SUMMER TRAINING REPORT PRESENTATION (PART 1) & (PART 2)

SUBMITTED BY

DR .VIDUSHI BHARDWAJ

Impact of Accreditation on Patient Safety

SUMMER TRAINING PART(1)

INTRODUCTION

- Patient safety refers to prevention of errors and adverse effects to patients associated with healthcare.
- Definition of Accreditation - “A self-assessment and external peer assessment process used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve.”
- Health care system in countries in developing phase like India have several challenges to counter each day and must cope up with rapid social, economic, and technical changes. Owing to such scenario, Quality of health services and patient safety are big questions. Hospitals being the main elements of healthcare system, Accreditations become one integral tool to ensure quality of services in hospitals.

- ***BENEFITS OF ACCREDITATIONS***

- Help enhance Quality of healthcare services and ensure patient safety.
- Enhances level of skills and supervision.
- Helps attracting the patients across the globe.
- Helps ensuring safe and healthy working environment for hospital staff.
- Help reducing burden on hospital staff by assuring correct staff ratios.
- In countries like India where Hospital acquired infections are a major issue, Accreditations can be a great help in eliminating such problems.
- Accreditations pay stress on practices such as two patient identifiers, thus eliminating chances of any kind of errors and ensuring patient safety.

Why do we feel the need for Accreditation programs?

- ***Our expectations from Hospitals/ Healthcare institutes: -***
  - Patient – Centric approach.
  - Coordinated Care.
  - Shared Decision making.
  - Safe and Hygienic environment.
- ***What we mostly encounter: -***
  - Negligent attitude towards patient care.
  - No Price transparency.
  - Lack of patient involvement in decision making.
  - Issues like Hospital Acquired Infections.
  - Improper patient staff ratio which impose risk to patient safety,

- ***In order to reduce the gap between the quality of care expected and the type of care received, use of tools like Accreditations have become need of the hour today.***

EXPECTATION

REALITY

Examples of some national & international Accreditations

International Accreditations	*Indian Accreditations*
ISQua – International Society for Quality in Health Care.	NABH – National Accreditation Board for Hospitals and Healthcare Providers.
JCAHO – Joint Commission on Accreditation of Healthcare Organization.	ICHA - Indian Confederation for Healthcare Accreditation.
JCI – Joint commission International.	CRISIL RATING of Hospitals and Nursing homes – Credit Rating Information Service of India Ltd.

HOW DO THESE ACCREDITATION PROGRAMS HELP IMPROVING PATIENT SAFETY?

- Talking about ***JOINT COMMISSION INTRENATIONAL***.
- *JCI has Accreditation programs related to domains of health services including: -*

  Academic Medical Center.

  Ambulatory care.

  Home care.

  Hospital.

  Laboratory

Thus working towards improving patient safety and quality at all levels.

- *JCI even provides a patient care solution through its online solution that is JCI Navigator*

• ***RATIONAL***

Success of Accreditation programs remains a debatable topic owing to existence of varied outlooks towards them one such being, that getting accredited will cost a lot of money.

This study, is done to find answers to some of the questions such as: -

Do Accreditations really help upgrading Quality of health care?

What is the impact of these Accreditations on health institutes?

Do accreditations ensure Patient safety?

• ***RESEARCH QUESTION***

Can Hospital Accreditation help enhance Patient Safety?

• ***OBJECTIVE***

OBJECTIVE OF THIS STUDY IS: -

To understand weather accreditations, play a role in enhancing patient safety.

To learn what are the other ways along accreditations which bring about improvement in patient safety.

• ***METHODOLOGY***

Research Design - This study is a review of literature and determines the impact of accreditations on patient safety.

Data Collection - Literature search across published articles, research papers, journals, news articles were conducted to gather information available online and summaries it to best understand the following parameters: -

What exactly do we mean by patient safety?

How does Accreditations enhance patient safety?

Importance of accreditations.

Other tips to enhance patient safety in healthcare settings.

Data bases such as PubMed, ProQuest, ResearchGate etc. have also been used for finding suitable content.

Key words searched - "Patient Safety", "hospital Accreditations", "Health care Quality", "Patient safety culture", "Impact".

