NABH GAP ANALYSIS

AT

DISTRICT HOSPITAL,JALANDHAR

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INTRODUCTION

Quality Management Systems and Accreditation are versatile tools to ensure equity in healthcare services and meeting the increasing aspirations of people. This ideal state of affair can be achieved by the institution of a quality management system that focuses on compliance with accreditation standards of NABH and like bodies.Gap Analysis is a tool that helps an organization to compare its actual performance with its potential performance.

AIM & OBJECTIVES

AIM:

To check the compliance of hospital to NABH standards

OBJECTIVES

- To assess the existing service delivery standards of the District Hospital, Jalandhar.
- To carry out a gap analysis between existing level and desired level of NABH requirements.
- To suggest recommendations for streamlining the processes.

RESEARCH METHODOLOGY

STUDY DESIGN: Descriptive cross sectional

DATA COLLECTION:

Primary Data: Patient and staff interviews, direct observation

Secondary Data: Hospital documents, clinical records

STUDYAREA:O.P.D ,I.P.D ,BloodBank, Laboratory,

Emergency ,Physiotherapy Deptt ,O.Ts ,C.S.S.D,BMW collection area

TOOL USED: NABH Self Assessment Checklist

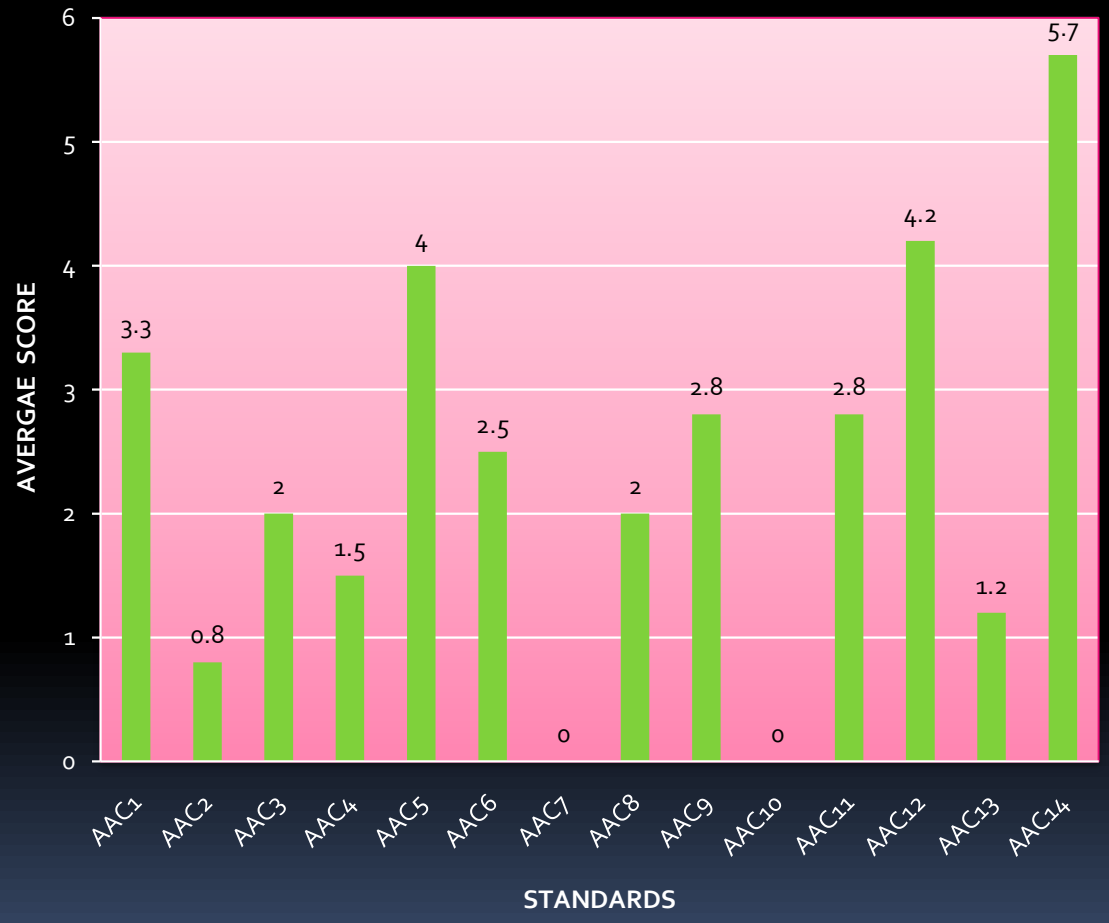
AAC

AAC 14 shows highest score

Average score of AAC chapter 2.3

