

Implementing Corrective Actions for Re-Accreditation in HR Practices at Tertiary Care Hospitals of Tier 2 City

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Abstract

The primary focus of the study is to identify and solve the re-accreditation problems of the tertiary care Hospital, coupled with ensuring adherence to accreditation standards. The accreditation is a recognition and demonstrates a hospital's commitment to providing quality patient care and adhering to best healthcare management practices. The hard work needed to attain and maintain this accreditation involves thorough attention to several operational issues, of which the administrative/ HR department manages a number of these.

Under Re-Accreditation, periodic audits are executed to validate if the process standards laid down for hospital quality are sustained. The challenges faced by the HR department are manifold. These may range from proper, up-to-date documentation to maintaining staff competencies or adhering to rigid protocols regarding staff welfare and care about the patients attended to. The present study aims to identify such challenges in totality and suggest and implement remedial measures to effectively address them and develop strategic solutions so the department can easily overcome them. Therefore, the research's objective would be to ensure that tertiary care hospitals not only achieve but retain their accreditation continuously and keep improving the quality of health services.

The present research will thus aid with specific, actionable insights and strategies for the administrative/ HR departments. Secondly, identifying deficits with corrective actions will help align and sustain the enforcement and implementation of standards according to accreditation, as per the requirements, and hence maintain the continuance of accreditation and improvement in healthcare delivery. The study also focuses on the challenges of Re-Accreditation that the departments face and implements effective solutions for executing compliance, patient care, and overall hospital performance coupled with a good reputation.

Keywords: Re-Accreditation, Compliance Documents, Health Care Quality, Corrective Actions

Introduction

The study finds the Corrective actions to implement and overcome such challenges and suggests strategies to improve identified deficiencies. This research ensures improvisation in practices and adherence to the Re-Accreditation so that the overall Hospital performance and quality of health care towards patients can be improved. For Accreditation/ Re-Accreditation, Reviews of hospital departments, services, and functions were done through document review; visits to different patient care areas and staff and patient interviews were conducted to assess the extent of compliance.(Kausar et al., 2020). The pressure for efficiency and effectiveness is particularly pronounced in the hospital sector, which is the most resource-intensive component of the healthcare system.(Tomar & Dhiman, 2013).

The research was carried out in the Tertiary care Hospitals. The target area was the hospital's administrative department. Quantitative evaluation by questionnaires and quantitative gap trackers from employees' files were used to identify the main challenges. The targeted sample size was 100 participants, and convenient sampling was done so that data collection would be comprehensive. Follow-ups for document compliance were conducted with the help of HODs, the department in charge, etc. Gaps in employee files were measured with the help of checklists. The effectiveness of such corrective actions was checked and reviewed.

Accredited hospitals perform better on quality indicators, and non-accredited hospitals have lower quality and higher thirty-day mortality rates.(Chen et al., 2003). In a European study, patient outcomes were better when the health facility was in a more advanced accreditation phase.(Gratwohl et al., 2011). Accredited hospitals show significant improvements in nursing organisation and safety, providing an opportunity to reflect on practices, quality, and dissemination of clinical guidelines and impact at the systems level.(Greenfield & Braithwaite, 2008).

The public perceives accredited hospitals to have higher quality of patient care.(Williams et al., 2018). These have high levels of patient and staff satisfaction.(Winchester, 2016).

The target area was the hospital's HR department. Quantitative evaluation by questionnaires and quantitative gap trackers from employees' files were used to identify the main challenges. Discussions with staff are needed to gather qualitative insights so one can understand the challenges and further provide solutions. Gaps in employee files were measured with the help of checklists. The effectiveness of such corrective actions was checked and reviewed for proper regular audits.

The present study shows substantial discrepancies between the compliance levels of documents submitted by the employee and those records maintained by HR. Employees, in general, showed good compliance in submitting essential documents like PAN and ID proofs; however, gaps existed in self-attested mark sheets and vaccination records.

The documentation about job descriptions and the appointment letters was good on the HR side. At the same time, there were severe deficiencies in highly critical areas such as offer letters and annual health checkups. At the same time, corrective measures related to the centralised digital documentation system and improvement in the communication channels improved the compliance rate. Internal periodic audits and training programs for staff went a long way in sustaining the accuracy and completeness of documents.

