Study on Gap Analysis of Dr. Virendra Laser & Phaco Surgery Center Eye Hospital, Jaipur in Compliance with Nabh-Shco Standards

By

Krishan Kumar Yadav

Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management

Academic year, 2016-2018

The IIHMR University, Jaipur

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOM SO EVER MAY CONCERN

This is to certify that **KRISHAN KUMAR YADAV** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **DR. VIRENDRA LASER & PHACO SURGERY CENTER - EYE HOSPITAL, JAIPUR** from **1-feb-2018 to 4-may-2018.**

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Dr Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Piyusha 22/5/18

Dr. Piyusha Majumdar
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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. Krishan Kumar Yadav** student of **IIHMR, Jaipur** has completed his internship & dissertation at **"Dr. Virendra Laser, Phaco Surgery Centre, Jaipur"**from **1st February 2018 to 4th May 2018**.

During this period, he has successfully completed his projects on

"A study on Gap analysis of hospital in compliance with NABH- SHCO Standards".

Along with this, He was engaged in:

- Designing and implementing various forms of hospital as per NABH norms
- Training of Hospital employees for NABH pre assessment.

He comes across as a committed, sincere, diligent & workaholic person who has a strong drive and zeal for learning.

We wish him all the best for future endeavours.

For **Dr.Virendra Laser Phaco Surgery Centre- Eye Hospital, Jaipur**

: Dr. Virendra Laser & Phaco Surgery Centre Pvt. Ltd.

Director

Dr.Virendra Agrawal

Managing Director

IIHMR UNIVERSITY

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled " A study on Gap analysis of hospital in compliance with NABH-SCHO Standards " and submitted by Mr. Krishan Kumar Yadav, enrollment No IIHMR-U/01/2016-18/0435 under the supervision of Dr. Piyusha Majumdar for award of MBA in Hospital and Health Management the University carried out during the period from 1st Feb,2018 to 4th May2018.Embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

ABSTRACT

OBJECTIVES:

1. To assess the hospitals existing set up and procedures as per NABH standards
2. To understand major non-Compliance
3.

METHODOLOGY:

STUDY DESIGN: Descriptive and Observational Study

SOURCE OF DATA: This study was based on checklist prepared based on the applicable guidelines of NABH for small health organization. The primary data was collected by conducting interviews with the staff and the patient. It was also include direct observation.

Secondary data was collected from records and certificates of the hospital

SAMPLE SELECTION: inclusion criteria was20 papers/articles/research thesis/research documents to review. Inclusion criteria was also include last 15years studies addressing the effect of hospital accreditation and certification. Outcomes includes both clinical outcomes and process measures. Exclusion criteria includes literature which is older than 15 years and not relevant due to vintage, technological changes or relevance.

DATA COLLECTION PROCEDURE: Primary data through checklist for various elements involved in input, process and output procedures for all departments such as human resource planning, bio-medical waste management checklist for record review, datasheet for data review etc. and secondary data through hospital records.

RESULT:

1. Facility management has many objective elements which non-complaint are but the average is quite better due to few of the standards like providing safe and secure environment which are partially complaint.
2. Care of patients has some objective elements which are non-complaint but the average is quite better due to few of the standards like as the organization provides patient safety but there are few infection control practices which are to be put in place.
3. Patients right and education is emphasized a great deal due to special category of staff i.e. the counselors who are specially meant to make the patient aware of their rights and educate them to take an informed decision.

4. Hospital infection control is also one area where greater emphasis has to be laid as there is no documented infection control program and team which exclusively works upon infection control.
5. The information management system provides and authenticated, secure, accurate inputs to the right personnel at right time and place, but needs to work on the manual records which are hand written

6. The chapter management of medication which basically deals with the pharmacy and medical gas has some non-complaint objective elements as there is no standard operating protocol and a centralized medical gas supply with safety precautions.
7. Continuous quality improvement chapter needs to be worked upon to the greatest extent as the quality program is yet to be documented, and data collection and analysis with regard to the structure process and outcome is still on the cards.
8. Human resource management though acquires, provides, retains and maintains competent staff needs to emphasize more on training and development of staff and needs to perform credentialing and privileging before authorizing personnel with a job responsibility
9. The hospital fares best with regard to the responsibilities of management chapter as the leaders encourage the governance and management of the organizational in a professional and ethical manner.

CONCLUSION: - The hospital being a part of the Dr. Virendra Laser Eye Hospital, Jaipur, has staff who are well aware that a systematic protocol is to be practiced and are motivated enough to implement the changes and elevate the standard for delivery of healthcare. Accreditation is merely a step away as all the staff members are oriented to the recent advancement

The need of the hour is to re-modulate the system and processes as per the guidelines, with the involvement of all staff members. In totality the institution has high potential for accreditation.

ACKNOWLEDGEMENT

Parents are the first teachers and teachers are the second parents, with these words I humbly acknowledge the affectionate and caring attitude of my teachers throughout my work and all praises to almighty god who enlightened me to carry out this study effectively.

I express my gratitude to Dr. Virendra Agarwal, Medical Director, Dr. Virendra Laser & Phaco Surgery Centre, Jaipur, to make available all the needful facilities to conduct this work successfully.

I would like to express my profound gratitude to Dr. Ashok Kaushik, Dean Academics. His continuous guidance, affectionate encouragement, generous help and important acumen are greatly acknowledged.

I owe my heartiest and sincerest regards to my esteemed teacher and guide Dr. Piyusha Majumdar, IIHMR, Jaipur for her constant encouragement, meticulous guidance, vigilant supervision during the course of this work, which bears her impression at every step. It has been my proud privilege to work under her masterly guidance.

Lastly, I offer my regards and blessings to all of those who supported me in any respect during the completion of this project

Krishan Kumar Yadav

Operations Manager

Dr. Virendra Laser & Phaco Surgery Centre

TABLE OF CONTENTS

ACRONYMS

1	AAC	Access, Assessment and Continuity of care
2	COP	Care of Patients
3	MOM	Management of medication
4	PRE	Patient Rights and Education
5	HIC	Hospital Infection Control
6	CQI	Continuous quality improvement
7	ROM	Responsibilities of Management
8	FMS	Facility Management and Safety
9	HRM	Human Resource Management
10	IMS	Information Management System
11	NABH	National Accreditation Board for hospital & health care provider
12	SHCO	Small Health Care Organization
13	DVLPSC	Dr. Virendra Laser, Phaco Surgery Center
14	ROS	Rajasthan Ophthalmology Society
15	MRD	Medical Record Department
16	TPA	Third Party Allowance
17	TSSU	Theatre Sterilization Supply Unit
18	CRM	Customer Relationship Manager
19	STP	Standard Temperature & pressor
20		
21		
22		
23		

TERMINOLOGIES: -

As defined in NABH.

Commonly used terminologies in NABH standards: -

Accreditation: - a process of external review of the quality of healthcare being provided by a health care organization. This is generally carried out by a non-governmental organization. It also represents the outcome of the review & the decision that an eligible organization meets an applicable set of standards.

Adult: - An individual who has capacity & is at least 18 yrs. of age.

Adverse drug event: - Any untoward medical occurrence that may be present during treatment with a pharmaceutical product, but which does not necessarily have a causal relationship with this treatment.

Adverse drug reaction: - A response to a drug which is noxious & unintended & which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function.

Adverse drug event: - The FDA recognizes the term adverse drug event to be a synonym for adverse event.

Ambulance: - A patient carrying vehicle having facilities to provide unless otherwise indicated at least basic life support during the process of transportation of patient. There are various types of ambulances that provide special services viz. coronary care ambulance, trauma, air ambulance, etc.

Basic Life Support(BLS): - Emergency procedures performed to sustain life that include cardiopulmonary resuscitation, control of bleeding, treatment of shock, stabilization of injuries & wounds & first-aid. BLS consists of a number of life saving techniques which are focused on "ABC's" of emergency care.

Where A represents Airway

B represents Breathing

C represents Circulation

Airway: - the protection & maintenance of patient airway including the use of airway adjuncts such as an oral or nasal airway.

Breathing: - actual flow of air through respiration, natural or artificial respiration, often assisted by emergency O2.

Circulation: - the movement of blood through the beating of heart or the emergency measure of CPR.

BLS may also include considerations of patient transport such as the protection of cervical spine & avoiding additional injuries through splinting & immobilization.

Calibration: - is a set of operations which establish, under specified conditions, the relationship between values indicated by a measuring instrument or measuring system, or values represented by a material measures, & the corresponding known values of a measure.

Cardiopulmonary Resuscitation (CPR): - Administering of any means or device to support cardiopulmonary function in a patient, whether by mechanical devices, chest compression, mouth-to-mouth resuscitation, cardiac massage, tracheal intubation manual or mechanical ventilators or respirators, defibrillation, the administration of drugs &/or chemical agents intended to restore cardiac & or respiratory function in a patient where cardiac or respiratory arrest has occurred or is believed to be imminent.

Check: - is a measurement of at least one point in a range of a measuring instrument or the system or material against a known value to confirm that it has not deviated significantly from its original calibrated value. It is also an examination of a condition of an artefact to determine that it has not been adversely affected by constant use.

Competence: - demonstrated ability to apply knowledge & skills.

Confidentiality: - Restricted access to information to individuals who have a need, a reason & permission for such access. It also includes an individual's right to personal privacy as well as privacy of information related to his/her health care records.

