

A Study on pre-post implementation for pre-entry level certification of SHCO for NABH Standards

submitted by
Shrishti

UNDER THE GUIDANCE OF
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ABOUT ORGANIZATION

- ▶ HLPPT is promoted by HLL Life care Ltd (a Mini Ratna PSU under the Ministry of Health and Family Welfare, GOI). It was founded in 1992 and is registered under the Travancore-Cochin Literary, Scientific and Charitable Societies Registration Act, 1955. For the last 25 years, we have been serving communities across India with health solutions and contributing towards Health System Strengthening through direct program implementations, technical assistance, and capacity building. Today, HLPPT has emerged as India's leading organization in Reproductive and Child Healthcare and a pioneer in promoting public health through Social Marketing and Social Franchising strategies. Hindustan Latex Family Planning Promotion Trust (HLPPT) is a national not-for-profit health services organization, working on the entire spectrum of RMNCH+A (Reproductive, Maternal, Newborn, Child & Adolescent Healthcare), including HIV Prevention & Control and Primary Healthcare.

LEARNINGS FROM THE TRAINING

- ▶ Understanding of the NABH Quality Accreditation process.
- ▶ Gap identification and Gap analysis of all departments of the hospital for quality improvement.
- ▶ Implementation of the quality processes in hospital.
- ▶ Prepare plan on gaps.
- ▶ Formation of policy of all chapters of NABH

