

GAP ANALYSIS OF EHCC **HOSPITAL AS PER THE NABH** **STANDARDS**

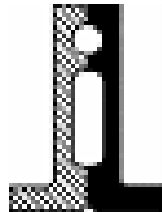
By

Dr. Surbhi Deo Gupta - Batch 17

under the able guidance of
Brig. (Dr.) S. K. Puri



Post Graduate Diploma in Hospital Management
2012-14



Institute of Health Management Research, Jaipur

Eternal Heart Care Centre and Research Institute, Jaipur

- Flagship social initiative of Dr. Samin k Sharma & his wife Mrs. Manju Sharma
- Affiliate of Mount Sinai Hospital, New York, USA
- 225 bedded hospital
- Commissioned in September 2013
- Present super specialties offered: Cardiology & Orthopedics



NABH

The diagram illustrates the NABH organizational structure and its accreditation process. At the top, a light blue ribbon banner displays the acronym 'NABH'. Below this, four overlapping circles are arranged horizontally. From left to right: a light blue circle labeled 'Constituent board of Quality Council of India (QCI)', a light red circle labeled 'Has full functional autonomy in its operation.', a light green circle labeled 'Member of ISQua Accreditation Council', and a light orange circle labeled 'Objective of enhancing health system & promoting continuous quality improvement and patient safety.' A dark green arrow points from the bottom of the green circle down to a dark purple rectangular box at the bottom of the diagram, which contains the text 'ISQua authenticates that NABH standards are in consonance with the global benchmarks set by ISQua.'

Constituent
board of
Quality
Council of
India (QCI)

Has full
functional
autonomy in
its operation.

Member of
ISQua
Accreditation
Council

Objective of
enhancing
health system
& promoting
continuous
quality
improvement
and patient
safety.

ISQua authenticates that
NABH standards are in
consonance with the global
benchmarks set by ISQua.

Why accreditation?



Benefits for Hospitals

- CQI
- Raises community confidence
- Benchmark with the best
- Medical tourism.



Benefits for Staff

- Satisfied lot
- Overall professional development



Paying and Regulatory Bodies

- Objective system of empanelment (TPAs, CGHS)
- Access to reliable and certified information

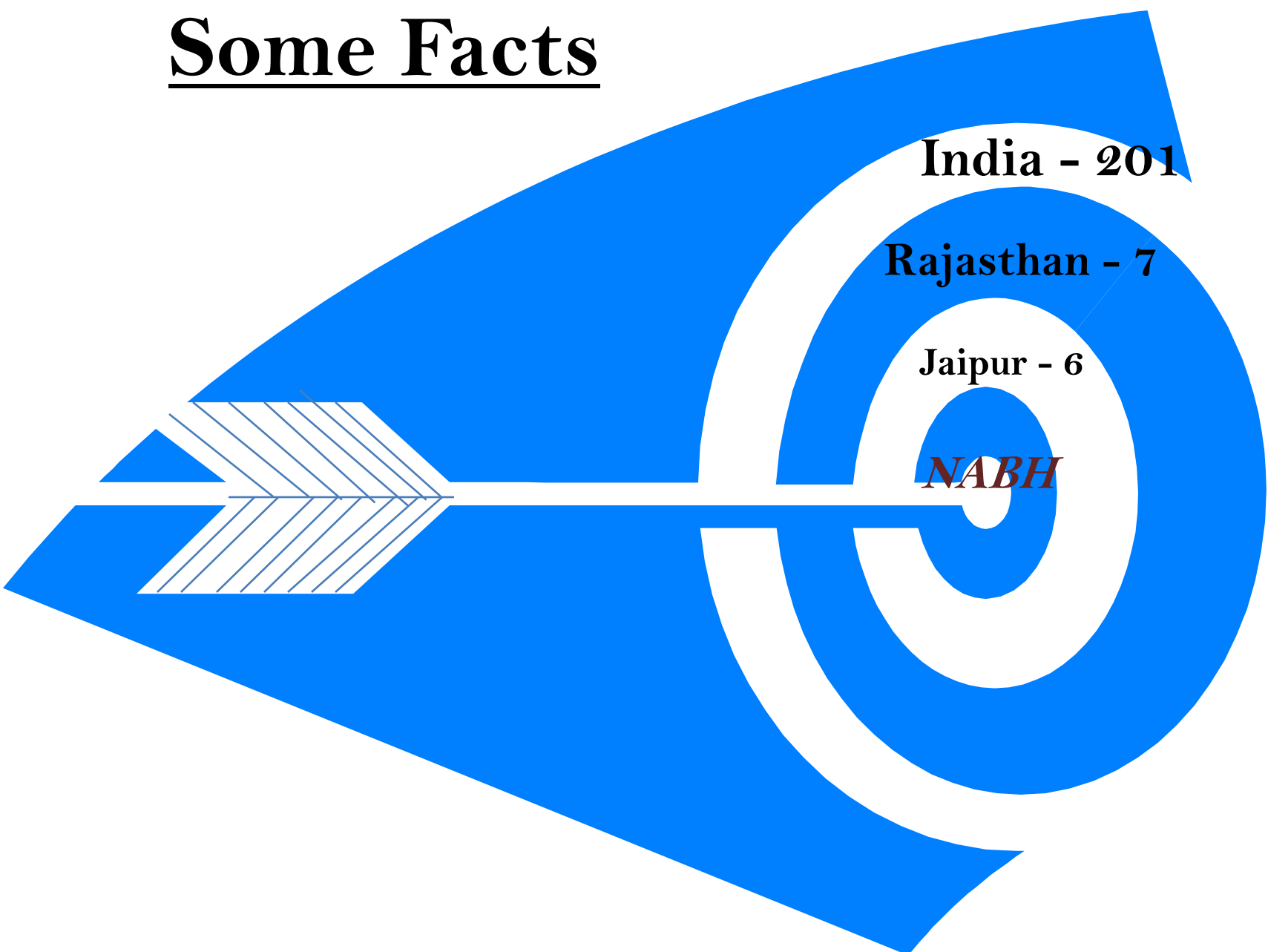
Some Facts

India - 201

Rajasthan - 7

Jaipur - 6

NABH



Application



Self Assessment



**On site Pre –
Assessment**



Final Assessment



Accreditation



Surveillance



Re -Accreditation

Objectives

- To assess the hospital's existing set up & procedures as per NABH standards
- To understand the major non-compliances for first internal assessment
- To give recommendations based on the gap report

SWOT analysis to assess preparedness to go for accreditation

**Weakness +
threats**

**Strengths +
opportunities**

Top management's
vision – best quality

Top management
supportive

Top and middle level
managers well qualified

New staff so less
resistance

Still in construction
phase

Staff satisfaction low



NABH Standards

10

Chapt
ers

102

Standa
rds

636

Objecti
ves

Patient Centered

Access, Assessment and Continuity
of Care (AAC)

Stds	Obj. El.
14	86

Care of Patients (COP)

20	136
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Management of Medication (MOM)

13	73
----	----

Patient Rights & Education (PRE)

7	46
---	----

Hospital Infection Control

9	51
---	----

Hospital Centered

Continuous Quality Improvement (CQI)

Stds	Obj. El.
8	57

Responsibilities of Management (ROM)

6	38
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Facility Management & Safety (FMS)

8	54
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Human Resource Management (HRM)

10	52
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Information Management System (IMS)

7	43
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Gap analysis



A gap analysis report seeks to scale the presentation of an organization against set target, standards or goals. Also the analysis report is to define the remedial actions required for being compliant.