- ***LITERATURE REVIEW***

1. *Fadi El-Jardali et al. (2011) "Predictors and outcome of patient safety culture in hospitals." at Lebanese Hospital in Eastern Mediterranean Region.*[3]

This study used a 'cross sectional study design' and used an "Arabic-translated version of (HSOPSC)Hospital Survey on Patient Safety Culture".

Result – The study reveals that to prioritize patient safety in hospitals accreditations play an important role.

Apart from Accreditations stress should also be paid on comprehensive training for health professionals related to patient safety concepts, tool, and implementation.

Policies need to be built to encourage health professionals to report errors for the purpose of learning and improvement.

2. *Abdullah Alkhenizan &Charles shaw (2011) "Impact of Accreditation on Quality of Healthcare Services: A Systematic Review of the literature".*[4]

This study was done to evaluate the impact of accreditations programs on quality of healthcare services. Twenty – six studies were identified and reviewed for this purpose.

Result – The study concluded that Accreditation programs improve the process of care provided by healthcare services. The study also suggested that there is a need to educate healthcare professionals about the potential benefits of accreditations to resolve and sceptical attitude of healthcare professionals towards Accreditations.

3. *B. Al Awa et al. (2011) "Impact of Accreditation on Patient Safety and Quality of care Indicators". at King Abdulaziz University Hospital in Saudi Arabia.*[5]

This study was done to determine whether hospital accreditation has a positive impact on patient safety and quality of care. Number and rates of hospital mortality, Hospital associated infections, adverse events etc were some of the main outcome measures.

Result – This study showcases a positive association between accreditation and quality and patient safety indicators, thus indicating the capability of such accreditation programs in bringing visible changes in terms of quality.

4. *Mousa Al Shammari et al. (2015) "Impact of Hospital Accreditation on Patient Safety Nurses Perspective". at King Khalid Hospital in Hail City Saudi Arabia.*[6]

This study aimed to determine nurses' perception towards the effect of Hospital Accreditation on patient safety related to nursing documentation, patient medication information and health care associated infection.

Result – The respondents suggests that there is a highly positive level of impact of accreditations on nursing documentation, patient medication information and health care associated infection. After conducting the study, the researchers emphasize on the implementation of accreditation programs for healthcare facilities.Researchers also suggest future researchers to expand the research's geographic area.

5. ***Ali Janati et al. (2016) "Hospital Accreditation: what is its effect on quality and safety indicators? Experience of an Iranian teaching hospital".***[7]

This study was conducted in order to assess the effect of accreditation indicators related to safety and hospital care quality.

These indicators were Pressure ulcer or bedsore indicator, Nosocomial infections, length of stay.

Result **–** The findings of the study showed that significant differences in the area of patient safety and healthcare quality were achieved through implementation of an accreditation program. But unfortunately, in case of hospital infection indicators an increase was observed.

Indicating that accreditation interventions are not just a positive effect at first glance, negative consequences appeared to have followed as well.

6. ***Anupam Karmakar & Dr N. Sippy (2018) "Impact of Hospital Accreditation on Patient Safety". at Sion Hospital in Mumbai Region.***[8]

This study was done to determine the perception of nurses regarding the effect of accreditation programs on patient safety.

Result **–** This study suggests Hospital Accreditation plays an important role in controlling the safety measurement like, Safety Awareness, Staff deployment, Drug safety and control and Incident reporting.

7. Joseph (2018) "***Effect of Accreditation on Patient Satisfaction in Public Healthcare Delivery: A comparative study of Accredited and Non-Accredited hospitals in Kerala".***[9]

The author tried to explore the impact of Accreditation on hospital service quality using patient satisfaction as an indicator.

Result **–** The study showed no significant impact between accreditation programs and level of patient satisfaction.

The study suggests that in order to make accreditation a useful tool, indicators are required to access quality based on outcomes periodically. It also suggests that at all level's stakeholders should be included throughout the accreditation process.

