

***ACCREDITATION INITIATIVE FOR  
REGULATION OF PRIVATE  
HEALTH SECTOR***

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*By :*

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## INTRODUCTION

There are mainly three kinds of health care systems in the world:

- Private health care: U.S.A.
- Public health care: U.K., Sweden
- Mix of private and public: Germany, Canada

In most countries there is control mechanism in place to ensure quality of healthcare to the patients in the form of Licensure, Certification, Quality Assurance Programme or Accreditation.

While India also has a mix of public and private healthcare, studies show that in both rural and urban areas the majority of health care is accessed from the private sector-an average of 80%. The private health sector is very poorly regulated and there are efforts on the part of both Central and State governments to introduce regulations.

Many states have their own legislature regarding private healthcare but these are outdated, not comprehensive and there is no uniformity across the states. The Quality Council of India has set up the National Accreditation Board for Hospitals & Healthcare Providers as an autonomous body to accredit hospitals, but only sixteen hospitals have been accredited so far.

### Why do we need Self Regulation of the Private Sector?

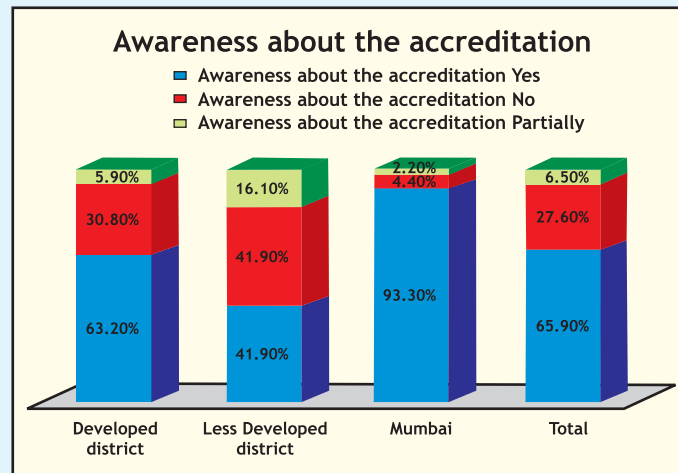
- **Regulation ensures minimum standards in delivery of care** adhering to laws related to public safety and reduction of risk to the patient with uniformity across different hospitals.
- **Self Regulation includes doctors or owners of the hospitals as stakeholders** in determining standards, which are appropriate, sufficient, affordable, reasonable and possible to implement, as they understand the challenges and constraints of establishing minimum standards.
- **By establishing best practices and sound ethics**, the medical fraternity can overhaul the system and root out non ethical practices and practitioners which tarnish the overall image of the fraternity.
- **There is an increased interest from international insurance companies, third party payers and “Medical Tourists” in private healthcare in India** as the market for medical care is extending across our borders. Our centers of excellence are attracting patients from foreign shores.
- **Accreditation with esteemed and established bodies** will be a feather in the cap of nursing home and small hospital owners and will improve the image of these providers.

## Health Care In The Private Health Sector

### *Study of private hospitals in Maharashtra (CEHAT, 2007)\**

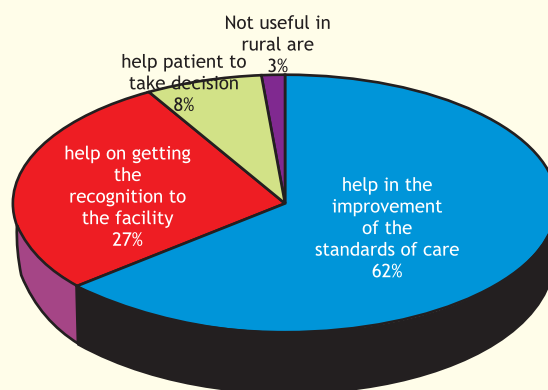
**Objective :-** To look at the alternative method of accreditation (self-regulation) and find whether the medical professionals find this process relevant to them and their hospitals.

#### Key Findings

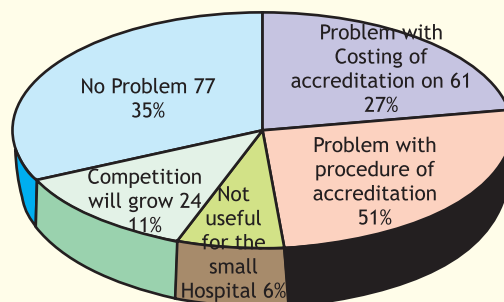


\* These finding are the part of study among the 261 private hospitals (0-30bedded) across Maharashtra in 11 districts. The study provides a detailed description and analysis of the quality of care provided by the private hospitals. The study also captures the views and opinions of the private hospitals about regulation besides documenting the problems encountered by them during regulation and their views about self regulation.

