

CHAPTER: 14

QUALITY ASSESSMENT OF HEALTH SERVICES PROVIDED BY PRIVATE HOSPITAL IN JAIPUR

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INTRODUCTION

In healthcare, patient perceptions played a pivotal role as the primary indicator for evaluating the service quality of healthcare organizations. This signified that customer satisfaction served as a crucial factor in critical decision-making when choosing healthcare services, and the quality of services provided needed to align with patient perceptions. A study in 2006 examined service quality in healthcare, identifying additional key domains. Various independent variables, including reliability, responsiveness, assurance, joint decision making, caring, risk, continuity, collaboration, outcome, empathy, and tangibles, were proposed to determine service quality [1]. The National Accreditation Board for Hospitals & Healthcare Providers (NABH) and the Indian Public Health Standards (IPHS) established standards for quality management in both private and public healthcare organizations [3]. A thorough examination of these documents was essential for evaluating the quality of any hospital. The NABH guide for Small Health Care organizations proved particularly beneficial for the organization under study. Furthermore, guidelines from the National Health Systems Resource Centre (NHSRC), incorporating the standards of ISO 9001:2008(version), were also reviewed to enhance comprehension of the quality perspective [2].

RESEARCH OBJECTIVES

1. To perform process mapping was executed for the Out-patients, and an As-Is Survey was conducted for the In-patient Departments of the Hospital.
2. To conduct Internal Quality Assessment was carried out using the NABH Self-Assessment toolkit.
3. To identify the gaps based on the process mapping and As-Is Survey method, recommendations were made to address and close these gaps in achieving Quality Standards.

RESEARCH METHODOLOGY

The study was conducted in Jaipur, focusing on Health Line Hospital as the designated place of study. The study spanned from February 8 to April 30, 2016, adopting a descriptive study design. The data utilized for analysis comprised both primary and secondary sources. To ensure comprehensive coverage, all cases from February 1, 2016, to April 30, 2016, were considered for calculations, constituting the sample size.

RESULTS & DISCUSSION

In the wards, there was a lack of a standardized policy for infection control. Patients were not provided with information regarding their treatment. Incident reporting methods in the Inpatient Department (IPD) were nonexistent. Quality indicators were not monitored. There was no established policy for bed allotment. Strict adherence to hand hygiene was not maintained. The visitors' policy was not consistently followed. The use of Personal Protective Equipment (PPEs) was insufficient. The spacing between beds did not adhere to the recommended guidelines. The nurse-to-patient ratio did not align with established norms.

CONCLUSION

Despite its inherent limitations, the study revealed deficiencies in the healthcare delivery process, especially in the Outpatient Department (OPD) and Inpatient Department (IPD). It underscored the importance of a continuous effort to meet the quality parameters outlined in the NABH Self-Assessment Toolkit, serving as a guide for delivering quality services across all departments. This marked the initial step toward accreditation for the hospital, with the ultimate beneficiaries being the patients, employees, and the overall business. Once implemented, these quality parameters underwent continuous scrutiny, leading to the establishment of an effective quality management system that yielded far-reaching results for both the hospital's business operations and its overall credibility.

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