A COMPARATIVE ANALYSIS OF THE NABH, JCI, AND HAAD GUIDELINES FOR HOSPITALS

Dissertation submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

Adamya Singh Bais

Under the supervision and guidance of

Dr. P.R. Sodani

President, IIHMR University, Jaipur

2023

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled "A Comparative Analysis of the NABH, JCI, and HAAD guidelines for hospitals" is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)
Adamya Singh Bais
Date

CERTIFICATE OF COMPLETION

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GEETANJALI HOSPITAL
HEALTH IS HAPPINESS

GMCH/ESTT/Internship/2023/230 Dated:01/06/2023

INTERNSHIP COMPLETION LETTER

This is to certify that **Mr. Adamya Singh Bais** S/o **Mr. Shailendra Singh Bais** has completed **Internship** (MBA) **Hospital and Health Management** from **27-02-2023 to 26-05-2023** at Geetanjali Medical College & Hospital. He has completed his training on **26-05-2023.**

For, Geetanjali Medical College & Hospital.

GEETANJALI MEDICAL COLLEGE & HOSPITAL UDAIPUR

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Assistant General Manager
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CERTIFICATE

This is to certify that dissertation titled "A Comparative Analysis of the NABH, JCI, and HAAD guidelines for hospitals" is a record of the research work undertaken by Adamya Singh Bais in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Dr. P.R. Sodani	Dr. (Col.) Mahender Kumar
Faculty Guide	School Dean
IIHMR University, Jaipur	IIHMR University, Jaipur
Date	Date

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ABSTRACT

Last few years have witnessed a rise in popularity and acceptance of the accreditation programmes. This has happened as a result of increase in awareness about the importance of quality in healthcare and people are ready to spend suitable amount of money for getting best possible treatment available.

Both developed and developing countries have made use of the benefits that come with an increase in quality of health services.

After going through different studies, it has been noted that in general, Accreditation has these purposes majorly: (I) Quality Control (II) Compliance with regulations (III) Quality improvement of processes (IV) Increase in knowledge and giving feedback (V) Marketing

There are a number of of national and international bodies that provide accreditation of hospitals and healthcare institutions, out of which some of the reputed ones are:

- NABH
- JCI
- HAAD

1) NABH

Setup and launched in 2005, as part of Quality Council of India. Its main aim is to create standards for the health care organisations, following which an institution can gain NABH accreditation.

They are accepted all across India and have prepared an in-depth guidelines which contain more than Four Hundred objective indicators that have to be followed and implemented by the hospital.

2) JCI

JCI or Joint Commission International is a USA based Not for profit organisation that evaluates and accredits healthcare organisations across the globe that began in 1951 with the name of JCAHO (Joint Commission on Accreditation of Healthcare Organisations)

It is one of the well-known Accreditation bodies which works across the globe in around 70 countries and have certified more than 1000 hospitals.

3) HAAD

This recognition is granted by the Health Authority of Abu Dhabi after going through a stringent procedure of assessment by the assessors. This is reputed in the gulf region.

HAAD is a relatively new recognition with it’s first policy coming out in 2013.

The fundamental goal of the above-mentioned organisations is to ensure quality standards are being followed and implemented in the organisations that abide by the accreditation. In the long term, this allows the organisations to enhance their services, products and become better in the eyes of the patients.

Purpose: The purpose of this study is to do a comparative analysis of the guidelines by going secondary data to see the similarities and differences between the same.

Method: A comparative analysis of the stakeholder's point of view and structure of the organisation was done to find out how the procedure works.

Results: It was found out that no single Accreditation is fit for purpose for every organisation, each one serves individual purposes and it's up to the organisation to see which one is best for them.

CHAPTER 1

INTRODUCTION

Background:

Healthcare – a basic need and an essential requirement needed and utilized by everyone across the globe. It changes and develops itself with every new innovation in technology, method of treatment or advancement in medication. All these progresses cost a lot of money and thus the value that the patient receive from getting treated for any ailment decreases.

To tackle this and other such challenges, quality programmes are made so that best and latest practices can be incorporated into the working allowing value for money treatment available to the patients and general public.

Due to the sheer amount of population that expects healthcare and related services, organisations that are providing the same are not able to keep up with the demand and are unable to arrange for the requisite quality that is expected out of them. This thereby leads to critical incidents that may lead to injury, damage to resources and in some cases, even death.

To make sure that the services that are concerned with health are being offered are correct and of good quality i.e., they are performing as they are supposed to, various organisations both government and non-government came up with standards in order to define the appropriate way of delivering health related care effectively. Nowadays, the organisations that obey these standards are more trusted by the patients, healthcare providers and consumers at large which in turn grants positive exposure and marketing to the organisation.

Just following the standards is not enough, one has to get evaluated and endorsed by the third-party organisations that inspect the same so that the sanctioned organisation can use and benefit from it.

