Comparative study on accreditation frameworks-with reference to NABH and JCI

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by

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Under the Supervision and Guidance of

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Table of Contents:

DECLARATION BY STUDENT

I hereby declare that this dissertation titled "*Comparative study on accreditation frameworks-with reference to NABH and JCI*" 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 Information derived from the published or unpublished work of othershas been duly acknowledged in the text.

Shantanu Satish Bhalerao

1193

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CERTIFICATE

This is to certify that dissertation titled "A Study on Current Digital Marketing Strategies withreference to Cancer Hospitals" is a record of the research work undertaken by **Shantanu Satish Bhalerao** 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 supervisionand his/her approach to the research study has been sincere, scientific, and analytical.

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ABSTRACT

Accreditation programmes have grown in popularity over the last decade as the demand for higher quality has increased and to qualify providers for payment under new health reform models or to otherwise regulate providers.

QAP has been investigating the role of accreditation in improving quality in developing countries and assisting these countries in determining whether to develop appropriate accreditation programmes as part of its scope of work.

According to various studies, accreditation practises can serve at least five purposes:

(1) Quality control

(2) Regulation

(3) Quality improvement

(4) Information dissemination

(5) Marketing.

In India, different sorts of certifications and accreditation are common-

1) National Board of Accreditation for Hospitals and Healthcare (NABH)

NABH, which stands for National Accreditation Board for Hospitals and Healthcare Providers, is a constituent board of the Quality Council of India that was established to develop and manage accreditation programmes for healthcare organisations. The NABH was founded in 2006.

Organizations such as the Quality Council of India (QCI) and its National Accreditation Board for Hospitals and Healthcare Providers (NABH) have created a comprehensive healthcare standard for hospitals and healthcare providers. This standard includes 500+ objective elements that the hospital must meet to gain NABH accreditation. These standards are classified as either patient-centred or organization-centred.

2) Joint Commission International (JCI)

The Joint Commission (TJC), formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), is a non-profit organisation based in the United States that accredits over 19,000 health care organisations and programmes. The majority of the state governments now recognise Joint Commission accreditation as a requirement for licensure and, thus, Medicaid eligibility.

The Joint Commission changed its name to the Joint Commission on Accreditation of Hospitals in 1951, but it was not given the authority to judge hospitals until 1965, when it was determined that a hospital that had achieved Joint Commission accreditation complied with the requirements of Medicare for participation.

If implemented with careful preparation, strong government backing, and organisational commitment, accreditation programmes have the potential to raise the level of care provided in hospitals and laboratories in many developing nations. While outside assistance is crucial during the early stages of programme development, achieving financial independence is possible under the right conditions. Accreditation programmes and other external quality assessment techniques are desired and long-lasting solutions to improve healthcare in developing nations where there is knowledge and support.

Accreditation should not be used to justify raising prices on patients. If the cost of poor quality (COPQ) is attacked, it can lead to potential savings that can be passed on to patients.

NABH accreditation is not only affordable, but also long-term. Accreditation also entails data processing over time, which is a reflection of clinical and operational benchmarking. Data processing will be the most important asset for the industry to move forward with the standard and stringent controls.

There is a growing global demand for and concern about healthcare quality and effective mechanisms.

Accreditation as adjuvant therapy in health reform is gaining support from governments, intergovernmental organisations, and funding agencies at varying rates around the world.

As previously stated, with the arrival of companies in the health field in India, acquiring international accreditations for a larger international market is quickly learning.

The primary purpose of these certifications and accreditations is to ensure quality. This may not only help them improve their standards, but it may also help them gain customer loyalty. Customers must have faith in their suppliers to meet their quality, cost, and delivery requirements.

CHAPTER 1:

INTRODUCTION

1.1 Background

The social, economic, and technological environment in which health services currently work is changing. These changes are anticipated to persist for some time to come as a result of organised economic and social policies, market globalisation, and improved global communication. Concerns about the quality of standard healthcare may arise due to new insurance arrangements, restructuring and health reform initiatives, privatisation within the health sector, transfer of human and other resources, reduced public financing, new technology, and many other issues. National health systems are being examined more closely as a result of these health sector reforms with an eye toward cost control and quality enhancement.

