Assessment The Preparedness of Public Health Facilities (District Hospitals) to Implement A Risk Management System (RMS)

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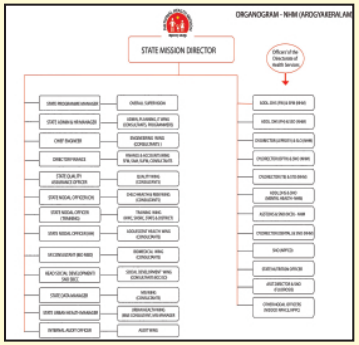
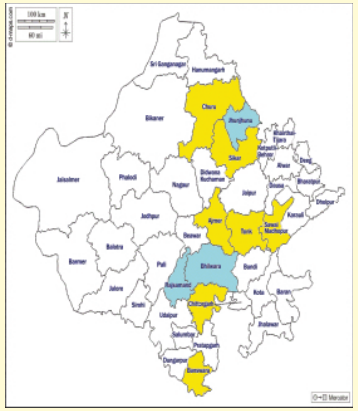
NHM

The National Health Mission (NHM) comprises two parts: National Rural Health Mission (NRHM) initiated on April 12, 2005, and National Urban Health Mission (NUHM) which began on May 1, 2013. While NRHM works on healthcare improvements in rural regions, NUHM targets health service delivery in urban areas, particularly for low income slum dwellers

Vision & Mission

Ensure that everyone has access to fair, inexpensive, high-quality healthcare services that are accountable and sensitive to the needs of the populace, particularly the weak and disadvantaged. With a focus on marginalized communities, a reduction in newborn and maternal mortality rate, the promotion of illness prevention and management, the building of healthcare systems, and the prioritization of vulnerable groups, NHM's mission is to provide everyone with inexpensive, high-quality healthcare services





RESEARCH QUESTION

To what extent government district hospitals in Rajasthan are prepared to implement an effective Risk Management System (RMS) in accordance

Primary Objective

To assess the preparedness of public health facilities (District Hospitals) to implement a Risk Management System (RMS).

Secondary Objectives

1.To conduct a comparative analysis of the risk management systems between certified and non-certified healthcare facilities

2.To identify infrastructural, administrative, and human resource gaps related to RMS.

Research Methodology

Study Design: This cross-sectional and interventional study evaluates risk management preparedness in selected district hospitals under the 2024 NQAS guidelines. It uses checklists, surveys, and staff interviews to assess IPC implementation and identify key challenges

Study Area and Sample:10 district Hospitals (DH) located in 10 districts of 4 Zones.

Study Population : Medical Officers, Nursing Staff, and Support Staff working at the selected DHs

Tools for Data Collection

a. NQAS Checklist (Pre-Defined Explanatory checklist)
b. Google Form-based Survey
c. Online Interviews (through virtual mode)

Intervention Plan

a. Development and Sharing of Risk management Guidelines
b. Awareness and Training Sessions
c. Feedback Loop

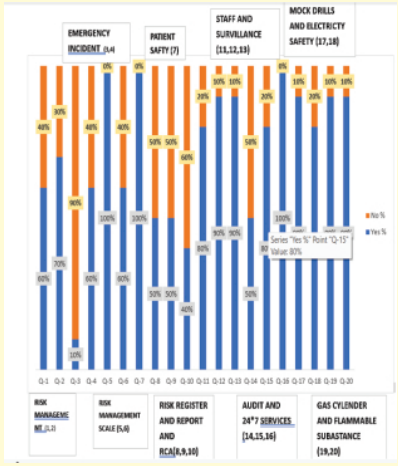
DATA ANALYSIS

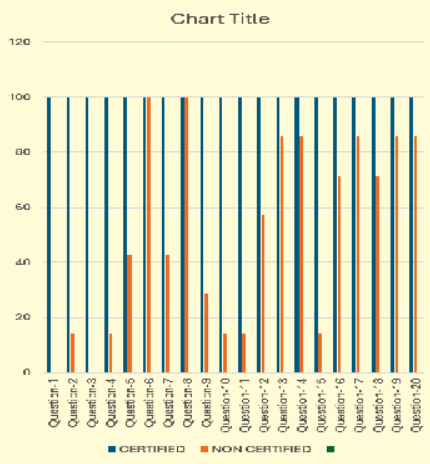
Quantitative Analysis: Scoring of checklist data , comparison using percentages and trend visualization.

Qualitative Analysis: Thematic categorization of staff responses to identify systemic and behavioral gaps.

TOPICS	Qs	Yes %	No %	Total %
RISK MANAGEMENT COMMITTEE	Q-1	60%	40%	100
	Q-2	70%	30%	100
EMERGENCY INCIDENT	Q-3	10%	90%	100
	Q-4	60%	40%	100
RISK MANAGEMENT SCALE	Q-5	100%	0%	100
	Q-6	60%	40%	100
PATIENT SAFTY	Q-7	100%	0%	100
RISK REGISTER AND REPORT AND RCA	Q-8	50%	50	100
	Q-9	50	50	100
	Q-10	40	60	100
STAFF AND SURVILLANCE	Q-11	80	20	100
	Q-12	90	10	100
	Q-13	90	10	100
AUDIT AND 24*7 SERVICES	Q-14	50	50	100
	Q-15	80	20	100
	Q-16	100	0	100
MOCK DRILLS AND ELECTRICTY SAFETY	Q-17	90	10	100
	Q-18	80	20	100
GAS CYLENDER AND FLAMMABLE SUBASTANCE	Q-19	90	10	100
	Q-20	90	10	100

Theme	Frequency (out of 10 DHs)
Policy and Documentation Gaps	7\10
Training and Awareness	6\10
Human Resource Constraint	6\10
Infrastructure Limitations	5\10
Monitoring & Reporting Issue	4\10
Emergency Preparedness Gaps	4\10
Communication Barrier	5\10
Budget & Resource Allocation	4\10





Risk Management Preparedness Score (Overall)

- **High Preparedness Areas**: Patient safety, 24×7 service delivery, electrical safety, staff deployment.
- **Moderate Preparedness Areas**: Committee formation, risk scale use, audits.
- **Low Preparedness Areas**: Emergency response systems, RCA, SOP documentation, training programs.

GAP FINDINGS

- **Audit and Monitoring**: Only 50% conduct routine audits
- **Underreporting Culture**: Fear-based culture is limiting open incident reporting
- **Missing SOPs & Tools**: Many hospitals lack standard SOPs and risk communication tools
- **Emergency Response Gap**: lack a structured emergency response system framework
- **Training Deficit**: Many facilities show lack of competency in risk reporting.

SUGGESTION

Implement a **"No-Blame Culture"** policy.

Utilization of anonymous reporting tools or drop-boxes

Strengthening the RMS system in the institution by a trained RMC officer

Establish a small RMS room with digital monitoring tools

LEARNING FROM INTERNSHIP

- Learned about the organizational framework and quality assurance systems of NHM.
- Used primary surveys to gather and analyze primary data.
- Examined the level of preparedness for risk management in district level hospitals.
- Diagnosed inadequacies in standard operating procedures (SOPs) and the systems for responding to emergencies.

Importance of Internship - NHM Rajasthan

1. Put MBA theory to practice in actual healthcare environments.
2. Acquired practical skills in quality and risk management.
3. Enhanced skills in research, data analysis, and reporting.
4. Developed confidence through the interaction with healthcare clinicians.