QUALITY ASSESSMENT AS PER NABH GUIDELINES USING REAL TIME MONITORING CHECKLIST FOR DIETETICS AND ANALYSIS OF TURN AROUND TIME (TAT) OF HEALTH CHECK-UP DEPARTMRNT AT THE MISSION HOSPITA, DURGAPUR

SUBMITTED BY –

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BATCH- 27

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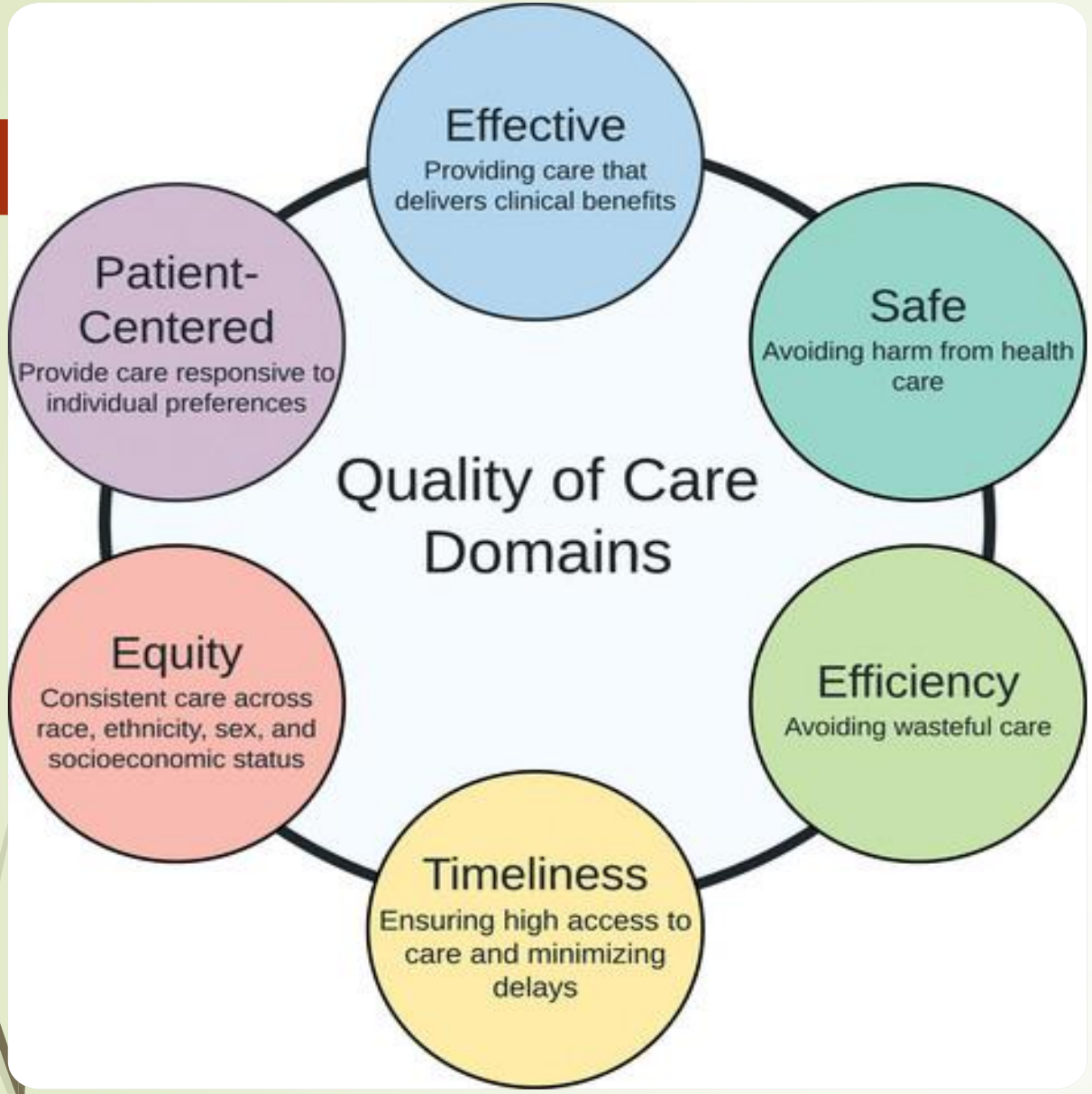
INTRODUCTION

This study focuses on assessing the quality of care provided at Mission Hospital, Durgapur, specifically within the Health Checkup Department and Dietetics department.

Due to inefficient processes, inadequate staffing, and improper patient flow management can not only affect patient satisfaction but also compromise the timely diagnosis and management of health issues. By pinpointing areas that meet or fall short of NABH standards and identifying gaps that cause delays in the Health Checkup Department, can implement targeted interventions to enhance patient care, staff practices, and overall departmental effectiveness.

The Dietetics Department plays a crucial role in patient recovery and overall health management by providing tailored nutritional advice and interventions. Challenges in this department include maintaining up-to-date dietary protocols, ensuring individualized patient care, and effectively communicating with other healthcare providers. Assessing the quality of care in this department against guidelines provided by Health of Ministry and Family Welfare will highlight areas for improvement in dietary services, which is vital for enhancing patient outcomes and promoting optimal health.



- **BY AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)**

Research Questions –

Research Questions –

- How effectively does the Dietary Department at Mission Hospital comply with NABH standards and the guidelines established by the Ministry of Health & Family Welfare (Government of India)?
- What are the specific reasons behind the delays in the process and service delivery of the Health Checkup Department?

OBJECTIVES

To Develop real-time monitoring checklists specifically aligned with NABH guidelines and the Ministry of Health & Family Welfare for Dietetics departments and also at Mission Hospital, Durgapur.

To identify and analyze the factors and the gaps occurring during the processes leading to delays in service delivery in Health checkup department.

METHODOLOGY –

- A Mixed-Method Strategy is used.
- Descriptive Cross-Sectional Study for the Dietetics Department: This part involves real-time monitoring of data. It seeks to give an overview of the Dietetics department's current procedures and contacts with patients.
- Retrospective Study for the Health Checkup Department: This component involves analyzing historical data over the past six months to understand patterns and trends in patient footfall and service utilization in the Health Checkup department.

For the Dietetics Department:

- Data on inpatient department (IPD) admissions and outpatient department (OPD) patient footfall is collected from the Hospital Management Information System (HMIS).
- The collection follows the indicators specified in the Checklist provided by the Ministry of Health and Family Welfare, Government of India.
- The collected data is aggregated monthly and analyzed using data analysis software to identify trends and insights.

For the Health Checkup Department:

- Patient footfall data, including arrival and departure times, is gathered from the HMIS for a six-month period from December to May.
- Predictive analysis is conducted on this historical data to forecast future trends and improve departmental efficiency.

➢ SAMPLE SIZE:

- Health Check-Up Department : 2966 (No. of patients utilized the services provided by Health Check-up Department)
- Overall sample population is taken as it was a retrospective study.
- Dietary Department: 60 (No. of patients admitted in the hospital i.e., IPD Patients)

➢ SAMPLING TECHNIQUE:

- Simple Random Sampling is done.

➢ STUDY DURATION:

- For Health Check-Up Department – Retrospective study is done on 6 months data i.e., from December 2023 – May 2024.
- For Dietary Department- 2 months i.e., from Mid-April to Mid-June (Real time monitoring).

- Inclusion Criteria –

  - Patients admitted to the Inpatient Department (IPD) and those receiving dietary services in the Outpatient Department (OPD)
  - Patients visiting the Health Checkup Department

- Exclusion Criteria:

  - Pediatric patients undergoing routine health checkups

HEALTH CHECKUP DEPARTMENT

- The **Health Checkup Department** at Mission Hospital deals with some issues such as poor patient flow.
- These problems can lead to decreased patient satisfaction and delays in diagnosing and managing health issues.
- These concerns may cause delays in the diagnosis and treatment of medical conditions as well as lower patient satisfaction.
- Main Issue: Occurrence of Waiting Time, further leading to patient dissatisfaction and delayed service delivery.

HEALTH CHECKUP DEPARTMENT

- The healthcare sector has a major challenge as the operations process may no longer deliver the expected service delivery in a given ideal span of time. This is mainly because of the rising demands of patients towards the service provider. The service providers in the healthcare sector are mainly hospitals which have the direct first line contact with patients.
- Following factors are needed to be studied to deliver the services in the most efficient and effective manner-
  - Patient flow Optimization
  - Relatively small Waiting period.

