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Quality Management in Health Care: Today's Vital Necessity

Date: November 21, 2020



Nikita Sabarwal

Associate Dean (Training), Associate Professor
IIHMR Bangalore

Ms Nikita Sabherwal is a Healthcare Administration & Healthcare Quality professional with over 18 years of work experience across corporate healthcare. By qualification, she is a MHA, MBA, and M.Phil and a PhD Scholar in Healthcare Management. She has also done Advance Quality Management from IIM, Ahmedabad (2010) In healthcare quality she is a NABH assessor , JCI trained and ISO lead Auditor. Some of her key associations has been with Indraprastha Apollo , Max Health care , Fortis Healthcare , Medfort Healthcare and Asian Institute of Medical Sciences , INLEAD ,Medifriend Healthcare , Yuva Healthcare . She has a extensive experience in training and development. The key focus areas has been Medical operations, Healthcare Quality, Setting up new ventures , HR Management , Business Development , Process mapping .



Quality Management in Health Care: Today's Vital Necessity

NIKITA SABHERWAL
ASSOCIATE DEAN (TRAINING)
ASSOCIATE PROFESSOR
IIHMR , DELHI

Areas of Discussion

- ▶ Indian Healthcare Brief
- ▶ Healthcare Quality
- ▶ Journey of Quality in Healthcare Sector
- ▶ NABH (latest edition 5 Feb 2020)
- ▶ Challenges
- ▶ Role of Quality Management in Hospitals : COVID times
- ▶ Road Ahead

Indian Healthcare

- ▶ **India ranks** 145th among 195 countries in terms of quality and accessibility of **healthcare**, behind its neighbours like China, Bangladesh, Sri Lanka and Bhutan, according to a Lancet study (2019).
- ▶ **Healthcare in India** is a state governments matter , It makes every state responsible for
 - ▶ raising the level of nutrition
 - ▶ the standard of living of its people
 - ▶ the improvement of public health as among its primary duties

Indian Healthcare

“QUALITY in HEALTH care has not been the focus “

Healthcare Journey

- ▶ When India became independent of British rule in 1947 the private health sector provided only 5-10% of total patient care.
- ▶ Today it accounts for 82% of outpatient visits, 58% of inpatient expenditure (Government of India. Tenth five year plan 2002-07. New Delhi: Indian Planning Commission, 2002.)


Healthcare Journey

- ▶ Until about 20 years ago the private sector comprised solo practitioners and small hospitals and nursing homes.
- ▶ Many of the services provided were of exemplary quality, especially those hospitals run by charitable trusts and religious foundations.
- ▶ As the practice of medicine has become more driven by technology,. The private players varied business house now dominate the upper end of the market, with five star hospitals manned by foreign trained doctors who provide services at prices
- ▶ These hospitals are largely unregulated, with no standardisation of quality or costs.⁶ Their success may be gauged by their large profits and ability to raise funds through foreign investments.(Duggal R. The private health sector in India: nature, trends and a critique. Mumbai: Centre for Enquiry into Health and Allied Themes, 1996.)

Data Alert

WHO, while publishing the Patient Safety Goals (2003) , brought out the following facts:-

- ▶ in developed countries as many as one in 10 patients is harmed while receiving hospital care. The harm can be caused by a range of errors or adverse events.
- ▶ At any given time, **1.4 million people worldwide suffer from infections acquired in hospitals**. Hand hygiene is the most essential measure for reducing health care-associated infection and the development of antimicrobial resistance
- ▶ Between 5% and 10% of patients admitted to modern hospitals in the developed world acquire one or more infections

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- ▶ The risk of health care-associated infection in developing countries is 10 to 20 times higher than in developed countries. The proportion of patients affected by a health care-acquired infection can exceed 25%.
 - ▶ The proportion of injections given with syringes or needles **reused without sterilization is as high as 70%**. This exposes millions of people to infections.
 - ▶ Each year, unsafe injections cause 1.3 million deaths, primarily due to transmission of blood-borne pathogens such as hepatitis B virus, hepatitis C virus and HIV.



