SUMMER INTERNSHIP PROGRAMME

At

National Health Mission, H.P.

From (1.05.2024) To (30.06.2024)

A REPORT BY

URVI SHARMA

Master of Business Administration

(Hospital and Health Management)

2023-2025

Under the mentorship of

Dr Sandesh Kumar Sharma

Assistant Professor

Annexure A

Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr./Mr./ Ms. Urvi Sharma of 2023-2025 (batch) of IIHMR University (Name of the department/institute) has worked with our organization for his/her summer internship from 1/5/2024 to 30/6/2024 (date). The overall performance shown by him/her during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

05/07/2024

Date: 05/07/2024.

(Signature of organization Mentor)

Name: Dr. Hiten Bansal

Designation: State Nodal Officer Quality Assurance

Seal/Stamp of the Organization

State Surveillance Officer (IDSP) H.P.
Directorate of Health Services
Himachal Pradesh

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr Urvi Sharma** of academic year 2023-25 of **Institute of Health Management and Research** has prepared a poster with respect to her summer internship held during May-June 2024.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 20/7/24

(Signature of Faculty Mentor)

Dr. Sandesh Kumar Sharma
Associate Professor

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GAP ANALYSIS IN INTERNAL ASSESSMENT AGAINST NQAS STANDARDS IN THE BLOOD CENTRE , DDU HOSPITAL SHIMLA

HOSPITAL OVERVIEW

- DDU Hospital is a Zonal hospital in District Shimla , inaugurated in 1885 that offers a wide array of medical specialities and services The hospital provides primary care to specialized treatment as well as caters to the diverse healthcare needs
- The NQAS assessment was conducted in the Blood Centre, DDU Hospital ,Shimla to assess the quality of services provided
- NQAS comes under Quality Assurance, a health programme under the mandate of NHM

OBJECTIVES

- To provide quality healthcare to all the patients
- Hospital is dedicated to save lives through the provision of safe and superior quality of services to the patients

AREAS OF CONCERN

ORGANISATION STRUCTURE

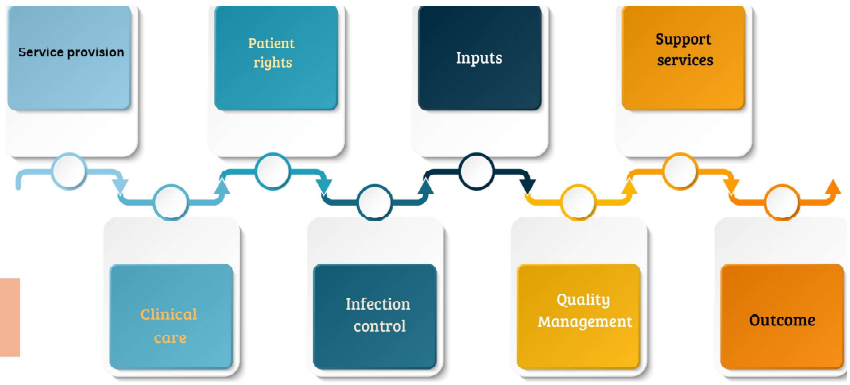
Medical Superintendent

↓

Blood Centre Officer in charge SMO

↓

Computer Trchnician | Nurses Counsellors Housekeeping staff | Blood Centre Technicians



Areas of concern → Standards → Measuable Elements → Checkpoints → Departmental Checklists

PRACTICAL EXPOSURE AT DDU HOSPITAL SHIMLA

NQAS ASSESSMENT CONDUCTED IN THE BLOOD CENTRE , DDU FOLLOWED A TWO-STEP PROCESS TO ASSESS QUALITY

MEASURE QUALITY

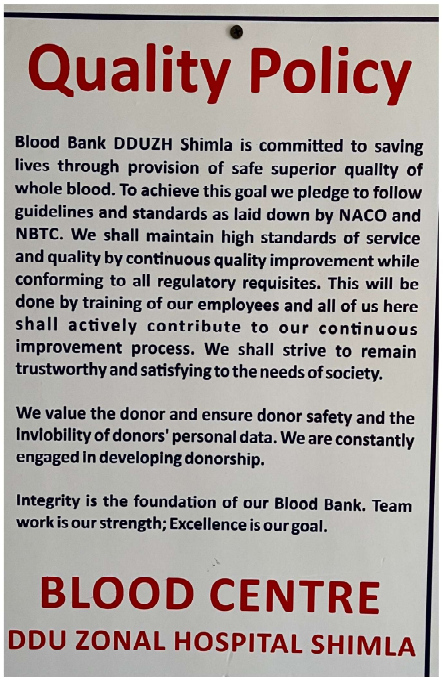
TOOLS USED

- Checklists and standards
- Internal Quality Control
- Patient Satisfaction Survey
- Key Performance Indicators

IMPROVE QUALITY

TOOLS USED

- To prioritize the gaps
- PICK chart
- Action Plan
- Gap closure
- PDCA



QUALITY ?

DOING THINGS AT THE RIGHT TIME, FIRST TIME AND EVERYTIME

SWOT ANALYSIS

STRENGTH

- Established protocols and code of conduct for quality assurance and patient safety like Code of ethics for safe blood transfusion
- Weekly review of the measuring elements which are easy to implement
- Monthly Quality Circle meetings

WEAKNESSES

- Lack of IEC in the local language
- Non availability of ramp
- Non availability of the blood components

OPPORTUNITIES

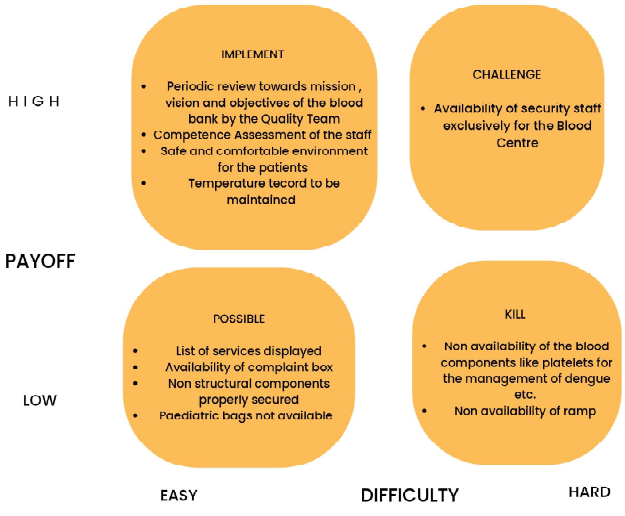
- Pursuing additional quality certification to enhance the hospitals reputation and patient trust
- Revising the Disaster Management Plan

