



EVALUATING KNOWLEDGE AND PRACTICE OF NABH PROTOCOL IMPLEMENTATION IN THE EMERGENCY DEPARTMENT

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Article History: Received: 1.05.2022

Revised: 15.06.2023

Accepted: 30.06.2023

ABSTRACT

Although Indian health care system is currently operating within an environment of rapid social, economic and technical changes and hospitals is an integral part of health care system. Accreditation would be the single most important approach for improving the quality of hospitals. As a result staff working in emergency department needs to focus on NABH guidelines and protocol. This study identifies the knowledge & practice regarding NABH protocol followed in emergency department. This study was cross - sectional. The study includes Staff Nurses, Physician, and Paramedical Staff & Supportive Staff. The total sample size is 450. A self-administered and self-structured questionnaire was created specifically for the purpose of the study to collect data. Using Microsoft excel 2010, a descriptive analysis was performed to determine the knowledge & practice regarding NABH protocol followed in emergency department. All participants had some knowledge regarding NABH protocol. Although there was individual variation practice and knowledge regarding NABH guidelines and protocols. It is evidence that the knowledge towards NABH delegation among the staff nurses, physicians, paramedical staff and supportive staff to gain further information and guidelines for further developments of knowledge and chops in practice.

Keywords: Knowledge, Knowledge of Practice, Accreditation, NABH (National Accreditation Board for Hospitals and Health Care Providers)

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DOI: 10.48047/ecb/2023.12.8.497

INTRODUCTION

The emergency branch of any group is an access factor for a massive wide variety of sufferers to any fitness care organization. It needs to be quite simply positioned at the floor ground with direct get entry to the sufferers and ambulance. The front of the emergency branch is continually cut loose the outpatient branch (OPD) front. The branch caters to numerous trauma and clinical emergencies in each adults and in kids spherical the clock and is satisfactorily staffed with emergency physicians, and nursing team of workers to address such emergencies always and days.[1]

Accreditation to fitness care business enterprise stimulates non-stop improvement. It permits the heath care in demonstrating dedication to accreditation affords get entry to dependable and licensed facts on facilities, infrastructure and degree of care.[2] The nursing experts are the frontline workforce with whom the patients, their families, and traffic interact first hand. Their knowledge, capabilities, attitude, communication, and different smooth capabilities for this reason make all distinction with inside the remaining transport of fitness care.[3]

The Christian Medical College (CMC), Vellore was the first government healthcare institute in India to start a formal exigency department in 1994. Also in the same time, Sundaram Medical Foundation, a Sanitarium located 100miles down from Chennai, came the first private reality to establish exigency department. Countries first nursing triage system was also established by Sundaram Medical Foundation followed by CMC.[4] From 1985, three decades latterly, this country learnt a lot from its miscalculations and now it has developed and evolved its own systems according to its requirements. Similar systems now have come to a stage where nonstop studies on every scale are of high most significance so that it can be brought at par with norms set by developed countries.[5]

Accreditation is an incitement to ameliorate capacity of nation hospitals to give the quality of care. National delegation system for hospitals insure that sanitarium whether public, private, public or aboriginal play there anticipated places in invariant delegation system for health care diligence correspond of National Accreditation Board for Hospitals and Health watch providers(NABH) which is responsible for drafting the rules and norms to be maintained by health care institutes.[6]

Maintaining nice and growing mistakes-loose structures were the focal point of engineering over the previous couple of decades.[9] The “non-fitness care” device nice guarantee application summarizes their nice guarantee in realistic headings, particularly being attentive to element and dealing with uncertainties. More recently, nice problems have obtained an awful lot interest with inside the clinical field, and there was a few awareness from the airline industry, replicated to fitness care in mistakes prevention via way of means of advent of protection checklists. There are but a few essential variations among the clinical and engineering field (guy and machine).[7]

The first component is handling uncertainties. One of the number one variations among guy and system is the diploma of variability. Unlike machines which could be “cloned,” each character person is extraordinary and every responds and reacts in another way to contamination and treatment. While there's a popular sample of presentation and reaction to contamination, the uncertainties that one want to be organized and cope with is greater with inside the scientific area than with inside the engineering area.[8]

In emergency medicine, the uncertainties are specifically huge as frequently the offering contamination isn't always properly described through the sufferers and he/she isn't always completely coherent or aware to offer his symptoms, symptoms and symptoms now no longer manifestly evident, no guide files or earlier scientific records available, quick healing window, behind schedule or denied consent and affordability to emergency scientific care.[9]