8. Al Otaibi AM et al. (2020) "*The Impact of Saudi (CBAHI) Accreditation on enhancing Patient Safety and improving the Quality of Care Indicators".*[10]

The study was conducted to identify the impact of accreditation in enhancing patient safety and improving quality of services in regional laboratory and central blood bank using experimental study design as they study the effect of pre-considered variables on the research design.

***Result* –** The most important findings were negative impact of CBAHI on most of the Patient safety indicators such as Specimen identification error indicator, corrected laboratory report indicator and adverse donor reaction indicator.

Weak positive effect on some quality improvement indicators was also observed, only one indicator that is blood component wastage indicator showed a significant improvement.

9. Nicklin. W et al. (2017) "Leveraging the full value and impact of accreditations".[11]

The purpose of this research paper was to generate an idea about how maximum benefits of these accreditation programs can be achieved.

***Result* –** The study concludes that achieve high quality and patient safety a variety of tools and methodologies are required such as regulations, quality tool, accreditations etc. But none of these alone can solve the problem of patient safety and quality completely, a combination of all these tools can bring marked changes.

RESULTS & DISCUSSION

STUDIES IN SUPPORT FOR ACCREDITATIONS BEING HELPFUL IN ENHANCING PATIENT SAFETY.

- **Reporting of Adverse event is one of the crucial step while working on patient safety *& Accreditations are helping raise awareness about this.***

According to the results of the study conducted by Torwane. A N. (2015) on Awareness related to reporting of adverse drug reactions among health caregivers: Across-sectional questionnaire survey.

Majority of health care professionals had a poor knowledge, attitude and awareness related to reporting of adverse drug events. There was a huge gap between the ADRs experienced and the ADRs actually reported.

95.66% healthcare professionals agreed that there is no pharmacovigilance committee in their institutes.

This study clearly depicts the need of implementation of Accreditation programs in hospitals which ensure better awareness about reporting of adverse events among healthcare professionals.

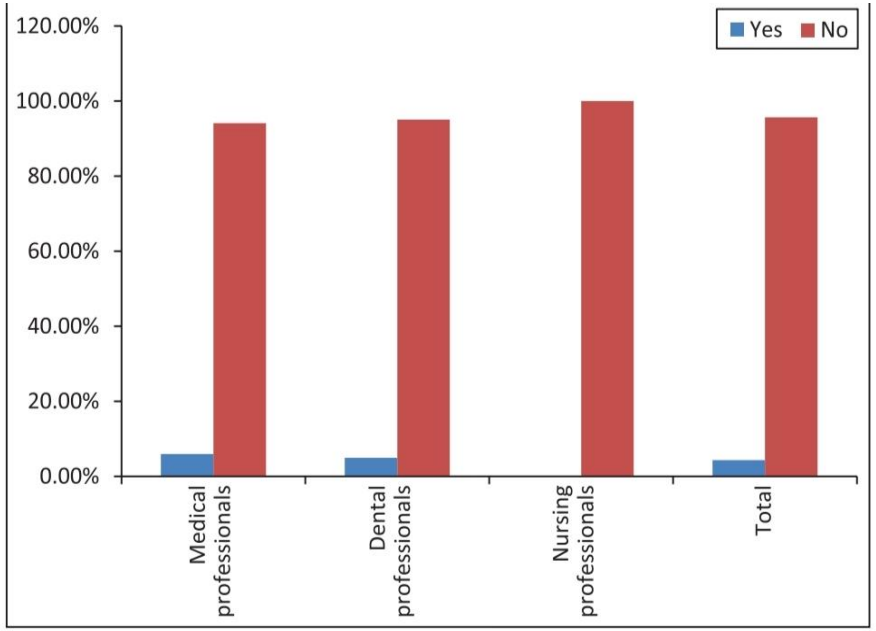


Figure 1: Response of the health-care professionals in relation to the presence of Pharmacovigilance Committee in the Institute

- ***Accredited hospitals had a much higher perception of Patient safety and frequency of incident reporting than non-accredited hospitals.***[3]

More frequency of reporting incidences and adverse events will generate more pressure on learning the causes behind such incidences and implementing policies and ways to prevent them.

