

SUMMER INTERNSHIP

AT

NHM PUNJAB



(APRIL 26TH TO JUNE 24TH 2024)

“GAP ANALYSIS & ACTION PLANNING OF DISTRICT HOSPITAL MOHALI FOR MUSQAN CERTIFICATION

A REPORT BY

ANUSHI BHARDWAJ

(PG/23/022)



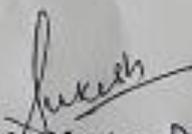
PGDM (Hospital and Health Management)

(2023-2025)

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH ,DELHI

Certificate of Approval

The Summer Internship Project of titled **Gap Analysis and Action Planning of District Hospital Mohali for MusQan certification at NHM Punjab** is hereby approved as a certified study in management carried out and 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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(Completion of Summer Internship from respective organization)
The certificate is awarded to

ANUSHI BHARDWAJ

In recognition of having successfully completed his/her
Internship in the department of

QUALITY ASSURANCE

and has successfully completed her Project on

“Gap Analysis and Action Planning of

District Hospital Mohali for Musqan

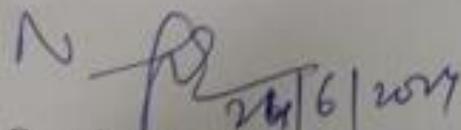
Certification”

Date 24/06/24

Organisation NHM PUNJAB

He/She comes across as a committed, sincere & diligent person who has a
strong drive & zeal for learning

We wish him/her all the best for future endeavors


24/6/2024
Organization Supervisor

Head-HR/Department Head

FEEDBACK FORM
(IHMR MENTOR)

Name of the Student: Anushi Bhardwaj

Summer Internship Institution: NIM Punjab

Area of Summer Internship: Quality Assurance

Attendance: 100%

Objectives met: Yes

Deliverables: Yes

Strengths: Quick learner, Sincere and Dedicated Student

Suggestions for Improvement: Work on Tech-skills (Tools)

Signature of the Officer-in-Charge (Internship)

Date: 16/12/24
Place: New Delhi

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Anushi Bhardwaj

Summer Internship Institution: NHM Punjab

Area of Summer Internship: Quality Assurance

Attendance: Satisfactory

Objectives met: Yes

Deliverables: Presented findings of Muskan assessment & AI actions to NHM Punjab.

Strengths: Sincere & Hardworking

Suggestions for Improvement:

N. B. 24/6/2024
Signature of the Officer-in-Charge (Internship)

Date: 24/6/24

Place: PHSC Mohali

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Acronyms/Abbreviation

- DH - District hospital
- SNCU - Special newborn care unit
- NRC - Nutrition Rehabilitation Centre
- QA - Quality assurance
- OPD - Outpatient department
- IPD - Inpatient department
- PW- Paediatric Ward
- ANC - Antenatal care
- PNC - Postnatal care
- JSSK- Janani Shishu Suraksha Karyakram
- JSY - Janani Suraksha yojana
- RBSK- Rashtriya Bal Swasthya Karyakram
- MoHFW - Ministry of health and family welfare
- NHM - National health mission
- PHC - Primary health centre
- CHC - Community health centre
- ISQua - International society for quality in health care
- PDCA - Plan, do, Check, act
- RIC- Rapid Improvement Cycle
- RCA- Root Cause Analysis
- CAPA- Corrective action preventive action
- LAMA- Leave against medical advice
- SAANS- Social Awareness and Action to Neutralise Pneumonia Successfully
- ARSH- Adolescent Reproductive & Sexual Health
- RCH- Reproductive Child Health
- BMW - Bio medical waste
- HAI - Hospital acquired infection
- IEC -Information, education and communication
- SOP/STG - Standard operating procedure / standard treatment guidelines
- IYCF - Infant and young child feeding
- RMNCHA+ - Reproductive , Maternal, Newborn, Child and Adolescent Health
- SUMAN - Surakshit Matritva Aashwasan Yojana
- M-OT - Maternity operation theatre
- DEIC- District early intervention centre
- PMJAY- Pradhan Mantri Jan Arogya Yojana
- AERB- Atomic Energy Regulatory Board
- UPHC – Urban Primary Health Centre
- UCHC- Urban Community Health Centre
- AAC- Aam Aadmi Clinic
- TOR- Terms of Reference
- AMTSL- Active Management of Third Stage of Labor
- IPC – Infection Prevention Control
- IMNCI – Integrated Management of Neonatal and Childhood Sickness
- 5S – Set Sort Shine Standardise Sustain
- QOC – Quality of Care

OBSERVATIONAL LEARNINGS

OVERVIEW OF NHM:

National Rural Health Mission which was launched in 2005 and subsequently it became National Health Mission in 2013 after launch of National Urban Health Mission focuses to provide quality healthcare services which are accessible, affordable to all sections of population especially to the marginalized & vulnerable. Under the NHM, substantial money has been invested for developing infrastructure and induction of skilled human resource and strengthening supply chain for ensuring availability of drugs and diagnostics.

The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening, Reproductive-Maternal- Neonatal-Child & Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. The NHM envisions achievement of universal access to equitable, affordable & quality health care services which are accountable and responsive to people's needs and promotes demographic balance. With all these aspects in mind, MoHFW launched some programs to improve the quality- NQAS, Kayakalp, LaQshya and MusQan. .

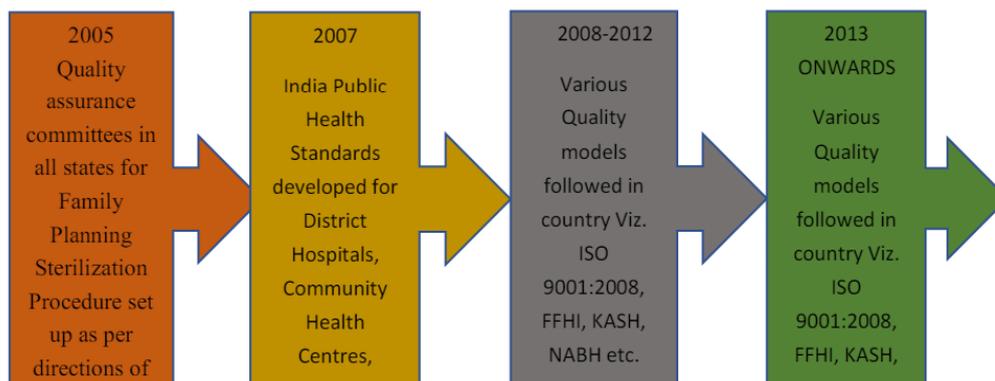
NQAS QUALITY :

Quality in Healthcare in India came into focus with the launch of the RCH in 1997, with one of its main objectives as improvement of quality of services provided by the public health care facilities in the country. Another watershed moment in the quality improvement initiative came in March 2005, when the Honourable Supreme Court directed all states to set up a Quality Assurance Committee (QAC) for Family Planning services at the State and District level. Almost at the same time, Indian Public Health Standards (IPHS) Guidelines were launched in 2007 and later revised in 2012 for District Hospitals, Community Health Centres, Primary Health centres and Sub Centre. IPHS guidelines serve its purpose in term of guiding the states in term of services, physical infrastructure in broad sense, HR, equipment, drugs, etc. However, it does not devolve into 'how' part in term of care organisation & delivery.

