

CHAPTER: 09

ANALYSIS OF HOSPITAL PERFORMANCE BASED ON QUALITY INDICATORS

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INTRODUCTION

Quality management revolves around ensuring consistent quality, a factor heavily reliant on the dependability of processes. The effectiveness of these processes is closely tied to the presence of performance objectives, procedures for risk reduction, policies for quality improvement, systems for measuring quality, and mechanisms for rewarding success [1]. Hospitals, facing the challenge of improving quality while minimizing costs, are reviewing their operational strategies and quality assurance (QA) initiatives. Issues such as customer dissatisfaction, rising expenses, fierce competition, and decreased reimbursement for services are driving hospitals to embrace strategies like total quality management (TQM), continuous quality improvement (CQI), and quality improvement (QI) to enhance the quality of care and reduce costs [2]. Accreditation for healthcare organizations supports ongoing improvement, showcasing the organization's dedication to quality care. It establishes community trust in the healthcare services provided, enabling healthcare units to benchmark themselves against top performers. Furthermore, accreditation provides access to validated and approved data regarding facilities, infrastructure, and the caliber of care, establishing an unbiased framework for inclusion by insurance and other third parties [3].

RESEARCH OBJECTIVES

1. The collection and compilation of data for various KPIs.
2. To find variations by performing a trend analysis of the indicators over the previous nine months.
3. To evaluate outliers and identify the main causes of deviations and inconsistencies.
4. To propose recommendations for strategies to reduce potential errors and improve compliance.

RESEARCH METHODOLOGY

A comprehensive analysis of the data was conducted, which included identifying outliers linked to deviations and keeping an eye out for recurring patterns. The sources of secondary data included departmental manuals, record registers, capture sheets, the Health Management Information System (HMIS), and directives from the National Accreditation Board for Hospitals & Healthcare Providers (NABH). In order to find the average trend across a range of indicators, detect rapid changes, and identify their underlying causes, the study used a quantitative technique. The comprehensive analysis, which included data gathering, compilation, and evaluation, took place between February 4 and May 3, 2019. Emergency, Radiology, Nursing, Infection Control, IPD & IPE, ICU, Human Resources, and Security were the departments taken into account in the analysis.

RESULTS & DISCUSSION

Compliance was assessed twice: once prior to data collection and once following data compilation. The findings showed that, both prior to and following data compilation, only two departments continuously maintained 100% compliance with NABH criteria for data management. Conversely, all other departments showed low compliance at first, but with continued work, they reached maximum compliance. Nine indicators showed several deviations from the internal aim, while six indicators only showed one. The departments in charge of the outliers that cause deviations have looked into and dealt with the causes of these kinds of incidents.

CONCLUSION

Reviewing the diverse indicators across multiple departments revealed that the hospital strictly adheres to the standards established by NABH. However, a few minor shortcomings were identified, all of which can be rectified through targeted training for the relevant staff and stringent enforcement of corrective measures. The analysis was deemed highly satisfactory, indicating a continuous and positive progression

toward achieving the best outcomes.

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