STUDY ON PREPAREDNESS OF NABH ACCREDITATION PROCESS IN TERTIARY CARE HOSPITAL

A Descriptive Study of ISIC Hospital, New Delhi

Dissertation

Submitted to

The IIHMR University, Jaipur

For the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Tanushka Goyal

Under the Supervision and Guidance of

Dr. Pallavi Choudhary Agarwala

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Certificate

This is to certify that dissertation titled **Study on the preparedness of NABH Accreditation process in Tertiary Care Hospital** is a record of research work undertaken by **Tanushka Goyal** in partial fulfillment of the requirements for the award of the degree of **MBA (Hospital and Health Management)** from IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

Dr. Pallavi Choudhary Agarwala
Faculty Guide
IIHMR University, Jaipur

Date**:**

School Dean
IIHMR University, Jaipur

Date**:**

Indian Spinal Injuries Centre

HRD/TC/4321/2021 **22nd June'2021**

To Whomsoever It May Concern

This is to certify that **Ms. Tanushka Goyal** in partial fulfillment of the requirement for the award of the degree of **Master of Business Administration (Hospital and Health Management)** from the **IIHMR University, Jaipur** has successfully completed her internship at **Indian Spinal Injuries Centre** from **22nd March'2021 to 19th June'2021.** Her dissertation topic is **"Study on the preparedness of NABH Accreditation Process in Tertiary Care Hospital."**

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **Study On The Preparedness Of NABH Accreditation Process In Tertiary Care Hospital** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information deprived from the published or unpublished work of others has been duly acknowledged in the text.

Tanushka Goyal

HM-24

Date: 22nd June,2021

Acknowledgement

"I would like to extend my sincere gratitude to **Indian Spinal Injuries Centre, New Delhi** to give me this wonderful opportunity to complete my dissertation." It was a great chance of learning and professional development. I consider myself grateful to have got this opportunity to meet such wonderful and professional people who led me through this period.

I am immensely grateful to Dr. K. Preetham, Medical Superintendent, Ms. Sugandh Ahluwalia, CSO and Ms. Ritu Kalra, HR Head for giving me this opportunity. A special thanks to Ms. Nidhi Yadav for being such a great mentor and helping me at every step of my internship. She has been pillar of support throughout my journey. Grateful for her valuable guidance, encouragement, and suggestions regarding my work.

I would also want to thank Dr. P.R. Sodani, President of **IIHMR University in Jaipur, Rajasthan**, for his support. My academic mentor, Dr. Pallavi Choudhary Agarwalla, IIHMR University, Jaipur, Rajasthan, is also very appreciative. I am grateful to her for guiding me through the many stages of my studies. Her advice, constant encouragement, and support enable me to complete my project on time.

To all those who directly or indirectly helped me to complete my project I am thankful from bottom of my heart.

In my career development, I perceive this opportunity as a big milestone. It has helped me to gain knowledge and skills and would continue to work upon their improvement to attain desired career objectives.

At last but not the least most importantly, I would like to thank God and my Parents for their support and blessings without which it would have been difficult this project in the scheduled time.

Tanushka Goyal

MBA Hospital and Health Management

(24th Batch)

Table of contents

List of Tables

List of Figures

Abbreviations used

NABH	National Accreditation Board for Hospital and Healthcare Providers
SOP	Standard operating Protocol
ISQua	International Society for Quality in Healthcare
CSSD	Central Sterile Supply Department
HIMS	Hospital Information Management System.
AAC	Access Assessment and Continuity of Care
COP	Care of Patients
MOM	Management of Medication
PRE	Patient Rights and Education
HIC	Hospital Infection Control
PSQ	Patient Safety and Quality Improvement
ROM	Responsibilities of Management
FMS	Facility Management and Safety
HRM	Humann Resource Management
IMS	Information Management System
HAI	Hospital Infection Control
ACLS	Advanced Cardiovascular Life Support
FAQ	Frequently Asked Questions
LAMA	Leave Against Medical Advice
BMW	Biomedical Waste

Abstract

Background: Internal audit is now one of the fundamental premises that leads to an increase in the quality of care in any firm. For getting hospital accredited strong internal audit plays a key role. Internal audit is an appraisal activity established as a service in an organization. Continuous or timely audits within organization increases efficiency of a hospital which in turn helps them to perform well during actual audits conducted by NABH. It helps in the improvement of the process of the departments of the hospital by addressing gaps in its process. Since, these gaps will be addressed on time, hospital can perform well during NABH audit and less non-compliances will be found in the hospital. Internal audit helps in accomplishment of the objectives of the organization by a systematic and disciplined approach for the evaluation of the departments of the hospital. The audit should be an impartial, objective assurance and consulting system to obtain actual results. This research was started to assess the effects of auditing and to investigate the processes and mechanisms that underpin these effects.

Objective: the objective of this study is to conduct self-assessment against NABH standards in critical departments of the hospital using audit as a tool of assessment and then comparing the effectiveness of audit-1 and audit-2. This study is also carried out to ensure efficient functioning of department to ascertain SOPs are followed properly or not by the hospital.

Study Design: This is an **observational and longitudinal study** that involved collection of the primary data through structured observational tools, interviews of the staff, SOP study of the critical departments of the hospital and putting the observations on the tool of audit.

Method: Review of hospital departments services and functions were done through review of document, visit to different departments for self- monitoring and interviews with departmental head and its staff were conducted. NABH 5th edition standards are used as a toolkit for compiling data and making final report. This study is conducted for about 12 weeks. Checklist of the critical departments are filled as per mentioned in NABH 5th edition to assess the performance of the hospital. Also **P-value and paired t-test is used to compare the effectiveness of audit-2 from audit-1.**

Result: A thorough analysis of the critical departments through internal audit reveals about some limitation and gaps in the existing quality improvement methodologies. Improvement in the functioning of the departments can be seen from audit-1 to audit-2 which is assessed using statistical test – **paired t-test**. This shows that hospital is ready for the upcoming NABH audit at a greater extent. Still some improvements is required in credentialling and defining the scope of practice in various departments. To overcome this training of the hospital staff is required.

Conclusion: This research examines the audit's effectiveness as a technique for improving the quality of treatment delivered by a health service. Internal auditing has the advantage of promoting best practices and offering opportunity for training and education. Findings during the audit will help to implement risk treatments so, that departments of hospital can perform well during NABH Audit. This study provides encouraging evidence that internal audit has potential to provide useful information that can be helpful to identify improvements required in specific clinical areas.

Introduction

Accreditation is a versatile instrument used in healthcare to assure high-quality care and patient safety. The Indian healthcare system is currently working in a world of rapid technological, social, and economic development, with hospitals playing an important role. For this reason, certification would be the most crucial strategy for ensuring hospital quality improvement. The National Accreditation Board bestows public recognition on hospitals and healthcare services through accreditation (NABH). The NABH is a national organization in charge of hospital accreditation. It allows the hospital to compare its services against internationally recognized standards. NABH accredits hospitals regardless of ownership, size, or legal status, and the International Society for Quality in Healthcare (ISQua) has accredited hospital standards set by NABH under its four-year International Accreditation Program. ISQua is an international organization that approves accreditation bodies in the healthcare industry.

“Hospital Accreditation is defined as, A self-assessment and external peer assessment process use by the healthcare organizations to accurately assess their level of performance in relation to established standards and to implement ways to improve continuously.” For getting hospital accredited strong internal audit plays a key role. Internal audit is an appraisal activity established as a service in an organization. Continuous or timely audits within organization increases efficiency of a hospital which in turn helps them to perform well during actual audits conducted by NABH. The objective of internal auditing is to assist members of hospital to perform their duties and responsibility effectively. It helps to identify gaps within various departments of hospital by comparing actual performance of hospital with the standards laid down in NABH guidelines, so that hospital can improve performance of its various departments by gap analysis.

Audit-

“According to the Institute of Internal Auditors, Internal audit is an independent, objective assurance and consulting activity designed to add value and improve an organization’s operations.” Internal audit is an important aspect of a hospital's continuous quality improvement approach. Auditing aids in the achievement of an organization's goals and objectives. It compares clinical outcomes and processes to NABH guidelines' well-defined standards. This comparison of actual clinical practice to standards might lead to the development of new strategies or the refinement of existing ones in order to improve the hospital's overall quality of care.

