ASSESMENT of SERVICE DELIVERY STANDARDS of EMERGENCY DEPARTMENT

Fortis Escorts Hospital

IIHMR UNIVERSITY

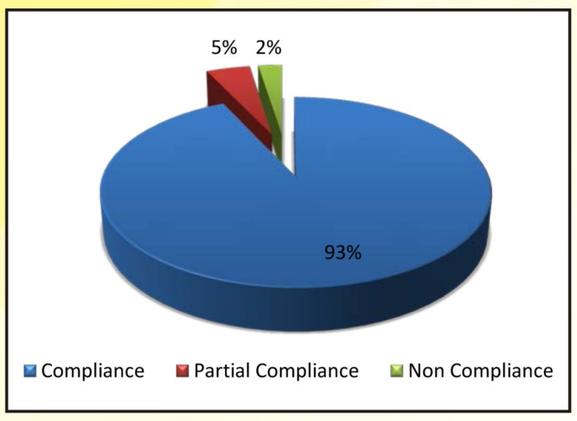
Fortis HOSPITALS Fortis Hospital Jaipur

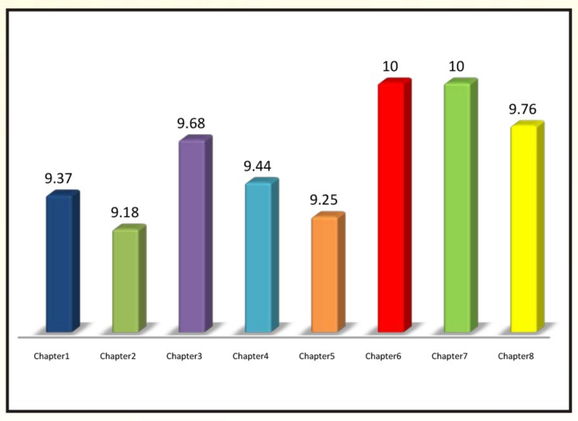
OBJECTIVES

To assess the existing service delivery standards of EMERGENCY DEPARTMENT

To indicate the gaps in terms of structure, process and outcomes and to suggest the alterations needed

FINDINGS



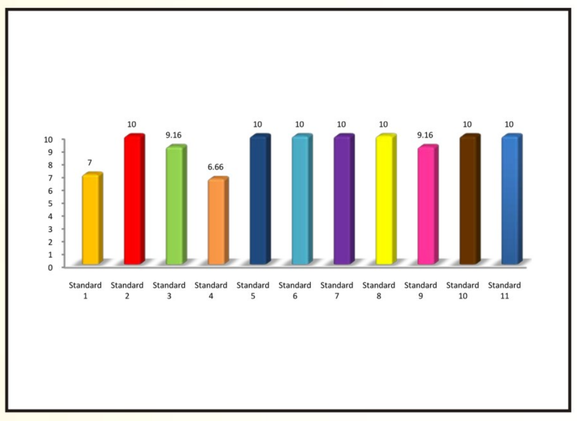


The Emergency Department had following compliance.

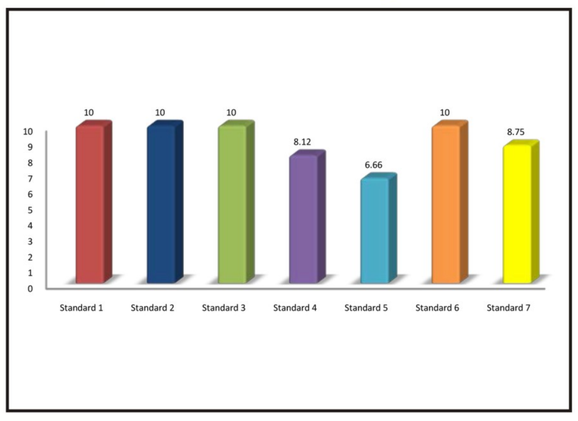
The study revealed that the average score as per NABH was 9.58 which makes the Department eligible for appearing for final assessment, as minimum score required was 7. The area of concern lies with implementation of policies and procedures as documentation had few Irregularities.