In Year 2012, the Ministry of Health & Family Welfare (MOHFW) commissioned a study of quality accreditation mechanism in public health facilities through an external consultant. The study report recommended for enacting a Quality Assurance Framework & Standards specific to the public health system, as none of the Standards & Certification program met the requirement of public health facilities. Based on consultation with Experts, States, Public Health Professionals and other Stakeholders, National Quality Assurance framework was launched in November 2013 with release of 'Operation' for District Hospitals to bridge the gap between the vision and the realization of Quality. Subsequently Guidelines for Quality Assurance in Public Health Facilities, on the same lines, Standards, and guidelines for Primary Health centres (PHC) and Community Health Centres were developed in December 2014. It was followed by development of Quality Standards for Urban Primary Health Centres in January 2016.

National Health Policy, approved and adopted by the Government of India in the year 2017, laid down the broad principles of professionalism, integrity, and ethics; equity; affordability; universality; patient centred quality care; accountability; pluralism; inclusive partnerships and decentralization. The Policy stresses upon the attainment of highest possible level of health & wellbeing for all ages, through preventive & promotive health care orientation in all developmental policies, universal access to good quality healthcare services without having financial hardship. It has definite time bound quantitative goals, which are aligned with existing national efforts as well as the global strategic directions, such as SDG and UHC goals. The health outcomes/ impact envisaged under National Health Policy cannot be achieved without excellent, safe and quality care. Therefore, It has been a priority for Ministry of Health and Family Welfare to strengthen the quality assurance framework by adopting a multi-pronged strategy in term of availability and retention of healthcare workers, improving their knowledge & skill to deliver the quality care, periodic monitoring and evaluations, ensuring safe and effective use of medicines & devices, integrating quality activities within the functioning of the health facilities and measuring their impact on patients' satisfaction and providing financial support.

JOURNEY TILL NOW



THE ORGANISATIONAL STRUCTURE:

For strengthening the Quality activities, following organisational arrangements need to be set up at various levels with the roles and responsibilities defined for each level:

1. National level: Central Quality Supervisory Committee (CQSC)
2. State level:
 - a) State Quality Assurance Committee (SQAC)
 - b) State Quality Assurance unit (SQAU)
 - c) QA assessors (Empanelled)
3. District level:
 - a) District Quality Assurance Committee (DQAC)
 - b) District Quality Assurance unit (DQAU)

4. Hospital level: Quality Teams (QT)

All tiers of health care institutions will have Quality Teams, including district hospitals, community health centres, primary health centres (both rural and urban) and wellness centres etc. The name of Quality team in district hospital level will be District Quality team (DQT); apart from quality team in the level of the hospital, there will be quality.

Brief overview of NQAS: NATIONAL QUALITY ASSURANCE STANDARDS

The NQAS are standards developed to enhance the service standards in government hospitals in India. They're designed for hospitals to assess their own performance and improve based on predefined criteria. The program is also used for certification.

These standards are internationally recognized and meet global benchmarks for quality. These checkpoints under each standard would be compiled in the form of a departmental checklist with the purpose of testing compliance of all relevant standards for a department of a healthcare facility in an organized, objective and simple manner. would be compiled in the form of a departmental checklist with the purpose of testing compliance of all relevant standards for a department of a healthcare facility in an organized, objective and simple manner.

The NQAS cover eight key areas:

- Service Provision
- Patient Rights
- Inputs (like staffing and equipment)
- Support Services
- Clinical Care
- Infection Control
- Quality Management
- Outcome

Service	•Curative Services, RMNCHA Services, Diagnostic Services, NHM and
Patient Rights	•Information access, Privacy, Confidentiality, Patient involvement in
Inputs	•Infrastructure, Physical safety, Qualified and trained staff, drugs and
Support Services	•Water supply, Electricity, Drug Storage facility, Dietary services,
Clinical	•Registration, Standard treatment protocol, Nursing care, Record
Infection	•Effective infection control practices, Personal hygiene, Equipment,
Quality	•Organization framework, Patient and employee satisfaction, Standard
Outcome	•Productivity, Efficiency, Clinical care and Service quality indicators

Quality Measurement System

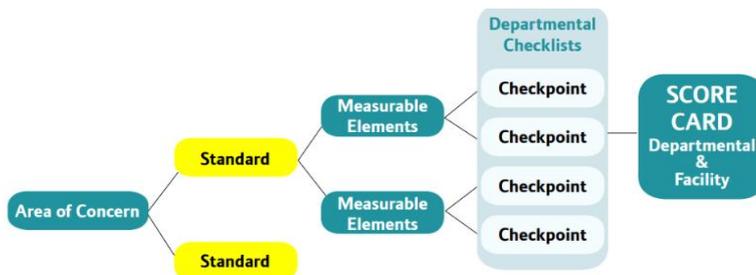
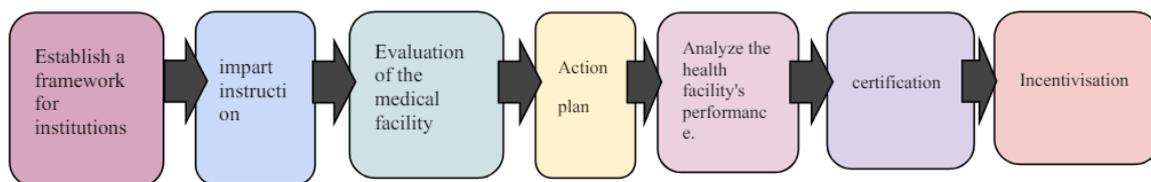


Fig1. Functional relationship between components of quality measurement system

Process of NQAS certification



Currently, NQAS is being conducted in the following facilities:

- District Hospital / Sub district Hospital
- Community Health Centre
- HWC-Primary Health Centre/ Sub-centre
- Urban Primary Health Centre

LEARNINGS:

During my internship at Quality Assurance branch, Punjab Health Systems Corporation (PHSC) , I had the opportunity to work on different aspects:

- Quality assessment of UPHC cum AAM AADMI CLINIC
- Aam Aadmi Clinic
- Functioning of LABOUR ROOM & MCH-OT UNDER LAQSHYA INITIATIVE in District Hospital Mohali
- Functioning of CLMC in District Hospital Mohali
- Functioning of ARSH Clinic

UPHC

UPHC/Polyclinics” in urban areas aims to further reduce morbidity and mortality by providing basic services on ambulatory/day care basis near urban areas. Such services in many hospitals will be limited to outpatient care. Urban areas are generally dense with a variety of inpatient health care facilities. Thus, the approach to PHC in urban areas will be different from rural areas. UPHCs have been established for every 50,000 population, as well as urban slums. Polyclinics will provide basic health services to a catchment population of 2.5 million consisting of 5-6 UPHCs based on location, population, availability of infrastructure and so on.

