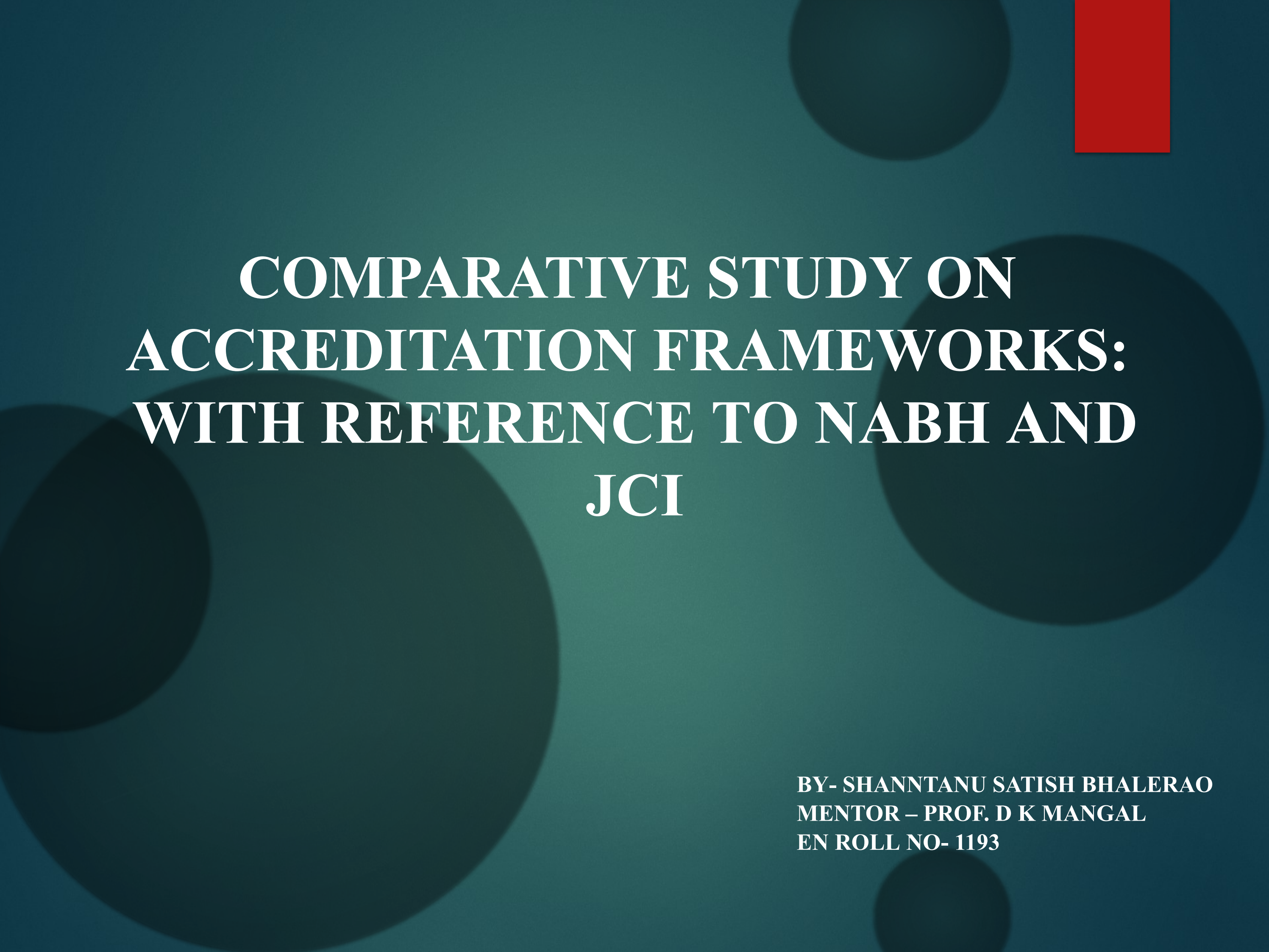




COMPARATIVE STUDY ON ACCREDITATION FRAMEWORKS: WITH REFERENCE TO NABH AND JCI

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Accreditation:

The accreditation is the process of officially recognizing someone as having a particular status or being qualified enough to perform a particular activity.

NABH:

National Accreditation Board for Hospitals and Healthcare providers is a constituent body of Quality Council of India, set up to establish and operate accreditation program for healthcare organizations. The committee was formed in the year 2005, with the principle of accreditation for hospitals in India.

NOTE: Malabar Institute of Medical Sciences in Kerala was the first NABH accredited hospital in India who got accreditation in the year 2007.

Quality Council of India:

QCI was set up in the year 1997 by the Government of India in partnership with Indian industry to be served as an autonomous body under the administrative control of the department to establish and operate the National Accreditation structure for conformity assessment bodies, providing accreditation in the field of education, health and even quality promotion.

JCI:

The Joint Commission International is a United States based nonprofit organization that accredits more than 22,000 US health-care organizations and programs.

The international branch accredits hospitals from all around the world.

