

Summer Internship Report

At



(April 24th to June 24th, 2024)

A Report

By

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(PG/23014)

Post Graduate Diploma in Hospital and Health Management

2023-25

ON

**Evaluating Adherence to Quality Standards at Mata Kaushalya Hospital, Patiala: An
NQAS Approach**



International Institute of Health Management Research, New Delhi



CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT

.....*Amisha Awasthi*.....

has completed internship under the guidance of *NMTI, District Patiala*
under National Health Mission for *Assesed Quality assurance parameters of MLCU*
from date.....*24th April '2024*..... to *24th June '2024*.....

We found him/her sincere, hardworking, dedicated and result oriented.

He/She worked well as a part of the team during his/her tenure.

National Health Mission Punjab wish him/her all the best for the future endeavors.

Mission Director
National Health Mission , Punjab

CERTIFICATE OF APPROVAL

The Summer Internship Project of titled " **Evaluating Adherence to Quality Standards at Mata Kaushalya Hospital, Patiala Punjab: An NQAS approach**" is here by certified study management carried out and placed presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the report only for the purpose it is submitted.



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FEEDBACK FORM
(ORGANIZATION SUPERVISOR)

Name of the Student: Amisha Awasthi

Summer Internship Institution: National Health Mission Punjab

Area of Summer Internship: Quality Assurance

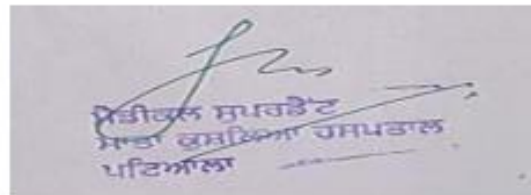
Attendance: Satisfactory

Objectives met: Internship objectives are met.

Deliverables: Internship report, NQAS Assessment, Quality parameters of MLCU.

Strengths: Hardworking and disciplined.

Suggestions for Improvement: -----



Handwritten signature in blue ink over a purple stamp. The stamp text in Gurmukhi script reads: "ਮੈਡੀਕਲ ਸੁਪਰਡੈਂਟ", "ਸੇਵਾ ਕੁਸ਼ਲਤਾ ਹਸਪਤਾਲ", "ਪਟਿਆਲਾ".

Signature of the Officer-in-Charge (Internship)

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Name of the Student: Amisha Awasthi

Summer Internship Institution: National Health Mission Punjab

Area of Summer Internship: Quality

Attendance: Satisfactory

Objectives met: Internship objectives are met.

Deliverables: Report submission and presentation

Strengths: Keen observer and eager to learn.

Suggestions for Improvement: -



Signature of the Officer-in-Charge (Internship)

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ACRONYMS / ABBREVIATION-

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NRHM – NATIONAL RURAL HEALTH MISSION

NUHM – NATIONAL URBAN HEALTH MISSION

NHM – NATIONAL HEALTH MISSION

MKH- MATA KAUSHALYA HOSPITAL

NMTI – NATIONAL MIDWIFERY TRAINING INSTITUTE

MLCU- MIDWIFERY LAID CARE UNIT

NQAS – NATIONAL QUALITY ASSURANCE STANDARD

RCH – REPRODUCTIVE AND CHILD HEALTH

CHC – COMMUNITY HEALTH CENTRE

PHC – PRIMARY HEALTH CENTRE

ISQUA – INTERNATIONAL SOCIETY FOR QUALITY IN HEALTH CARE

QOC – QUALITY OF CARE

QA – QUALITY ASSURANCE

ICU – INTENSIVE CARE UNIT

SNCU – SICK NEWBORN CHILD UNIT

PP UNIT – POST PARTUM UNIT

IPD – INDOOR PATIENT DEPARTMENT

OPD – OUTDOOR PATIENT DEPARTMENT

NHP – NATIONAL HEALTH PROGRAM

HAI – HOSPITAL ACQUIRED INFECTION

IEC – INFORMATION EDUCATION AND COMMUNICATION

SOP – STANDARD OPERATING PROCEDURE

PDCA – PLAN DO CHECK ACT

A. OBSERVATIONAL LEARNING

Introduction: National Health Mission

The National Health Mission (NHM) is a comprehensive health initiative launched by the Government of India to tackle the diverse health challenges faced by the country. The NHM merges two crucial sub-missions: the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). Together, these sub-missions aim to ensure that every Indian has access to equitable, affordable, and quality healthcare services that are accountable and responsive to the needs of the people.

