

A photograph of a modern, multi-story hospital building with a glass facade and palm trees in the foreground. The building has a distinctive tower section with a glass-enclosed staircase.

Healing the World – A quality approach

ISQ , Nov 2012

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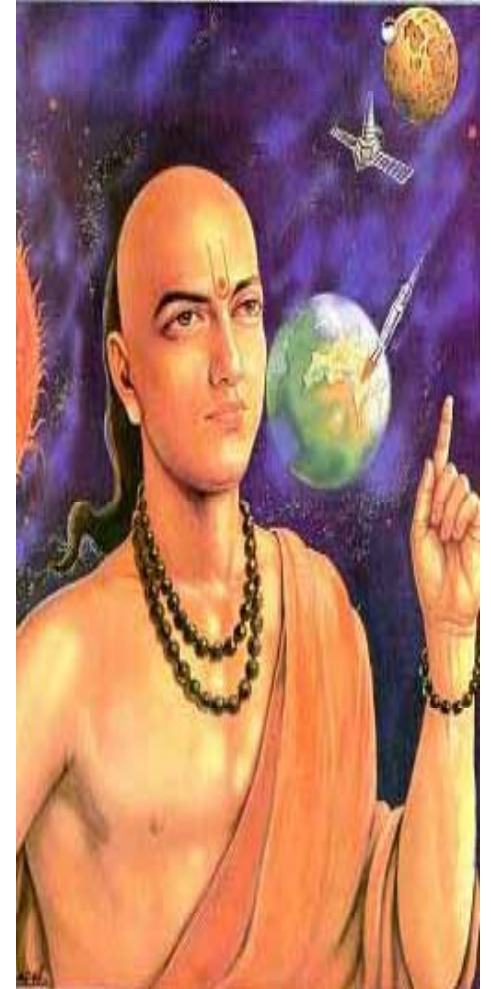
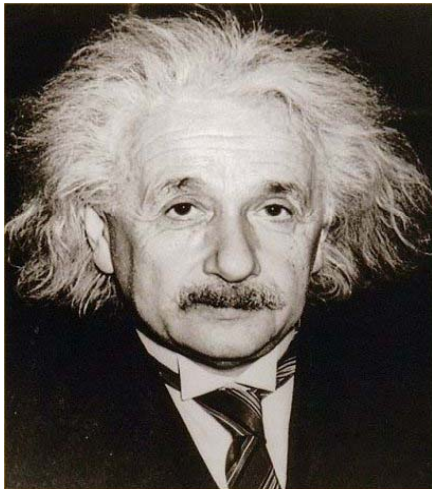
- ▶ India is, the cradle of the human race, the birthplace of human speech, the mother of history, the grandmother of legend, and the great grand mother of tradition. Our most valuable and most instructive materials in the history of man are treasured up in India only.

-Mark Twain



- ▶ We owe a lot to the Indians, who taught us how to count, without which no worthwhile scientific discovery could have been made.

-Albert Einstein



India



- ▶ Healthcare one of the largest service sectors in India
- ▶ Healthcare spending expected to rise by 15% per annum
- ▶ Healthcare expected to contribute 6.1% of GDP in 2012 and employ 9 million people

Healthcare in india

► Public

- Central Govt.
- State Govt.

(Health is a State Subject as per Indian constitution)

Private Healthcare in India

- ▶ 80% of all hospitals & Nursing homes
- ▶ 30% of Beds
- ▶ 80-85% of Doctors
- ▶ 80% of Outpatients
- ▶ 57% of Inpatients
- ▶ Services 70% of urban & 63% of rural household
(15097 Hospitals; 6,23,819 hospital Beds)

Healthcare Stats

- ▶ India has the largest numbers of medical colleges in the world (300)
- ▶ It produces the largest numbers of doctors among developing countries (35,000)
- ▶ It gets large number of medical “Tourists” from even the developed countries
- ▶ India is fourth largest producer of drugs by volume in the world

