A STUDY ON QUALITY OF SERVICES AT EMERGENCY DEPARTMENT OF SHRI MATA VAISHNO DEVI NARAYANA MULTISPECIALITY HOSPITAL, KATRA

Dissertation submitted to

IIHMR UNIVERSITY

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

Dr. Abisharika Bhalwal

Under the supervision and Guidance of

Prof. Nutan Jain

2023

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2023

Declaration by Student

I hereby declare that this dissertation titled *A Study on Quality of Services at Emergency Department of Shri Mata Vaishno Devi Narayana Multispecialty Hospital, Katra* is the bona fide record of my original research work. I declare that this 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.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. Abisharika Bhalwal

Date: 27th May 2023

Shri Mata Vaishno Devi Narayana Superspeciality Hospital
Managed by Narayana Health

NH/SMVDNH/Intern/2023-24

Date: May 27th, 2023

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Abisharika Bhalwal** D/o **Mr. Ashok Singh** student of **Institute of Health Management Research; Jaipur** has successfully completed her internship in the **Department** of **Quality** from **08th March 2023** to **27th May 2023.**

During her internship period, she has met the expectation of the organization.

We wish her all the best for her future endeavors.

For **Shri Mata vaishno Devi Narayana Superspecialty Hospital**

Authorized Signatory
Department of Human Resources

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Narayana Vaishno Devi Speciality Hospitals Pvt. Ltd. | CIN No: L85110KA2014PTC076218
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CERTIFICATE FROM FACULTY GUIDE & SCHOOL DEAN

This is to certify that dissertation titled *A STUDY ON QUALITY OF SERVICES AT EMERGENCY DEPARTMENT OF SHRI MATA VAISHNO DEVI NARAYANA MULTISPECIALITY HOSPITAL, KATRA* is a record of the research work undertaken by Abisharika Bhalwal 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.

Prof Nutan Jain

Faculty Guide

IIHMR University, Jaipur

Date: 27th May 2023

Dr. Mahender Kumar

School Dean

IIHMR University, Jaipur

Date: 27th May 2023

DISSERTATION ABSTRACT

Title: Quality of Services at Emergency Department of SMVDN Hospital, Katra- a Study
Author: Dr. Abisharika Bhalwal
Advisor: Dr. Nutan P. Jain

Background: The Emergency Department in a Hospital is the first point of Contact for a Patient seeking acute care at a hospital. Emergency Department plays a crucial role in ensuring People's Health and saving lives in disasters and accidents. Considering the importance of Emergency Departments in Healthcare System and the high mortality rate of patients referred to these departments, it is crucial to provide Quality Services in Emergency Departments, with the aim to encourage healthcare Organisation to join quality Journey, NABH has developed Certification programme for Emergency Department in consultation with various stakeholders in the country.

Objectives: the objectives of the study include: (i) To assess the quality of service at the Emergency Department using NABH Standards. (ii) To find out the facilitating and hindering factors of the quality of services at the Emergency Department.

Methodology- An Observational Study was conducted for 3 months (March-May). Self-Assessment Audit tool kit (Checklist was prepared according to the 8 chapters of NABH 5th Edition) was used to check NABH Compliance at Emergency Department.

Key Results: The average score of all chapters reveals that HIC and HRM showed more compliance to NABH standards. It meant that Hospital and Infection Control and Human Resource Management maintained maximum compliance towards NABH. The rest chapters further showed compliance more than 5 at least to NABH requirements which signify that all standards were well maintained. But need some improvement to reach 10. The chapters which were showing more weakness were AAI, FMS. The more attention was needed to these chapters to reach all the NABH requirements. The corrections are required to be done to enhance these standards.

Conclusion: Adherence to guidelines was found inadequate. Gaps were observed during the project as per NABH guidelines but these gaps are removable by little effort of management and employees. The need of Staff training regarding Policies and Procedures of the NABH Emergency Standards through Induction Process is highlighted

ACKNOWLEDGEMENT

First and foremost, praises and **thanks to God**, **the Almighty** for his shower of blessings throughout my research work to complete the research successfully. Nothing really can be accomplished alone, it is the direction, guidance, involvement, support and, prayers of more than few that resulted in this work of efforts.

It gives me a great sense of pleasure to present the report of the dissertation undertaken during the MHA program. I owe a special debt of gratitude to my guide **Mr. Muthu Mathavan,** Facility director of Shri Mata Vaishno Devi Narayan Hospital Katra for his constant support and guidance throughout my work.

I also take the opportunity to thank Professor Nutan Jain for guiding and correcting various documents of mine with attention and care.

I also would not miss the opportunity to acknowledge the contribution of all the members of the quality department especially **Dr. Ashwini Balakrishnan Kamble,** Deputy manager of Quality and **Dr. Sonali,** Executive Clinical Operations for their kind assistance and cooperation during the development of my thesis.

I would like to express my gratitude to my **parents.** Finally, I acknowledge my friends and colleagues for their contribution and support for helping me achieve the completion of this thesis.

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LIST OF ABBREVIATIONS

AAI: Access, Assessment, and Information

CQI: Continuous Quality Improvement

FMS: Facility Management & Safety

QCI: Quality Council of India

HIC: Hospital Infection Control

NABH: National Accreditation Board for Hospital and Healthcare Providers

ROM: Responsibilities of Management

PCR: Patient Care and Rights

QCI: Quality Council of India

1. INTRODUCTION

National Accreditation Board for Hospitals and Healthcare Providers (NABH) is a constituent board of Quality Council of India (QCI), set up to establish and operate accreditation programme for healthcare organizations. Formed in 2005, it is the principal accreditation for hospitals in India. The NABH standards 4th edition standards are documented in 10 chapters.

