

“A STUDY ON QUALITY IMPROVEMENT AND AWARENESS OF NABH STANDERS IN PARUL SEVASHARAM HOSPITAL” ACCREDITATION STANDARDS

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ABSTRACT

Hospital Infection prevention control is very essential for the safety and wellbeing of patients, hospital staffs and visitors of the hospital. It affects various Departments of the hospital and it also involves problems of quality risk management, clinical governance of health and safety. Hospital infection prevention control program with stable structure should be present in all institutions that provide health care in order to create a managed environment. The study aims to assess and compare the infection prevention control practices and policies among the healthcare providers. The study will serve as a source of finding the aspects of existing infection prevention control practices and thus will be helpful in bridging the gap between the current infection prevention control practices. It also integrates the process with the organization to maintain providers. The hospital staff be made aware of NABH through induction program & Employee Training Modules that, the board is structured to cater to much desired needs of the consumers and to set benchmarks for progress of health industry. The board is functionally autonomous in its operation. There should be more information flow from Leadership, regarding the NABH as it gives a brand image for quality services of the hospital for the image building process. More and more awareness should be brought even in the society so that, people should know what NABH accreditation stands for quality service of the hospital. Scope of health services, and more importantly, it grossly abuses the components of inclusive and integrative views of the general public, especially consumers' perceptions of the current state of health knowledge.

I. INTRODUCTION

We think that the utilizing users' experiences as the basis for integrated planning and management of health services has given healthcare planning a solid grounding. However, the Indian healthcare system rarely discusses the experiences of its patients. It is crucial to talk about such a scenario from the users' point of view. Regmi's study on the efficiency of healthcare services shed light on the impediments and enablers of efficient healthcare. Despite studies in other developing nations like Nepal, there haven't been many studies on the perceptions of effective health services in India. The goal of this study is to examine users' perceptions of successful health services and look into any obstacles or difficulties that may be preventing the management of health services effectively. The results of this study could offer valuable information for planning and managing health services to increase their efficiency.

II. LITERATURE REVIEW

1. Muraleedharan Quality Manager, cardiac speciality hospital, Kerala, India Quality health care is defined as «the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge».1 Quality has become an essential part of the management and evaluation of health care.2 The continual improvement of service quality in healthcare units has become a prime consideration to ensure patient

Board of Hospitals and Healthcare Providers along with Quality Council of India provided the criteria based on which quality standard of hospitals is determined Quality Assurance should help to improve effectiveness, efficiency, cost containment, and should address accountability and the need to reduce errors and increase safety in the system. Thus the objective of NABH accreditation is on continuous improvement in the organizational and clinical performance of health services, not just the achievement of a certificate or award or merely assuring compliance with minimum acceptable standards.

This study results are based on the deficiencies in the departments in the hospital in meeting the NABH pre-

accreditation entry level standard requirements. Detailed assessment has been carried out through discussions with the respective head of the departments, the staffs and also through perusal of the available records and other documents.

2. Accreditation is an accurate self- assessment and external peer assessment process for healthcare organizations' performance against established standards and is implemented continuously for improvement. The accreditation standards requirements are designed to support the development of healthcare quality and patients' safety by planning, managing services, and measuring improvements. Achieving national or international healthcare accreditation is important for providing safe, effective, patient-centered, timely, efficient, and equitable healthcare services to all patients, families, and care providers. Hospitals and Health Care Providers has now given standards. The Quality Council OF India established the National Accreditation Board for Hospitals and Healthcare Providers to carry out the accreditation programs for healthcare organizations. A public acknowledgment given to healthcare institutions that meet NABH criteria is called accreditation.

Among 60 study participants, with regards to the age of the nursing personnel, the majority of the DOCTORSs the age group majority of the staff DOCTORSs 43 were 21-25 age in year, 15 staff DOCTORSs were 26-30 years age in year 1 were 31-35 years age in year 1 were 36-40 age in the year. Nursing 4, ANM, 2. The majority of year of experience is 42 were the staff DOCTORSs is 1-3 years experience, 15 were 4-6 years of experiences, 3 were 7-9 yrs experience. The majority of previous exposure of NABH is 54 and not exposure to NABH staff DOCTORSs is 6. The total number of participants screened according to the inclusion criteria was 60 and were allocated into the experimental group and control group. The demographic and clinical variables were expressed as frequency and percentage. Out of 30 samples in the experimental group, 13 were aged between 55-60 years, 19 were male, 23 were Hindus, 11 had primary education, 16 were moderate worker, 20 had 4-5 members in their family at home, 17 had a monthly income

3. Quality in health care is a worldwide phenomenon and commitment to quality is pre requisite from all healthcare professionals. Nursing service is an integral part of comprehensive health care delivery. They have an objective to provide safe, compassionate and comfortable patient care. Meeting the standards of NABH accreditation is not possible without the understanding and acceptance of the standards by the nursing staff.

A descriptive study was carried out in a teaching hospital on nursing staff, of which a purposive sampling technique was done to select 100 DOCTORSs who had an experience of at least one year. A questionnaire was prepared according to NABH guidelines to assess the level of Attitude of DOCTORSs on acceptance of NABH accreditation.

The study revealed 74.5% of the nursing staff had a positive attitude and felt that accreditation will improve the quality of healthcare. Whereas 25.5% of the nursing personnel had no knowledge on the NABH Nursing care is an important component of quality health care. It is a pre requisite that before implementing NABH standards, all the nursing staff needs to be trained and made acquainted with the benefits of accreditation. NABH Accreditation helps in redesigning the job so that they are more challenging to the employee and have less repetitive work. This study has brought out the positive attitude of the nursing staff which helps in obtaining the NABH Accreditation. Nursing fraternity plays a crucial role in increasing the prestige of the institution which is pre requisite in modern era to provide a standardized care to the patients. Sensitization of the nursing fraternity about NABH standards is mandatory. Training based on the feedback for continual improvement in bringing excellence in nursing services must be a main aim of the quality programme

4. This study was conducted in an Emergency Hospital located in Hyderabad. This hospital was established in the year 1988. Management decided to find out partial compliance and non- compliance areas in relation to NABH standards and improve those areas. Quality is the essence for any hospital and forms the basis for betterment of any service. The present study was carried out to find out the non- compliance and partial compliance. Study was intended to know the level of their compliance with standards given by NABH to ascertain Organizational preparedness and commitment to quality goals and consonance to the laid down standards for accreditation & internal audits. The self- assessment toolkit from NABH was scored to find the actual problem areas. The research methodology used has been. Awareness of NABH and its standards are of

prime importance when working with non-compliances. Infrastructure is sufficient but not utilized optimally. 2018, Indian Journal of Public Health Research and Development. All rights reserved

5. Health care is one of the most important service industry where quality standards need to be maintained for patient treatment and satisfaction. National accreditation boards for hospitals and health care providers (NABH) standards focus on quality, infection prevention control and patient safety. The impact of these standards on patient feedback about hospital services needs to be studied. Objective: To observe the impact of NABH standards on patient feedback and experiences and patient satisfaction. Methods: Patient feedback and experience data collected by Quality department of the hospital for the months of October 2018 (before implementation of NABH standards) was compared with data of October 2023 (5 years of implementation of NABH standards) and the data was analysed using statistical tools. The data was analysed and compared separately for Outpatient department (OPD) and In Patient department (IPD) patients. Results: The data was collected through questionnaire from 400 patients and their relatives (for less than 18 years age patients) each for both months. There was improvement in feedback and experiences for all elements of the questionnaire for both OPD and IPD patients, more significantly for staff behaviour and communication skills of staff. The feedback and experiences for IPD patients were more satisfactory than OPD patients in our study. Conclusion: NABH standards implementation has a positive impact on patient feedback and experiences leading to greater patient satisfaction. IPD patients are more satisfied with hospital services as compared to OPD patients.

