Summer Internship Report

At

Punjab

(April 24th to June 24th, 2024)

A Report

By

Vanshika Awasthi

(PG/23/126)

ON

Assessment of Quality Assurance Standards By Using NQAS Checklist

International Institute of Health Management Research, New Delhi

CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT

Vanshika Awasthi

has completed internship under the guidance of *Civil Surgeon Patiala*
under National Health Mission for *Quality Assurance*
from date *27th April'2024* to *26th 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 "**Assessment of Quality Standards at Mata Kaushalya Hospital (MKH), Patiala using the NQAS Checklist**" 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.
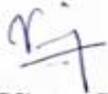
Dr. Vinay Tripathi
Associate Professor
IIHMR, Delhi

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Vanshika Awasthi

Summer Internship Institution: NHM Punjab

Area of Summer Internship: Quality Assurance

Attendance: Satisfactory

Objectives met: Yes

Deliverables: Achieved 1) Quality Assurance parameters of MLCU,
2) NQAS assessment of Mata Kaushalya Hospital, Patiala.
3) Kayakalp Assessment
4) Internship Report, Health & wellness Centre Visit Repo:

Strengths: Task Oriented, Punctual.

Suggestions for Improvement: There is no suggestion for improveme
as she has completed all the assigned work
within time.

Signature of the Officer-in-Charge (Internship)

Date:
Place:

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FEEDBACK FORM
(IIHMR MENTOR)

Name of the Student: Vanshikha Awasthi

Summer Internship Institution: NHM Punjab

Area of Summer Internship: Quality

Attendance: Satisfactory

Objectives met: Internship objectives are met

Deliverables: Report submission & presentation made

Strengths: Willingness to learn about new areas of work

Suggestions for Improvement: —

Signature of the Officer-in-Charge (Internship)

Date:
Place:

ACKNOWLEDGEMENT

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ACRONYMS / ABBREVIATION-

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

OBSERVATIONAL LEARNING

A. 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.

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"

Goals :

- Reduce MMR to 1/1000 live births
- Reduce IMR to 25/1000 live births
- Reduce TFR to 2.1
- Prevention and reduction of anaemia in women aged 15–49 years
- Prevent and reduce mortality & morbidity from communicable, non- communicable; injuries and emerging diseases
- Reduce household out-of-pocket expenditure on total health care expenditure
- Reduce annual incidence and mortality from Tuberculosis by half
- Reduce the prevalence of Leprosy to <1/10000 population and incidence to zero in all districts.

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.

Mata Kaushalya Hospital (MKH) Patiala

Mata Kaushalya Hospital in Patiala, Punjab, is a government-run hospital that offers various medical services. It is located near the District Court in Civil Lines, Patiala. The hospital is known for its state-of-the-art facilities and experienced doctors who provide care to patients of all ages and backgrounds. The hospital also offers free ultrasound and other regular tests due to government policies. It is equipped with an ICU, high-dependency unit, Emergency, PP unit, IPD, Labour room, Radiology and neonatal intensive care unit, MLCU (Midwifery led Care Unit).

Mode of data collection

Observation: Physically observe healthcare practices, procedures, patient interactions, and the general environment within healthcare facilities to gather real-time data on adherence to standards and quality of care. Compliance to many of the measurable elements can be assessed by directly observing the articles, processes and surrounding environment.

Staff Interview: Interaction with the staff helps in assessing the knowledge and skill level, required for performing job functions.

Record Review: It may not be possible to observe all clinical procedures. Records also generate objective evidence, which need to be triangulated with finding of the observation.

Personal Interview: Interaction with patients/clients may be useful in getting information about quality of services and their experience in the hospital. It gives us users' perspective.

General findings

Recent advances in health measures have led to significant advances in various fields, particularly in maternal and child health. It should be noted that maternity hospitals have increased significantly and play an important role in improving maternal and newborn outcomes by ensuring

access to expert care during childbirth. This change contributed to a decrease in maternal and child mortality, reflecting safe delivery practices in health facilities.

Human resources have been strengthened through strategic recruitment and training projects targeting health professionals such as doctors, nurses and auxiliary nurse midwives (ANM). This investment in staff not only increased the workforce, but also improved their skills and abilities, improving overall service delivery and patient outcomes.

