GAP ANALYSIS OF EHCC HOSPITAL AS PER THE NABH STANDARDS

By

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under the able guidance of
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Post Graduate Diploma in Hospital Management
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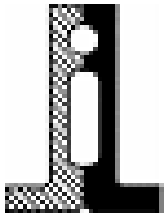
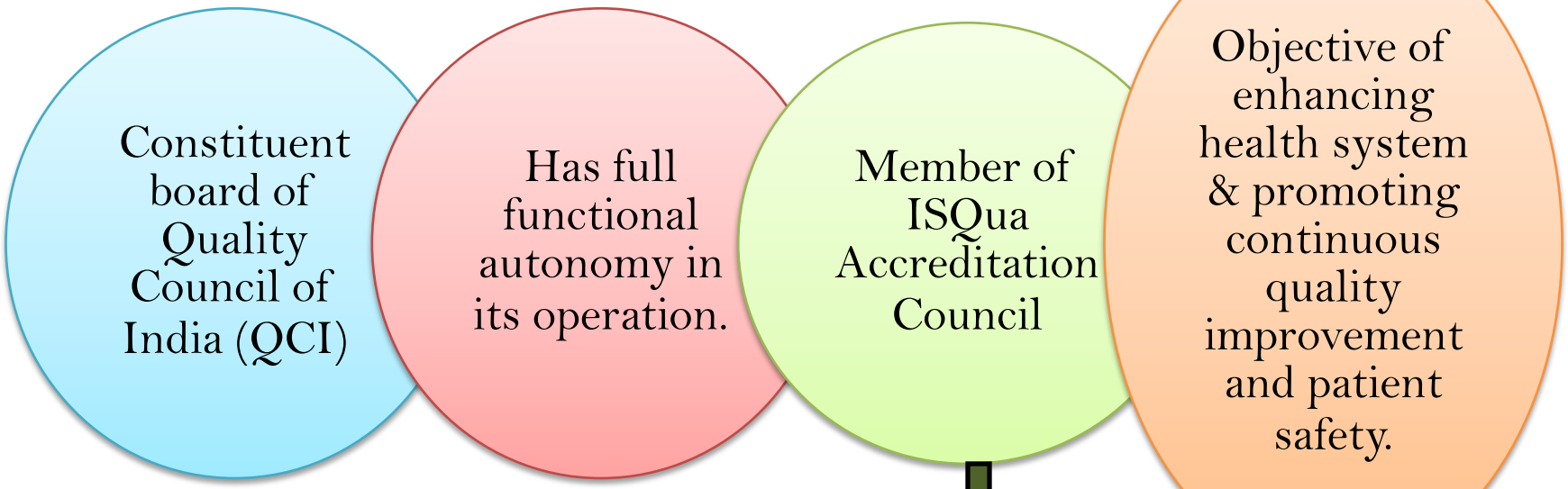


Institute of Health Management Research, Jaipur

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



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.