Initial assessment does not incude screening for nutritional needs

No established radiation safety programme



COP

COP 3 has highest score

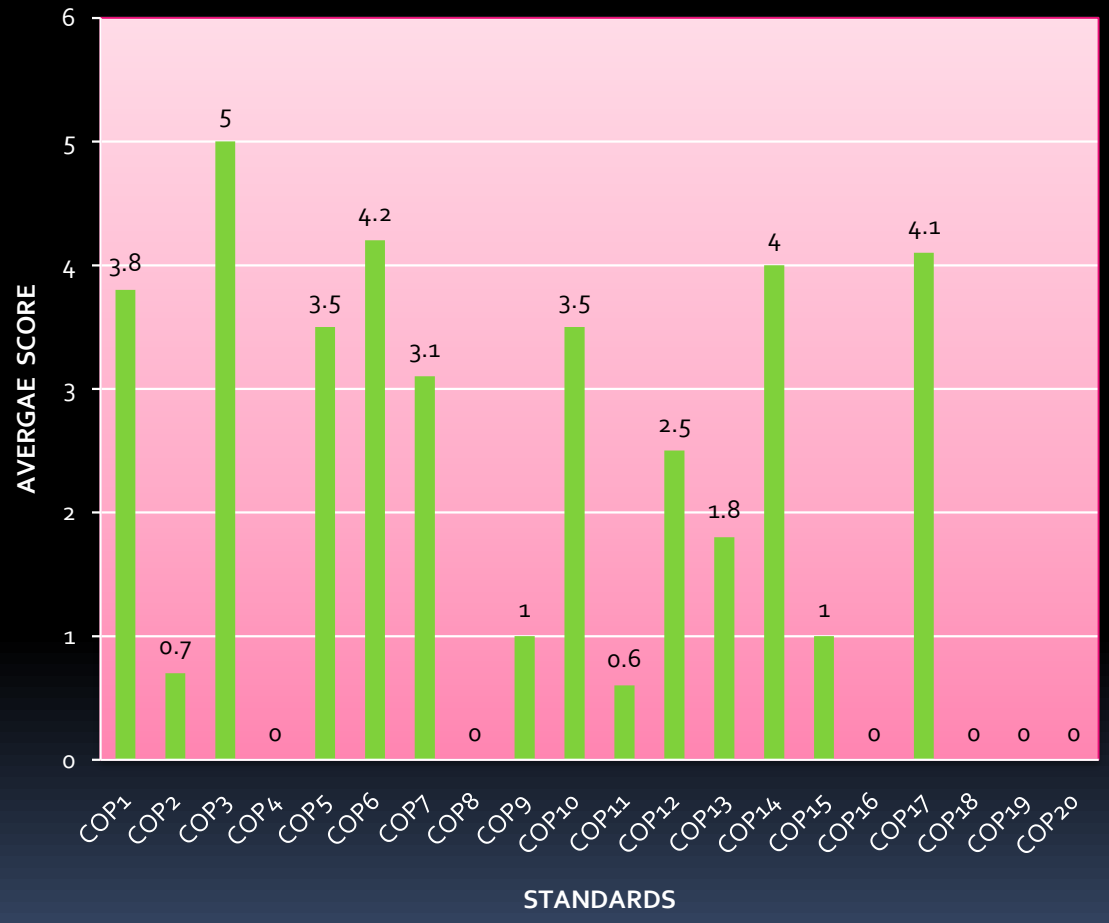
Average score of COP Chapter 1.9

Ambulance equipment are not daily checked

Post event analysis of Cardiopulmonary resuscitations not done

Infection Control practices not followed in ICU

Staff not educated or trained in end of life care



MOM

MOM 2 has highest score

Average score of MOM Chapter 1.9

There is hospital formulary and defined process of acquisition of medicines.

Narcotic drugs and psychotropic substances not stored in secure manner

PRE

PRE 5 shows highest score

Average score is 4.2

Patient and families have right to information on expected costs.

Patient and/or family are not educated about preventing healthcare associated infections

HIC

Average score of this chapter 1.1

Hospital does not have an infection control programme and infection control committee

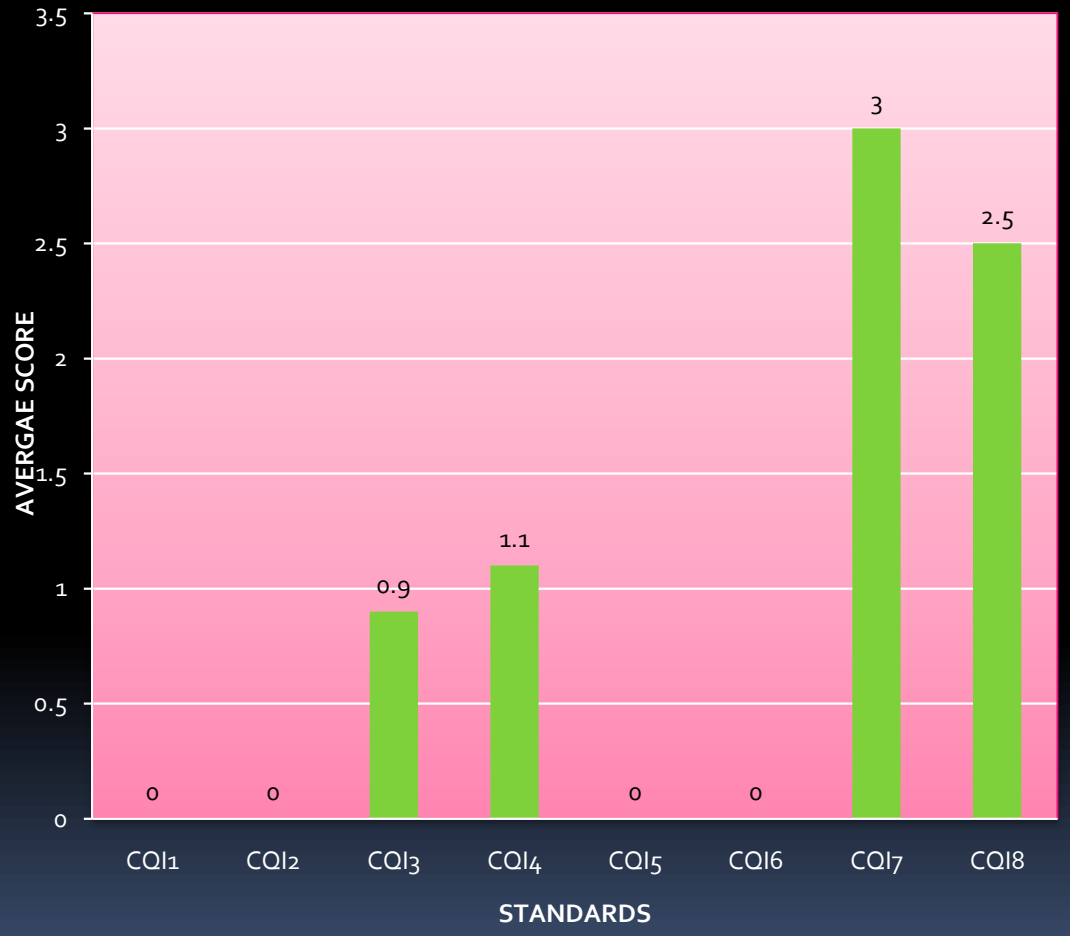
Surveillance activities not performed

CQI

Average score of this chapter 0.9

No funds for quality improvement programme in annual budget

Key Indicators not used for monitoring clinical structures,processes and outcomes



ROM

Average score of this chapter 1.5

There is no mechanism to regularly update licenses/registration s/certifications.

