

R L Jalappa Hospital and Research Centre

A unit of SDUMC and SDUAHER

(A Deemed to be University)

Quality Cell Event Report

Name of the Event: “Professional Development Programme , NABH 6th Edition Standards (POI),

Department: Quality Cell of RLJH&RC

Venue: UDOME, 3rd Floor, ,SDUMC

Date: 16th, 17th & 18th September 2025



The banner features logos for R.L. Jalappa Hospital & Research Centre, NABH, and SDUAHER. The text reads: **R L JALAPPA HOSPITAL & RESEARCH CENTRE**, TAMAKA KOLAR-563103 (Attached to SDUMC Affiliated to SDUAHER). **Three Days Professional Development Program** NABH Programme on Implementation 6th Edition Hospital accreditation Standards at R L JALAPPA HOSPITAL & RESEARCH CENTRE, TAMAKA, KOLAR from 16th, 17th & 18th September 2025. **NABH Faculty & Trainers** Dr. Shekar Sinha & Dr. U B Mishra. **WELCOME** is written on a pair of blue gloves. **Sponsored By: SDUET & SDUAHER** and **Organized by: Quality Cell, RLJH&RC**. **Venue: 3rd Floor, UDOME, Sri Devaraj Urs Medical College**. A small image of a NABH accreditation standard book is also present.



R.L.JALAPPA HOSPITAL & RESEARCH CENTRE

TAMAKA, KOLAR-563101



Seeking the blessings of Shri R.L.Jalappa Founder Chairman



In commemorating our Founder's legacy of Quality Training, Patient Care,
and Human Service, on the occasion of the Centenary Celebration,



Invitation

You are cordially invited to the Inauguration and Valedictory Sessions of the
**Professional Development Programme
NABH 6th Edition Standards (POI),**

Inauguration

Date: 16th September 2025

Time: 9:00 AM,

Venue: MEU Seminar Hall

Valedictory

Date: 18th September 2025

Time: 3:00 PM,

Venue: MEU Seminar Hall

NABH Faculty & Trainers

Dr. Shekar Sinha & Dr. U.B. Mishra

Chief Patrons

Shri G.H. Nagaraja

President, SDUET & Hon'ble Chancellor, SDUAHER

Shri J. Rajendra

Vice President, SDUET

Dr. D.V.L.N. Prasad

CAO, SDUAHER

Dr. Muninarayana C

Registrar, SDUAHER

Shri K.G. Hanumantha Raju

Secretary, SDUET

Dr. Vengamma B

Vice Chancellor, SDUAHER

Dr. Prabhakar K

Principal, SDUMC

Organizing Chairperson & Committee

Dr. Krishnappa J

Medical Superintendent, RLJH&RC

Dr. Dinesh K

Dy. Medical Superintendent

RLJH&RC Quality Cell

Dr. Rajkumar M G,

Dy. Medical Superintendent

We shall be honored by your solemn presence to ignite excellence in Quality Patient Care.

"Quality is never an Accident; it is Always the Result of Intelligent Effort."



Inaugural Programme – 16-09-2025

Invocation & Watering the Plant - 09:30 AM	: Organizing Team
Welcome Address - 09:35 AM	: Dr. Dinesh K - Dy. Medical Superintendent
Quality Journey 09:40 AM	: Dr. Zeanath Cariena J –Acc. Co-ordinator
Address by the Medical Superintendent – 09:45 AM	: Dr. Krishnappa J – Medical Superintendent
Address by the Vice Chancellor, SDUAHER- 09:50 AM	: Dr. Vengamma B - Vice Chancellor
Opening remarks on POI NABH 6th Ed.Std 10:10 AM	: Dr. Shekar Sinha & Dr. U.B. Mishra
Vote of Thanks - 10:15 AM	: Dr. Manjula R - Quality Manager

Valedictory Programme -18-09-2025

Brief Report of the Programme- 03:00 PM	: Programme Coordinator
Participant Reflections & Feedback - 03:05 PM	: Selected Participants
Address by the Medical Superintendent, 03:15 PM	:Dr.Krishnappa J –Medical Superintendent
Address by the Principal, SDUMC 03:25 PM	: Dr. Prabhakar K – Dean & Principal
Valedictory Address 03:35 PM	:Dr. D V L N Prasad, CAO, SDUAHER
Vote of Thanks 3:45 PM	: Dr.Rajkumar. M G, Dy. Medical uperintendent

