Comparative study on accreditation frameworks: With Reference to NABH and JCI

By

Shreya

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2018-2020

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TO WHOMSOEVER MAY CONCERN

This is to certify that Shreya, student of MBA -Hospital and Health Management from The IIHMR University, Jaipur has successfully carried out the study during the dissertation/internship period.

The student has successfully carried out the study designated to her during the internship /dissertation and her approach to the study has been sincere, scientific, and analytical.

The Internship/ Dissertation is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

Dean

Institute of health Management research

The IIHMR University, Jaipur

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I broaden my appreciation towards **The IIHMR University, Jaipur** for allowing me the chance to leave on this venture.

ABSTRACT

There is growing interest and expansion in accreditation programs has occurred worldwide during the past decade as demands for improved quality have increased and as a way to qualify providers for payment under new health reform models or to otherwise regulate providers. Under its scope of labor, QAP has been exploring the role of accreditation in improving quality in developing countries and assisting these countries in determining whether to develop appropriate accreditation programs.

Through different studies it's been observed that, practices of accreditation can have a minimum of five purposes: (1) Quality control ;(2) regulation; (3) quality improvement ;(4) information giving; and (5) marketing.

Different types of Certifications and accreditation common in India

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

NABH may be a n acronym for National Accreditation Board for Hospitals & Healthcare Providers is a constituent board of Quality Council of India, found out to determine and operate accreditation program for healthcare organizations. NABH was established in year 2006.

Organizations just like the Quality Council of India (QCI) and its National Accreditation Board for Hospitals and Healthcare providers NABH have designed an exhaustive healthcare standard for hospitals and healthcare providers. This standard consists of stringent 500 plus objective elements for the hospital to realize so as to urge the NABH accreditation. These standards are divided between patient centered standards and organization centered standards.

2). Joint Commission International (JCI)

The Joint Commission (TJC), formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), may be a United States-based not-for-profit organization that accredits over 19,000 health care organizations and programs within the us . A majority of state governments have come to acknowledge Joint Commission accreditation as a condition of licensure and therefore the receipt of Medicaid.

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled " Comparative study on accreditation frameworks: With specific reference to NABH and JCI" and submitted by Shreya , Enrolment no. IIHMR-U/01/2018-20/0827 under the supervision of Dr. P.R Sodani, Pro-President and Dean Institute of Health Management Research, for award of MBA Hospital and Health Management of the University carried out during the period embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

Shreya

The basic aim of of these certifications and accreditations is to make sure quality. This may not only help them to enhance their standards but also acquire customer loyalty. Customers need confidence that their suppliers can meet their quality, cost and delivery requirements.

The Joint Commission was renamed Joint Commission on Accreditation of Hospitals in 1951, it had been not granted deeming power for hospitals until 1965,when it had been deemed that a hospital that met Joint Commission accreditation met the Medicare Conditions of Participation.

Accreditation programs, if undertaken with careful planning, strong government support, and organizational commitment have the potential to enhance the standard of care available in hospitals and medical laboratories in many developing countries. While outside support is important during the initial years of program development, financial independence is feasible given the proper circumstances. Where understanding and support exists, accreditation program and other external quality assessment methods are desirable and sustainable ways of improving care in developing countries.

Accreditation shouldn't lead hospitals to extend prices with patient bearing the burden. Cost of poor Quality (COPQ), if attacked can usher in potential savings which may be passed on to patients.

NABH accreditation isn't just affordable, but also sustainable in future. Accreditation also means data processing over time, a mirrored image of clinical and operational benchmarking. Data processing is going to be the most important asset for the industry to require the standard standard forward and brings stringent controls.

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 round the world. As stated earlier, in India with the arrival of the company within the health field acquiring International accreditations for gaining larger international market is fast learning.