Patient safety aspects and risk management issues are not an integral part of patient care

FMS

Average score of this chapter 0.5

Up-to-date drawings are not maintained which detail the site layout, floor plans and fire escape routes.

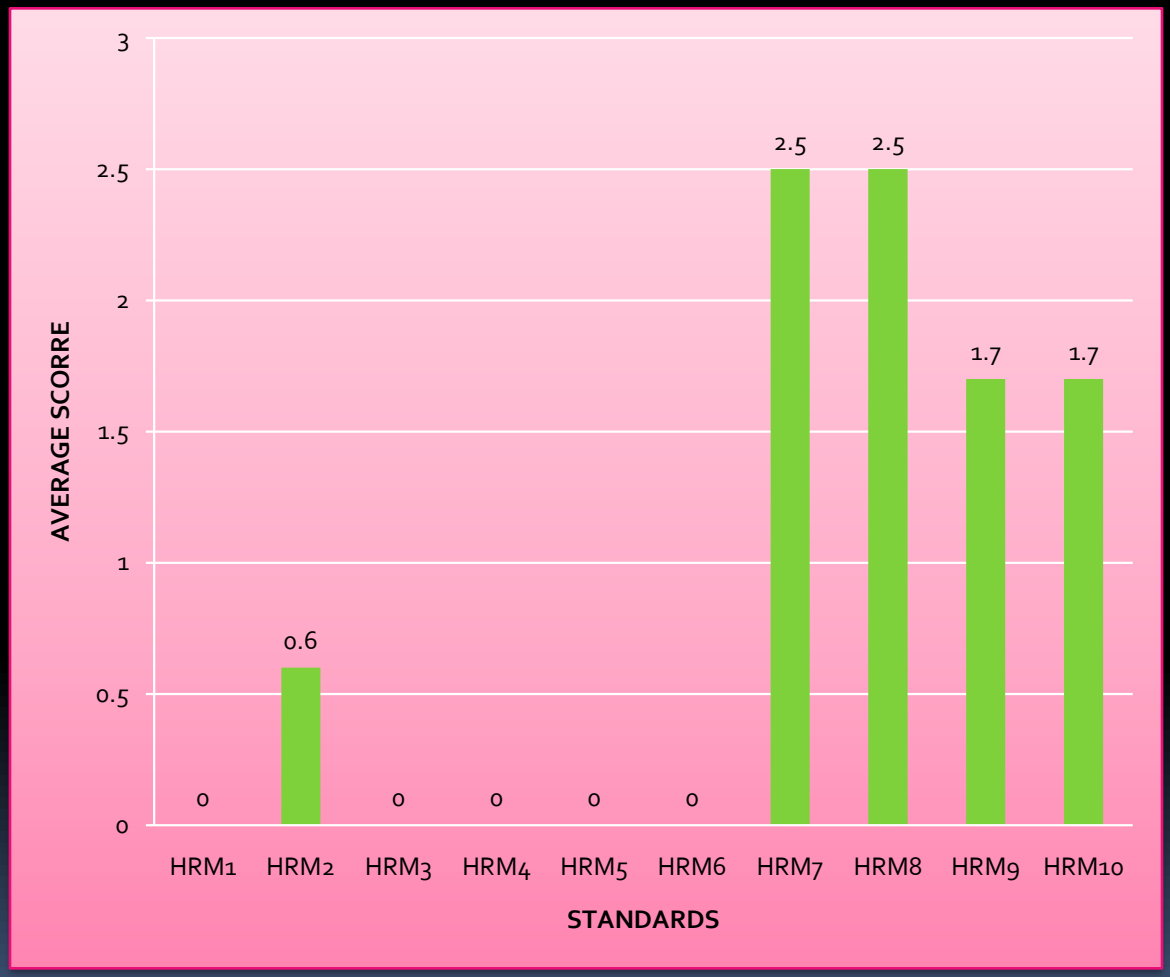
There is no plan for management of hazardous materials.

HRM

Average score of this chapter 0.9

There is no documented procedure for recruitment; training and development of staff

