Assessment & Gap Analysis of a Super Speciality Hospital based on the Patient Centric NABH Standards

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Introduction

- Accreditation is a frame work which helps the hospitals to achieve standard delivery of care and improve patient experience in the hospital.
- It is defined as, "*A public recognition of the achievement of accreditation standards by a healthcare organization, demonstrated through an independent external peer assessment of that organization's level of performance in relation to the standards".*
- The consumers nowadays have become increasingly aware & quality oriented leading to hospitals scaling up the quality of services offered by them.

Introduction

- The NABH accreditation is a benchmark of healthcare quality accreditation in India and helps to establish and operate accreditation program for healthcare organizations.
- Many hospitals are wiling to get an accreditation as a visible leap of standardization as well as to gain patient trust.
- Shri Mata Vaishno Devi Narayana Super Speciality Hospital (SMVDNSH) is an emerging hospital in the state & getting the NABH accreditation will help it to establish its credibility and reliability and position itself firmly in the healthcare sector.

Introduction

- The NABH 4th edition manual has-
- Total Chapters = 10
- Patient centered chapters = 5
- Organization Management Chapters = 5
- Standards Total = 105
- Measurable Elements = 683

Patient centric NABH chapters

1. Access, Assessment and Continuity of Care (AAC)
2. Care of Patient (COP)
3. Management of Medication (MOM)
4. Patient Rights and Education (PRE)
5. Hospital Infection Control (HIC)

Objective

- To identify the gaps as per the patient centric chapters of NABH 4th Edition standards using the NABH Self-Assessment Toolkit.
- To assess the existing healthcare delivery system of a Super specialty hospital.

Methodology

- **Study Location:** Shri Mata Vaishno Devi Narayana Super Specialty Hospital, Kakriyal.
- **Study Design:** Descriptive study.
- **Study Duration:** 3 months (6th February 2017- 5th May 2017)

Methodology

- **Study Instruments:**

a. Primary data:

i. Quantitative data obtained by scoring the NABH 4th Edition Self-assessment toolkit for the patient centric chapters.

ii. Unstructured interviews and discussion with the key resource persons in various departments (doctors, nursing, housekeeping, laundry & linen, security, paramedical staff etc.) of the hospital.

iii. Purposive sampling was done while interviewing the staff of the hospital.

iv. Direct observation of the participants, facility and infrastructure.

Methodology

b. Secondary data:

Qualitative data was obtained from:

i. Policies, SOPs & Manuals of the hospital.

ii. Review of records and registers of the various departments of the hospital.

