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


***By***

*Sonal Gehlot*


*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 WHOMSOEVER MAY CONCERN

This is to certify that **Sonal Gehlot** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **DR. VIRENDRA LASER EYE HOSPITAL, JAIPUR** from **1st Feb to 30th April 2018**.

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

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

(Col.) Dr. Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Mrs. Sunita Nigam
The IIHMR University, Jaipur

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# Dr. Virendra Laser, Phaco Surgery Centre – Eye Hospital

Tonk Phatak, Behind Ford Car Showroom, Tonk Road, Gandhi Nagar, Jaipur 3020215

www.newperfectvision.com e mail - drvlpsc2010@gmail.com

## TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Sonal Gehlot** student of **IIHMR, Jaipur** has completed her internship & dissertation at" **Dr. Virendra Laser, Phaco Surgery Centre, Jaipur"** from **1st February 2018 to 4th May 2018**.

During this period, she has successfully completed her project on

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

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

We wish her 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**

# THE IIHMR UNIVERSITY, JAIPUR

## CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **A Study On Gap Analysis Of Dr. Virendra Laser And Phaco Surgery Eye Hospital, Jaipur In Compliance With NABH-SHCO Standards** submitted by **Sonal Gehlot** Enrolment No- IIHMR-U/01/2016-18/0503 under the supervision of Mrs. Sunita Nigam, Assistant Professor The IIHMR University, Jaipur for award of MBA in Hospital and Healthcare management of the university carried out during the period February 1, 2018 to April 30, 2018 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 similar institution of higher learnings.

Sonal Gehlot

**Signature**

# INDEX



## Project Report

# ABSTRACT

## OBJECTIVES:

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

## 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 also included direct observation."

"Secondary data was reviewed from, records and certificates of the hospital"

**SAMPLE SELECTION**: "inclusion criteria was20 papers/articles/research thesis/research documents to review. Inclusion criteria, included last 15years studies, addressing the effect, of hospital accreditation, and certification. An outcome includes, both clinical outcomes and, process measures. An exclusion, criterion 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. "Patient's 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, work 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 staffs that are well aware that a systematic protocol, has 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

"The successful completion of any given task requires a lot of challenging, work, and sincere efforts." "Challenging work and efforts are only the building blocks, of an assignment, but the plinth has to be inspiration, suggestion, support and, guidance."

"Experience in a hospital environment was an important part, of our course and this I have achieved, from one of the esteemed health care, organization. "Dr. Virendra Eye Hospital, Jaipur." These three months of internship and dissertation has added valuable and, knowledgeable dimension, in the development of my career, and achievement of my objectives, for which "I am highly grateful to this organization."

"I am grateful to, **Dr. Virendra Agarwal**, **C.E.O. & Director, "Dr. Virendra Laser and Phaco Surgery Eye Hospital, Jaipur"** for having provided the necessary training to carry on the work at Jaipur."

"I express my heartfelt gratitude, to all the department, heads for inspiring towards a meaningful learning, and directing, my thoughts, goals and objectives, towards the attitude, that drives to achieve, exploring, profundity, about hospital functioning, and other aspects, that one as a novice needs to be acquainted with."

"I pay lot of, thanks to all the working staffs, whoever came as, source of help in completion of the project. Special thanks, to all the staffs of this organization, for all the assistance and information."

"I am glad to acknowledge, "**Dr. Ashok Kaushik, Dean, Academic and Students' Affairs, IIHMR"** and, **Mrs. Sunita Nigam, Mentor, IIHMR**," for incorporating right attitude in us, towards learning, and for helping and supporting whenever required."

"Last, but not the least, I would like to thanks, to my "**PARENTS"** because of whom, I am here, and who are always there, whenever I require their help."

"Thanks to one and all"

**SONAL GEHLOT**

**Assistant Quality Manager**

**Dr. Virendra Eye Hospital, Jaipur**

# 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 & presser" |

**Calculation done for NABH guidelines (chapter) = Total of compliance * 100**
**Total of Standards**

# 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: -

## 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 Agarwal. In Rajasthan, we are well recognized as Pioneers in multiple eye care facilities and treatments. LASIK, Wasca Laser, Cold Phaco micro incision, 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".

