A STUDY TO ASSESS MAINTENANCE OF NABH STANDARDS IN A TERTIARY CARE TEACHING HOSPITAL IN JAMMU

Guided by :
Dr Kanika Jindal

Sumbitted by :
Dr Sarbpriay Jamwal

Introduction

What is NABH ?

- A constituent board of the Quality Council of India, the National Accreditation Board for Hospitals & Healthcare Providers (NABH) was established to create and manage an accreditation program for healthcare organizations. The board is designed to meet consumers' highly wanted needs and to provide benchmarks for the development of the health industry. The board enjoys full functional autonomy in its operations while receiving support from all stakeholders, including business, consumers, and the government.

QCI
Quality Council of India

PATIENT SAFETY & QUALITY OF CARE
NABH
ACCREDITED

Vision

- To be the apex national healthcare accreditation and quality improvement body, functioning at par with global benchmarks.

Mission

- To operate accreditation and allied programs in collaboration with stakeholders focusing on patient safety and quality of healthcare based upon national/international standards, through process of self and external evaluation.

Values

- **Credibility:** Provide credible and value addition services
- **Responsiveness:** Willingness to listen and continuously improving service
- **Transparency:** Openness in communication and freedom of information to its stakeholders
- **Innovation:** Incorporating change, creativity, continuous learning and new ideas to improve the services being provided

NABH Standards for Hospitals

- The NABH 5th edition has 10 chapters, 651 Objectives elements, of which 102 are in the core category and must be evaluated as part of each assessment, 459 are in the commitment category and will be evaluated as part of the final assessment, 60 are in the achievement category, and 30 are in the excellence category.

Patient Centered Standards

- Access, Assessment and Continuity of Care (AAC).
- Care of Patients (COP).
- Management of Medication (MOM).
- Patient Rights and Education (PRE).
- Hospital Infection Control (HIC).

Organization Centered Standards

- Continuous Quality Improvement (CQI).
- Responsibility of Management (ROM).
- Facility Management and Safety (FMS).
- Human Resource Management (HRM).
- Information Management System (IMS).

Why Maintenance Of Standards Important ?

- The post-certification era is particularly important because the organization should not let the goals it worked so hard to achieve during the accreditation process be in vain.
- Following the creation of the fundamental structure, the completion of functions, and optimization of activities, the culture of the company should embrace ongoing quality improvement.
- The quality of treatment will decline and the license may be revoked by the certification body if the standards are not upheld as they were at the time of accreditation.
- Accreditation alone is insufficient for upholding standards at all times after accreditation; additional efforts are required.

DEVELOPMENT
IS
MAINTENANCE

Rationale

- The study will help the hospital to understand the importance of maintenance of the standards.
- The study will help in understanding the existing gaps as per the standards.
- Analysing the gap will help understand the steps to be taken to comply with standards.
- Study will help in understanding the gaps in Organization level as wellas in patient care.
- Study also suggests recommendations for streamlining the processes.

Aim & Objectives

Aim

- To assess the maintenance of NABH standards in a Tertiary Care NABH Accredited Teaching Hospital at Jammu

Objectives

- To perform a gap analysis in quality compliance using the NABH assessment tool kit.
- Toassess the maintenance of NABH standards by the hospital.

Methodology

Area where study was conducted

- The live project was conducted in 230 beded Shri MataVaishno Devi NarayanaSuperspeciality Hospital

Study Design

- Descriptive statistical analysiswas carried out.

Study Duration

- Study duration was three months. Data was collected for three months and then in the mont June, data was analyze.

Study Tool

- Self-Assessment Audit tool kit (Checklist will be prepared according to the 10 chapters of the NABH 5th Edition). The entries are all correctly completed. The following factors would be relevant for scoring (given in table).

