

Healthcare Accreditation in India – Key Factors & Challenges

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ABSTRACT

Patient Safety has been a fundamental principle in implementing healthcare all over the world. There is a widespread global awakening on this issue and has embarked the need to improve the quality of healthcare in terms of actual patient care and patient safety. India has also taken up the cause with utmost capacity and is showing perpetual commitment in improving quality of healthcare services by acquiring accreditation through bodies such as NABH, JCI, ISO, ISQua, CRISIL Rating etc. where ISO focuses mainly on back end departments while NABH and JCI are inclined towards clinical outcomes and patient satisfaction.

Accreditation has been phenomenal in transforming the healthcare scenario and is basically a framework, which helps healthcare organizations to establish objective systems aimed at patient safety and quality care developed through holistic approach of Total Quality Management. Standards tend to be dynamic giving rise to continuous quality improvement. An excellent healthcare infrastructure forms the backbone for growth of any country and accreditation proves to be competent of ensuring that the patient can count on the hospital for delivery of excellent services. Hospitals are now thus under continuous pressure of maintaining and retaining their quality and move towards accreditation process to be recognized and become credible of delivering quality in their services leading to enhanced patient satisfaction.

This study aims to identify the factors that have influenced the growth of Healthcare accreditation in India and the challenges faced by Healthcare organizations in the process thereof.

Key words:*Patient safety, Accreditation, Total Quality Management, Standards, Continuous Quality Improvement.*

INTRODUCTION

Concept of quality in healthcare implies impact on health and safety of the receiver by the services delivered. Quality is the outcome of relentless efforts with total commitment to achieve excellence. Healthcare professionals in India have been displaying grossly inadequate awareness and concern for the quality of care they are providing. This lack of awareness or concern for quality has been manifesting in the form of substandard services, safety violations and cases of medical negligence resulting into disease, disability and deaths.

As demand for quality in healthcare rose significantly since the previous decade all over the world, market forces such as medical tourism, insurance, corporate growth and empanelment have come into existence leading to brewing up the need to standardize the quality of care in healthcare setups. These factors have led to the introduction of national and international accreditation bodies to act as a quality assurance mechanism.

Broadly speaking, there exist two types of hospital accreditation:

1. Hospital and healthcare accreditation which takes place within national borders
2. International healthcare accreditation.

Healthcare quality has three corner stones – quality, access and cost.

Any program of quality requires an unwavering urge and commitment to excel rather than opting for shortcuts. It is a never ending cyclical process of setting, achieving and resetting the goals for continuous improvement.

“When we are ill, we want to know that we have a doctor whose technical knowledge and skills we can be sure of, on whose honesty we can rely and who will treat us empathetically with the respect and courtesy to which we are entitled. We need to be sure that the hospital or primary care team to which our doctor belongs works effectively and safely, so we can be assured that we are getting good quality care. And we need good access to care.”

Sir Donald Irvine – President GMC 2003

Quality: The degree of adherence of a product or service to the predetermined specification.

Quality in terms of Health Services: According to **Joint Commission on Accreditation of Health Care Organization(JCAHO)**, the degree to which health services for individuals and populations, increase the likelihood of the desired outcomes and are consistent with the current professional knowledge.

Donabedian model of Quality in healthcare:

- Structure
- Process
- Outcome

Avedis Donabedian, a physician and health services researcher at the University of Michigan, developed the donabedian model for developing quality in health care sector in 1966.

Donabedian model describes and emphasizes on the structure, process and outcome of the services to be delivered. Structure describes the context in which care is delivered, including hospital buildings, staff, financing, and equipment. Process denotes the transactions between patients and providers throughout the delivery of healthcare. Finally, outcomes refer to the effects of healthcare on the health status of patients and populations.

Accreditation: - *“A public recognition of the achievement of accreditation standards by a healthcare organization, demonstrated through an independent external peer assessment of that organization’s level of performance in relation to that standards”.*

Hospital accreditation has been defined as *“A self-assessment and external peer assessment process used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve”.* Critically, accreditation is not just about standard-setting: there are analytical, counseling and self-improvement dimensions to the process.

Accreditation benefits all stakeholders involved i.e. patients, hospitals, hospital staff and all paying and regulatory bodies such as insurance, TPAs and corporate empanelment, however patient is the most significant beneficiary. Accreditation gives rise to high quality of care and patient safety.

