# TITLE

A study the importance of NABH in accordance to health system framework and compliance of standards in a 45 - bedded hospital .

# RATIONALE

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- NABH STANDARD COMPLIANCE - ACCREDITATION
- MEDICO-LEGAL OBLIGATIONS
- DATA EVALUATION
- ETHICAL PRACTISES

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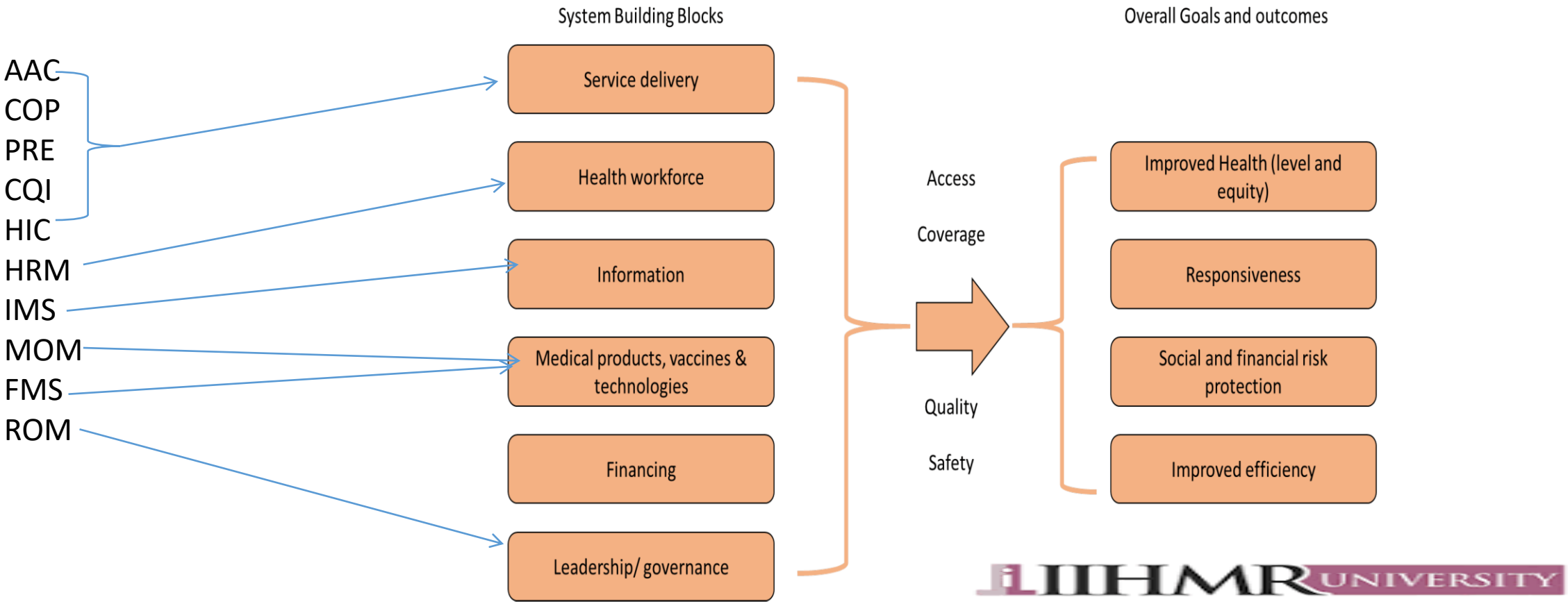
# BACKGROUND

NABH and Health System Framework goes hand in hand which signales towards the importance of health system in public health as well as private health sectors .