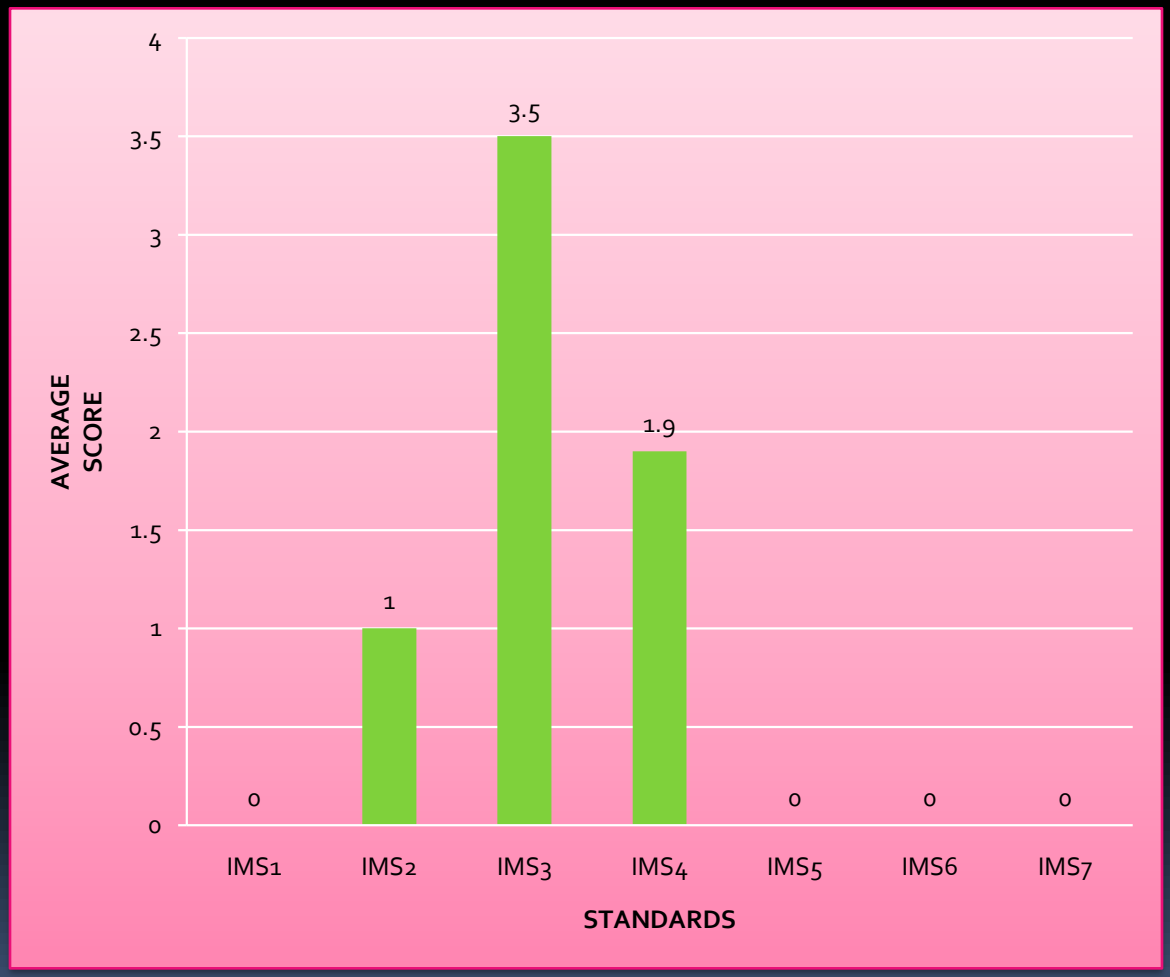
No grievance handling system



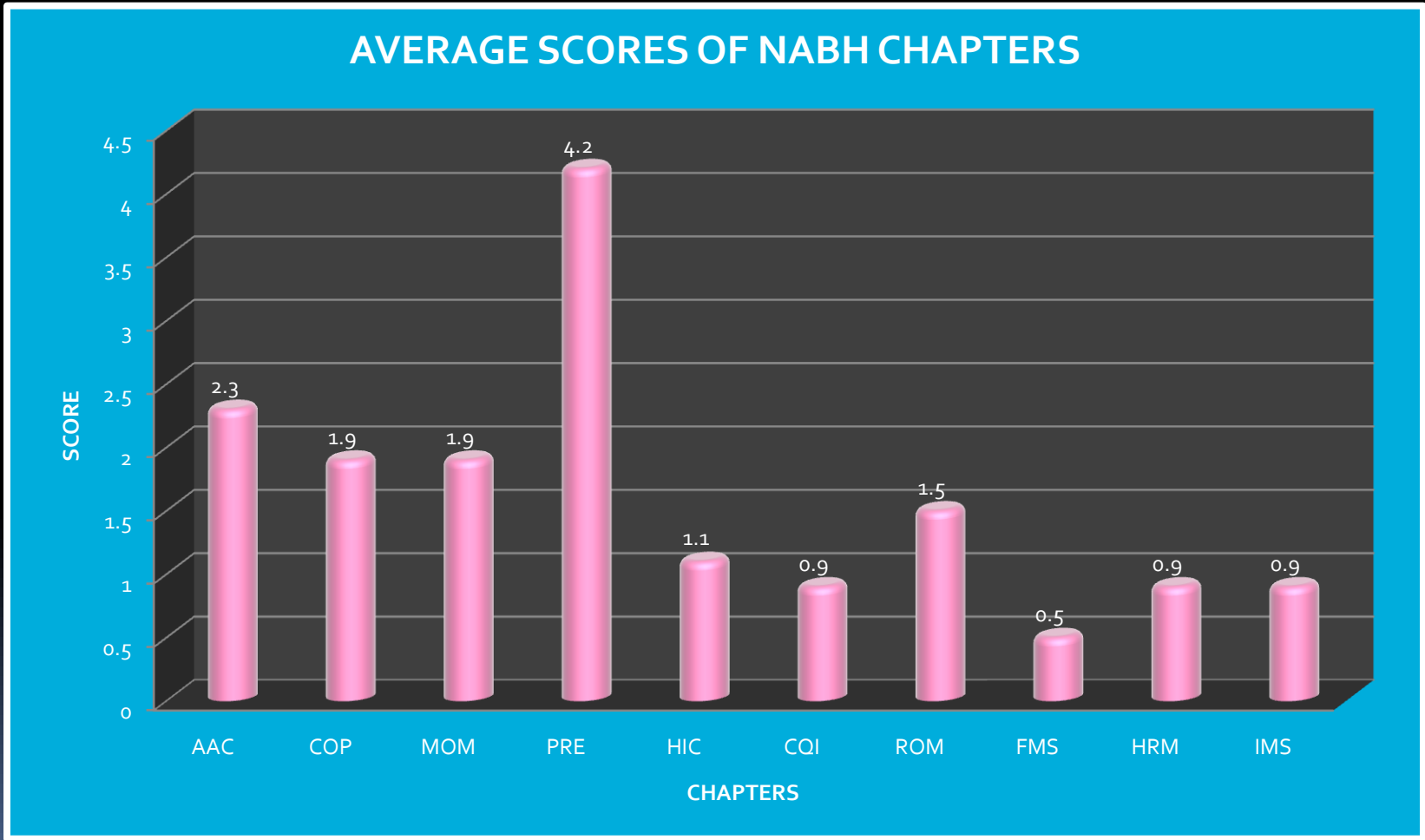
IMS

Average score of this chapter 0.9

No policy or procedure exists for maintaining confidentiality,integrity and security of records,data or information



AVERAGE SCORE OF NABH CHAPTERS



KEY FINDINGS

- Non-availability of the display of scope of services.
- Non-compliance to the mandatory legal approvals by the Imaging Department.
- Essential equipments such as crash cart, defibrillator, etc are not available in patients care areas.
- Maintenance of the building is not being carried out properly. There is a huge problem of seepage in the various areas in the hospital building.
- The knowledge and practices about BMW management are rudimentary and need repeated training and monitoring. The hospital does not have licence for BMWM.
- No infection Control programme and practice in the hospital.
- The Operation Theatres need certain. Central AC and HEPA filter are not installed.
- There is no system of allotting Unique ID numbers for each patient at the time of OPD Registration. The patients are registered and the Registration number changes every re-visit.

- Laundry services are provided in-house but the segregation and disinfection of the soiled linen is not done.
- The maintenance of the hospital building, premises and equipments is not being done periodically
- Fire safety issues are not addressed.
- Safety and security issues for patients are not in place. The security guards have not been placed in many areas like paediatric ward
- There is an acute shortage of nurses as per the bed strength and national standards, which leads to suffer the patient care services.
- All the sanctioned posts are not filled up.
- Documentation of the patient care services are at poor state. Forms and formats are not defined at many areas.
- There are no documented policies and procedures available in the hospital.

RECOMMENDATIONS

DEPARTMENT /AREA	RECOMMENDATION
SIGNAGE	The floor directory should be created for each floor and be displayed at exit points from lift/ staircase on respective floor.