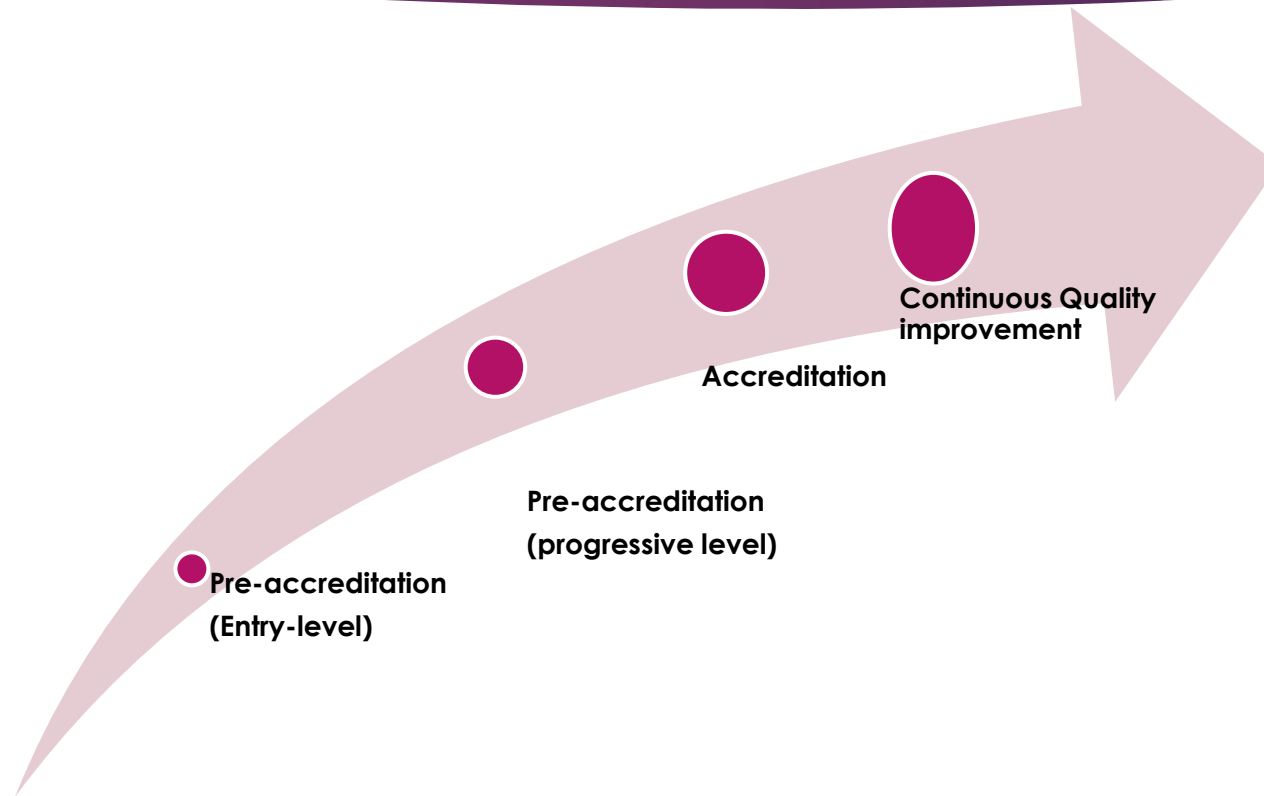
ABOUT NABH

NATIONAL ACCREDITATION BOARD FOR HOSPITALS & HEALTHCARE PROVIDERS

NABH is a constituent board of quality council of India (QCI), set up to establish and operate accreditation program for healthcare organizations.

NABH provides accreditation to hospitals in a non-discriminatory manner regardless of their ownership, legal status, size and degree of independence.

QUALITY JOURNEY



ABOUT NABH

- ▶ As large number of hospitals face challenges and difficulties in implementing all the Accreditation Standards. NABH has developed Pre Accreditation Entry Level Certification standards, in consultation with various stake holders in the country, as a stepping stone for enhancing the quality of patient care and safety. The aim is to introduce quality and accreditation to the HCOs as their first step towards awareness and capacity building.
- ▶ Once Pre Accreditation Entry Level Certification is achieved, the HCO can then prepare and move to the next stage-Progressive level and finally to Full Accreditation status.
- ▶ This methodology provides a step by step and staged approach which is practical for the HCOs.

NABH STANDARDS

	Pre accreditation (entry level)	Pre accreditation (Progressive level)	Accreditation (Final Level)
chapters	10	10	10
standards	45	72	102
Objective elements	167	231	636

SECTION1

PATIENT –CENTERED STANDARDS

	Chapters	STANDARDS	OBJECTIVE ELEMENTS
1	ACCESS,ASSESSMENT &CONTINUITY OF CARE(ACC)	7	29
2	CARE OF PATIENTS(COP)	8	38
3	MANAGEMENT OF MEDICATIONS(MOM)	7	22
4	PATIENTS RIGHT AND EDUCATION (PRE)	2	9
5	HOSPITAL INFECTION CONTROL(HIC)	3	13

SECTION 2ND

MANAGEMENT CENTRIC STANDARDS

	Chapters	STANDARDS	OBJECTIVE ELEMENTS
6	CONTINUOUS QUALITY IMPROVEMENT (CQI)	2	5
7	RESPONSIBILITIES OF MANAGERMENTS(ROM)	3	9
8	FACILITY MANAGEMENT &SAFETY(FMS)	4	14
9	HUMAN RESOURCE MANAGEMENT(HRM)	5	12
10	INFORMATION MANAGEMENT SYSTEMS (IMS)	4	16
	TOTAL	45	167

Objective of the study

- ✓ To assess and analyse the gaps in quality compliance of the facility as per NABH standards and to prepare it for further accreditation by NABH for the entry level certification.

METHODOLOGY

- ▶ **Area of study**

- ▶ The study was undertaken for single SHCO hospital of Bharatpur District
- ▶ SHCO- Small Healthcare Organisation are healthcare organisation less than 50 bed.

- ▶ **Study Design**

- ▶ Descriptive and cross-sectional study

- ▶ **Tools**

- ▶ Discussion with doctor and nurses.
- ▶ Observation
- ▶ Clinical record assessment
- ▶ NABH self-assessment toolkit

- ▶ **Duration of study**

- ▶ Study conducted on Bharatpur district on the 3 months duration.

