Quality Assurance in Certified and Non-Certified Primary Health centres: A Comparative Study

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment forth award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management/Pharmaceutical Management/Development Management

by

Dr Sneha Sharma

Under the Supervision and Guidance of

Dr Seema Mehta

2023

Appendix D: Declaration by Student

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **Quality Assurance in Certified and Non-Certified Primary Health centres: A Comparative Study** is the Bonafede record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)
Dr Sneha Sharma
Date:

Appendix E: Completion Certification

CERTIFICATE

This is to certify that **Dr Sneha Sharma** in partial fulfilment of the requirements for the award of the degree of MBA Health Management) from the IIHMR University, Jaipur has successfully completed her/his internship at NHM RAJASTHAN, JAIPUR during March 15-June 14, 2023.

Appendix F: Certificate from Faculty Guide and School Dean

CERTIFICATE

This is to certify that dissertation titled **Quality Assurance in Certified and Non-Certified Primary Health centres: A Comparative Study** is a record of the research work undertaken by **Dr Sneha Sharma** in partial fulfilment of the requirements for the award of the degree of MBA (Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Dr Seema Mehta
IIHMR University, Jaipur
Date

School Dean
IIHMR University, Jaipur
Date

ABBREVIATIONS

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

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

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

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

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Quality Assurance in Certified and Non-Certified Primary Health centres: A Comparative Study

Abstract

This study compares certified and non-certified Primary Health Centres in terms of IPD and OPD services. It employs a mixed-methods approach, combining quantitative data analysis with qualitative interviews of patients, staff, and healthcare professionals in Rajasthan's PHCs over a three-month period. The study examines the quality assurance practices in certified and non-certified PHCs to evaluate the effects of certification on healthcare service delivery. Findings indicate that certified PHCs adhere to accepted standards and regulations, whereas non-certified PHCs develop their own internal protocols based on local regulations or professional recommendations. Certified facilities maintain comprehensive documentation and conduct regular audits to ensure accuracy, while non-certified facilities have less standardized documentation procedures. Certified PHCs prioritize continuous quality improvement through tracking, analysis, and assessment of quality indicators, along with initiatives for enhancing care quality. Non-certified facilities also engage in quality improvement but in a less systematic and formalized manner. The study concludes that certified PHCs generally exhibit higher levels of quality assurance due to better infrastructure, trained healthcare professionals, resources, and a stronger commitment to continuous improvement, leading to enhanced patient safety, improved service delivery, and increased trust. Non-certified centres face challenges such as variable quality of care, increased error risks, and reduced patient confidence due to the absence of formal quality assurance protocols.

Chapter 1. Introduction

Quality assurance plays a vital role in ensuring the delivery of effective healthcare services. This study aims to compare the factors influencing quality assurance in certified and non-certified primary health centres (PHCs) in the state of Rajasthan, India. The study of differences in quality assurance practices, organizational factors, and resource availability between certified and non-certified PHCs, highlighting the impact on healthcare service delivery.

A mixed-methods approach was immersed to collect data from a sample of certified and non-certified PHCs in different PHCs of Rajasthan. Quantitative data were obtained through interviews and focus on group discussions. According to Findings indicate that certified PHCs shows higher compliance with quality assurance standards compared to non-certified PHCs. The formal certification processes and regular audits in certified PHCs contributes to a higher level of quality assurance. Additionally, certified PHCs describe greater adherence, standardized protocols, monitoring mechanisms, and clinical guidelines.

The study identified many key factors effect quality assurance in both certified and non-certified PHCs. These factors include infrastructure, availability of essential drugs and equipment, organizational culture, leadership commitment, human resource capacity, patient satisfaction, and community engagement. While certified PHCs had better performance in these areas as compared to non-certified PHCs faced challenges related to staff shortages, inadequate infrastructure, and limited resources.

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 PHCs. Moreover, addressing resource gaps, enhancing staff capacity, and improving infrastructure can help enhance quality assurance practices in non-certified PHCs.

This study provides valuable insights into the factors affecting quality assurance in certified and non-certified PHCs in Rajasthan. It contributes to literature on healthcare quality assurance and recommendations for improving the quality of healthcare services of PHCs.

The aim of Quality Assurance in PHC is to ensure that care delivered in PHCs settings meets predetermined standards of quality, effectiveness, patient safety. It involves different activities aimed at assessing and improving the performance and outcomes of healthcare providers, facilities, and systems of PHCs framework.

1.1 Difference Between Certified PHCs and Non- Certified PHCs

Certified PHCs

Certified PHC refers to the certification of a PHCs facility that meets certain standards and criteria set by a recognized certifying organisation. PHC is an overall approach to healthcare that focuses on providing essential health services to individuals and communities with an importance on prevention, health promotion and community participation.

Generally, the certification process involves an evaluation of various aspects, including infrastructure, the facility's, equipment, staffing levels, clinical practices, management systems, patient safety protocols, and adherence to relevant regulations and guidelines.

A PHC facility or organisation may choose to become certified after undergoing an evaluation and assessment to see if it satisfies certain requirements for quality. the certification process run by NGOs and the government. The goal of certification is to guarantee that PHC providers give their patients high-quality treatment and services.

Non- Certified PHCs

Non-Certified PHC, refers to a public health facility that does not possess official certification from regulatory body.

Non-certified PHCs face many challenges in ensuring quality assurance due to limited resources and infrastructure. Delays in diagnosis, treatment, referral, and patient outcomes may result from insufficient resources. Inadequate infrastructure makes it difficult to implement infection prevention strategies or restricts access to vital services. Insufficient staffing levels can lead to increased workload, hampered patient safety, and staff fatigue.

1.3 Parameters for Quality Check of Certified and Non-Certified PHCs

Infrastructure- This metric evaluates the PHC's physical assets, including its access to clean water, electricity, sanitary facilities, and adequate medicine and medical supply storage. Additionally, the general upkeep and cleanliness of the property are examined.

Staffing and Human Resources: This department assesses the quantity and quality of healthcare workers at the PHC, including physicians, nurses, chemists, and other support personnel. To ensuring there are enough healthcare practitioners to meet the needs of the community, it includes verifying their credentials, certificates, and the staff-to-patient ratio.

Focus is placed on the PHC's capacity for self-monitoring and self-evaluation of performance and results. In order to pinpoint areas for measuring advancement, improvement, and ensuring the delivery of high-quality healthcare services, data must be collected, analysed, and used.

