

## National Accreditation Board for Hospitals and Healthcare Reaccreditation, the Challenges and Advantages: A Qualitative Case Study

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**Abstract :** Background: The National Accreditation Board for Hospitals & Healthcare Providers (NABH) is India's apex standard setting accrediting body in health care which evaluates and accredits healthcare organizations. NABH requires accredited organizations to become reaccredited every three years. It is often thought that once the initial accreditation is complete, the foundation is set and reaccreditation is a much simpler process. Fortis Hospital, Shalimar Bagh, a part of the Fortis Healthcare group is a 262 bed, multi-specialty tertiary care hospital. The hospital was successfully accredited in the year 2012. On completion of its first cycle, the hospital underwent a reaccreditation assessment in the year 2015. This paper aims to gain a better understanding of the challenges that accredited hospitals face when preparing for a renewal of their accreditations. Methods: The study was conducted using a cross-sectional mixed methods approach; semi-structured interviews were conducted with senior leadership team and staff members including doctors and nurses. Documents collated by the QA team while preparing for the re-assessment like the data on quality indicators: the method of collection, analysis, trending, continual incremental improvements made over time, minutes of the meetings, amendments made to the existing policies and new policies drafted was reviewed to understand the challenges. Results: The senior leadership had a concern about the cost of accreditation and its impact on the quality of health care services considering the staff effort and time consumed it. The management was however in favor of continuing with the accreditation since it offered competitive advantage, strengthened community confidence besides better pay rates from the payors. The clinicians regarded it as an increased non-clinical workload. Doctors felt accountable within a professional framework, to themselves, the patient and family, their peers and to their profession; but not to accreditation bodies and raised concerns on how the quality indicators were measured. The departmental leaders had a positive perception of accreditation. They agreed that it ensured high standards of care and improved management of their functional areas. However, they were reluctant in sparing people for the QA activities due to staffing issues. With staff turnover, a lot of work was lost as sticky knowledge and had to be redone. Listing the continual quality improvement initiatives over the last 3 years was a challenge in itself. Conclusion: The success of any quality assurance reaccreditation program depends almost entirely on the commitment and interest of the administrators, nurses, paramedical staff, and clinicians. The leader of the Quality Movement is critical in propelling and building momentum. Leaders need to recognize skepticism and resistance and consider ways in which staff can become positively engaged. Involvement of all the functional owners is the start point towards building ownership and accountability for standards compliance. Creativity plays a very valuable role. Communication by Mail Series, WhatsApp groups, Quizzes, Events, and any and every form helps. Leaders must be able to generate interest and commitment without burdening clinical and administrative staff with an activity they neither understand nor believe in.

**Keywords :** NABH, reaccreditation, quality assurance, quality indicators

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