SREE BALAJI MEDICAL COLLEGE AND HOSPITAL
CHENNAI

First Draft

A Situational Analysis of Quality Certification /Accreditation of Public health facilities in Tamil Nadu

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ABBREVIATIONS

AERB	Atomic Energy regulatory Board
AMC	Annual Maintenance Contract
A&E	Accident and Emergency
BSU	Blood Storage Unit
BMW	Biomedical Waste
BMO	Block Medical Officer
CHC	Community Health Centre
CEmONC	Comprehensive Emergency Obstetric and New born care
DPH &PM	Directorate of Public Health and Preventive medicine
DM&RHS	Directorate of Medical and Rural health services
DH	District Hospital
DDHS	Deputy Director of Health Services
Dt	District
DHQr's	District Head Quarters
ECG	Electro cardiogram
FGD	Focus Group Discussion
GoTN	Government of Tamil Nadu
GH	Government Hospital
HCP	Health Care Providers
IDI	In-depth Interviews
IP	Inpatient
JDHS	Joint Director of Health services
LLA	Lessons learnt Analysis
MoHFW	Ministry of Health and family welfare

MO	Medical Officer
MRD	Medical Records Department
NQAS	National Quality Assurance Standards
NABH	National Accreditation Board for Hospitals& Health care providers
NHM	National Health Mission
NBSU	New-born Stabilisation unit
OPD	Outpatient department
OT	Operation Theatre
PHC	Primary Health Centre
PI	Principal Investigator
PWD	Public works Department
PS	Puerperal Sterilization
PG	Post Graduate
RKS	Rohi Kalyan Samiti
SDH	Sub District Hospital
SP	Service Providers
SWOT	Strength, Weakness, Opportunities & Threats
SOP	Standard Operative Procedures
TN	Tamil Nadu
TNHSRP	Tamil Nadu Health System Reforms Programme
TNMSC	Tamil Nadu Medical Service Corporation
UPHC	Urban Primary health centre
USG	Ultrasonogram

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A Situational Analysis of Quality Certification /Accreditation of Public health facilities in Tamil Nadu

I. Introduction:

Tamil Nadu (TN) is one of the progressive states in India, which has significantly improved availability, accessibility and utilization of public health services over the last few decades. All most 63% of the households choose public health facilities when ill, 86% of the poorest wealth quintile seeks government health facilities and 73% of the rural household depend on public sector institutions for treatment and care[1]. As expanding access to health facilities alone is not sufficient to improve health outcomes, the State has moved to the next frontier of providing quality health care to its people. Quality improvement has been a continuous journey with several intervention and innovations including the key intervention of Certification/ Accreditation of public health facilities. National Quality Assurance Standards certification is now pursued by the Government of Tamil Nadu (GoTN) for primary and secondary health facilities and accreditation by National Accreditation Board for Hospitals &Health care providers (NABH) for tertiary health facilities

National Quality Assurance Standards (NQAS)

To improve the quality of health care services at public health facilities, Ministry of Health and Family Welfare (MoFHW) with the support of the flag ship programme, National Health Mission (NHM), launched the NQAS in 2013. NQAS standards are primarily meant for providers to assess their own quality for improvement through pre-defined standards and to bring up their facilities for certification. NQAS assessments are based on checklist that includes 70 standards in eight domains - Service provision, Patient rights, Inputs, Support services, Clinical care, Infection control, Quality management and Outcomes. Certification is valid for three years and must be periodically renewed.[2,3] NQAS certification is for primary and secondary public health facilities.

National Accreditation Board for Hospitals &Health care providers (NABH)

NABH is a constituent board of the Quality Council of India and is a member of the international Society for Quality in Health care (ISQua). The standards set by NABH have been approved by ISQua and is therefore internationally recognised. NABH aims to ensure

that health institutions provide high quality care and safe services to the patients. The standards provide a frame work for provision of quality patient care and bring improvements by systemizing hospital operations and protocols. It evaluates all the aspects of the hospital with a comprehensive approach which leads to continuous improvement and enhanced outcomes[3]

NABH has designed an exhaustive list of health care standards for hospitals and health care providers. The standards consist of more than 600 objective elements for the hospital to achieve in order to get NABH accreditation. NABH accreditation obtained is valid for a period of four years and must be renewed. As many hospitals were facing challenges and difficulties in implementing complete accreditation standards, NABH has developed an entry level certification program with simplified and comprehended objective elements as a stepping stone for improving quality of patient care and safety and could also be the first step towards NABH accreditation. The entry level health care organisation (HCO) standards have 10 chapters 45 standards -patient centred & organisation centred and 167objective elements.

The objective of this certification process is to build a quality culture at all level and across all the function of the healthcare organisations. Preparing for accreditation is a long-time intense process but worthwhile investment. Accreditation improves the overall quality of care, provides safe and high-quality care to the patients ensuring that whole system is patient centric and brings a trust in the public. [4, 6]

Problem Statement

Tamil Nadu Health Systems Project (TNHSP) brought in the new initiative of NABH accreditation for secondary hospitals and ISO certification for Primary health facilities as early as 2006. Ten secondary hospitals took up accreditation, of which GH Padmanabapuram, GH Sholinghur and GH Namakkal obtained NABH accreditation and the remaining obtained entry level NABH accreditation. The fully accredited institutions did not go for renewal and the others did not move to the next step of obtaining progressive certification. TNHSP monitored clinical quality of care indicators for secondary hospitals and this also did not sustain beyond the project period. ISO certification for PHCs was also a one-time process and was neither renewed nor scaled up. Parallel to these initiatives of TNHSP,

NQAS certification for primary health facilities were started by National Health Mission Directorate (NHM) in 2015-2016 and by 2019, Forty five Primary Health Centres (PHCs) / Community Health Centre (CHCs) and 28 secondary health facilities received NQAS certification[1]. This includes hospitals which earlier obtained NABH / entry level NABH accreditation.

Tamil Nadu Health System Reforms Programme (TNHSRP) launched in 2019-20 also brought in NQAS certification for primary and secondary health facilities & NABH accreditation for Medical Colleges as a key intervention area.

As of May 2023, three hundred and thirty-seven health facilities have obtained NQAS certification, of which 298 are primary health facilities[7]. While most of the facilities which have applied for the certification status have received full certification, some have been partially certified. In the year 2020-21, Six District hospitals (DHs), 15 Sub District hospitals (SDHs), 18 CHCs and 21 PHCs has obtained NQAS certification[8]. In the year 2022- 23, Four hundred and forty-two institutions were taken up for NQAS certification and 4 Medical College hospitals (MCH) for obtaining entry level NABH accreditation. During the last financial year - 2022-23, Two hundred and three institutions obtained NQAS certification - 3 DHs, 17SDHs, 34CHCs,114 Rural PHCs and 35 Urban PHCs[7].

A quick review of articles on quality accreditation across the globe and in India has revealed several advantages of accreditation of health facilities and has also brought out the various challenges in sustenance of the accreditation status[9]. A systematic review of articles from across the world has shown that that accreditation programs improve the process of care provided by healthcare services and improved outcomes of a wide spectrum of clinical conditions and is an excellent tool to improve quality of health services[10]. In India accreditation of hospitals is mandatory for empanelment with various third-party administrators, Ex-Servicemen Contributory Health Scheme, Central Government Health Scheme, etc. Few studies have shown that hospitals hire consultants, maintain required standards and obtain accreditation, however post accreditation the standards are not adhered to on a continuous basis [10,11]. Nazish Rahat reports that lack of commitment of hospital management and organisation, continuous education and technical assistance to the staff and financial constraints were barriers hindering accreditation process in India[12]

An impact study on NQAS certification done in four states of India has shown that certification has brought in a lot of improvement in the public health facilities in terms of managerial and medical care. It gave Service Providers (SPs) a sense of satisfaction and made them feel proud as patients felt that their public hospital was much better than private facilities. The authors suggest that there is a need to assess quality based on patient outcome indicators[13]. Sindhu Joseph in her study in Kerala has reported that certification had a positive impact on patient satisfaction and other quality dimensions in the primary health facilities but not in the secondary health facilities[14]. A study from NQAS certified hospitals in Bihar observed an improvement in maternal and new-born care and showed improved patient satisfaction and service uptake, however sustainability was a major challenge. Man power shortage, especially nursing staff and specialist; shortage of emergency medicines, instruments and labour room essentials were found as a major gap[15]. Lack of regular monitoring and corrective action, securing the buy-in and motivation of health care staff were found to be key issues in sustaining quality care[15]

Limited Information is available on the process of certification/ accreditation and challenges faced. Hence, it is crucial that the state requires operational research which would include a detailed appraisal of the lessons learnt, identify the challenges faced in the process of accreditation, sustaining the accreditation status and for future planning and scaling up the process across the state. It is also worthwhile to know how certified health facilities differ from non- certified health facilities in terms of their function and provision of quality care.

II. Research Question & Objectives

Research Question

What are the lessons learnt from the quality certification/ accreditation process (NQAS & NABH) and the challenges in sustaining the achievement?

Objectives

1. To comprehend the various lessons learnt from NQAS certification process

2. To assess the current status of certification, with all its strengths, weaknesses, opportunities, and threats for sustenance of certification status

3. To provide an evidence-informed basis for formulating future strategic directions for scaling and sustaining certification of health facilities

4. To compare certified health facilities with non-certified health facilities in terms of provision of quality care and outcomes

III. Approach and Methodology

Situation Analysis

A Situation analysis of quality certification of public health facilities in the state was done as it best suits to answer the objectives[16]. Study design included both Qualitative and Quantitative research methods.

I. Qualitative Research

Qualitative research methods were adopted to address all the four objectives.

The research techniques included

- *Lessons learnt Analysis*
- *SWOT Analysis*
- *In-depth Interviews*

II. Quantitative Research

Quantitative method was added to provide additional information related to the fourth objective, and technique adopted was a facility survey.

Study Sites:

This study pertains only to the primary and secondary public health facilities as they have obtained NQAS certification. Medical colleges go in for NABH accreditation and the process has been initiated only last year in four medical colleges, hence not included in this study.

The study was taken up in 4 districts – **Kancheepuram, Trichy, Coimbatore and Kanyakumari** to get a representation of the all the regions of the state (Figure-1). 2 Sub District hospitals (SDHs), 2 Community Health centres (CHCs), 2 Urban Primary health centres (UPHCs) and 2 rural rimary health centres (PHCs) – one certified and the other non-certified was chosen from each of the 4-study districts. One certified District hospital (DH) was also chosen from each of the 4 study districts. Since the adjacent districts did not have non-certified district hospitals, GH Ussilampatti was chosen to represent a non-certified DH. During our visit we found that it was also certified. This institution was certified after a short delay for want of re -submission of quality tools. List of the health facilities included in the study was based on the suggestions and approval of the TNHSRP team. Health facilities

visited totalled to 37 (Figure-2), of which 21 were certified health facilities and the remaining were non-certified.

Figure -1

Districts chosen for the Study
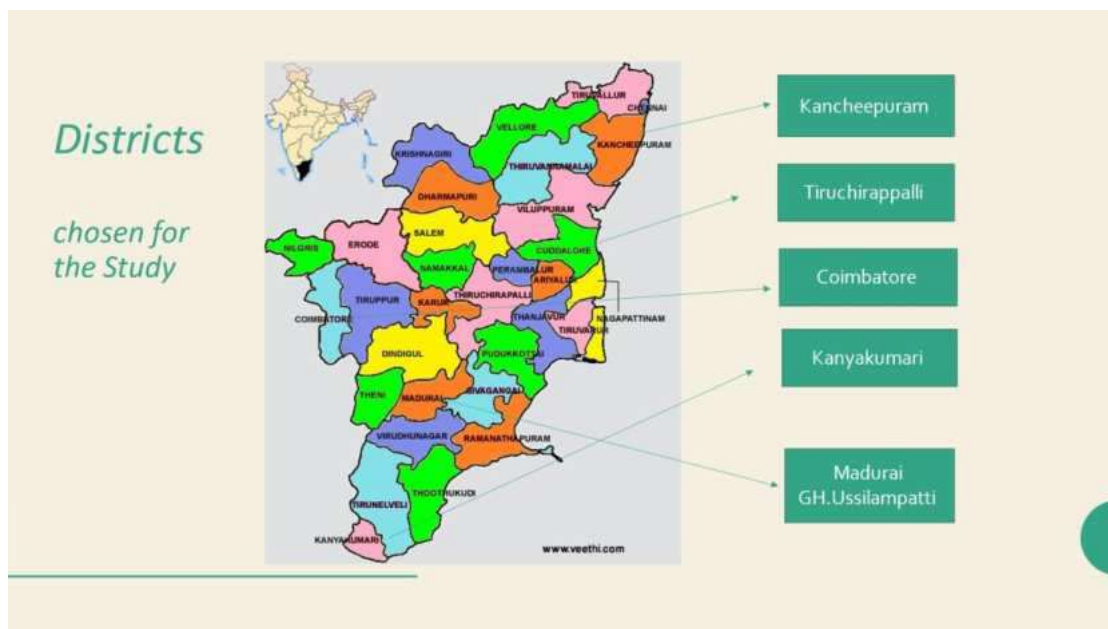
Figure -2

District wise type of health facility visited
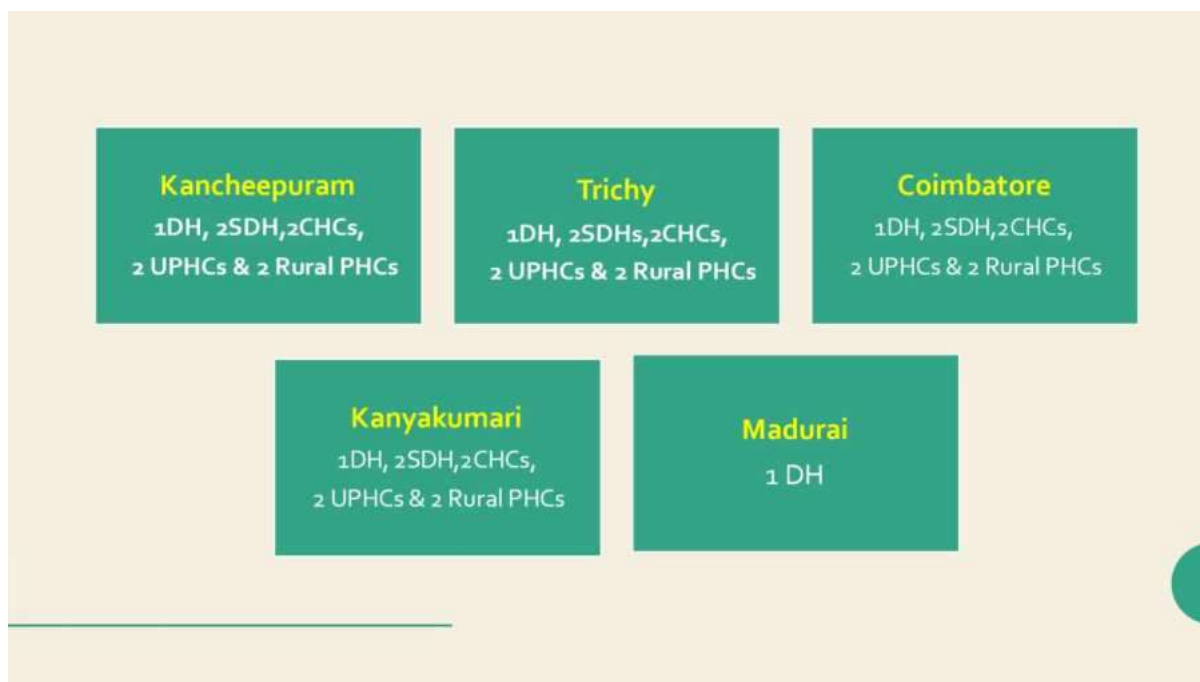
1. QUALITATIVE RESEARCH:

a.   Lessons learnt Analysis (LLAs)

This is a process improvement tool that assesses expectations versus outcomes, identifies what is done well, what went wrong and what can be done differently. A lesson learnt analysis answers these five questions:

1.   What did we expect to occur?
2.   What happened?
3.   What worked and why?
4.   What did not work and why?
5.   What needs to be done differently?

Through LLAs one can learn from the mistakes and successes and maximise performance over a period.

Methods adopted for LLAs

1.Focus group discussions (FGDs)

2. In depth interviews (IDIs)

1.Focus Group Discussions

FGDs were conducted in 15 certified health facilities which included DHs, SDHs, CHCs and PHCs chosen from the 4 districts. One FGD was conducted in each of the health facility. Care was taken to include facilities which were partially certified. List of the health facilities where FGDs were conducted is given in Table-1. Participants of the FGDs included hospital administrators, quality nodal officer of the hospital, quality committee members, trained assessors, medical officers, staff nurses and other paramedical, managerial and cleaning staff of the facility.

 FGDs focussed on the entire process of certification and was conducted by the Principal investigator (PI) using a facilitator guide, The entire session was audio recorded and notes were taken by the research assistant.

2. In depth interviews

IDIs were conducted with

- ▪ State officials – Nodal officers of the Directorates, NHM and TNHSRP
- ▪ District officials - DDHS, JDHS, NHM Nodal Officer, Quality nodal Officer for primary and secondary health facilities

27 IDIs were conducted with various stake holders involved in the certification process at the State and District level by the PI using a facilitator guide. IDIs with the State and District officials covered the entire process of certification, current status, challenges and measures to sustain certification. IDIs also included the status and challenges in the service delivery of non-certified health facilities

b. SWOT Analysis

SWOT analysis was done as it provides programs and organisations with a clear, easy to read map of the internal and external factors that may help or harm a project by listing and organising a projects strengths, weaknesses, opportunities, and threats. The focus of SWOT analysis was on continuous provision of quality care in line with the guidelines of certification, monitoring system in place, identification of challenges and measures to sustain certification status and preparatory plan for renewal.

Methods adopted for SWOT analysis were

1. FGDs
2. IDIs

FGDs were conducted in all the certified health facilities except in UPHC Chinna Kancheepuram in Kancheepuram District, since none of the team members involved in the certification process were available at the time of our visit. They were either on diversion or transferred.

Participants of the FGDs included a team of hospital staff - Hospital administrators, nodal officer, quality committee members, trained assessors, medical officers, staff nurses and

other paramedical, managerial and cleaning staff of the facility. FGDs were done in 20 certified health facilities. Details of the list of health facilities is given in table-1.

FGDs were conducted by the PI and notes were taken by the research assistant, A facilitator guide was developed with open ended questions and probes which covered the entire process of certification, challenges, and measures to sustain certification. The entire session was audio recorded and notes were taken by the research assistant

2. In depth interviews

IDI were conducted with

- IDIs with State level – Nodal officers of the Directorates, NHM, TNHSRP
- District officials, DDHS, JDHS, NHM Nodal Officer, Quality nodal Officer for primary and secondary health facilities

C. IDIs with heads of the non-certified health facilities

IDIS were conducted with heads of the non-certified health facilities. IDIs were conducted by PI using facilitators guide which focuses on the functional status, strengths, issues, challenges and suggestions for providing quality service.

IDI s conducted with the state and district officials were part of the LLAs, SWOT analysis and in addition provided information about the status and functioning of the non-certified health facilities. Details of the health facilities were IDIs were conducted in given in Table- 1

II. Quantitative method

Facility Survey

 Facility survey was done in all 37 health facilities – 21 certified health facilities and 16 non-certified health facilities.

Selected indicators were chosen from the NQAS check list under each of the 8 domains specified. This will include inputs, process & outcome indicators. The eight domains are

given in figure -3.   Formats used for the survey includes indicator, methods, means of verification

NQAS Check list – Domains

Figure- 3

and status. Three types of formats were developed one for the PHCs, one for the CHCs and SDHs and one for the DHs.

Different methods were adopted to approach the same research question for triangulation as it helps to enhance the validity of the findings and mitigate any research bias.

Method of Analysis

1. *FGDs & IDIs*

The entire sessions of FGDs & IDIs were audio recorded, transcribed, and translated wherever required. A frame work analytical approach was used for data analysis. This process involved several interconnected stages beginning with: familiarization with data; identifying a thematic framework; indexing and sorting quotes and placing them under the appropriate thematic category; mapping; and final interpretation. Data analysis was done manually.

2. Facility Survey

i. Facility survey was done in all the 37 health facilities visited which includes both certified and non-certified health facilities. Formats prepared with selected indicators from the NQAS checklist was used for the survey. This was useful to get a complete picture of the health facility and for triangulation of qualitative data.

ii. Scoring sheets were developed with selected indicators from the survey format and health facilities were scored based on that. One score sheet was developed for the PHCs and another for CHCs & SDHs. (Annexure-1& 2). A precise format was developed to survey the DHs and the same was used for scoring also. (Annexure-3)

iii. Scores were based on the compliance for the indicators. The scoring sheet does not include outcome indicators. The scores obtained was used for comparing provision of quality services between certified health facilities with non-certified facilities and for comparing inter district variation.

iii. Key outcome indicators were chosen and data was obtained from both certified and non-certified health facilities for comparing their performances. This was done to see if certification has brought in any significant changes in the performance compared to the non-certified facilities. Comparison of data was done for the PHCs, CHCs and SDHs only, since there was no non-certified District hospital for comparison.

