

ACCREDITATION : SOLUTIONS for HEALTHCARE SECTOR

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INDIAN CONFEDERATION FOR
HEALTHCARE ACCREDITATION
(ICHA)**

WORKING OF HOSPITAL- TEAMWORK

SYNCHRONY – SYMPHONY – SYNERGY

- CORPORATE GOVERNANCE
- CLINICAL GOVERNANCE
- OPERATIONAL MANAGEMENT
- FACILITIES MANAGEMENT
- FELICITATION SERVICES
 - COMMUNICATION
 - GESTURES
 - CONVENIENCES

World Health Organisation's definition of quality for Healthcare delivery systems

'Providing the highest level of professional care with most effective utilisation of resources, the minimum risk to the patient, the highest level of patient satisfaction and with results influencing health status'

This comprehensive definition identifies the following critical factors:

- ❖ Professional care excellence***
- ❖ Optimal utilisation of resources***
- ❖ Total safety and risk minimisation***
- ❖ Delighted customers***
- ❖ Positive value outcomes.***

World over and in India – Have the following worked?

- **Licensure** – Authorize by legal grant
- **Regulation** – Control or order by restriction
- **Inspection** – View and Examine officially
- **Authorization** – Make legitimate by authority
- **Certification** – Statement of Capability

Comprehensive Accreditation in Healthcare has been Highly Successful

- **Process of improving, through learning and collaboration, the functioning of HCOs – whole hospitals, delivery systems networks and professional activities. This excellence is then validated through peer review and accreditation award.**
- **Characteristics**
 - Voluntary
 - peer pressure
 - funding pressure
 - regulatory pressure
 - competition
 - Outside/ Independent Review / Validation
 - Outcome – award and grading
 - Education – Consultation, Participation & Professionalization

ACCREDITATION

CREDIBILITY

CONTENT

COMPETENCE

CAPABILITY

Dimensions of Accreditation

- **APPROPRIATENESS**
- **AVAILABILITY**
- **CONTINUITY**
- **EFFECTIVENESS**
- **RESPONSIVE & CARING DELIVERY**
- **SAFETY & RISK**
- **TIMELINESS**

Benefits of Accreditation

- **By-product of Standardization**
 - Standardization of what ?
- **Patient focused attention**
- **Better Organization**
 - Personnel – Facilities – Procedures
- **Better Coordination and Cooperation**
- **Improved End-results**
 - Patient care
 - Individual Development
 - Organizational Development
- **Communication and Knowledge sharing**

Significant Movements Worldwide

- **Autonomous – professional driven - open accreditation systems**
- **Political and moral force in Health care arena**
- **Balanced growth and self - regulation of Healthcare industry**
- **Professional to patient focused**
- **Individual to team effort**
- **Responsive and accountable**
- **Greater public scrutiny**
- **Continuous interdependent relationship with Executive – Judiciary – Legislative**
- **Greater focus on Clinical Effectiveness**
- **Delays when Govt. was primary driver**
- **Not succeeded without professionals' support**
- **Piecemeal and Multiple systems not worked**

STAKE HOLDERS

- ✚ **Service Provider Teams**
- ✚ **Service Receivers / users**
- ✚ **Payers – Insurance, Corporates, Govt. Bodies, Individuals and Funding Agencies**
- ✚ **Human Rights groups**
- ✚ **Media**
- ✚ **Professional experts**
- ✚ **Legislature / Law / Statutory bodies**
- ✚ **Education – Universities, NBE**
- ✚ **Others interested in Quality**

Indian Scenario

- BIS Standards
- ISO
- CRISIL / ICRA
- NABL for Clinical Labs
- Piecemeal Systems – Local
- International Systems
- **ICHA Incorporated***

*** AS A NOT-FOR-PROFIT SECTION 25 Company**

A Multi-stakeholder body comprising Providers, Receivers and Users, Payers & Funders and Educators & Regulators





PRIMARY OBJECTIVES

- Endeavour to improve the quality of Healthcare services for the benefit of public at large and all concerned with healthcare in particular.
- To establish a Comprehensive Healthcare Accreditation System by a collaborative / participative approach.
- Achieve progressively world-class quality in healthcare to enable India to become the health destination for the World.


VISION

To attain global leadership and make India the health destination of the world by providing continuously better quality healthcare through actualization of our tremendous expert resource potential.

MISSION

Establish validated excellence in healthcare through collaborative team effort to achieve ever-higher optimal levels of quality, access, cost and risk minimisation. We endeavour to bring about all round improvement and happiness to all stakeholders in healthcare.

