

Healthcare Quality and Safety in Garhwal Division: A Study on Patient Safety and Quality of Care

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ABSTRACT

This study examines the state of healthcare quality and patient safety in the Garhwal Division of Uttarakhand, India—a region marked by challenging geography and infrastructure constraints. Using a mixed-methods approach, the study evaluates patient perceptions, healthcare practices, and adherence to quality standards across selected healthcare institutions.

Key findings reveal infrastructural limitations, inconsistent safety protocols, communication gaps, and a significant preference for private over public healthcare services. The paper offers targeted recommendations for policymakers and healthcare administrators aimed at improving care quality, ensuring patient safety, and fostering trust in the healthcare system of this hilly region.

Keywords: Healthcare Quality, Patient Safety, Garhwal Division, Rural Healthcare, NABH Standards, Mixed-Methods Research.

INTRODUCTION

Globally, healthcare systems are increasingly evaluated on quality and safety alongside access and affordability. In India, rural and hilly regions often lag behind in the implementation of quality standards, with the Garhwal Division of Uttarakhand presenting a pertinent case. Geographical isolation, limited infrastructure, and resource constraints hinder the delivery of safe, effective, and patient-centered care.

Despite national reforms and quality initiatives such as the National Accreditation Board for Hospitals & Healthcare Providers (NABH) and the National Health Mission (NHM), the operationalization of these frameworks remains inconsistent in remote regions like Garhwal.

This study aims to assess the current state of healthcare quality and patient safety in Garhwal, providing insights that can inform localized healthcare improvements.

LITERATURE REVIEW

Conceptual Framework of Healthcare Quality and Safety

The Institute of Medicine (IOM) defines quality healthcare as safe, effective, patient-centered, timely, efficient, and equitable. Donabedian's model—comprising Structure, Process, and Outcome—offers a widely accepted framework

for evaluating healthcare quality. Patient safety, a core element of this model, involves preventing avoidable harm and mitigating risk during healthcare delivery (WHO, 2018).

Global and National Perspectives

High-income countries have advanced frameworks for quality and patient safety, whereas low- and middle-income countries (LMICs), including India, face persistent challenges. In India, NABH and NQAS guide quality improvement, yet uptake in rural areas is low.

According to Rao et al. (2006), only 18% of rural health facilities have adopted formal quality assurance practices.

Rural Healthcare in Hilly Regions

Healthcare in mountainous regions like Uttarakhand faces unique barriers: poor connectivity, resource shortages, inadequate staffing, and cultural factors. Studies show high rates of bypassing public facilities in favor of private care (Jain & Gupta, 2021). However, there is a lack of localized research on patient experiences and safety in regions like Garhwal, which this study seeks to address.

RESEARCH METHODOLOGY

Research Design

A mixed-methods descriptive cross-sectional design was employed to capture both quantitative and qualitative aspects of healthcare quality and safety in Garhwal Division.

Study Area and Sample

The study focused on the districts of Tehri Garhwal, Pauri Garhwal, and Rudrapur. Data was collected from selected public and private hospitals, PHCs, and CHCs. Fifteen patients (aged 18+) who had used these services formed the primary data sample, selected through purposive sampling.

Data Collection

Primary Data: Structured questionnaires and observation checklists via Google Forms.

Secondary Data: Government reports, NABH guidelines, WHO documents, and academic literature.

Data Analysis

Quantitative data were analyzed using SPSS, applying descriptive statistics. Qualitative responses underwent thematic analysis to extract key patterns.

RESULTS AND DISCUSSION

Frequency and Type of Healthcare Utilization

53.3% of patients preferred private clinics, indicating a trust deficit in public healthcare. Many patients visited healthcare facilities occasionally rather than routinely, suggesting barriers to regular access.

Patient Satisfaction and Safety Perception

While 73.3% reported satisfaction with care, only 46.7% consistently felt safe during treatment. The remaining patients cited occasional or rare feelings of safety—highlighting inconsistencies in safety protocols.

Communication Gaps

Only 40% of patients reported always receiving clear communication from healthcare providers. Poor communication reduces patient understanding of treatment and undermines trust.

Alignment with NABH Standards

Most public healthcare facilities fell short of meeting NABH standards for infrastructure, patient communication, and safety practices, as observed through field assessments and patient feedback.

RECOMMENDATIONS

Strengthening Communication

- Implement mandatory communication training for healthcare staff.
- Provide patient education materials in local languages (Hindi, Garhwali).

Improving Public Healthcare Infrastructure

Upgrade basic amenities and staffing levels in government hospitals. Establish performance monitoring and quality improvement teams.

Enhancing Patient Safety

Enforce visible safety protocols (hand hygiene, infection control). Install CCTV and establish grievance redressal mechanisms.

Promoting Preventive Healthcare

Conduct regular community health awareness camps.

Deploy mobile health units to improve outreach in remote areas.

Leveraging Technology

Set up telemedicine centers in PHCs.

Use SMS reminders for medication adherence and follow-up care.

Policy-Level Interventions

Increase budget allocation for rural healthcare.

Encourage PHCs and CHCs to pursue NABH accreditation.

Empower District Health Committees for monitoring quality and safety.

CONCLUSION

Healthcare in Garhwal Division reflects a mixed landscape—while some patients report positive experiences, significant challenges persist in infrastructure, safety, and communication. Addressing these gaps requires a multi-dimensional strategy involving infrastructural upgrades, staff training, patient education, and stronger governance.

This study highlights the need for healthcare that is safe, equitable, and patient-centered in hilly regions like Garhwal. Policymakers must prioritize localized interventions to bridge current gaps and foster trust in public healthcare services.

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