COMPLIANCE TO CORE OBJECTIVE ELEMENTS OF NABH STANDARDS AT JEEVAN RAKSHA HOSPITAL

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

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Under the Supervision and Guidance of

Dr. Piyusha Majumdar

2025

जीवन रक्षा
हॉस्पिटल
Our Name is Our Promise

Jeevan Raksha Hospital
ए- 156, SBI, बैंक के सामने, सार्दुल गंज, मेन रोड़, बीकानेर
फोन.:0151-2225254, 9214225254

Dispatch No - JRH/17/2025

This is to certify that **Dr. Saloni Sharma** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the **Jeevan raksha hospital Bikaner** has successfully completed her internship at during **Mar 10 - May 31, 2025.**

Place: Bikaner

Date : 31/05/2025

Name of organization -Jeevan raksha hospital Bikaner

Signature 31/05/2025

JEEVAN RAKSHA HOSPITAL * BIKANER *

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled '**Compliance to core objective elements of NABH Standards at Jeevan Rakhsha Hospital,**' is the record of the research work undertaken by **Dr. Saloni Sharma** in partial fulfillment of the requirements for the award of the degree of M.B.A. **(Hospital and Health Management)** from the IIHMR University, Jaipur, my guidance and supervision and his approach to the research study has been sincere, scientific and analytical.

Dr. Piyusha Majumdar

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DECLARATION BY STUDENT

I, hereby declare that the dissertation titled **'Compliance to core objective elements of NABH standards at Jeevan Raksha Hospital, Bikaner'** the Bonafide record of my original research work. I further assure that this work 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 Information derived from the published or unpublished work of others throughout has been duly acknowledged throughout the dissertation.

SALONI SHARMA

DATE: 16/06/2025

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Best Regards

Dr. Saloni Sharma

01/06/2025

TABLE OF CONTENT

ABSTRACT

Keywords

NABH Standards, Hospitals Accreditation, Compliance Assessments, Quality Healthcare, Patients Safety.

Background

In the current healthcare environment, providing high-quality services and guaranteeing patient safety are not just moral obligations but also the cornerstones of institutional reputation and public confidence. This is made possible in large part by National Accreditation Board for Hospitals and Healthcare Providers (NABH), which establishes strict requirements that hospitals must fulfill in order to be accredited. Consistency, safety, and ongoing progress in healthcare delivery are the goals of these standards, especially the Core Objective Elements (COEs). In order to improve patient outcomes and operational efficiency, Jeevan Raksha Hospital, a multispecialty facility, has taken on the challenge of aligning itself with these criteria.

Objective

The purpose of this research is to assess Jeevan Raksha Hospital's degree of adherence to the NABH standards' Core Objective Elements. By doing this, it looks for areas of strength and weakness and, in the end, provides information on what has to be improved in order to get or maintain accreditation.

Methodology

In this investigation, a cross-sectional descriptive methodology was used. A standardized NABH self-assessment checklist with a COE emphasis was utilized to collect data. In-depth document examinations, on-site observations, and interviews with department heads and important personnel from the clinical and administrative domains were all part of the process. Every component was evaluated and assigned to one of three compliance levels: Non-Compliant, Partially Compliant, or Compliant. To present a comprehensive picture of the hospital's position, the results were examined using a combination of quantitative summaries and qualitative interpretations.

Results

According to the report, Jeevan Raksha Hospital demonstrates medium adherence to standards pertaining to infection control, medication management, and patient rights, fully meeting 55.34% of the essential criteria. However, 0% of the elements were poor compliant and non-compliant, and 11.65% of the elements had partial compliance and 33.01% were good compliant. Internal audits, facility safety procedures, and documentation—especially in non-clinical departments like cleaning and maintenance—were the areas that required the greatest attention.

Conclusion

The results demonstrate Jeevan Raksha Hospital's admirable dedication to obtaining NABH certification and advancing high-quality medical services. Although the hospital is excellent in a number of important areas, there is still opportunity for focused enhancements, particularly in the monitoring and support systems. In addition to bringing the hospital closer to complete compliance, closing these gaps will guarantee the long-term viability of its quality and safety programs.

CHAPTER 1

Introduction to NABH 6th Edition and Quality Standards in Healthcare

Understanding NABH and Its Role in Indian Healthcare

A component body of the Quality Council of India (QCI), the National Accreditation body for Hospitals & Healthcare Providers (NABH) was founded with the intention of improving the standard of healthcare throughout India. Accreditation by NABH is granted to healthcare institutions and hospitals that exhibit compliance with a wide range of requirements centered on patient safety and quality treatment. It aims to raise Indian healthcare services to international standards in line with best practices from throughout the world.

The emphasis has changed to safe, effective, moral, and evidence-based practices as a result of growing patient knowledge and increased provider expectations. Patients are reassured by NABH accreditation that the hospital follows strict guidelines for clinical treatment, infrastructure, infection control, and ongoing development. NABH standards, which are currently in their sixth edition, have evolved to reflect the ever-changing nature of healthcare and the necessity of updating systems frequently to meet patient expectations, regulatory requirements, and scientific breakthroughs.

NABH 6th Edition – A Brief Overview

Implemented in April 2020, the 6th Edition of NABH Standards introduces a number of revolutionary innovations. It places a strong emphasis on corporate governance, clinical quality, process-driven systems, and patient-centric care. Each chapter, which focuses on a different aspect of hospital operations, contains the standards. Access, Assessment and Continuity of Care (AAC), Care of Patients (COP), Hospital Infection Control (HIC), Medication Management (MOM), Patient Rights and Education (PRE), and other chapters are included in this category.

The Objective Elements (OEs) of each chapter are further subdivided into Core, Commitment, Achievement, and Excellence levels. Core components, which guarantee the bare minimum of safety and quality, are essential and required for accreditation. This tiered system motivates hospitals to aim for excellence rather than just compliance and supports ongoing quality improvement.

The sixth edition of the NABH has a strong emphasis on outcome-based metrics.
Clinical evaluations
- Risk control

- Documentation procedures
Employee credentialing and training; grievance procedures and feedback systems

Chapter Code & Name	No. of Standards	No. of Objective Elements
AAC - Access, Assessment & Continuity of Care	13	51
COP - Care of Patients	14	78
MOM - Management of Medication	7	29
HIC - Hospital Infection Control	6	25
PRE - Patient Rights and Education	5	19
CQI - Continuous Quality Improvement	3	12
ROM - Responsibility of Management	5	23
FMS - Facility Management and Safety	9	51
HRM - Human Resource Management	5	23
IMS - Information Management System	4	20

Core	Commitment	Achievement	Excellence

15	13	12	11
20	19	22	17
8	6	9	6
7	6	7	5
5	4	6	4
4	3	3	2
6	5	7	5
12	13	13	13
6	5	7	5
5	4	6	5

Importance of Hospital Accreditation

There are several advantages to hospital certification, particularly from a respectable organization like NABH:
superior Patient Outcomes: Because accredited hospitals follow evidence-based procedures, they show superior clinical results.
Patient safety: Medical mistakes are greatly decreased by improved infection control, surgical safety, and drug management procedures.
Organizational Efficiency: Standardizing processes maximizes resource use and reduces mistakes and redundancies.
Staff Empowerment: The healthcare workforce's morale, responsibility, and performance are improved via training, skill development, and role clarity.
Public Trust: The institution's legitimacy is increased via accreditation, which draws in additional patients and possible collaborations.

Additionally, certification is in line with international objectives like Universal Health Coverage (UHC) and the Sustainable Development Goals (SDG-3: Good

Health and Well-Being), as well as national policies like Ayushman Bharat, ABHA, and programs supporting Digital Health Records.

Compliance Assessment – Ensuring Standard Implementation

A compliance assessment is a methodical analysis of a healthcare facility's adherence to the NABH standards. This comprises: - Reviews of Documentation
Inspections of the Facilities
Employee interviews; audits of patient records; and analysis of performance indicators

A well-structured compliance mechanism helps identify gaps, measure performance against benchmarks, and implement corrective actions. Hospitals prepare for internal audits and mock assessments before facing the official NABH assessment by certified assessors. The process of compliance includes: - Policy development and periodic review - Ensuring daily practice matches written protocols - Training and sensitization of staff - Continuous data monitoring and quality audits - Evidence collection for each objective element The ultimate goal is not just passing the accreditation audit but achieving a culture of continuous quality improvement (CQI).

NABH and the Future of Quality Healthcare in India

In an era where healthcare demands are rapidly increasing and becoming more complex, NABH 6th Edition standards serve as a guiding framework for hospitals to deliver quality of care in a safe and ethical, and accountable manner. The vision is to make quality healthcare accessible and affordable, while continuously striving for excellence. Hospitals must view NABH accreditation not as a one-time achievement but as an ongoing journey toward patient-centric care, clinical excellence, and institutional integrity. Compliance to NABH standards fosters: - Transparent communication - Reduced hospital-acquired infections - Better clinical outcomes - Reduced litigation and medico-legal cases - Improved patient satisfaction scores

Frameworks like NABH will be even more important as India moves closer to universal access, AI in medicine, and digital health. In order to achieve long-term credibility and service quality, hospitals must make the investment to comprehend and incorporate the NABH 6th Edition standards into their everyday operations.

