

Internship Training

at

**SevenHills Hospital, Mumbai**

**“Challenges in perpetual application of accreditation standards at tertiary care hospital, with reference to Medical Care”**

by

**Priyanka N. Thakre**

Enroll No. Pg/15/060

Under the guidance of

**Dr. A .K. Khokhar**

Post Graduate Diploma in Hospital and Health Management

2015-17



**International Institute of Health Management  
Research, New Delhi**



The certificate is awarded to **Ms Priyanka N Thakre** in recognition of having successfully completed her Internship in the Department of Quality and has successfully completed her Project on **“Challenges in Perpetual Application of Accreditation Standards at a Tertiary Care Hospital, with Special Reference to Medical Care”** from 1 March 2017 to 12 May 2017 in Seven Hills HealthCare Pvt Ltd.

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning.

We wish her all the best for future endeavors.

  
Senior General Manager - Human Resources



---

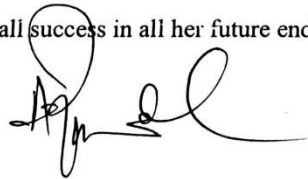
**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that **Priyanka N. Thakre** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at **SevenHills Hospital ,Mumbai** from **1/3/20017 to 12/5/2017**.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.



**Dr. A.K. Agarwal**  
Dean, Academics and Student Affairs  
IIHMR, New Delhi



**Dr. A. K. Khokhar**  
Director,  
IIHMR, New Delhi

---

### Certificate of Approval

The following dissertation titled **“Challenges in perpetual application of accreditation standards at tertiary care hospital, with reference to medical care”** at **SevenHills Hospital Mumbai** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

Dr. A.K. Khokhar

Dr. Poonam Rajput

Dr. Sanjeev Kumar

Signature

Dr. A.K. Khokhar  
Dr. Poonam Rajput  
Dr. Sanjeev Kumar

### Certificate from Dissertation Advisory Committee

This is to certify that **Ms. Priyanka N. Thakre**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. She is submitting this dissertation titled **"Challenges in perpetual application of accreditation standards at tertiary care hospital, with reference to medical care"** at **"SevenHills Hospital, Mumbai"** in partial fulfillment of the requirements for the award of the **Post-Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.



Dr. A. K. Khokhar

Director,

IIHMR, New Delhi



Dr. A. Asthana

Director,

SevenHills Hospital, Mumbai

**DR. A ASTHANA**  
Director ( )  
SevenHills Hospital, Marol  
Andheri (E), Mumbai - 400 059



INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,  
NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "**Challenges in perpetual application of accreditation standards at tertiary care hospital, with reference to medical care**" and submitted by **Ms. Priyanka N. Thakre** Enrollment No. PG/15/060 under the supervision of **Dr. A. Asthana** For award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 1<sup>st</sup> March 2017 to 12<sup>th</sup> May 2017 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

*Thakre*

Signature

COUNTERSIGNED



## FEEDBACK FORM

Name of the Student: Ms. Priyanka A. Bhatnagar

Dissertation Organisation: SevenHills Health Care Pvt Ltd

Area of Dissertation: Quality

Attendance: Regularly attended during the period (01 May - 12 May)

Objectives achieved: Yes, she has developed insight in the subject

Deliverables: She has produced a logical and well analysed document on the subject allotted as Project.

Strengths: Perseverant, hard working and committed.

Suggestions for Improvement: 1

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 12 May 2017  
Place: Mumbai



**DR. A. ASTHANA**  
Director  
SevenHills Hospital, Marol  
Andheri (E), Mumbai - 400 059

**Challenges in Perpetual Application of Accreditation  
Standards at a Tertiary Care Hospital, with Special  
Reference to  
Medical Care**

**Priyanka N. Thakre**

**II Year PGDHM (Hospital Administration)**

**Session 2015 - 17**

**International Institute of Health Management and Research**

**Dwarka, Sector 18, New Delhi – 110 075**



## **ACKNOWLEDGMENT**

Any attempt at any level cannot be satisfactorily completed without the support and guidance of learned people. I owe a great debt to all the professionals at Seven Hills Hospital, Mumbai for sharing generously their knowledge and time, which inspired me to do our best during my summer training.