Contents

CHAPTER 1:

INTRODUCTION

1.1 Background:

Health systems currently operate within environment of social, economic and technological change. Such changes are expected to continue for the foreseeable future as results of structured economic and social policies, globalization of markets and enhanced worldwide communication. New insurances mechanisms, restructuring and health reform initiatives, privatization within health sector, redistribution of human and other resources reduced public funding ,new technology, and lots of other factors may raise concern for the standard healthcare. As results of these health sector reforms, national health systems are coming under increasing scrutiny with a view to cost containment and quality improvement.

A quality programme is that the planned activities administered by a corporation or health system to enhance quality. It covers a variety of interventions which are more complex than single quality team improvement project or the standard activities in one department. Quality programmes includes programmes for an entire organization (such as a hospital total quality programme), for teams from many organizations (for example, a collaborative programme), for external reviews of organizations in a neighbourhood (for example, a practice guidelines formulation and implementation programme), and for national or regional quality strategy which itself could include any or all of the above. These Programmes create conditions which help or hinder smaller quality improvement projects.
Quality improvement programmes are new “social medical technologies” which are increasingly being applied. One study noted 11 differing types of programmes within the UK NHS during a recent 3 year period. They probably consume more resources than any treatment and have potentially greater consequences for patient safety and other clinical outcomes. Yet we all know little of their effectiveness or relative cost effectiveness, or the way to ensure they're well implemented.

There is growing interest and expansion in accreditation programs has occurred worldwide during the past decade as demands for improved quality have increased and as a way to qualify

providers for payment under new health reform models or to otherwise regulate providers. Under its scope of labor, QAP has been exploring the role of accreditation in improving quality in developing countries and assisting these countries in determining whether to develop appropriate accreditation programs.

The concept of accreditation evolved during this century from an approach involving simple, voluntary programs that applied a couple of basic standards to an evaluation process that, when possible, applies evidence-based standards to work out the potential of huge , complex health care organization to supply good, client-cantered care have also arisen, like UNICEF's Baby friendly program, the Gold Star birth control program in Egypt, the Proquali Reproductive Health Program in Brazil and therefore the emerging Adolescent Friendly Clinic programs in Jamaica and South Africa . Thus, the sector of accreditation is evolving rapidly, presenting many interesting and sometimes difficult issues to think about.

Accreditation-Just because the health community believes that medicine should be evidence-based, so, too, should the selection of quality activities. Thus, the question could be raised on whether scientific evidence indicates that accreditation improves patient outcomes.

Certainly, if the standards used for accreditation were evidence –based-that is, because studies have demonstrated that compliance with standards improves outcomes- it might seem logical that accreditation would improve outcomes.

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Certainly, if the standards used for accreditation were evidence –based-that is, because studies have demonstrated that compliance with standards improves outcomes- it might seem logical that accreditation would improve outcomes.

But in developing countries that are considering accreditation as a way to enhance health healthcare delivery in fields like hospitals, ambulatory and first care facilities. But there's still tons of difference exists in terms of approaches to quality in health care both publicly and personal sectors. Also the character of adjusting community expectations has influenced health care organizations to incorporate community representatives as a participant in accreditation boards or survey teams. There's still tons of data about the method and

outcome must be made public, in order that the organization can certainly improve their outcomes through public feedback. However whether there should accreditation be mandatory or voluntary may be a debatable issue, and if such were made mandatory, how it wouldn't differ from present sort of licensing.

The issue of quality in health care services assumes a special significance in countries with limited resources. In such instances, the private sectors which frequently provides questionable quality of care and often functions without regulation and accountability to authority, dominates health care services.

Many countries, operating under structural adjustment programs, have policies that support and promote increased involvement of the private sector within the delivery of health services. Thus, health ministries have endeavoured to seek out ways and means to make sure that non-public health care services provide quality care services provide quality care (e.g., enacting legislation for hospitals, evolving standards for hospitals, fixing accreditation systems, fixing accreditation systems, establishing QA programs, and fixing health care facilities).

1.2 Quality Evaluation Approaches:

The three number one strategies for comparing health care nice – accreditation, licensure and certification- use standards to discern out the volume of first-class done by way of a private or agency. Deciding on the right approach or combination of techniques calls for a cautious evaluation and prioritization of person needs.

