Gap Analysis of a Multi-speciality Hospital Using NABH TOOLKIT

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Introduction

National Accreditation Board for Hospitals & Healthcare Providers is a constituent board of Quality Council of India

Established in year 2006

Designed an exhaustive healthcare standard for hospitals and healthcare providers

Standard consists of stringent 10 chapters, 102 standards and 600 plus objective elements for the hospital to achieve in order to get the NABH accreditation.

BENEFITS OF ACCREDITATION

- It has the highest benefits for the patients and stakeholders.
- Provides patients services that are safe and protected
- Gives patients their rights
- Provides Patient satisfaction
- Staff are satisfied as it provides continuous learning, leadership and good working environment.
- It improves the overall development and provides leadership for quality improvement

CHAPTERS OF NABH

Patient centred Standards	Organisation centred standards
Access, Assessment and Continuity of Care	Continual Quality Improvement (CQI)
Care of Patients (COP)	Responsibilities of Management (ROM)
Management of Medication (MOM)	Facility Management and Safety (FMS)
Patient Rights and Education (PRE)	Human Resource Management (HRM)
Hospital Infection Control (HIC)	Information Management System (IMS)

Need For The Study

- Hospitals form a vital part of the society and the responsibility of the care rendered by them to the society is heavy.
- With numerous small and large facilities coming up, the quality of services seems to be jeopardised.
- The solution is standardization of the services to provide similar care to all the patients as per their treatment needs and laid down guidelines.

RESEARCH METHODOLOGY

Research question

What are the gaps and compliance of the hospital to 4th edition NABH standards?

Study Design

The study is non-experimental evidence based in nature. The study is based on the observations made. It is divided broadly in 2 types

- Present status of the hospital
- Compliance with the NABH standards

Study location

Following various departments of Wockhardt Super speciality unit, Nagpur

OPD	Wards	Laboratory
Radiology And Imaging	Pharmacy	Intensive Care Units
Pharmacy	operation theatre	Ambulance services

Data collection tool

Checklist, NABH self-assessment toolkit

Data collection technique:

Primary data:

1. Direct observation
2. Discussion with the hospital staff
3. Discussion with the patients of the hospital

Secondary data:

1. Hospital Manuals, Policies
2. Records (e.g. - Register of these departments), HMIS

Study time

Study time was of 6 weeks which included preparing checklists, filling of checklist, compiling data, gap analysis and final report completion.

Study respondents

Nurse, customer care staff, duty doctors and staff of the departments

Scoring criteria

- The scores will be imparted as per NABH standards
- 0 for non-compliance
- 5 for partial compliance
- 10 for full compliance
- In the end, the scores of all the standards are summed up and divided by the total number of standards and after completion of each chapter, the scores of the chapter are divided by 10 to obtain a final score

FINDINGS

Out Patient Department

Structural	• Bilingual display of signage not present
Process	• Complete data is not captured in HIS • Separate registration is not done for camp patients • No system of follow up of patients
Outcome	Following indicators were not captured properly • Patient satisfaction • Waiting time of OPD patients • OPD utilization is not done

Ambulance Services

Structural	• There is no proper communication with the ambulance service as the ambulance service is outsourced. • Required medicines are not present in the ambulance. Maintenance of the medical gas(o2) to 90% of the total capacity is not done. • Calibration of equipment is not done. • Medication and equipment checklist is not maintained.
Process	• Staff is not well trained in BLS/ACLS
Outcome	• Monitoring of TAT for ambulance id not done

Emergency Services

Structural	• Oral airways of different sizes are not kept • Emergency signage is not visible from the road
Process	• Triaging of the patients is not done • Staff is not well trained in BLS/ACLS
Outcome	• Time for initial assessment of nurses and doctors are not monitored

Laboratory

Structural	No issues
Process	• No proper channel of sending the samples to lab after collection • Critical results are not being informed to the consultants properly • Calibration of the equipment not done
Outcome	Following needs to be monitored properly • Percentage of re-dos • Percentage of employees adhering to safety precautions