Quality has become a fundamental requirement for all healthcare organizations in order to survive and succeed in this competitive, demanding and challenging healthcare service industry. Today, developed and developing nations are working towards continuous quality improvement and patient safety by achieving the national and or international healthcare accreditation and providing safe, effective, patient-centred, timely, efficient and equitable health care services to all their patients, families and caretakers. Accreditation of a health care organization is an external evaluation of the level of compliance against a set of organizational standards. Healthcare accreditation standards are advocated as an important means of improving structure, process and outcome.

These standards provide framework for quality of care and patient safety to patients coming to the emergency department and also stimulates continuous quality improvement.

These standards aim at setting expectations in order to provide safe and high-quality emergency care in the hospital which would eventually lead to good clinical outcomes.

The Emergency Department in a Hospital is the first point of Contact for a Patient seeking acute care at a hospital. Emergency Department plays a crucial role in ensuring People's Health and saving lives in disasters and accidents. Considering the importance of Emergency

Departments in Healthcare System and the high mortality rate of patients referred to these departments, it is crucial to provide Quality Services in Emergency Departments, with the aim to encourage healthcare Organisation to join quality Journey, NABH has developed Certification programme for Emergency Department in consultation with various stakeholders in the country.

The aim of NABH Emergency Standards is to introduce quality and Safety in the Emergency Services of the Healthcare Organisation. The Standards aim at setting expectations for the provision of providing equitable, safe and high-quality emergency care in the country.

The First edition of certification standards is divided into eight chapters which have been further divided into 49 standards and 255 objective elements. These Standards will sensitize the Hospital to adopt the quality and Patient Safety Framework within the Emergency Department. Standards are dynamic and would be under constant review process

Table 1.1: Summary of chapters, standards, and objective elements

CHAPTERS	**No. of Standards**	**No. of Objective Elements**
Access, Assessment and Information (AAI)	11	56
Patient Care and Rights (PCR)	9	58
Management of Medication (MOM)	7	48
Hospital Infection Control (HIC)	3	9
Continuous Quality Improvement (CQI)	4	20
Responsibilities of Management (ROM)	3	13

Facility Management and Safety (FMS)	7	30
Human Resource Management (HRM)	5	21
Total	**49**	**255**

2. REVIEW OF LITERATURE

SR.NO	TITLE/YEAR	AUTHOR	OBJECTIVES	METHODOLOGY	KEY RESULTS	REFERENCE
1	Study of compliance of crash carts to standards in the emergency of a tertiary care teaching hospital/ 1 July,2016	Namrata Makkar, Nirupam Madaan	Aim of the study was to perform gap analysis of crash carts in the emergency of a tertiary care teaching hospital by comparing the salient parameters with standards listed by Resuscitation Council UK (for equipment) and National Accreditation Board of Hospitals and health care providers (for management of medication). Further, to assess the improvement in compliance with the simple intervention of	Descriptive, Quantitative Observational study	The root causes of non-adherence to standardization were design of the area and of the cart, amount of workload which lead to neglect of labelling, documentation protocols resulting in decreased accountability and inefficient monitoring which impacted the adequate provision of content and functionality of the items in the crash cart.Human factor engineering in the form of	http://www.msjonline.org/ http://dx.doi.org/10.18203/2320-6012.ijrms20162917
2	Patient - Service Provider Communication is a Key for Patients' Satisfaction in Emergency Department - Cairo University Hospitals – Egypt/ 1 Jan,2016	Ghada W. Mohamed, Eman Taher	Display resource and hospital bed utilizationpattern-2009-2013 in Cairo Uni versity Hospital-Emergency Department ,tracking pre-hospital events and understand the perspectives of patients towards hospital services.	Cross-sectional study	There were insignificant difference between satisfied and unsatisfied patients by socio-demographic background , configuration of Pre-hospital events and condition at discharge. Satisfaction from physician performance was detected in 76.3% of patients , while satisfaction from nurse performance was elicited in 51.8%About 69.7% of patients expressed their satisfaction from Patient – Provider communication.	https://dx.doi.org/10.21608/ejcm.2016.644
3	Observance of patients' rights in emergency department of educational hospitals in south-east Iran/ 1, DEC,2020	Hojjat sheikh Bardasiri, Zahra Esameili Abdar	Patient right is the most important ethical right in the hospital, which equally, belongs to every human kind. Observance of patient right is responsibility of all treatment staff when they offer treatment and care for patient. This study aims to investigate observance of patients' rights in emergency department of educational hospitals in south-east Iran	Cross-sectional study	Means of total score for observing all essentials of patients' rights in emergency department of educational hospitals were at a moderate level (43.10 ±15.05) from the viewpoint of patients. The area of "providing health services based on respecting patient's privacy and observing the essentials of secrecy and confidentiality" enjoying the highest mean score (86.89 ± 24.39), was at a good level compared to other areas. The area of "having access to effective complaint management system" showed the lowest mean score (23/85 ± 23/07) from the participants' perspective proving a poor level. Between the patient rights observance and gender, education level, resident status and duration of hospitalization, a significant relationship was observed.	International Journal of Human Rights in Healthcare/ISSN: 2056-4902

3. METHODOLOGY

AIM

The study aims at improving quality in terms of Compliance of NABH Standards of Emergency Department at SMVDN Hospital Katra, Jammu.