In accreditation systems:

• standards are described and graded,

• Compliance is classed by means of intermittent outside evaluation by way of health care issuer and constantly through internal mechanisms

• Accreditation is awarded for a limited length of some time

• overall performance is ready by using comparing actual exercise with actual requirements.

Its broad features are that it'svoluntary, educational, health care provider play a pivotal role within the body and ensure its functioning and implementation.

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The difference between three forms of evaluation of quality measures

Process	**Issuing/ Components / Requirements**	**Standards**	**Organization**	**Objectof 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 requirementse; compare conformance to design specifications

Following are the main areas of service activity during a hospital and these areas act as an interface between the client and provider. These 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 different studies it's been observed that, practices of accreditation can have a minimum of five purposes: (1) quality control;(2) regulation; (3) quality improvement ;(4) information giving; and (5) marketing.

1. Quality control

This purpose protects public safety and meets demands for increased openness and accountability to the overall public (patients and taxpayers), (Nichols, 1992) government and other stakeholders groups.Internal control seeks to "assure or, even better, improve the trust of external parties like patients, financers and government" (Klazinga, 2000).It highlights the importance of drugs as a profession and repair. It highlights the importance of medicine as a profession and repair. It also reflects the need to eliminate unnecessary and inappropriate interventions, increase equity of access, (Coulter, 1996 and Wilkinson, 1998) monitor health outcomes, and demonstrates that practices function efficiently, offering value of money.

2. Regulation

This aids control but differs from it in ways benefiting practices. In Australia, as an example, compliance by practices with legal, safety, (Britt, 1997; Bhasale, 1998 and Wilson, 2002) and other essential requirements for accreditation defines a gateway to additional funding. Moreover, a regulatory or quasi-regulatory function of practice accreditation defines a gateway to additional funding. Moreover, regulator or quasi-regulatory functions of practice accreditation may transcend control. In the US, as an example , the Joint commission on the accreditation of Healthcare Organizations (JACHO) which evaluates ambulatory care facilities, including group practices and student health care centres, among other organizations- emphasizes maximum achievable standards (JACHO, 2002). Yet, the JACHO could also be a quasi-public regulatory body, despite their descriptive policies, whose evaluations for performance improvement often fulfil state licensing requirements and will meet certain Medicare certification requirements. (JACHO, 2002).

Accreditation of practices enables their entry into or development of elements of a framework of continuous quality improvement (CQI). According, to this framework, the whole practice team can improve over time the quality of the organization and delivery of its services.

Accreditation systems for healthcare organizations have attended redefine CQI in their own terms, (Scrivens,1997) de-emphasizing the use of systemic methods and statistical tools for process improvements. Nevertheless, scope to reinforce practice quality and safety are often identified by comparing individual practices against accreditation standards, measures of their own past

performance, and/or rates or norms supported accreditation results from other practices (benchmarking).

Opportunities for feedback and support encourage practices to use for accreditation, despite frequently mixed responses to systems of external review (Walshe, 2002). These opportunities include education, clarification of labour roles, and practical assistance. Such benefits are often attractive generally practice where isolation is common, (Baker,1998) practices are often widely dispersed, and GPs may go single handed, especially in countries like Netherlands, France and Germany.

In countries like New Zealand the non-blame focus of CQI and thus the involvement of practices at every stage of practice assessment have also helped recruitment. These assessments enable practices to make and plan developmental changes that meet the strain of developing quality and clinical governance agendas (Bollen, 1992). The changes can benefit patients and each one practice staff (Bollen, 1996) as an example, by improving practice service and helping to affect problems with morale, recruitment and retention. (Young, 2001; Campell, 2002).

3. Information giving

Practice accreditation seeks to provide an agreed and credible measure of the quality and safety of individual practices (JACHO, 2002). Stakeholders generally practice care can use this measure to support comparisons between practices, show levels of adherence to standards, highlight opportunities for improvement, inform and guide deciding and enhance confidence. Information made available by practice accreditation also can change behaviour by individuals, practices and thus the health system, as demonstrated by the use and public disclosure of performance indicators and other comparative performance data (Leatherman, 1998).

