NABH: A GAP ANALYSIS OF PROCESS

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HOSPITAL ACCERDITATION

- **Hospital accreditation** is defined as " the process of self-assessment & external assessment through Peer followed in health care organizations for accurately assessing their level of quality , standards and performance in comparison to already established standards and to implement ways for continuous improvement."
- "NABH Standards for hospitals, 4th Edition, December 2016 has been released"." This standard has been accredited by International Society for Quality in Healthcare (ISQua). The approval of ISQua authenticates that NABH standards are in consonance with the global benchmarks set by ISQua. The hospitals accredited by NABH will have international recognition. This will provide boost to medical tourism".

Outline of NABH Standards

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

NABH ACCREDIATION PROCESS

- 1. Self-Assessment
- 2. Application for accreditation
- 3. Pre - Assessment visit
- 4. Final Assessment of hospital
- 5. Issue of Accreditation Certificate
- 6. Surveillance
- 7. Re assessment”

Benefits of accreditation

- “Leading to provision of more safer and protected surroundings to the patient in the Hospital.
- Only Hospitals accreditated by NABH are allowed to have empanelment with Third Party Administrators leading to more patients
- NABH is mainly to protect rights and responsibilities of patients and hospital employees.
- Provides regular training and development to the employees leading to more employee satisfaction.
- It enhances the level of patient care.
- Medical tourism.”
- Make goodwill of hospital.

RESEARCH QUESTION

- “What are the current gaps and compliances of hospital on four patient centric standards as compared to gaps and compliances of same standards at the time of final assessment for NABH accreditation?

OBJECTIVES

- To identify gaps in the structure, process and outcome.
- To identify the non-compliances and gaps of current services with respect to four patient centric standards of NABH 4th edition
- Compare the gaps with the non-compliances of Final assessment of the hospital
- To suggests the required alterations in structure, processes and outcomes to reduce the non-compliances in surveillance

METHODOLOGY

- **Study Design**
- Descriptive and Observational study
- **Study Location**
- **Jeevan RekhaHospital,Jagatpura, Jaipur, Rajasthan**
- **Data Collection tool**
- "Self- assessment toolkit of 4th edition of NABH
- Checklists"

DATA COLLECTION TECHIQUES

- **Data collection techniques**
- **Primary Data:**
- "Interviews with the Hospital staff
- Direct Observation"
- Interview with the patients of Hospitals

Secondary Data

- Hospital policies and Manuals
- Records and HMIS of Hospital"
- **Study Time**
- "12 weeks which includes preparing and filling checklist, Self-assessment tool kit and compiling data, gap analysis and final report completion."

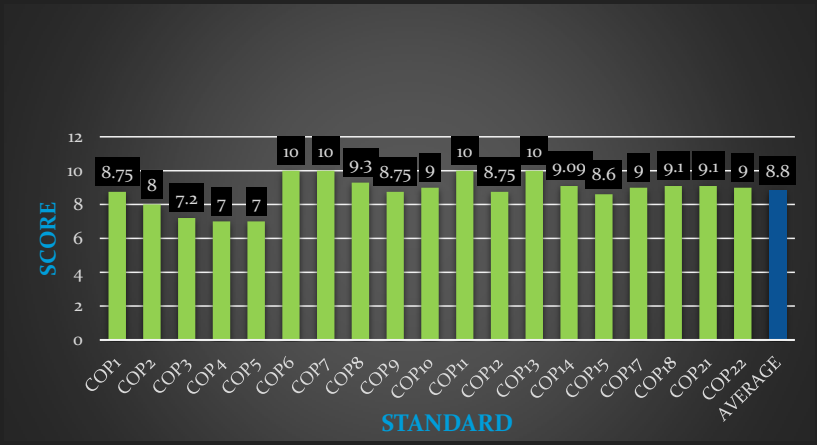
SCORING CRETERIA FOR TOOL KIT

- Complaince to the requirement: 10
- Partial compliance to the requirement:5
- Non compliance to the requirement:0
- Not Applicable: NA