THREATS

- To maintain the standard of quality from the other healthcare providers

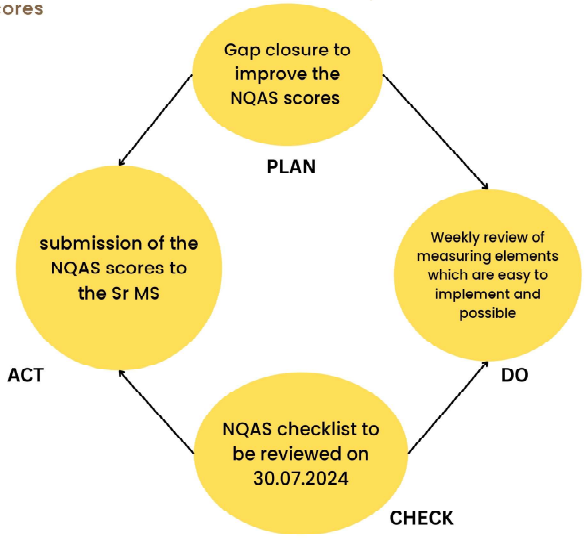
GAP ANALYSIS

The gaps in the Blood Centre ,DDU were prioritised using the PICK Charts on the basis of the ease of implemenatation and the payoffs wethether Big or small



SUGGESTIONS

An action plan was decided by the Quality Team , Blood Centre following the assessment on how to bridge the gaps with the estimated time frame in which the gaps will be met and PDCA was devised to improve the NQAS scores



CHALLENGES faced during internship

- Took long time to understand the culture of the organization
- unrecognized work
- allocation of minor work during the initial days

LEARNINGS from the Internship

- the importance of effective communication
- how to put my knowledge into practi
- importance of the organisation culture
- benefits of taking and giving feedback

Urvi Sharma
MBA HM 1 st Year
Mentor Dr Sandesh Sharma

Weekly Report 1

Name of the organisation: National Health Mission, H.P.

Department of summer internship programme: Quality Assurance

Name of student: Urvi Sharma

Roll No.: 1878 **Stream:** MBA Hospital and Health Management

Week No.: 1 **From:** 1.05.2024 to 4.05.2024

Activity done	Visited the SQAC , and discussed in detail about the NQAS with the organization mentor
Linking theory (Classroom learning) with practice at your organization	Understood the organogram of NQAS and how it is used to assess the quality of the public health facilities using the departmental checklists
Gaps identified on the working area	Achieving and maintaining the NQAS certification is a challenge for the public health facilities , the checklists are quite exhaustive and cover various aspects in detail
Suggestions for improvement	Maintaining and sustaining quality in the public health facilities is an ongoing task and requires cooperation of all the staff
Plan for the next week	Read and understand in detail about how is the NQAS assessment conducted and what is its importance

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report 2

Name of the organisation: National Health Mission Shimla

Department of summer internship programme: Quality Assurance

Name of student: Urvi Sharma

Roll No.: 1878 **Stream:** MBA Hospital and Health Management

Week No.: 2 **From:** 6.05.2024 to 11.05.2024

Activity done	Attended the review meeting ,NQAS Programme at Health Training Centre, Parimahal Visited the DDU hospital Shimla alongwith the State Programme Officer , NQAS
Linking theory (Classroom learning) with practice at your organization	DDU Hospital Shimla had undergone the NQAS assessment in the month of February this year , after which various gaps were found and the hospital could not attain the National Quality Certification , the meeting highlighted the important gaps and how to bridge the gaps to improve the NQAS scores
Gaps identified on the working area	Various gaps were set down using the NQAS checklists in the various departments that shall be discussed in the next weeks
Suggestions for improvement	Formulation of Action plan to bridge the gaps Periodic review meetings to be held Time to time reevaluation of the NQAS scores Periodic training and counseling on the mission and objectives of the Quality Assurance Programme
Plan for the next week	Visit the DDU Hospital , Shimla and use the NQAS assessment methods to conduct the assessment

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report 3

Name of the organisation: DDU Hospital Shimla

Department of summer internship programme: Quality Assurance

Name of student: Urvi Sharma

Roll No.: 1878 **Stream:** MBA Hospital and Health Management

Week No.: 3 **From:** 13.05.2024 TO 18.06.2024

Activity done	Attended the NQAS review meetings as well as the Quality Circle meetings to gain more insights on NQAS
Linking theory (Classroom learning) with practice at your organization	Quality Circles of the various departments in the hospital presented their departmental checklists and the gaps in their respective domains
Gaps identified on the working area	Various departments presented their gaps that were classified according to the ease of the implementation and the payoffs in the form of PICK charts
Suggestions for improvement	Training , Counseling , Action plan , continuous efforts to improve and sustain the various aspects of quality
Plan for the next week	Conduct the assessment for the Blood Centre , DDU Hospital ,Shimla

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report 4

Name of the organisation: DDU Hospital Shimla

Department of summer internship programme: Blood Centre, DDU

Name of student: Urvi Sharma

Roll No.: 1878 **Stream:** MBA Hospital and Health Management

Week No.: 4 **From** 20.05.2024 to 26.05.2024

Activity done	Assessed the quality of the blood Centre, DDU Hospital Shimla using NQAS checklist
Linking theory (Classroom learning) with practice at your organization	Checked and assessed the implementation of the National Quality Assurance Standards in the blood Centre at DDU, Shimla
Gaps identified on the working area	▪ Non-availability of the blood components and platelets for the management of dengue ▪ Facility lacks information and educative IEC material in the local language ▪ Non-availability of ramp
Suggestions for improvement	To close the gaps found during the NQAS assessment, low scoring checkpoints (less than two) were identified and it was decided to formulate an action plan to bridge the gaps
Plan for the next week	Formulation of action plan to close the gaps

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report 5

Name of the organisation: DDU Hospital Shimla

Department of summer internship programme: Blood Centre, DDU

Name of student: Urvi Sharma

Roll No.: 1878 **Stream:** MBA Hospital and Health Management

Week No.: 5 **From:** 27.05.2024 to 01.06.2024

Activity done	Formulated action plan to close the gaps found during the NQAS assessment and discussed quality tools
Linking theory (Classroom learning) with practice at your organization	Action plan with targets to bridge the gaps were discussed with the quality circle, blood Centre
Gaps identified on the working area	▪ List of services not displayed ▪ Non-availability of security staff exclusively for blood Centre ▪ Disaster management plan to be revised ▪ Room temperature not being recorded on regular basis
Suggestions for improvement	▪ Periodic review towards mission, policy of the blood Centre ▪ IEC material to be made and displayed in the blood Centre in the local language like Hindi ▪ Temperature to be measured and record of the same to be kept to ensure safe and comfortable environment for patients and service providers
Plan for the next week	Conduct the assessment for the Paediatric OPD (MusQan) and identify the gaps

