

Internship Training

At

Civil Hospital, Kapurthala, Punjab

On

**“Gap analysis and action plan report of Civil Hospital,
Kapurthala for NQAS certification”**

By

Ms. Himani Ashra

PG/23/038

Under the guidance of

Dr. Nidhi Yadav

PGDM (Hospital and Health Management)

2023-2025



INTERNATIONAL INSTITUTE OF
HEALTH MANAGEMENT RESEARCH

FEEDBACK FROM

NAME OF THE STUDENT Himani Ashra

SUMMER INTERNSHIP INSTITUTION Civil Hospital Kapatthala

AREA OF SUMMER INTERNSHIP All departments of DH Hospital for
Quality check

ATTENDANCE 100%. Punctual

OBJECTIVES MET Done Regular visits and Quality check of
all departments.

DELIVERABLES Internal assessment using NQAS checklist.

STRENGTHS good management skills, good observation and
communication skills, Collaborative, good teamwork
skills.

SUGGESTIONS FOR IMPROVEMENT All the Best.

SIGNATURE OF OFFICER-IN-CHARGE (INTERNSHIP)


27/6/24

PLACE DH Kapatthala

DATE 27/6/2024

FEEDBACK FROM

NAME OF THE STUDENT HIMANI ASHA

SUMMER INTERNSHIP INSTITUTION CIVIL HOSPITAL KAPURTHALA

AREA OF SUMMER INTERNSHIP All the departments of DH, Kapurthala.

ATTENDANCE Regular + Touched

OBJECTIVES MET Yes —
→ KPI's
→ SOP's
→ Dept. Andiatry of quality.
→ Infection control. Hyt
→ BMS Hyt
→ Dept. Contamination Hyt

DELIVERABLES
↳ Reviewed the completion of KPI's.
↳ Dept. Records.
↳ Audit — Disinfectant Medical.

STRENGTHS
↳ Hardworking
↳ Gentle.
↳ Skilled

SUGGESTIONS FOR IMPROVEMENT

Rest of health for her future career. She like
an agent before any organization to have Good
Mangment Skills.

SIGNATURE OF OFFICER-IN-CHARGE (INTERNSHIP)

[Signature]
27/06/2024

PLACE

DATE

DHC/02, Kapurthala
27/06/2024

SENIOR MEDICAL OFFICER I/C
CIVIL HOSPITAL, KAPURTHALA
E-mail ID-chkapurthala@gmail.com
Ph: 01822-233750

COMPLETION OF SUMMER INTERNSHIP FROM CIVIL HOSPITAL,
KAPURTHALA

THIS CERTIFICATE IS AWARDED TO

HIMANI ASHRA

IN RECOGNITION OF HAVING SUCCESSFULLY COMPLETED HER INTERNSHIP
PROJECT ON

"GAP ANALYSIS AND ACTION PLAN REPORT OF CIVIL HOSPITAL,
KAPURTHALA FOR NQAS CERTIFICATION"

DATE

ORGANIZATION: CIVIL HOSPITAL

SHE COMES ACROSS AS A COMMITTED, SINCERE AND DILIGENT PERSON
WHO HAS A STRONG DRIVE AND ZEAL FOR LEARNING
WE WISH HER ALL THE BEST FOR FUTURE ENDEAVORS


ORGANIZATION SUPERVISOR



CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT

..... Himani Astha

has completed internship under the guidance of Civil Surgeon, Kapurthala
under National Health Mission for NQAS 8. Kayakalp Standards
from date 25th April 2024 to 24th June 2024

We found him/her sincere, hardworking, dedicated and result oriented.

He/She worked well as a part of the team during his/her tenure.

National Health Mission Punjab wish him/her all the best for the future endeavors.


Mission Director
National Health Mission, Punjab

Certificate of Approval

The Summer Internship Project of titled **“Gap Analysis and Action Plan Report of Civil Hospital, Kapurthala, Punjab for NQAS certification”** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the report only for the purpose it is submitted.

Nidhi

Name of the - Dr. Nidhi Yadav
Mentor (Associate Professor)
Designation
IIHMR, Delhi

**FEEDBACK FORM
(IHMR MENTOR)**

Name of the Student: HIMANI ASHRA

Summer Internship Institution: CIVIL HOSPITAL, KAPURTHALA, PUNJAB

Area of Summer Internship: Internal Quality assessment of all departments of DH Hospital, using NQAS checklist

Attendance: 100%

Objectives met: Yes

Deliverables: - Quality check of all departments & prescriptions and medical audit for Hospital
- PSS and KPI's

Strengths: - Skillful
- Pay attention to details
- Ability to adapt and positive attitude
- Empathetic towards staff and patients.

Suggestions for Improvement:

Indhi

Signature of the Officer-in-Charge (Internship)

Date: 11/12/24

Place: New Delhi

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ACKNOWLEDGMENT

This report thesis is the end result of encouragement and countless blessings I received from my family, friends and teachers. Today, I take this opportunity to express my sincere gratitude to all those who have been instrumental in guiding me. It would be impossible to list all the names, but several people deserve my heartfelt thanks.

First and foremost, I pay my heartfelt gratitude to my supervisors, Dr. Dhawan (SMO, Civil Hospital) and Mrs. Deepika Sharma (AHA). I'm thankful to both of them for giving me the freedom to do the work and showing faith in abilities right from joining of the hospital. I deeply appreciate continuous guidance, support and meticulous suggestions given by Deepika mam during the discussions. Her insightful feedback always kept me going ahead.

Very special thanks to Sanjana, Chahat, Pankaj Sir, Dr. Ramanpreet (Mam), Harsh Sir for their support. I will always cherish the fond memories of the beautiful time spent. I also express my heartfelt gratitude to the Rajiv uncle and Seema aunty for taking care of everything to the best of their abilities and treating me like their own kid.

Before I finish, I thank the almighty for all the blessings and for giving me the strength to sail through all these years.

Himani

PREFACE

Title: Gap analysis report of Civil Hospital, Kapurthala, using NQAS and Kayakalp standards

Objective: This study attempts to conduct an internal quality assessment of services and facilities and find out the gaps existing at the Civil Hospital, Kapurthala. Findings and the suggested recommendations will help the facility develop a road map for meeting the compliances under NHM for NQAS certification. The study will also help in strengthening the components like infrastructure, human resources, building capacity, documentation and also in following prescribed norms for infection control management, biomedical waste management, fire safety compliance, and hospital upkeep and sanitation etc.

Methods: A descriptive and observational study was employed, involving

- 1) NQAS toolkit (version 2) for district hospital designed by NHSRC, for quality assessment,
- 2) Kayakalp checklist
- 3) LaQshya checklist

Results and Conclusions: There is an acute shortage of manpower and infrastructural issues in the hospital. To receive NQAS accreditation, various record registers must be maintained in proper formats and appropriate training must be given to the hospital staff.

LIST OF ABBREVIATIONS

1.	ACLS	Advance Cardiac Life Support
2.	ANC	Ante natal check-ups
3.	BMW	Biomedical waste
4.	BME	Biomedical engineering
5.	BLS	Basic Life Support
6.	CPR	Cardio Pulmonary Resuscitation
7.	CSSD	Central Sterile Supply Department
8.	DH	District hospital
9.	HIC	Hospital Infection Control
10.	ICTC	Integrated Counselling and Testing centre
11.	ICU	Intensive Care Unit
12.	IPD	In patient Department
13.	ISQUA	International Society for Quality in Healthcare
14.	IQAS/EQAS	Internal Quality Assessment services/External Quality Assessment Services
15.	KMC	Kangaroo Mother Care
16.	KVA	Kilo Volt-ampere
17.	LAMA	Leave Against Medical Advice
18.	LaQshya	Labour room quality improvement
19.	LDR	Labour Delivery Recovery
20.	MCH	Maternal and Child Health
21.	MLC	Medico Legal Case
22.	MoHFW	Ministry of Health and Family Welfare
23.	M-OT	Maternity Operational theatre

24.	MTP	Medical Termination of Pregnancy
25.	MRD	Medical Record Department
26.	NABH	National Accreditation Board for Hospitals and Healthcare Providers
27.	NHM	National Health System
28.	NHSRC	National Health Systems Resource Centre
29.	NSSK	Navjat Shishu Surkasha Karyakram
30.	NQAS	National Quality Assurance Standards
31.	OT	Operation Theatre
32.	OPD	Outpatient Department
33.	PAC	Pre-anaesthetic Counselling
34.	PEP	Post Exposure Prophylaxis
35.	PNC	Pre-natal check ups
36.	PPE	Personal Protective Equipment
37.	PPS	Patient satisfaction survey/score
38.	PPU	Post Partum Unit
39.	TAT	Turnaround time
40.	TPR	Temperature, Pulse, Respiration
41.	TSSU	Theatre Sterile Supply Unit
42.	SOP	Standard Operating Procedure
43.	SNCU	Sick Newborn Care Unit
44.	SSI	Surgical Site Infection
45.	UPS	Uninterrupted Power Supply
46.	USG	Ultra Sonography