The study that addresses those gaps, as identified and the recommended solutions implemented, would improve practice significantly at the hospital. A centralised digital documentation system and periodical audits would set hospitals on their way to meeting accreditation standards. This will make achieving and maintaining the level of accreditation easier and improve the all-around performance of the hospital in general in terms of patient care.

The research, therefore, brings out the continuous cycle of improvement in department practices within the functioning of a healthcare institution, operational actions, and related documents for similar accreditation by other institutes.

Objectives

- To tackle the Challenges encountered by the Hospital During the Re-Accreditation process.
- To implement corrective actions to overcome the gaps.
- To Suggest Strategies Adopted to Address and resolve deficiencies.

Formulate Hypotheses

- Null Hypothesis (H_0): There is no association between the elements and their attachment status.
- Alternative Hypothesis (H_1): There is an association between the elements and their attachment status.

After performing the chi-square test, the results will give you a chi-square statistic (χ^2 value) and a p-value.

Methodology

A sample size of 71 staff files was deliberately chosen to balance comprehensive data collection with the practical limitations of the research. This sample size is sufficient to produce reliable, generalisable findings while remaining manageable within the scope of the study. The sample was drawn using a convenience sampling method, selecting participants involved in the reaccreditation process and HR management. The sampling technique was applied to minimise bias, enhancing the reliability of the results and supporting valid conclusions.(Organization, 2018).

Results

Results are tabulated and presented in tables to clarify the understanding of various documents' compliance rates. Data is not only in text form but also in figures and tables, which forms the crux of these results. Compliance levels on the employee and HR sides by document submissions have been summarised in the following tables.

Employee Documentation Gaps

Table 1: Employee's Document Gap (N=71)

Elements	Not Attached	Attached
PAN	12	59
ID Proof	4	67
Photographs	20	51
Self-Attested Copy of Marksheet	41	30
Vaccination Record	28	43

The highest gap is in the Self-Attested Copy of the Marksheet, with 57.7% not attached, indicating a significant area for improvement. Photographs also show a considerable gap at 28.2%, while other elements like PAN and vaccination records have moderate gaps, while ID proof has the tiniest gap at 5.6%. Chi-Square Statistic (χ^2) = 55.45, p-value = 2.62e-11 (which is extremely small)

HR Documentation Gaps

Table 2: HR Documentation Gap (N=71)

Elements	Nor attached	Attached
Offer Letter	63	8
Credential Proforma	21	50
Job Description	3	68
Appointment Letter	6	65
Confirmation Letter	21	50
Annual Health Check-up	70	1

The most substantial gap is observed in the Offer Letter, where 88.7% are not attached, suggesting critical issues in documentation practices. The Annual Health Check-up has an alarming gap of 98.6%, indicating almost all records are missing. Other documents, such as the Credential Proforma and Confirmation Letter, show significant gaps at around 29.6%.

Chi-Square Statistic (χ^2) = 238.41, p-value = 1.68e-49 (which is extremely small)

In both tables, the p-values are much smaller than the commonly used significance level (commonly 0.05), rejecting the null hypothesis. The test indicates a significant relationship between the elements and their attachment status.

Gap Analysis

Gap analysis is a method used to assess the difference between actual performance and desired performance. In this case, the percentage of documents that are not attached will be evaluated versus those connected to employees and HR documentation. The analysis highlights critical areas where employees and HR need to improve documentation processes. The gaps identified through this statistical analysis can guide management in formulating strategies to ensure compliance and enhance overall organisational efficiency.

Addressing these gaps will streamline operations and improve accountability within the organisation, fostering a more effective workplace environment. This approach emphasises the importance of using statistical tools in HR management to make informed decisions based on data-driven insights.

Quantitative Results

The analysis zeroes on the survey results and comparative data to determine the effectiveness of the corrective measures in ensuring compliance with documents:

Survey Findings

Elaborate surveys that calculated the degree of compliance with NABH standards were done before and after implementing the corrective measures, thus displaying a snapshot of the initial challenges and the improvements after that.

Comparative Analysis

By comparing compliance rates of HR & employees before interventions, the research evaluates the effectiveness of the strategies adopted by the HR department. Resultant measures will also include the percentage change in Document Attachment Rates and the identification of any persistent gaps.

Interpretation

The analysis yields the following results:

- Document Compliance Trends: A high rate of attachment to documents, such as ID proofs and job descriptions, demonstrates the level of compliance that hospital practices show in NABH standards.
- Areas of Improvement: Low compliance documented for low compliance documents such as annual health checkups and self-attested mark sheets point out the areas of concern that need corrective measures.
- Effectiveness of Corrective Actions: The report explains how the implemented strategies have adequately overcome the identified deficiencies. It argues whether the corrective actions have churned out a significant turn of events regarding document compliance in the hospital.

