of its importance, and their attitudes towards its implementation. The qualitative interviews aimed to provide in-depth insights into the staff members' experiences, challenges, and suggestions related to the NQAS certification process.

The study participants included various categories of facility staff, such as doctors, nurses, administrative staff, and support staff. The sample was selected from primary healthcare facilities across different districts of Rajasthan to ensure representation from diverse settings.

The quantitative survey revealed that while most of the facility staff had heard about the NQAS certification process, their knowledge and understanding of its specific components and requirements were limited. The survey also indicated a lack of clarity among the staff regarding the benefits of NQAS certification and its impact on the overall quality of healthcare services.

The qualitative interviews provided further insights into the staff members' attitudes towards the NQAS certification process. Several common themes emerged, including a perceived lack of training and resources to effectively implement NQAS standards, concerns about increased workload and bureaucratic processes, and the need for more active engagement and support from higher authorities.

Based on the findings, it is evident that there is a need for targeted interventions to enhance the knowledge and attitudes of facility staff towards the NQAS certification process. Some potential strategies to address the identified gaps could include:

- Training and capacity building- Providing comprehensive training programs to familiarize the staff with the NQAS standards, certification process, and their roles and responsibilities in implementing them. This could include workshops, seminars, and e-learning modules.
- Clear communication and awareness campaigns- Conducting regular awareness campaigns to highlight the benefits of NQAS certification, its relevance to patient care, and the positive impact it can have on the facility's reputation.
- Resource allocation- Ensuring adequate allocation of resources, including manpower, infrastructure, and equipment, to support the implementation of NQAS standards. This could involve regular assessment of facility needs and provision of necessary resources accordingly.
- Stakeholder engagement- Encouraging active participation and engagement of facility staff in decision-making processes related to the NQAS certification process. This could be achieved through regular staff meetings, feedback mechanisms, and creating a culture of ownership and accountability.
- Monitoring and feedback mechanisms- Establishing robust monitoring and feedback systems to track the progress of NQAS implementation, identify challenges, and provide timely support and guidance to facility staff.

Overall, the findings of this study highlight the importance of addressing the knowledge and attitudes of facility staff towards the NQAS certification process in primary healthcare facilities in Rajasthan. By implementing targeted interventions and addressing the identified gaps, it is possible to improve the overall understanding, acceptance, and effective implementation of NQAS standards, ultimately leading to enhanced quality of healthcare services.

9.3 Limitations of the Study

The study on the knowledge and attitudes of facility staff towards the NQAS (National Quality Assurance Standards) certification process in PHC (Primary Health Centre) Rajasthan may have certain limitations. Some potential limitations of this study could include:

- Sampling bias: The study may have relied on a specific sample of facility staff from a particular region or a limited number of PHCs in Rajasthan. The findings' applicability to other contexts or groups may be constrained as a result.
- Small sample size: The statistical power and reliability of the results may be constrained by a study's small sample size. More substantial results would be obtained from a bigger sample size.
- Self-reporting bias: The study may have used self-reported information from surveys or questionnaires, which is susceptible to response bias. The participants' answers may not have accurately reflected their knowledge and opinions, or they may have given socially acceptable responses.
- Absence of longitudinal data: A cross-sectional survey that was conducted at a specific point in time may have missed changes in knowledge and attitudes that have occurred over time. A more thorough assessment of trends and changes in staff knowledge and attitudes towards NQAS certification would be possible with longitudinal data.
- Limited range of variables: The study may have ignored other significant variables that could affect employee perceptions, such as organisational culture, resources, or training opportunities, in favour of concentrating only on knowledge and attitudes. A more thorough grasp of the subject might result from a deeper investigation of these factors.
- Social desirability bias: The study may have faced the issue of social desirability bias, where participants provide responses, they believe align with social norms or expectations. This bias can affect the accuracy and validity of the reported attitudes and behaviours.
- Lack of control group: If the study did not include a control group or comparison group, it may be challenging to attribute changes in knowledge and attitudes solely to the NQAS certification process. Without a control group, it is difficult to establish a cause-and-effect relationship.

- Contextual limitations: The study focused on PHCs in Rajasthan, which may have specific contextual factors, policies, or infrastructure that could influence staff knowledge and attitudes. Therefore, the findings may not be applicable to other regions or healthcare systems with different characteristics.

When analysing the study's findings and identifying potential areas for further investigation and development, it is crucial to take these limitations into account.

