WELCOME TO COMMUNITY HEALTH CENTRE-TIRUVURU

ADDING QUALITY TO HEALTH

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MEDICAL SUPERINTENDENT
CHC TIRUVURU
HISTORY

STARTED:

- IN 1959 WITH 10 BEDS
- IN 1985 UPGRADED TO 30 BEDS
- IN 1998 PRESENT BUILDING WAS OPENED AND BEDS INCREASED TO 50
<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
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<tbody>
<tr>
<td>TOTAL</td>
<td>50</td>
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<td>DOCTORS</td>
<td>5</td>
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<tr>
<td>NURSING STAFF</td>
<td>15</td>
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<tr>
<td>PARAMEDICAL STAFF</td>
<td>10</td>
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<tr>
<td>JR. ASSISTANT</td>
<td>1</td>
</tr>
<tr>
<td>DEO</td>
<td>1</td>
</tr>
<tr>
<td>PHARMACIST</td>
<td>1</td>
</tr>
<tr>
<td>ICTC TECHNICIAN</td>
<td>1</td>
</tr>
<tr>
<td>LINK ART</td>
<td>2</td>
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<tr>
<td>SANITATION</td>
<td>11</td>
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<tr>
<td>SECURITY</td>
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SERVICES AVAILABLE

1. ACCIDENT AND EMERGENCY
2. OBSTETRICS & GYNAECOLOGY
3. PAEDIATRICS
4. GENERAL MEDICINE
5. OPTHAMOLOGY
6. DENTAL
7. ANESTHESIA
8. LABORATORY
9. RADIOLOGY - X-RAY
   - ULTRA SOUND
10. BLOOD STORGE UNIT
<table>
<thead>
<tr>
<th>YEAR</th>
<th>OP</th>
<th>IP</th>
<th>No.of DELIVERIES</th>
<th>No.of SURGERIES</th>
<th>LAB TESTS</th>
<th>X-RAY</th>
<th>DEATHS MATERNAL / INFANT /GENERAL</th>
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<tr>
<td>2016</td>
<td>83229</td>
<td>4831</td>
<td>310</td>
<td>159</td>
<td>33472</td>
<td>1481</td>
<td>NULL/NULL/25</td>
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<td>2017</td>
<td>76392</td>
<td>4956</td>
<td>172</td>
<td>81</td>
<td>48210</td>
<td>1809</td>
<td>NULL/NULL/20</td>
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<td>2018</td>
<td>88319</td>
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<td>278</td>
<td>177</td>
<td>45348</td>
<td>1744</td>
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<table>
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<tr>
<th>Avg Monthly</th>
<th>OP</th>
<th>IP</th>
<th>No.of DELIVERIES</th>
<th>No.of SURGERIES</th>
<th>LAB TESTS</th>
<th>X-RAY</th>
<th>DEATHS MATERNAL / INFANT /GENERAL</th>
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<tr>
<td>7500</td>
<td>350</td>
<td>25</td>
<td>10</td>
<td>2789</td>
<td>145</td>
<td>NULL/NULL/2</td>
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</table>
National Health Programs

5 X 5 Matrix for High Impact RMNCH+A Interventions
To be Implemented with High Coverage and High Quality

Reproductive Health  Maternal Health  Newborn Health  Child Health  Adolescent Health

JSSK
Janani Shishu Suraksha Karyakram

JSY
Janani Suraksha Yojana

RBSK
Rashtriya Bal Swasthya Karyakram
From Survival to Healthy Survival

PMSMA
Pradhan Mantri Surakshita Matritva Abhiyan
A new initiative
On the 9th of every month

Presented by Richa Nagdu
Rollno: MBH 0031
6th semester MBBS
NHIPMMS Shillong
STATE HEALTH NEW INITIATIVES

102
DEDICATED CALL CENTER FOR PREGNANT WOMEN
SWACHH BHARATH ABHIYAN

KAYAKALP PROGRAM INITIATION TO QUALITY IN
PUBLIC HEALTH FACILITIES
NATIONAL QUALITY ASSURANCE SYSTEM ACTIVITIES
Our Journey to Quality..

IN JULY 2018: GOVT OF AP SELECTED CHC-TIRUVURU

IN AUGUST 2018: INITIAL ASSESSMENT WITH NQAS CHECK LIST

IDENTIFIED GAPS-CAPA DONE-CLOSED GAPS
DEPARTMENTS GOING FOR NQAS (11 OUT OF 12)

1. ACCIDENT & EMERGENCY
2. OPD
3. LABOUR ROOM
4. IPD
5. NBSU
6. OT
7. LABORATORY
8. RADIOLOGY
9. PHARMACY & STORES
10. BLOOD STORAGE UNIT
11. GENERAL ADMINISTRATION
Absence of written policies and procedures for health care delivery

Quality manual, policies and procedures for all DEPARTMENTS

Poor sanitation and cleanliness in the hospital

Sanitation made effective and checklist for all cleaning procedures

Poor signage system

Layout, Direction board, instructions board for patients
Transformation of Quality care...

