NATIONAL ACCREDITATION BOARD OF HOSPITALS AND HEALTHCARE PROVIDERS (NABH) AND JOINT COMMISSION INTERNATIONAL (JCI) GUIDELINES FOR HOSPITAL QUALITY ASSURANCE: A STUDY

Dissertation Submitted to

The IIHMR University, Jaipur

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Master of Business Administration (MBA)

in

Hospital and Health Management

By

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Under the Supervision and Guidance of

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Mahima Sharma** D/O Mr. Mahendra Kumar Sharma, student of IIHMR University Has Successfully Completed her Dissertation in the Operations Department at Mahatma Gandhi Medical College and Hospital, Jaipur.

She has worked as Floor Administrator in Operations Department. Also supporting in JCI implementation drive.

The Dissertation Period was from **1st April 2024 to 30th June 2024**. During this period, Dr. Mahima demonstrated exceptional dedication and commitment to her work, contributing valuable insights and advancements to our Department.

We acknowledge and appreciate her efforts and wish her all the best in her future endeavors.

Best wishes,

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **"National Accreditation Board of Hospitals and Healthcare Providers (NABH) and Joint Commission International (JCI) Guidelines for Hospital Quality Assurance: A Study"** 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Mahima

(Signature)

Dr. Mahima Sharma

Date 5/07/2024

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled **"National Accreditation Board of Hospitals and Healthcare Providers (NABH) and Joint Commission International (JCI) Guidelines for Hospital Quality Assurance: A Study"** is a record of the research work undertaken by Dr. MAHIMA SHARMA 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.

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Date: 04/07/2024

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Date: 04/07/2024

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ABSTRACT

National Accreditation Board of Hospitals and Healthcare Providers (NABH) and Joint Commission International (JCI) Guidelines for Hospital Quality Assurance: A Study

Introduction: The implementation of quality service and patient safety in health care can be done through accreditation. There are two important accreditation bodies: one is the National Accreditation Board for Hospitals and Healthcare Providers, NABH, and the other one is the Joint Commission International, JCI. However, the two accreditation bodies are NABH and JCI, which are part and parcel of the maintenance of quality services in hospitals. The current study is conducted to make a comparison between the lines of guidelines that are given in the NABH and JCI, in an effort to understand the similarities and differences and also to analyze the perception of the health care personals in its implementation.

Objectives: The primary objectives of this study are:

1. To review and compare the guidelines of NABH and JCI.
2. To conduct a SWOT analysis of both guidelines.
3. To study the perceptions of doctors and nursing staff on the application of these guidelines in their respective departments.

Methodology: The study adopts an observational and descriptive design using a mixed-method approach, combining quantitative and qualitative data. The sample includes 15 doctors and 15 nurses from various departments, and 6 hospital administrators. Data collection methods include reviewing published articles, in-depth interviews with healthcare providers, and administrators. The study focuses on comparing the two accreditation systems across various dimensions such as scope, standards, assessment methodology, and costs.

Results: The findings reveal distinct differences between NABH and JCI guidelines. NABH, tailored for the Indian healthcare context, enjoys strong local relevance and government support but faces challenges in implementation consistency. JCI, with its stringent international standards, enhances global recognition but imposes higher costs and resource demands. Healthcare professionals expressed higher familiarity and relevance with NABH

guidelines compared to JCI. Training and application of NABH guidelines were rated higher, while JCI guidelines posed more challenges due to their complexity and stringent requirements.

Conclusion: Both NABH and JCI accreditation systems offer unique strengths suited to different healthcare contexts and strategic goals. NABH is more applicable and fulfilling for local healthcare settings, whereas JCI provides international recognition but requires substantial resources. The choice between NABH and JCI should align with hospital needs, resources, and strategic objectives for quality improvement. Enhanced training and awareness initiatives are necessary to bridge the familiarity and application gap for JCI guidelines.

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LIST OF ABBREVIATIONS

HCP	Health Care Personnel
JCI	Joint Commission International
KOL	Key Opinion Leader
NABL	National Accreditation Board for Testing and Calibration Laboratories
NABH	National Accreditation Board for Hospitals and Healthcare Providers
QCI	Quality Council of India
SOP	Standard Operating Procedures
SME	Subject Matter Expert

CHAPTER 1

BACKGROUND:

Healthcare–a basic need and an essential requirement needed and utilized by everyone across the globe. It changes and develops itself with every new innovation in technology, method of treatment or advancement in medication. All these progresses cost a lot of money and thus the value that the patient receive from getting treated for any ailment decreases.

To tackle this and other such challenges, quality programmes are made so that best and latest practices can be incorporated into the working allowing value for money treatment available to the patients and general public.