Aim

To assess Jeevan Rekha Hospital in Bikaner's level of adherence to the fundamental goal components of the NABH 6th Edition standards, with an emphasis on enhancing patient safety, care quality, and institutional preparedness for accreditation.

Objectives

1. To assess the hospital’s adherence to core NABH 6th edition standards across departments.
2. To identify areas of full, partial, and non-compliance in processes related to patient care, safety, and quality improvement.
3. To analyze existing practices and documentation against the NABH benchmarks.
4. To identify gaps and challenges in meeting the required compliance levels.
5. To suggest actionable recommendations for enhancing compliance and ensuring sustained quality in healthcare delivery.

CHAPTER 2:

REVIEW OF LITERATURE

FIRST

Author(s)	Year	Title of Paper	key words	Abstract
Dr. Pallekonda Srinivasa Rao	2, June 2023	National Accreditation Board for Hospitals and Healthcare Providers, NABH 5TH EDITION : A CRITICAL REVIEW	NABH, Patient safety, Quality of Healthcare.	Patient safety is critical in healthcare, and the National Accreditation Board for Hospitals and Healthcare Providers (NABH) helps to improve quality and patient care. As India's healthcare sector expands, hospitals must adhere to NABH standards to provide quality care and patient satisfaction.

Metodology	Result	Conclusion	References

This article conducts a descriptive and critical review of the NABH 5th Edition standards, analyzing their progress through qualitative analysis, compilation and synthesis of information from official documents, healthcare reports, and secondary sources, and evaluating different editions to emphasize patient safety and quality improvement.	The NABH 5th Edition, which includes ten chapters, 100 standards, and 651 objective components, improves patient safety, quality healthcare delivery, and institutional credibility. Accreditation helps stakeholders by assuring consistent processes, improved patient rights, and quantifiable quality metrics.	The NABH certification standards ensure Indian hospitals maintain high patient safety and quality, fostering adaptability to changing healthcare environments, fostering a environment of continuous improvement, and aligning with global best practices.	1) https://www.ibef.org/industry/healthcare-india.aspx, Healthcare industry in India, p 1. 2) David SN, Valas S. National Accreditation Board for Hospitals and Healthcare Provider NABH standards: A review. Cure Med Issues 2017: 15:231-6.	

SECOND

Author(s)	Year	Title of Paper	key words	Abstract

Deepika Kanyal 1, Babaji Ghewade2	**10-Nov-23**	A protocol to study the impact of implementation of National Accreditation Board for Hospitals & Healthcare Providers (NABH) standards among healthcare workers in a tertiary care hospital in India	NABH, Healthcare, Implementation, Pre and post assessment, Quality,Satisfaction, Improvement, Healthcare workers, Gap analysis	The healthcare system is being transformed by new technology, which includes medical devices, clinical trials, telemedicine, health insurance, health tourism, and outsourcing initiatives. Healthcare quality research has proven that providers and organizations must continually improve services and patient safety in order to improve individual and community health outcomes. The National Accreditation Board for Hospital and Healthcare Providers manages an accreditation program for healthcare institutions to ensure quality care.

Metodology	**Result**	**Conclusion**	**References**

The study uses a cross-sectional approach to assess healthcare professionals' understanding of quality measures. Data from patient health records and questionnaires will be used to measure staff adherence to NABH principles. A post-assessment survey will be conducted in October. The three-year trial will take place in central India.	A study on India's healthcare personnel found that over 80% felt NABH certification improved hospital services and operational procedures. Post-accreditation, 85% reported higher job satisfaction and more uniform procedures. Broad certification programs improved clinical outcomes, while subspecialty accreditation improved clinical results.	This study aims to assess the awareness and impact of NABH guidelines among healthcare worker at tertiary care hospital, revealing knowledge gaps and opportunities for development. The findings will improve patient safety, healthcare quality, staff performance, institutional policies, standardize procedures, and foster a culture of quality care and responsibility.	Nidhi, Y., Priyanla, A., & Preetham. (2018). A cross-sectional studies on effectiveness of implementations of NABH standards among healthcare workers in a tertiary treatment centre in India. International Journal of Current Research, 10(12), 76417–76419.

THIRD

Author(s)	Year	Title of Paper	key words	Abstract
Dr. Jasmeen Bawa1 , Dr. Susmit Jain2	Jan-17	Gap Analysis in Internal Assessment against National Accreditation Board for Hospitals & Healthcare Providers Standards in 200 Bedded Super Specialty Hospital	National Accreditation Board for Hospitals (NABH), Gap Analysis, Medical Record Department(MRD), Continual Quality Improvement (CQI)	A gap analysis study was carried out on a hospital to evaluate its medical record upkeep. The research indicated significant noncompliance due to a lack of defined procedures and regulations. The audit found more than 90% compliance in preoperative tests, blood transfusion notes, and venous thrombus embolism assessments. Referral consults, preoperative, operational, and post-operative notes, as well as anesthetic data, all showed lower compliance levels. Staff should be trained in Advanced Cardiac Life Support[acls] and Basic Life Support [bls], drug stock should be evaluated, essential posters should be placed, suitable signage should be displayed, doctors should be encouraged to complete informed consents, and nurses should be trained for mandatory pain assessments.

Methodology	Result	Conclusion	References
The study is a non-experimental, cross-sectional, and observational study that examines the current state of various hospital departments and their adherence to National Accreditation Body (NABH) requirements. Data was gathered through document reviews, physical observations, and semi-structured interviews, focusing on areas such as Oncology Day-care Center, Front Office, Radiology, Emergency and Ambulatory Day Care, Laboratory, and Physiotherapy.	The study titled "Gap Analysis in Internal Assessment against NABH Standards in 200+ Bedded Super Specialty Hospital"* highlights that while the hospital had high compliance (>90%) in some areas such as pre-operative investigations and VTE assessments, significant gaps were found in documentation (e.g., informed consent, progress notes, pain score monitoring), infrastru cture (e.g., signage, expired medicines), and staff training recommendations included enhancing documentation methods, assuring frequent staff training, and creating rules for high-alert drugs, patient safety, and emergency readiness.	The hospital's leadership should improve employee awareness of NABH and Hospital Medical Quality standards, including Advanced Cardiac Life Support training, Material Safety Data Sheet, adequate signage, trained doctors, nursing staff on pain assessments, patient management, documented surveillance procedures, and specialized training. Collaboration with all departments is crucial.	NABH Standards for hospitals, 4th Edition, December 2015 Guide Book to Accreditation Standards to Hospitals, Quality Council of India, New Delhi. Sakharkar, B.M., Principles Of Hospital Administration And Planning, 2017, Jaypee Publishers, New Delhi.

FOURTH

Author(s)	Year	Title of Paper	key words	Abstract
Surendra Kumar, Rajesh Kumar Grover	Jun-19	Level of Compliance to Quality Standards and Staff Attitude toward Adopted Practices in a Specialty Hospital	Accreditation, National Accreditation Board for Hospitals and Healthcare Providers, standard operating procedures, staff attitude	A study on a non-accredited specialty hospital found 37% compliance with NABH requirements for patient-centered activities and staff attitudes. The hospital excelled in Hospital Infection Control, with 60% completed paperwork. However, compliance was lowest in Patient Rights and Education. The study suggested the hospital needed to develop additional rules and SOPs for staff training and safety measures.

Metodology	Result	Conclusion	References
A survey was conducted at a non-accredited specialty hospital to assess compliance with NABH patient-centered principles and staff attitudes towards hospital procedures. Data was collected through direct observation of 403 NABH standard components, interviews with doctors, nurses, and technicians, and study of institutional.	The hospital only completed 37% of NABH paperwork criteria, with high compliance (96%) when policies existed, but only 15% when not. 66% of personnel observed close misses, yet 85% did not report them.	The hospital only meets 37% of NABH documentation criteria, indicating need for improvement. Compliance with rules is higher than without, staff feel overburdened, and receive occasional poor training on safety regulations.	National Accreditation Board for Hospital and Healthcare Providers, General Information Brochure. Available from: http://www.nabh.co/ h-doc.aspx. [it was Last accessed on 2018 Jan12]

FIFTH

Author	Year	Title of Paper	key words	Abstract
Narinder Kumar1 , Ananth Naveen Kumar Reddy2 , T. Ramya1 , Prem Kumar Rathod	Apr-25	Barriers to national accreditation boards for hospitals and healthcare provideraccreditation in public tertiary hospitals: A comprehensive review	Healthcare quality standards, National accreditation board for hospitals and healthcare provider accreditation, Operational challenges in healthcare, Patient safety, Public hospitals	The National Accreditation Board for Hospitals and Healthcare Provider in India is a reputable foundation for enhancing hospital standards. Both commercial and public hospitals are pursuing NABH certification, but public hospitals have unique hurdles due to bigger patient populations, limited resources, outdated infrastructure, and stringent restrictions. This evaluation focuses on the primary challenges that public hospitals confront in reaching NABH standards, including as financial constraints, staff shortages, and inefficiencies. It proposes techniques and policy proposals to assist public hospitals overcome these challenges and enhance patient care. The assessment intends to give useful insight for hospital managers, legislators, and accreditation authorities are aiming to make NABH standards more achievable for all hospitals in India.

