Implementation of NABH Standards in Gynecology and Obstetrics Department at Jindal Institute of Medical Sciences, Hisar, Haryana

By

Sakshi Jalali

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2015-2017

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 WHOMSOEVER MAY CONCERN

This is to certify that **Sakshi Jalali** student of MBA Hospital and Health Management in Health and Hospitals from The IIHMR University, Jaipur has undergone internship training at **Jindal Institute of Medical Sciences, Hisar, Haryana** from **6th February 2017 to 6th May 2017.**

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.

Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Professor
The IIHMR University, Jaipur

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Ph : 01662-221169, 220169, 220511, Fax : 01662-221700, email : info@ncjims.org

The certificate is awarded to

DR. SAKSHI JALALI

In recognition of having successfully completed her
Internship in the department of

OPERATIONS

and has successfully completed her Project on

Implementation of NABH Standards in Gynecology And Obstetrics Department

9th may, 2017

Jindal Institute of Medical Sciences, Hisar, Haryana

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

We wish him/her all the best for future endeavors

Senior Manager Operations

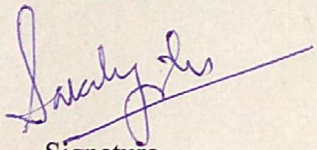
Head-Human Resources

IIHMR UNIVERSITY

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation **"Implementation of NABH Standards in Gynecology and Obstetrics Department".** and submitted by **Sakshi Jalali** Enrollment No. **0341** under the supervision of **Dr. Monika Chaudhary** for award of MBA in Hospital and Health Management in Health and Hospitals of the University carried out during the period from **6th February 2017 to 6th May 2017** 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

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled **"Implementation of NABH Standards in Gynecology and Obstetrics Department".**

Signature of student

Abstract

Implementation of NABH standards in Gynecology and Obstetrics Department at Jindal Institute of Medical Sciences, Hisar.

Author- Sakshi Jalali

Introduction:

The concerns on quality are increasing every day. Most of us try and take initiatives to bring quality in the work we do because it is not only the need of the hour but our consumers have got ample options to judge quality depending upon the services they utilize and they are offered. National Accreditation Board for Hospitals and Health care Providers is a body which has set some standards to measure quality. NABH is an institutional member of International Society for Quality in Health Care (ISQua).

Objective:

- To identify gaps in the existing system of Obstetrics and Gynaecology Department in th context of NABH Standards.

Methodology: A checklist was prepared consisting of all required parameters to be assessed with respect to NABH standards in the Department of Obstetrics and Gynaecology at JIMS hospital.

Gaps identified

The Non compliances thus identified were chiefly in the areas from

Sr.no	Gaps
1	**Lack of documented policy and procedure for obstetrics services**
2	**Lack of a proper definition as to what constitutes high-risk obstetrics**
3	**Lack of proper Display of high-risk obstetric at a prominent location**
4	**In Ante natal services**
	4.1. Lack of Diet counseling by dietician

	4.2. Lack of Ante natal card for every patient
5	**Lack Labour Augmentation Bundles**
6	**Lack of Staff Safety measures**
	6.1. Hand Hygien
	6.2. Spill management
	6.3. Needle stick injury
	6.4. Bio- Medical waste management
7	**Lack of a proper policy for HIRA & MSDS**
	7.1. Sodium Hypo chloride
8	**Lack of Fire Exit Plan**
9	**No Crash Cart**
10	**Early Warning Signs monitoring/** **Clinical Alarm (no documentation and reporting protocol)**
11	**Lack of Code Blue Mock Drills**
12	**Lack of Code pink Mock Drills**
13	**Non compliance wrt ID Proof Notice for of PNDT(form f)**
14	**Lack of MTP- Form C & I (informed Consent and their documentation and Storage)**
15	**Non compliance wrt Triaging of Patients**
16	**Non compliance wrt Care of vulnerable patients**
17	**Non compliance wrt Management of Medicine**
	17.1. LASA drugs

	17.2. Labelling Policy
	17.3. Verbal Order Policy
	17.4. Medication errors documenting
	17.5. Documenting Adverse reaction
	17.6. Vaccine storage policy
	17.7. Emergency drugs stock Maintenance.
18	**Lack of Policy regarding infection control**
29	**Lack of Policy regarding maintenance of equipments**
20	**Lack of Temperature and humidity control at Labour room**
21	**Lack of Calibration record of equipments**

Conclusions:

This study stressed on that how core indicators of NABH contributes towards safety in delivering Obstetrics and Gynecology services and making it more effective for all economic strata's. Every possible measure was taken to take concerns from all the staff and patients in the form of inputs in order to incorporate it in the study. Efforts were Successful in a way that organization is going to file its application for NABH Accreditation on 25th May.

Keywords: Standards of NABH, Care Of Patients, National Accreditation Board for Hospitals and Healthcare Providers (NABH

Acknowledgement

A dissertation project is an excellent opportunity for learning and self-development.
I am thankful to **Dr Shekhar Sinha (Director NCJIMCARE and OPJICACRE),** for letting me do my internship from this reputed organization.

I am highly indebted to **Mrs Kumkum Roy Chaudhary(Sr. manager Operations) and Mr Surjeet Singh (Sr. manager Operations)** for their constant guidance.

I would like to extend my gratitude to Mr Sandeep Dalmia (Strategic Manager) for giving me time I needed.

I am thankful to the team of Quality and Infection Control for providing me necessary information through the completion of this project.

My sincere thanks **to Dr. Monika Choudhary** my mentor for her constant advice and feedback

I would like to express my gratitude towards the clinical and non-clinical staff of NCJIMCARE and OPJICACRE for their co-operation which really helped me to complete the project.

I thank my colleagues Ms **Vandana** and **Ms Ashima** in making of this project
Also my thanks goes to all those who have helped me beyond their abilities

NDA (Non-Disclosure Agreement)

Clause

All the data/information used in the report exclusively belongs to JIMS, which is being used only for preparation of this Thesis. IIHMR University and its officials are not permitted to share of use any such information for any purpose.

Dr. Shekhar Sinha

Medical Director

NCJIMCARE & OPJICACRE

Contents

I. List of Abbreviations

NCJIMCARE	N. C. Jindal Institute Of Medical Care And Research Centre
OPJICACRE	O.P. Jindal Institute Of Cancer And Cardiac Research
NABH	National Accreditation Board for Hospitals and Healthcare Providers
HAI	Hospital Acquired infection
CAUTI	Catheter Associated Urinary Tract Infection
CLABSI	Central Line Associated Blood Stream Infection
SSI	Surgical Site Infection
HIRA	Hazard Identification and Risk Assessment
MSDS	Material Safety Data Sheet
HDU	High Dependency Unit
CCU	Cardiac Care Unit
ICU	Intensive Care Unit
MICU	Medical Intensive Care unit
NICU	Neonatal Intensive Care Unit
PICU	Pediatric Intensive Care Unit
CTVS	Cardio Thoracic and Vascular Surgery
ESIC	Employee State Insurance Corporation
ENT	Ear, Nose and Throat
MTP	Medical Termination Of Pregnancy
ISQua	International Society for Quality in Healthcare
QCI	Quality Council Of India
APGAR	Activity and muscle tone, Pulse (heart rate) Grimace response (reflex irritability)Appearance(skin coloration) Respiration (breathing rate and effort)

II. Organization Overview

NCJIMCARE & OPJICACRE

(JINDAL INSTITUTE OF MEDICAL SCIENCES)
MODEL TOWN, HISAR, HARYANA
Quality Medical Care at Affordable Cost
www.ncjims.org

Jindal Institute of Medical Sciences is a multispecialty, upgraded secondary level charitable hospital managed by **O.P. Jindal Group running under auspices of N.C. Jindal Charitable Trust and Om Savitri Jindal Charitable Society**. This hospital has 560 beds at present and is the biggest referral hospital in south Haryana and neighboring Rajasthan & Punjab, covering a population of about 70 lacs.With almost 48 years of dedicated service, constant up gradations and expansion to keep pace with improving medical technology, this medical institute has won the trust of community and is approached by one and all with confidence for ethical, affordable, reliable and quality health care services.The management has kept the pricing low and within reach of the community to maintain charitable character of the hospital. Jindal family gives liberal donations for any new project, costly medical equipment and technology. Otherwise, this institute is financially self sustaining due of high volume and turnover of patients. Hospital is located in the Model Town area of Hisar city with 15 acres of land having state of art buildings, lush green lawns, spacious parking, in-house pharmacy, cafeteria, shopping complex and multi storey residential campus to house doctors and staff.

