Study on pre and post quality assessment of hospital facility in relation to National Accreditation Board for Hospitals and Healthcare providers (NABH) entry level standards implementation

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ABOUT ZON

We @ ZHC Understand Each hospital or healthcare organization while reflecting general patterns still has its own unique characteristics based on its own differences of individuals, history & situations. Events experienced are unique to each organization & hence the solutions also, always follow an individualized pattern

- Comprehensive consulting
- Outsources management services
- Implementation of e-HIS
- Accreditation consulting (NABH | JCI | AHCS)
- Inventory management

ABOUT HOSPITAL

- This is multispecialty Private hospital in Rajasthan.
- Established in 2009.
- It is 120 bedded.
- Hospital is going for Entry level NABH certification.

LEARNINGS FROM THE TRAINING

- Understanding of the NABH Quality Accreditation process.
- Gap identification & Gap analysis of all departments of the hospital for quality improvement.
- Implementation of the quality processes in hospitals
- Prepare plan on gaps.
- Formation of Policy of all chapters of NABH.

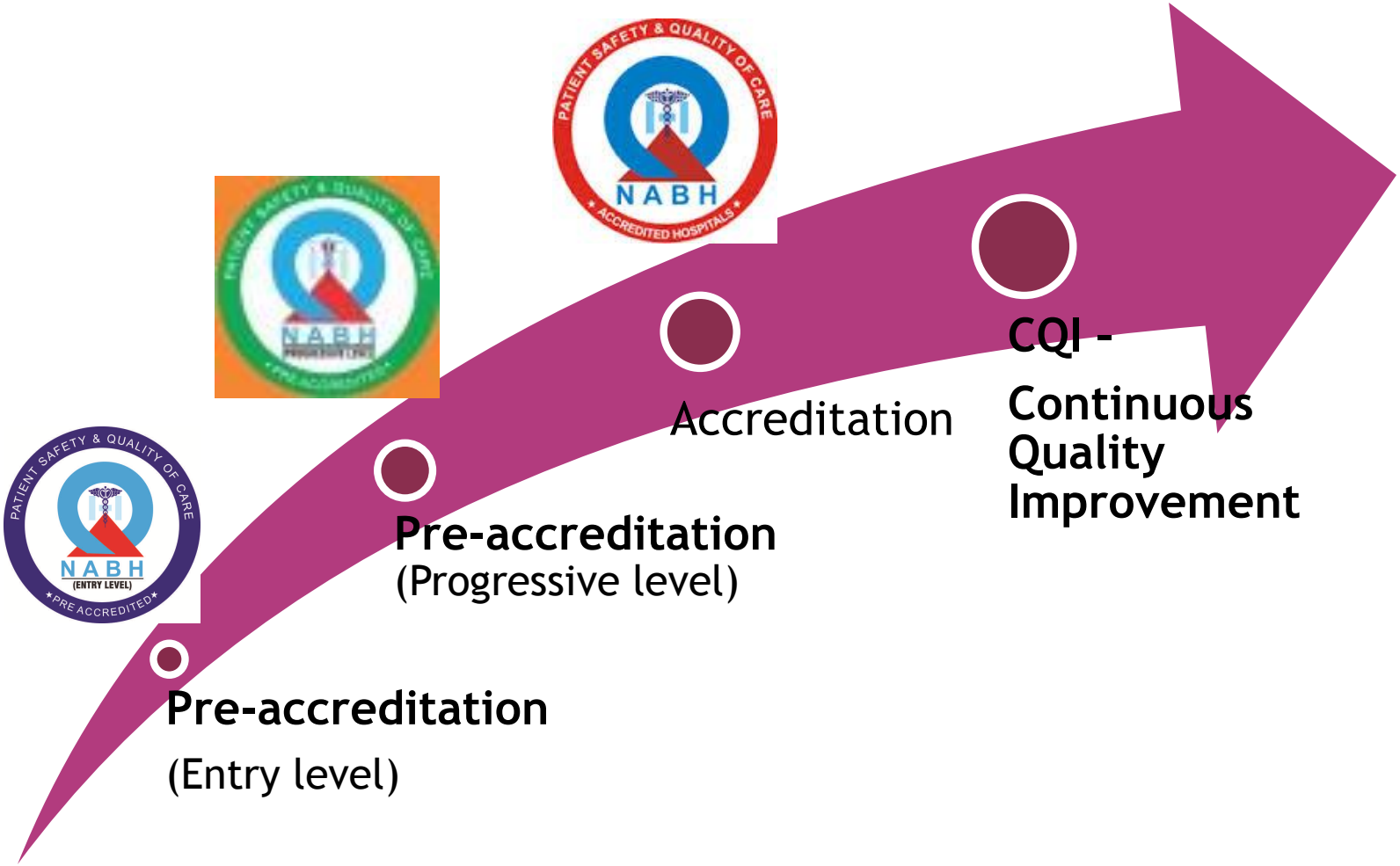
ABOUT NABH

National Accreditation Board for Hospitals & Healthcare Providers

NABH is a constituent board of Quality Council of India (QCI), set up to establish and operate accreditation program for healthcare organizations.

