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To Assess Effectiveness of Plan Teaching Programmed on National Accreditation Board for Hospitals and Health Care Providers (NABH) Guidelines Among newly Recruited Staff Nurses.

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ABSTRACT

The continual improvement of service quality in healthcare units has become a prime consideration to ensure patient satisfaction across the world in the modern economic scenario. In India, health sector is one of the largest and fastest growing sector in which both the private and government care providers and hospitals putmuch emphas is on quality improvement and patient satisfaction.National AccreditationBoardofHospitalsandHealthcareProviders(NABH)alongwithQualityCouncilofIndiaprovidedthecriteriaba sed onwhichqualitystandard of hospitalsisdetermined.The study wasconductedon51 newly recruited staff nursesatKrishnaHospital, Karad. An evaluator survey approach was considered. Study design was used one group pre-test, post-test design.Purposive sampling technique was used**.**

KEYWORDS

Knowledge,Practice,Accreditation,StaffNurses.

RESULTS

The study was conducted on 51 newly recruited staff nurses at Krishna Hospital, Karad. An evaluator survey approach wasconsidered. Study design was used one group pre-test, post-test design. Purposive sampling technique was used.

CONCLUSION

Study concludes majority of newly recruited nursing staff having 19.38% average knowledge and 17.85% having average practicetowards NABH guidelines. Knowledge and practice score of newly recruited nursing staff between the pre-test and post-test washighly significant.

OBJECTIVES

1)ToassessnewlyrecruitedstaffnursesknowledgeandpracticetowardsNABHguidelines.2)Tofindanassociationofknowle dge and practice between pre-test and post-test of PTP programme on NABH guidelines.

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INTRODUCTION

"Accreditationisusuallyavoluntaryprogram,sponsoredbyaNongovernmental Agency (NGO), in which trained externalpeer reviewers evaluate a health care organization'scompliance with pre-established performance standards.Accreditationaddressesorganizational,ratherthanindividualpractitioner capability or performance. Unlike licensure,accreditation focuses on continuous improvement strategiesand achievement of optimal quality standards rather thanadherence to minimal standards intended to assure publicsafety."[1]

Accreditation formally started in the United States withJoint Commission on Accreditation of HealthcareOrganizations (JCAHO) in 1951.

- CanadaandAustralia inthe1960sand1970s.
- Europeinthe1980s.
- Accreditation programs spreadall over the world in the1990s.

India: 2005. More than 70 countries have accreditationmodels. Some accreditation models are international.

Sincethequalityiscrucialfactorinhealthcareinitiativestoaddressthequalityofhealthcarehavebecomeaworldwidepheno menon. A commitment to quality enhancementthroughout the whole of health care system involving allprofessionalandservicegroupisessentialtoensurethathighquality in the health care achieved while minimizing theinherent risks associated with modern health care delivery.One method that is accreditation system. The focus ofaccreditationisoncontinuousimprovementinorganizationaland clinical performance of health services and not just theachievement of certificate or award or merely assuringcompliance with minimum acceptable standards.[2]

Rapidlyrisingcostinhealthcareisanincreasingcauseofconcernacrosstheworld.Indianhealthcareisalsoexperiencingachang ewithincreasingfocusonbetterqualityofmedicalcareservices.Withalargesectionofhealthcarepractitionersintheprivatesector ,thegovernmenthasrealizedtheneedtoimprovemedicalcareservicesandhassteppedintoregulatethequalityofmedical care services by introduction of various qualityaccreditationnormslikeTheNABHandNABL.

As per available information, the healthcare spending percapitaperannuminIndiawasabout$109withtotalhealthcarespendingintherangeof4.9%ofthecountry'sGDP.[3]Mostofthesp ending occurs from the private sector with public sectorcontributingtoamere$19percapitaperannum.Concurrently,the average spendingpercapitaper annuminthe UnitedStates

During the same timeframe was approximately $4271, whilstUnitedKingdomthespendingwas$1675.Thesefiguresclearlyindicate that healthcare in India isfairly cheaper,a strong reasonforagrowingmedicaltourismmarketin thecountry.However,whencomparedwithpayingpowerparityandaffordability,thecostofmedicalcareisescalating.Itisworthwhi letonotethatasperWorld Bankestimatesmore than 44% of Indianpopulationearns less than one dollar a day.

