Assessment of NABH Training for Hospital Staff of Shalby Hospital, Jaipur

By

Monika Panwar

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Miss. Monika Panwar**, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Shalby Hospital, Jaipur from **18th Feb 2019 to 15th May 2019.**

The Candidate has successfully carried out the study designated to his during internship training and his approach to the study has been sincere, scientific and analytical.
The Internship is in fulfilment of the course requirements.

I wish him all success in all his future endeavours.

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SHALBY
MULTI-SPECIALTY
HOSPITAL

TO WHOMEVER IT MAY CONCERN

The certificate is awarded to

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In recognition of having successfully completed her
Internship in the department of

Name of Department- QUALITY DEPARTMENT
and has successfully completed her Project on

Title of the Project- ASSESSMENT OF NABH TRAINING FOR HOSPITAL STAFF OF SHALBY HOSPITAL, JAIPUR

Duration of Study- 18th February 2019 to 15th May 2019

Organization- SHALBY HOSPITAL, JAIPUR

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish him/her all the best for future endeavors

Rita

Mrs. Rita Pugalia
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This is to certify that Miss. Monika Panwar, student of **MBA HOSPITAL AND HEALTHCARE MANAGEMENT, The IIHMR University, Jaipur** Batch-2017-2019. She has done Internship for the period of **18th February to 15th May 2019** in **Shalby Hospital**, Jaipur under my guidance. During this period she has completed her study part of partial fulfillment of course requirements, recommended for MBA Hospital and Health Management project entitled **"A STUDY ON ASSESSMENT OF NABH TRAINING FOR HOSPITAL STAFF OF SHALBY HOSPITAL, JAIPUR"** given by **Mrs. Rita Pugalia**, HOD of Quality Department, Shalby Hospital during her internship period. She was also included in various activities to get better understanding of Hospital system.

The Candidate has successfully carried out the study designated to his during internship training and his approach to the study has been sincere, scientific and analytical.

She has been a hardworking person, Enthusiastic and Active student. I have always seen her putting the best efforts into her work.

I wish her all the best for her future endeavors.

SHALBY HOSPITAL JAIPUR

Mrs. Rita Pugalia
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THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "**A STUDY ON ASSESSMENT OF NABH TRAINING FOR HOSPITAL STAFF OF SHALBY HOSPITAL, JAIPUR**" submitted by **Monika Panwar** Enrolment No. IIHMR-U/01/2017-19/**0603** under the supervision of **Dr. P R Sodani, Pro President, The IIHMR University, Jaipur** for award of MBA in Hospital and Health Management in Health and Hospitals of the University carried out during the period from **18th Feb 2019 to 15th May 2019** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Date: 30-May-2019

Place: Jaipur

Monika

Signature

A STUDY ON ASSESSMENT OF NABH TRAINING FOR HOSPITAL STAFF OF SHALBY HOSPITAL, JAIPUR

ABSTRACT

BACKGROUND

Quality has become an essential part of the management and evaluation of health care. The continual improvement of service quality in healthcare units has become a prime consideration to ensure patient satisfaction across the world in the modern Scenario.
Shalby Hospital has undertaken an initiative for quality improvement in the health facilities. It needs concerted efforts to bring about improvement in the quality and comprehensiveness of services through improvement initiatives for service delivery processes. With this understanding, Shalby hospital had started a training session of staff on National Accreditation Board for Hospitals & Healthcare (NABH) Standards to enhance the service quality level of hospital. The principal objective of training is to make sure the availability of a skilled and willing. So the study was conducted on the topic "A STUDY ON ASSESSMENT OF NABH TRAINING FOR HOSPITAL STAFF OF SHALBY HOSPITAL, JAIPUR" with objectives of to identify the effectiveness of training and development programs on NABH standards of the staff as well as their knowledge, awareness, education of staff on NABH standards.

OBJECTIVE

The main objective of the study was to study the effectiveness of training and development programs on NABH standards of the staff in Shalby Hospital, Jaipur.

METHODOLOGY

A descriptive study was carried out among the staff of the Shalby hospital. Total 225 employees were randomly selected over a period of three months Training session (March to May 2019). A structured self designed close ended questionnaire was devised in English languages containing ten questions in each chapter. It also included suggestions from the users. All employees filled up this questionnaire during the Training session. The data was collected and analyzed using MS Excel with categorizing the staff according to their patient care level and knowledge into Clinical, Support and Utility staff.

RESULT

The study revealed that the staffs have a positive effect of training on NABH standards. Training has increased the knowledge, aware about all the standards and their criteria. Training also skilled the staff how to improved the patient care. The analysis clearly shows that 90% of the participants are satisfied and fully agree that NABH training programs are appropriate and useful. Pre and Post Training have effective change in knowledge and education of staff about the full process and standards of NABH.

CONCLUSION-

The Staff is most important resource of hospital and health care system. The goal of human resource management is to acquire provide and retain and maintain competent staff in right members to meet the need of the patient. So there is the utmost need of the hour is to improve the knowledge among staff regarding NABH standards to provide quality services to the patients.The training programme helps to increasing the knowledge, skill, and ability. For the training session candidates should selected as per need analysis it will provide opportunity every staff who really in need of training. This will benefit both organization and staff.

Keywords- NABH, Knowledge, Accreditation, Staff, Training

. ACKNOWLEDGEMENT

The internship opportunity I had with Shalby Hospital, Jaipur was a great chance for learning and professional development. Therefore, I considered myself very lucky as was provided with an opportunity to be a part of it. I would like to take a moment to Thank-you for helping me. The project was successfully done due to the help and support of many peoples. I would like to acknowledge the help of all people who contributed towards the completion of my project. First of all, I would like to thanks chief operation officer of Shalby Hospital **Dr. Pankaj Dhamija ,** for providing me opportunity to work in Shalby Hospital, Jaipur. I would like to thanks **Mrs. Rita Pugalia**, Head of Quality Department, Shalby Hospital, Jaipur for guiding me to proceed with the project.

Without the guidance and blessing of **Dr. S.D Gupta**, Chairman, The IIHMR University, Jaipur would not have been possible for us. My special thanks to col. **Dr. Ashok Kaushik**, Dean Academics and students Affairs ,IIHMR University , Jaipur for being a continuous guiding source throughout the degree, I would also like to thanks **Dr. P.R Sodhani** sir, Pro President, IIHMR University, Jaipur my mentor for providing me a support in making my project a successfully. I would like to express gratitude and appreciation for all the people mentioned above to help us complete our study and make our project successful.

Thankyou.

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ABBREVIATIONS

• **NABH:** National Accreditation Board for Hospital & Healthcare.
• **AAC:** Access assessment & Continuity of Care.
• **COP:** Care of Patient
• **MOM:** Management of Medication
• **PRE:** Patient Right & Education
• **HIC:** Infection Control
• **CQI:** Continuous Quality Improvement
• **FMS:** Facility Management & Safety
• **ROM**: Responsibility of Management
• **HRM**: Human Resource Management
• **IMS:** Information System Management
• **WHO:** World Health Organization
• **QCI:** Quality Council of India
• **QA:** Quality Assurance

CHAPTER-1 INTRODUCTION

Defining Quality:

According to ISO 9000:-¬ Quality is defined as ,"the degree to which a set of inherent characteristics fulfils requirements". It is both objective and subjective in nature.

According to WHO:-¬ Quality of care is the level of attainment of health systems" intrinsic goals for health improvement and responsiveness to legitimate expectations of the population.

What is NABH?

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India (QCI), set up to establish and operate accreditation programme for healthcare organizations. Established in 2005, its main principle is t5o provide accreditation to hospital in India.

The objective of NABH is

- Accreditation of healthcare institution
- Quality promotion i.e. quality care of patient, nursing excellence, laboratory certificate program etc.
- Education and training of healthcare staff
- IEC Activities- Advertisement, Seminar/workshops Lecture.
- Endorsement of various healthcare quality courses, Manuals, Workshops

What is Accreditation?

Accreditation is the formal process of certification; it can be self-assessment and external peer assessment process used by Hospitals to accurately assess their level of performance in relation to established standards and to put into practice to continuously improvement in quality.

Quality has become an essential part of the management and evaluation of health care. The continual improvement of service quality in healthcare units has become a prime consideration to ensure patient satisfaction across the world in the modern Scenario.

In India, health sector is one of the largest and fastest growing sector in which both the private and government care providers and hospitals put much emphasis on quality improvement and patient satisfaction. National Accreditation Board of Hospitals and Healthcare Providers (NABH) along with Quality Council of India provided the criteria based on which quality standard of hospitals is determined. Quality Assurance should help to improve effectiveness, efficiency, cost containment, and should address accountability and the need to reduce errors and increase safety in the system. Thus the objective of NABH accreditation is on continuous improvement in the organizational and clinical performance of health services, not just the achievement of a certificate or award or merely assuring compliance with minimum acceptable standards.

The term training refers to the attainment of knowledge, skills, and competencies as a result of the coaching of vocational or practical skills. Training is a planned process to change attitude, knowledge or skill behaviour through new learning experience to achieve effective performance in an activity (MSC, 1981).

Shalby Hospital, conducted the training programme in the month of March and May (2019).This training held in Shalby Hospital is based on policies framed according to NABH standards.

The term '**Training**' indicates the process which increasing the knowledge and skills of employees for doing specific jobs, and development involves the growth of employees in all aspects related to their job. Continuous training can improve the knowledge of staff on particular subject and can help in better understanding of their functions in organization. It is necessary to provide training to hospital staff to reduce the number of accidents.

Training helps in updating old talents and developing new ones. Training, as defined in the present study "is the planned intervention that is designed to enhance the determinants of individual job performance". The principal objective of training is to make sure the availability of a skilled and willing. So the need of assessment of NABH training

Quality has become an essential part of the management and evaluation of health care. The Accreditation cannot be done without the cooperation of medical officers and nursing staff. The medical staffs have directly involvement in patient care and major NABH standards are related

to them. So there is need to assess the effectiveness of training program on NABH and to know the knowledge level of staff on NABH standards. This brings out the need for the project topic " A STUDY ON ASSESSMENT OF NABH TRAINING FOR HOSPITAL STAFF OF SHALBY HOSPITAL, JAIPUR".

CHAPTER-2 LITERATURE REVIEW

Health care system of India is currently operating within an environment of rapid social, economical, technological, and hospitals are an integral part of health care system..

Michael et al. revealed that training effects performance develops the skill base and enhances the level of capability which helps in developing environment for learning which also supports self-managed learning practices like guidance and mentoring.

Training is a planned process to modify attitude, knowledge or skill behaviour through new learning experience to achieve effective performance in an activity **(MSC, 1981).**

Training sessions are planned to improve productivity, to increase technical knowledge and skills and to adopt new technologies available in the market to produce efficiently **(Rita, 2002).**

Lynton et al. elaborated that employees' motivation for training will depend upon their participation and the knowledge communicates to them through all its interactions and feel confident that the training are clear and shows observant concern for individuals taking part in the program.

Michael Armstrong (2000), stated that It is very important for the organization that it design the training very carefully and the training should be given according to the needs of the employees as well as for the organization to get always good results

(OladeleAkin, 1991), states that evaluation is increasingly being regarded as a powerful tool to improve the effectiveness of training. Three major approaches to training evaluation quality description, quality assessment and quality control are highlighted. In order to enhance the effectiveness of training, evaluation should be integrated with organizational life through out.

Training is an option for employees for self-improvement, encouragement and job satisfaction by providing better training facilities in the organisation and having aptitude to become accustomed and manage with changes.

CHAPTER-3 RESEARCH OBJECTIVS

To answer the research questions the investigator should identify specific research aim, objectives and specific activities the researcher hopes to accomplish by conducting the study. The objectives helps in obtaining the answers to research problems and but may also include broader aims as developing recommendations.

3.1 AIM-

- To study the effectiveness of training and development programs on NABH standards of the staff in Shalby Hospital, Jaipur.

3.2 RESEARCH PROBLEM-

- Find out whether there is difference in knowledge level of staff before and after the training on NABH standards?
- What are the major purposes of training and development, and what key internal and external influences impact on training?

1.3 OBJECTIVE-

- To assess the effectiveness of training and development programs on NABH standards of the staff.
- To assess awareness, educate the people about the NABH standards.
- To identify awareness among the individuals about the framed policies.
- To provide clarity on implementation methodology of the NABH to the staff of hospital
- To identify the results of training program of staff.
- To measure the growth of skill of pre and post training and development program on NABH standards of staff.
- To build confidence among the participants on Self Assessment, Internal and External Assessment Process.

CHAPTER-4 METHODOLOGY

The Training program was designed to be participatory so was a mix of Power point presentations, group work and Question and answer sessions.

- ***Study Design*** - Descriptive- Cross Sectional Study
- ***Study Period*** - 3 Month
- ***Population*** – 225 Employees of Shalby Hospital
- ***Sampling technique***- Simple Purposive Sampling
- ***Inclusion criteria –*** The staff willing to attend training session
- ***Exclusion criteria*** – The staff that are not willing to attend the training
- ***Location*** - Shalby Hospital, Jaipur
- ***Respondents-*** Medical officers, Nursing Staff of Shalby Hospital
- ***Sample collection tool***- The questionnaire is well structured and it consists of closed ended questions. The participants fill out the 10 questionnaire in Shalby Hospital before and after the training with the same set of questions concerning NABH standards, knowledge, Policies.
- ***Data Analysis plan –***The Quantitative technique was used for study. The data was collected and analyzed using MS Excel with categorizing the staff according to their patient care level and knowledge into Clinical, Support and Utility staff.

4.2 VALIDITY AND RELIABILITY

- Our data about training and development and its effect on organization is valid as conducted by questionnaire from related people by hand immediately so our research is valid and reliable.

4.3 LIMITATIONS OF STUDY

- The sample included were the staff nurses and medical officers who are working in the selected hospital during the period of data collection
- The study is subjected to personal bias of the respondents.
- Small sample size and single setting restricted the generalization of study.

4.4 TRAINING GIVEN ON:

- AAC: Access assessment & Continuity of Care.
- COP: Care of Patient
- MOM: Management of Medication
- PRE: Patient Right & Education
- IC: Infection Control
- CQI: Continuous Quality Improvement
- FMS: Facility Management & Safety
- ROM: Responsibility of Management
- HRM: Human Resource Management
- IMS: Information System Management

CHAPTER5- Results & Discussion

This Chapter deals with analysis and interpretation of data collected from the subjects. Analysis and interpretation is the one of the important stage of a Study. The responses in the questionnaire have its own value in making a true interpretation. There are 225 respondents for the study. The questions are created in a way that the ambiguity is avoided. The data obtained were tabulated, analyzed and interpreted using descriptive and MS excel on the basis of objective and aim. The responses of the questionnaires are tabulated and represented in percentages to get a clear cut picture about the responses. It made the interpretation quite easier on the basis of percentages chart is drawn. The selected pie chart was very useful for the interpretation of all 10 chapters. This chapter contains analysis and interpretation of 10 chapters of NABH which are AAC, COP, MOM, PRE, HIC, CQI, FMS, ROM, HRM, and IMS. Training session was given on each chapter individually to the staff. The evaluation has been done before and after the each training session through the set of questions addressing about various standards, policies, knowledge, and scope of services, issues, new guidelines and etc. The objective of study is to assess the impact of training. So for analysing the difference between the pre and post training same questionnaire was used before and after the training. Different Questionnaire was made for every chapter of NABH contains 10 questions in each.