In terms of accessibility, the deployment of Mobile Medical Units (MMU) and AAC in remote and underserved areas is central. These units bring essential health services directly to communities without regular access to health services, bridging geographic gaps and ensuring equitable access to health care.

In addition, expanding vaccine coverage has helped reduce the incidence of vaccine-preventable diseases. By reaching more communities and ensuring widespread vaccination, health authorities have successfully contained epidemics and protected vulnerable populations, especially children and the elderly, from preventable diseases.

Health infrastructure strengthening was another important area of focus where several Primary Health Centers (PHC) and Community Health Centers (CHC) can upgrade facilities and equipment. These improvements not only improve the quality of care provided, but also improve the ability of health facilities to effectively respond to the growing demands of their communities.

Conclusive Learning

Through my internship journey, which includes National Midwifery Training Institute (NMTI), Midwife Led Care Unit at (MLCU) NHM Punjab (National Health Mission Punjab), I gained a deep understanding of various aspects of public health and maternal care.

NMTI's focus on midwifery education gave me a deep understanding of the vital role midwives play in maternal and child health. Learning about evidence-based practices, maternal health interventions and the importance of skilled birth attendants highlighted the central role of midwife-led care in ensuring safe births and reducing maternal mortality.

In the midwife-led care department at MLCU, I experienced firsthand the introduction of midwife-led care models. This regulation emphasized the principles of holistic care, a patient-centered approach, and the empowerment of women during childbirth. Participation in antenatal care, birth support and postnatal care highlighted the importance of continuity of care and the midwife's impact on maternal health.

National Quality Assurance Standards (NQAS) assessment was an important learning experience during my internship at Mata Kaushalya Hospital. It provided valuable insights into the systematic assessment of healthcare quality across a range of domains, including patient safety, clinical care,

infrastructure and management practices. The hospital's commitment to meeting the NQAS criteria highlighted the importance of continuous quality improvement and adherence to national health standards. Participating in the evaluation process, reviewing quality indicators, and monitoring adherence to protocols reinforced the importance of standardized practices to ensure consistent delivery of high-quality health care. This experience highlighted the central role of quality assurance frameworks in improving patient outcomes and organizational excellence in healthcare settings.

My internship at NHM Punjab allowed me to learn about public health programs and practices that aim to improve access and quality of health services. Overall, these experiences have provided me with valuable skills in maternal and child health, public health promotion, and health care management. They reinforced my commitment to promoting maternal health, promoting midwife-led models of care and equal access to health care. In the future, I am committed to using these lessons to effectively advance public health initiatives and improve health outcomes for women and children in a variety of health care settings.

Challenges hinder effective healthcare delivery Despite NHM Punjab's progress, several roadblocks prevent optimal healthcare delivery in district hospitals.

Limitation

- Manpower shortage: The lack of qualified medical personnel such as doctors, nurses and paramedics puts a strain on existing staff and can reduce the quality of care.

- Financial Constraints: Budget constraints and financial delays hinder the implementation of the program and the maintenance of infrastructure.

- Operational inefficiencies: slow processes and long waiting times cause frustration for patients and can compromise the quality of care.

- Limited training: Inadequate opportunities for healthcare professionals to stay up-to-date with the latest practices can affect the quality of care.

- Information management challenges: problems with quality and integration of information hinder informed decision-making and policy development.

- Poor patient awareness: Limited health literacy and knowledge of available services can lead to underutilization of services and poorer health outcomes.

- Inconsistent quality assurance: Inconsistent implementation of quality assurance mechanisms results in variable quality of care across hospitals.

Suggestion

- Staff shortage: Recruit qualified staff, offer competitive salaries and explore telehealth for expert consultations.

- Infrastructure issues: upgrade facilities, increase beds, improve sanitation and set up special units.

- Operational inefficiencies: Implement digital health systems, train staff on efficient processes and manage patient flow through appointments.

- Accessibility Barriers: Expand mobile medical units, partner with transportation services and inform communities about available services.

- Limited training: Provide regular training programs, workshops and mentoring opportunities for healthcare professionals.

- Financial Limits: Maintain consistent funding, explore public-private partnerships and manage the economy effectively.

- Data issues: Invest in robust health information systems, train staff in data management, and use data to improve decision making.

- Low patient awareness: organize health literacy campaigns and use community health workers to educate and engage patients.

