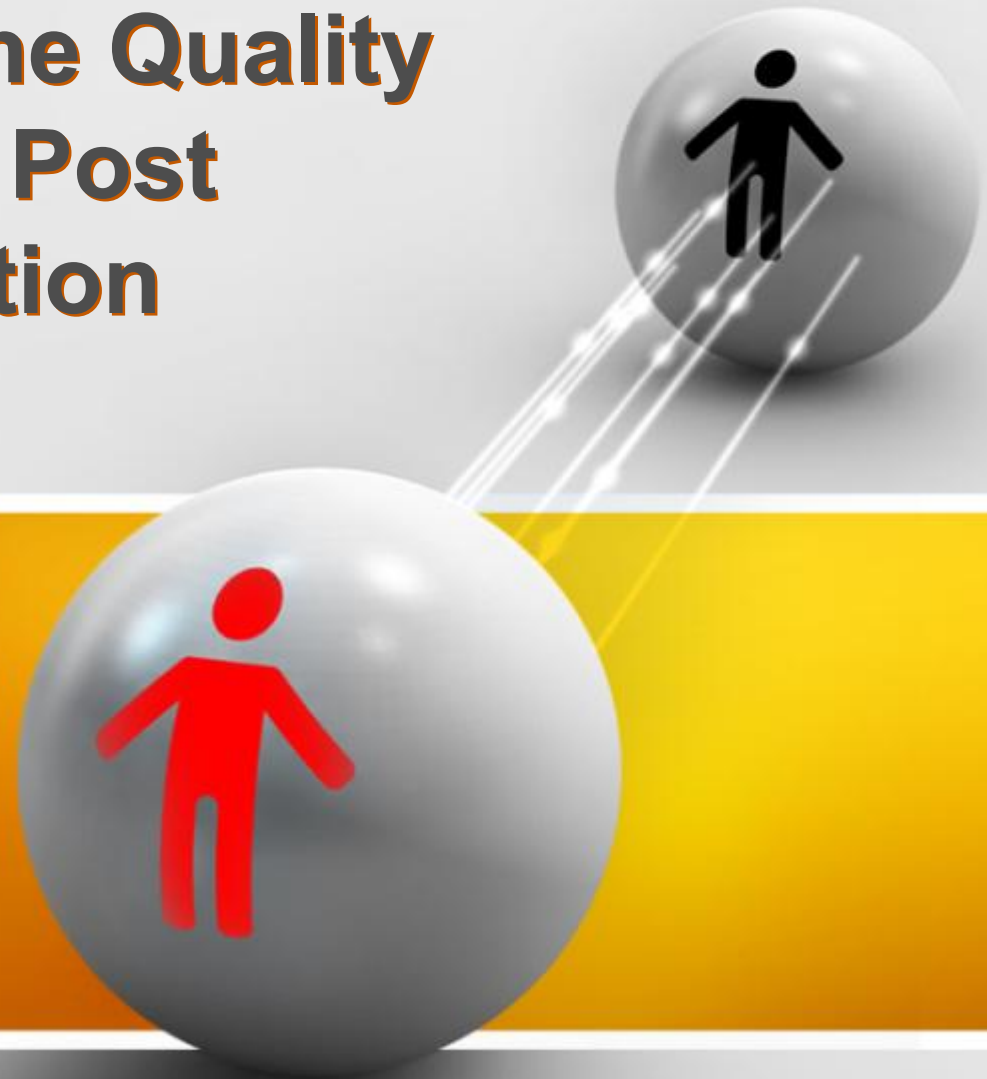


Accreditation for Hospitals and Retaining the Quality Advantage Post Accreditation

Lallu Joseph
Quality Manager
Christian Medical College Vellore



ACCREDITATION

- **Accreditation is a process in which certification of competency, authority, or credibility is presented to an organization**
- **A self-assessment and external peer assessment process used by healthcare organizations to accurately assess their level of performance in relation to established standards and then to implement ways to continuously improve it**



ACCREDITING BODIES

- National Accreditation Board for Hospitals and Healthcare Providers (NABH)
- Joint Commission International (*JCI*)
- The Australian Council on Health Care Standards (ACHS)
- Malaysian Society for Quality in Health (MSQH)
- Japan Council for Quality Health Care (JCQHC)
- ISO and many more



ACCREDITATION PROGRAM

- Allopathic Clinics
- AYUSH Hospitals
- Blood Banks
- Dental Facilities
- Hospitals
- Medical Imaging Services
- Medical Laboratory Program
- OST Centre
- PHC/CHC Accreditation
- Small Healthcare Organizations
- Wellness Centre



Why Accreditation?????