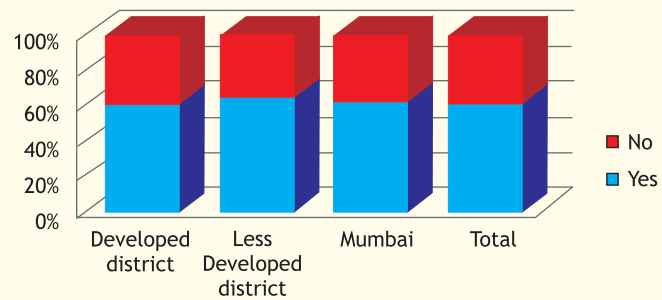
### Usefulness of accreditation for doctors



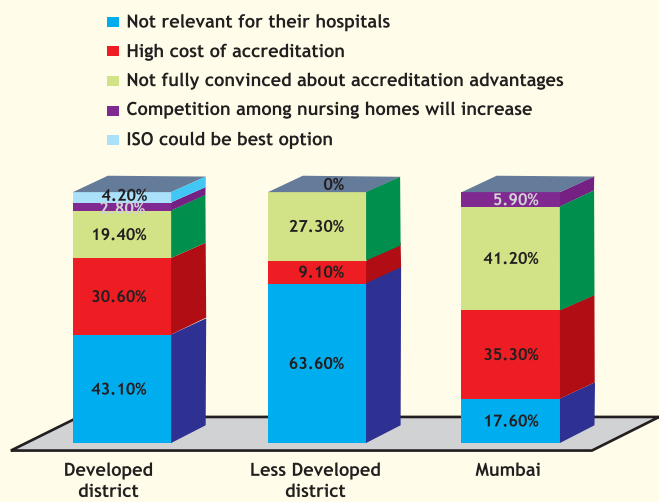
### Problem with accreditation for doctors n=222



**Doctors going for the accreditation of their hospital**



**Reason for not going for Accreditation of own hospitals**





### **What are the types of regulatory mechanisms available to private health providers?**

There are two kinds of regulatory mechanisms

#### **a) Mandatory regulation**

There are different existing regulations in different states

1. Bombay Nursing Home Registration Act, 1949
2. Bio-Medical Waste (Management and Handling) Rules, 1998.
3. Delhi Nursing Home Registration Act, 1953
4. Madhya Pradesh Upacharyagriha Tatha Rujopchar Sambandi Sthapamaue (Ragistrikaran tatha Anugyapan, 1973)
5. Orissa Clinical Establishment (Control and Regulation Act), 1991
6. Manipur Nursing Home and Clinics Registration Act, 1992
7. Sikkim Clinical Establishments (Licensing and Registration) Act, 1995
8. Nagaland Healthcare Establishments Act , 1997
9. West Bengal Clinical Establishment Rules, 2003

### **Clinical Establishments Bill (Registration and Regulation) 2007**

- The bill was introduced in the Lok Sabha on August 30, 2007.
- The bill has been referred to the standing committee on Health and Family Welfare which is scheduled to submit its report within three months.
- The bill seeks to register and regulate and set standards for clinical establishments. It shall be applicable to all union territories and four states. Other states may adopt the bill.
- The central government shall establish a medical council for prescribing standards and for maintaining the registers of clinical establishments.

#### **b) Self regulation/Accreditation**

##### **List of Accreditation Bodies/Rating bodies in India**

##### **1. National**

- a) National Accreditation Board for Hospitals and Healthcare Providers (NABH)
- b) Indian Confederation for Healthcare Accreditation (ICHA)
- c) Credit Rating Agency of India Limited (ICRA) - A credit rating agency
- d) Certain insurance or third parties have also started setting up their own standards

## 2. International

- a) The International Organization for Standards (ISO)
- b) Joint Commission International (JCI)
- c) The Commission on Accreditation of Rehabilitation Facilities (CARF)
- d) The Trent Accreditation Scheme (TAS)

The relatively more developed Asian countries such as India, Thailand, Malaysia and Singapore all have national accreditation organizations worth looking into:

- In Thailand, the Institute of Hospital Quality Improvement and Accreditation reviews and approves all of the kingdom's registered medical facilities.
- The Malaysian Society for Quality in Health (MSQH) is an independent organization working with local healthcare facilities to establish a standard of quality control.
- The Quality Council of India is the accreditation program for the country.

These countries have gained recognition worldwide for excellence in healthcare and have become popular destinations for people seeking affordable quality medical care, leading to the phenomenon called "medical tourism".

