A STUDY ON GAP ANALYSIS AND IMPLEMENTATION OF NABH STANDARDS IN THE CRITICAL DEPARMENTS (ICU)

SUBMITTED BY

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INTRODUCTION

Jindal super specialty Hospital was established on **2nd July 2008 by Dr. P. R. Jindal,** it is First corporate hospital in Bharatpur (Rajasthan) Division. This Hospital is 100 bedded, multispecialty hospital with the most effective resident doctors, nursing staff, paramedics, and administrative support personnel, as well as the best pool of highly skilled and experienced doctors to always provide consultation and treatment to patients. Intensive care units, operating rooms, diagnostic services, blood banks, and pharmacies are just a few of the amenities we provide. The hospital is furnished with cutting-edge infrastructure and medical tools, such as CT scanners and X-ray machines.

Jindal hospital, Bharatpur accredited hospital with accreditations by JCI (Joint Commission International) And Getting excellence level in NABH (National accreditation board of hospital) as well.

Introduction Continued.....

- ICU is a type of specialized wards for providing intensive care to patient in critical condition. It plays an important role in providing quality healthcare and there are several standards applicable to it under NABH. Since it is a ward, all requirements mentioned in the post on **'In-patient wards checklist and Quality Indicators for NABH accreditation'** is also applicable to it. In addition, following points should be taken care of while preparing ICU for NABH accreditation.

- **Norms of NABH**
- Restricted entry to ICU. There should be an demarcation from where entry should be restricted to ICU staff only.
- Hand washing (or hand rub) at the entry of ICU. Staff must wash their hands or use hand rub before entering ICU and after coming out of it
- Nurse : Patient ratio to be maintained at 1:1 in all shift.
- Nurses in ICU should be trained in intensive nursing care and monitoring
- ICU should be under the charge of an intensivist or a doctor qualified for providing intensive care
- All staff in ICU should have Basic Cardiac Life Support (BCLS) skills. At-least one doctor of ICU in each shift should have Advanced Cardiac Life Support (ACLS) skills.
- Admission and discharge criteria should be followed for admitting or discharging a patient from ICU. ICU in-charge and consultants of hospital must be aware of the criteria.
- Nurses should know their part of admission and discharge criteria

Research Question

1. What is the ICU's level of adherence to SOPs?
2. What are the gaps between the ICU's standard operating procedure (SOPS)and present practises?

Objectives

To assess AHI's standard operating procedure in terms of inventory, laundry and linen, training and HR, cleaning, and quality control in the ICU.

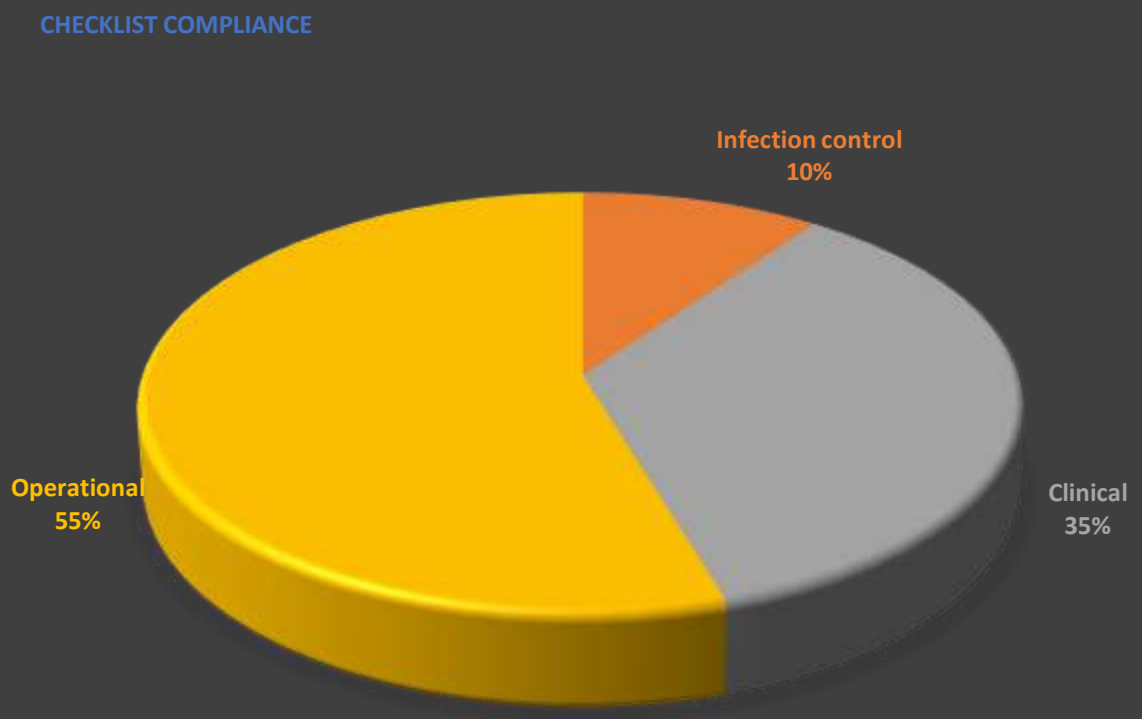
Creating a checklist to assess whether the ICU is following standard operating procedures.