- **Ethical Considerations:**

i. Privacy

ii. Informed consent

iii. Confidentiality

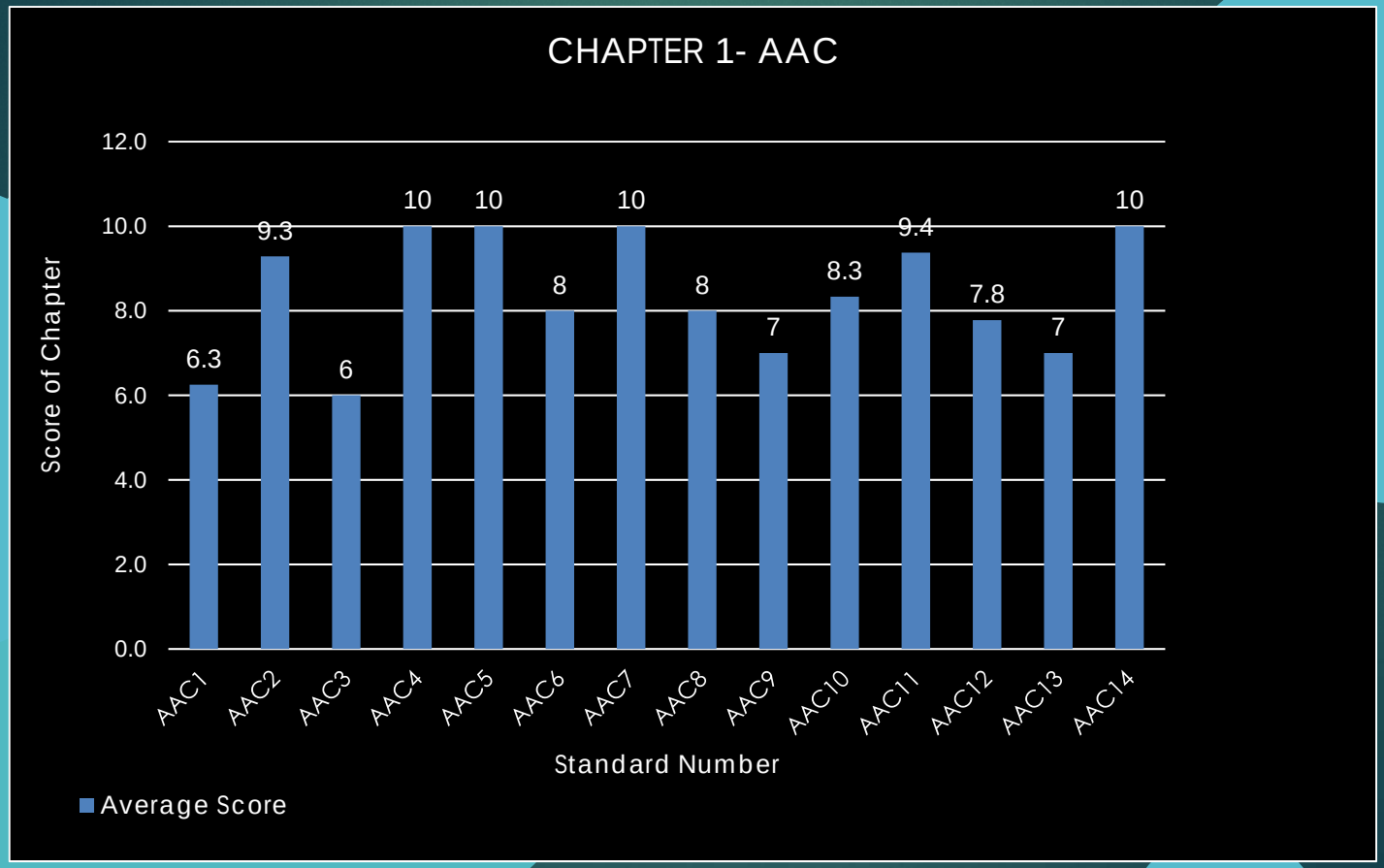
RESULT

- Scoring for the NABH self assessment toolkit was done based on the following criteria:
  I. Compliance to the requirement: 10
  II. Partial compliance to the requirement: 5
  III. Non-compliance to the requirement: 0
  IV. Not Applicable: NA

Criteria of Evaluation for NABH Accreditation:

- No individual standard should have more than one zero to qualify.
- The average score for individual standard must not be less than 5.
- The average score for individual chapter must not be less than 7.
- The overall average score for all standards must exceed 7.