# AIMS AND OBJECTIVES

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- **To evaluate current practises for the NABH standards for SHCO.**
- **To observe gap analysis in the compliance of the standards .**
- **To evaluate knowledge and attitude of staff towards the same**
- **To suggest a plan of action for each .**

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# LITERATURE REVIEW

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| S.NO | LITERATURE ARTICLE | |
|---|---|---|
| 1. | **Introduction of Innovative Ideas and NABH Standards Adherence Impact(2)** | NABH accreditation aims beyond certification, emphasizing clinical excellence, infection control, and patient safety. |
| 2. | **Comparison of NABH and AB-PMJAY Quality Standards** | NABH standards complement AB-PMJAY by focusing on patient-centric and management-centric improvements in healthcare delivery. |
| 3. | **Importance of filling and documentation of OT Notes.** | 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. |
| 4. | **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 |

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# METHODOLOGY

RESEARCH AREA - CK BIRLA HOSPITAL , PUNJABI BAGH

RESEARCH STUDY - MIXED METHOD APPROACH

RESEARCH DESIGN - QUASI-EPERIMENTAL PRETEST-POSTTEST DESIGN

RESEARCH POPULATION – CK BIRLA HOSPITAL PROFESSIONALS AND DOCUMENTS.

RESEARCH INVOLVES THREE PHASES - PRE NABH AUDIT PHASE
INTERVENTION PHASE
POST NABH AUDIT

# PRE - AUDIT

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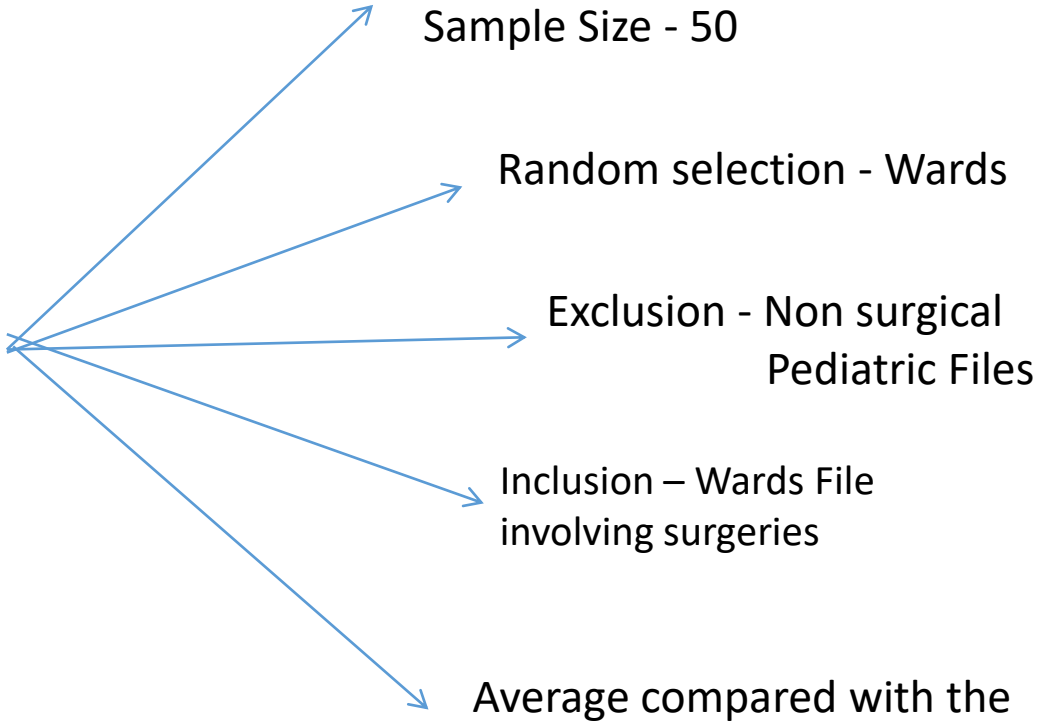
## Data Collection - Self Assessment Toolkit for entry Small Healthcare Organisations

