

DISSERTATION REPORT ON

Baseline Assessment of Urban Primary Health

Centre, Ranchi, Jharkhand

Post Graduate Diploma in Hospital & Health Management

By :-

Mr. Chitranjan kumar

PG/14/017



**International Institute of Health Management
Research**

Plot No-3, Sector-18A Dwarka, New Delhi-110075

MAY, 2016



vinit goklani

to akagarwal, Kchitranjan7, Ku...

6:36 PM [View details](#)

This is to confirm that Mr. Chitranjan Kumar, Ms. Kumari Swati Sinha & Dr. Divya Maheshwari joined NHSRC on 14th February 2016 and are currently working as an Intern with Quality Improvement Division of NHSRC.

This email may be treated as Certificate of Internship.

For any queries, please feel free to contact me on my email or on my mobile # 9811229264

Regards,

Vinit Goklani
HR Manager
National Health Systems Resource Centre
(Additional Technical Capacity to MoHFW- GoI under NRHM)
NIHFW Campus, Baba Gang Nath Marg, Munirka, New Delhi -110 067

TO WHOM SO EVER IT MAY CONCERN

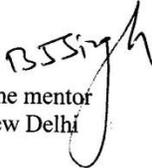
This is to certify that **Chitranjan Kumar** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at National Health System Resource Centre (NHSRC) from **15th February 2016 to 14th May 2016**.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfilment of the course requirements.

I wish him all success in all his future endeavours.

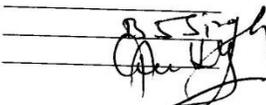
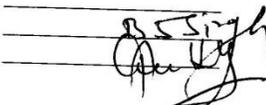
Dr. A.K. Agarwal
Dean, Academics and Student Affairs
IIHMR, New Delhi


Name of the mentor
IIHMR, New Delhi

Certificate of Approval

The following dissertation titled "**Baseline Assessment Of UPHCs Ranchi, Jharkhand Using Quality standard for Urban primary health centre**" at "**National Health System Resource Centre, New Delhi**" 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 dissertation only for the purpose it is submitted.

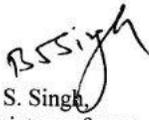
Dissertation Examination Committee for evaluation of dissertation.

Name	Signature
2. Dr. B. S. Singh	
3. Dr. Pradip Singh	

Certificate from Dissertation Advisory Committee

This is to certify that **Mr Chitranjan Kumar**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He/ She is submitting this dissertation titled "**Baseline Assessment Of UPHCs Ranchi, Jharkhand Using Quality standard for Urban primary health centre**" at "**National Health System Resource Centre**" in partial fulfilment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

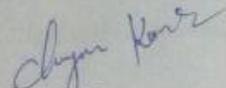
This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.


B. S. Singh
Associate professor
IHM, New Delhi


J. N. Srivastava
Advisor Quality Improvement
NHSRC, New Delhi

Certificate by Scholar

This is to certify that the dissertation titled "**Baseline Assessment Of UPHCs Ranchi, Jharkhand Using Quality standard for Urban primary health centre**" and submitted by **Chitranjan kumar** Enrollment No. **PG/14/017** in the supervision of **B.S. Singh & J.N Srivastava** for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 15th February 2016 to 14th May 2016 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.


Signature

FEEDBACK FORM

Name of the Student: Mr. Chitranjan Kumar

Dissertation Organisation: National Health System Resource Centre

Area of Dissertation: Baseline Assessment of UPNCS of Ranchi
using Quality Standards for UPNCS

Attendance: Satisfactory

Objectives achieved: Completion of Baseline Assessment of UPNC
Adam Hatu, UPNC Bda Gagha, UPNC Gangamatthpur &
UPNC Bergam.

Deliverables:
(1) To fulfill checklists as per status of UPNC
(2) Prepare Score Cards using assessment tools given
in Quality Standards for UPNC, (3) Prepare Report.

Strengths:
(1) Good liaising skills & flexible to adopt circumstances.
(2) Self motivated & hard working.