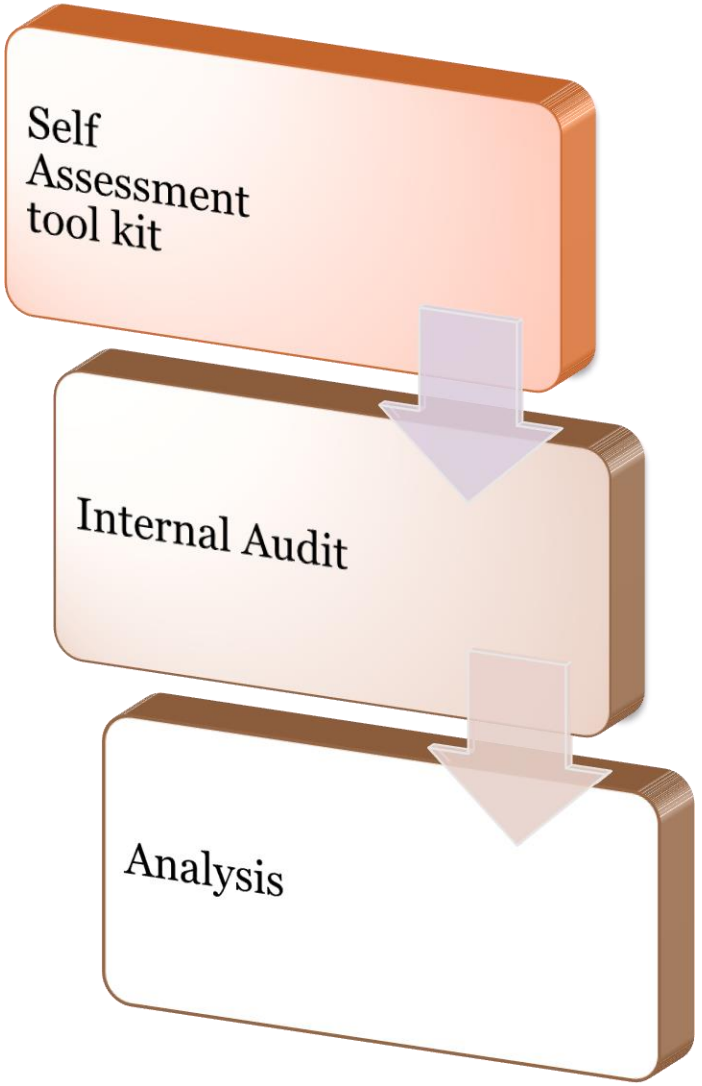

SELF ASSESSMENT TOOLKIT

Chapter 1: ACCESS, ASSESSMENT AND CONTINUITY OF CARE (AAC)				
AAC.1 The organisation defines and displays the healthcare services that it provides.				
	a			
	b			
	c			
	d			
AAC.2 The organisation has a well-defined registration and admission process.				
	a			
	b			
	c			
	d			
	e			
	f			

Criteria	SCORE
Compliance	10
Partial Compliance	5
Non Compliance	0

Mode of Data Collection

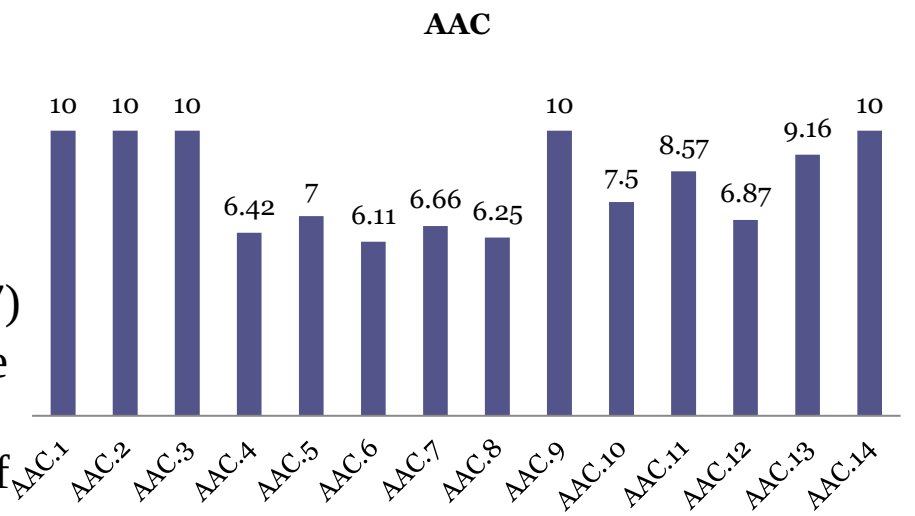
- It was conducted in four phases.
- Phase 1-The NABH 5th edition self-assessment tool kit was examined and understood.
- Phase 2- the Audits were conducted according to the areas in the Hospital (Intensive Care Unit, Out Patient Department, Emergency Department, In-Patient Department, Operation Theatres, and Support Service Areas - Labs & Blood Bank, Radio-diagnostics, Physiotherapy, CSSD, Laundry, Kitchen & Medical Record Department).
- Phase3-Then gap analysis was performed to check the gaps, non-compliances. Scoring was done as per the study tool discussed .
- Internal Audit was carried out by the researcher and the quality department. It was the source of Secondary data



