# Summer Training Report

Part1- Research Work
Part 2- Online Course

**Presented by-**


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# TOPIC

**Part 1-** (Research Work Topic: Comparison of NABH and AB-PMJAY quality standards for accreditation in a Tertiary Care Medical hospital in North India).

# NATIONAL ACCREDITATION BOARDS FOR HOSPITAL AND HEALTHCARE PROVIDERS ( NABH)

national health authority

सत्यमेव जयते

PATIENT SAFETY & QUALITY OF CARE
NABH
ACCREDITED

- *NABH-constituent board of QCI, establish and operate accreditation programme for healthcare organizations.*
- *Launched in 2006*
- *There are 10 sections comprising 102 guidelines and 636 target components.*
- *NABH is categorized in Patient centred and Organization centered.*

*-Access, Assessment and Continuity of Care(AAC)*
*-Information Management System (IMS)*
*-Management of Medication (MOM))*
*-Patient Right and Education (PRE)*
*-Hospital Infection Control (HIC)*
*-Continuous Quality Improvement(CQI)*
*-Responsibility of Management (ROM)*
*-Facility Management and Safety(FMS)*
*-Human Resource Management(HRM)*
*- Information Management System(IMS)*

## AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA (AB-PMJAY)

*- Flagship scheme of Indian government's National Health Policy*

*- Aims to provide free health coverage at the secondary and tertiary level.*


*-Launched in 2018*

*- Classifies hospitals into three standards* ***-BRONZE, SILVER*** *and* ***GOLD.***

- *There are* ***53 quality*** *standards and the* ***means of verification*** *are* ***182****.*

***-AB-PMJAY*** *is divided in* ***5 chapters-***

- *Key Inputs*
- *Clinical Services*
- *Support Services*
- *Patient Care*
- *Health Outcomes*

# AIMS and OBJECTIVES of the study

- *To access challenges faced by any hospital/administration for ensuring compliance to the standards defined for accreditation*
- *Similarities and differences between the NABH and AB-PMJAY Standards*
- *To identify the challenges which are faced by administration and quality heads during the implementation of NABH and AB-PMJAY standards in a newly setup corporate hospital (green field project).*
- *To identify the comparative analysis of NABH and AB-PMJAY in green field project.*

# METHODOLOGY

- Study design- **Cross-sectional descriptive study**
- Sample size- All parameters of **NABH** and were **analysed and compared.**
- Data collection tools and techniques- **Qualitative method** were adopted.
- The definite scope of the study –

◦ Establishing work standards in the Quality department.

◦ Identify sources of error and difficulties in implementing the standards

◦Setting up higher standards of service quality in the hospital

# RESULT

# Challenges Faced in Implementing NABH

| S.no | Significant Challenges Faced in Implementation of NABH in a Hospital and medical college are |
|---|---|
| 1 | The documentation required in NABH is large |
| 2 | Skilled staff, and repeated need of on job training is needed in implementation of NABH |
| 3 | For attaining NABH certification NABH certified trainer is required (NABH co-ordinator). |
| 4 | The quality standards of NABH are descriptive and elaborative, where attention is paid to even small details |

# Challenges Faced in Implementing ABPMJAY

| S.no | Major Challenges Faced In Implementing AB-PMJAY |
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| 1 | It broadly covers all the standards of NABH |
| 2 | To achieve gold standard certification hospitals have to make time to time changes and improvement in their structural, procedural, and clinical outcomes |
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## SIMILARITIES

AB-PMJAY and NABH are constituent board of Quality Council of India (QCI).

-AB-PMJAY and NABH both have a common target which is improving patient's safety and Quality of Care

## *DIFFERENCES*

- -Documentation is more in NABH and less in AB-PMJAY.
- -NABH requires skilled staff, AB-PMJAY doesn't.
- -NABH is descriptive and elaborative, AB-PMJAY broadly looks to achieve universal coverage of quality parameters..
- -AB-PMJAY can be achieved with minimum resources, However NABH cannot, be achieved with minimum resources..
- -Hospital requires a Certified NABH co-ordinator if they want to achieve NABH certification, No such person required in achieving AB-PMJAY.