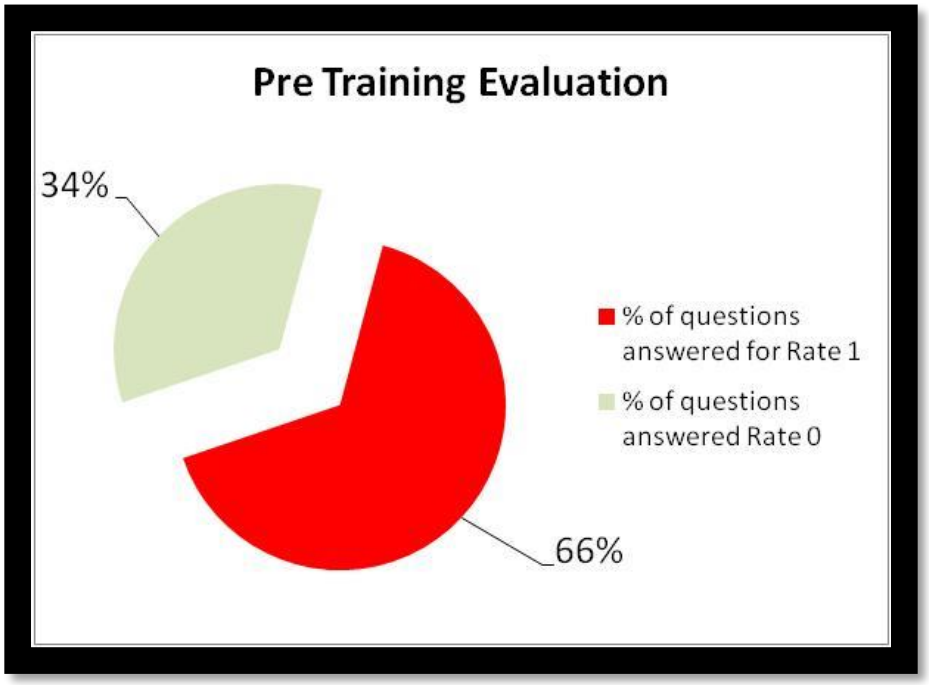
5.1 Access Assessment and Continuity of Care

The capacity of the Shalby hospital Medical Officers and staff before and after the training was evaluated through a set of 14 questions addressing various issues like knowledge about Scope of services, Initial Assessment,refferal and transfer policy, ambualnce service policy etc .

Keeping in view the number of participants (16) who attended the trainings in the Shalby Hospital.

5.1.1 *Pre Training Evaluation*

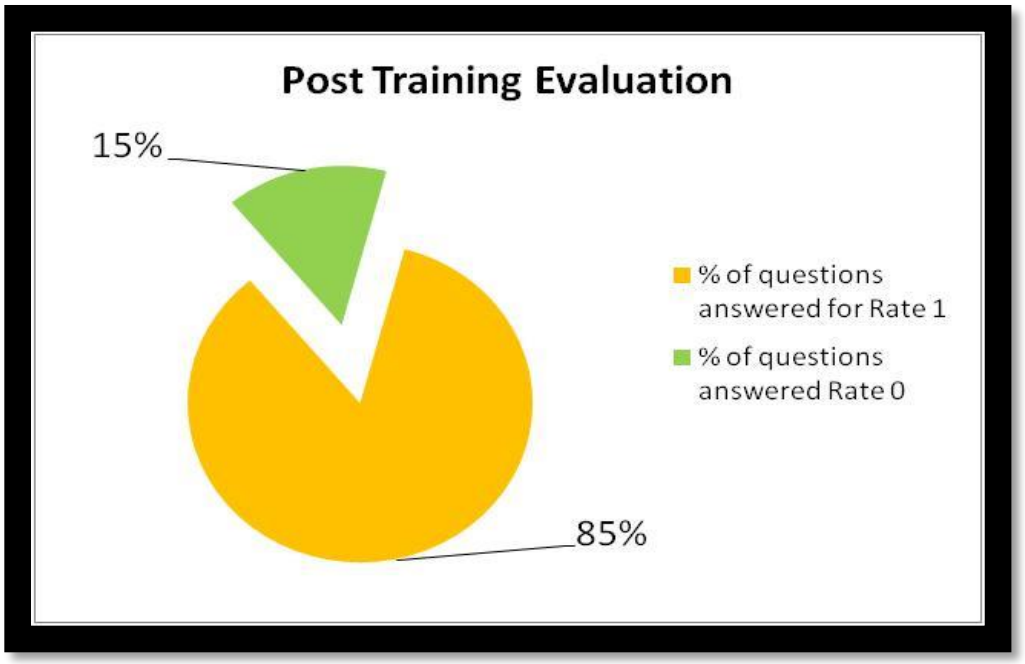
Fig.5.1.1 Access Assessment and Continuity of Care Pre- Test Training Evaluation



The pre-training test showed (Fig.1) encouraging results with (66%) i.e. 147 questions were answered for **(rate 1)** being answered correctly by the staff out of a total of 224 and 77 (34%) were not correctly answered for **(rate 0)** by the staff.

5.1.2 Post Training Evaluation

Fig.5.1.2. Access Assessment and Continuity of Care Post- Test Training Evaluation

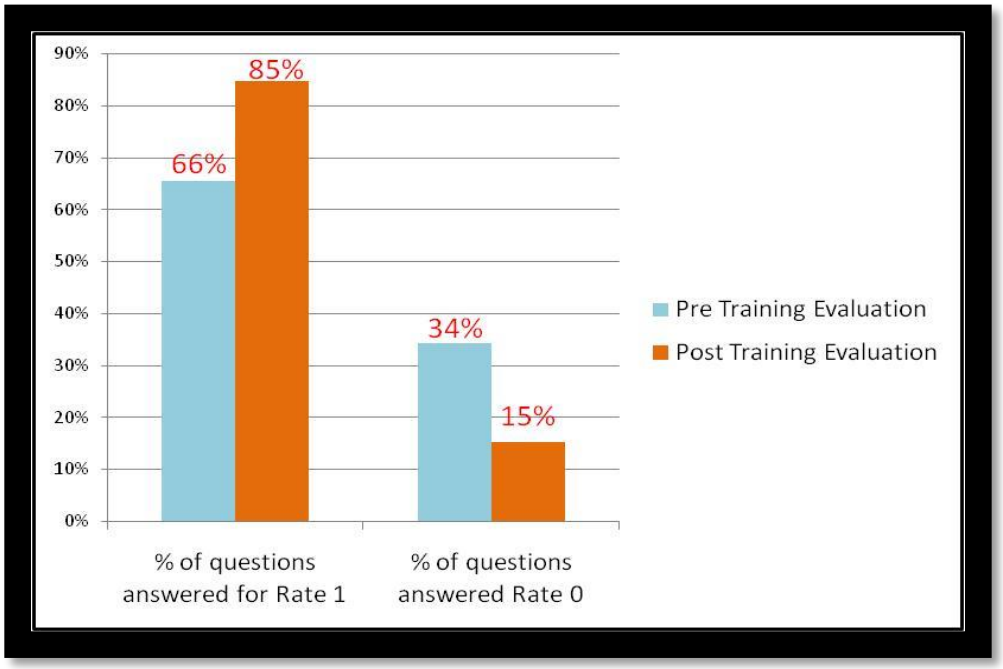


Post-Training Evaluation of staff using similar questions as in pre-test demonstrated an expected improvement of the awareness levels (Fig.2) with an increase in number of answers (85%) i.e. 190 questions were answered for **(rate 1)** being answered correctly by the staff out of a total of 224 and **(rate 0)**answers (15%) i.e. 34 questions were not correctly answered. This infers the impact of training imparted and efficiency of training resources.

5.1.3 Comparative Responses of the Staffs- Pre-Test and Post-Test Evaluation on AAC

An allegory of pre & post training test can be visualized in the following bar chart (Fig.3).

Fig.5.1.3. Access Assessment and Continuity of Care Pre and Post-Test Training Evaluation



When viewing in totality, a comparative analysis of pre and post training evaluation substantiates the purpose of this capacity building exercise with an improvement in the rate of awareness levels up to 85% i.e. responses for **rate 1** showed improvement by 19% difference after the training and **rate 0** responses decrease at the rate of 19% after the training conducted for the staff on NABH standards. It was observed that the questions regarding which some doubts still remained among the staff were:

- Contents of the plan of care
- Scope of services
- Referral of Stable and Unstable patients
- Ambulance services patients

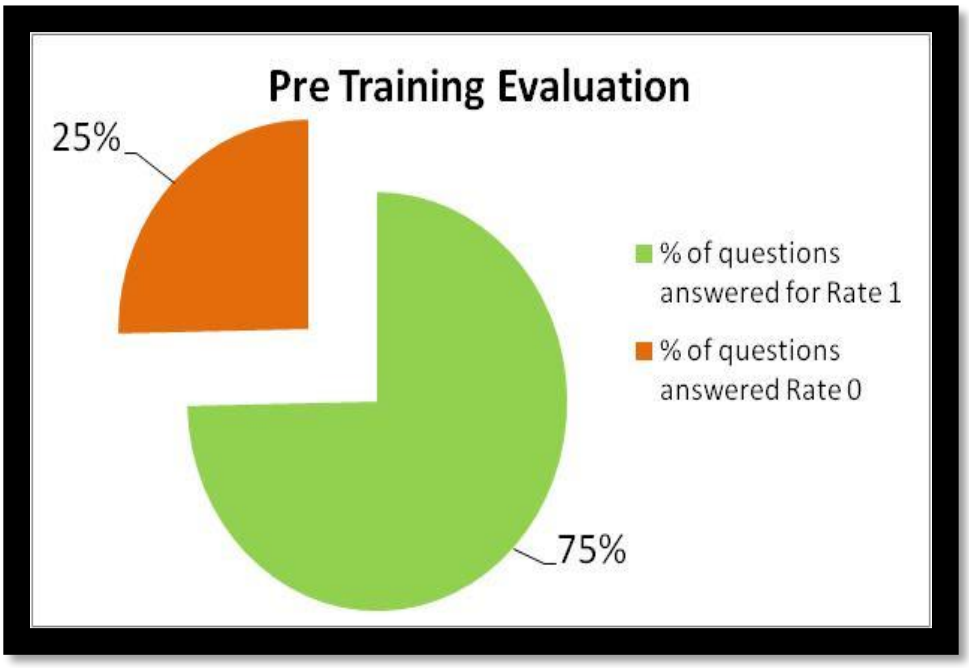
Lastly to sum up the session showed an overall improvement by 19%.

5.2- Care of Patients

The capacity of the shalby hospital Medical Officers and staff of hospital before and after the training was evaluated through a set of 12 questions addressing various issues like knowledge about Uniform care policy, vulnerable and high risk patients, verbal orders of medicines, etc . drug storage policy, medication errors and types of events.Keeping in view the number of participants (25) who attended the trainings in the Shalby Hospital.

5.2.1 Pre Training Evaluation

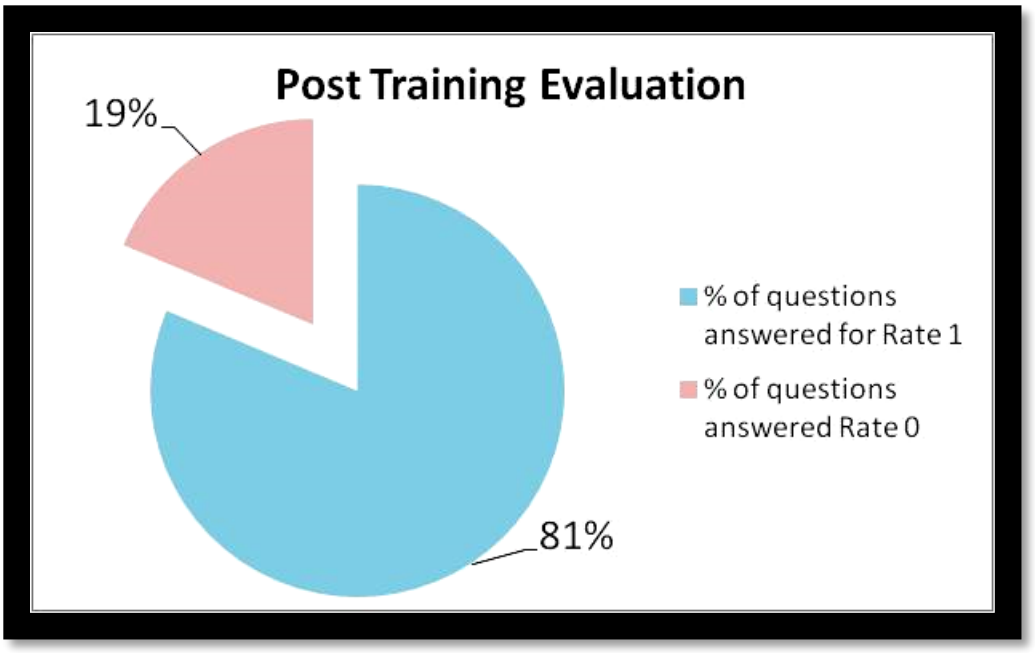
Fig.5.2.1. Care of Patient Pre- Test Training Evaluation



The pre-training test showed (Fig.1) results with (75%) i.e. 224 questions were answered for **(rate 1),** out of a total of 600 being answered correctly by the staff and 76 (25%) were not answered correctly **(rate 0)** before the training given by the staff of hospital.

5.2.2 Post Training Evaluation

Fig.5.2.2. Care of Patient Post- Test Training Evaluation

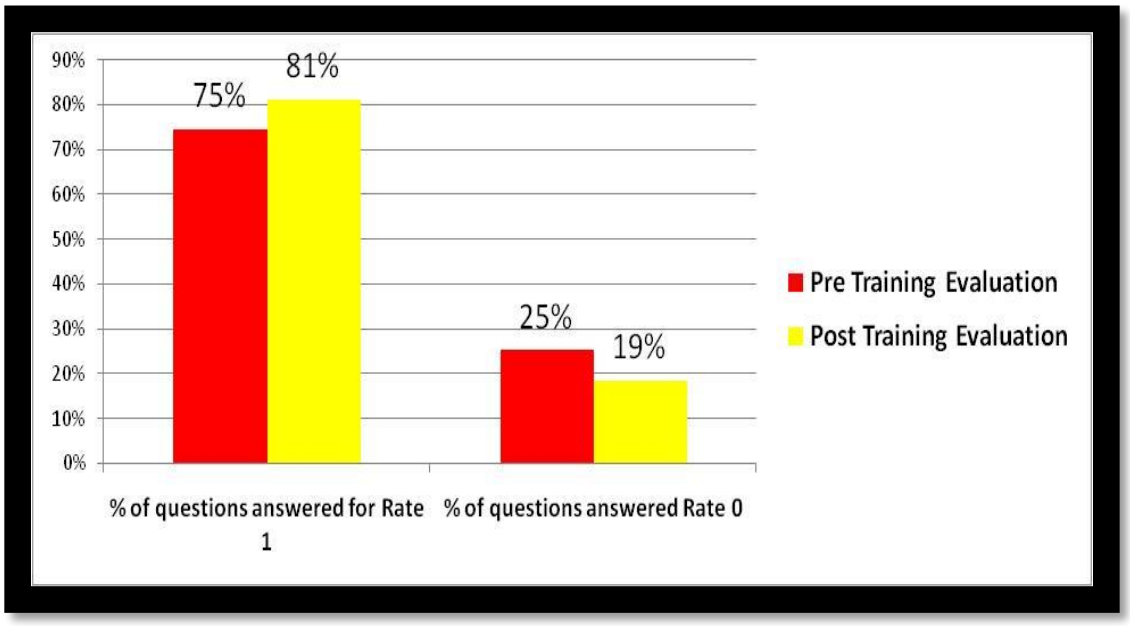


Post-Training Evaluation of staff using similar questions as in pre-test demonstrated an expected improvement of the awareness levels (Fig.2) with an increase in number of **rate 1** answers (81%) means 244 questions were answered correctly , and decrease the **rate 0** answers (19%) only 56 questions were not answered correctly out of 300 questions. This infers the impact of training imparted and efficiency of training resources.

