“BRIDGING THE GAPS AT SUBCENTERS(HWCs) TO IMPROOVE THE NQAS ASSESMENT SCORE”

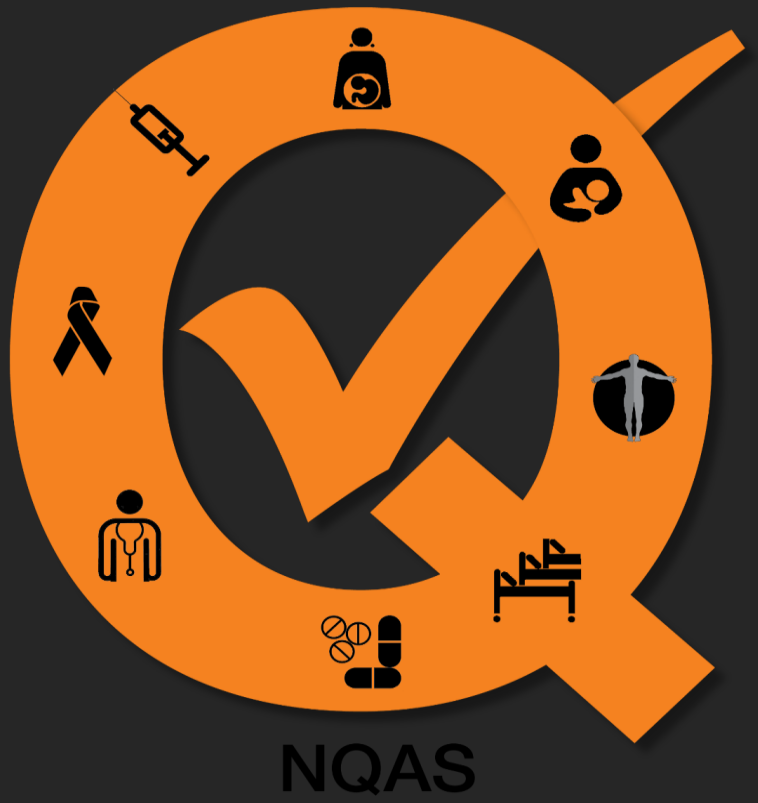
NAME- DR RAJ YASHH ROLL NUMBER-1169
IIHMR UNIVERSITY, JAIPUR.

An Initiative of TATA TRUSTS

Introduction

- CInI is an associate body of Tata Trusts.
- It is working towards the MPHSSP in Madhya Pradesh
- As a part of Madhya Pradesh Health System Strengthning Program ,the District Consultants take up the tasks of development in their respective districts through supervision visits ,Assessments,Liasoning with various Block Level official,District Level Officials and State Level officials.
- I worked as a District Consultant in Singrauli District of M.P, and worked towards the improvement of ten selected HWCs W.R.T NQAS checklist for the period of 3 months.

