A STUDY ON GAP ANALYSIS OF DR. VIRENDRA LASER & PHACO SURGERY CENTER EYE HOSPITAL, JAIPUR IN COMPLIANCE WITH NABH-SHCO STANDARDS

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Introduction (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.

Introduction (GAP Analysis)

- 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 hospital to optimum desirable performance standards.

Objective of the Study

- ✓To assess the hospitals existing set up and procedures as per NABH standards
- ✓To identify, the gaps as per the, patient centric, chapters of NABH forth Edition standard
- ✓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 was also based on direct observation.
- ✓ Secondary data was reviewed from records and certificates of the hospital

Method of data analysis

- ✓ Non complaint objectives elements are given a scored of 0
- ✓ Partially complaint objectives elements are given a score of 5
- ✓ Fully complaint objectives elements are given a score of 10

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- The final analysis is made keeping the following criteria given by the NABH for accreditation i.e.

✓ No individual standard should have more than 1 zero

✓ No zero accepted in regulatory/legal requirements

✓ The average score for individual standard must not be less than 5

✓ The overall average score for all standards must exceed 5

Findings

- Facility management has many objective elements which non-complaint but the average is quite better due to few of the standards like providing safe and secure environment which are partially compliance.
- Care of patients has some objective elements which are non-compliance 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.

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- Patients 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.
- 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.

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- 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
- 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.

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- 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.
- 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

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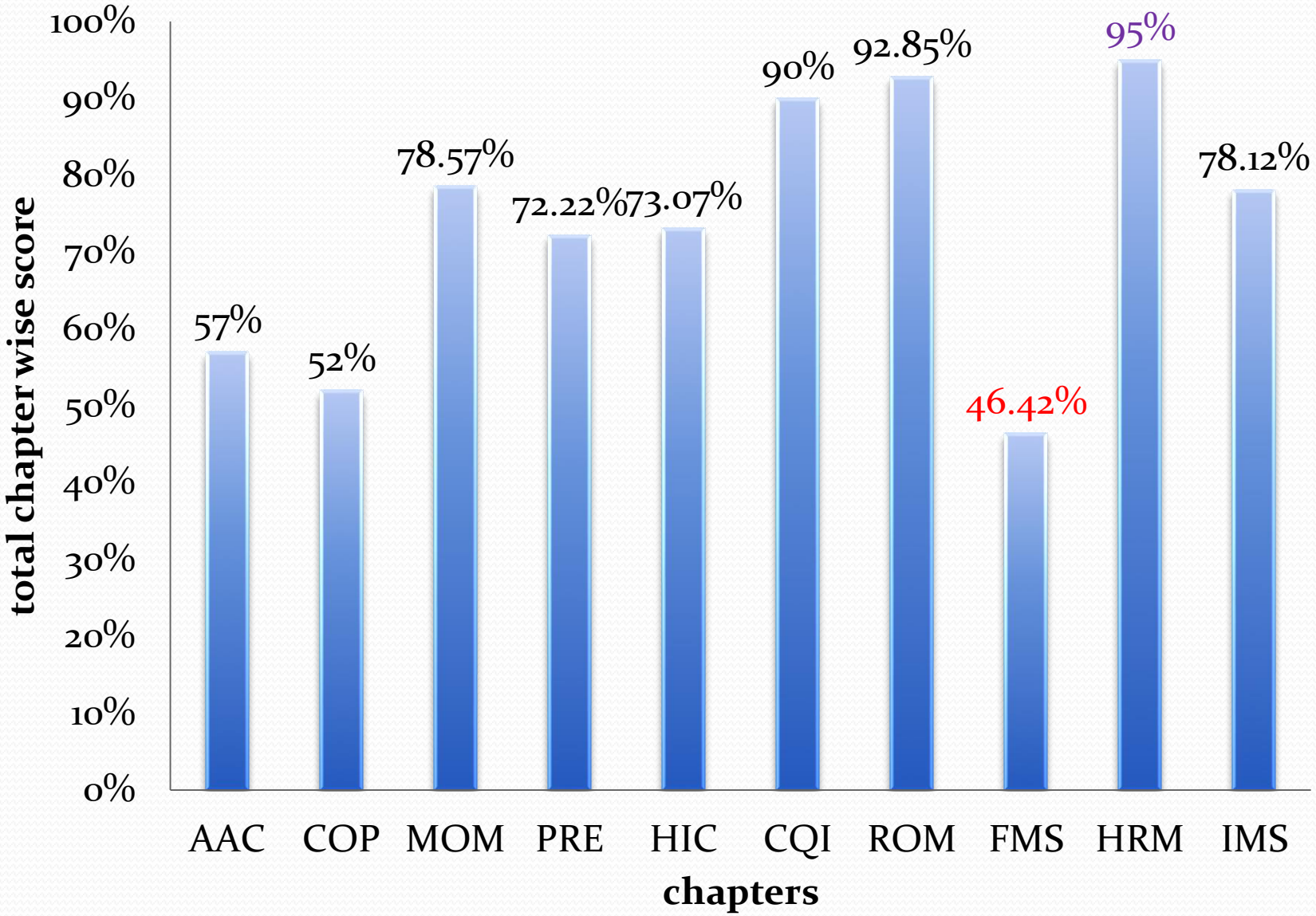
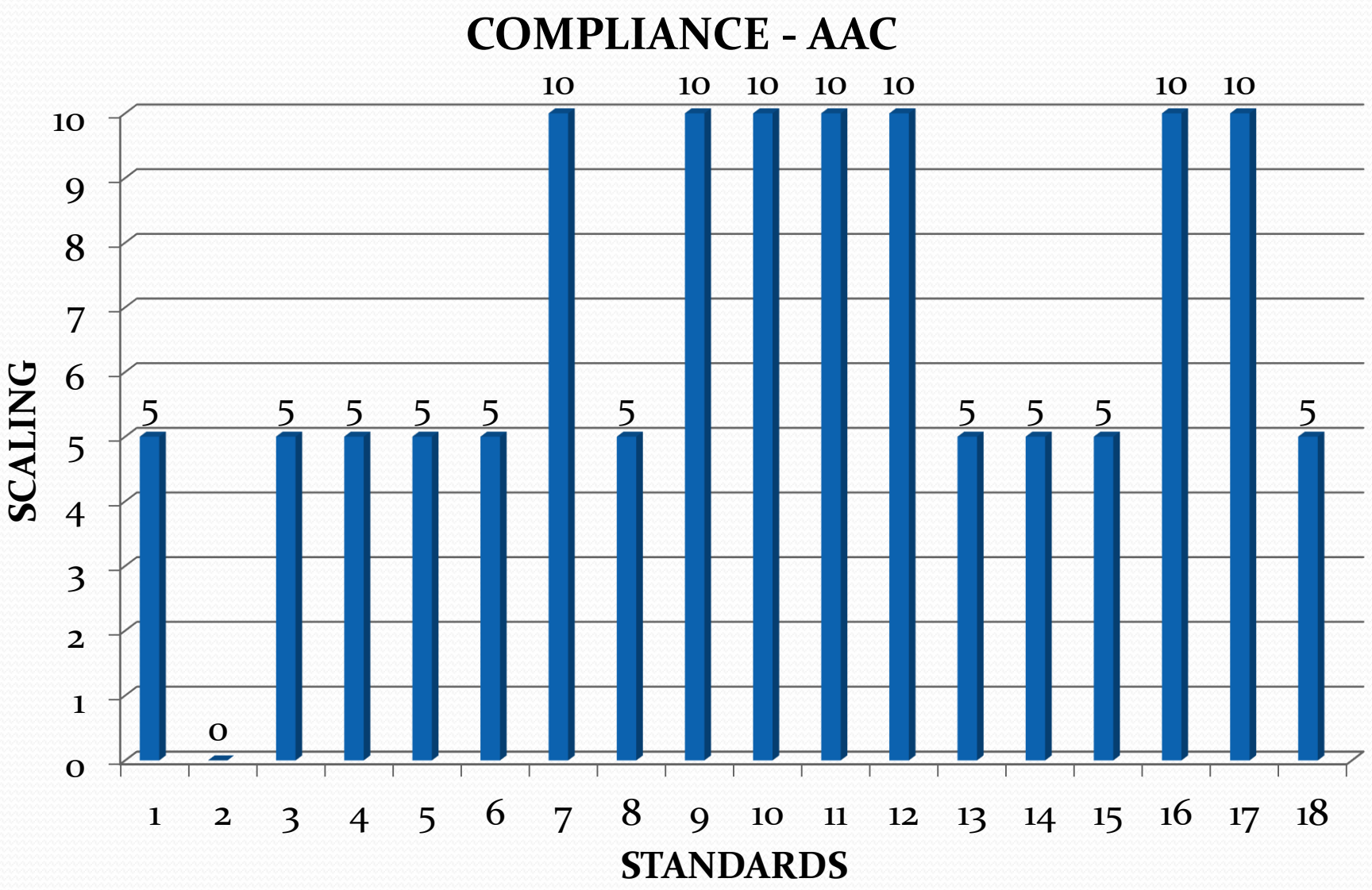
- The hospital fares best with regard to the responsibilities of management chapter as the leaders encourage the governance and management of the organizational in a professional and ethical Manner.