# Comparative Analysis of NABH and AB-PMJAY Quality Standards

| Chapters of AB-PMJAY | Ayushman Bharat Standards Certification | Reference NABH | Comparative Analysis |
|---|---|---|---|
| **Chapter-1 Key Inputs** | | | |
| **KI 1** | Physical facility of the building and hospital environment shall be developed and maintained for safety of patient, visitors, and staff | **FMS 1,FMS 2** | FMS 1-The organisation has a system in place to provide a safe and secure environment.<br>FMS 2- The organisation's environment and facilities operate in a planned manner to ensure safety of patients, their families, staff and visitors and promote environment friendly measures. |
| **KI 2** | Hospital should have adequate space for ambulance and patient movement | **COP 3 A** | COP 3 A-There is adequate access and space for the ambulance(s). |
| **KI 3** | Access to the hospital should be provided without any physical barrier and friendly to people with disabilities. | **FMS 1 B** | FMS 1 B-Patient-safety devices & infrastructure are installed across the organisation and inspected periodically. |
| **KI 4** | The indoor and outdoor areas of the facilities should be well-lit | | Patient safety audits are conducted |
| **KI 5** | Basic amenities should be provided for all patients, hospital staff and visitor. | **FMS 2** | FMS 2- The organisation's environment and facilities operate in a planned manner to ensure safety of patients, their families, staff and visitors and promote environment friendly measures |

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| **KI 6** | The hospital should ensure that all medical staff is adequately credential as per the statutory norms. | **HRM 9, HRM 10** | **HRM** 9-Process for Medical Professional permitted to provide patient care without supervision<br>**HRM 10-**Process for credentialing and privileging Nursing Professionals, permitted to provide patient care without supervision |
| **KI 7** | The facility has functional equipment & instruments as per scope of services. | **FMS 4 A** | FMS 4 A-The organisation plans for equipment in accordance with its services and strategic plan. |
| **KI 8** | Fire detection and fire fighting equipment installed as per fire safety norms along with staff training. | **FMS 6** | FMS 6-The organization has plans for Non-Fire emergencies with the facilities |
| **KI 9** | Staff involved in direct patient care shall be trained in CARDIO PULMONARY RESUSCITATION (CPR)and BASIC LIFE SUPPORT(BLS) along with the display of the same in all critical areas. | **COP 5** | COP 5- Documented policies and procedures guide the care of patients requiring cardio-pulmonary resuscitation |
| **KI 10** | Annual training plan should be prepared for all staff covering all training needs. | **HRM 3, HRM 4** | HRM 3- There is an on-going programme for professional training and development of the staff.<br>HRM 4- Staff are adequately trained on various safety-related aspects. |

| Chapter-2 Clinical Services | | | |
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| **CS 1** | Patients privacy should be maintained in Out Patient Department (OPD) and In-Patient Department (IPD) | **PRE 2 B** | PRE 2 B-Patient and family rights include respect for personal dignity and privacy during examination, procedures and treatment. |
| **CS 2** | The Lab diagnostic services, whether in house or outsourced, should be as per the scope of services | **AAC 6,AAC7, AAC8** | AAC 6-Laboratory services are provided as per the scope of services of the organisation.<br>AAC 7-There is an established laboratory quality assurance programme.<br>AAC 8-There is an established laboratory safety programme. |
| **CS 3** | BLOOD BANK services, if available shall be as per the statutory/regulatory norms | **COP 8** | COP 8- Documented policies and procedures define rational use of blood and blood components. |
| **CS 4** | The hospital should adhere to the Radiation safety precautions as per the regulatory norms | **AAC 9,AAC 10, AAC 11** | AAC 9-Imaging services are provided as per the scope of services of the organisation.<br>AAC 10-There is an established quality assurance programme for imaging services.<br>AAC 11-Established safety program in Imaging services. |
| **CS 5** | Intensive Care Unit (ICU) services should be available as per the scope of services along with the required Infrastructure and Manpower. | **COP 9** | COP 9-Documented policies and procedures guide the care of patients in the intensive care and high dependency units. |

