



MISSION STATEMENT



**To enhance the patients' quality of  
life by providing specialized  
medical treatment and preventive  
healthcare at free / affordable cost**

## VISION STATEMENT



**To be the network of finest public healthcare institutions in the state of Gujarat, providing quality medical care services with the state of art technology with easy accessibility, affordability & equity to the people of Gujarat & beyond.**

## OBJECTIVES

- ∅ Quality health care to improve health infrastructure of state and meet the healthcare needs & expectations of common man of Gujarat at all levels of healthcare delivery system, as per National Healthcare Quality Standards.
- ∅ To enhance the quality of healthcare services by providing specialized medical treatment and preventive healthcare at free / affordable cost.
- ∅ To develop a healthcare system based on total quality management principles and application of information technology to achieve efficiency in operations, faster & standard communication across the state using latest IT solutions.
- ∅ To develop a pool of healthcare professionals in the public health sector trained in the implementation of health care quality standards and information technology to bring productivity and effectiveness in health care delivery system of the state.
- ∅ Accurate and standard health indicators measurement for evaluation and monitoring.

## NABH Standards for Hospitals

- 10 Chapters
- 100 Standards
- 514 Objective Elements

## NABH Standards for PHCs / CHCs

- 4 Sections
- 38 Standards
- 238 Objective Elements

## NABH Standards for Hospital

Section I: Patient-Centered Standards		
Chapter	Standards	Objective Element
Access, Assessment and Continuity of Care (AAC)	15	78
Care of Patients (COP) (-1)	18	104
Management of Medications (MOM)	13	61
Patients Rights and Education (PRE) (+1)	5	30
Hospital Infection Control (HIC) (+2)	9	46
Section II: Health Care Organization Management Standards		
Continuous Quality Improvement (CQI) (+2)	6	39
Responsibilities of Management (ROM) (+5)	5	25
Facility Management & Safety (FMS) (+2)	9	43
Human Resource Management (HRM)	13	47
Information Management Systems (IMS)	7	41
<b>Total</b>	<b>100</b>	<b>514/503</b>

## NABH STANDARDS FOR PHC / CHC

S. No.	Section	Standards	Objective Elements (PHC)	Objective Elements (CHC)
1	Infrastructure standards	7	61	63
2	Process standards	13	101	101
3	Governance standards	12	50	53
4	Outcome standards	6	20	21
	<b>Total</b>	<b>38</b>	<b>232</b>	<b>238</b>

## DEFICITS IN THE PAST

- ∅ Lack of standards in public health services.
- ∅ Absence of written policies & procedures for healthcare delivery.
- ∅ Poor sanitation and cleanliness in hospitals.
- ∅ Staff shortage in every category.
- ∅ Damaged and poor condition of the building and campus.
- ∅ Lack of legal compliances e.g. licenses, fire fighting system and disaster plan etc.
- ∅ Poor signage system in public hospitals.
- ∅ Absence of patient satisfaction monitoring system.
- ∅ No measurable parameter for patient safety.
- ∅ Inadequate space and facility.
- ∅ Absence of environment safety and security.
- ∅ Lack of ambulatory services

## DEFICITS IN THE PAST CONTD...

- Ø Poor infrastructure for handling & disposal of biomedical waste.
- Ø Absence of trained health care staff for emergency (resuscitation) services.
- Ø Lack of awareness about pt. rights & responsibility
- Ø No blood bank / storage facility in some hospitals.
- Ø Unhygienic & complacent atmosphere of government health care institutions.
- Ø Lack of accountability & planning in delivery of care to patients.
- Ø Absence of quality standards such as medical audit, management of medication, care of patient, facility management and safety, pt. & employ satisfaction, information management system & infection control etc.

## STRATEGIES ADOPTED

- Ø Sensitization of state government towards importance of quality healthcare services for a common man.
- Ø Policy framework for NABH and NABL accreditation of public hospitals, laboratories and Blood bank approved by state Govt.
- Ø Memorandum of understanding signed between Government of Gujarat and Quality Council of India, New Delhi on 7<sup>th</sup> July, 2007.
- Ø Empanelment of NABH & NABL consultants in coordination with Quality Council of India (QCI) New Delhi.
- Ø Accreditation of public hospitals, laboratories & Blood Bank as per approved by state government.
- Ø Development of quality steering committee for the state, at all levels.