Methodology

- **Study design:** analytical cross – sectional study
- **Approach:** The approach to the project was as follows:
- Prepared checklist was used – for this, NABH self assessment toolkit was used.
- Interviews of staff were carried out based on the NABH standards for hospitals
- Records review – list of legal documents, their validity and renewal were assessed as per NABH required legal compliance.

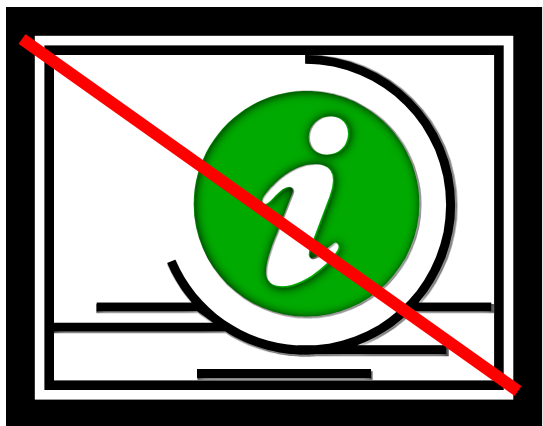
Scoring

- 0, 5, 10
- For Compliance, Partial Compliance & Non – Compliance Respectively

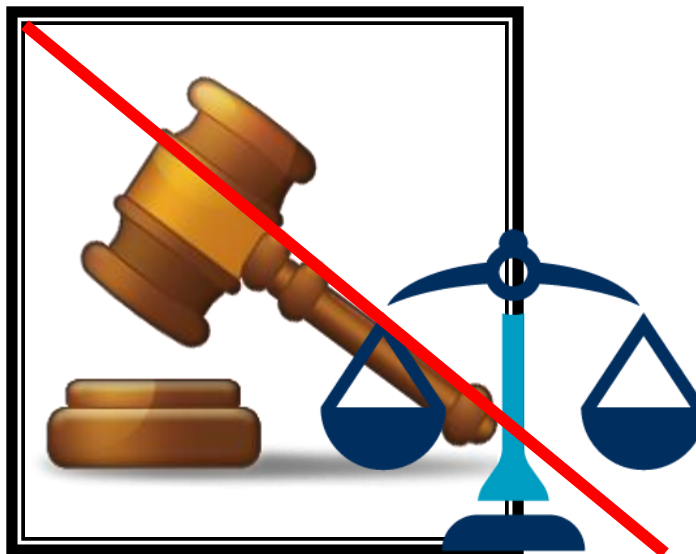
Evaluation

- Not more than one zero to qualify for each standard
- average score for individual standard not less than 5
- average score for individual chapter not less than 7