AVERAGE SCORE

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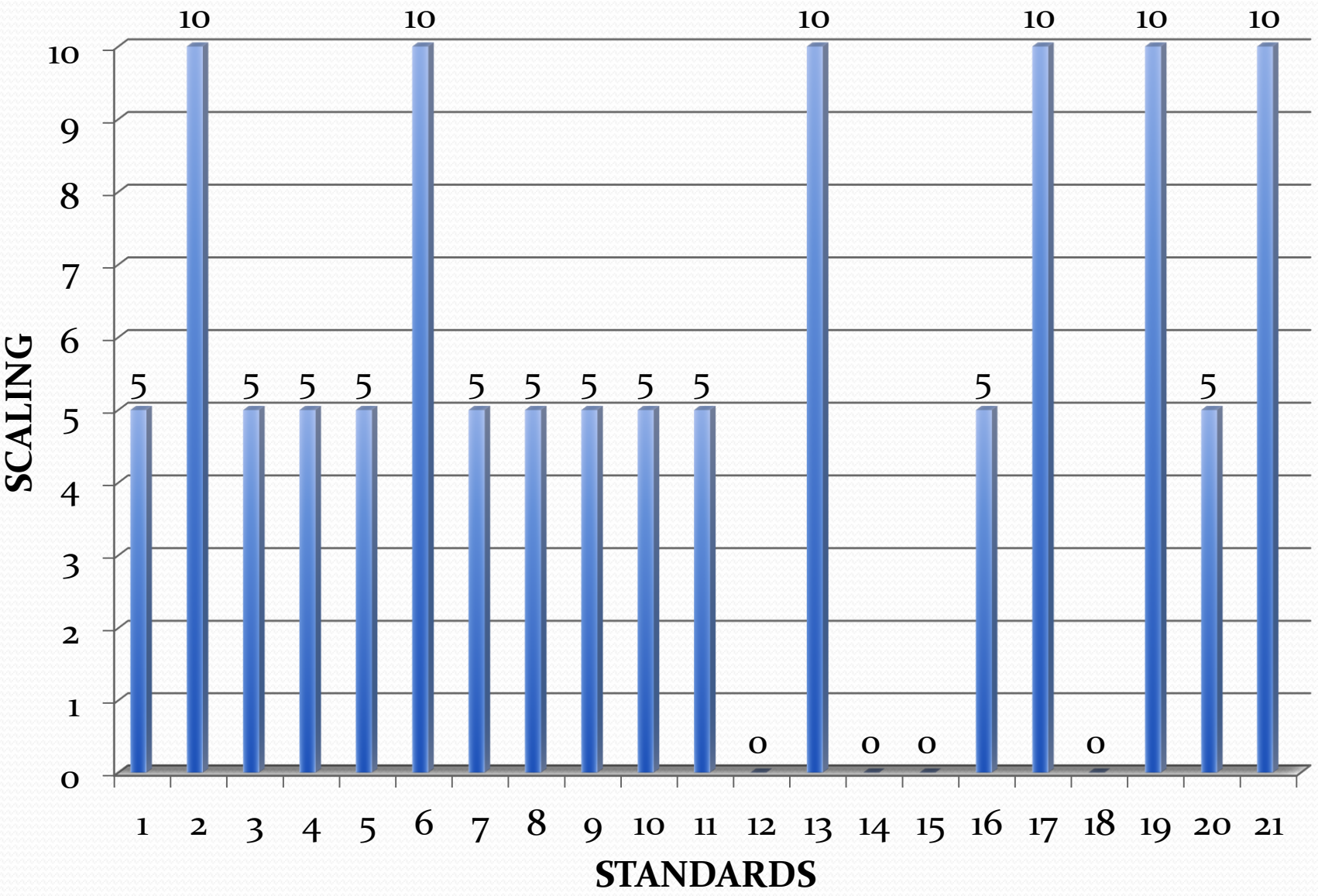