Patients are served by credential medical staff; their rights are respected and protected with patient satisfaction the utmost concern of the healthcare setup. It works on the principles of **quality assurance, evidence based practice, medical ethics and prevention of medical error while providing access, affordability, efficiency, quality and effectiveness of care.**

Objectives of Accreditation:

- a) To assess the quality and safety of services being rendered by the organization.
- b) To assess the organization's ability to ensure continuous improvement of overall quality of services by ascertaining compliance of the standards laid down by the accreditation body.
- c) Apprise the organization of its deficiencies that need to be made up to come up to the laid down standards.
- d) To provide external recognition or the stamp of approval by the accreditation agency, of the quality of services being provided by the organization.
- e) To inform the public that the organization has certified high standards of quality of services.

Accreditation aims at delivering STEEEP care in terms of quality:

Safe

Timely

Effective

Efficient

Equitable

Patient centered care

International Healthcare Accreditation Bodies:

- **ISQua:**The International Society for Quality in Health Care (ISQua) is an umbrella organization for organizations seeking international healthcare accreditation. Its offices are based in the Republic of Ireland. ISQua is a small non-profit limited company with members in over 70 countries. ISQua does not actually survey or accredit hospitals or clinics itself. India becomes 12th nation to join ISQua.

- **ISO (International Organization for Standardization) 9001 – 2015**(applicable to healthcare organizations): It is a certification system. It does not prescribe any standards of its own. The organizations having an effective quality management system and infrastructure for providing quality services as well as for continuous quality improvement, are issued ISO certification.
- **Joint Commission on Accreditation of Healthcare Organizations (JCAHO)**: It is the oldest and pioneer organization who started the hospital accreditation program in USA.
- **Joint Commission International (JCI)**: JCI accreditation of hospitals was started by JCAHO in the year 2002 with the purpose of accreditation of hospitals across the globe.

Healthcare Accreditation Bodies in India:

- **CRISIL RATING of Hospitals / Nursing Homes (Credit Rating Information Services of India Ltd.)**: It is a global analytical company providing ratings, research and risk and policy advisory services. It's grading of healthcare institutions is an opinion on the relative quality of healthcare delivered by the institutions to its patients. The grading scale has two components –The Hospital classification and the hospital's service quality grading within that classification on a four-point scale (Grade A – Good quality, Grade B – Good but lower than Grade A quality, Grade C – Average quality, Grade D – Poor quality).
- **ICHA (Indian Confederation for Healthcare Accreditation)** is the mechanism created in 2002 and established as a not for profit organization (under section 25 (now 8) of the companies act in 2004. ICHA is an autonomous body, globally recognized most optimal and credible platform. ICHA has its values and guiding principles embedded in three pillars of excellence – TRUST, TRANSPARENCY, TRANSACTIONS (communication).
- **Quality Council of India, an autonomous body, and its constituent National Accreditation Board for Hospitals and Healthcare providers (NABH)** is the leading accreditation body in India. QCI works under the guidance of Ministry of Commerce. NABH as a constituent of QCI was established in 2006.

NABH guidelines are composed of 10 Chapters. These chapters project all departments of a hospital for delivering standard care. Among these 10 chapters, 5 are patient centered and 5

organization centered. Each chapter contains specific standards guidelines in the terms of ‘Standards’ with 105 standards in whole (IVth Edition, December, 2015). Each standard has certain ‘Objective elements’, 683 as a whole. Objective elements tend to streamline all the operations within a hospital right from the point of entry of the patient - admission and up till discharge.

- A **standard** is a statement that defines the structures and processes that must be substantially in place in an organization to enhance the quality of care.
- **Objective element** is a measurable component of a standard.
- Acceptable compliance with objective elements determines the overall compliance with a standard

<u>Patient Centered Standards</u>	1) Access, assessment and continuity of care
	2) Care of patients
	3) Patients right and education
	4) Management of medications
	5) Hospital Infection Control
<u>Organization Centered Standards</u>	6) Continuous Quality Improvement
	7) Responsibilities of management
	8) Facility management and safety
	9) Human Resource management
	10) Information management system

NABH is a nationwide acclaimed organization represented in various quality fora. It is an Institutional member, a Board member as well as member of the Accreditation Council of ISQua and also on the board of Asian Society for Quality in Healthcare(ASQua).

In India, Healthcare sector currently operates within an environment of rapid social, economic and technical changes. Such changes raise the concern for the quality of healthcare. Hospital is an integral part of healthcare system. Accreditation is the single most important approach for improving the quality of hospitals. Accreditation is an incentive to improve capacity of national hospitals to provide quality of care. National accreditation system for hospitals ensure that hospitals, whether public or private, national or expatriate, play their expected roles in national health system.