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report 6

Name of the organisation: DDU Hospital Shimla

Department of summer internship programme: Paediatric OPD (MusQan)

Name of student: Urvi Sharma

Roll No.: 1878 **Stream:** MBA Hospital and Health Management

Week No.: 6 **From** 03.06.2024 to 08.06.2024

Activity done	▪ Meeting of quality team MusQan ▪ Assessment of Paediatric OPD ▪ Gaps discovered
Linking theory (Classroom learning) with practice at your organization	Assessment of the Paediatric OPD was conducted on 03.06.2024 using the NQAS checklist. The gaps found during the assessment were classified according to the ease of implementation and the pay-offs.
Gaps identified on the working area	▪ Non-availability of dedicated special child clinics ▪ Non-availability of breast-feeding corner ▪ No child friendly toilets ▪ No training on IYCF
Suggestions for improvement	▪ Dedicated special child clinics to be held on Thursday and Thalassemia clinics on Friday ▪ IEC on lactation position ▪ Display of immunization schedule in the Paediatric OPD (IEC) ▪ Breast-feeding corner to be improved along with the display of the appropriate signage and IEC
Plan for the next week	Conduct assessment for the special new born care unit (SNCU) and analyse the gaps

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report 7

Name of the organisation: DDU Hospital Shimla

Department of summer internship programme: Special New Born Care Unit (SNCU)

Name of student: Urvi Sharma

Roll No.: 1878 **Stream:** MBA Hospital and Health Management

Week No.: 7 **From** 10.06.2024 to 15.06.2024

Activity done	Assessment of the SNCU along with the quality circle , department of Paediatrics
Linking theory (Classroom learning) with practice at your organization	NQAS checklist for SNCU were used to assess and examine the quality of the special new born care unit
Gaps identified on the working area	▪ No separate waiting area, the waiting area is common with the labour room and the operation theatre ▪ No IEC display on SNCU in the local language ▪ No proper circulation area
Suggestions for improvement	▪ Separate waiting area should be earmarked for SNCU patients attendants ▪ IEC material should be displayed and made more patient friendly in the local language ▪ SNCU should be a well ventilated area and should have proper circulation
Plan for the next week	Discuss the action plan to bridge the gaps discovered in the Paediatric OPD as well as the SNCU with the quality circle, MusQan as well as the department of Paediatrics

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Report 8

Name of the organisation: DDU Hospital Shimla

Department of summer internship programme: Department of Paediatrics

Name of student: Urvi Sharma

Roll No.: 1878 **Stream:** MBA Hospital and Health Management

Week No.: 8 **From** 17.06.2024 to 29.06.2024

Activity done	Formulated action plan to bridge the gaps found during the NQAS assessment conducted on 20.02.2024 for Paediatric OPD and SNCU
Linking theory (Classroom learning) with practice at your organization	After the analysis of the gaps, the gaps were prioritized using the PICK charts and action plan was made in detail with the timeline to close the gaps and improve the NQAS scores
Gaps identified on the working area	▪ Para medical staff with each doctor ▪ Breast-feeding corner
Suggestions for improvement	▪ Construction of child friendly toilets ▪ Training on IYCF ▪ IEC on lactation position ▪ Separate pharmacy for paedo patients ▪ IEC on immunization schedule to be displayed in the OPD as well as outside the SNCU
Plan for the next week	Compilation of the SIP report and discuss with the organization mentor and gain insights on how to improve the report

Signature of the Student

Approved by the IIHMR University's Mentor

COMPILED REPORT

Name of the organisation – DDU Hospital Shimla

Department of the organisation – Blood Centre DDU Shimla

Name of the student – Urvi Sharma

Roll no. – 1878

Stream – Hospital &Health Management

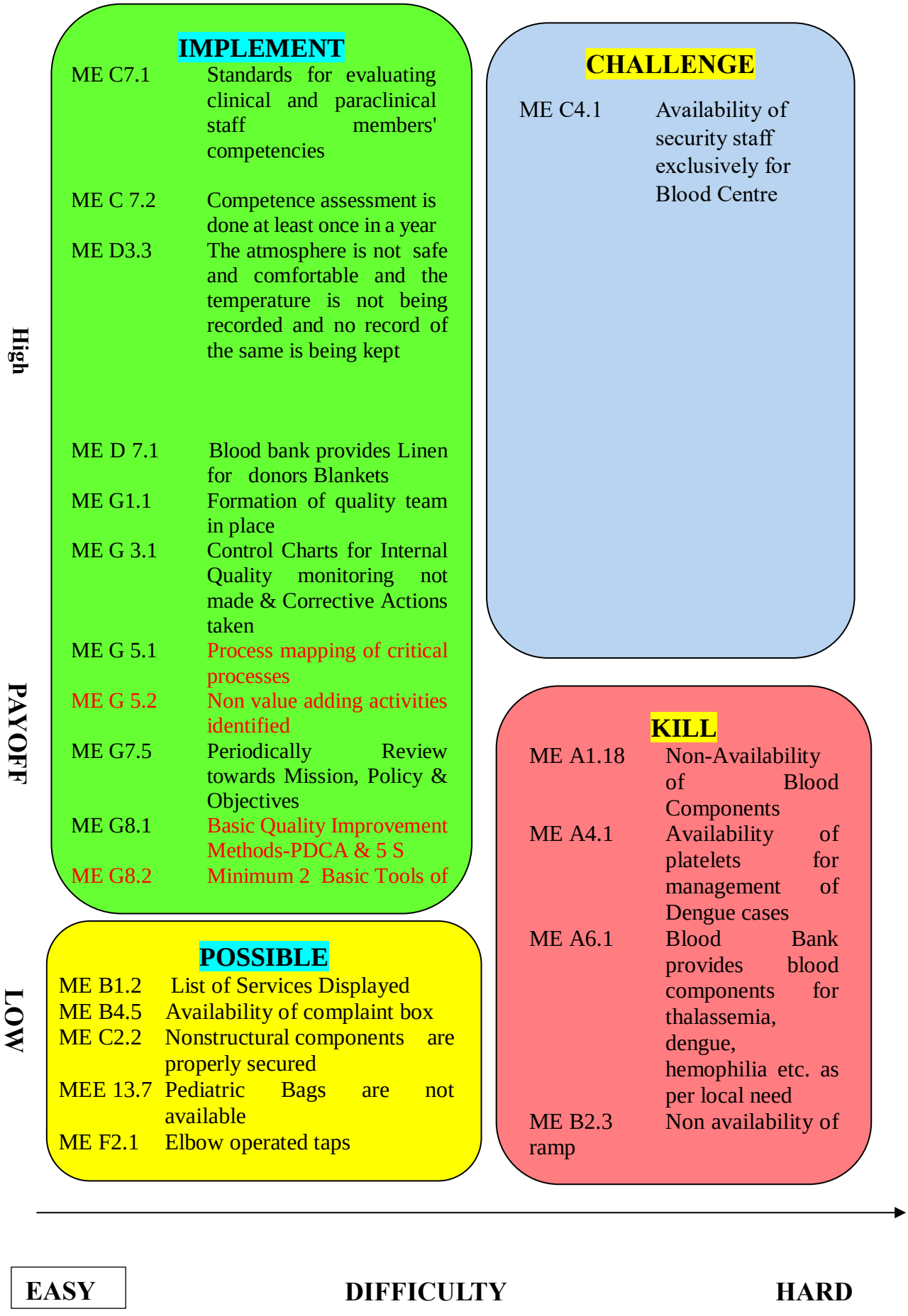
Title of the project – Gap analysis in internal assessment against NQAS Standards in the Blood centre, DDU Hospital Shimla

