

THE AWARE CONSUMER

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PROMOTING SAFE AND QUALITY HEALTHCARE



INTERVIEW



Padma Shri Prof.
(Dr.) Mahesh Verma
Chairperson-NABH

#WorldAccreditationDay
9th June, 2022

RESEARCH FEATURE
Creating an Ecosystem
of Quality in Indian
Health Care

PLUS

ROUND UP • MY MARKET • THE PRESCRIPTION



National Accreditation Board for Testing and Calibration Laboratories



GLOBAL ACCEPTANCE

Test Reports issued by NABL accredited laboratories are acceptable internationally.



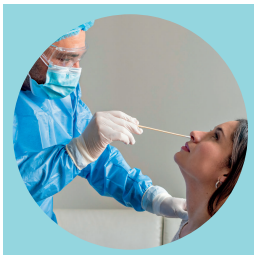
COMPETENCY

Competence of Personnel performing the testing is ensured.



EQUIPMENT

Validity of results generated from equipment are ensured by calibration of equipment, thereby ensuring metrological traceability of results.



ABOUT US!

National Accreditation Board for Testing and Calibration Laboratories (NABL) is an accreditation body, with its accreditation system established in accordance with ISO/ IEC 17011. "Conformity Assessment –Requirements for Accreditation bodies accrediting conformity assessment bodies". NABL is Mutual Recognition Arrangements (MRA) signatory to International Laboratory Accreditation Cooperation (ILAC) as well as Asia Pacific Accreditation Cooperation (APAC) for the accreditation of Testing and Calibration Laboratories (in accordance with ISO/IEC 17025), Medical Testing Laboratories (in accordance with ISO 15189), Proficiency Testing Providers (PTPs) (in accordance with ISO/IEC 17043) and Reference materials producers (RMPs) (in accordance with ISO 17034).

Such MRA reduces the technical barriers to trade and facilitates the acceptance of test/calibration results between countries that MRA partners represent.

As the healthcare sector involves medical testing laboratories that directly affect patient care and line of treatment, importance and competence of these labs to deliver quality services is paramount.

For public health and patient safety, responsibility lies with medical diagnostic laboratories as test results from these labs can make difference in diagnosis and line of treatment. Diagnostic laboratories can ensure their performance and quality of services by complying with ISO 15189:2012 standard and gaining accreditation.

OUR SERVICES

NABL grants Accreditation in the following disciplines in

Medical Testing Field

- Clinical Biochemistry
- Clinical Pathology
- Haematology
- Microbiology & Infectious disease serology
- Histopathology
- Cytopathology
- Flow Cytometry
- Cytogenetics
- Molecular Testing



NABL 100: General Information Brochure

Provides information on NABL accreditation



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MESSAGE FROM PUBLISHER & EDITOR

BRINGING IN WORLD ACCREDITATION DAY 2022

Accreditation: Sustainability in Economic Growth and the Environment

HOW CAN A consumer differentiate whether a product, service, individual, organisation or system is competent or credible enough to deliver quality and customer delight? Do we have to keep using the trial-and-error method and burn our fingers at the stake before differentiate whether a zeroing in on something that is reliable, safe and value for money? And what if there is more than just money - like health and safety – at stake?

The answer lies in accreditation! This symbol is a mark of quality as it denotes that a designated authority has formally declared that the said product, service or facility meets predefined global best standards, which is testimony of the capability and credibility to perform the particular activity.

In fact, testing, inspection, certification and accreditation form the quartet of conformity assessment. And to promote the value of these conformity assessment activities, 9th June is being marked as World Accreditation Day every year since 2008. This is a global initiative by ILAC (International Laboratory Accreditation Cooperation) and IAF (International Accreditation Forum) wherein members, partners, stakeholders and other organisations in the field of conformity assessment acknowledge and promote the benefits and value of accreditation.

The celebrations are centred on a specific theme every year which highlights the benefits and importance of accreditation in that sector. The theme for World

Accreditation Day 2022 (#WAD2022) is *Accreditation: Sustainability in Economic Growth and the Environment* with a focus on how accreditation supports the implementation of the United Nations Sustainable Development Goals (SDGs) 6, 7, 8, 9, 11, 12, 13, 14 and 15.

Indeed, economies cannot afford to grow at the cost of encumbering the ecosystem with pollution, habitat destruction and climate change anymore. Accreditation can provide sustainable solutions for implementing, measuring and monitoring the myriad objectives of the SDGs by requiring the regulators, companies and consumers to engage in more environment-friendly practices.

Accordingly, we dedicate this issue to National Accreditation Board for Hospitals & Healthcare Providers (NABH), which is the apex accreditation body for healthcare organisations in India, thus enabling consumers to access safe and reliable choices based on credible third party audits and assessments!

Prof. Bejon Kumar Misra
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Effective relief from constipation.



- Overnight action
- Non-habit forming



**Raho halke,
jiyo khulke.**

PRAFULL D. SHETH

Editorial Board Member



ACCREDITATION – THE GOLD STANDARD FOR QUALITY HEALTH CARE

THE VERY LEAST

that a person walking into a healthcare facility expects is a safe and trustworthy environment! Indeed, nowhere can quality and safety of service be considered more crucial than in the

field of healthcare. In fact, quality of care in health services has been identified as one of the key elements on the path to universal health coverage. It also plays a fundamental role in achieving the health goals and targets outlined under the Sustainable Development Goals (SDGs).

However, what patients usually get is poor care that is compounded by negligence, inadequate resources, inefficient facilities and even unwanted medical interventions. The incidence of medical errors is reprehensible. In this scenario, accreditation emerges as the only sound answer for improving standards and ensuring quality.

Accordingly, Quality Council of India (QCI) has set up the National Accreditation Board for Hospitals & Healthcare Providers (NABH) to establish and operate accreditation programmes for healthcare organisations like hospitals, allopathic clinics, dental

#WAD2022
WORLD
ACCREDITATION
DAY



Monday, 9th June, 2022

and eye care organisations, Ayush hospitals, Blood Banks, wellness centres and more. The NABH accreditation has emerged as the highest benchmark standard for healthcare in the country – it epitomises patient safety through the adoption of best practices for maintaining a safe care environment, continually

reducing risks and staying committed to delivering quality care at all levels.

This apex national body functions at par with global benchmarks to promote credibility, transparency, responsiveness and innovation in healthcare services. Towards this end, it prescribes processes of self and external evaluation for accreditation.

However, the healthcare environment is rapidly changing. New innovations like telemedicine, home care and point-of-care devices are being introduced by the day. The COVID-19 pandemic has further challenged our facilities and shined the light on the abysmal failure of our healthcare systems.

On this World Accreditation Day, 2022, the time is ripe for NABH to rise once again as the omnipotent beacon of patient safety and quality improvement in these harrowing times! ▶

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RESEARCH FEATURE

DECODING THE ACTUAL IMPACT OF
HOSPITAL ACCREDITATION
ON QUALITY OF HEALTH CARE



Accreditation is viewed as a reliable tool to evaluate and enhance the quality of health care.



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HORIZON

CAN WE HAVE MORE
ACCREDITATIONS PLEASE?



Widespread accreditation across hospitals and healthcare providers remains a distant dream for India. How can the authorities drive more facilities to embark on the journey of quality improvement and standardisation?



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INTERVIEW



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MY MARKET

NABH
ACCREDITATION –
A FORCE FOR THE
GREATER GOOD!



Accreditation brings access, affordability, efficiency, quality and effectiveness to healthcare.



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OUT OF THE BOX

A SHOT AT QUALITY HEALTH CARE
THAT UNFORTUNATELY FELL SHORT!



You need a license to open a pharmacy in India. But there is nothing to stop you from opening a hospital!



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IN FOCUS

ACCREDITATION DEFINES
QUALITY ACROSS SECTORS



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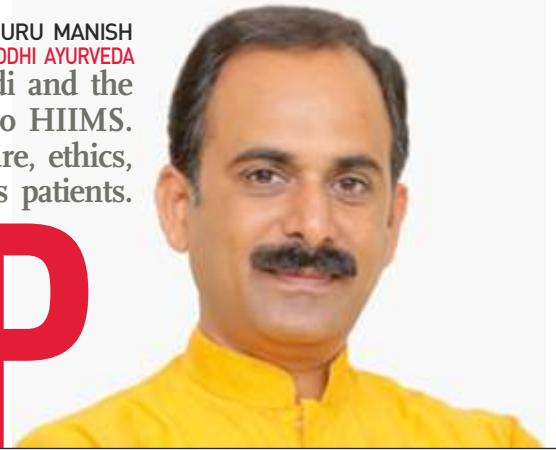
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GURU MANISH

FOUNDER OF HIIMS AND SHUDDHI AYURVEDA

I am thankful to Prime Minister Shri Narendra Modi and the Ministry of Health for bestowing NABH recognition to HIIMS. The hospital's NABH status has validated our quality care, ethics, consistency and commitment towards patients.



ROUNDUP



HIIMS Integrated Hospital Becomes the First of Its Kind to get Accredited!

Normally allopathy-based hospitals apply for and get NABH accreditation. It is only now that an Ayurveda hospital has actually managed to achieve this distinguished status.

DATA BRIEFING

There are
100+
Shuddhi Clinics
across India
and there are
12 Ayurvedic
clinics in Delhi
and NCR,
which have
got the
approval of
CGHS and
DGHS.

HIIMS (HOSPITAL AND Institute of Integrated Medical Sciences) Dera Bassi, Chandigarh is the first integrated hospital in India to get accredited by NABH. HIIMS Chandigarh and Paschim Vihar, Delhi have also got NABH accreditation. These hospitals successfully treat patients with kidney and liver failure, cancer and auto-immune ailments.

HIIMS is an integrated medical science hospital setup where patients

are treated using a judicious mix of different medical systems. It is also India's first NABH Ayurvedic Panchakarma Hospital where there is no use of medicines. Instead, at HIIMS Clinics, patients are treated with lifestyle changes and natural methods.

Guru Manish, Founder of HIIMS and Shuddhi Ayurveda said, "This is a proud moment for us that Ayurveda is now getting recognition and attention from the Central Government too.

I am thankful to Prime Minister Shri Narendra Modi and the Ministry of Health for bestowing NABH recognition to HIIMS. The hospital's NABH status has validated our quality care, ethics, consistency and commitment towards patients. We take pride in the fact that NABH has reposed its faith in our hospital and we will continue to strive to provide the best of services in a professional environment." ▶

'Breastfeeding Friendly Hospital Initiative'

– A New Accreditation for Private Maternity Hospitals



Dr Arun Gupta, a pediatrician dedicated to breastfeeding and brain health behind this work said, "Breastfeeding Friendly Hospital Initiative (BFHI) is an opportunity for private hospitals with maternity services to get another accreditation". An independent assessor evaluates it and based on findings; accreditation is given. He added, "It ensures continuous improvement in the care of both the mother and the baby who get not only the highest quality of care, but also the best quality of nutrition for the best start in life". The hospital benefits through continuous improvement and demonstrates its commitment to quality care. He also said that, "It can improve the image of the hospital among the community who in turn get more confidence in the services. More than that, the staff gets continuous learning and improvement in the professional development."

Benefits of breastfeeding



THE IMPORTANCE OF breastmilk cannot be overstated. It is packed with nutrients that gives a baby a healthy start in life by building the immune system. Exclusive breastfeeding should be the norm as it is the only food a baby needs for the first 6 months! Provision of mother's milk along with skin-to-skin contact is especially crucial during the golden hour – the first hour after birth. Unfortunately, this is largely ignored in most private hospitals offering maternity services.

Indeed, not all new mothers are aware of the important role of breastmilk and mothers-to-be do not know how to choose the right hospital that will emphasise the appropriate practices, let alone support her choice to breastfeed her baby right from the start. In fact, there is a glaring lack of counselling for expectant mothers and support for new mothers for breastfeeding.

The Breastfeeding Promotion Network of India (BPNI), in collaboration with Association of Healthcare Providers of India (AHPI), has launched a National Accreditation Centre for Breastfeeding Friendly Hospitals. This 'Breastfeeding Friendly Hospital initiative (BFHI) accreditation programme (<https://www.bfhi-india.in/home.php>) will enable hospitals to get a certificate which will be valid for three years and which can be used for promotion/marketing and will also help in getting the recognition by a National Accreditation Centre that the hospital is committed to 'WHO's Ten Steps to Successful Breastfeeding'.

BPNI is a 30-year-old organisation working to protect, promote and support breastfeeding in India while AHPI

comprises of more than 12,000 private hospital including maternity centres.

The certification is for private hospitals and is based on the WHO's Ten Steps to Successful Breastfeeding and Ministry of Health and Family Welfare's MAA (Mother's Absolute Affection) programme for government hospitals launched in 2016.

The process involves two stages — the first stage requires self-assessment by a hospital, followed by an external assessment by an authorised appraiser who interviews doctors, nurses and patients as well as reviews different practices and training of staff. The tools of evaluation have been developed in partnership with the Health Ministry and World Health Organisation. Chennai's Bloom Healthcare has become the first hospital to be accredited as 'breastfeeding-friendly' under this programme.

The move comes in the wake of the latest National Family Health Survey (NFHS) showing further increase in caesarean deliveries. Caesarean section delivery is associated with 46% lower prevalence of early initiation of breastfeeding. Furthermore, NFHS (2019-21) reveals that only 41.8% of mothers were able to breastfeed within the first hour of birth and provide skin-to-skin contact to the baby shortly after birth. It means that 58% of mothers are not enabled. Going by the approximately 24.5 million births annually, 14.2 million are deprived of the mother's milk and its benefits to the newborn and moms, violating the human rights of mother and child. ■



The Indian Medical Association (IMA) had created a framework for Age-Friendly Hospitals and Healthcare facilities to ensure quality services in geriatric care. Aster Medcity (Aster Seniors initiative in Kerala) became the first hospital in India to implement these strict standards prescribed by IMA.

Aster Medcity achieved the exemplary Age-friendly Accreditation by ensuring required facilities like infrastructure, arrangements for free movement of elders, friendly and dedicated staff, and necessary clinical services as per IMA directives. The IMA is working on encouraging more hospitals and facilities to join its Age-Friendly Initiative.



6th Edition

CAHOCON



2022

Sixth Edition of CAHOCON's International Conference Focuses on Building Culture of Safety in Health Care

CAHOCON 2022 worked on finding the right means to help health care institutions to adopt and adhere to international standards. This will assist them in focusing on patient safety and also restore the trust of the community.

Jammu & Kashmir to Accredite All Tertiary-Care Hospitals



Hon'ble Governor Shri Arif Mohammed Khan inaugurated the 6th International Conference of the Consortium of Accredited Healthcare Organizations #CAHOCON2022 held at Kochi on the theme, Building Culture of Safety in Healthcare.

THE SIXTH INTERNATIONAL two-day conference of the Consortium of Accredited Healthcare Organisations - CAHOCON 2022 was organised from 1st-3rd April in Kochi, Kerala with the theme of 'Building Culture of Safety in Healthcare'. The event was supported by the International Society for Quality in Healthcare (ISQua), the Asian Society for Quality in Healthcare (ASQua) and Quality Council of India (QCI).

CAHO is an association of healthcare institutions, diagnostics centres and individuals with a common aim to promote quality, patient safety and accreditation in healthcare. It works as the engine to drive continuous quality improvement and helps healthcare organisations in developing a culture of safety.

Dr Vijay Agarwal, president of CAHO said, "Healthcare delivery today has become very complex, resulting in increased medical errors. Medical errors ultimately mean that patients are being harmed while being treated..... The conference aims at finding the

ways and means to help healthcare institutions to adopt and adhere to quality standards."

Kerala's Governor, Arif Mohammed Khan remarked while inaugurating the conference, "Today, healthcare sector is one of India's rapidly expanding sectors. Our overall healthcare scenario needs to work hard to fully overcome some of the challenges related to amenities, coverage, access, utilisation of essential diagnostic facilities and quality of service,"

A multi-faceted panel of eminent national and international speakers deliberated on the theme's relevance in today's healthcare industry while sharing the best practices developed and implemented by health care organisations nationally and internationally. Around 800 delegates participated in the two-day conference of debates, panel discussions and presentations. To encourage best practices and quality culture, awards were given for Process Excellence, Best CSSD, Young Quality Achiever, Quality Champion and Lifetime Achievement Award. ▶



Department of Health and Medical Education

Dental Hospital in Srinagar, besides all the Ayush institutions in the union territory.

This decision was taken at a meeting held by the Additional Chief Secretary, Health and Medical Education Department with the NABH Chief Executive Officer, Mr. Atul Kochhar and the heads of all the line departments of health and medical education. ▶

THE JAMMU AND Kashmir Health and Medical Education Department has tied up with the National Accreditation Board for Hospitals and Healthcare Providers (NABH) to seek its accreditation for the tertiary-care hospitals in the union territory.

Three hospitals each in Jammu and Srinagar have been put to entry-level certification of the NABH at the beginning, followed by full-level accreditation. This includes the SMGS Hospital, the Super Speciality Hospital and the Dental Hospital in Jammu and the L D Hospital, the Super Speciality Hospital and the



#65YearsOfSuccess

65th Anniversary

Thank you to everyone who has helped make this possible.
We hope to continue serving you for many more years to come.



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Consumers, Beware

What Accreditation Should Mean to You!

Consumers have the right to safe and quality healthcare services. Accreditation symbolises that the healthcare organisation is not only committed to maintaining the minimum standards of quality, safety and efficiency but is also constantly striving to improve on these parameters. This will ensure the best possible care and service for you and your family.

**NABH accreditation is
a Mark of Excellence –
it stands for value,
trust and safety!**



OUR HOSPITAL IS

NABH ACCREDITED

**THE MARK YOU SHOULD ALWAYS LOOK FOR
HEALTHCARE QUALITY & SAFETY**



WE HAVE REACHED a stage where mere access to healthcare services is not the be-all and end-all aim of the government. It is crucial that the healthcare delivery should maintain top quality and be safe at all times.

Accreditation is considered the best approach to assessing healthcare providers and facilities. The centre has created standards through an accreditation authority for healthcare in India. National Accreditation Board for Hospitals & Healthcare Providers (NABH) has emerged as the highest benchmark standard for healthcare quality in India.

The Accreditation end of things

Accreditation aims to streamline the entire spectrum of operations in healthcare facilities while ensuring that they play their proper roles in the health system. The NABH standards are quite rigorous and fulfilling them is a long and arduous journey. Hospitals need to implement a process-driven approach across all aspects of their activities. They also have to adopt clear and transparent protocols and policies. The assessment team looks for clear evidences of implementation of NABH Standards in the organisation.

Maintaining compliance with the standards requires an ongoing commitment to patient safety and quality of healthcare which leads to improved outcomes. The stipulations include periodically submitting data to the NABH on specific indicators to maintain the accreditation/certification.

NABH maintains a checklist of quality indicators for monitoring the quality of care. In case the authorities notice any deviations or shortcomings – like failure to comply with the standards or serious patient safety issues - they promptly issue a show cause notice to the accredited organisation. And if a satisfactory explanation is not received, they do not hesitate to suspend or even cancel the accreditation/certification.

The hospital end of things

Health care organisations that are seeking accreditation are expected to adopt best clinical practices - covering proficiency of staff, equipment and maintaining a healthy environment across the facilities - and carry out self-assessments. It involves an intensive process of preparing a quality manual, policies and procedures and other departmental manuals as mandated by the standards. The external assessment can be done onsite, desktop, remote or hybrid format. Taking necessary corrective action on all of the non-conformity issues is essential.

Following complete compliance, the NABH issues an accreditation certificate with a validity of three years. The certificate has a unique number, date of validity and the scope of accreditation.

And achieving the NABH accreditation is not a rubber stamp! It speaks of a noble commitment to upholding and improving outcomes throughout the health care landscape. The hospitals are further expected to continue

to diligently follow the NABH standards to maintain continual adherence and excellence across the board. It is compulsory to continue to report on indicators like rate of bed occupancy, average length of stay in hospital, medication errors, surgical site infection, needle stick injuries, urinary tract infection, respiratory tract infection, transfusion reaction, bedsores after admission, etc. Furthermore, they will be subject to surveillance, reassessment and even surprise assessments.

The accredited organisations can display the NABH logo/accreditation mark while adhering to the requisite guidelines for the same.

The consumer end of things

The NABH Mark in a healthcare organisation gives patients the assurance that the facility is safe, healthy and reliable. This is a strong indicator of quality that leads to better patient outcomes. Now the onus is on the consumers to keep a lookout for the accreditation logo and make the right choices accordingly!



National Accreditation Board for Hospitals & Healthcare Providers

When you see the NABH Mark, you can be certain that the hospital is working hard to meet the standards to deliver safe and high-quality care. You will be serviced by credentialed medical staff, your rights will be respected and protected and your satisfaction will be regularly evaluated. So why not make it a practice to opt for hospitals and clinics that feature this crucial NABH accreditation?

And it is not just about hospitals and other healthcare facilities alone. NABH has unique assessment programmes for other organisations in the field of healthcare. In fact, India is one of the very few countries to provide accreditation to blood banks. There is a studied focus on improving the safety of clinical trials in the country.

Moreover, NABH is the only accreditation body in the world to have an accreditation system for Traditional Medicine. It has independent standards for Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy.

Conclusion

Better quality translates to better health! The government is doing its job; what about you? ▶

Decoding The Actual Impact Of Hospital Accreditation On Quality Of Health Care

Accreditation is viewed as a reliable tool to evaluate and enhance the quality of health care. However, its actual effect on performance and outcomes remains unclear. This study aimed to identify and analyse the evidence on the impact of hospital accreditation.



THE WORLD HEALTH Organisation (WHO) estimates that there is a one in 300 chance of a patient being harmed during his health care itself! It further reckons that of the 421 million hospitalisations in the world per year, nearly 42.7 million adverse events occur during these hospitalisations. Based on this data, the WHO also states that patient harm is the 14th most common culprit for morbidity and mortality across the globe (WHO 2019).

