

## **Central Government Health Scheme(CGHS) In India**

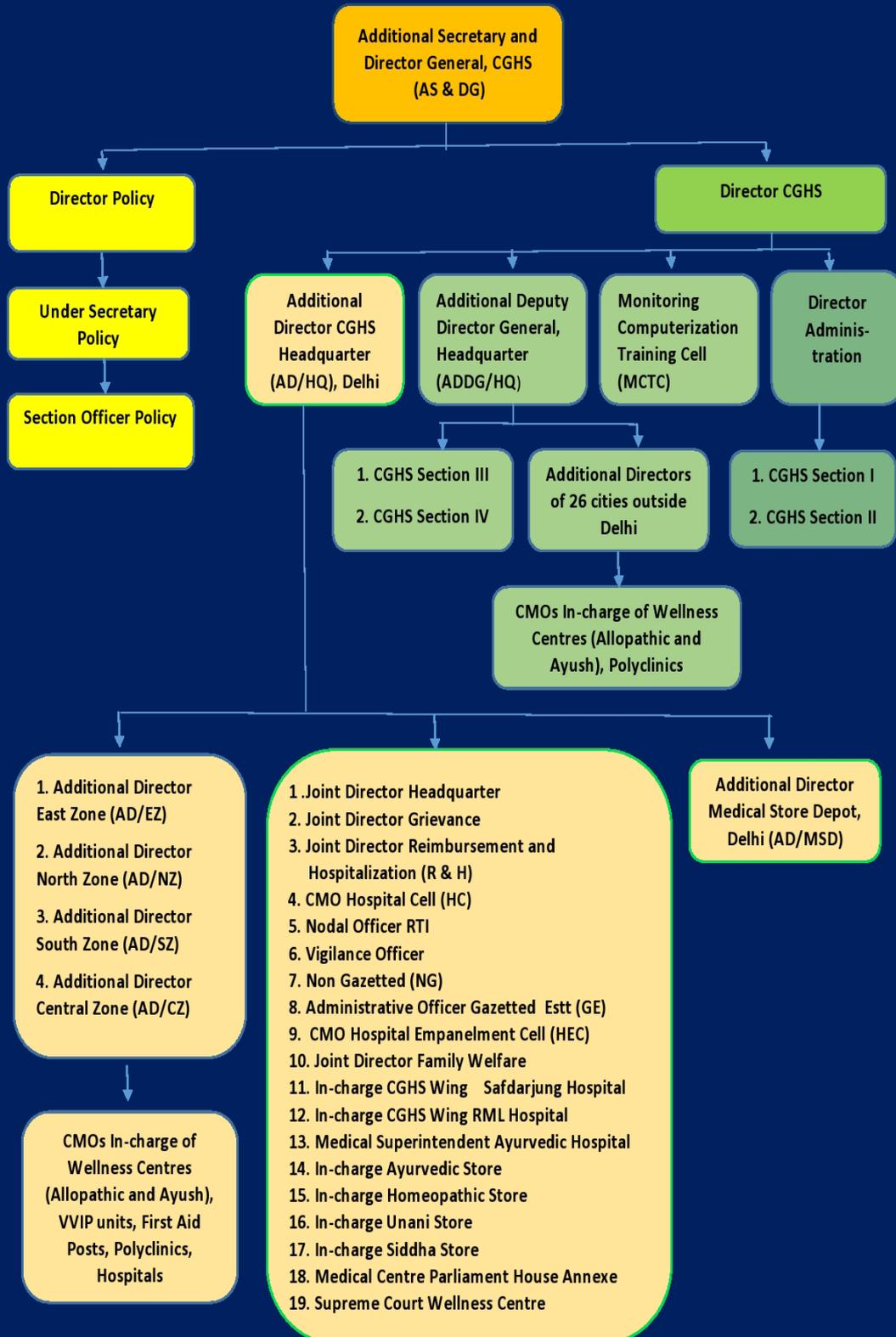
The Government of India (Allocation of Business) Rules, 1961 has entrusted the responsibility of providing medical care to the Central Government Servants, to the Department of Health and Family Welfare, Ministry of Health and Family Welfare. At Sr. No. 14 of the list of business allocated to the Department of Health and Family Welfare, it provides as under: “Concessions of medical attendance and treatment for Central Government Servants other than (i) those in Railway services (ii) those paid from Defence Service Estimates (iii) officers governed by the All Indian Services (Medical Attendance) Rules 1954 and (iv) officers governed by the Medical Attendance Rules, 1956”.

Central Government Health Scheme (CGHS) is a health scheme mainly for serving/retired Central Government employees and their families. The scheme was started in 1954 in Delhi. Over the time, it has spread to 26 cities and 12 cities will be covered soon. The scheme was extended to Mumbai in 1963; Allahabad in 1969; Kanpur, Kolkata and Ranchi in 1972; Nagpur in 1973; Chennai in 1975; Patna, Bengaluru and Hyderabad in 1976; Meerut in 1977; Jaipur, Lucknow and Pune in 1978; Ahmedabad in 1979; Bhubaneshwar in 1988; Jabalpur in 1991; Guwahati and Thiruvananthapuram in 1996; Bhopal, Chandigarh and Shillong in 2002; Dehradun in 2005, Jammu in 2007 and Gandhinagar 2015.

**Organizational set up** CGHS is a Central Sector Scheme administered by the Department of Health and Family Welfare. The organization is headed by Additional Secretary & Director General, CGHS.

FIG 1

# CGHS ORGANOGRAM



The Central Govt. Health Scheme provides comprehensive health care to the CGHS Beneficiaries in India. The medical facilities are provided through Wellness Centres (previously referred to as CGHS Dispensaries) /polyclinics under Allopathic, Ayurveda, Yoga, Unani, Sidha and Homeopathic systems of medicines. CGHS has following establishments across the country:-

1. 276 Allopathic dispensaries,
2. 19 Polyclinics,
3. 85 Ayush dispensary/ units
4. 03 Yoga Centres
5. 73 Laboratories
6. 74 Dental Units and
7. 04 Hospitals

**Eligibility for joining CGHS** The Central Govt. Health Scheme in India is comprehensive health care to the CGHS Beneficiaries. The Central Govt. Health Scheme is applicable to the following categories of people residing in CGHS covered cities:-

- (i) All Central Government employees drawing their salary from Central Civil Estimates and their dependant family members residing in CGHS covered areas;
- (ii) Central Government Pensioners receiving pension from Central Civil Estimates and their eligible family members;
- (iii) Hon'ble Members of Parliament;
- (iv) Ex-members of Parliament;
- (v) Ex-Governors & Lt. Governors;

- (vi) Freedom Fighters;
- (vii) Ex-Vice Presidents;
- (viii) Sitting /Retired Judges of Supreme Court;
- (ix) Retired Judges of High Court;
- (x) Employees and pensioners of certain autonomous/statutory bodies which have been extended CGHS facilities in Delhi;
- (xi) Journalists accredited with PIB (in Delhi)
- (xii) Delhi Police Personnel residing in Delhi only;
- (xiii) Railway Board employees and
- (xiv) Central Government servants who (through proper channel) got absorbed in Central Public Sector Undertakings/Statutory Bodies/Autonomous Bodies and those who are in receipt of pro-rata pension from Central Civil Estimates.

**Facilities available to CGHS beneficiaries are as follows:** It provides service through following categories of systems:-

- (i) Allopathic
- (ii) Homeopathic
- (iii) Ayurveda
- (iv) Unani
- (v) Yoga
- (vi) Sidha System

**The main components of the Scheme are:-**

- OPD treatment and medicines from CGHS Wellness Centres
- Specialist consultation at Government Hospitals;
- Hospitalization at Government and CGHS empanelled hospitals;
- Investigations at Government and empanelled Diagnostic centres;
- Reimbursement of expenses incurred for purchase of hearing aid, hip/knee joint implants, artificial limbs, pacemakers, ICD/ Combo device, CPAP, BiPAP, Oxygen Concentrator etc., as per the CGHS ceiling rates and guidelines;
- Medical consultation and dispensing of medicines in Ayurveda, Homeopathy, Unani and Siddha systems of medicine (AYUSH);
- In case of emergency, CGHS beneficiaries can go to any hospital, empanelled or non- empanelled and avail medical treatment. Reimbursement of expenses for treatment in private unrecognized hospitals in case of emergency;
- The beneficiary can go to any CGHS Wellness Centre in the country;
- Pensioners and other identified beneficiaries have facility for cashless treatment in empanelled hospitals and diagnostic centres;
- Family Welfare & MCH Services, and
- Issue of medicines for upto 3 months in respect of treatment of chronic illnesses on the basis of valid prescription of Government Specialist.

The dispensary is the backbone of the Scheme. Instructions on these various matters have been issued from time to time for the guidance of the specialists and medical Officers. With the rapid and continuous expansion of the Scheme, however, not only situation has changed and problems arisen but also the rapidly expanding staff have not approved practices, procedures and instructions in regard to their various duties and responsibilities.

### **Guidelines on Referral System in CGHS**

The referral system in CGHS is based on the following set of guidelines-

#### **Treatment at CGHS empanelled hospitals**

##### **I. Treatment under medical emergency:**

No referral is required and beneficiary can directly go to any private empanelled hospital for availing treatment.