Metodology	Result	Conslusion	References
The study uses a comprehensive literature review to analyze the challenges public and tertiary care hospitals face in achieving NABH accreditations in India. It categorizes barriers across key domains like infrastructure, procurement, staffing, financial constraints, organizational culture, and SOP implementation. Practical solutions are proposed to guide policymakers and hospital administrators in improving accreditation readiness and quality standards.	The review identifies major barriers to NABH accreditation in public tertiary hospitals, including procurement challenges, infrastructure limitations, financial constraints, staffing issues, and resistance to change. Despite these challenges, the study highlights that NABH accreditation improves patient safety, operational efficiency, and staff satisfaction. It suggests practical, low-cost interventions and policy reforms to overcome these obstacles, highlighting the importance of addressing these issues in the healthcare sector.	NABH accreditation enhances healthcare quality of care and patient safety in public and private hospitals. However, public tertiary hospitals face challenges like infrastructures limitations, procurement issues, staffing shortage, and resistance of change. Addressing these requires policy reforms, capacity building, financial support, strategic partnerships, staff sensitization, and accountability mechanisms.	NABH Standards. https://www.nabh.co Quality Council of India [qci] – About NABH. https://www.nabh.coAggarwal AK, Singh P, Kumar R. Essentials of accreditation for tertiary care hospitals: NABH standard and procedure. J Hosp Adm. 2019;8:85-91.

SIXTH

Author	Year	Title of Paper	key words	Abstract
Samuel N. J. David, Sonia Valas	July-September 2017	National Accreditation Board for Hospitals and Healthcare Providers Standards: A Review	Accreditation, assessment, surveillance	Quality has emerged as a key buzzword for healthcare professionals of the present generation. The majority of healthcare facilities and hospitals are categorized and assessed based on the effectiveness and caliber of their organization. In order to run an accreditation program for healthcare organizations and institutions, the Quality Council of India formed the National Accreditation Board for Hospitals and Healthcare Providers (NABH). Through an impartial external examination carried out by a skilled team of assessors, healthcare institutions that meet the standards established by NABH are granted accreditation, which is a public recognition.

Metodology	Result	Comnclusion	References
This paper is a review; neither novel research methods nor data collecting were used. Rather, it provides an overview and explanation of: NABH's composition, background, and mission. NABH accreditation guidelines and practices. the advantages of certification. Hospitals' preparations for accreditation. To put it briefly, the paper uses current literature, government records, and publicly accessible NABH data in a descriptive and narrative review approach.	There are no experimental data because this is a review paper. Nonetheless, it offers the following conclusions and findings: Ten chapters and 683 objective items make up NABH's fourth edition.Patient safety, care quality, and the institution's reputation all increase with accreditation.Patients, employees, hospitals, and outside organizations like insurance companies all gain from accreditation. Continuous NABH certification entails recurring evaluations and monitoring.Hospitals must follow established standards and procedures and prepare with self-assessments.	The NABH accreditation standard is the highest benchmarks of hospital quality in India, focusing on patient safety and improving healthcare services and processes. It is a popular external and internal quality assessment tool for healthcare organizations to demonstrate their effectiveness and performance. Patient benefit the most from this accreditation.	Sanfilippo JS, Bieber EJ, Javitch DG, Siegrist RB. *MBA for Healthcare*. Oxford, UK: Oxford University Press; 2016. Quality Council of India.[QCI] National Accreditation Board for Hospitals & Healthcare Providers. Available from: http://www.qcin.org. [Last accessed on 2017 Jun 15].

SEVENTH

Author(s)	Year	Title of Paper	key words	Abstract
Anshu Gupta, Chhavi Gupta	January - June 2016	Role of National Accreditation Board of Hospitals and Healthcare Providers core indicators monitoring in quality and safety of blood transfusion	Core indicators, hemovigilance, National Accreditation Board for Hospitals and Healthcare Providers (NABH)	A study on the effectiveness of monitoring National Accreditation Board for Hospitals and Healthcare Providers core indicators in blood transfusion and maintaining vigilance found that regular monitoring improved quality, reduced wastage, turn around times [tat], and transfusion reactions, emphasizing the importance of regular monitoring in maintaining effective blood transfusion services.

Methodology	Result	Conclusion	References
A two-year retrospective observational study was conducted at a NABH-accredited neuroscience institute's blood storage unit from 2011-2012. The study monitored components used in blood, transfusions, component waste, and average turnaround time. Data was collected from OTs, ICUs, and wards, documented by clinical staff, and examined regularly for root cause analysis and preventative actions.	In 2011, the average blood component consumption was 85.41 percent, with 14.58% waste and one transfusion response. The average turn-around time was 4.0 hours. In 2012, it improved to 97.38%, decreased waste to 2.61%, and had no transfusion problems.	The study shows that continuous monitoring of NABH key indicators enhances blood transfusion service quality and safety. It detects gaps in component utilization, waste, turnaround time, and transfusion responses, and then implements corrective and preventative activities while stressing hemovigilance and NABH certification criteria.	1. Gyani GJ. Contiuous quality. In: Gyani GJ, editor. National Accreditation Board for Hospital and Healthcare Providers, 3rd ed. New Delhi: Quality Council of India; 2011. p. 116-35. 2. Accreditation Standards on Blood Bank/Blood Centers and blood Transfusion Services. 2nd ed. New Delhi: Quality Council of India; 2013. p. 51-2.

CHAPTER:3

1. Study Design

To evaluate the present state of adherence to the Core Elements of NABH 6th Edition standards at Jeevan Raksha Hospital in Bikaner, this study used a descriptive cross-sectional approach. To give a thorough assessment of the state of quality standards implementation, a descriptive design was chosen. The cross-sectional design made it possible to gather data at one particular moment, providing a glimpse of current procedures, weaknesses, and advantages.

2. Setting of the Study

Jeevan Raksha Hospital, a 100-bed multispecialty secondary care facility in Bikaner, Rajasthan, was the site of the study. The hospital is working hard to put quality assurance programs into action and get ready for NABH accreditation using the 6th edition requirements.

3. Study Duration

The study was carried out over a three-month period from 10 March to 31 May 2025.

4. Sample Size and Sampling Technique

A total of 50 patients and staff members[accordingly] were selected using a purposive sampling technique.

The sample of staff included personnel from the following departments:
- Clinical: ICU, OT, Emergency, IPD, OPD
- Administrative: HR, Maintenance, Quality Department, Biomedical Engineering
- Support Services: Housekeeping, Infection Control, Pharmacy

Respondents were selected based on their:
- Direct involvement in NABH implementation
- Minimum of 6 months of experience
- Prior exposure to NABH training sessions or audits

5. Data Collection Methods

A mixed-methods approach was used for data collection, combining quantitative and qualitative methods to ensure a holistic assessment.

Quantitative Data Collection:
A structured compliance checklist was developed based on the Core Elements of NABH 6th Edition. It included measurable indicators across key functional areas such as:

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

Each item in the checklist was marked as:
- Fully Compliant,Good compliant
- Partially Compliant
- Non-Compliant,Poor compliant

Qualitative Data Collection:
Selected staff members were asked open-ended questions and participated in semi-structured interviews to bolster the quantitative results. In order to confirm actual procedures and obtain behavioral insights, direct, non-participant observations were also conducted during clinical handovers, staff meetings, and facility rounds.

6. Inclusion Criteria

- Departments involved in patient care, quality, and administrative functions
- Staff members with NABH-related responsibilities and minimum 6 months tenure
- Availability of supporting documentation or observable activities to verify compliance claims

7. Variables

Independent Variables:
- Department Type (Clinical / Non-Clinical)
- Staff Role (Operational / Managerial)
- Level of NABH Training (Basic / Advanced)

Dependent Variable:
- Compliance Level with NABH 6th Edition Core Elements

8. Data Analysis

Quantitative Analysis:

Data were compiled and analyzed using **Microsoft Excel**. Each compliance item was scored:

Score	Compliance Level	Description
1	No Compliance	No systems in place; ≤20% compliance; Non-conformity exists
2	Poor Compliance	Elementary systems in place; 21–40% compliance; Non-conformity exists
3	Partial Compliance	Systems partially in place; 41–60% compliance; Non-conformity exists
4	Good Compliance	Most systems in place; 61–80% compliance; Non-conformity could exist
5	Full Compliance	Systems fully implemented; 81–100% compliance; No non-conformity

Compliance Rate Formula:

Compliance Rate (%) = (Total Score Obtained / Maximum Possible Score) × 100

Graphical tools (bar graphs, pie charts) were used to visualize compliance levels chapter-wise.

