

ANALYZE NABH GUIDELINES FOR QUALITY MANAGEMENT, KNOWLEDGE & PRACTICES IN THE EMERGENCY DEPARTMENT

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Abstract

The NABH protocol plays a crucial role in ensuring the quality and safety of care provided in emergency department of hospitals in India. The protocol ensure a consistent level of care for all patients, regarding of the physician or the specific circumstances of their arrival. NABH mandates qualified and trained staff in the ED, ensuring patients receive care from competent professionals. Despite the fact that the Indian healthcare system is currently undergoing fast social, technological, and economic development, hospitals remain an essential component of the system. Obtaining accreditation is the most crucial strategy for raising hospital standards. Employees in the emergency room must so concentrate on following NABH principles and protocol. This study identifies the emergency department's knowledge and practice of the NABH procedure. It was a cross-sectional study. Physicians, paramedical staff, supportive staff, and staff nurses are all included in the study. The sample size is 450 in total. To collect data particularly for the study, a self-administered and self-structured questionnaire was developed. To ascertain the knowledge and practice about NABH protocol followed in emergency departments, a descriptive analysis was conducted using Microsoft Excel 2010. Every participant understood something about the NABH protocol. Although there were individual differences in knowledge and practice with relation to NABH standards and regulations. Research demonstrates that staff nurses, doctors, paramedical personnel, and supported staff are aware of NABH delegation and how to use it to obtain more information and guidelines for expanding their knowledge and skill sets in practice.

Keywords: Knowledge, Knowledge of Practice, Accreditation, NABH (National Accreditation Board for Hospitals and Health Care Providers)

INTRODUCTION

NABH accreditation signifies a hospitals commitment to quality care, fostering public trust and potentially attracting more patients. Overall NABH protocols in the emergency department contribute to a well-functioning patient-centered environment that delivers timely and effective care during emergency situation.

A large range of patients can access any fitness care organization through the emergency department of any group. It must be placed in a straightforward manner at ground level, providing easy access for the patients and the ambulance. The outpatient department (OPD) front is continuously severed from the emergency branch front. NABH standards emphasize protocols and procedures that prioritize patient safety. This include proper triage, timely treatment and minimizing errors during critical situations.

The branch is adequately staffed with emergency physicians and a nursing team to handle such situations every day and caters to a multitude of trauma and clinical emergencies in both adults and children around the clock.¹

A fitness care business enterprise's accreditation encourages continuous progress. It enables the health care to demonstrate their commitment to accreditation and provides access to trustworthy and licensed information about their facilities, infrastructure, and level of service.² the frontline staff members who directly contact with patients, their families, and the general public are the nursing experts. They thereby stand out in the remaining delivery of health care due to their knowledge, skills, attitude, communication, and other seamless abilities.³

The first official emergency department in India was established in 1994 by the Christian Medical College (CMC), Vellore. Around the same time, the first private hospital to open an emergency department was Sundaram Medical Foundation, a sanitarium 100 miles south of Chennai. Sundaram Medical Foundation also built the nation's first nursing triage system, which was later adopted by CMC.⁴ Three decades later, in 1985, this nation learned a great deal from its mistakes and has since created and modified its own systems to suit its needs. Comparable systems have now reached a point where ongoing research on all fronts is crucial to bringing them up to speed with the standards established by industrialized nations.⁵ Hospitals across the country are encouraged to improve their ability to provide high-quality treatment through accreditation. The National Accreditation Board for Hospitals and Health Watch Providers (NABH), which is in charge of creating the guidelines and standards that must be upheld by healthcare facilities, works with hospitals to ensure that all types of sanitariums—public, private, aboriginal, or otherwise—play their designated roles in the invariant delegation system for health care diligence.⁶

The focus of engineering for the past few decades has been on growing and maintaining lovely, loose structures.^[9] Their nice promise is condensed into practical categories in the "non-fitness care" device nice guarantee application, with a focus on dealing with uncertainties and paying attention to details. In recent times, there has been a great deal of interest in the clinical area with lovely concerns. The aviation business has also raised awareness of the importance of safety checklists in preventing errors in fitness care. Only a few crucial differences exist between the fields of clinical and engineering (man and machine).⁷