6. While the adherence of facilities to the NABH standards of care improved considerably, certain performance gaps remained, which were primarily related to documentation of facility policies and protocols and training of staff, and required corrective actions for the facilities to achieve NABH entry level certification. While the adherence of facilities to the NABH standards of care improved considerably, certain performance gaps remained, which were primarily related to documentation of facility policies and protocols and training of staff, and required corrective actions for the facilities to achieve NABH entry level certification. Of the 28 facilities, 89% were classified as SHCOs while the rest were classified as hospitals, based on their number of beds (Table 1). 82% of the facilities had a monthly delivery load of 50 deliveries or less. 61% of the facilities were categorized as multi-specialty facilities while the remaining were exclusive maternity facilities (39%).

7. Per the World Health Organization (WHO), increasing patients' expectations, ensuring the safety of patients and staff, and improving quality have become important objectives for all national health systems in developed and developing countries. The demand for quality in healthcare services has risen due to various market forces such as medical tourism, insurance, corporate growth, and competition. Achieving a high-quality health system is a complicated journey; however, low standards put patients at risk. One WHO study showed that the highest incidence of hospital infections in Southeast Asia is 10%, and in Eastern Mediterranean the incidence is 11.8%, which is the highest. Countries have used distinct approaches and built upon lessons learned along the way. Several wealthy industrialized countries have had measurable success advancing the quality of healthcare provided to their people. In contrast, many developing countries are still endeavoring to identify and implement robust strategies to promote quality healthcare. The expectations of the consumer for best quality has also risen, which has led to the introduction of national and international accreditation bodies to act as a quality assurance mechanism, thus enhancing customers' access to better healthcare services.

The present study concludes that accreditation is vital to ensure disciplined hospital management and to impart quality care and patient safety. It included various parameters related to patient satisfaction, staff awareness and responsibilities, coordinated work, infection prevention control practices and cleanliness, documentation, infrastructure care and management (eg, laboratory, equipment). The results indicate that accreditation has had an impact on hospitals in improvements. One of the most important hurdles to implementing various accreditation programs is the dilemma of healthcare professionals, especially senior hospital staff, regarding the positive impact of accreditation programs on the quality of healthcare services. This can be overcome by involving them in accreditation programs and providing them with evidence-based literature. However, the need to educate healthcare professionals about the potential benefits of accreditation, which should resolve any cynical attitude of healthcare professionals towards accreditation, is of utmost importance.

8. Based on the findings of the current study, it was evident that working units had shown there was significant association with level of knowledge regarding patient's rights among nursing personnel's as $p < 0.05$ level, As studies on patient rights play a significant role in the development of health care, patient rights and education Unit trainings for all DOCTORSS should have a greater impact, and a change in knowledge, attitude and behavior should be pursued. Health care workers and patients' families should be taught about their rights, as well as the need of creating a patient rights culture.

9. Among 60 study participants, with regards to the age of the nursing personnel, the majority of the DOCTORSS the age group majority of the staff DOCTORSS 43(71.7%) were 21-25 age in year, 15(25.0%) staff DOCTORSS were 26-30 years age in year 1(1.7%) were 31-35 years age in year 1(1.7%) were 36-40 age in the year. The majority of staff DOCTORSS qualification is B.Sc. Nursing 43(71.7%), GNM 11(18.3%), P.B.B.Sc. Nursing 4(6.7%), ANM, 2(3.3%). The majority of year of experience is 42(70.0%) were the staff DOCTORSS is 1-3 years experience, 15(25.0) were 4-6 years of experiences, 3(5.0) were 7-9 yrs experience. The working area is 60(100%) were intensive care unit. The majority of previous exposure of NABH is 54(90.0%) and not exposure to NABH staff DOCTORSS is 6(10.0%).

10. Total of 60 staff DOCTORSS were recruited based on the inclusion criteria by using the Simple Random sampling technique. A self-structured questionnaire method was used to gather the demographic data as well as the existing knowledge regarding patients' rights. The collected data were summarized and tabulated in Microsoft office excel and analyzed using descriptive and inferential statistics. This study was conducted in an Emergency Hospital located in Hyderabad. This hospital was established in the year 1988. Management decided to find out partial compliance and non- compliance areas in relation to NABH standards and improve those areas. Quality is the essence for any hospital and forms the basis for betterment of any service. The present study was carried out to find out the non-compliance and partial compliance. Study was intended to know the level of their compliance with standards given by NABH to ascertain Organizational preparedness and commitment to quality goals and consonance to the laid down standards for accreditation & internal audits. The self-assessment tool kit from NABH was scored to find the actual problem areas. The research methodology used has been. Awareness of NABH and its standards are of prime importance when working with non-compliances. Infrastructure is sufficient but not utilized optimally.

11. Sssess the quality services provided by Nahar Hospital, Bhinmal is the main objective has been accomplished through a gap assessment and alignment of NABH guidelines. Gap assessment is the process to assess the level of quality care of patient and patient safety protocols in any hospital, we have done this gap assessment with the help of Self-Assessment Toolkit as per 5th edition of NABH accreditation guidelines. This assessment identifies the deviation between the current hospital practice and procedure and process of NABH guideline. As this toolkit have three different criteria as Documentation, Implementation and Evidence which enables us to identify the actual gap of hospital practices with the guidelines. This analysis was done in Nahar Hospital, Bhinmal. NABH self- assessment toolkit has 10 chapters as Access, Assessment and Continuity of care, Care of patient, Management of medication, Patient Rights and Education, Hospital Infection prevention control , Patient safety and quality Improvement, Responsibility of Management, Facility Management and Safety, Human Resource Management and Information Management System. This study include the quality care trends in India, various quality champions in India and Quality distribution channel in India, gap assessment of Nahar Hospital as per 5th edition of NABH accreditation toolkit and it is concluded with the corrective and preventive action.

In a judgment on medical negligence, the Supreme Court awarded compensation amounting to Rs. 11 crore to a victim, which was to be paid by the doctors and the private hospital deemed responsible for the wrongful death of a patient. Hence, the process of calculating compensation for medical negligence has received great attention and debate, largely due to the impact that it is going to have on the practice of medicine within the country, in the near future. In this scenario, it is very difficult to survive small budget hospital, if they will not take care of their patient properly and review the quality care given to the patient. To resolve all these kind of problems NABH provide the guidance to improve the processes of the hospital which lead to prevent these kind of incidents. For the hospital having more than 50 beds, NABH issued this self-assessment toolkit to do a gap assessment and guide to achieve the NABH accreditation and align all the processes as per guidelines. beds, NABH issued this

self-assessment toolkit to do a gap assessment and guide to achieve the NABH accreditation and align all the processes as per guidelines.

