GAP ANALYSIS OF EMERGENCY DEPARTMENT AT EHCC HOSPITAL ACCORDING TO NABH STANDARDS

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INTRODUCTION

- Emergency Department reflects the ethos of care for the hospital and this goes a long way in the reputation of the hospital.
- The Emergency Department becomes the place for overcrowding not only for emotions and patient disease conditions but also for a cluster of opportunities to make errors.
- The above is an opportunity to defeat the challenges and create standards and processes to make sure the patients in Emergency Department get the quality acute care he or she deserves.
- Keeping this in mind NABH has formed its first edition of standards for Certification of Emergency Department which would result in improved quality care and patient safety.

NABH STANDARDS FOR EMERGENCY DEPARTMENT

Chapters	No. of Standards	No. of Objective Elements
Access, Assessment and Information (AAI)	11	56
Patient Care and Rights (PCR)	7	49
Management of Medication (MOM)	7	48
Hospital Infection Control (HIC)	3	9
Continuous Quality Improvement (CQI)	4	20
Responsibilities of Management (ROM)	3	13
Facility Management and Safety (FMS)	7	29
Human Resource Management (HRM)	5	21
Total	47	245

METHODOLOGY

Study Design

- Descriptive study to find out the gap between the current status of the hospital emergency department and standards of emergency medical services certification program in hospital First Edition – June 2016.

Duration of Study

- 3 Months

METHODOLOGY(CONTD..)

Objectives

- To assess the existing service delivery standards of Emergency Department at EHCC Hospital Jaipur
- To identify the gaps in terms of structure , processes and outcome
- To recommend alterations in structural designs, process of the facilities to meet the requirement.
- To give recommendations on measures to be taken to fulfil the gaps.

METHODOLOGY(CONTD..)

Data Collection Tool

- NABH emergency self-assessment toolkit.

Data Collection Method:

- Direct observation regarding the facility structure, the processes according to NABH toolkit
- Reviewing of Hospital Manuals, Policies, Records (e.g. - Register of these departments) , HMIS and interaction with hospital staff and Patients.

METHODOLOGY(CONTD..)

The NABH emergency toolkit consists of:

- Implementation (Yes/No): Whether the objective is implemented in the department or not
- Documentation (Yes/No): If the objective is implemented, whether there is proper documentation regarding the same or not.
- Evidence: If there is proper documentation of the said objective, then evidence will be collected regarding the same.
- Score (0/5/10): Once all the above criteria is fulfilled score would be given as follows:
- Compliance to the requirement :10
- Partial compliance to the requirement: 5
- Non-compliance to the requirement: 0
- Not applicable: NA

NABH EMERGENCY SELF ASSESSMENT TOOLKIT

S.NO		ELEMENTS	Policy no.	Documentation **Y/N**	Implementation **Y/N**	Evidence	Score	Other remarks/ recommendations
		Chapter 1 Access, Assessment and Information (AAI)						
AAI.1	A	The organization establishes the emergency department with an easy access and defines and displays the scope of services that it can provide.						
	1	The Emergency Department should have an easy and direct access from the approach road / main gate.						
	2	An alert mechanism is activated upon arrival of the patient. Staff should be trained to respond promptly to the alerts.						
	3	The services which are being provided are clearly defined.						
	4	The defined services are prominently displayed.						
	5	Staff is oriented to these defined services						

METHODOLOGY(CONTD..)