NABH provides accreditation to hospitals in a non-discriminatory manner regardless of their ownership, legal status, size and degree of independence.

QUALITY JOURNEY



CONTD...

- As large number of hospitals face challenges and difficulties in implementing all the Accreditation Standards, NABH has developed Pre Accreditation Entry Level Certification standards, in consultation with various stake holders in the country, as a stepping stone for enhancing the quality of patient care and safety. The aim is to introduce quality and accreditation to the HCOs as their first step towards awareness and capacity building.

- Once Pre Accreditation Entry Level Certification is achieved, the HCO can then prepare and move to the next stage - **Progressive** Level and finally to **Full Accreditation** status.

- This methodology provides a step by step and staged approach, which is practical for the HCOs.

See more at: http://www.nabh.co/Hospital-EntryLevel.aspx

NABH 3RD EDITION STANDARDS

	Pre accreditation (Entry level)	Pre accreditation (Progressive level)	Accreditation (Final Level)
Chapters	10	10	10
Standards	45	72	102
Objective element	167	231	636

SECTION I:
PATIENT-CENTERED STANDARDS

	Chapters	STD	OE
1	Access, Assessment & Continuity of Care **(AAC)**	7	29
2	Care of Patients **(COP)**	8	38
3	Management of Medications **(MOM)**	7	22
4	Patients Rights and Education **(PRE)**	2	9
5	Hospital Infection Control **(HIC)**	3	13

SECTION II:
MANAGEMENT - CENTERED STANDARDS

	Chapters	STD	OE
6	Continuous Quality Improvement **(CQI)**	2	5
7	Responsibilities of Management **(ROM)**	3	9
8	Facility Management & Safety **(FMS)**	4	14
9	Human Resource Management **(HRM)**	5	12
10	Information Management Systems **(IMS)**	4	16
	(Entry Level) Total	***45***	***167***

Aim of the Study:

- To access and analyze the gaps in quality compliance of the facility as per NABH standards for Entry Level Certification.

Objectives of study:

- To describe the policy and procedures of respective chapters of NABH in the hospital with the identification of existing process.
- To identify the significant gaps.
- Explanation of the gap statement with document evidences and photographs.
- To prepare actions to be taken to fulfill the gaps.

METHODOLOGY

- **Area of Study:** The study was under taken at 120 bedded Multispecialty hospital, Bhilwara, Rajasthan.
- **Study Design:** Descriptive study
- **Target Sample:** Doctors, Nurses, Hospital Administrator, housekeeping and Utility service staff, Patients.
- **Tools:**
  - NABH Self assessment tool kit was used as the main data tool.
  - The data collection was done by 3 methods
    - Observation by facility round
    - Staff and Patient Interview
    - Documents Review – Medical records , etc

NABH SELF ASSESSMENT TOOLKIT
(ENTRY LEVEL CERTIFICATION)

- The following criteria are used for scoring:
  - Compliance to the requirement– 10
  - Partial compliance – 5
  - Non Compliance - 0
  - Not applicable –NA

GAP ANALYSIS (PRE IMPLEMENTATION)

Chapter 1: ACCESS, ASSESSMENT AND CONTINUITY OF CARE (AAC)	
AAC.1: The organization defines and displays the services that it can provide.	3.3
AAC.2: The organization has a documented registration, admission and transfer process.	0
AAC.3 Patients cared for by the organization undergoes an established initial assessment.	1.3
AAC.4 Patient care is continuous and all patients cared for by the organization undergo a regular reassessment.	5
AAC.5 Laboratory services are provided as per the scope of the hospital's services and laboratory safety requirements.	4.1
AAC.6 Imaging services are provided as per the scope of the hospital's services and established radiation safety programme.	5
AAC.7 The organization has a defined discharge process.	5.8
Chapter Average Score	3.5

MAJOR FINDINGS

- Need to be established a Quality Department.
- No Policy and Procedure documentation
- Need to introduce initial assessment and required forms.
- Need to be start regular training of staff.
- Infection control practices are not followed properly.
- Need to select Quality Indicators for Quality Assurance program.