Due to the sheer amount of population that expects healthcare and related services, organisations that are providing the same are not able to keep up with the demand and are unable to arrange for the requisite quality that is expected out of them. This thereby leads to critical incidents that may lead to injury, damage to resources and in some cases, even death.

To make sure that the services that are concerned with health are being offered are correct and of good quality i.e., they are performing as they are supposed to, various organisations both government and non-government came up with standards in order to define the appropriate way of delivering health related care effectively. The organisations that follow the standards are more trusted by the patients, healthcare providers and consumers at large which in turn grants positive exposure and marketing to the organization. It is observed that following the standards is not enough, organization have to get evaluated and endorsed by the third-party organisations that assess the same so that the sanctioned organization can use and benefit from it.

There are guidelines on how the standards are to be used, the criteria for assessment of compliance and the process for getting recognized after a healthcare organization or hospitals to complete the requirements successfully as laid down.

The processes of standardization are called accreditation, but some other similar terminology has been used with minor differences. This is discussed in the following section.

1. Accreditation

This is a recognition that is accepted by the community that the healthcare organisation follows all the standards set up by the managing body of the
accreditation.

This recognition is only given after a detailed, independent assessment done by a third party that is both competent and impartial. The assessment checks how the particular organisation functions with respect to the standards set by the accrediting body.

2. Certification

This is an acknowledgement given to health care related institutions that comply with the procedures.

This is done after passing an external review that is done by the organisation that is certifying.

3. Licensure

It is a permission given by the government authority when a healthcare organisation/provider abides by minimum levels set up by the government.

It is mandatory and must be done before starting an establishment.

The quality of healthcare is one of the main concerns for all stakeholders like patients, general public, healthcare providers. It has been seen that in past few years; accreditation programs have become popular. This is because of the benefits and value that they bring. NABH and J JCI are one of the three of widely recognized accreditation programs for hospitals. Each organization has its own set of guidelines and standards for hospitals and healthcare providers to ensure quality care and patient safety.

CHAPTER 2

REVIEW OF LITERATURE:

S No	Author	Year	Title/Objectives	Study design	Results/Conclusion
1	Jivita Catleya BasarahAndry AndryAnastina Tahjoo	2011	Perceived accreditation benefits, participation and organizational commitment in hospital accreditation performance	observational and descriptive	The study found that the perceived benefits of accreditation, employee participation and organizational commitment have an impact on performance simultaneously. Perceptions of accreditation benefits, participation and commitment have a significant impact on accreditation performance. In addition, it was found that the perceived benefits of accreditation had no direct effect on the performance of employees in the accreditation process. So, the improvement in the performance of accreditation could only be achieved if there was support and dedication that mediated the views of health workers on the usefulness of accreditation. This research implies for hospital management to optimize the performance of the accreditation process. It can be achieved by increasing the perception of the benefits of accreditation through training, sharing,

					assessment, award and monitoring and evaluation involving all employees.
2	Kirsten Brubakk, Gunn E. Vist, Geir Bukholm, Paul Barach & Ole Tjomsland	2015	A systematic review of hospital accreditation: the challenges of measuring complex intervention effects	observational and descriptive	The literature review uncovered three systematic reviews and one randomized controlled trial. The lone study assessed the effects of accreditation on hospital outcomes and reported inconsistent results. Excluded studies were reviewed and their findings summarized.
3	Chandrasekar, S.,	2022	Comparative Analysis of NABH and JCI Guidelines: Impacts on Hospital Quality Assurance Objective: To evaluate the effectiveness of NABH and JCI guidelines in enhancing	observational and descriptive	The study found that JCI guidelines had a more stringent approach to patient safety and clinical care standards, while NABH guidelines were more adaptable to local healthcare environments.

			hospital quality assurance.		
4	Author: Singh, R.,	2023	Implementation Challenges of NABH and JCI Standards in Indian Hospitals Objective: To identify the challenges faced by Indian hospitals in implementing NABH and JCI standards.	observational and descriptive	Common challenges included lack of trained personnel, financial constraints, and resistance to change, with JCI standards posing greater difficulties due to their international requirements.

CHAPTER 3

METHODOLOGY

Research Questions:

1. What are the similarities and differences between the NABH, JCI guidelines for hospitals?
2. How does doctors and nursing staff perceive these two guidelines applying to their context?

Objectives:

The study aims at strengthening continuous quality improvement efforts at Mahatma Gandhi Medical college and Hospital. The objectives are:

1. To review the national and international guidelines to find out similarities and differences between the NABH, and JCI guidelines
2. To analyze the SWOT Analysis of both the guidelines.
3. To study doctors' and nursing staff perception on the two sets of guidelines applying in their respective departments at the hospital.

