DISSERTATION
AT

OCTAVO SOLUTIONS PVT LTD,
NEW DELHI

" Gap Analysis of District Hospital, Moradabad as per NABH Standards"

PROJECT GUIDE
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Organization Profile

MISSION

To become the Leader in Healthcare Consulting in India by providing value for money, effective, efficient solutions and hands on support.

VISION

To focus on continuous development of processes for understanding the needs and expectations of the Clients; leading to continual improvement and real time client satisfaction.

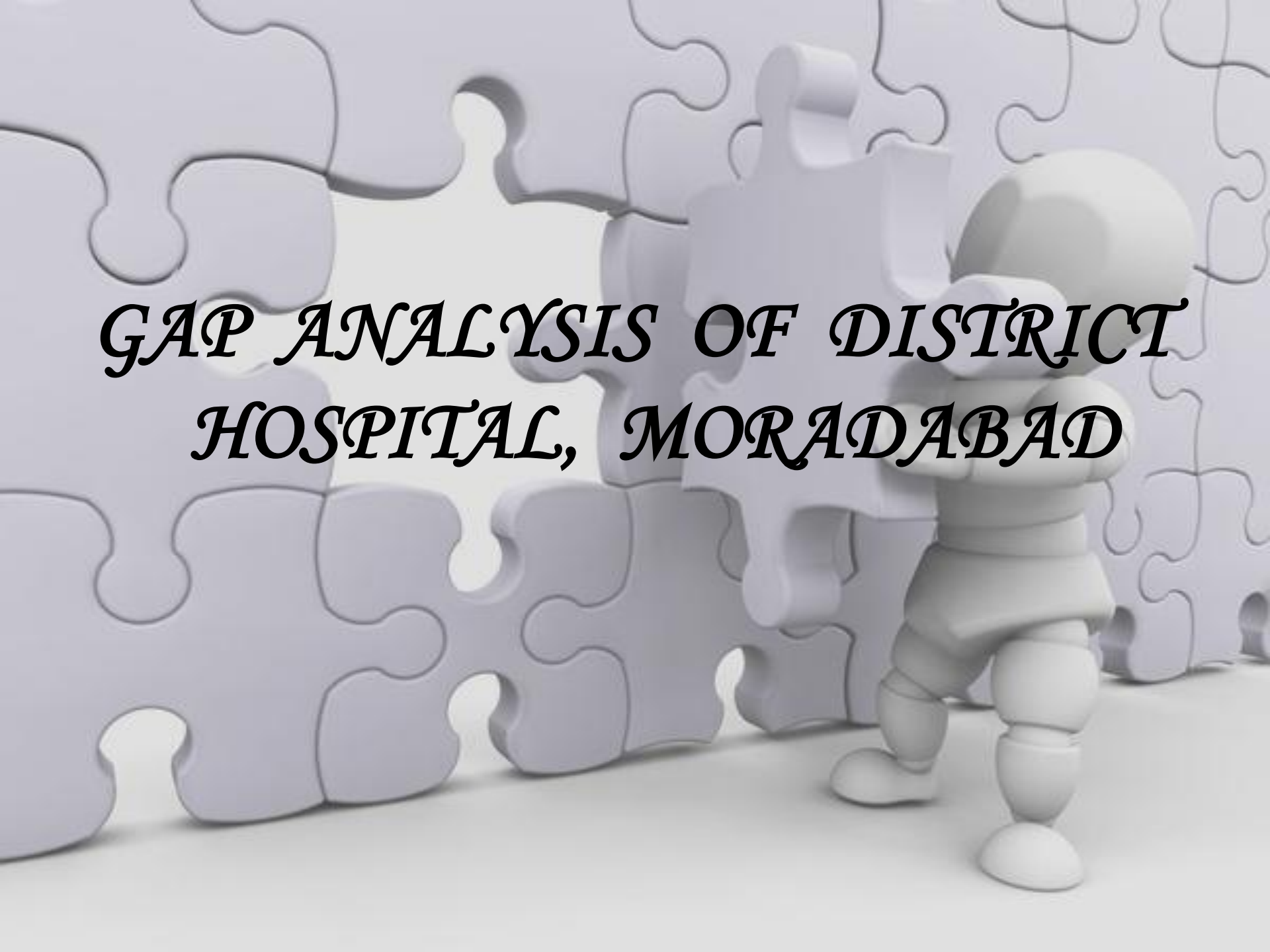
OCTAVO SOLUTIONS PVT. LTD.
THE HEALTH & HOSPITAL CONSULTANTS

Our goal is to help build institutions that delight the customers and where providers enjoy to work

OSPL Services

1. **Project & Strategic Planning**
   - Business Case Writing
   - Facility Plan Draft, Architect Briefs
   - Equipment Planning
   - Equipment Procurement
2. **Quality Healthcare Certifications**
   - Gap Analysis & Preparation for Accreditation
   - NABH Accreditation
   - ISO 9001:2008 Certification
3. **Public & Rural Health**
4. We take up advisory/ consulting role on boards of NGO/ Government/ PSU/ Corporate for planning, implementing or monitoring of their projects
5. **Knowledge Management**

   We collect, collate, analyze, store and share latest know how's within domain of healthcare sector


GAP ANALYSIS OF DISTRICT HOSPITAL, MORADABAD

Gap Analysis

Gap Analysis is :-

- A process to analyse the degree of compliance to any standard with the help of various tools.
- The review of the available service delivery system
- Can be measured against pre set standards and reveals the areas of improvement in the existing service system.

District Hospital, MORADABAD

- It is a 102 bedded hospital.
- Total Land area – 8500 sq.m.
- Built Up Area – 2500 sq.m.
- Clinical Services provided are:-

1.General Medicine
2.Obstetrics & Gynecology
3. Paediatrics
4. Orthopaedics
5. Ophthalmology
6. Anaesthesiology
7. General Surgery
8. TB & Chest

District Hospital, MORADABAD

- Clinical Support Services provided are:-

1. Laboratory
2. Radiology & Imaging
3. USG

- Support Services provided are:-

1. Medical Store
2. CSSD/TSSU
3. Medical Records
4. Ambulance & Transport
5. Housekeeping Services
6. Engineering and Maintenance

Objectives

General Objective

- To assess **District Hospital, Moradabad** as per NABH standards **(**National Accreditation Board for Hospitals & Healthcare Providers)