Managing uncertainty is the first part. The degree of variability between a person and a system is one of their primary differences. Every character is unique, responding and reacting to contamination and treatment in a different way than robots that could be "cloned." The scientific community has more uncertainties to be organized and dealt with than the engineering community, despite the fact that there is a well-known sample of presentation and response to contamination.⁸

Emergency medicine is particularly uncertain because patients often do not describe their symptoms accurately, nor are they always aware of them; additionally, patients may no longer be able to articulate their symptoms; there may be a short healing window; patients may be delayed or refused access to emergency medical care; and finally, patients may not be able to afford emergency medical care.⁹

Paying attention to details is the second element. There is a crucial contrast even though on the surface this appears to be similar to the scientific and technical subjects. Experts in the field of engineering have created a superior differentiation for machines.¹⁰

RESEARCH METHODOLOGY

The purpose of this study was to determine the level of knowledge that staff nurses, paramedical staff, doctors, and supportive staff had about the NABH protocol and to establish a relationship between the knowledge and practices of these groups and specific demographic variables (such as education level, work experience, place of employment, and exposure to NABH inspections). Data was gathered for the study using a qualitative methodology in Dehradun from about 100 hospitals, three private medical colleges, and ten multispecialty hospitals. To obtain the necessary sample size, representative subjects will be selected from these hospitals and institutes.¹¹

This was a descriptive cross-sectional study using a structured questionnaire that was administered to emergency department physicians, nurses, supportive staff, and paramedical staff. Relevant hospital records from Dehradun City were also examined. The study employed a qualitative research design. 450 emergency department employees, including doctors, nurses, and general duty attendants, from the chosen hospitals in Dehradun city provided the data for this study. Using the conventional sample size procedure, the sample size was determined. In order to conduct a gap analysis on quality criteria in emergency departments, the survey started with a thorough investigation of the NABH guidelines, which set requirements for knowledge and practice. To evaluate the current gap in the quality parameter procedures in the emergency department, a self-assessment tool kit from the NABH was used. A questionnaire is employed as the major data collecting model, and record examination of various patient surgical files is used as the secondary approach.¹²

The purpose of the study was to determine how well-informed doctors, nurses, support personnel, and paramedical staff were about NABH quality standards. The method of non-probability sampling is applied in the sample gathering instrument. Ninety-nine physicians, 189 staff nurses, 63 paramedics, and 108 supported staff members were given a questionnaire. Separate questionnaires were used to collect data from medical professionals, nurses, paramedical staff, and supportive staff. There were fifty-five questions about emergency department indicators used for quality analysis in the emergency department on the questionnaire for doctors, nurses, paramedical, and supportive staff. Subsequently, their recommendations were gathered and taken into account to enhance the validity of the survey. Following the development of the questionnaire, data was gathered with the aid of a timetable and the questionnaire. The healthcare facility provided written consent prior to the interview in order to protect data confidentiality.¹³

Statistical Analysis:

Data that was entered into Microsoft Excel 2010 was subjected to a proportional descriptive analysis.

RESULTS

Data on the characteristics of the respondents' healthcare experiences were gathered using Table 1. This questionnaire consisted of five items. i.e., the respondents' occupation, hospital affiliation with NABH, role, experience in the healthcare industry, and experience in the emergency room. All responders are health care professionals (100). Of the respondents, 82.8 percent work at hospitals that have earned NABH accreditation, while 17.2 percent are employed by non-NABH hospitals. 19.5% of hospital employees are doctors, 46% are nurses, 14% are paramedics, and 20.6% are

supportive staff. 42.6% of respondents had more than five years of experience, while 57.4% of respondents had less than five years. In the emergency department, 79.6% of respondents had less than five years' experience working there, and 20.4% had more than five years.

