Research Paper Management

Compliance Percentage Assessment to NABH Standards for Capacity Building in a Tertiary Care Hospital in India

Dr. Eesha Arora — Assistant Director- NABH, Quality Council of India, ITPI Building, 6th Floor, 4-A, Ring Road, IP Estate, New Delhi-110002

*** Dr. Prakash P. Doke** — Medical Supdt., MGM Hospital, Kamothe, Navi Mumbai. * Corresponding Author

ABSTRACT

Quality in formal terms has been in application for last 50-years by different sectors of industry. In healthcare it came in for some serious discussion only in late nineties in our country. Quality specific to healthcare evolved after some serious effort coming from college of Surgeons in USA. This was largely based on establishing clinical protocols & outcome indicators. This effort later got formalized in terms of healthcare accreditation. Multidisciplinary healthcare organizations of today need to be managed in terms of integrating clinical services with the support services. The current generation of accreditation standards have optimum mix of managerial elements with supporting clinical components. Quality assurance by way of formal accreditation is being considered as a necessary part of the operation of any healthcare organization these days. Accreditation is structured to cater to much desired needs of the consumers and to set benchmarks for progress of health industry.

KEYWORDS: Quality assurance, NABH (National Accreditation Board for Hospitals & Healthcare Providers), Hospital Accreditation

INTRODUCTION

Hospitals and healthcare services are vital components of any well-ordered and humane society, and will indisputably be the recipients of societal resources. That hospitals should be places of safety, not only for patients but also for the staff and for the general public, is of the greatest importance. Quality of hospitals and healthcare services is also of great interest to many other bodies, including governments, NGOs targeting healthcare and social welfare, professional organizations representing doctors, patient organizations, shareholders of companies providing healthcare services, etc. However, accreditation schemes are not the same thing as government-controlled initiatives set up to assess healthcare providers with only governmental objectives in mind - ideally, the functioning and finance of hospital accreditation schemes should be independent of governmental control.

How quality is maintained and improved in hospitals and healthcare services is the subject of much debate. Hospital surveying and accreditation is one recognized means by which this can be achieved.

Hospital accreditation has been defined as "A self-assessment and external peer assessment process used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve". Critically, accreditation is not just about standard-setting: there are analytical, counseling and self-improvement dimensions to the process. There are parallel issues around evidence-based medicine, quality assurance and medical ethics, and the reduction of medical error is a key role of the accreditation process. Hospital accreditation is therefore one component in the maintenance of patient safety. However, there is limited and contested evidence supporting the effectiveness of accreditation programs.

AIM OF THE STUDY

Compliance Percentage Assessment to NABH Standards for Capacity Building.

OBJECTIVES

1. To assess the current compliance % to NABH Standards
2. Identify the training topics for capacity building of the staff

METHODOLOGY

The hospital was divided into various areas.

- The team of internal and external champions assessed the allotted department /area.
- Each team was provided with area-wise assessment checklist (checks to be done as per the requirements of NABH) for assessing the department / area. Also they were asked to provide inputs for some check points which they feel to be incorporated for assessment of that area. Some important points on how to conduct the assessment were included on face sheet of every assessment check list.

After the assessment survey all the teams submitted their findings (in the form of the checklists themselves) along with suggested check points.

These checklists were then analyzed focusing on the gaps observed during the survey. The gaps are shown in the filled checklist as "N's". While making the report all the N's were focused upon and were counted. Also those questions are mentioned which were left blank by champions in few of the checklists.

This report focuses only on the gaps found during the assessment. Finally, two types of reporting excel sheets have been made which show the findings in two ways: – (ii) Gaps of Hospital as a single unit and (i) the Department-wise Gap (Refer: Figure & Tables at the end of study).

DURATION

The Post NABH Internal Assessment & Capacity Building Program was conducted from January 2010 to April 2010.

FINDINGS

In general, the hospital staff is well aware of the responsibilities and additional polices/practices included pertaining to

their core work. However, some points (checks – as in checklists) do exist on which the staff needs to develop its knowledge and make them well versed with them. These points mainly include – the knowledge about the mission, vision and quality system (quality organization) being followed in the hospital, safety from the hazardous materials/chemicals being used, Spill management procedures, cardiac emergency protocols and some of the HR policies.

