

A Study on Gap Assessment of Small Healthcare organizations to Entry level Pre-accreditation NABH standards

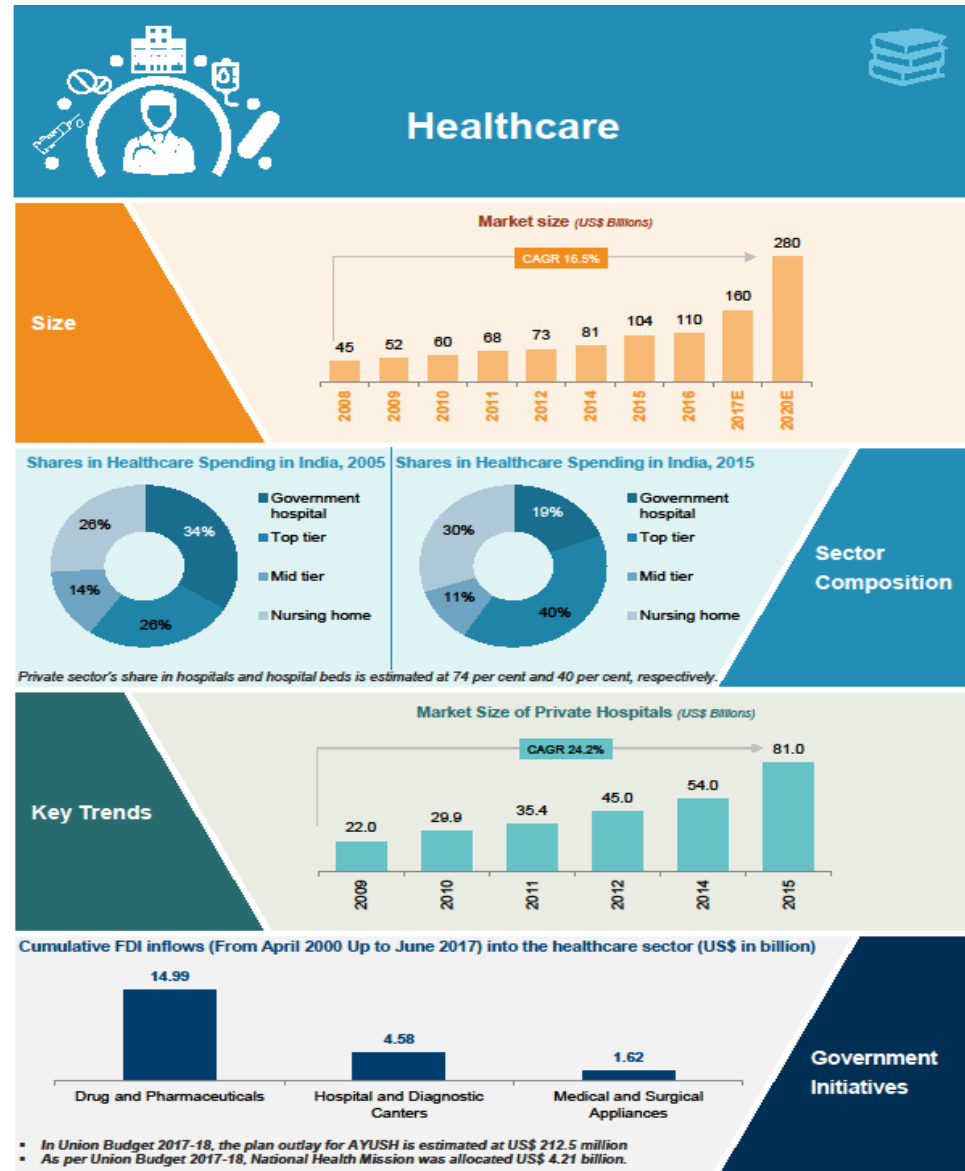
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INTRODUCTION

India has made great strides in the field of healthcare in past years, which can be seen from the reduced infant mortality rates, maternal mortality rates etc. (NFHS4).

A study by KPMG, shows that, the healthcare industry is expected to grow by CAGR 16.5%.

The government's low spending on health(GDP around 1.2%), lead to a strong presence of private sector. Even the government is helping the private sector to set up more HCOs by PPP mode etc. , to meet the health needs of people.



INTRODUCTION contd...

- Despite the rapid growth of the health industry in India, patient safety and quality care remains a concern.
- 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.

Quality Journey in India

- Globally there is ISQua,(1985), JCI in US(1994) etc. to make quality improvements in healthcare organisations.
- The Government of India, established in 1997, Quality Council of India, which is responsible for setting the quality initiative in India.
- To maintain the quality of hospitals and healthcare organization NABH was established.
- National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish(since 2006) and operate accreditation programme for healthcare organizations. Like JCI, NABH is a voluntary process.
- SHCO are those healthcare organisations with less than 50 beds.
- Pre Accreditation Entry Level NABH Standards for SHCO has 10 Chapters containing 41 Standards and 149 Objective Elements, keeping in view the SHCOs, so that they can easily implement it.
- In Delhi, where this study was done, out of total registered 933 private nursing homes and hospital 878 are Small healthcare organizations(SHCO)(6).

RATIONALE

- According to NABH, more than 90% of HCOs in India are SHCO, thus catering huge population. Thus quality of care is very important.
- IRDAI in a circular issued in 2016 , said that it is mandatory for SHCOs to at least have entry level Pre-accreditation NABH , for empanelment.(5)
- The accredited SHCO can attract more patients as compared to non accredited ones. So for SHCOs also accreditation is profitable. Thus, entry level pre-accreditation should be the stepping stone to full accreditation.