PROJECT REPORT: Assessment of Quality Standard of Mata Kaushalya Hospital (MKH) at Patiala by using NQAS checklist

Background

Quality is always a priority for policy makers to improve health outcomes and enhance patient satisfaction. The NHP 2017 clearly stated the goal of improving health outcomes through advocacy across all sectors and expanding prevention, promotion, treatment, prevention and rehabilitation services provided by the government health facilities, with mainly focus on quality.

The health status of the people of the country is one of the major concern areas for the Government of India. Government is committed towards strengthening of health care sector for the improvement of health of the population. Several steps were initiated by the Government after independence. Decentralizing referral services and offering more specialized services at the district and sub-district levels are two examples of such initiatives. At district hospital, a range of specialists have been assigned, including surgeons, paediatricians, orthopaedic surgeons, ophthalmologists, anaesthesiologists, ENTs, and dentists.

Quality Assurance

The American Society for Quality defines Quality Assurance 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.

• Data is used by quality assurance to examine the process of providing services.

• A collaborative approach to problem-solving and quality enhancement is promoted by quality assurance.

Quality of care (QOC)

Quality care accepted on the "Donabedian model," according to which three aspects of care:

• Structure: This particular quality of care include human resources, drug, equipment and infrastructure, such as number of qualified and skilled health care professionals.

• Process: Quality can also be seen in terms of process and sub-process. It refers to how fast registration of patients is being done, how much time is being taken for consultation and how quickly patient examination is being done; apart from all this, patient confidentiality, privacy, and rights need to be maintained.

• Outcome: The last aspect is evaluated in terms of outcome, which shows that goals have been achieved.

The National Quality Assurance Standards (NQAS) of India were established to enhance the quality of health services provided by public health centers. These standards have been implemented by the Ministry of Health and Family Welfare (MoHFW) in conjunction with the World Health Organization (WHO) and other stakeholders. These standards are accredited by ISQUA and meet global criteria of coverage, objectivity, evidence and rigor of development

The ISQua international principles for healthcare standards were created to help accreditation bodies make accreditation standards. These principles are divided into six categories, each having four to fourteen subcategories. To aid in interpreting and applying the regulations, it publishes advice and an example of standards assessment. The principles and sub-principles are graded on a three-point scale as Met, Partially Met, or Not Met.

NQAS covers every facet of healthcare delivery through its eight main areas of focus. These include service provision, which guarantees the availability of all necessary healthcare services; patient rights, which safeguard patients' privacy, dignity, and informed consent; inputs, which concentrate on having a sufficient infrastructure, skilled labor, and medications and equipment on hand; and support services, which deal with auxiliary services like cleaning and diagnostics. Clinical care, which prioritizes evidence-based treatment and protocols; infection control, which uses stringent hygiene measures to prevent hospital-acquired infections; quality management, which guarantees ongoing service monitoring and improvement; and outcome indicators, which evaluate the facility's performance based on quantifiable health outcomes, are additional crucial areas.

The NQAS framework aims to standardize and improve the quality of healthcare across the country, focusing on key areas such as patient safety, clinical outcomes and infrastructure. The initiative highlights India's commitment to universal healthcare and ensuring access to quality healthcare for all citizens.