## "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.

**"SCOPE OF SERVICES:"**

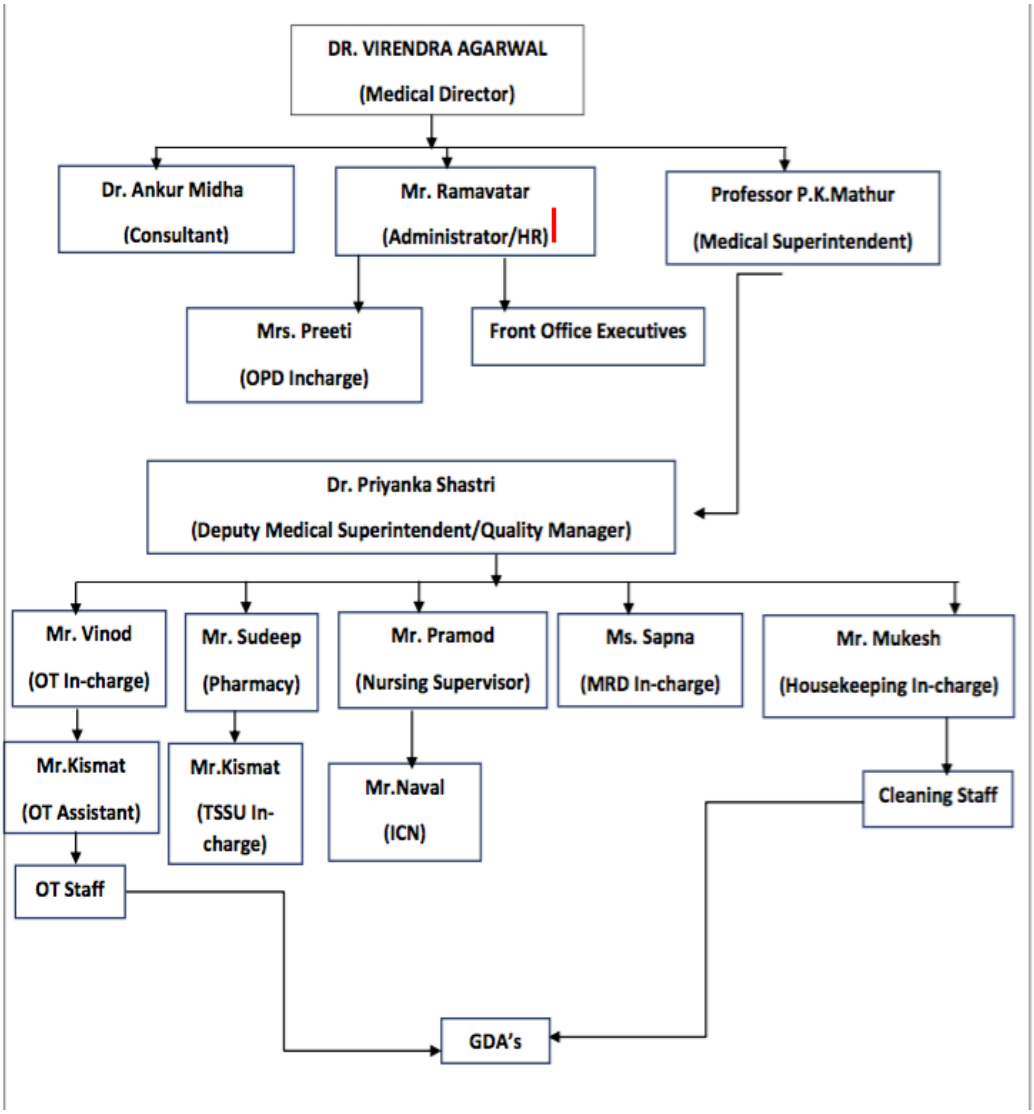
Diagnosis and treatment facilities for

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

**NOT IN THE SCOPE OF THE SERVICES: -**

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

# ORGANOGRAM


DR. VIRENDRA AGARWAL
(Medical Director)
Dr. Ankur Midha
(Consultant)
Mr. Ramavatar
(Administrator/HR)
Professor P.K.Mathur
(Medical Superintendent)
Mrs. Preeti
(OPD Incharge)
Front Office Executives
Dr. Priyanka Shastri
(Deputy Medical Superintendent/Quality Manager)
Mr. Vinod
(OT In-charge)
Mr. Sudeep
(Pharmacy)
Mr. Pramod
(Nursing Supervisor)
Ms. Sapna
(MRD In-charge)
Mr. Mukesh
(Housekeeping In-charge)
Mr.Kismat
(OT Assistant)
Mr.Kismat
(TSSU In-charge)
Mr.Naval
(ICN)
Cleaning Staff
OT Staff
GDA's

# 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."

**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/ 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.

# ROUTINE MANAGEMENT:

**Date of Joining:** 1st February 2018

**Designation:** Assistant Quality Manager

## Roles and Responsibilities:

a. Perform a baseline audit of the institute on a quality system and identify areas of change
b. Interpret the meaning and requirements of the quality system and ensure accurate responses to questions
c. Perform statistical analysis of data for analysis and interpretation
d. Assist in the preparation of policies and procedure, design, workflows and identify operational metrics
e. Network with subject matter experts in the quality community to generate ideas
f. Design and conduct the steps for performing an internal audit
g. Identify types of data used as evidence
h. Identify important system/process problems from audits
i. Interpret data and qualitative information, draw conclusion and recommend changes to minimize patient complaints and improves process efficiency
j. Analyze patients complaints and take corrective and preventive action
k. Prepare process flow diagrams
l. Implement 'after the audit' processes like effective reporting, corrective action and management for improvement
m. Maintained detailed documentation of patient feedback, process information and monthly operational data summaries.

# KEY LEARNINGS:

Training at Dr. Virendra Laser Eye Hospital, Jaipur

Corporate induction was given by the HR

Detail description of the standards and objective elements of the NABH standards was given by the Quality Coordinators along with their practical implication

A brief introduction of all the policies procedure manuals which were created for the hospital were given

Since committees for the NABH were formed was made to attend all the committee meetings which was organized in those two weeks

Dr. Virendra Laser Eye Hospital, Jaipur regularly conducts training and development session for all staff was made to attend all the training session which were conducted during this period like electrical safety, biomedical waste management training, CPR training etc.