Majorly, there exist three structures that guide and outline that majorly guide how the standards are to be used, the criteria for assessment of compliance and the process for getting recognized after an organisation successfully completes the requirements as given the requisites as laid down by the organisation.

1. Accreditation
   This is a recognition that is accepted by the community that the healthcare organisation follows all the standards set up by the managing body of the accreditation.

   This recognition is only given after a detailed, independent assessment done by a third party that is both competent and impartial. The assessment checks how the particular organisation functions with respect to the standards set by the accrediting body.

2. Certification
   This is an acknowledgement given to health care related institutions that comply with the procedures.

This is done after passing an external review that is done by the organisation that is certifying.

3. Licensure
   It is a permission given by the government authority when a healthcare organisation/provider abides by minimum levels set up by the government.

   It is mandatory and must be done before starting an establishment.

The quality of healthcare is one of the main concern for all stakeholders like patients, general public, healthcare providers. It has been seen that in past few years, accreditation programs have become popular. This is because of the benefits and value that they bring. The National Accreditation Board for Hospitals & Healthcare Providers (NABH), the Joint Commission International (JCI), and the Health Authority-Abu Dhabi (HAAD) are one of the three of widely recognized accreditation programs for hospitals. Each organization has its own set of guidelines and standards for hospitals and healthcare providers to ensure quality care and patient safety.

A secondary study of the guidelines from these three organizations can provide valuable insights into best practices for hospitals. Here are some key areas where the guidelines overlap and where hospitals can adopt best practices:

1. **HAAD:**

The Health Authority Abu Dhabi (HAAD) is in charge of dealing with the activities relating to healthcare in the Emirate of Abu Dhabi. It works to enhance health services being furnished to the community by way of enforcing regulations and rules that growth the first-class of services and centers, thereby maintaining song of the overall public's protection. Also, it oversees the overall population's fitness fame. Additionally, HAAD makes the directives and pointers for the health system's rules, enforces them via inspections, and promotes the adoption of best practises and overall performance dreams by way of all provider providers.

Priority Areas for The Policy on Quality and Patient Safety

<u>Priority number one</u>

- Ensure that all of health centres meet the minimum required necessities for shape.

<u>Priority number two</u>

- To make sure all health facilities follow the least amount of necessities for procedures.

<u>Priority number three</u>

- To make sure that all of the healthcare providers obey the minimal needs for final results of medical processes

Priority number four:

- A plan is there for the roles and obligations to assure that implementation is done

Its policy on "Quality and Patient Safety" was launched in 2013, after which it was updated as per improvement in knowledge of medical practises and increase in technology.

Overall, the HAAD guidelines on quality are designed to ensure that healthcare facilities in Abu Dhabi provide high-quality care that meets the needs of patients. By following these guidelines, healthcare providers can improve patient outcomes, reduce costs, and build trust in the healthcare system.

2. NABH: National Accreditation Board for Hospitals & Healthcare Providers:

NABH (National Accreditation Board for Hospitals & Healthcare Providers) is a part of Quality Council of India (QCI). It was setup in 2005 for improving the quality of health provided by the hospitals and various other healthcare facilities and creating an environment that supports patient safety and how the services are delivered to the patients and other relevant stakeholders.

NABH is also involved in mutual, educational association with International Societies such as "ISQua (International Society for Quality on Health)", "ASQua (Asian Society of Quality in Healthcare)"

NABH has established a set of guidelines that healthcare facilities in India are required to follow in order to achieve accreditation.

The NABH guidelines cover a wide range of areas related to healthcare, including:

a) Patient Centred Standards
    - Access Assessment and Continuity of Care (AAC)
    - Care of Patients (COP)
    - Management of Medication (MOM)
    - Patient Rights and Education (PRE)
    - Hospital Infection Control (HIC)

b) Organisation Centred Standards
    - Continuous Quality Improvement (CQI)
    - Responsibility of Management (ROM)
    - Facility Management and Safety (FMS)
    - Human Resource Management (HRM)
    - Information Management System (IMS)

NABH accreditation is quite affordable for the value it offers.

There two stages in it:

1. Preliminary Audit (may be online via video conference or can be in person too)

2. Comprehensive Audit (In person external, independent visit by a group of assessors including principal assessor and asssessors.)

Overall, the NABH guidelines are designed to promote high-quality healthcare in India by ensuring that healthcare facilities meet certain standards and provide safe, effective, and patient-centered care. By following these guidelines, healthcare providers can improve patient outcomes, reduce costs, and build trust in the healthcare system.

3. JCI: Joint Commission International

JCI (Joint Commission International) started in 1951, is a USA based, not for profit organisation that evaluates and accredits healthcare facilities, based on their compliance with high-quality standards of care in healthcare organisations. The JCI has established a set of guidelines that healthcare facilities around the world are required to follow in order to achieve accreditation.

It has partnered with more than 70 countries and has accredited over 1000 healthcare facilities.