Essential Medicines and Supplies- to assess the availability and safe keeping of necessary drugs, shots, and medical supplies at the PHC. It guarantees that the PHC has a enough supply of necessary medications and supplies and that they are well-managed, securely stored, and routinely restocked.

Clinical Service- Focus should be placed on the standard of clinical treatment offered at the PHC. It involves evaluating the accessibility of diagnostic and laboratory services, compliance with clinical protocols and recommendations, infection control practises, and the provision of healthcare services for both preventive and therapeutic purposes.

Patient Satisfaction and Feedback- should consider the comments and levels of satisfaction of patients who have visited the PHC. To evaluate patient experiences, wait times, staff behaviours, and the overall calibre of care offered, surveys or interviews with patients are conducted.

Documentation and Record Keeping: The upkeep of accurate and thorough patient records, including medical histories, treatment schedules, and follow-up paperwork, is assessed. In order to support continuity of treatment and the tracking of patient outcomes, it makes sure that suitable documentation procedures are followed.

Promotion and Health Education: To evaluate the PHC's initiatives to spread preventive healthcare practises throughout the population and offer health education. It consists of initiatives including public health seminars, awareness campaigns, and community outreach initiatives.

Chapter 2 LITERATURE REVIEWS

S.no	Title	Author(s)/ Year	Description
1.	Comparative analysis of quality assurance in health care delivery and higher medical education	JO Busari · 2012	To achieve quality in higher medical education and health care delivery, an institution must have a clear focus. This suggests that predetermined, trustworthy, and pertinent indicators should be used to assess the quality of services offered, and that distinct organisational structures should be in place to support QA model creation and continual development.
2.	Primary health Centers' performance assessment measures in developing countries: review of the empirical literature	R Bangalore Sathyananda · 2018	The measures in the articles were more constrained in scope than the WHO framework because they did not include all PHC service components. Therefore, system components and pertinent measurements of human performance outside of procedure knowledge should be included in PHC performance assessment. Concise measures for overlooked components need to be created, and existing measures for PHC performance assessment in underdeveloped countries need to be verified.
3.	The health service coverage of quality-certified primary health care units in Metro-Manila, the Philippines	AR Catacutan · 2006	The findings and analysis of the current study, in contrast to earlier research, indicate that the Sentrong Sigla Movement has not improved the procedures necessary to get better results. The potential contributing factors are discussed, and suggestions for improvement are made.
4.	Primary Health Care Quality Assessment Frameworks: State of the Art	R Rezapour · 2022	The current analysis emphasises significant QDs and QIs in PHC and demonstrates similarities and differences amongst PHCQAFs. Additionally, it gives health authorities a convenient option to address important quality issues that can aid nations in accelerating advances in the quality of PHC.

Overall, the analysis of the literature offers a thorough grasp of quality control in healthcare and primary health care facilities. It highlights the challenges, limitations, and areas for improvement in both certified and non-certified settings. The review also identifies gaps in current research and offers recommendations for future studies and the enhancement of quality assurance practices in primary health care.

2.1 Definition of Quality Assurance in Healthcare

Assurance of High Standards PHC is a term used to describe a methodical and ongoing process for assessing, monitoring, and improving the standard of healthcare services delivered in primary care settings. When a person or community initially engages the healthcare system, PHC refers to a variety of fundamental health treatments that are available to everyone.

2.2 Importance of Quality Assurance in Primary Health Centres

Quality assurance enclosed a range of activities, including monitoring, evaluation, and continuous improvement of healthcare processes and outcomes. In the context of certified and non-certified PHCs in Rajasthan, several factors can affect the quality assurance practices. Let's talk about the significance of PHC quality assurance and various variables that could affect it in both certified and non-certified facilities.

Importance of Quality Assurance in Primary Health Centres-

Patient Safety- To guarantee that healthcare services are delivered in a safe setting, quality assurance assists in identifying and mitigating threats to patient safety. It entails actions like infection prevention, pharmaceutical safety, and adherence to accepted clinical standards..

Service Effectiveness- Quality control makes sure that the services provided at PHCs are efficient and supported by research. To increase the efficiency of healthcare interventions, it entails tracking treatment outcomes, evaluating performance indicators, and promoting best practises.

Patient Satisfaction- By guaranteeing prompt access to care, kind and considerate treatment, and good patient communication, quality assurance seeks to increase patient satisfaction. It includes tools for getting patient input, dealing with issues, and enhancing the overall patient experience.

Continuity of Care- Coordinated and ongoing patient care is the main emphasis of quality assurance. To provide smooth transitions and complete treatment for patients, it entails developing efficient referral systems, follow-up mechanisms, and care coordination across various healthcare providers.

Resource Optimization- Quality control helps PHCs use their assets, including as staff, facilities, and medical supplies, to the fullest extent possible. Quality assurance can improve resource allocation and cost-effectiveness in the provision of healthcare by detecting inefficiencies and putting into practise evidence-based practises.

2.3 Factors Affecting Quality Assurance in Certified and Non-Certified PHCs:

Regulatory Compliance- Certified PHCs are subject to regulatory frameworks and accreditation standards that guide quality assurance practices. Non-certified PHCs may lack a formal regulatory framework, leading to variations in quality assurance practices.

Training and Education- Certified PHCs often receive specialized training and capacity-building programs on quality assurance. Non-certified PHCs have limited access to such training opportunities, resulting in gaps in knowledge and skills related to quality assurance.

Infrastructure and Resources- Certified PHCs have better infrastructure, medical equipment, and access to essential resources, facilitating quality assurance activities. Non-certified PHCs,

especially those in resource-constrained settings, face challenges in maintaining adequate infrastructure and resources for quality assurance.

Monitoring and Evaluation Systems- Certified PHCs have strong monitoring and evaluation systems in place to track performance indicators and identify areas for improvement. Non-certified PHCs have lack structured monitoring mechanisms, making it challenging to assess and address quality assurance issues effectively.

Standardization of Processes- Certified PHCs often adhere to standardized protocols and guidelines for healthcare delivery, promoting consistency and quality. In non-certified PHCs variations in processes and practices may occur due to the absence of standardized guidelines, potentially affecting quality assurance.

1.4 Certified Primary Health Centres

To become certified for the National Quality Assurance Standards in a PHC in Rajasthan, here is a general overview of the steps involved:

Familiarize with NQAS: Obtain a thorough understanding of the NQAS framework, guidelines, and requirements. Review the NQAS manual and related documents to understand the quality standards and assessment criteria.