The 2nd component is listening to detail. Although at the floor this seems to be comparable among the scientific and engineering subject, there's a essential distinction. Domain specialist's with inside the engineering subject have made a top notch distinction for machines.[10]

RESEARCH METHODOLOGY:

This study was conducted with the objective to assess the knowledge regarding NABH protocol among staff nurses, paramedical staff, doctors, supportive staff & to associate the knowledge & practices with selected demographic variables (ex: Education qualification, work experience, Place of work & exposure to NABH inspection). Research approach was qualitative and data was collected In Dehradun approximately from 100 hospitals & three private medical college and 10 multispecialty hospitals. To get representative subject will be taken from these hospitals and institutes to get the required sample size.[11]

This was the cross-sectional study in which structured questionnaire were administered and qualitative research design is used in the study is descriptive in nature with questionnaire based survey, of the Emergency Department Physicians, Nurses, Supportive staff and paramedical staff also studying relevant records of the hospitals in Dehradun City. The data for this study were collected from 450 Emergency Department staff including physician, nurse and general duty attendant the selected hospitals in Dehradun city.

The sample size was calculated using the standard sample size method. Survey began with in-depth study of NABH guidelines the standards relating to knowing & practice followed for a gap analysis on quality parameters in emergency department. A self-assessment tool kit provided by the NABH was utilized to assess the existing gap in the practices of quality parameters in emergency department. Questionnaire is used as a primary model of data collection & Secondary model of data collection is record review of various Surgical Files of Individual patients. [12]

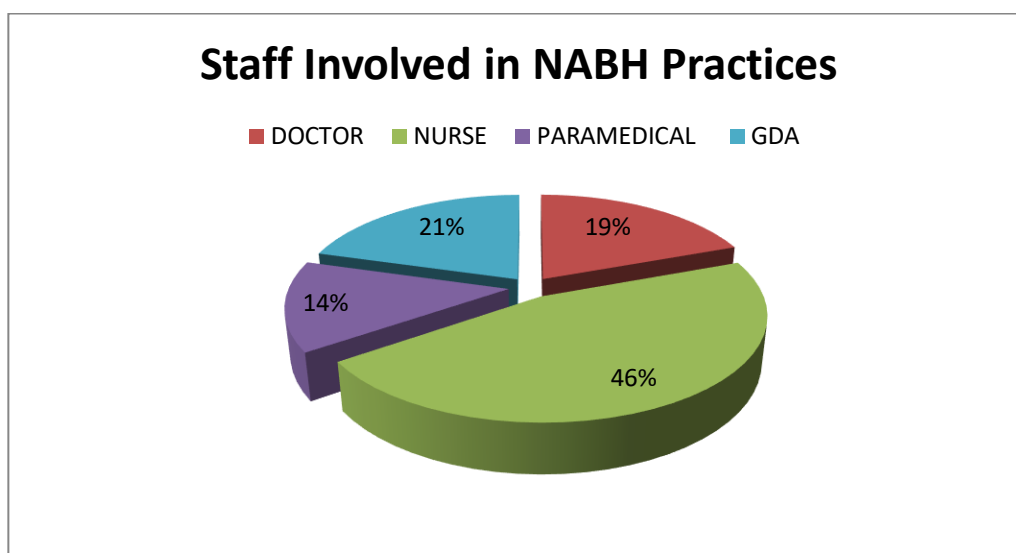
The study was conducted to assess the awareness level of the Physicians, Nurses, supportive staff & paramedical staff regarding NABH quality parameters. Non-Probability Sampling technique is used in sample collection tool. A questionnaire was administered to 90 Physicians and 189 Staff nurses, 63 paramedics & 108 supportive staff. Information was gathered by means of separate questionnaires for Physicians, Nurses, paramedical staff and supportive staff. The questionnaire for Physicians, Nurses, Paramedical and supportive staff had 55 questions covering emergency department indicators used for quality analysis in emergency department. Then, their suggestions were collected and considered to improve the validity of the questionnaire.. The questionnaire was developed and after that data was collected with the help of a schedule and questionnaire. Before the interview written consent was taken from the healthcare facility and ensure the confidentiality of data.[13]

Statistical Analysis:

Proportional descriptive analysis of data was performed utilizing data that was fed in to Microsoft excel 2010.