RADIOLOGY AND IMAGING DEPARTMENT

Structural	• No change room available for the patient • Critical results are not defined, reported and documented • No pace for keeping the reports that are waiting to be dispatched
Process	• equipment is not calibrated • radiology test requisition form is not written properly • time frame is defined but not followed for the dispatch of the reports • HIS is not available for the x-ray department • Turnaround time for the reports is not monitored • Crash carts not checked as per daily basis • Improper queue management
Outcome	no monitoring of the following indicators percentage of re-dos, percentage of reports correlating with the clinical diagnosis

Wards

Structural	• Crash carts are not maintained as per the standard checklist • Adequate number of nurses are not found • Air conditioners not working • Few curtains are broken • There is good evidence of seepage in the walls of the ward • Quantity of Materials stored in the wards do not match with materials in the system
Process	• Nurses are not trained • BMW are not segregated at the point of generation

Intensive Care Units

Structural	• Air conditioners not working
Process	• Patients under restrains are not monitored frequently • Oral medication orders are not written separately • Medication orders are not written in a uniform order, are not clear, legible, dated, and signed • Staff not aware about the hand hygiene policy • Information is not transferred properly during handovers, and handovers are not signed.
Outcome	Following rates are not monitored • ICU utilization

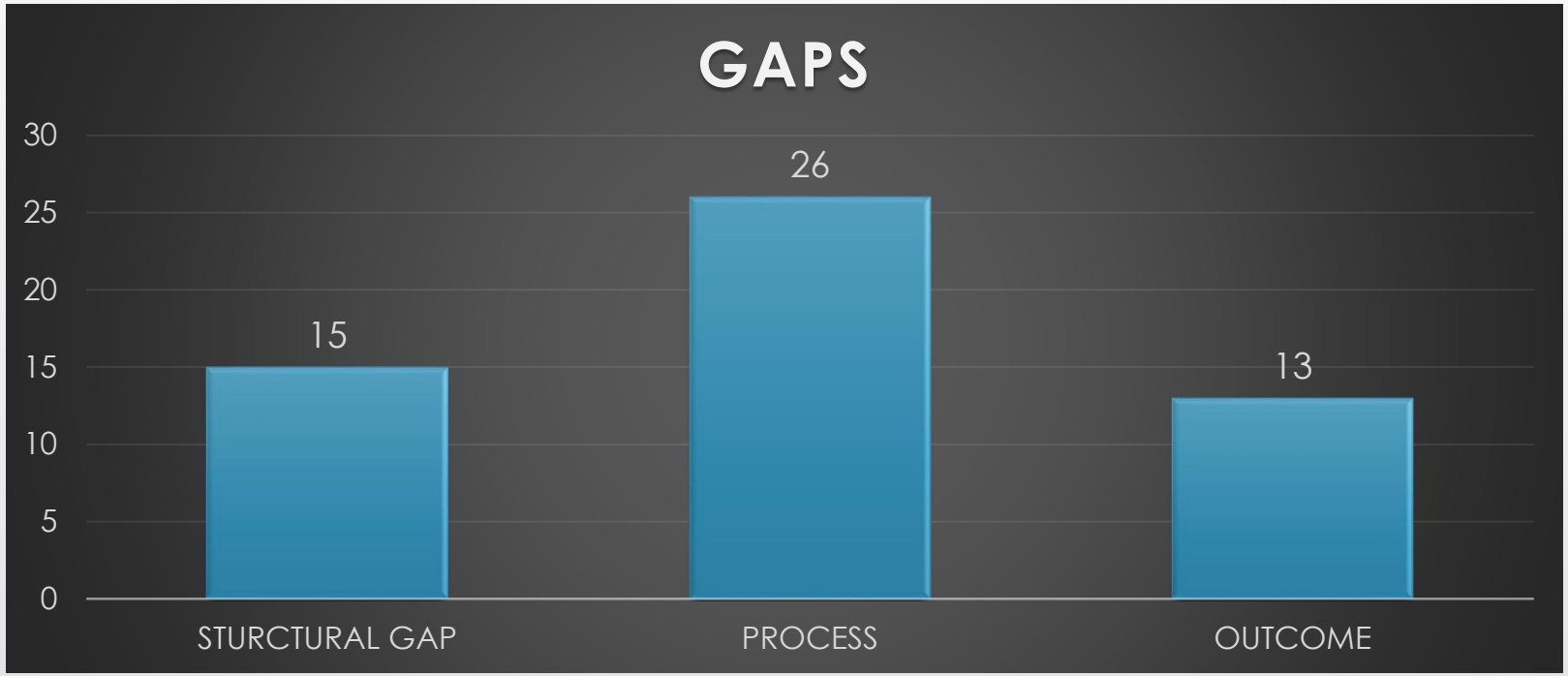
Operation Theatre

Structural	• Proper zoning concept is not followed • Only 3 out of 4 OTs have crash carts • AMC/calibration of equipment not evident
Process	• Surgeries not being followed as per OT booking • No sign in, time out done in OT
Outcome	Following rates are not monitored • Rescheduling of procedures not being monitored

Pharmacy

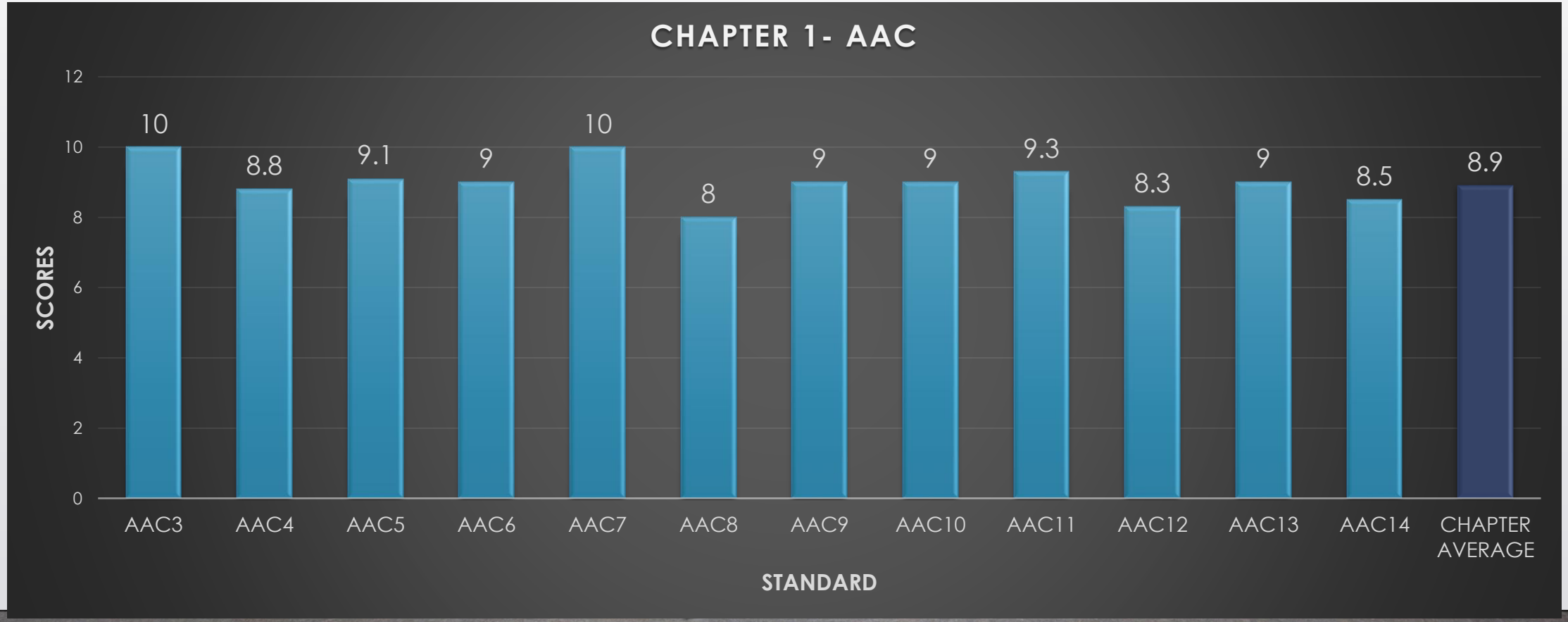
Structural	• No security available • No receiving area, segregation area, storing area • Refrigerator for storing medicines contains water bottles
Process	• Does not have licence for selling narcotics drugs • Pest/rodent control are regularly undertaken • Certificates for some staff is not valid
Outcome	Following rates are not monitored • Re order level • Percentage of local purchase • Percentage of drug return

