

Internship Training
At
Rockland Hospital, Dwarka, New Delhi

“Staff awareness Survey in a hospital with respect to NABH guidelines”

by

Dr. Anindya Jain

Under the Guidance of

Dr. A. K. Khokhar

Post Graduate Diploma in Hospital & Health Management
2012-2014

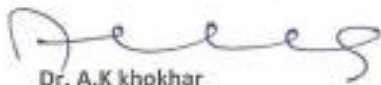


International Institute of Health Management Research
New Delhi

Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Anindya Jain**, a participant of the **Post Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. He is submitting this dissertation titled, "**Staff Awareness survey in a hospital with respect to NABH guidelines**" in partial fulfillment of the requirements for the award of the **Post-Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.



Dr. A.K khokhar

Professor

IIHMR, NEW DELHI



Dr Sachin Arora

DMS

Rockland Hospital, Dwarka,

New Delhi

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The following dissertation titled "**Staff Awareness Survey In A Hospital With Respect TO NABH Guideline**" at **Rockland Hospital Dwarka, New Delhi** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

Dr Ravindra Aggarwal
Dec 5.14
Dr A. K. KHOKHAR
Prof V. Dey

Signature

Aggarwal
Khokhar

Dissertation Completion Certificate



Rockland Hospital, Dwarka:
Sector - 12, HAF-B, Phase-1,
Dwarka, New Delhi-75
Tel.: +91-11 - 48222222, 8130390323
E-mail : info@rocklandhospitals.com

01st May 2014

To Whomsoever it May Concern

*This is to certify that Dr. Anindya Jain w/o Mr. Arun Jain has been associated with Rockland Hospitals Ltd., Dwarka as **Management Trainee - Operation** with effect from **01st February 2014 to 30th April 2014**. During the above tenure the work, conduct and performance of the individual was found excellent.*

We wish her success in all her future endeavors.


Neena Bisht
Unit Head - Human Resources

Rockland Hospitals Limited

Qutab : B-33-34, Qutab Inst. Area, Tara Crescent Road, New Delhi-16 Phone : + 91-11-41222222, 47667100 to 4766 7499
Manesar : Plot No. P-2, Sector - 5, IMT, Manesar, - 122051 Gurgaon Tel: +91-124-4755555

**International Institute of Health Management Research,
New Delhi**

Certificate by Scholar

This is to certify that the dissertation titled **"Staff awareness Survey in a hospital with respect to NABH guidelines"** and submitted by Dr. Anindya Jain Enrollment No. PG/12/010 under the supervision of Dr. A. K. Khokhar for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 1st Feb, 2014 to 30th April, 2014 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.



Signature

(Dr. Anindya Jain)

FEEDBACK FORM

Name of the Student: Dr. Anindya Jain

Dissertation Organization: Rockland Hospital, Dwarka, New Delhi

Area of Dissertation: Quality and Operations

Attendance: Full, Regular

Objectives Achieved: Successfully completed the project on "Staff awareness Survey in a hospital with respect to NABH guidelines"

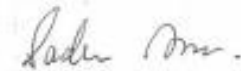
Deliverables: Audits – Internal, Concurrent and Retrospective;
Analysis and Interpretation of data; Staff Awareness on NABH; Management of daily operational problems in the hospital

Strengths: Good Inter-personal skills, Analytical & presentation skills
Result oriented, Dedicated & hard working

Suggestions for Improvement: More training on NABH Standards

Date: 1st May, 2014

Place: New Delhi



Signature of the Organization Mentor

Rockland Hospitals Limited

Qutab : B-33-34, Qutab Inst. Area, Tara Crescent Road, New Delhi-16 Phone : + 91-11-41222222, 47667100 to 4766 7499

Manesar : Plot No. P-2, Sector - 5, IMT, Manesar. -122051 Gurgaon Tel.: +91-174-4766000

TO WHOMSOEVER MAY CONCERN

This is to certify that Dr. Anindya Jain student of Post Graduate Diploma in Hospital and Health Management (PGDHHM) from International Institute of Health Management Research, New Delhi has undergone internship training at Rockland Hospital, Dwarka, New Delhi from 1st Feb, 2014 to 30th April, 2014.

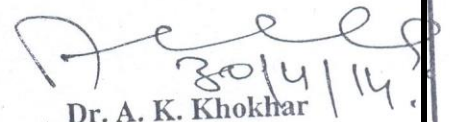
The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.



Dr. A. K. Aggarwal
Dean Academics and Student Affairs
IIHMR, Delhi.


30/4/14

Dr. A. K. Khokhar

Professor
IIHMR, Delhi.

Abstract

Background:

Staff awareness survey is important because health care organizations are operating in an extremely competitive environment, and getting NABH accreditation has become key to gaining and maintaining market share. NABH 1st chapter Access, Assessment and Continuity of Care (AAC) have Objective elements related to staff awareness. The purpose of this survey was mainly to ascertain whether or not staff has “basic knowledge of NABH guidelines.

Objective:

The objective of the study is to assess NABH preparedness with respect to Awareness among hospital staff, to identify the gaps among staff related to their knowledge for quality care to the patient, to suggest possible recommendations to improve staff awareness.

Methods and materials:

A cross-sectional study was done in Rockland Hospital. The survey asked 16 questions to ascertain general awareness of basic NABH guidelines.

Result:

Analysis of the survey data revealed heterogeneity in the responses of the staff to the questions. While it appears that slight awareness already exists, the survey revealed that almost all staff is aware of employee rights and responsibilities, prevention of sexual harassment policy, grievance handling protocols and 7 steps of hand hygiene. Nurses are very well aware of 7 rights of medications. But there are some lacunas regarding knowledge about care of vulnerable patients, spillage management. Most of the staff was unaware of hospital committees, Fire safety and vision/mission of the hospital and restraint techniques.

Conclusion:

The data generated from the survey provided a strong foundation to evaluate staff awareness about NABH and by using information hospital can organize training sessions according to the recommendations. By this survey-results, hospital will be able to provide better quality care to healthcare consumers as well as it will help the organization to achieve its goal i.e. NABH accreditation.

Acknowledgment

I wish to express my deep sense of gratitude to **Dr. Sameer Khan**, CEO (Rockland Group of Hospitals, New Delhi) for giving me the great opportunity of completing dissertation at Rockland Hospital, New Delhi.

Special thanks to **Dr. A. K. Aggarwal** (Dean - Academic and Student Affairs, IIHMR) who took all necessary to make sure that we are in the right hands. I hereby express my deep gratitude for their valuable guidance, support, encouragement.

My sincere thanks extended to **Mrs. Gunjan Sinha**, Unit Director and **Mr. Satish Kumar**, Head of the Quality, and **Dr. Sachin Arora**, DMS Rockland Hospital, Dwarka, New Delhi for their support. Without their help, this study would not have come to fruition.

My sincere thanks go to **Dr. A. K. Khokhar** for his kind assistance and support throughout my dissertation training.

Last but not the least, an honorable mention goes to my family and friends for their understanding and support in completing the project.

Table of Contents

Internship Report

1. Organization Profile:	14
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1.1 Vision:.....	14
1.2 Mission:	14
1.3 Rockland’s Culture:.....	14
1.4 Core Values:.....	14
1.5 Principle:.....	14
1.6 Scope of Services:.....	15
1.7 Hospital layout:	17
2. Tasks Performed:.....	18
2.1 Process excellence study at Radio diagnostic department:.....	18
3. Key Learning’s during Dissertation Training:.....	23

Dissertation Report

1. Introduction:	25
2. Rational of the Study:.....	26
3. Identification of problem:	28
4. Objective:	28
4.1 General objective:	28
4.2 Specific Objective:	28
5. Review of literature:.....	29
6. Methodology:.....	37
7. Data Analysis and Interpretation:	38
8. Recommendations:	65
9. Conclusion:	66
10. References:.....	66

List of Abbreviations

ADL	-	Activities of Daily Living
DQM	-	Department of quality management
EMR	-	Electronic medical record
F.O	-	Front office
F&B	-	Food and beverages
HIS	-	Hospital information system
HEPA	-	High-efficiency particulate air
HK	-	Housekeeping
ICU	-	Intensive Care Unit
IPD	-	In patient department
NABH	-	National Accreditation Board for Hospitals & Healthcare Providers
NABL	-	National Accreditation Board for Testing and Calibration Laboratories
OT	-	Operation Theater
TQM	-	Total Quality Management
GDA	-	General duty attendant

Internship Report

1. Organization Profile:

Rockland Hospital has redefined the healthcare delivery system in India to provide quality services to society at all times.

“Where caring is a way of life”, is the guiding principal for the entire Rockland family.

Rockland, Dwarka is 103 bedded hospital.

1.1 Vision:

‘To be the most trusted health care brand nationally and internationally.’

1.2 Mission:

‘To create a network of quality health care service providers up to village levels at affordable costs.’

1.3 Rockland’s Culture:

“Execution is the key!” At Rockland, we firmly believe in the power of team “Output”.

1.4 Core Values:



- Integrity
- Dependability
- Ethical
- Affordable
- Learning
- Simplicity

1.5 Principle:

“जब भी कोई व्यक्ति, संगठन, समाज और राष्ट्र आगे बढ़ने के लिए प्रयत्नशील होता है, और योग्यता के आधार पर अपनी पहचान बनाता है, तभी उसके हर घटक को मान, सम्मान, धन, वैभव की प्राप्ति होती है।”

1.6 Scope of Services:

Anesthesia & Pain Management	Nephrology
Cardiology	Neurology & Interventional Neurology
Comprehensive Cancer Management	Neurosurgery
Clinical Psychology	Obs & Gynae
Critical care Medicine	Ophthalmology
Dental Medicine and Dental Surgery	Orthopaedics & Joint Replacement
Dermatology	Pediatrics
Emergency and Acute Care	Pediatric Surgery
Endocrinology and Endocrine surgery	Plastic, Reconstructive & Aesthetic Surgery
Gastroenterology, GI Surgery, Hepatology	Psychiatry
General, Bariatric & Minimal Access Surgery	Respiratory & Sleep medicine
Internal Medicine	Rheumatology
Interventional radiology	Surgical oncology
Infertility and IVF Center	Preventive Health Screening Clinics
Medical oncology	Urology, Andrology
Neonatology	Vascular & Surgery

Diagnostic Services

Clinical biochemistry Laboratories	Haematology
	Histopathology (Outsourced) & Cytopathology
	Clinical Microbiology (Outsourced) and Serology including Clinical Pathology
Imaging	Radiology – X Ray, Ultrasonography, CT, MRI (Outsourced) and Bone Densitometry (Outsourced), Mammography
	Interventional Radiology
Clinical	Cardiac lab (Coronary and other Angiographies, Holter, Echocardiography, DSE, Colour Doppler, TMT, ECG)
	PFT

Professions allied to Medicine

Dietetics
Physiotherapy and Rehabilitation
Ambulance Services

Support Services

Catering, Cleaning, General Administration, HVAC Operations and Maintenance, Laundry, Management of Clinical Waste
Management of Non-Clinical Waste, Security

Pharmacy Services

Dispensary

1.7 Hospital layout:

Floor	Department	
Lower Basement	Cath Lab	Cardiology
	CCU	Stores
	CSSD	Maintenance
Upper basement	Administration	Radiology
	Patient Care Service	Laboratory
	Cafeteria	Endoscopy
	Pharmacy	Audiology
	Billing	Dental
	TPA department	CT, MRI
	Eye OPD	Seminar room
Ground Floor	OPD	Emergency
1st Floor	Anesthesia Room	OT
2nd Floor	NICU	Ward
	Labor room	
3rd Floor	Wards	
4th Floor	Wards	
5th Floor	F&B	Physiotherapy
	Dialysis	
6th Floor	Accounts	

2. Tasks Performed:

- Audits
 - Internal audit of few departments (Dialysis, Dental, Laboratory, Imaging, Front office, ICU, Wards, Rehabilitation) of the hospital in April.
 - Conducted Retrospective audits focused on Consent form, In-patient files.
 - Conducted Concurrent audits of patient's files.
- Started Daily Hospital census tracking in wards and in ICU of the hospital.
- Process excellence study at OPD at Dwarka Unit.
- Helped in set up of Dialysis department at Dwarka unit.

