

DISSERTATION REPORT ON

Baseline Assessment of Urban Primary Health
Centers of Nalanda District of Bihar using
Quality Standards for UPHC

Post Graduate Diploma in Hospital & Health Management

By :-

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PG/14/028



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PREFACE

The PGDHM course is well structured and integrated course of business studies. The main objectives of practical training are to develop skill in students by supplement to the theoretical study of business management in general. Professors give us theoretical knowledge of various subjects in the institute. But we are practically exposed of such subjects when we get the training in the organization. It is the training through which we come to know that what an organization is and how it works. During this whole training I got a lot of experience and came to know about management practices in real that how it differs from those of theoretical knowledge and the practically in the real life.

It's very beneficial to learn health care delivery system at various levels. I observed the implementation of various National Health Programs at National/State/District levels; I understood various functions of health systems by interactions with key stakeholders, policy makers, program managers, academicians and researchers.

During my training period I had an overview of quality program undertaken By NHSRC. Recently they launched guidelines for Quality Standards of UPHC and I took the baseline assessment of Nalanda District of Bihar as my dissertation.

I have tried to put my best effort to complete this task on the basis of skill that I have achieved during my studies in the institute.



Acknowledgements

The internship was started with a vision to be able to learn about the practical aspects of healthcare delivery system in a detailed manner. I hereby take this opportunity to express my deep sense of gratitude to all those who have been instrumental in the successful completion of my internship. Any accomplishment requires efforts of various individuals and this work is no exception

Firstly, I would like to thank Dr. A.K Khokhar, Director - Institute of Health Management Research, Jaipur, and all the faculties, for the education imparted which has made me the person I am today, and NHSRC for believing in my abilities.

This project would not have been completed without the tremendous contribution of my Guide, B.S Singh right from the onset lending a helping hand at every step.

J.N Srivastava deserves gratitude for always guiding me through difficulties.

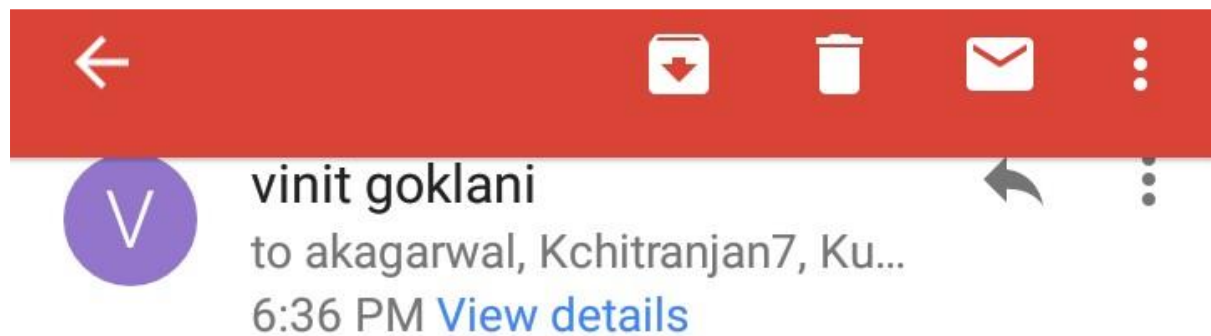
Dr Namit Singh Tomar, my Supervisor at NHSRC has been supportive all along my tenure in the organization and allowed me the freedom to express myself.

I would also like to specially thank all of my study participants (MOs, ANMs, ASHA and patients at the facilities in Nalanda district of Bihar) who have been co operative in participating and responding well during the assesment.

Finally, and most importantly, I would like to thank God for allowing me to complete my project, my beloved parents for their blessings and my friends for their help and wishes for the successful completion of this internship.



Certificate for completion of Dissertation



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

This email may be treated as Certificate of Internship.

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

Regards,

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TO WHOMSOEVER IT MAY CONCERN

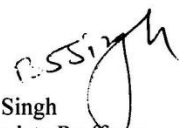
This is to certify that **Kumari Swati Sinha** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at National Health System Resource Centre (NHSRC) from **15th February 2016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

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

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

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


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Associate Professor
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Certificate Of Approval

Committee for evaluation of dissertation.