Gaps Observed



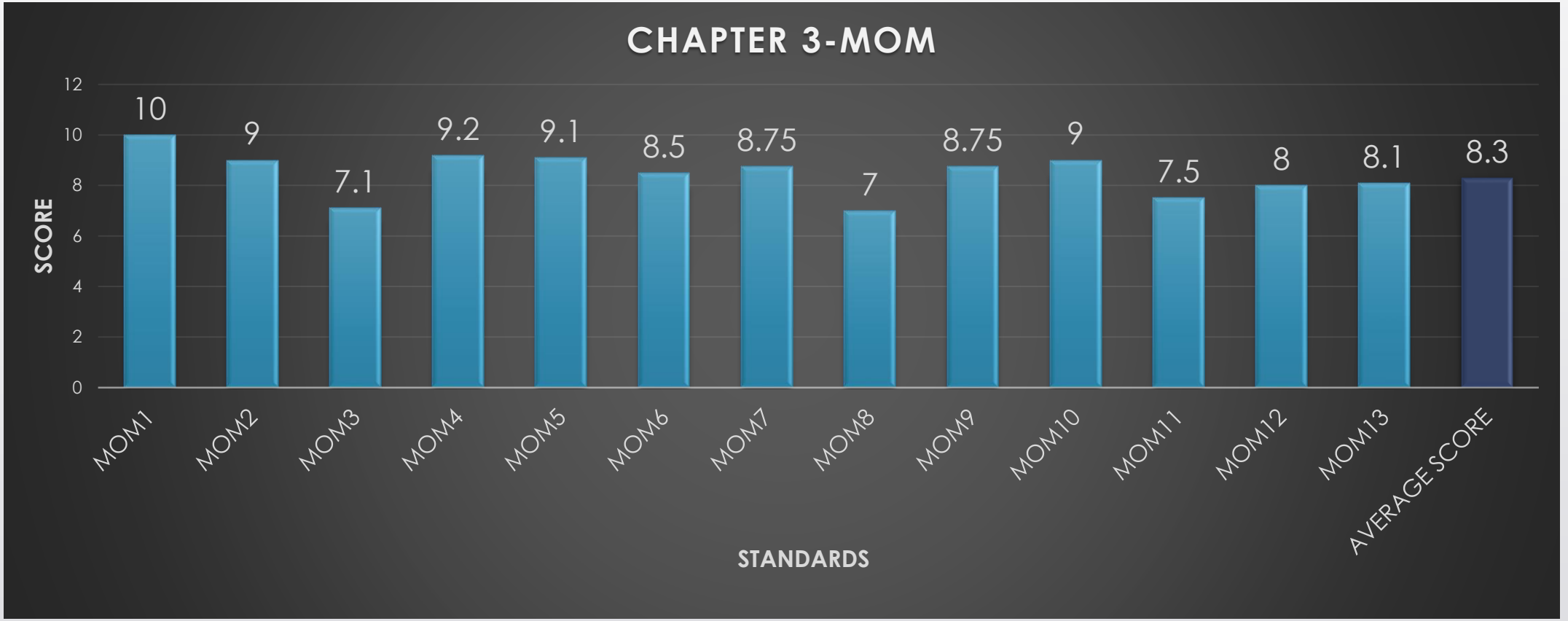
Total gaps observed- 54
Structural gaps – 27.7%
Process gaps- 48.1%
Outcome gaps – 24.2%

