INTERNSHIP REPORT

ASSESSING THE IMPACT OF NQAS CERTIFICATION ON KEY PERFORMANCE INDICATORS: A COMPARATIVE ANALYSIS OF CERTIFIED AND NON-CERTIFIED UPHCS

1. INTRODUCTION:

The study compares certified and non-certified urban primary health centres by evaluating their Key Performance Indicators (KPIs). Using a mixed-method approach, it combines quantitative data analysis with qualitative interviews of patients, staff, and healthcare professionals in Rajasthan's UPHCs over a three-month period. The study investigates how these centres assess their services. Certified centres shall follow established guidelines, maintain thorough documentation, and prioritize continuous quality improvement. Certified centres shall also conduct frequent audits to ensure accuracy and analyse quality indicators. These measures help enhance quality of treatment. Uncertified centres, on the other hand, create internal protocols, which are based on state laws or expert advice, however, they lack standardized documentation methods. Thought uncertified centres make efforts to improve quality, their approach is not as structured as that of certified facilities.

To evaluate service quality and to stress upon the importance of adhering to recognized standards for healthcare improvement, the finding in this document highlights various methods those can be adopted by healthcare centres.

According to the study, certified UPHCs generally achieve better quality assurance because they enable provision of superior facilities, qualified medical staff, resources, and a stronger commitment to continuous development. This leads to better patient safety, improved health services, and greater trust from patients.

Non-Certified centres lack established quality assurance processes, that in-turn increases the chances of errors, patient confidence is depleted, and results in inconsistency in the quality of care provided.

The study findings have significant implications for policymakers, healthcare administrators, and practitioners in Rajasthan. They highlight the importance of certification processes and regular audits in promoting quality assurance in UPHCs. Moreover, addressing resource gaps, enhancing staff capacity, and improving infrastructure can help enhance quality assurance practices in non-certified UPHCs.

The goal of Quality Assurance in Urban Primary Health Centers (UPHCs) is to make sure the care given there is really good and safe for patients. This means doing different things to check and make better how well the health care providers, places, and systems in UPHCs work**.**

2. OBJECTIVE OF THE STUDY:

I. Investigate the National Quality Assurance Standards (NQAS) and Key Performance Indicators (KPIs), understanding their indicators and operational mechanisms.
II. Evaluate the influence of KPIs on both certified and non-certified Urban Primary Health Centers (UPHCs), examining how these metrics affect performance and outcomes by its checklist
III. Conduct a comparative analysis of KPIs across different UPHCs, identifying variations and disparities in performance metrics, and conducting a detailed analysis of the underlying factors.
IV. Explore strategies for implementing KPIs effectively in non-certified UPHCs, examining best practices and identifying potential areas for improvement to enhance overall performance and quality of care.

3. ORGANIZATION PROFILE:

NATIONAL HEALTH MISSION

Objective of NHM:

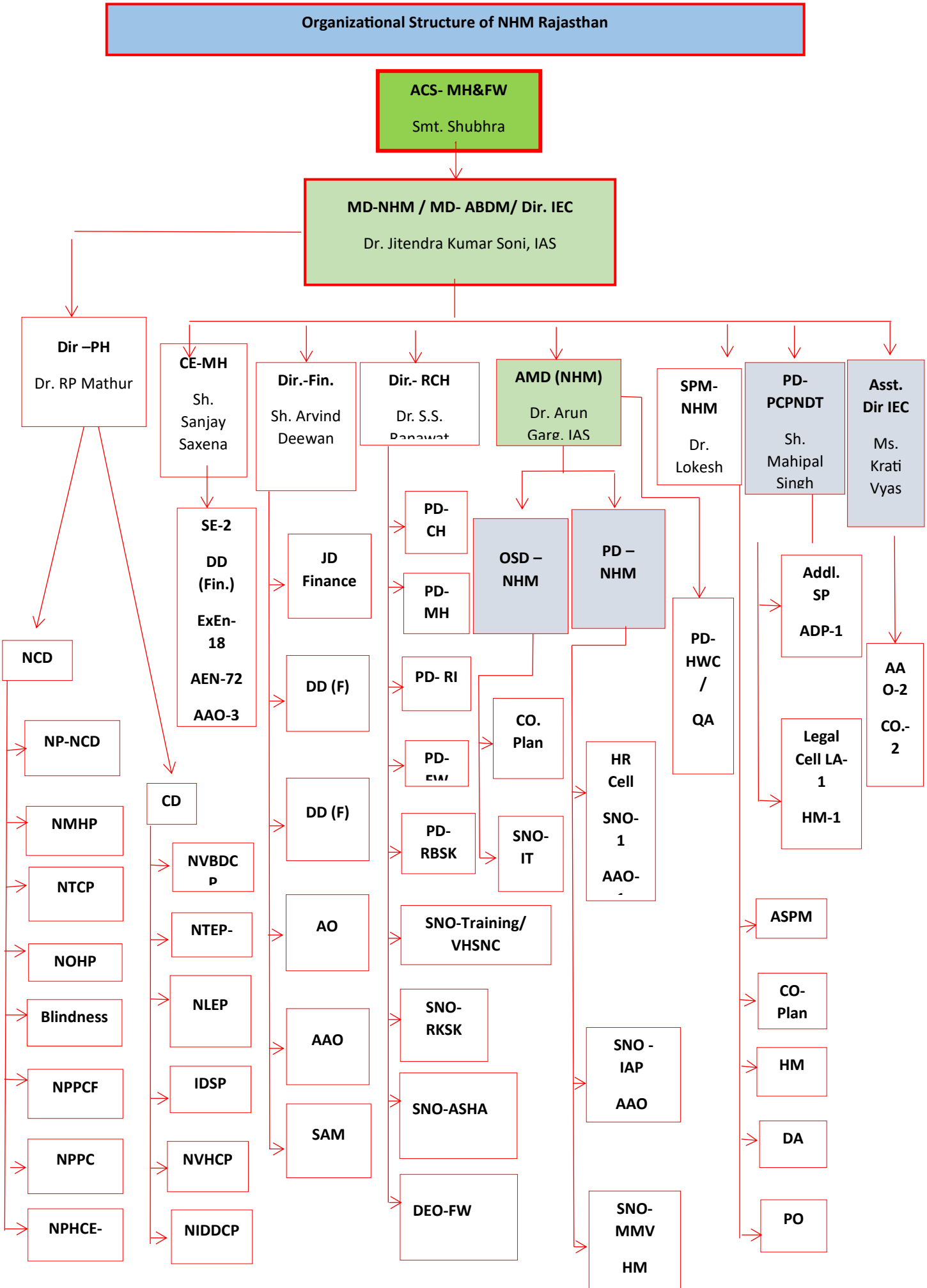
"Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health".

National Health Mission (NHM)

The National Health Mission (NHM) is a national effort at ensuring provision of effective healthcare through a range of interventions at individual, household, community, and critically at the health system levels**.**

Objectives of the National Health Mission (NHM)

- Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR).
- Universal access to public health services such as Women's health, child health, water, sanitation & hygiene, immunization and Nutrition.
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
- Access to integrated comprehensive primary healthcare.
- Population stabilization, gender and demographic balance.
- Revitalize local health traditions and mainstream.
- Promotion of healthy life styles.


Organizational Structure of NHM Rajasthan
ACS- MH&FW
Smt. Shubhra
MD-NHM / MD- ABDM/ Dir. IEC
Dr. Jitendra Kumar Soni, IAS
Dir –PH
Dr. RP Mathur
CE-MH
Sh. Sanjay Saxena
Dir.-Fin.
Sh. Arvind Deewan
Dir.- RCH
Dr. S.S. Rajawat
AMD (NHM)
Dr. Arun Garg, IAS
SPM-NHM
Dr. Lokesh
PD-PCPNDT
Sh. Mahipal Singh
Asst. Dir IEC
Ms. Krati Vyas
SE-2
DD (Fin.)
ExEn-18
AEN-72
AAO-3
JD Finance
DD (F)
DD (F)
AO
AAO
SAM
PD-CH
PD-MH
PD- RI
PD-FW
PD-RBSK
SNO-Training/ VHSNC
SNO-RKSK
SNO-ASHA
DEO-FW
OSD – NHM
CO. Plan
SNO-IT
PD – NHM
HR Cell
SNO-1
AAO-
SNO - IAP
AAO
SNO-MMV
HM
PD-HWC / QA
Addl. SP
ADP-1
Legal Cell LA-1
HM-1
ASPM
CO-Plan
HM
DA
PO
AAO-2
CO.-2
NCD
NP-NCD
NMHP
NTCP
NOHP
Blindness
NPPCF
NPPC
NPHCE-
CD
NVBDCP
NTEP-
NLEP
IDSP
NVHCP
NIDDCP

Background of NHM Rajasthan:

- **About NHM Rajasthan**

In order to provide quality and effective affordable healthcare to the rural population and cities, the National Health Mission NHM is an initiative of the Government of India. NHM Rajasthan refers to the NHM program implemented in the Indian state of Rajasthan.