- Evaluation criteria during final assessment:

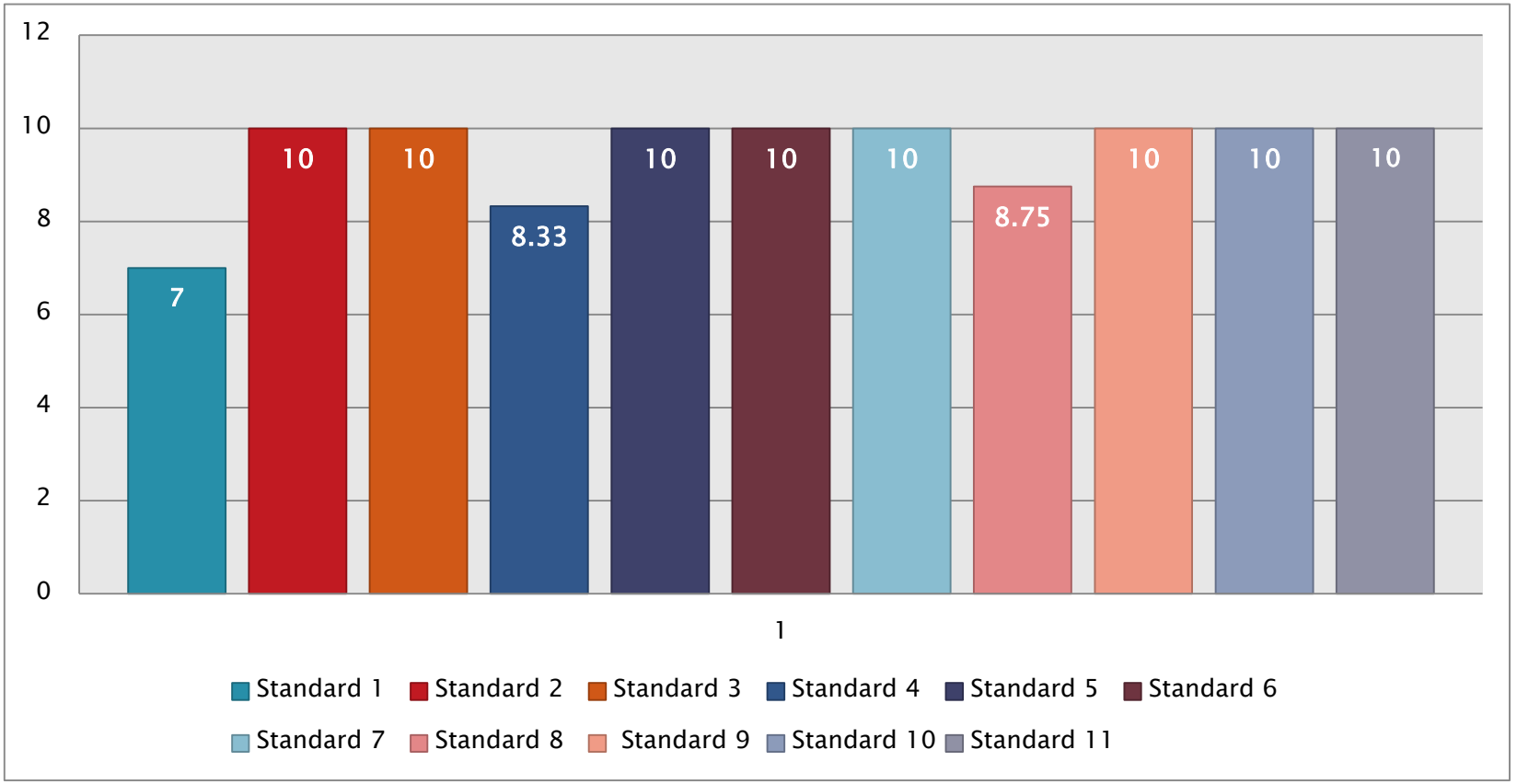
- No individual standard should have more one zero to qualify.
- However, no zero is accepted in the regulatory/legal requirements.
- The average score for individual standard must not be less than 5
- The average score for individual chapter must be more than 5
- The overall average score for all standards must exceed 7.