A brief idea about NQAS

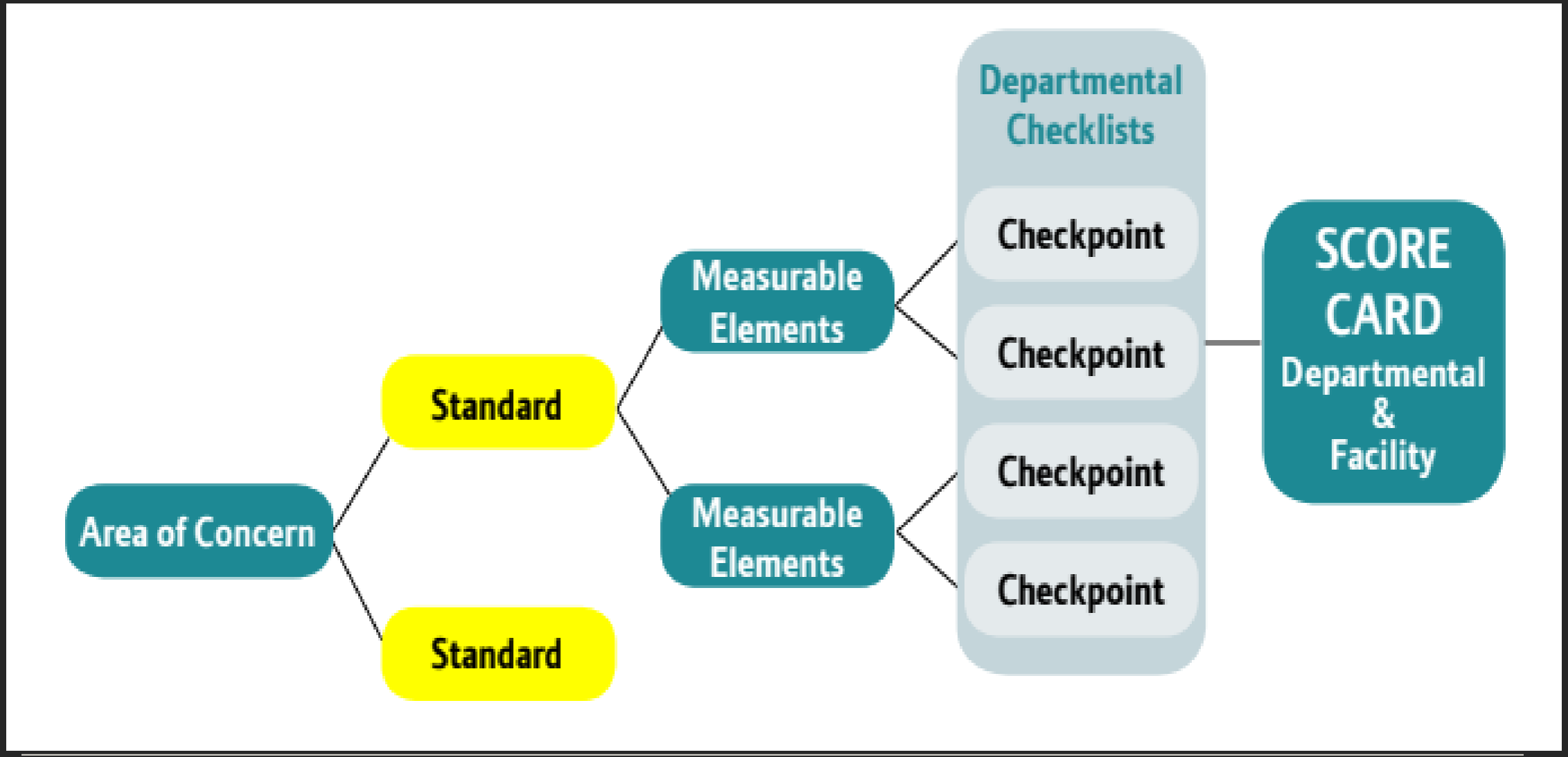


NQAS

- National Quality Assurance Standards have been developed keeping in the specific requirements for public health facilities as well global best practices.
- NQAS are currently available for District Hospitals, CHCs, PHCs and Urban PHCs. Standards are primarily meant for providers to assess their own quality for improvement through predefined standards and to bring up their facilities for certification.
- The National Quality Assurance Standards are broadly arranged under 8 "Areas of Concern"– Service Provision, Patient Rights, Inputs, Support Services, Clinical Care, Infection Control, Quality Management and Outcome.

- *Each Standard further has specific Measurable Elements. These standards and measurable elements are checked in each department of a health facility through department specific Checkpoints.*
- *All Checkpoints for a department are collated, and together they form assessment tool called 'Checklist'. Scored/filled-in Checklists would generate scorecards. Functional relationship between quality standards, measurable elements, check-points and check-list is shown in Figure*

Flow Chart Of Scoring



RESEARCH QUESTION

1. What are the barriers and enablers at the health facility at sub centre level, with respect to NQAS checklist?
2. What are the common gaps which can be bridged at CHO level through SSV?

