
**Assessment for the Quality of Services Provided under NABH
Accreditation Programme in Pratapgarh District, Uttar Pradesh**
Parmatma Prasad Gupta*, Dr. Neena Gupta and Akanksha Singh*****

*Master of Public Health, Officer-Donor Relations-Dr. Shroff's Charity Eye Hospital, New Delhi.

** Assistant Professor, Faculty of Health and Medical Sciences, Sam Higginbottom Institute of Agriculture, Technology & Sciences-Deemed to be University, Allahabad.

*** Research Scholar, Faculty of Health and Medical Sciences, Sam Higginbottom Institute of Agriculture, Technology & Sciences-Deemed to be University, Allahabad.

ABSTRACT:

National Accreditation Board for Hospitals and Healthcare Providers (NABH) was launched with the objective of enhancing health system & promoting continuous quality. The objective of the study is to identify the quality of services provided by the hospitals. Pratapgarh District was selected purposely. The sample size was 210 respondents from IPD & OPD, for the study population (CHC Lalganj) and control population (CHC Sanghipur) respectively. The data was collected by face to face interview using pre- tested structured schedule. Respondents having awareness regarding the services provided was 95.72% & 88.58% in the study and control population respectively. The study reveals that in the control population 47.15% do not know regarding the services displayed. In the control population 77.50% of the respondents stated that the laboratory service provided by the hospital were not adequate. The study reveals that 86.42% & 64.28% of the respondents in the study population & control population availed the medicines from the hospital respectively. The services provided regarding awareness was highest among study and control population. In the control population most of the respondents was not aware about the displayed services within the hospital. It is suggested that the services displayed should be pictorial and in regional language.

INTRODUCTION:

A wealth of knowledge and experience in enhancing the quality of health care has accumulated globally over many decades. In spite of this wealth of experience, the problem

frequently faced by policy makers at country level in both high and low-middle-income countries is to know which quality strategies- complemented by and integrated with existent strategies initiatives- would have the greatest impact on the outcomes delivered by their health system which promotes a focus on quality in health systems, and provides decision-makers and planners with an opportunity to make informed strategic choices to advance quality improvement. There are two main arguments for promoting a focus on quality in health systems at this time. Even where health systems is well developed and resourced, there is clear evidence that quality remains a serious concern, with expected outcomes not predictably and with wide variations in health care delivery within and between health care systems [1]. Where health systems- particularly in developing countries – need to optimize resource use and expand population coverage, the process of improvement and scaling up needs to be based on sound local strategies for quality so that the best possible results are achieved from new investment [1].

The process in this document consciously addresses quality from a health systems perspective [1]. The rationale for doing so is best summarized in a quotation from an Institute of Medicine (USA) report. As medical science and technology has advanced at a rapid pace, the health care delivery system has floundered in its ability to provide consistently high quality care to all. This implies that increased know- how and increased resources will not, in themselves, translate into the high quality of health care which populations and individuals rightly expect [1]. Health expenditure in industrialized countries has doubled in the last 30 years; however, the highest spending countries are not always those with the best result [2].

In every country, there is opportunity to improve the quality and performance of the health-care system, as well as growing awareness and public pressure to do so [1]. The decision making process helps decision makers and managers work through a systematic process which leads towards selecting specific interventions to enhance quality and to improve outcomes and benefits for individuals and populations [1]. The process encourages decision makers to undertake a comprehensive situational analysis, and to revisit health goals and quality objectives before determining any new quality interventions [1]. Working through the process will create a new agenda for change, which focuses on improving the quality of the health system [1]. The scope of that agenda cannot be anticipated for each application, and will always be the result of judgments and decision of specific countries. In some cases, the

selected interventions will serve to accelerate a process of improvement which is already in progress, and will build on existing system and organizational model [1].

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation programme for healthcare organization [3]. The board is structured to cater to much desired needs of the consumers and to set benchmarks for progress of health industry.

“A public recognition of the achievement of accreditation standards by a healthcare organization, demonstrated through an independent external peer assessment of that organization’s level of performance in relation to the standards” [3]. Accreditation benefits all stake holders. Patients are the biggest beneficiary. Accreditation results in high quality of care and patient safety. The patients get services by credential medical staff. Rights of patients are respected and protected. Patient satisfaction is regularly evaluated. The staffs in an accredited health care organization are satisfied lot as it provides for continuous learning, good working environment, leadership and above all ownership of clinical processes. Accreditation to a health care organization stimulates continuous improvement. It enables the organization in demonstrating commitment to quality care. It raises community confidence in the services provided by the health care organization. It also provides opportunity to healthcare unit to benchmark with the best. Finally, accreditation provides an objective system of empanelment by insurance and other third parties. Accreditation provides access to reliable and certified information on facilities, infrastructure and level of care [3].

Objective: To identify the quality of services provided by the hospitals.

JUSTIFICATION: This study is aimed to analyze the current situation of the quality of service provided at the Community Health Center (CHC) of Lalganj, Pratapgarh (Uttar Pradesh) under the NABH accreditation programme. This study is undertaking various areas or aspects of quality services provided at the health facility to deliver the best outcomes and benefit for the country. This study will also help to fill various dark holes and manipulate needs and demands for betterment of quality health care services offered by health care centers and services provided by the hospital workers.