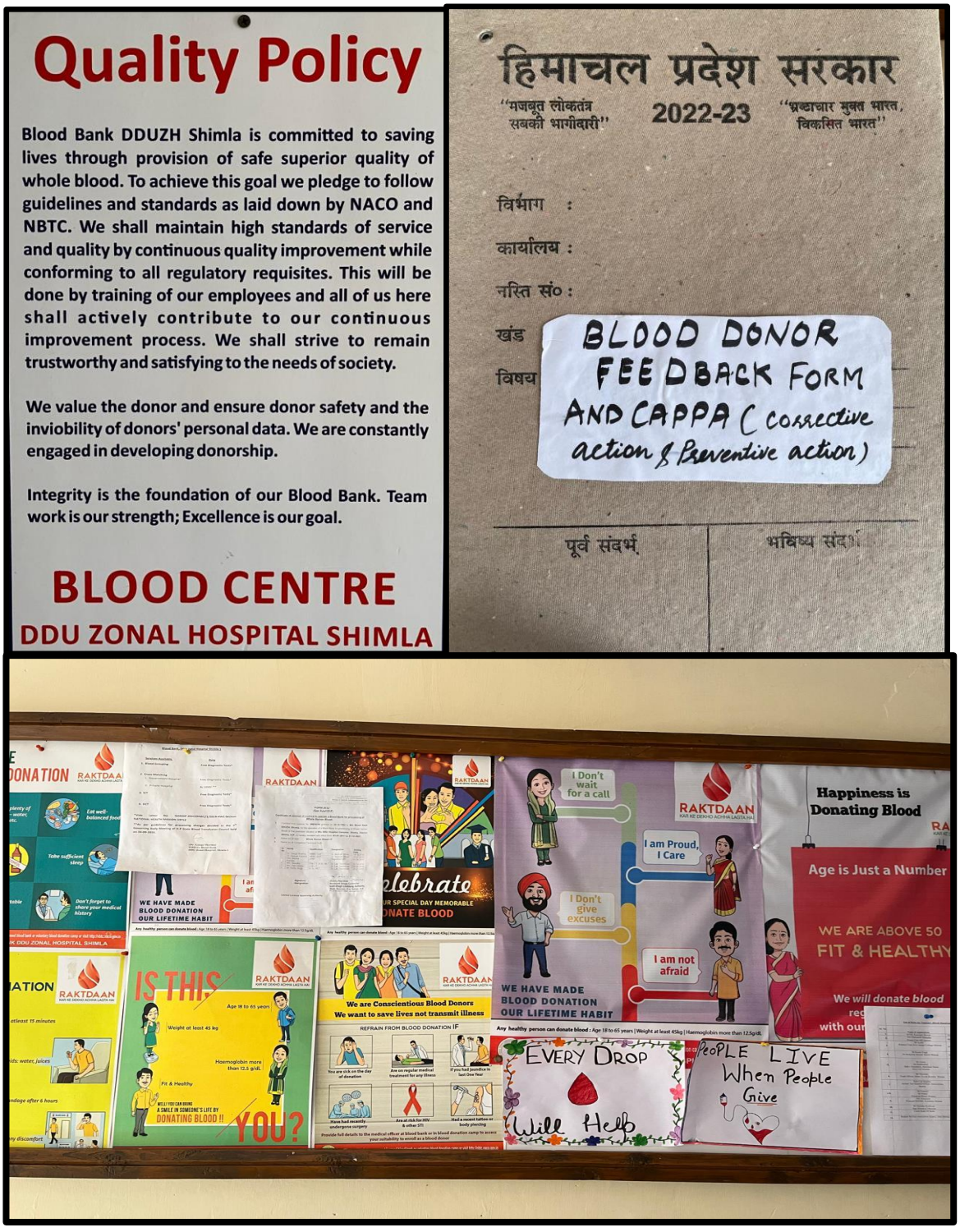
Activity Done - To identify and prioritize gap closure for improving NQAS Scores of Blood Centre at DDU, Shimla

Linking Theory -

The DDUZH Shimla is committed to saving lives through the provision of safe superior quality of blood, to achieve and maintain this; the Blood Centre maintains high standards of service and quality while making continuous and sustained efforts for the improvement of quality.

Gaps identified on the working area –NQAS assessment for the blood centre, DDU was conducted on 23.01.2024 on the basis of the 8 areas of concerns which can be understood as broad themes for assessing the aspects of quality which are service provision, patient rights, inputs, support services, clinical services, infection control, quality management as well as outcome. Each area of concern is evaluated using standards which are described in detail through measurable elements that are measured or scored with the help of checkpoints, after the assessment the **low** scoring checkpoints (< 2) were identified and the gaps were prioritized by making use of a quality tool that is known as the PICK Charts and the gaps were classified on the basis of the ease of implementation and the payoffs whether big or small. After the gaps were prioritized an action plan was framed for the estimated gaps with the timeline where it was decided that in how much time the existing gaps will be bridged.