As per the Finance Ministry, the overall inflation rate inIndia was about 9.4 percent during April-December 2010,whileinflationinmedicalexpenseswasinexcessof10percentfor the fourth year in a row.[4]There are several other factorsthathavebeencontributingtotheescalationincostofmedicalcare.Thesefactorsincludeincreasingdemandformedicalcare services with consistently limited supply, increasedpenetration of health insurance, improvement in medicaltechnology with new innovations improving diagnosticcapabilities and increasing dependence of doctors ondiagnostic procedures. Increasing demand for quality inmedical care services plays a critical role in increasing theoverall cost of medical care services.

While empirical evidence suggests that there is anincreasing demand for healthcare services across India,affordability remains a pertinent issue. This has resulted inmarket segmentation, where on one hand there is anincreasingdemand forqualitymedical careservices, whileonthe other hand there is a demand for medical care services ataffordable cost.[5]The demand for the latter has inevitablyresulted in poor quality of medical care services with poorhealth outcomes.

It is simple to compute the direct costs for variousmedicalservices; however,tocompute the costof qualityisnotonly difficult but rather elusive, which has resulted in overdependence on subjective criterions.[6]Various modalities likemanpower ratios, infrastructure, medical technologicalcapabilities, accreditation and quality assurance policies andmortalityrateshavebeenconsideredasqualityindicatorsandhave been used to evaluate the quality of healthcare services.Thepaperattemptstoexploretheimplicationofthesequalityindicators on the direct expenses incurred by patients whilstseek healthcare services across India.

Economicgrowthhasapositiveeffectonhealthofpeopleby increasing their level of income.

(Gangadharan, 2008).[7]In the age of globalization andliberalization, India has achieved certain growth in itseconomy byincreasingthestandardoflivingofpeople,whichincreases the consumers' expectation on the quality inhealthcare service (Pahuja and Vohra, 2012, Kumaraswamy,2012).[8]In present situation, continuous improvement ofquality of healthcare becomes much important for anyhealthcare providers by improving infrastructure withtechnologicalupgradation(PahujaandVohra2012,Rao2012,Itumalla 2012.[8]).

According to Purbey et al. (2006), the healthcare sectoris the fastest and largest growing sector in India, whereGovernmentgivesmuchemphasis on improvementofqualityof its service. In the present socio-economic environment,patients in India are aware of their rights as consumers ofhealthservicesanddemandqualityhealthcare.Inthiscontext,all the healthcare providers should have closer look at theperception of their patients and provide quality healthcare tomeet up their expectation (Itumalla, 2012).[8]Sharma andNarang (2011).[9]in their study, found that with theimprovement ofincome and education of Indian people, theirexpectation for quality healthcare service has also beenincreasing. Therefore, it is primary task of all the healthcareproviders in India to provide quality medical service to theirpatients.

NEEDFOR STUDY

Hospital Accreditation is a public recognition by a NationalHealthcare Accreditation Body, of the achievement ofaccreditation standards by a Healthcare Organization,demonstrated through an independent external peerassessment of that organization's level of performance inrelation to the standards. In India, Health System currentlyoperates within an environment of rapid social, economicaland technical changes. Such changes raise the concern for thequalityofhealthcare.Hospitalisanintegralpartofhealthcaresystem. Accreditation would be the single most importantapproachforimprovingthequalityofhospitals.Accreditationis an incentive to improve capacity of National Hospitals toprovide quality of care. National accreditation system forhospitals ensure that hospitals whether public or private,national or expatriate play their expected roles in NationalHealthSystem.

Uniform accreditation system for healthcare industriesconsists of a National Accreditation Board of Hospitals andHealthcare Providers (NABH), which is responsible fordrafting the rules and standards to be maintained by thehealthcare institutes.

The next decade shall see a great change in the healthcare sector and there is a need for standardization of healthcare delivery at all levels, which at the moment is lacking inIndia. The standardization can come if we adopt some sort ofuniform accreditation. This asks for an assessment on theattitude of medical staff toward accreditation and then theknowledge on accrediting standards. This study is conductedwith the objectives to identify the knowledge and practicelevel of newly recruited staff on accreditation level on NABHstandards.[10]

REVIEWOFLITERATURE

TheNationalAccreditationBoardforHospitalsandHealthcareProviders (NABH) Standards is today the highest benchmarkstandardforhospitalqualityinIndia.ThoughdevelopedbytheQuality Council of India on the lines of InternationalAccreditation Standards like the JCI, ACHS and the CanadianHospital Accreditation Standards, the NABH is however seenas a more practicalsetof Standards, topicaland very relevantto India's unique healthcare system requirements.