2.1 Process excellence study at Radio diagnostic department:

Introduction:

A study is done at Radio diagnostic department for ten days. This study is aimed at enhancing the various aspects of basic operations of the Radio Diagnostics department and enhancing the efficiency such as procedure related activities, improving the delays and at the same time ensures good quality of care.

I started the study with orientation of the Radio Diagnostics department and familiarized myself with the working of the department. I proceeded by observing and interviewing the staff there to get the required data.

I concluded the study by figuring out process deviations and recommendations to improve these deviations.

Objective:

- To study the process flow of the department.
- To observe the deviations in each step of the flow.
- To give recommendations for improvement of current process.

Medical Imaging Service Provided By Rockland Hospital:

Rockland offers a full range of diagnostic imaging services using all state of the art equipment at its imaging centre.

The Rockland's medical imaging services include:-

1. Diagnostic Radiology (X-Ray)

The hospital offers a wide range of general diagnostic studies such as X-ray, orthopedic imaging services like X Rays, IVP, Barium studies, HSG etc. The hospital also has portable X- Ray machine for bed side X-Ray.

2. Ultrasound

Ultrasound uses reflected sound echoes at very high frequency to study and characterize internal structures and tissues.

3. CT Scan

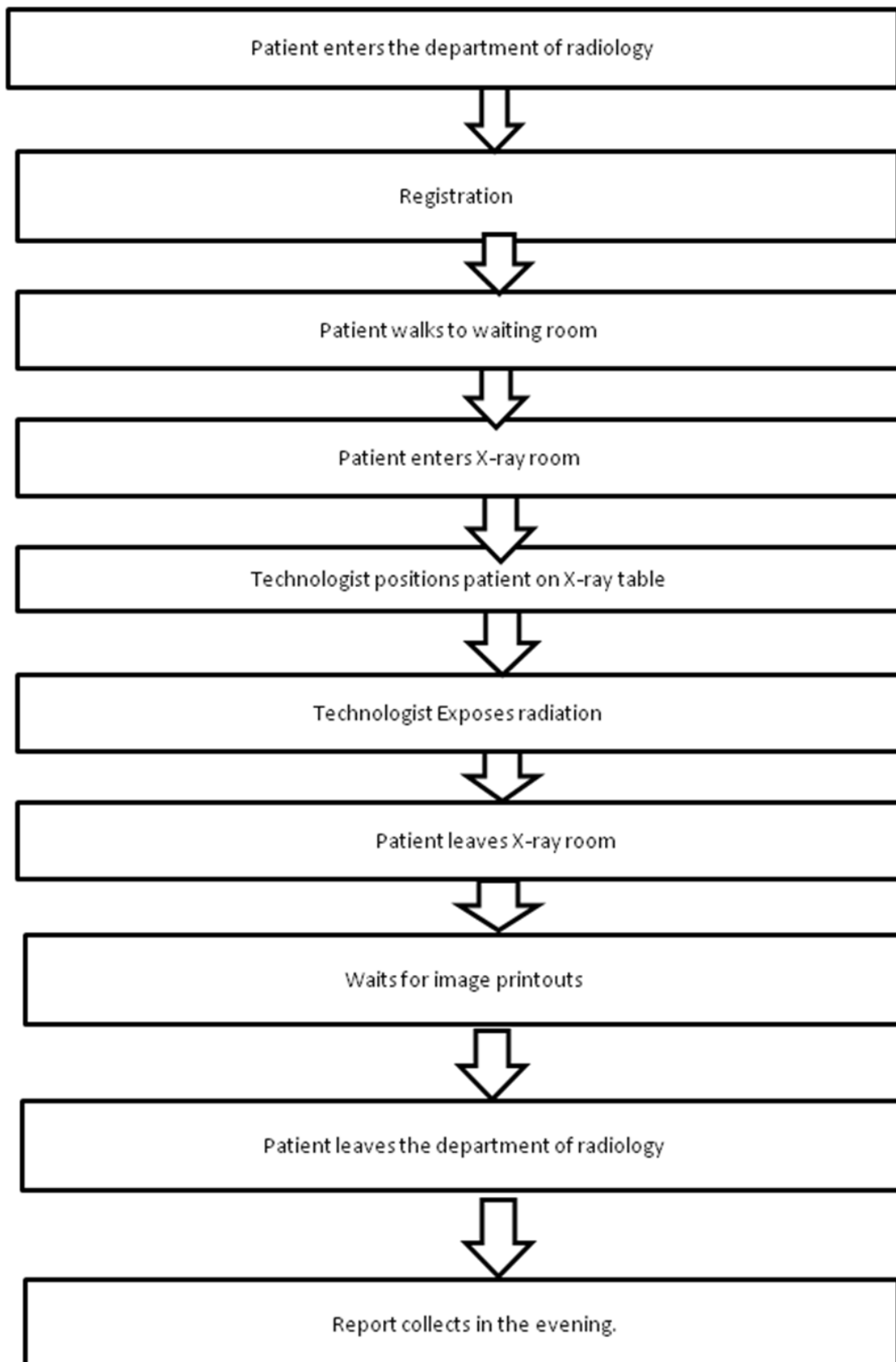
CT imaging is particularly useful because it can show several types of tissues – lung, bone, soft tissue and blood vessels - with great clarity using specialized equipment and expertise to create and interpret CT scans of the body. The department offers convenient hours and test results are sent in a time bound schedule.

4. Mammography

Mammography is the key to early diagnosis of breast cancer. The department offers maximum patient comfort while offering superior diagnostic images.

5. Dexa or Bone Mineral Densitometry (BMD) – Bone densitometry or Dexa scan test is an aid to Doctors in the Diagnosis of Osteoporosis or Osteopenia.

Process flow at radiology Department:



Process, Deviation and Recommendations

S.NO.	Process	Deviations	Recommendations
1	Resource utilization	All X-rays are being done on one machine, Other X-ray machine is not in use.	Old X-ray machine can be used for international, IPD, panel patients.
2	Procedure	Long Waiting time for X-ray	A window can be made in the common wall of 2 X-Ray rooms so that scanner can be utilized for both X-ray table.
3		Long waiting time for USG	Appointment system is not proper. Gap between two appointments should be 30min instead of 15min, so that we can accommodate walk-in and IPD patient in between
4		BMD machine is not working properly	Preventive maintenance required for equipments
5		Crowd accumulation because there is one technician gets busy with BMD	
6		No structured process for patient turn in X-Ray room	Token system can be created, color code for different procedures(USG, X-ray, CT, MRI)
			Wall mounted display which would automatically let patients know their place in the queue
			All the receipt should be collected at reception then token allotment to patient
7	Report collection	Long waiting time for report collection	One person needed for report making during 9 AM to 5 PM
8	Signage	Direction signage board for X-ray & USG not at right location	Signage board should be relocated
9		Directional signage from OPD to Radio department is not there.	Directional signage can be stick on the floor from old OPD to Radiology department
10		Board for report counter is not visible upfront	Report counter board should be shifted
11	Patient Feedback process	A patient wanted to do some complaint and he was asking where I should go.	There should be suggestion/feedback box for Patient's complaints and any suggestion
12	Information to patients	Advanced preparations instruction charts are not being given to patients.	Advance preparations instructions chart can be placed on a wall in waiting area
13		No shelf for X-ray reports keeping at Report counter	Magazine holder kind of shelf can be kept at report counter
14	Transportation	Unavailability of ward boy	A ward boy should be there.

3. Key Learning's during Dissertation Training:

- Learnt about NABH Standards.
- Learnt how to do gap analysis between current quality practices and optimum quality practices in various departments.
- Learnt how to do preparations for NABH pre-assessment.
- Learnt how to deal with day-to-day operational problems in a hospital.

Dissertation Report

1. Introduction:

In India, Health Care System currently operates within an environment of rapid social, economical and technological changes. Such changes raise the concern for the quality of health care. Hospital is an integral part of health care system. Accreditation is very important approach for improving the quality of hospitals. Accreditation is an incentive to improve capacity of a hospital to provide quality of care.

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 lack of education among staff of a hospital. However quality in healthcare an important aspect, healthcare accreditation has become one of the most important tools for improving the standard of the hospitals and thereafter benchmarking.

This report is based on a cross-sectional study conducted at Rockland Hospital, Dwarka, New Delhi to assess the level of knowledge and awareness among the hospital staff regarding NABH guidelines during the month of February and March 2014. The main objective of this report is to share the findings of staff awareness survey about various questions related to NABH and analyze the gaps. This analysis will help the organization to arrange training session for staff and prepare for NABH accreditation.

2. Rational of the Study:

Staff awareness survey is important because-

“What we don’t measure, we don’t know.....

.....And we can only improve what we know.”

Health care organizations are operating in an extremely competitive environment, and getting NABH accreditation has become key to gaining and maintaining market share. Almost all major players in the health care arena already have NABH accreditation.

NABH 1st chapter Access, Assessment and Continuity of Care (AAC) have Objective elements related to staff awareness, so the data generated from the survey provides a strong foundation to evaluate staff awareness about NABH and by using information Hospital administration can organize training sessions according to the recommendations.

By this Hospital will be able to provide better quality care to healthcare consumers as well as it will help the organization to achieve its goal i.e. NABH accreditation.

There are many stakeholders for a hospital. And almost all stakeholders get benefitted with the NABH accreditation.

Three Fold Benefits of Accreditation

Accreditation benefits all stake holders of healthcare eco-system, i.e., the patient, the employees and the organisation.

1. ***Patients*** are the biggest beneficiary. 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.
2. ***The staff*** in an accredited hospital is a satisfied lot as it provides for continuous learning, good working environment, leadership and above all ownership of clinical processes.
3. Accreditation to a ***hospital*** stimulates continuous improvement. It enables hospital in demonstrating commitment to quality care. It raises community confidence in the services provided by the hospital. It also provides opportunity to healthcare unit to benchmark with the best.

Accreditation provides an objective system of empanelment by insurance and other third parties. Accreditation provides access to reliable and certified information on facilities, infrastructure and level of care.

3. Identification of problem:

Problem Statement:

“What is the level of awareness among staff of the hospital about NABH guidelines?”

4. Objective:

4.1 General objective:

- Analysis of staff awareness for NABH guidelines in the Hospital.

4.2 Specific Objective:

1. To assess NABH preparedness with respect to awareness among hospital staff.
2. To identify the gaps among staff related to their knowledge for quality care to the patient.
3. To suggest recommendations to improve staff awareness.