It has 2 major.subdivisions:

- Patient Centred Goals, which includes –
  - IPSG: International Patient Safety Goals
  - ACC: Access to Care and Continuity of Care
  - PFR: Patient and Family Rights
  - AOP: Assessment of Patients
  - COP: Care of Patients
  - ASC: Anaesthesia and Surgery Care
  - MMU: Medication Management and Use
  - PFE: Patient and Family Education
- Health Care Organisation Management Standards
  - QPS: Quality Improvement and Patient Safety
  - PCI: Prevention and Control of Infections
  - GLD: Governance, Leadership and Direction (GLD)
  - FMS: Facility Management and Safety
  - SQE: Staff Qualifications and Education
  - MOI: Management of Information

Which are like those in NABH guidelines, however they differ in how they are implemented and are more detailed.

JCI guidelines are accepted across the globe and they are divided into region so as to better serve the nations of that specific region, with a local body in partner countries which report to national body that in turn report to the regional body.

Overall, the JCI guidelines for hospitals are designed to promote high-quality healthcare by ensuring that healthcare facilities meet certain standards and provide safe, effective, and patient-centered care.

CHAPTER 2

REVIEW OF LITERATURE:

1. **Sibal A et al. (2016)** in their study An approach to improve patient safety and quality beyond accreditatio**n** inform us that **e**nsuring patient safety requires joint efforts consisting of a broad plan that focuses on different aspects related to improvement in performance techniques, detecting potential hazards through evaluation that have to be blended with policies that focus on a number of steps that range from effective infection control measures, better medication administration policies, putting in place safeguards that make use of best clinical practices being followed worldwide. Healthcare organizations can seek support from international accrediting entities across differing geographies; especially well known and benchmark setting institutions like Joint Commission International (JCI), which are the leaders of accreditation and are reputed for rigorous standards which are built for encouraging safe, cost-effective and patient focussed methods of healthcare delivery.
2. **J. David et al. (2017)** in their a study titled National Accreditation Board for Hospitals and Healthcare Providers (NABH) Standards: A review found that healthcare organizations that work under resource constrained circumstances, implementing NABH standards may cause several difficulties. Limited funding along with poor infrastructure facilities present in the healthcare organisation and lack of skilled medical personnel could affect the implementation of accreditation processes badly. Also, maintaining compliance requires constant efforts including monitoring efforts, quality improvement initiatives and at the same time ensuring that guidelines are being applied correctly. However, for organisations that can bear these expenditures, NABH is a very powerful tool that can highly increase the chances of better, safe and patient friendly health services and processes.
3. **Helen Smits et al. (2014)** conducted a joint study where they found that Accreditation plays a very important role in Low and Middle Income Countries (LMICs) in the quality of healthcare services being delivered there however these countries use the accreditation followed globally to improve the care being provided in their weakest healthcare facilities. In order to learn and increase the knowledge, JLN (Joint Learning Network for Universal Health Coverage) was setup so that different countries can educate themselves from each other's' failures and successes.

Accreditations can be used to keep the quality being offered by healthcare organisation consistent, when the countries are expanding their coverage of delivering health related care.

4. **Alkhenizan A et al. (2016)** performed a systematic review where it is highlighted that health care professionals were doubtful about whether accreditation does have a positive impact on the quality of health that is delivered, they also came across that the cost of accreditation is a big concern in developing countries. Due to which, they came to a conclusion that there is a lack of awareness about the merits of accreditation and thus healthcare professionals like doctors, nurses should be educated on the value provided by accreditation.

5. **Rajnish Shukla et al. (2019)** explored how hospitals in Delhi – NCR region that possess JCI accreditation are more attractive to potential customers (patients) due to the facilities and reliable quality of healthcare that they provide. Due to the value of the JCI accreditation, these healthcare providers have become go to destination for medical tourism as patients coming from outside trust the health services that will be provided by the accredited hospitals, which in turn speaks a lot about the importance of such accreditations.

6. **D Shreedevi (2013)** emphasized in her study that the main aim of accreditation is to increase the ability of hospitals to provide a high quality of healthcare services to the patients and it also assists the healthcare providers in following the correct way for obtaining a positive health outcome. Out of all the relevant stakeholders of accreditation, patients benefit the most as they are treated by qualified medical professionals using best available current knowledge and following set standards that allows in reducing the possibility of errors, which in turn increases the patient's satisfaction.

Chapter 3

METHODOLOGY

Research Question:

1. What are the similarities and differences between the NABH, JCI, and HAAD guidelines for hospitals?
2. How do the various stakeholders view these guidelines and their effect on quality of health provided?

Objectives:

1. To check and see the similarities and differences between the NABH, JCI, and HAAD guidelines for hospitals and identify their respective strengths and weaknesses.
2. To understand the health care related accreditations of NABH, JCI and HAAD and the way they work

Study Design: Descriptive study design

Study tools:

1. Case studies: Case studies can be conducted to evaluate the impact of NABH, JCI, and HAAD guidelines on the quality of care of hospitals. The case studies can throw a focus on the successes and challenges faced by hospitals in implementing the guidelines and achieving accreditation.

