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Analysis the Gaps in Adopting Quality System as per the National Standard of Accreditation on Territory Care Hospital with Reference to NABH Standards

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ABSTRACT: This research paper delves into the pivotal role of product management and market research analysis in the context of pharmaceutical companies. It explores how these strategic tools contribute to business development amidst the intricate landscape of the pharmaceutical industry, characterized by rapid scientific advancements, evolving market dynamics, and stringent regulatory requirements. The paper emphasizes the evolution of product management within the pharmaceutical sector, highlighting its transition from a focus on research and development to encompassing comprehensive lifecycle management and commercialization strategies. Through a review of literature and data analysis, the paper examines various facets such as patient-centric innovation, regulatory compliance, digital transformation, competitive landscape analysis, and cross-functional collaboration. The study aims to shed light on the significance of integrating product management and market research analysis for driving sustainable business growth, enhancing competitiveness, and delivering impactful healthcare solutions in pharmaceutical companies

I. INTRODUCTION

Quality Management Systems and Accreditation are versatile tools to ensure equity in healthcare services and the meeting the increasing aspirations of people. Optimum/ideal state of patient care can be achieved by the healthcare institution that focuses on compliance with accreditation standards of NABH and like bodies. Gap Analysis is a tool that helps an organization to compare its actual performance with expected/laid down standards. Gap analysis refers to a study where hospital compare the present policy, procedure, SOP's, infrastructure with defined laid down standards of accreditation body, National Accreditation Board for Hospitals & Healthcare Providers (NABH). NABH accreditation system was established in 2006 as a constituent of Quality Council of India (QCI). The first edition of standards was released in 2006 and after that the standards has been revised every 3 years .

Currently the 4th edition of NABH standards, released in December 2015 is in use. The NABH accreditation is currently a voluntary scheme but the QCI plans to cover all the hospitals in India, both, in the voluntary sector and the Government Hospitals. The advantage to the hospital would be its national recognition as a Quality Care hospital. The Health Insurance sector, various industries, and Companies, National and International Funding Agencies, etc. will subsequently utilize only these NABH accredited hospitals for their health needs. Gap (or "needs") Analysis in the studied hospital was carried in 2019 for re-accreditation against 4th Edition of NABH. Document reviews, physical observation of the departments and informal interviews from the staff members were taken and various gaps were found. Gaps were intimated to the concerned persons of the departments along with their dates of closure. Various actions were taken to close the gaps with the help of findings and suggestions given by the study.

II. LITERATURE REVIEW

Few studies have been carried out on gap analysis for NABH accreditation. Some of them, which were referred in the study are mentioned below: A study entitled "Analysis of Health Record Documentation Process as Per the National Standards of Accreditation with special emphasis on Tertiary Care Hospital". The aim of the study was to review the health records and evaluate them to find the incongruity in the documentation of patient's data by doctors, nurses and other healthcare providers involved in the documentation process. The study was conducted in NIMS Medical College & Hospital in Jaipur, Rajasthan. A total of 400 patients files reviewed and primary data collected by checking the patient files at nursing stations, wards, and critical areas. A documentation review audit tool was then

prepared (as per objective elements mentioned by NABH) taking into consideration the important aspects of documentation in the health records. The files were checked as per the parameters mentioned in the audit tool.



Possible suggestions and recommendations were also reported. A study entitled Impact of Accreditation on the Quality of Healthcare Services. The aim of this study was to evaluate the impact of accreditation programs on the quality of healthcare services. The study concluded that there is consistent evidence that shows that general accreditation programs improve the process of care provided by healthcare services. A study on Gap Analysis of Major Operation Theatre Complex of a Tertiary Cancer Centre against NABH Accreditation Standards was done by Sudha P, Division of Anesthesiology, Regional Cancer Centre, Trivandrum, Kerala, the observational study aimed to review the planning and functioning of the Major Operation Theatre (MOT) complex of a Tertiary Cancer Centre committed to obtain National Accreditation Board for Hospitals and Health care providers (NABH) accreditation. The study concluded that the planning and functioning of MOT complex do not satisfy the minimum essential standards required for NABH accreditation and needs remodeling.

After review of literature, it was concluded that for NABH accreditation, a self-assessment for identifying gaps should be done. The current study focusses on NABH gap analysis for a super specialty hospital.