Results (major findings)

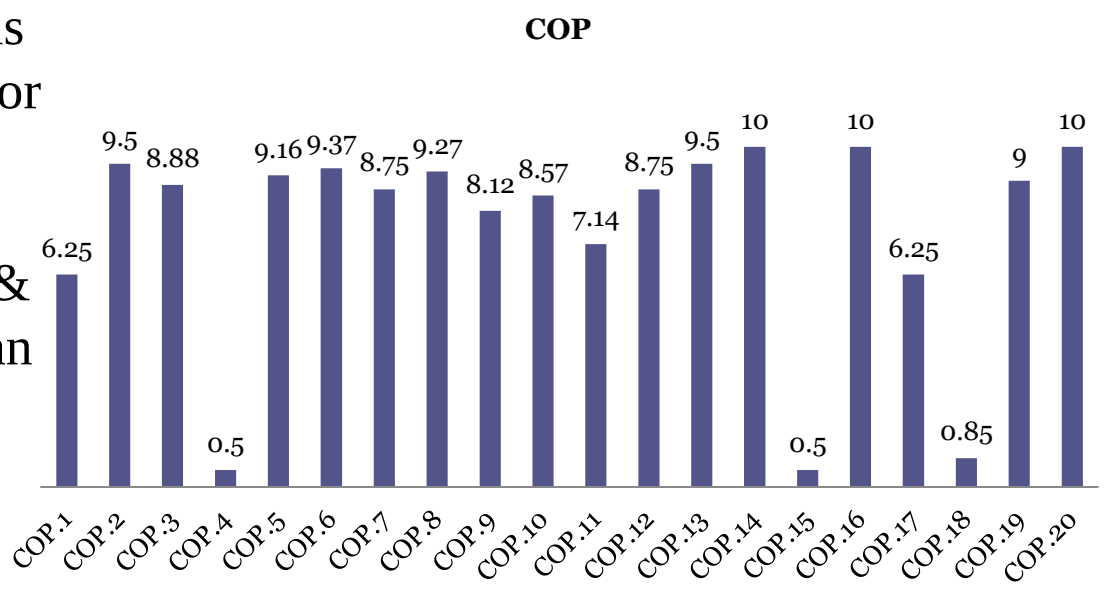
- The care plan is countersigned by the clinician-in-charge of the patient within 24 hours (4)
- The organization lays down guidelines and implements processes to identify early warning signs of change or deterioration in clinical conditions for initiating prompt intervention.
- No policy regarding disposal of specimen, reports recall & critical result reporting to patient.(6)
- No policy regarding quality of test results.(7)
- Lack of awareness in lab staff related to safe practices. (8)
- Lack of peer review and clinical meetings of diagnostic department.(10)
- The organization lacks a mechanism in place to monitor whether adequate clinical intervention has taken place in response to a critical value alert.(12)

ACCESS, ASSESS & CONTINUITY OF CARE



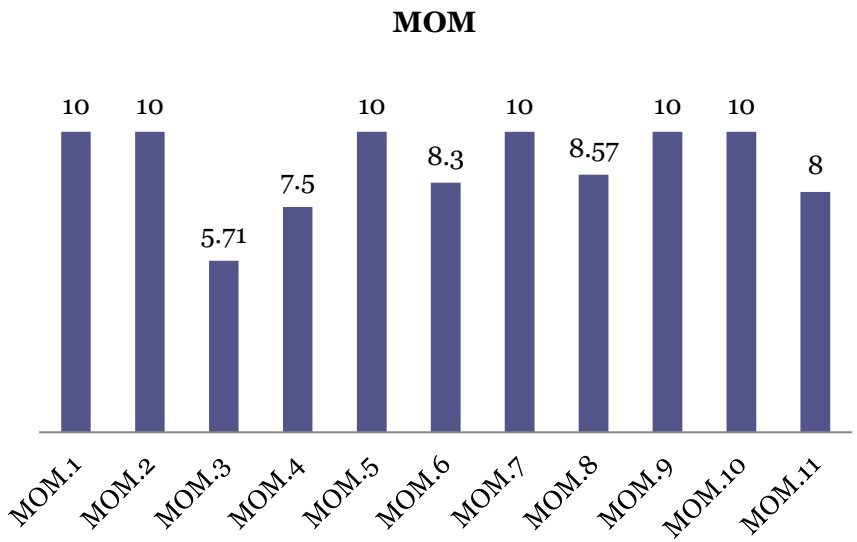
- Clinical care pathways were not in place.(1)
- Telemedicine facility is not provided
- Low scoring chapters like CH4- there was no organization plans and implements mechanisms for the care of patients during community emergencies, epidemics and other disasters & CH15 were due to lack of organ transplant program
- Others include lack of policy related to prevention of events like child abuse/abduction .(11)
- Lack of consistency in patient pain management.(17)