2. Document review: A document review to be conducted to compare and contrast the guidelines of NABH, JCI, and HAAD. This can involve a detailed review of the guidelines, standards, and accreditation requirements of each program, as well as the accreditation process and outcomes.

- **Duration of study: 3 months (February to May)**

- **Data Type:** Secondary Data

- **Data collection procedure:** Data which is present in accreditation guidelines and case studies through researching on Internet via websites of the accreditation organisations, reputed national and international journals, annual reports, magazines.

- **Inclusion Criteria:** Research Papers from Peer reviewed journals, websites and publications of the Accreditation organisations

- **Exclusion Criteria:** The data used in the study is limited as no primary study could take place.

CHAPTER 4

RESULTS AND DISCUSSION

4.A. STAKEHOLDER ANALYSIS between NABH, JCI and HAAD

A Comparison between NABH, JCI and HAAD Guidelines as per the stakeholder's point of view (Merits, Demerits, Opinions of the Stakeholders)

- Stakeholders of these Accreditations would be:
    - Hospitals and Healthcare organisations
    - Patients and general public that utilize the healthcare services.
    - Healthcare providers that deliver health related services like doctors, nurses, paramedical staff
    - Government and the institutions that regulate these accreditations.
    - Insurance Companies

S. No.	Objectives	NABH	JCI	HAAD
1	**Stakeholder's Opinion**	**a) Quality:** Here, Quality means that the healthcare organisation is able to maintain the standards that it follows constantly, thereby safeguarding the customers' (patients and population at large) necessities.	**a) Quality:** It is defined as how the overall usefulness of healthcare being given to patients apart from zero errors and barriers to healthcare service.	**b) Quality:** It focusses on how the increase in the grade of health services being provided by a healthcare organisation enhance the chance of a

				preferred health outcome to occur.
2	**Merits**	**With relation to patients** 1. Enhanced standards that cover Patient rights, quality of care that is provided to them, and the continuous process of improvement that is to be followed. 2. Patients are informed and educated about their rights with respect to health care they receive which in turn empowers them.	**With relation to patients** 1. JCI goes more into detail by providing condition specific standards, ambulatory care, range of care. 2. Safety of patients receiving any medication, treatment is given a lot of importance through management of medication and even Anaesthesia and Surgical care.	**With relation to patients** 1. Focussed on timely availability of care by reducing waiting time, increasing efficiency and providing up to date care. 2. More emphasis is given on process, outcomes and infrastructure capability being possessed by a healthcare

	Merits	**With Relation to Healthcare providers** 1. Roles and responsibilities are properly defined allowing ownership of individual work. 2. Healthcare providers are encouraged to give ideas that contribute positively to the process, which thereby improves the environment the staff work in. **With Relation to Healthcare Organisation**	**With Relation to Healthcare providers** 1. Staff is inspired to do the correct work every time (continuously) thereby increasing their efficiency and confidence. 2. Staff gains in both professional and personal terms due to their association with a reputed organisation. **With Relation to Healthcare Organisation**	organisation **With Relation to Healthcare providers** 1. Staff has got support in decision making as there are set provisions present that allow no conflicts of interest. **3.** Job satisfaction increases due to the consistent doing quality work which in long term increases efficiency. **With Relation to Healthcare Organisation**

	Merits	1. Benefits include better marketing of the hospital brand as it increases patients trust in the services offered by the organisation. 2. Due to decrease in errors and improvement of systems that are in place at the organisation, there are lesser complaints. 3. NABH standards have been developed keeping in mind their applicability in Indian scenario,	1. The organisation gains from this as this helps in attracting foreign patients to our country as JCI standards are reputed worldwide thereby increasing the chances of patients coming for treatment. 2. Majorly everything is covered under these guidelines as they are very comprehensive. 3. JCI standards are developed under the guidance of subject matter	1. Mitigates risk that may be present for an organisation by ensuring that best practices are followed, and all the tasks are done in a timely manner. 2. Following these guidelines automatically makes the organisation compliant with the relevant local laws that govern the health care system.

		which make them best suited. 4. Brings evenness in the operational methods.	experts, which increase their effectiveness in the practical scenario. 4. It has more strict standards than NABH, following which makes the organisation perform much better.	3. Reduces any extra work that may be there with respect to statutory regulations. 4. Increases the esteem of the organisation due to the high quality of services it provides.
3	**Demerits**	**With relation to patients** 1. Lack of awareness is there in patients due to which they do not know what improvement they will get. 2. Cost of resources utilized for getting accredited are	**With relation to patients** 1. Patients are unaware about the accreditation in general, because of which they are not able to judge the changes brought in by it. 2. Cost of implementati	**With relation to patients** 1. Patients do not have knowledge about the quality they must get, so they are unable to assess the services being offered to them.