Therefore, safety, quality and patient-centricity in health care services are the prime prerequisites for strengthening medical care systems. Accreditation has been cited as the oldest and most common strategic external quality assessment tool in health care. The quality index of accreditation is considered as a guarantee that the health care institutions not only pursue evidence-based practices, but are also concerned about access, cost effectiveness, efficacy and unparalleled quality.

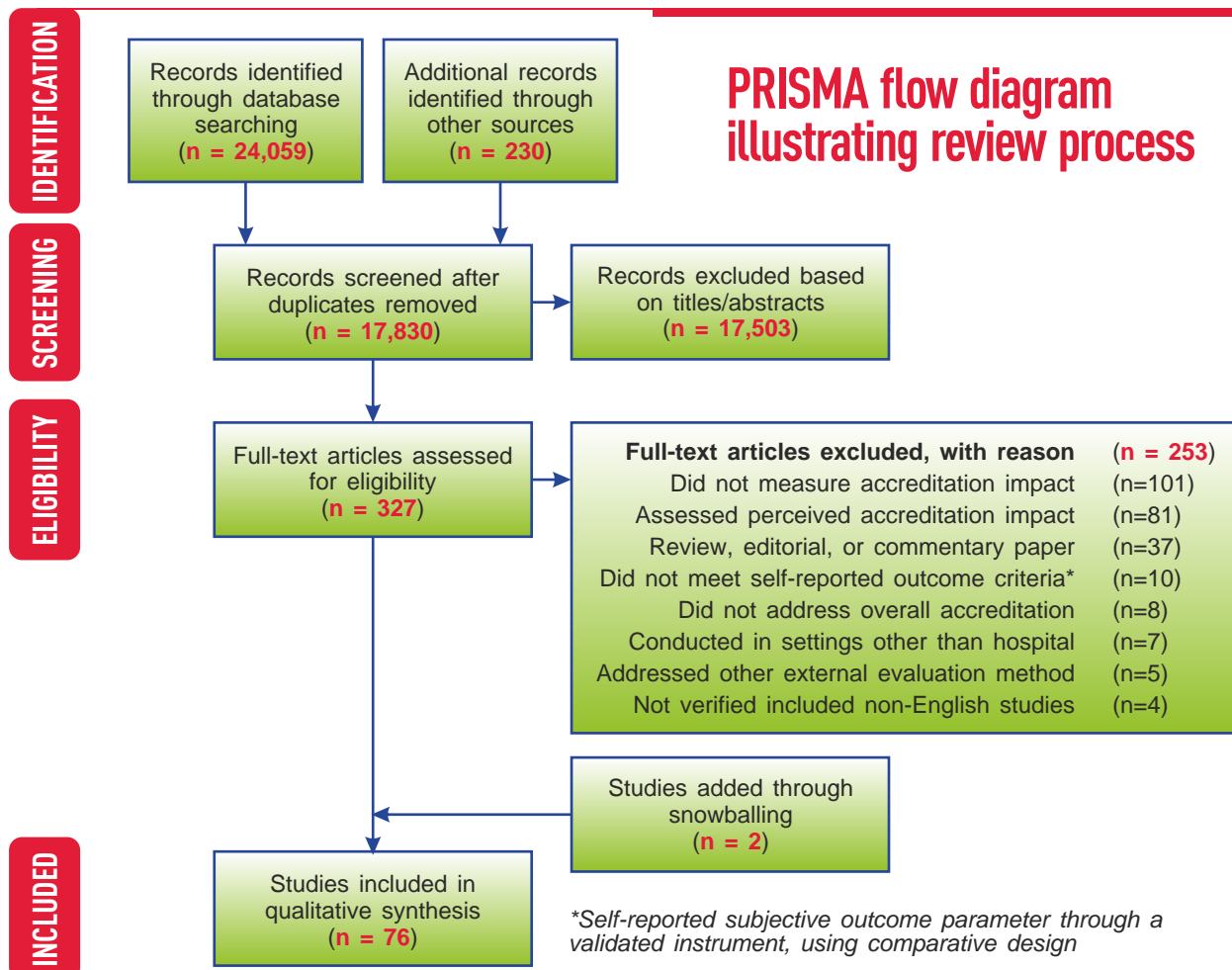
Most countries have adopted or adapted hospital accreditation systems. The effectiveness of accreditation standards in enhancing organisational and clinical performance is discussed and upheld across the world. However, due to scant high-quality trials, there is a glaring lack of evidence to support the legitimacy of

accreditation programs. To put these concerns to rest, a team of researchers (Mohammed Hussein, Milena Pavlova, Mostafa Ghalwash and Wim Groot) attempted to independently screen initially identified articles, review the full-text of potentially relevant studies, extract necessary data and assess the methodological quality of the included studies using a validated tool to identify and analyse the real impact of hospital accreditation. Based on their detailed reviews, they released 'The Impact of Hospital Accreditation on the Quality of Healthcare: A Systematic Literature Review' in October 2021.

This study is one of the largest systematic reviews conducted to understand the impact of hospital accreditation.

Methodology

The researchers systematically searched electronic bibliographic databases (like PubMed, CINAHL, PsycINFO, EMBASE, MEDLINE (OvidSP), CDSR, CENTRAL, ScienceDirect, SSCI, RSCI, SciELO, and KCI) and other sources using relevant subject headings to retrieve relevant publications. They covered peer-reviewed quantitative studies and other full-text publications that



evaluated the impact of overall hospital accreditation programs on the quality of healthcare services from January 2000 to February 2020, irrespective of its design or language.

Accordingly, a total of 17,830 studies were screened, of which 76 empirical and methodologically heterogeneous studies met the inclusion criteria. The use of pre-decided inclusion criteria, citation indices and broad range of databases were enablers to enhance the likelihood of identifying all relevant publications.

The included studies were conducted in 22 countries representing all inhabited continents. The highest number of studies were from the USA (11) and Brazil (9). Two studies were multinational, conducted in European hospitals. Majority (69) of them were in English. Almost three-fourths (52) of the included studies were published during the last five years (2015–2019).

The studies evaluated the impact of 23 accreditation programs with the most studied being the Joint Commission International (JCI) accreditation (14).

21 studies (28%) assessed the impact of accreditation in a single hospital, while the range was up to 4400 hospitals.


The extracted data on accreditation effects was synthesised and categorised thematically into six impact themes:

1. Changes in organisational culture and management
2. Changes at professionals' level
3. Changes at the patient level
4. Changes in patient clinical outcomes
5. Changes in performance measures and
6. Changes in economic outcomes

Each study was classified under one or multiple outcome themes. 12 of the studies examined the impact of accreditation on at least two measures in separate themes. The fourth and fifth theme captured more than 60% of the included studies. (See Table 1 for more details).

TABLE 1: Methodological quality ratings and impact directions of included studies ($n = 76$)

| Themes | Definition and Examples | Methodological Quality | | | Impact Direction of Good & Fair Studies | | |
|--|---|------------------------|------|------|---|----------|---------|
| | | Good | Fair | Poor | Positive | Negative | Neutral |
| Changes in organizational culture and management ($n = 5$) | Demonstrated as a significant quantitative hospital managerial or cultural change (e.g., safety culture, communication) | 1 | 4 | 0 | 4 | 0 | 1 |
| Changes at the professionals' level ($n = 10$) | Demonstrated as changes in professionals' self-reported outcome parameters (e.g., job stress, job satisfaction) | 3 | 6 | 1 | 1 | 4 | 4 |
| Changes at the patient level ($n = 14$) | Demonstrated as a measurable change in self-reported subjective outcome parameters from a patient and user perspective (e.g., patient satisfaction, patient experience) | 6 | 6 | 2 | 3 | 2 | 7 |
| Changes in patient clinical outcomes ($n = 24$) | Demonstrated as a statistically significant change in patient health outcome measures (e.g., mortality rate, length of stay) | 8 | 12 | 4 | 15 | 0 | 5 |
| Changes in the performance measures ($n = 28$) | Demonstrated as a statistically significant change in clinical performance measures (e.g., hand hygiene compliance, medication utilization) | 14 | 12 | 2 | 18 | 0 | 8 |
| Changes in economic outcomes ($n = 8$) | Demonstrated as quantifiable changes in financial or economic outcome parameters (e.g., efficiency, profitability) | 4 | 4 | 0 | 5 | 1 | 2 |



For patients, having NABH accreditation results in high-quality healthcare services delivery and patient safety.

Results

The study extensively discussed the measures and aspects being addressed and affected by introducing hospital accreditation. A positive accreditation effect was found in more than 55% of the included studies. The results indicate a consistent positive accreditation effect on:

- Process-related performance measures
- Safety culture
- Hospital efficiency
- Patient length of stay

In contrast, staff job stress was found to be consistently negatively affected. Staff job satisfaction, patient satisfaction and experience, and 30-day readmission rate were found to be unrelated to accreditation. Diverse results on mortality and healthcare-associated infection hampered the drawing of firm conclusions on those outcome measures. (Conclusions may be affected by variation in accreditation schemes, inability to isolate extrinsic confounders and diversity in hospital characteristics.)

The analysis revealed a positive effect of accreditation on safety culture at the organisational level. However, at the individual level, accreditation has an adverse impact on the stress levels of professionals. This hints at a need to balance the benefits and risks of accreditation to encourage acceptance and participation in the from health practitioners in the accreditation journey. Vital remedies like awareness campaigns, leadership support and better design of accreditation standards and processes also need to be considered.

The findings support the view that accreditation is a tool that stimulates improving internal processes delivery. However, the appropriate improvement threshold for being tangible remains ambiguous – it could depend on the design of the accreditation standards and processes. The review failed to establish a direct correlation between accreditation and higher patient satisfaction or experience.

The favourable impact of accreditation on economic outcomes is attributed to performance improvement. The financial impact could not be isolated due to the paucity of studies in this domain.

Furthermore, the benefits of hospital accreditation were found to manifest before, during and after accreditation. How long they actually last is another question altogether.

Gauging the Effectiveness of NABH Awareness Campaigns

A 2020 study on 'Effectiveness of Awareness Programme on Criteria of NABH & Its Implementation among Health Care Workers at a Tertiary Care Hospital' attempted to measure the actual impact of the NABH awareness workshops. Based on a pre-test, post-test random sampling of 287 health care workers working at a tertiary hospital at Vadodara, Gujarat, the study returned a 22.67 post-test mean knowledge score that was significantly greater than the pre-test knowledge mean score of 11.85. The results reveal a considerable improvement in the knowledge of health care workers after processing the NABH awareness programme!

Therefore, aspirant health care organisations and other stakeholders are always advised to attend the appropriate training programmes and gain guidance on the proper implementation of NABH standards.

Conclusion

Accreditation must be viewed as one element that complements other performance improvement strategies to achieve a tangible effect in the health system. The view must be compatible with the fact that accreditation is a 'knowledge translation' intervention that aids in the integration of standards into everyday activities. The advantages of accreditation outweigh potential drawbacks.

There is reasonable evidence to support the notion that compliance with accreditation standards has multiple plausible benefits in improving the performance in hospital settings and outcomes. Despite inconclusive evidence on causality, introducing hospital accreditation stimulates performance improvement and patient safety. In synchronisation with other health policies, efforts to incentivise and modernise accreditation are recommended to move towards institutionalisation and sustaining the performance gains.

Yet, there is a need for further rigorous studies to investigate the impact of accreditation. ▀

Creating an Ecosystem of Quality in Indian Health Care

It is only recently that the concept of quality has found its rightful place in universal health coverage. India is working towards addressing the need to improve quality in health care by measuring the related parameters by way of accreditation. This will power the health investments and lead to a more productive and equitable society. As Peter Drucker rightly said, "What gets measured, gets managed!"



**Fulfilling the mandate
of quality and safety in
health care**

THE CONCERN OVER quality in health care is real! Absence of quality parameters manifest as substandard services, safety violations and medical negligence leading to disease, disability and deaths. Ensuring quality in healthcare services calls for relentless efforts and complete commitment to achieving excellence. The writing on the wall is loud and clear - accreditation is the only answer to improving the current standards of health care institutions.

"When we are ill, we want to know that we have a doctor whose technical knowledge and skills we can be sure of, on whose honesty we can rely on and who will treat us empathetically with the respect and courtesy to which we are entitled. We need to be sure that the hospital or primary care team to which our doctor belongs works effectively and safely, so we can be assured that we are getting good quality care. And we need good access to care." - Sir Donald Irvine - President GMC (2003)

There are various international health care accreditation bodies that accredit institutions across the globe:

ISQua: The International Society for Quality in Health Care (ISQua) is an umbrella organisation for organisations seeking international healthcare accreditation to constantly enhance quality and safe patient care.

It has members in over 70 countries with the head office based in the Republic of Ireland. ISQua does not actually survey or accredit hospitals or clinics. Instead it assesses and evaluates the standards of international, national and regional health care accreditation bodies, who in turn accredit hospitals and other healthcare institutions. India is the 12th nation to join ISQua.



ISO: The International Organization for Standardization (ISO) is the largest developer of voluntary international standards in the world. Organisations that have developed an effective quality management system and infrastructure for providing quality services as well as for continuous quality improvement are issued ISO certification. ISO 9001-2015 standard is applicable to health care organisations.

JCAHO: The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is the oldest and pioneer organisation which started the hospital accreditation program in USA. It launched the Joint Commission International (JCI) in 2002 for accrediting hospitals across the globe. With a presence in more than 90 countries, JCI is recognised as a consistent beacon for patient safety and quality improvement in the global community. JCI accreditation works as a prestigious acknowledgement of health care quality as it substantially improves the safety and quality of care and services. 35 hospitals in India had JCI accreditation as of 2020.



ASQua: Asian Society for Quality in Health Care (ASQua) is a network of national societies from the Asian region dedicated to the improvement of quality in healthcare at national and international levels. India is one of the founder members of this emerging accreditation body.



Accreditation is a public recognition of the achievement of accreditation standards by a healthcare organisation, demonstrated through an independent external peer assessment of that organisation's level of performance in relation to the standards.

On the domestic front also, India has taken up the cause of improving quality in health care with utmost capacity and is showing perpetual commitment to the same. It is constantly endeavouring to strengthen the public health care system and health care facilities through the National Health Mission programme. Additionally, there are private and public bodies like:

CRISIL rating of Hospitals/Nursing Homes:

This is a global analytical company providing ratings, research and risk and policy advisory services.

The grading scale of health care institutions has two components – the hospital classification and the hospital's service quality grading within that classification on a four-point scale (Grade A – Good quality, Grade B – Good but lower than Grade A quality, Grade C – Average quality, Grade D – Poor quality). This grading is an opinion on the relative quality of health care delivered by the institutions to its patients.



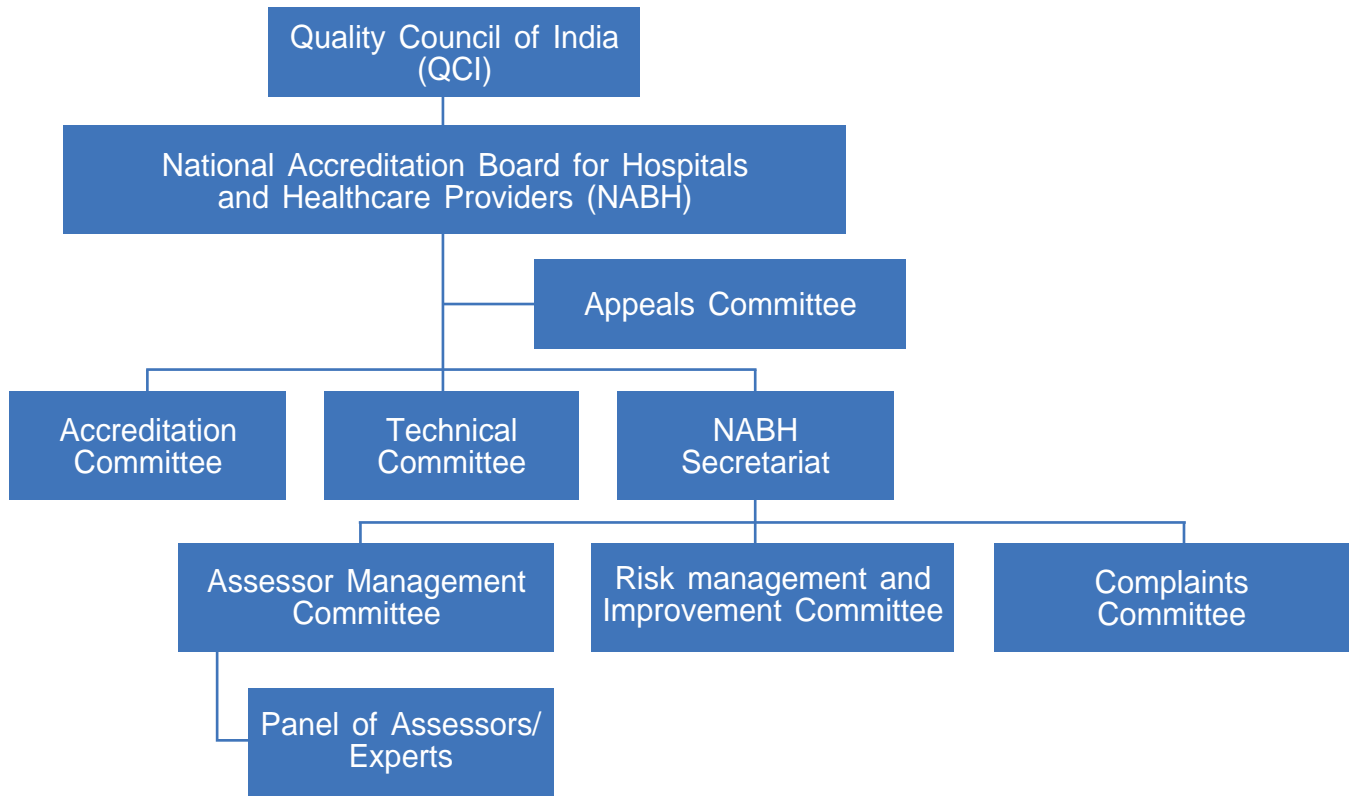
ICHA: Indian Confederation for Healthcare Accreditation (ICHA) is an autonomous body that uses modified accreditation as a tool to strengthen the health system. It operates as a national multi-stakeholder association of national associations/institutions for establishing validated excellence in healthcare in India in line with similar bodies in all developed countries.

NABH: It was around two decades ago that the Union Ministry of Tourism perceived a glaring need to create benchmarks of quality in healthcare organisations that will assure overseas patients that they are choosing the right services. Accordingly, the Quality Council of India (QCI) was called on to spearhead a quality initiative for the healthcare sector by framing accreditation standards that will give a boost to medical tourism. (QCI is the national accreditation body under the Department for Promotion of Industry and Internal Trade (DPIIT), Ministry of Commerce and Industry.)

Apart from crafting an accreditation structure, the Parliament of India also contemplated establishing a board to monitor the quality activities. The end result,



Administrative structure of NABH



National Accreditation Board for Hospitals and Healthcare Providers (NABH) was born out of a resolution approved by QCI in the year 2005.

Thus, NABH set forth on its journey with a vision of developing a system to ensure quality and safety in healthcare services in India that meet the global standards. It started accrediting domestic healthcare organisations in 2006 and expanded its wings to international accreditation in the year 2010.

The Board has a unique governing body with representatives from Government of India, public health officials, private hospitals, private associations like CII, ASSOCHAM, FICCI, etc. It functions as a constituent board of QCI, but maintains full autonomy in its operations.

International Linkages

Both NABH and its hospital accreditation standards are internationally recognised and benchmarked. NABH is an institutional member of the International Society for Quality in Health Care (ISQua) apart from being a member of its Board and Accreditation Council. It is also one of the founder members of the emerging Asian Society for Quality in Health Care (ASQua).

The accreditation of NABH standards for hospitals authenticates that they are in consonance with the global

benchmarks set by ISQua and thus hospitals accredited by NABH have international recognition.

Following rising demand from SAARC/ASIAN countries for NABH accreditation, NABH International was launched to extend the accreditation services overseas. Philippines is the first foreign location to get accredited by NABH.

Accreditation of Health Care Facilities

To build a network of health care providers that strive to provide quality services while following the health care protocols, NABH offers accreditation programs and standards for:

- **Hospitals** – Hospital accreditation is the flagship programme of NABH. It is open to all standard-sized hospitals including multi-speciality setups.
- **Small Health Care Organisations (SHCO)/Nursing Homes** - There is a separate accreditation system for small hospitals, nursing homes and day care centres with bed strength of up to 50 sanctioned beds.
- **Allopathic Clinics** - Another distinct programme was initiated for small allopathic clinics with only OPD facilities in 2011.
- **Dental Facilities/Dental Clinics** - NABH offers accreditation for Dental Healthcare Service Providers (DHSP) like dental teaching institutions, dental hospitals

and clinics. This is open to DHSPs with or without inpatient beds and those with up to 11 chairs.