BENEFITS OF ACCREDITATION

- To the Patients
- To the Employees
- To the Hospital
- To the Society





BENEFITS TO THE PATIENTS

- Patients are well informed/educated
- Quality treatment assured
- Patient rights protected
- Safe hospital
- Chances of sentinel events/near misses are less
- Patient feedback are respected
- Clean environment provided during the course of treatment.





BENEFITS TO THE PATIENTS

- Patient safety is assured
- Patients being attended on time.
- Patients being assessed and monitored regularly
- Patients being guided properly by signage (saves patient time)
- Continuity of care assured when transferred to other hospitals.
- Patient data protected.





BENEFITS TO THE EMPLOYEES

- Enhances staff development
- Enhances staff education and learning
- Develops leadership Qualities
- Motivated team players
- Responsibilities defined and more responsible
- Satisfaction with the work environment
- Forum to address their grievances
- Communication is effective
- Feeling of belongingness and ownership





BENEFITS TO THE HOSPITAL

- Protocols established
- Opportunity to healthcare unit to benchmark with the best.
- Strengthens community confidence in the quality and safety of care and treatment.
- Opportunity for continuous improvement
- Competitive edge in the marketplace
- Recognized by insurers and other third parties
- Emergency preparedness
- More responsible staff and departments
- Financial benefits





BENEFITS TO THE THIRD PARTIES

- Accreditation provides an objective system of empanelment by insurance and other third parties.
- Accreditation provides access to reliable and certified information on facilities, infrastructure and level of care.





Case Study- Christian Medical College Vellore



CASE STUDY – CMC VELLORE

- Dr. Ida Scudder in 1901
- 2645 bedded Hospital
- 6500 OP patients everyday
- 3 Campuses
- Multispecialty hospital
- Patients across the world





TO OR NOT TO – THE ACCREDITATION DILEMMA

- Are we not the best ?
- Are we ISO Paragon Chappels ?
- We are not here for insurance patients
- Who are they to teach us?



ISO OFFICE

- ISO office set up in 2006
 - **Dr. Prasanna Rajan**
 - **Ms. Anu Sukesh**

 - **Accreditation Consultants**



QUALITY MANAGEMENT CELL

- Quality the focus – Accreditation the byproduct
- The NABH focus & why ?
- Do it alone or outsource ?



Dr. Thomas Kuriakose
Deputy Director (Quality)
from Feb 2007 till Aug 2011



Ms. Lallu Joseph
Quality Manager
joined in April 2007



CONSULTATIVE DECISION

| No. | ACTION | PERSON RESPONSIBLE | YEAR | |
|-----|--|---|-------|----------|
| | | | BEGIN | COMPLETE |
| 1 | Set up Quality Audit Facilitation Cell | Director/Deputy Director (Quality) | 2010 | 2010 |
| 2 | Evaluate the existing patient feedback system and make changes. | ” | | 2011 |
| 3 | Set up the Patient Grievance Cell | MS/NS/ Director/Deputy Director (Quality) | | 2011 |
| 4 | Apply for accreditation and pre assessment | Director/Deputy Director (Quality) | | 2011 |
| 5 | Set up internal reporting system for Audits | ” | | 2012 |
| 6 | Conduct training programs in audits and standards | ” | 2011 | Ongoing |
| 7 | Complete the documentation of departments/ hospitals processes and policies | ” | | 2012 |
| 8 | Develop Key Performance Indicators (KPIs) and establish the reporting mechanism. | ” | | 2012 |



CONSULTATIVE DECISION

| No. | ACTION | PERSON RESPONSIBLE | YEAR | |
|-----|---|------------------------------------|-------|----------|
| | | | BEGIN | COMPLETE |
| 9 | Get NABH Accreditation for the main hospital | Director/Deputy Director (Quality) | 2011 | 2012 |
| 10 | Develop a system for Audit Compliance | ” | 2012 | 2013 |
| 11 | Set up the scorecard and management dashboard | ” | | 2014 |
| 12 | Get the NABL accreditation for all Labs | ” | | 2014 |
| 13 | Establish systems for resources optimization | ” | 2013 | 2014 |
| 14 | Establish EQAS for all labs | ” | 2014 | 2015 |