An internal audit should be independent means it should be conducted by that trained employee or that team which could provide unbiased or independent judgement regarding functioning of departments in hospital. It also provides the causes of safety problems and morbidity in the hospital so, that it can be improved. Audits should be conducted periodically or the at intervals of time suited to ensure its smooth working. This quarterly audit will allow for the early detection of the risk of unsafe healthcare, resulting in safer healthcare. It assists organizations in evaluating their actions, therefore it is focused on improving the system rather than simply detecting faults. It will lower the chances of fraud and increase operational efficiency.

Need of Internal audit-

1. To monitor Hospital's risk management practices and operational policies.
2. To reduce medico-legal and litigation cases.
3. Inventory management and purchase, quality assurance and compliance management, and the finance department are all frequently scrutinized by hospital internal auditors.

Standard-

"A standard is a statement that defines structures and processes that must be substantially in place in an organization to enhance quality of care." The standards focus on the key points required for providing a patient-centered, safe, high quality care and also provides a specific structure for quality assurance and quality improvement. To evaluate and measure departments operations through internal audit criteria is made on the basis of standards. Standards include a variety of characteristics of internal auditing in organizations, including independence, scope of work, professional expertise, audit performance, and administration of the internal audit department. Standards are consists of 10 chapters which are described below-

Patient- Centric Chapters-

1. **"Access Assessment and Continuity of Care (AAC)"**- AAC standards broadly involve matching patients with organization resources, a defined admission process, assessment, life-stabilizing treatment, including laboratory and imaging services provided by competent staff in a safe environment, resulting in the formation of a definite plan of care that encourages continuity of care.

2. **"Care of Patients (COP)"**- Patient safety is the overarching premise for providing care to patients, and standards support uniform care for all patients by fostering conformity to policies, procedures, applicable laws, and regulations.

3. **"Management of Medication (MOM)"**- To enhance patient safety, the standard encourages a structured and safe pharmaceutical procedure that includes medication availability, safe storage, prescription, dispensing, and administration, including high-risk medications, blood, implants, devices, and medical gases.

4. **"Patient Rights and Education (PRE)"-** Patient information on the disease, possible consequences, costs, grievance processing, and consent for decision-making are all covered by standards.

5. **"Hospital Infection Control (HIC)"**- Infection control programme provision is depicted in standards, which are intended at decreasing or eliminating the risk of infection to patients, visitors, and healthcare workers.

Organization- Centric Chapters

6. **"Patient Safety and Quality Improvement (PSQ)"**- Clinical audit is used as a technique to improve the quality of care for patients, and standards supports documented quality and patient safety procedures. It states that organizations should collect data on their structure, procedures, and outcomes, particularly in high-risk sectors.

7. **"Responsibilities of Management (ROM)"**- In a professional and ethical manner, standards support governance led by a properly trained and experienced individual with specified management duties. The leader compiles all necessary rules and ensures patient safety as an intrinsic element of the process.

8. **"Facility Management and Safety (FMS)"**- Through frequent facility inspection rounds and appropriate action to maintain safety, standards guide the provision of a secure and safe environment for patients and their families, staff, and visitors. Safe drinking water, electricity, medical gases, and a vacuum system are all provided by the organization, which also has an equipment management programme.

9. **"Human Resource Management (HRM)"**- The provision of qualified personnel, training, incentive through work design, performance review, and discipline, as well as their safety and health, are all covered by standards.

10. **"Information Management System (IMS)"**- It is ensured by the standard that data and information enable the delivery of high-quality care and services by delivering the relevant information at the right time and place in an authenticated, secure, and accurate manner.

NABH standard has 10 chapters which are explained above, incorporate 100 standards and 651 objectives elements. The functioning of various departments in a hospital is assessed according to these standards and objectives. Audits helps to identify discrepancies between actual practices and standards. Then accordingly changes can be done to improve quality of care further.

Literature Review

S.No.	Title	Author	Year	Salient Features
1.	***"Clinical audit, a valuable tool to improve quality of care: General methodology and applications in nephrology"***	Pasquale Esposito and Antonio Canton	2014	• The evaluation and improvement of the quality of care provided to patients is critical in daily clinical practice as well as in health policy planning and financing. For this, various tools such as incident analysis, health technology assessment, and clinical audit have been developed, with clinical audit being the most popular. • In the area of clinical nephrology, this approach has been shown to be beneficial in treating a variety of issues, including hypertension and mineral metabolism regulation. The findings of these research are promising and show that auditing is successful. • Clinical audit, along with other quality improvement strategies, has to be better understood and promoted nationally and locally, according to this study, so that it can

				become part of each healthcare provider's knowledge.
2.	***"The internal audit of clinical areas: a pilot of the internal audit methodology in a health service Emergency department"***	Alision Brown, Mario Santilli, Belinda Scott	2015	• A pilot internal audit of clinical areas conducted in a health service's Emergency Department found areas of risk that are not appropriately controlled or addressed. • Internal audit examines the implementation of organization-wide quality systems and processes, as well as evidence-based best practice standards in a specific clinical area, to address some of the shortcomings and gaps in existing quality improvement approaches. • The pilot provides encouraging evidence of the effectiveness of implementing internal audit standards in the clinical setting, as well as the necessity for more research into this strategy in the healthcare sector.
3.	***"Hospital preparedness for NABH Accreditation with respect to Patients' rights and educations"***	D. Shreedevi	2016	• The self-assessment research identifies gaps in existing procedures relating to patients' rights, such as the lack of a patient rights and accountability charter and a grievance redress process for unsatisfied patients and families, among other things. • The findings of this investigation show that current patient-rights practices do not meet NABH criteria. • Concrete actions must be taken to establish a framework of action to ensure strict adherence to patients' rights and the improvement of current procedures.
4.	***"A Study to evaluate the preparedness of 75 bedded Neuro Care Tertiary Hospital to be Accredited by National Accreditation Board for Hospitals and Healthcare providers (NABH)"***	Harnal Nixon, Aileen, Lokesh A.C	2016	• The study examines whether a 75-bed Neuro Care Tertiary Hospital is ready to be accredited by NABH and whether it can be accredited by following NABH's patient- and management-centric yardsticks. • By performing audits and utilizing other techniques to measure the performance of the specialty hospital, the study will assist us in suggesting essential modifications for enhancing patient care and use of hospital facilities to optimal desirable performance according to NABH standards. • The study is critical for improving patient safety and providing quality-centered treatment in any 75-bed Neuro Care Tertiary Hospital.

Objective of the Study

1. To conduct self-assessment against NABH accreditation standards among critical departments of ISIC Hospital, New Delhi using audit as a tool of assessment.
2. To compare the effectiveness of audit-1 and audit-2 to ascertain organization's preparedness to quality goals and corresponding to NABH standards using p-value and paired t-test.
3. To study the functioning of critical departments to ascertain that the SOP are followed in accurate manner.

Problem Statement

What are the effects of audits on the preparedness of NABH assessment in Tertiary care Hospital?

Methodology

Study Design-

The present study is an **Observational and Longitudinal Study** that involved collection of primary data through structured observational tools, staff interviews, active audit in departments, studying SOP of the departments and putting the observations on the tool of audit.

Study Location-

Indian Spinal Injury Centre is located in Vasant Kunj, New Delhi.

The study is carried out for critical departments of the hospital which are listed below-

- Cardiology
- Intensive Care Unit
- Emergency
- Operation Theatre
- CSSD
- Radiology

Tool of Data Collection -

NABH Checklists 5th Edition Self-Assessment Toolkit

Data collection techniques-

Following are techniques of data collection-

Primary data-

- Interview with critical departments of the hospital.
- Direct observation

Secondary data-

- Hospital policies and manuals
- Records and HIMS system
- NABH Guidelines as per 5th edition.

Study Time-

Study time is about 12 weeks which includes preparing and filling checklist according to 5th edition standards, self-assessment (audits) tool kit, compiling data and making final report.