OBJECTIVES

- To identify gaps as per the NABH pre accreditation entry level hospital standards for SHCOs.
- To compare the compliance of SHCOs for entry level pre-accreditation NABH standards, before and after obtaining entry level pre-accreditation NABH certification.
- To give suggestions and recommendations for filling the gaps in SHCOs, in accordance to pre-accreditation NABH entry level standards.

METHODOLOGY

- **Study Design:** Descriptive Cross-sectional study
- **Study Location and Duration:** The study was done in Small healthcare organizations in New Delhi and nearby regions for duration of 3 months.
- **Sampling frame:** All Those small health care organizations which get consultancy services from Mediqop, Delhi. As of now there are approximately 60 small healthcare organisations which get consultancy services from Mediqop.
- **Sampling size:** 12 SHCO in New Delhi and nearby region out of 60 projects which Mediqop is handling.

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- **Sampling Technique:** Non probability Sampling, where convenient sampling was done.
- **Data collection tool:** Pre-accreditation entry level NABH self-assessment toolkit.
- **Data Collection Method:** The Pre-accreditation entry level NABH self-assessment toolkit was used for data collection, where for assessing some objective elements, observation was required, for some other elements reviewing of SHCO manuals, policies and records was required and in some, interview with the hospital staff and patients was required.

PARAMETERS OF STUDY

- Pre-accreditation Entry level NABH for SHCO has 10 chapters containing 41 standards(stnds) that are again having 149 objective elements(OE), which every SHCO can easily implement.

According to guidebook from NABH for pre-accreditation entry level standards for SHCO:

- **Definition of standards:** A standard is a statement of expectation that defines structures and processes that must be substantially in place in an organisation to enhance quality of care.
- **Definition of Objective Elements(OE):** It is that component of the standard which can be measured objectively on a rating scale. The acceptable compliance with the measurable elements will determine the overall compliance with the standards.

Serial no	Chapters	Standards	Elements
1	Access, Assessment and Continuity of Care (AAC)	7	26
2	Care of Patient (COP)	8	31
3	Management of Medication (MOM)	5	18
4	Patient Right and Education (PRE)	2	9
5	Hospital Infection Control (HIC)	3	13
6	Continuous Quality Improvement (CQI)	2	5
7	Responsibility of Management (ROM)	2	7
8	Facility Management and Safety (FMS)	4	14
9	Human Resource Management (HRM)	4	10
10	Information Management System(IMS)	4	16

Parameters cont....

- Regarding scoring following criteria would be applicable.
 1. Compliance to the requirement - 10
 2. Partial compliance to the requirement - 5
 3. Non-compliance to the requirement: 0
 4. Not Applicable: NA

Evaluation Criteria (eligibility for certification of entry level NABH for SHCO)

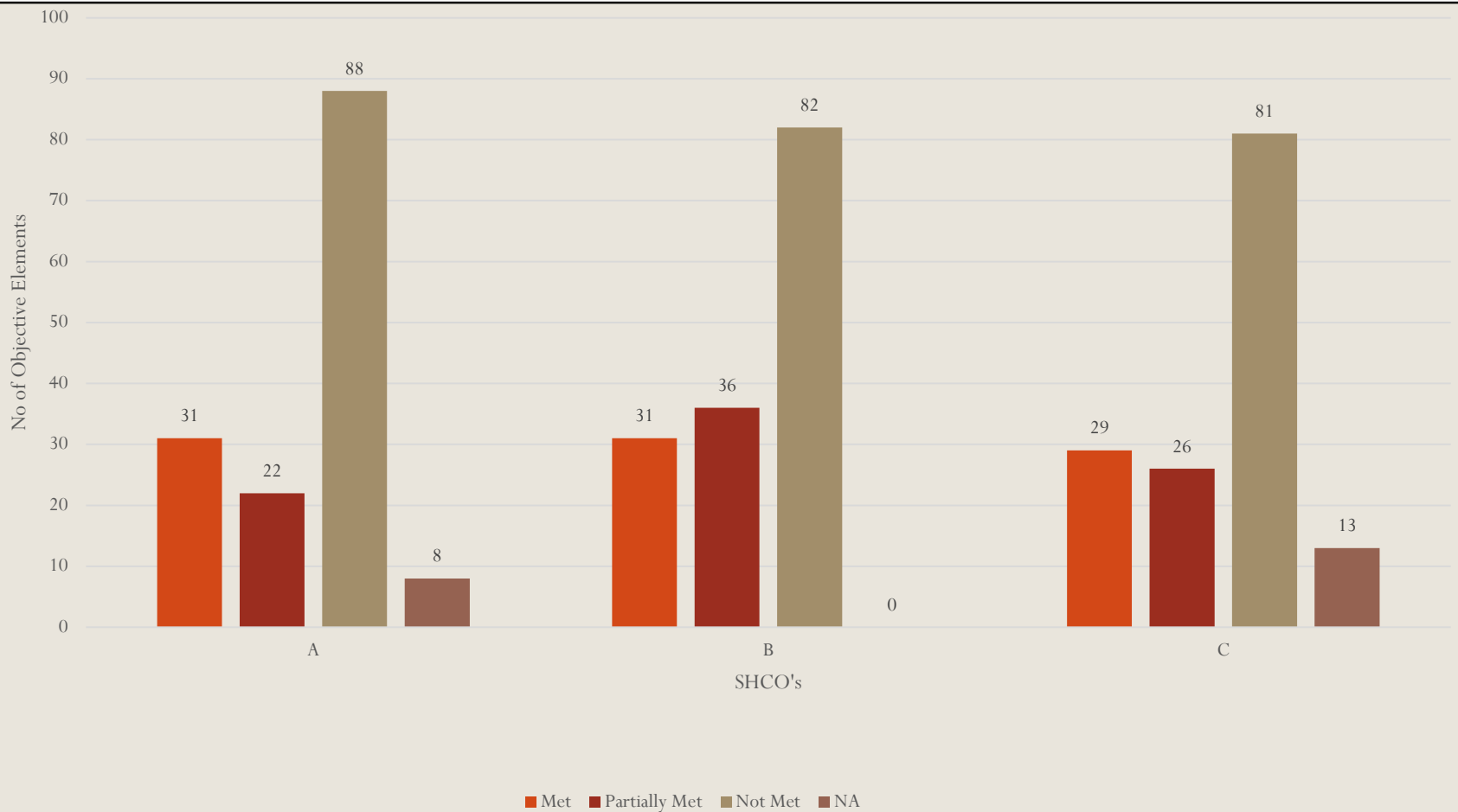
- Overall score of minimum 50% in all standards
- Overall score of minimum 50% in each chapter
- 12 SHCOs are named as A to L to maintain confidentiality.

