IMPLEMENTATION OF NATIONAL QUALITY ASSURANCE STANDARDS FOR PRIMARY HEALTH CENTRE

ORGANISATIONAL OVERVIEW OF PHC CANSARVARNEM

• PHC Cansarvarnem is located in cansarvarnem village , in Pernem taluka of North Goa district in Goa , India. It is situated 16 kms away from subdistrict headquarter pernem & 33km away from district headquarter Panaji. The total geograṗhical area of village is 1115.78 hectares. Cansarvarnem has total population of 1,382 people,out of which male population is 752 while female population is 630. Literacy rate of village is 74.60 % , out of which 80.45% males and 67.62% females are literate. There are total of about 310 houses in cansarvarnem village.

• PHc cansarvarnem its an referral unit for 8 subcentres – main centre, subcentre cansarvarnem, subcentre Talarna , subcentre Ibrampur, subcentre Hassapur, subcentre Warkhand, subcentre Tamboxem, subcentre Torxem and one RMD Dhargal.

VISION	MISSION
AVAILABILITY OF QUALITY HEALTHCARE ON EQUITABLE, ACCESSIBLE, AND AFFORDABLE BASIS ACROSS REGIONS AND COMMUNITIES WITH SPECIAL FOCUS ON UNDERSERVED POPULATION AND MARGINALISED GROUPS.	• TO ESTABLISH COMPREHENSIVE HEALTHCARE DELIVERY SYSTEM AND WELL FUNCTIONING LINKAGES WITH SECONDARY AND TERTIARY CARE HEALTH DELIVERY SYSTEM. • TO IMPROVE MATERNAL AND CHILD HEALTH OUTCOMES. • TO REDUCE THE INCIDENCE OF COMMUNICABLE DISEASES AND PUTTING IN PLACE A STRATEGY TO REDUCE THE BURDEN OF NON-COMMUNICABLE DISEASES. • TO ENSURE A REDUCTION IN THE GROWTH RATE OF POPULATION WITH A VIEW TO ACHIEVING POPULATION STABILISATION . • TO DEVELOPE THE TRAINING CAPACITY FOR PROVIDING HUMAN RESOURCES FOR HEALTH (MEDICAL, PARAMEDICAL, MANAGERIAL) WITH ADEQUATE SKILL MIX AT ALL LEVELS. • TO REGULATE HEALTH SERVICE DELIVERY AND PROMOTE RATIONAL USE OF PHARAMACEUTICALS IN THE COUNTRY.

OBJECTIVES

- TO IMPROVE QUALITY OF HEALTH CARE FACILITIES IN PRIMARY HEALTH CENTRE FOR POSITIVE HEALTH OUTCOMES.
- TO CARRY OUT REGULAR INTERNAL ASSESSMENT FOR MAINTAINING QUALITY STANDARDS IN PRIMARY HEALTH CENTRE.
- TO PROMOTE CLEANLINESS, HYGIENE AND INFECTION CONTROL PRACTICES IN PHC.
- TO COMPARE SCORES OF INTERNAL ASSESSMENT WITH PEER ASSESSMENT.
- TO KEEP A RECORD OF ALL OUTCOME INDICATORS IN DIFFERENT AREAS OF CONCERN, ON REGULAR BASIS.
- TO DO GAP ANALYSIS AND GAP CLOSURE FOR QUALITY IMPROVEMENT.

ASSESSMENT METHODOLOGY → SENSITISATION OF SERVICE PROVIDERS FOR QUALITY → SETTING UP THE QUALITY TEAM → BASELINE ASSESSMENT → ACTION PLANNING AND PRIORITISING → MEASURING KEY PERFORMANCE INDICATORS → PATIENT SATISFACTION SURVEY → SETTING QUALITY POLICY AND QUALITY OBJECTIVES → IMPLEMENTATION OF STANDARD OPERATING PROCEDURE → PERIODIC ASSESSMENT & IMPROVEMENT → CERTIFICATION

VALUE ADDITIONS AND LEARNINGS

- LEARNED ABOUT NATIONAL QUALITY ASSURANCE STANDARDS OF PRIMARY HEALTH CENTRE , HEALTH AND WELLNESS CENTRE ,SUBCENTRES & KAYAKALP.
- LEARNED ABOUT ASSESSMENT PROTOCOLS OF NQAS IN PHC AND TO DO SCORING BASED ON COMPLIANCE FULLY MET, PARTIAL COMPLIANCE AND NO COMPLIANCE.
- ALSO LEARNED ABOUT DIFFERENT AREAS OF CONCERNS AND SCORING SYSTEM
- LEARNED TO CALCULATE OUTCOME INDICATORS OF DIFFERENT DEPARTMENTS.
- LEARNED ABOUT RECORD KEEPING & MAINTAING DIFFERENT REGISTERS IN DIFFERENT DEPARTMENTS OF PHC.
- LEARNED ABOUT IMPORTANCE OF FEEDBACK FORMS FOR IPD AND OPD PATIENTS FOR IMPROVEMENT OF PATIENT SATISFACTION SCORE.
- LEARNED TO DO GAP ANALYSIS AND GAP CLOSURE