Study Design: The study is an observational and descriptive in nature. The study used a mixed method: quantitative and qualitative.

Sampling and Sample size: Doctors and Nurses: 15 Doctors and 15 Nursing staff – at least one doctor and one nurse from each of the 15 departments for which the Intern has access to.

Hospital Administrators: Six

A list of the departments is as follows:

a. Emergency department
b. Urology department
c. Nephrology department
d. Gastrologist department
e. Cardiology department

f. Critical care department
g. Endocrinology department
h. Medical oncology department
i. Surgical oncology department
j. Palliative Medicine department
k. Pediatric Surgery department
l. Radiation department
m. Hepatology department
n. Anesthesia department
o. Reproductive Medicine department

Hospital Administrators

a. Add. Medical superintendent
b. Chief Quality Officer
c. Chief Nursing Officers
d. Infection control officers
e. Supervisors
f. Floor Administrator

Study tools: Interview Guides: In-depth Interview Guides are used for in-depth interviews with managers / administrators and healthcare providers.

Duration of study: 3 months (April to June 2024)

Data collection procedure:

1. Review of published articles and journals, reports and quality guidelines including JCI and NABH.
2. In-depth Interview with healthcare providers,
3. In-depth Interview with managers/ administrators

Data Analysis

The data analysis was done using the following dimensions to compare the two guidelines for accreditation process.

Dimensions	NABH	JCI
Scope of Accreditation		
Geographical Reach		
Accreditation Standards		
Core Principles		
Accreditation Process		
Duration of Accreditation		
Surveyors/Assessors		
Assessment Methodology		
Re-assessment		
Focus Areas		
Cost of Accreditation		
Language of Standards		
Recognition and Acceptance		
Training Programs		
Patient Rights and Education		
Infection Control		

Later on, based on the understanding the similarities and differences between the NABH and JCI, Strengths, Weakness, Opportunities and Threats (SWOT) analysis was also conducted.

CHAPTER 4

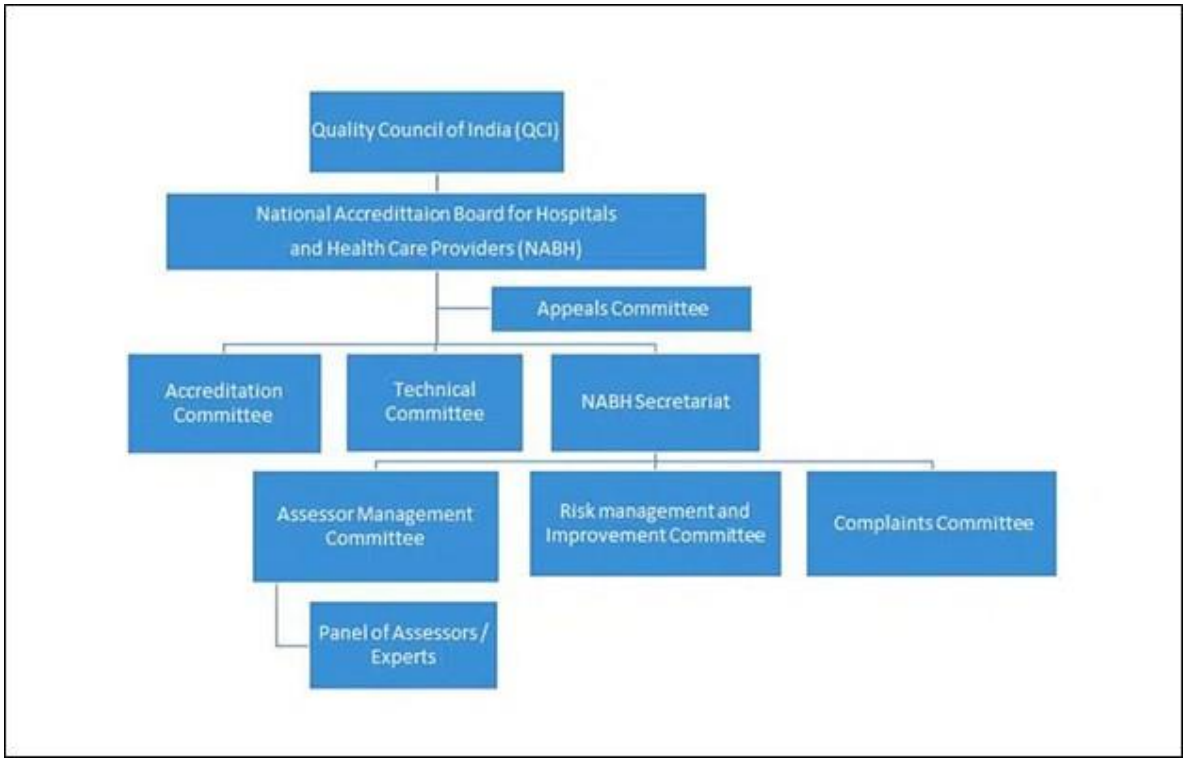
RESULTS

1.The results are presented following the objectives broadly. It starts with review of the NABH and JCI followed by similarities and differences between the two.