- **Eye Care Organisations** – This is focused on improving the quality and patient safety in eye care while controlling the incidence of adverse events like post-surgical infections in eye surgeries. All eye care hospitals across the country, irrespective of size, can apply for the accreditation.
- **Primary Health Centres (PHC)** - Primary health centres in the country have their very own accreditation programme that is dedicated to strengthening systems at the community and peripheral health facility level.
- **Blood Banks and Blood Storage Centres** - To improve the quality and safety of blood during collection/ donation, processing, testing, issuing/ distribution/transfusion, NABH has developed a stand-alone accreditation programme for Blood Centres/ Transfusion Services. This ensures availability of safe blood and blood products to the right patient in the right time and right quantities.
- **Oral Substitution Therapy Centres** - The accreditation programme for Oral Substitution Therapy (OST) centres was developed for National AIDS Control Organisation (NACO) to improve health status of Injectible Drug Users (IDUs) and prevent spread of HIV AIDS. It is based on the 'Standard Operating Procedure for Oral Substitution Therapy with Buprenorphine' made by NACO.
- **Medical Imaging Services** - NABH Accreditation for Medical Imaging Services covers the functions and systems of a whole diagnostic imaging and interventional radiology service. The standards provide general guidelines pertaining to all diagnostic and interventional imaging services while addressing the quality in service delivery and supporting quality improvement.
- **Integrated Rehabilitation Centres for Addicts (IRCA)** - To ensure the quality of service delivery in Integrated Rehabilitation Centre for Addicts (IRCA) centres that provide therapy for substance dependent individuals, the accreditation programme focusses on compliance with NISD guidelines and SOPs, quality of services provided and performance in terms of client uptake and retention, infrastructure and staff capacity.
- **Clinical Trial (Ethics Committee)** – This was initiated to standardise the quality of clinical research in India. The standards laid down for Ethics Committee Accreditation are the basic minimum requirements which need to be adhered in order to improve the safety of the process of clinical trials.
- **Ayush Hospitals** – The accreditation program for Ayush hospitals was started in 2009 and is operated in association with the Ministry of Ayush. It encompasses relevant and comprehensive quality assurance standards for each system - Ayurveda, Yoga and

Naturopathy, Unani, Siddha, Homoeopathy. There are separate accreditation standards as per the individual system of medicine and its requirements. These are in natural alignment with the Hospital Standards, with a community focus. It is open to all Ayush hospitals with at least 10 in-patient bed strength, standalone or otherwise, established for in-patient care and day care therapeutic procedures/interventions for diseases or disorders with indicated procedures.

- **Panchakarma Clinics** - Panchakarma Clinics are the delivery arm of out-of-Ayurveda-hospital care and form an integral part of the Ayurveda health care system. To ensure quality assurance and patient safety in Panchakarma clinics, NABH has developed a specialised accreditation programme in the form of a consistent and organised plan of rigorous peer assessment to improve the quality of care in the clinic. Any Panchakarma clinic with more than one therapy table can apply for accreditation by working on the process of meeting the nationally recognised standards.
- **Wellness Centres** - NABH also operated a Wellness Centres accreditation programme, but this has been put on hold since August 2020.

Today, NABH offers an array of accreditation programs that are customised to suit the systems, services and prospects of different types of health care providers. The process of accreditation seeks to help organisations identify and resolve problems and to inspire them to improve the safety and quality of care and services provided while achieving peak performance. It focuses on systems critical to the safety and the quality of care, treatment and services. Achieving the accreditation will build a quality culture at all levels and across all the functions of the health care facility.

Putting its Best Foot Forward in the Training Arena

The journey of a healthcare organisation from applying to being granted the accreditation/certification entails that all the members imbibe awareness and knowledge of the various objective elements and chapters of the NABH standards. Therefore, training and capacity building in the realms of patient safety, health care quality and accreditation has become one of the core activities of NABH.

In fact, the quest to increase accreditation/certification in health care is driving NABH to offer regular education and training opportunities in the form of both capacity building workshops and awareness programmes to upgrade the knowledge and skills of various stakeholders in a wholesome manner.

Over the years, NABH has initiated a series of programs focusing on patient safety through a process of self and external evaluation. Achieving this accreditation is a huge and exemplary recognition for any healthcare organisation. However, the path to getting accredited – or



Awareness program on the new QCI HOPE system for NABH Pre-Accreditation Entry Level Certification held at IMA House, Pune on 1st June, 2019

even certified – is anything but easy. Those who want to take their organisation for accreditation require an in-depth understanding of the applicable standards. This will enable them to implement, measure and monitor in the right manner across the healthcare facility.

Training the Applicants

To ensure that the healthcare workers of the applying organisation gain a clear understanding of the various critical nuances involved in implementing quality principles at their workplace, the NABH Secretariat organises regular capacity building training sessions on a range of subjects related to accreditation. They cover various areas of healthcare related to patient safety, quality systems, standards and the accreditation process. These programs are useful for developing internal capability for working towards implementation of quality and patient safety standards, achieving accreditation and maintaining the same.

In keeping with the demands of the COVID-19 pandemic, NABH has engaged virtual platforms that have in turn expanded the reach of its training programmes. Accordingly, the training is of different types, like:

- **Open Training** – This is an onsite scheduled training where participants from various organisations are pooled and trained on a particular topic(s).
- **Closed Training** – This is an onsite training conducted when an organisation desires to train their own staff on a particular topic and demands for it.
- **Virtual Training** – This is training conducted online through a digital platform and is on an individual basis.

It follows that NABH provides training to its clients in both physical onsite (in person) and virtual modes. Both types of sessions are conducted by master trainers, senior assessors of NABH and other senior subject

experts in the field of quality and healthcare systems. Participants get an opportunity to clarify their doubts through interaction with experienced faculty. However, the trainers do not provide client-specific solutions to any of the participants.

The pricing is competitive and details of the dates, venue and fee of upcoming sessions is available on the NABH website. For further information on the training programmes, visit the page - <https://www.nabh.co/EducationTraining.aspx>. The key learning objectives and other details are clearly outlined under each program. Additional guidance material is also available under the 'Resource' tab on the NABH web portal.

The Programme on Implementation (POI) training comprises of generic information to ensure that the hospital management and staff comprehend the NABH standards and can implement them in their facility as per their protocols. Post the training, the staff of the healthcare organisation imbibes the very culture of NABH and perceive the essence of the objectives in addition to gaining an exhaustive understanding of the applicable standards in the right way. Refresher courses are also available.

While the POI training was initiated for full accreditation applicants, following the launch of the entry-level certification, training workshops for the same are also being organised on a regular basis. In addition to this, NABH does not hesitate to continuously hand-hold the applicant organisations in the form of assistance through guidebooks, multiple videos, articles, blogs and even live helpline support for clarification and easy understanding. This makes the process swift and smooth for everyone involved.

Under the rubric 'NABH Quality Connect-Learning with NABH', the accreditation board has also started a new initiative of conducting free master training classes, webinars and seminars on various topics. The master

classes are conducted every month. The topics include:

- Key Performance Indicators (KPI)
- Hospital Infection Control
- Management of Medication
- Document Control
- Clinical Audits
- Continual Quality Improvement
- Hospital Infection Prevention etc.

Training the Assessors

Healthcare professionals like clinicians, administrators and nurses can become a NABH empanelled assessor if they meet the eligibility criteria and get trained in the specific assessment techniques.

NABH organises special assessor courses – replete with interactive teaching, exercises, continuous assessment and written examination - to generate highly trained and qualified assessors who become adept at gathering the relevant information and verifying whether the healthcare organisation has actually fulfilled the NABH standards. In the first year itself, more than 100 clinicians, nurses and administrators were trained across the country for conducting comprehensive and multi-disciplinary assessments. Assessor conclaves are also conducted regularly.



Quality Campaign – NABH has launched a Umbrella of Quality Campaign

Awareness Programmes

To maximise participation from more and more health care organisations across the country, QCI and NABH have partnered with several organisations that have a vast reach across the country - like Indian Medical Association (IMA), Patient Safety and Access Initiative of India Foundation (PSAIIIF), Consortium of Accredited Healthcare Organizations (CAHO) and other stakeholders - for spreading awareness about the process.

Awareness workshops are organised on a regular basis to sensitise the healthcare organisations about the importance of NABH accreditation/certification and the relevant eligibility requirements, procedure of application, compliances, etc. At times, they are held across multiple cities in India in association with Indian Medical Association – Hospital Board of India (IMA-HBI) and

Association of Healthcare Providers India (AHPI). Even direct engagements are structured for creating awareness among the healthcare organisations.

There is also a studied focus on creating awareness among different stakeholders for improving health care quality and patient safety. These kind of IEC activities include advertisements, public lectures, seminars, etc.

Still More Measures

NABH is constantly coming up with new avenues and initiatives for establishing communication with the stakeholders and the general public. It hosts a dynamic Resource Center on its website apart from the regular newsletter – 'Quality Connect' – that is specially designed to share news, views and best quality and safety practices. It involves the collective efforts of the Board to

assimilate practical suggestions of thousands of Quality Champions from India and abroad.

Following the launch of the latest NABH hospital standards in 2020, the board even conducted refresher courses at various places in the country to sensitise all its assessors and healthcare organisations about the changes from the previous edition of the standards.

NABH is also organising hands on workshops on 'Life Support' for medical

professionals, nursing professionals, medical administrators and paramedical staff so as to improve the emergency services in the country that serve as the first point of contact with the health system. The participants are trained in the latest internationally approved systematic approach for the strengthening of the emergency care systems.

Conclusion

Indian healthcare service providers can acquire accreditation through ISO, JCI, NABH, CRISIL rating etc. ISO focuses mainly on backend departments while NABH and JCI concentrate on clinical outcomes and patient satisfaction.

NABH has successfully accredited/certified thousands of health care institutions apart from conducting hundreds of trainings on various subjects to the benefit of thousands of quality professionals and crores of consumers. ▶

Details of Accredited/Certified HCOs (Since 2006) as on 2nd May 2022

| | | | Accredited HCOs | | | | | | | | | | | | | | Certified HCOs | | | | | | | | | | |
|--|------|--------------------------------|-----------------|------------|------------|---------------|------------|-------------------|-----------|----------|------------|------------|----------|------------|----------------|------------|----------------|--------------------|----------------------|------------|------------------|-------------|-------------------|-----------|-----------|--------------|--|
| | S.No | Name of State | Hospital | SHCO | Blood Bank | Blood Storage | MIS | Allopathic Clinic | PHC | CHC | Dental | AYUSH | Wellness | Panchkarma | Clinical Trial | Eye Care | Medical Lab | Nursing Excellence | Entry Level Hospital | HOPEHCO | Entry Level SHCO | HOPE SHCO | Progressive Level | Emergency | MVTF | Total | |
| | 1 | ASSAM | 3 | 1 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 17 | 6 | 1 | 1 | 0 | 1 | 0 | 37 | |
| | 2 | ANDHRA PRADESH | 61 | 17 | 2 | 0 | 1 | 2 | 0 | 0 | 40 | 0 | 0 | 2 | 4 | 17 | 0 | 3 | 76 | 53 | 90 | 101 | 0 | 1 | 0 | 470 | |
| | 3 | BIHAR | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 5 | 14 | 7 | 20 | 0 | 0 | 0 | 55 | |
| | 4 | CHANDIGARH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 0 | 0 | 0 | 4 | |
| | 5 | CHATTISGARH | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 3 | 0 | 2 | 13 | 13 | 7 | 18 | 0 | 0 | 0 | 65 | |
| | 6 | DELHI | 66 | 52 | 14 | 0 | 55 | 4 | 0 | 0 | 40 | 8 | 0 | 9 | 12 | 19 | 2 | 15 | 31 | 9 | 149 | 78 | 0 | 2 | 7 | 572 | |
| | 7 | GUJARAT | 74 | 41 | 15 | 0 | 6 | 2 | 1 | 0 | 10 | 13 | 0 | 5 | 16 | 10 | 4 | 7 | 30 | 36 | 209 | 212 | 0 | 4 | 0 | 695 | |
| | 8 | GOA | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 21 | 0 | 0 | 1 | 30 | |
| | 9 | HIMACHAL PRADESH | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 12 | |
| | 10 | HARYANA | 72 | 110 | 4 | 0 | 22 | 0 | 0 | 0 | 26 | 2 | 1 | 4 | 5 | 35 | 0 | 5 | 35 | 11 | 226 | 267 | 0 | 3 | 4 | 832 | |
| | 11 | JHARKHAND | 5 | 1 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 6 | 8 | 4 | 6 | 0 | 0 | 0 | 34 | |
| | 12 | JAMMU AND KASHMIR | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 3 | 0 | 0 | 0 | 10 | |
| | 13 | KARNATAKA | 75 | 22 | 7 | 0 | 6 | 5 | 0 | 0 | 7 | 18 | 0 | 3 | 22 | 19 | 10 | 33 | 119 | 38 | 168 | 116 | 0 | 7 | 5 | 680 | |
| | 14 | KERALA | 55 | 6 | 2 | 0 | 4 | 4 | 0 | 0 | 4 | 51 | 0 | 1 | 8 | 3 | 46 | 10 | 94 | 58 | 53 | 53 | 0 | 7 | 1 | 460 | |
| | 15 | MADHYA PRADESH | 37 | 42 | 0 | 0 | 1 | 0 | 0 | 0 | 12 | 3 | 0 | 0 | 2 | 16 | 0 | 2 | 62 | 34 | 134 | 136 | 0 | 0 | 0 | 481 | |
| | 16 | MAHARASHTRA | 103 | 45 | 28 | 1 | 15 | 3 | 26 | 0 | 20 | 14 | 1 | 2 | 55 | 31 | 36 | 23 | 165 | 79 | 1096 | 685 | 1 | 7 | 3 | 2439 | |
| | 17 | MANIPUR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |
| | 18 | MEGHALAYA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 3 | |
| | 19 | MIZORAM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |
| | 20 | NAGALAND | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 4 | |
| | 21 | ORISSA | 11 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 4 | 3 | 1 | 2 | 7 | 4 | 19 | 0 | 1 | 0 | 56 | |
| | 22 | PUNJAB | 73 | 115 | 4 | 0 | 8 | 0 | 0 | 0 | 6 | 2 | 0 | 2 | 5 | 37 | 2 | 5 | 19 | 7 | 146 | 124 | 0 | 1 | 0 | 556 | |
| | 23 | PONDICHERRY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 8 | 0 | 5 | 2 | 0 | 0 | 0 | 18 | |
| | 24 | RAJASTHAN | 37 | 18 | 4 | 0 | 0 | 0 | 4 | 0 | 5 | 4 | 0 | 3 | 7 | 12 | 4 | 3 | 33 | 41 | 83 | 284 | 0 | 1 | 0 | 543 | |
| | 25 | SIKKIM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | |
| | 26 | SRINAGAR | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | |
| | 27 | TAMIL NADU | 64 | 30 | 9 | 0 | 7 | 5 | 0 | 0 | 6 | 11 | 1 | 0 | 20 | 17 | 5 | 16 | 260 | 45 | 531 | 287 | 0 | 4 | 1 | 1319 | |
| | 28 | TELANGANA | 59 | 12 | 2 | 0 | 3 | 1 | 0 | 0 | 4 | 5 | 1 | 4 | 6 | 14 | 1 | 8 | 52 | 42 | 57 | 80 | 0 | 1 | 0 | 352 | |
| | 29 | TRIPURA | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | |
| | 30 | UTTARAKHAND | 7 | 4 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 2 | 0 | 1 | 11 | 9 | 29 | 40 | 0 | 0 | 0 | 110 | |
| | 31 | UTTAR PRADESH | 66 | 27 | 5 | 0 | 7 | 1 | 0 | 0 | 10 | 9 | 0 | 2 | 3 | 19 | 5 | 3 | 161 | 61 | 175 | 248 | 0 | 1 | 0 | 803 | |
| | 32 | WEST BENGAL | 22 | 0 | 5 | 0 | 1 | 9 | 0 | 0 | 0 | 1 | 0 | 0 | 13 | 4 | 0 | 8 | 42 | 32 | 21 | 43 | 0 | 0 | 0 | 201 | |
| | 33 | CHITWAN, NEPAL (INTERNATIONAL) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 4 | |
| | | TOTAL | 909 | 548 | 105 | 1 | 142 | 36 | 31 | 0 | 194 | 150 | 4 | 38 | 185 | 267 | 118 | 148 | 1249 | 608 | 3201 | 2854 | 1 | 41 | 22 | 10852 | |

Can We Have More ACCREDITATIONS Please?

Widespread accreditation across hospitals and healthcare providers remains a distant dream for India. How can the authorities drive more facilities to embark on the journey of quality improvement and standardisation?



Increasing globalisation, competition and corporate growth is demanding that the healthcare organisations be the best on all counts – expanding accreditation is the only answer here!

QUALITY STANDARDS ARE a must-have in every sector – they work as an assurance of value, excellence and safety. Above all, it signifies that the individual/organisation is doing everything possible to maintain consumer security and well-being at all times.

It goes without saying that nowhere can quality be more important than in healthcare. This is why accreditation of hospitals and healthcare providers is deemed paramount for patient safety. It denotes that stringent performance standards are in place leading to a safe care environment while the stakeholders are constantly striving to reduce potential risks to the patients.

"Accreditation is how you build quality in a country!" - Ramanan Laxminarayan, founder and director of the Center for Disease Dynamics, Economics & Policy (CDDEP) in Washington, D.C.

Initially launched to boost medical tourism, NABH accreditation has blossomed into a symbol of consistency in quality governance and patient safety across the consumer base of the country. Today, NABH does not signal quality for international patients alone; it stands for quality in terms of infrastructure, treatment protocols and patient care across the continuum of healthcare scenarios in India.

Even the benchmarks for accreditation were primarily developed by the Quality Council of India on the lines of international accreditation standards like JCI, ACHS and the Canadian Hospital Accreditation Standards. Now NABH has designed a customised framework for healthcare organisations that is in keeping with the settings, demands and challenges that are peculiar to our country and yet stand head-to-head with the international ones. Our exhaustive healthcare standards have been accredited by International Society for Quality in Healthcare (ISQua), the apex international accreditation body. These standards have also garnered acceptance,

respect and appreciation from all stakeholders including government, healthcare providers, consumers and the community at large.

How does it work?

Healthcare organisations that are interested in getting accredited have to apply to NABH and follow the pertinent guidelines. The procedure includes inspection of the facilities to ensure that the minimum safeguards and other procedures are in place in tune with the applicable standards. This proves that the hospital or other healthcare provider has demonstrated and is practicing compliance to patient safety protocols apart from overall higher health service utilisation.

Yet to take off!

Alas, even after almost 17-odd years of NABH's existence, the rate of accreditation remains abysmally low. Especially among the public hospitals, it is deplorable to note that barely a handful have actually signed up and gained accreditation. The hesitant overtones become even more appalling when the government is willing to support the cost of accreditation.

This means that most of the hospitals in India do not meet any kind of minimum quality parameters!

However, this ongoing reluctance cannot be attributed to any kind of shortcoming from the NABH front. To its credit, the accreditation board has been working to ensure reliability, efficiency and global accreditation in healthcare using contemporary methodologies and tools, standards of patient safety and infection control. The results are also exemplary - the accreditation is serving to streamline the operations and processes, thus standardising them across institutions.

The resistance among government facilities to get accredited can be attributed to the already overstretched nature of their operations that are run by overworked doctors and exhausted nurses weighed down by unmanageable workloads.

It's not just manpower, even the infrastructure is sorely clenched. For instance, the general wards often have no choice but to accommodate two patients on a single bed, not to mention that the rest have to make do on the already crowded floors itself! Given this hard-pressed scenario, how can they be expected to upgrade the infrastructure, ensure an adequate nurse-patient ratio, manage patient numbers and meet other standards that are fundamental for qualifying for accreditation? And when capacity for extending patient care itself is being tested, can they even afford to spare the time to tackle the administrative tasks involved in accreditation?

Even private healthcare facilities consider accreditation as an unnecessary drain on their resources and prefer to skirt the process. The hospitals have to mandatorily invest time and resources in training the staff about the guidelines and processes of accreditation. The stringent documentation requirements only serve to cut down the productivity of the manpower. The costs add up – not just from fortifying the infrastructure, supplies and manpower, but also the additional fees, paperwork and other expenses associated with accreditation.

"The NABH-accredited hospitals certainly have better quality of services in comparison to non-accredited hospitals. The cost incurred on treatment of patients in these hospitals will certainly be high in comparison to other hospitals." - V.K. Paul, Member (Health and Nutrition), Niti Aayog while announcing that the government think tank is contemplating considering offering financial assistance to the accredited organisations.

Meanwhile, the hospitals themselves cannot afford to transfer the extra costs to the patients; they will simply shift to other non-accredited facilities that boast of 'lower' charges – never mind even if they do not implement basic



The hospitals have to mandatorily invest time and resources in training the staff about the guidelines and processes of accreditation. The stringent documentation requirements only serve to cut down the productivity of the manpower. The costs add up – not just from fortifying the infrastructure, supplies and manpower, but also the additional fees, paperwork and other expenses associated with accreditation.

measures like following hand hygiene and managing biomedical waste! The sound infection control practices of accredited hospitals do not really matter to the average patient, do they?

So much so that, many of the accredited hospitals fail to maintain their accreditation in the future!

Fortifying the future

Mr. Laxminarayan ponders, “Should you be allowed to freely kill people just because it’s expensive to prove that you are not?”

The writing on the wall is clear. Some of the standards have to be revisited, especially in the grim light of the ongoing COVID-19 pandemic. Diluting the NABH standards is not the answer here; but they do have to

be made more resilient with some additional provisions to tackle public health emergencies. For instance, the authorities can consider easing the mandatory 1:1 nurse ratio for a ventilated patient and also permit sharing of beds in general wards for non-infectious and general cases.

Following are some suggestions with regard to the entry-level certification option offered by NABH:

- Large hospitals (with more than 100 beds) should not be permitted to take the easy way out by opting for certification instead of full certification.
- The timeframe for going from entry-level to fully accredited must be implemented in a strict manner. Hospitals are mandated to move

from entry-level to progressive within a span of two years followed by full-accreditation. In reality, the deadlines have been waived leading to facilities indefinitely lingering at the much-attenuated and easy entry standard.

- There has to be some mechanism for inducing higher accreditation rates; even making the exercise compulsory for government (and even private) hospitals can be considered.