X Axis = NABH Standards, Y Axis = Compliance of Hospital

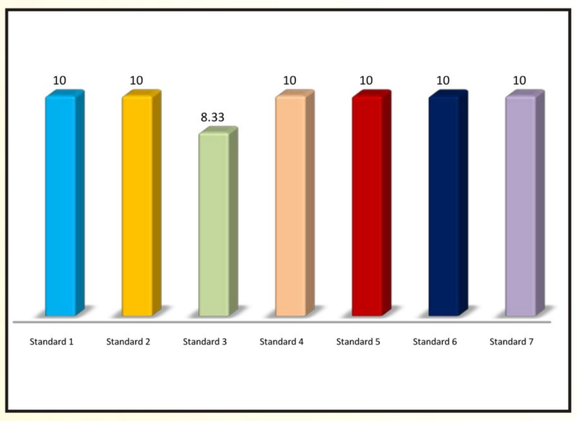
Access, Assessment and Information



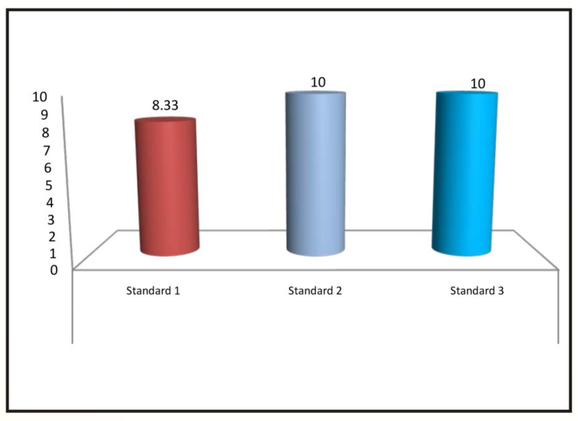
Patient Care and Rights



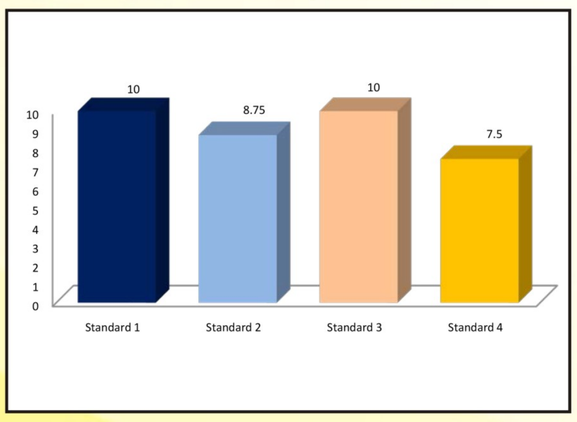
Management of Medication



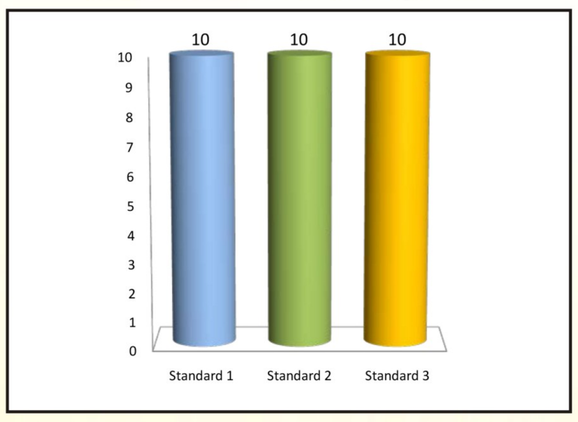
Hospital Infection Control



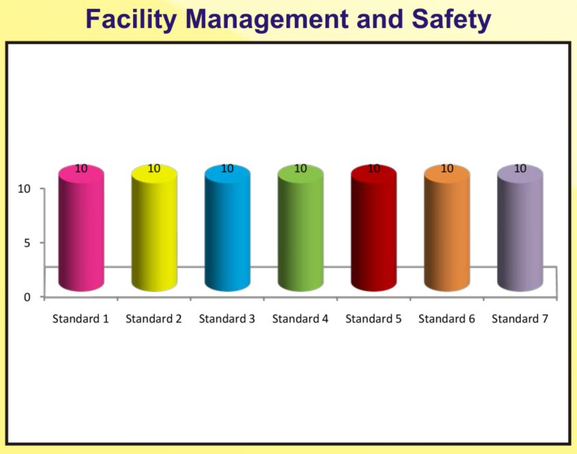
Continuous Quality Improvement



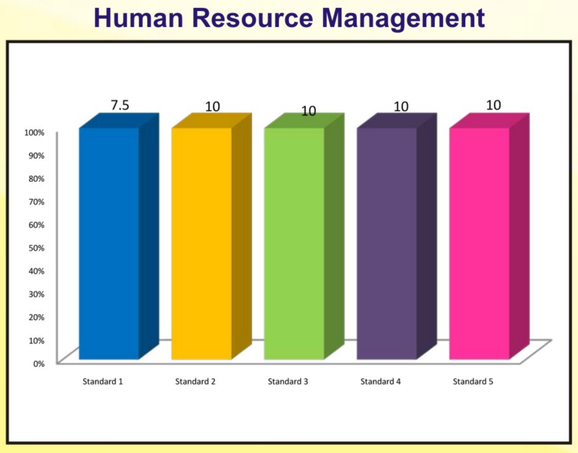
Responsibilities of Management



Facility Management and Safety



Human Resource Management



METHODOLOGY

Primary Data : Observation, dialogue with staff and patients

Secondary Data : Hospital records in the form manuals, policies and procedure guidelines. Apparently, a self designed self assessment toolkit i.e. a checklist was formulated based on the draft provided by the NABH QUALITY COUNCIL, INDIA which was later assessed and corrective, preventive actions are recommended to reduce the gaps.

Study Design : Descriptive study

Study Area : Emergency Department.

Data Collection Tool : Checklist, NABH self assessment toolkit

DATA COLLECTION TECHNIQUE

Primary Data : Direct observation , Conversation with staff & patients

Secondary Data : Hospital Manuals, Policies & Records (e.g.. - Register of departments), HMIS

STANDARDS	GAPS	CORRECTIVE ACTION
The defined services are prominently displayed.	Scope Of Services Not Properly Visible	Scope Of Services To Be Repositioned
Staff Is Aware Of These Processes.	Lacks Documented Evidence.	Though The Staff Is Aware But Still Documented Proof Is Must For Understanding That Each And Every Staff Member Is A Well Aware Of The Procedures.