❖ ***Implementation of BLS training program (one of the interventions of accreditation) for medical and para medical staff brought a significant overall improvement in CPR management.***[4]

Even other studies have tried to showcase the importance of training programs on regular basis to enhance the skills and knowledge of our medical and papa medical staff members who serve as the backbone for this entire quality and safety process.

❖ ***Abdullah Alkhenizan &Charles shaw (2011) also suggests that there is a significant role of hospital Accreditations in improving the quality of healthcare services.***

At the same time some studies have tried to draw our attention towards weak association between patient safety and accreditation programs.

- *One of the studies has also reported a direct deterioration in study indicator just after the end of the survey indicating a need to implement ways for continuous improvement processes in terms of quality and safety.*[10]
- *Al Otaibi AM et al. (2020) "**The Impact of Saudi (CBAHI) Accreditation on enhancing Patient Safety and improving the Quality of Care Indicators".***[10]

REASONS BEHIND DISAGREEMENT ABOUT THE EFFECTIVENESS OF ACCREDITATIONS IN ESURING PATIENT SAFETY ARE: -

- Accreditation programs are not the only tool to enhance patient safety rather Standards, surveys and Accreditations are just one part of quality and safety domain.
- To make accreditation a powerful tool to enhance patient safety and to achieve optimal impact of accreditations they need to be fully recognized as an ongoing capacity building tool and most importantly they need to be recognized as an Investment rather than an expense.[11]
- Most organizations fail to maintain those quality standards post surveys.

Changes required to derive optimal benefits from accreditations.

- To achieve best in terms of quality of care and patient safety, perception towards these accreditation programs as well as ways of implementing these programs need to be changed.
- Accreditation keeps an eye on the entire system, its effective working form clinical care to effective governance thus

- *Accreditations should not be considered as a separate process or project rather taken as a continuous improvement tool.*
- Tools of accreditations that is the standards are available to the organizations on an ongoing basis and facilitate continuous identification of areas of strength and needed improvement.[11]

- Quality measurement through indicators is not a substitute to tools like accreditations rather both of them play a complementary role, with standards describing what should be in place and measures validating the actual situation.[12]

Areas to be focused along with accreditations to enhance quality and safety.

- Working on building better teams and rapid response system.
- Keep a check on shift duration of medical residents and other hospital staff.
- Consider patient safety issues while designing the hospital.
- Re-design hospital discharges.
- Working on reducing hospital acquired infections.
- Focus on adapting latest technologies like Electronic health records, Digital Ordering systems etc to eliminate any kind of error that pose risk to patient safety.

CONCLUSION

Accreditations prove to be a helpful tool to enhance patient safety but to gain the best out of such programs, healthcare organization need to understand certain key points

- ✓ Accreditation programs should involve all stakeholders at all the level.
- ✓ Accreditations should be considered an investment rather than an expense.
- ✓ Before implementing such programs, their benefits should be conveyed to the staff members.
- ✓ One need to implement policies to maintain those standards and to continuously work towards improvement.
- ✓ Other Factors that lead to an enhancement of Quality of care and patient safety should also be considered for better results.

We need to have a clear picture in mind that Accreditations are just one part of quality and safety domain, so in order to have an overall significant impact on patient safety and quality of healthcare services we need to consider other factors as well along with implementation of Accreditation Programs.

REFERENCES

[1] Muralishar S, T. A. (2012). *IJOM*.

[2] Rahat, N. (2017). *International conference 2017, TMIMT* . Moradabad.

[3] El-Jardali F, D. H. (2011). Predictors and outcomes of patient safety culture in hospitals. *BMC* .

[4] Alkhenizan A, S. C. (2011). Impact of accreditations on the quality of healthcare services: a systematic review of the literature. *Ann Saudi Med*.

[5] Al-Awa, B. (2011). Impact of Accreditation on Patient Safety and Quality of care indicators. *Research Journal of Medical Science*.

[6] Mousa Al Shammari, s. A. (2015). Impact of Hospital Accreditation on Patient Safety Nurses perspective. *IOSR Journal of Nursing and health sciences*.

[7] Ali Janati, J. S. (2016). Hospital Accreditations: What is its effect on quality and safety indicators? Experience of an Iranian Teaching Hospital. *Bali Medical Journal*.