ANALYSIS

- Average score for Access, Assessment and Information (AAI)

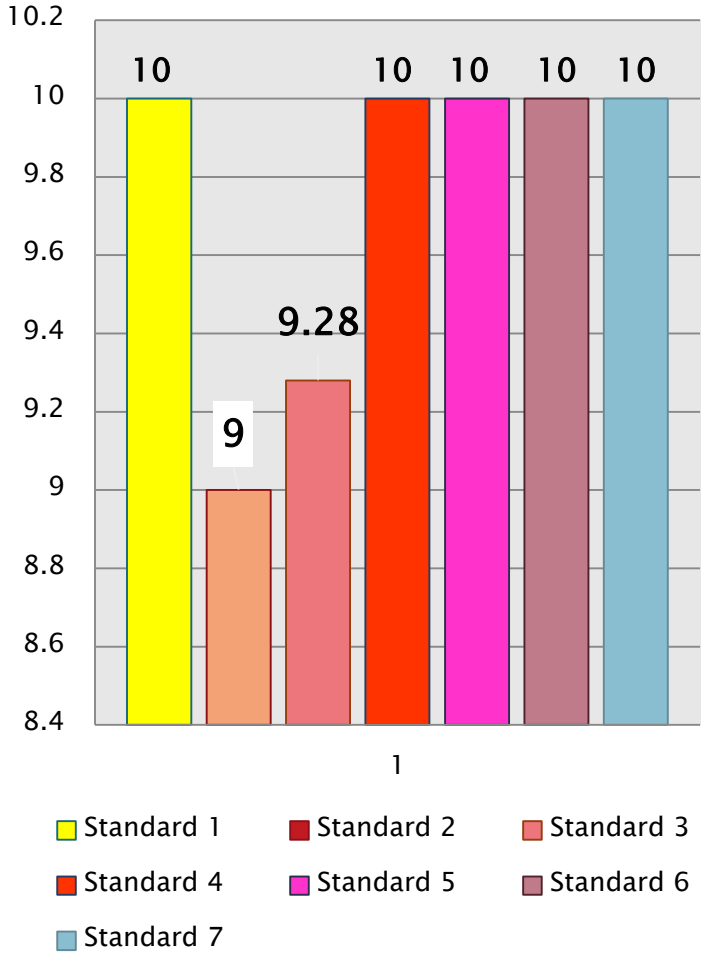
Chapter	Standards	Average Score of Standards	Average Score of Chapters
Chapter 1	Standard 1	7	9.55
	Standard 2	10	
	Standard 3	10	
	Standard 4	8.33	
	Standard 5	10	
	Standard 6	10	
	Standard 7	10	
	Standard 8	8.75	
	Standard 9	10	
	Standard 10	10	
	Standard 11	10	

Average score for Access, Assessment and Information (AAI)



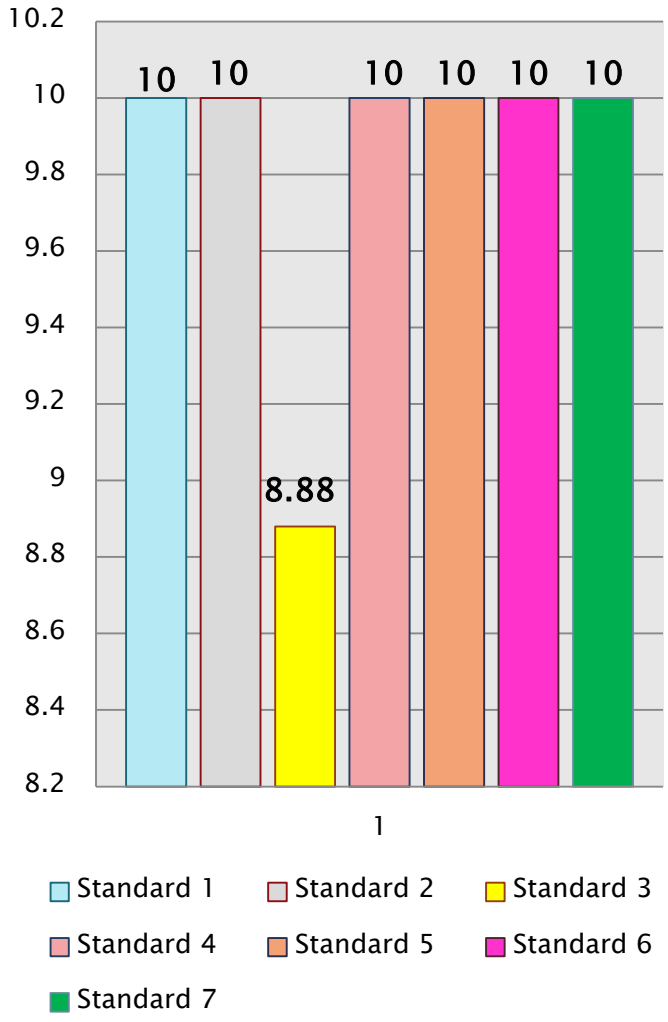
Average score for Patient Care and Rights (PCR)

