Improvement in public Health Care; Gujarat Story

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National Population Stabilisation Fund
Ministry of Health and Family Welfare, Government of India

New Delhi
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Gujarat accounts for 6.19 percent of the total area of the country; comprises of 25 districts, 226 talukas; 242 towns and 18618 villages.

The population of Gujarat as on 1st March 2001, stood at 5.06 crore,

The literacy rate in the State is 69.97 per cent; and 38 per cent population of Gujarat resides in urban areas.
VISION

To be the network of finest public healthcare institutions in Gujarat, providing state of art; affordable; accessible; equitable and quality medical care services to the people of Gujarat & beyond.
IS 99.9% ACCEPTABLE? THEN...

YOUR HEART FAILS TO BEAT 32,000 TIMES EACH YEAR

20,000 WRONG DRUG PRESCRIPTIONS MADE EVERY YEAR

500 SURGICAL OPERATIONS ARE PERFORMED WRONGLY EVERY WEEK

19,000 BABIES ARE DROPPED BY DOCTORS AT BIRTH

THERE IS NO SCOPE FOR ERROR; DIFFERENCE BETWEEN LIFE AND DEATH, BETWEEN RELIEF AND DISABILITY; THERE IS NO SECOND CHANCE
The journey

- Capitalize on an *in house urge* for quality
- Adaptation of the *RKS* model from Indore
- Financial autonomy – *user fees retention*
- State quality assurance officer state level *champion*
- *n*, DQAOs local champions
- *AHAs* – local champions; role of IIHMR
- Appointment of CDMOs - IIIMA involvement in *capacity building* of CDMOs; RMOs and AOs
- *PIU*
- Safe disposal of biomedical waste
- *PPP*
- Monitoring mechanisms *HMIS*
- *Accreditation*
- *Continuous improvement the new mantra*
SWOT

• **Strengths**
  - Champions CS; HS; COH; SQAO; CDMOs
  - COMMITIMENT OF STATE GOVERNMENT
  - HEALTH SECTOR REFORMS
  - PUBLIC PRIVATE PARTNERSHIP
  - ACCOUNTABILITY
  - PIU

• **Weaknesses**
  - INADEQUACY OF MEDICAL & PARAMEDICAL MANPOWER
  - PRONENESS TO NATURAL DISASTERS
  - WEAK SYSTEMS IN PLACE
  - RESISTANCE TO CHANGE
SWOT

• Threats

  INCREASE IN INFRASTRUCTURE IS NOT SUPPORTED BY THE MANPOWER NUMBERS
  EXISTING MANPOWER TRAINING INFRASTRUCTURE
  POLITICAL INTERFERENCE
  NATURAL DISASTER PRONE STATE

• Opportunities

  NRHM
  NABH
  PUBLIC PRIVATE PARTNERSHIP
  CONSENSUS
  ENHANCED GOVERNMENT COMMITMENT & RESOURCE AVAILABILITY
PROJECT OBJECTIVES

- Implementation of safety and quality practices
- Incorporation of management tools
- Building sustainability
- Benchmark the indicators
- Improved patient satisfaction

Set hospital on the path of Continuous Quality Improvement
PROJECT STRATEGY

• **Involvement of staff** (Skill development & Motivation)

• **Selection of the hospitals for quality Improvement Programme** (NABH / NABL)

• **MOU signed between QCI and GOG 7th July 2007**

• **Study tour of the selected hospital staff to accredited hospitals**;

• **On-site study to analyze the prevalent status and practices and to identify gaps** (Infrastructure, Equipment, Documentation, Processes and Practices)

• **Sensitization programme for NABH at all levels**

• **Addressing Human resource, Instruments, Equipments, Infrastructure and legal (Acts /Licenses) Gaps.**

• **Formulation of committees with specific role and responsibility** (Quality Assurance Committee, Hospital Infection Control Committee/Team, Medical Audit Committee, Emergency preparedness/Disaster Committee, Formulary Committee, Hospital Safety Committee, Hospital Ethics Committee, Diet Committee, Hospital Grievance Committee etc)
PROJECT STRATEGY Contd.

- Development, Review and Implementation of policies and procedures for departmental functioning

- Development of Quality Management System (e.g. Patient/Employee Satisfaction, Clinical Record Indicators and quality indicators etc.)