- **METHODOLOGY**
- **Study design**
  - Observational and descriptive stud
  - **Setting**
  - ICU-1 (3rd floor) & NICU (2nd floor) Jindal multi-specialty hospital Bharatpur Rajasthan.
- This study is an observational one, hence data collection was done in that way.
- **Analysis procedure**
- • CAPA is performed for trend analysis, which is monitored periodically.
- • Microsoft Excel for data analysis.

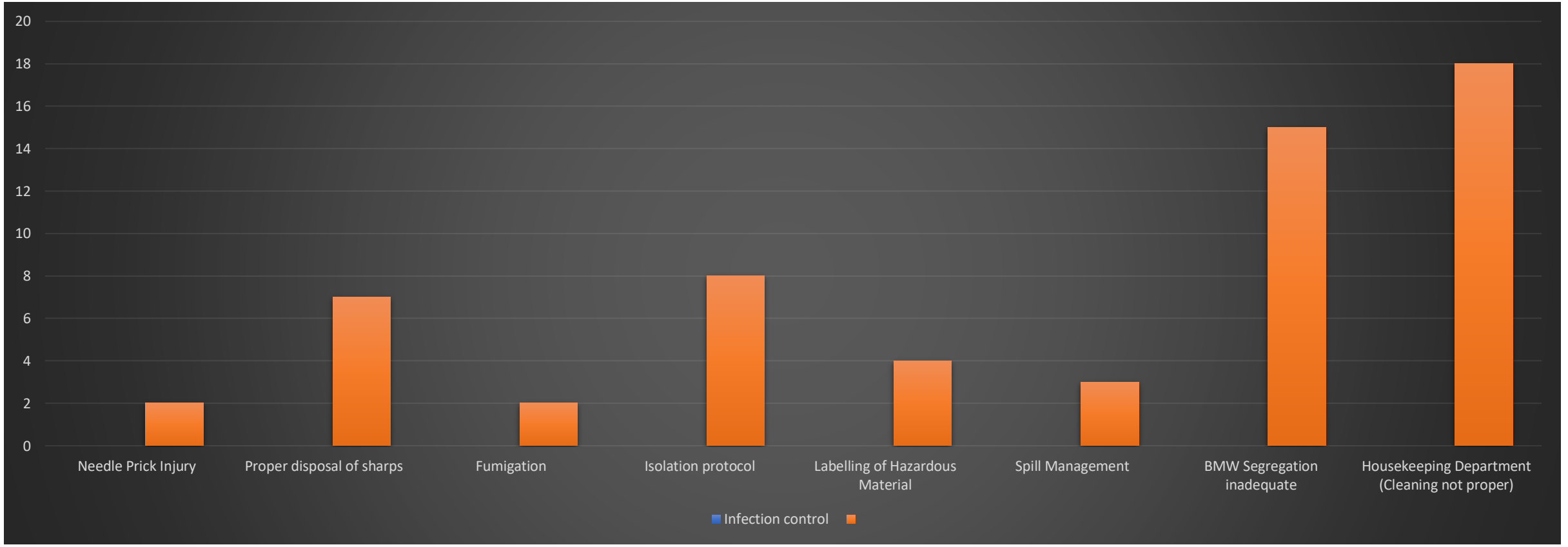
Collection of Onsite Data

- Interview the most important parties, including the nurses, ward boys, and ICU patients.
- Pay attention to and assess the procedures and regulations in place.