## STRATEGIES ADOPTED CONTD...

- Ø Appointment of Assistant Hospital Administrator (AHAs) for Government District Hospitals/Medical Colleges in a phase wise manner.
- Ø Nomination of district quality assurance officers.
- Ø Objective oriented role and responsibility of all committee and groups as defined by Quality Steering Committee.
- Ø NABH lead assessor training to 32 administrators, clinicians & staff nurse at state level.
- Ø NABL Internal audit training of 25 head of the departments of medical college laboratory.
- Ø PG in QM & AHO for Additional Director, Superintendents, CDMOs and Quality Assurance officers (50).
- Ø Gaps identified during baseline study were executed.

## STRATEGIES ADOPTED CONTD...

- Ø Required civil construction work / structural re-allocation of health departments was done by program implementation unit (PIU), hired architect along with the assistance of NABH/NABL consultants.
- Ø Hospital compliance to the license, statutory acts & regulatory norms of the state.
- Ø Success of pilot studies at the identified hospitals and health care facilities.
- Ø Extension of NABH accreditation project to all the district hospitals, medical colleges, PHCs & CHCs as per defined project plan.

## STRATEGIES ADOPTED FOR SUSTAINABILITY

- Ø NABL Internal audit training of 25 head of the departments of medical college laboratory.
- Ø A team of 17 certified NABH Assessors formed at state level.
- Ø PG certificate training course to Additional Director, Superintendent, CDMOs and Quality assurance officers in Quality Management & Accreditation of Healthcare Organization (50).

Journey for NABH & NABL, Govt. of Gujarat, India		
1 <sup>st</sup> Phase (2007-2008)	2 <sup>nd</sup> Phase (2008-2009)	3 <sup>rd</sup> Phase (2009-2010)
District Hospital Rajpipla- District Hospital Godhara District Hospital Valsad District Hospital Kutchch District Hospital Sola District Hospital Gandhinagar District Hospital Mehsana District Hospital Junagadh- Medical College Hospital Rajkot  <b>( All Phase-1 Hospitals Pre assessment Completed, District Hospital Junagadh-Final assessment Completed &amp; Medical College Rajkot-Pre assessment due)</b>	District Hospital Surendranagar District Hospital Porbander District Hospital Petlad District Hospital Nadiad District Hospital Navsari District Hospital Amreli District Hospital Himatnagar Jamana Bai Hospital Baroda Medical College Hospital Baroda Medical College Hospital Surat Medical College Hospital Jamnagar Medical College Hospital Bhavnagar Medical College Hospital Ahmedabad  <b>(Documentation is almost complete. Implementation and Training as per Base line study in process)</b>	District Hospital Dahod District Hospital Kheda District Hospital Patan District Hospital Morvi District Hospital Limdi District Hospital Ahwa –Dang District Hospital Bharuch District Hospital Jhambhaliya Old Civil Hospital Surat  <b>(Base line study in process)</b>
<b>Note:</b> •All Six Medical College Laboratories for NABL e.g. Surat, Jamnagar, Bhavnagar, Rajkot, Baroda & Ahmadabad in 1 <sup>st</sup> Phase (year 2007-2008). <b>(Bhavnagar preassessment done final on 18-19 July 09)</b> •Mental Hosp. e.g. Ahmadabad, Badodara, Dental Hosp. e.g. Ahmedabad and Jamnagar and Paraplegia Hosp. Ahmedabad in 2 <sup>nd</sup> phase year 08-09. <b>(Implementation and Training as per Base line study in process)</b> •26 CHCs & 70 PHCs for Accreditation in (Yea7 2009-2010) <b>(Base line study, documentation &amp; training on going)</b>		





