STUDY THE IMPORTANCE OF NABH AUDIT AND COMPLIANCE IN A 45-BEDDED HOSPITAL, PUNJABI BAGH, NEW DELHI

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

Garima Jain

Under the Supervision and Guidance of

Dr Arindam Das

2024

CK BIRLA
HOSPITAL

CKBH/TC/2024/09

June 25, 2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Ms. Carima Jain has successfully completed her training from March 19, 2024, to June 10, 2024, in Medical Services department of CK Birla Healthcare, Delhi Unit.

During the period of her training with us, her performance was good and she was found punctual, hardworking, and inquisitive. She was present every day during her training in Gurgaon unit.

Any information used to complete the project is the intellectual property of CK Birla Healthcare Pvt. Ltd. and hence should not be used for any other purpose.

We wish her the very best for her future endeavors.

For, **CK Birla Healthcare Pvt. Ltd.**

Jalaj Mittal
Assistant General Manager - Human Resources

CK Birla Healthcare Pvt Ltd
CRS Tower, First Floor, 77B, IFFCO Road, Sector -18, Gurugram
+91 124 4882200 | +91 11 42092198 (Fax) | reachus@ckbhospital.com | www.ckbhospital.com
Registered Office Birla Tower, 8th floor, 25 Barakhamba Road, New Delhi 110001, India

DECLARATION BY STUDENT

I hereby declare that this dissertation titled "Study the importance of NABH audit and compliance in a 45-bedded hospital, Punjabi Bagh, New Delhi" is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Dr. Garima Jain
29 June 2024

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled "**Study the importance of NABH Audit and compliance in a 45-bedded hospital, Punjabi Bagh, New Delhi**" is a record of the research work undertaken by **Dr. Garima Jain** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

Arindam Das.

Arindam Das, PhD
Faculty Guide
IIHMR University, Jaipur
Date

Dr. Sanjay Gupta
School Dean
IIHMR University, Jaipur
Date 03/07/2024.

Acknowledgements

I would like to express my sincere gratitude to all those who have contributed to the successful completion of this report.

First and foremost, I extend my heartfelt appreciation to my faculty mentor, Arindam Das, PhD, Professor, whose guidance and support throughout this internship have been invaluable. His expert advice and encouragement played a crucial role in shaping this project. Additionally, I am deeply grateful to IIHMR University for not only providing me with this opportunity to learn and grow but also for making me capable of undertaking such a significant project.

I am especially thankful to CK Birla Healthcare for allowing me to work with their team, which provided me with the opportunity to gain valuable knowledge and practical skills. My sincere appreciation goes to Dr. Samir Singh, Dr. Deepa Mehra, Dr. Anupriya Sharma and Mrs. Sana Naem for their guidance and support during the internship.

Their contributions were instrumental in the completion of this project.

My thanks also extend to the Human Resource, the technical team, and the Medical Services team for their significant contributions to this project. Their collaborative efforts greatly enhanced the quality and scope of the research.

I am deeply grateful to all the participants who participated in this study. Their cooperation and willingness to share their experiences were essential for the data collection process.

This research would not have been possible without the dedication and support of all these individuals.

INDEX

S.NO	TOPICS	PAGE NUMBER
1.	**CHAPTER 1 Introduction** o Title o Background o Introducing	1-5
2.	**CHAPTER 2 Literature Review** o Rationale o Research Problem o Aims and Objectives	6-9
3.	**CHAPTER 3 Methodology** o Pretest Phase o Implementation Phase o Post-test Phase	10-13
4.	**CHAPTER 4 Findings** o Findings o Discussions	14-20
5.	**CHAPTER 5 Conclusion**	21
6.	**CHAPTER 6 References**	22
7.	**CHAPTER 7 Annexure I**	23
8.	**CHAPTER 8 Annexure II**	24-25
9.	**CHAPTER 9 Annexure III**	26-28
10.	**CHAPTER 10 Annexure IV**	29-36

LIST OF FIGURES

S.NO	FIGURES	PAGE NUMBER
1.	Fig 1.1Health System Framework.	1
2,	Fig 3.1:Study Design	10
3,	Fig 4.1: Turn Around Time for Initial Assessment in the wards.	14
4.	Fig 4.2:Initial Assessment Duly Filled Non Compliance(n)=23	14
5.	Fig 4.3 Documentation Non-Compliance(n)=32.	15
6.	Fig 4.4 Medication Order Non Compliance Department-wise(n)=20	16
7.	Fig:4.5 Consent Non Compliance Documentation Department wise(n)=22.	16
8.	Fig 4.6: Anaesthesia Documentation n=50	17
9.	Other Figures for reference in Annexure II	26-28

LIST OF TABLES

S.No	TABLE NUMBER	PAGE NUMBER
1.	Table 3.1: Parameters considered for Patient File Audit	11-12
2.	Table 3.2: Scoring criteria for each objective	12
3.	Table 4.1 Final Score Percent of NABH Chapters	18
4.	Table 4.2: Pre and Post-Audit Compliance.	18

LIST OF ABBREVIATIONS

S.No	Abbreviations	Full Form
1.	NABH	National Accreditation Board
2.	AAC	Access, Assessment and Continuity of Care
3.	COP	Care of Patient
4.	MOM	Management of Medication
5.	PRE	Patients Right and Education
6.	CQI	Continous Quality Improvement
7.	HIC	Hospital Infection Control
8.	ROM	Responsibility of Management
9.	HRM	Human Resource Management
10.	FMS	Facility Management and safety
11.	IMS	Information Management System
12.	NQAS	National Quality Assurance Standard
13.	WHO	World Health Organisation
14.	PHC	Primary Healthcare Centre
15.	CHC	Community Healthcare Centre
16.	SHCO	Small Healthcare Organisation
17.	AYUSH	Ayurveda,Yoga and Naturopathy,Unani , Siddha and Homeopathy.
18.	CGHS	Central Government Health Scheme

TITLE – Study the importance of NABH audit and compliance in a 45 – bedded hospital, Punjabi Bagh, New Delhi.

1.BACKGROUND

Quality is an utmost priority for every sector. It defines the effectiveness, efficiency and rightness of the service or product to the consumer and customers. The fundamental tenet of quality improvement is that higher standards will result in higher service utilisation and better health outcomes.

All countries regardless of their economic status share a common concern that health care systems and their services meet the health needs of people following the WHO health system framework. An important role of any health care system and disease control program is to ensure the best service is provided to their citizens with utmost optimality, technical competence and patient wellbeing and satisfaction.

India incorporating the background of health system framework has quality improvement bodies like NQAS for public health set ups and NABH for private set ups from a multidisciplinary hospital to a small dental clinic.

"QUALITY IS DOING RIGHT THING RIGHT THE FIRST TIME AND BETTER THE NEXT TIME."

2. INTRODUCTION

Healthcare system in India has drawn the focus towards delivery the best with financial protection. Health system framework (Fig 1.1) focuses on the link and quality as an intermediate factor which is important to achieve the desired health outcome, financial protection.

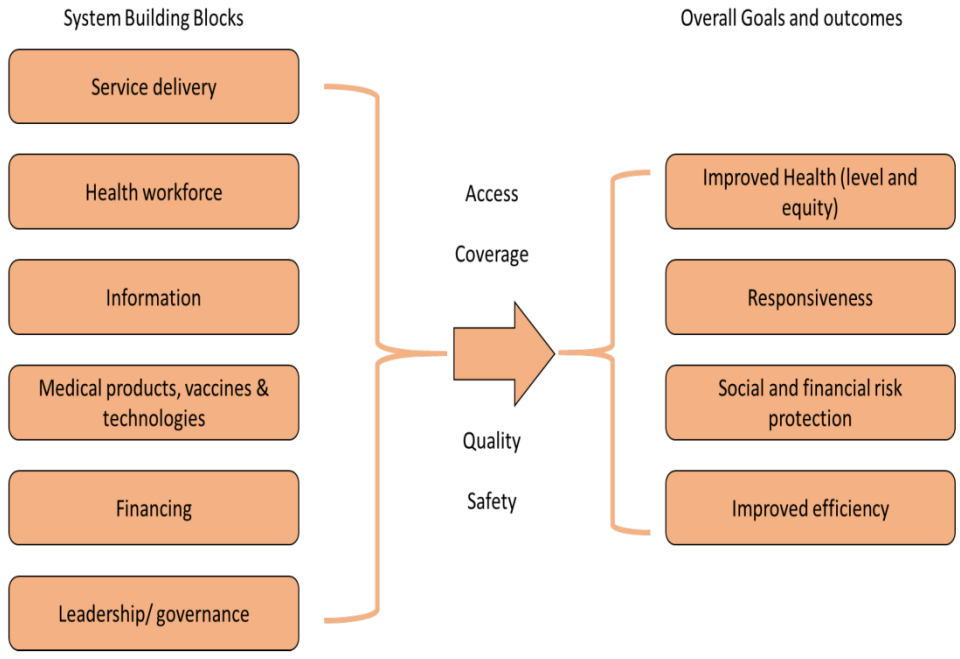


Fig 1.1Health System Framework.

The intermediate factors and outcomes are interconnected with the six building blocks of the health system framework. For instance:

Equity and access are influenced by service delivery arrangements and financing mechanisms. **Quality of care** is directly impacted by health workforce skills and service delivery models. **Patient safety** depends on the effectiveness of health information systems and leadership in promoting safety practices.

In summary, understanding these intermediate factors and outcomes alongside the building blocks provides a comprehensive view of how health systems function, perform, and can be improved to achieve better health outcomes and equity in access to care. This holistic approach helps policymakers and health system managers identify areas for intervention and reform, aiming towards the goal of universal health coverage and improved population health.

The health system framework is the fundamental base for the any government health centers, hospitals or private hospitals best functioning. Initiatives and audits are there for the quality check at the PHCs, CHCs, District hospitals and private Hospitals.

NQAS is implemented for the healthcare centers and NABH has set standards for the quality check and improvement of Hospitals covering all the aspects of building blocks.

NABH A Brief

The Quality Council of India's National Accreditation Board for Hospitals & Healthcare Providers (NABH) was established to create and manage an accreditation process for healthcare institutions. The board is structured to cater to much desired needs of the consumers and to set benchmarks for progress of health industry. The board while being supported by all stakeholders including industry, consumers, government, have full functional autonomy in its operation.(1)
It Is essential to Improving the standard of healthcare in India because of its extensive empanelment, certification, and accreditation processes.

One of the main focuses of NABH's initiatives to improve healthcare standards is accreditation. The board ensures that a wide range of healthcare organisations meet strict quality standards by granting certification to them. Hospitals, blood centres, small healthcare organisations (SHCO), and medical imaging services are some of these entities. Furthermore, NABH accredits allopathic clinics, *Panchkarma* clinics, AYUSH hospitals, and dental healthcare providers—that is, both conventional and contemporary medical procedures. In keeping with its dedication to providing a wide range of healthcare services, the board also extends its accreditation to specialised fields including ethical committees for clinical trials and eye care organisations.

Another essential component intended to promote quality assurance at all stages of healthcare delivery is NABH certification. This includes SHCOs and hospitals obtaining entry-level certification, which forms the basis for quality improvement. In order to encourage excellence in conventional healthcare systems, NABH also provides hospitals and AYUSH institutes with entry-level certification. In addition, the board oversees specialised certification initiatives like the Medical Laboratory Programme and Nursing Excellence, which work to improve standards in particular healthcare domains. Hospital emergency rooms can also get certified, guaranteeing that they are equipped to provide top-notch care in dire circumstances

NABH's strategic strategy, empanelment, aims to better connect healthcare providers into larger healthcare networks so that patients have easier access to services. NABH connects clinics and hospitals with government programmes like the Employees' State Insurance programme and the Central Government Health Scheme (CGHS) through empanelment. Furthermore, Medical Value Travel Facilitators are acknowledged by NABH for their important contribution to helping foreign patients who are travelling to India for medical care. This feature highlights NABH's contribution to closing the gap that exists between those in need of healthcare services and high-quality providers.

Correlation between NABH standards and WHO health system framework.

It is more pertinent that to co-relate the NABH standards with the WHO health system framework. Analyze how NABH standards address that dimension contributes to each building block of the WHO framework.

- Service Delivery: NABH standards are constructed in a way to guarantee that each healthcare organization is providing high quality and safe services towards the patients, which is related to both patient care protocols as well as clinical services and the like, all linked with management of infrastructure.
- Health Workforce: NABH standards address areas such as Human Resource Management, levels of staffing, assessment of competence, and staff training intended to help ensure a skilled and motivated health care workforce.
- Health Information Systems: Basically, this relates to the standards from the NABH, which talked about maintaining Medical Records for information management similar in principle to that stressed by the WHO standards for Health Information Systems.
- Access to Essential Medicines: The NABH standards relate mainly to service delivery and clinical care rather than pharmaceutical supply chains. They contribute to this building block indirectly by ensuring that the management of medicines within health facilities is effective and that published guidelines on appropriate medicine use are followed.
- Financing: Though NABH does not specifically mention the financing mechanism, indirectly its standards over efficient use of resources and quality improvement support financial sustainability through operational efficiency and better patient outcomes.
- Leadership and Governance: The accreditation by NABH shall have an intrinsic requirement for a robust governance structure with committed leadership and compliance with regulatory standards, in the spirit of the WHO call to ensure effective health system governance.
- It proves how the needs of accrediting help develop an efficient, extended healthcare system. The overall objectives of the WHO framework are consistent with the emphasis of NABH on quality, safety, and patient-centered care, ensuring that healthcare organizations meet not only the statutory requirements for their existence but also bring continuous improvement on every aspect of administration and service delivery.

.

The B M Birla Heart Research Centre, Kolkata is the first hospital to receive NABH accreditation. As of right now, 1299 hospitals in India have received NABH

certification. Gandhinagar General Hospital was the first public hospital to receive NABH certification in 2009.As of right now, the May NABH Audit was conducted at the Birla Healthcare facility, **CK Birla Hospital Punjabi Bagh**.

Under the Entry Level Certification Programme, the National Accreditation Board for Hospitals and Healthcare Providers (NABH) has collaborated with the Insurance Regulatory and Development Authority (IRDA) to mandate certification for hospitals. This certification is essential for hospitals to offer cashless insurance services to citizens on their premises. NABH ensures high standards of care and patient safety through this certification process, aiming to foster a culture of quality across all levels and functions within healthcare organizations. Apart from certification it streamlines the structure, process and outcomes.

The NABH Entry Level Certification Standards outline two main categories: Patient Centered Standards and Organization Centered Standards.

Patient Centered Standards:(1)

1. Access, Assessment and Continuity of Care (AAC)
2. Care Of Patient (COP)
3. Management of Medication (MOM)
4. Patient Right and Education (PRE)
5. Hospital Infection Control (HIC)

Organization Centered Standards:(1)

1. Continuous Quality Improvement (CQI)
2. Responsibilities of Management (ROM)
3. Facility Management and Safety (FMS)
4. Human Resource Management (HRM)
5. Information Management System (IMS)

These standards are designed to ensure comprehensive quality assurance and patient safety, promoting excellence in healthcare services across various organizational functions.

Importance of Certification

i. It significantly enhances community confidence and trust by elevating standards and focusing rigorously on quality assurance and patient safety.
ii. Certification provides a clear and structured roadmap for standardizing healthcare practices, ensuring consistency and reliability in service delivery.
iii. It fosters a patient-centered culture within healthcare institutions, emphasizing personalized care and patient empowerment.
iv. By encouraging a systems-oriented approach to healthcare delivery, certification not only improves patient satisfaction but also enhances overall healthcare outcomes.

v. Additionally, achieving certification brings external recognition and credibility to organizations, validating their commitment to excellence.
vi. It also facilitates empanelment by insurance agencies, thereby enabling hospitals to offer cashless insurance facilities and better accessibility to healthcare services for patients
vii. Ensures proper documentation which aids in Medico-legal Obligations.
viii. Provides proper recording of the Key Performance Indicators .