OBJECTIVES

- To review the quality-of-Service policy of Emergency Department of SMVDN Hospital, Katra.
- To assess the quality of service at the Emergency Department using NABH Standards.
- To find out the facilitating and hindering factors of the quality of services at the Emergency Department.

STUDY DESIGN: An Observational Study

- **STUDY DURATION:** 3 months (March-May).
- **Methods of Data Collection** Data was gathered from primary and secondary sources of information. The primary information was obtained through tool kit and interviews.

- The Secondary information was collected from Internal Audits, Quality department, books, journals, various publications related to NABH standards etc. Primary data was collected in the form of face-to-face interview and checklist. Semi structured interviews were conducted based on the availability of the members. Quantitative Data was collected with help of Self- assessment checklist & Internal Audit.

STUDY TOOL: Self-Assessment Audit tool kit (Checklist was prepared according to the 8 chapters of NABH 5th Edition Scoring of Checklist in Emergency Audit tool kit is done in accordance with the compliance level and following criteria considered

Compliance: 10

Partial Compliance: 5

Non-Compliance: 0

Not Applicable: NA

- **Data Analysis**: Percentage analysis was used to measure the compliances.

4. RESULTS AND DISCUSSION

Quality Management Systems and Accreditation help to facilitate equity in healthcare services and meet the increasing aspirations of people. This ideal state of affair can be achieved by the institution with a quality management system that focuses on compliance with accreditation standards of NABH and like bodies. Organization took action to readapt to standards. Following actions were taken by organization to meet the requirements:

1. ACTION TAKEN BY ORGANIZATION

A. SIGNAGE SYSTEM IMPROVEMENTS

Signage is a simple improvement to help reduce patient stress and anxiety. Implementing a way finding system eliminates any fear of getting lost and helps patients, visitors and new employees feel welcome and cared for with clear directions and information. You can use digital and traditional signage to show where certain services or departments are located. You can also clarify where access is limited to hospital staff or a specific visitor group. Data was collected from visual audit at different places in the hospital.

Table 4.1: Signage System

SIGNAGES	DISPLAYED (YES/NO/NA)	BILINGUAL (YES/NO/NA)
Services available in the Emergency department (prominent board near the entry of the emergency entrance)	**Yes**	**Yes**
Mission & Vision	**Yes**	**Yes**
Quality Policy	**No**	**No**

Patients' Rights and Responsibilities	**Yes**	**Yes**
Fire Exit Plan	**Yes**	**Yes**
Ambulance Parking Area	**Yes**	**Yes**
Drinking Water/ Washrooms	**Yes**	**Yes**
Health Education related Signage's (Maternal health, HIV, Prevention of infections and Immunization programme, etc.)	**No**	**No**

B. HOSPITALS COMMITTEES

Hospital committees and teams play an important role in management and decision making in hospital. Committees and teams are formed for this purpose and depending upon the type of issues to be dealt with different committees and teams are formed. NABH standards indicate several types of committees and teams to be functioning in a hospital and this post lists and explains the same. The safety of the patient and the health care workers is the primary objective of the hospital committees.

Table 4.2: Hospitals' Committee Meeting Frequency

COMMITTEES	(YES/NO/NA)	MEETING FREQUENCY
Quality Assurance Committee	**yes**	**Quarterly**
Hospital Infection Control Committee	**yes**	**Once in 2 months**
Pharmaceutical and Therapeutic Committee	**yes**	**Quarterly**
CPR Committee	**yes**	**Quarterly**
FMS Committee	**yes**	**Quarterly**
Transfusion Committee	**yes**	**Quarterly**
Privileging and credentialing Committee	**yes**	**Quarterly**

ANALYSIS OF SELF ASSESMENT OF COMPLIANCE SCORING OF QUALITY INDICATORS CHAPTER WISE

This analysis has been carried out using self-assessment tool kit and presented here chapter wise to assess scoring and compare strength and weakness of different chapters.

Emergency Tool Kit (3).xlsx

Guidelines as set by NABH: -

Guideline 1: Access, Assessment & Information (AAI)

Patients can learn more about the services offered by the organization's emergency department. This will make it easier to properly connect patients with the resources of the Emergency Department. Once a patient enters the emergency room, they are registered, evaluated, and managed. A safe atmosphere is maintained for both patients and workers while qualified professionals provide emergency treatment, including laboratory and imaging services.

The medical record is a crucial part of patient care since it contains all the information on the evaluation and care that was given in a chronological order.