EMERGENCY	Provision of Fully equipped crash carts Earmarking of Triage Area
LABORATORY	The intimation of the critical results shall be documented with the details of date, time person intimated to and by
BLOOD BANK	Demarcation of Dedicated refreshment room Data capturing of adverse blood transfusion reaction
IMAGING DEPARTMENT	Obtaining AERB approval
ICU	Adequate number of nurses need to be allotted Personnel protective wears as per Universal Precautions must be provided to the staff Attendee counseling area need to be demarcated. A separate area for the patient attendees should be provided.

DEPARTMENT/AREA	RECOMMENDATIONS
MEDICAL RECORDS	A security guard shall be appointed in the MRD section for safety of MLC files Medical record audits shall be carried out periodically to assess the completeness and continuity of care.
MEDICAL STORE	it is suggested to have double locking system for psychotropic drug and narcotic drugs. Two different keys of the double lock will remain with two different authorized person like one with head of the department and other with medical store in charge. ABC, VED, analysis should be done in the medical store department
LAUNDRY	Linen collection and Transportation trolleys for dirty linen and clean linen should be provided.
SAFETY & SECURITY	Training on safety and security measures need to be imparted to all the security staff at regular intervals.
BMW	Training on Bio-medical waste management.
BIOMEDICAL ENGINEERING	AMC and Calibration of the equipments shall be done and the documentation of the same to be maintained.
AMBULANCE	Checklist of drugs and equipment need to be maintained with daily monitoring.

FORMATION OF COMMITTEES

- Quality Core Committee
- Blood Transfusion Committee
- Risk management Committee
- Ethics Committee
- Infection Control Committee
- Code Blue Committee
- Credentializing Committee
- Hospital Safety Committee
- Condemnation Committee
- Purchase Committee
- Sentinel Events Committee
- Operation Theatre Committee
- Drug &Therapeutic Committee
- MRD Committee