NABH Standards

Patient Centered Standards

1. Access ,Assessment and Continuity of Care (AAC).
2. Care of Patients(COP).
3. Management of Medication (MOM).
4. Patient Rights and Education (PRE).
5. Hospital Infection Control(HIC).

Organization Centered Standards

1. Continuous Quality Improvement(CQI).
2. Responsibilities of Management(ROM).
3. Facility Management and Safety(FMS).
4. Human Resource Management(HRM).
5. Information Management System(IMS).

Within just 2 years of its launch, the Indian AccreditationStandards,theNABHwasacceptedbyISQUa,theInternationalSocietyforQualityAssuranceinHealthcareasanInternationalAccreditation on par with the world's best.[11]

More important than the infrastructure, it is essential to know if the hospital has a documented process for itshealthcare activities. Patient care not only involves the coreclinical care, but also other support activities like requisitionof tests, medicines, nurse doctor coordination, infectioncontrol practices, training and so on. These need to run seamlessly in the background to provide the best experience to the patient and the relative. The changing health care environment with revisedhospital accreditation guidelines have sharpened the clinicaland administrative hospital staff's concern for evaluating thequality of care they provide. Clinicians now see accreditation standards as a framework by which organizational processes will be improved and their patients will receive better care.Physiciansandadministratorsnowmustfacethechallengeofestablishing comprehensive and vigorous systems of qualityassurance and learn to avoid the traps that impedeimplementation of such systems. Quality assurance is a very simple process that deals with finding problems and fixingthem.

A comprehensivedefinitionofquality healthcarewouldbe, "The optimal achievable result for each patient, theavoidance of physician-induced (iatrogenic) complications,and attention to patient and family needs in a manner that isboth cost effective and reasonably documented".[13]

According to Karen H Timmons.[14]accreditation isrecognisedasaframeworktointegrateaqualitymanagementsystem while reducing risk and requires a systematicassessment of hospitals against explicit standards.

BenefitsofNABHAccreditation

According toCorpAxisCertificationIndiaPrivateLimited.[15]It results in high quality of care and patient safety.

It results in a consistent protection of rights of patients andmedical ethics.

It stimulates continuous improvement and enables a hospitalto demonstrate commitment to quality care.

It raises community confidence in the services provided by the hospital. It also provides opportunity to healthcare units tobenchmark with the best.

It provides continuous learning, good working environment,leadership, and above all ownership of clinical processes.

Itimprovesoverallprofessionaldevelopmentofcliniciansandparamedical staffs and provides leadership for qualityimprovement within medicine and nursing.

It provides an objective systemof empanelment by insuranceand other third parties.

It brings higher level of confidence among patients andspecifically corporates for delivering quality healthcareservices.

Dr.AkashRajpal.[16]SeniorManagerMedicalServicesandthe NABH accreditation coordinator said: "The process ofpreparing for NABH has improved the overall quality of thepatient care services. Doctors, nurses and even thehousekeeping staff understand the importance of providingthecareatbestoftheirabilitiesandarenowmoreresponsiveand accountable. Strong emphasis was laid on strengtheningpolicies, procedures and protocols, reviewing performancethrough patient satisfaction, conducting audits and trainingthe staff including clinicians, nursing, management andoutsourcedstaff.Thehospitalcamethroughworkingasateamwith a lot of passion for excellence."

In a study conducted by El-Jardali F,Jamal D,Dimassi H,Ammar W,Tchaghchaghian V.[17] on the impact of hospitalaccreditationonqualityofcare:perceptionofLebanesenursesanditwasobservedthatnursesperceivedanimprovementin quality during and after the accreditation process. Lebanesenurses felt hospital accreditation is a good tool for improvingquality of care. In order to ensure that accreditation bringseffective quality improvement practices, there is a need toassess quality based on patient outcome indicators.