Conclusion

We need better measures to induce higher accreditation rates in the country. The lawmakers and healthcare professionals need to work together to achieve these goals! ▶

Fostering Patient Safety the 'Standards' Way

NABH's platform of standards is the answer to promoting patient safety and continuous quality improvement in the healthcare arena. It has slowly engineered a paradigm shift in the institutional approach to delivering healthcare services to the patients.



NABH ESTABLISHES AND operates accreditation programs apart from setting benchmarks for the progress of the health industry. The accreditation services are provided in a non-discriminatory manner, regardless of ownership, size, legal status or degree of independence.

The board is primarily engaged in developing standards for streamlining the healthcare delivery system of the country. The accreditation standards are prepared by the technical committee constituted by NABH in consultation with various stakeholders in the healthcare industry including eminent people from clinical, nursing and medical administration sectors. They take the requirements of various laws and regulations and guidelines set by the government from time to time into consideration. The standards also keep the Indian ethos and working environment in view.

The ultimate focus of the standards is always on patient safety and quality of care delivered by the hospitals in the changing healthcare environment apart from knowledge updation, trained staff and environment protection. They serve as the base for measuring, assessing and improving performance.

NABH standards, if implemented properly, help the healthcare organisations in stepwise progression to mature quality systems covering the entire spectrum of patient safety and healthcare delivery!

The first edition of the NABH standards was released in 2006. These standards are dynamic documents and are periodically revised every few years by experts in the field. Over the years, they have evolved into an advanced, practical and topical set of standards. The fifth edition of the hospital accreditation standards was released in August 2020 and is aligned with SDG-3 (Good Health and Wellbeing) target 2030. The focus is on achieving health and wellbeing by strengthening treatment, access to healthcare and addressing emerging health issues and innovations by helping the healthcare organisations in stepwise progression to mature quality system covering the full accreditation cycle. These will be in use till March 2024.



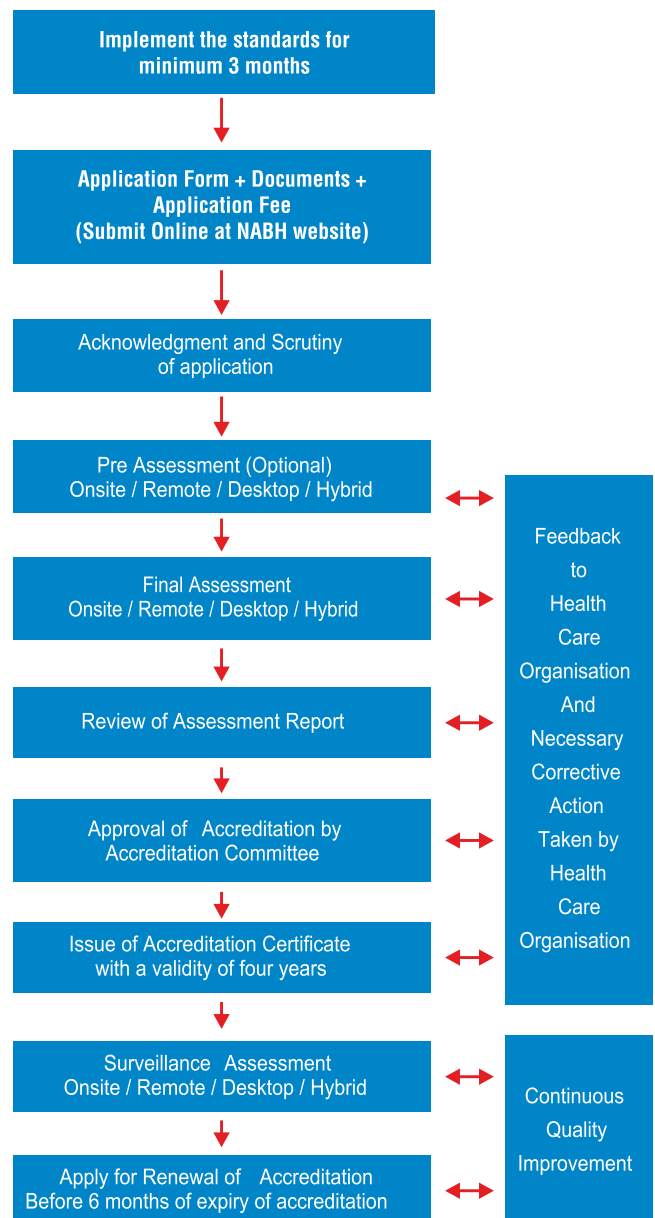
"Without being prescriptive, the objective elements of the NABH standards remain informative and guide the organisation in conducting its operations with a focus on patient safety!" - Dr. Atul Mohan Kochhar (CEO NABH)

Healthcare organisations that are seeking accreditation can obtain the application form from the NABH Secretariat or website (<https://nabh.co/>). Information on documents, procedures along with assistive guidebooks are also available for download. The organisation has to first ensure that the standards have been properly implemented before seeking NABH assessment. The process of accreditation takes approximately nine months.

From 15th August, 2020, all NABH standards, across programmes, can be downloaded free of charge. Printed copies of Standards and Guidebooks can be purchased for a nominal price.

NABH accreditation provides assurance of quality and care in hospitals at par with international benchmarks. Then again, this accreditation is valid for a defined period only and is subject to regular surveillance visits. It has to be renewed at regular intervals.

Procedure for NABH accreditation which involves both self-assessment and external peer review





**Malabar Institute of Medical Sciences (MIMS), Kerala -
a 650-bed multi-specialty hospital was the first hospital to be accredited by NABH in 2007.
Among the public hospitals, Gandhinagar General Hospital was the first to
get NABH accreditation in 2009.**



Eligibility Criteria for Hospitals

Hospital accreditation is the chief program of NABH and covers both public and private healthcare organisations (HCOs) that fulfil the following requirements:

- Currently in operation as a healthcare provider with above 50 beds (hospitals below 50 beds come under SHCO standards).
- Have minimum volume of patients which will help in assessing the quality of care given to the patients (currently 30%)
- Commitment to comply with NABH standards and applicable legal/statutory/ regulatory requirements.
- Implementing NABH standards for a minimum of three months.

A Tough Call

NABH Standards for hospitals comprise of 10 chapters with 100 standards and 651 objective elements. They incorporate both patient-centred and organisation-centred parameters for assessing the hospitals.

The ten chapters are:

- Access, Assessment and Continuity of Care (AAC)
- Care of Patients (COP)
- Management of Medication (MOM)
- Patient Rights and Education (PRE)
- Hospital Infection Control (HIC)
- Patient Safety and Quality Improvement (PSQ)
- Responsibilities of Management (ROM)

- Facility Management and Safety (FMS)
- Human Resource Management (HRM)
- Information Management System (IMS)

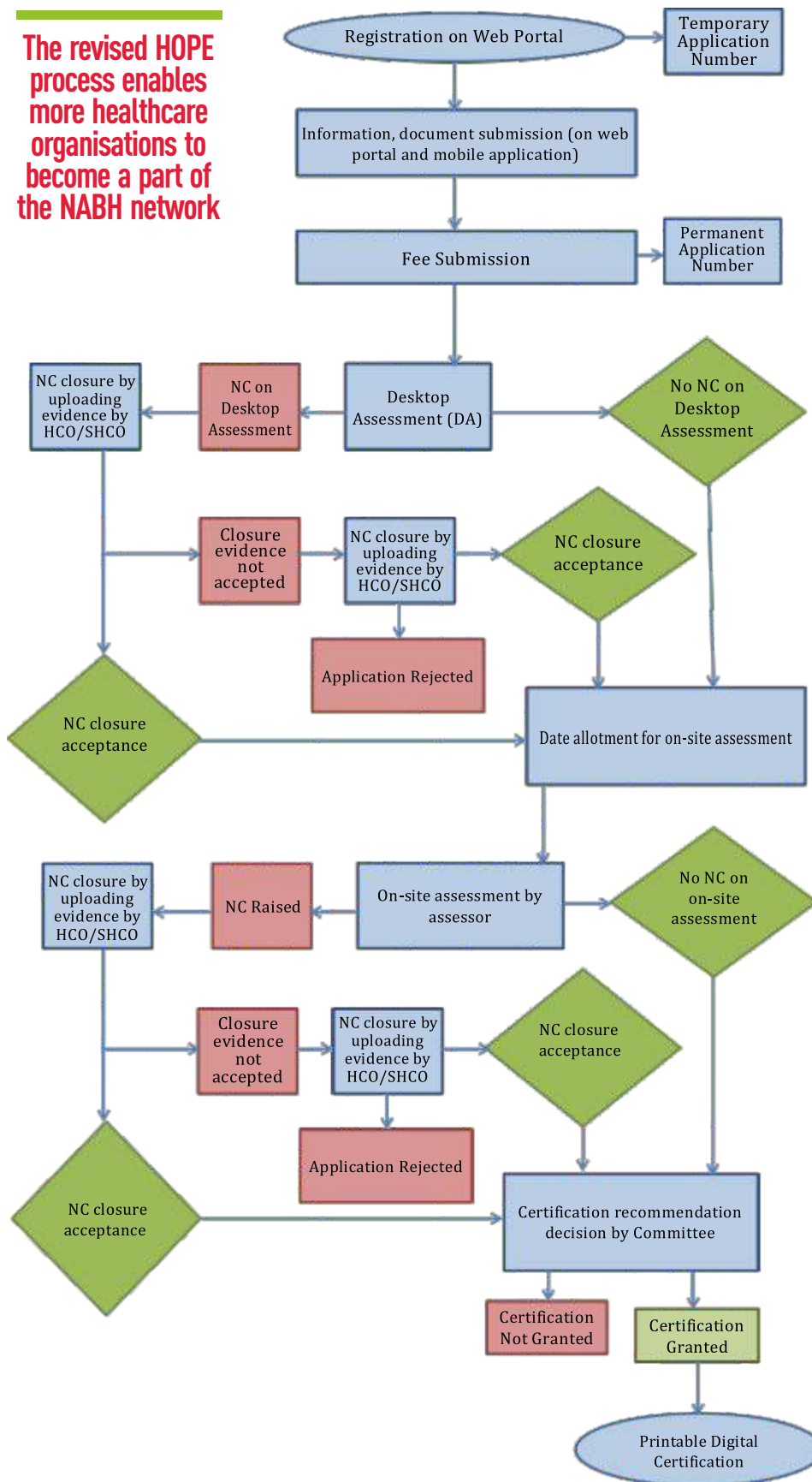
Therefore, the standards cover the entire range of clinical operations and services - from registration and admission of patients, initial assessment and laboratory services to post-surgery protocols, discharge and follow up. The parameters also include display of patient rights, patient care policies and procedures, hospital infection control processes, medication management, facility management and safety, human resource management, patient information management systems and other aspects of governance. Moreover, the standards cannot be limited to a specific service and have to be implemented across the entire organisation.

These can prove to be pretty stringent and exacting, making full compliance quite a tall order. Of the 651 checkboxes:

- 102 are in core category which are mandatorily assessed during each assessment
- 459 are in commitment category which are assessed during final assessment
- 60 are in achievement category which are assessed during surveillance assessment
- 30 are in excellence category which are assessed during re-accreditation

The parameters pertaining to ICUs are even more rigorous, like, requiring one nurse to cater to each mechanically ventilated patient.

The revised HOPE process enables more healthcare organisations to become a part of the NABH network



NABET (another constituent Board of QCI) has a registered list of certified individuals/ organisations that provide professional consultancy services for implementing the NABH standards. Applicant organisations can engage a consultant to help them navigate the assessment process. NABH even organises regular training sessions for understanding and implementing the standards.

Stepping into Entry Level Certification

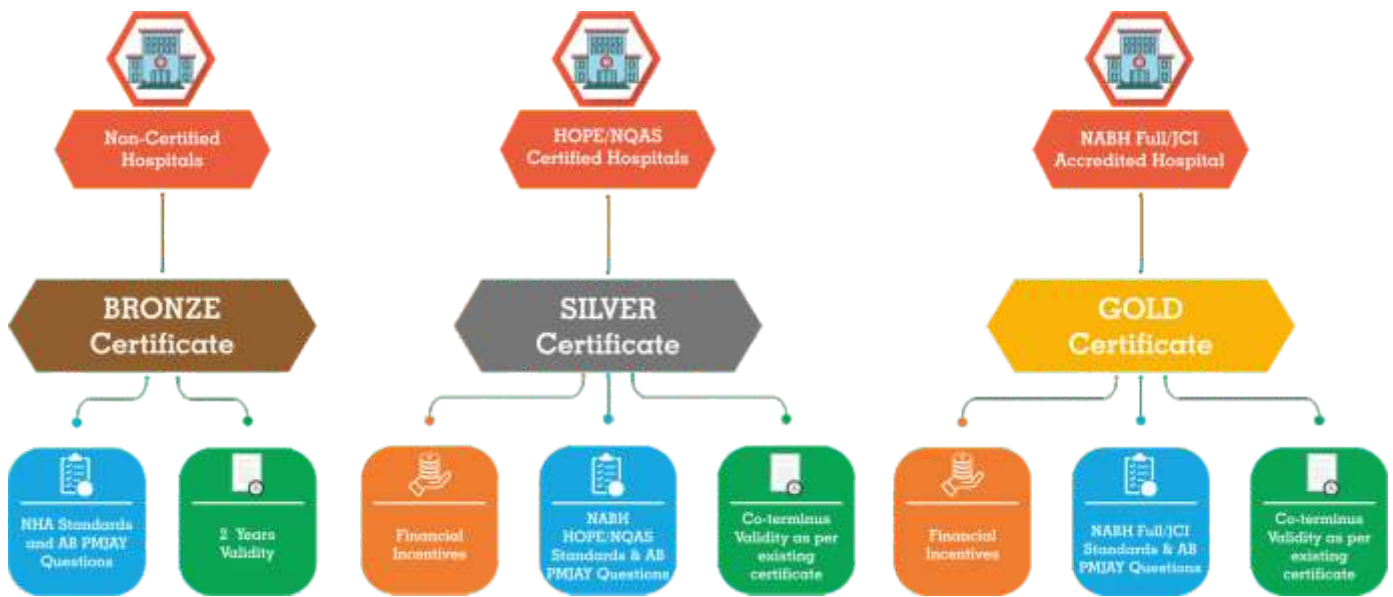
Given the low uptake due to difficulty in implementing all the accreditation standards, NABH has widened its accreditation net from 2014 by simplifying the process for hospitals that are not ready or equipped for full accreditation. This move was designed to encourage small hospitals and nursing homes, which lacked the resources for a full accreditation.

Accordingly, the Pre-Accreditation Entry-Level standards work as a stepping stone as facilities with less than 500 beds can get certified by fulfilling a select subset of all the requirements. This is basically a halfway mark before being fully accredited that promotes quality at nascent stages as well.

The certification program is offered to:

- Entry Level Hospitals
- Entry Level Small Healthcare Organisations (SHCO)
- Entry Level Ayush Centres
- Entry Level Ayush Hospitals
- Nursing Excellence
- Medical Laboratory Standards for Emergency Department in Hospitals

This ensures that small and mediumsized hospitals follow a set of minimum required norms for offering effective healthcare



services. It sets the stage for awareness and capacity building as well.

NABL further revamped the certification process for entry level and small healthcare organisations to make it simpler, faster, accessible and user-friendly. The revised process is driven through a new web portal called Healthcare Organisation Platform for Entry Level Certification (HOPE) (<https://hope.qcin.org/>) which was launched in February 2019.

The entire process of registration, documentation and fee submission has been moved to the HOPE portal and a parallelly developed mobile application to ensure transparency. Everything is streamlined and digital from end-to-end. This has made the process smooth, secure and convenient while facilitating better assessment of the applicant organisations. The multifarious platform provides complete information about the simplified certification process, requirements and compliances. Geotagged and time-stamped evidences of compliance can be directly uploaded on the portal/app and get captured in real time basis.

"(With HOPE) the system now is so strong that the hospital can easily trace themselves without the help of any third-party, get assistance on a click of a button by calling at our dedicated call center and refer to our knowledge bank for directions in case of any query." – Ankita Garg and Shagun Singh, QCI

As of now, only hospitals providing allopathic services can register on HOPE. The certification is valid for two years and does not entail any surveillance visits. It is subject to recertification prior to expiry.

Furthermore, the National Health Authority (NHA) has started the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) Quality Certification process - in collaboration with QCI - for enhancing patient satisfaction and improving quality standards across the hospitals of the country. They have mutually developed a simple and

ACCREDITATION PROCEDURE

4 Sections

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swift mechanism through which hospitals can opt for fast-track certification by applying for the Bronze, Silver and Gold schemes to enhance their health care services. Following the existing approach of incentivising the accredited hospitals, NHA also plans to incentivise the certified hospitals with higher reimbursement rates so that more hospitals apply for certification.

This kind of graded system with progressive levels ensures quality parameters in all types of hospitals, irrespective of the quantum of infrastructure or resources. It further empowers smaller facilities to prepare for and achieve full accreditation status in a staged approach by gradually working towards improving quality of care.

Conclusion

NABH is structured to cater to the needs of the consumers. Its accreditation structure has emerged as relevant to the unique healthcare system requirements of the country even while being on par with the best in the world. This is playing a key role in enhancing the healthcare delivery system in the country. ▶



Padma Shri Prof. (Dr.) **MAHESH VERMA**

is the new chairperson of NABH. He is also a Dr. BC Roy awardee and National Science and Technology awardee apart from being the Vice-Chancellor of Delhi's Guru Gobind Singh Indraprastha University and Professor Emeritus at Maulana Azad Institute of Dental Sciences (which he has previously headed).

Dr. Verma is internationally acclaimed in the field of dental surgery. He happens to be the President of the India chapter of the International Association for Disability and Oral Health and the Indian Academy of Restorative Dentistry. He is also the President-elect of the International Association of Dental Research India Division and the Indian Society of Dental Research.

He speaks to Aware Consumer about how NABH is working towards enhancing patient safety and quality in healthcare and expects it touch new heights in the future.

Q As you take up the post of Chairman of such an important accreditation body in the country, what are your top most priorities in the next 12 months?

My first and foremost priority is that the benefit of quality healthcare should reach to the masses, from tier 1 and 2 cities to people living in villages and far-flung areas. Going further, I feel I should be able to strengthen the position of NABH as a national accreditation body in the country. It has to be projected that NABH is not just for allopathic healthcare, it also cover dental, nursing, Ayush, paramedical health sciences and all other types of healthcare providers.

We will work towards strengthening, consolidating and expanding the position of NABH as a national body. For this, it's time now we work in sync with central and state governments. Right now India is focused on the National Digital Health Mission and it's a big challenge for all of us to synchronise and emerge successful in this mission. The central government is working hard to make the health records electronic and accordingly, the accreditation process also has to become digital.

Information about accreditation should be made a part of the medical curriculum so that we can introduce awareness about quality at the student level. They will get formally acquainted with quality and this knowledge will promote accreditation. We would also like to collaborate with other professional bodies and agencies for every speciality like the Indian Medical Association.

Finally, we are not just limited to India, our standards and parameters are international and can benefit other nations too. We are doing well in neighbouring countries, the Gulf sector and SAARC nations. So, I would like to further promote NABH on foreign shores as we are growing into an international body and are a part of ISQua.

Q As you know, NABH Standards have a large element on user feedback and complaint redressal, can you share with the readers what changes you contemplate to bring to build the trust on assured quality from NABH Accredited hospitals like reduction in litigation and efficient functioning of the complaint redressal mechanism?

NABH has laid down the standards with transparent and objective processes – you have to do it as it is by you and for you! Everyone should understand that at the end of the day, we are all human beings and we keep trying to do better. But there are bound to different perspectives which can lead to litigation.

This mostly happens when quality is not a continual process. However, quality means you have to do it all the time, it should be ongoing with not only maintaining the parameters but also enhancing them with time. It cannot be left as a one-time exercise. In fact, quality has to be a journey which is internalised, imbibed and institutionalised by building a culture of quality across the organisation. Consumers always tend to rely on a brand that keeps doing its best as this assures them that the organisation is striving to provide safe and quality care.

NABH has the provision of an inbuilt mechanism of uninformed and surprise assessments. This ensures that what is required is actually happening. Furthermore, we are laying a lot of stress on policies and protocols that promote standardisation. With this, there will be far less number of conflicts and litigation/complaints will come down as events are recorded, errors are reduced and the redressal system is working properly.

As such, accreditation paves the way for establishing a transparent system in the organisation. If this happens in the true sense whether someone is watching or not – in fact, the objective is that it should happen even when nobody is watching – then and only then can optimum care be delivered as per good clinical practices to the satisfaction and safety of the patients.

This kind of a culture has to come from within. In healthcare it is about safety of patients and standardised care so that what you get in India is similar to what you get in USA, Europe or any other part of the world. If this happens, hospitals will strive for quality and safety and litigation will certainly come down.

Q How do you think the quality indicators of NABH accreditation are enabling hospitals to ensure patient safety and deliver better treatment outcomes in an affordable manner? Do you feel there should be a regulator for hospitals to check quality, standard and fair/ethical business practices?

Ultimately accreditation is always voluntary and a third party exercise. One cannot enforce it by law for all hospitals. We have standards that work as benchmarks that ensure standardised care. Anything that can be measured can be monitored and compared and this will improve the outcome. Otherwise it is very arbitrary. With standards, you know how far you are from the benchmarks and how much you have improved on the same. The objective is that all the time you are trying to improve the outcome by making optimum use of the limited resources – effectively and efficiently - to get best outcomes in terms of safety.

The latest 5th edition of hospital standards are out and they require the accredited hospitals to submit data on 12 managerial and clinical indicators on a regular basis. This will also bring continual measuring and monitoring of performance with respect to safety and quality. This way we can create an environment which is safer and affordable. Moreover, the standards have to be the same whether it's a 5-star swanky hospital or a small one in a village.