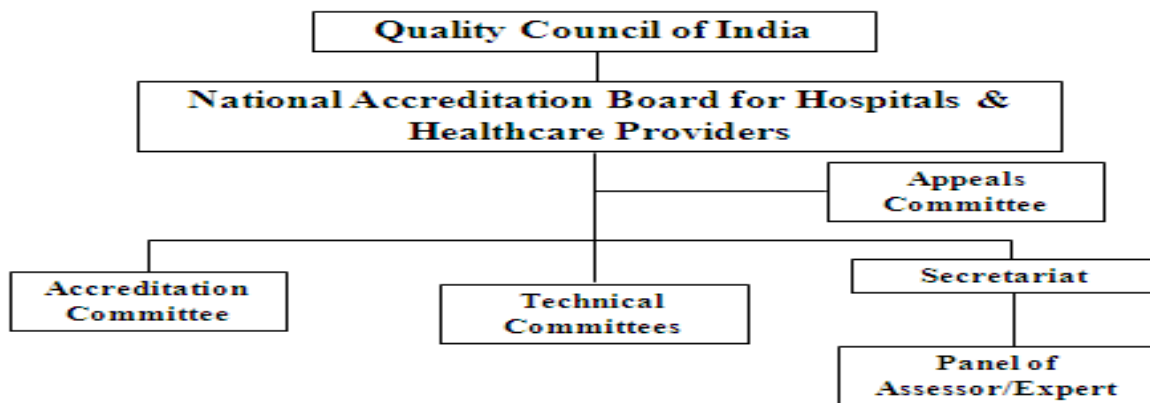
5. Review of literature:

The literature review includes the following topics:

5.1 National Accreditation Board for Hospitals & Healthcare Providers (NABH)

NABH is a constituent board of Quality Council of India, set up to establish and operate accreditation programme for healthcare organizations. The board is structured to cater to much desired needs of the consumers and to set benchmarks for progress of health industry.

5.1.1 Organization structure of NABH-



5.1.2 Accreditation:

"A public recognition of the achievement of accreditation standards by a healthcare organisation, demonstrated through an independent external peer assessment of that organisation's level of performance in relation to the standards".

NABH 3rd Edition has been unveiled which contains:

- 10 Chapters

- 102 Standards
- 636 Objective Elements

5.2 Vulnerable Patient:

Vulnerable patient is the one who is dependent for his activities of daily living and is at risk of injury to himself due to weakness and/or disability of any type. It includes the following categories of patient:

- All patients aged 60 years and above, infants and children (minors below the age of 16) are to be considered vulnerable and have to undergo a risk assessment.
- Mentally challenged patients
- Physically challenged patients
- Unconscious patients
- Sedated patients
- Impaired communication / Language problems
- Patients who are unable to perform ADL activities

5.3 Managing Vulnerable Patients:

- The side rails of the bed are always placed upside in case of vulnerable patient to prevent a fall
- Bedside holders, toilet wall handles are in place especially for the elderly. This allows their easy movement, getting up and sitting down on the bed, chairs and toilet seats
- Safe transportation or shifting of patients from bed to stretcher/wheel chair and vice versa
- The patient is accompanied by an appropriate and trained attendant for investigations, toilet and wherever necessary
- The rooms and toilets without any locking system and bolts on the doors to avoid patients getting locked inside

- The floors are not slippery; these are kept dry to protect the patients from slipping or falling
- Clean urine and/or feces promptly.
- Skin care and hygiene
- Provide timely nutrition/feeds
- Restraints if required
- Comfort assessment and emotional care by psychologist

5.4 Restraint

A restraint is any method that limits a patient's ability to move around freely or reach normal body parts. It can be done physical, mechanical device, material or equipment and by chemical method.

Restraints shall be applied with only a physician's order that defines the reason for restraint, less restrictive alternatives, type of restraint to be used and duration for which the restraint may be applied.

In emergency situation, e.g., Self Extubation by a patient, if the physician is not available to issue the restraint order; it will be initiated by a registered nurse based on an appropriate assessment of the patient.

5.5 Patient Rights & Responsibilities

5.5.1 Patient and Family Rights

Patients' rights and responsibilities have been clearly defined and are actively informed to patients and families at the time of admission. Management ensures strict compliance with patient's right and

responsibilities. All violations of the policy are reviewed by the management and action is taken to prevent such incidents in the future.

5.5.2 Patient Rights in Hospital

- Access to medical care
- Continuity of care
- Informed Consent
- Refuse treatment
- Respect and dignity
- Privacy and confidentiality
- Grievance redressal
- Access their clinical records
- Personal safety and security
- To know the expected cost of treatment
- To know hospital rules and regulations
- Follow their spiritual and cultural beliefs
- Know the identity of care providers
- Information and education about healthcare needs

5.5.3 Patient Responsibilities in Hospital:

- Follow hospital rules
- Maintain peace
- Provide accurate information about healthcare problems

- Follow treatment plan
- Pay the bills on time
- Keep the hospital clean
- Not to smoke in the hospital premises

5.6 10 R's of medication

A nurse should administer the medicines to a patient after cross checking 10 R's. Following are the 10 R's:

1. Right patient
2. Right Assessment
3. Right drug
4. Right Evaluation
5. Right dose
6. Right Education
7. Right time
8. Right of Refusal
9. Right route
10. Right documentation

5.6.1 High risk medicines

Insulin, narcotics, potassium chloride concentrate, heparin, concentrated sodium chloride 3% or >0.9%

5.6.2 Medication Error

Any preventable event that may cause or lead to inappropriate medication use or patient harm, while the medication is in the control of the healthcare professional, patient, or consumer. This is reported on the Medication Error form.

5.6.3 Adverse Drug Reaction

Any response to a drug that is unintended and / or noxious at a dose that is normally used in humans.

It is to be reported in the adverse drug reporting form.

5.6.4 Allergy

A disease or reaction caused by an immune response to a drug.

All orders, including diet, nursing, etc., stand cancelled when patient undergoes surgery or is transferred to, or out of ICUs. All orders, including dietary orders, need to be written a fresh in these situations.

5.6.5 Narcotics drug handling

- Under double lock, both keys with 2 different persons.
- Record of stock, indent, administration, patient details to be maintained, preparation, administration, and disposal occurs in presence of 2 nurses.
- E.g. Morphine, Fentanyl, Pethidine etc.
- Other precautions for narcotics:
 - No loose storage and keep in cool and dark place
 - In case of expiry/breakage, loss ,theft- pharmacy will be informed accordingly and shall be stored separately with clean and clear label
 - Broken/used ampoules to be retained and accounted for usage.

- No loaded injections of narcotics to be maintained

5.7 Needle Stick Injury

Needle stick injuries are wounds caused by needles/sharps that accidentally puncture the skin.

In case of Needle Stick Injury:

- Place the wound under running tap water.
- Clean the wound with antiseptic solution.
- Visit the Emergency department if required.

5.8 Studies:

5.8.1 A study on “Practices at a tertiary care hospital with respect to Patient Rights and Education, as Compared to NABH Accreditation Guidelines.” By Dr Sumesh T Rao The study was done to assess the NABH preparedness of a hospital with respect to patient rights and education. The study revealed that concrete steps in terms of initiating mechanism of action to ensure strict adherence to patients’ rights and upgradation of the existing practices is necessary to comply with the NABH standards. The study revealed that concrete steps in terms of initiating mechanism of action to ensure strict adherence to patients’ rights and upgradation of the existing practices is necessary to comply with the NABH standards.

5.8.2 A cross-sectional study was conducted by Aghaei Hashjin A, Ravaghi H, Kringos DS, Ogbu UC, Fischer C, Azami SR, Klazinga NS over the period 2009 to 2010 on Staff of Iranian hospitals. They were asked to complete a self-administered questionnaire eliciting their views on organizational, clinical process, and outcome (clinical effectiveness, patient safety and patient centeredness) indicators. On average, only 69% of respondents reported using quality indicators in practice at their

affiliated hospitals. Respondents varied significantly in their reported use of organizational, clinical process and outcome quality indicators. Overall, clinical process and effectiveness indicators were reported to be least used. The reported use of indicators corresponded with their perceived level of importance. Quality indicators were reported to be used among clinical staff significantly more than among managerial staff. In total, 74% of the respondents reported to use obligatory indicators, while this was 68% for voluntary indicators.

5.8.3 A study was done by Zahmatkeshan M, Fallahzadeh E, Moghtaderi M, Najib KS, Farjadian S on “Attitudes of medical students and staff toward organ donation in cases of brain death” The study was conducted at Shiraz University of Medical Sciences. Study was conducted to determine the attitudes of medical students and staff toward organ donation in cases of brain death. A total of 500 medical students, physicians, and nurses recruited at hospitals. Most participants (78%) had favorable attitudes toward donating their own organs after brain death. However, only about 25% of them carried an organ donation card.

5.8.4 An article on “NABH Accreditation and its status in the Country” by Vivek Hittinahalli and Saroj Golia was reviewed to understand the benefits of NABH. In the article author explained that 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.

6. Methodology:

6.1 Study design:

- A cross sectional study was done in Rockland Hospital Dwarka.

6.2 Study period:

- Data collection: One month period
- Data analysis, report writing & recommendations: One month period

6.3 Sample population:

- 214 employees of the hospital.

6.4 Sample size:

- Sample size 80 employees.

6.5 Sampling technique:

- Convenient sampling.

6.6 Study tool:

- Interview
- The interviews were conducted for 16 questions to ascertain general awareness of basic NABH guidelines.

6.7 Inclusion:

- Regular employees of the hospital.

6.8 Exclusion:

- Consultant doctors

7. Data Analysis and Interpretation:

The staff awareness survey was done in Rockland hospital, Dwarka. Analysis of the survey data revealed heterogeneity in the responses of the staff to the questions. Sixteen questions were asked in survey from the Quality handbook of the hospital.

Rating is given according to:

Compliance – 10, Partially compliance – 5, Non compliance – 0

Following table shows questions asked in the survey:

Table-1

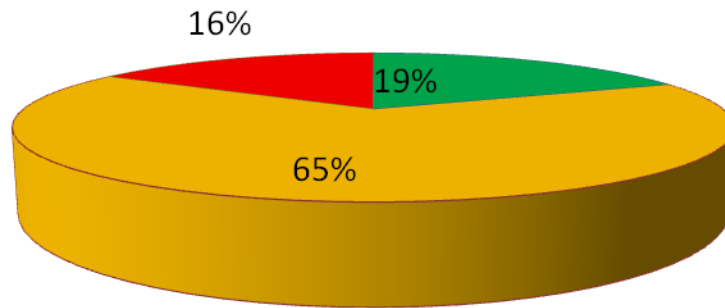
Q-1	Name any 3 Hospital Committees	Q-9	Employee rights and responsibilities
Q-2	Care of vulnerable patients	Q-10	Vision/mission/quality policy
Q-3	What are the restraint techniques	Q-11	What are policy for prevention of sexual harassment
Q-4	What are the scope of services	Q-12	What is RACE/PASS
Q-5	What are the patient rights and responsibilities	Q-13	What are the grievance handling protocols/committee
Q-6	What are the 7 steps of Hand Hygiene?	Q-14	What are the safety codes
Q-7	What do you do for post exposure prophylaxis	Q-15	What is the procedure for spillage Management
Q-8	What's NABH? Name any 3 chapter	Q-16	What are the 7 rights of medication

Following Pie charts shows the percentage of compliance, non compliance and partially compliance for every question of the survey.

I. Name any 3 Hospital Committees

Name any 3 Hospital Committees

■ Compliance =10 ■ Partially Compliance=5
■ Non Compliance=0

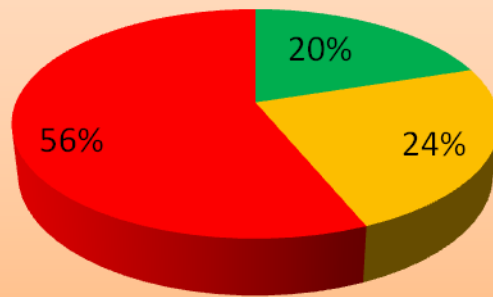


Interpretation: The pie chart shows only 19% of staff was aware of hospital committees, 65% of staff knew about sexual harassment and grievance handling committees and 16% of staff was unaware of any hospital committees.