I would like to express my immense gratitude to, Dr. A. Asthana, Director Seven Hills Health Care Pvt. Ltd, Mumbai for providing support and guidance on learning how quality care should be delivered and how quality of care can be sustained in hospitals and how to address day to day challenges in perpetual sustenance of quality. It has been a privilege to work under his dynamic supervision at the hospital.

I express my heartfelt gratitude to Mrs. Kartik Khatri for providing me with valuable information and an opportunity of working in the department.

I also gratefully acknowledge the contribution of Dr. A. K. Khokhar, Dr. Ashok K Agarwal, Dean, Academic and Students' Affairs, IIHMR for inculcating right attitude into me towards learning and for helping and supporting whenever required. I am grateful to them for giving me an opportunity to learn administration in general and that of hospitals in particular.

## **CONTENTS**

<u>S No</u>	<u>SUBJECT</u>	<u>PAGE No</u>
	List of Table	III
	Abbreviations	IV
	Part- I Internship Report	1
	Organization Profile	1
	Area of Involvement	6
	Part-II Dissertation Report	7
	Chapter – 1: Introduction	7
	Chapter-2: Literature Review	9
	Chapter-3: Methodology	13
	Chapter-4: Results	15
	Chapter-5: Discussion	21
	Conclusion	23
	Bibliography	24
	Annexure	25

## **LIST OF TABLES**

Table no.	Description	Page No
Table 1	Distribution of hospital facilities: observed for compliance to hospital policies and SOPs	15
Table 2	Sample Size of staff observed for compliance to hospital policies and SOPs	15
Table 3	Observation of employees on compliance to hospital policies and SOPs as applicable to IPSC	16
Table 4	Observation of employees on compliance to hospital policies and SOPs as applicable to AOP	17
Table 5	Observation of employees on compliance to hospital policies and SOPs as applicable to ASC	18
Table 6	Observation of employees on compliance to hospital policies and SOPs as applicable to MMU	19
Table 7	Challenges observed on complying with accreditation standards specific to medical care	20

## **LIST OF ABBREVIATIONS**

JCI- Joint Commission International

NABH- National Accreditation Board for Hospital and Healthcare Providers

OT – Operation Theatre

IPD- Inpatient Department

ICU – Intensive Care Unit

HOD- Head of the Department

SOPs- Standard Operating Procedures

EMR- Electronic Medical Record

IPSG- International Patient Safety Goals

AOP- Assessment of Patient

ASC- Anesthesia and Surgical Care

MMU- Medication Management and Use

## **PART – 1 INTERNSHIP REPORT**

### **Introduction to Organization**



Seven Hills Hospital is a leading healthcare service provider in India. The healthcare verticals of the hospital primarily comprise of diagnostics, hospitals, and day care specialty services and facilities.

Seven Hills Group has over three decades of experience in the healthcare sector. It is an expert in providing quality healthcare and valuable services, supported by a team of compassionate and dedicated medical professionals. The Hospital, a healthcare landmark, has been a household name to more than 50 million Indians. It offers state-of-the-art in-patient and out-patient facilities, focusing on the comfort and safety of patients and their loved ones.

A forerunner in integrated healthcare, Seven Hills Hospital has a robust presence in over 30 super specialties in the healthcare spectrum. It has emerged as one of the trusted integrated healthcare provider in Asia, and treats all patients (both domestic and international) alike.

### **SEVEN HILLS VISION**

To evolve as a benchmark in quality healthcare available to one and all.