- Conduct of continuous trainings

- Process Monitoring

- Internal Assessment (By Internal team) and Closures of Gaps

- Pre & Final Assessment (By NABH, New Delhi)
Patient satisfaction survey

Employee satisfaction survey

PRACTICES IMPLEMENTED

Clinical protocols

Codes alert

RED for FIRE,
YELLOW for EXTERNAL CALAMITIES,
BLUE for CARDIAC ARREST,
BLACK for BOMB THREAT,
PINK for CHILD ABDUCTION

Quality Indicators
Disaster preparedness plan

Basic infection control practices

Implementation of patient rights & Responsibilities

Facility management practices

Management of Medication

PRACTICES IMPLEMENTED Cont...
PRACTICES IMPLEMENTED
Cont...

Incidence reporting system
Hospital Safety Programme
Patient information
Inventory management

Quality Control & safety in diagnostics
Trauma care

Responded to 8.88 lac emergencies; average 2300 medical emergencies per day; around 2.76 lac (32%) pregnancies; delivery by EMT 6735 {5256 in ambulance; 1489 at site} 91% from rural areas; saved around 37,774 lives
Outcome
## Journey of Quality Improvement (Cont)...

<table>
<thead>
<tr>
<th>2 Years Back</th>
<th>Today</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of standards in public health services.</td>
<td>Standards in public health services (for Hospitals, Labs, Blood bank &amp; CHC / PHC) in place</td>
</tr>
<tr>
<td>No Gap analysis report in standards format.</td>
<td>Gaps identified and addressed</td>
</tr>
<tr>
<td>Lack of Statutory requirements (e.g. Licenses, Acts, Rules &amp; Certificates).</td>
<td>All Statutory requirements are fulfilled (e.g. Licenses, Acts, Rules &amp; Certificates).</td>
</tr>
<tr>
<td>Absence of written policies &amp; procedures for healthcare delivery.</td>
<td>Written policies &amp; procedures for healthcare delivery in place.</td>
</tr>
<tr>
<td>Poor sanitation and cleanliness in hospitals due.</td>
<td>Hygienic Hospital environment</td>
</tr>
<tr>
<td>Staff shortage in every category leading to patient dissatisfaction.</td>
<td>Recruitment of staff as per workload through RKS.</td>
</tr>
<tr>
<td>Need for trained health care staff for emergency (resuscitation) services.</td>
<td>All critical staff trained in Basic Life Support and Advanced Cardiac Life Support</td>
</tr>
</tbody>
</table>
## Journey of Quality Improvement (Cont)...

<table>
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<tr>
<th>2 Years Back</th>
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<tbody>
<tr>
<td>Inadequate infrastructure for handling biomedical waste and infection control safety practices</td>
<td>All required practices in place</td>
</tr>
<tr>
<td>Damaged and poor condition of the building and campus</td>
<td>Repairing &amp; renovation done</td>
</tr>
<tr>
<td>No of Calibration system of Instruments for Quality check</td>
<td>Calibration system of Instruments for Quality check are available.</td>
</tr>
<tr>
<td>No blood bank / storage facility in some hospitals.</td>
<td>All hospitals have blood bank / storage facility in as per need</td>
</tr>
<tr>
<td>Shortage of equipments and proper ambulances to meet the scope of our hospital</td>
<td>Sufficient equipments and ambulances are now available</td>
</tr>
<tr>
<td>Lack of accountability &amp; planning in delivery of care to patients.</td>
<td>Policy and processes for care of the patients in place</td>
</tr>
<tr>
<td>Absence of quality standards such as medical audit, management of medication, care of patient, facility management and safety, information management system &amp; infection control.</td>
<td>Quality standards e.g. medical audit, management of medication, care of patients etc practiced</td>
</tr>
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## Journey of Quality Improvement

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<tr>
<td>Poor signage system in public hospitals.</td>
<td>Well developed signage and displays for patient information</td>
</tr>
<tr>
<td>Absence of Patient &amp; Employees’ satisfaction monitoring system.</td>
<td>Established</td>
</tr>
<tr>
<td>No measurable parameter for patient safety.</td>
<td>Measurable parameters for patient safety are available.</td>
</tr>
<tr>
<td>No realization of our problems and weaknesses</td>
<td>A clear understanding of what is lacking and what needs to be done</td>
</tr>
<tr>
<td>No monitoring or reporting of adverse events, needle stick injury, Sentinel events etc.</td>
<td>These are being reported and are monitored on an ongoing basis</td>
</tr>
<tr>
<td>Practically non-existing security arrangement</td>
<td>Availability of well trained security guards</td>
</tr>
<tr>
<td>No Implementation of Different Codes in the facilities.</td>
<td>RED for FIRE, YELLOW for EXTERNAL CALAMITIES, BLUE for CARDIAC ARREST, BLACK for BOMB THREAT, PINK for CHILD ABDUCTION</td>
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Patient-Centered Standards