A quality programme is a planned set of actions carried out by a business or healthcare system to improve quality. It includes a range of interventions that are more complicated than a single project to improve the performance of a quality team or the routine tasks performed by one department. Programs for quality include those for an entire organisation (like a hospital's total quality programme), for teams from multiple organisations (like a collaborative programme), for external evaluations of organisations in a neighbourhood (like a programme for the formulation and implementation of practise guidelines), and for national or regional quality strategies, which themselves may include any or all of the aforementioned. Smaller quality improvement projects can be aided or hindered by these programmes.

Programs for quality improvement are emerging "social medical technologies" that are being used more frequently.

One study found that throughout a recent three-year period, the UK NHS offered 11 different types of programmes. They probably use up more resources than any other form of therapy and may have more negative effects on patient security and other therapeutic results. Yet none of us are really knowledgeable about their efficacy, relative cost-effectiveness, or how to guarantee they are properly implemented.

During this century, the concept of accreditation evolved from an approach involving simple, voluntary programmes that applied a couple of basic standards to an evaluation process that, when possible, applies evidence-based standards to assess the potential of large, complex health

care organisations to provide good, client-centred care, such as UNICEF's Baby Friendly programme, the Gold Star birth control programme in Egypt, and the Proquali Reproductive Health programme. As a result, the accreditation sector is rapidly evolving, presenting many interesting and sometimes difficult issues to consider.

Accreditation: The health community thinks that the choice of high-quality activities should also be based on evidence. Therefore, the topic of whether certification improves patient outcomes may be based on scientific data.

Certainly, it would make sense that accreditation would improve outcomes if the criteria used for accreditation were evidence-based, that is, because studies have shown that compliance with standards improves outcomes.

Accreditation-Just since the medical establishment thinks that choosing high-quality activities should be based on evidence, so should you. Thus, the topic of whether certification enhances patient outcomes could be posed in light of scientific data.

It would make sense that accreditation would lead to better results if the standards used for accreditation were evidence-based, which means that they would be based on the fact that studies have shown that standards compliance improves outcomes.

However, emerging nations that want to improve healthcare delivery in areas like hospitals, ambulatory care centres, and first aid institutions are thinking about accreditation.

However, there are still many differences in the ways that the public and private health care sectors approach quality. Additionally, the need to alter community expectations has led healthcare institutions to include community members on accrediting panels and survey teams. There is still a tonne of information regarding the approach, and 11 results must be made public so that the organisation may improve its results in response tremendous public comments. However, whether accreditation should be necessary, or voluntary may be a contentious topic. If mandatory, how would it vary from the current system?

In countries with little resources, the problem of the quality of healthcare services has a special significance. The private sector, which frequently offers care of uncertain quality and frequently operates without regulation and responsibility to authority, predominates in such situations and medical services.

Many nations that are implementing structural adjustment programmes have policies that encourage greater private sector participation in the provision of healthcare.

In order to ensure that non-public health care services deliver quality care, health ministries have worked to find ways to do so (such as by adopting legislation for hospitals, changing hospital standards, repairing accrediting systems, developing QA programmes, and fixing healthcare buildings).

1.2 Quality Evaluation Approaches:

Accreditation, licensure, and certification are the top three methods for comparing the quality of healthcare, and they employ standards to determine how much first-class work is performed by a person or organisation. A careful assessment and prioritising of individual needs are required before choosing the best strategy or combination of tactics.

In accreditation systems:

- Standards are defined and graded.
- Compliance is graded through intermittent outside evaluation by the health care issuer and continuous internal mechanisms.
- Accreditation is granted for a specific period of time.
- Overall performance is ready by comparing actual exercise to actual requirements.

The difference between three forms of evaluation of quality measures

Process	Issuing/ Components/ Requirements	Standards	Organization	Object of Evaluation
Accreditation (Voluntary)	Recognized body, usually an NGO	Organization	Compliance with published standards, on-web site evaluation; compliance no longer required via law and/or law	Set at a most attainable stage to stimulate Development through the years
Licensure (mandatory)	Governmental authority	Individual	Rules to make certain minimal standards, examination, or proof of training/competence	Set at a minimal level to make certain an environment with minimal risk to fitness and protection
Certification (voluntary)	Authorized body, either government	Individual	Evaluation of predetermined necessities, extra schooling/training, confirmed competence in	Set of national professional or uniqueness boards

	or NGO		**Area of expertise area**	
		Organization	**Demonstration that the corporation has additional offerings generation, or potential**	**Enterprise requirements; compare conformance to design specifications**

The primary service areas of a hospital are shown below. These areas act as a bridge between the patient and the practitioner, which are:

- Admission and assessment
- Laboratory services
- Radiology services
- Pharmaceutical services
- Patient care
- Patients' rights
- Continuity of care
- Environment of care
- Infection control
- Leadership
- Quality assurance
- Human resource management
- Management of data

1.3 Purposes of Accreditation –

Through various investigations, it has been found that accreditation practises can serve at least five main purposes:

1. Quality control
2. Regulation
3. Quality improvement
4. Information giving
5. Marketing.

1. Quality control -

This goal safeguards public safety and satisfies calls for greater transparency and responsibility to the general public (consumers and taxpayers), the government, and other stakeholder groups (Nichols, 1992). Aiming to "assure or, even better, improve the trust of external parties like patients, financiers, and the government," internal control (Klazinga, 2000). It emphasises the value of the drug industry as a profession and industry. It emphasises the value of medicine as a field of study and practise. It also represents the need to reduce pointless and inappropriate interventions, improve access equality, monitor health outcomes, and show that methods are effective and cost-effective (Coulter, 1996; Wilkinson, 1998).

2. Regulation -

This supports control but departs from it in favourable ways. According to Britt (1997), Bhasale (1998), and Wilson (2002), compliance with legal, safety, and other crucial standards for accreditation establishes a gateway to increased funding in Australia. Additionally, practise accreditation serves a regulatory or quasi-regulatory purpose that establishes a path to increased money. Additionally, practise accreditation may include regulatory or quasi-regulatory duties that go beyond control. As an illustration, the Joint Commission on the Accreditation of Healthcare

Organizations (JACHO) in the US places an emphasis on the highest possible standards for evaluating ambulatory care facilities, such as group practises and student health care centres (JACHO, 2002). Despite their stated policies, the JACHO could potentially be a quasi-public regulating organisation, whose performance ratings frequently satisfy state licencing requirements and will comply with certain Medicare certification standards. (JACHO, 2002).

Practice accreditation enables them to join or build components of a framework for ongoing quality improvement (CQI). This framework states that the practise team as a whole can enhance the calibre of its operations and service delivery throughout time.

The use of systemic methodologies and statistical tools for process improvements has been minimised by accreditation systems for healthcare companies (Scrivens, 1997). However, opportunities to improve practise quality and safety are frequently found by assessing each practice's performance during the previous 15 years against accreditation criteria, as well as against rates or norms derived from other practises' certification outcomes (benchmarking).

The non-blame orientation of CQI and the consequent inclusion of practises at every stage of practise assessment have aided recruiting in nations like New Zealand. Due to the pressure of creating quality and clinical governance agendas, these assessments allow practises to make and plan developmental improvements (Bollen, 1992). By enhancing practise service and addressing issues with morale, recruiting, and retention, for instance, the adjustments can benefit patients and every member of the practise team (Bollen, 1996). (Campell, 2002; Young, 2001).

3. Information Giving -

Practice accreditation aims to give a recognised and reliable indicator of the standard and reliability of certain practises (JACHO, 2002). This metric can be used by stakeholders who are typically involved in healthcare to promote comparisons between practises, demonstrate levels of standard compliance, identify areas for improvement, inform and guide decisions, and boost confidence. The usage and public disclosure of performance indicators and other comparable

performance data show that information provided by practise accreditation can alter behaviour by people, practises, and ultimately the health system (Leatherman, 1998).

4. Marketing-

Up until accredited practises make up a significant fraction of all practises, accreditation can help accredited practises market themselves in a cutthroat health care marketplace (Walshe, 2001). (Bollen, 1996). In the US, firms that provide health maintenance "make of the actual fact in their marketing" (Leatherman, 1998)

A marketing advantage could place practises under competition pressure to comprehend accreditation and create quality improvement programmes (Shortall, 1998). Rural, isolated, and small practises, among others, can, however, object to this pressure.

1.4 Different types of Certifications and accreditation common in India

1. National Board of Accreditation for Hospitals and Healthcare (NABH)

NABH, which stands for National Accreditation Board for Hospitals & Healthcare Providers, is another possible abbreviation. This board, which is a member of the Quality Council of India, is recognised for developing and managing an accreditation programme for healthcare institutions. NABH was founded in the year 2006.

An extensive healthcare standard for hospitals and healthcare providers has been developed by organisations similar to the Quality Council of India (QCI) and its National Accreditation Board for Hospitals and Healthcare providers (NABH). This strict criterion has 500+ objective components that the hospital must comprehend in order to support NABH accreditation. There are two categories of these standards: organization- and patient-centered standards.

