Chapter VI

Quality of Health Care in Health Centres

Chapter VI: Quality of Health Care in Health Centres

6.1 Quality Assurance Committees

Quality Assurance (QA) in Public Health is a cyclical process which involves setting up of standards and measurable elements, assessment of health facilities against the set standards, analysing the problems and preparing and implementing action plan.

As per the 'Operational Guidelines for QA in Public Health Facilities 2013', State Quality Assurance Committee (SQAC) and District Level Quality Assurance Committee (DQAC) were to be formed to oversee the QA activities for improving the public health care system.

Though the SQAC was formed in May 2015 *i.e.,* after a lapse of one and half years since the issue of the guidelines, it never met since its constitution against the norm of six monthly meeting. As such, the progress of QA activities was not reviewed by the SQAC for suggesting corrective measures, defining targets and setting road maps.

In the seven test checked districts, though DQACs were constituted (during 2008 to 2016), they did not hold requisite numbers of quarterly meetings (except Kamrup and Golaghat) to review the progress of QA in the districts. However, scrutiny of minutes of meeting of three DQACs[50]made available to audit, revealed that issues such as payment of compensation for sterilization failure, updation of Eligible Couple Register, promotion of PPIUCD[51], monthly reporting, place of sterilisation and training of doctors for laparoscopic operation etc., were discussed but it did not discuss about the identified gaps for improving the health care in public health centers. The Committees also did not share the reports of the DQAC with SQAC.

At the facility level, Internal Quality Assurance Team for internal assessment of QA at facility level was to be formed as per the guidelines. But in selected health centres such team was not formed. Due to non-formation of Internal Quality Team, the system of periodic internal assessment by way of conducting patient satisfaction surveys etc; and reporting thereon was missing.

As such, the functioning of the committees to oversee the QA activities for the improvement in quality of health care services under NRHM was not very effective as prescribed.

6.2 Standards of Quality in health centres

Patients' expectations, requirements of service providers and health systems requirements determine the quality of health care that should exist in a centre. The 'Operational Guidelines for QA in Public Health Facilities 2013' had set the Standards and Measurable elements to meet the above requirements. Owing to

[50] Karbi Anglong, Kamrup (R) and Golaghat.
[51] Postpartum Intrauterine Contraceptive Device.

deficiencies noticed during audit in health infrastructures and manpower (Chapter IV and V refer), the standards at par with the measurable elements was found lacking, as discussed in the succeeding paragraphs.

6.2.1 Availability of laboratory services at the health centres

During field visit of selected health centres, it was noticed that 17 *per cent* PHCs and 15 *per cent* CHCs did not have the facility of conducting routine urine, blood and stool tests. Rapid test of pregnancy was also not available in 20 *per cent* PHCs. As regards RTI/STI[52], syphilis etc., 29 to 90 *per cent* of health centers did not have the laboratory testing services. The reasons for not conducting the routine tests were stated to be due to insufficiency of reagents[53] (three cases), analyzer machines (two cases), microscope (one case) and laboratory technicians (five cases).

Thus, non-availability of adequate laboratory services forced the beneficiaries to spend their own money for diagnostic tests from private centers which diluted the objective of the Mission.

6.2.2 Availability of functional services

Functional services are directly related to patient care and are thus considered essential. Availability of functional services in the selected units were as under:

(A) District Hospital (DH) Level:

Table–25
Availability of functional services in selected seven DHs

Sl. No.	Measuring element as per 'Operational Guidelines for QA in Public Health Facilities 2013'	Number of DHs where available	Number of DHs where not available
1.	Essential 'New Born Care'	6	1[54]
2.	Sick New born Care Unit (SNCU) as well as dedicated Paediatric ward service	5	2[55]
3.	Nutritional Rehabilitation Centre (NRC) for malnourished child	0	7
4.	USG service and portable X-ray service	6	1[56]
5.	Management service of severe Diarrhoea with severe dehydration	6	1[57]
6.	Service of management of Meningitis	5	2[58]
7.	Availability of service of acute respiratory infection	6	1[59]

Source: Physical verification of selected units.

[52] Reproductive Tract Infection/Sexually Transmitted Infection.
[53] A substance or mixture for use in chemical analysis or other reaction. Here, it is used for medical test of urine, blood etc.
[54] Karbi Anglong DH.
[55] Kamrup (Rural) and Kokrajhar.
[56] "USG" not available in Darrang DH and "Portable X-ray "service not available in Kokrajhar DH.
[57] Kamrup (Rural).
[58] Sonitpur and Kamrup (Rural).
[59] Kamrup (Rural).