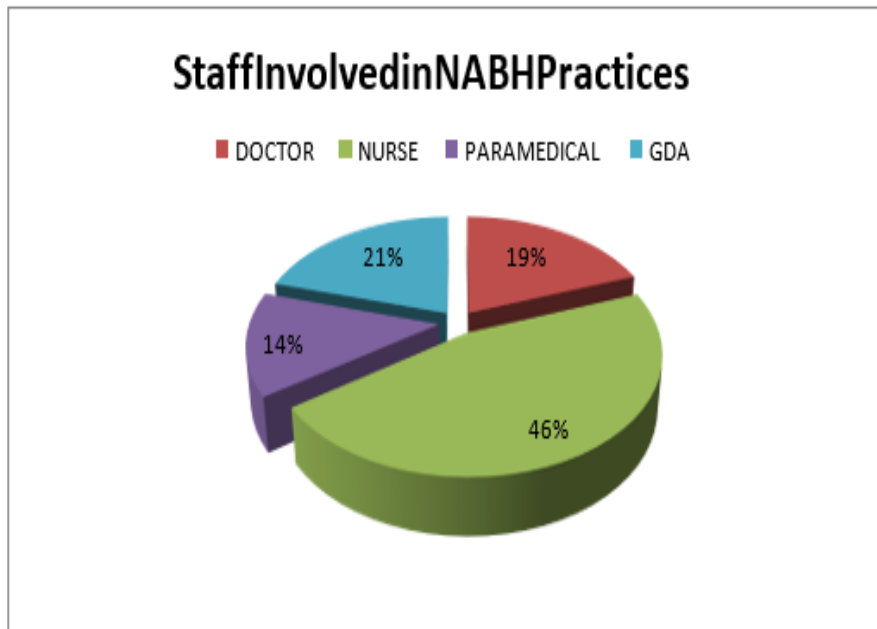


Figure-1

Source: Primary data

Table.2 Knowledge regarding NABH protocol:

Every employee in the emergency department, whether vaccinated or not, is informed of the vaccination rate, of which 82.4% are and 17.6% are not. of which 46% of respondents have received only a partial vaccination against COVID-19 and 54% have received a full vaccination. 49.7% of respondents contract COVID-19, of whom 89% are aware of NABH practices in emergency departments and 11% are unaware of NABH protocol in emergency departments. Of the staff, 74.8% are aware that the emergency department has a designated triaging room, while 25.2% are unaware that triage exists in the emergency.

Of the respondents, 79.2% are aware of the emergency department's initial evaluation timing of 10 minutes, and 20.8% are not. 92.2 percent of you are aware that the ER door to thrombolysis is 30 minutes away, and 7.8 percent do not know. 38.9% of responders are aware of the ER's door to thrombolysis time. 72.8 percent are aware of the ER's door-to-balloon time. And 27.2 Uncertain of the door-to-balloon time ER procedure duration.

Eighty-one percent of respondents knew the appropriate times to use an allergy band, whereas just 19% did not know these times. While 16.5% of respondents were unaware of NABH medication storage standards, 83.5% of respondents were aware of the high-risk drug storage area and followed them. 13.5% of organizations do not adhere to NABH rules, and 86.5% of them kept high alert drugs under lock and key. 94.3 % of spaces are specifically designated for LASA (Look Alike Sound Alike) drugs, whereas 5.7 % do not.