Consent: - Willingness of a party to undergo examination/ procedure/ treatment by a healthcare provider. It may be implied (e.g. patient registering in OPD), expressed which may be written or verbal. Informed consent is a type of consent in which healthcare provider has a duty to inform his/ her patient about the procedure, its potential risk & benefits so as to enable the patient to take an informed decision of his/her health care.

In law, it means active acquiescence or silent compliance by a person legally capable of consenting.

Actual or implied consent is necessarily an element in every contract & every agreement.

Credentialing: - The process of obtaining, verifying & assessing the qualification of a health care provider.

Document: - is any information or instruction including policy statement, text book procedures, specifications, calibration tables, posters, charts, notices, drawings, plans & document of external origins like regulations, standards of examination procedures.

Guardian: - A judicially appointed guardian or conservator having authority to make a health care decision for an individual.

Grievance Handling Procedures: - Sequence of activities carried out to address the grievances of patients, visitors, relatives & staff.

Hazardous materials: - Substances dangerous to human & other living organisms. They include radioactive or chemical materials.

Hazardous waste: - Waste materials dangerous to living organisms. Such materials require special precautions for disposal. They include biologic waste that can transmit disease (for e.g. blood, tissues) radioactive materials & toxic chemicals. Other e.gs. are infectious waste such as used needles, used bandages &fluid-soaked items.

Indicator: - A statistical measure of the performance of function, systems or processes, overtime. For e.g. infection rate, adverse event rate, etc.

Infectious waste: - solid or liquid wastes which contain pathogens with sufficient virulence & quantity such that exposure to the waste by a susceptible host could result in an infectious disease.

Inventory control: - The method of supervising the intake, use & disposal of various goods in hands. It relates to supervision of the supply, storage & accessibility of items in order to ensure adequate supply without stock outs/ excessive storage. It is also the process of balancing ordering costs against carrying costs of inventory so as to minimize total costs.

Job Description: -

1. It entails an explanation pertaining to duties, responsibilities & conditions required to perform a job.
2. A summary of the most important features of a job, including the general nature of work performed (duties & responsibilities) & level (i.e. skill, effort, responsibility & working conditions) of the work performed. It typically includes Job specifications that include employee characteristics required for competent performance of the job. A job description should describe & focus on the job itself & not on any specific individual who might fill the job.

Medical Equipment: - Any fixed or portable non-drug item or apparatus used for diagnosis, treatment, monitoring & direct care of patients.

Medical Record: - Medical histories, records, reports, summaries, diagnosis, prognosis, records of treatment & medication ordered & given entries, X-Rays, radiology interpretation & other written electronics, or graphic data prepared, kept made or maintained in a facility that pertains to confinement or services rendered to patients admitted or receiving care.

Monitoring: - The performance & analysis of routine measurement aimed at identifying & detecting changes in the health status or at environment e.g. monitoring of growth & nutritional status, air quality in operation theatre. It requires careful planning & use of standardized procedures & method of data collection.

Patient record/ Medical record/ Clinical record: - A document which contains the chronological sequence of events that a patient undergoes during his stay in health care organizations. It includes demographic data of the patients, assessment findings, diagnosis, consultants, procedures undergone, progress notes & discharge summary (Death certificate where required)

Occupational health hazard: - The hazard to which an individual is exposed during the course of performance of his job. These include physical, chemical, biological, mechanical & psychosocial hazards.

Optimal diagnostic quality image: - Images which provide necessary & sufficient diagnostic information to provide an accurate diagnosis.

Performance Appraisal: - It is the process of evaluating the performance of employees during a defined period of time with the aim of ascertaining their suitability for the job, potential for growth as well as determining training needs.

Policies: - are guidelines for decision making e.g. admission, discharge policies, antibiotic policies, etc.

Privileging: - Process for authorizing all medical professionals to admit & treat patients & provide other clinical services commensurate with their qualifications & skills.

Procedure: -

1. A specified way to carry out an activity or a process (Para 3.4.5 of ISO 9000:2000)
2. A series of activities for carrying out work which when observed by all help to ensure the maximum use of resources & efforts to achieve the desired output.

Process: - A set of interrelated or interacting activities which transforms inputs into outputs (Para 3.4.1 of ISO 9000:2000)

Protocol: - A plan or a set of steps to be followed in a study, an investigation or an intervention.

Quality: -

1. Degree to which a set of inherent characteristics fulfil requirements (Para 3.1.1 of ISO 9000:2000)Characteristics imply a distinguishing feature (Para 3.5.1 of ISO 9000:2000) Requirements are a need or expectation that is stated, generally implied or obligatory (Para 3.1.2 of ISO 9000:2000)
2. Degree of adherence to pre-established criteria or standards.

Quality assurance part of quality management focused on providing confidence that quality requirements will be fulfilled (Para 3.2.11 of ISO 9000:2000) Quality improvement ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to consumers/ patients.

Registered Nurse: - a person currently licensed as such by theNursing Council of India.

Risk Management: - Clinical & administration activities to identify evaluate & reduce the risk of injury

Safety: - Degree to which the risk of intervention/ procedure, in the case of environment are reduced for a patient, visitors & health care providers.

GOALS OF INTERNSHIP

As an integral part of the curriculum, a student of MBA HM is required to undergo 3 months of practical exposure in a reputed organization by way of Internship. For the MBA HM 21st batch, this period was from 5th February 2018 to 5th May 2018

The student is expected to carry out the following major activities during this period:

- To assist the Administrator/ Employer in day to day operations and during this process gain practical knowledge and skills to handle various employerial issues related to major departments in the organization. He/ she may be allocated some specific project or responsibilities by the employer.

The student is also required to identify a specific problem area or department for dissertation. The topic for this study will be decided in consultation with the administrator and according to the need of the organization. This activity is envisaged as a problem-solving exercise by which the student is expected to:

- Diagnose critical problems within an operational area.
- Provide the management with a set of alternative solutions
- If possible, design the implementation plan to carry out the most feasible solution.

ORGANIZATION PROFILE

1.ABOUT THE HOSPITAL

Dr. Virendra Laser, Phaco Surgery Centre is a Highly Equipped True Super Specialty Ophthalmic Care Centre of Rajasthan where total eye care is provided by super specialized and experienced team of Doctors. The clinic is centrally located with ease of access from airport, railway station and bus stand.

This center, aim at providing the quality eye care to our patients that match international standards. To keep pace with the rapidly growing trends in eye treatments our center is equipped with the best and latest machines. This is the only center in Rajasthan where all the modern techniques for removal of glasses are available viz. Conductive Keratoplasty, Wasca Laser, Lasik Laser, Epilasik and with refractive Cataract surgery by use of Multifocal and Accommodative Lenses.

The center caters to a wide patient base providing our services in almost all sub-specialties like Refractive Procedures, Cataract, Cornea, Glaucoma, Vitreo Retinal services, Uvea, Squint, Pediatric Ophthalmology, Vision Aids, Contact Lens etc.

The credit of bringing ultimate technology of removal of glasses and contact lenses by Laser goes to Dr. Anita & Dr. Virendra Agrawal. In Rajasthan, we are well recognised as Pioneers in multiple eye care facilities and treatments. LASIK, Wasca Laser, Cold Phaco microincision, C3R for Keratoconus are a few from the list. We take pride in boasting that we have done maximum Laser procedures for removal of glasses in Rajasthan.

The Centre has been honored by Medical Practitioners Society (MPS) and Private Hospitals & Nursing Homes Society (PHNHS), Jaipur for bringing most modern and advanced eye surgery facilities in Rajasthan (June 2005).

We strive hard to bring the best eye care facilities at your doorstep and we emphasize on our mission statement" why compromise when you have option for the best".

2.1 OWNERSHIP AND MANAGEMENT

Dr. Virendra Agrawal the Chief Consultant of center is post graduate from the premier medical institute of India, the Dr. Rajendra Prasad Centre for Ophthalmic Sciences, AIIMS, New Delhi. He was Awarded Dr. Bodh Raj Sabarwal Gold Medal for being the best post graduate in Ophthalmology for year 1993. After post-graduation, he worked as Senior Resident Under renowned Strabismologist Prof. Dr. Prem Prakash to master Strabismological. He is also awarded Diplomat of National Board. He is also life member of National Academy of Medical Sciences, American Society for Cataract and Refractive Surgery, All India Ophthalmic Society, Implant and Refractive Surgery Society of India, Strabismological Society of India, Delhi Ophthalmic Society, Rajasthan Ophthalmic Society, and Jaipur Ophthalmic Society.

The credit of bringing ultimate technology for removal of glasses and contact lenses by Laser first time in Rajasthan goes to Dr. Anita & Dr. Virendra Agrawal. We have done maximum Laser procedures for removal of glasses in Rajasthan.

Dr. Anita Agrawal Consultant Eye Surgeon is trained in USA to perform Lasik procedure. Dr. Anita Agrawal has done Fellowship in Anterior Segment Microsurgery from Arvind Eye Hospital, Madurai after her post-graduation in Ophthalmology. Dr. Anita Agrawal is Life member of All India Ophthalmic Society, Implant and Refractive Surgery Society of India, Strabismological Society of India, Delhi Ophthalmic Society, Rajasthan Ophthalmic Society, Madhya Pradesh Ophthalmic Society, and Jaipur Ophthalmic Society.

Dr. P. K. Mathur Senior Consultant Eye Surgeon. He is Ex. Sr. Professor & Head of Ophthalmology S.M.S medical college Jaipur. Technical advisor to State Blindness Control Committee of Govt of Rajasthan. He has W.H.O fellowship -Bascom Palmer Eye Institute Miami U.S.A. and Wills Eye Hospital. Fellow of National Academy of Medical Science. He is the Only Ophthalmologist to Received "STATE MERIT AWARD FROM GOVT. OF RAJASTHAN". Ex. Member Managing Committee AIOS; Past President Rajasthan Ophthalmology Society; Past Gen. Secretary ROS.

