

## **Best Practice- 2**

### **1. Title of the Practice**

- Quality Assurance in Medical College Hospital.

### **2. Objectives of the Practice**

- To maintain high standards of service at all levels
- To provide high level of care and multi speciality services at affordable costs
- To promote continuous quality improvement by identifying benchmarks.

### **Intended outcomes**

- Patient safety and Patient Centered Care
- Patient satisfaction
- Well trained professionals with knowledge of current practices
- All health care professionals and trainees equipped with skills and knowledge of not only medical practices but also hospital infection, safety and quality related practices.
- Educate and create awareness on NABH accreditation process and standards so that health care workers are sensitized to Quality patient care and safety.

### **Underlying principles or concepts**

Continuous quality improvement of faculty and students in patient care by

- Providing a safe working environment for staff and students
- Providing a culture of constant training and updating current practices
- Developing a working practice of collaboration and teamwork
- Educate the students on standard operating procedures and ensuring the compliance to same in day to day practices

### **3. The Context:**

Hospital Accreditation is a public recognition by a National Healthcare Accreditation Body, of the achievement of accreditation standards by a Healthcare Organization.

- The Hospital management first decided about getting accreditation for the hospital from NABH in the year 2012.
- The management formed a core committee which had members from all sections and levels of the hospital. They made a definite plan of action for obtaining accreditation.
- Adequate training and orientation was conducted at regular intervals by external experts and core committee members. Required documentation was prepared as per NABH guidelines.
- The committee then conducted self-assessment as per NABH standards to ensure its compliance before submitting the application. A pre-assessment audit was conducted for NABH standard compliance. After a meticulous final assessment by a team of 4 members on November 25-28, 2014 and verification process by 2 auditors, on 15-6-2015 the hospital was awarded the accredited status on 3-8-2015.

### **Challenges faced:**

- Resistance in adopting to change.
- Streamlining of processes.
- Inadequate documentation.
- Reluctance to accept the concept of audit and managing deficiencies in departments.
- Infrastructure constraints according to standards.
- Training and motivation of large workforce consisting of different categories of employees and students.
- Increased expenditures.
- Increased clerical and paperwork.
- Difficulty in participation of members from varied departments for discussions, interactions and meetings.
- Difficulty in coordination and collaboration of departments.
- Sustainability of new practices.

### **4. The Practice**

- National accreditation systems for hospitals ensure that hospitals play their expected roles in patient care and safety. This ensures uniformity in patient care and practices.
- The standards provide framework for quality assurance and quality improvement for hospitals, focus on patient safety and quality of care, for continuous monitoring of sentinel events and comprehensive corrective action plan leading to building of quality culture at all levels and across all the functions.
- The 10 chapters in the standards reflect two major aspects of healthcare delivery i.e. patient centered functions (chapter 1-5) and healthcare organization centered functions (chapter 6-10).

### **Patient Centered Standards:**

The following standards in patient care have shown significant improvements. Quality Assurance was determined in the areas of Access, Assessment and Continuity of Care, Care of Patient and Management of Medication. Awareness programme on Patient Right and Education. Detailed policies and processes were evolved in order to achieve Hospital Infection Control.

- Hospital and Management Information System installed to streamline the functioning of the hospital.
- In order to ensure continuous quality improvements quality department was established.

This has helped the hospital to establish objectives and dynamic quality system incorporating requirements given in the standards. These systems are defined, implemented, owned by the staff and finally provide objective evidence of compliance. Some of the key issues are as follows.

1. **Patient Related**: monitoring safety, treatment standards and quality of care. This would include effectively meeting the expectation of patients and associates.

2. **Employee Related**: monitoring competence, ongoing training, awareness of patient requirements and monitoring employee satisfaction
3. **Regulatory Related**: Identifying, complying with and monitoring the effective implementation of legal, statutory and regulatory requirements
4. **Organization Policies Related**: Defining, promoting awareness of and ensuring implementation of the policies and procedures laid down by the organization among staff, students, patients and interested parties including visiting medical consultants.

**Constraints / limitations:**

- Sustaining the quality
- Increasing expenditure
- Modification of existing infrastructure in order to meet the standards
- Resistance to change by health care professionals
- Paucity of time

**5. Evidence of Success:**

The hospital has a well established quality management system consisting of:

- Periodic collection, analysis and review of quality indicators
- Patient safety reporting system guided by National Patient Safety Goals
- Patient Feedback mechanisms through feedback forms, suggestion boxes and medico social workers placed throughout the hospital
- Systematized and regularized collection of information and database for continuous quality improvement
- Employee safety programme
- Grievance Redressal mechanism and Prevention of Sexual Harassment against women employees
- Continuous orientation, training and follow-up of all stakeholders
- Quarterly audits of all departments, units and sections.

**Evidence of success:**

- Patients are the biggest beneficiary among all the stakeholders. Accreditation resulted in high quality of care and patient safety. Rights of patients are respected and protected. Patient satisfaction is regularly evaluated. Accreditation to a hospital stimulates continuous improvement. It enables hospital in demonstrating commitment to quality care. It has raised community confidence in the services provided by the hospital. It provides opportunity to healthcare unit to benchmark with the best.
- The health care professionals are satisfied as it provides for continuous learning, good working environment and leadership.

**Results**

- Continuous Quality improvement and patient safety
- Enhanced knowledge of students and faculty
- Trained students to work in collaboration and receptive to feedback
- Empowered employees.

## **6. Problems Encountered and Resources Required**

- Training and motivation of large workforce consisting of different categories of employees and students
- Difficulty in coordination and collaboration of departments
- Deciding and maintaining the optimal level of inventory
- Adequate allocation of financial resources to all the required areas
- Scheduling of orientation and training programs
- Inadequate information and database

### **Resources Required:**

- Finance required for upgrading, adding, renovating, and extending facilities
- Qualified, well trained and motivated manpower
- Physical facilities including infrastructure and equipments
- Optimal level of inventories
- Standard Operating procedures
- Hospital Information System
- Time required to adapt to new practices.

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