RESULT

- All SHCO selected for this study mainly include nursing home, small multispecialty hospitals, maternity hospital and pediatric hospital.

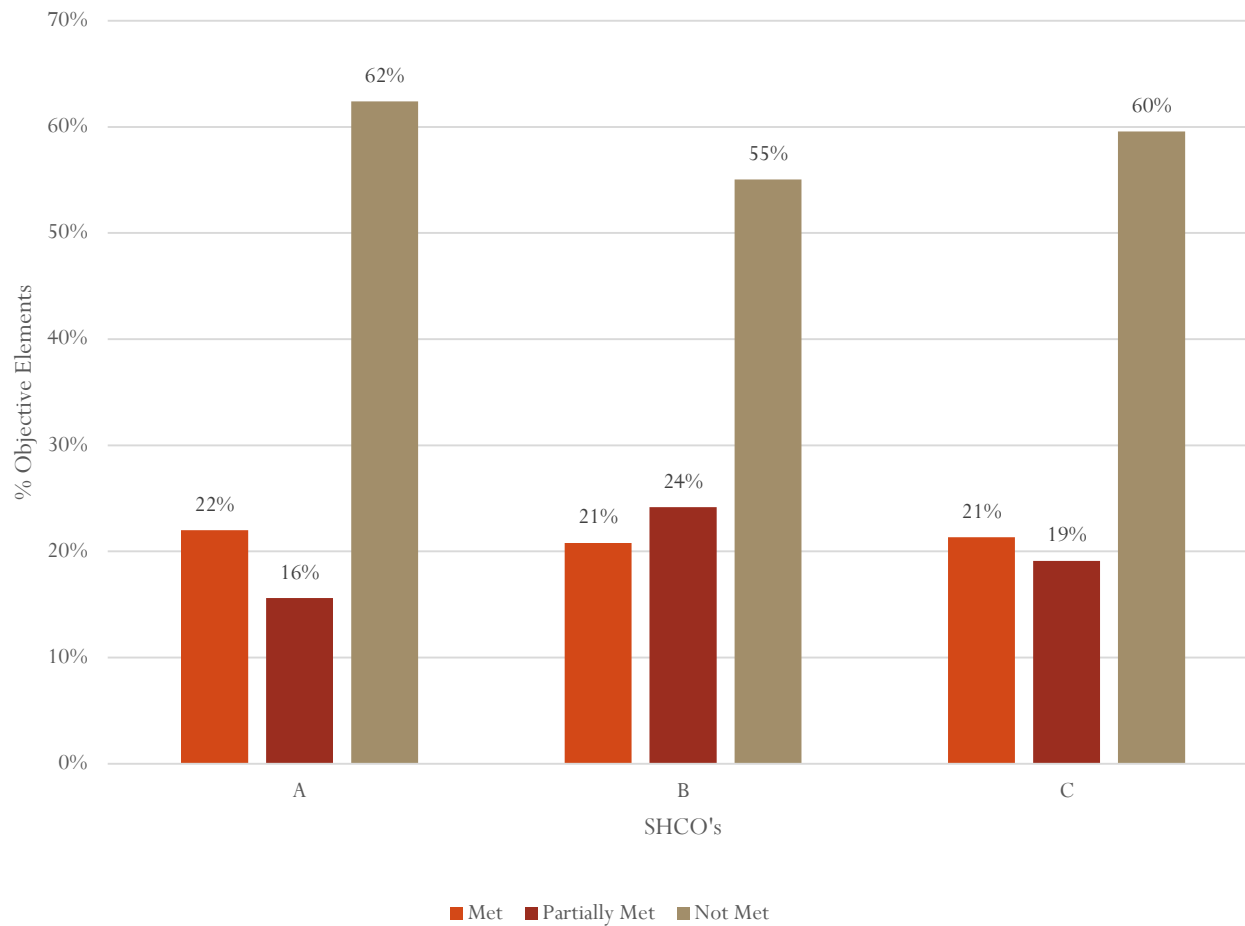
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Sr. No	Categories	Stage	Categories according to time period	Code name
1	New project	Pre-assessment	Fresh start (1-2 weeks)	A, B, C
2	Before assessment	Pre-assessment	2 months after taking over project	D, E, F
3	Before assessment	Pre-assessment	Around 4- 5 months about to go for assessment	G, H, I
4	Post Entry level NABH accreditation	Post assessment	approximately 1 month after entry level accreditation	J, K, L