CHAPTER I

HOSPITAL INTRODUCTION

SCOPE OF SERVICES

S. No.	Name of services/departments	Availability (Yes/no/NA)
1.	CLINICAL SERVICES	
	General medicine	Yes
	Obstetrics and Gynaecology	Yes
	Paediatrics	Yes
	Orthopaedics	Yes
	Ophthalmology	Yes
	Anaesthesiology	Yes
	General Surgery	Yes
	Dentistry	Yes
	ENT	Yes
	TB and Chest	Yes
	24/7 emergency	Yes
	Ayurvedic	Yes
	Homeopathy	Yes
2.	CLINICAL SUPPORT SERVICES	
	Laboratory	Yes
	USG	Yes
	Blood bank	Yes
	Physiotherapy	Yes
	Microbiology	Yes
	Radiology	Yes
	Pathology	Yes
	Psychiatry	Yes
3.	SUPPORT SERVICES	
	Medical store	Yes
	Telemedicine	Yes
	Kitchen and dietary	No
	Laundry	Yes
	Central sterile services department (CSSD)/ theatre sterile supply unit (TSSU)	No
	Medical Records	Yes
	Ambulance and transport	Yes
	Security services	Yes
	Housekeeping Services	Yes
	Biomedical waste	Yes
	Biomedical engineering	No

	Maintenance services	Yes
	Mortuary Services	Yes
4.	ADMINISTRATIVE SERVICES	
	General administration	Yes
	Accounts	Yes
	Education and training	No
	Grievances redressal Services	No
5.	NATIONAL PROGRAMS	
	Janani suraksha yojana (JSY)	Yes
	RCH	Yes
	RMNCH	Yes
	Pradhan Mantri Bhatiya Jan Aushadhi Yojana	Yes
	National immunization program	Yes
	National STD control program	Yes

KEY INDICATORS

KEY INDICATORS	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
IPD ADMISSIONS	980	808	859	939	1043	1076
OPD	16014	13808	17898	18775	20307	20245
SURGERIES (MINOR)		463	859	813	841	753
SURGERIES (MAJOR)		151	120	134	165	134
DELIVERY (NORMAL)	99	93	69	87	591	47
DELIVERY (C-SEC)	127	106	101	76	77	72
ULTRASOUND	543	402	230	395	572	604
LAB TEST	30533	23193	21090	14971	18447	20455

STATUTORY REQUIREMENTS

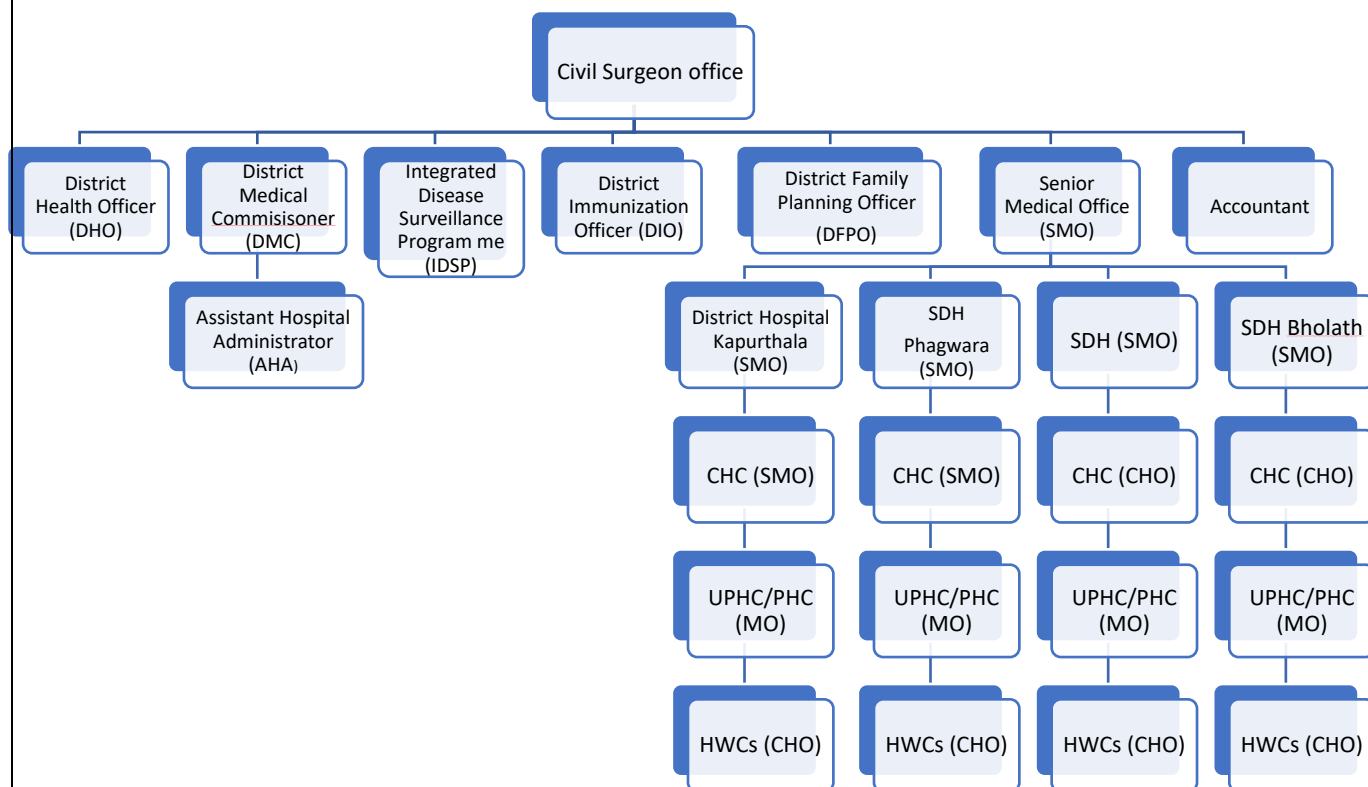
LICENSES	
BUILDING OCCUPANCY	135 SANCTIONED, 160+ FUNCTIONAL
FIRE LICENSE	Applied, under process, AMC pending from fire safety department
LICENSE UNDER BIO-MEDICAL MANAGEMENT AND HANDLING RULES	YES
NOC FOR AIR AND WATER FROM SPCB	Under process
EXCISE PERMIT TO STORE SPIRIT	NA
PERMIT TO OPERATE LIFTS UNDER LIFTS AND ESCALATORS ACT	UNDER PROCESS
NARCOTICS AND PSYCHOTROPIC SUBSTANCES ACT AND LICENSE	YES
VEHICLE REGISTRATION CERTIFICATES FOR	YES

AMBULANCES	
RETAIL DRUG LICENSE (PHARMACY)	YES
PNDT CERTIFICATE	YES
SITE AD TYPE APPROVAL FOR X-RAY FROM AERB	YES
LICENSE FOR BLOOD BANK	YES
NOISE AND AIR POLLUTION CERTIFICATE FOR DIESEL GENERATORS	YES