Chapter	Standards	Average Score of Standards	Average Score of Chapters
Chapter 2	Standard 1	10	9.79
	Standard 2	9	
	Standard 3	9.28	
	Standard 4	10	
	Standard 5	10	
	Standard 6	10	
	Standard 7	10	



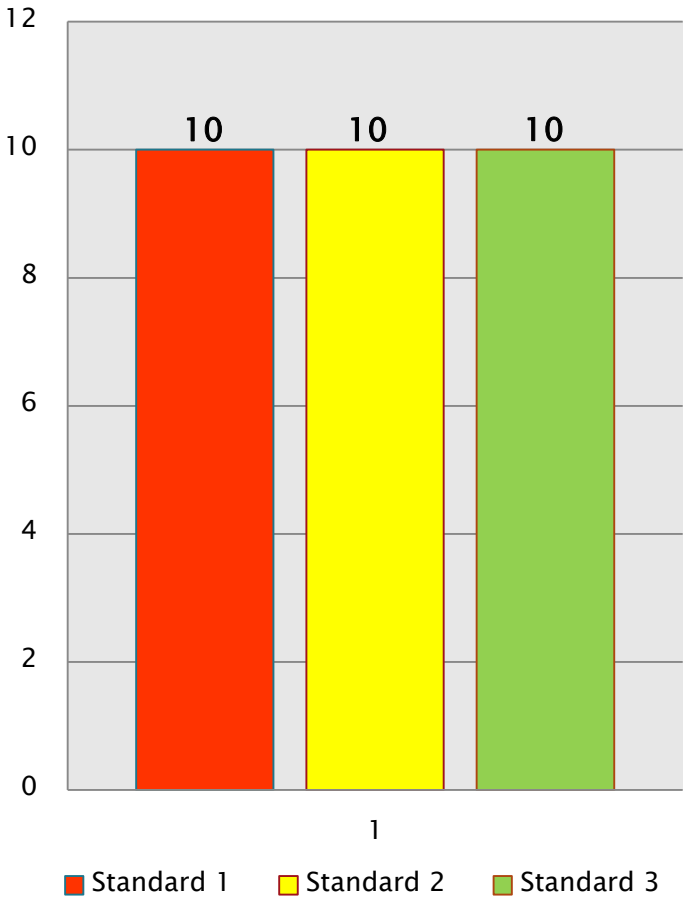
Average score for Management of Medication (MOM)

Chapter	Standards	Average Score of Standards	Average Score of Chapters
Chapter3	Standard 1	10	9.78
	Standard 2	10	
	Standard 3	8.88	
	Standard 4	10	
	Standard 5	10	
	Standard 6	10	
	Standard 7	10	