N.C. Jindal Institute of Medical Care & Research

O.P. Jindal Institute of Cancer & Research

Organization Through LENSES……

O.P. Jindal Institute of Cancer and Cardiac Research

Savitri Jindal Institute of Nursing

Jindal Institute of Medical Sciences Campus Area

At present JIMS has 100+ doctors including resident doctors, about 1300 paramedical and supporting staff, a turnover of 4.6 Lac outpatients, 50000 inpatients and 16000 surgeries and procedures per year.

Secondary And Tertiary Level Of Services

Secondary Level		Tertiary Level
Medicine	Orthopedics	-Medical Oncology
General Surgery	Paediatrics	-Radiation Oncology
Eye	ENT	-Neuro Surgery & Neurology
Gynae.&Obs.	Psychiatry	-Plastic Surgery
Anaesthesia & Critical Care	Dermatology	Gastroenterology & GI Surgery
Radiology	Pathology &Microbiology	-Cardiology & Cardiac Surgery
Physiotherapy	Dentistry	-Nephrology
		-Urology

a. Vision

Be a "Centre of Excellence" for providing comprehensive health care & training in medical science

b. Mission

Quality Medical Care at Affordable Cost

c. Values

- *Practice Dignity and Equity in relationships. Provide opportunities for people to realize their full potential.*
- *Manage our operations with high concern for patient's right.*
- *Stay updated with latest technological advancement and managerial expertise to enhance patient satisfaction.*
- *Inculcate cost consciousness and concept of effectivity and efficiency with concern for patient's affordability.*

d. Hospital Beds

Number Of Beds

Category	No. of Beds
General Ward Beds	85
Economy Beds	19
Private Rooms	153
Deluxe Rooms	19
Super Deluxe	4
HDU	107
CRITICAL CARE (ICU, PICU, NICU, CTVS ICU, CCU 1, MICU, H.CMD)	126
Daycare (Eye, Gastro, Chemotherapy, Dialysis)	47
Total	**560 Beds**

e. Preventive Health Checkup Programmes

We at JIMS believe in the age old dictum - Prevention is better than cure. Our Preventive Health Programme provides a comprehensive and complete health check up from the best available hands, followed by advice on relevant lifestyle changes.

- ✓ Specially designed Health screening packages to suit individual needs.
- ✓ Convenience of investigations, multi-disciplinary consultation, and effective treatment, all under one roof.
- ✓ Individualized corrective lifestyle advice.

Jindal Institute of Medical Sciences is empanelled with many government & public sector institutions as under :

- ✓ Haryana State Government
- ✓ Employee State Insurance Corporation (ESIC)
- ✓ Guru Jambheshwar University of Science & Technology
- ✓ CCS Haryana Agriculture University
- ✓ Dakshin Haryana Bijli Vitran Nigam

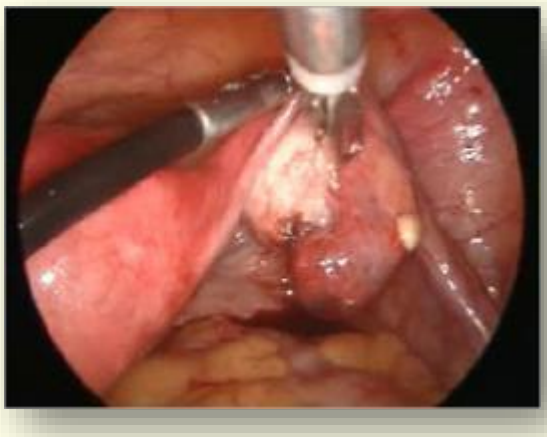
f. Name of Departments with the services provided

Name of Departments

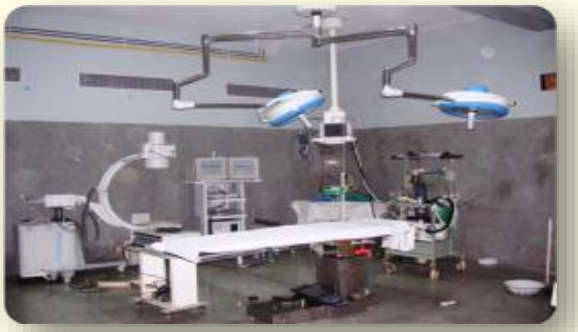
Department of Neuro Surgery & Neurology Facilities ➢ EEG ➢ NCV ➢ Brain Microsurgery ➢ Spinal Cord Surgery ➢ 24 Hrs Trauma Support ➢ Advance Life Support Ambulance ➢ Intensive care unit ➢ Ventilators	Department of Cardiology & Cardiac Surgery Facilities ➢ ECHO ➢ TMT ➢ Holter ➢ Angiography ➢ Angioplasty ➢ Pacemaker Implantation ➢ Cardiac Care Unit
Department of Nephrology Facilities ➢ Dialysis ➢ Nephrology HDU ➢ Kidney	Department of Urology Facilities ➢ PCNL ➢ Lithotripsy ➢ CO2 Laser
Department of Medical & Radiation Oncology Facilities ➢ Chemotherapy ➢ Brachytherapy ➢ Telecobalt ➢ Linear Accelerator ➢ Preventive Oncology ➢ In-house Onco Pharmacy	Department of Plastic Surge Facilities ➢ Burns Unit ➢ Burns ICU ➢ Flap & Reconstructive Surgery
Department of Gastroenterology & GI Surgery Facilities ➢ ERCP ➢ Diagnostic Endoscopies	Department of Medicine Facilities ➢ Medical ICU with Ventilators ➢ Dialysis ➢ Cardiac Monitors

➢ Therapeutic Endoscopies ➢ Oesophageal Stents ➢ Bariatric & Other GI Surgery	➢ Defibrillators ➢ Echocardiography ➢ TMT ➢ Video Endoscopy ➢ Spirometry
Department of Gen. Surgery & Surgical Oncology Facilities ➢ Laproscopic Surgery ➢ Onco Surgery ➢ TURP ➢ Cystoscopy ➢ Colonoscopy	Department of Orthopedics Facilities ➢ Arthoscopy ➢ Arthoplasty ➢ Knee Replacement Surgery ➢ Total Hip Replacement Surgery ➢ Laminar Flow Operation Theater ➢ C-Arm Image Intensifier ➢ Physiotherapy o TENS o Ultrasonic Massage o Interferrential Therapy o Wax Bath o Short Wave Diathermy o Computerised Traction o Neuro-Muscle Stimulator o Moist Heat Therapy Unit
Department of Ophthalmology Facilities ➢ Micro Surgery ➢ Phacoemulsification Surgery ➢ Cornea Transplant Surgery ➢ Vitrectomy ➢ Nd. Yag Laser ➢ Double Frequency Green Laser ➢ Fundus Fluorescein Angiography ➢ Automated Perimetry ➢ Auto Refractometer ➢ Non Contact Tonomter ➢ LASIK Laser	Department of ENT Facilities ➢ Sinus Endoscopy ➢ Micro Ear Surgery ➢ Laryngeal Surgery ➢ CO2 Laser Surgery ➢ Skull Base Surgery ➢ Digital Audiometry ➢ Speech Therapy ➢ Hearing Aid ➢ Cochlear Implantation
Department of Peadiatrics Facilities ➢ Neo-Natal Nursery ➢ Pediatric HDU ➢ Neonatal & Pediatric Ventilators ➢ Exchange Transfusion	Department of Gynae & Obs. Facilities ➢ Air Conditioned Labour Room ➢ Painless Normal Delivery ➢ Hysteroscopy ➢ Non Descend Viginal Hysterctomy ➢ Colposcopy ➢ Cardiac Tocogram

Department of Radiodiagnosis Facilities ➢ Color Doppler ➢ Computerised X Ray ➢ 125 Slice CT Scan ➢ 1.5 T MRI ➢ Ultrasonography ➢ Mammography ➢ Special Diagnostic Investigations	Department of Psychaitry Facilities ➢ ECT ➢ Biofeed Back ➢ Multi-Behaviour Tharapy ➢ Clinical Psychology
Department of Dermatology Facilities ➢ Skin Biopsy ➢ Electro Cautry ➢ Blister Grafting in vitilogo ➢ Electrolysis	Department of Anaesthesia & Critical Care Facilities ➢ Intensive Care Unit ➢ Pain Clinic
Department of Pathology Facilities ➢ Automated Analyzers ➢ Hematology ➢ Biochemistry ➢ Microbiology	Department of Dentistry Facilities ➢ Dental X-ray ➢ Maxilofacial surgery ➢ Orthodontic surgery ➢ Dental Prosthesis and Implants