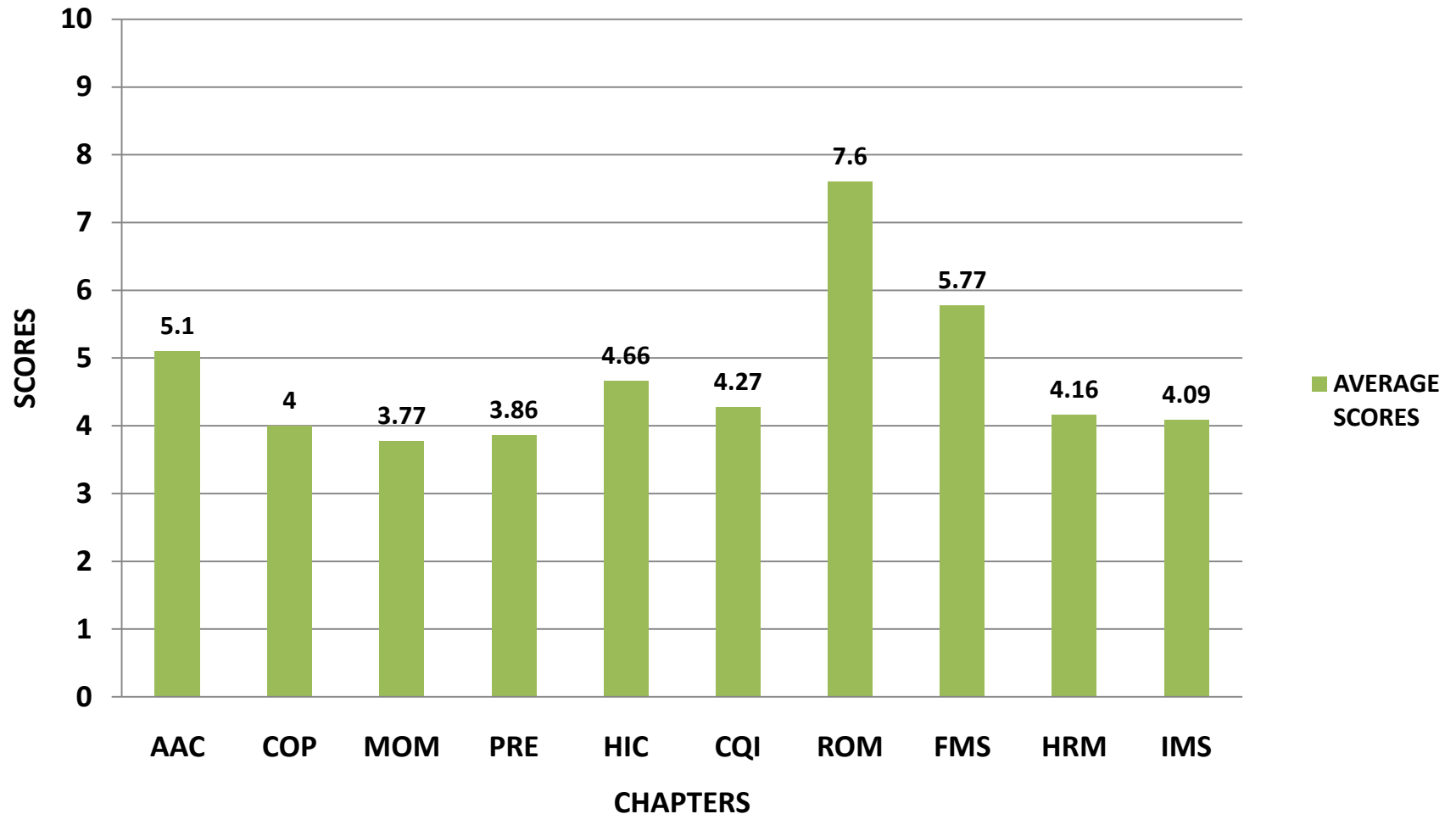
Results & Findings



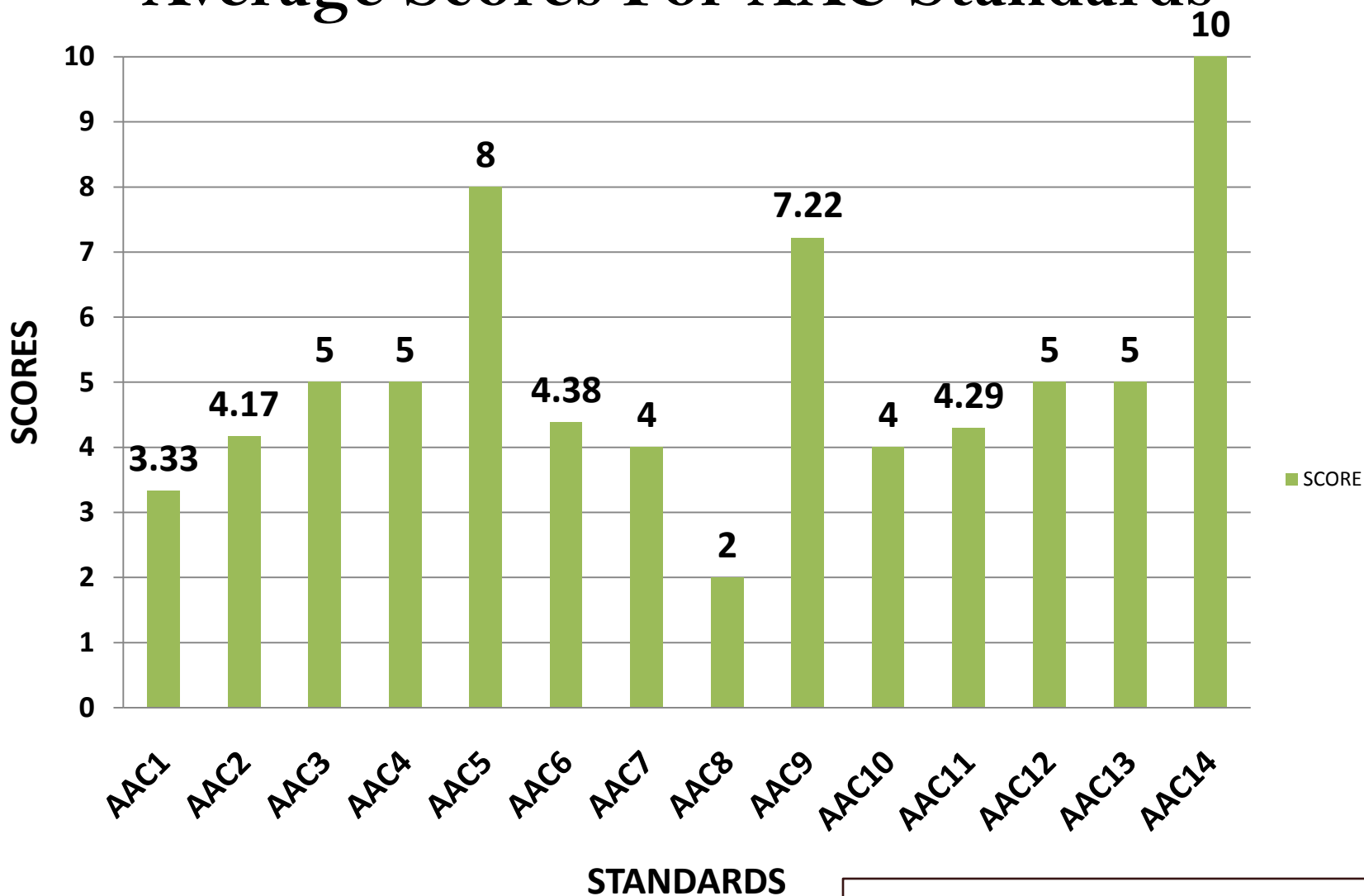
Partial compliance



Chapter wise Average Scores For NABH

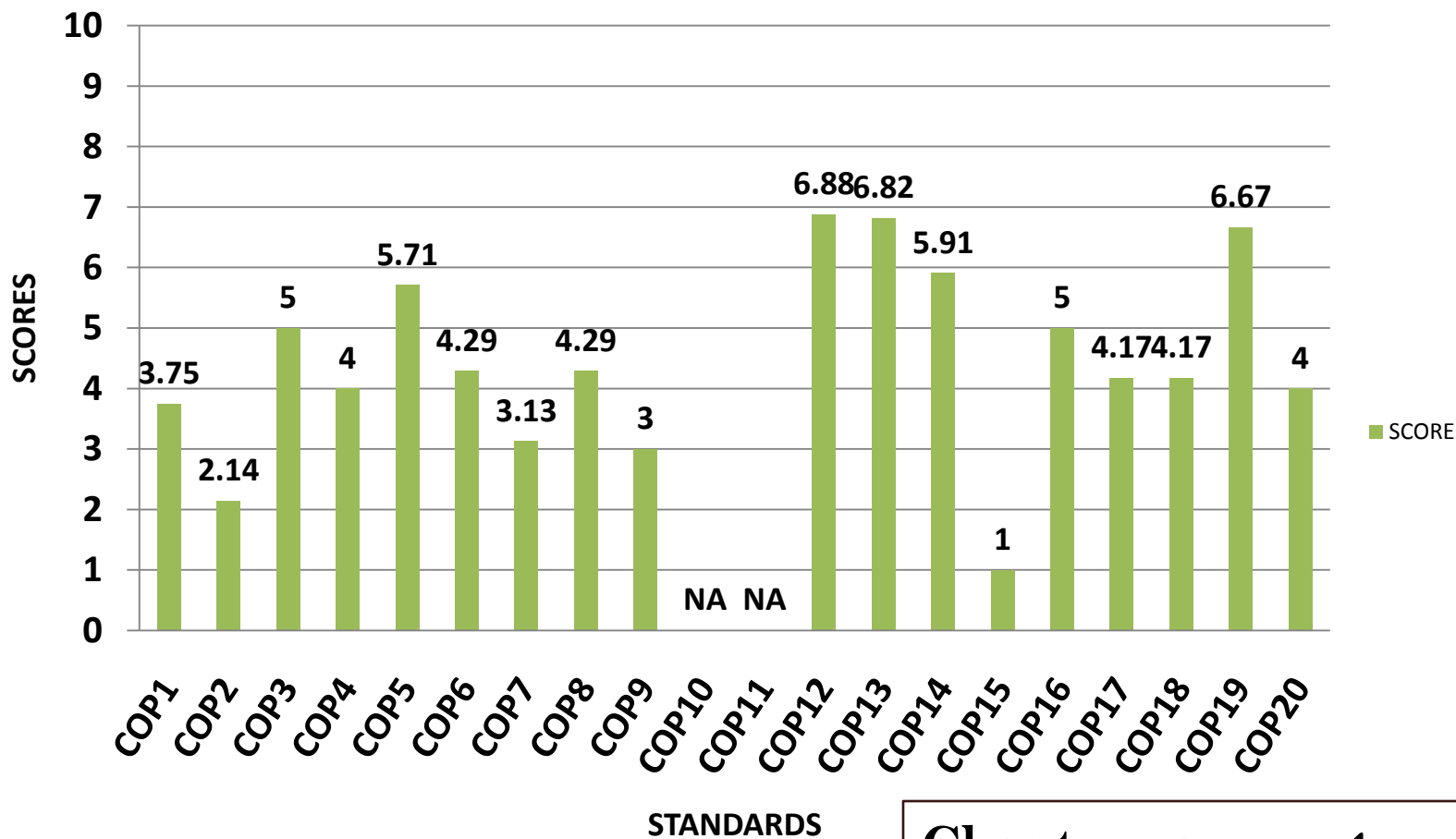


Average Scores For AAC Standards