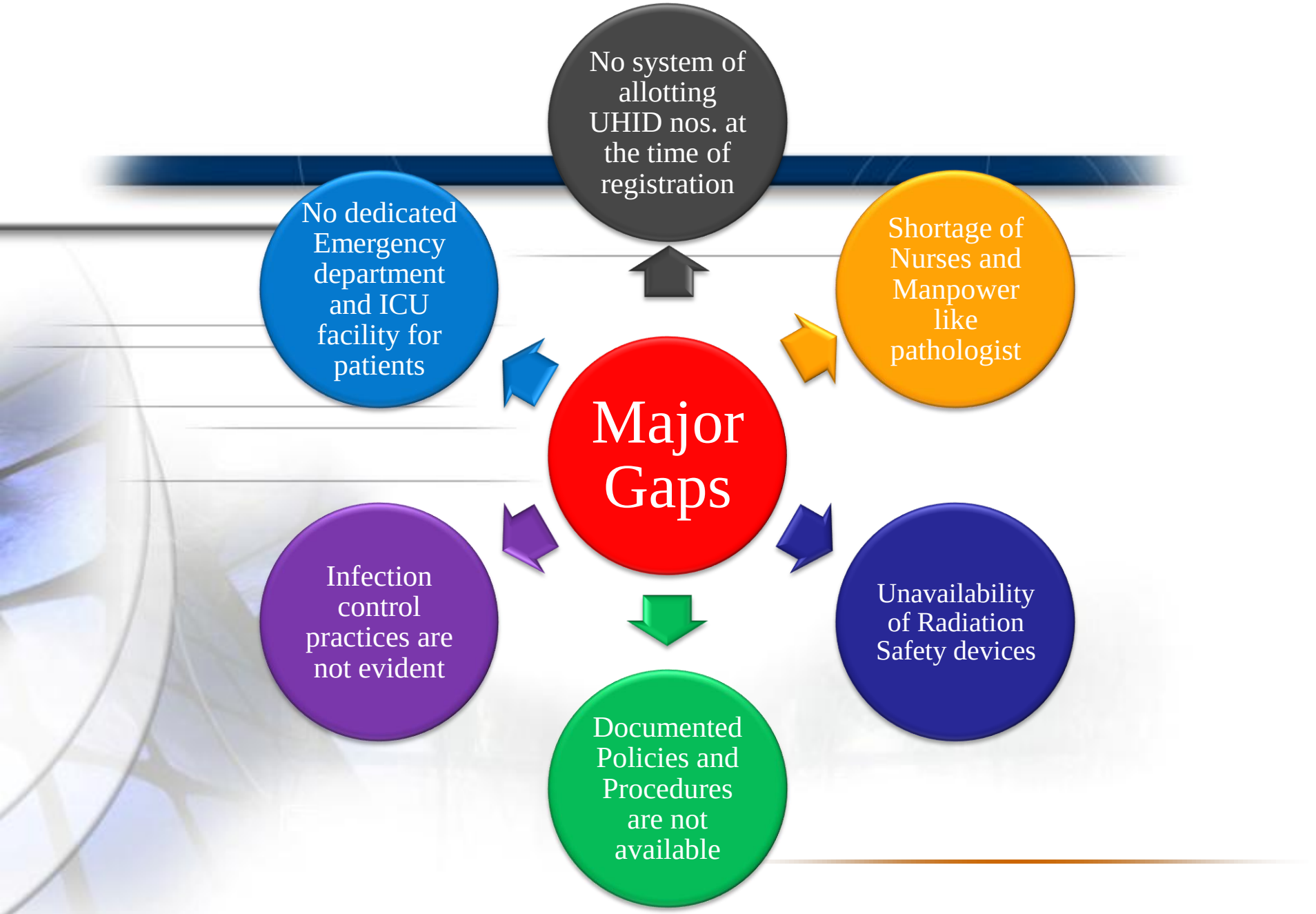
Specific Objectives

- To assess the existing service delivery status of the hospital as per NABH guidelines.
- To identify the gaps, as per NABH guidelines.
- To suggest viable recommendations for bridging the gaps in departments based on customized requirements for the hospital.

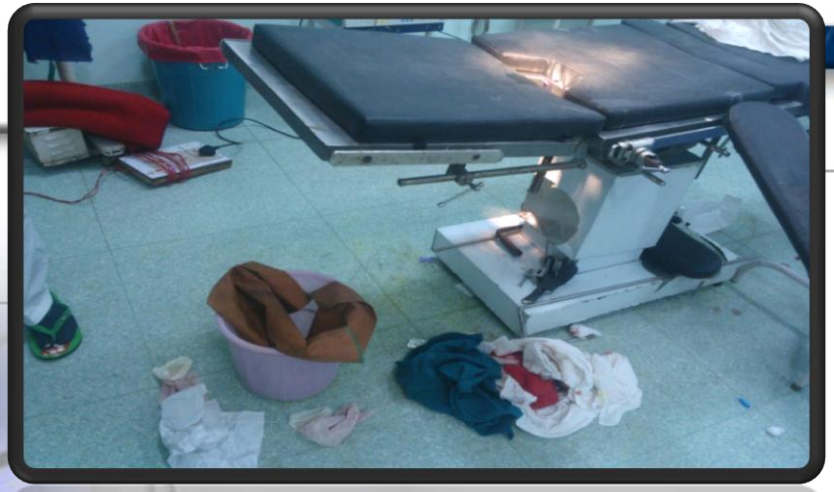
Methodology

Study Area	**District Hospital, Moradabad**
Study Design	Cross-sectional and Observational
Duration of study	1 Month
Data Collection Tool	•Interview and Discussions with head of the departments. •Checklist •Observation •Self Assessment Toolkit
Data Collected Type	• Primary • Secondary

GENERAL FINDINGS


No system of allotting UHID nos. at the time of registration
No dedicated Emergency department and ICU facility for patients
Shortage of Nurses and Manpower like pathologist
Major Gaps
Infection control practices are not evident
Unavailability of Radiation Safety devices
Documented Policies and Procedures are not available

Evidences



DEPARTMENTAL GAPS

OPD

- Scope of services, Citizen charter and Patient charter are not being displayed.
- No provision of patient privacy.
- Calibration of BP Apparatus, Weighing machine and Thermometer is not being done.
- UHID no. is not being generated for the patients.
- No separate registration for old and new patients.
- Waiting time and OPD satisfaction survey are not being monitored.
- The tariff rates are not defined and the patients/attendants remained unaware regarding the tariff rates.

Ambulance

- No adequate communication system exists in ambulance.
- Required equipments (stethoscope, sphygmomanometer, suction apparatus, defibrillator, monitor, oxygen cylinder) and medicines are not available in the ambulance.
- The staff is not trained in BLS.
- Medication and equipment checklist is not maintained.
- The infection control practices are not followed.
- The medical gas (oxygen) is not maintained to 90% of the total capacity.
- No calibration of equipments.

Laboratory

- No separate area available for sample collection
- BMW management practices are not followed.
- No pathologist in the department.
- Maintenance and Calibration of equipments is not being done.
- Turnaround time for Lab reports is not monitored
- EQAS is not being monitored
- Following outcomes are not being monitored:-

    1. Number of reporting errors per 1000 investigations

    2. % of reports having clinical correlation with provisional diagnosis

    3. % of adherence to safety precautions

    4. % of redo's

Radiology & Imaging

- The unit does not have AERB (SITE/TYPE) approval.
- TLD Badges, Thyroid Shield and Lead Glass is not available.
- Equipments are not being calibrated.
- Quality Assurance program is not being followed.
- Turnaround time for reports is not being monitored.
- No change room available for patients.
- Radiation hazard symbol is not present.

Wards

- Emergency Crash cart is not present.
- No nursing station in the ward and inadequate number of nurses in each shift.
- BMW management practices are not being followed.
- Racks are not available for storage of linen.
- Nurses are not trained in BLS.
- Infection Control practices are not being followed.
- The cost estimate for the treatment is not being provided to the patients.
- The discharge process is not defined and documented.

Labour Room

- No separate areas being demarcated for septic and aseptic deliveries.
- No scrubbing area present for the labour room staff.
- The disposable delivery kits are not available in required quantities.
- The labour room do not have a demarcated new born care area with the appropriate equipments.
- The biomedical waste management practices are not being followed.
- No monitoring of Maternal mortality rate and still birth rate.

OT

- HVAC system is not present.
- Proper zoning concept is not being followed.
- Unavailability of Crash cart, Defibrillator and ECG Monitor.
- Disinfection of OT is not done after every procedure.
- 2 OT tables in a single OT.
- BMW management practices are not followed.
- Monitoring of:-
    1. % of anesthesia related adverse events and mortality
    2. % of modification in plan of aesthesia
    3. % of SSI Rate
    4. Re-scheduling of surgeries

    Is not being done.

Hospital Infection Control

- The hospital infection control committee and team do not exist.
- A designated and qualified infection control officer is not present.
- Adequate and appropriate facilities for hand hygiene in all patient care areas is not provided.
- The adequate and appropriate personal protective equipment, soaps, and disinfectants are not available.
- In cases of notifiable diseases, information (in relevant format) is not sent to appropriate authorities.
- No Isolation / barrier nursing facilities.