Program on Implementation for NABH Hospital 6th Edition Accreditation Standards

PROGRAMME SCHEDULE

DAY-1: 16th September 2025		
TIME	TOPIC	SPEAKER
08:30 a.m. to 09:00 a.m.	Registration	
09:00 a.m. to 09:10 a.m.	Inauguration	Both Faculty
09:10 a.m. to 09:30 a.m.	Pre-test	Both Faculty
09:30 a.m. to 10:15 a.m.	Introduction to the programme and Orientation about NABH <ul style="list-style-type: none"> • Structure • Programmes & Activities • National & International recognition • Accreditation & Certification • Benefits of Accreditation 	
10:15 a.m. to 11:00 a.m.	NABH Standards Chapter 1 (AAC)	
11:00 a.m. to 11:15 a.m.	TEA BREAK	
11:15 a.m. to 12:00 p.m.	NABH Standards - Chapter 1 (AAC)-Contd. Exercise 1	
12:00 p.m. to 01:15 p.m.	NABH Standards - Chapter 2 (COP)	
01:15 p.m. to 02:00 p.m.	LUNCH	
02:00 p.m. to 03:00 p.m.	NABH Standards- Chapter 2 (COP)-Contd. Exercise 2	
03:00 p.m. to 04:30 p.m.	NABH Standards - Chapter 3 (MOM) Exercise 3	
04:30 p.m. to 04:45 p.m.	TEA BREAK	
04:45 p.m. to 05:30 p.m.	NABH Standards - Chapter 4 (PRE) Exercise 4	
DAY-2: 17th September 2025		
09:00 a.m. to 10:30 a.m.	NABH Standards - Chapter 5 (IPC) Exercise 5	
10:30 a.m. to 11:00 a.m.	NABH Standards - Chapter 6 (PSQ)	
11:00 a.m. to 11:15 a.m.	TEA BREAK	
11:15 a.m. to 12:15 p.m.	NABH Standards - Chapter 6 (PSQ) Contd. Exercise 6	
12:15 p.m. to 1:45 p.m.	NABH Standards - Chapter 7 (ROM) Exercise 7	

02: 30 p.m. to 03:45 p.m.	NABH Standards - Chapter 8 (FMS) Exercise 8	
03:45 p.m. to 04:00 p.m.	TEA BREAK	
04:00 p.m. to 05:30 p.m.	NABH Standards - Chapter 9 (HRM) Exercise 9	
01:45 p.m. to 02:30 p.m.	LUNCH	
DAY-3: 18th September 2025		
09:00 a.m. to 10:00 a.m.	NABH Standards - Chapter 10 (IMS) <u>Exercise 10</u>	
10:00 a.m. to 10:45 a.m.	Implementation of Standards: Broad guidelines for implementation and filling the application form	
10:45 a.m. to 11:00 a.m.	TEA BREAK	
11:00 a.m. to 11:45 a.m.	Implementation of Standards: How to document? - <u>Exercise 11</u>	
11:45 a.m. to 01:30 p.m.	Implementation of Standards: How to do an internal assessment? - <u>Exercise 12</u>	
01:30 p.m. to 02:30 p.m.	LUNCH	
02:30 p.m. to 03:00 p.m.	Preparing for Assessments (Pre & final)	
03:00p.m. to 03:30 p.m.	Post-test	Both Faculty
03:30 p.m. to 04:15 p.m.	Accreditation Process and levels- <u>Exercise 13</u>	
04:15 p.m. to 04:45 p.m.	Feedback	Both Faculty
04:45 p.m. to 05:15 p.m.	Closing	

Sl. No.	Particulars
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1. **Introduction:**

The National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of the Quality Council of India (QCI) that sets standards to improve the quality and safety of healthcare services in India. The 6th Edition NABH Standards provide a comprehensive framework that focuses on patient safety, clinical excellence, and continual quality improvement across all hospital processes.

The Program on Implementation (POI) aimed to build structured capacity initiative designed by NABH to guide healthcare organizations in effectively understanding, adopting, and implementing these standards. The training covered Core, Commitment, Achievement, and Excellence levels, enabling hospitals to strengthen their quality management systems and achieve sustained compliance.

Considering the same, the Quality Cell of RL Jalappa Hospital & Research Center, in association with Sri Devaraj Urs Academy of Higher Education & Research (SDUAHER), Kolar, organized a three-day Professional Development Program on Implementation of NABH 6th Edition Standards on 16th, 17th, and 18th September 2025, aimed at equipping faculty and staff with the knowledge and skills necessary to align hospital practices with NABH requirements.