CHAPTER 2 - LITERATURE REVIEW

1. Introduction of Innovative Ideas and NABH Standards Adherence Impact(2)	The healthcare sector in India is pivotal for economic growth, with quality standards defining service excellence and patient outcomes enhancement. NABH accreditation aims beyond certification, emphasizing clinical excellence, infection control, and patient safety. While patients benefit directly, hospital staff also gain from a healthier work culture and improved care standards. Despite accreditation, studies indicate staff often possess average knowledge of NABH standards, necessitating regular, comprehensive training. Initial resistance due to perceived workload increase from documentation under NABH guidelines can be mitigated through proper training interventions.(2)
2. **Comparison of NABH and AB-PMJAY Quality Standards**	Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) aims to provide universal health coverage in India, ensuring quality healthcare access without financial strain. NABH standards complement AB-PMJAY by focusing on patient-centric and management-centric improvements in healthcare delivery. Both frameworks contribute to enhancing patient safety and healthcare service quality amidst evolving healthcare dynamics.(3)
3. **Role of Accreditation in Healthcare Quality Improvement**(4)	Accreditation serves as a structured framework aiding healthcare organizations in enhancing patient safety and quality care. NABH's robust standards drive improvements in service delivery and organizational management, crucial in adapting to healthcare advancements.(4)
4. Significance of Medical Record	Proper documentation of patient management is critical for clinical

Keeping(5)	governance, ensuring treatment accountability and facilitating future medical care strategies. Medical records serve as essential evidence in legal contexts, particularly in cases of alleged medical negligence, reinforcing the importance of meticulous record maintenance.(5)
5. **Decentralization and Health System Performance in India**(6)	The evolution from disease-specific initiatives to holistic health system strengthening reflects a global shift towards improving health outcomes. Policy emphasis on decentralization aims to bolster health system resilience and performance, aligning with global health development goals.(6)
6. Importance of filling and documentation of OT Notes.	Operative findings and post-operative plans, documented in the notes, serve as essential tools for communication among healthcare professionals and are the sole legal records of a surgical operation. The practice of documenting medical procedures dates back to ancient Egypt, around 3000 BC, as evidenced by the Smith's Papyrus. Ancient Greek and Roman physicians, who studied in Alexandria, recorded that Egyptians treated superficial tumors using cautery with hot irons or excision with knives. Hippocrates (460-375 BC) and his followers further established the significance of writing and note-taking in medicine. The advent of the printing press by the Germans in 1450 marked the beginning of more widespread patient documentation. The critical role of operation notes cannot be overstated for several reasons: they influence patient care, are essential for accurate record-keeping, contribute to research and innovation, and are crucial for legal documentation. Therefore, it is vital that operation notes are meticulously and accurately completed. They must reflect comprehensive patient details to support both immediate and long-term patient care. Additionally, these notes should be written promptly after surgery, be clear and legible, and avoid the use of

	abbreviations, among other key requirements.(7)
7. **Importance and meaning of Health system – comprises private hospital even**,	A health system encompasses all the organizations, institutions, resources, and individuals dedicated to enhancing health. This broad network not only targets the direct improvement of health but also works to address various factors that influence health outcomes. The system provides a range of services, from preventive and promotive to curative and rehabilitative care, delivered through a structured hierarchy of health care facilities operated by both government and private entities. The operations of a health system should be equitable and just, ensuring responsiveness to people's needs and treating them with dignity. To function effectively, a health system relies on essential elements such as trained personnel, financial resources, accurate information, adequate supplies, transportation, communication infrastructure, and overall leadership and strategic planning. Strengthening health systems involves tackling the critical challenges in each of these components.(8)

RATIONALE

The study has an important impact towards the knowledge and analyses for the compliance of NABH standards in the hospital which aids in the improved quality, streamlining of the processes and get to know the lacking which can be thus improved to have a better outcome and patient satisfaction leading to delivering of best practices.

Secondly, the documentation aspect which holds the major portion for the standards is important for the records and medico-legal obligations. Medical cases can be due to lack of documentation, or it could back aid in if their exists proper documentation.

The data that is the records helps in decision making, improving the services which leads to reduction of cost and leans the wastages. Lastly, the compliance to the standards holds the ethical consideration and practices.

RESEARCH PROBLEM

To find the compliance percentage and number of quality NABH standards before audit followed by intervention for improvement and checking the result after NABH Audit.

AIMS AND OBJECTIVES

1. To evaluate current practice for the NABH standards for SHCO.
2. To observe gap in compliance of the standards.
3. To evaluate knowledge of staff towards the NABH standards
4. To suggest a plan of action for each.

CHAPTER 3 – METHODOLOGY

The research revolves around NABH 3rd edition Audit SCHO outcomes – pre audit and post audit compliances and the importance of the audit in every component is discussed.

The research study follows the mixed-method approach using quantitative and qualitative techniques. Also, simulation was done through audit of NABH.

Research design used is the Quasi Experimental: Pretest-Posttest Design.

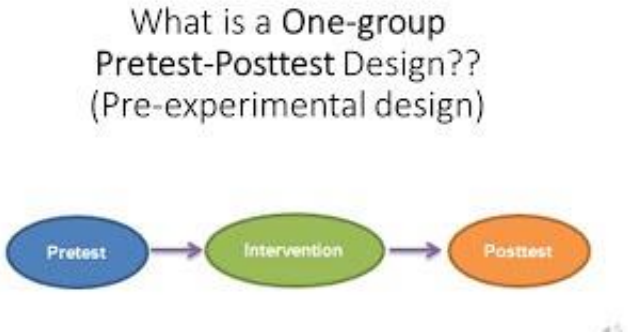


Fig 3.1:Study Design

PRETEST PHASE

NABH 3rd edition SCHO self-assessment toolkit in excel format is used as the main collection tool for the evidences.(Annexure I)

Evidence (pictures, word file, excel sheet) against every standard of every chapter was collected and scored according to compliance, non-compliance and partial compliance.

Data was collected by both qualitative and quantitative methods.

Method used – Record Review

Staff interview

Direct Observations

Primary documentation audit

Record Review – Training details, Handover registers, incident reports, delivery records, transfusion reaction, turnaround time, OT registers, pharmacy, biomedical records.

Staff interview – emergency codes, hand hygiene, scope of services, nurses and doctors' knowledge, non–medical staff, pharmacy staff, security person, importantly the personnel responsible for the Quality department. To conclude, all the staff medical or non-medical were interviewed as required for the collection of evidence of the objective under every standard.

Direct Observation – Regular rounds were taken by the researcher (author) were conducted and pictures were clicked to validate the following of the objective whether full compliance, partial compliance or non-compliance. (Annexure II)

Primary Documentation Audit – Objectives involved the evidences related to patient file documentation. Primary Audit of files was conducted. Every day random files were taken and noted in total 50 files were audited. (Annexure III)

Sample Size – 50 files.

Inclusion: All the In-Patient Department files for both floors. Mainly obstetrics and gynecology, orthopedics, ENT, urology department were included.

Exclusion: Pediatrics file and non-surgical files were excluded as files were documented half in HIS and half on paper and non-surgical as it will not cover all the parameters.

Data Analyses – Microsoft Excel was used to analyse the collected quantitative data.

Parameters covered in the audit are:

Initial Assessment Form Duly filled. Sign of the Duty Doctor and Consultant. Consent form completion. Anesthesia form completion. OT notes properly filled. Medication Order Compliance.

Table 3.1: Parameters considered for Patient File Audit.

Section	**Criteria**	**Completion**
Initial Assessment	- Completion	Yes / No
	- Past history	Yes / No
	- Brief findings	Yes / No
Signatures	- No column left blank	Yes / No
	- Duty doctor's signature with date, time, and legibility	Yes / No
	- Consultant's signature with date, time, and legibility	Yes / No
Consent Form	- Patient's risks written	Yes / No
	- Procedure details (what and by whom)	Yes / No

Section	Criteria	Completion
	- Patient's signature and relation mentioned	Yes / No
Anaesthesia Consent	- Patient's risks written	Yes / No
	- Procedure details (what and by whom)	Yes / No
	- Patient's signature and relation mentioned	Yes / No
OT Notes	- Legible writing	Filled/ Partial / Not filled
	- Date, time, and consultant's signature with DMC number	Filled/ Partial / Not filled
Medication Order	- No abbreviations (e.g., bd/od)	Yes / No
	- Medication written in capitals	Yes / No
	- Duty doctor's signature (if applicable)	Yes / No

- **General Examination**: All criteria must be met for "Yes".
- **Investigations**: Ensure no fields are left blank for "Yes".
- **Signatures**: Must include complete details for "Yes", absence or incomplete details result in "No".
- **Consent Forms (Procedure and Anaesthesia)**: Complete details must be present for "Yes".
- **OT Notes**: Mark as "Partial" if some but not all criteria are met.

Medication Orders: Ensure all criteria are met for "Yes"; any deviation results in "No"

DATA ANALYSIS – Scores are given against every objective according to the evidence collected. Criteria was:

Table 3.2: Scoring criteria for each objective.

COMPLIANCE	SCORE
Non – Compliance	0
Partial Compliance	5
Full Compliance	10

The total score of every chapter is calculated by adding the score and is divided by the ideal score: multiplied by 100 to get the score compliance percentage. This whole method gives pretest compliance number and percent which can be compared after the intervention posttest scenario.

INTERVENTION PHASE

- Administration of training - Safety training, human resource training, NABH trainings.
- Focus Group Discussions – with the nurses, doctors to get acquainted with the shortcomings and planned a corrective action for the same.
- Record Registers introduced
- Data for KPIs were collected
- Data validation was done by conducting regular rounds and interacting with the staff.
- One to one learning sessions conducted for the enhancement of knowledge about the importance of quality and audit.

POSTTEST PHASE

NABH Audit conducted by the external auditor with same assessment toolkit gave the amount of non-compliance.

- Staff Interview – Nurses, Radiology staff, Laboratory technician were interviewed on a random basis.
- Direct Observations-Facility round was taken.
- File Audit – Randomly 15 files were selected to check the documentation and record compliance,
- Record Review – All the registers for gynae, blood transfusion reactions were reviewed,

CHAPTER 4 – FINDINGS

CHAPTER 1 AAC:

- Initial assessment forms exhibit partial adherence to stipulated guidelines, indicating a need for further compliance.
- Accuracy and upkeep of laboratory procedure require refinement and maintenance to ensure precision and consistency.
- Scope of Services Policy was not updated.
- Staff were not well informed about all the scope.

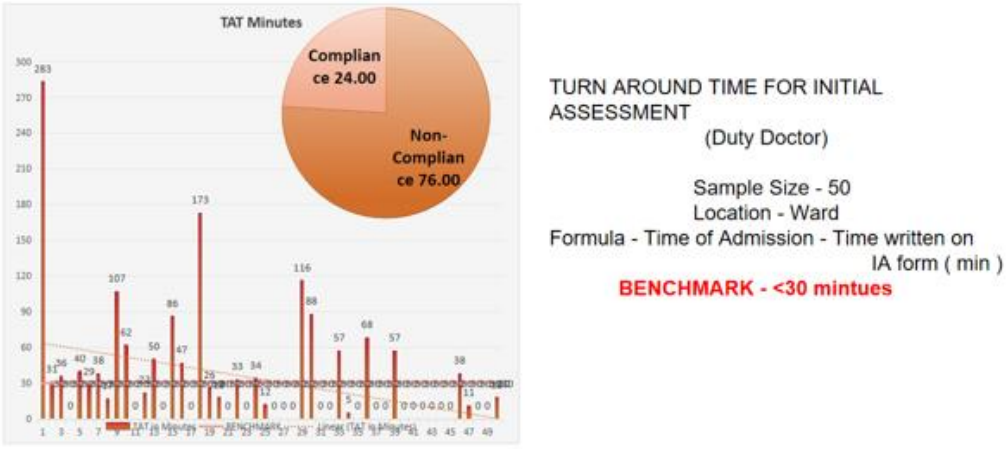


Fig 4.1: Turn Around Time for Initial Assessment in the wards.

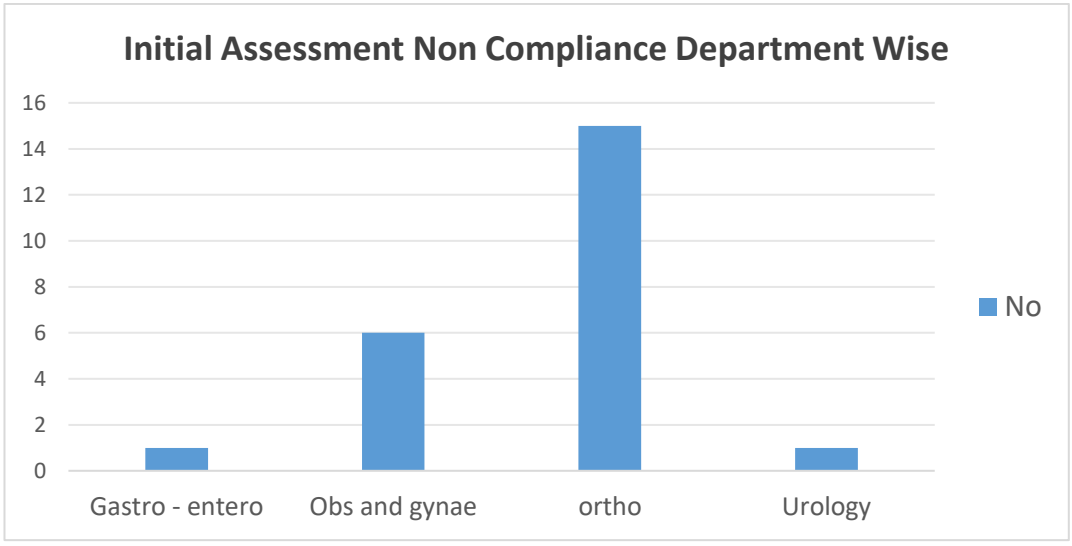


Fig 4.2: Initial Assessment Duly Filled Non Compliance(n)=23.

CHAPTER 2 COP:

- The care and treatment plan lack the authentic signature and DMC Number, thus warranting attention to ensure completeness and compliance.
- Adherence to NABH norms necessitates ensuring that the consent for blood transfusion is duly completed.
- Operation theatre requires enhanced maintenance of regular records and effective infection control practices.
- Important signages are not displayed as per the brand policy.

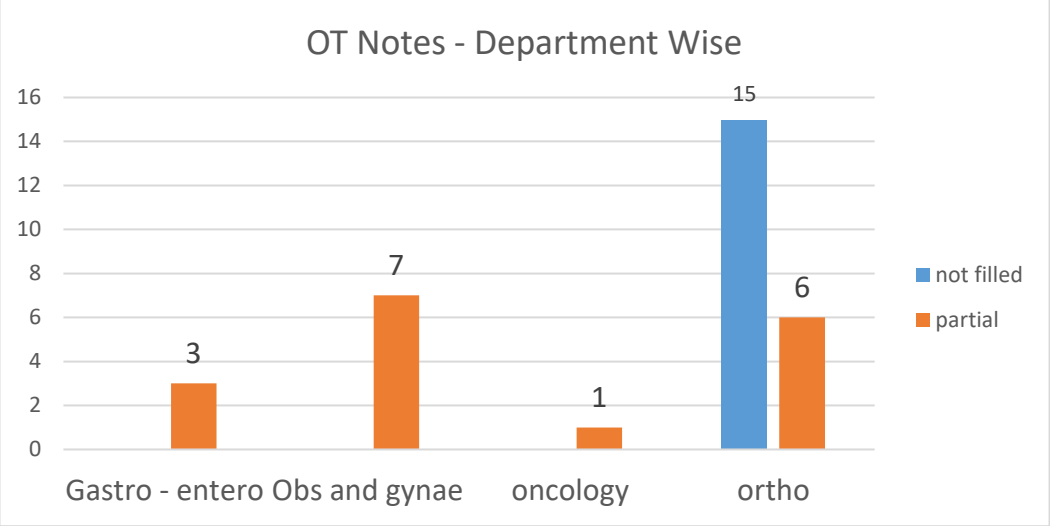


Fig 4.3 Documentation Non-Compliance(n)=32.