4. Marketing

In a competitive health care environment (Walshe, 2001) accreditation can have a marketing benefit for accredited practices until they account for a high proportion of all practices (Bollen, 1996). In the US, health maintenance organizations “that are accredited make of the actual fact in their marketing” (Leatherman, 1998)

A marketing benefit may put competitive pressure on practices to understand accreditation and develop programmes for quality improvement (Shortall, 1998). However, rural, isolated and tiny practices, among others, may resent this pressure.

1.4 Different types of Certifications and accreditation common in India

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

NABH could also be a n acronym for National Accreditation Board for Hospitals & Healthcare Providers may be a constituent board of Quality Council of India, acknowledged to work out and operate accreditation programme for healthcare organizations. NABH was established in year 2006.

Organizations a bit like the standard Council of India (QCI) and its National Accreditation Board for Hospitals and Healthcare providers NABH have designed an exhaustive healthcare standard for hospitals and healthcare providers. This standard consists of stringent 500 plus objective elements for the hospital to understand so on urge the NABH accreditation. These standards are divided between patient centred standards and organization centred standards.

To suits these standard elements, the hospital will need to have a process- driven approach altogether aspects of hospital activities – from registration, admission, pre-surgery, peri-surgery and post-surgery protocols, discharge from the hospital to follow-up with the hospital after discharge. Not only the clinical aspects but the governance aspects are to process driven supported clear and transparent policies and protocols. During a nutshell NABH aims at streamlining the entire operations of a hospital.

NABH is like JCI and other International standards including HAS: Haute Autorite de Sante, Australian Council on Healthcare Standards, the Japan Council for Quality in Health Care, and thus the National Committee for Quality Assurance within the US. Its standards are accredited by ISQUA the apex body accrediting the accreditations hence making NABH accreditation at par with the world’s most leading hospital accreditations.

The standards help to create a top quality culture in the least level and across all the function of hospital. NABH Standards has ten chapters incorporating 100 standards and 514 objective elements.

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 (JCI)

The Joint Commission (TJC), formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), could also be a United States-based not-for-profit organization that accredits over 19,000 health care organizations and programs within the us . A majority of state governments have come to acknowledge Joint Commission accreditation as a condition of licensure and thus the receipt of Medicaid.

The Joint Commission was renamed Joint Commission on Accreditation of Hospitals in 1951, it had been not granted deeming power for hospitals until 1965,when it had been deemed that a hospital that met Joint Commission accreditation met the Medicare Conditions of Participation.

Joint Commission International (JCI) was established in 1997 as a division of Joint Commission Resources, Inc. (JCR), a private, not-for-profit affiliate of The Joint Commission.

Through international accreditation, consultation, publications and education schemes , JCI extends The Joint Commission's mission worldwide by helping to reinforce the quality of patient care by assisting international health care organizations, public health agencies, health ministry’s et al.

evaluate, improve and demonstrate the quality of patient care and enhance patient safety in additional than 60 countries.

International hospitals may seek accreditation to demonstrate quality, and JCI accreditation could even be considered a seal of approval by medical travellers from the U.S.

Recently, Section 125 of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) removed The Joint Commission's statutorily-guaranteed accreditation authority for hospitals, to be effective July 15, 2010. At that time , The Joint Commission's hospital accreditation program are getting to be subject to Centres for Medicare & Medicaid (CMS) requirements for accrediting organizations seeking deeming authority.

1.5 Rationale of the study:

Accreditation could also be a process during which an entity separates and distinct from the health care meets an organization, usually non-governmental, assesses the healthcare organization to figure out if it meets a gaggle of requirements (standards) designed to reinforce the safety and quality of care.

As more and more hospitals are health care centres have opened and more to be commissioned, the necessity for standardization of care across all the centres has become a necessity. (JCI)

The process of accreditation is supposed to form a safety culture and quality in an organization that strives to repeatedly improve patient care processes and results. The parallel issueswas evidence-based medicine, quality assurance and medical ethics and thus the main focus is to reducethe medical error that play a key role within the accreditation process.