Goals :

Specific goals for the states are based on existing levels, capacity, and context. State specific innovations would be encouraged. Process and outcome indicators will be developed to reflect equity, quality, efficiency, and responsiveness. Targets for communicable and non-communicable diseases will be set at state level based on local epidemiological patterns and taking into account the financing available for each of these conditions.

The endeavour would be to ensure the achievement of indicators in :

1. Reduce MMR to 1/1000 live births
2. Reduce IMR to 25/1000 live births
3. Reduce TFR to 2.1
4. Prevention and reduction of anaemia in women aged 15–49 years
5. Prevent and reduce mortality & morbidity from communicable, non- communicable; injuries and emerging diseases
6. Reduce household out-of-pocket expenditure on total health care expenditure
7. Reduce annual incidence and mortality from Tuberculosis by half
8. Reduce the prevalence of Leprosy to <1/10000 population and incidence to zero in all districts
9. Annual Malaria Incidence to be <1/1000
10. Less than 1 percent microfilaria prevalence in all districts
11. Kala-azar Elimination, <1 case per 10000 population in all blocks.

Vision of the NHM

“Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people’s needs, with effective inter-sectoral convergent action to address the wider social determinants of health”

Objectives:

- Strengthen existing healthcare infrastructure at all levels (primary, secondary, tertiary).
- Improve access to essential drugs and diagnostics.
- Increase human resources for health.
- Focus on maternal health and childcare services.
- Promote reproductive and child health (RCH) services.
- Address the growing burden of NCDs.

Key Initiatives under NHM Punjab

- **Mission Indradhanush:** Mission Indradhanush is a national initiative by the Government of India to increase vaccination coverage among children and pregnant women. The mission targets children who are either unvaccinated or partially vaccinated against seven vaccine-preventable diseases: diphtheria, whooping cough, tetanus, polio, tuberculosis, measles and hepatitis B.
- **RMNCH+A:** RMNCH+A aims to improve maternal and child health by providing services such as prenatal care, delivery and newborn health.
- **NPCDCS:** It focuses on strengthening of infrastructure for NCD diagnosis and treatment, training of health workers in NCD management, establishment of NCD clinics at district and local health centre levels, provides free or subsidized diagnostic services and medicines for NCDs.
- **NVBDCP:** This program focuses on preventing and controlling vector-borne diseases like malaria, dengue, chikungunya, filariasis, and Japanese encephalitis.

Rastriya Bal Swasthya Karyakram (RBSK): It is a unique program to improve the overall quality of life of children so that all children can reach their full potential and

- also provide comprehensive care for all children in the community. This program includes screening children from birth to age 18 for the 4 Ds of birth defects, diseases, deficiencies and developmental delays.

National Midwifery Training Institute

UNFPA is the United Nations sexual and reproductive health agency and has been operating in India since 1974. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled ensuring rights and choices for all.

One of the main causes of maternal and neonatal mortality is substandard intrapartum care due to unskilled workforce. The government's initiative, known as Midwifery Service Initiative, was launched in 2018 to tackle the issues of insufficiently trained health care professionals, particularly in the area of maternal care. As part of this initiative Ministry of Health and Family Welfare (MoHFW) started NMTIs (National Midwifery Training Institute) with an objective of training national and state midwifery educators (ME). These midwifery educators will further train the Nurse practitioner midwives who will lead the Midwifery Led Care Unit (MLCU). MLCU is established in the high case load facilities. MLCU, a unit where natural physiological is birth promoted without induction of labour. The objective of establishing a MLCU is to improve the quality of maternal health care and to reduce the workload of the doctors and health care professional in high case load facilities. UNFPA worked closely with MoHFW, GOI in setting up NMTI at Patiala and Udaipur.

Objective: The overall objective is to support the midwifery initiative by ensuring roll-out of quality training at NMTIs/SMTIs, and support the rollout of new contraceptives in the country through support at national level and specific support in the UNFPA focus states

The specific objective of the project are as follows:

Provide oversight and facilitate quality training and mentoring at NMTIs/SMTIs, establish smooth implementation of accreditation, and regulations mechanism for trainees and midwifery training institutes, and develop roadmap for deployment of trained MEs and NPMs in UNFPA focus states.

