Dissertation Report

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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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STUDY ON PREPAREDNESS OF NABH ACCREDITATION PROCESS IN TERTIARY CARE HOSPITAL

A Descriptive Study of ISIC Hospital, New Delhi

Introduction

Accreditation is a versatile tool to ensure high quality of care and patient safety in healthcare. Indian healthcare system is currently operating within environment of rapid changes in technical, social, and economic area, in which hospital is an integral part. For this accreditation would be most important approach to ensure improvement in the quality of hospitals. National Accreditation Board for hospitals and healthcare providers (NABH) is a national body responsible for providing accreditation to the hospital. It provides an opportunity for the hospital to benchmark its services as per the globally accepted norms.

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 its performance. It measures clinical outcomes and process against well-defined standards laid down in NABH guidelines. This comparison between actual clinical practice and standards can lead to formulation of new strategies or improvisation of existing strategies in order to improve the quality of care provided by the hospital.

Objectives

To conduct self-assessment against NABH accreditation standards among critical departments of ISIC Hospital, New Delhi using audit as a tool of assessment.

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.

To study the functioning of critical departments to ascertain that the SOP are followed in accurate manner.

Methodology

- **Research question-**

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

- **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, Vasant Kunj, New Delhi. The study is carried out for critical departments of the hospital. Departments-

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

Data Collection Tool-

Self- assessment toolkit of 5th edition of NABH Checklists.

Data collection techniques- Following are data collection technique-

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.

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.

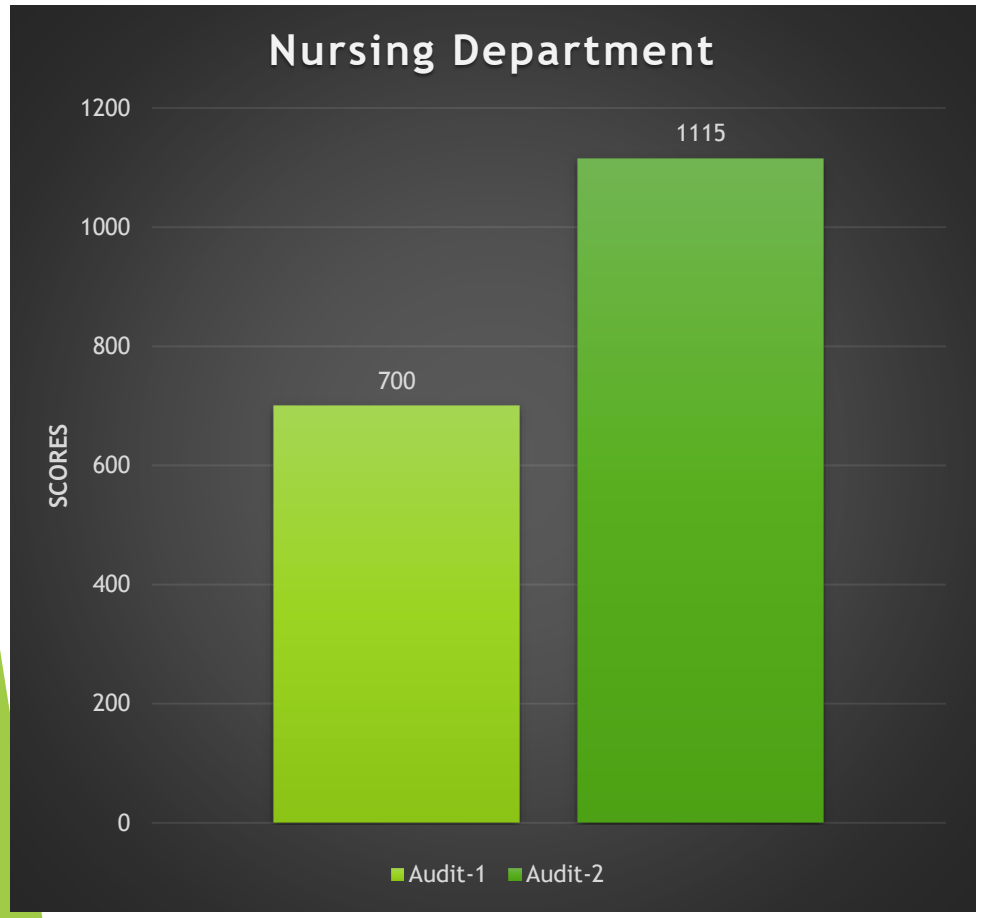
Result

- 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 result of critical departments after both the audits

