A Study to assess the gaps and readiness of SHCOs for Manyata Assessment and Pre- Entry Level NABH -Accreditation

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Introduction (NABH) :

- According to NFHS4, the reduced infant mortality rates and the maternal mortality rates indicates that India has move forward in the field of healthcare in some past years.
- A study by KPMG, shows that, the healthcare industry is expected to grow by CAGR 16.5%.
- The government's low spending on health (GDP around 1.2%), lead to a strong presence of private sector. Even the government is helping the private sector to set up more HCOs by PPP mode etc. , to meet the health needs of people.
- Despite the rapid growth of the health industry in India, patient safety and quality care remains a concern.
- The consumers are becoming increasingly aware and quality oriented & do not hesitate to pay a little extra for better facilities offered.
- Owing the increased preference for quality services, the hospitals have to scale up the quality of services provided by them.

Introduction (Manyata):

- FOGSI and JHPIEGO with continued support from MSD for mothers have come together to develop a focused quality assurance program for institutions providing maternity care in India.

- Manyata is a FOGSI's initiative in partnership with JHPIEGO which aims to create a robust quality improvement mechanism by helping private maternity care providers improve their quality of services and recognize those who consistently deliver quality care to the women they serve.

- Manyata certification will be awarded to a facility after undergoing external assessment through FOGSI assessors, who will upon completion of QI journey, visit and assess the facility on 16 core clinical standards.

Quality Journey of NABH in India:

- Globally there is ISQua, (1985)m JCI in US(1994) etc. to make quality improvements in healthcare organizations.

- The Government of India, established in 1997, Quality Council of India, which is responsible for setting the quality initiative in India.

- To maintain the quality of hospitals and healthcare organization NABH was established.

- National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish (since 2006) and operate accreditation Programme for healthcare organizations. Like JCI, NABH is voluntary process.

- SHCO are those healthcare organization with less than 50 beds.

- Pre Accreditation Entry Level NABH Standards for SHCO has 10 Chapters containing41 Standards and 149 Objective Elements, keeping in view the SHCOs, so that they can easily implement it.

OBJECTIVES :

- To identify gaps as per the Manyata and NABH pre accreditation entry level SHCOs.
- To Compare the compliance of Manyata Standards and for NABH Pre-Accreditation Standards, during starting and end of study period.
- To identify the relationship between NABH Pre Accreditation and Manyata Accreditation.
- To give suggestions and recommendations for filling the gaps in SHCOs to get accredited from Manyata as well as NABH Pre Accreditation.

RESEARCH QUESTION:

- Which type of hospital have gaps for getting Manyata and NABH Pre-Accredited Entry Level certification?
- What are the reasons and extent of gaps of gaps in Small Healthcare Organizations for not getting Manyata and NABH Pre-Accredited Entry Level certification?
- What is the relationship between Manyata and NABH pre accreditation certification.

METHODOLOGY

- Study Design: Descriptive Cross-sectional study
- Study Location and Duration: The study was done in Small healthcare organizations in Jaipur and nearby regions for duration of 3 months.
- Sampling Frame: All those small health care organizations which get consultancy services from HLFPPT, Jaipur. As of now there are approximately 120 small healthcare organizations which get consultancy services from HLFPPT.
- Sampling Size: 12 SHCO in Jaipur and nearby region out of 120 projects which HLFPPT is handling.

METHODOLOGY

- Sampling Technique: Non probability Sampling, where convenient sampling was done.
- Data collection tool: Pre-accreditation entry level NABH self-assessment toolkit, Manyata clinical standard scoring sheet.
- Data Collection Method: The Pre-accreditation entry level NABH self-assessment toolkit and Manyata clinical standard scoring sheet was used for data collection, where for assessing some objective elements and verification criteria of Manyata, observation was required, for some other elements reviewing of SHCO manuals, policies and records was required and in some, interview with the hospital staff and patients was required.

Parameters of NABH Pre Accreditation :

- Pre-accreditation Entry level NABH for SHCO has 10 chapters containing 41 standards (stnds) that are again having 149 objective elements(OE), which every SHCO can easily implement.

According to guidebook form NABH for pre-accreditation entry level standards for SHCO:

- Definition of standards: A standard is a statement of expectation that defines structures and processes that must be substantially in place in an organisation to enhance quality of care.
- Definition of Objective Elements(OE): It is that component of the standard which can be measured objectively on a rating scale. The acceptable compliance with the measurable elements will determine the overall compliance with the standards.

Parameters of NABH Pre Accreditation :

Regarding scoring following criteria would be applicable.

- Compliance to the requirement – 10
- Partial compliance to the requirement – 5
- Non-compliance to the requirement: 0
- Not Applicable: NA

Evaluation Criteria (eligibility for certification of entry level NABH for SHCO)

- Overall score of minimum 50% in all standards
- Overall score of minimum 50% in each chapter
- 12 SHCOs are named as A to L to maintain confidentiality.

Parameters of Manyata:

Manyata certification for facilities has 16 standards (stnds) containing 57 objective elements(OE), that are again having 112 verification criteria which every facility can easily implement.

Regarding scoring following criteria would be applicable.