5.2.3 Comparative Responses of the Staffs- Pre-Test and Post-Test Evaluation of COP

An allegory of pre & post training test can be visualized in the following bar chart (Fig.3).

Fig.5.2.3. Care of Patient Pre and Post-Test Training Evaluation



When viewing in totality, a comparative analysis of pre and post training evaluation substantiates the purpose of this capacity building exercise with an improvement in the rate of awareness levels up to 81% i.e. **rate 1** response showed 6% improvement, **rate 0** responses decreases at the difference rate of 6%. It was observed that the questions regarding which some doubts still remained among the staff were:

- Evidence based Medicine
- High risk patients policy
- Drugs storage Policy
- Verbal orders
- Types of event policy

Lastly to sum up the session showed an overall improvement by 7%.

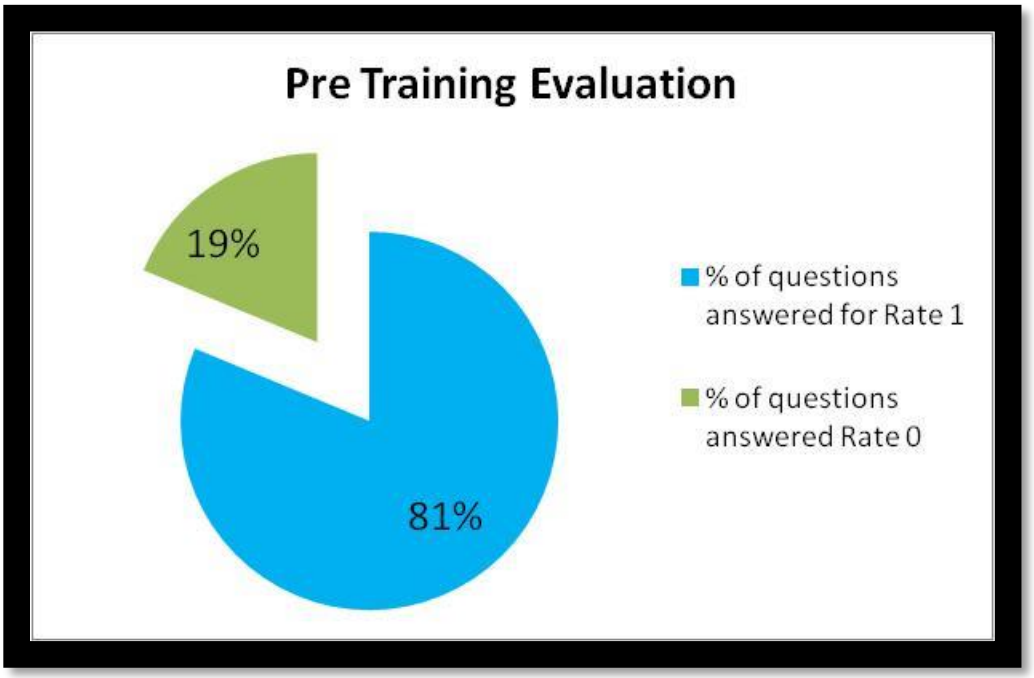
5.3-Management of Medication

The capacity of the staff before and after the training was evaluated through a set of 8 questions addressing various issues like management of medication, prescription error, high risk medication, abbreviation, medication orders.

Keeping in view the number of participants (30) who attended the trainings in the Shalby Hospital.

Pre Training Evaluation

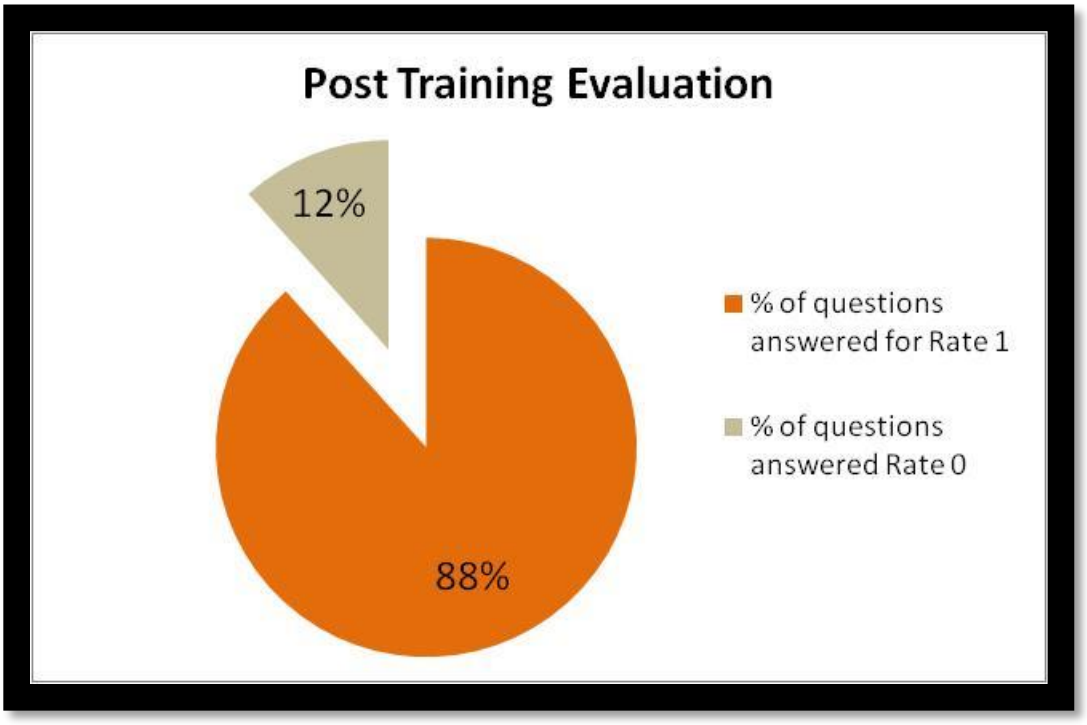
Fig.5.3.1. Management of Medication Pre- Test Training Evaluation



The pre-training test showed (Fig.1) results with (80%) i.e. 185 questions were answered for **rate 1**, out of a total of 480 being answered correctly by the staff and 45 questions (19%) **rate 0** were not answered correctly by the staff before the training given.

5.3.2 Post Training Evaluation

Fig.5.3.2. Management of Medication Post- Test Training Evaluation

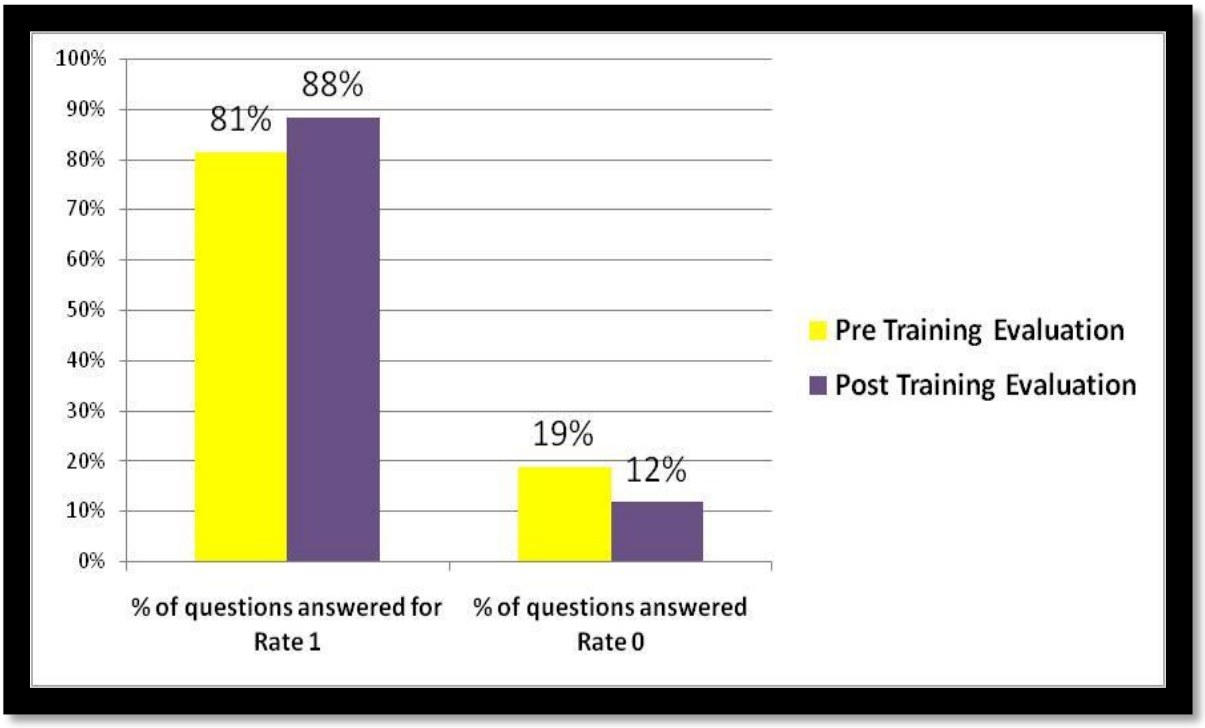


Post-Training Evaluation of staff using similar questions as in pre-test demonstrated an expected improvement of the awareness levels (Fig.2) with an increase in number of rate 1 answers 212 (82%) and rate 0 answers decreases up to (18%) i.e. 28 answers were not correct. This infers the impact of training imparted and efficiency of training resources.

5.3.3. Comparative Responses of the Staffs- Pre-Test and Post-Test Evaluation of PRE

An allegory of pre & post training test can be visualized in the following bar chart (Fig.3).

Fig.5.3.3. Management of Medication Pre & Post-Test Training Evaluation



When viewing in totality, a comparative analysis of pre and post training evaluation substantiates the purpose of this capacity building exercise with an improvement in the rate of awareness levels up to 82% i.e. **rate 1** response showed 2% improvement and **rate 0** responses decreases at the rate of 2%. It was observed that the questions regarding which some doubts still remained among the staff were:

- Employee rights towards the patients
- Types of consent
- General consent

Lastly the session showed an overall improvement by 8%.

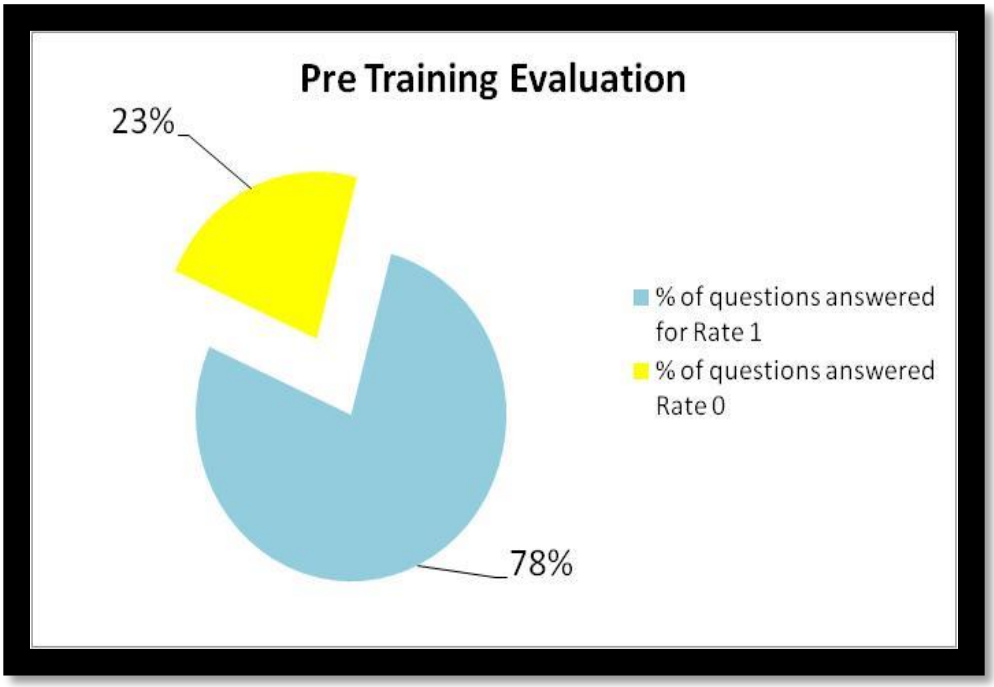
5.4-Patient's Rights and Education

The capacity of the staff before and after the training was evaluated through a set of 10 questions addressing various issues like knowledge about the patients rights and responsibilities, Types of consent and, patient feedback and complaint mechanism etc.

Keeping in view the number of participants (40) who attended the trainings in the Shalby Hospital.

Pre Training Evaluation

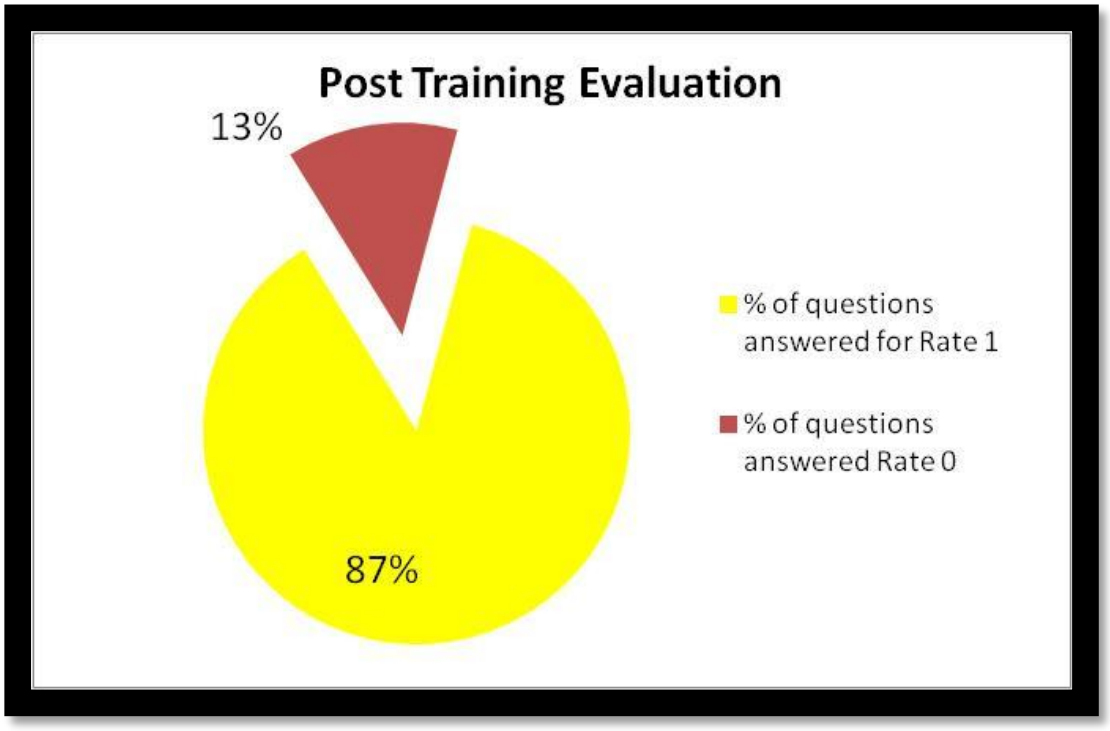
Fig.5.4.1. Patient's Rights and Education Pre-Test Training Evaluation



The pre-training test showed (Fig.1) results with (78%) i.e. 310 questions were answered for **rate 1**, out of a total of 400 being answered correctly by the staff and 90 questions (23%) **rate 0** were not answered correctly by the staff before the training given.