The method also helps the organization to spot the varied bottlenecks and is available up with a feasible solution for an equivalent. During this way, the organization can reduce the amount of steps and achieve cost efficiency.

In the current wave of providing highest quality and price efficient healthcare to the purchasers, accreditation has become vital. There are an increasing number of hospitals that need to applied for accreditation.

Accreditation is one among the means to enhance the services so provided also on increase the security of patients, staff and visitors to the hospital. But, however, the method of accreditation isn't being clearly understood by most of the organizations. Many hospitals use it as a branding strategy. it's been seen that a lot of hospitals that have applied for accreditation struggle on many issues. the most purpose of accreditation is lost. Most attention is diverted on infrastructure and processes instead of on patient safety and delivery of care.

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

- **Vivek Hittinahalli and Saroj Golia;** country wide Accreditation Board forHospitals and Healthcare carriers (NABH) is a country wide body answerable for offering accreditation to the hospitals. Fashionable accreditation applications appear to enhance the structure and system of care, with a good body of proof displaying.That accreditation applications improve scientific results. Widespread accreditation applications of fitness companies and accreditation of subspecialties must be encouraged and supported to improve the best of healthcare offerings. Considered one of the maximum important limitations to the implementation of accreditation packages is theSkepticism of healthcare professionals in preferred and physicians especially.Approximately, the nice impact of accreditation programs on the high-quality of healthcare offerings. However, with fine in healthcare an crucial aspect, healthcare accreditation has emerge as a most crucial tool for improving the usual of theHospitals and thereafter benchmarking.

- **Mandeep, Naveen Chitkara, Sandeep Goel;** the take a look at discovered that clinicalGroup of workers had a tremendous mindset and progressed knowledge approximately accreditation after 6Months running in a medical institution on the manner to NABH. The mind-set reflected in their nice

  technique in handling patients underneath higher work atmosphere hence, not directly reflecting on the advantage to the society as whole. The sound information and a wonderful attitude closer to NABH accreditation some of the medical staff are very critical. And the identical can be finished with proper schooling and properHealth facility surroundings.

- **excellent Council of India;** the rapid changes within the healthcare device, withProgressive improvements in imaging, at the side of the dearth of any existingImaging requirements in our united states of America, have raised the want for an accreditation structure. The great Council of India (QCI) has thereforeaIntroduced requirements for clinical imaging offerings, focusing at the manager ofServices, employees, imaging procedures and tactics, facility and environment,System, and documentation, in addition to danger manipulate and protection. This text deals in brief with the standards structured through the QCI for accreditation of imagingServices.

- **Bogh SB, Falstie-Jensen AM, Bartels P, Hollnagel E, Johnsen SP;** The typical opportunity-based totally composite score progressed for each non-authorised and Approved hospitals (thirteen.7% and 9.9%, respectively), however the improvements had been Drastically better for non-accredited hospitals (absolute distinction: 3.8%). No Great variations have been located at disease stage. The general all-or-none score Improved appreciably for non-accepted hospitals, however no longer for Authorised hospitals. Absolutely the difference among upgrades within the all-or none Rating at non-authorised and authorized hospitals become now not good sized. Participating in accreditation became now not associated with large development in overall performance measures for acute stroke, coronary heart failure or ulcer.

- **Dr Pandit; —**earlier, the authorities has asked hospitals to get the accreditation Certificate via December 2014, but after the request of the hospitals, it has been Extended up to 2015.

Presently, best one medical institution—Bombay medical institution—has the NABH accreditation in the metropolis, but lots of them have applied to get the Accreditation‖.

- **Rita Dutta**: the swelling call for an accreditation that comes below the Purview of the quasi-government body, nice Council of India is pretty an Interesting phenomenon. And to think that maximum of the board contributors are veteran Directors from non-public and public sectors doing honorary work and

  the Assessors also don't get fundamental monetary advantage! But the maximum exciting Development these days has been trade of the vintage defend and constitution of a new board.