No large scale or definite study in India is available but if the international studies are any indication then our healthcare system is facing a medical crisis of epidemic proportions.

Preventable medical errors and hospital acquired infections are shockingly pervasive in all hospitals and they affect all patients, regardless of age, gender, race or financial resources.

Everyone is at risk.

The Need for Quality

As Sir Cyril Chantler has stated: **“Medicine used to be simple, ineffective and relatively safe. Now it is complex, effective and potentially dangerous.”** While no one can deny the fact that modern medicines have saved numerous lives, it is also true that medication errors have killed or harmed quite a few people.

- While the complexity of the system has been skyrocketing, so have risks to the patients who receive care and the professionals who provide it.

Call For Need of Quality Systems

- ▶ Increased concern of regularizing healthcare
- ▶ Needs of Systems and process streamlining
- ▶ Introduction of audits : Both patient centric and System Centric
- ▶ Introduction of various management tools for eg CAPA , Fish Bone
- ▶ Standardization of process
- ▶ Recognition Patient and Family Rights and Responsibilities (Second Opinion)
- ▶ Transparency in the systems , ownership , Tariffs

Defining Quality in Healthcare

- ▶ According to **ISO 9000** (1987)

Quality is defined as “the degree to which a set of inherent characteristics fulfills requirements”

- ▶ The Institute of Medicine defines **health care quality** as "the degree to which **health** care services for individuals and populations increase the likelihood of desired **health** outcomes and are consistent with current professional knowledge."

Ultimate Aim :Patient Safety

Patient safety is the absence of preventable harm to a patient during the process of health care and reduction of risk of unnecessary harm associated with health care to an acceptable minimum.

An acceptable minimum refers to the collective notions of given current knowledge, resources available and the context in which care was delivered weighed against the risk of non-treatment or other treatment.

Healthcare Quality Journey in India

Period	Quality Management System	Accreditation
1980's	Healthcare does not need it, more of an industrial requirement	What is it and why
1990's	A fad of few, let us try, no harm	Yes, but not so relevant to Indian healthcare system
2004	A useful tool, must for a well run organization, good for marketing too	Required urgently RED ALERT SOUNDED
2006	Competitive environment Newer techniques tried	NABH was formed and accreditation in healthcare started

What is Accreditation

Accreditation is defined as Public recognition of the achievement of accreditation standards by a healthcare organization, demonstrated through an independent external assessment of that organization's level of performance in relation to the standard.

Accreditation Bodies in Health Care Sector

- ▶ National

- ▶ NABL - accreditation of medical laboratories.
- ▶ NABH – accreditation of HCOs

- ▶ International

- ▶ Joint Commission International (JCI)
- ▶ Australian Council on Healthcare Standards International (ACHSI)

International Quality Systems

In July 2005, **Indraprastha Apollo Hospitals** became the first hospital in India and the 6th in Asia to be **accredited**. **JCI accreditation** is the gold standard for international **accreditation** as it reflects provision of the highest levels of patient care and patient safety.

- ▶ Way ahead of levels of compliance
- ▶ Focussed on measurable elements
- ▶ Facility Management was a big contributor
- ▶ Applicability to Smaller set ups were not practical
- ▶ Cost was very high



National Accreditation Board for Hospitals & Healthcare Providers (NABH)

- ▶ The Quality Council of India works under the guidance of Ministry of Commerce. **NABH** accreditation system was established in 2006 as a constituent of Quality Council of India (QCI). The **first edition** of standards was **released** in 2006 **and after that the standards has been revised every 3 years.**

Need of
Indian
standards

NABH - AIMS & OBJECTIVES

To develop and operate national level organizational structure for implementing the above accreditation methodology which includes

- Development and periodic review of standards
- Facilitate healthcare organizations in the implementation of standards
- Organize Audit process
- Review of complaints and grievances
- Ensuring global compatibility of standards

Standards and Objective Elements

- ▶ A standard is a **statement** that defines the structures and processes that must be substantially in place in an organization to enhance the quality of care.
- ▶ Objective element is a measurable component of a standard.
- ▶ Acceptable compliance with objective elements determines the overall compliance with a standard.