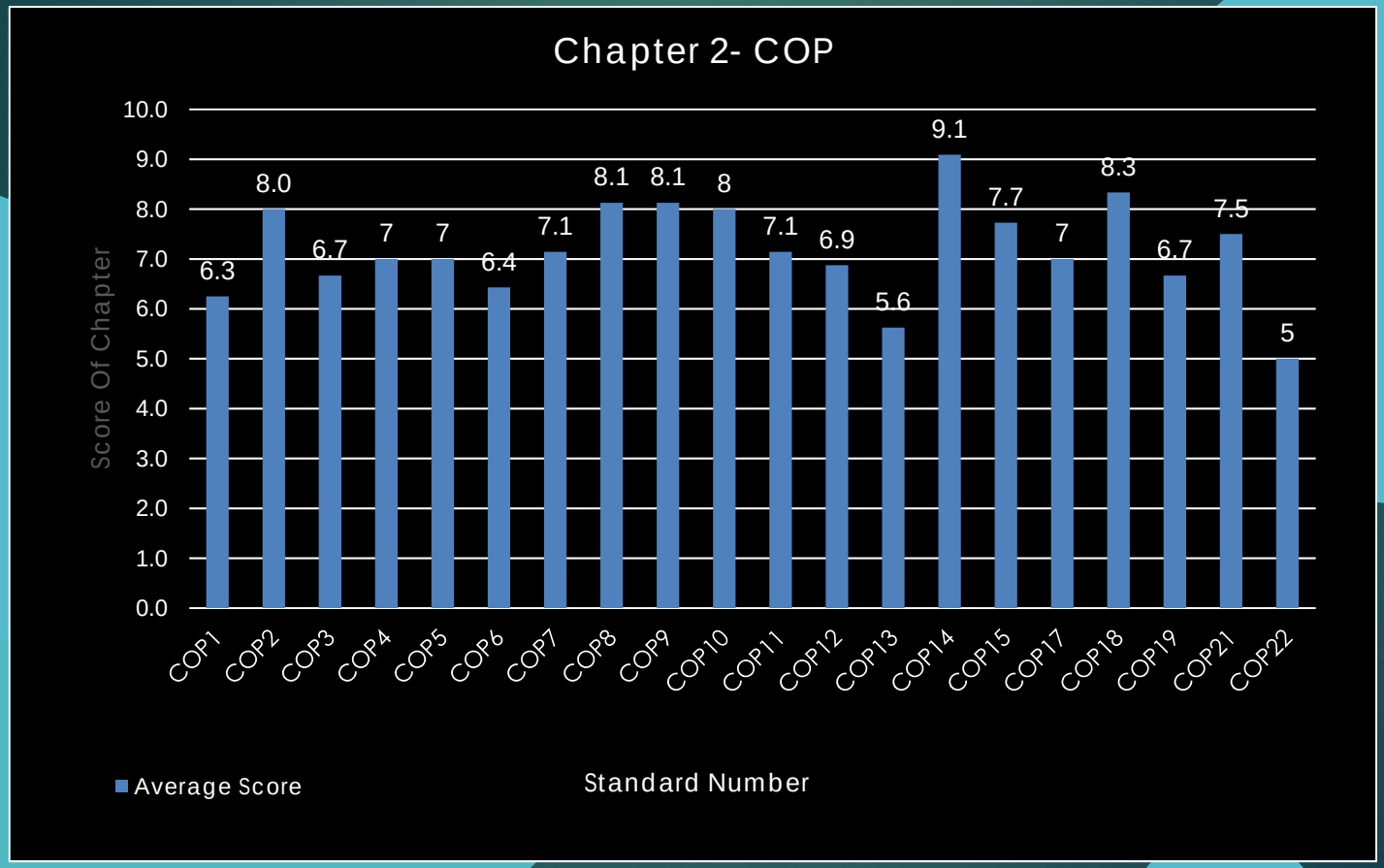
Access, Assessment and Continuity of Care



Access, Assessment and Continuity of Care

- Least score: AAC3
- Gaps in the documentation of the transfer summary for patients being transferred out from the hospital, knowledge and awareness of the staff regarding the policy to be followed when a patient is being transferred.
- Lack of clarity of the staff regarding what to do in case of shortage of beds, whom to inform, where to direct the patient etc.