Care of Patients



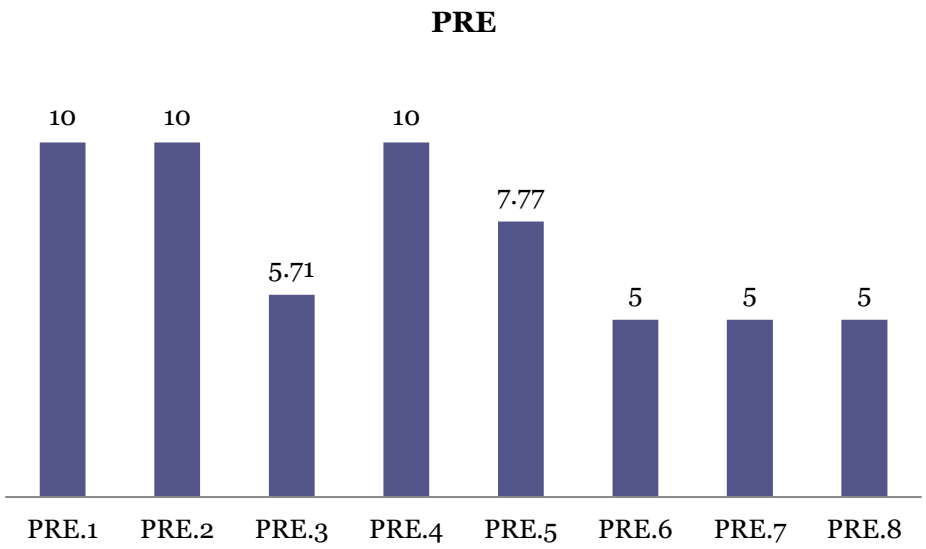
- High-risk medications including look-alike, sound-alike medications and different concentrations of the same medication were not stored physically apart from each other. (3)
- Medication prescription in consonance with good practices/guidelines for the rational prescription of medications, policy was not in place .(4)
- No policy for handling near-expiry medications effectively. (6)