A National Accreditation Board for Hospitals and Healthcare (NABH) Providers:

NABH is a part of Quality Council of India (QCI). It was setup in 2005 for improving the quality of health provided by the hospitals and various other healthcare facilities and creating an environment that supports patient safety and how the services are delivered to the patients and other relevant stakeholders. NABH is also involved in mutual, educational association with International Societies such as "ISQUa (International Society for Quality on Health)", "ASQua (Asian Society of Quality in Healthcare)" NABH has established a set of guidelines that healthcare facilities in India are required to follow in order to achieve accreditation.

Fig 1: NABH Structure



The NABH guidelines cover a wide range of areas related to healthcare, including:

a) Patient Centered Standards

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

b) Organisation Centered Standards

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

NABH accreditation is quite affordable for the value it offers.

There are two stages in it:

1. Preliminary Audit (may be online via video conference or can be in person too)

2. Comprehensive Audit (In person external, independent visit by a group of assessors including principal assessor and assessors)

Overall, the NABH guidelines are designed to promote high-quality healthcare in India by ensuring that healthcare facilities meet certain standards and provide safe, effective, and patient-centered care. By following these guidelines, healthcare providers can improve patient outcomes, reduce costs, and build trust in the healthcare system.

NABH

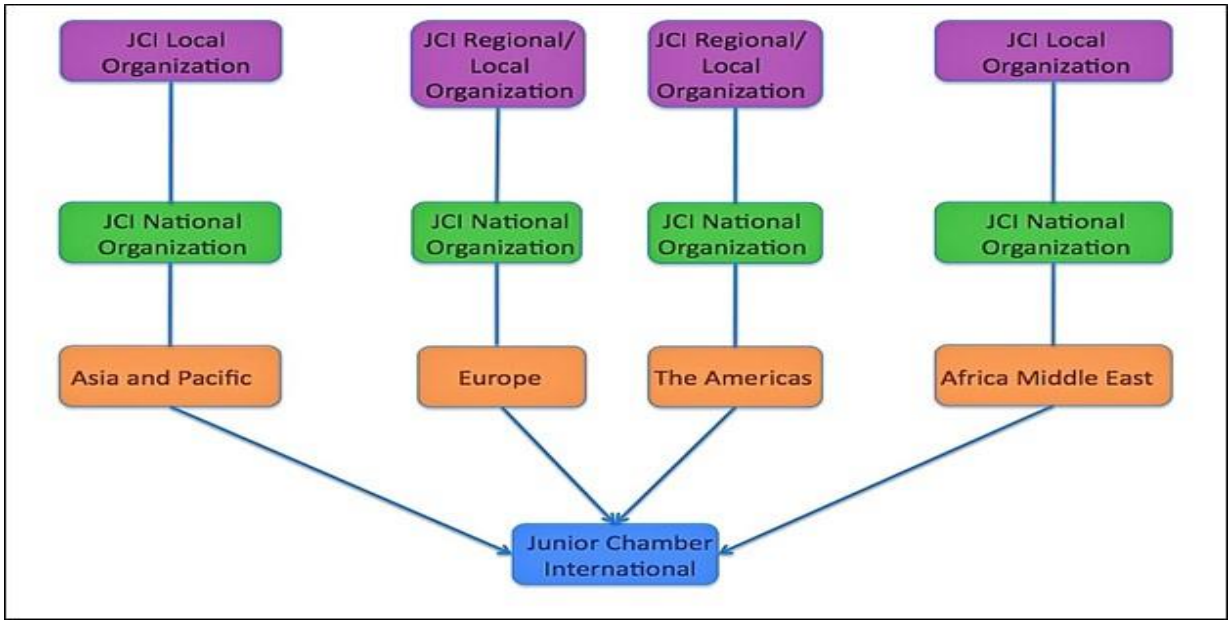
Strengths	Weaknesses
Enhanced Quality Standards: NABH accreditation signifies adherence to rigorous Indian healthcare standards, promoting improved patient care and safety. **Local Relevance:** Tailored to meet the specific needs and challenges of the Indian healthcare context, addressing local healthcare challenges effectively. **Government Support:** Endorsed by the Indian government, enhancing credibility and encouraging widespread adoption among healthcare providers. **Continuous Improvement:** Encourages continuous quality improvement through regular assessments and feedback, fostering a culture of excellence.	**Limited Global Recognition:** Primarily recognized within India, limiting its appeal to international healthcare providers and patients. **Resource Intensive:** The accreditation process can be resource-intensive for smaller healthcare facilities, impacting affordability and accessibility. **Complexity:** The comprehensive evaluation process may be perceived as complex and time-consuming, posing challenges for initial implementation. **Limited Assessment Pool:** Reliance on a limited pool of qualified assessors can lead to delays and scheduling challenges for onsite assessments.
Opportunities	**Threats**
Expansion into Emerging Markets: Opportunity to expand accreditation services into emerging healthcare markets beyond India. **Collaboration with International Bodies:** Partnering with international accreditation bodies could enhance credibility and facilitate global recognition.	**Competition from International Standards:** Increasing competition from globally recognized accreditation bodies like JCI may pose a threat to market share. **Regulatory Changes:** Changes in healthcare regulations and standards could necessitate frequent updates and adaptations in accreditation criteria.