Prepare documentation: Collect and organize all the necessary documents required for the certification process, include administrative records, infrastructure details, equipment inventory, staffing details, training records, policies, and standard operating procedures.

Training: Provide training to the staff members on the NQAS, quality improvement methods, and the importance of complying with the standards. To help build their capacity and enable them to contribute effectively to the certification process.

Quality improvement initiatives: Implement quality improvement initiatives within PHC to address any identified gaps or areas of improvement. This involve enhancing infrastructure, streamlining processes, strengthening infection control measures, improving patient care, and enhancing documentation systems.

External assessment visit: During the assessment visit, the team will evaluate PHC against the NQAS standards. They will review your documentation, conduct interviews with staff members, observe overall quality of care provided.

Certification: PHC will receive certification for adhering to the National Quality Assurance Standards if it satisfies all the NQAS requirements. This certification shows a dedication to offering top-notch healthcare services.

2.4 Factors Affecting Quality Assurance in Primary Health Centres.

Numerous factors affect primary health clinics' quality assurance. The following are some significant variables that can impact quality control in primary health centres:

Staffing and Training- To providing quality assurance, it is essential that qualified healthcare professionals, such as doctors, nurses, and support workers, are readily available. Healthcare services can be delivered effectively and efficiently by a team that is well-trained and sufficiently staffed.

Infrastructure and Resources- The provision of high-quality healthcare services depends on the availability of suitable infrastructure, medical equipment, and basic supplies such drugs, lab facilities, and diagnostic instruments. The provision of the best care may be hampered by inadequate infrastructure and resource constraints.

Guidelines and Protocols- For guaranteeing standardised and reliable care delivery, evidence-based guidelines and protocols are essential. Making informed decisions and administering the proper therapies is made easier by clear guidelines, which improves quality control.

Monitoring and Evaluation- To identify gaps, evaluate performance, and ensure quality improvement, healthcare services must be frequently monitored and analysed. This involves assessing clinical outcomes, patient satisfaction, adherence to the procedure, and other relevant indicators.

Health Information Systems- Quality assurance is aided by effective health information systems, which include data management and electronic medical records. These technologies make it easier for healthcare professionals to monitor and enhance the quality of care through precise documentation, data analysis, and reporting.

Accreditation- Enforcing quality standards and ensuring compliance with regulations and guidelines is made easier by a robust regulatory framework and accreditation procedures. Programmes for accreditation offer external validation and acknowledgement of quality assurance activities.

Continuous Quality Improvement- For PHC, it is crucial to emphasise a culture of ongoing quality improvement. Continuous quality improvement is facilitated by soliciting feedback,

carrying out regular audits, putting remedial measures into place, and fostering a learning atmosphere.

Financial Resources- Initiatives for quality assurance must be supported by enough financial resources. To provide high-quality care, infrastructure, training, staffing, and other resources must be invested in.

Chapter 3: Methodology

3.1: Research Question:

3.1.1 What are the quality assurance practices of certified and non-certified PHC.

3.2: Research Objective:

- To compare the Certified and Non-certified PHC's with reference to KPI
- To analyse the quality assurance practices of the certified & Non-certified PHCs.
- To identify factors affecting the quality assurance practices.

3.2 Material & Methods

3.3.1 Study Design: Descriptive study

3.3.2 Type of data-primary and secondary data

3.3.3 Primary Data was collected by observations; facility rounds and interviews of the key personnel involved Using Checklist Which Was Based KPI Namely

KPI INDICATORS:

1. OPD Indicators.
2. Percentage of delivary conduct out of expected
3. Percentage of delivery conducted in Night.
4. Percentage of High-Risk pregnancy cases referred to FR
5. Percentage of clint accepting limitation of long-term contraception Method of Contraception.
6. Drop Out rate of Penta Vaccination
7. Percentage of Women Stayed For 48 HRS After Normal Delivary
8. IUCD Rejection Rate
9. Percentage of Anaemia cases treated Successfully.
10. Percentage of Deliveries having Partograph Recorded
11. Percentage of DOT cases completed successfully

12. Patient Satisfaction (IPD)
13. Patient satisfaction score (OPD)

Secondary data was collected by reviewing health records, hospital reports, registers, and other related documents PHCs provided by NHM Rajasthan.

3.3.4 Location Of Study: Hingonia PHC, Badhal PHC and NHM Rajasthan, Jaipur.

3.3.5 Duration Of Study: Study is 3 months from 15th March 2023 to 14th June 2023.

Fig 1. Hingonia PHC Rajasthan (Certified)

Fig. 2 Badhal PHC (Non- Certified)

1.4 Scope and Limitation OF STUDY:

- Primary health centres specifically focus on primary health centres as the primary healthcare units in the region. These centres are crucial in delivering basic healthcare services to the local population.

Limitations:

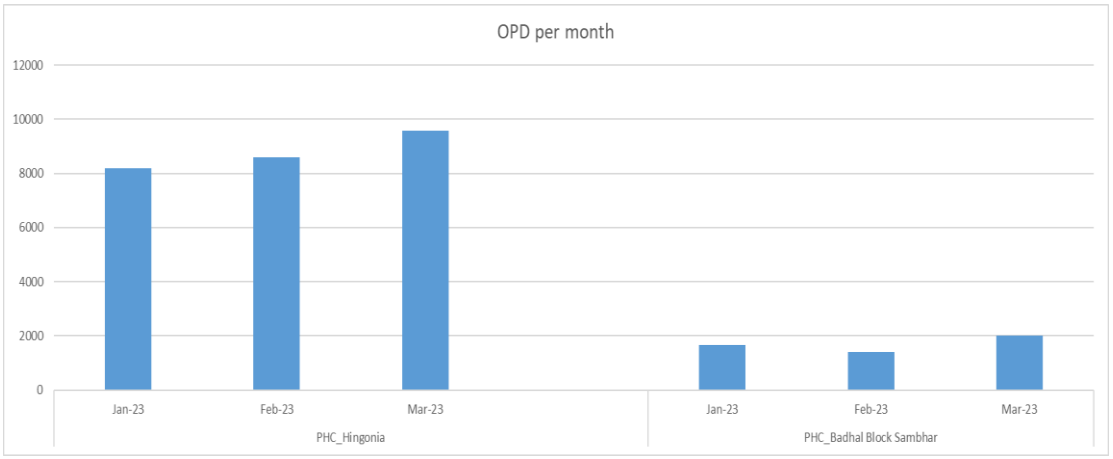
- Generalisabilities - Findings of the study are specific to the context of Rajasthan and directly not applicable to PHCs in other regions, socio-cultural and demographic characteristics of Rajasthan are limiting the generalizability of the study's results.
- Sample size- The study's findings based on a limited number (2) of PHCs in Rajasthan, depending on the available resources and time constraints.