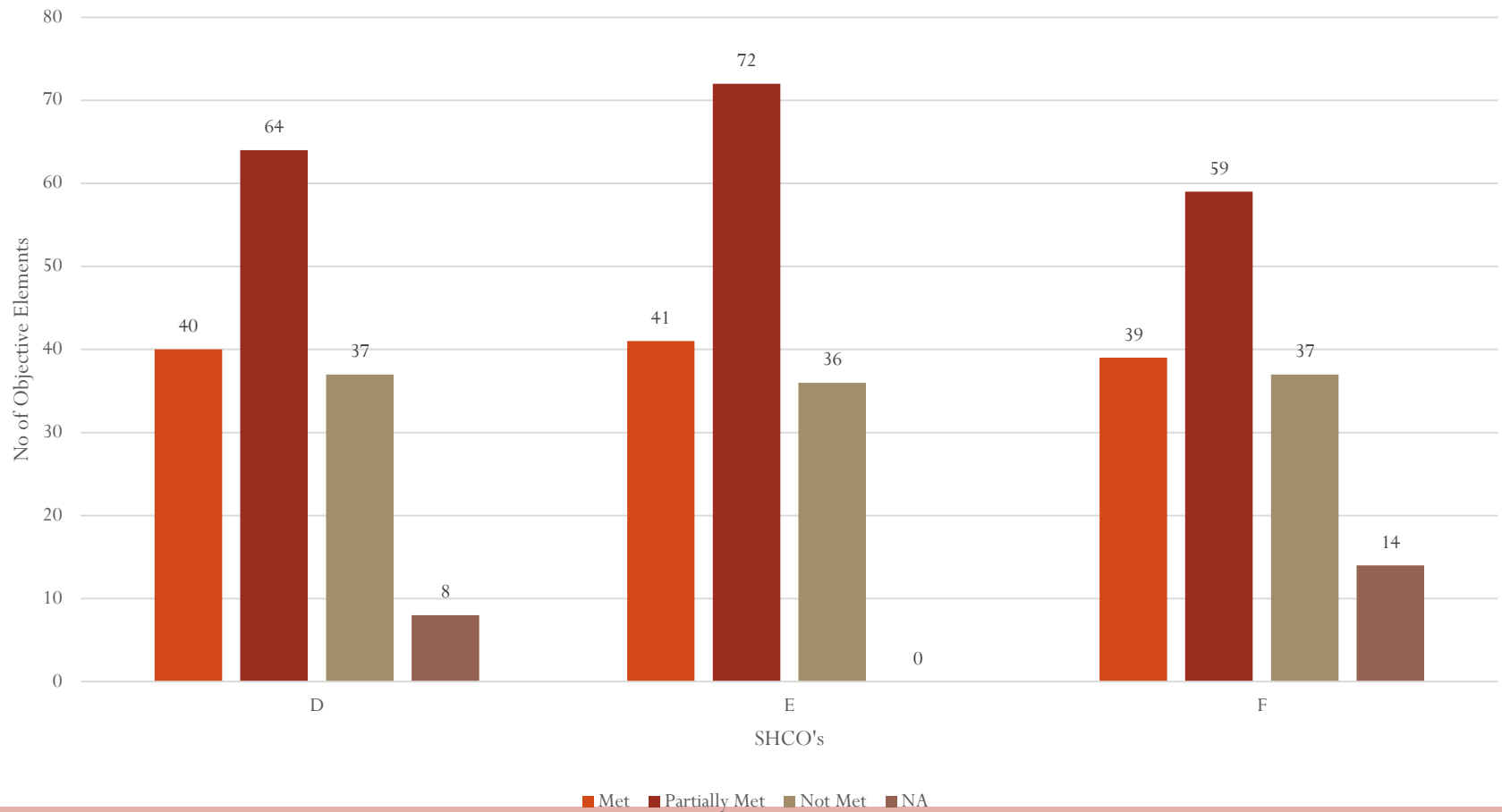
Gap Analysis (compliance to Objective elements) in
SHCO A, B and C

STAGE 1 SHCOs- A, B, C



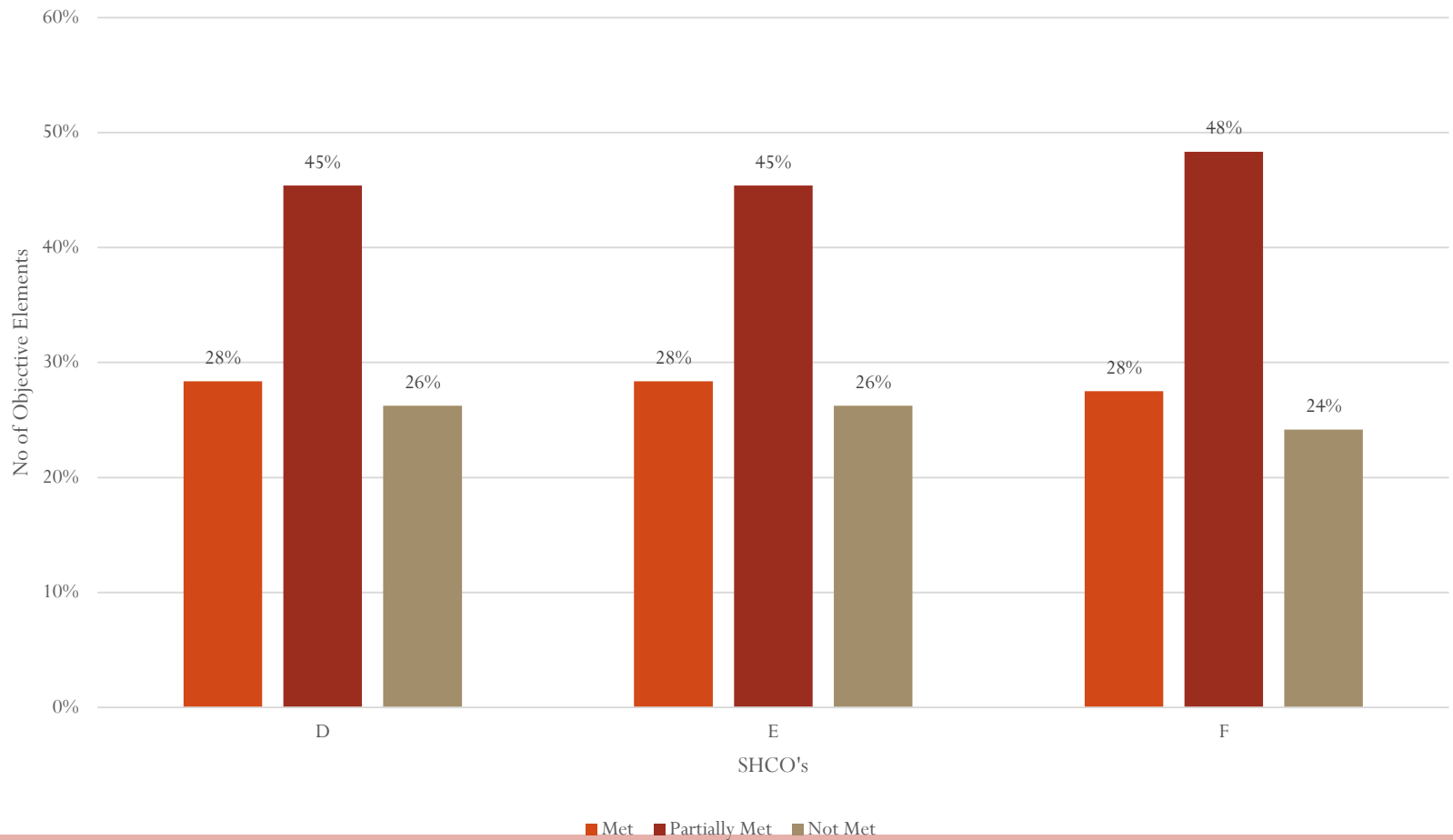
Gap Analysis (compliance to objective elements in %)
in SHCOs A, B, and C