TSSU

- The layout do not follow the functional flow: Receiving, Washing, decontamination, drying, packing, loading, unloading, storing and issuing.
- Racks are not present in the department.
- Transport trolleys are not available.
- Only single autoclave is present.
- The chemical, biological and bowie-dick test is not being performed.
- No technician in the department.
- Recall system of items is not available.
- Reuse policy for items is not available.

Pharmacy

- No receiving area; segregation and storing area.
- Items are neither labeled nor arranged as per alphabetical order.
- Pest/Rodent control measures are not undertaken.
- Items such as radiographic films, spirits etc (which are inflammable) are not stored in a separate location.
- Hospital Drug Formulary is not available.
- The Lead time in issuing material to the department is not recorded.
- The sound inventory control practices are not followed (ABC/VED/FSN/FIFO).
- The Stock Turnover details are not calculated on a monthly basis.

Housekeeping

- Adequate amount of PPEs are not being provided to the Housekeeping staff.
- The housekeeping staff does not have basic facilities like (toilet/drinking water/change room)
- The hand washing and floor washing agents are not being used.
- The house keeping staff is not being trained in the infection control practices.
- Daily cleaning schedule is not present.
- Pest control methods are not practiced.
- Periodic medical examination of staff is not being conducted.

MRD

- Qualified and trained MRD technician are not available in the department
- Adequate number of racks are not available for the storage of records
- There is no functional flow at MRD
- ICD coding method is not used for complete and incomplete files
- MLC cases/dead cases are not stored separately under lock and key
- Retrieval of the records are not easy
- Deficiency checklist is not followed
- MRD audits are not being conducted
- Hospital has no retention policy for documents
- Destruction policy for records is not available
- Pest control not done on a regular basis

Engineering & Maintenance

- Various statutory requirements (Water {ETP/STP}; Air {DG Sets}) are not available.
- Up to date drawing, layout, escape route is not present and displayed.
- No safety committee and no designated individual for maintenance.
- Staff is not present round the clock for emergency repairs.
- Non-availability of safety devices (Only fire extinguishers).
- The staff is not trained for disaster and fire management.

Mortuary

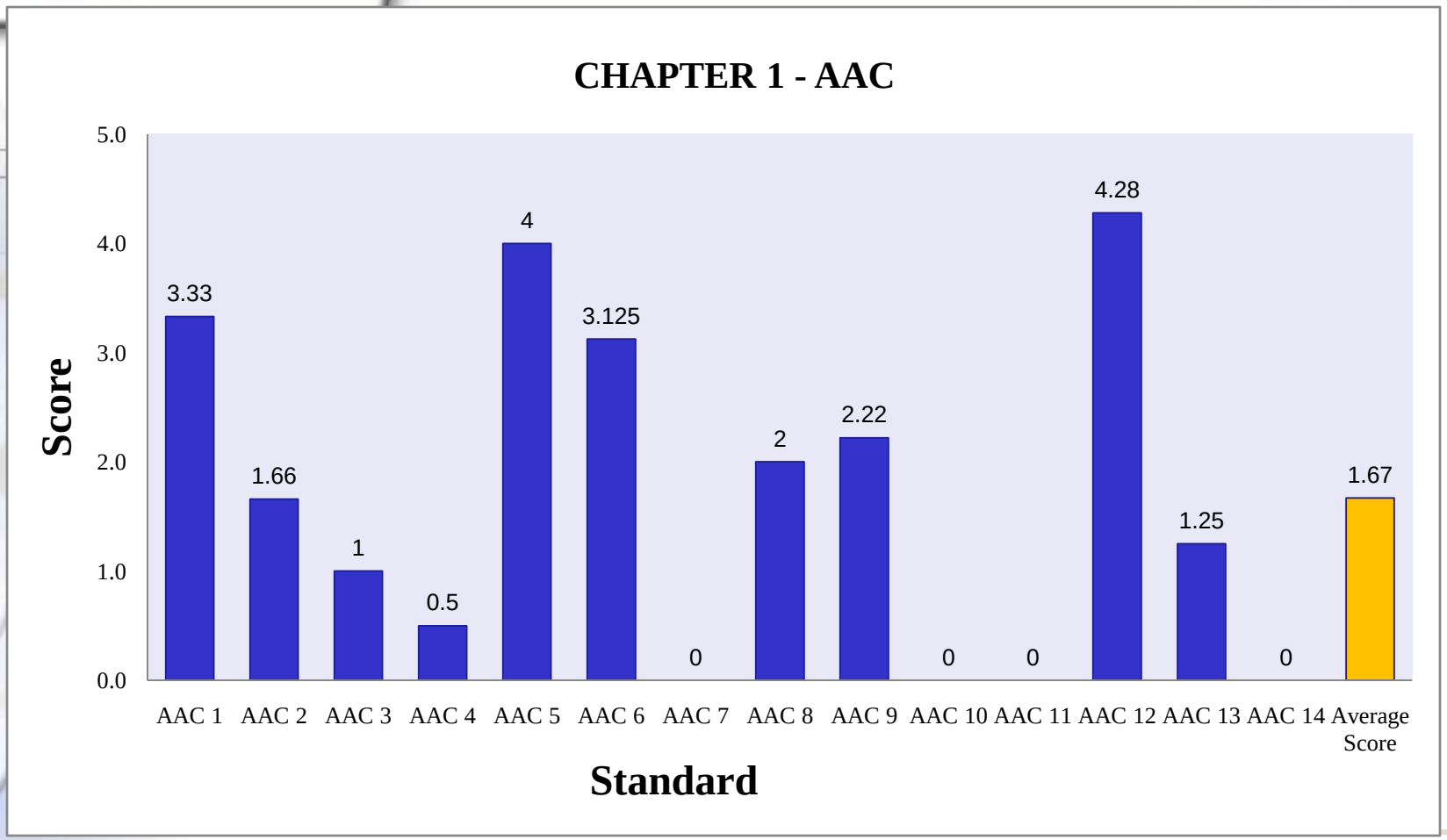
- This department is present in the Hospital but is Non-functional.