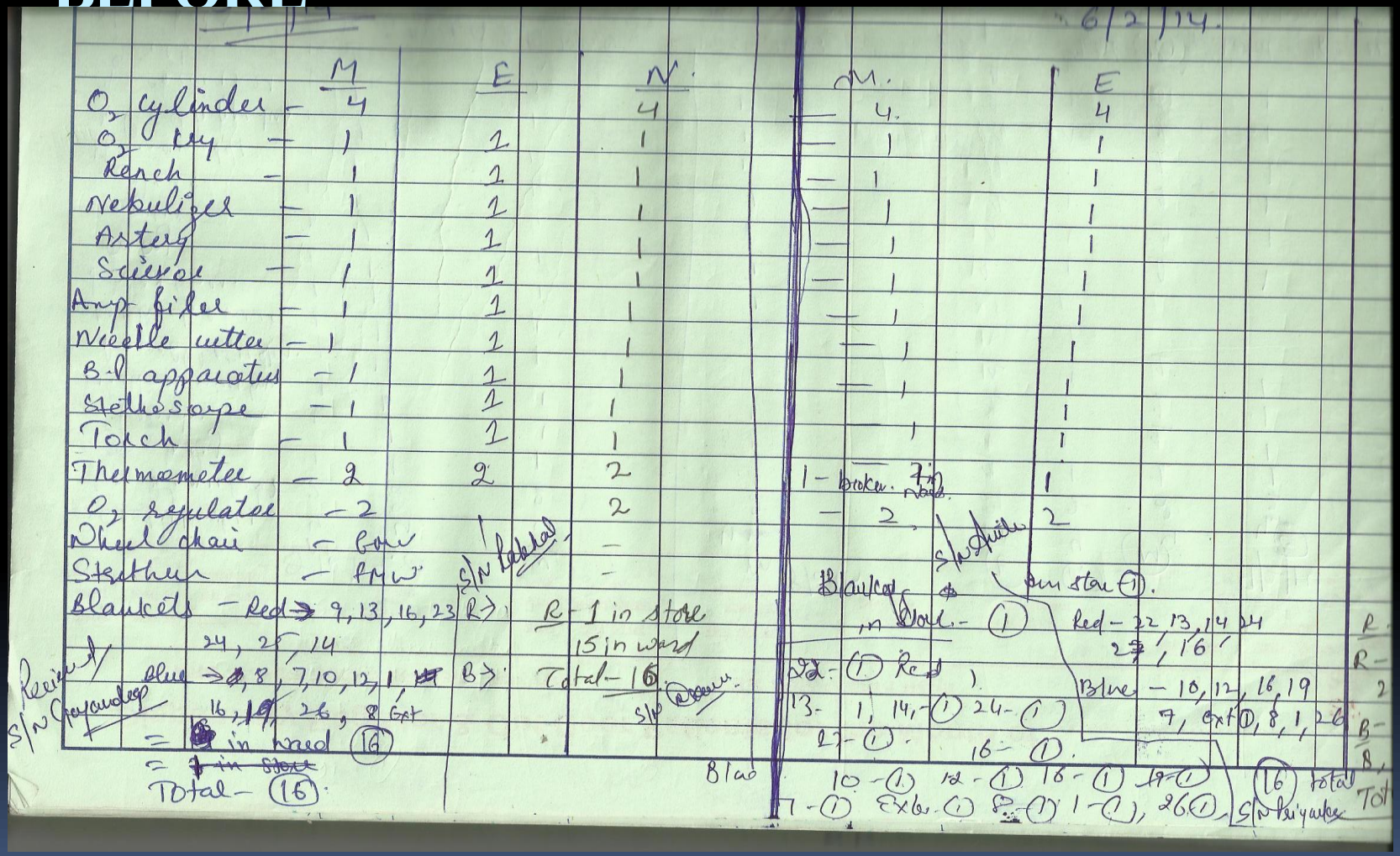
X-RAY DEPTT

BEFORE

AFTER

IMPLEMENTATIONS

HANDOVER TAKEOVER OF EQUIPMENT BEFORE



STANDARDISATION OF HANDOVER TAKEOVER FORMAT

	TAKEN OVER BY						
DATE	MORNING		EVENING		NIGHT		REMARKS(NON-FUNCTIONAL/MISSING/ NEEDS REPAIR ETC)
	NAME:	SIGN:	NAME:	SIGN:	NAME:	SIGN:	

	TAKEN OVER BY						
DATE	MORNING		EVENING		NIGHT		REMARKS(NON-FUNCTIONAL/MISSING/ NEEDS REPAIR ETC)
	NAME:	SIGN:	NAME:	SIGN:	NAME:	SIGN:	

	TAKEN OVER BY						
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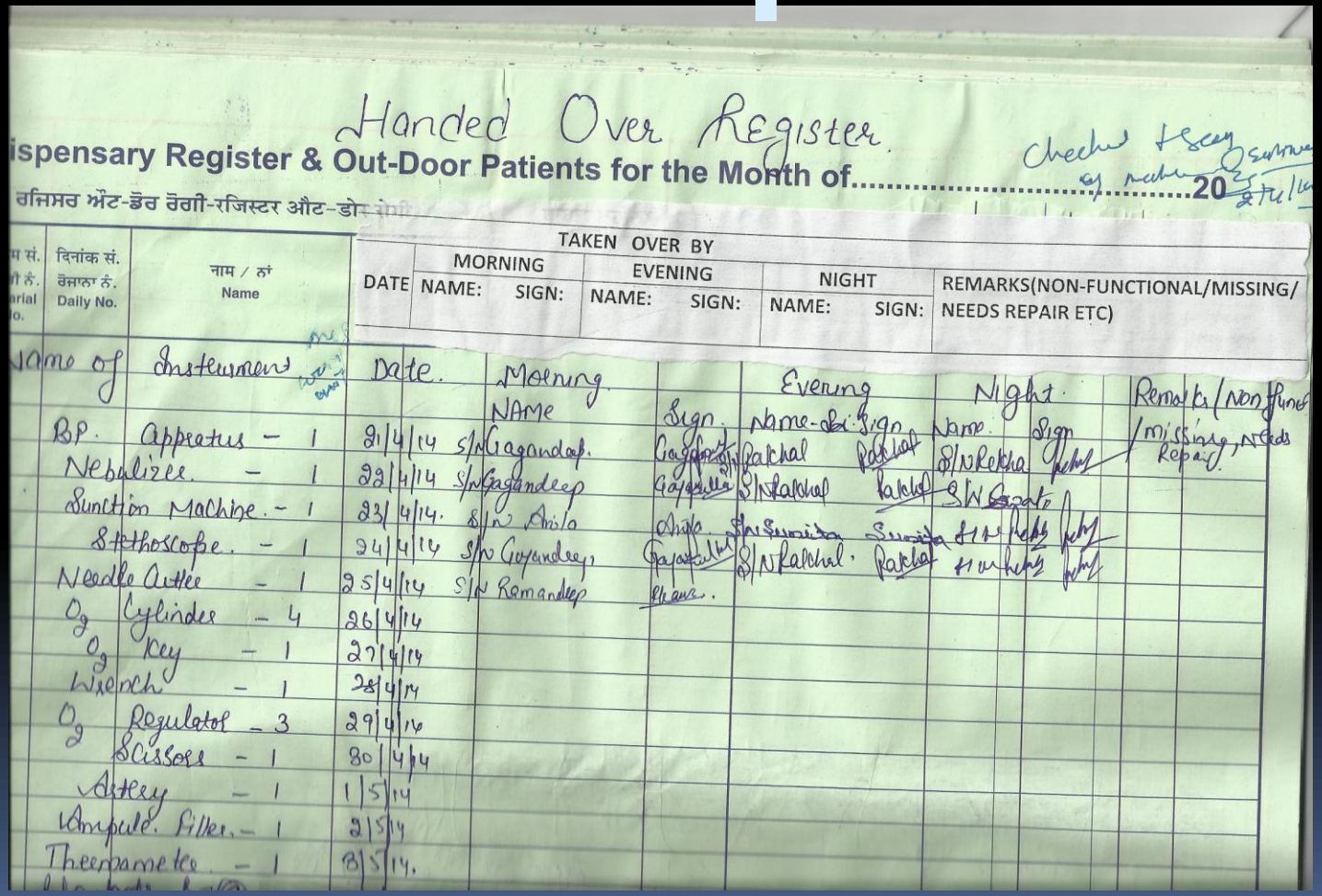
DATE	MORNING		EVENING		NIGHT		REMARKS(NON-FUNCTIONAL/MISSING/ NEEDS REPAIR ETC)
	NAME:	SIGN:	NAME:	SIGN:	NAME:	SIGN:	