ANALYSIS AND INTERPRETATION OF DATA BY KNOWLEDGE REGARDING NABH PROTOCOL

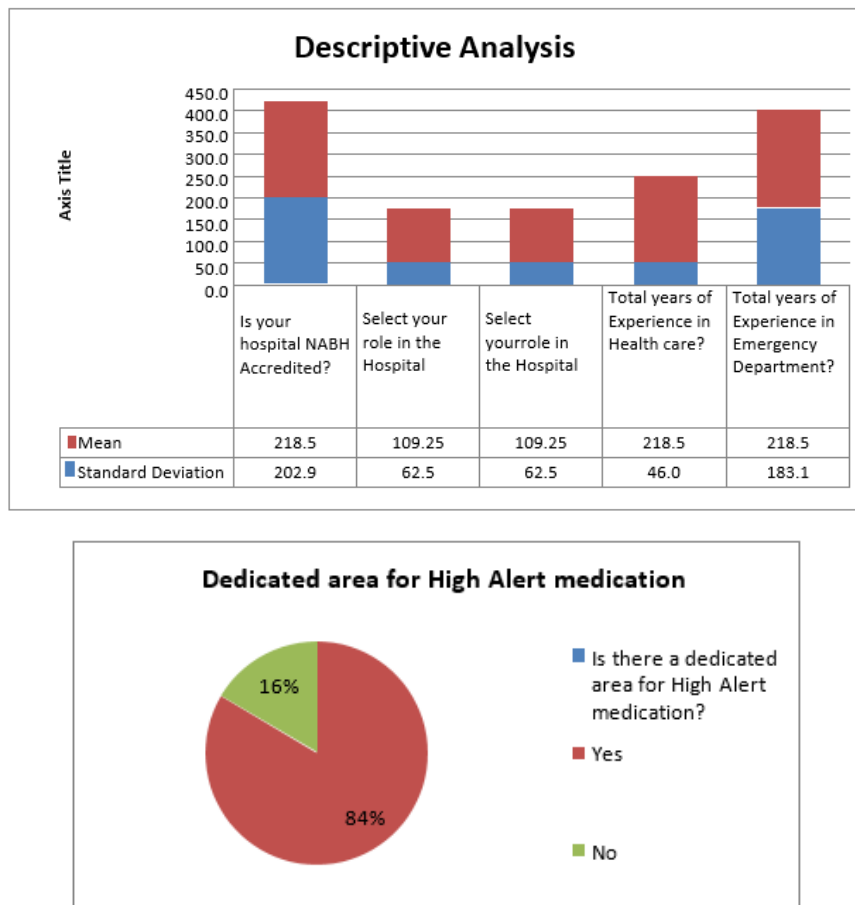


Figure-2

Source: Primary data

Table 1: Demographic Variable descriptive analysis

S.No.	Demographic Variable Percentage	Frequency (F)	Percentage (%)
1.1	Are you a Health care professional?		
	Yes	437	100%
	No	0	0%
1.2	Is your hospital NABH Accredited?		
	Yes	362	82.8%
	No	75	17.2%
1.3	Select your role in the Hospital		
	Doctor	85	19.5%
	Nurse	201	46.0%
	Paramedical	61	14.0%
	Supportive Staff	90	20.6%
1.4	Total years of Experience in Health care?		
	Less than 5 years	251	57.4%
	More than 5 years	186	42.6%
1.5	Total years of Experience in Emergency Department?		
	Less than 5 years	348	79.6%
	More than 5 years	89	20.4%

Table 2: Knowledge regarding NABH protocol descriptive analysis

S.No.	Knowledge regarding NABH protocol	Frequency (F)	Percentage (%)
1	Are all the staffs in Emergency Department are immunized?		
	Yes	360	82.4%
	No	77	17.6 %
	Don'tknow	0	0%
2	Are you vaccinated against the COVID -19?		
	Fully Vaccinated	236	54%
	Partial Vaccinated	201	46%
	Not vaccinated	0	0
3	Did you get infected with COVID - 19?		
	Yes	217	49.7%
	No	220	50.3%
4	Are you aware about the NABH practices in Emergency Department?		
	Yes	389	89%
	No	48	11%
5	Is there a dedicated triaging area in the Emergency Department?		
	Yes	327	74.8%
	No	110	25.2%
6	Are you aware about the initial assessment timing (10 Min) in Emergency Department?		
	Yes	346	79.2%
	No	91	20.8%
7	Are you aware about door to thrombolysis time 30 mins in ER?		
	Yes	403	92.2%
	No	34	7.8%
8	What is the door to thrombolysis time in ER?		
	Less than 30 mins	267	61.1%
	More than 30 Mins	170	38.9%
9	Are you aware about door to balloon time in ER?		
	Yes	318	72.8%
	NO	119	27.2%
10	What is the door to balloon time in ER?		
	Less than 90 mins	329	75.3%
	More than 90 Mins	108	24.7%
11	Are you aware about the indications for using allergy band?		
	Yes	354	81%
	No	83	19%
12	What are the indications for using allergy band?		
	Yes	372	85.1%
	No	65	14.9%
13	Is there a dedicated area for High Alert medication?		
	Yes	365	83.5%
	No	72	16.5%