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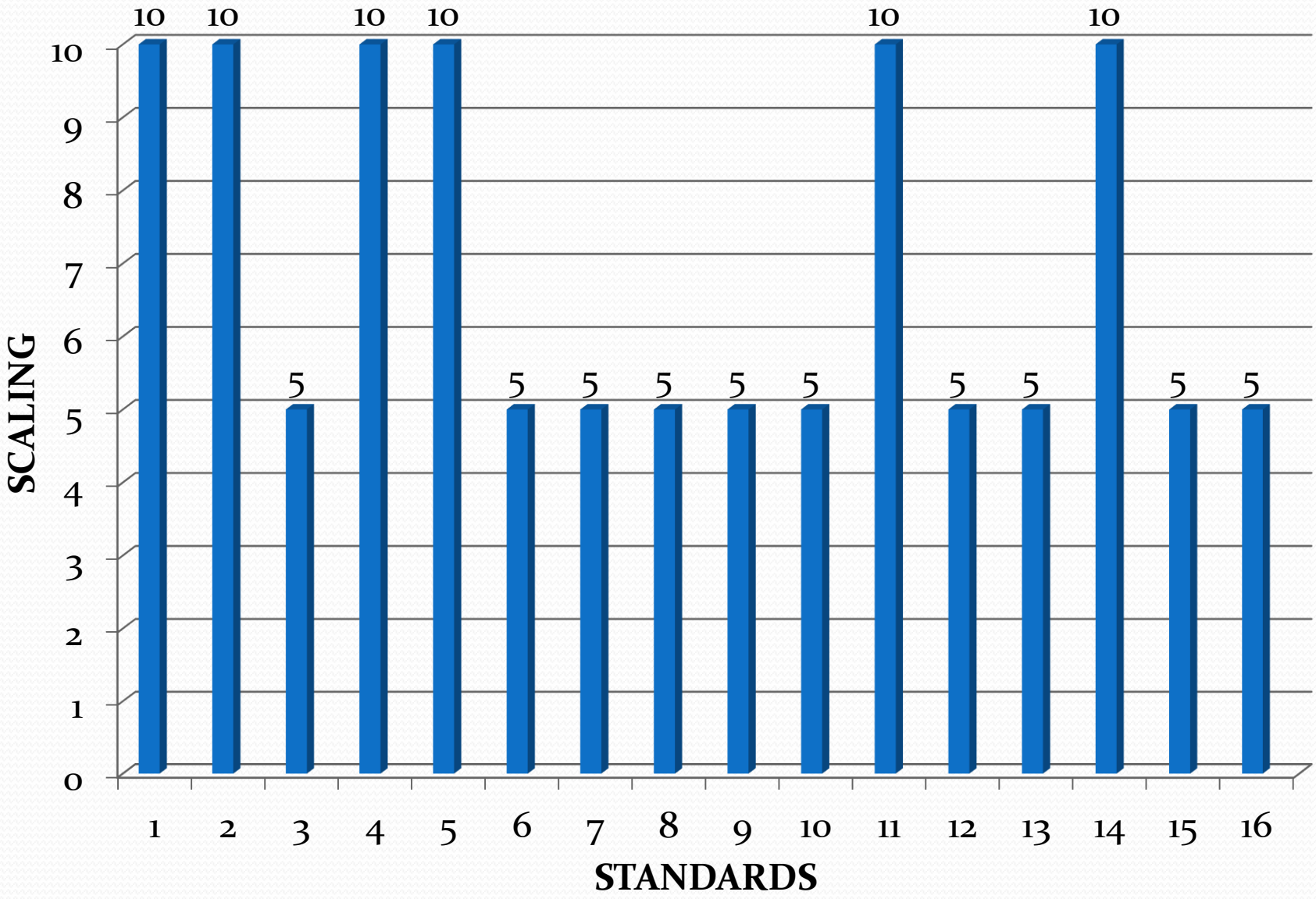