(B) Sub District Civil Hospital (SDCH)/Community Health Centre (CHC) level:

Table–26
Availability of functional services in the selected 13 SDCHs/CHCs

Sl No.	Measuring element as per 'Operational Guidelines for QA in Public Health Facilities 2013'	Number of SDCHs/CHCs where available	Number of SDCH/CHC where not available
(1)	(2)	(3)	(4)
1.	Spacing method of family planning service	12	1
2.	Female limiting of family planning	11	2
3.	Male limiting method of family planning	8	5
4.	Post-partum sterilisation service	6	7
5.	Dedicated family planning clinic	3	10
6.	Provision for ANC clinic	12	1
7.	24x7 labour room service	0	13
8.	Blood storage service	7	6
9.	Assisted delivery service	8	5
10.	Caesarean delivery service	6	7
11.	Functional NBSU	8	5
12.	24x7 nursing care at NBSU	5	8
13.	Dispensary services available after OPD hours	7	6

Source: Physical verification of selected units.

(C) Primary Health Centre (PHC) level:

Table–27
Availability of functional services in the selected 30 PHCs

Sl. No.	Measuring element as per 'Operational Guidelines for QA in Public Health Facilities 2013' (Availability of service for:)	Number of PHCs where available	Number of PHC where not available
1.	Six hours OPD service per day including family planning service like contraceptives (*viz. Condoms, Oral Pills, Progesterone Only pill-POP, Emergency Contraceptives*)	22	8
2.	IUCD insertion	22	8
3.	At least one ANM/Nurse/ LHV and MO on call 24x7	13	17
4.	System of identification and management of High Risk and Danger signs during pregnancy	16	14
5.	Provision of identification, primary management and prompt referral of sick newborns	17	13
6.	Emergency care of sick children (*e.g. treatment of Diarrhoea, Pneumonia, anaemia etc.)*	8	22

Source: Physical verification of selected units.

The above position indicated that there were shortages in providing key functional services required as per 'Operational Guidelines for QA in Public Health Facilities 2013' in the selected health centres.

6.2.3 Availability of support services

Adequate support services in the health centres are the important components for providing health care to the needy patients. Availability of such services in the selected units was as under:

- ***District Hospital Level***: Scrutiny of the position of support services in the selected seven DHs (detailed in **Appendix-9)** revealed that periodic cleaning, inspection and maintenance of equipment was not being done in four DHs. 24 x 7 running potable water were not found available in one DH. Centralised/local piped

oxygen and vacuum supply was not available in six out of seven DHs. Bed linens were not being changed daily in six DHs. Adequacy and frequency of diet as per nutritional requirement was also not found in five DHs. Further, the equipment installed were not covered under any Annual Maintenance Contract (AMC) in five out of seven selected DHs.

- ***Sub-District Hospital/Community Health Centre level*:** Similarly, the position of the support services available at the 13 selected SDCH/CHC revealed that power back up in labour room was found available in 11 and partially available in two SDCHs/CHCs. Running and potable water facility were found not available in two while hot water facility found not available in 11 SDCHs/CHCs. Linen was being changed whenever it soiled in seven SDCHs/CHCs only. The detailed position in this regard is shown in **Appendix-10**.

- ***Public Health Centre*:** Availability of Support Services on the following measuring elements in the selected 30 PHCs was as shown in **Table-28**.

Table-28
Availability of Support Services at selected PHC level

Sl. No.	Measuring element as per 'Operational Guidelines for QA in Public Health Facilities 2013'	Number of PHCs where Available	Number of PHCs where not Available	Number of PHCs where partially Available
1.	Drugs/injectable are stored in containers/tray and are labelled in injection Room/ Dressing room	14	13	3
2.	The Drugs received at the facility have sufficient shelf-life.	18	5	7
	Expiry dates' are maintained at emergency drug tray at injection Room	10	18	2
	Expiry drug found at injection Room	9	21	0

Source: Physical observation and information furnished by selected PHCs.

The above position indicated that selected health centres were deficient in providing support to health care services as per 'Operational Guidelines for QA in Public Health Facilities 2013'.

6.2.4 Accessibility of services by the users

Available services should be informative and user friendly so that easy accessibility of the services to the patients and visitors, is available. It was however observed that out of seven test checked DHs, entitlement of services under Janani-Shishu Suraksha Karyakram (JSSK), Janani Suraksha Yojana (JSY), name of doctor and Nurse on duty, contact details of referral transport/ambulance *etc*., had not been displayed in six, six, five and four DHs respectively. Enquiry Desk with dedicated staff were found available only in two DHs. Wheel chair or stretcher for easy access to wards, though found in all the seven selected DHs, but disabled friendly toilet was not found in any of the DHs.