- Created a check list based on SOPs and discovered tracked activities based on the checklist.
- Key trends, triggers, possible gaps, and recognized issues can all be found through process analysis.
- Plans of action for the found gaps were created.
- Preparation of an executive summary for the gap analysis presentation; overviews of the roles and responsibilities of each stakeholder; and recommendations for next steps.

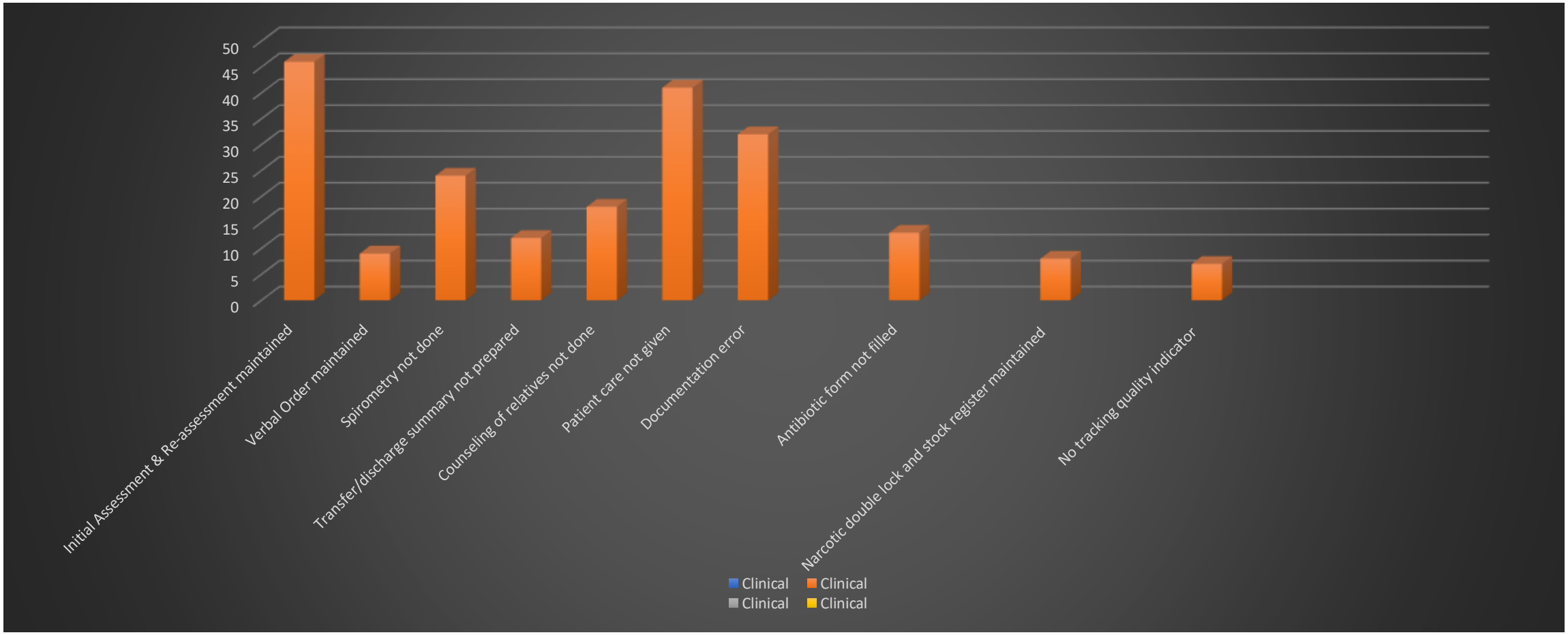
- **RESULTS**
- According to the observations obtained after using the checklist for 2.5 months.
- Data were calculated during a 70-day period, and the observations were divided into three categories.
  - Infection control
  - Clinical
  - Operational