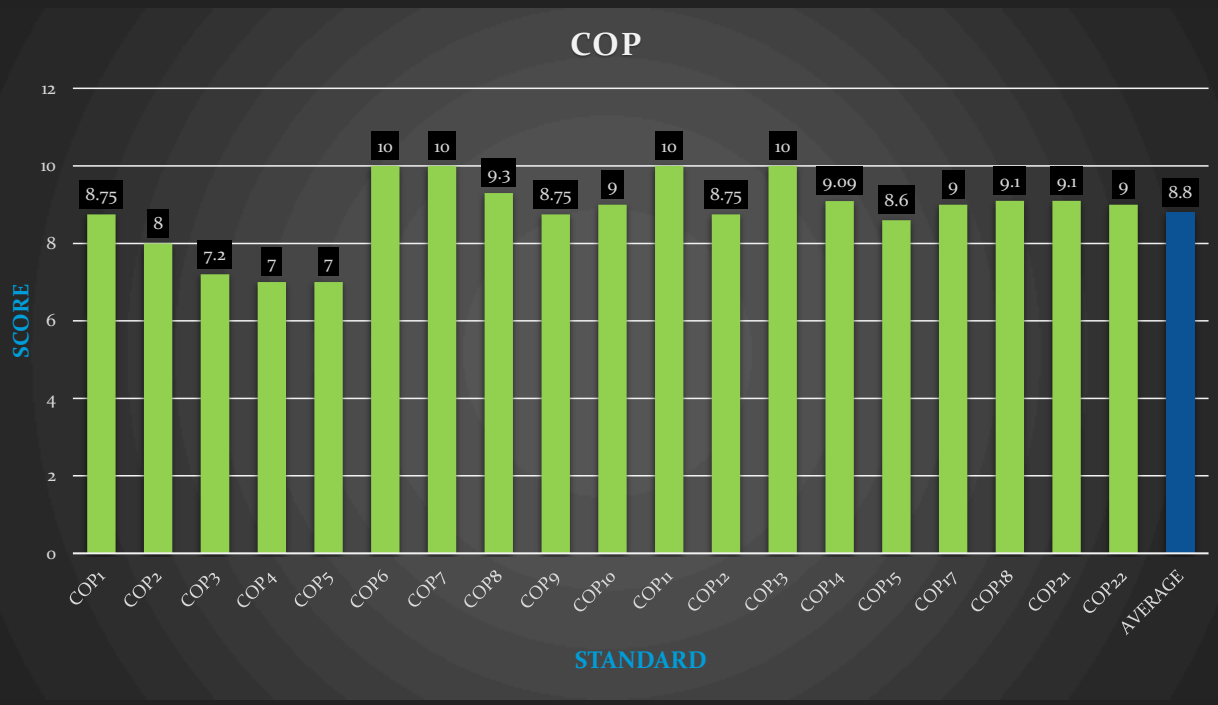
RESULTS

Chapter 1: Access Assessment & Continuity of Care

Standard	Score
AAC1	7.5
AAC2	8.5
AAC3	7
AAC4	8.5
AAC5	9.1
AAC6	9.5
AAC7	9
AAC8	8
AAC9	9.5
AAC10	9.1
AAC11	8.75
AAC12	8.33
AAC13	9
AAC14	8.6
Average	8.6