- Compliance to the requirement – 1
- Partial compliance to the requirement – 0.5
- Non-compliance to the requirement: 0

Eligibility criteria for Manyata certification :

The facility should score at least 85% of core clinical standards to quality for Manyata Certification

NABH with Objective Elements :

Serial No.	Chapters	Standards	Elements
1	AAC (Access, Assessment and continuity of care)	7	26
2	COP (Care of Patients)	8	31
3	MOM(Management of Medications)	5	18
4	PRE (Patients' Rights and Education)	2	9
5	HIC (Hospital Infection Control)	3	13
6	CQI (Continuous Quality Improvement)	2	5
7	ROM(Responsibility of Management)	2	7
8	FMS (Facility Management and Safety)	4	14
9	HRM (Human Resource Management)	4	10
10	IMS (Information Management System)	4	16

Manyata Standards with Objective Elements :

Standards	Manyata Clinical Standard	Objective Elements	Verification Criteria
1	Provider screens for key clinical conditions that may lead to complications during pregnancy. (To be verified only among booked cases)	8	10
2	Provider prepares for safe care during delivery (to be checked every day)	2	4
3	Provider assesses all pregnant women at admission	4	6
4	Providers conducts PV examination appropriately	2	6
5	Provider monitors the progress of labor appropriately	2	3
6	Provider ensures respectful and supportive care	3	4
7	Provider assists the pregnant woman to have a safe and clean birth	3	6
8	Provider conducts a rapid initial assessment and performs immediate new-born care (if baby cried immediately)	6	10
9	Provider performs Active Management of Third Stage of Labor (AMTSL)	1	5
10	Provider identifies and manages Postpartum Hemorrhage (PPH)	5	15
11	Provider identifies and manages severe Pre-eclampsia/Eclampsia (PE/E)	5	9
12	Provider performs new-born resuscitation if baby does not cry immediately after birth	4	12
13	Provider ensures care of new-born with small size at birth	3	3
14	The facility adheres to universal infection prevention protocols	3	6
15	Provider ensures adequate postpartum care package is offered to the mother and baby – at discharge	5	10
16	Provider reviews clinical practices related to C-section at regular intervals	1	3

Manyata Certification Process :

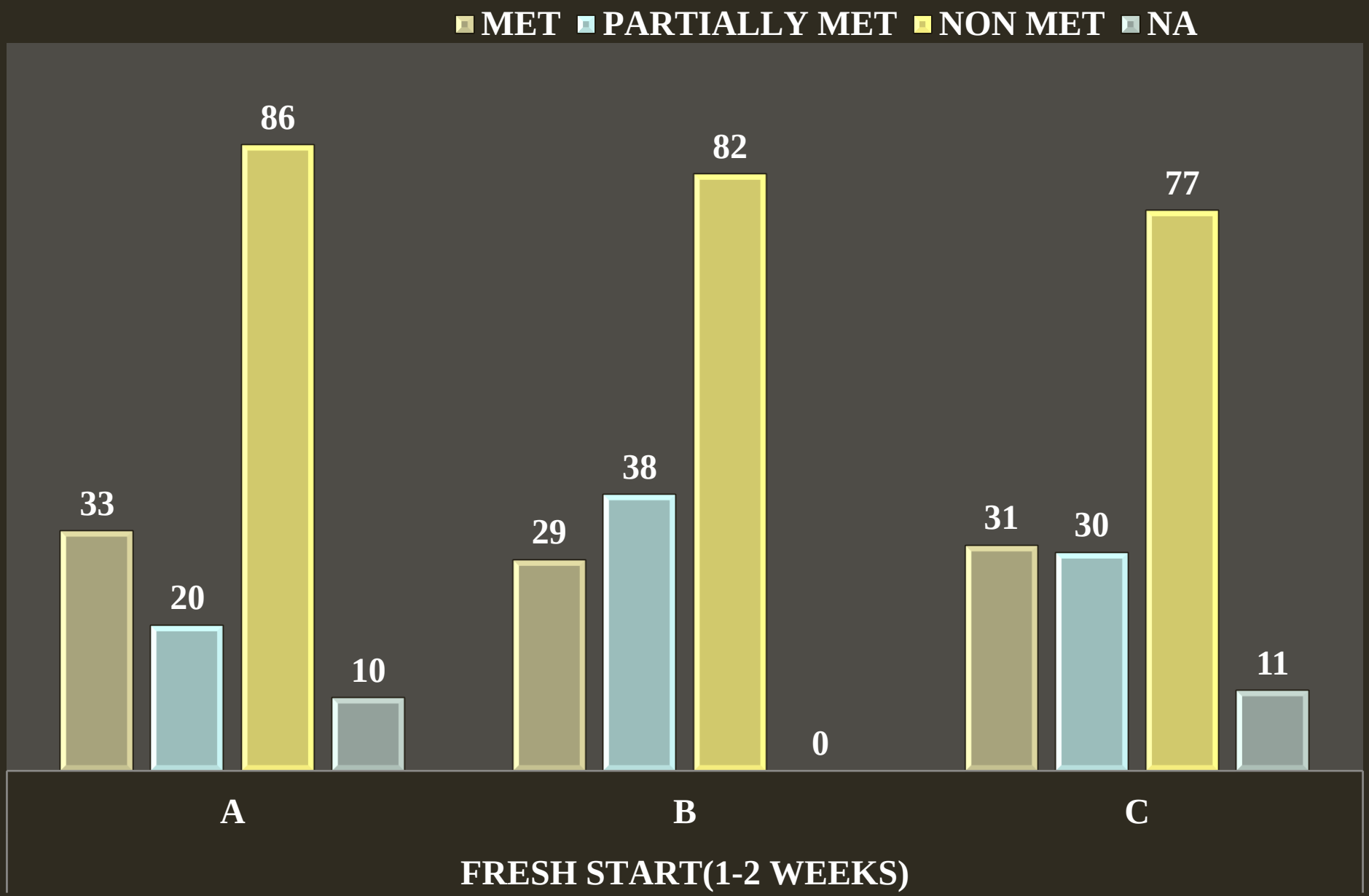
Sr. No.	If facility Scores is :	Status	Subsequent Procedure
1	More than 85 % Scoring	Qualified	Issuance of Manyata Certificate
2	More than 70 % but less than 85 %	Unqualified	1 months' time to close the identified gaps and upload the documentary evidence on Manyata website for review of NPMU team
3	Less than 70 % scoring	Unqualified	3 months window get opened to address the identified gaps and have to re-apply

