The Patient Satisfaction survey of OPD patients should be evenly distributed, a cluster of patients is taken daily, while indoor patients would be administered the survey questionnaire at time of discharge or referral.

On monthly basis, findings of satisfaction survey are analysed and compared with the previous month. The two lowest performing attributes are also identified and concerted actions are taken to address patients' concerns.

<table>
<thead>
<tr>
<th>No</th>
<th>Attributes</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>V. Good</th>
<th>Excellent</th>
<th>No comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Ease of availability investigation facilities</td>
<td></td>
<td></td>
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<tr>
<td>8</td>
<td>Availability of prescribed drugs at the dispensary</td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>Your overall satisfaction during the visit to the UPHC</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Would you like to recommend this Health Centre to your Relatives &amp; Friends</td>
<td>Never</td>
<td>Emergency only</td>
<td>Sometimes</td>
<td>Mostly</td>
<td>Always</td>
<td></td>
</tr>
</tbody>
</table>

Common Gaps Observed and Action Thereon

- Renovation of one toilet with easy access.
- Privacy in consultation room & ANC clinic, seating arrangement etc.
- Directional Indoor & Outdoor Signages.
- Display of list of available services & drugs including Citizen's Charter.
- Color coded bins for segregation of waste as per BMW Rules, 2016.
- Infection Control Practices like use of Antiseptic soap, disposable gloves, hypochlorite solution etc.
- Installation of fire extinguishers – 3 in number.
- Ramp and hand rails at the entrance of the UPHC building for easy access.
- Equipment & instruments required in UPHC.
- Infection Control & BMW Management
- Signage's
- Diagnosis, Printing, Work Instructions & (SOPs)
- Grievance redressal
- Infrastructure
- Safety
- Validation
- Renovation of one toilet with easy access.
- Privacy in consultation room & ANC clinic, seating arrangement etc.
- Directional Indoor & Outdoor Signages.
- Display of list of available services & drugs including Citizen's Charter.
- Color coded bins for segregation of waste as per BMW Rules, 2016.
- Infection Control Practices like use of Antiseptic soap, disposable gloves, hypochlorite solution etc.
- Installation of fire extinguishers – 3 in number.
- Signage for the escape route.
- External Quality Assurance System (EQAS) of Lab test.
### National Quality Assurance Programme under NHUM:

- Improves Patients’ Outcome
- Enhances Patients’ Satisfaction
- Supports efficient utilisation of resources
- Ensures effective and safe Clinical Care

#### Actions by the States/ULBs/Districts/Facilities

**Step 1: NUHM QA Institutional Framework**
- State Level: NUHM Nodal Officer inducted into the State Quality Assurance Committee (SQAC).
- ULBs: Nodal officer NUHM of 7 metro cities inducted into the State Quality Assurance Committee.
- District – District’s NUHM Nodal Officer is inducted into District Quality Assurance Committee (DQAC).
- Bi annual meetings of SQAC to be held regularly.

**Step 2: Following the National Quality Assurance Standards for UPHCs and UCHCs 2015 – A set of 35 Quality Standards have been defined for a UPHC, and 65 Quality Standards for a UCHC.** The checklists are to be used for assessment of health facilities and performance reviews. However, if the states desire to add or change some of the 35 check points in identified standards it may do so in consultation with the QI Division of NHSRSC.

**Step 3: Training on Quality Assurance – A two days training module has been designed for training of the service provider and the assessors. NSSHRSC would identify and delegate resources for the training programmes and the trainings would be arranged by the States/ULBs.**

**Step 4: Creating pool of Assessors – The Quality Assurance Programme under NUHM envisages internal & external assessments of Urban Health Facilities periodically. The states should create a pool of the qualified QA Assessors for the Urban Health Facilities. SQAC should also identify senior and experienced professionals, who may function as External Assessors, after they have been trained by NHSRSC. They would carry out assessment of the health facilities for the State level QA Certification. For the National Level Certification of Health Facilities, NHSRSC maintains a pool of the NOQAS Assessors.**

**Step 5: Baseline Assessment of Selected Urban Health Facilities – Baseline assessment of 50% of UPHCs and U-CHCs using NUHM approved tools to be undertaken in the current FY 2016-17. Assessment of remaining Urban Health Facilities should be undertaken in the FY 2017-18. Score of the facilities should be discussed in SQAC/DQAC meeting and actions as planned, are executed and monitored. Assessment reports may be shared with QI Division NHSRSC.**