STAGE 1 SHCOs- A, B, C



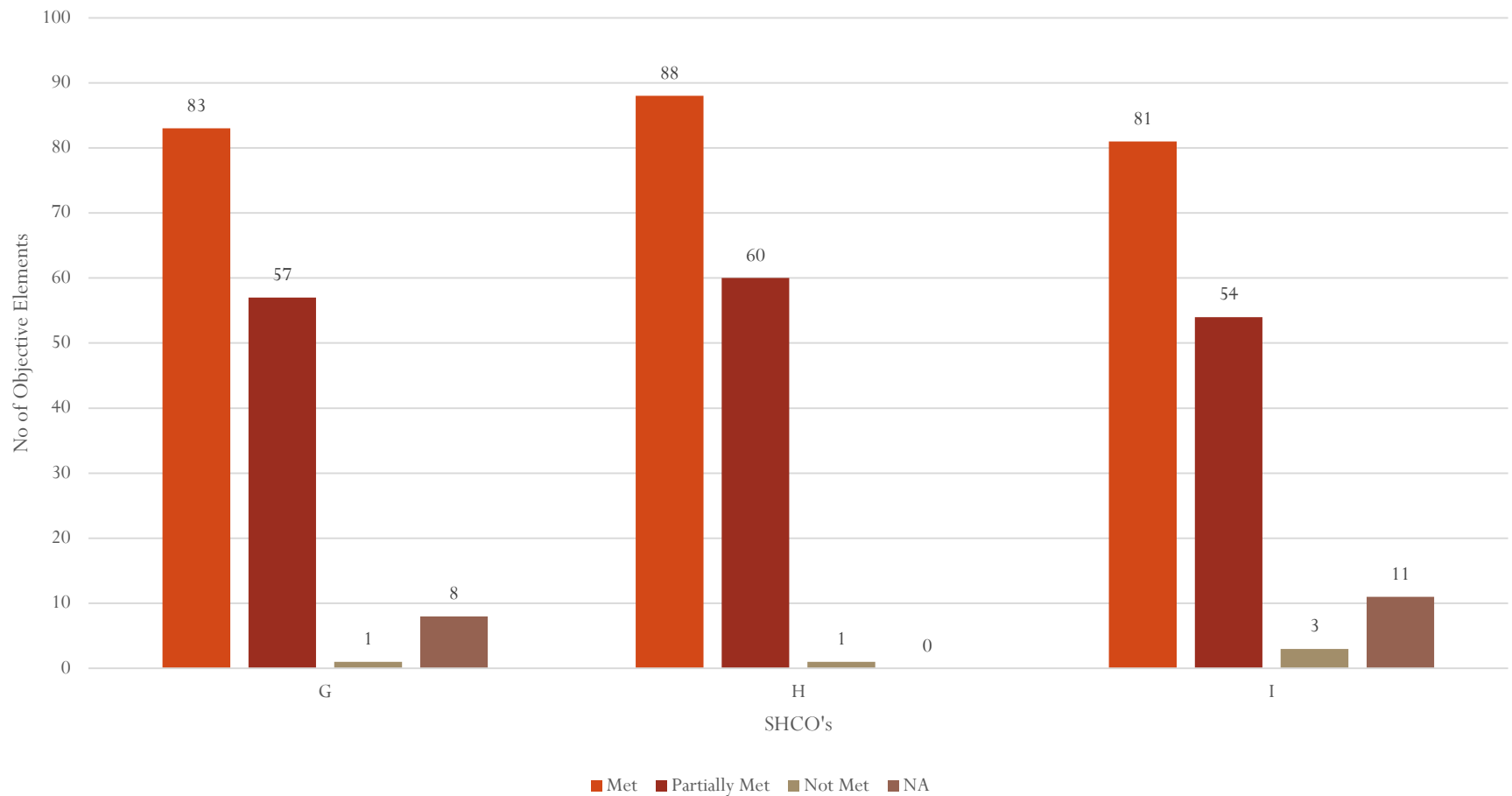
Gap Analysis (compliance to Objective elements) in
SHCO D, E and F