RESULTS

The table.1 of Questionnaire was used to collect data regarding the Healthcare experience attributes of the respondents containing five questions i.e., profession, hospital NABH affiliation, Role, experience to health care sector and experience in emergency department of respondents 100 % of respondents are health care professional, 82.8 % respondents are working in NABH Accredited hospitals and 17.2 % respondents are working in those hospitals which are non NABH. 19.5 % are Physicians, 46% are Nursing Staff, 14 % are paramedical and 20.6% are Supportive Staff of the hospitals 57.4% of respondents are having less than five years of healthcare experience and 42.6% are having more than 5 years of experience. 79.6% respondents are having less than 5 years of working experience in emergency department & 20.4% are having more than 5 years of experience.



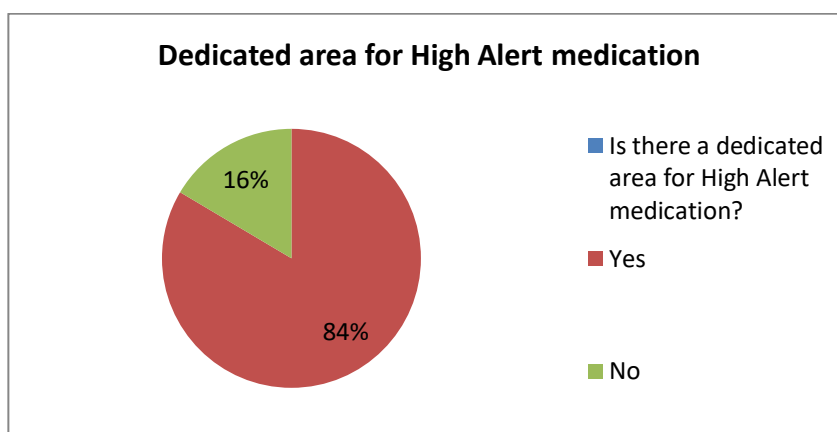
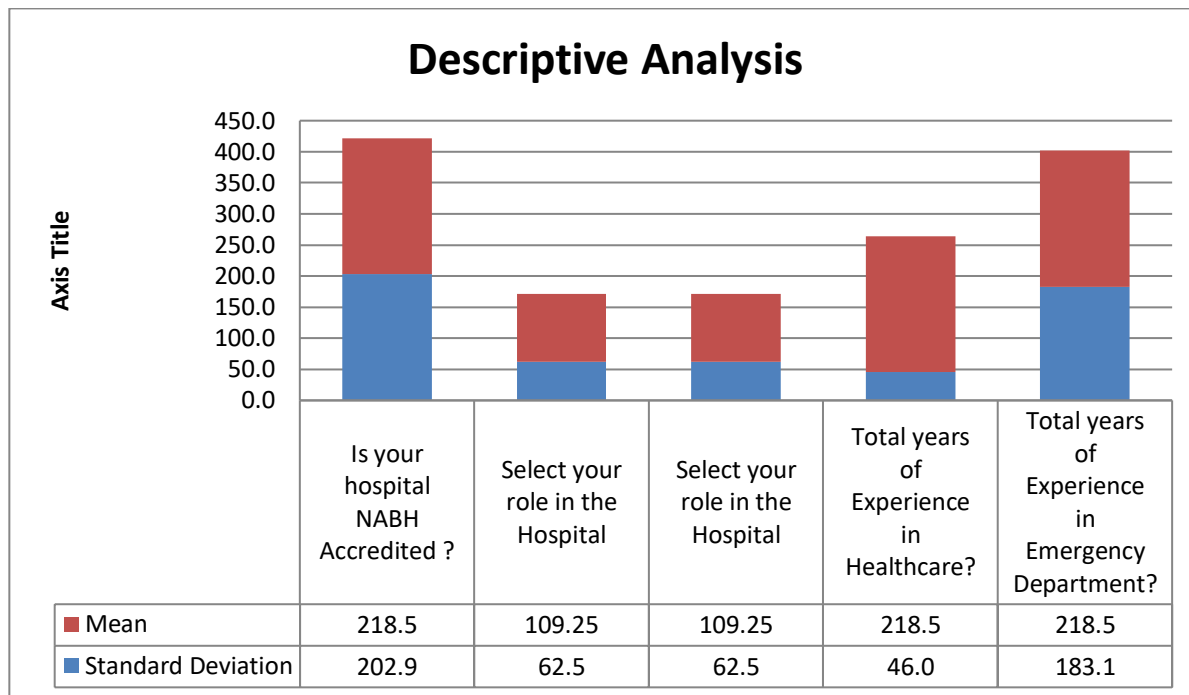
Source: Primary data