FROM DOODRMAN TO CHAIRMAN

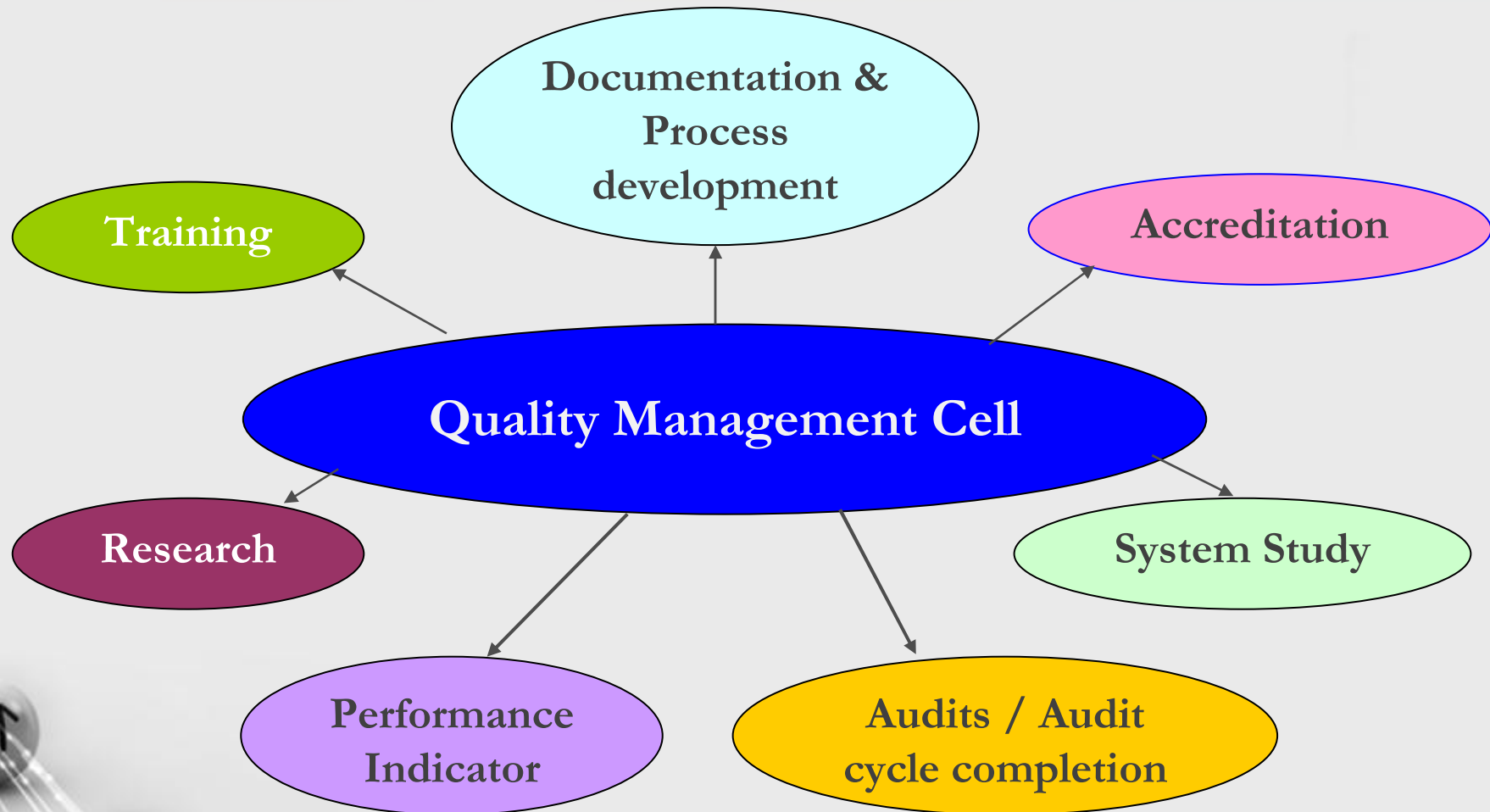
- Full fledged QMC Office
- DQMs (Department Quality Managers)
- Management Interns
- Quality Steering Committee



QUALITY STEERING COMMITTEE



FOCUS OF QMC



THE QUALITY COUNCIL

- Formation in August 2007
- Multi disciplinary group
- Meet, learn, train, reflect, document
- First meeting in September 2007