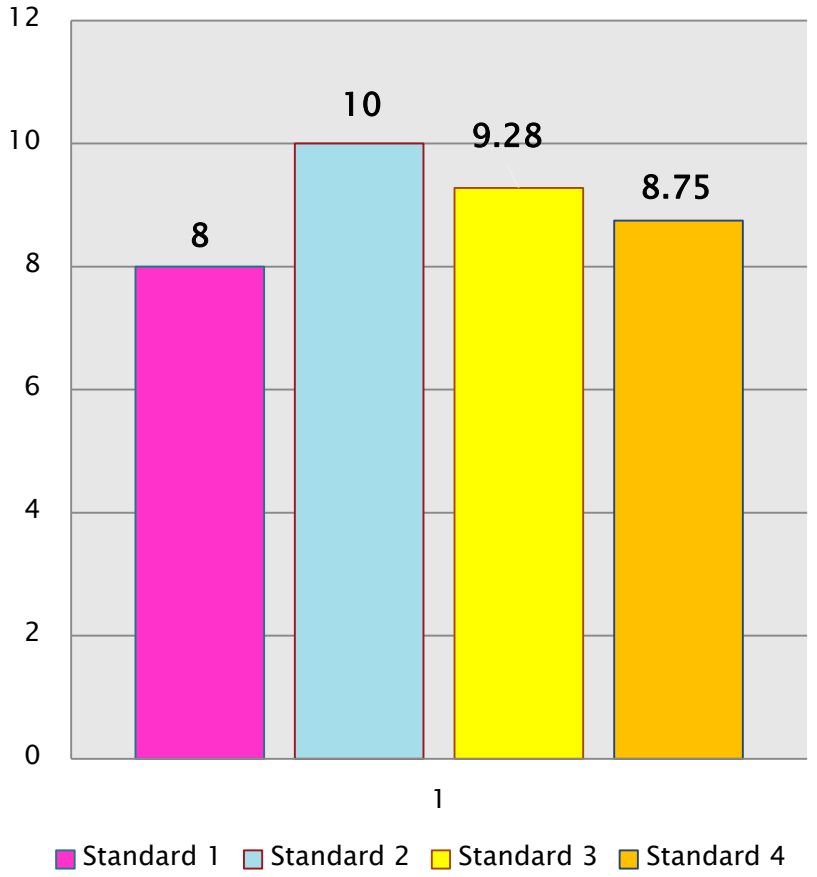
Average score for Hospital Infection Control (HIC)

Chapter	Standards	Average Score of Standards	Average Score of Chapters
Chapter 4	Standard 1	10	10
	Standard 2	10	
	Standard 3	10	



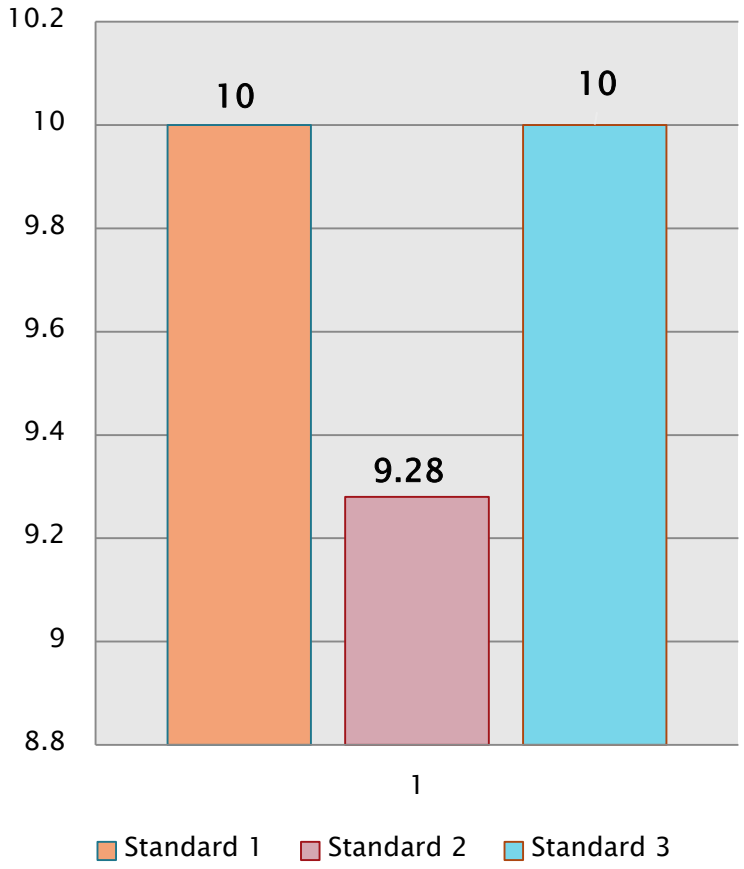
Average score for Continuous Quality Improvement (CQI)