[8] Sippy, A. K. (2018). Impact of Hospital Accreditation on Patient Safety in a Multispeciality Hospital in Munbai Region. *IOSR-JBM*.

[9] Joseph, S. (2018). Effect if Accreditation on Patient Satisfaction in Public Health delivery: a comparitive study of accreditated and non-accrediated hospitals in Kerala. *Rajagiri Journal of Social Development*.

[10] Al Otaibi AM, K. W. (2020). The impact of Saudi (CBAHI) Accreditation on Enhancing Patient Safety and Improving the Quality of care indicators. *Prensa Med Argent*.

[11] Nicklin, W. (2017). Leveraging the full value and impact of accreditation. *International Journal for Health Care*.

[12] Chung S, Howley PP, Hancock S. (2013). Using clinical indicators to facilitate quality improvement via the accreditation process: an adaptive study into the control relationship. *International J Qual Health Care.*

[13]Ellis, L.A., Nicolaisen, A, et al (2020). Accreditation as a management tool: a national survey of hospital managers' perceptions and use of a mandatory accreditation program in Denmark. *BMC Health Serv*.

SUMMER TRAINING REPORT (PART - 2)

IMPROVING GLOBAL HEALTH
Focusing on Quality and Safety

(ONLINE COURSE REPORT)

COURSE DESCRIPTION

Improving global health: focusing on quality and safety is one of the best online courses run by Harvard University on an online learning platform edx.

- The content of the course has been designed in a sublime manner to help us build a strong base regarding the subject, by focusing on basics such as

  What do we mean by quality?

  How do we define it?

  How do we measure it?

  What can be done to improve it?

- This course gave us opportunity to enhance our knowledge by listening to the thoughts and ideas of various leading healthcare professionals who are a part of this program and have really put in great efforts to make us understand the issues by sharing their experiences with us.

- As budding hospital administrators our quest to learn about quality and patient safety should not be just confined to learning about the trends in developed nations rather we need to capture the issues pertaining to quality and patient safety in developing nations as well and this course provides insight about the practices in both developed as well as developing nations.

COURSE OBJECTIBVE

Key objectives of this course are as follows: -

- Learning about importance of focusing on quality for improving population health.
- A framework for understanding healthcare quality.
- Approaches to quality measurement.
- The role of information and communication technology in quality improvement.
- Tools and contextual knowledge for quality improvement.
- Understand the basics about health Information exchange.
- Identify the role and utility of electronic health records.
- Gain knowledge about Play-do-Study-Act approach for implementing and evaluating health care quality standards.
- Understand the role of the legal regulations in creating and measuring quality.
- Learning about patient centred care.

LEARNING METHODOLOGY

This course offers great deal of learning in the field of global healthcare quality through a well-designed and planned course structure. To maximize the learning this course provides knowledge and field experience of various top healthcare professionals through one and one interaction of the course instructor with these professionals, captured and later shared with the students in the form of videos.

- Main source of learning are pre-recorded videos on various topics related to Quality.
- Apart from these videos we have MCQs at the end of each video related to the content in that video.
- Discussion questions – one of the most attractive part of this course where in we not only get to share our viewpoints related to a particular topic rather, we get to gain some extra knowledge through the views and ideas shared by other students.
- Summary – we get summary at the end of each chapter which helps us recapitulate the important points discussed during that session.
- Readings – At the end of each chapter reading sources have been shared to enhance our learning experience.

KEY LEARNINGS

LEARNINGS WEEK 1

INPATIENT SETTING	***Ambulatory care***	
ADVERSE DRUG REACTIONS.	ADVERSE DRUG EVENT.	
HOSPITAL ACCQUIRED INFECTIONS.	WRONG DIAGNOSIS.	
PRESSURE ULCERS.	FOLLOW UP ISSUES.	
SURGICAL COMPLICATIONS.	REFFERAL ISSUES.	
DVT.	SURGICAL COMPLICATIONS.	