I observed UPHC which is in PHASE 1 Mohali and that is upgraded to Aam Aadmi clinic and became a co-centre for better healthcare facilities where different electronic digital platforms like e-shushrut were introduced for better functioning and in this doctors attendance, diagnostics, treatment is efficiently recorded. There, the work was to assess what services are being provided under AAC and what all services are still there under UPHC and how different and efficient functioning it has after becoming a co-centre.

The assessment was done with the help of checklist for NQAS-AAC and compared with UPHC and here the **findings** were:

- Immunisation is a part of UPHC and not covered under AAC.
- Patients are getting more attention after converting to AAC.

- Doctor-patient time has increased.
- Patient waiting time has reduced.
- OOAT Clinic (substance abuse) which was established under UPHC still functions under UPHC.
- ASHA workers and family planning still functions under UPHC and not AAC.

Services Offered:

- OPD
- FIRST AID
- DISTRICT MALARIA LAB
- OOAT CLINIC
- OUTREACH SERVICES ON FAMILY PLANNING
- DIGITAL REGISTRATIONS
- NUTRITION CAMPS
- IMMUNISATION
- OUTREACH SERVICES

AAM AADMI CLINIC

The Aam Aadmi Hospital has been conceived as a means of providing accessible and quality primary health care free of cost in communities in Punjab. The clinics offer the following services:

- Basic medical care based on a standardized treatment plan including treatment for common ailments such as colds, flu, skin problems and respiratory problems, first aid for injuries and burns of, including transfer for dressing and management of minor wounds.
- All laboratory tests should be done through empanelled laboratories for the hospital.
- All medicines as per medicine requirements will be provided free of charge to the patients
- Preventive services such as antenatal and postnatal care for pregnant women, nutrition screening and counselling are the preventive and promotional component of the national/national health system.

AAC PHASE 9 Observations:

Human resources available:

- 1 Doctor
- 2 Staff Nurse
- 1 Clinical Assistant
- 1 Lady health visitor

- 1 Lab technician
- 1 Pharmacist

Doctors were appointed on contractual basis with performance based incentives.

LHV& SN are appointed under NHM.

Provisional checklist was provided by SQAU to assess the AAC at PHASE 9 Mohali.

District Hospital Mohali

Mission: To build a legacy of compassionate care for our people throughout the state.

Vision : Our vision is to promote compassionate, excellence in clinical practice & provides accessible, affordable & Quality healthcare services.

Departments under DH:

- Accident & Emergency department
- Intensive Care Unit
- Outdoor patient department
- Indoor Patient Department
- Labour room (LaQshya)
- MCH-OT (LaQshya)
- Blood Bank
- Maternity Ward
- Laboratory Services
- Paediatric Ward
- Radiology & USG
- Sick New Born Care Unit (SNCU)
- Pharmacy
- Operation theatre
- Mortuary
- Post-Partum Unit
- General Administration

LAQSHYA:

Laqshya is a program launched by the Ministry of Health and Family Welfare (MoHFW) in India specifically to improve the quality of care provided in public health facilities during childbirth. Here's a breakdown of Laqshya:

Laqshya - Labour room Quality Improvement Initiative

To reduce preventable maternal and neonatal mortality, morbidity and stillbirth associated with delivery room and childbirth operations.

- Improving maternal and newborn care during and immediately after birth.
- Ensure respectful delivery care for pregnant women giving birth in all public health facilities.
- Target audience: Pregnant women delivering in government medical colleges, district hospitals, designated FRUs (primary referral centres), CHCs with more information (community health) institutions).

Key Focus Areas:

Intrapartum Care: This refers to the care provided during childbirth. Laqshya ensures proper monitoring of mothers and newborns, adherence to evidence-based practices, and timely interventions when necessary.

Postpartum Care: The program emphasizes providing quality care to mothers and newborns after delivery, including monitoring vital signs, breastfeeding support, and early detection of complications.

Respectful Maternity Care: Laqshya promotes dignified and respectful treatment of mothers throughout their childbirth experience.

Overall Impact:

Laqshya aims to create safer childbirth experiences in public health facilities, leading to a reduction in maternal and newborn deaths.

Major Gaps observed in Labour room :

- Gynaecology ICU is not available.
- Breastfeeding counselling is done only in morning.
- Labor room, OT And SNCU are not interconnected.
- Shortage of Human resource.

Good practices in Labour room:

- Staff competence (OSCE) is conducted at defined intervals.
- Referral system is very strong.
- Mortality & Morbidity is very low.

CLMC: Comprehensive Lactation Management Centre

CLMC stands for Comprehensive Lactation Management Centre. It's a facility established in DH Mohali to provide a safe and reliable source of breast milk for babies who are unable to receive it directly from their mothers.

They collect breast milk from healthy lactating mothers who have excess milk beyond their own babies' needs. Mothers undergo a thorough screening process to ensure they are healthy and eligible to donate milk. Donated milk is rigorously tested for infectious diseases to ensure the safety of the recipient babies. The collected milk is then pasteurized (a heat treatment process) to eliminate any harmful bacteria and stored frozen for future use. Pasteurized donor milk is provided to hospitals' Neonatal Intensive Care Units (NICUs) and Special Care Newborn Units (SNCUs) for premature, low birth weight, or sick babies who cannot receive their mothers' milk.

CLMCs also play a role in promoting and supporting breastfeeding by providing education and counselling to mothers on proper latching techniques, milk production, and overcoming breastfeeding challenges.

In DH Mohali ,first milk bank has opened which is a joint venture of AIMS Mohali and Rotary club Chandigarh which serves hundred of infants in need particularly those who are premature or critically ill.

ARSH CLINIC:

Rashtriya Kishor Swasthya Karyakram (RKSK) under its facility-based approach highlights the need to strengthen Youth Friendly Health Clinics (AFHCs). The channel was established in 2006 under RCH II as an Adolescent Reproductive and Sexual Health (ARSH) clinic to provide counselling on sexual and reproductive health issues

Currently, under the RKSK, AFHC Sexual and Reproductive Health includes clinical and counselling services on sexual and reproductive health issues, including nutrition, substance abuse, injury and violence (gender-based violence and female sexuality, non-communicable diseases, including mental illness Adolescent-friendly health services through trained service- MO,. Provided by ANMs and consultants at Primary Health

Centres (PHCs), Community Health Centers (CHCs) and AFHCs in District Hospitals (DHs) and Medical Colleges.

Counsellors play an important role in the operation of Youth Friendly Health Clinics (AFHCs). They inform, educate and counsel clients on adolescent health issues and refer patients to health facilities, or other service providers such as Integrated Counselling and Testing Centres (ICTC), interventional rehabilitation centres , non-communicable disease clinics etc. Furthermore, outreach services with counsellor week in schools, colleges, youth groups and community Awareness raising at least twice for youth to report, . caregivers and influencers on various adolescent health issues and are informed about the range of adolescent friendly health services available.