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| **CS 6** | OT complex should be available as per the regulatory requirements | **COP 15 K** | **COP 15** K- The quality assurance programme includes surveillance of the operation theatre environment. |
| **CS 7,CS 8** | CS 7- Look-like and Sound-like medicines need to be identified and sorted separately to avoid any dispensing and administration errors.<br>CS 8- Policies and procedures for identification, self-dispensing and administration of all high-risk medicine should be documented and implemented | **MOM 3,MOM 5 MOM 6,MOM 7 MOM 8, MOM 13** | MOM3- Documented policies and procedures guide the storage of medication.<br>MOM 5- Documented policies and procedures guide the safe dispensing of medications.<br>MOM 6-There is documented policies and procedures for medication administration.<br>MOM 7-Patients are monitored after medication administration.<br>MOM 8-Near misses, medication errors and adverse drug events are reported and analysed.<br>MOM 13- Documented policies and procedures guide the use of medical supplies and consumables. |
| **CS 9** | The facility has defined and established antibiotic policy | **HIC 2 G, HIC 2 H** | HIC 2 G-An appropriate antibiotic policy is established and documented<br>HIC 2 H-The organisation implements the antibiotic policy and monitors rational use of antimicrobial agents. |
| **CS 10,CS 11** | CS 10- Pre-operative, Intra-operative and Post-operative assessment should be done and documented by appropriately qualified staff in standardized format. | **COP 14** | COP 14- Documented policies and procedures guide the administration of anaesthesia |

| Chapter-3 Support Services | | | |
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| **SS 1** | Hospital should be clean and have well managed flooring | **HIC** | It is covered in HIC |
| **SS 2** | Temperature control and ventilation should be maintained in patient care and nursing area | **FMS 3 I** | FMS 3 I-There is a maintenance plan for heating, ventilation and air-conditioning. |
| **SS 3, SS 4** | SS 3-The hospital should have arrangement of water storage and should be tested periodically as per requirement.<br>SS 4-The hospital should have 24 hours supply of electricity, either through direct supply or from other sources. | **FMS 2 F,**<br>**FMS 2 G** | FMS 2 F-Potable water and electricity are available round the clock<br>FMS 2 G-Alternate sources for electricity and water are provided as backup for any failure / shortage. |
| **SS 5** | Medical gases and vacuum shall be made available all the time and sorted safely. Compressed gas should be made available as per scope of services. | **FMS 5** | FMS 5- The organisation has a programme for medical gases, vacuum and compressed air. |
| **SS 6** | The facility should adhere to the practices specified under statutory compliances as per the scope of services - Licenses with Certificate number, date of issue and date of expiry. | **ROM 2 E** | ROM 2 E- There is a mechanism to regularly update licenses/registrations/certifications. |

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| **SS 7** | The hospital should ensure that appropriate Infection control practices are being followed along with hand hygiene practices | **HIC 1,HIC 2,**<br>**HIC 3,HIC 9** | **HIC 1**-The organisation has a well-designed, comprehensive and coordinated Hospital Infection Prevention and Control (HIC) programme aimed at reducing/eliminating risks to patients, visitors and providers of care<br>**HIC 2-** The organisation implements the policies and procedures laid down in the Infection Control Manual in all areas of the hospital.<br>**HIC 3-** The organisation performs surveillance activities to capture and monitor infection prevention and control data.<br>**HIC 9** - The infection control programme is supported by the management and includes training of staff. |
| **SS 8** | Hospital should ensure Bio-medical waste management practices as per the statutory norms(BMW amendment rules 2018) | **FMS 4** | **FMS 4-** The organisation has a programme for bio-medical equipment management. |
| **SS 9** | Hospital should ensure that services i.e. (Laundry, Housekeeping, Dietary, security, Ambulance, Mortuary, Central Sterile Supply Department (CSSD)etc. are available (in-house or outsourced) | **HIC,**<br>**COP** | Dietary and Ambulatory services comes under COP, and Housekeeping and Laundry is covered under HIC |
| **SS 10** | Sexual harassment and grievance handling procedure should be available. | **HRM 6** | HRM 6- The organisation has documented disciplinary and grievance handling policies and procedures. |

| Chapter-4<br>Patient Care | | | |
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| **PC 1,PC 2** | PC 1-Hospital should have uniform and user friendly signage system in English and in the local language understood by Patient / family and community.<br>PC 2- All Signage's those are required by law should be displayed at all strategic location | **FMS 2 C** | FMS 2 C-Internal and external sign postings in the organisation in a language understood by patient, families and community. |
| **PC 3** | Contact information of key medical staff and specialist should be readily available in the emergency department. | | This is already implemented in NABH |
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| **PC 4** | Service counters for the enquiry are available as per the patient load and are duly managed by hospital staff for the registration of patients | | This is already implemented in NABH |
| **PC 5** | Hospitals should have established procedure for admission on patients. | **AAC 2** | AAC 2-The organisation has a well-defined registration and admission process. |
| **PC 6** | The patient should be referred to another facility along with the documented clinical information, in case of non-availability of services and/or beds. | **AAC 3** | AAC 3-There is an appropriate mechanism for transfer (in and out) or referral of patients. |

