



ACCREDITATION CHANGES AND STANDARDS BRINGS REVOLUTION IN HEALTHCARE INDUSTRY

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ABSTRACT

IBEF (Indian Brand Equity Foundation) has clearly mentioned in his 2013 report that Healthcare Industries like Apollo Hospital, Max Hospital and Fortis Hospitals have become the topmost hospital chains results of their constant quality improvement and its maintenance. According to WHO, 63% of global mortality in 2008 was from non-communicable diseases which clearly indicate the urgency of a better healthcare infrastructure. Not only the quality but also products utilized by hospitals have great impact over the sustainability. A report generated by Johnson & Johnson state that majority of hospitals in countries like Brazil, Germany, United States and Italy have mandated healthcare suppliers for most sustainable products. The aim of this study is to analyze the implementation of standards and accreditations in developing country like India by boards like ISO, NABH, NABL and JCI. It also aims for factors responsible for survival and sustainability of these hospital in a competitive environment.

KEYWORDS : Accreditation, Service Quality, NABH, NABL, JCI.

INTRODUCTION

Growth in income has not been equally distributed among society and the gap in healthcare facilities between the rich and poor still widens in India¹. The expenditure on healthcare done by Indian government is only 5% of its annual budget². Almost 20% of the urban and 28% of the rural households have complaint that they don't have enough money for looking medical facility for any kind of disease³. Because of the expenditure for hospitalization almost 3.1 million more households per annum moves down the line of poverty⁴. The remaining who uses medical facilities provided by the public sector usually gets low quality.

Recent studies done in India have found reasons like remaining absent from duties, low service quality, highest rate of corruption and travelling long distances to get medical facility are major reasons for not accessing health facilities in public sector⁵⁻⁸. Between year 1980 and 1995, the prices of around 778 drugs got inflated by 197% because the amount of drugs under the price control got reduced⁹. The market share of private sector in healthcare is estimated to increase by 15% from 2005 to 2015¹⁰. If compared with the international standards, the achievements done by Indian Government in public health can be said to be average which includes the decreased number of cases of various diseases like malaria, polio, etc. and complete eradication of smallpox¹¹.

Opportunity

In 2004, India spent around 5.2% of GDP on healthcare facility which is an equivalent of 34.9 billion USD. The expense behind healthcare by India has been increased by 12 percent per annum from the year 2005 to the year 2009 and was expected to reach about 5.5% of GDP which is almost equivalent of 60.9 billion USD by the end of 2009. Looking at the bigger picture of India, around 15,097 hospitals there are more than 5,00,000 doctors employed in those hospitals. This means 870,000 hospital beds which are managed by 7,50,00 nurses. Around 30% practitioners in the healthcare sector had qualification of specialist also there was a rise of 37% in the number of practitioners¹².

The National Accreditation Board for Hospitals and Healthcare providers (NABH), a constituent of the Quality Council of India (QCI), is responsible to operate accreditation mandates for healthcare organizations but still, not all state governments get their hospitals accredited. Only few private sector super specialty hospitals and corporate hospitals like Apollo Hospitals care for quality assessments like the ISO Certification, or accredited from organizations abroad like the US Joint Commission on accreditation of healthcare organizations¹³.

Accreditation

Accreditation is the process of ensuring that the patient can expect from the hospital about delivery of excellent services. Also it is very tedious processes which require extensive motivation, amendments and continuous dedication towards achieving the high standards mandated by the body of accreditation¹⁴. Factors like hospital - acquired infections, misdiagnoses, wrong drug therapies and below standard surgery have emerged with much larger and heavy rate of hospitalization¹⁵. Hospitals are now under pressure of upgrading their quality and are now running towards accreditation boards like NABH, NABL, JCI (Joint Commission International) which helps hospitals in maintaining Total Quality Management. Now the hospitals cannot operate according to their own way they want. The way which cost is increasing and because of many other factors, now the industry is being directed to have a serious discussion on how they will maintain their business¹⁶.