Mode of data collection

1. Observation

Make physical observations of health care practices, procedures, patient interactions, and general environment in health care settings. This enables real-time data collection on compliance with standards and quality of care. Many measurable elements can be assessed directly by observing objects, processes and the surrounding environment.

2. Employee interviews

Contact employees to assess their job knowledge and skills. These interactions provide insight into their ability to meet the demands of the job.

3. Record review

Because it may not be possible to observe all clinical procedures, a record review can provide objective evidence. This information should be cross-referenced to ensure accuracy.

4. Patient interviews

Talking to patients or customers can reveal valuable information about the quality of services and the hospital experience and provide a user perspective.

General findings

The National Midwifery Training Institute (NMTI) and the Midwifery Led Care Unit (MLCU) have shown a significant positive impact on the quality of maternal and newborn care. At NMTI, comprehensive training programs according to international standards, together with internship opportunities and the support of experienced teachers, have led to high qualifications of the trainees. The institute is well equipped with modern training equipment which ensures proper education to the trainees. In addition, the implementation and sustainability of the program was supported by a strong partnership with health institutions and the active participation of the Ministry of Health and Family Welfare (MoHFW) and UNFPA.

At MLCU, the focus on natural, physiological childbirth and the reduction of unnecessary medical procedures has resulted in a high standard of care for mothers and newborns. Patients reported high levels of satisfaction with personal and respectful care, which increased confidence in midwife-led services. Well-trained nurse midwives (NPMs) are critical to unit success and demonstrate advanced skills and continuous professional development. MLCUs have improved operations by simplifying processes and reducing the burden on physicians and other healthcare professionals. The community impact was significant, and awareness and acceptance of midwife-led care increased, particularly in underserved areas.

A review of National Quality Assurance Standards (NQAS) at Mata Kaushalya Hospital revealed some critical findings. The evaluation highlighted the hospital's commitment to maintaining a high level of care. The hospital displayed a strong infrastructure with well-maintained facilities and essential medical equipment. Patient care practices were generally found to be effective and healthcare providers demonstrated commitment. However, the assessment also found areas for improvement. Although employee training programs exist, they need to be improved to ensure a consistent skill level across departments. In addition, the hospital must handle documentation and filing so that patient information is accurate and comprehensive. Although infection control practices are mostly adequate, they require stricter controls and regular inspections. Overall, while Mata Kaushalya Hospital meets many quality criteria, a focus on continuous staff training, accuracy of documentation and strict infection control is needed to achieve higher levels of patient care.

Conclusive Learning

The National Midwifery Training Institute (NMTI), Midwife-Led Care Unit (MLCU) and National Quality Assurance Standards (NQAS) assessments as part of my internship provide valuable information on how to improve maternal and newborn health care services:

NMTI has made a significant contribution to improving maternal health care by equipping midwifery educators with the skills needed to train nurse midwives (NPM). The institute's emphasis on international standards in curriculum and practice ensures a skilled workforce capable of providing quality obstetric care. Key learnings include the importance of structured training programs, continuous professional development, and strong partnerships with healthcare facilities for hands-on training opportunities.

MLCU model promotes natural childbirth and reduces unnecessary medical procedures, which improves the health status of mothers and newborns. Key achievements include continuous.

midwifery support, streamlined operational protocols and community engagement strategies to promote acceptance and use of midwifery services.

In addition, the NQAS assessment of health facilities such as Mata Kaushalya Hospital indicates critical areas for improvement in infrastructure, staff training, documentation practices and infection control. Key insights emphasize the importance of maintaining high standards of care through strict adherence to protocols, ongoing staff development and robust quality assurance measures. These findings emphasize the central role of comprehensive training, effective resource management, and continuous quality improvement in ensuring patient safety and health care.

In summary, the practice report brings together the lessons learned from the NMTI, MLCU and NQAS evaluations and advocates for integrated approaches in public health initiatives. It emphasizes the importance of investing in health worker capacity, implementing evidence-based practices and fostering collaborative partnerships to achieve sustainable improvements in maternal and newborn health outcomes. This knowledge is important for future policies, programs and interventions aimed at promoting public health and ensuring equitable access to quality health services.