5.4.2 Post Training Evaluation

Fig.5.4.2. Patient's Rights and Education Post-Test Training Evaluation

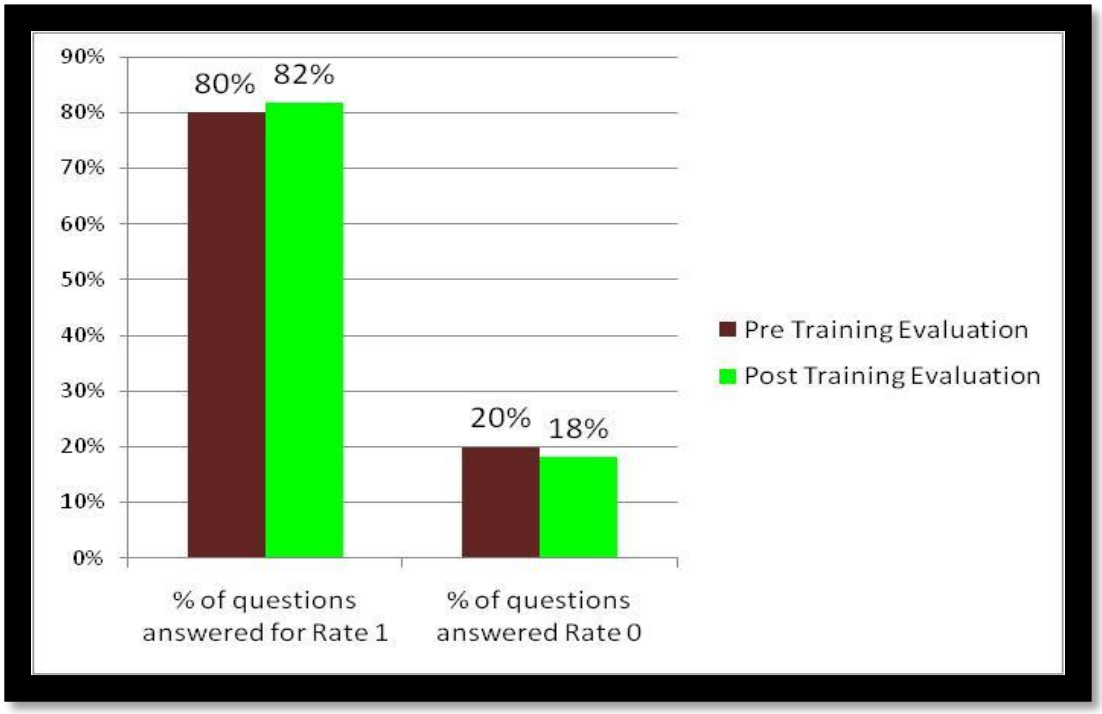


Post-Training Evaluation of staff using similar questions as in pre-test demonstrated an expected improvement of the awareness levels (Fig.2) with an increase in number of **rate 1** (87%) i.e. 348 are answered correctly and **rate 0** answers decreases up to (13%) i.e. 52 were not answered correctly. This infers the impact of training imparted and efficiency of training resources.

5.4.3 Comparative Responses of the Staffs- Pre-Test and Post-Test Evaluation of PRE

An allegory of pre & post training test can be visualized in the following bar chart (Fig.3).

Fig.5.4.3. Patient's Rights and Education Pre & Post Test Training Evaluation



When viewing in totality, a comparative analysis of pre and post training evaluation substantiates the purpose of this capacity building exercise with an improvement in the rate of awareness levels up to 87% i.e. **rate 1** response showed 10% improvement and **rate 0** responses decreases at the rate of 10%. It was observed that the questions regarding which some doubts still remained among the staff were:

- Employee rights towards the patients
- Types of consent
- General consent

Lastly the session showed an overall improvement by 10%.

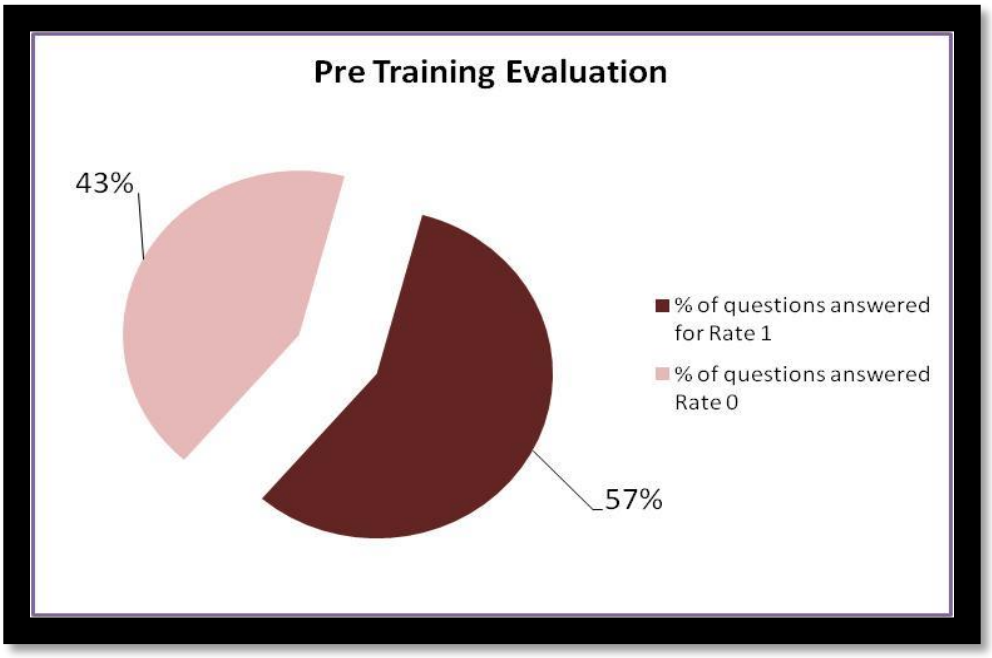
5.5-Continuous Quality Improvement

The capacity of the staff before and after the training was evaluated through a set of 10 questions addressing various issues like knowledge about Concept of Quality Indicators, Monitoring of Indicators, Corrective and Preventive action, incidence Reporting, Sentinel Event etc .

Keeping in view the number of participants (14) who attended the trainings in the Shalby Hospital.

5.5.1 Pre Training Evaluation

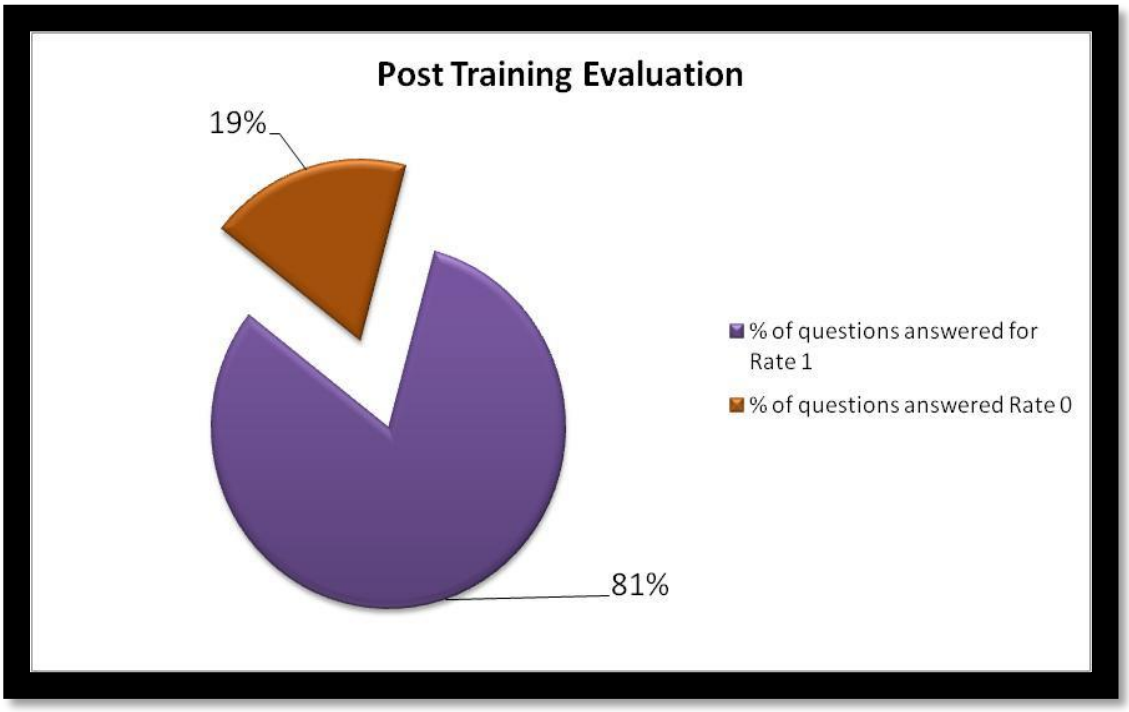
Fig.5.5.1. Continuous Quality Improvement Pre-Test Training Evaluation



The pre-training test showed (Fig.1) results with (57%) i.e. 80 questions were answered for **rate 1**, out of a total of 140 being answered correctly by the staff and 60 questions (43%) **rate 0** were not answered correctly by the staff before the training given.

5.5.2 Post Training Evaluation

Fig.5.5.2. Continuous Quality Improvement Post-Test Training Evaluation

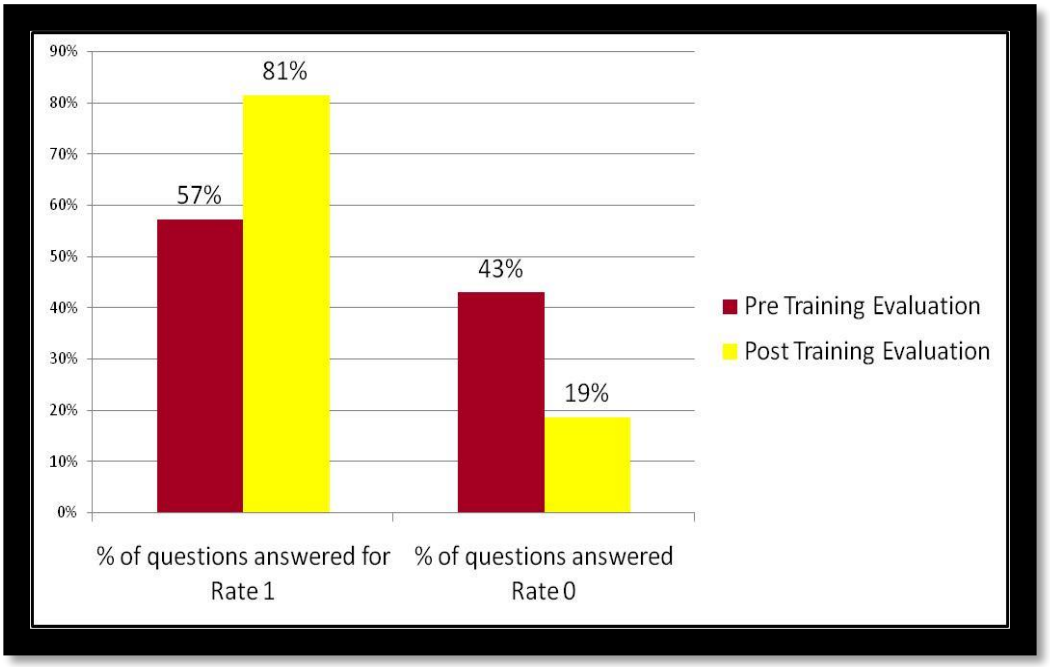


Post-Training Evaluation of staff using similar questions as in pre-test demonstrated an expected improvement of the awareness levels (Fig.2) with an increase in number of answers (81%) i.e. 114 questions were answered for **(rate 1)** being answered correctly by the staff out of a total of 140 and **(rate 0)**answers (19%) i.e. 26 questions were not correctly answered. This infers the impact of training imparted and efficiency of training resources.

5.5.3 Comparative Responses of the Staffs- Pre-Test and Post-Test Evaluation of CQI

An allegory of pre & post training test can be visualized in the following bar chart (Fig.3).

Fig.5.5.3. Continuous Quality Improvement Pre & Post-Test Training Evaluation



When viewing in totality, a comparative analysis of pre and post training evaluation substantiates the purpose of this capacity building exercise with an improvement in the rate of awareness levels up to 81% i.e. **rate 1** response showed 24% improvement, and **rate 0** responses decreases up to the rate of 24%.

It was observed that the questions regarding which some doubts still remained among the staff were:

- Corrective and Preventive Action
- Key Indicators
- Incidence Reporting

Lastly to sum up the session showed an overall improvement by 24%.

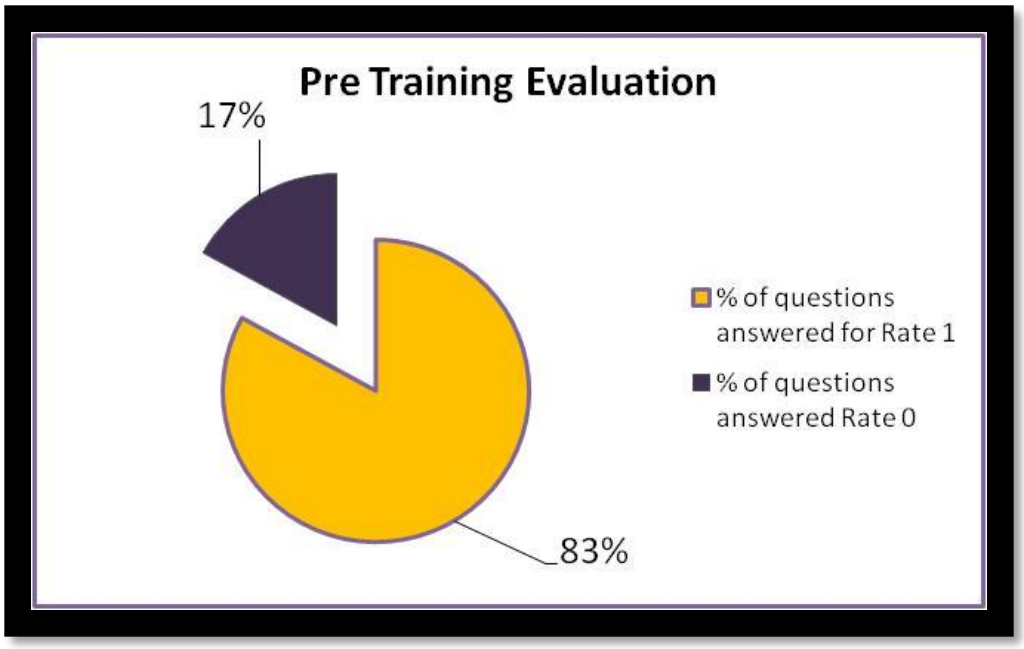
5.6-Hospital Infection Control

The capacity of the staff before and after the training was evaluated through a set of 10 questions addressing various issues like knowledge about Scope of services, Initial Assessment, Referal and transfer policy, ambulance service policy Hand Washing Policy, PPE's, Needle stick Injury Protocol, and infection control practices etc .