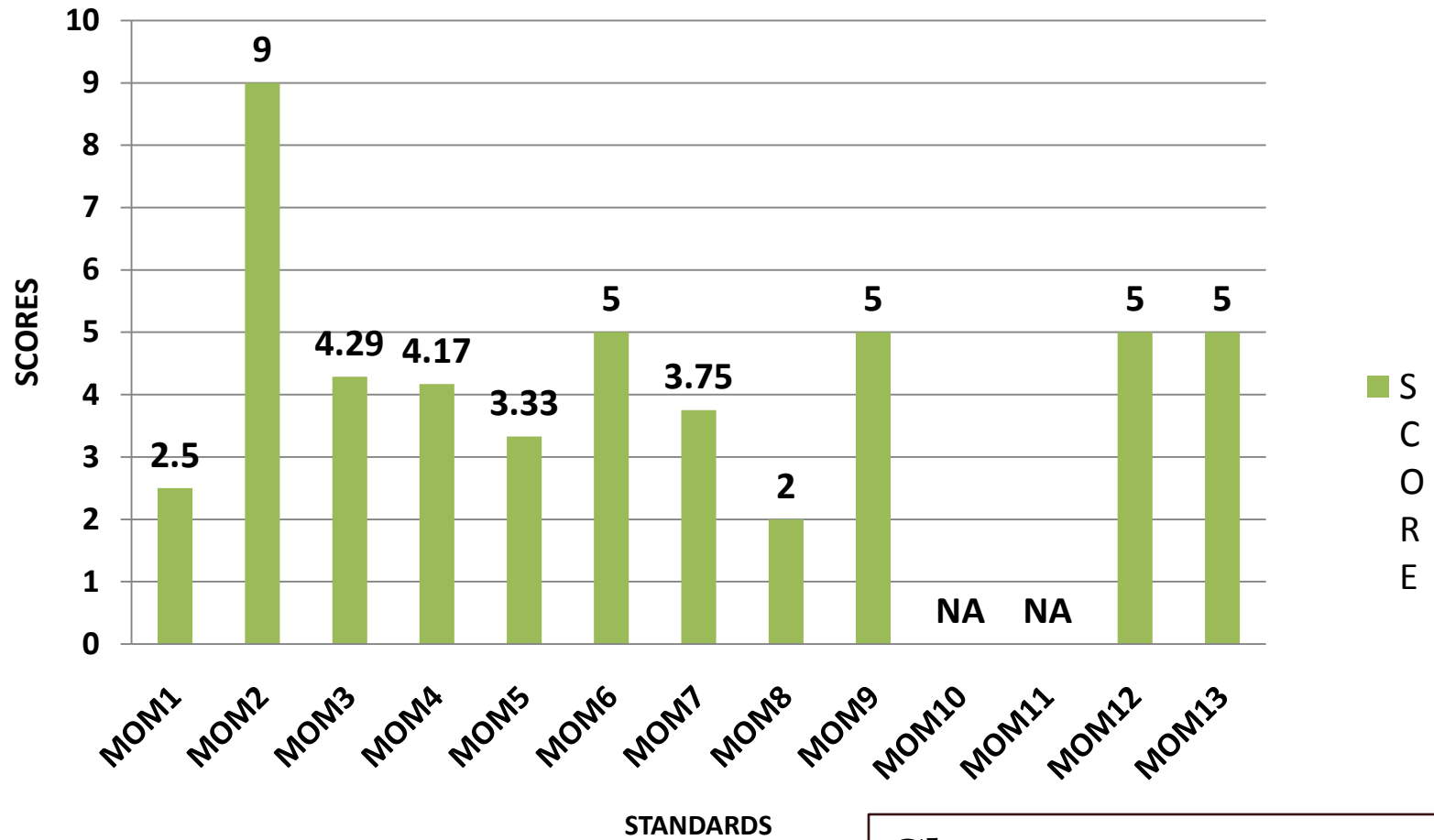
Chapter score – 5.1

Average Scores For COP Standards



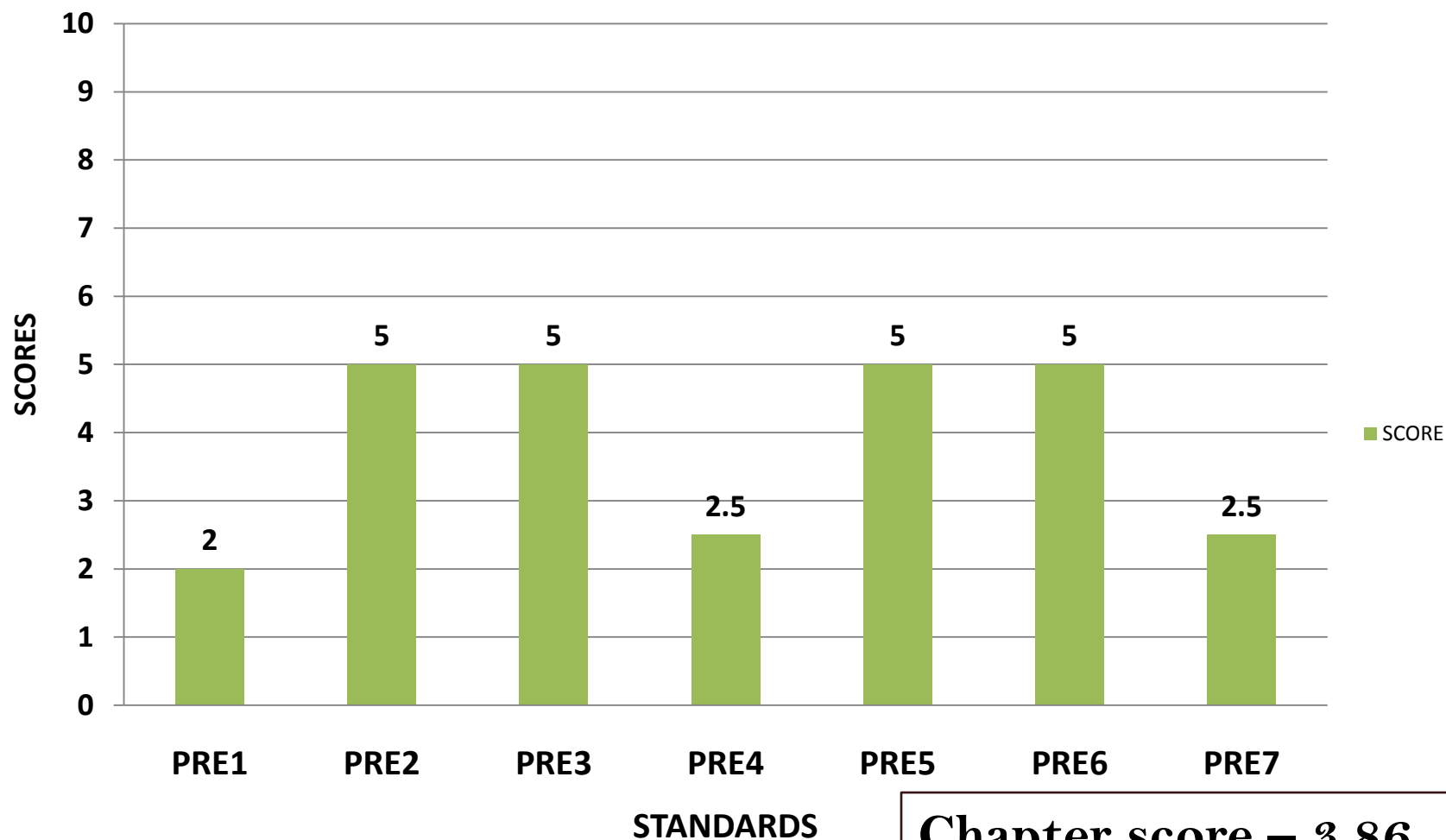
Chapter score – 4

AVERAGE SCORES FOR MOM STANDARDS

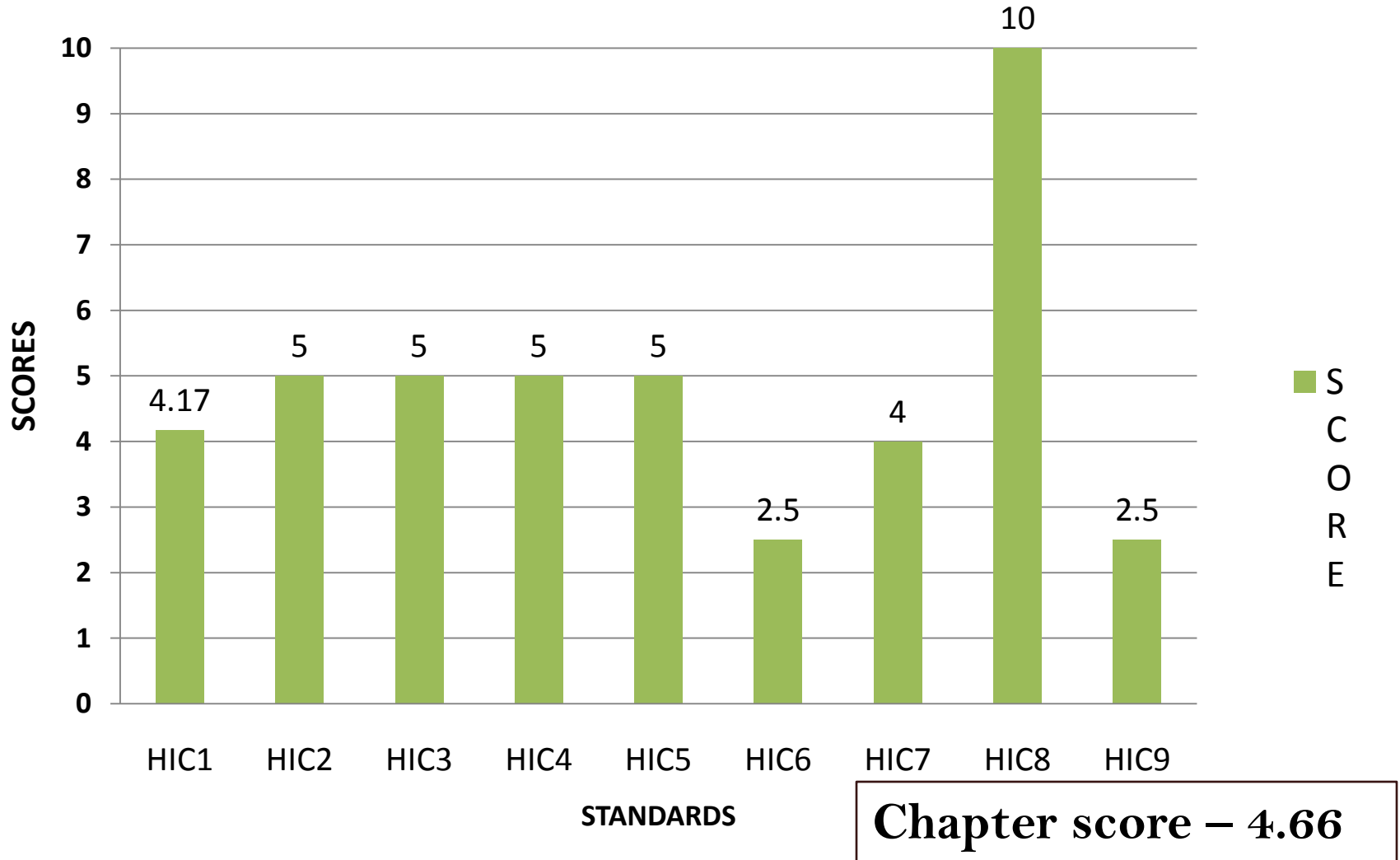