Laproscopic Surgery



10 Modern Operation Theaters

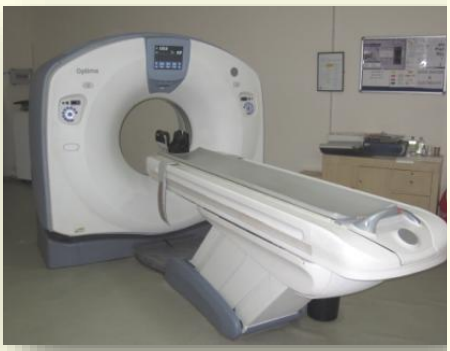
Private Rooms

24 Hrs Trauma Support

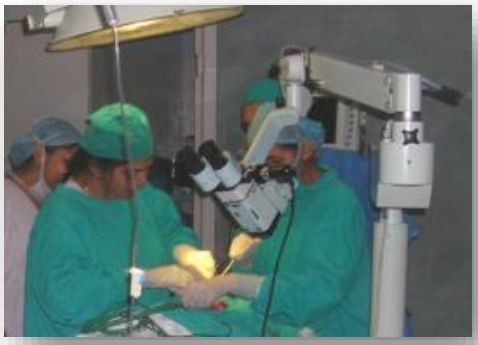
Intensive Care Unit

Advance Life Support Ambulance

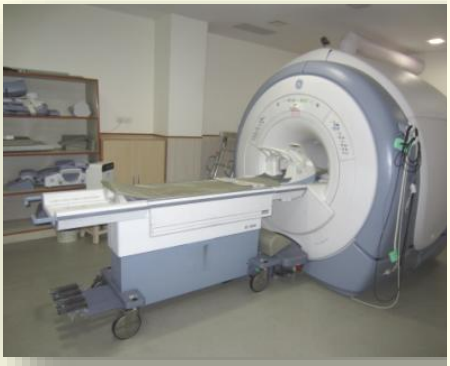
Medical ICU



128 Slice CT Scan



Micro Ear Surgery



1.5 Tesla MRI

Nursery

Mammography

Auditorium

Laundry Area

Solar Heater

1. Introduction

Following on his father's footsteps Shri O.P. Jindal, who believed that," without the upliftment of weak and backward sections of the society, a nation can never prosper". He along with his wife Mrs. Deepika Jindal manages a 600 bedded Multi-specialty charitable hospital called NC JINDAL INSTITUTE OF MEDICAL SCIENCES and OP JINDAL INSTITUTE OF CANCER AND CARDIAC RESEARCH is serving since 1968. NCJIMCARE & OPJICACRE are multi-subspecialty hospital catering to medical needs of millions of people in rural Haryana, Punjab and adjoining areas of Rajasthan. The hospital is approached by one and all.

Though the hospital has a legacy which speaks for itself and the services it provides, yet there are certain procedures which every hospital has to go through to accredit and benchmark its services. An example of such a procedure is National Accreditation Board for Hospitals & Healthcare Providers.

1.1 Department of Obstetrics and Gynaecology:

It is a 20 bedded department which includes beds in HDU, Suites and private rooms. The department is run by three consultant gynecologists who take care of OPD patients, IPD patients and all emergencies. There are 4 Resident Medical Officers,3 Nursing Supervisors, 13 staff nurses, 3 ward attendants and 3 housekeeping staff. It is sufficiently equipped to handle----- deliveries per day.

1.2 Why NABH?

NABH is a body which carryout's programs required to raise the service standards of the hospital. Such programs should be supported and given importance to because it and the organization work towards the common goal that is improving the quality of the services and there after benchmarking the same. Running such programs may not always convince people like physicians and other health professionals but we can always try convince them with logics and evidences and not deviate from the fact.

2. History of NABH

National Accreditation Board for Hospitals and Healthcare Providers (NABH) is a constituent board of Quality Council of India (QCI), set up to establish and operate accreditation programme for healthcare organizations. NABH has been established with the objective of enhancing health system & promoting continuous quality improvement and patient safety. The board while being supported by all stakeholders, including industry, consumers, government, has fully functional autonomy in its operation. NABH provides accreditation to hospitals in a non-discriminatory manner regardless of their ownership, legal status, size and degree of independence. International Society for Quality in Healthcare (ISQua) has accredited "Standards for Hospitals", 3rd Edition, November 2011 developed by National Accreditation Board for Hospitals & Healthcare Providers (NABH, India) under its International Accreditation Programme for a cycle of 4 years (April 2012 to March 2016). The approval of ISQua authenticates that NABH standards are in consonance with the global benchmarks set by ISQua. The hospitals accredited by NABH have international recognition. This will provide boost to medical tourism. ISQua is an international body which grants approval to Accreditation Bodies in the area of healthcare as mark of equivalence of accreditation program of member countries. NABH is a member of ISQua Accreditation Council. NABH is an Institutional Member as well as a member of the Accreditation Council of the International Society for Quality in HealthCare (ISQua). NABH is the founder member of proposed Asian Society for Quality in Healthcare (ASQua) being registered in Malaysia. NABH is a member of International Steering Committee of WHO Collaborating Centre for Patient Safety as a nominee of ISQua Accreditation Council.

3. Purpose of the Study

- Obstetrics and Gynecology department was functioning well keeping the main focus on treating patients and, giving less attention to Access, Assessment and Continuity of Care, Management of Medication, Patient Rights and Education, Hospital Infection Control, Continual Quality Improvement, Responsibilities of Management, Facility Management and Safety, Human Resource Management, Information Management System. The purpose of this study was to incorporate the same with respect to NABH standards.

4. Research Question

- What are the pre requisites for Obstetrics and Gynaecology Department with respect to NABH standards?

5. Objectives

- To identify gaps in the existing system of Obstetrics and Gynaecology Department in context of NABH.
- To implement NABH standards in Obstetrics and Gynaecology Department.

6. Literature Review

The first hospital to be accredited by NABH is 'Malabar Institute of Medical Sciences (MIMS), Kerala' which is a 650-bed multispecialty hospital and was accredited in 2007 and till date more than 350 hospitals in India has achieved accreditation by NABH. In public hospitals, Gandhinagar General hospital was the first to get NABH accreditation in 2009.

Standards

The NABH standards 4th edition standards are documented in 10 chapters, which are as follows

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)

Organization Centered Standards

6. Continual Quality Improvement (CQI)
7. Responsibilities of Management (ROM)
8. Facility Management and Safety (FMS)
9. Human Resource Management (HRM)
10. Information Management System (IMS)

6.1 Standards

COP.11. Documented policies and procedures guide obstetric care.

Objective Elements

a. There is a documented policy and procedure for obstetric services. *

Interpretation: At a minimum, this shall include assessment of these patients including nutrition, immunisations and education. It could include prenatal safety guidelines such as monitoring standards, labour augmentation bundle, etc.

b. The organisation defines and displays whether high-risk obstetric cases can be cared for or not.

***Interpretation*:** The organisation shall define as to what constitutes high-risk obstetric case in consonance with best clinical practices. The display should be in a prominent location (either near the entrance or registration counter or near the OPD). This is applicable only if it cares for such patients. The organisation caring for high-risk obstetric cases has the facilities to take care of such mothers.

c. Persons caring for high-risk obstetric cases are competent.

***Interpretation*:** These shall not just be doctors but shall include nursing staff also. The competency shall be based on qualification, experience and training. It is preferable that persons caring for high-risk obstetric cases either have adequate experience or additional training for taking care of such patients.

d. Documented procedures guide the provision of ante-natal services. *

Interpretation: This shall at a minimum include assessment, immunisation, diet counselling and frequency of visits. There shall be an ante-natal card (or equivalent) for every such patient.

e. Obstetric patient‘s assessment also includes maternal nutrition.

Interpretation: It is preferable that this is done by a dietician.

f. Appropriate pre-natal, peri-natal and post-natal monitoring is performed and documented.*

Interpretation: This is in context of maternal and foetal monitoring.

g. The organisation caring for high-risk obstetric cases has the facilities to take care of neonates of such cases.

Interpretation: The organisation shall have an NICU (level I, II or III) with appropriate equipment and staff

In order to identify gaps with respect to above mentioned standards the study was carried out in the following ways.