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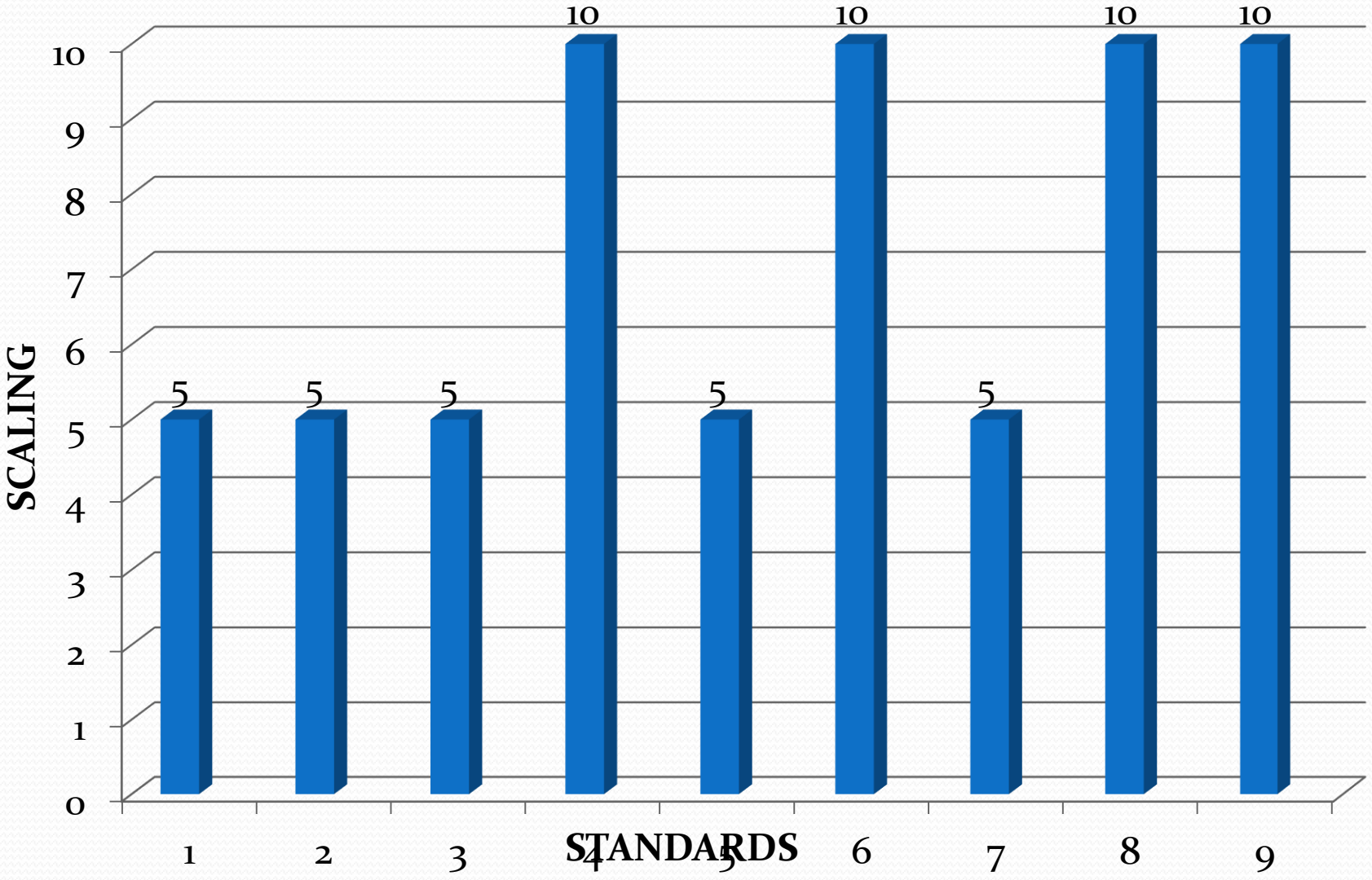