Keeping in view the number of participants (10) who attended the trainings in the Shalby Hospital.

5.6.1 Pre Training Evaluation

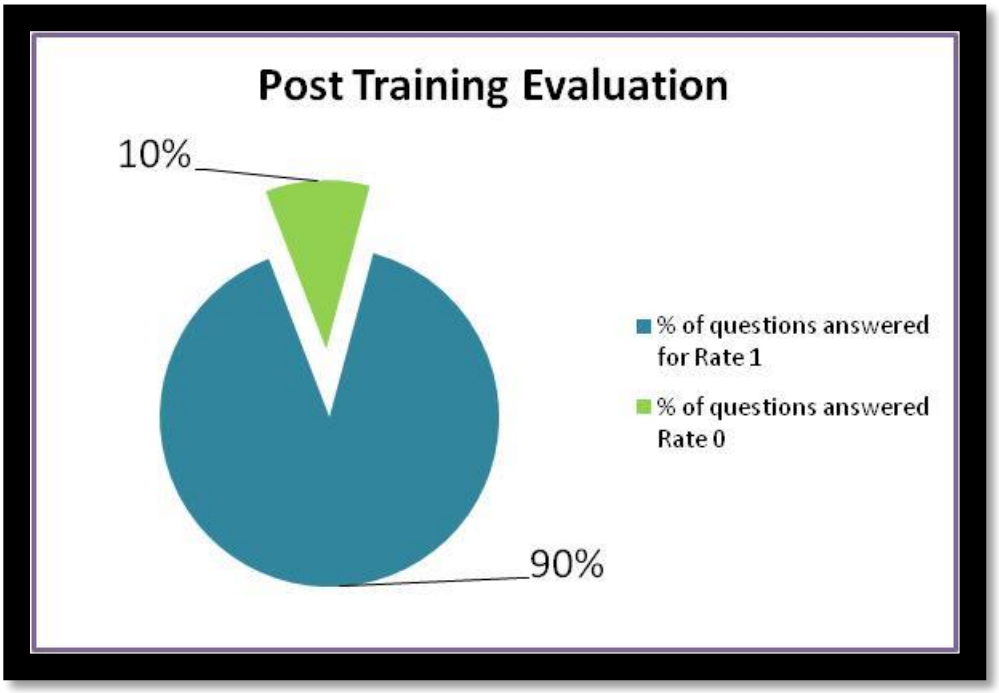
Fig.5.6.1. Hospital Infection Control Pre-Test Training Evaluation



The pre-training test showed (Fig.1) encouraging results with (83%) i.e. 83 questions were answered for rate 1, questions out of a total of 100 being answered correctly by the staff, and 17 (17%) were not answered correctly by the staff before the training given.

5.6.2 Post Training Evaluation

Fig.5.6.2. Hospital Infection Control Post-Test Training Evaluation

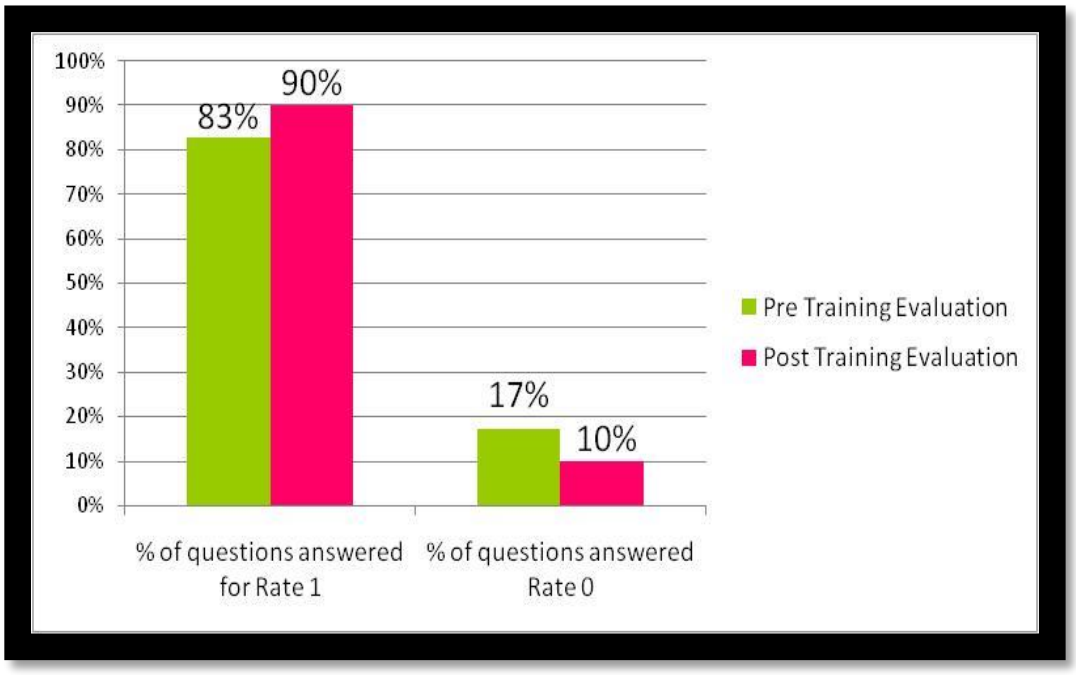


Post-Training Evaluation of staff using similar questions as in pre-test demonstrated an expected improvement of the awareness levels (Fig.2) with an increase in number of **rate 1** answers (90%) and **rate 0** answers decreases up to (10%). This infers the impact of training imparted and efficiency of training resources.

5.6.3 Comparative Responses of the Staffs- Pre-Test and Post-Test Evaluation of HIC

An allegory of pre & post training test can be visualized in the following bar chart (Fig.3).

Fig.5.6.3. Hospital Infection Control Pre & Post-Test Training Evaluation



When viewing in totality, a comparative analysis of pre and post training evaluation substantiates the purpose of this capacity building exercise with an improvement in the rate of awareness levels up to 90% i.e. rate 1 response showed 7% improvement, rate 0 responses decreases at the rate of 7%. It was observed that the questions regarding which some doubts still remained among the staff were:

- Infection Control Nurse
- Sterilization Method
- Needle stick Injury Protocol

Lastly the session showed an overall improvement by 7%.

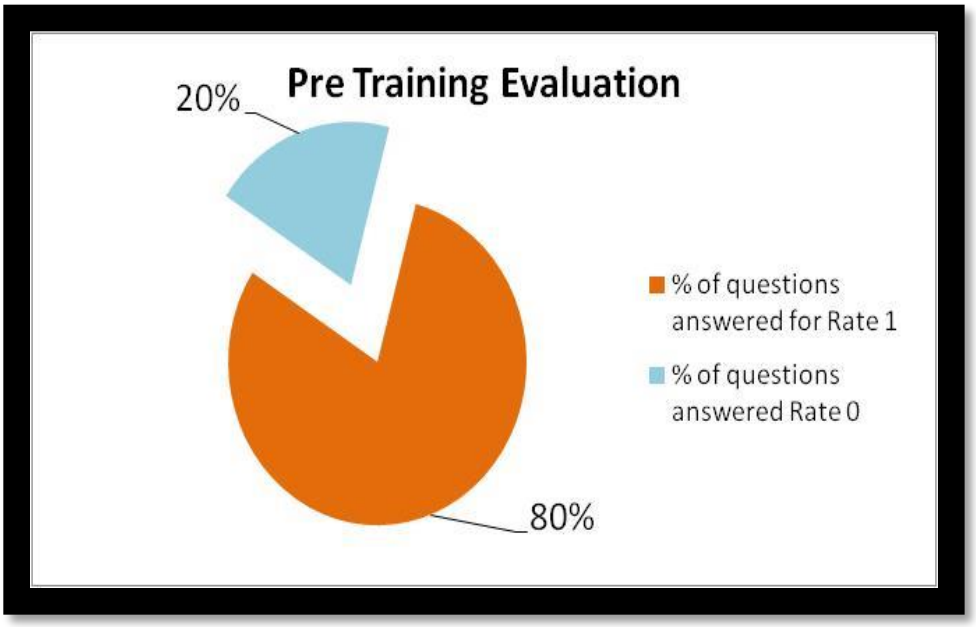
5.7-Responsibilities of Management

The capacity of the staff before and after the training was evaluated through a set of 10 questions addressing various issues like knowledge about Mission, Visiion, Appraisal Policy, Job responsibility, Medical Policy, Acts and Laws etc .

Keeping in view the number of participants (25) who attended the trainings in the Shalby Hospital.

5.7.1 Pre Training Evaluation

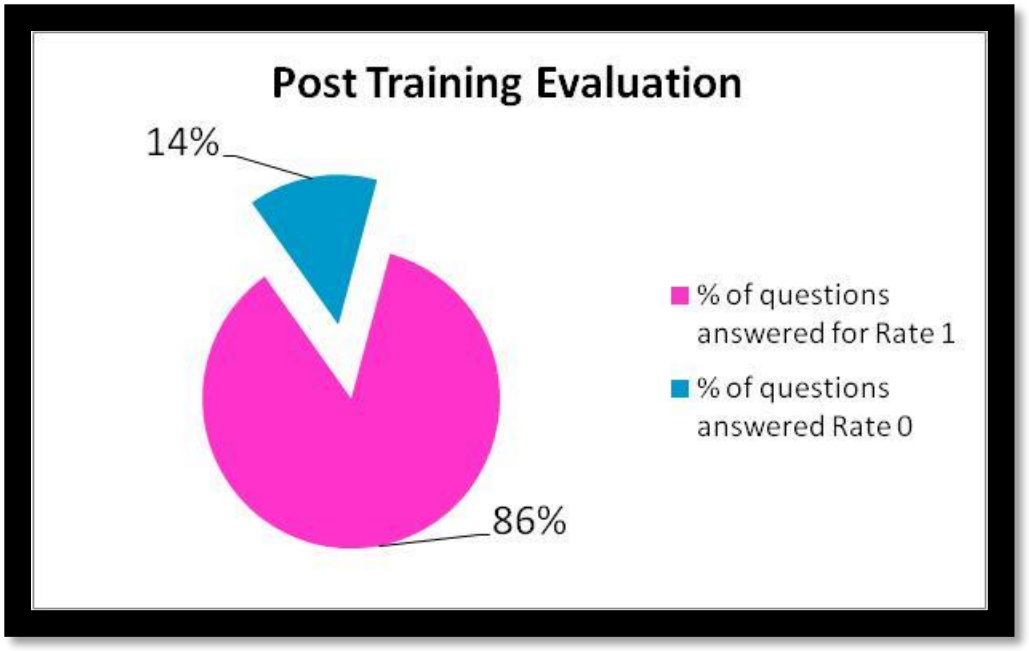
Fig.5.7.1. Responsibilities of Management Pre-Test Training Evaluation



The pre-training test showed (Fig.1) results with (80%) i.e. 200 questions were answered for **rate 1**, out of a total of 250 being answered correctly by the staff and 50 questions (20%) **rate 0** were not answered correctly by the staff before the training given.

5.7.2 Post Training Evaluation

Fig.5.7.2. Responsibilities of Management Post-Test Training Evaluation

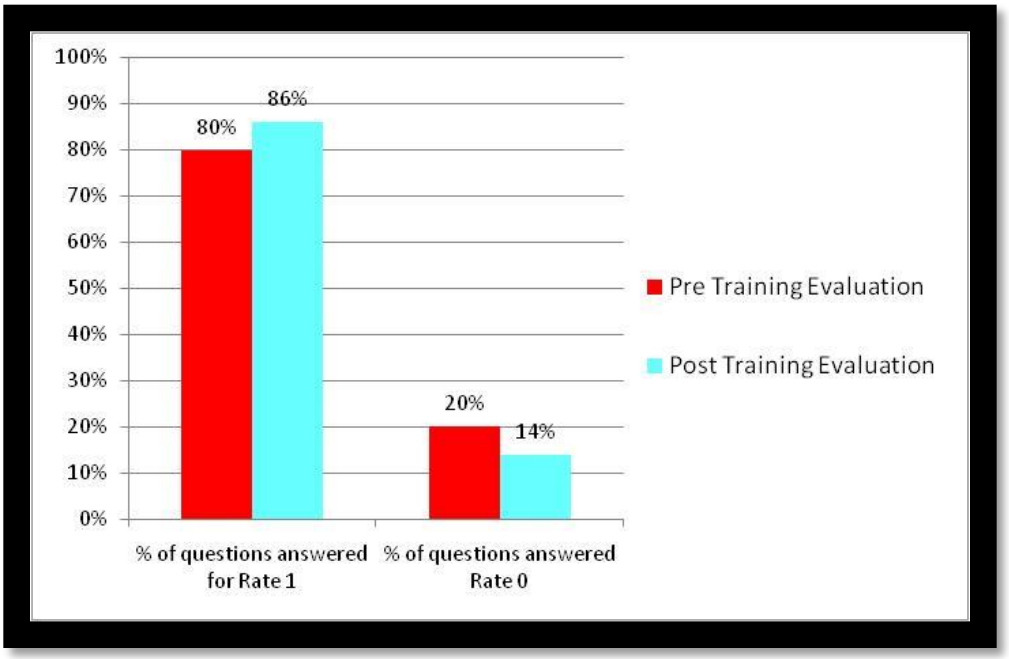


Post-Training Evaluation of staff using similar questions as in pre-test demonstrated an expected improvement of the awareness levels (Fig.2) with an increase in number of answers (86%) i.e. 215 questions were answered for **(rate 1)** being answered correctly by the staff out of a total of 250 and **(rate 0)** answers (14%) i.e. 35 questions were not correctly answered. This infers the impact of training imparted and efficiency of training resources.

5.7.3 Comparative Responses of the Staffs- Pre-Test and Post-Test Evaluation of ROM

An allegory of pre & post training test can be visualized in the following bar chart (Fig.3).

Fig.5.7.3. Responsibilities of Management Pre & Post-Test Training Evaluation



When viewing in totality, a comparative analysis of pre and post training evaluation substantiates the purpose of this capacity building exercise with an improvement in the rate of awareness levels up to 86% i.e. **rate 1** response showed 6% improvement, and **rate 0** responses decreases up to the rate of 6%.

It was observed that the questions regarding which some doubts still remained among the staff were:

- NABH Committees
- Sentinel Event
- Medical Policy of the NDMC Employees

Lastly to sum the session showed an overall improvement by 6%.