Figure-1

Table.2 Knowledge regarding NABH protocol:

All staff those who are working in emergency department is immunized or not and they are aware about vaccination in which 82.4% are vaccinated and 17.6 % are not vaccinated. In which 54 % respondents are Fully Vaccinated against the COVID -19 and 46 % respondents are partial vaccinated. Out of which 49.7 % get infected with COVID – 19. 89 % respondents are aware about the NABH practices in Emergency Department and 11 % respondents are not aware about NABH protocol in emergency department. 74.8 % employees are aware about dedicated triaging area in the emergency department and 25.2 % are not aware about triage in emergency. 79.2 % Are you aware about the initial assessment timing (10 Min) in Emergency Department and 20.8 % respondents are not. 92.2 % are you aware about door to thrombolysis time 30 mins in ER and 7.8 % are not aware about door to thrombolysis. 38.9 % respondents know the door to thrombolysis time in ER. 72.8 % are aware about door to balloon time in ER and 27.2 % Don't know the process time for door to balloon time ER. 81 % respondents are aware about the indications for using allergy band and 19 % respondents are not aware about the indications for using allergy band. 83.5 % respondents are aware about the high risk medication storage area and follow NABH medication storage guidelines and 16.5% are not aware about NABH medication storage guidelines. 86.5 % organization kept high alert medication in lock & key and 13.5% are not following NABH guidelines. 94.3 % is having dedicated area for LASA (Look Alike Sound Alike) Drugs and 5.7 % are not.

ANALYSIS AND INTERPRETATION OF DATA BY KNOWLEDGE REGARDING NABH PROTOCOL



Source: Primary data

Figure-2

Table-1 Demographic Variable descriptive analysis

S. No.	Demographic Variable	Percentage	Frequency (F)	Percentage (%)
1.1	Are you a Healthcare professional?			
	Yes		437	100%
	No		0	0%
1.2	Is your hospital NABH Accredited?			
	Yes		362	82.8%
	No		75	17.2%
1.3	Select your role in the Hospital			
	Doctor		85	19.5%
	Nurse		201	46.0%
	Paramedical		61	14.0%
	Supportive Staff		90	20.6%
1.4	Total years of Experience in Healthcare?			
	Less than 5 years		251	57.4%

	More than 5 years	186	42.6%
1.5	Total years of Experience in Emergency Department?		
	Less than 5 years	348	79.6%
	More than 5 years	89	20.4%

Table-2 Knowledge regarding NABH protocol descriptive analysis

S. No.	Knowledge regarding NABH protocol	Frequency (F)	Percentage (%)
1	Are all the staffs in Emergency Department are immunized? Yes No Don't know	360 77 0	82.4 % 17.6 % 0 %
2	Are you vaccinated against the COVID -19? Fully Vaccinated Partial Vaccinated Not vaccinated	236 201 0	54 % 46% 0
3	Did you get infected with COVID - 19? Yes No	217 220	49.7% 50.3%
4	Are you aware about the NABH practices in Emergency Department? Yes No	389 48	89% 11%
5	Is there a dedicated triaging area in the Emergency Department? Yes No	327 110	74.8% 25.2%
6	Are you aware about the initial assessment timing (10 Min) in Emergency Department? Yes No	346 91	79.2 % 20.8 %
7	Are you aware about door to thrombolysis time 30 mins in ER? Yes No	403 34	92.2 % 7.8 %
8	What is the door to thrombolysis time in ER? Less than 30 mins More than 30 Mins	267 170	61.1 % 38.9 %
9	Are you aware about door to balloon time in ER? Yes NO	318 119	72.8 % 27.2 %
10	What is the door to balloon time in ER? Less than 90 mins More than 90 Mins	329 108	75.3 % 24.7 %
11	Are you aware about the indicators for using allergy band? Yes No	354 83	81 % 19 %
12	What are the indications for using allergy band? Yes No	372 65	85.1 % 14.9 %
13	Is there a dedicated area for High Alert medication? Yes No	365 72	83.5 % 16.5 %
14	Is High alert medication kept in lock & key? Yes No	378 59	86.5 % 13.5 %
15	Is there a dedicated area for LASA (Look Alike Sound Alike)		