2.2 VISION AND MISSION

VISION STATEMENT

- TO LAY THE FOUNDATIONS OF A GLOBAL CENTRE OF EXCELLENCE IN AN OUTSTANDING AND EGALITARIAN EYE CARE INSTITUTION.

MISSION STATEMENT

- DRVLPSC IS A COMMUNITY ENTRUSTED SINCERE, VIGOROUS AND DEDICATED EYE CARE INSTITUTION WHICH PROVIDES INTERNATIONAL STANDARDS OF CARE WITH STATE OF THE ART TECHNOLOGY, TO ACHIEVE PATIENT DELIGHT AND CONTINUOUSLY ENHANCE OUR SERVICES.

2.3 OBJECTIVE

1) We assure quality healthcare that go beyond the community's expectations through reliable and eminent healthcare services.
2) We ensure effectiveness of institutional operations to safeguard and reinforce patient care.
3) We abide by all the legal and statutory prerequisites.
4) We nurture our staff to upgrade their skills and capabilities.

2.4 SCOPE OF SERVICES

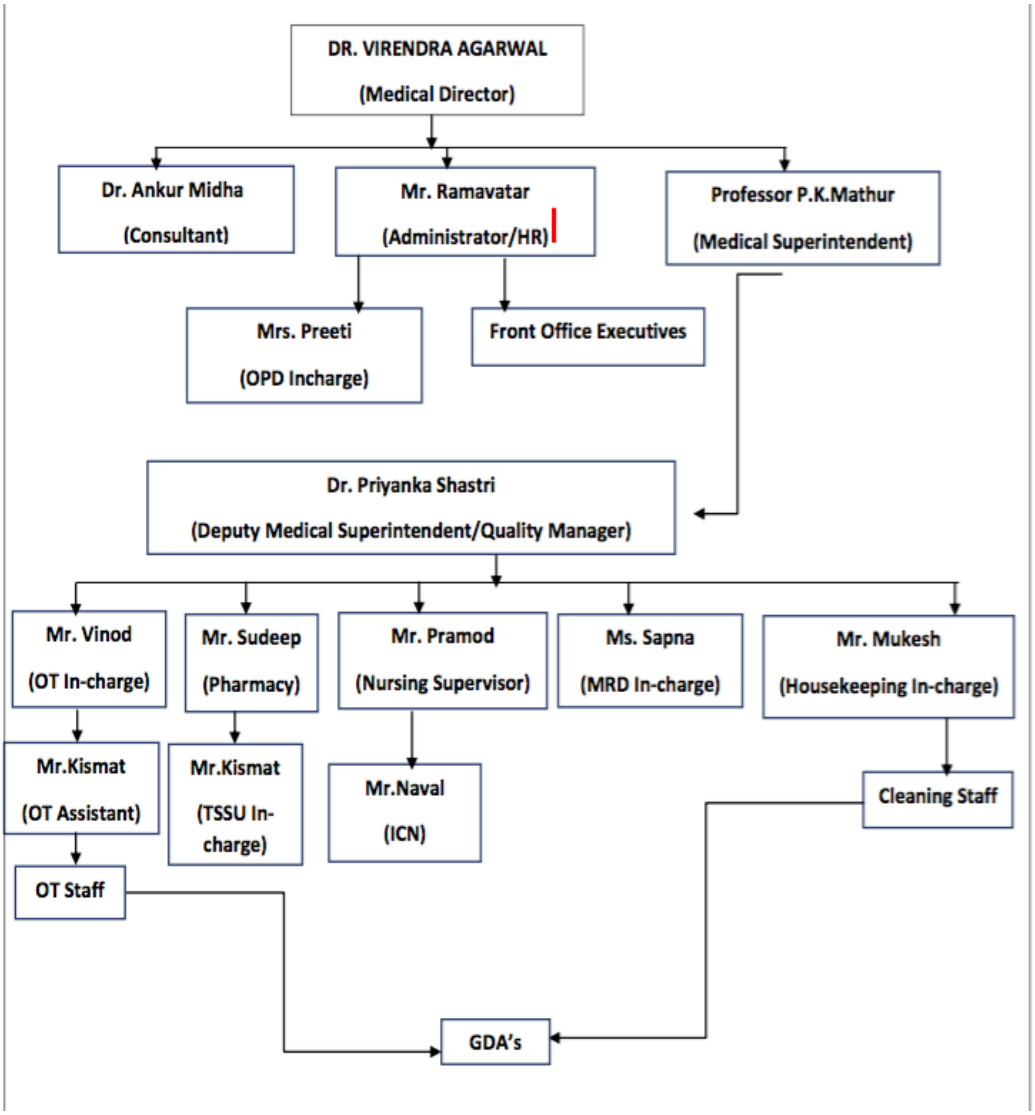
Diagnosis and treatment facilities for

- Cataract
- Cornea
- Pediatric ophthalmology
- Refraction error
- Glaucoma
- Vitreous and retina
- Squint
- Oculoplastic
- Uvea
- Ocular Surface
- Neuro ophthalmology
- General/routine ophthalmology

2.5 NOT IN THE SCOPE OF THE SERVICES

All the emergency cases after the working hours as per our Centre.

2.6 ORGANOGRAM



2.7 DIAGNOSTIC & IMAGING SERVICES

- Topography
- Pentacam
- OCT- posterior segment
- OCT- anterior segment
- USG eye
- Angioplasty

2.8 Emergency & Ambulance Services.

2.9 Pharmacy

2.10 Optical shop

2.11 FLOOR WISE DISTRIBUTION:

- **BASEMENT**

  - Pharmacy
  - Fire exit
  - Optical shop

- **GROUND FLOOR**

  - Help desk
  - Reception
  - Examination room
  - Consultation room
  - Billing counter
  - Waiting lounge
  - TPA desk

Daily OPD timing of DRVLPSC is 9 am to 6 pm.

Average No. of OPD patients at Dr. Virendra Laser Phaco Surgery Center is 110-150 patients (Both old and new)

- **FIRST FLOOR**

  - Dilatation room
  - Waiting lobby
  - MRD
  - Converse i.e. consultation rooms
  - Examination room

- **SECOND FLOOR**

  - Waiting lobby
  - O. T
  - MRD

- **TOP FLOOR**

  - Nursing Station
  - Semi deluxe room
  - Female ward
  - General ward
  - Pediatric room
  - Waiting lobby
  - Management office
  - CRM
  - Dining room

2.12 DEPARTMENTS

a. TSSU

Total Area is divided into 4 Zones:

- Zone I. (Dirty Utility) Reception, Inspection and Documentation
- Zone II. (Clean Area) Assembly and Packing
- Zone III (Sterile Area) Sterilisation
- Zone IV (Issue Area) Storage and distribution

Check for proper sterilisation

- Bowie dick test
- Leak test
- Sterilisation test
- Batch monitoring test

b. MEDICAL RECORD DEPARTMENT
Scope of Services:

- Maintenance of all medical record
- Storage of records:

1) IPD: 5 years
2) Death/MLCs: lifetime

- Maintaining the integrity and confidentiality of all medical record
- Numbering and filing
- Completion of all incomplete records.
- Arrangement is according to Admission No.

c. HOUSEKEEPING

Housekeeping department is outsourced
Services provide:

- Maintain hygiene of the patients and the hospital
- Helping in patient's preparation
- Infection control
- Waste disposal

d. LINEN AND LAUNDRY
Linen and laundry department is out sourced

e. FIRE SAFETY DEPARTMENT

The hospital has fire exist door in each floor.

Smokes detectors are located in the entire hospital.

Fire Safety Equipment's:

- Horse Reel Drums
- Jockey Pump
- Alarm Valve
- Double Hydrant Valve

Hospital follows "PASS" and "RACE" protocols.

PASS: Pull Aim Squeeze Sweep for operating a fire extinguisher

RACE: Rescue Alarm Contain Extinguish, Evacuate.

f. MAINTAINANCE DEPARTMENT

The maintenance department is out sourced

Functions:

- To maintain continuous electric supply to the hospital.
- To maintain the chilling plant room of the hospital
- To maintain the supply of medical gases
- To maintain the proper functioning of STP

Operational timings: 9 AM-6 PM

g. SECURITY DEPARTMENT

Security service department of the hospital is outsourced.

Functions:

- To provide security services to all the staff, patients, relatives and visitors
- To protect the hospital property within the premises
- To analyse threats and vulnerability in conjugation with the managements, police and others
- To control the movement of vehicular traffic inside the premises.

METHOD AND DATA:

- Information Regarding the organization, location, area, history, planning, manpower, organizational and department hierarchy, statutes and other details were collected from hospital manual, concerned authorities and other sources.

- Concerned Department of Institute were identified.

- Training in the Quality department was done by collecting information and data from concerned authorities, personal observation and by assisting concerned persons daily.

- Data Collection: It was collected by observation and from concerned authorities.

    1. NABH self-assessment toolkit was filled
    2. Interviews of concerned persons was done
    3. Survey on patient charter was performed
    4. Audit of staff adherence to radiation safety was done.

Quality Department:

I as a quality and operations manager got an opportunity to work for quality department & to help the organization in its process for Pre-assessment of NABH for the hospital.

In quality I got to learn about the department and its functioning.