Accreditation Process

- ▶ Submission of Application
- ▶ Pre Assessment
- ▶ Final Assessment
- ▶ Review of Assessment Report by NABH secretariat
- ▶ Accreditation Committee
- ▶ Approval for Accreditation
- ▶ Issue of Accreditation

Scoring

- ▶ 1 for No compliance
 - ▶ 2 for poor Compliance
 - ▶ 3 Partial Compliance
 - ▶ 4 Good Compliance
 - ▶ 5 Full Compliance
-
- ▶ The score for every CORE objective cannot be less than 4
 - ▶ No individual objective should be scored below 2
 - ▶ Average must not be less than 4

- ▶ NABH edition 5 was launched on 11 Feb 2020 has interestingly less standards but more objective elements ... which means the evidence based approach has been given more emphasis
- ▶ Objective elements have been further divided into Core , commitment , Achievement and Excellence

Taking it to Next level

- ▶ Edition 5 divided the standards into 4 levels
 - ▶ Core
 - ▶ Commitment
 - ▶ Achievement
 - ▶ Excellence

Encourage HCO's

Core - patient care processes cannot be functional without these core activities. These form an integral part of healthcare services, and are very crucial for patient care and patient safety

Examples

1. During registration, generating a unique identification number is mandatory for proper identification of patients, and to prevent administration of wrong medical treatment (AAC.2-b)
2. Initial assessment of all the patients is compulsory. Without initial assessment, the doctor will not be able to know what ailment the patient is suffering from, and will not be able to plan the correct line of treatment / care plan (AAC.4-a)

Commitment - the hospital is committed to offer certain patient care services to the patients, and is committed to ensure that patients get the best medical care / clinical care services and recover fast (by committing you are ensuring that the patients get those services from you)

Examples

1. Informing outpatients of their next follow-up visit (AAC.5-b)
2. Having a triage system in emergency services (COP.2-e)
3. Defining and establishing a robust quality assurance programme and safety programme for the hospital's laboratory services and imaging services (AAC.7, AAC.8, AAC.10, AAC.11)

Achievement - the hospital takes the initiative of doing something over and above regular patient care services

Examples

1. Making use of advanced developments in technology to improve some aspects of patient care services (IMS.5-d)
2. Planning and implementing a robust quality assurance programme for the critical care services (COP.9-g)

Excellence - is your endeavour to reach the highest level by offering the best quality of patient care services. You may also refer to these endeavours as “best practices”

Examples

1. Having adequate number of appropriately qualified nurses to cater to the needs of the patients (this is called acuity-based staffing, and it is different from nurse-patient ratio) (Cop.6-d)
2. Having a robust hospital antibiotic stewardship programme (HIC.3-g). Having this programme is important because it helps the doctors to treat infections effectively, to improve patient's treatment outcomes, to improve antibiotic prescribing (that means, protecting the patients from harm caused by unnecessary antibiotic use) ... and many other such benefits


Grass Root penetration

- ▶ To attract a larger number of hospitals in a staged approach to investing in the quality of health care, NABH also introduced a multilevel accreditation process (March 29, 2016) starting with a Pre-Accreditation Entry- Level Certification followed by a Progressive-Level Certification and finally the Complete Accreditation
 - ▶ NABH entry level : 10 **chapters** incorporating 45 standards and 167 objective elements.
 - ▶ SHCO : up to 50 beds (325 Hospitals accredited till now)
 - ▶ Full scale NABH : 10 Chapters,100 Standards ,651 Objective Elements (716 Hospitals accredited 10th Nov 2020)

Benefits of Accreditation

Studies and industry leaders have acknowledged that **accreditation** improves the overall **quality** of care in healthcare facilities.