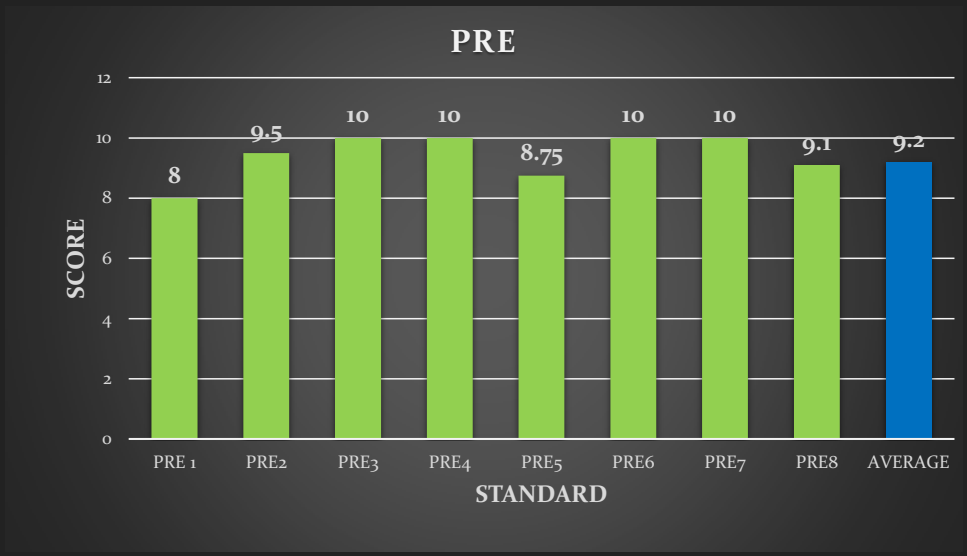


Chapter 2 : Care of Patient



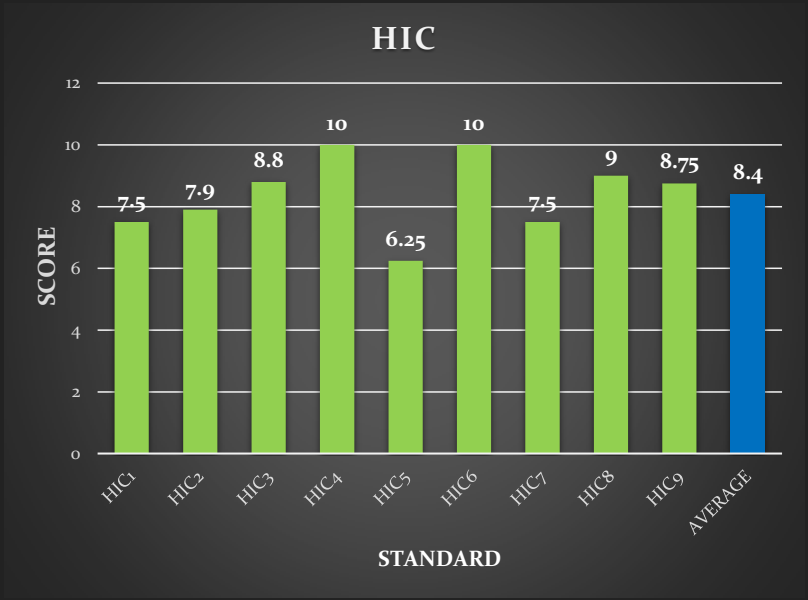
Chapter 3: Patients Rights & Responsibility

Standard	Score
PRE 1	8
PRE2	9.5
PRE3	10
PRE4	10
PRE5	8.75
PRE6	10
PRE7	10
PRE8	9.1
AVERAGE	9.2



Chapter 4: Hospital Infection control

Standard	Score
HIC1	7.5
HIC2	7.9
HIC3	8.8
HIC4	10
HIC5	6.25
HIC6	10
HIC7	7.5
HIC8	9
HIC9	8.75
AVERAGE	8.4