Quality is a systematic approach of working.

Quality Department maintains records: -

1. NABH- Standard application correspondence
2. All SOP's, Manuals, & policies.
3. Training Records
4. Committee Records
5. Committee meeting records
6. Licenses & certificates
7. Incident reports
8. Audit

We got to learn various topics in the department.

CONSENT

Consent is of following types-

1. General consent
2. Informed consent
3. Implied consent
4. Expressed consent

CODING

1. Blue-Cardiac Arrest
2. Red-Fire
3. Pink-Child abduction

Audit

Audit is evaluation of Data, Documents & Resources to check if performance of system meets specified standards.

Clinical Audit: - is a quality improvement process that seeks to improve patient care & outcomes through systematic review of care against explicit criteria & implementation of change.

It is usually a multi-disciplinary activity where in aspects of structure, process & outcomes of care are selected & evaluated against explicit criteria; most of clinical audits are 'multi-sectoral'.

Medical Audit: - may be defined as "peer review of evaluation of medical care through retrospective & concurrent analysis of medical record." Its aim is to improve the quality of healthcare services rendered by doctors to patient.

What can be Audited?

The quality of healthcare provided can be audited by examining 3 interrelated component parts: -

1. Structure
2. Process
3. Outcome

Audit sees:

- Infrastructure
- Process
- Manpower

Tasks performed:

- Got to learn about policies of NABH and helped the hospital in formatting & editing of policies.
- Got to learn the procedure of audit & tool preparation for audit & performed audit for the department.
- Learned to prepare MOM (minutes of meeting) and prepared them.
- Visited BME department and understood standards of NABH
- Got to participate in mock audit of NABH & took observations from that.
- Various surveys were performed on Patient Charter, and Self-Assessment Toolkit.
- Got to see how Policies are amended & recorded for use of department.

NABH

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India. It is an autonomous body which was set up to establish and operate accreditation program for healthcare organizations. The board supported by all stakeholders including industries, consumers & government enjoys full autonomy in its operations.

It has its International Linkages: -

1. NABH is an Institutional Member as well as a Board member of the International Society for Quality in Health Care (lSQUA).
2. NABH is a member of the Accreditation Council of International Society for Quality in Health Care (ISQUA).
3. NABH is on board of Asian Society for Quality in Healthcare (ASQUA).

Vision, Mission & Scope

To be apex national healthcare accreditation and quality improvement body, functioning at par with global benchmarks.

To operate accreditation and allied programs in collaboration with stakeholders focusing on patient safety and quality of healthcare based upon national/international standards, through process of self and external evaluation.

Scope of NABH /Objectives

- Accreditation of healthcare facilities
- Quality promotion: initiatives like Safe-I, Nursing Excellence, Laboratory certification programs (not limited to these)
- IEC activities: public lecture, advertisement, workshops/ seminars
- Education and Training for Quality & Patient Safety
- Recognition: Endorsement of various healthcare quality courses/ workshops

Board Composition

- Chairman - Dr. Nanda Kumar Jayram, Chairman & Group Medical Director, Columbia Asia Hospitals India Pvt. Ltd.
- Past - Chairman.
- Secretary General, QCI.
- Indian Medical Association (IMA).
- Consumer Co-ordination Council
- Insurance Regulatory & Development Authority (IRDA).
- Indian Nursing Council
- Ministry of AYUSH
- Director General of Armed Forces Medical Services, Ministry of Defense.
- Directorate General of Health Services (DGHS), MOHFW.
- Dean, Maulana Azad Medical College.
- Ministry of Tourism.
- Chair Health Committee – CII.
- Chair Health Committee - ASSOCHAM.
- Chair Health Committee - FICCI.
- Academy of Hospital Administration (AHA).
- Health Sector Skill Council.
- President, CAHO.
- Chair – Accreditation Committee – NABH.
- Chair – Hospital Technical Committee – NABH.
- Chair – Appeals Committee – NABH.
- Drug Controller General of India.
- CEO - NABCB.
- CEO - NBQP.
- CEO - NABET.

- CEO - NABH.

-

NABH operates Accreditation program for the following services: -

- Hospitals
- SHCO
- Blood Bank
- Blood Storage Centre
- MIS
- Dental Facilities/ Dental Clinics
- OST Centre
- Allopathic Clinics
- AYUSH Hospitals
- CHC
- PHC
- Wellness Centers
- Clinical Trials (ETHICS COMMITTEE)
- Panchakarma Clinic

NABH Application: -

Obtain a copy of NABH standards from NABH office.

Applying Authority should get accustomed to the standards & implement them

Organization should obtain a copy of application form from NABH website

Organization should Fill & Submit Application online

Organization should pay the Application Fee

NABH Accreditation Procedure

Pre-Assessment:

NABH appoints a Principal Assessor/ Assessment Team who is responsible for pre-assessment of Medical Imaging Services. NABH forwards the application form, documents, procedures, Self-assessment toolkit to the Principal Assessor/ Assessment Team.

Objective of Pre-assessment:

•Check the preparedness of the Medical Imaging Services for final assessment

•Review the scope of accreditation and ascertain the requirement of the number of assessors and the duration of the accreditation

•Review of the documentation system of the Medical Imaging Services

•Explain the methodology to be adopted for assessment.

The Principal assessor shall submit a pre-assessment report in the format specified in the document 'Pre-Assessment Guidelines & Forms'. Copy of the report is handed over to the organization after the assessment and original sent to NABH Secretariat.

The Medical Imaging Services shall be required to pay the requisite Annual fee before the final assessment.

NABH for Hospital consists of 10 chapters/ standards: -

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

6. Continuous Quality Improvement (CQI)
7. Responsibility of Management (ROM)
8. Facility Management and Safety (FMS)
9. Human Resource Management (HRM)
10. Information Management System (IMS)
11. Among these 10 standards First Five Are Patient- Centric & other Five Are Organization- Centric.

Project report

Study on gap analysis of Dr. Virendra laser Phaco surgery center, Jaipur in compliance with NABH Small health care organization standards

INTRODUCTION: The current functioning of most of the SHCO are not up to the expectation in relation to availability, accessibility and quality of the hospital services. The manpower, equipment supply, service availability and the population coverage by the hospital are not as per the requirement. Gap analysis identifies gaps between the optimized allocation and integration of the inputs (resources), and the current allocation level. This reveals areas that can be improved. Gap analysis naturally flows from benchmarking and other assessments. Once the general expectation of performance in the hospital is understood, it is possible to compare that expectation with the hospital's current level of performance. This comparison becomes the gap analysis.

OBJECTIVES:

4. To assess the hospitals existing set up and procedures as per NABH standards
5. To understand major non-Compliances

OPERATIONAL DEFINITION: Gap Analysis is a tool that helps an organization to compare its actual performance with expected/laid down standards. Gap analysis refers to a study where hospital compare the present policy, procedure, SOP's, infrastructure with defined laid down standards of accreditation body, NABH.

The hospital can get accredited by NABH by adhering to its laid down patient centric and management centric yardsticks. The study will help us to suggest the necessary changes for improving the patient care and utilization of facilities of district hospital to optimum desirable performance standards.

LITERATURE REVIEW: According to a study conducted by marry Dixon woods, Sarah Mc Nicol, graham martin of the university of the Leicester united kingdom the ten challenges in improving quality in healthcare are convincing people that there is a problem that is relevant to them: convincing them that the solution chosen is the right one: getting data collection and monitoring system right: excess ambitions and 'projectness': organizational cultures, capacities and contexts, tribalism and lack of staff engagement; leadership : incentivizing participation and hard edges; securing sustainability; and risk of unintended consequences.

A study conducted on "the importance of measuring quality and performance in healthcare". John Toker, of the American college of physician reports that in delivery of healthcare measurement of physician performance is fundamental to improving the value and quality of healthcare. The adoption of appropriate quality-improvement strategies will, if done right, result in increased patient and physician satisfaction

According to a comparative study on total quality management conducted by Ali M Heidari Gorji and Jamal A Farooqui Total quality management has a great potential to address quality problem in a wide range of industries and improve the organizational performance the growing need to take initiatives by hospitals in countries like India and Iran to improve the service quality and reduce wastage of resources has inspired the authors to develop a survey instrument to measure health care quality and performance in the two countries.

According to a study conducted by the Harvard school of public health at the Brigham and women's hospital adopting surgical safety checklist as recommended by the world health organization could save lives and improve the quality of life

With the world health organization pegging the rate of hospital acquired infection at between 15-40 percent in developing countries. Hospitals which are NABH accredited are expected to keep a check on infections in hospitals. According to study conducted on hospital acquired infection by Chakravarthy M Adhikari R, Gokul B Pushpa raj L, department of anesthesia at Fortis hospital, Bengaluru. Hospital acquired infection is inversely proportional to the level of isopropyl alcohol and tissue paper pull.

According to an observational study conducted by department of infectious diseases, Mashhad university of medical science, Mashhad. Iran. The overall compliance with hand hygiene activities was 47.9 percent (438 episodes out of 913 potential opportunities) and, with sole emphasis on handwashing, was only 8.5 percent inappropriate glove use might be a component of poor hand hygiene compliance. Training campaigns should be implanted for health care personnel and all hospital staff to re-emphasize the importance of adherence to hand hygiene protocols.