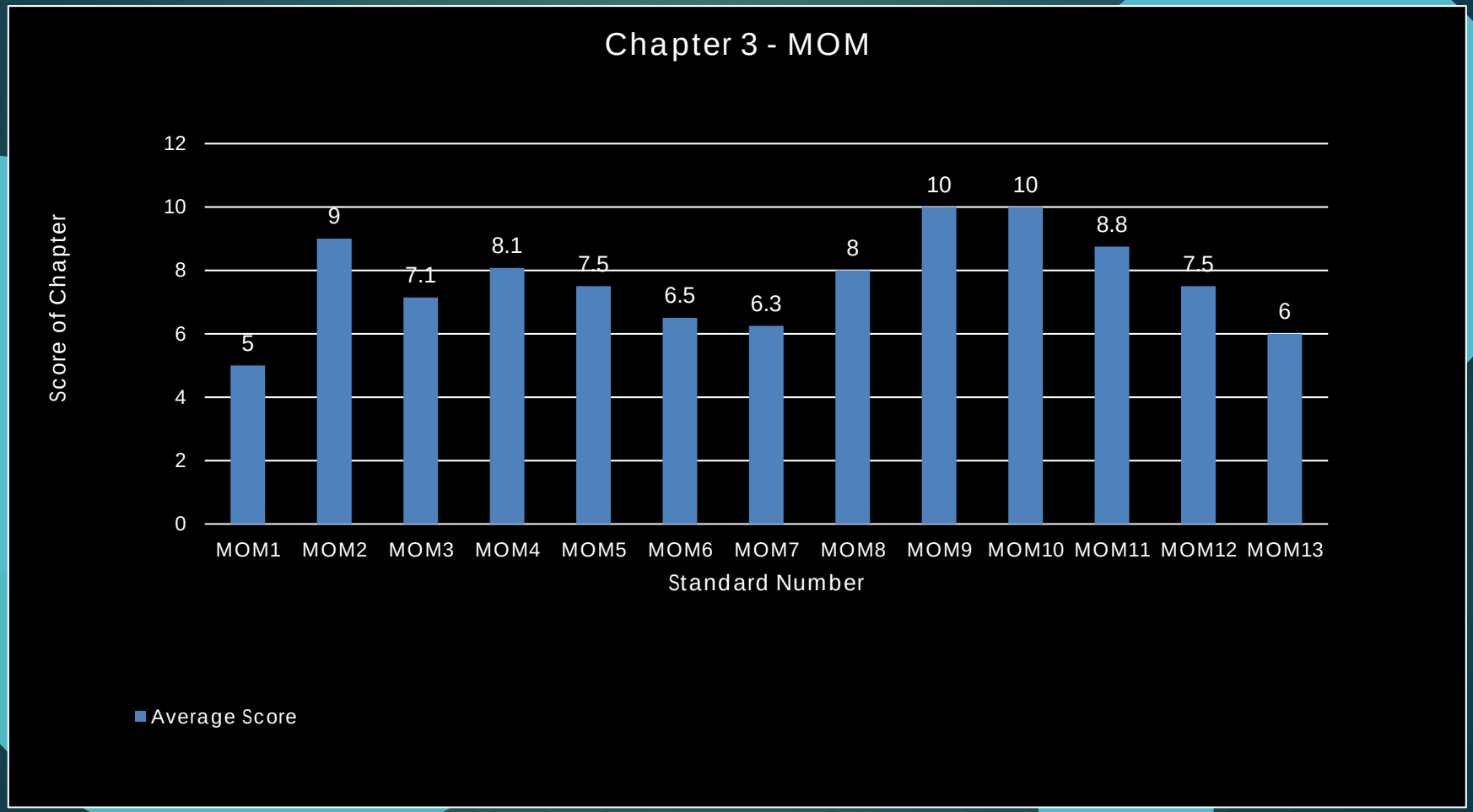
Care of Patients



Care of Patients

- Least score: COP22
- There is absence of any provision in the policy guiding the end of life care.
- Lack of equipment and manpower to manage patients who have gone into deeper level of sedation.
- Staff has to be trained for end of life care, vulnerable policy, restraint policy especially in the critical areas.