2. **Proceedings:**
Inauguration:

The Professional Development Program on Implementation (POI) of NABH 6th Edition Standards was inaugurated on 16th September 2025 at 09:30 AM at UDOME / Training Hall, SDUMC .

The event commenced with the Invocation Song RLJH Nightingales and Watering of the Plant ceremony by the Chief Patrons , NABH Faculty & trainers, Administrators and Organizing Team in symbolizing growth and commitment to continuous improvement.



Welcome address



Dr. Dinesh K, Deputy Medical Superintendent, warmly welcomed the Chief Patrons, Hon'ble Vice Chancellor, Registrar, Dean, Faculty of Medicine, Medical Superintendent, NABH trainers, esteemed dignitaries, faculty members, and participants to the Professional Development Program on Implementation (POI) of NABH 6th Edition Standards.

With great pleasure, he extended a heartfelt welcome to everyone, emphasizing that their active participation reflects the institution's shared commitment to advancing quality and patient safety in healthcare delivery.

Quality Journey Address



Dr. Zeanath Cariena J, Accreditation Coordinator, took the audience through a brief yet inspiring journey of RL Jalappa Hospital & Research Center’s quality transformation over the years. She recalled how the hospital embarked on its NABH accreditation journey with a vision to create a culture of excellence and patient-centered care. Over time, the institution systematically developed policies, procedures, and clinical protocols aligned with NABH requirements, engaged in continuous staff training, and implemented robust quality improvement initiatives.

Dr. Zeanath Cariena J highlighted key milestones — from achieving initial accreditation, successfully clearing surveillance assessments, and preparing for reassessment under NABH 6th Edition Standards. She acknowledged the relentless efforts of the management, clinical teams, nursing staff, quality department, and support services in sustaining compliance despite challenges.



Dr. Krishnappa J, Medical Superintendent, welcomed everyone with gratitude and highlighted the significance of conducting the POI training under NABH 6th Edition Standards at RLJH&RC.

He stated that the hospital has always been committed to safe, ethical, and evidence-based patient care, and this training is a step toward strengthening quality processes and sustaining accreditation standards.



Prof. Dr. B. Vengamma, Hon’ble Vice Chancellor, SDUAHER, in her address, expressed her pleasure in inaugurating this important training program.

She highlighted that NABH 6th Edition Standards are patient-centric, outcome-oriented, and globally benchmarked, aligning with SDUAHER’s vision of excellence in healthcare and education.



Dr. Prabhakar K, Dean & Principal, SDUMC, addressed the gathering and emphasized that quality in healthcare is not just compliance, but a continuous journey of improvement.

He appreciated the efforts of the quality team in organizing the POI program and reminded faculty and staff that quality culture must be integrated into teaching, training, and patient care so that students and residents are also sensitized.



The Opening Remarks on POI NABH 6th Edition Standards were delivered by Dr. Shekar Sinha and Dr. U.B. Mishra, setting the tone for the three-day training program and its objectives

The inaugural session concluded with a Vote of Thanks by Dr. Manjula R, Quality Manager, who expressed gratitude to the dignitaries, trainers, faculty, and participants for their presence and support in making the event possible.





Day 1

Team introduction



Team 1

Team 2



Team 3

Team 4



Team 5



Team 6



Overview:

As per the planned schedule, Day 1 of the Professional Development Program on Implementation (POI) of NABH 6th Edition Standards commenced with the inaugural session, followed by the first set of training modules.

The session began with a comprehensive overview of the NABH 6th Edition Standards, including its structure, philosophy, and the total 639 objective elements across all chapters. The faculty emphasized the importance of aligning hospital systems and processes to these standards to ensure patient safety, quality improvement, and compliance.

Topics Covered on Day 1:

AAC (Access, Assessment and Continuity of Care):

- a) Patient access protocols
- b) Initial and ongoing assessments
- c) Planning and continuity of care
- d) Discharge planning, transfer, and referral process
- e) Documentation requirements

COP (Care of Patients):

- Safe and ethical clinical practices
- Implementation of Standard Treatment Guidelines (STGs)
- Emergency care protocols
- Quality Assurance programme integrated into patient care
- Multidisciplinary approach for patient management

The sessions were interactive, with participants encouraged to ask questions and share department-level challenges. The trainers provided practical insights and examples to ensure clarity on implementation strategies.