Accreditation implementation has not been successful in all countries. These have to be successfully implemented and practiced according to the principles, policies and organizations of the native country.

The purpose of this study is to identify driving factors of Healthcare Accreditation in India and challenges faced during the implementation of accreditation standards.

OBJECTIVES

- a. To identify the factors that have influenced the growth of accreditation in healthcare sector in India.
- b. To analyze the challenges faced by hospitals and healthcare providers in the process of pursuing accreditation process.

METHODOLOGY

This is a descriptive study based on secondary data collected from original research, reviews and perspectives searched in the EBSCO data bases, NABH official website and from other resources available on internet.

DISCUSSION & FINDINGS

Healthcare industry has witnessed marked changes in the past few years and has undergone transformation from physician centered approach to patient centered approach driven by the rising demand for quality in healthcare services. That has led quality assurance mechanisms to intensify and accreditation to be pursued for.

Accreditation significantly establishes technical competence within healthcare organizations in terms of certain standards of services to be delivered.

According to the data collected and analyzed rise in demand for quality in services procured and globalization has led to the requirement of standardized care in health services. The increased focus on improving patient outcomes across the globe, safety and quality of care has led stakeholders, policy makers and healthcare provider organizations to adopt standardized processes for evaluating healthcare organizations. Accreditation and certification have been proposed as interventions to support patient safety and high quality healthcare.

A) Factors influencing the growth of Healthcare accreditation in India:

These factors are identified reviewing the **Institutional theory (Di Maggio and Powell, 1983)**. According to DiMaggio and Powell, there are three mechanisms through which institutional isomorphism change could occur: **coercive, mimetic and normative isomorphism**. Coercive isomorphism may result from pressure from other organizations on which a focal organization is dependent or it can be caused by cultural expectations within society where the organization functions.

I. Normative Isomorphism:

Normative isomorphism is the result of professionalization, creating the thrust for legitimization and conformity to norms in the field. Indian hospitals have taken up quality management initiatives in cognizance of the need for organizational-level quality metrics and benchmarking standards (Manjunath, Metri, & Ramachandran, 2007). Standardization of organization-wide practices and conformance with infrastructural measures are perceived as a sign of competency.

The subthemes include:

- Need for standardization
- Credibility and accountability of the service delivered
- Status symbol as the normative factors influencing the adoption of accreditation.
- Enhancing their *image* in the healthcare field
- To streamline quality in the hospital without “*reigning in consultants*” since accreditation offers a valid platform for such activities
- Organizational legitimacy and organizational reputation are two concepts by which social systems assess an organization (Deep house& Carter, 2005).
 - Legitimacy has been defined in terms of acceptability or appropriateness (Meyer & Rowan, 1977) and is a fundamental proposition of Institutional theory (DiMaggio & Powell, 1983). It indicates a certain degree of competency and that the organization follows normative rules and regulative processes (Ruef & Scott, 1998).
 - Reputation may be equated with esteem, image and prestige and developed the concept of organizational standing - Authors Shankar and Yuctman-Yaar (1997). Central to reputation is a comparison of organizations to determine their relative standing (Deep house& Carter, 2005).
- Indian hospitals are gaining reputation globally as ‘Quality’ service providers – Investment Commission of India.
- Increased awareness among people to avail best services.
- Accreditation has provided sustainability to Indian healthcare sector in the global scenario

II. Mimetic Isomorphism:

Mimetic isomorphism is a response to uncertainty; organizations tend to model themselves after similar organization in their field that they perceive to be more successful.

Mimetic factors include:

- The pressure to emulate other organizations' activities or systems which are deemed successful or desirable and are perceived as enhancing legitimacy. Such emulations may be taken up without any clear evidence of performance improvements.
- The prospect of empanelment by insurance bodies, either as part of "Preferred Provider Network" (PPN) or Central Government Health Scheme (CGHS) drives the accreditation efforts in hospitals. Policy directives intended to drive greater uptake of accreditation have included a directive by the Directorate General of Health Services which made NABH accreditation mandatory for private hospital empanelment under Central Government of Health Scheme (CGHS, 2009). Consequently, healthcare consultants perceived, especially in the northern states, empanelment by CGHS was a prime motivating factor. This was largely witnessed in mid-size hospitals in tier two cities aiming for financial stability. The benefits of empaneling an accredited hospital were also perceived to be beneficial for the insurers.
- The role of medical tourism was also mentioned as a factor encouraging accreditation. While international accreditation is expensive, Indian hospitals opt for the more feasible NABH accreditation.
- Growing number of private players in the Healthcare Sector
- Market forces of competition fuel the drive among the mid-size hospitals

III. Some other factors:

- Evidence based medicine
- Patient safety emerging as a global concern
- Public health Infrastructure being incompetent to cater to the needs of the population
- Growing population and higher incidences of lifestyle diseases have led to estimate that demand for quality healthcare in India will increase.

