

ONLINE COURSE ON NABH

■ SUBMITTED BY DR. NIKITA ARORA MBA(HM)

■ ENROLLMENT NUMBER:- 0949

■ IIHMR UNIVERSITY

COURSE OBJECTIVE:



1. To understand clinical audit process. To help clinicians decide exactly why they are doing a particular audit and what they want to achieve through carrying out the audit.



2. To determine, how clinical audit relates to other activities related to accountability for the quality and safety of patient care.



3. To select the right subject for audit.



4. To use evidence of good practice in designing clinical audits.



5. To help clinicians formulate measures of quality based on evidence of good practice, as the basis for data collection and also to develop data collection protocols and tools and advise on data collection for clinical audits.



6. To help in understanding how to handle data protection issues related to clinical audit

INTRODUCTION

- Hospital should pursue accreditation to demonstrate that organization meets a set of quality and safety standards and is in compliance with all regulatory requirements. Achieving accreditation reflects your dedication and commitment to meet these standards, and it demonstrates a higher level of performance and patient care.
 - Though accreditation used to be a voluntary initiative, it is now gaining wider popularity because of requirements by Insurance Regulatory and Development Authority (IRDA) of India that all empanelled hospitals meet the pre-accreditation entry-level standards laid down by the National Accreditation Board of Hospitals and Healthcare Providers (NABH) by a stipulated date.
 - Accreditation is an achievement. It allows to have vision. Most importantly, with accreditation, the patients, and communities whom the hospital serves can be certain they are receiving the best care.
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- National Accreditation Board for Hospitals and Healthcare Providers (NABH) offers accreditation programme for Indian hospitals and healthcare providers. NABH is a constituent board of Quality Council of India (QCI) and a member of International Society for Quality in Healthcare (ISQua) Accreditation Council.
- NABH accredits a hospital in a non-discriminatory manner regardless of their ownership, legal status, size, and degree of independence.
- The NABH standards offer a rigorous framework for patient care and quality improvement in the hospitals to achieve accreditation. These standards help to build a quality culture at all level and across all the functions of the hospital.