Visited all the departments in the hospital and understood their process flow

Interviewed almost all the staff in the hospital and obtained a detail information about all the documentation, process change as well as the training required for NABH

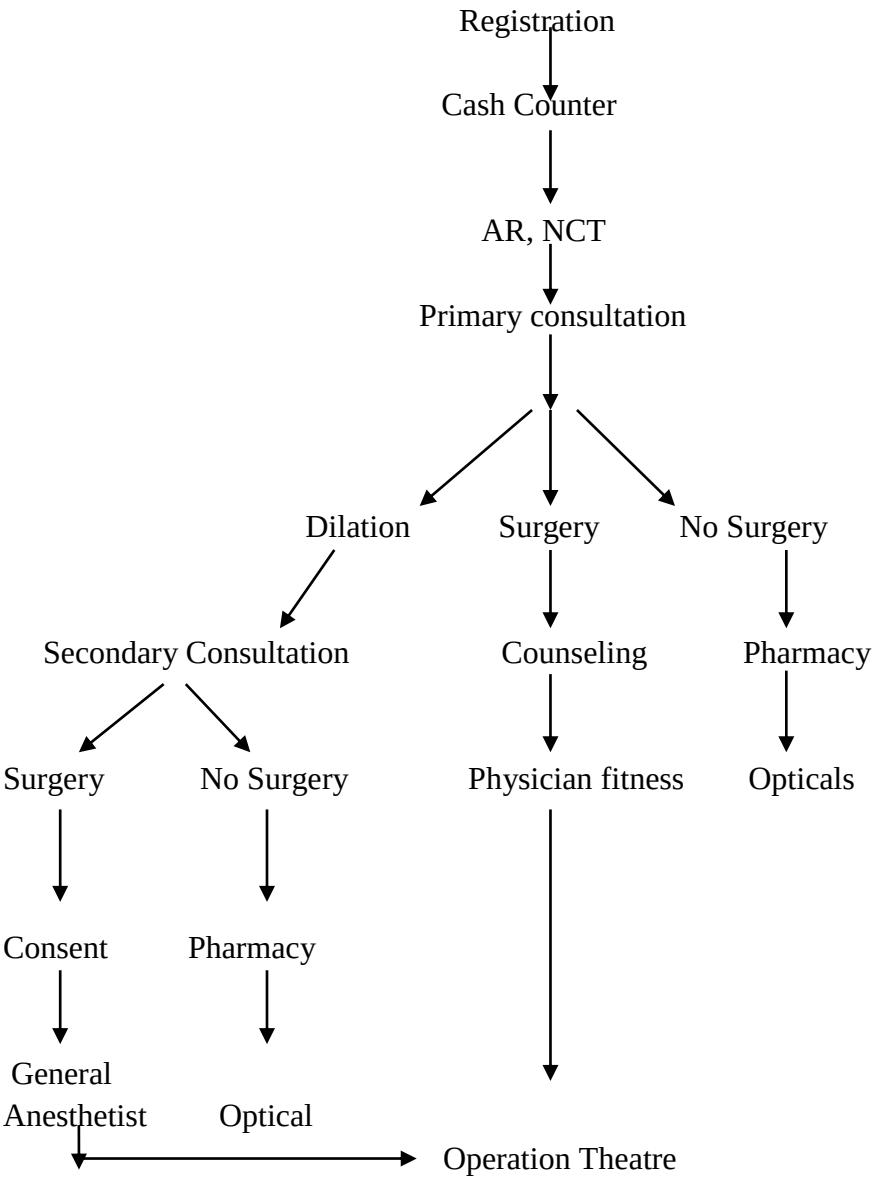
Dr. Virendra Laser Eye Hospital, Jaipur

It is a 25 bedded hospital which performs most of its procedures primarily as day care procedure

It has total staff strength of 65

Studied the process flow of all the departments in the hospital namely front office, pharmacy, biomedical, counseling, refraction, operation theatre, MRD, optical, claims

## Process flow




Studied the work flow of departments in the corporate office namely facility management, projects departments, human resource management, management information system

# 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 budding healthcare, sector is progressing towards, a full bloom in the wake of, the rising demand for its services. The consumers are becoming, increasingly aware, and quality, oriented & do not hesitate, to pay a little extra, for better facilities offered. Owing the increased, preference, for quality services, the hospitals have to scale, up the quality of services, provided by them. To achieve a standard, delivery of care in hospitals, National Accreditation Board for Hospitals and Healthcare Providers (NABH), was established in 2006. Increasingly large numbers of hospitals are willing, to have an accreditation, by this quality council, as a visible leap of standardization, as well as to gain patient trust. To maintain the standards, of service delivery, monitoring, the performance, to bring about patient centric, practices and to focus, on safety to have a collective effort, across the region, in order to continually improve, there is a need to do gap analysis."

"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."

## 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"

## OBJECTIVES:

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

## LITERATURE REVIEW:

According to a study conducted by marry Dixon woods, Sarah Mc Nicola, 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, Bangalore. Hospital acquired infection is inversely proportional to the level of isopropyl alcohol and tissue paper pull.

The overall compliance with hand hygiene activities was 47.9 percent (438 episodes out of 913 potential opportunities) and, with sole emphasis on hand washing, 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.[1]

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.

[1] An observational study conducted by department of infectious diseases, Mashhad university of medical science, Mashhad. Iran.