The following dissertation titled "**Baseline Assessment Of Uphe Of Nalanda District Of Bihar Using NQAS**" at "**National Health System Resource Centre, New Delhi**" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

1. Dr. S. B. Arora.
2. Dr. B. S. Singh
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Signature

B. S. Singh
Arora





National Health Systems Resource Centre

Technical Support Institution with National Rural Health Mission
Ministry of Health & Family Welfare Government of India



CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that **Ms Kumari Swati Sinha**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. She is submitting this dissertation titled **"Baseline Assessment Of UPHCs Of Nalanda District Of Bihar Using Quality standard for Urban primary health centre"** at **"National Health System Resource Centre"** in partial fulfilment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

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

B. S. Singh,
Associate professor
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**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,
NEW DELHI**

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Baseline Assessment of UPHCs of Nalanda district of Bihar using NQAS** and submitted by **Kumari Swati Sinha** Enrollment No. **PG/14/028** in the supervision of **B.S. Singh & J.N. Srivastava** for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 15th February 2016 to 14th May 2016 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.


Signature

FEEDBACK FORM

Name of the Student: Ms Swati Sinha

Dissertation Organisation: National Health System Resource Centre.

Area of Dissertation: Baseline assessment of UPHCs of Nalanda District of Bihar using Quality Standard for UPHCs

Attendance: Satisfactory

Objectives achieved: Completion of Baseline assessment of UPHC Badidargah, UPNC Shakunatkale, UPNC Soresarai & UPNC Sundargardh.

Deliverables:

(1) To fill checklist as per current status of UPNC
(2) Prepare score card using assessment tools given in Quality Standards for UPNC
(3) Prepare report

Strengths:

(1) Ability to grasp things easily.

(2) Hard working & positive attitude toward career

Suggestions for Improvement:

(1) Improve the report writing skills.

(2) Build up essential knowledge of any subject so that you may master critical concepts

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

Date: 20/5/16

Place: New Delhi

List of Abbreviation

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

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

Introduction

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

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

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

Quality in Health System has two components:

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

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

Quality Assurance

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

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

National Urban Health Mission (NUHM) was launched as a separate mission in year 2013 with the objective of improving health status of the Urban poor particularly slum dwellers and other marginalized sections. UPHCs are different from conventional PHCs in terms of size, functions, focus on ambulatory care, limited staff and infrastructure. UPHC is also expected to give certain job functions through Outreach Services.

The Quality Assurance Guidelines for UPHCs have been developed by the Ministry of Health & Family Welfare for measuring the quality standards of UPHCs. These Standards also intend helping the states in building an in house credible quality management system into the design of Urban PHCs.

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

- a. **Operational Guidelines for Quality Assurance** is best used for strengthening Quality Assurance System, from state level to facility level, which would essentially include a supportive institutional framework & organisational structure, adoption of the standards, a system of continuous assessment of health facilities, action planning for closure of 'gaps'/ 'deficiencies', supportive supervision and lastly, external assessment of the facilities for certification.
- b. **Assessors' Guidebook** is compendium of the check list for each department of a health facility, which would be used for internal assessment by the facility, the DQAC/ DQAU, and by the SQAC/SQAU for arriving at a quality score for each facility. Same checklists would also be used for certification by the external/internal assessors. The State Quality Assurance Committee may make certain check-points as optional to have 'flexibility'; and in subsequent years it could be converted into mandatory and included into the Quality plan.

How to do Assessment/Analysis

The baseline assessment of the facility was conducted by NHSRC based on the National Quality Assurance Standards for Urban Primary Health Centre.

Methods used for Assessment at facility include the following: -

- Observation of the processes at the facility.
- Document Review at the Facility.
- Data Collection from the various Departments.
- Staff interviews: Discussion with MO I/C, Department in charge and Process owners.
- Patient Interview.

Data collected has been collated and analyzed for preparation of this Assessment Report.

Completion of the check-lists would generate a scorecard for each facility, so that the gaps at health facilities are known and time bound action plan for the gap closure is developed. Subsequent assessments by various stakeholders- facility in charge, district health administration, state and external certification body would need to be undertaken using same tools so that there is clarity on expectations and objectivity in assessment is maintained.

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

Scope of the Guidelines

‘Operational Guidelines on Quality Assurance’ and accompanying volumes of ‘Assessment Tools’ have been prepared for minimum health services, which should be available at a UPHC, including those in the arena of Maternal, Newborn & Child health etc. While the structure of QA proposed here is for all areas of health services, however the check-list for assessing health facility is for all areas of concern according to NQAS.