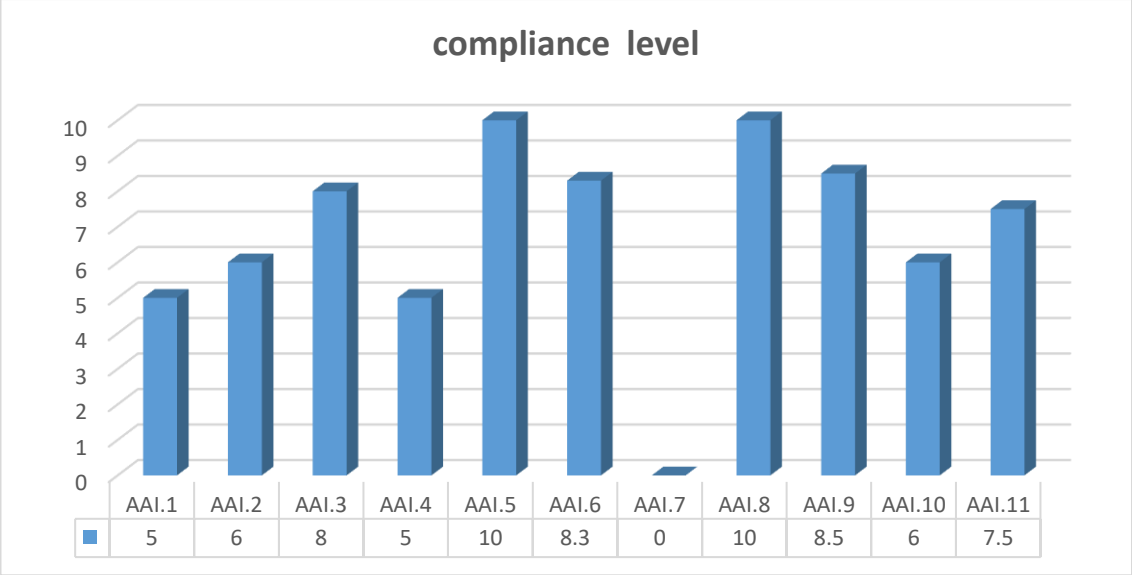


Figure 4.1: Average Score of AAI Standards

The least score 0 is seen in AAI.7 states that policies regarding patients cared for by the Organization undergo a regular reassessment, it shows that this objective of Standard AAI needs more improvement to maintain its Compliance Level and the highest score is found in AAI.5 and AAI.8 and which mainly follow all the parameters and strives to meet the highest score.

Guideline 2: Patient Care and Rights (PCR)

Patients in the Emergency Department are provided urgent care in with respect to their clinical requirements. Policies and procedures guide the activities in the Emergency Department including the ambulance services.

Additionally, protocols and procedures exist to direct nursing care for patients in emergency rooms. In the emergency room, patients could need to undergo surgical or other clinical procedures, and there are protections in place to stop any unfavorable outcomes. The use of sedation, restraints, end-of-life care, and pain management are examples of situations that call for special attention. These situations are identified and handled in accordance with policy and practice.

To defend patient rights, the staff should be well-informed and properly trained. At the time

of admission, patients are instructed on their obligations and informed of the rights.

Patients and their families have a right to information about their healthcare requirements in a language and a format that they can understand.

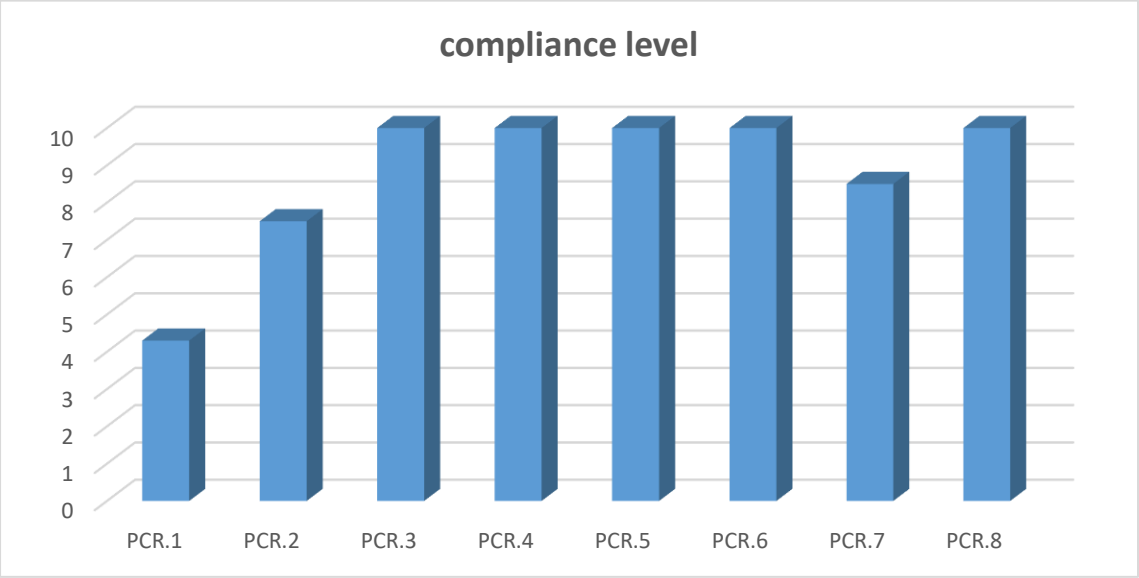


Figure 4.2: Average Score of PCR Standards

The PCR.1 score, which was the lowest, indicated that the organization's ambulance services were appropriate given the scope of its other activities, the low score indicated that the ambulance services are not appropriate and are not being followed in accordance with the policies and standards of NABH .The PCR.3, PCR.4, PCR.5, PCR.6, and PCR.8 tests received the greatest scores since they primarily adhere to all the parameters and work to achieve the highest score.

Guideline 3: Management of Medication (MOM)

The emergency room's medicine administration procedure is secure and well-managed. Medication availability, safe storage, prescription, dispensing, and administration are all governed by the process's policies and procedures.

The Organization have a system in place to guarantee that the emergency medications are standardized, easily accessible, and promptly refilled. A monitoring system should

be in place to guarantee that the necessary pharmaceuticals are constantly kept in stock and that their expiration dates are met.

The protocol also includes steps for reporting and analyzing adverse drug occurrences, which might include mistakes and events, as well as monitoring of patients after administration.

