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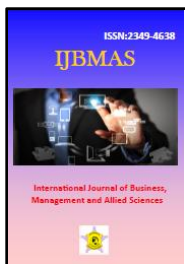
**STUDY OF 'NABH' PREPAREDNESS IN DIFFERENT HOSPITALS OF
BHOPAL**

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ABSTRACT

Quality is the essence for any hospital and forms the basis for betterment of any service. For this purpose of achieving quality at different levels of the hospitals the constituent board of Quality Council of India (QCI) established the accreditation programme for healthcare organizations which is known as National Accreditation Board For Hospitals And Healthcare Providers (NABH). International Society for Quality (ISQ-ua) has accredited standards for hospitals which are opted by NABH in India. This paper is intended to study the level of compliance of different hospitals of Bhopal with the standards given by NABH to ascertain the organizational preparedness and commitment to quality goals and consonance to the laid down standards for accreditation.

KEYWORDS : Accreditation, NABH, Quality, ISQua, QCI

INTRODUCTION

National Accreditation Board For Hospitals And Healthcare Providers (NABH) is an integral board of Quality Council Of India, which was established to carry out the accreditation programmes for healthcare organizations. Accreditation is a public recognition awarded to those healthcare organizations that fulfills the standards of NABH.

In India, the NABH was established in the year 2006. The year also marks the release of its standard's first edition, which are revised every 3 years. Currently the 4th edition of NABH standards is in use, released in December 2015, which has 10 chapters incorporating 105 standards and 683 objective elements. Amongst the 10 chapters some are patient centric whereas some of are organization centered as well.

NABH is an institutional member of the Accreditation Council Of ISQua, which implies that the NABH standards are in accordance to the global benchmarks of ISQua.

NABH accreditation benefits all the stakeholders, patients, medical staff and the organization on the whole.

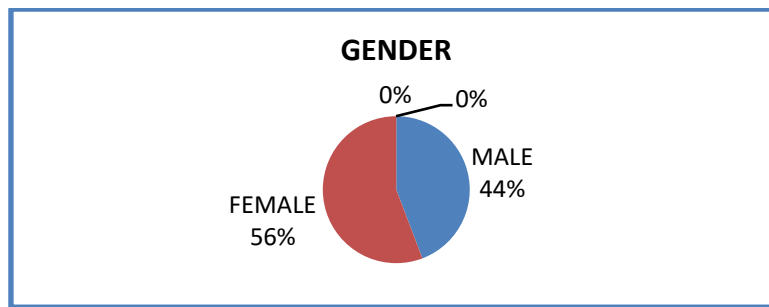
The basis of the healthcare providers of the city underlie in providing the best of the healthcare facilities to the people who are in need to avail it. Their vision envisages that all people, no matter where they live, no matter what their age, have a right to access high quality and affordable healthcare.

REVIEW OF LITERATURE

Dr Akash Rajpal (Senior Manager Medical Services and the NABH accreditation coordinator) said that “the process of preparing for NABH has improved the overall quality of the patient care services, doctors, nurses and the housekeeping staff, when understands the importance of providing the care at best of their abilities and are now more responsive and accountable.” SAMUEL N.J DAVID AND SONIA VALAS (2017) in their article “NATIONAL ACCREDITATION FOR HOSPITALS AND HEALTHCARE PROVIDERS STANDARD” concluded that NABH is an ongoing process, which focuses on patient’s safety and quality of health care services and processes. Accreditation is externally used quality assessment of healthcare organization to prove its effectiveness and performance. NABH accreditation gives its biggest benefits to the patients as it results in high quality of care and patient safety. MANDEEP, NAVEEN CHITAKARA, SANDEEP GOEL (2014) in the article “STUDY TO EVALUATE CHANGE OF ATTITUDE TOWARDS ACCEPTANCE OF NABH GUIDELINES: AN INTRA INSTITUTIONAL EXPERIENCE” said that accreditation focuses on continuous improvement in health care services and not merely in the achievement of certificate. Medical staff should have a positive attitude and knowledge about accreditation. Accreditation in hospitals is the best way to provide standardization in treatment; efforts should be made by both the management and the staff. SARA MELO (2016) finds that the hospital accreditation improved the healthcare quality in general and more specifically patient’s safety as it shows staff reflection a higher standardization of practices and greater focus on quality improvement. Finding also suggests that NABH effectiveness is only seen in the hospital when its practices are adopted and implemented in the right way. YADAV NIDHI, et al (2018) study concluded that there is a positive effect of NABH accreditation on the hospital services and processes. NABH accreditation improves the processes running in the healthcare centres. It also gives job satisfaction to the staff of the hospitals.