Nursing department



- **Audit-1**

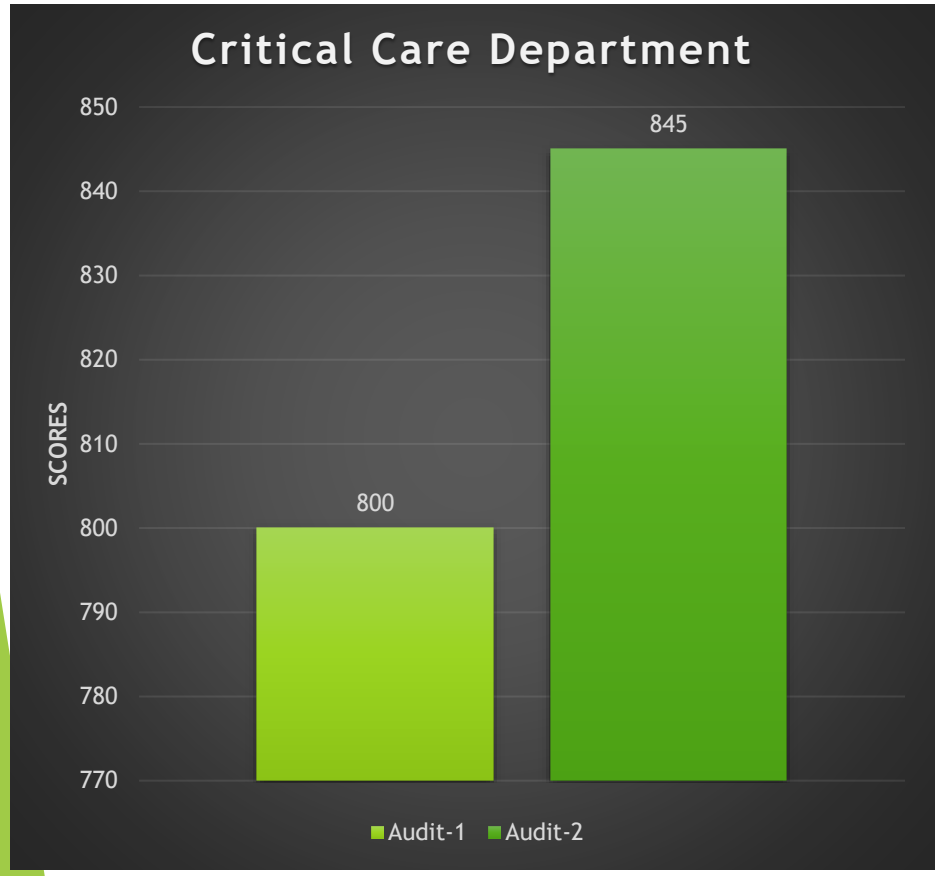
- Nursing staff need to be trained in ACLS.
- Initial nursing assessment is not signed as in COP.6. g.
- During interview of staff, they could not be able to explain various elements of objective of nursing department.
- Storage verified by the nursing supervisor is not found adequate.
- Staff has less 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.