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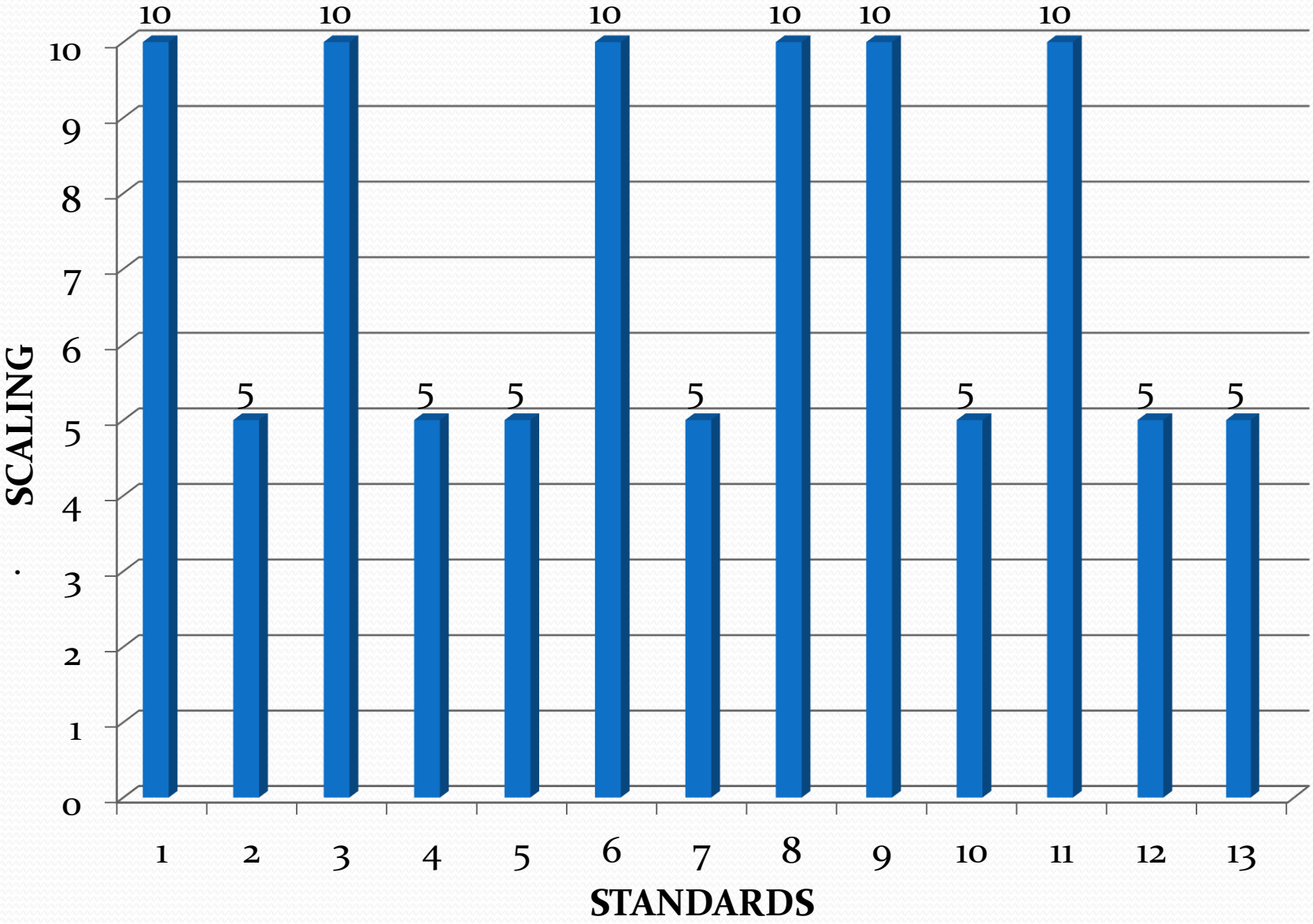

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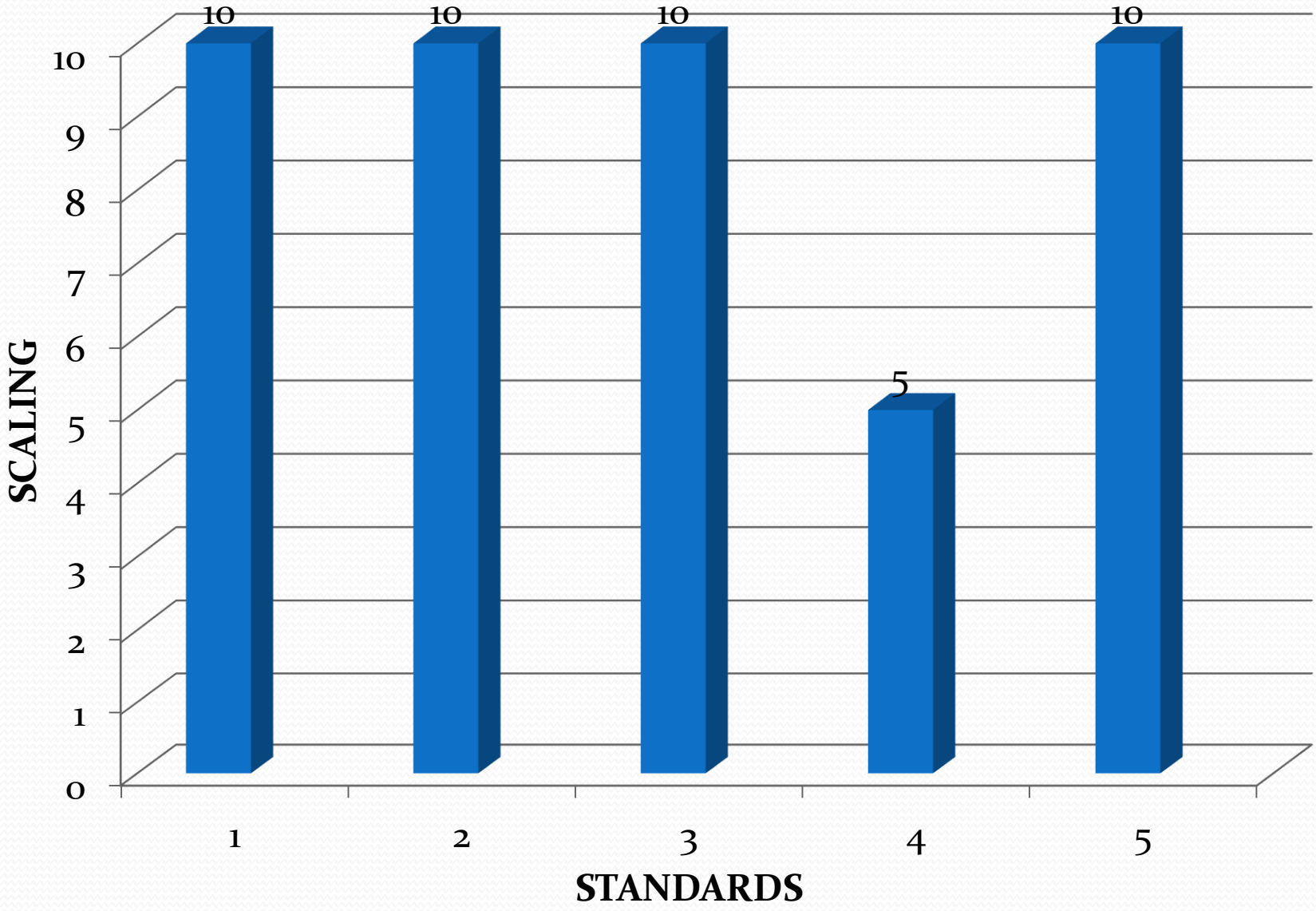