CHAPTER 3 MOM:

- Medication chart shows non-compliance according to NABH norms .
- High RIsk medication are verified and given but the documentation for the same is weak .
- Reporting of adverse event are followed but the analysis and evaluation is delayed .

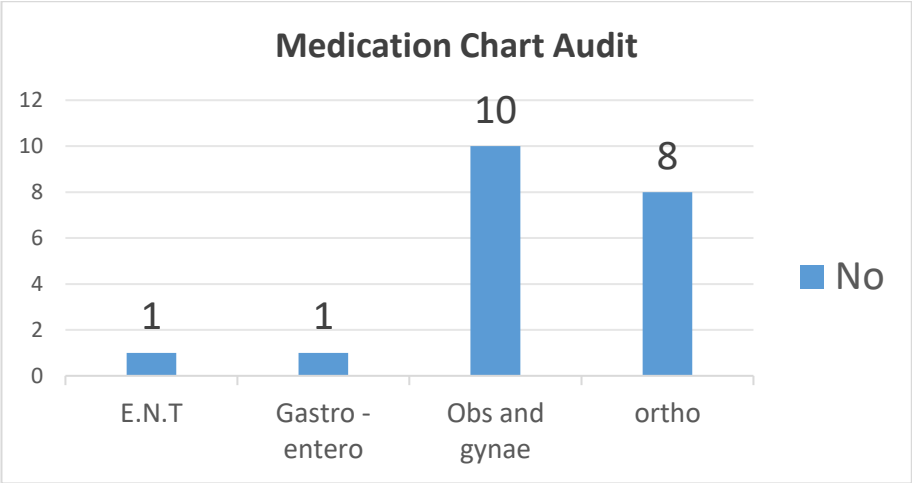


Fig 4.4 Medication Order Non Compliance Department-wise(n)=20

CHAPTER 4 PRE:

- Confidentiality of patient is not strong as the patient file is kept in open access with no specific area for the same .
- Informed consent shows non compliance .
- Bilingual consent form are not available .

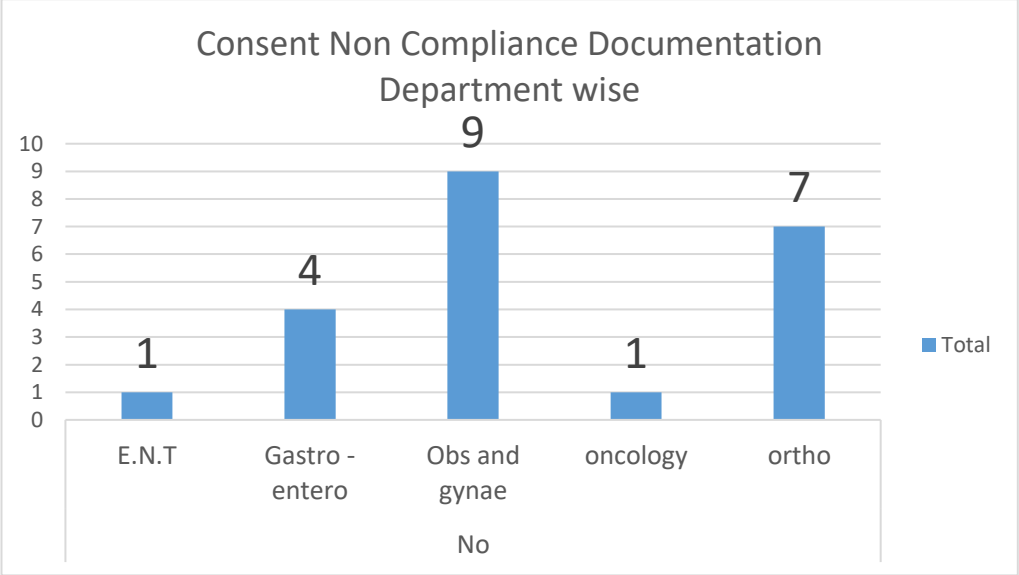


Fig:4.5 Consent Non Compliance Documentation Department wise(n)=22.

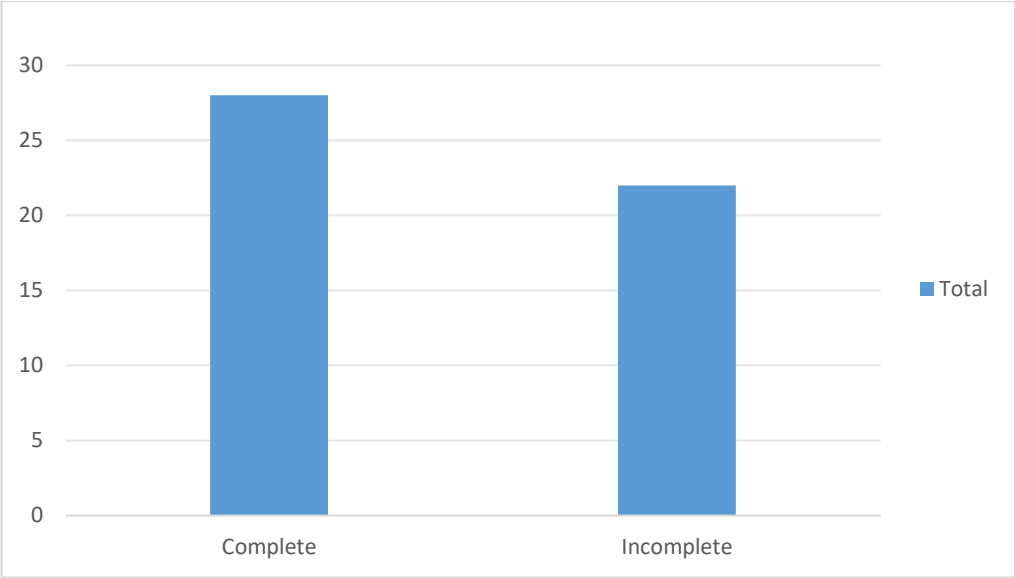


Fig 4.6: Anaesthesia Documentation n=50

CHAPTER 5 HIC :

- PPE protocol adherence followed with partial compliance .
- Sanitizer dispensing machines are not refilled .
- Bins are kept without proper lid coverage at times .
- Infrastructure layout - Washroom in front of CSSD inlet.

CHAPTER 6 CQI :

- Data analysis and Calculation of Key Performance Indicators is weak .
- Lack of rigorous data validation .
- Regular mock training and audits show partial compliance .

CHAPTER 7 ROM :
CHAPTER 8 FMS :
CHAPTER 9 HRM :
CHAPTER 10 IMS :

- Regular training records should be maintained and kept with the human resource department.
- Medical Records and all the documentation as discussed should follow the compliance and updated digitally .
- EMR has not been introduced when India is moving towards digital world still manual things are being used .

SCORING FOR ALL THE CHAPTERS OF NABH

Table 4.1 Final Score Percent of NABH Chapters.

CHAPTERS	SCORE
AAC	**76.9**
COP	**79**
MOM	**80**
PRE	**72**
HIC	**80**
CQI	**70**
ROM	**92**
HRM	**80**
FMS	**78.5**
IMS	**68.75**

Total Number of Non-Compliance/Partial Compliance = 55.

POSTTEST : NABH AUDIT

Total Number of Non-Compliance/Partial Compliance - 2

Table 4.2:Pre and Post-Audit Compliance.

TIME FRAME	**ACTIVITY**		**COUNT**	**PERCENTAGE**
PRE	**NON-COMPLIANCE/PARTIAL COMPLIANCE)**		**55**	37.93103448
	INTERVENTION DONE			
	NABH AUDIT			
	INSPECTION RESULT			
POST	**NON-COMPLIANCE/PARTIAL COMPLIANCE)**		**2**	1.379310345

DISCUSSIONS

AAC

- Initial assessments at the hospital indicate non-compliance, suggesting inadequate investigation of patients.
- Proper documentation of initial assessments is crucial for evidencing the scope of services provided.
- A detailed discharge summary is generated but often lacks the consultant's signature, undermining its completeness.

COP

- Involves detailed documentation of blood transfusions, radiology equipment checks, and surgical procedures.
- Compliance ensures ethical practices, enhances patient safety, and optimizes operational efficiency.
- Proper surgical documentation protects against procedural errors and financial liabilities for patients.

MOM

- Medications should be clearly labeled in capital letters for enhanced readability; however, non-compliance was noted.
- Controlled substances like narcotics are required to be double-locked in the operation theater but lack proper documentation.
- High-risk medications administered without proper labeling lead to communication gaps and potential errors.

PRE

- Documentation and display of patient rights and responsibilities were well-executed.
- Various feedback mechanisms are utilized including morning rounds, tablets forms, and scan codes/emails.
- Lack of compliance with informed consent poses significant medico-legal implications, highlighting ethical concerns.

CQI

- Forms the foundation for hospital performance measurement from AAC to IMS (Information Management System).
- Essential for data analysis, RCA (Root Cause Analysis), and CAPA (Corrective and Preventive Actions).
- Strengthening data recording and validation processes is crucial for accurate KPI (Key Performance Indicator) calculation.
- Non-compliance affects KPI accuracy and impedes comprehensive performance evaluation.

HIC :

- Biomedical waste segregation and disposal are effectively managed.
- The hospital maintains exemplary cleanliness standards.
- Data validation for infection control indicators needs improvement.
- Adherence to PPE usage and hand hygiene protocols falls short of full compliance.
- The COVID-19 pandemic underscored the importance of sterilization, PPE adherence, and hygiene maintenance for effective infection control practices.

ROM :

- Non-medical operational aspects are overseen by the Management department, including HR, Finance, Medical Services, and Marketing.
- Efficient management enhances hospital operations, streamlining patient stays and treatment processes to build the hospital's brand.
- HR and FMS safety training and grievance redressal presentations should be conducted regularly.

HRM & FMS :

- Safety training for staff was found lacking and inadequately recorded.
- Regular grievance redressal sessions and continuous learning initiatives are essential.
- Continuous round-the-clock equipment safety checks enhance technical competency across the hospital.

IMS :

- Integral to hospital operations, IMS functions as the focal point of records that are important for medico-legal cases, data evaluation, and other purposes.
- Within the digitalization era of India, EMR's play a serious function in faultless storage and retrieval of information.
- It would therefore require rigorous training and group discussions to reduce the digital gaps and optimize the benefits derived from the same technology to reduce wastages of resources.
- ABDM is a thing that the government is extremely enthusiastic about. The digitalization under Ayushman Bharat Digital Mission brings forth healthcare management of international standard efficiency

CHAPTER 5 - CONCLUSION

Setting up the simulation environment before real audits is not only a prime requirement in terms of certification; it is also from the perspectives of ethical practices, states of optimal operations conditions, technical expertise, and medico-legal requirements—all meant for maintaining continuous quality in these dimensions.

This is anchored on the establishment of KPIs and their periodic review. Through such preemptive assessment, we picked out functional non-compliances and corrected them through interventions like training programs and group discussions. This saw the next audit result turn out commendable with only minor non-conformities noted.

This pro-active approach paves the way toward higher accreditation, backed by relevant recommendations that have the making of continual quality improvement and assimilation into government stipulations. Of importance were the need for proper documentation, periodic increments of internal audits, and in-built self-assessment exercises. Periodic training and interactive forums for staff have also formed a core in improving operational efficiency.

This coupled with enhanced strength in KPI collections, validation, and realization. Maintenance of an EMR system with structured learning sessions is proposed to lessen the digital divide and maximize technology usage for optimal efficiency and effectiveness.

This strategy shall, at its core, consolidate both service delivery and information management of a healthcare system in a framework that lays focus on accessibility, safety, and superior quality. This shall be an exemplary model of a hospital in regard to financial stewardship, health outcomes, equity, responsiveness, and patient satisfaction. This conclusion shall justify the fact that 'NABH is for Quality not Quality is there for NABH'.

.

CHAPTER 6 - REFERENCES

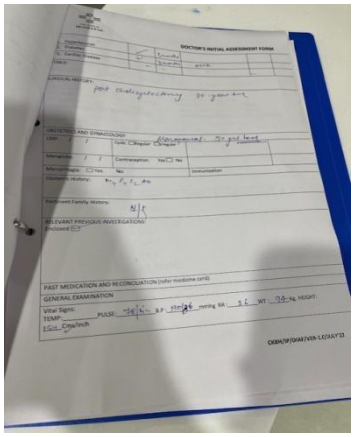
1. National Accreditation Board for Hospitals and Healthcare Providers.
2. Nanda M, Singh S. Impact of introduction of innovative ideas on hospital staff regarding adherence to NABH standards. Natl J Physiol Pharm Pharmacol. 2024;14(7):1.
3. Susmit Jain, Greenal Lodha. Comparison of NABH and AB-PMJAY Quality Standards for Accreditation in a Tertiary Care Medical hospital. Indian J Public Health Res Dev. 2022 Dec 16;14(1):339–46.
4. Verma M. Accreditation of healthcare organizations and its role in improving and maintaining quality patient care. Vol. 13, Contemporary Clinical Dentistry. Wolters Kluwer Medknow Publications; 2022. p. 295–6.
5. Hidayat T, Turgandi A, Anita D, Amalia A, Karmila M, Sufriandi Y, et al. Filling in informed consent in the c-section operations section of Subang Regional General Hospital. Int J Health Sci (Qassim). 2022 Sep 30;6(3):1511–9.
6. Panda B, Thakur HP. Decentralization and health system performance - a focused review of dimensions, difficulties, and derivatives in India. BMC Health Serv Res. 2016 Oct 31;16:1–14.
7. Babalola RN, Olasehinde O, Sowande OA. An audit of the quality of surgical operation notes in a Nigerian teaching hospital. East Cent Afr J Surg. 2016 Nov 14;21(2):76.
8. World Health Organization. Monitoring the building blocks of health systems : a handbook of indicators and their measurement strategies. World Health Organization; 2010. 92 p.