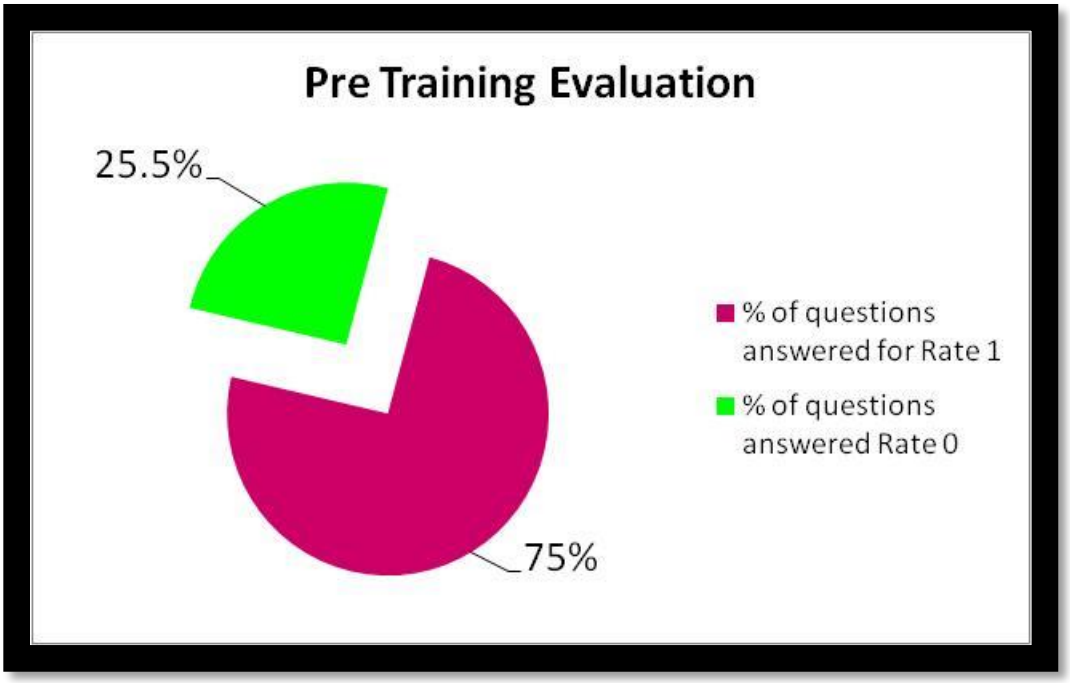
5.8-Facility Management Safety

The capacity of the staff before and after the training was evaluated through a set of 10 questions addressing various issues like knowledge about Laws applicable, Emergency codes, Hazardous materials and their spillage policy etc .

Keeping in view the number of participants (20) who attended the trainings in the Shalby Hospital.

5.8.*1 Pre Training Evaluation*

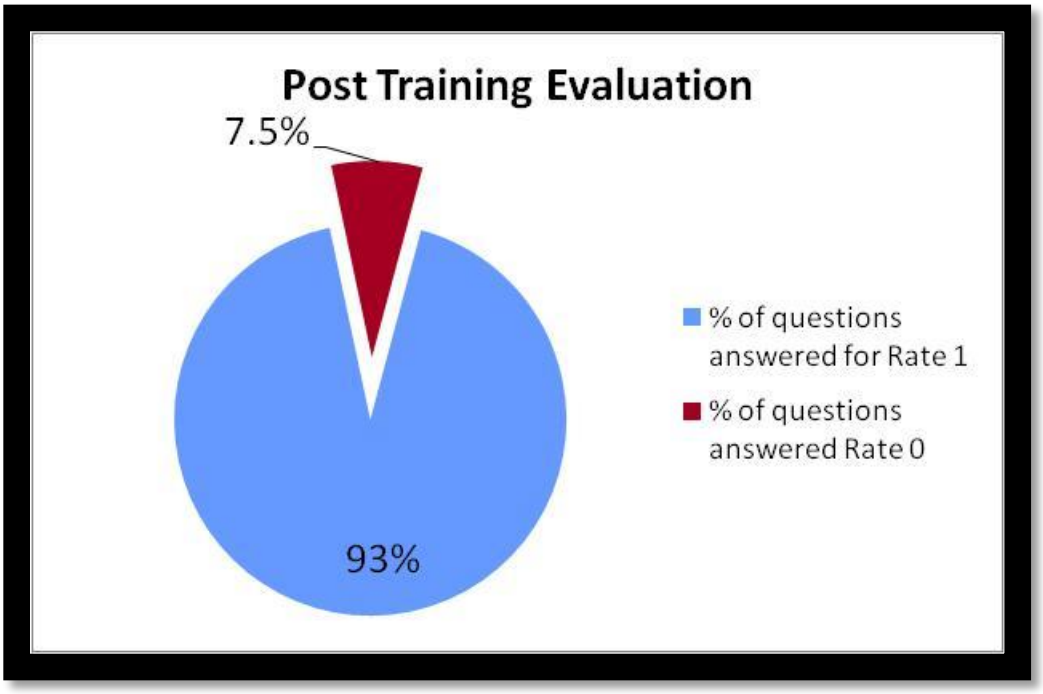
Fig.5.8.1. Facility Management Safety Pre-Test Training Evaluation



The pre-training test showed (Fig.1) results with (75%) i.e. 149 questions were answered for **rate 1**, out of a total of 200 being answered correctly by the staff and 51 questions (25%) **rate 0** were not answered correctly by the staff before the training given.

5.8.2 Post Training Evaluation

Fig.5.8.2. Facility Management Safety Post-Test Training Evaluation

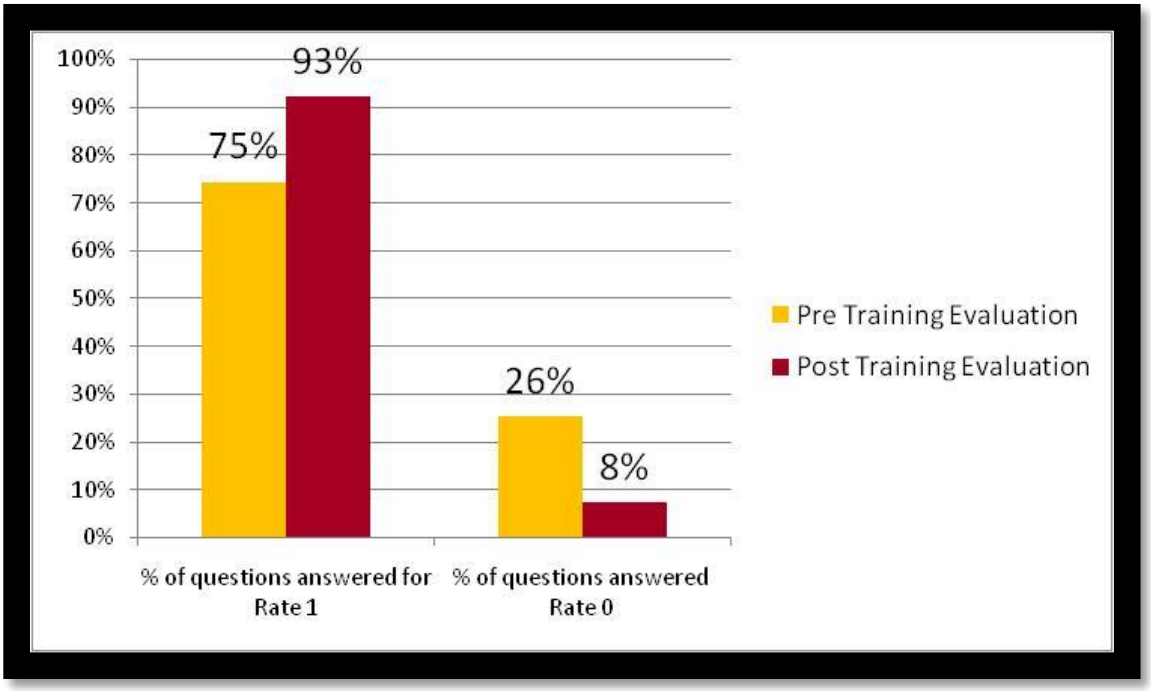


Post-Training Evaluation of staff using similar questions as in pre-test demonstrated an expected improvement of the awareness levels (Fig.2) with an increase in number of answers (93%) i.e. 185 questions were answered for **(rate 1)** being answered correctly by the staff out of a total of 200 and **(rate 0)**answers (7.5%) i.e. 15 questions were not correctly answered. This infers the impact of training imparted and efficiency of training resources.

5.8.3 Comparative Responses of the Staffs- Pre-Test and Post-Test Evaluation of FMS

An allegory of pre & post training test can be visualized in the following bar chart (Fig.3).

Fig.5.8.3. Facility Management Safety Pre & Post-Test Training Evaluation



When viewing in totality, a comparative analysis of pre and post training evaluation substantiates the purpose of this capacity building exercise with an improvement in the rate of awareness levels up to 93% i.e. **rate 1** response showed 18% improvement, and **rate 0** responses decreases up to the rate of 18%.

It was observed that the questions regarding which some doubts still remained among the staff were:

- Acts and Laws applicable
- Emergency Codes
- Handling of hazardous material

Lastly to sum up the session showed an overall improvement by 19%.

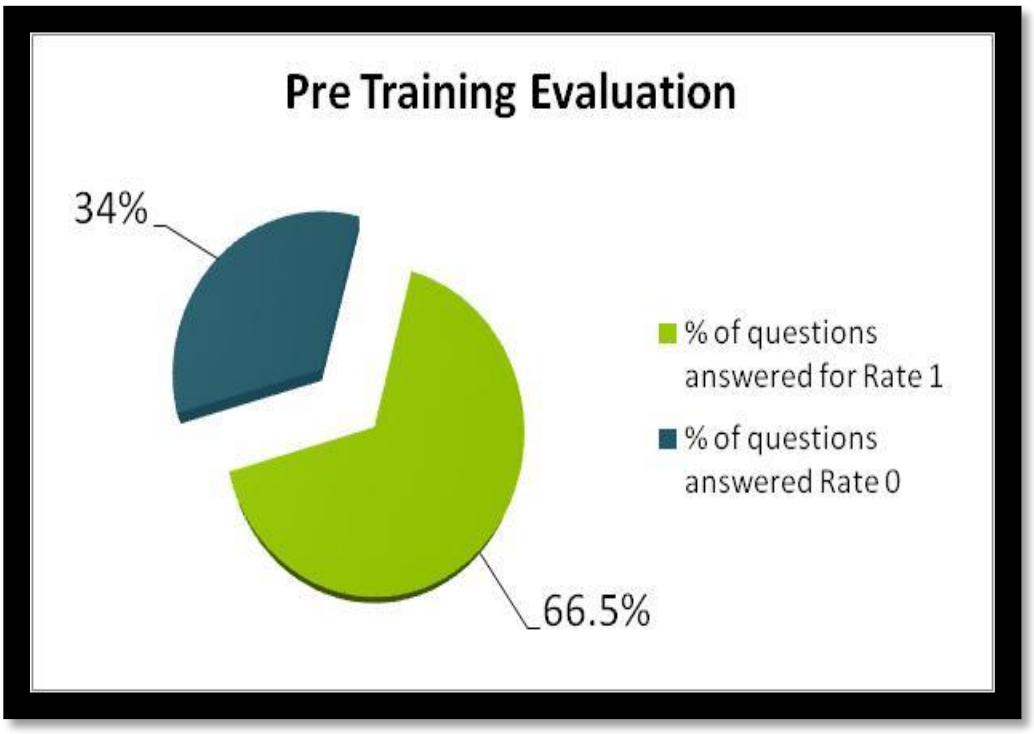
5.9- Human Resource Management

The capacity of the staff before and after the training was evaluated through a set of 10 questions addressing various issues like knowledge about Recruitment, Job Description, Induction and Orientation for new staff, process of Performance appraisal.

Keeping in view the number of participants (20) who attended the trainings in the Shalby Hospital.

5.9.*1 Pre Training Evaluation*

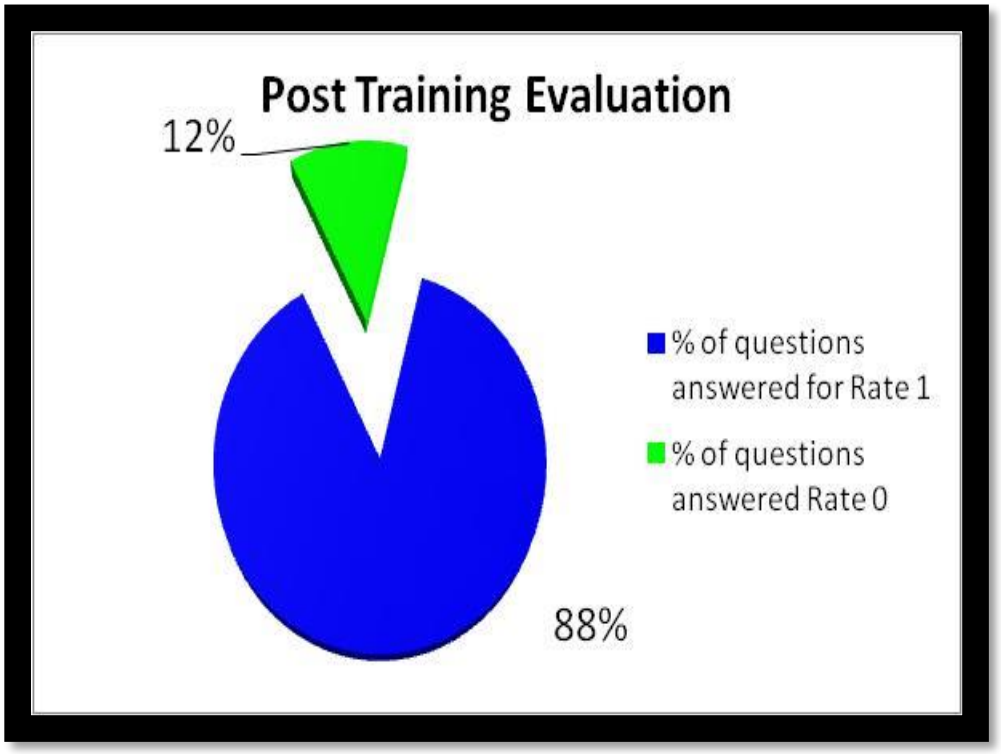
Fig.5.9.1. Human Resource Management Pre -Test Training Evaluation



The pre-training test showed (Fig.1) results with (66.5%) i.e. 133 questions were answered for **rate 1**, out of a total of 200 being answered correctly by the staff and 67 questions (34%) **rate 0** were not answered correctly by the staff before the training given.

5.9.2 *Post Training Evaluation*

Fig.5.9.2. Human Resource Management Post -Test Training Evaluation

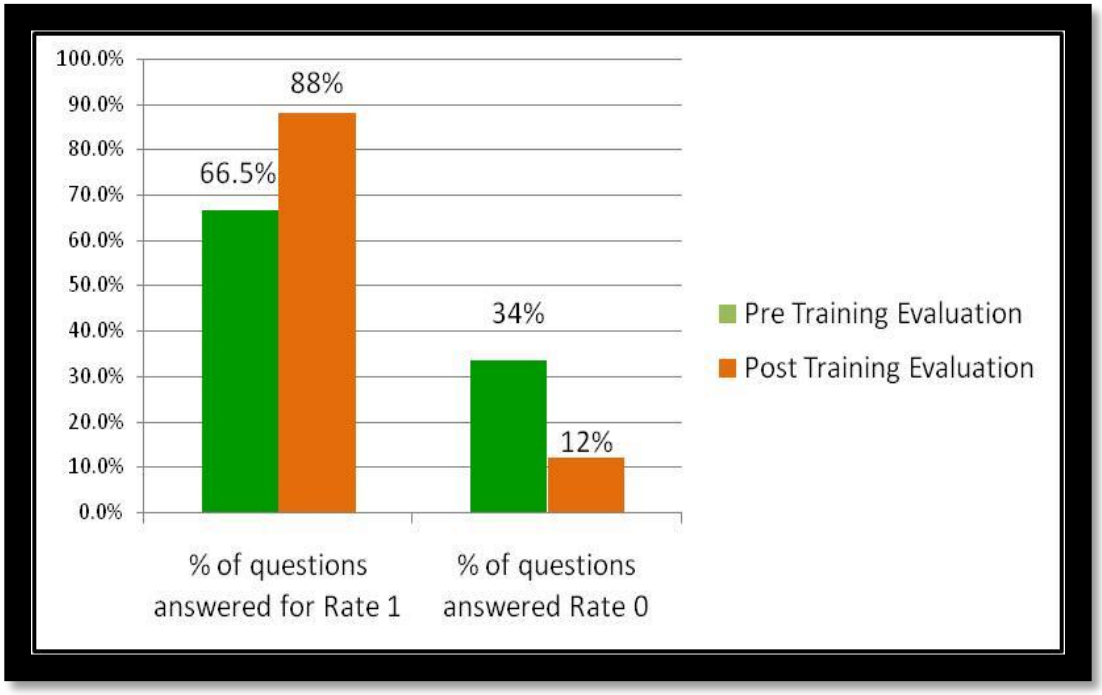


Post-Training Evaluation of staff using similar questions as in pre-test demonstrated an expected improvement of the awareness levels (Fig.2) with an increase in number of answers (88%) i.e. 176 questions were answered for **(rate 1)** being answered correctly by the staff out of a total of 200 and **(rate 0)** answers (12%) i.e. 24 questions were not correctly answered. This infers the impact of training imparted and efficiency of training resources.

