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REINVIGORATION OF PATIENT BASED APPROACH IN THE 5TH EDITION OF NABH

Management

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ABSTRACT

NABH guidelines have provided a framework for assessing healthcare facilities and guiding the administration towards a scenario where the best quality of health care can be provided to patients. It was introduced in 2006 as a constituent board of the Quality Council of India. Currently over 400 hospitals in India are accredited with NABH. The guidelines are modified every 4 years. In April of this year NABH came up with the 5th edition. There are quite a few changes incorporated in this version of the revised guidelines. The number of Objective elements and standards have been reduced for better compliance. The chapter on Continuous Quality Improvement has been replaced by Patient Safety and Quality. Some other changes have also been introduced to better enhance the objective of patient centric care. This article tries to elucidate and evaluate the additions and omissions brought about in the latest edition of NABH guidelines.

KEYWORDS

INTRODUCTION

NABH standards provide the basic guidelines for quality assurance and quality improvement for hospitals. The set of defining guidelines are centred around patient welfare and the quality of services provided in a healthcare setup. The set of guidelines focusses more on the processes within a hospital/health care set up rather than the infrastructure requirements. NABH requires regular observation and reporting of unanticipated events that result in serious physical or psychological injury to the patient. This is followed by a response to rectify the errors or analyse the event which leads to an overall rubric of quality management. The objective elements form the basis of NABH standards. Without being prescriptive the objective elements guide the organization in conducting its operations with a focus on patient safety.

ESTABLISHMENT

NABH, which is a Constituent Board of Quality Council of India, was set up in 2006 with the objective of institutionalizing and operating accreditation programmes for healthcare set ups. NABH is linked internationally and is an institutional as well as a board member of the International Society for Quality in Health Care (lSQua). It is also a member of the Accreditation Council of ISQua.

It establishes its own standards for accreditation of all types of healthcare organisations. After every 3 years the standards are revised. The 5th edition of NABH was launched recently in India. This article is a review of the 5th edition of the NABH standards for hospital. It will expound upon the differences between the previous (4th) and the current edition of NABH standards.

SALIENT FEATURES OF THE FIFTH EDITION OF NABH STANDARDS

The fifth edition contains 10 chapters. Every chapter begins with an intent, followed by a summary of standards and then the detail of each standard with the respective objective element. Every objective element would have an interpretation. The guidelines have been aligned with ISQua guidelines which have been recently revised. The period of accreditation has been changed to 4 years.

For the first time Core Objective Elements have been introduced related to Patient Safety Goals. It is compulsory for all healthcare facilities to comply with these elements. All the objectives in the current edition are classified under at least one dimension and classified at one of the four levels: Core, Commitment, Achievement and Excellence. Each level is represented by a different colour (*Core- red, Commitment- Blue, Achievement - Purple, Excellence- Green).* This has been done since quality is an ongoing dynamic process and the accredited organizations need to constantly better themselves. Most of the objective elements would be at the commitment level and these would form the basis for accreditation during the first round of final assessment. During surveillance and subsequent reaccreditations, the accreditation criteria would also incorporate achievement of a minimum score with respect to objective elements in the achievement and excellence levels. The current edition also focuses on a robust mechanism for obtaining feedback from every stakeholder to ensure that every objective element is RUMBA (Relevant, Understandable, Measurable, Beneficial and Achievable).

A new system of Graded scoring system has been introduced. 01- No compliance (No systems in place < 20% compliance), 02 – Poor compliance (elementary systems, 21-40% compliance), 03-Partial compliance (41-60% compliance), 04- Good compliance (61-80% compliance), 05- Full compliance (81-100% compliance). This methodology has been introduced to help in recognizing even progressive efforts made by the organization in implementation of the standards.

CHANGES IN THE 5th EDITION

One of the main changes in the 5th edition is the introduction of Patient Safety & Quality *(Chapter 6)*. The main objective of this is to highlight the aspects of patient safety and quality of services provided. In the previous edition there was only one objective element on patient goal but in the recent edition all the nine Patient Safety Solutions of WHO are incorporated in the respective chapter. This edition of NABH standards is more patient centric and tries to focus less on the management aspect while giving more importance to the standard of care. Unlike the 4th edition there is a bibliography at the end of every chapter to bring in linkages and references to various good practices or evidence. There were no core criteria in the 4th edition which is identified in the recent standards to ensure minimum adherence to some of the key criteria which have an impact on safety and quality of care.

The number of Objective elements has been rationalized and now it stands at 651 Objective elements as compared to 683 in the 4th edition. 459 Objective Elements are in the commitment category which will be assessed during final accreditation, 60 are in the achievement category which will be assessed during surveillance assessment and 30 are in the excellence category which will be assessed in the excellence accreditation. This makes it easier for hospitals to comply with these standards and will lead to a stepwise progressiontoamaturequalitysystem covering the entire accreditation cycle.

CONCLUSION:

NABH standards have been instrumental in ensuring quality care to the beneficiaries and empaneled hospitals under Ayushman Bharat-PMJAY which is a flagship scheme of Government of India to cater to 50 crore poor and vulnerable citizens of India. Accreditation to a health care organisation stimulates continuous improvement. It raises community confidence in the services offered by the health care organisation. It also provides opportunity to healthcare unit to benchmark with the best in the world.

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