Chapter	Standards	Average Score of Standards	Average Score of Chapters
Chapter 5	Standard 1	8	9
	Standard 2	10	
	Standard 3	9.28	
	Standard 4	8.75	



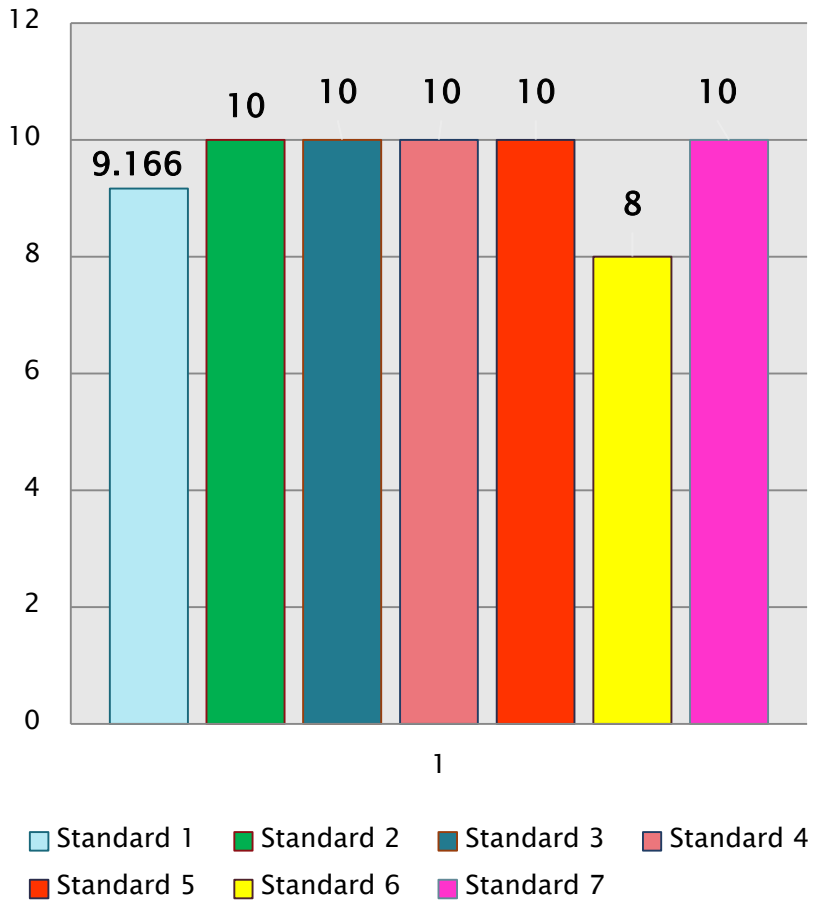
Average score for Responsibilities of Management (ROM)

Chapter	Standards	Average Score of Standards	Average Score of Chapters
Chapter 6	Standard 1	10	9.58
	Standard 2	9.28	
	Standard 3	10	