Management of Medications

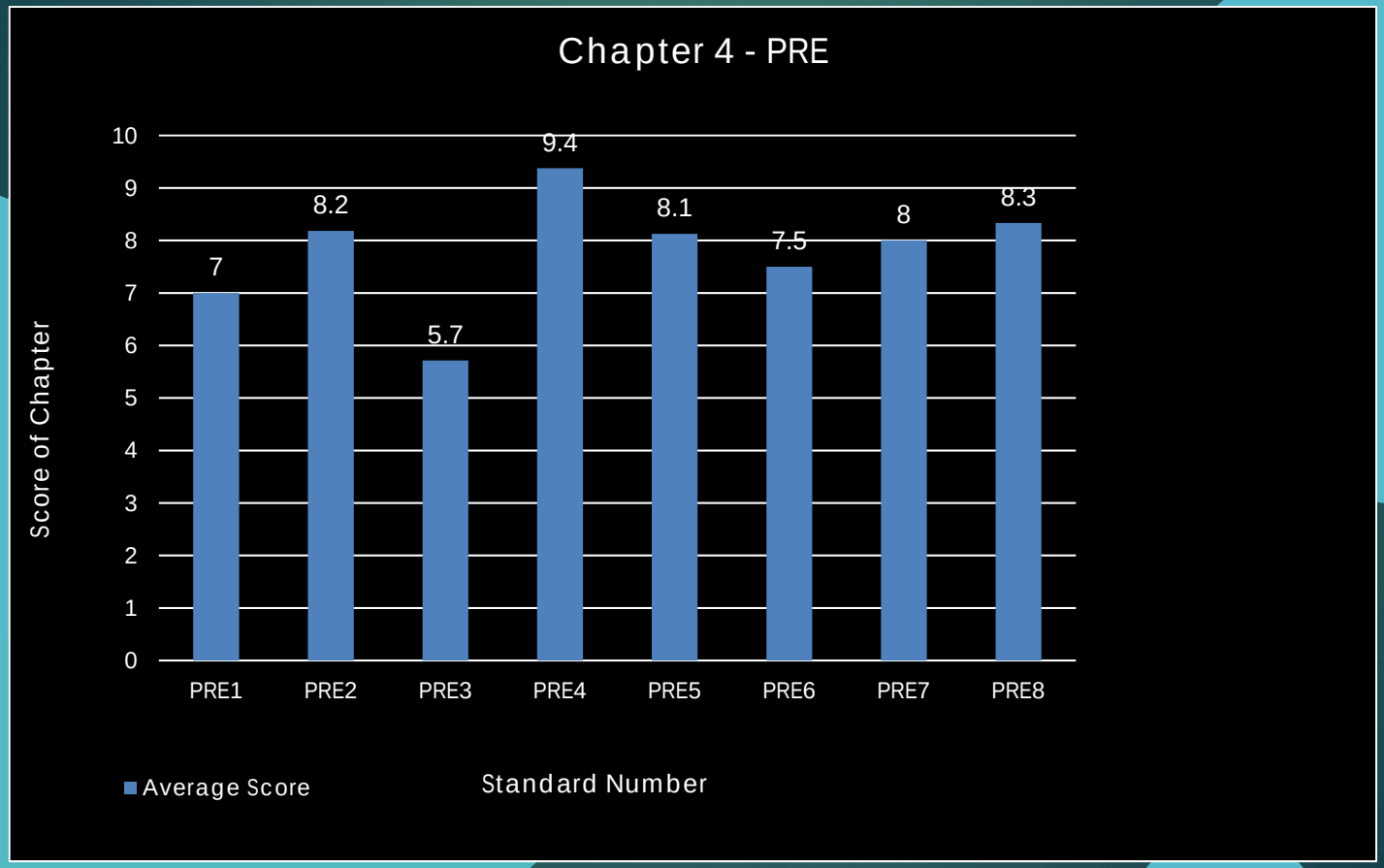


Management of Medications

- Least Score: MOM1
- The policy for medication management does not clearly mention the following points:

1. Vendor selection & evaluation
2. Reorder level
3. Indenting process
4. Generation of purchase order
5. Receipt of goods
6. Managing stock outs due to various reasons.