##### **II. Elective treatment at Empanelled hospitals in Delhi/NCR :**

CGHS/Government Specialist advises specific treatment procedure required. Permission letter has to be obtained from CGHS Wellness centre /Addl. Director of CGHS in case of pensioners, ex-MPs, etc., and from the department in case of serving employees for undergoing the treatment at any of the CGHS empanelled hospitals of his /her choice.

In satellite towns of NCR, viz., Faridabad, Ghaziabad, Gurgaon and Noida, CMO i/c of CGHS Wellness centres can refer the CGHS beneficiaries directly to private empanelled hospitals for treatment and management. In such cases permission for specific treatment procedure is to be obtained from competent authority i.e., from CGHS in case of pensioners, etc., and from the department in case of serving employees

**III. Treatment at Empanelled hospitals in other CGHS covered cities outside Delhi/NCR :**

- CGHS beneficiaries must compulsorily be referred to Polyclinics wherever set up by the CGHS. On the advice/opinion of the Specialists/ Post graduate GDMOs, CMO In-charge, AD/ JDs may refer CGHS beneficiary to private empanelled hospitals of the choice of the beneficiary.
- In those cities which do not have polyclinics and if GDMOs who are post Graduate are available, their services as specialist may be utilized and patients may be referred to the dispensary in which such PG. GDMOs are posted or if space is available in a centrally located dispensary, the PG GDMOs may be posted there.
- In the event of neither a specialist nor PG GDMO is available in a city CMO In-charge shall make a provisional diagnosis and refer the patients to private empanelled hospital for specialist consultation. If any specific treatment/ procedure is advised (except in emergency) by private empanelled hospital, It must be counter-signed by CMO I/C before the services are availed to check possible misuse.

The processes of referral through Government/ CGHS specialists provide a check and balance in the system, so far as correct diagnosis and treatment is concerned.

### **GUIDELINES FOR CGHS BENEFICIARIES:**

- CGHS beneficiaries require to take treatment in CGHS dispensary.
- CGHS Doctor's reference and office permission required for taking treatment / test in recognized hospital / Diagnostic Centers.
- Emergency treatment can be taken from hospital in case of no government / recognized hospital located nearby.
- Medicines purchased from open market, in case of OPD treatment taken from recognized private hospital is not reimbursable, and the same is to be obtained from CGHS dispensary.
- If test / investigations are carried out privately by CGHS beneficiary on the advice of a government specialist, a non-availability certificate from the government hospital concerned should be attached

### **GENERAL PURPOSE TREATMENT AND DIAGNOSTIC PROCEDURE:**

As per the letter No. S.11011/11/2016- CGHS (P)/EHS dated 09 Jan 2017 of EHS Section, Ministry of Health and Family Welfare Government of India. Consequent upon revision of pay on the basis of the implementation of the recommendations of the 7th Central Pay Commission, *it has been decided to revise the rates of subscriptions, to be made by employees pensioners, for availing benefits under the CGHS.* It has also been decided to revise the monetary ceiling limits for various entitlements of the beneficiaries for availing CGHS facilities.

**The entitlement for indoor treatment would be as under:**

i) Basic Pay upto Rs.47600/-	General Ward
ii) Basic Pay Rs476011/- to 63100/-	Semi-pvt Ward
iii) Basic Pay Rs.63101/- and above	Private Ward

**The maximum room rent for different categories would be:**

i) General Ward	Rs.500/- per day
ii) Semi private Ward	Rs.1000/- per day
iii) Private Ward	Rs. 1500/- per day
iv) Day Care	Rs. 500/- per day

Package deal rates include admission charges, accommodation charges, ICU / ICCU charges, monitoring charges, Operation charges, anesthetic charges, Operation. theatre charges, cost of drugs and disposable surgical sundries, Physiotherapy charges during the period of hospital stay.

If one or more treatment procedure form part of a major treatment procedure, the package charges would be made against the major procedures and only half of actual charges quoted for minor procedure would be added to the package charges of the first major procedure.

**Monthly Contributions for availing CGHS facility:**

<b>S.No</b>	<b>Corresponding level in Pay Matrix as per 7th CPC</b>	<b>Contribution (Rs. Per month)</b>
1	Level: 1 to 5	250
2	Level: 6	450
3	Level: 7 to 11	650
4	Level: 12 & above	1000

**Table No. 1**

**Facilities to CGHS beneficiaries residing in Non- CGHS areas**

Pensioners, who are eligible for availing CGHS benefits and living in non-CGHS covered areas have the option to obtain a CGHS card from a nearby CGHS covered city. In view of the difficulties faced by such CGHS beneficiaries living in non-CGHS covered areas, a new Office Memorandum has been issued in April 2011 permitting such beneficiaries to obtain in-patient treatment and follow up treatment from CS (MA) approved hospitals and ECHS (Ex-Servicemen Contributory Health Scheme) empanelled hospitals (in addition to the government hospitals) and claim the reimbursement at CGHS rates from AD/JD of CGHS city, where the CGHS card is registered.

### **Recent initiatives for improvement of CGHS**

- i) Opening of CGHS Wellness Centres Orders have been issued regarding opening up of CGHS Wellness Centres at Raipur, Shimla, Agartala, Imphal, Gandhinagar, Puducherry, Itanagar, Aizwal, Kohima, Gangtok, Panaji and Indore. Gandhinagar is operational.
  
- ii) Fresh empanelment of Private Healthcare Organizations and revision of package rates applicable under CGHS Delhi/NCR and other CGHS covered cities CGHS empanels hospitals, private hospitals and diagnostic centres through tender process and continuous empanelment scheme from time to time. Continuous empanelment scheme was initiated on December 2014 and was in vogue till 28.2.2015. The Ministry has recently empanelled 558 private hospitals, 286 Eye clinics, 105 Dental clinics (Total – 949) and 165 diagnostic/imaging centres across the country and revised the package rates to be paid to the Healthcare Organizations (HCOs)
  
- iii) It has also been decided that all HCOs that have been finally be accredited by NABH/ NABL should be allowed the benefit of the Continuous Empanelment Scheme i.e. they may be empanelled under the CGHS even if they did not apply for such empanelment in response to the tender finalized in 2014. 21 Ayurveda and 5 Yoga & Naturopathy hospitals have also been empanelled w.e.f. 1.10.2015.

- iv)** Extension of CGHS facility to the retired employees of Autonomous/Statutory Bodies The Ministry has issued orders for extension of CGHS facilities to the retired employees of Kendriya Vidyalaya Sangathan (KVS), Bureau of Indian Standards (BIS), Central Council for Research in Yoga and Naturopathy (CCRYN), Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Unani Medicine (CCRUM), Indira Gandhi National Council for Arts, Lalit Kala Akademi and Delhi Public Library in Delhi NCR only (whose serving employees) are already covered under CGHS on cost - to- cost basis.
- v)** Linkage of AADHAR Number To provide web-based services to CGHS beneficiaries, it has been decided to link the CGHS beneficiary IDs of all the beneficiaries with AADHAR number.
- vi)** Restoration of the Status The Ministry has decided to restore the CGHS facilities to Assam Rifles Personnel at par with CAPF's personnel in CGHS covered cities
- vii)** Streamlining settlement of Hospital Bill Online processing of hospital bills by CGHS has been implemented in Delhi and 11 other cities, and it will be implemented soon in the remaining cities.
- viii)** Change of timings of CGHS Wellness Centres to 7.30 AM - 2.00 PM as against the earlier timings of 8 AM to 3 PM. To enhance the facilities and the satisfaction level of the CGHS beneficiaries, it was decided to change the working hours of the CGHS Wellness Centres from the earlier timings of 8.00 AM to 3.00 PM to the revised timings of 7.30 AM to 2.00 PM.

## CGHS Wellness Center(36-A), Dwarka, New Delhi

FIG 2



### Overview

**Wellness** is a state of optimal health covering physical, mental, social aspects of an individual and **Wellness center** is an healthcare facility that provides scientifically proven physical interventions with repeatable positive outcomes for improvement or maintenance of physical form, enhancement of functions or improvement of health for achieving the state of wellness of an individual.

CGHS wellness centre Dwarka (No 36A) is situated in a Government accommodation near Palam Flyover. Located in Dwarka , this hospital is easily accessible by various means of transport. This is covering the beneficiaries staying in Dwarka sub city and

adjoining earmarked areas. Earlier this area was covered by the CGHS wellness center situated at Palam colony. This wellness center has come into existence in 25 May 2009, after the computerization of the CGHS services have been done in Delhi. The beneficiaries are well conversant to the On Line system of services provided by the wellness centre. Population coverage is almost 55000-60000 people and outreach area is covered presently by the CGHS Wellness Centre — Dwarka Sectors 1 to 23, Raja Puri, Binda Pur, Madhu Vihar, Pochan Pur, Ambh Rahi, Bamdoli, Bharthal, Kakrola, Bharat Vihar, Dwarka Mor, Shyam Vihar and Matiyala Village.