		paid by patients in form of overhead costs.	on increases the patients bills and may also cause patients to not take services from the hospital due to cost involved.	2. Cost required for getting accredited are indirectly paid by the people using the health services.
	Demerits	**With Relation to Healthcare providers** 1. A lot of paperwork, completion of documents is required which acts as an additional burden for the staff. 2. Preparation for audit takes a lot of time. 3. Regular operations are affected as staff ahs to take out extra time to arrange for the evaluation.	**With Relation to Healthcare providers** 1. As JCI is very comprehensive, it needs a lot of maintenance of records. 2. Training and getting ready for audit need a great deal of time. 3. Senior staff has to take training and give training	**With Relation to Healthcare providers** 1. Lot of paperwork is generated for keeping an account of all the processes. 2. Special and extra training is to be done before the audit so that staff can apply the directives properly.

			to junior staff.	3.
	Demerits	**With Relation to Healthcare Organisation** 1. A lot of cost is incurred in arrangement for the audit. 2. It takes few months after evaluation to get certified. 3. The process is continuous which adds to financial and operational strain.	**With Relation to Healthcare Organisation** 1. JCI requires a lot of capital expenditure as it has lot of resource utilisation and standards. 2. A long time for recognition as it is an international accreditation. 3. Special importance has to be given separately for its preparation in order to be ready.	**With Relation to Healthcare Organisation** 1. Planning process takes a lot of funds earned by the hospital. 2. Certificate of Completion takes a significant amount of time.

4.B. STRUCTURAL ANALYSIS

(I) NABH

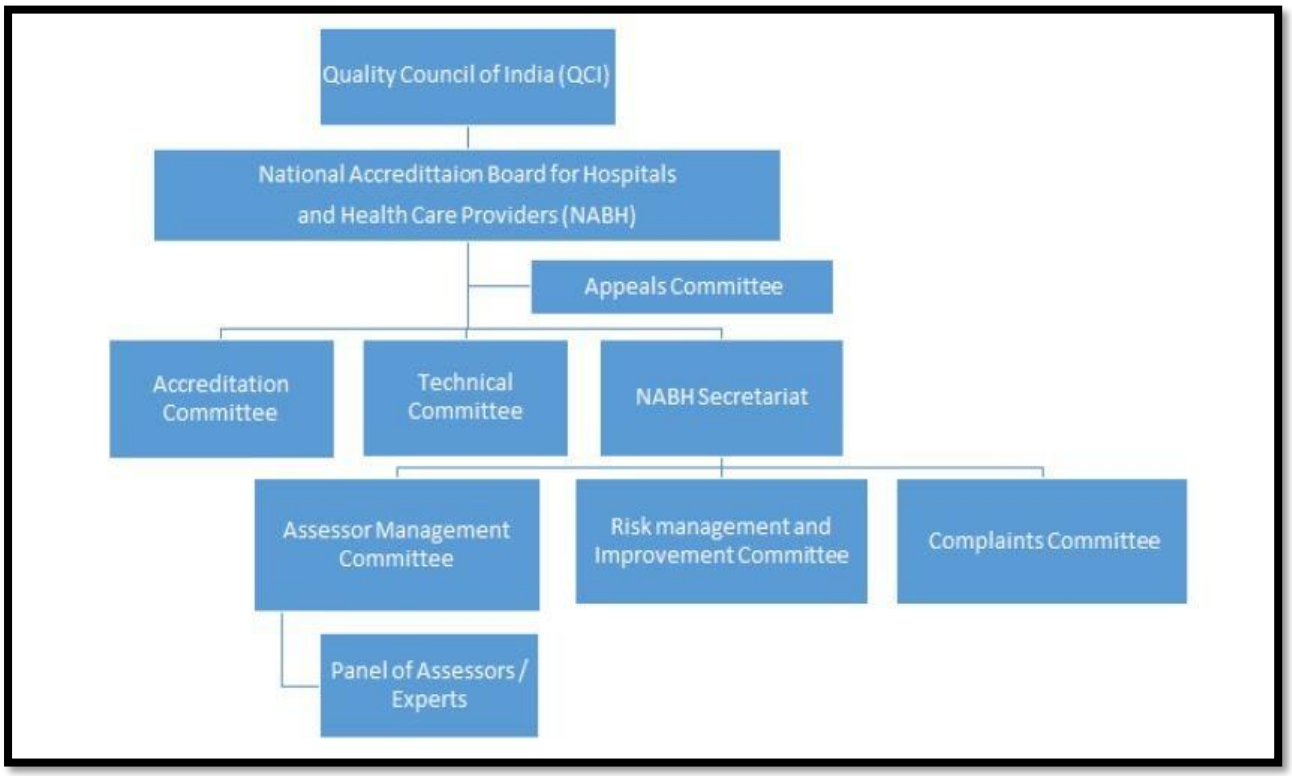

IMAGE 4.1. [CC]

The graphical structure of NABH shown above shows how the communication is done and forwarded apart from the flow of accreditation process. There are different Committees that fall under the charge of NABH, namely:

- Accreditation Committee
  This committee has the onus of managing, organizing, planning and implementing the NABH's Accreditation programme for Hospitals and Healthcare organisations.