Interactive Sessions



Key Takeaways:

- Participants gained a clear understanding of the structure and requirements of NABH 6th Edition.
- Departments were advised to review and align their clinical protocols, documentation formats, and discharge processes with AAC and COP requirements.

Day 2

The second day of the POI Training Program was held on 17th September 2025, coinciding with **World Patient Safety Day**, making it a significant and memorable day for all participants.

The day commenced with a brief recap of Day 1 activities, followed by continuation of training sessions covering **MOM (Management of Medication)**, **PRE (Patient Rights & Education)**, **IPC (Infection Prevention & Control)**, **PSQ (Patient Safety & Quality)**, and **ROM (Responsibility of Management)** chapters.

At 09:30 AM, the **World Patient Safety Day Inauguration Ceremony** was conducted. The event was formally inaugurated by the NABH faculty and trainers, who emphasized the importance of a robust patient safety culture within healthcare organizations.

Dr. U. B. Mishra led the **Patient Safety Pledge**, which was taken by all participants, faculty members, doctors, nurses, and supporting staff present at the venue. The pledge reinforced the collective responsibility of every healthcare professional in ensuring safe patient care.

Dr. U. B. Mishra led the Patient Safety Pledge

Patient Safety Pledge

"I solemnly pledge to uphold the highest standards of patient safety in my daily practice.

I will follow evidence-based protocols, communicate clearly and respectfully,

report errors or near-misses without fear, and work as a team to reduce risks.

I will treat every patient with compassion, dignity, and respect,

The sessions were highly engaging, with trainers using case studies and examples from accredited hospitals to demonstrate practical implementation approaches.

Topics Covered on Day 2:

1. MOM (Management of Medication):

- a) Policies for procurement, storage, prescription, and administration of medications
- b) LASA (Look-Alike, Sound-Alike) drug management
- c) Adverse Drug Event (ADE) reporting
- d) Pharmacy audits and inventory controls

2. PRE (Patient Rights & Education):

- a) Display and communication of patient rights & responsibilities
- b) Informed consent process
- c) Patient and family education documentation

3. IPC (Infection Prevention & Control):

- a) Hand hygiene program
- b) Biomedical waste management
- c) HAI surveillance system
- d) Outbreak investigation and response

4. PSQ (Patient Safety & Quality Improvement):

- a) Quality indicator monitoring
- b) Root Cause Analysis (RCA) and Corrective/Preventive Action (CAPA)
- c) Safety culture and error reporting

5. ROM (Responsibility of Management):

- a) Leadership commitment to quality
- b) Resource allocation for safety programs
- c) Periodic review of hospital performance

Special Session:

Trainers provided step-by-step guidance on preparing a Quality Manual and Safety Manual, linking each section to the relevant objective elements of NABH 6th Edition.

- a) Quality Manual: Scope, Quality Policy, Organizational Structure, Processes mapped with Objective Elements, Document Control & Review Mechanism.
- b) Safety Manual: Safety Committee roles, Hazard Identification & Risk Assessment, Fire Safety Plan, Code Blue/Red protocols, Occupational Health & Safety measures.

Special Group Exercise:

Participants were divided into multidisciplinary teams for a Group Exercise on developing a quality assurance program using the Input–Process–Outcome (IPO) Model.

- a) Input: Identifying resources, manpower, equipment, and policies required.
- b) Process: Mapping step-by-step workflows and interventions to be implemented.
- c) Outcome: Defining measurable results such as improved patient safety, reduced errors, or compliance rates.

Each team selected a sample hospital process (e.g., hand hygiene compliance, medication reconciliation, fall prevention) and created an IPO framework under trainer supervision.

Group Exercise given to all the teams:

Group 1: Prepare Quality Assurance programme for the Emergency Department.

Group 2: Prepare Quality Assurance programme for the ICU.

Group 3: Prepare Quality Assurance programme for the Blood Transfusion services.

Group 4: Prepare Quality Assurance programme for the surgical services.



Key Takeaways:

- a) Clear framework for developing and reviewing manuals as per NABH requirements.
- b) Reinforced the need for documentation ownership by department heads and committee chairs.
- c) Emphasis on building a culture of safety and quality monitoring through structured indicators and audits.