The CGHS wellness centre Dwarka (No 36A) remains functional for 6  $\frac{1}{2}$  hours daily from 7.30 am to 2.00 pm in the morning daily on all working days except Sundays and holidays. A team of well-trained medical staff, non-medical staff and experienced clinical technician backed with a vision to offer the best in patient care and equipped with technologically advanced healthcare facilities. The referral linkages are well in place with a facility of Ambulance service(1099) and in co-ordination with the Ram Manohar Lohiya Hospital, Safdarjung Hospital, and AIIMS in New Delhi.

Facility has decent permanent two storied infrastructure with major departments at ground floor. It has ten (10) room facility and each of the available room is dedicated for specific department which includes General Clinic cum Examination room, Pharmacy, registration room Dressing room, , Family Welfare cum Immunization room, Store room, covered Patient waiting area and three toilets.

In CGHS wellness centre Dwarka (No 36A) immunization, family planning counseling, nutrition counseling service are being provided to mother and child. There are also the Medical, Orthopedics and Ophthalmology specialist OPD on specified days in every week.

The facility has dedicated and hardworking staff and adheres to their roles and responsibilities. Their professional services make them a sought after Wellness Center in Delhi. A team of doctors on board, including specialists are equipped with the knowledge and expertise for handling various types of medical cases.

The wellness center has got about 23322 cards and about 56892 beneficiaries attached to it. The profile is mostly service holders with their family members – 12469 cards with 45872 beneficiaries. There are about 4963 pensioners having 10777 card holders. A new set of 5000 cards are ready for distribution as per the requirement.

Issue of plastic cards has been a contentious challenge in the dispensary. Many of the beneficiaries had submitted their applications for conversion of their paper cards into plastic cards. In this dispensary cards are being distributed from smoothly through a unique method innovated by the in-charge of this center. This is as under-

- (i) The cards are kept in a specific lot as when received from the agency who are entrusted to prepare the plastic cards through higher formation. The cards are kept tidily as per Serial number in ascending order in every lot. Lots are created as per the application date and supply date. Beneficiaries can easily make out their lot number on the basis of date of application with the help of the DEO and other staff. Once the lot number of the card is ascertained the actual cards may be identified physically very easily. When the fresh lot of

cards received, a computer generated SMS is sent to the card holder to collect the same as soon as possible.

- (ii) In case the beneficiaries are not coming forward to collect the cards beyond reasonable time, another unique method has been adopted by the in-charge to inform them. The application forms are made mandatory to contain the mobile numbers of the beneficiary (mobile numbers outnumber the land line connections these days). After a specific lag period, one SMS is re-sent to the effect to collect the same immediately.

There is a need to inculcate the Quality Standards focusing mainly in the Quality and Outcome areas of concerns in order to strengthen the health care service delivery to the beneficiaries and also to focus on the basic gaps which could be filled at the facility level. This report contains the detailed representation of the areas of improvement which would subsequently help in improving the quality standards of the facility as well as the health care delivery to the beneficiaries.

## SCOPE OF SERVICES

**FIG 3**

CLINICAL SERVICES	SUPPORT SERVICES	OUTSOURCED SERVICES
<ul style="list-style-type: none"> <li>• Out Patient Services: General Medicine, Minor dressings, Eye, Med Spl, Ortho,</li> <li>• ANC &amp; PNC services</li> <li>• MCH Services</li> <li>• Immunization</li>   <li>• Linkage with Tuberculosis Hospital and Malaria Control Program to provide services</li> <li>• Counseling</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacy</li> <li>• Nursing Services</li> <li>• Medical/ Health records</li> <li>• HMIS</li> <li>• Infection Control</li> <li>• Cleanliness &amp; Sanitation</li> <li>• Infrastructure &amp; Electrical Maintenance</li> <li>• Housekeeping services</li> </ul>	<ul style="list-style-type: none"> <li>• Ambulance Service (1099)</li> <li>• Specialist Doctors</li> <li>• Bio-Medical Waste Management</li> <li>• Lab services: Routine &amp; special tests</li> </ul>

## HR STATUS

**FIG 4**

<b>S.No</b>	<b>NAME</b>	<b>DESIGNATION</b>
1.	Dr D C Deuri	Sr.CMO I/C
2.	Dr C R Sarangi	Sr.CMO
3.	Dr V K Thakur	CMO(NFSG)
4.	Dr Naresh Jakhar	CMO
5.	Dr Seema Rani	SMO
6.	Dr Sabita Chand	Consultant
7.	Dr M L Kochar	Ortho Consultant
8.	Dr Jayanti	Ophthamologist
9.	Dr Amit Suri	Medical Spl
10.	Monica Kapoor	Staff Nurse
11.	Kusum Bhutani	Pharmacist
12.	Satpal	Pharmacist
13.	Raj Karan Singh	Pharmacist
14.	Arvind Kumar	Pharmacist
15.	Ashok Kumar	LDC
16.	Jayani Prakash	MTS
17.	Sunder Singh	MTS
18.	Shakuntla	MTS

FIG 5



**THE TEAM**

FIG 6



**CME ACTIVITY AT THE WELLNESS CENTRE**

**FIG 7**



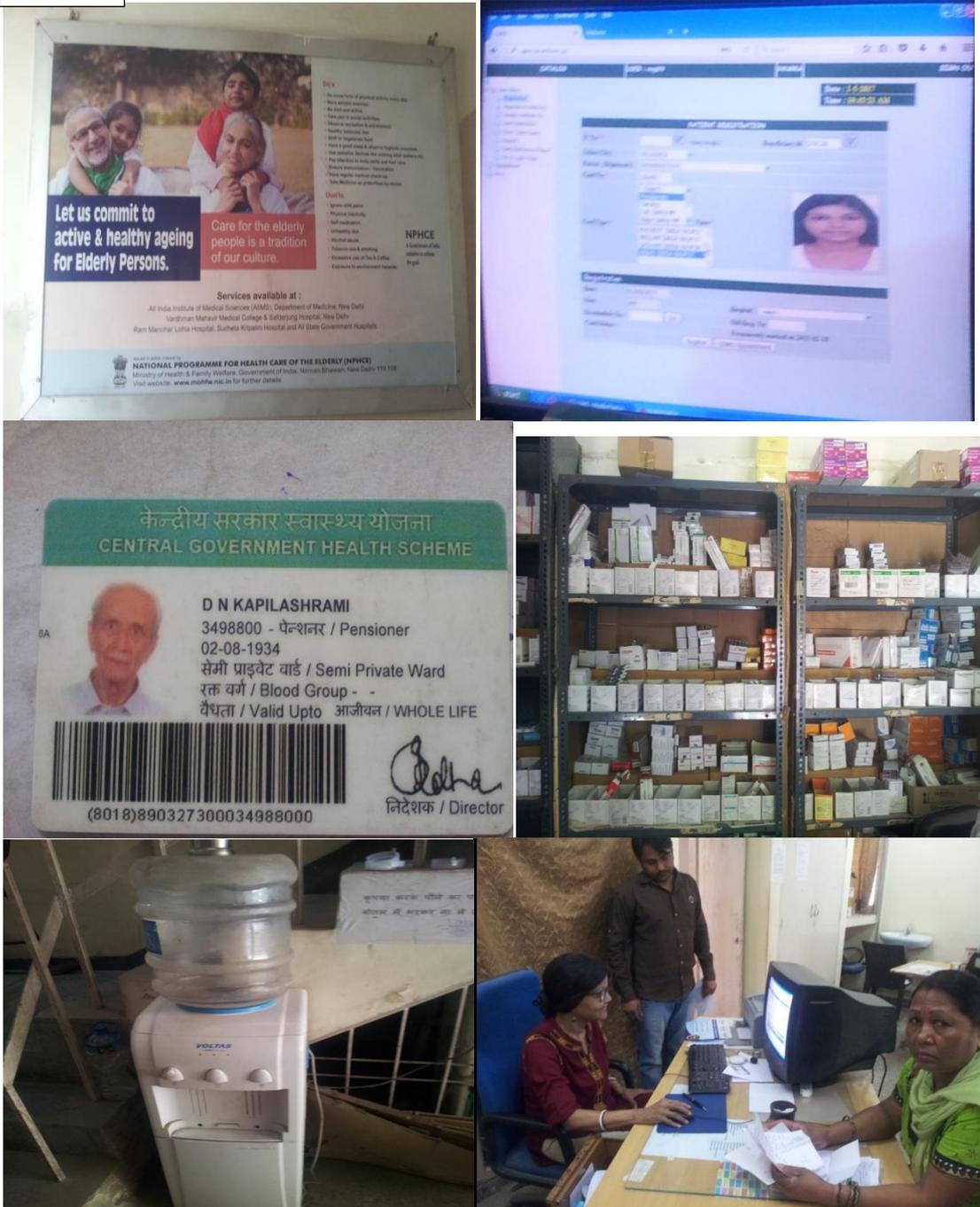
**TEAM IN ACTION DURING THE WORKING HOURS AT THE WELLNESS CENTRE**

## SWOT ANALYSIS

**FIG 8**

STRENGTHS	WEAKNESS
<ul style="list-style-type: none"> <li>• Team Work</li> <li>• Adequate Population Coverage (55000-60000)</li> <li>• Adequate patient Load (Avg. 500-550 OPD / day)</li> <li>• Good Referral system (108)</li> <li>• Collaboration with nearby empanelled Private Hospital</li> <li>• Dedicated and courteous staff</li> <li>• Specialist Medical, Ophthalmologist &amp; Orthopaedic OPD on specified days in every week checkups</li> <li>• Dedicated ANC &amp; Immunization services</li> <li>• Competent staff for Counselling</li> <li>• Linkage with all National Health Programme like Tuberculosis and Malaria Control Program to provide services</li> <li>• Regular Collaboration &amp; support of the District authorities</li> </ul>	<ul style="list-style-type: none"> <li>• No Dental &amp; AYUSH Services</li> <li>• Non-availability of ILR</li> <li>• Non-availability of full time , clerk and conservancy staff.</li> <li>• Non-availability of evening OPD</li> <li>• Non-availability of proper Furniture &amp; equipment</li> <li>• Display board and Signage of standard pattern not displayed.</li> </ul>
THREATS	OPPORTUNITIES
<ul style="list-style-type: none"> <li>• Management of emergencies like snake bite, dog bite etc.</li> <li>• Management of situation like the Outbreak of any disease or disaster etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Inclusion of adequate Lab services with Lab Technician</li> <li>• More services under National programs like Communicable Diseases, NCD's, National program for elderly etc. can be included</li> </ul>

