

## CHACHA NEHRU BAL CHIKITSALAYA



**Journey towards accreditation**

### **Vision**

To be recognized as *leader in quality*, patient-centered, cost effective healthcare working towards *Healthy child Wealthy future*.

### **Mission**

- ∅ To provide Super specialty services using state of art Technology
- ∅ Committed to improve health and satisfaction level of our patients by ensuring continuous improvement by:
  - ∣ Training of all categories of staff
  - ∣ Latest treatment technologies
- ∅ To provide Teaching and Research facility in pediatric sub specialties
- ∅ To develop as a leading pediatric referral centre.

## Quality concept

### ∅ Seeds laid down way back

- | When building construction was in finishing stage

*Lessons learnt / experience during past services*



*Was strong motivation  
Towards quality health care delivery*

September 2003

## Priorities

### ∅ To bring a change in mindset of people to

*Look different from SARKARI HOSPITAL image. How?*

**BY**

- ∅ *Special emphasis on cleanliness*
- ∅ *Providing good working environment*
- ∅ *Improving work culture*
  - Polite behavior*
  - empathy*
- ∅ *Practicing Evidence based medicine*
- ∅ *Continuous monitoring of services and prompt action on feedbacks to improve services*
- ∅ *On job training of staff*

## Public Feedback

- ∅ Very encouraging in r/o
  - | Treatment
  - | Security
  - | Sanitation including bathrooms
  - | Attitude & behavior of staff
  - | Lab
  - | Food and hygiene
  - | systems

## Accreditation

Willing & dedicated Teams working at CNBC  
Achievements  
Commitment of the hospital management along with  
Strong administrative & Political will

QCI invited

Sensitization work shop  
for quality assurance of  
all MS's held at CNBC.

January 08



## Journey for accreditation

- ∅ Consultant appointed by H & FW Dept. in Jan 08
- ∅ Initial assessment of the facility & services done by the Team .... *Average score given 7.2*
- ∅ **Gap analysis done**
  - | *Hospital wide Policies and Procedure was not in place.*
  - | *Their was no exposure of staff in following area.*
    - *Disaster Management*
    - *Code Red (Fire)*
    - *Code Blue (CPR)*
    - *Antibiotic Usage*
    - *Induction Programme for employees*
    - *Monitoring of UTI, RTI, Device induced infections and SSI*
    - *Departmental Quality Assurance Programmes*

## *Their was no exposure of staff in following area....*

- | ***Sentinel events***
- | ***Medical audits***
- | ***Inventory control practices***
- | ***Restraint policy***
- | ***Pain management***
- | ***Analysis of Utilization Rates and Trends***
- | ***No Reporting Mechanism for Incidents, HAI, Needle stick injury, Sentinel events etc.***

## Corrective actions

- ∅ Corrective action for deficiencies taken
- ∅ Preparation for achieving NABH standards started
  - | Committees formed
  - | Documentation process initiated
  - | Training sessions for all categories undertaken
  - | Employees guide book designed and distributed
  - | Data captured and analyzed
  - | Clinical practice guidelines initiated

## Training of staff by internal and external faculty on:

- ∅ NABH Standards.
- ∅ Standard Precaution and Practices.
- ∅ CPR.
- ∅ Personal hygiene and discipline.
- ∅ Ward Management.
- ∅ Waste Management.
- ∅ Best Hospital infection control practices.
- ∅ Hospital wide policies.

- Ø Training of trainers'
- Ø Employee satisfaction survey
- Ø Analysis of Utilization Rates
- Ø Designing of Employee Hand Book
- Ø Patients Rights and Responsibilities
- Ø Development of Hospital Manual
- Ø On-site and Off-Site Training of staff
- Ø In-house Code Red, Code Blue and Fire/Disaster drills
- Ø Analysis of HAI, ADR, Incidents and others parameters by different hospital committees.

**Hospital had undergone successful  
Pre-Assessment on 27th June 2008**

*Week areas identified were:*

**C.S.S.D:** Modification was required for standardizing the CSSD Practices.

**Kitchen:** Modification was required to make uni-directional flow.

**MRD:** Re-structure the MRD record system for easily retrieval of records.

*The awareness of lower staff was inadequate.  
Hospital infection control is area of concern"*

## Make over of deficiencies

- ∅ CSSD completely revamped
  - | Areas defined
  - | Biological indicator introduced
  - | Modification of hospital policies disinfection and sterilization practices
- ∅ MRD area was increased
  - | Increased manpower
  - | Record keeping improvised with laid down of policies
- ∅ Infection control practices streamlined
  - | Surveillance and Infection Control Division Born
  - | Infection Control Team Strengthened ... No. of ICN
- ∅ Training
  - | Induction of a trained senior Nursing Sister
    - Training of nurses and ancillary support staff
    - Defined Training Schedule
- ∅ Public Health Education
  - | Display of Rights and Responsibilities