My internship at NHM Punjab ignited a passion for public health initiatives that bridge the gap between access and quality of healthcare. Through this experience, I honed my skills in maternal and child health, health promotion and health management. The internship reinforced my commitment to promoting maternal health, promoting care-led models of midwifery and ensuring equitable access to health care. In the future, I am committed to using these valuable lessons to advance public health and improve health outcomes for women and children in a variety of health care settings.

A. PROJECT REPORT: Evaluating Adherence to Quality Standards at Mata Kaushalya Hospital, Patiala: An NQAS Approach

Background

A worldwide problem is the provision of subpar hospital treatment. Low- and middle-income populations in the same administrative area or a comparable area are usually served by regional hospitals that offer primary care services, including inpatient care pertaining to the core clinical areas of internal medicine, surgery, obstetrics, and neonatal and paediatric care (LMICs). In addition to supporting maternity, neonatal, paediatric, and surgical treatments as part of general health care, these regional hospitals have been seen as essential components of primary care since the Alma-Ata Declaration of 1978.

A district hospital functions as a secondary referral-level facility for a district in a certain region with a particular population. Its objective is to offer the district's citizens complete secondary health care at a satisfactory standard of quality, while also being sensitive to the requirements of referral centres and individuals. Aside from providing all essential specialized services, the district hospital should work to progressively expand its offerings to include super specialized services. The district hospital must also always be ready for disaster assistance and epidemics.

Health system quality is about ensuring that patients receive high-quality care, have access to skilled and competent health workers and organizations that focus on quality, access to knowledge and communication, and constantly assess patient responses to meaning of something. It also benefits patients by focusing on appropriate healthcare decisions and balancing healthcare practices, patient safety, vulnerable patients, safe transportation, and most importantly, continuity of care.

Quality of care is always a key focused area for policy makers to improve health outcomes and enhance patient satisfaction. The NHP 2017 clearly stated the goal of improving health outcomes through policy intervention across all sectors and growing the public health sector's quality-focused prevention, promotion, treatment, preventive, and rehabilitation services.

Indian government has demonstrated its commitment to strengthening the health sector to improve the overall well-being of the people. Since independence, great progress has been made in this regard. Efforts focused on strengthening referral services in local and regional hospitals and expanding specialist care services. Currently, these facilities include numerous specialists including doctors, surgeons, obstetricians, gynaecologists, paediatricians, orthopaedics, ophthalmologists, anaesthesiologists, ENT specialist and dentists located at the regional headquarters.

Quality Assurance is defined by the American Society for Quality as "planned and systemic activities, which are implemented in a quality system so that the quality requirement of the product or service would be fulfilled."

It is based upon:

- The goal of quality assurance is to meet the needs and expectations of patients.
- Quality control is concerned with the system and the process.
- Quality assurance analyses the service delivery process using data.
- A collaborative approach to problem-solving and quality enhancement is promoted by quality assurance.

MoHFW launched the NQAS program in 2013 with the support of NHM to improve the quality of healthcare in general. These standards, based on international best practices, respond to the needs of public health organizations. The NQAS program has two components: self-assessment and certification community health centers (CHCs), primary health centers (PHCs), and district hospitals are examples of public health institutions and urban PHCs can use the NQAS framework to assess their own performance and identify areas for improvement. Additionally, these facilities may attempt to obtain formal certification by meeting specified standards.

The NQAS program is important because it is accredited by the ISQua. This certification means that the NQAS standards meet the highest international standards of comprehensiveness, rationality and evidence-based development. By implementing the NQAS programme, India is taking an important step towards ensuring the good health of its people. (MoHFW 2013)

Vision - Improvement of health through targeted policy measures in all sectors and expansion of preventive, facilitative, curative, palliative and rehabilitative services provided by public health, with a focus on quality. Quality standards serve as the fundamental cornerstones of systems for measuring quality.

Quality measurement system defined seventy standards for adherence. The standards are grouped into eight areas of concern. All seventy standards are quantifiable in nature. These standards and measurable elements are controlled in each section of the health facility through departmental checkpoints. All departmental checklists were compiled to form an assessment tool called the "Checklist". Scored/completed checklists create score cards.