DONABEDIAN MODEL

STRUCTURE

- **Organizational structure-**
- Registration area
- Help desk
- Report Dispatch desk
- **Facility Layout -**
- Health checkup departments-
- Phlebotomy
- Echo
- ECG
- TMT
- USG
- PFT
- Ophthalmology
- Preventive/Promotive services - Yoga/Physiotherapy
- Consultation

PROCESS

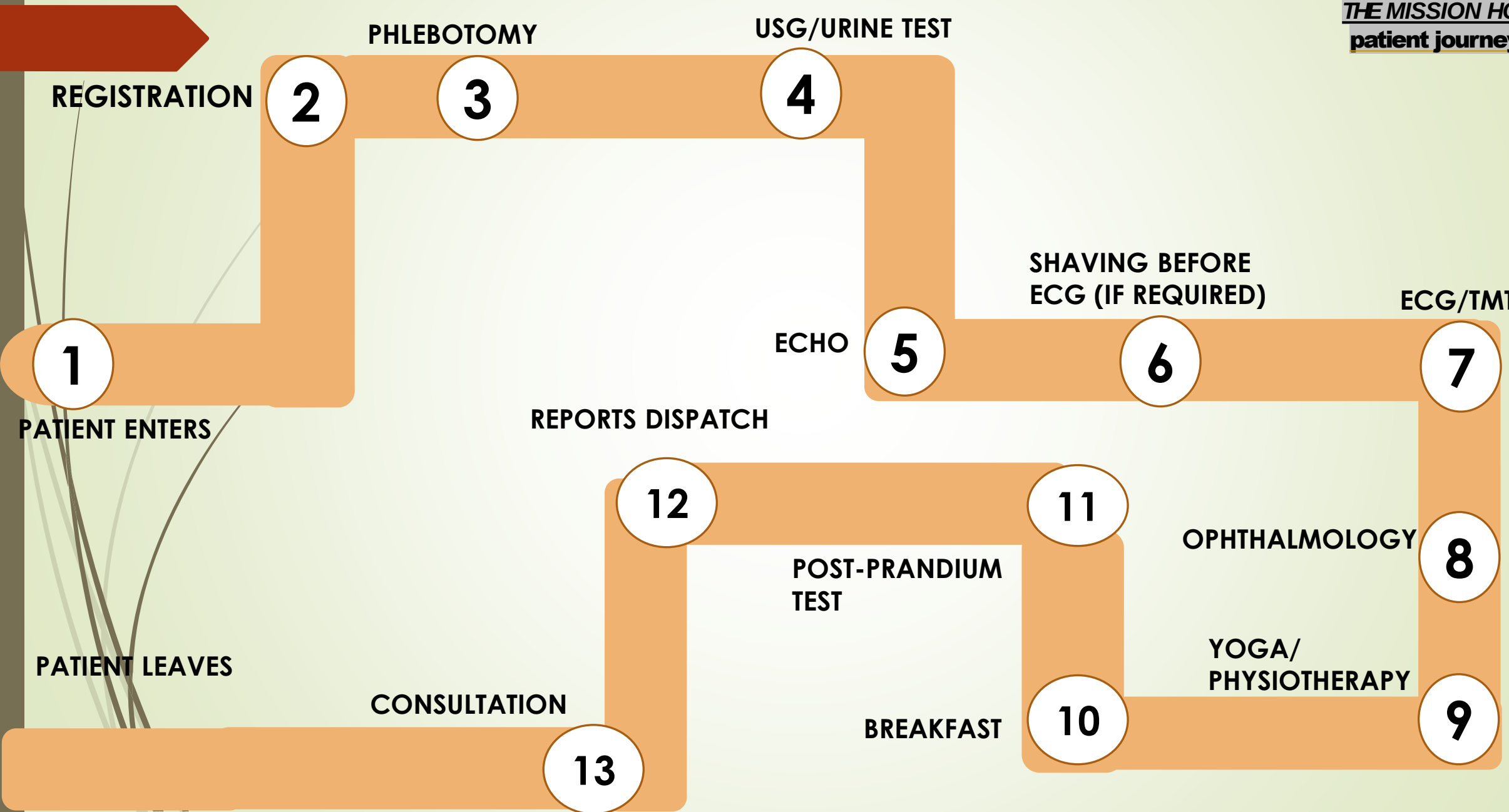
- **Patient Flow** - per day 28-30 patients
- Time slot wise
- 7am - 8 am : 10 pts
- 8am - 9:00 am: 10 pts
- 9am - 10 am: 5 pts
- 10am -11am : 2 -3 pts
- 11 am -12pm: 2-3 pts
- **Workflow** - Patient visits all the Health checkup departments.

OUTCOME

- As per the process flow, expected process time and actual service delivery time is leading to Waiting time causing Patient dissatisfaction and Reduced Patient optimization.

PROCESS FLOW MAP OF HEALTH CHECK-UP

THE MISSION HOSPITAL
patient journey map



PREDICTIVE ANALYSIS OF LAST 6 MONTHS

RESEARCH METHADOLOGY

- STUDY POPULATION:

2966 (No. of patients utilized the services provided by Health Check-up Department)

- STUDY DURATION:

180 DAYS (6 MONTHS)

- Retrospective study has been conducted on overall population.

ANALYSIS AND FINDINGS

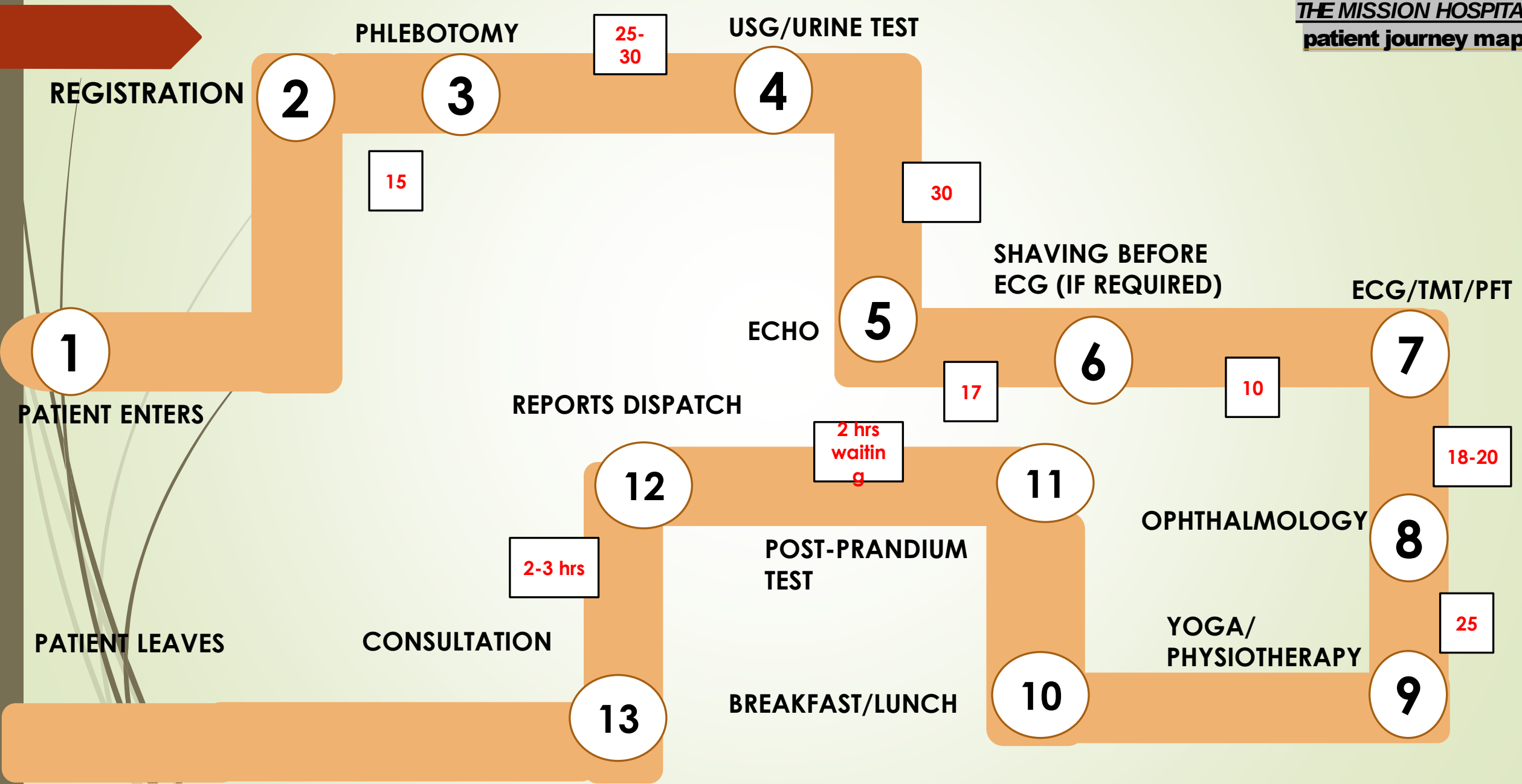
a) Time taken for the processes during Master Health Check-up.

Time related parameters are identified for the various processed through descriptive statistics and are depicted as below-

PROCESS	TIME IN HOURS
Length of stay at hospital	
Total Service Time	
Waiting Time	
Time taken for registration	
Waiting time for Doctor Consultation	

PROCESS FLOW MAP OF HEALTH CHECK-UP W.R.T. WAITING TIME

THE MISSION HOSPITAL
patient journey map



TASKS	PROCEDURES	PROCESS TIME IN MINUTES	WAITING TIME
1	Registration	5-6 minutes	15 – 20 mins
2	Phlebotomy	5-6 minutes	15 mins
3	Urine Test	4-5 minutes	15 mins
4	USG	10 minutes	25-30 mins
5	Shaving (as per requirement)	6-8 minutes	10 mins
6	ECG	15 mins	15-20 mins
7	TMT	10 mins	25-30 mins
8	Ophthalmology	15-20 mins	30-35 mins
9	Yoga/Physiotherapy	20 mins	25 mins
10	Breakfast	20 mins	10 mins
11	Post Prandium Test	4-5 mins	120 -140 mins
12	Reports Dispatch	5-10 mins	180 – 200 mins
13	Consultation	15-20 mins	20 mins