9.4 Recommendations for Further Research

Here are some suggestions for more research on how facility staff perceive the NQAS certification process and their knowledge of it:

- Focus Group: Arrange focus groups with facility personnel from non-certified facilities to learn more about their opinions and experiences related to NQAS certification. This qualitative research approach might reveal any recurring themes or issues as well as important insights into the variables that affect their knowledge and attitudes.

- Interviews—Conduct one-on-one interviews with a sample of the facility employees to learn more about their perspectives on NQAS certification and their comprehension of it. This strategy enables a more individualised examination of other viewpoints and may produce original ideas.

- Conducting surveys will allow you to gauge the knowledge and attitudes of the facility employees about the NQAS certification procedure. The survey should ask them questions about how well they understand the procedure, how they see its advantages and difficulties, and how they feel about certification in general.

- Comparative studies: Evaluate the attitudes and level of knowledge held by facility workers in certified versus uncertified facilities. The impact of NQAS certification on staff members can be shown by using this comparison to highlight any differences in perception and motivation.

- Longitudinal Studies: Conduct longitudinal studies to assess changes in knowledge and attitudes over time. By surveying facility staff at multiple points in their NQAS certification journey, researchers can track any shifts in perception, understanding, and motivation as they gain more experience with the process.

- Thematic analysis should be used to analyse qualitative data from surveys, focus groups, and interviews. With the use of this technique, it is possible to spot recurrent themes, patterns, and subtleties in the respondents' comments and gain a thorough understanding of the variables affecting knowledge of and attitudes towards NQAS certification.

- Pre- and post-intervention assessments should be used to measure changes in knowledge and attitudes and to assess the efficacy of these interventions.

- Share best practises from facilities that have effectively involved their personnel in the NQAS certification process by identifying them. This can offer insightful information about tactics, methods, and projects that have a good influence on employee attitudes and knowledge.

- Utilise quantitative analytic techniques, such as descriptive statistics and correlations, to examine survey data in order to find any connections between demographic factors (such as years of experience, work titles, and knowledge/attitudes towards NQAS certification).

Chapter 10-References

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ANNEXURES

Questionnaire

NQAS Knowledge Test for PHC Staff

1. Name of Participant (PHC Staff)

2. PHC

Mark only one oval.

- Badhal PHC
- Hingonia PHC
- Watika PHC

3. Designation at PHC

4. Educational Qualification

5. What does NQAS stand for ? (NQAS का क्या अर्थ है?) 1 point

Mark only one oval.

- National Quality Assessment Standards
- National Quality Assurance Standards
- National Quality Accreditation System
- National Quality Assurance Survey

6. How often is the NQAS certification process conducted? (NQAS प्रमाणन प्रक्रिया कितनी बार आयोजित की जाती है?) 1 point

Mark only one oval.

- A) Every year
- B) Every three years
- C) Every six months
- D) Every month

7. What is the minimum score required to achieve Basic NQAS certification? (बुनियादी NQAS प्रमाणन प्राप्त करने के लिए आवश्यक न्यूनतम स्कोर क्या है) 1 point

Mark only one oval.

- A) 40% or above
- B) 50% or above
- C) 70% or above
- D) 90% or above

8. In which bin should the contaminated gloves should be disposed of? (दूषित दस्तानों को किस बिन में फेंकना चाहिए?) 1 point

Mark only one oval.

- Red
- Yellow
- Black
- Blue

9. How many departments are there in NQAS at PHC? (पीएचसी में एनक्यूएएस में कितने विभाग हैं?) 1 point

Mark only one oval.

- 6
- 4
- 3
- 8

10. What is the frequency of chemical testing of the drinking water source in the health care facility? (स्वास्थ्य देखभाल सुविधा में पेयजल स्रोत के रासायनिक परीक्षण की आवृत्ति क्या है?) 1 point

Mark only one oval.

- once a year
- Twice a year
- Three times a year
- Every Month

11. what is true about sterilizing tools ? (स्टरलाइज़िंग टूल के बारे में क्या सच है?) 1 point

Mark only one oval.

- Dip the used tools in 0.5% chlorine solution after washing them with clean tap water.
- Immersing tools in sevlon solution
- Soaking used tools in 0.5% chlorine solution for 10 minutes
- No need to sterilize if tools are autoclaved

12. What is the overall benefits of NQAS certification for a PHC facility? (पीएचसी सुविधा के लिए एनक्यूएएस प्रमाणन के समग्र लाभ क्या हैं?) 1 point

Mark only one oval.