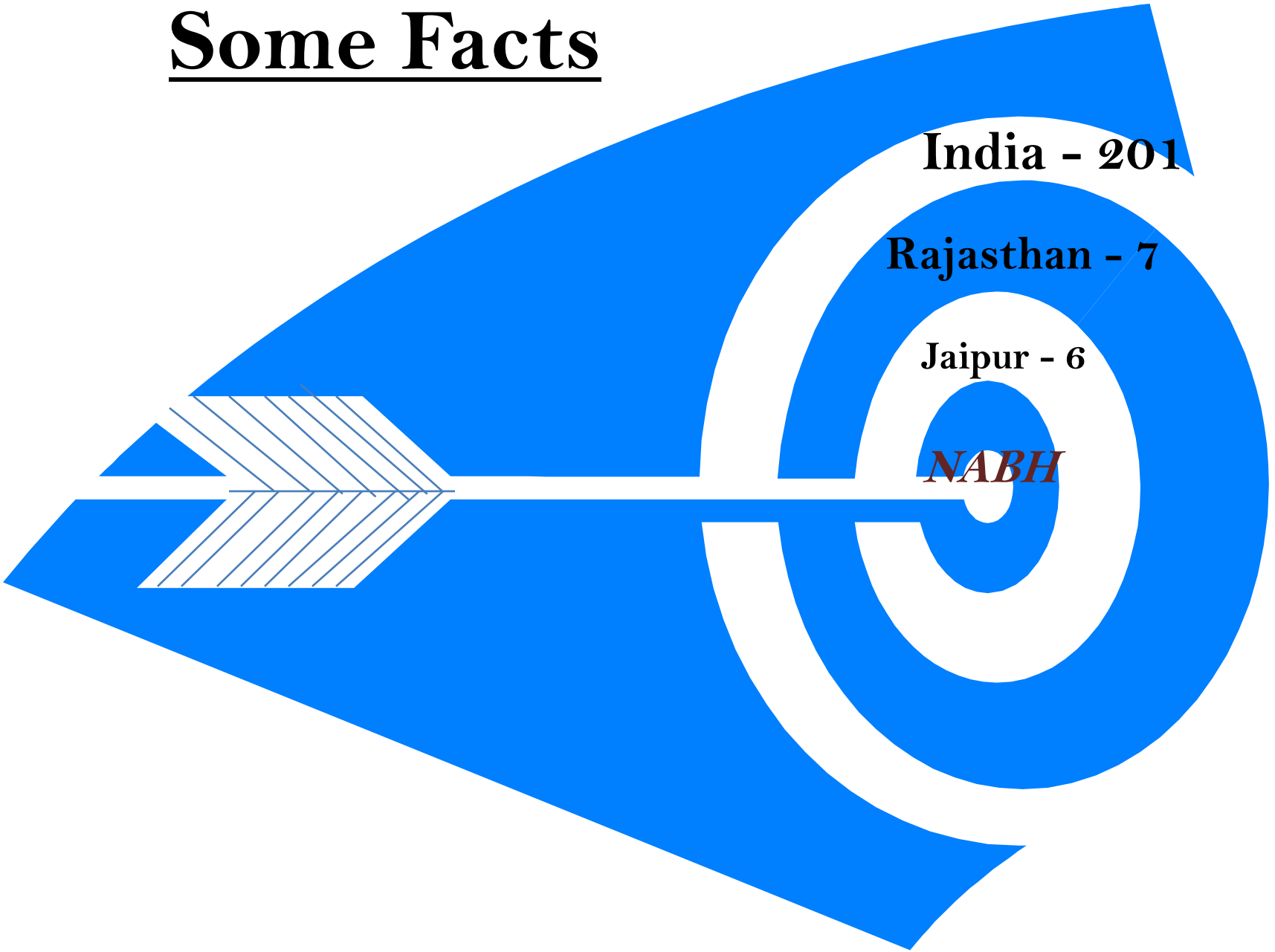
Benefits for Staff

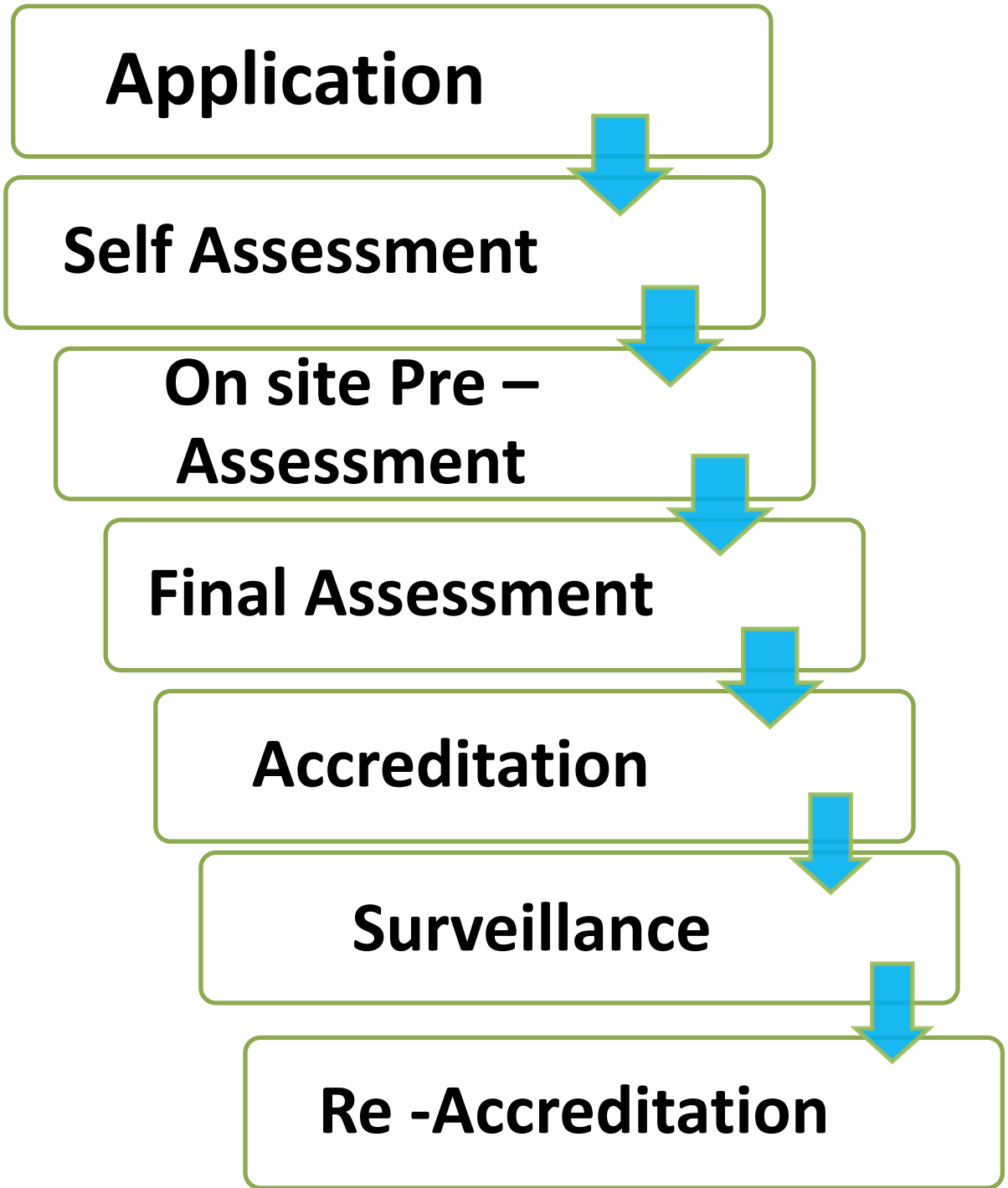
- Satisfied lot
- Overall professional development

Paying and Regulatory Bodies

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

Some Facts

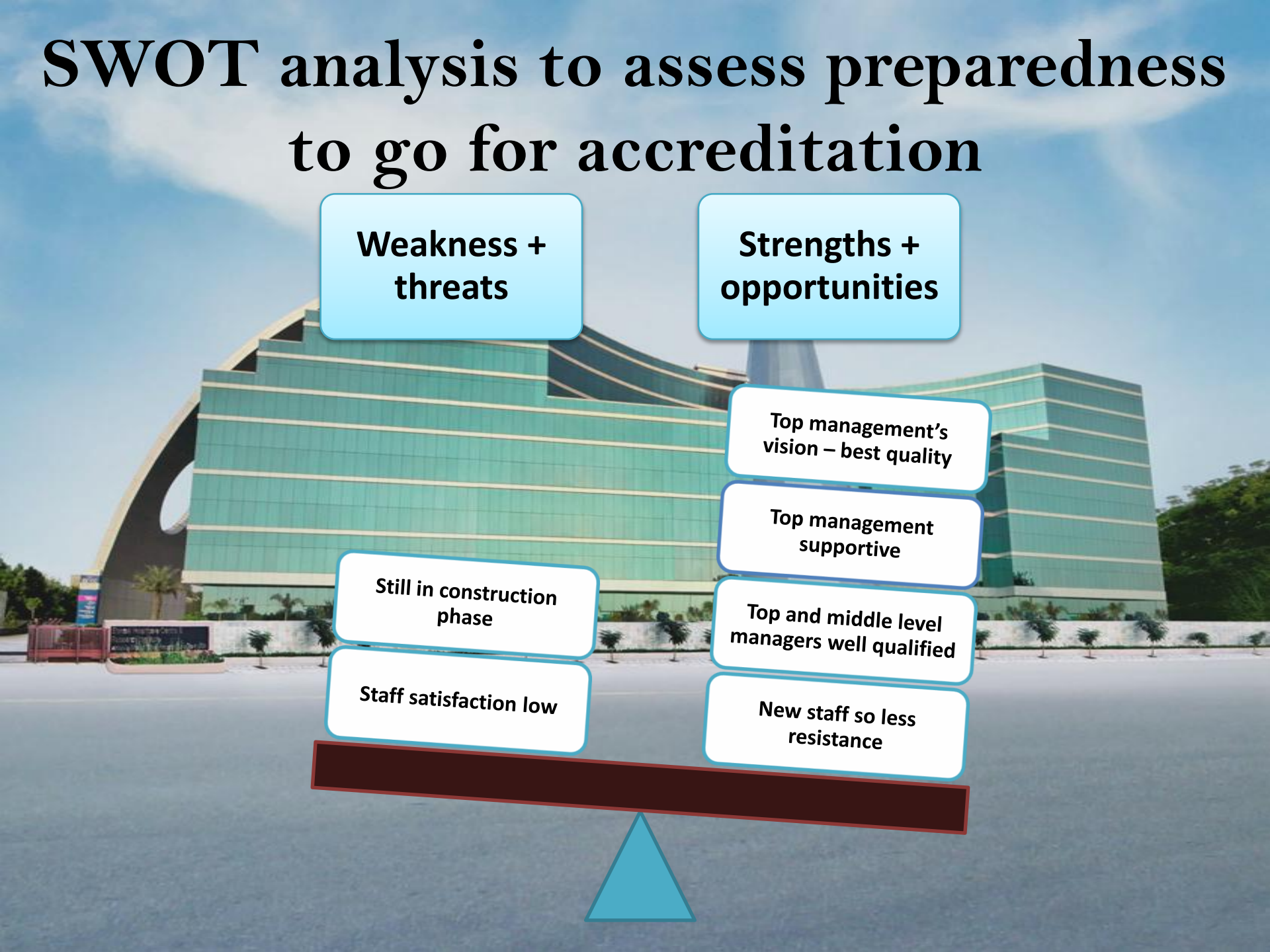



Application
Self Assessment
On site Pre – Assessment
Final Assessment
Accreditation
Surveillance
Re -Accreditation

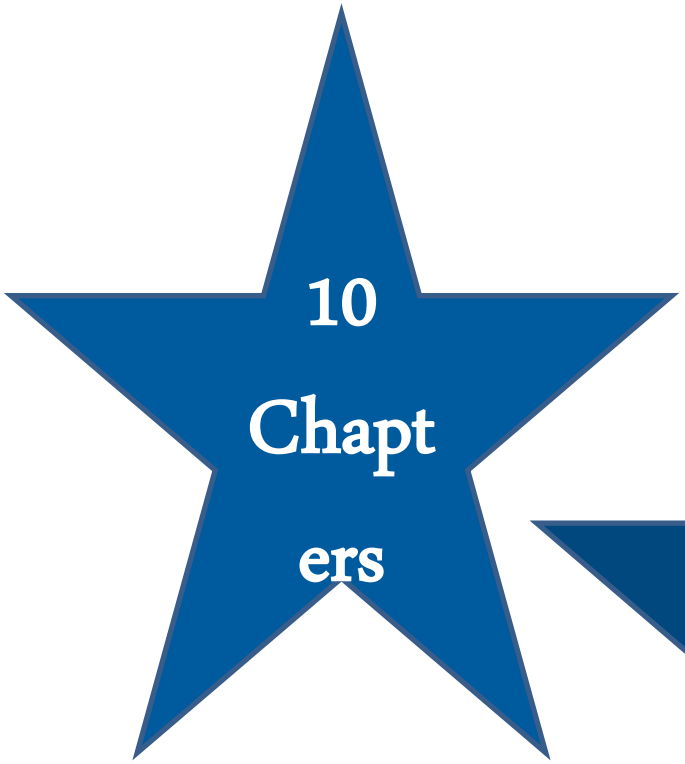
Objectives

- 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



NABH Standards



Patient Centered

	Stds	Obj. El.
Access, Assessment and Continuity of Care (AAC)	14	86
Care of Patients (COP)	20	136
Management of Medication (MOM)	13	73
Patient Rights & Education (PRE)	7	46
Hospital Infection Control	9	51

