

CREATING GLOBAL STANDARDS & ACCREDITATION

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- i. Special attention needs to be given to health care.
- ii. Investment on health care is a profitable one: Gives tangible returns.
- iii. Prof. Ramalingaswamy used to say- It is not money for health it is health for money.
- iv. Healthy nation would be more productive.

- In the present scenario, health is being given due importance.
- Prime Minister's programme of Rural Health Mission is a pointer in that direction.

- Health care facilities are increasing at a very accelerated pace.
- Expected growth in infrastructure.
- Unregulated pattern of health care particularly in the private sector.
- No regulatory authority.
- Mushrooming of substandard facilities.

- Wide spectrum of health care from excellent to dismal.
- Difference in resources.
- Regional imbalances.
- Financial outlay and managerial inputs are different in different states.

Need for Standardization

- Diversity in health care
 - Excellent tertiary care centres.
 - Small hospitals.
 - Small nursing homes.
 - Quacks.
- Paradox in health care
 - Excellent technologically advanced health care.
 - Yet very poor primary health care.

- Hence standardization of health care is important.
- Standards have to be set up.
- Panaromic view of health care has to be taken.
- Health has to improve not only in its reach but quality & quantity of health care needs improvement.
- Hence a dire need for accreditation of all types of hospital & other ancillary services.

- Health care is just not curative only.
- Issues of sanitation, hygiene clean water supply, healthy environment, vaccination and prevention of accidents all influence health care.
- People have become health conscious, knowledgeable and demand better care.

- What is accreditation?

Ans. Accreditation has been defined as the public recognition of the achievement of accreditation standards by a healthcare organization demonstrated through an independent external peer assessment of that organisation's level of performance in relation to its standards'. A very comprehensive definition indeed.

Hospital Standards

- Total: 100 standards (500 ME).
- Each standard has a set of measurable elements (ME).
- All are core standards.
- Mix of minimum requirements and best practices.

Section I: Patient-Centered Standards

<u>Chapter</u>	<u>Std</u>	<u>ME</u>
Access, Assessment and Continuity of Care (AAC)	25	109
Patients Rights and Education (PRE)	36	112
Care of Patients (COP)	70	185
Management of Medication (MOM)	10	25

Section II: Health Care Organization Management Standards

<u>Chapter</u>	<u>Std</u>	<u>ME</u>
Continuous Quality Improvement (CQI)	46	53
Hospital Infection Control (HIC) Responsibilities of Management (ROM)	21	55
Facility Management & Safety (FMS)	30	69
Human Resource Management (HRM)	27	78
Management of Information (MOI)	28	75
	31	78

Agenda

- Orientation of Surveyors to the Organization's Services.
- Document Review.
- Assessment Activities.
- Functional Interviews.
- Visits to Patient Care Areas.
- Visits to Selected Departments.
- Facility Tour.
- Special Interview/Issue Resolution.

Document Review

- Documents organized/available for review according to list.
- Survey team will review documents.
- Policies.
- Evidence of compliance with policies.
- Evidence of committees.
- Evidence of any statements.

Function Interviews

- Leadership.
- Infection Control.
- Management of Information/Patient Records.
- Staff Qualifications and Education.
- Quality Improvement and Patient Safety.
- Patient Care.

Infection Control Interview

- Assesses processes to identify, prevent, and manage nosocomial infections.
- Uses other information obtained from other survey activities
 - Facility tour
 - Visit to Pathology and Laboratory Services
 - Document Review
 - Patient Record Review
 - Visit to Pharmacy

Patient Records Interview

- Surveyors will request a sample of discharged (closed) patient records for review during the interview.

Staff Qualifications and Education Interview

- Separate interviews for medical staff and nursing and other health care staff.
- Physician surveyor will conduct interview for medical staff and others, as indicated.
- Nurse and administrator surveyors will conduct joint interview of nursing and other health care staff.

Information Management Interview

- Evaluates hospital's ability to meet information needs of
 - Clinical staff
 - Management
 - Those outside the organization who require data/ information.