II. Care of vulnerable patients :

Care of vulnerable patients

■ Compliance =10 ■ Partially Compliance=5
■ Non Compliance=0

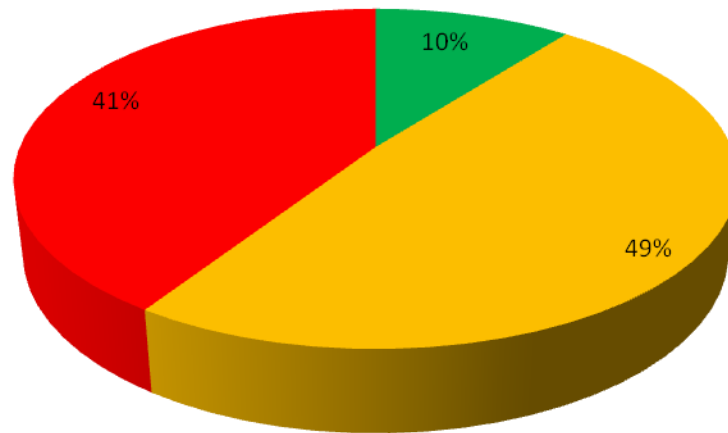


Interpretation: The pie chart shows only 20% of staff knew about vulnerable patients and their care. 24% of staff was found unaware of criteria of vulnerable patients but they knew about care of vulnerable patient. 56% were found unaware of the criteria of vulnerable Patients and also the procedures to be taken care in case of vulnerable patients.

III. What are the restraint techniques

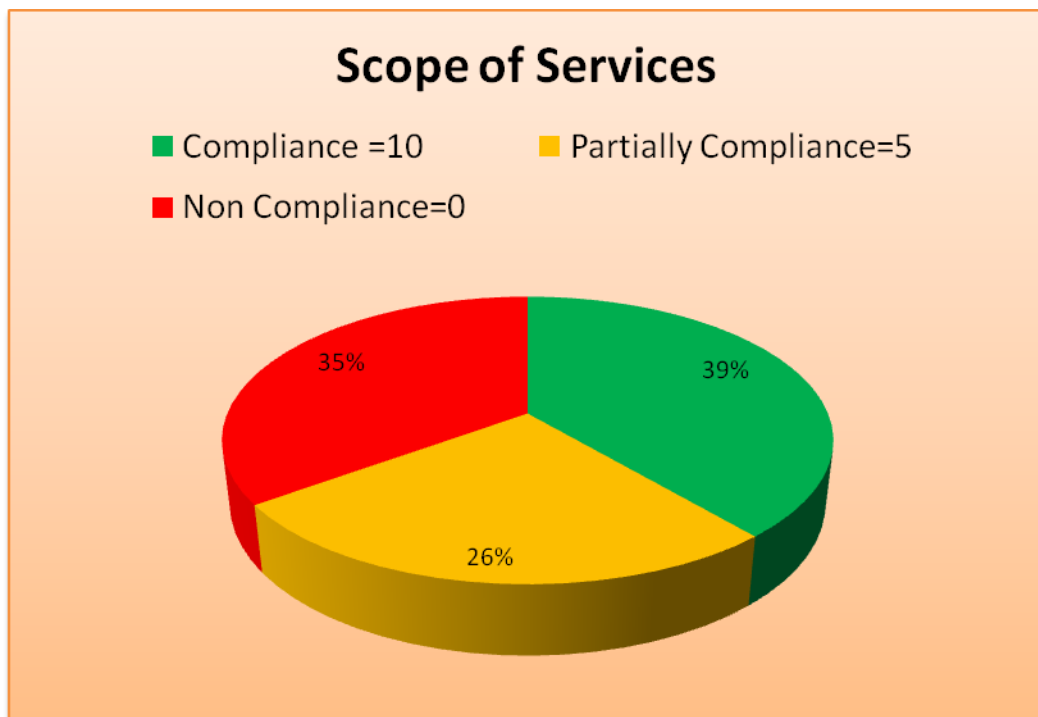
Restraint techniques

■ Compliance =10 ■ Partially Compliance=5 ■ Non Compliance=0



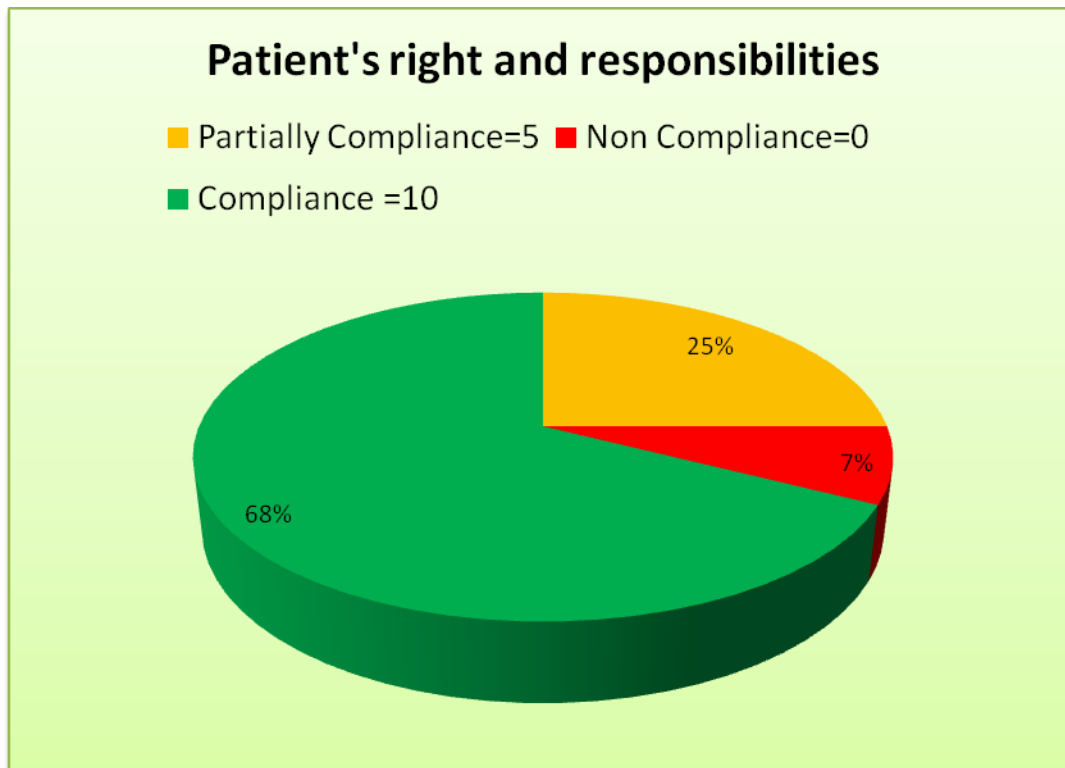
Interpretation: The pie chart shows only 10% of staff was compliance, 49% of staff was partially compliance and 41% of staff was non compliance.

IV. Scope of Services of the hospital:



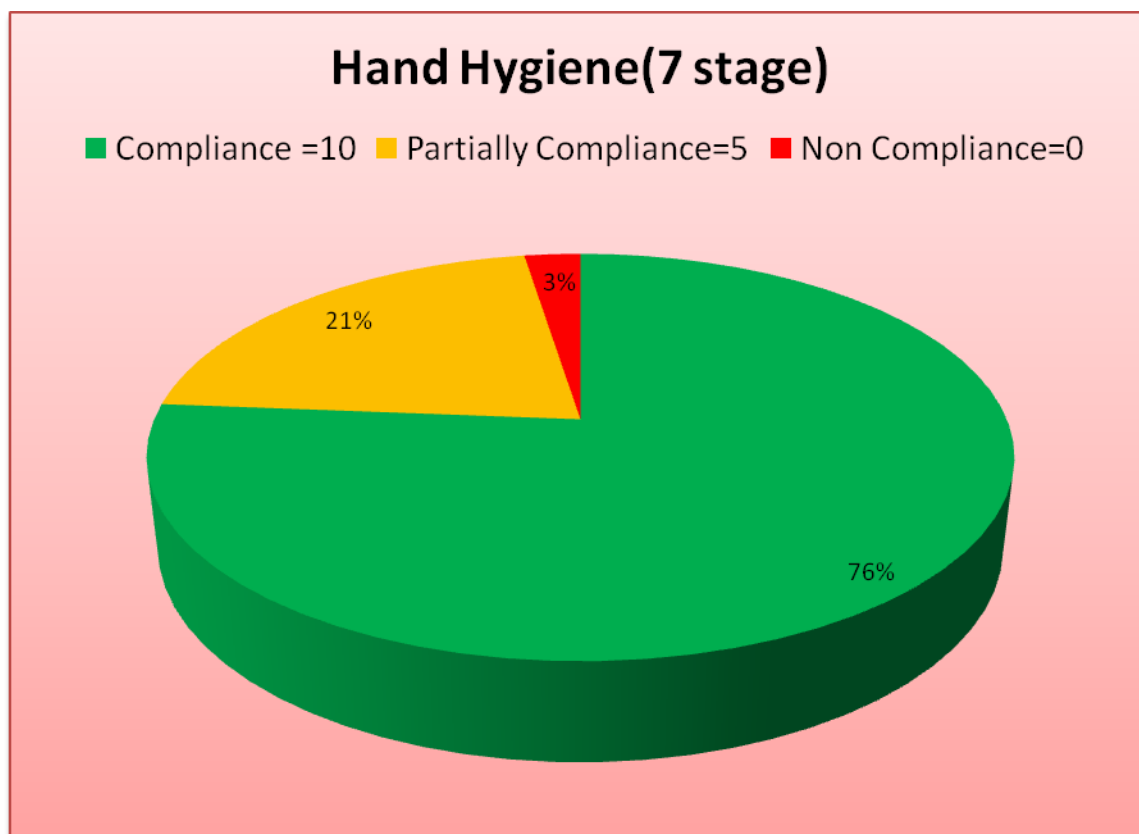
Interpretation: The pie chart shows, 39% of staff knew about services provided by hospitals. 26% of staff partially knew and 35% of staff didn't even know the meaning of scope of services.

V. Patient's right and responsibilities



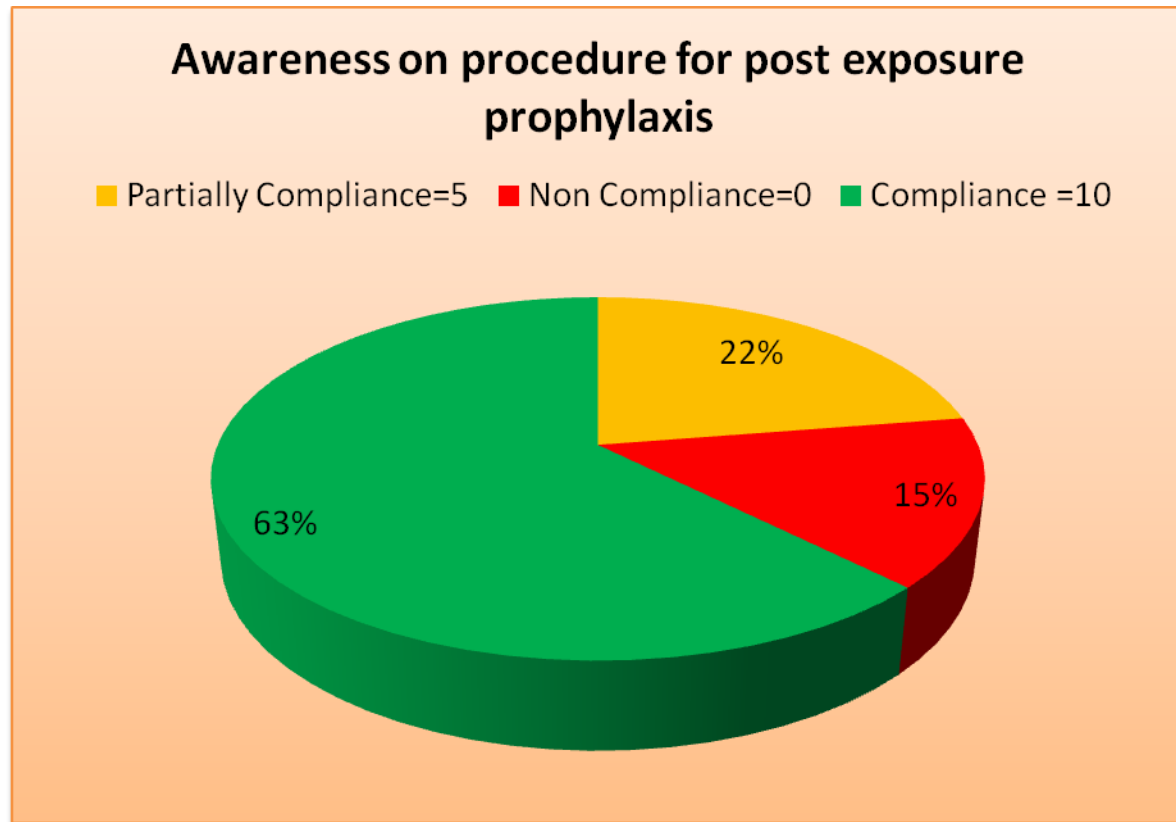
Interpretation: The pie chart shows 68% of staff was compliance, 25% of staff was partially compliance and 7% of staff was non compliance.