A health facility's areas of concern are as follows-

**SERVICE
PROVISION**

Curative Services, RMNCHA Services, Diagnostic Services, NHM and State Programmes, Support Services and Service appropriateness

**PATIENT
RIGHTS**

Information access, privacy, confidentiality, patient involvement in treatment, ethics, financial protection

INPUTS

Infrastructure, Physical safety, Qualified and trained staff, drugs and consumables, defined and established procedures for utilization and augmentation of competence and performance of staff

**SUPPORT
SERVICES**

Water supply, electricity, drug storage facility, dietary services, financial management, equipment maintenance

**CLINICAL
SERVICES**

Disaster management, intensive and emergency care, nursing care, record keeping, registration, and STP.

**INFECTION
CONTROL**

Good personal hygiene, equipment, waste segregation and disposal, and infection control procedures

**QUALITY
MANAGEMENT**

Standard operating procedures, staff and patient satisfaction, and organizational structure. regular evaluation and risk control strategy.

OUTCOME

Clinical care, productivity, efficiency, and service quality indicators.

The NQAS framework has been officially approved by the International Society for Quality in Health Care (ISQua). This designation means that the standards meet the world's most rigorous benchmarks for comprehensiveness, independent evaluation, evidence-based development and overall development efficiency.

There are, in total, 19 departmental checklists for the assessment of the district hospitals:

- Accident & Emergency department
- Intensive Care Unit
- Outdoor patient department
- Indoor Patient Department
- Labour room (LaQshya)
- Blood Bank
- Maternity Ward
- Laboratory Services
- Paediatric Ward
- Radiology & USG
- Sick Newborn Care Unit (SNCU)
- Pharmacy
- Nutritional Rehabilitation Centre (NRC)
- Auxiliary Services
- Maternity
- Operation theatre
- Mortuary
- Post-Partum Unit
- General Administration
- Operation Theatre

Objective

- ☐ To assess adherence to National Quality Assurance Standards (NQAS) at Mata Kaushalya Hospital, Patiala.
- ☐ To identify major gaps in the eight NQAS areas of concern.
- ☐ To recommend strategies to enhance the hospital's quality standards.

Mode of data collection

This comprehensive assessment of Mata Kaushalya Hospital examines adherence to the NQAS in eight key areas. NQAS framework is a road map to guide the assessment of various aspects of patient care delivery.

- **Observation:**

Observation method was used to assess the adequacy of facilities and equipment to ensure compliance with established standards for service delivery. Additionally, the focus was on patient privacy practices to ensure hospital confidentiality and patient privacy. I looked closely at whether systems were in place to protect patient information. Finally, the evaluation assessed staffing levels to ensure that the hospital has an adequate number of qualified and trained staff to manage the current patient load.

- **Staff Interviews:**

In-depth interviews with employees from various departments helped gather valuable information. These interviews examined staff knowledge of established procedures for service delivery, focusing on understanding of appropriate procedures and best practices. Compliance with safety procedures, the cornerstone of quality control, was also assessed in these interviews. It also explored employee perceptions of training effectiveness, considering areas where employee development could be developed.

- **Patient Interview:**

The patient's perspective is very important in assessing the quality of care. Patient interviews were conducted to collect positive feedback. This includes patients' experiences of various aspects of their care, including communication with staff, attention to their needs and overall comfort during their hospital stay. Quality of care was also examined, including additional factors such as treatment effectiveness and pain management.

- **Record review:**

A review of the primary clinical literature was performed. This best practice includes reviewing hospital records, including patient charts and medical records. Policies and procedures established by the hospital were examined to ensure they conform to best practice and NQAS recommendations. The hospital's quality assurance procedures were also reviewed to assess their effectiveness in identifying and resolving quality problems.

Data compilation

In the study, NQAS checklist was used and data was collected in four ways, viz. direct observation, client interview, employee interview and document review. Infrastructure including parameters like its maintenance, compliance of various areas and quality control was recorded based on observation. Information on other parameters such as services provided, patient safety, screening, prevention and treatment of various diseases were recorded by interviewing clients and staff. The preservation of records and data was verified through various record registers maintained by the institution and correspondence was given for each control point.