FIG 9



**GENERAL VIEW AT WELLNESS CENTRE**

## **General Observation**

1. The Punctuality of the staff in this wellness center is satisfactory.
2. Staff strength is on lower side as compared to the population load and patient foot fall - there is no permanent Clerical staff; the Dresser is on the verge of retirement.
3. There is no orderly or peon to do the errand and same is being managed by MTS.
4. The security has been outsourced.
5. There is no conservancy staff posted at the Wellness Center. Cleanliness can be improved.
6. The premises as well as the building itself are poorly maintained so far as regular cleaning is concerned. The cleaning work has however not been outsourced here.
7. CMO I/C is controlling ably the movement of medicines through local purchase and other sources of supply of medicines. The supplier of local chemist is M/S Balaji Medicos.
8. The family Welfare and the nursing activities are being done routinely. The registers are being maintained and recent inspection by higher authority has give satisfactory remarks.
9. Non-availability of ILR at the center. Cold chain appears to be fine.

10. The dressing room is maintained in a small room. The necessary equipments are kept available but the maintenance is unimpressive. The Autoclave machine is in working condition.
  
11. Interaction with the cross section of the beneficiaries reveal that the space constraint is there.
  
12. Demand for more specialist services is also there. However, there specialist like Medical , Ophthalmologist and Orthopedic are available for consultation on specified days.
  
13. The general view is a favorable one. Overall impression about the wellness centre is that the management requires to have more vigil in the matter of cleanliness and patient satisfaction which are major quality indicators in Quality assurance.

## **INTRODUCTION**

### **“Baseline Assessment of Quality Assurance in Health Care services of CGHS Wellness Center Dwarka (36A), New Delhi”**

**‘Quality’** is the core and most important aspect of services being rendered at any health facility. The Clinicians at the health facility particularly public health facilities mostly deliver their services based on their clinical knowledge. Mostly client’s expectations goes beyond only cure & includes courtesy, behavior of the staff, cleanliness of the facility & delivery of prompt & respectful service. Few of these clinician’s also take care of clients perspective however in many cases, it is overlooked. Those who can afford, can go to a private facility but the large mass particularly the poor and those living in rural areas do not have such means neither they have the voices which can be heard. A Quality based approach helps in identifying the gaps in service delivery and tracing its roots and linking them to organisational processes. It builds a system of taking effective actions for traversing the gaps, periodic assessment and improving the quality. 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. Quality in Health System has two components:

1. **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.

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

**WHO** defines Quality of Healthcare services in following six subsets:

1. **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 behaviour. Their reasonable belief, practices and rights are respected.
2. **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.
3. **Accessible:** delivering health care that is timely, geographically reasonable, and provided in a setting, where skills and resources are appropriate to the medical need.
4. **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.
5. **Safe:** delivering health care which minimizes risks and harm to the users.
6. **Efficient:** delivering health care in a manner which maximizes productivity out of the deployed resources. The wastes are avoided.

**Quality Assurance (QA)** is cyclical process which needs to be continuously monitored against defined standards and measurable elements. Regular assessment of health facilities by their own staff and state and ‘action planning’ for traversing the observed gaps is the only way in having a viable quality assurance programme in Public Health.

American Society for Quality refers to Quality Assurance as “planned and systematic activities, which are implemented in a quality system, so that quality requirements of a product or service would be fulfilled”. It essentially entails doing a set of activities that include defining quality standards and assessing, monitoring and improving the quality of services against those standards, so that the care provided is as efficient, effective and safe as possible.

Four Principles of Quality Assurance are : ,,

1. Quality Assurance is oriented toward meeting the needs and expectations of the patients.
2. Quality assurance focuses on the systems and processes.
3. Quality assurance uses data to analyse service delivery processes. ,,
4. Quality assurance encourages a team approach to problem solving and quality improvement.

This research is based on a comprehensive study conducted at public health facilities at CGHS Wellness Center Dwarka (36A), New Delhi to carry out Baseline Assessment of Quality Assurance in Health care Services of CGHS Wellness Center.

Out Patient Department is the mirror of the Wellness Center, which reflects overall functioning of the organisation, being the first point of contact between the patient

and the health care staff.. Now a days OPD services of majority of the hospitals are facing queuing and waiting time problems that is resulting into patient dissatisfaction. 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.

### **REVIEW OF LITERATURE**

Our patients/clients and the general public often complain about the poor quality of care in our health facilities. We often hear on the radio, television and even in the community about the poor quality of care that patients have received from us. We ourselves experience this poor quality in our health facilities when we are sick. Although we have few resources and may be short of staff, we can do something about the poor quality of healthcare. When we say quality of health care, we mean healthcare activities that we in the medical, nursing, laboratory fields etc. perform daily to benefit our patients without causing harm to them. Quality of Care demands that we pay attention to the needs of patients and clients. We also have to use methods that have been tested to be safe, affordable and can reduce deaths, illness and disability. Furthermore, we are expected to practice according to set standards as laid down by clinical guidelines and protocols. With Quality of Care we do the right things at the right time. We see to patients promptly, make the right diagnosis and give the right treatment. With quality of care we keep on improving on our standard of services till excellence is attained.

**Components of Quality Health Services :** Quality health service has several parts.

We need to understand these in order to improve quality of care. The parts are listed in the box below:-

1. **Access to Service** Everyone should have access to quality health care. Access refers to the ability of the individual to obtain health services. Some of the factors that can affect access are:

( a) Distance: e.g. where health facility is sited far away or it is difficult to get transport to the facility access to quality health care becomes a problem.

( b) Financial: e.g. where people cannot pay for the services provided.

(c) Culture, beliefs and values: The services provided may not be in line with the culture, beliefs and values of some people.

2. **Technical Competence** Technical competence as an indicator of quality assurance implies that we should have adequate knowledge and skills to carry out our functions in order to provide quality service

3. **Equity** Quality services should be provided to all people who need them, be they poor, children, adults, old people, pregnant women, disabled etc. Quality services should be available in all parts of the country, in villages, towns and cities. 1.3.4 Effectiveness We are interested in the type of care that produces positive change in the patient's health or quality of life. We therefore use treatments that are known to be effective, for example, giving a child with diarrhea Oral Rehydration Salt (ORS)

4. **Efficiency** is the provision of high quality care at the lowest possible cost. We are expected to make the best use of resources and avoid waste of our scarce resources. We waste resources by : prescribing unnecessary drugs stocking more

drugs than is required and making them expire buying supplies and equipment we do not use What happens when we stock more drugs than is required.

5 . **Continuity** means that the client gets the full range of health services he/she needs, and that when the case is beyond us, we refer him/her to the right level for further care. Continuity may be achieved by the patient seeing the same primary health care worker or by keeping accurate health records so that another staff can have adequate information to follow up the patient.

6. **Safety** means that when providing health services, we reduce to the barest minimum injuries, infections, harmful side effects and other dangers to clients and to staff. In providing quality care, we should not put the patient's life at risk.

7. **Interpersonal Relations** It refers to the relationship between us and our clients and communities, between health managers and their staff. We should: show respect to our clients; feel for our patients; not be rude or shout at them; not disclose information we get from patients to other people. These will bring about good relations and trust between the clients/communities and us. Clients consider good interpersonal relationship as an important component of quality of care.

8. **Amenities** These are features that can be provided by our health facilities to make life comfortable and pleasant for clients. They contribute to clients' satisfaction and make clients willing to use our services. For example, comfortable seats, television sets, music, educational materials, educative video films, etc. at the OPD and wards.

**Perspectives of Quality** The health staff, health manager, clients and communities are all stakeholders in service delivery. Each of these groups may expect different things from health services.