The hospital must adopt a process-driven approach to all aspects of hospital operations, including admission, registration, pre-surgery, peri-surgery, and post-surgery protocols, as well as discharge from the hospital and follow-up with the hospital after discharge, in order to accommodate these

standard elements. In addition to the clinical components, the governance components must be process-driven, supported by explicit, policies and procedures that are open. In essence, NABH seeks to streamline the entire activities in a hospital. JCI and other international standards, such as HAS: Haute Autorité de Sante, and NABH are comparable. the Japan Council for Quality in Health Care, the Australian Council on Healthcare Standards, and so on the United States' National Committee for Quality Assurance. ISQUA has accredited its standards.

The standards contribute to the development of a high-quality culture throughout all hospital departments and at every level. Ten chapters of the NABH Criteria contain 514 objective elements and 100 standards.

Outline of NABH Standards -

1. Patients Centred Standards –
    - Access, Assessment, and continuity of Care (AAC)
    - Care of Patient (COP)
    - Management of Medication (MOM)
    - Patient Right and Education (PRE)
    - Hospital Infection Control (HIC)

2. Organization Centred Standards –

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

2. Joint Commission International-

Over 19,000 healthcare organisations and programmes in the United States are accredited by The Joint Commission (TJC), formerly known as the Joint Commission on Accreditation of

Healthcare Organizations (JCAHO). The majority of state governments now recognise Joint Commission certification as a prerequisite for licensure and, consequently, Medicaid eligibility.

The Joint Commission changed its name to the Joint Commission on Accreditation of Hospitals in 1951, but it was not given the authority to judge hospitals until 1965, when it was determined that a hospital that had achieved Joint Commission accreditation complied with the requirements of Medicare for participation.

As a part of Joint Commission Resources, Inc. (JCR), a private, non-profit affiliate of The Joint Commission, Joint Commission International (JCI) was founded in 1997.

JCI furthers The Joint Commission's mission by assisting international health care organisations, public health agencies, health ministries, and other groups in evaluating, improving, and demonstrating the quality of patient care and enhancing patient safety in more than 60 additional countries through international accreditation, consultation, publications, and education programmes.

International hospitals may apply for certification to show their level of excellence, and U.S. medical tourists may even view JCI recognition as a stamp of approval.

The Joint Commission's statutory-guaranteed accreditation authority for hospitals was recently eliminated by Section 125 of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA), to take effect on July 15, 2010. The standards for accrediting organisations seeking deeming authority from the Centers for Medicare & Medicaid (CMS) will then apply to The Joint Commission's hospital accreditation programme.

1.5 Rationale of the study:

Accreditation may also refer to a procedure in which an independent agency, typically non-governmental, evaluates a healthcare facility to determine whether it complies with a number of regulations (standards) intended to improve patient safety and quality of care.

The need for care standardisation across all facilities has grown as hospitals and other health care facilities continue to emerge and be commissioned. (JCI)

An institution that tries to consistently improve patient care procedures and outcomes should benefit from the safety culture and quality that accreditation is designed to foster. Due to the simultaneous concerns with evidence-based medicine, quality control, and medical ethics, the primary goal is to lessen medical errors because they are a major factor in the accreditation process.

The approach also assists the company in identifying various bottlenecks and coming up with a workable alternative for a replacement. The organisation can cut down on steps and increase cost effectiveness in this way.

Accreditation has become essential in the present trend of offering customers healthcare that is of the highest quality and most affordable. An rising number of hospitals need to submit applications for accreditation.

One way to improve the services offered and raise patient, staff, and visitor security at the hospital is through accreditation. But the majority of organisations don't really understand how accreditation works. It is frequently used by hospitals as a branding tactic. Many hospitals that have applied for accreditation have been observed to struggle with a number of challenges. Most of the value of accreditation is gone. Instead of focusing on patient safety and care delivery, the majority of effort is diverted to infrastructure and systems.

1.6 Objectives of the study

- To study the structural difference between NABH and JCI.
- Comparison of the merits and demerits of NABH and JCI Accreditations

CHAPTER 2:

REVIEW OF LITERATURE

1. **Bogh SB, Falstie-Jensen AM, Bartels P, Hollnagel E, Johnsen SP;** Average opportunity-based total composite scores improved for both approved and unapproved hospitals (13.7% and 9.9%, respectively), although the improvements were much greater for unapproved hospitals (absolute distinction: 3.8 percent). At the illness stage, no Great variants have been discovered. The overall all-or-none score significantly improved for unaccepted hospitals but no longer did so for authorised hospitals. Undoubtedly, there is no longer a significant difference between upgrades in the all-or-none Rating at authorised and unapproved institutions. Participating in accreditation is no longer significantly correlated with improvement in performance indicators for acute stroke, coronary heart failure, or ulcer.