AFTER



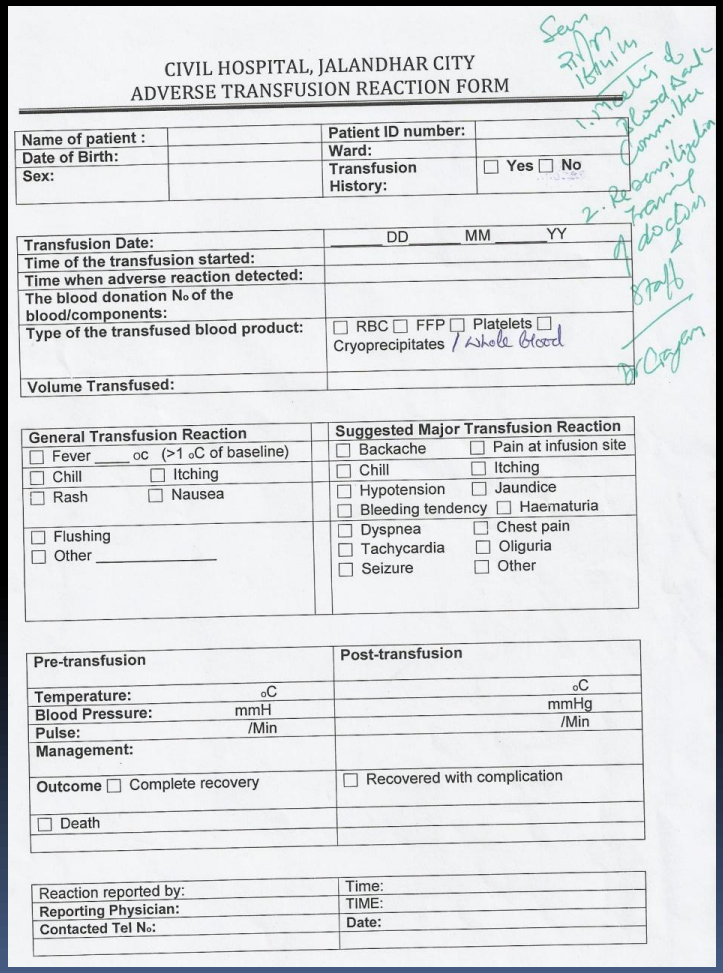
Handed Over Register.

ispensary Register & Out-Door Patients for the Month of.....20

रजिस्टर ऑट-डोर रोगी-रजिस्टर औट-डो

म सं. / दिनांक सं. / नाम / नं / Name	TAKEN OVER BY								REMARKS(NON-FUNCTIONAL/MISSING/ NEEDS REPAIR ETC)
	DATE	MORNING NAME:	SIGN:	EVENING NAME:	SIGN:	NIGHT NAME:	SIGN:		
Name of Instrument	Date.	Morning Name	Sign.	Evening Name	Sign.	Night. Name.	Sign		Remarks (Non functional / missing, Needs Repair.
BP. Apparatus - 1	21/4/14	S/N Gagandeep.	Gagandeep	S/N Rakhal	Rakhal	S/N Rekha			
Nebulizer - 1	22/4/14	S/N Gagandeep	Gagandeep	S/N Rakhal	Rakhal	S/N Geeta			
Suction Machine - 1	23/4/14.	S/N Anita	Anita	S/N Sumitra	Sumitra				
Stethoscope. - 1	24/4/14	S/N Gagandeep	Gagandeep	S/N Rakhal.	Rakhal				
Needle Cutter - 1	25/4/14	S/N Ramandeep	Ramandeep.						
O_2 Cylinder - 4	26/4/14								
O_2 Key - 1	27/4/14								
Wrench - 1	28/4/14								
O_2 Regulator - 3	29/4/14								
Scissors - 1	30/4/14								
Artery - 1	1/5/14								
Ampule Filler. - 1	2/5/14								
Thermometer - 1	3/5/14.								

