



Implementing Quality Assurance Programme in a District Women Hospital

Challenges, Interventions & Outcome

MD, NHM and QA Team Uttar Pradesh.

Context :

Quality assurance programme was rolled out in November 2014 with the aim to improve quality of services in public health facilities across the State.

Veerangana Avanti Bai Mahila Hospital Lucknow was the first hospital where NQAS were implemented.

This 126 years old hospital provides secondary health care to a population of over 5 lakh, majority of which belongs to poor class both rural and urban. This centrally located hospital has 226 functional beds but utilization of services was suboptimal.



Assessment of Challenges & Analysis of Cause

An AS-IS survey of the hospital using Donabedian model was done for gap analysis. NQAS baseline score was 44.

Some major challenges were related to poor sanitation, overcrowding, prolonged waiting time, inadequate HR, frequent stock outs of drugs and diagnostics, frequent referral of high risk and complicated cases etc.

EMERGENCY	O.P.D.	LABOUR ROOM	MATERNITY WARD
18.9	55.1	47.5	38.5
SNCU	NQAS SCORE FOR VABMH, LUCKNOW		POST PARTUM UNIT
47.7	44.9%		50.0
OT	RADIOLOGY	PHARMACY	AUXILIARY
51.2	50.0	52.5	40.9
LABORATORY	GEN. ADMN.		
50.0	42.8		

Capacity Building :-

- IP and BMW management training for all staff.
- Training on handwashing, use of Personal protective equipments and cleaning held with support of faculty from KGMU.
- Hands-on- training on mannequins for infant resuscitation .
- EmOC, LSAS& BmOC training for doctors and SBA & NSSK for staff nurses organised.



Statutory requirements :-

- Laboratory was registered for EQAS under NABL certified RML Mehrotra pathology.
- Calibration of medical instruments.
- Fire extinguishers were installed and mock drill conducted with hands on training of staff.
- Doors of X-ray rooms lined with lead sheet. Applied for AERB certification.

IEC:

- Citizen charter, directional signage and protocols were installed with support from UNICEF.

Infection Prevention Sanitation and Hygiene:

- 3 bucket system of cleaning adopted hospital wide.
- Blood and mercury spill kits in all departments.
- Staff training done.