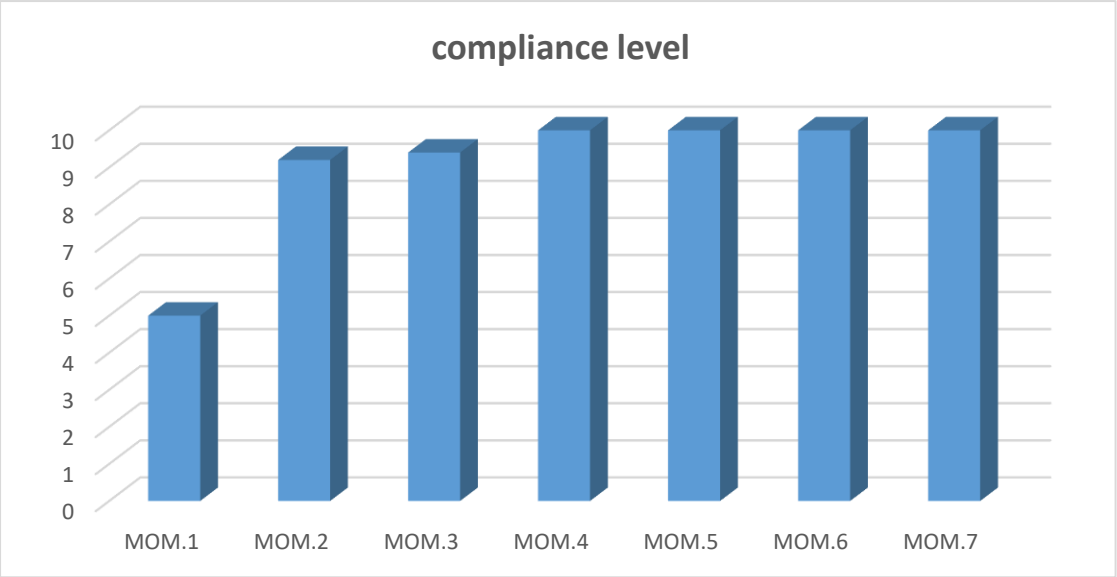


Figure 4.3: Average Score of MOM Standards

The MOM.1 standard, indicated that there is a formulary for the emergency department depending on the scope of services, had the lowest score towards the Compliance level and needs further improvement. The MOM.4, MOM.5, MOM.6, and MOM.7 modules scored the highest since they primarily adhere to all the parameters and work to get the greatest Score.

Guideline 4: HOSPITAL INFECTION CONTROL (HIC)

The standards guide the providence of effective infection control program in the Emergency Department. The program is documented and aims in reduction and elimination of infection risks to patients, visitors and care providers.

The organization proactively monitors all the infection control practices such as standard precautions, cleaning disinfection and sterilization. Adequate facilities for the

protection of staff are available. Proper segregation and safe handling of Biomedical Waste should be done.

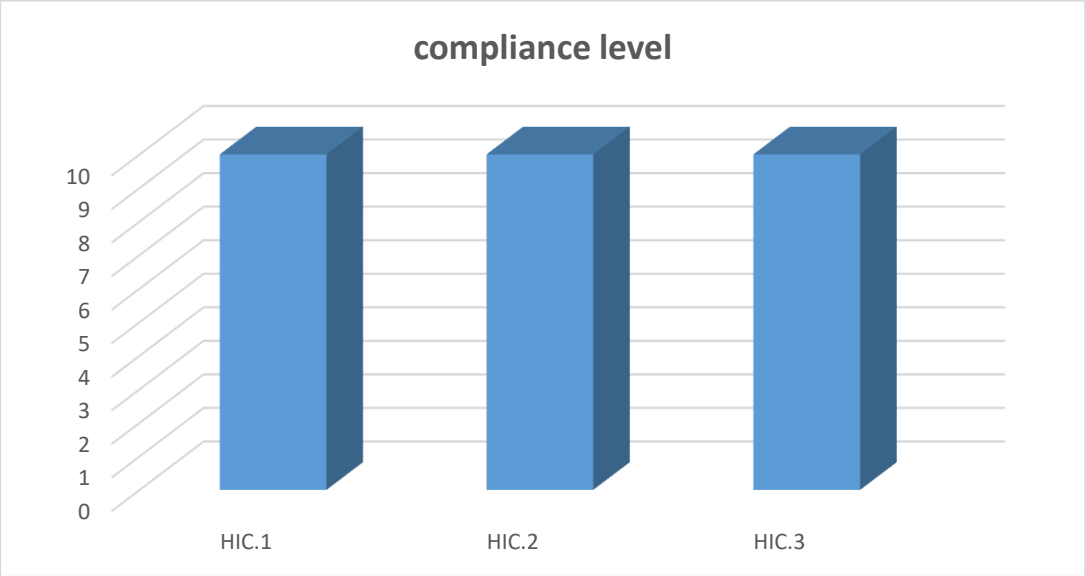


Fig.4.4: Average Score of HIC Standards

Highest score is for all the three standards HIC.1, HIC.2, HIC.3 which mainly follows all the parameters and strives to meet the highest score.in accordance to the compliance level of the standards.