In DH Mohali Arsh clinic covered:

- Awareness generation on methods of contraception including IUCD ,Antara, oral & emergency contraceptive pill ,female sterilisation .
- Initiation of Post abortion Contraceptive Methods
- Chhaya (Non hormonal contraceptive pill) and available as “Saheli”.
- Mala N (Levonorgestrel+ Ethinyl oestradiol)

Mode of Data collection:

NQAS Checklist available on NHSRC website.

Recommendations:

The advantage of accreditations of NQAS,MusQan,LaQshya , for improving the quality of care in the public sector needs to conveyed to all staff.

Staff and doctors should be more involved and concerned regarding the whole process of certification.

PROJECT REPORT:

Introduction:

The Indian healthcare landscape is undergoing a rapid evolution, demanding continuous improvements in infrastructure, services, and adherence to quality standards. District Hospital Mohali, a cornerstone of healthcare in the region, requires a strategic plan to achieve excellence in newborn & child care. This proposal outlines a feasibility study designed to assess the hospital's current practices and develop a roadmap for achieving MUSQAN certification, a national recognition program under the National Quality Assurance Standards (NQAS) framework. This certification signifies the hospital's commitment to providing exceptional care for child and newborns based on established guidelines and best practices.

Background:

MusQan aims to ensure provision of quality child-friendly services in public health facilities to reduce preventable newborn and child morbidity and mortality. To provide child-friendly services to newborn and children in humane and supportive environment. Comprises of 4 departments : **Pediatric OPD, Pediatric Ward, SNCU and NRC.**

The key strategy of MusQan is to:

- Strengthen clinical protocols and management process,
- Children and parent attendant friendly ambience and infrastructure
- Strengthen referral and follow-up services
- Provision of respectful and dignified care

Rationale:

- **Meeting National Standards:** The NQAS framework provides a comprehensive roadmap for ensuring high-quality child-friendly care. This study will identify areas where District Hospital Mohali falls short of these established standards, paving the way for targeted improvements.
- **Elevating Patient Experience:** Fulfilling the NQAS criteria translates to a more positive and supportive environment for young patients. Dedicated facilities, age-appropriate communication, and child-centered processes minimize anxiety and create a more welcoming atmosphere for children receiving care.
- **Enhancing Staff Knowledge:** Through the data collection process, hospital staff will gain a deeper understanding of the NQAS standards and MusQan certification requirements. This increased awareness fosters a culture of continuous improvement and ensures staff are well-equipped to deliver the best possible care for young patients.

➤ **Achieving MusQan Recognition:** Earning MusQan certification signifies District Hospital Mohali's commitment to excellence in child healthcare. This prestigious recognition serves as a public marker of quality, attracting families and boosting the hospital's reputation for providing exceptional pediatric services.

Objectives:

Primary Objective: Identify gaps between existing practices at District Hospital Mohali and the NQAS standards for MusQan certification.

Secondary Objectives:

- Develop action plans with specific recommendations to address the identified gaps.
- Enhance hospital staff's awareness of the NQAS standards and MusQan certification requirements.

Methodology:

Study Design: Observational study

Study Area : District Hospital Mohali

Study Duration: 2 Months

Data Collection Tool : NQAS Checklist of MusQan

Methods Of Data Collection:

Method of data collection	
Record Review (RR)	SOP, audit registers, indicator registers, stock registers, admission registers, referral registers, immunization records etc. to check for implementation of services.
Staff Interview (SI)	Staff and personal interview to assess knowledge of their field.
Observations (OB)	Preparedness of the hospital in terms of maintenance of infrastructure, availability of IEC materials, drugs, storage/stocks, cold chain equipment as well demonstration of skills during provision of actual care.
Patient/Attendant Interview (PI)	To check patient satisfaction and quality of care provided as well problems faced by the patients.

Data Compilation:

The MusQan checklist, which is accessible on the NHSRC Website, was used to directly fill out the data. Data was collected on hardcopy, department wise and then entered on NQAS checklist on MS Excel. This checklist assesses the quality of various departments based on eight criteria: service delivery, patient rights, inputs, support services, clinical services, infection control, quality management, and outcomes. Data for each criterion were collected through staff interviews, record reviews, client interviews, and observations. Key variables/checkpoints for each criterion were scored, with 2 indicating full compliance, 1 indicating partial compliance, and 0 indicating noncompliance.

Data Validation:

Data collected was cross checked by the quality manager assigned.

Scores are automatically generated in the checklist department wise and as well as area of concern wise (8 areas of concern). Department wise critical gaps were identified and written under their respective standard in separate excel sheets.

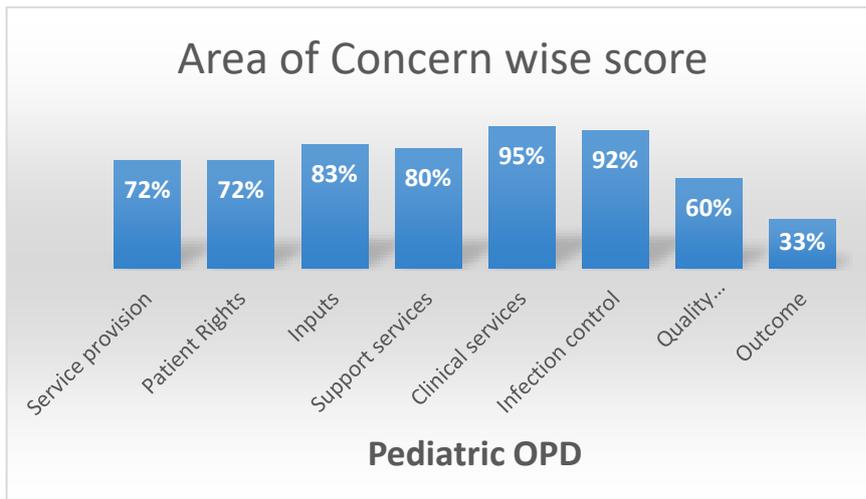
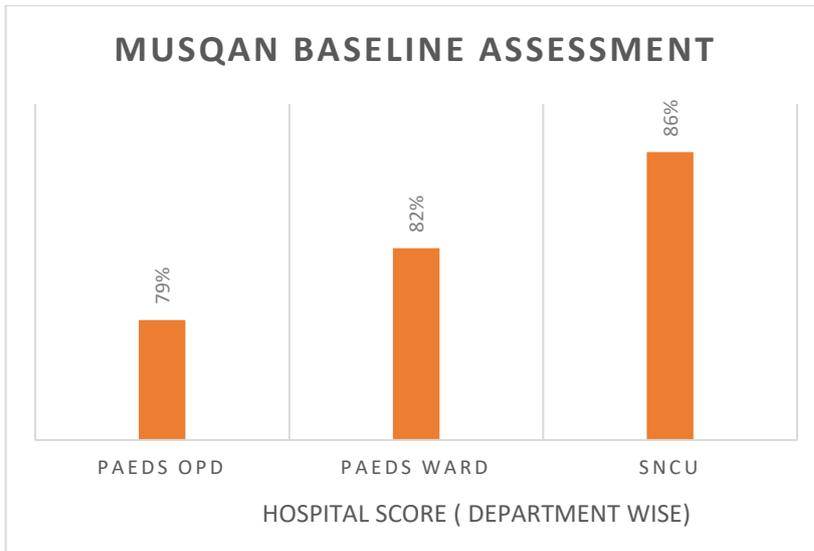
Data Analysis:

Analysis was done using MS Excel.

