Quality Perspectives In Health Care

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Focus Points

• Health systems in India
• Perspectives of Quality
• Role of Quality
• Quality improvement journey
• Role of Technology
• Efforts of Government – NQAS, Awards
Health System in India:

Crisis & Alternatives
Country of Paradoxes
Considerable Healthcare Resources

• Largest number of Medical colleges in the world.

• Largest numbers of doctors in the developing world. These doctors are exported to many other countries, and are considered among the best in the world.

• This country gets 'Medical tourists' from many countries reflecting the high standard of medical skill and expertise here.

• Turning to medicines, we find that this country is the fourth largest producer of drugs by volume in the world and is largest exporter of drugs in the world.
• Despite all these resources – Limited access to quality Healthcare and has poor health indicators
• Low levels of immunization
• Inequities in access to health care
• Large drug industry – still lack access to essential drugs
• Women from well off families suffer due to unnecessary cesarean operations– in some urban centers while the poorer rural sisters frequently die during childbirths due to lack of access to the same cesarean operation of genuine need.
Long Standing Weakness of the Public Health System in India:

No formal health policy until 1983
Poor facilities

Low attendance by medical staff

Inadequate supplies

Insufficient hours

Lack of community involvement

Lack of proper monitoring mechanisms
In 1978 at Alma Ata, the governments of the world came together to sign the Alma Ata Declaration that promised "Health for All by 2000".

1978- Alma Ata Declaration-I.

- Health for All
- Primary Health Care
- Health a Fundamental Human Right
- Equity
- Appropriate Technology
- Inter-sectoral Development
- Community Participation.

Alma Ata, 1978:

The International Conference on Primary Health Care calls for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world by the year 2000.
Health for All

2000
As the year 2000 approached it appeared that "Health for All by 2000" was quietly being forgotten by governments around the world.

To remind people of this forgotten commitment,

**First People's Health Assembly was organised in Savar, Bangladesh in December 2000**
In the Indian context, top down, bureaucratic, fragmented techno-centric approaches to health care have created considerable wastage of scarce resources and have failed to deliver significant health improvements.

Jan Swasthya Abhiyan seeks to emphasize the urgent need to promote decentralisation of health care and build up integrated, comprehensive and participatory approaches to health care that places "Peoples Health in Peoples Hands".
Jan Swasthya Abhiyan
People’s Health Movement-India

Indian regional circle of the global People's Health Movement..
STATE OF DECAY

Prescribed medicines are not available in hospital stores

Patients are asked to get CT scan and ultra sound tests from outside the hospital

They are asked to buy surgical equipment from outside

Visitors report unhygienic condition of hospital wards
• Is Deterioration of the Public Health System Linked with Expansion of the Private Medical Sector?

• The Private Medical Sector - The Camel Which Pushed the Arab Out of the Tent
“Doctor my foot is numb, do I have Leprosy?”

“You have no problem, now leprosy is eradicated!”
• The 'elimination' of leprosy on the auspicious date of 31st December, 2005 seems to have been achieved by widespread manipulative means.

• Examples include:
A) The National Leprosy Eradication Programme (NLEP) had stopped registering patients with single skin lesions by 2005
• B) There was a shift from active case detection (going into the community and finding out patients) to passive case detection (sitting in the clinic and waiting for patients to come) with an expected drop in case detection rates given the fact that most leprosy in our country occurs among resource-constrained people in some of the less developed states with poor public sector medical facilities.
• The declaration of 'elimination' of leprosy has successfully eliminated leprosy from the consciousness of doctors, if not eliminated the disease from the country. Health education material on leprosy, which was never abundant, has now completely disappeared. This has led to a decrease in the level of awareness about the presenting symptoms and signs of leprosy in the general population. Coupled with a poor awareness of leprosy on the part of doctors and the cessation of active surveillance, this is causing
ILL HEALTH

Public Health System

Reality

Potential

ILL HEALTH

PUBLIC HEALTH SYSTEM
Quality Perspectives
A Definition of Quality...