Relationship Between different elements of measurement system

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

A set of Standards & Measurable Elements for a UPHC. Checklist for measurement of these standards are given in Assessors Guidebook
(eg. of checklist for Pharmacy is preset in *Annexure I*)

Summary of Assessment Process:

1. Make an Assessment of severity of the Gaps
2. Collate all gaps and allocate severity level
 - a. High – Directly impacting quality of care - e. g. closure of Operation Theatre
 - b. Moderate – Indirectly impacting quality of care – e. g. Non-segregation of Biomedical Waste
 - c. Low – May impact quality of care – e. g. Non-calibration of scale
3. Phasing of Actions – Initially action planning for high priority gaps should be done
4. Allocate resources, define timeline and allocate responsibility
5. Review progress
6. Plan for preventive Action

Points to Remember

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

Assessment of Urban Primary Health Centers of
Nalanda District(Bihar)
Using Quality Standards for UPHC

Urban Primary Health Centers of Nalanda



Figure 1 UPHC Sundargardh, Bihar Sharif (Nalanda)



Figure 2 UPHC Badidargah, Bihar Sharif (Nalanda).



Figure 3 UPHC Sundargardh, Biharsharif (Nalanda).



Figure 4 UPHC Sohesarai, Biharsharif (Nalanda)

Background

Nalnada is one of the 38 districts of Bihar. Its main head quarter is at Biharsharif. All the UPHCs visited were in Biharsharif at different locations i.e, Badidargah, Shakunatkala, Soehsarai and Sundargardh. All the UPHCs were having rented infrastructure. Outreach Activities are performed in nearby areas.

Departments

There are 12 department for Urban Primary Health Centers selected for assessment:-

- 1. General Clinic**
- 2. Maternal Health**
- 3. New born and Child Health**
- 4. Immunization**
- 5. Family Planning**
- 6. Communicable Disease**
- 7. Non-communicable Disease**
- 8. Dressing Room and Emergency**
- 9. Pharmacy**
- 10. Laboratory**
- 11. Outreach**
- 12. General Administration**

Objective

- To identify gaps in the UPHCs according to the 8 areas of concern mentioned in Quality Standards of UPHCs.

H R Status

Sl.	Designation of staff	No. of sanction post	In-position
1	MO	2	2
2	AYUSH MO	0	0
3	Pharmacist	0	0
4	Staff Nurse	0	0
5	LT		0
6	Sweeper		1
7	Attendant		1

SWOT Analysis

<u>STRENGTHS</u> Location of the facility Patient Load Outreach activities performed	<u>WEAKNESS</u> Rented infrastructure Non functionality of various departments Deputed doctors, ANM and ASHA
<u>THREATS</u> Sudden Patient load / Management of the Outbreak of any disease.	<u>OPPURTUNITIES</u> Opportunity for functionality of various departments.

Objective and underlying Principles of Urban Primary Health Care

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

Principles:

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

Score of all UPHCs

Name of UPHC	Score
Shakunatkala	16.2%
Badi Dargah	18.7%
Soresarai	16.6%
Sundargardh	17.0%

Overall Thematic Wise Hospital Score Card

Table1: UPHC Badidargah Score card.

UPHC Quality Score Card			
Dressing Room & Emergency	General Clinic	Maternity Health	New Born & Child Health
0.0	50.5	48.8	25.3
Immunization	UPHC Score		Family Planning
0.0			0.0
Communicable Disease	18.7		Non Communicable Disease
0.0			0.0
Outreach	Pharmacy	Laboratory	General Administration
45.1	0.0	0.0	25.5

Table 2: Area of concern wise score card of Badidargah UPHC

HOSPITAL QUALITY SCORE CARD			
AREA OF CONCERN WISE			
Service Provision 20.3	Patient Rights 23.8	Inputs 22.8	Support Services 23.4
HOSPITAL SCORE			
18.7%			
Clinical Services 26.5	Infection Control 2.6	Quality Management 0.0	Outcome 10

Table 3: UPHC Shakunatkala score card

UPHC Quality Score Card			
Dressing Room & Emergency	General Clinic	Maternity Health	New Born & Child Health
0.0	42.8	37.4	26.4
Immunization	UPHC Score		Family Planning
0.0			0.0
Communicable Disease	16.2		Non Communicable Disease
0.0			0.0
Outreach	Pharmacy	Laboratory	General Administration
37.2	0.0	0.0	23.8