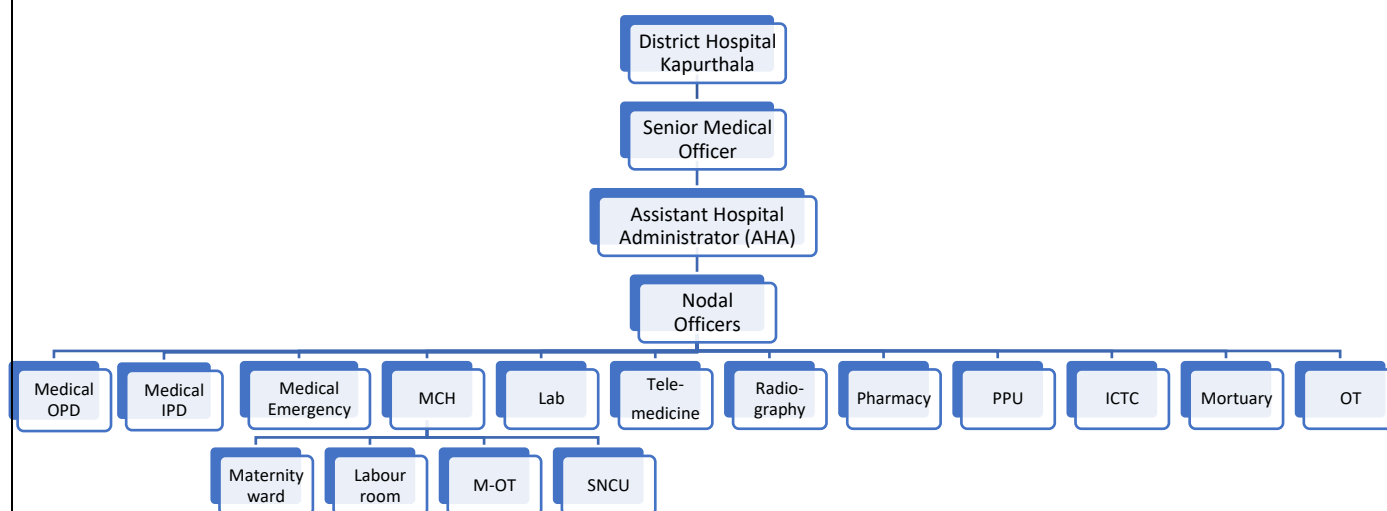
BED DISTRIBUTION

DEPARTMENT	NO OF BEDS
GROUND FLOOR- EMERGENCY	14
FIRST FLOOR	
SURGICAL & MEDICAL WARD	20+
SNCU	3
RECOVERY ROOM (MCH WING)	5
WAITING ROOM (MCH WING)	4
SECOND FLOOR	TOTAL 34
SEPTIC WARD	10
POST NATAL WARD	6
ANTE NATAL WARD	6
PRIVATE ROOM	4
POST OPERATIVE WARD	6
SEPTIC LABOUR ROOM	2

DISTRICT ORGANOGRAM



FACILITY ORGANOGRAM



HOSPITAL PREMISES



HOSPITAL AREA



OPD COMPLEX



INDOOR COMPLEX



T.B. CLINIC

EMERGENCY DEPARTMENT



EMERGENCY ENTRY



EMERGENCY WARD



DOCTORS DUTY ROOM



NURSING STATION



INJECTION AREA



EMERGENCY WARD



MINOR OT

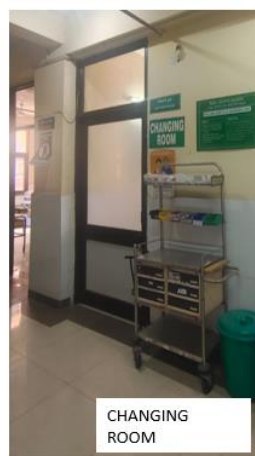
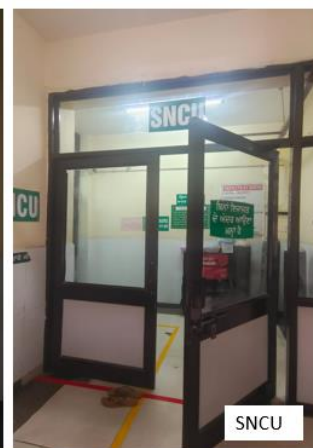


STAFF ROOM

MCH COMPLEX



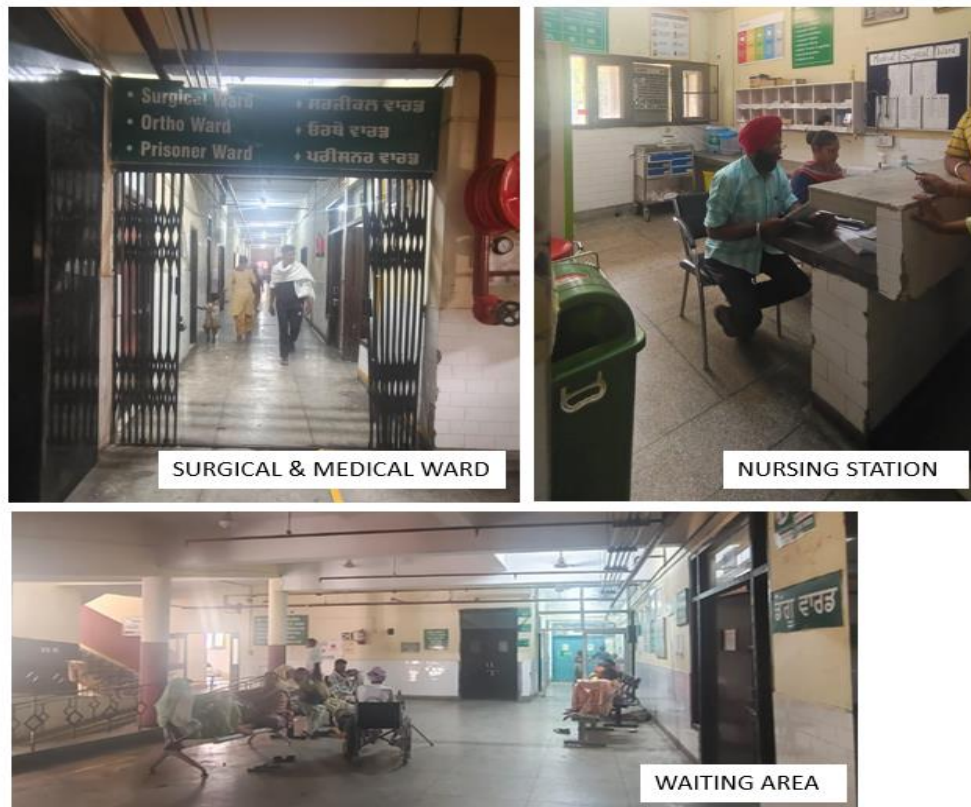
LABOUR ROOM AND SNCU AREA



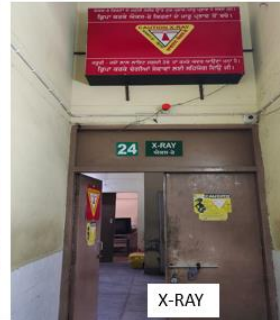
MATERNITY WARD



SURGICAL AND MEDICAL WARD



LABORATORY AREA



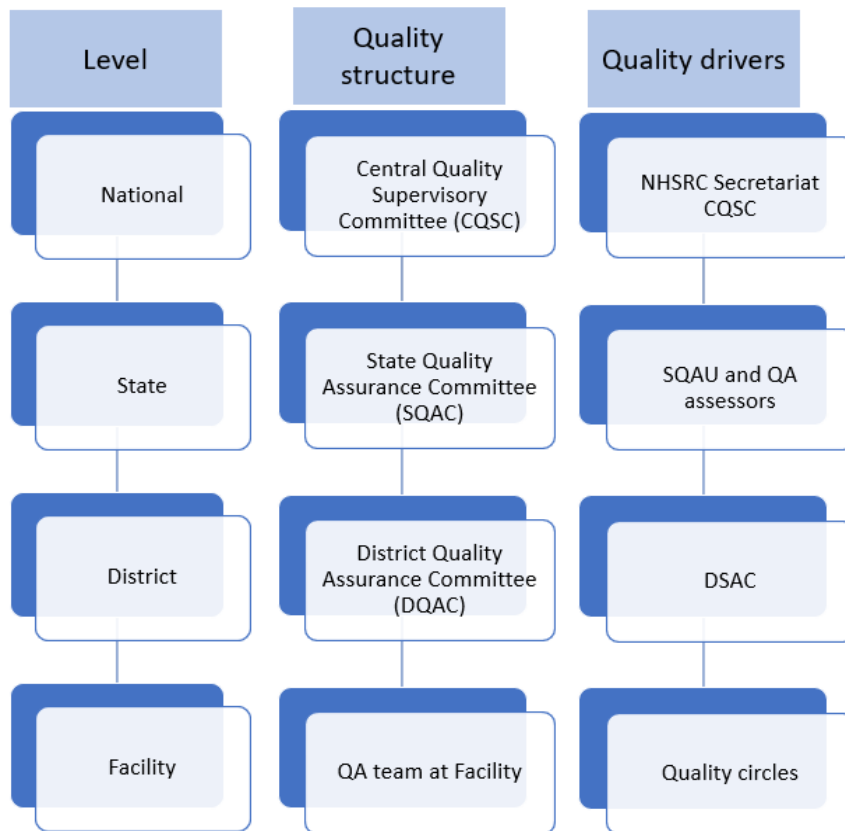
CHAPTER II – INTERNAL QUALITY ASSESSMENT OF SERVICES/FACILITIES AT CIVIL HOSPITAL, KAPURTHALA

INTRODUCTION

Poor quality of healthcare services results in a burden on the health system. To lessen the cost of poor quality, globally, various countries have developed and adopted a system of assessment of healthcare facilities against a predefined set of standards. Such predetermined standards not only aim to improve the quality of healthcare services at public health facilities but also strengthen patient safety. Keeping this in view, IPHS was launched by MoHFW, Government of India, to strengthen the infrastructure planning of health facilities. These are set of guidelines that describe minimum requirements and essential norms for infrastructure, services, human resources, etc., for public health facilities. However, to assess the quality of healthcare services, NHSRC with the support of NHM program, launched NQAS programme later in 2013 (1). NQAS aims to improve the quality of healthcare services in public health facilities of India by emphasizing on its holistic approach of quality assurance (QA), quality control (QC) and quality improvement (QI) and works towards certification based on its set of standards.