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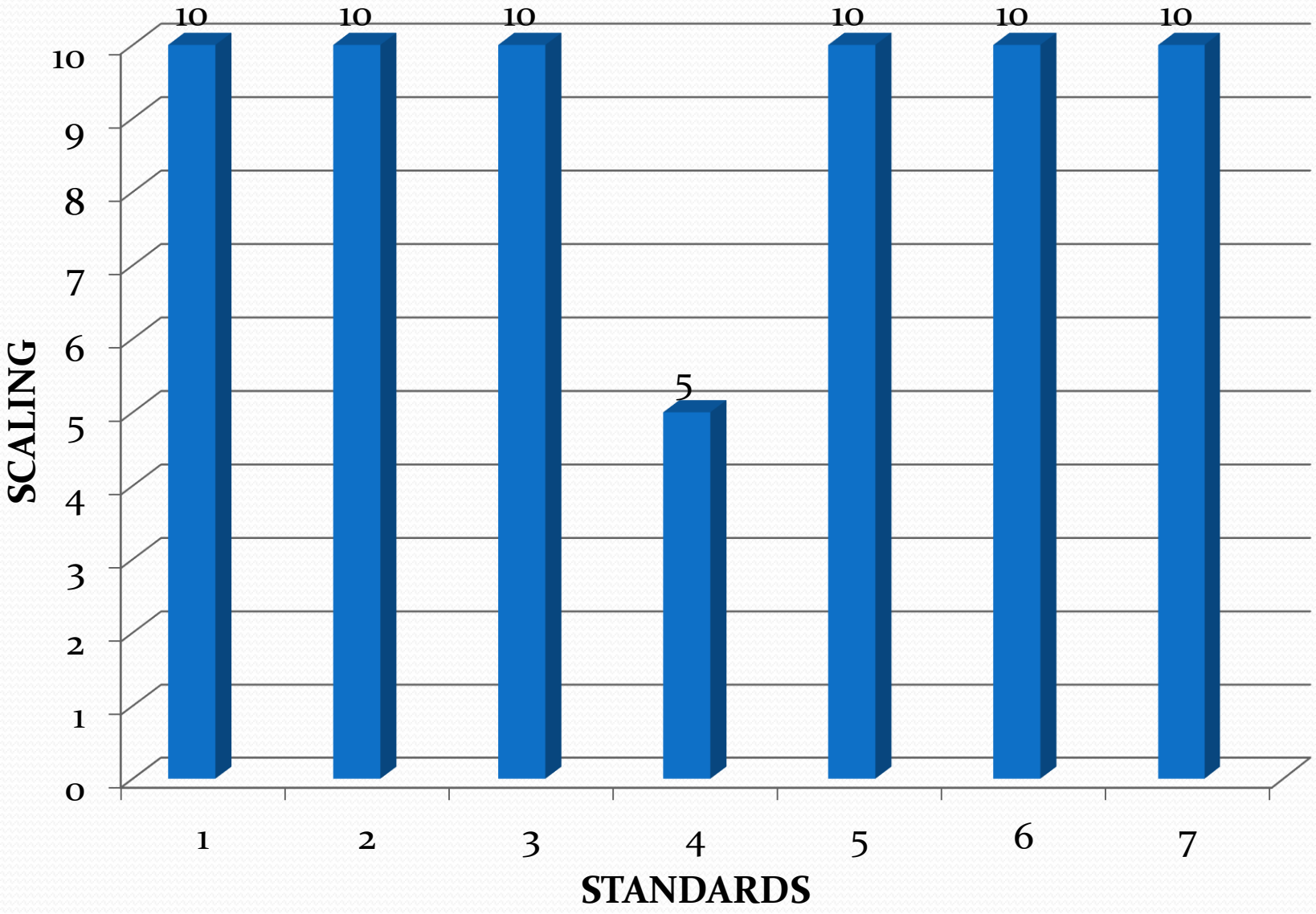