According to a study conducted by Gentile S et al.[18]onaccreditation knowledge acquired by personnel in theMarseille Hospital, the results demonstrate that theknowledge about accreditation seems to be well integratedwith only 7 of the professionals being unaware of theaccreditationprogrammeand58%ofthemassociatingthe

accreditation process with an administrative procedure.Grouping the staff's responses according to professionalcategoryhasshowntohavealmostnoinfluenceontheresults.The level of overall knowledge is greater in more highlytrained personnel ($p<0.05$), but there was a poor level ofknowledge regarding the internal organizational structuresthat existed; 75% of the health professionals thought thatcommunication about accreditation was insufficient.

A study on knowledge and awareness of standardprecautionsamonghealthcareworkersatNizam'sInstituteofMedical Sciences, Hyderabad; Mudedla S Tej, WL Reddy, KTSowribala, M Aim: The aim was to assess the knowledge andawareness of standard precautions among heath care workers,that is doctors, nurses and technicians. It was observed that96(53.3%) respondents are very knowledgeable and84(46.7%) were somewhat knowledgeable. In the veryknowledgeablecategory,therewere38doctors,24nursesand

34 technicians; 48(57.1%) males and 48(50%) femalerespondents were found to be very knowledgeable.

Withrespecttolengthofservice,21(53.8%)respondentsin 0-5 years of service category, 18(60%) in 5-10 yearscategory and 57(48.7%) in >10 years category were found tobe very knowledgeable. Conclusions: Knowledge of standardprecautions was highest among doctors (63.3%) followed bytechnicians(56.6%)andnurses(40.0%).Thereisasignificantdifference in knowledge and awareness of standardprecautionsamongstudiedhealthcareprofessionals($P=0.031$).Knowledgeandawarenessofstandardprecautionsdid not vary significantly between males and females($P>0.05$). There is no significant difference in knowledge andawareness of standard precautions among groups withrespect to length of service ($P>0.05$).[19]

MATERIAL METHOD

Thestudywasconductedon51newlyrecruitedstaffnursesatKrishna Hospital, Karad. An evaluatory survey approach wasconsidered. Study design was used one group pre-test, post-test design. Purposive sampling technique was used. Theinstrument used for data collection was a Questionnaire ofknowledge and practice.

RESULTS

Analysis and interpretation of the data was based on theprojected objectives of the study viz.,

1. To assess staff nurses knowledge and practice towardsNABHguidelines.
2. To find an association of knowledge and practicebetween pre-test and post-test of PTP programme onNABHguidelines.

SI. No.	Variables	Frequency	Percentage%
1	**Ageinyrs**		
	21-23	46	23.46
	24-27	4	2.04
	28-30	1	0.51
2	**Sex**		
	Male	11	5.61
	Female	40	20.4
3	**Education**		
	RGNM	3	1.53
	PB.B.Sc	5	2.55
	B.BSc	43	21.93
4	**SourceofInformation**		
	T.V.	7	3.57
	Internet	2	1.02
	Journal	3	1.53
	Educator	39	19.89

Table1:Distributionofnewlyrecruitedstaffnursesaccordingto frequency and percentage of demographic variable. N=51

The data presented in Table no. 1 reveals that majority23.46% of newly recruited nursing staff belongs to age groupof 21-23 years. Maximum staffs 20.4% were female, majority21.93% staffs were educated basic BSc and collecting thehealth information from educator.

Categorization	Knowledge(%)	Practice(%)
Good	8(4.08)	1% (0.51)
Average	33 (16.83)	8% (4.08)
Poor	10 (5.1)	42 (51)

Table2:Categorizationaccordingtopre-testKnowledgeandPracticescoreofnewlyrecruitednursingstaffN=51

Table no. 2 indicates that in pre-test newly recruited nursingstaff having majority of 16.83% average knowledge andmajority of 51% having poor practice of NABH guidelines.

Categorization	Knowledge%	Practice%
Good	12 (6.12)	8(4.08)
Average	38 (19.38)	35 (17.85)
Poor	1(0.51)	8(4.08)

Table 3: Categorization according to post-testKnowledgeandPracticescoreofnewlyrecruitednursing staffN=51

Table no. 3 indicates that in post-test newly recruitednursing staff having majority of 19.38% average knowledgeand majority of 17.85% having average practice of NABHguidelines.