Suggestions for Improvement:

(1) ~~Be~~ ~~Be~~ Improve the report writing skills
(2) Build up essential knowledge of any subject so that
^{you may master their critical concepts}

Signature of the Officer-in-Charge/Organisation Mentor (Dissertation)

Date: 20/5/16

Place: New Delhi

List of Abbreviation

- 1) **ACMO** Assistant Chief Medical Officer
- 2) **AIDS** Acquired Immuno-deficiency Syndrome
- 3) **AIIMS** All India Institute of Medical Sciences
- 4) **AMTSL** Active Management of Third Stage of Labour
- 5) **ARSH** Adolescent Reproductive and Sexual Health
- 6) **AYUSH** Ayurveda, Yoga, Unani, Siddha, & Homeopathy
- 7) **BCC** Behavioural Change Communication
- 8) **BMW** Biomedical Waste Management
- 9) **CHC** Community Health Centre
- 10) **CMHO** Chief Medical & Health Officer
- 11) **CMO** Chief Medical officer
- 12) **CQSC** Central Quality Supervisory Committee
- 13) **CS** Civil Surgeon
- 14) **DC CH** Deputy Commissioner Child Health
- 15) **DC FP** Deputy Commissioner Family Planning
- 16) **DC MH** Deputy Commissioner Maternal Health
- 17) **DH** District Hospital
- 18) **DHO** District Health Officer
- 19) **DQAC** District Quality Assurance Committee
- 20) **DQAU** District Quality Assurance Unit
- 21) **DQT** District Quality Team
- 22) **ENT** Ear Nose & Throat
- 23) **FW** Family Welfare
- 24) **GoI** Government of India
- 25) **HMIS** Hospital Management Information System
- 26) **HR** Human Resource
- 27) **I/C** In charge
- 28) **IEC** Information, Education & Communication
- 29) **IMA** Indian Medical Association
- 30) **IMEP** Infection Management and Environment Plan
- 31) **IPD** In Patient Department
- 32) **IPHS** Indian Public Health Standard
- 33) **ISO** International Organisation for Standardisation
- 34) **JCI** Joint Commission International
- 35) **KPI** Key Performance Indicators
- 36) **MBA** Masters in Business Administration
- 37) **MBBS** Bachelor in Medicine & Bachelor in Surgery
- 38) **MCH** Maternal & Child Health
- 39) **ME** Measureable Elements
- 40) **MHA** Masters in Hospital Administration
- 41) **MOHFW** Ministry of Health and Family Welfare
- 42) **MPH** Masters in Public Health

- 43) **NABH** National Accreditation Board for Hospitals & Healthcare Providers
- 44) **NGO** Non Government Organization
- 45) **NHSRC** National Health Systems Resource Centre
- 46) **NPCDCS** National Programme for Prevention & control of Cancer, Diabetes, Cardiovascular diseases & Stroke
- 47) **NRHM** National Rural Health Mission
- 48) **NUHM** National Urban Health Mission
- 49) **OPD** Out Patient Department
- 50) **OT** Operation Theatre
- 51) **PC PNDT** Pre Conception and Prenatal Diagnostic Test
- 52) **PDCA** Plan Do Check Act
- 53) **PHA** Public Health Administration
- 54) **PHC** Primary Health Centre
- 55) **PIP** Programme Implementation Plan
- 56) **QA** Quality Assurance
- 57) **QAC** Quality Assurance Committee
- 58) **QAU** Quality Assurance Unit
- 59) **QI** Quality Improvement
- 60) **QOC** Quality of Care
- 61) **RCH** Reproductive and Child Health
- 62) **RCHO** Reproductive Child Health Officer
- 63) **RHFWTC** Regional Health & Family Planning Training Centre
- 64) **RMNCH+A** Reproductive, Maternal, Neonatal, Child Health & Adolescent
- 65) **SIHFW** State Institute of Health & Family Welfare
- 66) **SOP** Standard Operating Procedure
- 67) **SPIP** State Programme Implementation Plan
- 68) **SPMU** State Programme Management Unit
- 69) **SQAC** State Quality Assurance Committee
- 70) **SQAU** State Quality Assurance Unit
- 71) **TB** Tuberculosis
- 72) **ToRs** Terms of Reference
- 73) **UNICEF** United Nations International Children's Emergency Fund
- 74) **USAID** United States Agency for International Development
- 75) **UPHC** Urban primary health center
- 76) **UT** Union Territory
- 77) **WHO** World Health Organization

Introduction

The National Health Mission (NHM) was launched in the year 2005 with the goal “to improve the availability of and access to quality health care for people, especially for those residing in rural areas, the poor, women and children.” The Mission has led to considerable expansion of health services through rapid expansion of infrastructure, increased availability of skilled human resources and greater local level flexibility in operations, increased budgetary allocation and improved financial management. However, improvement in Quality of health services at every location has not been perceived, generally.

Perceptions of poor quality of health care may, in fact, dissuade patients from using the available services because health issues are among the most salient of human concerns. Ensuring quality of the services will result in improved patient / client level outcomes at the facility level

Ministry of Health and Family Welfare, Government of India is committed to support and facilitate a Quality Assurance Programme, which meets needs of Public Health System in the country and is sustainable. Main focus of proposed Quality Assurance Programme would be enhancing satisfaction level among users of the Government Health Facilities and reposing trust in the Public Health System.