Access, Assessment and Continuity of Care (AAC)



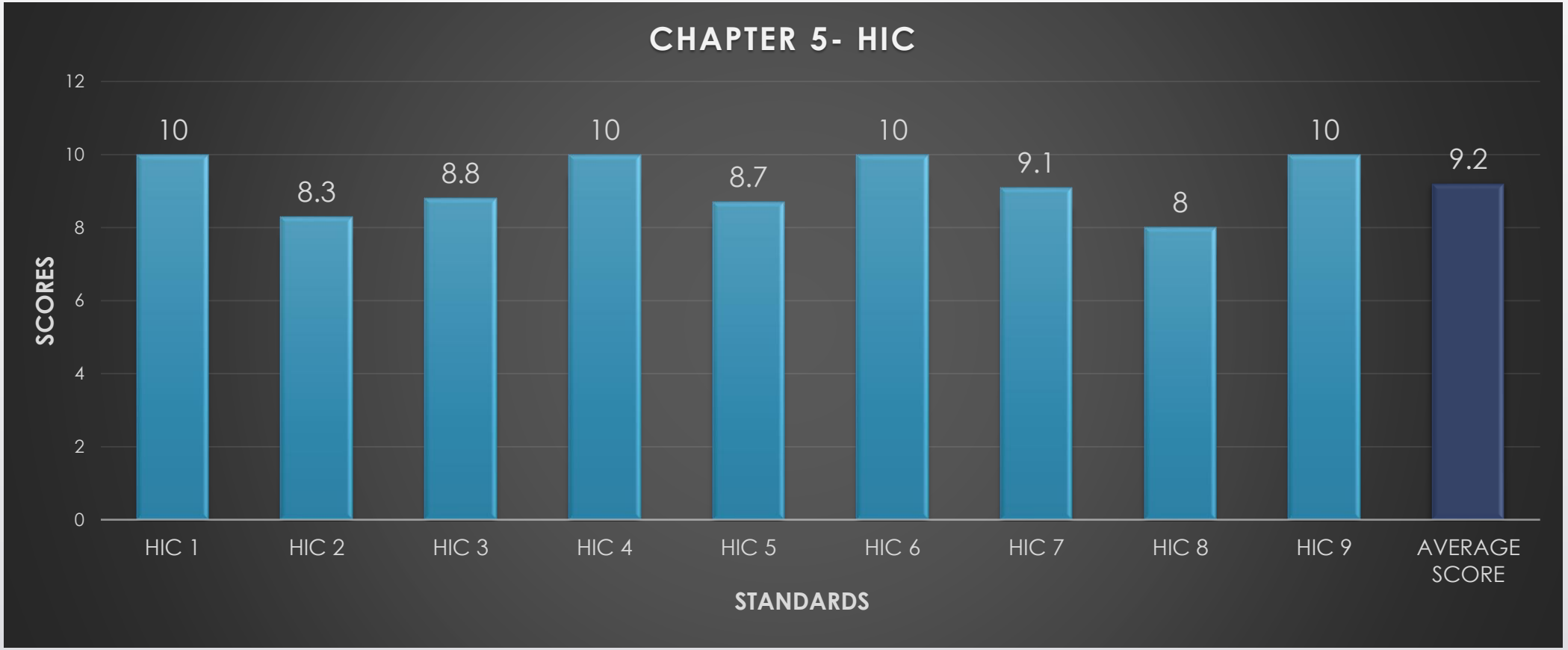
Care of Patients (COP)

Management of Medication (MOM)



Patient Rights and Education (PRE)

Hospital Infection Control (HIC)



Score for section 1

Compliance check

compliance	**552**
Partial compliance	313
Non-compliance	0

NABH ACCREDITED LEVEL, I FIND

- All regulatory legal requirements are fully met
- No individual standard has a zero score
- No individual standard has an average score below 5
- No individual chapter has an average score below 7
- The overall average score is more than 7

With the above analysis, the hospital is fulfilling the criteria for NABH ACCREDITED LEVEL.