In certain specialty areas, **accreditation** programs even improve patient outcomes. ... The standards ensure that patients will receive consistent, excellent care throughout the facility i.e Uniform care

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- ▶ The CEOs of participating hospitals agree that the NABH accreditation has been beneficial to the organization and that the overall quality of care to patients has improved.
 - ▶ In addition, they also strongly agree that the awareness of statutory compliances has improved, the staff response to emergencies like fire, CPR, etc. has improved, and that data and evidence-based decision-making have helped in managing the facility better
 - ▶ At the same time, the available information on financial outcomes is itself very encouraging, and may encourage more hospitals to seek and acquire NABH accreditation, thus improving investments in the quality of health care in India.
 - ▶ , the study has found that the income per used bed shows an increasing trend after the accreditation period.

Thomas A, Raghunath S, Rana BK, Nagpal S. An Exploratory Study on the Benefits of Quality Accreditation: Financial Impact and Chief Executive Officer Perspectives. Int J Res Foundation Hosp Healthc Adm 2017;5(2):60-67.

Source of support: This study was funded by World Bank.

Accreditation Benefits Hospital

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- ▶ Accreditation to a **hospital** stimulates continuous improvement.
- ▶ It enables hospital in demonstrating commitment to quality care.
- ▶ It raises community confidence in the services provided by the hospital.
- ▶ It also provides opportunity to healthcare unit to benchmark with the best.

Accreditation Benefits Patient

- ▶ Although 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 credentialed medical staff.
- ▶ Rights of patients are respected and protected.
- ▶ Patient satisfaction is regularly evaluated.

A STUDY TO ANALYZE PATIENT PHYSICIAN COMMUNICATION AND ITS IMPACT ON PATIENT SATISFACTION nikita sabherwal Dr N K chadha (JCR aug 2020

Accreditation Benefits Staff

- ▶ **Staff** in an accredited hospital are satisfied lot as it provides for continuous learning, good working environment, leadership and above all ownership of clinical processes. (**Yearly Employee Satisfaction survey**)
- ▶ It improves overall professional development of Clinicians and Paramedical staff and provides leadership for quality improvement within medicine and nursing.

- The study revealed 74.5% of the nursing staff had a positive attitude and felt that accreditation will improve the quality of healthcare.
- The study revealed that NABH Accreditation has enabled the duties to be carried out in an organized and systematic manner with proper documentation and maintenance of records. This results in improvement of the quality of service to the patients.
- The need for Accreditation was seen as an affirmative requirement by the nursing staff, hence proving the acceptance. Moreover it was not felt as an interference to the duties which proves that the nursing staff has a positive attitude towards Accreditation. Knowledge of the nurses regarding their practices and duties have improved in regard to the newer practices carried out.
- *The majority agreed the introduction of NABH Accreditation shall improve the working condition and gives better job satisfaction.*

STUDY ON ACCEPTANCE OF NABH ACCREDITATION BY NURSING STAFF OF A TEACHING HOSPITAL. Fatima Zuhra Sadiq .Sunita Saldahna, Averil Rinita Rebello, Sheffin Susan Samuel, Ghulam Jeelani Qaidri. (2016) RFHHA

Accreditation Benefits to others

- ▶ Finally, Accreditation provides access to reliable and certified information on facilities, infrastructure and level of care.
- ▶ accreditation provides an objective system of empanelment by insurance and other **Third Parties (e.g. CGHS)**.
 - ▶ Standardized patient Files
 - ▶ Standardized Tariffs
 - ▶ Pre Defined Packages

Journey so far

- ▶ Not been easy .Lot of resistance from Doctors , Nursing community
- ▶ Great difficulty in acceptance by hospitals and public recognition
- ▶ As it worked on evidence based process the documentation increased which was not accepted very easily
- ▶ Initially hospitals didn't see any big value addition in their operations : Value for money and effort took a long time to be realized

NABH Register

- ▶ Total NABH accredited hospital 718 (19th Nov 2020)
- ▶ Total SCHO accredited hospital 325 (19th Nov 2020)
- ▶ Entry level 793 (400 plus active rest expired)