- Inadequate calibration for the equipments
- Calibration of all equipments done
- Inadequate monitoring and reporting of adverse events, needle stick injury, sentinel events etc.
- Audit, root cause analysis AND CAPA
- Lack of awareness about patients rights and responsibility
- Signage on patient’s rights and responsibilities, citizen charter updated, TRAININGS
NATIONAL QUALITY ASSURANCE SYSTEM

MULTIDISCIPLINARY COMMITTEES

1. Disaster Management Committee (DMC)
2. Drug and Therapeutic Committee (DTC)
3. Committee against Sexual Harassment (CASH)
4. Quality Assurance Team (QAT)
5. Medical Audit Committee (MAC)
6. Infection Control Committee (ICC)
7. Death Audit Committee (DAC)
8. Grievance redressal committee
# NATIONAL QUALITY ASSURANCE SYSTEM

## STANDARD OPERATING PROCEDURES

<table>
<thead>
<tr>
<th>1. ACCIDENT &amp; EMERGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. OPD</td>
</tr>
<tr>
<td>3. LABOUR ROOM</td>
</tr>
<tr>
<td>4. IPD</td>
</tr>
<tr>
<td>5. NBSU</td>
</tr>
<tr>
<td>6. OT</td>
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<td>7. LABORATORY</td>
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<td>8. RADIOLOGY</td>
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<td>9. PHARMACY &amp; STORES</td>
</tr>
<tr>
<td>10. BLOOD STORAGE UNIT</td>
</tr>
<tr>
<td>11. GENERAL ADMINISTRATION &amp;</td>
</tr>
</tbody>
</table>

HOSPITAL WIDE POLICIES
1. Purpose: To ensure the availability of safe blood units and facility for compatibility testing, storage, and issue of blood in an aseptic environment on 24/7 basis through trained professionals.

2. Scope:
   To provide facility for:
   a) Collection of blood through replacement or camps.
   b) Blood cross matching & transfusion services to the seriously ill.
   c) Link with NACO for testing of blood for HIV test.

3. Overall Responsibility: Medical officer – Blood Bank

**Process Flow Chart for Reporting Transfusion reactions**

- Staff Nurse informs the Medical Officer and blood bank regarding Transfusion reactions.
- Medical officer investigates the reason for the transfusion reaction based on the Mild, moderate and severity of the reaction.
- Reporting nurse sends the post-transfusion blood sample, post-transfusion urine sample, post-transfusion blood sample, blood bag along with nursing.
- Required tests are performed to confirm the reason for the transfusion reaction.
- Doctor treats the patient accordingly.

**Process Flow Chart for Donor Selection and Collection of Blood**

- Donor receives information & education regarding blood donation through counseling.
- Donor decides to donate blood.
  - Donor self-defers to donate blood or
  - Donor undergoes medical examination.
  - If donor is suitable for blood donation, donor undergoes blood group determination and reads blood group.
  - Medical officer accepts the donor for blood donation.
  - Donor undergoes registration and gives consent, after blood bag and donor blood.
  - Blood bank staff gives post-donation advice, refreshments, and observes donor for 15 minutes.
  - Donor exits from blood bank.
NATIONAL QUALITY ASSURANCE SYSTEM

KEY PERFORMAINE INDICATORS

<table>
<thead>
<tr>
<th>1. Bed Occupancy Rate</th>
<th>2. Lab Utilization Index</th>
<th>3. Percentage of Surgeries done at Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Percentage of Surgeries done during day</td>
<td>5. C- Section Rate</td>
<td>6. Referral Rate</td>
</tr>
<tr>
<td>7. Major Surgeries per Surgeon</td>
<td>8. OPD Per doctor</td>
<td>9. External Quality Assurance Score Lab</td>
</tr>
<tr>
<td>16. SNCU Mortality Rate</td>
<td>17. No. of Sterilization Failures</td>
<td>18. No. of Sterilization Complications</td>
</tr>
<tr>
<td>22. LAMA Rate</td>
<td>23. Antibiotic use rate</td>
<td></td>
</tr>
<tr>
<td>24. Patient Satisfaction Score (IPD)</td>
<td>25. Patient Satisfaction Score (OPD)</td>
<td></td>
</tr>
</tbody>
</table>
NATIONAL QUALITY ASSURANCE SYSTEM
IMPLEMENTATION OF PDCA CYCLE

- Reducing Waiting time at OPD – Eg: Large Queues during peak days, Searching for OP Clinics Ect.
- Reducing Discharge Waiting Time of Maternal Mothers
- Reducing Wastage of working time of Sanitation staff for Biomedical Waste Transportation (Given Responsibility to Two persons in spite of involving all the staff)