IMPLEMENT
ME C7.1 Standards for evaluating clinical and paraclinical staff members' competencies
ME C 7.2 Competence assessment is done at least once in a year
ME D3.3 The atmosphere is not safe and comfortable and the temperature is not being recorded and no record of the same is being kept
ME D 7.1 Blood bank provides Linen for donors Blankets
ME G1.1 Formation of quality team in place
ME G 3.1 Control Charts for Internal Quality monitoring not made & Corrective Actions taken
ME G 5.1 Process mapping of critical processes
ME G 5.2 Non value adding activities identified
ME G7.5 Periodically Review towards Mission, Policy & Objectives
ME G8.1 Basic Quality Improvement Methods-PDCA & 5 S
ME G8.2 Minimum 2 Basic Tools of
CHALLENGE
ME C4.1 Availability of security staff exclusively for Blood Centre
POSSIBLE
ME B1.2 List of Services Displayed
ME B4.5 Availability of complaint box
ME C2.2 Nonstructural components are properly secured
MEE 13.7 Pediatric Bags are not available
ME F2.1 Elbow operated taps
KILL
ME A1.18 Non-Availability of Blood Components
ME A4.1 Availability of platelets for management of Dengue cases
ME A6.1 Blood Bank provides blood components for thalassemia, dengue, hemophilia etc. as per local need
ME B2.3 Non availability of ramp
High
PAYOFF
LOW
EASY
DIFFICULTY
HARD



Display of the Quality Policy and the IEC materials in the Blood Centre at DDU, Shimla

A CODE OF ETHICS FOR BLOOD DONATION AND TRANSFUSION

The objective of this code is to define the ethical principles and rules to be observed in the field of Transfusion Medicine.

Blood Centers: donors and donation

1.Blood donation including haematopoietic tissues for transplantation shall, in all circumstances, be voluntary and nonremunerated; no coercion should be brought to bear upon the donor.

A donation is considered voluntary and nonremunerated if the person gives blood, plasma or cellular components of his/her own free will and receives no payment for it, either in the form of cash, or in kind which could be considered a substitute for money.

This would include time off work other than that reasonable needed for the donation and travel. Small tokens, refreshments and reimbursements of direct travel costs are compatible with voluntary, non-remunerated donation.

The donor should provide informed consent to the donation of blood or blood components and to the subsequent (legitimate) use of the blood by the transfusion service.

2. A profit motive should not be the basis for the establishment and running of a blood service.

3. The donor should be advised of the risks connected with the procedure; the donor's health and safety must be protected. Any procedures relating to the administration to a donor of any substance for increasing the concentration of specific blood components should be in compliance with internationally accepted standards.

4. Anonymity between donor and recipient must be ensured except in special situations and the confidentiality of donor information assured.

5. The donor should understand the risks to others of donating infected blood and his or her ethical responsibility to the recipient.

6. Blood donation must be based on regularly reviewed medical selection criteria and not entail discrimination
of any kind, including gender, race, nationality or religion. Neither donor nor potential recipient has the right
to require that any such discrimination be practiced.

7. Blood must be collected under the overall responsibility of a suitably qualified, registered medical practitioner.

8. All matters related to whole blood donation should be in compliance with appropriately defined and internationally accepted standards.

9. Donors and recipients should be informed if they have been harmed.

10. Blood is a public resource and access should not be restricted.

11. Wastage should be avoided in order to safeguard the interests of all potential recipients and the donor.

Hospitals: patients

12. Patients should be informed of the known risks and benefits of blood transfusion and/or alternative
therapies and have the right to accept or refuse the procedure. Any valid advance directive should be respected.

13. In the event that the patient is unable to give prior informed consent, the basis for treatment by transfusion must be in the best interests of the patient.

14. Transfusion therapy must be given under the overall responsibility of a registered medical practitioner.

15. Genuine clinical need should be the only basis for transfusion therapy.

16. There should be no financial incentive to prescribe a blood transfusion.

17. As far as possible the patient should receive only those particular components (cells, plasma, or plasma

Suggestions for improvement -

Internal assessment of Blood Centre DDU ZH Shimla was conducted on 24th & 25th of May 2024 by the Quality Team Blood Centre using the NQAS checklists of which I was a part, and an Action Plan for traversing the gaps was devised on dated 25/05/2024 .

ACTION PLAN FOR THE BLOOD CENTRE FRAMED ON 25/05/2024				
Gap Statement	**Measurable Element No.**	**Gap Classification**	**Action Required**	**Timeline**
List of Services Displayed	ME B1.2	Input	IEC O/o Sr MS	30/06/2024
Seismic safety of Infrastructure (cupboards/almirah) to be ensured	ME C2.1	Structural	PWD Department to be contacted for securing the furniture.	31/07/2024
Availability of security staff exclusively for Blood Centre	ME C4.1	Input	Provision Of Functional CCTV Camera	31/07/2024
For both patients and service providers, the facility guarantees a secure and cozy environment. Temperature monitoring is done and records are kept.	ME D3.3	Process	Room Temperature Record Technical Staff	30/06/2024
Periodically Review towards Mission, Policy & Objectives	ME G7.5	Process	In charge Blood Centre	30/06/2024
Elbow operated taps	ME F2.1	Input	o/o Sr MS Thru. PWD	30/06/2024
Samples of the surface and microbiology are collected for microbiological surveillance.	ME F1.2	Process	In charge Blood Centre	31/07/2024

The Disaster Management Plan to be revisited and roles and Responsibilities at the time of disaster to be revised	ME 11.3	Process	Customization of Disaster Management plan	31/07/2024
Control Charts for Internal Quality monitoring not made	ME G3.1	Process	LJ Chart	31/07/2024

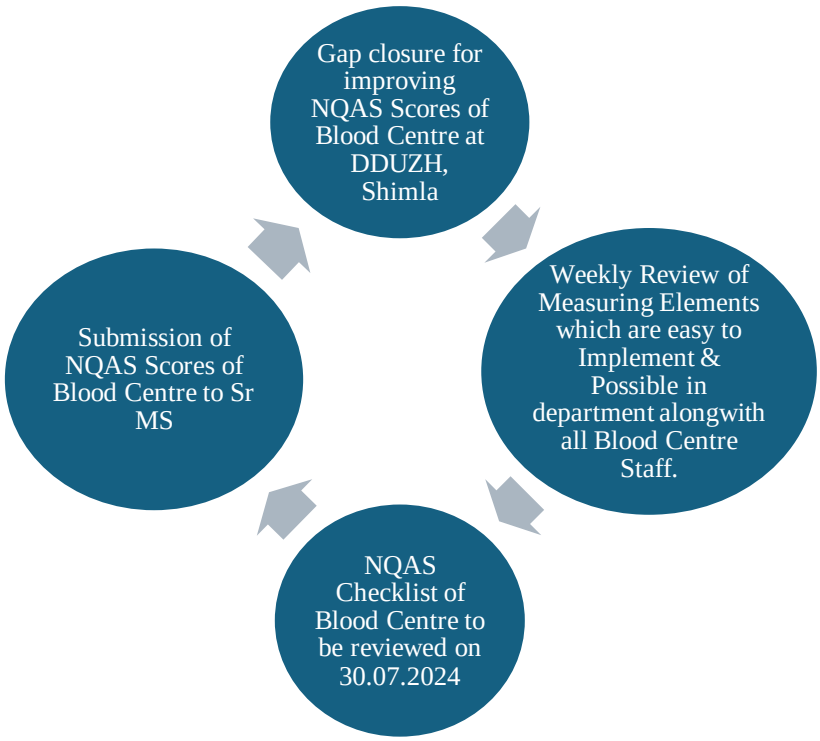
On the basis of the gaps found as well as to achieve the aims and objectives of this programme, **PDCA** was devised for gap closure to improve the NQAS scores

