RESEARCH PROJECT

AN ASSESSMENT OF THE QUALITY OF HEALTH CARE IN INDIA

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Presentation Breakdown

Points to Discuss

1. An Introduction
2. Objective
3. Methodology
4. Review of literature
5. conclusion
6. Discussion
7. Suggestion

An Introduction

A quality of healthcare can be defined as one that is assessable, appropriate,, available,affordable, effective, integrated, safe and patient related.Good quality of healthcare means that; providing patients with the services in an exceedingly competent manner having good communication, having cognitive processes and cultural sensitivity. The quality of healthcare given by a health professional can be judged by its outcome, the technical performance of care and by interpersonal relationship.

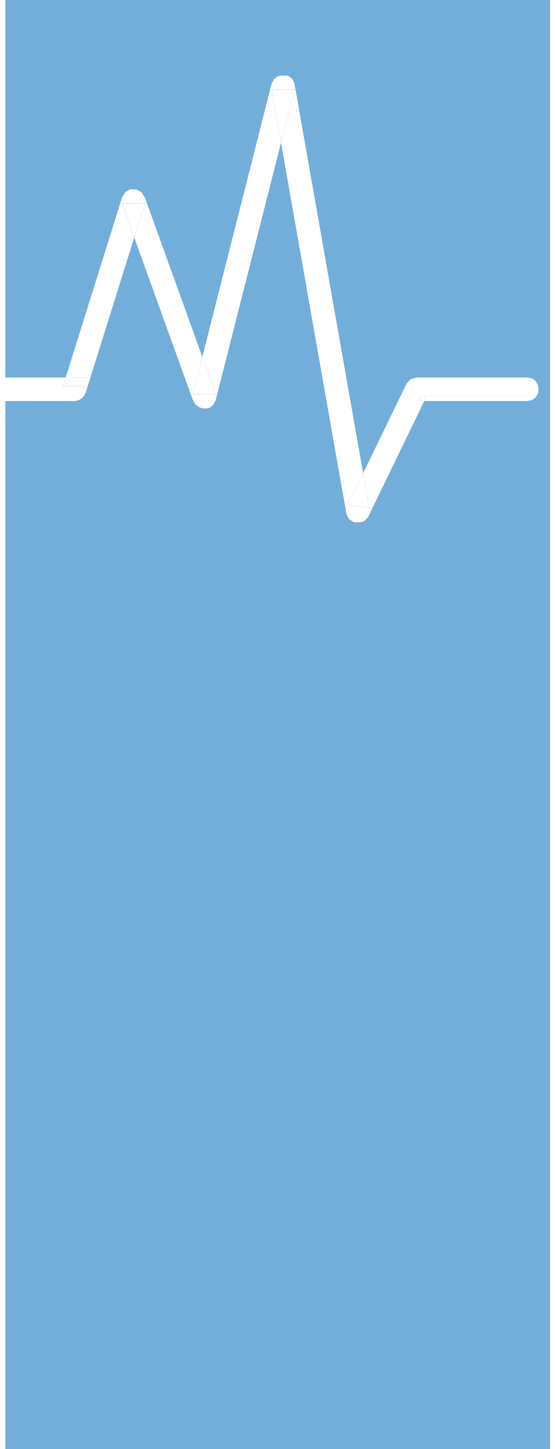
The three dimensions that are important for measuring the quality are

1.Structural quality it evaluates health system characteristics specially in the form of Government survey of health facility and keeping the record to track.

2.Process quality- It asses interaction between clinicians and patient.

