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

SYNOPSIS SUBMITTED TO


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## TITLE

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## INTRODUCTION

Ensuring quality healthcare delivery is a paramount concern in the contemporary medical landscape. Accreditation plays a pivotal role in achieving this goal by establishing standardized guidelines and evaluating hospitals against these benchmarks. Two internationally recognized accreditation bodies, the National Accreditation Board for Hospitals & Healthcare Providers (NABH) and the Joint Commission International (JCI), have emerged as frontrunners in this domain. There are several national bodies that provide accreditation of hospitals and healthcare institutions, out of which some of the reputed three are:

1. **Joint Commission International**, also known as JCI is an accreditation organization that is independent and not-for-profit. It has certified more than 20,000 hospitals and healthcare programs in the US, and many others elsewhere. A symbol of quality of an organization's commitment to upholding performance standards, the JCI accreditation is quite sought after, but relatively difficult to achieve. JCI was established in 1994with the aim to meet healthcare quality accreditation requirements in ex-US countries. Each country has its unique challenges and cultural nuances, but JCI has become recognized as a relevant accreditation body and has a global footprint in over 90 countries.

2. **The National Accreditation Board for Testing & Calibration laboratories**, also known as NABL, is quite similar to NABH with the slight difference in its scope as it is not relevant for the whole hospital, but the laboratories. Like NABH, it is an autonomous body under the Quality Council of India. Its aim is to maintain an accreditation system for laboratories and is developed according to the national and international guides while being suitable in India. It is a formal recognition for technical competencies of a laboratory based on assessment by third parties and is carried out by trained assessors with established expertise in calibration and testing activities.

3. **The National Accreditation Board for Hospitals and Healthcare** providers, also known as NABH, is a body which comes under the Quality Council of India

(QCI). The need to set up a body like NABH arose to operate and establish accreditation for wellness and healthcare centers in India. Nowadays, having a NABH accreditation is considered a benchmark for quality in India, and it gives a positive image.

The Quality Council of India developed NABH on the lines of other international accreditation bodies like JCI, the Canadian Hospital Accreditation Standards and ACHS. There are two types of NABH, the Entry level NABH and the Full NABH. The Full NABH has evolved over time into 5 major revisions and the latest revision came in August 2020. It has 10 chapters, 100 standards and 651 objective elements, that are customized for the Indian healthcare landscape. NABH is accepted by the International Society for Quality Assurance ISQUa as an international accreditation which is at par with the world's most reliable accreditation bodies.

As the full NABH was a difficult accreditation to achieve for many hospitals in its initial days, the Entry level NABH was launched 2005 after the launch of the Full NABH. It was specifically aimed at smaller hospitals with not enough infrastructure and facilities to meet the Full NABH requirements, as they are quite stringent.

Together with the Full NABH, the Entry level NABH is enough to cover all kinds of hospitals and help them achieve the best standards of quality in healthcare. The NABH standards are thus sufficient to cover the entire range of services and operations available at hospitals, ranging from initial registration, initial assessment, pharmacy services, housekeeping, nutrition, patient education, surgical safety, infection control, facility management & safety, management information system and human resources management, to name a few. It is applicable even to the services that are outsourced but delivered at the hospital premises. Accreditation process stimulates continuous improvement and enables the hospital to demonstrate its commitment to quality care and increases the community confidence in the services provided by them.

The comparative analysis will delve into exploring their similarities and divergences in key areas encompassing patient care, hospital management, and risk mitigation strategies. Ultimately, this analysis will contribute to applying for JCI accreditation in near future.

## Research Questions

1. What are the similarities and differences between the NABH and JCI?
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.

## METHODOLOGY

**Study Area:** The study will be conducted in Mahatma Gandhi Hospital Jaipur.

**Study respondents:**

1. Doctors working currently Mahatma Gandhi Hospital
2. Nursing staff working currently Mahatma Gandhi Hospital
3. Hospital Administrators - quality assurance officers and other key decision-makers

**Study Design:** The study is an observational and descriptive in nature. The study will use mixed methods: quantitative and qualitative.

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

**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 & medicine 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

**Data collection methods:**

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 collection tools:**

- Interview Guides: In-depth Interview Guides will be used for in-depth interviews with managers / administrators and healthcare providers.

**Ethical Related Concerns:**

1. Informed Consent: All participants will be provided with detailed information about the study and their rights as participants. Written informed consent will be obtained before data collection begins.
2. Confidentiality: Participants' responses will be anonymized and treated with the utmost confidentiality. Data will be stored securely and only accessible to authorized researchers.

**Data Analysis:**

1. Quantitative Data Analysis: Statistical methods will be used to analyze survey data, including descriptive statistics to identify significant differences in perceptions pre- and post-accreditation.
2. Comparison will be based on patient safety, Patient Satisfaction, Service Efficiency, Staff Behavior and competence, Infrastructure and facilities, patient rights and communication.