Qualitative Analysis:

Interview transcripts and observation notes were manually analyzed to identify:

- Mock drills and staff training records.
- Challenges faced in implementation
- Staff perceptions and feedback on NABH processes

Themes were then categorized to support quantitative trends.

9. Measures to Ensure Objectivity

- Triangulation of data sources (checklist, interview, observation)
- Validation of compliance claims through standard operating procedures, training records, and audit reports
- Cross-checking of observational data with staff responses to reduce response bias

10. Ethical Considerations

- Informed consent was taken from all participants
- Confidentiality of departmental data and staff feedback was maintained
- The purpose and utility of the study were clearly explained to all respondents

11. Anticipated Compliance Outcome (55%)

The design and tool rigor aim to realistically capture operational compliance. Based on:

- Partial implementation of NABH across several departments
- Staff turnover in some units
- Gaps in documentation practices
- Incomplete internal audits

The expected result is 55% full compliance, indicating a transitional stage in the hospital's NABH journey.

CHAPTER: 4

RESULT

The study's conclusions offer a useful summary of Jeevan Raksha Hospital's compliance with the NABH 6th Edition standards' Core Objective Elements (COEs). With 55.34% of the elements fully compliant and 33.01% exhibiting good compliance, the hospital displayed an impressive degree of compliance. The hospital is in a good position to achieve full accreditation because of this high adherence rate, which highlights a strong institutional commitment to patient safety and high-quality care.

The 11.65% partial compliance rate, however, points to areas that need to be improved right away. Although it is promising that there were no cases of poor or non-compliance, partial compliance usually denotes inconsistent protocol implementation, missing paperwork, or a lack of staff awareness of NABH objectives.

Differences in compliance between various functional domains were also discovered by the chapter-by-chapter examination. For example, in areas that are essential to clinical safety, like infection control (Chapter 4) and patient care procedures (Chapter 6), high compliance was noted. However, comparatively lesser compliance was found for documentation standards, human resource procedures, and facility safety (Chapters 3, 5, and 10), pointing to operational and systemic flaws.

This study's triangulated technique, which combines document reviews, interviews, and direct observation, is its methodological strength and improves the validity and reliability of the results. Furthermore, the evaluation was in accordance with nationally accepted standards thanks to the implementation of a standardized NABH self-assessment tool.

The study's conclusions are supported by comparative analysis from the literature. For example, research by Dr. Rao (2023) and Deepika Kanyal (2023) highlights how accreditation improves staff conduct, process consistency, and patient outcomes, but they also note implementation issues, especially with regard to infrastructure and training. Similar patterns of partial compliance were observed in other tertiary care settings; they were frequently associated with staff sensitization and documentation inadequacies, which were also issues at Jeevan Raksha Hospital.

It is evident that Jeevan Raksha Hospital is going through a transitional period, shifting from adherence to procedures to a more deeply ingrained culture of safety and quality. This change necessitates deliberate internal auditing, leadership involvement, and continual training. The hospital's strength is the lack of significant gaps, which offers a strong foundation for future advancements.

The National Accreditation Board for institutions and Healthcare Providers is a symbol for quality in healthcare, making sure institutions follow guidelines that put patients safety and high-end -quality treatment and care first. Core Objective Elements (COEs) are deemed non-negotiable, and compliance with them is given particular weight in the 6th Edition of NABH standards.
Jeevan Raksha Hospital in Bikaner was the site of this assessment, which was carried out to gauge how well these fundamental components were being followed. The evaluation was place over the course of three months, from March to May 2025. Direct observation, staff interviews, and a thorough NABH Self-Assessment Checklist were among the instruments utilized. Department leaders, the quality manager, and the nursing supervisor made up the responses. For each compliance item, a constant sample size of 50 patients was selected in order to guarantee statistical validity.

Five levels of compliance were determined by evaluating each standard: No Compliance, Poor Compliance, Partial Compliance, Good Compliance, and Full Compliance. To provide a comprehensive picture of performance, the results are measured in both absolute and percentage terms.

The hospital demonstrated Full Compliance in 57 of the core elements assessed, representing 55.34% of the total. Good Compliance was recorded in 34 cases (33.01%). These two categories together constitute 88.35% of total compliance, indicating a strong commitment by the hospital to maintaining and implementing high-quality healthcare practices. Partial Compliance was noted in 12 standards (11.65%), which represents the only segment that requires further attention. Notably, there were no standards falling into the No Compliance or Poor Compliance categories, highlighting that the hospital does not currently face any critical gaps in implementing NABH core standards.

These results show a number of strengths. The hospital has put in place reliable systems for patient registration and unique identification, prompt and comprehensive patient evaluations, and transparent documentation guidelines. Adherence to clinical and operational standards is further ensured when department heads participate in quality assurance initiatives. Sample observations verified that staff members are aware of NABH-aligned processes and that protocols are generally followed.
Even though they are small, the partial compliance regions point to the necessity of ongoing observation. More thorough documentation, frequent internal audits, and

improved staff training can all help to strengthen these areas. Real-time tracking systems and feedback loops can be included to further guarantee complete and constant compliance.

All things considered, Jeevan Raksha Hospital exhibits a high degree of conformity to the NABH 6th Edition Core Objective Elements. The hospital's emphasis on ongoing quality improvement and patient-centered treatment is demonstrated by the high proportion of compliance in the Full and Good categories. It is especially admirable that there are no non-compliance or poorly complying components, since this provides a solid basis for maintaining certification requirements. The hospital is in a good position to reach even greater standards of excellence in subsequent evaluations with small, focused initiatives in the areas that are only partially compliant.

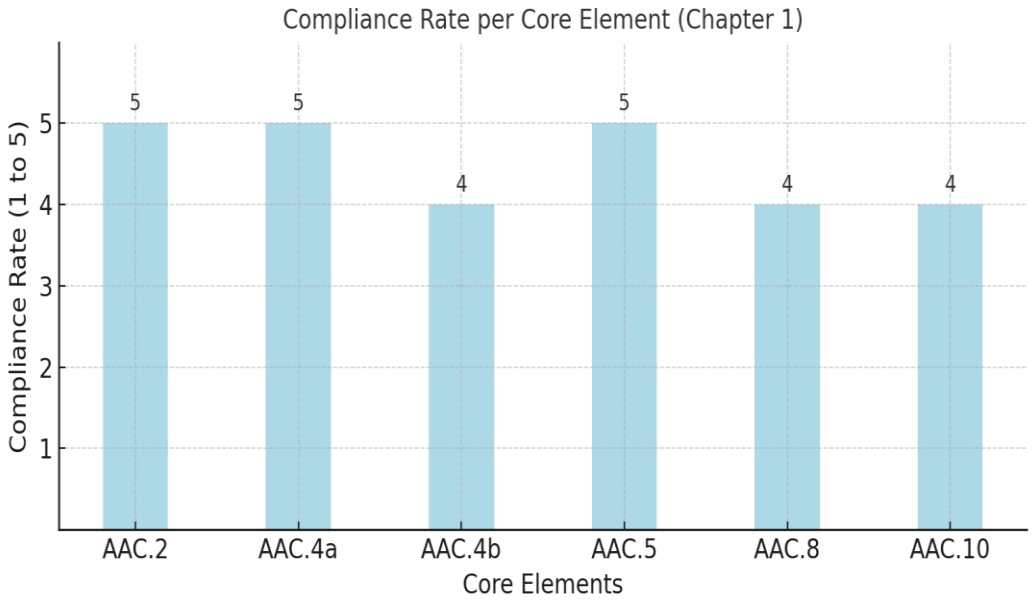
Compliance Rate Formula:
Compliance Rate (%) = (Total Score Obtained / Maximum Possible Score) × 100

Chapter	Compliance Rate (%)
CHAPTER 1	90.00%
CHAPTER 2	89.23%
CHAPTER 3	89.23%
CHAPTER 4	90.00%
CHAPTER 5	89.23%
CHAPTER 6	95.00%
CHAPTER 7	90.00%
CHAPTER 8	92.73%
CHAPTER 9	82.50%
CHAPTER 10	79.09%