- **Dr Praneet Kumar, Chairman, Technical Committee, NABH;** after making NABH requirements ISQUA (the global Society for exceptional in health Care) Compliant in 2008, the technical committee is running on attaining accreditation Of NABH from ISQUA. ―this would ensure that NABH's systems and methods Are compliant with a worldwide employer, for that reason making certain higher Documentation and technique orientation, ‖ it is predicted that an ISQUA-approved NABH could supply a lift to medical value journey, in particular from America and the United Kingdom. ―it would bring in more transparency and clarity in methods involved for Scientific price journey‖. To date, health facility requirements of only eleven nations are Accepted through ISQUA.

- **Dr Narottam Puri, Chairman, NABH Committee**; maximum authorities-led Initiatives are plagued by slow methods and absence of transparency. NABH wishes to cope with these challenges through more powerful use of IT. ―although the status of NABH registration can be considered online, hospitals can neither observe nor get Queries spoke back on-line. We even have a space crunch to stack all this paper inside the Workplace. Right now, the use of it is very rudimentary. Going forward, we need a Robust IT system

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

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.

CHAPTER 4:

Results and Discussion

4.1 Results

4.1.1 STAKEHOLDER ANALYSIS

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. 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

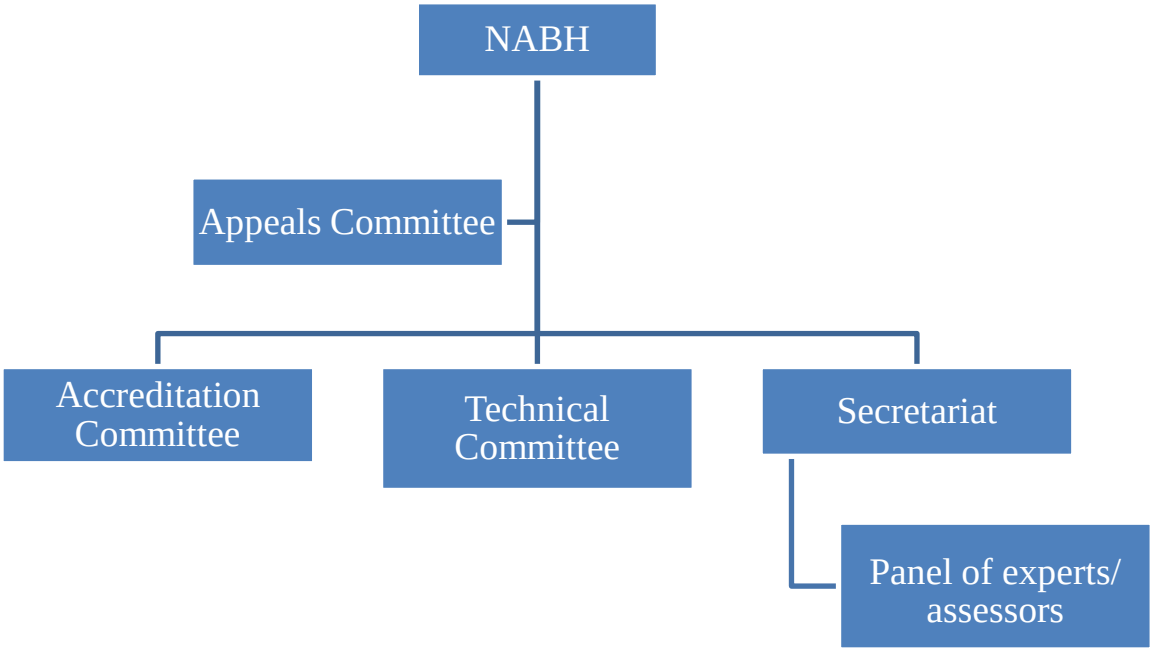
c) Organization related	1. Having systems in situ, comparison in terms to understand where you stand, for the business and survival point of view, social cause (ICD). 2. Improvement in services, less, number of complains than before. 3.Gives a way of accreditation process 4. Uniformity in processes, 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.