Results and Interpretation

This study is carried to identify opportunities for improvement on extent of compliance to the accreditation standards as per criteria laid in NABH self-assessment toolkit. Review of hospital departments services and functions were done through review of document, visit to different departments for self- monitoring and interviews with departmental head and its staff were conducted. **P-value and paired t-test is used to compare audit-1 and audit-2.**

For each objective element of the concerned department scoring is provided as per NABH scoring pattern. The scoring pattern is as follows-

- Score 10/10 – 100% or full Compliance
- Score 5/10 – Partial Compliance
- Score- 0/10- Non- Compliance

Here is the final result of critical departments after both the audits-

Table: 1.1- Cardiology Department (Nursing Department) Checklist and Scores-

[2] Nursing Department Checklist			
Element no.	**Element Objective**	**Audit-1 Score**	**Audit-2 Score**
AAC 12	**Patient care is continuous and multidisciplinary.**		
b	Patient care is coordinated in all care settings within the organization.	5	10
c	Information about the patient's care response to treatment is shared among medical, nursing, and other care-providers.	5	10
d	The organization implements standardized hand-over communication during each state between units/departments.	10	10
e	Patient transfer within the organization is done safely in safe manner.	10	10
f	Referral of patients to other departments/specialties follow written guidance.	10	10
AAC 13	**The organization has an established discharge process.**		

a	The patient's discharge process is planned in consultation with the patient and/or family.	5	10
b	The discharge process is coordinated among various departments and agencies involved (including medico-legal and absconded cases).	5	10
c	Written guidance governs the discharge of patient leaving against medical guidance.	10	10
d	A discharge summary is given to all the patients leaving organization (including patients leaving against medical advice).	10	10
COP.1	**Uniform care to patients is provided in all settings of the organization and is guided by written guidance, and the applicable laws and regulations.**		
a	Uniform care is provided following written guidance.	10	10
b	The organization has a uniform process for identification of patients and at a minimum, uses two identifiers.	5	10
f	Care delivery is uniform for a given clinical condition and when similar case is provided in more than one setting.	10	10
COP. 4	**The organization plans and implements the mechanisms for the care of patients during community emergencies, epidemics, and other disasters.**		
b	The organization manages community emergencies, epidemics, and other disasters as per a documented plan.	5	10
COP. 5	**Cardio- pulmonary resuscitation services are provided uniformly across the organization.**		
a	Resuscitation services are available to all patients at all the times.	5	10
b	During cardio- pulmonary resuscitation, assigned roles and responsibilities are complied with.	5	10
c	Equipment and medication for use during cardio- pulmonary resuscitation are available in various areas of the organization.	10	10
d	The events during cardio- pulmonary resuscitation are recorded.	10	10
COP. 6	**Nursing care is provided to patients in the organization in consonance with clinical protocols.**		
a	Nursing care is provided to patients in accordance with written guidance	10	10
b	The organization develops and implements nursing clinical practice guidelines reflecting current standards for practice.	10	10
c	Assignment of patient care is done as per current good clinical/nursing practice guidelines.	5	10
d	The organization implements acuity- based staffing to improve patient outcomes.	5	10
e	Nursing care is aligned and integrated with overall patient care.	5	10

f	Care provided by nurses is documented in the patient record.	5	10
g	Nurses are provided with appropriate and adequate equipment for providing safe and efficient nursing care.	10	10
h	Nurses are empowered to make patient care decisions within their scope of practice.	5	10
COP. 16	**The organization identifies and manages patients who are at risk of morbidity/mortality.**		
a	The organization identifies and manages vulnerable patients.	5	10
b	The organization provides for a safe and secure environment for the vulnerable patient.	5	10
c	The organization identifies and manages patients who are at a risk of fall.	5	10
d	The organization identifies and manages patients who are at risk of developing/worsening of pressure ulcers.	5	10
e	The organization identifies and manages patients who are at risk of developing deep vein thrombosis.	5	10
f	The organization identifies and manages patients who need restraints.	5	10
COP. 19	**Nutrition therapy is provided to patients consistently and collaboratively**		
a	Patients admitted to the organization are screened for nutritional risk.	5	10
b	Nutritional assessment is done for patients found at risk during nutritional screening.	5	10
c	The therapeutic diet is planned and provided collaboratively.	5	5
d	Patients receive food according to the written order for the diet.	5	10
e	When family provided food, they are educated the patient's diet limitations.	5	10
COP. 20	**End-of-life is provided in a compassionate and considerate manner.**		
a	End- of-life care is provided in a consistent manner in the organization.	10	10
b	A multi-professional approach is used to provide end-of-life care.	5	5
c	End- of-life care is in consonance with the legal requirements.	5	10
d	End of life care also addresses the identification of the unique needs of such patient and family.	5	10
e	Symptomatic treatment is provided and where appropriate measures are taken for the alleviation of pain.	5	5
MOM. 3	**Medications are stored appropriately and are available when required**		

e	High-risk medications including look-alike, sound-alike medications and different concentrations of the same medication are stored physically apart from each other.	5	10
f	The list emergency medications is defined and stored uniformly	10	10
g	Emergency medications are available all the time and are replenished promptly when used.	10	10
MOM. 7	**Medications are administered safely.**		
a	Medications are administered by those who are permitted by law to do so.	5	10
b	Prepared medication is labelled before preparation of a second drug.	5	10
c	The patient is identified before administration.	5	5
d	Medication is verified from the medication order and physically inspected before administration.	5	10
e	Strength is verified from the order before administration.	5	10
f	The route is verified from the order before administration.	5	10
g	Timing is verified from the order before administration.	5	10
h	Measures to avoid catheter and tubing mis-connections during medication administration are implemented.	5	10
i	Medication administration is documented.	5	10
j	Measures to govern patient's self-administration of medications are implemented.	5	5
k	Measures to govern patient's medications brought from outside the organization are implemented.	5	5
MOM. 8	**Patients are monitored after medication administration.**		
a	Patients are monitored after medication administration.	10	10
b	Medications are changed where appropriate based on the monitoring.	5	10
c	The organization captures near miss, medication error and adverse drug reaction.	5	10
d	Near miss, medication error and adverse drug reaction are reported within a specified time frame.	5	10
e	Near miss, medication error and adverse drug reaction are collected and analyzed.	5	10
f	Corrective and/or preventive action(s) are based on the analysis.	5	10
MOM. 9	**Narcotic drug and psychotropic substances, chemotherapeutic agents and radioactive agents are used in safe manner.**		

a	Narcotic drug and psychotropic substances, chemotherapeutic agents and radioactive agents are used safely.	10	10
b	Narcotic drug and psychotropic substances, chemotherapeutic agents and radioactive agents are prescribed by appropriate caregivers.	5	5
c	Narcotic drug and psychotropic substances, chemotherapeutic agents and radioactive agents are stored securely.	10	10
d	Chemotherapy and radioactive are prepared properly and safely and administered by qualified personnel.	5	5
e	A proper record is kept of the usage, administration and disposal of narcotic drugs and psychotropic substances, chemotherapeutic agents, and radioactive agents.	5	10
PRE. 1	**The organization protects and promotes patient and family rights and informs them about their responsibilities during the care.**		
a	Patient and family rights and responsibilities are documented, displayed and they are made aware of the same.	5	10
b	Patient and family rights and responsibilities are actively promoted.	5	10
d	The organization protects patient and family rights.	5	10
e	The organization has a mechanism to report a violation of patient and family rights.	5	10
f	Violation of patient and family rights are monitored, analyzed, and corrective the organization.	5	10
PRE. 2	**Patient and family rights support individual beliefs, values and involves the patient and family in the decision-making processes.**		
a	Patients and family rights include respecting values and beliefs, any special preferences, cultural needs, and responding to requests for spiritual needs.	5	10
b	Patients and family rights include respect for personal dignity and privacy during examination, procedures, and treatments.	5	10
c	Patients and family rights include protection from neglect and abuse.	5	10
d	Patients and family rights include treating patient information as confidential.	5	10
e	Patients and family rights include the refusal for treatment.	5	10
f	Patients and family rights include informed consent before the transfusion of blood and blood components, anesthesia, surgery, initiation of any research protocol any other invasive/high-risk procedures/treatment.	5	10
g	Patients and family rights include a right to complain and information on how to voice a complaint.	5	10
h	Patients and family rights include information on the expected cost of the treatment.	5	10
i	Patients and family rights include access to their clinical records.	5	10