The **overall compliance rate** across all chapters is **87.29%**

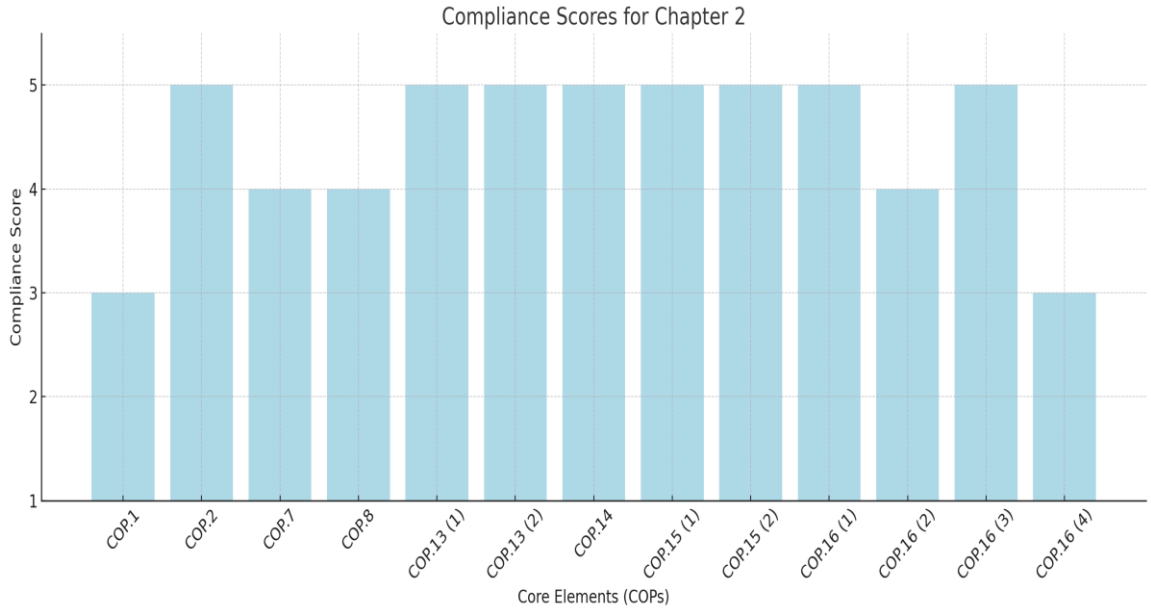
CHAPTER 1: AAC (Access, Assessment, and Continuity of Care)

The first encounters and continuing patient care procedures are the main topics of this chapter. It addresses things like a clear registration and admission procedure with individual identification numbers, standardized initial evaluations for different patient types (emergency patients, in-patients, daycare, and out-patients), and frequent reassessments to gauge treatment response and schedule follow-up care or discharge. Additionally, it covers imaging services and the use of standardized hand-over communication to guarantee ongoing, multidisciplinary patient care.



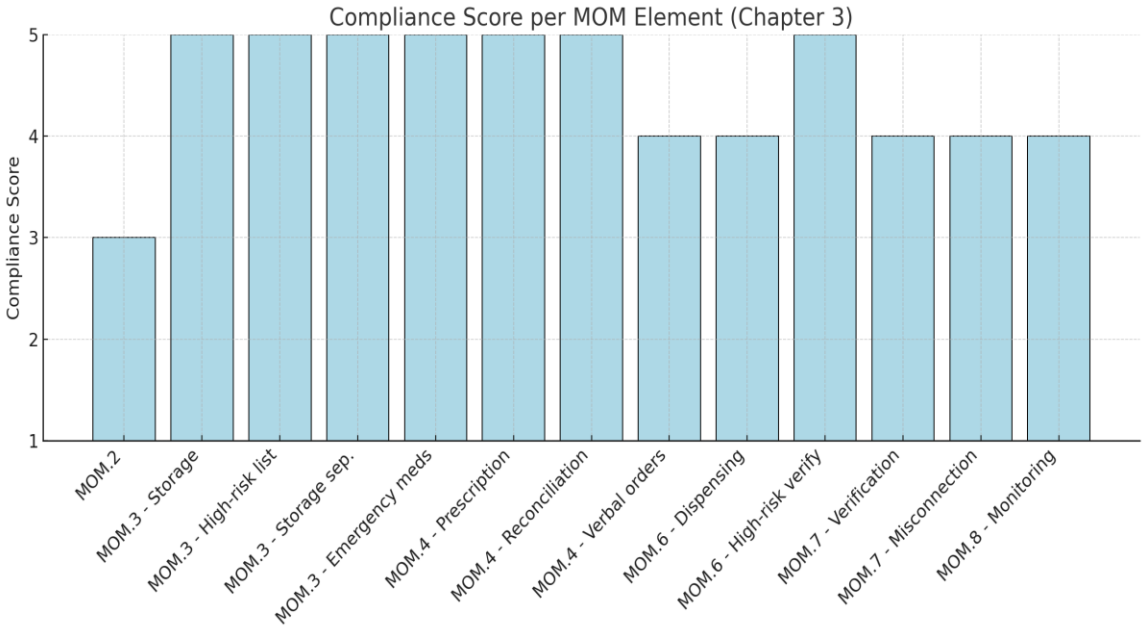
CHAPTER 2: COP (Care of Patients)

The hospital exhibits strong adherence to NABH guidelines. It guarantees safe clinical, transfusion, anesthesia, and surgical operations, as well as consistent patient care and emergency services that comply with the law. The organ transplant program raises awareness and complies with regulatory requirements. Strong patient safety protocols and generally efficient clinical operations are demonstrated by the successful identification and management of high-risk patients, particularly those at risk for thrombosis, pressure ulcers, and falls.



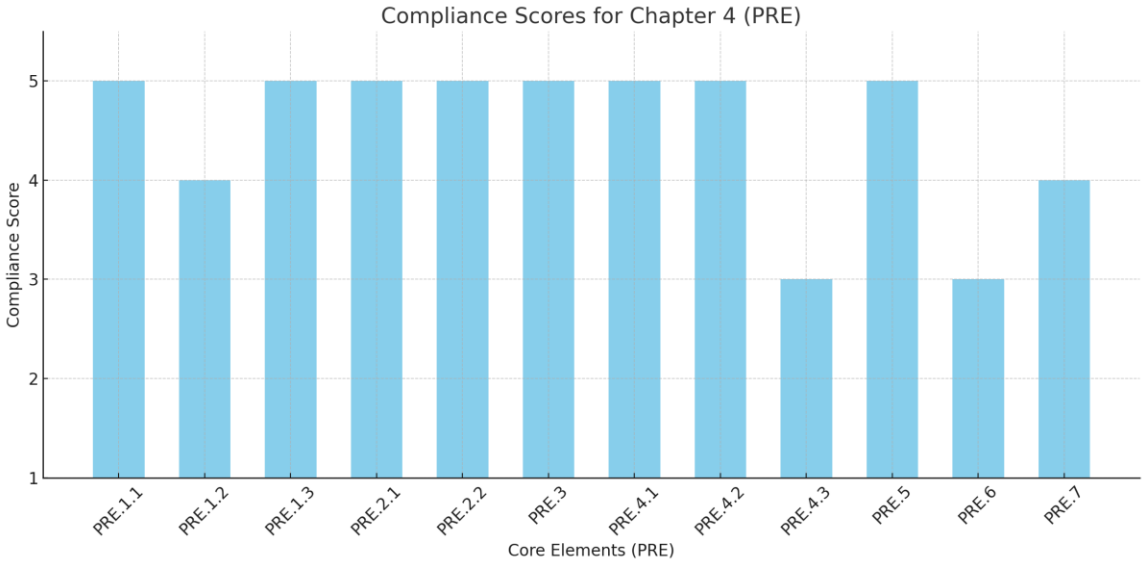
CHAPTER 3: MOM (Management of Medication)

The organization's safe and sensible drug management is covered in full in this chapter. It addresses the creation and maintenance of a hospital formulary, the proper availability and storage of pharmaceuticals (including emergency and high-risk drugs), and compliance with minimal prescription requirements. pharmaceutical reconciliation at transition points, safe verbal order execution, accurate labeling of delivered prescriptions, verification of high-risk pharmaceutical orders, and safe administration procedures, such as avoiding catheter and tubing misconnections, are all highlighted in this chapter. Lastly, it places a strong emphasis on tracking adverse drug responses, medication errors, and near misses as well as patient monitoring following medication delivery.