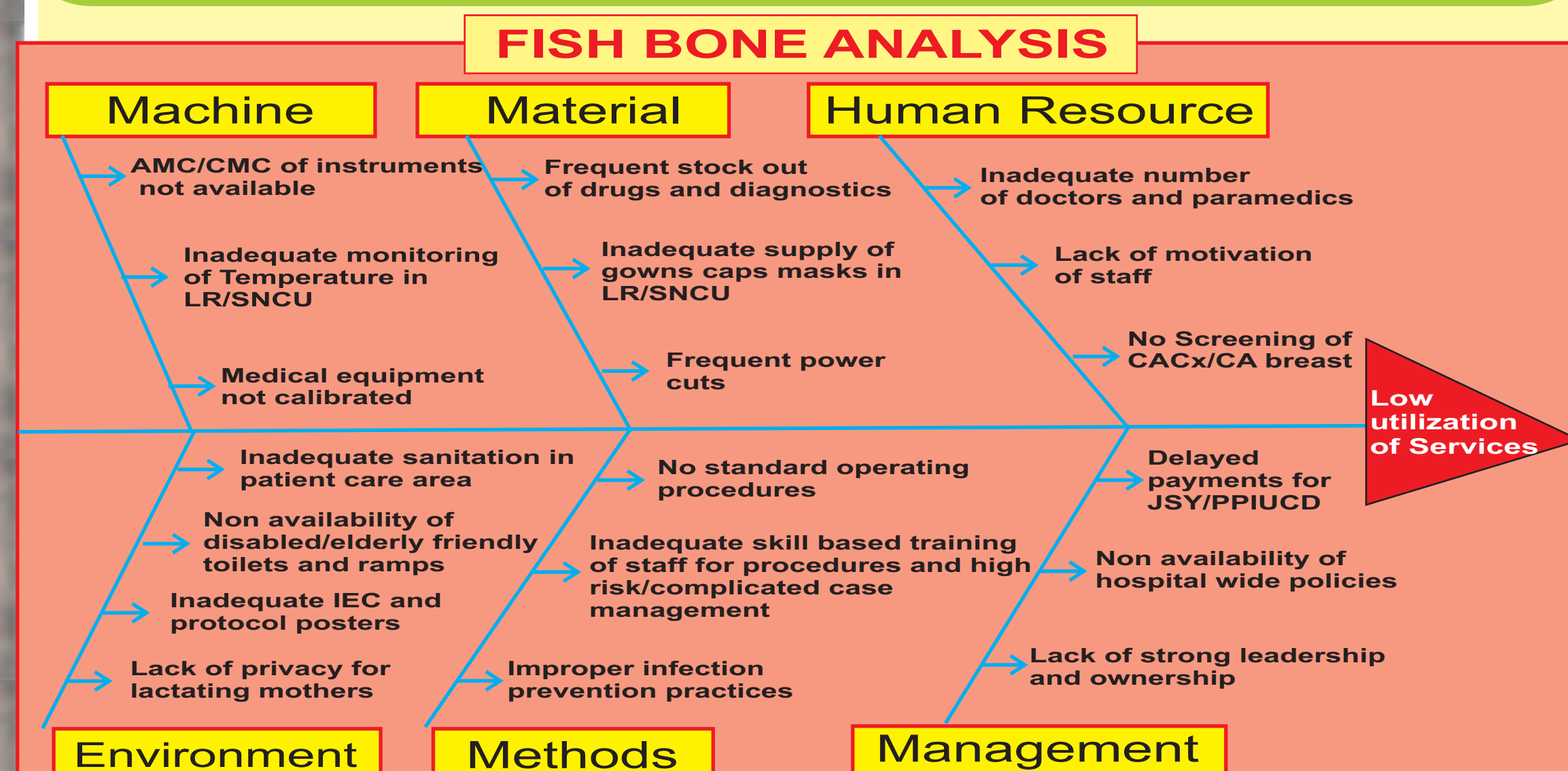
Management:

- Timely payment for JSY ensured by designated nodal person before discharge of the patient.
- Left out beneficiaries being informed by postcards and phone calls.
- Central monitoring of drugs started to avoid stock outs.
- 24 x7 diagnostic services ensured with support from RML hospital.
- Central monitoring of temperature inside the ILR being done by WHO.



Innovation:

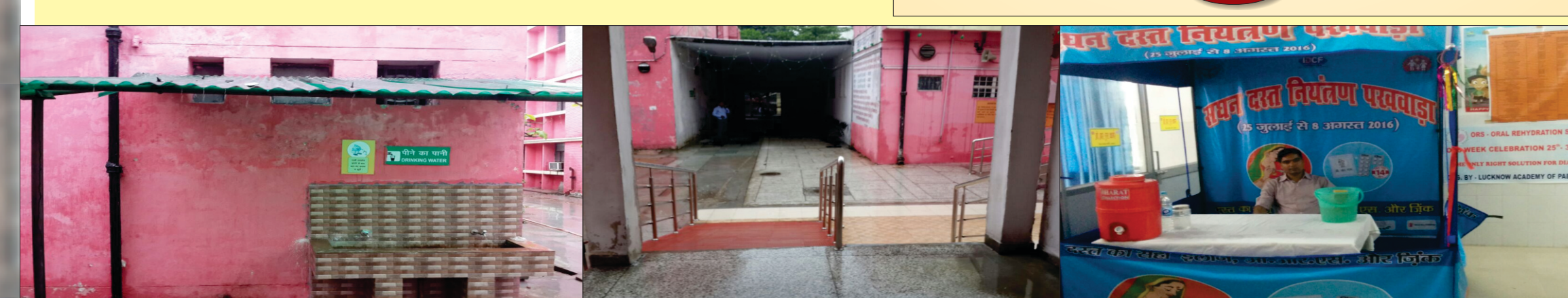
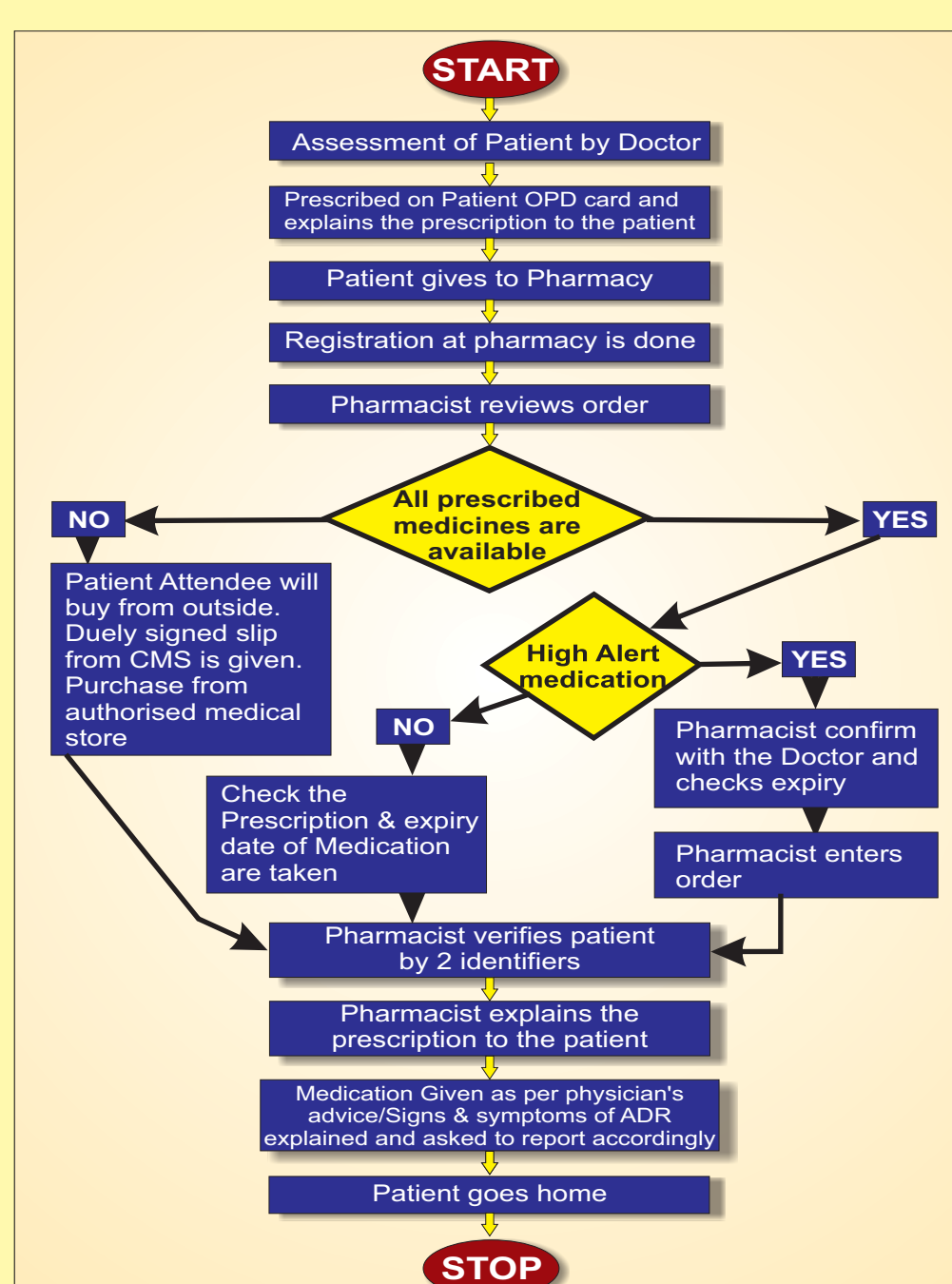
- Cervical and breast cancer detection clinic started by the name of Sampurna.



Based on the gap analysis, process mapping of critical issues was done and an action plan was made identifying gap closure activities at local, district and State level.

Infrastructure strengthening :-

- Availability of clean drinking water
- Separate toilets for attendants in OPD & SNCU
- All ramps railed
- ORS/zinc distribution corners in OPD.
- Breast feeding corners in OPD and Wards.
- Well equipped KMC room near SNCU.
- Eclampsia room in LR equipped with protocol and necessary drugs.
- Independent feeder for uninterrupted supply of electricity.
- Separate stabilizer for each warmer in SNCU.