VI. Hand Hygiene(7 stage)



Interpretation: The pie chart shows, 76% of staff was compliance, 21% of staff was partially compliance and only 3% of staff was non compliance.

VII. Awareness on procedure for post exposure prophylaxis

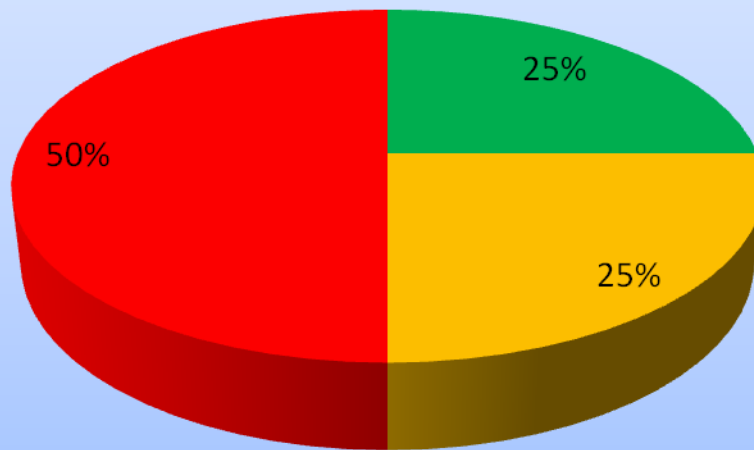


Interpretation: 76% of staff was compliance, 21% of staff was partially compliance and only 3% of staff was non compliance.

VIII. General awareness about NABH:

What's NABH?

■ Compliance =10 ■ Partially Compliance=5
■ Non Compliance=0

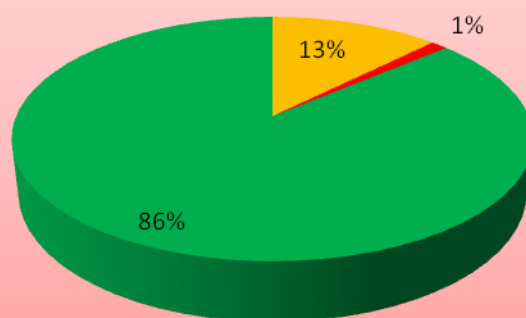


Interpretation: 25% of staff was compliance, 25% of staff was partially compliance and 50% of staff was found unaware of the basic elements and key features as number of Chapters, number of Standards and Objective Elements of third edition of NABH.

IX. Employee rights and responsibilities

Employee rights and responsibilities

■ Partially Compliance=5 ■ Non Compliance=0
■ Compliance =10

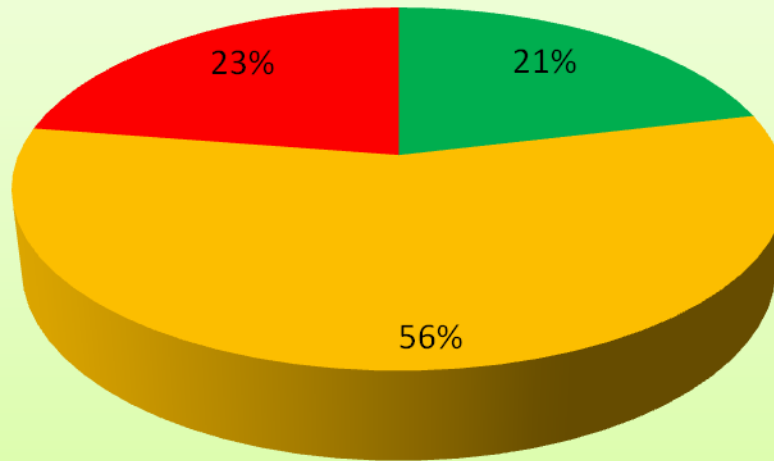


Interpretation: 86% of staff was compliance, 13% of staff was partially compliance and 1% of staff was non compliance.

X. Vision/Mission/Quality Policy Of The Hospital:

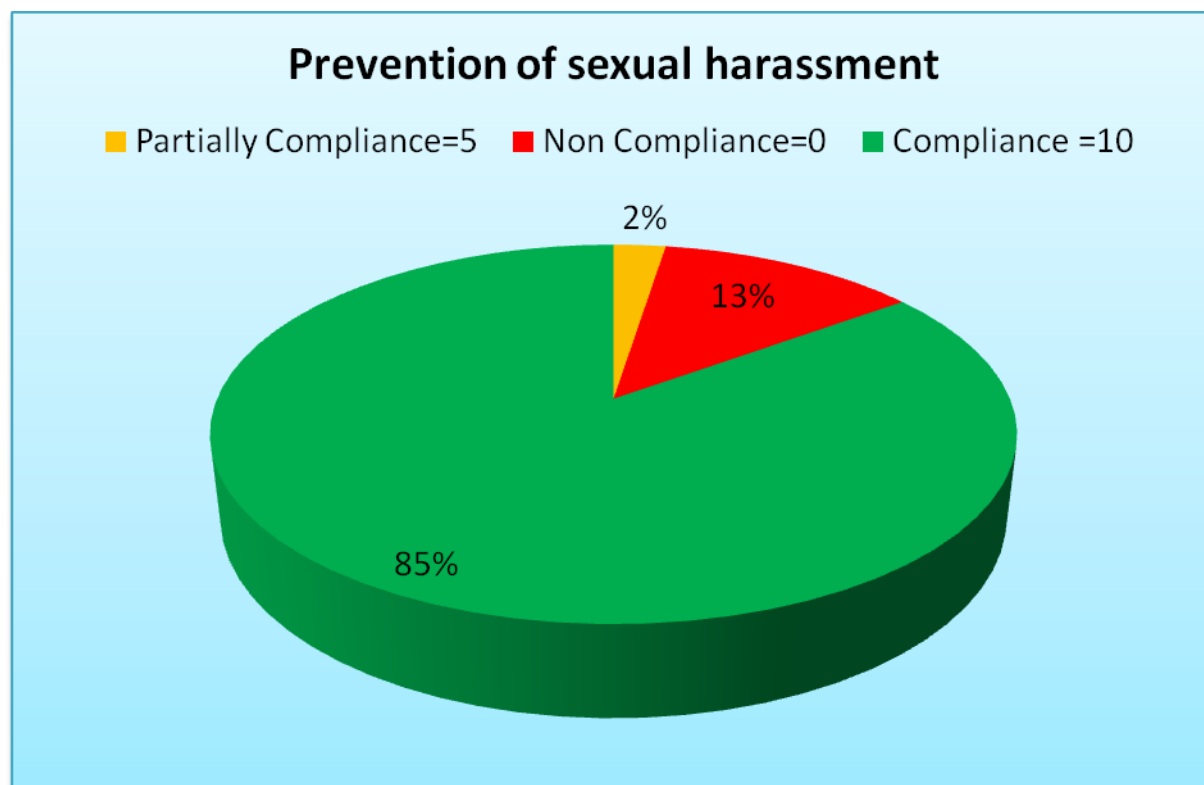
vision/mission/quality policy

■ Compliance =10 ■ Partially Compliance=5 ■ Non Compliance=0



Interpretation: 21% of staff was compliance, 56% of staff was partially compliance and 23% of staff was non compliance.

XI. What is the process for prevention of sexual harassment:

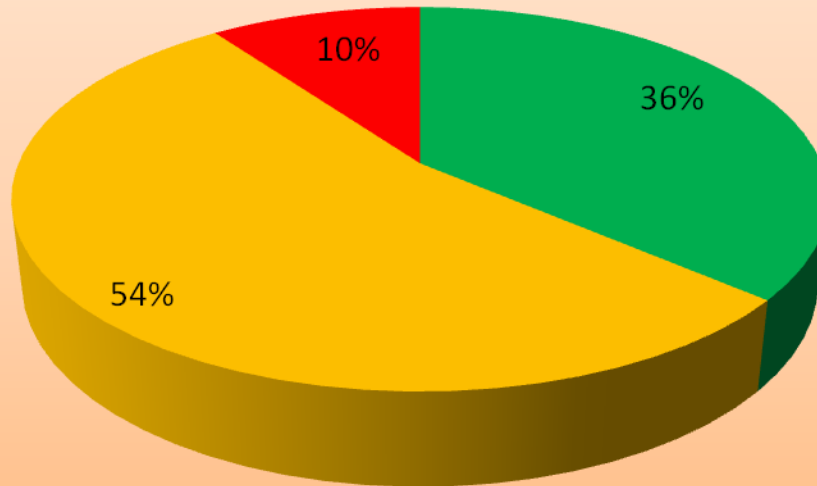


Interpretation: 85% of staff was compliance, 2% of staff was partially compliance and 13% of staff was non compliance.

XII.What is RACE/PASS (Full Form and what is the meaning of it):

What is RACE/PASS

■ Compliance =10 ■ Partially Compliance=5 ■ Non Compliance=0

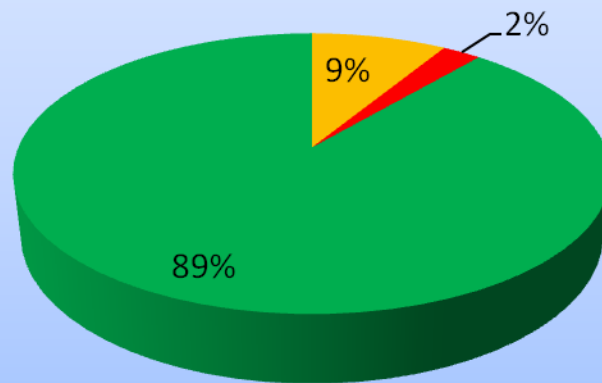


Interpretation: 36% of staff was compliance, 54% of staff was partially compliance and 10% of staff was non compliance.