In 2019, there were an estimated 69 thousand public and private sector hospitals in India with the highest number of hospitals in the northern state of Uttar Pradesh.(www. Statistica.com)

Drivers Quality In Healthcare : Differentiator

- Marketing / Sales Tool
- Matter of Pride
- Advantage Competition
- P& L started showing positive trend
- Govt Support IRDA / CGHS / ECHS empanelment
- Business Volumes
- Few States Specifically Gujrat implemented the quality (NABH) first in country



Home > Cities > Bengaluru



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IRDA: Hospitals must meet accreditation norms

By Suraksha P | Published: 19th September 2016 03:47 AM |

Last Updated: 19th September 2016 03:47 AM | **A+ A A-** | 



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BENGALURU: Insurance Regulatory and Development Authority (IRDA) of India has mandated that 33,000 hospitals empanelled with it must meet the pre-accreditation entry-level standards laid down by the National Accreditation Board of Hospitals (NABH) within two years. This was stated in its changed guidelines issued on July 12.



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There are several healthcare providers in rural and urban areas which do not provide discharge summaries. But if a patient is being treated in an IRDA -empanelled hospital, he will be assured access to documented records.



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Besides, the hospital will also meet certain standards in infection control and standards in 167 other elements in patient safety. Dr Alex Thomas, who is on the board of NABH, said, "This is a huge step forward in healthcare delivery at the grassroots level. A lot of patients operated upon in rural areas don't even know what has been done to them. That will change."

Dr K K Kalra, CEO, NABH, said, "In the West, 80 per cent of hospitals have insurance schemes. In India, only 7 per cent of private hospitals have insurance schemes. The insurance sector has turned into a driver of patient safety. Unless the hospital is accredited, insurance claims are not passed. This notification by IRDA will push its empanelled hospitals to improve their healthcare delivery."



Latest

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- > I-T warns salarie
- > MP police bust g
- > KLE chief Harm

F.No.S-11045/36/2012-CGHS (HEC) Pt.-I
Office of the Director, CGHS
Directorate General of CGHS,
545-A Nirman Bhawan, New Delhi

Dated the 17th February, 2015

OFFICE MEMORANDUM

Subject: Inspection of Non-NABH/Non-NABL Health Care Organizations (HCOs) provisionally empanelled under CGHS by Quality Council of India (QCI).

With reference to the above mentioned subject the undersigned is directed to convey the approval of competent authority for inspection of Non-NABH/Non-NABL Health Care Organizations(HCOs) provisionally empanelled under CGHS by Quality council of India(QCI) as per the application and inspection format appended and as per the following conditions:

1. Non-NABH/Non-NABL Health Care Organizations (HCOs) provisionally empanelled under CGHS shall be inspected by QCI for compliance with the eligibility criteria and other conditions specified in the e-tender document 2014 and in MOA signed with CGHS.

2. Inspection Fee to be paid by HCOs to QCI

Sr. No.	Type of Facility	Beds Strength	Inspection /Assessment Fee to be paid by HCO
1	Hospitals	Less than 100 beds	Rs.30,000/- + Service tax of 12.36%
		More than 100 beds	Rs.35,000/- + Service tax of 12.36%
2	Diagnostic , Eye & Dental Centres	Not applicable	Rs.25,000/- + Service tax of 12.36%

Contd.....2/-



Role of Healthcare Quality : Covid Times

Dr Pratap.C.Reddy

(Quality Connect 2020 Aug)

- ▶ The COVID pandemic has once again highlighted the enabling value of accreditation, quality processes and SOPs in healthcare. All of the NABH accredited, certified and empanelled hospitals have adapted very quickly to the daily changing, dynamic protocols and geared up in no time to save precious lives.
- ▶ Healthcare staff of accredited or certified hospitals have protected themselves well due to inherent systems of infection control and following the right way to do's and don't.
- ▶ NABH standards have thus proven to have prepared hospitals in managing disasters whether it is COVID or a plane crash.