## BENEFITS TO STAFF

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



## BENEFITS TO HOSPITAL

- Ø Improves care
- Ø Brings in Corporate Governance
- Ø Stimulates continuous improvement
- Ø Demonstrates commitment to quality care
- Ø Raises community confidence
- Ø Opportunity to benchmark with the best



## BENEFITS TO COMMUNITY

- ∅ Quality revolution
- ∅ Disaster preparedness
  - Epidemics
  - Physical
- ∅ Access to comparative database

## DISASTER PREPAREDNESS

### Fire Safety Training





# PROGRESS

## NABH Standards for Hospital, Gandhinagar

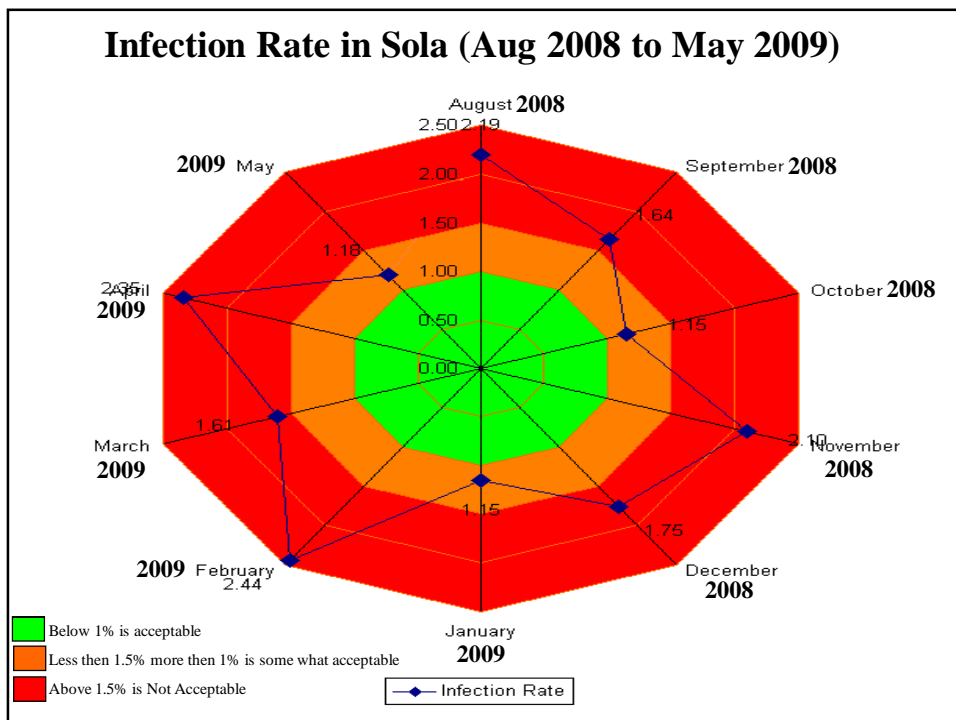
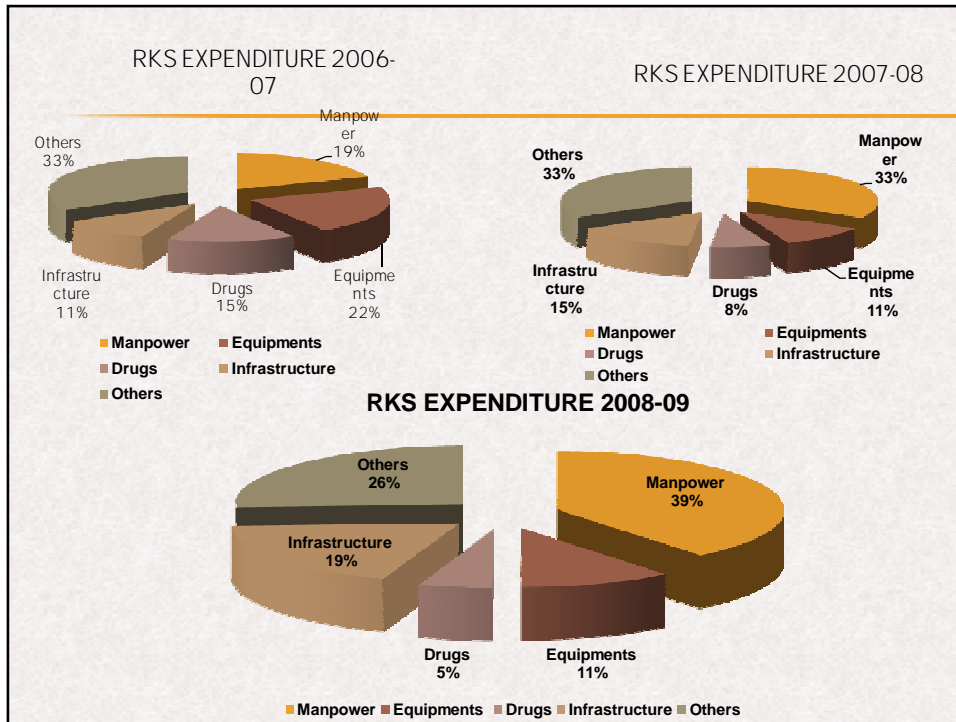
Section I:		
Patient-Centered Standards		
Chapter	Average Scoring (Aug 07)	Average Scoring (June 09)
Access, Assessment and Continuity of Care (AAC)	5.71	8.51
Care of Patients (COP)	4.44	8.33
Management of Medications (MOM)	5.00	7.03
Patients Rights and Education (PRE)	6.90	8.65
Hospital Infection Control (HIC)	1.70	8.20
Section II:		
Health Care Organization Management Standards		
Continuous Quality Improvement (CQI)	0.00	8.60
Responsibilities of Management (ROM)	5.00	9.50
Facility Management & Safety (FMS)	4.76	9.80
Human Resource Management (HRM)	5.53	8.98
Information Management Systems (IMS)	4.63	8.43
<i>Total Average Score</i>	<b>4.43</b>	<b>8.60</b>