2. **Vivek Hittinahalli and Saroj Golia**; Hospital accreditation is provided by the National Accreditation Board for Hospitals and Healthcare Providers (NABH), a national organisation. Fashionable accreditation applications seem to improve the care system's structure, according to a solid body of evidence. applications for accreditation enhance scientific outcomes. To enhance the finest healthcare options, widespread accreditation applications from fitness studios and certification of subspecialties must be supported and encouraged. The scepticism of healthcare professionals, particularly doctors, is thought to be one of the most significant barriers to the implementation of certification packages. Generally speaking, accreditation programmes have a positive impact on the high quality of healthcare services. However, with quality in healthcare being a critical factor,

healthcare accreditation has become a very important instrument for raising hospital standards.

3. **Mandeep, Naveen Chitkara, Sandeep Goel**; The study found that after 6 months of working at a medical facility toward NABH, the clinical Group of staff had a great mindset and advanced knowledge regarding accreditation. Their excellent patient care method was a result of their positive mentality, which did not directly translate into benefits for society as a whole. Some of the medical professionals are quite critical of the excellent attitude and reliable information that are closer to NABH accreditation. And the same can be achieved with appropriate instruction and a suitable healthcare institution setting.
4. **Excellent Council of India**; The need for an accrediting framework has grown as a result of the healthcare industry's fast developments, progressive imaging advancements, and the absence of any imaging standards in the United States of America. As a result, the Great Council of India (QCI) has introduced standards for clinical imaging services, concentrating on the manager of services, personnel, imaging methods and tactics, facility and environment, System, and documentation, as well as risk management and protection. The standards established by the QCI for the accreditation of imaging Services are briefly discussed in this document.

5. **Dr Praneet Kumar, Chairman, Technical Committee, NABH**; The technical committee is working to get NABH accredited by ISQUA after making NABH requirements compliant with ISQUA (the worldwide Society for outstanding in health Care) in 2008. An ISQUA-approved NABH is expected to boost medical value travel, particularly from America and the United Kingdom. This would guarantee that NABH's processes and procedures are consistent with a global employer, ensuring better documentation and method orientation. It would increase openness and clarity in the scientific pricing journey's methodology. Only eleven countries' health facility criteria have been accepted by ISQUA as of this writing.

CHAPTER3:

METHODOLOGY-

3.1 Research question:

- What is the structural difference between NABH and JCI?
- What are the differences between the mind set of stakeholders based on the merits and demerits?

The universal frame for the project includes NABH, JCI accreditation process.

3.2 Research Design: Descriptive study

3.3 Type of Data: Secondary Data (Reviews)

3.4 Data collection tools: Websites, journals, research paper

3.5 Study period: March-May (3 months)

3.6 Component of comparison: Stakeholder analysis, Structural analysis

3.8 Inclusion- Accreditation research paper, journals and websites

3.9 Exclusion- The data is limited since no primary study could took place.

3.10 Data Collection

In order to determine the gaps between the two frameworks, data for secondary research was gathered through national and international journals, surveys, newspaper articles, company websites, annual reports magazines, and general internet searches.

CHAPTER 4:

Results and Discussion

4.1Results

4.1.1 STAKEHOLDER ANALYSIS

Comparison of NABH, JCI with respect to stakeholders' views, merits, and demerits.

Comparison of NABH, JCI with respect to stakeholders' views, merits and demerits.

OBJECTIVES	NABH	JCI
1.Stakeholders view	1. Quality work is meeting up your standard consistent with customer's requirement. It's a capability to reinforce standards. 2. Accreditation: External evaluation Complies with standard and objective elements. Quality and accreditation are interlinked 3. Allows hospitals to get on toes, benchmarks, CQI, corrective action, preventive action. 4. To take care of quality, you have to achieve continuous improvement.	1. Quality: it's the measure of excellence, fitness, patient care, safety, the way to make the environment relative friendly. 2. Accreditation: third party evaluation, objective elements should be compliance to standards and outcomes. 3. Patient safety, level of standards of treatment increased.