TOOLS AND METHODS USED

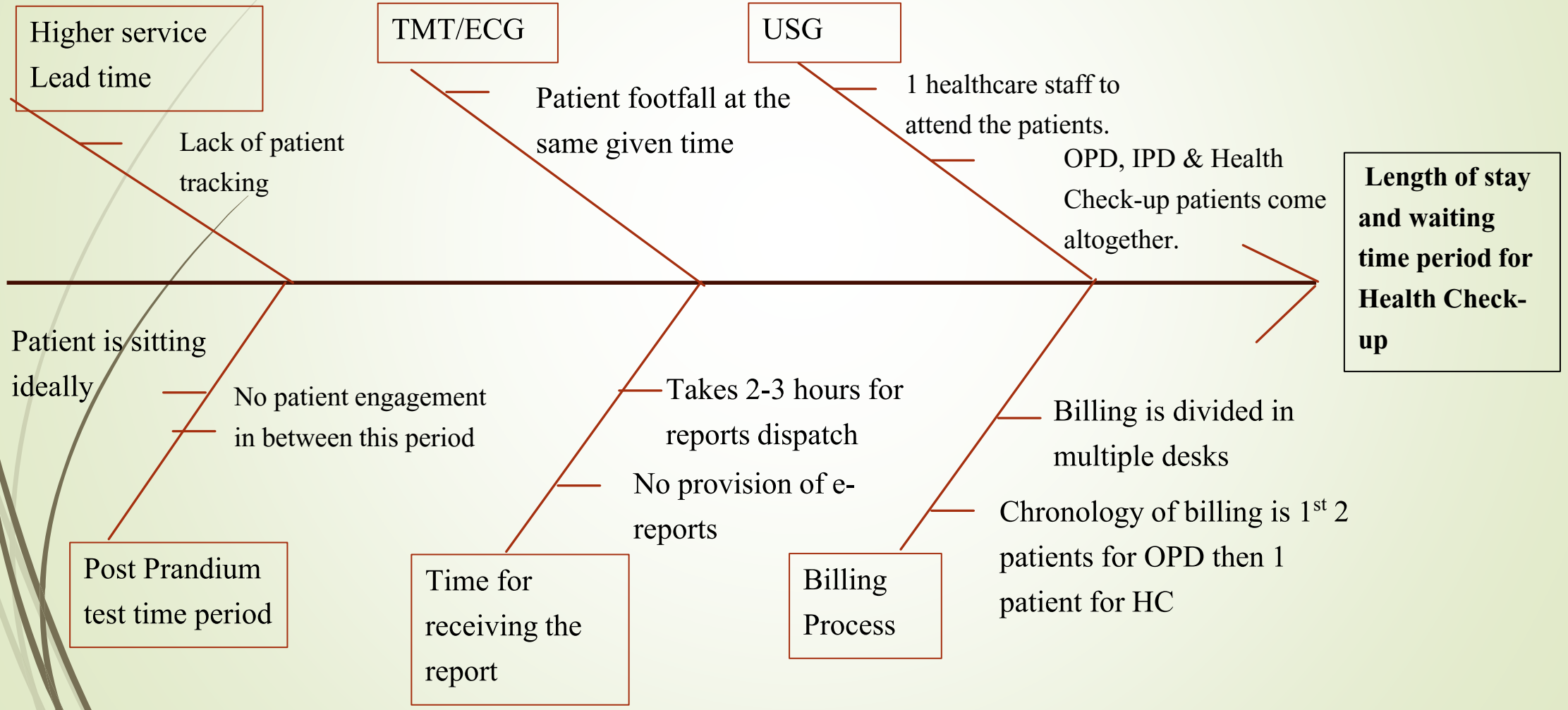
A) Root-cause analysis:

It is a structured facilitated team process to identify the root cause of an event that resulted in an undesired outcome and develop corrective actions. The process provides a way to identify breakdowns in processes and systems that contributed to the event and methods to prevent reoccurrence of such events.

B) Value Stream Mapping:

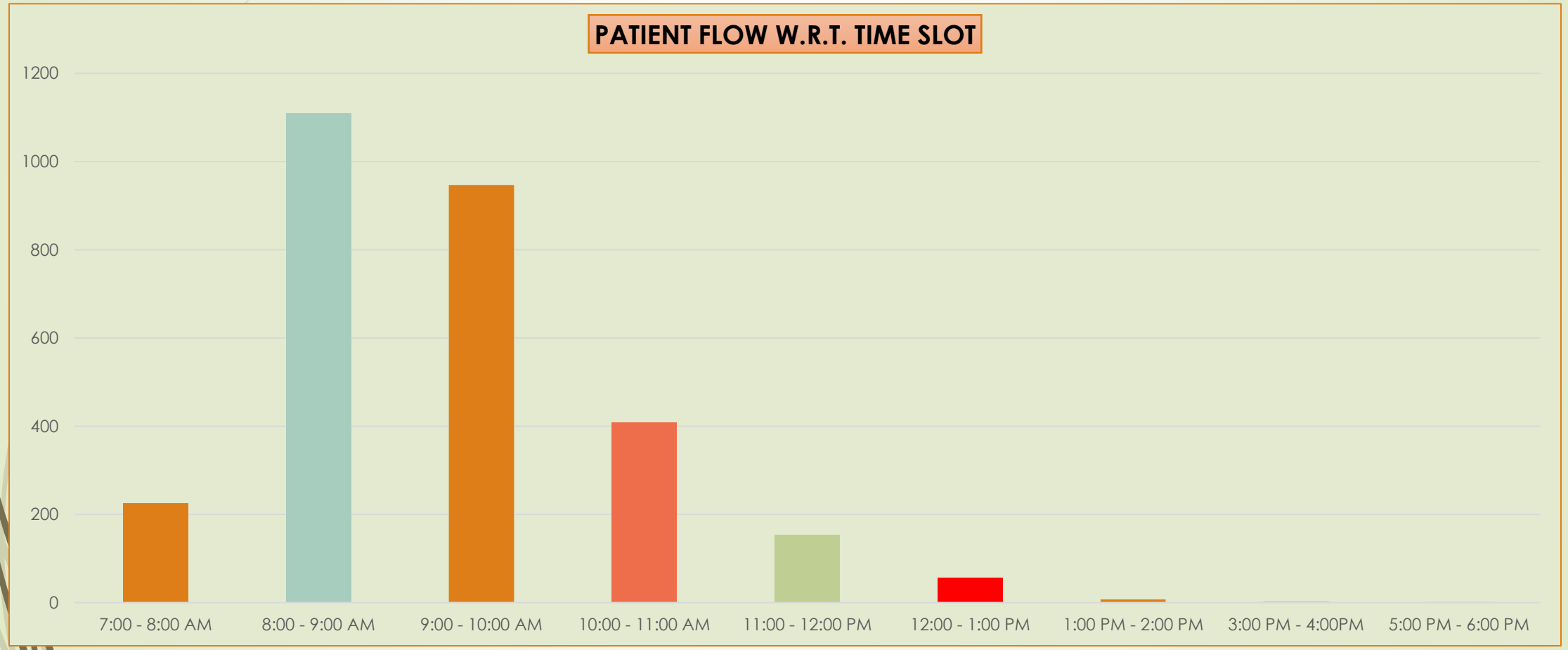
Value stream mapping is a lean management technique which focuses on understanding the current status of the events and to model a desired future state of the events in providing service to the customer with the objective of reducing the non-value added activities.