• ‘The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge, as expressed through a set of dimensions of quality’ (Institute of Medicine, 2001)

Institute of Medicine, 2001: Crossing the Quality Chasm, Washington, DC: National Academy Press
The Quality Myth

- “Pay attention to quality, and customer service will take care of itself.”

- Reality: Quality and service are interdependent. It's impossible to describe quality adequately without considering it from the customer's point of view.
  - Without superior customer service, efforts to improve product quality will be wasted.
Recognizing Different Perspectives on Quality

- There are many different definitions and dimensions of quality.
- For the present, you should view **Quality as a measure of goodness that is inherent to a product or service.**
- Employees working for the same firm often view quality differently.
Recognizing Different Perspectives on Quality

Different View of Quality that can Exist in the Same Firm

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<thead>
<tr>
<th>Engineering</th>
<th>Marketing</th>
<th>Accounting</th>
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<tbody>
<tr>
<td>A product engineer might associate quality with <strong>product design</strong></td>
<td>A marketing executive might associate quality with <strong>quick design time</strong></td>
<td>An accountant might associate quality with <strong>low product cost</strong></td>
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Garvin’s Product Quality Dimensions
(David Garvin)

1. Performance
2. Features
3. Reliability
4. Conformance
5. Durability
6. Serviceability
7. Aesthetics
8. Perceived Quality
Service Quality

• Service quality is even more difficult to define than product quality.
• This often results from wide variation created by high customer involvement.
• The example is fountain pen and food service.
Service Quality Dimensions

Parasuraman, Zeithamel, and Berry’s (PZB) Service Quality Dimensions

1. Tangibles
2. Service Reliability
3. Responsiveness
4. Assurance
5. Empathy
6. Availability
7. Professionalism
8. Timeliness
9. Completeness
10. Pleasantness
Differing Functional Perspectives on Quality

• An Engineering Perspective
• An Operations Perspective
• A Strategic Management Perspective
• A Marketing Perspective
• A Financial Perspective
• The Human Resources Perspective
Human Resource Perspective on Quality

- **Nature of Human Resource Perspective**

  Although leadership is an important antecedent to successful quality efforts, involvement and participation of employees plays a key role.
Indeed it has been acknowledged that:

‘Robust systems and processes to monitor, manage performance and regulate the quality of care provided to patients are essential. However the success of these is almost entirely dependent on the values and behaviours of staff and organisations working throughout the system’
Managing quality is clearly not all about monitoring systems and regulation, but also concerns health care workers’ values, training and personal behaviours and, importantly, how service quality becomes co-produced in service encounters.
A 2011 analysis of health care system improvement in Alaska, Utah, and Sweden, commissioned by the Canadian Foundation for Healthcare Improvement, suggested common factors led to success in improving health care systems:

- Quality and system improvement as a core strategy
- Leadership activities that embrace common goals and align activities
- Provision of an enabling environment and the buffering of short-term factors that undermine success
- Information as a platform for guiding improvement, including performance measurement
- Development of organizational capabilities and skills to support improvement
• Effective learning strategies and methods to test and scale up improvements
• Robust primary care teams at the centre of the delivery system
• Engagement of patients in their care and in the design of care
• Promotion of professional cultures that support teamwork, continuous improvement, and patient engagement
• More effective integration of care to promote seamless care transitions.
Challenges that Quality poses to Health System

• Health organisations are complex systems – clinical standards not enough

• Cultural and organizational challenges

• Competing power structures – politicians, Ministries and Departments, doctors, nurses, managers.

• Build capacity to manage these complexities
Quality of Care Framework

Political Factors

Institutional factors

Health Policy Reforms

Demographic / socioeconomic factors

Health care access

Structure → Process → Outcome

The Quality of Care

Cultural Factors

Social Factors

Ref: Peabody et al 1999
Why Quality?

• Uniformity in Process - Standards and Norms – Reduce Error, Reduce waste, Reduce Cost
• Accreditation
• Legal issues – consumer protection
• Increased motivation, this is what satisfies people
• Right thing to do (Hippocratic oath)
Why Quality?