Access to Care & Continuity of Care

- Access
- Identified health care needs
- Emergency
- Reduce Barriers
- Entry to or transfer to units
- Continuity of patient care services
- Coordination
- Discharge
- Transfer

Patient Rights and Education

- Support patient's and families' rights during care.
- Privacy.
- Physical Assault.
- Safety first.
- Confidential.
- Participate in Care Process.
- Refusing or discontinuing treatment.
- Withdraw life-sustaining treatments.

Assessment of Patients

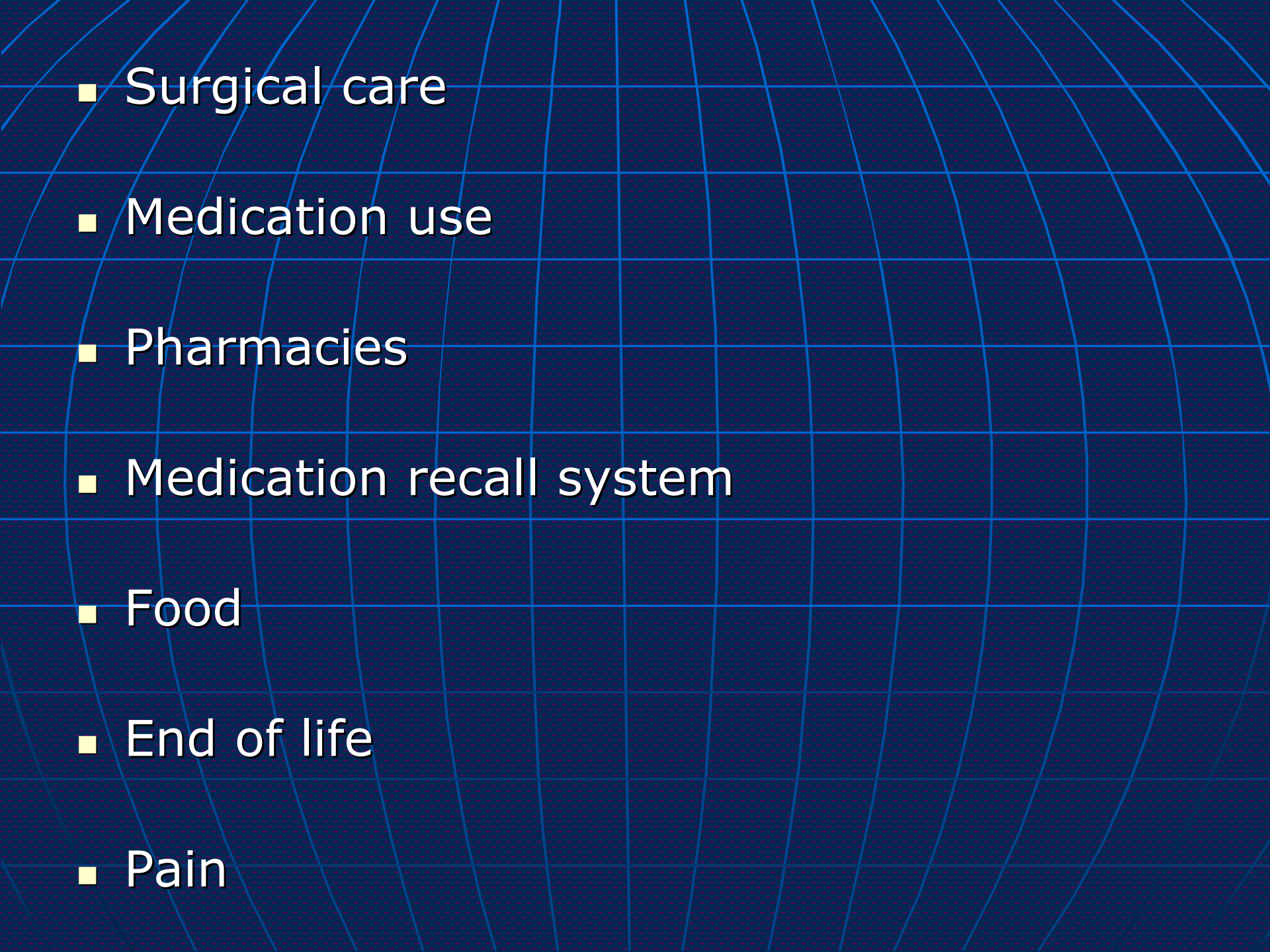
- Established assessment process.
- Medical and nursing needs are identified.
- Before anaesthesia or surgical treatment.
- Emergency patients.
- Special populations.
- Discharge planning.