Merits **a) Patients related**	**1. Improved quality standards in terms of emergency BLS.** **2. Patients are educated, aware of their rights and that they invite it.** **3. Transparency, improvement within the level of patient's satisfaction.**	**1. Lays down standards for ambulatory care, care continuum, condition specific standards.** **2. Consumer awareness and knowledge associated with treatment; education of patient is been done.** **3. Better quality patient care and safety** **4. Cites and demands "evidence-based medicine"**
b) Staff related	**1. The change within the working pattern of the staff.**	**1.Improves Confidence, solidarity.** **2. Build a**

	2. Keeps on toes. **3. Most are oriented.** **4. Good co-operation, anybody can put forth their idea. Good working environment.** **5. Improved job satisfaction.** **6. Benefits from association with reputed organization.**	**culture hospitable learning from adverse events and safety concerns.** **3. to not work on eleventh hour.** **4. Benefits from association with reputed organization.** **5. job satisfaction**

c) Organization related	**1. Having systems in situ, comparison in terms to understand where you stand, for the business and survival point of view, social cause (ICD).** **2. Improvement in services, less, number of complains than before.** **3. Gives a way of accreditation process** **4. Uniformity in processes, and standards.** **5. JCI- complicated, equally valued is NABH. NABH is best for Indian scenario.**	**1. Helps in increasing International markets.** **2. Marketing, systems and protocols, improves compliance.** **3. Facilities many insurance, TPA services.** **4. Standards are always developed by the healthcare experts throughout the world and is been tested in the entire world.** **5. JCI has higher standards than NABH.**

		6. You get best doctors, best staff to figure. **7. Process doesn't become events, you get drilled with processes, becomes the way of life.**

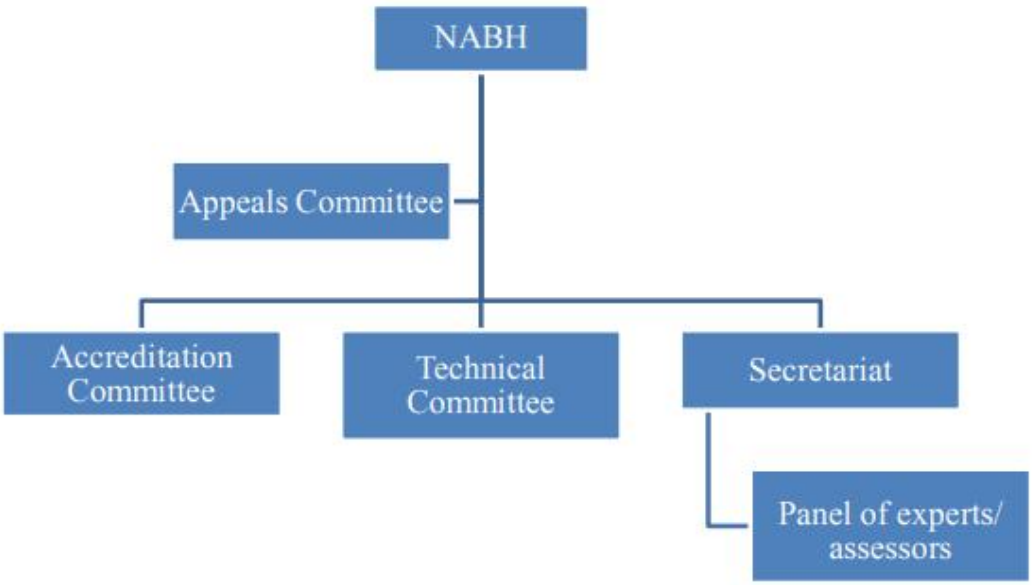
Demeri ts **a) Patients related**	**1. The patients really don't know what to expect and the way to assess the services they receive.** **2. During initial phase of accreditation, the value of accreditation directly reflects in patients bills**	**1. The patients really don't know what to expect and the way to assess the services they receive.** **2. Overheads, cost directly increase cost to patients resulting in increase in amount in patients bill.**
b). Staff related	**1. Lot of documentation and lots of accreditations with within the hospital itself ISO, NABH, and NABL.** **2. Most of the time goes in audit preparation.** **3. Need lot of co-operation from senior staff, motivation planning etc.** **4. increase workload on staff**	**1. Lot of paperwork.** **2. Stringent processes Involves lot of justification, internal audit, and external audit.** **3. Conflict of interest differences in opinion.** **4. It blocks the routine work** **i.e. most of the spent in documentation than actual patients care.**