- Out of all the known adverse events almost 70% Adverse drug events and 80% of Hospital acquired infections can be prevented.
- Key point of our approach towards preventing these events is doing the needful for all the patients but providing extra care and surveillance to the patients at high risk. E.g. immobile patients are at high risk of having bed sores or even DVTs
- Adverse events in developing nations compared to developed nations – so the major differences are that the number of adverse drug reactions in developing nations are less, but the rate of hospital acquired infections are more, birth related injuries and complications are more.
- Issues related to the use counterfeit drugs in many countries also puts a big question on patient safety even after giving the right prescription to the patient.
- Adverse drug reactions and Medications errors are two different things.
- Medication errors are the errors in the process of giving medications. They can be at the stage of ordering medicine, or pharmacy errors, errors at the stage of drug administrations.
- Computerize ordering system of medicine can help in preventing errors at these stages to a large extent.

TB AS A CASE STUDY.

Even after such advances in the field of medicine we are still living with TB, with new number of cases emerging each year and almost 1.5 million people dying of TB even today.

- Main issues related to TB in countries like India are: -
- ***Actual no of cases is not reported properly.***
- ***Lack of timely diagnosis*** and even if the cases are diagnosed on time, they fail to receive correct treatment.
- Treatment of TB being 6 months long, patients tend to break the course in between leading to the development of another major issue that is Drug Resistant TB.
- On part of health care providers there is an ***utmost need of patient follow***-ups, which again are a big issue in countries like India.
- To cope up with the current situation we need to upgrade the follow-up system, which could ***be monthly visits, phone calls, directly video DOT, phone messages to alert you that you need to take medicines***.
- ***Pharmacists can be a great opportunity*** in picking up cases of at least drug sensitive TB, If they are that much aware that in case they get a patient with symptoms of TB they need to refer the patient to the nearby DOTS centre for proper diagnosis and treatment which is available free of cost.

LEARNINGS WEEK 2

This session focusses on Quality measurement, paying main stress on the healthcare quality in low income and middle-income countries including India.

Taking an example of chest pain the speaker tries to grab our attention to the deteriorating healthcare quality in India.

- It is said that in a country like US almost 98% cases are correctly diagnosed and treated in case of chest pain but at the same time talking about India
- 5% of all the chest pain cases are correctly diagnosed and given just the correct treatment.
- 40% to 45% case are correctly diagnosed given correct treatment along with some other bunch of things which are not totally correct.
- And still a majority approx. 50% of the cases go undiagnosed leading to increased number of heart attacks.
-

Some of the reasons explained by the speaker pertaining to such poor health care quality are: -

- Lack of knowledge among the practitioners.
- In case of hospitals it could be lack of specialists in various branches.
- Massive shortage of healthcare workers.
- Distracted environment.
- Less time spent per patient at the time of diagnosis.
- Less attention paid to the history of the patient.

Three main things that can be done to monitor the quality: -

- Measure efforts -How much time does the doctor spend with the patient?
- How many history questions does a physician elicit?
- How many physical exam findings did they elicit?

LEARNINGS WEEK 3

During this session, our attention has been drawn upon how does the laws and regulations in US play a role in assuring quality of care to the patients.

Three basic ways how the Legal Mechanism work

- ***Regulations – That means setting minimum standards.***
- ***Liability System – Accountability.***
- ***Financial incentives and Penalties.***

REGULATIONS

Minimum training requirements, licence for medical practitioners.

There are regulations for hospitals as well e.g. Fire safety, air flow pattern in healthcare institutes and in some states even nursing staff ratio are also subject to regulations.

LIABILITY SYSTEM

- The simple idea of liability system is that if the patient gets injured due to the negligence of the health care providers, they need to get compensated for that.

As physicians are afraid of the liability, this gives rise to another issue that is Defensive Medicine. The term defensive medicine means that the physicians in order to avoid liability tend to order extra tests to the patient and these extra tests have downside of their own, they may impose a lot of risk to the patient's health.

- ***A study done few years back at school of public health suggests that on an estimate defensive medicine accounts to about $45 billion of cost across the US.***

LEARNINGS WEEK 4

Building improvement capability and the science of improvement in every curriculum and learning that in which situations we need to have a deep insight rather than fixing it, are the two most important factors to be kept in mind while working on quality improvement.