Chapter 4: Results and Discussion

Comparison OF the Certified and Non-certified PHC's with reference to KPI

OPD per Month:

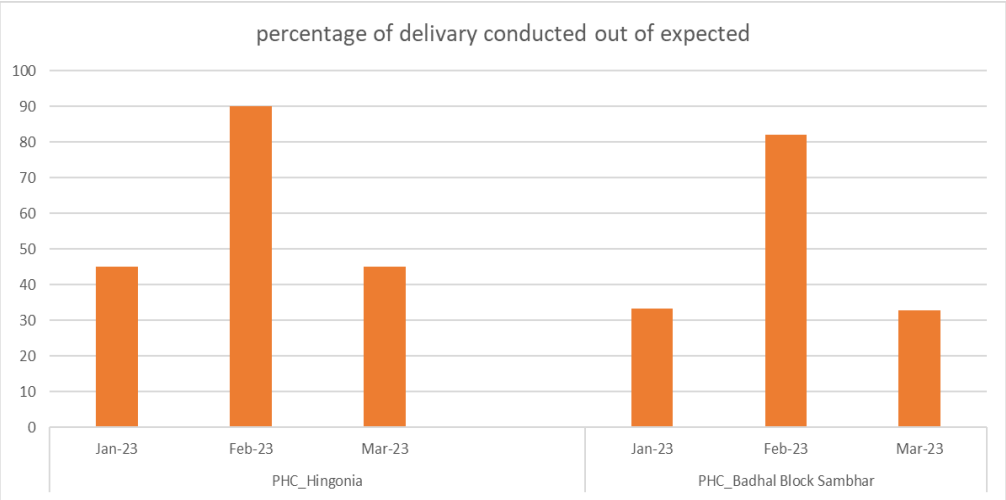
1. Hingonia is certified PHC whereas Badhal in non-certified PHC, OPD per month in Higonia PHC is higher than Badhal PHC, The difference in the OPD (Outpatient Department) performance between Hingonia PHC & Badhal PHCs can vary based on several factors, such as resources, infrastructure, staffing, quality of care, and patient demand. Hingonia PHCs are typically expected to meet certain quality standards in terms of infrastructure, medical equipment, hygiene, and service delivery. This may contribute to a higher level of patient satisfaction and increased patient flow in certified PHCs, Referral System of Hingonia PHC was better connected to higher-level healthcare facilities and have established referral systems in place. This can result in a higher number of referrals from non-certified PHCs or other healthcare providers, leading to increased patient visits at certified PHCs.



Patients Load

2. Percentage of delivary conduct out of expected:

Patients and communities may have greater confidence in Hingonia PHC as compaire to badhal PHC due to their recognition and compliance with standards. This trust can influence patients' preferences and lead to higher attendance at certified PHCs.

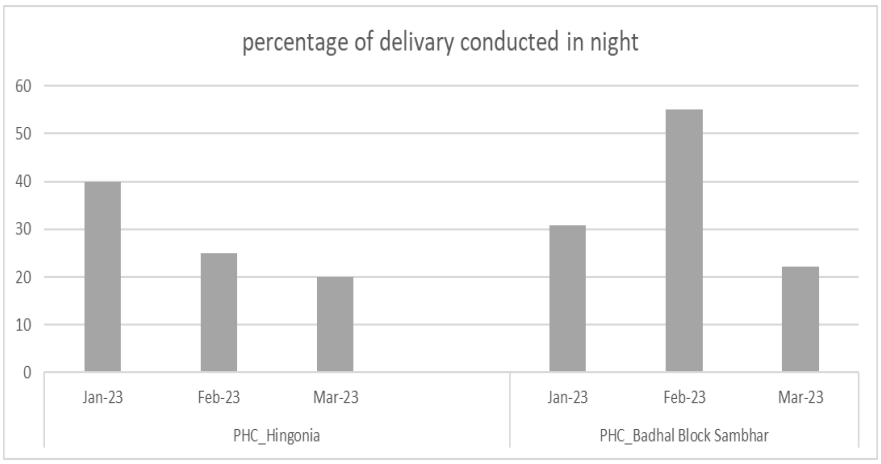


Delivery Performed

3. Percentage of delivery conducted in Night:

Hingonia PHC typically adhere to higher standards of care and are equipped to handle a variety of medical emergencies, including night-time deliveries. These centres often have trained medical personnel, including doctors, nurses, and midwives, who are available 24/7 to provide obstetric care. They have the necessary infrastructure, equipment, and supplies to manage deliveries during the night. If complications arise beyond the capacity of the PHC, a referral system may be in place to transfer the mother and/or new-born to a higher-level facility.

Badhal PHC have limitations in terms of resources, staffing, and infrastructure. The availability of services and delivery conduct at night in badhal PHC can vary significantly depending on the specific facility, due to Limited staffing the presence of medical personnel may be limited during night-time hours, and the level of training and expertise may vary and complications beyond its capability, the mother and/or new-born may need to be referred to a certified facility.



Delivery performed

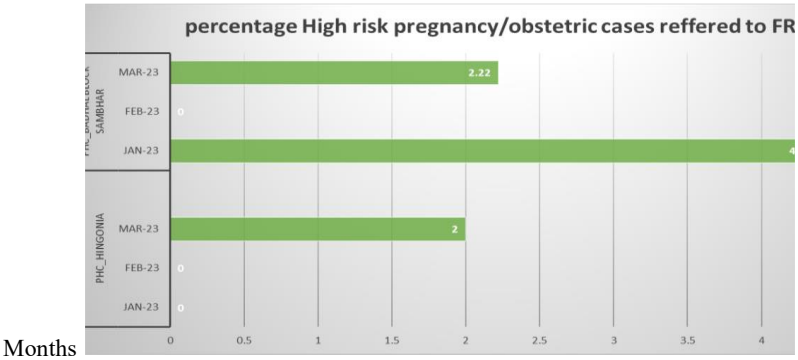
Months

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

In many healthcare systems, the identification of high-risk pregnancy involve the collaboration of PHCs and specialized facilities like a Maternal-Fatal Medicine (MFM) unit or a high-risk pregnancy unit at a certified healthcare facility.