Quality in Health System has two components:

Technical Quality: on which, usually service providers (doctors, nurses & para-medical staff) are more concerned and has a bearing on outcome or end-result of services delivered.

Service Quality: pertains to those aspects of facility based care and services, which patients are often more concerned, and has bearing on patient satisfaction.

Quality Assurance

Working definition- WHO defines Quality of Healthcare services in following six subsets:

- a. Patient-Centred:** delivering health care, which takes into account preferences and aspirations of the service users, and is in congruent with their cultures. It implies that patients are accorded dignified and courteous behavior. Their reasonable belief, practices and rights are respected.
- b. Equitable:** delivering health care which does not vary in quality because of personal characteristics such as gender, caste, socioeconomic status, religion, ethnicity or geographical location.
- c. Accessible:** delivering health care that is timely, geographically reasonable, and provided in a setting, where skills and resources are appropriate to the medical need.
- d. Effective:** delivering health care that is based on the needs, and is in compliance to available evidences. Therefore, observance of treatment guidelines and protocols is important for ensuring the quality of care. The delivered health care results into the improved health outcomes for the individuals in particular, and community in general.
- e. Safe:** delivering health care which minimizes risks and harm to the users.
- f. Efficient:** delivering health care in a manner which maximizes productivity out of the deployed resources. The wastes are avoided.

A Quality based approach helps in identifying the gaps in service delivery and tracing its roots and linking them to organizational processes. It builds a system of taking effective actions for traversing the gaps, periodic assessment and improving the quality.

The Quality Assurance Guidelines have been developed by the Ministry of Health & Family Welfare for addressing the concerns of public, and also the technical components of service delivery in a comprehensive manner.

The guidelines have two parts the first one is for organisational framework, while the second volume is an assessment tool.

Quality standard for Urban primary health centre: Government of India has launched, Quality Assurance Standards for Urban primary Health released in January 2016 has followed up National Quality Assurance Standards 2013 because Urban Primary Health Centers (UPHC) are different from conventional rural PHCs in term of size, functions, focus on ambulatory care, limited staff and infrastructure. U-PHC is also expected to deliver certain job-functions of Sub-centre through its outreach services.

First step in such efforts is to assess Urban Primary Health Centers, so that the gaps at health Facilities are known, and a time-bound action plan for the gap closure is developed. Subsequent assessments by various stakeholders – facility in charges, district health administration, state and external certification body, would need to be undertaken using same tools, so that there is clarity on expectation and objectivity in assessment is maintained. This ensures in-house ownership, which is important for sustainability of Quality Assurance Initiative.

Baseline Assessment of all UPHC will be done by Quality Improvement team from NHSRC on using “Quality Standards for Urban Health Centre” guidelines

How to do Assessment/Analysis

Methods used for assessment at UPHC include following:-

- Observation of the processes at the facility.
- Document review at the facility.
- Data collection from the various departments.
- Staff interviews, discussion with MOIC, Department in charge and process owner.
- Patient interviews

Completion of the check-lists would generate a scorecard for each facility. These check list include a client feedback form (exit interview) to assist the assessors and understand how closely the services fulfill the ‘felt need’ of the people. The score-cards could also be used for having intra-state and inter-state comparison.

The purpose of these guidelines is to enable all personnel working in the Public Health System to have a credible quality assurance programme, so that health facilities not only provide full range of services, which are committed in the National Health Programmes, but also ensure that the services meet verifiable and objective quality standards.

Scope of the Guidelines

‘Operational Guidelines on Quality Assurance’ and accompanying volumes of ‘Assessment Tools’ have been prepared for minimum health services, which should be available at a District Hospital, including those in the arena of Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCH+A) and Disease control programmes. While the structure of QA proposed here is for all areas of health services, however the check-list for assessing health facility is at present focused on RMNCH+A and related support services. It is open for expansion and inclusion of other areas in the course of laying down a roadmap for QA in the states.

Relationship Between different elements of measurement system

Quality Assurance Standards have been developed at national level which have 70 standards categorized into 8 broad areas of concern i.e. Service provision, Patient Rights, Input, Support Services, Clinical Care, Infection Control, Quality Management and Outcome.