Technology Integration: Leveraging technology for streamlined assessment processes and remote consultations could enhance efficiency and accessibility. **Industry Advocacy:** Advocating for NABH standards as a benchmark for quality healthcare could increase demand and adoption among healthcare providers.	**Economic Factors:** Economic downturns or funding constraints in the healthcare sector may impact adoption rates and financial feasibility. **Perception Challenges:** Addressing misconceptions or skepticism about the value and benefits of accreditation among healthcare providers and stakeholders.

B. Joint Commission International (JCI)

JCI (Joint Commission International) started in 1951, is a USA based, not for profit Organisation that evaluates and accredits healthcare facilities, based on their compliance with high-quality standards of care in healthcare organisations. The JCI has established a set of guidelines that healthcare facilities around the world are required to follow in order to achieve accreditation.

Fig 2: JCI Structure



It has partnered with more than 70 countries and has accredited over 1000 healthcare facilities.

It has 3 major subdivisions:

- Patient Centered Goals, which includes–

-IPSG: International Patient Safety Goals
-ACC: Access to Care and Continuity of Care
-PFR: Patient and Family Rights
-AOP: Assessment of Patients
-COP: Care of Patients
-ASC: Anesthesia and Surgery Care
-MMU: Medication Management and Use
-PFE: Patient and Family Education

- Health Care Organisation Management Standards

-QPS: Quality Improvement and Patient Safety
-PCI: Prevention and Control of Infections
-GLD: Governance, Leadership and Direction (GLD)
-FMS: Facility Management and Safety
-SQE: Staff Qualifications and Education
-MOI: Management of Information

- Academic Medical Centered Hospital Standards Goals

-MPE: Medical Professional Education
-HRP: Human Subjects Research Programs

JCI guidelines are accepted across the globe and they are divided into region so as to better serve the nations of that specific region, with a local body in partner countries which report to national body that in turn report to the regional body.

Overall, the JCI guidelines for hospitals are designed to promote high-quality healthcare by ensuring that healthcare facilities meet certain standards and provide safe, effective, and patient-centered care.

Strengths	Weaknesses
Global Recognition: Widely accepted as a mark of quality worldwide. **Comprehensive Standards**: Standards are rigorous and cover diverse aspects of healthcare quality. **Patient Safety Emphasis**: Focus on patient safety and continuous improvement. **Improvement Framework**: Provides a framework for continuous improvement in healthcare delivery. **Benchmarking Opportunities**: Enables benchmarking against global best practices.	**High Cost**: Expense of accreditation can be prohibitive for some institutions. **Complex Process**: The accreditation process can be time-consuming and intricate. **Resource Intensive**: Requires substantial resources in terms of staff time and financial investment. **Staff Resistance**: Resistance from staff due to increased workload during preparation for assessments. **Adaptability**: Some standards may not directly align with local healthcare contexts, requiring adaptation.
Opportunities	**Threats**
Market Expansion: Growing demand for international healthcare standards globally. **Educational Opportunities**: Provides educational resources and training programs.	**Competitive Pressure**: Increasing competition from other accrediting bodies offering similar services. **Regulatory Changes**: Changes in healthcare regulations globally impacting accreditation requirements.

Quality Improvement: Enhances reputation and attracts international patients and collaborations **Innovation**: Encourages innovation in healthcare practices to meet international standards. **Technology Integration**: Utilization of technology to streamline accreditation processes.	**Public Perception**: Negative publicity or incidents involving accredited institutions can impact credibility. **Economic Factors**: Economic downturns affecting healthcare budgets and willingness to invest in accreditation. **Geopolitical Factors**: Political instability impacting operations in certain regions.