CONTD....

- Need to be define job Responsibilities of staff
- Need to create Emergency Codes in hospital.
- Separately Arrange High risk medicine in Pharmacy.
- Display different Signage as required (Eg. Scope of services, Patient Rights and responsibilities, Fire exits Etc)
- Lack of awareness in staff for Hand hygiene and it is not monitored.
- Preventive and Breakdown maintenance plan are not formed.

CONTD…

- Staffs personal files are not maintained and there are deficiencies in records.
- There is no system for crowd control in patient area.

IMPLEMENTATION PARAMETERS

Documentation	• Policies and Department Manuals • Process Flowcharts • Quality / Patient /Employee Handbook
Training	• Hospital Wide Training • Departmental Training • Worshops and Quiz Competitions
Infrastructure and Laws/Licenses	• Compliance to all government and NABH mandatory infrastructure • Abide by legal requirements.
Forms and Formats	• Review of Clinical and Non Clinical forms and formats
Quality Indicators	• Develop Quality Objectives for all the departments • Regular Data Collection and Analysis • Monthly Statistical Representation
Signages	• Hospital Wide Direction Signages • Government Mandatory Signages • Infection Control and Safety Related Signages

WORKS DONE FOR IMPLEMENTATION OF STANDARDS

- Formation of Quality Department and Project Team
- Finalize Organogram of hospital.
- Documentation of NABH Chapters policy

Eg

- Policy of Registration admission and discharge
- Policy of Infection control Program
- Anesthesia Policy

FACILITY ROUND REPORT

	
Before	After
After Laundry procedure Dry linen tied on ropes and not on floor	

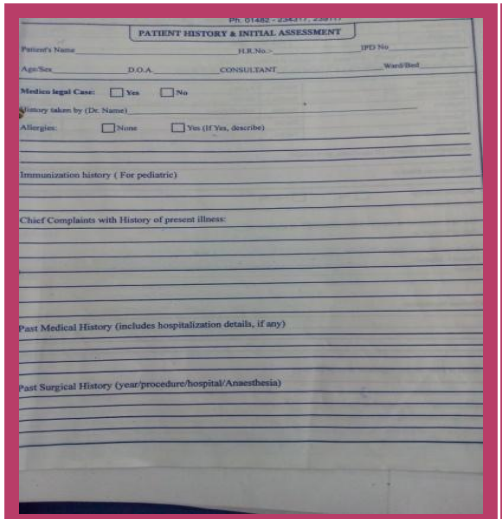
TRAINING OF STAFF

		
BLS Training	Training on Infection control Practices	Fire Safety Training

SIGNAGES

		
Signage for Fire Safety Response	Signage for BMW Room	Signage For High Risk area

FORMS AND FORMATS


PATIENT HISTORY & INITIAL ASSESSMENT

Patient's Name H.R.No.:- IPD No

Age/Sex D.O.A CONSULTANT Ward/Bed

Medico legal Case: Yes No

History taken by (Dr. Name)

Allergies: None Yes (If Yes, describe)

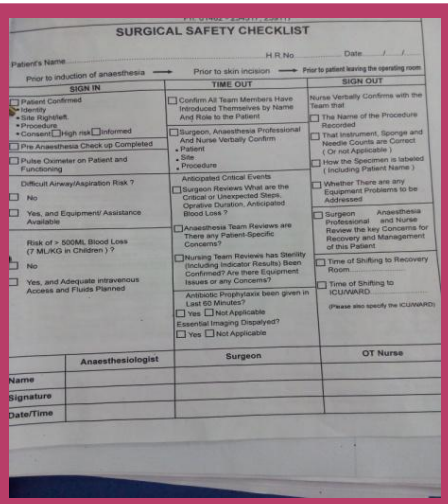
Immunization history (For pediatric)

Chief Complaints with History of present illness:

Past Medical History (includes hospitalization details, if any)

Past Surgical History (year/procedure/hospital/Anaesthesia)

Patient Initial assessment Form


SURGICAL SAFETY CHECKLIST

Patient's Name H.R.No. Date

Prior to induction of anaesthesia → Prior to skin incision → Prior to patient leaving the operating room