To bring about improvement one needs to focus on three things

- To build will.
- To have new ideas.
- To have execution skills.

Plan-Do-Study-Act can be implemented for the purpose of improving quality anywhere in the world.

- For example, applying PDSA cycle approach to improve treatment of haemorrhage.
- Step 1. Get nurses and physicians together and talk to them about the main aim.
- Step 2. Aim – To improve the cycle time for getting blood replacement.
- Step 3. Figure out how will we measure the change.

Key role of a leader to bring about improvement in quality

- Observing/seeing -They need to observe the data, stories that the patients have, and they need to observe the circumstances as well.
- Doing – They need to set some aims to have some achievable target.
- Spreading – Being able to differentiate between the best and the worst, and at the same time showcasing the best as an example to everyone to motivate them to work towards improvement.

KEY IMPROVEMENT STRATIGIES BY Dr. Agnes Binagwaho (Minister of Health Rwanda).

- Community involvement
- All stakeholders as a team.
- Clear picture of priorities.

LEARNINGS WEEK 5

- Talking about information or communication technologies, it can have several dimensions it may be PHR (Personal Health Record) used by the patients for their own health or may be EHR(Electronic Health Record) used by hospitals or doctors to manage care.
- Electronic Health Records – EHR is referred to be both information about the patient and patient history as well as a tool.

Tools that make up an EHR are: -

- ***Clinical Notes***- When information about the patient is entered electronically.
- ***Results and Result Management***- For getting info about the laboratory or radiology test of the patient.
- ***Electronic Ordering***- For placing orders for any kind of tests.
- ***Decision support*** – Something that alerts the doctor, about the care gap they may have been missed or potential errors.

- From 2008 to 2013 there has been a great hike in use of these EHRs in US, Major reason being financial incentives being offered by insurers to the doctors for adopting use of EHR.
- Health information technology is not just limited to monitoring the health of a patient rather it can also be used to enrol patients in clinical trial and have that data on our fingertips.

LEARNINGS WEEK 6

In the beginning of this session we hear from Rafaella Sadun who talks to us about Why Management Matters?

- In an experiment performed in India by Nick Bloom, he randomly selected 15 companies out of 30, and gave them management treatment(someone helped them adopt some of the basic practices that had to do with management etc) and the rest 15 organizations were just informed that those kind of practices were available.

The outcomes were such that the companies that adopted those practices had reduced their defects by 50% and raised their sales by 20%

- A study reveals that those hospitals in US which score good on the management grid at the middle manager level, their board also seems to perform in a very peculiar way that is the board is more systematic about monitoring what is happening in the hospital in terms of quality of care.
- Three key things that can be done to improve management specially in healthcare are: -

  Self-awareness – About where does our organization really stands.

  Learning how to address their weakness.

  Having good communication.

- The second session of this week 6 gives us opportunity to learn about Quality from T.S. Ravikumar, former director of JIPMER INDIA.

In a health care organization it is important to have well trained physicians, good teachers , but for them to be at their best at delivering healthcare it's not just about their own skills*, it's about the culture, the tools, and the structure within the organization.*

According to the speaker Quality does not come with cost rather Quality works to reduce cost.

Institute like JIPMER that goes in one year from not being rated to being the number six overall among private, public, multi-speciality institutes just by focusing on quality.

LEARNINGS WEEK 7&8

- Out of the six domains of health care quality Patient-centred being one central element, truly accounts patient experience or patient satisfaction as one of the key role players in improving quality of healthcare.
- If we as healthcare providers are not attentive to our patients and we do not incorporate their ideas, their prospective into care process we really tend to affect the quality of care.
- The fundamentals of patient satisfaction that what patients want is same in all the countries be it Israel, US, India, China etc. Patients just want to be heard and to be treated with dignity and respect.
- To improve the gaps that exist we need to work on following points: -

Incorporate the patient centred care as a part of mission statement of the organization.

Increase awareness about patient satisfaction among nurses and clinicians.