A set of Standards & Measurable Elements for a District Hospital. Checklist for measurement of these standard are given in Assessors Guidebook
(eg. of checklist for Pharmacy is preset in *Annexure 1*)

Summary of Assessment Process:

1. Make an Assessment of severity of the Gaps
2. Collate all gaps and allocate severity level
 - a. High – Directly impacting quality of care - e. g. closure of Operation Theatre
 - b. Moderate – Indirectly impacting quality of care – e. g. Non-segregation of Biomedical Waste
 - c. Low – May impact quality of care – e. g. Non-calibration of scale

3. Phasing of Actions – Initially action planning for high priority gaps should be done
4. Allocate resources, define timeline and allocate responsibility
5. Review progress
6. Plan for preventive Action

Points to remember.....

- Quality Assessment is a cyclical process.
- It is a **continuous** process, and not a one-time effort.
- It is an **incremental** process where improvements are added with each cycle.
- It is primarily an **internal** process, driven by motivated staff of the facility.

Assessment of Urban Primary Health Centre,
Ranchi, Jharkhand

Urban primary health centre Ranchi Jharkhand





Assessment period: 11/04/16 to 29/04/16

Background

All UPHC is situated 12-15 km around capital Ranchi Jharkhand. Location is easily assessable.

Population coverage area is almost 15000-20000 people and outreach area is Morabadi and Adalhatu nearby locations. Outreach services are being provided by ANM at Aangawari centre. In UPHC immunization, family planning council, Nutrition and counseling service are being provided to mother and children. Facility is a good infrastructure with major departments at ground floor like reception, general clinic.

Dressing room & emergency, pharmacy, laboratory and family planning services, AYUSH clinic are not available at Adal Hatu, Morabadi UPHC.

No water facility is available for patients and staff

S.no	Designation of staff	In-position
1.	MO(I/C) Dr.Sunil kumar singh (9931118078) part time Doctor	1 (Contractual NHM Jharkhand)
2.	ANM Mrs.Sushila bara (9852963656) Mrs. Prerna sangita bara (9973171708) Mrs.veena kumara(8271846367)	3
3.	Pharmacist	0
4.	Staff Nurse	0
5.	LT	0
6.	Sweeper	0
7.	Public health manager	0
8.	Attendant	0

Services available in the UPHC	OPD consultation Free drugs
Timing of OPD	Morning 9.00 to 2.00 am
	Evening 5.00 to 8.00 pm
Other Facility	Computer facility is available

SWOT ANALYSIS

<u>STRENGTHS</u> Easily assessable to villagers Good Patient load Villagers know UPHC	<u>WEAKNESS</u> Lack of human resource. Poor referral services. All services are not being provide Medicine is not available. All Staffs are not available during OPD timing
<u>THREATS</u> Sudden increase in patient load/outbreak. Shortfall of medicines No regular doctor available	<u>OPPORTUNITY</u> Low income group around UPHC

Executive summary

Government of India has launched, Quality Assurance Standards for Urban primary Health released in January 2016 has followed up National Quality Assurance Standards 2013 because Urban Primary Health Centers (UPHC) are different from conventional rural PHCs in term of size, functions, focus on ambulatory care, limited staff and infrastructure. U-PHC is also expected to deliver certain job-functions of Sub-centre through its outreach services.

First step in such efforts is to assess Urban Primary Health Centers, so that the gaps at health Facilities are known, and a time-bound action plan for the gap closure is developed. Subsequent assessments by various stakeholders – facility in charges, district health administration, state and external certification body, would need to be undertaken using same tools, so that there is clarity on expectation and objectivity in assessment is maintained. This ensures in-house ownership, which is important for sustainability of Quality Assurance Initiative.

Baseline Assessment of all UPHC of all UPHCs Ranchi, Jharkhand will be by Quality Improvement team from NHSRC using “Quality Standards for Urban Health Centre” guidelines.

Departments

- General clinic
- Maternal health
- Immunization
- New born and child health
- Laboratory & diagnostic
- Communicable disease
- Non communicable disease
- General administration
- Outreach
- Family planning
- Dressing room
- Emergency

UPHC Profile

- **Gaganatthpur** UPHC situated 12 km away from main town Ranchi (Jharkhand). Location is easily assessable to the people. No catchment area. It is on rented building.
- **Adal Hatu Morabadi** UPHC situated 12 away from main town Ranchi (Jharkhand). Location is easily assessable. It is 3 km away from main road Morabadi
- **Bda Gaghar** is UPHC situated 10 away from main town Ranchi(jharkhand). Location is easily assessable.
- **Bargain** UPHC situated 15 km away from main town Ranchi (Jharkhand). Location is easily assessable to the people. It is 2 km away from main road Bargain Mor. No catchment area, fully covered by boundary. It is on rented building.