Documented Policies And Procedures Are In Place For Ordering And Reporting Of Laboratory And Radiological Investigations Which Have Been Requisitioned From The Emergency	Emergency Department Is Unaware	Redesigning And More Comprehensive Policies
The organization defines the process, time frame for availability and rationality in usage of blood and blood products in Emergency Department. It also addresses all statutory requirements.	The policy is present (hospital policies) copy of the policy is to be given to emergency department.	Briefing of the policies & sop must be done to staff in the form of continuous learning.
End of life requirements are identified and is in concurrence with patient's and family's needs.	Not Practised	Not Applicable
Patients receiving sedation are monitored appropriately.	Not Documented	Register implemented after being informed.
Adequate and appropriate facilities for hand hygiene in all patient care areas are accessible to health care providers.	Insufficient Hand Hygiene measures.	Wash basin to be made. And per bed hand rub
Scope of activities also includes oversight of emergency services and data review.	No Emergency Committee	It refers to a committee that is made up of people from more than one area or specialty, such as a committee that is meeting to plan a better patient care in terms of better quality care (indicators would be less num of er returns). It would often be composed of a representative from these varied disciplines, depending on the needs of the patient and family. The Emergency Management Committee will analyse the plans designed to respond to emergencies and evaluate their effectiveness for disaster management.

Other Projects :
NABH Radiology & SOP Formulation for Stroke Patients

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MBA HM (2015-2017)