Table - 1

Study sites and research methods adopted

S.No:	District/ State Directorates	Type of Health facility/ Adminstration	Health facilities chosen for Study			
			Certified	Study methods	Non-Certified	Study methods
	NHM, TNHSRP, DPH & DMS			IDIs with nodal officers		
	Kancheepuram	DDHS & JDHS office		IDIs – JDHS, DDHs, Quality nodal officers – 2		
1		DH	GH Kancheepuram	• LLA • SWOT • Facility assessment	NA	
2		SDH	GH Tambaram	• LLA • SWOT, • Facility assessment • IDI CMO, • Qual Nodal officers – 1Dt & 2 Hospital	GH Sriperambudhur	• IDI-CMO • Facility assessment
3		CHC	Thirupakuli	• LLA • SWOT • Facility assessment	Paranthur	• IDI-MO, • Facility assessment
4		PHC (Rural)	Padappai	• SWOT • Facility assessment	Vallam	• IDI-MO • Facility assessment
5		PHC (Urban)	Chinnakancheepuram	• Facility assessment	Panjupettati	• IDI-MO • Facility

						assessment
	Trichy	DDHS & JDHS office		IDI'S - JDHS, DDHs, Quality nodal officers – 2, Dt Quality Consultant -1		
6		DH	GH Manaparai	• LLA • SWOT • Facility assessment,	NA	
7		SDH	GH **Lalgudi**	• LLA • SWOT , • Facility assessment,	Thuraiyur	• IDI-CMO 1 • Facility assessment
8		CHC	Inamkulathur	• LLA • SWOT • Facility assessment	Pudhur Uthamanur	• IDI-MO 1 • Facility assessment
9		PHC (Rural)	Somarasampettai	• LLA • SWOT • Facility assessment,	Edhumalai	• IDI's MO -1 • Facility assessment
10		PHC (Urban)	Subramaniapuram	• LLA & SWOT • Facility assessment,	Peria millaguparai	• IDI's MO -1 • Facility assessment
	Coimbatore	DDHS & JDHS office		IDI'S - JDHS, DDHs, Quality nodal officers – 2		
11		DH	GH Polachi	• SWOT , • Facility assessment, • IDI hospital superintendent -1	NA	
12		SDH	GH Valparai	• LLA • SWOT , • Facility assessment,	Sulur	• IDI-CMO 1 • Facility assessment
13		CHC	SS Kulam	• LLA • SWOT , • Facility assessment,	Nalattipalayam	• IDI-MO 1 • Facility assessment

14		PHC (Rural)	V. Kaliayapuram	• SWOT , • Facility assessment,	Anamalai	• IDI-MO 1 • Facility assessment
15		PHC (Urban)	Ganapathi managaram	• SWOT, • Facility assessment	Ganapathi	• IDI-MO 1 Facility assessment
	Kanyakumari	DDHS & JDHS office		IDI'S - JDHS, DDHs, Quality nodal officers – 2		
16		DH	Padmanabapuram	• LLA • SWOT • Facility assessment,	NA	
17		SDH	Kullithurai	• LLA • SWOT • Facility assessment,	Kulasekaram	• IDI-CMO 1 • Facility assessment
18		CHC	Chenbagaramanpudhur	• SWOT • Facility assessment,	Kuruthangkodu	• IDI-MO 1 • Facility assessment
19		PHC (Rural)	Thovalai	• LLA • SWOT • Facility assessment,	Ollavillai	• IDI-MO 1, • Facility assessment
20		PHC (Urban)	Vatavillai	• LLA • SWOT • Facility assessment,	Vadaserry	• IDI-MO 1, • Facility assessment
21	**Madurai***	JDHS office		IDI'S – JDHS -1		
		DH	Ussilampatti	• LLA • SWOT • Facility assessment		

The method used to study each of the objective is summarized in table – 2

Table: 2

Study Objectives and Study methods adopted

S. No:	Main Objectives	Methods adopted
1	Comprehending the various lessons learnt from certification process	✓ Lessons learnt Analysis ○ FGDs ○ IDIs with State and District Officials
2	Assessing the current status of certification, with all its strengths, weaknesses, opportunities, and threats for sustenance of certification status	✓ SWOT Analysis ○ FGDs ○ IDIs with State and District Officials
3	Comparing Certified health facilities with non-certified health facilities in terms of provision of quality care and outcomes	✓ IDIs with heads of the non-certified health facilities ✓ IDIs with State and District Officials ✓ Observations during facility visit ✓ Facility survey using a structured format followed by scoring using a precise check list ✓ Comparing certified and non-certified health facilities based on outcome indicators

Ethical Considerations

Ethical clearance was obtained from the Institutional Ethical committee of Sree Balaji Medical College and Hospital and permission was obtained from 'The Scientific Advisory Committee 'of the Directorate of Public health and Preventive Medicine, Chennai. All the study participants were briefed about the objective of the study and informed consent was obtained.

IV. Results and Analysis

Table: 3

Presentation of Results

1	Profile of Certified health facilities
2	Profile of Non- Certified health facilities
3	Lessons learnt from certification process and suggestions for strategic approaches for Scaling
4	Assessing the current status of certification, with all its strengths, weaknesses, opportunities, and threats for sustenance of certification status- 4.A SWOT Analysis -PHC &CHC 4.B SWOT Analysis – DHs & SDHs
5	Comparing Certified health facilities with non-certified health facilities in terms of provision of quality care and outcomes
6	Facility specific Issues

1.Profile of Certified health facilities

Table: 4

Sr No:	District	Health facility	Profile (Performance data – April 2022 – 2023)
1	Kancheepuram District	Govt DHQrs Hospital Kancheepuram	It is a 765 bedded DH. Average OP - 2713 per day Average IP -5305 per month Average deliveries -291per month Average no: of C sections performed in a month -220 Average Major surgeries performed – 745

			per month. CT, MRI services are provided. ICTC &ART services LaQshya certified – May 2020. NQAS certification in 2020 MusQan certification process initiated
2		GH Tambaram	It is a 213 bedded SDH located at Chrompet in Chengalpattu District but is included in this study as it was earlier a part of Kancheepuram Dt when the study was initiated. Average OP - 1291 per day Average IP - 1384per month Average deliveries – 85 per month Average no: of C sections performed in a month –144 Average Major surgeries done -233 CT Scan facilities are available LaQshya certified – July 2022. NQAS certification in 2019 MusQan certification process- visit completed
3		CHC Thiruppukuzhi	It is a 30 bedded CHC catering to a population of 39,000. It has 8 HSCs. Average OP - 225 per day Average IP -150 per month Average deliveries -11per month Elective C sections done earlier, not now Xray, USG & Blood storage facility available NQAS certified - Jan 2022
4		PHC (Rural) – Padappai	It is a 6 bedded PHC catering to a population of 77,000. It has 7 HSCs. Average OP - 265 per day Average IP -150 per month Average deliveries -8 per month NQAS certified – Dec 2022
5		PHC (Urban) Chinna Kancheepuram	It is a 6 bedded urban PHC catering to a population of 52,000. Average OP - 140 per day Average IP -100 per month Average deliveries -1 per month NQAS certified – April 2023

6	Trichy District	Govt DHQrs Hospital, Manaparai	It is a 220 bedded DH. Average OP -1,187 per day Average IP – 1669 per month Average deliveries – 148per month 7Average no: of C sections performed in a month –136 Major surgeries are done-285 CT scan & USG available ICTC &ART services LaQshya certified – Aug 2019 NQAS certified (virtual) – May 2022
7		GH Lalgudi	It is a 139 bedded SDH. Average OP – 556 per day Average IP – 2246 per month Average deliveries – 9 per month Average no: of C sections performed in a month – 9 Major surgeries are done-17 OT is closed for the last few months due to the construction of the new block adjacent to OT NQAS certified – Dec 2021
8		CHC Inamkulathur	It is a 30 bedded CHC catering to a population of 39,000. It has 8 HSCs. Average OP - 237 per day Average IP -125 per month Average deliveries -12 per month C sections not done since 2020. USG available NQAS Certified – Aug 2019 (NBSU & Radiology not included)
9		PHC (Rural) – Somarasampettai	It is a 6 bedded PHC catering to a population of 56,000. It has 7HSCs. Average OP - 100 per day Average IP -40 per month Average deliveries -2 per month NQAS certified- Dec 2022
10		PHC (Urban) - Subramaniapuram	It is a 6 bedded PHC catering to a population of 44,370. Average OP - 220 per day Average IP -150 per month

			Average deliveries -8 per month NQAS certified- April 2022 (Virtual inspection hence valid for one year)
11	Coimbatore	Govt DHQrs Hospital, Pollachi	It is 462 bedded District Hospital Average OP - 1526per day Average IP – 2412 per month Average deliveries – 108 per month Average no: of C sections performed in a month –174 Major surgeries are done-394 LaQshya certified – Aug 2019 NQAS certified (virtual) – May 2022 Renewal of certification – visit completed in Aug 23
12		GH Valparai	It is a 69 bedded SDH, located in a hilly terrain. Average OP – 4321per day Average IP – 438per month Average deliveries – 9 per month Average no: of C sections -< 1 per month Major surgeries are done-6 NQAS certified – Oct 2022
13		CHC SS kulam	It is a 30 bedded Health facility catering to a population of 34, 549. It has 7 HSCs. Average OP – 250 per day Average IP – 100 per month Average deliveries – 6 per month C sections done – 1 per month C sections not done now NQAS certified- Dec 2021 (Radiology, BSU & NBSU not included)
14		PHC (Rural) – V. Kaliapuram	It is a 6 bedded PHCs catering to a population of 20,580. It has 4 HSCs Average OP – 140 per day Average IP – 45 per month Average deliveries – 5 per month NQAS certified- March 2019
15		PHC (Urban) -Ganapathi managaram	It is a 6 bedded PHCs catering to a population of 56,787. It has 5 Health sector. Average OP – 220 per day Average IP – 100 per month

			Average deliveries – 6 per month NQAS certified – 2022
16	Kanyakumari	Govt DHQrs Hospital, Padmanabapuram	It is 174 bedded district hospital, located at Thackalay. Average OP - 1046 per day Average IP - 1202 per month Average deliveries -52 per month Average no: of C sections performed in a month - 96 Major surgeries- 273 per month. CT, USG services are provided. ICTC &ART services LaQshya certified – Nov 2019 NQAS certification – June 2018 MusQan certification process initiated
17		G H Kullithurai	It is a 131 bedded SDH. Average OP - 626 per day Average IP – 663 per month Average deliveries - 79per month Average no: of C sections performed in a month - 55 Average Major surgeries performed - 146 per month LaQshya certified – March 2023 NQAS certification – Nov 2021 (mortuary not included)
18		CHC Chenbagaramanpudhur	It is a 30 bedded Health facility catering to a population of 26,000. It has 4HSCs. Average OP - 220 per day Average IP – 98 per month Average deliveries – 2 per month Average no: of C sections performed in a month - NQAS certified – June 2019 (BSU, NBSU not included)
19		PHC (Rural) – Thovallai	It is a 6 bedded PHCs catering to a population of 20,000. Average OP – 80 per day Average IP – 38 per month Average deliveries – 1 per month NQAS certified- 2019

20		PHC (Urban) - Vatavillai	It is a 4 bedded UPHC catering to a population of 74,328. It has 6 Health sectors. Average OP – 100per day 20Average IP – 30 per month One delivery in the whole year NQAS certified- visit completed & communication of approval – Jan 2023, certificate yet to be issued
21	Madurai	Govt DHQrs Hospital, Ussilampatti	It is 185 bedded district hospital, located at Ussilampatti in Madurai Dt. Average OP -4703 per day Average IP - 1580per month Average deliveries -404 per month Average no: of C sections performed in a month -139 Major surgeries performed – 191 per month. CT & USG available. LaQshya certified – 2019. NQAS certification in 2018 Initially obtained conditional certification since they were asked to revise and send the quality tools, subsequently they have obtained certification on 1.11.2019, (A&Es not included- will be included for renewal)

FACILITIES VISITED

UPHC Chinnakancheepuram

GH Tambaram

GH Manaparai

PHC Thovalai

2. Profile of Non -Certified health facilities

Table: 5

Sr No:	District	Health facility	Profile (Performance data – April 22 – March 23)
1	Kancheepuram District	SDH -GH Sriperumbudur	It is a 53 bedded SDH. This SDH has around Average OP - 445 per day Average IP – 474 per month Average deliveries – 4 per month Average C sections performed in a month -1 C section not done now This is in pipeline for certification
2		CHC Paranthur	It is a 30 bedded CHC catering to a population of 54,000. This CHC has 11 HSCs. Average OP - 235 per day Average IP – 272 per month 3Average deliveries – 4 per month
3		PHC (rural) Valam	It is a 6 bedded PHC catering to a population of 35,000. This UPHC has 6 HSCs Average OP - 200 per day Average IP – 198 per month Average deliveries – 4 per month
4		PHC (urban) Panjupettati	It is a 6 bedded UPHC catering to a population of 57,947. This UPHC has 6 HSCs Average OP - 180 per day Average IP – 60 per month Average deliveries – 1 per month
5	Trichy District	SDH -GH Thuraiyur	It is a 50 bedded SDH. Average OP - 180 per day Average IP – 1263 per month Average deliveries – 1 per month PS is done, Ortho & ENT surgeries done LaQshya certified -2023
6		CHC Pudhuruthamanur	It is a 30 bedded CHC catering to a population of 28,851. This CHC has 5 HSCs. Average OP - 227 per day Average IP – 115 per month Average deliveries – 9 per month
7		PHC (Rural) Edhumalai	It is a 6 bedded PHC catering to a population of 34,818. This PHC has 6 HSCs Average OP - 135 per day Average IP – 80 per month Average deliveries – 3 per month

8		PHC (Urban) Periamilaguparai	It is a 5 bedded UPHC catering to a population of 49,117. This UPHC has 5 HSCs Average OP - 200 per day Average IP – 35 per month Average deliveries – 3 per month
9	Coimbatore	SDH – GH Sulur	It is a 131 bedded SDH. Average OP - 325 per day Average IP – 1263 per month Average deliveries – 8 per month Elective C section-1, Ortho & ENT surgeries done
10		CHC Nalatipalayam	It is a 30 bedded CHC catering to a population of 49,094. This CHC has 8 HSCs. 11Average OP - 205 per day Average IP – 145 per month Average deliveries – 5 per month
11		PHC (Rural) Anamalai	It is 6 bedded PHC catering to a population of 28,764. It has 5 HSCs. Average OP - 80 per day Average IP – 20 per month Average deliveries – 4 per month
12		PHC (Urban) Ganapathi	It is 6 bedded UPHC catering to a population of 68,893. It has 6 HSCs. Average OP - 220 per day Average IP – 115 per month Average deliveries – 2 per month
13	Kanyakumari	SDH - Kulasekaram	It is a 60 bedded SDH. Average OP - 400 per day Average IP – 1140 per month Average deliveries – 2 per month Elective C section- 9/yr, Ortho & ENT surgeries done
14		CHC Kuruthankodu	It is a 30 bedded CHC catering to a population of 56,317. This CHC has 9 HSCs. Average OP - 205 per day Average IP – 98 per month Average deliveries – 2 per month
15		PHC (Rural) Olaviallai	It is 6 bedded PHC catering to a population of 32,252. It has 6 HSCs. Average OP - 95 per day Average IP – 35 per month Average deliveries – 2 per month

16		PHC (Urban) vadaserry	It is 3 bedded UPHC catering to a population of 49.135. It has 6 HSCs. Average OP - 95per day Average IP – 115 per month Average deliveries – 2 per month

3. Comprehending the various lessons learnt from certification process

A. Lessons Learnt Analysis

As a part of the Lesson learnt Analysis, FGDs were conducted in 15 certified health facilities - DHs, SDHs, CHCs and PHCs chosen from the 4 study districts. FGD participants were hospital administrators, quality nodal officer of the hospital, quality committee members, trained assessors, medical officers, staff nurses and other paramedical, managerial and cleaning staff of the facility. LLAs also included IDIs with state and district officials involved in the process of certification. Three major themes emerged which best explained the lessons learnt in the process of certification and suggestions for improvement. Themes and subthemes are provided in Table – 6

Table: 6

LLAs – Themes and Sub themes

	Themes	Sub Themes
1	**Common Successful approaches**	a. Selection of health facilities for certification b. Support from State and District level officials c. Support provided for equipping the facility & upgrading skills of staff d. Specific activities related to certification done in the health facility e. Motivating factors f. Multiple Sources of funding for certification
2	**Issues of Concern & Challenges**	a. Selection of health facilities for certification b. Sanction of Funds and utilisation c. Inadequate staff position d. Empowering staff to obtain certification e. Obtaining certificates and issues related to it
3	**Suggestions**	a. Certification Process b. Simplifying and supply of registers **c.** Fund allocation and allocation

LLAs - FGDs

GH POLLACHI

UPHC Subramaniapuram

PHC Thovalai

PHC Somarasampettai

3A.1 Common successful approaches

a. Selection of health facilities for certification

▪ Health facilities with compound wall, good infrastructure, space for additional constructions or placing partitions, motivated staff and better performing health facilities were the choice of the district officials for taking up the health facilities for certification, as maximum score can be obtained with minimal expenditure.

▪ District public health officials prefer to choose PHCs for certification since new departments like Blood storage Unit (BSU), Radiology dept and New born Stabilisation Unit (NBSU) must be created if CHCs are taken for certification

▪ Health facilities which have already obtained commendation for Kayakalp and LaQshya certification were considered as they are oriented to quality check list and also have funds to address the gaps.

b. Support from State and District level officials.

▪ Initially staff were reluctant to take up work related to certification, considering it as an additional burden, however continuous motivation by the district heads and nodal officers have brought in acceptance and they now work as a team

▪ State and Dt nodal officers support in developing Standard Operating procedures (SOP) for each department, establishing committees and maintaining registers as per the NQAS norms.

▪ District Collectors have helped in obtaining various certificates – for building stability, fire safety, pollution control and for laying roads inside the hospital premises

▪ District officials have now initiated the process of certification almost in all the facilities and have taken up the better ones in the immediate phase for certification

c. Support provided for equipping the facility & upgrading staff skills

▪ Visit to certified health facilities and support from staff of certified institutions was a common practice observed in all districts.

- Corporation staff/ staff from other health facilities in the district have helped in initialling cleaning the premises of the health facilities and this was common in UPHC which had very limited staff

- Mentor staff nurses had played a major role in equipping the labour rooms, maintaining case sheets and imparting skills to nurses and monitoring on a day-to-day basis

- Mentor staff nurses, staff from other hospitals and nodal officers made frequent visits and reviewed each dept by dept along with check list and helped them in the entire process of certification

- Periodic inhouse training has been organised in many health facilities to upgrade the skills of their staff and to equip the new comers to meet the requirements.

d. Specific activities related to certification done in the health facility

- One medical officer and staff nurse or any two members of the health facility depending on the staff strength was made responsible for each dept. They do a detailed gaps analysis using the check list. Feedback is given to the head of the institution who in turn arranges to provide necessary infrastructure in terms of civil works and equipment, arranging for procurement of the registers, signages, obtaining certificates like fire safety, building stability and other requirements like patient amenities etc in accordance with the NQAS guidelines

- Equipping old buildings to meet NQAS requirements, though difficult has been done in few secondary hospitals like GH Tambaram, which has limited space and more departments. GH Valparai is another hospital which required a lot of minor civil works since they had 3 to 4 poorly planned standalone old buildings.

- Most of the facilities had to construct rooms or place partitions to create more number of rooms. New rooms had to be built / arranged for bio medical waste collection and to keep condemned articles

d. Motivating factors

- Funding support from the State for addressing the gaps identified in the facility and the GOI funds provided following certification was a motivating factor for health facilities to go for certification.

- Clean ambience with necessary infrastructure and periodic training for skill upgradation have encouraged many to go for certification

- In the process of obtaining certification, a team work culture has been developed and is visible in almost all the certified health facilities. They have a sense of ownership to their place of work

- Feedback from the patients that the public hospitals are in par with the private has given them a sense of pride.

e. Multiple Sources of funding for certification

- Tamil Nādu Health System Reforms Programme (TNHSRP) and National Health Mission (NHM) Directorates are the main funding sources for certification of health facilities in the State. The funds received are used to address the gaps identified and prepare them to undergo the certification process.

- Funding from TNHSRP was more and helped to bring a lot of infrastructural improvement and for annual maintenance of the equipment as per the guidelines of NQAS

- Additional sources of funds were mobilized by the District Collectors – MLA & MP funds and from some donors as a part of their Corporate social responsibility. Funds received as commendation of Kayakalp and LaQshya certification were also an added source to improve the health facility.

- Institutions like GH Padmanabapuram which had not received funds at the time of initiating the process for NQAS has used their insurance funds for providing patient amenities and other requisites

- Medical officers have also mobilised funds from donors especially when the facilities did not get sufficient funds from the state

3A.2. Issues of concern / Challenges faced in the process

a. Selection of health facilities for certification

- State directorates are vested with the responsibility of providing the list of facilities which would be taken up for certification for each year. It is ideal that the health facilities are chosen in consensus with district heads as they know the field reality. While the PHCs & CHCS are chosen by the DPH Directorate based on the suggestions of the DDHSs, the secondary hospitals are not chosen in consultation with the JDHS, which puts a lot of pressure when small hospitals without adequate staff and buildings are chosen.

b. Sanction of Funds and utilisation

- Obtaining certification is a lengthy process. Many Medical officers have started the process, incurred the expenditure and have not been able to claim the funds even after obtaining certification due to procedural issues and delay in release of funds

- Delay in release of funds was quoted as a major constraint by many hospitals. Funds are released to treasury in the month of Feb/ March of the year and must be utilised within few weeks which is very difficult in view of the various procedures related to fund utilisation. Even the award money released through the District health society has been released late in the month of March. In GH Lalgudi they received the funds in Feb/March, withdrew the incentives, and the remaining funds could not be drawn due to closure of account by the end of March.

- Fund allocation was not need based. For example, GH Tambaram initially received INR 4 lakhs, this was not sufficient as the hospital required a lot of structural changes as the floor height had to be raised as it was easily prone for water logging. Funds were insufficient for meeting expenses towards maintenance and calibration of equipment. Similarly CHC Inamkulathur was provided with INR 60,000 with which they could meet the minor civil works only.

- Some institutions like GH Manaparai , GH Padmanabapuram were sanctioned less funds, yet managed with funds received for commendation of Kaykalp, LaQshya certification & CM Health insurance funds.