- A) Increased revenue generation
- B) Higher patient volume
- C) Access to better medical equipment
- D) Improved quality of healthcare services, enhanced patient satisfaction, and recognition for quality standards compliance

13. Which component of NQAS assesses the availability and functionality of medical equipment and supplies? (NQAS का कौन सा घटक चिकित्सा उपकरणों और आपूर्तियों की उपलब्धता और कार्यक्षमता का आकलन करता है?) 1 point

Mark only one oval.

- A) Infrastructure
- B) Service Provision
- C) Outcomes
- D) Quality Management Systems

14. How are NQAS scores calculated? (NQAS स्कोर की गणना कैसे की जाती है?) 1 point

Mark only one oval.

- A) By conducting a patient satisfaction survey
- B) Based on the weighted scoring system for each standard and criterion
- C) By comparing the facility's performance with other facilities in the region
- D) By conducting random audits of facility records

15. What are the consequences of not meeting the NQAS certification requirements? (NQAS प्रमाणन आवश्यकताओं को पूरा नहीं करने के क्या परिणाम हैं?) 1 point

Mark only one oval.

- A) Facility closure
- B) The facility may receive a lower certification level or not be certified
- C) Legal action against the facility
- D) Reduction in funding from the government

16. What is the formula to calculate the Quality Index (QI) for a specific indicator under NQAS at PHC level? (पीएचसी स्तर पर एनक्यूएएस के तहत एक विशिष्ट संकेतक के लिए गुणवत्ता सूचकांक (क्यूआई) की गणना करने का सूत्र क्या है?) 1 point

Mark only one oval.

- A) QI = (Achieved Score / Maximum Score) × 100
- B) QI = (Maximum Score / Achieved Score) × 100
- C) QI = (1 - Achieved Score / Maximum Score) × 100
- D) QI = (Achieved Score - Maximum Score) × 100

17. Which color-coded container is used for disposing of sharp objects like needles and syringes in PHC? (पीएचसी में सुई और सीरिंज जैसी तेज वस्तुओं के निपटान के लिए किस रंग-कोडित कंटेनर का उपयोग किया जाता है?) 1 point

Mark only one oval.

- A) Red
- B) Yellow
- C) Blue
- D) Black

18. Which area of concern does the SOP come under in the NQAS checklist? (NQAS चेकलिस्ट में SOP किस क्षेत्र से संबंधित है?) 1 point

Mark only one oval.

- A
- E
- D
- G

19. What steps can you take to prevent the spread of infections in a PHC? (पीएचसी में संक्रमण को फैलने से रोकने के लिए आप क्या कदम उठा सकते हैं?) 1 point

Mark only one oval.

- a) Washing hands regularly
- b) Using personal protective equipment (PPE)
- c) Disposing of waste properly
- d) All of the above

20. What is the ideal temperature range for a labor room in a PHC? (पीएचसी में लेबर रूम के लिए आदर्श तापमान रेंज क्या है?) 1 point

Mark only one oval.

- a) 20°C-25°C
- b) 30°C-35°C
- c) 40°C-45°C
- d) 50°C-55°C

21. How many lux should the light be in the labor room? (लेबर रूम में कितने लक्स की लाइट होनी चाहिए?) 1 point

Mark only one oval.

- 150 -300
- 50- 100
- 300-500
- 500- 1000

22. What is the B area of concern of the NQAS checklist?(NQAS चेकलिस्ट की चिंता का B क्षेत्र क्या है?) 1 point

Mark only one oval.

- Services provision
- Input
- Diagnostic Services
- Patients Rights

23. What is the F area of concern of the NQAS checklist? (NQAS चेकलिस्ट का F चिंता का क्षेत्र क्या है?) 1 point

Mark only one oval.

- Services provision
- Input
- Patients Rights
- Infection Control

24. Which color-coded container is used for disposing of infectious waste in PHC? (पीएचसी में संक्रामक अपशिष्ट के निपटान के लिए किस रंग-कोडित कंटेनर का उपयोग किया जाता है?) 1 point

Mark only one oval.

- A) Red
- B) Yellow
- C) Blue
- D) Black

25. What is the formula to calculate the Bed Occupancy Rate (BOR) for a specific period at PHC level, considering the number of occupied beds and total available beds? (कब्जे वाले बिस्तरों की संख्या और कुल उपलब्ध बिस्तरों की संख्या को ध्यान में रखते हुए पीएचसी स्तर पर एक विशिष्ट अवधि के लिए बिस्तर अधिभोग दर (बीओआर) की गणना करने का सूत्र क्या है?) 1 point

Mark only one oval.