7. Study Methodology

Study Design: Descriptive design

Study Area: Department of obstetrics and Gynaecology, JIMS

Study Duration: Three months (February 2017 – May 2017)

Data collection tool: A checklist was prepared according to the requirements of NABH and Clinical Establishment Act Standards for Hospitals and the same was validated by the Director of the hospital Dr. Shekhar Sinha (MD Anaesthesia)

(See appendix for the same)

Study Plan: A team of internal auditors assessed the allotted department /area. Each team was provided with area-wise assessment checklist (checks to be done as per the requirements of NABH) for assessing the department / area. Also they were asked to provide inputs for some check points which they felt to be incorporated for assessment of that area. Some important points on how to conduct the assessment were included on face sheet of every assessment check list. After the assessment survey all the teams were told to submit their findings. These checklists were then analyzed focusing on the gaps observed during the survey. The gaps were shown in the filled checklist as NC. While making the report all the NC's were be focused upon and counted. This report focused only on the gaps found during the assessment. Finally a reporting excel sheet was made which showed the gaps present in the following department. Once the gaps were identified the implementation of the needful was done respectively.

8. Gaps identified:

Sr.no	Gaps
1	Lack of documented policy and procedure for obstetrics services
2	Lack of a proper definition as to what constitutes high-risk obstetrics
3	Lack of proper Display of high-risk obstetric at a prominent location
4	In Ante natal services
	4.1. Lack of Diet counseling by dietician
	4.2. Lack of Ante natal card for every patient
5	Lack Labour Augmentation Bundles
6	Lack of Staff Safety measures
	6.1. Hand Hygiene
	6.2. Spill management
	6.3. Needle stick injury
	6.4. Bio- Medical waste management
7	Lack of a proper policy for HIRA & MSDS
	7.1. Sodium Hypo chloride
8	Lack of Fire Exit Plan
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14	**Lack of MTP- Form C & I (informed Consent and their documentation and Storage)**
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	17.5. Documenting Adverse reaction
	17.6. Vaccine storage policy
	17.7. Emergency drugs stock Maintenance.
18	**Lack of Policy regarding infection control**
29	**Lack of Policy regarding maintenance of equipments**
20	**Lack of Temperature and humidity control at Labour room**
21	**Lack of Calibration record of equipments**

9. Implementation

The following implementations were carried out with respect to the gaps identified

Sr.no		
1 Lack of documented policy and procedure for obstetrics services **Documented Policy laid down and implementation done for all obstetric services and designed in the form of a manual.**		
Sr.no.	**Gaps identified**	**Implementation done**
2.	**Lack of a proper definition as to what constitutes high-risk obstetrics**	Documentation of high risk pregnancy in the manual and implementation of the same procedure. Definition: It is defined as either the mother or the developing fetus has higher risk for complication either during pregnancy or during delivery or following birth. Responsibilities of health care professionals: Obstetrician, Trained nurses, Pediatrician. • To identify high risk pregnancy. • To create awareness among patients regarding the relevant high risk factor. • Assessment of maternal and fetal status an regular basis and documentation. • Advice regarding admissions, intra partum care and postnatal care. • Educate regarding contraception.

		Patient responsibilities: Regular visits as per advice. To report immediately an any untoward emergencies. To reside nearly to hospital for easy access in any emergency (If relevant).
3	**Policies regarding admission of pregnant women with infection**	a. **Pregnant women suffering from infections:** Not in Labor: Admit in medical wards/isolation ward, just as one would admit a non-pregnant woman with similar illness In Labor: Admit to isolation side of labor room. b. **Indications for admission to isolation side in labor room:** Pregnant women with at least 22 weeks of gestation and in labour with: ▪ Hepatitis (A, E or unknown) ▪ Diarrhoea (severe, watery, with blood and mucous) ▪ Known infection with a blood borne pathogen (HBV, HCV & HIV) ▪ Suspected or confirmed communicable disease requiring isolation. c. **Personnel:** Follow Standard Precautions with absolute care. 1. Sterile gloves, gown, plastic apron, goggles, mask and impervious footwear (covering dorsum and sole) are recommended while conducting

		delivery and any other procedure where spill / splash are expected. 2. Wear gloves and plastic apron for performing vaginal examination and preparing parts. 3. Anyone with open wounds or exudative skin lesions should not be involved in invasive procedures. 4. Wash hands after each procedure and between patients

4. Lack of proper Display of high-risk obstetric at a prominent location

High Risk Obstetrics Conditions (COP.11.b/53/4th ed.)			
CVS	**Respiratory system**	**GIT**	**CNS**
1.Valvular Heart disease 2.Ischemic heart disease 3.Hypertension	a. Inflammatory Lung Disease b. Extensive KOCH's c. COPD d. Severe Asthma e. H1N1 Influenza	1 Liver cirrhosis with ascites with H/O H.Encephalopaty 2 Jaundice 3 Lump in abdomen 4 Adhesive Obstruction	1.Meningitis 2.Head injury/Road traffic accident/Spinal injury 3.Epilepsy
Metabolic	**Haematlogy**	**Obstetrics**	**Infections**
1.Diabetes mellitus 2.uremia	1.DIC 2.Severe anaemia 3.Leukemia 4.Auto immune disorders (SLE, RA)	1.Pregnancy induced hypertension-Eclamspsia 2.Multiple pregnancy (Twins, Triplets) 3.H/O APH / PPH 4.Placenta acreta 5.Placenta previa central 6.Rupture uterus 7.Premature delivery	1.Sepsis

5.	**In Ante natal services**	

	5.1. Lack of Diet counseling by dietician	A Full time Dietician was appointed for the same
	5.2. Lack of Ante natal card for every patient	Ante natal Card was designed and its distribution was implemented
6.	**Lack Labour Augmentation Bundles**	WHO modified partograph was implemented for this purpose (see in annexure)
7.	**Lack of Staff Safety measures**	
	7.1. Hand Hygiene	Posters were placed at different locations describing moments of hand washing, training to staff given, mystery observer kept for its monitoring
	7.2. Spill management	Posters were placed at different location describing what is to be done in case of hazardous material spill. Any spill of blood or fluids be immediately decontaminated with 10% sodium hypochlorite for 10 minutes, mopped dry and then cleaned thoroughly with wizard and water. Instructions like this displayed everywhere
	7.3. Needle stick injury	The process defines the reporting of such event to INC Department. All tests are performed for the staff after that.
	7.4. Bio- Medical waste management	Posters have been placed at different locations describing how to segregate Bio-medical waste. Use of colour coded bags was initiated and emphasized upon
8.	**Lack of a proper policy for HIRA & MSDS**	
	8.1. Sodium Hypo chloride	
9.	**Lack of Fire Exit Plan**	Fire exit place installed at different locations of the department and hospital

10.	**No Crash Cart**	Crash cart placed with emergency drugs in it.
11.	**Early Warning Signs monitoring/Clinical Alarm (no documentation and reporting protocol)**	Documented and reporting has been initiated
12.	**Lack of Code Blue Mock Drills**	Code blue teams identified and mock drills conducted, PA system installed for the same
13.	**Lack of Code pink Mock Drills**	Code pink mock drills conducted.
14.	**Non compliance wrt ID Proof Notice for of PNDT(form f)**	Request posters placed at different locations of the department for complete compliance in the following manner. गर्भवती महिला अपना (गर्भधारण के दौरान) अल्ट्रसाउंड करवाने के लिए अपने पहचान पत्र की फोटोकॉपी जिसमे गर्भवती महिला का फोटो हो (जैसे रॅशन कार्ड, वोटर कार्ड, ड्राइविंग लाइसेन्स इत्यादि) तथा वह पर्ची जिस पर डॉक्टर ने अल्ट्रसाउंड के लिए लिखा हो तथा डॉक्टर की स्टांप, रेजिस्ट्रेशन नंबर, फोन नंबर व डॉक्टर के हस्ताक्षर हो अवश्य साथ लायें अन्यथा उनका अल्ट्रसाउंड नही किया जायेगा! धन्यवाद !
15.	**Lack of MTP- Form C & I (informed Consent and their documentation and Storage)**	

Steps for taking, storing MTP consent & maintain MTP admission register

a When patient comes/advised for MTP Registered medical practitioner(RMP)

b MTP will be done by RMP with valid MTP registration certificate from civil hospital for NCJIMCARE & OPJICACARE

c One RMP if the length of pregnancy is less than 12 weeks

d Two RMP if the length of pregnancy is more than 12 weeks & is less than 20 weeks

e Opinion for MTP will be documented in RMP opinion form(from-I)

f Consent for MTP will be taken by the RMP from patient/relative in form-C

g Custody of document- Form-I, Form-c, OPD prescription

- All 3 three above document will be placed in envelop
- Envelop will be sealed by RMP who has performed the MTP

h Labelling of sealed envelope-

- The envelop will be marked as "SECRET" in capital letters
- Serial no. of MTP case will be written on the envelope- for example: 15th MTP of 2017 will be written as "15/2017".
- Name of the RMP.
- Date of MTP done
- Address of RMP/Institute

i Sealed envelope will be send to HOI by RMP within 48 hrs of post MTP.