- GH Kancheepuram was also sanctioned less funds and most of the NQAS requirements were met with the funds mobilised from various donors.

- Hospital administrators of all level of health facilities said that funds provided by NHM was relatively less and not sufficient to cover all the expenses, while TNHSRP provided more funds and therefore able to cover most of the expenditure related to certification.

- TNHSRP has provided funds @ INR 50,000/- per bed for 2 hospitals for bridging the gaps in Kanyakumari District, while GH Kolachal in the same district has been provided with much less funds, which is inadequate. This being a small hospital cannot generate funds through insurance of other modes.

- Similar scenario in Trichy district also where more funds were given for GH Musiri and GH Lalgudi by TNHSRP and five lakhs was given for GH Thuvakudi, which was much less than the requirement.

- The proceedings related to grant of funds is received much earlier than the actual release of funds, and hospital administrators are made accountable from the date of receipt of the proceedings though they have not received the funds.

- Health facilities are not provided with guidelines for fund utilisation. Mo's incur expenditure and are not able to claim /face audit objections since they do not know the correct procedure of fund utilisation.

- Institutions get ready for external assessment, but sometimes the accessors visits are much delayed especially at the time of COVID. Hence repainting and minor repairs had to be done again in old buildings leading to additional expenditure.

c. Inadequate staff position

- Some of the urban centres do not have an urban health nurse (UHN) posted in the centre, UHNs attached to the field maintain registers in the centre. When outbreaks occur, field staff focus on the field and the registers are not updated and left incomplete.

- Secondary level hospitals with bed strength more than 100 are provided with outsourcing staff, health facilities like GH Sulur and GH Sriperumbudur with less than 100 beds do not have outsourced staff and have very limited basic workers who have to be posted for OP, IP, OT, Laundry and mortuary. The staff nurses will have to do the work which could be done by the basic workers. Nurses are therefore overloaded with work and their quality of work is affected.

- It is difficult to maintain the hospital clean without adequate basic staff and district officials seek the help of volunteers and other organisation to clean the campus, as and when the premises is bad

- When the district has more vacancies or if nurses and doctors are on long leave, the district administrators are forced to divert staff from one to another as regular functioning of the PHCs is their priority, affects the preparatory work for certification

d. Empowering staff to obtain certification

- Standard Operating Procedures (SOPs) must be prepared for the functioning of each of the departments and should be institution specific. In some districts model SOPs were shared, while in some they were briefed and asked to prepare their own SOPs for fear of replicating what is given in the model SOP. Many medical officers preferred to have model SOPs since briefing alone was not sufficient to equip them to write the SOPs

- Periodic monitoring is required. In few instances – poorly maintained records and staff not able to answer basic questions has been the reason for rejection for certification

- Method of data collection for calculation for certain indicators like antibiotic use, patient feedback etc is not uniform across health facilities

- Staff nurses should be trained to calculate the data for various indictors. During our visit we found that many of them were not clear and provided in correct data

- Intense skill training is required for staff nurses who are graduated from private institutions

e. Obtaining certification - Issues relating to it

- NQAS checklist list used for the CHC and the SDH is the same, while the services provided are different. Even among the SDHs the services provided differ. All CHCs and many SDHs do not provide all the services as per the NQAS check list. For example, speciality OP must be conducted and many specialized emergencies are expected to be handled, but very few specialists are available, General OP is conducted and patients are referred only if that specialist is available. Specialised emergency care also cannot be provided since the specialist are not available for night duty. A common feature observed in all CHCs/ SDHs is provision of Obstetric first aid and management of other emergency like fever, injury etc where the patient is stabilised and referred.

- Full certification for the CHCs is difficult since many of them may or may not have the required services – Blood storage unit, Xray services, NBSU and specific beds for A&E. In many places Xray machines are old and therefore not able to obtain AERB certificate. Such facilities go for partial certification excluding the departments they do not have.

3A.3 Suggestions

a. Certification process

- Doctors and nurses of the facility going for certification should look at this as an opportunity for improving the infra structure, patient amenities and service provision. Funds received post certification will make them self-sufficient to meet their needs

- Few senior administrators and external assessors suggested SOPs guidelines can be prepared at the state level and given to the health facilities based on which they can make changes wherever required, this would be very useful especially for PHCs which has one or 2 doctors

- Staff should be sensitised to focus more on the soft skills and not only on the infrastructural requirement

- PWD should be included in the quality team involved in certification, as this will be helpful in taking up the civil works and in obtaining clearance certificates especially for old buildings

- District Quality nodal officers shared the checklist and asked them to prepare based on that. Many Medical officers said that it was difficult for them to read and understand and hence required a detailed explaining of the check list by the Quality nodal officer or any other resource person.

- It was suggested that a state or district cell can be formed and they could periodically train the entire staff of the health facilities going for certification, instead of deputing a doctor from a certified facility to another hospital frequently.

- Quality team of health facilities should be given a re orientation in the method of data collection for calculating indicators and method of calculating. Uniform guidelines can be prepared and shared with them.

- Majority of the quality team members suggested that all non-certified institutions can start following NQAS guidelines as it gives them enough time to set things right for going for certification

- Many buildings of the hospitals do not meet the NQAS guidelines. Few examples-
Uni directional movement is recommended from – reception to labour room and post recovery, there should be a direct access to the emergency ward from the road and STP should be place for bigger hospitals . PWD engineers should be sensitized on this, so the newer institutions going for certification will not face this problem

b. Simplifying & supplying registers

- Numerous registers are maintained and the same information is found in more than one register. Registers can be simplified, prepared, printed and distributed by the state to the centres going for certification as there would be a uniformity in reporting and reduce the workload of the staff maintaining the registers. NHM directorate had started to work on this.

- One of the Assessors shared his experience and suggested the Telangana model could be studied and replicated where digital record prepared by the Hyderabad staff college is put in use. This helps to reduce the work load of the staff; He added that if the staff nurses spend more time on registers, they will spend less time with the patients who really need their care.

C. Fund allocation & utilisation

- Gap Analysis of the health facility should be properly done and fund allocation should be need based and provided in advance to the health facilities to make the certification process smooth. This would be of great use to the medical officers (Mos) who would otherwise spend their own money and have difficulty in getting it reimbursed

- It was suggested that funds should be released in advance. At least 6 months is required for properly utilising the funds provided.

- Guidelines suggested by the nodal officer regarding utilisation of funds for each component differed between the state and district officials, it was therefore suggested that a uniform guideline must be provided to the health facilities

- Medical officers of the PHCs should be sensitized on the procurement procedure – like where to purchase each of the products and the procedure for using govt funds, as many have spent their money and are now not able to claim
- Staff should be prepared well before going for certification and the assessors are now more experienced to pick up the flaws

4. Assessing the current status of certification, with all its strengths, weaknesses, opportunities, and threats for sustenance of certification status

Since issues related to sustenance varied between the primary and secondary health facilities, findings of the SWOT analysis are given under separate sub headings.

4.A SWOT Analysis- *Primary health facilities – PHCs & CHCs*

SWOT analysis includes FGDs conducted in 20 certified health facilities - DHs, SDHs, CHCs and PHCs chosen from the 5 districts. FGD participants were hospital administrators, quality nodal officer of the hospital, quality committee members, trained assessors, medical officers, staff nurses and other paramedical, managerial and cleaning staff of the facility. Additional information was provided by the state and district officials who play a major role in facilitating certification and renewal process and support health facilities in sustenance. Six major themes emerged which best explained the current status of the certified primary health facilities and showed directions for sustenance of certification status. Themes and sub themes which emerged from SWOT analysis of Primary health facilities is given in Table-7.

Table: 7

SWOT Analysis – PCHs& CHCs – Themes & Sub Themes

S. No:	Themes	Sub themes
1	Institutional Capacity for sustenance	a. Existing Good infrastructure/services b. Attitude and skills of the staff **c.** Access to funds
2	Challenges in sustaining certification	a. Maintenance of records and registers b. Equipment maintenance

		c. Human resources d. Service provision e. Monitoring
3	Issues of concern	a. Services b. Condemnation of Equipment c. Fund Utilisation
4	Exploring Opportunities & threats	a. Support from the Government & Donors **b. Pending legal issue**
5	Commendable practices	a. Practices adopted in health facilities from different districts
6	Support required for sustenance	a. Measures to improve quality of service

4 A.1. Institutional Capacity for sustenance

a. Existing good infrastructure /services

- All the certified health facilities have the basic infrastructure – buildings & equipment required and recommended patient amenities

- Provision of regular OP &IP services, lab services, good counselling services and radiology services in few CHCs

- Availability of all essential drugs and consumables

- Biomedical waste management system in place.

- Good referral and follow up mechanisms in place

- Systems in place for cross validation of lab report

- Easy access to data due to availability of records and registers

b. Attitude and skills of the staff

- Staff of certified PHCs& CHCs had a sense of ownership of their facility. They were proud of the clean ambience and the services provided. They felt happy when patients said their hospital is in par with private hospitals.

- Good team spirit and joint working culture of the staff

- Doctors and Staff nurses trained in Basic life support, delivery care and other recommended skills

- Periodic monitoring and reviewing the skill of the nurses by the mentor staff nurses at the district level

c. Receipt of funds

- Funds received following certification of NQAS, LaQshya certification and commendation for Kayakalp has made them self-sufficient to improve infrastructure and patient amenities.

4A.2 Challenges in sustaining certification

a. Maintenance of records and registers

- In many PHCs and CHCs registers of Quality committee meeting, Infection control committee and other registers were not updated till the previous month of the visit and in at least 50% of the PHC/ CHCs not updated for the last 6 to 8 months, this was attributed to transfer, diversion and leave of the trained staff nurses.

- Registers were well maintained and updated in Kanyakumari District where movement of staff nurses was very low and backlog was more in Kancheepuram district where transfer and diversion of both doctors and nurses were very high.

- Referral follow up registers are properly maintained, yet follow up of cases is mainly for obstetric referrals and for certain non-communicable diseases only and not for other referrals

b. Equipment Maintenance

- Maintaining older equipment not covered under annual maintenance emerged as a problem across all health facilities

- Servicing of equipment like Radiant warmer, Boyles, pulse oximeter not under AMC is difficult due to high cost and access to technicians

- Delay in supply of equipment from TNMSC, sometimes even more than a year and delay of the vendors in servicing was another issue mentioned

- In few PHCs Calibration of lab equipment was not done in the last one year.

- Only one biomedical engineer for the entire district which makes it difficult to visit all the Primary and the secondary health facilities

c. Human resources

- Frequent transfers, diversion and leave of doctors and staff nurses and existing vacancies   leads to shortage of staff and makes it difficult to   sustain the activities initiated following certification. New staff posted also take time to get into the stream. Such mobility of doctors and nurses were more in Kancheepuram District and least in Kanyakumari District
- The posts of basic workers who were transferred or retired are not filled, due to lack of basic workers the maintenance of the hospital campus is poor.
- No proper security person is posted in almost all the PHCs and CHCs as per the NQAS guidelines. In some PHC/CHC one of the hospital worker stays at night. There is a provision to hire a security, which becomes impossible as the funds sanction is only Rs 1500/-
- Urban PHCs under the control of corporation/ municipality have a single MO posted. They find it difficult to manage the entire work. One of the UPHC doctors suggested that one more doctor can be posted to centre at least on contract basis.
- Dt Quality nodal officers are medical officers diverted from the PHC, who are not much oriented to NQAS certification process

d. Service provision

- Diet for inpatients were not provided in few PHCs due to pending of funds for the last 6 months.
- Following SOPs is a major challenge, and many stop adhering to it after some time
- Many CHCs do not have A&E (Accident and emergencies) ward, BSU and radiology services. Even if the BSU is established it is put into very little use because female sterilization is the only surgical service provided in the CHC. Many CHCs which were earlier providing elective caesarean sections have now stopped. Few centres which have radiology services also have a very old machine, hence difficult to obtain AERB certificate when they go renewal. So, most of the CHCs can go for partial certification only, hence receive less funds from GOI @ Rs 7000/- per bed instead of Rs 10, 000/- per bed

e. Monitoring

- In many PHCs& CHCs regular review meeting is conducted with all the staff. In addition to the regular agenda of the review meeting, activities related to functions of quality committee, Infection control committee and other NQAS related issues are discussed, however recorded in the registers of the respective committees. The minutes recorded in the registers are not relevant to that specific meeting.

- No systems in place for monitoring of health facilities at the state and district level after obtaining certification

4 A.3. Issues of concern

a. Service Provision

- All CHCs are not equipped to provide separate medical, surgical, paediatric, and other specialized services and manage emergencies as per the NQAS guidelines. They only provide basic obstetric services. Obstetric first aid in given for emergencies and then referred.

- Even if blood storage facilities are available in the CHCs, blood is not stored as surgeries other than sterilization are not performed. Even when elective caesarean services were provided earlier, they received blood from the nearby medical college hospital when required.

- Complaint box though kept is not used by the patients in almost all the PHC/CHCs

- Complaints registers exist but no action taken information is provided

- In some PHCs bio medical waste is cleared once in a week, since the quantity of waste is less

d. Condemnation of Equipment

- Condemnation of larger equipment like ECG machine, refrigerator & old Xray machine is difficult as the BMO has powers to condemn only up to Rs 5000/-

c. Fund Utilisation

- Funding source and allocation are not known to staff of some health facilities and guidelines for use of funds not known to all the Mos of the health facilities

- Few issues related to paying/ claiming were brought out by the Medical officers . The MO had to spend small amounts in cash and claim later, stating that it was paid by her/him. For larger amounts also they have a problem that the vendors do not have an account in their name and instead gives the account details of their wife. In both situations they face audit objections.

4A.4. Exploring Opportunities and threats

- In CHC Thiruppukuzhi, the main building is old and labour room is located within the postnatal ward. A proposal has been submitted to NHM Directorate for repair of building and new construction for labour room and wards

- Many Districts official & MOs of the PHCs are working to mobilise funds from donors and other sources like MLA funds and big companies with the support of the district collector.

- No major threat was observed except in the case of construction of one side of the compound wall in PHC Somarasampettai due to resistance from the local public as it would block their pathway moving to the nearby road. Legal issue related to it in pending

4A.5. Commendable Practices

- PHC V. Kaliapuram in Coimbatore District provides prescriptions and drug slips in a printed format which is filled clearly and given to patients. This helps the patients to know the medicines prescribed and the time to take it.   This can be adopted in the other hospitals also.

- Registers well maintained and action taken detailed in PHC Padappai in Kancheepuram District

- All registers well maintained and updated till the previous month in PHC Thovalai and CHC Chenbagaraman Pudhur in Kanyakumari District

4A.6. Support required for renewal and sustenance of certification status

a. Measures to improve quality of service

- CHCs are not able to do elective C sections now- since large amount is pending to be paid to the private anaesthetist. Provision of funds towards this can help to continue this service provided

- Security staff should be provided to all the PHCs -since nurse and one more female staff are available during night duty.

- Districts officials suggested that staff nurses from a certified health facility should be transferred to another certified facility.

- District officials suggested that funds for maintenance of equipment and imparting skill training / refresher training for nurses should be provided to certified health facilities

- Monitoring of certified health facilities at the state level is crucial for continuation of all activities initiated

- Registers can be simplified, printed and supplied to all the PHCs and CHCs to ensure uniformity across the State

- Selective key indicators for quality monitoring should be finalised and incorporated into the HMIS reporting and monitored at the state level

SWOT - FGDs

GH Kancheepuram

UPHC Ganapathy Managaram

GH Kulithurai

GH Valparai

IDIs – DISTRICT OFFICIALS

CMO GH Tambaram

JDHS Kanyakumari

NHM Nodal Officer Coimbatore

DDHS Kancheepuram

4.B. SWOT Analysis - District and Sub District Hospitals

Themes and sub themes which emerged from SWOT analysis of secondary health facilities are given in Table-8.

Table: 8

SWOT Analysis – DH & SDHS – Themes & Sub themes

S. No:	Themes	Sub themes
1	Institutional Capacity for sustenance	a. Existing Good infrastructure b. Attitude and skills of the staff **c.** Access to funds
2	Challenges in sustaining the certification	a. Human resources b. Equipment maintenance c. Civil works d. Other issues
3	Issues of concern	a. Lab Services b. Equipment c. Fund Utilisation
4	Opportunities & threats	a. Shifting departments to new buildings
5	Commendable practices	a. Practices adopted in health facilities from different districts
6	Support required for sustenance	a. Human resources b. Fund Utilisation c. Supply and services d. Others

4B1. Institutional Capacity for sustenance

a. Existing Good infrastructure

- Availability of basic infrastructure – buildings & equipment required at the facility level and all recommended patient amenities

- Provision of lab services, good counselling services and radiology services in most of the SDHs and all DHs

- Good laundry and kitchen services in all DH and in most of the SDHS

- BMW management is well established in almost all the Dt & SDH hospitals

- All district hospitals provide almost 95% of the services prescribed in the NQAS guidelines

- GH Tambaram and GH Kulithurai provide most of the specialized service while other SDHs provides specialized services based on the availability of specialist in that SDHs.
- Management of common emergency services - medical, surgical, Obstetrics, trauma & SNBCU are carried based of the availability of specialists.
- SDHs which cannot manage obstetric emergencies, provide obstetric first aid and then refer
- Some of the hospitals have already obtained commendation for Kayakalp & LaQshya certification had have initiated the process for MusQan certification. This makes the process for NQAS certification renewal easy
- Good referral system and follow up
- MRD established. This helps to retrieve data easily and is useful to face legal issues

b. Attitude and skills of the staff

- Staff attitude and working culture has changed and improved a lot.
- Staff speak politely and are empathetic to the patients.
- Case sheets are properly filled, records are well maintained
- Staff take care to see that the hospital premises is clean.
- Laundry and Kitchen are kept clean and well maintained and quality of food is good.
- Adhering to the quality standards have empowered the staff to provide quality services with safety for the patients and the service providers

c. Access to funds

- Funds provided by GOI after obtaining certification help to meet the expenses for maintaining the activities initiated
- Funds received following LaQshya certification and kayakalp are other sources of funds for the hospitals.
- District hospitals and few SDHs like GH Tambaram has an additional source of funds through the CM Insurance Scheme. GH Padmanabapuram meets out the day to expenditure from the insurance funds

- Observing the quality of service provided and improved patient amenities donors, have voluntarily come forward to support in SDH GH Tambaram

4B.2. Challenges in sustaining the certification

a. Human resources

- Lack of manpower was expressed as a major problem in all the health facilities especially lack of basic workers since the vacancies have not been filled for a long time, It is difficult to keep the campus clean without basic workers.

- Most of the SDHs have bed strength less than 100 and therefore do not have the privilege of outsourced staff. These hospitals only have 2-3 workers. There services are required in the OP, OT, IP ward, Mortuary etc. Running the hospital with such minimal staff is a major challenge faced by these SDHs. GH Valparai, though a certified facility is not able to maintain the hospital premises clean for want of basic workers and cleaning staff.

- Bigger hospitals are provided with outsourced staff through the contract agency. The number of staff provided is much less than the actual requirement. For example, GH Padmanabapuram initially had 23 outsourced staff based on the bed strength of 174 this was reduced 17 when the outsourced agency was changed. Now the bed strength has increased to 274 and the number of workers outsourced continue to remain as 17 which makes day to day functioning difficult. The same scenario prevails in other hospitals like GH Tambaram, GH Manaparai and GH Ussilampatti where the case load in OP, IP and ICU are very high

- Bigger hospitals with out- sourced staff also face certain issues. Many of the staff provided are not competent to handle certain jobs like making an OP entry in the system.

- Doctors and nurses working in hospitals in Chengalpattu & Kancheepuram Districts stay for short time and move out to Chennai. Non service PGs also choose these hospitals for bond period and their stay is short. So, these hospitals always have a new set of staff who are reluctant to work as per the guidelines and do not show interest in learning. This not only affects service provision but also in updating and maintaining the registers

and records. The hospital administrators have to motivate new comers and also organise frequent training.

- One of the mandates of the NQAS is to have an effective security system in place. Check-list specifies the number, place and time they should be available. Bigger hospitals have a relatively smaller number of securities and they are all outsourced. Lack of securities is a major problem in SDHs who do not have outsourced staff, one hospital staff is given the role of security at the night time. In SDH like GH Valparai, which has isolated buildings without compound wall, the doctors on night duty have to move from one building to another. Safety of staff is crucial in such places where there is intrusion of wild animals.

- Hospital which has already obtained NQAS, go in LaQshya and MusQan certification thereby require more staff nurses for regular duty and for preparing for certification

- In GH Lalgudi sanitary workers are not available and have to come from other hospital for doing post mortem and this delays the process.

- GH Valparai located in a hilly terrain has a more vacancies of doctors making it difficult to provide 24x7 emergency services

- In GH Padmanabapuram post of ECG technicians are vacant and staff nurses take around 50 to 60 ECGs per day

b. Equipment maintenance

- DHs have large number of equipment, in addition large number of ventilators and oxygen concentrators have been provided at the time of COVID. Funds are required for annual maintenance of the all the equipment and for calibration of equipment

c. Civil Works

- Newly constructed buildings at times do not meet the recommendations of NQAS. An example would be the newly constructed CEmONC building In GH Kancheepuram which is still not able to obtain the fire safety certification as it has not met the mandatory requirements.

- Some certified SDHs have new buildings under construction, they would have to shift some departments to the new building. Relocating to the new building is an addition

expenditure. In GH Lalgudi, the space and design of the new construction cannot accommodate new departments in line with the NQAS guidelines

- In few hospitals existing buildings do not meet the recommendations of NQAS certification. It is recommended that the Accident and emergency dept should have a separate entrance and exit and the movement should be unidirectional. This was an issue in GH Ussilampatti, and now lot of changes have been done to address this issue to some extent. In GH Manaparai, though some departments were not unidirectional, it was accepted by the assessors with a reduction of marks

d. **Others**

- Biomedical waste management systems are in place in all the health facilities, however clearance of general waste is a major issue in two of the district hospitals visited – GH Padmanapurm and GH Pollachi, as the municipality/corporation is now refusing to clear the general waste. Food remains in plastic covers pose a major problem in disposal. Sewage treatment plant (STP) is also available only in few DHs.