- Technical Committee

This committee's chief responsibility is to make and establish the directives and criteria for NABH Accreditation keeping in mind the current medical knowledge and regional/ local requirements and capabilities.

- NABH Secretariat
    - Assessor Management Committee

      This committee manages the assessors that full under the purview of NABH.

        - Panel of Assessor/Experts

          There are two kinds of assessors manily:

          1. Principal Assessor – They are the overall in command of how the NABH accreditation of any particular Healthcare organisation is done, be it the preliminary evaluation or the complete, comprehensive one.
          2. Assessors – They are there to assist in the Principal assessor in their working and are also assigned supplementary tasks with respect to the evaluations.

    - Risk Management and Improvement Committee

    - Complaints Committee
        - This committee looks after any complaints that may be received during anytime of the assessment process. If the complainant is not satisfied with the response/solution offered by the Complaints committee, they may escalate to the Appeals Committee.

The **Appeals Committee** is above all these committees and is led by the Chairman of NABH with three or more members being present in it. It is the duty of the Appeals Committee to consider whether a candidate for accreditation is fit for it or not.

The overall reporting of NABH is to QCI (Quality Council of India).

(II) JCI – JOINT COMMISSION INTERNATIONAL

JCI functions differently as compared to NABH as shown in the graphical image on the next page, as it is an International Organisation there are a lot of intermediaries between the Head Office and the local organisation present in any country. This in turn makes it relatively more complicated than NABH when it comes to passing of information and approvals.

A large number of hierarchies are present above each level which make the process time-taking and thus the organization applying for JCI has to plan accordingly.

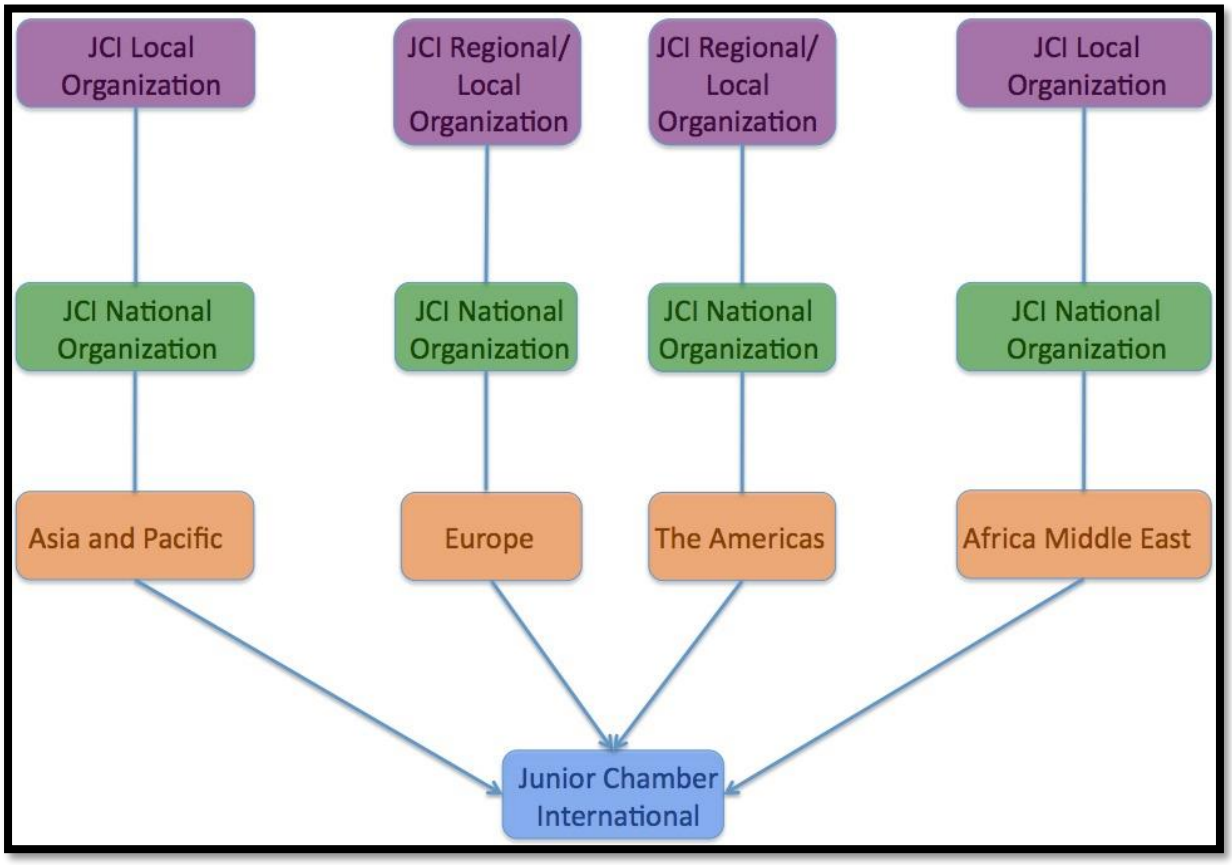

IMAGE 4.2. [DD]

JCI Accreditation for India falls under Asia Pacific region, after which comes the National organisation and then at the last the local organisation.