RECENT CHANGES IN HOSPITALS

Greener initiatives in hospital

In 2012 Franklin Square Medical Center organized a green cleaning program which consisted of using eco-friendly chemical cleaner and medical products to improve indoor air quality and patient satisfaction. This program has contributed towards the reduction of housekeeping budget of \$192,000 in the same year¹⁷. According to a research study done by Johnson and Johnson, 54% of hospitals think that while making decisions for purchasing any product, a very important factor is the green attributes and 35% of hospitals has changed their suppliers as the new one was providing products having additional green / sustainable attribute. It has been observed that Brazil stands on the top followed by Germany, United States and Italy in shuffling suppliers for more sustainable options by the hospitals. The hospitals which are not looking for greener alternatives, have the chance of not surviving the competition.

Minimization of energy

Meyer's Children Hospital in Florence bears a greenhouse roofs which are landscaped, skylights, open space working as a "buffer" and a ventilation system hybridized for greater efficiency of energy. This effort has evaluated with 35% energy less than the routine energy needed for cooling and heating and 36% electricity less than any newly constructed standard Italian hospital. York Hospital in USA has transferred 90% of the energy source towards renewable items which has provided benefit of 100,000 USD a year. They were saving 13,797 USD annually with implementation of these kinds of initiatives. The Ottawa Hospital in US has collaborated 18 million USD service contract which included installation of various types of

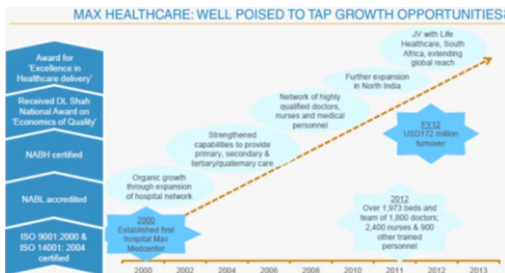
electrical equipment which benefits more than 3 Million USD per year and decreased total natural gas consumption by 30%¹⁷. In India Sir Jamshedji Jeejee bhoy Hospital, Mumbai has also been saved 812,000 kWh energy successfully from 2002 – 2004 which accounts towards 90,000 USD as a saving.

Minimization of waste

The Embassy Medical Center, Colombo has installed a plan of using the waste generated by the hospital as well as the other local sanitation system. The waste will be gathered in a landfill using electric auto rickshaw to produce methane gas (Ch₄). This gas will be utilized by the hospital and other local agencies. This project will be beneficial in operating the hospital with 30% less energy and 40% less water. The Royal Children Hospital, Melbourne has implemented an onsite sewage treatment which filters and recycles waste water for re-utilization of it in flushing toilet, cooling the plants and for irrigation of interior and exterior garden. Stanford University Medical Center initiated many modules to lower its wastage or cost behind processing the waste. This includes even the usage of a sustainability dashboard software program which allowed the organization to know how much it was saving electricity by keeping waste out of the landfill, minus any additional cost of diverting the waste material.¹⁷

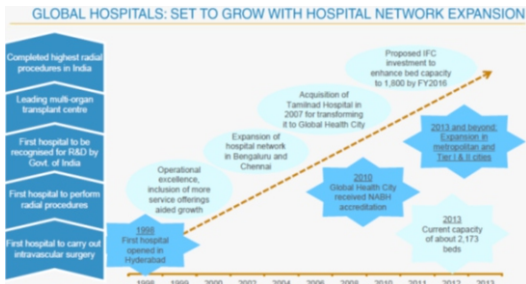
Examples

The factors like greener initiatives in hospital, minimization of waste and energy usage and many more factors are recognized for attaining quality and mandated accreditation of the hospital. One of the best examples could be Max healthcare. As seen in the figure 1 Max established itself in 2000 where it accredited with ISO certification. After this, it received NABL accreditation and focus towards being NABH accredited. It can clearly be analyzed through figure that this accreditation helped Max achieving two national awards.