RECOMMENDATIONS

Signage:

Signage should be bilingual. The signage for consultant should be present at each level and should be bi
symbolic/pictorial.

Licences

Licenses and acts should be made available with the responsible authority at the hospital.

OPD

- There should be tracking mechanism for patient follow up. There should be a system generated message and a phone call that will be automatically sent to the patient a day before the follow up date.
- Staff should be trained to capture complete data in minimum time frame.
- Separate registration should be done for camp patients

Ambulance services

- The emergency staff including doctors and nurses and driver should be BLS trained
- Checklist of the drugs should be maintained on regular basis and for this a staff should be assigned.

Emergency department

- Signage should be made that would be visible from the road
- Oral airways of different sizes should be kept in the department.

Laboratory

- A proper channel of sending the samples to lab after collection should be assigned. This responsibility should b given to a single housekeeping person who will do the work of collecting the samples from phlebotomy and bringing the samples to the laboratory.
- There should be a system of informing the assigned consultant as soon as the critical result is feeded in the system. It should be a system generated call and message regarding critical result
- Calibration of the equipment should be done on regular basis. At present, there is no data in the HIS stating how many equipment are calibrated and how many are due for the maintenance. This should be updated as soon as possible.

Radiology and imaging department

- A register should be maintained for crash carts
- Intimation of the critical results should be documented in a register with details of date, time person intimated to and by.
- The radiology staff should be trained on necessary safety precautions required in the lab
- Requisition should be made in HIS prior to sending in patients in the imaging department
- A person should be assigned for monitoring the turnaround time of dispatching the reports on a regular basis.
- Staff should be trained about managing the queue.

Wards

- Management should hire more nurses and housekeeping staff for the wards. At present the ration of housekeeping is 1:10 patients. At times, it gets difficult to handle the patients when they require housekeeping at the same time.
- Crash carts should be regularly checked and refilled
- Stock of the materials should be checked and refilled.
- Civil works should be carried out immediately to replace/repair the broken curtains
- Damp repairs or treatment of the seepage in the walls should be done immediately.
- Medications should be verified prior administering.

Intensive Care Units

- Patients under restrains should be monitored frequently
- Oral medication orders should be written with red ink to demarcate it form the rest of the medication orders.
- Medication orders should be written in a uniform order, clear, legible, dated, and signed
- Staff should be aware about the hand hygiene policy and should be asked regularly
- Handovers should be taken bed side and should be signed immediately.

Pharmacy

- In pharmacy, it is advisable to have a double locking system with security cameras.
- Refrigerators are not meant for keeping water bottles in pharmacy, hence this is should be checked from time to time.

Other recommendations:

- Documented policies and procedures are needed to be developed and followed.
- Parking facility is required to be organised
- The knowledge and practise about BMW management is required to be strengthened and needs proper training and monitoring of the staff
- The sewage treatment plan should be well maintained
- The batch number, serial number of the prosthesis used should be written on the discharge summary as well as medical record.
- Hospital should get the licence for selling of narcotic drugs and psychotropic substances

CONCLUSION

The analysis shows that there are gaps in the hospital as per NABH standards, but can be solved by giving proper responsibility to the staff.

Lowest score is for management of medication i.e. 8.3.

As the hospital is waiting for the review audit in the month of May, it should implement the following the recommendations before the review audit of NABH.

All regulatory legal requirements are fully met.

No individual standard has a zero score.

No individual standard has an average score below 5.

No individual chapter has an average score below 7. The overall average score is more than 7.

With the above analysis, the hospital is fulfilling the criteria for NABH ACCREDITED LEVEL.


Thank
you