12. Background: The healthcare system is now transforming widely with new technology including the introduction of a variety of medical gadgets, clinical trials, telemedicine, health insurance, health tourism, and outsourcing programs. Recent research focused on the quality of healthcare has proved useful for evaluating satisfaction and improvement of services in an organization. The World Medical Assembly asserts that in order to enhance patient outcomes on an individual level and community health, healthcare providers and organizations have an ethical and professional commitment to continuously improve the quality of services and patient safety. The National Accreditation Board for Hospitals & Healthcare Providers - Quality Council of India - (NABH) formed a constituent board to design and oversee an accreditation scheme for healthcare institutions to ensure the quality of care. Healthcare accreditation organizations and certification programs have progressed international efforts to raise the standard of healthcare since the 1970s. The accreditation process, which is carried out by qualified external peer reviewers, allows a healthcare organization to be officially recognized for achieving performance standards. The objectives of this protocol are to understand the perception and impact of healthcare workers towards implementation of NABH standards and to study the impact of pre and post assessment of NABH with the help of 10 important key performance indicators in hospitals. **Methods:** A descriptive cross-sectional design will be adopted in the study. It includes collection of data from the medical record department records for pre-assessment and direct questionnaire to the participants for post-assessment of NABH standards. The pre-assessment data of quality indicators will be collected from the previous records of NABH files from the quality assurance department. **Expected result:** The expected result of the study will identify the different impacts of implementation of NABH standards after pre and post assessment.

13. Hospital accreditation and licensing of the healthcare services is only possible when the hospital assures and provides excellent services to the patient. This can only be achieved through the medical records of the patient maintained in the hospital. The completeness and accuracy of the information is the important criteria in a hospital. Regular medical record audits and an ongoing training to all the members of the healthcare team could go a long way. It is recommended that the records should be legible and can be interpreted by the other non treating health professional. If there is difficulty with the legibility of the records, an alternate means of note taking should be considered properly (electronic medical records). It is recommended that repetitive information should be avoided since it involves duplication of efforts and wastage of resources. It is recommended that forms should be redesigned and redundant columns should be done away with. It is recommended that entries be recorded are detailed, accurate and comprehensive. To have a periodic weekly auditing to minimize chances of deficiency/misplacing and improving the standards of documentation. The Medical Record department/personnel should identify incomplete record and send them to the concerned professional to complete and then only it should be filed. Additionally, the nursing station staff may also take up the responsibility of ensuring that all the details of the patient in forms / records are complete, while they are in charge of that patient so that if any variations are found they can be solved immediately. This will help minimize the movement of incomplete forms/ records. Periodic training sessions and workshops should be organized by management in order to educate the staff about the importance of the documentation and update them on the latest in documentation methodologies/technologies. Regular discussions with the senior management on improvising the standard of documentation. Formation of a MR development committee that could greatly assist with the development of a standardized MR system and its implementation in the hospital. Also, the committee could review and authorize the MR Manual developed, review and suggest changes on existing MR forms.

14. The study aims to evaluate the awareness of NABH standards among nursing DOCTORS. A descriptive study was done to gauge DOCTORS' knowledge of NABH. To take part in this study, 320 DOCTORS were chosen using a Simple random sampling method. Questionnaires were utilized as the data collection instrument to gauge DOCTORS' level of awareness. The expected outcome of this paper is the improvement in already existing policy and framing of new policies and increasing the rate of awareness through different modes. The findings are also expected to pave the way for future research work. The management and assessment of health care now both depend heavily on quality. In the current economic climate, ensuring patient happiness globally requires careful consideration on how to continuously improve the quality of healthcare

services. The health sector in India is one of the largest and fastest-growing industries, and both for-profit and non-profit hospitals and care facilities place a high priority on patient happiness and quality enhancement. The criteria were established by the National Accreditation Board of Hospitals and Healthcare Providers (NABH) and the Quality Council of India. Being a DOCTORS and responsible for providing high-quality patient care to patients, society, and the profession motivated the investigator to conduct a study to gauge staff DOCTORS' understanding about NABH accreditation in order to learn more. According to the study's findings, all of the subjects had a fair amount of knowledge about NABH accreditation. The study had effects on other fields as well as the nursing industry. The study's findings

15. NABH is a hospital accreditation process which is not an easy task, to adopt and achieve the highest standards of healthcare it is essential to practice it forever. This process requires continuous hard work and full determination health care worker. Manpower is the most important and the most valuable asset of any organization and success or failure of every organization strongly depends on the DOCTORS are back bone of any hospital care provided to patients create good or bad reputation about hospitals, patient satisfaction is a key factor which attracts the health care seekers and uphold the standard of nursing services that play an important role in improvement of health status of society. **Sindhu Joseph (2018) conducted a comparative study on "The Effect of Accreditation on Patient Satisfaction in Public Healthcare Delivery: To make accreditation a useful regulatory instrument, there is a need to assess quality based on patient outcome indicators at regular intervals. Statistical analysis of the independent t-test there was highly significant difference between with satisfaction of patients regarding nursing care admitted in selected NABH and NON-NABH accredited hospital. Scores show there is significant difference between both groups. The study confirmed that the effect of the score of patients satisfaction in group NABH is more effective rather than group Non-NABH group. Statistical analysis of the data revealed that, according to independent t-test there was highly significant difference between with nature of work in NABH and Non-NABH accredited hospitals groups. "There is significant difference according to satisfaction of patients regarding nursing care admitted in selected NABH hospital (Mean=73.74, SD=13.52) and Non-NABH group (M=63.84, SD=7.101) conditions; $t(98) = 4.584$, $p = 0.010$." These results suggest that the result of NABH is more effective rather than Non-NABH.**

Statistical analysis of the data revealed that, according to independent sample t-test there is significant difference between satisfaction of patients regarding nursing care admitted in selected NABH accredited and non NABH accredited hospital. And Chi-Square test tells us that there is statistically significant association between association between age and satisfaction level of patients regarding nursing care admitted in selected NON-NABH accredited hospital. No association found in other variables like gender ward and admitted duration of patients in NABH and NON-NABH hospitals. We conclude that there is not enough evidence to suggest an association between other demographic variables except age in Non-NABH hospital.

16. Maintenance of service quality especially in hospital is more crucial for both service provider and the customers. NABH Accreditation in healthcare industry setup the standards of service quality that ensure the fulfillment of customers' expectation. The principal motive of the present research study was to understand the degree of impact of service quality on customer satisfaction with reference to NABH accredited hospitals. The present research initiative was considered for collecting data from both original sources and the relevant domain of secondary sources. The collected data were analyzed after the systematic classification, codification and graphical presentation. With the consideration of the common characteristics and nature of data, the Multiple Regression Analysis was implied for understanding the relationship between dependent variables and independent variables. The principal outcome of the research study is presented as the most appropriate service quality that has great impact on customer satisfaction in the healthcare industry. Maintenance of standard service quality fulfill the customer expectation that leads to the high degree of satisfaction and build long run relationship in the corporate world. The research outcomes are well connected to the future research initiatives in the area of services quality, customer relationship management, corporate goodwill, continuous improvement of healthcare services as per customers' expectation and ensuring better services for the society.