NQAS standards are ISQUA-accredited to meet the global benchmarks. These have been developed to evaluate the quality of different healthcare facilities such as District hospitals, CHCs, PHCs and Urban PHCs, with the help of pre-defined standards. Further, in 2015, “Kayakalp” was launched by MoHFW, to compliment Swachh Bharat Mission. Kayakalp emphasises on promoting cleanliness, hygiene and infection control in public health facilities. In both NQAS and Kayakalp, the quality framework is based on Donabedian model, which categorises quality of care into three components- structure, process and outcome. Additionally, LaQshya and MusQan are other programs launched by NHSRC in 2017 and 2021, respectively. LaQshya was launched by MoHFW to ensure quality of care during intrapartum and immediate post-partum period in public health facility, to reduce the maternal and newborn mortality and morbidity (2). Likewise, MusQan was launched to ensure quality child-friendly services in healthcare facilities, with aim to decrease the preventable newborn and child mortality and morbidity (3).

QUALITY ORGANOGRAM



Components of quality measurement system

Seventy-five standards have been defined under the NQAS quality measurement system. These standards are broadly grouped within the eight 'areas of concern', which is in accordance with the quality of care model, i.e., Structure, Process and Outcome. Each of the standards has specific measurable elements, which are checked in each department of a health facility. Together, all these checkpoints for a department form an assessment tool called 'Checklist'. The checklist tool is used for measuring compliance to the standards. Completely filled-in checklists generate scorecards for the concerned department.

Following are the areas of concern in a health facility:

1. Service Provision;
2. Patient Rights;
3. Inputs;
4. Support Services;

5. Clinical Services;
6. Infection Control;
7. Quality Management;
8. Outcome

In summary, for a DH, there are 21 departmental thematic checklists, with 380 measurable elements, grouped in 75 standards under 8 areas of concern.

List of checklist

1. Accident and Emergency Department	12. Paediatric Ward (MusQan)
2. Out Patient Department	13. Sick Newborn Care Unit (SNCU) (MusQan)
3. Operation Theatre	14. Nutritional Rehabilitation Centre (NRC) (MusQan)
4. Intensive Care Unit	15. Post Partum Unit
5. Indoor Patient Department	16. Radiology
6. Blood Bank	17. Pharmacy
7. Laboratory Services	18. Auxiliary Services
8. Labour room (LaQshya)	19. Mortuary
9. Maternity Operation Theatre (LaQshya)	20. Haemodialysis
10. Maternity Ward	21. General Administration
11. Paediatric Out Patient Department (MusQan)	

Note:

- OT checklist is applicable to General OT, Orthopaedics OT, and Ophthalmic OT.
- OPD checklist includes all clinics and other support areas such as immunization room, dressing room, waiting area, laboratory's sample collection centre, ICTC and ANC clinics.
- Labour Room (LaQshya) - This checklist includes labour room and associated auxiliary areas such as nursing station, waiting area and recovery area.

- MaternM-OT (LaQshya) - This checklist focuses on managing obstetric emergency services, safe anaesthetic and surgical procedures. The checklist promotes the use of safe birth checklist and respectful maternal care to all pregnant women visiting the public health facilities.

Scores of the departments is calculated after assessing all the checkpoints. Various assessment methods used are-

1. Observation (OB),
2. Staff interview (SI),
3. Record review (RR) and
4. Patient interview (PI).

For each checkpoint, 2 marks are given for full compliance, 1 mark for partial compliance and 0 for non-compliance. After assigning score for each checkpoint, department wise score is calculated and final score is given in percentage. Percentage is calculated as:

$$\frac{\text{Score obtained} \times 100}{\text{No of checkpoint in checklist} \times 2}$$

Similarly, Kayakalp consists of six thematic areas, with 50 standards and 500 measurable elements. The six thematic areas are as follows:

1. Hospital upkeep
2. Sanitation and hygiene
3. Waste management
4. Infection control
5. Hospital support services
6. Hygiene promotion

These assessment tools have been used to observe and analyze the gaps in the facility. Gap analysis is a tool for analyzing the degree of compliance to any standard, with respect to its structure, processes and outcome observed in all the concerned areas. Here in, the given district hospital (DH) at Kapurthala was analyzed to assess the level of quality adhered by the DH.

This report would help understand the existing gaps in delivering healthcare services to the community and devise strategies to overcome such gaps for further improvement.

OBJECTIVES

1. To identify and analyze the existing gaps in current practices against the pre-set NQAS checklist for effective management of hospital (Internal Assessment at the facility level)
2. To provide recommendations and take necessary actions based on identified gaps

RESEARCH METHODOLOGY

Research design: Descriptive and observational study

Data collection tools:

1. NQAS and Kayakalp Checklist
2. Direct observation of departments
3. Review of existing records and registers of departments
4. Interaction with staff to assess their knowledge and skill level
5. Interaction with patients in getting information on the quality of services (questionnaire/feedback forms)

Type of data

1. Primary data: Based on observing the activities performed by doctors, and nursing staff in each of the department
2. Secondary data: Based on observing records of departments

For Prescription audit

1. Study population- OPD slips of the hospitals
2. Sampling method- Convenient sampling method was adopted
3. Sampling size- sample size was limited to 30
4. Data collection tool- standard questionnaire/checklist (Appendix)
5. Data analysis- MS Excel software

For Medical audit

1. Study population- Case files of the hospitals
2. Sampling method- Convenient sampling method was adopted
3. Sampling size- sample size was limited to 30
4. Data collection tool- standard questionnaire/checklist (Appendix)
5. Data analysis- MS Excel software

For Patient Satisfaction Surveys,

1. Study population- patients coming to the hospitals
2. Sampling method- Convenient sampling method was adopted
3. Sampling size- sample size was limited to 30
4. Data collection tool- Questionnaire (Appendix)
5. Data analysis- MS Excel software

Data analysis

The collected data was compiled and analysed in MS Excel software.

LIMITATIONS

1. Sample size is limited and data could not be the true representative of the actual population
2. The report includes audits for one month only (June). A longer time frame for data collection would provide better information.

INVESTIGATION OF DIFFERENT DEPARTMENTS FOR GAP ANALYSIS

OPD

STRUCTURE	<ul style="list-style-type: none">• There is no separate enquiry counter in OPD• There is no separate registration area for differently-abled patients• There is no separate queue for old and new OPD patients• The waiting area has a limited number of chairs/seats and is not sufficient as per the visitor load• There is no separate and functional toilet for differently-abled patients
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	<ul style="list-style-type: none"> • The vision, mission and values are not displayed at OPD • There is no provision for grievance redressal and availability of a complaint box • LCD/TV displaying health-related IEC is not available • Chipping of plaster and cracks on walls are observed • There is no dedicated geriatric clinic • There is no provision of OPD services for leprosy • There is no provision of OPD services under the national program for prevention and control of blindness • There is no separate female general OPD • There is no demarcation for trolley/wheelchair bay • There is no procedure for control of stray animal in the surrounding areas
PROCESS	<ul style="list-style-type: none"> • Written SOP and policy for OPD services are not displayed • There is no provision for OPD manager/designated in-charge for department • Periodic training and mock drills are not done
OUTCOME	<ul style="list-style-type: none"> • Waiting time for patients in OPD is not maintained • Outcome indicators are not maintained properly

1. EMERGENCY DEPARTMENT

STRUCTURE	<ul style="list-style-type: none"> • There is no demarcation for trolley/wheelchair bay • The entrance of department is usually overcrowded and there is no sufficient seating arrangement in waiting area space. • There is no separate dressing and injection room and demarcated resuscitation area, clean and dirty utility rooms • IEC material is not sufficient • Services are not sensitive to gender, such as there is no demarcated male and female observation areas • There is no disable-friendly toilet
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	<ul style="list-style-type: none"> • There is no grievance redressal system in place • There is no adequate space for accommodating emergency load • Layout is not flexible and there is a shortage of buffer beds to handle mass causality • Physical conditions of building/infrastructure is not properly maintained • There is no dedicated security guard to manage overcrowding in emergency
PROCESS	<ul style="list-style-type: none"> • Written SOP and policy for emergency services are not updated and displayed • There is no provision for designated in-charge for the department • Periodic training and mock drills are not done • There is no provision for restriction of visitors in patient areas • Handover registers are not maintained • Disaster management plan is not in place
OUTCOME	<ul style="list-style-type: none"> • Waiting time for patients is not maintained • Outcome indicators are not maintained