INTERNAL QUALITY ASSESSORS TRAINING- QUALITY COUNCIL

- Conducted on 24th & 25th Oct 2008 by Dr. Vikram Kashyap and Dr. Murali



OUR STRENGTH IS GOOD ENOUGH



STRENGTHENING THE QUALITY TEAM

- Audit Facilitation Cell established
- Audit Facilitation Officer recruited



AUDITS



PRE ASSESSMENT

- Sep 2010
- Assessed by
 - Mrs. Gracy Mathai
 - Dr. A. Malathi
 - Dr. H S Virupaksha
 - Dr. Komal Prasad
- Over 115 NCs and counting !!!



FIRE EX









PN R417-056 RE-9

IP 3618 P

KEN BIOLANKES









DIRECTOR



- Quality Management Cell
- Deputy Director (Quality)
- Quality council
- Quality Steering Committee
- 160 DQMs

- Safety Cell
- Associate Director (Safety)
- Safety council
- Safety Steering Committee
- 163 DSAs

STRENGTHENING THE GROUP

- Established Safety Cell
- Department Safety Advisors (DSAs)
- All aspects of safety



DEPARTMENT SAFETY ADVISORS- SAFETY COUNCIL



IMPLEMENTATIONS

- Audits
- Mock Drills
- Facility rounds
- Forms Committee
- Documentation emphasized
- Mandatory Training Programme
- Fire Office established
- **Periodical Internal Inspections**





Before



After





Before



After





Before



After



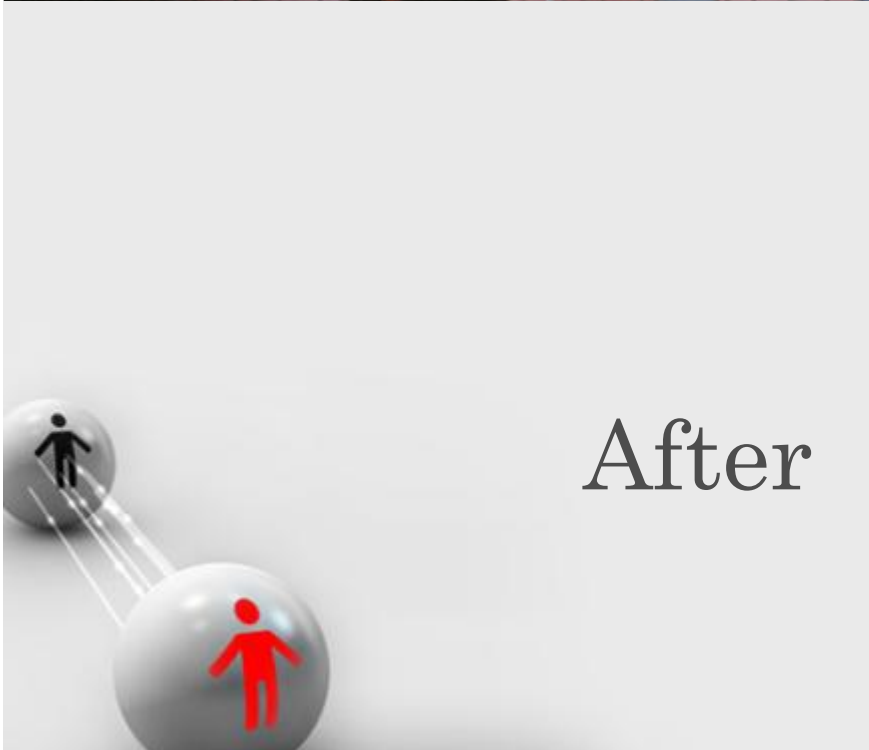


Before





Before



After







VISION AND HARD WORK IS NOT ENOUGH- A Heart needed !