This report focuses only on the gaps **found during the assessment.**

i. Department-wise analysis of Internal audit checklist– The graphs have been designed in such a manner that it can be given to the department with their gaps on which they can individually work upon.
ii. Department Compliance % table
Departments are in an order that shows the department with % of Compliance

RESULT ANALYSIS

Since the departments / areas were assessed based on the customized checklist for each one of them, the total number of checkpoints also vary for each of them. Based on the total number of checkpoints the compliance of the departments / areas can be denoted in percentage. e.g. for one area if the total number of checkpoints is 70, and out of these 70, the observation was 'Y' (yes) for 58 of them, then the department/ area is 83% compliant.

LIMITATIONS

The champions

Though champions selected for the job, were conducting this assessment for the third time, few of the champions had resigned from their positions and these details were not updated to the Quality Cell. Hence there was an additional task of updating the existing database of champions with the details of new champions.

The checklists

However, the checklists were made according to the requirements of NABH and customized to the practices of the departments of the Hospital and efforts were being made to include maximum important checkpoints, the list may not contain ALL the checkpoints for the department. There might be questions other than these checklists, which would be asked by the other assessors based on the answers they would get when they interview the staff while conducting assessment.

The areas and Duration for conducting Internal Assessment

Though, the areas-covered included all the departments in the hospital, few of the areas of the hospital couldn't be included in this assessment activity due to the vastness of the organization. Some of the areas were assessed by only one champion as the other champion was overburdened with work in his/ her department and also owing to the short notice (one week) given to them to conduct the audit.

CONCLUSION

Although the current percentage compliance ranges in between 92% to 100%, few sensitive findings were noted during Internal Assessment; to name a few – narcotics storage, hazardous chemical spill management and staff response to cardiac arrest event. Moreover, few key questions were unanswered.

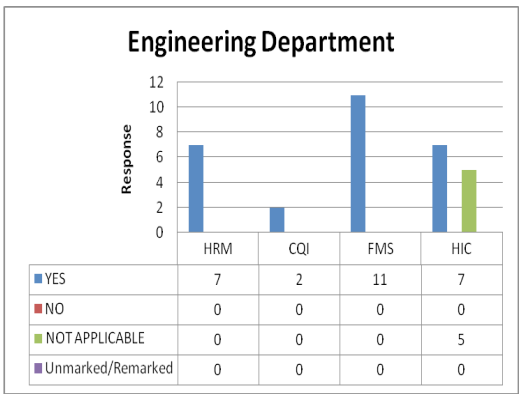
RECOMMENDATIONS

1. Corrective actions towards the list of "Non compliances" & "unanswered questions" to be mentioned.
2. The "Non compliances" and "unanswered questions" to be taken as training topics in the forthcoming training modules.

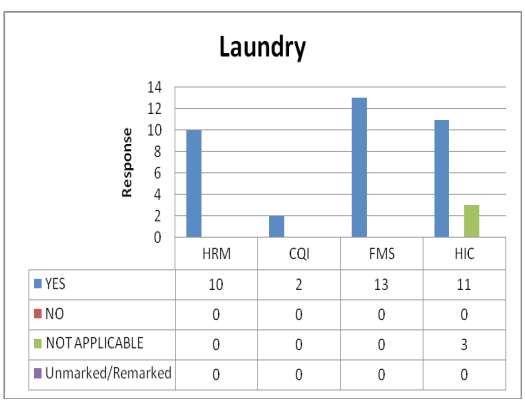
TRAINING PROGRAM

The training was conducted based on the internal assessment report. All the Non compliances & unanswered questions were taken as training topics for the champions.

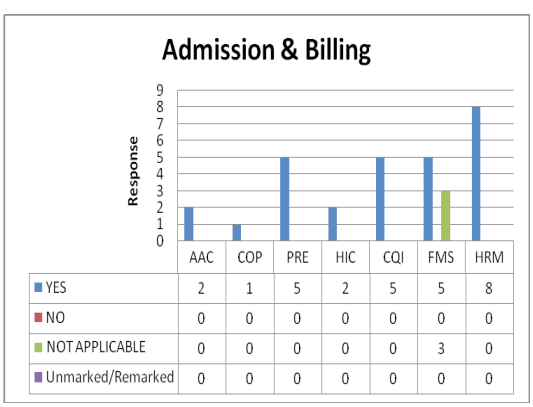
Figures: Department wise Analysis of Internal Audit checklists January 2010



