

Lessons from The Family Friendly Hospital Initiative

1. A Challenge: Achieving Quality of Care in a Low Resource Context:

With overall health statistics among the lowest in India, Bihar's progress is hampered by a shortage of public health facilities able to deliver the required quality healthcare. Increasing and changing demand for services resulting from public education and social changes compounds the problem. Although recent increases in spending on infrastructure and human resources have led to substantial improvements in both quality and quantity of services delivered, there is still scope to increase the benefits gained from these inputs in terms of patient experience and health outcomes.

2. A Solution: Creating Family Friendly Hospitals:

The Family Friendly Hospitals Initiative (FFHI) was designed to improve quality of care in public health facilities, enhance patient satisfaction and increase service uptake. A family friendly facility uses evidence based protocols to ensure safe, effective and timely treatment while making patients and their families feel comfortable and welcome. Appropriate infrastructure, management and support provide an enabling environment for service providers to deliver quality services. FFHI promotes better use of available resources, without additional spending. Facilities that achieve the required standard receive FFHI certification, an intermediary step towards eligibility for more major investment, which acts as a motivator and ensures that any future investment is properly utilised.

Health staff and management are orientated on the importance of quality of care and undertake a visioning exercise to identify problems and develop solutions. Departmental teams work on agreed solution paths to achieve FFHI standards in seven areas. When they feel ready the facility carries out an internal assessment and invites the District Quality Assurance Cell to initiate formal assessment, with detailed feedback on findings. In 2012/13, 62 facilities were nominated for FFHI in 38 districts. BTAST supports 45 of these (in 14 districts), of which three have completed the final audit.

3. Observed Changes in Patient Satisfaction and Service Uptake:

Initial improvements seen in hospitals include a cleaner environment, more reliable supply of drugs, functioning equipment, better diet for inpatients, more staff on duty and positive staff attitudes. Although human resource shortages are not fully under the control of the hospital, more strategic use of existing staff is reported to have made a difference, deputing staff with particular skills to stations where they are needed and placing more staff in busy departments. Client satisfaction survey showed patient satisfaction at perceived reduced waiting times for registration and consultations, more convenient layout and better inpatient care. These trends are reflected in increased uptake for both major and minor surgery in some hospitals and stated intention of patients to use the hospital again.

Hospitals often start with "quick wins" by improving the external appearance of the hospital, providing better signage and clear information about services, incentives and free drugs available, which gives a positive impression to patients as they arrive and quickly translates into improved staff morale and greater pride in the institution. Improving and rationalising record keeping helps ensure availability of the required data without unnecessarily wasting staff time. Particular improvements are seen in labour rooms and newborn care units, which are a priority focus in the Government drive to reduce maternal and newborn death rates and increase institutional delivery.

4. Key Learning Points:

Successes achieved are the result of creative participatory approaches and regular solution focused support to work on key challenges, many of which cannot be fully addressed at first, but require a longer term approach and additional inputs. For example, poor infection control can be improved by better housekeeping (cleaning and bio medical waste management) and replacement of old and dirty fittings, but may require more major infrastructural inputs such as tiling and replacement of broken flooring. Human resource shortages can be partially addressed through more strategic placement of existing staff and recruitment of contract staff, but ultimately additional recruitment may be needed, either to fill vacant sanctioned posts or create additional posts. High attrition rates can be reduced as overall staff morale improves due to locally initiated changes in working conditions and better management practices (such as positive reinforcement, training opportunities).



Developing solidarity based on mutual respect and a common vision within and between all departmental teams was a critical part of groundwork. Committed and strong leadership is essential to encourage staff to understand the importance and benefits of improving quality of care and to feel confident about solving problems as a team. Often this simply means facilitating their taking forward simple measures they are easily able to identify themselves, and probably knew all along. FFHI therefore acts as an enabling mechanism, triggering a virtuous circle of positive achievement, increased confidence and generation of further effort. Recognition of success is an essential part of this, as are early and visible “quick wins”, which improve morale. Rigorous assessment of the benefits of FFHI requires more comprehensive baseline data on which to base “before and after” comparisons. As baseline assessments were not carried out in this first batch of hospitals it is only possible to provide at qualitative information about perceived improvements and levels of satisfaction on the part of patients and staff.

5. The Way Forward:

For 2013/14, 179 facilities have been nominated in 38 districts, of which BTAST will support 122 in 25 districts. Other development partners are providing support in different districts and it will be important to share implementation learning experiences to maximise the benefits for all hospitals. Rolling out of FFHI, including formal baseline assessment, to all public health facilities should be linked with other key initiatives such as operationalisation of lower level (L1 MCH Centre) service delivery points. Regional and district quality assurance committees also need to be strengthened to complement and support FFHI. Regular support and monitoring during and after implementation of FFHI will be essential to ensure the sustainability of gains achieved.

Sector Wide Approach to Strengthen Health (SWASTH)

Sector Wide Approach to Strengthen Health (SWASTH) is Government of Bihar’s initiative to improve the health and nutrition status of the people in Bihar, particularly among the poorest and excluded. It is implemented through the Department of Health & Family Welfare, Social Welfare and Public Health Engineering Departments. The UK Department for International Development (DFID) is providing Financial and Technical Support (£145million). Technical assistance to SWASTH is provided by Bihar Technical Assistance Support Team (BTAST).




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