Results :

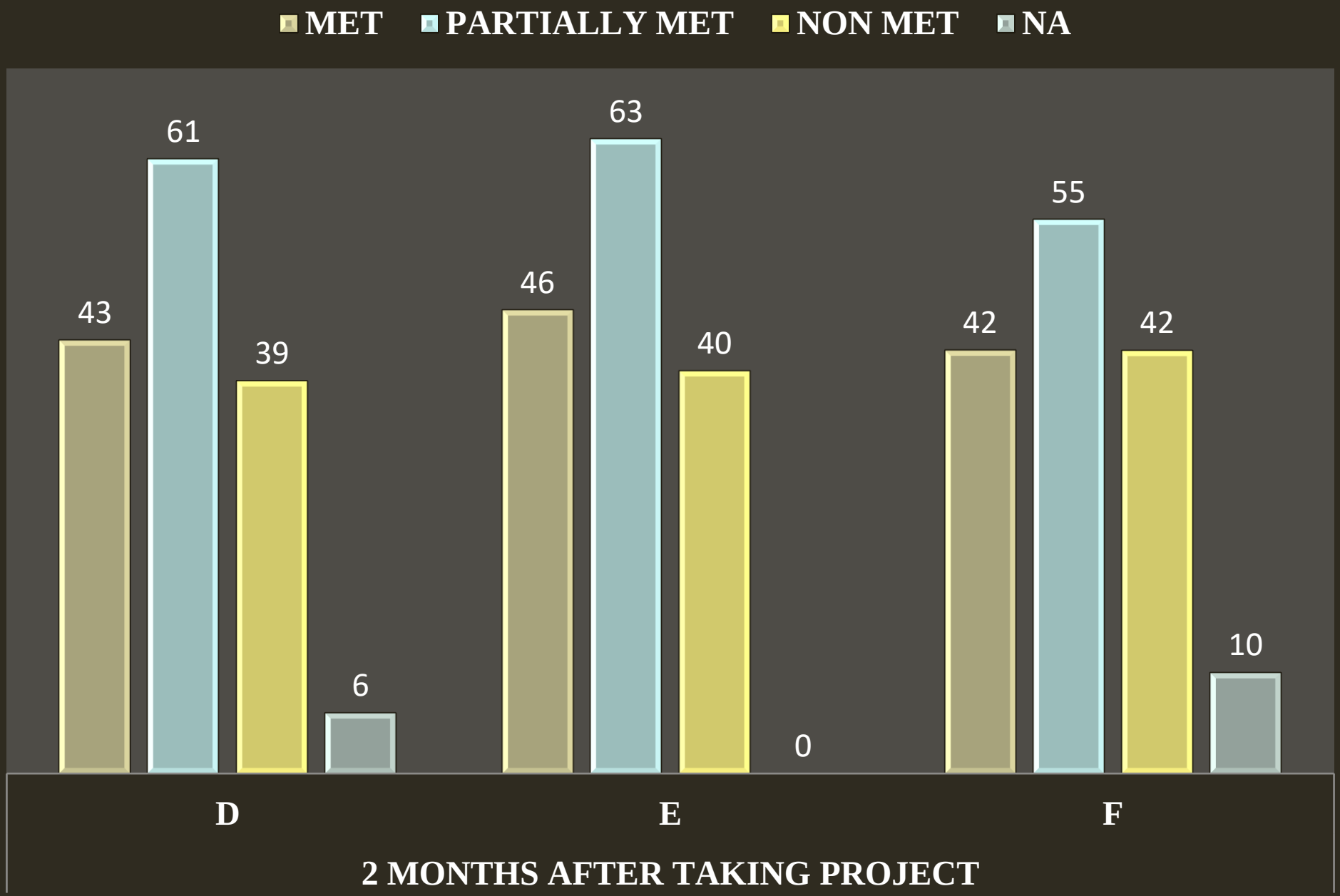
Hospital Categorization Before Study:

Sr. No.	Stages	Status	Time Spended for Hospital Readiness for NABH Pre-accreditation	Code Name (Hospitals)
1	Stage 1	Before Assessment	1-2 weeks	A,B,C
2	Stage 2	Before Assessment	Approx. 2 Months	D,E,F
3	Stage 3	Before Assessment	Approx. 3-4 Months	G,H,I
4	Stage 4	After Assessment	Around 1 Month after NABH Pre-Accreditation	J,K,L