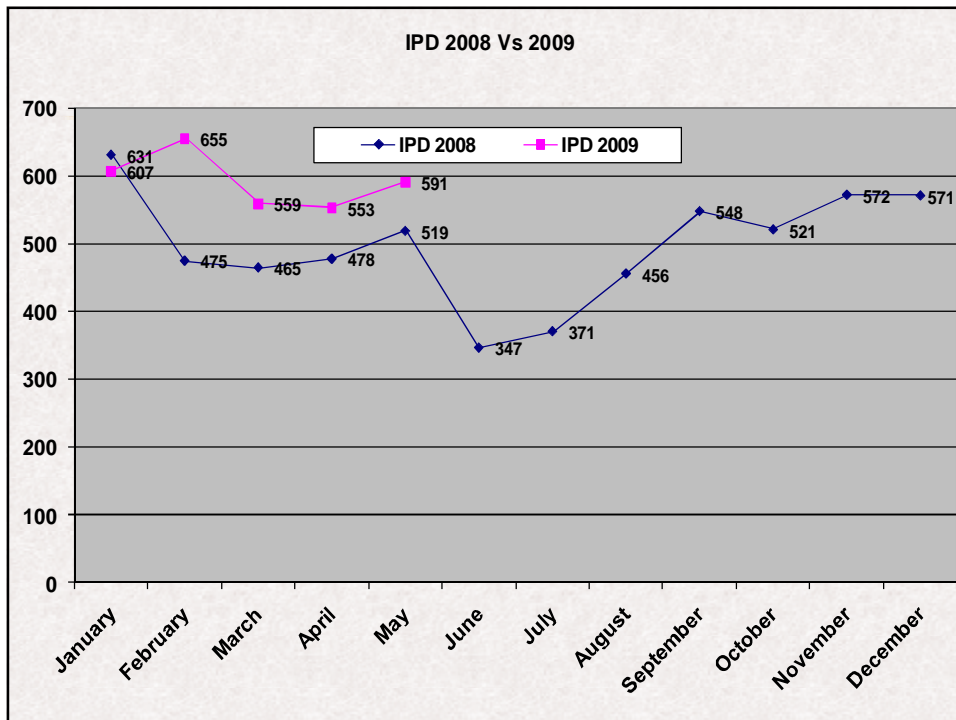
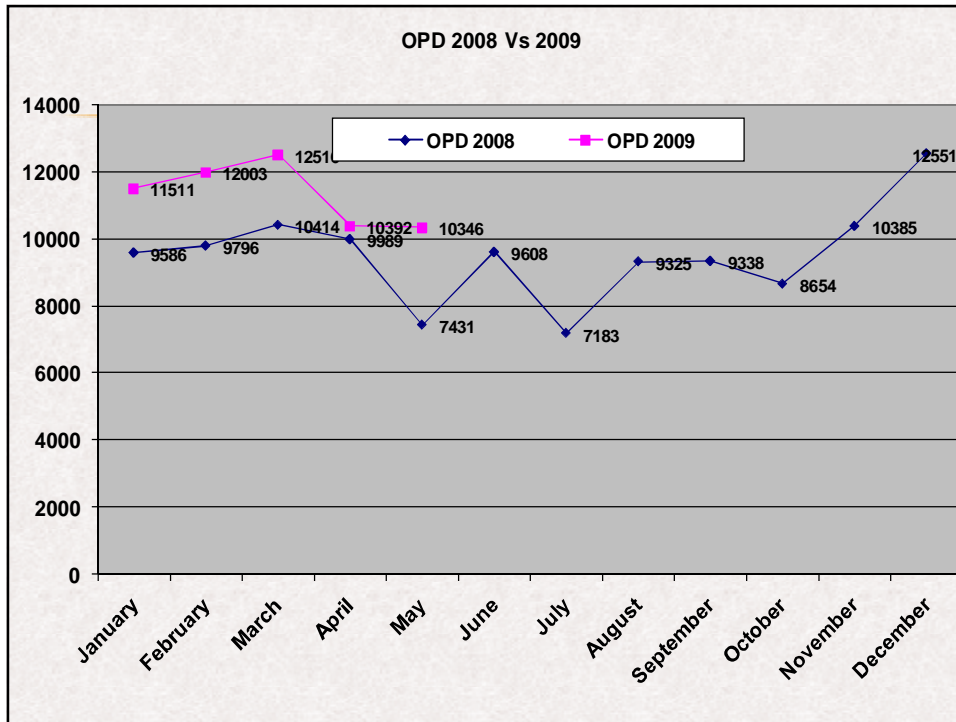
## NABH Standards for Hospital, Sola