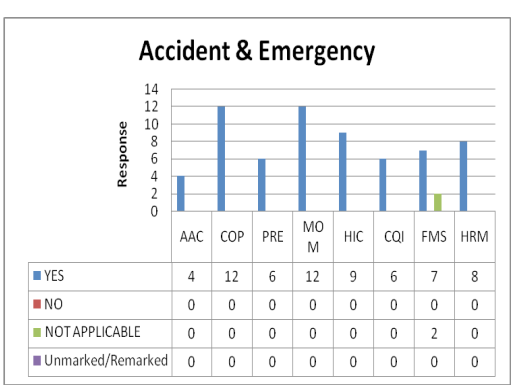
	HRM	CQI	FMS	HIC
YES	7	2	11	7
NO	0	0	0	0
NOT APPLICABLE	0	0	0	5
Unmarked/Remarked	0	0	0	0



	HRM	CQI	FMS	HIC
YES	10	2	13	11
NO	0	0	0	0
NOT APPLICABLE	0	0	0	3
Unmarked/Remarked	0	0	0	0

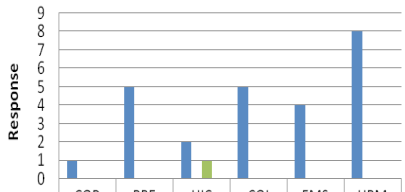


	AAC	COP	PRE	HIC	CQI	FMS	HRM
YES	2	1	5	2	5	5	8
NO	0	0	0	0	0	0	0
NOT APPLICABLE	0	0	0	0	0	3	0
Unmarked/Remarked	0	0	0	0	0	0	0



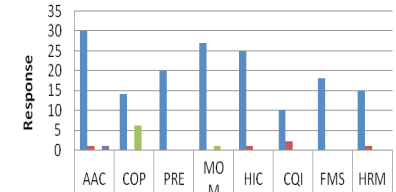
	AAC	COP	PRE	MO M	HIC	CQI	FMS	HRM
YES	4	12	6	12	9	6	7	8
NO	0	0	0	0	0	0	0	0
NOT APPLICABLE	0	0	0	0	0	0	2	0
Unmarked/Remarked	0	0	0	0	0	0	0	0

Customer Care



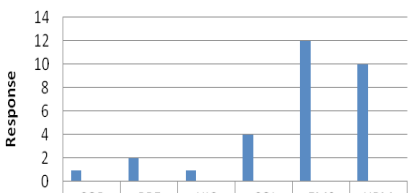
	COP	PRE	HIC	CQI	FMS	HRM
YES	1	5	2	5	4	8
NO	0	0	0	0	0	0
NOT APPLICABLE	0	0	1	0	0	0
Unmarked/Remarked	0	0	0	0	0	0

ICU



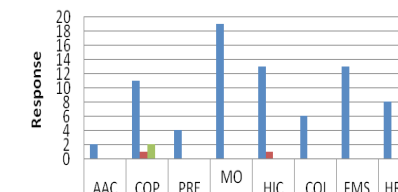
	AAC	COP	PRE	MOM	HIC	CQI	FMS	HRM
YES	30	14	20	27	25	10	18	15
NO	1	0	0	0	1	2	0	1
NOT APPLICABLE	0	6	0	1	0	0	0	0
Unmarked/Remarked	1	0	0	0	0	0	0	0

Security



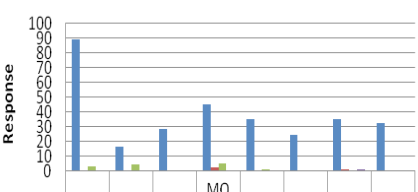
	COP	PRE	HIC	CQI	FMS	HRM
YES	1	2	1	4	12	10
NO	0	0	0	0	0	0
NOT APPLICABLE	0	0	0	0	0	0
Unmarked/Remarked	0	0	0	0	0	0