Hospital Centered

	Stds	Obj. El.
Continuous Quality Improvement (CQI)	8	57
Responsibilities of Management (ROM	6	38
Facility Management & Safety (FMS)	8	54
Human Resource Management (HRM)	10	52
Information Management System (IMS)	7	43

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.

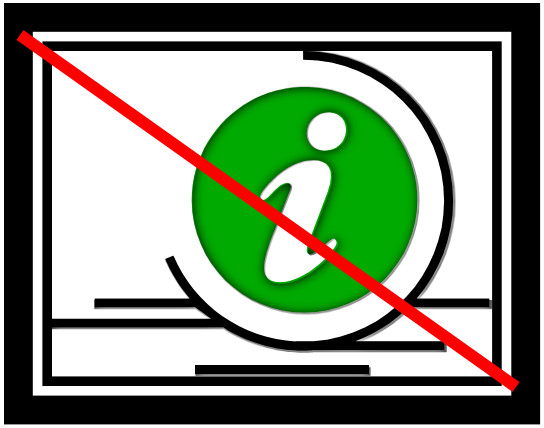
Scoring

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

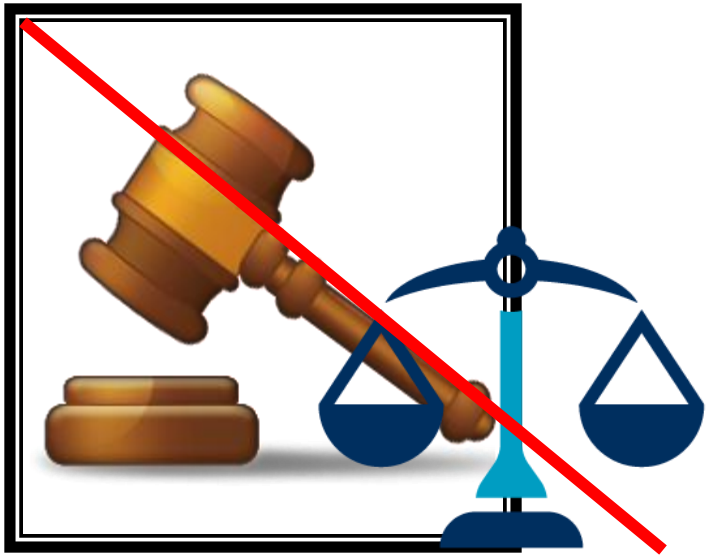
Evaluation

- 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

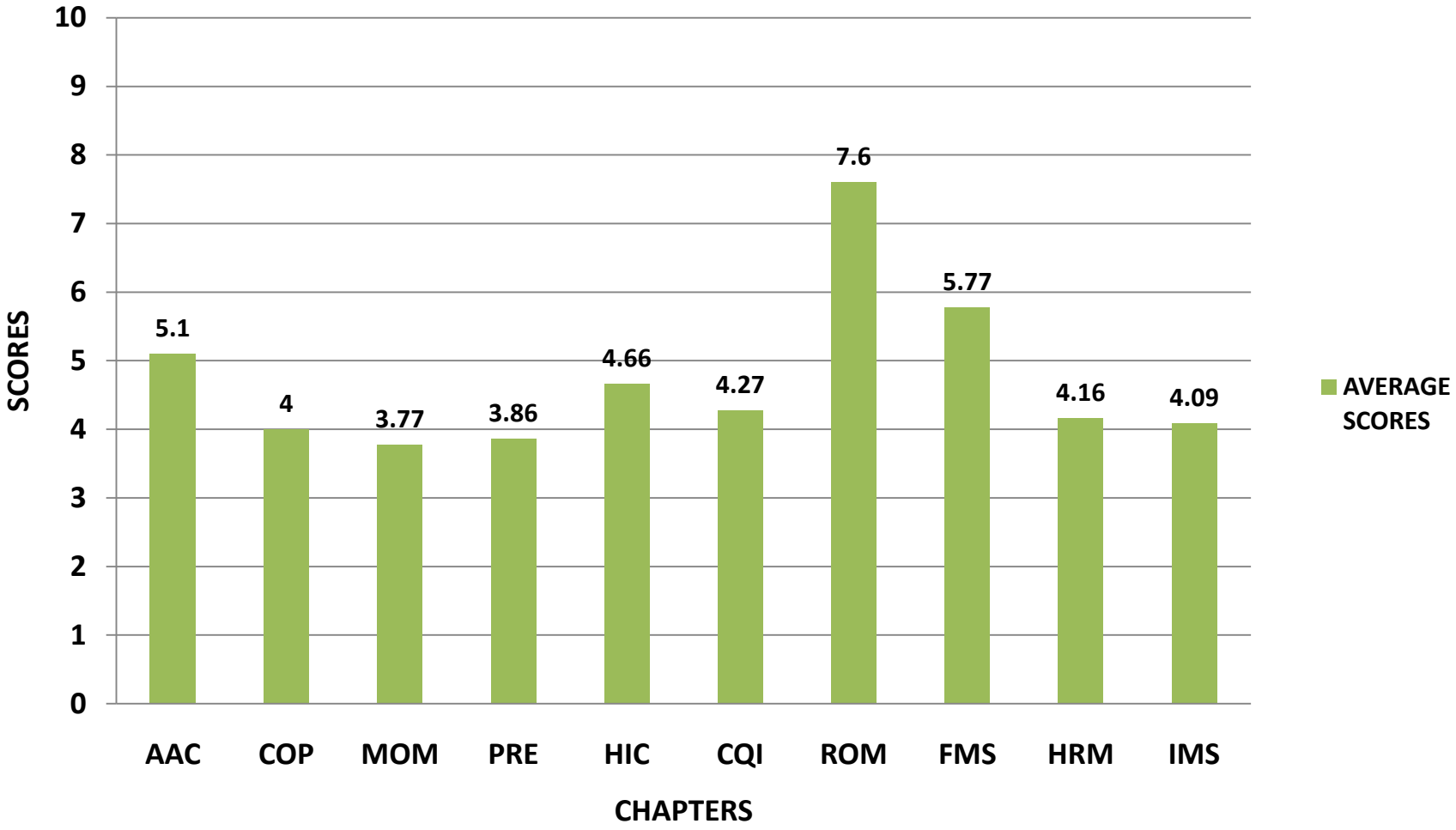
Results & Findings