14	Is High alert medication kept in lock & key?		
	Yes	378	86.5%
	No	59	13.5%
15	Is there a dedicated area for LASA(Look Alike Sound Alike) Drugs?		
	Yes	412	94.3%
	No	25	5.7%

FINDINGS AND DISCUSSIONS

The outcome demonstrates that there are no gaps in the emergency department staff's knowledge and practice habits. Hospitals can improve their capacity to provide high-quality care by becoming accredited.[14] Among all the stakeholders, patients stand to gain the most. When patients are treated by licensed clinical personnel, their knowledge and practices are respected and protected, and the patients' well-being is frequently assessed, accreditation leads to overly high-satisfactory care and impacted person protection.¹⁵

450 people completed the questionnaire; of them, 57% of the participants were nurses with fewer than five years of experience in an emergency department, and 79.6% of the participants had experience in an emergency department.

In response to a question about the knowledge and practices of emergency staff, 82.8% of respondents said they worked in hospitals accredited by the NABH and had a mean value of 218.8 with a standard deviation of 202.9. Of those, 57.4% had less than five years of experience in the healthcare industry, and 42.6% had more than five years with a standard deviation of 202.9. With a standard deviation of 183, 45.9, 79.6% of respondents had less than five years of experience in the emergency room, and 20.4% have more than five years of experience.

Results of the analysis suggest that all subjects shared a same understanding of NABH accreditation. Not only did the study have an impact on the nursing field, but it also affected other fields.¹⁶ The analysis is now limited to tiny samples, and it works best with one hundred staff nurses. The study's conclusions inform the need for educational initiatives related to NABH accreditation in order to improve the standard of care and compliance with established guidelines. Therefore, more research on the subject may be done in the future.¹⁷

CONCLUSION

The purpose of this study is to assess staff nurses, physicians, paramedical personnel, and supportive staff members' knowledge and use of the NABH protocol as it relates to emergency departments. A descriptive analysis was conducted using the data gathered from the survey. Consequently, these results suggest that the Dehradun hospitals. Quality is now a crucial component of how healthcare is administered and assessed. In today's ultramodern, lucrative script, maintaining the highest level of service quality in healthcare facilities has become crucial to ensuring patient happiness worldwide. In terms of improved health care provider performance, quality operating methods—which are often directly and unaltered from industrial and service sector settings—have often fallen short of their promise.¹⁸

The NABH board was established to install and oversee the accreditation scheme for healthcare institutions. It is a component board of the Quality Council of India. The board is responsible for meeting many of the clients' favored requests and establishing standards for the growth of the fitness sector.[26] In order to keep up with these trendy components, the medical facility should approach every aspect of its operations with a process-pushed approach. The investigation revealed that the emergency department's current practices regarding knowledge and application of the NABH protocol aren't meeting the requirements outlined in the NABH recommendations, and that there is a gap that needs to be filled by initiating the necessary corrective measures.¹⁹

Consequently, the goal of NABH delegation is continuous improvement in the clinical and organizational performance of health services, not merely the attainment of a goal or an award that merely ensures adherence to the barest minimum of deserving standards. As a nanny who is in charge of providing high-quality case care to patients, the community, and the profession, the investigator was motivated to conduct a study to gauge staff nurses, doctors, paramedical staffs, and supportive staffs knowledge of the NABH delegation in order to gather more data and recommendations for future advancements in knowledge and skills in practice.²⁰

RECOMMENDATIONS

Some recommendations can be made by the study based on its findings; first, familiarity with and application of the NABH protocol, which is used in emergency rooms to enhance the standard of medical care. Second, in order to improve the standard of healthcare services offered to various clients in compliance with particular rules, staff nurses, physicians, paramedical personnel, and supportive staff must make a substantial contribution.

FURTHER STUDY

Only knowledge and practice from the NABH recommendations was employed in this study, which included private multispecialty hospitals, medical colleges, and emergency department staff members who were nurses, doctors, paramedical personnel, and supportive staff (Dehradun). Future research should think about including additional departments in their scope.

It is possible to conduct more study on NABH practices in the healthcare sector, especially comparison studies between NABH and non-NABH facilities.

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