OT Complex



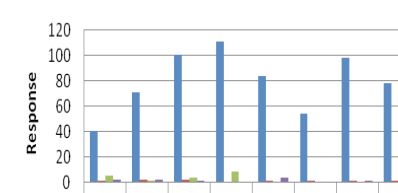
	AAC	COP	PRE	MOM	HIC	CQI	FMS	HRM
YES	2	11	4	19	13	6	13	8
NO	0	1	0	0	1	0	0	0
NOT APPLICABLE	0	2	0	0	0	0	0	0
Unmarked/Remarked	0	0	0	0	0	0	0	0

Radiology & Imaging



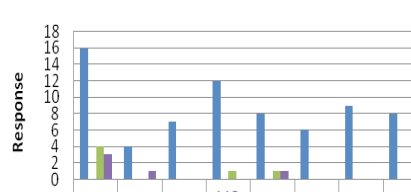
	AAC	COP	PRE	MOM	HIC	CQI	FMS	HRM
YES	89	16	28	45	35	24	35	32
NO	0	0	0	2	0	0	1	0
NOT APPLICABLE	3	4	0	5	1	0	0	0
Unmarked/Remarked	0	0	0	0	0	0	1	0

Wards



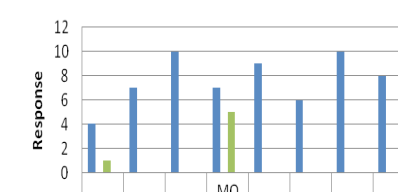
	AAC	COP	PRE	MOM	HIC	CQI	FMS	HRM
YES	40	71	101	111	84	54	98	78
NO	1	2	2	0	1	1	1	1
NOT APPLICABLE	5	1	3	8	0	0	0	0
Unmarked/Remarked	2	2	1	0	3	0	1	1

Cath Lab



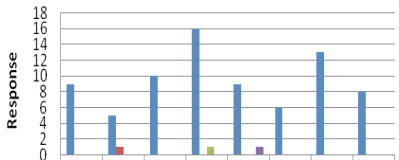
	AAC	COP	PRE	MOM	HIC	CQI	FMS	HRM
YES	16	4	7	12	8	6	9	8
NO	0	0	0	0	0	0	0	0
NOT APPLICABLE	4	0	0	1	1	0	0	0
Unmarked/ Remarked	3	1	0	0	1	0	0	0

Short Stay Service Unit



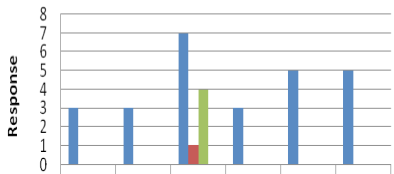
	AAC	COP	PRE	MOM	HIC	CQI	FMS	HRM
YES	4	7	10	7	9	6	10	8
NO	0	0	0	0	0	0	0	0
NOT APPLICABLE	1	0	0	5	0	0	0	0
Unmarked/Remarked	0	0	0	0	0	0	0	0

Medical Oncology



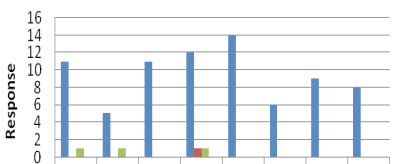
	AAC	COP	PRE	MOM	HIC	CQI	FMS	HRM
YES	9	5	10	16	9	6	13	8
NO	0	1	0	0	0	0	0	0
NOT APPLICABLE	0	0	0	1	0	0	0	0
Unmarked/Remarked	0	0	0	0	1	0	0	0

House Keeping



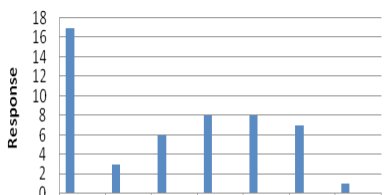
	General	HIC	FMS	PRE	CQI	HRM
YES	3	3	7	3	5	5
NO	0	0	1	0	0	0
NOT APPLICABLE	0	0	4	0	0	0
Unmarked/Remarked	0	0	0	0	0	0

AKD (Dialysis)



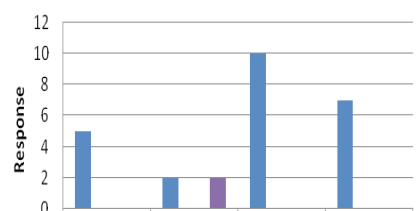
	AAC	COP	PRE	MOM	HIC	CQI	FMS	HRM
YES	11	5	11	12	14	6	9	8
NO	0	0	0	1	0	0	0	0
NOT APPLICABLE	1	1	0	1	0	0	0	0
Unmarked/Remarked	0	0	0	0	0	0	0	0