j	Patients and family rights include information on the name of the treating doctor, care plan, progress and information on their health care needs.	5	10
k	Patients and family rights include determining what information regarding their care would be provided to self and family.	5	10
PRE. 4	**Informed consent is obtained from the patient or family about their care**		
a	The organization obtains informed consent from the patient or family for situations where informed consent is required.	5	10
b	Informed consent process adheres to statutory norms.	5	10
c	Informed consent includes information regarding the procedure; it's risks, benefits, alternatives and as to who will perform the procedure in a language that they can understand.	5	10
d	The organization describes who can give consent when a patient is incapable of independent decision making and implements the same.	5	10
e	Informed consent is taken by the person performing the procedure.	5	10
PRE. 5	**Patient and families have a right to information and education about their healthcare needs.**		
a	Patient and/or family are educated in a language and format that they can understand.	10	10
b	Patient and/or family are educated about safe and effective use of the medication and potential side effects of the medication, when appropriate.	5	5
c	Patient and/or family are educated about food-drug interaction.	5	5
d	Patient and/or family are educated about diet and nutrition.	5	10
e	Patient and/or family are educated about immunization.	5	10
f	Patient and/or family are educated on various pain management techniques, when appropriate.	10	10
g	Patient and/or family are educated about their specific disease process, complications and prevention strategies.	10	10
h	Patient and/or family are educated about preventing healthcare associated infection.	10	10
i	Patient and/or family members special educational needs are identified and addressed.	10	10
PRE. 7	**The organization has a mechanism to capture patient's feedback and to redress complaints.**		
a	The organization has a mechanism to capture feedback from patients, which includes patient satisfaction.	10	10
b	The organization has a mechanism to capture patient experience.	10	10

HIC. 5	**The organization takes actions to prevent and control Healthcare Associated Infections (HAI) in patients.**		
a	The organization takes action to prevent catheter-associated urinary tract infections.	5	10
b	The organization takes action to prevent infection-related ventilator associated complication/ventilator-associated pneumonia.	5	10
c	The organization takes action to prevent catheter linked blood stream infections.	5	10
d	The organization takes action to prevent surgical site infection.	5	10
HIC. 2	**The organization provides adequate and appropriate resources for infection prevention and control.**		
a	The management makes available resources required for the infection control programme.	10	10
c	Adequate and appropriate personal protective equipment, soaps, and disinfectants are available and used correctly.	5	10
d	Adequate and appropriate facilities for hand hygiene in all patient-care areas are accessible to healthcare providers.	5	10
e	Isolation/barrier nursing facilities are available.	5	10
HIC. 4	**The organization implements the infection prevention and control programme in support services.**		
d	Biomedical waste (BMW) is handled appropriately and safely.	5	10
PSQ. 5	**There is an established system for clinical audit.**		
a	Clinical audits are performed to improve the quality of patient care.	0	5
b	The parameters to be audited and defined by the organization.	0	5
c	Medical and nursing staff participate in clinical audit.	0	10
d	Patient and staff anonymity are maintained.	0	10
e	Clinical audits are documented.	0	10
f	Remedial measures are implemented.	0	10
PSQ. 7	**Incidents are collected and analyzed to ensure continual quality improvement.**		
a	The organization implements an incident management system.	10	10
d	The organization has a mechanism to identify sentinel events.	10	10

FMS. 3	**The organization's environment and facilities operate to ensure the safety of patients, their families, staff, and visitors.**		
e	Hazardous materials are identified and used safely within the organization.	5	10
FMS. 7	**The organization has plans for fire and non-fire emergencies within the facilities.**		
b	The organization has a documented and displayed exit plan in case of fire and non-fire emergencies.	5	10
c	Mock drills are held atleast twice a year.	5	5
Total		700	1115

Figure: 1.1

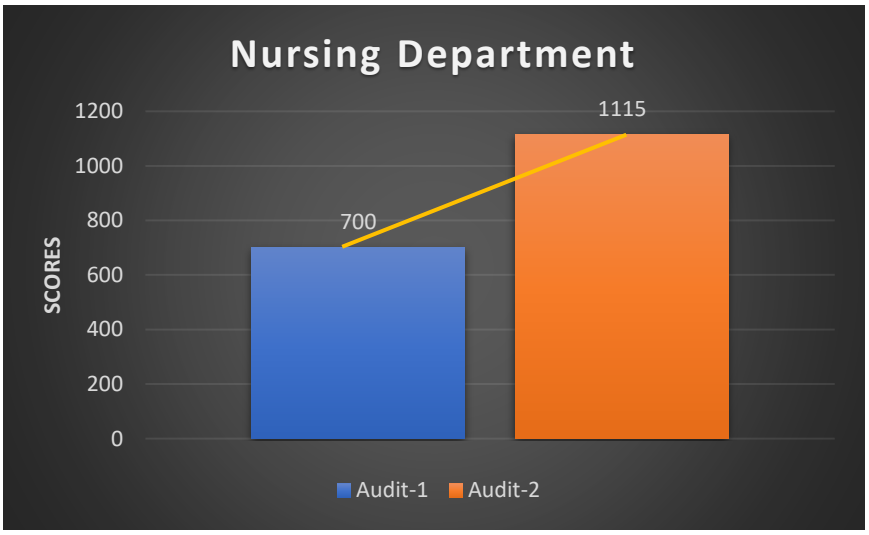

Figure shows improvement in scores of nursing department from audit-1 to audit-2 by hospital

Observations-

Audit-1

- Nursing staff need to be trained in ACLS.
- Initial nursing assessment is not signed as in COP.6. g.
- During interview of staff, they could not be able to explain various elements of objective of nursing department.
- Storage verified by the nursing supervisor is not found adequate.
- Staff has less knowledge about objective MOM.8.
- Staff is unable to give satisfactory response regarding patients and family rights. Also, patients are not displayed in the department.
- No nursing and clinical audit record is available in the department.
- Staff could not answer the questions related to fore and non-fire emergencies.

- Staff performance is poor, they need extensive hand holding from nursing and another department to be prepared for upcoming audit.

Audit-2

- Training for alert codes need to be strengthened.
- Also training on policies- Prevention of workplace violence, Prevention of Sexual harassment policies need to be polished.

Overall, there is a great improvement in cardiology department from audit-1 to audit-2.

Table: 1.2- Intensive Care Unit (Critical Care) Checklist and Scores-

[2] Checklist for the Department of Critical Care			
Element no.	**Element Objective**	**Audit-1 Score**	**Audit-2 Score**
AAC.3	**There is an appropriate mechanism for transfer (in and out) or referral of patients.**		
d	The organization gives a summary of the patient's condition and the treatment given.	10	10
COP.5	**Cardio- pulmonary resuscitation services are provided uniformly across the organization.**		
a	Resuscitation services are available to patients at all times.	10	10
b	During cardio-pulmonary resuscitation, assigned roles and responsibilities are complied with.	10	10
c	Equipment and medications for use during cardio-pulmonary resuscitation are available in various areas of organization.	10	10
d	The events during cardio-pulmonary resuscitation are recorded.	10	10
e	A multidisciplinary committee does a post-event analysis of cardio-pulmonary resuscitation.	0	10
f	Corrective and preventive measures are taken on the post-event analysis.	0	10
COP. 7	**Clinical procedures are performed in a safe manner.**		
a	Procedures are performed based on the clinical needs of the patients.	10	10
b	Performance of various clinical procedures is based on written guidance.	10	10
c	Qualified personnel order, plan, perform and assist in performing procedures.	10	10
d	Care is taken to prevent adverse events like a wrong patient, wrong procedure, and wrong site.	10	10
e	Informed consent is taken by the personnel performing the procedure, where applicable.	10	10
g	The procedure is done adhering to standard precautions.	10	10
h	Patients are appropriately monitored during and after the procedure.	10	10
i	Procedures are documented accurately in the patient record.	10	10

