Quality assurance in an emerging economy.

Dr. Nandakumar Jairam
Chairman and group medical director
Columbia Asia hospitals, India Pvt Ltd
INDIA – the largest Democracy

A growing economy with enormous diversity
90% patients need primary and secondary care.

India Healthcare: Demand & Supply

**Demand**
- Tertiary Care
- Secondary Care
- Primary Care

**Supply**
- Urban: Maximum concentration of corporate Healthcare
- Semi-Urban: Highly fragmented and unorganized sector, focus mainly on secondary care
- Rural: Even Primary & secondary care is at times elusive

ColumbiaAsia
India Healthcare: Demand & Supply

- Public primary care is underutilized
- 80% of primary care is at private facilities
- Private practice is unregulated, hence quality and safety is questionable

Medical Quality – Current Scenario

• Unregulated
• Strong diversity
• Lack of transparency
• Pockets of individually driven initiatives
• Role of FICCI/WB/IRDA/NABH/JCI
• Development of STG’s – 20 created
• Insurance as a driver of quality
AIM – An urgent need

• Safe health care delivery
• Transparency at every step
• Ethical practice
• Accountable and evidence based medical practice
• Good governance
Medical Quality – Next Steps

- One uniform national quality framework
- Adoption and acceptance by all stakeholders
- Incentives for quality adoption
But the scenario is changing..!

- Registration of health care facilities
- better awareness in urban India
- Judicial activism
- Consumer activism
INDIA AS A QUALITY DESTINATION

INFOSYS

WIPRO

TATA

OBEROI HOTELS
Focus on Accreditation

Certification
  • ISO
  • Six Sigma

Accreditations
  • NABH (QCI)
  • NABL
World Bank & FICCI

- Standard Quality Indicators & empanelment
- FICCI-RSBY survey of hospitals
- Standard TPA/Insurer Contract, Billing, Discharge
- Combating Health Insurance Fraud
- Knowledge and technical partnership
Journey of NABH began in 2005-06

Ministry of Tourism & WTO called upon QCI to serve as umbrella body to spearhead quality initiative to promote Medical Tourism.

The constitution and structure for NABH was laid in the year 2006.

In the first year > 100 clinicians, nurses and administrators trained across country to serve as assessors.
QUALITY COUNCIL OF INDIA

- National Accreditation Board for Certification Bodies (NABCB)
- National Accreditation Board for Testing and Calibration Laboratories (NABL)
- National Accreditation Board for Education Training (NABET)
- National Accreditation Board for Hospitals & Healthcare Providers (NABH)
- National Board for Quality Promotion (NBQP)
Set up by the Government of India and Indian Industry.

To cater to needs of consumers and setting standards for progress of industry.

To provide boost to Medical Tourism.

To ensure “Quality and Safety of healthcare services”.

STRUCTURE OF QCI
Structure of NABH

- QCI
- NABH Accreditation
  - Appeals Committee
    - Accreditation Committee
    - Technical Committee
  - Secretariat
    - Assessors
CHARACTERISTICS OF NABH

• Uniquely tailored for Indian healthcare.
• Uses highly trained, qualified and experienced assessors.
• Assessments are comprehensive and multidisciplinary.
• Quality improvement is an important goal.
• Patient Safety Centric.
Vision
To be the apex national healthcare accreditation and quality improvement body, functioning at par with global benchmarks.

Mission
To operate accreditation and allied programs in collaboration with stakeholders focusing on patient safety and quality of healthcare based upon national/international standards, through process of self and external evaluation.
NABH CREATING HISTORY

2006 – 07:
The President of India,
Dr. A P J Abdul Kalam awarded
1st 5 accredited hospitals in India

2007 – 08:
- Blood Bank Accreditation launched
- Nominated as ISQUA member
- Founder member of ISQUA
2008 – 09:
- Launched accreditation of SHCO
- 2nd edition of NABH accredited by ISQUA

2009 - 10:
- 1st blood bank accredited
- MOU with Ministry for Ayush accreditation standards
- CGHS mandates NABH accreditation for empanelment
2010 – 11

- Dental, Allopathic Clinic, Imaging accreditation launched.
- NABH International borne:- MOU Philippines
- ECHS mandates NABH accreditation for empanelment
- 3rd edition of NABH standards approved by ISQUA
- NABH makes in-roads to academic council of MCI
NABH ACCREDITATIONS FOR

• Hospitals – Primary, Secondary and Tertiary
• Blood Banks
• Ayush Hospitals
• Wellness Centre
• Diagnostic Centre – Imaging and Laboratory
• Dental Centres
• Clinics & Day Care Centres
• Oral Substitution Centres
The International Society of Quality in Health Care (ISQUA) launched its International Accreditation Program (IAP) in 1999. This is the only international program that ‘Accredits the Accreditors’.

**Worldwide ISQUA have only accredited 53 sets of standards from 22 countries.**

NABH is one of these
SHCOs

Applicant SHCO

Accredited SHCO
What will be our advantage if we are accredited?

- Are we going to:
- Have more patients?
- Get better rates?
- Spend less money?
- Have fewer mishaps?
- Provide better care?

Can we provide what you are telling us?
NABH continues to Foster Patient Safety in all systems of healthcare delivery

Building on

PATIENT SAFETY & QUALITY OF CARE
Initiatives in a private hospital group

- Structured team and process
- Corporate governance
- National level
- Internal audits in place
- Separate governance for clinical quality
• Quarterly review of data
• Mining of data electronically
• Clinical indicators based on accreditation requirement and group requirement
• “closing the loop”
The structure of the program
Clinical Audits

- **Indicators:**
  - Columbia Asia Standards
  - NABH requirements
  - Statutory requirements of our country.

- **Data Collection and Analysis.**
  - Automation
  - Monitoring Compliance
  - Monthly/Quarterly reviews

- **Corrective and Preventive actions**
Clinical Effectiveness

- Mortality and Morbidity meetings
- Peer review process
- Standardized order sheets
- Outcome reviews
- Vertical Programs
Openness

- Doctors integral part of the System
- Democratic Approach
- Annual Budget Planning
- Biomedical review and inputs.
- Quarterly Business Reviews
• Credentialing
• Privileging
• Doctors files are maintained online
• Peer review
• MPC
• Disciplinary Action
It will be a long journey!
But we are on the way-

“The woods are lovely dark and deep, but I have miles to go before I sleep
Miles to go before I sleep”