CHAPTER: 03

STUDY ON BASELINE ASSESSMENT AND GAP ANALYSIS OF PHC CHANDI, BIHAR AS PER NQAS, MOHFW, GOL

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INTRODUCTION

Gap analysis serves as the starting point for evaluating the existing service delivery system. It provides a solid foundation for the implementation of a contemporary management system, offering a benchmark against preset standards. This analysis reveals areas of enhancement within the current service system, emphasizing the effectiveness of various management service components. The extent of improvement identified indicates the level to which services need upgrading. The scope of improvement quantifies the percentage of progress required to meet the preset standards.

Set of standards formed to provide optimal level of quality health care, with the aim to deliver high quality services which are fair and responsive to client's needs, which should provide equitably and deliver improvements in the health and wellbeing of the population [1]. It was found that as regards tangibles in public hospitals services, there was a wide gap by 3 counts which were statistically significant. With regards to reliability, by 3 counts there is the gap. Such gap or difference in the quality scores was statistically significant. As regards responsiveness it was found that the gap found between them was by 3.0 units. Such gap was statistically significant. With regards to assurance, it was found that the gap was 3.0 units. Such gap was statistically significant. Lastly, with regard to empathy, it was found that gap was found to be 3.0 units. Such gap was statistically significant [2].

The University of Cape Town's paper offers an overview of strategies employed to ensure a fair distribution of healthcare resources. It emphasizes the importance of resource allocation in effective budget management. The paper also underscores that conducting a thorough gap analysis is a key facilitator for successfully implementing resource distribution. The gap analysis serves as the foundation for creating service development plans. Additionally, there is a requirement to enhance the capacity for planning, budgeting, and executing plans to ensure the optimal utilization of limited healthcare resources [3]. Quality assurance, achieved through formal accreditation, is regarded as an essential component of the operations of any healthcare organization [4].

RESEARCH METHODOLOGY

The research employed a descriptive cross-sectional study methodology, assessing the available facilities of the hospital against established standards. Scoring on a scale of 0 to 2 categorized noncompliance, partial compliance, and full compliance, with a score of 2 indicating full compliance and 0 indicating noncompliance. The study focused on major departments, including the Outpatient Department, Labour Room, Laboratory, NHP, In Patient Department, and Administration. The duration of the study spanned three months, from February to April 2015. Data were collected using the NQAS toolkit through checklists, interviews, and direct observations of activities performed by medical professionals and staff. Secondary data were obtained through the review of hospital documents and clinical records, facilitating a comprehensive evaluation of the hospital's adherence to quality standards and identifying areas for improvement.

RESULTS & DISCUSSION

PHC Chandi faced significant gaps across its departments, with the OPD displaying major issues such as compromised patient privacy, lack of essential amenities, and inadequate medical instruments. The labour room, while having its own building, lacked facilities for obstetric emergencies and proper patient stay durations. The inpatient department exhibited poor utilization of services, compromising patient privacy and lacking essential records. The laboratory, situated in a congested room, had limited services and inadequate safety measures. The National Health Program implementation was incomplete, lacking preventive measures and essential services. General administration gaps included the absence of important signage, grievance redressal, and staff training, contributing to an overall PHC score of 42, reflecting substantial deficiencies in service provision, patient rights, and clinical and support services.

CONCLUSION

It was suggested that the hospital should initiate a Quality Assurance Program within the facility. A quality team at the facility level should be formed with roles and responsibilities, and periodic meetings should be conducted for follow-up of the program. The District Quality Assurance Committee should support and supervise the Quality Assurance Program of PHC Chandi, Bihar. Medical officers should consult patients in the setting position, and clinical examinations should be followed. To make all necessary equipment and instruments available in the OPD for clinical examinations. There should be the availability of a Rapid HIV kit and blood sugar test in the labour room. All National Health Programs should be functional and provide services.

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