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| **PC 7** | General consent and Informed consent should be taken during the admission and before any procedure/surgery and Anaesthesia/Sedation | **PRE 4** | **PRE** 4-A documented procedure for obtaining patient and/or family's consent exists for informed decision making about their care**.** |
| **PC 8** | User charges are displayed and communicated to patients effectively at the time of registration, admission to the ward and in case of a change in medical and surgical plan. | **PRE 6** | PRE 6- Patients and families have a right to information on expected costs. |
| **PC 9** | Patient should be properly educated on additional care as deem required and all the vital information should be recorded for continuity of care | **PRE 3** | PRE 3- The patient and/or family members are educated to make informed decisions and are involved in the care planning and delivery process. |
| **PC 10** | Hospitals should ensure that all medications and associated instruction are written in prescription. | **MOM 4** | MOM 4- Documented policies and procedures guide the safe and rational prescription of medications. |
| **PC 11** | Medical record should be retained as per the policies of hospitals based on national and local law. | **IMS 3,IMS 4** | IMS 3- The organisation has a complete and accurate medical record for every patient.<br>IMS 4-The medical record reflects continuity of care. |

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| **HO 5** | Bed occupancy | **CQI 4 C** | **CQI 4** C-Utilization of space, manpower and equipment are monitored**.** |
| **HO 6** | Percentage of Patient satisfaction | **CQI 4 D** | CQI 4 D-Monitoring includes Patient satisfaction incorporating waiting time for services. |
| **HO 7** | Percentage of Employee satisfaction | **CQI 4 E** | CQI 4 E-Monitoring includes satisfaction of employee. |
| **HO 8** | Waiting time- Out-patient and Discharge | **CQI4 D** | CQI 4 D-Monitoring includes patient satisfaction which also incorporates waiting time for services. |
| **HO 9** | Reporting of Adverse events | **CQI 4 F** | CQI 4 F-Monitoring includes adverse events and near misses. |
| **HO 1O** | Reporting of Thefts / Security related incidents. | **IMS 5** | IMS 5-Documented policies and procedures are in place for maintaining confidentiality, integrity and security of records, data and information and they are monitored under CCTV. |
| **HO 11** | Reporting of Needle stick injuries. | **HRM 4 A, HRM 4D,CQI4F** | HRM 4 A –Training of staff for the risks within the organization's surroundings.<br>HMR 4 D- Staff are trained occupational safety aspects.<br>CQI 4 F- Adverse events and near misses are monitored. |

# *CONCLUSION*

*-AB-PMJAY broadly covers all the quality standards of NABH.*

*-Scope of NABH is very wide and descriptive.*

*-NABH comprises of indicators and AB-PMJAY says to do things.*

*NABH emphasizes on SPO equally but AB-PMJAY doesn't.*

*-More financial resources required in NABH.*

## *Limitation of study*

Owing to Corona threat and pandemic, many staff and officers were on rotation duty and hence training schedules were being conducted online hence feedback was not collected.

- **Part 2-** (Online Course- eHealth: More than just an electronic Record)

# Objectives of the Course

- *How to increase awareness or promote eHealth.*
- *To explore evidence behind the impact the use of apps, Wearable device, social media on health.*
- *What sort of information are we at present gathering and how it will change medicinal services in future*

# Key Learnings

- *eHealth is conceivable nowadays.*
- *It impacts on practice, teaching and research.*
- *Help us in dealing with our wellbeing.*
- *It is a drive towards patients coordinated wellbeing conveyance and direct patient.*
- *eHealth makes treatment simple in the genuine conditions.*
- *Telemedicine, telehealth , rehabilitation makes interacting with health professional easy.*
- *These wearable gadgets are utilized to store data*
- *Health in hands of constumers- wearable devices, apps, internet and social media.*
- *No contrast between online counsels and eye to eye.*
- *eHealth brings tolerant improvement, treatment turns out to be simple*

# THANK YOU