IMPLEMENTATION OF QUALITY STANDARD & GAP ANALYSIS IN BGW WOMEN HOPITAL, GONDIA.

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BGW HOSPITAL,GONDIA

- **District**
- Gondia is known as *"Rice city"* due to its abundant rice mills. This district was carved out of <u>Bhandara district</u> of <u>maharashtra state</u> in 1999.

HOSPITAL

Gondia district is naxal dominated and tribal area. BGW HOSPITAL is one and the only referral centre in Gondia district for women's (gynae obstetric and paediatric). Which covers mainly Ravanwadi, kati, akodi, dawniwada, bhanpur, khamta and dasgao PHC's. Hospital established in year 1939 and undertaken by government on 1st of July 1962. Initially it was 50 bedded later on it became 80 bedded and now its sanction beds are 200.

SWOT ANALYSIS

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- **Key Strengths**:
- Good Management support for the quality improvement of the hospital
- Effective involvement of the state health Authorities for the up gradation and overall improvement of the hospital.
- Adequate funds available in account of IPHS and RKS for the betterment of the quality of care.
- Proper implementation of National programmes.
- Regular meeting of Rogi kalyan Society of the hospital.
- **Key Weakness**
- Inadequate manpower under IPHS norms.
- Lack of communication between Staff and top management.
- Non operational of Intensive care unit and absence of security services.
- Inadequate infrastructure in critical areas like Emergency and Operation theatre.
- Regular meetings within hospital staff are not held.
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Cont…

- **Key opportunities**
- Employee recognition and reward management.
- Development of better communication system among staff
- Establishing quality protocols and providing training towar
- **Key Challenges**
- Lack of trained staffs
- Improper monitoring of the support services like housekee
- Technological advancement and use of modern equipments

Implementation of ISO quality standard: steps

- Clarification of goals and objective of organization.

- SWOT Analysis.

- Process mapping.

- Reduction of cost of services.

- Improves employees understanding of role & responsibilities.

- Alignment and integration of individual and departmental objective with goal.

- System for monitoring & audit.
- Systemic gaps are easily recognized and addressed.
- Patients centric approach.
- Improvement in image of hospital.

OBJECTIVES

- To understand the current operational workflow in BGW hospital.

- To understand the documentation & data flow.

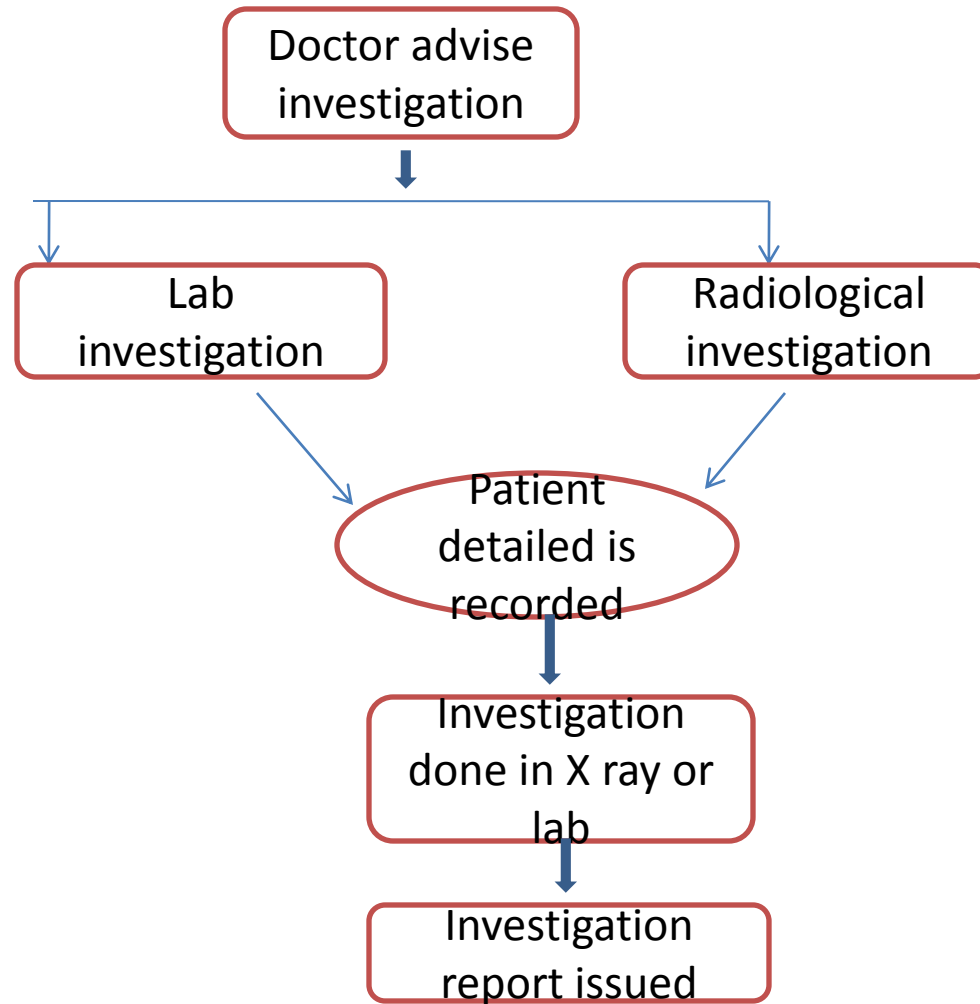- To analyze bottleneck in the current system.