MANAGEMENT OF MEDICATIONS

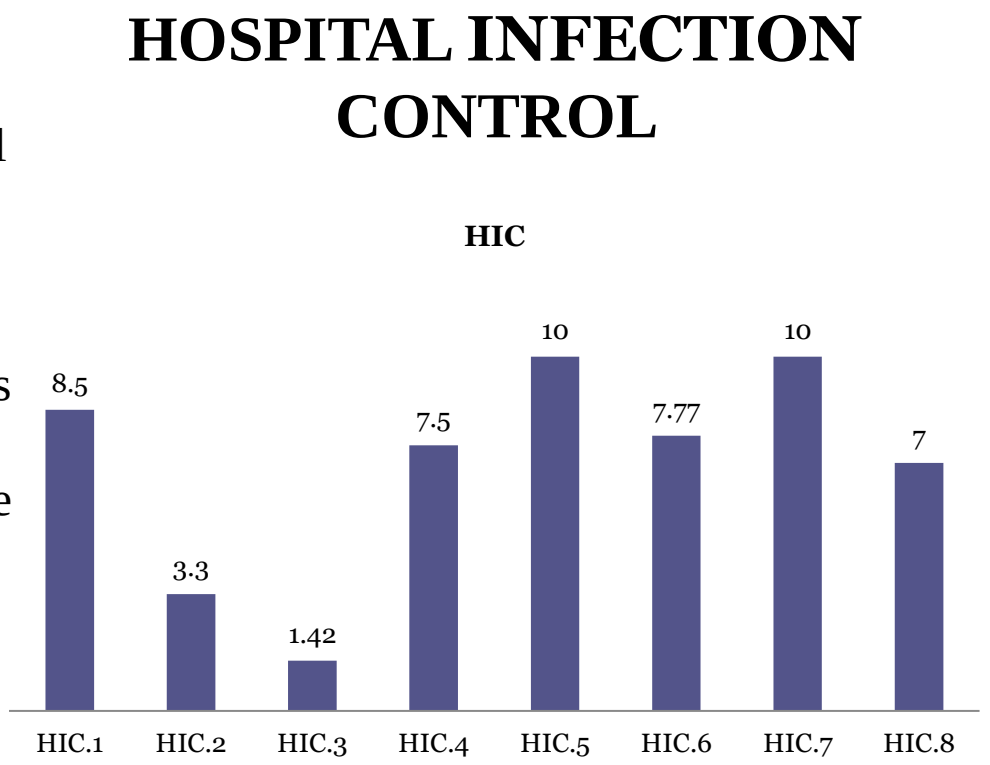


- Partial Compliance in the patient and/or family members are educated to make informed decisions and are involved in the care planning and delivery process. Information was gathered from medical records.
- Patients and families right to information on expected costs, was not always prioritized.(6)
- The organization mechanism to capture patient's feedback and to redress complaints was poorly managed.(7)
- Organization lack effective communications with patients.

PATIENT RIGHTS AND EDUCATION

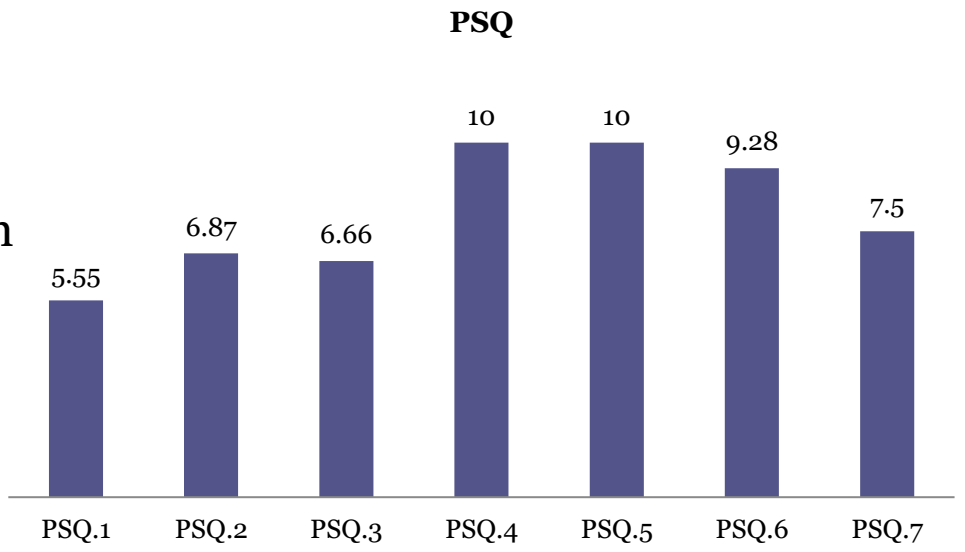


- As the observations indicate the least score was found in the HIC and the score was 6.92.
- The organization didn't develop any program for community education, information sharing, or infection control activities, and no suitable hand sanitizers were available in any patient care locations. This was the main cause.
- Also, isolation / barrier nursing facilities were not available in wards. There was no gauze present for monitoring positive and negative pressure in dialysis ward.
- The organization also lacks with the policy of hospital infection control for e.g. the hospital follows industry standards and procedures at all times, including hand hygiene recommendations and transmission-based safety measures