OBJECTIVE

1. To find out the various common gaps in sub centres which are reasons for reduced assessment scores & ways to bridge these gaps.
2. To find the difference in scores of two quarters to measure effectiveness of SSV

METHODOLOGY

Study Design: A retrospective study is conducted.

Duration of the Study: 90 days

Sample Size: 10 HWCs which have their own government building are selected.

Inclusion criteria: All the HWCs selected were functional i.e- CHOs are posted in those HWCs.

Exclusion criteria:

1. **HWCs without government building**
2. HWCs which donot have a CHO posted in the center

Study tools: HWC NQAS check list

Data Analysis Tool: Microsoft Excel.

Sample Technique: Convenient Sampling Technique.

Data Collection Procedure: The data were collected by visiting HWCs ,and checking Recors&Registars, Staff interview, Observation.

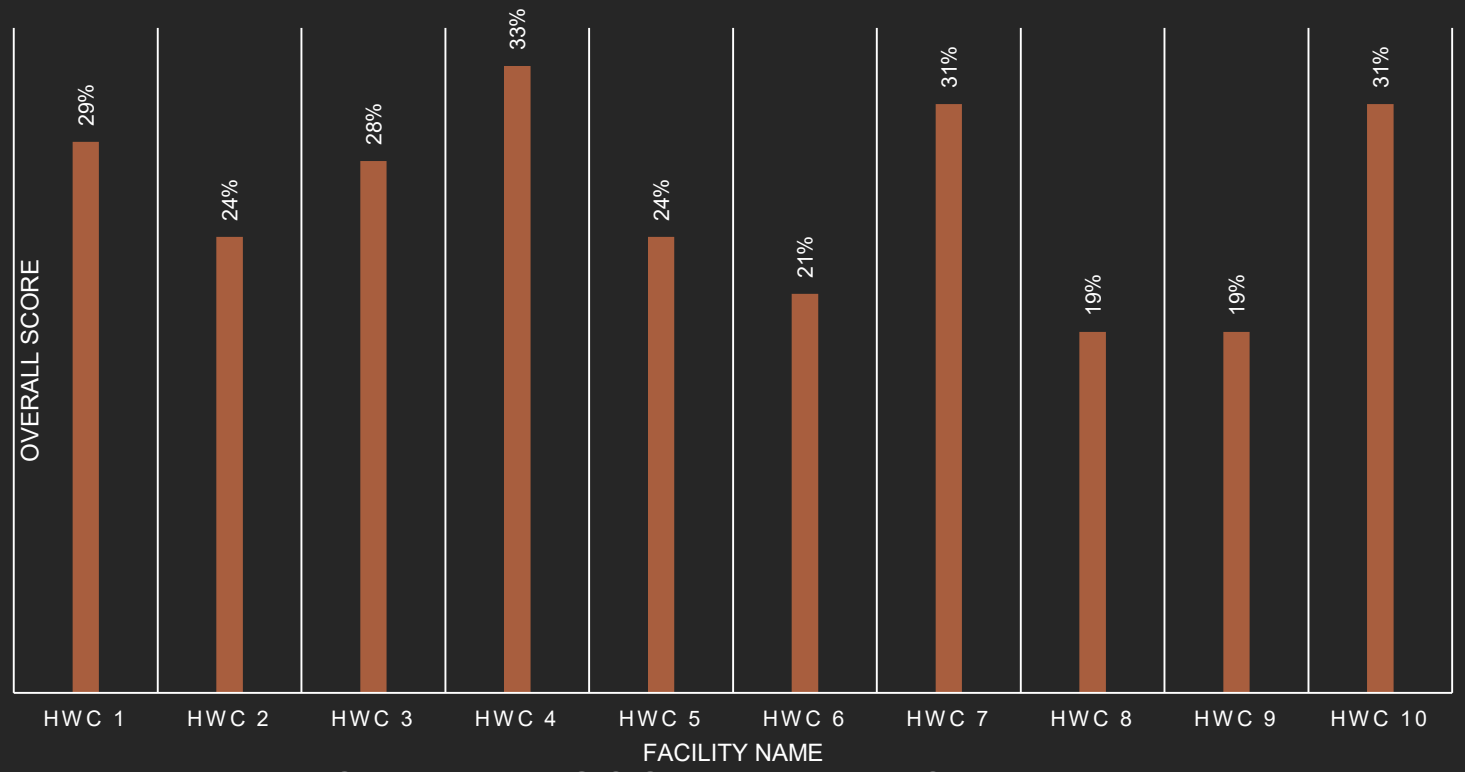
Limitations:

1. Many of the data collected were dependent on verbal questions with HCWs and so the reliability of such data is less.
2. Definite and short length of time to conduct the study.