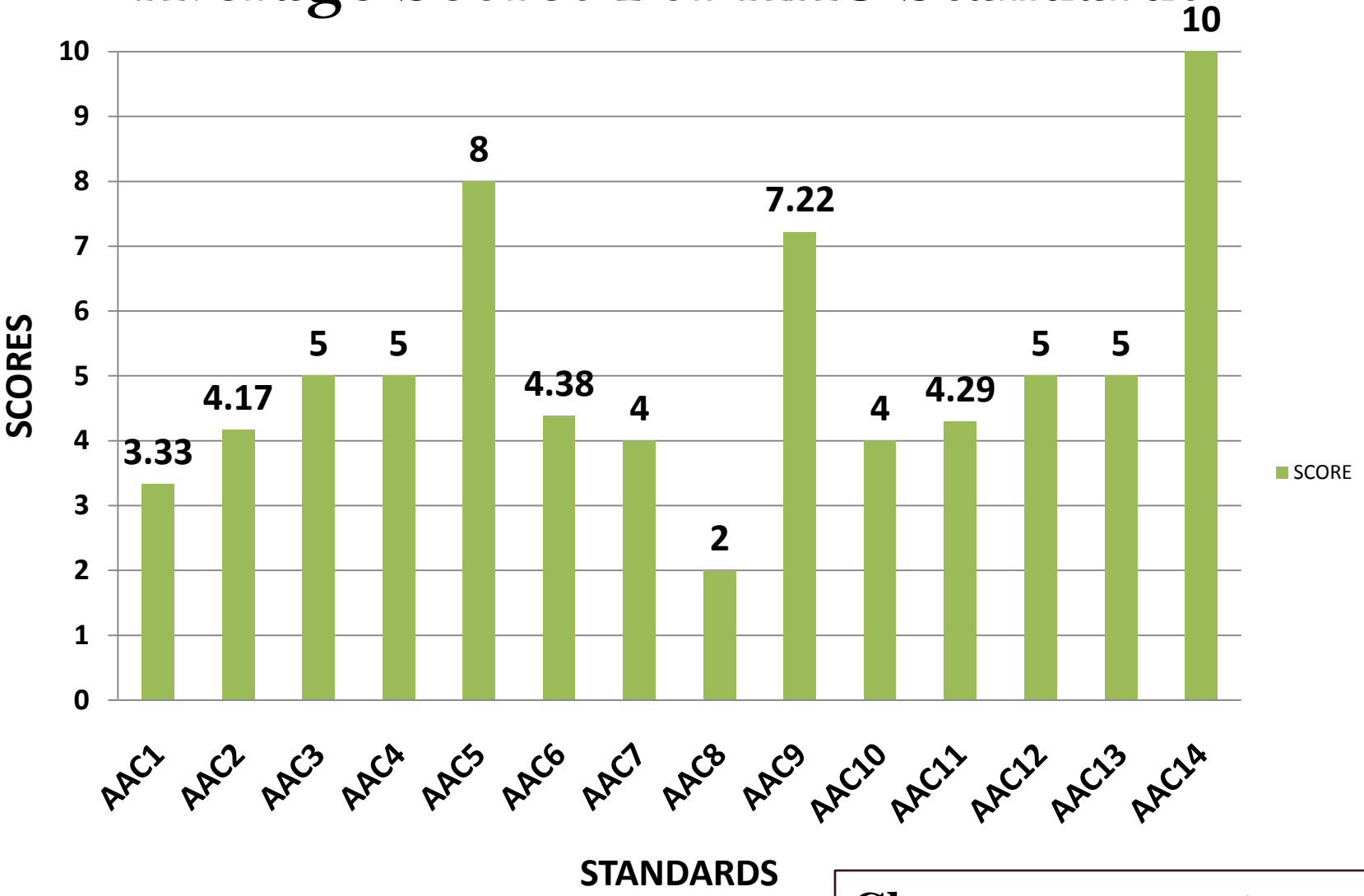
Partial compliance



Chapter wise Average Scores For NABH

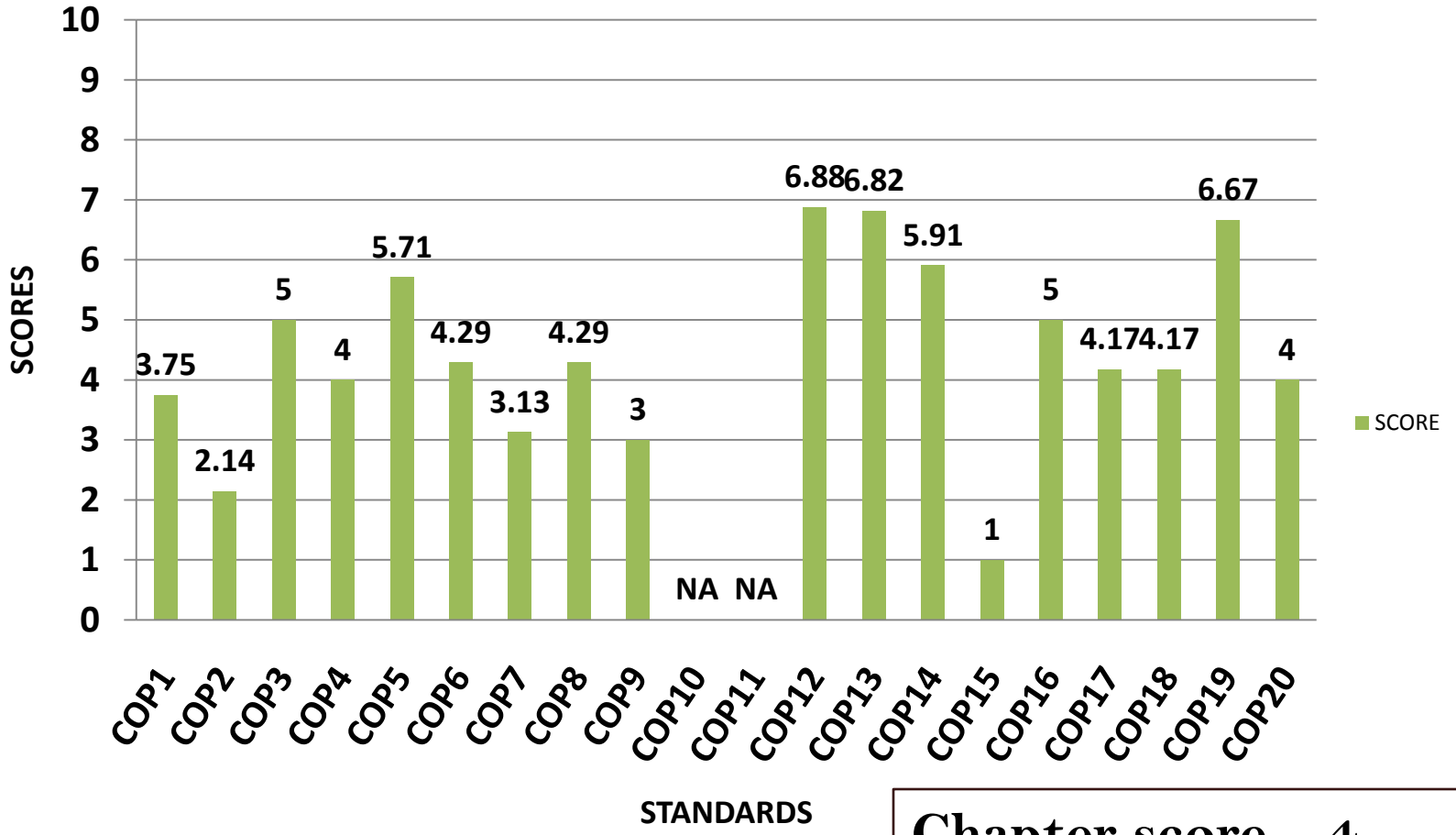


Average Scores For AAC Standards



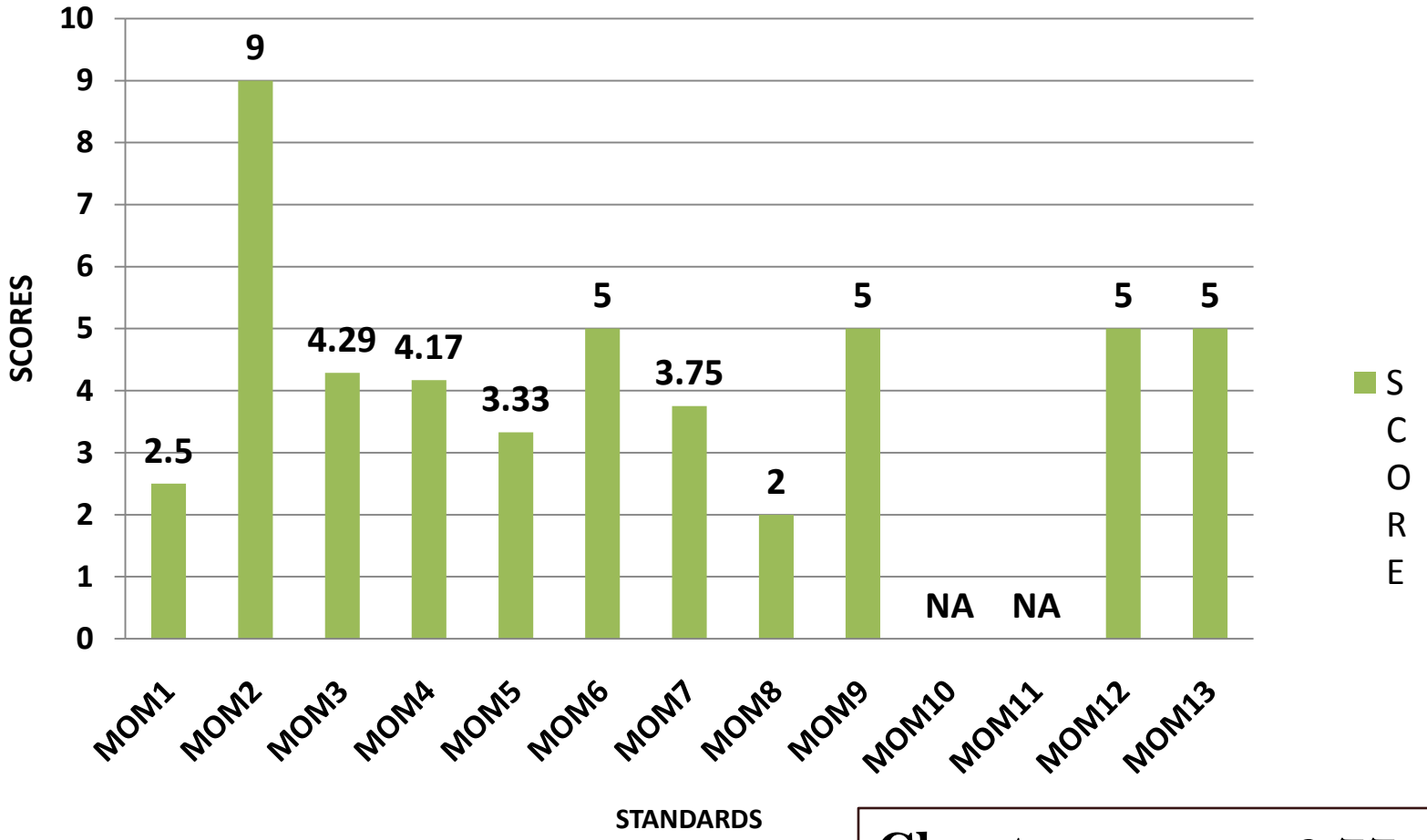
Chapter score – 5.1

Average Scores For COP Standards