Drugs?			
Yes		412	94.3 %
No		25	5.7 %

Findings and Discussions:

The result shows that there are no gaps between knowledge and practicing habits in staff of emergency department. Accreditation is an incentive to enhance ability of hospitals to offer high-satisfactory of care.[14] Patients are the largest beneficiaries amongst all of the stakeholders. Accreditation outcomes in excessive high-satisfactory of care and affected person protection as the sufferers are serviced through credential clinical staff, knowledge and practice of sufferers are reputable and guarded and affected person's pleasure is often evaluated.[15]

The questionnaire was administered to 450 respondents, most of the participants are nurses were having less than 5 years of emergency department (57%), and other are having more than 5 years of experience, 79.6% are having emergency department.

In the response to a knowledge and practicing habits in staff of emergency, 82.8% of respondents are working in NABH accredited hospitals & having mean value 218.8 with standard deviation of 202.9, 57.4% of respondents are having less than 5 years of experience in healthcare and 42.6 % of respondents are having more than 5 years of experience in healthcare with standard deviation 45.9, 79.6 % respondents are having less than 5 years of experience in emergency department and standard deviation is 183, while 20.4 % are having more than 5 years of experience in emergency department.

Findings of the examine imply that everyone the topics had been having common knowledge concerning NABH accreditation. The examine had implications now no longer best with inside the discipline of nursing, however additionally in different disciplines.[16] The examine become confined to small samples and best for a hundred staff nurses. The findings of the examine guide the want for carrying out instructional programmes concerning NABH accreditation to enhance the first-rate of care and adherence to the prescribed policies. Thus in destiny greater research associated with subject matter may be conducted.[17]

CONCLUSION

The aim of this study is to measure to access the knowledge & practice regarding NABH protocol followed in emergency department from the perspective of staff nurses, doctors, paramedical staff, & Supportive staff. On the basis of information collected during the survey descriptive analysis was done. Thus, these findings indicate that the hospitals of Dehradun. Quality has come an essential part of the operations and evaluation of healthcare. The continual enhancement of service quality in healthcare units has come to a high consideration to insure patient satisfaction across the world in the ultra-modern profitable script. Quality operation ways, frequently espoused directly and unchanged, from manufacturing and service sector settings, have frequently not lived up to their pledge in terms of bettered health care provider performance.[18]

The board for NABH is a constituent board of Quality Council of India, set up to installation and carries out accreditation programme for healthcare organizations. The board is dependent to cater to plenty preferred desires of the clients and to set benchmarks for development of fitness industry.[26] To observe those trendy elements, the health facility will want to have a process-pushed method in all factors of health facility activities. The examine discovered that the prevailing practices associated with the knowledge & practice regarding NABH protocol followed in emergency department and training aren't as much as the requirements as directed through the NABH suggestions and there exists an opening that desires to be addressed through starting up appropriate corrective actions.[19]

Therefore the ideal of NABH delegation is on nonstop enhancement in the organizational and clinical performance of health services, not just the achievement of an instrument or award simply assuring compliance with minimal respectable norms being a nanny and responsible for furnishing care to cases, to the society and to the profession by quality case care, the investigator got inspired to do a study for assessing the knowledge towards NABH delegation among the staff nurses, physicians, paramedical staff and supportive staff to gain further information and guidelines for further developments of knowledge and chops in practice.[20]

RECOMMENDATIONS

Based on the study results, some recommendations can be proposed by the study; Firstly knowledge & practice regarding NABH protocol followed in emergency department in order to improve the quality of healthcare services. Secondly, staff nurses, doctors, paramedical staff, & Supportive staff needs to contribute significantly to increase the quality of healthcare services provided to different customers in accordance with specific guidelines.

FURTHER STUDY:

The present study used only NABH guidelines knowledge and practice in emergency department staff nurses, doctors, paramedical staff, & Supportive staff (Dehradun), and include private multispecialty hospitals, medical colleges future studies should consider expanding their scope to include other departments.

Further studies related to the NABH practices in health sector can be conducted especially comparative studies between NABH & non NABH Hospitals.

ACKNOWLEDGMENT

We would like to thank to various staff nurses, doctors, paramedical staff, & Supportive staff from every multispecialty hospitals and medical colleges, for cooperating, and providing genuine and valuable information related to the knowledge & practice regarding NABH protocol followed in emergency department.

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