Dr. Oommen K. George
Deputy Director (Quality)
in Aug 2011



FINAL ASSESSMENT

- 31st Oct to 2nd Nov 2011
- Assessed by
 - Dr. Anand R
 - Dr. Christopher Sudhaker
 - Mrs. Gracy Mathai
 - Dr. Prashant S Kelkar
 - Dr. H S Virupaksha
 - Dr. M. D. Marker
 - Dr. Madhavi Gopinath
 - Mrs. Revathi Mani
- NCs 87



| NAME OF THE CLINIC | மீரவிசுவகலாசிரி அலுவலர் | क्लिनिक के नाम | LOCATION |
|-------------------------------------|-------------------------|-----------------------|------------------------|
| Amputee Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | PMR Block G, Floor |
| Anaesthesia Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Andrology Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 2nd Floor |
| Asthma Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | Main Block G, Floor |
| Audio-Vestibular Clinic(AVC) | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 3rd Floor |
| Brain Injury Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | PMR Block G, Floor |
| Cardio Thoracic Surgery OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Cardiology OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Child Adolescent Psychiatry (CAP) | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | ISSCC Block 1st Floor |
| Child Health OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | ISSCC Block 1st Floor |
| Chronic Pain Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | PMR Block G, Floor |
| Cochlear Implant Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 3rd Floor |
| Cosmetology Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 2nd Floor |
| Dental OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Dermatology OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 2nd Floor |
| Development Paediatrics OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | ISSCC Block 1st Floor |
| Diabetic Clinic (Endo) | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Diet Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Endocrinology OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 3rd Floor |
| Endocrine Surgery | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 3rd Floor |
| ENT OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Epilepsy Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | Main Block G, Floor |
| Evening Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | Schell hospital Campus |
| Eye Clinic (Schell Hospital Campus) | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | Main Block G, Floor |
| First Visit Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Gastroenterology OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |

| NAME OF THE CLINIC | மீரவிசுவகலாசிரி அலுவலர் | क्लिनिक के नाम | LOCATION |
|---------------------------------------|-------------------------|-----------------------|---------------------|
| Geriatric Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | Main Block G, Floor |
| Haematology OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Hemophilia Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Head Surgery OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Hansen's Disease Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| HO Foot Ulcer Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Heart Failure Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Hepatology (Liver Clinic) | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| High Risk Patient Clinic (Hepatology) | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| HIV/AIDS Clinic (Hepatology) | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Hypertension Clinic (Hepatology) | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Infertility Clinic (Hepatology) | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Intensive Care Unit (Hepatology) | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Medical Oncology OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Medical Genetics OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Medicine OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Menopause Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Mental Health Center | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Nephrology OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Neurology OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Neurovascular Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Nuclear Medicine Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Otorhinolaryngology OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Orthopedic OPD | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |
| Orthopedic Prosthetics Clinic | சு.சி. சந்திரசேகரன் | உறுதியளிப்பு கிளினிக் | OPD Block 1st Floor |



CHALLENGES- TEACHING HOSPITAL

- **Multiple accrediting agencies**
 - Multiple inspections
 - Differences in the expectations
 - Confused about inspections
- **Large turn over of trainees**
 - Continuous training
 - Training in batches
- **Apprentice model of training**
 - On the job
 - Difficulty in maintaining standards



CHALLENGES- TEACHING HOSPITAL

- **Multiple hats**
 - Teaching – Patient care – Research
- **Autonomy and independence**
 - All areas
 - Difficult to bring them together
 - Different protocols
- **Staffing pattern and hierarchy**
- **Standardization Vs Innovation**
- **Size of the institution**
- **Patient load and complexity**
- **Performance linked appraisals – not possible**



CHALLENGES- OTHERS

- **Old Infrastructure and Licenses**
- **Space constraint**
- **Old systems and mindset of staff**



RECTIFICATIONS AFTER FINAL INSPECTION AND THE WAIT

- Closure reports
- Corrective reports
- **External Fire Audit**



WE ARRIVED!!!



LARGEST HOSPITAL IN THE COUNTRY TO BE ACCREDITED BY NABH!!!



IMPACT OF GENERAL ACCREDITATION PROGRAMS

- The mortality rate was lower post AMI in accredited hospitals than in non-accredited hospitals
- Accreditation was significantly associated with higher survival rates for patients presenting with six types of trauma injuries

Impact of Accreditation on the Quality of Healthcare Services: a Systematic Review of the Literature
Abdullah Alkhenizana and Charles Shawb
Ann Saudi Med. 2011 Jul-Aug; 31(4): 407–416.





SOUTH AFRICA

- 20 randomly selected public hospitals
 - Ten of these hospitals were randomized to the accreditation program
 - the other 10 served as controls.
- About 2 years after accreditation began;
 - intervention hospitals significantly improved their average compliance with COHSASA accreditation standards, while no appreciable increase was observed in the control hospitals.