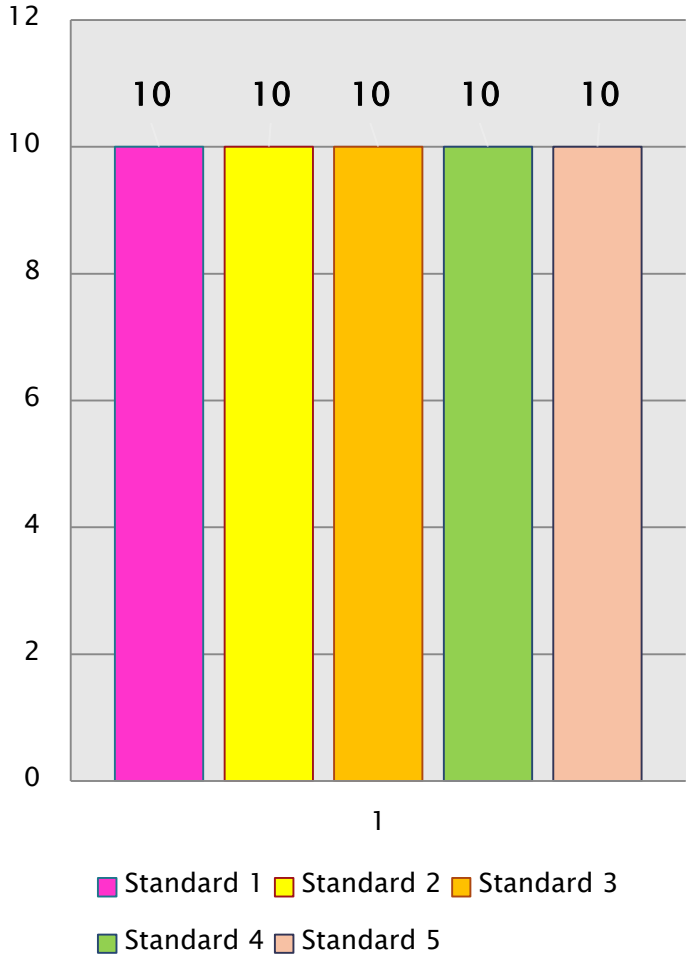
Average score for Facility Management and Safety (FMS)

Chapter	Standards	Average Score of Standards	Average Score of Chapters
Chapter 7	Standard 1	9.166	9.48
	Standard 2	10	
	Standard 3	10	
	Standard 4	10	
	Standard 5	10	
	Standard 6	8	
	Standard 7	10	



Average score for Human Resource Management (HRM)

Chapter	Standards	Average Score of Standards	Average Score of Chapters
Chapter 8	Standard 1	10	10
	Standard 2	10	
	Standard 3	10	
	Standard 4	10	
	Standard 5	10	



