National Accreditation Board Of Hospitals And Healthcare Providers (NABH) And Joint Commission International (JCI) Guidelines For Hospital Quality Assurance: A Study

By

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INTRODUCTION

The healthcare sector is a vital component of society, constantly evolving with technological advancements and new treatment methods. Ensuring quality and safety in healthcare delivery is paramount, and accreditation plays a crucial role in this.

Accreditation is a process through which healthcare organizations are evaluated against established standards to improve their services and patient outcomes.

This dissertation compares two prominent accreditation bodies: the National Accreditation Board for Hospitals and Healthcare Providers (NABH) and the Joint Commission International (JCI). NABH is tailored to the Indian healthcare context, while JCI offers international recognition.

AIM

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

OBJECTIVES

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', nursing and staff perception on the two sets of guidelines applying in their respective departments at the hospital.

ORGANISATION PROFILE

- Mahatma Gandhi Hospital (MGH) was formally inaugurated on 2nd October, 2000. At present this multi - specialty teaching hospital has 1400 beds. MGH also provides adequate clinical teaching materials as envisaged by Medical Council of India, Dental Council of India, and Indian Nursing Council.
- The world - class infrastructure with the state- of- art medical equipment and highly reputed and experienced medical consultants / doctors / paramedical staff of MGH provides clinical support to the faculty of medicine resulting into most efficient teaching in these institutions..

METHODOLOGY

Study Design: The study is an observational and descriptive in nature..

Sample size: 15 Doctors and 15 Nursing staff and 6 Administrators

Interview Guides: 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:

In-depth Interview with healthcare providers,

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		

RESULTS

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.

Dimension	NABH	JCI
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.

NABH

STRENGHTS	WEAKNESS
• **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.	• **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.
OPPORTUNITES	**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.

JCI

STRENGHTS	WEAKNESS
• **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.	• **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.
OPPORTUNITES	**THREATS**
• **Market Expansion**: Growing demand for international healthcare standards globally. • **Educational Opportunities**: Provides educational resources and training programs. • **Quality Improvement**: Enhances reputation and attracts international patients and collaborations • **Innovation**: Encourages innovation in healthcare practices to meet international standards.	• **Competitive Pressure**: Increasing competition from other accrediting bodies offering similar services. • **Regulatory Changes**: Changes in healthcare regulations globally impacting accreditation requirements. • **Public Perception**: Negative publicity or incidents involving accredited institutions can impact credibility. • **Competitive Pressure**: Increasing competition from other accrediting bodies offering similar services. • **Public Perception**: Negative publicity or incidents involving accredited institutions can impact credibility.

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

Key Findings

1.Familiarity with Guidelines:

1. NABH: 60% of doctors are very familiar, 40% are somewhat familiar, and none are unsure.
2. JCI: 20% are very familiar, 53% are somewhat familiar, and 27% are unsure.

2.Relevance of Training:

1. NABH: 73% find the training very relevant, 27% find it somewhat relevant, and none are unsure.
2. JCI: 20% find the training very relevant, 53% find it somewhat relevant, and 27% are unsure.

3.Application of Guidelines:

1. NABH: 20% are very satisfied, 53% are satisfied, and 27% are unsure.
2. JCI: 20% are very satisfied, 27% are satisfied, and 53% are unsure.

4.Awareness of Guidelines:

1. NABH: 20% strongly agree they are aware, 27% are unsure, and 53% agree.
2. JCI: 20% strongly agree they are aware, 53% are unsure, and 27% agree.

5.Interaction with Accreditation Team:

1. NABH: 20% rate the interaction as excellent, 53% as good, and 27% as fair.
2. JCI: 20% rate the interaction as excellent, 27% as good, and 53% as fair.

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

Key Findings

1.Familiarity with Guidelines:

1. NABH: 47% are very familiar, 33% are somewhat familiar, and 20% are unsure.
2. JCI: 33% are very familiar, 53% are somewhat familiar, and 13% are unsure.

2.Relevance of Training:

1. NABH: 67% find the training very relevant, 33% find it somewhat relevant, and none are unsure.
2. JCI: 60% find the training very relevant, 33% find it somewhat relevant, and 7% are unsure.

3.Application of Guidelines:

1. NABH: 33% are very satisfied, 40% are satisfied, and 27% are unsure.
2. JCI: 33% are very satisfied, 27% are satisfied, and 40% are unsure.

4.Awareness of Guidelines:

1. NABH: 20% strongly agree they are aware, 27% are unsure, and 53% agree.
2. JCI: 27% strongly agree they are aware, 40% are unsure, and 33% agree.

5.Interaction with Accreditation Team:

1. NABH: 33% rate the interaction as excellent, 40% as good, and 27% as fair.
2. JCI: 33% rate the interaction as excellent, 27% as good, and 40% as fair.

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

Key Findings

1.Familiarity with Guidelines:

1. NABH: 50% are very familiar, 33% are somewhat familiar, and 17% are unsure.
2. JCI: 17% are very familiar, 50% are somewhat familiar, and 33% are unsure.

2.Relevance of Training:

1. NABH: 50% find the training very relevant, 50% find it somewhat relevant, and none are unsure.
2. JCI: 33% find the training very relevant, 33% find it somewhat relevant, and 33% are unsure.

3.Application of Guidelines:

1. NABH: 17% are very satisfied, 33% are satisfied, and 50% are unsure.
2. JCI: 17% are very satisfied, 17% are satisfied, and 67% are unsure.

4.Awareness of Guidelines:

1. NABH: 17% strongly agree they are aware, 33% are unsure, and 50% agree.
2. JCI: 17% strongly agree they are aware, 17% are unsure, and 67% agree.

5.Interaction with Accreditation Team:

1. NABH: 17% rate the interaction as excellent, 33% as good, and 50% as fair.
2. JCI: 17% rate the interaction as excellent, 17% as good, and 67% as fair.

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.

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.
- The perceptions regarding NABH guidelines tend to be more favorable compared to JCI among doctors, nurses, and administrators. NABH is perceived to have higher familiarity, relevance, satisfaction, and interaction quality.
- However, JCI guidelines seem to have room for improvement in familiarity, application, and overall interaction with accreditation teams. These insights can be valuable for hospitals aiming to enhance the implementation and acceptance of accreditation standards.

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