17. Accreditation is a process of ensuring measurable quality in any organization. Four pioneer national healthcare accreditation standards are - Joint Commission (USA), The Australian Council on Healthcare Standards (ACHS), QHA Trent Accreditation (UK), and NABH- National Accreditation Board for hospital and healthcare providers (India). The healthcare accreditation process (Joint Commission) started in sixth decade of twentieth century in USA. NABH Accreditation of healthcare organizations that started six decades later than Joint Commission is a recent phenomenon in Indian subcontinent (since 2006 AD). NABH Accreditation process has been slow in India. Indore is a tier- 3 city of central India with approximately 500 small, medium and big sized hospitals. Indore is first city in Madhya Pradesh where NABH accreditation process has started in hospitals. This study ventures into the comparative perspective of NABH accreditation in India and analysis of phases of NABH accreditation process in all four tertiary care hospitals of Indore. It was concluded that these hospitals are in different stages of accreditation process. In one out of the four hospitals the process is near completion (92% process completed) and it is likely to get NABH accreditation within three months. NABH Accreditation will not provide competitive edge in existing market but will also initiate the process of domestic and international medical tourism in Indore (Madhya Pradesh).

18. NABH is the board established which can assure the quality of the services and patient safety aspects in the hospitals. The quality of service in Hospitals is incomplete without the cooperation of the Healthcare workers within the Hospital. Hence, the study focuses on the compliance related to the Knowledge, Attitude and Practice towards the NABH standards by the healthcare workers across various departments within Hospital. **Materials and Methods:** In the study, 5 patient-centered chapters of the NABH standards were considered and the knowledge, attitude and practice towards the standards and policy was observed. Observations were noted with help of open ended questions based on the SOP of the Hospital, relevant records checked to assess compliance with the NABH standards. A sample population of staff (Managers, DOCTORSs, technicians and Healthcare staff) was randomly selected and observations were noted with help of checklist.

Results: Compliance that was observed in various department considering the NABH standards are Intensive Care Unit (ICU) 95%, Operation Theatre (OT) 96%, Emergency room (ER) 97%, Pharmacy and Stores 95%, Central sterile supply department (CSSD) 100%, Radiology 100%, Laboratory 98%, Kitchen 81% and Biomedical waste handling 72%. Introduction of regular monitoring and daily meeting of the respective heads was recognised as a means to prevent such events.

Conclusion: The hospital needs to focus more on regular monitoring towards the infection prevention control practices and meeting among the managers on daily basis to have a control over the quality that the organization is aiming at.

19. His study was conducted in an Emergency Hospital located in Hyderabad. This hospital was established in the year 1988. Management decided to find out partial compliance and non-compliance areas in relation to NABH standards and improve those areas. Quality is the essence for any hospital and forms the basis for betterment of any service. The present study was carried out to find out the non-compliance and partial compliance. Study was intended to know the level of their compliance with standards given by NABH to ascertain Organizational preparedness and commitment to quality goals and consonance to the laid down standards for accreditation & internal audits. The self- assessment tool kit from NABH was scored to find the actual problem areas. The survey was conducted in Emergency Care Hospital in order to know the awareness of National Accreditation Board for Hospitals & Healthcare Providers (NABH). The hospital staff be made aware of NABH through induction program & Employee Training Modules that, the board is structured to cater to much desired needs of the consumers and to set benchmarks for progress of health industry. The board is functionally autonomous in its operation. There should be more information flow from Leadership, regarding the NABH as it gives a brand image for quality services of the hospital for the image building process. More and more awareness should be brought even in the society so that, people should know what NABH accreditation stands for quality service of the hospital. The stake holders in the health care industry should know that the focus of accreditation is on continuous improvement in the quality of organizational and clinical performance of health services, up to a defined acceptable standards.

Study has been done by students of MBA (HHM) as a part of their Summer Internship Program & there is no direct intervention carried out on patients or patient care management. On the request of Management of the

hospital, the students have studied certain managerial issues related to awareness of NABH Standards amongst the healthcare workers and hence there was no need for clearance by Ethical Committee

20. The research concludes that NABH standards guide the hospital regarding the provision of a safe and secure environment for patients, their families, staff, and visitors. The standards ask the organisation to take steps to ensure this, including proactive risk mitigation measures like conducting regular facility inspection rounds, and mock drills for fire and non fire emergencies. The study reveals that hospitals have earmarked their expansion capacity for disaster management. They have reserved approximately 10% of their operational beds for use during disaster and these beds were allocated to both medicine and surgical specialities. Similarly, the hospitals had one OT also for use during the disaster event. Despite of the age of the hospitals and diverse hazard profiles, the minimum level of preparedness was observed in all the accredited hospitals. Their willingness to participate in such a study also indicates their evolutionary nature and adaptability to new systems for patient and staff safety. Even though measurement of disaster preparedness of hospitals is not undertaken by the NABH assessment and the team only provides suggestions as per the evidenced-based, best practices to improve safety in total and make the hospitals disaster resilience we can say that accreditation standards become the best way to prepare hospitals for disaster management.

The limitations of this research include the restriction of the study to private NABH hospitals and could not include the government medical colleges that have achieved pre-entry level of NABH accreditation, due to the lengthy process of obtaining permission from state governments. Secondly, the staff was hesitant in giving their employee identification, educational qualification details and name of their department, due to fear of revealing identity and linking of their performance in the study with their appraisals. Thirdly, there was no participation from the hospitals of Punjab due to which a major portion of hazard and preparedness was missed out in the study.

21-“Incredible India” is a land of contrasts. This is nowhere more evident than in health care today. On one hand we boast of brilliant doctors who practice state of the art medicine using the latest technology. On the other, we also have in our hospitals, categories of staff who barely understand the rudiments of hygiene and sanitation. Between these extremes are the nursing services. All three come together as a team to provide health care in our hospitals. If health care workers are of varying quality so too are the institutions in which they work. Government hospitals are the victims of an economy which spends less than 2% of its GDP on health. They look after a huge workload of patients with a broad spectrum of diseases; yet they are at times the unfair target of criticism during healthcare crises. Their circumstances seldom allow quality and safety to appear on their radar. For millions of Indians, going to public hospital remains a nightmarish experience; big crowds, long queues, confusing maze like layout, incomprehensible instructions, tedious procedures, casual diagnosis, rough handling by sullen staff, rude physicians, complete absence of accountability and unjustified delays. In today's world, the Indian Healthcare industry is impacted by various forces like corporate growth, business competition, medical tourism, medical insurance etc. Due to this, the quality of healthcare at hospitals is affected and the patient's expectations have increased. Today, a better informed public is seeking more personal and patient friendly treatment at the time of sickness. 7 Patient satisfaction is as important as other clinical health measures and is a chief means of assessing the strength of health care delivery. The current competitive environment has driven health care organizations to concentrate on patient satisfaction as a means to acquire and keep market share. The increased international focus on improving patient outcomes, safety and quality of care has led stakeholders, policy makers and health care provider organizations adopt standardized processes for measuring health care systems. Patient satisfaction is an important and commonly used indicator for measuring the quality in health care. Patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims. It affects the timely, efficient, and patient-centered delivery of quality health care. Patient satisfaction is thus a proxy but a very effective indicator to measure the success of doctors and hospitals. Quality and safety have suddenly catapulted into prominence. This has led to the adoption of accreditation standards by Healthcare organizations. The healthcare accreditation system is based on the Donabedian model of quality. The Donabedian model is a conceptual model that provides a framework for examining health services and evaluating quality of health care. According to the model, information about quality of care can be drawn from three categories: “structure,” “process,” and “outcomes.” Structure describes