IMPLEMENTATION PARAMETERS FOR ACCREDITATION

DOCUMENTATION

- Policies and department manuals.
- Process flowcharts.
- Quality/patients/employee handbook

TRAINING

- Hospital wide training
- Developmental training
- Workshop and quiz competition required to enhance the knowledge of staff

INFRASTRUCTURE & LAW /LICENSES

- Compliance to all government and NABH MANDATORY INFRASTRUCTURE
- ABIDE BY LEGAL REQUIREMENT

FORM AND FORMATE

- Review of clinical and non clinical forms and format

QUALITY INDICATOR

- Develop quality objective for all the department.
- Regular data collection and analysis,
- Monthly statistical representation.

SIGNAGES

- Hospital wide direction signages,
- Government mandatory signages.
- Infection control and safety related signages

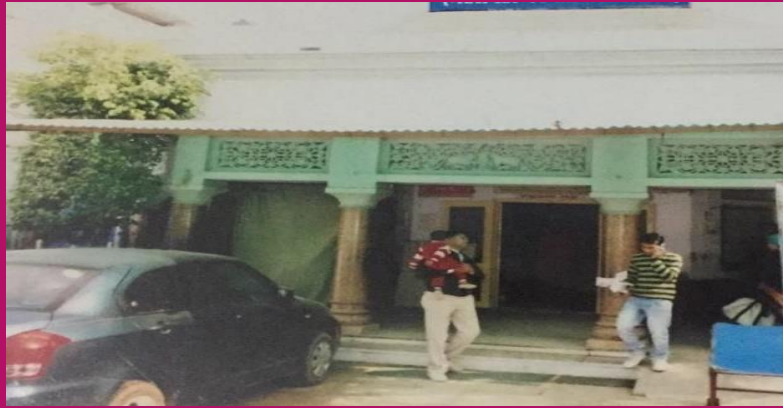
WORKS DONE FOR IMPLEMENTATION OF STANDARDS

- ▶ Formation of quality department and project team.
- ▶ Finalize organogram of hospital.
- ▶ Documentation of NABH chapters policy.

eg

- ▶ Policy of registration admission and discharge.
- ▶ Policy of infection control program.
- ▶ Anaesthesia policy.

FACILITY ROUND REPORT



before

Before implementation there no proper way to entrance there is no parking facility available



After

After implementation organisation have proper parking facility with the proper signages are display and having large visitors area

TRAINING OF STAFF



Training on infection control and hand wash technique

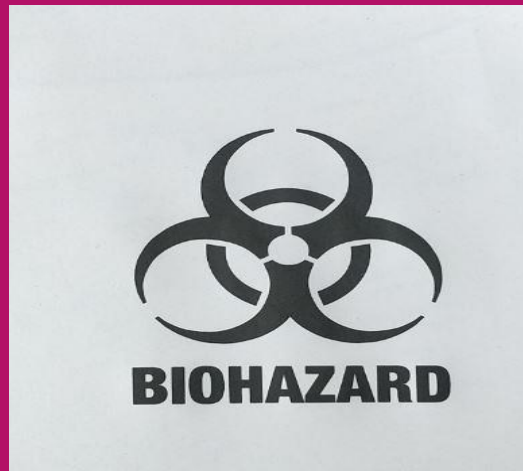


Training on fire safety or fire safety mock drill.

SIGNAGES



Radiation safety display in x ray area to prevent by harmful rays' mother and child.