In other test checked health centres, insufficiency in the level of accessibility of services are shown as under:

Sl No.	Measuring element as per 'Operational Guidelines for QA in Public Health Facilities 2013'	Number of health centres		
		Available	Not available	Partially available
Accessibility of services to users in test checked 13 SDCHs/CHCs				
1	Display of entitlement under JSY, JSSK and other schemes	12	1	0
2	Timings and days of OPD and other clinic services (*viz.* for fix day services like ANC, immunisation etc.) are displayed	5	8	0
3	Availability of directional and layout signages (in bilingual and pictorial form) for all the departments and utilities (toilets, drinking water, etc.)	4	8	1
4	List of doctors on duty	11	1	1
5	Availability of IEC materials on breastfeeding and family planning (Pictorial and Chart), immunisation schedules, danger signs, Post-natal (PN) advice etc	4	4	5
6	Drug store open after OPD hours	6	7	0
7	Barrier free access environment (viz. ramp, hand railing, etc.) for easy access to handicapped and elderly person	6	7	0
Accessibility of services to users in test checked PHCs (30)				
1	Timings and days of OPD and other clinic services (viz. for fix day services like ANC, immunisation etc.) are displayed	16	9	5
2	List of available drugs prominently displayed at drug dispensing counter.	18	11	1
3	Availability of female staff/attendant of a male doctor examines a female patient.	17	8	5
4	Dedicated female OPD for ANC Clinics	10	20	0
5	Availability of breast feeding corners	3	27	0

Source: Physical observation and information furnished by selected SDCHs/CHCs and PHCs.

Thus, patients could not be made well conversant of services available in the health centres and user friendly accessibility could also not be ensured.

6.2.5 Infection control practices

Infection control practices ensure safety of patients, visitors and service providers to safeguard them from getting infected. Scrutiny of records together with physical verification of selected health centres revealed the following:

District Hospital Level: Status of infection control practices in seven selected DHs was as under -

- Out of selected seven DHs, masks were found available in six DHs (except Karbi Anglong), elbow length gloves for obstetrical purposes were available in four DHs[60], heavy duty gloves and gum boots for housekeeping staff were available in three DHs[61]. However, gowns/aprons were found available in all the selected seven DHs.

[60] Kamrup (R), Kokrajhar, Sivasagar and Sonitpur DHs.
[61] Kamrup (R), Sivasagar and Golaghat DHs.

- Colour coded bins at point of waste generation though were available in six DHs (except Karbi Anglong[62]) but two of them (Karbi Anglong and Sivasagar DHs) could not ensure that there was no mixing of infectious and general waste.

- Functional needle cutter was not available in one DH (Karbi Anglong) and puncture proof box was also absent in three DHs (Karbi Anglong, Sonitpur and Golaghat).

- Disinfection of liquid waste before disposal was not done in three DHs (Golaghat, Kamrup (R), and Sivasagar). Besides, bio-medical waste was not found transported in closed containers in twoDHs (Karbi Anglong, Sonitpur).

- Staff was not found aware of spill mercury management[63] in any of the DHs.

Sub-District Hospital/Community Health Centre level: Status of infection control practices in 13 selected SDCH/CHCs was as under:-

- Masks and clean gloves were found available in only 10 and 11 SDHCs/CHCs respectively. Heavy duty gloves and gum boots for housekeeping staff were not found in any of the units.

- Disposal of wastes, by segregation into Colour coded bins, for different category, was being done in only 10 out of 13 selected units even though the bins were available in all the units.

- Eight units transported bio-waste in closed containers/trolleys, while in one CHC, waste was thrown outside the hospital compound.

- Disinfection of sharp objects/needles etc., before disposal and liquid waste was done only in nine and eight units, respectively.

- Staff of five units only was aware of mercury spill management.

Primary Health Centre level: The status of infection control practices in 30 selected PHCs was as under:-

- Wash basin near the point of use in eight units and running water in seven units, was not found available while instruction for hand wash had not been displayed in 16 units.

- Clean gloves and masks were not found available in three and six units, respectively.

- Colour coded bins at point of waste generation though found available in 28 units out of 30, only 23 units could ensure non-mixing of infectious and general waste.

[62] Karbi Anglong reported partial availability.
[63] Procedure for collection, treatment and disposal of mercury in case of spillage.

Pit for waste disposal in Baithalangsho PHC in Karbi Anglong district (03.06.16)

Pit for waste disposal in Sualkuchi FRU in Kamrup (R) district (27.07.16)

Waste disposal at Nazira SHC in Sivasagar district (21.06.16)

Thus, infection-free environment in all the health centres could not be ensured which was fraught with the risk of transmitting infection to patients, visitors and service providers.

It was thus, revealed that the quality of health care and scope of their improvement had not been reviewed by the Quality Assurance Committees. Laboratory services, other functional services, support services and infection control practices in health centres, to meet the requirement of both patients and service providers to ensure the quality services, were inadequate.