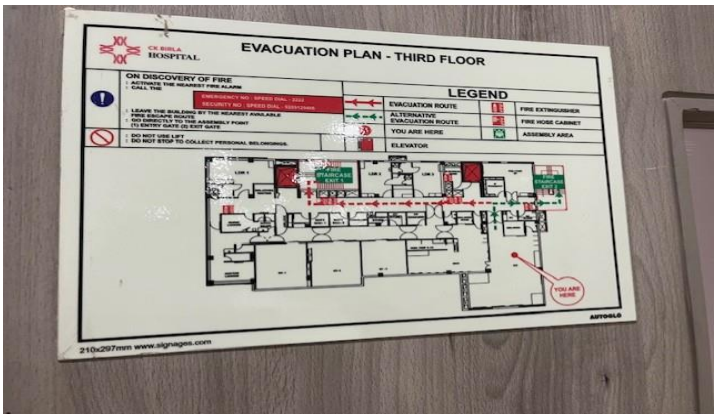
ANNEXURE-I

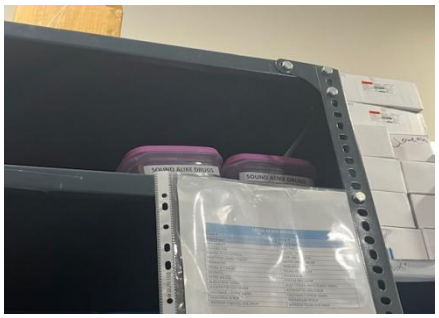
SELF ASSESSMENT TOOLKIT					
Elements			Documentation (Yes/ No)	Implementation (Yes/ No)	Evidence (cross reference to documents/ manuals etc.)	Scores (0/ 5/ 10)
Chapter 1: ACCESS, ASSESSMENT AND CONTINUITY OF CARE (AAC)						
AAC.1: The organization defines and displays the services that it can provide.						
	a	The services being provided are clearly defined.				
	b	The defined services are prominently displayed.				
	c	The relevant staffs are oriented to these services.				
AAC.2: The organization has a documented registration, admission and transfer process.						
	a.	Process addresses registering and admitting out-patients, in-patients and emergency patients.				
	b.	Process addresses mechanism for transfer or referral of patients who do not match the organizational resources.				
AAC.3 Patients cared for by the organization undergo an established initial assessment.						
	a.	The organization defines the content of the assessments for in-patients and emergency patients.				
	b.	The organization determines who can perform the assessments.				
	c.	The initial assessment for in-patients is documented within 24 hours or earlier.				
AAC.4 Patient care is continuous and all patients cared for by the						

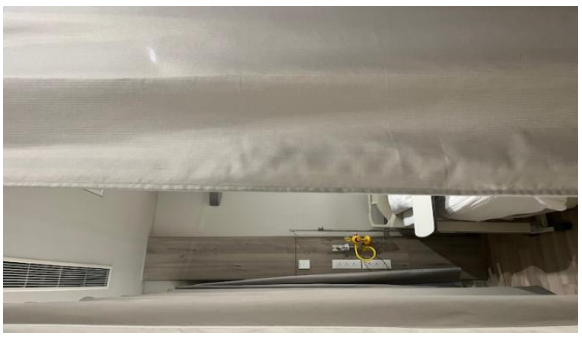
2643 Spell Check 90%

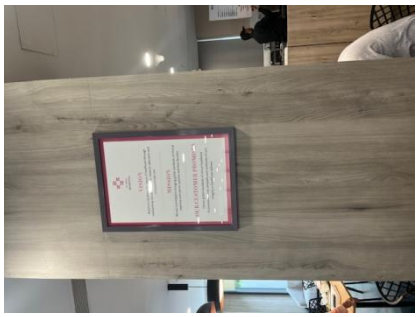
ANNEXURE - II

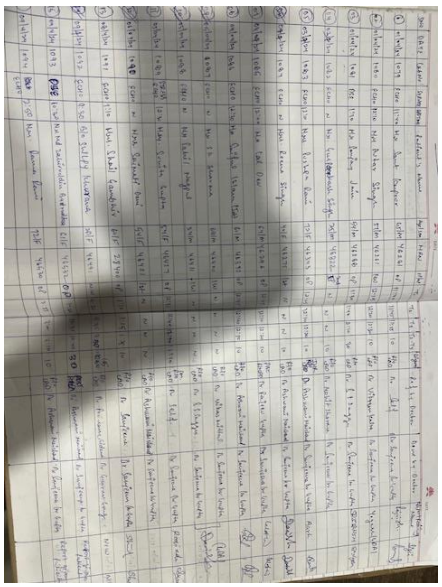

DOCTOR'S INITIAL ASSESSMENT FORM
PAST MEDICATION AND RECONCILIATION (refer medicine card)
GENERAL EXAMINATION

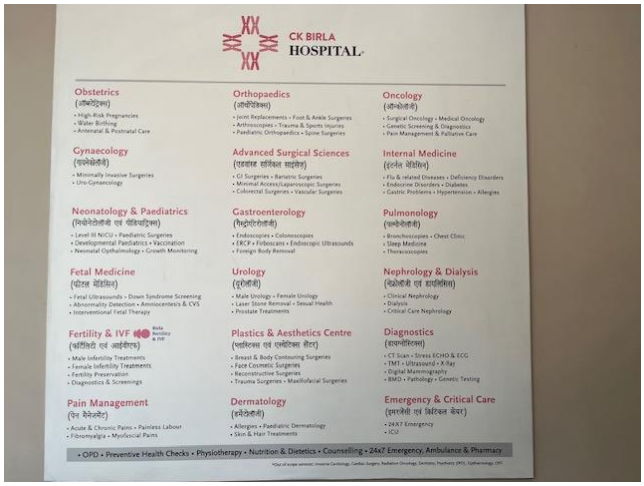

CK BIRLA HOSPITAL
EVACUATION PLAN - THIRD FLOOR
ON DISCOVERY OF FIRE
LEGEND
EVACUATION ROUTE
ALTERNATIVE EVACUATION ROUTE
YOU ARE HERE
ELEVATOR
FIRE EXTINGUISHER
FIRE HOSE CABINET
ASSEMBLY AREA
DO NOT USE LIFT
DO NOT STOP TO COLLECT PERSONAL BELONGINGS.
210x297mm www.signages.com

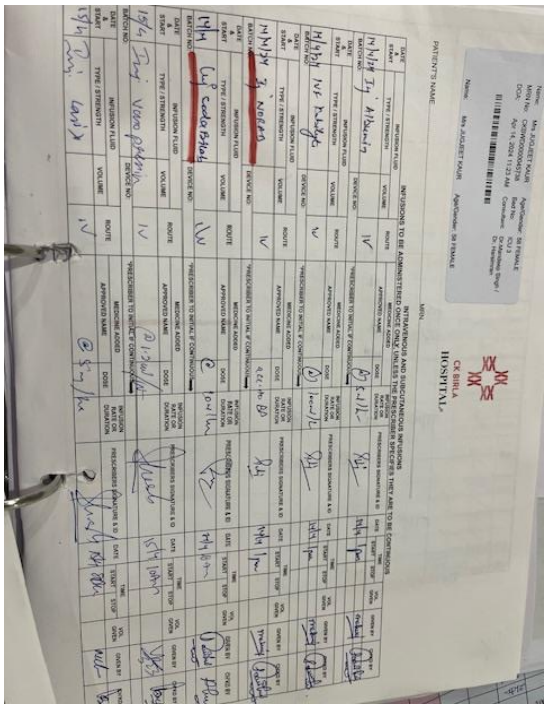


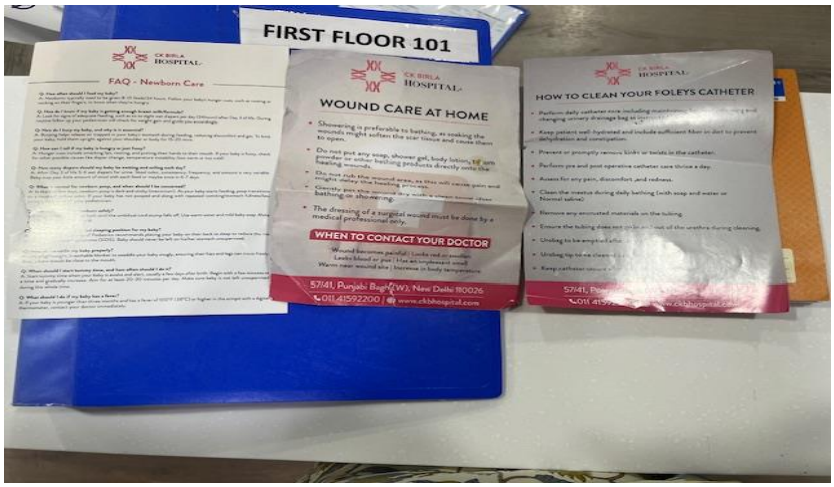







CK BIRLA HOSPITAL
Obstetrics
(ऑब्सटेट्रिक्स)
• High-Risk Pregnancies
• Water Birthing
• Antenatal & Postnatal Care
Orthopaedics
(ऑर्थोपेडिक्स)
• Joint Replacements • Foot & Ankle Surgeries
• Arthroscopies • Trauma & Sports Injuries
• Paediatric Orthopaedics • Spine Surgeries
Oncology
(ऑन्कोलॉजी)
• Surgical Oncology • Medical Oncology
• Genetic Screening & Diagnostics
• Pain Management & Palliative Care
Gynaecology
(एनोकोलॉजी)
• Minimally Invasive Surgeries
• Uro-Gynaecology
Advanced Surgical Sciences
(एडवांस सर्जिकल साइंसेज)
• GI Surgeries • Bariatric Surgeries
• Minimal Access/Laparoscopic Surgeries
• Colorectal Surgeries • Vascular Surgeries
Internal Medicine
(इंटर्नल मेडिसिन)
• Flu & related Diseases • Deficiency Disorders
• Endocrine Disorders • Diabetes
• Gastric Problems • Hypertension • Allergies
Neonatology & Paediatrics
(निओनेटोलॉजी एवं पीडियाट्रिक्स)
• Level III NICU • Paediatric Surgeries
• Developmental Paediatrics • Vaccination
• Neonatal Opthalmology • Growth Monitoring
Gastroenterology
(गैस्ट्रोएंटेरोलॉजी)
• Endoscopies • Colonoscopies
• ERCP • Fibroscans • Endoscopic Ultrasounds
• Foreign Body Removal
Pulmonology
(न्यूमोलॉजी)
• Bronchoscopies • Chest Clinic
• Sleep Medicine
• Thoracoscopies
Fetal Medicine
(फीटल मेडिसिन)
• Fetal Ultrasounds • Down Syndrome Screening
• Abnormality Detection • Amniocentesis & CVS
• Interventional Fetal Therapy
Urology
(यूरोलॉजी)
• Male Urology • Female Urology
• Laser Stone Removal • Sexual Health
• Prostate Treatments
Nephrology & Dialysis
(नेफ्रोलॉजी एवं डायलिसिस)
• Clinical Nephrology
• Dialysis
• Critical Care Nephrology
Fertility & IVF
(फर्टिलिटी एवं आईवीएफ)
• Male Infertility Treatments
• Female Infertility Treatments
• Fertility Preservation
• Diagnostics & Screenings
Plastics & Aesthetics Centre
(प्लास्टिक्स एवं एस्थेटिक्स सेंटर)
• Breast & Body Contouring Surgeries
• Face Cosmetic Surgeries
• Reconstructive Surgeries
• Trauma Surgeries • Maxillofacial Surgeries
Diagnostics
(डायग्नोस्टिक्स)
• CT Scan • Stress ECHO & ECG
• TMT • Ultrasound • X-Ray
• Digital Mammography
• BMD • Pathology • Genetic Testing
Pain Management
(पेन मैनेजमेंट)
• Acute & Chronic Pains • Painless Labour
• Fibromyalgia • Myofascial Pains
Dermatology
(डर्मेटोलॉजी)
• Allergies • Paediatric Dermatology
• Skin & Hair Treatments
Emergency & Critical Care
(इमरजेंसी एवं क्रिटिकल केयर)
• 24X7 Emergency
• ICU
• OPD • Preventive Health Checks • Physiotherapy • Nutrition & Dietetics • Counselling • 24x7 Emergency, Ambulance & Pharmacy


PATIENT'S NAME
CK BIRLA HOSPITAL


FIRST FLOOR 101
CK BIRLA HOSPITAL
FAQ - Newborn Care
WOUND CARE AT HOME
WHEN TO CONTACT YOUR DOCTOR
HOW TO CLEAN YOUR FOLEYS CATHETER

ANNEXURE - III

S.No	Time of Admission	Initial Assessment	Duly Filed
1	17:57	22:40	Yes
2	20:19	20:50	No
3	14:24	15:00	No
4	20:41		Yes
5	18:21	19:01	Yes
6	22:01	22:30	No
7	21:22	22:00	Yes
8	23:23	23:40	Yes
9	17:03	18:50	No
10	20:43	21:45	Yes
11	20:09		No
12	20:38	21:00	No
13	16:30	17:20	No
14	14:45		Yes
15	16:25	17:51	No
16	17:28	18:15	No
17	9:42		No
18	8:07	11:00	No
19	6:04	6:30	Yes
20	12:12	12:30	Yes
21	6:08		Yes
22	18:47	19:20	Yes
23	11:16		No
24	21:11	21:45	Yes
25	8:48	9:00	No
26	11:42		Yes
27	8:16		Yes
28	21:24		No
29	16:54	18:50	Yes
30	12:32	14:00	Yes
31	20:54		Yes
32	16:20		No
33	11:03	12:00	Yes
34	0:25	0:30	Yes
35	9:08		Yes
36	14:22	15:30	No
37	0:23		Yes
38	10:46		No
39	13:48	14:45	No
40	8:37		No
41	15:15		No
42	17:54		No

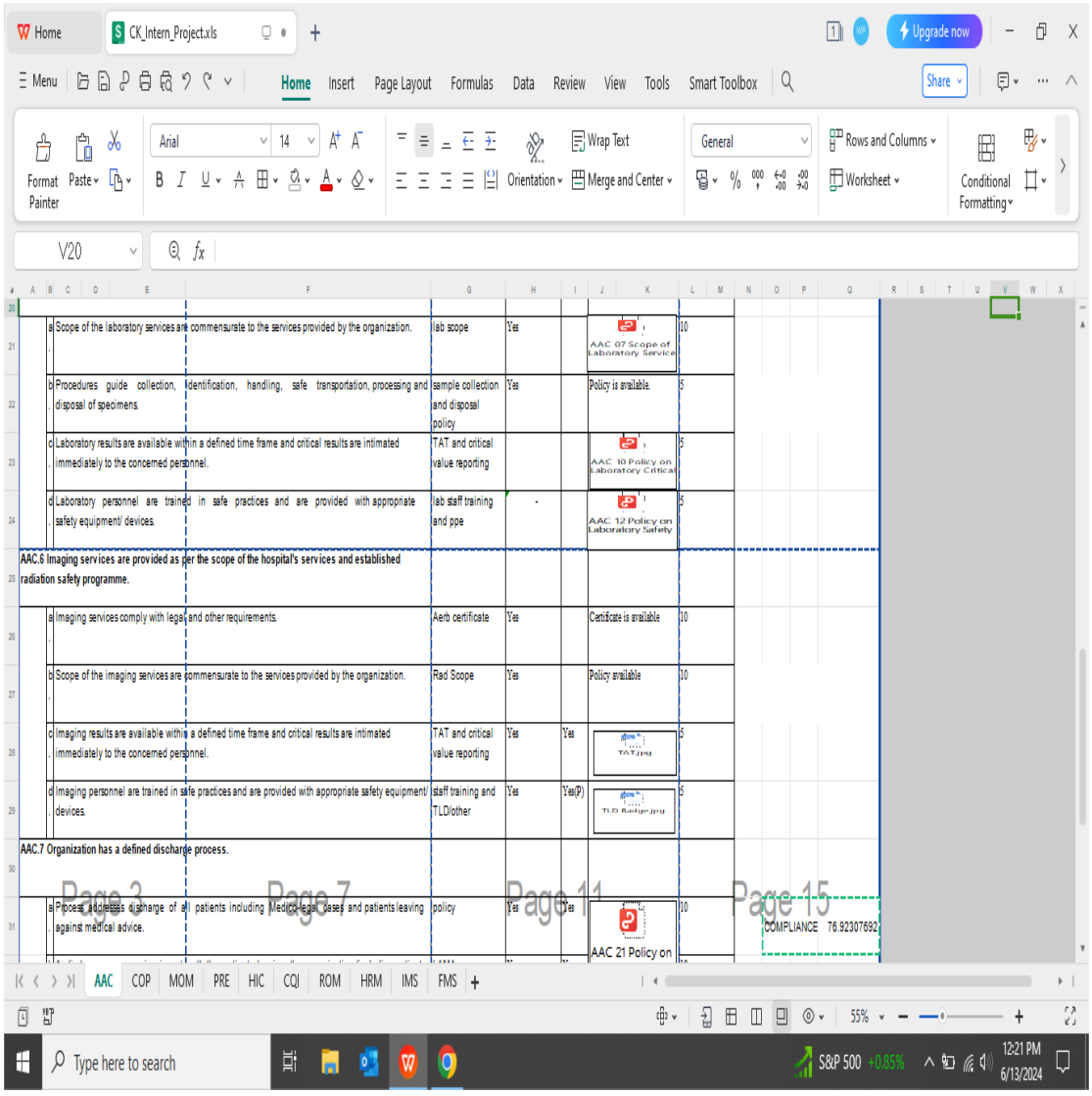
43	7:38		No
44	19:45		Yes
45	0:12		Yes
46	22:22	23:00	No
47	6:09	6:20	No
48	1:19		Yes
49	1:19		Yes
50	14:02	14:20	No