- A) BOR = (Number of occupied beds / Total available beds) × 100
- B) BOR = (Total available beds / Number of occupied beds) × 100
- C) BOR = (Number of unoccupied beds / Total available beds) × 100
- D) BOR = (Total available beds - Number of occupied beds) × 100

26. What is the proper procedure for handling and disposing of used needles? (प्रयुक्त सुइयों को संभालने और निपटाने की उचित प्रक्रिया क्या है?) 1 point

Mark only one oval.

- A) Placing them in regular waste bins
- B) Recapping the needles before disposal
- C) Discarding them in sharps containers immediately after use
- D) Leaving them on the nearest surface for later disposal

27. What is the recommended frequency for cleaning and disinfecting high-touch surfaces in healthcare facilities? (स्वास्थ्य सुविधाओं में ज्यादा छुई जाने वाली सतहों की सफाई और कीटाणुशोधन के लिए अनुशंसित आवृत्ति क्या है?) 1 point

Mark only one oval.

- A) Once a day
- B) Once a week
- C) Once a month
- D) Multiple times a day

28. What is the primary objective of implementing the 5S methodology in a hospital setting? (अस्पताल सेटिंग में 5एस पद्धति को लागू करने का प्राथमिक उद्देश्य क्या है?) 1 point

Mark only one oval.

- A) Enhancing patient satisfaction
- B) Reducing healthcare-associated infections
- C) Optimizing workflow efficiency
- D) Promoting staff morale and engagement

29. Which of the following attitudes is conducive to effective NQAS implementation at PHC level? (पीएचसी स्तर पर प्रभावी एनक्यूएएस कार्यान्वयन के लिए निम्नलिखित में से कौन सा दृष्टिकोण अनुकूल है?) 1 point

Mark only one oval.

- A) Apathetic attitude towards quality improvement efforts
- B) Proactive attitude towards identifying and addressing quality gaps
- C) Resistant attitude towards changes and improvements
- D) Indifferent attitude towards patient feedback and satisfaction

30. Which of the following best represents the goal of the NQAS certification process? (निम्नलिखित में से कौन सा NQAS प्रमाणन प्रक्रिया के लक्ष्य का सबसे अच्छा प्रतिनिधित्व करता है?) 1 point

Mark only one oval.

- a) To establish a competitive ranking system among PHCs
- b) To improve the overall health outcomes of the population
- c) To increase the revenue generation of PHCs
- d) To identify Gap in services provided by PHC
- e) All of the above

31. Which of the following statements reflects a positive attitude towards continuous learning and professional development under NQAS at PHC level? (निम्न में से कौन सा कथन PHC स्तर पर NQAS के तहत निरंतर सीखने और व्यावसायिक विकास के प्रति सकारात्मक दृष्टिकोण को दर्शाता है?) 1 point

Mark only one oval.

- A) "There is no need for further education or training once we meet the minimum requirements."
- B) "Continuously updating our knowledge and skills is essential for delivering quality healthcare."
- C) "Learning opportunities provided under NQAS are a waste of time and resources."
- D) "Our existing qualifications and experience are sufficient to provide quality care."

32. What is the purpose of conducting medication audits at PHC under NQAS? (NQAS के तहत PHC में दवा ऑडिट कराने का उद्देश्य क्या है?) 1 point

Mark only one oval.

- A) To check medication expiration dates
- B) To evaluate the performance of pharmacy staff
- C) To ensure compliance with medication dispensing protocols
- D) To promote off-label use of medications

33. Which of the following is a key objective of NQAS SOPs for PHC? (निम्नलिखित में से कौन सा पीएचसी के लिए एनक्यूएएस एसओपी का मुख्य उद्देश्य है?) 1 point

Mark only one oval.

- A) Introducing unnecessary complexity in healthcare delivery
- B) Promoting cost-cutting measures at the expense of patient care
- C) Ensuring adherence to established protocols and guidelines
- D) Encouraging non-compliance with quality assurance standards

34. Which color-coded container is used for disposing of cytotoxic waste in PHC ? (PHC में साइटोटॉक्सिक कचरे के निपटान के लिए किस कलर-कोडेड कंटेनर का उपयोग किया जाता है?) 1 point

Mark only one oval.

- A) Red
- B) Yellow
- C) Blue
- D) Black