COP. 9	**The organization provides care in intensive care and high dependency unit in a systematic manner.**		
a	Care of patients in intensive care and high dependency units is provided based on written guidance.	10	10
b	The defined admission and discharge criteria for intensive care and high dependency units are implemented.	10	10
c	Adequate staff and equipment are available.	10	10
d	The organization endeavors to upgrade its physical infrastructure to meet national and international guidelines.	10	10
e	Defined procedures for the situation of bed shortages are followed.	5	10
f	Infection control practices are followed.	10	10
g	The organization shall implement a quality assurance programme.	5	5
h	The organization has a mechanism to counsel the patient and/or family periodically.	10	10
COP. 16	**The organization identifies and manages patients who are at high risk of morbidity/mortality.**		
a	The organization identifies and manages vulnerable patients.	10	10
b	The organization provides for a safe and secure environment for the vulnerable patients.	10	10
c	The organization identifies and manages patients who are at risk of fall.	10	10
d	The organization identifies and manages patients who are at risk of developing/worsening pressure ulcers.	10	10
e	The organization identifies and manages patients who are at risk of developing deep vein thrombosis.	10	10
f	The organization identifies and manages patients who need restraints.	10	10
COP. 12	**Procedural sedation is provided in a consistent and safe manner.**		
a	Procedural sedation is administered in a consistent manner.	10	10
b	Informed consent for administration of procedural sedation is obtained.	10	10
c	Competent and trained persons administer sedation.	10	10
d	The person monitoring sedation is different from the person performing the procedure.	10	10
e	Intra-procedure monitoring includes at a minimum the heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, and level of sedation.	10	10
f	Patients are monitored after sedation, and the same is documented.	10	10
g	Criteria are used to determine the appropriateness of discharge from the observation/recovery area.	10	10
h	Equipment and workforce are available to manage patients who have gone into a deeper level of sedation than initially intended.	10	10

COP. 15	**Documented policies and procedures guide the care of patients under restraints (physical and/or chemical).**		
a	Documented policies and procedures guide the care of patients under restraints.	5	10
b	These include both physical and chemical restraints measures.	5	10
c	These include documentation of reasons for restraints.	5	10
d	These patients are more frequently measured.	5	10
e	Staff receives training and periodic updating in control and restraint techniques.	5	5
COP. 17	**Pain management for patients is done in a consistent manner.**		
a	Patients in pain are effectively managed.	10	10
b	Patients are screened for pain.	10	10
c	Patients with pain undergo detailed assessment and periodic reassessment.	10	10
d	Pain alleviation measures or medications are initiated and titrated according to patient's need and response.	10	10
COP. 18	**Rehabilitation services are provided to the patients in a safe, collaborative, and consistent manner.**		
a	Scope of the rehabilitation services at a minimum is commensurate to the services provided by the organization.	10	10
b	Rehabilitation services are provided in a consistent manner.	10	10
c	Care providers collaboratively plan rehabilitation services.	10	10
d	There are adequate space and equipment to provide rehabilitation.	10	10
e	Care is guided by functional assessment and periodic re-assessments which are done and documented.	10	10
f	Care is provided adhering to infection control and safety practices.	10	10
g	Care pathways are developed, implemented, and received periodically.	10	10
COP. 20	**End-of-life-care is provided in a compassionate and considerate manner.**		
a	End-of-life-care is provided in a consistent manner in the organization.	10	10
b	A multi-professional approach is used to provide end-of-life-care.	10	10
c	End-of-life-care is in consonance with the legal requirements.	10	10
d	End-of-life-care also addresses the identification of unique needs of such patient and family.	10	10
e	Symptomatic treatment is provided and where appropriate measures are taken for the alleviation of pain.	10	10
MOM. 3	**Medications are stored appropriately and are available where required.**		
c	The organization defines a list of high-risk medication(s).	10	10
d	High-risk medications are stored in areas of the organization where it is clinically necessary.	10	10

e	High-risk medications including look-alike, sound-alike medications and different concentrations of the same medication are stored physically apart from each other.	10	10
f	The list of emergency medications is defined and is stored uniformly.	10	10
g	Emergency medications are available all the time and are replenished promptly when used.	10	10
MOM. 4	**Medications are prescribed safely and rationally.**		
a	Medication prescription is in consonance with good practices/guidelines for the rational prescription of medications.	10	10
b	The organization adheres to the determined minimum requirements of a prescription.	10	10
c	Drug allergies and previous adverse drug reactions are ascertained before prescribing.	10	10
d	The organization has a mechanism to assist the clinician in prescribing appropriate medication.	10	10
e	Implementation of verbal orders ensures safe medication management practices.	10	10
f	Audit of medication orders/prescription is carried out to check for safe and rational prescription of medications.	5	5
g	Corrective and/or preventive action(s) is taken based on the audit, where appropriate.	5	5
h	Reconciliation of medications occurs at transition point of patient care.	10	10
MOM. 9	**Narcotic drugs and psychotropic substances, chemotherapeutic agents, and radioactive agents are used in a safe manner.**		
a	Narcotic drugs and psychotropic substances, chemotherapeutic agents, and radioactive agents are used safely.	10	10
b	Narcotic drugs and psychotropic substances, chemotherapeutic agents, and radioactive agents are prescribed by appropriate caregivers.	10	10
c	Narcotic drugs and psychotropic substances, chemotherapeutic agents, and radioactive agent's drugs are stored securely.	10	10
e	A proper record is kept of the usage, administration and disposal of narcotic drugs psychotropic substances, chemotherapeutic agents, and radioactive agents.	5	5
PRE. 2	**Patient and family rights support individual beliefs, values and involve the patient and family in decision making processes.**		
a	Patient and family rights include respecting values and beliefs, any special preferences, cultural needs, and responding to request for spiritual needs.	10	10
b	Patient and family rights include respect for personal dignity and privacy during examination, procedures, and treatment.	10	10
c	Patient and family rights include protection from neglect and abuse.	10	10

d	Patient and family rights include treating patient information as confidential.	10	10
e	Patient and family rights include the refusal of treatment.	10	10
f	Patient and family rights include a right to seek an additional opinion regarding clinical care.	10	10
h	Patient and family rights include informed consent before the transfusion of blood and blood components, anesthesia, surgery, initiation of any research protocol and any other invasive/high-risk procedures/treatment.	10	10
i	Patient and family rights include a right to complain and information on how to voice a complaint.	10	10
j	Patient and family rights include information on the expected cost of the treatment.	10	10
k	Patient and family rights include access to their clinical records.	10	10
l	Patient and family rights include information on the name of treating doctor, care plan, progress, and information on their healthcare needs.	10	10
m	Patient rights include determining what information regarding their care would be provided to self and family.	10	10
Total		800	845

Figure: 1.2

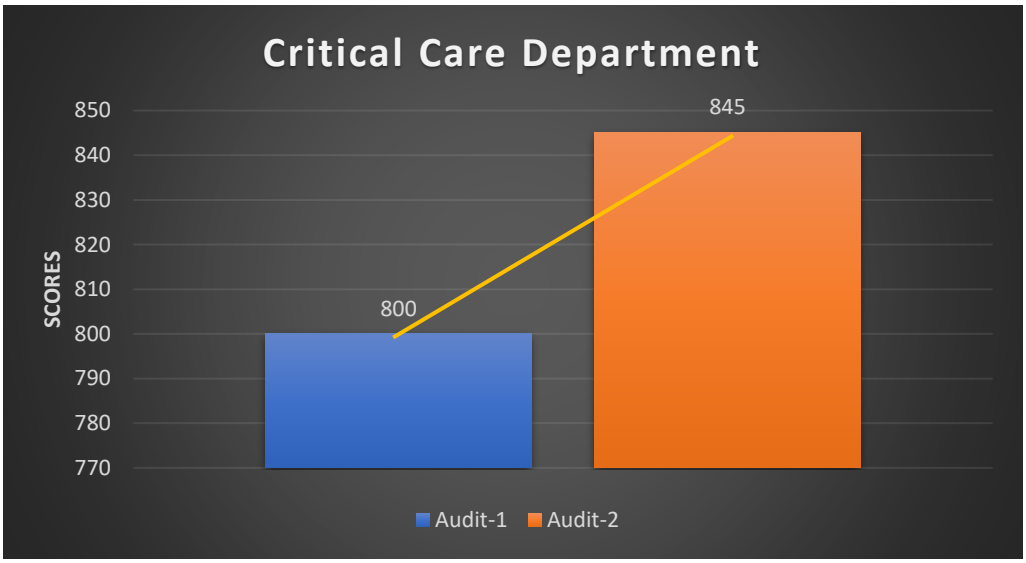

Figure shows the score of critical care department from audit-1 to audit-2

Observations-

Audit-1

- No extra battery is found with laryngoscope.
- Evidence regarding COP.5. e and f is not found.
- Evidence of audit of medication orders/prescription is also not found.
- Documented policies and procedures guide that the care of patients is not properly maintained.