The specific percentage of high-risk pregnancy cases referred to Hingonia PHC versus Badhal PHC can vary depending on several factors, including the healthcare system, Doctor, Nursing staff and the availability of resources. In general, high-risk pregnancy cases that are identified or suspected during routine prenatal care at a PHC may be referred to a certified facility or MFM unit for further assessment, monitoring, and specialized care.

The actual referral percentages can vary widely and depend on factors like the expertise available at the PHC, the level of risk associated with the pregnancy, and they have specific protocols and guidelines followed by PHCs.



Months

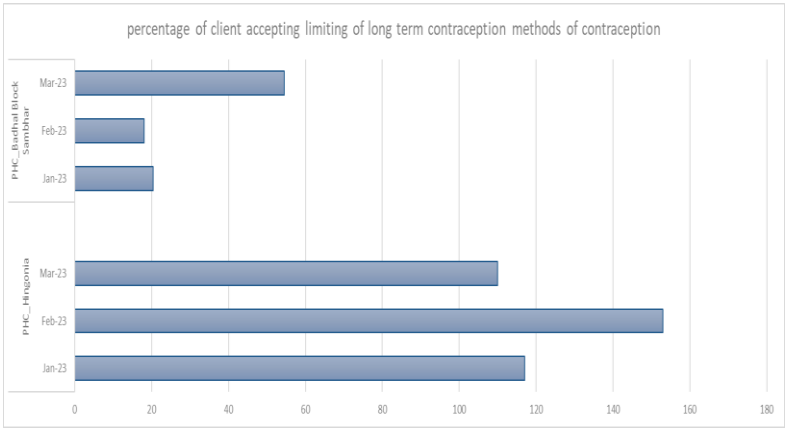
Delivery performed.

5. Percentage of clients accepting limitation of long-term contraception Method of Contraception

Intrauterine devices (IUDs) and contraceptive implants are long-term contraception treatments that provide longer protection against unwanted pregnancy. Despite the fact that they are quite useful and efficient.

Healthcare specialists at Hingonia PHC are qualified and permitted to offer a variety of contraceptive techniques, including long-term ones. They have the tools essential to carry out the operations for putting in and taking out IUDs and contraceptive implants. These centres often have the necessary resources to offer a wider range of contraceptive choices.

Badhal PHC have limited resources and may not provide certain specialized contraceptive methods, including long-term options. In such cases, individuals seeking long-term contraception may need to be referred to higher-level healthcare facilities that offer these services.



Months

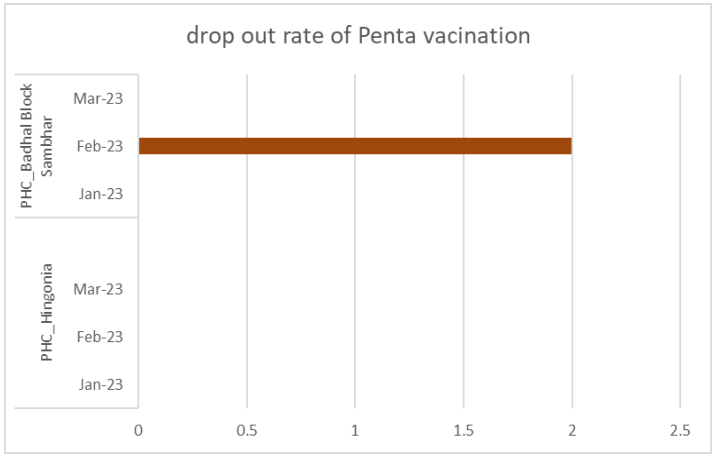
Number of Patients

6. Drop Out rate of Penta Vaccination

Dropout rates for vaccinations can vary based on various factors such as location, socioeconomic conditions, awareness programs, and healthcare infrastructure. These rates can also change over time due to different initiatives and campaigns aimed at improving vaccination coverage.

Badhal PHC have limited staff and may not provide certain awareness program, including long-term options. In such cases, dropout rates for vaccinations are High.

Hingonia have Full Staff, also provide awareness program, campaigns so that there is no drop out for vaccinations.



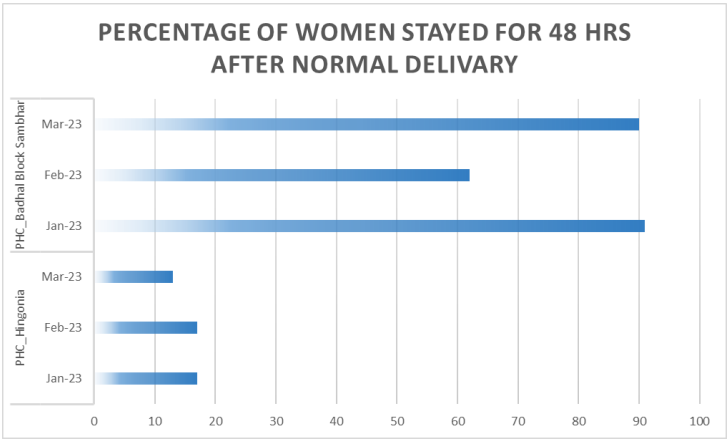
Months

Patients Dropout

7. Percentage of Women Stayed For 48 HRS After Normal Delivary

The health status of the mother and baby can influence the length of stay. If there are any complications or concerns, healthcare providers may decide to extend the duration of the postpartum stay to monitor the well-being of the child and mother.

Hingonia PHC have Limited percentage of woman stayed for 48 hrs after Normal delivary whereas Badhal PHC have miximum percentage of woman stay for 48 hrs after normal delivary.