Data Analysis

Data collection - Data was collected on paper by a department and then entered into the NQAS checklist on the NHRSC website. This checklist assesses the quality of various departments based on eight criteria: delivery of

services, rights of patient, inputs, support services, medical services, infection control, management of quality and results. Data for these criteria was collected using the methods listed in the checklist, including employee interviews, record reviews, customer interviews, and observation. For each of the eight factors given in the checklist, information was collected on some important variables/checkpoints and each variable was evaluated. A score of 2 indicated complete compliance, 1 indicated moderate compliance, and 0 indicated that the variable was not compliant. Each control point was given the same weight for scoring. All eight parameters were total, each facility was assessed as either fully selected (100%), partially compliant (50%-99%) or noncompliant (scores were given between 0 and 2 for eight major concerns, 74 standards). Scores are automatically calculated department wise and as well as area of concern wise (8 areas of concern).

Data Interpretation

To check the compliance of services that are to be provided in the Mata Kaushalya Hospital, NQAS checklist of District hospital were run. Civil hospital was analysed and assessed on the basis of 8 areas of concern. While considering the area of concern as service provision, it was observed that the compliance score generated in Civil Hospital is 76%.

NQAS SCORE CARD-DISTRICT HOSPITAL						Version: DH/ NQAS-2020 Revision-00	
Hospital Score Card (Department wise)							
Accident & Emergency	OPD	Labour Room	Maternity Ward	Paediatrics OPD	Hospital Score		
75%	89%	90%	67%	79%			
Paediatrics Ward	SNCU	NRC	OT	M- OT			
71%	79%	NA	83%	87%	76%		
PP Unit	ICU	IPD	Blood Bank	Lab			
85%	75%	65%	NA	82%	LaQshya Score	MusQan Score	
Radiology	Pharmacy	Auxiliary	Mortuary	Haemodialysis Centre			
82%	72%	67%	NA	NA	88%	76%	
General Administration							
54%							

Some major gaps were identified during assessment of Mata Kaushalya Hospital:

GAPS	ACTION PLAN
Overcrowding	The facility needs to ensure there is no overcrowding within hospital premises for that facility can use pass/token system and mics for calling out patient during OPD hours. They can opt for online registration of the patient to avoid long queue at registration desk.
Absence of a formal plan for disaster and fire safety.	Hospital need to have established programme for fire safety and disaster management.
No Disaster management Training	There is a need of Disaster management team in the hospital to ensure the safety of patients and staff during any disaster. The facility should also conduct mock drills.
The current version of SOPs is not available at the facility	SOPs shall be made available so that the department can function according to guidelines provided by the state government.
Employee Feedback	Employee feedback needs to be done on monthly basis and corrective and preventive action needs to be taken accordingly
No competency/ skill assessment of the staff.	The facility needs to conduct competency assessment of the staff periodically.
Shortage of Human resource	Facility must ensure that adequate number of staff shall be made available at SNCU.
Training of the staff related to end-of-life care.	Facility must conduct training session related to end-of-life care for their staff.
There is no special nutrition plan for critically ill individuals with heart disease, hypertension, diabetes, pregnancy, diarrhea, or kidney disease.	To ensure that patients receive a balanced diet, the dietary department should provide a particular diet for critically sick patients with heart disease, hypertension, diabetes, pregnancy, diarrhoea, and renal disease.

No security guards in high load department	Security guards should be available in all high load department to ensure that is no violence in hospital premises
SaQuashal checklist self-assessment tool	Facility needs to conduct patient safety assessment by using SaQuashal checklist.
Audits	Facility needs to conduct medical audits and clinical audits periodically.
No clear and defined processes for encouraging public involvement in hospital accountability and transparency management.	The facility needs to have defined and established procedures for promoting public participation in management of hospital transparency and accountability.
Lack of strategy for addressing the areas where satisfaction is low	Action plans should be put together by the facility for the areas where customer satisfaction is low.
Tools of quality improvement	Facility should use tools (PDCA, Six sigma etc) for quality improvement in services.
24×7 drinking water is not available on each floor.	Facility must ensure that each floor should have drinking water facility.

Recommendation

a. Overcrowding:

- Implement an appointment system and online registration to manage patient flow.
- Increase staff at registration and pharmacy to expedite service.
- Expand waiting areas to improve patient comfort and safety.
- Consider a token system for queue management and wait time estimates.
- Use patient information kiosks to allow patients to access medical records, update information, and even schedule appointments, further reducing congestion at registration counters.

b. Facility should use tools for quality improvement of services.

PDCA – It is considered a planning tool. It helps to improve new Processes or any aging process.

P (PLAN) – Recognizing opportunity and plan a change accordingly.