Table1: A Snapshot of the

2. Similarities between NABH, and JCI guidelines

Dimension	NABH	JCI
Scope of Accreditation	Hospitals, clinics, primary health centers, blood banks, wellness centers, and AYUSH hospitals.	Hospitals, clinics, academic medical centers, ambulatory care, long-term care, primary care, and home care.
Geographical Reach	Primarily in India, but recognized internationally.	Global, with a presence in over 100 countries.
Accreditation Standards	5th Edition standards, including patient-centered care, healthcare organization management, and continuous quality improvement.	7th Edition standards, focusing on patient-centered care, healthcare organization management, and continuous improvement.
Core Principles	Patient safety, quality of care, patient rights, infection control, and infrastructure.	Patient safety, quality of care, patient rights, infection

		control, and leadership and management.
Accreditation Process	Application, self-assessment, pre-assessment, final assessment, decision-making by Accreditation Committee.	Application, preparation, on-site survey, post-survey activities, decision-making by Accreditation Committee.
Duration of Accreditation	Three years.	Three years.
Surveyors/Assessors	Healthcare professionals trained in general medicine, nursing, and administration.	Overseas-trained healthcare professionals include physicians, nurses, and administrators.
Assessment Methodology	On-site surveys, document reviews, staff interviews, and patient interviews.	On-site surveys, document reviews, staff interviews, and patient interviews.
Re-assessment	Annually through Surveillance Audits.	Annually through Periodic Performance Reviews (PPR).
Focus Areas	Patient safety, access to care, assessment of patients, care of patients, management of medication, patient rights and education, hospital infection control, continuous quality improvement, responsibility of management, facility management and safety, human resource management, and information management system.	International Patient Safety Goals (IPSG), patient care and safety, healthcare organization management, and facility management.

Cost of Accreditation	Generally lower than JCI; depends on the size and nature of the healthcare organization.	Higher than NABH; varies based on the size and type of healthcare organization.
Language of Standards	English and local languages (Hindi, etc.).	Primarily English, but translated into various languages for global use.
Recognition and Acceptance	Recognized by ISQUa (International Society for Quality in Health Care).	Recognized by ISQUa and widely accepted internationally.
Training Programs	Regular training programs and workshops for healthcare providers.	Extensive training programs, including online resources and international conferences.
Patient Rights and Education	Comprehensive standards on patient rights, informed consent, and patient education.	Emphasizes patient rights, informed consent, and patient education.
Infection Control	Detailed guidelines and standards for infection prevention and control.	Extensive standards for infection prevention and control, aligned with international best practices.

It was observed that both the guidelines are primarily similar. Both the guidelines are used for ensuring quality of health services. However, the differences are also observed and discussed.

Difference between NABH and JCI guidelines

Dimension	NABH	JCI
Scope of Accreditation	Hospitals, clinics, nursing homes, wellness centers	Hospitals, academic medical centers, clinics, labs
Geographical Reach	Primarily India	Worldwide, with a focus on international standards
Accreditation Standards	Based on Indian healthcare standards	Global standards aligned with best practices
Core Principles	Patient safety, quality improvement	Patient safety, quality of care, continuous improvement
Accreditation Process	Document review, onsite assessment	Document review, onsite assessment, surveys
Duration of Accreditation	3 years	3 years
Surveyors/Assessors	3 years	International assessors
Assessment Methodology	Comprehensive evaluation against NABH standards	Multifaceted evaluation against JCI standards
Re-assessment	Required every 3 years	Required every 3 years
Focus Areas	Clinical outcomes, patient rights, infection control	Patient-centered care, governance, infection control
Cost of Accreditation	Varies based on facility size and type	Higher cost due to international standards English, internationally recognized
Language of Standards	English, aligned with Indian healthcare context	Globally recognized
Recognition and Acceptance	Recognized in India	Educational resources and training programs

Training Programs	Training provided for standards implementation	Patient rights education embedded in standards
Patient Rights and Education	Emphasis on patient rights and education	Stringent infection control standards
Infection Control	Emphasis on infection control measures	

NABH accreditation basically focuses on healthcare centers within India, adhering closely to Indian healthcare requirements with an emphasis on patient safety, first-class improvement, and contamination control.

The accreditation process includes report evaluate and onsite exams by means of certified healthcare specialists, with re-assessment required each three years. In assessment, JCI accreditation has an international reach, making use of rigorous requirements aligned with worldwide nice practices for hospitals, academic medical facilities, clinics, and labs international.

The assessment technique consists of comprehensive evaluations and surveys performed by using worldwide assessors, also requiring re-evaluation each three years. JCI places enormous emphasis on patient-focused care, governance, and maintaining stringent contamination manipulate standards. while NABH addresses neighborhood needs and is recognized nationally in India, JCI enjoys international recognition, reflecting its broader scope and adherence to the world over identified healthcare requirements.