III. FORMULATIVE RESEARCH PROBLEM

This research problem focuses on the specific link between **identifiable shortcomings within the QMS** and the **prevalence of incomplete medical records**. By investigating this connection, the dissertation can offer valuable insights for healthcare institutions:

Identifying Critical QMS Deficiencies: The study will delve deeper into the specific QMS deficiencies identified during the gap analysis. This might include areas like:

- Lack of clear and standardized documentation policies and procedures
- Inadequate staff training on proper documentation practices
- Inefficient workflows or cumbersome documentation processes
- Limited access to necessary resources or technology for documentation
- Poor communication and collaboration between departments

Understanding Impact on Documentation: The research will explore how these deficiencies hinder the complete and accurate documentation of medical records. For instance, unclear documentation policies might lead to confusion among staff regarding what information needs to be recorded. Inadequate staff training could result in a lack of knowledge or skills required for proper documentation. Inefficient workflows might create time constraints that pressure staff to rush through documentation tasks, increasing the risk of errors or omissions.

Developing Targeted Interventions: Based on the findings, the study will propose targeted interventions to address the identified issues and improve medical record completion. These interventions might include:

- Revising documentation processes to streamline workflows and improve efficiency
- Developing clear and standardized documentation policies and procedures
- Implementing staff training programs on proper documentation practices
- Providing staff with easy access to necessary resources and technology for documentation
- Fostering improved communication and collaboration between departments to ensure consistent documentation practices.

Evaluating Intervention Effectiveness: The potential impact of these interventions on improving medical record completion will be assessed. This might involve implementing the interventions in a pilot program and measuring changes in documentation completeness before and after the intervention.



IV. RESEARCH OBJECTIVE

The study was carried keeping in mind following objectives:

To evaluate Hospital's compliance to 3rd Edition NABH & Hospital Medical Quality Standards.

To assess the gaps in the compliance.

To suggest methods for the closure of the gaps.

V. RESEARCH METHODOLOGY

Type of Study: Non-experimental, cross-sectional, and observational (which is done in two parts i.e. present status of the department and compliance against NABH standards). The departments of hospital which were studied included:

Oncology Day-care Centre
Front Office & Out Patient Department (OPD) Radiology Department
In-patient (IP) and Out-patient (OP) pharmacy Emergency and ambulatory day care Laboratory and sample collection
Nuclear medicine

Food & Beverage (F&B), Dietetics
Labor room, neonatal intensive care unit (NICU) and Nursery
Cardiac Catheterization Laboratory (Cath Lab) & Critical Care Unit (CCU) Operation Theatre (OT)-1st Floor & OT 2nd Floor
Medical Intensive Care Unit (MICU) Surgical Intensive Care Unit (SICU)
Biomedical Engineering Department including Civil & Electrical Services
Physiotherapy Department
Medical Records Department (MRD) & IT Department Security
Mortuary Blood Bank House keeping 2nd Floor Ward
Study respondents: Duty Doctors, Nurses, customer care staff and staff of the departments.
Sampling Technique: Random Sampling
Type of data – Both Quantitative & Qualitative data was collected.
Methods of data collection: Document Review, Physical Observation, Informal Interviews – semi-structured interviews (Duty Doctors Nurses, customer care in-charge, and Staff of the departments).
Instruments and Tools used: Checklists of NABH standards.

VI. SCOPE OF RESEARCH

- **Assessing Current Compliance:**

This involves a comprehensive evaluation of the hospital's existing policies, procedures, infrastructure, and practices against the established standards. Methods like gap analysis, medical record audits, and staff surveys will be used to identify areas where the hospital meets or falls short of these standards.

- **Identifying Compliance Gaps:**

By analyzing the findings from the evaluation, the research will pinpoint specific deficiencies in the hospital's adherence to quality standards. This includes categorizing the severity of these gaps and understanding their potential impact on patient care.

- **Developing Improvement Strategies:**

Based on the identified gaps, the research will propose practical solutions to bridge the divide and improve compliance. This will involve targeted interventions like staff training, updated documentation procedures, and workflow improvements. Additionally, the research will prioritize these recommendations and develop a concrete implementation plan for enacting the proposed changes.