Guideline 5: Continuous Quality Improvement (CQI)

The standards encourage an environment of continuous quality improvement. The quality and safety program should be well documented and involve all aspects of the functioning in the Emergency Department. The Emergency Department collects data on key performance indicators as part of its quality improvement program. The collected Data is analyzed and further improvements are done

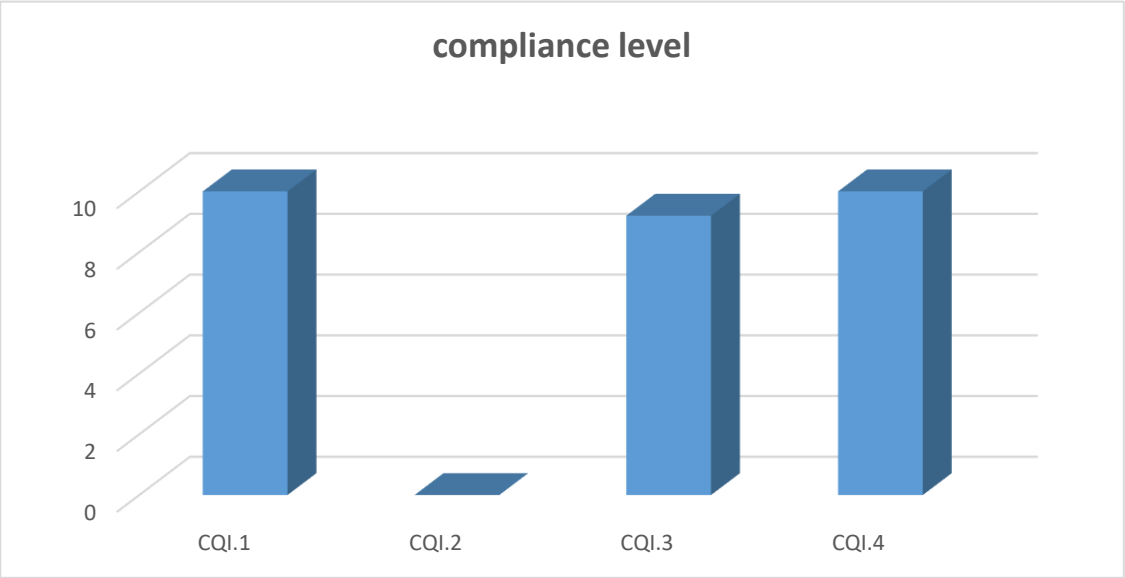


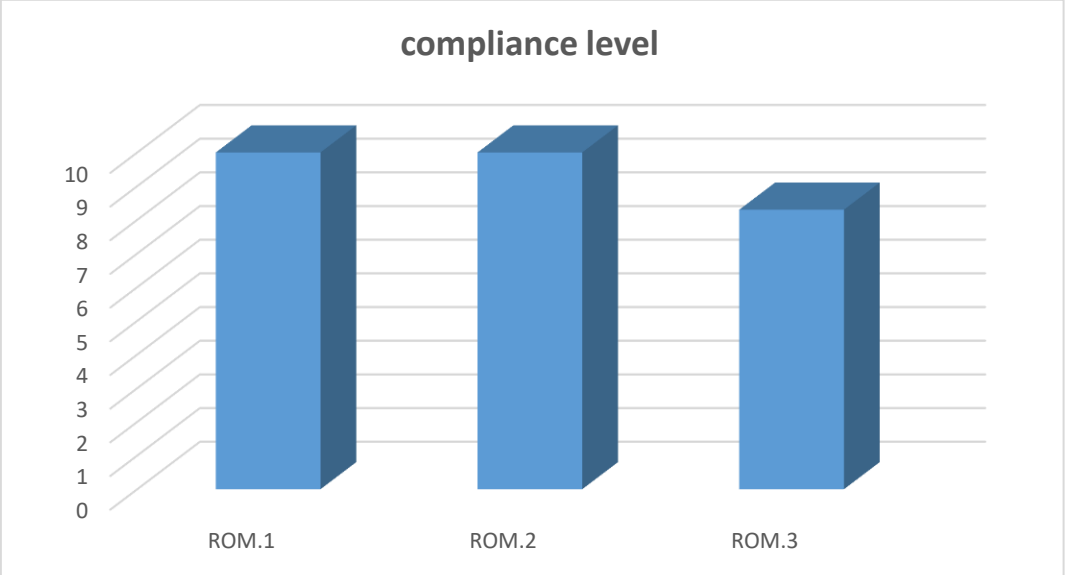
Figure 4.5: Average score of CQI Standards

The least score is seen in CQI.2 which states that there is a structured safety program in Emergency Department and the score indicates that it is not being followed in accordance with the standard of NABH and the highest score was found in CQI.1, CQI.3 and CQI.4 which mainly follow all the parameters and strives to meet the Highest score.

Guideline 6- RESPONSIBILITIES OF MANAGEMENT (ROM)

The standards promote the professional and moral governance of the organization. The management's duties are clearly laid out. Each department's offerings are well outlined in its documentation.

Organizational leaders make sure that patient safety and risk management concerns are an essential component of patient care and hospital administration.



Average score of ROM Standards

The overall score is high for ROM.1 and ROM.2 of ROM which mainly follows all the parameters and their compliance level is high for the standards of ROM Chapter and ROM.3 needs some improvement regarding the standards of NABH.

Guideline 7: FACILITY MANAGEMENT AND SAFETY

The standards guide in providing safe and secure environment for patients, their families, staff and visitors. To ensure this, the organization conducts regular facility inspection rounds and takes the appropriate action to ensure safety.

The organization provides for equipment management, safe water, electricity, medical gases and vacuum systems. The organization plans for emergencies within the facilities and the community.

