

Hospital Quality Assurance Committee (HQAC)

The HQAC was constituted by the Dean of the Medical College on the recommendation of the IQAC. Standard Operating Procedures were prepared. The HQAC submits a report to the IQAC on its' activities.

Constitution of the HQAC:

Chairperson	Dean of the Medical College	
Member Secretary	Medical Superintendent	
Members	Senior Clinical Teaching Faculty	5
	Nursing superintendent	1
	Housekeeping Representative	1
	Head of Pathology	1
	Head of Radiology	1
	Casualty In-Charge	1
	Representative of non-technical staff	1
	Hospital PRO	1

The role of the HQAC includes:

- Preparation of the Health Policy Statement of the Hospital
- Laying out Standard Requirements of hospital facilities and services in a simple, practical format
- Assessment and evaluation of the quality of health care facilities and services
- Reporting and making of recommendations concerning those services within the local context
- evaluating the implementation of its recommendations.
- Identify innovations that add to delivery of health care.

The HQAC works in collaboration with the autonomous Infection Control Committee headed by the Professor of Microbiology.

Information gathering:

- Feedback from patients and their relatives
- Hospital audit conducted based on checklist of Standard Requirements

- Communications from staff and heads of the various services i.e. medical and nursing services, housekeeping services, non-teaching staff, laboratory services, radiological services, operation theatre, PR department
- Periodic inspection visits around the hospital
- Any other relevant source

Institutionalized Processes:

Regular meetings of the HQAC are conducted. Areas of concern have been identified and checklists prepared for these areas. These are part of the SOPs defined by the HQAC. Patient feedback forms in Marathi have been prepared.

The checklists are available with the Heads of the departments and are used to evaluate and plan the working and facilities within the area. The Medical Superintendent uses these check-lists to ensure that the Standard Requirements are met during regular working and rounds. Once a year, the HQAC forms committees of senior staff members to undertake a HQA audit as per the checklists. Recommendations are generated based on these audits.

In addition, based on the debriefing of these committees, modifications in the checklists or feedback forms may be considered by the HQAC.

The HQAC shall submit an annual activity statement to the IQAC as per the prescribed form.

Education of Staff & Students:

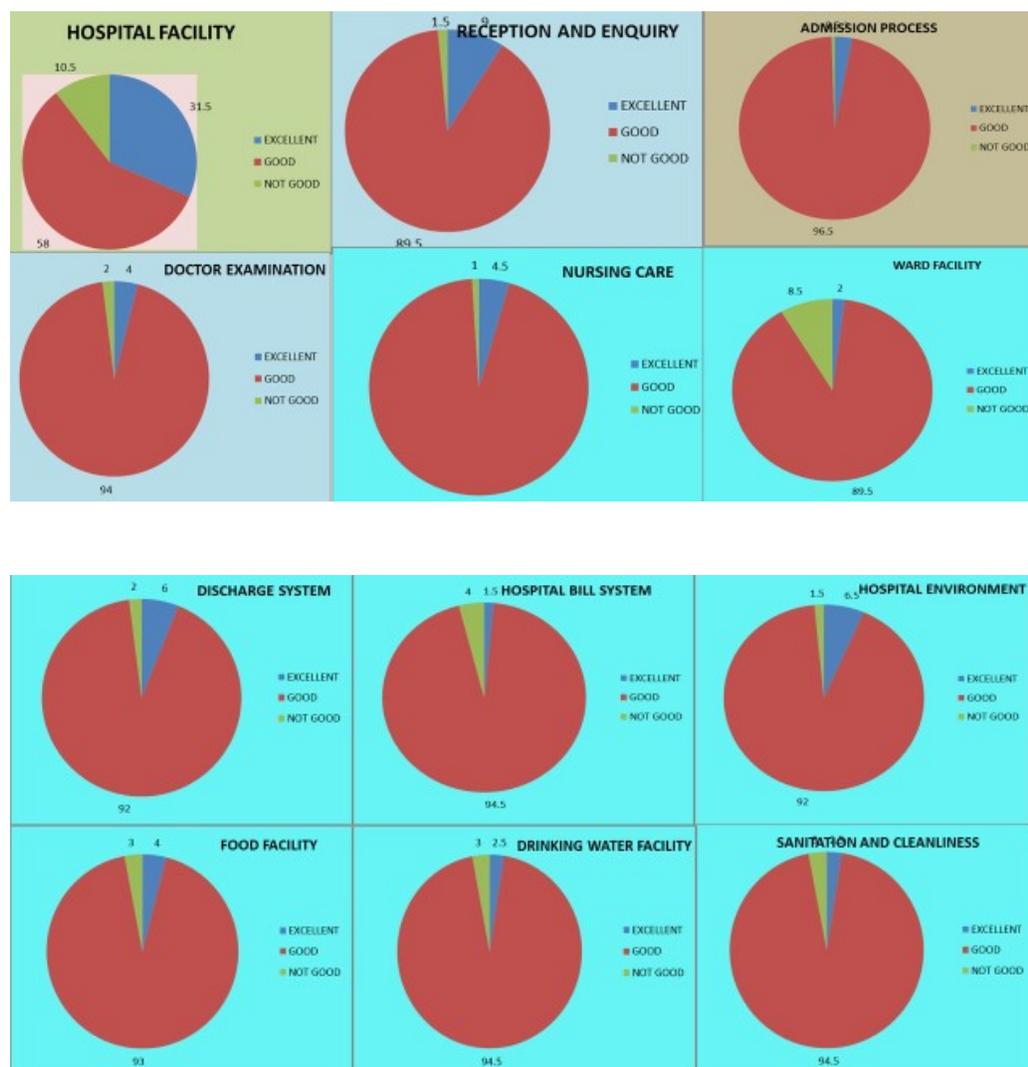
Continuous and focused sharing of information in form of display boards and posters, guest lectures, training sessions and guest lectures are an on-going process. All wards have the measures of quality parameters displayed for the benefit of the stakeholders. In addition, during rounds and periodic inspections, these parameters are emphasized and assessed.