b) Root Cause Analysis



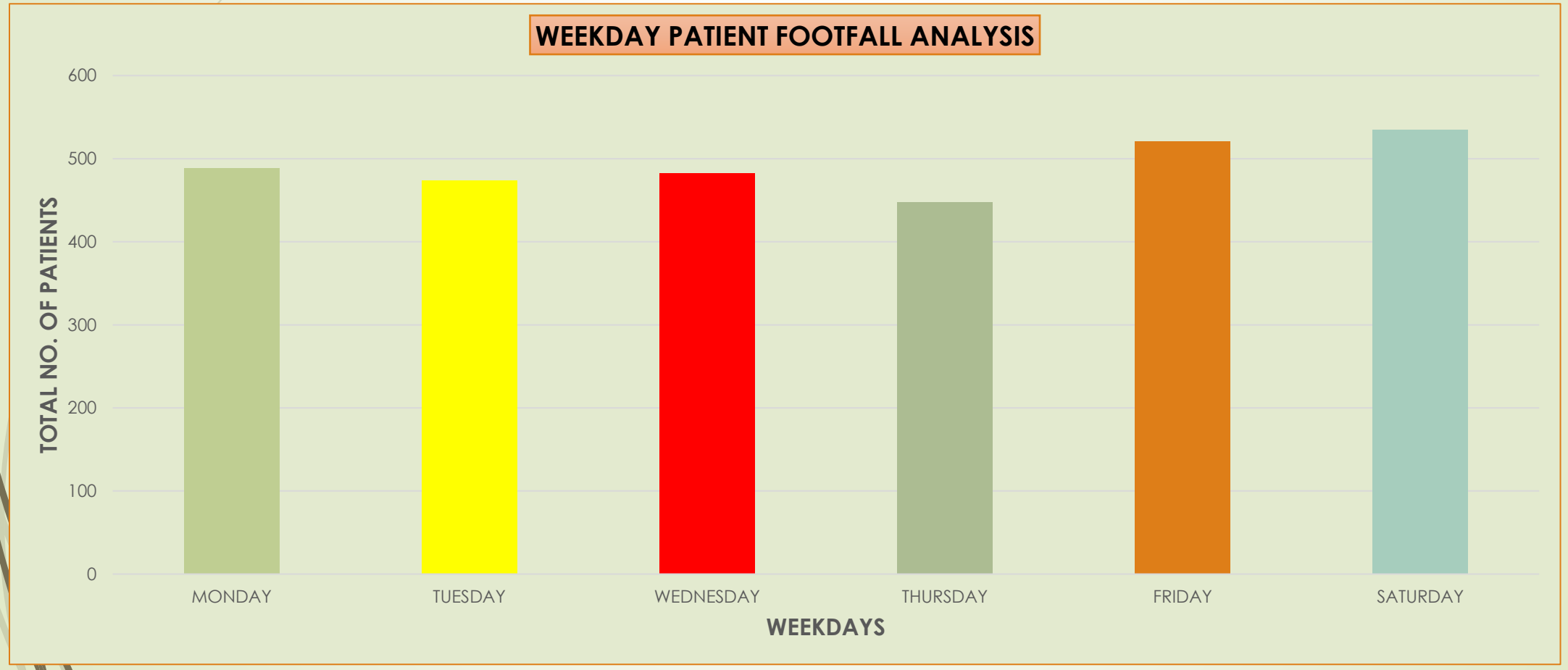
PREDICTIVE ANALYSIS OF LAST 180 DAYS

PATIENT FOOTFALL ANALYSIS AS PER TIME SLOTS



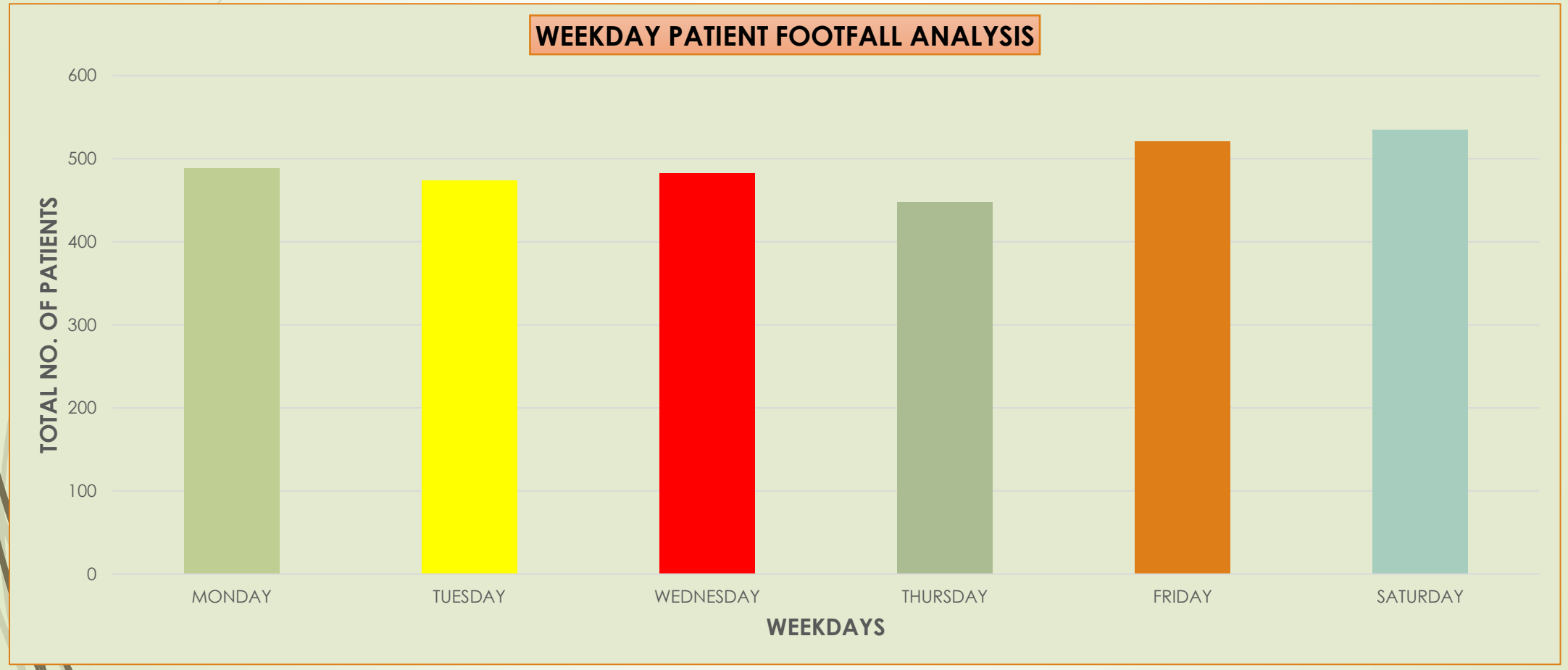
PREDICTIVE ANALYSIS OF LAST 180 DAYS

PATIENT FOOTFALL ANALYSIS AS PER WEEKDAYS



PREDICTIVE ANALYSIS OF LAST 180 DAYS

PATIENT FOOTFALL ANALYSIS AS PER WEEK DAYS



2 WEEKS PATIENT TRACKING TO IDENTIFY BOTTLENECKS LEADING TO WAITING TIME- (OBSERVATIONAL)

- The registration and billing process is time-consuming, with billing completed after OPD and IPD visits, causing patients to wait in line even if they arrive on time.
- The USG has the longest wait time due to a single room serving all OPD, IPD, and health check-up patients, resulting in delays.
- TMT faces delays and increased waiting times due to only one machine being available during peak periods.
- For yoga sessions, 2-3 patients enter together, which some patients dislike. During the 2-hour wait for the Post Prandium test, patients remain idle.
- During the 2-hour wait for the Post Prandium test, patients remain idle and are not engaged in any of the process.
- Test reports take 2-3 hours to dispatch, and only hard copies are provided, lacking time-saving digital copies.

PROBLEM STATEMENT & RECOMMENDATIONS

PROBLEM STATEMENT

1. For billing process, patients are taken together from OPD, IPD & Health check-ups.
2. USG process is taking most of time as there is one specialist looking after USG process for all OPD, IPD and Health-checkup Patients.
3. Yoga is being carried out as per the whole process system adding more time to the total service time.
4. Reports dispatch takes an ample amount of time which results in major waiting period.
5. On days of high patient footfall, consultancy time takes a major service time.

RECOMMENDATION

- Separate Billing Counter for Health Checkup is recommended to reduce the queue of the patients.
- Scheduling of Patients should in as per time slot so that in a particular slot of time, patients will be screened for USG.
- It would be better to adjust patients for yoga in the time of patients waiting for their Post Prandium test or the waiting period for the reports delivery could be utilized for Yoga training session.
- E-reports or digitally transfer of reports would save much of time of both hospital and the patient party and hence will reduce the total service delivery time.
- Consultancy framework in such a way that even if there is urgent requirement of consultant in OT, IPD or emergency, other junior consultant will do the screening so that waiting time will be reduced and patients satisfaction will also be maintained.

DIETARY SERVICES

QUALITY ASSESSMENT AS PER NABH AND MINISTRY OF HEALTH AND FAMILY WELFARE GUIDELINES

Metrics may include indicators such as nutritional status improvement, adherence to dietary guidelines, patient satisfaction with food quality and service, safety of food preparation and delivery, and efficiency of resource utilization.

IMPORTANCE

- Quality indicators are essential in assessing and maintaining the standard of dietary services within healthcare. Here's why they're important:

i. Patient Outcomes
ii. Safety
iii. Patient Satisfaction
iv. Continual Improvement
v. Compliance with Standards

FUNCTIONS

- Quality indicators serve several important functions in the context of dietary services within healthcare settings:

i. Assessment of Effectiveness
ii. Monitoring Safety
iii. Evaluation of Efficiency
iv. Enhancement of Patient Experience
v. Support for Evidence-Based Practice

MAINTENANCE

- Quality indicators for hospital dietary services typically include:
- 1. Nutritional Adequacy
- 2. Menu Variety
- 3. Food Safety
- 4. Patient Satisfaction
- 5.Timeliness
- 6. Staff Competence

PLANNING AND DESIGNING

- Planning and designing of quality indicators of dietary:

- Define the Purpose
- Identify Key Components
- Review Existing Guidelines and Recommendations
- Select Measurement Tools

QUALITY CONTROL

EQUIPMENTS

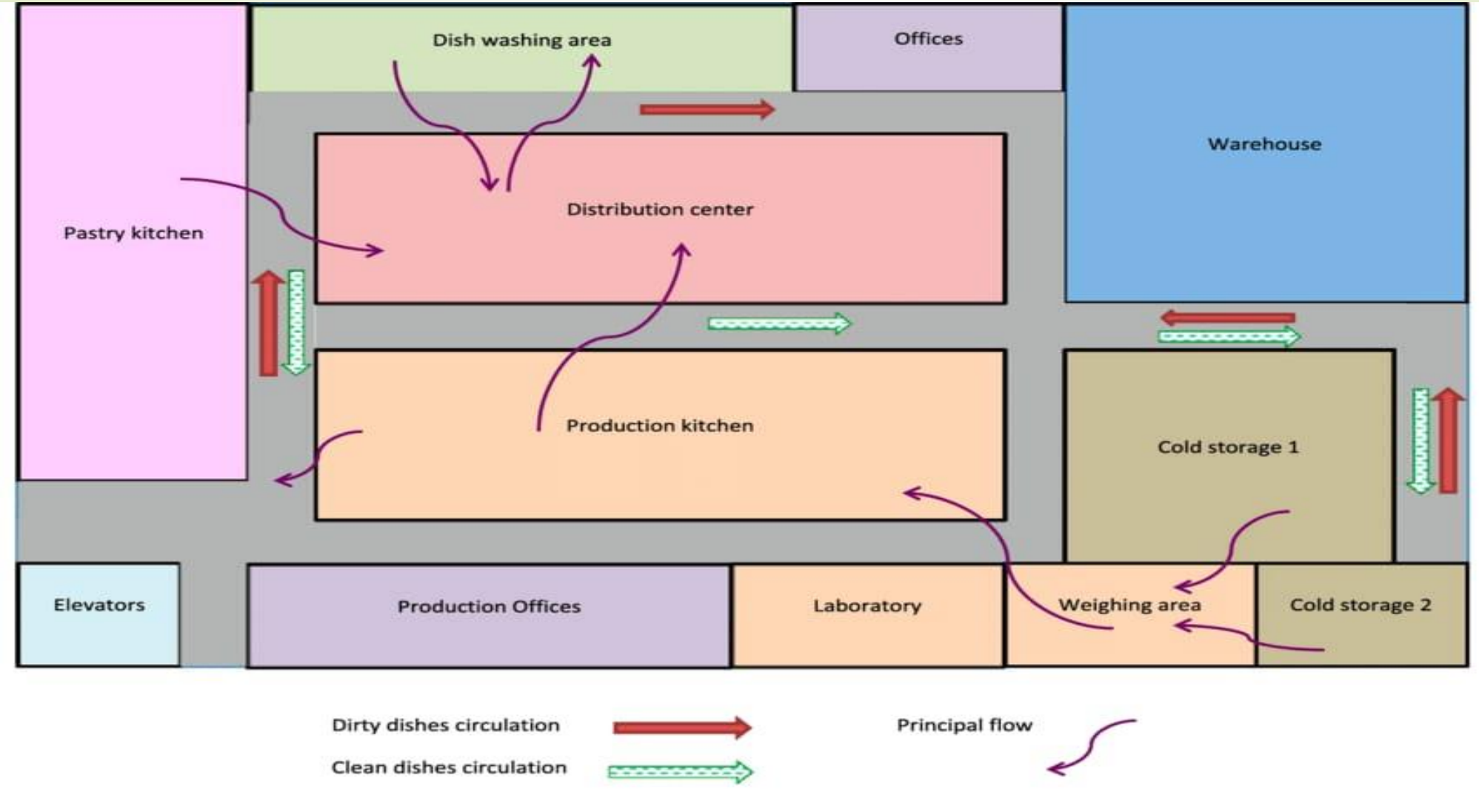
The various common equipment used:

- Microwave oven
- Gas oven
- Food processors
- Mixer and grinders
- Refrigerators and deep freezers
- meat cutter & meat mincer
- Dough kneader
- Cookers
- Cooking vessels

EQUIPMENTS

- Dish wash
- cooking range
- water cooler
- Soda maker
- Coffee maker
- Food trolleys
- Shallow fryer
- Deep fryer
- Baking ovens
- Toaster

LAYOUT OF DIETARY SERVICE



CHECKLIST USED FOR THE ASSESSMENT OF DIETARY SERVICES

SOURCE-

HANDBOOK FOR DIETARY SERVICES

QUALITY INDICATORS-

(AS PER THE GUIDELINES OF)

MINISTRY OF HEALTH AND FAMILY WELFARE

GOVERNMENT OF INDIA

Cleaning Schedule

Area	Frequency
Offices	Twice a day
Washrooms	Every 4 hourly
Stores and non – perishable stores	Twice a day
Perishable stores	Thrice a day
Core kitchen area	Morning & night and after every food preparation
Trolley and utensils	After every use
Surroundings of the kitchen	Every morning and evening
Exhaust hood and fans	Once daily

Area	Cleaning
Administrative Area	Floor should be mopped after every shift or twice a day.
	Dusting should be done on daily basis.
	Furniture, operating lights, cupboards and other equipment should be wiped weekly with detergent and cloth.
Receiving Area	Area should be cleaned after each unloading or twice a day
	After cleaning dust and other settled particles, the floor should be cleaned with a cloth dampened with detergent followed by cleaning with a clean cloth to remove any left-over detergent.
	Waste should be removed twice a day and when bags are 3/4th full
Storage Area	Perishable store should be cleaned with normal water on daily basis
	Non – perishable store should be cleaned weekly and as per the requirement with detergent dampened clothes and floor should be dried after washing.

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Area	Cleaning
Pre-preparation Area	Area should be cleaned twice a day and after every use.
	The floor should be cleaned with a cloth dampened with detergent.
Exhaust System	The exhaust hood should be cleaned daily.
Disposal of waste	Waste should be removed twice a day and when bags are 3/4th full.

Roles and Responsibilities for Kitchen

S. No.	Important checklist	Person Responsible
1	Overall In-charge of the kitchen and dietary services	Dietician/Assistant Dietician
	Taking daily rounds of wards, interaction with the admitted patients.	
	Preparing menu plan for dietary services particularly of those who have been prescribed therapeutic diet.	
	Inspect meals served for conformance to prescribed diets and standards of palatability and appearance	
	Monitor food service operations	
	Maintain and physically verify the store.	
	Address complaints relating to quality of the food or service	
	Involvement in planning and designing of kitchen and equipment	
	Member for diet-related tender committee	
	Organize training sessions for ANM/GNM on basic nutrition guidelines for healthy cooking, personal hygiene and basic aspects of food safety.	
	Study and analyze current, scientific nutritional studies to improve the quality of dietary services	
2	Supervise the work of the kitchen support staff	Cook
	Preparing food as per the dietary plan/menu given by the dietician	
	Check wastage and spoilage of food	
	Care and maintenance of the equipment	
	Ensure sanitation and cleanliness	
	Maintain safety standards, hygiene and conformance to nutrition and quality during food preparation	
	Ensure timely service of meals	
	Perform other duty assigned to him/her from time to time.	
	Perform any other duty assigned by the Head of the Department of Dietetics.	
4	Sorting and timely transportation of food trolleys respectfully to and from patient care areas as per distribution slips.	Trolley Bearers
	Carry out any other duty that may be assigned by the Head Cook from time to time	
5	Disposal of garbage as per the defined protocol	Cleaning Staff
	Cleaning, mopping and scrubbing of floors and walls	
	Thorough Cleaning of utensils	
	Stack and return the utensils to the storage area	
	Other assigned cleaning	
6	Ensuring Tender with quality check.	Hospital Manager
	Analysis and review of patient feedback.	
	Monthly review of quality indicators at District Quality Assurance Committee.	
	Co-ordinate with architect and dietician in preparing plan and operationalization of dietary services in the district.	
	Ensuring that the space allocated for kitchen & dietary services should have uninterrupted power supply and water supply.	
	Ensure timely payment.	
	Support in procurement of equipment.	
7	Assessment of existing dietary services at DH/SDH/CHC.	State Program Officer
	Planning and mapping of the district hospital for identification of site for Kitchen & dietary services.	
	Hiring up of architect for establishing kitchen & dietary services at district hospital as per the norms.	
	HR recruitment, their induction and other trainings along with performance appraisal.	

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	Perform other duty assigned to him/her from time to time.	
3	Receive, weigh/check, store and maintain record of supplies	Head Cook
	Check the bills, verify and maintain records and stock books up to date. Submit the records to the dietician every 15 days..	
	Physical Verification of the store to be done every fortnight.	
	Perform any other duty assigned by the Head of the Department of Dietetics.	
4	Sorting and timely transportation of food trolleys respectfully to and from patient care areas as per distribution slips.	Trolley Bearers
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Time	Activity done
6-7.30 am	Breakfast preparation
7.30 – 8.30 am	Breakfast distribution
9.30 –11.30 am	Preparation of lunch
11.30 am – 12.30 pm	Lunch distribution
2.30 –3.00 pm	Evening tea preparation
3.00 – 3.30 pm	Evening tea distribution
4.30 – 6.00 pm	Dinner preparation
7.30 – 8.30 pm	Dinner distribution

Cleaning starts 1 hour before breakfast preparation and is done after every meal preparation

Employees in the Room

Designation (as applicable)	Name
Dietician and assistant dietician	
Manager quality and services	
Cook	
Helper	
Others	

Cleaning Protocol

S. No.	Name of the Articles Present in the Room (in kitchen number of utensils need not be mentioned.)	Number	Frequency of Cleaning	Material Used to Clean	Person Responsible
	Utensils for cooking				
	Utensils for serving food				
	Trolley and utensils for carrying food				

Performance Chart

S. No.	Indicators	Previous month	Current month
1	Number of dinner (night meal) served in the month/[indoor admissions (mid night count)- number of new admissions] × 100		
2	Number of special diets in the month /Total no of diets provided in the month × 100		
3	Number of patients from whom feedback was taken on quality of food /total number of In-patients × 100		
4	Number of food sample not approved by dietician/ total meals prepared × 100		
5	Number of external supervisory visits (other than hospital functionaries) taken in month		
6	Number of internal supervisory visits (other than dietary department) taken in month		
7	Number of supervisory visits in which staff was not found to be wearing cap, mask and apron.		
8	Percentage of staff vaccinated against enteric diseases in last 6 months.		
9	Percentage of staff medically examined in the last 6 months.		
10	Number of pest control undertaken in last 6 months.		
11	Water testing frequency		
12	Equipment up-time		

Section A: Structure

Checkpoints	Yes	No	Comments (Mention Which is Not Present in the Facility)
1. Availability of signage's- Restricted area signage, storage area, cooking area, etc.			
2. The facility displays: 2.1. Updated duty roster 2.2. Standard operating procedures 2.3. Comprehensive diet list containing type of diet 2.4. FSSAI License/Registration Number at food premises and place Food Safety Display Boards (FSDBs)			
3. Receiving area with accessibility to main road of hospital where unloading of trucks can be done without any hindrance to the in-patients. Check the location for any objectionable odour, smoke, dust & other contaminants			
4. The facility has a layout and demarcated areas as per the functions 4.1. Administrative Area 4.2. Receiving & Storage Area 4.3. Preparation, Distribution and Washing Area			
5. The facility ensures safe, comfortable environment and essential infrastructural components 5.1. The Non-structural components in the facility are properly secured(cupboard,cabinets and hanging objects). 5.2. Floor and walls of the facility are hard having smooth, easy to clean surface but not slippery. There should be good slope for water to get out of outlet drainpipe. 5.3. Windows & other openings are free from accumulated dirt, those which open are fitted with insect-proof screen. 5.4. The facility has 24*7 supply of water and electricity (with 2-tierbackupwithUPS)			
5.5. Good illumination in food preparation and processing area. (The light of 400-750 lux is generally recommended) 5.6. Functioning of Exhaust hoods, exhaust fans, make-up air units, and packaged rooftop HVAC (Heating Ventilation Air Conditioning) units 5.7. Pipe connection of cooking gases, solar water heating system 5.8. Efficient drainage system			
6. Security arrangements (Security personnel, CCTV, etc.)			
7. Complaint box is available/ display of toll-free number or 104 for GRS call center			
8. Availability of Food trolley			

Section B: Process

Checkpoints	Yes	No	Comments (Mention Which is Not Present in the Facility)
1. Kitchen service is available as per the schedule mentioned in the guidelines			
2. There is a defined procedure before entering the main Kitchen area 2.1. Changing of external footwear 2.2. Changing of clothes and wearing uniforms 2.3. Washing hands 2.4. No jewelry/watch should be worn in hands by the cook or service staff when on duty.			
3. Immunization and Regular Screening of the Staff for any disease			
4. Random check provided by Dietician on taste and quality of food being served to the patients			
5. Dietary plan by the dietician to be documented in the IP case file of patient			
6. Segregation of different category of waste as per guidelines			
7. There is a procedure for disinfection of: 7.1 General items and equipment 7.2 Disposable items			
8. There is an established procedure for documentation and reporting of various activities on daily basis of the following: 8.1. Each procedure as per SOP 8.2. Each cycle should be done 8.3. Maintenance and functionality of Utensils (including Trolley, Exhaust hood and fans) 8.4. Stock maintenance for the consumables 8.5. Daily cleaning of the utensils as per the cleaning schedule 8.6. Pest control activities			
9. Monthly review of quality indicators at District Quality Assurance Committee			
10. Nutritional assessment of patient done as required and directed by the doctor			
11. There is procedure to monitor the quality and adequacy of outsourced services regularly			

Section C: Outcome

	CHECKPOINTS	COMMENTS
1	Diet prepared for the number of patients per day	
2	Special diet prepared for the number of patients per day	
3	Monthly review of quality indicators	
4	Number of rounds by the Dietician in the ward per day	
5	Number of the trained staff out total staff	

TEMPERATURE

Nevertheless, high-risk foods need to be kept below 5 degrees C (41 °F).