j Labelled sealed envelope will be kept in a separate *almirah* in MRD with double lock. One key will be kept with MRD in-charge & the other will be kept by head of the institute.

k No entry of MTP will be made in any case sheet, OT register, follow-up card or any other document other then admission register kept in MRD.

l Admission register will be made wrt to form no-III MRD in-charge

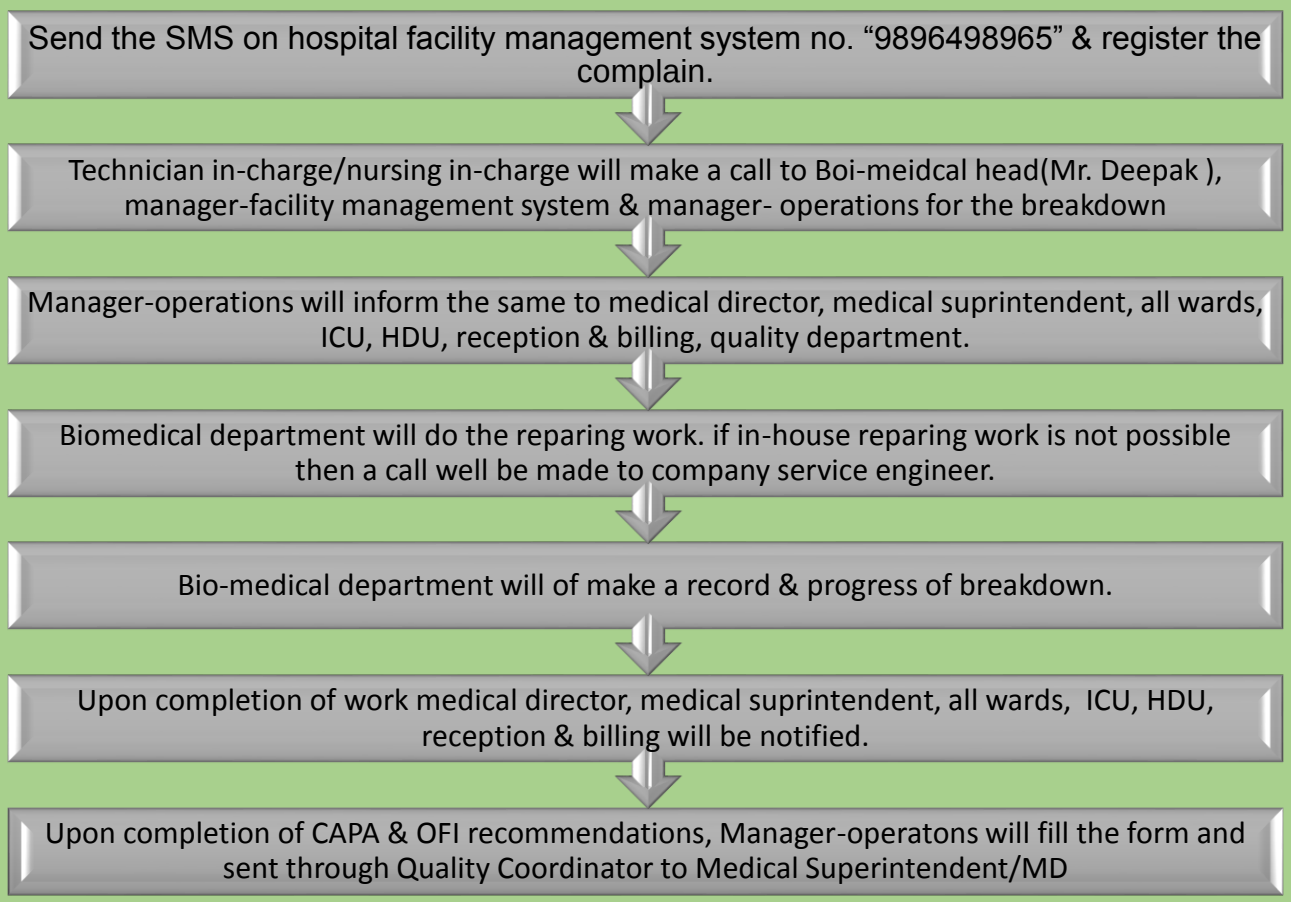
m Admission register will be kept in MRD. MRD in-charge

n Retention period of MTP register & document is 5 years. It will be destroyed post 5 years from the date of MTP.

16.	**Non compliance wrt Triaging of Patients**	Triaging of patient according to the criticality of the condition was initiated
17.	**Non compliance wrt Care of vulnerable patients**	Pink colored identification bands were incorporated in order to differentiate

		between vulnerable and non vulnerable patients
18.	**Non compliance wrt Management of Medicine**	
	18.1. LASA drugs	LASA drugs managed in different compartments of the medicine trolley, at a justifiable distance in order to avoid medication error
	18.2. Labeling Policy	Drugs used are being labeled properly now, infusion pumps also in order to avoid medication error
	18.3. Verbal Order Policy	Policy for Verbal orders for medicine administration was defined and implemented to avoid mis communication between doctor and nursing staff and deliver on time bed side care to patient
	18.4. Medication errors documenting	Documentation of medication error was initiated for cases like wrong dosage, near miss, no harm, wrong technique etc
	18.5. Documenting Adverse reaction	Documentation of adverse reaction to any drug was initiated and strongly emphasized
	18.6. Vaccine storage policy	Storing vaccines or temperature sensitive medicines at appropriate temperature. An electronic temperature monitoring device was installed and readings were taken at proper time intervals in order to prevent vaccine spoilage
	18.7. Emergency drugs stock Maintenance.	An inventory checklist was made and continuous surveillance was done by the staff in each shift to prevent unavailability of emergency drugs

19.	**Lack of Policy regarding infection control**	Proper policy regarding infection control measures was formulated and implemented upon in order to avoid SSI, CAUTI, CLBSI etc. Measures were taken for continuous monitoring of the same.
20.	**Lack of Policy regarding maintenance of equipments**	Proper policy defined with respect to all equipments. Operational plan, preventive maintenance plan, and break down policies for critical equipments defined and implemented.



21.	**Lack of Temperature and humidity control at Labour room**	9.1 Temperature & humidity control • Room temperature of obs & gyn department is 24 °C (±4°C). It will be maintained with the help of split AC with

		pre-filters. The humidification will be around 50% (±5%) • A temperature & humidity meter will be installed at obstetrics dept. • All the parameter will be monitored & recorded at labour room in obstetrics dept. in monitoring & data record register • The operative, preventive & breakdown maintenance plan for the same will be done HVAC department & recorded in obstetrics dept. monitoring & data record register
22.	**Lack of Calibration record of equipments**	Calibration of all equipments done with date and time stuck on it also the period available for the next due calibration

10. Conclusion:

All the implementations were made considering NABH standards so that the best quality in terms of services is delivered to patients. NABH is a very stringent process and requires continuous monitoring in order to sustain unpredictable changes. Since quality cannot be achieved in a single day; it requires close and strict monitoring so an organization can only with stand changes in market forces if its all employees act as pillars and provide all the strength needed. NABH is now a global entity and is making a marked impression internationally. I hope that we keep coming up with better ways to improve on the quality indicators.

Limitation

The biggest limitation of the study was time constraint as there were lots of gaps which couldn't be filled in three months of time so only those gaps were included in the study which could be filled in three months of time.

Secondly, interviewing staff during duty hours was creating hindrance in their job and may have affected their thought process while giving inputs.

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12. Appendix

Internal Audit Checklist- Obstetrics and Gynaecology Department.