c). Organization related	**1. Because of the high attrition rate the rained staff's leaves the organization.** **2. There are a lot of expenses that incurs on the accreditation process and the quality management when compared with the ISO.** **3. There is to be a continuous training and monitoring process.** **4. It is very difficult to change the attitude especially when it takes place at the junior level.**	**1. The Joint Commission International is not a complete healthcare accreditation in U.S. so many states in U.S. do not follow the JCI accreditation process.** **2. There is a huge cost in getting accreditation when compared to the profits that the hospital makes.** **3. To get accreditation it can take 2 years or even more.** **4. More sensibility and maturity is required when compared with the Indian protocols and standards.** **5. There are assessors from JCI that visits the JCI accredited hospitals once in every three years.** **6. There is an extra effort required and people**

		should be pushed for the work to be done.

4.1.2 STRUCTURAL ANALYSIS:

4.1.2 A) NABH:



The graphic above illustrates the NABH's structural methodology and demonstrates how the information gets passed by as well as accreditation process take place. Due to the fact that only one corpse needs to be reported to NABH, this process is fairly straightforward. The Indian Quality Council receives reports from NABH.

Appeals Committee:

It is a committee with three or more members that is led by a chairman. This committee's main responsibility is to evaluate or reconsider an accreditation applicant.

Accreditation Committee:

This group is in charge of organising, establishing, and running the organization's healthcare accreditation programme. The primary responsibility is to advise the board to provide accreditation in light of the findings.

Technical Committee:

The committee's primary responsibility is to conduct routine evaluations and to create the accreditation criteria and directives.

NABH secretariat:

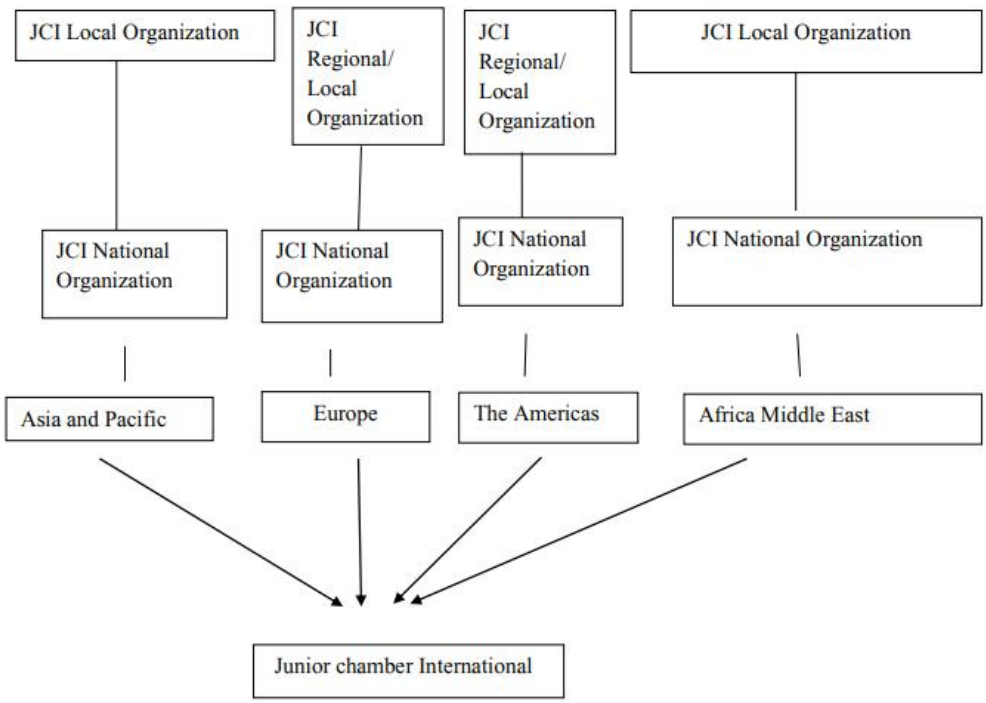
To coordinate with all operations related to hospitals' and other healthcare organisations' NABH certification.

Assessors:

There are two types of assessors:

1. Principal Assessor: In charge of performing both preliminary and comprehensive evaluations of the hospitals.
2. Assessor: Individuals are given extra evaluation responsibilities in addition to training on the hospital accreditation procedure.

4.1.2 B) JCI:



JCI accreditation provides a final examination and assessment of the complete process of quality up to the hospitals and healthcare organisations and is primarily composed of diverse members, including all national, local, etc. From the aforementioned structure, it is evident that JCI has multiple hierarchies, is a process that is more difficult than NABH and takes more time since a large level must be covered.