- we tend to learn about the possible reasons of healthcare system being slow in embracing the science of quality improvement. We get a clear picture about how a country with less resources and less staff can still make efforts in terms of making quality a realistic goal.

CONCLUSION

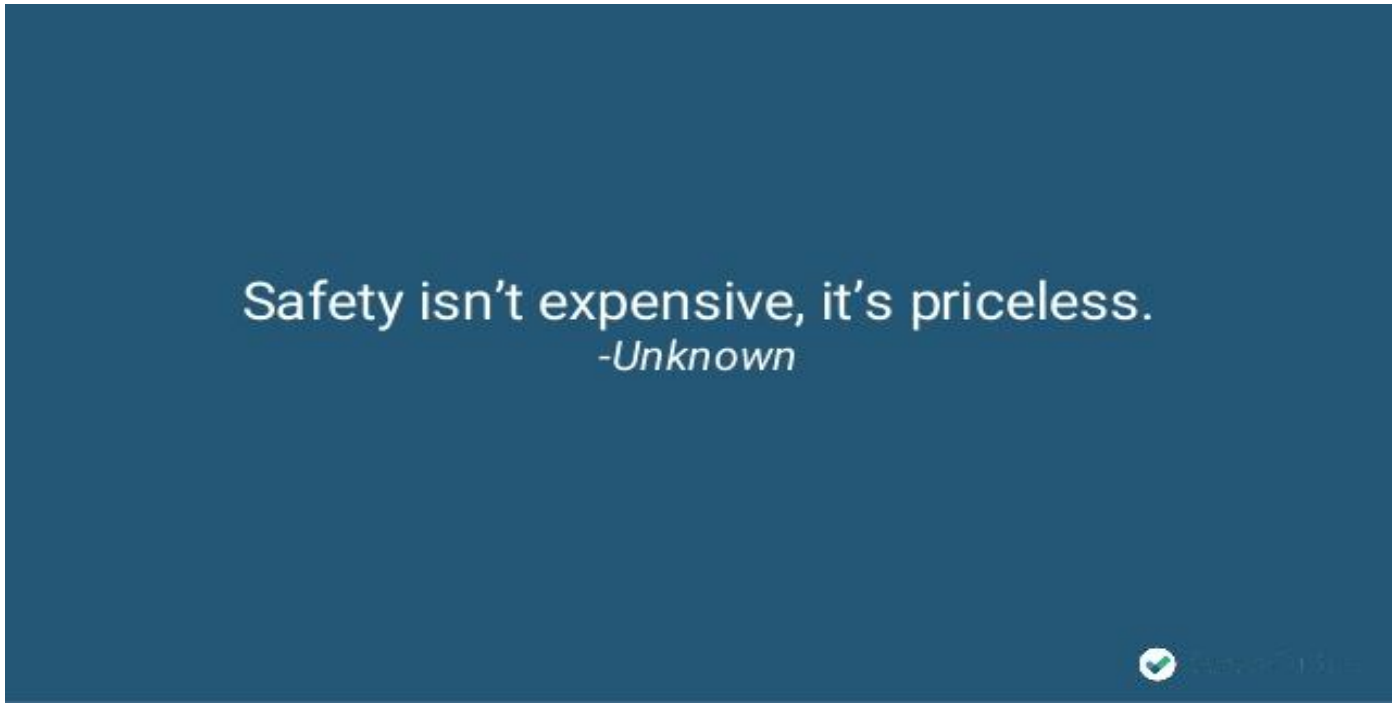
Learning about Quality and Patient Safety through this course has really been an interesting and an easy learning experience.

Hearing from the experts of healthcare field has really uplifted our knowledge level and has made us learn to think in all the dimensions when it comes to Quality of healthcare.

Examples of countries like Rwanda working and improving in the field of quality gives us a lot of motivation to work in the same direction.

When Government run institute like JIPME stands out to be a great example in terms to taking its quality of healthcare to a next level, this definitely gives all other private and government run healthcare organizations a challenge to get up and start thinking and working in the direction of change towards betterment.

We need to keep in mind that *Quality is the next frontier of global health,* which has a lot of great opportunities for the service provider as well as service seeker that too at an optimal cost.



THANK YOU