Findings and Implications

The findings have been mapped with the recommended strategies that could alert the HR Department for possible actionable steps to enhance document compliance to maintain accreditation standards. Implementing corrective actions for re-accreditation in HR practices at tertiary care hospitals in Tier 2 cities highlights critical areas such as staff training,

compliance with accreditation standards, and performance management. Fostering a culture of accountability and continuous improvement ensures sustained compliance, leading to better patient care and institutional credibility.

Discussion

The discussion highlights the compliance levels of documents submitted by hospital employees, focusing on the challenges faced by the HR department during the re-accreditation process. The study aimed to identify the gaps and compliance and propose corrective actions for continuous improvement. Considering the key role played by the private sector in the country, incentivising facilities to get re-accreditation could facilitate the improvement of quality of care and achieving universal health coverage. (Mate et al., 2014), (Organization, 2020), (Organization, 2022). Historically, healthcare facilities that apply for accreditation are tertiary care hospitals seeking better functional and operational efficiency for being part of an accreditation system. (Greenfield & Braithwaite, 2008), (Devkaran et al., 2019).

Good Compliance

The study found that most employees had submitted essential documents like PAN cards (83% compliance) and ID proofs (94% compliance), which are critical for verification and regulatory purposes. Despite a high compliance rate, a small percentage (17% for PAN and 6% for ID proofs) failed to provide these documents, indicating the need for focused follow-up efforts. Similarly, photographs and vaccination records showed moderate compliance rates (72% and 61%, respectively), with 28% and 39% of employees failing to submit them. (Shailesh Mishra, 2020). The gap in vaccination record submissions highlights the need for better communication regarding document requirements. Compliance for self-attested mark sheets was notably low at 42%, underscoring the need for improved verification of staff qualifications.

The HR department showed robust compliance in maintaining job descriptions (96%) and appointment letters (92%), which formalise employment roles and responsibilities. However, consistent audits and vigilance are required to maintain this high standard. Compliance rates for credential proformas (30%) and confirmation letters (70%) were moderate, with significant gaps in credential proformas requiring attention.

Poor Conformance

Compliance was abysmal for offer letters (11%) and annual health check-ups (1%), critical for employment confirmation and health monitoring. The low compliance in these areas points to severe gaps in HR practices that need to be addressed during re-accreditation (Organization, 2012), (Organization, 2000).

There is consistent evidence that general accreditation programs improve the process of care provided by healthcare services. (Alkhenizan & Shaw, 2011). Although research in healthcare accreditation has received attention, a strong relationship between applying predefined accreditation standards and continued improvement in quality of care has yet to be demonstrated (Greenfield & Braithwaite, 2008), (Flodgren et al., 2011). The study addresses these gaps through strategic interventions, showing that continuous improvement is essential for achieving operational excellence and improving patient care. These findings have broad implications, suggesting that incentivising accreditation in private healthcare facilities could enhance overall care quality and support universal health coverage.

Future Directions

Future areas of research for further exploration of additional influencing factors on document compliance and further longitudinal studies to track improvement that is sustained over time (Silver, 2015).

It would highlight the challenges and achievements in maintaining NABH standards and strategies that could guide the continuous improvement of informed strategies in hospital management and patient care quality. Detailed findings and implications add meaningfully to more profound insight into HR practices and accreditation processes in the healthcare setting.

Conclusion

The study attempted to identify problems the hospital's HR faced in re-accreditation, especially regarding document compliance. In the present research, such an analysis has brought in many critical issues to address, and all the problems identified were tried to be resolved by implementing some corrective actions as strategies for continuous improvement. The present research will thus comprehensively summarise the findings and their implications.

The hospital's document compliance and HR practices were significantly improved, and short-term and long-term strategies were recommended. They specify adequate and objective information related to documentation results in timely and accurate submission because the employees involved were well-informed and consequently engaged in the process. Digital documentation ensures centralised control over documentation, easy management of documents, enhanced document access, and adequate data security. In addition, continuous audits help monitor compliance in preparing for NABH accreditation in real time. Results provide a correct guideline for the HR department to engage and not lose compliance, wherein the healthcare services are currently top-notch.

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