Score Analysis

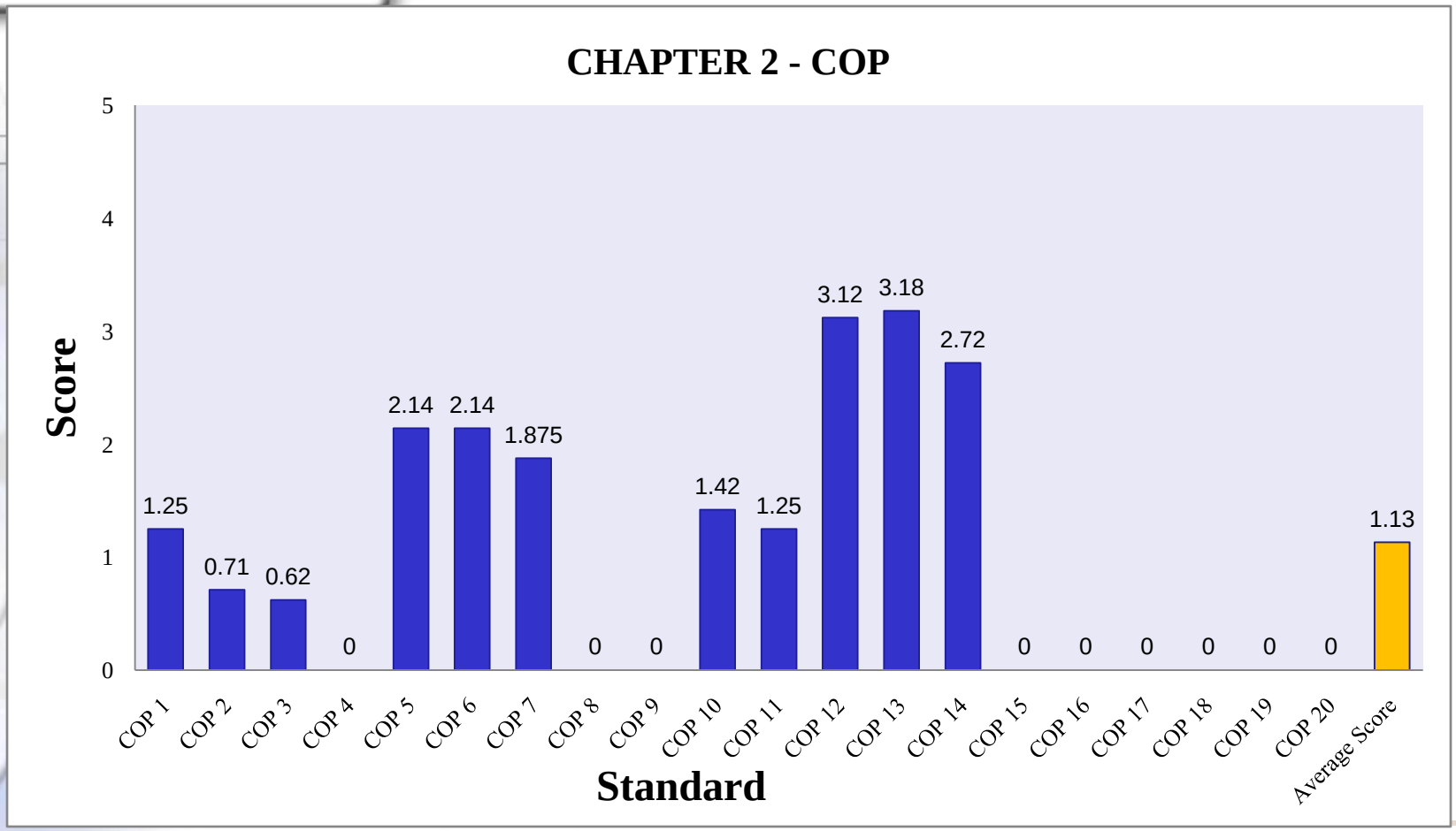
After filling up of the NABH self- assessment toolkit the following scores were calculated:

- The average score of each individual standard
- The average score of each chapter
- The average score of all chapters