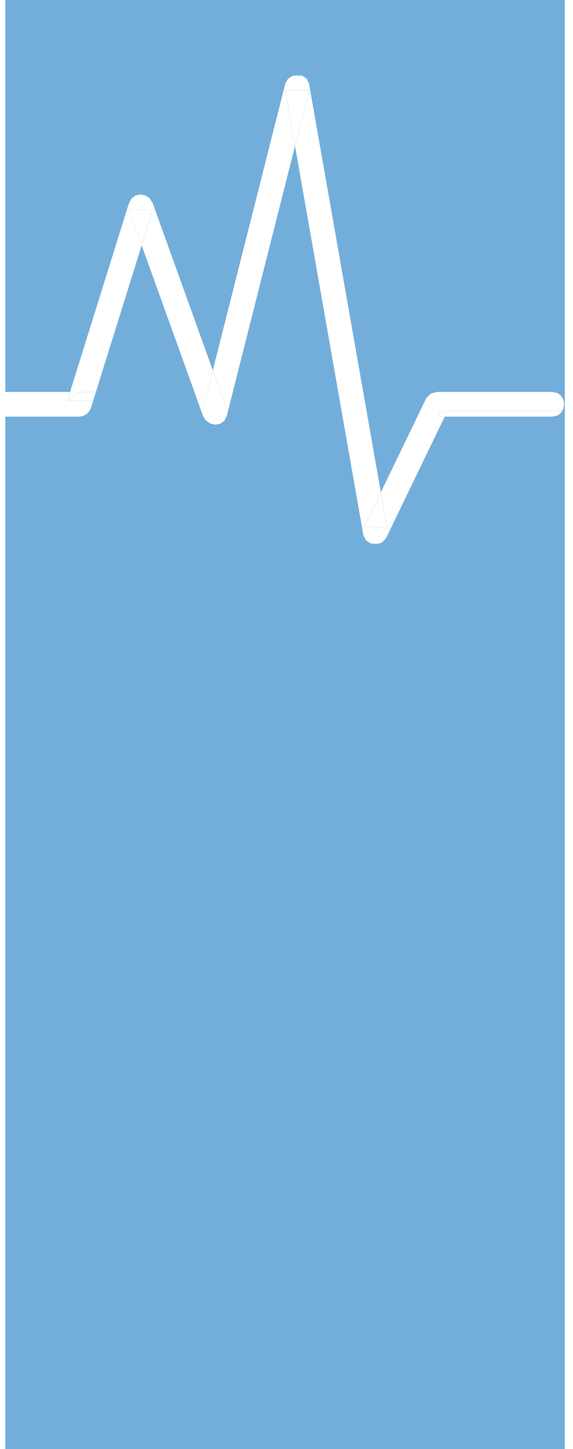
3.Outcomes evidence for the change in the patient health status.

quality assessment studies usually measure one of three types of outcome; medical outcome, cost, patient satisfaction.



Objectives

1. To identify aspects of perceived quality which have large effects on patient satisfaction.
2. To identify the unmet health and healthcare needs of population, and making changes to meet those unmet need.
3. Improve access and reduce inequity.
4. Increase the focus on health promotion and prevention, screening and early intervention.



Methodology

The present study was designed to assess the quality of health care and the progress done.
the study is done with the secondary data from various researcher, literature review articles.

Review ofliterature

Inpatient and outpatient

- Waiting time of more than 30 minutes significantly lower in patient satisfaction.
- staff behaviour which is significantly lower for outpatient compared with inpatient

Rural and urban

- Location for PHCs and CHCs are far of distance from rural areas, leads the rural people accessing facilities of private health care practitionar, quality of infrastructure is usually poor.

