



# Overview on Hospital Accreditation

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# Objectives of QCI

- Establish & operate accreditation structure in the country for conformity assessment bodies
- Provide right and unbiased information on quality & related standards
- Spread quality movement in India
- Represent India's interest in international forums
- Help establish brand equity of Indian products and services

# Reference in WTO/TBT

- QCI is set up by Government of India as National Accreditation Structure, having regard to the Uruguay round of multilateral trade negotiations, to further the objectives of GATT 1994, which recognizes the contribution of International Standards and conformity assessment systems in the international trade

# Conformity Assessment

- Activity concerned with determining directly or indirectly, that relevant requirements are fulfilled
- It include, Sampling & testing, Inspection, Certification, Quality system assessment & registration, Accreditation among others

# Accreditation

- Accreditation is the formal recognition of the technical competence of an organization to carry out conformity assessment activities in specified areas.

# Certification

- Third party assurance of conformity of a product, process or system to the specified requirements

# Structure of QCI

**Quality Council of India**

**National  
Accreditation Board  
for Certification  
Bodies (NABCB)**

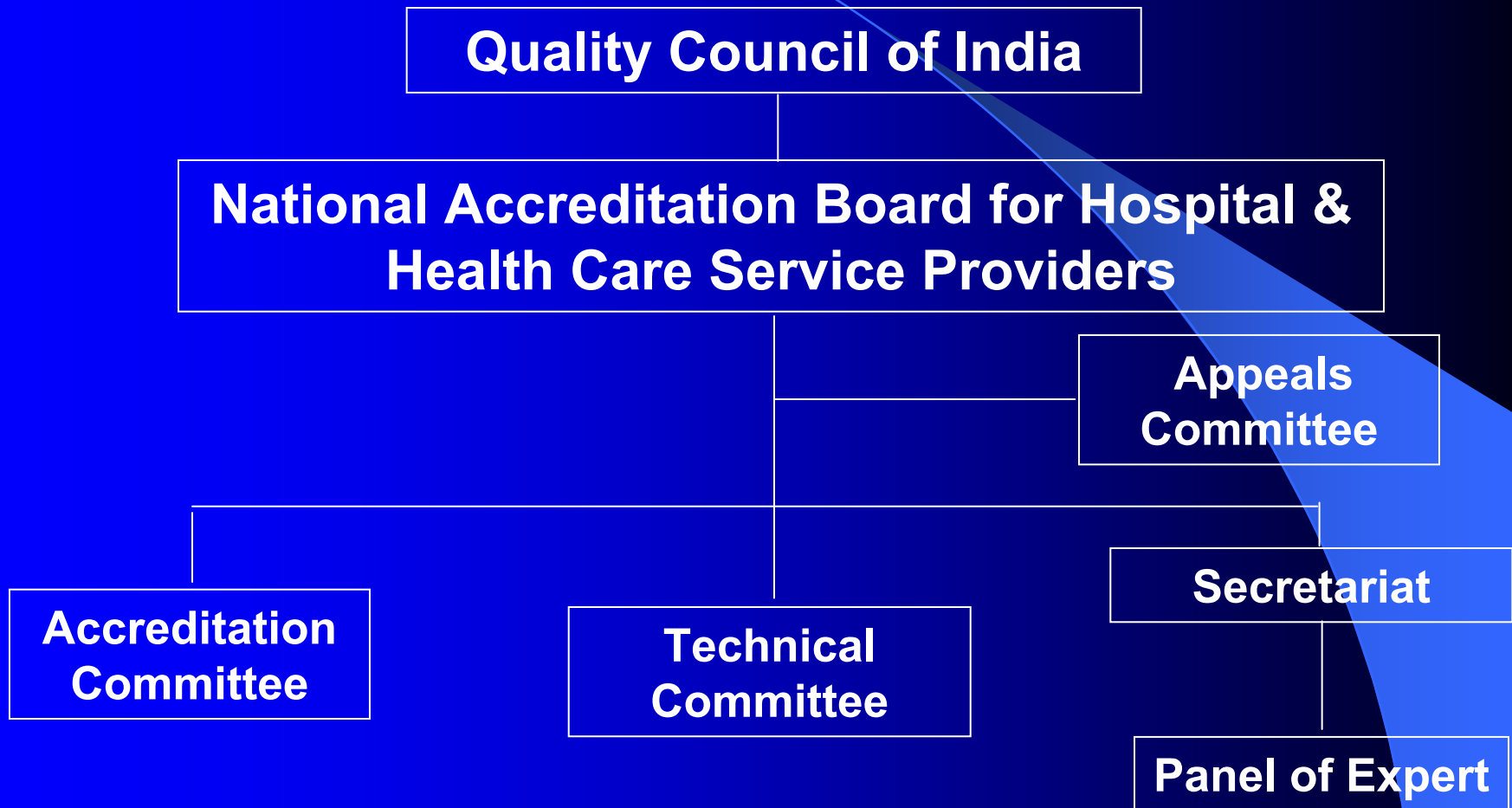
**National Accreditation  
Board for Testing and  
Calibration  
Laboratories (NABL)**