- In narcotic drug register, date and signature are missing in some pages.

Audit-2

- Doctor's handover register is not maintained.
- More training is required on FAQ's.
- Audit records need to be maintained and quality assurance programme need to be revised.

Table: 1.3- Emergency Department Checklist and Scores-

[2] Checklist for the Department of Emergency			
Element no.	**Element Objective**	**Audit-1 Score**	**Audit-2 Score**
COP. 2	**Emergency services are provided in accordance with written guidance, applicable laws, and regulations.**		
a	There shall be an identified area in the organization which is easily accessible to receive and manage emergency patients, with adequate and appropriate resources.	10	10
b	Prevention of patient over-crowding is planned, and crowd management measures are implemented.	10	10
c	Emergency care is provided in consonance with statutory requirements and in accordance with the written guidance.	10	10
d	The organization manages medico-legal cases in accordance with statutory requirements.	10	10
e	Initiation of appropriate care is guided by a system of triage.	10	10
f	Patients waiting in the emergency are reassessed as appropriate for change in status.	10	10
g	Admission, discharge to home, or transfer to another organization is documented.	10	10
h	In case of discharge to home or transfer to another organization, a discharge/transfer note shall be given to the patient.	5	10
i	The organization shall implement a quality assurance programme.	5	10
j	The organization has system in place for the management of patients found dead on arrival and patients who die within few minutes of arrival.	5	10
COP. 3	**Ambulance services ensure safe patient transportation with appropriate care.**		
a	The organization has access to ambulance services commensurate with the scope of services provided by it.	10	10
b	There are adequate access and space for the ambulance(s).	10	10
c	The ambulance(s) is fit for purpose and is appropriately equipped.	5	5
d	The ambulance(s) is operated by training personnel.	5	5
e	The ambulance(s) is checked daily.	10	10
f	Equipment is checked daily using a checklist.	10	10
g	A mechanism is in place to ensure that emergency medications are available in the ambulance.	10	10

h	The ambulance(s) has a proper communication system.	10	10
i	The emergency department identifies opportunities to initiate treatment at the earliest when the patient is in transit to the organization.	10	10
COP. 4	**The organization plans and implements mechanism for the care of the patients during community emergencies, epidemics.**		
a	The organization identifies potential community emergencies, epidemics, and other disasters.	5	10
b	The organization manages community emergencies, epidemics, and other disasters as per documented plan.	10	10
c	Provision is made for the availability of medical supplies, equipment, and materials during such emergencies.	10	10
COP. 5	**Cardio-pulmonary resuscitation services are provided uniformly across the organization.**		
a	Resuscitation services are available to patients at all the time.	10	10
b	During cardio-pulmonary resuscitation, assigned roles and responsibilities are compiled with.	10	10
c	Equipment and medications for use during cardio-pulmonary resuscitation are available in various areas of the organization.	10	10
d	The events during cardio-pulmonary resuscitation are recorded.	10	10
e	A multidisciplinary committee does a post event analysis of cardiopulmonary resuscitation.	5	5
f	Corrective and preventive measures are taken based on the post-event analysis.	5	5
COP.7	**Clinical procedures are performed in a safe manner.**		
a	Procedures are performed based on the clinical needs of the patient.	10	10
b	Performance of various clinical procedures is based on written guidance.	10	10
c	Qualified personnel order, plan, perform, and assist in performing procedures.	10	10
d	Care is taken to prevent adverse event like a wrong patient, wrong procedure, and wrong site.	10	10
e	Informed consent is taken by the personnel performing the procedure, where applicable.	10	10
g	The procedure is done adhering to standard precautions.	10	10
h	Patients are appropriately monitored during and after the procedure.	10	10
i	Procedures are documented accurately in the patient record.	10	10
COP. 8	**Transfusion services are provided as per the scope of services of the organization, safely.**		
a	Blood/ blood components are available for use in emergency situations within a defined time frame.	5	10

PRE. 1	**The organization protects and promotes patient and family rights and informs them about their responsibilities during care.**		
c	Patient and family rights and responsibilities are documented, displayed, and they are made aware of the same.	10	10
d	The organization has a mechanism to report a violation of patient and family rights.	5	10
e	Violation of patient and family rights are monitored, analyzed, and corrective/preventive action taken by the top leadership of the organization.	10	10
Total		365	400

Figure: 1.3

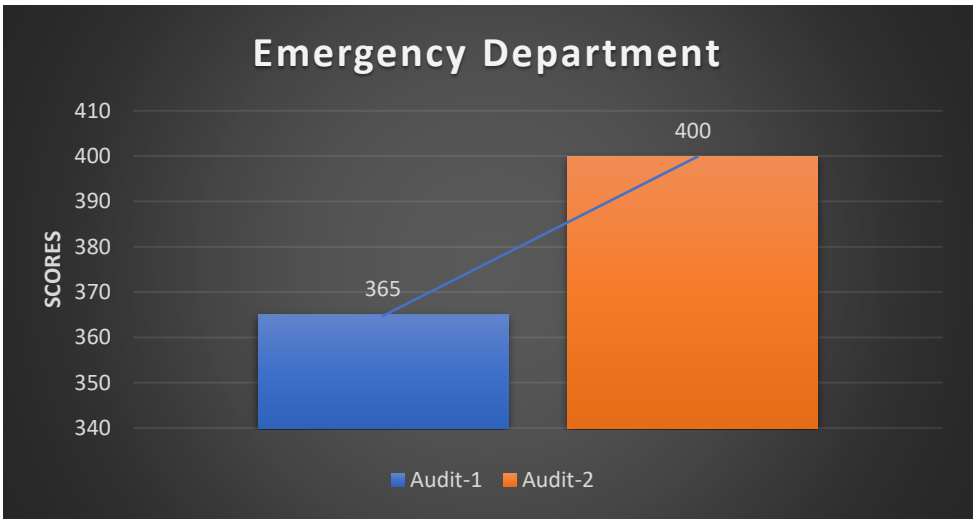

Figure shows rise in the score of Emergency department from audit-1 to audit-2

Observations-

Audit-1

- Analysis of massive of LAMA to be done.
- Training of staff should be conducted on quality assurance plan.
- Cases to be discussed in mortality committee for learning opportunities.
- BLS training of drivers to be ensured and fridge in ambulance need to be repaired.
- Evidence regarding post event analysis of cardiopulmonary resuscitation is not found.
- Staff needs retraining on patients' rights and their protection from violence.

Audit-2

- Temperature checklist of ambulance fridge to be maintain.
- Time frame not mentioned in manual.
- BMW sticker is not clear on bins.
- Calibration of medical equipment need to be done (BP apparatus and flow meter).
- Training required on FAQs.

