DECODING NABH-Implementation of NABH Standards for Healthcare Organizations

## Report



Institute of Health Management Research (IIHMR) Bangalore in collaboration with Steward Healthcare (India) P. L. conducted a training program on 'DECODING NABH-Implementation of NABH Standards for Healthcare Organizations' from 03rd to 05th Oct 2019, at its campus, IIHMR, Electronic City, Phase-1, Bangalore.

The training program was designed to provide the participants the knowledge and insights that can prove critical in achieving NABH accreditation for their healthcare organizations.

## The training was focused on:

- Quality Management System - QMS for Hospitals.
- NABH Standards (10 Chapters, 105 Standards and 683 Objective Elements)
- Identification and capturing of the quality indicators as per the NABH standards.
- Developing Standard Operating Procedures - SOPS
- Tools and Techniques for Measurement and Quality Improvement Program (QIP)
- Develop as Internal Counselors
- Application Process and Preparing Hospitals for Internal/External Audit


## KMC CME Credit - 6 Hours:

This MDP was accredited with 6 hours CME credit points by Karnataka Medical Council (KMC).

## Participants:

52 participants from 10 HCOs attended the training programme.

## Expert Trainers:

Dr Usha Manjunath, Director-IIHMR Bangalore, Ms Rupali Chopra, Director \& Project HeadSteward Healthcare (India) P. L., Dr Chethana, Consultant-Healthcare Operations, Quality \& Audits, Dr Karuna Ramesh, Assessor -NABL, Ms Rashmi Srivastava, GM-Quality \& New Initiatives, Dr Pradnya Sriram, Medical Administrator-Pradnya Nethralaya were the expert trainers for the training program

## Day-Wise Sessions:

DAY - 1

Dr. Usha Manjunath gave a brief introduction about IHMR College like courses offered, accreditations, research, and consultancy with HCL. And Highlighted topic like why quality is important in any organization and how to implement quality with various challenges and improvements required in organization. In any organization Persons attitude and developing positive energy places an important part. Most of the hospitals are doctor driven ones in India, Regulatory mechanisms has not moved further even though the hospitals are growing. Quality mainly focuses on these aspects in healthcare like expansion, Quality for survival, Quality Excellence. An outcome plays an important role in quality.

Ms. Roopali focused on NABH, NABH is a board setup under the ISQua. Key focuses of NABH have been discussed. Stated the implied needs of the quality. Quality improves only with an improved mind set. NABH is a 14 yr old standard which is independent, external and peer review and is a learning exercise. NABH is a voluntary process not mandatory unless until it is mandated by TPA. There are two levels in NABH Entry level and Full Accreditation. For registering in NABH need to apply in HOPE Portal for entry level with all documents required. After submission the desktop assessment will be done and then the assessors will come for accessing the organization. There are total 10 chapters in

NABH , in which five are patient centered and five are management centered. On first day she explained about AAC (Access, Assessment and continuity of care).

Dr.Chethana Explained about the importance of different committees in the hospitals and their structure. And then she explained about MOM (Medication of Management) how different departments like pharmacy, nursing and doctors have a predominant role in MOM. And then she gave brief about PRE (Patient Rights and Education), what are the key policies, key departments involved in the PRE. How an Informed Consent helps a provider and also patient in any organization and the importance of the consent forms for all the procedures. Ended with Implementation Issues in the Patient rights and Education.

## Day - 2

Second day $1^{\text {st }}$ session was started by Dr. Rupali, reviewed the first day topics and answered the audience questions. Then she started the NABH chapter i.e. Care of Patient in that she explained about patient care policies in detail and required and committees related to patient care in the hospital like blood transfusion committee, code blue committee, ethics committee, etc. \& explained in detail about the surgical safety checklist and shown some of the videos about rights and wrongs of sign in, sign out and time out.

After tea break Dr. Karuna assessor-NABL, started the session with a chapter Responsibility of management, she introduced the topic and briefed about hospital managerial regulations. She conducted group activity based on responsibility of management (scope, vision, mission, staff requirement, hospital committees) she divided the class into 3 groups and each group individually presented the topics.

Post lunch session commenced by Ms. Rupali and she covered the topics hospital infection control i.e. hospital infection control measures, waste management \& colore coding, hospital infection control committee and hand washing techniques.

HIC Followed by Continues Quality Improvement which includes actions to be taken to improve the quality in hospital, clinical audits, medical audit and process of clinical and medical audit, clinical indicators, sentinel events, near miss, and how to reporting adverse event.
The final session of the day was taken by Ms. Rupali covered the topics Facility Management \& Safety includes environmental safety for the patients, families and staffs, policies which are required for the hospital safety and hazard identification and risk management.

Final topic of the day was Human Recourse Management in that she explained about the recruitment process, HR policies, appraisal and incentives, employee health records, training, etc.

## Day - 3

Day 3 began with a case study discussion by Dr. Rupali Chopra. The case studies were based on identifying the problem, its causes and effects and working out the solutions. The case studies were on biomedical waste management, clinical audit, \& equipment planning and management. the various aspects of change management was also looked into. The chapter 10 of NABH information management system was discussed in detail.

Following the tea break, the change behavior of staff during the accreditation process was explained and insights were given on how to manage the various challenges. A review test was conducted following the completion of the session and the top scorers were rewarded. The questions of the test were discussed.

Post lunch Dr. Pradhanya Sriram, Anesthesiologist and NABH Consultant and Ms. Rashmi Srivastava, GM-Group Quality and new initiatives spoke on implementation challenge of NABH in large and small hospitals. Dr. Pradhanya Sriram presented the journey towards accreditation at Pradhanya Netralaya. The processes of convincing the management, fund allocation, infrastructure changes, preparing SOP'S training were discussed. Challenges faced like documentation errors, recording KPI's, resistance to audit, time management, and compliancy were explained. Followed by this, Dr. Anjali (2 $2^{\text {nd }}$ year student) welcomed Ms. Rashmi Srivastava, who spoke on challenges faced during accreditation from the perspective of large hospitals. The major challenges highlighted were acceptance, implementation and usefulness.

## Panel Discussion:

A panel discussion involving Prof. Usha Manjunath, Dr. Rupali Chopra and Ms. Rashmi Srivatsava, Dr. Pradhanya Sriram began at $3: 30 \mathrm{pm}$. The discussion was engrossing and revolved around the core topic of implementing NABH accreditation and the challenges faced. The queries from the audience were also taken up by the panel. The benefits of implementation NABH was also discussed, Dr. Rupali Chopra shed light on the NABH accreditation process from a consultant perspective. Ms. Rashmi Srivastava also discussed in brief about the JCI accreditation and how it varies from NABH.

The Training Program came to a closure with a vote of thanks proposed by Dr. Deepasree. A token of appreciation was given to all the speakers.