# 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 30 - April -2018)

**SAMPLE SELECTION**: Purposive Sampling

**DATA COLLECTION PROCEDURE:**

1. **Data collection Method**

- OBSERVATION: Checklist NABH self-assessment toolkit which include 10 chapter for patient centric:
- Chapter 1 Access, Assessment and Continuity of Care (AAC)
- Chapter 2 Patients Rights and Education (PRE)
- Chapter 3 Care of Patients (COP)
- Chapter 4 Management of Medications (MOM)
- Chapter 5 Hospital Infection Control (HIC)
  Chapter 6 Continuous Quality Improvement (CQI)
- Chapter7 Responsibility of Management (ROM)
- Chapter8 Facility Management and Safety (FMS)
- Chapter9 Human Resource Management (HRM)
- Chapter10 Hospital Information Management System (HIMS)
- Reviewing of Hospital Manuals, Policies, Records (e.g. registers of these departments), HIMS
- IN DEPTH INTERVIEW: Interaction with hospital staff and patients.

The NABH toolkit consists of:

1. Implementation (YES/NO): Whether the objective is implemented in the department or not.
2. Documentation (YES/NO): If the objective is implemented, whether there is proper documentation regarding same or not.
3. Evidence: If there is proper documentation of the said objective, then evidence will be collected regarding the same.
4. Score (0/5/10):Once all the above criteria is fulfilled score would be given as follow

Scoring Method:

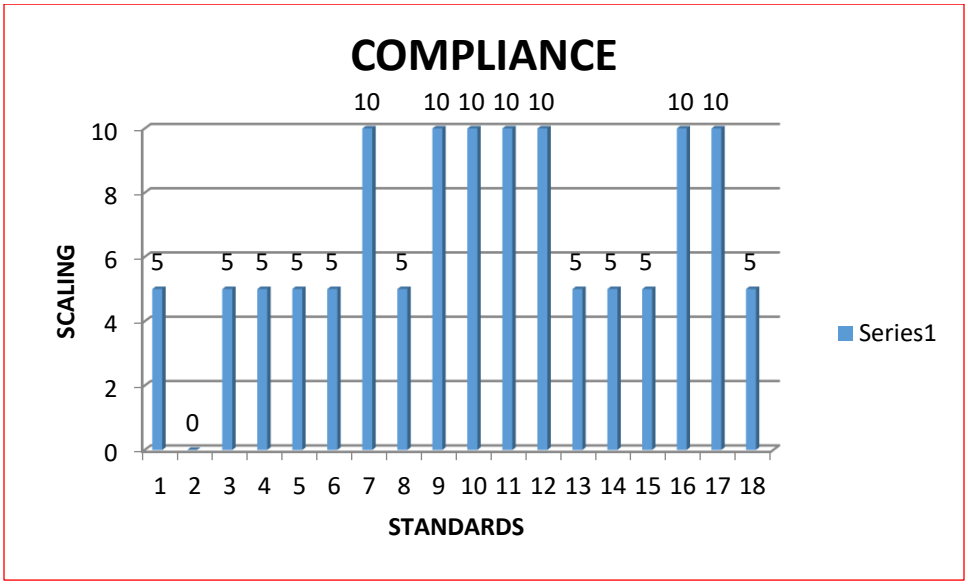
- Compliance to the requirement:10
- Partial compliance to the requirement: 5 (if any of the samples is found to be non-compliance of total sample selected.
- Non-compliance to the requirement: 0
- Not applicable: NA

5. Evaluation criteria during final assessment:

- Non individual standard should have 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 overall average score for all standards must exceed more then 5.

## Data analysis:

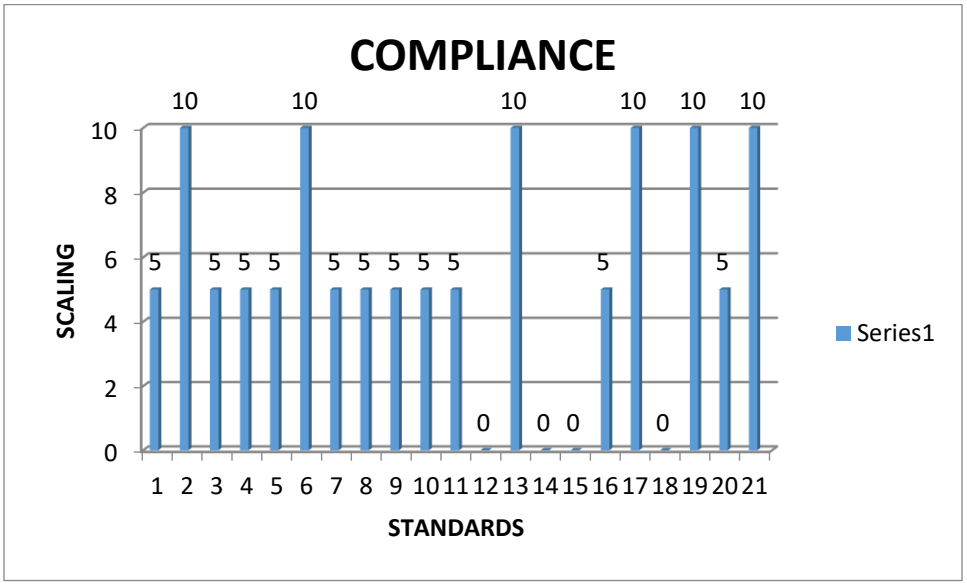
**COMPLIANCE** -Access, Assessment and Continuity of Care (AAC)




**Interpretation:** -This graph shows the result of 1st chapter of NABH guidelines. 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 the first chapter according to the calculation done is 6.4. So, first chapter was in compliance with SHCO-NABH standards.