4.2 Discussion

Accreditation programs, if undertaken with careful planning, strong government support, and organizational commitment have the potential to reinforce the quality of care available in hospitals and medical laboratories in many developing countries. While outside support is vital during the initial years of program development, financial independence is possible given the right circumstances..

Accreditation programmes and other external quality evaluation techniques are desired and long-lasting solutions to improve healthcare in developing nations where there is knowledge and support.

Information asymmetry has a significant role in the healthcare industry in increasing the cost of transactions and making it inefficient for both major contractors and individuals to purchase healthcare services.

Accreditation can be crucial in spreading accurate information to both group and individual consumers and boosting productivity within the healthcare industry.

By offering information on quality as well as input on the frameworks required to comprehend quality in a way that encourages benchmarking and internal organisation changes, certification contributes to raising the overall quality of the health sector when it is sufficiently broad. Both wealthy and less wealthy consumers can profit from such a system.

It is challenging to use experimental techniques to evaluate large-scale quality programmes. The activities in the programmes change throughout time and have irregular beginning and ending times. Numerous programmes are ill-conceived and only partially implemented. The majority cannot be standardised and must instead be adapted to the patient's needs in a number of different ways. Interventions focus on whole organisations or social groups instead

of individual patients since these groupings are complex adaptive systems that have the power to significantly alter the physiology of a patient.

Hospitals shouldn't raise costs while charging patients more as a result of accreditation. Attacking the Cost of Poor Quality (COPQ) might lead to substantial savings that could be passed on to patients.

NABH certification offers a sustainable in future in addition to being reasonably priced.

In addition to processing through time, accreditation also refers to operational and clinical benchmarking. Processing is emerging as the most crucial asset for the sector, requiring the advancement of quality standards and bringing strict controls.

National accrediting bodies can respond and address a problem more quickly than foreign accreditation bodies without offices in India if something goes wrong with an accredited hospital.

Despite the wave of foreign certifications, the nation has seen, they are either pricey or not designed for the Indian healthcare business. Although JCI and NABH have similar criteria, NABH is more affordable. NABH is worth 1/10th of JCI (patients don't have to pay for it).

India is likewise regarded as the centre of medical tourism. These factors cause a large number of people to go to Indian hospitals to receive care. The justification for this is that in addition to offering high-quality healthcare, this facility also offers healthcare that is reasonably priced. Therefore, this is frequently one of the factors that influence hospitals' decision to pursue JCI certification.

Additionally, the desire of the medical community to collaborate with JCI-accredited groups is a factor in healthcare companies' decision to use JCI.

Some hospitals are seeking toward different accreditations to comprehend performance credibility in various regions of the world because no one international accreditation scheme enjoys exclusive rights to be considered as an overall worldwide applicable scheme.

CHAPTER 5:

Conclusion-

Demand and concern for effective systems and high-quality healthcare are rising globally.

Around the world, governments, multilateral organisations, and financial organisations are supporting accreditation as adjuvant therapy in health reform at an accelerating rate.

As previously stated, India is quickly realising the value of obtaining foreign accreditations in order to expand one's market abroad with the entry of corporations into the health sector.

These certifications and accreditations' primary goal is to establish quality assurance. This might not only help businesses maintain their standards but also win the loyalty of their patrons. Customers must have faith in their suppliers to fulfil their demands for quality, price, and delivery.

As for the organizations, so on retain customers they need to-

- Identify customer need and expectations
- Convert customer needs and expectations into products and services which can satisfy them
- Attract customers to organizations
- and provide the products and services that meet customer requirements. But behind of those activities quality will always remain a key word.

The word quality can acquire many connotations like:

- A degree of excellence
- Conformance with requirements
- The totality of characteristics of an entity that bear on its ability to satisfy stated or implied needs.
- Fitness to be used
- Fitness for purpose
- Freedom from defects, imperfections or contamination.
- Delighting customers.

Accreditation in India remains in nascent stage. There was and still there aren't any defined parameters to assess the clinical and non-clinical performance of healthcare

organizations. Hence when organizations do start measuring their performance against indicators it becomes really difficult to assess if they're really progressing for they have no past records to match or to match with the similar quite hospital's benchmark because the Indian hospitals doesn't share their data. The research paper shows the comparison between both the accreditation process supported their stakeholders point also as supported the structure. Now, it depends upon the management of the hospitals that which among them they're getting to prefer for his or her accreditation

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