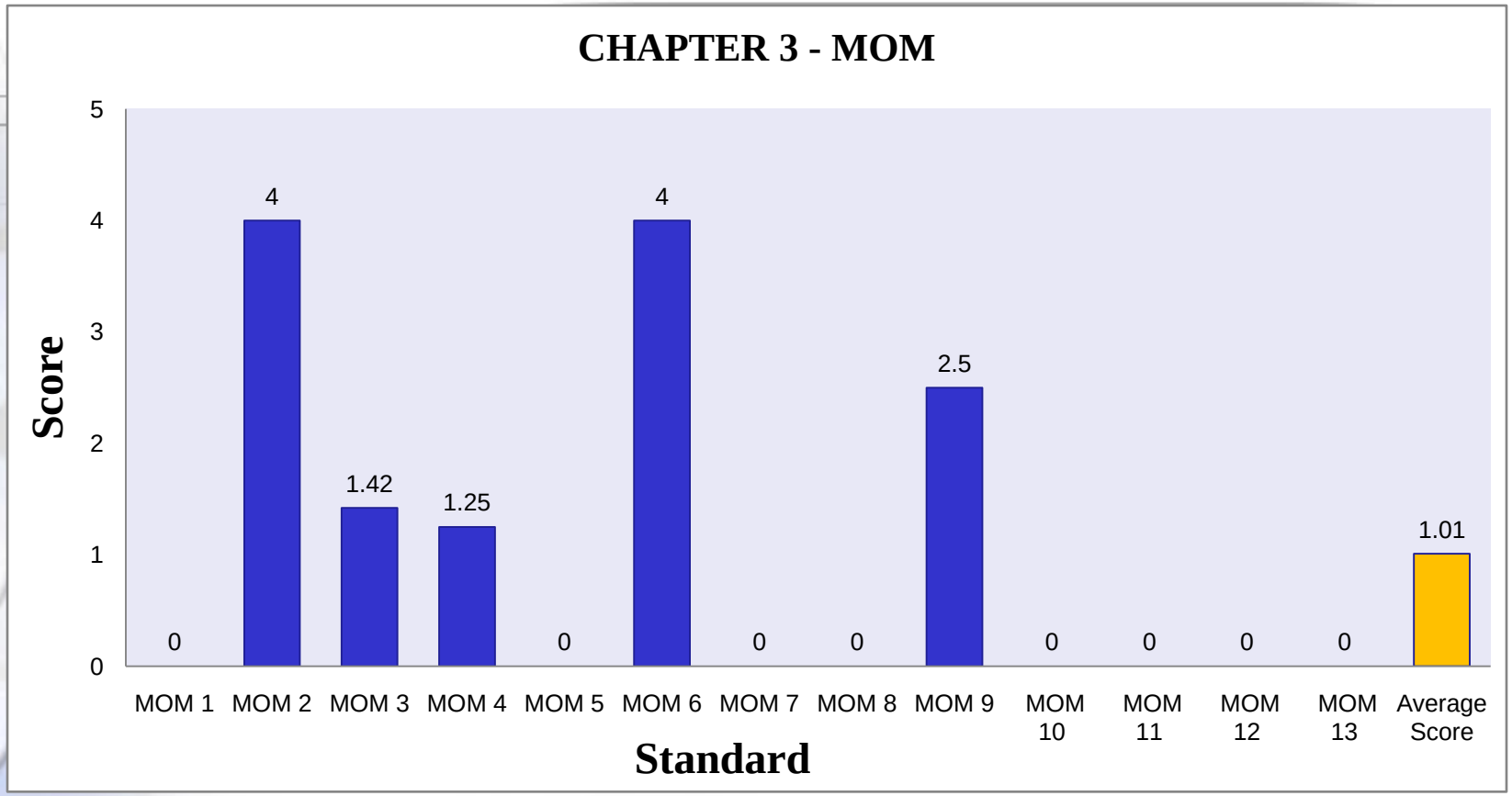
Standards of Chapter 1



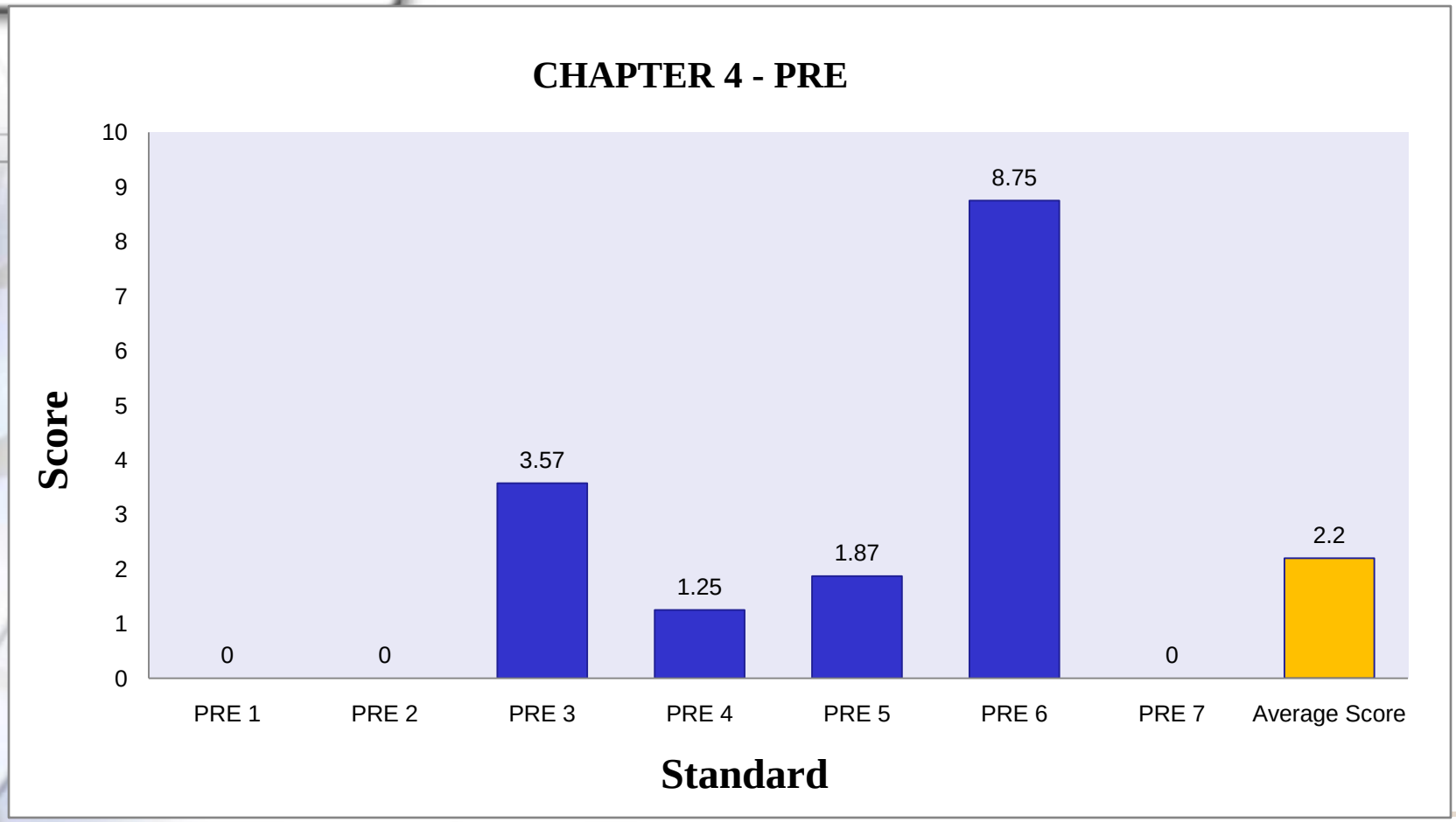
Standards of Chapter 2



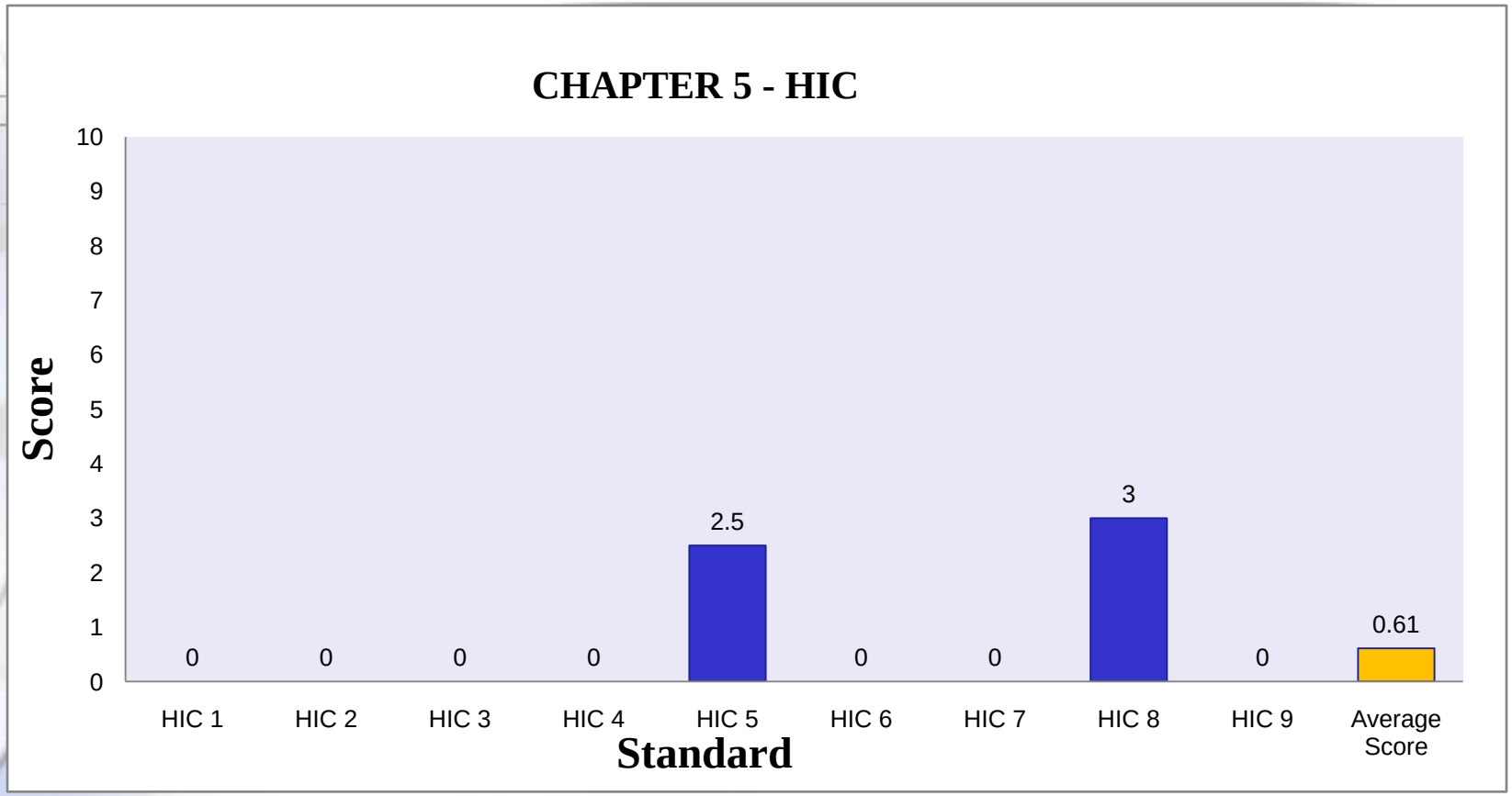
Standards of Chapter 3



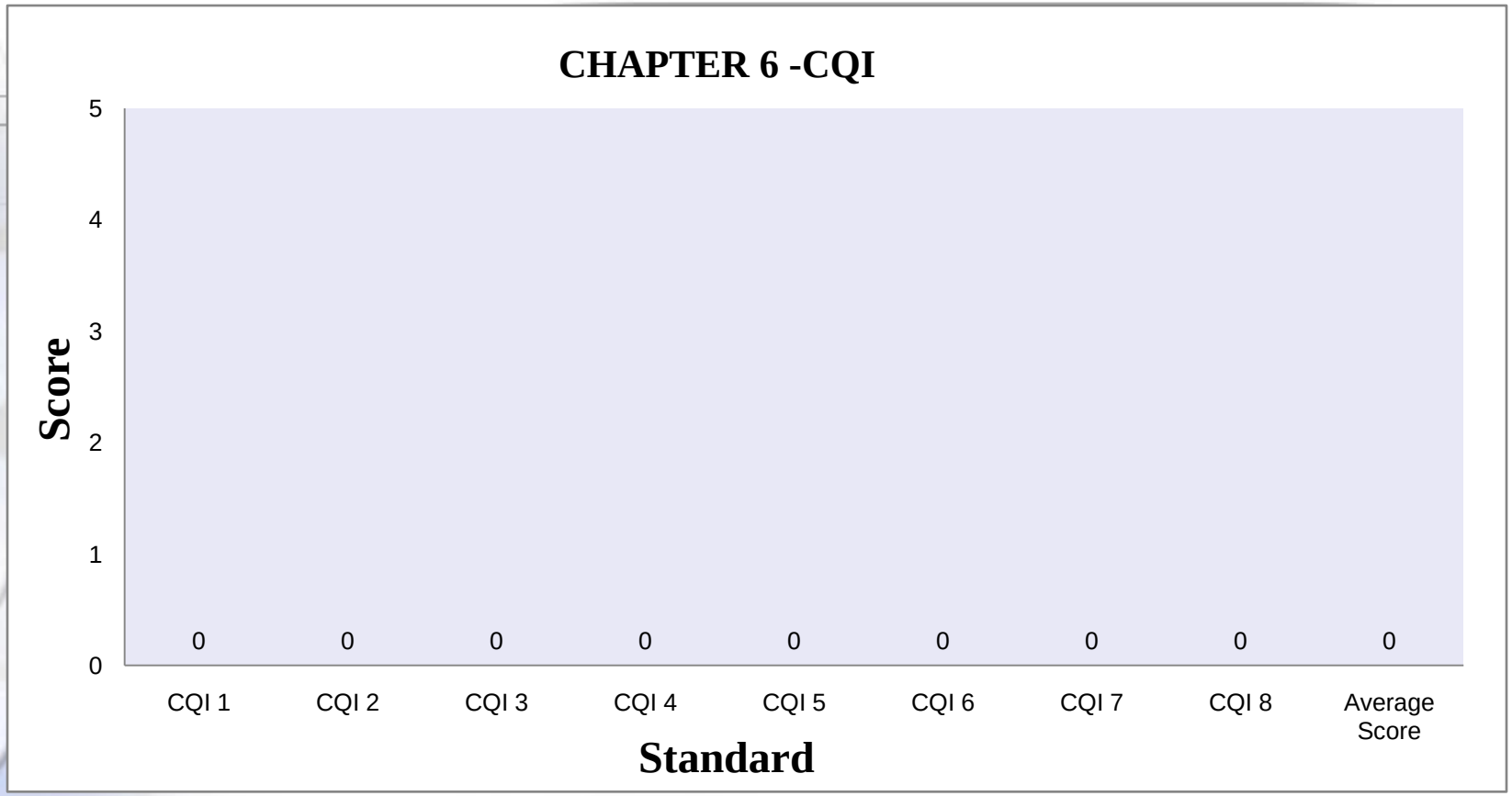
Standards of Chapter 4



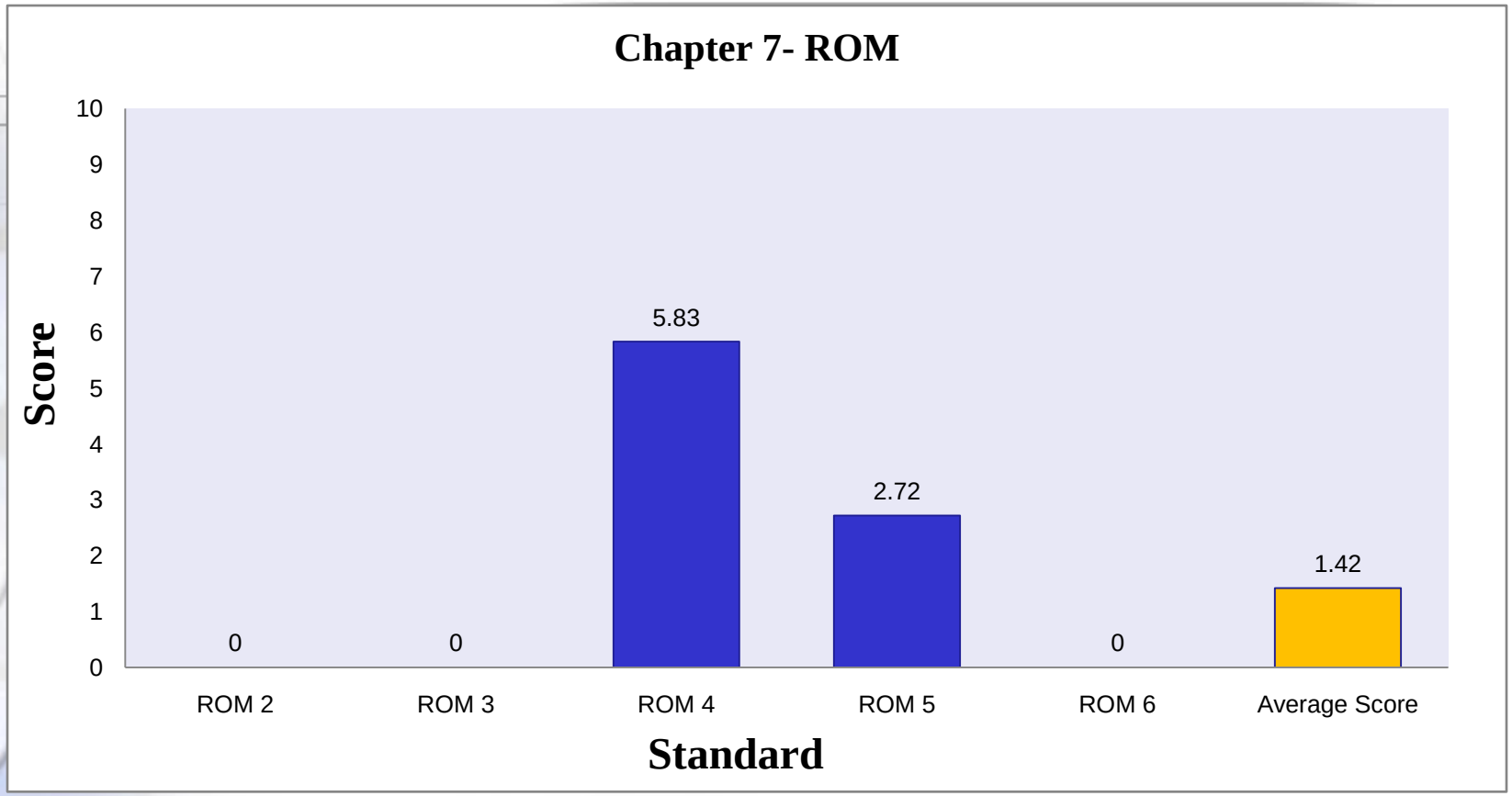
Standards of Chapter 5



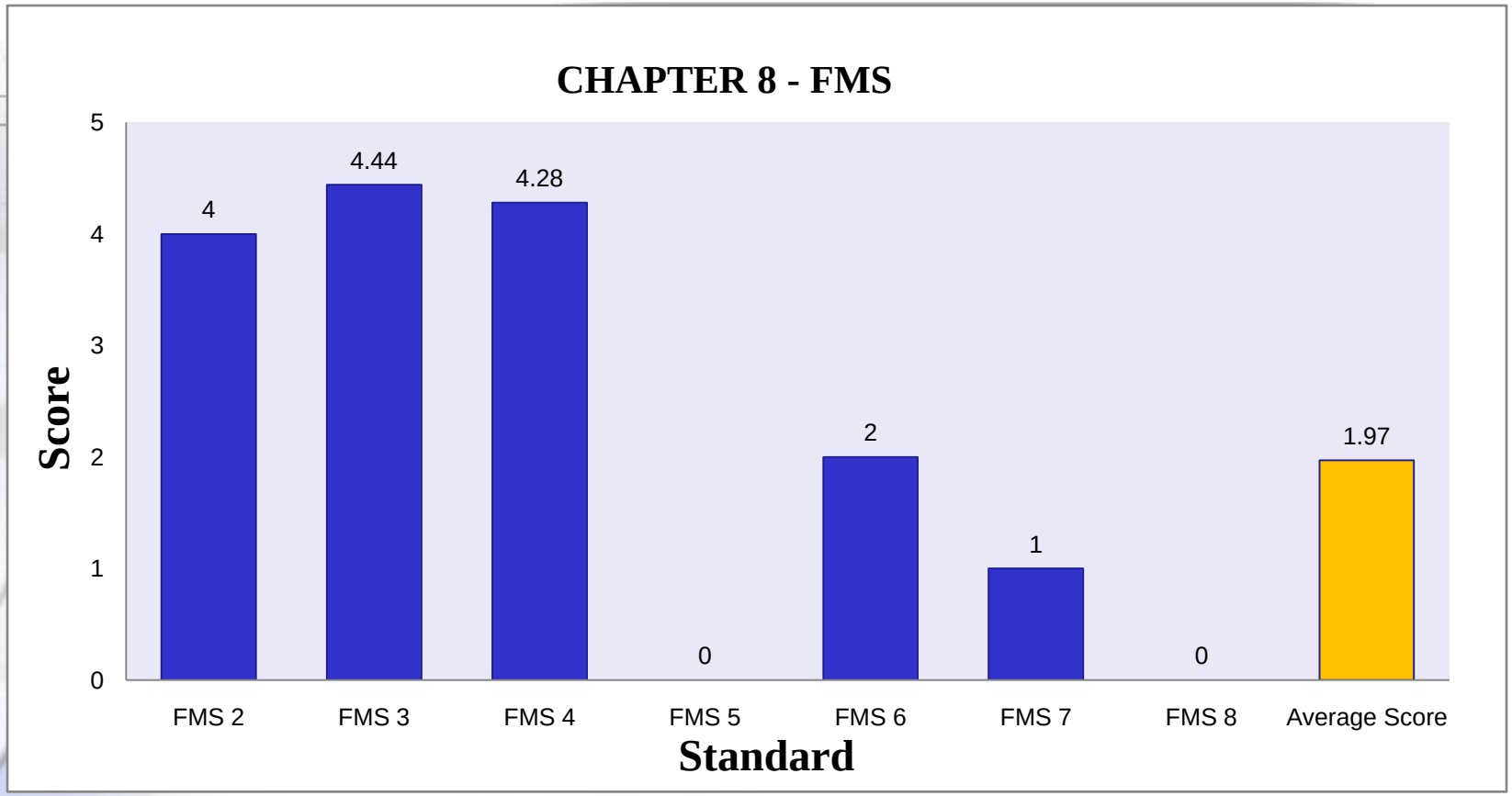
Standards of Chapter 6



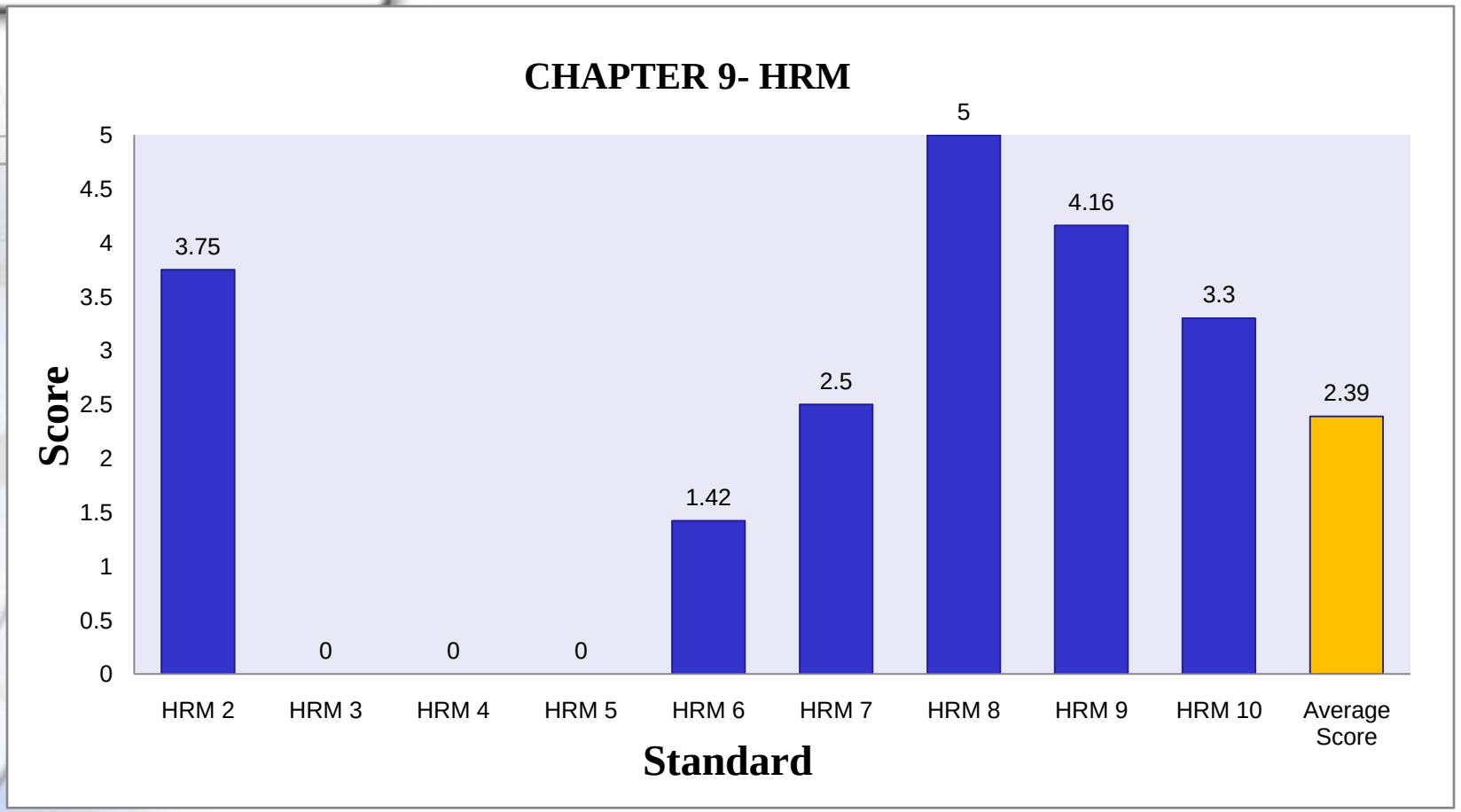
Standards of Chapter 7



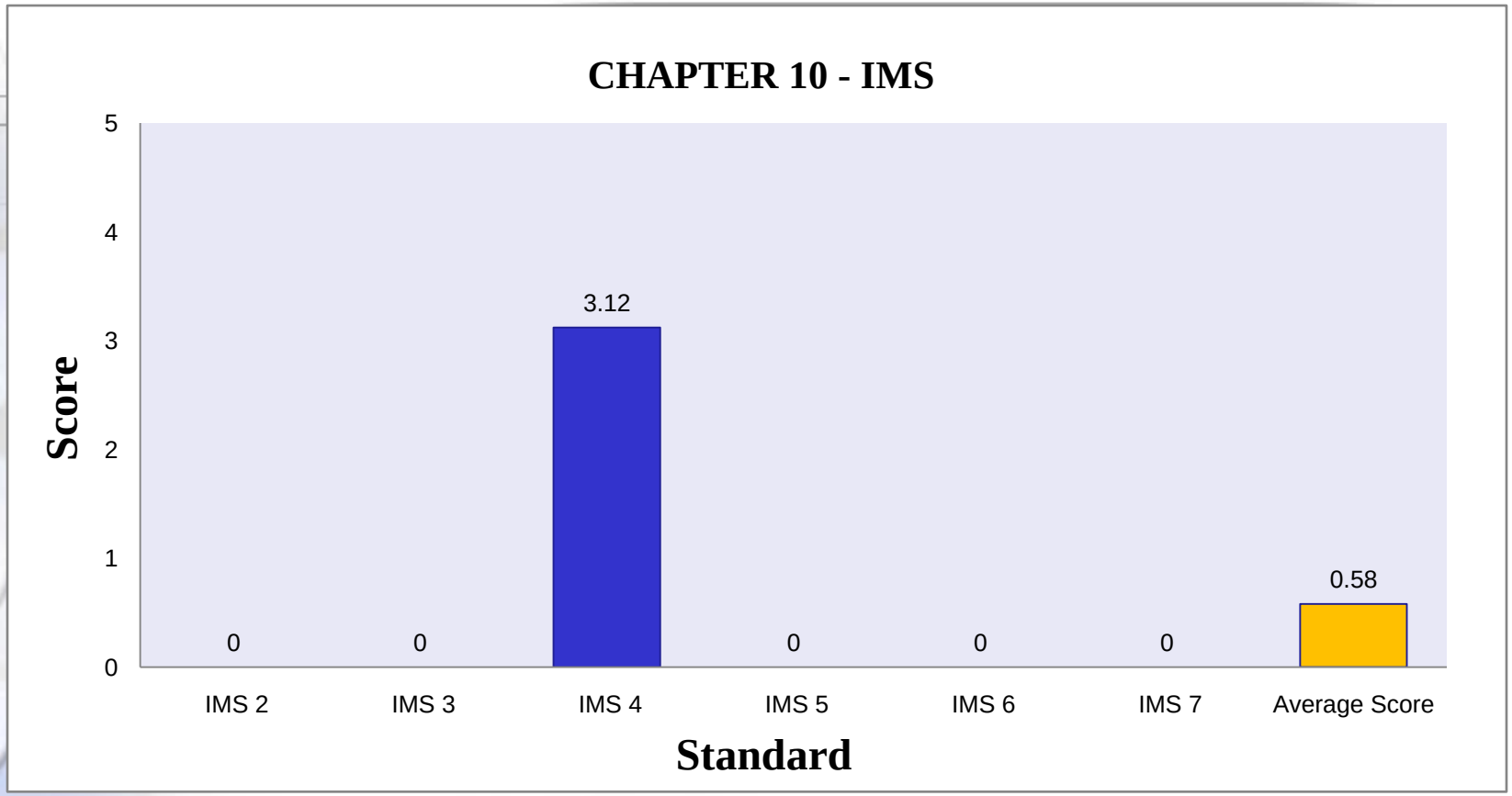
Standards of Chapter 8



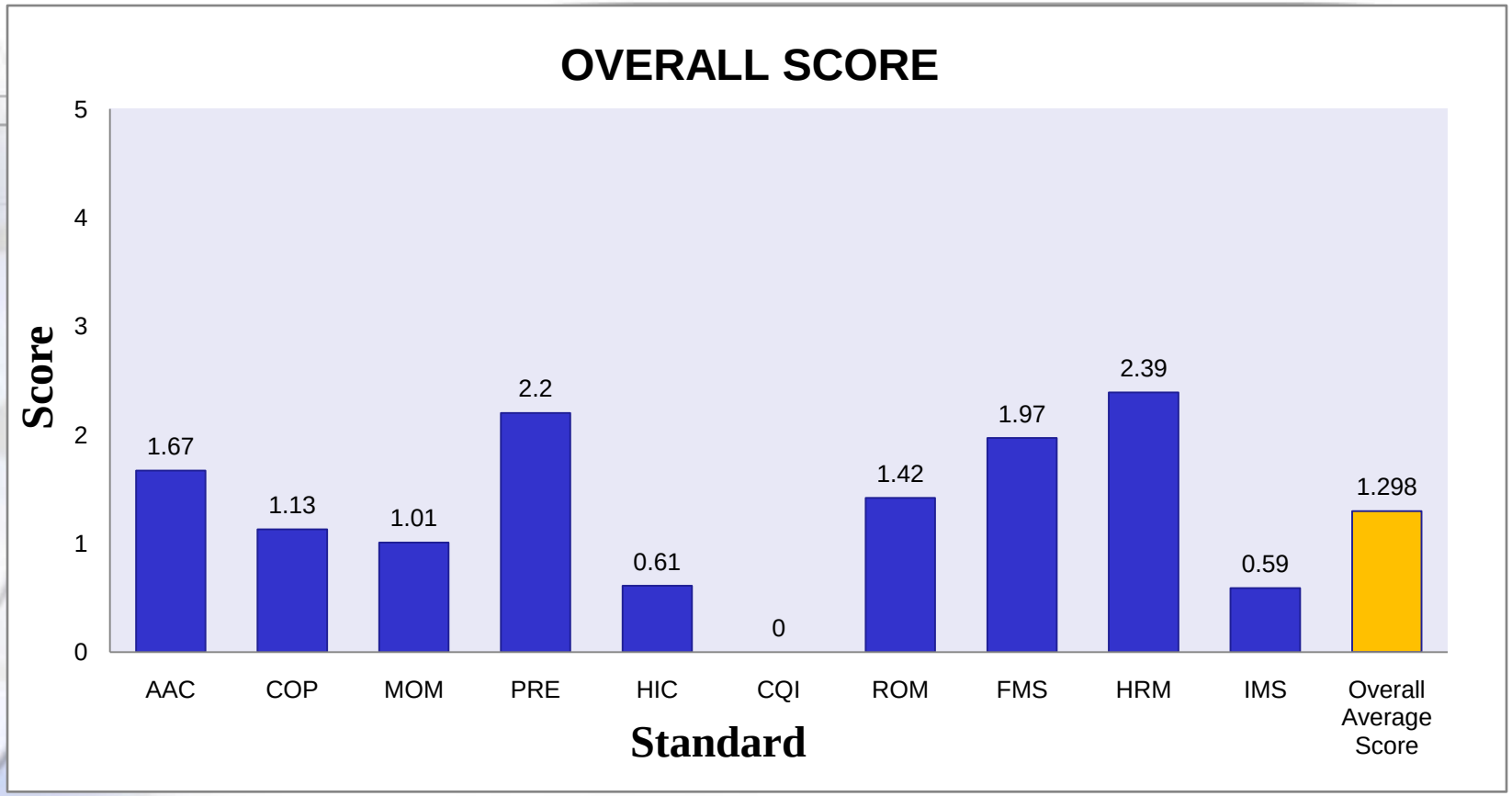
Standards of Chapter 9