**National Registration  
Board for Personnel  
and Training (NRBPT)**

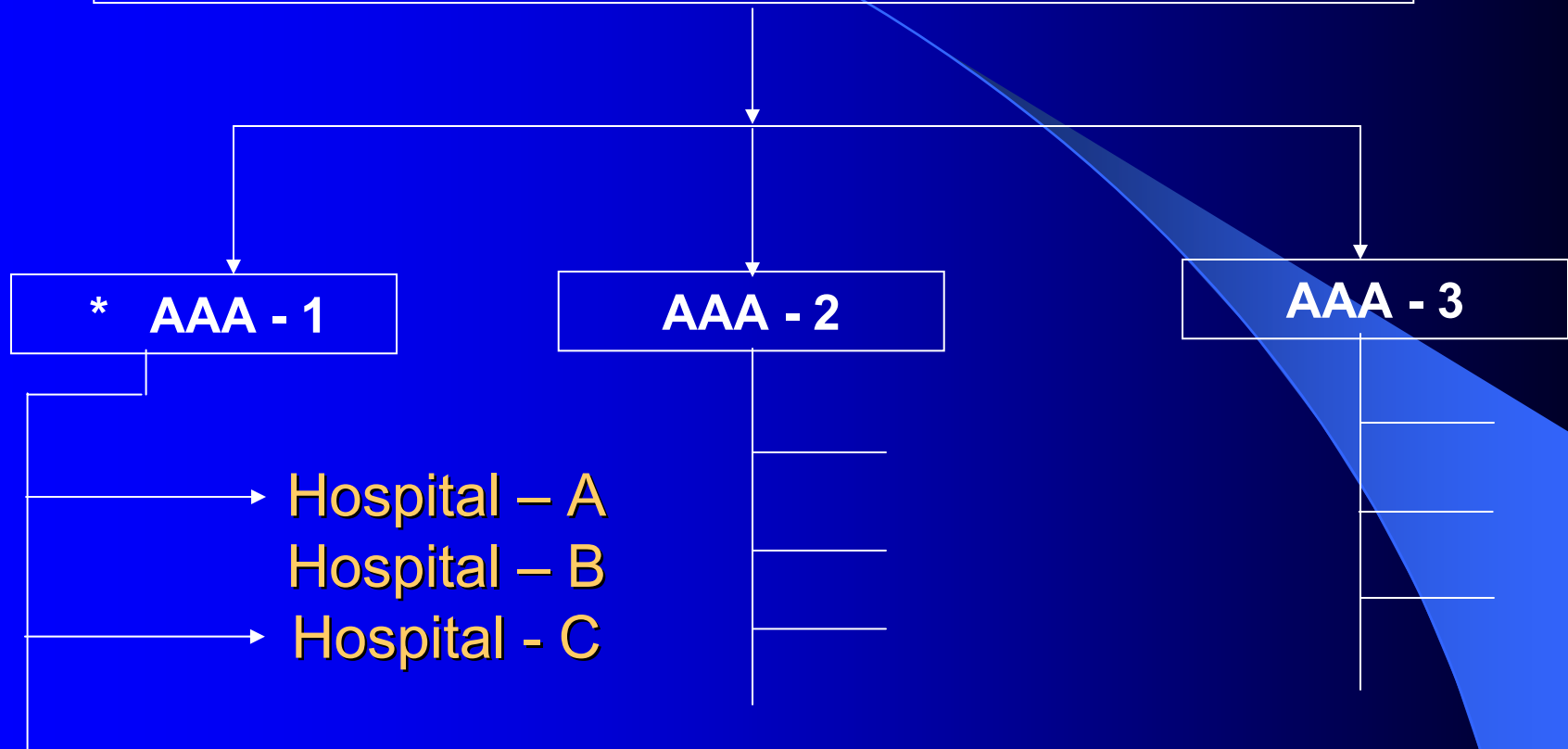
**National Quality  
Campaign**

**Quality Information  
and Enquiry Service**

# Proposed Structure - NABH



# National Accreditation Board for Hospital & Health Care Services



\* (Approved Accredited Agency)

# Criteria Guidelines

- Board will function as per ISO 17011
- AAA to function as per ISO 17021
- Criteria for assessment of hospitals need to be developed by Technical Committee and approved by Board

