



## A Study on Quality Improvement and Awareness of Nabh Accreditation Standards in A Cardiac Speciality Hospital

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### ABSTRACT

**Introduction:** Accreditation is a public recognition by a National Healthcare Accreditation Body, of the achievement of accreditation standards by a Healthcare Organization, demonstrated through an independent external peer assessment of that organization's level of performance in relation to the standards.

**Aim :** To assess the knowledge and attitude towards NABH accreditation among the staffs and to analysis the system gaps. Methods: 200 bedded super specialty cardiac hospital was assessed as per NABH accreditation entry level standard requirements and the knowledge of the staffs about NABH standards.

**Results:** 62% of staffs are very knowledgeable about NABH accreditation where only 59% are knowledgeable about standards and policies in NABH accreditation.

**Conclusion:** Quality Assurance should help to improve effectiveness, efficiency, cost containment, and should address accountability and the need to reduce errors and increase safety in the system.

### KEYWORDS

Quality, NABH, cardiac centre, knowledge

### Introduction

Quality health care is defined as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge".<sup>1</sup> Quality has become an essential part of the management and evaluation of health care.<sup>2</sup> The continual improvement of service quality in healthcare units has become a prime consideration to ensure patient satisfaction across the world in the modern economic scenario. Quality management techniques, often borrowed directly and unchanged, from manufacturing and service sector settings, have often not lived up to their promise in terms of improved health care provider performance and hospital competitiveness.<sup>3</sup> In India, health sector is one of the largest and fastest growing sector in which both the private and government care providers and hospitals put much emphasis on quality improvement and patient satisfaction.<sup>4</sup> National Accreditation Board of Hospitals and Healthcare Providers (NABH) along with Quality Council of India provided the criteria based on which quality standard of hospitals is determined. Quality Assurance should help to improve effectiveness, efficiency, cost containment, and should address accountability and the need to reduce errors and increase safety in the system. Thus the objective of NABH accreditation is on continuous improvement in the organizational and clinical performance of health services, not just the achievement of a certificate or award or merely assuring compliance with minimum acceptable standards.<sup>5</sup>

### Aim

To assess the knowledge and attitude towards NABH accreditation among the staffs and to analysis the system gaps.

### Materials and Methods

This descriptive study was conducted in a 200 beds Super

Specialty cardiac centre. All departmental working and its gaps are analyzed on the basis of defaults which were founded through observation, interview and audit. Structured questionnaire was prepared to assess the knowledge of the staffs in NABH Standards. NABH pre-accreditation entry level standard requirements are followed.

### Results

This study results are based on the deficiencies in the departments in the hospital in meeting the NABH pre-accreditation entry level standard requirements. Detailed assessment has been carried out through discussions with the respective head of the departments, the staffs and also through perusal of the available records and other documents.

**Table 1 Awareness about NABH and its standards**

Particulars	NABH Accreditation	Standards and Policies
Not at all aware	0%	9%
Least Knowledgeable	38%	32%
Very Knowledgeable	62%	59%

### Major Areas of Concern:

- Hospital should form following multidisciplinary committees: Quality & safety committee, Pharmaco-Therapeutic committee, medical audit committee, Infection control committee,; at least monthly once members of the various committees need to meet, discuss, implement and monitor the scope of respective committees and minutes of the meetings should be maintained for the same.
- Facility safety inspections rounds should be conducted once in year for administrative areas and once in 6 months for patient care areas. Corrective and preventive actions should be clearly mentioned for identified risks.

- Hospital should conduct fire mock drills twice a year and evidence for the same should be maintained (Fire mock drill video, photos and filled mock drill sheet with corrective and preventive actions for any deviations). It should conduct mock drills related to Code Blue, Code Pink and necessary corrective and preventive action to be taken and documented.
- Separate storage area for storing biomedical waste with roof cover, partition, lock & key should be provided
- Appropriate partition to be provided between ETO and the stores and creation of negative pressure to be done inside the ETO room by provision of exhaust fan.
- Zoning to be done for Autoclave room.
- Biomedical waste color coded bins and covers should be provided in all patient care areas
- Hand hygiene facilities to be made available in OPD's and in the Examination and Diagnostic rooms
- Dietician to carry out the diet related activities and kitchen Audit
- Safety arrangements (chains) should be provided for the cylinders for avoiding falls
- Adequate smoke detectors should be provisioned at different areas of the hospital
- Practice related:
- HR department should maintain personal folders for each employee; this folder should consist of details about qualification, job responsibilities, offer letter, disciplinary/grievance action record, training records, health reports & immunization status of the employee
- OPD and IP patients' feedback forms should be made available in the hospital and this feedback should be analyzed for patient satisfaction and all grievances should be handled as per organizations policy.
- Critical alert register with the following details - patient name, MRD number, Test Value, Informed to, informed by, location & time - should be maintained in the laboratory and Microbiology departments.
- Inpatient nursing assessment form should be introduced; after admission all inpatient should undergo initial assessment
- Mechanical & Biological indicator should be used to check sterility of autoclave
- Hospital should collect data on Surgical site infections (SSI), medication errors, modification of anesthesia plan, adverse drug reactions, etc.; then analyze, identify variations in trends with root cause analysis and corrective and preventive actions to be taken for the same.
- Hospital should collect data on OPD waiting time, patient satisfaction rate, time of initial assessment for emergency patients, time of initial assessment for inpatients, needle stick injuries; then analyze the trends in these every month with proper root cause analysis and corrective and preventive actions to be taken for the same
- Patient rights & responsibilities, Vision & Mission statement, scope of services. Departmental service display boards should be arranged; all the above mentioned display Boards should be in bilingual (Malayalam and English)
- Hand hygiene facilities should be provided with elbow operated tap in all clinical areas

## Discussion

The study is to focus on the development of service quality and basic infrastructure based on NABH accreditation in 200 bedded Super Specialty Cardiac Centre. 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 programme for healthcare organization. Accreditation benefits all stake holders. Patients are the biggest beneficiaries. Accreditation results in high quality of care and patient safety. The patients get services by credential medical staff. Rights of patients are respected and protected. Patient satisfaction is regularly evaluated. The staffs in an accredited hospital are satisfied a lot as it provides for continuous learning, good working environment, leadership and above all ownership of clinical process. From the study

it could be found that the gaps or defaults in the functioning of each department are because of the lack of adequate awareness about the departmental manuals and also about the importance of NABH accreditation. If the staffs at each department get proper and regular on the job trainings these defaults or gaps can be easily reduced and will get the NABH accreditation also.

## Conclusion

Quality Assurance should help to improve effectiveness, efficiency, cost containment, and should address accountability and the need to reduce errors and increase safety in the system. Thus the objective of NABH accreditation is on continuous improvement in the organizational and clinical performance of health services, not just the achievement of a certificate or award or merely assuring compliance with minimum acceptable standards.

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