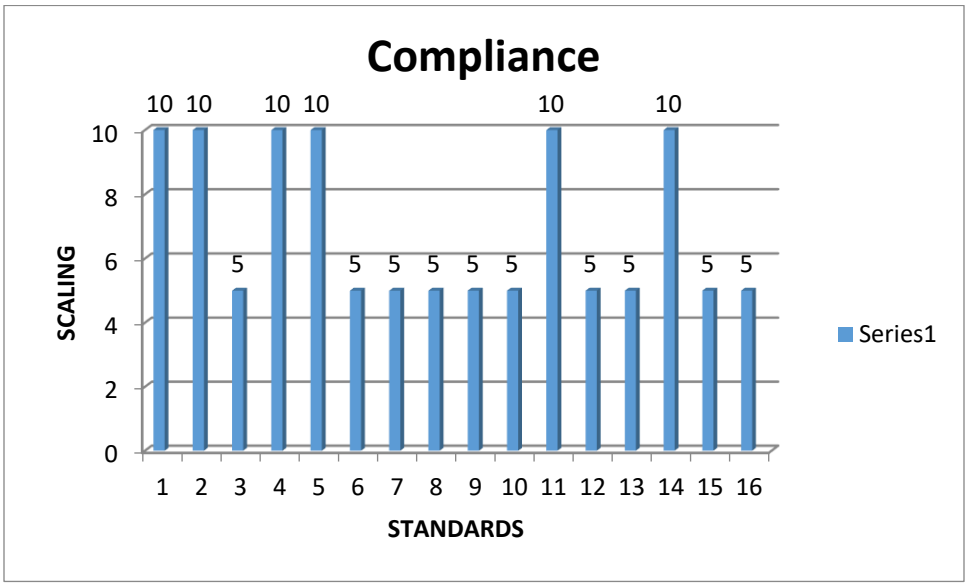
**Compliance-** Care of Patients (COP)




**Interpretation-** this graph is shows the result of the 2nd chapter of NABH guideline. Graph depicts that there were total 21 standards in this chapter and we found the gaps with the help of self-assessment toolkit. The score given 0, 5, and 10 according to the compliance of the standard after observation

Then we found that an immediate preoperative re-evaluation were documented, Anesthesia monitoring includes regular and periodic recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, and airway. Each patient's post-anesthesia status was monitored and documented. Also documented procedure addressing the prevention of adverse events like wrong site, wrong patient and wrong surgery. According to the calculation done is 5.5. So, second chapter was in compliance with SHCO-NABH standards.

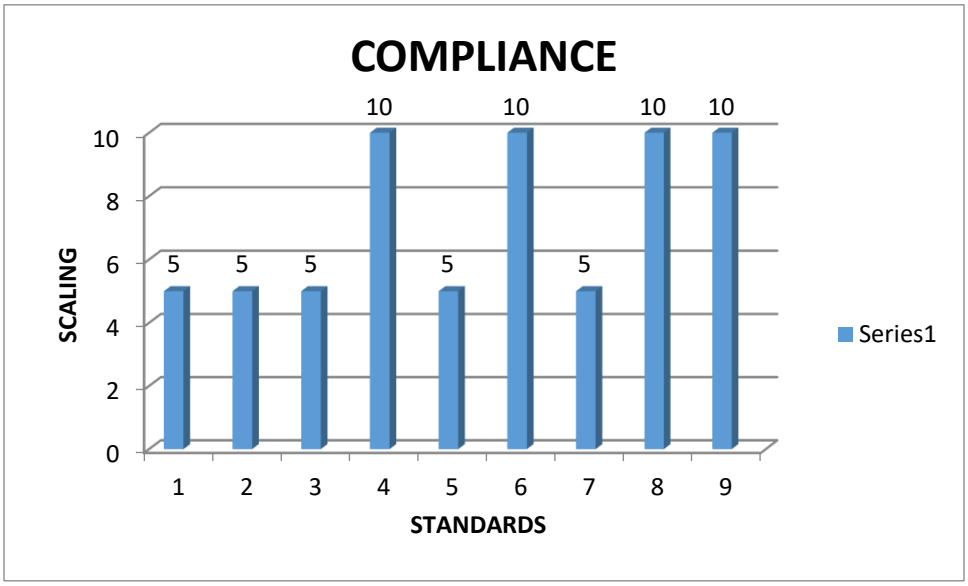
**Compliance 3 MOM:** Management of Medications




**Interpretation-** this graph shows the result of the 3rd chapter of NABH guidelines. Graph depicts that there were total 16 standards in this chapter and we found the gaps with the help of self-assessment toolkit. The score given 0, 5, and 10 according to the compliance of the standard after observation

According to the calculation done is the 6.9. So, third chapter was in compliance with SHCO-NABH standards.