the context in which care is delivered, including hospital buildings, staff, financing, and equipment. Process denotes the transactions between patients and providers throughout the delivery of healthcare. Finally, outcomes refer to the effects of healthcare on the health status of patients and populations. Structure, process and outcome can be improved by implementing the healthcare accreditation standards as they are based on current evidence based practices and processes. 8 The objective of implementing any accreditation system if to improve the overall efficiency through availability of adequate resources, adoption of standardized processed which will ultimately lead to provision of effective, safe and timely healthcare deliver thereby enhancing the patient satisfaction for the overall services.

21. Healthcare industry is one of those industries which is poised to play an extremely crucial role in times to come. The rampant changes that are taking place in our society with the onset of multifarious and novel diseases like the present Corona pandemic crisis, the responsibilities and the work load of the workers working in hospitals in bound to increase. The present study has been undertaken with the broad objective of identifying the perception of workers working in various hospitals of the Bareilly district (U.P) towards the guidelines issues by NABH regarding patient care and other related operational activities that takes place in hospitals. NABH (National Accreditation Board for Hospitals and Healthcare The availability, accessibility, affordability, acceptability, appropriateness, competency, timeliness, privacy, confidentiality, attentiveness, care, responsiveness, accountability, accuracy, reliability, comprehensiveness, continuity, equity, amenities, and facilities are all examples of qualities associated with high-quality healthcare.

In any attempt to define, measure, and enhance healthcare quality, it is necessary to take into account the viewpoints, goals, and priorities of many healthcare stakeholders. Few studies have been done to determine the elements that influence the quality of healthcare services, despite the fact that many empirical studies have been done to evaluate the quality of healthcare organizations. This issue has only been briefly studied in Iranian healthcare institutions. Most research only considered the opinions of one or a maximum of two healthcare stakeholders. By empirically examining the opinions of healthcare providers, managers, payers, and policy-makers on the determinants affecting the quality of healthcare services in Iranian healthcare organizations, this study intends to close this research gap.

III. PROBLEM STATEMENT

“A study on quality improvement and awareness of NABH STANDERS in PARUL SEVASHARAM HOSPITAL” accreditation standards.

OBJECTIVES

To Asses knowledge and attitude towards NABH accreditation in Parul Sevashram Hospital.

CHALLENGES FACED BY HOSPITAL INFECTION UNIT.

Healthcare associated infections (HAIs) are the most frequent adverse outcome in healthcare delivery worldwide. In conflict-affected settings HAIs, in particular surgical site infections, are prevalent. Effective infection prevention and control (IPC) is crucial to ending avoidable HAIs and an integral part of safe, effective, high quality health service delivery. However, armed conflict and widespread violence can negatively affect the quality of health care through workforce shortages, supply chain disruptions and attacks on health facilities and staff. To improve IPC in these settings it is necessary to understand the specific barriers and facilitators experienced locally. We found that inadequate hospital infrastructure, resource and workforce shortages, education of staff, inadequate in-service IPC training and supervision and large visitor numbers are barriers to IPC in hospitals in this study, similar to barriers seen in other resource-limited settings. High patient numbers, supply chain disruptions, high infection rates and attacks on healthcare infrastructures, all as a direct result of conflict, exacerbated existing challenges and imposed an additional burden on hospitals and their IPC programmes. We also found examples of local strategies for improving IPC in the face of limited resources, including departmental IPC champions and illustrated guidelines for in-service training..

IV. RESEARCH METHODOLOGY

Methodology of research refers to the investigations of the way of obtaining, organizing and analyzing data. Methodological studies address the development, validation, and evaluation of research tools.

This chapter deals with the methodology of the study ““A study on quality improvement and awareness of NABH STANDERS in PARUL SEVASHARAM HOSPITAL” accreditation standards.”

This chapter deals with the description of the methods and different steps used for collecting and organizing data. It includes:

- Research approach
- Research design
- Setting
- Population
- Criteria for selection of sample
- Sample technique
- Development and description of the tool
- Data collection
- Plan for statistical analysis

RESEARCH APPROACH

Research approach is an umbrella that covers the basic procedure for conducting the research. A research approach tells the researcher so as to what data to collect and how to analyze it. It also suggest possible conclusion to be drawn from data in view of the nature of problem selected for the study and the objectives to be accomplished.

In this present study, the investigator wish to assess the knowledge level of final year nursing students on needle stick injuries through quantitative approach

QUALITATIVE INTERVIEWS

Infection prevantation control program has the main purpose of preventing and stopping the transmission of infections. Specific precautions are needed to prevent infection transmission depending on the microorganism.

The following are examples of indications for transmission-based precautions:

- Standard precautions: Used for all patient care. It includes hand hygiene, personal protective equipment, appropriate patient placement, clean and disinfects patient care equipment, textiles and laundry management, safe injection practices, proper disposal of needles and other sharp objects.
- Contact precaution: Used for patients with known or suspected infections that can be transmitted through contact. For those patients, standard precautions are needed, plus limit transport and movement of patients, use disposable patient care equipment, and thorough cleaning and disinfection strategies. Patients with acute infectious diarrhea suchas *Clostridium difficile*, vesicular rash, respiratory tract infection with a multidrug-resistant organism, abscess or draining wound that cannot be covered need to be under contact precautions.
- Droplet precautions: Used for patients with known or suspected infections that can transmit by air droplets through the mechanism of a cough, sneeze, or by talking. In such cases, it is vital to control the source by placing a mask on the patient, use standard precautions plus limitation on transport and movement. Patients with respiratory tract infection in infants and young children, petechial or ecchymotic rash with fever, and meningitis are placed under droplet precautions.
- Airborne precautions: Use for patients with known or suspected infections that can be transmitted by the airborne route. Those patients require to be in an airborne infection isolation room with all the previously mentioned protections. The most important pathogens that need airborne precautions are tuberculosis, measles, chickenpox, and disseminated herpes zoster. Patients with suspected vesicular rash, cough/fever with pulmonary infiltrate, maculopapular rash with cough/coryza/fever need to be under airborne precaution.

FOCUS GROUP

Multispecialist and super specialist doctors specifically, MD and MS included in this research

QUANTITATIVE DATA

Where such data were accessible and pertinent, a variety of pertinent quantitative indicators were acquired to supplement the qualitative data. At various stages in the report, these data will be introduced and described, mostly when they are a crucial component of assessing the impact of the "design package." The amount of referrals from the hospital to nearby ADMINISTRATION organizations is an example of one of these measures.