Standards of Chapter 10



Average Score of All Chapters



Comparison of Hospital's Present Status With NABH Pre-Accreditation Entry level

- Total Score of all the chapters is below 2.
- Only PRE and HRM has score more than 2.
- Many Standards have got more than one zero.
- Total Score of chapter CQI is zero.
- With the above analysis it is clear that the hospital is not even fulfilling the pre-accreditation entry level criteria.

RECOMMENDATIONS

- Citizen Charter, Patient Charter, Scope of Services and other signage need to be displayed bilingually

- UHID need to be generated for all the patients.
- Pathologist need to be appointed in the laboratory.
- Nurse to patient ratio in wards per shift is 2 : 40 so nurses need
- The dedicated emergency department and ICU need to be constructed in the hospital.
- A well equipped BLS Ambulance need to be procured
- Essential equipments such as Defibrillator, Crash cart, Ventilator etc need to be procured and made available in patients care areas.
- Staff need to be trained in BLS/ACLS and their training records needs to be documented.

- Maintenance and calibration of equipments should be done.
- Training of staff about Infection control practices need to be done.
- Hospital need to procure license for AERB (SITE/TYPE approval).
- Quality assurance programme need to be documented and implemented.
- Various licenses necessary for the hospital need to be procured.
- Security staff need to be appointed.
- Quality indicators of all departments should be monitored.
- All the sanctioned posts should be filled up with qualified staff.
- Radiation Safety devices such as TLD batches, thyroid shield etc. need to be procured and made available to the staff.
- All the policies and procedures required in the hospital need to be documented.

THANK YOU