Demerits **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 above diagram depicts the structural approach of NABH, and it shows how the information gets passed by as well as accreditation process take place.

This process is very smooth as there is only one body to be reported NABH and finally NABH reports to the Quality Council of India.

Appeals Committee:

It is a committee that is composed of three or more employees, headed by a chairperson. The major role of this committee is to consider or re-consider the applicant for accreditation.

Accreditation Committee:

This is the committee who is responsible for the set up, establishment and operation of accreditation program for healthcare in the organization. The major role is to recommend the board to grant the accreditation based on the reports.

Technical Committee:

The main role of the committee is to conduct the periodic reviews also as drafting of the accreditation standards and guidance documents.

NABH secretariat:

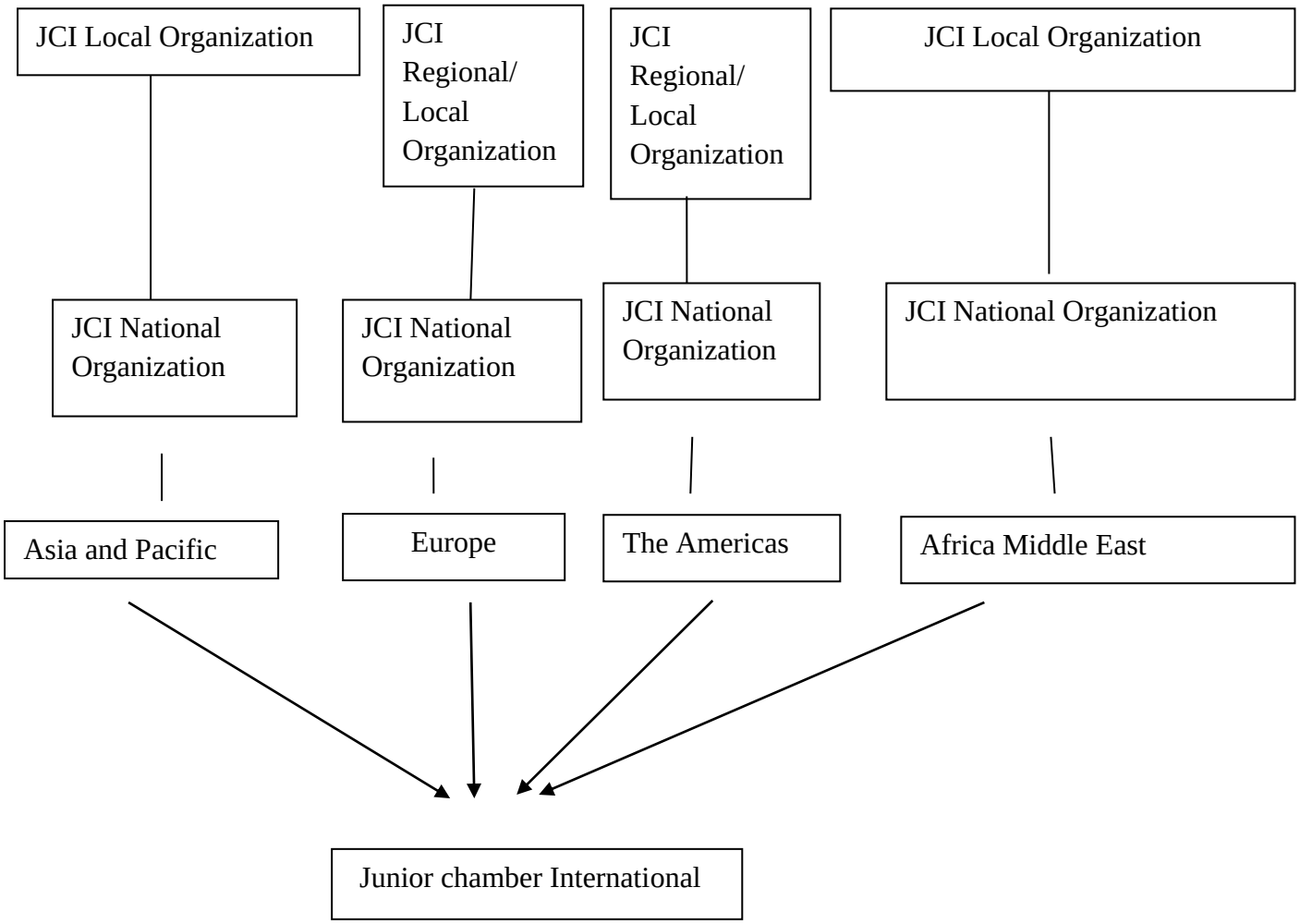
To co-ordinate with the whole activities happening associated with the NABH accreditation of the hospitals and healthcare organizations.