Objective and underlying Principles of Urban Primary Health Care

- UPHCs are centered on the principles of equity, inclusive, responsiveness efficiency and effective. It envisages that the care would be delivered through UPHC, which besides providing primary care to the community would also take the care to door-steps of beneficiaries through outreach services. Few of the job functions of UPHC
- To provide comprehensive primary health care to the community through urban primary health centre and ensuring fulfillment of service guarantees and clients satisfaction.
- To achieve and maintain an acceptable standard of quality of care through optimal utilization of resources.
- Involvement of the community in its management, so that the services are more responsive and sensitive to the needs of the community and right of every individual to access care in a facility with dignity.
- Increased utilization of services leading to the positive health outcome.
- Providing integrated RMCH+A services.
- Establishing assured referral linkages
- Monitoring quality of services delivery and establishing a process for improvement of quality.
- Creating conducive work environment for the staff.

Principles:

- Services should available in the proximity of target population
- Focus the preventive and promotive care besides delivery of committed services under National Health programme.
- Outreach services are integral part of the Urban primary health system.
- Minimising cost of care and out of pocket expenditure.

Assessment Plan

S.no	Date	Name of assessors
1	11/04/16	Dr Jajgit singh Consultant QI,NHSRC, New Delhi Mr. Chitranjan kumar Intern, NHSRC, New Delhi Mr. Kedar nath Regional consultant
2	11/04/16	Mr. Chitranjan Kumar Intern, NHSRC, New Delhi
3	27/04/16	Mr. Chitranjan Kumar Inern, NHSRC, New Delhi
4	29/04/16	Mr. Chitranjan Kumar Intern, NHSRC, New Delhi

Overall Hospital Score of All UPHCs

Adal hatu (UPHC)

UPHC Quality Score Card			
Dressing Room & Emergency	General Clinic	Maternity Health	New Born & Child Health
50.0	28.4	30.9	15.5
Immunization	UPHC Score		Family Planning
22.2			1.8
Communicable Disease	23.0		Non Communicable Disease
2.4			1.8
Outreach	Pharmacy	Laboratory	General Administration
16.6	50.0	50.0	11.2

**TABLE NO
1.2**

HOSPITAL QUALITY SCORE CARD			
AREA OF CONCERN WISE			
Service Provision 21.0%	Patient Rights 18.5%	Inputs 32.7%	Support Services 28.2%
HOSPITAL SCORE			
23.0%			
Clinical Services 21.7%	Infection Control 22.8%	Quality Management 11.0%	Outcome 15.0%

BADA GAGHARA (UPHC)

UPHC Quality Score Card			
Dressing Room & Emergency	General Clinic	Maternity Health	New Born & Child Health
50.0	33.2	51.6	24.7
Immunization	UPHC Score		Family Planning
46.8	31.1		1.2
Communicable Disease			Non Communicable Disease
4.0			7.2
Outreach	Pharmacy	Laboratory	General Administration
42.1	50.0	50.0	15.7

HOSPITAL QUALITY SCORE CARD			
AREA OF CONCERN WISE			
Service Provision 32.0%	Patient Rights 28.5%	Inputs 40.1%	Support Services 36.5%
HOSPITAL SCORE			
31.1%			
Clinical Services 33.4%	Infection Control 24.0%	Quality Management 13.0%	Outcome 23.9%

BERGAIN (UPHC)

UPHC Quality Score Card			
Dressing Room & Emergency	General Clinic	Maternity Health	New Born & Child Health
50.0	30.8	26.0	4.0
Immunization	UPHC Score		Family Planning
1.3			50.0
Communicable Disease	24.3		Non Communicable Disease
2.4			4.2
Outreach	Pharmacy	Laboratory	General Administration
18.6	50.0	50.0	11.6

HOSPITAL QUALITY SCORE CARD			
AREA OF CONCERN WISE			
Service Provision 19.0%	Patient Rights 30.0%	Inputs 35.7%	Support Services 26.4%
HOSPITAL SCORE 24.3%			
Clinical Services 18.6%	Infection Control 27.2%	Quality Management 12.2%	Outcome 19.4%

GAGANATTHPUR (UPHC)

UPHC Quality Score Card			
Dressing Room & Emergency	General Clinic	Maternity Health	New Born & Child Health
15.1	38.5	52.0	25.3
Immunization	UPHC Score		Family Planning
34.8			50.0
Communicable Disease	30.9		Non Communicable Disease
4.8			7.8
Outreach	Pharmacy	Laboratory	General Administration
44.2	50.0	50.0	10.9