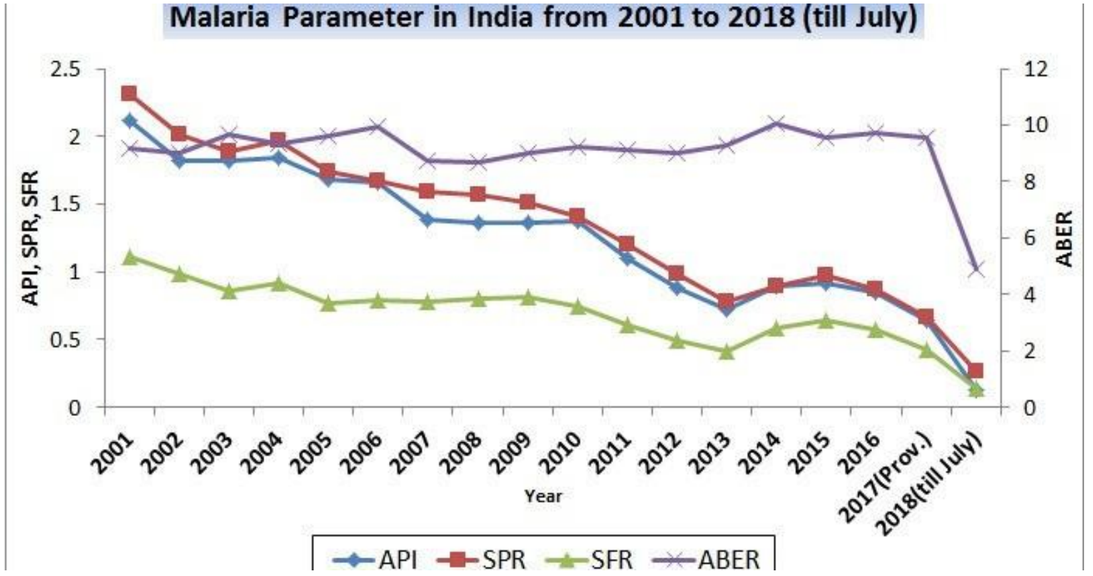
PUBLIC AND PRIVATE SECTOR

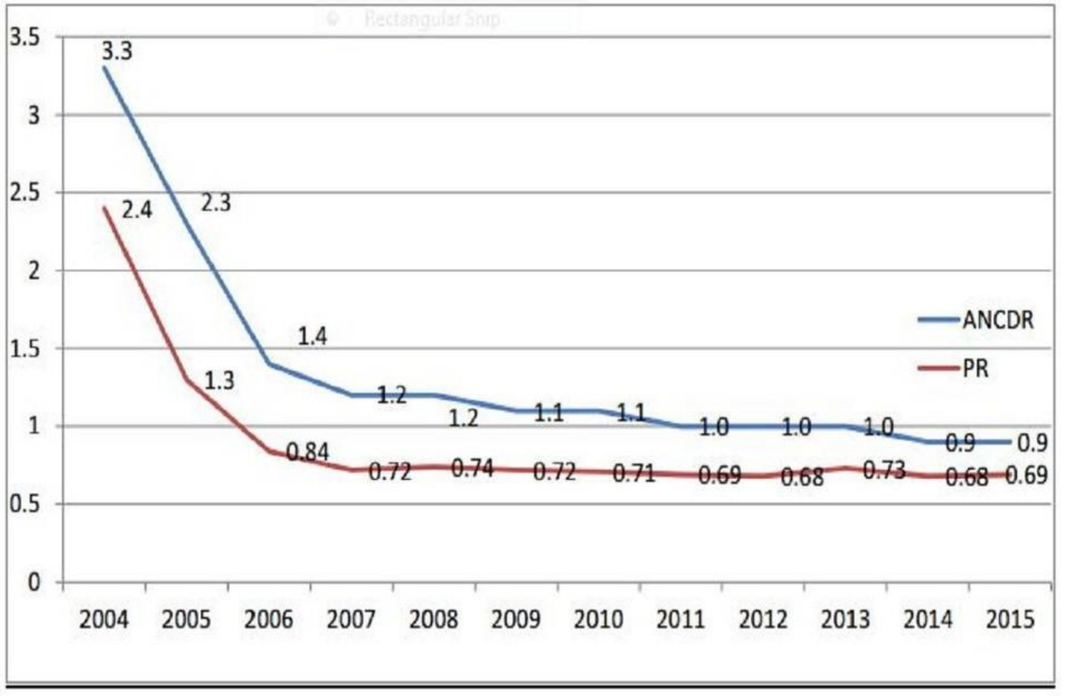
- Unqualified practice provider in the private sector and 70% of all visit are to the private providers
- private sector are frequently violated medical standards of practices and had poorer patient outcome, but had greater reported timeliness and hospitality to patients.
- wating time tend to be short, and doctor patient ratio are usually good
- public sector services experienced more limited aviability of equipment, medication and trained healthcare workers.

Analysing Burden of disease

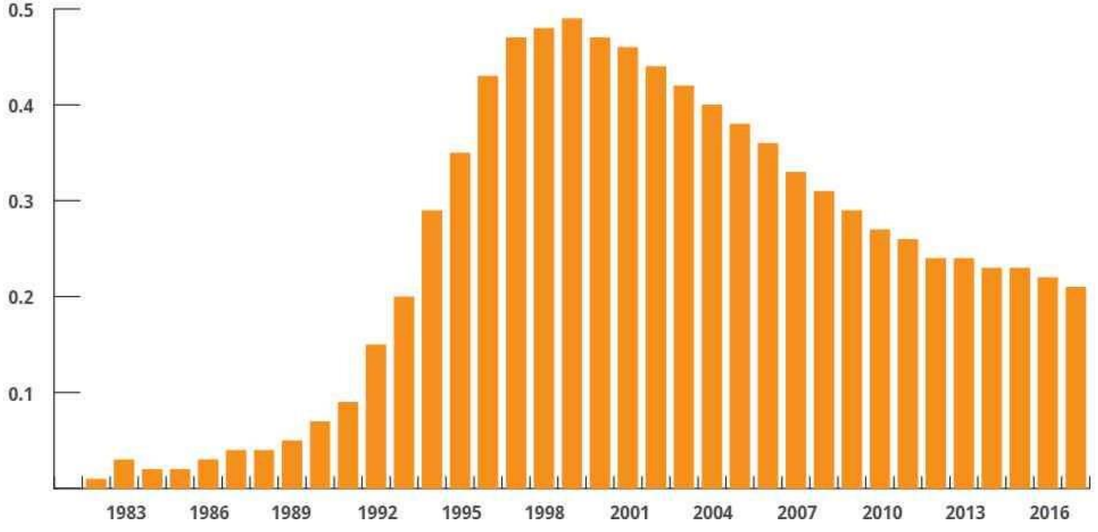
1.communicable disease-
- a.Tuberculosis
- b.Malaria
- c.leprosy
- d.HIV