Critical Care Department



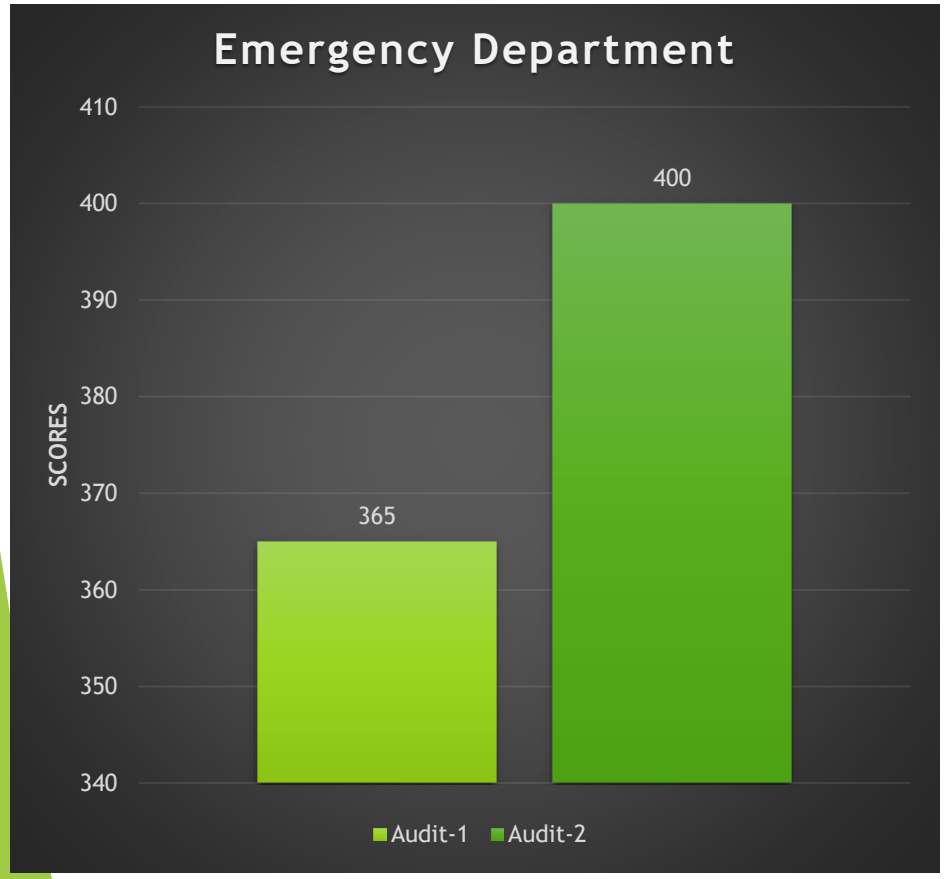
- **Audit-1**

- 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 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.