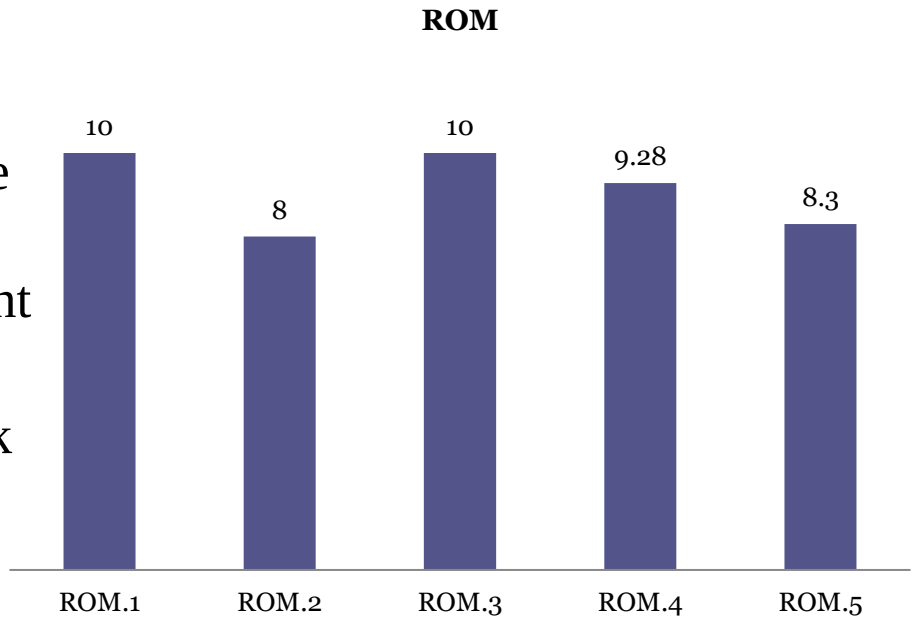
- The reason behind low score was that the organization does not perform proactive analysis of patient risks and improvements accordingly.
- In PSQ.2 score of 6.87 is due to lack in policies related to quality improvement programme & partial compliance in efficiency of quality improvement programme.
- In PSQ.3 partial compliance was seen in continual improvement process of organization.
- In PQS.6 score of 9.28 is due to partial involvement of departemental leaders in quality improvement.
- In PQS7 there was partial compliance in incident collection and analysis to ensure continual quality improvement

PATIENT SAFETY AND QUALITY IMPROVEMENT



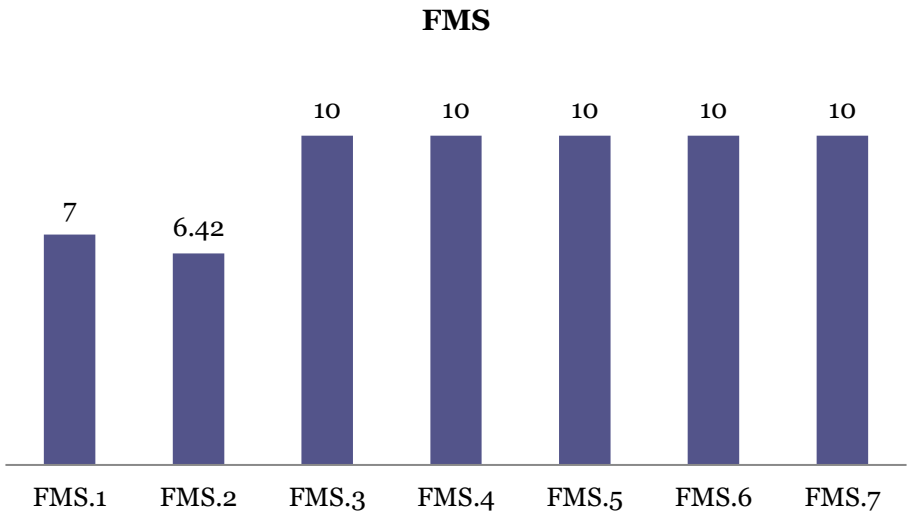
Responsibility of Management

- The reason for low score was that the policy regarding leaders establishes the organization's ethical management framework was not seen.(2)
- there was no policy related to the risk management across the organization.(5)