METHODOLOGY

The study is perception based. The information about the level of knowledge and attitude of different hospital based personnel about NABH was collected using a questionnaire. A five point scale was devised, consisting of options as 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, and 5-Strongly Agree. The sample consists of administrative, medical and paramedical staff of various hospitals of Bhopal. The data collection was done using direct survey method. Face to face interviews were conducted in hospitals to collect the optimum sample of respondents. The sample size undertaken was 95 amongst which 42 were males and 53 females. The respondents were selected on a convenient sampling basis. After a survey instrument was conducted based on the NABH guidelines available on its official website. The survey instrument was administered to 200 employees of various hospitals located at Bhopal, out of which only 95 returned the filled questionnaires. The reliability of the questionnaire was reported to be 0.78 using Cronbach Alpha in IBM SPSS.



TOOL : The questionnaire composed of 16 statements which were based review of the application form, questions, quality assurance programme and their documentation, on the implementation of the quality assurance programme, the facilities and environment conditions of the hospitals, training and development programs of personnel in the hospitals. The further statements on equipment's and their standards of reference, on safety measures undertaken by the hospitals.

FINDINGS AND DISCUSSIONS

The data was collected, tabulated and converted in the excel format to be analyzed using IBM- SPSS analysis. Independent sample t test was applied taking gender as the independent variable in the study. $t(93) = 0.926, p = 0$, The perception of male and female is not the same regarding adequacy and availability of application forms. This is because they lack the in-depth knowledge of the accreditation criteria. $t(93) = 2.587, p = 0.865$ The perception of male and female is same about the documentation being reviewed regularly. $t(93) = 0.633, p = 0.076$ The perception of male and female is same regarding the adequacy of quality assurance programs. $t(93) = 1.114, p = 0.588$ The perception of male and female is the same about the quick availability of documents like safety manual, infection control manual, etc. $t(93) = 1.1, p = 0.08$ The perception of male and female is same regarding availability of NABH documents. $t(93) = 0.377, p = 0.125$ The perception of male and female about the adequacy of quality assurance documentation. $t(93) = 1.248, p = 0.083$ The perception of male and female is the same regarding awareness of policies and requirements of NABH. $t(93) = 1.181, p = 0.207$ The perception of male and female is same about the implementation of the procedures and policies. $t(93) = 1.309, p = 0.949$ The perception of male and female is same about the appropriateness of verification and validation methods. $t(93) = 0.154, p = 0.421$ The perception of male and female is same about the preventive actions taken for deficiencies. $t(93) = 1.655, p = 0.012$ The perception of male and female is not same about the availability of housekeeping and maintenance services. These services differ according to the organization and so does their practices. $t(93) = 0.988, p = 0.074$ The perception of male and female is same about the adequacy of the training program. $t(93) = 0.794, p = 0.09$ The perception of male and female is same about the allocation of people as per the field's requirements. $t(93) = 0.652, p = 0.17$ The perception of male and female is same about the availability of standard equipments. $t(93) = 0.698, p = 0.002$ The perception of male and female is not same about the availability and adequacy of maintenance schedule. Every organization have their own set criteria. $t(93) = 0.144, p = 0.553$ The perception of male and female is same about the hazard preparedness.

CONCLUSION

This article brings into focus some of the aspects of NABH accreditation from the perspective of an implementer, assessor and trainer. As is recognized that providing quality health services is a milestone yet to be achieved, specifically, in the developing countries like India. There are increasing cost pressures amidst the increasing demand as well as expectations from the patients and their families. Quality as we know is driven either by regulation or by market demand. Regulation in most of the developing countries has not been effective as there is a shortage of health care providers and governments have to be flexible. Here the ability to innovate holds importance for the future success

of all the healthcare organizations, where making some simple but profound changes in the behaviours and processes as per the standards of NABH, would contribute the most towards improvement of the quality on the whole.

The managerial implication of the study in the hospitals of Bhopal has its effects seen during the survey, in the ability of being able to communicate to them the importance of standardization as is evident in their practices. Furthermore it helps in providing better facilities as the standardized treatment is given which improves the overall status of healthcare facilities in Madhya Pradesh, thereby affecting the whole Nation.

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