1. A list of the target demographic (health sector DOCTORS)

The number of doctors at each study unit should be stated. Facilities may have a tentative list of the doctors who are employed in PSH. The researcher should attempt to compile an accurate and comprehensive list of the target population.

2. Target population stratification (personnel grouping)

The listed DOCTORS in the selected study units ought to be divided into different professional categories. DOCTORSs, receptionists, guards, etc., should all be divided up into different categories. The research protocol's page 3 lists the sorts of individuals. These categories may need to be modified in light of the local situation.

Stratified target population sampling

Then, one simple random sample (SRS) from each group can be chosen.

SAMPLE SIZE

The sample consists of the subjects of the population selected to participate in the research study. Sampling refers to the process of selecting the portion of population to represent the entire population. In this study, sample size consists of 60 MD and MS DOCTORS of Parul sevasharam hospital

SAMPLE DESIGN RESEARCH DESIGN

The Research design is the "binding force" that holds all of the elements in a research together. The research design is the overall plan for obtaining answers to the questions being studied and for handling the difficulties encountered during research process.

When embarking on a research question, a research design provides a framework that supports the study and holds it together. A research design incorporates the most important methodological decisions that a researcher makes in conducting a research study.

The present study was aimed at assessing the "a descriptive study to assess the knowledge related to Hospital infection prevention control according to NABH, accreditation"

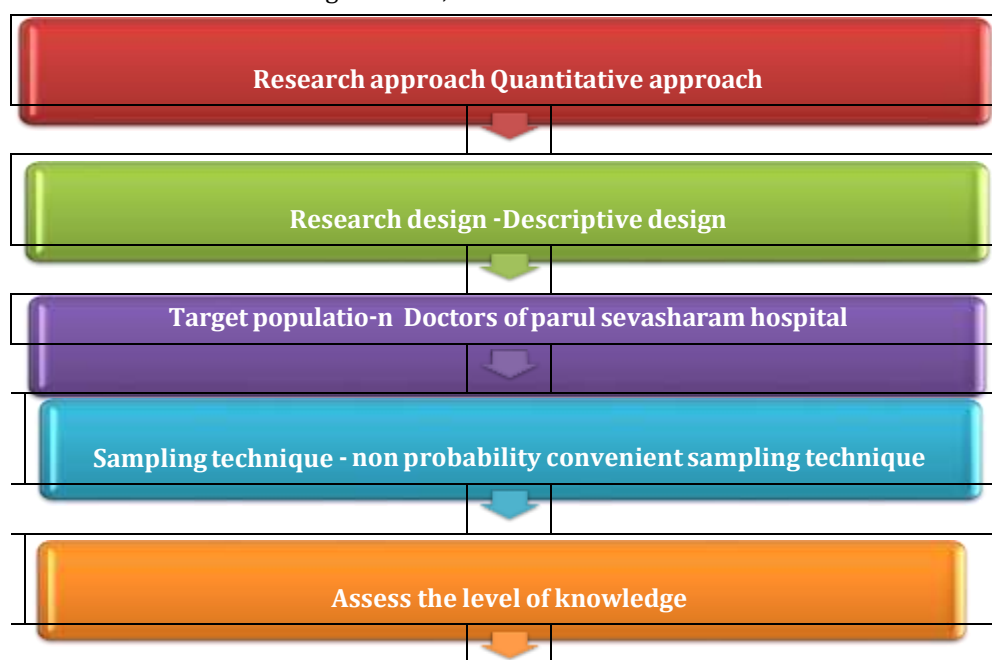




Figure: Schematic Representation of Research Processes

COLLECTION BACKGROUND

This analysis uses survey (primary) and routine (secondary) data from hospital information systems (HIS) to examine the characteristics of two patient populations treated in emergency departments (Eds) who had one of three model disorders (hip fractures, respiratory symptoms, or cardiac symptoms).

Our objectives were to find any potential systematic discrepancies between the data samples and to determine the consequences of their use in ED-based health services research in the future.

DATA ACQUISITION

PRIMARY DATA

In all eight participating Eds, in this research, we just taken doctors as our primary sample or the population where we are just knowing the knowledge and the attitude towards NABH accreditation and the SOP, which was given by NABH for the infection prevention control and the criteria were also made where they can follow the rules and regulation of the infection prevention control given by NABH and WHO.

SECONDARY DATA

For the collection of secondary data was taken from general medicine general surgery on and ONCO genic department, which was located in parul sevasharam hospital, and this data was only taken from the doctors which are unit 1,2,3 in the specific departments

- 1- HOU
- 2- ASSISTANT PROFESSOR
- 3- ONCO GYNECOLOGIST
- 4- PG
- 5- SR
- 6- PROFESSOR

V. RESULTS

As an entire, there's still some uncertainty still, there's 0.1 rate specialists which have need of information related to PP pack, but that the 97.4 by rate, Specialist having the correct information related to PP unit and transfer. Still, there's 7.9 rate of the specialists and the staff which having need of information related to the timings for utilize of cleanser to wash their hands it is 6.8 rate, specialists and the staff having their legitimate isolation required information related to MRSA persistent in parul sevahsaram clinic, but still, there's 13.2 rate specialists which don't have appropriate information related to MRS a separation of the understanding of the sop of the NABH 100% rate specialists having the right information related to needles transport damage 97.7 rate, specialists having the right information related to cleanser, hand, washing, and running withliquor and 2.1 rate specialists no, the standard safety measures which utilized after touching the sullied blood body, liquid, and the non-infected abilities of the understanding having appropriate information related to least liquor rate which are utilized in sanitiser, 26.3 rate stops and specialists having the right information related to segregation of chickenpox patients. concurring to nabh, sop and criteria and 23.7 rate specialist still having need of information related to airborne and the airborne and contact, which are the ways of transmission of microorganisms

RESEARCH DATA ANALYSIS (ADVANCE EXCEL)

The survey results, which were obtained for this study on efficient service delivery in hospitals, are displayed in the form of a graph below. People of all ages were asked to complete a survey regarding their personal hospital experiences.

Description of demographic characteristics of the samples

Personal Protective Equipment (PPE) includes
35 responses

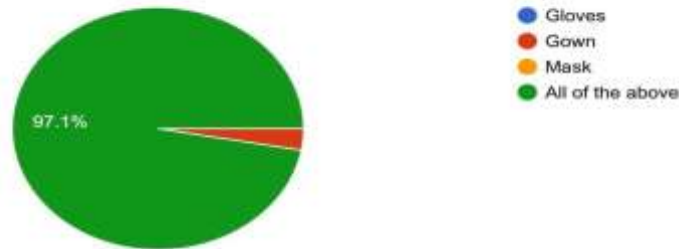


Figure 1:

More than 97.1% of doctors have the proper knowledge related to PPE KIT and only 2.6% don't have the proper knowledge related to NABH accreditation related PPE kit (FIGURE - 1),

For how long should one wash their hands when using soap and water ?
38 responses



Figure 2:

Fig2-92.1 percentage, doctors know the proper timing of handwashing and the proper techniques of hand washing according to NABH accreditation.SO many doctors are washing hand only for 20 seconds .every doctor having knowledge to wash hand Before and after clinical procedures