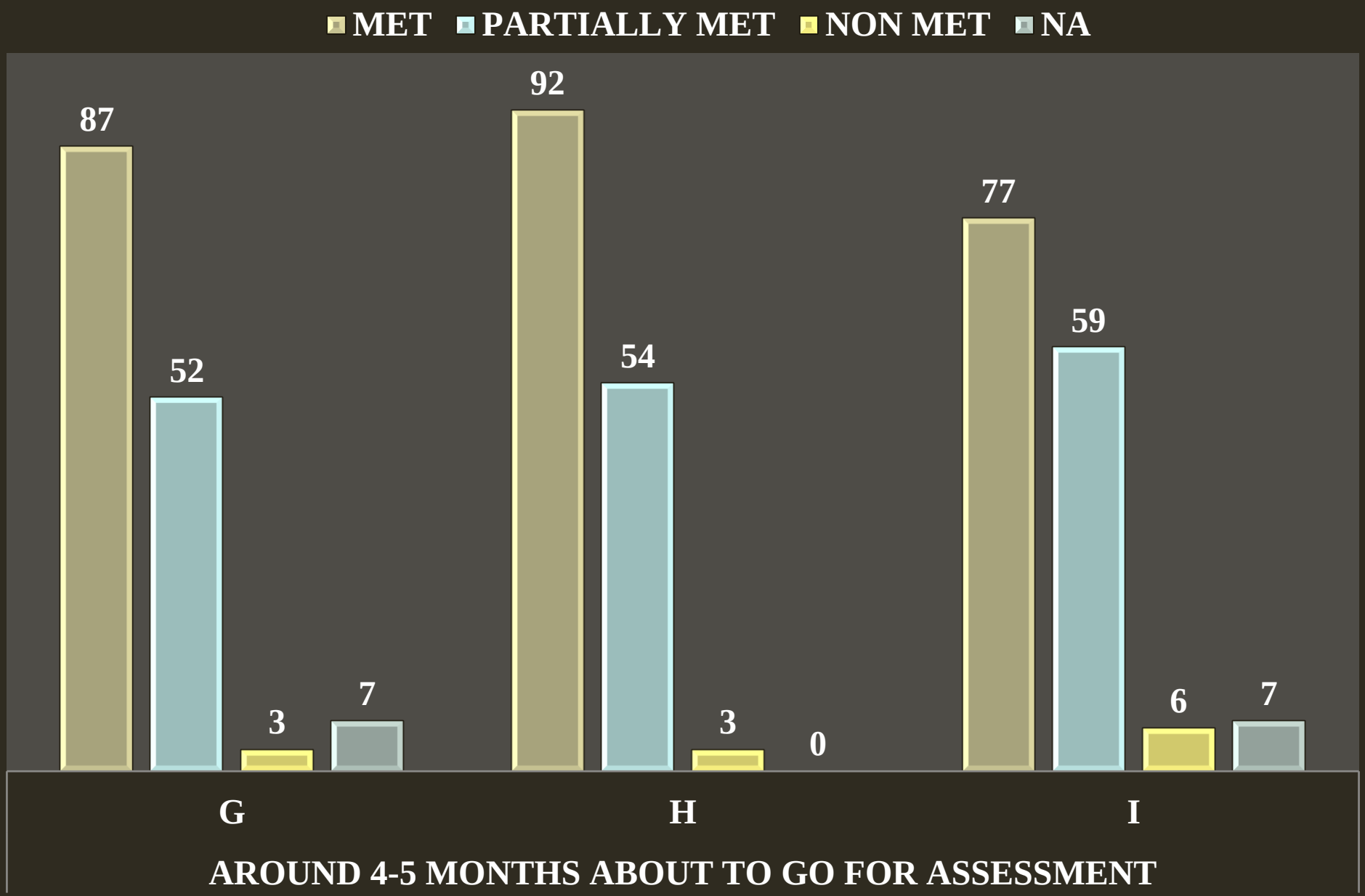
NABH Gap Analysis (Compliance to Objective Elements) in SHCO A, B and C : Stage 1



NABH Gap Analysis (Compliance to Objective Elements) in SHCO D, E and F : Stage 2