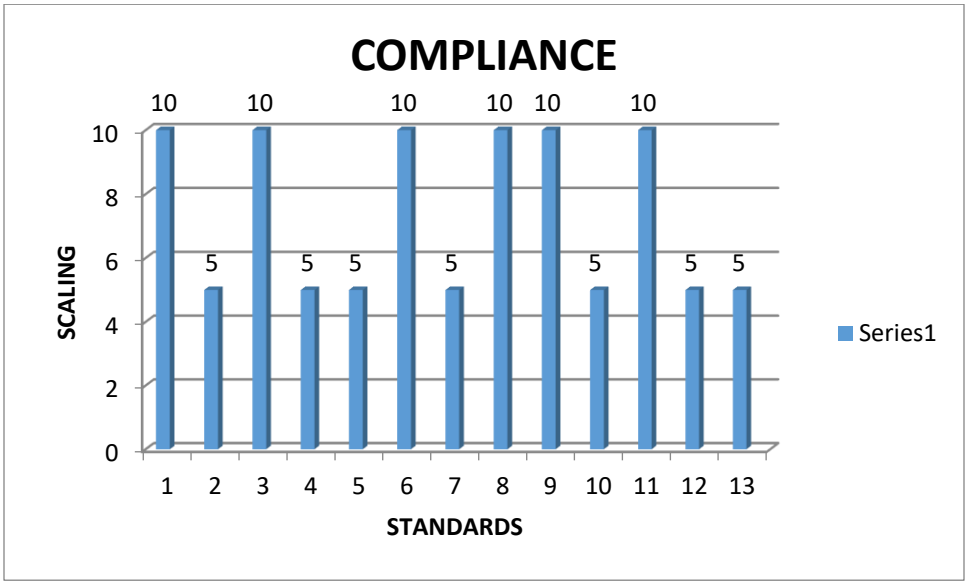
**Compliance 4 PRE:** Patients Rights and Education




**Interpretation-** this graph shows the result of the 4th chapter of NABH guidelines. Graph depicts that there were total 10 standards in this chapter and we found the gaps with the help of self-assessment toolkit. The score given 0, 5, and 10

According to the calculation done is the 6.5. So, 4th chapter is in compliance with SHCO-NABH standards.

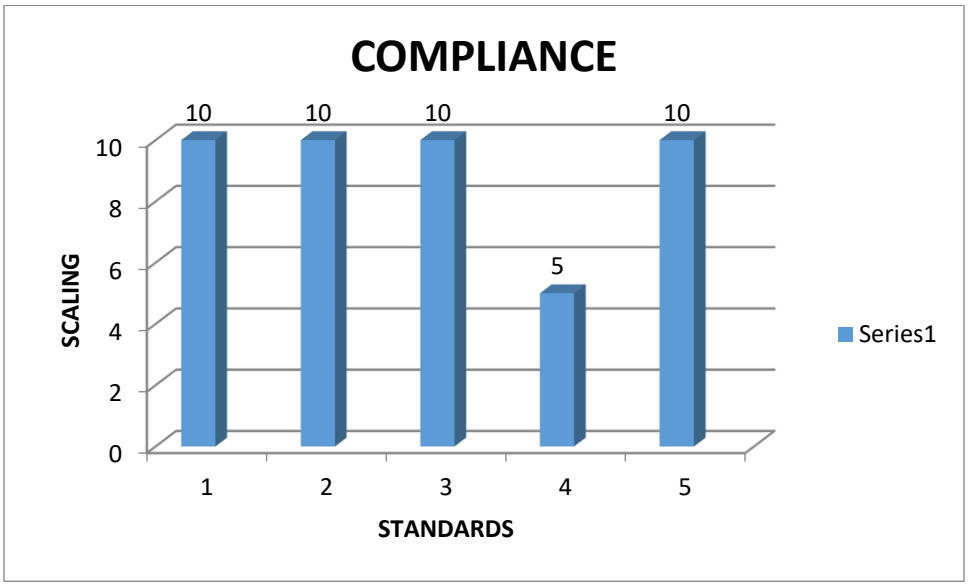
**Compliance 5 HIC:** Hospital Infection Control



**Interpretation -** this graph shows the result of the 5th chapter of NABH guidelines. Graph depicts that there were total 13 standards in this chapter and we found the gaps with the help of self-assessment toolkit. The score has given 0, 5, and 10.

According to the calculation done is the 7.3. So5th chapter was in compliance with SHCO-NABH standards.

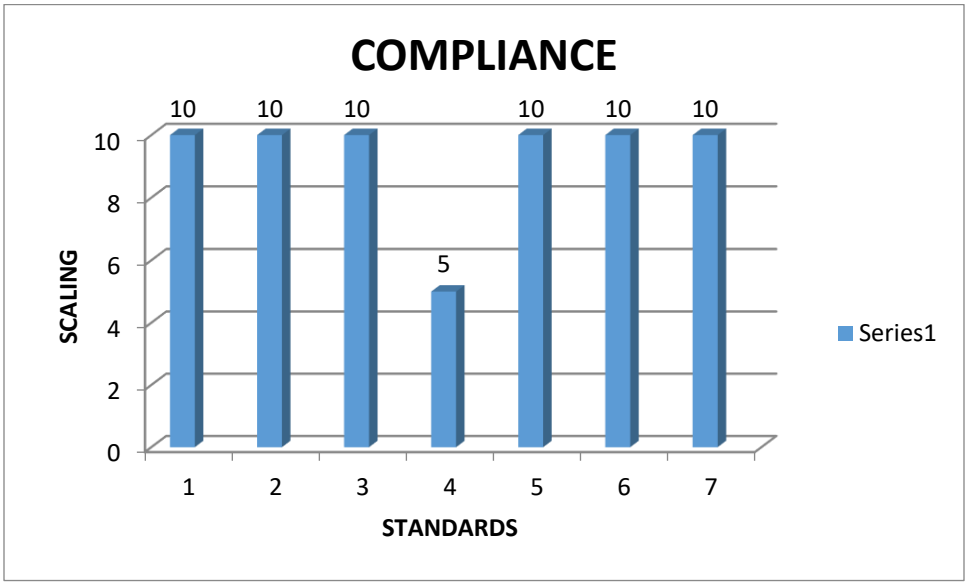
**Compliance 6 CQI: continuous quality improvement**