Table 4: Area of Concern wise Score Card of Shakunatkala UPHC

HOSPITAL QUALITY SCORE CARD			
AREA OF CONCERN WISE			
Service Provision 18.0	Patient Rights 21.2	Inputs 20.4	Support Services 22.5
HOSPITAL SCORE			
16.2%			
Clinical Services 21.1	Infection Control 1.3	Quality Management 0.0	Outcome 7.8

Table 5: UPHC Soehsarai Score card

UPHC Quality Score Card			
Dressing Room & Emergency	General Clinic	Maternity Health	New Born & Child Health
0.0	42.8	37.4	26.4
Immunization	UPHC Score		Family Planning
0.0			0.0
Communicable Disease	16.6		Non Communicable Disease
0.0			0.0
Outreach	Pharmacy	Laboratory	General Administration
43.3	0.0	0.0	22.5

Table 6: Area of concern wise score card of soehsarai UPHC

HOSPITAL QUALITY SCORE CARD			
AREA OF CONCERN WISE			
Service Provision 19.0	Patient Rights 20.4	Inputs 21.4	Support Services 22.5
HOSPITAL SCORE			
16.6%			
Clinical Services 22.4	Infection Control 1.3	Quality Management 0.0	Outcome 6.7

Table 7: UPHC Sundargardh score card

UPHC Quality Score Card			
Dressing Room & Emergency	General Clinic	Maternity Health	New Born & Child Health
0.0	42.8	39	32.2
Immunization	UPHC Score		Family Planning
0.0			0.0
Communicable Disease	17.0		Non Communicable Disease
0.0			0.0
Outreach	Pharmacy	Laboratory	General Administration
42.7	0.0	0.0	22.5

Table 8: Area of concern wise score card.

HOSPITAL QUALITY SCORE CARD			
AREA OF CONCERN WISE			
Service Provision 26.6	Patient Rights 20.4	Inputs 20.6	Support Services 20.7
HOSPITAL SCORE			
17.0%			
Clinical Services 27.1	Infection Control 1.3	Quality Management 0.0	Outcome 6.7

Major Findings

1. Bio Medical wastes bins are not kept at the generation point and wastes are not segregated properly.
2. Standard Sterilization practices of instruments and consumables are not being followed.
3. Space in Labour Room not sufficient as per case load, IEC materials are not displayed, Disinfection, decontamination and sterilization not being done as per protocol.
4. Directional signage is not present. Departments are not demarcated.
5. Laboratory facility was not given.
6. Hospital Staffs were not wearing Personal Protective Equipment (Gloves, Mask, Apron, Cap & Boot) while procedure was performed.
7. Visitor policy not being followed and Visitors are gathered in ward.
8. There is no IEC material displayed in the ward for the patients and visitors educations.
9. Emergency and dressing room were not in the facilities.
10. Record keeping is not maintained as there is no responsible personnel for this.
11. Orientation and Training were not provided the hospital staff regarding Hospital infection Control, Patients Safety, Bio Medical wastes Management, Radiation safety, Laboratory safety, Essential Clinical Protocols etc.
12. Staffs are not vaccinated.
13. Stretchers were not available.
14. HR for NUHM is on deputation, no dedicated staff was there.
15. Patient privacy is not maintained.
16. AYUSH facility is not present.
17. Quality Management is not relevant.
18. Triage system not maintained.
19. Space for movement of the stretchers was not sufficient.

Observation and Thematic Gaps in Departments

1. General Clinic

General Clinic is operational from 08:00 AM to 12:00 PM and in the evening from 4:00PM to 8:00 PM sat ground floor, Medical Officer was present in the clinic and was attending the patients in serial number.

There is ample space in the clinic both for observing patients and seating arrangement for Doctor & Patient's attendants.

Gaps observed as per checklist are:

1. Ayush specialized doctor is not available at the centre.
2. Adolescent friendly clinic not available.
3. Breast feeding corner is not available.
4. No screen/curtain is available.
5. One clinic is shared by two doctors at a time.
6. No registration counter is available.
7. No dedicated area for examination.
8. No training of MO, staff nurse, ANM.
9. No OPD equipment available.
10. Medical certificate not available.
11. Records are not labeled and indexed.
12. No defined & implemented procedure was available.
13. Hand washing facility not available at the point of use.
14. No personal protective equipment available.
15. Disinfection of instrument & equipment not done.
16. No mechanism for disposal of bio medical and hazardous waste.
17. Quality management checkpoints are not adherent.
18. ARSH & AYUSH OPD not available.
19. Trend analysis not done.