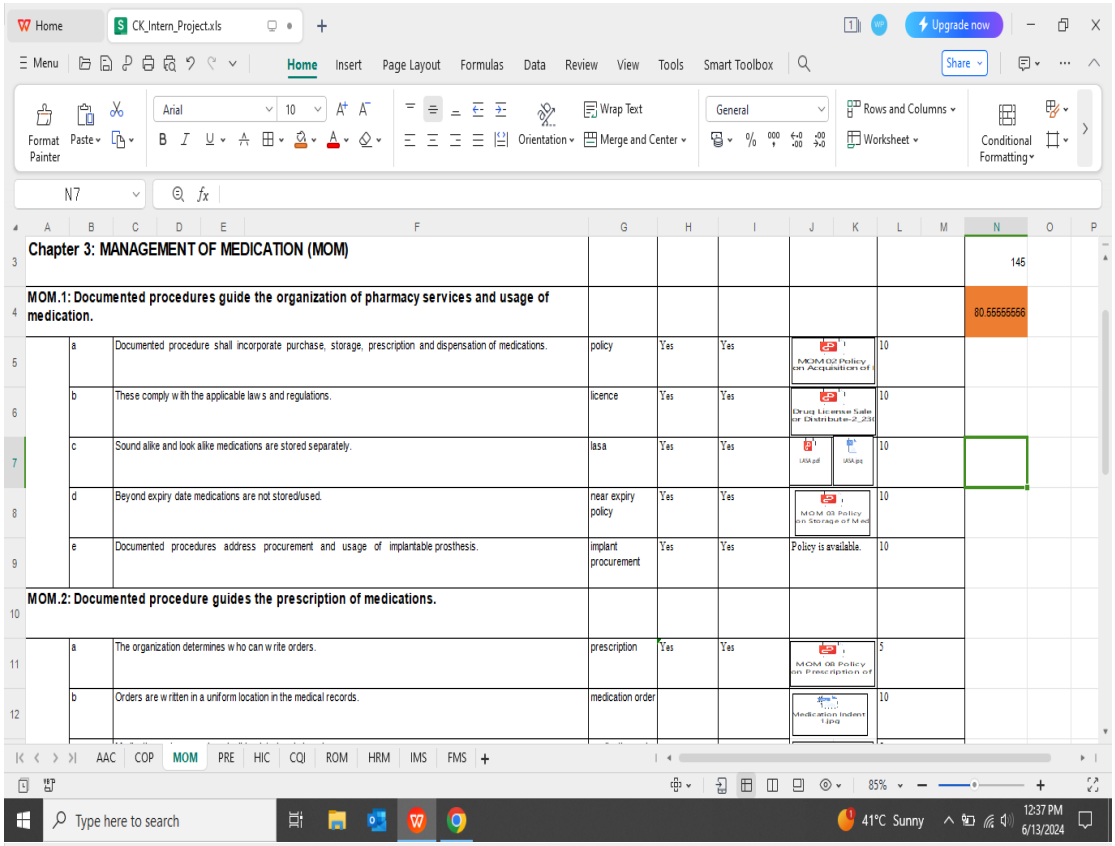
Sign and DMC No.	Issue	Difference of Time	Consent Compliance
No	Consultant	4:43	No
No	Consultant	0:31	Yes
No	Consultant	0:36	No
No	Consultant		No
Yes	N/A	0:40	No
No	Consultant	0:29	Yes
No	Consultant	0:38	No
Yes	N/A	0:17	No
No	Consultant	1:47	Yes
No	Consultant	1:02	No
No	Consultant		Yes
No	Consultant	0:22	Yes
No	Consultant	0:50	Yes
Yes	N/A		No
No	Consultant	1:26	Yes
No	Consultant	0:47	Yes
No	Consultant	-0.404166666666667	Yes
No	Consultant	2:53	Yes
Yes	N/A	0:26	No
No	Consultant	0:18	Yes
No	Consultant	-0.255555555555556	Yes
No	Consultant	0:33	No
Yes	N/A	-0.469444444444444	Yes
No	Consultant	0:34	No
No	Consultant	0:12	Yes
No	Consultant	-0.4875	Yes
Yes	N/A	-0.344444444444444	Yes
No	Consultant	-0.891666666666667	No
Yes	N/A	1:56	Yes
No	Consultant	1:28	No
No	Consultant	-0.870833333333333	Yes
No	Consultant	-0.680555555555556	Yes
No	Consultant	0:57	Yes
Yes	N/A	0:05	No

Yes	N/A	-0.380555555555556	No
No	Consultant	1:08	Yes
No	Consultant	-0.0159722222222222	No
No	Consultant	-0.448611111111111	Yes
No		0:57	yes
No	Both RMO snd consultant	-0.359027777777778	No
No	Both RMO snd consultant	-0.635416666666667	No
No	Consultant	-0.745833333333333	No
No	Consultant	-0.318055555555556	Yes
No	Consultant	-0.822916666666667	Yes
Yes	N/A	-0.00833333333333333	Yes
No	Consultant	0:38	No
No	Consultant	0:11	Yes
No	Consultant	-0.0548611111111111	No
No	Consultant	-0.0548611111111111	No
No	Consultant	0:18	No

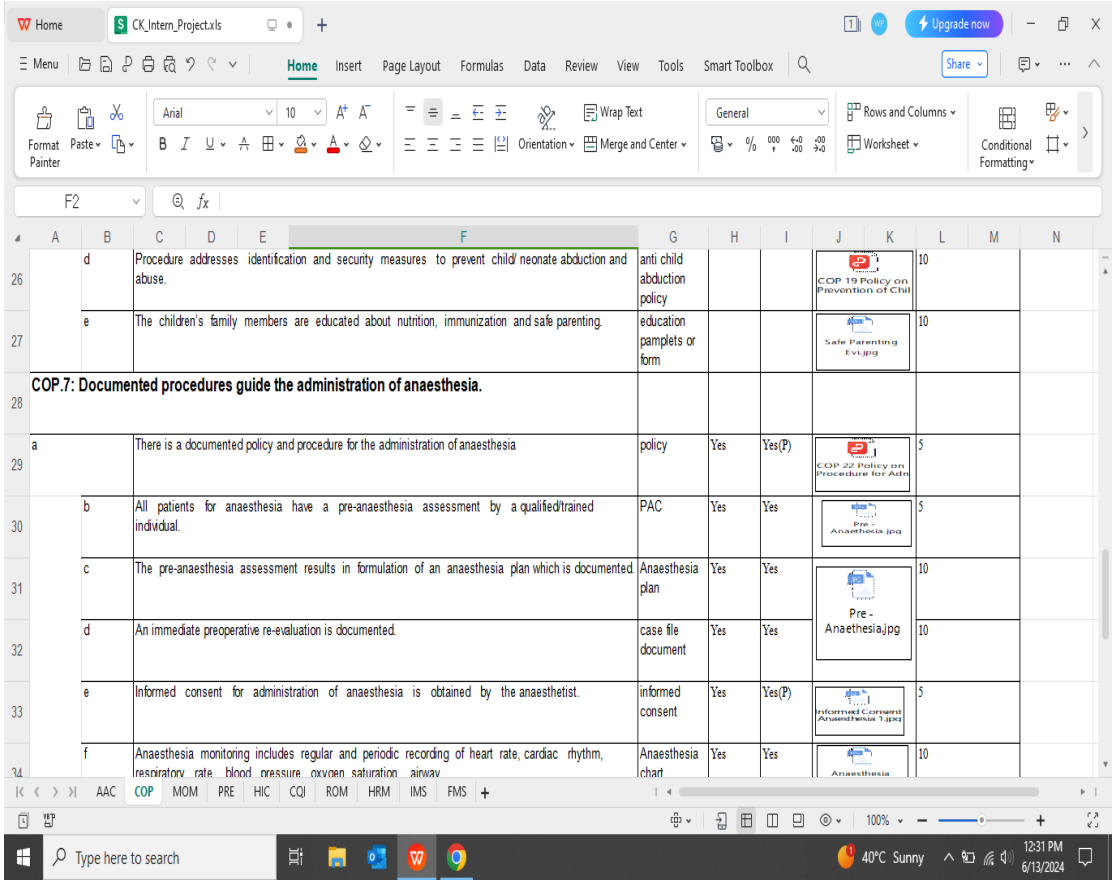
-

ANNEXURE - IV

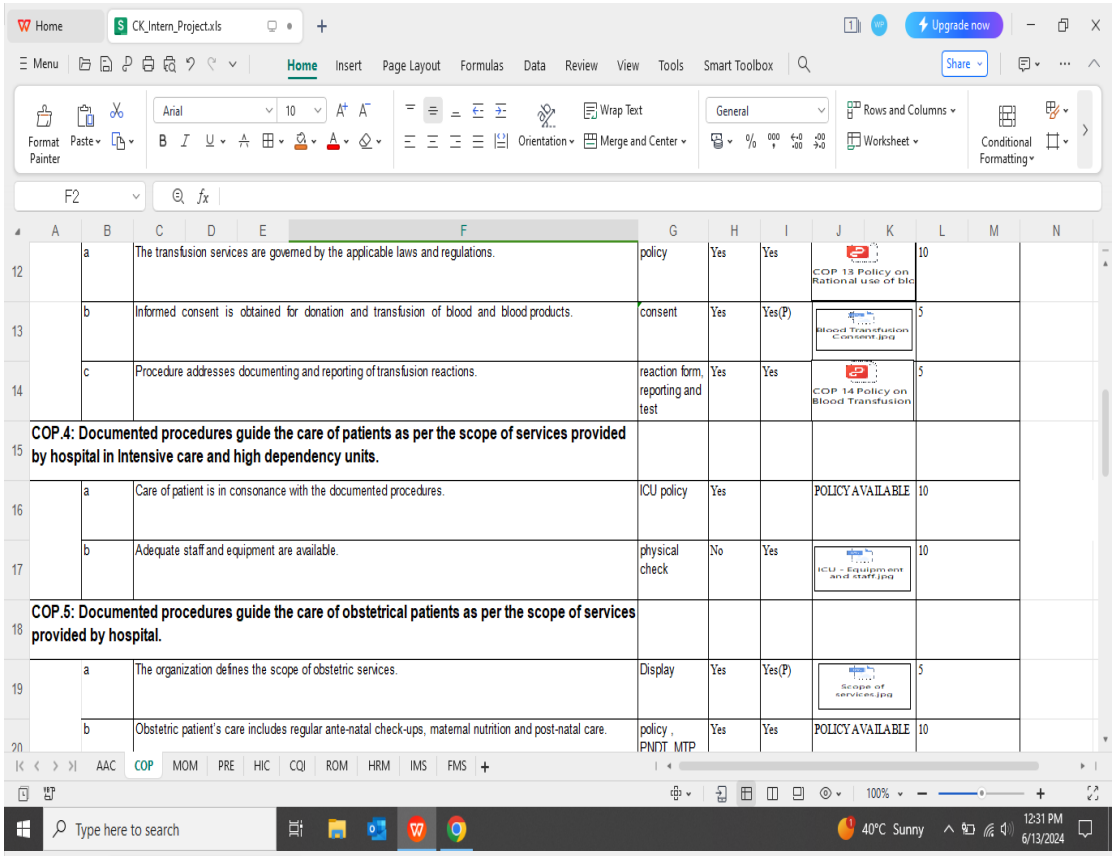

Home
CK_Intern_Project.xls
Upgrade now
Menu
Home Insert Page Layout Formulas Data Review View Tools Smart Toolbox
Share
Format Painter
Paste
Arial
14
Wrap Text
Orientation
Merge and Center
General
Rows and Columns
Worksheet
Conditional Formatting
V20
a. Scope of the laboratory services are commensurate to the services provided by the organization.
lab scope
Yes
AAC 07 Scope of Laboratory Service
10
b. Procedures guide collection, identification, handling, safe transportation, processing and disposal of specimens.
sample collection and disposal policy
Yes
Policy is available.
5
c. Laboratory results are available within a defined time frame and critical results are intimated immediately to the concerned personnel.
TAT and critical value reporting
AAC 10 Policy on Laboratory Critical
5
d. Laboratory personnel are trained in safe practices and are provided with appropriate safety equipment/ devices.
lab staff training and ppe
-
AAC 12 Policy on Laboratory Safety
5
AAC.6 Imaging services are provided as per the scope of the hospital's services and established radiation safety programme.
a. Imaging services comply with legal and other requirements.
Aerb certificate
Yes
Certificate is available
10
b. Scope of the imaging services are commensurate to the services provided by the organization.
Rad Scope
Yes
Policy available
10
c. Imaging results are available within a defined time frame and critical results are intimated immediately to the concerned personnel.
TAT and critical value reporting
Yes
Yes
TAT.jpg
5
d. Imaging personnel are trained in safe practices and are provided with appropriate safety equipment/ devices.
staff training and TLD/other
Yes
Yes(P)
TLD Badge.jpg
5
AAC.7 Organization has a defined discharge process.
a. Process addresses discharge of all patients including Medico-legal cases and patients leaving against medical advice.
policy
Yes
Yes
AAC 21 Policy on
10
COMPLIANCE 76.92307692
Page 3
Page 7
Page 11
Page 15
AAC
COP
MOM
PRE
HIC
CQI
ROM
HRM
IMS
FMS
55%
Type here to search
S&P 500 +0.85%
12:21 PM
6/13/2024



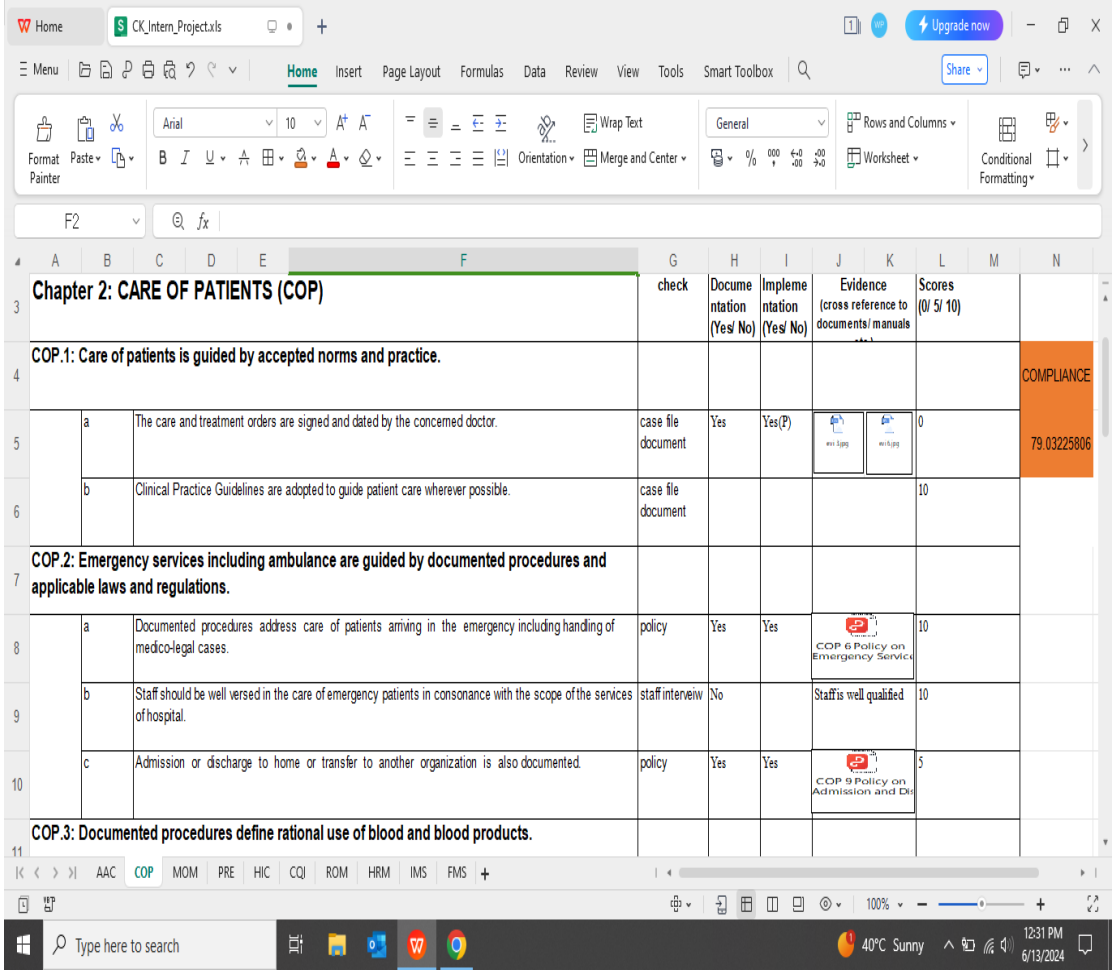
Chapter 3: MANAGEMENT OF MEDICATION (MOM)							145
MOM.1: Documented procedures guide the organization of pharmacy services and usage of medication.							80.55555556
	a	Documented procedure shall incorporate purchase, storage, prescription and dispensation of medications.	policy	Yes	Yes	10	
	b	These comply with the applicable laws and regulations.	licence	Yes	Yes	10	
	c	Sound alike and look alike medications are stored separately.	lasa	Yes	Yes	10	
	d	Beyond expiry date medications are not stored/used.	near expiry policy	Yes	Yes	10	
	e	Documented procedures address procurement and usage of implantable prosthesis.	implant procurement	Yes	Yes	Policy is available. 10	
MOM.2: Documented procedure guides the prescription of medications.							
	a	The organization determines who can write orders.	prescription	Yes	Yes	5	
	b	Orders are written in a uniform location in the medical records.	medication order			10	