2. LABOUR ROOM and MATERNITY WARD

STRUCTURE	<ul style="list-style-type: none"> • Labour room layout is not arranged as per LDR norms • There is no separate treatment and examination room next to maternity ward • There is no dedicated waiting/seating area and reception at the entry of labour room • IEC material is not sufficient • Resuscitation equipments such as ET tube, laryngoscope etc are available only in SNCU, and not in LR and maternity ward • There is no grievance redressal system in place
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	<ul style="list-style-type: none"> • There is no provision for restriction of visitors in maternity ward. Visiting hours are not practiced and there is overcrowding in the maternity ward. • Facility has inadequate security system. CCTV-camera is non-functional at the entrance and there is no dedicated security staff • There is no separate changing room facility for the staff • There is no adequate consumables such as there is no fetoscope, no baby forehead thermometer, digital BP apparatus, doppler, baby ID tags, ECG monitor • Temperature chart of refrigerator is not maintained • There is no adequate illumination at patient care area • There is no sufficient nursing staff as per delivery load, particularly in night time and there is no qualified RMNCH counsellor or dresser • There is no provision for extra beds.
PROCESS	<ul style="list-style-type: none"> • Written SOP and policy for emergency services are not updated and displayed • There is no provision for designated in-charge for the department • Periodic training and mock drills are not done • There is no provision for restriction of visitors in patient areas • There is no management of record registers such as training records, handover register, equipment maintenance record, separate register for retained placenta, adverse drug reaction and PIH/Eclampsia • Disaster management plan is not in place
OUTCOME	<ul style="list-style-type: none"> • There is framework/quality team for quality management • Outcome indicators are not maintained

3. SNCU

STRUCTURE	<ul style="list-style-type: none">• SNCU has no facility for screening of new born with birth defects• There is no record maintenance for resuscitation• SNCU has no demarcated/separate inborn and out born units, designated washing area, and side lab• Elbow operated taps are not available and hand washing sink is not wide enough• Work instructions for - STP for phototherapy, management for hypothermia, precautions for phototherapy, assessment of neonatal sepsis etc., are not displayed• There is no record for power audit and has no provision of smoke and heat detector• There is only 1 nursing staff per shift• There is no grievance redressal system in place• Facility has inadequate security system. CCTV-camera is non-functional at the entrance and there is no dedicated security staff• There is no adequate consumables such as there is no laryngoscope, ET tubes, baby ID tags, X ray view box• Emergency drug tray is not maintained in SNCU• Temperature chart of the refrigerator is not maintained• SNCU has no system to control and monitor temperature and humidity• Centralized oxygen supply is installed but non-functional• The facility provides referral services but there is no system for follow up of referred patients
PROCESS	<ul style="list-style-type: none">• Written SOP and policy for emergency services are not updated and displayed• There is no provision for designated in-charge for the department• Periodic training and mock drills are not done

	<ul style="list-style-type: none"> • Treatment chart, TRP chart, and referral in/referral out register, bed head ticket is not adequately maintained • Disaster management plan is not in place
OUTCOME	<ul style="list-style-type: none"> • There is framework/quality team for quality management • Outcome indicators are not maintained

4. OT and M-OT

STRUCTURE	<ul style="list-style-type: none"> • The zoning in the OT is not adequate. OT layout is not as per norms. There is no post-operative ward/area, PAC room, protective zone and sterile zone, disposal zone, and no dirty utility room in the OT • There is no disposal zone, post-operative room, equipment room, separate changing rooms for male and female in M-OT. There is no demarcated pre and post operative area in M-OT • There were no hydraulic OT tables in M-OT • OT schedule is not displayed • No screen is available at the point of care in OT • There is no grievance redressal system in place • Warning light and emergency light is not available outside OT and M-OT • There are no diagnostic instruments such as blood gas analyzer, HIV rapid diagnostic kit available in the OT • Cervical biopsy set, proctoscopy set, diathermy, focus lamp, X-ray view box are not available in M-OT • Only one small, outdated elbow tap is available • Elbow-length gloves for obstetrical purpose, blue dustbin bags are not available • Temperature chart of refrigerator is not maintained • There is no adequate illumination at patient care area • There is no system to monitor humidity and positive pressure in the OT and M-OT • There is only 1 nursing staff and 1 general staff as OT technician
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	<p>and OT attendant</p> <ul style="list-style-type: none"> The facility has an inadequate security system. CCTV-camera is non-functional at the entrance and there is no dedicated (female) security staff
PROCESS	<ul style="list-style-type: none"> Written SOP and policy for emergency services are not updated and displayed There is no provision for designated in-charge for the department Periodic training and mock drills are not done There is no management of record registers such as training records, handover register, equipment maintenance record and, adverse drug reaction Disaster management plan is not in place
OUTCOME	<ul style="list-style-type: none"> There is framework/quality team for quality management Outcome indicators are not maintained

5. LABORATORY AND BLOOD BANK

STRUCTURE	<ul style="list-style-type: none"> Histopathological services are not available Test for kala azar, skin smear examination for leprosy is not available Restricted area signage, display for time of collection of reports is not available Emergency drug tray is not maintained BP apparatus, stethoscope, water bath, microscope, hood, incubator, microtome are not available in laboratory There is no system to monitor the transportation of sample Elbow operated tap is not available in lab and blood bank No separate paediatric blood collection bags are available in blood bank Hot air oven is not available Doctor's examination room is not set up properly in blood bank
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	<ul style="list-style-type: none"> • Donor feedback form is not available in blood bank • There is no system to monitor negative pressure in the lab • There is no provision for grievance redressal and availability of a complaint box
PROCESS	<ul style="list-style-type: none"> • Written SOP and policy are not displayed • Periodic training and mock drills are not done
OUTCOME	<ul style="list-style-type: none"> • Waiting time at sample collection area is not maintained • Outcome indicators are not maintained properly

6. PHARMACY

STRUCTURE	<ul style="list-style-type: none"> • There is no adequate waiting space and seating arrangement as per load near the dispensary • There is only one dispensing counter which not sufficient as per the load • Expense register is not updated regularly in the dispensary • Facility has no bin card system in the pharmacy
PROCESS	<ul style="list-style-type: none"> • Written SOP and policy for services are not displayed • Periodic training and mock drills are not done
OUTCOME	<ul style="list-style-type: none"> • Waiting time at pharmacy counter is not maintained • Outcome indicators are not maintained properly

7. GAPS FOUND USING KAYAKALP CHECKLIST

Upkeep	Landscaping and gardening need improvement
Waste management	E-waste is not properly managed
Infection control	Spill management kit is not properly maintained by all departments
	IEC material is not adequate
Support	Linen and autoclave records are not in proper formats

services	Eco-friendly activities are lacking
Hygiene promotion	Class IV and house-keeping staff needs training and mock drills

ACTIONS TAKEN

Based on the assessment, the following actions were taken to address the gaps and improve the compliance with NQAS standards:

1. Layout for fire exit plan was made and fluorescent tapes were put in the hospital premises
2. BMW segregation layout was made
3. IEC material and adequate signages were updated and put up in all departments of the hospital to guide patients and staff
4. PSS feedback forms were updated and followed up
5. Prescription and medical audits were done from June onwards
6. Infection control and prevention audit was done and trainings were given at the facility level
7. Kayakalp internal assessment was done. A meeting was organized with SMO and AHA for E-waste management to take the new innovations. Reuse of fused bulbs and tube lights was suggested. Non-working tube lights were used for the fencing of herbal gardens and normal kitchen gardens. Further, all systems' batteries were collected and handed to the licensed agency under the supervision of SMO and pharmacist.
8. For Eco-friendly activities, nukkad natak and health awareness through cycle rallies, morning runs, and NGO participation for the follow-up of GO-GREEN campaign was conducted.
9. Training on spill management, operating fire extinguishers, hand washing, cleaning and disinfection of patient care areas, needle stick injury, biomedical waste segregation etc were conducted and attended.
10. Outcome indicators for all departments were updated and recorded for June month
11. The following committees were formed- grievance redressal, infection control and prevention, Biomedical waste, maternal death review.