A study conducted by the Columbia university of nursing sciences on nursing care events and adverse events, the proportion of necessary nursing care left undone ranged from 26 percent for preparing patients and families for discharge to as high as 74 percent for developing or updating nursing care plans. A majority of nurses reported that patients received the wrong medication or dose, acquired nosocomial infections, or had a fall with injury infrequently. However, nurses who reported that these adverse events occurred frequently varied considerably [i.e. medication errors (15 percent), patients fall with injury (20 percent), nosocomial infection (31 percent)]. After adjusting for patient factors and the care environment, there remained a significant association between unmet nursing care need and each adverse event.

MATERIAL AND METHODS:

STUDY DESIGN: Descriptive and Observational Study

SOURCE OF DATA: This study was based on checklist prepared based on the applicable guidelines of NABH for small health organization. The primary data was collected by conducting interviews with the staff and the patient. It was also include direct observation.
Secondary data was collected from records and certificates of the hospital

SETTING. Virendra Laser& Phaco Surgery Center Eye Hospital, Jaipur

DURATION OF STUDY :3 months (1-feb-2018 to 4-may-2018)

SAMPLE SELECTION: inclusion criteria was 20 papers/articles/research thesis/research documents to review. Inclusion criteria was also include last 15years studies addressing the effect of hospital accreditation and certification. Outcomes includes both clinical outcomes and process measures. Exclusion criteria includes literature which is older than 15 years and not relevant due to vintage, technological changes or relevance.

DATA COLLECTION PROCEDURE: Primary data through checklist for various elements involved in input, process and output procedures for all departments such as human resource planning, bio-medical waste management checklist for record review, datasheet for data review etc. and secondary data through hospital records.

DATA COLLECTION INSTRUMENT: - Assessment toolkit as per NABH standards.

- The chapters which are patient centered and management centered chapters as under

Patient-Centered Standards are listed as under: -

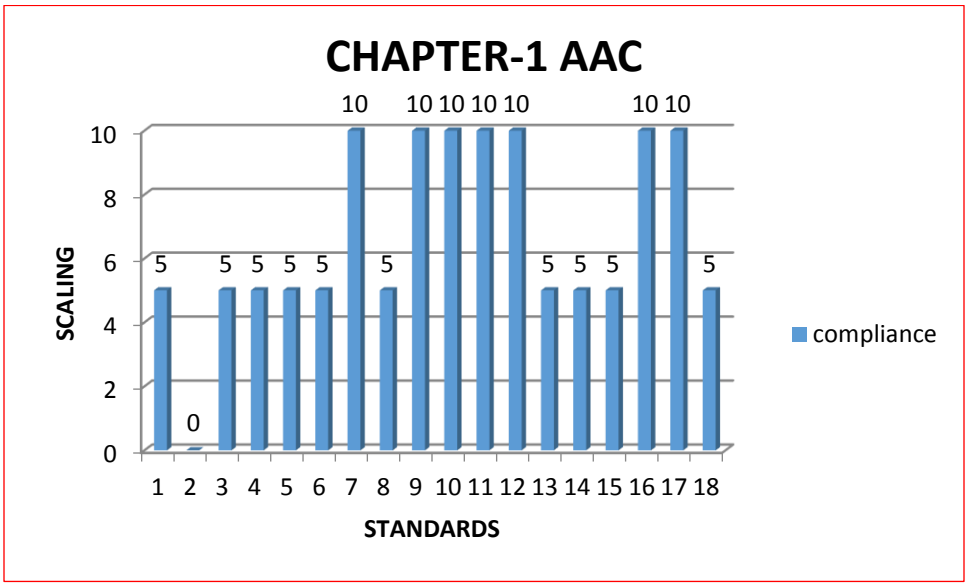
–Chapter1: -Access, Assessment and Continuity of Care (AAC)
– Chapter2: - Patients' Rights and Education (PRE)
–Chapter3: -Care of Patients (COP)
–Chapter4: - Management of Medications (MOM)
–Chapter5: - Hospital Infection Control (HIC)

Management-Centered Standards

–Chapter6: -Continuous Quality Improvement (CQI)
–Chapter7: - Responsibilities of Management (ROM)
–Chapter8: - Facility Management & Safety (FMS)
–Chapter9: - Human Resource Management (HRM)
–Chapter10: - Information Management Systems (IMS)

DATA ANALYSIS: -

CHAPTER 1 -ACCESS, ASSESSMENT AND CONTINUITY OF CARE (AAC)



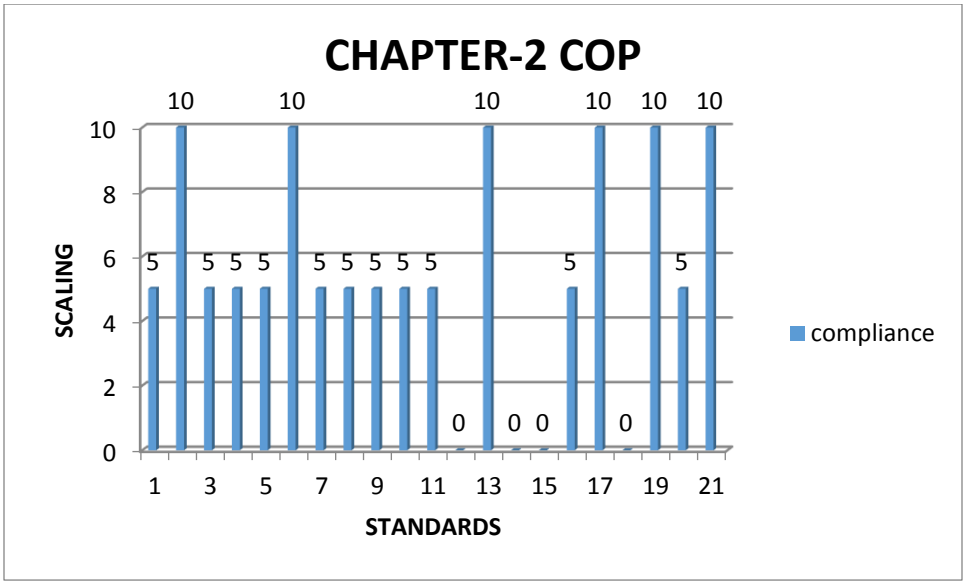
Interpretation: -This graph is showing the result of 1st chapter of NABH. Graph depicts that there were total 18 standards in this chapter and we found the gaps with the help of self-assessment toolkit. The score given were 0, 5, and 10 according to the compliance of the standard after observation.

Average for first chapter came out to be 6.4. So, first chapter was in compliance with SHCO-NABH standards.

The following observations were made:

1. The organization defines and displays the services that it can provide – the noncompliance in this standard came out to be – no display of signage's
2. The organization had a documented registration, admission and transfer process – the compliance here after observation was calculated to be 5
3. Patients cared for by the organization undergo an established initial assessment - the compliance here after observation was calculated to be 5 but the performance assessment was calculated to be 10.
4. Patient care is continuous, and all patients cared for by the organization undergo a regular reassessment - the compliance here after observation was calculated to be 10
5. Laboratory services are provided as per the scope of the hospital's services and laboratory safety requirements. – NOT APPLICABLE
6. Imaging services are provided as per the scope of the hospital's services and established radiation safety program. – NOT APPLICABLE
7. Organization has a defined discharge process. – In this standard 3 objectives were calculated to be 5 and 2 were calculated to be 10 as shown in the pre-assessment tool.

CHAPTER 2- CARE OF PATIENTS (COP)



Interpretation- this graph is showing the result of the 2nd chapter of NABH it is showing that there were total 21 standards in this chapter and we found the gaps with the help of self-assessment toolkit with the marking with 0, 5, 10.

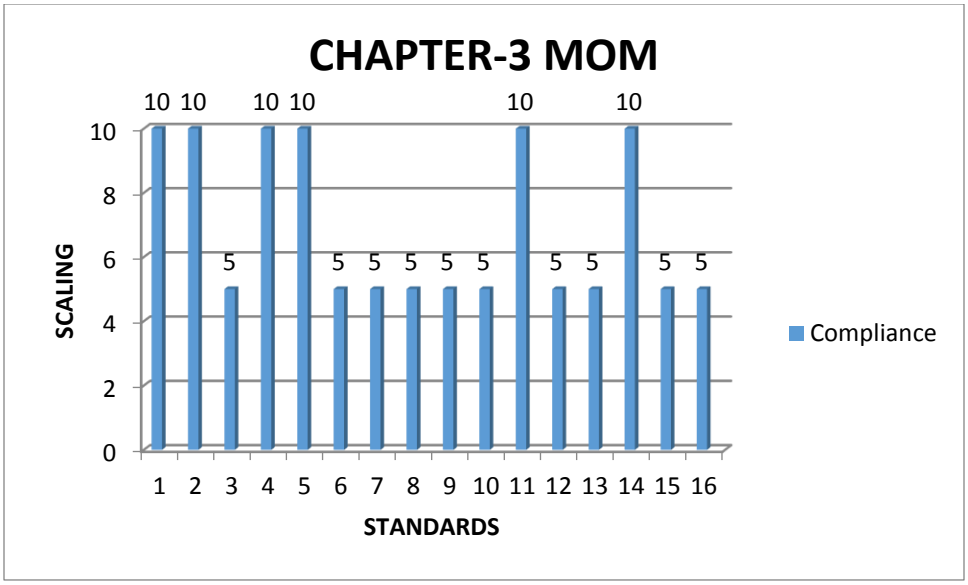
then we found that An immediate preoperative re-evaluation was documented, Anesthesia monitoring includes regular and periodic recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway , Each patient's post-anesthesia status was monitored and documented, Documented procedure addresses the prevention of adverse events like wrong site, wrong patient and wrong surgery. And the average for 2nd chapter came out to be 5.5. So, second chapter was in compliance with SHCO-NABH standards.