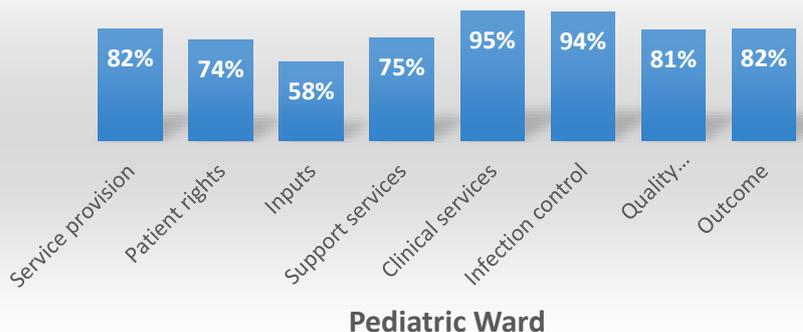
Findings:

After baseline assessment scores were generated for all 3 departments like pediatric OPD, pediatric ward and SNCU under 8 areas of concern.

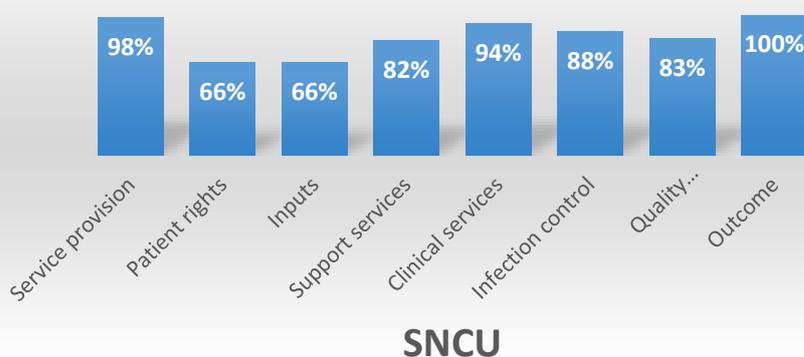
Then gaps were identified and action plans were made and worked upon and gap closure was done with the help of staff and supervisors. Hence post assessment scores were compared with the pre assessment scores and analysis can clearly depict that improvements have been done and after that state assessment was held for MusQan certification.



Area of concern wise score



AREA OF CONCERN WISE SCORE



Gap Analysis and Action Plan – Paed OPD

SR NO	GAPS IDENTIFIED	ACTION PLAN	LEVEL OF INTERVENTION
1.	Records are not at all maintained.	Sister Nodal Officer was communicated to maintain the records.	Departmental
2.	Training of staff is not conducted properly.	Training should be conducted according to FBNC guidelines.	Departmental
3.	No dedicated Lab Technician for Peds OPD.	Dedicated lab technician should be there to facilitate children specific services	State

4.	No Layout/Floor directory is available.	Floor layout should be made available in OPD.	Departmental
5.	No token system/electronic display for patient queue.	Token system should be available to avoid ruckus.	District
6.	No display of RBSK,,JSSK,PMJAY.	Display of schemes should there in OPD.	Departmental
7.	No proper examination area.	Examination area with proper curtains should be maintained for privacy	Departmental
8.	Intercom services are not available.	Intimation to SMO IS given for better reach and consultation.	District
9.	No dedicated security services.	Dedicated security for paed's OPD should be there to avoid any hassle.	State
10.	No objective checklist is available.	OSCE score should be generated for competence check	Departmental
11.	Competence assessment is not done at defined intervals.	Assessment should be done periodically for better efficiency.	Departmental
12.	No child friendly playzone/environment.	Introduce child friendly graphics in OPD.	Departmental
13.	No triage protocol is followed.	Intimation to nodal officer should be given and he/she should look after that.	Departmental
14.	Non availability of ORT corner.	ORT Corner was made functional.	Departmental
15.	3 bucket system is not followed.	Supervisor ICN was intimated regarding the same.	Departmental
16.	Quality circle is not maintained.	Quality circle should be made functional to assess the functionalities periodically.	Departmental
17.	Review meetings are not conducted at regular intervals.	Proper records should be maintained	Departmental
18.	No process mapping and CAPA is done.	Internal assessment should be done at regular intervals and corrective actions should be taken .	Departmental
19.	No functional PDCA and risk assessment.	PDCA cycle should be maintained to check for quality.	Departmental

20.	Outcome indicators are not measured and records are not maintained.	Indicators should be measured to check for productivity, service quality and efficiency.	Departmental
21.	SOPs of IYCF and nursing processes are not available.	SOPs should be made available so that the department can function according to guidelines provided by the state government.	Departmental
22.	No linkage with DEIC.	Linkage to be established	District
23.	Drugs are given innhand,not envelopes.	Request for envelopes to be made to maintain privacy.	Facility

Gap Analysis and Action Plan – Paed Ward

SR NO.	GAPS IDENTIFIED	ACTION PLAN	LEVEL OF INTERVENTION
1.	Fire extinguishers are not properly maintained .	Fire extinguishers should be regularly checked and expiry dates should be kept in check by departmental head. Fire SOPs should be made available to keep the process in check.	Departmental
2.	No linkage with DEIC.	Linkage to be established with the centre.	District
3.	Non functional HDU.	HDU should be made functional to deal with severe cases on intimation to SMO .	Facility
4.	Linens are not properly cleaned.	Class 4 should be instructed to properly look after the cleanliness.	Departmental
5.	Switch boards are not properly intact and in reach of children.	Reflector tapes should be pasted on switch boards so that children can easily identify the boards at night.	Departmental
6.	Water leakage is there in AC.	Sister Nodal officer should intimate the plumber regarding the leakage issue.	Departmental
7.	Cleanliness and hygiene is not well equipped.	Supervisor should be called upon and train class 4.	Departmental
8.	No security services	Dedicated staff should be there in ward to avoid theft and injuries.	Facility
9.	No unidirectional flow of services.	Free passage or clear route should be maintained.	Departmental
10.	No bracket screen at examination area.	Sister should be asked to manage the screen for maintaining privacy.	Departmental
11.	No call bell.	Installation of call bell	Departmental
12.	Not functional examination and treatment room.	Examination should be conducted in designated room for better care and efficiency. It should be made functional by facility incharge .	Facility