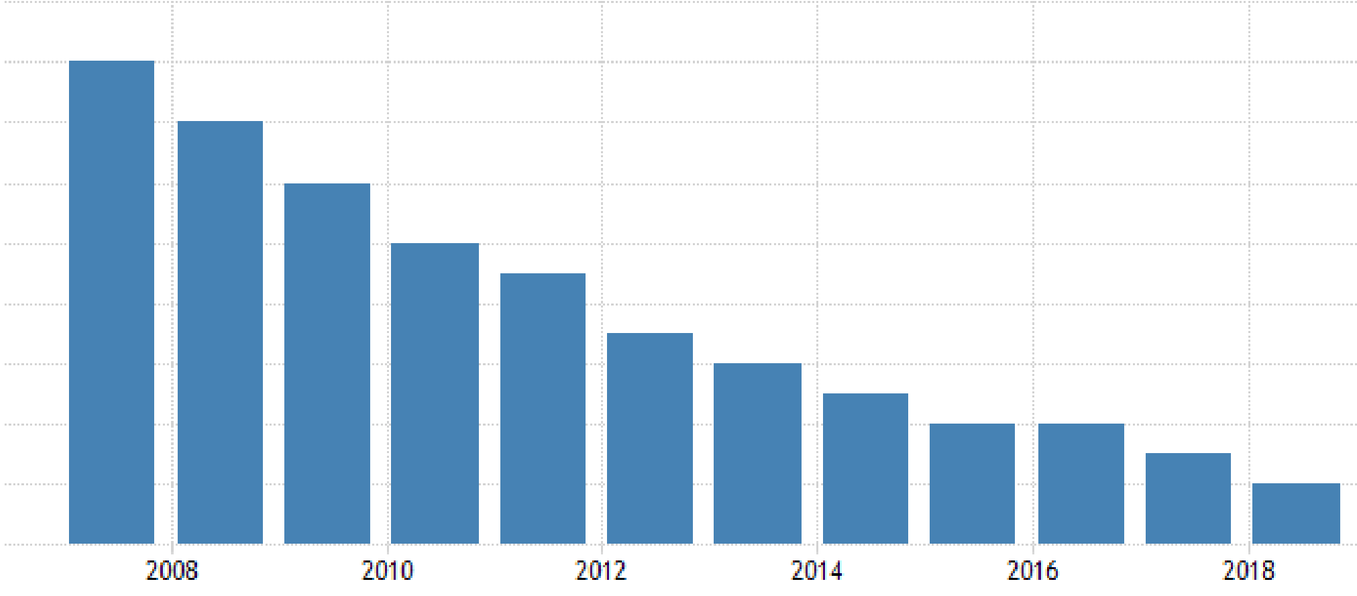
2.Non- communicable disease -
- a.cardiovascular disease
- b.Chronic respiratory disease
- c.Cancer
- d.Diabetes
- e.Mental Health





Adult HIV prevalence in India in 1981-2017





Non communicable disease

NCD multimorbidity is common in the Indian adult population and is associated with substantially higher healthcare utilization and OOPE.

NCD category	Economic loss between 2012 and 2030 (trillions of 2010 dollars)
Diabetes	0.15
Cardiovascular disease	2.17
Chronic respiratory disease	0.98
Cancer	0.25
Total NCDs, excluding mental health conditions	3.55
Mental health conditions	1.03
Overall total	4.58

Source: The Global Economic Burden of Non-Communicable Diseases Harvard School of Public Health. Geneva: World Economic Forum; 2011
NCD: Noncommunicable diseases

MATERNAL AND CHILD HEALTH

india has experienced considerable improvement in maternal and child health care since the millennium declaration 200o, still inequities in these services are still presistent across different states, and also in different districts in states.