- Many staff nurses were not sure of the method of calculating some of the indicators, hence need to be re oriented.

4B.3. Issues of concern

a. **Lab services**

- TNMSC provides a list of lab reagents which can be received from the TNMSC ware house. In the list of reagents provided reagents for few tests like SGOT. SGPT, Serum Creatinine and bilirubin, HB1AC are not available .While some say that those not in the list can be purchased after obtaining NOC from TNMSC while the others differ. There is no clarity on this issue, so hospitals do these tests in limited number. Clarification should be obtained by the Directorates from TNMSC in this regard and communicated to the health facilities.

- Glucometers are supplied but the strips are not available, such smaller issues could be brought the notice of TNMSC and could be put in use.

b. Equipment

▪ Equipment purchased from TNMSC has AMC for three years, but equipment provided by donors do not have this advantage and is taken care by the supplier only for one month. Funds are required for maintenance of these equipment.

c. Fund Utilisation

▪ Delay in release of funds was quoted as a major constraint by many hospitals. Funds from GOI after obtaining certification is released through the District health society. Funds are released by the DDHS. Many times, the hospitals receive the funds very late towards the month of February/march, very little funds could be utilised and remaining could not be put in use. Hospitals face similar problem with funds released through treasury mode also. This necessitates the administrators to spend and claim later where they face audit objections

▪ For minor civil works or for other day to day work, MOs are not able to make a bank transaction since the vendors may not have a bank account or there would be a slight delay in the funds to reach, Hence MOs pay from their hand and face audit objections when they claim

▪ The upper limit for using hospital maintenance funds (HMF) is Rs 5000/-, and this was fixed long time ago. Due to cost escalation even minor repairs or purchases would exceed this amount.

4B.4. Exploring Opportunities & threats

▪ The main OP block of GH Tambaram is housed in old building where very little patient waiting space is available and is always crowded. ICU is also functioning in the old building. The process for new construction is initiated, the new building will probably provide more space. Newly constructed CEmONC building will also be put in use shortly

▪ Though lot of infrastructural modifications have been in GH Tambaram, it is an old building and has to shifted to the new building, else would be difficult to maintain.

▪ GH Ussilampatti and GH Lalgudi – waiting for the new building to be opened before they go for renewal of NQAS certification

4.B.5. Commendable Practices

- Securities well placed in the OP, labour room and Accident and emergency ward during day time and during night in SDH Kulithurai, this should be practiced in other SDHs also

- Periodic blood camps are conducted by GH Tambaram for sufficient stock of blood. All groups though not stocked; yet they have list of donors who can provide rare groups in times of emergency.

- All registers updated till date with action taken report were available in SDH Kulithurai, and GH Padmanabapuram   and this could be attributed to the doctors and nurses working in the same station for more than 4 to 5 years . Same staff continue to be quality committee members.

- Well laid and maintained ramps in GH Padmanabapuram helps easy movement of staff and patients and this could be adopted in new buildings in hospitals which has more space for construction. Erection and maintenance of lift could be avoided

- Mentor Obstetricians from GH Pollachi, Doctors and Nurses from the PHC have a WhatsApp group, in which they communicate about referrals and follow up . They also clear their doubts related to management of cases.

- Nodal officers of each dept in GH Pollachi do an internal review every month and make necessary corrections then and there, this helps a lot for subsequent state reviews and for renewal of certification which they have just completed,

- Continuous training programme for staff of all department throughout the year is in practice in GH Pollachi and GH Ussilampatti which would be very useful when the hospital goes for renewal

- Liquid waste from lab, labour room, OT etc are first treated with 1% Sodium hypochlorite solution and is kept in contact for 30 mins and then sent to the regular drainage. In most of the hospitals washed water from the sink is connected to the plastic container which stores sodium hypo chlorite and then drained out. Hypo drop a biomedical liquid waste treatment system for hospital with a 65 litre capacity is available in GH Ussilampatti which is a single unit which includes tap, washbasin and sodium hypochlorite for treating liquid waste and with a drainage to send the treated water outside. This ensures proper treatment without leaks

- Provision of diet based on the health issues – less salt for hypertensives, high protein for TB Patients, and appropriate food for diabetic pts are provided in Kancheepuram GH which could be adopted in other hospitals also

- CMO meets all the patients at the time of discharge and get feedback, a model adopted in some hospitals could be followed in other hospitals also.

- Parents have access to see their sick new-born round the clock in a screen in front of the NICU in GH Ussilampatti. This gives so much of solace to the parents who are waiting outside.

4B.6 Support required for sustenance

a. Human resources

- Staff strength especially basic workers should be provided proportionate to the number of OP and IP patients and surgeries performed in the institution, only then the services can be provided as per the recommendations

- Bio medical engineer visits even the bigger institutions once or twice in a month, since there is only one bio medical engineer for a district who caters to the needs of both the primary and secondary health facilities. At least one more bio medical engineer should be provided to meet the requirement

- Hospitals with bed strength less than 100 should be provided with basic workers proportionate to the number of workers. This would help them to manage their day to work and also keep the hospital premises clean

- District and sub district hospital are going in for NQAS, LaQshya and MusQuan , hence a quality consultant can be provided for the Dt hospitals

- Post graduate students should be posted in SDH where there are less staff to meet the deficiency of doctors

- Period monitoring and visits should be made by the state and district levels officials to sustain the gains achieved.

b. Fund Utilisation

- Daily limit for use of HMS funds should be increased above Rs 5000/- in view of cost escalation

- Hospital administrators should be oriented on the guidelines for utilisation of funds

- Reasons for delay in providing funds to the hospitals should be studied, necessary changes have to made to ensure early release of funds.

c. Supplies and services

- Case sheets, records and registers related to Quality can be prepared and supplied by the State. Work related to this has been initiated by NHM. Possibility of introducing Haryana model should be explored where all SOPs, preparation of quality tools, hospital policy and all materials related to quality is available in the web site, can be downloaded for use

- In district hospitals, there is a public health lab under the control of the DPH&PM. Swabs from OT, lab and blood bank are periodically sent here and in addition blood and urine culture for patients are also done here. These labs are proposed to be shifted in which case alternate arrangement is required. It has to be sent to the medical colleges whose load is already high or might have to tie up with a private lab which would require additional funding. Continuously linkage with the lab for microbial surveillance for the hospital is required

D. Others

- PWD officials should discuss with health officials while preparing the blue print for construction of new hospital buildings and obtain their consensus and design in such a way that it meets the requirements of NQAS

5. Comparing Certified health facilities with non-certified health facilities in terms of provision of quality care and outcomes

A. In depth interviews

    1.Heads of the non-certified facilities

    2. State and District officials

B. Observations during visit

C. Facility Survey

    1. Scoring on provision of quality services of selected key indicators using key indicators from NQAS check list

    2.Performance of the health facilities

5.A. IDIs with heads of the non-Certified health facilities & State and District officials

IDIs conducted with the state and district officials covered the entire process of certification, challenges, and measures to sustain certification and the status and functioning of the non-certified health facilities. IDIs were conducted with the heads of the non-certified facilities to understand the status and functioning of their health facilities and the issues faced by them. Five major themes emerged which helped to explain their views is given in Figure- 4

Figure- 4

Major Themes – IDIs with State, District officials & Heads of non-certified facilities
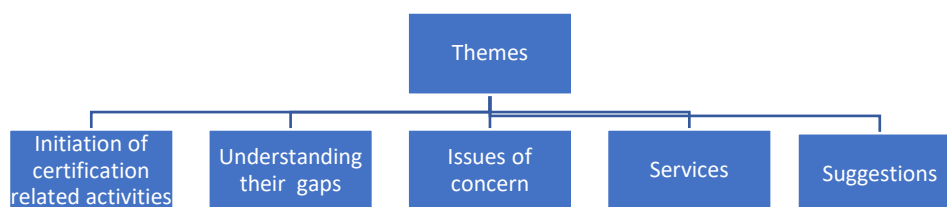
5A. 1. Initiation of certification related activities

- All the non-certified health facilities are working towards improving quality of care and have started to follow the recommendations of NQAS, though they may go for certification few years later. They have improved patient amenities, started to conduct QC meetings and are maintaining referral registers and follow up
- Many staff wanted their health facility to go for certification as they considered this as an opportunity for getting funds for improving their infrastructure and services
- Few health facilities like PHC Olavillai, GH Sulur, GH Thuraiyur , GH Sriperumbudur have initiated the process of certification and funds have been released.
- GH Sulur has placed all the recommended display boards, signages etc and have also initiated the various meetings related to quality care and started preparation of SOPs.

IDIS WITH HEADS OF NON CERTIFIED HEALTH FACILITIES

UPHC Periyamilaguparai

GH Thuraiyur

GH Sulur

UPHC Vadasery

- In Sriperumbudur, CMO has mobilised funds for improving their infrastructure, donors are also willing to support when the performance of the hospitals are good

- Patient amenities were good and staff of UPHC Periamilaguparai were empathetic and courteous though they were few.

- Calibration of equipment is done in some non-certified facilities like GH kulasekaram & GH Sriperumbudur

5A 2. Understanding their gaps

- Many health facilities have done the gap analysis and know their lacunae. In addition to infrastructure requirement, they are aware that they need to improve skills of the staff, conduct quality committee meetings and maintain the recommended registers and adopt fire safety precautions for which they need not wait for funds

- In GH Kulasekaran the administrators felt that their ward is a big hall without enough privacy for patients

- Doctors admitted that the attitude of staff are much better now, yet need to be more polite and empathetic

- They felt that the cleanliness of the hospital must be improved and registers should be maintained better

5A.3 Issues of Concern

a. *Human resources*
- Most of the SDHs which are to be certified have a bed strength less than 100 and therefore do not have out sourcing staff. These hospitals have just 1 or 2 workers since the vacancies are not filled for a long time, with such minimal staff it is difficult to manage routine work and maintain the premises clean especially the toilets

- Security staff are not available for night duty in SDHs like GH Sulur and GH Sriperumbudur. These hospitals have big campus and duty staff feel unsafe to move from one building to another

- Vallam PHC in Kancheepuram Dt, has lot of open space with trees, and staff do not feel safe without a security especially when drunkards come in the late evening. They are not

able to hire with the limited amount sanctioned for outsourcing as security staff in that industrial area are paid much higher

- GH Sulur functions with limited staff not only the basic workers but also doctors and other paramedical staff, which affects routine functioning of the hospital

- Staff from the non-certified facilities are diverted to other 24 hr PHCs, so they always work with limited staff

- Some of the SDHs are not able to provide C sections or manage emergencies since doctors are not available for night duty

- UPHC Periayamilaguparai functions with one doctor, without pharmacist and staff nurses, this affects their routine function

b. Physical infrastructure

- Patient amenities like waiting room, separate toilets for men and women and separate ques for receiving OP tickets were not available in most of the non-certified facilities

- Certified CHCs did not have Blood storage unit, NBSU, Xray services and A&E services able as in some of the certified CHCs which has obtained partial certification

- CHC Paranthur did not have room for collection for BMW, room for condemned articles and power back up facilities were not available.

- PHC Edhumalai – is an isolated building with a lot of open space without a compound wall. No security staff are available and staff feel unsafe during night. Patient toilet is located way from the PHC building and poorly maintained

- In GH Thuraiyur, OP building and wards were congested. Women had no privacy in the female ward. This is likely to be sorted out when the new building is opened

- CHC Inamkulathur functions in a very old building. A new building is required to start BSU and NBSU. The existing Xray machine very old and difficult to obtain AERB certificate

5A 4. Services

- In GH Sriperumbudur, patients are treated in the general OP and referred only if that particular specialist is posted in the hospital as in many of the certified SDHs

- Sriperumbudur GH has one lab technician, one Xray technician and very few basic and sanitary workers hence not able to provide emergency services and unable to take x-rays even for accident and emergency cases after 6pm.
- Recommended Quality related committees are not functional in most of the non-certified hospitals.
- In PHC Edhumalai, BMW is not collected by the agency, instead collected and burnt and placenta is buried in the premises
- Keys areas for improvement in the non-certified secondary facilities were – MRD, Laundry and Kitchen
- Quality committees, infection committees and SOP and antibiotic policy were not available and patient feedback is not obtained

c. *Fund release & Utilisation*
- Few hospitals who have been asked to start the process of certification are yet to receive funds, while the others have received the funds but do not know the source and guidelines for using the funds.

5A 5. Suggestions

- Some health facilities which have started the certification process felt they need a complete orientation of the use of checklist and maintenance of registers, like training for LaQshya certification which they said was good and useful

5.B Observations during our visits

Similarities between certified and non-certified health facilities

- ✓ All the non-certified SDHs have a bed strength less than 100 and therefore do not have access to outsourced staff and therefore function with very limited basic workers like certified health facilities
- ✓ As per NQAS standards CHCs should have Blood storage unit, NBSU, Xray services and A&E services. Most of the non-certified CHCs do not have all these departments similar

to the certified facilities which obtain partial certification excluding few of the above-mentioned departments

✓ No speciality OP services are provided as recommended by NQAS in SDHs irrespective of the certification status in most of the hospitals. Speciality services are provided only if the hospital has a specialist in that department

✓ Only few surgical & medical emergencies specified in the NQAS guidelines are managed in both certified and non-certified facilities

✓ Lack of securities in health facilities was a common problem in both certified and non-certified health facilities

✓ Both certified and non-certified facilities consider certification of health facilities as an opportunity for getting funds for improving their infrastructure and services

Differences between Certified and non-certified health facilities

✓ Team spirit, joint working culture and sense of ownership of their place of work were visible in certified health facilities compared to that of non-certified health facilities

✓ Easy to retrieve data from certified health facilities as the reporting systems were streamlined

✓ Most of non- certified health facilities did not have good ambience, clean and well-maintained premises

✓ Separate que for male and female patients, patient waiting room and access to clean toilet was found in all certified health facilities and only in few non-certified health facilities

✓ Patient amenities like waiting room, separate toilets for men and women and separate ques for receiving OP tickets, privacy for women in wards were not available in most of the non-certified facilities

✓ No separate room for collection for BMW, room for condemned articles and power back up facilities available in non-certified facilities

✓ Keys areas for improvement in the non-certified secondary facilities were – MRD, Laundry and Kitchen

✓ Quality committees, infection committees and SOPs and antibiotic policy are not available in non-certified facilities and patient feedback was also not obtained

5C. Facility Survey

5C.1. Scoring on indicators related to quality of care

Key indicators from each of the seven domains- Service provision-, patient rights, Inputs, Support services, infection control, quality management and Clinical services were chosen. Twenty key indicators were chosen for the PHCs and 40 indicators for CHC and SDHS, each of the indicator chosen was verified. (Annexures 1&2) Those which were fully complaint were given a score of 2, partially complaint was given a score of 1 and non/ poor compliance was scored as zero. The maximum score was 40 for urban and rural PHCs while it 80 for CHC and SDHs.

(i)   Primary health Centres (Rural) – Scores

Table: 9

S. No	District	Certified			Non certified		
		Health facility	Fully complaint (%)	Scores (Max 40)	Health facility	Fully complaint (%)	Scores (Max 40)
1	Kancheepuram	Padappai	90	38	Vallam	60	28
2	Trichy	Somarasampet tai	95	38	Edhumalai	65	29
3	Coimbatore	V. kaliyapuram	95	38	Anamalai	65	29
4	Kanyakumari	Thovalai	95	39	Olavillai	65	30

Certified PHCs (Rural)

- All Certified PHCs received partial score for one indicator - non-availability of a proper person to provide security services at night
- PHC Thovalai is the only PHC where registers related to conduct of quality committee meetings and action taken report was well maintained and updated.

FACILITY VISITS

**Medical Superintendent
GH Usilampatti**

**Medical Superintendent
GH Pollachi**

CHC Inamkulathur

GH Padmanabapuram

FACILITY VISITS

GH Sriperumbudur

CHC SS Kulam

CHC Thirupakuzhi

GH Tambaram

Non -Certified PHCs (Rural)

- Among the non-certified PHCs, PHC Olavillai scored the highest and the least was PHC Vallam.

- Common indicators which were non-complaint

    a. Availability of display boards as recommended, signages and display of essential drug list

    b. Conduct of Quality committee meetings

    c. Availability and use of SOPs

    d. Availability of proper security person for night duty

- Other indicators for which they received partial scores were

    a. Cleanliness of the hospital premises

    b. Availability of emergency drug tray in labour room, immunization room and injection room

    c. Access to clean drinking water and toilets

    d. Informing the patients about their health problem and treatment

(ii)   Primary health Centres (Urban)-   Scores

Table-10

S.No:	District	Certified			Non certified		
		Health facility	Fully Complaint (%)	Scores (Max 40)	Health facility	Fully Complaint (%)	Scores (Max 40)
1	Kancheepuram	Chinna Kancheepuram	80	34	Panjupettai	65	30
2	Trichy	Subramaniapuram	95	39	Periamilagu parai	65	30
3	Coimbatore	Ganapathi managaram	95	39	Ganapathi	65	32
4	Kanyakumari	Vatavillai	95	39	Vadasery	70	35

Certified PHCs (Urban)

- All Certified PHCs received partial score for one indicator - Availability of a proper person to provide security services at night

- PHC Chinna Kancheepuram showed non-compliance for the following indicators

    a. Conduct of Quality committee meetings

b. Cleanliness of the PHC premises

c. Availability of emergency drug tray in labour room, immunization room and injection room

New Doctor, nurses and few other staff were posted in Chinna Kancheepuram following a maternal death which occurred a month before our visit. Present staff could not provide us with records/registers requested.

Non -Certified PHCs (Urban)

- Common indicators which were non-complaint in all the UPHCs except Vadaserry were
  a. Availability of display boards as recommended, signages and display of essential drug list
  b. Conduct of Quality committee meetings regularly
  c. Availability and use of SOPs
- Other indictors which they received partial scores were
  a. Cleanliness for the hospital premises
  b. Availability of emergency drug tray in labour room, immunization room and injection room
  c. Access to clean drinking water and toilets
  d. Availability of proper security person for night duty

(iii)   Community Health Centres- Scores

Table - 11

S.No	District	Certified			Non certified		
		Health facility	Fully complaint (%)	Scores (Max 80)	Health facility	Fully complaint (%)	Scores (Max 80)
1	Kancheepuram	Thirupakulzhi	80	69	CHC Paranthur	53	51
2	Trichy	Inamkulathur	88	71	CHC Pudhur Uthamanur	63	57
3	Coimbatore	SS Kulam	83	70	CHC Nalatipallayam	65	59
4	Kanyakumari	CR Pudhur	78	66	CHC Kuruthankode	60	54

Certified CHCs

- Common indicators which were non-compliant
    a. Availability of speciality clinics as recommended by NQAS
    b. Provision of Caesarean services.
    c. Functional blood storage unit
    d. Functional NBSU
- Other reasons for obtaining partial scores were
    a. Non availability of proper security person for night duty
    b. Non availability of fully functional Xray & USG services
    c. Fully functional Accident and Emergency services
    d. Diet not provided – CR Pudhur
    e. Quality committee meetings & RKS meetings not conducted regularly and registers updated - CHC Thiruppukuzhi & CHC SS kulam

Non -Certified CHCs

- Non certified facilities received non-compliance for the same indicators as the certified CHCs and in addition for the following
    a. Conduct of Quality committee meetings & RKS meetings
    b. Availability and use of SOPs
    c. Patient feedback analysis
- Non certified CHCs obtained partial scores for the following due to
    a. Non availability of emergency drug tray in labour room, immunization room and injection room
    b. Non availability of proper security person for night duty
    c. MRD staff not trained and record not maintained as recommended
    d. Functioning of Accident and Emergency services
    e. Hospital premises not clean and well maintained
    f. PS done once in a month- (CHC Paranthur)
    g. Collected Bio medical waste not properly stored (CHC Paranthur)
    h. No separate toilet available for men and women patients (CHC Paranthur)

i. Non availability of Display boards – as recommended, signages and availability of essential drug list

(iv) Sub- District Hospitals- Scores

Table -12

S.No:	District	Certified			Non certified		
		Health facility	Fully Complaint (%)	Scores (Max 80)	Health facility	Fully Complaint (%)	Scores
1	Kancheepuram	GH Tambaram (BS 213)	100	80	GH Sriperumbudhur (BS 53)	68	62
2	Trichy	GH Lalgudi (BS 138)	88	75	GH Thuraiyur (BS 50)	75	67
3	Coimbatore	GH Valparai (BS 69)	88	76	GH Sulur (BS 131)	65	62
4	Kanyakumari	GH Kulithurai (BS 113)	100	80	GH Kulasekaram (BS 60)	63	56

BS – Bed Strength

Certified SDHs

a. GH Tambaram and GH Kulithurai have obtained full scores

b. GH Lalgudi scored less for- not performing Caesarean services, using blood storage facilities and for functioning A& E ward. This is because the OT is kept closed as a new building is being constructed adjacent to it. All the departments are running in the temporary places as the old OP block is demolished and construction of the new buildings is in progress.

c. GH Valparai has scored less for non-availability of adequate security staff in place, RKS meetings not regularly conducted, non-availability of speciality clinics and hospital premises not clean and well maintained

Non-Certified SDHs

All the non-certified SDHs chosen for the study   except GH Kulasekaram is now taken up certification in this financial year

- All the non-certified SDHs were non-complaint for the following indicators
    a. Conducting RKS &quality committee meetings regularly
    b. Patient feedback analysis
    c. Availability of SOPs
    d. Availability of security personnel

- Other indicators for which they obtained non-compliance   were
    a. Availability of BSU, A&E ward & NBSU (GH Kulasekaram)
    b. Availability of BSU – GH Sriperumbudur

- Partial scores were obtained since
    a. Only few speciality clinics are available
    b. Cleanliness and maintenance of hospital premises not good
    c. Staff not skilled in indexing and storage of medical records
    d. Only elective caesarean sections done
    e. Floor directory, recommended display boards, signages, and Essential drug list not maintained except in GH Sulur
    f. Staff behaviour not empathetic
    g. Only elective Caesarean sections done - GH Sulur & GH Sriperumbudur
    h. Non availability of emergency drug tray in labour room, immunization room and injection room
    i.

v. District Hospital – Scores

One certified District hospital (DH) was chosen from each of the 4 study districts. GH Ussilampatti was chosen to represent a non-certified DH. During our visit we found that it was also certified facility. Comparison of data was not done for the DHs, since there was no non-certified District hospital for comparison. The scores obtained for each of the 5 certified health facility is based on a simplified format prepared from the NQAS check list is given in table -13

Table -13
District Hospital – Scores

S.No.	District Hospital	Bed strength	Scores obtained (Max-550)
1	GH Kancheepuram	765	527
2	GH Manaparai	220	528
3	GH Pollachi	462	532
4	GH Padmanabapuram	174	527
5	GH Ussilampatti	185	527

All the DHs obtained partial scores for the following

1. A District Apex group should be formed in the hospital, which addresses all issues related to management of Leprosy. All hospital provide treatment for Leprosy, but rehabilitation services like re constructive surgeries are not performed,

2. Blood components are not available in the BB

3. All emergency services related medical, surgical, Ortho, ENT and Ophthalmology specified in the check list is not provided. Few of them are done and for others, first aid is given and then referred

4. ICU services are not provided for only some health problems mentioned in the NQAS check list.

5. All emergency services related medical, surgical, Ortho, ENT and Ophthalmology specified in the check list is not provided. Some of them are managed and the others are referred

6. Availability of services for early identification and intervention are provided but many are diagnosed and referred

7. Emergency management of psychiatric cases are not available

8. Super speciality services are not provided except nephrology consultation once in a week

9. All equipment is not covered under AMC

Other common reasons for which the hospitals lost scores are given below

GH Padmanabapuram

✓ No ECG technician

✓ Orthopaedic emergencies not managed at night

✓ No back up facility for mortuary

✓ ART linked with Kanyakumari MC

✓ Police out post not available

GH Kancheepuram

- ✓ ART centre not available
- ✓ Handicap certificate given in the collectorate only
- ✓ Fire safety no obtained for 4th & 5th floor of the new CEmONC building

GH Manaparai

- ✓ Laundry in different site, washed and brought
- ✓ Few speciality services not available at night
- ✓ Issue of handicap certificate in Trichy only

GH Ussilamapatti

- ✓ **A**& E not included for certification, now modification done
- ✓ ART only link centre is available
- ✓ Few speciality services not available at night

Data provided will only provide a glimpse of the status of service provision of the hospitals.