13.	No demarcated breastfeeding corner.	Privacy screens should be provided.	Departmental
14.	Non availability of doctor and nurse duty room.	Designated duty rooms should be available for staff . SMO should be intimated on this.	District.
15.	Not sufficient IPD beds	Adequate IPD beds to cope with emergency caseload.	State
16.	No grills& meshwork on windows	Sister Nodal officer should take care of frosted glasses and open windows and ask for proper meshwork.	Facility
17.	No proper regulations of only 1 family member to stay with patient.	Proper security services can take care of limited stay.	Facility
18.	No objective checklist and Competence assessment is not scheduled at defined intervals.	OSCE score and competence check should be generated by staff.	Departmental
19.	Side railings on bed are not there.	Nodal officer should communicate and get those railings fixed.	Facility
20.	No provision of diet for mothers in case of long stay.	Sister Nodal officer to communicate with the kitchen /pantry services if food cant be provided, diet chart can be made available	State
21.	Rodents and mosquitoes are found.	Pesticide control needed to be done in the entire hospital premises to avoid any kind of pest .	District
22.	No implementation of ETAT-Triage protocol	Triage should be followed for patients in emergency.	Departmental
23.	Ward is not child friendly	Child friendly toys and graphics should be introduced.	Facility

Gap Analysis and Action Plan – SNCU

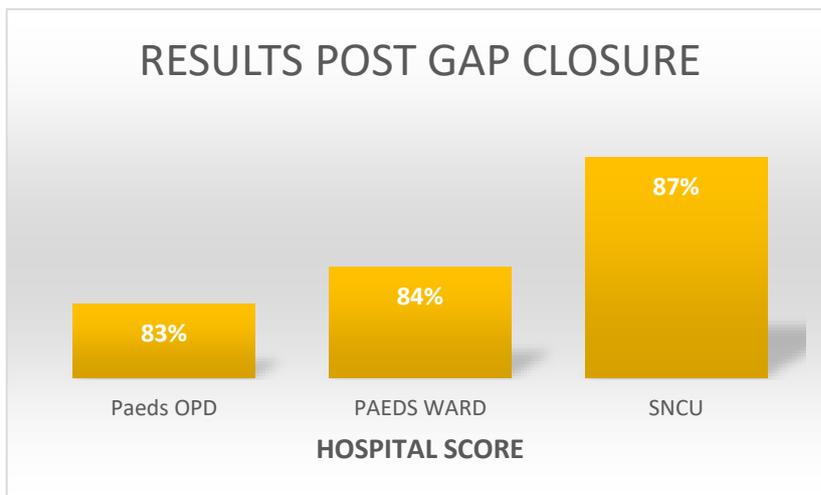
SR.NO	GAPS IDENTIFIED	ACTION PLAN	LEVEL OF INTERVENTION
1.	Lack of on spot anaesthesia services.	SMO is intimated regarding the non availability	State
2.	Non availability of Referral Incubator.	SMO is intimated for the issue of referral incubator for advance functioning of ambulance.	State
3.	No intercom services.	Intercom services for better consultation and reach.	District
4.	No automatic fire alarm	Installation of fire alarm	Facility
5.	Training of staff is not conducted according to FBNC guidelines	Training should be conducted at regular intervals and sister nodal officer should be intimated regarding the need of training.	Departmental
6.	No designated autoclave is available.	Dedicated autoclave for SNCU should be available.	State
7.	Non availability of Referral checklist.	Referral checklist should be there.	Departmental

8.	Non availability of special isolation room for infected newborns	Dedicated rooms for infected patients should be made to avoid any infection.	State
9.	Lack of emergency lights.	SMO should be intimated .	Facility
10.	Lizards and mosquitoes are found.	Pesticide control needed to be done in the entire hospital premises to avoid any kind of pest	Facility
11.	Water facility in waiting area is not available.	Dedicated water facility should be there in waiting area.	State
12.	Partition screen is not available in breastfeeding area.	Privacy screens should be provided	Facility
13.	No provision of diet for patients.	Sister Nodal officer to communicate with the kitchen /pantry services if food cant be provided, diet chart can be made available	State

Contribution towards Gap closure - MusQan

GAPS	GAP STATUS
Records of OPD not found.	Closed
Paeds Ward is not child friendly.	Closed
SOPs of different departments are not updated and maintained.	Closed
Water spillage issue in Air conditions.	Closed
Switch boards are not intact properly.	Closed
3 bucket system not followed.	Closed
Hand hygiene protocols not followed and displayed in paed's OPD.	Closed
Examination area is not maintained in Paeds OPD.	Closed
ORT corner not found.	Closed
Proper IEC material not displayed.	Closed
Availability of complaint box but no display of process for grievance redressal and whom to contact is displayed (in all departments)	Closed
No display of Hand washing Instruction at Point of Use	Closed
Training of staff not conducted properly.	Closed
Bracket screen in examination area not available.	Closed
Demarcated breastfeeding area not available.	Closed
Fire alarm and call bell not available.	Closed
Window glass broken.	Closed
Fire exit signages missing.	Closed
Side railings on bed broken.	Closed
Fire extinguishers not changed according to expiry dates.	Closed

Pest control for mosquitoes and rodents are not done at regular intervals.	Closed
Few Outcome indicators of paed ward not found to evaluate the performance of the department.	Closed
Policies are not displayed	Closed
Trolley system in place for carrying biomedical waste.	Closed
Visiting hour policy was being implemented in paediatric department.	Closed
Departmental checklist are not used for monitoring and quality assurance	Closed



ANNEXURE 1

Hospital Score Card (Department Wise)		
OPD	Paediatrics Ward	Hospital Score 86%
79%	82%	
SNCU	NRC	
86%	100%	

MUSQAN QUALITY SCORE CARD AREA OF CONCERN WISE			
Service Provision	Patient Rights	Inputs	Support Services
85%	77%	77%	85%
HOSPITAL SCORE 86%			
Clinical Services	Infection Control	Quality Management	Outcome
96%	93%	81%	74%

STRENGTHS/GOOD PRACTICES OF PAEDS OPD:

- Well equipped Immunisation room.
- Proper availability of lab& diagnostic services.
- Proper pre testing assessment is there.
- IEC material is properly displayed.
- Proper signages are there.

STRENGTHS/GOOD PRACTICES OF PAEDS WARD:

- Management of emergency situations efficiently.
- Strengthened drug dispensing system in pharmacy.
- Efficient referral and follow up system.
- SOPs of ward are reviewed and maintained properly.
- Well competent staff is available.