POLICIES REVIEW
RECORD REVIEW
STAFF INTERVIEWS
DIRECT OBSERVATIONS
PRIMARY AUDIT OF DOCUMENTATION

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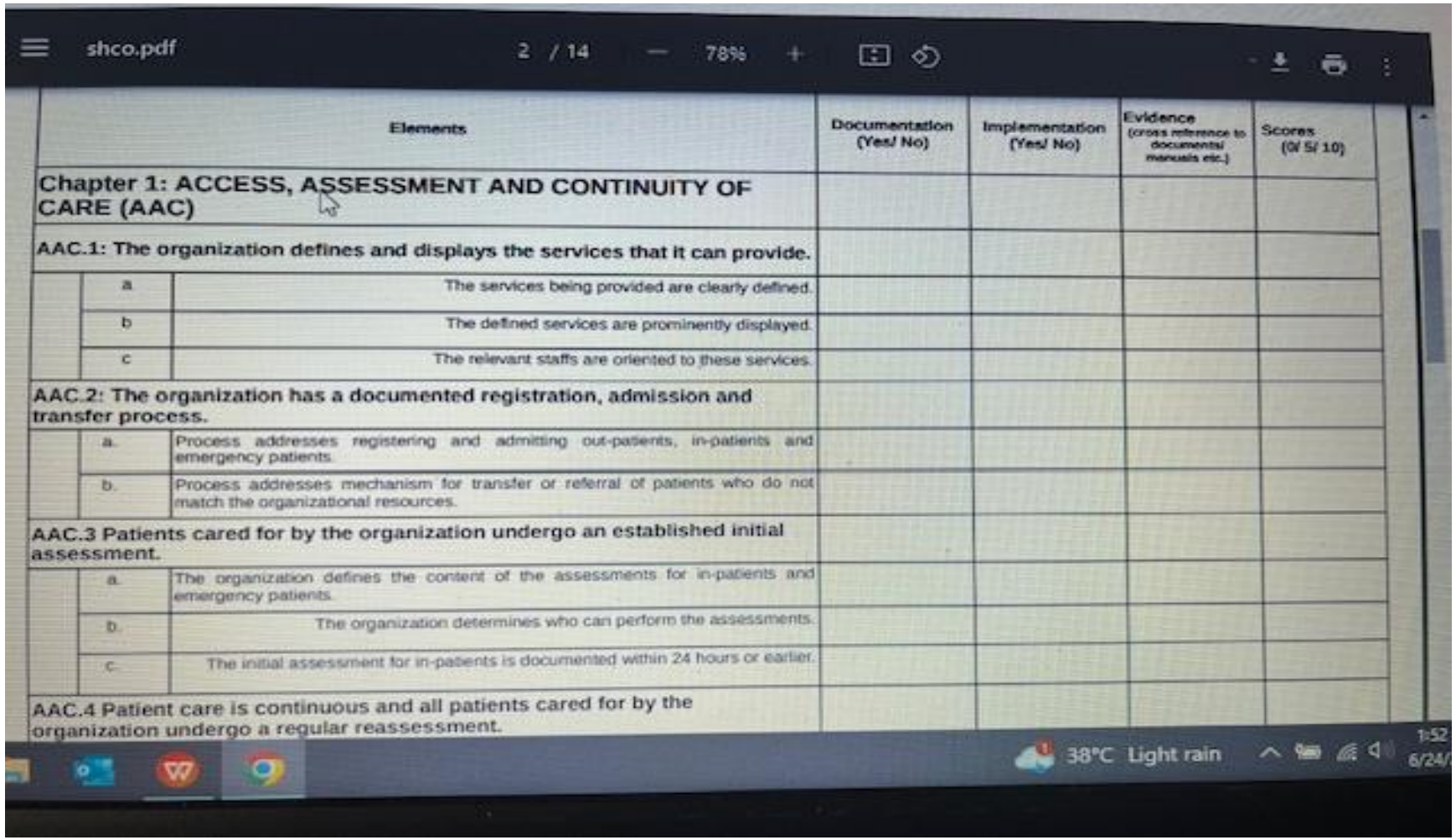
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| Elements | | | Documentation (Yes/ No) | Implementation (Yes/ No) | Evidence (cross reference to documents/ manuals etc.) | Scores (0/ 5/ 10) |
|---|---|---|---|---|---|---|
| **Chapter 1: ACCESS, ASSESSMENT AND CONTINUITY OF CARE (AAC)** | | | | | | |
| **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 organization undergo a regular reassessment.** | | | | | | |