D (DO) – Now testing the changes on a small scale.

C (CHECK) – Now it's time to review and analyse the changes made.

A (ACT) – Acting from the analysed results, if the changes are working, then continue the cycle; if not, review the cycle and make changes accordingly

c. Staff shortage

The lack of adequate human resources was a significant problem across all district hospitals. The state government needs to assign more human resources to these districts so that workload on the current staff can be managed.

To optimize staffing, redistribute available personnel from areas with low patient volume to departments experiencing high demand. This ensures better patient care and reduces staff burnout in busy areas. This measure will help ease the burden on current staff and improve overall service delivery.

d. No Standard Operating Procedure (SOP)

The development and implementation of a Standard Operating Procedure (SOP) is essential to a hospital's reliable and effective functioning. Involving department heads & staff in the development of these SOPs ensures that they are practical and tailored to the specific workflows of the hospital. Organizing workshops and trainings familiarizes employees with these procedures, ensures compliance and improves overall operational efficiency. Regular reviews and updates of SOPs keep them relevant and effective.

e. Lack of standard treatment guidelines

Lack of clear guidelines can lead to inconsistencies and inefficiencies in hospital operations. The hospital must adapt and implement the guidelines based on the national health policy, ensuring that they respond to the local situation. Creating a centralized electronic archive for these guidelines makes them readily available to all employees. Establishing committees to periodically review and update the guidelines ensures that they are current with evolving medical practices and policies. These steps provide a clear framework for staff to follow, improving the quality of care provided to patients.

f. On the job training

The implementation of a comprehensive training program is necessary for the staff to have sufficient skills and knowledge. The hospital must use state training modules and resources adapted to health professionals. Foster a culture of continuous learning by organizing peer learning sessions where experienced staff can share best practices.

In addition, support staff at government workshops and conferences improve their skills and keep them updated of the latest developments in healthcare. These training initiatives improve staff efficiency and quality of patient care.

g. Audit

Implement regular clinical and medical audits. These audits should focus on critical areas impacting patient outcomes, utilizing evidence-based standards. Reliable data collection with involvement from healthcare professionals, patients, and administrators is essential. Use the audit findings to continuously improve processes and elevate the overall quality of care provided.

Additional recommendations

- The advantage of NQAS accreditation for enhancing the standard of care in the public sector needs to be conveyed to all staff.
- The facility needs to have established programme for fire safety and disaster management.
- Dietary department should Offer a specific diet to critically sick patients with heart disease, hypertension, diabetes, pregnancy, diarrhoea, and kidney disease so that patient can get a balance diet.
- Security guards should be available in all high load department to ensure that there is no violence in hospital premises.
- Facility needs to conduct patient safety assessment by using SaQuashal checklist.
- Facility must ensure that each floor should have drinking water facility.
- Mission statement, core values and quality statement should be displayed at each department.
- Patient attendant visits need to be followed strictly, for that token system can be used along with a security guard to monitor the situation.
- Roles and responsibilities must be made very clear to every staff.

Conclusion

Achieving high-quality care at Mata Kaushalya Hospital requires a multi-pronged approach. A well-defined action plan with regular monitoring is essential for continuous improvement. Embracing digital solutions like electronic health records can streamline patient information and enhance care coordination. Investing in the continuous education of nurses and doctors on quality management principles empowers them to deliver exceptional care. Furthermore, engaged leadership that actively monitors progress, resource allocation, and implementation fosters a culture of quality. Recognizing and rewarding staff efforts, including nurses and housekeeping personnel, further motivates them. Finally, strategically aligning quality improvement initiatives with NQAS standards positions Mata Kaushalya Hospital for potential NQAS accreditation, a prestigious symbol of excellence in patient care.