XIII. Grievance handling protocols/committee:

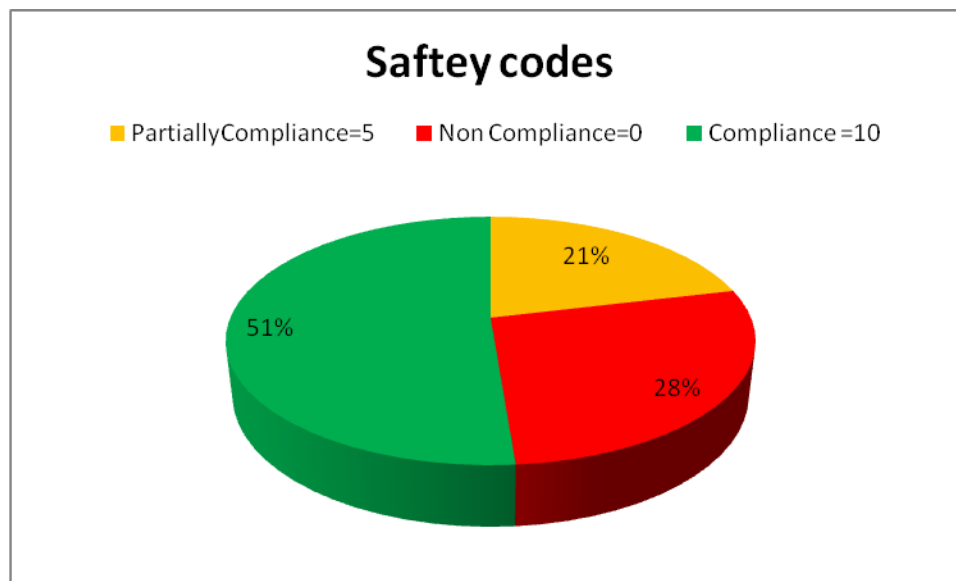
Grievance handling protocols/committee

■ Partially Compliance=5 ■ Non Compliance=0
■ Compliance =10



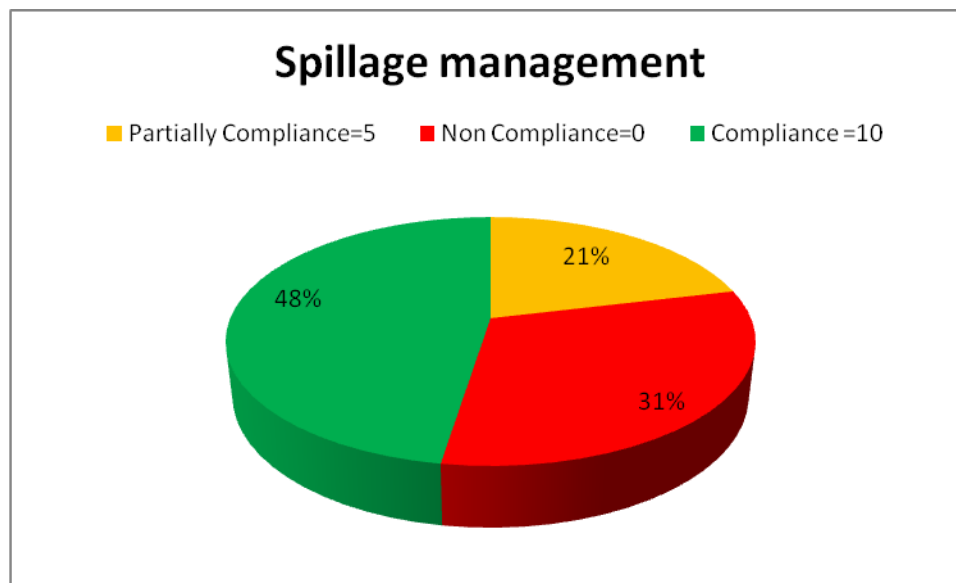
Interpretation: 89% of staff was compliance, 9% of staff was partially compliance and 2% of staff was non compliance.

XIV. Safety codes awareness:



Interpretation: The pie chart shows, 28% staff found unaware of very important telephone dials as Emergency Codes and when & how one should use different color codes. 21% staff knew the emergency codes dial number but was unaware of different color coding for different situation.

XV. Spillage management :

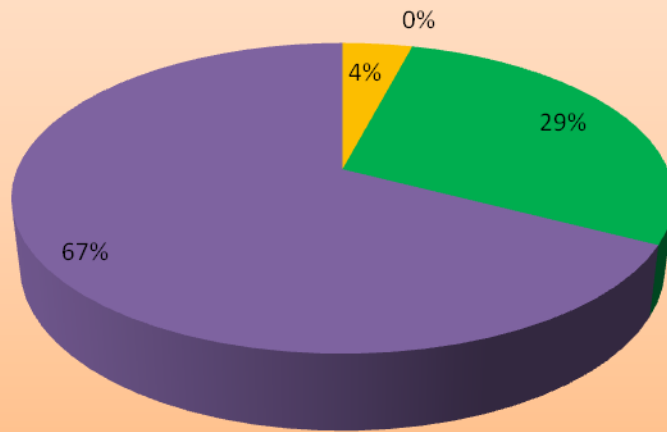


Interpretation: The pie chart shows, 31% staff was found non compliant with the protocols on spill management of Body fluids.

XVI. 7 rights of medication

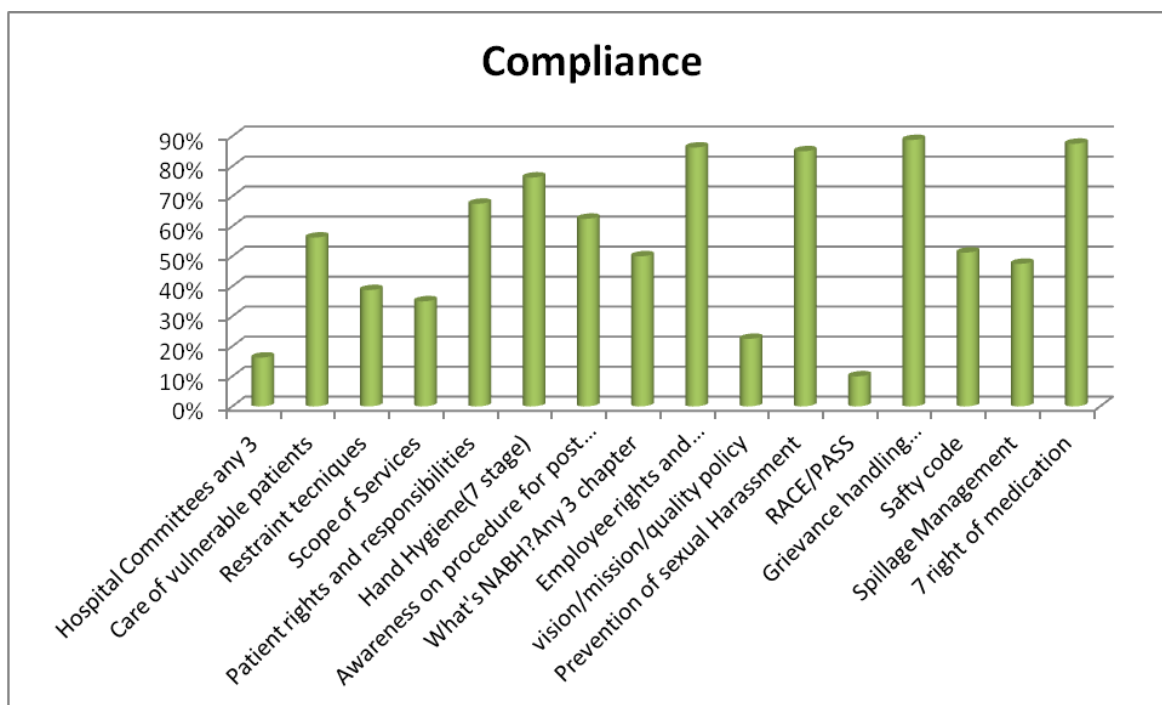
7 rights of medication

■ Partially Compliance=5 ■ Non Compliance=0
■ Compliance =10 ■ NA=Not Applicable



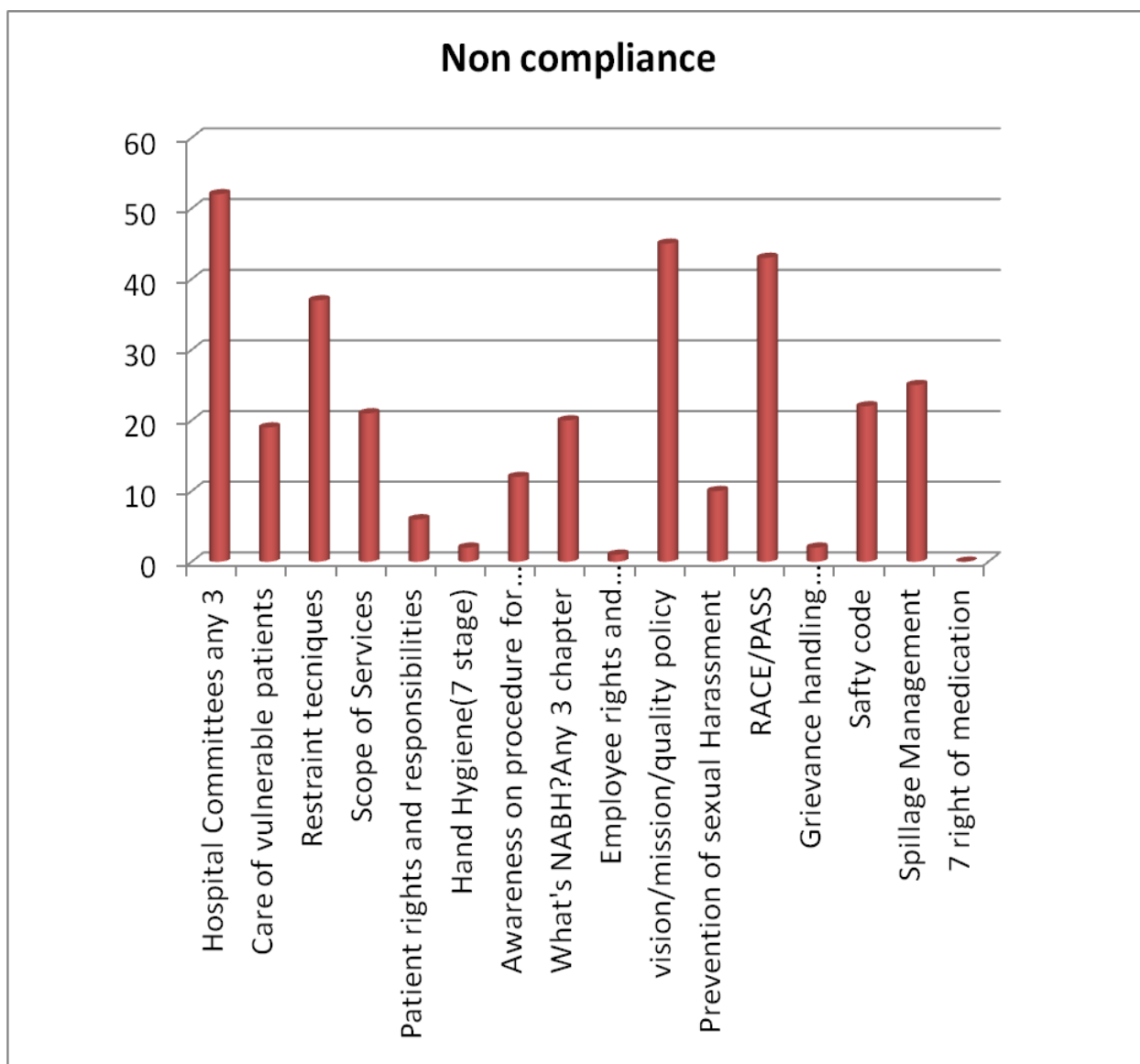
Interpretation: 29% of staff was compliance, 4% of staff was partially compliance and 0% of staff was non compliance and this question is only related to nursing staff so NA (not applicable) for 67% of staff.

❖ Overall compliance among staff



Interpretation- Almost all staff was aware of employee rights and responsibilities, prevention of sexual harassment policy and grievance handling protocols and 7 steps of hand hygiene. Staff was partially aware of care of vulnerable patients, spillage management. Nurses are very well aware of 7 rights of medications.