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**10 CHAPTERS OUT WHICH FIVE ARE PATIENT CENTRED AND FIVE ORGANISATION CENTRED.**

**41 STANDARDS**

**149 OBJECTIVE ELEMENTS**

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# INTERVENTION AND POST PHASE

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INTERVENTION - FOCUS GROUP DISCUSSION
TRAININGS AND REWARDS
RECORD REGISTERS INTRODUCTION
ONE TO ONE LEARNING SESSION
RIGOROUS DATA COLLECTION AND DATA VALIDATION

POST NABH AUDIT - FEEDBACK FOR THE COMPLIANCE FROM THE EDITOR

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# FINDINGS

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## PRE-POST INTERVENTION OF SELF ASSESSMENT

| S.NO | CHAPTERS | SCORE |
|---|---|---|
| 1 | AAC | 76.9 |
| 2 | COP | 79 |
| 3 | MOM | 80 |
| 4 | PRE | 72 |
| 5 | HIC | 80 |
| 6 | CQI | 70 |
| 7 | ROM | 92 |
| 8 | HRM | 80 |
| 9 | FMS | 78.5 |
| 10 | IMS | 68.75 |
| | | 777.15 |
| | **TOTAL SCORE** | **77.715** |

| 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 |

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# CHAPTER - 1 ACCESS, ASSESSMENT AND CONTINUITY OF CARE (AAC)

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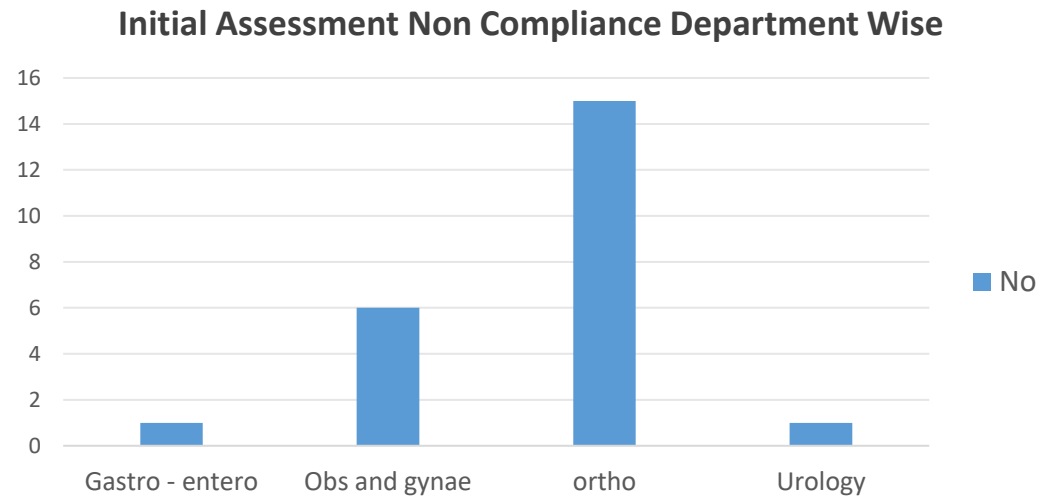
- **Initial assessment forms exhibit partial adherence to stipulated guidelines, indicating a need for further compliance.**

- **Accuracy and upkeep of laboratory procedure end times require refinement and maintenance to ensure precision and consistency.**