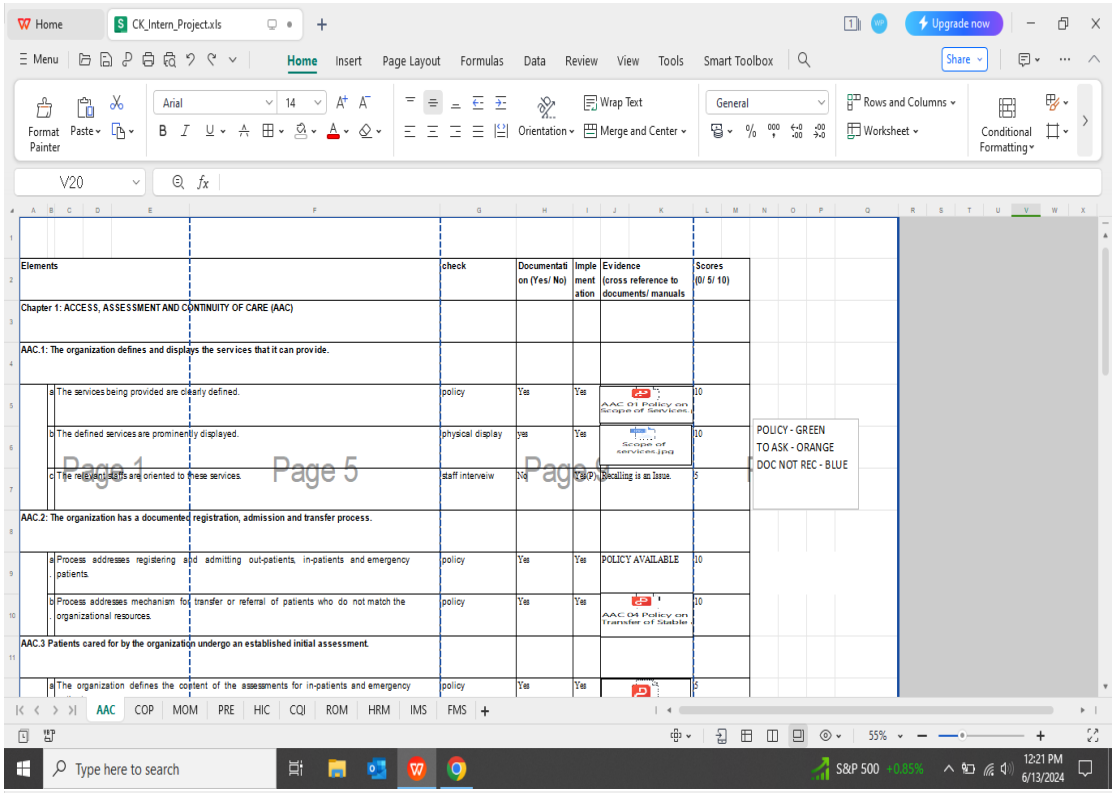
	d	Procedure addresses identification and security measures to prevent child/ neonate abduction and abuse.	anti child abduction policy			10	
	e	The children's family members are educated about nutrition, immunization and safe parenting.	education pamplets or form			10	
COP.7: Documented procedures guide the administration of anaesthesia.							
a		There is a documented policy and procedure for the administration of anaesthesia	policy	Yes	Yes(P)	5	
	b	All patients for anaesthesia have a pre-anaesthesia assessment by a qualified/trained individual.	PAC	Yes	Yes	5	
	c	The pre-anaesthesia assessment results in formulation of an anaesthesia plan which is documented.	Anaesthesia plan	Yes	Yes	10	
	d	An immediate preoperative re-evaluation is documented.	case file document	Yes	Yes	10	
	e	Informed consent for administration of anaesthesia is obtained by the anaesthetist.	informed consent	Yes	Yes(P)	5	
	f	Anaesthesia monitoring includes regular and periodic recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway	Anaesthesia chart	Yes	Yes	10	



	a	The transfusion services are governed by the applicable laws and regulations.	policy	Yes	Yes	COP 13 Policy on Rational use of blo	10
	b	Informed consent is obtained for donation and transfusion of blood and blood products.	consent	Yes	Yes(P)	Blood Transfusion Consent.jpg	5
	c	Procedure addresses documenting and reporting of transfusion reactions.	reaction form, reporting and test	Yes	Yes	COP 14 Policy on Blood Transfusion	5
COP.4: Documented procedures guide the care of patients as per the scope of services provided by hospital in Intensive care and high dependency units.							
	a	Care of patient is in consonance with the documented procedures.	ICU policy	Yes		POLICY AVAILABLE	10
	b	Adequate staff and equipment are available.	physical check	No	Yes	ICU - Equipment and staff.jpg	10
COP.5: Documented procedures guide the care of obstetrical patients as per the scope of services provided by hospital.							
	a	The organization defines the scope of obstetric services.	Display	Yes	Yes(P)	Scope of services.jpg	5
	b	Obstetric patient's care includes regular ante-natal check-ups, maternal nutrition and post-natal care.	policy , PNDT MTP	Yes	Yes	POLICY AVAILABLE	10



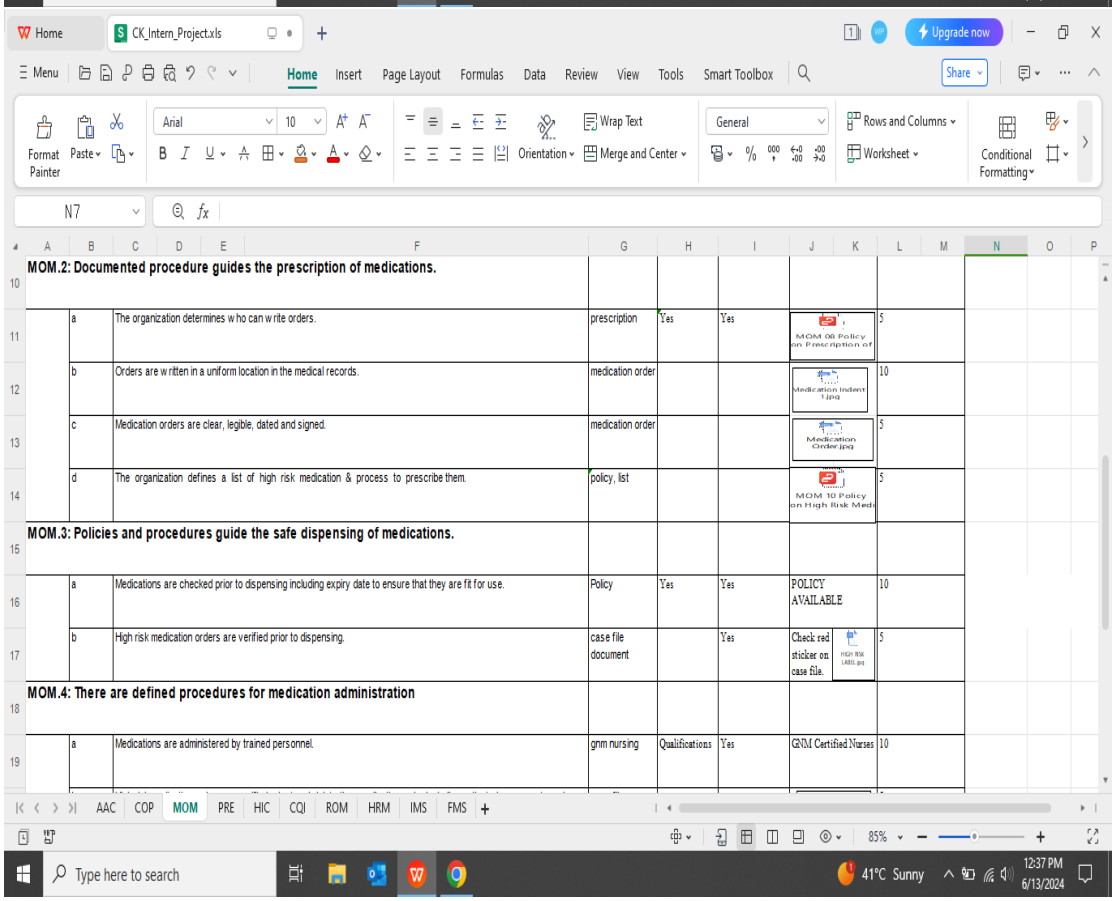
Chapter 2: CARE OF PATIENTS (COP)			check	Documentation (Yes/ No)	Implementation (Yes/ No)	Evidence (cross reference to documents/ manuals	Scores (0/ 5/ 10)	
COP.1: Care of patients is guided by accepted norms and practice.								COMPLIANCE
	a	The care and treatment orders are signed and dated by the concerned doctor.	case file document	Yes	Yes(P)		0	79.03225806
	b	Clinical Practice Guidelines are adopted to guide patient care wherever possible.	case file document				10	
COP.2: Emergency services including ambulance are guided by documented procedures and applicable laws and regulations.								
	a	Documented procedures address care of patients arriving in the emergency including handling of medico-legal cases.	policy	Yes	Yes	COP 6 Policy on Emergency Servic	10	
	b	Staff should be well versed in the care of emergency patients in consonance with the scope of the services of hospital.	staff interveiw	No		Staff is well qualified	10	
	c	Admission or discharge to home or transfer to another organization is also documented.	policy	Yes	Yes	COP 9 Policy on Admission and Dis	5	
COP.3: Documented procedures define rational use of blood and blood products.								



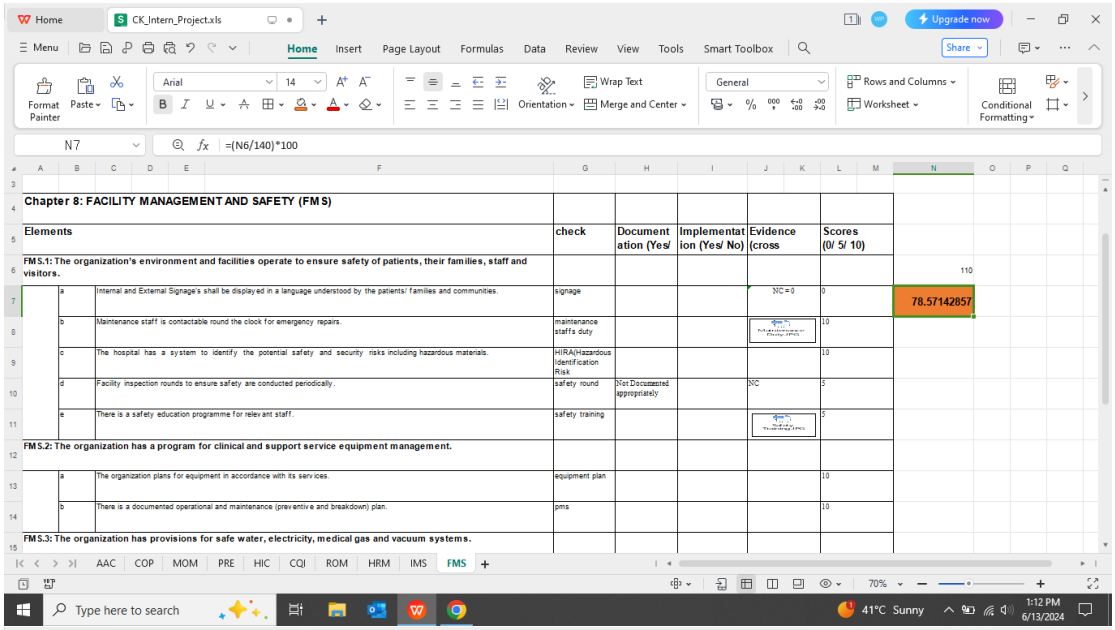
Elements	check	Documentation (Yes/ No)	Implement ation	Evidence (cross reference to documents/ manuals	Scores (0/ 5/ 10)
Chapter 1: ACCESS, ASSESSMENT AND CONTINUITY OF CARE (AAC)					
AAC.1: The organization defines and displays the services that it can provide.					
a The services being provided are clearly defined.	policy	Yes	Yes	AAC 01 Policy on Scope of Services.d	10
b The defined services are prominently displayed.	physical display	yes	Yes	Scope of services.jpg	10
c The relevant staffs are oriented to these services.	staff interveiw	No	Yes(P)	Recalling is an Issue.	5
AAC.2: The organization has a documented registration, admission and transfer process.					
a Process addresses registering and admitting out-patients, in-patients and emergency patients.	policy	Yes	Yes	POLICY AVAILABLE	10
b Process addresses mechanism for transfer or referral of patients who do not match the organizational resources.	policy	Yes	Yes	AAC 04 Policy on Transfer of Stable	10
AAC.3 Patients cared for by the organization undergo an established initial assessment.					
a The organization defines the content of the assessments for in-patients and emergency	policy	Yes	Yes		5

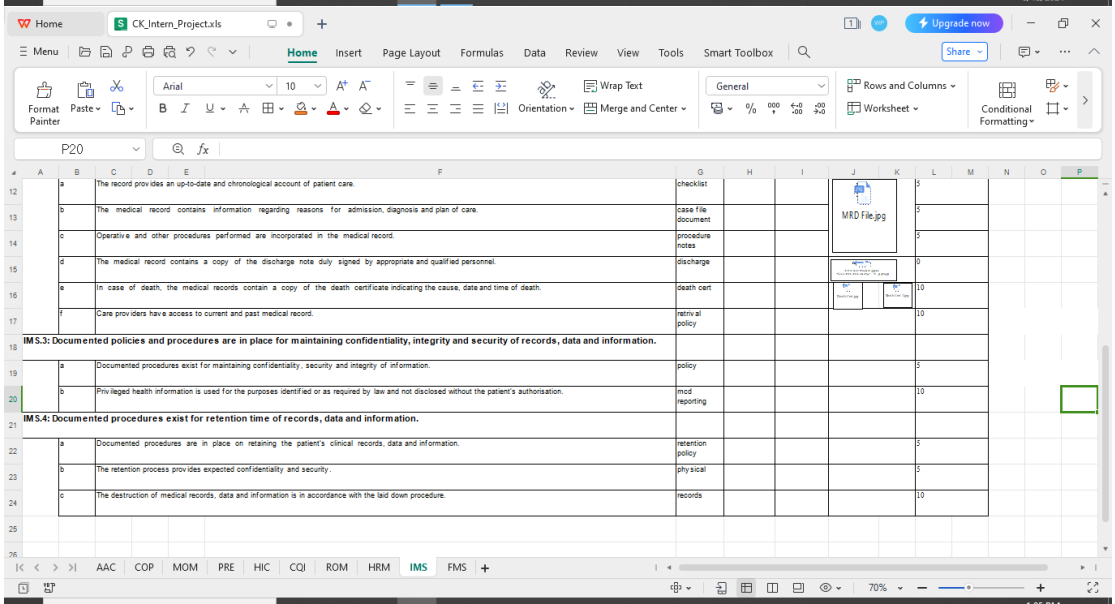
POLICY - GREEN
TO ASK - ORANGE
DOC NOT REC - BLUE