- Global concern for implementation of National and International Patient Safety Goals have transformed the service into patient centered and flipped care.

The role of **coercive isomorphism** is not perceived as influencing the adoption of accreditation in healthcare sector. The role of normative and mimetic isomorphism is therefore projected as influencing the decision of Indian healthcare establishments to adopt NABH accreditation.

Institutional theory suggests that institutionalized activities are the result of interrelated processes at the individual, organizational and inter-organizational levels (Berger & Luckman, 1967).

B) Challenges faced during the process of pursuing accreditation by Healthcare Organizations may be classified into:

- The Program Challenges and
- The Organizational Challenges.

The program challenges are factors related to outside of a healthcare organization whereas organizational challenges refer to the internal factors within the healthcare organization that are to be faced during the process of accreditation.

I) Program Challenges:

1. Support of regulatory initiatives
2. Encouraging drivers
3. Professional requirements

1. **Support of regulatory initiatives:** The need for a legal framework regarding accreditation bodies in India has arisen. This challenge refers to four factors as follows:

- Legal support for accreditation bodies: Healthcare accreditation has touched the private sector yet and there is need to interface accreditation to public sector hospitals and constant support from government as majority of population lives in rural India and is dependent on public sector of the Healthcare sector for their health issues.
 - Independent or dependent accreditation entity: Establishing accreditation agency with or without defined relationship with government is another issue as establishing accreditation body without relationship with government bodies has the benefit of relatively less affected by Health Ministry's policies and political changes. However, dependence to government may guarantee constant support to the accreditation body. Evidence shows that there are only a few number of independent accreditation organizations supported by governmental strategies. However, all governmental and mixed organizations (independent agency with government representation) are supported by governmental strategies in order to maintain safety and quality in healthcare organizations.
 - The financial cost of accreditation is perceived as a factor inhibiting the participation of smaller hospitals
 - Sustainable support for accreditation programs in terms of financing them is still lacking in Indian healthcare scenario.
 - Voluntary or mandatory accreditation program: Mandatory accreditation program may be implemented by government as a control measure in order to standardize health service delivery in terms of cost, quality and infrastructure across the healthcare organizations and may enforce continuous quality improvement. However, in voluntary accreditation programs as currently applied, Healthcare organizations have the choice to participate in the process of pursuing accreditation deliver high quality services with the ability to fulfill required parameters.
2. **Encouraging drivers:** The high costs and financial implications arising out of sustaining accreditation programs and the absence of incentives serve as obstacles

during the implementation of accreditation. So, lack of incentives for participation and high expenses of sustaining such programs are threats to accreditation. This challenge refers to two factors:

- Financial impediments regarding the accreditation implementation: Government aid and funding from insurance agencies can act as a catalyst in enhancing the pace of accreditation in healthcare sector. The relationship between the healthcare providers and patients must be defined, and the Ministry of Health and Family Welfare may coordinate with private insurance firms in order to determine the most suitable models to provide financial support to Healthcare organizations. Furthermore, special contracts (e.g. Medicare in US) with organizations which have been accredited can also play a major role in stabilizing the programs.
 - Accreditation marketing: Marketing and publicizing accreditation and its importance in health service delivery among the population in a way that represent the accreditation results in terms of quality, patient safety and cost effective mode of care will aggravate the consumption of health service through accreditation model and help patients to select a hospital based on this criterion and thus will lead to increased competition among hospitals to attract more patients, and so bigger share of the market.
3. **Professional requirements:** The accreditation standards will be implemented more successfully when they are accepted by professionals of healthcare organizations, relevant standards (suitable) should be used for the hospitals and the program should be collaborative and reliable. There are professional needs and requirements that Government should consider before forcing hospitals to participate in the accreditation program. In this regard, three factors could be considered as follows:
- Perception of accreditation standards by health care professionals: Collaboration among universities and teaching hospitals and other healthcare organizations and their mutual role in introducing the concepts of accreditation standards and continuous improvement are essential for encouraging healthcare experts to realize the necessity of professional standards which are delivered through the

accreditation programs. Also, the modelling of health service delivery in terms of professional and cultural norms across the region is required.