MATERIALS AND METHODS: It was a hospital- based descriptive study and Quantitative method was used for the study. Pratapgarh district of Uttar Pradesh was selected

purposely as study area. The study population was selected from CHC Lalganj & control population was selected from CHC Sanghipur of Pratapgarh district of Uttar Pradesh respectively. The size of the sample was 210 respondents. The patients visiting for the treatment in the OPD & IPD department for the study period and ready to respond were selected for the study purpose until required number of sample has reached. Data was collected by visiting the identified CHC's of Pratapgarh District (UP) respectively, by face to face interview technique using pre-tested structured schedule. The period of data collection was from 01st February to 15th May, 2012 by researchers himself. Before conducting research, approval was taken from concerned authority i.e. from Medical Superintendent of CHC Lalganj & CHC Sanghipur of Pratapgarh District (UP). Verbal Informed Consent was also taken from each respondent before collecting the information.

RESULT: The results of the study conducted are as follows:

Table 1: Respondents having awareness regarding the services provided: The study reveals that there were 95.72 per cent & 88.58 per cent awareness among the respondents regarding the services provided in the hospital in the study and control population respectively.

Table 2: Knowledge about different types of services provided by the hospital.

Study N=134 Control N=62

S.No.	Service	Study Population		Control Population	
		Frequency	Percentage	Frequency	Percentage
1.	Outpatient department (OPD)	105	78.35	48	77.41
2.	Inpatient Department (IPD)	55	41.04	15	24.19
3.	Emergency	03	02.23	00	00.00
4.	ICTC/HIV counseling	09	06.71	00	00.00
5.	DOTS therapy	03	02.23	00	00.00
6.	Pathological tests	66	49.25	39	62.90
7.	X-Ray/USG	02	01.49	00	00.00
8.	Major/Minor operation	75	55.97	04	06.45

9.	Dental health	05	03.73	00	00.00
10.	Deliveries	116	86.56	54	87.09

***Multiple Response Table**

The table reveals that 86.56 per cent & 87.09 per cent of the respondents in the study population & control population were aware with the delivery services provided in the hospital.

Table 3: Services displayed as reported by the respondents: The study reveals that 80.00 per cent of the respondents in the study population were aware with the services displayed in the hospital, whereas 47.15 per cent of the respondents in the control population were not aware regarding the services displayed in the hospital.

Table 4: Well defined registration & admission policy: The study reveals that 95.72 per cent of the respondents in the study population undergo well defined registration & admission policy, whereas 74.28 per cent of the respondents in the control population did not undergo well defined registration & admission policy.

Table 5: Adequate services provided in the laboratory services

Study N= 95 Control N= 40

S.No.	Response	Study Population		Control Population	
		Frequency	Percentage	Frequency	Percentage
1.	Yes	63	66.31	09	22.50
2.	No	32	33.69	31	77.50
	TOTAL	95	100.00	40	100.00

The table reveals that 66.31 per cent of the respondents (patients) in the study population stated that the laboratory service provided by the hospital were adequate, whereas 77.50 per cent of the respondents (patients) in the control population stated that the laboratory service provided by the hospital were not adequate.

Table 6: Availability of medicines from the hospital.

Study N= 140 Control N= 70

S.No.	Response	Study Population		Control Population	
		Frequency	Percentage	Frequency	Percentage
1.	Available	121	86.42	45	64.28
2.	Not available	19	13.58	25	35.72
	TOTAL	140	100.00	70	100.00

The table reveals that 86.42 per cent & 64.28 per cent of the respondents in the study population & control population stated that they were provided with the medicines free of cost by the hospital respectively.

CONCLUSIONS: The present study concludes that the services provided within the hospital reveals that the awareness regarding the services provided was highest among study and control population. It was observed that in the study population most of the respondents were aware with the available services displayed in the hospital, whereas in the control population the respondents do not know whether the services were displayed or not. On the other hand the different types of services provided to the patients in the study population were emergency services, ICTC/HIV counseling service, DOTS therapy service, X-Ray/USG service & Dental healthcare services respectively whereas these above mentioned services were not provided to the respondents in the control population. The reason for non-availability of the services was due to the lack of facilities both in terms of physical as well as infrastructural, in the control population. Due to the lack of knowledge and training on the counterpart of the hospital staff in the control population only 74.28 per cent of the respondents received well defined registration and admission policy as well as diagnostics services provided. The study reveals that 13.58 per cent & 35.72 per cent of the respondents in the study population & control population respectively stated that the free medications were not available from the hospital.

RECOMMENDATION:

- Training of hospital staff and recurrent refresher training for the quality of services.
- The signage should be displayed in bilingual and pictorial and in regional language as well.

- Services provided by the hospital needs to be displayed in front of the entrance of the hospital.
- Demand of services should be planned based on the community population and their needs.

REFERENCE:

- i. Crossing the Quality Chasm: A New Health System for the 21st Century. Committee on Quality of Health Care in America, Institute of Medicine. Washington, DC, USA: National Academies Press; 2001
- ii. Leatherman S, Sutherland K. Quality of care in the NHS of England. British Medical Journal, 2004, 328:E288–E290.
- iii. A guidebook to NABH standards on Hospital accreditation: Second edition. New Delhi: Quality Council of India. March 2009; 100-110.