PLAN: Gap closure for improving N QAS Scores of Blood Centre at DDUZH, Shimla

DO: Weekly Review of Measuring Elements which are easy to implement and possible in the department along with the staff of the Blood centre

CHECK: NQAS Checklist of Blood Centre to be reviewed on 31/07/2024

ACT: Submission of NQAS Scores of Blood Centre to Sr MS



Quality Circle meetings at DDU, Shimla

Name of the organization - DDU Shimla

Department of the organization – Pediatric Department, DDU

Name of the student – Urvi Sharma

Title of the project – Gap analysis in internal assessment of MusQan Programme against NQAS standards in the Paediatric OPD at DDU Hospital , Shimla

Activity Done - Assessment of the MusQan Programme under NQAS at DDU Hospital SHIMLA

Linking Theory - MusQan Programme was launched under the gamut of NQAS to deliver quality services to children from birth till 12 years of age in the public health institutions. It aims to improve the quality of care in the Outpatient department OPD, Special Newborn care unit SNCU, Pediatric ward. and the Nutrition Rehabilitation Centre NRC. It attempts to reduce preventable child morbidity and mortality.

Background: To apply for state NQAS Certification and meet all criteria for certification an Action Plan was decided to be drafted with proper use and documentation of Quality Improvement Tools and Methods to achieve the vision and mission in alignment with the Quality Policy of DDU Shimla.

Aims and objectives of the activity: To identify and prioritize gap closure for improving MusQan/NQAS Scores of Paediatrics OPD at DDUZH, Shimla

To Close the Gaps found during NQAS Assessment of Paediatrics OPD done on 20.01.2024 with the assistance and cooperation with MO i/c Paediatrics, Junior Residents and Nursing Faculty Technical Staff of Paediatrics Department so as to improve NQAS Scoring for Blood Centre DDU ZH Shimla.

After the assessment low scoring checkpoints (< 2) were identified and Action Plan for traversing these gaps was to be decided and to be framed.

The following gaps were identified by me as well the Quality team, DDU during the assessment conducted on 4.06.2024

Gaps Identified

ME A 4.2 The paediatric OPD does not have District Early intervention Centre the DEIC provides services like correction of speech and vision related disorders

ME A 6.1 The OPD at DDU, Shimla lacks Special Clinics. The Special clinics provide opportunities to diagnose and prevent the locally prevalent diseases or the specific local health problems, diseases like haemophilia etc

ME B 1.1 The OPD facility does not show appropriate and quality departmental & directional signages The Directional signages that will clearly indicate the paediatric OPD and its ancillary areas vis a vis counselling room, immunization room, breastfeeding corner, are not properly labelled

ME B 1.2 The following services were not displayed during the assessment

1. The services available in the Paediatric OPD
2. Timing for OPD and the names of the doctors on duty are not displayed and updated
3 grievance re addressal mechanism is not clearly displayed

ME B 1.5 User charges are not displayed clearly in the Paediatric OPD and the user charges are not being communicated clearly to the patients as well as the attendants of the patients.

The IEC highlighting - Immunization schedule for the children , how to Manage diarrhoea using Zinc and the oral rehydration salts , the balanced diet and its importance ,hand washing techniques are not displayed in the Paediatric OPD

There is no material that can be used for educating and training the new born mothers in the Counselling rooms such as - mama's breasts model to educate the mothers about lactation practices and nutrition

ME B 1.6 there are no signages that are available in the local language

ME B 2.1 the facility does not have exclusive Breast-feeding corner where examination of mother is to be done and the counselling is provided to the mothers on the correct lactation practices

ME B 2.3 there is no Dedicated registration counter for paediatric cases there is no separate counter for registration of the patients coming to the OPD There are no toilets for the differently abled children and the attendants coning to the OPD

ME C1.1 there is no adequate and appropriate exclusive waiting area for the Paediatric OPD patients and the attendants while the waiting area is not child friendly and lacks attractive and child friendly paintings on the wall, there is no provision of toys and games for the children play and make them feel comfortable

ME C 1.2 There is no counselling centre that provides counselling on infant and young childcare IYCF Counselling

ME C 1.3 The facility does not have any earmarked and separate room to conduct the assessment and examination of medico-legal cases Such as the rape/sexual assault survivors

There is no Separate pharmacy or the separate drug dispensing counter catering to the paediatric patients

ME C 1.7 The flow or the Layout of the OPD is multidirectional and does not follow the standard outline

ME C 4.4 The paramedical staff is not available with each doctor where children are to be weighed and their immunisation status is to be checked and the children < five years are screened for severe acute malnutrition

The staff is not available in the lab to conduct appropriate diagnosis and tests

ME C7.1 the Parameters to check the skills and proficiency of the clinical staff have not been clearly defined

The assessment to check the competence of the staff is not being conducted in the facility on regular basis

ME C 7.3 Training on IYCF is not held on regular intervals – the staff lacks competence on how to manage the breast problems such as engorgement, mastitis etc, and is not able to provide counselling to mothers who have less breast milk, or the undernourished children, how to take care of the HIV positive mothers and their babies. .

ME D 3. the OPD clinic Is common to all the medical professionals, and they share the common space

ME D 4.1 Ambience of paediatric OPD is not attractive enough for the children and their attendants the walls are not bright and child friendly

Gardens and child zone are not well maintained

ME D 10.2 Staff is not able to explain the key messages of IMS Act (At-least 3 messages)

(a) Prohibition from any kind of promotion and advertisement of infant milk substitutes, (b) prohibition of providing free samples and gifts to pregnant women or mother, (d) prohibit any contact of manufacturer or distributor with staff

	Hoarding describing the provision of IMS act is not displayed
ME E 3.4	Telemedicine service are not used for consultation--. Telemedicine services should be available on a fixed day for paediatric cases (for both old and new cases)
	There is no system in place to give the prior appointment
ME G 2.3	Action plan is being prepared, and improvement activities are being undertaken
ME G 4.3	Paediatric OPD lacks documented procedure for investigation, when the SOP were reviewed. There should be a lab personnel to collect blood samples in children which the facility did no have .
ME G 4.4	The instructions and the code of conduct that contains the protocols are not displayed in the OPD
ME G 5.1	Process mapping of critical processes is not being done-- Critical processes are not identified and mapped
	Action plan is being prepared and the plan Do Check Ac (PDCA) is being done to close the gaps
ME G 7.4	SMART Quality Objectives Specific, Measurable, Attainable, Relevant and Time Bound objectives have been found to be incompliant
ME G 8.2	only 2 applicable tools are being used to improve quality out of7