Signage of BMW room



Signage of BMW segregation

FORM AND FORMATE

DOCTOR CARE PLAN

Name: Jyoti Age / Sex: 24y / F

Date: 24/12/20 Time: 4:30 PM

ASSESSMENT

Sub Am-pno
Cut nail
Spa 24.5mm Hg
PV 12.0 mmHg

ISSUE

1. P.O. - mho Kth
L.O. 12.0g

PLAN OF CARE

Sub Am-pno
Sub Am-pno
Sub Am-pno

Investigation (if any):

No SpO2
No SpO2
No SpO2

Doctor's Name: Dr. Kusum Sharma Signature: [Signature]

Maternity, Fertility & Plastic Surgery Centre

TREATMENT SHEET

Name of Pt: Jyoti Age: 24 Sex: F I.D. No. B.M. No. P.O.D. 2 Consultant: Dr. Kusum Sharma

Date: 24/12/20

Name of the Medicines	1-5-25	12-3-20	Progress
1. Sub Am-pno	✓		
2. Sub Am-pno	✓		
3. Sub Am-pno	✓		
4. Sub Am-pno	✓		
5. Sub Am-pno	✓		
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99. Sub Am-pno	✓		
100. Sub Am-pno	✓		

Patients 1-5000 and 5001-10000.

DEPARTMENT OF ANAESTHESIOLOGY

PRE ANAESTHESIA CHECK UP (PAC) RECORD

Name: Shilpa Diagnosis: gallbladder Alert/Allergies:

Operation: Lap

ASA: 1 ASA 1 2 3 4 5 6 E NYHA: I II III IV

Consent: informed High Risk

Wt (kg): 60 Temp: 36.5 HR (b/min): 70 B.P.: 120/80 R.R.: 18

General Examination: Good Cardiovascular: Good Respiratory: Good Abdominal: Good Genitourinary: Good Skin: Good Musculoskeletal: Good Neurological: Good Hematological: Good Biochemical: Good

Preoperative Medications: None

Anesthesia Plan: General Anesthesia

Preoperative Instructions: Fast 8 hours

Postoperative Instructions: None

Signature: [Signature] Date: 24/12/20

Doctor care plane

Treatment sheet

Pre anaesthesia monitoring sheet

IMPLEMENTATION OF EMERGENCY CODE

code	condition
Red	Fire
Blue	Medical emergency
Pink	Child abduction
yellow	spill
orange	External disaster

OTHER WORK

- ▶ Enquiry desk made and a person is assigned to sit over.
- ▶ Patient satisfaction survey conduct.
- ▶ Immunisation of all staff is done.