STRENGTHS/GOOD PRACTICES OF SNCU:

- Bera Hearing Screen Available for children.
- ROP of premature babies is available.
- Special phototherapy units are available and monitored critically.
- Linkage with laboratory& diagnostic services.
- Total 52 records registers are maintained

RECOMMENDATIONS:

- The advantage of accreditations of NQAS, MusQan, LaQshya , for improving the the quality of care in the public sector which should be extended to all employees.
- There shall be the provision of a patient calling system like the use of a display with patient registered number or use mic system for calling patient it can help reduce overcrowding to some extent.
- Patient attendant visits need to be followed strictly, for that token system can be used along with a security guard to monitor the situation.
- Regular meetings (with the record of meeting minutes) must be held at least once a month for a discussion on day-to-day topics of the facility.
- Roles and responsibilities must be made very clear to every staff.

- Reverting from higher authorities on-demand/problems need to be addressed on time for the proper functioning of the facility.

CONCLUSION:

The result of the assessment shows an increase in overall scoring that means with proper monitoring of services, changes can be made. The implementation of an action plan or quality services must be done in a systemic manner, and it needs to be regularly monitored can help in improving the overall quality of services of the hospital. Hospitals can adopt computer-based patient records as a standard for medical records and improve the quality of patient care. Timely training of nursing staff and doctors regarding quality management should be done in order create to improve the overall quality of care of the hospital. The leadership and the management at the district hospital need to understand their roles and responsibilities towards the use of continuous quality improvement needs to monitor results, implementation and access to resources, hence promoting quality. Appreciation needs to be given to nursing staff and housekeeping staff where it is due. Finally, the hospital has the has the potential to get MusQan accreditation if it designs its activities strategically to improve the quality of care.

REFERENCES:

<https://qps.nhsrcindia.org/musqan>

<https://qps.nhsrcindia.org/musqan/musqan-guidelineshttps://qps.nhsrcindia.org/quality-assurance-scores-and-key-performance-indicators>

<https://qps.nhsrcindia.org/musqan/musqan-tools>

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<https://qps.nhsrcindia.org/musqan/list-of-documents-for-musQan-external-assessments>

<https://qps.nhsrcindia.org/quality-assurance-scores-and-key-performance-indicators>

<https://qps.nhsrcindia.org/sites/default/files/2022-04/Operational-Guidelines-for-Improving Quality Public Health Facilities 2021.pdf>

ANNEXURE 2

S. No	Name of the Department	Date(s) of	% of Time	Interacted with(Name

		Visit	Spent	and Designation)
1.	UPHC PHASE 1	12/05/24- 17/05/24	5 DAYS	DR. TERA SINGH (MO)
2.	AAM AADMI CLINIC	18/05/24- 24/05/24	6 DAYS	DR. SEHEJ KAUR (MO)
3.	AIMS MOHALI on CLMC	12/06/24	2 HOURS	DR. BHAVNEET BHARTI

Consent Form(Annexure 3)

My name is Anushi Bhardwaj, and I am a student of PGDM at IIHMR Delhi. I am conducting an internal assessment of the Paediatrics Department at Mohali District Hospital for MusQan certification purposes. This assessment aims to evaluate the quality of care provided by the department. As part of this assessment, I will be retrieving information regarding patient rights in the hospital.

Your participation in this study is entirely voluntary. You have the right to refuse participation or withdraw your consent at any time without any penalty.

The information retrieved will be limited to aspects related to patient rights in the hospital, such as:

- Access to information about your condition and treatment options
- Informed consent for procedures
- Confidentiality of your medical records
- Right to respectful care

All retrieved information will be kept strictly confidential. Your name and any other identifying information will be removed from the data before analysis.

The information will be used solely for the purpose of this internal assessment and MusQan certification.

Consent

By signing this form, you are indicating that you have read and understood the information provided above. You agree to participate in this study and consent to the retrieval of information related to your patient rights at Mohali District Hospital.

Signature of Patient: _____

Date: _____

ਮੇਰਾ ਨਾਮ ਅਨੁਸ਼ੀ ਭਾਰਦਵਾਜ ਹੈ, ਅਤੇ ਮੈਂ ਆਈ.ਆਈ.ਐਚ.ਐਮ.ਆਰ. ਦਿੱਲੀ ਵਿਖੇ ਪੀ.ਜੀ.ਡੀ.ਐੱਮ. ਦੀ ਵਿਦਿਆਰਥਣ ਹਾਂ। ਮੈਂ ਮੁਸਕਾਨ ਸਰਟੀਫਿਕੇਸ਼ਨ ਦੇ ਉਦੇਸ਼ਾਂ ਲਈ ਮੁਹਾਲੀ ਜ਼ਿਲ੍ਹਾ ਹਸਪਤਾਲ ਦੇ ਬਾਲ ਰੋਗ ਵਿਭਾਗ ਦਾ ਇੱਕ ਅੰਦਰੂਨੀ ਮੁਲਾਂਕਣ ਕਰ ਰਹੀ ਹਾਂ।

ਇਸ ਮੁਲਾਂਕਣ ਦਾ ਉਦੇਸ਼ ਵਿਭਾਗ ਦੁਆਰਾ ਪ੍ਰਦਾਨ ਕੀਤੀ ਗਈ ਦੇਖ-ਰੇਖ ਦੀ ਗੁਣਵੱਤਾ ਦਾ ਮੁਲਾਂਕਣ ਕਰਨਾ ਹੈ। ਇਸ ਮੁਲਾਂਕਣ ਦੇ ਹਿੱਸੇ ਵਜੋਂ, ਮੈਂ ਹਸਪਤਾਲ ਵਿੱਚ ਮਰੀਜ਼ਾਂ ਦੇ ਅਧਿਕਾਰਾਂ ਸਬੰਧੀ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰ ਰਹੀ ਹੋਵਾਂਗੀ।

ਇਸ ਅਧਿਐਨ ਵਿੱਚ ਤੁਹਾਡੀ ਭਾਗੀਦਾਰੀ ਪੂਰੀ ਤਰ੍ਹਾਂ ਸਵੈ-ਇੱਛਤ ਹੈ। ਤੁਹਾਡਾ ਬਿਨਾਂ ਕਿਸੇ ਸਜ਼ਾ ਦੇ ਭਾਗੀਦਾਰੀ ਤੋਂ ਇਨਕਾਰ ਕਰਨ ਜਾਂ ਆਪਣੀ ਸਹਿਮਤੀ ਵਾਪਸ ਲੈਣ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਪ੍ਰਾਪਤ ਕੀਤੀ ਗਈ ਜਾਣਕਾਰੀ ਹਸਪਤਾਲ ਵਿੱਚ ਮਰੀਜ਼ਾਂ ਦੇ ਅਧਿਕਾਰਾਂ ਨਾਲ ਸਬੰਧਤ ਪਹਿਲੂਆਂ ਤੱਕ ਸੀਮਤ ਰਹੇਗੀ, ਜਿਵੇਂ ਕਿ:

- ਆਪਣੀ ਹਾਲਤ ਅਤੇ ਇਲਾਜ ਦੇ ਵਿਕਲਪਾਂ ਬਾਰੇ ਜਾਣਕਾਰੀ ਤੱਕ ਪਹੁੰਚ
- ਪ੍ਰਕਿਰਿਆਵਾਂ ਲਈ ਜਾਣਕਾਰੀ ਭਰਿਆ ਸਹਿਮਤੀ ਪੱਤਰ
- ਤੁਹਾਡੇ ਮੈਡੀਕਲ ਰਿਕਾਰਡਾਂ ਦੀ ਗੁਪਤਤਾ
- ਸਤਿਕਾਰਪੂਰਨ ਦੇਖ-ਰੇਖ ਦਾ ਅਧਿਕਾਰ

ਪ੍ਰਾਪਤ ਕੀਤੀ ਸਾਰੀ ਜਾਣਕਾਰੀ ਨੂੰ ਸਖ਼ਤੀ ਨਾਲ ਗੁਪਤ ਰੱਖਿਆ ਜਾਵੇਗਾ। ਵਿਸ਼ਲੇਸ਼ਣ ਤੋਂ ਪਹਿਲਾਂ ਤੁਹਾਡਾ ਨਾਮ ਅਤੇ ਕਿਸੇ ਵੀ ਹੋਰ ਪਛਾਣ ਦੀ ਜਾਣਕਾਰੀ ਨੂੰ ਡੇਟਾ ਤੋਂ ਹਟਾ ਦਿੱਤਾ ਜਾਵੇਗਾ।

ਜਾਣਕਾਰੀ ਸਿਰਫ਼ ਇਸ ਅੰਦਰੂਨੀ ਮੁਲਾਂਕਣ ਅਤੇ ਮੁਸਕਾਨ ਸਰਟੀਫਿਕੇਸ਼ਨ ਦੇ ਉਦੇਸ਼ਾਂ ਲਈ ਵਰਤੀ ਜਾਵੇਗੀ।

ਇਸ ਫਾਰਮ 'ਤੇ ਦਸਤਖਤ ਕਰਨ ਦੁਆਰਾ, ਤੁਸੀਂ ਇਹ ਦੱਸ ਰਹੇ ਹੋ ਕਿ ਤੁਸੀਂ ਉੱਪਰ ਦਿੱਤੀ ਜਾਣਕਾਰੀ ਨੂੰ ਪੜ੍ਹਿਆ ਅਤੇ ਸਮਝਿਆ ਹੈ। ਤੁਸੀਂ ਇਸ ਅਧਿਕਾਰ ਵਿੱਚ ਭਾਗ ਲੈਣ ਲਈ ਸਹਿਮਤ ਹੋ ਅਤੇ ਮੁਹਾਲੀ ਜ਼ਿਲ੍ਹਾ ਹਸਪਤਾਲ ਵਿੱਚ ਤੁਹਾਡੇ ਮਰੀਜ਼ਾਂ ਦੇ ਅਧਿਕਾਰਾਂ ਨਾਲ ਸਬੰਧਤ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਸਹਿਮਤ ਹੋ।

ਮਰੀਜ਼ ਦੇ ਦਸਤਖਤ: _____

ਤਰੀਕ: _____



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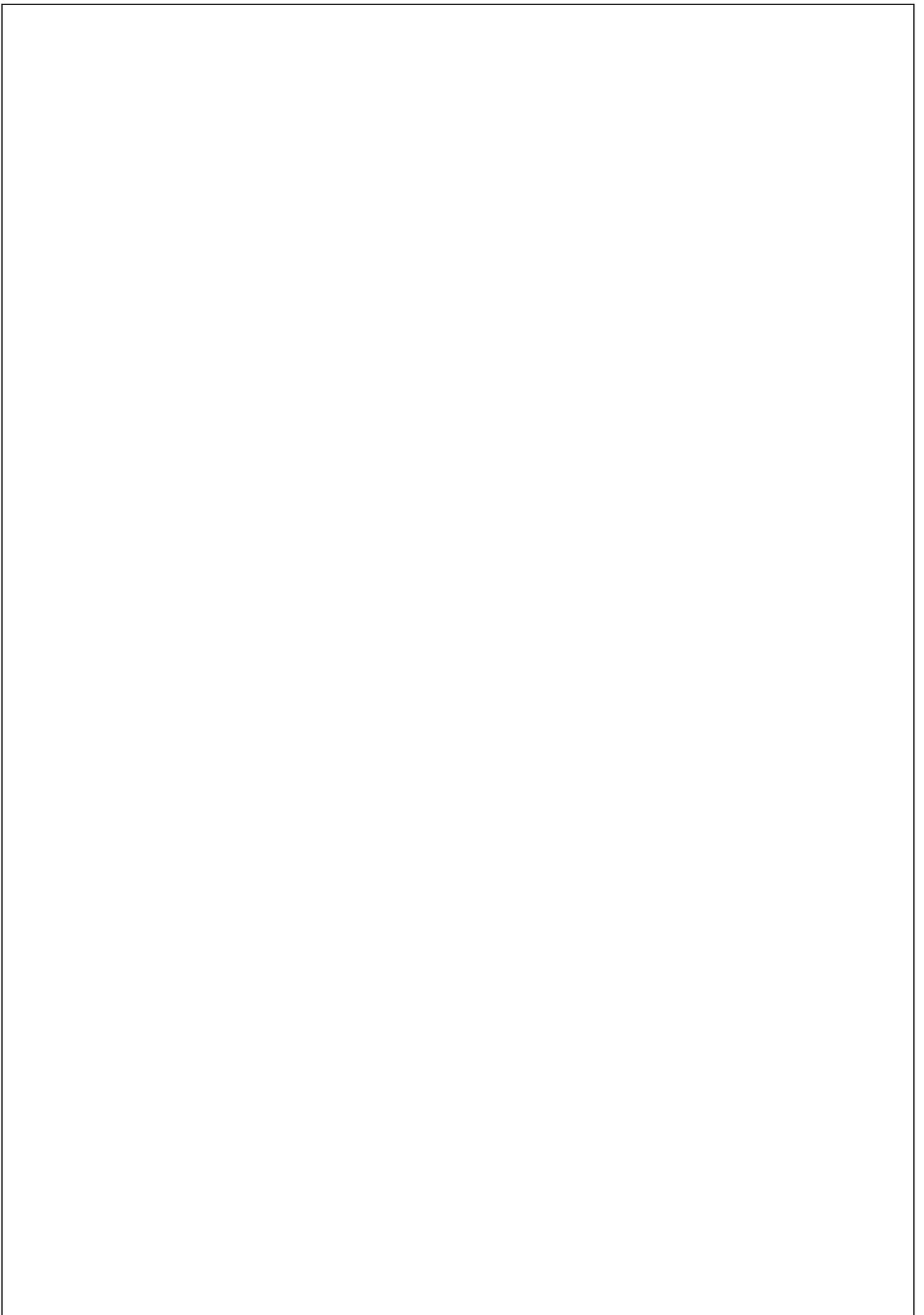
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