# Australian Government Private Sector Health Quality Criteria – PHI 32/03

- Management of the operation of the Hospital
- Clinical Practices
- Safety and Quality of Medication
- Personnel
- Consumer Rights

# Thailand Model HA/HPH/TQA

# *Part - I*

## Organization Management

1. Leadership
2. Strategic Management
3. Focus on Patients
4. Information & Knowledge Management
5. Staff Focus
6. Process Management
  - Health Care Process
  - Support Process
7. Organization performance result

# **Part – II**

## **Hospital specific system**

- 1. Environment of care**
- 2. Risk & Quality Management system**
- 3. Professional standard and Ethic system**
- 4. Prevention & control of Infection**
- 5. Patient record system**
- 6. Drug system**
- 7. Medical laboratory system**
- 8. Imaging system**
- 9. Community service & Empowerment**

# Part – III

## Patient Care Process

1. Entry
2. Assessment
3. Planning of Care
4. Deliver of Care
5. Patient family Empowerment
6. Discharge Planning and continuity of care

# Health Quality Service Accreditation Programme (U.K.)

- **SECTION 1: CORPORATE AND CLINICAL GOVERNANCE**
- ***SECTION 2: OPERATIONAL MANAGEMENT***
- ***SECTION 3: HOTEL AND SITE SERVICES***
- **SECTION 4: THE PATIENT EXPERIENCE**
- **SECTION 5: THE PATIENT'S JOURNEY**
- ***SECTION 6: CLINICAL SERVICES***

# Joint Commission International Accreditation Standards for Hospital U.S.A.

# Section – I

## Patient Centered Standards

- Access to care & continuity of care
- Patient and Family Rights
- Assessment of patients
- Care of Patient
- Patient and family education

## Section – II

### Healthcare Organization Management Standards

- Quality Improvement and Patient Safety
- Prevention and Control of Infections
- Governance, Leadership and Direction
- Facility Management and Safety (FMS)
- Staff Qualification and Education (SQE)
- Management of Information (MOI)

# Comparative Visible Emphasis on Various aspects provided in the different Standards

Standard Criteria	PHI 32/03 Australian	HA/HPT/TQA	Health Quality Service Accreditation (U.K.)	JCI Accreditation Standard for Hospital USA
Scope				
Corporate & Clinical Governance	Low	Strong	Strong	Strong
Operational Management	Strong	Strong	Strong	Strong
Focus on Patient	Strong	Strong	Strong	Strong
Clinical Services	Medium	Medium	Strong	Low

# Proposed Indian Criteria outline for Assessment of Hospital by NABH

## Part – I

### Organizational & Clinical Governance

- General Management
- Legal Identity, compliance with regulatory requirements
- General Security, Fire & Safety
- Waste Management
- Information & knowledge management

# Part – II

## Operational Management

- Prevention & control of Infection
- Premises, Facilities & Service environment
- Control & upkeep of Medical Equipment
- Catering Services
- Control on suppliers & contracted services

# Part – III

## Focus on Patient

- Information & informed consent
- Patient & family rights
- Continuity of care ;
  - Pre - admission to post discharge
- Complaints management
- Patient feedback / satisfaction

# Part – IV

## Clinical Services

- Out patient service
- Diagnostic imaging service
- Medical laboratory system
- Pharmaceutical service
- Sterile services
- Day Care
- Critical care service
- Emergency medical services
- Maintenance of patient medical records

# Part – V

## Human Resource

- Staff planning & recruitment
- Staff development & education
- Monitoring of staff performance in clinical practice
- Community service & empowerment
- Staff satisfaction & feed back

# Scheme for Assessment of Primary Health Centre (PHC)

## PHC Management

- Organizational Issues
- Human resources – Medical services
- Medical equipment & their maintenance
- Infrastructure, utilities & house keeping
- Information for patients
- Admission & referral
- Clinical records

# PHC: Clinical Services

- Outpatient services
- Essential Laboratory Services
- Pharmaceutical services
- Minor OT service
- Sterile Service
- Day care
- Emergency medical service
- Maternity service

# PHC Assessment using ITA 1 : 2000 (E) (Guidelines for process improvement in health service organization)

- Managing PHC system
  - Control of documents
  - Control of records
- Statutory & regulatory requirements
- Patient / Client care practices

- Resource management
  - Shift resources
  - Credentialing of staff
  - Infrastructure
  - Hazardous waste handling
- Facility & equipment planning
- Measuring & monitoring
  - Peer review of random cases
  - Monitoring of outcomes & results
  - Care paths

# PHC Assessment

- Not to be covered under accreditation or certification
- Compliance to the specified criteria to be assessed by designated agencies, under overall control of NABH
- PHCs be graded in 3 categories:
  - Complying fully with the criteria
  - Compliance with scope for improvement
  - Compliance not at par



Quality Council of India

Thank You