5C. 2. Performance of the institutions

(i)   Primary health Centres (Rural)
Table -14

S. No	District	PHC	status	OP	IP	Delive ries	New NCD cases	comments
1	Kancheepuram	Padappai	C	7973	150	6	168	Increase in OP & del in Certified &increase in IP in NC
		Vallam	NC	6037	194	4	165	
2	Trichy	Somarasampettai	C	3206	46	1	14	OP, IP & deliveries > in the NC
		Edhumalai	NC	4020	80	3	4	
3	Coimbatore	V. kaliyapuram	C	3176	42	I or <1	32	Increase in OP &IP in Certified &increase in del in NC
		Anamalai	NC	2360	18	4	27	
4	Kanyakumari	Thovalai	C	2458	34	1-2	27	No major changes
		Olavillai	NC	2521	35	2-3	55	

Overall performance was high in Padappai PHC in Kancheepuram District and least was in Thovalai PHC in Kanyakumari district. An increase of 1000 OPD patients/ month was seen in certified facilities in two districts – Kancheepuram and Coimbatore. No major changes observed in Kanyakumari and performance was high in the non-certified centres in Trichy. At large no major changes were observed in the performance between the certified and the non-certified within the district.

(ii) Primary health Centres (Urban)

Table: 15

S.No	District	PHC	status	OP	IP	Deliveries	New NCD cases	Comments
1	Kancheepuram	Chinna kancheepuram	C	4335	78	<1	43	Performance of NC was higher than the certified
		Panjupaettai	NC	5525	60	1-2	47	
2	Trichy	Subramaniapuram	C	6545	150	6	13	Performance of certified was higher than the NC
		Peria milaguparai	NC	6132	34	3	37	
3	Coimbatore	Ganapathi Managaram	C	6600	102	<1	134	No major changes
		Ganapathi	NC	6145	103	2	40	
4	Kanyakumari	Vattavillai	C	2964	32	1	93	No major changes except for a slight increase in deliveries in NC
		Vadaserry	NC	2864	32	3	92	

The overall performance was higher in UPHC Subramaniapuram in Trichy District and least in Vadaserry in Kanyakumari Dt. At large no major changes were observed in performance between certified and non-certified facilities within the districts.

(iii) Community Health Centres

Table - 16

S.No	District & Status	CHC	OP	IP	Deliveries	C section	X-rays taken for OPD	Comments
1	Kancheepuram	Thirupakuzhli	6825	160	11	8*	45	No major changes observed except for Xray (NA in NC)
		Paranthur	6997	272	9	0	0	
2	Trichy	Inamkulathur	6748	125	11	0	74	OP & IP slightly higher in the NC
		Pudhur Uthamanur	6905	128	9	0	33	
3	Coimbatore	SS Kulum	6753	84	5	1*	13	Increase in OP in seen in Certified while increase in IP in NC
		Nalatipalayam	6089	143	4	0	47	
4	Kanyakumari (No BSU& NBSU)	CR Pudhur	6074	90	4	0	88	Performance of the certified was higher than NC
		Kurtankodu	4143	98	2	0	49	

*C Sections not done now

Highest OP strength was in Non-certified CHC Paranthur and least in CHC Kurthankodu in Kanyakumari District. No major changes were observed in performance between certified and non-certified centres within the district except in Kanyakumari District

4. Sub District Hospitals

Table - 17

S.No:	District	SDH & Certification status	Bed strength	OP	IP	Deliveries	C section	Major surgeries	A&E	Radiology services	Lab investigations	Blood units issued
1	Kancheepuram	Tambaram (Certified)	213	39276	1383	85	144	234	233	1626	1804	111
		Sriperumbudur (Not Certified)	53	15,940		3	1*	10		403	3120	2
2	Trichy	Lalgudi (Certified)	139	16917	2246	9	9 **	17**	452	120	19396	15
		Thuraiyur (Not Certified)	50	9270	1263	26	17	30	-	110	4720	3
3	Coimbatore	Valparai (Certified)	69	4321	438	9	<1	6	13	127	1156	1
		Sulur (Not Certified)	131	9758	1263	8	1	19		23	7127	8
4	Kanyakumari	Kulithurai (Certified)	131	18997	665	79	55	112	551	177	1794	42
		Kulsekaram (Not Certified)	60	12040	1140	2	1	1	-	82	1046	-

* Not done now

** Not done now as the theatre is closed for the construction of a new building.

Wide variations existed in the bed strength of the SDHs, GH Tambaram had the maximum bed strength of 213 bed strength and the least was GH Thoraiyur with 50 beds . The performance of the hospital was related to the location of the hospital and its bed strength. Performance was proportionate to the human resources available and speciality services provided. Hence outcome indictors cannot be compared both within and outside the district

Only limited information could be provided in analysing the scores related to service provision and outcomes. No statistical methods could be applied to compare certified and non-certified facilities both in terms of service and outcome indicators as the sample size is small and facilities were not randomly chosen

(v) District Hospitals

Key performance of the five DHs is provided in Table -18, to give a glance of their performance and not for comparison since all the hospitals are certified facilities with wide variation in bed strength

Table 18

S.No:		GH Kancheepuram	GH Manaparai	GH Pollachi	GH Padmanabapuram	GH Ussilampatti
		BS -765	BS- 220	BS 462	BS 174	BS 185
1	OP census	990240	433284	556857	381730	564442
2	IP Census	63663	20030	28948	14428	18963
3	Normal deliveries conducted	3492	1776	1293	626	4845
4	Caesarean sections performed	2642	1630	2088	1147	1672
5	Major surgeries performed	8940	3422	4723	3272	2297
6	ICU admissions	1213	329	1134	702	635
7	A & E cases	128901	5807	9766	15709	2011

6.Facility Specific Issues

Facility specific issues for all the 37 health facilities visited - both for certified and non-certified health facilities are provided district wise. This would enable the state and districts officials to address these institutional specific issues

Table -19

KANCHEEPURAM DISTRICT

A. Primary health care facilities

S.No	Health facility	Specific Issues
	Certified	
1	CHC Thiruppukuzhi	➢ Labour room is inside a common ward for both AN &PN cases, no separate AN reception (AN). Crying of mothers in the labour room is heard in the ward. The flow should be separate place for reception, then labour room, post recovery and then shifted to the separate PN ward ➢ Proposal has been submitted for a separate labour room with reception and recovery room which is pending approval ➢ Existing main building is very old, though few cracks are closed and painted will be a problem in near future - Request for repair of old building has been sent to NHM and is awaited ➢ Radiology dept exists but x-rays are taken twice a week on Tuesdays & Thursdays, on other days diverted to GH Kancheepuram. Old machine condemned & new portable unit from Kancheepuram GH is now available here for use. ➢ Elective LSCS not done now. Payment for anaesthetists pending for a long time- delay in release of funds from NHM
2	PHC (Rural) – Padappai	➢ No specific issues
3	PHC (Urban) Chinna Kancheepuram	➢ No deliveries conducted since June 23 following a maternal death ➢ No staff who were at the time of certification are available now, so quality committee meetings are not conducted and registers not updated.
	Non-Certified	
4	CHC Paranthur	➢ Mo's not available after 4pm, SNs are on duty round the

		clock, obstetric first aid management not provided at night ➢ BMW cleared once in a week ➢ No Xray unit, BSU & NBSU ➢ PS done once in a month after pooling cases, done by Dr sent from Kancheepuram Dt ➢ Hospital surroundings looks deserted
5	PHC (Rural) – Vallam	➢ SOPs only related to Kayakalp available ➢ Isolated building, Security for night a major problem
6	PHC (Urban) Panjupettai	➢ BMW removed once in a week only

B. Secondary Health care facilities

S.No	Health facility	
	Certified	
1	Govt DHQrs Hospital kancheepuram	➢ New building – Fire safety approval is pending
2	GH Tambaram	➢ The existing building required a lot of modification removing wall, making partitions, providing rest rooms etc. though changes have been made the building is old and is an issue of concern ➢ The OP building has OP rooms on either side of the corridor, little waiting space is available, so crowded with patients during the OP hours. ➢ In few wards the distance between the beds are less than 2.5 meters and is not as prescribed ➢ NQAS has led to increase in the number of registers, it was possible since they had additional SNs posted for Covid, and this was withdrawn immediately after they obtained NQAS in 2019, Now more than 20SNs have been withdrawn which has made updating of records difficult
	Non- Certified	
3	GH Sriperumputhur	➢ Blood storage unit not functional for the last 2 years ➢ Only Elective C sections done

Table: 20

TRICHY DISTRICT

A. Primary health care facilities

S.No	Health facility	Specific Issues
	Certified	
1	CHC Inamkulathur	➢ Partially certified because they do not have Radiology dept & NBSU ➢ No LSCS since 2020 ➢ BSU available. All blood groups are not available yet has a good referral linkage with the district hospital and can get the required group ➢ Equipment for NBSU must be established
2	PHC (Rural) – Somarasampettai	➢ Once side compound wall not built as the public are not allowing to close it – legal issue pending
3	PHC (Urban) - Subramaniapuram	No post of UHN in the centre, hence at times of outbreak they do not have staff to update and maintain registers.
	Non-Certified	
4	CHC Pudhuruthamanur	➢ Blood storage Unit is not available ➢ NBSU not available ➢ Elective C sections done till last Aug only ➢ Xray machine more than 15 years old, used without registration – last 2 years / license not approved ➢ Fire safety not renewed ➢ OP, Labour room & OT has power back up, Generator is old and no fuel allowance ➢ Not white washed
5	PHC (Rural) – Edhumalai	➢ Isolated building, no fencing for the PHC ➢ Safety of staff is an issue -Monkey menace and no security person at night ➢ Patient toilet located at a distance, hence not known to many ➢ BMW not collected and transported instead dumped or burned a little away from the hospital premises
6	PHC (Urban) - Periamilaguparai	➢ Nothing specific

B. Secondary Health care facilities

S.No	Health facility	Specific Issues
	Certified	
1	Govt DHQrs Hospital Manaparai	➤ Disposal of general waste is an issue since the local municipality is not willing to clear general waste generated within the hospital premises ➤ STP is not functional and waste is directed inside the bore well, which leads to stagnation
2	GH Lalgudi	➤ New block is constructed at the entrance of the hospital, hence most of the dept are relocated in temporary sites. OT is not functional as it is adjacent to the construction site ➤ Hence obstetric emergencies are not managed ➤ Relocation has led to congestion of few wards especially the female ward ➤ BSU not functional since relocated
	Non-Certified	
3	GH Thuraiyur	➤ Discharge summary not given for AMA ➤ A&E ward under construction ➤ Washing machine not functional, done manually in the old building ➤ Xray film intermittent supply- stored little for emergency

Table: 21
COIMBATORE DISTRICT

A. Primary health care facilities

S.No	Health facility	Specific Issues
	Certified	
1	CHC SS kulam	➤ Blood storage Unit is not available ➤ NBSU not available ➤ Elective C sections done till last Aug only
2	PHC (Rural) – V. Kaliapuram	Nil
3	PHC (Urban) - Ganapathi managaram	No UHN post for the centre, so field staff only maintain the records, at times of outbreak, staff not available to maintain the registers

	Non-Certified	
4	CHC Nallatipalayam	No blood storage & NBSU. MRD – staff not trained, No review of Quality committee meetings
5	PHC (Rural) – Anamalai	Biomedical waste collected and kept in open place
6	PHC (Urban) Ganapathi	Risky position of ramp and labour room in the first floor

B. Secondary Health care facilities

S.No	Health facility	Specific Issues
	Certified	
1	Govt DHQrs Hospital, Pollachi	No specific issues
2	GH Valparai	➢ Two buildings of the hospital were not clean and was attributed to lack of cleaning staff in the hospital ➢ X-rays not taken for more than a month since the machine is under repair ➢ No securities available, one outsourced staff of Pollachi GH made as security during the night ➢ One staff nurse and doctor on duty, they must from one building to another to attend emergencies, again personal safety is also an issue where were wild animal movements were found ➢ Essential Drug list and other display boards in a bad condition ➢ No boundary wall for hospitals, buildings directly face the road ➢ Non availability of vehicle to transport medicine and blood is yet another issue ➢ As it is a remote area and hilly terrain, Staff require new residential quarters. The existing staff quarters are also under repair.
	Non-Certified	
3	GH Sulur	➢ Only elective Cesearean sections are done -No anaesthetist & Obstetricians ➢ No NBSU ➢ New Xray machine donated, yet to start, AERB certification process ➢ BSU available, but blood is not stored

Table:22

KANYAKUMARI DISTRICT

A. Primary health care facilities

S.No	Health facility	Specific Issues
	Certified	
1	CHC Chenbagaramanpudhur	➢ No diet is provided since funds are pending and yet to be received from NHM for the last 6 months. ➢ 30-year-old Xray machine, not able to obtain AERB certificate, hence Quality certificate is obtained. ➢ NBSU was not included for certification, under construction now (Radiant warmer available) ➢ Blood not stored
2	PHC (Rural) – Thovallai	➢ No Lady MO – deliveries have come down ➢ No cleaning staff, one staff comes on deputation- difficult to maintain the campus clean
3	PHC (Urban) - Vatavillai	➢ No security, systems in place, one of the worker stays at night. ➢ cleaning staff – sent from ward office temporarily making sustenance difficult ➢ Labour room under construction, hence no deliveries conducted now
	Non-Certified	
4	CHC Kurunthankodu	➢ No back up facilities ➢ No NBSU & BSU ➢ OT not functional
5	PHC (Rural) – Ollavillai	➢ No specific issues, now preparing for NQAS certification
6	PHC (Urban) – Vadaserry	➢ No specific issues, Going for Certification shortly

B. Secondary Health care facilities

S.No	Health facility	Specific Issues
	Certified	
1	Govt DHQrs Hospital, Padmanabapuram	➢ Disposal of general waste ➢ No back up facility for mortuary as of now, now work has been initiated ➢ NA of ECG technician were 50 to 60 ECGs are taken in a day
2	G H Kullithurai	➢ Space constraint for expansion of hospital
	Non certified	
3	GH Kulasekaram	➢ No NBSU ➢ C sections done only during day time (Elective) ➢ USG not functional

Table-23

5. MADURAI DISTRICT

A. Secondary Health care facilities

S.No	Health facility	Specific Issues
	Certified	
1	Govt DHQrs Hospital, Usilampatti	• A&E was not included during last certification. Now a new road facing entrance has been created and will be included at the time of renewal

V. Summary of the Results

NQAS certification for primary and secondary health facilities is a key intervention by the State for providing quality health care to its people. As of May 2023, three hundred and thirty-seven health facilities have obtained NQAS certification. Implementation of NAQS in public health facility needs to be evaluated to understand the challenges faced during the process and identify   issues in sustaining the certification status to help in future planning and scaling up across the state. In addition, evaluating non-certified health facilities helps to understand how they differ from certified facilities in terms of service provision and outcomes. It was in this context that this operational research was taken up.

The first part of the summary will highlight findings related to the certification process, current status of the certified facilities – their strength, challenges and suggestions for sustenance, while the second part will provide information on the present status of the non-certified health facilities, their similarities and difference from the certified health facilities,

Part - A

Certification Process, Current status of certified facilities, their strengths, challenges and suggestions for sustenance

1. Common successful approaches for obtaining certification

✓ Health facilities with good infrastructure, better performance and motivated staff are the main criteria for choosing a health facility for certification as maximum scores can be obtained with minimal expenditure. Health facilities which have already obtained commendation for Kayakalp, LaQshya certification were considered as they are oriented to quality related indicators and have prize money which can be used to address gaps.

✓ Health facility staff were initially reluctant to take up work related to certification, considering it as an additional work load, but have now accepted due to constant motivation by the district heads and quality nodal officers and also because they look at

this as an opportunity to get funds for certification process and post certification funds. As this would to improve hospital premises and service delivery

✓ In the process of obtaining certification, a team work culture has been developed and is visible in almost all the certified health facilities. They have a sense of ownership to their place of work and feedback from the patients that their public hospital is in par with the private has motivated them and they feel proud.

✓ Staff of facilities going in for certification made visits to certified facilities and obtained support from their staffs. This was a common practice observed in all districts and found to be very useful in the process of certification

✓ Staff sensitised to focus more on the soft skills and not only on the infrastructural requirement, as most of the activities can be initiated even before the receipt of funds

✓ State nodal officers and NHM/ Quality nodal officers at the district level, support in developing Standard Operating procedures (SOPs) for each of the department, establishing committees and maintaining registers as per the NQAS norm.

✓ In addition to the main role played by the district health officials, District Collectors have also helped in obtaining various certificates like -building stability, fire safety, pollution control board and for laying roads inside the hospital premises

✓ A team comprising of medical officer and nurse were made responsible for each department to do a detailed gap analysis and give feedback to the head of the institutions to provide necessary infrastructure - civil works and equipment and arranging for procurement of the registers, signages, obtaining certificates like fire safety, building stability   and other requirements like patient amenities etc in accordance with the NQAS guidelines

✓ Mentor staff nurses had played a major role in equipping the labour rooms, maintaining case sheets and imparting skills to nurses and monitoring on a day-to-day basis and in

addition periodic inhouse training has been organised in many health facilities to upgrade the skills of their staff and to equip the new comers to meet the requirements.

2. **Existing good infrastructure /services**

✓ Biggest strength of the certified health facilities for sustenance and renewal of certification is the existing good infrastructure - good buildings with patient amenities and necessary equipment. The others are - provision of most of the recommended services, availability of all essential drugs and consumables, Biomedical waste management system in place and good referral and follow up mechanisms.

✓ Most of the doctors and staff nurses trained in recommended skills. Periodic monitoring and reviewing the skill of the nurses by the mentor staff nurses at the district level helps to retain the skills learnt and to train the newcomers.

✓ Some of the hospitals have already obtained commendation for Kayakalp & LaQshya certification and some have initiated the process for MusQuan. This makes the process for NQAS certification/ renewal easy

✓ Staff attitude and working culture has improved. Staff speak politely and empathetic to the patients.

✓ In DH/SDHs case sheets are properly filled, records are well maintained. Laundry and Kitchen are kept clean and well maintained and quality of food is good. Adhering to the quality standards have empowered the staff to provide quality services ensuring safety for the patients and the service providers

3. Issues of Concern and Challenges

a. *Infrastructure – Buildings & Equipment*

✓ PHCs & CHCS are chosen for certification by the DPH&PM based on the suggestions of the DDHSs however secondary hospitals are not chosen in consultation with the JDHS, which puts a lot of pressure on the administrators when small hospitals without adequate staff and buildings are chosen

✓ In many CHCs, Xray machines are old and they have difficulty in obtaining AERB certificate. These machines should be replaced before the facility goes for renewal.

✓ Some buildings of the hospitals do not meet the NQAS guidelines. For example, Uni - directional movement is recommended from reception to labour room. post recovery and postnatal ward, there should be a direct access to the emergency ward from the road. These short comings are now accepted with reduction in scores.