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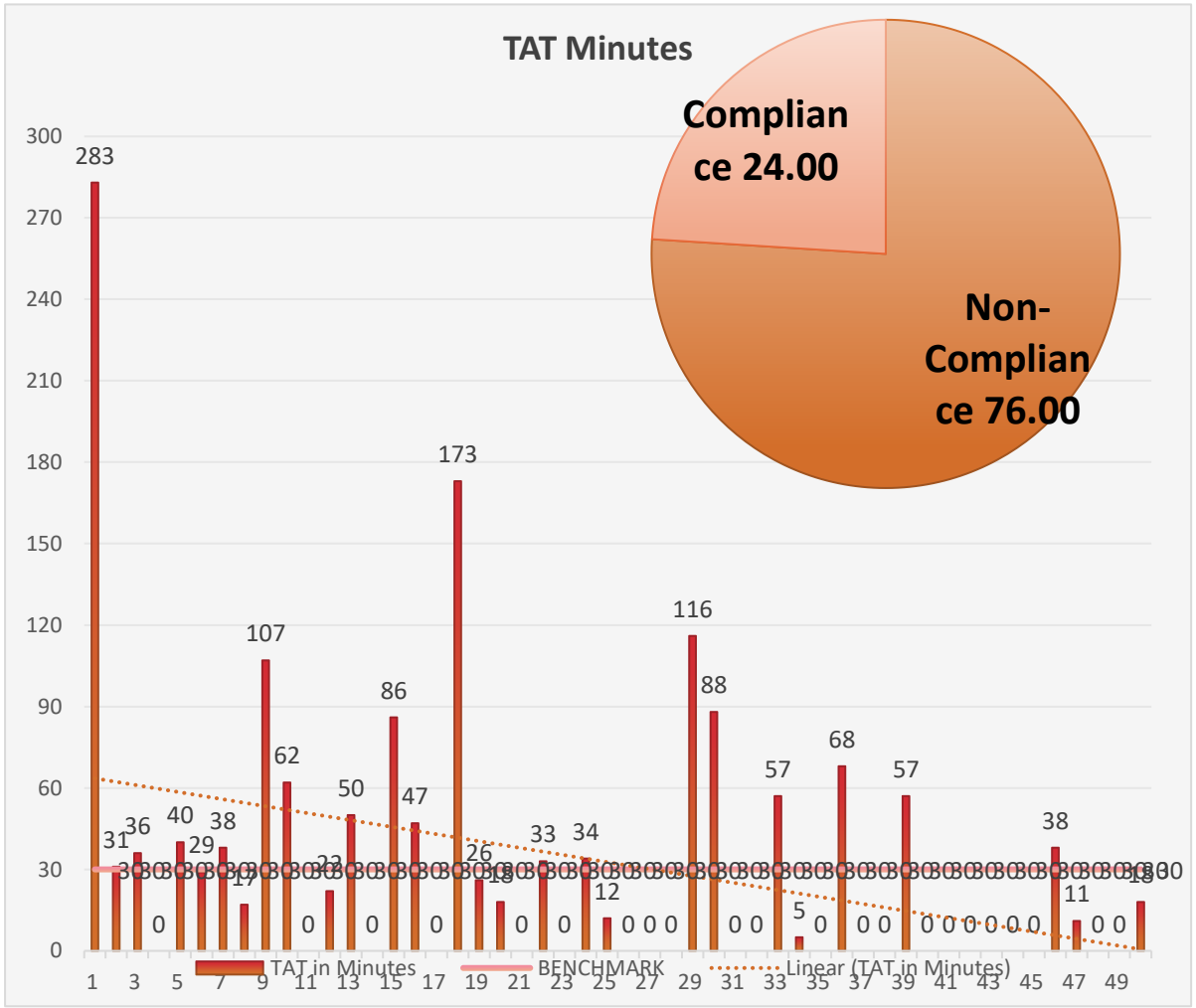
# INITIAL ASSESSMENT - TAT




TURN AROUND TIME FOR INITIAL ASSESSMENT
(Duty Doctor)

Sample Size - 50
Location - Ward
Formula - Time of Admission - Time written on IA form ( min )