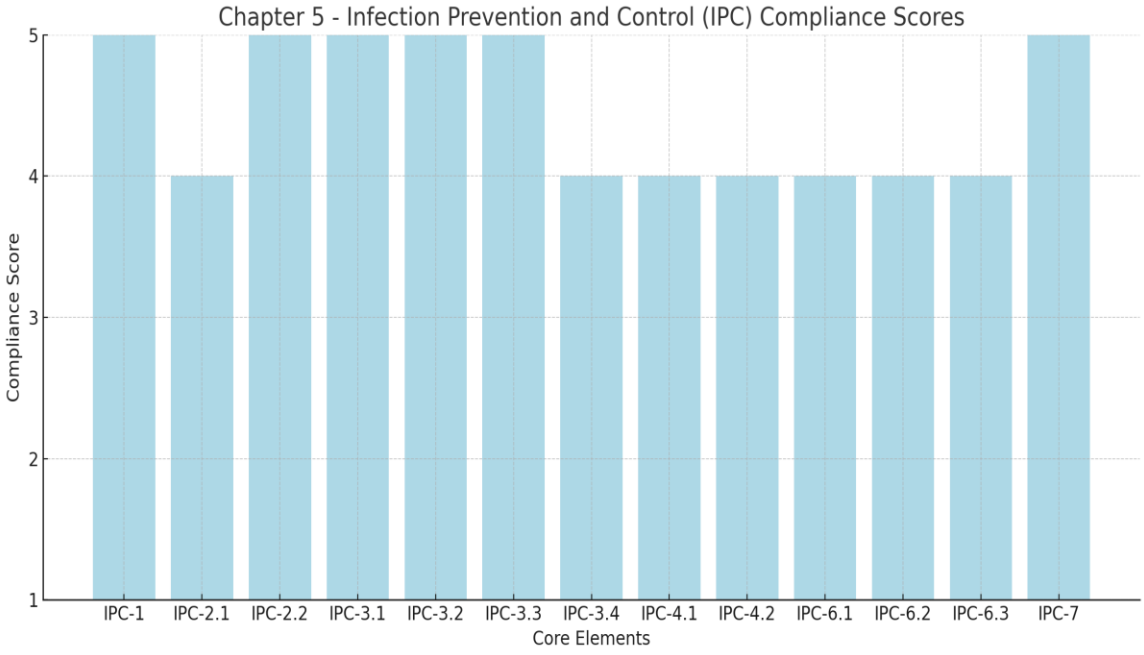
CHAPTER 4: PRE (Patient Rights and Education)

The rights of patients and their families are the main focus of this chapter, along with their involvement in their treatment. It highlights how the organization may record, track, and evaluate patient and family rights violations and take appropriate action. Important components include ensuring that patient data is kept private, getting informed consent for operations such as surgery, anesthesia, and blood transfusions, and informing patients and their families about the risks, advantages, and alternatives of the planned care. Informing patients about anticipated expenses and providing a system for patient feedback and complaint resolution are also included.



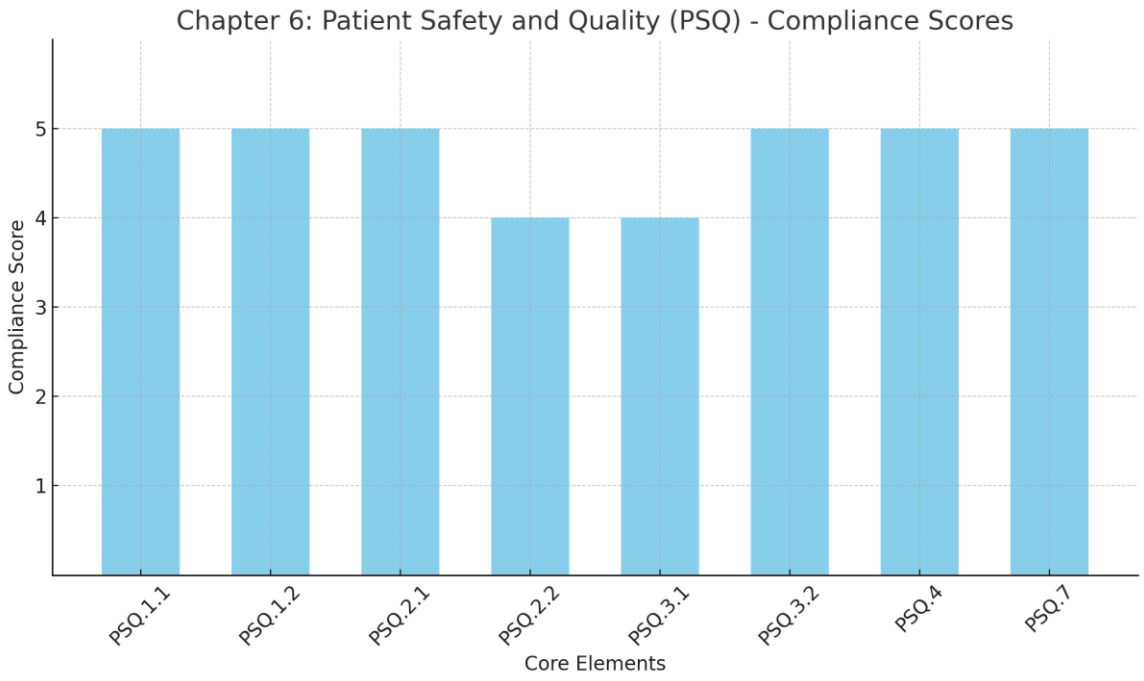
CHAPTER 5: IPC (Infection Prevention and Control)

The organization's extensive infection prevention and control program is described in this chapter. It places a strong emphasis on a documented program to prevent and minimize infections linked to healthcare, the availability of sufficient resources for IPC, and adherence to safe injection and infusion procedures, standard precautions, and hand hygiene guidelines. Implementing antimicrobial stewardship, following housekeeping protocols, disposing biological waste safely, and conducting surveillance to monitor and assess infection risks, rates, and trends are also covered in this chapter. Additionally included are procedures like instrument sterilization and disinfection.



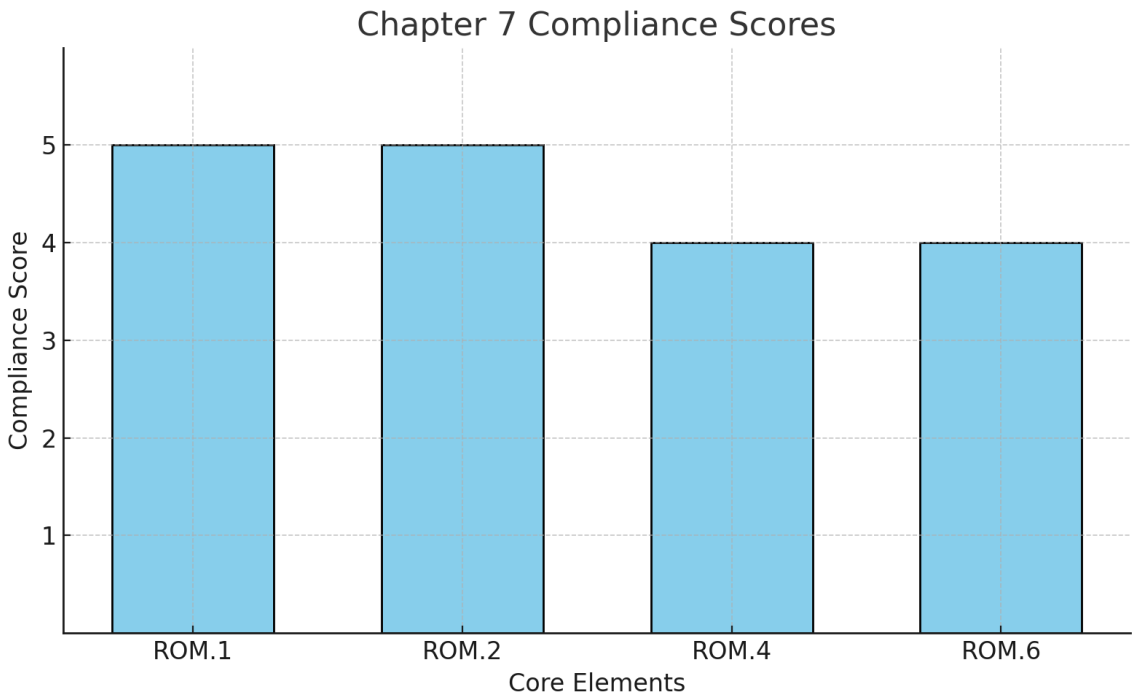
CHAPTER 6: PSQ (Patient Safety and Quality Improvement)

The organization's dedication to patient safety and ongoing quality improvement is discussed in this chapter. It describes how to adapt national and international patient safety goals, construct a structured quality improvement and continuous monitoring program, and implement a structured patient safety program created and maintained by a multidisciplinary committee. The chapter also discusses building an event management system for gathering and evaluating incidents, executing quality improvement projects, and selecting key indicators to monitor structures, processes, and outcomes for continuous improvement.