- COMPRASSION OF FINAL ASSESSMENT NCs & PRESURVILLENCE

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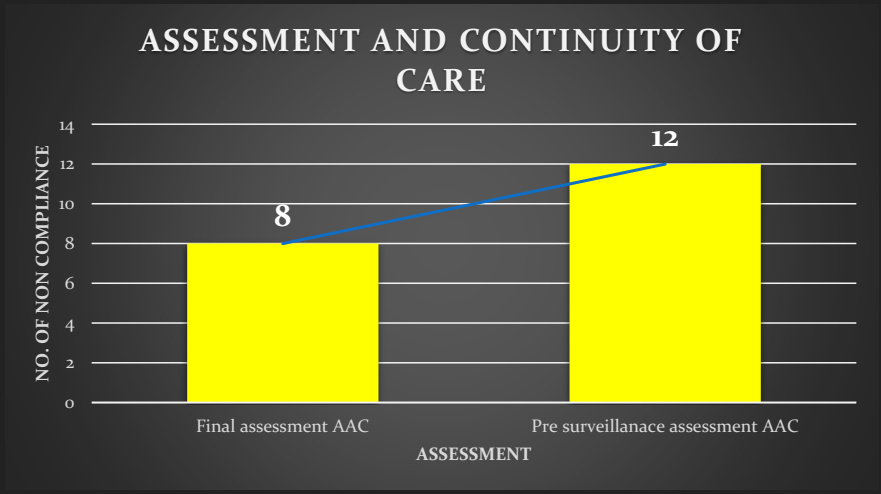
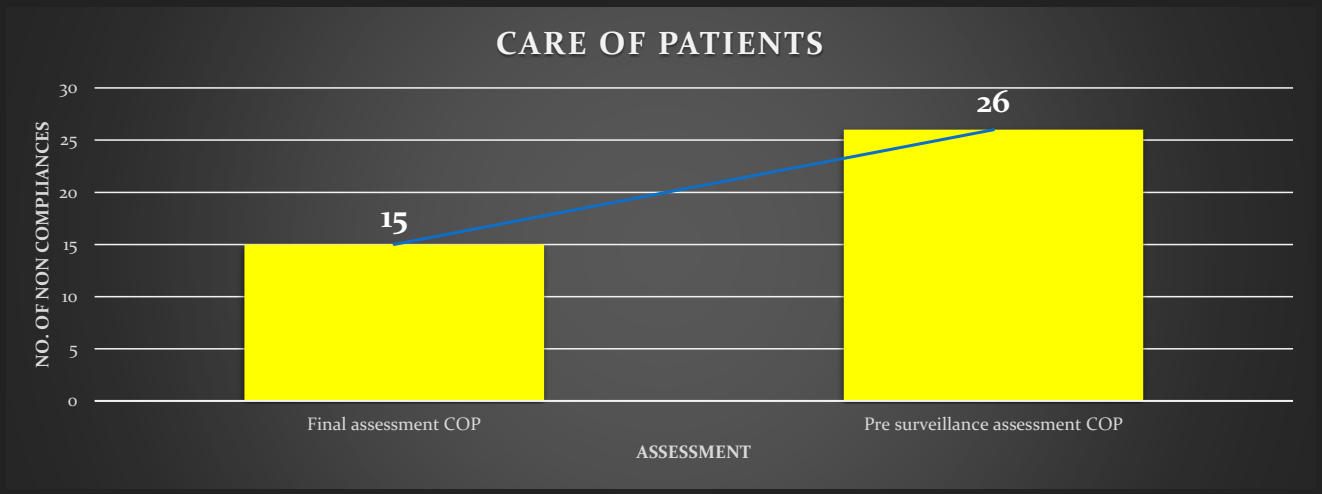


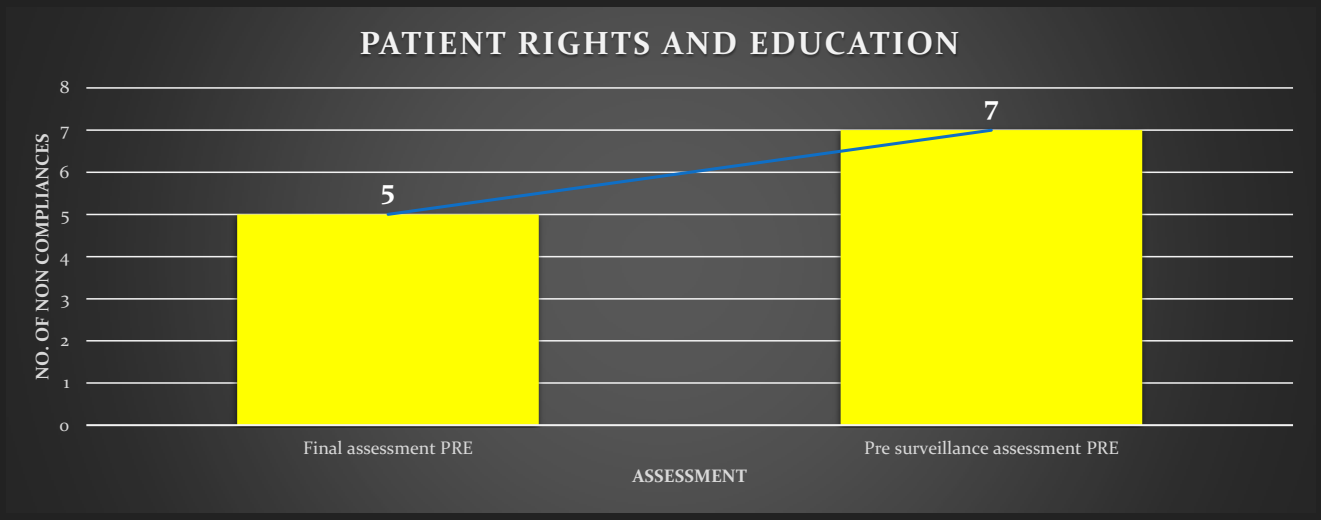
STANDARD	NCS
Final assessment AAC	8
Pre surveillance assessment AAC	12