❖ **Overall Non compliance among staff**

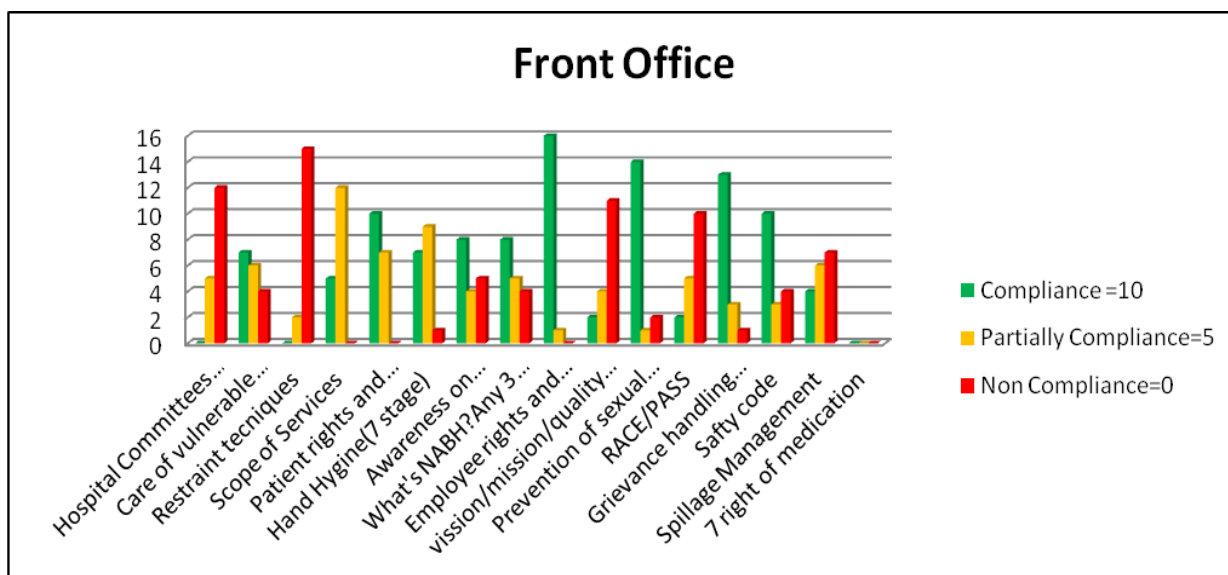


Interpretation- Staff was unaware of hospital committees, Fire safety and vision/ mission of the hospital and restraint techniques.

Department wise analysis:

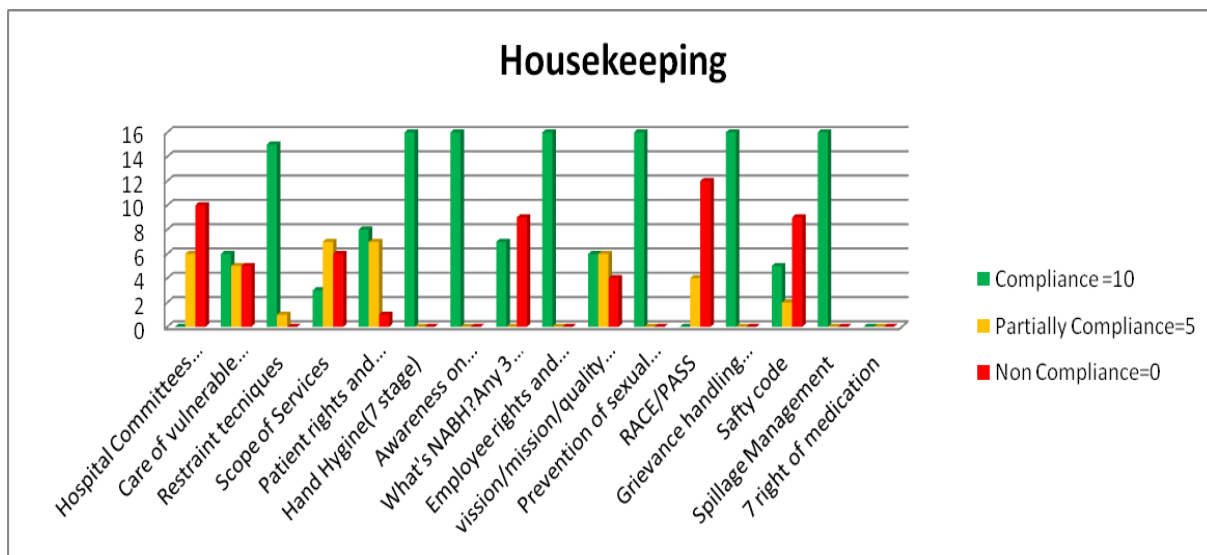
The survey data has been analyzed according to the individual department as well. By this result we can identify the specific areas in each department and can focus on those specific areas.

I. Front Office-



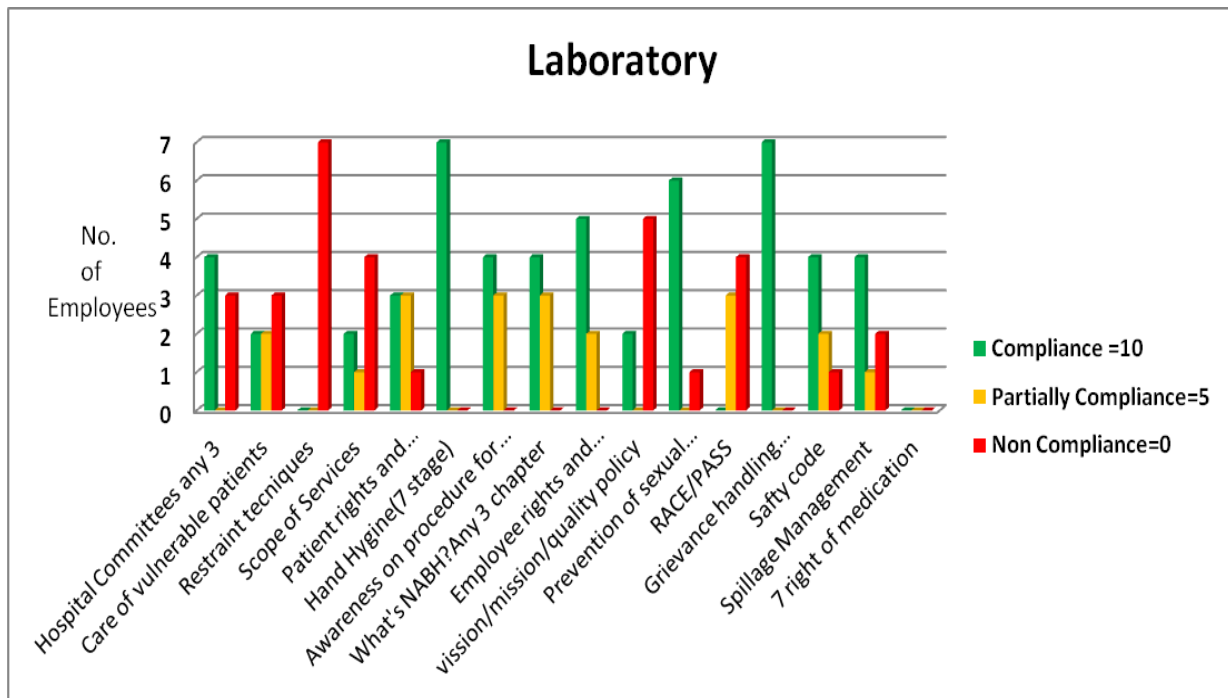
Interpretation: Front office staff is aware of employee rights and responsibilities very well. Staff has less awareness about restraint techniques, Hospital committees, Vision Mission of the organization.

II. Housekeeping-



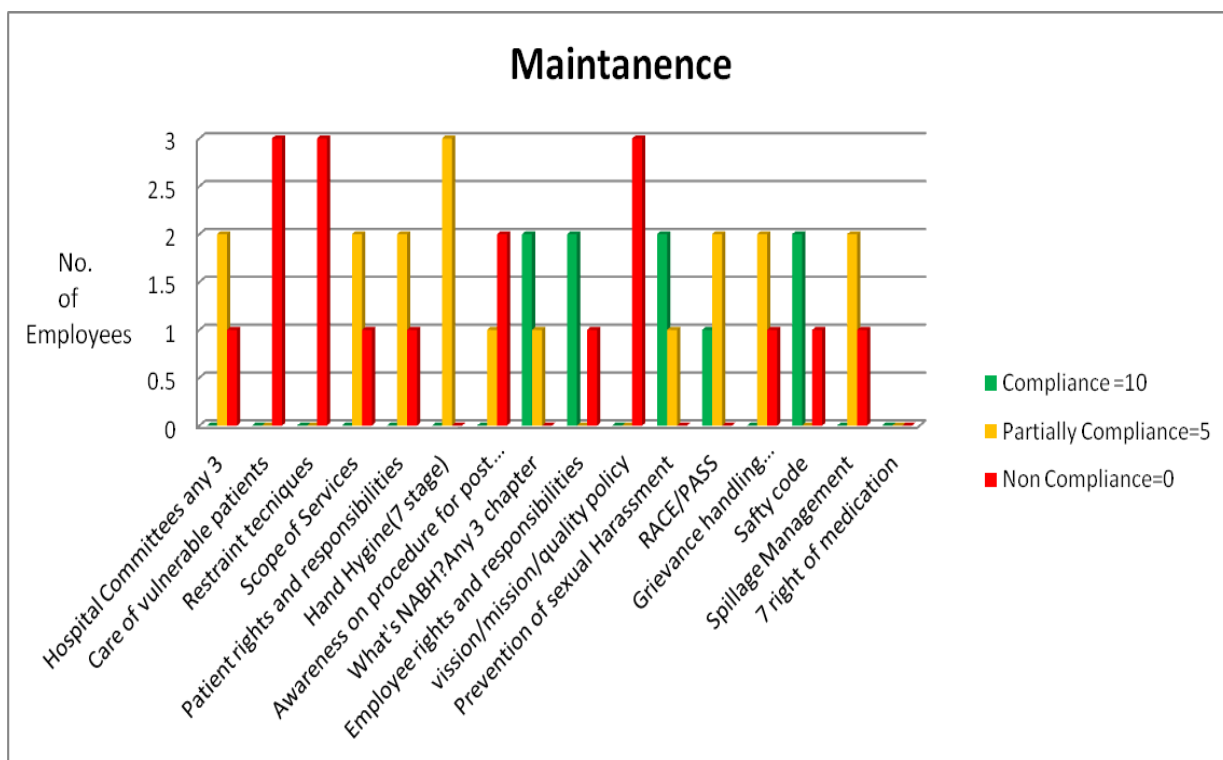
Interpretation- Housekeeping staff is well trained about their areas of working like hand hygiene, spill management, needle stick injury but areas of improvements are hospital committees, care of vulnerable patient, fire safety, safety codes, about NABH.