Emergency Department



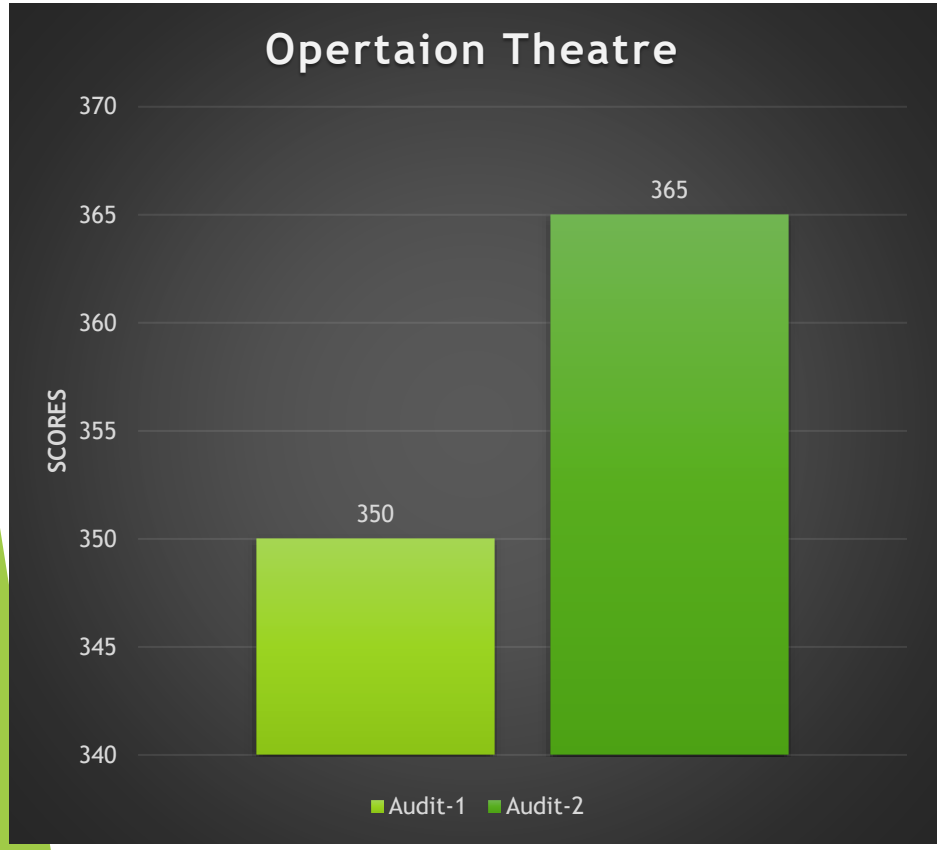
- **Audit-1**

- 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.

Operation Theatre



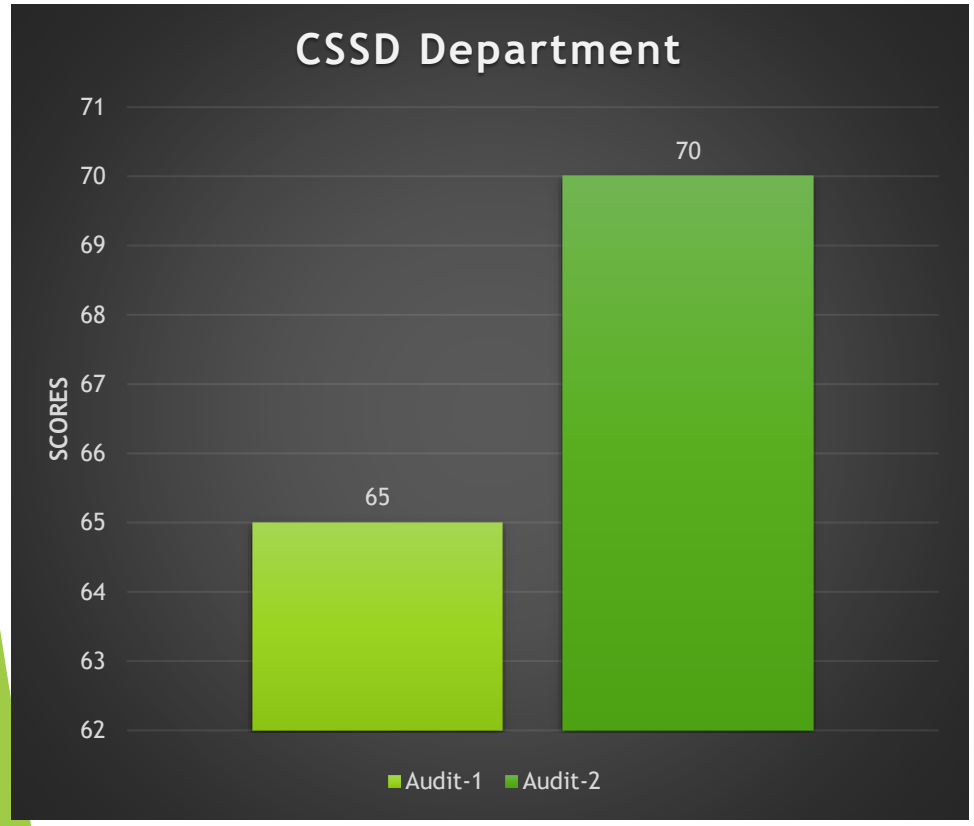
- **Audit-1**

- Pre induction assessment must be introduced.
- Chemotherapy and radioactive agents are prepared properly and safely and administration by qualified personnel- evidence regarding this not found.
- In Narcotic medicine register date and signature missing.