- (i) **The Patient/Client** Research done in various parts of the country shows that our patients/clients want services that: are delivered on time by friendly and respectful staff; are safe, produce positive result and that they can afford; provide them with adequate information about their condition and treatment; provide them with all the drugs they need; give privacy. are within their reach (distance) and given in a language they can understand.
- (ii) **The Health Staff Provider** The health provider can provide quality care if he/she has: adequate knowledge and skills; enough resources; staff, drugs, supplies, equipment and transport etc safe and clean workplace; opportunity to regularly improve himself/herself; is well paid and rewarded for good work.
- (iii) **The Health Care Manager** The health care manager sees quality care as: managing efficiently the resources of the health facility: health staff achieving set targets; health staff being regularly supported and supervised; having adequate and competent staff to provide care; staff being disciplined. providing enough resources for work.

Quality of care can also be seen from the inputs, processes and outcome of service delivery. We have to address these together to improve on quality.

### **What Is Quality Assurance?**

Quality Assurance (QA) started long ago in Japanese industry. It was realized that through inspection, more faulty products were detected but the quality of the products did not change. It became necessary therefore to look at the ways products were made so that any changes can be made along the line before the finished product came out. Therefore quality assurance was adopted from industry into the health care setting in

the developed countries. It has really helped in improving quality of care in these countries. Now we in India have also adopted quality assurance to improve health service delivery.

Quality Assurance encourages health workers to examine the services they provide, assess their own work and come out with what they can do with the limited resources to improve the quality of care. *Quality Assurance is a set of activities that are planned for, carried out systematically or in an orderly manner and continuously to improve quality of care.* It involves: The setting of standards; Monitoring to see if there is a gap between what is being done now and what is expected; and addressing the gap on a regular basis (quality improvement).

Quality Assurance requires that health workers understand the needs of patients and their communities in order to provide for them. Quality Assurance also requires active support and commitment from leaders at the national, regional, district, sub-district levels and in the health facilities.

### **Principles of Quality Assurance**

There are five basic principles of quality assurance. These principles, as stated below, clearly show what QA is intended for.

1. Quality Assurance is oriented towards meeting the needs and expectations of our clients
2. Quality Assurance focuses on systems and processes
3. Quality Assurance uses data to analyze service delivery

4. Quality Assurance encourages the use of teams in problem solving and quality improvement
5. Quality Assurance uses effective communication to improve service delivery

### **Benefits of Quality Assurance**

Quality assurance is beneficial to everybody - the client, community, health workers, health managers and the health institution. Benefits of quality assurance are varied in nature. We have benefits to the clients, to the health worker and to the health institution.

1. **Benefits to the Clients** Some of the benefits of quality assurance to the clients are: Good health outcomes; Client satisfaction; Value for money; Less frustration.
2. **Benefits to Health Providers** Health providers also benefit from quality assurance in the following ways :- Health staff become more satisfied with their work; Health workers understand patients better; Information flow among staff is improved; Health staff who perform well are rewarded.
3. **Benefits to the Health Institution** Quality assurance brings some benefits to the health facility and they include:- Patients become more satisfied with the services; More patients may use our services; The environment will become clean and beautiful; The facility will have a good reputation.

**Cost of Poor Quality** Some health staff have the impression that quality is expensive. The usual complaints among health staff are poor salary conditions, inadequate funding, inadequate drugs and supplies including equipment. On the other

hand, if we analyze what goes into service delivery in a facility we shall find out that poor quality care rather involves high wastage and is therefore more expensive.

The cost of poor quality includes all the costs that would not have been incurred if the right things had been done the first time. It also includes costs that result from having to provide the same service again and again. Poor quality results in costs that we can readily see and costs that are hidden. Only a small part of the cost of poor quality is obvious to us. The major part is hidden costs. It can be likened to a hippopotamus in water; only a small part of its body is seen above the water, the bulk of the body is below the water and therefore hidden.

1. **Costs of poor quality that are obvious to us include:** Wrong diagnosis; Wrong treatment; Repeated visits to the OPD; Prolonged illness; Death.
2. **Costs that are hidden include:** Wasted time to both patient and health worker; ?Unnecessary treatment, wasted drugs; Patients not complying to treatment; Unnecessary laboratory tests, wasted reagents; ?Frustrated patients; Low staff morale.

**Quality Assurance Cycle** The QA cycle is a guide that can be followed to continuously improve quality of our health services. It has different stages and by going through them, the QA team can follow the cycle to assess, monitor and improve the quality of care we give to the clients. We can start from any stage of the cycle but have to complete it once we start. Just be simple, practical and creative in your approach. There are ten main steps in the QA cycle. These are:-

1. Plan for Quality.
2. Review Standards.
3. Communicate Standards.

4. Monitor the Use of Standards .
5. Identify and Prioritize Problems.
6. Define the Problem .
7. Analyze the Problem.
8. Suggest/Develop Solutions.
9. Implement Solution.
10. Evaluate

The importance of any QA program is to measure what we achieve in service delivery against what is expected of us. This tells us of the quality gap that we need to improve upon. We need to stress the point that to implement quality assurance successfully, there should be appropriate structures at all levels. The roles, responsibilities and linkages of the structures within the organization must be clearly defined. These help to identify the monitoring and supervisory systems that are required to support the quality assurance programme. Again, it is important to note that, effective leadership and management commitment at all levels is key to the sustainability and success of Quality Assurance.

### **Relevance of the Study**

Recipients of healthcare expect the HealthCare Delivery System to provide them with 100% quality care but may be satisfied with less, provided they find some relief and succor from their ailments. Ninety-nine percent defect-free quality, i.e. one error in a thousand seems to be a high standard and close to flawless performance. Yet, at a 99.9% “quality” level our heart fails to beat 32,000 times each year, 18,000 babies are dropped by healthcare providers at birth every year, 20,000 incorrect prescriptions are

made each year, 500 operations are performed wrongly by surgeons every week, and 12 newborns are given to the wrong parents daily. **In medical profession, there is no scope for error as any error means all the difference between life and death, relief and disability, and cure and morbidity.**

The hospital is an unsafe environment both for the patients as well as the staff. Every medical procedure has an inherent risk of complications and even small errors in processes like medicine administration, hand hygiene or patient identification may have dangerous consequences. The outcome of unsafe practices include poor patient satisfaction, increased morbidity and mortality, extended length of stay, increased cost per discharge, lower revenue per bed, loss of productivity, loss of reputation, litigation risks, and costs. The leadership in healthcare delivery thus needs to ensure that safety is accorded the highest priority. In most cases the fault is in systems, communication and processes highlighting the importance of quality in Healthcare.

In order to monitor the quality of care and achieve quality assurance, there is a need to measure the quality of services being rendered against pre determined norms or standards of performance. This is only possible if appropriate methods or tools are available and used by the hospital management in their quest for Quality Assurance.

In this study of the theoretical and empirical work on base line assessment of Quality Assurance in CGHS Wellness Centres with the help of available guidelines taken from **NABH Standards for Wellness Centres** through self assessment tool kit modified for our organisation to bring out hitherto unknown gaps in the quality of care in achieving Quality Assurance.

### **Statement of the Problem**

“To study and carry out Baseline Assessment of Quality Assurance in Health Care Services of CGHS Wellness Center (36-A), Dwarka, New Delhi, which can make public health services more responsive to people's needs and expectations.”

### **Objectives of the Study**

1. To study the existing guidelines, procedure and provision of facilities ensuring Quality of Service for patients at CGHS Wellness Centre Dwarka (36A), New Delhi.
2. To assess and bring out hitherto unknown gaps in the quality of care in achieving Quality Assurance.
3. To suggest measures for improvement in achieving Quality Assurance.

### **Materials and Methods**

Assessment standards for Wellness Centre prepared by the NABH technical committee contains complete set of standards for evaluation of Wellness Centres for grant of accreditation. The standards provide framework for quality of care for customers and quality improvement for Wellness Centre. The standards help to build a quality culture at all level and ensures quality assurance across all the functions of Wellness Centre.

Accreditation benefits all its stakeholders. Accreditation results in high quality of care and customer safety. Customer satisfaction is regularly evaluated. Accreditation in a Wellness Centre stimulates a continuous improvement. It enables the Wellness Centre in demonstrating commitment to quality service. It raises community confidence in the services provided by the Wellness Centre. It also provides opportunity to wellness unit to benchmark with the best.

### **Assessment Method**

The assessment activities include: -

1. Orientation of assessors to the organization's
2. Document review Document review includes review of policies, evidence of compliance with policies, evidence of committees and evidence of statements.
3. Functional interview.
4. Leadership interview.
5. Infection control interview.
6. Management of information/ patient records interview.
7. Staff qualification and education interview.
8. Visit to patient care areas and selected department.
9. Evaluate the process for patient care in different setting across the organization.
10. Facility tour - Special interview/ issue resolution.