What isolation required for MRSA ?
38 responses

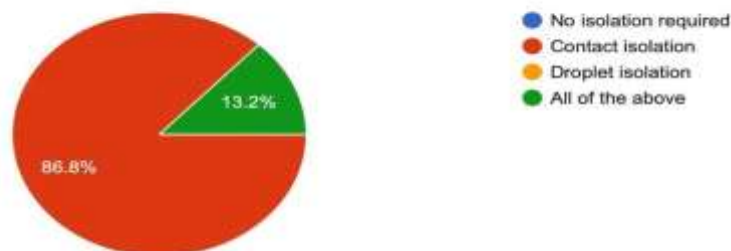


Figure 3:

Fig 3-shows that thing 86.8 percentage doctors having the proper isolation related knowledge of infection prevantation control of MRSA patient, according to NABH accreditation

A semi-critical item need sterilization
38 responses

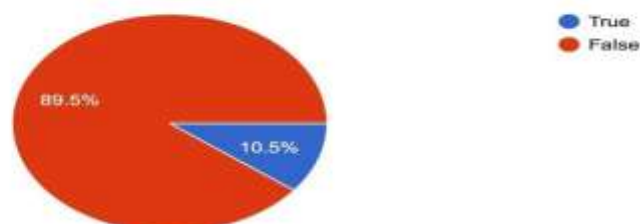


Figure 4:

According to the following figure -4, 83.5 percentage doctors having the proper knowledge related to semi critical item needs civilization according to SOP of any NABH.

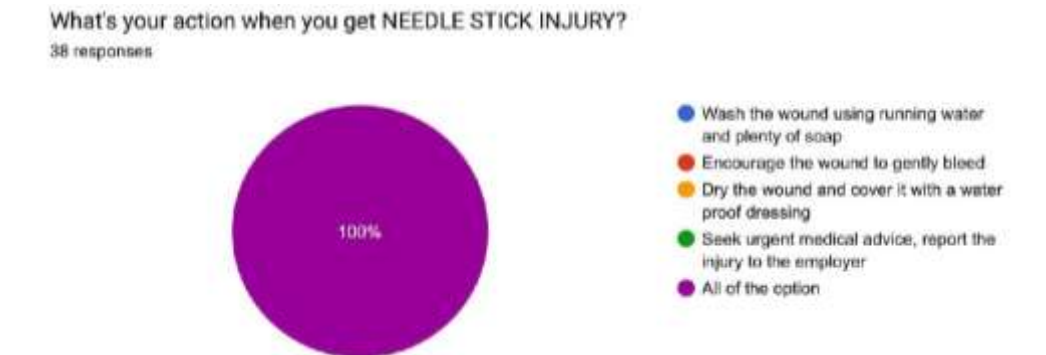


Figure 5:

Figure 5 shows the degree 100% doctors of Parul Sevasharam hospital having the knowledge related to needles strip injury.

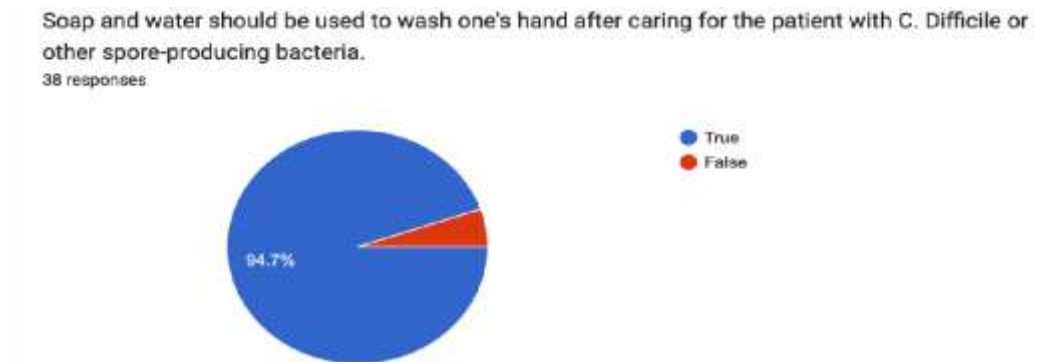


Figure 6:

Fig-6 94.7 percentage, doctors having the knowledge related to soap and water should be used to wash one hand after carrying all the patients with the C diffusion or the others post protecting bacteria

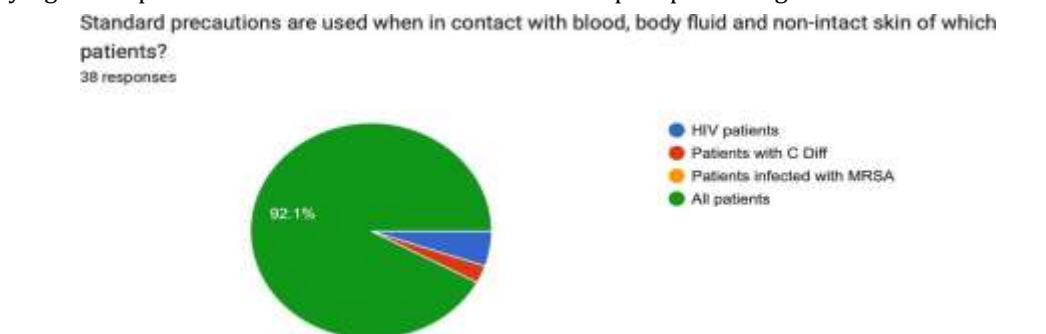


Figure 7:

Fig 7-92.1 percentage doctors having the proper knowledge related to precautions are used when in contact with the blood, blood, fluid and the non-Intact skins, which patient

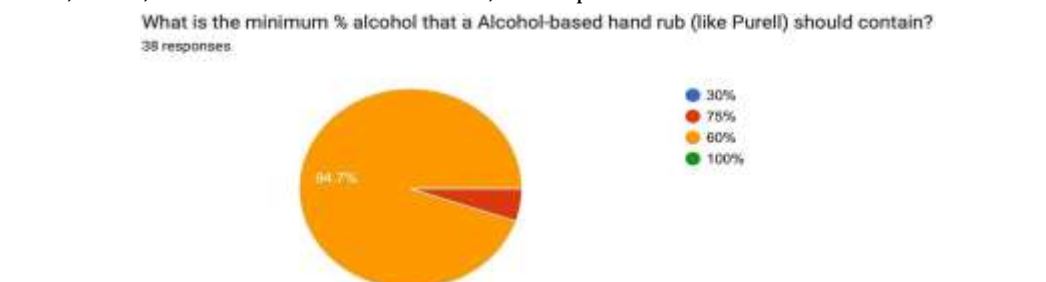


Figure 8:

Fig 8-94.7 percentage doctors knows the minimum alcohol based hand Drüg, which is used inParul Sevashram Hospital according to NABH

How often curtains are changed?

38 responses



Figure 9:

Fig 9-97.7 percentage doctors having the proper knowledge related to how often curtains arechanged in ICU . According to NAH accreditation.

What isolation is needed for Chickenpox?