VII. LIMITATIONS OF RESEARCH

Generalizability:

- **Single Hospital Focus:** The research is limited to a single hospital. The findings may not be generalizable to other hospitals due to variations in size, resources, patient population, and existing quality management systems.
- **Specificity of Standards:** The research focuses on the 3rd Edition NABH standards and other relevant hospital medical quality standards. However, the specific details of these "other standards" haven't been defined. This lack of specificity could limit the generalizability of the findings to hospitals adhering to different quality standards frameworks.

Data Collection Methods:

- **Gap Analysis:** The effectiveness of a gap analysis depends on the comprehensiveness of the chosen methodology and the expertise of the individuals conducting the analysis. Potential biases in interpretation could exist.
- **Medical Record Audit:** The sample size of medical records reviewed may not be large enough to capture the full spectrum of documentation practices within the hospital. Additionally, the accuracy of the audit depends on the chosen criteria and the reviewers' interpretation of the standards.
- **Staff Surveys:** Response rates and potential biases in staff perceptions could affect the reliability of data collected from staff surveys.

Intervention Implementation:

- **Feasibility and Cost:** The proposed interventions for improving compliance may not be feasible for the hospital to implement due to resource constraints, time limitations, or staff resistance to change.
- **Evaluation of Effectiveness:** The research does not propose methods to evaluate the effectiveness of the implemented interventions on improving medical record completion or overall quality of care.
- **Time Frame:** The research may be limited by the timeframe in which the gap analysis and medical record audit were conducted. Standards and practices may have evolved since that time.

Conclusion - the shortcomings in adopting the quality system according to the National Standard of Accreditation for Territory Care Hospitals are significant and require attention to ensure that the hospital meets the required standards. It is important to address these shortcomings to enhance the quality of care provided to patients and maintain accreditation status.

Key areas of improvement include enhancing documentation practices, providing comprehensive training and education for employees, improving communication between departments, allocating resources effectively, emphasizing continuous improvement, and ensuring compliance with regulations. By addressing these deficiencies and implementing the necessary changes, Territory Care Hospital can strengthen its quality management system and more effectively align with the national standard of accreditation.

It is essential for hospitals to prioritize quality improvement efforts, conduct regular evaluations, and engage staff at all levels in the process to drive positive change and ensure high-quality care delivery. By addressing identified deficiencies and fostering a culture of quality and excellence, Territory Care Hospital can enhance patient outcomes, satisfaction and overall performance as a healthcare provider.

REFERENCES

- [1]. Gyani Girdhar J., Thomas Alexander, Handbook of Healthcare Quality & Patient Safety, 2017, Jaypee Publishers, New Delhi.
- [2]. NABH Standards for hospitals, 4th Edition, December 2015 Guide Book to Accreditation Standards to Hospitals, Quality Council of India, New Delhi.
- [3]. Sakharkar, B.M., Principles Of Hospital Administration And Planning, 2017, Jaypee Publishers, New Delhi.
- [4]. C.M.Francis, Mario C de Souza Hospital Administration, Jaypee Brothers Medical Publishers (P) Ltd., New Delhi. 2000 Edition.
- [5]. Raza Arif, Accreditation of Healthcare Organizations, 2017, Jaypee Publishers, New Delhi.
- [6]. Kothari, C.R., Garg Gaurav, Research Methodology: Methods and Techniques, New Age International Publishers, 2017 Edition, New Delhi, India.
- [7]. Ballabh Chandra, Health Care Service in Hospital, Alfa Publications, 2017 Reprint, New Delhi, India.
- [8]. Yadav Krati Gap Analysis Of Multispecialty Hospital In Bahadurgarh As Per NABH Norms, IJMRSET University Dissertation Research Study. Journal Articles:
- [9]. Singh P, John S. Analysis of health record documentation process as per the national standards of accreditation with special emphasis on tertiary care hospital. Int J Health Sci Res. 2017; 7(6):286-292., http://www.ijhsr.org/IJHSR_Vol.7_Issue.6_June2017/43.pdf



- [10]. Sudha P. Gap Analysis of Major Operation Theatre Complex of a Tertiary Cancer Centre against NABH Accreditation Standards. Kerala Medical Journal. 2015 Aug 31;8(3):9–14., <http://journals.publishmed.com/index.php/KMJ/article/view/123/419>
- [11]. Alkhenizan A, Shaw C. Impact of accreditation on the quality of healthcare services: a systematic review of the literature. Ann Saudi Med. 2011 Aug;31(4):407–16.



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