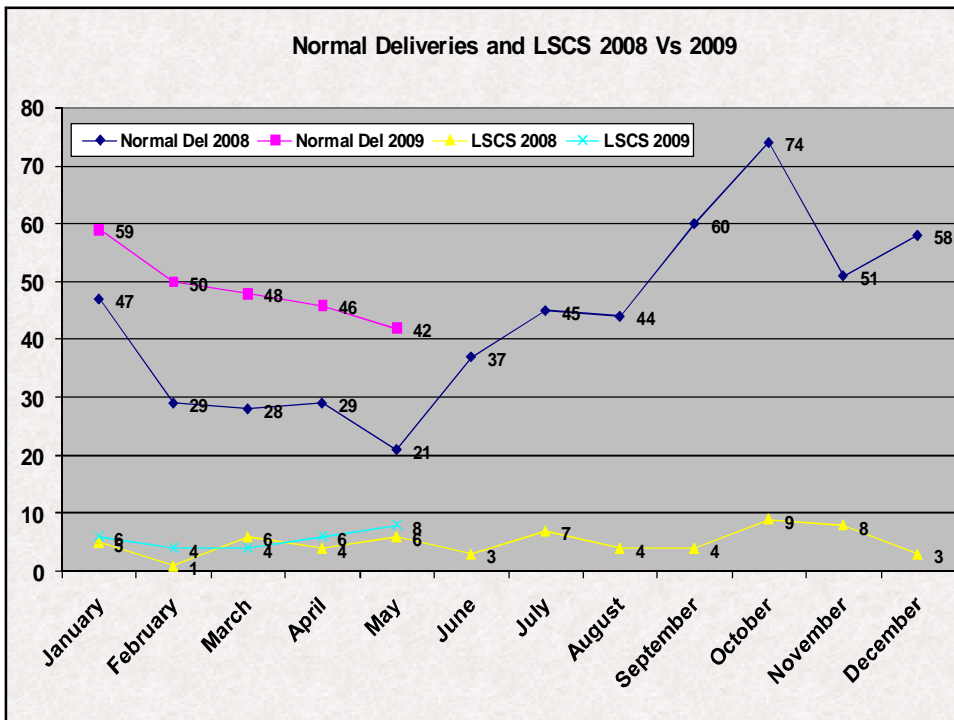
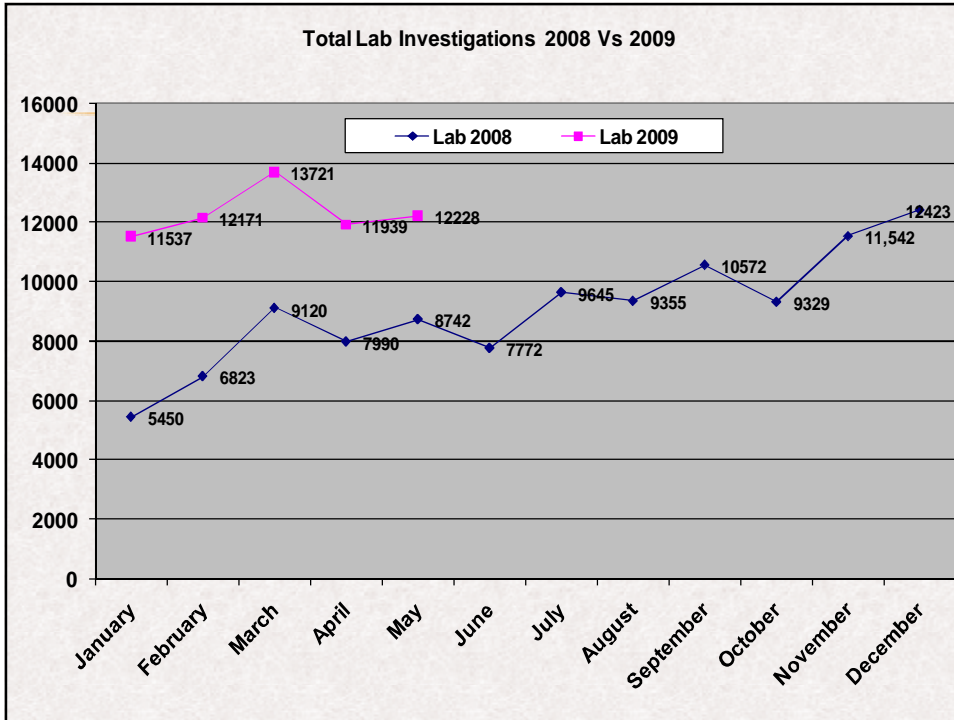
Section I: Patient-Centered Standards		
Chapter	Average Scoring (Aug 07)	Average Scoring (June 09)
Access, Assessment and Continuity of Care (AAC)	5.71	9.1
Care of Patients (COP)	6.70	8.7
Management of Medications (MOM)	4.20	8.5
Patients Rights and Education (PRE)	3.67	8.5
Hospital Infection Control (HIC)	1.54	8.8
Section II: Health Care Organization Management Standards		
Continuous Quality Improvement (CQI)	0.00	9.5
Responsibilities of Management (ROM)	4.67	8.6
Facility Management & Safety (FMS)	4.23	7.5
Human Resource Management (HRM)	4.65	7.2
Information Management Systems (IMS)	3.89	8.8
<b>Total Average Score</b>	<b>3.93</b>	<b>8.5</b>