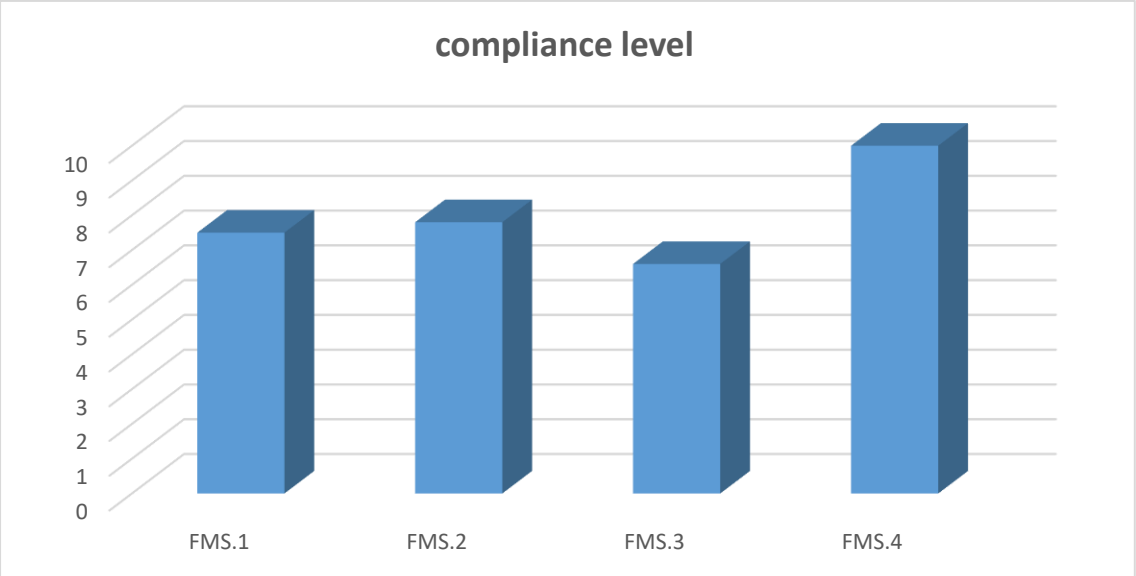


Figure 4.7: Average Score of FMS standards

The least score was found in FMS.3 which states that the Emergency Department has a process for voice and data Management and the compliance level is low towards the standard and highest score was found in FMS.4 which mainly follows all the Parameters and strives to meet the highest score and the Compliance level of this standard is high

Guideline 8: HUMAN RESOURCE MANAGEMENT(HRM)

The human resource is the most valuable resource in an emergency department. For an emergency department to operate effectively and efficiently, human resources are crucial.

The objective of human resource management is to find, offer, keep, and maintain the appropriate number of qualified employees to suit the demands of the patients and community the organization serves. Based on the organization's mission, goals, and scope of services, this is done.

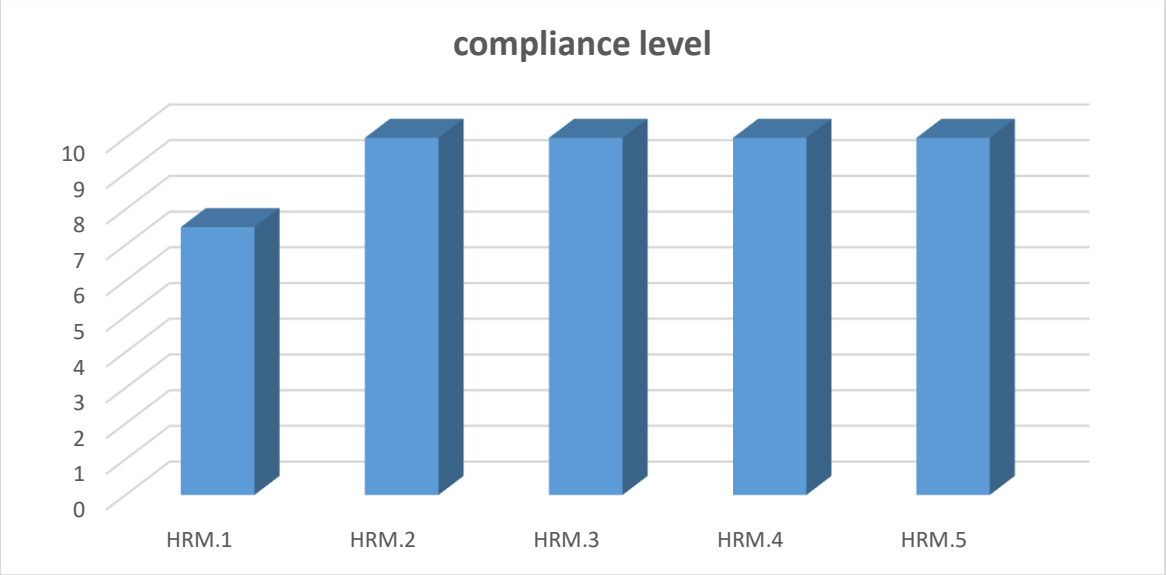


Figure 4.8: Average score of HRM Standards

The overall score is high for the HRM standards except HRM.1 mainly follow all the Parameters. As all the Standards of HRM is above average score and their compliance level is high. HRM.1 needs improvement regarding the Standards of NABH.