Fruit and vegetables should be kept below 7 degrees C (45 °F) as is the case when displayed.

Frozen foods need to be kept at -12 degrees C (10 °F).

However, colder temperatures up to -20 °C (-4 °F) will allow you to keep food for up to six months.

ANALYSIS BASED ON DATA TAKEN

- STUDY DURATION:

8 WEEKS (15 April – 15 June)

- Real time monitoring through checklist.

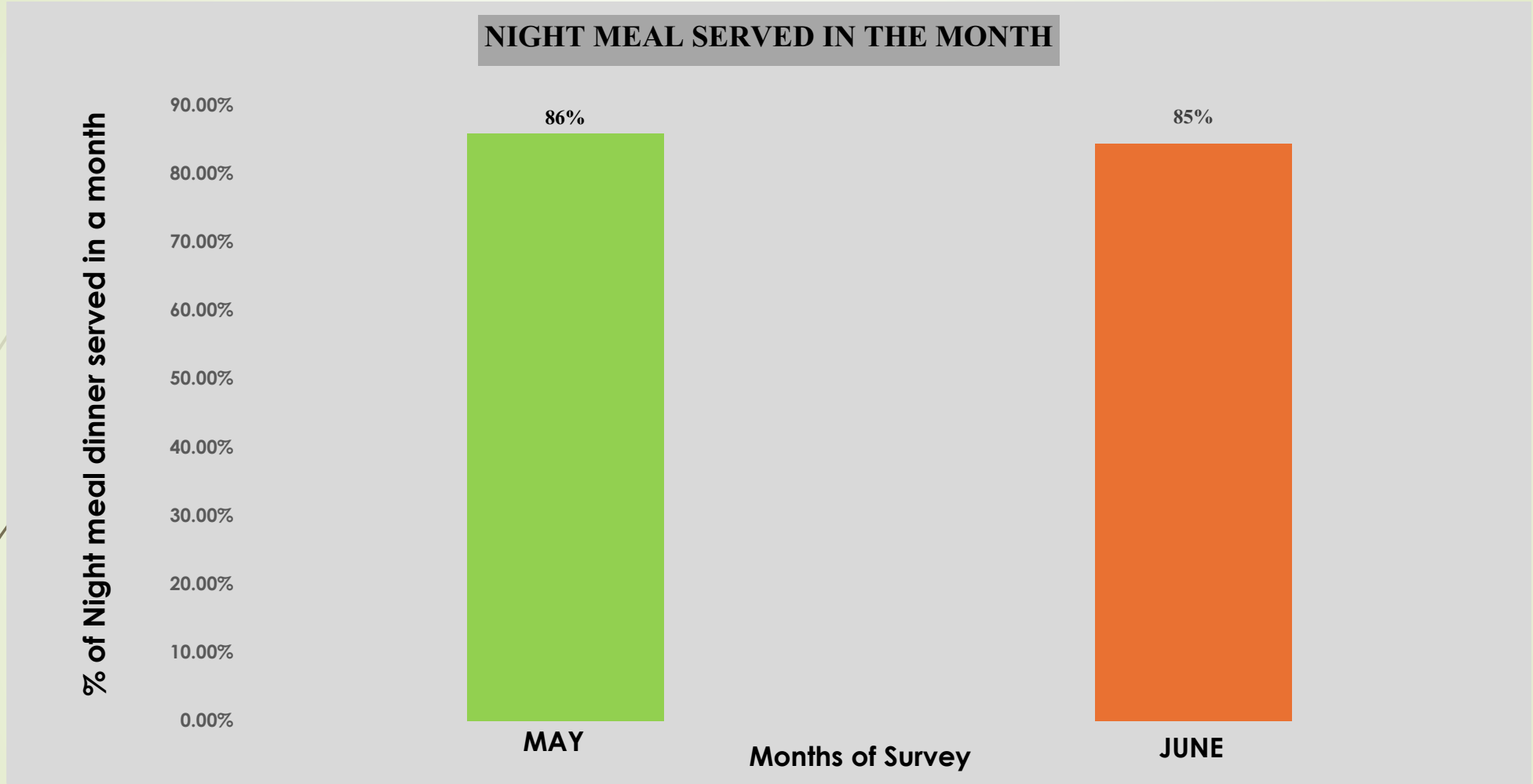
- SAMPLE SIZE:

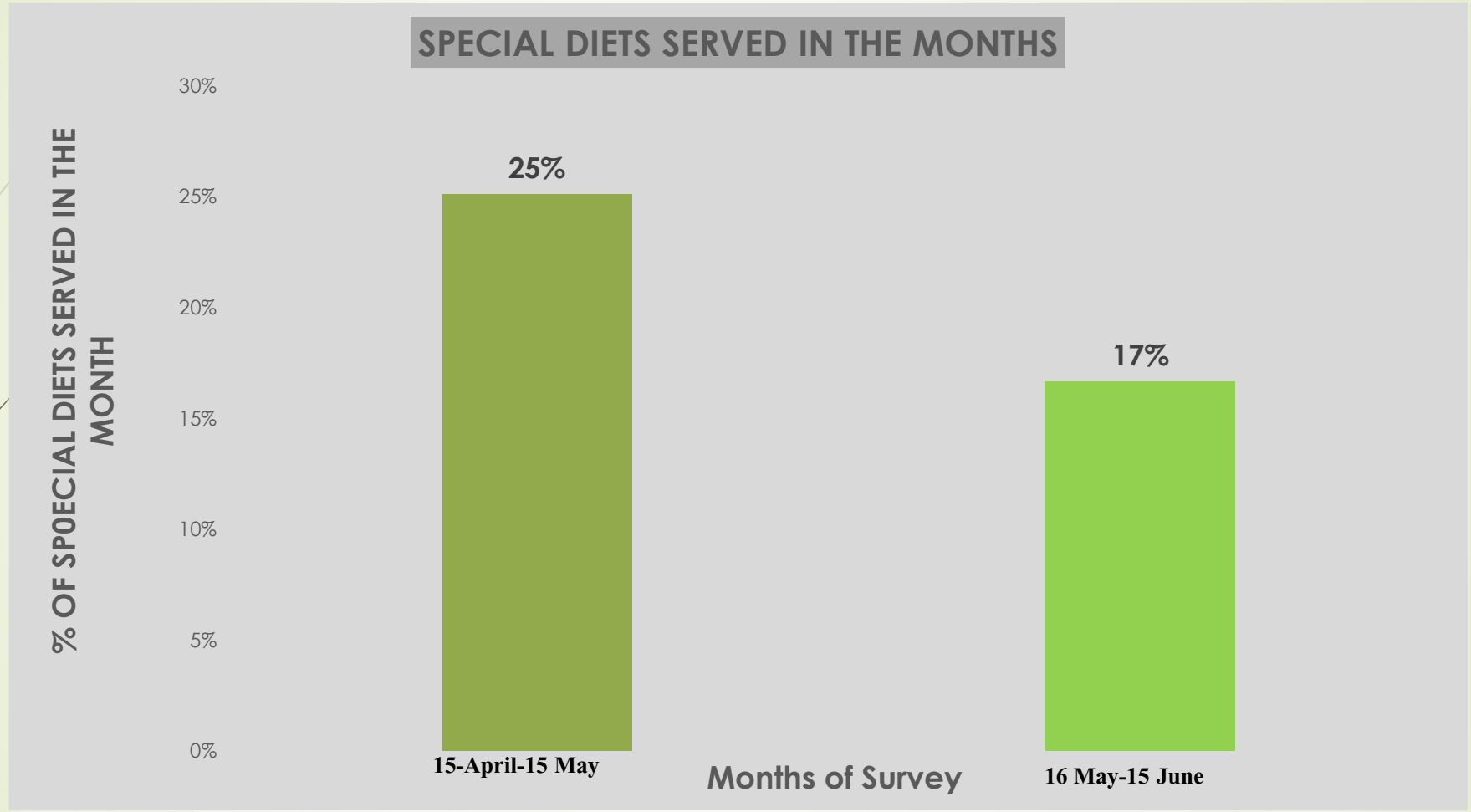
60 (IPD Patients)

- SOURCE OF CHECKLIST:

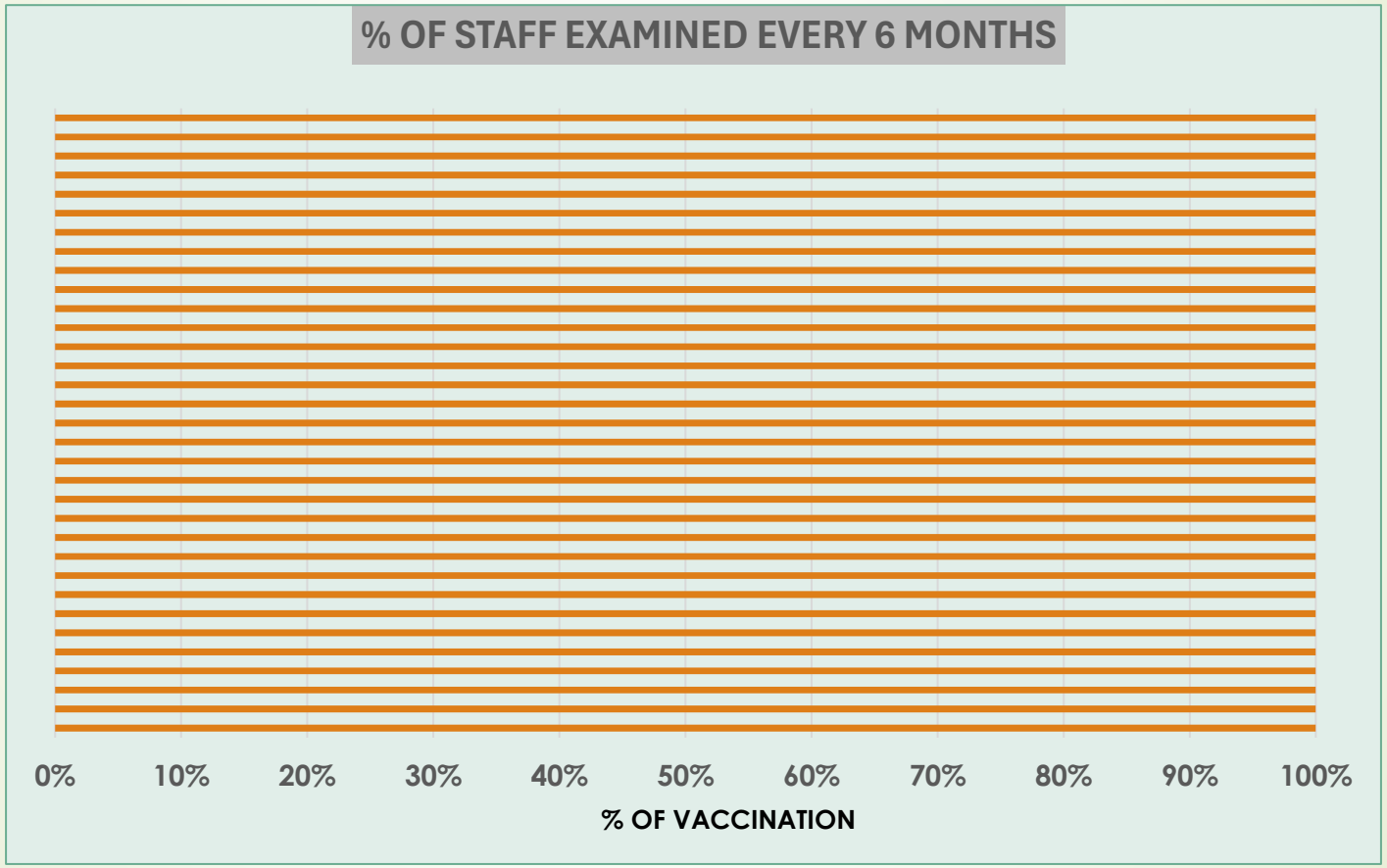
Handbook for dietary services - quality indicators- Ministry of Health and Family welfare.