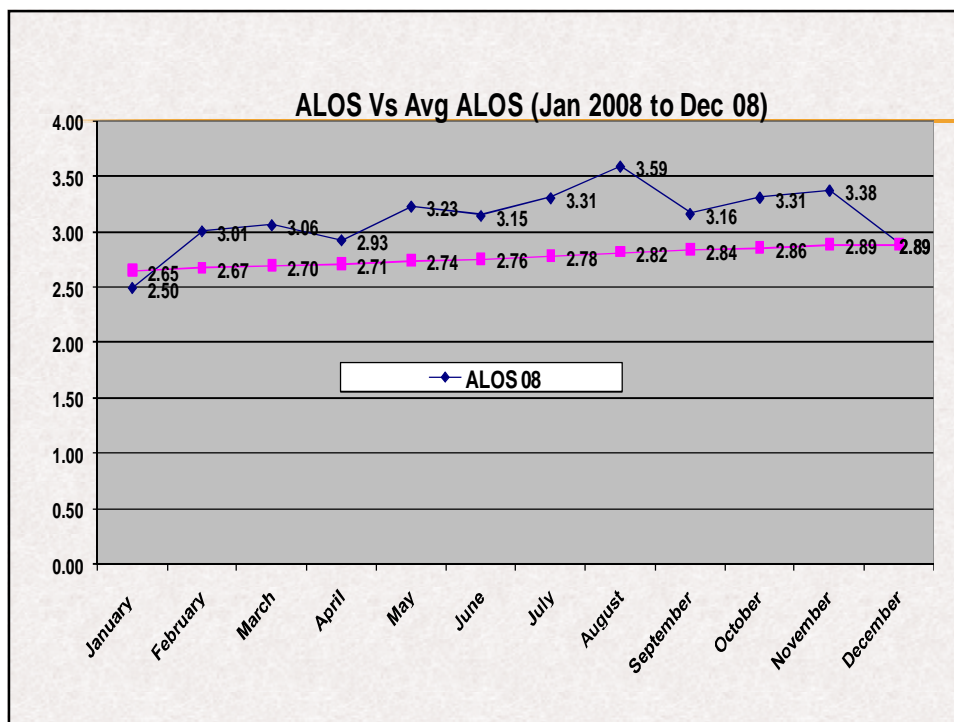
## PHC Mahuwas, Taluka, Navsari

Section	Total Objectives	NC	%	PC	%	FC	%
Infrastructure standards	61	10	17%	26	42%	25	41%
Process standards	102	17	16%	45	44%	40	40%
Governance standards	53	7	13%	22	41%	24	46%
Outcome standards	21	7	33%	10	47%	4	20%
<b>Total</b>	<b>236</b>	<b>42</b>	<b>18%</b>	<b>101</b>	<b>43%</b>	<b>93</b>	<b>39%</b>









## COMMITMENTS

- ⊘ Continued training of personnel to imbibe quality as a culture among its people.
- ⊘ Strictly adhering to the quality manual in all its operations.
- ⊘ To be abreast of the latest technology to become innovative.
- ⊘ To be a bench mark in healthcare services and support.
- ⊘ To create an excellent work environment and maintain good house keeping.

## ROAD AHEAD

- ∅ To get all the Medical Colleges, District Hospitals, Blood Banks, Laboratories, CHCs and PHCs, across the state accredited as per NABH/ NABL.

## CHALLENGES

- ∅ Acceptance specially in Doctors e.g. Medical Audit, Clinical audit etc.
- ∅ Human resource Management
- ∅ Financial
- ∅ Old and heritage building of the hospitals.
- ∅ Up gradation of the hospitals from small facility to large facility.
- ∅ High patients workload
- ∅ L 1 policy of Government
- ∅ High consumption of light after central A/C .

## Paper Cutting

<p><u>Aware India Rural Health</u></p>	<p><u>Bogus X-ray &amp; CT Scan Machinery Supplied to Gujarat Hospitals Khaleej time International</u></p>
<p><u>Info change India News &amp; Development India</u></p>	<p><u>First Case under Atomic Energy Act filed in Gujarat</u></p>
<p><u>NABH to certify public hospitals in Gujarat</u></p>	<p><u>Breathed Life in to ailing Health Centre.</u></p>

Gujarat Model take off Quality India