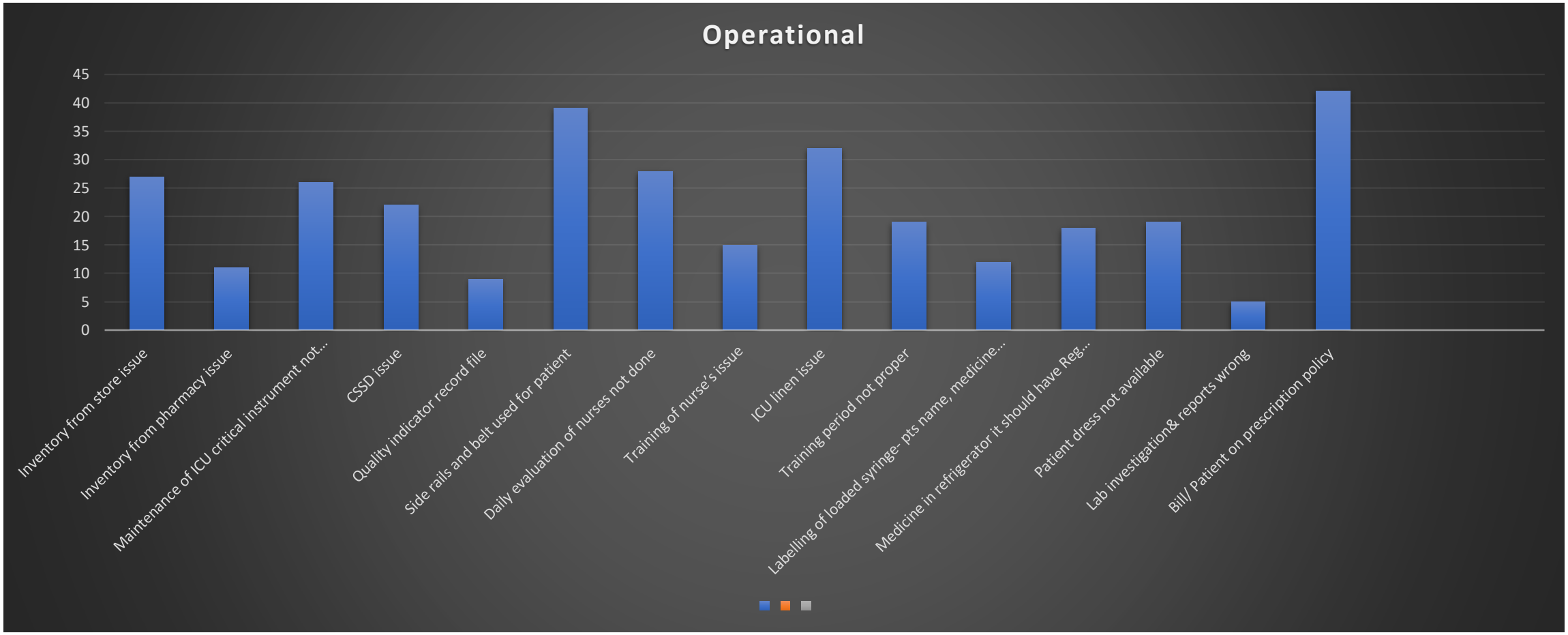
Graphical representation of Non-Compliance in Infection Control Department



Graphical representation of Non-Compliance in Clinical Processes



Graphical representation of Non-Compliance in Operational Processes



Conclusion

- After these observational findings, the gaps between ideal (sops) and present procedures were discovered. Best practices from around the world were then chosen for Jindal Super-Multi Specialty Hospital in Bharatpur based on the noncompliance found.

Recommendations

- **Best practices for training and development programs**
- **Implementation plan**
  - Impart training based on the needs. (Prioritize)
  - ICU staff training program will cover about compliance according to NABH 5th standard guidelines and would also emphasize the customer services division and infection control department
  - ICU staff members have a variety of duties; thus, their training would be tailored to these needs.
  - iv. Use surveys and skill evaluations to determine the training modules' and programmers' success.
  - In the absence of any certification nurses and other trainee want to work in the ICU they should have under supervision in the Nursing superintendent.

THANK YOU