STAGE 2 SHCOs- D, E and F



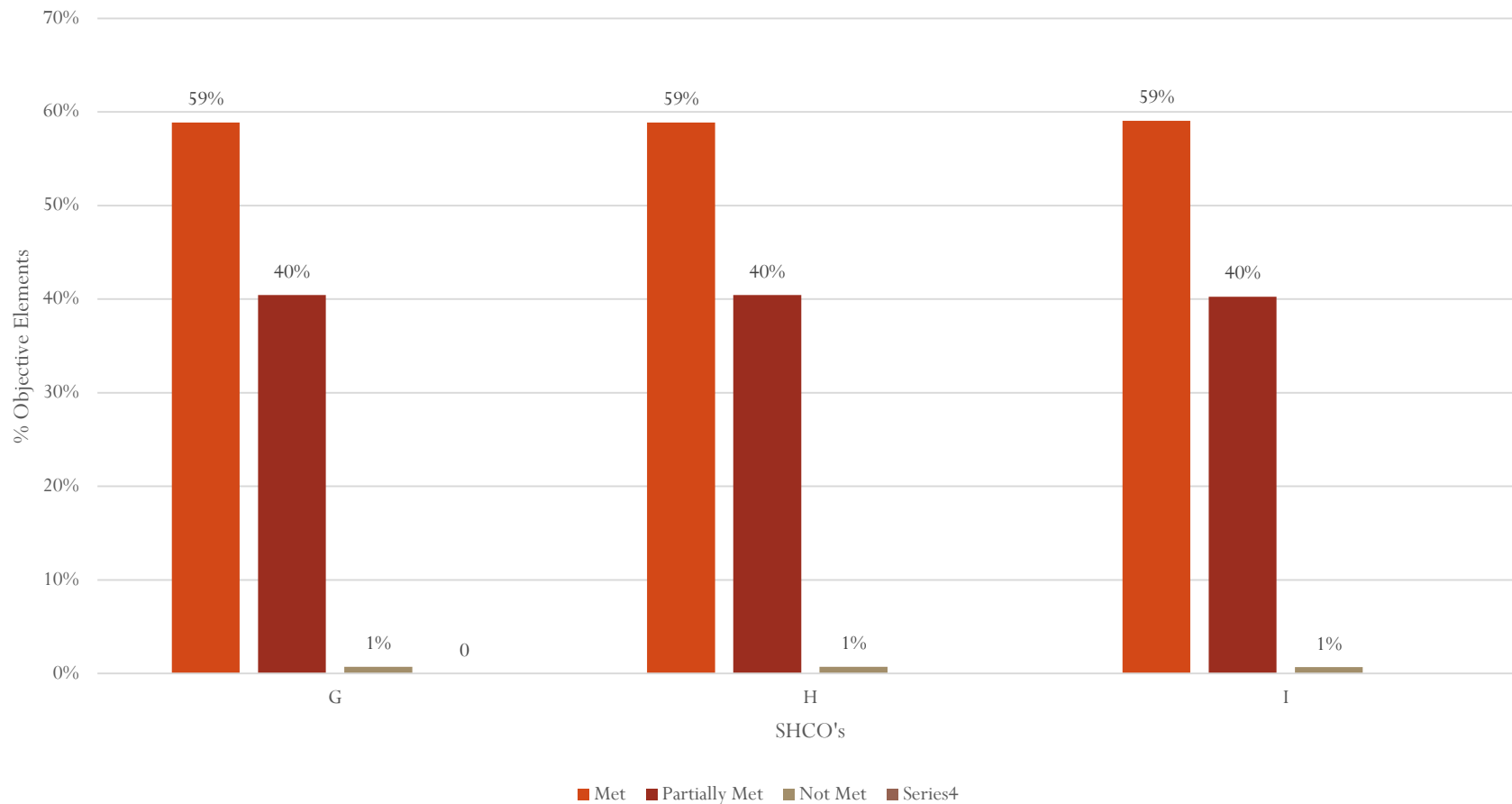
Gap Analysis (compliance to objective elements in %)
in SHCOs D, E and F

