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Service quality in contracted facilities

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Statement of the Problem: Essential quality components; skilled birth attendants, well-equipped health facilities, essential drugs and supplies, administrative capacity and referral linkages are missing in Pakistan's healthcare system. Contracting out services has become an attractive option for countries where there is a poor public health system and high private provider penetration. The purpose of this paper is to explore the readiness of contracted and non-contracted first-level healthcare facilities in Pakistan to deliver quality maternal and neonatal health (MNH) care

Methodology & Theoretical Orientation: Using a cross-sectional study design, two rural health centers (RHCs) contracted out to an NGO in Pakistan were compared with four government managed RHCs. A quality care tool; Balanced Scorecard (BSC) was designed (Fig 1.) to assess RHC readiness to deliver good quality MNH care. In total 20 indicators were developed, representing five BSC domains: health facility functionality, service provision, staff capacity, staff and patient satisfaction. Validated data collection tools were used to collect information. Pearson χ^2 , Fisher's Exact and the Mann-Whitney tests were applied as appropriate to detect significant service quality differences among the two facilities.

Findings: Contracted facilities were generally found to be better than non-contracted facilities in all five BSC domains. Patients' inclination for facility-based delivery at contracted facilities was, however, significantly higher than non-contracted facilities (80 percent contracted vs 43 percent non-contracted, $p=0.006$). Contracted out facilities were found to be comparatively better than non-contracted facilities regarding various aspects such as Drugs, supplies, equipment availability, laboratory services and BemONC signal functions, HMIS records, waste disposal mechanisms and service delivery guidelines.

Conclusion & Significance: The study shows that contracting out initiatives have the potential to improve MNH care. There is however, a need for sound governance and management to bridge staff capacity and to supervise staff-performance. This is the first study to compare MNH service delivery quality across contracted and non-contracted facilities using BSC as the assessment framework.