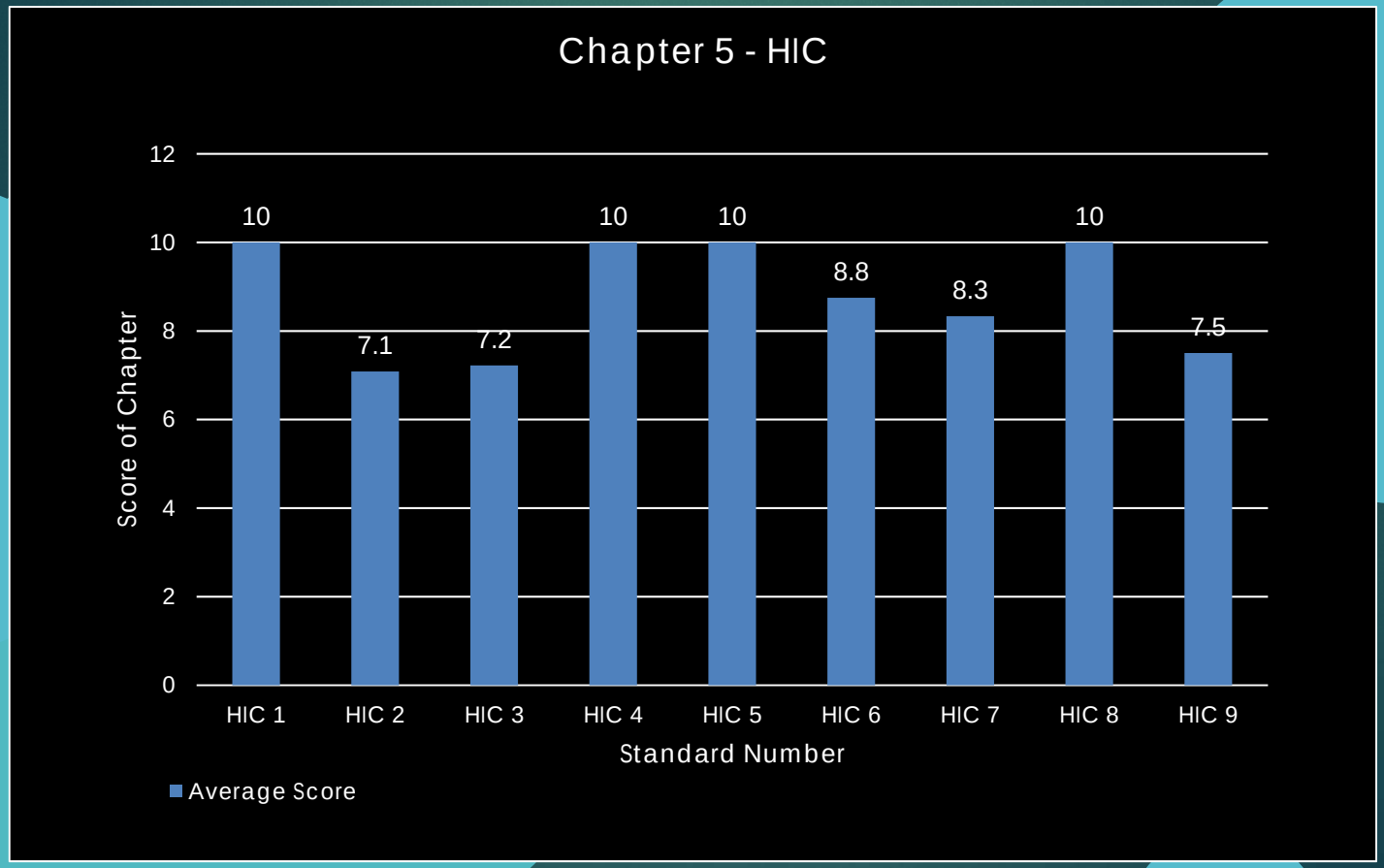
Patient Rights and Education



Patient Rights and Education

- Least Score: PRE 3
- Educating the patient and/or family members to make informed decisions and involving them in the care planning and delivery process. There are gaps in documentation and implementation of the same.
- The patients and attendants were not being regularly informed about the diagnostic test results, any possible complications, course of treatment, prognosis etc. by the clinical staff.
- Patient rights & responsibilities were not displayed in the ICU.