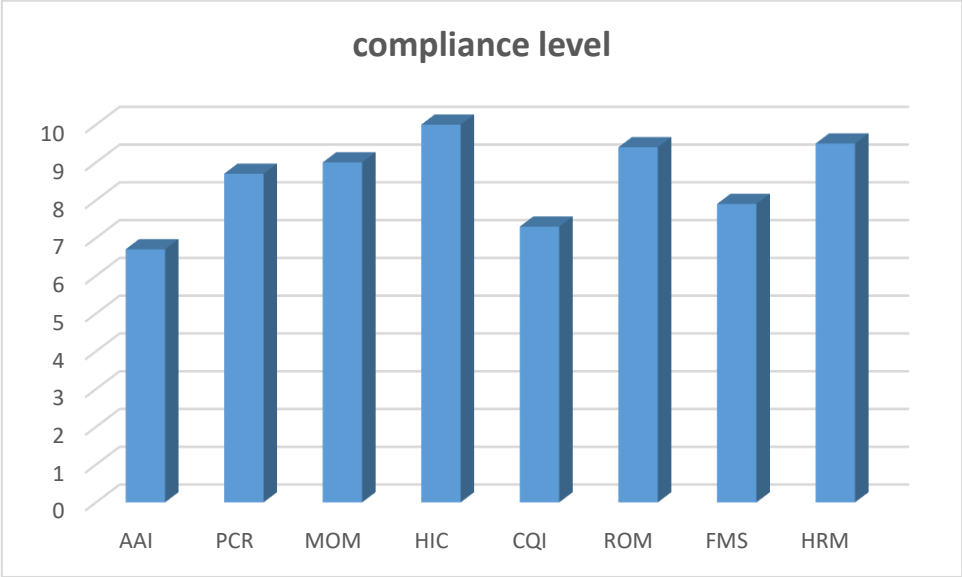


Figure 4.9: Average score of NABH Chapters

The average score of all chapters reveals that HIC and HRM showed more compliance to NABH standards. It meant that Hospital and Infection Control and Human Resource Management maintained maximum compliance towards NABH. The rest chapters further

showed compliance more than 5 at least to NABH requirements which signify that all standards were well maintained. But need some improvement to reach 10. The chapters which were showing more weakness were AAI, FMS. The more attention was needed to these chapters to reach all the NABH requirements. The corrections are required to be done to enhance these standards.

INTERNAL AUDIT FINDINGS

Internal Audit generally identify a department, gather an understanding of the current internal control process, conduct fieldwork testing, follow up with department staff about identified issues, prepare an official audit report, review the audit report with management. The gap analysis was performed to check the gaps, non-compliances. This helped to find issues and communicate them moving forward, and find shortcomings to overcome them and help in making improvements. Internal Audit was also carried out by the researcher and the quality department. It was the source of Secondary data.

NON- COMPLIANCE REGARDING THE SELF -ASSESSSMENT TOOL FOR EMERGENCY

1. **Documentation in manual about**
    a) Alert mechanism is be activated upon the arrival of the patient.
    b) Triage area is not well defined.
    c) No Documentation for the conditions when there is no availability of beds.
    d) No Documentation regarding transfer of patients outside the hospital.
    e) Patients are not reassessed at appropriate intervals.
    f) A medical professional should be in charge of the patients' care at all times during the course of treatment.
    g) Various clinical procedures are not well documented.
    h) No patient right and Family rights are documented in manual

i) In case of any failure of electricity or shortage of water supply there is no other alternate source.

2. Entry of the medical record is not properly named, signed, dated and timed.
3. No Chronological order for the patient care documents.
4. When the patient is transferred to another hospital, the medical record does not include date of transfer, reason and name of the receiving hospital.
5. **AMBULANCE RELATED ALL THE POINTS ARE OPEN**
   a) Ambulance does not adhere to all statuary compliance
   b) Ambulance is not appropriately well equipped.
   c) Equipment is not checked on daily basis.
   d) medicines not being checked on daily basis
   e) Ambulance does not have proper communication system.
6. Formulary needs to be updated
7. Medications used in emergency are not restored in a timely manner whenever used.
8. Verbal order policy not being followed.

5. CONCLUSION

The study's objective was to evaluate the upkeep of NABH standards in a teaching hospital in Jammu that provides tertiary care and is NABH accredited. As per NABH criteria, gaps were found during the project, but management and staff may easily remedy these gaps. The workers receive regular training, which will close several organisational gaps. Some non-compliance with NABH Standards was discovered by the gap analysis and has to be resolved. It is advised that the hospital make an effort to close the gaps that have been found in accordance with the planned course of action.

The hospital leadership ensure that all deficiencies are addressed on priority. The Operations, Quality and Departmental Heads must ensure that they are familiar with the NABH & Hospital Medical Quality standards and the same should be thoroughly implemented.

Signage is placed appropriately. Doctors need to be made more aware of the importance of fully filling out informed consents. Mandatory pain assessments require training for the nursing field. Nursing training is to be improved to include labelling files during the management of vulnerable patients. The monitoring system should be properly documented, and doctors and nurses should attend special training sessions to learn the significance of thorough documentation. In order to ensure that all the departments receive direction and support, including trainings as needed, the Quality team should collaborate closely with each department.

6. REFERENCES

(1) http://www.msjonline.org/ http://dx.doi.org/10.18203/2320-6012.ijrms20162917

(2) https://dx.doi.org/10.21608/ejcm.2016.644

(3) International Journal of Human Rights in Healthcare/ISSN: 2056-4902

(4) Certification standards for Emergency Department in Hospitals, Emerald: first Edition: June 2016.