HOSPITAL QUALITY SCORE CARD			
AREA OF CONCERN WISE			
Service Provision 38.3%	Patient Rights 33.1%	Inputs 38.1%	Support Services 29.7%
HOSPITAL SCORE			
30.9%			
Clinical Services 33.9%	Infection Control 22.8%	Quality Management 15.4%	Outcome 22.2%

Major Findings

- OPD Services are not available for at least 8 Hours in a day
- No Breast Feeding Corner at UPHC
- No clean drinking water facilities
- No Dedicated Clinic for AYUSH Doctor
- Hand washing facilities are not provided at point of use
- The facility do not ensures segregation of Bio Medical Waste as per guidelines
- No Unique identification number is given to each patient during process of registration
- No Early registration & Minimum 4 ANC Check-up
- No Tetanus Toxoid
- Patient party has to spend on purchasing drugs from outside
- Training of Doctor for IMNCI is not given
- Test for HIV is not done at least once in ANC period
- No Disposable gloves are available at the point of use
- The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care
- No Decontamination of Procedure surfaces
- No demarcated area for Immunization clinic with adequate space for carrying out immunization activities
- Emergency Drug Tray is not maintained at Immunization Room
- No availability of disposables in immunization clinics
- Training of Cold chain handlers on immunization
- No vaccine store is done at UPHC
- No demarcated area for Immunization clinic with adequate space for carrying out immunization activities
- Emergency Drug Tray is not maintained at Immunization Room
- No availability of disposables in immunization clinics
- Training of Cold chain handlers on immunization
- No vaccine store is done at UPHC
- No availability of Multiple Health worker(MPW)/ Community mobiliser/ Public Health Manger as per guideline
- The facility do not provides services under Revised National TB Control Programme as per guidelines
- The facility do not provides services under National Vector Borne Disease Control Programme as per guidelines

Observation and Thematic Gaps in Departments

(A) General clinic

- No Functional & dedicated AYUSH clinic
- Breast Feeding Corner is not available
- No clean drinking water facilities
- Unique identification number is not given to each patient during process of registration
- Clinical staff is engaged in administrative work during OPD hrs
- Patient History is not taken and recorded
- No Counseling on abuse & dependence on alcohol, drug, smoking & tobacco etc.
- No Treatment of Common RTI/STI's
- No Referral Linkages to ICTC and PPTCT
- No Display of Hand washing Instruction at Point of Use
- No Disposable gloves are available at point of use
- The facility do not ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas
- The facility do not ensures segregation of Bio Medical Waste as per guidelines
- Quality management is nil

(B) Maternal health

- No Important information like no. of Ambulances & nearby facilities are displayed
- Patient party is spending spend on purchasing drugs from outside
- Non availability of clean drinking water facilities
- No Temperature control and ventilation in ANC clinic
- There is a no system of referring patient from ANC clinic to higher centre for specialist consultation
- Blood Grouping and RH Typing is not done for every pregnant woman
- No display of Hand washing Instruction at Point of Use
- No disposable gloves are available at the point of use

- The facility do not ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas
- The facility ensures segregation of Bio Medical Waste as per guidelines
- The facility do not ensures management of sharps as per guidelines
- No Standard Operating procedures are prepared , distributed and implemented for all key processes
- No No. of moderate & severely anaemic cases line listed
- No Trends analysis of Indicators is done at Periodic Intervals
- Quality management and outcomes are nil

(C) New born and child health

- No Management of Malnutrition cases
- The facility has no uniform and user-friendly signage system
- No Important Contact details like no. of Ambulances & nearby facilities are displayed
- Patient party has to spend on purchasing drugs from outside
- No Availability of Emergency Drugs
- No Availability of resuscitation equipment
- The facility do not provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.
- Disposable gloves are not available at point of use
- The facility do not ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas
- The facility do not ensures segregation of Bio Medical Waste as per guidelines
- Quality management and outcome is nil.

(D) Immunization

- No Management & logistic support for immunization program
- Timings and days are not displayed of the ANC clinics
- No Demarcated area for Immunization clinic with adequate space for carrying out immunization activities
- No Training of Cold chain handlers on immunization
- No Vaccines at Immunization Clinic
- Emergency Drug Tray is not maintained at Immunization Room
- No Availability of Vaccine carrier with ice packs
- No Availability of Antiseptic Solutions at immunization clinic
- Quality management and outcome is almost nil