Regulators have more to do with the law. I feel accreditation cannot be regulated. The government is trying to bring in the Clinical Establishment Act. Enforcing this regulation will ensure that all the facilities are available. But regulation does not control the quality front. For instance, in the restaurant industry, the regulator will ensure that clean water and quality items are used, hands are washed regularly and other parameters are followed but yet the regulator cannot truly enforce quality.

Voluntary accreditation is like an exam and everyone wants to improve their marks and become the best over time! This will come from within and cannot be enforced by law. It has been proved that when you have accreditation, the protocols become a culture and an ethos across the organisation. We cannot bring this kind of a change by forcing.

Q The ecosystem has not taken to accreditation in a big way as expected. What do you think is holding the healthcare sector back and what needs to be done to improve the uptake?

We all know that quality comes with a cost. Healthcare is an industry now and not a service anymore. Those who are spending expect quality. But keeping this in mind, everything should not be associated with the cost only.

This is why NABH has come with an easier entry-level certification so that it's a motivation and builds an inherent



“I would like to further promote NABH on foreign shores as we are growing into an international body and are a part of ISQua.”
– Padma Shri Prof. (Dr.) Mahesh Verma

awareness of quality standards. The recognition of accreditation by various MNCs, industry associations and government will give the desired push to the accreditation structure. We have to focus on primary care and promote accreditation/certification right at this grassroot level to bring about the change in the delivery of quality. The ecosystem is changing and will change more. So we should not limit ourselves to the tertiary level of care.

Q What is the extent to which government hospitals are NABH accredited? Why are the government hospitals and healthcare providers reluctant to go for NABH accreditation and what can be done to overcome the same?

To give you an example – Maulana Institute of Dental Sciences was the first dental institution in the country to get accredited in 2011. At that time, many hospitals felt encouraged but could not do it for many reasons like infrastructure and other challenges. Especially in government hospitals there is overcrowding, manpower issues, lack of proper infrastructure, etc. Anybody coming to the hospital cannot be stopped. These are limitations - the infrastructure is already existing and cannot be redesigned. The fire safety rules do not exist in the old hospitals which were built in the 1950s, 60s or even earlier.

The government is doing a lot here. Health remains a state subject and the states are also trying to achieve their priorities. There are 100 government hospitals which are already accredited or certified; so it is not like they are not going for these standards. As compared to the private sector, the numbers are obviously much less but there are so many issues. To get a post sanctioned in a government hospital itself is so difficult, so enforcing the processes will be tough.

Still all the new hospitals coming up by the central and state governments are being designed by companies that

understand the standards. At the planning stage itself, they try to incorporate the NABH standards. For instance, for the new building at Maulana, the health architect incorporated all the requirements and standards of NABH.

Q How is NABH planning to create a better reach in India to encourage more hospitals to get accredited/certified by NABH?

There are several initiatives. The entry-level certification is not very intensive and already 7000+ setups have been certified under this scheme. These hospitals are trying to expand the reach. We are also working with the state governments and Ayush hospitals to expand the footprint. Collaboration with other organisations is also going on with the objective to reach the farthest corner of the country.

Quality and standardised healthcare is what the patient requires. It is happening but some of our unconventional endeavours, like entry-level certification are improving healthcare. This certification is not too stiff and manages to ensure basic level of quality and care.

I already have plans to talk to some of the state governments to bring them on board and sensitise them and go for atleast entry-level certification – if not full accreditation – to begin with.

Q NABH is doing phenomenal work of setting quality standards in healthcare. But most consumers are not aware of the same. How can consumers be encouraged to look for the NABH logo when deciding which hospital to visit?

When we buy any product, we look for particular marks that denote quality and a standard product and this applies for services also. For instance, the ISI mark was so famous and people still remember it as a mark of quality. Some states grade their restaurants too.



We need to advertise, market and mainly sensitise the people to the NABH mark of quality. People should demand the NABH accreditation. With education and awareness, people will start demanding quality. This is very important as patients are assured that they are getting quality care. Our objective is to take accreditation to the grassroot level so that anybody who is coming to a healthcare institution will recognise that what is standard care and what is not.

For instance, in big cities people don't go to quacks as they now understand the value and importance of an MBBS doctor. But in rural areas they still continue as they are not aware and sensitised to the same. A lot of plans are in the works at NABH. We are planning to do some campaigns and media awareness efforts.

Q How can the accredited hospitals and service providers be encouraged to display information about NABH in a prominent manner to build awareness about the benefits from NABH accredited hospitals?

When people know what is NABH and demand the same, institutions will start taking pride in the fact that they are NABH accredited. In fact a lot of hospitals really feel honoured with this status. However, many times, they even use the NABH accreditation to charge more. But the person who is receiving the care deserves standardised care and not expensive care for this reason.

It is a requirement that after the accreditation process, the healthcare institutions must display their status along with other information about the patient rights responsibilities, informed consent, etc. The certificate of NABH lists the services that are being offered and it is mandatory to display the names of doctors, qualifications and timings. Displaying the tariff list is also preferable so that people know upfront how much it costs. This will bring

autonomy and ethics as patients can see what they can afford and plan accordingly. Openness and awareness is a direct benefit of accreditation.

Q Finally, what is the message you wish to share with The Aware Consumer readers about NABH and how do you feel the citizens can participate to encourage quality in the healthcare delivery system in India?

We have come a long way from 2005 and the first standard which came up in 2006. In the past 17 years, we have achieved a lot with bringing in almost 25 accreditation, certification and empanelment programmes. We have made a big impact in improving the quality and patient safety in the country. Now we are recognised by industry associations, empanelling agencies and NABH does have support of consumers and stakeholders as a body which is for the common man of the country.

I take this opportunity through the magazine to spread the need for safety in healthcare and how NABH accreditation stands for quality. The ultimate objective is to continually improve quality and safety in healthcare for the benefit of the patients. I repeat that quality is not static; it is always dynamic. So all of us have to keep trying to improve efficiency and effectiveness! Let us all get together and collaborate.

We desire that every citizen should get safe and quality care. I sincerely hope that we will increase our footprint through accreditation. Our objective is to provide the best of service to the last person in the line.

I think when citizens firstly understand the need for quality, then they will demand it. Consumers are educated, aware and very discerning now. Hospitals have no choice but to provide quality! ■



Pyush Misra
Trustee,
Consumer Online Foundation

Integrating Accreditation with Insurance

“Accreditation has been integrated with both social health insurance schemes and private cashless facility. Although accreditation continues to remain voluntary, there is a growing trend among regulatory, affiliating and other paying agencies to use NABH accreditation for empanelment of hospitals.”

– Pyush Misra



NABH accreditation and certification is used as an objective parameter for empanelment by insurance and other third party administrators

NABH RISES UP and above its role of accreditation of health care institutions. It plays a starring role in the health insurance facilities – both public and private – available to the people of India. It is the nodal body representing Quality Council of India for conducting assessments of healthcare organisations for empanelment under social health insurance schemes like Central Government Health Scheme (CGHS) and Ex-Servicemen Contributory Health Scheme (ECHS).

CGHS is a healthcare facility scheme providing comprehensive medical care to the Central Government employees and pensioners across India while ECHS is concerned with providing quality Medicare to Armed Forces Veterans (AFV) and their dependents through a network of ECHS polyclinics, service medical facilities and civil empanelled/government hospitals spread across the country.

So as to ensure quality healthcare services to its beneficiaries, both CGHS and ECHS have undertaken MoUs with QCI for assessment of hospitals for empanelment. This kind of empanelment by an independent body (NABH in this case) works as a written assurance that the services being provided meet the specific requirements. Accordingly, NABH's empanelment program is based on the application format specified for empanelment under CGHS and ECHS. Only those healthcare organisations that are already empanelled under the respective CGHS or ECHS scheme can apply for QCI inspection.

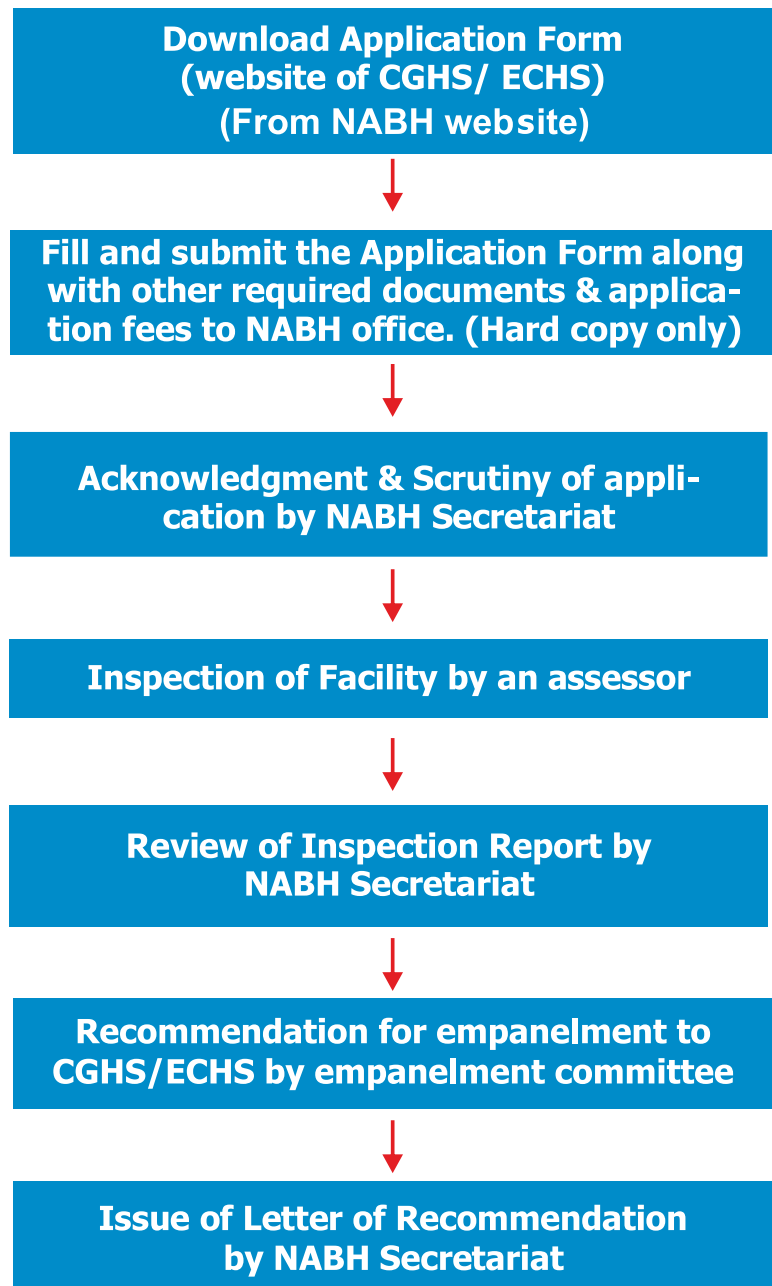
NABH carries out the tasks of assessing hospitals/diagnostic centres/eye centres/dental centres as per these set criteria. The process of getting empanelled is simple and straightforward. There is a set application form and the applicant organisations simply have to fill the same and submit it to the authorities. NABH has created this form in consensus with the concerned government bodies, i.e., CGHS and ECHS.

The process was manual for a number of years. Recently, NABH has moved the entire system online. The software application system has streamlined the process even further and allows for speedy assessment. Hospitals can easily apply accordingly.

Based on the assessment, NABH-QCI submits its recommendations to CGHS or ECHS, as the case may be. However, the recommendation does not automatically translate into empanelment.

This empanelment is for private healthcare organisations. The government operates its own program

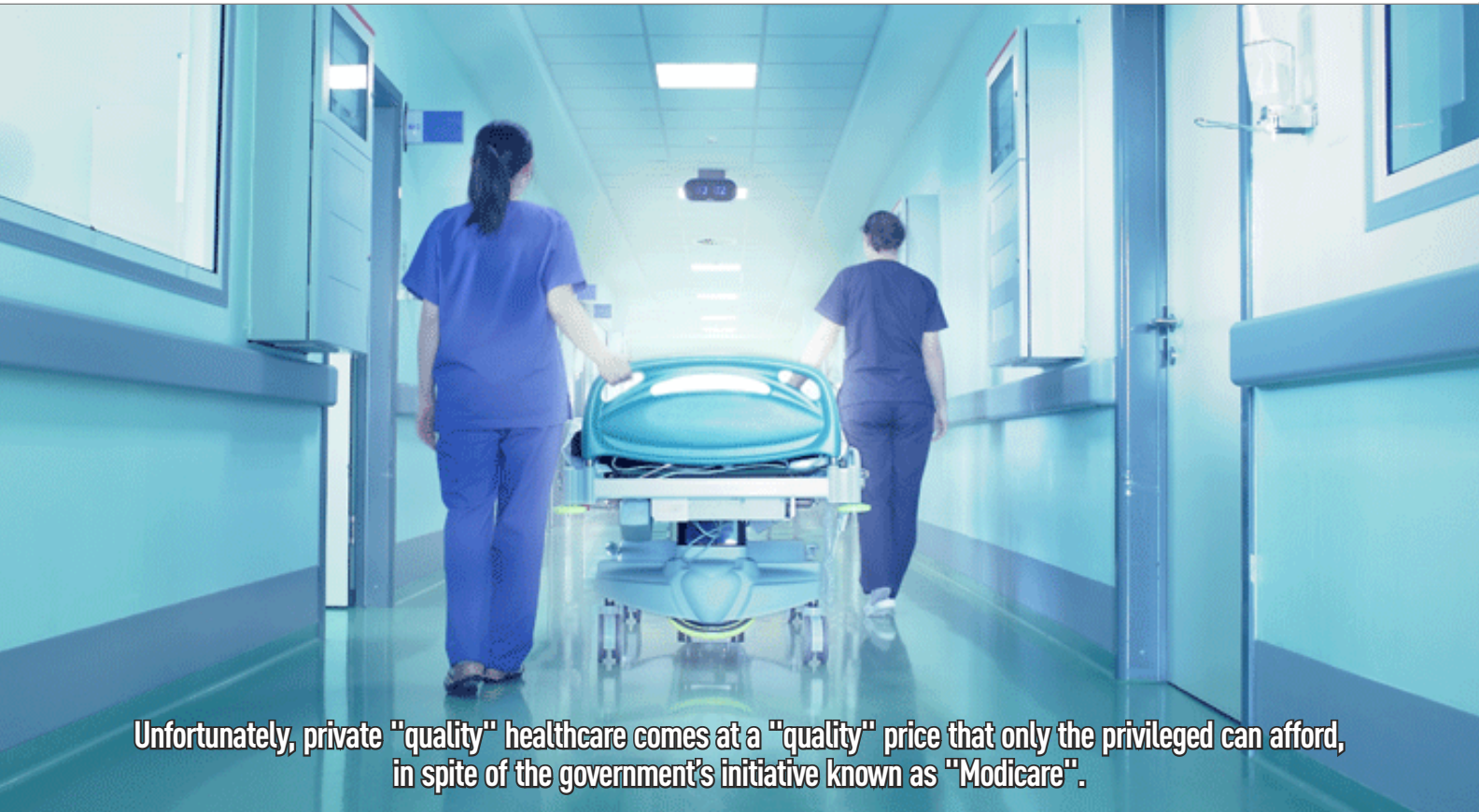
Empanelment Procedure



for empanelment of government hospitals offering CGHS and ECHS schemes.

Recent Developments

To further assimilate accreditation with social health insurance, in 2016, India's insurance regulator, the Insurance Regulatory and Development Authority of India (IRDAI), required all hospitals empanelled under Indian government insurance schemes to opt for NABH's entry-



Unfortunately, private "quality" healthcare comes at a "quality" price that only the privileged can afford, in spite of the government's initiative known as "Modicare".

level certification at the least. They have the option of going for full accreditation as well.

This, as a move, is fantastic! It initiates a movement at a time when nothing exists. - *Sanjeev Singh, a NABH assessor and infection control expert*

Netting the Private Sector

IRDAI is constantly working on ensuring quality assurance of healthcare organisations on certain benchmarks defined for patient safety, infection control, quality of healthcare facilities, etc.

To create a standardised healthcare ecosystem, the apex insurance regulator further mandated that the almost 33,000 healthcare organisations offering cashless services for allopathic treatment should also meet the pre-accreditation entry level standards of NABH or such other standards or requirements as may be specified by the Authority from time to time. A period of two years (from 2016) was allowed for achieving this standard.

Dr Badari Datta, a member of the NABH technical committee rightly observed, "This is an important step to ensure quality. For patients, it means increased safety and better quality. So far this was only voluntary, but by ensuring accreditation, it is a regulatory guideline that has been mandated. One has to fulfil basic requirements at the entry level to be able to empanel themselves under various insurance schemes."

This was followed by another mandate in 2018 where all the existing hospitals have to register with Registry of

Hospitals in the Network of Insurers (ROHINI) maintained by Insurance Information Bureau (IIB) within a period of twelve months. They are further directed to obtain either:

- Pre-Entry Level Certificate or higher level of certificate issued by NABH
- State Level Certificate or higher level of certificate under National Quality Assurance Standards (NOAS) issued by National Health Systems Resources Centre (NHSRC)

To add to this, most of the insurance providers in the country have also started relying on the certified information on facilities, infrastructure and level of care generated by NABH. Many of them are now using a three-tier package for segmenting hospitals into A, B and C categories for setting the tariffs for cashless hospitalisation treatments. Full NABH accreditation automatically qualifies a healthcare facility for the top A category.

Conclusion

Indeed, making it mandatory for empanelled healthcare organisations to be accredited will become the regulation that will improve the quality of services. On the other hand, empanelling of accredited institutions will set standards for directing the reimbursements and incorporating other regulatory mechanisms.

For this, we need close cooperation between the insurance industry and NABH. We have to wait and see whether insurance firms will mandate accreditation as a prerequisite for becoming eligible for reimbursement! ▶

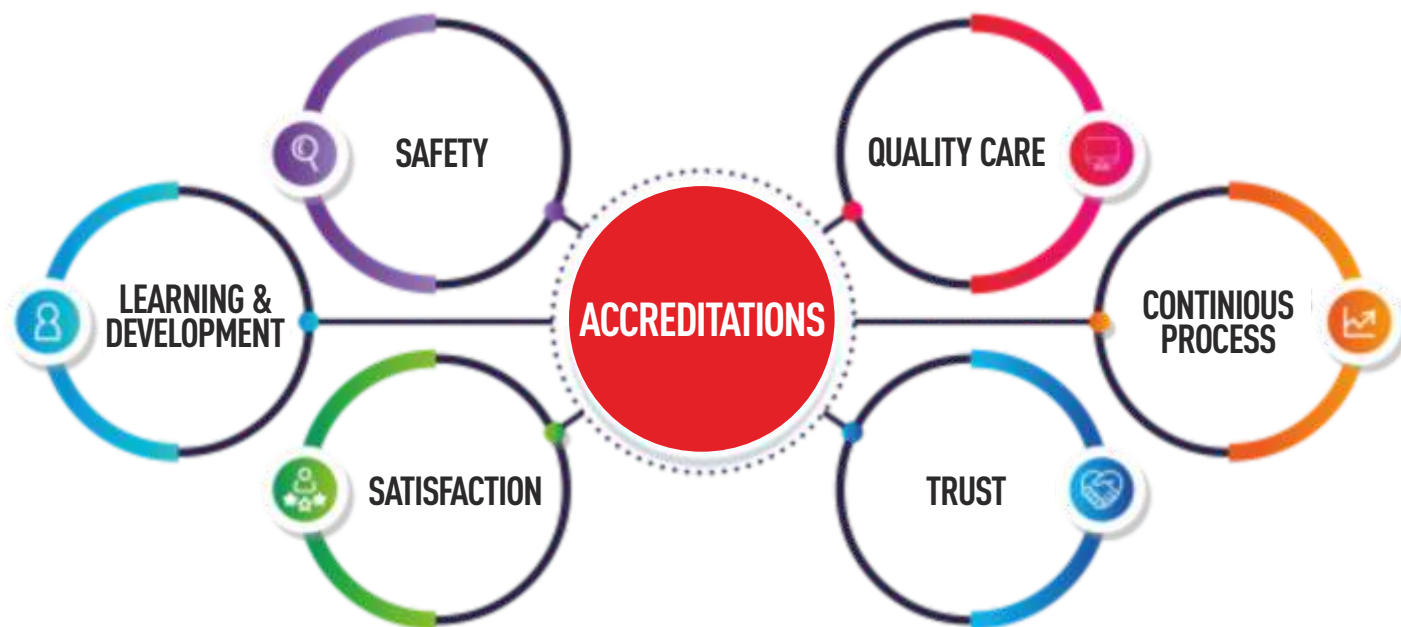
NABH Accreditation

– A Force for the Greater Good!

Accreditation brings access, affordability, efficiency, quality and effectiveness to healthcare.

The operations of the healthcare organisation get streamlined to begin with.

The benefits of accreditation are indeed quite wide-ranging and impact quality of healthcare in a big way!



*Poor-quality care is wasteful, costly and dangerous!
Accreditation leads to fewer mishaps, better quality of care and more patients as well.*

QUALITY IN HEALTHCARE is quite different from quality in other sectors. It has two components – service quality and clinical quality. While service quality rests on the same parameters as other sectors, clinical quality relates to patient safety and medical errors. The differentiating factor is that clinical quality can save lives and promote well-being for the populace.

Indeed, medical errors are one of the leading causes of death across the world. The incidence acquires grave overtones in a developing country like India. And this is where accreditation comes into the picture!

Hospital accreditation plays a critical role in maintaining patient safety in healthcare. Thus, reducing medical errors becomes a vital component of the accreditation process. NABH itself states that its accreditation denotes:

- Commitment to create a culture of quality, patient safety, efficiency and accountability towards patient care.
- Establishment of protocols and policies as per national/international standards for patient care, medication management, consent process, patient safety, clinical outcomes, medical records, infection control and staffing.
- Patients are treated with respect, dignity and courtesy at all times.
- Patients are involved in care planning and decision making.
- Patients are treated by qualified and trained staff.