Table: 1.4- Operation Theatre Checklist and Scores-

[2] Checklist for the Department of OT			
Element no.	**Element Objective**	**Audit-1 Score**	**Audit-2 Score**
COP. 12	**Procedural sedation is provided in a consistent and safe manner.**		
a	Procedural sedation is administered in a consistent manner.	10	10
b	Informed consent for administration of procedural sedation is obtained.	10	10
c	Competent and trained persons administer sedation.	5	10
d	The person monitoring sedation is different from the person performing the procedure.	10	10
e	Intra-procedure monitoring includes at a minimum the heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, and level of sedation.	10	10
f	Patients are monitored after sedation and the same is documented.	10	10
g	Criteria are used to determine appropriateness of discharge from the recovery area.	10	10
h	Equipment and workforce are available to manage patients who have gone into deeper level of sedation than initially intended.	10	10
COP. 13	**Anaesthesia services are provided in a consistent and safe manner.**		
a	Anaesthesia services are provided in a consistent manner.	10	10
b	The pre-anaesthesia assessment results in the formulation of an anaesthesia plan is documented.	10	10
c	A pre-induction assessment is performed and documented.	10	10
d	The anaesthesiologist obtains informed consent for administration of anaesthesia.	10	10
e	During anaesthesia, monitoring includes regular recording of temperature, heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation and end-tidal carbon dioxide.	10	10
f	Patient's post-anaesthesia status is monitored and documented.	10	10
g	The anaesthesiologist applies defined criteria to transfer the patient from the recovery area.	10	10
h	The type of anaesthesia and anesthetic medications used are documented in the patient record.	10	10
i	Procedures shall comply with infection control guidelines to prevent cross-infection between patients.	10	10
j	Intraoperative adverse anaesthesia events are recorded and monitored.	10	10
COP. 17	**Pain management for patients is done in a consistent manner.**		
a	Patients in pain are effectively managed.	10	10
b	Patients are screened for pain.	10	10
c	Patients with pain undergo detailed assessment and periodic reassessment.	5	10
d	Pain elevation measures or medications are initiated and titrated according to the patient's need and response.	10	10

MOM. 9	**Narcotic drugs and psychotropic substances, chemotherapeutic agents, and radioactive agents are used in a safe manner.**		
a	Narcotic drugs and psychotropic substances, chemotherapeutic agents, and radioactive agents are used safely.	10	10
b	Narcotic drugs and psychotropic substances, chemotherapeutic agents, and radioactive agents are prescribed by appropriate caregivers.	10	10
c	Narcotic drugs and psychotropic substances, chemotherapeutic agents, and radioactive agent's drugs are stored securely.	10	10
d	Chemotherapy and radioactive agents are prepared properly and safely and administration by qualified personnel.	10	10
e	A proper record is kept of the usage, administration and disposal of narcotic drugs psychotropic substances, chemotherapeutic agents, and radioactive agents.	5	5
MOM. 11	**Medical supplies and consumables are stored appropriately and are available where required.**		
a	The organization adheres to the defined process for the acquisition of medical supplies and consumables.	10	10
b	Medical supplies and consumables are used in a safe manner where appropriate.	10	10
c	Medical supplies and consumables are stored in a clean, safe, and secure environment; and incorporating the manufacturer's recommendation(s).	10	10
d	Sound inventory control practices guide storage of medical supplies and consumables.	5	10
e	There is a mechanism in place to verify the condition of medical supplies and consumables.	10	10
PRE. 1	**The organization protects and promotes patient and family rights and informs them about their responsibilities during care.**		
c	Patient and family rights and responsibilities are documented, displayed, and they are made aware of the same.	10	10
d	The organization has a mechanism to report a violation of patient and family rights.	10	10
e	Violation of patient and family rights are monitored, analyzed, and corrective/preventive action taken by the top leadership of the organization.	10	10
FMS. 5	**The organization has a programme for medical equipment management.**		
d	Medical equipment is periodically inspected and calibrated for their proper functions.	10	10
e	Qualified and trained personnel operate and maintain the medical equipment.	10	10
Total		350	365

Figure: 1.4

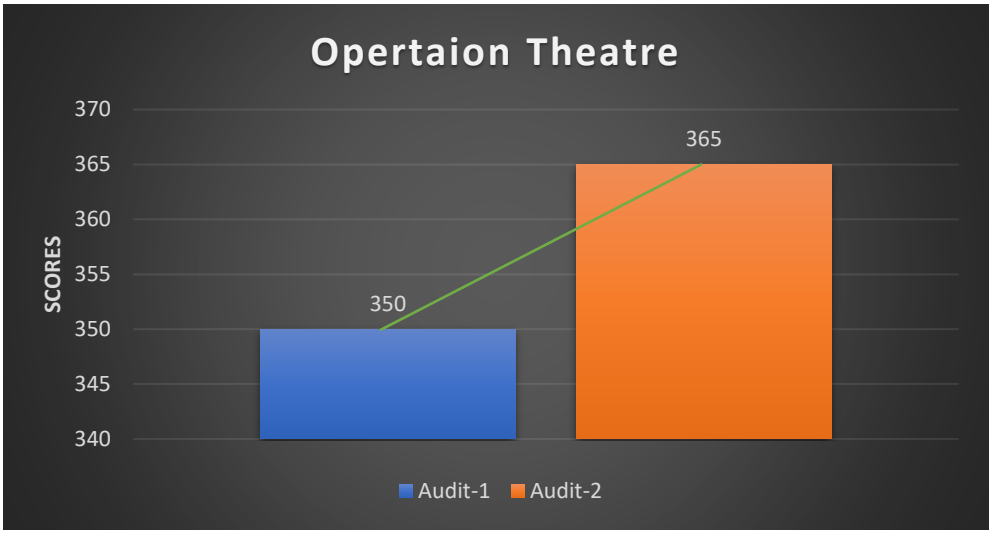

Figure shows the score of OT department from audit-1 to audit-2

Observations-

Audit-1

- Pre induction assessment has to be introduced.
- Chemotherapy and radioactive agents are appropriately prepared and administered by qualified personnel—no indication of this was detected.
- In Narcotic medicine register date and signature missing.

Audit-2

- Narcotic register need to be maintained properly.
- Discussed NABH FAQ's, equipment maintenance, overall training of staff on infection control, safety, disaster management, sexual harassment prevention, patient rights, informed consent etc. get satisfactory response.

Table: 1.5- CSSD Department Checklist and Scores-

[2] Checklist for the Department of CSSD			
Element no.	**Element Objective**	**Audit-1 Score**	**Audit-2 Score**
HIC. 7	**Infection prevention measures include sterilization and/or disinfection of instruments, equipment, and devices.**		
a	The organization provides adequate space and appropriate zoning for sterilization activities.	10	10
b	Cleaning, packing, disinfection and/or sterilization, storing and the issue of items is done as per the written guidance.	10	10
c	Reprocessing of single-use instruments, equipment and devices are done as per written guidance.	10	10
d	Regular validation tests for sterilization and carried out and documented.	10	10

e	The established recall procedures is implemented when a breakdown in the sterilization system is identified.	5	10
MOM. 10	**Implantable prosthesis and medical devices are used in accordance with laid down criteria.**		
d	The batch and the serial number of the implantable prosthesis and medical devices are recorded in the patient's medical record, the master logbook, and the discharge summary.	10	10
e	Recall of implantable prosthesis and medical devices are handled effectively.	10	10
Total			

Figure:1.5

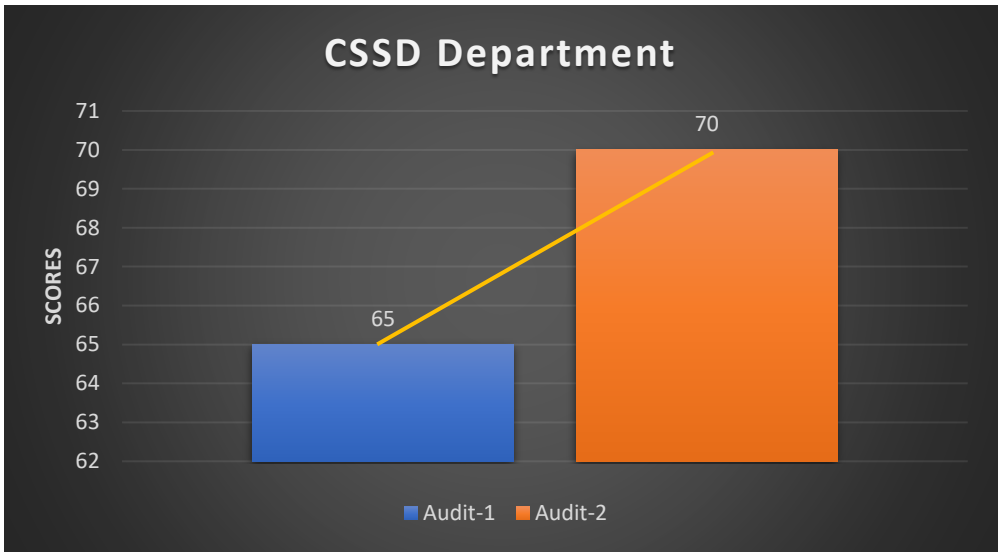

Figure shows the score of CSSD department from audit-1 to audit-2

Observations-

Audit-1

- Recall of mock drill for February 21 to be done.