III. Laboratory:



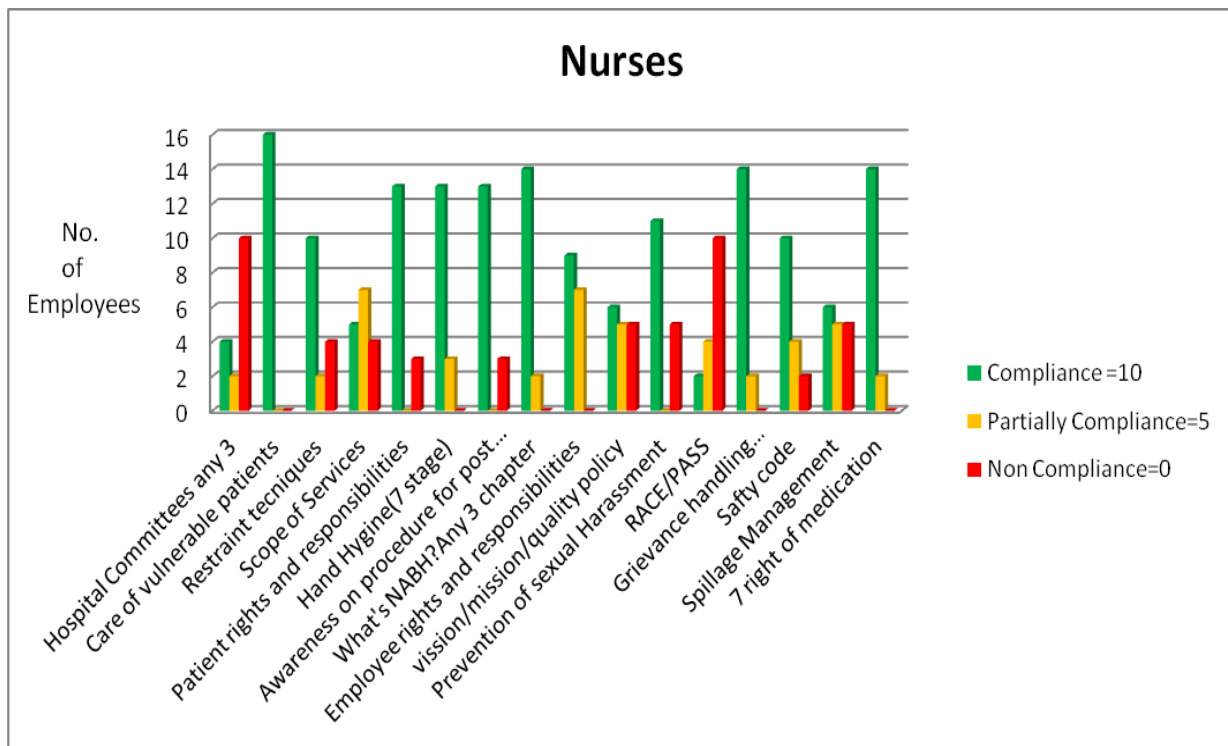
Interpretation- Main focus areas for laboratory staff is restrain techniques, Vision and mission, scope of the services, fire safety of the hospital.

IV. Maintenance-



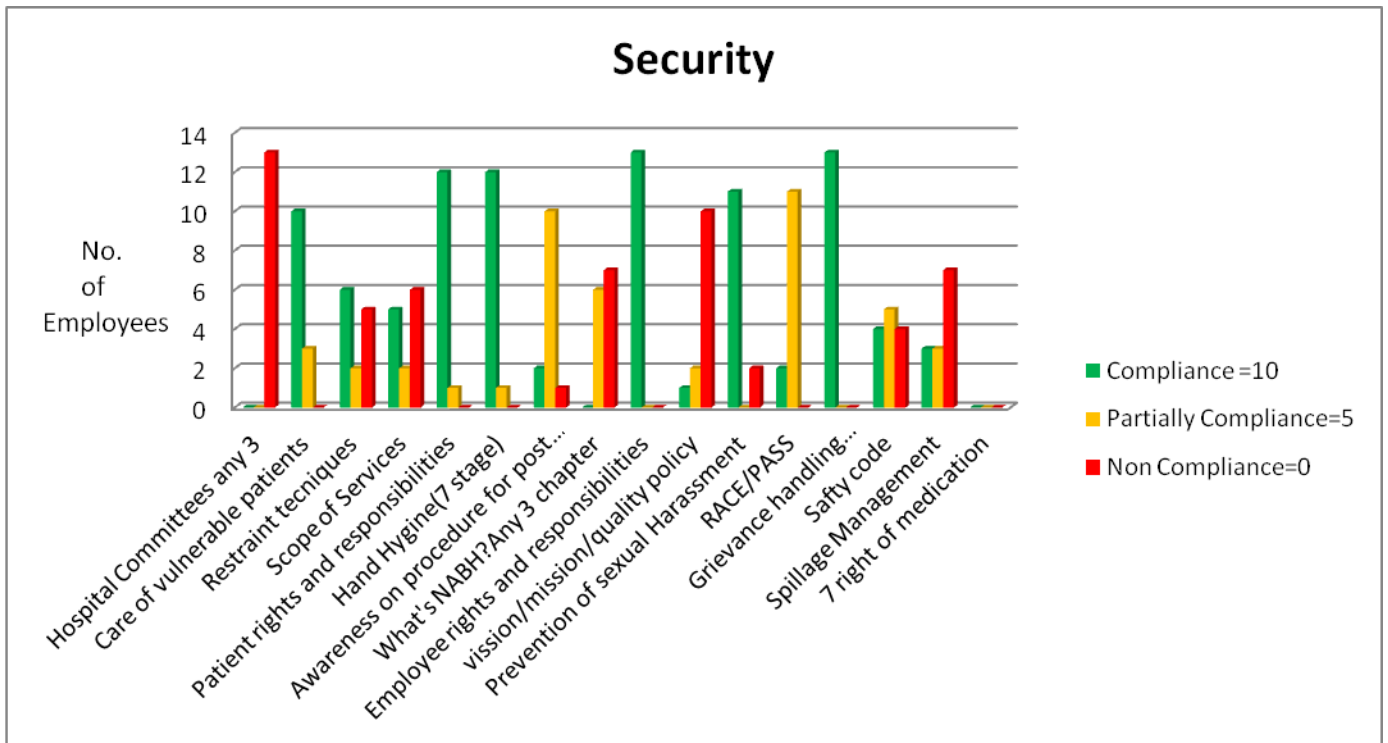
Interpretation- Main focus area for training among maintenance staff is about restrain techniques, care of vulnerable patients and vision/mission of the hospital.

V. Nurses-



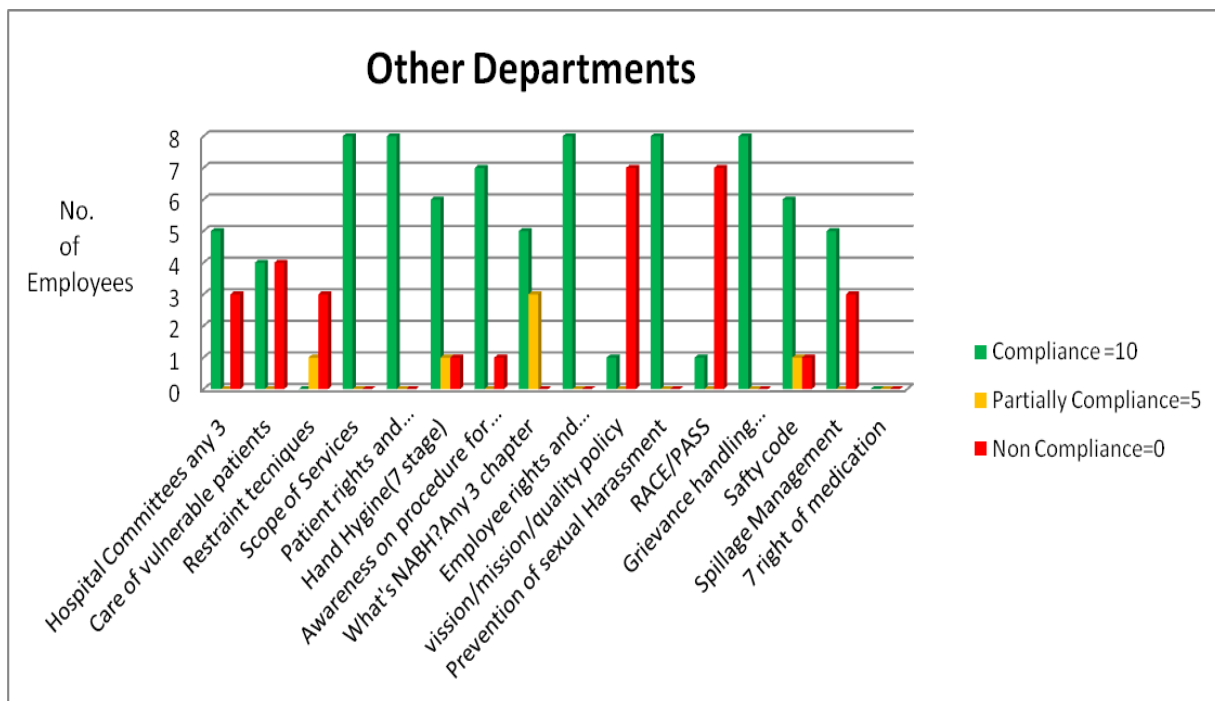
Interpretation – Nurses are educated about 7 rights of medications and care of vulnerable patients very well but not about fire safety and hospitals committees.

VI. Security-



Interpretation- The security staff is not aware of about hospital committees. The main focus area for security should be fire safety; it should be full compliance among security staff.

VII. Other departments-



Interpretation- Other departments includes Human resources, Administration, Marketing. They have full compliance about scope of services, patient rights and responsibilities, hospital committees. They have lack of awareness about vision, mission of the hospital, Fire safety.

Discussion:

The purpose of this survey was mainly to ascertain whether or not staff was equipped with "a basic knowledge of NABH guidelines." While it appears that slight awareness already exists, The survey revealed that almost all staff was aware of employee rights and responsibilities, prevention of sexual harassment policy, grievance handling protocols and 7 steps of hand hygiene, nurses are very well aware of 7 rights of medications. But there are some lacunas regarding knowledge about care of vulnerable patients, spillage management. Most of the staff was unaware of hospital committees, Fire safety and vision/ mission of the hospital and restraint techniques.

The other objective of the survey is to analyze the department wise need of specific training, so the survey also revealed F.O. staff is aware of employee rights and responsibilities very well but they have less awareness about restrain techniques, Hospital committees, Vision Mission of the organization mainly. Housekeeping staff is well trained about their areas of working like hand hygiene, spill management, needle stick injury but areas of focus are hospital committees, care of vulnerable patient, safety codes, about NABH. Main focus areas for laboratory staff is Hospital committees, restrain techniques, Vision and mission of the hospital where as maintenance staff is require training about fire safety, Safety codes, Needle stick injury, patient's right and responsibilities. Nurses and security required training about fire safety, hospitals committees and restraint techniques. Other department includes Human resources, Administration, Marketing. They have full compliance about scope of services, patient rights and responsibilities, hospital committees. They have lack of awareness about vision, mission of the hospital, Fire safety.

8. Recommendations:

1. Continuous monitoring of the hospital at regular intervals to know the level of awareness.

2. Put up stickers for safety codes along with extension number at various locations of the hospital that will help the staff to memorize the codes.
3. Training sessions, on all the questions which were included in the study, will be very helpful for the staff to learn about basic guidelines of NABH.
4. Create a platform/dashboard for the staff to give suggestions about how they can remember NABH guidelines.
5. Responsibility can be assigned to trained personnel in every department to ask about these general questions with his/her colleagues.
6. Arrange the training sessions according to the each department's need. Training sessions should be specialized, focusing on particular target groups, clear objectives, and continuity.

9. Conclusion:

The study revealed that the almost every hospital staff was aware of NABH guideline related to their functional areas but they need training for other functional areas.

10. References:

- ❖ Total quality Management 3rd Edition by Dale H.besterfield, Carol Besterfield, Glen H.Besterfield, Mary Besterfield.
- ❖ <http://www.nabh.co/main/BenefitsofAccreditation.asp>
- ❖ NABH 3rd edition

- ❖ Rockland's power-point presentations for NABH training and Medical Quality.
- ❖ Quality handbook of Rockland hospital.
- ❖ The global journals.
- ❖ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3900447/>
- ❖ <http://www.ncbi.nlm.nih.gov/pubmed/24598571>
- ❖ <http://consultolive.com/the-green-ninja-case-studies-on-staff-engagement-and-employee-motivation-for-sustainability-and-environmental-issues/>
- ❖ <http://www.nccmerp.org/aboutMedErrors.html>
- ❖ <http://consultolive.com/the-green-ninja-case-studies-on-staff-engagement-and-employee-motivation-for-sustainability-and-environmental-issues>