**BENCHMARK - <30 mintues**

# Chapter 2: CARE OF PATIENTS (COP)

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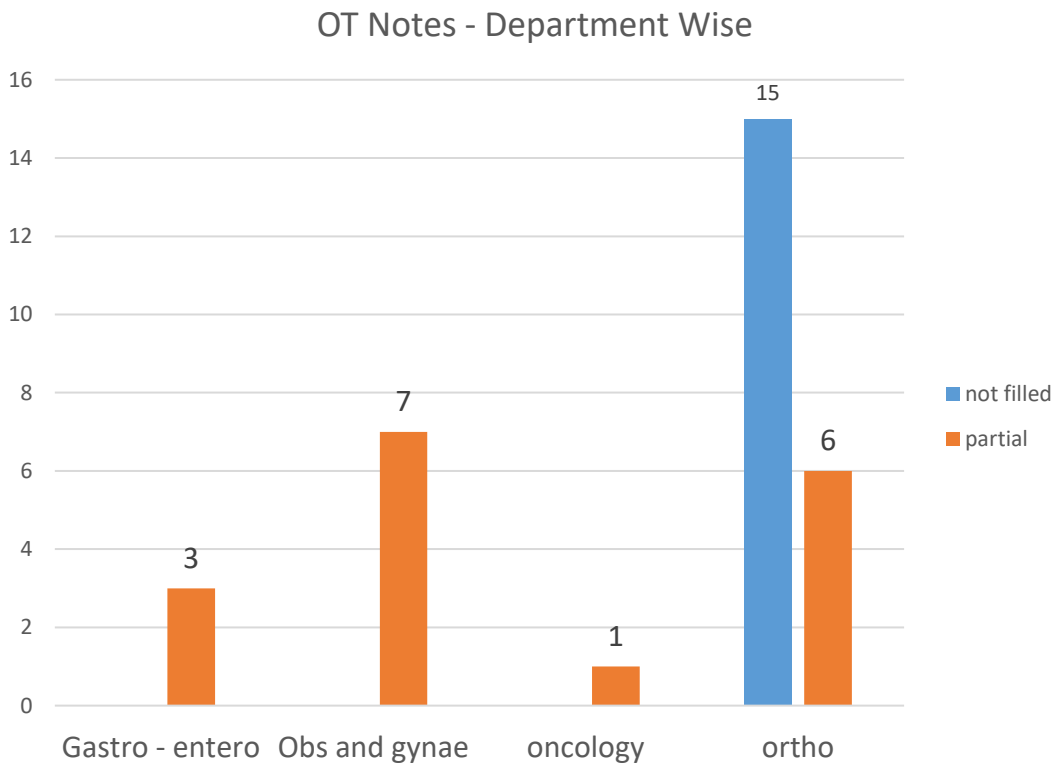
- The care and treatment plan lack the authentic signature and DMC Number, thus warranting attention to ensure completeness and compliance.
- Adherence to NABH norms necessitates ensuring that the consent for blood transfusion is duly completed.
- Operation theatre requires enhanced maintenance of regular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

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# Chapter 3: MANAGEMENT OF MEDICATION (MOM)