Overview

- ▶ There are 10 Chapters in NABH which minutely covers each and every aspect of patient lifecycle in the hospital
 - ▶ Right from Admission to discharge
 - ▶ Monitors Managerial / Administrative indicators
 - ▶ Patient Outcomes are Monitored and reported
 - ▶ Total of 70 indicators are reported (Organization is free to add more)
 - ▶ Quality improvement projects are essential minimum once in a year
 - ▶ NABH checks on allotment of Quality Budget and its spend report

Division Of Chapters

The Chapters are mainly divided into two sections Patient centric and Management Centric

Chapter 1 (AAC) Access, Assessment & Continuity of Care :

- defines the complete life cycle of the patient it emphasizes on the need of information and post discharge continuity of care
- It helped setting up separate billing and registration and IN patient management
- As it also focus on NON AVAILABILITY of beds
- Its covers Process for Radiology and lab services management and disinfection of machines



Chapter 2 PRE Patient Rights and Education :

- Emphasizes on cost and information related treatment prognosis
- Most important it set the systems and policies what and how to communicate with patient and with anxiety

Chapter 3 COP Care of Patients :

- Key chapter about the process
- Handle of care related protocols
- objective elements talks about care plans
- evidence based treatment protocols
- Care Bundles

Chapter 4 HIC Hospital Infection control :

- Infection control Policy , Adherence , Antibiotic Policy
- This chapter and practices helped the hospital to handle the COVID situation
- Segregation of waste again a key element

Chapter 5 PSQ Patient Safety and Quality :

- Quality manual and Safety
- Risk assessment and Monitoring

Chapter 6 ROM Responsibility of Management :

- Active Role of management and assessment
- Daily Reporting and involvement in the day to Day functioning

Chapter 7 IMS Information Management Systems :

Importance of record keeping , Mechanism to report Govt authorities
Flow of information


Chapter 8 MOM Management Of Medication :

Drug formulary , Supply chain importance of vendor selection , High Risk Drugs

Chapter 9 FMS Facility Management Services : Air flows , Infection Prevention , Creating standby beds (Internal disaster) , Back up (Power electricity portable water Managing Air Flows , Negative Pressures in rooms with infected patients

Chapter 10 HRM Human Resource Management :

Importance and Application of Training , Role of Credential and privileging, Stress Handling Policies , Staff Safety and welfare



Standard: The ambulance services are commensurate with the scope of the services provided by the organisation.

- ▶ There is adequate access and space for the ambulance(s).
- ▶ Ambulance(s) is appropriately equipped.
- ▶ Ambulance(s) is manned by trained personnel.
- ▶ There is a checklist of all equipment and emergency medications.
- ▶ The ambulance(s) has a proper communication system.

Standard: Patient and families have a right to information on expected costs.

- ▶ There is uniform pricing policy in a given setting (out-patient and ward category).
- ▶ Patients are educated about the estimated costs of treatment.
- ▶ Patients are informed about the estimated costs when there is a change in the patient condition or treatment setting.

Gaps

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- There is a lack of TRUE Data (Adverse events , Sentinel events , Medication errors)
- Though it is essential to submit data on all 75 indicators on a monthly basis to NABH secretariat but that data is never utilized or shared publically
- Mostly private hospital have opted for NABH / NABL accreditation
- Govt Hospital very few have been able to clear mainly due to infrastructure compliance issues
- Fear of media trials , RTI
- Lack of authority with NABH – at the most they can withdraw accreditation

Opportunities

- ▶ The Data being shared by various hospitals for over 15 years can be a big tool for policy makers
- ▶ The data if REPORTED and SHARED publically can be a valid tool for decision Making for patients
- ▶ Success stories are limited with in organization for their personal business pitch how ever if published can be a big motivator for others to join the Quality Journey
- ▶ NABH is always put themselves as FACT finding not fault finding there is big opportunity to address hospital operational solutions and guidelines in collaboration with institute like IIMR
- ▶ Increase their reach and capabilities
- ▶ Adopt technology



Systems are faulty not people.....

so redesign the systems...leading to patient safety.....standardization of
the processes...benchmark audit

THANKYOU