RECOMMENDATIONS

1. Strengthen the documentation practices and record maintenance. Review and update of existing SOPs, and outcome indicators for all departments was recommended.
2. Develop comprehensive training programs and also conduct orientation programs for newly appointed staff to ensure they adhere to standard precautions and are aware of the continuity of care services
3. Implement a system for regular auditing and evaluation of compliance with NQAS standards
4. Encourage staff participation in quality improvement initiatives and adherence to standard safety practices

By employing these recommendations, Civil Hospital can work towards the identified gaps, thereby improving compliance with NQAS standards. Continuous sustained efforts in monitoring are crucial to boost the hospital's commitment to quality care services and facilities.

ACTIVITIES ORGANISED AT THE FACILITY





FIRE SAFETY MOCK
DRILL



TRAINING ON PREPARATION OF
SODIUM CHLORIDE



THREE BUCKET
TRAINING



COMPANION CARE
DRIVE



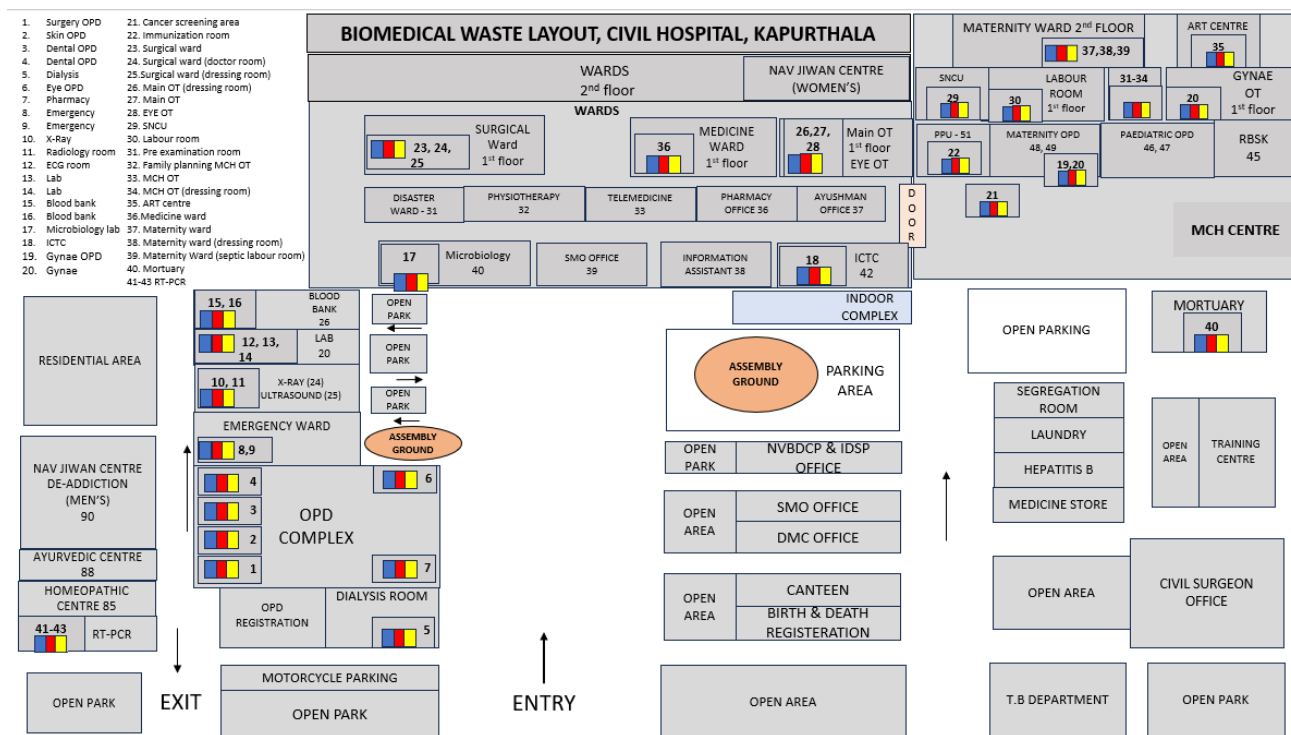
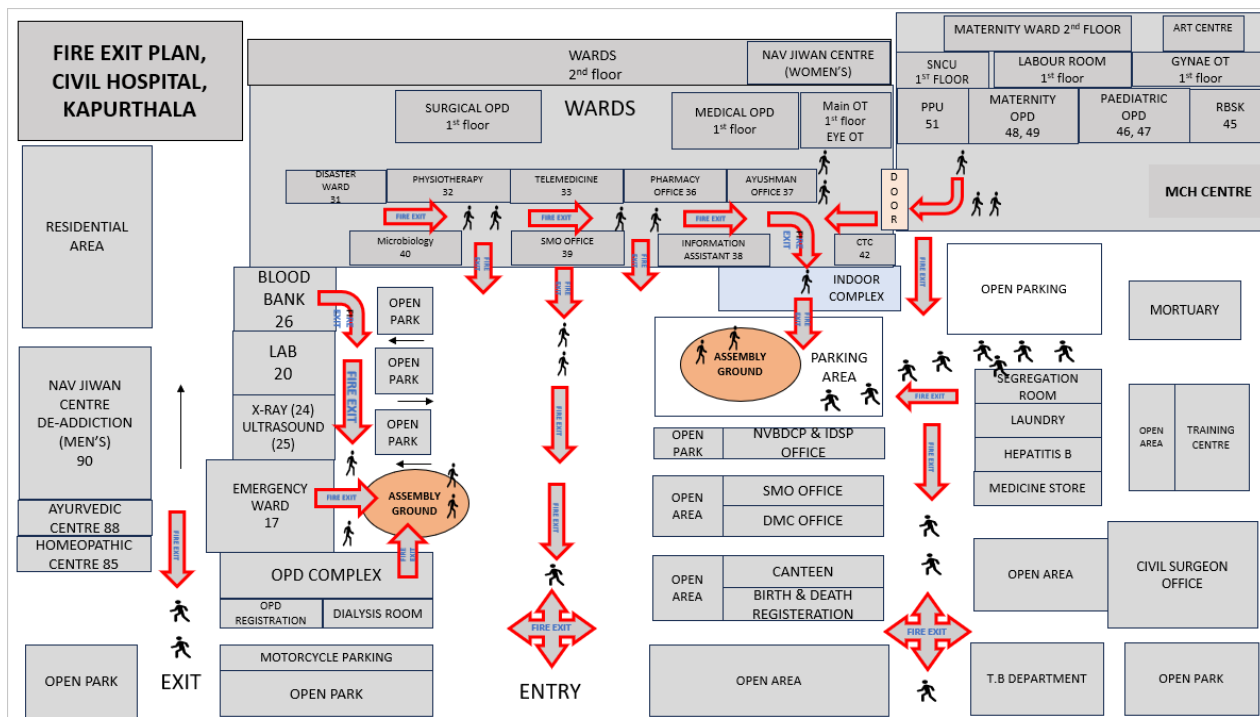