**Assessment criteria** is based on the scoring on a scale of 0, 5 and 10 as per the following details.

1. Compliance to the requirement : 10

2. Partial compliance to the requirement : 5 (if any of the sample is found to be non co out of total samples selected)
3. Non-compliance to the requirement : 0
4. Not Applicable : NA

**Evaluation criteria:**

1. No individual standard should have more than one zero to qualify. However, no zero is accepted in the regulatory/legal requirements.
2. The average score for individual standard must not be less than 5.
3. The average score for individual chapter must not be less than 7.
4. The overall average score for all standards must exceed 7

The study is cross sectional in nature and sampling technique used were census data and purposive sampling. The data has been collected through face to face interview with the help of structured questionnaire. The study area is CGHS Wellness Center Dwarka(36A), New Delhi. The data was analysed using software MS Excell and SPSS 22 version. Proportions were used for interpretation. NABH Standards for Wellness Centres prepared by technical committee contains complete set of standards for evaluation of Wellness Centres for quality of service to ensure Quality Assurance. NABH Standards has ten chapters incorporating 84 standards and 396 objective elements. To study and carry out base line self assessment of CGHS Wellness Center Dwarka(36A) using NABH self assessment tool kit for wellness centers having ten chepters broadly divided into two catogies. These chapters are :-

**Patient Centered Standards**

1. Access and Planning of Services (APS)
2. Customer Rights and Education (CRE)

3. Care of Customers (COC)
4. Management of Medication, Consumables and Equipments (including Instruments) (MOMCEI)
5. Infection Control (IC)

### **Organisation Centered Standards**

6. Continual Quality Improvement (CQI)
7. Responsibilities of Management (ROM)
8. Facility Management and Safety(FMS)
9. Human Resource Management (HRM)
10. Information Management System (IMS)

To study and carry out Baseline Assessment of Quality Assurance in Health care Services of CGHS Wellness Center(36-A), Dwarka, New Delhi, which can make public health services more responsive to people's needs and expectations, we have utilized **NABH Standards for Wellness Centres** through self assessment tool kit modified for our organisation to bring out hitherto unknown gaps in the quality of care in achieving Quality Assurance. NABH Standards has ten chapters incorporating 84 standards and 396 objective elements. These are:-

#### **Chapter 1. Access and Planning of Services (APS)**

APS.1. The organization defines and displays the services that it can provide.

APS.2. The organization has a well defined process for identification of the customer who is availing the services.

APS.3. Wherever services are delivered, the organization shall have a process for check in for services, service delivery and check out of the customer.

APS.4. Wherever customer's needs are not met by the organization, it has a defined policy and process to refuse or redirect the customer.

APS.5. The service process delivery follows a defined process and is clearly communicated to the customer in a manner and language which is understood by the customer.

APS.6. Any service delivery that is to be availed by the customer is assessed for appropriateness and acceptability of services before being delivered to customer. APS.7. If there is continuity of care, the organization defines processes for reassessment of the service delivery, with respect to appropriateness and benefit to the customer.

APS.8. The organization identifies and/or deploys appropriate laboratory and diagnostic services, wherever required to assess and monitor the service delivery. APS.9. There is an established equipment calibration and diagnostic/laboratory quality assurance programme.

APS.10. The organization defines and deploys a safety program for diagnostic services.

APS.11. Customer Care is continuous and where necessary is multidisciplinary in nature.

APS.12. The organization has a documented check-out process.

APS.13. Organization defines the content of the check-out summary.

## **CHAPTER 2 Customer Rights and Education (CRE)**

CRE.1. The organization protects customer and consumer rights during service delivery.

CRE.2. Customer rights support individual beliefs, values, personal dignity and privacy.

CRE.3. A documented process for obtaining Customer and/or consumer consent exists for informed decision making about their care and involve the customer and consumer in decision making processes.

CRE.4. Customer and consumer have a right to information and education about their service needs.

### **CHAPTER 3** Care of Customers (COC)

COC.1. Care of customer is guided by the applicable laws and regulations.

COC.2. The ambulance services shall be made available as per the requirement in commensurate with the scope of the services provided by the organization.

COC.3. Policies and procedures guide the care of customers requiring cardio-pulmonary resuscitation.

COC.4. If the scope of organization includes the care of vulnerable customers (elderly, children, physically and/or mentally challenged and high risk customers), policies and procedures should guide the care. COC.5. If the scope of organization includes the care of obstetric customers, policies and procedures guide the care.

COC.6. If the scope of organization includes the care of pediatric customers, policies and procedures guide their care.

COC.7. Policies and procedures guide the care of customers undergoing moderate sedation and topical anesthesia.

COC.8. Policies and procedures guide the care of customers undergoing surgical procedures. Surgical procedures do not include overnight medical stay.

COC.9. Policies and procedures guide appropriate pain management.

COC.10. If the scope of organization includes research activities, policies and procedures shall guide the same.

#### **CHAPTER 4 Management of Medication, Consumables and Equipment**

MOMCEI.1. Policies and procedures guide the organization of pharmacy services and usage of medication.

MOMCEI.2. There is an organization formulary, customized to local units.

MOMCEI.3. Policies and procedures guide the storage of consumables, medication and cosmetics.

MOMCEI.4. Policies and procedures guide the prescription of medications.

MOMCEI.5. Policies and procedures guide the safe dispensing of medications.

MOMCEI.6. There are defined procedures for medication administration.

MOMCEI.7. Customers and family members are educated about safe medication and food-drug interactions.

MOMCEI.8. Customers are monitored after medication administration.

MOMCEI.9. Policies and procedures guide the use of narcotic drugs and psychotropic substances.

MOMCEI.10. Organization shall have a structured program for inventory management of consumables and instruments.

MOMCEI.11. Policies and procedures guide the use of medical gases.

## **CHAPTER 5** Infection Control (IC)

IC.1. The organization has a well-designed, comprehensive and coordinated Infection Control (IC) programme aimed at reducing/ eliminating risks to customers, visitors and providers of services.

IC.2. The organization has an infection control manual, which is periodically updated at defined intervals.

IC.3. The infection control team (or officer, as applicable) is responsible for surveillance activities in identified areas of the organization.

IC.4. The organization takes actions to prevent or reduce the risks of Health Care Associated Infections (HCAI) in customers and employees. IC.5. Proper facilities and adequate resources are provided to support the infection control programme.

IC.6. The organization takes appropriate action to control outbreaks of infections.

IC.7. There are documented procedures for sterilization activities in the organization.

IC.8. Statutory provisions with regard to Bio-medical Waste (BMW) management are complied with, wherever applicable.

IC.9. The infection control programme is supported by organization management and includes training of staff and employee health.

## **CHAPTER 6** Continual Quality Improvement (CQI)

CQI.1. There is a structured quality assurance and continuous monitoring programme in the organization.

CQI.2. The organization identifies key indicators to monitor the service structures, processes and outcomes.

CQI.3. The organization identifies key indicators to monitor the managerial structures, processes and outcomes.

CQI.4. The quality improvement programme is supported by the management.

CQI.5. There is an established system for audit of customer care services.

CQI.6. Sentinel events are intensively analyzed.

## **CHAPTER 7** Responsibilities of Management (ROM)

ROM.1. The responsibilities of the management are defined.

ROM.2. The services provided by each department are documented. ROM.3.

The organization is managed by the leaders in an ethical manner. ROM.4. A suitably qualified and experienced individual heads/manages the services of the organization.

ROM.5. Leaders ensure that customer safety aspects and risk management issues are an integral part of customer care and organization management system.

## **CHAPTER 8** Facility Management and Safety (FMS)

FMS.1. The organization is aware of and complies with the relevant rules and regulations, laws and byelaws and requisite facility inspection requirements.

FMS.2. The organization's environment and facilities operate to ensure safety of customers, their families, staff and visitors.

FMS.3. The organization has a program for procedure and support service equipment management.

FMS.4. The organization has provisions for safe water, electricity and medical gases.

FMS.5. The organization has plans for fire and non-fire emergencies within the facilities.

FMS.6. The organization has a plan for management of hazardous materials.

FMS.7. The organization has systems in place to provide a safe and secure environment.

## **CHAPTER 9 Human Resource Management (HRM)**

HRM.1. The Organization has a documented system of human resource planning.

HRM.2. The staff joining the organization is socialized and oriented to the organization environment (including outsourced staff also).

HRM.3. There is an ongoing programme for professional training and development of the staff (including outsourced staff also).

HRM.4. Staff members, students and volunteers are adequately trained on specific job duties or responsibilities related to safety (including outsourced staff also).

HRM.5. An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.

HRM.6. The organization has a well-documented disciplinary procedure.

HRM.7. A grievance handling mechanism exists in the organization.

HRM.8. The organization addresses the health needs of the employees.

HRM.9. There is a documented personal record for each staff member.

HRM.10. There is a process for collecting, verifying and evaluating the credentials (education, registration, training and experience) of service professionals permitted to provide customer care without supervision.

HRM.11. There is a process for credentialing all service professionals to perform institutionalized procedures on customers and provide other required services in commensurate with their qualifications/ training/ experiences.

## **CHAPTER 10** Information Management System (IMS)

IMS.1. Policies and procedures exist to meet the information needs of the care providers, management of the organization as well as other agencies that require data and information from the organization.

IMS.2. The organization has processes in place for effective management of data.

IMS.3. The organization has a complete and accurate Customer record. IMS.4. The customer record reflects continuity of care.

IMS.5. Policies and procedures are in place for maintaining confidentiality, integrity and security of information.

IMS.6. Policies and procedures exist for retention time of records, data and information.