DATA ANALYSIS

The study included a total of 10 HWCs.The cumulative data after analysis are as follows

S NO		OVERALL SCORE	SCORE IN AOC - SERVICE PROVISION	SCORE IN AOC - PATIENTS RIGHT	SCORE IN AOC - CLINICAL SERVICES	SCORE IN AOC - INFECTION CONTROL	SCORE IN AOC - INPUTS	SCORE IN AOC - SUPPORT SERVICES	AOC - QUALITY MANAGEMENT	SCORE IN AOC - OUTPUT
1	HWC 1	29%	23%	51%	30%	32%	42%	22%	1%	7%
2	HWC 2	24%	22%	40%	25%	34%	32%	20%	1%	4%
3	HWC 3	28%	34%	58%	27%	34%	37%	19%	3%	4%
4	HWC 4	33%	46%	63%	29%	39%	43%	31%	5%	4%
5	HWC 5	24%	22%	40%	25%	34%	32%	20%	1%	4%
6	HWC6	21%	22%	40%	19%	26%	32%	20%	1%	4%
7	HWC 7	31%	30%	44%	33%	18%	35%	34%	16%	9%
8	HWC 8	19%	22%	40%	21%	34%	32%	20%	1%	4%
9	HWC 9	19%	18%	38%	11%	0%	24%	44%	4%	0%
10	HWC 10	31%	30%	44%	33%	18%	35%	34%	16%	9%



'OVERALL SCORE' BY 'FACILITY NAME'

Interpretation

- **Many facilities donot have delivery points so they miss on all such points and therefore the score decreases.**
- **The other common gap found at all the HWCs was that there were examination table present but then there was no provision of mattress and sheets. Therefore this lowered the score of the HWCs in NQAS assessment.**
- **The scores in Oral Health was poor before as the CHO had no proper training but after training the scores increased and this gap was somewhat bridged.**
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- **There were no maintenance of registers so this was a lot of points deducted ,but after registers were maintained a lot of centers scored well ,so this was a common gap at most of the centers which were solved by CHO.**
- **Other common gaps in service provision were , inproper records & registors , complaint boxes were missing, medicines were not arranged according to mandate.**

Results

- There was an over all increase of 5% after SSV,as compared from scores of previous quarter.
- As per the results obtained from the NQAS We can clearly See that all the HWS performed very poorly in two out of eight Areas of concern.
- The two areas of concern where the HWCs performed extremely poor are;
  -quality Management.
  -Output.
- The major reasons for low scores in these points was lack of awareness among the healthcare workers w.r.t NQAS, which otherwise would have been high scoring.
- Facilities did not conduct patient satisfaction survey,
- SOPs were not available for key processes and support services.
- The facility did not measure any outcome indicators, so all the facilities performed very poorly in outcome.
- Now coming to elderly and palliative care, the main reason for low performance is lack of elderly patient footfall in HECs.Elderly patients mostly are not able to visit the center due to lack of conveyance.

Conclusion.

In this study ,the scores attained in NQAS assesment after mentoring the healthcare workers ,was compared with the scores attained in previous quarter.
There was an over all increase of 5% in scores .
The reasons for low scores were mainly the infrastructure issues, many centers did not have proper electricity and water connection .Other than that a major reason for low scores in service provision was the gap in timely indentation of medicines.
Most of the time the CHOs in this particular region did not receive all the medicines that were indented and due to this there were always a lack of availability of all the medicines at the sub centers.
And thus the scores were low.

Thankyou !