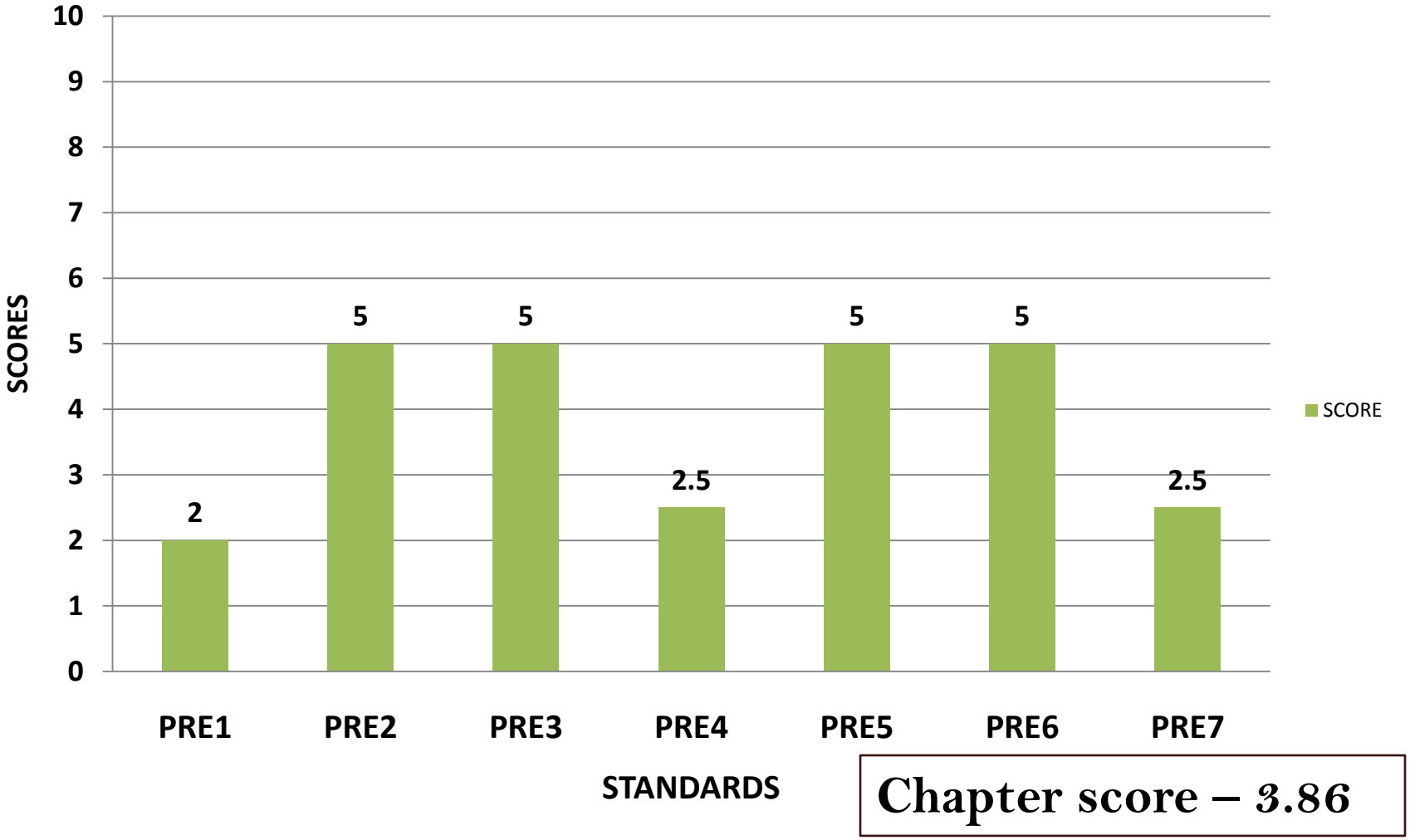
Chapter score – 4

AVERAGE SCORES FOR MOM STANDARDS



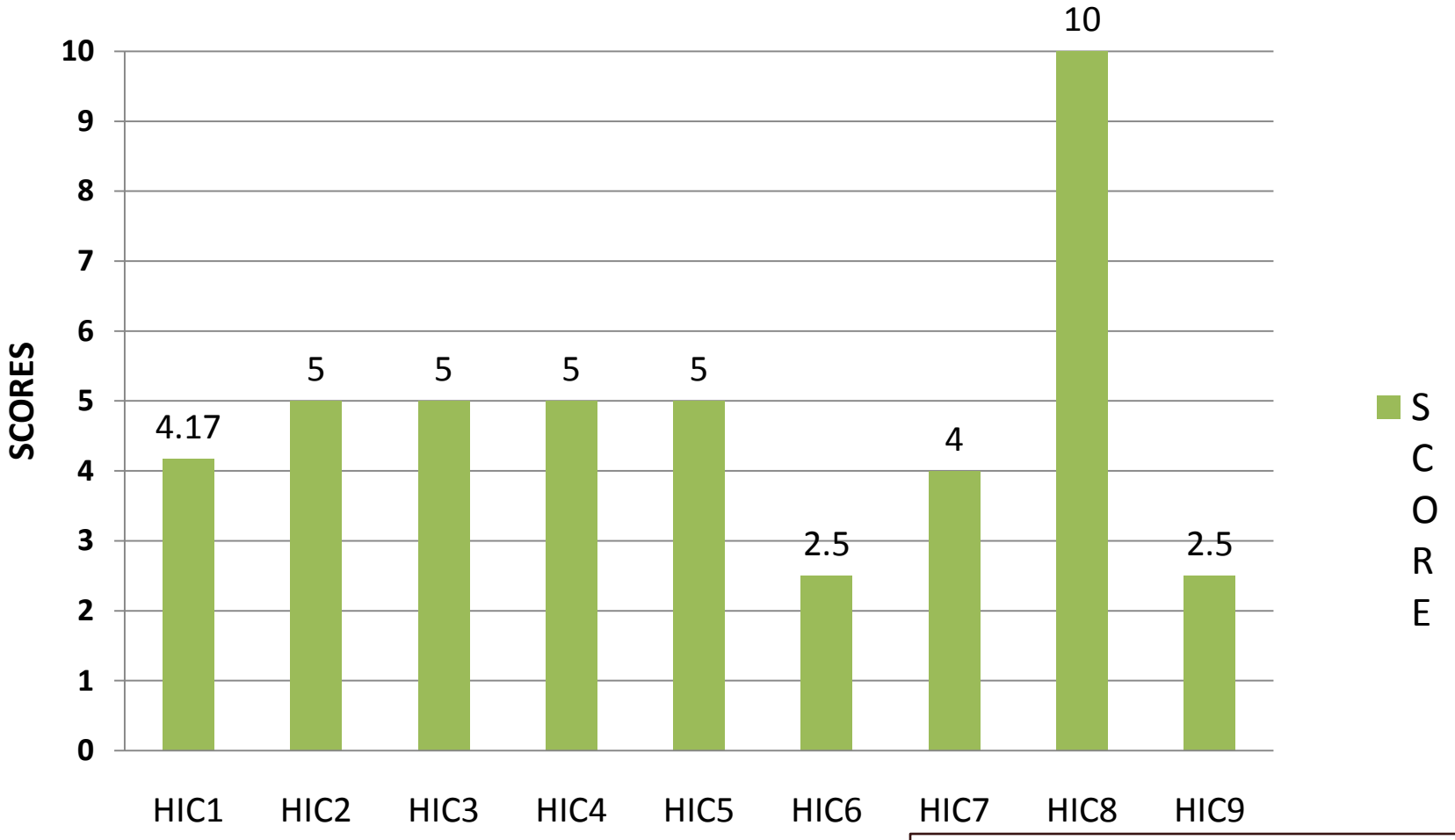
Chapter score – *3.77*

AVERAGE SCORES FOR PRE STANDARDS



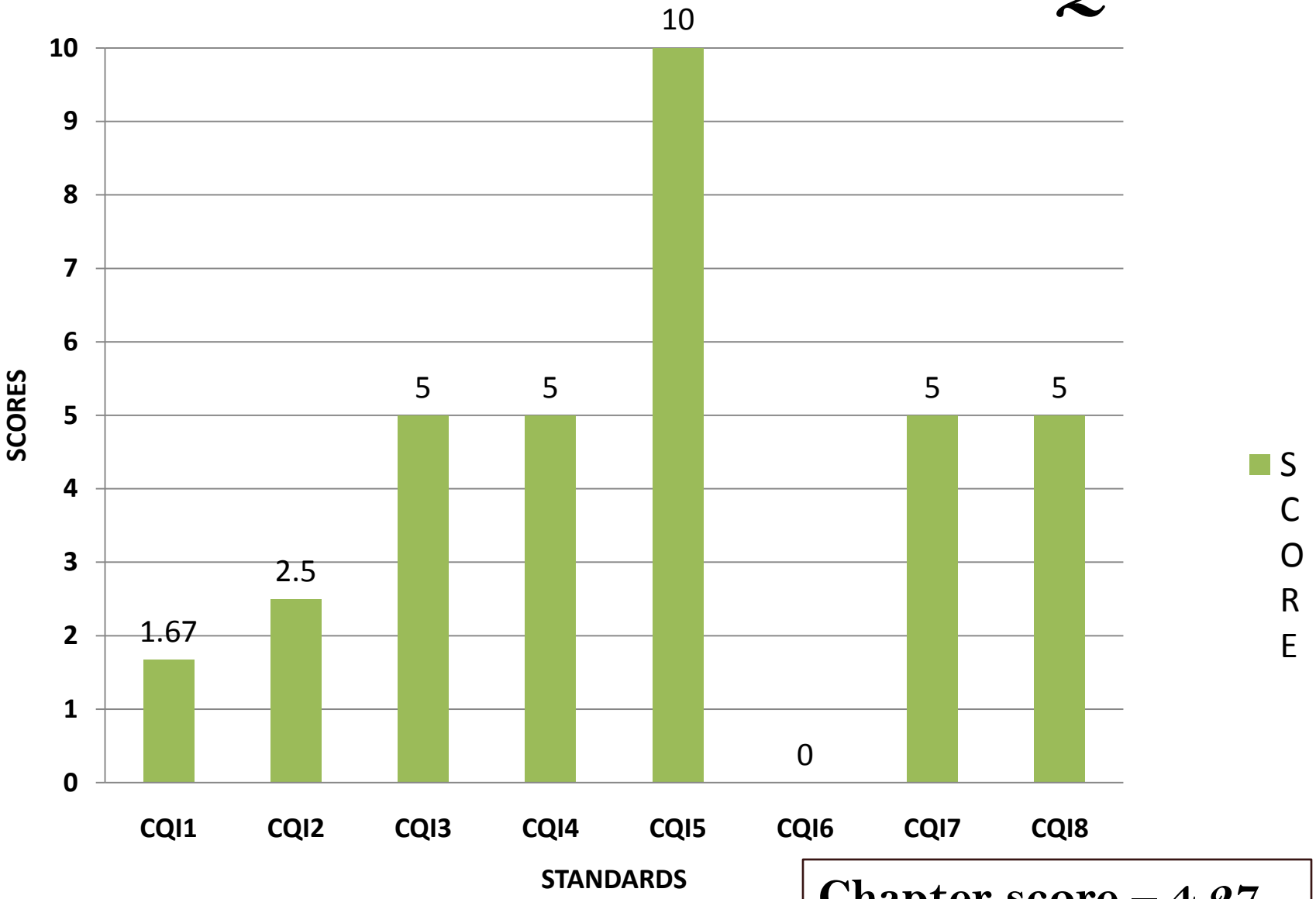
Chapter score – 3.86

AVERAGE SCORES FOR HIC STANDARDS