5.9.3 Comparative Responses of the Staffs-Pre-Test and Post-Test Evaluation of HRM

An allegory of pre & post training test can be visualized in the following bar chart (Fig.3).

Fig.5.9.3. Human Resource Management Pre & Post-Test Training Evaluation



When viewing in totality, a comparative analysis of pre and post training evaluation substantiates the purpose of this capacity building exercise with an improvement in the rate of awareness levels up to 88% i.e. **rate 1** response showed 21% improvement, and **rate 0** responses decreases up to the rate of 21%. It was observed that the questions regarding which some doubts still remained among the staff were:

- Knowledge regarding occupational health hazards
- Grievance handling procedure
- Rules of appraisal

Lastly to sum up the session showed an overall improvement by 22%.

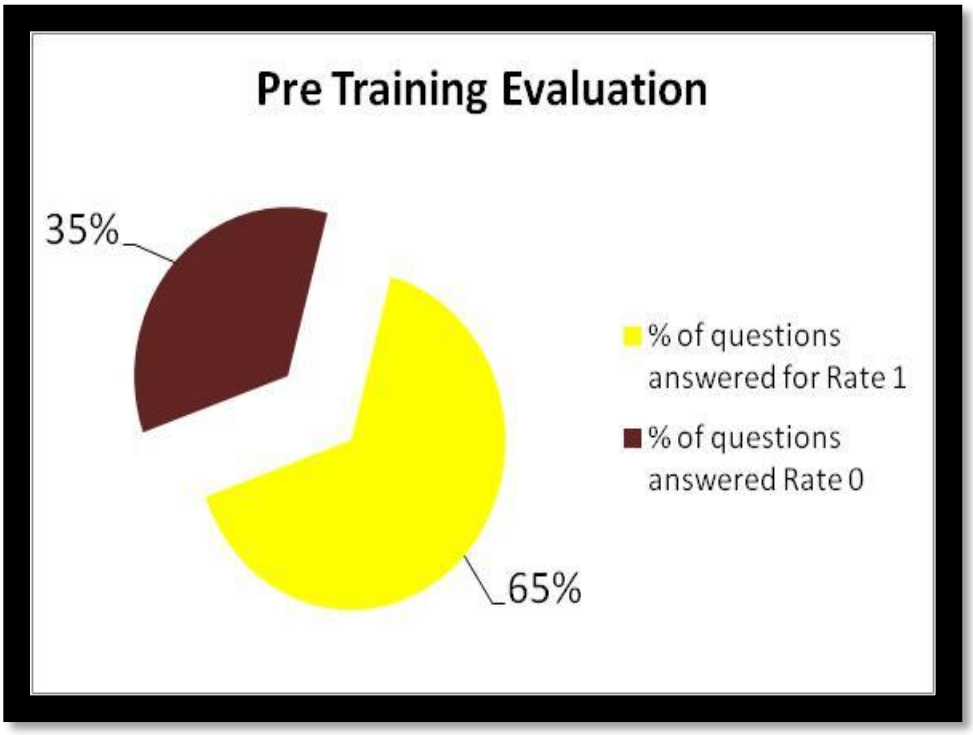
5.10- Information Management System

The capacity of the staff before and after the training was evaluated through a set of 10 questions addressing various issues like knowledge about Medical Record, security of records Medical audit, Retention period of files, storage of documents.

Keeping in view the number of participants (24) who attended the trainings in the Shalby Hospital.

Pre Training Evaluation

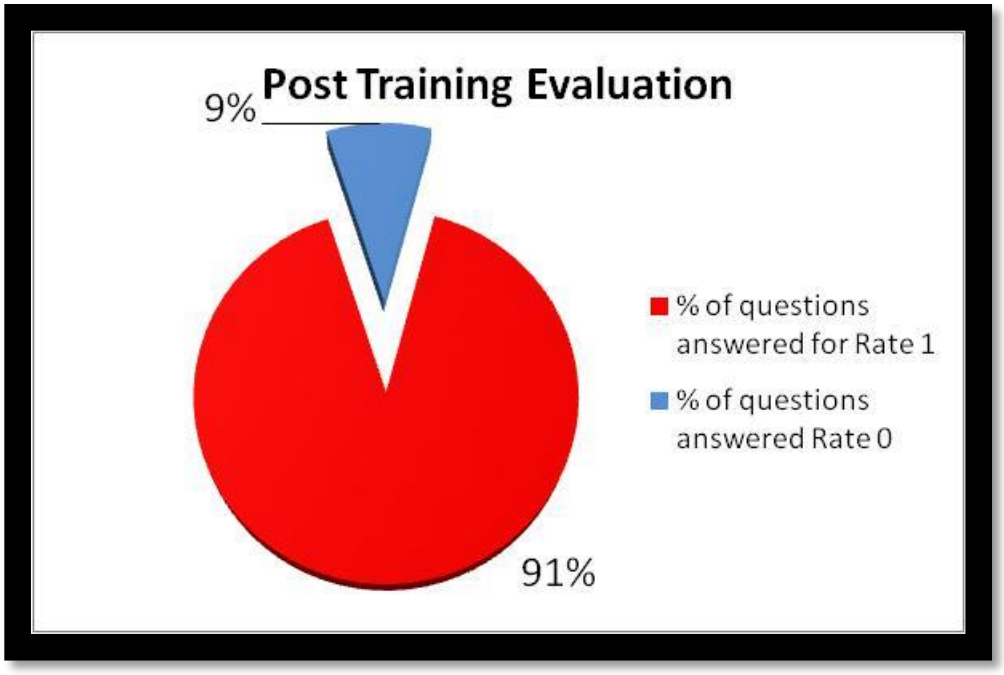
Fig.5.10.1. Information Management System Pre-Test Training Evaluation



The pre-training test showed (Fig.1) results with (65%) i.e. 157 questions were answered for **rate 1**, out of a total of 240 being answered correctly by the staff and 83 questions (35%) **rate 0** were not answered correctly by the staff before the training given.

5.10.1 Post Training Evaluation

Fig.5.10.2. Information Management System Post-Test Training Evaluation

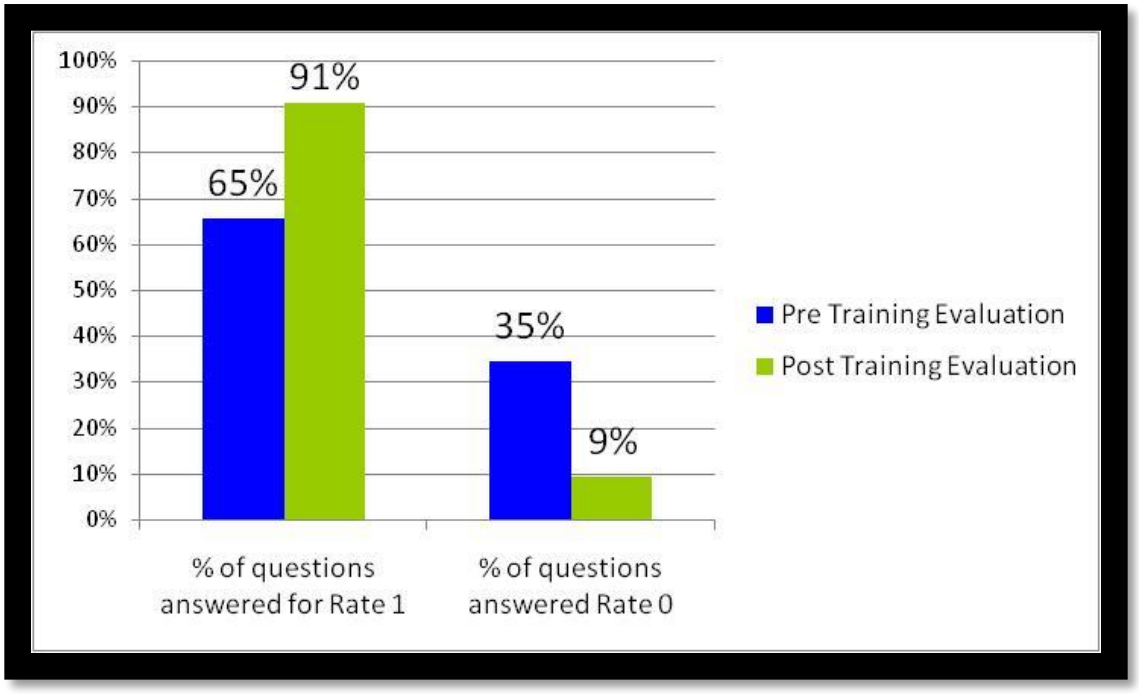


Post-Training Evaluation of staff using similar questions as in pre-test demonstrated an expected improvement of the awareness levels (Fig.2) with an increase in number of answers (91%) i.e. 218 questions were answered for **(rate 1)** being answered correctly by the staff out of a total of 240 and **(rate 0)** answers (9%) i.e. 22 questions were not correctly answered. This infers the impact of training imparted and efficiency of training resources.

5.10.3 Comparative Responses of the Staffs-Pre-Test and Post-Test Evaluation of IMS

An allegory of pre & post training test can be visualized in the following bar chart (Fig.3).

Fig.5.10.3. Information Management System Pre & Post-Test Training Evaluation



When viewing in totality, a comparative analysis of pre and post training evaluation substantiates the purpose of this capacity building exercise with an improvement in the rate of awareness levels up to 91% i.e. **rate 1** response showed 26% improvement, and **rate 0** responses decreases up to the rate of 26%. It was observed that the questions regarding which some doubts still remained among the staff were:

- Retention Procedure of Records
- Security of Medical Record

Lastly to sum up the session showed an overall improvement by 26%.

5.11 FEEDBACK ABOUT THE TRAININGS OF THE STAFF

The feedback from the Staff was very reassuring as majority of them appreciated the modality of the training conducted and mentioned that they would be able to now use this knowledge and bring about radical changes in their areas and hence compliment the efforts of the quality department of Shalby Hospital in the Quality Awareness programme based on the NABH Standards.

5.12 RESULT & DISCUSSION

Table-5.12.1-Comparsion of all 10 chapters Result of Pre- Post Training

NABH COMPONENTS	PRE - TRAINING RESULT	DENOMINATOR (Total no. of Questions* Total No. Of Respondent)	PERCENTAGE (%)	POST-TRAINING RESULT	DENOMINATOR (Total no. of Questions* Total No. Of Respondent)	PERCENTAGE (%)	EFFECTIVE CHANGE EVALUATION OF TRAINING (Percentage of Pre-Training- Percentage of Post-Training)
AAC	147	224	66%	190	224	84%	18%
COP	224	300	74%	244	300	81%	7%
MOM	195	240	81%	212	240	88%	8%
PRE	310	400	77%	348	400	87%	10%
CQI	80	140	57%	114	140	81%	24%

HIC	83	100	83%	90	100	90%	7%
ROM	200	250	80%	215	250	86%	6%
FMS	149	200	74%	185	200	93%	19%
HRM	133	200	66%	176	200	88%	22%
IMS	157	240	65%	218	240	91%	26%

In this study, an evaluation of training has been done which shown the improvement in knowledge between pre and post training evaluation. It was observed that some training session were found to be positive improvement in knowledge more than 20% of staff after the training given to the staff that sessions are assess assessment care of patient, Continuous Quality Improvement, Human Resource Management, Information Management System, Facility Management System. This is because most of the aspects in the standards included in the day to day activities of nursing staff. Almost all the employees are very clear about the training programs and its objectives, well before attending training. For most of the employees, training and development program content has met their needs.

Though some training session were showing very less improvement which is only 7%. These sessions are Care of Patient, Management of Medication, Patient Right's, Responsibility of Management and Hospital Infection Control. After evaluating the results of these sessions, it is recommended that hospital should rethink about the training sessions. Proper training should be given again to staff. It is more effective when some new techniques followed in existing system by the organization. Hospital should include more innovative and new ideas in training like demonstration, role play, hospital visits, videos and etc. NABH manual should be provided to each and every department in hospital.

The analysis clearly shows that 90% of the participants are satisfied and fully agree that NABH training programs are appropriate and useful. Around 81% of the participants agreed that they receive timely information from the NABH regarding the training schedule, venue, timing, etc., some of the participants are not satisfied with the criteria of timely information. According to the Staff the outcomes of the training programs are like this, increase efficiency, updated knowledge, improved interpersonal relation and increase knowledge about standards of NABH.

CHAPTER 6- CONCLUSION & RECOMMENDATIONS

6.1 CONCLUSION

The training program was conducted successfully and all the participants took active part in all the days of the training. The results from the pre-test and the post-test (summarized above) show that there were concepts and topics which the staff didn't know about before the training and after the training they could explain the topics.

The overall conclusion of the training analysis was that NABH needs to take much more seriously if they are to achieve the dual benefits of greater accountability and more effective learning.

From the above evaluation, the conclusions that were drawn include:

1. Training environment must favourable.
2. Course material should include more case studies and practical trainings.
3. Session should not be lengthy and exhaustive and must include video demonstration and mock drills with free time.
4. NABH should add facility planning criteria chapter within content, aims, and objectives for further information and clarity.
5. More flexibility should be given to staff, which helps them to raise their questions to the trainer.

   It becomes quite clear that there is no other alternative or short cut to the development of human resources. Training when used in a planned and purposeful manner can be an extremely effective management tool as they increase the knowledge and skills of staff and thereby increasing the quality of patient care.

6.2 RECOMMENDATIONS

The present study was done to find out the level of effective change in knowledge after the training of staff on NABH standards in selected hospital in Jaipur. The recommendations of study can be summarized as follows-

1. Regular quarterly training sessions to be scheduled followed by objective assessment, with attendance for each training session to be entered in the staff data.
2. We recommend that all training session should videotape for take further improvement in training method.
3. Try to use more visual and audio aids to make trainings more interactive and active participation.
4. The organization has to concentrate more on staff who are not satisfied with the present training methods; they have to be counselled to know their reasons for not being satisfied. So that effectiveness can be achieved.
5. It also suggested having outside experts for training the staff which will attract and make staff serious about training.
6. It is suggested to allow staff to ask the questions during training session which help them to clear their doubts and queries.
7. After the completion of the training program should take feedback from candidates about training. That will help organization to organize training more effectively in the future.
8. A standard measures before and after each training program on level of knowledge, skills, attitudes and behavior. Will help to measure its effectiveness more accurately.
9. The hospital has to ask its employees to suggest types of trainings which they think is more helpful in achieving the organizational goals.
10. Training should be given for hospital staff on benefits of NABH accreditation.