METHODOLOGY

- **Locations covered in the Hospital-** OPD, Diagnostic services, labor room, Operation Theater.
- **Period of Hospital Survey-** 19 December 2011 to 19 march 2012s
- **Data Collection-**Data-collection techniques have allowed us to systematically collect information about our manpower, infrastructure, process and services of the district Hospital.
- **Primary Data**
- Interview and administrators/departmental staffs/staffs/medical practitioners using checklist based on various standards.
- Physical verification and gaps of various process, Hospital records, structural and   non-structural infrastructure.
- Observations of systems, processes and gaps.
- **Secondary data**

Scope of work

- . The As- Is survey of the Hospital includes:
- Observation
- Review of manpower
- Equipment
- Infrastructure
- Legal compliances
- Services and facilities
- Current processes both clinical and administrative.

Diagnostic services

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        Doctor advise
        investigation
             │
             ▼
   ┌─────────┴─────────┐
   ▼                   ▼
  Lab            Radiological
  investigation  investigation
         \           /
          ▼         ▼
        Patient
        detailed is
        recorded
             │
             ▼
        Investigation
        done in X ray or
        lab
             │
             ▼
        Investigation
        report issued
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GAP FINDINGS

1. Precautionary signage board for pregnant women is not available in front of X ray room.

Process ISO 9001-2008 Clause 7.2.1

There should sign board in local language which restrict entry of pregnant women in front of X-RAY department

2. Standard procedure not followed for conducting X rays for pregnant women.

Process ISO 9001-2008 Clause 7.2.1

Standard procedure include led sheet abdominal covering should be there.

3. Sonography department is adjacent to X-ray department.

Infrastructure ISO 9001-2008 Clause 6.3

- USG department should be shifted some other place.
- Or thickness wall between two department should be increase by 15-16 inches.

4. In X-ray room glass of the door is broken.

Infrastructure ISO 9001-2008 Clause 6.3

Door should be repaired, there should not be any leak and it must be coated with led paint.

5. No protective equipments are used by the lab technician at the time of collection of patient sample.

6. Laboratory equipments are not calibrated

Process ISO 9001-2008 Clause 7.2.1

Process ISO 9001-2008 Clause 7.2.1

- There should compulsory use of personnel protective equipment.
- Random checking by matron or higher authority.
- Make out availability of enough amount ppe.

- There should be regular caliberation with record maintenance and control & random checking by higher authority.