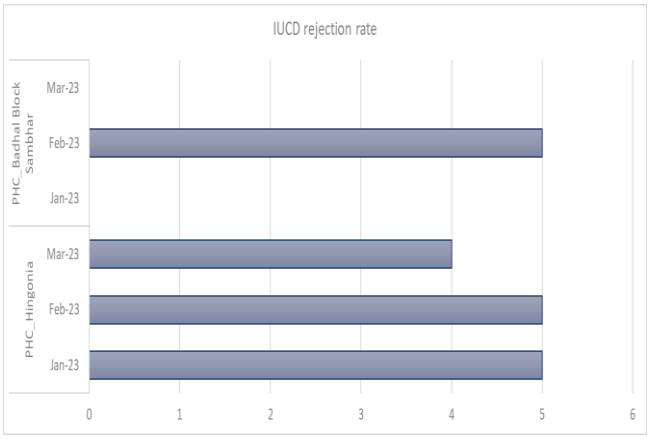


Number of women

8. IUCD Rejection Rate

Badhal PHC have trained healthcare providers who are knowledgeable about contraceptive methods, including IUCDs. This can potentially reduce the rejection rate compared to Hingonia PHC where providers may have less training or experience.

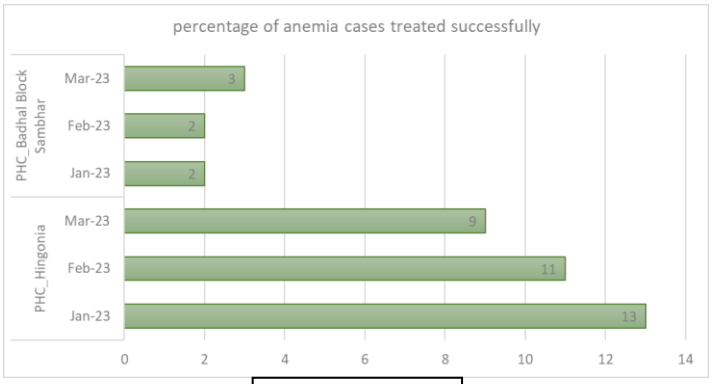
The specific rejection rates in Hingonia PHC and Badhal PHC facilities can vary and depend on local factors, such as the quality provided and the availability.



Number of Females

9. Percentage of Anaemia cases treated Successfully.

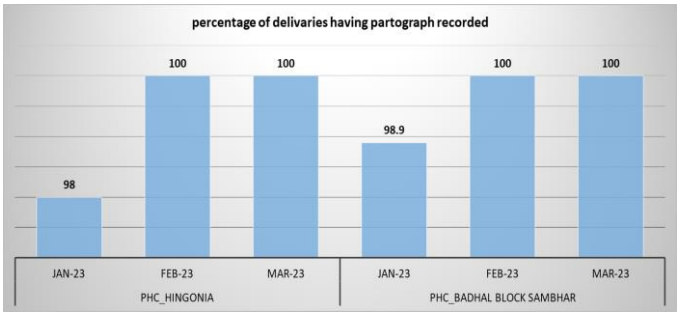
The success rate of anaemia treatment can vary depending on various factors such as the severity of anaemia, the underlying cause, the quality of healthcare services provided, the individual patients response to treatment.



However, Hingonia is certified PHC facilities typically adhere to certain quality standards and guidelines set by health authorities or certification bodies, which may contribute to better patient outcomes, standardized protocols, and access to necessary resources, which can improve the effectiveness of anaemia treatment compared to Badhal which is non-certified facilities. So that in last three month's records show's that Hingonia PHC have high successful rate as compared to Badhal PHC.

10. Percentage of Deliveries having Partograph Recorded

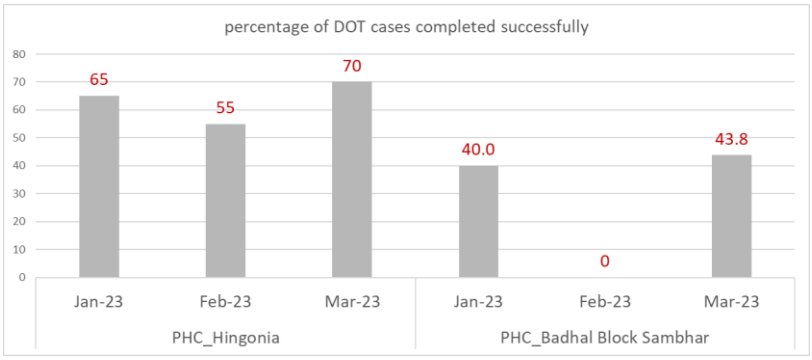
The partograph is tool to monitor the progress of labor. It involves the graphical recording of various parameters such as cervical dilation, fetal heart rate, and contractions over time. It is typically used by healthcare professionals in real-time during the labor process to assess the well-being of the mother and baby and to identify any deviations from the normal progression of labor. Graph shows almost similar records of both PHCs.



11. Percentage of DOT cases completed successfully

DOT is management approach including directly observed therapy DOT when treating persons with active TB disease.

In Graph, Hingonia PHC shows higher successful rate then Badhal PHC. Badhal has limited Number of cases in January & march, no cases are registered in February.



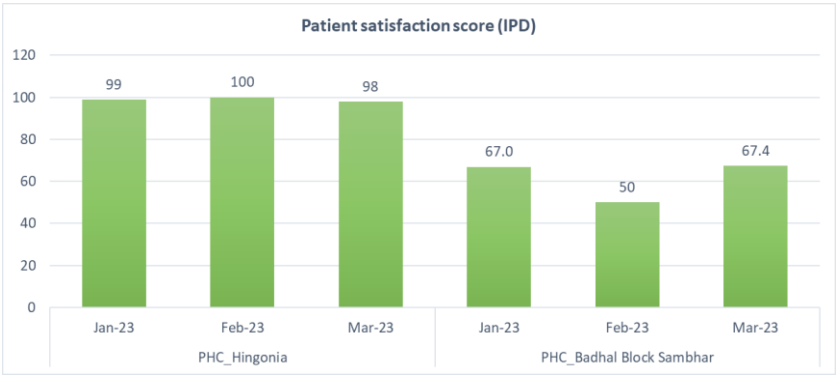
Number of Patients

Months

12. Patient Satisfaction (IPD)

Patient satisfaction in the context of inpatient care can be influenced by various factors, including the quality care provided by PHCs, the facilities and amenities available, communication between healthcare providers and patients, and overall experience during the hospital stay.

Patients may perceive non-certified PHCs as providing lower quality care, which could influence their satisfaction even if the care received is adequate. So, the graph shows higher level of satisfaction level in Hingonia PHC as compared to Badhal PHC.