AUSTRALIA

- Hospitals were monitored over 2 years for their response to accreditation requirements and the general changes in accreditation in the hospital's environment
- There was an increase and improvement in the structure of medical staff organization, nursing organization and physical facilities and safety





COPENHAGEN

- More accredited units had guidelines in place compared to non-accredited units.
- The improvement on the Systematic Development Scale was significantly higher in accredited than in non-accredited units





EGYPT

- the overall satisfaction score of providers was significantly higher among accredited health units.
- Most of the checked standards had compliance above 90% in accredited units and were significantly higher than compliance in non-accredited units



RETAINING THE QUALITY ADVANTAGE- POST ACCREDITATION

- Continuous Quality Improvement
- Quality Improvement is the mandate
- Meticulous follow-up
- Bench Marking
- Top management involvement
- Involvement of the entire team

Continuous training and re-training
Train the trainers
Retrain the juniors



INVEST IN TRAINING

- Mandatory training of all staff- BMW, Staff service rules, Fire and emergency preparedness, Safety Training etc..
- Focused training- BLS, Restraints, Chemical Hazards, Radiation Safety etc...
- Orientation training
- Issue based/ need based training



CHART AUDITS

- Regular audits by MRD
- Focused audits by the departments
- Audit of all documentation- Doctors, Nurses, Dietitians, OT, PT etc.
- Set benchmarks
- Active medical audit committee
- Regular feedback to the users- publish/circulate the audit results with recommendations
- Follow up of corrective actions
- Clinical audits



MONITORING OF KEY PERFORMANCE INDICATORS

- Continuous monitoring
- Setting benchmarks
- Sharing results and improvements
- Setting department indicators
- Management dashboard of the indicators



FACILITY ROUNDS

- Scheduled facility rounds
- Top management representative to convene
- Multidisciplinary team
- Presentation to the top management
- Corrective and preventive measures
- Follow up



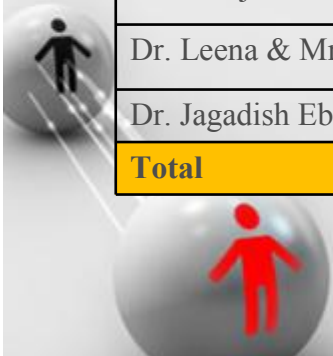
INTERNAL INSPECTIONS

- Multidisciplinary
- With checklists
- Every four months
- Dissemination of reports
- Follow up of corrective and preventive measures



THE INTERNAL INSPECTION TEAM

| Team Leaders | Area Inspected | Number of inspectors |
|--|-------------------------------|----------------------|
| Dr. Mark Ranjan & Dr. Venkatesh | Theatre Complexes | 10 |
| Dr. V. Surekha & Ms. Sophia Vijay | OPD Building | 12 |
| Dr. Vinod Abraham & Dr. Balu Krishna | A Block | 14 |
| Dr. Rajesh I, Dr. Biju & Ms. Meenakshi | O Block | 8 |
| Dr. Mohan S. Kamath & Dr. Prasad Mathew | Main Building 1 | 11 |
| Dr. Niranjan Thomas & Dr. Shoma V. Rao | Main Building 2 | 14 |
| Dr. Sukesh Chandran & Dr. John A Jude | ASHA Building | 9 |
| Dr. Victoria Job & Dr. Madhu Andrew Philip | Hemat Building & PMR Building | 10 |
| Dr. Joe Fleming & Dr. Rajesh Kannangai | Williams Building | 10 |
| Dr. Sheeja John & Dr. Deepak Selvaraj | ISSCC Building | 15 |
| Dr. Leena & Mr. Arul Prakash | Engineering Building | 12 |
| Dr. Jagadish Ebenezer & Dr. Vivek Mathew | Schell, Rehab, MHC and CHAD | 14 |
| Total | | 139 |



INCIDENT REPORTING

- Encourage reporting of incidents
- Root cause analysis
- Implement corrective and preventive actions
- Not to blame
- Culture of openness and change



COMMITTEES, LICENSES AND MEETINGS

- Follow-up of committees and meetings
- Minutes and implementations
- Review of committees every 4 months
- Reminders for licenses and follow-up
- Review of pending licenses every 4 months



MOCK DRILLS

- Scheduled for the year
- Surprise drills
- Fire, abduction, lifts, CPR etc.
- Minutes of the drills
- Review of protocol and improve



MANUALS AND UPDATION

- Continuous review of manuals
- Review of protocols
- Updation of forms





Together **Everyone** **Achieves** **More**



Thank You!