- Access, Assessment and Continuity of Care (AAC)
- Care of Patients (COP)
- Management of Medications (MOM)
- Patients Rights and Education (PRE)
- Hospital Infection Control (HIC)

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<tr>
<th>Component</th>
<th>Average Scoring in % (Aug 07)</th>
<th>Average Scoring in % (Aug. 09)</th>
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<tbody>
<tr>
<td>Access, Assessment and Continuity of Care (AAC)</td>
<td>57</td>
<td>44</td>
</tr>
<tr>
<td>Care of Patients (COP)</td>
<td>90</td>
<td>97</td>
</tr>
<tr>
<td>Management of Medications (MOM)</td>
<td>94</td>
<td>69</td>
</tr>
<tr>
<td>Patients Rights and Education (PRE)</td>
<td>91</td>
<td>17</td>
</tr>
<tr>
<td>Hospital Infection Control (HIC)</td>
<td>87</td>
<td></td>
</tr>
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Health Care Organization Management Standards

- Continuous Quality Improvement (CQI)
- Responsibilities of Management (ROM)
- Facility Management & Safety (FMS)
- Human Resource Management (HRM)
- Information Management Systems (IMS)

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<tr>
<td>Continuous Quality Improvement (CQI)</td>
<td>80</td>
<td>95</td>
</tr>
<tr>
<td>Responsibilities of Management (ROM)</td>
<td>50</td>
<td>85</td>
</tr>
<tr>
<td>Facility Management &amp; Safety (FMS)</td>
<td>47.6</td>
<td>55.3</td>
</tr>
<tr>
<td>Human Resource Management (HRM)</td>
<td>91</td>
<td>95</td>
</tr>
<tr>
<td>Information Management Systems (IMS)</td>
<td>46.3</td>
<td></td>
</tr>
</tbody>
</table>
ભારતનું સર્વ પ્રથમ અં.આ.લી.આય. અસિસ્ટેંટ પ્રાથ્મિક આરોગ્ય કેન્દ્ર, પાટ્ટીએરા, ભારત
તા. નન્ડભાર, જિલ્લો-વાસ દર્શન, ગુજરાત
(અં.આ.લી.આય. અસિસ્ટેંટ)  
ટલ. ૧૭.૦૬.૨૦૦૮
India’s 1st Govt. Blood Bank (BJMC Ahmadabad) NABH Accredited
1st NABL Govt. Medical College & Hospital Labs in India

Laboratory Service Sir T Hospital
Bhavnagar, Gujarat
National Accreditation Board for Hospitals & Healthcare Providers

Certificate of Accreditation

General Hospital Gandhinagar
Opp, Pathikashram
Sector No.-12
Gandhinagar-382016
India

has been assessed and found to comply with NABH Accreditation requirements. This certificate is valid for the Scope as specified in the annexure subject to continued compliance with the accreditation requirements.

Valid from: September 14, 2009
Valid thru: September 13, 2012
Certificate No.: H-2009-0037

Chief Executive Officer

Chairman
OT Before with window A/C

OT After with Central A/C
Benefits

Benefits to Patient

- High quality of care
- Credentialed and privileged medical staff
- Access to a quality focused organization
- Rights are respected and protected
- Understandable education and communication
- Patient Satisfaction is evaluated
- Involvement in care decisions and care process
- Focus on patient safety
- Pain management
- Special care for the vulnerable patient
- Safe transport
- Continuity of care

Benefits to staff

- Improves professional staff development
- Provides education on consensus standards
- Provides leadership for quality improvement within medicine and nursing
- Increases satisfaction with continuous learning, good working environment, leadership and ownership
- Pride in their work
Benefits

Benefit to the hospital

- Improves care and satisfaction
- Increased productivity through adoption of sound management principles
- Greater community confidence
- Opportunity to benchmark with the best
- Continuous improvement

Benefit to the Community

- Quality revolution
- Disaster preparedness
  - Epidemics
  - Physical
- Access to comparative database
- Increased quality of life and protection against Trauma
Continuous Learning and improvement
Let us join hands to provide affordable; accessible; high quality and equitable health care to our people.

We make a living by what we get;
we make a life by what we give!

THANKS

Dr Amarjit Singh
ED JSK
Government of India,
New Delhi