Patient Feedback:

Feedback forms are available in the wards and with the Public Relations Office staff in the hospital. Feedback forms are filled voluntarily by patients. Manual feedback of from OPD patients and indoor patients at time of discharge from the hospital is taken.

They are given to the statistician for analysis once we have 200 forms filled. Since March 2014, voluntary feedback of 965 patients has been taken so far. The analysis of these feedbacks is available with the HQAC for forming new plans and making relevant recommendations.

Feedback taken from patient sample size 200:



Evidence of Success:

Some outcomes due to the activities and efforts of the HQAC are

- Preparation of the HQA Policy Statement in March 2014
- Educational display boards in the hospital for patients in Marathi and English. This creates awareness and sensitizes patients on health, environmental and social issues. In addition to disease related boards, additional boards in area of water and electricity conservation and burning issues such as organ donation and 'save the girl child' were introduced.

- Increased awareness of the Rajiv Gandhi Jeevan Yojana amongst patients, staff and doctors to enable patients from the poorest segments of society to afford paid medical services.
- New premises for the Dermatology OPD was facilitated by the identification of crowding in Dermatology OPD
- Provision of a reading room within the hospital premises for benefit of post graduate students
 - Provision of a lecture hall within hospital premises for theory lectures, guest lectures, updates etc.
 - Training of non-teaching staff on issues of gender sensitization, communication skills.
 - Waste disposal as per guidelines of the MPCB is done in all wards and units. Training sessions are held for the nursing staff every year.
 - Cleanliness of the surroundings were enhanced.
 - Digitization

HQA Policy Statement (HQAPS): The health care policy was finalized in 2014 by a team of health care professionals from the institution keeping in mind the existing and potential facilities, resources and patient population serviced. This forms the basis on which all QA efforts are measured. The HQAPS is displayed within the Hospital premises to provide emphasis. A translation of this policy prepared in the local language (Marathi) is also displayed for the benefit of the patients.

HOSPITAL QUALITY ASSURANCE POLICY STATEMENT

Purpose

To provide comprehensive, affordable, accessible and equitable health care services that maximizes safe, patient-centered and efficient delivery of evidence based medicine that is relevant to the local community.

Scope

This policy applies to all stakeholders in health care delivery at the Dr. D. Y. Patil Hospital and Research institute.

Cornerstone Principle

The dignity and autonomy of the patient is paramount with special attention to be paid to vulnerable disadvantaged sections of society.

Problems Encountered and Resources Required

- The concept was new for most of the stakeholders and hence initial efforts were required to create awareness of the need for QA efforts. This was done through several meetings with the different groups of stakeholders, lectures on quality assurance.
- Preparing assessment checklists: The HQAC team identified the phases of introducing QA efforts within the system and selecting measurable parameters that could be used in assessment.
- Differentiating between patient complaints (to be handled with urgency) and patient feedback by staff members. This improved with feedback given on all such information and with experience of staff.

RESOURCES USED:

- Expertise of Hospital staff
- External Expertise in form of advice, lectures
- The Operational Guidelines for Quality Assurance (2013) developed by the Ministry of Health and family welfare GOI