- Standard's development based on Nation's setting: Accreditation standards will be implemented more successfully when standards are designed and implemented according to the Nation's setting and not just copied from other countries infrastructure.
- Reliable surveying practices: The validity of accreditation program is, to a great extent, determined by the validity of auditing and auditors. Therefore, assessors' lack of confidence in the process of assessment and their inability in implementing the assessment programs lead to discontinuation of cooperation between frontline healthcare professionals and managers. Thus, using a clear assessment process and competent assessors is of particular importance.

II) Organization Challenges:

1. Management and Organization,
2. Human Resource,
3. Financial and Facilities Resources
4. Environmentalism
5. Quality Improvement.

1. **Management and Organization:** These challenges refer to two groups of factors as follows:

- Knowledge, skills and commitment of hospital managers concerning the implementation of accreditation standards
- Prioritizing the activities in the hospitals for the implementation of accreditation process so that quality can be achieved in the structure, process and outcome in terms of accreditation standards step by step across the organization.
- Stringent accreditation standards to be implemented and followed.
- Lack of top management commitment.

2. **Human Resources:** In this section, there are four challenges categorized as follows:
 - Staff proficiency is required and achieved in terms of documentation, recording and following up the activities in spite of the heavy workload of responsibilities that the personnel have for.
 - Creating motivation in the tasks and responsibilities of the personnel who participate in the implementation of accreditation standards
 - Continuous Education and technical assistance of the staff to increase their knowledge and skills regarding implementation of accreditation standards and encouraging an atmosphere of knowledge sharing within the organization.
 - Physician – patient ratio: The demand for health care workers continue to grow, especially as more patients acquire health insurance.
3. **Financial and Facilities Resources:** Rising number of patients, improper nurse – patient ratio, constraints regarding infrastructure of the hospital, inadequate supplies, limited drugs and scarcity of resources have impeded the growth of accreditation model in Indian healthcare sector.
 - Lack of resources
 - Misalignment of financial incentives
 - Infrastructural hurdles and space constraints
4. **Environmentalism:** In addition to maintaining a healthy connection with the community, hospitals must also find innovative ways to reduce damage to the environment. Many healthcare organizations have gone out of their way to explain how they work to protect the environment. It will be increasingly important as the years pass on to stress green initiatives and energy saving plans in order to gain sustenance.
5. **Quality Improvement:** In this section, there are six factors required for quality improvement through accreditation standards:

- Knowledge and skills regarding Quality Improvement that is essential to acquire internal and external objectives
- Integration, communication and utilization of information regarding how the information system in health care systems could be improved, integrated and the utilization of information could be made with proper, complete and continuous flow in communication within the organization and concentrate on the areas that need improvement
- Participation of the personnel and relationships between the sectors is essential to continue and implement total quality management in health care systems.
- Balance between the internal and external organizational objectives: This may lead to sustain concentration on improvement in quality systems of health services delivery rather than just receiving a certificate to satisfy the expected objectives.
- Small healthcare organizations lack feasibility and the cost of quality in terms of maintaining documentation, infection control practices, maintenance of facilities etc. as per NABH standards.
- IT overload: Health information technology often takes a large chunk from the budget. Complaints surround electronic medical records and other IT-related areas. However, joining global pace of technological advancements is needed to standardize care and facilitate international tourism.
- Tracking and monitoring adherence
- Trust and transparency to be achieved in services to be delivered

Establishment of accreditation systems needs empowerment of hospitals in terms of resources and knowledge. Lack of efficient management, sufficient human and financial resources, and the related knowledge and skills in hospitals that are affected by accreditation systems, can make them fatigued, depressed and even bankrupt and cause serious dysfunctional consequences.

As the final implication, when implementing the accreditation systems, attention should be made to both internal and external contexts of healthcare organizations. The

action plan and its implementation methodology should also be noted in the governance structure as well.

CONCLUSION

Establishment and implementation of accreditation programs need empowerment of hospitals in terms of resources and knowledge along with development and growth in determinants of quality in terms of structure, process and outcome of the service. Lack of efficient management, sufficient human and financial resources, and the related knowledge and skills required in hospitals that are prerequisites for accreditation process to be pursued and achieved, can make hospitals fatigued, depressed and even bankrupt and cause serious dysfunctional consequences.

As the final implication, when implementing the accreditation process, attention should be made to both internal and external contexts of healthcare organizations. The action plan and its implementation methodology should also be noted in the governance structure as well. Also, increased government initiatives are required in the field. Lack of an appropriate infrastructure makes the policymakers disregard the necessary elements for implementing such standards, which results in malfunction of accreditation systems.

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