THE following observations were made

1. Care of patients was guided by accepted norms and practice. - In this standard 1 objectives were calculated to be 5 and 1 were calculated to be 10 as shown in the pre-assessment tool.
2. Emergency services including ambulance are guided by documented procedures and applicable laws and regulations - the compliance here after observation was calculated to be 5
3. Documented procedures define rational use of blood and blood products. – Not applicable
4. Documented procedures guide the care of patients as per the scope of services provided by hospital in Intensive care and high dependency units – not applicable.
5. Documented procedures guide the care of obstetrical patients as per the scope of services provided by hospital. – not applicable –
6. Documented procedures guide the care of pediatric patients as per the scope of services. in this standard 2 objectives were found to be not applicable, 2 were found to be 5 and 1 was a complete 10

7. Documented procedures guide the administration of anesthesia. - . in this standard 3 objectives were found to be 0, 3 were found to be 5 and 1 was a complete 10
8. Documented procedure guides the care of patients undergoing surgical procedures. - in this standard 3 objectives were found to be 10, 2 were found to be 5 and 1 was a complete 0

CHAPTER 3: - MANAGEMENT OF MEDICATIONS (MOM)



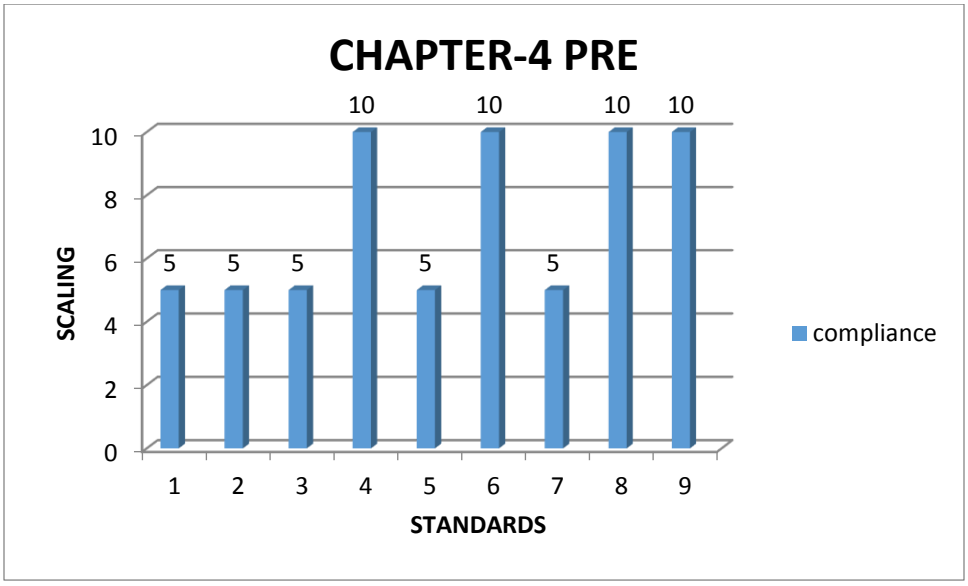
Interpretation- this graph is showing the result of the 3rd chapter of NABH it is showing that there were total 16 standards in this chapter and we found the gaps with the help of self-assessment toolkit with the marking with 0, 5, 10.

Then we found that the average for 3rd chapter came out to be 6.9. So, third chapter was in compliance with SHCO-NABH standards.

THE following observations were made

1. Documented procedures guide the organization of pharmacy services and usage of medication. - in this standard 1 objectives were found to be not applicable, 1 were found to be 5 and 3 was a complete 10
2. Documented procedure guides the prescription of medications in this standard 1 were found to be 5 and 3 was a complete 10
3. Policies and procedures guide the safe dispensing of medications in this standard 1 were found to be 5 and 3 was a complete 10
4. There are defined procedures for medication administration in this standard 2 were found to be 5 and 2 was a complete 10
5. Adverse drug events are monitored in this standard 2 were found to be 5

CHAPTER 4: - PATIENTS' RIGHTS AND EDUCATION (PRE)



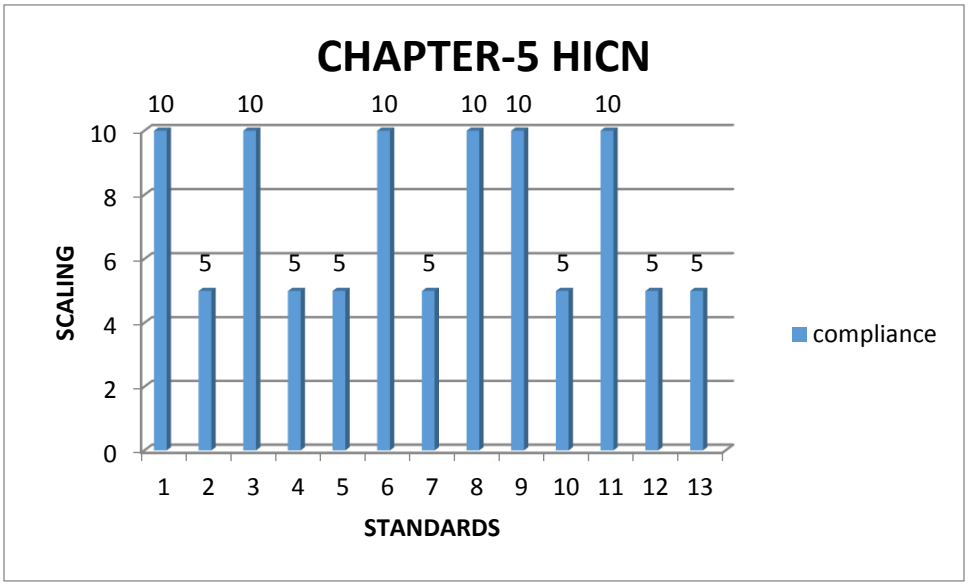
Interpretation- this graph is showing the result of the 4th chapter of NABH it is showing that there were total 10 standards in this chapter and we found the gaps with the help of self-assessment toolkit with the marking with 0, 5, 10.

Then we found that the average for 4th chapter came out to be 6.5. So, fourth chapter is in compliance with SHCO-NABH standards.

The following observation were made

1. Patient rights were documented displayed and support individual beliefs, values and involve the patient and family in decision making processes in this standard 5 were found to be 5 and 2 was a complete 10
2. Patient and families have a right to information and education about their healthcare needs. - all objectives were found to be 10

CHAPTER 5: - HOSPITAL INFECTION CONTROL (HIC)



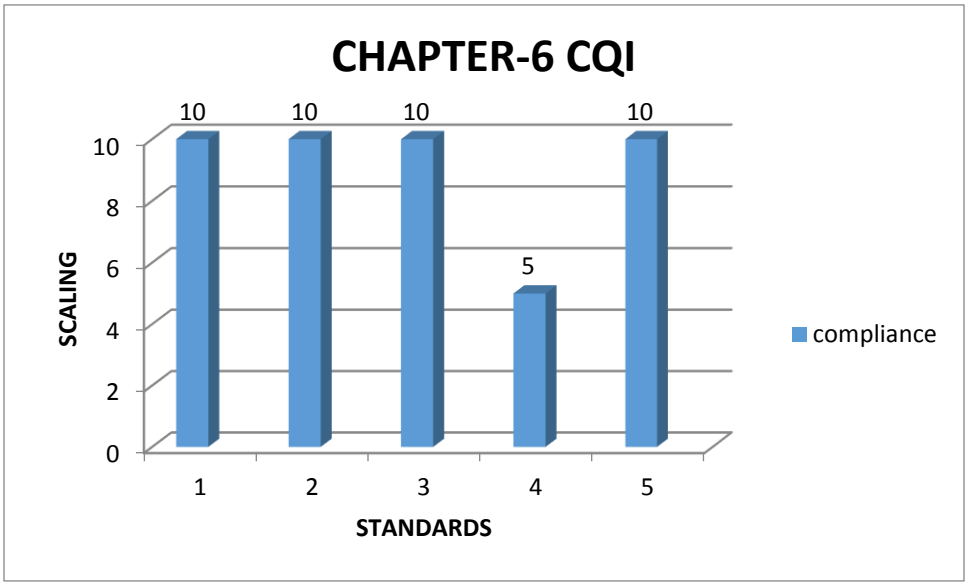
Interpretation - this graph is showing the result of the 5th chapter of NABH it is showing that there were total 13 standards in this chapter and we found the gaps with the help of self-assessment toolkit with the marking with 0, 5, 10.

then we found that the average for 5th chapter came out to be 7.3. So5th chapter was in compliance with SHCO-NABH standards.