- Feedback from patients is sought and complaints (if any) are addressed.
- Transparency in billing and availability of tariff list.
- Continuous monitoring of its services for improvement.
- Commitment to prevent adverse events that may occur.

“NABH remains committed to ensuring healthy lives and promote wellbeing for all at all ages (SDG-3-Target 2030), creating a culture of quality in healthcare and taking Quality, Safety and Wellness to the Last Man in the Line” – Dr. Atul Kochhar, CEO, NABH

Benefits of Accreditation

Accreditation stimulates continuous improvement in a health care organisation by filling the gaps and weeding out the areas of inefficiency. It leads to:

- Reduction in medical errors, accidents and even hospital infections.
- Reduction in costs through improving operational efficiency.
- Improvements in medical record management, leadership and quality monitoring.
- Improvement in equipment utilisation which reduces breakdowns and down time.
- Continuous learning for the staff which develops their knowledge and skills leading to improved competency and efficiency with defined ownership and accountability.

- Better staff utilisation through training and clearer assignment of roles and responsibilities with credentialing and privileging.
- Optimum use of materials with better inventory management.

The fact that an organisation is accredited speaks of its commitment to quality care and patient safety. It raises community confidence and builds trust with the patients as they are assured that the credentialed medical staff will persevere for delivering best clinical outcomes.

And it is the consumers that stand to benefit the most in the long run. The optimum standards, professional accountability and clinical excellence will ultimately translate into reduced unnecessary hospital stay for the patients. The icing on the cake is that patients are actually engaged in their own care – they get avenues to provide feedback on the experience and can file a complaint if they are dissatisfied with any aspects of the services.

Even during a crisis like the ongoing pandemic, it is the resilience of quality health systems that enables them to pick up the beat as they have the basic processes in place to continue to deliver highquality services. They have proved that they can maintain their core functions in the new and challenging environment while continuing to adapt and improve based on the situation.



“It is also financially wise to follow the (NABH) guidelines, because they plug wastages, reduce unnecessary hospital stay and increase patient satisfaction through right decision at the right time. For example, we routinely save lives by promptly declaring Code Blue and other codes. By holding regular committee meetings, we remain well-informed about all aspects of the hospital functioning, including fire safety rules and procedures. Ultimately, the senior staff and management become well aware of their respective responsibilities and duties, leading to saving of precious lives.” - Upasana Arora, Director, Yashoda Super Specialty Hospitals, Ghaziabad

Meanwhile, accreditation certifies the organisation as a safe place to work for the healthcare workers and other personnel as well. Effective systems will be in place to prevent any adverse incidents and timely action for any sentinel events. They are assured of ongoing professional training/in-service education that will enhance their competencies, skills and lead to their professional development. The organisation will also promote the physical and mental well-being of the staff.

On the organisational end, accreditation becomes a benchmark of being on par with the best. It is a valuable marketing tool in a competitive healthcare environment to stand apart from the rest and will translate into higher footfalls, registrations and revenues. In fact, a 2019 study revealed that 70% of the NABH standard attributes helped hospitals to improve their organisational image, with additional improved competitive advantage and recognition from insurance providers!

Moreover, as the NABH standards are certified by ISQua and have international recognition, the healthcare organisation will reap the gains of medical tourism as well.

NABH certification/accreditation is also intertwined with a plethora of advantages and incentives from government schemes such as Ayushman Bharat and IRDAI. Accredited hospitals also get more

ACCREDITATION Sustainability in Economic Growth and the Environment

**WORLD
ACCREDITATION
DAY**
June 9, 2022





Accredited hospitals get more funds for offering medical treatment under the National Health Protection Scheme (NHPS) scheme.

funds for offering medical treatment under the National Health Protection Scheme (NHPS) scheme.

Therefore, the rigorous quality evaluation process of accreditation benefits all the stakeholders at large. As the accredited organisations have to continue to constantly fulfil the criteria, even the regulatory bodies gain access to reliable and certified information on facilities, infrastructure and level of care. It also works as an objective system of empanelment for insurance providers and other third parties. And healthcare organisations will finally start playing their appropriate roles in the national health system!

How it Works?

Vijay Kumar lives in a small town called Amrori in Bihar. When his wife fell seriously ill, he chose to travel all the way to Patna and admitted her in a private hospital there. Although there is a government hospital in his village, he had serious reservations about the quality of services. He was impressed with the stories of the care rendered by the multi-specialty hospital told by his friends and relatives and wanted to do the best by his wife despite his marginal income. He was confident that his wife will become hale and hearty once again under the skilled and efficient care she will receive in Patna!

The writing on the wall is clear - The healthcare sector can no longer overlook the fact that consumers expect the best in quality. The demand for quality is rising and poor, unattended care will not work anymore. Formal quality assurance mechanisms are also in place now. Hospitals and other facilities have no choice but to improve their current standards of operations.

Accreditation is the formal recognition of the ability of an organisation to perform its activities in a reliable, credible and accurate manner. It brings evidence-based practice and medical ethics into play. This becomes a guiding force that drives the healthcare facility to follow the standardised procedures by establishing the required systems and protocols. Even the healthcare workers start becoming sensitised towards the best interests of the

patients while keeping their needs and rights in view. A transparent system of control comes into place which slowly builds a culture that is patient-centric and safe for everyone.

Moreover, performance improvement goals come into the picture and the hospital will keep striving to do better on all parameters of patient safety and care.

Collating the Results

Access, cost and quality are the three cornerstones of healthcare. Do these have to be at odds with each other? Can we not make high quality healthcare accessible and affordable for everyone?

While the jury is still out on the actual effect of accreditation on performance, it cannot be denied that providing high quality healthcare proves to be cost-effective as it saves expenditure on correcting preventable complications of care that can harm the patients. The economies of an efficient workflow come into play as medical errors, ineffective treatments and duplicated services are eliminated to a large extent, thus reducing wastage across the organisation.

It is further attested that as the operational cost of providing healthcare services falls, this benefit gets passed on to the consumers. And who will not want to spend less money while getting better care/value?

Meanwhile, the Vijay Kumars of the world will continue to travel long distances and put their life savings at stake rather than taking a chance with abysmal healthcare services that are closer home. Can we not ensure patients that they will be at the centre of care wherever they go?

Conclusion

Poor quality care puts patients at risk. Therefore, assuring quality in healthcare services has become an unspoken mandate today. And getting accredited is the only answer. This will bring back faith in the healthcare sector while the organisations will become prepped to handle any curve that comes their way! ▶



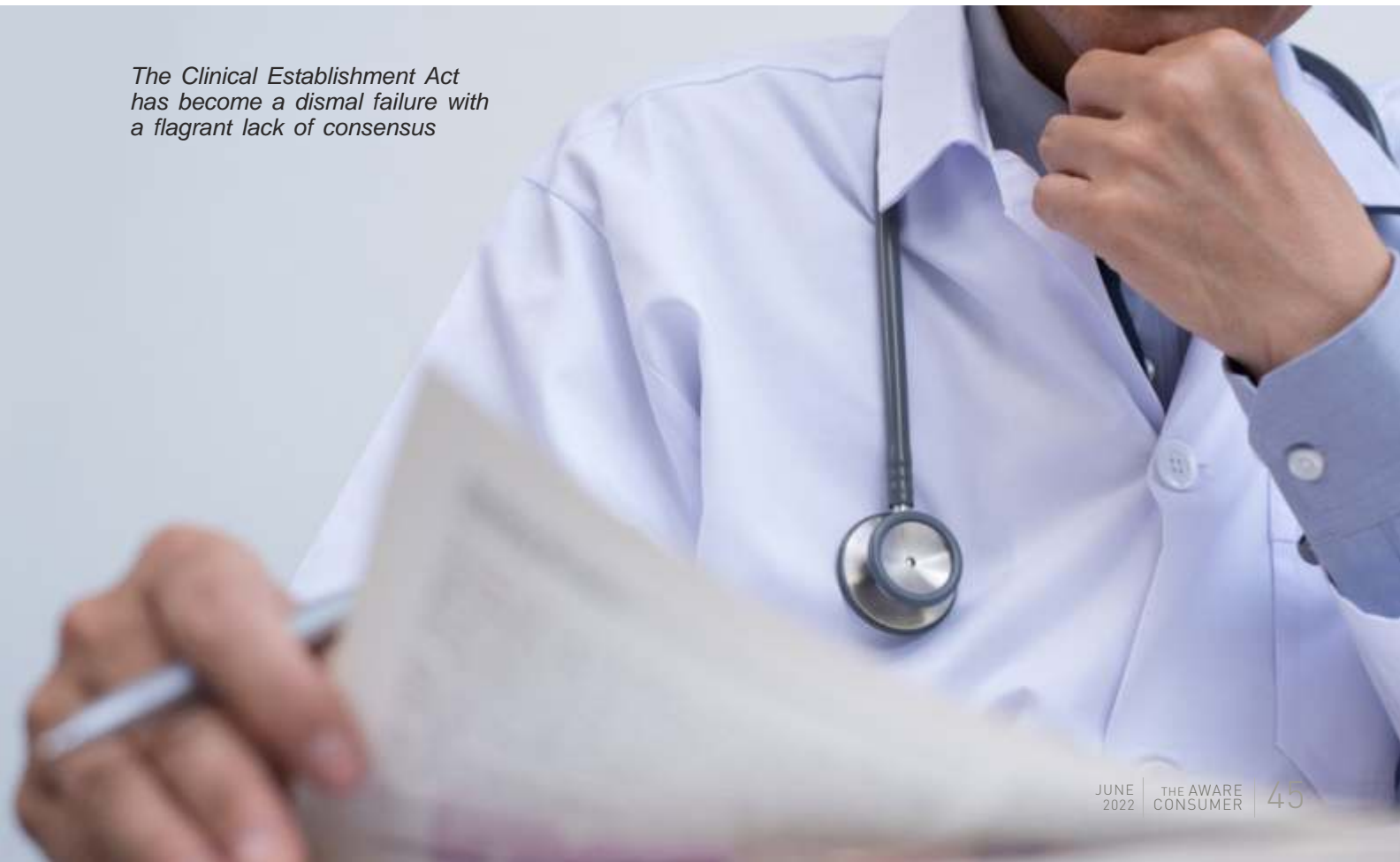
Payal Agarwal
Editorial Consultant

A Shot at Quality Health Care That Unfortunately Fell Short!

“There is a law which governs the pharmacies in India. But there is no law governing the hospitals in our country. Does this scenario make sense when a larger proportion of deaths in the country can be attributed to poor quality of healthcare than to insufficient access?”

— questions Payal Agarwal

*The Clinical Establishment Act
has become a dismal failure with
a flagrant lack of consensus*



HEALTHCARE ORGANISATIONS SHOULD be a place of safety! But both care and welfare remain suspect in numerous health facilities across India with hospitals literally springing up at random without having to meet any regulatory code!

Indeed, how is a consumer to know whether a hospital is adhering to clinical protocols or following the standard treatment guidelines? What is the platform for judging the competence of the personnel and availability of required facility and infrastructure? These questions acquire grave overtones given the abysmal quality of healthcare prevailing in our country.

In fact, the Economic Survey 2021 report highlighted the grim fact that poor quality of care is leading to more deaths than insufficient access to healthcare. To put a number on it, a whopping 16 lakh deaths in India in 2018 were due to poor quality of care, while less than 8.4 lakh deaths were on account of non-utilisation of healthcare services. In other words, there is a greater chance of people dying from receiving poor quality care than from not receiving care at all!

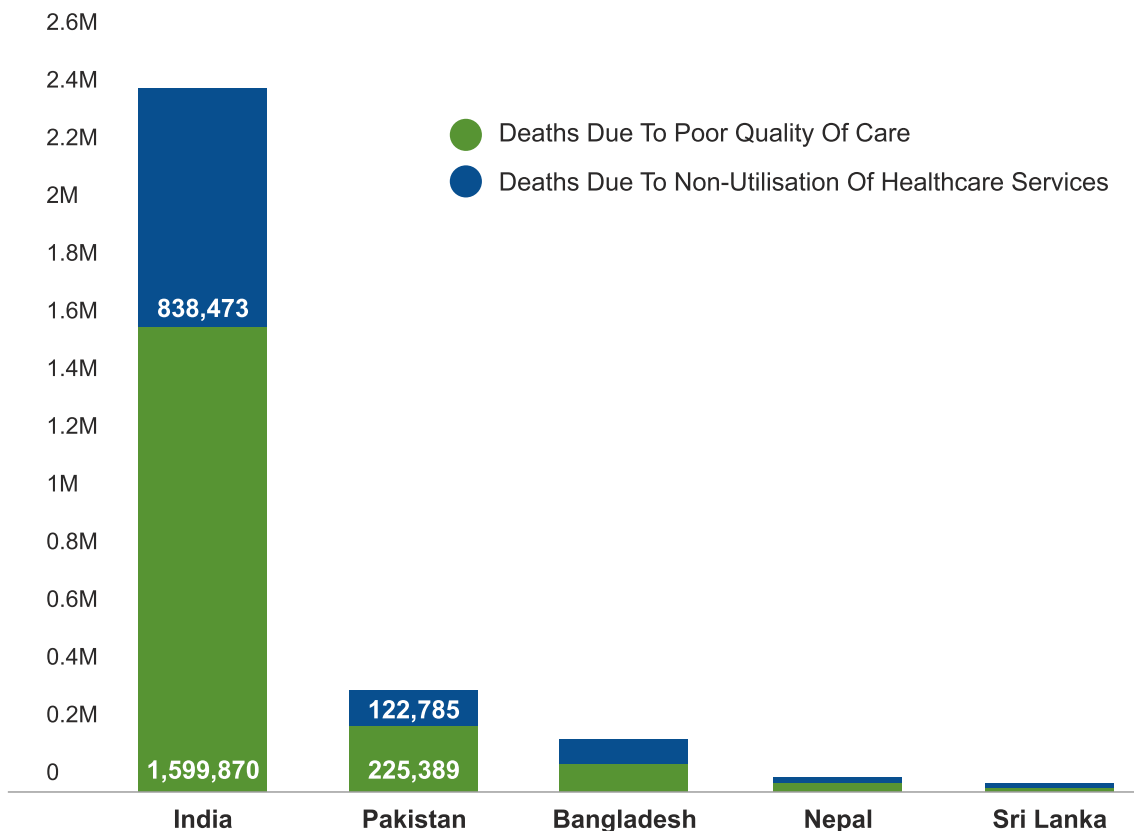
Indeed, medical facilities still remain inaccessible for a major chunk of the population. There is a severe shortage of infrastructure – we are

sorely short of hospital beds with only about 1.3 beds for every 1,000 people as compared to the WHO's standard of 3.5. (Source: United Nations Development Programme)

However, poor healthcare quality is a more pressing concern than lack of medical access. And needless to say, there is no point in increasing access to low quality of care anyway! The dismal scenario on both counts becomes glaring given that India ranks 179 out of 189 countries on prioritisation of health in government budgets (Economic Survey 2021).

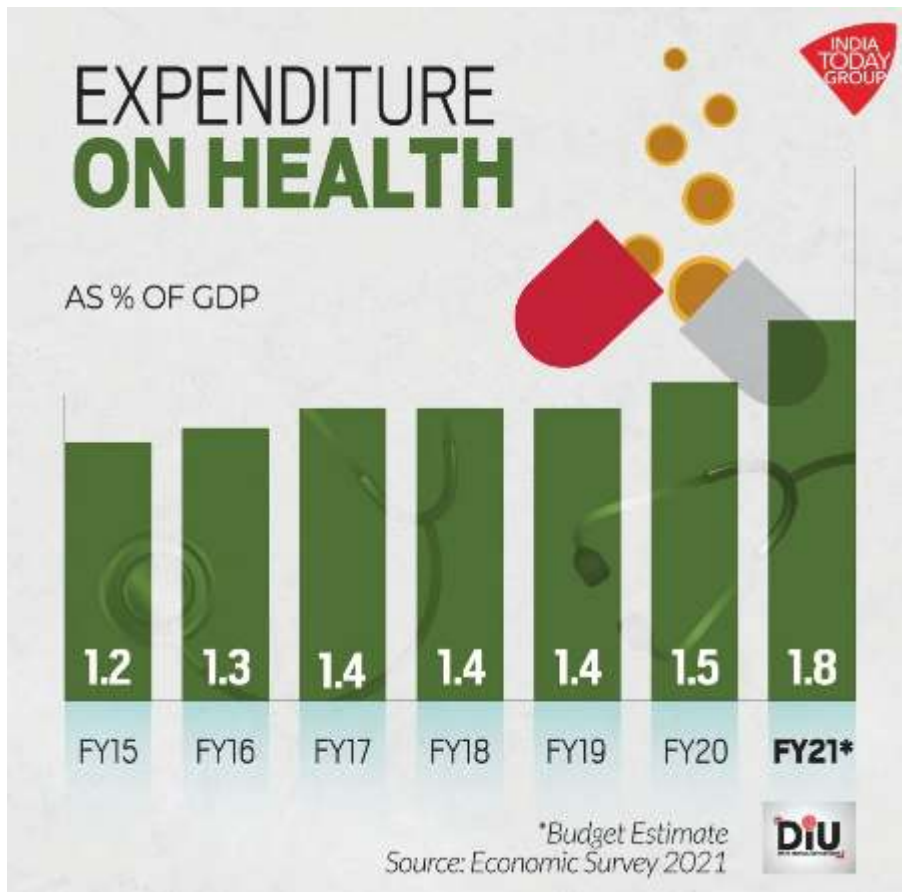
Years of neglecting quality in India's healthcare system is to be blamed for our sheer inability to

Deaths Amenable To Healthcare In India And Its Neighbours



Source: The Lancet

Almost 122 Indians per 1,00,000 die due to poor quality of care each year, worse than that of Brazil (74), Russia (91), China (46) and South Africa (93) and even neighbours Pakistan (119), Nepal (93), Bangladesh (57) and Sri Lanka (51).



India spends less than 2% of its Gross Domestic Product (GDP) on healthcare

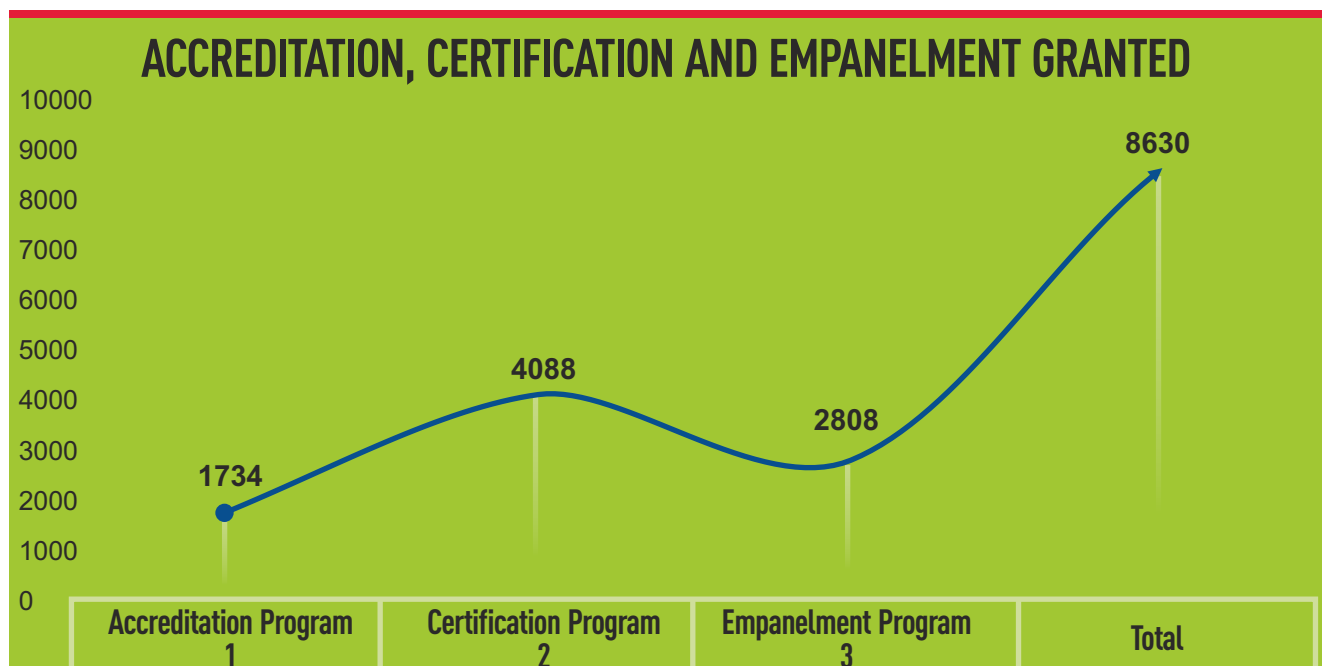
mount an effective response to the unprecedented COVID-19 pandemic.

“For too long, the global health discourse has been focused on improving access to care, without sufficient emphasis on high quality care. Providing health services without guaranteeing a minimum level of quality is ineffective, wasteful and unethical” - *Muhammad Pate, co-chair of the Lancet commission that produced the report, and former Minister of State for Health in Nigeria.*

Implementation of CEA Can Improve HealthCare Quality

NABH has become the gold standard that is proactively standardising healthcare and bringing it on par with global standards. The accreditation benchmarks regulate the delivery of healthcare for all stakeholders, despite unequal challenges for different providers.

But what we still lack is a clear mechanism for monitoring quality in the health system. As Srinath Reddy, President of the Public Health Foundation of India, a Delhi-based



(Source: Quality Connect, February 2020 by NABH)



The dismal scenario on both counts becomes glaring given that India ranks 179 out of 189 countries on prioritisation of health in government budgets. (Economic Survey 2021).

think tank espoused, "We need to better measure the quality of our health system as a composite entity rather than be merely content with certifying hospitals and laboratories."

