

Health Systems Improvement Process under RHSDP: A Study

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Executive Summary

Quality improvement in the institutions is to be done in order to achieve the objectives laid down by the Rajasthan Health Systems Development Project (RHSDP) for itself. It was a mutual understanding between RHSDP and World Bank that only by institutionalization of the quality improvement in all the facility, actual performance improvement can be observed. A three tier system was put in place under Health Systems Improvement Process (HSIP) with Health Systems Improvement Team (HSIT) at the facility level, Health Systems Improvement Committee (HSIC) at district level and Health Systems Resource Team (HSRT) at the state level.

To assess the quality of services rendered by any hospital, complaint reorganization and management is a critical issue. By obtaining the patient feedback in health facilities system quality of hospital can be improved. Under RHSDP complaint redressal and consumer feedback system was introduced in selected facilities of 5 districts. Like all other customers, the patients want three Cs: **Convenience, Care** and **reasonable Cost**. The patient also expects that he/she should be treated quickly, courteously and correctly.

A study was conducted mainly to assess the functioning of the HSIP and CR & CF. In this study a sample of 24 facilities was selected through purposive random sampling for HSIP. The sample selected was a equal representation of desert, tribal and plain; Urban and rural, 100+ bedded, 50 bedded and 30 bedded. All the 23 facilities where CR &CF was introduced were selected.

The findings of HSIP indicate that the meetings at the facility and district level were held regularly but meeting at state level need to be more regularized. Majority of the participants were clear about the objective of the team/ committee. Minutes of meeting were being sent to the next higher level.

As per the guidelines, teams of the HSIC members were created that go to the facilities to assess its performance. Problems that could not be solved at the facility level were escalated to the HSIC and that in case remained unresolved there then were transferred to the state resource team.

In most of the HSIT and HSIC meetings- placement and appointment for filling the vacant posts, hospital supplies, hospital services, infrastructure, drinking water, cleanliness related issues were discussed. HCWM, financial, training and skill improvement were some other issues raised and resolved in the meetings.



Minutes of the meeting provided the evidence of sorting out the problems raised during the meeting by HSIC. In some special cases, decision was taken at the level of Principal Secretary (Health) to resolve the problem. Intervention of PHS and District Collector in HSIP process is a good example of success of the activity.

At the state level, HSRT members were supposed to meet every quarterly but they could not due to incomplete quorum.

In CR&CF, MO I/C, patient counselor and patient accepted that redressal mechanism exists and had helped in solving the problems of patients on daily basis.

Support from state and district level need to be evolved in more systematic way by providing training to the team, creating the quality assessment teams to visit at facility in a certain period and provide some bench mark for the improvement of the performance.

To obtain the feedback from patients and attendants in facility Exit interviews were conducted but systematic tools to obtain the information was not developed at any facility.

Under complaint redressal mechanism, facilitation of patients is required by educating them to be vigilant about their rights and duties, a format to lodge complain can be developed and displayed containing the messages how, whom and where any person can lodge complain.

Over all findings of the study is that the HSIP and CR&CF are a well understood and conceived concept properly implemented by project in a successful manner, need is to refine and reframe and sustain them by making provisions under NRHM.