Assessors:

There are two types of assessors:

1. Principal Assessor: Responsible for overall conducting pre as well as the final assessments of the hospitals.
2. Assessor: People are being trained on hospital accreditation process and is also given additional responsibility of evaluation too.

4.1.2 B) JCI:



JCI accreditation which mainly consists of various members that consists of all national, local, etc. to provide final evaluation and assessment of the entire process of quality up-to the hospitals and healthcare organizations.

From the above structure it can be clearly depicted that JCI is having many hierarchies and is comparatively complicated process when compared to NABH and is more time

taking procedure as huge level has to be crossed.

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.

Where understanding and support exists, accreditation program and other external quality assessment methods are desirable and sustainable ways of improving care in developing countries.

In healthcare, information asymmetry features a crucial role in raising the worth of transactions and making the procurement of health services inefficient, both for large contractors and individuals. Accreditation can play an important role in communicating quality information to collective and individual purchasers and increasing efficiency within the health sector.

When sufficiently widespread, accreditation serves to increase the overall quality of the health sector by providing both information on quality and feedback on structures necessary to understand quality during a form that promotes benchmarking and internal organization improvements. Such a scheme can benefit poorer users also as richer ones.

Large scale quality programmes are difficult to measure using experimental methods. The programs evolve and include many activities that start and finish at different times. Many programs are poorly formulated and partially implemented. Most cannot be standardized and need to be tailored to suit things in several ways from those use when a treatment is modified to suit the patient. The targets of interventions aren't patients but whole organizations or social groups, which are complex adaptive systems that change quite the physiology of individual patients.

Accreditation shouldn't lead hospitals to increase prices with patient bearing the burden. Cost of poor Quality (COPQ), if attacked can inaugurate potential savings which can be passed on to patients. NABH accreditation is not just affordable, but also sustainable in future.

Accreditation also means processing over time, a reflection of clinical and operational benchmarking. processing isgetting to be the foremost important asset for the industry to need the quality standard forward and brings stringent controls.

If something goes wrong with accredited hospital, then it's faster for national accreditation body to react and answer the crisis than international accreditation body without office in India.

Though the country has witnessed an onslaught of international accreditation, they're either expensive, not tailored for the Indian healthcare industry. The NABH has close standards to JCI, NABH is more cost effective. (Patients don't got to bear the cost) the worth of NABH is 1/10th of JCI.

India is additionally considered to be because the medical tourism hub. These leads to high patients flow from different countries to fetch services from Indian hospitals. The rationale for the same is that not only that quality healthcare is being provided here but also cost-effective healthcare is additionally been provided. So, this is often often one of the reasons that hospitals prefer to settle on JCI accreditation.

And another reason for healthcare organizations choosing JCI is that the medical professionals are keen on working with associations which are JCI-accredited.

No single international accreditation schemes enjoy exclusive rights to be seen as an overall world-wide relevant scheme, some hospitals are looking towards multiple accreditations to understand performance credibility in several parts of the earth.

CHAPTER 5:

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.

As stated earlier, in India with the arrival of the corporate within the health field acquiring International accreditations for gaining larger international market is fast learning.

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.

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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