Sr.no	Agenda	Compliance, Partial Compliance or Non Compliance
1	A documented policy and procedure for obstetrics services	NC
2	Defining as to what constitutes high-risk obstetrics	NC
3	A proper Display of high-risk obstetric at a prominent location	NC
4	NICU to take care of neonates of High-risk obstetric	C
5	Appropriate equipments in NICU	C
6	Ante natal services	
	6.1. Immunization Chart	C
	6.2. Diet counseling	NC
	6.3. Ante natal card for every patient	NC
7	Pre natal monitoring	
	7.1. maternal monitoring	C
	7.2 Foetal monitoring	C
8	Peri natal monitoring	

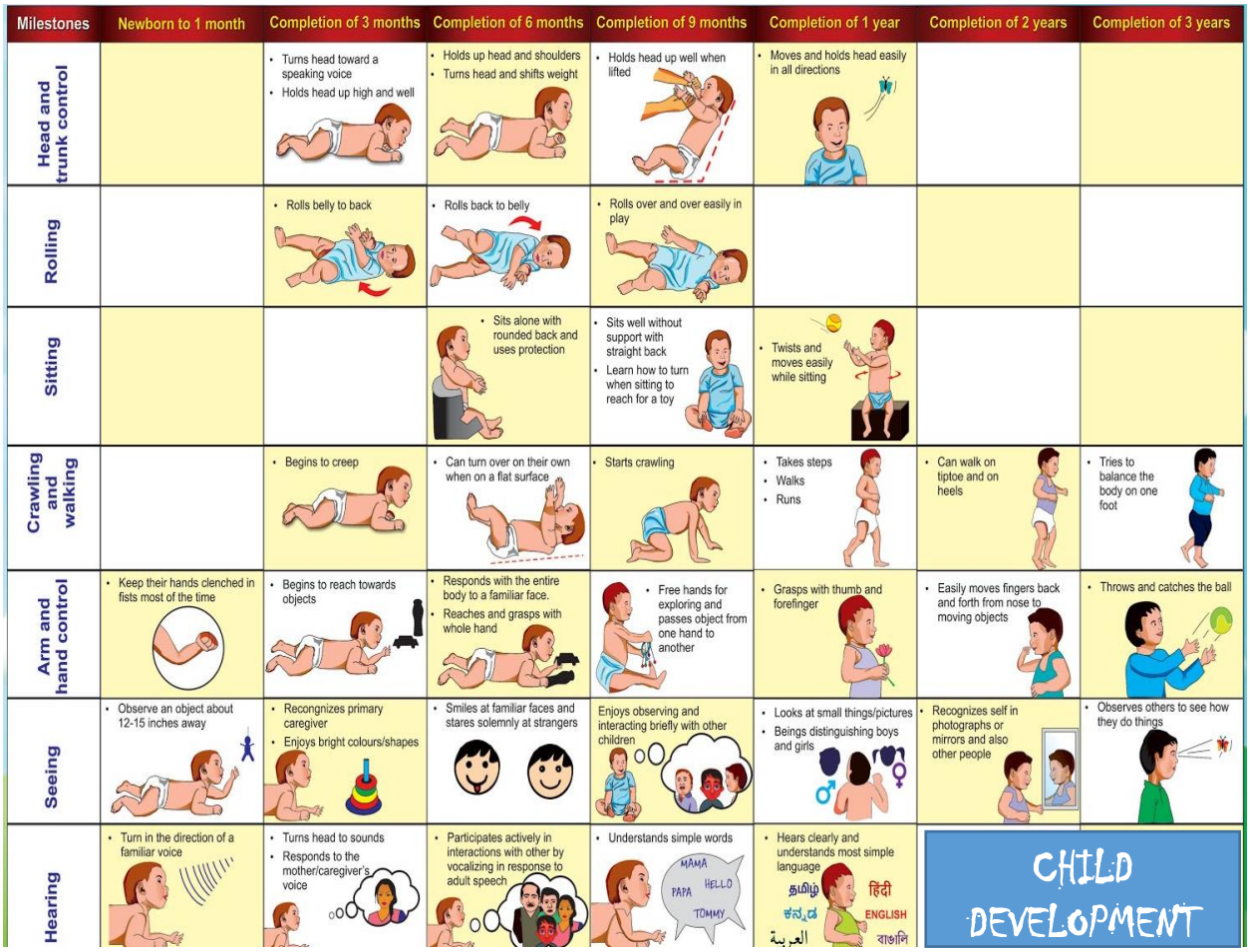
	8.1. Maternal monitoring	**C**
	8.2 Foetal monitoring	**C**
9	**Labour Augmentation Bundles**	**NC**
10	**Post natal monitoring**	
	10.1 Maternal monitoring	**C**
	10.2 Foetal monitoring	**C**
11	**Staff Safety**	
	1.1. Hand Hygiene	**NC**
	1.2. Spill management	**NC**
	11:3. Needle stick injury	**NC**
	1.3. Bio- Medical waste management	**NC**
12	**HIRA & MSDS**	
	12.1. Sodium Hypo chloride	**NC**
13	**7 R's**	**NC**
14	**CCTV Surveillance for attendant area**	**C**
15	**Fire Exit Plan**	**NC**
16	**Crash Cart**	**NC**
17	**Early Warning Signs monitoring/ Clinical Alarm**	**NC**
18	**Code Blue Mock Drills**	**NC**
19	**Code pink Mock Drills**	**NC**
20	**ID Proof Notice for compliance of PNDT(form f)**	**NC**

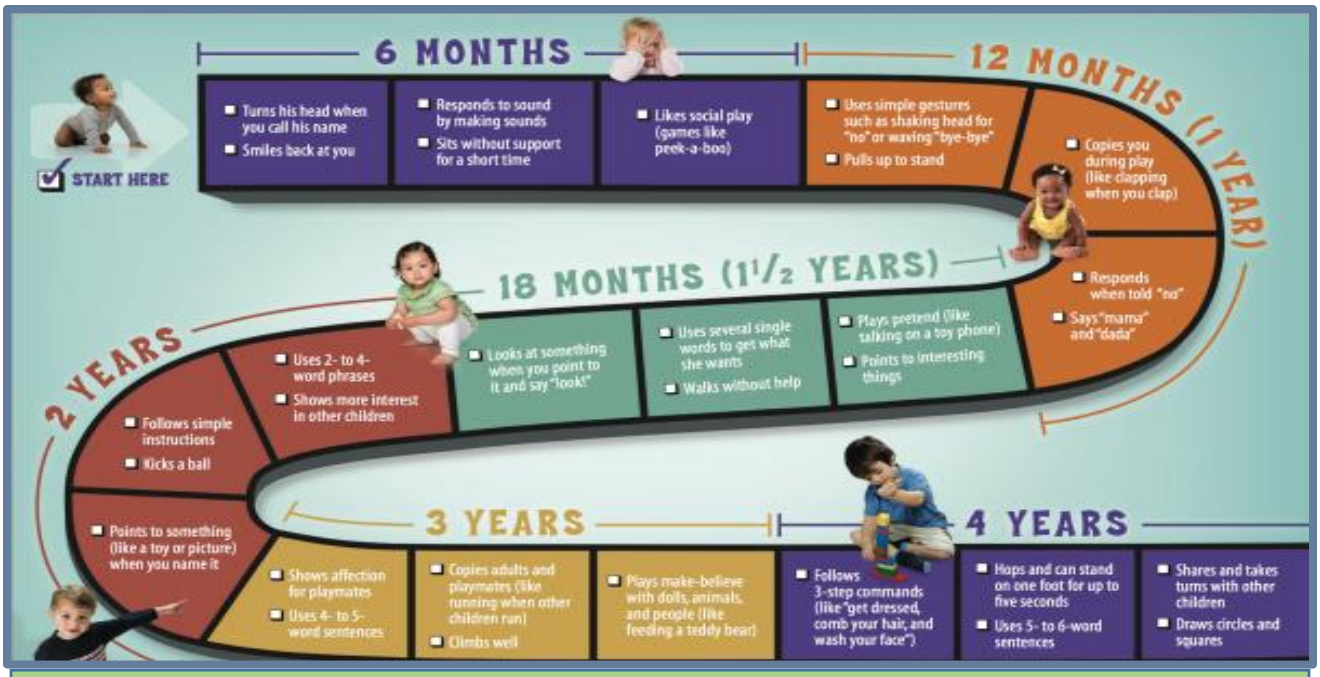
21	**MTP- Form C & I (informed Consent and their documentation and Storage)**	**NC**
22	**Triaging of Patients**	**NC**
23	**Care of vulnerable patients**	**NC**
24	**Initial Assessment** **Reason of admission, Plan of care, desired goals of treatment**	**C**
25	**Management of Medicine**	
	25.1. LASA drugs	**NC**
	25.2. Labeling Policy	**NC**
	25.3. Verbal Order Policy	**NC**
	25.4.Medication errors documenting	**NC**
	25.5. Documenting Adverse reaction	**NC**
	25.6. Vaccine storage policy	**NC**
	25.7. Emergency drugs stock Maintainence.	**NC**
26	**Policy regarding infection control**	**NC**
27	**Policy regarding maintenance of equipments**	**NC**
28	**Condemnation Policy**	**C**
29	**Temperature and humidity control at Labour room**	**NC**
30	**Calibration record of equipments**	**NC**