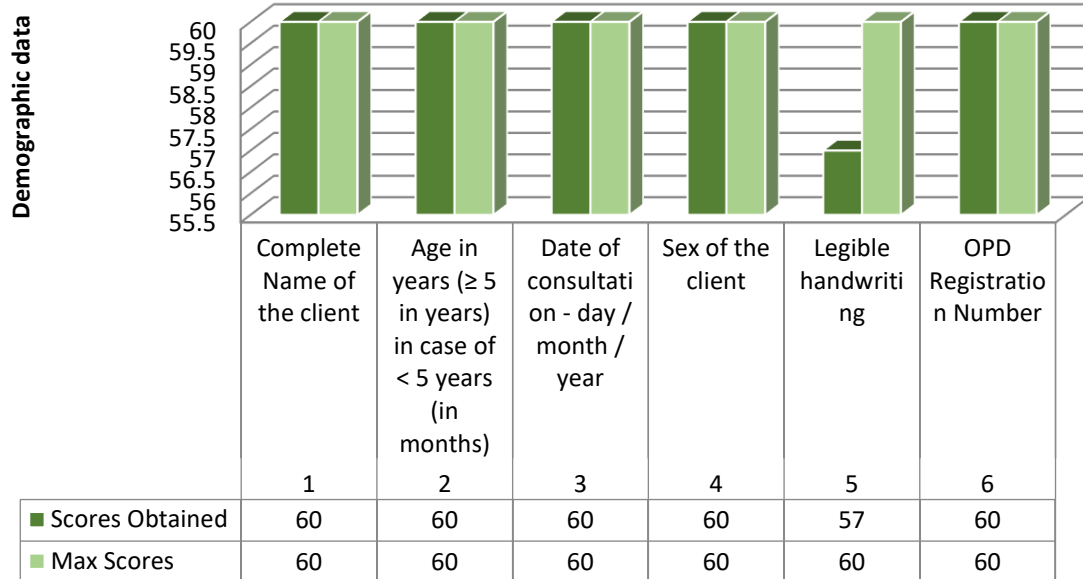
IEC MATERIAL DISPLAYED



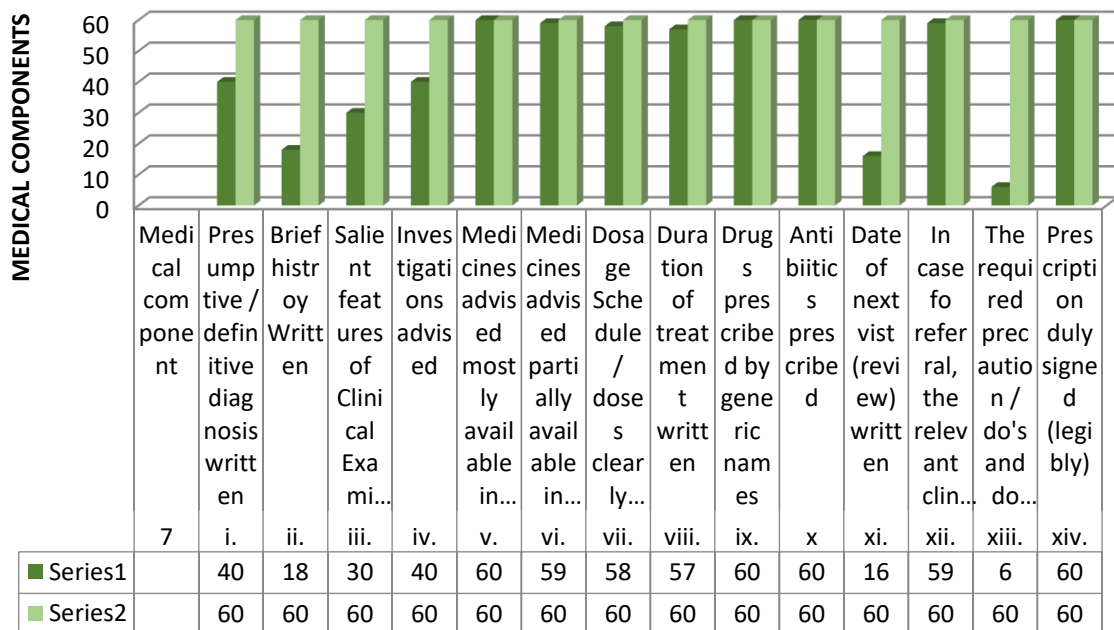
BMW LAYOUT



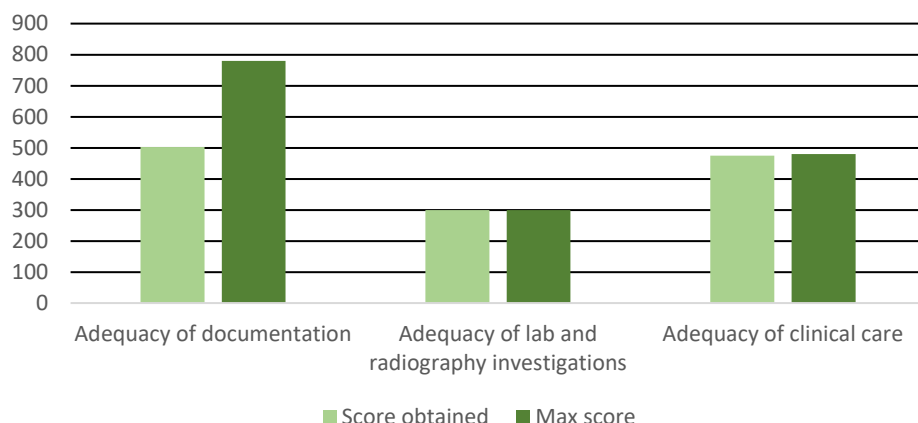
ANALYSIS OF PRESCRIPTION AUDIT DH KAPURTHALA JUNE 2024



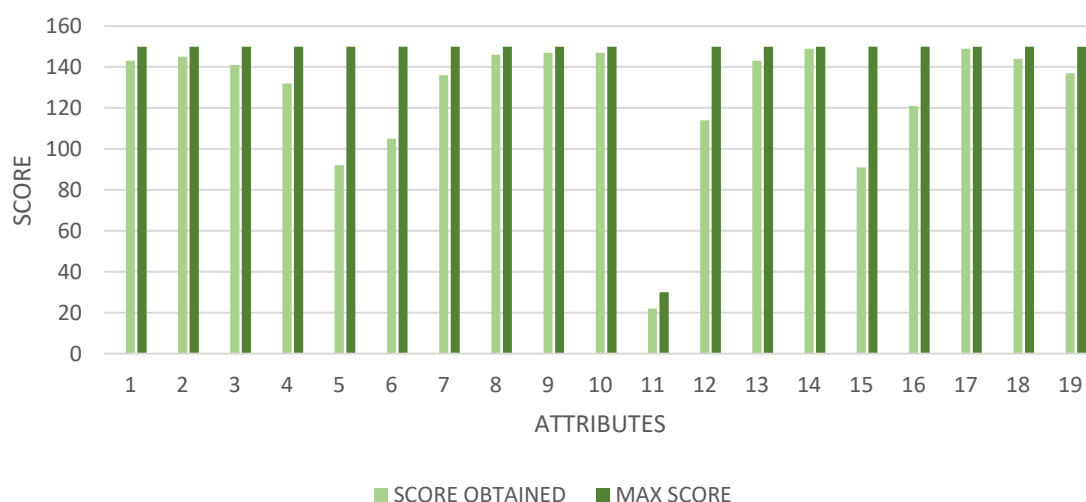
ANALYSIS OF PRESCRIPTION AUDIT DH KAPURTHALA JUNE 2024