**Interpretation-** this graph shows the result of the 6th chapter of NABH guidelines. Graph depicts that there were total 5 standards in this chapter and we found the gaps with the help of self-assessment toolkit. The score given 0, 5, 10

According to the calculation done is the 9. So 6th chapter is in compliance with SHCO-NABH standards.

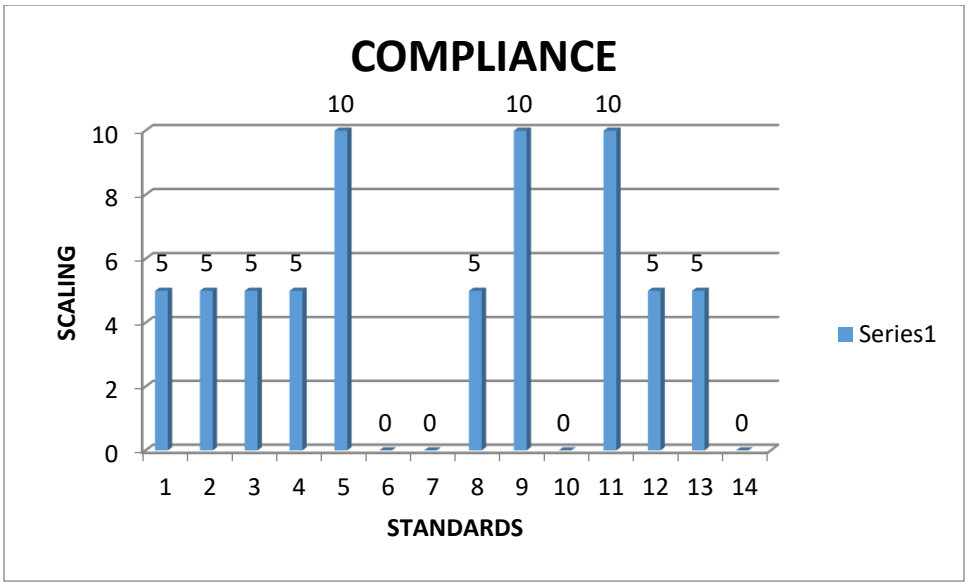
**Compliance 7 ROM:** Responsibility of Management




**Interpretation-** this graph shows the result of the 7th chapter of NABH guidelines. Graph depicts that there were total 7 standards in this chapter and we found the gaps with the help of self-assessment toolkit. The score has given 0, 5, and 10.

According to the calculation done is the 9.3. So7th chapter is in compliance with SHCO-NABH standards.

**Compliance 8 FMS:** Facility Management and Safety

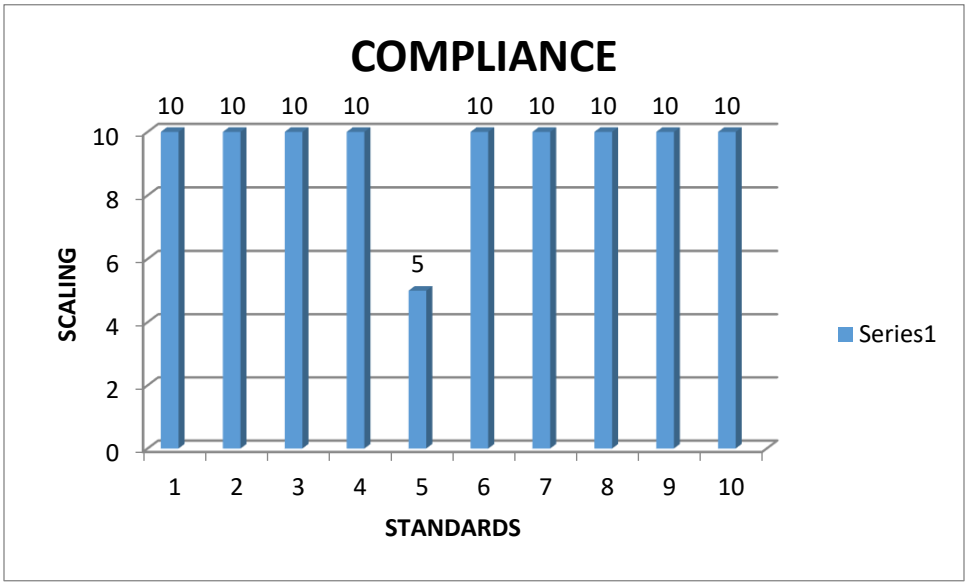



**Interpretation-** this graph is showing the result of the 8th chapter of NABH guideline. Graph depicts that there were total 14standards in this chapter and we found the gaps with the help of self-assessment toolkit. The score has given 0, 5, 10.