Indeed, there are around 80,000 medical facilities in India, of which 70% are in the private sector. It is reprehensible to note that only about 1700-odd organisations had achieved accreditation by NABH in 2020. The numbers are slightly better for empanelled and certified institutions. Around 5500 hospitals are NABH certified today, but even put together they hardly make a dent on the overall numbers.

Apart from NABH, there is another accreditation scheme for government hospitals alone - National Quality Accreditation Scheme (NQAS) was launched by the Ministry of Health in 2014. However, it focuses only on primary health centres, community health centres and district hospitals; bigger hospitals cannot be accredited under it. Penetration under NQAS is also miserably low with only 536 of the 37,725 eligible hospitals being accredited as of December 2019.

A Brave Foray

Health is a state subject in India. Yet, the central government attempted to regulate and set standards for the healthcare sector by enacting the Clinical Establishments (Registration and Regulation) Act (CEA) way back in 2010. It mandates registration and regulation of all clinical establishments in the country while prescribing minimum standards of facilities and services provided by them. The law applies to all systems

of medicine and all public and private medical establishments including hospitals, maternity homes, nursing homes, clinics, dispensaries, laboratories, diagnostic imaging centres and physiotherapy centres.

This kind of a Comprehensive Digital Registry of clinical establishments will enable better surveillance, response and management of public health emergencies. In fact, one of the primary objectives of the Act is, "to improve quality of health care through standardisation of healthcare facilities by prescribing minimum standards of facilities and services..... and ensuring compliance of other conditions of registration like compliance to standard treatment guidelines, stabilisation of emergency medical condition, display of range of rates to be charged, maintenance of records, etc." The legislation even includes infection control standards for healthcare facilities.

Alas, what could have become a cornerstone for bringing in minimum quality assurance in the healthcare sector has been fraught with delays and is floundering in implementation since more than a decade. Additionally, the central schemes - like National Health Mission - offer funding to states to induce them to follow the national reform's vision. But, despite several attempts and reminders, barely a handful of states and union territories have executed the CEA till date.

The blame rests at different doors – lack of proactive approach from the centre, dillydallying by the states and absence of consensus at the stakeholders' end.

Can Maintaining Quality be kept Voluntary?

The National Rural Health Mission (NRHM) is monitoring a few elements of quality – like maternal and child health. But in general, there is a broad absence of efficiency and accountability, with NABH accreditation being the sole defining factor of technical quality in healthcare!

Yet, accreditation is not a regulatory mandate; it continues to remain a voluntary exercise across healthcare organisations. This, in effect, challenges the medical regulations laid down by the government both at the state and central level.

The message has to go out loud and clear to all the health care providers and other stakeholders – complying with the NABH accreditation parameters may seem like an insurmountable challenge at the outset. However, the process of establishing a rigorous framework of appropriate policies and procedures for patient safety and quality improvement will pay off huge dividends in the long run. As the organisation gets into the flow of putting patients first, it will optimise care management and health outcomes all around. And if they don't come forward to participate in the exercise on their own, there is no choice but to make it obligatory!

Quality in health care is synonymous with prevention of unintended harm and avoidable deaths. The big question is can safety still be allowed to remain suspect in non-accredited institutions? Accreditation is the only answer to ensuring quality in health care and making it a haven of safety!

Conclusion

Healthcare in India suffers from under regulation which compromises patient safety for the general populace. While there is an urgent need to implement the CEA across the board, why is the government not according sufficient focus to accreditation and mandating it for healthcare organisations? ▶

Accreditation Defines Quality Across Sectors

Accreditation stands tall at the forefront of creating and sustaining an ecosystem of quality across sectors and industries. It becomes a patent sign of excellence for the consumers. There are various national and international accreditation agencies that are assessing and accrediting organisations while promoting the role of accreditation in education, health care, trade and the economy.



Accreditation may sound like a swanky term, but it simply means Quality Check!

ACCREDITATION IS THE official recognition of being qualified to perform a particular activity or deliver a specific service. The performance is assessed through both self-assessment and external review before being accredited by an authorised and respected body.

Accreditation is generally synonymous with health care and education services. It is tied up with education to the extent that only accredited colleges and universities are granted the right to issue 'degrees' in India. However, accreditation extends far beyond these particular sectors. In fact, any company, individual or even the government can seek accreditation for its quality, skills, qualifications, professionalism and so on.

How Does It Work?

Accreditation is a voluntary activity that is initiated by the institution itself. It involves a rigorous process of compliance with a set of service and operational standards. The norms can relate to the infrastructure, resources, organisational structure, staff strength and abilities, work mechanisms, program outcomes, etc., depending on the type of industry.

Following the evaluation, institutes that meet the norms are granted 'accredited status'. They become bound to uphold the standards at all times and are subject to critical appraisals from time to time. There is constant oversight from the authoritative body coupled with unannounced site visits too.

The recognition is a symbol of quality assurance and a commitment to continuous quality enhancement. It works as a guarantee of the expertise, safety and credibility parameters of the organisation for the consumers, thus inspiring trust and confidence. Consumers can actually use accreditation as a yardstick for choosing a safe and reliable option.

The official validation brings a sense of accountability into the works. It keeps the accredited facility on its toes all the time. After passing stringent quality measures and being vetted by others in the field, the organisation will strive hard to not only maintain the standards, but also improve on the same.

The benefits are aplenty. Organisational accreditation has a positive effect on capacity and operations; it streamlines the work systems, encourages better risk management and improves learning. This also symbolises transparency and open communication, thus promoting engagement and fulfilment in the workforce. The organisation can use this badge to position itself as a leader in the field and bank on the goodwill to improve its marketability.



Accredited organisations wear the badge with pride!

Accreditation in India

The Quality Council of India (QCI) was set up as an autonomous body to establish an accreditation structure at the national level. It

has four Accreditation Boards that function independently within their core area of expertise.

- National Accreditation Board for Certification Bodies (NABCB)** – This constituent board of QCI provides accreditation to certification and inspection bodies after assessing their competence based on the Board's criteria in line with international standards and guidelines. The accreditation is open to management systems in the fields of quality, environment, food safety, energy, informational technology services, information security, occupational health and safety, medical devices, road traffic safety, digital repositories, anti-bribery and business continuity apart from product certification, personnel certification, inspection and more.



- National Accreditation Board for Education and Training (NABET)** – It offers accreditation certification for educational organisations, vocational training organisations and skill certification bodies. It accredits training courses/course providers in various sectors including quality management systems, environment management systems, occupational health and safety auditors, management, paramedical, security etc. to provide competent personnel that will meet the needs of the industry.



- National Accreditation Board for Testing and Calibration Laboratories (NABL)** - This is another constituent board of the QCI that provides Conformity Assessment Body's accreditation for medical and calibration laboratories, proficiency testing providers and reference material producers.



- National Accreditation Board for Hospitals and Healthcare Providers (NABH)** – This was set up to establish and operate accreditation programmes for health care organisations.



There are a number of other accreditation bodies in India like:

- National Assessment and Accreditation Council (NAAC)** – It was established by the University Grants Commission (UGC) as an autonomous body to assess and accredit Higher Education Institutions (HEIs) like colleges, universities and other recognised institutions. It controls the quality of higher education on the one hand and motivates educational institutions to strive for excellence on the other.



NAAC evaluates whether the institutions conform to the quality standards related to the educational processes and outcomes, curriculum coverage, teaching-learning processes, faculty, research, infrastructure, learning resources, organisation, governance, financial well-being and student services.

It has been mandated that only NAAC-accredited universities can get any financial support from UGC, National Higher Education Campaign or any other institutions. All educational institutions coming under UGC must obtain accreditation once in three years. The Committee on Accreditation and Assessment Council even recommended the closure of non-accredited institutions.

National Board of Accreditation (NBA)

– This was established by the All India Council for Technical Education (AICTE) but works as an independent body now. It accredits only the courses (programs) and not the institutes themselves. These include diplomas, undergraduate and postgraduate programs in fields like engineering and technology, management, pharmacy, architecture, applied arts and crafts, computer applications, hospitality and tourism management.



National Institute of Electronics and Information Technology (NIELIT)

– It accredits institutes/organisations for conducting courses in technical education.

National Institutional Ranking Framework (NIRF)

– The Union Ministry of Education adopted this framework as a methodology to rank universities and other institutes of higher education. The parameters broadly cover teaching, learning and resources; research and professional practices; graduation outcomes; outreach and inclusivity; and perception.



National Quality Accreditation Scheme (NQAS)

– NQAS standards have been specifically developed for public health facilities like district hospitals, community health centres, primary health centres and urban primary health centres in tune with their specific requirements as well as global health practices. Additionally, there is a Quality Certification program against the NQAS for public health facilities. It recognises the well-performing facilities while attempting to improve the credibility of public hospitals. Certified facilities are also provided financial incentives as recognition of their good work.



Bar Council of India – This statutory body regulates the legal practice apart from setting standards for legal education. Law degrees from recognised universities serve as a qualification for students to enroll themselves as advocates upon graduation.

Medical Council of India – Now replaced by the National Medical Commission, it is charged with accreditation of medical schools, recognition of medical qualifications, registration of medical practitioners and monitoring medical practice.



Ayurveda Training Accreditation Board (ATAB)

– This was set up recently by the Ministry of Ayush for accrediting various Ayurveda professional courses in the country and abroad. Rashtriya Ayurveda Vidyapeeth was notified as the accrediting agency. Likewise, the Yoga Certification Board accredits/recognises yoga institutes and training centres based on certain specific criteria.



In a similar vein, there are many other organisations that are responsible for regulating distance education, teacher education, agricultural research, nurses, pharmacies and so on.



Bureau of Indian Standards (BIS)

– BIS not only prepares and promotes standards for the industry, since 2016 it is also undertaking conformity assessment of goods, article, services, systems and processes as per the relevant schemes.

On the international front, there is:

International Accreditation Forum (IAF)

– This is a worldwide association of accreditation bodies and other bodies interested in conformity assessment in the fields of management systems, products, processes, services, personnel, validation and verification and other similar programmes. It seeks to promote worldwide acceptance of certificates of conformity and validation and verification statements issued by certification and validation/ verification bodies accredited by its members.



International Laboratory Accreditation Cooperation (ILAC)

– This is another international organisation for accreditation bodies involved in the accreditation of conformity assessment bodies for calibration laboratories, testing

laboratories, medical testing laboratories, inspection bodies, proficiency testing providers and reference material producers.

Accreditation Board for Engineering and Technology (ABET)

– This is an ISO-certified accreditation body based in USA.



Accreditation
Board for
Engineering and
Technology

It accredits post-secondary education programs (not institutes) in applied and natural science, computing, engineering and engineering technology at the associate, bachelor's and master's degree levels to produce graduates prepared to enter a global workforce. A number of engineering programs in India feature the distinguished ABET accreditation.

World Accreditation Day

To promote the value of accreditation and conformity assessment activities, 9th June is globally marked as World Accreditation Day. It is celebrated with a specific theme every year to raise awareness on the importance of accreditation. This is an excellent opportunity for the accreditation community to extend its influence and demonstrate how accreditation can be applied to a wide variety of assessment, approval or evaluation tasks that can be used by business, government and regulators to help deliver a safer world.

The theme for 2022 is 'Accreditation: Sustainability in Economic Growth and the Environment'. The focus will be on how accreditation supports the United Nations Sustainable Development Goals (SDGs) 6, 7, 8, 9, 11, 12, 13, 14 and 15.

Indeed, accreditation provides solutions to implement, measure and monitor the objectives contained in the

SDGs. It is also a robust enabler for achieving the SDGs. Accredited organisations can play a key role in implementing the SDGs by improving their sustainability practices on the economic, social and environmental front.

Based on the current theme, accreditation will be modelled as a valuable tool to help regulators, companies and consumers engage in more environment-friendly practices. The pervasive need for fighting climate change and transitioning to a circular economy will be explored in detail with an abiding emphasis on quality, reuse, recycling, remanufacturing and waste management to conserve resources and limit waste.

Conclusion

All said and done, all stakeholders – from national and local governments to accreditation bodies to the consumers - have to work in collaboration to make this ambitious plan a wonderful reality! ▶

WORLD ACCREDITATION DAY

ACCREDITATION

Sustainability in Economic Growth and the Environment



9th June
2022



#WAD2022

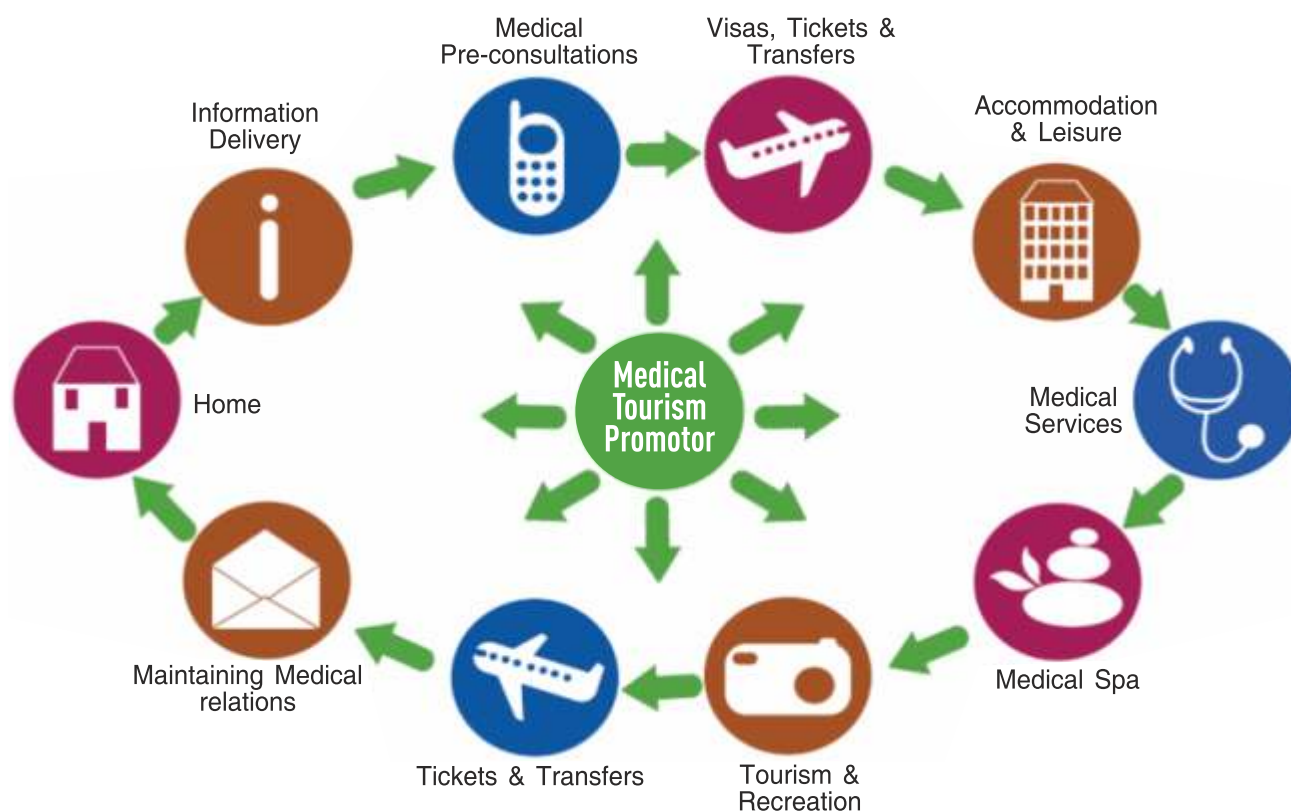
Dr. Alka Mukne
Ph.D. (Tech.)
Board Member-PSAIF



Accrediting MVTFs To Boost Medical Tourism

“India has become a hotspot for medical value travel and is meeting the health needs of global citizens in myriad ways. While our quality medical treatments at affordable prices are a star attraction, NABH accreditation of medical value travel facilitators is serving to improve the overall experience of these medical travellers.”

– Dr. Alka Mukne



India has a strong presence of accreditation in the medical tourism sector which ensures right care at the right place at the right price

INDIA'S HEALTHCARE INDUSTRY is on par with the rest of the globe in terms of specialist doctors, technology and even infrastructure. Our healthcare professionals have not only gained global repute, but the country even excels in highly specialised treatments like organ transplant, cardiology, oncology, etc. Modern medicine is complemented by our rich heritage of time-tested treatment methods, such as Ayurveda, Yoga, Unani, Siddha and Homoeopathy (AYUSH), which are gaining global traction as alternative methods of restoring health and well-being.

It is not just domestic consumers alone; India is emerging as a favoured hub among foreign patients as well, that too for both modern medicine and traditional therapies. Indeed, with increasing globalisation, more and more people are seeking medical treatments abroad, either driven by non-availability in their own country or the prohibitively high costs of the treatments there. It may be that another country offers better technology and standards of care or the said treatment may not be legal in the home country.

This has also led to the burgeoning of a new breed of medical value travel facilitator (MVTF) – it is a platform that coordinates all the activities related to care of the patients and their treatments while travelling abroad. It begins with understanding the patients' requirements, customising a treatment plan and managing all travel and hospitality related requirements. It further encompasses post-treatment follow-ups, recovery plans and tourism options.

The Indian Advantage

India not only boasts of high quality treatment, world-class facilities, access to latest technology and some of the best surgeons. It also entails added benefits of high savings, no wait-lists and excellent customer care. The immense travel opportunities and rich cultural heritage serves as the icing on the cake that is attracting foreign patients in droves. The demand is not limited to sophisticated medical treatments alone; it extends to wellness and rejuvenation and alternative medicine as well.

"Imagine a complex surgical procedure being done in a world class global hospital by acclaimed medical specialists at a fifth to tenth of what it normally takes! That's India. From quality of therapy, range of procedural and treatment options, infrastructure and skilled manpower to perform any medical procedure with zero waiting time, the list of benefits of travelling for medical treatment to India are many." – Chair and Co-Chair of FICCI Medical Value Travel Committee

Being one among the top five medical travel destinations like Thailand, Singapore, Malaysia and Mexico, India has been actively promoting medical tourism over the last few decades before the COVID-19 pandemic. The NABH itself was initially envisioned as a benchmark for assuring overseas patients of quality healthcare services. The ensuing accreditation of healthcare organisations snowballed into a quality culture that did boost medical tourism.

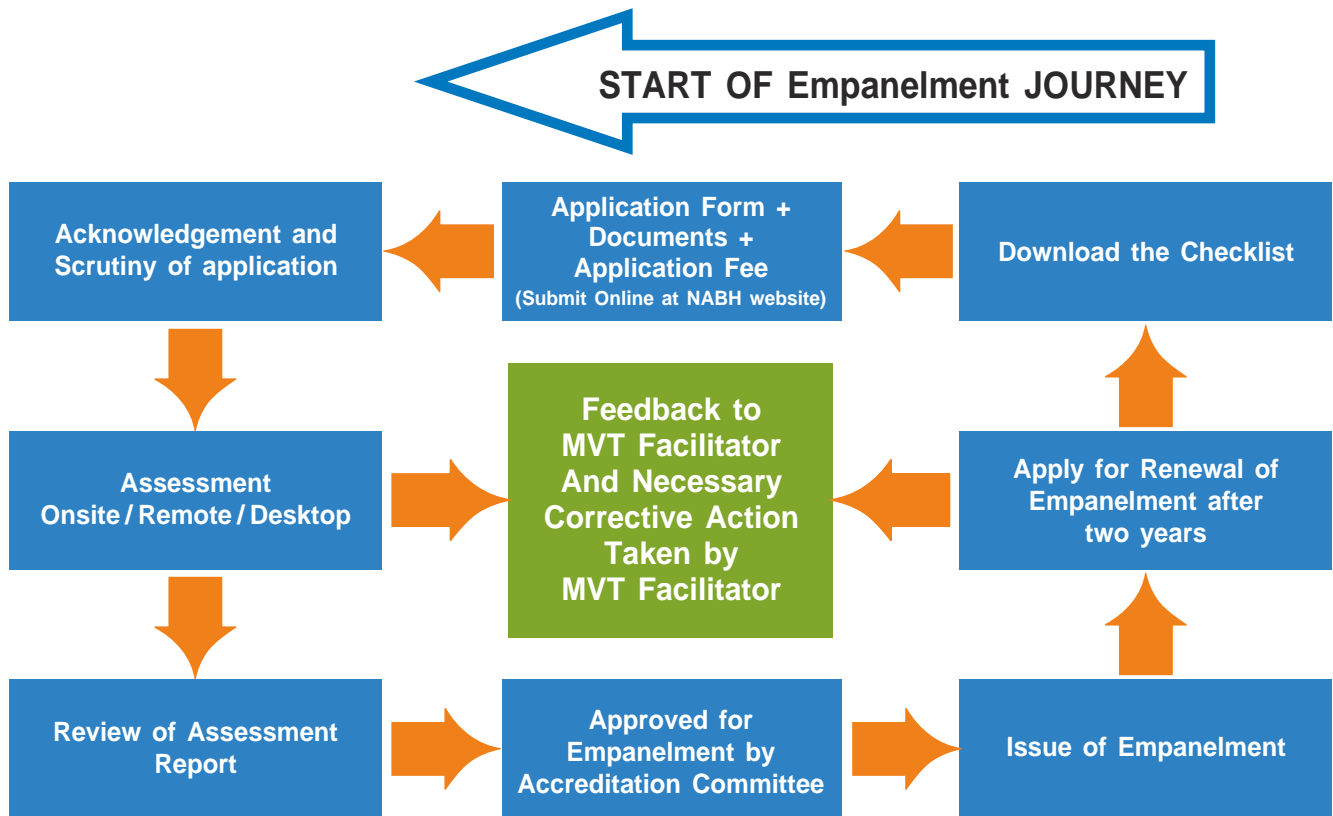
However, it was a FICCI-IMS Knowledge Paper, titled 'Medical Value Travel in India – Enhancing Value in MVT' released in 2016 that worked as a catalyst for policymakers and other stakeholders to work towards bringing in some much-needed transformations in medical value travel. The visa regime was liberalised, end-to-end facilities were coordinated in various states and cities and the most important move – empanelling of medical facilitators by NABH.