✓ Condemnation of larger equipment like ECG machine, refrigerator & old Xray machine is difficult as the BMO has powers to condemn only up to Rs 5000/-

✓ DHs have large number of equipment; in addition, many ventilators and oxygen concentrators have been provided at the time of COVID. Funds are required for annual maintenance and calibration of equipment.

✓ Biomedical waste management systems are in place except in few PHCs, however management of general waste in district hospitals pose to be a big problem in GH Pollachi & GH Padmanabapuram

b. *Fund allocation & Utilisation*

✓ *T*amil Nādu Health System Reforms Programme (TNHSRP) and National Health Mission (NHM) Directorates are the main funding sources for certification of health facilities in the State. The funds received are used to address the gaps identified and prepare them to undergo the certification process. Fund provided to address the gaps in the health facilities are not need based, some institutions get much less than their requirements. Sufficient funds are provided by TNHSRP which helps to bring a lot of infrastructural

improvement and annual maintenance of the equipment as per the guidelines of NQAS, while funds provided by NHM Directorates is less and does not cover all the expenses.

✓ MLA & MP funds and funds from donors are other additional sources of funds mobilised. Inadequate funding affects the smaller SDHs while bigger hospitals manage with funds generated from the CM health insurance.

✓ Delay in release of funds was quoted as a major constraint by many hospitals. Funds are released through the treasury towards the end of the financial year and is expected to be utilised within few weeks which is difficult due to procedures involved in fund utilization. Funds released through the District Health Society also reaches the secondary hospitals during the months of February /March giving very little time to use the funds, unutilized funds cannot be drawn and will be allotted in the next financial year

✓ For some health facilities, the proceedings related to grant of funds is issued but funds are released late. Medical officers are made accountable from the date of receipt of the proceedings, hence meet the expenditure using their personal money and have difficulty in claiming later. On the other hand some facilities have funds credited to their account. They neither know the source nor the guidelines for using the funds received.

✓ For minor civil works or for other day to day expenses , MOs are not able to make a bank transaction since   the vendors may not have a bank account or some time delay will be there for the funds to reach, Hence MOs pay from their hand and face audit objections when they claim.

c. Inadequate Human resources

✓ Lack of basic health workers was a major issue brought out by most of the health facilities. Secondary level hospitals with bed strength less than 100 are not provided with outsourcing staff. These health facilities have very few basic workers since the vacancies are not filled for a long time. Basic health workers are required in the OPD, IP wards, OT, Laundry and mortuary. At present staff nurses take care of many of their jobs and are over loaded with work which affects their quality of work. Basic workers are

mainly responsible for cleanliness of the hospitals and their absence affects the routine maintenance of the hospital premises. When the health facility goes for certification, cleaning staff from other hospitals, municipal administration and volunteers are mobilised, but for sustenance adequate number of in-house basic health workers should be available.

✓ Frequent transfers, diversion and leave of doctors and staff nurses and existing vacancies   leading to shortage of staff was yet another issue highlighted, making it difficult to continue all activities initiated. This was one of the reasons for back log of registers and conduct of recommended meetings. Such mobility of doctors and nurses were more in Kancheepuram District and least in Kanyakumari District

✓ Doctors and nurses working in PHC & hospitals in Chengalpattu & Kancheepuram Districts stay for short time and move out to Chennai. Non service PGs also choose these hospitals for bond period and their stay is short. So, these hospitals always have a new set of staff who are reluctant to work as per the guidelines and do not show interest in learning. This not only affects service provision but also in updating and maintaining the registers and records.

✓ Dt Quality nodal officers are medical officers diverted from the PHC, who are themselves not oriented to NQAS certification process

✓ Hospitals with outsourced staff have security personnel, while they are not available in primary health facilities and SDHs with bed strength less than 100. Some of these institutions have big campus and duty staff feel unsafe moving from one building to another at night especially when drunkards come to the casualty. PHCs also face this problem when just two of them – one staff nurse and another female worker are available for night duty making them insecure in their place of work. The fund allocated for hiring is very low and insufficient to pay for a security

d. Upgrading skills of staff

✓ Standard Operating Procedures (SOPs) must be prepared for the functioning of each of the departments and should be institution specific. In some districts model SOPS were

shared with the health facility staff and were asked to modify to suit their facility. In some facilities quality nodal officers briefed the staff of the health facilities and asked them to prepare their own SOPS. Many medical officers preferred to have model SOPs since briefing alone was not sufficient to equip them to write the SOPs and this was the view of the senior administrators

✓ Staff nurses should be trained to calculate the indicators for various data. During our visit we found that many of them were not clear and provided incorrect data, besides the method of data collection for calculation for certain indicators like antibiotic use, patient feedback etc was not uniform across the health facilities

e. Certification Process & sustaining activities

✓ NQAS checklist list used for the CHC and the SDH is the same, while the services provided are different. Even among the SDH the services provided differ. Speciality OP and management of all the emergencies specified in the checklist are not provided in all the CHCs and many SDHs. Specialist services are provided only if the CHC/SDH happens to have specialist.

Unlike SDHs, CHCs in TN cater to a specific population and provide community-based services. CHCs provide all the services in the PHC and in addition have OT or few other depts which are not uniform across the state. Full certification for the CHCs is difficult since many of them may or may not have the all the required services – Blood storage unit, Xray services, NBSU and specific beds for A&E. CHCs therefore go for partial certification excluding the departments they do not have and receive funds lesser than PHCs from GOI. Even if they have a BSU it is not effectively put in use because most of them have stopped doing elective caesarean sections and currently provide sterilization services only - once or twice in a week.

✓ In many PHCs and CHCs registers of Quality committee meeting, Infection control committee, RKS and other registers were not updated for more than 6 months, this was attributed to transfer, diversion and leave of the trained staff nurses. Referral follow up registers are properly maintained, yet follow up of cases is mainly for obstetric referrals

and for certain non-communicable diseases only and not for other referrals. Maintenance of registers was at its best in Kanyakumari district and least in Kancheepuram District, where mobility of staff to other districts were very high.

✓ Maintaining older equipment not covered under AMC emerged as a problem across all health facilities. Delay in supply of equipment from TNMSC and servicing by vendors was quoted by some. Inability of biomedical engineers to visit frequently, arranging for calibration of equipment were other issues faced related to equipment

✓ In many PHCs& CHCs regular review meeting is conducted with all the staff. In addition to the regular agenda of the review meeting, activities related to functions of quality committee, Infection control committee and other NQAS related issues are discussed, however recorded in the registers of the respective committees. The minutes recorded in the registers are not relevant to that specific meeting.

✓ TNMSC provides a list of lab reagents which can be received from the TNMSC warehouse. Reagents for few tests like SGOT, SGPT, Serum Creatinine, bilirubin and HB1AC are not provided in the TNMSC list. While some say that those not in the list can be purchased after obtaining NOC from TNMSC while others differ. There is no clarity on this issue so hospitals do these tests in limited number.

4. Best practices

✓ Continuous training programme and review for staff of all department throughout the year in GH Pollachi and GH Ussilampatti could be followed by others and would be very useful when the hospital goes for renewal

✓ Provision of diet based on the health issues – less salt for hypertensives, high protein for TB Patients, and appropriate food for diabetic patients are provided in Kancheepuram GH which could be adopted in other hospitals also

✓ CMO interacting with all the patients at the time of discharge and getting feedback, a model adopted in some hospital could be followed in other hospitals also.

- Well placed securities and updated registers in GH Padmanabapuram and GH Kulithurai, Periodic conduct of blood camps for sufficient stock in GH Tambaram, good systems in place for mentoring and follow up of obstetric emergencies in GH Pollachi are other commendable practices which can be adopted by others

- Provision for parents to see their sick new-born through a screen in front of the NICU, a practice in GH Ussilampatti is commendable as it gives so much of solace to the parents who are waiting outside.

- Hypo drop a biomedical liquid waste treatment system for hospital with a 65 litre capacity is available in GH Ussilampatti which is a single unit which includes tap, washbasin and sodium hypochlorite for treating liquid waste and with a drainage to send the treated water outside. This ensures proper treatment without leaks

5. **Suggestions – State & District officials, Nodal officers & MOs**

✓ State or district training cell can be formed to train the entire staff of the health facilities going for certification, instead of deputing a doctor from a certified facility to another hospital frequently.

✓ Multiple registers are maintained with duplication of data. It was suggested that registers can be simplified, prepared, printed and distributed by the state to the centres going for certification as this would help to reduce workload and at the same time ensure uniformity. This process has been initiated by the NHM directorate and one of the state assessors suggested that the possibility of bringing digital records and registers which has been initiated in Telangana

✓ Case sheets, partographs and check lists related to Quality can be prepared and supplied by the State to ensure consistency and uniformity. It was suggested to introduce Haryana model, where all SOPs, guidelines for preparation of quality tools, hospital policies and other materials related to quality are available in the web site, which can be downloaded for use.

- ✓ Medical officers suggested that PWD staff should be included in the Institutional quality committee, as this would help to complete civil works quickly and for obtaining clearance certificates especially for old buildings

- ✓ Many Medical officers felt that it was difficult for them to read and understand the NQAS check list and therefore required a detailed orientation of the check list by the Quality nodal officer or any other resource person

- ✓ Selective key indicators for quality monitoring should be finalised and incorporated into the HMIS reporting and monitored at the state level

Part – B

(Present status of non-certified health facilities & their similarities and differences from the certified health facilities**)**

I. Findings based on IDIs with state and district officials and heads of the non-certified health facility

a. Initiation of certification related activities

- ✓ All the non-certified health facilities are working towards improving quality of care and have started to follow the recommendations of NQAS, though they may go for certification few years later. They have improved patient amenities , started to conduct QC meetings, place display boards and signages and maintain referral registers and follow up
- ✓ Few health facilities like PHC Olavillai, GH Sulur, GH Thuraiyur , GH Sriperumbudur have initiated the process of certification and funds have been released.

b. Understanding their gaps

- ✓ Many health facilities have done the gap analysis and know their lacunae. In addition to infrastructure requirement, they are aware that they need to improve skills of the staff,

conduct quality committee meetings and maintain the recommended register and adopt fire safety precautions for which they need not wait for funds

✓ Doctors admitted that the attitude of staff should be more empathetic, their hospital premises should be clean and more privacy should be provided to patients

d. Issues of Concern

i. Human resources

✓ Most of the SDHs work with few basic workers which affects routine work and maintenance of the premises,

✓ Security staff are not available for night duty in SDHs and PHCs where staff feel unsafe during night duty.

✓ SDH functions with limited staff not only the basic workers but also doctors and other paramedical staff, which affects routine functioning and management of emergencies at night

✓ Staff from the non-certified facilities are diverted to other 24 hr PHCs so they always work with limited staff

ii.Physical infrastructure

✓ Patient amenities like waiting room, separate toilets for men and women and separate ques for receiving OP tickets were not available in most of the non-certified facilities

✓ Non certified CHCs did not have Blood storage unit, NBSU, Xray services and A&E services as in some of the certified CHCs which has obtained partial certification

✓ Room for collection for BMW, room for placing condemned articles and power back up facilities were not available in the CHCs

iii. Services

✓ Patients are treated in the general OP and referred only if that specialist is posted in the hospital in GH Sriperumbudur as in many of the certified SDHs

- ✓ Recommended Quality related committees are not functional, SOPs and antibiotic policy are not available in most of the non-certified hospitals.

- ✓ In PHC Edhumalai, BMW is not collected by the agency, instead collected and burnt and placenta is buried in the premises

- ✓ Key areas for improvement in the non-certified secondary facilities were – MRD, Laundry and Kitchen

II. Findings based on scoring of quality indicators/ Performance

a. Scores

- ✓ Overall scores of the certified rural and urban PHCs were good but all of them received partial scores for want of proper person to provide security service

- ✓ Common indicators which were non-complaint in the non-certified urban and rural PHCs facilities were non-availability of recommended display boards, signages and EDL, lack of security personnel, Quality meetings not conducted regularly and NA of SOPs. Reasons for partial compliance was observed in indicators related to cleanliness, availability of emergency trays, empathetic to patients and access to drinking water and toilets

- ✓ Common indicators which were non-complaint in both certified and non-certified CHCs were non-availability of speciality OPD, functional BSU,NBSU, Caesarean services and partial scores for functional radiology services, lack of security personnel and provision of accident and emergency services and irregular conduct of quality related meetings. Few indicators for which non-certified facilities received partial scoring were MRD not well maintained and no emergency drug tray in labour room, immunization room and injection room and BMW not stored properly

- ✓ Among the certified SDHs, GH Tambaram and GH Kulithurai obtained full scores, GH Lalgudi scored less for not performing Caesarean services, not using blood storage facilities and for non-functioning A& E ward. This is because the OT is kept closed as a new building is being constructed adjacent to it. All the departments are running in the temporary places as the old OP block is demolished and construction of the new buildings is in progress. GH Valparai has obtained partial scores for non-availability of

adequate security staff in place, RKS meetings not regularly conducted, non-availability of speciality clinics and hospital premises not kept clean.

✓ All the SDHs except GH Kulasekaram is taken up certification in this financial year. All the non-certified facilities were non-compliant for indicators related to conduct of RKS &quality committee meetings, patient feedback, availability of SOPs and security systems in place. Partial scores were obtained because the hospital premises were not clean and well maintained, all display boards and EDL were not kept, staff were not empathetic, non-availability of emergency tray in the recommended department and only elective Caesarean sections were performed

b. Performances

✓ In both urban and rural PHCs, performance of few indicators was high in certified facilities and the others in non-certified PHCs. In Trichy district the performance was high in non-certified facilities while no change was seen in Kanyakumari district. At large no major changes were observed in the performance between the certified and the non-certified within the districts

✓ In CHCs no marked changes were observed in performance between the certified and non-certified except in Kanyakumari district where certified facilities scored higher.

✓ Wide variations exist between the bed strength of these hospitals within and outside the district. All the certified hospitals had more bed strength than the non-certified SDH chosen from the same district except GH Sular whose bed strength was higher than GH Valparai. Performance was proportionate to the bed strength and speciality services available and therefore cannot be compared both within and outside the district.

✓ No statistical method was adopted for comparing certified with non-certified facilities both in terms of scores and outcome indicators as the sample size was too small and the facilities were not randomly chosen.

III**. Observations during visit**

Similarities

- All the non-certified SDHs in pipeline for certification have bed strength less than 100, and have no access to outsourced staff. They therefore function with minimal basic worker similar to the certified SDH with bed strength less than 100.

- As per NQAS, CHCs should have BSU, NBSU, Xray service and A&E departments, this is not available in non -certified facilities as in some of the certified CHCs which have obtained partial certification excluding few of the above-mentioned departments

- No speciality OP services and emergency services are provided as recommended by NQAS in both certified and non-certified SDHs with bed strength less than 100. Speciality services are provided only if the hospital has a specialist in that department

- Lack of security personnel in health facilities was a common problem in both certified and non-certified health facilities

Differences

- Team spirit, joint working culture and sense of ownership of their place of work were visible in certified health facilities compared to that of non-certified health facilities

- Easy to retrieve data from certified health facilities as the reporting systems were streamlined

- Most non- certified health facilities did not have good ambience, clean and well-maintained premises

- Separate queue for male and female patients, patient waiting room, privacy for women and access to clean toilet was found in all certified health facilities and only in few non-certified health facilities

- No separate room for collection for BMW, room for condemned articles and power back up facilities were available.

- Keys areas for improvement in the non-certified secondary facilities were – MRD, Laundry and Kitchen

- Quality committees, infection committees and SOP and antibiotic policy are not available and patient feedback was not obtained

VI Discussion

Literature review shows that availability of similar scope of Operation research as that of the current one is very limited especially comparison between certified and non-certified facilities. While many studies in India reports about the status and advantages of NABH accreditation, only few are available related to NQAS certification and they also mainly focus on the impact rather than on process and sustenance. These constraints the comparability of this study to others except a few.

Good leadership and motivation of the district officials have been responsible for the smooth process of certification, and the same has been reflected in a study report from Kerala[17]. Health facilities which have obtained commendation for Kayakalp have been chosen for certification as they would be oriented to quality check list. However, a study done in selected hospitals across the state showed that there was no correlation between the two inspite of some similar standards for assessment, NQAS certified facility may show better performance in Kayakalp[18]

While the existing good infrastructure of most of the certified facilities seems to be a major strength of the state in obtaining certification/ sustenance, it should be remembered that the better of facilities have been chosen in the initial phases. Good leadership and motivation of the district officials have been responsible for the smooth process of certification, and the same has been reflected in a study report from Kerala[17]. Health facilities which have obtained commendation for kayakalp have been chosen for certification as they would be oriented to quality check list. However, a study done in selected hospitals across the state showed that there was no correlation between the two inspite of some similar standards for assessment. NQAS certified facility may show better performance in Kayakalp[18]

Team work, ownership, sense of pride that there hospitals are in par with private facilities and looking at certification as an opportunity for upgrading and improving their service delivery were other favourable factors reflected in other studies also[13,19] Forming dedicated team for identifying the gaps and addressing it was very fruitful and has been

followed in health facilities in Kerala.   The same study has also shown that empathetic attitude of Staff and upgradation of skills were other enablers for certification and sustenance, similar to our observations. [17]

One of our challenges is to adapt our old hospital buildings to meet the requirements of NQAS, and this is the same scenario in Kerala also which have old heritage buildings[17.]   Another issue of concern in our hospitals are the large number of old equipment in the PHCs and hospitals and equipment received from donors, for which there is no AMC and funds are not provided for that. This issue was not brought out in other studies.

Manpower shortage, especially nursing staff and specialist, lack of training, persistent infrastructure issues, shortage of emergency medicines and instruments and labour room essential are some the key gaps identified in a study from Bihar[15]. Scenario in TN was totally different, our major lacunae were the non-availability of basic workers. Health facilities in TN had adequate emergency medicines and labour room essentials.

A recent publication on evaluation of the driving and restraining factors affecting the implementation of hospital accreditation standards identifies High turnover rate, training of newcomers and inadequate man power as internal restraining factors for sustaining the provision of quality care. TN also faces these issues which should be addressed as these can derail the quality improvement process[19]. Delay in releasing funds and supply of case sheets, records and registers was yet another common problem in TN as well as in other states. Staff use plain papers and attach it to the case sheets and maintain their own hand written registers in TN which lacks completeness and uniformity, while report shows than in some states, they stop maintaining relevant documents. Compliance achieved would be diluted over a period due to lack of manpower and essentials[15].

 Slackening in maintaining records and providing services was also observed in others studies due to weak monitoring systems. Any sustainable solution for ensuring continued delivery of quality care will need, not only to address the long-standing issues but also adequately respond to the critical need by regular monitoring and taking corrective actions. Sustainability is now considered a domain of quality in health care. Health care should be considered not only in term of what can be delivered to an individual today, but also to the population in general and patients of the future.

Few studies have shown that increase in performance was observed in the certified primary health facilities and not in the certified secondary facilities. PHCs scored higher in terms of patient satisfaction[20,21]. One study attributed it to the non-empathetic attitude of the secondary hospital staff contrary to our findings[14], while the others felt that performance was independent of patient satisfaction and certification[22]. Impact in terms of performance was not assessed by us as this was outside the purview of our study.

Though non-certified health facilities have started initiating some of the key recommendations of NQAS, they are still not equipped to face certification and have a long way to go . No noticeable changes were visible in terms of performances between certified and non-certified primary health facilities. Certified and non-certified secondary hospitals could not be compared due to the vast variation in service provision and bed strength between the health facilities.

VII Recommendations

A. Certification Process

1. Officials from the DM&RHS have chosen few SDHs with poor infrastructure and less manpower for certification and this makes the process difficult. SDHs should be chosen for certification in consultation with the JDHS as they know the field realties. Institutions with poor infrastructure and man power can be taken up in the subsequent years after addressing their deficiencies

2. MOs have difficulty in preparing department specific SOPs, which is an essential component of NQAS. Guidelines for SOP can be prepared at the state level in consultation with the state assessors and shared with the facilities based on which they can make necessary changes to suit their institution.

3. Local PWD staff should be made a member of the quality team. This would make them accountable and would help in quick completion of civil works and obtaining clearance certificates.

4. NQAS checklist list used for the CHC and the SDH is the same, while the services provided are different. Full certification for the CHCs is difficult since many of them may or may not have all the required services – Blood storage unit, Xray services, NBSU and specific beds for A&E. Many CHCs go for partial certification excluding some of the departments which are not available and receive less funds post certification from GOI with proportionate cuts. CHCs many a time gets lesser funds than PHCs. BSU are established in the CHCs many times for certification, which is not put to use adequately as they provide only sterilization services. The possibility of considering it in par with PHCs should be explored with NHSRC as they provide more services and receive less funds.

5. Often newly constructed buildings do not meet the recommendations of NQAS. The new CEmONC building in GH Kancheepuram is not able to obtain fire safety certification for all its floors even after a year of opening the building. Necessary communications

should be sent to the PWD officials to prepare the blue print for construction of new hospital buildings in consultation with the health officials and   design in such a way that it meets the NQAS requirements.

6. One of the PHC medical officers are deputed to the DDHS office to take the role of quality nodal officer for the district. Most of them are not able to provide necessary support and guidance, to the MOs in the district.   It should made compulsory that the Quality nodal officers should undergo the assessors training to equip themselves support the others for certification.

7. Few simple yet commendable initiatives taken by the facilities on their own – printed and clearly written prescriptions provided in PHC V, Kaliyapuram, continuous training for staff throughout the year - GH Pollachi and GH Ussilampatti, provision of diet based on the health issues in Kancheepuram GH, discharge parade -CMO obtaining feedback from the patients at the time of discharge – GH Sulur, CC TV in the NICU providing access for parents to see their baby in the screen in front of NICU and Hypo drop a biomedical liquid waste treatment system for hospital – GH Ussilampatti , can be adopted by the other facilities.