Day 3

Day 3 of the Professional Development Program on Implementation (POI) of NABH 6th Edition Standards was dedicated to strengthening hospital teams on infrastructure, workforce management, and quality monitoring systems. Participants were trained to perform effective internal audits, identify gaps, and document non-compliances systematically.

Topics Covered

1. FMS – Facility Management & Safety:

- a) Maintenance plans for critical equipment, utilities, and fire safety systems.
- b) Implementation of facility inspection checklists and risk assessment.
- c) Emergency preparedness drills and documentation.
- d) Waste management and statutory compliance.

2. HRM – Human Resource Management:

- a) Credentialing and privileging process for doctors, nurses, and paramedics.
- b) Training need identification (TNI) and annual training calendar.
- c) Induction & orientation programs for new joiners.
- d) Health & safety of staff (vaccination, health check-ups).

3. IMS – Information Management System:

- a) Policy on confidentiality, security, and timely availability of patient records.
- b) Data backup and disaster recovery plan.
- c) Roles and responsibilities of MRD in data accuracy and timely retrieval.
- d) Use of HIS for real-time data tracking and audit support.

4. Internal Audit & Gap Identification:

1. Step-by-step approach to conduct an internal audit:
 - a) Plan: Define scope, frequency, and schedule.

- b) Do: Review records, observe processes, interview staff.
- c) Check: Compare compliance with NABH standards.
- d) Act: Document gaps, recommend corrective & preventive actions (CAPA).

2. Importance of unbiased observation and fact-based reporting.

3. Correlation of findings with NABH objective elements.

5. How to Write Non-Compliance (LOVE Format):

- a) L – Location: Clearly mention where the non-compliance was observed (e.g., ICU, OT Store, Ward).
- b) O – Observation: Describe what was seen or reviewed factually (avoid assumptions).
- c) V – Violation: Mention which policy, SOP, or NABH requirement was violated.
- d) E – Objective Element: Link the finding with the relevant NABH standard/ objective element number

Example:

L: ICU – Bed No. 5

O: No identification tag present on patient wrist.

V: Violation of patient identification protocol and IPSPG 1.

E: NABH 6th Edition – IPSPG.1a

This structured approach ensures traceability, transparency, and actionability of audit findings.

Key Outcomes of Day 3

- Improved understanding of FMS, HRM, IMS standards and their compliance requirements.
- Participants learned systematic internal audit techniques and gap analysis tools.
- Teams practiced writing non-compliance observations in LOVE format, making reports clear and action-oriented.
- Strengthened capacity of hospital staff to maintain continuous readiness for NABH surveillance and reassessment.





3.	Concluding remarks:	
	<p>The POI Training Program successfully achieved its objective of familiarizing participants with the NABH 6th Edition standards and their 639 objective elements. It equipped attendees with the knowledge and practical skills required to implement, monitor, and sustain quality systems across all hospital departments.</p> <p>Through interactive sessions, group exercises, and case-based learning, participants developed a deeper understanding of process mapping, internal audits, gap identification, and documentation of non-compliance using the LOVE format. The program strengthened the teams' capacity to build a culture of patient safety, continuous quality improvement, and readiness for NABH reassessment.</p> <p>This initiative reinforces our institution's commitment to delivering safe, efficient, and patient-centric healthcare aligned with national accreditation standards.</p>	
4.	Participants & delegates:	
	A total of 42 members participated in the event	
5.	Certificate Distribution: NABH Office shall award certificates with in 15 days	
6.	Valedictory Ceremony:	
		Vote of thanks was proposed by Dr. Rajkumar M G dy, Medical Superintendent Organizing committee member, Quality Cell of RLJH&RC
	<p>Link for Pre Test-!st Day https://www.nabh.co/pretest.aspx 10:16</p> <p>Link for Post Test-3rd Day https://www.nabh.co/posttest.aspx</p>	<p>Link for Feedback- 3rd Day</p> <p>https://www.nabh.co/TrainingFeedback.aspx 15:10</p>



Dignitaries and Resource persons

1) Mrs. Dhanuja
Dhanuja N.V.
22/09/2025

2) Mrs. Pushpa,
Pushpa.K
23/09/25
Quality Executives

MGRam
23.9.25
Dr Rajkumar M G
Dy. Medical Superintendent
Deputy Medical Superintendent
R.L. Jalappa Hospital & Research Centre
Tamaka, Kolar-563 103

Manjula
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Dr Manjula.R
Quality Manager
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Dr Zeenath C J
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