SIGN IN

- Patient Confirmed
- Identity
- Site Right/left
- Procedure
- Consent ☐ High risk ☐ Informed
- Pre Anaesthesia Check up Completed
- Pulse Oximeter on Patient and Functioning
- Difficult Airway/Aspiration Risk ?
  - No
  - Yes, and Equipment/ Assistance Available
- Risk of > 500ML Blood Loss (7 ML/KG in Children) ?
  - No
  - Yes, and Adequate intravenous Access and Fluids Planned

TIME OUT

- Confirm All Team Members Have Introduced Themselves by Name And Role to the Patient
- Surgeon, Anaesthesia Professional And Nurse Verbally Confirm
  - Patient
  - Site
  - Procedure
- Anticipated Critical Events
- Surgeon Reviews What are the Critical or Unexpected Steps, Oprative Duration, Anticipated Blood Loss ?
- Anaesthesia Team Reviews are There any Patient-Specific Concerns?
- Nursing Team Reviews has Sterility (Including Indicator Results) Been Confirmed? Are there Equipment Issues or any Concerns?
- Antibiotic Prophylaxix been given in Last 60 Minutes?
  - Yes ☐ Not Applicable
- Essential Imaging Dispalyed?
  - Yes ☐ Not Applicable

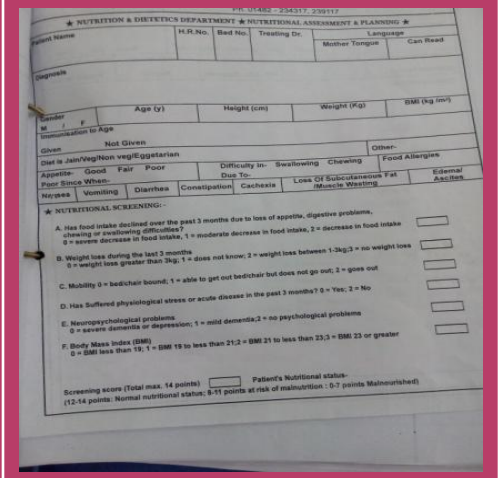
SIGN OUT

- Nurse Verbally Confirms with the Team that
- The Name of the Procedure Recorded
- That Instrument, Sponge and Needle Counts are Correct (Or not Applicable)
- How the Specimen is labeled (Including Patient Name)
- Whether There are any Equipment Problems to be Addressed
- Surgeon Anaesthesia Professional and Nurse Review the key Concerns for Recovery and Management of this Patient
- Time of Shifting to Recovery Room
- Time of Shifting to ICU/WARD

(Please also specify the ICU/WARD)

	Anaesthesiologist	Surgeon	OT Nurse
Name			
Signature			
Date/Time			

Surgical Safety Checklist


★ NUTRITION & DIETETICS DEPARTMENT ★ NUTRITIONAL ASSESSMENT & PLANNING ★

Patient Name H.R.No. Bed No. Treating Dr. Language: Mother Tongue, Can Read

Diagnosis

Gender M / F Age (y) Height (cm) Weight (Kg) BMI (kg /m²)

Immunization to Age

Given Not Given Other-

Diet is Jain/Veg/Non veg/Eggetarian Food Allergies

Appetite- Good Fair Poor Difficulty in- Swallowing Chewing

Poor Since When- Due To-

Nausea Vomiting Diarrhea Constipation Cachexia Loss Of Subcutaneous Fat /Muscle Wasting Edema/ Ascites

★ NUTRITIONAL SCREENING: -

A. Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?
0 = severe decrease in food intake, 1 = moderate decrease in food intake, 2 = decrease in food intake

B. Weight loss during the last 3 months
0 = weight loss greater than 3kg; 1 = does not know; 2 = weight loss between 1-3kg; 3 = no weight loss

C. Mobility 0 = bed/chair bound; 1 = able to get out bed/chair but does not go out; 2 = goes out

D. Has Suffered physiological stress or acute disease in the past 3 months? 0 = Yes; 2 = No

E. Neuropsychological problems
0 = severe dementia or depression; 1 = mild dementia; 2 = no psychological problems

F. Body Mass Index (BMI)
0 = BMI less than 19; 1 = BMI 19 to less than 21; 2 = BMI 21 to less than 23; 3 = BMI 23 or greater

Screening score (Total max. 14 points) Patient's Nutritional status-
(12-14 points: Normal nutritional status; 8-11 points at risk of malnutrition ; 0-7 points Malnourished)