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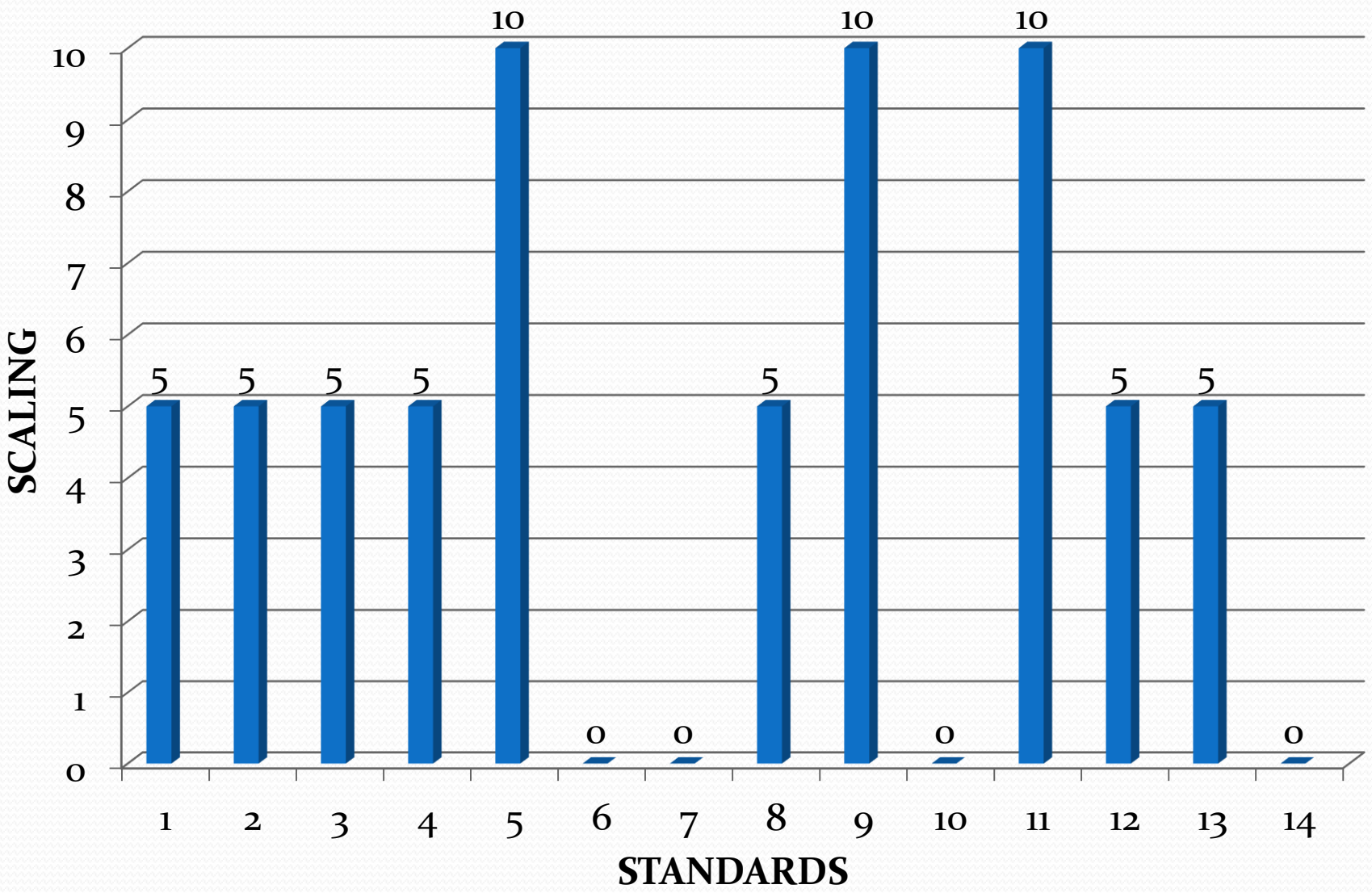

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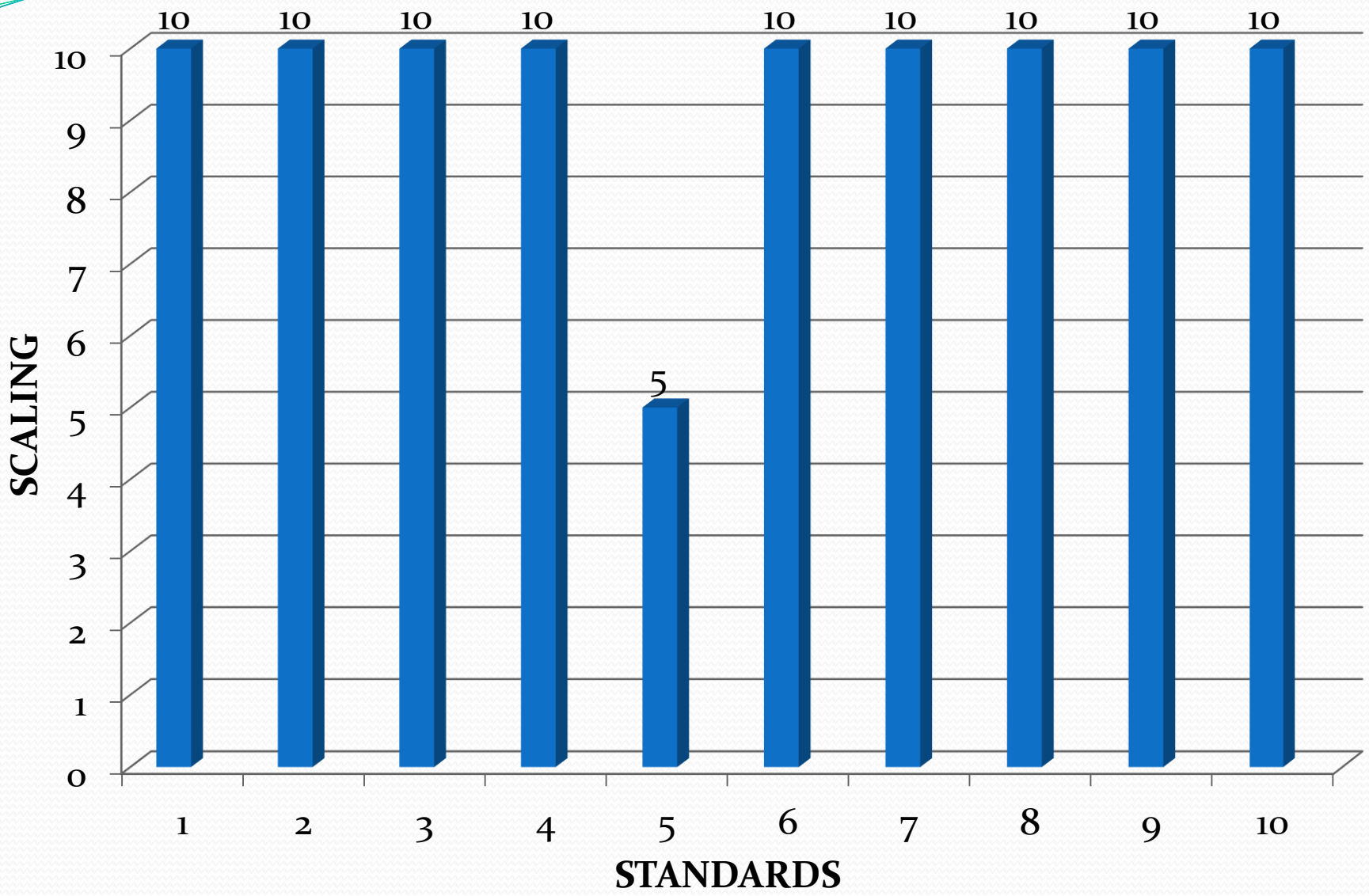