Steady decline in MMR

women from socially disadvantaged communities are facing higher labour room voilance

DISCUSSION

Besides various program to improve the healthcare system,India is lacking behindother developing countries

The dominant finding of our review is that there are large gaps between the care people should receive and the care they do receive.

SUGGESTION

- Doctor patient interaction time should have to be increased for better diagnosis and treatment thus result in better outcome.
- Need of qualified Doctors or atleast trained healthcare staff in rural area.
- Clinicians and health plan can use information on quality to determine where to focustheir effort to provide better care.
- Policy maker can also use information about quality of care to determine the impact of public and private changes the healthcare market place.
- India is capable of setting up a quality measurement system that can provide multiple participants in the health care system with the information they need to ensure delivery of high quality care.
- In the light of changes that the healthcare system has been experiencing, a strategy to measure and consequently to improve quality is needed now

CONCLUSION

The quality of care that has been provided in India differs from hospital, cities and state; frequently it does not meet to the professional standardized. There is good reason to proud of our health care system, but some area need to have more improvement. India is responsible for many important advances in health care technology, and state-of-the-art care is available in both large and small communities throughout the country. But the same quality of care is notprovided at all.

PART -2

IMPROVING GLOBAL HEALTH:FOCUSING ON QUALITY AND SAFETY

OBJECTIVE OF COURSE

1. The importance of focusing on quality for improving population health
2. a framework for understanding healthcare quality.
3. approaches to quality measurement.
4. the role of information and communication technology in quality improvement
5. tools and contextual knowledge for quality improvement

COURSE CONTENT

1.BURDEN-

- Cause, burden and harm
- preventability
- Situation of middle and low income countries
- Ambulatory care, medication error.
- tuberculosis background and burden,improvement in TB care
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2. MEASUREMENT-

- Quality variation
- Resource allocation(overuse, underuse)
- HCQI indicators of focus and its future.
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3. STANDARDS

- Legal system and reulation
- Defective medicine
- staffing ratio

4. **IMPROVEMENT**
   - Plan do study act
   - implementing data
   - building will
5. **IT &DATA**
   - Promise of health IT
   - HIT cost
   - Health Information Exchange
   - Personl health Record
6. **MANAGEMENT**
   - Role of management
   - components of management
   - Self-criticism and mangement
7. **PATIENTS**
   - Understanding patients expectation
   - Ambulatory care
   - Measuring patients experience

KEY LEARNING

1..UNDERSTANDING THE BURDEN OF DISEASES LIKE TUBERCULOSIS AND ITS IMPACT ON OVERALL OTHER COUNTRIES.

2.VERY IMPORTANT TO HELP PEOPLE THAT CREATING KNOW HOW TO COMMUNICATE THE MESSAGE TO EXPLAIN THAT HAVING A CLINICAL DEGREE MAKES THEM BETTER AT DELIVERING THE MESSAGE AND LISTENING AS WELL.

3.TO IMPROVE THE QUALITY AND THE PATIENT SAFETY FIRST MAKING OF COMMITMENT SET A GOAL ACCORDING TO THE PRIORITY AND SHOW IT UP EVERYDAY AND THAT TOO FOR ALL THE DEPARTMENT AND NOT ONLY FOR THE ACADEMIC BUT ALSO INCLUDE SANITATION WORKER ENGINEER EACH DEPARTMENT.

4. FOR INSTITUTION TO CREATE A BLAME FREE CULTURE AND ORGANISATION TO START OF SHARING THE INFORMATION FOR THAT ARE TAKING THE MEDICAL INSURANCE IN CHEMICAL TRY TO TAKE INSURANCE SO THAT THE PEOPLE WHO ARE HARM CAN BE COMPENSATED.

5.WITH DIFFERENT NEEDS AND EXPECTATIONS AND IDENTIFY AND RESPONDING ACCORDING TO THE NEXT CONCERT AND EXPECTATION.

6. PATIENT EXPERIENCE AND THEN MEASURING RIGHTS AND UNDERSTANDING WHAT PEOPLE GO OUT OF HEALTHCARE THAT DELIVER IS THEREFORE REALLY IMPORTANT.

Thank you