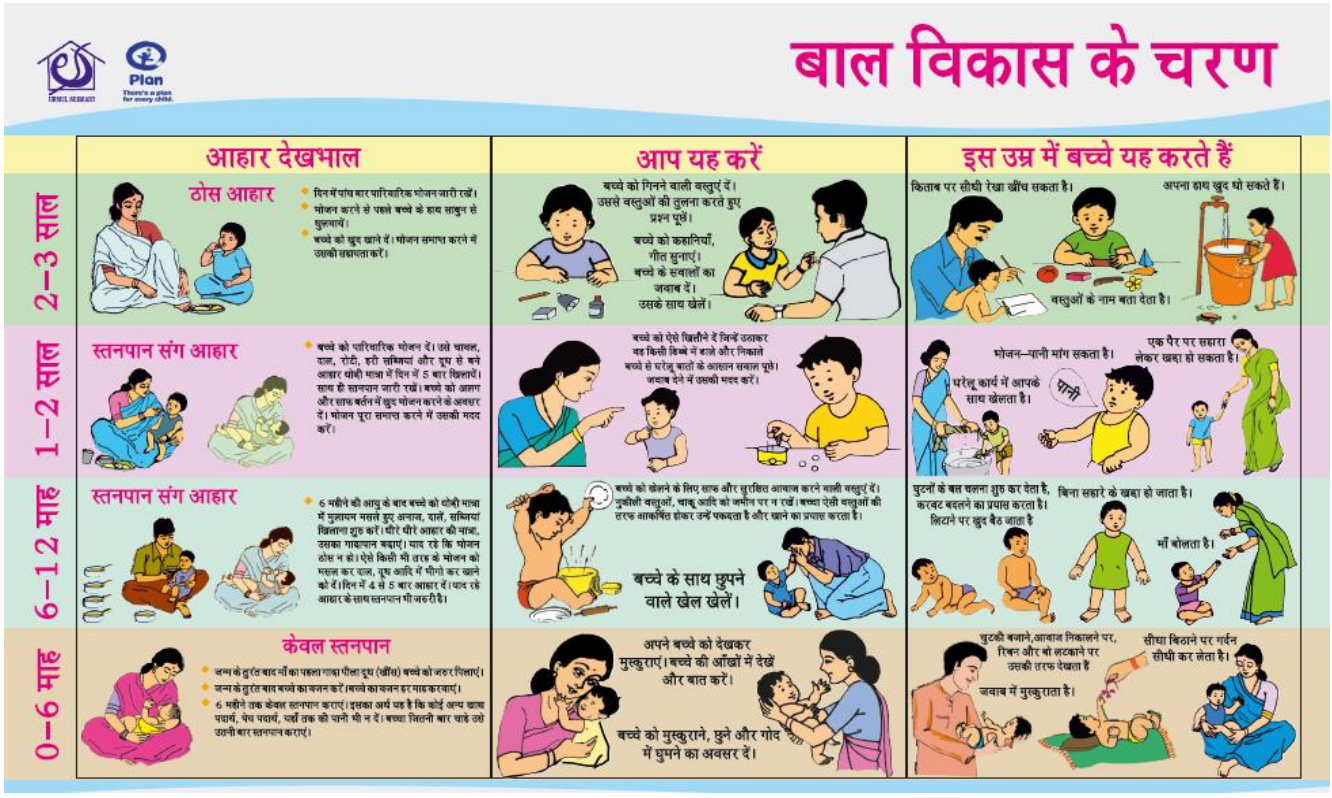
Situation	Code Assigned	Contact Number	Phone Received By	Response Team	Message
Fire	**Code Red**	**222**	**P.A. system**	**Fire Safety Officer, Security Guard & Security Guards, Engineering & Maintenance Dept., Disaster Management Officer, Nursing Superintendent & In-Charge/Supervisor, Hospital Authorities**	**CODE RED- at "<LOCATION>"& "ASSEMBLY POINT"**
Cardio Pulmonary Arrest	**Code Blue**	**222**	**P.A. system Operator**	**Code blue team (CMO, Intensivist, Physician, Resident medical officer of the floor/area, ICU Nurse)**	**CODE BLUE at "< LOCATION>"**
Child missing or abduction	**Code Pink**	**222**	**P.A. system**	**Nurse & Ward In-charge of the area, Security Office & guards**	**CODE PINK - "brief description of child"**
External Disaster	**Code Grey**	**222**	**P.A. system**	**Operator Emergency**	**CODE Grey - "Assemble to Emergency Department"**

Situation	Code Assigned	Contact Number	Phone Received By	Response Team	Message
Early warning signs/clinical alarm	**Code Green**	**222**	**P.A. system**	**Code blue team (CMO, Intensivist, Physician, Resident medical officer of the floor/area, ICU Nurse)**	**Early warning sign at ““< LOCATION>”**

