

Chapter 4

NABH Standards and Patient Safety: A Comparison of Accredited and Non-Accredited Hospitals

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ABSTRACT

In the country, thousands of patients die each year due to medical errors and improper treatment. This problem can be attributed primarily to human factor, medication error, and system failure. These problems require an urgent solution to be done. National Accreditation Board for Hospitals and Healthcare Providers (NABH) serves as a benchmark in this regard for improving patient safety and health quality care in the international community. It offers education, publication, advisory services and international accreditation and certification. This chapter demonstrates perceptions of 300 doctors, nurses, and paramedical staff regarding patient safety climate in the accredited and non-accredited hospitals with the help of a cross-sectional survey in Delhi NCT, India. The results revealed that senior leadership, resources for safety, facility characteristics, workgroup norms, learning, psychological safety, and problem responsiveness were responded highly positively in accredited hospitals.

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INTRODUCTION

Recently the COVID-19 pandemic has very clearly revealed the enormous challenges and risks that are faced by our health workers globally while working in difficult situations. That's why healthcare workers, these days, are more prone to make mistakes which can lead to harmful effects on patients. World Health Organization has also recognized patient safety as the most vital responsibility and has therefore established World Patient Safety Day on 17th September every year. It was done to extend public awareness and engagement, enhance global understanding, and spur global solidarity and action towards patient safety.

Congruently, countries around the world are increasingly implementing accreditation system of health-care organizations to ensure improved quality of service for the patients. As we know that hospitals are made to provide healthcare facilities to sick people but if they do not prioritize their quality of service, it could become life threatening as well. Safety in Patient care process involve a stipulated degree of uncertainty. The patient safety features the necessity to prevent maltreatment to patients, underlined by the process of healthcare. In this regard Indian health organizations have taken fledgling steps to prelect the augmenting evidence-based patient safety incidents through standardization. Standardization implicates the mounting of a national voluntary accreditation structure. It was started with the establishment of the NABH in 2006 through the Quality Council of India (QCI). NABH accreditation is an internationally recognized assessment process used to evaluate the quality of health service providers. NABH certifications cater as an extrinsic platform to evaluate and demarcate, whether a healthcare organization (government organization as well as non-governmental organizations) follow standards or not (Prasad and Sathish, 2010; Golia et al., 2013). NABH intends to basically enhance the quality of health system incessantly and to endorse patient safety (Golia et al., 2013). Standards laid down in NABH consist of 10 chapters having 102 standards and 651 objective elements (NABH, 2020). NABH standards are specialized in patient safety and quality of services delivered by the hospitals.

The hospital safety mostly comprised of structural, non-structural and functional elements. In direction to confirm safety of hospitals, an action plan needed to be developed with the objective of mainly evaluation of susceptibility, hazard mapping and readiness of plan with adequate resources. It was sensible to establish government legislations in the form of making codes, safety standards and national guidelines on hospital safety (Ahmad & Murli, 2012). The extent literature shows high optimistic level of accreditation on safety of patient associated with nursing clinical documentation, medication information and healthcare associated infection (Shammari et al., 2015). The major contributing studies are explained in the following section.

Singer et al. (2009) observed variations among hospitals, discipline, and work area. Total seventeen percent of safety climate related responses were inconsistent. Variations were seen in patient safety climate in hospitals, within and between disciplines and work areas. Employees in the department of emergency, perceived poor quality of safety climate while personnel in non- clinical areas perceived good quality of safety climate than workers in other areas. Nurses conveyed adverse work support and appreciation of safety endeavors, and lesser fear of shame than physicians. Further dimensions of safety climate, also vary among physicians and nurses in diverse work areas. Variances inside and between the hospitals put forward certain strategies for ameliorating safety climate. Therefore, patient safety must be personalized for different disciplines and work areas.

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