- **Audit-2**

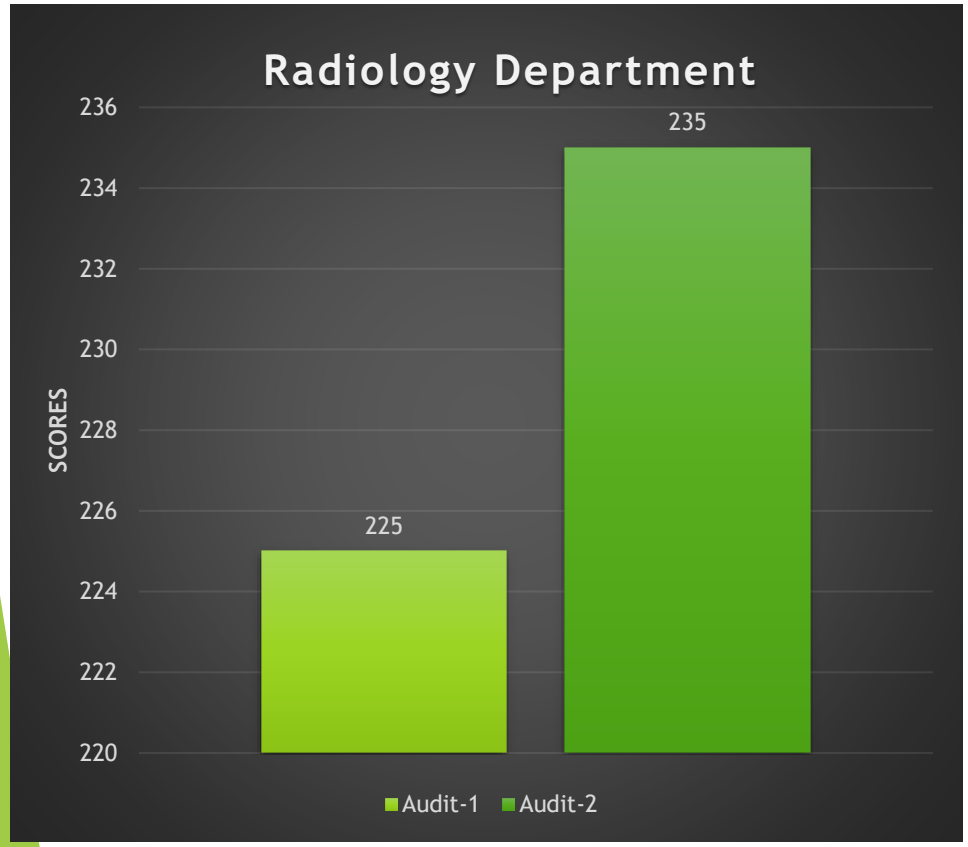
- Narcotic register need to be maintained properly.
- Discussed NABH FAQ's, equipment maintenance, overall training of staff on infection control, safety, disaster management, sexual harassment prevention, patient rights, informed consent etc. get satisfactory response.

CSSD Department



- 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.

Radiology Department



- **Audit-1**

- Some reports are pending in radiology department.
- There is a mechanism to address the recall/amendment of reports whenever applicable- Evidence not properly maintained.
- 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 found that **p-value = 0.241**, which is greater 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 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.

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 several advantages, including promoting best practices, giving opportunity for education and training, increasing efficiency, and making better use of resources.

Recommendation

- Gaps were observed during the audit, but these gaps can be removed by little effort of management and employees. Willingness of management in terms of implementation and regular training for staff can resolve many of these gaps.
- To achieve absolute level of performances the ideal approach can be to seek suggestions from front-line staff on policy revision since they are one who practically face the actual difficulties in on-the-ground implementation.
- If audit feedback used effectively, it will improve professional practice, and stimulate clinicians to keep going in continuous improvement.
- The process need to be clarified and strengthened at the top- level first and then should be handed over to the staff for the effective implementation. This will help to reduce the difference between achievable and absolute levels of performance.
- Internal auditing encompasses the examination and evaluation of the effectiveness and adequacy of the organization’s system and the quality of performance in carrying out assigned responsibilities.
- The comparison between clinical practice and standards will lead to the formulation of the strategies, in order to improve daily care quality.

THANK YOU