Keeping in view the similarities and differences, an effort was made to understand using the SWOT analysis.

3. Doctors' Perceptions on the application of these two guidelines to their context.

A total of 15 doctors were contacted doe in-depth interview from departments as mentioned in the methodology section. Their professional experiences ranges between 3 and 20 years approximately; and 1o doctors have 10 and more years of experiences.

Table1: Distribution of Doctors by their perceptions regarding NABH and JCI

Item	NABH			JCI		
	Very Familiar	Somewhat Familiar/ relevant	Can't say	Very Familiar	Somewhat Familiar/ relevant	Can't say
Familiarity with	9	6	0	3	8	4
	Very Relevant	Somewhat relevant	Can't say	Very Relevant	Somewhat relevant	Can't say
Relevance of training on the guidelines	11	4	0	3	8	4
	Very Satisfy	Satisfy	Can't say	Very Satisfy	Satisfy	Can't say
Application with the guidelines	3	8	4	3	4	8
	Strongly Agree	Can't say	Agree	Strongly Agree	Can't say	Agree
Awareness of the guidelines	3	4	8	3	8	4
	Excellent	Good	Fair	Excellent	Good	Fair
Interaction with accreditation team	3	8	4	3	4	8

According to the chart, it is evident that familiarity and relevance of training with NABH guidelines are significantly higher than with JCI guidelines. Specifically, 9 respondents reported being very familiar with NABH guidelines, while only 3 indicated the same for

JCI. Additionally, 11 respondents found training on NABH guidelines to be highly relevant, compared to only 3 for JCI.

When it comes to the application of guidelines, responses indicate that while some have a moderate familiarity (8 for NABH, 4 for JCI), a notable portion finds it challenging to apply them (4 for NABH, 8 for JCI). Awareness of the guidelines shows a similar pattern, with 8 respondents being uncertain about NABH guidelines and 4 about JCI.

Interaction with the accreditation team also varies, with 8 respondents somewhat familiar with the NABH team compared to 4 for JCI. Conversely, a higher number of respondents indicated a lack of familiarity with the JCI accreditation team (8) compared to NABH (4).

In summary, the data suggests a higher overall familiarity, relevance, and interaction with NABH guidelines and teams compared to JCI, indicating a potential need for increased focus on JCI training and awareness to bridge this gap.

Table2: Distribution of Nurses by their perceptions regarding NABH and JCI

Item	NABH			JCI		
	Very Familiar	Somewhat Familiar/ relevant	Can't say	Very Familiar	Somewhat Familiar/ relevant	Can't say
Familiarity with	7	5	3	5	8	2
	Very Relevant	Somewhat relevant	Can't say	Very Relevant	Somewhat relevant	Can't say
Relevance of training on the guidelines	10	5	0	9	5	1
	Very Satisfy	Satisfy	Can't say	Very Satisfy	Satisfy	Can't say
Application with the guidelines	5	6	4	5	4	6

	Strongly Agree	Can’t say	Agree	Strongly Agree	Can’t say	Agree
Awareness of the guidelines	3	4	8	4	6	5
	Excellent	Good	Fair	Excellent	Good	Fair
Interaction with accreditation team	5	6	4	5	4	6

For NABH guidelines, 7 respondents reported being very familiar, 5 somewhat familiar, and 3 indicated they couldn't say. In contrast, for JCI guidelines, 5 respondents were very familiar, 8 somewhat familiar, and 2 couldn't say.

When assessing the relevance of training on the guidelines, 10 respondents found NABH training very relevant, and 5 somewhat relevant, with no respondents unsure. For JCI, 9 respondents found the training very relevant, 5 somewhat relevant, and 1 unsure.

Regarding the application of the guidelines, 5 respondents were very familiar with applying NABH guidelines, 6 were somewhat familiar, and 4 found it challenging. Similarly, for JCI, 5 were very familiar, 4 somewhat familiar, and 6 found it challenging.

Awareness of the guidelines revealed that 3 respondents were very aware of NABH guidelines, 4 somewhat aware, and 8 unsure. For JCI guidelines, 4 were very aware, 6 somewhat aware, and 5 unsure.

Interaction with the accreditation team shows that 5 respondents were very familiar with the NABH team, 6 somewhat familiar, and 4 unsure. For JCI, 5 respondents were very familiar, 4 somewhat familiar, and 6 unsure.