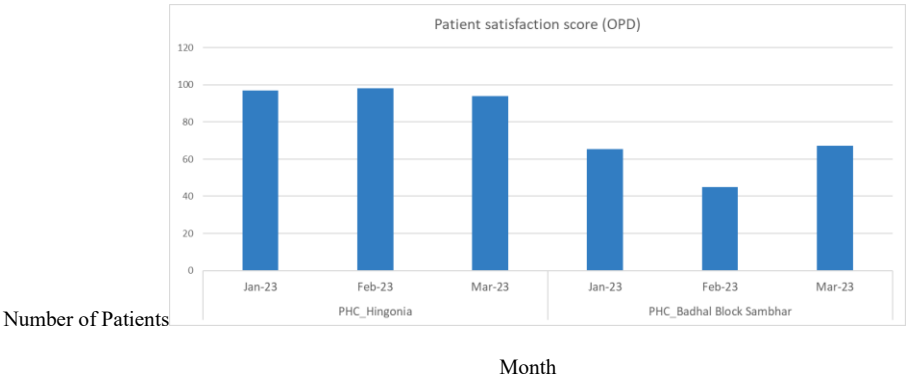


Number of Patients

13. Patient satisfaction score (OPD)

While the certification status of a PHC may indicate adherence to certain quality standards, it does not guarantee patient satisfaction. However, certified PHC often have processes in place to ensure quality care, which can positively impact patient satisfaction.

Hingonia (Certified) PHC have quality assurance mechanisms in place to monitor and improve the care provided. This can include regular audits, performance assessments, and adherence to established protocols, which can enhance patient satisfaction. Badhal (Non-certified) PHC face resource constraints, such as inadequate staffing, limited medical supplies, or outdated infrastructure. These limitations can impact the quality of care and subsequently affect patient satisfaction. Graph shows higher rate of patient's satisfactions in Hingonia PHC as Compared to Badhal PHC.



4.1 Analysis of Quality Assurance Practices

Quality assurance practices in PHC can vary between certified and non-certified facilities. Here's a comparison of some key aspects:

Standards and Guidelines:

- Certified PHC - Certified PHC facilities adhere to recognized standards and guidelines set by regulatory bodies or accreditation organizations. These standards often

encompass clinical care, patient safety, infrastructure, and staff qualifications. Examples National Committee for Quality Assurance standards.

- Non-certified PHC - Non-certified PHC facilities do not have formal standards or guidelines to follow. They develop their own internal protocols or guidelines based on local regulations or recommendations from professional associations.

Regulatory Oversight:

- Certified PHC- Certified facilities undergo regular assessments and inspections by regulatory or accreditation bodies to ensure compliance with established standards. These assessments may be conducted by external auditors who conduct interviews, review documentation, and perform on-site visits to evaluate the quality of care.

- Non-certified PHC- Non-certified facilities have limited or no regulatory oversight. They are not undergoing external assessments, and their quality assurance practices rely more on internal mechanisms, such as self-assessment or peer review.

Documentation and Record-keeping:

- Certified PHC- Certified facilities usually maintain comprehensive documentation and record-keeping systems. They record patient data, outcomes, treatment plans and quality improvement initiatives. Documentation was often standardized and audited regularly for accuracy, compliance, and completeness.

- Non-certified PHC- Non-certified facilities have less standardized documentation processes. While they still maintain patient records, the level of detail and consistency vary, potentially impacting the ability to track and measure quality indicators.

Continuous Quality Improvement

- Certified PHC- Certified facilities prioritize continuous quality improvement. They engage in ongoing monitoring, analysis, and evaluation of quality indicators to identify areas for improvement. Quality improvement initiatives include performance reviews, staff training patient feedback mechanisms, and implementation of evidence-based practices.

- Non-certified PHC- Non-certified facilities also engage in quality improvement activities, but the extent and structure of these efforts be less formalized. They rely more on informal feedback channels or quality improvement projects.

Patient Safety Measures:

- Certified PHC -Certified facilities have strong patient safety measures in place. They implement protocols to prevent medical errors, ensure medication safety, and minimize healthcare-associated infections. They have reporting systems to capture adverse events and allowing for analysis and implementation of preventive measures.

- Non-certified PHC: Non-certified facilities have less standardized patient safety measures. While they still prioritize patient safety, the implementation of protocols and reporting systems are less comprehensive or consistent.

4.4 Analysis of Factors' affecting Quality Assurance practices in certified and non-certified PHC

Quality assurance in PHC is crucial for ensuring the provision of safe and effective healthcare services to patients. While certified and non-certified PHC facilities may have similar objectives, there are several factors that can impact the quality assurance practices.

- Certification and Accreditation- Certified PHC facilities have undergone a formal process of certification or accreditation, which involves meeting certain predetermined standards and guidelines. This certification helps to ensure that quality assurance measures are in place, including regular audits, performance monitoring, and adherence to best practices. Non-certified PHC facilities have not undergone this formal process, leading to potential variations in quality assurance practices.

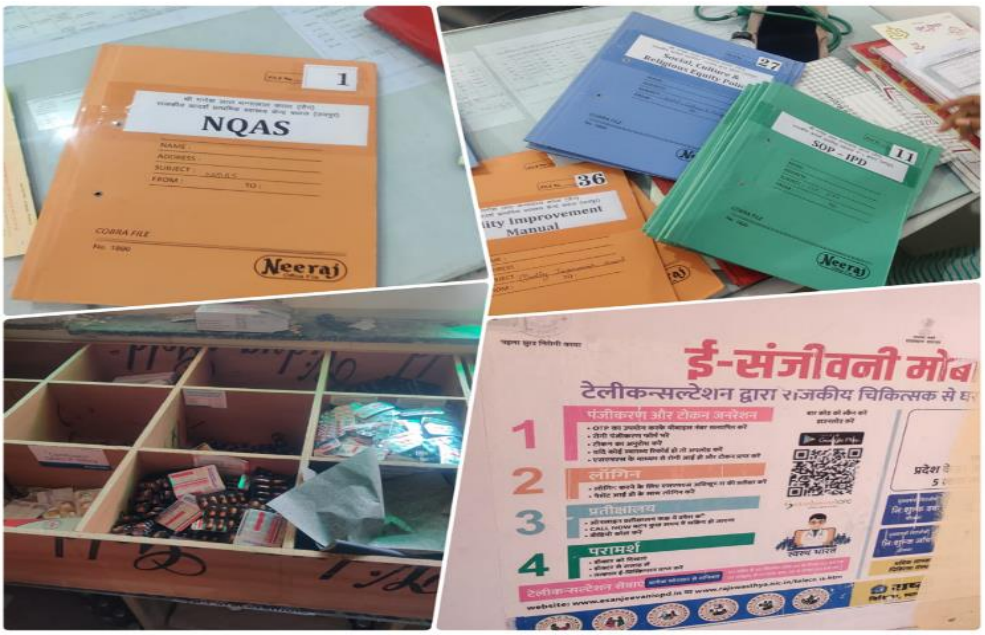
- Governance and Leadership- Effective governance and leadership play a vital role in driving quality assurance efforts. In certified PHC facilities, there is often a designated quality assurance team or committee responsible for monitoring and improving the quality of care. This team ensures compliance with standards, identifies areas for improvement, and implements quality improvement initiatives. Non-certified facilities have less structured governance mechanisms, leading to less focused quality assurance efforts.