### **Accreditation process for health providers**

**Evaluate your Nursing Homes regarding  
quality of healthcare provided to patients**



**Choose an accreditation body and get accredited**



**Disseminate information to patients about the benefits  
of accreditation**

### **The procedure for accreditation as proposed by the Association of Medical Consultants is given below**

- ❑ Interested Nursing Home (Hereafter called as NH) approaches AMC with a request to furnish start-up kit by payment of Rs.5,000/-.
- ❑ The start-up kit familiarizes the NH owner with the accreditation processes by some written material, a CD explaining the same and a 2 hour session with the Forum for Enhancement of Quality in Healthcare (FEQH) in their office at a previously identified time and date.
- ❑ The Nursing Home upgrades wherever necessary in order to meet the standards.
- ❑ Approaches FEQH with filled-in self-appraisal form along with audit fee as per annexure 1.

- FEQH will scrutinize application and if found acceptable, nominate audit team which will visit the nursing home on a mutually convenient date & time and conduct the audit. If the application is not satisfactory, NH will be informed the reason for the same and request to make up for the shortcomings and resubmit.
  - The Nursing Home will be informed about the outcome of the audit within 30 days. The audit team will either-
  - Approve the Nursing Home for certification.
- Or
- Ask to make modifications to meet Standard.
- A follow-up visit may be required. In case of follow-up visit, re-visit fee of Rs. 5,000 per day will be charged.
- Certified Nursing Homes will sign a disclaimer form, the format of which is enclosed in the start-up kit.
- Certified Nursing Homes will be informed about acceptance and will be conferred with a certificate plaque. This plaque can be displayed by the Nursing Homes. The accreditation will be valid for a period of 3 years subject to an annual audit.

### Levels of Accreditation

Minimal	Most basic acceptable level of healthcare standards which ensures the right to health for people
Optimal	Most preferred/favorable standards of healthcare subject to budget constrain
Excellent	Most favourable, highest level of healthcare standards

### Goals in Quality Assurance

- Short term goal-Quality assurance
- Long term goal-Continuous quality improvement

**Short-term goal-Quality assurance** refers to planned and systematic processes that provide confidence in healthcare services for its intended purpose. It is a set of activities intended to ensure that services satisfy patient requirements in a systematic, reliable fashion. Quality assurance cannot absolutely guarantee the production of *quality* services as up gradation and improvement in quality are also important component.

**Long term goal-Continuous quality improvement** builds upon traditional quality assurance methods and focuses on the “process” rather than the individual.

**What are the standards which help you identify your problem, or standards, which should be followed by private nursing homes?**

**Table of standards**

Sr. No.		Minimum	Optimum	Excellent
1	FACILITY MANAGEMENT AND SAFETY			
2	FUNCTIONAL AREA PROGRAMME			
3	HUMAN RESOURSE REQUIREMENT			
4	INSTRUMENT AND EQUIPMENT AND SPACE REQUIREMENT			
5	BUILDING ENGINEERING ENVIRONMENTAL STANDARDS			
6	MEDICATION AND DRUGS REQUIREMENT			
7	DOCUMENT AND RECORD KEEPING			
8	BIOSAFETY GUIDELINES/ HOSPITAL CONTROL INFECTION			
9	UNIVERSAL PRECAUTIONS WHO GUIDELINES			
10	PATIENT RIGHTS AND EDUCATION			
11	QUALITY MANAGEMENT PROCEDURE/CONTINUOUS QUALITY IMPROVEMENT			
12	RESPONSIBILITIES OF MANAGEMENT			

### Types of standards

- a) **Standard of structure** refers to equipment, physical area, support services, personnel.
- b) **Standard of process** includes admission, nursing procedures, medical procedures, operational manuals, norms, routines, and flows.
- c) **Standard of outcomes** covers mortality, morbidity, readmissions, complications, infections and client satisfaction (accessibility, information, personnel and facilities.)



### **What can providers groups do to create awareness and demand for accreditation?**

- a) Various medical associations should:
  - Spread awareness about regulation and why self regulation is better than compulsory regulation
  - Acquire knowledge through training regarding regulation of private healthcare and various health organizations to promote such kind of training for their members
  - Spread awareness among the patients about the advantaged of accreditation and about improved quality of care.
- b) Various Medical Associations can award a certificate to hospitals based on level of excellence and can hold public felicitations of the medical professionals who provide good quality of health care to patients.
- a) Some innovative processes can be encouraged in accreditation with the help of various medical associations according to local needs of medical professionals. For example, Low cost Accreditation models should be propagated for small and rural nursing homes without compromising the quality of care.

## *Annexure 1*

### **History of Accreditation**

**1917:** The **American College of Surgeons** started a program to define suitable standards for the hospitals

**1951:** This whole process eventually developed into a multi disciplinary program of standardization leading to formation of **Joint Commission on Hospital Accreditation**.

**1998:** Due to growing demand around the world of accreditation, **Joint Commission International** was established.

**By late 2000:** Similar efforts are being replicated world over. WHO has undertaken worldwide survey in late 2000 and the findings showed that there are **36 accreditation programs** working worldwide.