NOTE: Indraprastha Apollo Hospitals was the first hospitals in India to get the JCI accreditation in the year 2005.

Research Questions:

Q. What is the structural difference between NABH and JCI?

Q. What are the differences between mind set of stakeholders based on the merits and demerits?

Objectives:

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

Methodology:

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

Research Design: Descriptive study

Type of Data: Secondary Data (Reviews)

Data collection tools: Websites, journals, research paper

Study period: June - July

**Component of comparison: Stakeholder analysis,
Structural analysis**



Inclusion- Accreditation research paper, journals and websites

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

Data Collection- The data for secondary research was collected using national and international journals, surveys, newspaper articles, organization websites, annual reports, magazines and general internet searches to identify the gaps between the two frameworks.

Results:

1. Stakeholder analysis

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	NABH	JCI
1. Patients related	1. Improved quality standards in terms of emergency BLS.	1. Lays down standards for ambulatory care, care continuum, condition specific standards.
	2. Patients are educated, aware of their rights and that they invite it. 3. Transparency, improvement within the level of patient's satisfaction.	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"

MERITS	NABH	JCI
2. Staff related	1.The change within the working pattern of the staff. 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.	1.Improves Confidence, solidarity . 2.Build a 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

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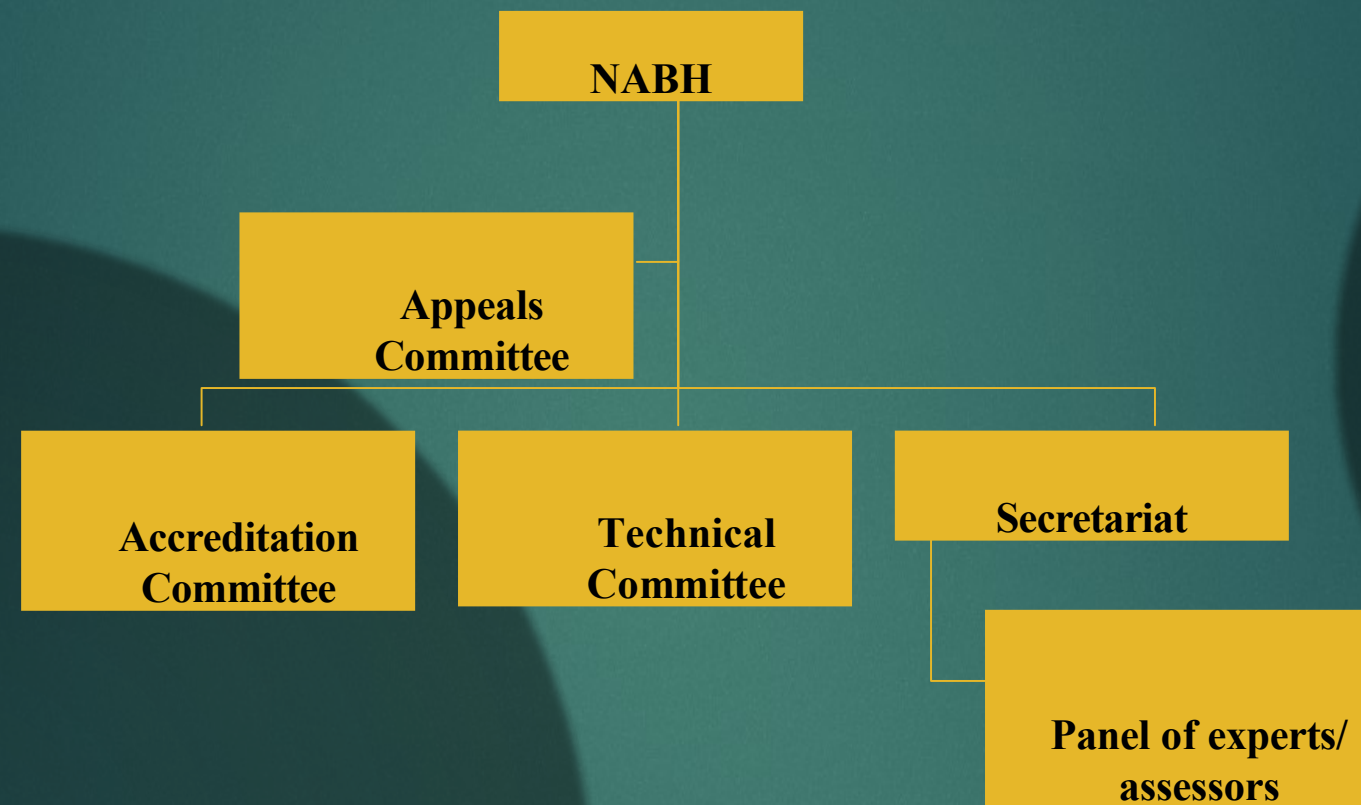
DEMERITS	NABH	JCI
1. Patients related	1.The patients really don't know what to expect and the way to assess the services they receive. 2. During initial phase of accreditation, the value of accreditation directly reflects in patients bills	1.The patients really don't know what to expect and the way to assess the services they receive. 2.Overheads, cost directly increase cost to patients resulting in increase in amount in patients bill.