ICHA COMPOSITION

- **National Professional Association(s) of Healthcare Providers: 60 %**
 - **National Association(s) of Facility Owners/Providers: 10 %**
 - **National Association(s) of Consumers Organizations: 10 %**
 - **National Association(s) of Media: 03 %**
 - **National Association(s) of Law / Legal professionals / Chartered Accountants 02 %**
 - **National Association(s)/Organisation(s) of Funders or Payers (break up as under): 10%**
 - (i) **Government 5%**
 - (ii) **Insurance 2%**
 - (iii) **Companies 3%**
 - **National Professional Councils/Educational/ Research Bodies in areas of Healthcare 05 %**
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ICHA STRUCTURE

- Neutral apolitical Chairman / Vice Chairman
- General Body – National Associations / Institutions
- Board of Directors
- Technical Council
- Secretariat headed by CEO supervised by Executive Committee
- Affiliates – Individual and organisational
- Committees / Sub-committees / Task Forces

STEPS OF ACTIVITIES FOR ASSOCIATIONS / MEMBER STAKEHOLDERS

- Strengthen ICHA. Widely disseminate information.
- *Volunteers from database to develop guidelines*
- *Process and guidelines to be made by people who do the actual work in conjunction with input providers and output receivers.*
- *Initial focus on high volume and high-risk diagnosis groups and key processes.*
- *Categorization/grading of guidelines into ideal / desirable / threshold levels.*
- *Experts form groups of 5 -10 to exchange and initial peer review.*

STEPS OF ACTIVITIES FOR ASSOCIATIONS / MEMBER STAKEHOLDERS

- *The initial work posted on web site*
- *Concerned people can provide feedback with alternative suggestions and reasons thereof.*
- *Reiteration process - update as necessary, through the author.*
- *Final approval by concerned professional associations.*
- Consideration and adoption by ICHA.
- Updating as and when necessary
- ICHA in parallel to work on generic areas and post guidelines on website for reiteration as above.

TASKS - ACCREDITATION

- **Herculean**
- **Tremendous magnitude**
- **Need for consensus**
- **Create buy-in of maximum possible**
- **Large number of players**
- **Awareness**

What has been Achieved so far

- Enrolment of Affiliates – Individuals / Organizations
- Member Associations
- Secretariat, Bank account and Working committee working
- Series of progressive meetings since Oct. 2002
- Legal Advisers
- Press / Media coverage
- Dissemination of information through various channels.
- Auditors and Secretarial affairs advisers

Tasks to be done

1. **Dissemination of Information**
 - **Journals - Newspapers - Magazines**
2. **Web-site development for registration by participating experts**
3. **Fund Raising**
4. **Enrollment of all stakeholders**
5. **Workshops / Seminars for awareness and training**
6. **Membership of ISQua** (*International Society for Quality in Healthcare*)
7. **Day to day working**

Why Contribute to this movement

- Healthcare affects us all
 - Costs - Access - Quality
- Continuously improved Quality
 - Better care and delighted customers
 - Cost savings for payers
 - Rationalization / optimisation of resources
- Individual and Institutional Development
- Corporate Citizens – Societal responsibility
- Fulfilling a need of the hour
- National Health Policy – EXIM Policy
- Vision 2020 actualization

WORKING COMMITTEE

- **Maj. Gen. S. Venkataraman**, [President – API]
- Dr. A. N. Sinha, Ex – HOD SJH & VMMC [ASI]
- Dr. Rajesh Upadhyay, [Secy. Gen. A P I, Delhi Chapter]
- **Shri S. L. Nasa**, [Indian Hospital Pharmacists Assn.]
- **Dr. BVR Sastry**, [ISA]
- Maj. Gen Ashim Chakravarti [President – AHA]
- Dr. Akhil K. Sangal, Convener - CEO

CONTACT INFORMATION

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THE ENVISAGED PLAN OF ACTION

Phase I – Strengthen the organisation - enroll
1-2 Years all stakeholders, awareness
campaign, fund raising and building
the database.

HOW:

- Conference / Meeting of all stakeholders.
- Sponsorship of Accreditation Sessions.
- Direct & Public Sessions.
- Training Workshops to create Trainers.
- Healthcare Response Sheet

THE ENVISAGED PLAN OF ACTION

Phase II – CONTENT BUILDING;
Training of Authors of Guidelines
Consensus Based guidelines
Standards development
Pilot Testing
Finalization

THE ENVISAGED PLAN OF ACTION

Phase III – Accreditation implementation.