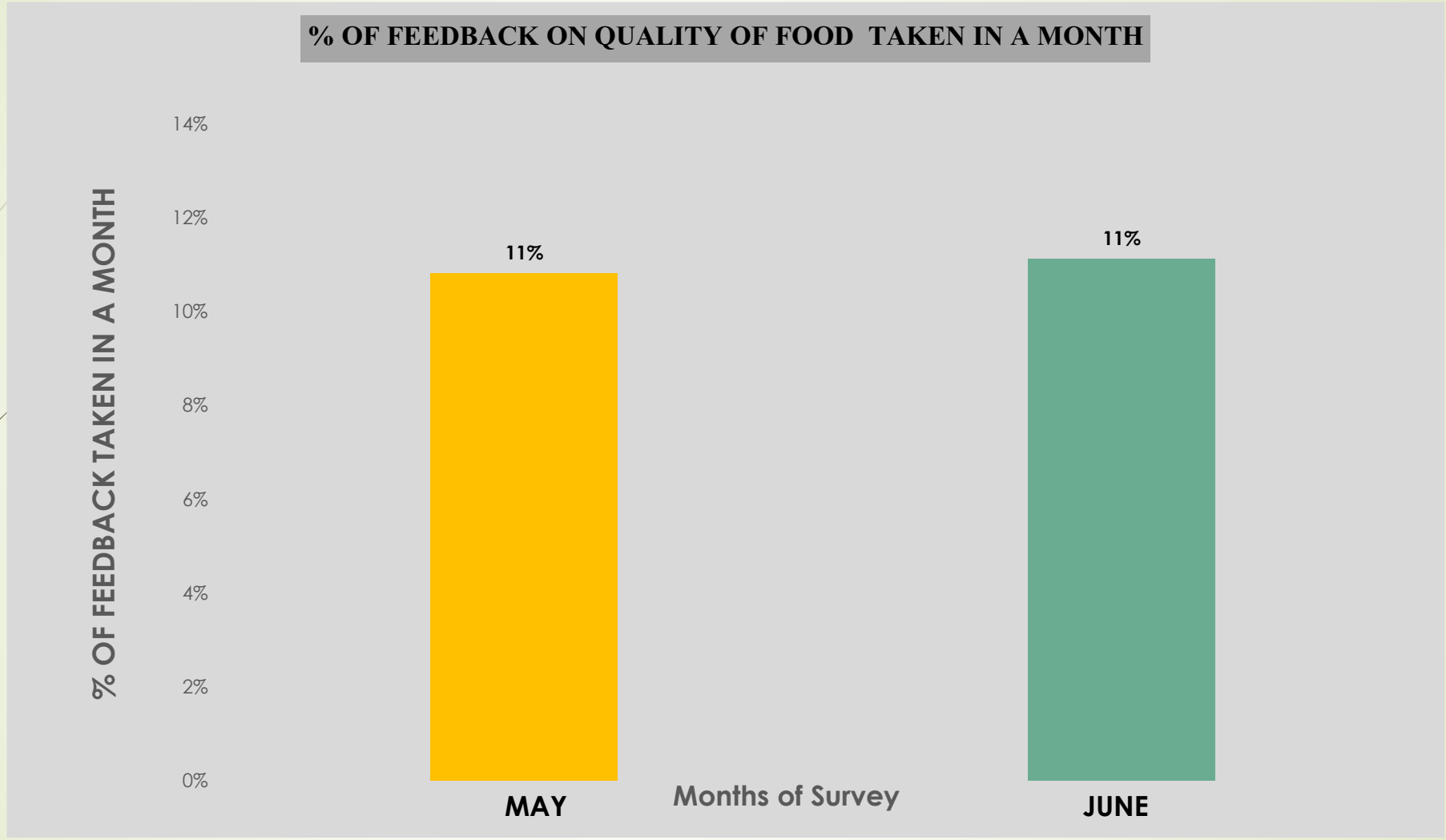
ANALYSIS QUALITATIVE & QUANTITATIVE

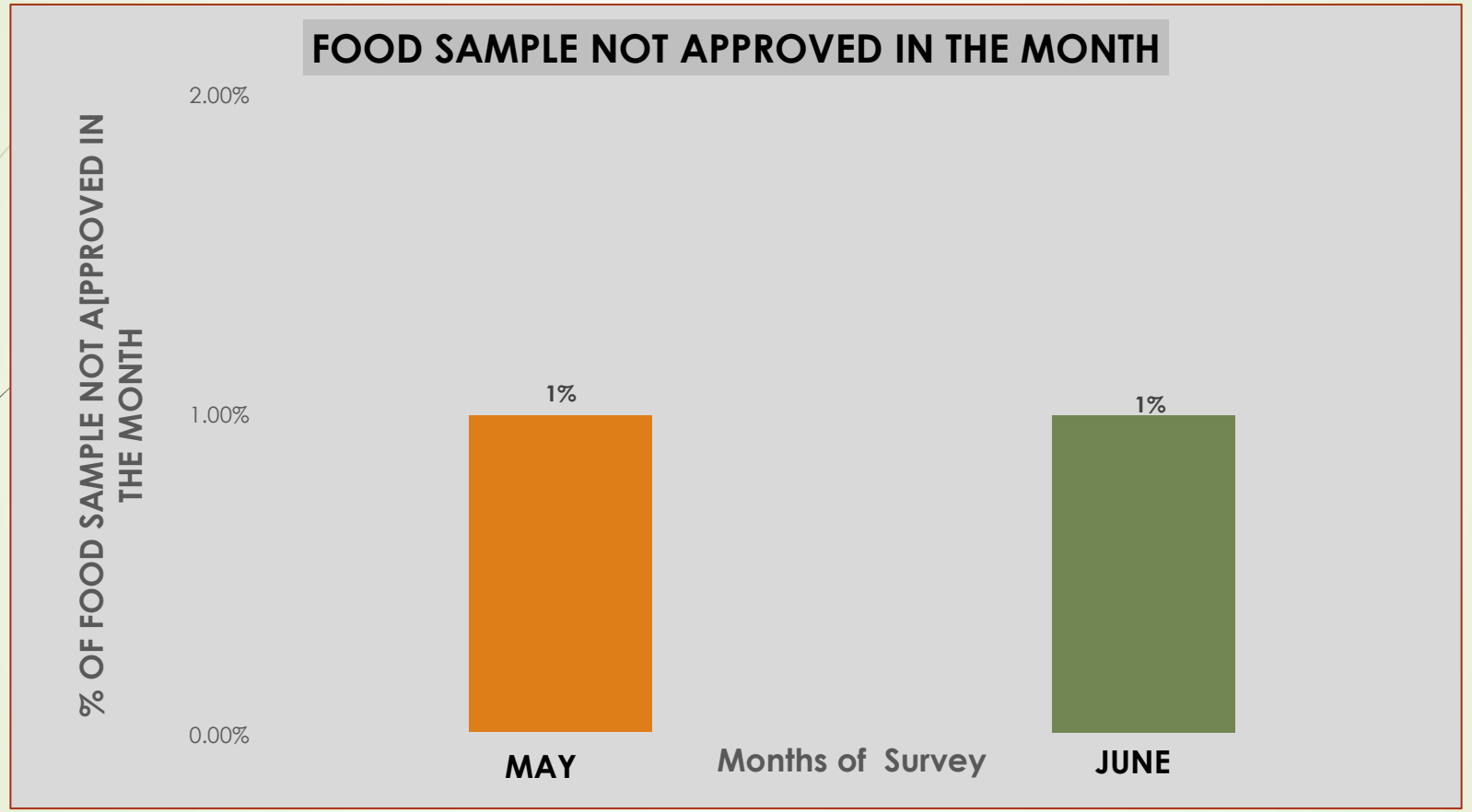

NIGHT MEAL SERVED IN THE MONTH
% of Night meal dinner served in a month
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
86%
85%
MAY
JUNE
Months of Survey


SPECIAL DIETS SERVED IN THE MONTHS
% OF SPOECIAL DIETS SERVED IN THE MONTH
30%
25%
20%
15%
10%
5%
0%
25%
17%
15-April-15 May
Months of Survey
16 May-15 June

QUANTITATIVE ANALYSIS	
Number of rounds by the Dietician in the ward per day	4 TIMES
Number of the trained staff out total staff	9/18 including trainee


% OF STAFF EXAMINED EVERY 6 MONTHS
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
% OF VACCINATION


% OF FEEDBACK ON QUALITY OF FOOD TAKEN IN A MONTH
% OF FEEDBACK TAKEN IN A MONTH
14%
12%
10%
8%
6%
4%
2%
0%
11%
11%
MAY
Months of Survey
JUNE

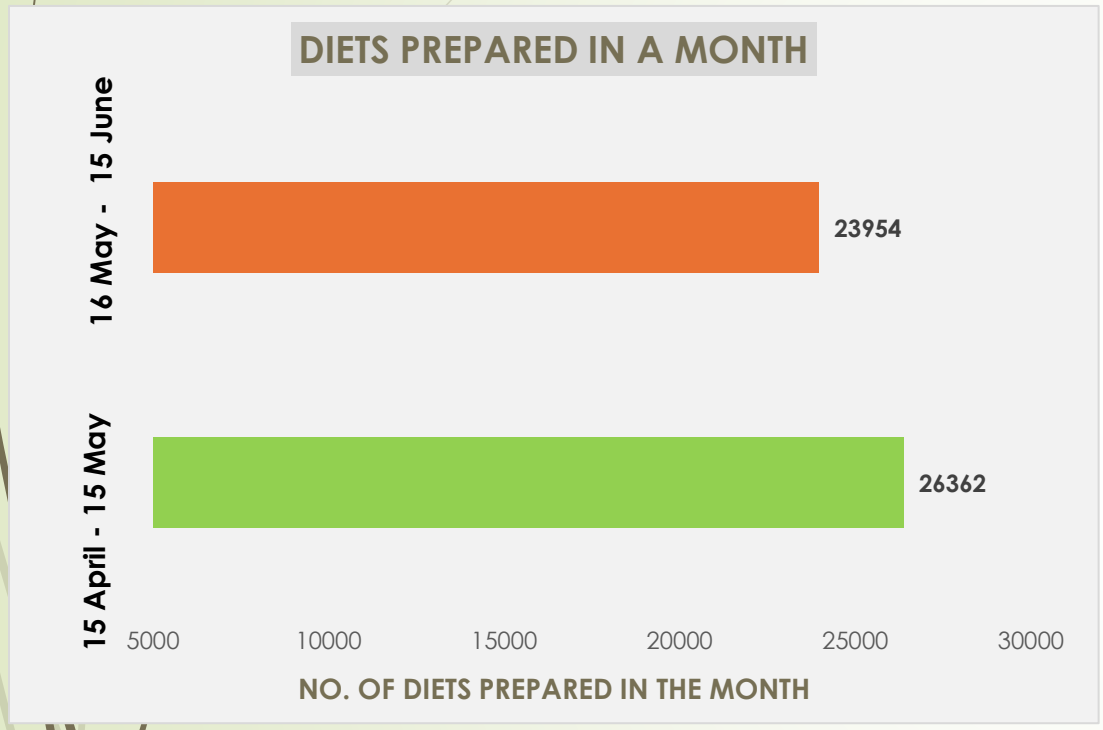

FOOD SAMPLE NOT APPROVED IN THE MONTH
% OF FOOD SAMPLE NOT A[PPROVED IN THE MONTH
2.00%
1.00%
0.00%
1%
1%
MAY
Months of Survey
JUNE

	YES	AVERAGELY POOR	NO
COLOR CODING			
Availability of signage's- Restricted area signage, storage area, cooking area, etc.			
Updated duty roster			
Standard operating procedures			
Comprehensive diet list containing type of diet			
dust and other contaminants			
The facility ensures safe, comfortable environment and essential infrastructural components			
The facility ensures safe, comfortable environment and essential infrastructural components			
Windows & other openings are free from accumulated dirt, those which open are fitted with insect-proof screen.			
Pipe connection of cooking gases, solar water heating system			
Efficient drainage System			
Security arrangements (Security personnel, CCTV, etc.)			
Availability of Food trolley			
Kitchen service is available as per the schedule mentioned in the guidelines			
Changing of external footwear			
Changing of clothes and wearing uniforms			
Washing hands			
No jewelry/watch should be worn in hands by the cook or service staff when on duty.			
Immunization and Regular Screening of the Staff for any disease			

There is an established procedure for documentation and reporting of various activities on daily basis of the following:			
Each procedure as per SOP			
Maintenance and functionality of Utensils (including Trolley, Exhaust hood and fans)			
Stock maintenance for the consumables			
Daily cleaning of the utensils as per the cleaning schedule			
Pest control activities			

Nutritional assessment of patient done as required and directed by the doctor			
Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients			
Monthly review of quality indicators			

Random check provided by Dietician on taste and quality of food being served to the patients			
Dietary plan by the dietician to be documented in the IP case file of patient			
General items and equipment			
Disposable items			


DIETS PREPARED IN A MONTH
16 May - 15 June
15 April - 15 May
23954
26362
5000
10000
15000
20000
25000
30000
NO. OF DIETS PREPARED IN THE MONTH


SPECIAL DIETS PREPARED IN THE MONTH
16 May - 15 June
15 April - 15 May
3951
4928
0
1000
2000
3000
4000
5000
6000
NO. OF SPECIAL DIETS PREPARED IN THE MONTH

CONCLUSION

- Healthy eating habits are essential for maintaining good health and preventing chronic diseases. Developing healthy eating habits requires making small changes to your diet and lifestyle over time. A proper dietary plan provides adequate nutrition and strength to overcome the morbidities which a patient is suffering from. This is one of the most important and major part of dietary services of any hospital.

RECOMMENDATIONS FOR DIETARY SERVICES

1) According to the checkpoints provided by the Ministry of Health and Family Welfare recommendations, it is advised that the Dietary Department's structural elements be improved. To give patients the best care possible, this entails making sure the department's facilities, resources, and infrastructure are up to standard.

1) It is advised to implement a reliable system that allows to routinely get input on the food's quality from a significant number of patients and employees. By using this input, we can make sure that the dietary services continuously satisfy the needs and expectations of all parties involved and pinpoint areas that require improvement.

The comprehensive assessment of both the Health Checkup and Dietary Departments at Mission Hospital, Durgapur, underscores the crucial role of adherence to NABH standards and the guidelines provided by the Ministry of Health & Family Welfare in ensuring high-quality patient care. The Health Checkup Department revealed specific bottlenecks and delays primarily due to communication gaps and resource constraints, affecting patient flow from arrival to departure.

Despite a strong foundation in maintaining care standards, there is significant potential for enhancing operational efficiency. By implementing targeted interventions such as improved scheduling systems, better communication protocols, and enhanced staffing, and the use of digital platform to store and distribute data in the department can reduce waiting times and hence boost patient satisfaction.

Meanwhile, the Dietary Department demonstrated good adherence to dietary protocols, with patient satisfaction scores reflecting the effectiveness of its nutritional care. However, areas needing improvement were identified, particularly regarding infrastructural requirements such as the layout system for the efficient workflow and the necessity for more effective operational plans and follow-up mechanisms.

THANK YOU

INTRODUCTION

This study focuses on assessing the quality of care provided at Mission Hospital, Durgapur, specifically within the Health Checkup Department and Dietetics department.

Due to inefficient processes, inadequate staffing, and improper patient flow management can not only affect patient satisfaction but also compromise the timely diagnosis and management of health issues. By pinpointing areas that meet or fall short of NABH standards and identifying gaps that cause delays in the Health Checkup Department, can implement targeted interventions to enhance patient care, staff practices, and overall departmental effectiveness.

The Dietetics Department plays a crucial role in patient recovery and overall health management by providing tailored nutritional advice and interventions. Challenges in this department include maintaining up-to-date dietary protocols, ensuring individualized patient care, and effectively communicating with other healthcare providers. Assessing the quality of care in this department against guidelines provided by Health of Ministry and Family Welfare will highlight areas for improvement in dietary services, which is vital for enhancing patient outcomes and promoting optimal health.