- **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.

- **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.

- **Health Services and Services:**

NHM Rajasthan offers a wide range of health services and services including Health and Child Care, Immunization, Family Planning, Health

y 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.

- **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.

- **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.

- **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.

- **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.

❖ **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 organizations, non-governmental organizations and legal entities.

rest have yet to start as per the portal.

4. SERVICES PROVIDED BY THE ORGANISATION:

1. NHRM (RCH +Health System Strengthning) :

RCH Activities:

- Maternal Health
- Child Health
- Family Planning
- Immunization
- PCPNDT
- Rastriya Bal Swasthya Karyakram
- Rastriya Kishire Swasthya Karyakarm Health Systems Strengthning

Health System Strengthening:

- 104/108 ambulance (Integrated Ambulance System) / Mobile Medical Unit / Mobile Medical Van
- ASHA/VHSNC/Health & Wellness Centers / Civil works/ united funds/ Quality Assurance & Kayakalp / IEC

NATIONAL QUALITY ASSURANCE STANDARDS

National quality assurance standards have been crafted to meet the unique needs of public health facilities while adhering to global best practices. Presently, NQAS applies to District Hospitals, CHCs, PHCs, and Urban PHCs. These standards are intended to assist providers in evaluating and enhancing their quality through predefined benchmarks, ultimately preparing them for certification. Covering eight essential areas—service provision, patient rights, inputs, support services, clinical care, infection control, quality management, and outcomes—these standards are accredited by ISQUA, ensuring they are comprehensive, objective, evidence-based, and rigorously developed in line with global standards.

The National Quality Assurance Standards (NQAS) framework, established by India's Ministry of Health and Family Welfare, aims to identify and elevate healthcare quality nationwide. NQAS's

objective is to set uniform standards and guidelines for hospitals, promoting high-quality healthcare provision. The accreditation process evaluates all healthcare aspects, including infrastructure, equipment, energy, patient safety, disease prevention, information, and patient satisfaction. This process typically involves a thorough assessment by a team of specialists who visit the facility to verify compliance with the set standards.

In primary care, NQAS accreditation emphasizes the quality of care within healthcare facilities, focusing on infrastructure, the availability of essential medications and equipment, patient care procedures, infection control, and overall service quality.

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 facility shall 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 health care.

KPI INDICATORS

i. OPD Indicators

ii. Percentage of delivery conduct out of expected

iii. Percentage of delivery conducted in Night.

iv. Percentage of High-Risk pregnancy cases referred to FR

v. Percentage of clint accepting limitation of long-term contraception Method of Contraception.

vi. Drop Out rate of Penta Vaccination

vii. Percentage of Women Stayed For 48 HRS After Normal Delivery

viii. IUCD Rejection Rate

ix. Percentage of Anemia cases treated Successfully.

x. Percentage of Deliveries having Partograph Recorded

xi. Percentage of DOT cases completed successfully

xii. Patient Satisfaction (IPD)

xiii. Patient satisfaction score (OPD)

5. KEY ACTIVITIES UNDERTAKEN IN DISSERTATION:

I. Key activities that I undertook during my dissertation period:

II. Visited different certified and non-certified UPHCs to examine the differences between certified and non-certified UPHCs.
III. Checked all the departments to observe the workflow.
IV. Reviewed all the record-keeping methods and documents in both UPHCs.

V. Assisted in implementing and guiding how to maintain records digitally, and helped them form registers for Key Performance Indicators (KPIs).
VI. Provided guidance on KPIs, including how to use and apply the formulas.
VII. Encouraged staff to start noting the Time Motion Study.
VIII. Assisted in initiating the PSS (Patient Satisfaction Survey) and CAPA (Corrective and Preventive Action).
IX. Advised them to become familiar with the guidelines of NQAS.
X. Suggested placing necessary posters in the departments.
XI. Helped them become more aware of the NQAS certification process to achieve it faster.

6. KEY LEARNINGS FROM INTERNSHIP:

I. Gained knowledge about the National Health Mission and its work areas.
II. Learned about the NQAS and its certification process.
III. Understood how Key Performance Indicators and Outcome Indicators work and are documented.
IV. Learned the process of obtaining NQAS certification for the centers.
V. Identified the differences between certified and non-certified UPHCs.
VI. Identified gaps and assisted in improving them.
VII. Observed how things work in the department.
VIII. Learned about the formulas used in indicators.
IX. Saw the challenges and learned how to overcome them.
X. Learned how to maintain records digitally and in registers.

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