• Performance measurement
• Satisfaction-utilization-economy of scales – cost effectiveness
• Increases the health status
• Poor quality can do harm
• Social and economic benefits
Latest update: April, 2017

Strong growth in healthcare expenditure
Healthcare industry is growing at a tremendous pace owing to its strengthening coverage, services and increasing expenditure by public as well private players.

During 2008-20, the market is expected to record a CAGR of 16.5 per cent. The total industry size is expected to touch US$ 160 billion by 2017 and US$ 280 billion by 2020.

As per the Ministry of Health, development of 50 technologies has been targeted in the FY16, for the treatment of disease like Cancer and TB.
Healthcare Sector Growth Trend
(US$ billion)

CAGR: 16.5 per cent

Source: Frost & Sullivan, LSI Financial Services, Deloitte, TechSci Research
Notes: F - Forecast, CAGR - Compound Annual Growth Rate
Quality improvement journey

• Education system
• Regulatory bodies – MCI, DME etc
• Central and State Ministries
• Nursing council
• Pharma industries
• Engineering department
• Legislation & Others………
Policy Agenda

• Aligning the system
• Dedicated quality agencies
• Legislation
Aligning the system

Alignment is about getting everyone to move in the same direction. This includes government, dedicated quality agencies, at the system level, regional health authorities and health care organizations at the organizational level and individual health care providers at the front-line or point-of-care.
• The goal is not only better-quality care within each sector of the health care system, but an integrated strategy that includes all sectors and transitions between sectors.

• **When governments set priorities** for quality improvement, this can create a mindset about aligning efforts across the health care system.
Dedicated quality agencies

• Measure/monitor performance and report on health system outcomes to governments and the public.
• Support continuous quality improvement through capacity-building
• Engage the public through activities such as public forums.
• Collaborate and broker relationships with quality improvement partners.
Dedicated quality agencies

• Undertake evidence-based assessment and/or provide advice on clinical standards of care
• Provide recommendations to the Minister of Health and conduct studies or investigations.
• Identify best practices and share health innovations through a variety of mechanisms such as conferences, publications, and online portals. All dedicated quality agencies do this.
Dedicated quality agencies

• The existence of a dedicated quality agency sends a clear message to the health system and the public that quality improvement is a priority.
Legislation

Important tool for quality improvement for two main reasons:

• It sends a very clear message about the priorities and expectations the government has for quality improvement, and it helps to bring about alignment in the system.

• Legislation is not the only way to do this, but it does communicate that all the players in the system must work together.
Quality Improvement in Healthcare—Example

• **Helping Patients Find Their Way**

• A receptionist observed – a patient confused about where to go asked if patient needed help and discovered that the patient could not locate the place to have blood drawn.

• Woman not able to read displayed signs or the signs may have been unclear.

• Patient might need some assistance in finding the clinic
Solutions:

• **Giving the woman directions,**
  - To call someone over to assist her - this could take too much time.
  - To walk with the patient to the clinic, as it was nearby and another receptionist was in the office.
Result

• Patient pleasantly surprised by the courtesy and friendliness of the receptionist and thanked her.
• Verified that this was where the patient needed to be and then returned to her work.

Outcome

• Non-medical addressed
• Client satisfied
Lesson learnt

• Form a team to address this issue and prevent it from occurring again.
  • Code each clinical area with a color
  • Colored directional lines along the wall
  • Individual health workers were able to identify opportunities for improvement, take initial steps, and pull a team of people together
  • Observant staff members can identify & fix the problem
  • Improvement might seem small; its effects can be far reaching.
  • Satisfied client might be more inclined to revisit the facility and encourage others to do so (increased utilization).
Role Of Technology

• Poor awareness, and acceptance among patients and health professionals are barriers to telehealth adoption

• **RISKS:** Non users of telehealth have some major concerns:

**PATIENTS:**

• **Risk to loose face-to-face contacts** (telemedicine fully replacing “conventional healthcare”)

• Impact of telehealth on:
  ❖ Patient safety
  ❖ Patient-health professional communication

• **Long-term costs of telemedicine:** costs shifted to patients
HEALTH PROFESSIONALS see more barriers for successful telehealth implementation than patients:

❖ Many continue to see only changes in the way they deliver care

❖ Lack of clarity of legal framework: can they provide telehealth?
Awarness Need Of The Hour

• Improving quality of healthcare through more personalised, continuous, efficient and responsive services.