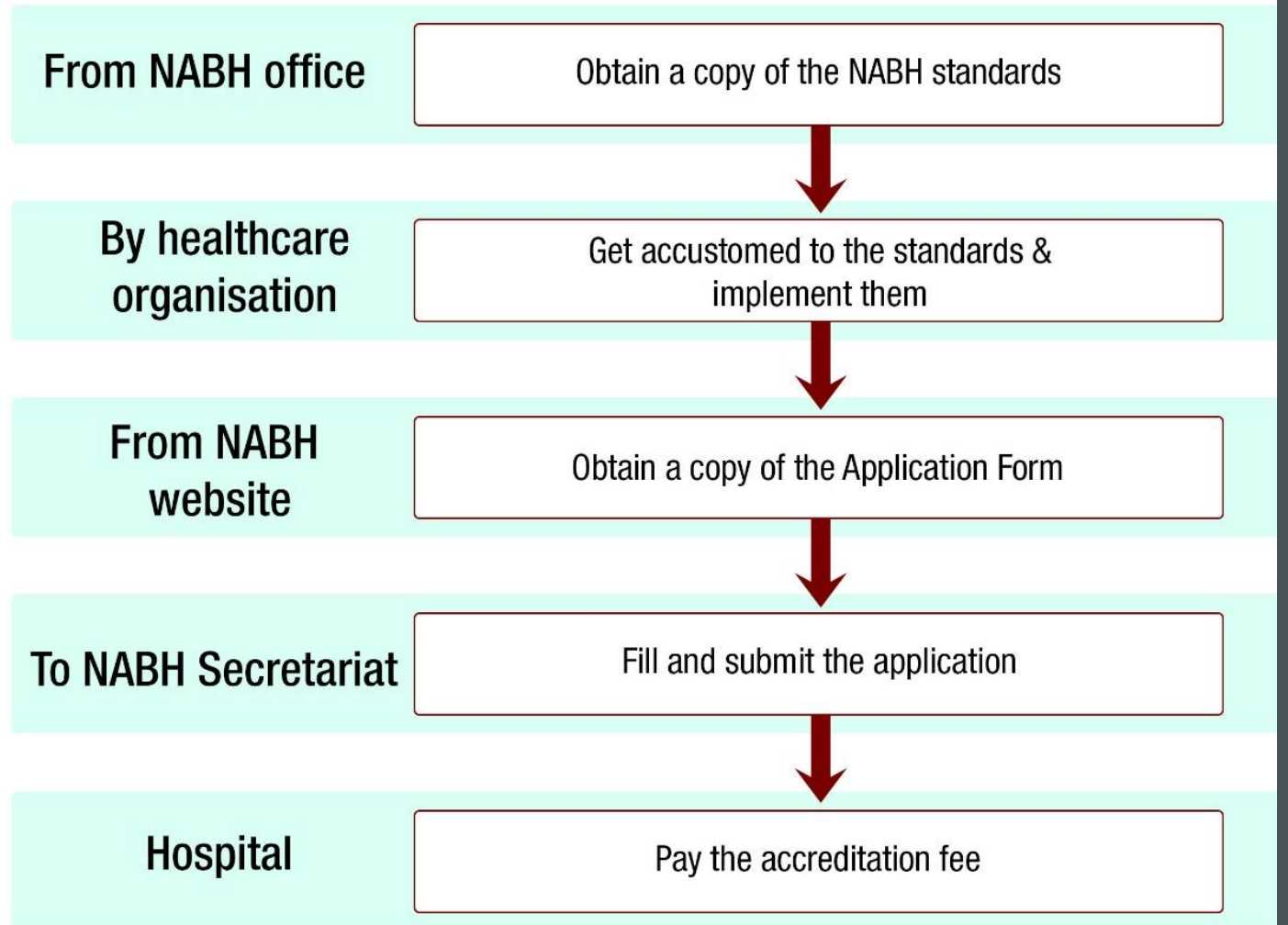
ABOUT NABH

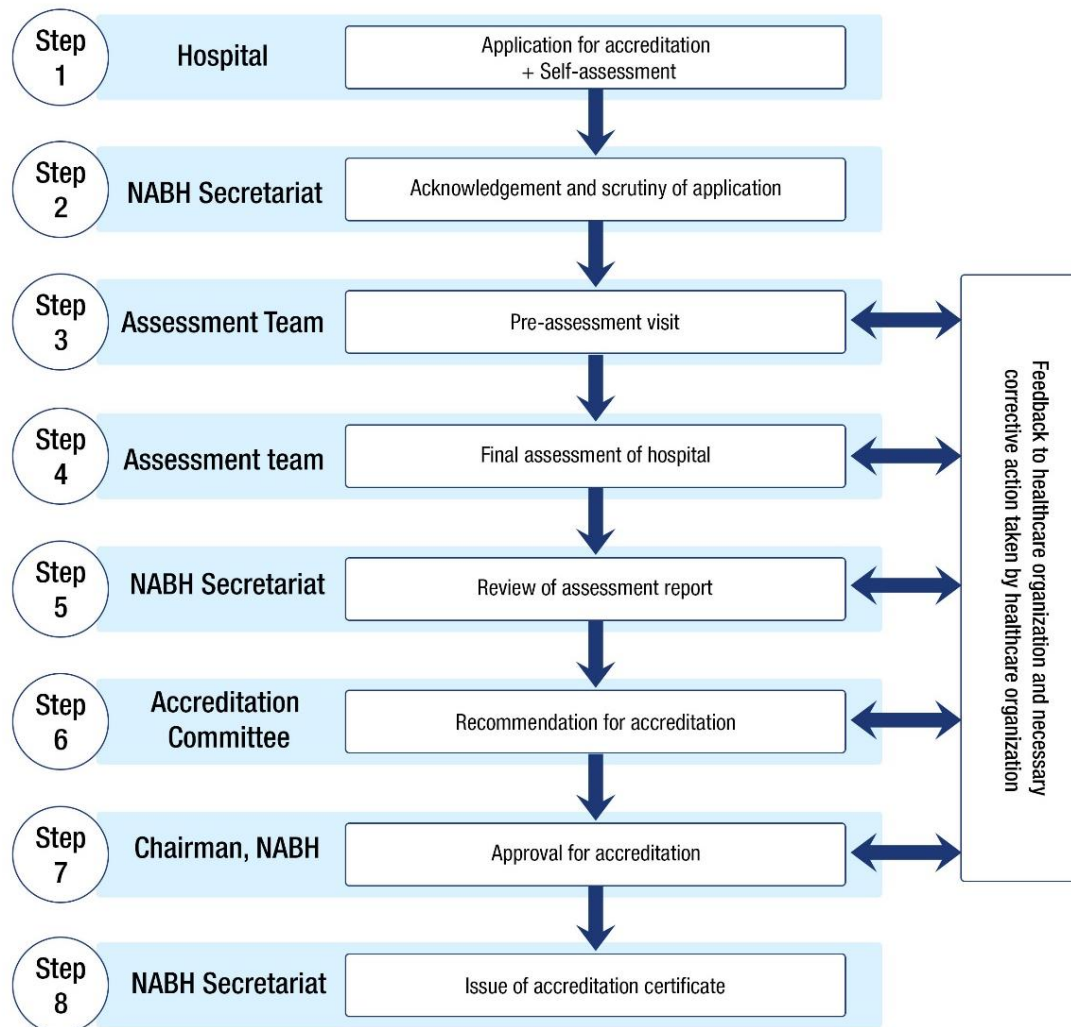
NABH STANDARDS

- The NABH accreditation standards comprise of ten chapters incorporating 105 standards and 683 objective elements. The standards are organized to cover two major components of healthcare delivery—patient-centred functions (chapter 1-5) and healthcare organisation-centred functions (chapter 6-10). To comply with the NABH standards, the hospital will need to have a process-driven approach for all its clinical and governance
- aspects with clear and transparent policies and protocols. In summary, NABH aims to streamline the entire operations of the hospital.



PREPARING FOR NABH ACCREDITATION





NABH ACCREDITATION PROCEDURE

COMMITTEES FOR NABH ACCREDITATION

- **Suggested list of committees:**
- Quality improvement/ core committee
- CPR committee (Code Blue Team)
- Hospital infection control committee
- Pharmaco therapeutic committee
- Safety committee
- Hospital ethics committee
- Anti-sexual harassment committee
- Management review committee
- Disaster management committee
- Purchase committee
- Grievance redressal committee
- Medical records committee
- Blood transfusion committee

NABH STANDARDS:

Chapters

10

Standards

105

Objective
elements

683

Patient-Centered Standards

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

Organisation-Centered Standards

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

NABH DOCUMENTATION

- During many NABH assessments, documentation emerged as the topmost deficiency scoring areas. A messy documentation is linked with messy care. The answer is NOT to avoid or shy away from the documentation. It is a tool to:
- Documentation is vital component in the delivery of healthcare.
- Ensure continuity of care as it serves as a communication tool among healthcare providers.
- Plan and evaluate a patient's treatment.
- Create a permanent record for the patient's future care.
- Create a database to evaluate effectiveness of treatment.
- Facilitate research.
- Substantiate billing.
- Recollect a memory and/or justify/defend care provided.



Documentation Tips

Date, time and sign every record



Be thorough, accurate and objective



Only used approved abbreviations



Fill records immediately or soon after care is given

STANDARD OPERATING PROCEDURES (SOP)

- It allows you to achieve the goal of good healthcare
- Standard operating procedures (SOPs) are a specific set of manuals/ practices documented by your hospital that your staffs are required to initiate and follow. There is a popular misconception that SOPs are standardised across healthcare organisations. The very nature of an SOP is that it is not universally applied, but rather your hospital has procedures/instructions written for your hospital only.
- The emergency department at your hospital should have a SOP, for example, to facilitate patient handoff between your staffs at the emergency room and the ambulance service.

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The background of the image is a blurred photograph of a library. On the left, there are tall wooden bookshelves filled with books. On the right, there are warm, glowing bokeh lights, likely from ceiling fixtures. The overall atmosphere is academic and professional.

THANKYOU

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