7. There is no complete information written on blood sample.

Process ISO 9001-2008 Clause 7.2.1

There should be complete information like name ,reg no, ward name, date. Absence of these information sample should resend in ward for that separate record maintained. Random checking in lab.
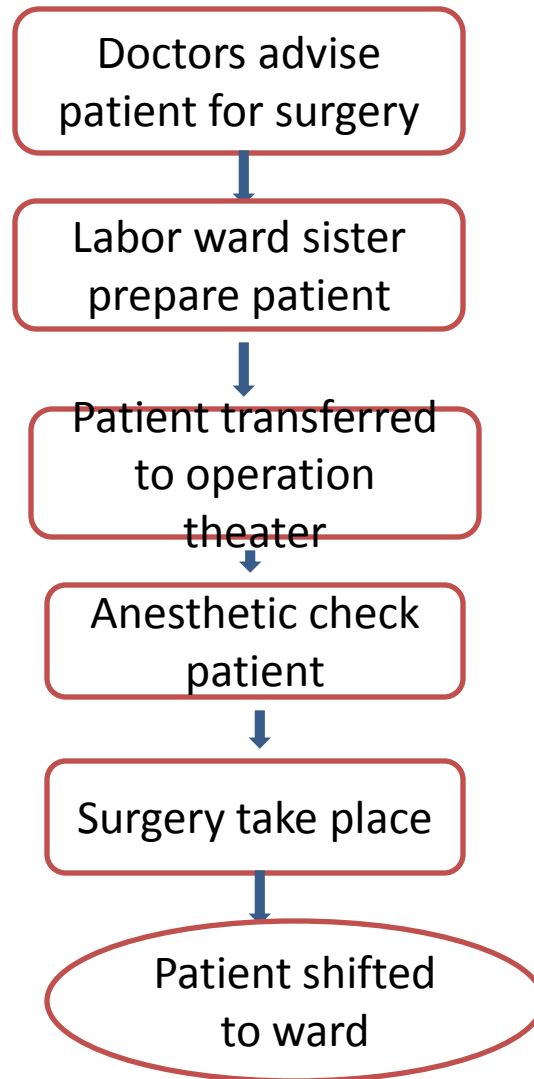
8. There is no safe procedure for disposal of clinical, toxic and liquid waste

Process ISO 9001-2008 Clause 7.2.1s

Tested sample should be dispose in yellow BMW bags.
•Other toxic agent should dispose after treatment.

OPERATION THEATER

Doctors advise patient for surgery

Labor ward sister prepare patient

Patient transferred to operation theater

Anesthetic check patient

Surgery take place

Patient shifted to ward

GAPS FINDING

1. Common washbasin is used for hand washing and instrument washing

Infrastructure ISO 9001-2008 clause 6.3

There should be separate wash basin for scrubbing and instrument washing.

2. In OT shadow less light is not in operational condition.

Process ,ISO 9001-2008 clause 7.2.1

There should regular maintenance of equipment should be there.
Illumination level of OT table should be maintained.

3. No electrical safety in waiting area of OT

4. There is no portable light in OT

Infrastructure ISO 9001-2008 clause 6.3

Resource ISO 9001-2008 clause 6.2

Electrical device should be fix away from public area.

There should be availability of portable light in case of vaginal hysterectomy.