### **SEVEN HILLS MISSION**

- To ensure accessible and affordable quality healthcare by compassionate medical professionals to all.
- To be the centre of excellence for medical research and academics.
- To cultivate an environment of trust, honesty, mutual respect, equality, and ethics.

### **SERVICES AVAILABLE AT SEVEN HILLS HOSPITAL**

#### **Brain and Spine**

Neurology

Neurosurgery

#### **Bone and Joint**

Orthopaedics

Joint Replacement

**Minimal Access Surgery**

GI Surgery

Laparoscopic Surgery

**ASSOCIATE SPECIALITIES**

Chest Medicine

Critical Care Medicine

Pediatrics

Chemotherapy

Dental & Oro-Maxillo-Facial Surgery

Cosmetology

Dermatology

Bariatric Surgery

Cardio Thoracic Surgery

Cochlear Implants

Brachytherapy

Nephrology

Oncology

Ophthalmology

Assisted Reproductive Techniques

Otorhinolaryngology

Physiotherapy

Urology

### **SERVICES AVAILABLE 24x7**

- 24 hrs emergency
- Laboratory
- Imaging (less PET scan)
- Blood Bank
- OT & Cath Lab
- Ambulance (Out Sourced)

### **FACILITY LAYOUT**

#### **First Floor**

- Lobby Reception
- Emergency
- Radiation Oncology
- Physiotherapy
- Cosmetic Dermatology
- Administrative Offices
- Assisted Reproduction Center
- Out Patient Pharmacy
- Food Court
- Conference Hall
- Prayer Hall
- Bank/ATM



### Second Floor

- Out Patient Clinics
- Out Patient Procedures
- Diagnostics
- Blood Bank
- Wellness Center

### Third Floor

- Operation Theatre Complex
- Surgical Critical Care Units
- Delivery Suites
- Day Care Units

### Fourth Floor

- Medical Critical Care Units
- Dialysis Center
- Burns Units
- Cath Labs

### Fifth Floor

- Luxury Suite Rooms
- Spa

### Sixth Floor

- Private Rooms

### Seventh Floor

- Twin Bed Rooms

### Eighth Floor

- Economy Ward

### Ninth Floor

- Nursing College

### **Area of Involvement**

The Internship Period was from 1st March 2017 to 12<sup>th</sup> May 2017. During this Period, I worked as a trainee in Quality department.

### **Learning from the Internship Period**

The Internship Period gave me the orientation to understand the process flow & working of each department in the hospital. The major learning gathered from this period are as follows:

- Data collection
- Interaction with different stakeholders in the hospital
- Creating the project plan and execution
- Developing the strategy to extract the information from the staff members

## **PART – 2 DISSERTATION REPORT**

### **Chapter – 1 Introduction**

#### **INTRODUCTION**

1. Healthcare is provided by private & public hospitals. Public hospitals are run by public funds & monitoring & controlling authorities laid down by the government. In private sector, the hospitals obtain requisite permissions, approval and licenses to operate the hospital autonomously. The quality of medical care in both private & public hospital remains a matter of concern to knowledgeable people. To ensure quality of care certain national & international organization like National Accreditation Board for Hospitals & Healthcare providers (NABH) & Joint Commission International (JCI) and similar organisations in Europe, Australia and Japan have developed Standards to measure and assess quality of care being provided.
2. These organizations conduct rigorous independent assessment based on Standards and Measurable Elements spread over few days & then accredit the hospital for quality of medical care and patient safety. The accreditation though valid for a defined period for any hospital is also subjected to surprise verification by accreditation organisation to sustain assessed quality of care. However hospital is a dynamic environment, change of staff members, completion of daily routine tasks, allotment of new assignments and so on may lead to oversight of their continued commitment to quality standards as laid down in the hospital policies and operating procedures. This study has been undertaken to identify the challenges in perpetual application of various Quality Standards with reference to medical care at a tertiary care hospital in a metropolitan city.