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ANNEXURE-1

Access Assessment and Continuity of Care

Pre-Post Training Evaluation Questionnaire

Kindly tick the correct answer

1. What are the various types of admission:-
    - Planned Admission
    - Unplanned Admission
    - Emergency Admission
    - All of the above

2. What is the type of consent form filled up at the time of admission?
    - General Consent
    - Informed Consent
    - Implied Consent
    - All of the above

3. Vital signs are:-
    - Heart Rate & BP
    - Respiratory Rate & Oxygen Saturation
    - Level of consciousness
    - Both a & b
    - All of the above

4. Responsibility on patient education on treatment is of :-
    - Treating consultant
    - Nurses
    - Front office
    - Both a & c
    - All

5. Each patient is initially screened on following parameters:
    - History of illness
    - Height and weight

- Temperature, pressure and respiration
- Allergies or any associated disease
- All of the above

6. Test of lipid profile comes under which department?
    - Microbiology
    - Biochemistry
    - Pathology
    - Serology

7. Minimum qualification for the lab technician should be:-
    - MLT
    - DMLT
    - BOTH
    - MD (Pathology)

8. Reporting and documentation time of critical test result should be within:-
    - Within 15 minutes
    - Within 30 minutes
    - Within 5 minutes
    - Within 1 hour

9. Hazardous materials in hospital are-
    - LPG, Diesel and sodium hypochlorite
    - Alcohol, Spirit and gases
    - Cytotoxic drugs, mercury and chemotherapeutic materials
    - All of the above
    - Both a & c

10. LAMA/ DAMA stands for----------

11. CMO stands for……..

12. MLC stands for……

13. BLS Stands for……

14. ACLS stands for……

Care of Patients

Pre-Post Training Evaluation Questionnaire

Kindly tick the correct answer

1. In triage process arrange the following in order of priority:-
   - Dead: Black
   - Urgent: Yellow
   - Minor: Green
   - Life Threatening: Red

2. Emergency Code announced when a there is fire alarm in the hospital is :-
   - Code Red
   - Code Violet
   - Code Pink
   - Code Blue

3. Vulnerable patients are:-
   - Elder group patient
   - Patient who is not able to do his routine work
   - Physically & mentally challenged patients
   - All

4. Ectopic pregnancy & CPD are the examples of……..
   - High risk obstetric cases
   - Medium risk obstetric cases
   - Low risk obstetric cases
   - None of the above

5. Identification band must have the information regarding ……..for the prevention of child and neonatal abduction.
   - Name of the mother
   - Gender
   - Date and time of birth
   - All of the above

6. Site marking of the patient is going for surgery is important to prevent……..
   - Wrong site surgery
   - Wrong level surgery
   - Wrong side surgery
   - All of the above

7. Types of restraints are:
   - Physical
   - Both
   - Chemical
   - None

8. The time period for monitoring any restraint patient is:
    - Every 1 hour
    - Every 4 hour
    - Every 5 hour
    - Every 15 minutes

9. Restraint is authorized by:
    - Treating doctor
    - Anesthetist
    - Doctor on duty
    - Both A & B

10. Boxer's bandage, Helmets, Wristlets, Anklets are the types of ……..

    - Physical
    - Chemical
    - Both
    - None

11. CME stands for……..
    - Continuous moral education
    - Continuous medical education
    - Both
    - None of the above

12. CAB Stands for……
- Ambubag, bain's circuit
- Circulation Airway Breathing
- Both
- None of the above

Management of Medication

Pre- Post Training Evaluation Questionnaire

Kindly tick the correct answer

1. Pharmacy services shall mainly include:-
    - Timely Dispensation & Staffing
    - Labeling of medications
    - Audits
    - Monitoring of Medication errors
    - All

2. Narcotics should be stored in……..
    - Cupboard

- Emergency crash cart
- Double Lock and key storage box.
- None of the above

3. LASA stands for……..
    - Lung Association-Sleep Apnea
    - Look alike Sound Alike
    - Law and Security Administration
    - Lipid Associated Sialic Acid

4. Verbal orders should be signed by the treating consultant within……
    - 24 hours
    - 12 hours
    - 1 hour
    - 48 hours

5. Fentanyl is a type of ……
    - Narcotic drug
    - Emergency medication
    - Both
    - None of the above

6. In case of usage of Implants in surgery, the entry of the batch and serial number of the implant must be made in……
    - Patient medical record
    - Main OT register
    - Discharge summary
    - All of the above
    - None of above

7. Recall of medications can be done in case of ….
    - Drugs nearing expiry date
    - Drugs causing frequent adverse drug reactions
    - Drugs recalled back by the manufacturer/ distributor/ Government
    - All of the above

8. What is a drug formulary…….

- A listing of prescription medications approved for use by the hospital and dispensed through hospital pharmacies.
- A list of drugs purchased every month by the hospital
- Both
- None of the above

Patient Right and Education
Pre-Post Training Evaluation Questionnaire
Kindly Tick the Correct Answer

1. What is an example of patients' rights…..
   a. Right to privacy & confidentiality
   b. Right to safety
   c. Right to complain
   d. Right to know the treatment cost
   e. All of the above

2. All the following are Patient's responsibilities, except
   a. Providing information
   b. Complying with instructions
   c. Give different kind of care
   d. Following hospital rules and regulations

3. What are the various types of consents?
   a. General consent
   b. Procedural consent
   c. High risk consent
   d. Restraint Consent
   e. All of the above
   f. None of the above

4. Which are the situations where informed consent is necessary……
   a. Blood Transfusion
   b. Administration of restraint
   c. All of the above
   d. None of the above

5. Which are the situations where informed consent is not necessary……
   - For emergency cases
   - Prisoners
   - Examination under Court Order
   - All of the above

6. Where are our Patient's Rights & Responsibilities Displayed;
   a. Ground Floor
   b. First Floor
   c. Admission Form
   d. All of the above

7. In how many languages have we communicated the patient's rights & responsibilities
   a. English
   b. Hindi
   c. Both a & b
   d. None of the above

8. Please name our Patient's Relations Officers:
    a. ……..
    b. ……
    c. ……
    d. ……

9. Patients who required are not willing for admission, are sent as _____ with consent.

10. During the course of patient stay in the hospital, he/ she must be educated on..
    a. Course of treatment
    b. Diet and nutrition
    c. Immunization and preventive aspects
    d. All of the above

Continuous Quality Improvement

Pre-Post Training Questionnaire

1. Event which is an unexpected happening at the hospital involving death or serious physical (loss of limb or function) or psychological injury, or "the risk thereof", is a……..
    - Adverse Event
    - Sentinel event
    - Near Miss event
    - None of the above

2. If any sentinel event occurs in our hospital, we should immediately report to……
    - Quality Coordinator
    - Medical Director/CEO
    - Nursing Superintendent
    - None of the above

3. Finally the all sentinel event report must be submitted to……
    - Quality Coordinator
    - Medical Director/CEO
    - Nursing Superintendent
    - None of the above

4. Which Chapter of NABH says that sentinel events should intensively analyzed……..
    - ROM
    - CQI
    - FMS
    - COP

5. Patient death due to adverse anesthesia event is an example of ……..
    - Adverse Event
    - Near Miss event

- Sentinel event
- None of the above

6. Any instance of care by or provided by an individual impersonating a clinical member of the staff is an example of…….
   - Adverse Event
   - Near Miss event
   - Sentinel event
   - None of the above
7. Sexual assault on a patient within or on grounds of the hospital is an example of……
   - Adverse Event
   - Near Miss event
   - Sentinel event
   - None of the above

8. Name of the committee for the proper functioning of quality programme is……
   - Core Committee
   - Quality Assurance Committee
   - Quality Improvement Committee
   - None of the above
9. What is the name of the mandatory committee to be formulated for sexual harassment and other such incidences in any organization?
   - Bisakha
   - Vishaka
   - Sexual harassment committee
   - None of the above
10. What are the international Patient Safety Goals

.....

.....

Hospital Infection Control

Pre-Post Training Evaluation Questionnaire

1. What do you mean by PPE?
   a) Personnel Protective Equipment
   b) Apron, Gloves, Cap, Mask, Goggles
   c) Both of the above
   d) None of the above

2. What does the term ICN Stand for?
   a) Information Communication Notification
   b) Infection Committee Nurse
   c) Infection Control Nurse
   d) Information Counseling Nurse

3. What does UTI stand for?
   a) Uterine Tract Infection
   b) Urinary Tract Infection
   c) Both of the above
   d) None of the above

4. What is the regular number of steps for hand washing?
   a) Five steps
   b) Six steps
   c) Eight steps
   d) None of the above

5. What does VAP stand for?
   a) Ventillator Aspirated Pneumonia
   b) Ventillator Associated Pneumonia
   c) Ventilation Acquired Pneumonia
   d) None of the above

6. What does SSI stand for ?
   a) Surgical Site Infection
   b) Safe Surgical information
   c) Surgical side infection
   d) None of the above

7. The list of High Risk areas in a hospital include:
   a) Operation Theatre
   b) ICU's
   c) Laboratory
   d) All of the Above

8. HIV, Cerebro-spinal fever, Diphtheria, Malaria, Kala Azar, Dengue fever, Enteric fever are the example of

a) Notification Diseases
b) Notifiable Diseases
c) Mandatory IDSP Report
d) Monthly Report

9. Category of BMW…….
a) Contaminated Cotton gauze
b) Used IV set
c) Used syringes
d) All of the above

10. Following are examples of needle stick injuiry:
a) Used needle prick
b) Inoculation of body fluid
c) Splash of body fluid / blood in eyes
d) All of the above

Responsibility of Management

Pre-Post Training Questionnaire

1. What is the full form of ROM
   a) Responsibility of Manager
   b) Responsibilities of Management
   c) Request of Management
   d) Reasons for Manager

2. What does ALOS stand for?
   a) Arithmetic length of stay
   b) Average Length of Stay
   c) At least Length of Stay
   d) None of the above

3. What do you mean by MSDS…….
   a) Material Safety Data Sheet
   b) Hazardous Material List
   c) None of the above
   d) Both of the above

4. Lay out of radiology department is approved by which authority?
   a) AERB
   b) BARC
   c) None of the Above
   d) Both of the above

5. Which regulatory body from the following will register the nurses?
   a) Medical Council of India
   b) Nursing Council of India
   c) Both of the above
   d) None of the above

6. What is the periodicity of getting the TLD Badges Checked
   a) 6 months
   b) 3 months
   c) 1 month
   d) None of the Above

7. Who is the owner of the Hospital?
   a) Dr. Vikram I Shah
   b) Dr. Pankaj Dhamija
   c) Mr. Hanuman Sharma
   d) None of the Above

8. What do you mean by an organogram?
   a) Organization Chart
   b) Structure of an Organization
   c) Both of the above
   d) None of the Above

9. Which law comes under the Medical Statutory Compliance List?
   a) Delhi Medical Council Act
   b) Narcotics and Phsycotropic Substances Act
   c) Indian Medical Council Act and Code of Medical Ethics Act, 1956
   d) All of the above

10. Which incident is a sentinel Event from the following?

- Fungus in IV bottle detected just in time
- Slip/ Trip/ Fall Causing Minor Injuries
- Wrong site/ Wrong Patient / Wrong Surgeries
- None of the Above

Facility Management and Safety
Pre-Post Training Questionnaire

1. What are the Constituents of Facility Management?
   a) Disaster manual
   b) Mock Drills for External and Internal Disasters
   c) Policy for Hazardous Material
   d) All of the Above

2. What is the colour code for Oxygen Pipeline
   a) White
   b) Yellow
   c) Blue
   d) None of the Above

3. Display of Signage's should be in …….. Language
   a) One language
   b) Multilingual
   c) None of the above
   d) Both of the above

4. Colour of Nitrous Oxide pipe line……
   a) White
   b) Yellow
   c) Blue
   d) None of the Above

5. Color of oxygen cylinder
   a) White
   b) Black
   c) Blue
   d) None of the above

6. Name of the committee for handling Safety issues is……
   a) Infection Control Committee
   b) Safety Committee
   c) Core Committee
   d) None of the Above

7. Cylinders shall be stored inside covered accommodation in …….. Position.
   a) Standing Position
   b) Lying Down
   c) Slanted Position
   d) None of the above

8. …… should be displayed in hospital to provide guidance to the patients and staff for handling the emergency situations.
   a) Layout
   b) Floor Plan
   c) Fire Exit Plan
   d) All of the Above

9. Which of the following are hazardous items?
   a) Spirit
   b) Mercury

c) Sodium Hypochlorite
d) All of the Above

10. Which of the following is a fire safety measure?
    a. Fire Extinguisher
    b. Fire Alarm
    c. Fire Sprinkler
    d. All of the above

Human Resource Management

Pre-Post Training Evaluation Questionnaire

1. The ideal Nurse patient ratio in critical areas is…….
a) 1:6
b) 1:2
c) 1:1
d) None of the above

2. What do you mean by HRD
a) Human research Department
b) Human Resource Department
c) Human Resource Development
d) None of the above

3. The ideal Nurse to Patient ratio in non critical area is…….
a) 1:6
b) 1:2
c) 1:1
d) None of the above

4. Which are the acts below related to HR Statutory Compliance list
a) Employees Provident Fund Act, 1952
b) Indian Nursing Council Act, 1947
c) Maternity Benefit Act, 1961
d) All of the above

5. The following type of training should be given to the employee…….
a) On Job Training
b) CME's
c) Induction
d) All of the above

6. …….. should be verified before recruiting any employee
a) Criminal Background
b) Qualification and Experience Background
c) Medical Background
d) Both a & b

7. What are contents of job description?
a) Qualification & Experience
b) Job Roles and Responsibilities

c) Both a & b
d) Job accountability

8. What are the contents of Induction and Orientation for a New Employee?
a) Organization Philosophy
b) History, Mission, Vision, Goals
c) An introduction to the various departments and its functioning
d) All of the above

9. What are reasons for conducting Performance appraisals?
a) To fulfill one's expectations
b) A tool for further development
c) To Judge Key Performance objectives
d) None of the above

10. Which committee is responsible for handlings employee's dissatisfactions and work related problems?
a) Hospital Ethics Committee
b) Medical Board
c) Grievance Handling Committee
d) Sexual Harassment Committee

Information Management System
Pre-Post Training Questionnaire

1. MLC should be stored for……
   a) 5 Years
   b) 10 Years
   c) For ever
   d) 40 Years

2. The issue of Medical Records to Consultants or any other health care providers post discharge should be documented in
   a) Tracer Register
   b) Movement Register
   c) Requisition Register
   d) None of the above

3. ICD stands for……..
   a) Indian Council of Diseases
   b) International Code of Diseases
   c) International Committee for Disaster
   d) International Committee for Development

4. MRD Stands for……..
   a) Media Response Department
   b) Medical Records Department
   c) Medical Resource Department
   d) None of the above

5. MLC stands for……..
   a) Medical Legal Case
   b) Medico Legal Case
   c) Both a & b
   d) None of the above

6. Retention period for IPD files
    a) 10 years
    b) 5 years
    c) For Ever
    d) 3 years

7. Characteristics of Medical Records:
    a) Accurate
    b) Complete & adequate
    c) Adequate
    d) All of the above

8. Scope of MRD:
    a) Proper maintenance of records
    b) Maintain integrity & confidentiality
    c) Maintain quality
    d) All of the above

9. All Medical entries should be…….
    a) Name, Date, Time, Sign
    b) Date, Time and Sign
    c) All of the above
    d) None of the above

10. How often should a Medical Audit Be conducted?
    a) Every One Year
    b) Every 6 months
    c) Monthly
    d) Quarterly