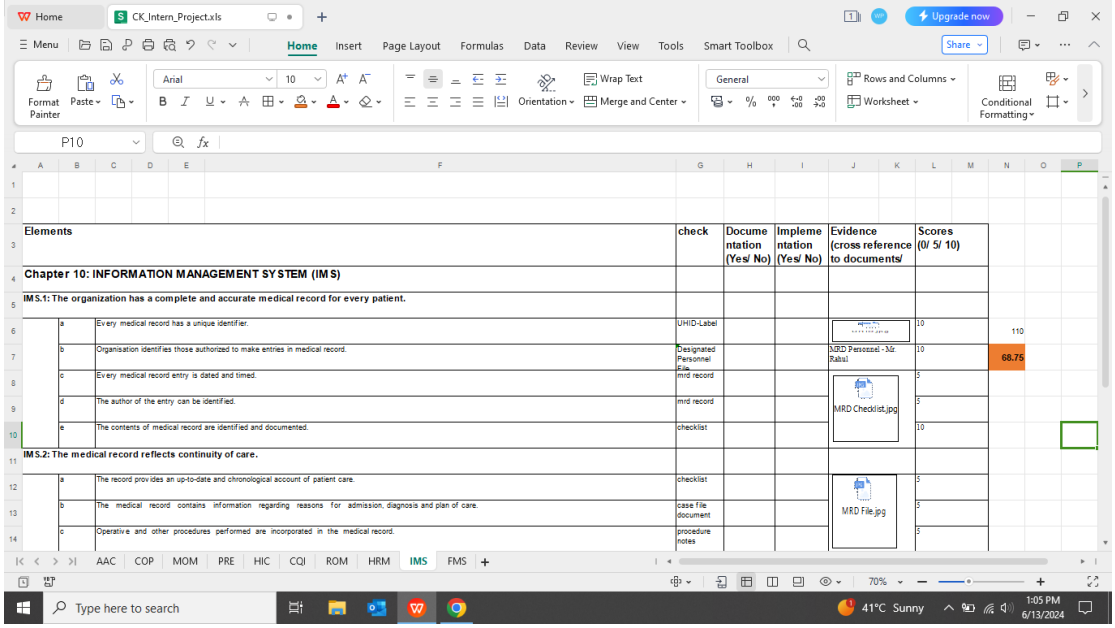
Page 1 Page 5 Page

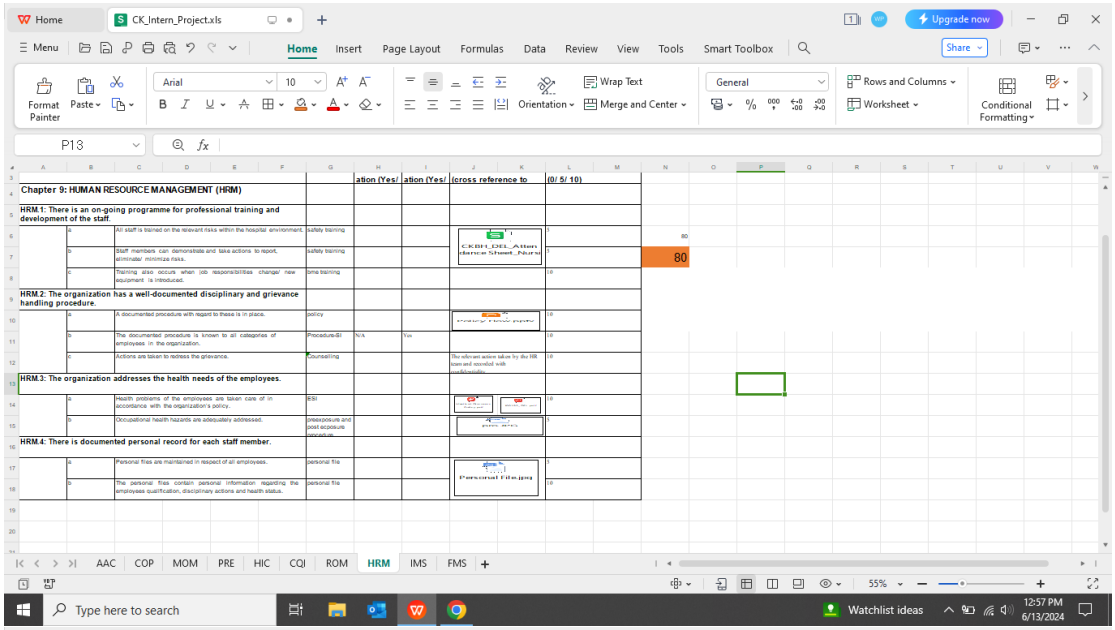


MOM.2: Documented procedure guides the prescription of medications.						
a	The organization determines who can write orders.	prescription	Yes	Yes	MOM 08 Policy on Prescription of	5
b	Orders are written in a uniform location in the medical records.	medication order			Medication Indent.jpg	10
c	Medication orders are clear, legible, dated and signed.	medication order			Medication Order.jpg	5
d	The organization defines a list of high risk medication & process to prescribe them.	policy, list			MOM 10 Policy on High Risk Medi	5
MOM.3: Policies and procedures guide the safe dispensing of medications.						
a	Medications are checked prior to dispensing including expiry date to ensure that they are fit for use.	Policy	Yes	Yes	POLICY AVAILABLE	10
b	High risk medication orders are verified prior to dispensing.	case file document		Yes	Check red sticker on case file.	5
MOM.4: There are defined procedures for medication administration						
a	Medications are administered by trained personnel.	gnm nursing	Qualifications	Yes	GNM Certified Nurses	10

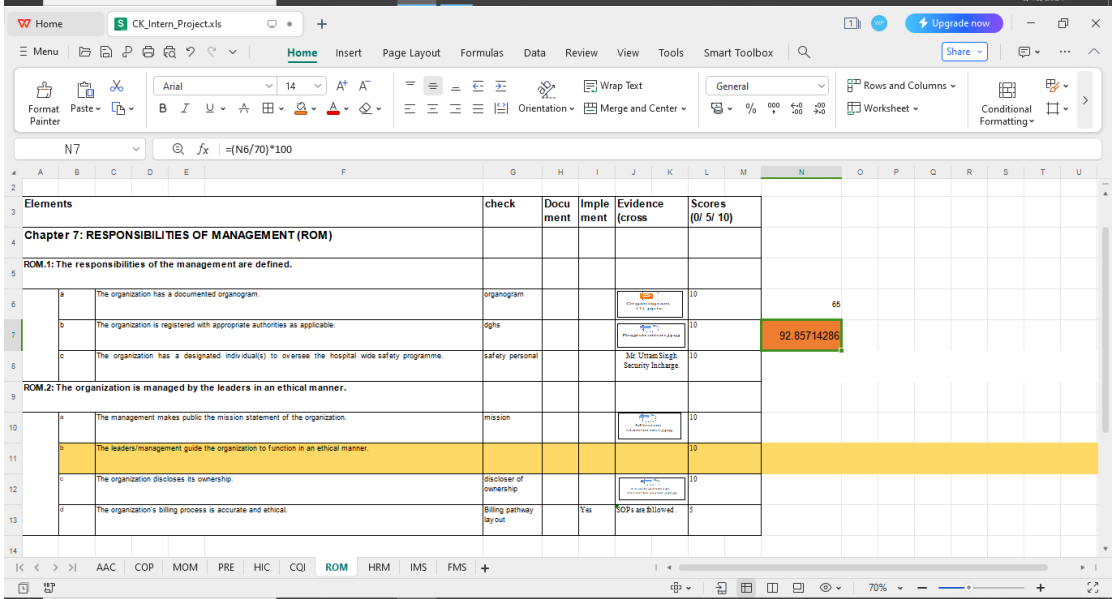

CK_Intern_Project.xls
Home
Insert
Page Layout
Formulas
Data
Review
View
Tools
Smart Toolbox
N7
=(N6/140)*100
Chapter 8: FACILITY MANAGEMENT AND SAFETY (FMS)
Elements
check
Documentation (Yes/
Implementation (Yes/ No)
Evidence (cross
Scores (0/ 5/ 10)
FMS.1: The organization's environment and facilities operate to ensure safety of patients, their families, staff and visitors.
a Internal and External Signage's shall be displayed in a language understood by the patients/ families and communities. signage NC = 0 0
b Maintenance staff is contactable round the clock for emergency repairs. maintenance staffs duty 10
c The hospital has a system to identify the potential safety and security risks including hazardous materials. HIRA(Hazardous Identification Risk 10
d Facility inspection rounds to ensure safety are conducted periodically. safety round Not Documented appropriately NC 5
e There is a safety education programme for relevant staff. safety training 5
FMS.2: The organization has a program for clinical and support service equipment management.
a The organization plans for equipment in accordance with its services. equipment plan 10
b There is a documented operational and maintenance (preventive and breakdown) plan. pms 10
FMS.3: The organization has provisions for safe water, electricity, medical gas and vacuum systems.
110
78.57142857
AAC COP MOM PRE HIC CQI ROM HRM IMS FMS
41°C Sunny
1:12 PM
6/13/2024


CK_Intern_Project.xls
P20
a The record provides an up-to-date and chronological account of patient care. checklist 5
b The medical record contains information regarding reasons for admission, diagnosis and plan of care. case file document MRD File.jpg 5
c Operative and other procedures performed are incorporated in the medical record. procedure notes 5
d The medical record contains a copy of the discharge note duly signed by appropriate and qualified personnel. discharge 0
e In case of death, the medical records contain a copy of the death certificate indicating the cause, date and time of death. death cert 10
f Care providers have access to current and past medical record. retrival policy 10
IMS.3: Documented policies and procedures are in place for maintaining confidentiality, integrity and security of records, data and information.
a Documented procedures exist for maintaining confidentiality, security and integrity of information. policy 5
b Privileged health information is used for the purposes identified or as required by law and not disclosed without the patient's authorisation. mcd reporting 10
IMS.4: Documented procedures exist for retention time of records, data and information.
a Documented procedures are in place on retaining the patient's clinical records, data and information. retention policy 5
b The retention process provides expected confidentiality and security. physical 5
c The destruction of medical records, data and information is in accordance with the laid down procedure. records 10
AAC COP MOM PRE HIC CQI ROM HRM IMS FMS
41°C Sunny
1:05 PM
6/13/2024

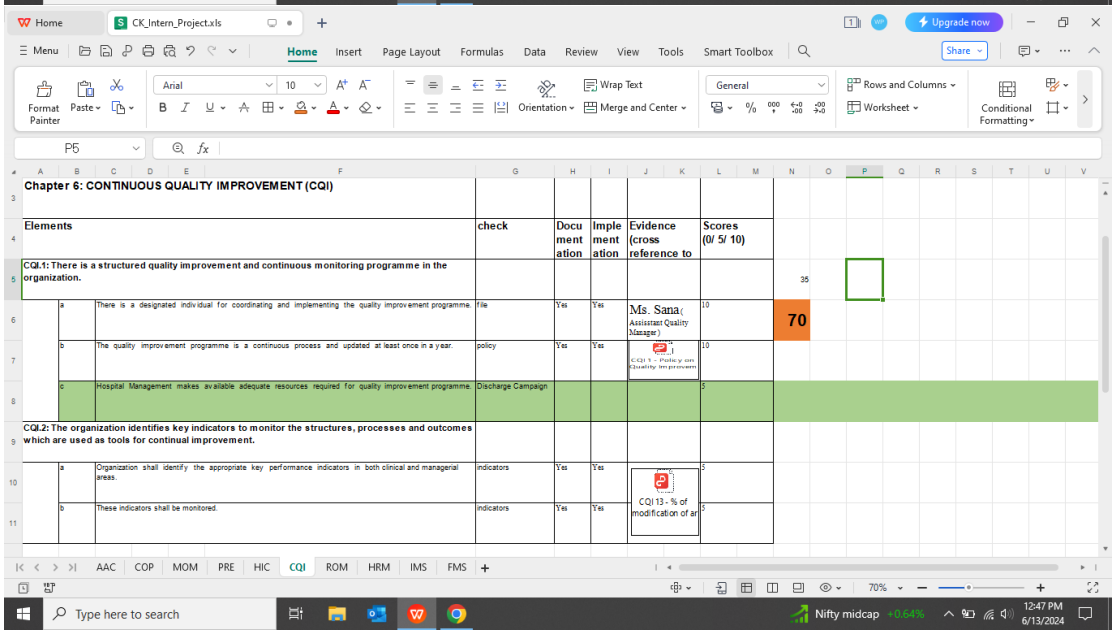

CK_Intern_Project.xls
P10
Elements
check
Documentation (Yes/ No)
Implementation (Yes/ No)
Evidence (cross reference to documents/
Scores (0/ 5/ 10)
Chapter 10: INFORMATION MANAGEMENT SYSTEM (IMS)
IMS.1: The organization has a complete and accurate medical record for every patient.
a Every medical record has a unique identifier. UHID-Label 10
b Organisation identifies those authorized to make entries in medical record. Designated Personnel File MRD Personnel - Mr. Rahul 10
c Every medical record entry is dated and timed. mrd record 5
d The author of the entry can be identified. mrd record MRD Checklist.jpg 5
e The contents of medical record are identified and documented. checklist 10
IMS.2: The medical record reflects continuity of care.
a The record provides an up-to-date and chronological account of patient care. checklist 5
b The medical record contains information regarding reasons for admission, diagnosis and plan of care. case file document MRD File.jpg 5
c Operative and other procedures performed are incorporated in the medical record. procedure notes 5
110
68.75
AAC COP MOM PRE HIC CQI ROM HRM IMS FMS
41°C Sunny
1:05 PM
6/13/2024