Blood Bank



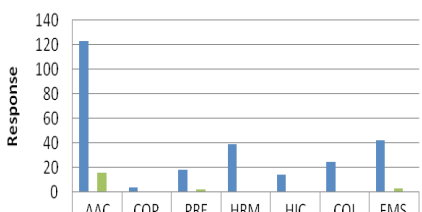
	COP	PRE	HIC	CQI	FMS	HRM	IMS
YES	17	3	6	8	8	7	1
NO	0	0	0	0	0	0	0
NOT APPLICABLE	0	0	0	0	0	0	0
Unmarked/Remarked	0	0	0	0	0	0	0

General & Diagnostic Stores



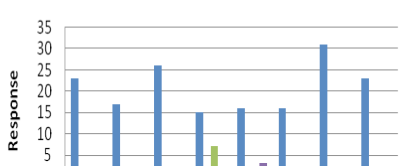
	General	CQI	FMS	HRM
YES	5	2	10	7
NO	0	0	0	0
NOT APPLICABLE	0	0	0	0
Unmarked/Remarked	0	2	0	0

Laboratory



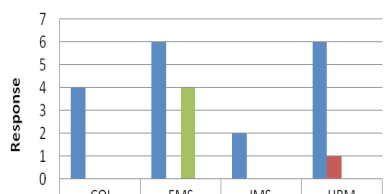
	AAC	COP	PRE	HRM	HIC	CQI	FMS
YES	123	4	18	39	14	25	42
NO	0	1	0	1	0	0	1
NOT APPLICABLE	16	0	2	0	0	0	3
Unmarked/Remarked	0	0	0	0	1	0	0

OPD



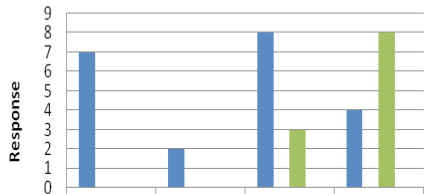
	AAC	COP	PRE	MOM	HIC	CQI	FMS	HRM
YES	23	17	26	15	16	16	31	23
NO	0	0	0	0	1	0	0	0
NOT APPLICABLE	2	2	1	7	0	0	2	0
Unmarked/Remarked	2	1	2	2	3	1	0	1

Systems



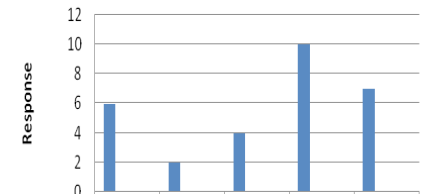
	CQI	FMS	IMS	HRM
YES	4	6	2	6
NO	0	0	0	1
NOT APPLICABLE	0	4	0	0
Unmarked/Remarked	0	0	0	0

Bio Medical



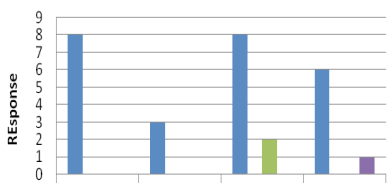
	HRM	CQI	FMS	HIC
YES	7	2	8	4
NO	0	0	0	0
NOT APPLICABLE	0	0	3	8
Unmarked/Remarked	0	0	0	0

Medical Stores



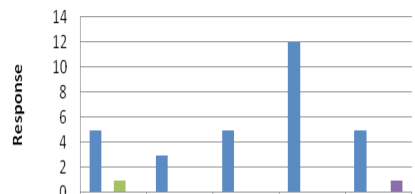
	General	ROM	CQI	FMS	HRM
YES	6	2	4	10	7
NO	0	0	0	0	0
NOT APPLICABLE	0	0	0	0	0
Unmarked/Remarked	0	0	0	0	0

Purchase



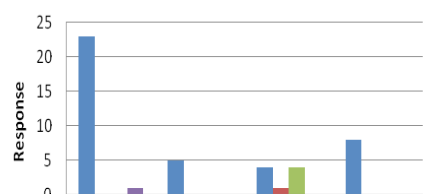
	General	CQI	FMS	HRM
YES	8	3	8	6
NO	0	0	0	0
NOT APPLICABLE	0	0	2	0
Unmarked/Remarked	0	0	0	1