After the gaps were identified the gaps were prioritized on the basis of ease of fulfilment of the gaps and the payoffs whether big or small. The gaps were prioritized with the help of a quality tool known as **PICK CHART**

High

Low

IMPLEMENT

ME A 6.1 Special Clinics for local prevalent diseases/ endemics
ME C7.1 Parameters for assessing skills and proficiency of clinical staff defined & competence assessment done at least
ME C 7.3 Training on IYCF, RBSK, Quality Management and job monitoring.
ME D 1.1, 1.2 System of timely corrective break down maintenance of the equipment & calibration
ME C 2.1, 2.5 Forecasting of drugs and consumables and maintaining buffer stock
ME D 1 Updated copies of relevant laws, regulations and government orders available-IMS Act, 1992
ME G 4.4 Work instructions and clinical protocols displayed
ME G 5.1 Process mapping of critical processes done
ME G 7.4 SMART Quality Objectives
ME H Outcome Indicators

CHALLENGE

ME B 1.1, ME B 1.2 , ME B 1.5, ME B 1.6-
Display of IEC in local language (Services, user charges, awareness etc.

ME B 2.1
Breast feeding corner along with Examination of mother and child

ME C 2.1
Nonstructural components properly secured

ME D 4.1, ME C 1.1, ME D 4.4
Pediatric OPD is bright and child friendly & Gardens and child zone are well maintained

ME B 6.9, ME G 4.1,2,3
Documented policies for issuing medical certificates & SOPs.

POSSIBLE

ME C 1.7 Unidirectional flow of services.
ME B 2.3, ME D 3.2, ME D 4.1 Comprehensive registration to drugs services (including basic amenities)
ME E 3.4 Telemedicine service used for consultation

KILL

ME A 4.2 Availability of DEIC

MEC1. Separate Drinking and Toilets, seating arrangement for immunization, IYCF Counseling centre, etc.
ME C 1.3 Demarcated area for the assessing Medico-Legal cases, drug dispensing and separate trolley/wheelchair for children
ME C 4.4, ME C 4. Paramedical staff-1 with each doctor
Lab technician for sample collection of Paediatrics cases
Physiotherapist & rehabilitation therapist

Suggestions for improvement of the NQAS scores -

After the prioritization of the gaps, it was decided by the quality circle DDU to make an action plan to bridge these gaps, the action plan was framed on 8.06.2024

ACTION PLAN FOR PAEDIATRIC OPD AS ON 8.06.2024

Gap Statement	Measurable Element No.	Gap Classification	Action Required	Timeline
Special Clinics for local prevalent diseases/ endemics	ME A 6.1	Input	Dedicated Special clinics on Tuesdays for Thalassemia	31.07.24
The proficiency and the competence of the medical staff	ME C7.1	Process	SMO I/c Paediatrics to conduct competence assessment of clinical staff	10.08.24
Training on IYCF, RBSK, F-IMNCI, Quality Management and job monitoring.	ME C 7.3	Process	O/o Sr. MS & Nodal Officer NQAS/MusQan to arrange for the training sessions.	20.07.24
Timely correction as well as the mechanism to maintain the calibration of equipment's	ME D 1.1, 1.2	Process	Ward Sister, Paediatrics in association with O/o Sr. MS	30.06.24
A list containing the dates of Expiry of the drugs and the injectables is not maintained properly	ME C 2.4	Process	Ward Sister Paediatrics and MCH Centre	30.06.24
Relevant laws, regulations and government orders such as the IMS Act, 1992 Protection of children from Sexual offenses Act 2012 & guidelines 2013	ME D 10.2	Input	O/o Sr. MS & Nodal Officer NQAS/MusQan	25.07.24
Quality circle constituted & Roles and Responsibility defined along with review meetings,	ME G 1.1, ME G 1.2 ME G 2.2, ME G 2.3, ME G6.3,4,5,	Input/Process	Nodal Officer NQAS/MusQan in association with O/o Sr.	30.06.24

analysis of low performing attributes, Action Plan, PDCA,5s, 7 Quality tools	ME G 8.1, ME G 8.2		MS DDU, SMO Paediatrics	
Client Satisfaction Survey	ME G 2.1	Input/Process	Ward Sister, Paediatrics and DEO MusQan	30.06.24
Work instructions/clinical protocols displayed	ME G 4.4	Process	SMO I/c Paediatrics	20.06.24
Process mapping of critical processes done	ME G 5.1	Process	SMO I/c Paediatrics in association with Nodal Officer NQAS/MusQa n	
SMART Quality Objectives framed	ME G 7.4	Process	SMO I/c Paediatrics in association with Nodal Officer NQAS/MusQa n	1.08.24
Awareness of the staff about the Mission and Quality Policy of the organization	ME G 7.5	Process	SMO I/c Paediatrics in association with Ward Sister, Paediatrics	20.06.24
Periodic assessment of medication and patient care safety risk done	ME G 10.6	Process	SMO I/c Paediatrics	20.06.24
Outcome Indicators	ME H	Process	SMO I/c Paediatrics in association with staff	31.07.24
Display of IEC in local language (Services, user charges, awareness etc.)	ME B 1.1, ME B 1.2, ME B 1.5, ME B 1.6-	Input	Nodal Officer NQAS/MusQa n in association with O/o Sr. MS DDU, SMO I/c Paediatrics	20.07.24
Breast feeding corner along with Examination of mother and child	ME B 2.1	Input	O/o Sr. MS DDU association with SMO I/c Paediatrics and	01.08.24

			Nodal Officer NQAS/MusQan	
Nonstructural components properly secured	ME C 2.1	Input	O/o Sr. MS DDU	
Pediatric OPD is bright and child friendly & Gardens and child zone are well maintained	ME D 4.1, ME C 1.1, ME D 4.4	Input	O/o Sr. MS DDU association with SMO I/c Paediatrics	30.08.24
Documented policies for issuing medical certificates & SOPs.	ME B 6.9, ME G 4.1,2,3	Input	O/o Sr. MS DDU association with SMO I/c Paediatrics and Nodal Officer NQAS/MusQan	10.08.24
Unidirectional flow of services.	ME C 1.7	Input	O/o Sr. MS in association with SMO I/c Paediatrics and other stakeholders	30.07.24
Telemedicine service used for consultation	ME E 3.4	Process	O/o Sr. MS in association with SMO I/c Paediatrics and other stakeholders	10.08.24
Availability of DEIC	ME A 4.2	Input		31.08.24
Separate Drinking/Toilets/seating arrangement for immunization, IYCF Counseling Centre, etc.	ME C 1.2	Input		31.09.24
Demarcated area for the assessing Medico-Legal cases, drug dispensing and separate trolley/wheelchair for children	ME C 1.3	Input		20.07.24
Paramedical staff-1 with each doctor	ME C 4.4, ME C 4.5	Input		30.09.24
Lab technician for sample collection of				30.09.24

pediatric cases & physiotherapist				
Physiotherapist & rehabilitation therapist				30.09.24