## **REVIEW OF LITERATURE**

Accreditation benefits all stake holders. Patients are the biggest beneficiary. Accreditation results in high quality of care and patient safety. The patients get services by credential medical staff. Rights of patients are respected and protected. Patient satisfaction is regularly evaluated. Accreditation to a health care organization stimulates continuous improvement. It enables the organization in demonstrating commitment to quality care. It raises community confidence in the services provided by the health care organization. It also provides opportunity to healthcare unit to benchmark with the best.

However hospital is a dynamic environment, change of staff members, completion of daily routine tasks, allotment of new assignments and so on may lead to oversight of their continued commitment to quality standards as laid down in the hospital policies and operating procedures. This study has been undertaken to identify the challenges in perpetual application of various Quality Standards with reference to medical care at a tertiary care hospital in a metropolitan city.

Huq (1996) emphasises the involvement of staff and physicians in decisions related to their work in hospitals as an effective problem-solving strategy, asserting that most effective problem solving will occur when the people who own the process are given the responsibility to recommend and implement changes. This includes physicians, nurses and staff-level employees.

AI-Zamany et al. (2002) quote Wong (1998), who indicates that the implementation of quality programmes in developing countries may fail due to a lack of awareness and understanding of TQM. The failure of some organisations to gain accreditation or

certification is caused by a poor understanding by top management and other concerned managers of the requirements of quality management standards and the implementation process.

In the USA, Hendrich et al. (2007) found that one of the main barriers to implementing quality activities at Ascension Health to achieve zero errors was lack of administrative staff awareness of patient safety issues in hospitals; the administrative staff rating of the safety climate was three times higher than that of clinical staff, due to lack of awareness and differences in the perception of patient safety issues.

This is supported by Pomey et al. (2004) and Chua and Goh (2002), who argue that awareness among all hospital staff of the quality improvement principles and accreditation process is one of the conditions for a successful implementation process. One of the important strategies to improve such awareness among staff in hospitals is to gain their support for the accreditation process via self-assessment, which is usually conducted by trained quality department staff.

Yahya and Goh (2001) quote Quinlan (1996) as stating that 80 per cent of the failure of organisations in certification audits is caused by barriers such as the lack of documents and poor control of documents and data. Beskese and Cebeci (2001) point out that the difficulty most frequently encountered during the certification process in Turkish organisations was in controlling documentation.

Moser and Bailey (1997) found that lack of employee motivation, resistance to change, additional workload from the quality management system and opposition to bureaucratic management impeded QMS implementation. According to Ennis and Harrington (1999), organisational culture, resistance to change and employee resistance were considered important factors in implementing quality programmes in Irish hospitals.

Pomey et al<sup>6</sup>. Al Zamany et al<sup>1</sup> indicate that lack of awareness among employees of any organisation is also one of the most common obstacle for implementing quality in health care organisations.

## **AIMS & OBJECTIVES**

3. This study has been undertaken with following aims and objectives:-
- (a) To ascertain whether accreditation Standards and Measurable Elements applicable to patient care have been included in hospital policies and standing operating procedures.
  - (b) To ascertain whether applicable are uniformly followed in all patient care facilities of the hospital.
  - (c) To identify challenges where hospital policies and SOPs on medical care are not perpetually followed.
  - (d) To recommend actionable measures to address these challenges.

## **METHODOLOGY**

### **Material**

4.     (a)     Monograms of various accreditation agencies (JCI, NABH).
- (b)     Hospital Policies on various quality standards on patient care.
- (c)     Hospital SOPs on quality standards on patient care.
- (d)     Questionnaire to elicit challenges to application of hospital policies and SOPs.
- (e)     All patient holding facilities of the hospital.
- (f)     Electronic Medical Record (EMR) of the patients.
- (g)     Training records of the hospital staff members.