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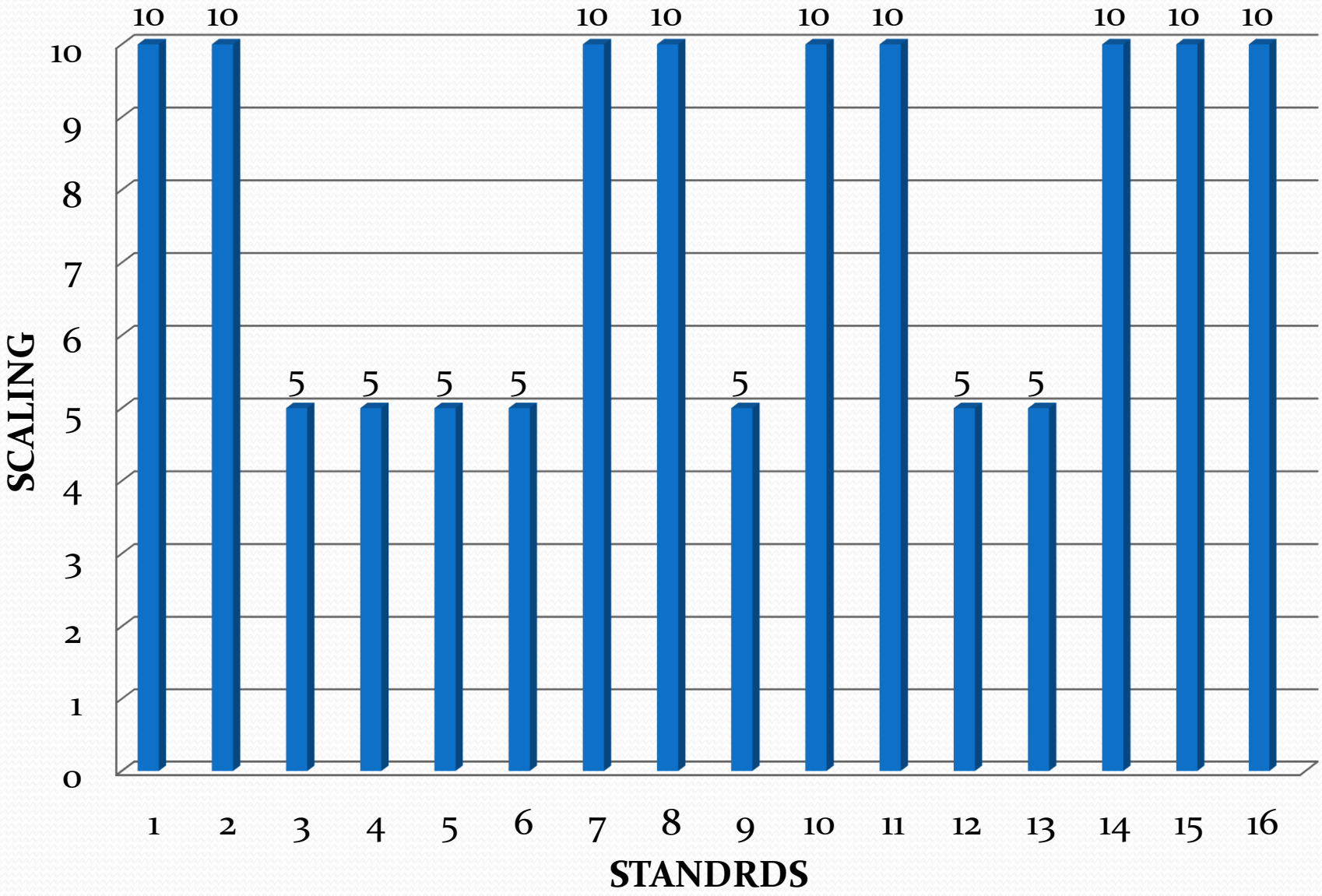

Recommendations

- Displays
- Training
- Policies
- Documentation

Displays

- ✓ Floor plan
- ✓ Sign boards
- ✓ Patient right and responsibilities
- ✓ Hand washing techniques
- ✓ Hospital formulary
- ✓ BMW Segregation chart

Training

- ✓ Biomedical waste handling
- ✓ Hand hygiene
- ✓ Adverse drug event handling
- ✓ Spillage management
- ✓ Handling of fire and non fire emergencies
- ✓ On the job training

policies

- ✓ Transfer policy
- ✓ Medico legal cases handling policy
- ✓ Calibration of equipment policy
- ✓ Antibiotic policy
- ✓ Recall procedure
- ✓ Grievance handling

Documentation

- ✓ Department wise manuals
- ✓ Transfer form
- ✓ Sentinel event / near miss event register
- ✓ Autoclave register
- ✓ MSDS(Material safety data sheet)
- ✓ Quality control in O.T documents
- ✓ Training Register
- ✓ Minutes of Meeting Register

Conclusion

- All the issues can be addressed by proper training and good support from the management
- Re-modulation of the system and processes as per the guidelines is the need of the hour.

Thank You

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