



**STUDY ON NATIONAL QUALITY  
ASSURANCE STANDARDS OF KEY AREAS  
OF MCH SERVICE" AT CIVIL HOSPITAL,  
BARNALA, PUNJAB**

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**DOI: <https://doi.org/10.52458/9788196869458.2023.nsp.eb.ch-03>**  
**Ch.Id:- IIHMR/NSP/EB/MWIIHHT/2023/Ch-03**

## **INTRODUCTION**

Healthcare involves the diagnosis, treatment, and prevention of disease, injury, and various physical and mental conditions in humans. It is administered by professionals in various fields such as allied health, dentistry, midwifery, obstetrics, medicine, nursing, optometry, pharmacy, and psychology, among others. This encompasses primary, secondary, and tertiary care, as well as public health efforts [1].

The quality of healthcare is defined as "the degree to which health services contribute to the likelihood of desired health outcomes for individuals and populations, aligning with current professional knowledge." Technical care quality is characterized by applying medical science and technology to maximize health benefits without disproportionately increasing associated risks [2].

Quality of care has become a focal point for policymakers and public health practitioners, aiming to optimize resource utilization, enhance health outcomes, and ensure client satisfaction. The National Health Policy 2016 emphasizes the improvement of health status through comprehensive policy measures across sectors, focusing on quality in preventive, promotive, curative, palliative, and rehabilitative services provided through the public health sector [3].

## **RESEARCH QUESTIONS**

To evaluate the Level of Quality Assurance in key areas of Maternal and Child Health (MCH) Services at Civil Hospital, Barnala, Punjab, in accordance with National Quality Assurance Standards.

## **RESEARCH OBJECTIVES**

1. To evaluate the adherence to Quality Assurance Standards at Civil Hospital, Barnala, Punjab.
2. To identify discrepancies in key areas of Maternal and Child Health (MCH) Services, specifically in four departments: Labor Room, Maternity Ward, Pediatrics Ward, and Special Newborn Care Unit (SNCU), concerning National Quality Assurance

Standards.

3. To provide recommendations to address the identified gaps or non-compliances.

## **RESEARCH METHODOLOGY**

The study employed a qualitative methodology specifically tailored to the means of verification outlined in the National Quality Assurance departmental checklist. Conducted at Civil Hospital, Barnala, the research spans three months from February 1, 2018, to April 30, 2018. The research design incorporates an Observational Study, focusing on qualitative aspects through interviews with staff and patients. Primary data collection involved department-specific checklists aligned with National Quality Assurance Standards in District Hospitals, while secondary data was obtained through the review of hospital documents and clinical records. Data collection techniques included Record Review (RR), Staff Interview (SI), Observation (OB), and Patient's Interview (PI). The interview sample size consisted of one senior and two junior employees from different departments, along with two patients from each department, covering areas such as wards, labor rooms, waiting areas, etc. This comprehensive approach aimed to provide insights into the hospital's adherence to quality assurance standards through direct observation, discussions, and document reviews.

## **RESULTS & DISCUSSION**

The Quality Assurance Assessment of Civil Hospital, Barnala, achieved a score of 73%, surpassing the government's target of 70%. Across all departments assessed, eight areas of concern were identified, with most departments showing deficiencies in two specific areas: Quality Management and Outcome. Quality Management encompasses the establishment of SOPs, internal quality assessment and control, monitoring and evaluation of departments, process mapping of critical processes, and the development of corrective and preventive action plans. Notably, Quality Management is a relatively new concept in public hospitals, contributing to lower scores in this area. Outcome indicators focus on productivity, efficiency, and clinical aspects such as

Bed Occupancy Rate, No. of OPDs per Doctor, Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), and Death rate. While the hospital excels in providing services according to government norms and maintaining efficiency, there is room for improvement in Quality Management and maintaining Outcome Indicators.

## **CONCLUSION**

It was asserted that the notion of quality in public spaces was a relatively recent development, and its impact and efficacy would only become apparent over an extended period. The quality assurance committee of a hospital must operate within a well-defined framework to address deficiencies and ensure the delivery of high-quality healthcare services. Sustaining a commendable score over the long term poses the greatest challenge, requiring regular assessments and the assignment of roles and responsibilities to departmental leaders to uphold service quality.

## **REFERENCES**

1. *Department of Health and Family Welfare, Government of Punjab 2013, Policy, and Guidelines for Quality Assurance in Health Care.*
2. *Maternal Health Division, Ministry of Health and Family Welfare, Government of India 2013, Operational Guidelines for Quality Assurance in Public Health Facilities.*
3. *Ministry of Health and Family Welfare, Government of India 2013, Assessor's Guidebook for Quality Assurance in District Hospitals (VOLUME- 1 AND VOLUME – 2).*