2. Maternal Health:-

- No display of the services and its entitlements is available.
- No dedicated OPD for ANC cases.
- Important information like no. of Ambulances & nearby facilities are not displayed
- IEC Material and stands not available at the facility as per checklist.
- Mother and child protection cards not provided to the clients.
- Non Availability of screens /curtains in Examination area.
- Dedicated examination area is not present in ANC clinic.
- Staff interviewed had less knowledge on following topics: IMNCI & SBA.
- Availability of Instruments and Equipment for ANC Check up is not as per checklist.
- Mother & child protection card is not available.
- The facility does not ensure drugs and diagnostics as prescribed as per protocol.
- Policy for removal of condemnation items not present at facility.

- No established procedure for identification and management of anemia
- Hand washing facility not available at the point of use.
- No personal protection equipment is being available at the facility.
- Procedure for disinfection & sterilization of equipment and instrument not done.
- No provision for bio medical waste management.
- Quality management checkpoints are non-adherent.
- Outcome not filled as data is not available.

3. Newborn & Child Health:-

The newborn and child health services at facility are performed at the General Clinic by the team of Doctors and ANM's which needs improvisation as per thematic checklist of Newborn & child Health:

- No directional signage to breast feeding corner is available.
- Entitlement under JSSK & RBSK is not displayed.
- Important contact details of ambulance and nearby facilities are not displayed.
- No IEC corner available.
- No breast feeding corner available.
- Laboratory facility not available.
- Doctor is not trained for IMNCI/FIMNCI.
- Staff nurse/ ANM is not trained by NSSK,RBSK,SBA,DAKSHTA, Skill lab.
- Staff not trained on BLS/CPR.
- No equipment for examination and counseling.
- Staff is not skilled in identifying & managing complication.
- Resuscitation equipment was not available.
- No referral slips available.
- Referral register is not maintained.
- Follow up of referred patients is not done.
- Triage, assessment & management of children not done.
- ORT corner not available.
- Screening of children is not done in OPD.
- Staff is not aware and do not practice ETAT.
- Hand washing facility at the point of use not available.
- Personal protection equipment not available.
- No screening and referral of children with 4Ds under RBSK
- Decontamination of surface of procedure is not done.
- Decontamination of instrument after use is not done.
- No provision for bio medical waste management.
- Quality management checkpoints non-adherent.
- Outcome checkpoints are not filled because no separate register..

4. Outreach Services

- Immunization sessions not done at the facility.
- No Adolescent health day is organized.
- Diagnostic services, para clinic and support services are not provided.
- National Health Programmes are not totally covered except condom promotion, national tobacco control and oral health.
- Vulnerable population not updated.
- Outreach services not provide according to the local health problems.
- Services and entitlements not displayed.
- IEC not available.
- No grievance redressal system is available.
- No curtains available.
- ANM not competent in preparing micro plan for immunization, malaria slides and diagnostic services.
- ASHA kit not available.
- Equipments not available for examination as per checklist.
- Mahila Aarogya Samiti not formed.
- Reporting is only done for HMIS
- No defined format for referring patients.
- No micro plan for home visits.
- Diagnostic services not available.
- Procedure for registration of women
- Blood pressure, hemoglobin and urine test not done.
- Identification and management of anemia not done.
- Post natal and counseling for new born care home visit not done.
- Hypothermia management not done
- ARSH services not provided.
- No service for integrated disease surveillance program.
- Sanitizer not available at the facility.
- Personal protection equipment not available.
- No procedure for bio medical waste disposal.
- Quality checkpoints are non-adherent.
- No system for employee and patient satisfaction.
- SOPs not available.
- Trend analysis not done.

5. General Administration:-

The overall impression of the facility in terms of General Administration is weak as the facility lacks both structural & process driven approach regarding delivery of healthcare services.

- Facility does not provide medico-legal & administrative functions.
- Services not available according to state scheme.
- Directional signage is not present till facility displayed from the Access road.
- All signage were not in uniform color& user friendly.
- Facility does not display the services and entitlements
- Facility lay out with Directions to different departments were not displayed.
- No citizen charter available.

