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

Guided by-

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About Hospital-

- Jindal Institute of Medical Sciences is a multispecialty, upgraded tertiary 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

About Services-

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

Mission

Quality Medical Care at Affordable Cost.

Values

Practice Dignity and Equity in relationships.

Manage our operations with high concern for patient's right.

Stay updated with latest technology

Vision

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

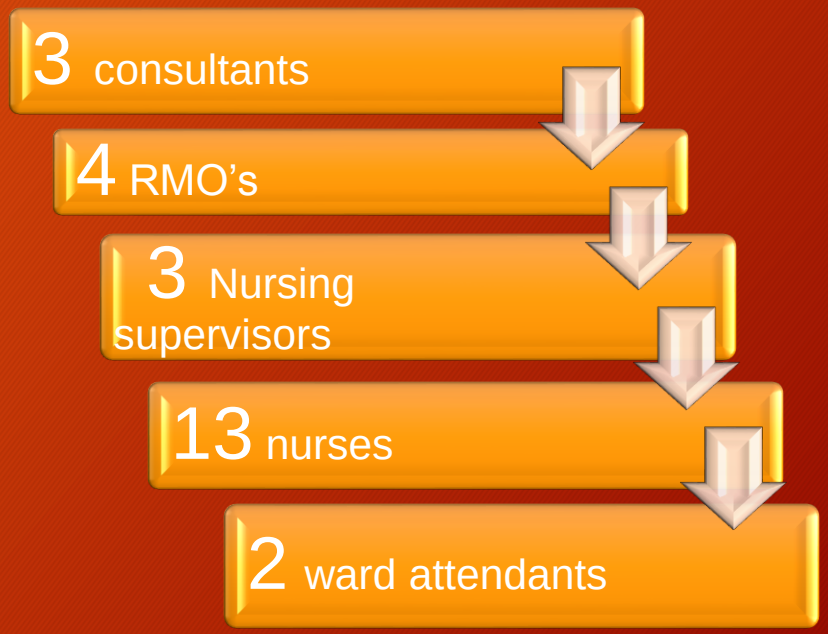
NABH !!! Pre accreditation (25th may)

The hospital has a strong legacy of treating patients with dignity so it has planned to encourage all accreditation programmes and will continue it’s support to improve the quality of healthcare services.

JIMS understands the importance of NABH and considers it the most important tool for improving the standard of the hospitals and thereafter benchmarking.

Department of Obstetrics and Gynecology

- It is a 20 bedded department which includes beds in HDU, Private rooms and Suites. The department is run by three consultant gynecologists who take care of OPD patients, IPD patients and all emergencies..



Rationale

Obstetrics and Gynecology department was functioning in a way that their main focus was on treating patients **only** while they neglected other important criterion related to patient care such as-
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 in the department.

Objectives

- To identify gaps in the existing system of Obstetrics and Gynecology Department
- To implement NABH standards in Obstetrics and Gynecology Department

Research Question ??

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

Study Methodology

- **Study Design:** Descriptive Design
- **Study Area**: Department of Obstetrics and Gynecology, 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 Anesthesia)

Study Plan

1. With respect to NABH standards

Assessment of the allotted dept/area by internal auditors

COLLECTION OF DATA

2. As per NABH requirements

Teams were provided with Checklists, (which could be updated as per staff inputs).

ANALYSIS OF DATA

3. Analysis according to NABH standards

Gaps observed in the checklists were marked as NC (non compliance).

DATA PROCESSING

4. Report making

Counted all NCs
Report was generated focussing on gaps identified.

IMPLEMENTATION

5. Implementation as per NABH requirements

All NCs were treated as Tasks to be implemented

Identification of Gaps

- Lack of documented policy and procedure for obstetrics services.
- Lack of a proper definition as to what constitutes high-risk obstetrics
- Policies regarding admission of pregnant women with infection
- Lack of proper Display of high-risk obstetric at a prominent location
- Lack of Diet counseling by dietician
- Lack Labor Augmentation Bundles
- Lack of Staff Safety measures
- Lack of MTP- Form C & I (informed Consent and their documentation and Storage)
- Non compliance with respect to ID Proof Notice for of PNDT(form f)
- Non compliance with respect to Care of vulnerable patients

Gaps Contd…

- **Non compliance with respect to Management of Medicine**
- **Lack of Policy regarding infection control**

Implementation

Patient Care Measures

Diet counseling Initiated

ID Proof Notice for compliance of PNDT(form f)

MTP- Form C & I (Medical Termination Of Pregnancy)

- (informed Consent their documentation and Storage)

Care of vulnerable patients

- Initiated wearing of pink ribbons

Monitoring temperature and humidity control at Labor room to prevent cross infections

Management of Medicine for preventing medication errors among patients.

- Look Alike Sound Alike drugs
- Medication errors documenting.
- Documenting Adverse reaction.
- Vaccine storage policy.
- Emergency drugs stock Maintenance.

Surveillance registers placed

Designed Posters for Patient Awareness

- Breastfeeding Uses
- Positions while Breastfeeding

Staff Safety measures

- Hand Hygiene
- Spill management
- Needle stick injury

Sensitizing staff everyday during rounds

Contribution in drafting the documented policy and procedure for obstetrics services

Appropriate equipments in Gynecology Department e.g.

- Fetal Doppler Machine
- Hysteroscopy

Fulfilled its requirement

Labor Augmentation Bundles designed

- Partograph

- **Lack of Policy regarding maintenance of equipments.**

Send the SMS on hospital facility management system no. “9896498965” & register the complain.

Technician in-charge/nursing in-charge will make a call to Bio-medical head(Mr. Deepak), manager-facility management system & manager- operations for the breakdown

Manager-operations will inform the same to medical director, medical superintendent, all wards, ICU, HDU, reception & billing, quality department.

Biomedical department will do the reparing work. if in-house reparing work is not possible then a call well be made to company service engineer.

Bio-medical department will of make a record & progress of breakdown.

Upon completion of work medical director, medical suprintendent, all wards, ICU, HDU, reception & billing will be notified.

Upon completion of CAPA & OFI recommendations, Manager-operatons will fill the form and sent through Quality Coordinator to Medical Superintendent/MD

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 withstand changes in market forces if all of its 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.

Limitations

- 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.

Thank You