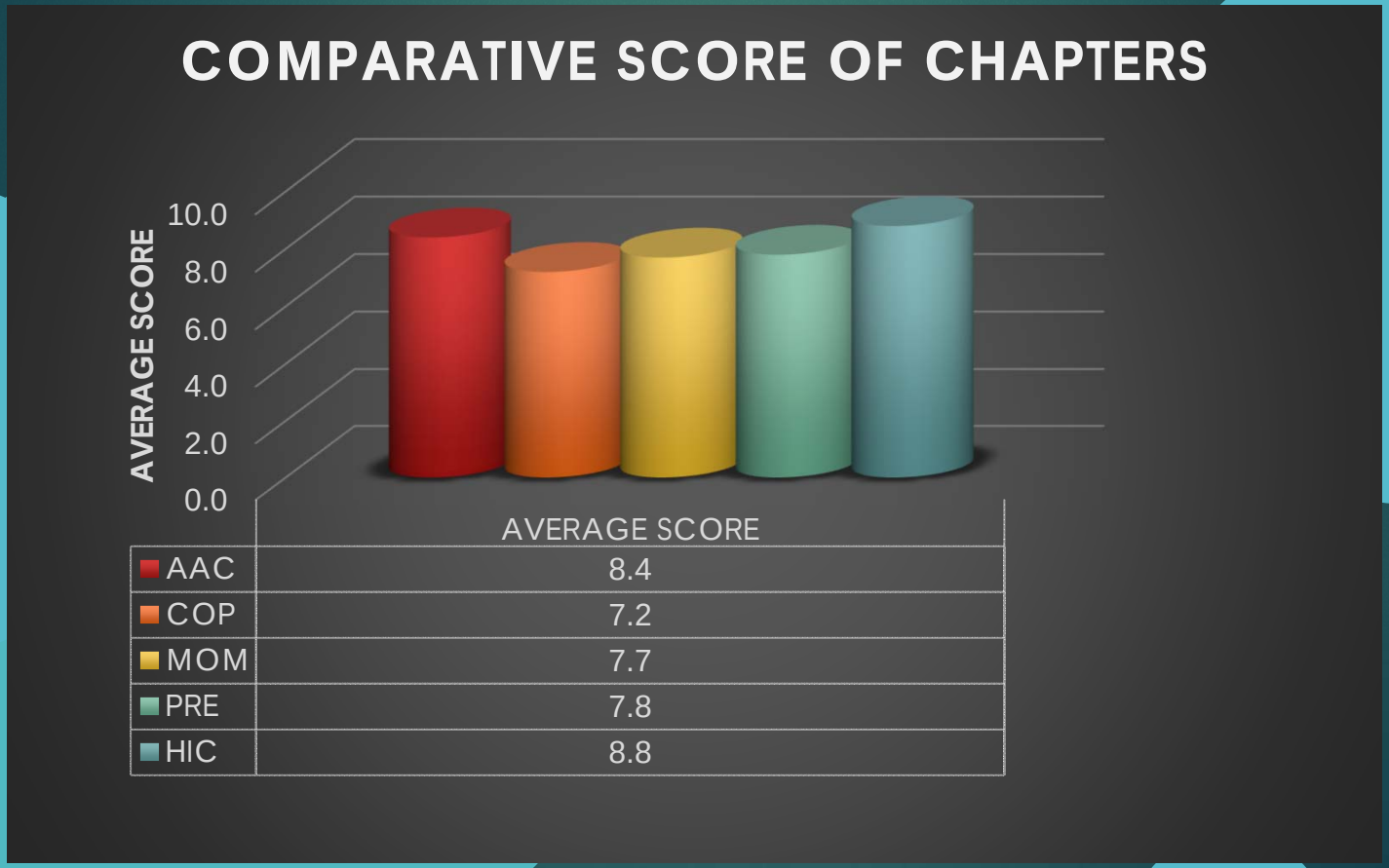
Hospital Infection Control



Hospital Infection Control

- Least Score: HIC 2
- Lack in strictly adherence to the hand hygiene practices, kitchen sanitation and food handling practices and management of the laundry and linen.
- Dirty linen was being carried to the laundry in open trolleys.
- Antibiotic policy: yet to be framed.
- Outbreak management training not given by the infection control nurse.

Average scores of the patient centric chapters



Recommendations

Findings

- Staff training for emergency codes, BMW management, Hand hygiene protocol, NSI, Spill, Vulnerable patient policy,
- Emergency: Triage board and Scope of services not displayed in emergency

Action Taken

- Still pending.
- Signage placed for both.

Recommendations

Findings

- Staff was unaware of the fire exits near their department for emergency evacuation.
- The electric panels in the hospital were not labelled.
- Mission, Vision & Quality not displayed anywhere in the hospital.
- Laboratory: List of outsourced tests, labelling for all machines was absent.

Action taken

- Department wise fire training has been started by the fire safety officer.
- Labelling completed throughout the hospital for the electric panels.
- Designing done but still not made available.
- Completed.

Recommendations

Findings	Action Taken
State Retention Guidelines needs to be followed for the retention of OP/IP MRD Documents.	Hospital still in talks with the state authority for the same.
Tariff card should be made available at the admission and counselling counter.	Still not available.
No Prayer area/room in the hospital premises.	Still not there.

Conclusion

- Quality being a continuous process involves:
- Streamlining the processes.
- Improving the efficiency.
- Eliminating the wastes.
- The assessment score for the hospital is above average which is encouraging for the staff and management alike. The hospital is in the process of bringing in standardisation in its operations thus improving the quality of patient care to realise its goal of achieving accreditation.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