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ANNEXURE

Reference No	Area of Concern & Standards	NQAS Score	LaQshya Score
	Area of Concern A- Service Provision		
Standard A1.	Facility Provides Curative Services	88%	100%
Standard A2	Facility provides RMNCHA Services	85%	96%
Standard A3.	Facility Provides diagnostic Services	76%	50%
Standard A4	Facility provides services as mandated in National Health Programmes/ State Scheme	71%	NA
Standard A5.	Facility provides support services	92%	NA
Standard A6.	Health services provided at the facility are appropriate to community needs.	70%	NA
	Area of Concern B- Patient Rights		
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	77%	83%
Standard B2.	Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.	76%	100%
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient, and has a system for guarding patients related information	90%	100%
Standard B4.	Facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitate informed decision making patient.	81%	100%
Standard B5.	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of hospital services.	75%	100%
Standard B6	Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities	61%	NA
	Area of Concern C - Inputs		
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	79%	90%
Standard C2.	The facility ensures the physical safety of the infrastructure.	84%	94%
Standard C3.	The facility has established Programme for fire safety and other disaster	75%	75%
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	76%	90%
Standard C5.	Facility provides drugs and consumables required for assured list of services.	96%	100%
Standard C6.	The facility has equipment & instruments required for assured list of services.	90%	96%
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	63%	69%

Area of Concern D- Support Services			
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	95%	100%
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of medicines and consumables in pharmacy and patient care areas	84%	88%
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	77%	83%
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	84%	93%
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	87%	100%
Standard D6.	Dietary services are available as per service provision and nutritional requirement of the patients.	61%	NA
Standard D7.	The facility ensures clean linen to the patients	91%	83%
Standard D8.	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	0%	NA
Standard D9.	Hospital has defined and established procedures for Financial Management	38%	NA
Standard D10.	Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	58%	NA
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	72%	63%
Standard D12.	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	60%	NA
Area of Concern E- Clinical Services			
Standard E1.	The facility has defined procedures for registration, consultation and admission of patients.	93%	100%
Standard E2.	The facility has defined and established procedures for clinical assessment, reassessment and treatment plan preparation.	89%	92%
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	68%	100%
Standard E4.	The facility has defined and established procedures for nursing care	74%	75%
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	80%	100%
Standard E6.	Facility ensures rationale prescribing and use of medicines	68%	88%
Standard E7.	Facility has defined procedures for safe drug administration	95%	100%
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	85%	90%
Standard E9.	The facility has defined and established procedures for discharge of patient.	94%	NA
Standard E10.	The facility has defined and established procedures for intensive care.	37%	NA
Standard E11.	The facility has defined and established procedures for Emergency Services and Disaster Management	55%	0%
Standard E12.	The facility has defined and established procedures of diagnostic services	91%	100%
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	96%	100%
Standard E14.	Facility has established procedures for Anaesthetic Services	93%	92%
Standard E15.	Facility has defined and established procedures of Operation theatre services	92%	88%
Standard E16.	The facility has defined and established procedures for the management of death & bodies of deceased patients	83%	100%
Standard E17.	Facility has established procedures for Antenatal care as per guidelines	95%	NA
Standard E18.	Facility has established procedures for Intranatal care as per guidelines	99%	99%
Standard E19.	Facility has established procedures for postnatal care as per guidelines	83%	86%
Standard E20.	The facility has established procedures for care of new born, infant and child as per guidelines	92%	NA
Standard E21.	Facility has established procedures for abortion and family planning as per government guidelines and law	100%	NA
Standard E22.	Facility provides Adolescent Reproductive and Sexual Health services as per guidelines	99%	NA
Standard E23.	Facility provides National health program as per operational/Clinical Guidelines	83%	NA
Standard E24.	The facility has defined and established procedure for Haemodialysis Services	100%	NA

	Area of Concern F- Infection Control		
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	82%	75%
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis	96%	100%
Standard F3.	Facility ensures standard practices and materials for Personal protection	94%	100%
Standard F4.	Facility has standard Procedures for processing of equipment and instruments	89%	98%
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	90%	97%
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	97%	91%
	Area of Concern G- Quality Control		
Standard G1	The facility has established organizational framework for quality improvement	76%	100%
Standard G2	Facility has established system for patient and employee satisfaction	53%	33%
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	75%	75%
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	49%	60%
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	25%	0%
Standard G6.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	43%	10%
Standard G7.	Facility seeks continually improvement by practicing Quality method and tools.	38%	38%
Standard G8.	Facility has de defined, approved and communicated Risk Management framework for existing and potential risks.	40%	NA
Standard G9	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	43%	100%
Standard G10.	The facility has established clinical Governance framework to improve quality and safety of clinical care processes	63%	80%
	Area of Concern H- Outcome		
Standard H1.	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	87%	100%
Standard H2.	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	81%	100%
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	83%	94%
Standard H4.	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark	66%	67%

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