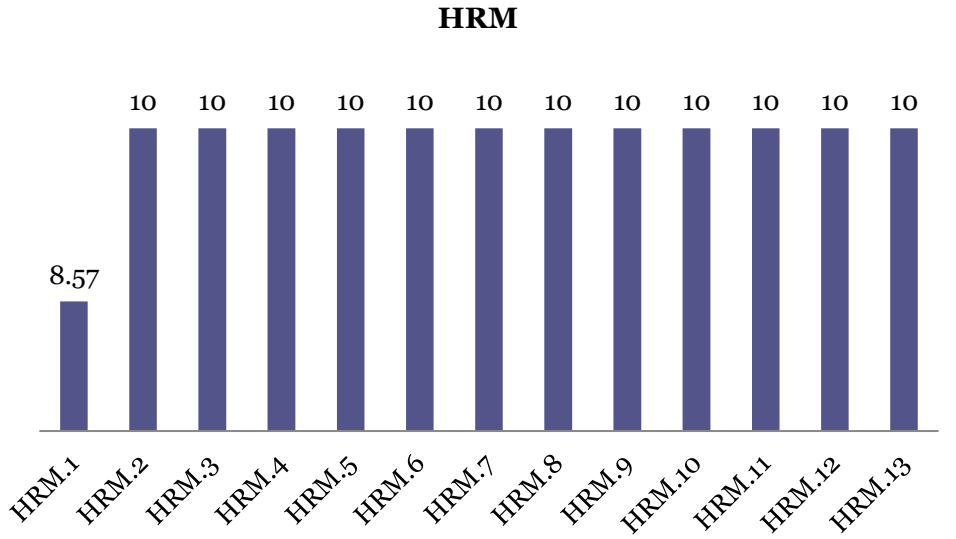
Facility Management System

Inspections were not periodic according to NABH(1)
Also no means pportable water and electricity available round the clock.(2)



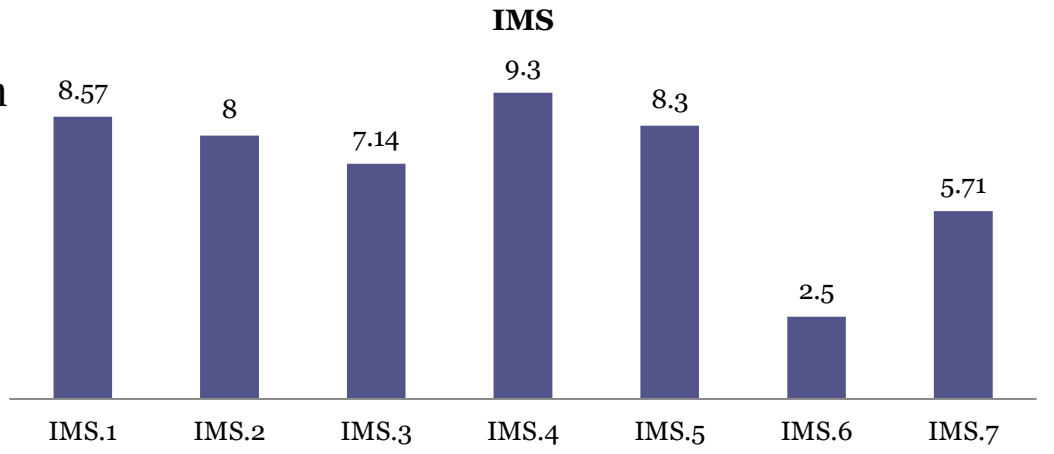
Human Resource Management

Lacks Job specification and description while hiring.(1)