Table3: Distribution of Administrators by their perceptions regarding NABH and JCI

Item	NABH			JCI		
	Very Familiar	Somewhat Familiar/ relevant	Can't say	Very Familiar	Somewhat Familiar/ relevant	Can't say
Familiarity with	3	2	1	1	3	2
	Very Relevant	Somewhat relevant	Can't say	Very Relevant	Somewhat relevant	Can't say
Relevance of training on the guidelines	3	3	0	2	2	2
	Very Satisfy	Satisfy	Can't say	Very Satisfy	Satisfy	Can't say
Application with the guidelines	1	2	3	1	1	4
	Strongly Agree	Can't say	Agree	Strongly Agree	Can't say	Agree
Awareness of the guidelines	1	2	3	1	1	4
	Excellent	Good	Fair	Excellent	Good	Fair
Interaction with accreditation team	1	2	3	1	1	4

For NABH guidelines, 3 respondents reported being very familiar, 2 somewhat familiar, and 1 indicated they couldn't say. In contrast, for JCI guidelines, only 1 respondent was very familiar, 3 were somewhat familiar, and 2 couldn't say.

Regarding the relevance of training on the guidelines, 3 respondents found NABH training very relevant, 3 somewhat relevant, and none were unsure. For JCI, 2 respondents found the training very relevant, 2 somewhat relevant, and 2 were unsure.

When it comes to the application of the guidelines, 1 respondent was very familiar with applying NABH guidelines, 2 were somewhat familiar, and 3 found it challenging.

Similarly, for JCI, 1 respondent was very familiar, 1 somewhat familiar, and 4 found it challenging.

Awareness of the guidelines revealed that 1 respondent was very aware of NABH guidelines, 2 were somewhat aware, and 3 were unsure. For JCI guidelines, 1 respondent was very aware, 1 somewhat aware, and 4 were unsure.

Interaction with the accreditation team showed that 1 respondent was very familiar with the NABH team, 2 somewhat familiar, and 3 unsure. For JCI, 1 respondent was very familiar, 1 somewhat familiar, and 4 unsure.

CHAPTER 5

DISCUSSION

Primarily based on the comparative evaluation of NABH and JCI accreditation standards in healthcare, it is obtrusive that each structures prioritize affected person-focused care, excellent, and safety, alongside team of workers development. NABH, tailored for India's healthcare context, enjoys strong neighborhood relevance and government endorsement, in spite of some demanding situations in implementation consistency and sustainability. In contrast, JCI offers international reputation and can beautify international recognition, yet its excessive expenses and aid demands pose limitations, especially for smaller institutions. medical doctors and nurses usually locate NABH more applicable and fulfilling as compared to JCI, which gets greater neutral feedback. conversation beneath NABH is rated better than beneath JCI. in the end, deciding on between those accreditations depends on hospital desires, assets, and strategic dreams for improvement.

The data highlights a significant difference in familiarity, relevance, and application between NABH and JCI guidelines among respondents. The respondents demonstrated higher familiarity and found greater relevance in training with NABH guidelines compared to JCI. Specifically, more respondents reported being very familiar and found NABH training highly relevant, whereas a notable portion struggled with the application of JCI guidelines. Uncertainty regarding awareness and interaction with the accreditation teams was also higher for JCI. The consistent pattern indicates a stronger engagement and comfort level with NABH guidelines, suggesting a need for increased focus on JCI training and awareness to bridge the familiarity and application gap. The data underscores the necessity for targeted efforts to enhance familiarity and practical application of JCI guidelines among the respondents.

CHAPTER 6

CONCLUSION

In comparing NABH and JCI accreditation systems, it turns into obvious that every give wonderful strength tailor-made to one-of-a-kind healthcare contexts and strategic goals. NABH, supported by the Indian authorities and focused nationally, provides a realistic framework for enhancing nearby healthcare centers through giant suggestions and everyday schooling. however, demanding situations inclusive of inconsistent coverage enforcement and sustainability troubles want resolution. Conversely, JCI's worldwide reputation and stringent requirements beautify the global status of authorized institutions, but it comes with higher prices, time-in depth methods, and the want for contextual edition. remarks from healthcare experts regularly favors NABH for its neighborhood relevance whilst acknowledging JCI's rigorous standards. both systems intentions to optimize patient protection, care pleasant, and clinic performance, pushed by means of multiplied network cognizance and organizational targets in best assurance.

Based on the data, it is evident that there is a higher overall familiarity, relevance, and interaction with NABH guidelines and teams compared to JCI. Specifically, more respondents reported being very familiar with and finding training highly relevant for NABH guidelines. However, the application of guidelines and interaction with accreditation teams shows varying degrees of familiarity, with NABH consistently being rated higher. A significant portion of respondents found it challenging to apply JCI guidelines and were less familiar with the JCI accreditation team. This indicates a potential need for increased focus on JCI training and awareness to bridge this gap. The data suggests that while NABH guidelines are better understood and integrated, efforts should be made to enhance the understanding and application of JCI guidelines within the organization.

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