• Improving access to healthcare for patients living in underserved areas, and to a lesser extent, for socio-economically disadvantaged patients.

• Fostering patient adherence because of the higher involvement of patients in the disease management process and hence more awareness of the importance to adhere.

• Helping patients and health professionals stay more regularly in touch, which is a fundamental condition for maintaining trust.
Patients also believe that the use of telehealth:

- can improve knowledge of their condition
- lead to economic benefits for them
- provided it yields other benefits, they would be willing to pay more for healthcare services as long as an individual can afford it
- can be instrumental in improving their health status and quality of life
- their family and relatives will be less worried about their health condition thanks to the more regular monitoring
• Health professionals also believe that the use of telehealth can:
  ❖ Facilitate better cooperation with other health professionals
  ❖ Increase the time they can spend with patients and promote continuity of care
PATIENT EMPOWERMENT

Health literacy

Patient control

Patient participation

Link between patient and his/her understanding of health information

Relationship between the patient and the management of his/her condition

Relationship between patient and health professionals

Meaningful Patient involvement in health
Exploring Patient Empowerment

1. Health literacy
   - to understand specific health information better
   - to understand their disease/condition and its implications better
   - to distinguish between quality health information from information pollution
   - to understand how changes in lifestyle could impact on patient health

2. Patient control
   - to monitor their treatment progress
   - to feel less anxious about the health condition
   - to feel more responsible for the management of their disease
   - to be more aware and understand test results and the relevance of the tests done

3. Patient participation
   - to better prepare for consultations with health professionals and meaningful engage in discussions with HCP
   - to participate in defining treatment plans in partnership with HCP (concordance)
   - to be able to attract HCP attention to issues considered important by the patient
National & Regional

Policy & Infrastructure

Performance monitoring and macro management

Operations & Governance

Institutional

Health Services Provision: Professional accountability & Patient Satisfaction

Individual

National

Quality Services & Systems
How do we track quality assurance in healthcare?

• Regulation
• Certification
• Accreditation & Credentialing
• Grading / Rating
• Quality Awards
Regulation

• A legal restriction
• Mandated by the government or state
• Attempts to produce outcomes prevent outcomes
  ✓ Control market entries
  ✓ Prices, wages, pollutions
  ✓ Employment for certain people in certain industries
  ✓ Standards of production
• Non compliance or Non conformance leads to cancellation of operational eligibility

Registration of hospitals or functional services under different laws/acts
**Certification**

- Designation earned by a person or organization to perform a job or task
- Renewed periodically
- Valid for a specific period of time
- Qualifies for a certain level of proficiency
- Can be provided by
  - Body formed / mandated by regulatory mechanism
  - Professional society or body
Accreditation & Credentialing

• Accreditation a process in which
  ✓ Certification of competency, authority or credibility
  ✓ Assessment by independent agency
• Credentialing refers to
  ✓ A type of designation, award, status, recognition, or seal of approval
  ✓ Refers to individuals or organizations

Provides a visible commitment towards improving quality of patient care ensuring a safe environment and reducing risk to staff in health care setting
Why Accreditation?

• Better control of operations (because operations are documented)

• Improves staff confidence and evaluate business

• Reliability of test

• Insurance companies can rely on test

• Ensure better support in legal cases

• Provide traceability
Grading or Rating

• Is evaluation or assessment of something, in terms of quality (as with a critic rating a novel), quantity (as with an athlete being rated by his/her statistics), or some combination of both.

• Grading or rating is also a voluntary process wherein an organization opts for comparative evaluation of its services.