	Mean	SD	T value	df	P.Value
Pre-test	14.58	5.5	1.211	04396	>0.1
Post-test	26.13	6.6			>0.1

Table4:Pre-testand post-test knowledgeand practice scoreofnewly recruitednursingstaffN=51

Table no. 4 reveals that there was no significantdifference between pre-test and post-test knowledge andpractice of newly recruited staff nurses towards NABHguidelines and statistically not significant because t=1.2111with one degree of freedom.

Knowledge	Mean	SD	T value	df	P Value
Pre-test	11.27	5.099	8.003	50	<0. 0001
Post-test	18.86	4.875			

Table5:Knowledgescoreofpre-testandpost-testof newly recruited nursing staff N=50

Table no. 5 shows that knowledge score of newlyrecruitednursingstaffbetweenthepre-testandpost-testwashighly significant as the P value is <0.0001.

Practice	Mean	SD	T value	df	PValue
Pre-test	4	1.414	8.368	50	<0.0001
Post-test	7.98	3.140			

Table6:Practicescoreofpre-testandpost-testofnewlyrecruited nursing staff N=51

Table no.6 shows that practice score ofnewly recruitednursing staff between the pre-test and post-test was highlysignificant as the P value is <0.0001.

DISCUSSION

The present study found that newly recruited nursing staffhavingmajorityof19.38%averageknowledgeandmajorityof17.85% having average practice of NABH guidelines. Therewas no significant difference between pre-test and post-testknowledge and practice of newly recruited staff nursestowards NABH guidelines and statistically not significant.Knowledgescoreofnewlyrecruitednursingstaffbetweenthepre-test and post-test was highly significant practice score ofnewly recruited nursing staff between the pre-test and post-test was highly significant.

Similar study conducted by Gentile S. et al.[18]onaccreditation knowledge acquired by personnel in theMarseille Hospital, the results demonstrate that theknowledge about accreditation seems to be well integrated,with only 7 of the professionals being unaware of theaccreditation programme and 58% of them associating theaccreditation process with an administrative procedure.Grouping the staff's responses according to professionalcategoryhasshowntohavealmostnoinfluenceontheresults.The level of overall knowledge is greater in more

highlytrained personnel ($p<0.05$), but there was a poor level ofknowledge regarding the internal organizational structuresthatexisted.

One more similar study on knowledgeand awareness ofstandard precautions among health care workers at Nizam'sInstitute of Medical Sciences, Hyderabad; Mudedla, S Tej, WLReddy, KT Sowribala, M Aim: The aim was to assess theknowledge and awareness of standard precautions amongheath care workers that is doctors, nurses and technicians. Itwas observed that 96(53.3%) respondents are veryknowledgeable and 84(46.7%) were somewhatknowledgeable. In the very knowledgeable category, therewere 38 doctors, 24 nurses and 34 technicians; 48(57.1%)malesand48(50%)femalerespondentswerefoundtobeveryknowledgeable.

Withrespecttolengthofservice,21(53.8%)respondentsin 0-5 years of service category, 18(60%) in 5-10 yearscategory and 57(48.7%) in >10 years category were found tobe very knowledgeable. Conclusions: Knowledge of standardprecautions was highest among doctors (63.3%) followed bytechnicians(56.6%)andnurses(40.0%).Thereisasignificantdifference in knowledge and awareness of standardprecautions among studied health care professionals (P=0.031).Knowledgeandawarenessofstandardprecautionsdidnot vary significantly between males and females (P>0.05).Thereisnosignificantdifferenceinknowledgeandawarenessof standard precautions among groups with respect to lengthof service (P>0.05).[19]

CONCLUSION

Study concludes majority of newly recruited nursing staffhaving 19.38% average knowledge and 17.85% havingaverage practice towards NABH guidelines. Knowledge andpractice score of newly recruited nursing staff between thepre-test and post-test was highly significant.

FUTURESCOPENURSINGIMPLICATION

The findings of this study have implications for nursingpractice, nursing education, nursing administration andnursing research.

NURSINGPRACTICE

The knowledge and practice of NABH accreditation andstandard guidelines needs to be provided to all nursingpersonnel and can be continued in the hospital.

NURSINGADMINISTRATION

The finding of the study will help the nurse administrator toorganize more workshops, panel discussion, short termrefreshercoursesandhealtheducationprogrammefornurses.

NURSINGRESEARCH

Researchsuggeststhataccreditation ofhospitalisagoodwayto provide standardization in treatment.

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