STAGE 2 SHCOs- D, E and F



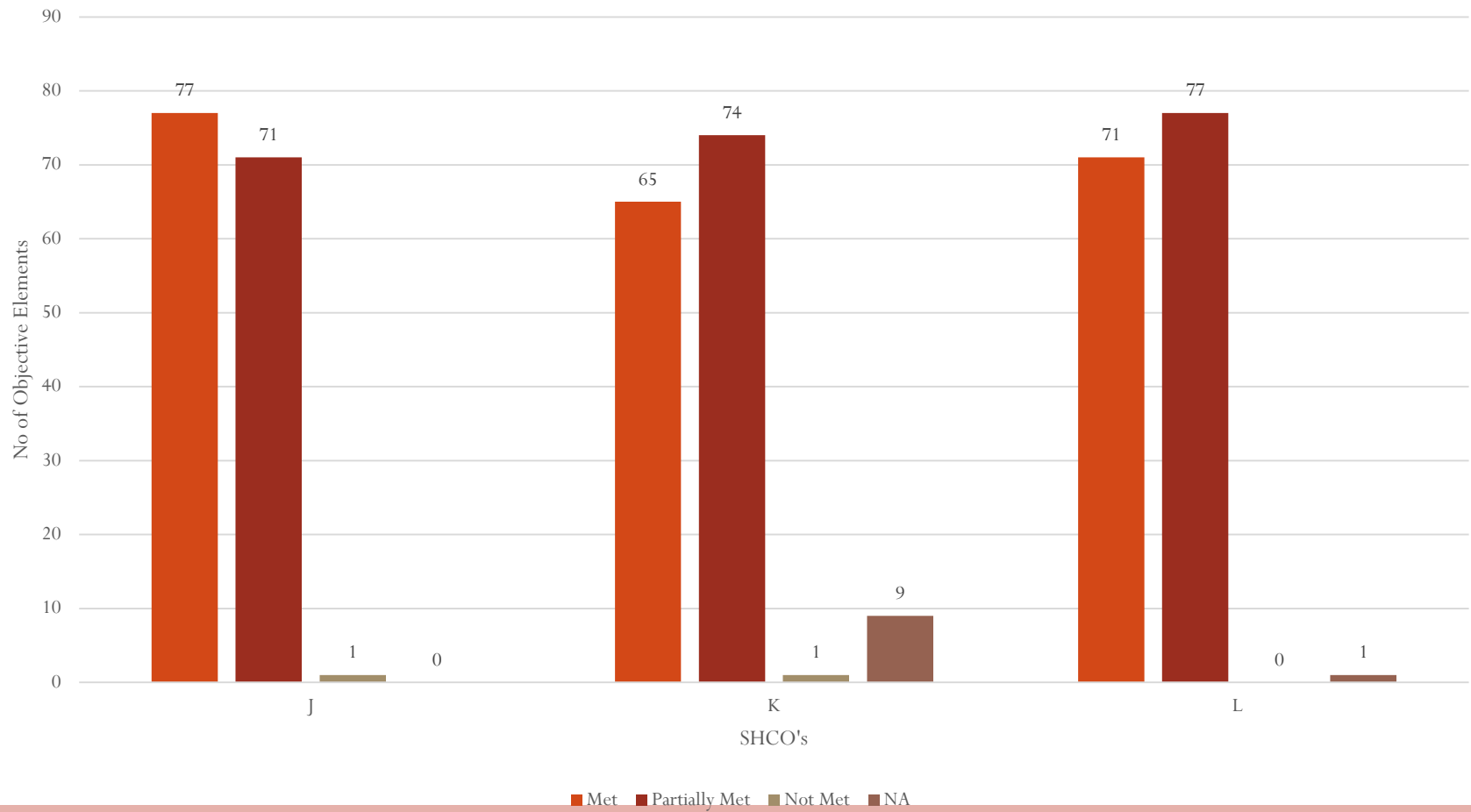
Gap Analysis (compliance to Objective elements) in SHCO G, H and I

STAGE 3 SHCOs – G, H and I



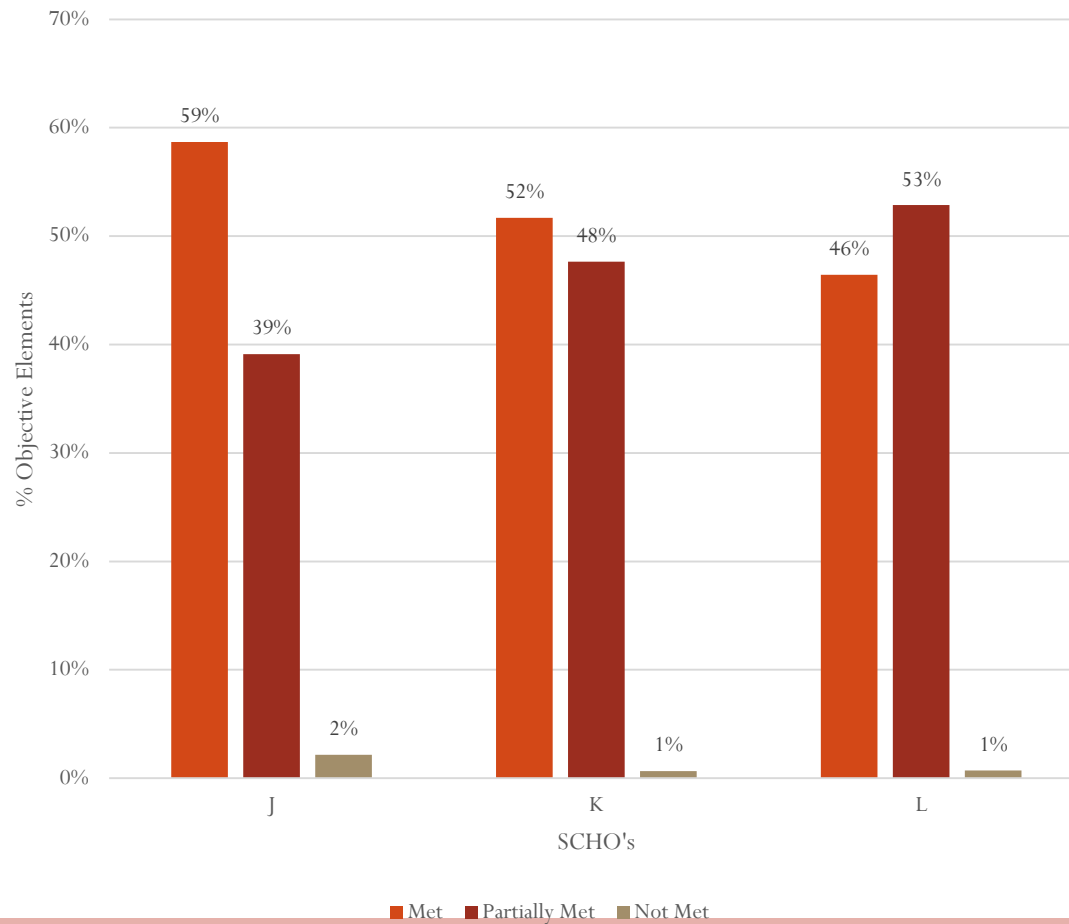
Gap Analysis (compliance to objective elements in
%) in SHCOs G, Hand I