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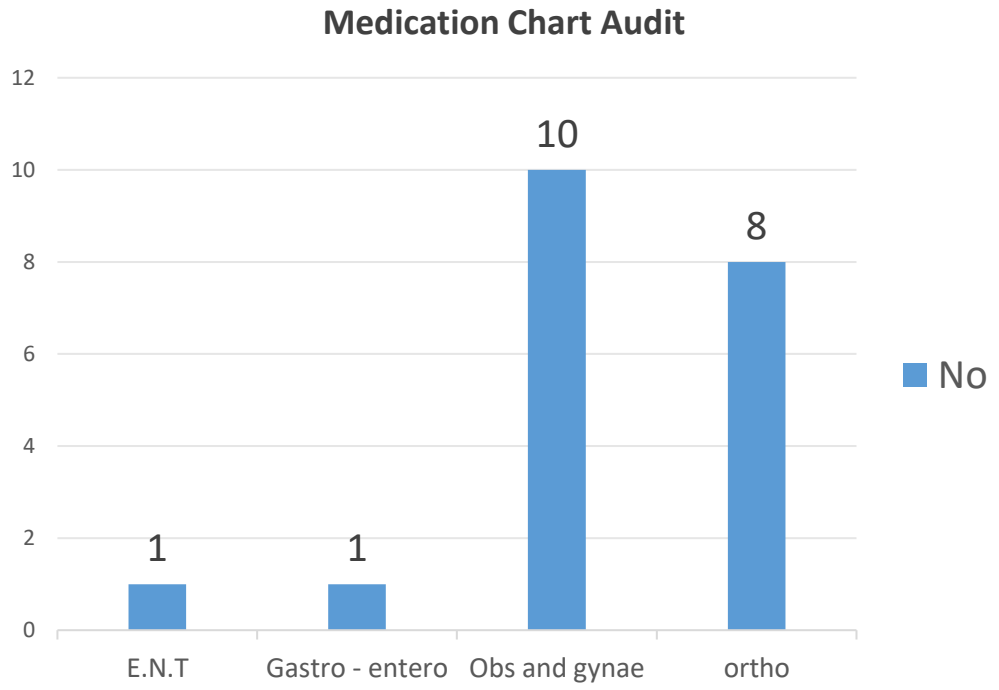
- **Medication chart shows non-compliance according to NABH norms .**
- **High RIsk medication are verified and given but the documentation for the same is weak .**
- **Reporting of adverse event are followed but the analysis and evaluation is delayed .**




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

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- **Confidentiality of the 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 forms are not available.**

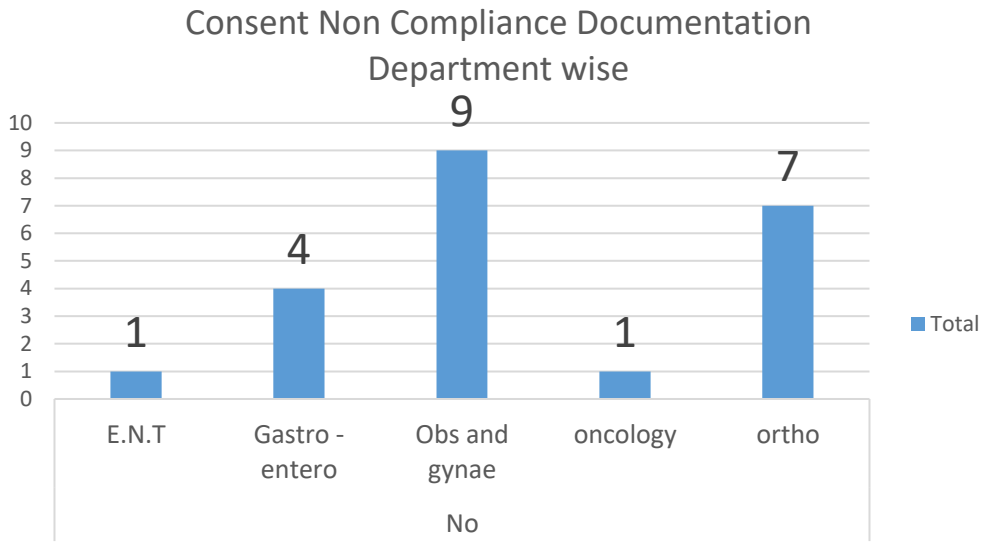


Fig:4.5 Consent Non Compliance Documentation Department wise(n)=22.

- PPE protocol adherance 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.

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

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- 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 be updated digitally .
- EMR introduction with proper training and meeting to makeshift seamless, secure and well recorded.

# RECOMMENDATIONS AND CONCLUSION

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- Documentation Control System should be strengthened.
- KPI - sample size should be adequately structured .
- Registers can be maintained through MIS - Blood Transfusion , Deliveries , Radiology
- Validation of KPI data should be rigorously followed .
- Regularly structured internal Audit to be conducted .
- EMR introduction should be done with proper training to decrease the digital gap and make the process seamless.

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**THANKYOU.**