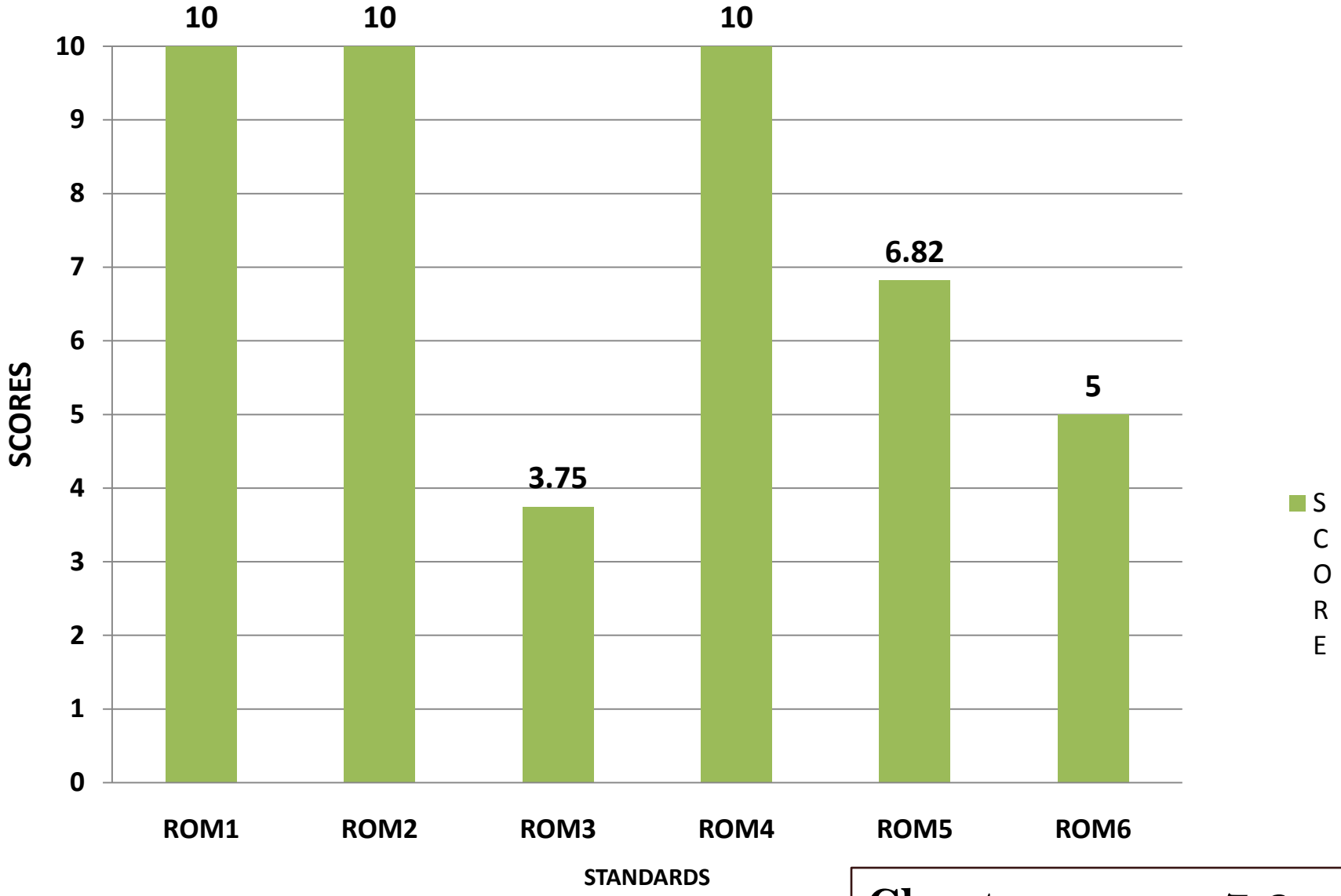
Chapter score – 4.66

AVERAGE SCORES FOR CQI



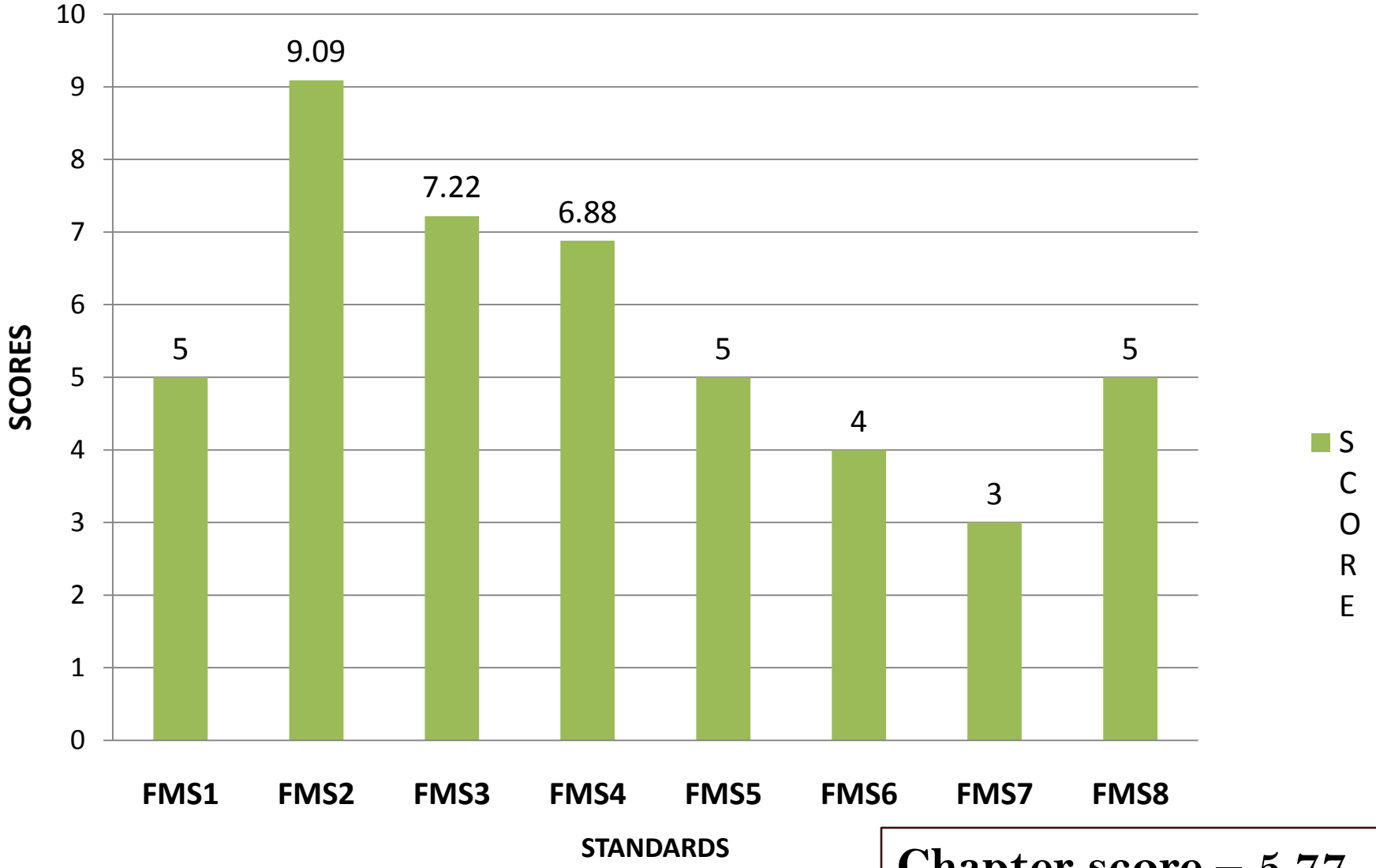
Chapter score – 4.27

AVERAGE SCORES FOR ROM



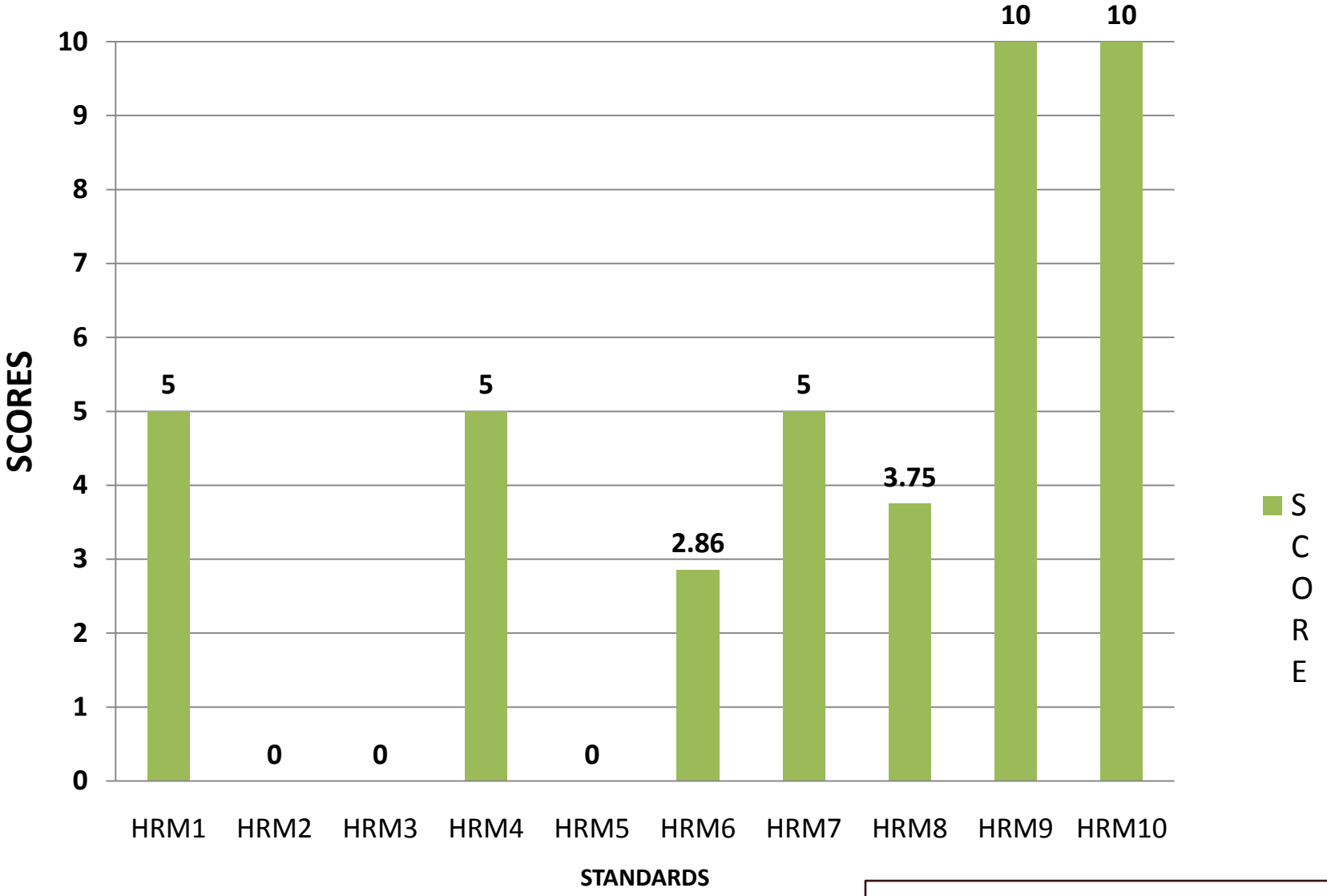
Chapter score – 7.6

AVERAGE SCORES FOR FMS