- List of available services were displayed but not all services were included in it.
- No entitlement under different schemes was displayed at reception area.
- No IEC corner available.
- No grievance redressal system.
- Ramps not available.
- Space for the internal pathway is not sufficient.
- No disable friendly toilet.
- Stretcher not available.
- Separate toilets for male and female not available.
- No dedicated changing room for ASHA & ANM.
- No demarcated area for parking.
- No dedicated toilet for staff.
- No staff duty room.
- No locker for ANM.
- No dedicated room for IUCD, Injection, ANC, Immunization, Laboratory, general store, Pharmacy.
- No intramural and extramural communication facility available.
- Power audit not done.
- Periodic checking for electrical installation not done.
- No fire safety measures are being available.
- Staff nurse, lab technician, LHV, Public Health Mobilizer, secretarial staff are not available.
- No staff are imparted with training to meet roles and responsibilities.
- No important numbers like MO I/C, ANM, ambulance, nearest FRU, toll free no. etc.were displayed.
- No Names and Contact no. of ASHA and ANM serving different areas were displayed.
- Days and Timings of Specific services were not displayed.
- Nodanger sign is displayed at High voltage electrical installation.
- There wasno system to track the expiry dates and periodic refilling of the extinguishers
- No Records of equipments maintenance are available with facility.
- No unidirectional method for mopping.
- No periodic maintenance of building(data not available as setup was newly rented)
- There is no designated place to keep junk/condemned material.
- The facility does not provide linen.
- No power back up at the facility.
- No procedure for community participation.
- Facility does not periodically tests the quality of water from the source (municipal supply, bore well etc.) for bacterial and chemical content.
- Chlorination of water not evident at time of assessment lab is not present.
- Quality assessment of out-sourced services not done.
- Job description not defined as per govt guidlines .
- Duty roster of all staff was not updated and communicated.
- I cards not given to the staff
- Legal compliance which are mandatory not present like Fire NoC.
- No defined protocol for the medical certificates.

- Mother & child tracking system not present.
- Clinical Establishment Act license not present with the facility
- FACILITY does not have designated and secure place to keep Records including Patient Records.
- No person was designated for safe keeping and retrieval of records.
- Facility has no policy for retention period for different kinds of records.
- FACILITY has no policy for safe disposal of records.
- Personal protective equipment not available.
- Biomedical Waste Management protocols were not followed.
- Quality management checkpoints are non-adherent.
- Outcome checklist are not filled because of no records at the facility.

All the other 7 departments i.e, Immunization, Family Planning, Communicable Disease, Non-communicable Disease, Dressing Room and Emergency, Pharmacy and Laboratory were not available at the facilities.

RECOMMENDATION

The Quality Assurance Standard for Urban Primary Health Centre is a versatile tool to assess the UPHC as per their current status. The baseline assessment is an approach of Quality Assurance that will help in improving the quality standards of Urban Primary Health Centre Nalanda (Bihar)

These suggestions can be divided in two groups –

- a.) One where gaps will be covered by the support from concerned State level authorities; and
- b.) Secondly gaps will be covered by the interventions at the facility level only.

a.) State Level:

- 1. Legal compliance is of utmost priority like Fire NoC.
- 2. All the departments should be there at the facility according the National Quality Assurance Standards for UPHCs.
- 3. Dedicated HR for UPHC should be appointed.
- 4. Timely and regular supplies of drugs, disposables, reagents, vaccines, inventory etc. to be regularized.

b.) Facility Level:

- 1. Toilets should be clean at specified time and some toilets should be disabled friendly.
- 2. Hand washing practice should be there.
- 3. Dedicated room should be there for all departments.
- 4. UPHC should initiate a Quality Assurance Program within the Facility; Quality Team for the same should support and supervise Quality Assurance Program.
- 5. There should be uniformity in Signage's system, and citizen charter could more be elaborate to cover all the aspects as per IPHS norms.
- 6. Personal protective equipment's should be made available at all points of care.
- 7. Bio Medical waste bins should be present at the point of generation and proper segregation and its final disposal should be made as per BMW Management & handling Rules.
- 8. Departments should display their Scope of the Services and Contact details of deputed staff.
- 9. Infection control programme should be initiated with surveillance of all the departments.
- 10. All staff should be provided with vaccination against Hepatitis-B, and TT. s
- 11. Patients Satisfaction survey and employee satisfaction survey must be conducted at regular interval with an active mechanism of redress of patient complaints.
- 12. Staff should be trained on latest quality initiatives and best practices of medical world.
- 13. IEC should be present.
- 14. Patient privacy should be maintained.
- 15. Staff personal protection should be there.
- 16. Bio medical waste management should be there.
- 17. Roles and responsibilities should be defined to every staff.
- 18. Referral linkage should be strengthened.

Bibliography

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

Annexure