Assumes voluntary & comparative evaluation against laid down parameters & vis-à-vis peers.
Quality Awards

• Recommendation on appraisal or evaluation for high degree of consistent & sustained performance over a period of time or range including quality improvement initiatives in a particular sector or domain

• Instituted by professional societies or bodies and independent entities

Certification of hospital or functional services under different provisions
• As a patient what quality levels would you accept from your health services?
Happy at 99.9%

• 22,000 cheques are deducted from the wrong bank account every day
• 16,000 mails are lost by the postal service every hour
• 2,000 unsafe airplane landings are made every day
• 2 major airplane accidents per week
If 99.9% is acceptable to you then?

• Your heart fails to beat 32,000 times each year
• 500 surgical operations are performed wrongly every week
• 20,000 wrong drug prescriptions made very year
• 19,000 babies are dropped by doctors at birth
Well.... There is only a 1% difference in the DNA genetic code between a Chimpanzee and a human being
• In health care profession there is no scope for error.
• For any error committed is all the difference between life and death, between relief and disability
• There is no second chance
NATIONAL QUALITY ASSURANCE STANDARDS FOR Public Health Facilities 2016

Ministry of Health and Family Welfare
Government of India
Introduction to National Quality Assurance Standards

Following are the features of the proposed Quality system

1. Comprehensiveness
2. Contextual
3. Contemporary
4. User Friendly
5. Evidence based
6. Objectivity
7. Flexibility
Area of concerns

1. Service Provision
2. Clinical services
3. Patient rights
4. Infection control
5. Inputs
6. Quality Management
7. Support services
8. Outcome
Functional Relationship between Components of Quality Measurement System
Area of concerns & Standards
A. Service Provision

(Availability of services)

Standard A1  The facility provides Curative Services

Standard A2  The facility provides RMNCHA Services

Standard A3  The facility provides Diagnostic Services

Standard A4  The facility provides services as mandated in National Health Programmes/State Scheme.

Standard A5  The facility provides support services

Standard A6  Health services provided at the facility are appropriate to community needs.
B. Patient Rights
(Services are accessible to the users, and are provided with dignity and confidentiality)

Standard B1  Information to care seekers, attendants & community about the available services and their modalities.

Standard B2  Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barriers on account of physical economic, cultural or social reasons.

Standard B3  Maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.

Standard B4  Defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making.

Standard B5  Ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services.

Standard B6  Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities.
C. Inputs
(Structural part of the facility)

Standard C1  Infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms.

Standard C2  Physical safety of the infrastructure.

Standard C3  Established programme for fire safety and other disaster.

Standard C4  Adequate qualified and trained staff, required for providing the assured services to the current case load.

Standard C5  Provides drugs and consumables required for assured services.

Standard C6  Equipment & instruments required for assured list of services.

Standard C7  Defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff.
D. Support Services
(Backbone of Healthcare Facility)

**Standard D1**  Established Programme for inspection, testing and maintenance and calibration of equipment.

**Standard D2**  Defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas.

**Standard D3**  Safe, secure and comfortable environment to staff, patients and visitors.

**Standard D4**  Established Programme for maintenance and upkeep of the facility.

**Standard D5**  Ensures 24 X 7 water and power backup as per requirement of service delivery, and support services norms.

**Standard D6**  Dietary services are available as per service provision and nutritional requirement of the patients.
Standard D7  Ensures clean linen to the patients.

Standard D8  Defined and established procedures for promoting public participation in management of hospital transparency and accountability.

Standard D9  Established procedures for Financial Management.

Standard D10  Compliance with all statutory and regulatory requirement imposed by local, state or central government.

Standard D11  Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.

Standard D12  Established procedure for monitoring the quality of outsourced services and adheres to contractual obligations.
E. Clinical Services
(To provide clinical care)

Standard E1  Registration, consultation and admission of patients.
Standard E2  Clinical assessment and reassessment of the patients.
Standard E3  Continuity of care of patient and referral.
Standard E4  Nursing care.
Standard E5  To identify high risk and vulnerable patients.
Standard E6  Follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.
Standard E7  Safe drug administration.
Standard E8  Maintaining, updating of patients’ clinical records and their storage
Standard E9  Discharge of patient.
Standard E10  Intensive care.
Standard E11  Emergency Services and Disaster Management.
Standard E12  Diagnostic services.
Standard E14  Anaesthetic Services.
Standard E15  Operation theatre services.
Standard E16  End of life care and death
Maternal & Child Health Services