### **Method**

5.     (a)     Study Design.         Descriptive Cross Sectional study
- (b)     Sampling Technique. Staff members were enrolled using random sampling technique. Every third employee on duty (minimum five numbers) during period of observation in the patient holding facility was enrolled for study.
- (c)     Data Collection.         Data was collected as follows:-
  - (i)     Through direct observation of selected staff members while performing duties.
  - (ii)    Retrospective documented medical care accessed through EMR of the patients.



(iii) Staff members were asked to fill up questionnaire whenever any non-adherence to hospital policies or SOPs was observed to identify the challenge faced by them in implementing the policies and SOPs.

(d) Data Analysis. Collected raw data has been collated (master chart). The data was further sub-tabulated into five main groups of policies and SOPs and then data segregated in to groups was subjected to statistical analysis.

## RESULTS

Table 1: Distribution of Hospital Facilities : Observed for Compliance to hospital Policies and SOPs

Facility	IPD	OT	CATH LAB	CASUALTY	ICU	BLOOD BANK	HOSPITAL LAB	IMAGING	MEDICAL STORE	TOTAL
1	2	3	4	5	6	7	8	9	10	11
No. of Clinical Areas	4	1	1	1	3	1	1	1	1	14

*Table 1 shows hospital facilities where the compliance to accreditation standards was observed*

6. To study the compliance to hospital policies and SOPs of randomly sampled staff members; fourteen locations of nine patient holding facilities were selected for observation. The challenges for non-adherence to hospital policies and SOPs, wherever observed, were discussed with the staff members and noted on the questionnaire.

Table 2: Sample Size of Staff Observed for Compliance to hospital Policies and SOPs

Facility	IPD	OT	CATH LAB	CASUALTY	ICU	BLOOD BANK	HOSPITAL LAB	IMAGING	MEDICAL STORE	Total
Sample Size	20	5	5	5	15	5	5	5	5	70

*Table 2 shows sample size of staff observed for compliance to accreditation standards applicable to medical care*

7. Total 70 staff members, 5 staff from 9 facilities spread over 14 different locations of the hospital were randomly selected for the observation of compliance to hospital Policies and SOPs with reference to medical care.

**Table 3: Observation of Employees on Non-Compliance to Hospital Policies and SOPs  
as Applicable to International Patient Safety Goals (IPSG)**

Sr. No	Chap.	Standard	IPD	OT	CATH LAB	CASUALTY	ICU	B.B	LAB	IMAGING	M.S	TOTAL	%
			4	1	1	1	3	1	1	1	1	14	40%
1	IPSG	IPSG.1	√		√	√		√				7	
2		IPSG.2	√									2	
3		IPSG.2.1	√			v	V					6	
			√			√	√					4	
4		IPSG.2.2	√									1	
5		IPSG.4.1		√								1	
6		IPSG.5	√			√		√	√			5	
7		IPSG.6	√									2	

*Table 3 shows observation of non adherence of employees on compliance to hospital policies as applicable to International Patient Safety Goals (IPSG)*

8. Staff member of the concerned departments which show non-adherence to the hospital policies on International Patient Safety Goals are marked with a sign √ and the staff member of the other departments which show compliance to hospital policies are left blank. Hospital wide total twenty eight sampled staff members did not adhere to Hospital Policies and SOPs.

Table 4: Observation of Employees on Non-Compliance to Hospital Policies and SOPs

Applicable on Assessment of Patient

Sr. No	Chapter	Standard	IP D	O T	CAT H LAB	CASUALTY	IC U	B. B	LA B	IMAGING	M. S	TOTAL	%
			4	1	1	1	3	1	1	1	1	14	11.4 %
1	AOP	AOP.1.2				√						1	
2		AOP.5.7	√			√			√			6	
3		AOP.6.3								√		1	

*Table 4 shows observation of non-adherence of employees on compliance to hospital policies as applicable to Assessment of Patient(AOP).*

9. The staff member of the concerned departments which show non adherence to the hospital policies applicable to Assessment of Patient are marked with a sign √ and the staff member of the other departments which show compliance to hospital policies are left blank. Hospital wide total eight sampled staff members did not adhere to Hospital Policies and SOPs