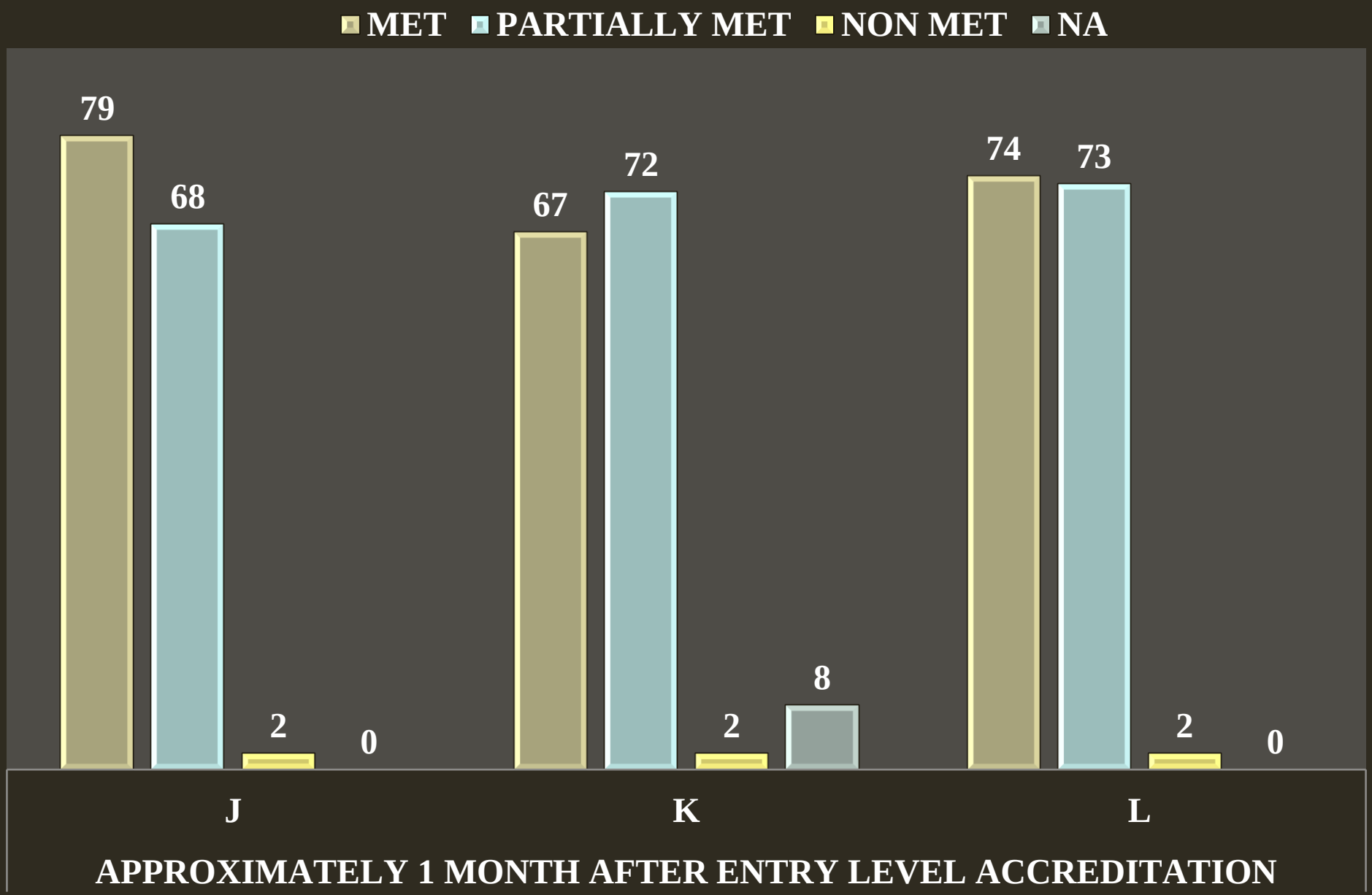


NABH Gap Analysis (compliance to Objective Elements) in SHCO G, H and I : Stage 3



AROUND 4-5 MONTHS ABOUT TO GO FOR ASSESSMENT

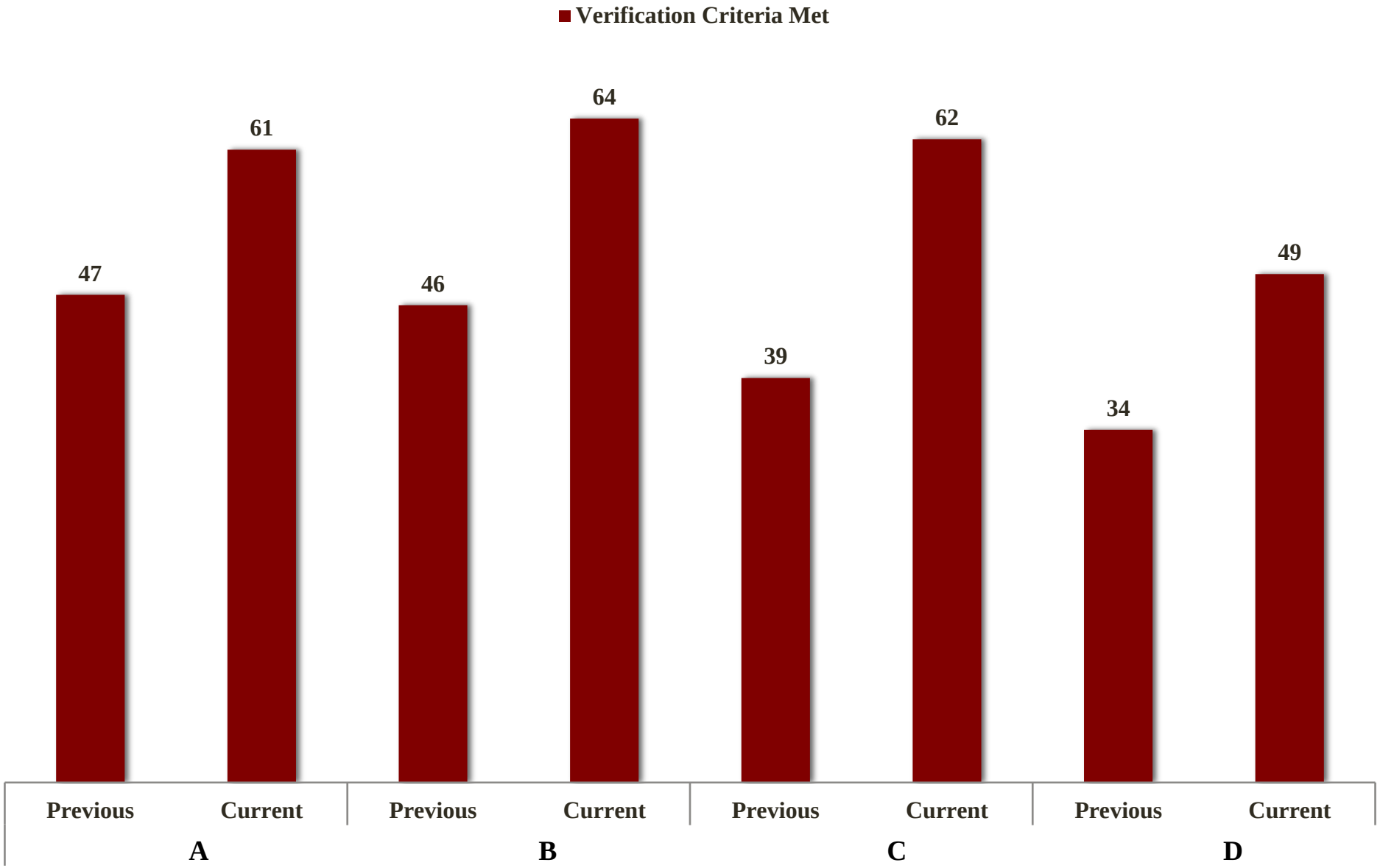
NABH Gap Analysis (compliance to Objective Elements) in SHCO J, K and L : Stage 4