(F) Communicable disease

- No Case detection & Early diagnosis of malaria case, preventive activities for Malaria control, Case detection & Early diagnosis of TB, Early detection of leprosy & its complications, Early detection of HIV
- No Availability & display of IEC material for RNTCP
- No Patient records are kept in safe custody
- No Availability of Doctors for consultation during OPD hours
- No Availability of Anti tubercular drugs under RNTCP
- No Availability of Form / Format for testing and Diagnosis of TB under RNTCP
- Facility do not provides service under National Vector Borne Disease Control Program as per guidelines
- No Display of Hand washing Instruction at Point of Use
- No Disposable gloves are available at point of use
- facility do not ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas
- The facility do not ensures segregation of Bio Medical Waste as per guidelines

(G)Non communicable disease

- No Medical treatment for prevention & control of common Eye diseases
- No Survey for prevalence of various eye diseases & Health Education for prevention of various eye disease
- No Early identification & Referral of cases of hearing impairment
- Non Availability & display of IEC material under National blindness control program is available , mental health program, National Deafness Control Program
- No availability of Glucometer
- Facility do not monitor & submit the report under NBCP
- Non Availability of protocols for screening & treatment for common eye disease of children / adult
- No Risk assessment & diagnosis of diabetics is done as per guideline
- No Screen women of the age group 30-69 years for early detection of cervix cancer and breast cancer.
- The facility do not ensures segregation of Bio Medical Waste as per guidelines
- Quality management and outcome is nil

(H)Outreach activity

- No Preparation of PS for Malaria and testing by Rapid Diagnostic Kits
- No Outreach services for screening and referral of Symptomatic cases
- No DOT services are provided
- No Detection of cases of impaired vision and referral
- No Detection and referral of cases of hearing impairment
- No Mapping of vulnerable section has been carried out in all areas served by UPHC
- There is no system of receiving grievances if services are not being provided during outreach sessions
- No Availability of ANMs as per population
- No Use of Rapid Diagnostic Kits as per protocols
- No Line listing of pregnant women with moderate and severe anaemia
- No Availability of Hand Sanitizer for outreach session and home visits
- No Availability of personal protective equipment for outreach sessions
- The facility do not ensures segregation of Bio Medical Waste as per guidelines
- Quality and outcome is nil

(I)General administration

- No Registration for Medico Legal Cases
- No Availability of Housekeeping services
- No All functional areas identified by their respective signage
- No List of available services are predominantly displayed
- No Citizen Charter is prominently displayed
- No Availability of IEC corner
- No Availability of complaint box and display of process for grievance re adressal and whom to contact is display
- Records of patient complaints suggestion are not maintain
- Ramp at the entrance of UPHC Building is not available
- Drinking water facility is not available
- There is no system to track the expiry dates and periodic refilling of the extinguishers
- No regular Medical Officer
- No Lab Technician
- No illumination in patient care and procedure areas
- The facility has no established procedures for management of activities of Rogi Kalyan Samiti
- There is no system to track and ensure that funds are received on time
- No Defined formats for issuing Medical Certificate is available
- The facility do not ensures transportation and disposal of waste as per guidelines
- Quality and outcome is nil

Recommendation

- ❖ IEC materials should be available.
- ❖ Display of important contacts should be present.
- ❖ Signage system should be improved.
- ❖ Wheelchairs, stretchers and ramps availability should be insured.
- ❖ Queue management for male and female.
- ❖ ILR and Deep freezer should be present.
- ❖ Management of medications like plasma substitute.
- ❖ Privacy of patient should be maintained.
- ❖ SOP and work instruction should be developed.
- ❖ Human Resource should be maintained.
- ❖ Availability of equipments for service delivery should be maintained (like needle cutter, puncture box etc)
- ❖ MTP license and fire NOC should be available.
- ❖ Infrastructure should be maintained (DOT center infrastructure).
- ❖ Drug list, citizen charter and quality policy should be developed,
- ❖ Complaint process should be in organized manner,
- ❖ Personal protection training should be given.
- ❖ Facility should ensure 8 hours OPD/day
- ❖ Water facility for patient and staff
- ❖ Separate male and female bathroom
- ❖ Dedicated area for examination
- ❖ Ensure Hand washing facility with IEC material
- ❖ Ensure proper procurement of medicine.
- ❖ Facility ensure segregation of Bio medical waste as per guidelines
- ❖ Prepare standard operating procedures
- ❖ Facility ensure OPD care for common illness of new born, infant & children
- ❖ Timing and day of ANC should displayed in clinic
- ❖ Maintain emergency drug tray
- ❖ Separate box for uses vaccines
- ❖ Facility should provide services under RNTCP
- ❖ Regular training of Aaganwari/ANM/Community volunteer and fourth grade employees
- ❖ Patient record should keep confidentially.
- ❖ Important numbers like MO I/C, ANM, Ambulance, Nearest FRU, toll free no. etc are should displayed