## Incident Reporting

- ∅ Sentinel Events
- ∅ ADRs
- ∅ Medical Errors
- ∅ Transfusion Reactions
- ∅ Anesthesia Events
- ∅ Needle Stick Injuries

## Drills

- ∅ Fire Safety – Code Red
- ∅ Disaster Drill – Code Yellow
- ∅ Code blue – practices improved

## Monitoring and Corrective Actions

- ∅ Data Analysis
- ∅ Feed back
- ∅ Review of the policies

### Corrective Actions

## Final Assessment

- ∅ Final Assessment done on 27 -29th Sep 08
- ∅ Major issues reported during final assessment
  - | Availability of RSO
  - | Lab equipment's calibration
  - | Monitoring of patient during procedures done under sedation
  - | Storage of LASA
  - | Privileging
  - | Policy regarding contractual staff
  - | Annual Health check up of staff
  - | Medical emergency Protocols not available in emergency
  - | Job description of staff
  - | Compressed air test report

## Verification Audit

∅ January 24, 2009

Accreditation Granted February 16, 2009

CQI .... Journey goes on

## Major Challenges

- ∅ Behavioral changes and attitude of Govt staff
- ∅ Coordination with PWD Staff for facility maintenance
- ∅ Procedural delays and attitude at different coordinating departments
- ∅ Manpower Constraints
- ∅ Overcrowding
- ∅ Type of Clientele

## Facilitating Factors

- ∅ Ancillary Services Outsourced
- ∅ Young and dynamic faculty
- ∅ Mix of regular and contractual manpower
- ∅ Strong administrative and political will
  - | Flexibility to some extent
- ∅ New building

## Innovations

- ∅ Induction of Visiting Professors
  - | To guide young faculty
  - | Vision to the departmental development
- ∅ Induction of security officer and CNO
- ∅ Biomedical Waste Management within DPCC rules
  - | Cost Effective Sharps Container
- ∅ Physical restrains on existing trolleys and wheelchairs
- ∅ Designing of various forms for collection of Hospital infection control data
- ∅ Out sourced support services



Before



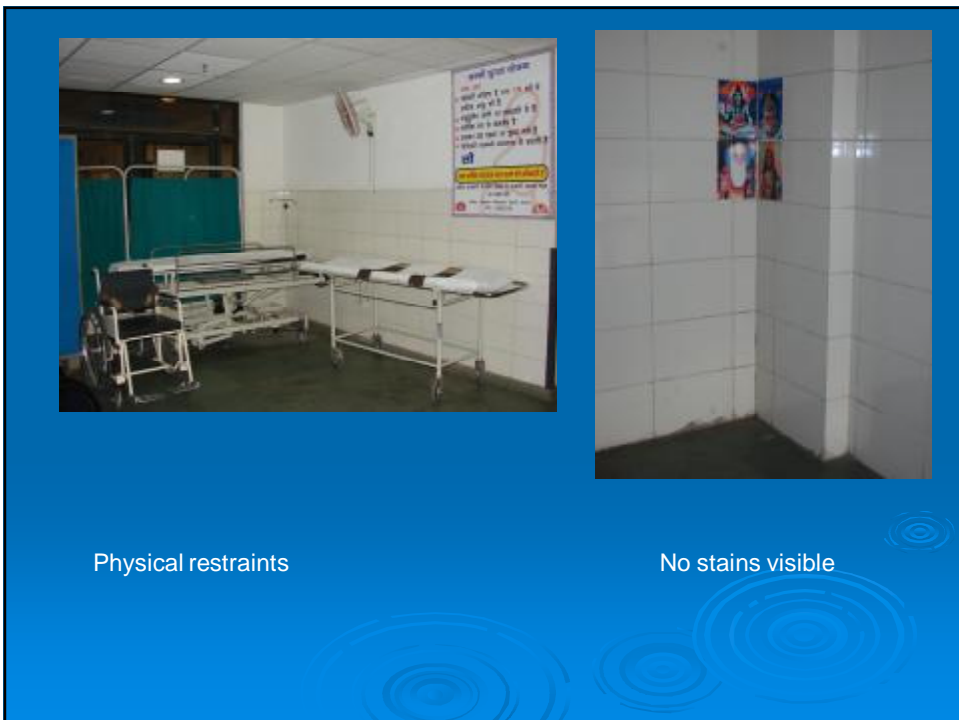
After



Before



After





Sharp container





Thank you