Plan-Do-Check-Act (PDCA) Cycle

1. First In First Out Process at OPD
2. One more person allotted to assist the receptionist
3. Counter changed from left side to right for utilization of free space and Cue system implemented, Planning to remove the Ayogyasi Help Desk cabin for more space
### NATIONAL QUALITY ASSURANCE SYSTEM

#### IMPLEMENTATION OF PDCA CYCLE

<table>
<thead>
<tr>
<th>PLAN</th>
<th>DO</th>
<th>CHECK</th>
<th>ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crowd Management</td>
<td>Change Or Test</td>
<td>The Results</td>
<td>Satisfaction Level (Good)</td>
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<tr>
<td>Frost Desk</td>
<td>1. First In First Out Process</td>
<td>1. First In First Out Process Maintained</td>
<td>As per the available alternative sources</td>
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<tr>
<td>Registration Counter</td>
<td>2. Cue System</td>
<td>2. Manageable but need to have dedicated person</td>
<td>implemented the system to control the over crowd and the result is up to the mark Planning to search for other alternatives for an Effective &amp; Efficient systems for to increase the patient satisfaction</td>
</tr>
<tr>
<td>OPD</td>
<td>3. Change the counter from Left to Right</td>
<td>3. Counter changed to utilize the free space</td>
<td></td>
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<tr>
<td>Waiting Area</td>
<td>4. Token System</td>
<td>4. Token System is not recommended due to lack of manpower</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Increase the no of receptionists</td>
<td>5. One person is allotted to assist the receptionist</td>
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</tr>
</tbody>
</table>

### Observations or Findings:

1. Inconvenience to pregnant ladies and old age people wait till their turn comes in. (Planning to allocate separate counter especially for pregnant ladies and old age people with existed staff with in the counter)
2. Due to lack of sitting chairs and waiting hall patients are suffering in queue line. (Need to discuss with Medical Superintendent for better alternative sources)
3. Laboratory, Ortho OPD, Med all lab and Injection room and ICTC existed in limited space of OPD so planning to shift the med all lab to control the over crowd
Transformation of Quality care...

IN OCTOBER-2018: NQAS STATE ASSESSMENT WAS DONE

ACQUIRED 89.9%

APPLIED FOR NQAS EXTERNAL ASSESSMENT IN OCTOBER

IN FEBRUARY -2019: NQAS INTER ASSESSMENT WAS DONE

ACQUIRED 92.5%
STATUTORY

1) BUILDING
2) POLLUTION CONTROL BOARD
3) AERB
4) PCPNDT
5) SPIRIT LICENCE
6) ELECTRICAL NOC
7) FIRE
CHALLENGES
Administrative Support
HR Issues
Gap Analysis
Infrastructural Design
Financial Constraints
Statutory Mandates
Documentation
QUALITY TOOLS

National Quality Assurance Standards

7 Q.C TOOLS

Process Flow Diagram

Check Sheet

Histogram

Pareto Diagram

Cause and Effect Diagram

Scatter Diagram

Control Charts
QUALITY TOOLS

PROCESS FLOW DIAGRAM : All Departments

CHECK SHEET : Infection control- HAI, Hand Hygiene, BMW Checklist, Temperature Monitoring Checklist, Toilet Cleaning Checklist, 5S Checklist etc.

CAUSE AND EFFECT DIAGRAM : CONTINOUES QUALITY IMPROVEMENT (FISH BONE)

Bar Charts (Histogram, Bar Graph, Control Chart, Pie Chart) : KPI, Outcome Indicators
CAUSE AND EFFECT DIAGRAM: (FISH BONE)

LEADERSHIP
- COMMITMENT
- MOTIVATION

QUALITY IMPROVEMENT

METHODS
- SOPS & POLICIES
- INVOLVING IN DECISION
- AUDITS
- DECENTRALIZATION

MACHINARY
- EQUIPMENT MAINTENANCE
- FORMS & FORMATS
- NON AVAILABILITY OF HYDRAULIC TABLES
- SATISFACTION SURVEY

MATERIAL
- TRAINING MATERIAL
- LOCAL PURCHASE
- TRAINING EVALUATION
- STOCK OUT DRUGS
- BUFFER STOCK CALCULATION
- NON AVAILABILITY OF CRITICAL EQUIPMENTS
- NON AVAILABILITY OF FIXTURES & STORAGE RACKS
- INFECTION CONTROL
- CONSUMABLES

BUDGET
- MOBILIZATION OF FUNDS
- IEC DISPLAY
- UTILIZATION OF FUNDS
- TNA & TRAINING CALENDAR

TRAININGS
- ALLOCATION OF FUNDS
- PRIORITIZATION OF NEEDS
TRAININGS
FIRE SAFETY TRAINING
CARE FOR EMPLOYEES..

Employees are given health check up on yearly basis, Immunization and personal file maintained for all staffs.
THANQ

TEAM CHC TIRUVURU