B. Human resources

1. It is highly recommended that SDHs with bed strength less than 100 should be provided with out- sourced staff proportionate to the number of beds and services provided as they currently function with 2 to 3 basic workers only. They may obtain certification by mobilising staff from other facilities or sources for few months before certification, however this would be a major barrier for sustenance.

2. DHs & SDHs with bed strength above 100 are provided with outsourced staff but with relatively less number compared to the past. Now with increase in bed strength, they continue to remain with the same number. Out sourced staff are posted to OP, IP, OT, laundry, kitchen and mortuary. They include electricians and plumbers essential for the functioning of all the departments and maintaining the facilities clean. Inadequate basic workers result in poor maintenance of the hospital premises. It is recommended that these hospitals should be provided with outsourced staff proportionate to their bed

strength and their performance and the outsourced staff should meet the requirement of the hospital.

3. While we work towards safety of patients , safety of HCPs is equally important, Lack of proper security person is another major problem across all level of health facilities except in 67 health facilities in the state. It is highly recommended that security personnel should be made available for all the health facilities irrespective of their type to make female staff secure in their work place.

4. Transfers, diversion and leave of doctors and staff nurses and existing vacancies leading to shortage of staff was yet another issue highlighted, making it difficult to continue all activities initiated. Registers were not updated, data collection methods differed and they were not well versed in calculating rates for common indicators. It is essential that a District training cell should be established , which would provide periodic training both for the new comers and a refresher training for the existing staff

5. A complete orientation of the NQAS check list by resource person was suggested by the MOs as they have difficulty in reading and understanding it on their own. This again emphasizes the need for a District training cell. It is suggested that a master trainer's training can be conducted for the members of the district training cell who in turn can train the Mo's at the District level. The method of training can be in line with LaQshya training as it was appreciated by the HCPs.

C. Fund release and utilisation

1. At present there is no specific norms for providing funds to health facilities to address the gaps before going for certification. TNHSRP has been providing around INR 7,00,000/ per PHC, INR 10,000/- for CHCs and for hospitals @ Rs 50,000 per bed. This was sufficient to meet the infrastructural requirement and maintenance of equipment. On the other hand, NHM Directorate provides much less, even some of the SDHs have been provided with INR 5,00,000/- only, this was inadequate to meet even the basic expenses. In smaller health facilities, which have no means to generate funds, MOs incur the expenditure and wait for the post certification grant.

2. It is recommended that the funding should be need based. The first step is to do a Gap analysis of health facility, a tentative budget should be prepared at the district level after prioritizing the requirements and sent to the state. Other sources of funding available in the health facilities – Kayakalp commendation funds, LaQshya certification, CMCHIS and donor funds should be reviewed. The final allocation is to be decided by the state officials in consensus with the district officials. NHM and TNHSRP can release the required funds considering their resources to the respective health facilities.

3. Delay in release of funds was quoted as a major constraint by most of the hospitals. be it release of funds for gap analysis or post certification. Besides no proper guidelines are provided to health facilities related to fund utilisation. It is suggested that a small team should be formed to study the entire process right from issuance of proceedings for fund release to the time it reaches the beneficiaries. The mode of fund release should be revised to ensure that health facilities get the funds at the right time to meet their requirements and in addition MOs using the fund should be kept informed of the source of funding and provided with guidelines for utilising the funds.

4. A sensitization programme should be organised for the Medical officers of the PHCs on the procurement procedure and fund utilisation as many have spent their money and are now not able to claim and face audit objections

5. Day limit for use of HMS funds is only Rs 5000/- and this ceiling was fixed many decades back, this hampers fund utilisation. In view of the of cost escalation, the health department should increase the daily limit for using the funds

D. **Sustenance**

1. Though most of the certified health facilities had good infrastructure and provided good services, they are not free from challenges. Registers and records were not updated, Quality related meetings were not conducted regularly, Display boards were in bad

status, mistakes and inconsistencies in data collection and reporting was observed. Quality committee meetings and score cards are monitored for selected health facilities by TNHSRP. Monthly report of selected key indicators is submitted by the district hospitals to DM&RHS, but feedback is not provided.

Once the health facilities are certified, the focus of is shifted to the other facilities going for certification. Periodic visits should be made and a comprehensive review of all certified facilities should be done at least every quarter by the DDHS/ JDHS and once in a year by the state officials. Some of the key quality related indicators can be included into the regular HMIS reporting. By this quality indicators will be brought into the stream of regular monitoring. Periodic visits and monitoring are crucial to sustain the momentum gained and smoothens the pathway for renewal.

2. Multiple registers are maintained with duplication of data. These registers can be simplified and prepared in consultation with the State assessors in such a way that the maximum information can be obtained with less number of registers. The State can print and supply the registers, as this would reduce workload and at the same time ensure uniformity as it makes reviewing easy. The process of reviewing the registers has been initiated by NHM directorate. It is recommended that as a next step the state should move in for digital registers and records as in Telangana. This would not only save time for the staff, but also make monitoring easy.

3. Printed case sheets, partographs and checklists are not uniform across the state. When there is delay in funds, white sheets are used which does not cover all the required information and few attachments like checklist are missing. All these can be printed and supplied adequately by the state to maintain quality and ensure uniformity.

4. Facilities going for certification have difficulty in developing SOPs, Quality tools, Hospital policies and records and registers recommended by NQAS. The State should look into the possibility of developing standards guidelines / formats, which can be uploaded in the health department website for easy reference and down loading as done by the

Govt of Haryana. These can be used as models and health facilities can modify it wherever required to suit their needs

5. Hospitals have large number of equipment which are more than 5 years old. Additional Ventilator and oxygen concentrators were supplied at the time of COVID, besides many equipment were supplied by donors. Now all these instruments do not have an annual maintenance contract, therefore the maintenance cost is high. Besides it is difficult to get skilled technicians. Currently there is only one bio medical engineer per district. A short-term solution is to provide separate funding for maintenance and calibration of equipment. As a long term measure, the state should look into the possibility of establishing a state level cell , exclusively to facilitate and support the facilities related maintenance of equipment.

6. While the hospitals have to some extent streamlined the BMW management systems, Clearance of general waste generated by the hospital has emerged as a big problem in two of the district hospitals visited, while in the others it is cleared by the municipality after repeated requests of the hospital officials. Health department should take up this issue with the municipal administration and come with a permanent amicable solution to maintain the hygiene of the hospital.

VIII Conclusion

As TN moves up the ladder in socioeconomic development, people's expectations of health services also rise. Having achieved excellent access, coverage and performance over the decades, the state has forwarded the agenda of quality through accreditation/certification of health facilities. NQAS is now pursued by the State for primary health facilities – PHCs& CHCs and secondary health facilities- DHs& SDHs and NABH for tertiary health facilities. As of now 337 primary and secondary health facilities have obtained NQAS certification.

 It is critical for the state to be conversant with the process of certification and figure out challenges in sustenance for future planning and scaling up across the state and appreciate how they differ from non-certified facilities. It is at this juncture that this operational research was taken up and the results of this study provides a holistic information on various issues relating to certification of health facilities.

The culture of quality has been brought into all health facilities irrespective of their certification status. Health care providers though reluctant initially are now keen to go for certification, as this gives an opportunity for upgrading their skills and for providing quality services. Motivation and support from the State and District officials, staff from other certified health facilities has helped many facilities to obtain certification. Team spirit and ownership was visible in the certified health facilities. Patient feedback and satisfaction has given them a sense of pride.

TNHSRP and NHM Directorate are the main funding sources to health facilities for addressing the gaps and to prepare for certification. Multiple sources are also available to meet minor expenses and for sustaining most of the activities initiated in the process. Existing good infrastructure in health facilities, provision of good clinical and support services, availability of all essential drugs and consumables, patient amenities, BMW management systems in place and good referral and follow up systems provides a favourable environment for sustaining the certification status

While it is encouraging to observe the strengths of the system, it is not free from challenges which needs to addressed. One of the major challenges hampering, certification process and sustenance were inadequate staff and other was insufficient funds at times to address the gaps and delay in release of funds. Existing vacancies, frequent transfer, diversion and long leave of doctors and nurses has resulted in poor maintenance of records and registers and sustaining other activities initiated. Health facilities are now opting for other certification process like LaQshyq and MusQuan which brings in the need of for more staff. Yet another issue across all health facilities were lack of basic health workers and security personnel, especially in those with bed strength less than 100, since they do not have access to outsourced staff. Both categories are essential to maintain the cleanliness of the hospital and for providing safe environment for the service providers and the patients

Funds provided for addressing gaps are not need based and is released very late. There is also delay in releasing funds provided by GOI, post certification. Lack of guidelines to incur expenditure and delay in release of funds forces the MOs to incur the expenditure first and claim later and many times face audit objections. Minimal funding was only requested for sustenance to meet out expenditure for AMC for equipment and for shifting to new buildings

Few other issues were use of the same checklist for the CHCs and SDH, while the services provided are different, maintenance of multiple registers, maintenance of equipment not covered under AMC, lack of uniform case sheets, records and registers and lack of monitoring systems.

Non certified facilities have also started initiating some of the key activities recommended by NQAS and few of them are in the process for certification. They scored less compared to certified facilities in some key quality indicators recommended as per the NQAS check list. Inadequate staff and need based funding were also an issue in non-certified facilities. No major changes were observed in terms of outcomes between the certified and non-certified.

As the state moves towards scaling up of certification and renewal of certification, challenges and issues identified should be addressed proactively for a smooth scaling and sustain the gains achieved. Few of the recommended initiatives like establishing a District level training cell to equip the staff for certification and for conducting ongoing training programmes, Need based and timely release of funds, strengthening State and district level monitoring systems and all health facilities adopting some of the best practices observed are simple cost effective measures for scaling and sustaining certification. State needs to make few policy decisions like providing basic workers proportional to bed strength, Supply of case sheets and other printed materials, support for annual maintenance of equipment and digitalising the records and registers. Investments towards such policies are worthwhile as it would simplify the process make quality and integral part of service delivery.

It is crucial to deal with issues identified as scaling would be more challenging as the facilities with better infrastructure and human resources have been taken up in the initial phases. The recommendations provide future directions for scaling and sustenance of certification. The state with its existing commitment will be able handle the challenges and progress towards scaling up certification and provide quality care for its people.

IX. Bibliography

1. Tamil Nadu Quality of Care strategy – 2020-2024, Government of Tamil Nadu, published by the Project Director Tamil Nadu Health Systems Reform Program, Chennai.

2. The World Bank IBRD-IDA. Tamil Nadu Health System Reform Program. Available from https://projects.worldbank.org/en/projects-operations/project-detail/P166373. Accessed on 24th Dec 2023.

3. Ministry of Health and Family Welfare, Government of India. National Quality Assurance Standards for Public Health Facilities 2018. https://qps.nhsrcindia.org/ sites/default/ files/2021-05/National%20Quality%20Assurance%20Standars%20%282018%29.pdf accessed on 24th Dec 23

4.   Hittinahalli V, Golia S. NABH Accreditation and its status in the Country. Al Ameen J Med Sci. 2013;6(1):3-6.

5. NABH-AM. Policy and Guidelines for Use of NABH Accreditation/ Certification Mark. Available from https://nabh.co/Images/ pdf/Policy_and_Guidelines_ for_use_of_NABH_ Accreditation_Certification_Mark.pdf. Accessed on 24th Dec 2023

6. National Accreditation Board for Hospitals and Healthcare providers. Notification for New Portal for 5th Edition Hospital Accreditation Standards. Available from https://www.nabh.co/Announcement/Notification%20for%20NABH-Accreditation%20Program_HCO%205th%20Edition%20Guidebook_30-May-2022.pdf. Accessed on 24th Dec 2023.

7. Policy Note: 2023-2024, Demand 19, Health and Family Welfare Department, Government Of Tamil Nadu 2023

8. Policy Note: 2022-23, Demand 19, Health and Family Welfare Department, Government Of Tamil Nadu 2022

9. Alkhenizan A, Shaw C. Impact of accreditation on the quality of healthcare services: a systematic review of the literature. Ann Saudi Med. 2011;31(4):407-16.

10. Brubakk K, Vist GE, Bukholm G, Barach P, Tjomsland O. A systematic review of hospital accreditation: the challenges of measuring complex intervention effects. BMC Health Serv Res. 2015;15:280

11. IIHMR University. Abstract of Dissertation. Available from https://iihmr.edu.in/ research/student-dissertation/2016-2018/nabh-a-gap-analysis-of-process-of-accreditation. Accessed on 22 Nov 2023.

12. Rahat N. "Healthcare accreditation in India-Key factors & challenges", paper presented to the Proceedings of International Conference 2017, TMIMT, Moradabad

13. Javeed A. Golandaj* 1 , Karabasappa G. Kallihal2 and Jyoti S. Hallad3, National Quality Assurance Standards (NQAS) Accreditation in Public Health Facilities: An Impact Assessment in Karnataka, Maharashtra and Chhattisgarh,Demography India Vol. 50, Special Issue (2021), pp. 26-38 ISSN 0970-454X 26

14. Joseph S. Impact assessment of accreditation in primary and secondary public Healthcare Institutions in the State of Kerala, India. medRxiv. 2020

15. UK aid for British people. Bihar Technical Assistance Support Team (BTAST). Quality improvement efforts in public health facilities of Bihar - Some general findings. February 2016. Available from http://oneworld.net.in/wp-content/uploads/NQAS-public-health-facilities-of-Bihar.pdf. Accessed on 24th Dec 2023

16. World health organization. Strategizing National health in the 21st century: a handbook. Chapter 3. Available from https://www.researchgate.net/profile/Dheepa-Rajan/publication/316989388_Chapter_3_Situation_analysis_of_the_health_sector/links/591c1cd8a6fdcc701fd2c2aa/Chapter-3-Situation-analysis-of-the-health-sector.pdf. Accessed on 20th Dec 2023

17. Enablers and Barriers to NQAS certification in Kerala, PRC Report serials -2019-2020:2, https://qps.nhsrcindia.org/sites/default/files/2021-05/Report%20on%20Enablers%20and%20Barriers%. Accessed on 24th Dec 2023

18. Agarwal A, Srivatsava JN, Priyadarshini M, Impact of Implementation of "*Kayakalp*" initiative on Quality Certification of district Hospitals to National Quality Assurance Standards, Indian J Community Med 2019;44:228-32

19. Mohammed Hussein, Milena Pavlova & Wim Groot (2023) An evaluation of the driving and restraining factors affecting the implementation of hospital accreditation standards: A force field analysis, International Journal of Healthcare Management, 16:2,167-175, DOI: 10.1080/20479700.2022.2084810

20. Frances Mortimer, Jennifer Ishwerood, Alexander wikinson and Emma Voux, Quality improvement- Sustainability in quality improvement redefining. Future healthcare Journal 2018 vol5, No 2:88-93

21. P Mathew and Sunil, Assessment and patients perception of the impact of accreditation on the public health care delivery in primary and secondary health care setting s:Journal of Management Research and Analysis 2021;8(3):112–116 113

22. Kopal and Arti Rauthan, Study on impact of Quality Assurance program on surgical patient satisfaction in multi-speciality hospital of Uttar Pradesh, Bull. Env. Pharmacol.Life. Sci. Special Issue [1] 2022:1509-1515

ANNEXURE -1

Lessons learnt analysis

Focus Group Discussion

Guide

1. When did your PHC/CHC/SDH/DH get certified?

2. What is your opinion about an institution going for certification?

3. What kind of support did you get for the certification process and from whom? (Probes – State, District, Nodal officers, other facilities, others….)

4. Please tell me how you all planned and prepared for the certification process….

5. How and by whom were the staff trained to upgrade their skills?

6. How did you do the gap analysis? (Probes-who trained? support to use checklist, issues related….)

7. What would you say were the motivating factors to work for certification?

8. What were the key activities taken up in your facility as a part of the certification process? (Probes – civil works, registers, records

9. What do you think are the favourable factors

10. What major challenges did you all faced in the process of certification? (Probes – building, equipment, medicines, funds, preparation of certification, human resources, others…)

11. Which component of certification process do you need support and how?

12. Which are the areas do you all think should have been planned better? (Probes- specify and say how?)

13. What are your suggestions for making the process of certification smooth and easy

14. What suggestions would you like to offer to those going for certification?

15. In case, I had not asked anything related to certification ,which you would like to share with me… please tell me

ANNEXURE-2

SWOT Analysis

Focus Group Discussion

Guide

1. When did your institution obtain certification?

2. Please share your experience about the process of certification …. (how did you plan? issues faced..

3. Having obtained certification, what is your opinion about the present status of service delivery (probe , what is good, any issues, anything need to be improved…)

4. Your facility will be going for renewal …., what do you think are the strengths for facing renewal

5. What do you think are the major challenges in sustaining certification… (probes maintaining records & registers, HR issues, service provision , equipment, funds others….

6. What are the issues faced in providing services as per the NQAS standards …

7. What opportunities do you foresee in preparing for renewal

8. Any unique or specific initiative done in your health facility to provide quality care

9. What measures do you do to sustain the initiatives taken

10. What support do you require for sustaining the process/ going for renewal

11. Do you consider anything as a threat that would affect the facility while going for renewal

12. In case I have not asked you anything, which you think is important, please share with me…

ANNEXURE - 3

In depth Interviews (IDIs) with key stake holders

State/ District officials/ Hospital Administrators

- What are the various initiatives taken by the State to provide quality care in the health facilities? (Probes: quality committees, monitoring systems, accreditation)

- What is your opinion of accreditation / certification of hospitals?

- What is the current status of accreditation/ certification of health facilities? (Probes in the State, District, Directorates)

- How do you choose facilities for certification ?

- Please tell me about the various preparatory steps taken for preparing an institution to obtained certification/ accreditation…

- What were the various initiatives taken by you for making this process?

- Did you come across any difficulties during the process? If so please tell us what you did/ how you overcame that?

- Do you have suggestions by which the entire process of obtaining accreditation can be simplified and made easy

- Pls share your experience as a healthcare team member during the process of accreditation (probes- support from other teams, difficulties, advantages)

- Various indicators are measured for certification. In your opinion is there anything which is not required or anything which needs to be added?

- Please tell me about the changes you observe in the certified health facilities? (Probes: infra structure, service provision)

- Please tell me, how accreditation/ certification has brought improvement in quality of care provided to patients.

- What is the feedback you get from the patients about services provided? (probes: patient's satisfaction, patient experience, both positive and negative)

- In your opinion, what changes in your hospital/ centre has improved the patient satisfaction…

- Share your experience as service provider pre and post accreditation (probes: work load, work satisfaction)

- In your opinion, what are the challenges in maintaining the certification status obtained? (Probes: man power, resources, monitoring systems)
- What are your suggestions to smoothen the process of accreditation, scaling up to other health facilities and for sustaining the accreditation status obtained?
- If you think that I have not got any additional information which is important for smoothening and simplifying the accreditation process and for sustaining the accreditation status of the health facility. Please tell me….

ANNEXURE-4

In depth Interviews (IDIs) with hospital administrators

Non-Certified health facilities

- What are the various services provided in your health facility?

- What is your opinion about the quality of services provided in your health facility? (reasons)

- Do you think that quality of care in your health facility has to be improved, if so what are they? an how do you plan to improved? And what are the challenges faced by you?

- Have you taken up any initiatives to improve quality of care?

- What is your opinion about the patient amenities provided in your health facility?

- Please tell me about the various initiatives taken by the State to provide quality care in the health facilities? (Probes: quality committees, monitoring systems, accreditation

- What is your opinion about the various skills of your staff (Doctors. Paramedical, Nurses), Skill which you think your staff need to be trained…

- Do you have management protocols … do you think its required (steps to provide one)

- What systems are in place to get feedback & suggestions (complaint box)

- What are the systems in place for calibration and maintenance of equipment?

- What is the current status of accreditation/ certification of health facilities in your District?

- Please tell me about your understanding of certification and its advantages

- What is your opinion of accreditation / certification of hospitals? (Services in certified facilities)

- Do you have quality committees in your health facilities? What are their roles and responsibilities, please tell me about their functions….

- What are the systems in place to address – infection control, antibiotic overuse & resistance, AEFI & AEF use of drugs?

- How is the Bio medical waste segregated and disposed?

- What are the reasons for not getting into certification process?

- When and how do you plan to take your health facility for certification

- What do you think would be challenges in taking up the process for certification?

- What is the feedback you get from the patients about services provided? (Probes: patient's satisfaction, patient experience, both positive and negative)

- What support do you expect at the state? District level to take up the health facility for certification

- If you think that I have not got any additional information which is important for taking up your facility for certification and for providing quality care. Please tell me….