Chapter score – 3.77

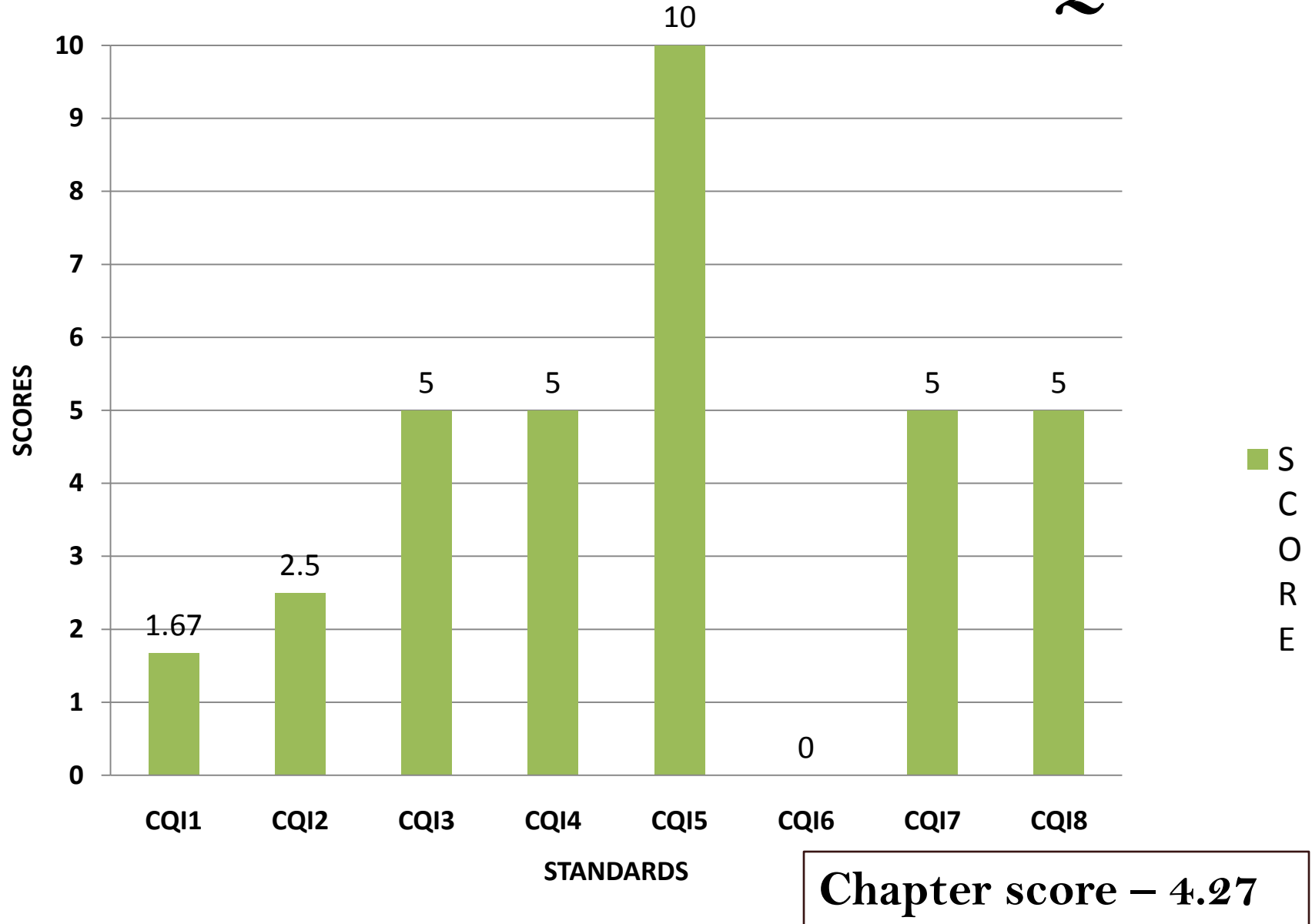
AVERAGE SCORES FOR PRE STANDARDS



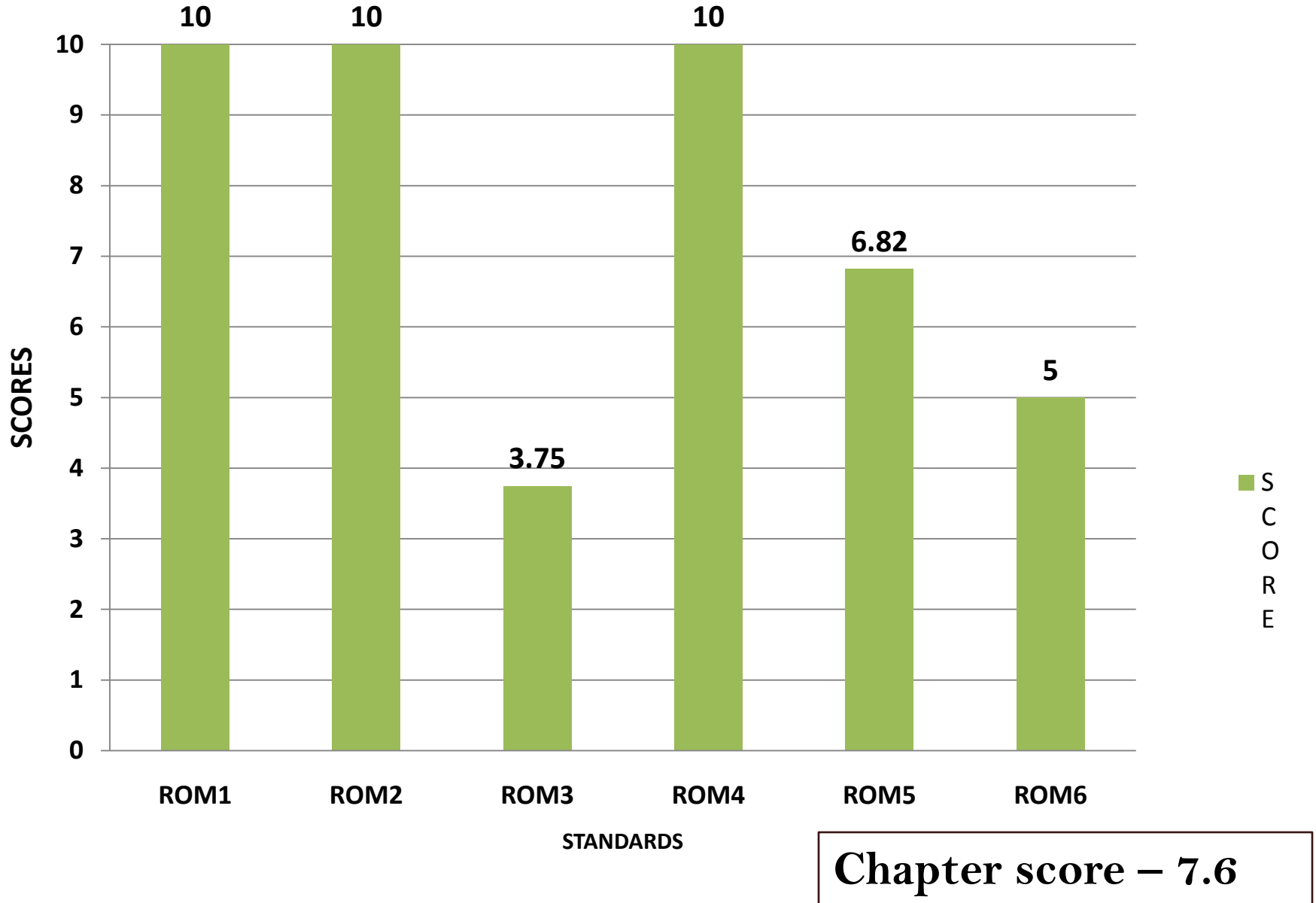
AVERAGE SCORES FOR HIC STANDARDS



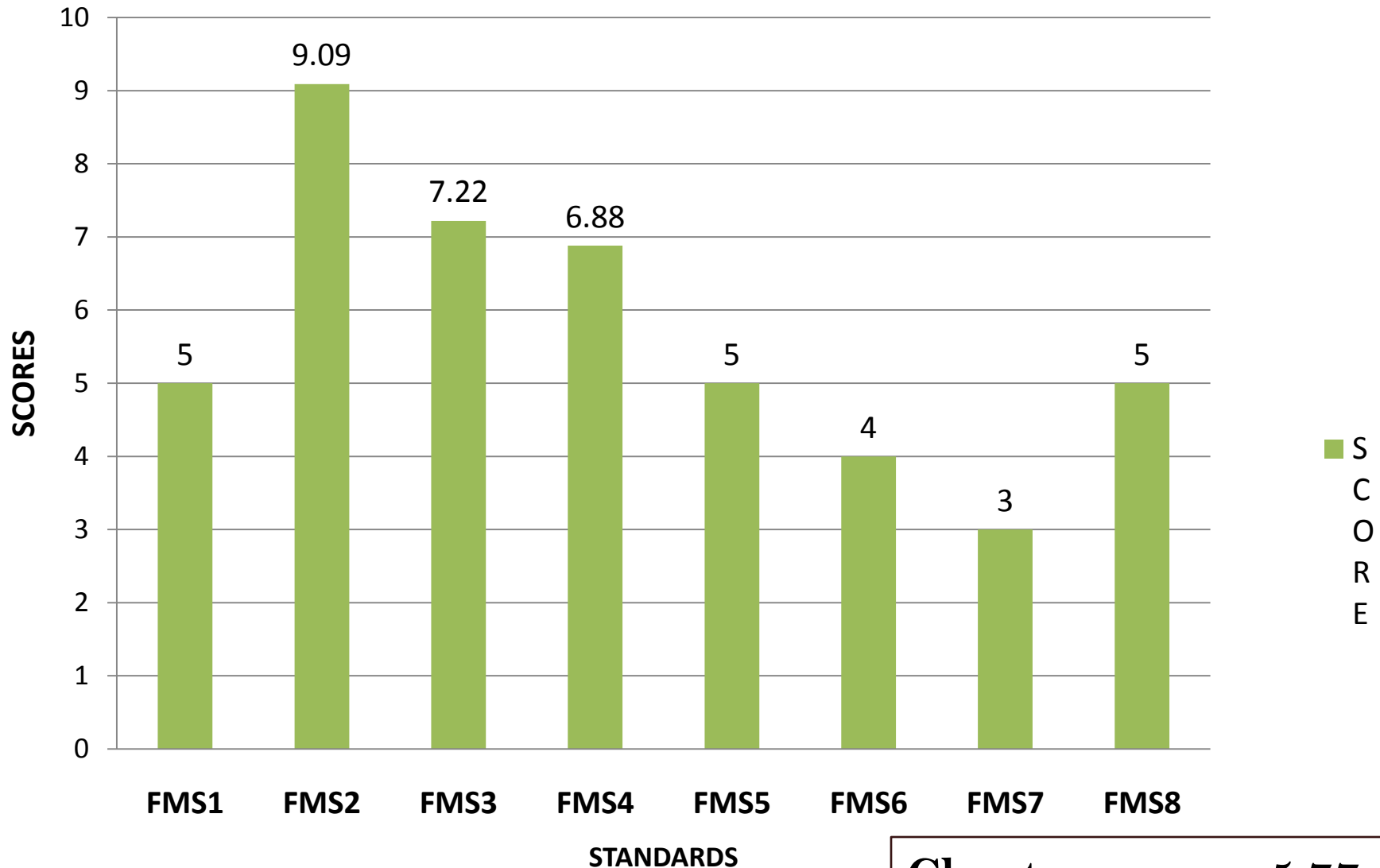