JCI involves an all-inclusive evaluation of the hospital procedure from patient's safety point of view and hospital management's position.

Therefore, it is evident that JCI has a more complex structure as compared to NABH which thereby makes for a lengthier process of accreditation.

(III) HAAD – HEALTH AUTHORITY OF ABU DHABI

HAAD forms the premier body for accreditation for all the hospitals and healthcare organisations in the Emirate of Abu Dhabi, United Arab Emirates.

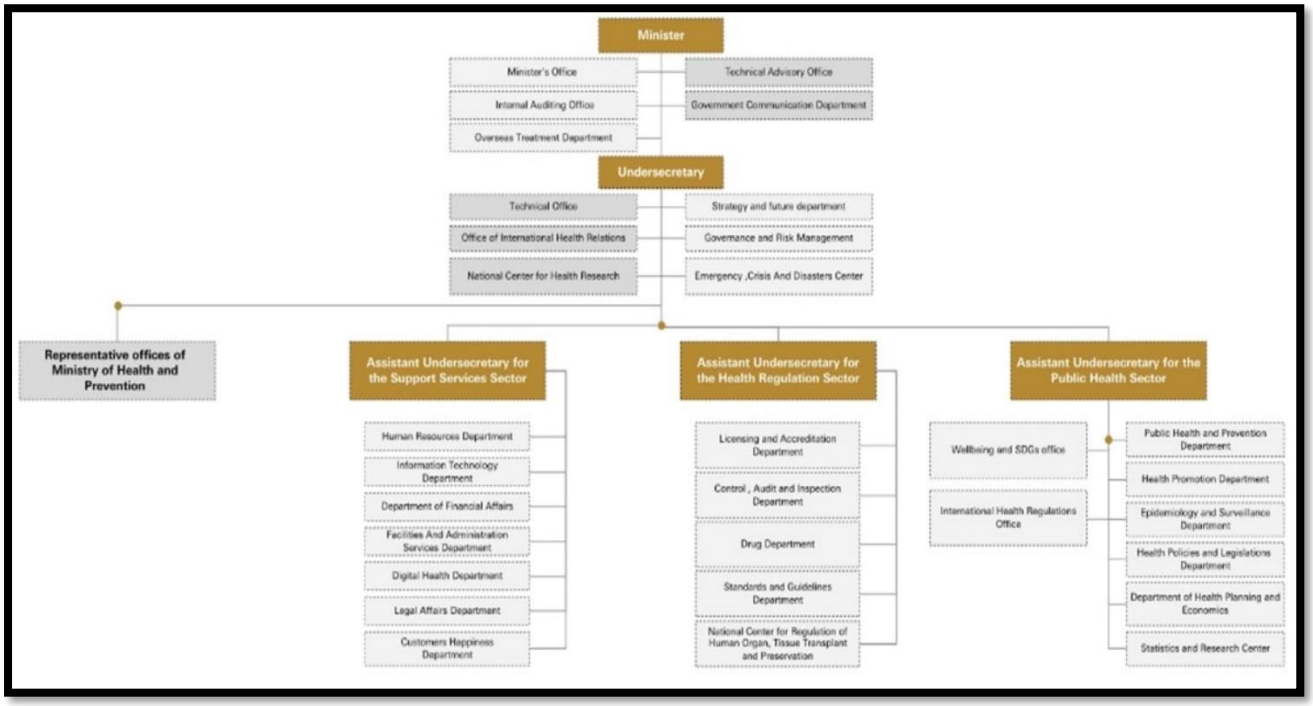

IMAGE 4.3. **(EE)**

The above graphic reveals to us that in HAAD, there is a very long chain of command which makes it relatively cumbersome in comparison to NABH however less than that of JCI.

This intricate organization structure may at times make the significance given to the Accreditation department less as there are a lot of other areas where resources and time may be needed.

Out of all the three, HAAD has more difficult structure than NABH but less than JCI as the latter is an International organisation which makes the process more extensive. HAAD in comparison is based out of a single region (emirate) which makes it reasonably less challenging.

DISCUSSION

There is a lot of promise in Healthcare quality improvement if the Accreditation programmes are utilized properly. Meaning that if this initiative is taken forward with the appropriate

planning including all internal and external aspects like financial condition, resource availability, local regulations that may affect the practical application of these accreditations.