Table 5: Observation of Employees On Non-Compliance to hospital Policies and SOPs

Applicable to Anaesthesia & Surgical Care

Sr. No	Chap.	Standard	IPD	OT	CATH LAB	CASUALTY	ICU	B.B	LAB	IMAGING	M.S	TOTAL	%
			4	1	1	1	3	1	1	1	1	14	4.2%
1	ASC	ASC.3.3		√								1	
2		ASC.4		√								1	
3		ASC.5.1		√								1	

*Table 5 shows observation on non-adherence of employees on compliance to hospital policies as applicable to Anaesthesia and Surgical Care*

10. The staff member of the concerned departments (Operation Theatre) which show non adherence to the hospital policies applicable to Anaesthesia and Surgical Care are marked with a sign √ and the staff member of the other departments which show compliance to hospital policies are left blank. In the operation theatres total three sampled staff members did not adhere to Hospital Policies and SOPs specific to anaesthesia and surgical care.

Table 6: Observation of Employees On Non-Compliance to hospital Policies and SOPs

Applicable On Medication Management & Use

Sr. No	Chap.	Standard	IPD	OT	CATH LAB	CASUALTY	ICU	B.B	LAB	IMAGING	M.S	TOTAL	%
			4	1	1	1	3	1	1	1	1	14	
1	MMU	MMU.3									√	1	1.4%

*Table 6 shows observation on non-adherence of employees on compliance to hospital policies as applicable to Medication Management and Use*

11. The staff member of the concerned departments (hospital dispensary and medical store) which show non-adherence to the hospital policies applicable to Medication Management and Use are marked with a sign √ and the staff member of the other departments which show compliance to hospital policies are left blank. Only one staff member did not adhere to Hospital Policies and SOPs.

Table 7: CHALLENGES OBSERVED ON COMPLYING WITH ACCREDITATION  
STANDARDS SPECIFIC TO MEDICAL CARE

Number of Non Compliant employees	Proportion (%)	Challenges
13	18.5%	Casual approach
6	14.2. %	Lack of awareness
10	8.5%	Inadequate material resources
2	3%	Inadequate administrative control over staff
2	3%	Inattention during training

*Table 7 shows the challenges which was observed for compliance with hospital policies specific to medical care*

12. The challenges observed on non-adherence of the hospital policies among the randomly sampled seventy staff members in nine patient holding facilities on five different categories of policies on patient care have been listed in descending order from 18.5% to 3%.

## **DISCUSSION**

From the results obtained after observation of randomly selected employees of 9 hospital facilities located in 14 different areas of the hospital, there are statistically significant non-compliance of employees to various accreditation standards specific to medical care.

1. In case of International Patient Safety Goal (IPSG) standards, non-adherence to policy has been observed in 25% of sampled employees. Maximum non-adherence was observed in the policy on standard for correct identification of patient, wherein, 50% sampled staff members incorrectly followed approved policy on patients' identifiers. Least non-compliance was observed in the standards of handover communication and time out procedure in operation theatre (OT), wherein, only 7.14% of sampled staff members inadequately followed policy on standard requirement.
2. In case of policies on Assessment of Patient (AOP), non-compliance has been observed in 18.73% of sampled employees. Maximum non-compliance has been observed in policy on transportation of specimen from wards, where 42.9% sampled staff members are not aware of the policy on procedures to be followed. Least non-compliance of policies was observed in documentation of initial medical assessment of the patients at the time of admission, wherein, only 7.14% of sampled staff members inadequately followed policies on quality standard requirements. The same proportion (7.14%) of non-adherence to policies on radiation safety awareness in Imaging department has been observed.
3. In case of policies on quality standards for Anaesthesia and Surgical Care (ASC), non-adherence to policies has been observed is 14% of sampled employees.