Human Resource:

- Contractual Gynaecologists, Paediatrician, Staff Nurses, X-ray & Lab technician posted under NHM & UPHSSP.
- Female OPD attendants in each OPD to facilitate elderly, patients in labour and for crowd management.

Key Interventions in LR, OT and SNCU :

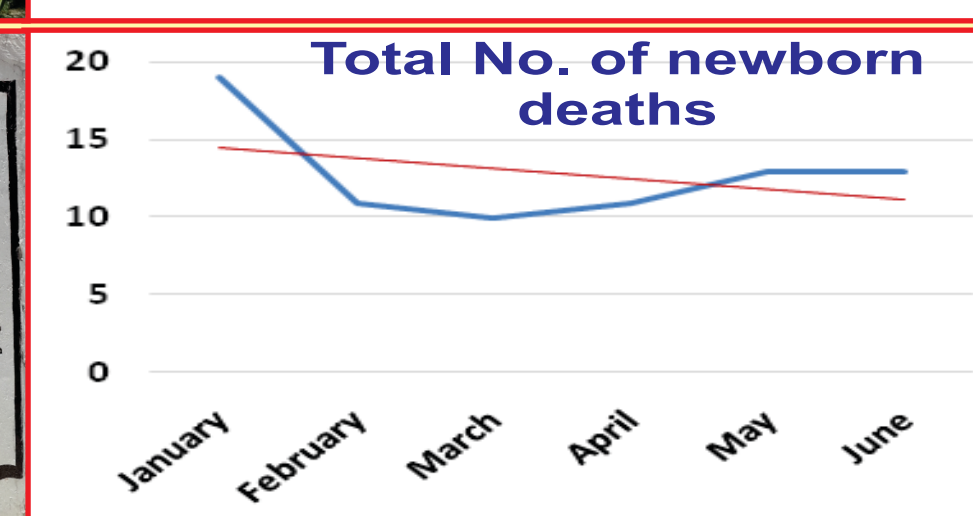
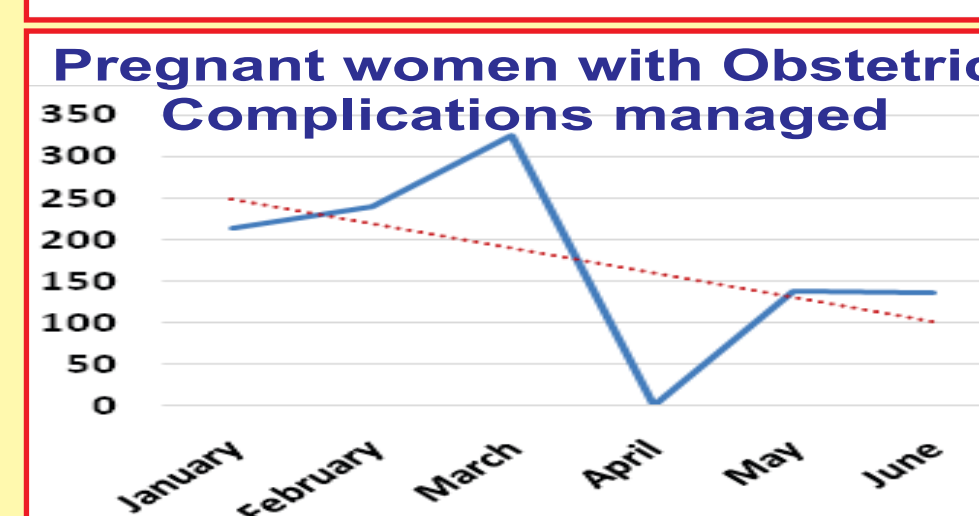
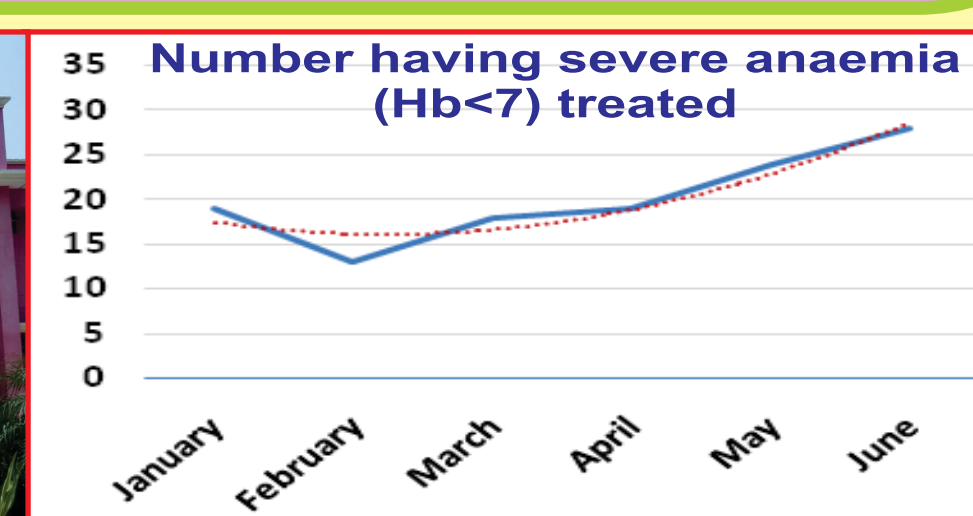
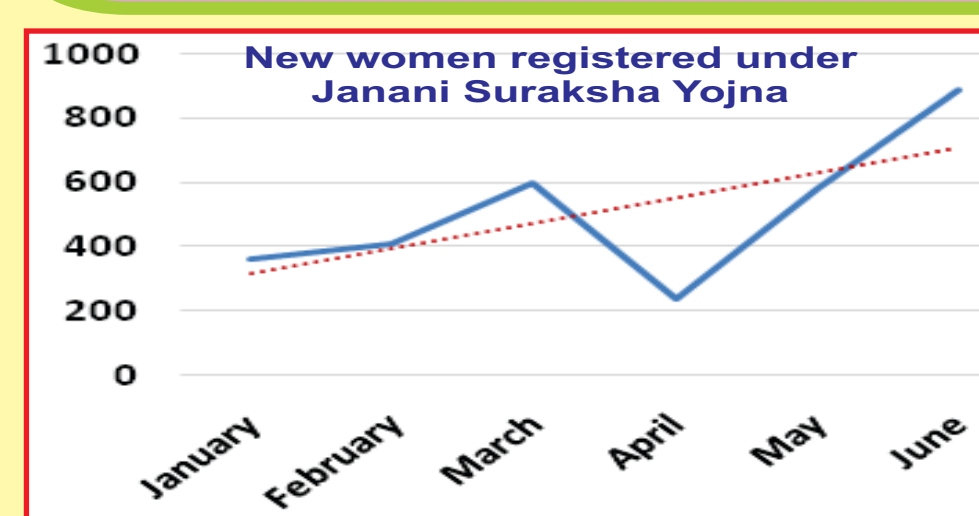
- All patients are provided with gowns, cap and masks.
- Zoning of OT established. Culture and sensitivity samples sent.
- Use of signa lock on sterilized packs and autoclave drums.
- Temperature of all warmers on single monitor in SNCU.



Outcome :

Planned interventions resulted in considerable improvement in the utilisation and quality of services within one year. External assessment of the hospital was done in June 2016 and it has been awarded with a NQA certification. The tireless efforts of the SIC and her team paved their way to get the NQA certification.

EMERGENCY ROOM	O.P.D.	LABOUR ROOM	MATERNITY WARD
83.6	70.1	70.8	73.5
SNCU	NQAS SCORE FOR VABMH, LUCKNOW		POST PARTUM UNIT
81.1	78.0%		86.0
OT	RADIOLOGY	PHARMACY	AUXILIARY
87.0	71.3	74.0	70.6
LABORATORY	GEN. ADMN.		
74.3	82.9		



Road ahead.....

- Separate registration counters for new/old and paediatric patients.
 - Stickers of frequency of drugs of dose may be pasted on the drug to facilitate the patients.
 - Colour coded arrows on footsteps/floor for different OPDs and departments shall be used.
 - Infertility clinic will be inaugurated very soon.
 - Computerized token system in Pharmacy is under process
- The quality of services shall only be maintained through continuous hard work & commitment.*