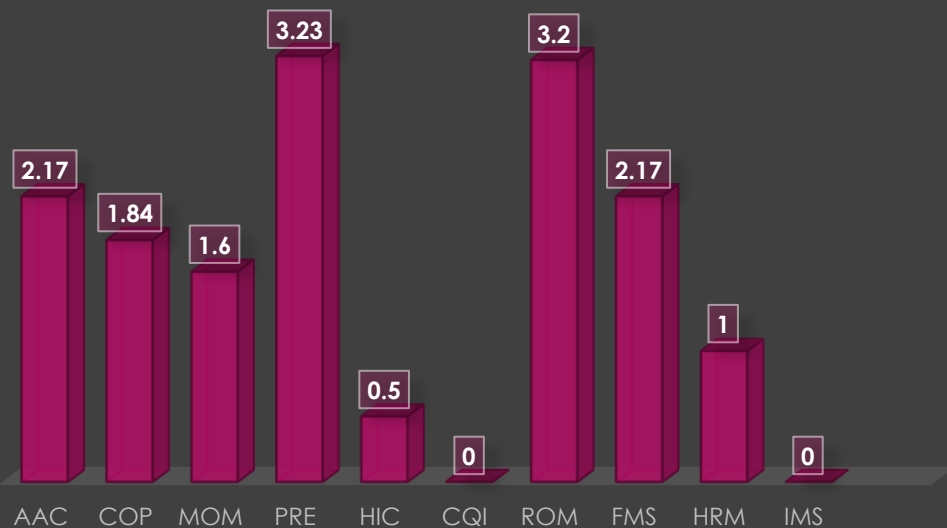
Proper segregation of BMW



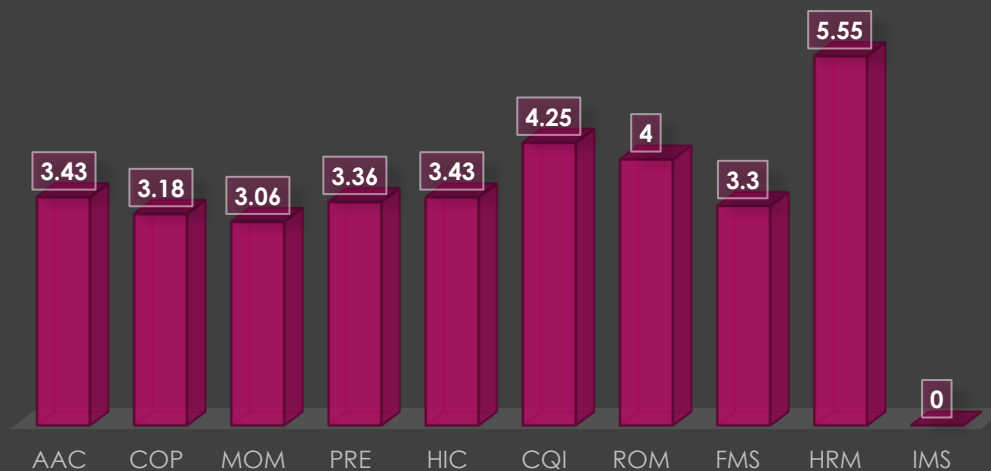
Waste management storage implement with lock

RESULT AND FINDINGS

PRE IMPLEMENTATION STATUS OF NABH STANDARDS



POST IMPLEMENTATION STATUS OF NABH STANDARDS

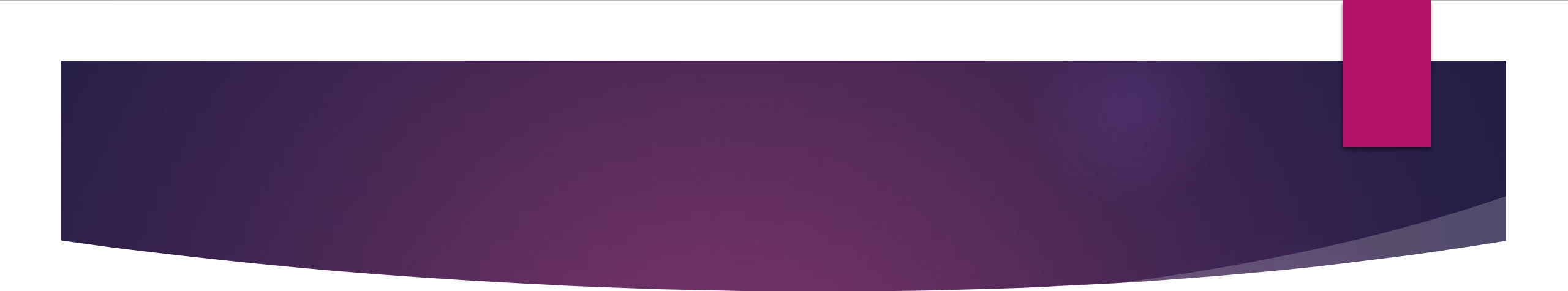


RECOMMENDATIONS

- ▶ Need to revise the documentation in case of partial compliance
- ▶ Regular training should be conduct in part of IPD files
- ▶ Side rails of patient bed should be present.
- ▶ Construction should be complete as soon as possible
- ▶ Curtains for bed present.
- ▶ Orientation and training should conduct for the new employee.
- ▶ Conduct the committee meeting every month.
- ▶ Clinical audit should be done regularly.
- ▶ Need to conduct infection control training for patient safety

CONCLUSION

- ▶ Study shows that after implementation of the standards most of the gaps and findings close as required for NABH certification.
- ▶ Post implementation results show 45% of standards are compliance with respect to pre implementation study where compliance of standards were almost most 0%.
- ▶ Now hospital is ready to get NABH standards for pre-entry level certificate.



THANK YOU