CHALLENGES FACED

- CHANGING ATTITUDES OF STAFF OF HOSPITAL DUE TO LACK OF SUFFICIENT STAFF
- DELAY IN FORMING QUALITY ASSURANCE COMMITTEE
- OLD INFRASTRUCTURE OF PHC, LIMITED SPACE IN OPD'S ITS DIFFICULT TO MAINTAIN UNIDIRECTIONAL FLOW OF SERVICES.
- LACK OF ANC PATIENTS, DUE TO HIGHER LITERACY RATE OF POPULATION, PREGNANT WOMEN PREFER TO SEE SPECIALISTS AT DISTRICT HOSPITAL.
- LIMITATIONS IN USING THE FUNDS
- LACK OF MOTIVATION AMONG STAFF TO IMPROVE QUALITY ASSURANCE STANDARDS

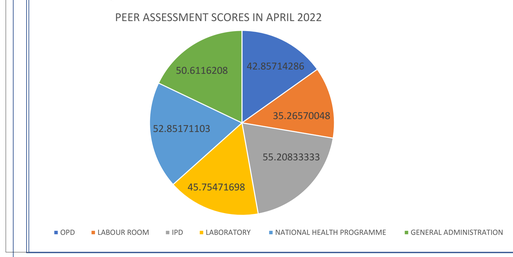
SUGGESTIONS

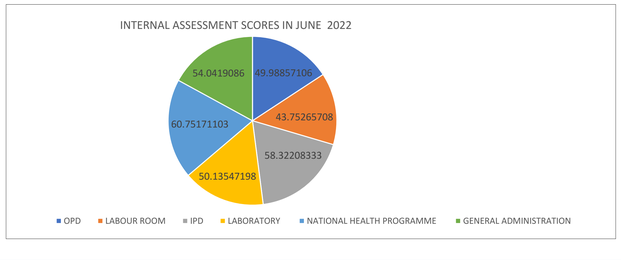
- FORMULATE PROPER SOP'S FOR EVERY DEPARTMENT.
- PROPER ALLOCATION AND UTILISATION OF FUNDS
- MOTIVATE STAFF TO INCREASE NUMBER OF DELIVERIES OF PREGNANT WOMEN AT PHC.
- ESTABLISH A DEFINED GRIEVANCE REDRESSAL SYATEM.
- TRAINING OF STAFF FOR CONDEMNATION OF JUNK & FORMING CONDEMNATION COMMITTEE.
- TRAIN ALL STAFF TO OPERATE FIRE EXTENGUISHERS.

SWOT ANALYSIS

STRENGTH	WEAKNESS	OPPORTUNITIES	THREATS
• TEAM GENERATING IDEAS FOR CHANGE AND OVERALL QUALITY IMPROVEMENT • WELL ESTABLISHED LABOUR ROOM • POPULATION TARGETED HAS VERY GOOD LITERACY RATE , THIS FACILITATES EASY COMMUNICATION BETWEEN HEALTH STAFF & COMMUNITY	• HANDFUL / NIL ANC PATIENTS • ZERO NUMBER OF DELIVERIES IN THE PHC • REFERRAL LINKAGES NOT AVAILABLE WITHIN ADEQUATE DISTANCES • ITERATIVE PROCESSES LIKE ASSESSMENT & GAP ANALYSIS ARE TIME CONSUMING . • NOT WELL FORMED SOPS FOR PHC & ITS DEPARTMENT	• TO ESTABLISH HERBAL GARDEN , SINCE THE HEALTH CENTRE HAS VERY HUGE CAMPUS • WELL ESTABLISHED LABOUR ROOM , OPPORTUNITY TO MOTIVATE DOCTORS TO CONDUCT DELIVERIES • HIGHER LITERACY RATE OF TARGETED POPULATION , CREATES OPPORTUNITY TO EDUCATE PEOPLE ABOUT FAMILY PLANNING	• CHANGING ATTITUDE OF STAFF, VISITORS (PATIENTS AND ATTENDANTS) AND COMMUNITY • WHEN CHANNELISING RESOURCES REQUIRED FROM HIGHER AUTHORITIES • REMOVAL OF JUNK MATERIAL INCLUDING UNUSED VEHICLEIN THE BACKYARD OF PHC BY FOLLOWING CONDEMNATION PROCEDURE IS A BIG TASK.

NQAS ASSESSMENT FINDINGS





NAME : DR. PRASANNA PRAKASH NAIK ROLL NO:1351 MBA FY HHM (2021-2023)