Vision - Enhancement of health through specific policy actions in every area and the growth of public health's quality-focused preventative, facilitative, curative, palliative, and rehabilitative services. Quality standards serve as the fundamental cornerstones of systems for measuring quality.
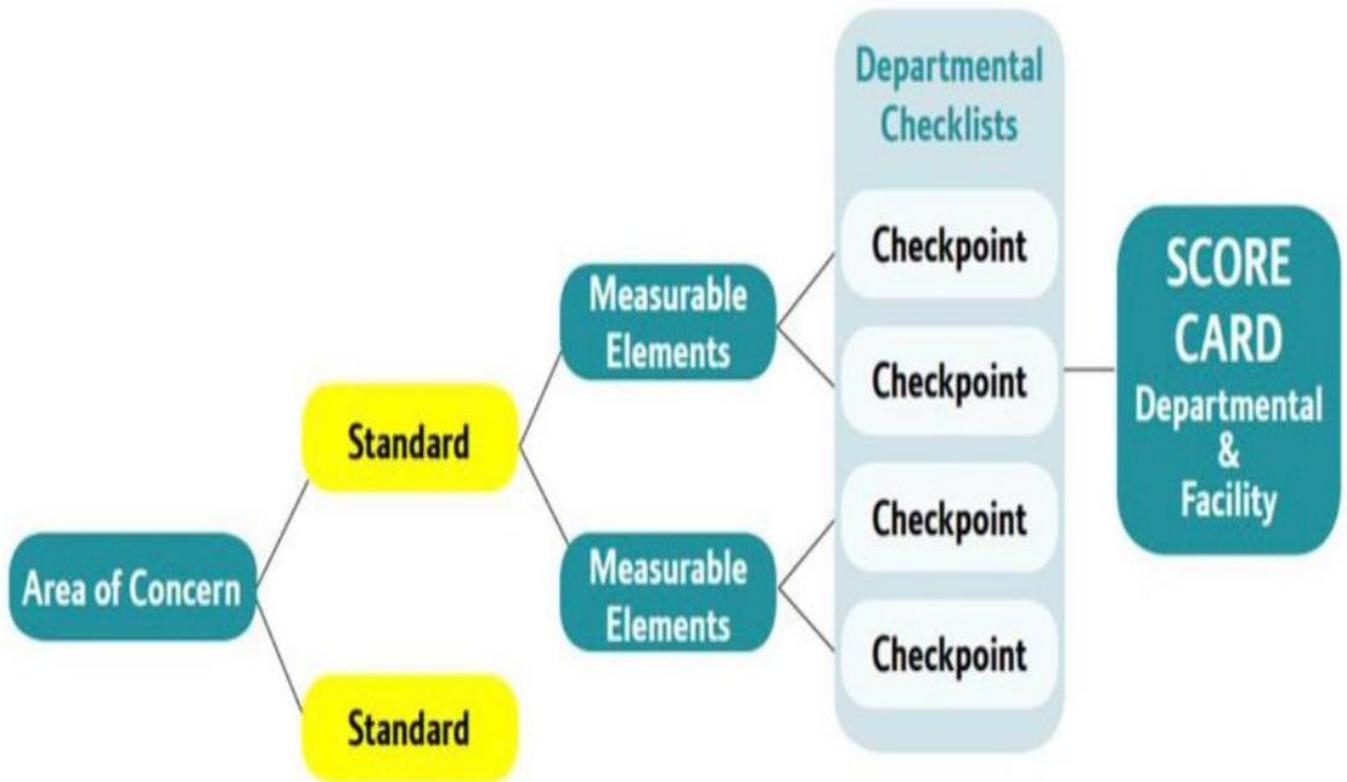
The suggested quality measuring system defines seventy standards. Eight areas of concern are used to categorize the standards. Additionally, each standard contains certain quantifiable components. Through departmental checkpoints, these standards and quantifiable components are managed in every area of the medical institution. The "Checklist" is an assessment instrument that was created by compiling all departmental checklists. Scorecards are produced by scoring and completing checklists.

Currently, NQAS is being conducted in the following facilities:

- Community Health Center
- District Hospital
- Urban Primary Health Center

The areas of concern at a medical facility are as follows:

1. Provision of Services

2. Rights of Patients

3. Inputs

4. Assistance Services

5. Medical Services

6. Control of Infections

7. Management of Quality

8. Outcomes

These standards are ISQUA recognised and meet all applicable international criteria for thoroughness, objectivity, evidence, and development rigour.

Variety of Services

These criteria are designed to evaluate the caliber of services offered by a secondary public hospital in the areas of prevention, treatment, and promotion. These guidelines include the following range of services:

- Maternal, newborn, child, and adolescent health care.
- Outpatient department services
- Intensive care services, emergency care services, and in-patient departmental care
- Diagnostic services for radiology and laboratories
- Hemodialysis services.
- Blood bank services
- Programs for disease management and auxiliary and support services, etc.

Objective

- To assess the quality standard of Mata Kaushalya Hospital at Patiala, against NQAS checklist.
- To identify the major gaps in 8 area of concerns based on NQAS framework.
- To suggest the recommendation for enhancement of the quality standards of the hospital.

Mode of data collection

The NQAS checklist was used to collect of the data based on eight areas of concern that were service provision, patient rights, input, support services, clinical services, infection control, quality and outcomes. Data is collected by using observation techniques, Staff interview, Patient interviews and Record review.