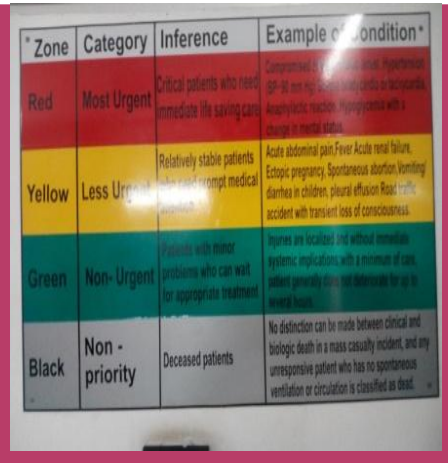
Nutrition Assessment Form

IMPLEMENT EMERGENCY CODES

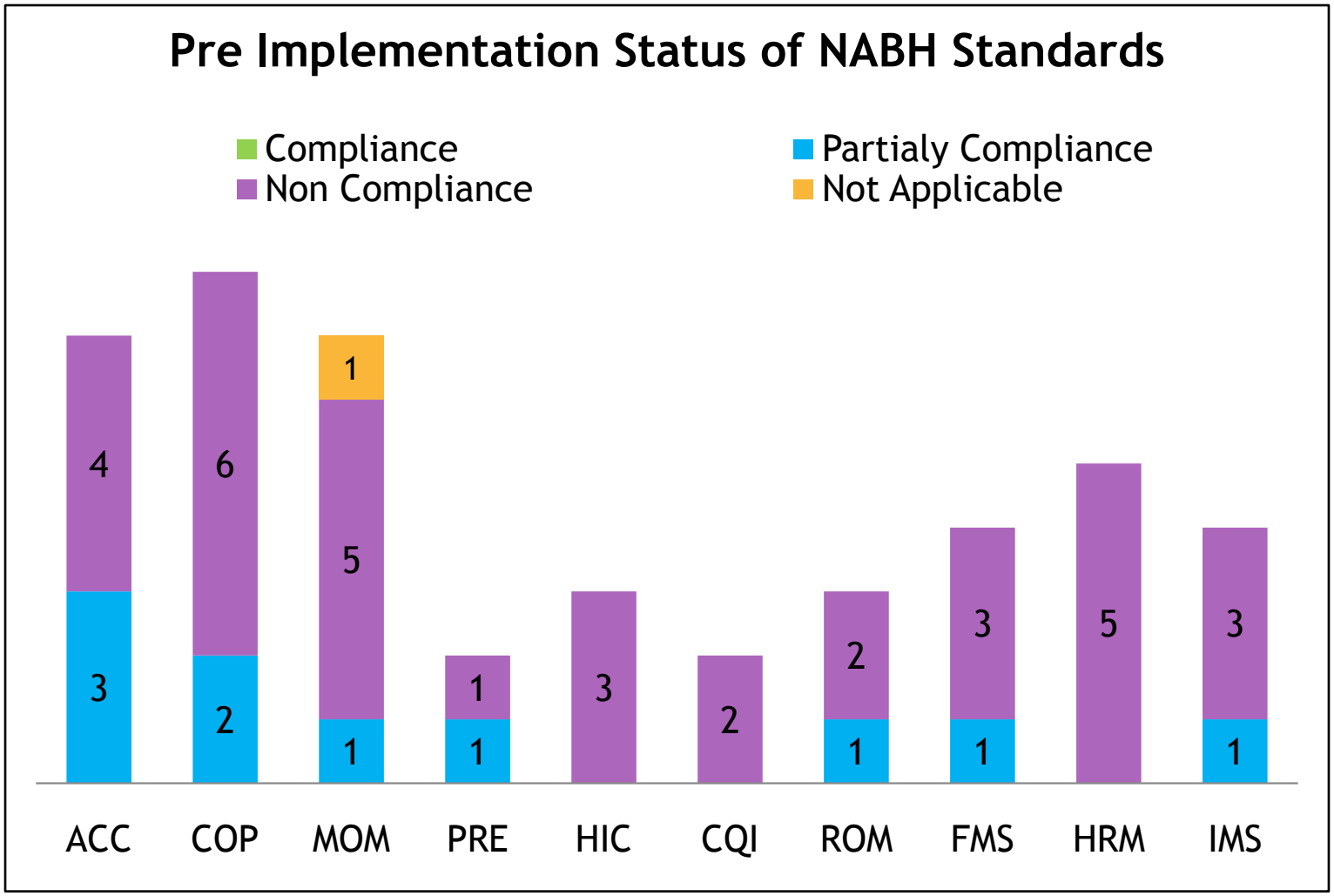
Code	Condition
Red	Fire
Blue	Medical Emergency
Pink	Child Abduction
Yellow	Hazmat Spill
Orange	External Disaster