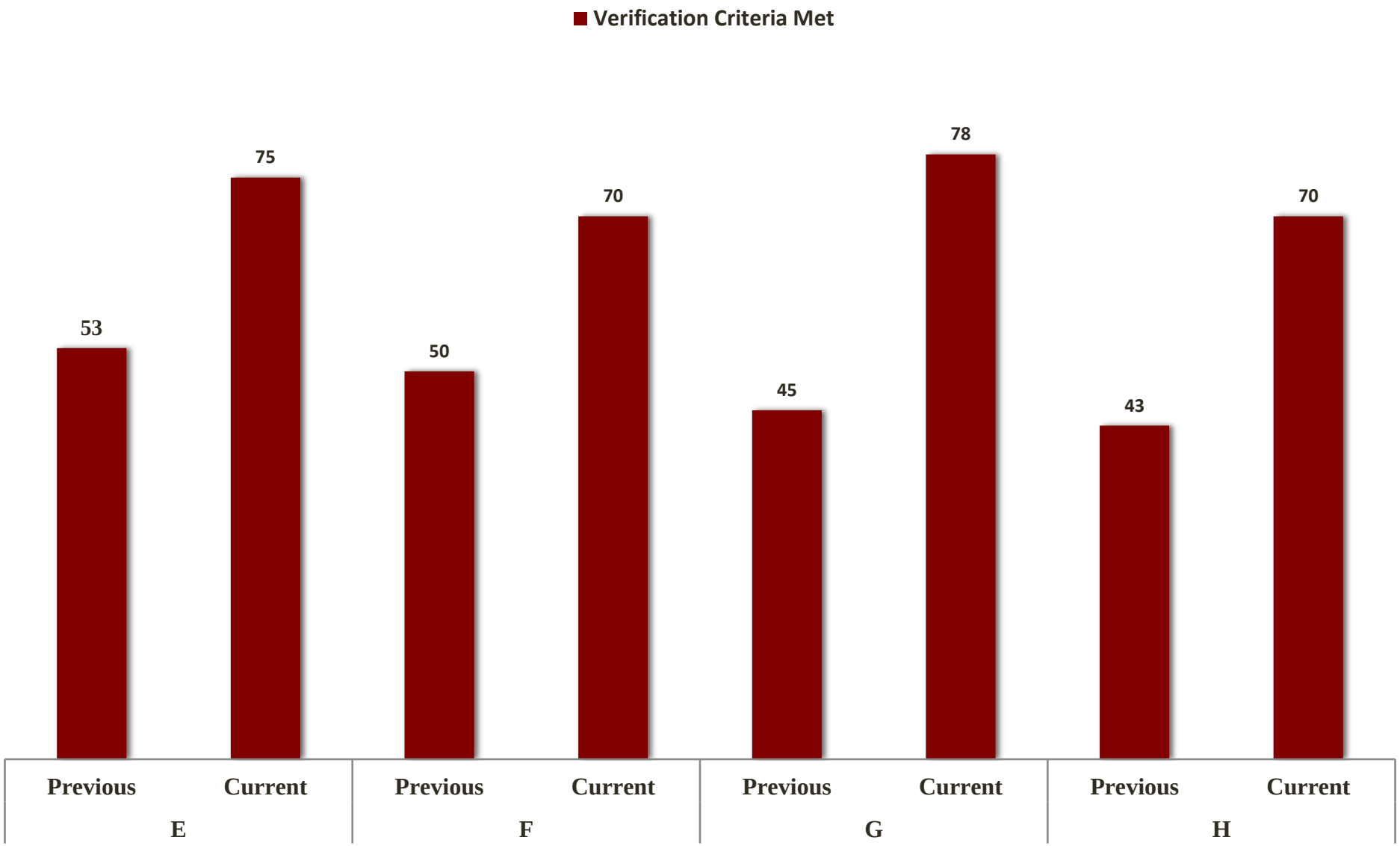
APPROXIMATELY 1 MONTH AFTER ENTRY LEVEL ACCREDITATION

Facility Categorization (Manyata Percentage scores)