5. There are two OT tables in major OT.

Infrastructure ISO 9001-2008 clause 6.3

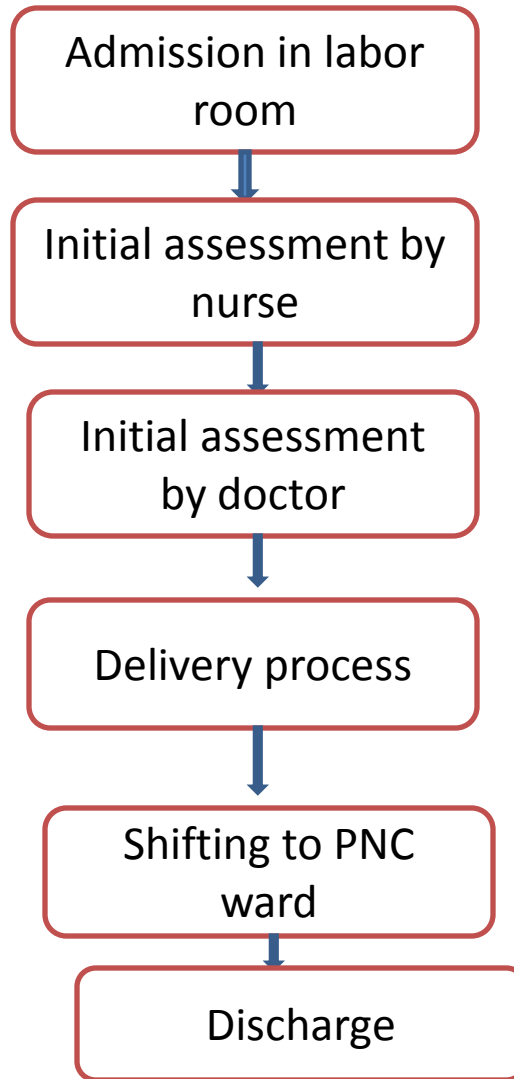There should be one table in one OT to avoid cross infection and prevent privacy of patient.

6. OT table is not properly functioning.

Process ISO 9001-2008 Clause 7.2.1

There should be regular maintenance for all OT equipment with record of sign & date.

LABOR ROOM

Admission in labor room

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Initial assessment by nurse

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Initial assessment by doctor

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Delivery process

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Shifting to PNC ward

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Discharge

Labor Room

Entry

GAPS FINDING

1. There is no curtain in between three labor table

Process/resource ISO 9001-2008 clause 6.2, 7.2.1

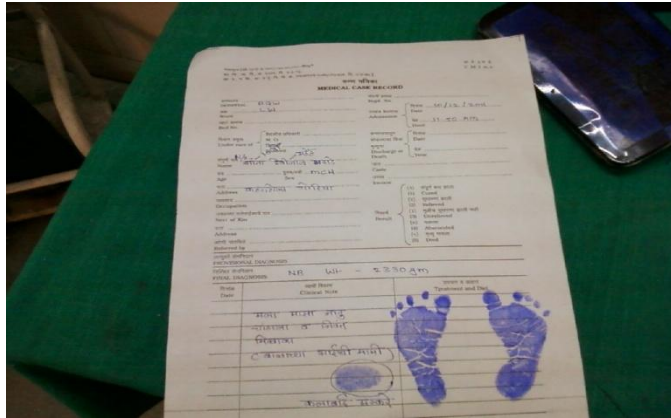There should be arrangement of clean curtain in between labor table.

2. There is no waiting room for ANC patient in labor room

Infrastructure ISO 9001-2008 clause 6.3

There should be small waiting room for active labor patient.

3. There is no identification tag for newborn babies in labor room

process ISO 9001-2008 Clause 7.2.1

There should be arrangement or compulsory use of baby bracelet containing name of mother , DOB, reg no. etc

4. In ANC and PNC ward no nursing station is available

human resource ISO 9001-2008 Clause 6.1

There should be one dedicated nurse for ANC AND PNC ward.

5. NO sterile tray or cloth is used for keeping instruments for delivery

process, ISO 9001-2008 Clause 7.2.1

Training should be given to staff for taking aseptic precautions while conducting delivery.
Random audit or checking.

6. There are no bed sheets available on patient bed

Process/resource, ISO 9001-2008 Clause 7.2.1, 6.2

There should be availability of clean bed sheet with regularly changing.

conclusion

- The hospital shall strive to provide promotive, preventive and curative health services to public in the district with sustain effort to ensure that is equitable, affordable, accountable & responsive to the needs of the people with limited resources. The hospital shall build & upgrade competencies of the people involved in service delivery to keep current with changing professional requirements and to overcome emerging challenges in the field of public health care.