Audit-2

- Department is doing great and prepared well for the final NABH audit.

Table: 1.6- Radiology Department Checklist and Scores-

[2] Checklist for the Department of Radiology			
Element no.	**Element Objective**	**Audit-1 Score**	**Audit-2 Score**
AAC. 9	**Imaging services are provided as per the scope of services of the organization.**		
a	Imaging services comply with legal and other requirements.	10	10

b	Scope of the imaging services is commensurate to the services provided by the organization.	10	10
c	The infrastructure (physical and equipment) and human resources are adequate to provide for its defined scope of services.	10	10
d	Qualified and trained personnel perform, supervise, and interpret the investigations.	10	10
e	Patients are transported in a safe and timely manner to and from the imaging services.	10	10
f	Imaging results are available within a defined time frame.	5	5
g	Critical results are intimated immediately to the personnel concerned.	10	10
h	Results are reported in a standardized manner.	10	10
i	There is a mechanism to address the recall/amendment of reports whenever applicable.	5	5
j	Imaging tests are not available in the organization are outsourced to the organization(s) based on their quality assurance system.	10	10
AAC. 10	**There is an established quality assurance programme for imaging services.**		
a	The quality assurance programme for imaging services is implemented.	10	10
b	Quality assurance programme includes tests for imaging equipment.	10	10
c	Quality assurance programme includes the review of imaging protocols.	10	10
d	A system is in place to ensure the appropriateness of the investigations and procedures for the clinical indication.	5	10
e	The programme addresses periodic internal/external peer review of imaging results using appropriate sampling.	5	5
f	The programme addresses the clinic-radiological meeting(s).	5	10
g	The programme includes periodic calibration and maintenance of all the equipment.	10	10
h	The programme includes the documentation of corrective and preventive action.	10	10
AAC. 11	**There is an established safety programme in imaging services.**		
a	The radiation-safety programme is implemented.	10	10
b	This programme is aligned with the organization's safety programme.	10	10
c	Patients are appropriately screened for safety/risk before imaging.	10	10
d	Imaging personnel and patients use appropriate radiation safety and monitoring devices where applicable.	10	10
e	Radiation-safety and monitoring devices are periodically tested, and results are documented.	10	10
f	Imaging and ancillary personnel are trained in imaging safety practices and radiation-safety measures.	10	10

g	Imaging signage is prominently displayed in all appropriate locations.	10	10
Total		225	235

Figure: 1.6

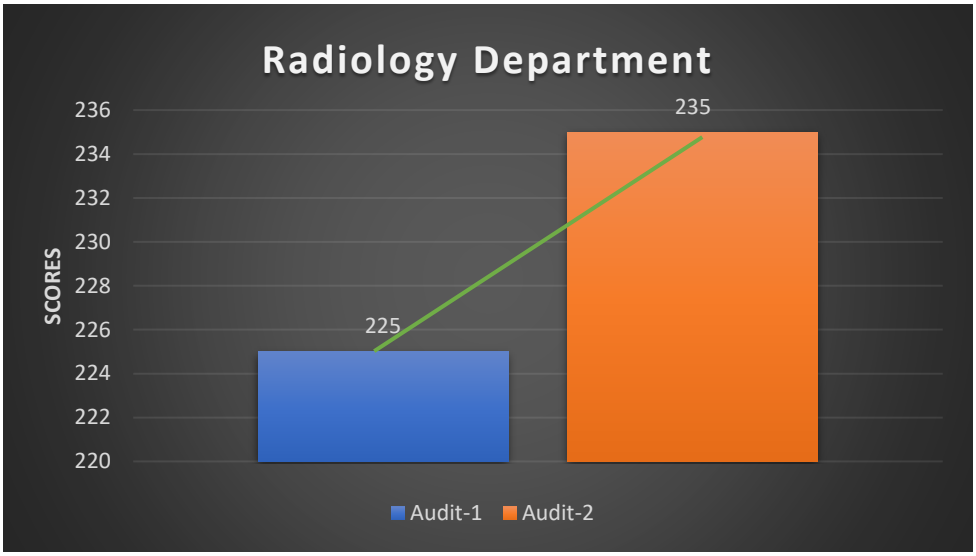

Figure shows the score of Radiology department from audit-1 to audit-2

Observations-

Audit-1

- Some reports are pending in radiology department.
- There is a procedure in place to address the recall/amendment of reports as needed- Evidence isn't kept up to date.
- External surveillance is pending.
- Register of clinico-radiological meetings to be updated.

Audit-2

- External surveillance need to be coordinated.

Interpretation-

p-value and paired t-test is used to calculate effectiveness of audit. Paired t- test is applied to the total scores of all the department of audit-1 and audit-2 and p-value is calculated.

It is discovered to have a p-value of 0.241, which is higher than the alpha level ($p>0.05$). **This shows that scores differ significantly in audit-1 and audit-2**. In this Nursing department depicted highly significant difference, Critical Care and Emergency department score differs significantly.

Hence, this significant difference in score shows that Internal audit has increased the efficiency of the departments of the hospital. Hence, audit scores improved from audit-1 to audit-2.

Discussion

A thorough analysis of critical departments of the hospital revealed that there is lot of improvement in the functioning of departments from audit-1 to audit-2. Nursing department has been enormously improved in audit-2 as compared to audit-1 as there is significant difference (highly) in the scores (estimated from t-test). Similarly Critical care and emergency department has also shown positive growth from audit-1 to audit-2. Departments like OT, CSSD and Radiology was doing well in audit-1 so, much difference is not found in their scores from audit-1 to audit-2.

Internal audit addresses some of the limitations and shortcomings in existing quality improvement approaches. In audit-2, it was discovered that little change in the processes is required for authentication and defining the scope of practice in various departments, as well as training on various protocols and processes. The upside to these findings is that the improvements can be made by providing training to the staff on the SOPs of the respective department and emphasis to be made on the proper maintenance of clinical documents or records.

Conclusion

Internal auditing is undoubtedly one of the most dynamic and significant aspects of a hospital's performance evaluation. Internal audit has grown more important in the healthcare industry to assure the delivery of high-quality clinical treatment to patients. Concerns concerning compliance were raised by the internal audit. Risks, technology, and resources in the hospital The internal audit gave crucial information on risk exposure and several flaws in the hospital's core departments. Findings during the audit will help to implement risk treatments so, that hospital departments can perform well during NABH Audit. This study provides encouraging evidence that internal audit has potential to provide useful information that can be helpful to identify improvements required in specific clinical areas. It ensures that healthcare professionals are involved in a peer-to-peer evaluation process. This method involves healthcare professionals early in the quality improvement cycle of plan-do-check-act (PDCA).

Internal audit can be regarded as a useful instrument for the governance of patient safety, as it aids in the detection of problems connected to patient safety, according to this study. It provides systematic, standardized, formal, and frequent overviews of quality-related problems and their underlying causes in all hospital departments, allowing management to prioritize improvement measures and feel in control. Internal auditing has a number of advantages, including promoting best practices, giving opportunity for education and training, increasing efficiency, and making better use of resources.

Recommendation

- Some deficiencies were discovered during the audit, but these may be filled with minimal effort from the hospital's management and staff. Many of these gaps can be filled by management's willingness to provide frequent training for employees and to properly implement new improvements.
- To achieve absolute level of performances the ideal approach can be to seek feedbacks from front-line staff on policy revision and implementation as, they are one who practically face the actual difficulties on-the-ground.
- When audit feedback is used successfully, it improves professional practice and encourages physicians to continue to develop.
- The process need to be clarified and strengthened at the upper- level first and then should be hand over to the staff for the effective implementation. This will help to reduce the difference between achievable and absolute levels of performance.
- Internal auditing is the examination and evaluation of an organization's system's efficacy and adequacy, as well as the quality of performance in carrying out given obligations.
- The comparison of clinical practice with industry standards will lead to the development of new methods, which will increase the quality of everyday care.

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