Regulation and accreditation has become the necessity for the entire developed world and is gaining popularity with both patients and health professionals from the developing world.

## *Annexure 2*

### **List of Accreditation Bodies /Rating bodies in India**

#### **1. National**

**a) National Accreditation Board for Hospitals and Healthcare Providers (NABH)**

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation program for healthcare organizations. The board is structured to cater to the much desired needs of the consumers and to set benchmarks for progress of health industry. The board is being supported by all stakeholders including industry, consumers, government, and has full functional autonomy in its operation

**b) Indian Confederation for Healthcare Accreditation (ICHA)**

The Indian Confederation for Healthcare Accreditation (ICHA) is a National not for-profit organization incorporated as a Company U/S 25 of the Companies Act registered in NCT of Delhi. ICHA is the confederation of National Associations and Institutions of all stakeholders in healthcare. The ICHA endeavors to strengthen the health system using comprehensive Accreditation as a tool.

**c) Credit Rating Agency of India Limited (ICRA) - A credit rating agency**

ICRA's Healthcare Grading is designed to evaluate the two most important dimensions of care, viz. technical and interpersonal care. A healthcare institution with a higher Grading would have relatively better care infrastructure and processes than those graded lower. The focus of the evaluation is on the quantitative adequacy (number), technical adequacy (type) and availability (distribution) of core resources. Additionally, the methodology involves incorporating the feedback of facility users to capture the quality of the interpersonal aspects of care

**d) Certain insurance or third parties have also started setting up their own standards**

**2. International**

**a) The International Organization for Standards ISO**

The International Organization for Standards ISO is a nongovernmental consortium founded in 1947 to develop voluntary standards for improving industrial performance. Around 100 countries belong to this international agency, whose goal is to manage the operational functions of medical facilities.

**b) Joint Commission International JSI**

Joint Commission International JSI is considered the most prestigious of the accreditation agencies. Joint Commission International (JCI) is a division of Joint Commission Resources (JCR), the not-for-profit affiliate of The Joint Commission. For more than 50 years, The Joint Commission and its predecessor

organization have been dedicated to improving the quality and safety of health care services. The JCI also works with overseas medical institutions to help them evaluate, improve and maintain the quality of their healthcare.

**c) The Commission on Accreditation of Rehabilitation Facilities (CARF)**

The Commission on Accreditation of Rehabilitation Facilities (CARF) is an independent, nonprofit organization. CARF reviews and grants accreditation services nationally and internationally on request of a facility or program.

**d) The Trent Accreditation Scheme (TAS)**

The Trent Accreditation Scheme (TAS) is an organization based in the UK, which also seeks to encourage and endorse universal standards of healthcare quality throughout the world.

## *Annexure 3*

### **Case study of Health Care Accreditation Council (HCAC)- Initiative for accreditation:**

A stakeholder participatory approach is a good option to start the process of accreditation.

The Health Care Accreditation Council was formed in 1997-98, to assess the needs, views and willingness of various stakeholders and evolve a framework for an accreditation system.

The CEHAT study on Accreditation highlighted that there is a 'felt need' among the stakeholders to participate in the accreditation process for hospitals. There was a broad agreement that the providers and consumers organizations should be involved and play a leading role in the formulation of an accreditation body.

The Health Care Accreditation Council was formed in Mumbai by stakeholders (medical association, association of nursing, non governmental organizations, and consumer groups) to help set up an accreditation system which would define basic norms and monitor, administer and promote its practices by accrediting institutions for providing quality care.

This is the first time in India that medical associations, NGOs, consumer groups and other stakeholders have established a body, which tries to address the needs of all stakeholders through open dialogue. The establishment of this body was the result of the deliberation process at the workshop that

was held by CEHAT as a part of the research study on accreditation of hospitals. The participants consisted of representatives from the various stakeholder groups. They discussed whether accreditation was needed and what its objectives should be. The functioning, structure, financing and its credibility were also discussed. An Ad-hoc committee known as 'Forum for HealthCare Standards' was formed along with other stakeholders, with CEHAT as a convener.

The council was to be registered as a non profit body and a consensus was reached that the founding members would contribute the initial funds for establishing the body. The council was to develop standards for up to 10 beds, 10-20 beds and 20-30 beds. After the completion of this phase of standard development, the forum planned to develop standards for different specialties and super-specialties. The council was also considering issues like grading, method, period of assessment and how to finance. However the HCAC had to be dissolved in the summer of 2008 when it completely ran out of funds. The process has been re-initiated afresh with some outside agency acting as the audit body.

The main aim of the whole effort was to bring in credibility and transparency in the process. This initiative is the first of its kind across India to involve the stakeholders. This was done with the purpose of integrating the ground realities and introducing a solution that is acceptable to the majority of the people. This initiative was undertaken to set an example that can be replicated in other states based on their individual needs.