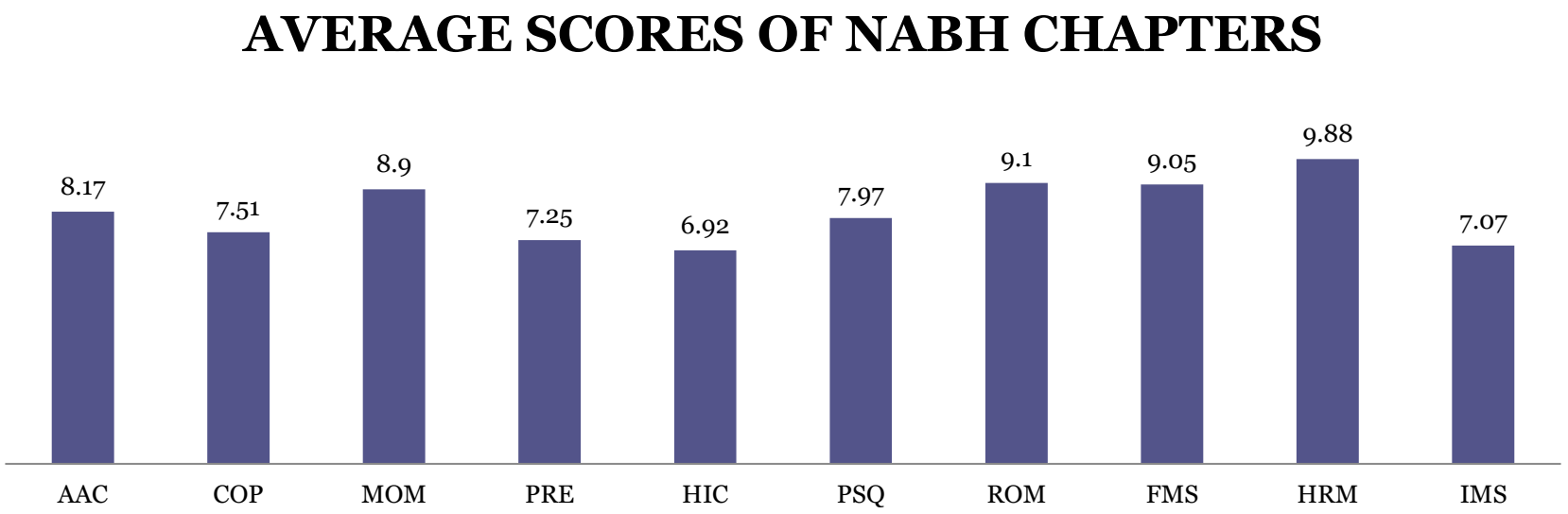


Information Management System

- patient, vistor, staff, management external agencies and community.
- In IMS.3 the non compliance was related to entry in medical record.
- In IMS.5 there wa non compliance related to lack of policy related to acess of medical record information by other public agencies.
- The least score was 2.5 of IMS.6. There was no policy regarding document control clinical records, data and information etc.
- In IMS7 score of 7.07 due to non compliance seen in medical records review system



RESULTS



- The hospital has demonstrated the highest level of compliance with NABH Chapters 8 and 9 on Facility Management and Safety & Human Resource Management (highest) respectively. The lowest compliance rate was seen in chapter 5 (Hospital Infection Control)

Recommendations

- One of the most prevalent findings for the majority of the department was staff training. The interviewees' employees had no knowledge of the emergency codes, vision, mission, or hand hygiene protocol, for example. The workers must receive training on how to flee in an emergency and find the nearest fire exit.
- The chemical spill kit to be maintained properly in housekeeping department.
- Cleaning checklist of housekeeping department need to be filled properly with sign, date and time.
- Training to staff should be provided for proper handling of hazardous material.
- Policies needed to be updated again. Training should be provided to the staff regarding policies.
- All nursing directors have been told to enforce the practise of the nursing staff maintaining their files in appropriate locations to prevent clutter.
- Proper training to be provided to medical officers for proper documentation of records of patient. Many deficiencies were seen in patient files.
- Documentation of pharmacy should be checked again how they communicate medication shortage including stock out.

- Nursing barrier rooms need proper check. No gauze was there to monitor positive or negative pressure in dialyses ward.
- A daily inventory of the drugs and equipment for the ambulance should be kept and checked.
- Critical alert results should be announced with specifics to prevent any misunderstandings with various departments.
- Audits to be strengthened and real time correction to be done. In IPD first floor medical officers needs to be trained for completely filling the handover registers.
- In IPD third floor, supervisors round to be improved for checking the biomedical waste bins which were not appropriately colour coded.
- Proper training should be provided to nursing staff about updated version of forms.
- Medical record department needs special attention. The process of MRD needs to be checked by proper qualified personnel according to NABH requirements.
- Nursing training matrix should be removed from emergency departments and latest updated version should be kept.
- LASA and high alert drugs should be separately placed in emergency department
- Staff should be instructed to take consents properly, completely by patients after awaking them about alternatives and complication of procedure

Conclusion

- The aim of the study was to assess the maintenance of NABH standards in a Tertiary Care NABH Accredited Teaching Hospital in Jammu. Gaps were observed during the project as per NABH guidelines but these gaps can be removed by little effort of management and employees.

- The gap analysis has revealed some non compliance as per NABH Standards which need to be addressed. As per the scheduled plan of action it is recommended that the hospital will attempt to fill the identified gaps.

- The Operations, Quality and Departmental Heads must ensure that they are familiar with the NABH & Hospital Medical Quality standards and the same should be thoroughly implemented.

- To conclude, the actions to be taken for compliance with accreditation standards of NABH are likely to impact the delivery of public health services positively, ensuring quality services, efficient outcomes with economy, risk management with patients, staff, and visitors safety, and above all equity in healthcare services for the citizens


Thank
you !!!
...