- Reassessed
- Qualified individuals
- Laboratory services
- Radiology services
- Integrated patient assessments

Care of Patients

- Policies and procedures.
- Laws and Regulation
- The uniform care
- Clinical Practice Guidelines
- Clinical pathways
- Care of high risk patients
- Provision of high risk services
- Resuscitation

- Life support or who are comatose.
- Communicate disease and immune suppressed patients.
- Dialysis
- Restraint
- Sedation
- Pre-anaesthesia and post anaesthesia.

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- Surgical care
 - Medication use
 - Pharmacies
 - Medication recall system
 - Food
 - End of life
 - Pain

Quality Improvement and Patient Safety

- Quality improvement and patient safety program.
- Clinical monitoring.
- Managerial monitoring.
- Systematically aggregate and analyze data in the organization.
- Improvement in quality and safety is achieved and sustained.

Prevention and Control of Infection

- Nosocomial infection prevention and reduction programme.
- Oversea all infection control activities.
- Coordination.
- Integrated.
- Overall programme for quality improvement and patient safety.
- Track infection risks, infection rates and trend in noscomial infection.

Governance, Leadership and Direction

- Applicable laws and regulation.
- Creating the plans and policies needed to fulfill the mission.
- Disasters
- Educate
- Quality improvement
- Professional ethical issues

Facility management

- Complies
- Relevant laws, regulation and facility inspection requirements.
- Fire safety
- Limit smoking
- Community
- Emergencies

Staff qualification and education

- Current job description
- Evaluate
- Staffing plan
- Orientation
- Resuscitative techniques
- Credentials
- Privileges

Management of Information

- Information needs
- Authorized to make entries
- Clinical records
- Aggregate data
- Support patient care
- Organization management
- Quality management

Staff Qualifications and Education Interview

- Reviews processes for
 - Recruitment
 - Orientation
 - Education
 - Evaluation of staff

Quality Improvement and Patient Safety Interview

- Evaluates effectiveness of quality improvement and patient safety activities.
- Organization gives a presentation of an improvement process.
- Provides evidence of data collection, analysis and improvements.

Visits to Patient Care Settings: Inpatient and Ambulatory

- Anesthetizing Areas.
- Ambulatory/Outpatient Clinics.
- Emergency.
- Inpatient Units.
- Imaging/Radiology Services.
- Pathology and Clinical Laboratory Services.
- Pharmacy.
- Rehabilitation Services.

Visits to Patient Care Settings

- Evaluates the processes for caring for patients in different settings across the organisation.
 - A sample selected of inpatient and outpatient areas.
 - Usually 100% of anesthetizing locations scheduled.
 - Surveyors may visit any other unit or location not on the agenda.

Facility Tour

- Addresses issues related to
 - Physical facility
 - Security
 - Medical and other equipment
 - Hazardous waste
 - Fire safety
 - Utility systems
 - Patient and visitor safety
 - Infection control

The Final Question

No standard can have more than one zero.


The average for a standard must exceed 5.

The overall average score must exceed 7.

- A large population in India takes recourse to the indigenous system of medicine.
- Some of the BPL individuals go for naturopathy, ayurveda and other systems of medicine because they are affordable & accessible.
- But there has to be a proper standardization of drugs & medicines.

- Indian system of medicine- ayurveda, naturopathy, sidha & yoga are ancient systems.
- They affect the biology & physiology of human body for a holistic cure.
- Treatment is cost effective and acceptable.
- In the absence of high class tertiary medical cure in small Ayush can effectively cause a cure.

- Strategy for effective health care is to integrate all the other systems of medicine with allopathic medicine.
- Our medical education has to be modified to amalgamate the two systems of medicine.

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THANKS