The organisation applying for the evaluation should be devoted to maintaining the quality standards consistently as without which it will not hold any value. There is also a critical need for government support in this endeavour as it will increase the importance that common public holds for these accreditations, which in turn will motivate the healthcare organisations to pursue and apply for them.

Once the requisite boost is received, the external quality assessments can be used for solving challenges being faced by developing countries in terms of their healthcare services and provisions, as these methods are suitable for the needs in such countries.

These recognitions in long term assist in uplifting the overall quality of health sector by providing much required real time evidence and also the feedback from users who implement these directives.

They also assist in benchmarking the different health processes in comparison to international standards which in turn leads to Internal quality enhancement in organisations. Generally, these programmes have to be tailor made so that they fit the purpose of that specific healthcare organisation.

The patients who avail these services are also motivated to receive care at institutions having accreditations as they feel more safe and are trusting of the processes and procedures being followed by the institution.

Accreditation also acts as control for procedures being followed in a health related institution as it compares the clinical and operational processes that are followed by the said organisation, which allows to keep the quality reliable.

However, these positive aspects may get overshadowed if the hospitals charge higher for better quality of services in the name of assessment as it leads to an increase in burden of cost that borne by the patients. “Cost of Poor Quality (COPQ)” if resolved on time can lead to future savings, both for those availing healthcare services and those who are providing them.

In case on India, NABH makes more sense in comparison to JCI because of the cost, the applicability of the guideline. NABH costs quite less than JCI (almost one tenth) for nearly similar quality indicators.

It is also made to fit the local and on ground requirements present in the Indian scenario. Due to the less cost, patients do not have to spend more on health related expenses for the cost of quality evaluations.

Nowadays, due to improvement in the quality of health facilities and low cost compared to other countries, India is slowly on the path to become a medical hub for tourists. Patients coming from outside the country always check about the healthcare organisations before availing their services and at such times, accreditation by a reputed body comes as major plus point for the healthcare providers.

However, such patients trust JCI more than the NABH as it is an internationally accepted recognition and holds more weight than the national ones, which may make hospitals opt for the same.

Also, it has been noted that people who deliver healthcare services like doctors, nurses want to work together with international bodies as it helps them in increasing their knowledge and get exposure to new medical norms that assist in their growth also.

HAAD is region specific and is fit for the locality it is utilized in, as it also has strict procedures that have to assessed by assessors. HAAD is well known in the Gulf region which is why people who belong to that region prefer hospitals having accreditation like HAAD that is reputed there.

At the end, no single Accreditation offers a solution to all the questions and difficulties that an organisation might face be it national or international. They all are suitable for different requirements that an organisation might have. Some recognitions are more accepted than others and help the healthcare institution gain trust of patients who are from different places. That is why hospitals go for different accreditations so that they are attract people from different regions to receive healthcare services.

CHAPTER 5

CONCLUSION

There is an increase in awareness of quality in healthcare around the world, because of which more and more people raise a demand for better and improved quality in healthcare delivery and are also ready to spend accordingly. This has increased the need for high standards to be met by institutions that deliver health related services and products.

Taking inspiration from developed countries around the globe, India is also swiftly developing healthcare infrastructure to meet international standards. Entry of Private companies in the healthcare area has increased the competition, which has benefitted the general public at large. So, one of the reasons for opting for accreditation is to attract patients in their hospitals, as people trust those institutions that provide reliable healthcare and are recognized by reputed accreditation bodies.

These help in building customer loyalty towards a specific brand as the patients know that they will receive high and consistent quality and at the same time helps the hospital/healthcare organisation in maintaining its standards.

Organisations also have encouragement in form of financial benefits, as accreditation helps in long term cost savings due to increased foot fall of patients, budget savings due to consistent quality being maintained.

Organisations should follow approaches that help them in keeping customers happy and promote them to come back to them for nay issue or challenge the might face.

For achieving this, following steps can be taken:

- Understanding the needs of general public and patients by recognizing their pain points
- Keeping the quality of services high and reliable by increasing awareness amongst the healthcare providers and those receiving it
- Making and providing facilities that match the demand of the consumers

"Quality" as a word holds many different meanings, based on the situation or place it is being used in.

It can mean compliance with standards, something that makes customers satisfied, having zero or no faults, suitability to a purpose.

With regards to Healthcare institutions, quality means something that maintains and constantly improves upon the standards being followed.

In India, Accreditation is at a very growing phase as there is a lack of records of previous practices or processes that were being followed by the hospitals. It is not mandatory to get certified or accredited, so a lot of hospitals in order save on financial costs do not get accredited, losing on the long term benefits that it offers.

This paper aims to shed a light on structural and stakeholder point of views of different accreditations, and how they perform when they are compared with each other. Organisations can decide on which certification or accreditation they would wish to apply for that suit their individual requirements.

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