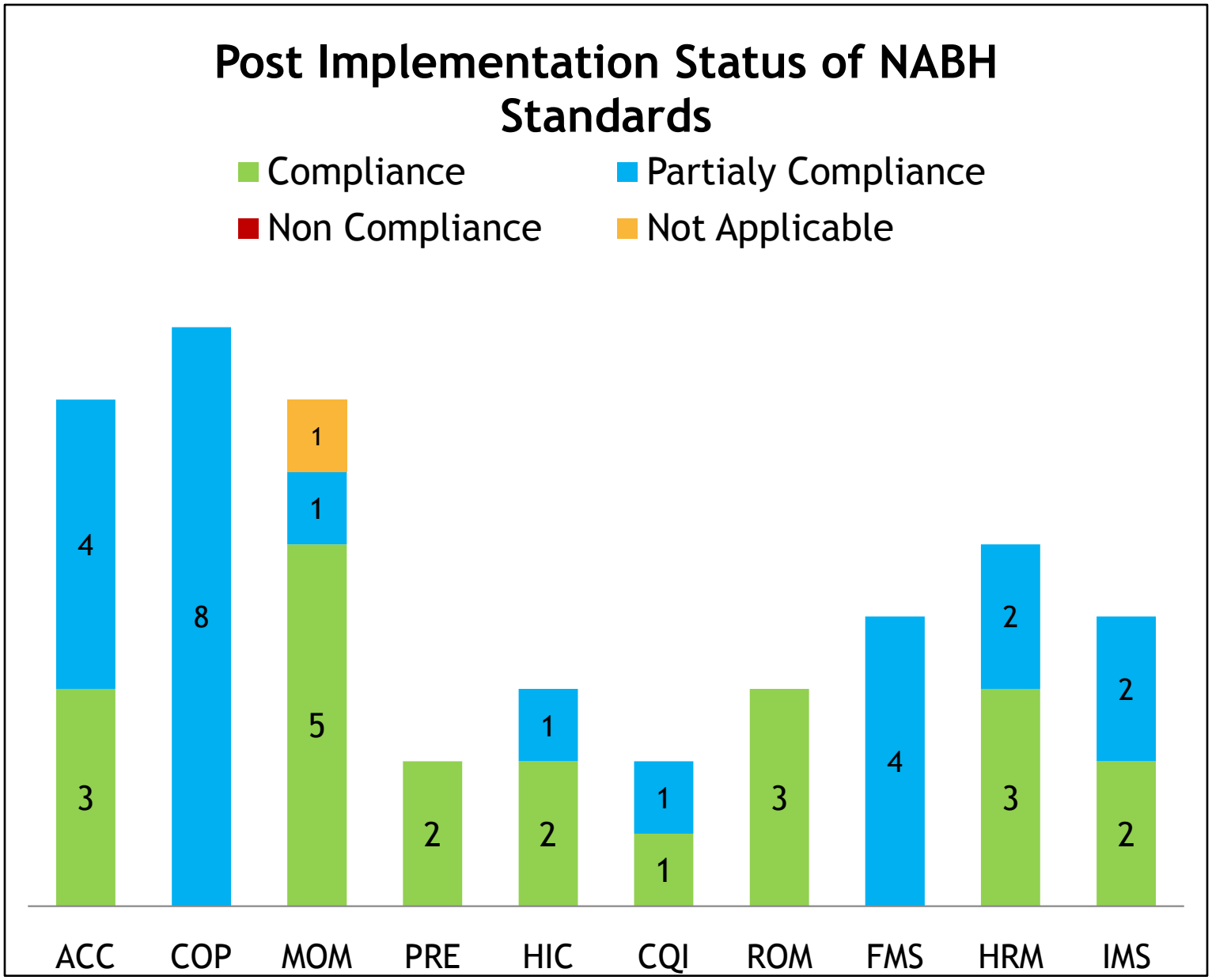
OTHER WORKS

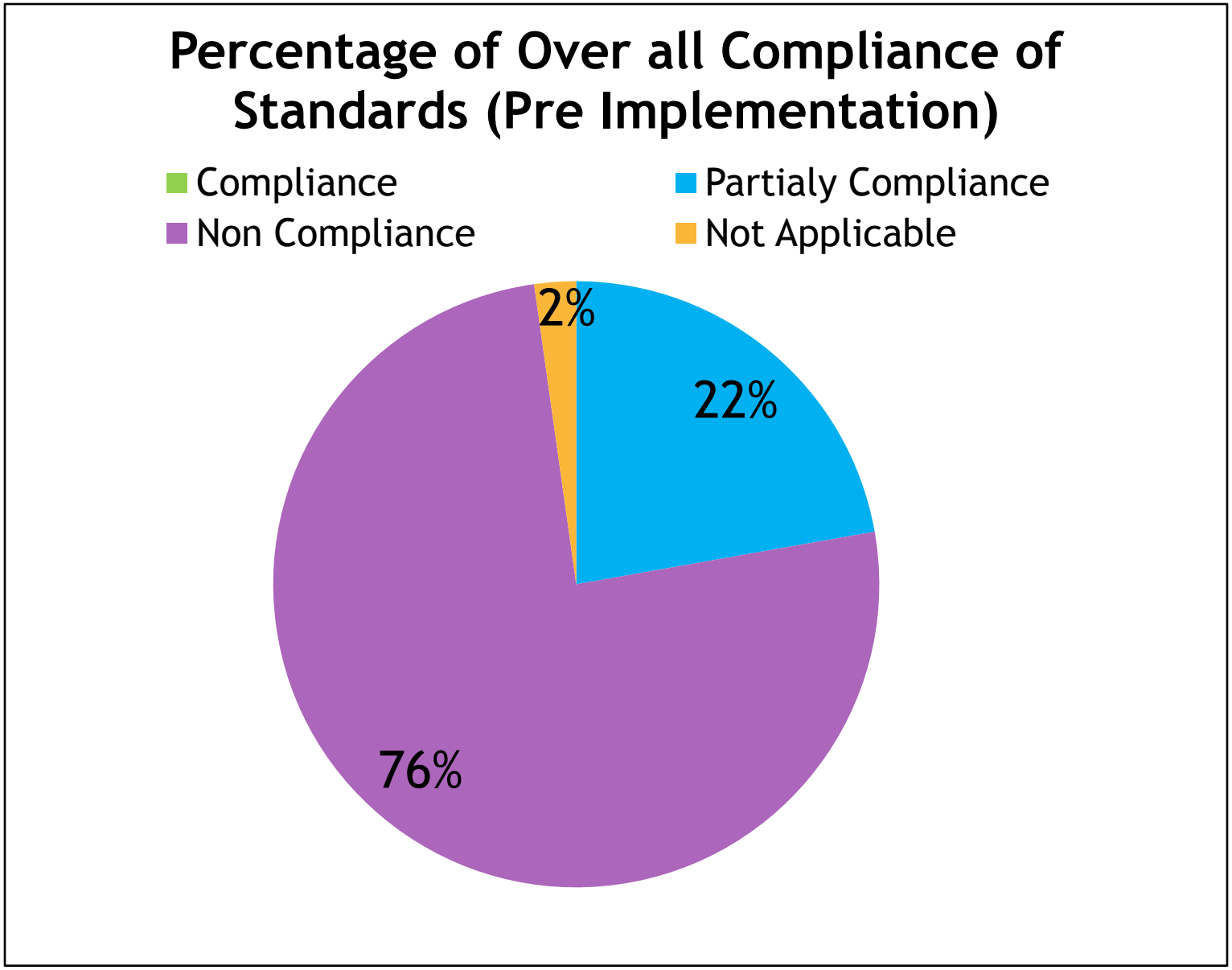
- Enquiry desk made and a person is assigned to sit over
- Patient satisfaction survey performed for their feedback there in the OPD hours.
- Immunization of all the staff members is done against tetanus, Hepatitis B