**Step 6: Implementation of Quality Assurance at Facility Level – For improving clinical and support processes, every facility should constitute a quality team, for rapid improvement, periodic reviews, internal assessment and prescription audits, drafting and implementation of Standard Operating Procedures (SOPs), calibration of equipment, external quality assurance programme for laboratory, etc.**

**Step 7: Organising Improvement Activities at Health Facilities – After identifying the gaps, concerted efforts are required for improving the health facilities. Some of the suggested activities are Directional Signage, Citizen’s Charter, all-time availability of Essential Drugs, Wheel-chairs, Stretcher, Fire Audit, Drinking Water & Chairs in waiting area, Curtains, Patients’ Calling System, Ramps etc.**

**Step 8: Institutionalisation of Measurement of Patients’ Satisfaction – Patient satisfaction is a key determinant of Quality of Care (QoC). It is important that satisfaction level of the patients is measured objectively.**

**Step 9: Selection of ‘Priority Facilities’, Re-assessment & QA Certification – As a norm, the States are expected to aim that at least 20% of UPHCs are certified for quality by the State and 10% National QA certified in FY 2016-17.**

**Step 10: Performance Measurement through Key Performance Indicators – Key Performance Indicators, which have been defined for Urban PHCs. These 16 key indicators measures Productivity, Efficiency, Clinical Quality and Service quality of service. These 50% should be monitored on Monthly basis and discussed.**

---

**Baseline assessment of 50% of UPHCs and U-CHCs using NUHM approved tools to be undertaken in the current FY 2016-17.**

**Process of QA Implementation**

### Concerns of Patients in a Health Facility

<table>
<thead>
<tr>
<th>Case</th>
<th>Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Correct diagnosis &amp; speedy recovery</td>
<td>1. Feeling of being ‘welcomed’ &amp; courteous behaviour</td>
</tr>
<tr>
<td>2. No new disease</td>
<td>2. Minimal Waiting Time</td>
</tr>
<tr>
<td>3. No harmful procedure</td>
<td>3. Personalised Approach</td>
</tr>
<tr>
<td>5. Low cost of treatment</td>
<td>5. Getting food to have their liking</td>
</tr>
</tbody>
</table>

**Expanding NHM QA Institutional Mechanism**

- Adaptation of QA Standards & Measurement System
- Training & Capacity Building

**Creating pool of Assessors**

- Baseline Assessment of Urban Health Facilities
- Facility Level Quality Improvement Activities

**Measurement of Patients’ Satisfaction**

- Selection of ‘Priority Facilities’ & QA Certification
- Performance Measurement through Key Performance Indicators

**National Quality Assurance Programme under NHUM**

- Improved Patients’ Outcome
- Enhanced Patients’ Satisfaction
- Supports efficient utilisation of resources
- Ensures effective and safe Clinical Care

**Quality of health care is performance of health**

- Patient Centric
- Equitable
- Safe
- Effective
- Efficient

**Steps:**

1. **Step 1:** NUHM QA Institutional Framework
2. **Step 2:** National Quality Assurance Standards
3. **Step 3:** Training on Quality Assurance
4. **Step 4:** Creating pool of Assessors
5. **Step 5:** Baseline Assessment of Selected Urban Health Facilities
6. **Step 6:** Implementation of Quality Assurance at Facility Level
7. **Step 7:** Organising Improvement Activities
8. **Step 8:** Institutionalisation of Measurement of Patients’ Satisfaction
9. **Step 9:** Selection of ‘Priority Facilities’, Re-assessment & QA Certification
10. **Step 10:** Performance Measurement through Key Performance Indicators

**Quality of Health Care**

- Cure Care
- Selection of ‘Priority Facilities’ & QA Certification
- Baseline assessment of Urban Health Facilities
- Expanding NHM QA Institutional Mechanism
- National Quality Assurance Programme under NHUM:
- Improves Patients’ Outcome
- Enhances Patients’ Satisfaction
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**Performance Measurement through Key Performance Indicators**

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**Measuring Patients’ Satisfaction**

1. Availability of sufficient information in Hospital (Direction, Location & Department signage etc.)
2. Waiting time at registration Counter
3. Behaviour & Attitude of staff of UPHC
4. Cleanliness of the OPD, toilets and overall facility
5. Attitude and communication of doctors
6. Time spent on Consultation, examination and counseling
7. Availability of laboratory test within UPHC
8. Promptness at Pharmacy counter
9. Availability of prescribed drugs at UPHC
10. Overall impression of the facility

**HOW MANY ? (Sample Size Calculator)**

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<tr>
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<td>Cleanliness of the OPD, toilets and overall facility</td>
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<tr>
<td>5</td>
<td>Attitude and communication of doctors</td>
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