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. According to the calculation done is the 4.6. So 7th chapter is in Non-compliance with SHCO-NABH standards.

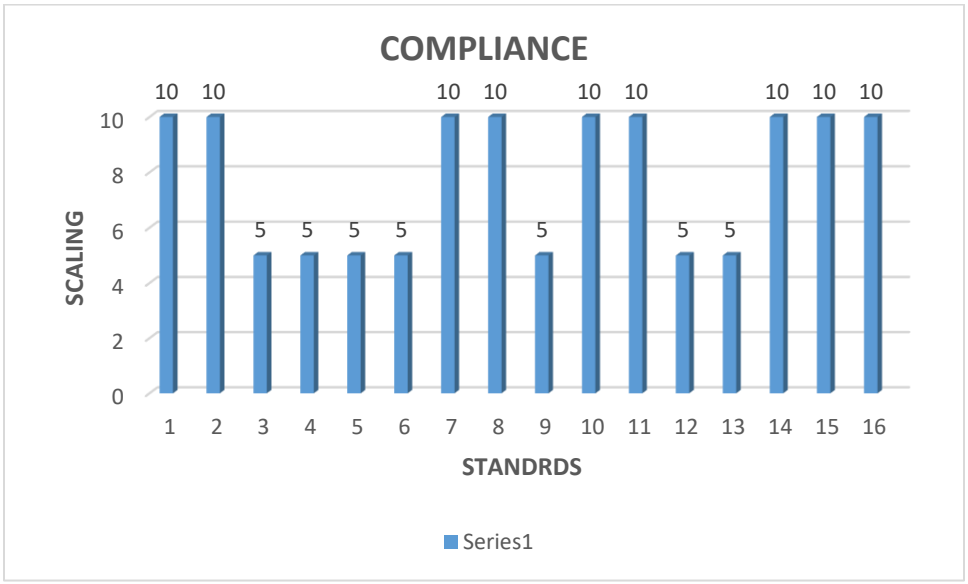
**Compliance 9 HRM:** Human Resource Management




**Interpretation-** this graph shows the result of the 9th chapter of NABH guideline. Graph depicts that there were total 10 standards in this chapter and we found the gaps with the help of self-assessment toolkit. The score has given 0, 5, 10.

According to the calculation done is the 9.5. So 9th chapter was in compliance with SHCO-NABH standards

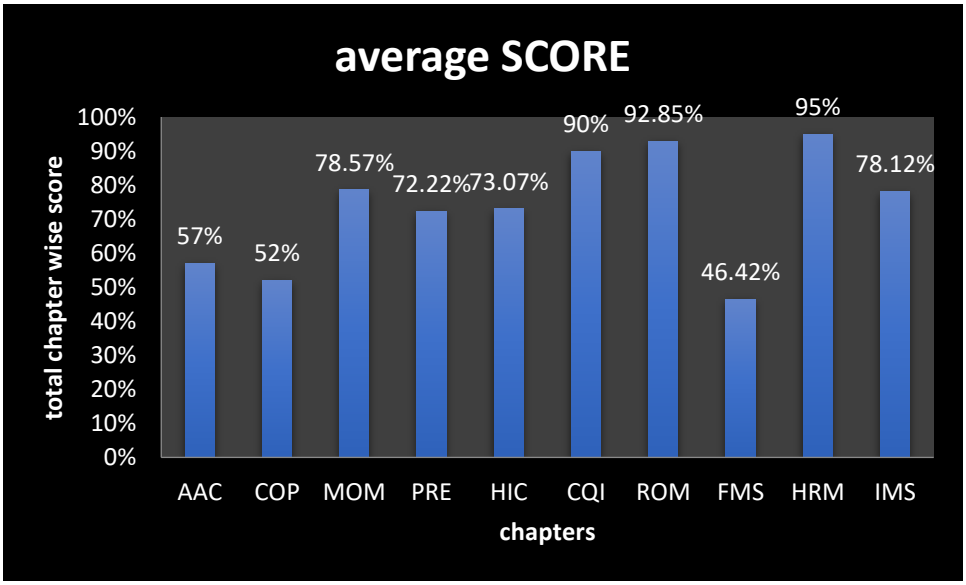
**Compliance 10 HMIS: Hospital** Information Management System




**Interpretation**- this graph shows the result of the 10th chapter of NABH guideline. Graph depicts that there were total 16 standards in this chapter and we found the gaps with the help of self-assessment toolkit. The score has given 0, 5, and 10.

According to the calculation done is the 7.5. So 10$^{th}$ chapter is in compliance with SHCO-NABH standards.

**Over all result**




**Interpretation: -**

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. Patient's right and education has 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.

## **OBSERVATION: -**

1. Code red & code blue mock drill has 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
- Standard precautions 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. Doctor stamp was not on prescription form
23. All legal documents has not compiled in one file
24. BMW waste segregation sticker paste not there
25. MRD Pest control report was not there
26. Sluicing area to be located and displayed
27. Proper PPE sets available to be made available in respected location like lab ICU OT etc
28. Labelling of medicines at crash cart, multidose vials to labelled
29. ICD -10 coding in HMIS
30. Prepare kits for hazmat for high risk areas
31. OT dirty soiled separate covered trolley
32. Hand rubs at each bed

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

# RECOMMENDATION

- 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 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 has 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 that is well aware that a systematic protocol has to be practiced and have 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 has 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.

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