(Figure 1)

Another example is seen in Fig. 2 the Global Hospitals which also aimed for NABH accreditation and successfully accredited hospitals gets transformed finally into a health city. This Global Health City received NABH accreditation in 2010.



(Figure 2)

CONCLUSION

From all above discussion being detailed, the facts that the need of accreditation is clearly understandable for survival in the competitive atmosphere and by the factors which directly imply for total quality management of a hospital can be understood properly. Greener initiative in hospitals can bring a healthy and attractive

environment which results in retaining customers for long run. Also greener products used in hospital can prevent loss of money which can be utilized for other purposes or for the growth as well as the expansion of the hospital.

Minimizing waste material in the hospital is another brilliant idea for improving the reputation and monetary benefit of the hospital. Waste can be utilized in many ways to save money as well as can be used for generating energy for general use of the hospital. Using waste to produce biogas is one of the best method which can be used by hospitals just by creating large landfills and gas tanks to keep it contained. This generated biogas can be used in cooking, incinerating, in laboratory and for other important uses.

The next factor which is responsible for sustainability of energy saving, can even result into heavy savings of cost and infrastructure. If one search for alternative power source which is nature driven or obtained from the sensible use of waste products of the hospital, can itself be proven as drastic measure in modifying the existing expenditure of hospitals.

REFERENCE

- Balarajan Y, Selvaraj S, Subramanian SV (2011) Health care and equity in India. *Lancet* 377. p. 505–515.
- MOHFW (2008) National Health Accounts India. New Delhi: National Health Accounts Cell, Ministry of Health and Family Welfare, Government of India.
- NSSO (2006) Morbidity, Health Care and the Condition of the Aged. New Delhi: National Sample Survey Organization, Ministry of Statistics and Programme Implementation.
- Van Doorslaer E, O'donnell O, Rannan-Eliya RP, Somanathan A, Adhikari SR, et al. (2006) Effect of payments for health care on poverty estimates in 11 countries in Asia: an analysis of household survey data. *Lancet* 368. p. 1357–1364.
- Hammer J, Aiyar Y, Samji S (2007) Understanding government failure in public health services. *Economic and Political Weekly*. 42. p. 4049–4059.
- Gupta I, Das gupta P (2000) Health-seeking behavior in urban Delhi: an exploratory study. *World Health and Population* 3.
- Levesque JF, Haddad S, Narayana D, Fournier P (2007) Affording what's free and paying for choice: comparing the cost of public and private hospitalizations in urban Kerala. *International Journal of Health Planning and Management*. 22: 159–174.
- Sengupta A, Nundy S (2005) The private sector in India. *British Medical Journal*. 331: 1157–1158.
- Rane W (1996) Analysis of drug prices, 1980–1995. *Economic and Political Weekly* August. 24:2331–2980.
- India Brand Equity Foundation (August 2013) Healthcare Report India Brand Equity Foundation.
- World Health Organization (2010) World Health Report. Geneva: World Health Organization.
- Mahal A. (2002), "Health policy challenges for India: private health insurance and lessons from the international experience", available at: <http://unpan1.un.org/intradoc/groups/public/documents/APCITY/UNPAN023815.pdf>.
- Manjunath U., Metri B.A., Ramchandran S. (2007), "Quality management in healthcare organization: a case of south Indian hospital", *The TQM Magazine*, 19, p. 129-39.
- Higginson, Bill (2005) Accreditation what is it? *Pembroke Observer*. 17th February.
- Bogdanich W. (February 1992) Clevelanders bet top health care will be cheaper. *Wall Street Journal*. 6, p. 1-2.
- Brashier, Leon W; Sower, Victor E; Motwani, Jaideep; Savoie, Michael. (1996) Implementation of TQM/CQI in the health-care industry A comprehensive model. *Benchmarking for Quality Management & Technology* 3 (2).
- Healthier Hospital Initiative (April 2013) Healthier Hospital Initiative 2012 Milestone Report: Healthier Hospital Initiative.