AVERAGE SCORES FOR CQI



AVERAGE SCORES FOR ROM

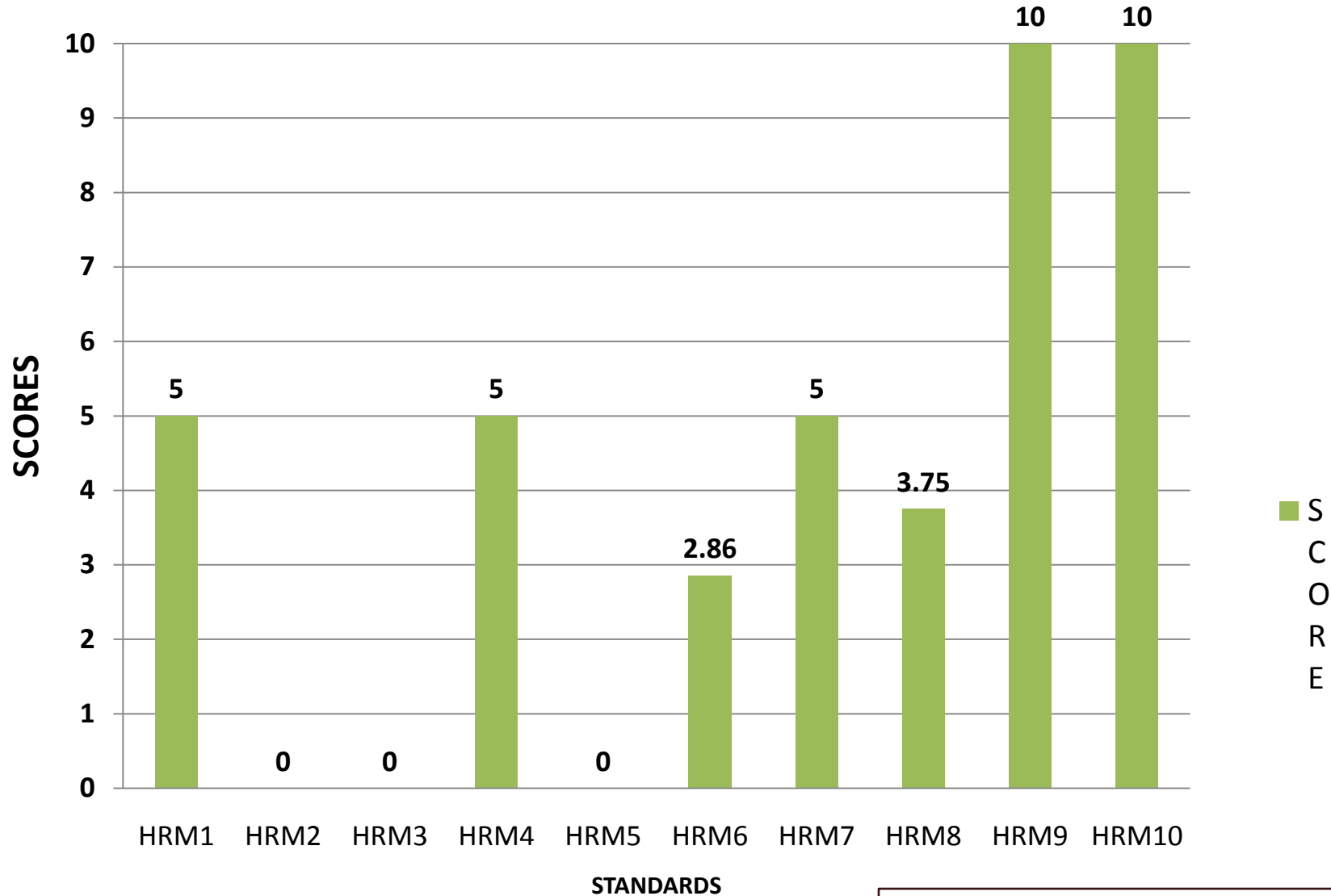


AVERAGE SCORES FOR FMS



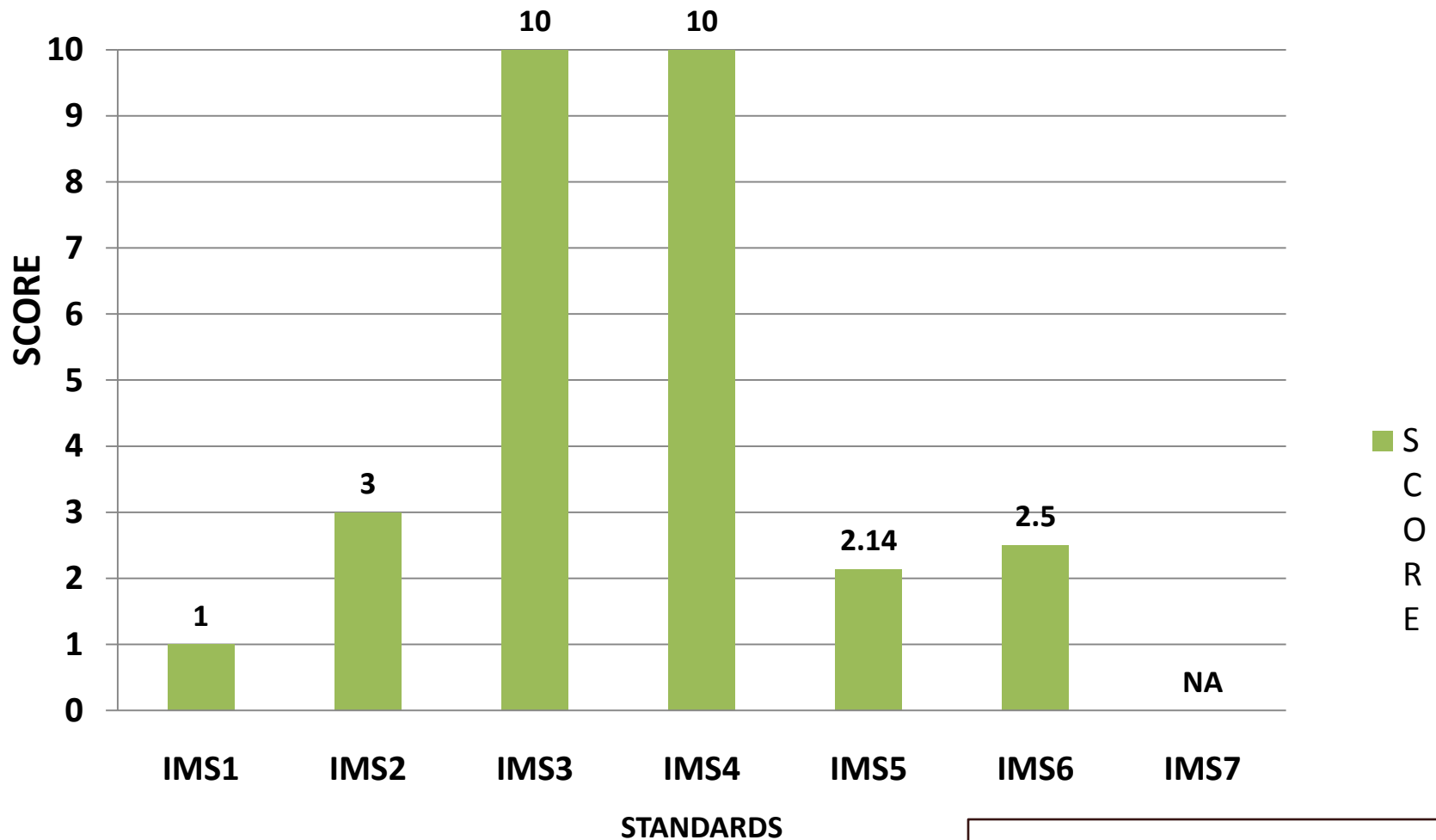
Chapter score – 5.77

AVERAGE SCORES FOR HRM



Chapter score – 4.16

AVERAGE SCORES FOR IMS



Chapter score – 4.09

Recommendations



**Essential
documentation –
apex , departmental
& safety manuals**



**Legal and
signage
related
partial
compliance
addressed**

**Staff
induction and
trainings
program**



CONCLUSION:

- With a well qualified leadership, it is not difficult for EHCC to achieve its goal of NABH accreditation. In about an approximate period of 6 months the hospital will be ready for its assessment.

Thank You