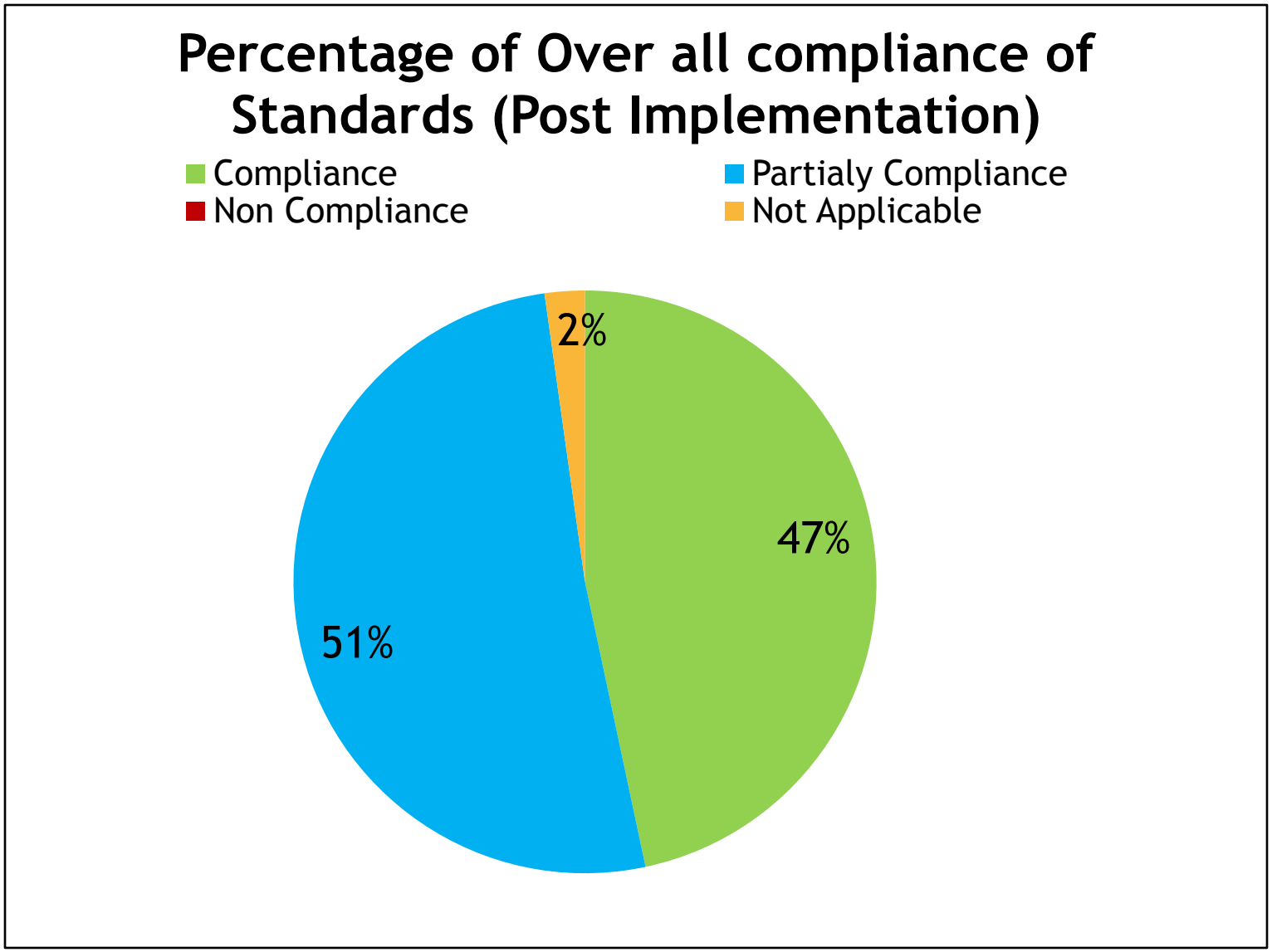
		
Segregation of Bio Medical Waste Management	Prepared Crash cart	Triage in Emergency

RESULTS


Pre Implementation Status of NABH Standards
Compliance
Partialy Compliance
Non Compliance
Not Applicable
4
3
6
2
1
5
1
1
1
3
2
2
1
3
1
5
3
1
ACC
COP
MOM
PRE
HIC
CQI
ROM
FMS
HRM
IMS


Post Implementation Status of NABH Standards
Compliance
Partialy Compliance
Non Compliance
Not Applicable
4
3
8
1
1
5
2
1
2
1
1
3
4
2
3
2
2
ACC
COP
MOM
PRE
HIC
CQI
ROM
FMS
HRM
IMS


Percentage of Over all Compliance of Standards (Pre Implementation)
Compliance
Partialy Compliance
Non Compliance
Not Applicable
2%
22%
76%



Note: Most of the standards which are considered as partially compliance have score between 8 to 9.9.

RECOMMENDATIONS

- Need for improve infection control training program, where actions not performed according to policy or guidelines.
- Complete construction work in MICU, BMW Room, Canteen as soon as possible.
- Implement Nursing assessment form.
- Get spirit storage permit from authority.
- Orientation and training of new employees and old employees given new job responsibility.
- Curtains in Medical surgical ward as patient Privacy require.
- Side rail for patient beds

CONCLUSION

- Study shows that after implementation of the standards most of the gaps and findings close as required for the NABH certification.
- Post implementation results show that 45% of standers are compliance with respect to pre implementation study where compliance of standards shows 0%.
- Now Hospital Ready to go for NABH final assessment.

THANK YOU