



A Study on Quality of Services Provided to Patients in Nahar Hospital, Bhinmal, Rajasthan

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ABSTRACT

To assess the quality services provided by Nahar Hospital, Bhinmal is the main objective has been accomplished through a gap assessment and alignment of NABH guidelines. Gap assessment is the process to assess the level of quality care of patient and patient safety protocols in any hospital, we have done this gap assessment with the help of Self-Assessment Toolkit as per 5th edition of NABH accreditation guidelines. This assessment identifies the deviation between the current hospital practice and procedure and process of NABH guideline. As this toolkit have three different criteria as Documentation, Implementation and Evidence which enables us to identify the actual gap of hospital practices with the guidelines. This analysis was done in Nahar Hospital, Bhinmal. NABH self-assessment toolkit has 10 chapters as Access, Assessment and Continuity of care, Care of patient, Management of medication, Patient Rights and Education, Hospital Infection Control, Patient safety and quality Improvement, Responsibility of Management, Facility Management and Safety, Human Resource Management and Information Management System. This study include the quality care trends in India, various quality champions in India and Quality distribution channel in India, gap assessment of Nahar Hospital as per 5th edition of NABH accreditation toolkit and it is concluded with the corrective and preventive action.

KEYWORDS: NABH, Corrective and Preventive Action, Quality Care, Patient Safety, SWOT Analysis, Gap Assessment, Self Assessment

Introduction

Quality in Health care delivery is an important facet throughout the lifecycle of patient care. It includes risk or safety evaluation, and mitigation of this risk management has become an integral part of the quality management system; it includes patient waiting time, registration, etc. It also includes Lab test, diagnosis, prescribing medication and safely sending the patient home. For this, quality monitors must use deviation control, change control, the proper and thorough study of patient feedback as well as take corrective measures and inform client improvement, not only patient satisfaction but also client confidence in that particular system. NABH self-assessment toolkit is emphasis on to do given analysis:

- Risk Analysis
- Time Analysis
- Utilization Analysis
- Breakdown Analysis
- Incident Analysis
- Patient & Employee Safety Analysis
- Legal documentation Analysis
- Employee Satisfaction Analysis
- Training requirement Analysis

LITERATURE REVIEW

- 1) **Vivek Hittinahalli and Saroj Golia;** National Accreditation Board for Hospitals and Healthcare Providers (NABH) is a national body responsible for providing accreditation to the hospitals. General accreditation programs appear to improve the structure and process of care,

with a good body of evidence showing that accreditation programs improve clinical outcomes. General accreditation programs of health organizations and accreditation of subspecialties should be encouraged and supported to improve the quality of healthcare services. One of the most important barriers to the implementation of accreditation programs is the skepticism of healthcare professionals in general and physicians in particular about the positive impact of accreditation programs on the quality of healthcare services. However with quality in healthcare an important aspect, healthcare accreditation has become a most important tool for improving the standard of the hospitals and thereafter benchmarking.

- 2) **Mandeep, Naveen Chitkara, Sandeep Goel;** the study revealed that medical staff had a positive attitude and improved knowledge about accreditation after 6 months working in a hospital on the way to NABH. The attitude reflected in their positive approach in managing patients under better work atmosphere thus, indirectly reflecting on the benefit to the society as whole. The sound knowledge and a positive attitude toward NABH accreditation among the medical staff are very important. And the same can be accomplished with proper training and good hospital environment.
- 3) **Quality Council of India;** the rapid changes in the healthcare system, with revolutionary advancements in imaging, along with the lack of any existing imaging standards in our country, have raised the need for an accreditation structure. The Quality Council of India (QCI) has therefore introduced standards for medical imaging services, focusing on the control of services, personnel, imaging processes and procedures, facility and environment, equipment, and documentation, as well as risk control and safety. This article deals briefly with the standards structured by the QCI for accreditation of imaging services.
- 4) **Bogh SB, Falstie-Jensen AM, Bartels P, Hollnagel E, Johnsen SP;** the overall opportunity-based composite score improved for both non-accredited and accredited hospitals (13.7% and 9.9%, respectively), but the improvements were significantly higher for non-accredited hospitals (absolute difference: 3.8%). No significant differences were found at disease level. The overall all-or-none score increased significantly for non-accredited hospitals, but not for accredited hospitals. The absolute difference between improvements in the all-or no score at non-accredited and accredited hospitals was not significant. Participating in accreditation was not associated with larger improvement in performance measures for acute stroke, heart failure or ulcer.
- 5) **Dr Kalra;** said the biggest beneficiaries of accreditation were patients as the certification ensured best quality services to them. Although there are 19 major criteria to be followed by any hospital seeking accreditation, there are 150 minor objectives that the unit should fulfil, he informed. NABH accreditation was not mandatory yet but it was also not an easy affair. The process involved many pre assessment procedures and inspections but was mainly patient centric. "It is aimed at providing the best possible care to patients. Beginning from small things like hand washing to post-operative care, everything has a definite protocol monitored extensively. We conduct even surprise inspections," The American College of Surgeons woke up to the fact that —All hospitals are accountable to the public for their degree of success...if the initiative is not taken by the medical profession, it will be taken by the lay public. The seeds of healthcare quality and patient safety were sown – it would culminate in the formation of Joint Commission International (JCI).