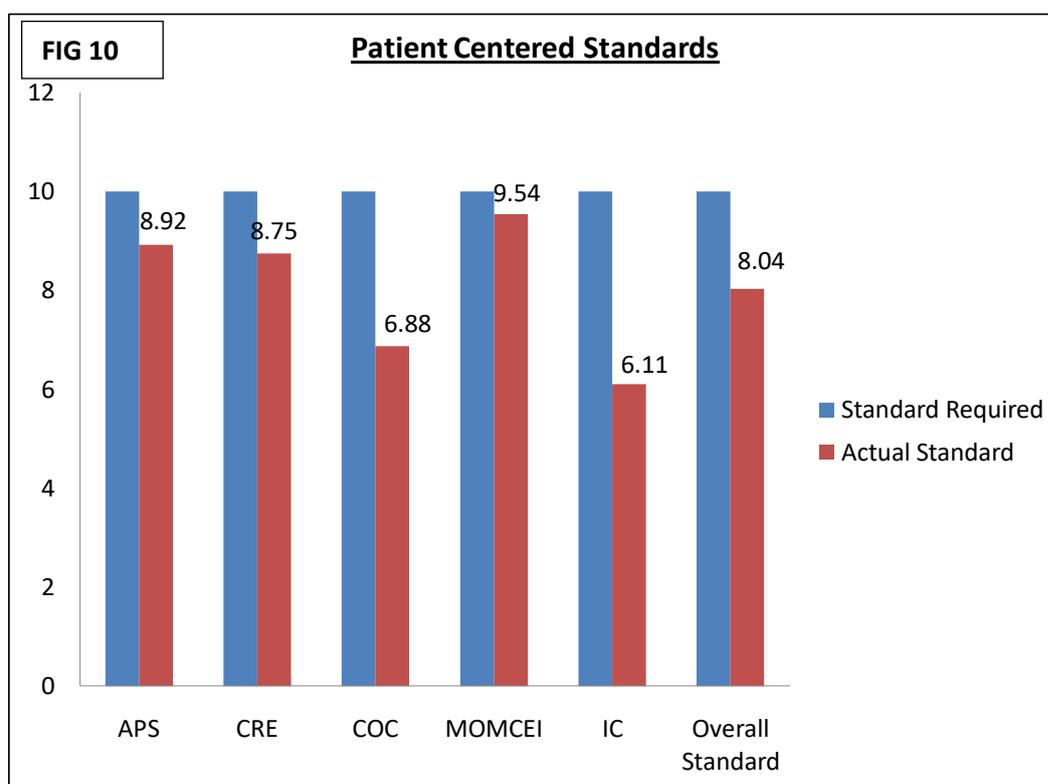
IMS.7. The organization regularly carries out records audits.

## Observations and Results

The study was conducted for three months 01 Feb to 30 Apr 2017. We have utilized **NABH Standards for Wellness Centres** through self assessment tool kit modified for our organisation to bring out hitherto unknown gaps in the quality of care in achieving Quality Assurance. These NABH Standards have ten chapters incorporating 84 standards and 396 objective elements which have been divided in to two broad categories for ease of assessment and analysis. These are:-

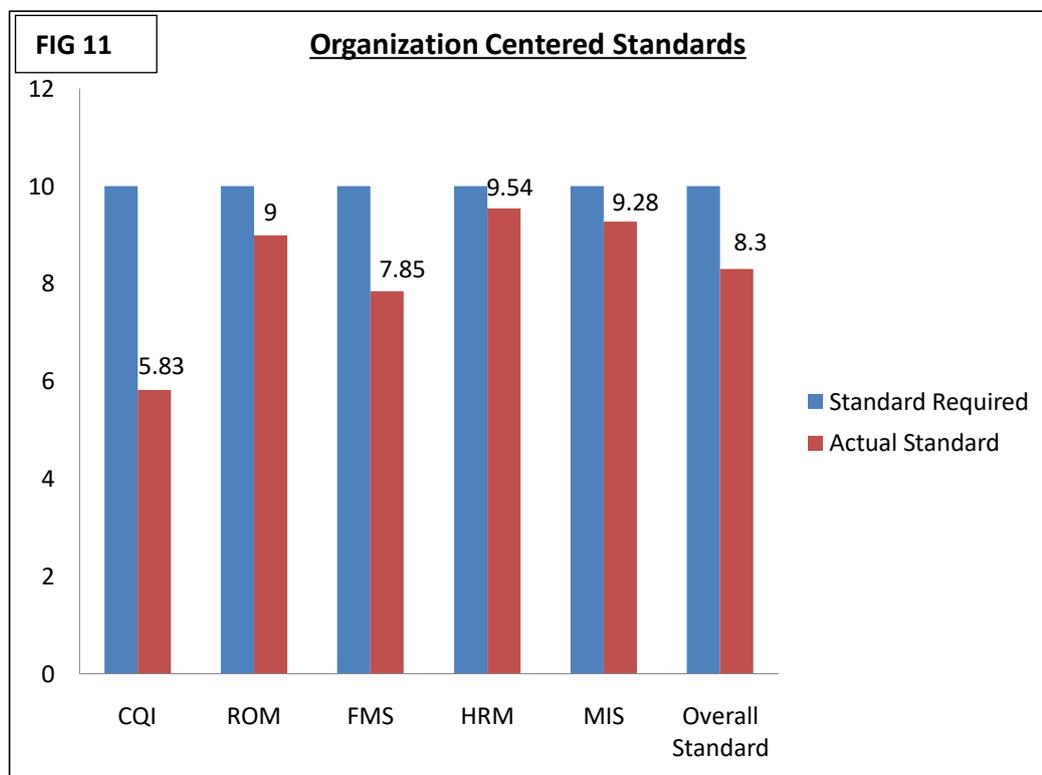
1. Patient Centered Standards.
2. Organisation Centered Standards.

**Patient Centered Standards** :- Five chapters covering 51 standards were analysed through structured questionnaire using the defined guidelines.



It is clearly evident from the graphical representation that to achieve quality assurance amongst the patient centered standards, we need to work on the Care of Customers (COC) and Infection Control (IC) aspects.

**Organisation Centered Standards** :- Five chapters covering 33 standards were analysed through structured questionnaire using the defined guidelines.



It is clearly evident from the graphical representation that to achieve quality assurance amongst the organisation centered standards, we need to work on the Continual Quality Improvement (CQI) and Facility Management and Safety (FMS) aspects in our Wellness Center to achieve the quality assurance.

**Overall Standards** :- To arrive at the overall standards we have taken in to the account all ten chapters and 84 standards as per the evaluation criteria listed above.



The general view is a favorable one as the over all score is 8.17 which is higher than the minimum average desired score of 7. However, the average score of the individual chapter like Care of Customers (COC) , Infection Control (IC) and Continual Quality Improvement (CQI) is less than 7. Hence we do not meet the condition for the accreditation to achieve the quality assurance. Overall impression about the wellness centre is that the management requires to have more vigil in the matter of cleanliness and patient satisfaction, infection control and continual quality improvement which are major quality indicators in Quality assurance.

## **Measures for Improvement**

1. Maintain SOPs and related policies. To be assessable to complete staff.
2. Improved, legible and bilingual signage at necessary locations
3. Online Registration using the web facility.
4. Infrared Gun for card reader for ease of time saving.
5. Out sourcing of housekeeping .
6. Afternoon OPDs to reduce Waiting time.
7. Air controlled waiting area, designated parking area and Canteen facility for patients.
8. Soft Skills cadre for Staff and Nurses.
9. Introduce Feedback mechanism.
10. CME for the staff.

**Conclusion.** Every patient coming to the wellness center is responsible for spreading the good image of the organization. Hence, satisfaction of patients visiting the wellness center is important for hospital management and so is the quality of service to achieve quality assurance. CGHS has ensured that the quality of service is delivered to all their card holder beneficiaries through the out sourced hospitals, laboratories which have to be NABH/NABL accredited. However, the same is not the case when it comes to the CGHS Wellness Centers/ Poly Clinics. This study will aid in guiding and focus attention towards ensuring the quality of service to achieve the Quality Assurance in health care at CGHS wellness centers.