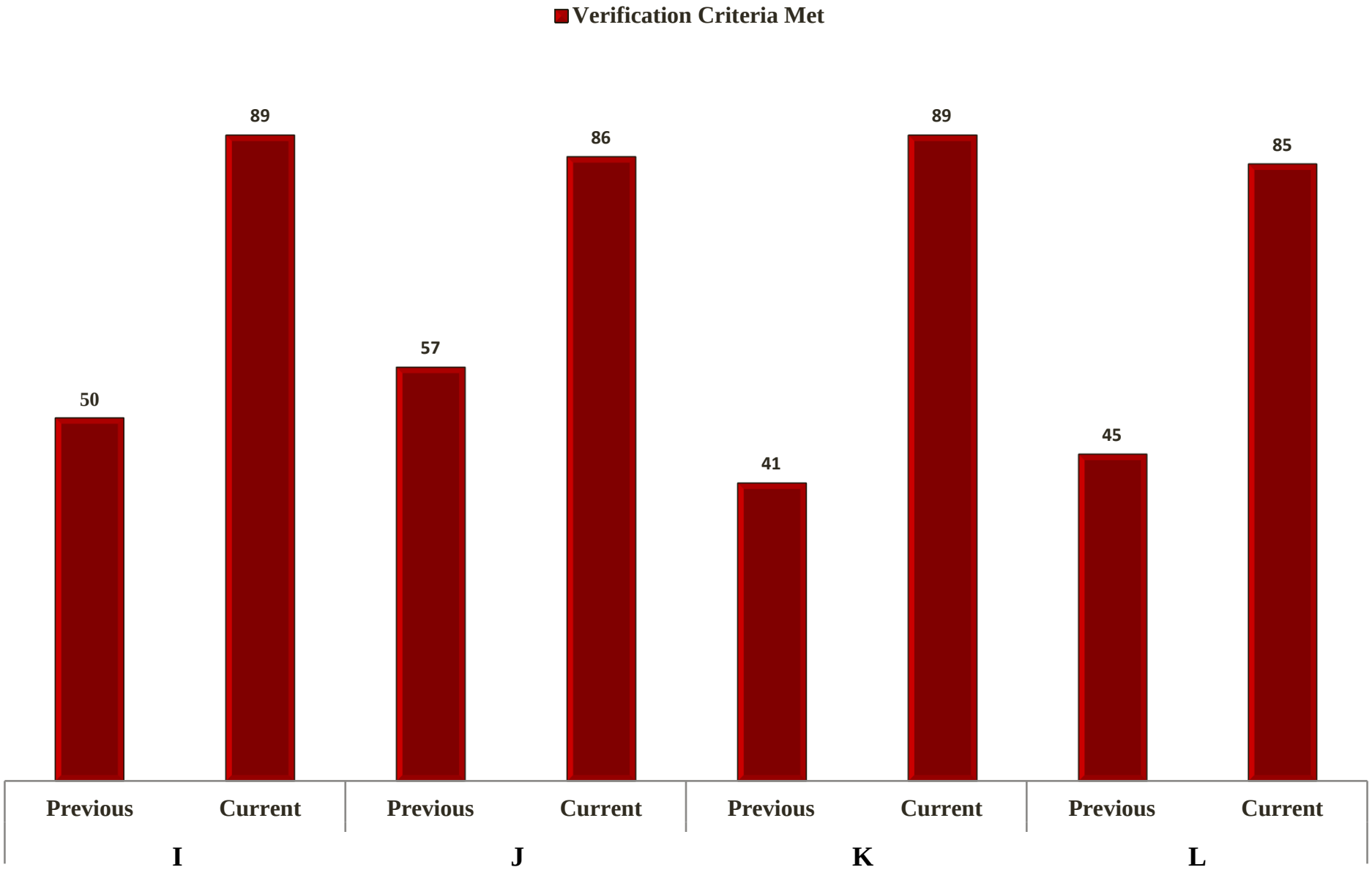
Category	Trend of Score	Scores	Quality Improvement	Facilities :
Category 1	Low To Low	Always below 70 %	Unsatisfactory	A, B, C, D
Category 2	Low to Medium	Inclind from less than 70% towards More than equal to 70 % but less than 85%	Require more efforts	E, F, G, H
Category 3	Low to High	Inclind from less than 70% towards more than equal to 85%	Satisfactory	I, J, K, L



Category 1 : SHCOs Showing verification Criteria Met for Manyata Assessment (Less than 70 %) during Previous survey and Current survey.