**Standard E17** Antenatal care as per guidelines

**Standard E18** Intranatal care as per guidelines

**Standard E19** Postnatal care as per guidelines

**Standard E20** Care of new born, infant and child as per guidelines

**Standard E21** Abortion and family planning as per government guidelines and law

**Standard E22** Adolescent Reproductive and Sexual Health services as per guidelines

National Health Programmes

**Standard E23** National health Programme as per operational/Clinical Guidelines
F. Infection Control
(To do no harm)

Standard F1  Infection control Programme and procedures in place for prevention and measurement of hospital associated infection

Standard F2  Defined and Implemented procedures for ensuring hand hygiene practices and antisepsis

Standard F3  Ensures standard practices and materials for personal protection.

Standard F4  Standard procedures for processing of equipment and instruments.

Standard F5  Physical layout and environmental control of the patient care areas ensures infection prevention

Standard F6  Defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste
**G. Quality Management**

(Opportunities for improvement to enhance quality of services and patient satisfaction.)

- **Standard G1** Organizational framework for quality improvement.
- **Standard G2** System for patient and employee satisfaction.
- **Standard G3** Internal and external quality assurance Programmes wherever it is critical to quality.
- **Standard G4** Established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.
- **Standard G5** Maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages.
- **Standard G6** System of periodic review as internal assessment, medical & death audit and prescription audit.
- **Standard G7** Defined Mission, Values, Quality policy and Objectives, and prepares a strategic plan to achieve them.
- **Standard G8** Continually improvement by practicing Quality method and tools.
- **Standard G9** Risk Management framework for existing and potential risks.
- **Standard G10** Procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan.
**H. Outcome Indicator**

(Standard measures for quality - Productivity, efficiency, clinical care and service quality in terms of measurable indicators)

**Standard H1** Measures Productivity Indicators and ensures compliance with State/National benchmarks.

**Standard H2** Measures Efficiency Indicators and ensure to reach State/National Benchmark.

**Standard H3** Measures Clinical Care & Safety Indicators and tries to reach State/National benchmark.

**Standard H4** Measures Service Quality Indicators and endeavours to reach State/National benchmark.
# HOSPITAL QUALITY SCORE CARD
**DEPARTMENT WISE**

<table>
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<th>Emergency</th>
<th>NBSU</th>
<th>Operation Theater</th>
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## HOSPITAL QUALITY SCORE CARD

### AREA OF CONCERN WISE

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<th>Service Provision</th>
<th>Patient Rights</th>
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### Hospital Score

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Awards

Award to Public Health Facilities

KAYAKALP
- The Swachh Bharat Abhiyaan launched by the Prime Minister on 2nd October 2014, focuses on promoting cleanliness in public spaces. Public health care facilities are a major mechanism of social protection to meet the health care needs of large segments of the population. Cleanliness and hygiene in hospitals are critical to preventing infections and also provide patients and visitors with a positive experience and encourages moulding behaviour related to clean environment.
Objectives

1. To promote cleanliness, hygiene and Infection Control Practices in public Health Care Facilities.

2. To incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control.

3. To inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation.

4. To create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.
Scope

Based on scoring, the awards would be distributed as follows:

- “Best two district Hospitals in each state (Best district hospital in small states).
- “Best two Community Health Centres/Sub district Hospitals (limited to one in small states).
- “One Primary Health Centre in every district
- Each facility will receive a cash award with a citation.
First Prize – AIIMS Delhi
2016-17
• Cabinet approves National Health Policy 2017
• Press Information Bureau: March 17, 2017
• A huge milestone in the history of public health in India: J P Nadda
It provides policy framework for achieving universal health coverage, and is patient-centric and quality-driven.
"Get undressed and put on this hospital gown."
How to be the best: the Rolls Royce story
WHAT PEOPLE REALLY NEED IS A GOOD LISTENING TO.

Mary Lou Casey

THANK YOU