Amongst these staff members 7.14% non-adherence was observed for policies on education of patient, procedural sedation and pre-anaesthesia assessment.

4. In case of policies on standards of Medication Management and Use (MMU), non-adherence has been observed is 7.14% of sampled employees in policies on labelling of medication.

5. The common challenges observed on non-adherence of the hospital policies among the randomly sampled staff members of 9 (nine) patient holding facilities were five (5) different. Commonest cause identified is casual approach of the staff members to hospital policies and SOPs. The least common challenge had been inadequate training. It implies that hospital efforts on imparting training to staff are adequate. The hospital has to address the casual approach of the staff to ensure quality of care being provided at various facilities of the hospital. However, the challenges observed in this study were similar to the study conducted on challenges observed in implementation of JCI standards in United Arab Emirates Hospital by Zakaria Zaki et al<sup>7</sup>. Casual approach of the staff members to hospital policies and SOPs were similar to the study conducted on Accreditation: a tool for organisational change by Pomey et al<sup>6</sup>. Al Zamany et al<sup>1</sup> indicate that lack of awareness among employees of any organisation is also one of the most common obstacle for implementing quality in health care organisations.

## **Conclusion**

13. The challenges faced in implementation/ adherence to hospital policies specifically to those which have been laid down to ensure quality of patient care have lacked uniform application by various members of the hospital staff predominantly due to following reasons:

- (a) Lackadaisical approach of some members of the hospital to the policies of the hospital.
- (b) In some instances, delay in availability of material resources required to ensure compliance to hospital policy.
- (c) Inadequate training in the respective department which could be due to lack of supervision over staff. The supervisor could not identify gap between quality requirement as per hospital policies and performance of the staff members in implementing them.

Gaps should be identified by the supervisory staff of the concerned department and to bridge this gap periodic assessment of the staff should be done by conducting tests to assess their knowledge about the hospital policies so that the supervisory staff comes to know the area where they have to emphasize more to improve compliance to hospital policies.

## **BIBLIOGRAPHY**

1. Al-Zamany et al.(2002) Understanding the difficulties of implementing quality management in Yemen. TQM Magazine, Vol.14.
2. Black, S.A. and Porter, (1996) Identification of the critical factors of TQM.
3. Donahue et al. (2000) JCI accreditation: relationship to 4 models of evaluation. International Journal of Quality in Health Care, Vol.12.
4. Gray et al. (2000) Obstacles to implementing Quality.
5. Joint Commission International (2017) Joint Commission International Accreditation Standards for Hospitals.
6. Pomey et al. (2004) Accreditation: a tool for organisational change in hospital? International Journal of Health care Quality Assurance, Vol.17.
7. Zakaria Zaki et al. (2009) Factors affecting the implementation of JCI Standards in United Arab Emirates Hospital.

## **ANNEXURE**

a) Questionnaire

## **QUESTIONNAIRE**

- 1) Do you know the hospital policies and SOPs ?
  - a) YES
  - b) NO
  
- 2) Do you know how to access hospital policies and SOPs?
  - a) YES
  - b) NO
  
- 3) What are steps of hand washing?
  - a) YES
  - b) NO
  
- 4) How do you assess fall risk of patients?
  - a) YES
  - b) NO
  
- 5) What is the use of critical call out register?
  - a) YES
  - b) NO
  
- 6) What are steps for time out procedure in OT?
  - a) YES
  - b) NO
  
- 7) How do you store high alert and LASA medication?
  - a) YES
  - b) NO
  
- 8) What is the temperature required for the refrigerator to store the medication?
  - a) YES

- b) NO
- 9) How do you report medication error?
  - a) YES
  - b) NO
- 10) What is medication recall policy?
  - a) YES
  - b) NO
- 11) What are the criteria for shifting the patient from OT?
  - a) YES
  - b) NO
- 12) Do you take radiation safety precautions?
  - a) YES
  - b) NO