STAGE 3 SHCOs – G, H and I



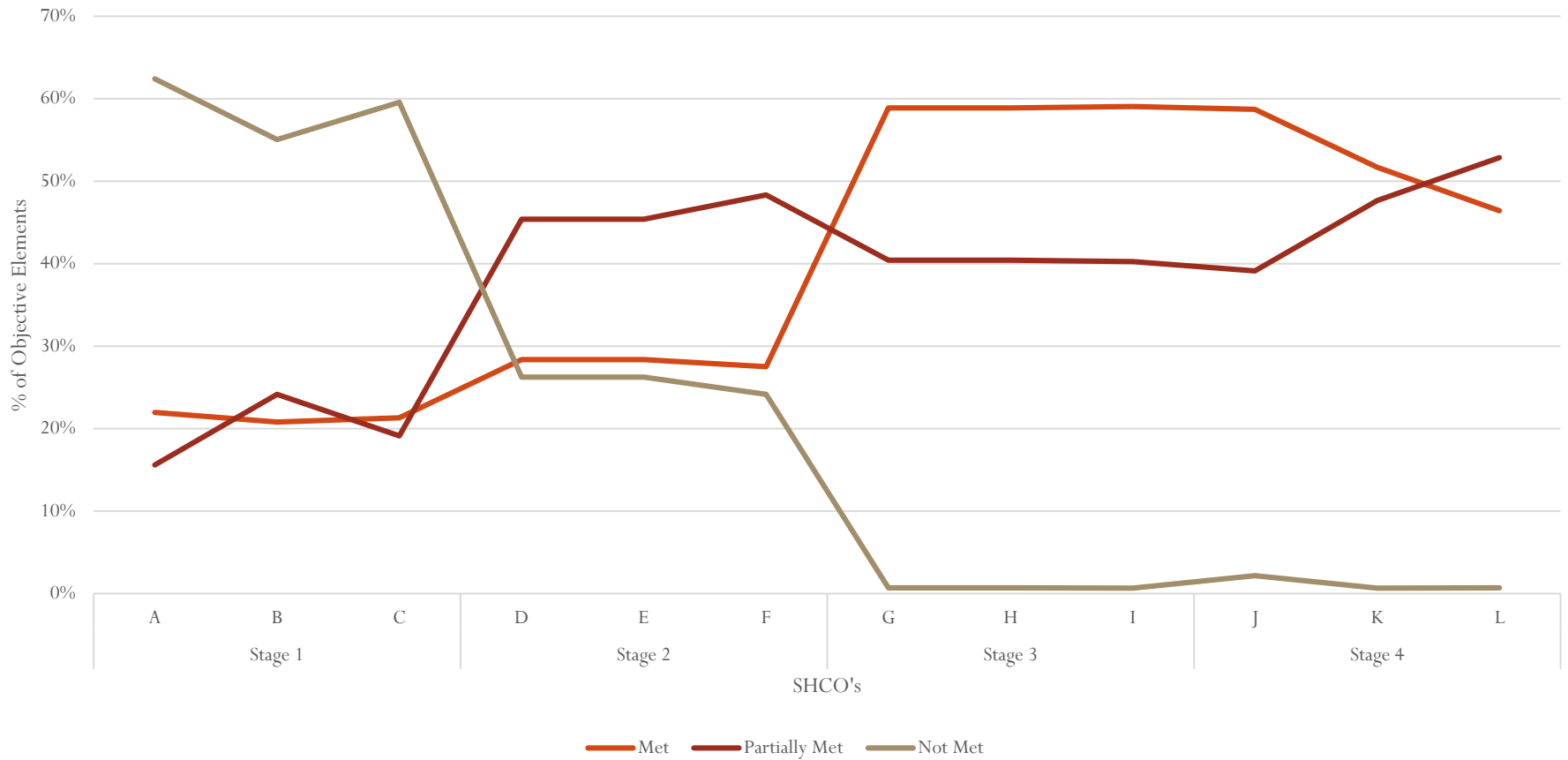
Gap Analysis (compliance to Objective elements) in SHCO J, K and L

STAGE 4 SHCOs- J, K and L



Gap Analysis (compliance to objective elements in %)
in SHCOs J, K and L

STAGE 4 SHCOs- J, K and L



● **COMPARISON OF COMPLIANCE TO OBJECTIVE ELEMENTS
BETWEEN FOUR STAGES**

CONCLUSION & RECOMMENDATIONS

- The Stage 1(SHCOs A, B and C) as compared to other SHCOs have **least compliance** as they have just started for NABH entry level certification process. Training and awareness is must for them.
- The Stage 2 (SHCOs D, E, F) are having better compliance as they are into the process for about two months. And they have started to improve on compliance to entry level standards.
- The Stage 3 SHCOs(G, H and I) have **greatest compliance** to objective elements, as they are getting ready for their actual assessment by the NABH pre-assessor. These organizations make sure that they leave no stone unturned, to get the entry level pre-accreditation NABH. They show up their best and put all efforts to be compliant to the standards.

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- Stage 4 SHCO(J, K and L) that are post the NABH pre-accreditation shows that their compliance to objective elements reduces and partial element compliance increases. This is because of proper documentation, but failure in implementation. Some of them are as follows:
- In spite of being trained for safe practices, laboratory personnel are not following the same.
- Beyond expiry medicines are found in hospitals.
- Fridge temperature recording is not monitored strictly.
- Care and the treatment orders are not dated.

Some of the **recommendations** for above gaps can be:

- Safe sample collection and transport practices need to be followed.
- Hospital staff should be trained and retrained properly to follow safe practices.
- Medicine and store inventory need to be monitored strictly.
- Fridge temperature monitoring should be strictly followed as per guidelines.
- Quality indicators should be monitored regularly and for that raw data, should be collected promptly to catch the actual state.

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THANK YOU