STATEMENT OF PROBLEM

In a judgment on medical negligence, the Supreme Court awarded compensation amounting to Rs. 11 crore to a victim, which was to be paid by the doctors and the private hospital deemed responsible for the wrongful death of a patient. Hence, the process of calculating compensation for medical negligence has received great attention and debate, largely due to the impact that it is going to have on the practice of medicine within the country, in the near future. In this scenario, it is very difficult to survive small budget hospital, if they will not take care of their patient properly and review the quality care given to the patient. To resolve all these kind of problems NABH provide the guidance to improve the processes of the hospital which lead to prevent these kind of incidents. For the hospital having more than 50 beds, NABH issued this self-assessment toolkit to do a gap assessment and guide to achieve the NABH accreditation and align all the processes as per guidelines.

Objectives of the study:

- To evaluate the compliance between current practices of the Nahar Hospital and NABH 5th edition guidelines.
- To offer valid suggestion recommendations and corrective and preventive actions to close all the non- conformities found during assessment.

RESEARCH METHODOLOGY

This study has been done by using primary data and it has been collected by direct observation and assessment of the hospital with the NABH 5th edition self-assessment tool kit. To study has include both patient centric and management centric aspects of the hospital.

Tools Applied:

In this study we have used NABH self-assessment toolkit as per 5th edition. This self-assessment toolkit has all 651 objective elements of the NABH 5th edition guidebook.

NABH Self-Assessment Toolkit: The toolkit which we used for the assessment of the Nahar Hospital has been issued by NABH which is based on the 5th edition of the guidebook for Healthcare Organization having more than 50 Beds. This toolkit includes all 10 Chapters as Assessment and Continuity of care, Care of patient, Management of medication, Patient Rights and Education, Hospital Infection Control, Patient safety and quality Improvement, Responsibility of Management, Facility Management and Safety, Human Resource Management and Information Management System and 651 Objective Elements as total. We can assess documentation, implementation, and evidence related to each objective element with this toolkit.

Category of Objective Elements

- No. of Core Objective Elements - 102
- No. of Commitment Objective Elements - 459
- No. of Achievement Objective Elements - 60
- No. of Excellence Objective Elements -30

Criteria

Compliance (C) =10

Partial Compliance (PC) =5

Non Compliance (NC) =0

DATA ANALYSIS AND INTERPRETATION

Sr.	Chapter	NC	PC	C	Total OE	Compliance Rate
1	AAC	11	13	67	91	73.63%
2	COP	2	10	125	137	91.24%
3	MOM	1	11	56	68	82.35%
4	PRE	6	8	39	53	73.58%
5	HIC	3	11	37	51	72.55%
6	PSQ	5	5	39	49	79.59%
7	ROM	0	3	29	32	90.63%
8	FMS	0	7	38	45	84.44%
9	HRM	0	11	64	75	85.33%
10	IMS	0	7	37	44	84.09%
Total		28	86	531	645	82.33%

No. of Not applicable objective elements = 05



Findings and Corrective and preventive actions:

- Policy of reassessment and care plan need to be modified
- Policy on sentinel events need to be defined
- Policy of effective communication need to be implemented. Antibiotic stewardship program need to be defined.
- Policy on multidrug resistant organisms need to be prepared
- Policy of Measures to avoid catheter and tubing mis-connections during medication administration need to be prepared
- Policy on special situation where enhanced communication with patients and family be required
- Policy on unacceptable communication need to be prepared
- Guidelines for appropriateness of the investigation and procedure for the clinical indication need to be defined.
- Process of validation and verification of test need to be initiated.
- Process of peer review need to be initiated on monthly basis
- Review of imaging Protocols need to be defined and included in quality assurance programme
- Process of incident reporting need to be defined
- Audit on International Patient Safety Goals need to be started
- Terms of reference of Clinicopathological meeting need to be prepared.
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- Specialty wise clinical care pathways have been prepared.
- Patient Communication form need to be prepared and initiated
- Patient safety officer need to be recruited.
- Clinical Safety Officer need to be selected.