The facility's infrastructure for providing assured services was observed using the observation method. The infrastructure that is available complies with general standards, the facility protects patient privacy, confidentiality, and dignity, has a system in place to protect patient-related data, and has enough qualified and trained staff to provide the adequate services to the current caseload.

Staff interview method was used for assessing the service provision, knowledge of protocols, adherence to safety measures, and perceptions of training effectiveness.

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Patient interview method was used to collect the data regarding the feedback on satisfaction levels, quality of care received, and overall healthcare experiences. Survey responses provided measurable data to complement qualitative findings and identify trends across different facilities.

Data was collected by review of key documents within the healthcare facility. This included examining hospital records, policies, procedures, and quality assurance protocols. The purpose was to assess how well these documents align with the standards outlined in the NQAS framework.

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: service delivery, patients' rights, inputs, support services, clinical services, infection control, quality management and outcomes. Data for each of 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 facility33was 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)- checklist are attached in Annexure. Department wise critical gaps were identified and written under their respective standard

Data Interpretation

NQAS checklists for the District hospital were used to check the compliance of services that are to be provided at Mata Kaushalya Hospital. Eight areas of concern were used to analyze and evaluate the civil hospital. It was found that the Civil Hospital's compliance score was **76%** when the service provision area was taken into consideration.

NQAS Assessment of Mata Kaushalya Hospital highlights strengths and areas for improvement among various departments. The hospital performed well in departments such as Labor Room (90%) and OPD (89%), which shows their efficiency in emergency and outpatient care. Departments like Paediatrics, OT, ICU and Laboratory also scored satisfactory.

But the scorecard also highlights some areas that need improvement. The scores were significantly lower in the maternity ward and the IPD ward, indicating a need to improve the quality of delivery and institutional services. The lowest score for general management (54%) indicates a particular need to improve general hospital management. NQAS evaluation provides valuable information about the performance of Mata Kaushalya Hospital in various departments. Some departments excel at caring, while others need targeted improvement initiatives. In these areas, the hospital can improve the overall quality of care and patient experience.

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	76%
71%	79%	NA	83%	87%	

PP Unit	ICU	IPD	Blood Bank	Lab	LaQshya Score	MusQan Score
85%	75%	65%	NA	82%		
Radiology	Pharmacy	Auxiliary	Mortuary	Haemodialysis Centre	88%	76%
82%	72%	67%	NA	NA		

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.
No current program for other disaster including fire safety.	The facility need to have a programme for disaster management (internal and external).
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.

No training of the staff related to end-of-life care.	Facility must conduct training session related to end-of-life care for their staff.
No specific diet for the critical ill patient with Heart Disease, Hypertension, Diabetes, and kidney disease.	Dietary department should provide specific diet for the critical ill patient with Heart Disease, Hypertension, Diabetes, and kidney disease so that patient can get a balance diet.
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
SuQuashal checklist self-assessment tool.	Facility needs to conduct patient safety assessment by using SaQuashal checklist.
No Audits.	Facility needs to conduct medical audits and clinical audits periodically.
There are no protocols in place to encourage public involvement in hospital accountability and transparency management.	The facility must have protocols to encourage public involvement in hospital accountability.
No plans of action for the areas where satisfaction is low.	Facility should prepare plan of action for the areas where satisfaction is low.
Not using quality improvement tools.	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

1) 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.

2) 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.

3) 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.

4) No Standard Operating Procedure (SOP)

The development and implementation of a Standard Operating Procedure (SOP) is important for coherent and effective operation of a public health facility. 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.

5) Lack of standard 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.

6) 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.

7) 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 improving the quality of care in the public sector needs to convey to all staff.
- The facility needs to have established programme for fire safety and disaster management.
- Security guards should be available in all high workload 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.

- Since the top officials were not actively involved in raising the standard, it was difficult to carry out any plan of action. To ensure that the implementation process proceeds according to plan, the hospital administration must actively participate in it.

Conclusion

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. Continuous training of nursing staff and doctors regarding quality management should be conducted in order to enhance 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 potential to get NQAS accreditation if it designs its activities strategically to improve the quality of care.

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Annexure

NQAS Checklist

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%
StandardD6	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 antisepsis	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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