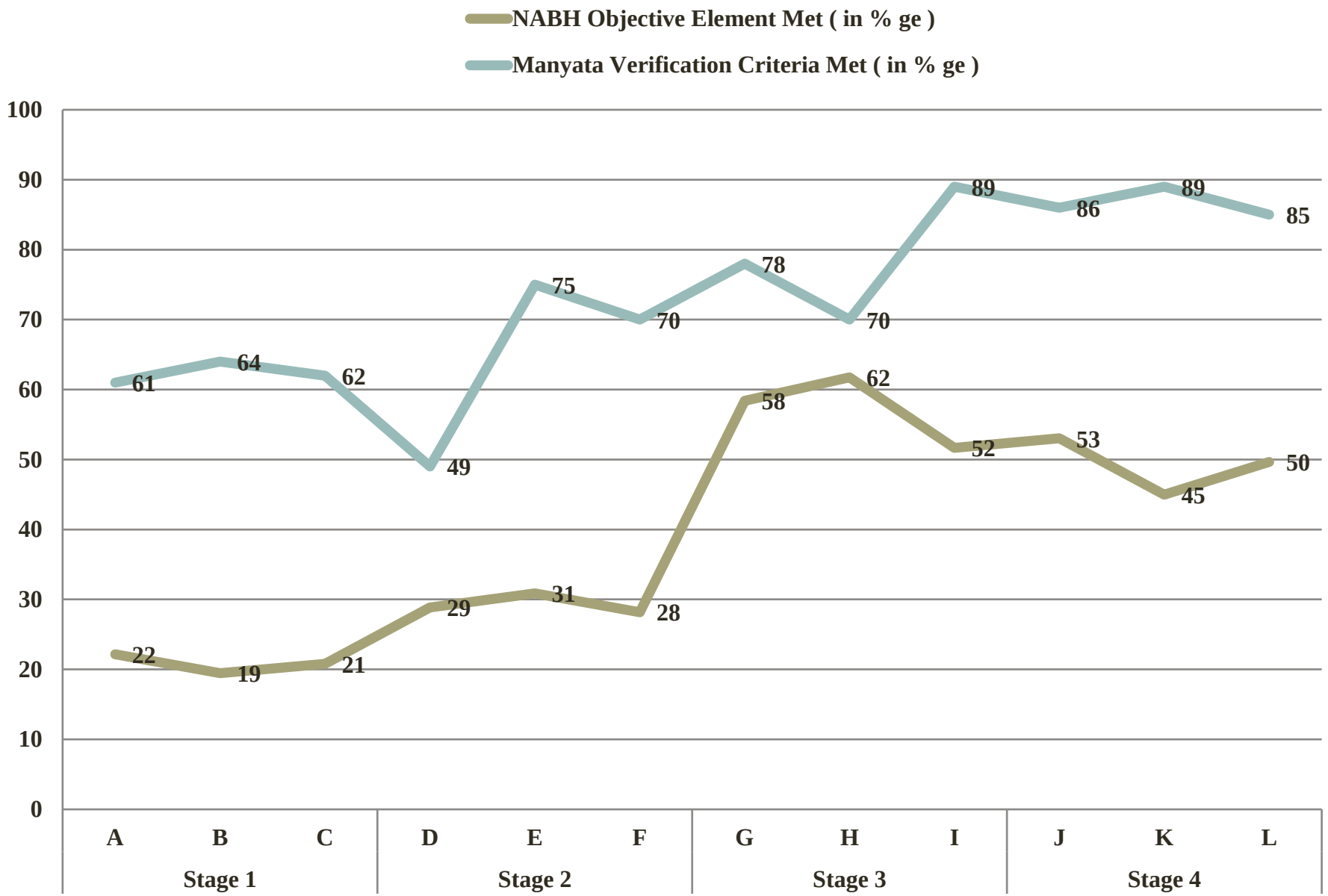


Category 2 : SHCOs Showing verification Criteria Met for Manyata Assessment (More than equal to 70 % but less than 85 %) during Previous survey and Current survey.



Category 3 : SHCOs Showing verification Criteria Met for Manyata Assessment (More than 85 %) during Previous survey and Current survey.

Comparison of NABH Objective Elements Met with Manyata Verification Criteria Met :



Conclusion :

NABH :

- **Stage 1 : The SHCOs A, B and C as compared to other SHCOs have least compliance as they have just started for NABH entry level certification process. Training and awareness is must for them.**

- **Stage 2 : The SHCOs D, E, F are having better compliance as they are into the process for about two months, And they have started to improve on compliance to entry level standards.**

- **Stage 3 : The SHCOs G, H and I have greatest compliance to objective elements, as they are getting ready for their actual assessment by the NABH pre-assessor. These organizations make sure that they leave no stone unturned, to get the entry level pre-accreditation NABH. They show up their best and put all efforts to be compliant to the standards.**

- **Stage 4 : The SHCO J, K and L that are post the NABH pre-accreditation shows that their compliance to objective elements reduces and partial element compliance increases. This is because of proper documentation, but failure in implementation.**

Conclusion :

Manyata :

- **Category 1 : The SHCOs A, B, C and D as compared to other SHCOs have least verification criteria met. These Facilities never worked for quality improvement either for NABH nor for Manyata. These require proper trainings from the initial level of quality improvement.**

- **Category 2 : The SHCOs E, F, G and H are have better verification criteria met. These facilities have proper signage but have lack of availability of all legal as well as HR documentations.**

- **Category 3 : The SHCOs I, J, K and L have greatest verification criteria met. This is because most of the Verification criteria for Manyata Assessment are already met while improving quality as per NABH standards like: preparations of all trays of Labour Room, preparation of all medicine kits, availability of new born corner and PPE, hand hygiene and infection control trainings etc.**

Conclusion :

NABH and Manyata :

- **A trend has been observed between NABH objective elements met and Manyata verification criteria. Increase in objective element of NABH will increase verification criteria of Manyata and vice-versa.**

- **If the facilities get improved in Quality as per NABH then it will also get improved in Quality as per Manyata.**

- **Facilities having any one accreditation (i.e. NABH Pre- Accreditation/ Manyata) require less efforts as well as time to get accreditation from other accreditation.**

Recommendations

Some of the recommendations for above gaps can be:

- Documentation is available but not maintained filled by staff which should be regularly checked.
- All checklist should be monitored including cleaning, manifolds, bio-waste, temperature monitor etc.
- Physical requirements should be checked on regular basis at category 3 hospitals.
- Training should be conducted at least once in every quarter on Infection control, Bio- waste, Cleaning, Emergency codes, Fire Rescue plans, patient safety handling practices etc.

Recommendations :

- Facilities should opt for both accreditations (NABH and Manyata) as they get two certifications for quality at the less efforts.
- Facilities in category 1 should more focus on fundamental things observation and correction of regular practices. like : staff trainings, signage, availability of all registers and forms.
- Facilities in category 2 should more focus on assessing the gaps as per the toolkit of NABH and Manyata.
- Facilities in category 3 should more focus on continuity and monitoring of all compliances.

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Thank You