DEMERITS	NABH	JCI
2. 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 work-load on staff	1.Lot of paper-work. 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.

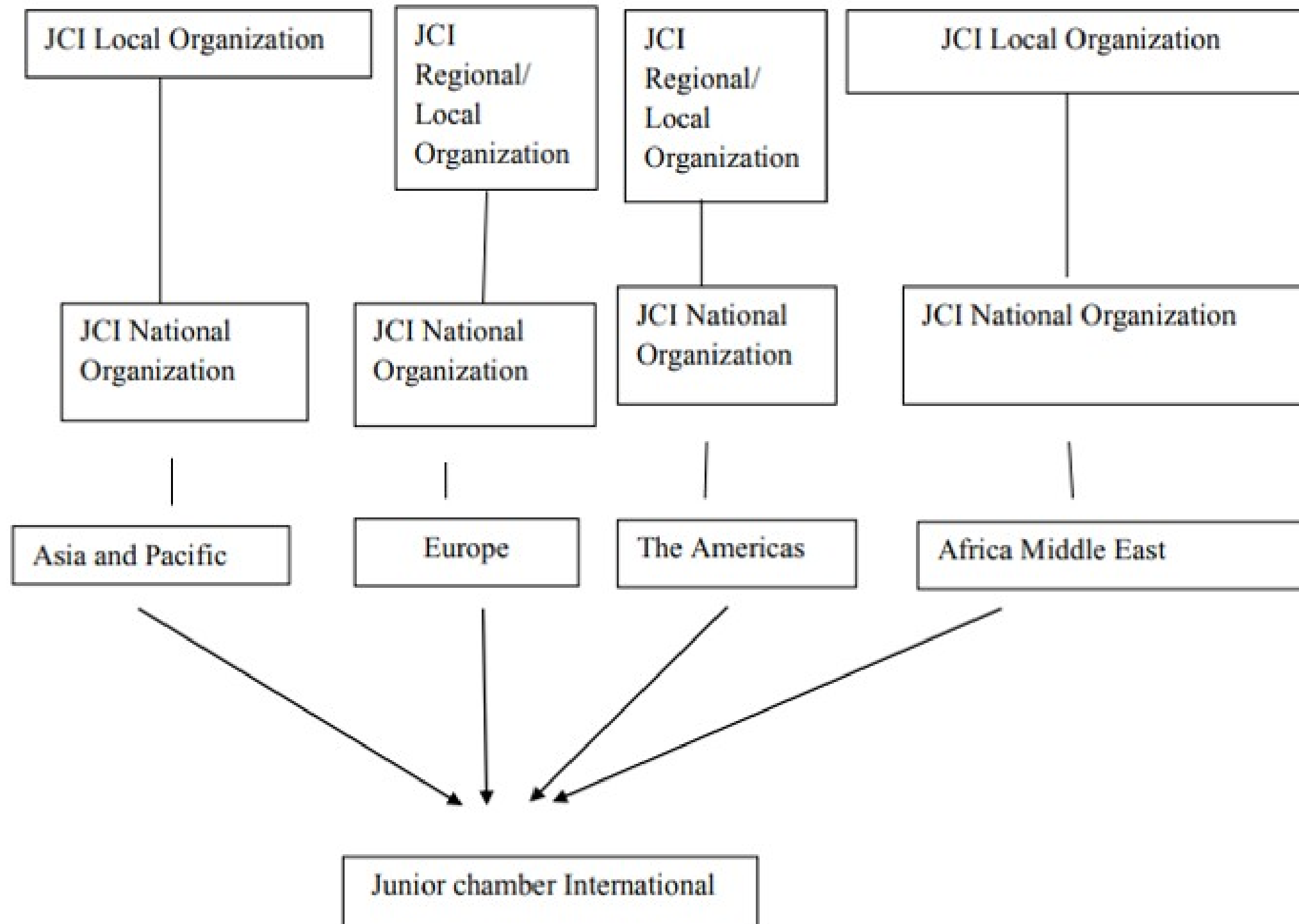
DEMERITS	NABH	JCI
1. Organization related	1. Because of the high attrition rate the trained staff's leaves the organization. 2. There are a lot of expenses that incur on the accreditation process and the quality management when compared with the ISO. 3. There is to be a continuous training and monitoring 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 visit 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.

2. Structural Analysis:

A) NABH



B) JCI



CONCLUSION:

There is increasing worldwide demand and concern for quality in healthcare, and for effective mechanisms.

There is increasing support from governments and from intergovernmental and funding agencies for accreditation as adjuvant therapy in health reform, at a pace which varies around the world.

The basic aim of those certifications and accreditations is to form sure quality. this might not only help them to reinforce their standards but also acquire customer loyalty. Customers need confidence that their suppliers can meet their quality, cost and delivery requirements.

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.



THANK YOU !!!