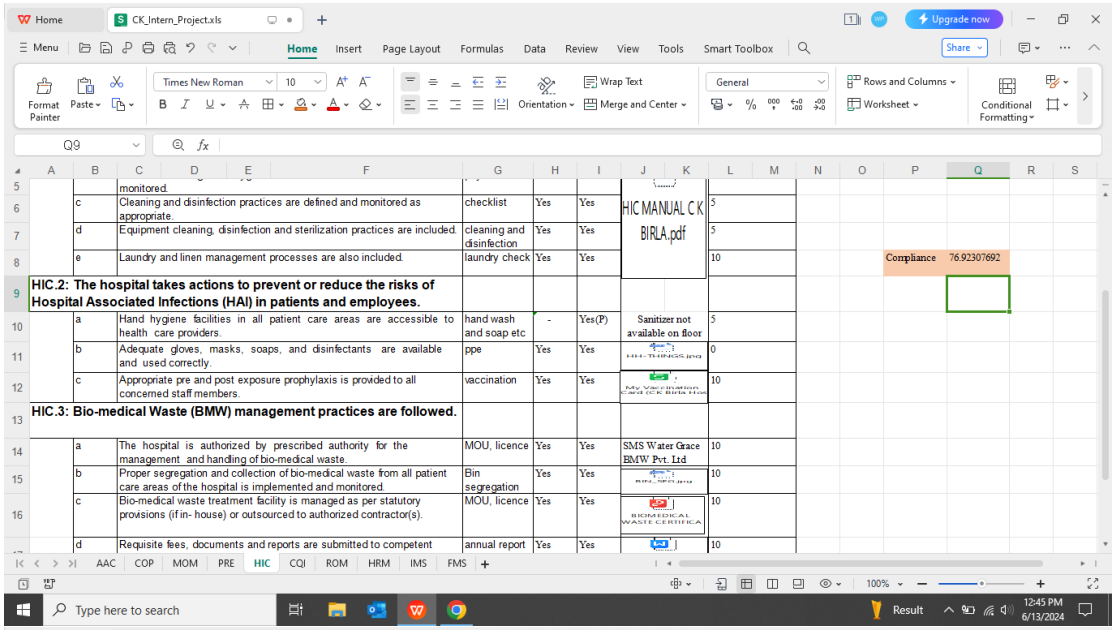
Chapter 9: HUMAN RESOURCE MANAGEMENT (HRM)						
HRM.1: There is an on-going programme for professional training and development of the staff.						
	a	All staff is trained on the relevant risks within the hospital environment.	safety training			
	b	Staff members can demonstrate and take actions to report, eliminate/ minimize risks.	safety training			
	c	Training also occurs when job responsibilities change/ new equipment is introduced.	time training			
HRM.2: The organization has a well-documented disciplinary and grievance handling procedure.						
	a	A documented procedure with regard to these is in place.	policy			
	b	The documented procedure is known to all categories of employees in the organization.	Procedure-SI	N/A	Yes	
	c	Actions are taken to redress the grievance.	Counselling			
HRM.3: The organization addresses the health needs of the employees.						
	a	Health problems of the employees are taken care of in accordance with the organization's policy.	BSI			
	b	Occupational health hazards are adequately addressed.	preexposure and post exposure			
HRM.4: There is documented personal record for each staff member.						
	a	Personal files are maintained in respect of all employees.	personal file			
	b	The personal files contain personal information regarding the employees qualification, disciplinary actions and health status.	personal file			



Elements	check	Document	Implement	Evidence (cross	Scores (0/ 5/ 10)
Chapter 7: RESPONSIBILITIES OF MANAGEMENT (ROM)					
ROM.1: The responsibilities of the management are defined.					
a The organization has a documented organogram.	organogram				10
b The organization is registered with appropriate authorities as applicable.	dghs				10
c The organization has a designated individual(s) to oversee the hospital wide safety programme.	safety personal			Mr Uttam Singh Security Incharge	10
ROM.2: The organization is managed by the leaders in an ethical manner.					
a The management makes public the mission statement of the organization.	mission				10
b The leaders/management guide the organization to function in an ethical manner.					10
c The organization discloses its ownership.	discloser of ownership				10
d The organization's billing process is accurate and ethical.	Billing pathway lay out		Yes	SOPs are followed .	5

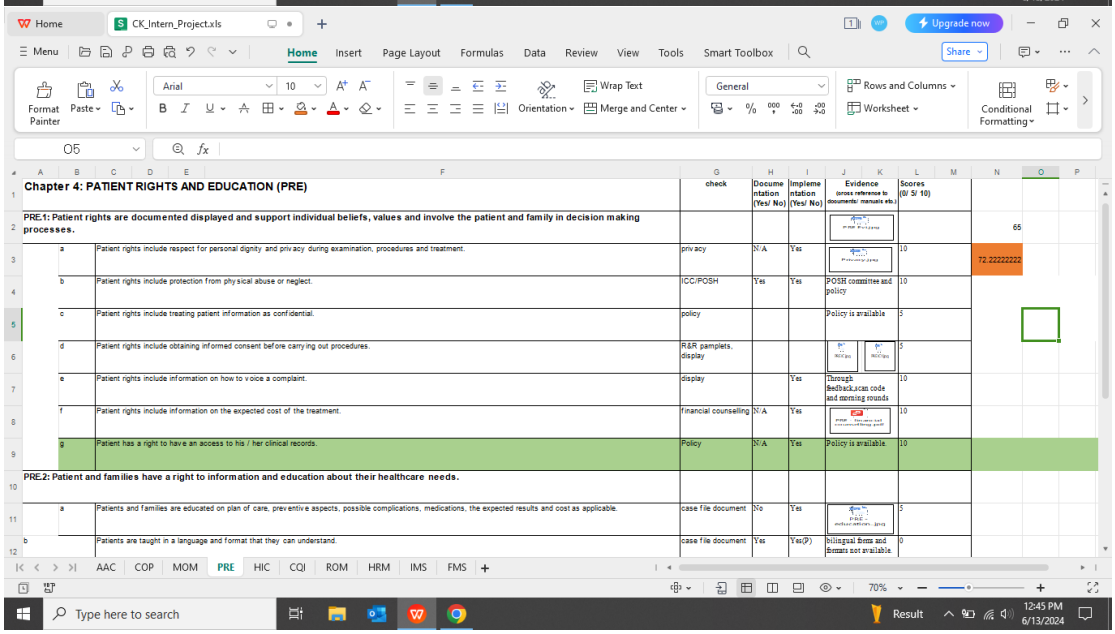


Chapter 6: CONTINUOUS QUALITY IMPROVEMENT (CQI)					
Elements	check	Documentation	Implementation	Evidence (cross reference to	Scores (0/ 5/ 10)
CQI.1: There is a structured quality improvement and continuous monitoring programme in the organization.					
a There is a designated individual for coordinating and implementing the quality improvement programme.	file	Yes	Yes	Ms. Sana (Assistant Quality Manager)	10
b The quality improvement programme is a continuous process and updated at least once in a year.	policy	Yes	Yes	CQI 1 - Policy on Quality Improvem	10
c Hospital Management makes available adequate resources required for quality improvement programme.	Discharge Campaign				5
CQI.2: The organization identifies key indicators to monitor the structures, processes and outcomes which are used as tools for continual improvement.					
a Organization shall identify the appropriate key performance indicators in both clinical and managerial areas.	indicators	Yes	Yes		5
b These indicators shall be monitored.	indicators	Yes	Yes	CQI 13 - % of modification of ar	5



		monitored.					
	c	Cleaning and disinfection practices are defined and monitored as appropriate.	checklist	Yes	Yes	HIC MANUAL C K BIRLA.pdf	5
	d	Equipment cleaning, disinfection and sterilization practices are included.	cleaning and disinfection	Yes	Yes		5
	e	Laundry and linen management processes are also included.	laundry check	Yes	Yes		10
	HIC.2: The hospital takes actions to prevent or reduce the risks of Hospital Associated Infections (HAI) in patients and employees.						
	a	Hand hygiene facilities in all patient care areas are accessible to health care providers.	hand wash and soap etc	-	Yes(P)	Sanitizer not available on floor	5
	b	Adequate gloves, masks, soaps, and disinfectants are available and used correctly.	ppe	Yes	Yes	HH-THINGS.jpg	0
	c	Appropriate pre and post exposure prophylaxis is provided to all concerned staff members.	vaccination	Yes	Yes	My Vaccination Card (CK Birla Hos	10
	HIC.3: Bio-medical Waste (BMW) management practices are followed.						
	a	The hospital is authorized by prescribed authority for the management and handling of bio-medical waste.	MOU, licence	Yes	Yes	SMS Water Grace BMW Pvt. Ltd	10
	b	Proper segregation and collection of bio-medical waste from all patient care areas of the hospital is implemented and monitored.	Bin segregation	Yes	Yes		10
	c	Bio-medical waste treatment facility is managed as per statutory provisions (if in- house) or outsourced to authorized contractor(s).	MOU, licence	Yes	Yes	BIOMEDICAL WASTE CERTIFICA	10
	d	Requisite fees, documents and reports are submitted to competent	annual report	Yes	Yes		10

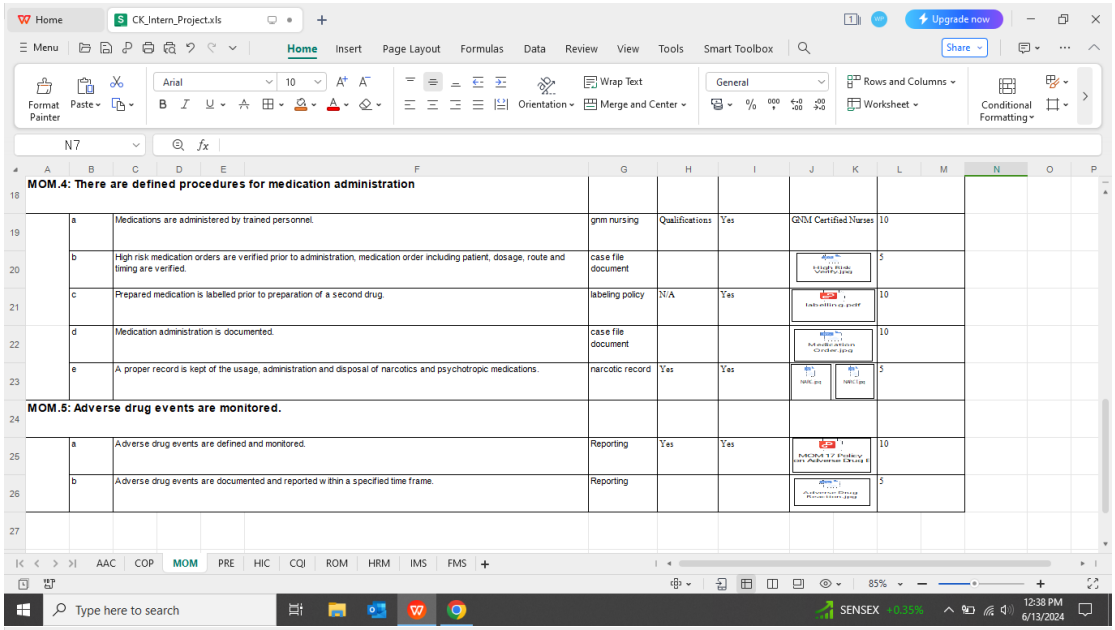
Compliance 76.92307692



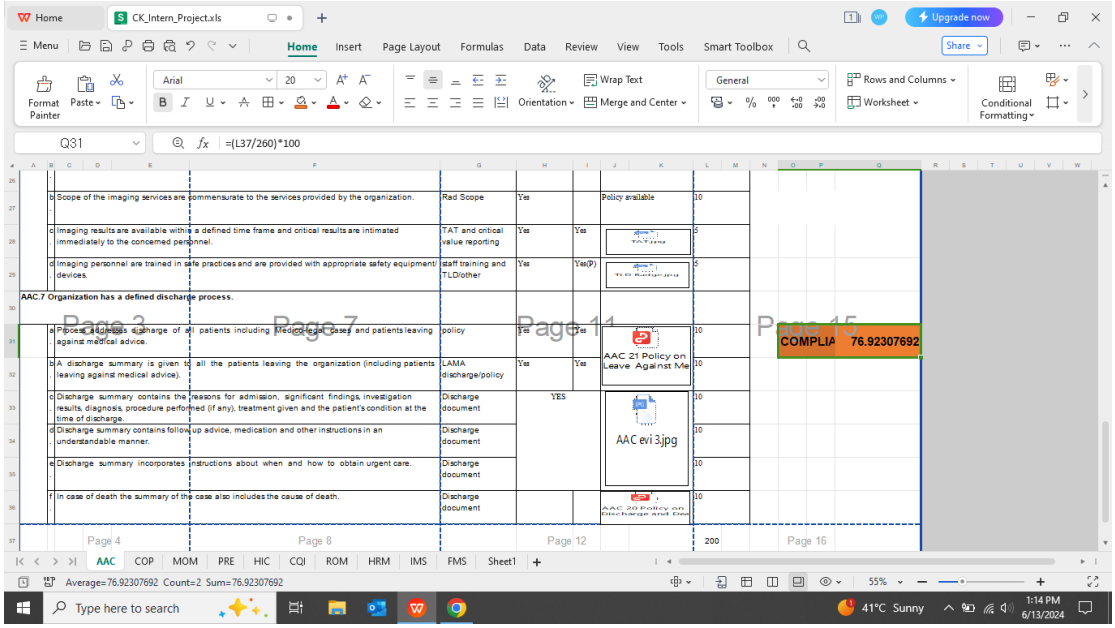
	Chapter 4: PATIENT RIGHTS AND EDUCATION (PRE)		check	Documentation (Yes/ No)	Implementation (Yes/ No)	Evidence (cross reference to documents/ manuals etc.)	Scores (0/ 5/ 10)
	PRE.1: Patient rights are documented displayed and support individual beliefs, values and involve the patient and family in decision making processes.						
a	Patient rights include respect for personal dignity and privacy during examination, procedures and treatment.		privacy	N/A	Yes		10
b	Patient rights include protection from physical abuse or neglect.		ICC/POSH	Yes	Yes	POSH committee and policy	10
c	Patient rights include treating patient information as confidential.		policy			Policy is available	5
d	Patient rights include obtaining informed consent before carrying out procedures.		R&R pamplets, display				5
e	Patient rights include information on how to voice a complaint.		display		Yes	Through feedback,scan code and morning rounds	10
f	Patient rights include information on the expected cost of the treatment.		financial counselling	N/A	Yes		10
g	Patient has a right to have an access to his / her clinical records.		Policy	N/A	Yes	Policy is available	10
	PRE.2: Patient and families have a right to information and education about their healthcare needs.						
a	Patients and families are educated on plan of care, preventive aspects, possible complications, medications, the expected results and cost as applicable.		case file document	No	Yes		5
b	Patients are taught in a language and format that they can understand.		case file document	Yes	Yes(P)	bilingual items and formats not available.	0

65

72.22222222



MOM.4: There are defined procedures for medication administration							
	a	Medications are administered by trained personnel.	gnm nursing	Qualifications	Yes	GNM Certified Nurses	10
	b	High risk medication orders are verified prior to administration, medication order including patient, dosage, route and timing are verified.	case file document				5
	c	Prepared medication is labelled prior to preparation of a second drug.	labeling policy	N/A	Yes		10
	d	Medication administration is documented.	case file document				10
	e	A proper record is kept of the usage, administration and disposal of narcotics and psychotropic medications.	narcotic record	Yes	Yes		5
MOM.5: Adverse drug events are monitored.							
	a	Adverse drug events are defined and monitored.	Reporting	Yes	Yes		10
	b	Adverse drug events are documented and reported w ithin a specified time frame.	Reporting				5



	b	Scope of the imaging services are commensurate to the services provided by the organization.	Rad Scope	Yes		Policy available	10
	c	Imaging results are available within a defined time frame and critical results are intimated immediately to the concerned personnel.	TAT and critical value reporting	Yes	Yes		5
	d	Imaging personnel are trained in safe practices and are provided with appropriate safety equipment/ devices.	staff training and TLD/other	Yes	Yes(P)		5
AAC.7 Organization has a defined discharge process.							
	a	Process addresses discharge of all patients including Medico-legal cases and patients leaving against medical advice.	policy	Yes	Yes	AAC 21 Policy on Leave Against Me	10
	b	A discharge summary is given to all the patients leaving the organization (including patients leaving against medical advice).	LAMA discharge/policy	Yes	Yes		10
	c	Discharge summary contains the reasons for admission, significant findings, investigation results, diagnosis, procedure performed (if any), treatment given and the patient's condition at the time of discharge.	Discharge document	YES		AAC evi 3.jpg	10
	d	Discharge summary contains follow up advice, medication and other instructions in an understandable manner.	Discharge document				10
	e	Discharge summary incorporates instructions about when and how to obtain urgent care.	Discharge document				10
	f	In case of death the summary of the case also includes the cause of death.	Discharge document			AAC 20 Policy on Discharge and De	10
							200

Page 2 Page 7 Page 11 Page 15 COMPLIA 76.92307692

Page 4 Page 8 Page 12 Page 16