The following suggestions were suggested by the quality team Department of Paediatrics meeting held on 5.6.2024

In addition to the action plan, the Quality circle, MusQan also suggested the following

SUGGESTIONS

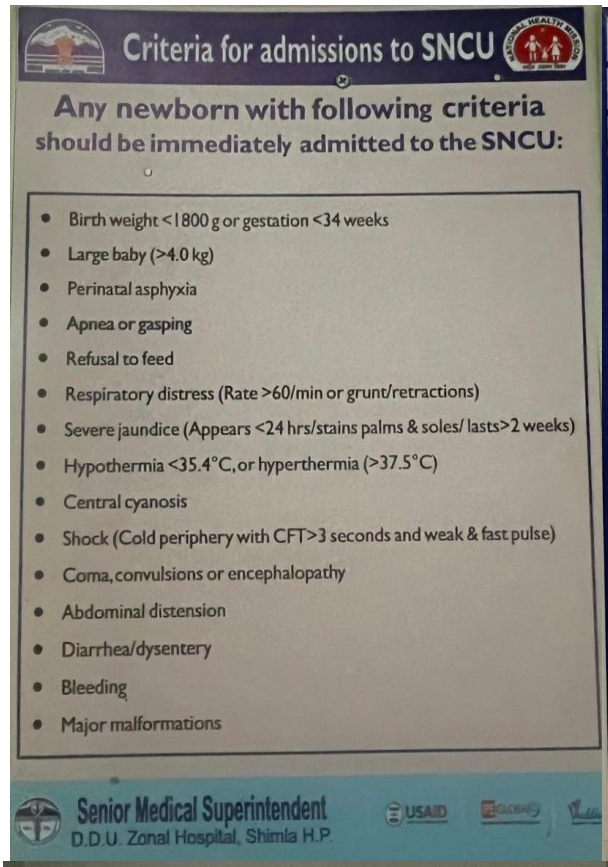
1. Special child clinic to be held on all Fridays
2. Dedicated thalassemia clinic on Thursday
3. Immunization schedule to be displayed outside the OPD
4. Construction of child friendly toilets
5. IEC on OPD timings, grievance redressal to be displayed outside the OPD
6. Dedicated Breastfeeding corner to be constituted
7. Breastfeeding corner to have appropriate signage
8. OPD to display the entire layout
9. OPD to be made more child friendly
10. Process mapping IEC is required
11. IEC to be displayed highlighting IYCF infant and young child feeding counselling Centre
12. IEC on lactation position and milk expression protocol
13. Training on IYCF
14. Availability of DEIC
15. Separate drug dispenser unit and pharmacy for paedo patients
16. The facility should have education materials for counseling like job aids, mamas breast models

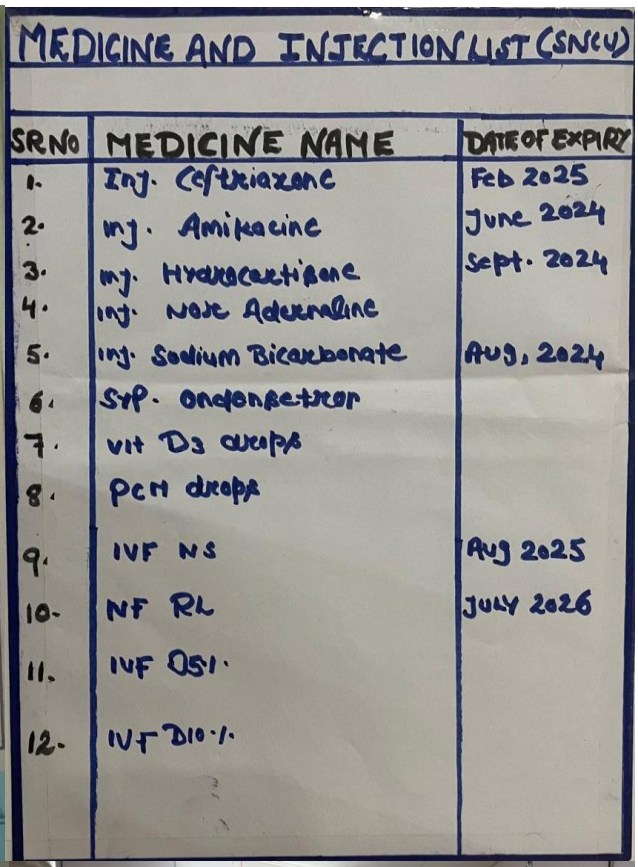
Name of the organization – DDU Shimla
Name of the department – Special New-born Care Unit
Activity – Evaluation of NQAS at SNCU, DDU Shimla

The hospital has a functional 24*7 functional SNCU manned by an efficient team of medical and paramedical staff to take care of sick newborn, whether they were delivered at home or in a hospital. It serves as a central location for instruction and training in newborn care. In order to effectively treat unwell newborns in the unit, the department follows accepted clinical care procedures.

Scope of services: The SNCU provides care to all sick newborn except those who are in need of surgeries

Types of patients served: Inborn and out born sick new-borns





The Special Newborn Care Unit at DDU, Shimla

Gaps observed:

The following gaps were identified in the SNCU by the Quality circle, Paediatric Department as a part of internal assessment conducted on 15/06/2024

1. No examination area
2. No stepdown area
3. No informative IEC material displaying information on SNCU is displayed
4. Insufficient adequate and trained medical staff for SNCU
5. SNCU has no separate waiting area, the waiting area is common with the Labour room and the maternity OT
6. Circulation area for the movement of the patients and the staff is not proper
7. No fire alarm functional
8. No washing area
9. Frequent breakdown of the equipments

Suggestions:

1. Trained and skilled medical professionals for the SNCU
2. Maintaining buffer stock of the critical equipments
3. Meeting large requirement for the SNCU by maintaining proper circulation area and ventilation in the SNCU
4. Maintaining a separate waiting area for the SNCU attendants
5. Separate examination area and stepdown area

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