CSSD



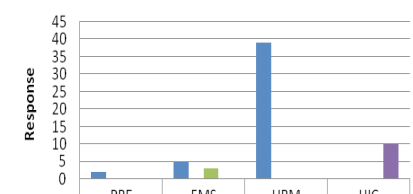
	HIC	ROM	CQI	FMS	HRM
YES	5	3	5	12	5
NO	0	0	0	0	0
NOT APPLICABLE	1	0	0	0	0
Unmarked/Remarked	0	0	0	0	1

Research



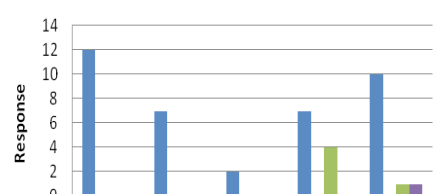
	COP	CQI	FMS	HRM
YES	23	5	4	8
NO	0	0	1	0
NOT APPLICABLE	0	0	4	0
Unmarked/Remarked	1	0	0	0

Human Resources



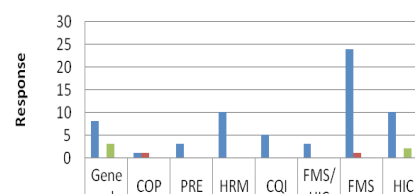
	PRE	FMS	HRM	HIC
YES	2	5	39	0
NO	0	0	0	0
NOT APPLICABLE	0	3	0	0
Unmarked/Remarked	0	0	0	10

Pharmacy



	MOM	HRM	CQI	FMS	HIC
YES	12	7	2	7	10
NO	0	0	0	0	0
NOT APPLICABLE	0	0	0	4	1
Unmarked/Remarked	0	0	0	0	1

FSD



	Gene ral	COP	PRE	HRM	CQI	FMS/ HIC	FMS	HIC
YES	8	1	3	10	5	3	24	10
NO	0	1	0	0	0	0	1	0
NOT APPLICABLE	3	0	0	0	0	0	0	2
Unmarked/Remarked	0	0	0	0	0	0	0	0

TABLE 1

The Departments/Areas with Percentage Compliance In IPD Building			
S. No.	Location	Department/ Area	Compliance
1.	Basement	Engineering	100%
		Laundry	100%
2.	Ground Floor	Admission/ Billing Department	100%
		Accident & Emergency	100%
		Customer Care	100%
		Security	100%
3.	First Floor	Radiology/ Imaging	100%
4.	Second Floor	Cath Lab	100%
		ICU & ICU Relative Waiting Area	96.38%
5.	Third Floor	OT Complex	95%
6.	Fourth Floor	SSSU	100%
7.	Fifth Floor	Pharmacy	100%
		Medical Stores	100%
		CSSD	100%
8.	Sixth Floor	Food Service Department	95.91%
9.	Seventh Floor	PICU/ Patient Ward	100%
10.	Eighth Floor	Patient Ward	98.46%
11.	Ninth Floor	Patient Ward	100%
12.	Tenth Floor	ICU	98.75%
13.	Eleventh Floor	Patient Ward	96.96%
14.	Twelfth Floor	Patient Ward	100%
15.	Thirteenth Floor	Patient Ward	100%
16.	Fourteenth Floor	Patient Ward	100%
17.	Fifteenth Floor	Patient Ward	96.87%
18.	Sixteenth Floor	Patient Ward	98.48%