Posters Displayed

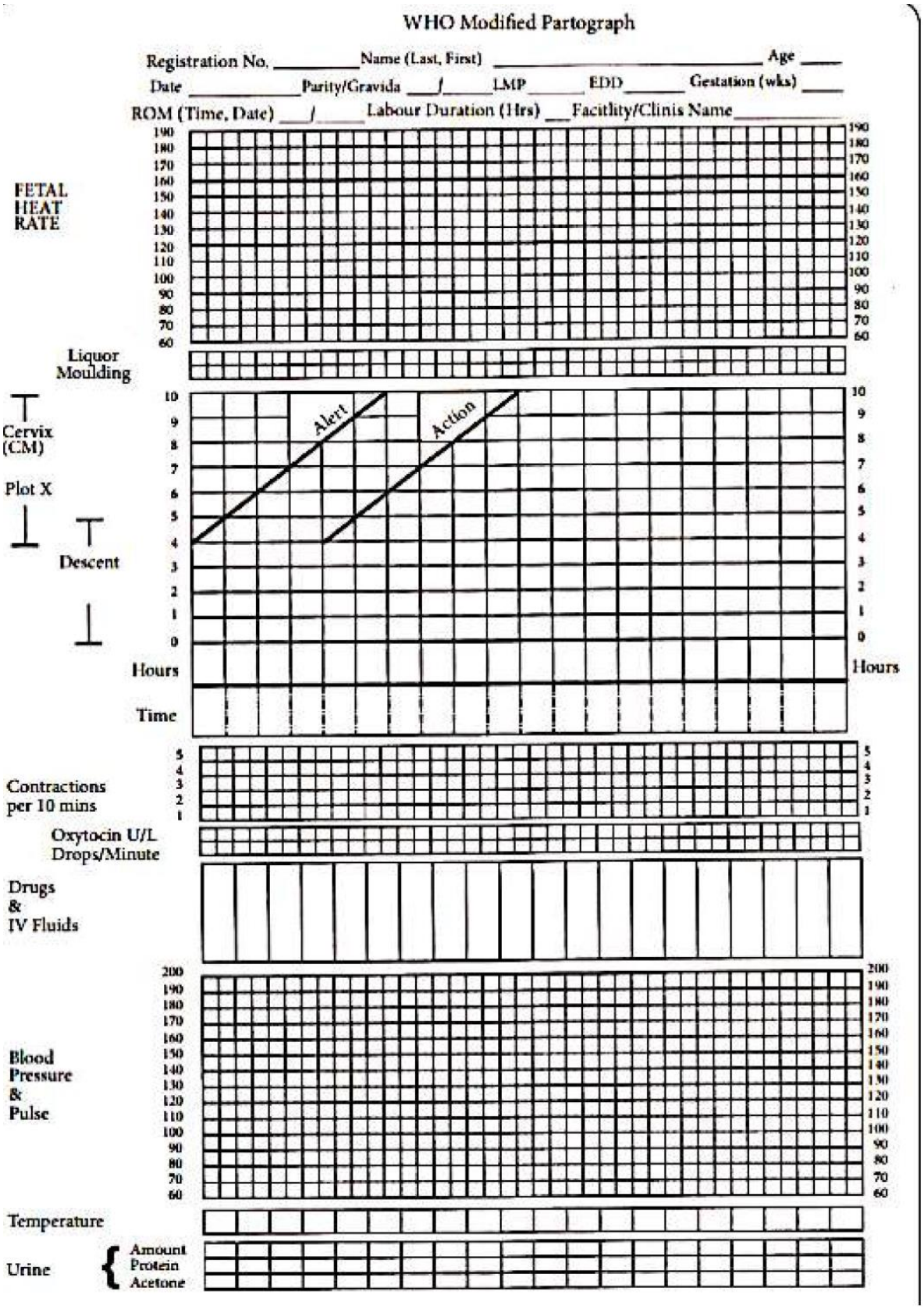



START HERE
6 MONTHS
Turns his head when you call his name
Smiles back at you
Responds to sound by making sounds
Sits without support for a short time
Likes social play (games like peek-a-boo)
12 MONTHS (1 YEAR)
Uses simple gestures such as shaking head for "no" or waving "bye-bye"
Pulls up to stand
Copies you during play (like clapping when you clap)
18 MONTHS (1½ YEARS)
Responds when told "no"
Says "mama" and "dada"
Plays pretend (like talking on a toy phone)
Points to interesting things
Uses several single words to get what she wants
Walks without help
Looks at something when you point to it and say "look!"
2 YEARS
Uses 2- to 4-word phrases
Shows more interest in other children
Follows simple instructions
Kicks a ball
Points to something (like a toy or picture) when you name it
3 YEARS
Shows affection for playmates
Uses 4- to 5-word sentences
Copies adults and playmates (like running when other children run)
Climbs well
Plays make-believe with dolls, animals, and people (like feeding a teddy bear)
4 YEARS
Follows 3-step commands (like "get dressed, comb your hair, and wash your face")
Hops and can stand on one foot for up to five seconds
Uses 5- to 6-word sentences
Shares and takes turns with other children
Draws circles and squares


बाल विकास के चरण
Plan
There's a plan for every child.
आहार देखभाल
आप यह करें
इस उम्र में बच्चे यह करते हैं
2–3 साल
ठोस आहार
दिन में पांच बार पारिवारिक भोजन जारी रखें।
भोजन करने से पहले बच्चे के हाथ साबुन से धुलवायें।
बच्चे को खुद खाने दें। भोजन समाप्त करने में उसकी सहायता करें।
बच्चे को गिनने वाली वस्तुएं दें। उससे वस्तुओं की तुलना करते हुए प्रश्न पूछें।
बच्चे को कहानियाँ, गीत सुनाएं।
बच्चे के सवालों का जवाब दें।
उसके साथ खेलें।
किताब पर सीधी रेखा खींच सकता है।
अपना हाथ खुद धो सकते हैं।
वस्तुओं के नाम बता देता है।
1–2 साल
स्तनपान संग आहार
बच्चे को पारिवारिक भोजन दें। उसे चावल, दाल, रोटी, हरी सब्जियां और दूध से बने आहार थोड़ी मात्रा में दिन में 5 बार खिलायें। साथ ही स्तनपान जारी रखें। बच्चे को अलग और साफ बर्तन में खुद भोजन करने के अवसर दें। भोजन पूरा समाप्त करने में उसकी मदद करें।
बच्चे को ऐसे खिलौने दें जिन्हें उठाकर वह किसी डिब्बे में डाले और निकाले
बच्चे से घरेलू बातों के आसान सवाल पूछें।
जवाब देने में उसकी मदद करें।
भोजन–पानी मांग सकता है।
एक पैर पर सहारा लेकर खड़ा हो सकता है।
घरेलू कार्य में आपके साथ खेलता है।
पानी
6–12 माह
स्तनपान संग आहार
6 महीने की आयु के बाद बच्चे को थोड़ी मात्रा में मुलायम मसले हुए अनाज, दालें, सब्जियां खिलाना शुरु करें। धीरे धीरे आहार की मात्रा, उसका गाढ़ापन बढ़ाएं। याद रहे कि भोजन ठोस न हो। ऐसे किसी भी तरह के भोजन को मसल कर दाल, दूध आदि में भीगो कर खाने को दें। दिन में 4 से 5 बार आहार दें। याद रहे आहार के साथ स्तनपान भी जरुरी है।
बच्चे को खेलने के लिए साफ और सुरक्षित आवाज करने वाली वस्तुएं दें। गुब्बारे वस्तुओं, चाकू आदि को जमीन पर न रखें। बच्चा ऐसी वस्तुओं की तरफ आकर्षित होकर उन्हें पकड़ता है और खाने का प्रयास करता है।
बच्चे के साथ छुपने वाले खेल खेलें।
घुटनों के बल चलना शुरु कर देता है, करवट बदलने का प्रयास करता है। लिटाने पर खुद बैठ जाता है
बिना सहारे के खड़ा हो जाता है।
माँ बोलता है।
0–6 माह
केवल स्तनपान
जन्म के तुरंत बाद माँ का पहला गाढ़ा पीला दूध (खीस) बच्चे को जरुर पिलाएं।
जन्म के तुरंत बाद बच्चे का वजन करें। बच्चे का वजन हर माह कराएं।
6 महीने तक केवल स्तनपान कराएं। इसका अर्थ यह है कि कोई अन्य खाद्य पदार्थ, पेय पदार्थ, पर्ची तक की पानी भी न दें। बच्चा जितनी बार चाहे उतनी बार स्तनपान कराएं।
अपने बच्चे को देखकर मुस्कुराएं। बच्चे की आँखों में देखें और बात करें।
बच्चे को मुस्कुराने, छुने और गोद में घुमने का अवसर दें।
घुटकी बजाने, आवाज निकालने पर, रिबन और बो लटकाने पर उसकी तरफ देखता है
जवाब में मुस्कुराता है।
सीधा बिठाने पर गर्दन सीधी कर लेता है।

Breastfeeding Positions

Burping positions


WHO Modified Partograph
Registration No. _____ Name (Last, First) _____ Age ____
Date _____ Parity/Gravida ___/____ LMP _____ EDD _____ Gestation (wks) ____
ROM (Time, Date) ___/____ Labour Duration (Hrs) ___ Facility/Clinis Name _____
FETAL HEAT RATE
190 180 170 160 150 140 130 120 110 100 90 80 70 60
Liquor Moulding
Cervix (CM)
Plot X
Descent
Alert
Action
10 9 8 7 6 5 4 3 2 1 0
Hours
Time
Contractions per 10 mins
5 4 3 2 1
Oxytocin U/L
Drops/Minute
Drugs & IV Fluids
Blood Pressure & Pulse
200 190 180 170 160 150 140 130 120 110 100 90 80 70 60
Temperature
Urine
Amount
Protein
Acetone

FORM C
(See rule 9)

I _____ daughter / wife of

_____ aged about _____ years at present residing

at _____ (state the permanent address) do hereby give my consent

to termination of my pregnancy at _____
(state the name of place where pregnancy is to be terminated)

Place_____

Date _____

Signature / Thumb impression _____

(to be filled in by guardian where the woman is mentally ill person or minor)

I _____ son / daughter / wife of

_____ aged about _____ years at present residing at

(Permanent address) _____ do hereby give my consent to

the termination of the pregnancy of my ward _____ who is a minor

/ mentally ill person at _____
(place of termination of pregnancy)

Place _____

Date _____

Signature / Thumb impression _____

Introduction:

The concerns on quality are increasing every day. Most of us try and take initiatives to bring quality in the work we do because it is not only the need of the hour but our consumers have got ample options to judge quality depending upon the services they utilize and they are offered. National Accreditation Board for Hospitals and Health care Providers is a body which has set some standards to measure quality. NABH is an institutional member of International Society for Quality in Health Care (ISQua).

Objective:

- To identify gaps in the existing system of Obstetrics and Gynaecology Department in th context of NABH Standards.

Methodology: A checklist was prepared consisting of all required parameters to be assessed with respect to NABH standards in the Department of Obstetrics and Gynaecology at JIMS hospital.

Gaps identified

The Non compliances thus identified were chiefly in the areas from Access, Assessment and Continuity of Care(AAC), Care of Patients (COP),Management of Medication (MOM), Patient Rights and Education (PRE), Hospital Infection Control (HIC), Continual Quality Improvement (CQI), Responsibilities of Management (ROM), Facility Management and Safety (FMS), Human Resource Management (HRM), Information Management System (IMS). So gaps with respect to these standards were counted and then analyzed according to the set standards of NABH.

Conclusions:

This study stressed on that how core indicators of NABH contributes towards safety in delivering Obstetrics and Gynecology services and making it more effective for all economic strata's. Every possible measure was taken to take concerns from all the staff and patients in the form of inputs in order to incorporate it in the study. Efforts were Successful in a way that organization is going to file its application for NABH Accreditation on 25th May.

Keywords: Standards of NABH, Care Of Patients, National Accreditation Board for Hospitals and Healthcare Providers (NABH