ANALYSIS OF MEDICAL AUDIT DH KAPURTHALA JUNE 2024

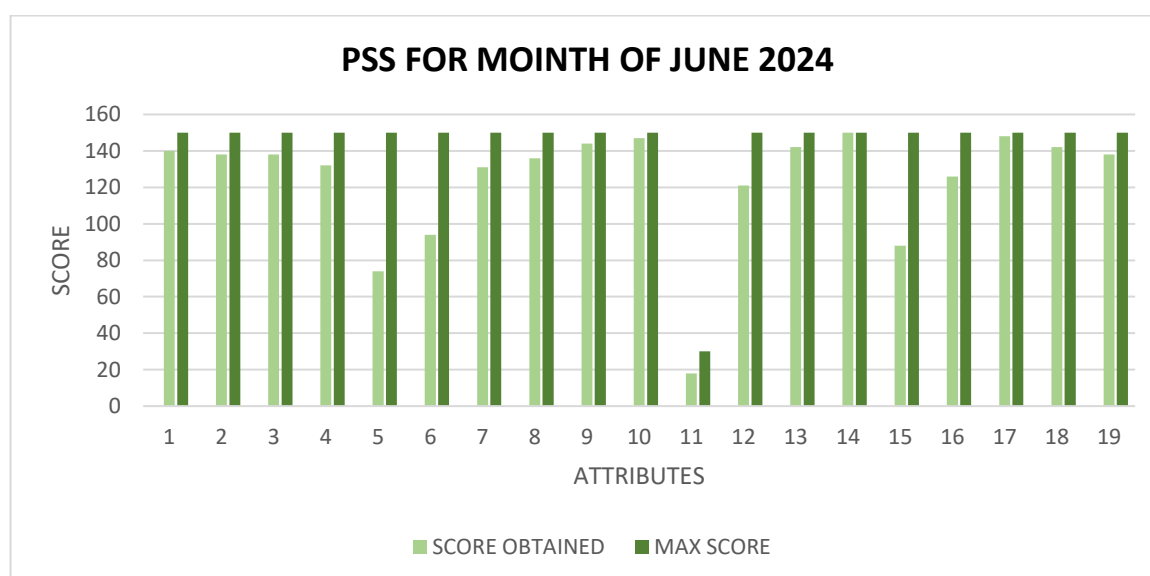


PSS SCORE FOR MONTH OF MAY 2024



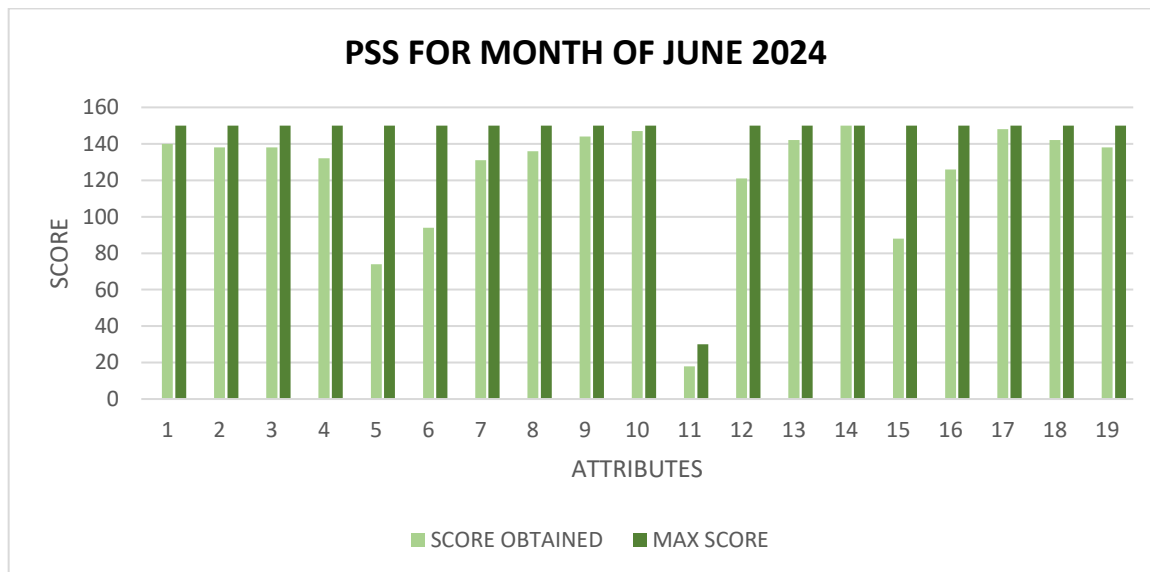
	ATTRIBUTES	SCORE OBTAINED	MAX SCORE
1	Ease in locating departments through proper bilingual directional and departmental signage	143	150
2	information about services are available	145	150
3	charges of services are displayed and well communicated	141	150
4	display of doctors list in hospital with room and their availability	132	150
5	waiting time at registration counter	92	150
6	waiting area equipped with chairs fan and drinking water	105	150
7	privacy maintained in OPD and examination area	136	150
8	adequacy of time spent on examination and treatment by doctor	146	150

9	attitude and behaviour of doctors	147	150
10	attitude and behaviour of hospital staff	147	150
11	waiting time at lab and radiological investigations	22	30
12	waiting time at medicine dispensing counter	114	150
13	availability of prescribed drugs at hospital dispensary	143	150
14	no out of expenditure made	149	150
15	cleanliness of bathrooms and toilets in waiting area	91	150
16	cleanliness status of hospital surroundings	121	150
17	education/communication by doctor/pharmacist about dosage and timings of drug intake with next follow up dates	149	150
18	condition of linen at the examination table	144	150
19	your overall satisfaction during visit to hospital	137	150



	ATTRIBUTES	SCORE OBTAINED	MAX SCORE
1	Ease in locating departments through proper bilingual directional and departmental signage	140	150
2	information about services are available	138	150
3	charges of services are displayed and well communicated	138	150
4	display of doctors list in hospital with room and their availability	132	150
5	waiting time at registration counter	74	150
6	waiting area equipped with chairs fan and drinking water	94	150
7	privacy maintained in OPD and examination area	131	150
8	adequacy of time spent on examination and treatment by doctor	136	150
9	attitude and behaviour of doctors	144	150
10	attitude and behaviour of hospital staff	147	150
11	waiting time at lab and radiological investigations	18	30
12	waiting time at medicine dispensing counter	121	150

13	availability of prescribed drugs at hospital dispensary	142	150
14	no out of expenditure made	150	150
15	cleanliness of bathrooms and toilets in waiting area	88	150
16	cleanliness status of hospital surroundings	126	150
17	education/communication by doctor/pharmacist about dosage and timings of drug intake with next follow up dates	148	150
18	condition of linen at examination table	142	150
19	your overall satisfaction during visit to hospital	138	150



	ATTRIBUTES	SCORE OBTAINED MAY 24	SCORE OBTAINED JUNE 24	MAX SCORE
1	Ease in locating departments through proper bilingual directional and departmental signage	31	31	35
2	availability of sufficient information at registration/admission counter	29	29	35
3	charges of services are displayed and well communicated	30	30	35
4	attitude and communication of nurses	34	26	35
5	waiting time at registration counter	21	24	35
6	regularity of doctors round in ward	31	27	35
7	availability of wheelchair and patient trolley	32	33	35
8	cleanliness of wards and rooms	27	20	35
9	cleanliness of bathrooms and toilets	24	18	35
10	cleanliness status of hospital surroundings and campus drains	30	30	35
11	time spent for examination of patients and counselling	31	31	35
12	communication of discharge process by staff	32	32	35
13	attitude and communication of doctors	26	31	35
14	availability, attitude and promptness of ward attendants	28	28	35
15	waiting time for report collection after lab and radiologic investigations	19	22	35
16	availability of prescribed drugs at hospital dispensary	27	35	35
17	waiting time at medicine dispensing counter	33	35	35

18	education/communication by doctor/pharmacist about dosage and timings of drug intake with next follow up dates	32	33	35
19	cleanliness of bedsheets and pillow covers etc	27	24	35
20	your overall satisfaction during visit to hospital	26	30	35

PRE-ASSESSMENT SCORE CARD

NQAS SCORE CARD-DISTRICT HOSPITAL					Version 02
Hospital Score Card (Department wise)					
Accident & Emergency 67%	Labour Room 70%		OT 77%	Pharmacy 60%	Hospital Score
OPD 68%	Maternity OT (LaQshya) 70%	Maternity Ward 72%		Auxiliary Services 72%	70%
Laboratory 61%	SNCU 72%		Blood Bank 73%	General Admin 71%	LaQshya Score
Radiology 69%	PP Unit 72%	IPD 72%	Mortuary 68%		70%

POST-ASSESSMENT SCORE CARD

NQAS SCORE CARD-DISTRICT HOSPITAL					Version 02
Hospital Score Card (Department wise)					
Accident & Emergency 72%	Labour Room 75%		OT 80%	Pharmacy 75%	Hospital Score
OPD 71%	Maternity OT (LaQshya) 76%	Maternity Ward 74%		Auxiliary Services 74%	75%
Laboratory 73%	SNCU 75%		Blood Bank 78%	General Admin 77%	LaQshya Score
Radiology 76%	PP Unit 77%	IPD 74%	Mortuary 73%		76%

DISCUSSION

In this study, an attempt was made for the internal assessment of Civil Hospital, Kapurthala using NQAS and LaQshya checklist. Following are the major gaps that were identified:

1. There is acute shortage of nurses in hospital. It is not sufficient as per the work load.
2. There is lack of basic amenities such as waiting area, sufficient number of toilets and washrooms for patients and visitors. There is no provision for disabled-friendly toilets.
3. M-OT and LR are not as per the defined layout.
4. There is no ICU and NRC
5. The hospital lacked sufficient signages. Such signages play a crucial role in promoting safety within the facility.
6. Fire extinguishers (ABC type) have been installed however, there were no mock drills on fire safety conducted by the department
7. The hospital class IV staff lacks sufficient training regarding the standard precautions, CPR/ALS, spill management, infection control practices, disaster plan management, etc.
8. Patient satisfaction surveys/score is not maintained.
9. Prescription and medical audits are not maintained.
10. Outcome indicators for all departments are not maintained.
11. Records in medical case files such as nurses notes, TPR charges, discharge summary of patients were not maintained adequately. Patients consent forms are not signed by the patients in the case files.
12. E-waste management is not properly managed. There were not sufficient Eco-friendly activities.
13. SMART objectives and 7 quality tools are not framed. SOP needs to be updated for all departments. The staff is unaware of hospital antibiotic policy.
14. There is no demarcated area for keeping inflammables.
15. Stray dogs are commonly found in the facility premises.

Based on the assessment, several actions, activities and trainings were taken to address the gaps and improve compliance with NQAS standards.

Additionally, the following action plan will be taken **by all departments** to improvise:

Activities	Follow up	In-charge
Carbonization and fogging register	Daily update	N/S staff and 1 MO
Handover register	Daily update	N/S staff and 1 MO
Outcome indicators register	Monthly update	N/S staff and 1 MO
Visiting register	Daily update	N/S staff and 1 MO
Equipment maintenance/calibration register	Update or as per requirement	N/S staff and 1 MO

For quality improvement, the following action plan will be taken up by the quality assurance team:

Activities	Follow up	In-charge
PSS (IPD and OPD)	Monthly update	Nodal officer
Prescription audit	Monthly update	Nodal officer
Medical audit	Monthly update	Nodal officer
Trainings	Monthly update	Nodal officer
Death audit	Monthly update	Nodal officer
Disaster plan	Monthly update	Nodal officer
Fire safety drills	Monthly update	Nodal officer

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