## INSTRUMENTATION

<b>SELF ASSESSMENT TOOLKIT FOR WELLNESS CENTRES</b>				
<b>Patient Centered Standards</b>				
<b>S. No.</b>	<b>Elements</b>	<b>Documentation (Yes/No)</b>	<b>Implementation (Yes/No)</b>	<b>Scores (0/ 5/ 10)</b>
1	<b>CHAPTER 1 Access and Planning of Services (APS)</b>			
2	APS.1. The organization defines and displays the services that it can provide.			
3	APS.2. The organization has a well defined process for identification of the customer who is availing the services.			
4	APS.3. Wherever services are delivered, the organization shall have a process for check in for services, service delivery and check out of the customer.			
5	APS.4. Wherever customer's needs are not met by the organization, it has a defined policy and process to refuse or redirect the customer.			
6	APS.5. The service process delivery follows a defined process and is clearly communicated to the customer in a manner and language which is understood by the customer.			
7	APS.6. Any service delivery that is to be availed by the customer is assessed for appropriateness and acceptability of services before being delivered to customer.			
S. No.	Elements	Documentation (Yes/No)	Implementation (Yes/No)	Scores (0/ 5/ 10)

8	APS.7. If there is continuity of care, the organization defines processes for reassessment of the service delivery, with respect to appropriateness and benefit to the customer.			
9	APS.8. The organization identifies and/or deploys appropriate laboratory and diagnostic services, wherever required to assess and monitor the service delivery.			
10	APS.9. There is an established equipment calibration and diagnostic/ laboratory quality assurance programme.			
11	APS.10. The organization defines and deploys a safety program for diagnostic services.			
12	APS.11. Customer Care is continuous and where necessary is multidisciplinary in nature.			
13	APS.12. The organization has a documented check-out process.			
14	APS.13. Organization defines the content of the check-out summary.			
15	<b>CHAPTER 2</b> <b>Customer Rights and Education (CRE)</b>			
16	CRE.1. The organization protects customer and consumer rights during service delivery.			
17	CRE.2. Customer rights support individual beliefs, values, personal dignity and privacy and involve the customer and consumer in decision making processes.			
<b>S. No.</b>	<b>Elements</b>	<b>Document ation (Yes/ No)</b>	<b>Implement ation (Yes/ No)</b>	<b>Scores (0/ 5/ 10)</b>
18	CRE.3. A documented process for obtaining Customer and/or consumer consent exists for informed decision making about their care.			
19	CRE.4. Customer and consumer have a right to information and education about their service needs.			
20	<b>CHAPTER 3</b> <b>Care of Customers (COC)</b>			

21	COC.1. Care of customer is guided by the applicable laws and regulations.			
22	COC.2. The ambulance services shall be made available as per the requirement in commensurate with the scope of the services provided by the organization.			
23	COC.3. Policies and procedures guide the care of customers requiring cardio-pulmonary resuscitation.			
24	COC.4. If the scope of organization includes the care of vulnerable customers (elderly, children, physically and/or mentally challenged and high risk customers), policies and procedures should guide the care.			
25	COC.5. If the scope of organization includes the care of obstetric customers, policies and procedures guide the care.			
26	COC.6. If the scope of organization includes the care of pediatric customers, policies and procedures guide their care.			
27	COC.7. Policies and procedures guide the care of customers undergoing moderate sedation and topical anaesthesia			
<b>S. No.</b>	<b>Elements</b>	<b>Document ation (Yes/ No)</b>	<b>Implement ation (Yes/ No)</b>	<b>Scores (0/ 5/ 10)</b>
28	COC.8. Policies and procedures guide the care of customers undergoing surgical procedures. Surgical procedures do not include overnight medical stay.			
29	COC.9. Policies and procedures guide appropriate pain management			
30	COC.11. If the scope of organization includes research activities, policies and procedures shall guide the same.			
31	<b>CHAPTER 4 Management of Medication, Consumables and Equipment (including Instruments) (MOMCEI)</b>			
32	MOMCEI.1. Policies and procedures guide the organization of pharmacy services and			

	usage of medication.			
33	MOMCEI.2. There is an organization formulary, customized to local units.			
34	MOMCEI.3. Policies and procedures guide the storage of consumables, medication and cosmetics.			
35	MOMCEI.4. Policies and procedures guide the prescription of medications.			
36	MOMCEI.5. Policies and procedures guide the safe dispensing of medications.			
37	MOMCEI.6. There are defined procedures for medication administration.			
<b>S. No.</b>	<b>Elements</b>	<b>Documentation (Yes/No)</b>	<b>Implementation (Yes/No)</b>	<b>Scores (0/ 5/ 10)</b>
38	MOMCEI.7. Customers and family members are educated about safe medication and food-drug interactions.			
39	MOMCEI.8. Customers are monitored after medication administration.			
40	MOMCEI.9. Policies and procedures guide the use of narcotic drugs and psychotropic substances.			
41	MOMCEI.10. Organization shall have a structured program for inventory management of consumables and instruments.			
42	MOMCEI.11. Policies and procedures guide the use of medical gases			
43	<b>CHAPTER 5 Infection Control (IC)</b>			
44	IC.1. The organization has a well-designed, comprehensive and coordinated Infection Control (IC) programme aimed at reducing/ eliminating risks to customers, visitors and providers of services.			
45	IC.2. The organization has an infection control manual, which is periodically updated at defined intervals			

46	IC.3. The infection control team (or officer, as applicable) is responsible for surveillance activities in identified areas of the organization.			
47	IC.4. The organization takes actions to prevent or reduce the risks of Health Care Associated Infections (HCAI) in customers and employees.			
<b>S. No.</b>	<b>Elements</b>	<b>Document ation (Yes/ No)</b>	<b>Implement ation (Yes/ No)</b>	<b>Scores (0/ 5/ 10)</b>
48	IC.5. Proper facilities and adequate resources are provided to support the infection control programme.			
49	IC.6. The organization takes appropriate action to control outbreaks of infections.			
50	IC.7. There are documented procedures for sterilization activities in the organization.			
51	IC.8. Statutory provisions with regard to Bio-medical Waste (BMW) management are complied with, wherever applicable.			
52	IC.9. The infection control programme is supported by organization management and includes training of staff and employee health.			

<b>Organisation Centered Standards</b>				
<b>S. No</b>	<b>Elements</b>	<b>Documentation (Yes/ No)</b>	<b>Implementation (Yes/ No)</b>	<b>Scores (0/ 5/ 10)</b>
1	<b>CHAPTER 6 Continual Quality Improvement (CQI)</b>			
2	CQI.1. There is a structured quality assurance and continuous monitoring programme in the organization.			
3	CQI.2. The organization identifies key indicators to monitor the service structures, processes and outcomes.			
4	CQI.3. The organization identifies key indicators to monitor the managerial structures, processes and outcomes.			
5	CQI.4. The quality improvement programme is supported by the management.			
6	CQI.5. There is an established system for audit of customer care services			
7	CQI.6. Sentinel events are intensively analyzed.			
8	<b>CHAPTER 7 Responsibilities of Management (ROM)</b>			
9	ROM.1. The responsibilities of the management are defined			
<b>S. No</b>	<b>Elements</b>	<b>Documentation (Yes/ No)</b>	<b>Implementation (Yes/ No)</b>	<b>Scores (0/ 5/ 10)</b>

10	ROM.2. The services provided by each department are documented.			
11	ROM.3. The organization is managed by the leaders in an ethical manner.			
12	ROM.4. A suitably qualified and experienced individual heads/manages the services of the organization.			
13	ROM.5. Leaders ensure that customer safety aspects and risk management issues are an integral part of customer care and organization management system.			
14	<b>CHAPTER 8 Facility Management and Safety (FMS)</b>			
15	FMS.1. The organization is aware of and complies with the relevant rules and regulations, laws and byelaws and requisite facility inspection requirements.			
16	FMS.2. The organization's environment and facilities operate to ensure safety of customers, their families, staff and visitors.			
17	FMS.3. The organization has a program for procedure and support service equipment management.			
18	FMS.4. The organization has provisions for safe water, electricity and medical gases.			
19	FMS.5. The organization has plans for fire and non-fire emergencies within the facilities.			
20	FMS.6. The organization has a plan for management of hazardous materials.			
<b>S. No</b>	<b>Elements</b>	<b>Documenta tion (Yes/ No)</b>	<b>Implement ation (Yes/ No)</b>	<b>Scores (0/ 5/ 10)</b>
21	FMS.7. The organization has systems in place to provide a safe and secure environment.			
22	<b>CHAPTER 9 Human Resource Management (HRM)</b>			
23	HRM.1. The Organization has a documented system of human resource planning			

24	HRM.2. The staff joining the organization is socialized and oriented to the organization environment (including outsourced staff also)			
25	HRM.3. There is an ongoing programme for professional training and development of the staff (including outsourced staff also)			
26	HRM.4. Staff members, students and volunteers are adequately trained on specific job duties or responsibilities related to safety (including outsourced staff also).			
27	HRM.5. An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.			
28	HRM.6. The organization has a well-documented disciplinary procedure.			
29	HRM.7. A grievance handling mechanism exists in the organization.			
30	HRM.8. The organization addresses the health needs of the employees.			
31	HRM.9. There is a documented personal record for each staff member.			
<b>S. No</b>	<b>Elements</b>	<b>Documentation (Yes/ No)</b>	<b>Implementation (Yes/ No)</b>	<b>Scores (0/ 5/ 10)</b>
32	HRM.10. There is a process for collecting, verifying and evaluating the credentials (education, registration, training and experience) of service professionals permitted to provide customer care without supervision.			
33	HRM.11. There is a process for credentialing all service professionals to perform institutionalized procedures on customers and provide other required services in commensurate with their qualifications/ training/ experiences.			
34	<b>CHAPTER 10 Information Management System (IMS)</b>			
35	IMS.1. Policies and procedures exist to meet the information needs of the care providers, management of the organization as well as other agencies that require date and information from the organization.			
36	IMS.2. The organization has processes in place for effective management of data.			

37	IMS.3. The organization has a complete and accurate Customer record.			
38	IMS.4. The customer record reflects continuity of care.			
39	IMS.5. Policies and procedures are in place for maintaining confidentiality, integrity and security of information.			
40	IMS.6. Policies and procedures exist for retention time of records, data and information.			
41	IMS.7. The organization regularly carries out records audits.			

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