ANNEXURE -5

PHCs - Scoring sheet

(Fully complaint-2, Partially complaint -1 & Non-Complaint -0)

(Maximum Score- 40)

S.No:	Verification indicators	Certified	Non-Certified
	Service Provision		
1	OPD services – 6hrs, Delivery & emergency – 24hrs		
2	Primary management for Dog bite & Vaccination		
	Patient Rights		
3	Privacy for examination of patient		
4	Informed about diagnosis, treatment ,method and time of administration of drugs		
5	Availability of essential display boards, signages & EDL		
6	Empathetic behaviour of staff		
	Inputs		
7	Access to safe drinking water & functional toilets		
8	Emergency drug tray maintained – injection room, immunization room & labour room		
9	Equipment for adult & new born resuscitation		
10	Availability of essential drugs		
11	Adoption of Fire extinguishers & fire safety practices		
12	Access to security services		
	Infection Control		
13	Segregation of BMW and disposal		
	Quality Management		
14	Availability and use of Std Operating Procedures		
15	Regular conduct of Quality Committee meeting and action taken		
	Support Services		
16	Buildings and surrounding areas clean		
17	Proper cold chain management for vaccines		
18	All essential investigations for AN women done		
19	Counselling on contraceptive services		
20	Complete details in delivery case sheets including partograph		
	Total		

ANNEXURE-6

CHC/ SDH - Scoring sheet

(Fully complaint-2, Partially complaint -1 & non-Complaint -0)

(Maximum Score- 80)

S.No:	Verification indicators	Certified	Non-Certified
	Service Provision		
1	OPD services – 6hrs, Delivery & emergency – 24hrs		
2	Primary management for Dog bite & Vaccination		
3	Availability of speciality clinics		
4	Provision of injectable iron for moderate anaemia/ Blood transfusion		
5	Caesarean services		
6	Blood storage facilities (common groups)		
7	Xray & USG services		
8	Accident & emergency services		
9	New-born stabilisation unit		
10	Post-partum sterilization services		
11	Floor directory, signages and depts numbered & Essential drug list		
	Patient Rights		
12	Privacy for examination of patient		
13	Informed about diagnosis & treatment		
14	Informed about method & time of administration of medicine		
15	Empathetic behaviour of staff		
16	Obtained informed consent before doing any procedure		
	Emergency		
17	Stabilize and refer obstetric emergencies		
18	Management of emergencies diarrheal disease and first aid in case of injuries		
	Inputs		
19	Access to safe drinking water & functional toilets		
20	Emergency drug tray maintained – injection room, immunization room & labour room		
21	Equipment for adult & new born resuscitation		
22	Availability of essential drugs		
23	Adoption of Fire extinguishers & fire safety practices		
24	Access to security services		
25	Provision of quality diet		
26	Provision of laundry services		

27	Cold chain management		
28	MRD staff skilled in indexing and storage of medical records		
	Infection Control		
29	Segregation of BMW and disposal		
	Quality Management		
30	Availability and use of Std Operating Procedures		
31	Regular conduct of Quality Committee meeting and action taken		
32	Patient feedback analysis		
	Support Services		
33	Buildings and surrounding areas clean		
34	All essential investigations for AN women done		
35	Duty roaster of Drs & Nurses available - updated		
36	Counselling on contraceptive services		
37	All common lab investigations done		
38	Calibration of lab equipments		
39	Complete details in delivery case sheets including partograph		
40	Periodic RKS review meeting, patient complaint and feedback		
	Total		

ANNEXURE - 7

DISTRICT HOSPITAL

Facility Survey – Score sheet

One Facility score sheet for general status of health facility and 19 department specific score sheets used, covering seven domains of quality recommended by NQAS.

 Scoring: Fully Complaint -2, Partially complaint-1 & non-Complaint – 0. Maximum scores – 550

Means of verification as recommended by the NQAS checklist

GENERAL

Score sheets

S.No:	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
1	Hospital clean and well maintained					
2	All basic Patient amenities are available					
3	Staff polite and empathetic					
4	Security systems in place					
5	Building maintenance					

DISTRICT HOSPITALS

1.Administrative services

Score Sheet

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manapparai	GH Pollachi	GH Padmanabapuram	GH Ussilampatti
1	Service Provision	Availability of a functional A&E unit					
2		Formation of District Apex Group ((Leprsosy)					
3		Availability Functional ART centre is available					
4		Availability of a functional NICU					
5	Patient Rights	Availability of administrative services like handicap certificate, death certificate services are displayed.					
6		Systems in place for periodic review of patient complaints					
7		Mandatory information under RTI & Rights and responsibility of patient is displayed					
8	**Inputs**	Hospital has adequate space as per bed strength					
9		Availability of public toilet for visitors					

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manapparai	GH Pollachi	GH Padmanabapuram	GH Ussilampatti
10		Ambulatory services are in outermost zone					
11		Periodic Maintenance of lift					
12		Facility has conducted fire safety systems in place and staff trained in use.					
13		Equipment - System to maintain records of down time of equipment, all equipment covered under AMC and calibration done					
14		Availability of all essential and emergency drugs throughout the year.					
15		Committee against sexual harassment is constituted at the facility					
16		Manifold room has adequate stock of Oxygen and Nitrogen Cylinders					
17		RKS meeting are held at prescribed interval					
18	Infection control	Infection control committee constituted and functional					
19		Facility has antibiotic policy in place and system for reporting microbial resistance in the facility					

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manapparai	GH Pollachi	GH Padmanabapuram	GH Ussilampatti
20	Support systems	Facility ensures adequate and regular supply of personal protective equipment and supply of disinfectants at the point of use					
21		Bio Medical waste management systems in place					
22	Quality Management	District Quality Team – fully functional					
23		Patient feedback obtained, analysed on monthly basis and feedback given					
24		Hospital has records of Standard operating procedures					
25		Death audits are conducted at periodic interval					

DISTRICT HOSPITAL
Score sheet
AUXILLARY SERVICES

S. No:	Domain	Indicator for verification	GH Kanceepuram	GH Manaparai	GH Pollachi	GH Padmanabapuram	GH Ussilampatti
1	Service Provision	Availability of kitchen, as per guidelines & operational					
2		Availability of l laundry & functional- as per guidelines					
3		Availability of functional security services 24 X7					
4		Availability of Housekeeping services 24X7					
5		Availability of Medical record department with a designated person					
6	Inputs	Linen department has procedure for sluicing of soiled, infected and fouled linen					
7	Support services	There is procedure to ensure that staff is available on duty as per duty roster					
8	Infection control	Staff knows what to do in condition of needle stick injury					
9	Quality Management	There is system daily round by matron/ hospital superintendent/ other administrators for monitoring of services					
10		Kitchen has system of regular external inspection by Municipal/ FDA authorities and feedback from patients obtained					

DISTRICT HOSPITAL

3.BLOOD BANK

Score Sheet

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH. Manaparai	GH. Pollachi	GH Padmanabapuram	GH Ussilampatti
1	**Service Provision**	Blood bank services available 24X7 – facility for whole blood collection & storage					
2	**Inputs**	Availability of dedicated blood bank medical officer					
3		Availability of adequate emergency drugs at point of use					
4	Support services	Blood bank has system to update correction factor after calibration wherever required					
5	Clinical services	All recommended registers maintained					
6		Check for refrigerators used for blood storage are kept at recommended temperature					
7	**Infection Control**	Surface and environment samples are taken for microbiological surveillance					
8	**Quality Management**	Standard operating procedure for department has been prepared and approved					

District Hospital

4. Emergency

Score sheet

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Pollachi	GH Padmnabapuram	GH Ussilampatti
1	Service Provision	Availability of Emergency Medical & surgical Procedures					
2		Availability of Emergency Obstetrics &Gynaecology & Paediatric Procedures					
3		Availability of Emergency Ophthalmology &ENT procedures					
4		Availability of Emergency Orthopaedic procedures					
5		Radiology Services are functional 24X7					
6		Availability of Emergency diagnostic tests 24x7					
7	Patient Rights	Patient/ Attenders, is informed about her clinical condition, procedure to be done and treatment provided					
8	Inputs	Adequate space for accommodating emergency load					
9		Availability of Immunological, Antidotes and Other Substances used in Poisonings					
10		All the measuring equipment/					

		instrument are calibrated					
11		Availability of functional Instruments for Resuscitation.					
12	Support Services	There is system of timely corrective break down maintenance of the equipment					
13		Narcotics and psychotropic drugs are kept in lock and key					
14		Availability of power back in Emergency					
15	Clinical Services	High alert drugs available in department are identified					
16		Discharge summary adequately mentions patients' clinical condition, treatment given and follow up					
17	Infection Control	Surface and environment samples are taken for microbiological surveillance					
18	Quality Management	Standard operating procedure for department has been prepared and approved					

DISTRICT HOSPITAL

INTENSIVE CARE UNIT (ICU)

Score sheets

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
1	**Service Provision**	Availability of 24x7 Intensive care services for medical & surgical cases					
2		Availability of Intensive care services for Gynae and obstetrics cases					
3		Availability of Portable X ray services					
4		Functional laboratory services are available					
5	**Patient Rights**	ICU has system in place to communicate with patient/ their family member the nature and seriousness of the illness at least once in day					
6	**Inputs**	ICU has sufficient fire exit to permit safe escape to its occupant at time of fire					
7		Availability of Functional Intensive care equipment and instruments					

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
8	**Support services**	There is system of timely corrective break down maintenance of the equipment					
9		Availability of power back up in ICU					
10		Availability of Centralized /local piped Oxygen and vacuum supply					
11	**Clinical Services**	High alert drugs available in department					
12		Discharge summary adequately mentions patients clinical condition, treatment given and follow up					
13		ICU has protocols for care and Monitoring of patient on ventilator					
14	**Infection Control**	Surface and environment samples are taken for microbiological surveillance					
15	**Quality Management**	Regular conduct of Medical Audit & Prescription audit					

DISTRICT HOSPITAL

6. IN PATIENT WARD

Score sheet

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Pollachi	GH Padmanabapuram	GH Ussilampatti
1	**Service provision**	Availability of general medicine services					
2		Availability of isolation ward services					
3		Availability of general surgery services					
4		Availability of burn ward indoor services					
5		Availability of ophthalmology indoor services					
6		Availability of Orthopaedics indoor services					
7		Availability of accident & trauma ward					
8	**Patient Rights**	Availability of screens / Curtains & examination room					
9	**Inputs**	Separate male and female Functional toilets with running water and flush are available as per strength and patient load of ward					
10		Functional bathroom with running water are available as per strength and patient load of ward					

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Pollachi	GH Padmanabapuram	GH Ussilampatti
11		There is sufficient space between two bed to provide bed side nursing care and movement					
12		Availability of functional Instruments for Resuscitation.					
13	Support Services	Availability of 24x7 running and potable water					
14		Availability of power back up in patient care areas					
15	Clinical Services	High alert drugs available in department are identified					
16		Discharge summary adequately mentions patients' clinical condition, treatment given and follow up					
17	Infection Control	There is procedure to report cases of Hospital acquired infection					

DISTRICT HOSPITAL

7. LABORATORY

Score sheet

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
1	Service provision	All lab services are available in routine working hours					
2		Emergency lab services are available for selected tests of Haematology, Biochemistry and Serology 24X7					
3	Patient Rights	Laboratory has system to ensure the confidentiality of the reports generated					
4		Informed Consent is taken before HIV testing, or any other procedure					
5	Inputs	Emergency Drug Tray is maintained					
6	Support Services	All equipment is covered under AMC including preventive maintenance					
7		Laboratory has system to update correction factor after calibration wherever required					

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
8		There is established system of timely indenting of consumables and reagents					
9	Clinical Services	Requisition of all laboratory test is done in request form					
10	Infection Control	Surface and environment samples are taken for microbiological surveillance					
11		Disinfection of liquid waste before disposal					
12	Quality Management	Laboratory has documented External Quality assurance program					

DISTRICT HOSPITAL

8. LABOUR ROOM

Score sheets

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
1	**Service Provision**	Labour room service is functional 24X7					
2		Septic Delivery & Delivery of HIV positive Pregnant Women					
3		Availability of New born resuscitation					
4	**Patient Rights**	Availability of screen/ partition at delivery tables					
5		Labour room has system in place to involve patient's relative in decision making about pregnant women treatment					
8	**Inputs**	Labour Room layout is arranged in LDR concept					
9		High Risk Pregnancy cases are identified and kept in intensive monitoring					
10		Check for that relevant Standard treatment protocols are available at point of use					

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
11		High alert drugs available in department are identified					
12		Medical advice and procedure and treatment given is accompanied with date, time and signature & partograph attached					
13	**Infection Control**	Personal protective kit for delivering HIV cases					
14	**Quality management**	Referral Audits are conducted on Monthly Basis					
15		Maternal Death and neonatal death audit conducted on Monthly Basis					

DISTRICT HOSPITAL

9. MATERNAL - OPERATION THEATRE (M-OT)

Score sheet

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
1	Service Provision	OT Services are available 24X7					
2		Availability of C-section services					
3		Availability mother &new born resuscitation& care – equipment and consumables					
4	Inputs	OT tables are available as per load					
5		Availability of anaesthetist, drugs for general anaesthesia					
6		Availability of medical gases					
7		Emergency drug tray is maintained in OT in pre and post operative room					
8	Support Services	There is system of timely corrective break down maintenance of the equipment					

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
9		Operation list is sent to OT well in advance					
10		Surgical Safety Check List is used for each surgery					
11	Infection control	Surface and environment samples are taken for microbiological surveillance					
12		Fumigation as per schedule					
13	Quality management	C section audit done every month					

DISTRICT HOSPITAL

10. MATERNITY WARD

Score Sheet

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
1	**Service Provision**	Availability of indoor services for Antenatal cases					
2		Availability of indoor services for Septic cases & EClampsis acases					
4		Screening of New born for Birth Defects					
5	**Patient Rights**	Availability of ramps and railing					
6		Declaration is taken from the LAMA patient					
7	**Inputs**	Functional bathrooms & toilets					
8		There is sufficient space between two bed to provide bed side nursing care and movement					
9		Availability of all essential and emergency drugs including high alert drugs					
10		Availability of resuscitation equipment					

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
11		Counsellor is skilled for postnatal counselling					
12	**Support Services**	All equipment is covered under AMC including preventive maintenance and calibrated					
13		Security arrangement available					
14		Availability of power back in ward					
15	**Clinical Services**	Dangers signs are identified and recorded & treatment chart maintained					
16		Facility has functional referral linkages to lower facilities					
17		High Risk Pregnancy cases are identified and kept in intensive monitoring					
18		Discharge summary is provided					
19		Care of Low Birth Weight and Premature babies					
20	Quality Management	There is procedure to conduct Medical Audit & prescription audit					

DISTRICT HOSPITAL

11. MORTUARY

Score sheet

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
1	**Service Provision**	Dead bodies are kept till the relatives take over the bodies					
2		Dead bodies are brought to hospital for medico legal post mortem work					
3	**Patient Rights**	Post mortem records of deceased are issued to police/next kin of deceased as per state guideline					
4	**Inputs**	Adequate space to accommodate Post mortem and dead bodies load					
5		Availability of Cabinets for storage of dead bodies& system to maintain temperature of the cabinets					
6		Availability of power back in mortuary					
7		Mortuary technician to maintain full records of body brought to mortuary					
8	**Infection Control**	There is procedure for immunization of the staff					

DISTRICT HOSPITAL

13. OUT PATIENT DEPARTMENT (OPD)

Score sheet

S. No:	Domain	Indicators for Verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
1	**Service Provision**	Availability of functional dedicated General Medicine & Surgery Clinic					
2		Availability of Functional Obstetrics, Gynaecology & Paediatric Clinic					
3		Availability of functional ophthalmic clinic					
4		Availability of functional ENT clinic & Availability of functional Ortho clinic where procedures are done at the OPD also					
5		Availability of functional Skin & VD Clinic with necessary equipment & staff required					
6		Availability of functional Psychiatry Clinic					
7		Availability of functional Dental Clinic with necessary equipment& procedures done					
8		Availability of Dressing facilities at OPD					

S. No:	Domain	Indicators for Verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
9		Availability of functional super speciality clinics					
10		Dedicated Geriatric Clinic					
11		Functional NCD clinic is available with necessary equipment & staff required					
12	**Patient Rights**	Designated areas for registration & Separate queue for female at registration					
13		Availability of ECG technician					
14		Availability of functional Instruments / Equipment for all speciality procedures					
15	Support services	All the measuring equipment/ instrument are calibrated and maintained					
16	Clinical Services	Treatment of Common RTI/STI's					
17		Opportunistic screening for diabetes, hypertension, cardiovascular diseases					
18	Infection Control	There is procedure for immunization of the staff					
19		OPD Patient satisfaction survey done on monthly basis					
20		There is procedure to conduct Prescription audit					

DISTRICT HOSPITAL

14. OPERATION THEATRE (OT) 17

Score sheet

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
1	**Service Provision**	Availability of General Surgery & Gynaecology procedures					
3		Availability of Paediatric Surgery procedure					
4		Availability of Ophthalmic & ENT Surgery procedures					
5		Availability of Orthopaedic surgical procedures					
6		Availability of C-section services					
7	**Patient Rights**	Patient attendant is informed about clinical condition and treatment been provided					
8	**Inputs**	Availability of medical gases					
9		Availability of emergency drugs & drugs for anaesthesia					
10		Availability of functional General surgery equipment for speciality specific surgeries					

11		OT Management related registers & records					
12	**Support Services**	There is system of timely corrective break down maintenance of the equipments					
13		Availability of power back up in OT					
14	**Clinical Services**	Operative Notes are Recorded					
15		Availability of blood units in case of emergency without replacement					
16	**Infection Control**	Surface and environment samples are taken for microbiological surveillance					
17		Fumigation as per schedule					

DISTRICT HOSPITAL

15. PAEDIATRIC OPD

Score Sheet

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
1	Service Provision	Availability of services for early identification and intervention of 4 D's					
2	Patient Rights	Entitlement under JSSK, RBSK, PMJAY and other schemes are displayed					
3		IEC Material is displayed					
4		Parent- attendant is informed about the clinical condition and treatment been provided					
5	Inputs	All clinics and related auxiliary services are co located in one functional area					
6		Availability of Nutrition Counsellor		.			
7		Emergency Drug Tray is maintained at immunization room, OPD					
8		Availability of functional Equipment &Instruments for examination & Monitoring & managing emergencies					
9	Support Services	Vaccine is kept at recommended temperature at immunization room					
10	Clinical services	Any adverse drug reaction is recorded and reported					

DISTRICT HOSPITAL

16. PAEDIATRIC WARD

Score Sheet

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
1	**Service Provision**	Availability of dedicated paediatric ward					
2		Availability of diarrhoea treatment unit					
3		Availability of High dependency unit					
4		Indoor Management of Acute respiratory infections					
5		Indoor Management of childhood illness& emergencies in children					
6	Patient Rights	Information regarding services is displayed					
7	Inputs	Availability of parental drugs		.			
8		Availability of functional Instruments for treatment, Resuscitation and consumables					
9	**Support Services**	There is no stock out of vital and essential drugs					

10	**Clinical Services**	High alert drugs available in department are identified			
11		Discharge summary adequately mentions patients clinical condition, treatment given, Nutritional status and follow up			
12	**Quality Management**	There is a procedure to conduct medical & Referral Audit			
13		There is procedure to conduct Prescription audit			

DISTRICT HOSPITAL

17. PHARMACY

Score Sheet

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
1	**Service Provision**	Facility ensure access to drug store after OPD hours					
2		Generic Drug store is operational 24X7					
3		Availability of Drugs under NVBDCP, RNTCP,NLEP &NACP					
4		Main stock & sub stock drugs arranged recommended					
5		Availability of separate Queue for Male and female at dispensing counter					
6		Method of Administration /taking of the medicines is informed to patient/ their relative by pharmacist as per doctor's prescription in OPD Pharmacy					
7		IV fluids and plasma expenders					
8		Availability of Equipment for maintenance of Cold chain & system in place to maintain temperature chart of ILR					
9	**Support Services**	ILR and deep freezer has functional alarm system & power back up					
10	**Clinical Services**	Facility has essential drug list as per State guidelines & is displayed					

DISTRICT HOSPITAL

18. POST PARTUM UNIT (PPU)

Score Sheet

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
1	**Service Provision**	OPD services are available for family planning					
2		Availability of Spacing methods of family planning					
3		Availability of Female Limiting Methods of family Planning					
4		Availability of Male Limiting Method for Family Planning					
5		Availability of Post-partum FP services					
6		Availability of Family Planning Counselling and Promotive services					
7		Abortion and Contraception services for Ist and 2nd trimester – all methods					
8	**Patient Rights**	Informed consent for family planning surgeries &IUD insertion					
9	**Inputs**	Availability of emergency Contraceptive Pills, Antra, drugs for MMA					

10	**Clinical Services**	Discharge summary adequately mentions patients' clinical condition, treatment given and follow up					
11	**Maternal& Child Health Services**	Client is counselled about the options for family planning available					
12		Client is informed about post operative care, complication and follow up					
13		MVA procedures are done as per guidelines & protocols followed					
14	**Infection Control**	Surface and environment samples are taken for microbiological surveillance					
15	**Quality Management**	Department has documented procedure for registration, admission and discharge & obtaining consent					

DISTRICT HOSPITAL

19. RADIOLOGY

Score sheets

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
1	Service Provision	Emergency radiology services are available for selected procedure 24X7					
2		Availability of special radiography services					
3		Availability of Dental X ray Services					
4		Availability of CT scan facility					
5	Patient Rights	Display of PNDT Notice at USG					
6	Inputs	Availability Consumables					
7		Availability of functional X-ray machines & Ultrasonography					
8	Support Services	TLD badges are available with all staff of X ray department					
9		Availability of power back up in Radiology and USG room					
10	Quality Management	Periodic QA of equipment by AERB authorized agencies					

DISTRICT HOSPITAL

20. SICK NEWBORN CARE UNIT (SNBCU)

Score Sheet

S.No:	Domain	Indicator for verification	GH Kancheepuram	GH Manaparai	GH Polachi	GH Padmanabapuram	GH Ussilampatti
1	**Service Provision**	Management of low-birth-weight infants <1800 gm and preterm					
2		Emergency Management of New-born Illnesses					
3		Management of Hypothermia					
4		Lactation support & Management Services					
5		SNCU has side lab /Linkage for laboratory investigation.					
6	**Patient Rights**	Privacy is maintained in breast feeding and KMC room/area					
7		SNCU has system in place to take informed consent from parent/ guardian/ relative whenever required					
8		Availability of IV Fluids & drugs for electrolyte imbalance					
9		Emergency Drug Tray is maintained					
10		Availability of functional Equipment &Instruments for examination & Monitoring					
11		Functional Critical care equipment for Resuscitation.					

12	**Clinical Services**	Referral checklist & Referral in/ Out register is maintained for all referred cases					
13		Discharge summary adequately mentions patient clinical condition, treatment given and follow up					
14		Check with mother/attendant the key points explained during counselling					
15		Expressed milk/ DHM is stored at recommended temperature					
16	**Infection Control**	There is procedure to report cases of Hospital acquired infection					