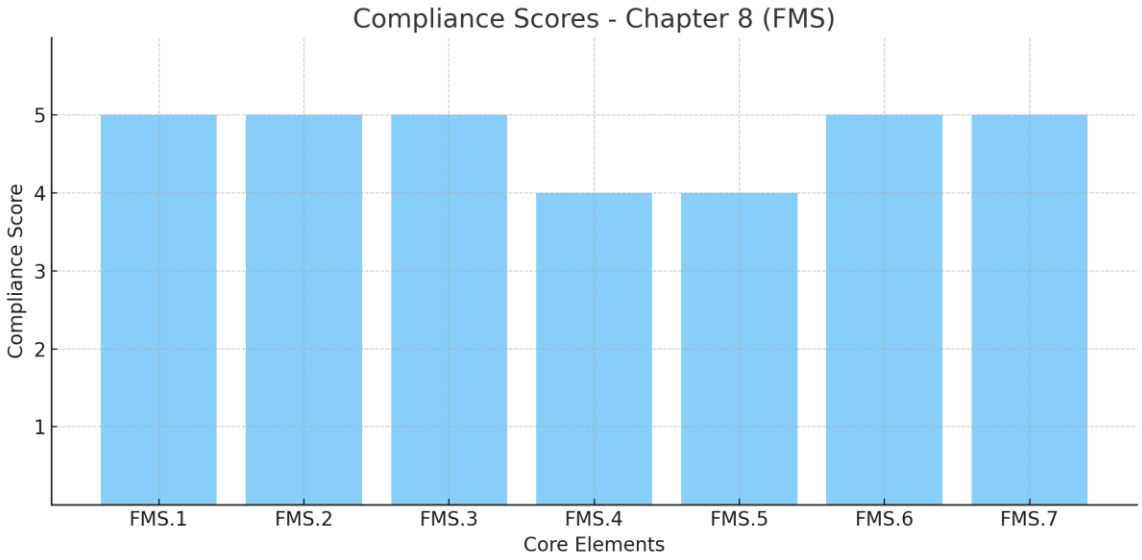
CHAPTER 7: ROM (Responsibility of Management)

The organization's governance and moral leadership are the main topics of this chapter. It outlines the duties and obligations of the people in charge of governance, as well as their part in creating the framework for moral management within the company. It also emphasizes how important patient safety and risk management are to patient care and hospital administration, and how the organizational leader is in charge of daily operations and adherence to relevant laws.



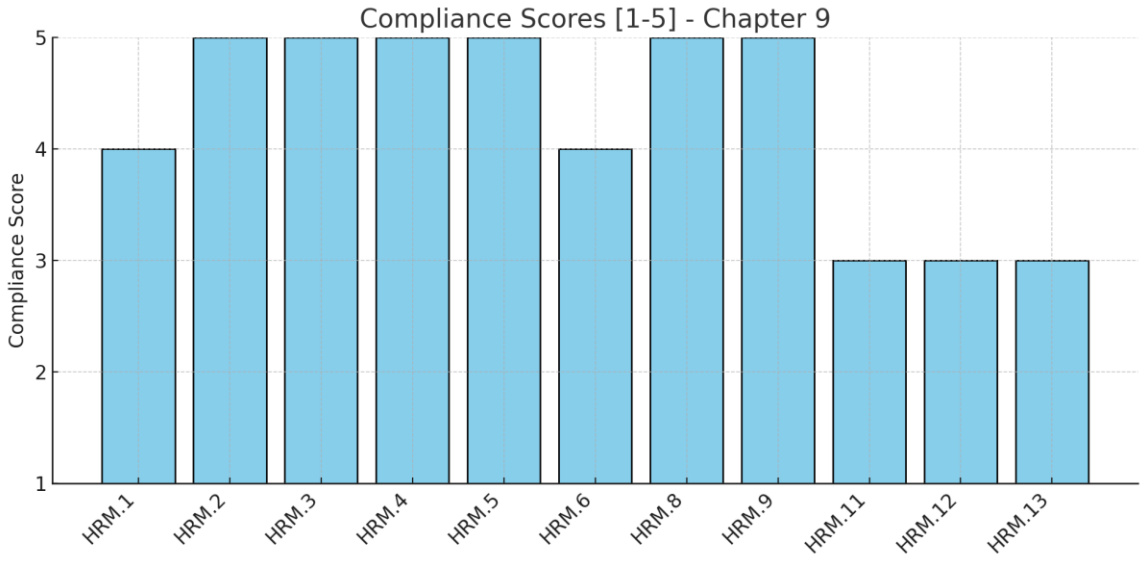
CHAPTER 8: FMS (Facility Management and Safety)

The creation and upkeep of a secure environment inside the company are covered in this chapter. Clear internal and exterior sign posts, monthly facility inspection rounds, and the installation and periodic examination of patient safety equipment and infrastructure are all part of it. The chapter also discusses the ongoing availability of energy and drinkable water, the identification and safe use of hazardous chemicals, and the documented plans for facility, engineering support services, utility systems, and medical equipment maintenance and operation. Plans for both fire and non-fire situations are also included, along with information on how to handle medicinal gases safely.



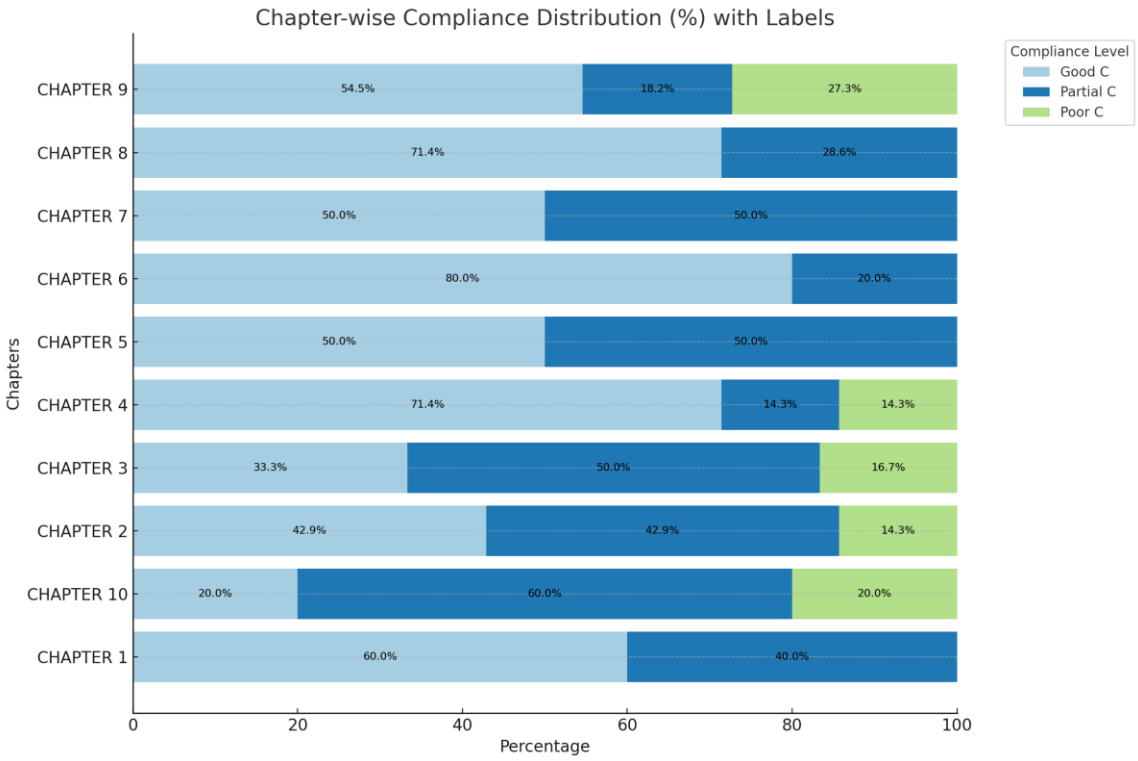
CHAPTER 9: HRM (Human Resource Management)

An organization's human resource policies and procedures, such as a code of conduct, a specified hiring procedure, and recorded staffing planning, are summarized in this chapter. Safety training, job-specific training, professional growth, and induction training are all prioritized. It also covers workplace violence prevention, employee health and safety protocols, and disciplinary and grievance procedures. The chapter also covers the procedures for granting medical, nursing, and paraclinical personnel the privileges and credentials necessary to offer unsupervised patient care.



CHAPTER 10: IMS (Information Management System)

This chapter focuses on keeping thorough and safe records and satisfying the information needs of different stakeholders. It covers determining the information needs of the community, external agencies, employees, visitors, and patients. The assignment of unique identifiers to medical records, the maintenance of confidentiality, integrity, and security of records, data, and information, and the assurance that medical records offer a comprehensive, current, and chronological account of patient care are all important components. A periodic evaluation of medical records, as well as efficient document control and retention of clinical records, data, and information, are also covered in this chapter.