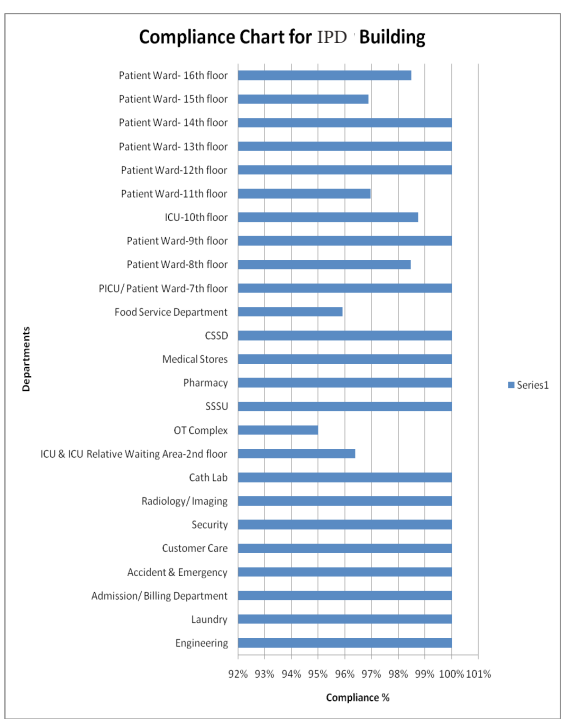


TABLE 2

The Departments/Areas with Percentage Compliance In OPD Building			
S. No.	Location	Department/ Area	Compliance
1.	Ground Floor (OPD)	Medical Oncology	98.71%
		Radiation Oncology	97.36%
		Gamma Knife	100%
		A.K.D (dialysis)	98.7%
2.	First Floor		Nil
3.	Second Floor	House Keeping	94.87%
		OPD	96.25%
4.	Third Floor	Blood Bank	100%
		OPD	97.14%

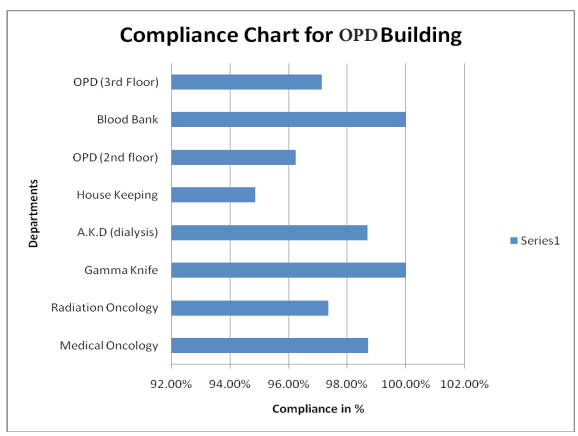
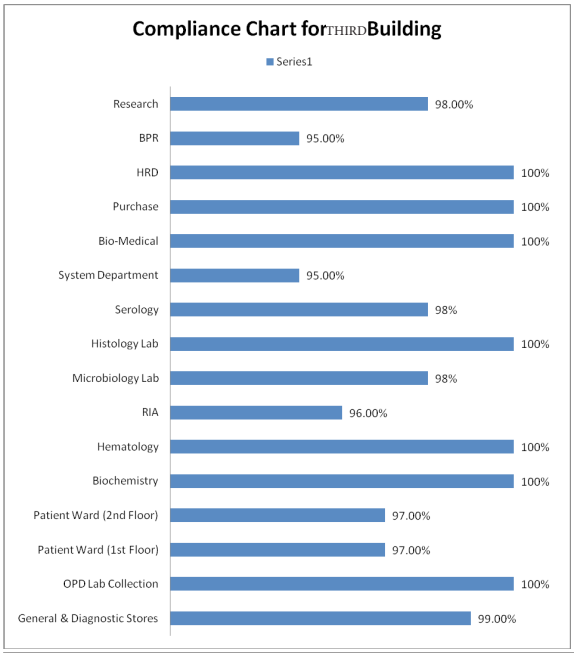


TABLE 3

The Departments/Areas with Percentage Compliance In Third Building			
S. No.	Location	Department/ Area	Compliance
1.	Basement	General & Diagnostic Stores	99.30%
2.	Ground Floor	OPD Lab Collection	100%
3.	First Floor	Patient Ward	96.82%
4.	Second Floor	Patient Ward	96.82%
5.	Third Floor	Biochemistry	100%
6.	Fourth floor	Hematology	100%
		RIA	96.36%
7.	Fifth Floor	Microbiology Lab	98%
		Histology Lab	100%
		Serology	98%
8.	Sixth Floor	System Department	94.73%
		Bio-Medical	100%
9.	Seventh Floor	Purchase	100%
10.	Eighth Floor	HRD	100%
11.	Ninth Floor	BPR	94.73%
		Research	97.61%



REFERENCES

1) Internal Assessment report of the hospital for Jan 2009. | 2) Internal Assessment report of the hospital for Feb 2009. |