Bibliography

1. An Introduction to Quality Assurance in Health Care, Avedis Donabedian.
2. District Health facility Guidelines for Development and Operations, WHO Regional Publication, Western Pacific Series 22, World Health Organization Regional Office for Western Pacific, 1998.
3. Evaluation and Quality Improvement Program (EQuIP) standards, 4th Edition, Australian Council on Healthcare Standards.
4. Facility based New born Care operational Guide, Guideline for Planning and implementation, Ministry of health and Family Welfare, Govt. of India.
5. Guideline for enhancing optima Infant and Young Child feeding practices, Ministry of Health and Family welfare, Govt. of India.
6. Guideline for implementing Sevottam, Dept. of Administration reform and Public Grievance, Ministry of Personal and Public Grievance and Pension, Govt of India.
7. Guideline for Janani- Shishu Suraksha Karyakaram (JSSK), Maternal Health Division, Ministry of Health and Family welfare, Govt. of India.
8. Implementation Guide on RCH-II, Adolescent and reproductive Sexual health Strategy, for State and District Program Manager, Ministry of Health and Family Welfare, Govt. of India.
9. Indian Public Health Standards (IPHS), Guidelines for District Hospitals (101 to 500 Bedded), Revised 2011, Directorate General of Health Services, Ministry of Health & Family Welfare, Govt. of India.
10. International Covenant on Social, Economic and Cultural Rights (ICESCR), 1976.
11. ISO 9001, Quality Management System requirement, Fourth Edition.
12. Janani Suraksha Yojana, Govt. of India, Ministry of Health and Family Welfare, Maternal Health Division.
13. National Accreditation Board for Hospital and Healthcare Provider, 3rd Edition.
14. Operational Guidelines on Maternal and Newborn Health, Ministry of Health and Family welfare, Govt. of India.
15. An introduction of quality assurance in health care, avedis donabedian.
16. Assessors's guidebook for quality assurance in primary health centre {24*7}, Ministry of health & family welfare govt.of india 2014.
17. Crossing the quality chasm: A new health system for the 21st century, institute on medicine, USA.
18. Bio medical west (management & handing) rules 1998
19. Framework for implementation – National urban health mission, ministry of health & family welfare govt. of india , May 2013

Annexure -1

National Quality Assurance Standards for U – PHC					
Checklist for General Clinic					
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern - A Service Provision					
Standard A1	Facility provides Promotive, preventive and curative services				
ME A1.1	The facility provides treatment of common ailments	Availability of Consultation services for common illnesses	1	RR/SI	Common Cold, Fever, Diarrhoea, Respiratory tract infections, Bronchial Asthma, conjunctivitis, foreign body in conjunctival sac, etc.
ME A1.3	The facility provides AYUSH Services	Functional & dedicated AYUSH clinic	1	RR/SI	Ayurveda, Unani, Siddha, Homeopathy, Naturopathy as per State Guidelines
ME A1.4	Services are available for the time period as mandated	OPD Services are available for at least 8 Hours in a day	1	RR/SI	It may be 12 noon to 8 PM/ it may be morning & evening OPD. Give full compliance if evening OPD is there
Standard A2	The facility provides RMNCHA Services				
ME A2.5	The facility provides Adolescent health Services	Availability of Adolescent friendly Clinic	1	RR/SI	At least for 2 hours on fixed day in week
Standard A5	The facility provides services as per local needs / State specific health programmes as per guidelines				

ME A5.2	Facility provides services as per local needs/ state specific health programmes as per guidelines	Availability of OPD services for diseases, specifically prevalent locally	1	RR/SI	
Area of Concern B - Patients' Rights					
Standard B1	The service provided at facility are accessible				
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required	Patient is informed about the diagnosis & Treatment Plan	1	PI/RR	
		A copy of OPD Slip/ Prescription containing Diagnosis & treatment plan, is given to patient	1	RR	
		Method of Administration /taking of the medicines is informed to patient/ their relative as per prescription	1	PI/RR	
ME B1.8	Access to facility is provided without any physical barrier	There is no overcrowding in general Clinic	1	OB	

Annexture-2

General Clinic Score Card		
	General Clinic	50
	Area of Concern wise Score	
A	Service Provision	50.0
B	Patient Rights	50.0
C	Inputs	50.0
D	Support Services	50.0
E	Clinical Services	50.0
F	Infection Control	50.0
G	Quality Manangement	50.0
H	Outcome	50.0