38 responses

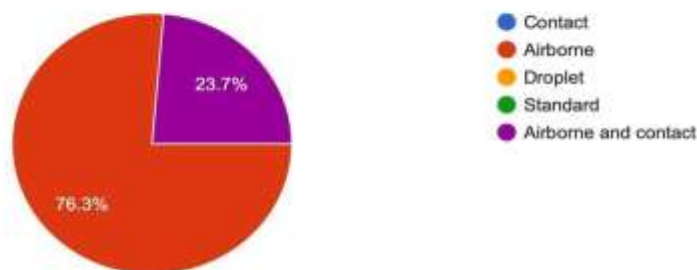


Figure 10:

Fig 10-73.3% doctors having the proper knowledge related to isolation is needed for chickenpox and 23.7%, doctors don't have knowledge related to isolation in chickenpox

Healthcare workers exhibiting signs and symptoms of the flu should not take care of patients.

38 responses

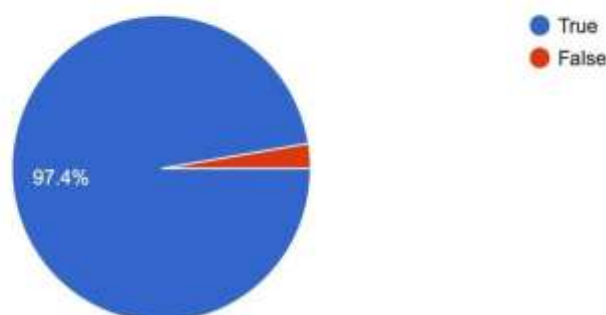


Figure 11:

Fig 11-97.4 percentage, doctors having the proper knowledge related to healthcare workers, exhibiting, signs, and symptoms of you should not take care of patient according to NABH aggregation

VI. FINDINGS

Health care organizations and their administrators must adopt a more comprehensive view of the quality of health care delivery because they are a part of a fiercely competitive sector. In addition to more conventional quality metrics, initiatives to enhance the quality of healthcare must focus on patient satisfaction. Furthermore, NABH is criteria to how well and how satisfied the sops of hospital in this research, we are gaining the proper

knowledge of the doctor regarding the NABH, accreditation and the criteria which are followed in Hospital infection prevention control unit. What kind of techniques are used to prevent infection and how they can improve their quality of giving by current survey technologies.

Finally, right now, we are the youngest Hospital to get NABH accreditation at that. The 750 bedded Hospital, so we just lagging at so many points on the infection prevention control level because of lack of knowledge related to infection prevention control in the nursing staff and in the slums part of doctors negligence also can be find it in this research.

VII. CHALLENGES FACED BY HOSPITAL INFECTION UNIT

Healthcare associated infections (HAIs) are the most frequent adverse outcome in healthcare delivery worldwide. In conflict-affected settings HAIs, in particular surgical site infections, are prevalent. Effective infection prevention and control (IPC) is crucial to ending avoidable HAIs and an integral part of safe, effective, high quality health service delivery. However, armed conflict and widespread violence can negatively affect the quality of health care through workforce shortages, supply chain disruptions and attacks on health facilities and staff. To improve IPC in these settings it is necessary to understand the specific barriers and facilitators experienced locally. We found that inadequate hospital infrastructure, resource and workforce shortages, education of staff, inadequate in-service IPC training and supervision and large visitor numbers are barriers to IPC in hospitals in this study, similar to barriers seen in other resource-limited settings. High patient numbers, supply chain disruptions, high infection rates and attacks on healthcare infrastructures, all as a direct result of conflict, exacerbated existing challenges and imposed an additional burden on hospitals and their IPC programmes. We also found examples of local strategies for improving IPC in the face of limited resources, including departmental IPC champions and illustrated guidelines for in-service training.

Societal implications

Understanding the significant economic and social contribution of the NABH accreditation of hospital infection prevention control which helps hospital to reduce HAI(hospital acquired infection) which can improve the patient care and also reduce the chances of spreading of infection in hospital and also give a proper care to the patient which will be beneficially to recover properly to recover properly, helps the doctor to maintain the proper infection prevention control in the hospital, which can help the hospital works smoothly and by more impactful And this research will also help to have a proper record of hand hand, washing, and the PP kit disposal, according to NB, accreditation So give the proper knowledge related to isolation of the patient who are suffering from chickenpox and other infections, which can be spread too much faster from patient to patient

VIII. CONCLUSION

As a whole, there is still some uncertainty still, there is 0.1 percentage doctors which have lack of knowledge related to PP kit, but that the 97.4 by percentage, Doctor having the proper knowledge related to PP kit and disposal. Still, there is 7.9 percentage of the doctors and the staff which having lack of knowledge related to the timings for use of soap to wash their hands

it is 6.8 percentage, doctors and the staff having their proper isolation required knowledge related to MRS a patient in parul sevahsaram hospital, but still, there is 13.2 percentage doctors which don't have proper knowledge related to MRS a isolation of the patient of the sop of the NABH 100% percentage doctors having the proper knowledge related to needles ship injury 97.7 percentage, doctors having the proper knowledge related to soap, hand, washing, and running with alcohol and 2.1 percentage doctors no, the standard precautions which used after touching the contaminated blood body, fluid, and the non- infected skills of the patient

having proper knowledge related to minimum alcohol percentage which are used in sanitiser, 26.3 percentage stops and doctors having the proper knowledge related to isolation of chickenpox patients. according to nabh, sop and criteria and 23.7 percentage doctor still having lack of knowledge related to airborne and the airborne and contact, which are the ways of transmission of microorganisms from one person to another.

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So give the proper knowledge related to isolation of the patient who are suffering from chickenpox and other infections, which can be spread too much faster from patient to patient 15.3

Questions:

Q1-Personal Protective Equipment (PPE) includes:

1. Gloves
2. Gown
3. Mask
4. All of the above

Q2-For how long should one wash their hands when using soap & water?

1. Under 10 seconds
2. At least 20 seconds
3. 40-60 seconds
4. It doesn't matter as long as your hands appear clean

Q3-What isolation required for MRSA?

1. No isolation required
2. Contact isolation
3. Droplet isolation
4. All of the above

Q4-A semi-critical item need sterilization.

1. True
2. False

Q5-What's your action when you get NEEDLE STICK INJURY?

1. Wash the wound using running water and plenty of soap
2. Encourage the wound to gently bleed
3. Dry the wound and cover it with a waterproof dressing
4. Seek urgent medical advice, Report the injury to your employer
5. All of the above

Q6-Soap and water should be used to wash one's hands after caring for a patient with C. Difficile or other spore-producing bacteria.

1. True
2. False

Q7-Standard precautions are used when in contact with blood, body fluid and non-intact skin of which patients?

1. HIV patients
2. Patients with C Diff
3. Patients infected with MRSA
4. All patients

Q8-What is the minimum % alcohol that a Alcohol-based hand rub (like Purell) should contain?

1. 30%
2. 75%

3. 60%

4. 100%

Q9-How often curtains are changed?

1. All correct

2. Monthly

3. If soiled

4. Isolation room after discharge

Q10-What isolation is needed for Chickenpox?

1. Contact

2. Airborne

3. Droplet

4. Standard

5. Airborne and contact

Q11-Healthcare workers exhibiting signs and symptoms of the flu should not take care of patients.

1. True

2. False

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