The following observations were made

1. The hospital had an infection control manual, which was periodically updated and conducts surveillance activities - in this standard 3 were found to be 5 and 2 was a complete 10
2. The hospital takes actions to prevent or reduce the risks of Hospital Associated Infections (HAI) in patients and employees. - in this standard 1 were found to be 5 and 2 was a complete 10
3. Bio-medical Waste (BMW) management practices were followed. - in this standard 3 were found to be 5 and 2 was a complete 10

CHAPTER 6: -CONTINUOUS QUALITY IMPROVEMENT (CQI)



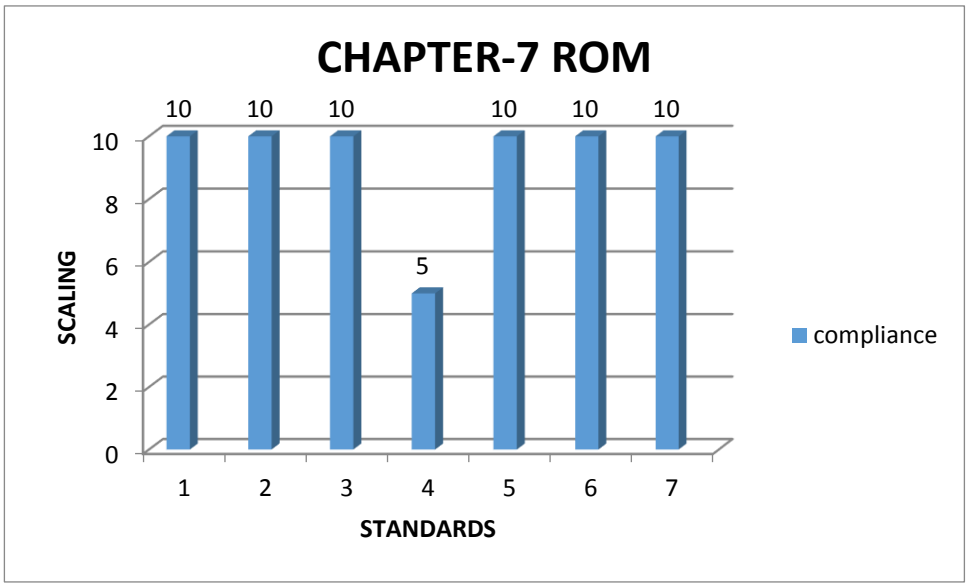
Interpretation- this graph is showing the result of the 6th chapter of NABH it is showing that there were total 5 standards in this chapter and we found the gaps with the help of self-assessment toolkit with the marking with 0, 5, 10.

then we found that the average for 6th chapter came out to be 9. So 6th chapter is in compliance with SHCO-NABH standards.

The following observations were made

1. There were a structured quality improvement and continuous monitoring program in the organization. - all the compliance here was found to be 10
2. The organization identifies key indicators to monitor the structures, processes and outcomes which was used as tools for continual improvement. - in this standard 1 was found to be 5 and 1 was a complete 10

CHAPTER 7: - RESPONSIBILITIES OF MANAGEMENT (ROM)



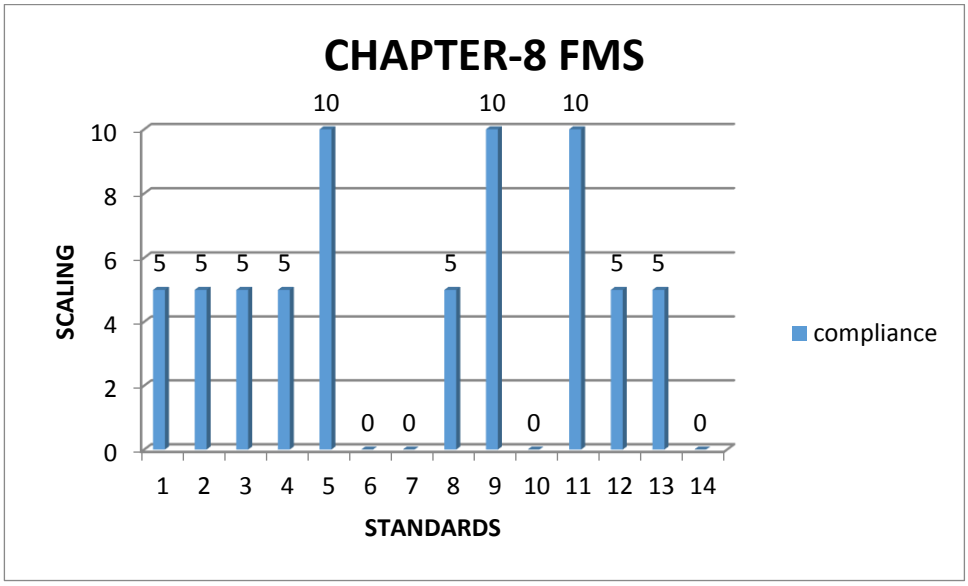
Interpretation- this graph is showing the result of the 7th chapter of NABH it is showing that there were total 7 standards in this chapter and we found the gaps with the help of self-assessment toolkit with the marking with 0, 5, 10.

Then we found that the average for 7th chapter came out to be 9.3. So 7th chapter is in compliance with SHCO- NABH standards.

The following observation were made

1. The responsibilities of the management are defined. - here all compliance was found to be 10
2. The organization was managed by the leaders in an ethical manner. - in this standard 1 was found to be 5 and 3 were a complete 10

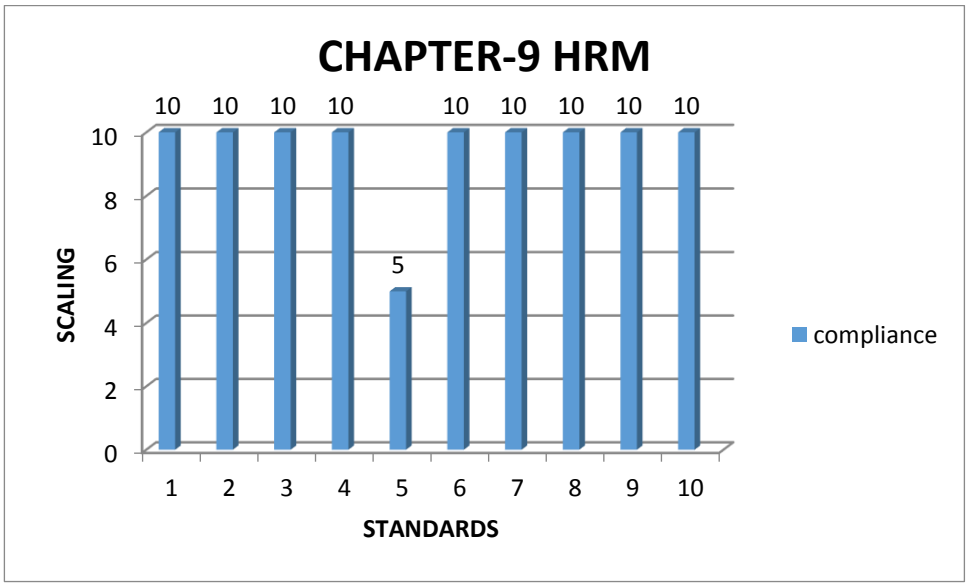
CHAPTER 8: - FACILITY MANAGEMENT & SAFETY (FMS)



Interpretation- this graph is showing the result of the 8th chapter of NABH it is showing that there were total 14standards in this chapter and we found the gaps with the help of self-assessment toolkit with the marking with 0, 5, 10.

then we found that the organization plans for equipment in accordance with its services, There were a documented operational and maintenance (preventive and breakdown) plan There were a maintenance plan for medical gas and vacuum systems Mock drills were held at least twice in a year. The average for 14th chapter came out to be 4.6. So 7th chapter is in compliance with SHCO-NABH standards.

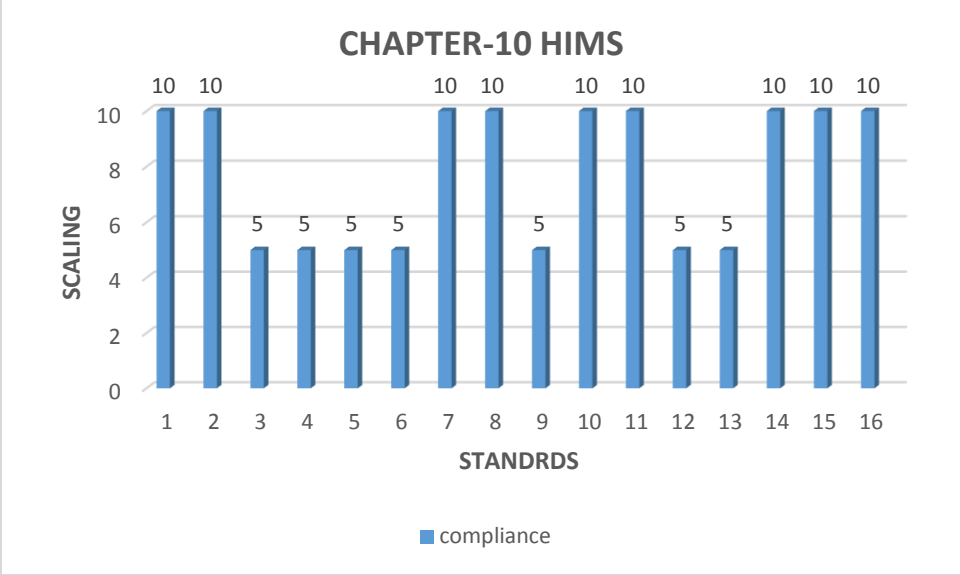
CHAPTER 9: - HUMAN RESOURCE MANAGEMENT (HRM)



Interpretation- this graph is showing the result of the 9th chapter of NABH it is showing that there were total 10 standards in this chapter and we found the gaps with the help of self-assessment toolkit with the marking with 0, 5, 10.

Then we found that the average for 9th chapter came out to be 9.5. So 9^{th} chapter was in compliance with SHCO-NABH standards.