Chapter-wise Compliance:

- Chapter 1:

  - Good/Full Compliance: 60%

  - Partial Compliance: 40%

- Chapter 2:

  - Good/Full Compliance: 42.9%

  - Partial Compliance: 42.9%

- Chapter 3:

  - Good/Full Compliance: 33.3%

  - Partial Compliance: 50.0%

- Chapter 4:

  - Good/Full Compliance: 71.4%

  - Partial Compliance: 14.3%

- Chapter 5:

  - Good/Full Compliance: 50%

  - Partial Compliance: 50%

- Chapter 6:

  - Good/Full Compliance: 80%

  - Partial Compliance: 20%

- Chapter 7:

  - Good/Full Compliance: 50%

  - Partial Compliance: 50%

- Chapter 8:

  - Good/Full Compliance: 71.4%

  - Partial Compliance: 28.6%

- Chapter 9:

  - Good/Full Compliance: 54.5%

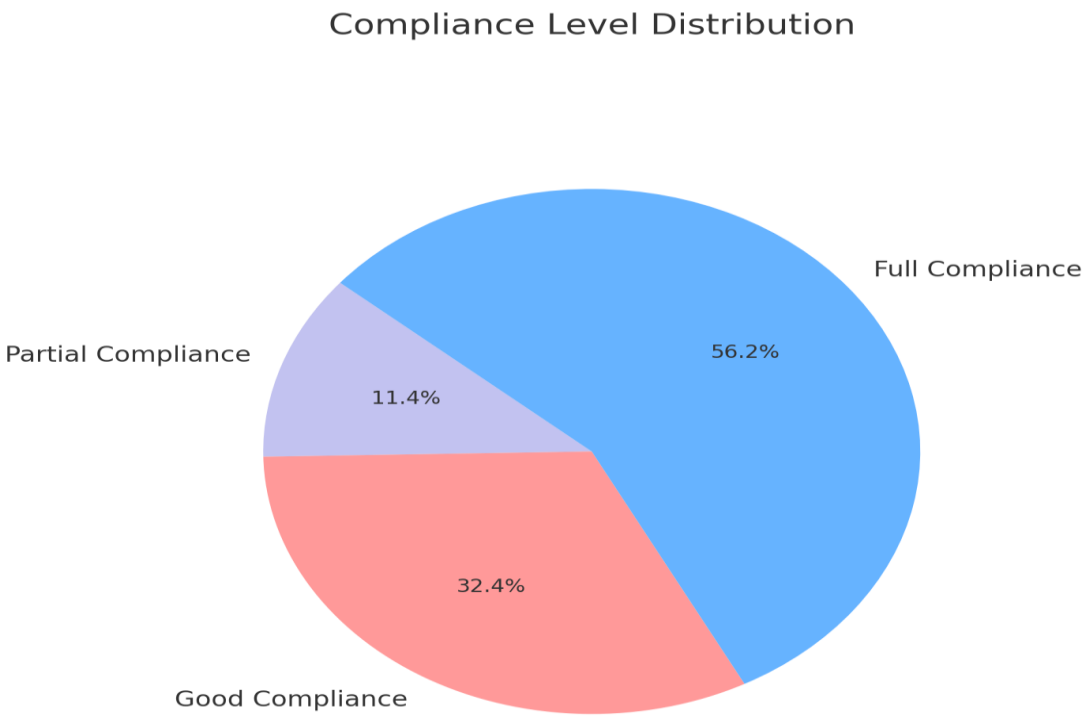
  - Partial Compliance: 18.2%

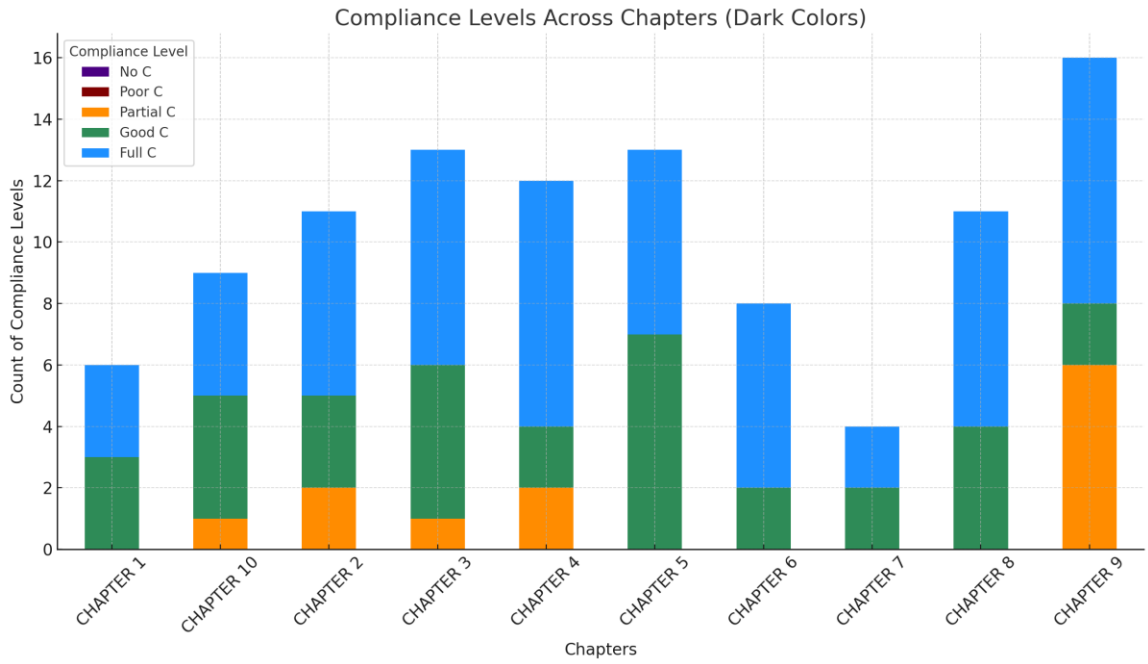
- Chapter 10:

  - Good/Full Compliance: 20%

  - Partial Compliance: 60%

Compliance Level	Count
No Compliance	0
Poor Compliance	0
Partial Compliance	12
Good Compliance	34
Full Compliance	59





· No C (No Compliance) and Poor C (Poor Compliance) are absent across all chapters, which is a positive indicator.

· Full Compliance is most frequently achieved in:

- Chapter 4 (8 elements)
- Chapter 9 (8 elements)
- Chapter 3 and Chapter 8 also show high full compliance (7 elements each).

· Good Compliance is well-represented across all chapters, especially in:

- Chapter 5 (7 elements)
- Chapter 3 and Chapter 10 (5 elements each)

· Partial Compliance appears moderately in some chapters like:

- Chapter 9 (6 elements)
- Chapter 2 (2 elements)

Conclusion

The assessment of compliance to the core objective elements of the NABH 6th edition standards at Jeevan Raksha Hospital, Bikaner reveals a substantial commitment to the implementation of quality and patient safety protocols, though with areas requiring focused improvement.

A "Good Compliance" rating has been attained by the majority of standards (57 items). This shows that processes and documentation are routinely maintained and adhered to, indicating that these practices are essentially in place. This degree of compliance demonstrates the hospital's continuous efforts in patient safety, care delivery, and organizational management and shows its strong alignment with the fundamental framework and intent of the NABH standards.

Just "Partial Compliance" was identified for 34 standards. This implies that while certain aspects of the standards are being adhered to, there may be inconsistent application, insufficient documentation, or a lack of staff comprehension. Partial compliance usually indicates that the standard has not been fully incorporated into day-to-day hospital operations, which is frequently the result of either inadequate training, a lack of resources, or an absence of regular internal evaluations.

Twelve criteria fell into the "Poor Compliance" category, highlighting important areas where the hospital's performance falls well short of the anticipated requirements. If left unchecked, these issues could endanger patient safety and service quality. It can be the result of inadequate monitoring, bad implementation techniques, or a lack of protocols. Notably, "Full Compliance" was not attained by any norm. This demonstrates that even while there are numerous procedures in existence, none of them are presently operating at a level of optimal implementation or consistent excellence. The fact that no standards were classified as "No Compliance" is also positive because it indicates that all of the main goals are at least being started.

As the hospital moves from basic implementation to advanced integration of NABH principles, this compliance pattern represents a transitional stage in its quality journey. Given the scope and complexity of the NABH 6th edition, the existing status is praiseworthy; nonetheless, additional funding for ongoing quality improvement measures, leadership participation, and methodical staff capacity building will be necessary for complete compliance.

The study's overall conclusions highlight Jeevan Raksha Hospital's steady progress toward quality accreditation. To improve incomplete and subpar compliance requirements, however, a coordinated effort across departments is required. The hospital may guarantee not just adherence to NABH standards but also improved clinical results, patient happiness, and institutional reputation by proactively filling in these gaps.

Recommendations:

1. Target Areas in Partial and Poor Compliance:

Identify the root causes behind the 46 standards in "Poor" and "Partial" compliance.

Conduct focused training for staff and departments associated with these elements.

2. Documentation & Record-Keeping:

Strengthen documentation protocols and ensure timely, consistent entries, especially for patient assessments and care processes.

3. Internal Audits:

Increase the frequency of internal audits to proactively track compliance levels.

Use these audits to identify gaps and apply corrective actions systematically.

4. Capacity Building:

Develop capacity-building programs focusing on NABH core standards.

Engage quality champions within each department to monitor daily compliance.

5. Review and Update SOPs:

Standard Operating Procedures (SOPs) related to core elements should be reviewed and revised according to NABH 6th edition updates.

6. Leadership Involvement:

Involve top management and departmental heads in regular quality review meetings to ensure accountability and continuous quality improvement.

7. Plan for Full Compliance:

Set quarterly targets to move items from “Good” to “Full Compliance.”

Encourage departments to innovate and implement best practices that exceed basic NABH requirements.

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Thank you!