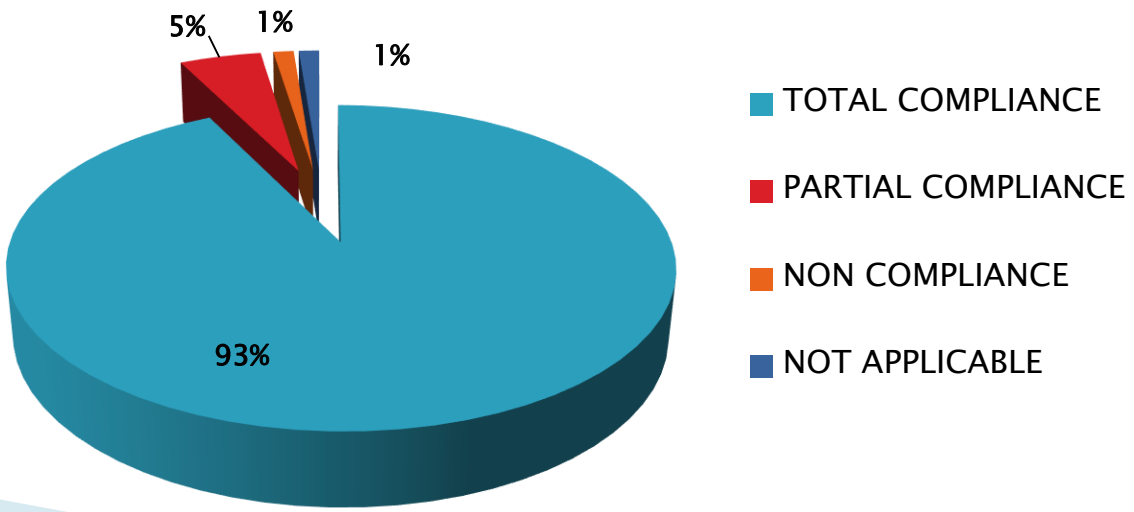
Aggregate Score

Chapters	Average Score
Chapter 1	9.55
Chapter 2	9.58
Chapter 3	9.78
Chapter 4	10
Chapter 5	9
Chapter 6	9.58
Chapter 7	9.48
Chapter 8	10

COMPLIANCE LEVEL

	% COMPLIANCE	
TOTAL OBJECTIVES		245
TOTAL COMPLIANCE	92.60%	227
PARTIAL COMPLIANCE	4.89%	12
NON COMPLIANCE	1.22%	3
NOT APPLICABLE	1.22%	3

COMPLIANCE LEVEL



RESULTS

Gaps Identified:

- A proper alert mechanism was not available for the staff so that even if they are busy, they will be intimated about patient arrival.
- BLS training was not regularly conducted for the nurses and doctors.
- Data monitoring for readmissions within 72hrs with similar complaints was not maintained.
- No disaster management mock drills were conducted.
- No Emergency Committee .
- No audit of prescriptions in Emergency Department.
- No display of patients & employees rights and responsibilities
- No refusal form for procedures.
- No refusal form for MLC .
- No high risk consent form for ambulance.

CONCLUSION

The study revealed that the average score of Emergency Department was **9.628** which make the hospital eligible for appearing for final assessment, as minimum score required was **7**. The area of concern lies with implementation of policies and procedures as documentation is almost covered.

The Emergency Department has :

- 92.6 % Compliance
- 5% partial compliance
- 1.22% non-compliance.
- The average score for individual standard was not less than 5
- Average score for individual chapter was more than 5.
- The overall average score for all standards was more than 7
- No individual standard had more than one zero.

- The Emergency Department had Score of 9.628 and in accreditation stage as per NABH standards and is fit for accreditation. Few gaps were identified, if fulfilled, would help in improving the efficiency of department and hospital to attract and accommodate more patients with better patient care.

RECOMMENDATIONS

- A proper alert mechanism should be there in form of bell so that even if staff is busy, they will be intimated about patient arrival.
- Formulation of Emergency management Committee: It would be composed of representative from different disciplines related to emergency department. This committee would analyze the policies, procedures and plans that are designed to cater the emergencies and would evaluate their effectiveness for continuous quality improvement and for management of disasters.
- There must be regular training on BLS for all the staff of ER including GDA and ambulance drivers.
- Proper handover should be maintained by ER staff with signing off. Handover must also be done between ER doctors after every shift.
- There should be a poster on patient's right & responsibilities as well as employee rights and responsibilities
- There must be a proper refusal form for procedures.
- There must be a proper refusal form for MLC .

- There must be a proper consent form for ambulance.
- Data monitoring for readmissions within 72hrs with similar complaints should be maintained as it is an quality indicator of emergency department
- The disaster management plan in the Emergency Department should be tested at least twice a year
- Turn around time monitoring can be done for average time for ER admission.
- Turn around time monitoring can be done for Average length of stay in Emergency department.
- Emergency beds can be marked as cardiac beds, trauma beds, pediatric bed and general beds
- Emergency gate should be used only for emergency patient and OPD patients and staff should not be allowed entry from here.
- There must be a proper waiting area with adequate seating capacity.

"Doctors are Brains, Nurses are Heart and Management is the Backbone of hospital Body in which Standard SOPs work as Oxygenated Blood."