COMPRASSION OF FINAL ASSESSMENT NCs & PRESURVILLENCE CARE OF PATIENTS



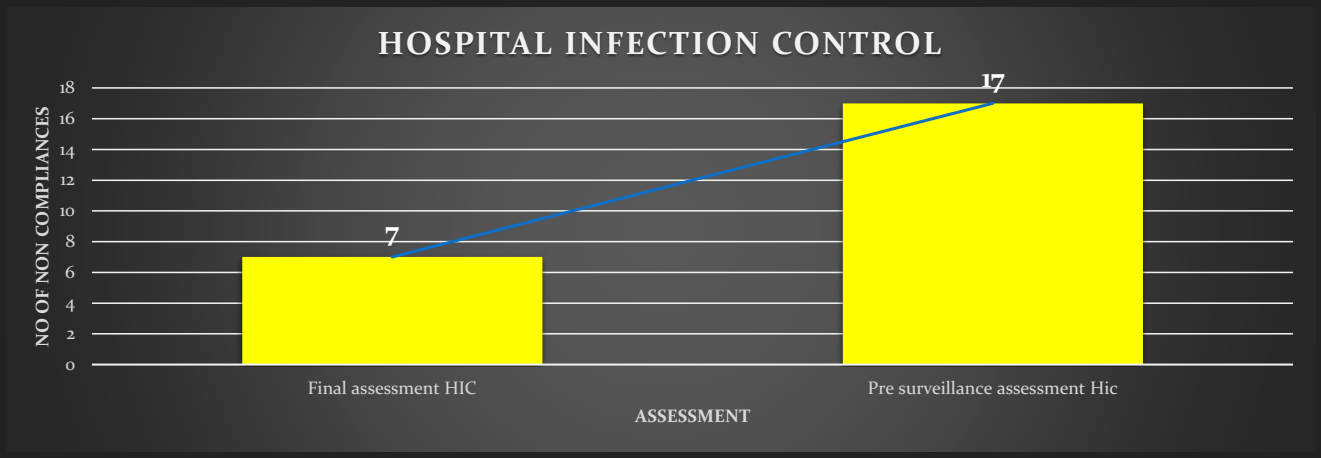
STANDARD	NCs
Final assessment COP	15
Pre surveillance assessment COP	26

COMPRASSION OF FINAL ASSESSMENT NCs & PRESURVILLENCE PATIENT RIGHTS & EDUCATION



STANDARD	NCs
Final assessment PRE	5
Pre surveillance assessment PRE	7

COMPRASSION OF FINAL ASSESSMENT NCs & PRESURVILLENCE HOSPITAL INFECTION CONTROL



STANDARD	NCs
Final assessment HIC	7
Pre surveillance assessment Hic	17

CONCLUSION

- “Gaps were observed during the project as per NABH guidelines but these gaps can be removed by little effort of management and employees. Regular training for the staff are going on which can resolve many of the gaps with in the organization. There is a NABH surveillance due for the hospital in month end of MAY,2019. According to the study for four standards no individual standard has ZERO and no individual standard have average below 7.”
- “Non-Compliances have increased from final assessment Non-compliances. Hospital is going for NABH surveillance and all Non-compliances of final assessment have not closed yet and other non-compliances as per NABH 4th edition are seen. This implies that hospital for NABH accreditation prepare themselves only for the Accessors visit and on routine basis the desired standards are not maintained”
- “This shows that NABH periodic visits to HCO are not effective in maintaining Quality. “

RECOMMENDATIONS

- “Accreditation of Hospital is mandatory for Empanelment with various TPAs, ECHS, CGHS etc. To get empaneled, hospitals try for accreditation and hire consultants to maintain all standards as per the requirement of standards of NABH. However, when they get NABH certificate, the standards are not adhered to on routine basis.”
- “By the time, NABH surveillance or reassessment which occurs after a gap of at least 18 months takes place, hospitals do not maintain the desired status. The derive to maintain the standards occur only when there is surveillance. This shows that NABH periodic visits to HCO are not effective in maintaining Quality on a continuous basis. It should be a continuous process so that HCO adhere completely to the desired quality services”
- Gaps were observed during the project as per NABH guidelines but these gaps can be removed by little effort of management and employees. Willingness of the management in terms of implementation and supplies and regular training for the staff can resolve many of the gaps.

THANK YOU