The effects were far-reaching. Medical tourism became one of the fastest growing segments of the Indian healthcare sector - growing at a CAGR of 18% year on year and expected to become a US\$ 9 billion industry - before the pandemic derailed everything!

Need for Empanelment

During the boom, some individuals and non-organised companies in the MVTF sector started taking advantage of the rapidly growing medical tourism market by resorting to unethical measures. This manifested as appalling





failures in both the quality of service and outcome of the treatments. While the rampant duping and fleecing of foreign patients was putting a dampener on India's credibility as an attractive medical value travel destination, it was accreditation that brought quality and reliability across all the functions of a MVTF.

It cannot be denied that the NABH accreditation symbolises improved services, patient safety and integrity. Foreigners looking to travel to India to seek medical treatment or other healthcare services have started looking for NABH accreditation in the MVTF companies. This not only enhances transparency of the overall ecosystem but also promotes India as a credible destination for medical value travel!

The Procedure

All MVTF organisations that are seeking empanelment certification can apply online by registering on the NABH website provided they fulfil the requirements as per the check list. They have to submit the application form along with the relevant documents and application fees. The criteria for empanelment comprise of the following seven sections:

- Technical and infrastructure specifications of the organisation
- Facilities provided by the organisation
- Organisation information
- Organisation responsibilities
- Statutory compliance information

- Privacy policy and procedures
- General policy and procedures

There will be a comprehensive assessment to check for compliance with the empanelment criteria. The onsite assessment can involve different methodologies like facility inspection, documents and records review and interviewing the staff. The objective is to test the accountability and reliability of the facilitators before issuing an accreditation certificate.

Once granted, the certificate is valid for two years and is accompanied by the scope of services. The MVTF needs to apply for renewal of empanelment at least six months before the expiry of validity of empanelment, for which reassessment shall be conducted. In the interim, NABH can even conduct unannounced visits – either in the form of surprise audits or to investigate any kind of complaint/feedback received from the public.

NABH reserves the right to take action or even cancel the accreditation in case of any serious patient safety issues, failure to comply with the standards or adverse actions taken by any regulatory bodies against the MVTF.

Conclusion

NABH accreditation programmes for medical value travel facilitators ensure patient safety and improve quality of services offered by them. This will promote success in becoming a leader in the field of medical tourism that consequently rubs off on the entire Indian healthcare industry! ▶



Taking Quality to the Last Man in the Line

Dr. Atul Mohan Kochhar, CEO, NABH emphasises the need for going back to the basics, improving healthcare quality at the grass-root level and bets big on tech adoption

THE PREVIOUS TWO years have taken the world through unprecedented turbulence and uncertainties. The COVID-19 pandemic has stretched, shaken and redefined every parameter and paradigm.

But amidst every crisis lies an opportunity; and there are so many key learnings from this entire madness, which has been prevailing for more than two years now. The key lessons are that if the world has to successfully handle similar future threats and survive pandemics, then all resources and knowledge have to be shared and we should learn from each other's' experiences.

For a country as big and diverse as India, we cannot get away by creating islands of excellence anymore. Integrated holistic healthcare is the need of the hour. The framework should always revolve around patient safety and quality.

To improve community health and manage future pandemics, we have to create what I would call 'herd quality'. This can be done by going back to the basics and following SOPs, which may be the basic patient safety goals - e.g. scrupulously following hand hygiene, surgical site safety and effective

communication. We also need to strengthen self-reliance. NABH standards are a sterling example of *Aatmanirbhar Bharat* and need to be widely disseminated, promoted and accepted.

Today, at NABH, we feel very proud to touch in a small or big way about 14,000 hospitals. Our hospital accreditation programme caters to about 2500 hospitals. Our HOPE entry level certification programmes touches 7,500 hospitals and NABH has also been entrusted with CGHS and ECHS empanelment since 2008. All these organizations by and large, follow certain well-defined checklists. So, I can unhesitatingly comment that these hospitals, which were used to following certain drills, norms or standards of infection control or even for basic hand hygiene, etc, have performed better during the unprecedented challenges of the pandemic.

We are keenly guided every day by our partner hospitals by their new suggestions and experiences drafted into our newsletter. So, I think the world is still at a learning stage and as we go, the pandemic is still taking shape and there is still a very real threat of the future waves of the

innumerable mutants and the vaccine hesitancy.

Amidst all these, the core area which is going to redefine the future is technology, which has come to the centre stage. Technology is a boon; it is a low hanging fruit and whatever cliché you may want to use, but this is the time for a country of our size, population and diversity, only technology can bridge the gap between different tiers of cities.

In fact, new-age technology - such as the Internet of Things and Artificial Intelligence are very promising technologies - can transform the country's healthcare sector. At NABH, we are using technology to leapfrog into the future.

Ayushman Bharat Digital Mission (ABDM) is working on developing the backbone necessary to support the integrated digital health infrastructure of the country. It will bridge the existing gap amongst different stakeholders of the healthcare ecosystem through digital highways. We need to find more ways and means to explore how these technologies can serve every citizen and help us in taking quality healthcare to the last person in the line. ■

Bringing Accreditation To The Pharmacy Sector

A pharmacy supports and sustains the health care ecosystem – the role is much wider than simply dispensing medications. Accreditation of pharmacies will ensure an atmosphere of quality, safety and efficiency that is both predictable and measurable.

HEALTH CARE INVOLVES a variety of disciplines that play a crucial role in the healing and well-being of the community. The pharmacy occupies a critical space as it often becomes the 'final link in the chain of health care services. This is where the physician's prescription is processed and the appropriate medicines are provided to the patient/attendant.

However, the role of the pharmacist is not limited to this technical, product-oriented function alone. It has shifted to a broader platform of patient care that encompasses verifying the legality and safety of the medications, providing drug information and advising on drug utilisation. Many people rely on their local pharmacist to review the efficacy of the prescribed medications apart from clarifying the dosage regimen, method of administration and precautions of use. In addition to this, pharmacists often find themselves 'prescribing' medications for common ailments as many people prefer to discuss their minor symptoms with them instead of consulting a physician.

The Accreditation Angle

All kinds of health care organisations – from hospitals, clinics and Ayush centres to blood banks and wellness centres – can get accredited with NABH. Following the systematic approach ensures that the facility is doing the right things as per the right procedure to the right patient at the right time to get the right outcome. Similarly, NABL takes care of conformity assessment activities for laboratories and diagnostic centres.

However, accreditation is conspicuously absent in the pharmacy sector. The Management of Medication (MOM) chapter of the NABH standards is limited to the safe usage of drugs and devices through a safe and organised process of administration of medication/intervention.

There is a glaring need for by establishing standards, processes and protocols based on updated clinical evidence and industry best practices. This will define both baseline expectations and aspirational goals with the growing numbers of both drug options and players in the pharmacy industry.

In fact, the government attempted to ban online pharmacies completely before prohibiting sale of medicines through unlicensed online platforms. Regulation for e-pharmacies is also in the works since a long time. Providing options for accreditation will work better to bring quality parameters in the operations while augmenting the organisational strengths and highlighting opportunities for improvement.

How will it work?

Bringing pharmacies under the umbrella of accreditation by an independent third-party organisation like NABH will be a huge step in introducing quality, cost containment and proper utilisation of services. This will become a function of quality assurance as it will validate an ongoing commitment to quality management, patient safety and prescriber/consumer communications. It will further hold the pharmacy accountable on several levels by compelling it to review/upgrade/implement the policies and

procedures, thus continually improving its operations as well.

Indeed, accredited pharmacies can become the backbone that strengthens the entire health care system. For this, accreditation standards should be designed to cover a broad range of services from drug management and pharmacy operations to customer service, communications and disclosure. The process itself should be



There is a persistent lack of quality and safety in the pharmacy industry with many fly-by-night operators and even dispensing of substandard and spurious drugs

kept easy to understand, flexible and consultative in nature while allowing customisation to different models of pharmacy operations.

Pharmacies can also use their accreditation status to set themselves apart, thus surviving the intense competitive challenges facing them today. It further serves as a symbol of the pharmacy's dedication to optimising patient safety. It even denotes that it is prepared and capable of handling both the medication and patient information in a diligent, safe and effective manner.

Formulating a Self-Assessment Accreditation Manual

The Indian Pharmaceutical Association (IPA) in collaboration with WHO India Country Office and the Drugs Controller General of India undertook a project for preparing an Accreditation Manual of Pharmacies in India. They worked for a period of twelve months to prepare guidelines for the desirable upgradation of existing systems in the pharmacies, to survive in an environment of competitive challenges.

The pilot assessment was conducted in 45 pharmacies (26 from Mumbai and 19 from Goa) out of a total of 70 pharmacies (45 from Mumbai and 25 from Goa) enrolled under the project. Enrolment was purely voluntary without any fixed conditions for enrolment.

The participants were provided the following material as back-up for taking up the task of upgrading their pharmacies:

- 1) **10 Steps to Accreditation:** A one page document of 10 steps to achieving accreditation to give an idea of how to proceed after receiving the documents. However, pharmacies had the option of devising their own steps for the same.
- 2) **Accreditation Worksheet:** This was designed to help pharmacies in self-assessment so that they know at what stage they are, where they are lacking and what aspects need to be introduced or improved upon. It consists of:
 - a) **Standard:** There are 12 standards that broadly classify the different aspects of the pharmacy.
 - b) **Finer Standard:** Each standard comprises of sub-headings of one or more finer standards.
 - c) **Criterion:** Each finer standard again comprises of sub-components in the form of one or more criterion. These are the main points to be addressed.
 - d) **Guidelines for Ratings** (for each criterion): This is a measure or indicator of compliance to the respective criteria and indirectly the finer standard and standard. For each criterion, there are four different performance/achievement guidelines and the pharmacies are given 1, 2, 3 or 4 points accordingly. The final grading of the pharmacy is based on the total score - Grade A (Above 75%), Grade B (50 – 75%), Grade C (25 – 50%) and Grade D (Below 25%).
- 3) **Accreditation Manual:** This describes each criterion under every standard. It covers all the possible aspects for implementing the set criteria and also answers the

probable queries of pharmacy personnel. Therefore, it will assist and guide the pharmacists to implement the various criteria in order to fulfil the requirements of Good Pharmacy Practice to get accreditation scores. For any additional information, they can refer to the Good Pharmacy Practice Manual, Annexures (at the end of the Manual) and supporting material (reference books, PILs etc.)

- 4) **PILS (Patient Information Leaflets):** On various ailments (for distribution to patients).

Sample forms and documents were also given. The pharmacies had a period of 3 months to study the documents and implement the criteria. They were provided constant support and guidance over the phone, email and personal visits. They were then assessed by trained assessors appointed under the project using the Accreditation Worksheet.

Results

| | Mumbai | Goa |
|--------------------------------------|---------------|---------------|
| Number of Pharmacies Enrolled | 45 pharmacies | 25 pharmacies |
| Number of Pharmacies Assessed | 26 pharmacies | 19 pharmacies |
| Grades Scored by Pharmacies | | |
| Grade A (Above 75%) | NIL | 2 pharmacies |
| Grade B (50 - 75%) | 13 pharmacies | 9 pharmacies |
| Grade C (25 - 50%) | 12 pharmacies | 8 pharmacies |
| Grade D (Below 25%) | 1 pharmacy | NIL |

Based on the pilot assessment of pharmacies, IPA prepared a document suggesting the initiation of an accreditation system for pharmacies in India and methodology for the same. It was also working out a strategy for implementation of the suggested system.

Spreading the Net

The Indian home health care sector is burgeoning - according to a NatHealth report, it is expected to grow to a \$19.9 billion market by 2025, and has the potential to grow an additional \$5 billion with the 'right impetus'. There are numerous home healthcare providers with services across preventive, promotive, chronic, acute rehabilitative and palliative care in the comfort of the patient's home. However, there is an acute lack of standardisation and regulation in the sector – accreditation will help establish minimum standards of care, thus encouraging patient confidence and safety.

Conclusion

Implementing the Accreditation system for Pharmacies has the potential to encourage the maintenance of a standard of excellence and stimulate the process of continual improvement in community pharmacy practice in the country. ▶

Accreditation Augments A Culture of Patient Safety



The Indian health care system is very dynamic and operates in an environment of rapid social, economic and technical changes. By striving to make health care safer, NABH is adding value to the lives of consumers. People across the spectrum laud the need for and benefits of NABH accreditation.

FOR YEARS AND years, hospitals and health care organisations did not follow any structured format per se. Every doctor worked as per his or her own understanding. So did the nursing staff. Everyone was trying to do the best by the patients, but followed their own hunches to get there! Accreditation brings a standard and streamlined platform of health care delivery. Now the challenge is to raise awareness about the need for quality and standardisation in healthcare!

– **Dr. Harshad Ruprela, Raipur**

The ecosystem of health care in India is defined by different types of institutions that deliver varied levels of care. Therefore, it is crucial to assure quality in healthcare services and getting accredited is the only wholesome answer to the situation. This will go a long way in improving the current standards of hospitals in the country.

– **Parul Goyal, Jaipur**

The NABH mark is a stamp of approval. Coming up to the NABH standards is no easy job. It creates

a safe atmosphere for patients and staff alike. NABH accredited organisations are known for their quality health care and patient safety even in international forums.

– **Dr. Ruchi Singh, Nagpur**

NABH hospital accreditation establishes a common framework for health care organisations to demonstrate and practice compliance to patient safety protocols. The onus is on the management to ensure that the guidelines permeate the entire ecosystem of the organisation right till the very bottom. Each and every department has to take responsibility for the standards. Only then will it become the supreme culture across the institution!

– **Alvaro Dias, Goa**

I always look for the NABH mark when visiting a hospital. I am aware that accreditation is a testimony that the facility stands deeply committed to ensuring safety and quality of patient care while providing a safe care environment for patients. I am assured that they are also continually working towards reducing risks to patients. I only

wish that there were more institutions flaunting this symbol of quality!

– **Abhishek Jhunjhunwala, Hyderabad**

Strictly following the NABH guidelines and instructions has helped us to save our patients from avoidable harm. Through strict infection control, we have drastically reduced the period of hospital stay for the patients. Whenever we detect any loophole we immediately plug it. If there is any slip-up, it is corrected without delay. Thus, we have achieved impressive higher standards of health care!

The secret behind our success is the strict adherence to NABH because it shows us how to maintain uniformity in the entire institution. So when personnel are shifted around, they carry the culture and maintain the uniformity of the processes. In all this, I remain grateful to NABH both for the growth of our hospital and my own growth. May NABH forge ahead to a brighter future!

– **Upasana Arora, Director, Yashoda Super Specialty Hospitals, Ghaziabad**

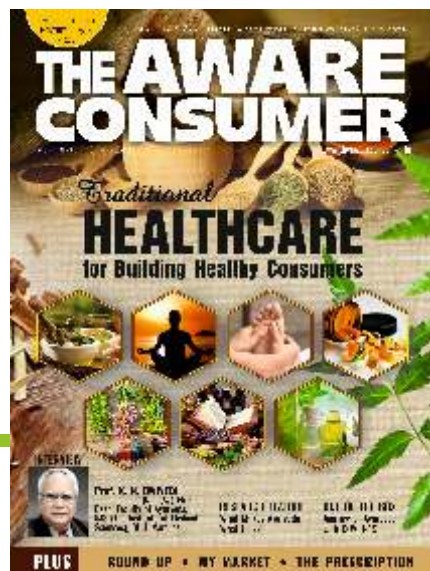
UPDATE ...



Moving a Step Ahead

Update on the April edition on

Traditional Healthcare for Building Healthy Consumers



First Global Ayush Investment & Innovation Summit
organised in Gujarat, India



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THE MINISTRY OF Ayush organised the first Global Ayush Investment & Innovation Summit (GAIIS) from 20th to 22nd April at Mahatma Mandir in Gandhinagar, Gujarat. The event was designed to advocate global awareness of Ayush education, research, innovation, entrepreneurship and long-term health across all Ayush systems in line with the Sustainable Development Goal 3 of promoting 'Good Health and Well-Being'.

The three day summit was inaugurated by Prime Minister Narendra Modi. Dr. Tedros Adhanom Ghebreyesus, Director General of the World Health

Organization (WHO) and Shri Pravin Jugnauth, Prime Minister of Mauritius, attended the summit's opening ceremony along with many other Indian dignitaries.

PM Modi announced many new initiatives in the Ayush sector. A special Ayush mark for Ayush products that will create confidence in the quality of Ayush products for people across the globe. A new category named 'Ayush Aahar' will greatly facilitate the producers of herbal nutritional supplements. The government will also develop a network of Ayush parks to encourage the promotion, research and manufacturing of Ayush products across the



country. A special Ayush visa category will also be introduced for foreign nationals who want to come to India to take advantage of Ayush therapy.

He also launched the Ayush Export Promotion Council and four Ayush ICT initiatives - Ayush Information Hub, AyuSoft, Ayush Next and Ayush GIS. A comic book named 'Professor Ayushman' was released which describes how Ayush systems and products help in fighting not only COVID-19 but other diseases as well.

The summit was conducted in several phases comprising of five plenary sessions, eight roundtables, six workshops and two symposiums over a span of three days. 90 eminent speakers, 100 exhibitors and a number of diplomats were present from across embassies,

industries and top corporates. The platform brought together industry leaders, academicians and scholars to deliberate on ways to promote traditional medicine and systems. It will drive future collaborations as well. The summit served its purpose of uncovering investment potential (Letters of Intent worth more than Rs. 9000 crore) while giving a much-needed fillip to innovation, research and development, start-up ecosystem, and the wellness industry.

The ground-breaking ceremony for the WHO Global Centre for Traditional Medicine was also performed a day prior to the Summit (on 19th April) in Jamnagar, Gujarat, by the trio of PM Narendra Modi, WHO Director-General, Dr Tedros Adhanom Ghebreyesus and Prime Minister of Mauritius, Pravind Jugnauth.

PM Modi said on the momentous occasion, "When India is celebrating 75 years of its Independence right now, the ground-breaking ceremony for this centre marks the beginning of a new era of traditional medicine in the world during the next 25 years. Looking at the increasing popularity of holistic health care, I am confident that traditional medicine and this centre will become very important for each and every family of the world after 25 years, when India will be celebrating 100 years of independence."

Dr. Tedros remarked, "The WHO Global Centre for Traditional Medicine that we are launching will help to harness the power of science to strengthen the evidence base for traditional medicine. Today marks a critical step in helping to bring the promise of traditional medicine to fruition, to the benefit of people around the globe." ▀



Please Note: A more detailed interview of Dr. Shakila Shamsu on the May issue on #NationalEducationPolicy2020 is available on her website - <https://www.shakilats.com/>



YOUR OPINION MATTERS

Letters to the



editor

(April issue: Traditional
Healthcare for Building
Healthy Consumers)

We are truly humbled by the praise and acknowledgment that is flowing in from varied sources. Please feel free to send in your comments, views or feedback on The Aware Consumer magazine at bejonmisra@theawareconsumer.in – we will publish your opinions and implement your feedback while ensuring that your voice is heard on the right platforms.



I have been an avid reader of The Aware Consumer for quite some time. It shows the same passion and excellence that Bejonda brought to his consumer activism. The April 2022 issue dedicated to traditional medicine was especially interesting because I have been associated with Ayush since 2008 in trying to bring quality in various aspects. The experts who have contributed to the issue have articulated the challenges that Ayush in general and Ayurveda in particular face to secure its rightful place in Indian health system not to talk of global acceptance. I hope the regulators and policy makers read the issue and take

note of the recommendations – be it integration with modern medicine or quality of ayurvedic medicines or acceptance of ayurvedic system of medicine and ayurveda practitioners abroad. Ayurveda has an excellent opportunity to position itself with the pandemic bringing in focus preventive healthcare as much as curative healthcare.

– **Anil Jauhri**, Ex-CEO, NABCB (QCI) • jauhrianil@gmail.com



I read this edition and found that it is a very good step to integrate all the pathies. Ayurveda is already very old and scientifically proved pathy. It is not only for treatment of

diseases but it's first aim is to be always healthy, meaning disease free. I wish you a great future!

– **Dr. Manoj Kumar Misra**
drmanu18@gmail.com



I have instilled my faith in home remedies and Ayurveda from the past many years. Well, I still use Allopathy, but it gives better results when coupled with Ayurveda. The content of this magazine dedicated to traditional medicines has

covered the benefits brilliantly. I hope it truly spreads awareness about the efficacy of conventional and effective medicines born in India.

– **Komal Kedia**
• komal2378@gmail.com



I am Dr. Manjiree Rathod, practising General physician in Worli, Mumbai. This magazine is providing real good information and covers all essential topics specifically about Ayurveda in new age living. I always look forward for interesting information in the magazine. The refreshing look lures readers.

I read Dr. Umeshji Mishra's article on 'Rasayana Chikitsa for Rejuvenating the Body'. Dr. Umeshji is one my close friends, who practices and preaches Ayurveda. He has command on various faculties of Ayurveda. His explanations and approach to the subject of Rasayana in the article is commendable. I remembered the lectures attended during college days. Very minute but essential details about Rasayana stated in fluent language is Dr. Umeshji's style of presentation. This was one of the best articles I have read in recent past.

– **Dr. Manjiree Rathod** • mmr_mar@yahoo.com

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for the next issue in July dedicated to 'Insurance Sector in India: How Much Customer-Friendly is it?'



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