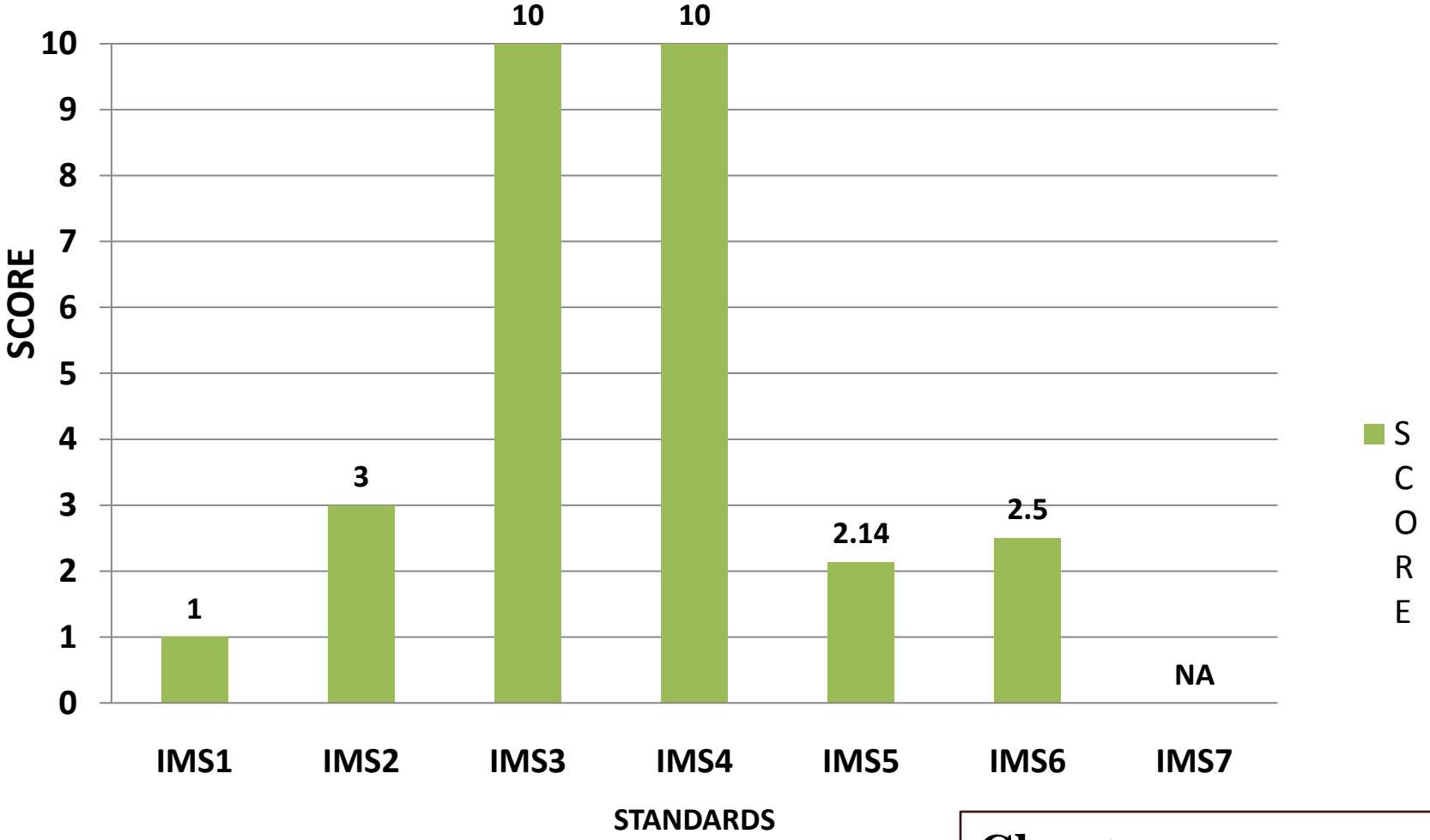
Chapter score – 5.77

AVERAGE SCORES FOR HRM



Chapter score – 4.16

AVERAGE SCORES FOR IMS



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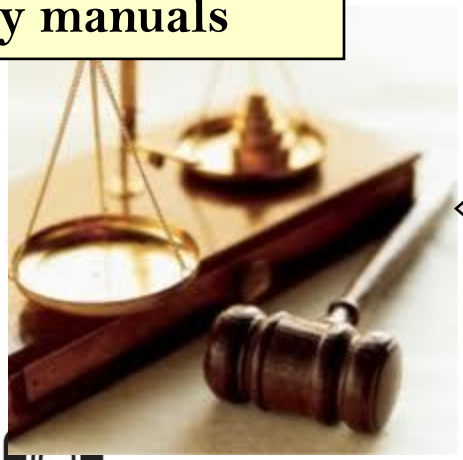
Recommendations

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