- Data Collection and Analysis- Strong data collection and analysis systems are essential for monitoring and improving quality assurance in PHC. Certified facilities have standardized data collection processes and information systems, enabling regular

performance monitoring against established indicators. Non-certified facilities face challenges in implementing comprehensive data collection systems, limiting their ability to track and analyse quality assurance effectively.

- Community Engagement- Engaging the community in quality assurance processes can improve patient satisfaction and outcomes. Certified PHC facilities prioritize patient feedback mechanisms, community involvement, and patient-centred care approaches. This engagement helps identify gaps and areas for improvement. Non-certified facilities have not limited community engagement efforts, potentially impacting their ability to address patient needs effectively.

3.3.1 Checking Documentation –



3.3.2 Checking Facilities


टंकी नं. 1
प्रयोगशाला-कक्ष
14 INJECTION &
DRESSING ROOM
इंजेक्शन व ड्रेसिंग कक्ष

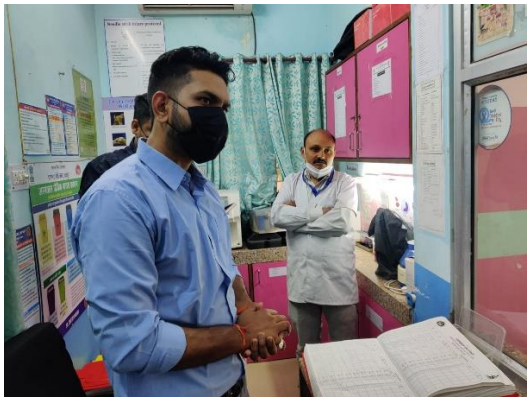

PPH KIT


टंकी नं. 1
प्रयोगशाला-कक्ष
14 INJECTION &
DRESSING ROOM
इंजेक्शन व ड्रेसिंग कक्ष

Direct Observation:







Chapter 5: Recommendations

5.1 Strategies for Quality Improvement & Training and Capacity Building Initiatives

Training and capacity building initiatives play a crucial role in improving their quality of healthcare services provided at PHCs, whether they are certified or non-certified. These initiatives aim to enhancing their knowledge, skills, healthcare professionals and staff, ultimately to better patients outcome and improved overall healthcare delivery. Here are some key aspects of training and capacity building initiatives in both certified and non-certified PHC settings-

For Certified PHC Facilities:

- Continuing Medical Education- Certified PHC facilities often offer CME programs for healthcare professionals, including doctors, nurses & allied healthcare providers. The main objectives of these programmes are to improve clinical skills, introduce new treatment guidelines, and update medical knowledge.

- Specialized Training Programs- In areas like mother and child health, chronic illness management, infectious disease control, and preventive care, certified PHC facilities offer specialised training programmes. These courses are meant to give healthcare workers the knowledge they need to handle problems in the field.

- Leadership and Management Training- Leadership and management training programmes are crucial for improving the productivity and efficacy of accredited PHC facilities.

Non-Certified PHC Facilities:

- Basic Training Programs- Healthcare employees and professionals receive basic training from non-certified PHC institutions. These programs cover essential clinical skills, basic medical knowledge, infection control measures, and patient communication techniques.

- Upgrading Skills- Non-certified PHC facilities often prioritize upgrading the skills of healthcare professionals. This may involve short-term training programs or workshops focused on specific medical procedures, emergency response, or disease management.

- Collaboration with Certified Facilities- Non-certified PHC facilities can collaborate with certified facilities to access training resources. This collaboration can involve joint training programs, or knowledge-sharing platforms to ensure continuous professional development.

- Community Health Worker Training- Non-certified PHC facilities emphasize training for community health workers or healthcare volunteers who play a vital role in promoting health awareness, preventive care, and community outreach. These training programs equip them with basic medical knowledge, communication skills, and the ability to identify health risks within the community.

Chapter 6: Conclusion

Quality assurance practices can vary between certified PHCs and non-certified PHCs facilities. In the comparative study analysing the factors affecting quality assurance in certified and non-

certified primary health centres, several key findings emerged. Firstly, certified PHCs demonstrated a higher level of quality assurance compared to non-certified centres.

Certified centres exhibited better infrastructure, equipment, and resources, which positively influenced the quality of care provided. The presence of qualified & trained healthcare professionals, including doctors, technicians and nurses was more prevalent in certified centres, resulting in enhanced clinical expertise and patient management.

Additionally, through frequent audits and feedback mechanisms, certified facilities demonstrated a deeper commitment to continual quality improvement. The implementation of relevant interventions and the identification of areas in need of improvement were made easier by this systematic approach.

Contrarily, non-certified PHCs encountered several difficulties that made it difficult for them to uphold high standards. The main obstacles included a lack of funding, a shortage of employees, and a lack of opportunities for healthcare professionals to receive training. These elements influenced the delivery of subpar care, patient satisfaction, and overall quality assurance.

The comparison study's findings emphasised the certification's important influence on PHC quality assurance. Certification promoted a culture of constant improvement while also ensuring conformity with standards. For non-certified facilities to improve their quality assurance procedures and ultimately the patient care they offer, it is critical to address issues like staff training and resource limitations.

Certified primary health centres benefit from structured quality assurance processes, resulting in enhanced patient safety, improved service delivery, and increased trust and confidence. Non-certified centres, however, face challenges related to variable quality of care, increased risk of errors, and reduced patient confidence due to the absence of formal quality assurance protocols.

Chapter 7: References

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