INTRODUCTION OF ADVERSE BLOOD TRANSFUSION REACTION FORM



CIVIL HOSPITAL, JALANDHAR CITY
ADVERSE TRANSFUSION REACTION FORM

Name of patient :		Patient ID number:	
Date of Birth:		Ward:	
Sex:		Transfusion History:	☐ Yes ☐ No

Transfusion Date:	____DD____ MM ____YY
Time of the transfusion started:	
Time when adverse reaction detected:	
The blood donation No of the blood/components:	
Type of the transfused blood product:	☐ RBC ☐ FFP ☐ Platelets ☐ Cryoprecipitates / Whole Blood
Volume Transfused:	

General Transfusion Reaction		Suggested Major Transfusion Reaction	
☐ Fever ____ oC (>1 oC of baseline)		☐ Backache	☐ Pain at infusion site
☐ Chill	☐ Itching	☐ Chill	☐ Itching
☐ Rash	☐ Nausea	☐ Hypotension	☐ Jaundice
		☐ Bleeding tendency	☐ Haematuria
☐ Flushing		☐ Dyspnea	☐ Chest pain
☐ Other _____		☐ Tachycardia	☐ Oliguria
		☐ Seizure	☐ Other

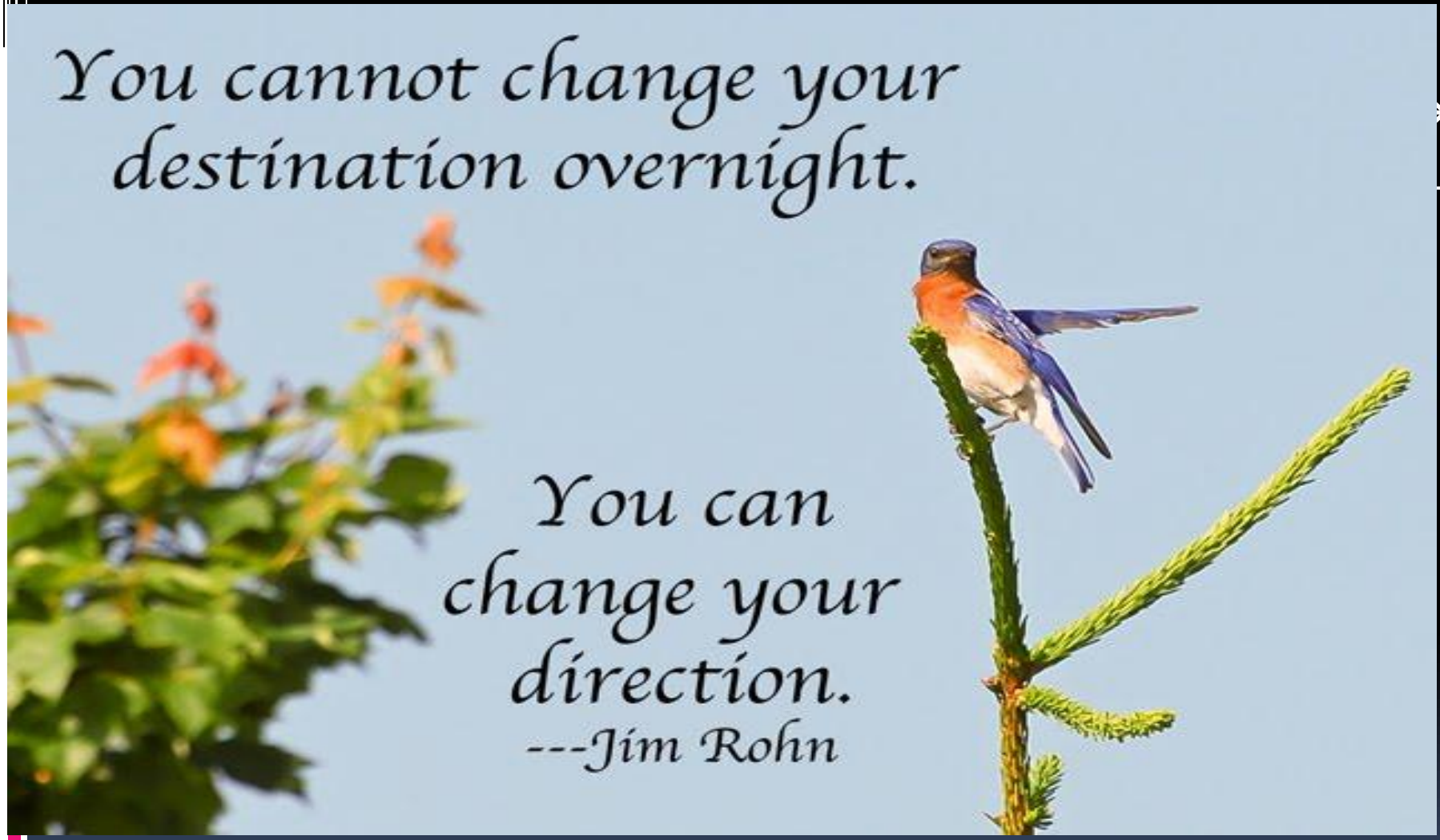
Pre-transfusion		Post-transfusion
Temperature:	oC	oC
Blood Pressure:	mmH	mmHg
Pulse:	/Min	/Min
Management:		
Outcome ☐ Complete recovery		☐ Recovered with complication
☐ Death		

Reaction reported by:	Time:
Reporting Physician:	TIME:
Contacted Tel No:	Date:

CONCLUSION

The gap analysis has revealed non compliance as per NABH Standards in legal and statutory requirements;biomedical waste management;infection control procedures;hospital maintenance;laundry services;management of medication;security and safety;information management and human resource management.The suitable recommendations for the same were given.

To conclude, the actions to be taken for compliance with accreditation standards of NABH at District Hospital, Jalandhar are likely to impact the delivery of public health services positively, ensuring quality services and efficient outcomes with economy.


You cannot change your destination overnight.
You can change your direction.
---Jim Rohn

THANK YOU