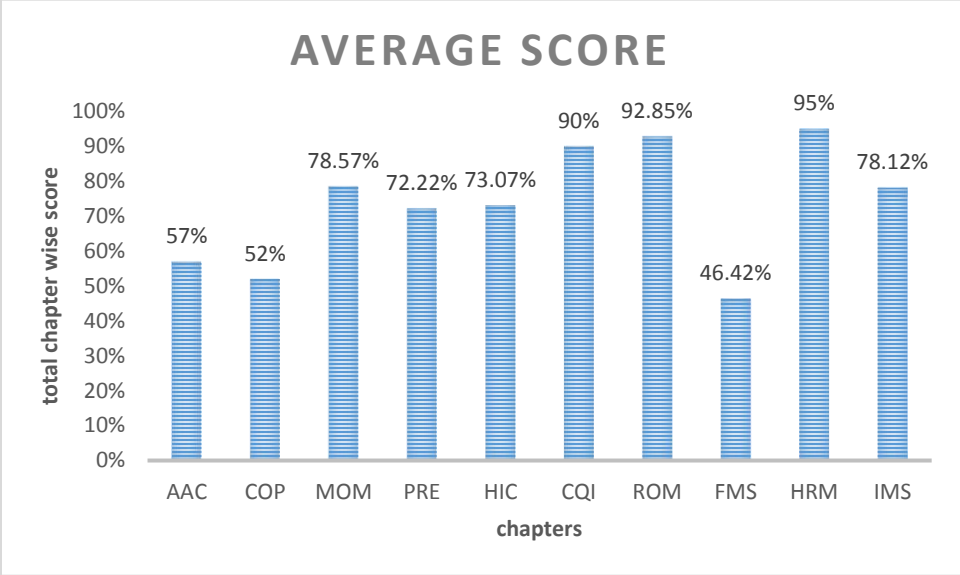
CHAPTER 10: - **INFORMATION MANAGEMENT SYSTEMS (IMS)**



Interpretation- this graph is showing the result of the 10th chapter of NABH it is showing that there were total 16 standards in this chapter and we found the gaps with the help of self-assessment toolkit with the marking with 0, 5, 10.

Then we found that the average for 9th chapter came out to be 7.5. So 10^{th} chapter is in compliance with SHCO-NABH standards.

Over all result



Interpretation: -

10. Facility management has many objective elements which non-complaint are but the average is quite better due to few of the standards like providing safe and secure environment which are partially complaint.
11. Care of patients has some objective elements which are non-complaint but the average is quite better due to few of the standards like as the organization provides patient safety but there are few infection control practices which are to be put in place.
12. Patients right and education is emphasized a great deal due to special category of staff i.e. the counselors who are specially meant to make the patient aware of their rights and educate them to take an informed decision.
13. Hospital infection control is also one area where greater emphasis has to be laid as there is no documented infection control program and team which exclusively works upon infection control.
14. The information management system provides and authenticated, secure, accurate inputs to the right personnel at right time and place, but needs to work on the manual records which are hand written
15. The chapter management of medication which basically deals with the pharmacy and medical gas has some non-complaint objective elements as there is no standard operating protocol and a centralized medical gas supply with safety precautions.
16. Continuous quality improvement chapter needs to be worked upon to the greatest extent as the quality program is yet to be documented, and data collection and analysis with regard to the structure process and outcome is still on the cards.
17. Human resource management though acquires, provides, retains and maintains competent staff needs to emphasize more on training and development of staff and needs to perform credentialing and privileging before authorizing personnel with a job responsibility
18. The hospital fares best with regard to the responsibilities of management chapter as the leaders encourage the governance and management of the organizational in a professional and ethical manner.

OBSERVATION-

1. Code red &code blue mock drill were not conducted.
2. Signage in bilingual language were not displayed these are the following signs which were not displayed

- Scope of services
- TSSU
- OT tagging
- Pharmacy tagging
- Engineer contact number
- administrator contact number
- display of codes
- Race the pass
- Lab hazard
- Triage colour coding display in ER
- Standard precautions to display
- 6 R to display

3. TSSU layouts were not designed& TSSU Register was not maintained.
4. HR files were not completed i.e. appointment letter, medical fitness certificate, personal id, professional qualification, health check-up, vaccination record.
5. Biomedical waste register or log books were not maintained.
6. Preventive maintenance (AMC CMC &calibration) records were not maintained and complaint register also not found
7. Facility rounds records were not maintained
8. Medical record audits which were to be done once a month were not maintained
9. Ambulance MOU& ambulance equipment installation record were not maintained
10. Training records with training agenda were not maintained
11. Fumigation done by bacilloid acid register not maintained
12. Autoclave register with indicator biological indicator at least once a week were not maintained.
13. Incident reporting form, needle stick injury forms were not found
14. Code pink score card not maintained
15. Mock drill record in pen drive or DVD were not maintained
16. Appointment letter were not found
17. Staff ID were not found
18. Staff dress code were not follow
19. Fire tank quantity were not displayed and maintained.
20. Generator checklist was not found.
21. Daily, weekly, monthly or annually maintenance record of medical gas or vacuum installations, records of back up cylinders were not maintained
22. Lab critical test result listing with tat display of test lab quality register
23. Doctor stamp on prescription form
24. All legal documents not compiled in one file
25. BMW waste segregation sticker paste not there
26. MRD Pest control report not there
27. Sluicing area to be located and displayed
28. Proper PPE sets available to be made available in respected location like lab ICU OT etc

29. Labelling of medicines at crash cart, multi dose vials to labelled
30. ICD -10 coding in HMIS
31. Prepare kits for hazmat for high risk areas
32. OT dirty soiled separate covered trolley
33. Hand rubs at each bed
34. Make a standard PPT for hospital on day of assessment and every staff along with lab technician radiographer electrician pharmacist presence maintenance biomedical engineer too personal present on day

From above data it is clear that chapter facility management &Safety, Care of Patients, Access, Assessment and Continuity of Care is low in compliance with NABH SHCO standards.

RECOMMENDATION: - the recommendations have been put under 5 heads i.e.

- Displays
- Training
- Policies
- Documentation
- Committees

Displays:

Since the front office does not have any displays with regard to the sign board's patients find it difficult to locate the particular department. The patient are not aware of the complaint handling mechanism, hence display of patient rights and responsibilities is required. The staff requires display of bio-medical waste segregation in a better way. Hand washing display is also required to help the staff in proper hand washing.

Training:

Regular training is required for biomedical waste segregation which will enable them to segregate the waste according to biomedical waste handling act in the color-coded bags. The OT staff requires lot of training with practical demonstration of hand washing techniques. They require on the job training for the new job responsibilities. The training should also have a feedback form to understand the strength and weakness in of the trainer. It is also required to have training on handling of fire and non-fire emergencies.

Policies

They are required in order to have a documented procedure for every procedure for every procedure and practice in the hospital. The need of the hour is to have a transfer policy for transferring patients to other branches or any other branch. Few other policies like antibiotics policy for prescription of antibiotics are required in order to give a proper guideline to the new ophthalmologist joining the hospital.

Documentation:

The major lacunae are with regard to the manual for each department indicating the policies and procedures followed. The OT requires a lot of documentation with respect to sterilization and adverse event. Every department requires an MSDS (material safety data sheet) in order to handle spillage and ingestion of chemicals.

Committee:

The committees are required to handle the work of quality as a team and to have better accountability. The committees recommended are

- Quality Assurance Committee
- Hospital Infection Committee
- Pharmacy Committee
- Antibiotic Committee
- Medical Audit Committee
- CPR Committee
- Purchase Committee
- Tariff committee
- Grievance Committee
- Fire/ Non-fire Committee

LIMITATION OF THE STUDY: - found it difficult to interact with the staff and interview them as they were busy with their routine work

Had to conduct many training sessions for different grades of staff to make them aware of NABH, & its importance, as it was difficult to extract the exact information from them without providing an orientation about NABH, and again organizing a training session required a lot of time and resources.

Since was also in implementation of the changes found it difficult to make them follow a new protocol / procedure which they had never done before.

Found it difficult to convince them to fill new registers as it was an extra work for them but nevertheless they followed it with zeal and enthusiasm.

Ophthalmology is a specialized science and the diagnostic equipment's, surgeries performed were very different from a multispecialty hospital.

CONCLUSION: - The hospital being a part of the Dr. Virendra Laser Eye Hospital, Jaipur, has staff who are well aware that a systematic protocol is to be practiced and are motivated enough to implement the changes and elevate the standard for delivery of healthcare. Accreditation is merely a step away as all the staff members are oriented to the recent advancement

The need of the hour is to re-modulate the system and processes as per the guidelines, with the involvement of all staff members. In totality the institution has high potential for accreditation.

REFERENCES: - Hospital Sop's, Manuals, NABH standards book and NABH –SHCO Self-Assessment tool kit.

Dixon-woods M, McNichol S, Martin G(2012). "Ten challenges in improving quality in healthcare: lessons from the health foundations program evaluations and relevant literature": university of Leicester

Toker John(2005). "The importance of measuring quality and performance in healthcare". American College of Physicians.

Semele ME, Resch S, Haynes AB, funk LM, bader A, berry WR, Weiser TG, Gawande AA,(2010). "Adopting surgical safety checklist could save money and improve the quality of care": Harvard school of public health.

Chakravarthy M, Adhikari R, Gokul B, Pushpa raj L. "acquired infection is inversely proportional to the level of isopropyl alcohol and tissue paper pull": department of anesthesia.

Nader H, sheybani F, Mostafavil, Khosravi, N, N. "An observational study on compliance with hand hygiene & glove change in a general hospital": Mashhad Iran.

Lucero raj, Lake ET,Aiken LH. "Nursing care quality & adverse events in US hospital": Columbia University of nursing sciences.