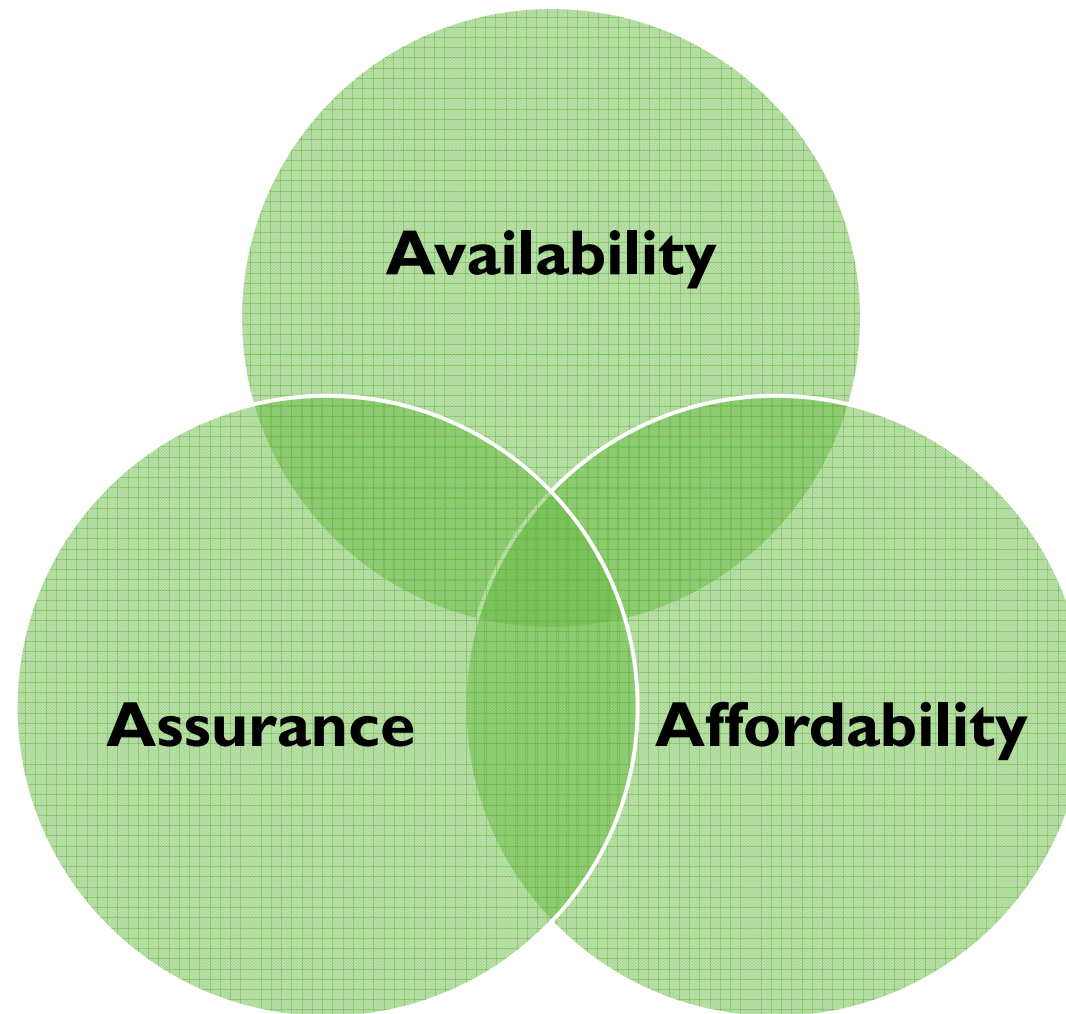
Health Parameters

- ▶ Only 45% (approx.) children are fully immunised.
- ▶ Over 75% of children from 6 months to 5 years of age are anaemic.
- ▶ Infant Mortality Rate is 50/1000 live births.
- ▶ Maternal Mortality Rate is 254.
- ▶ 60-70% of the population lack access to essential drugs.
- ▶ 70-80% health care expenditure born by patients and their families as out-of-pocket payment (fee for service and drugs)
- ▶ Child Mortality Rate (0-4 yrs.) is 15.2

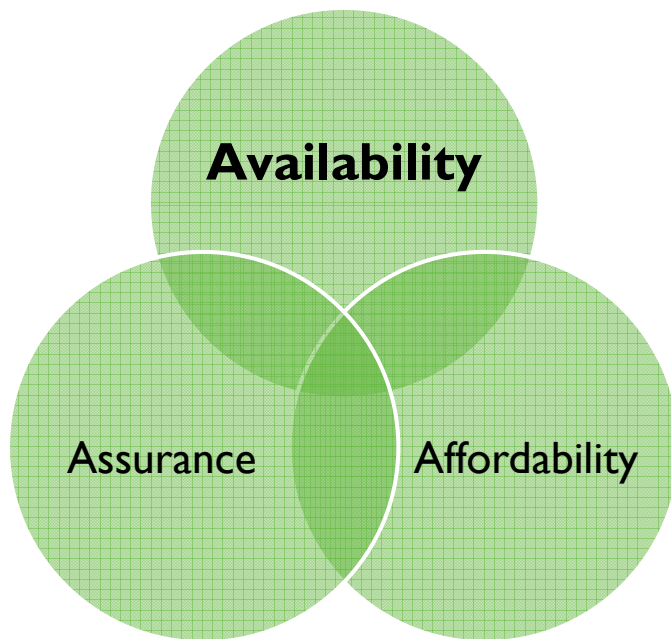
Health Inequities

- ▶ The infant mortality Rate in the poorest 20% of the population is 2.5 times higher than that in the richest 20% of the population
- ▶ A child in the 'Low standard of living' economic group is almost four times more likely to die in childhood than a child in a better of high standard living group
- ▶ A person from the poorest quintile of the population, despite more health problems, is six times less likely to access hospitalisation than a person from richest quintile.

Quality in Healthcare

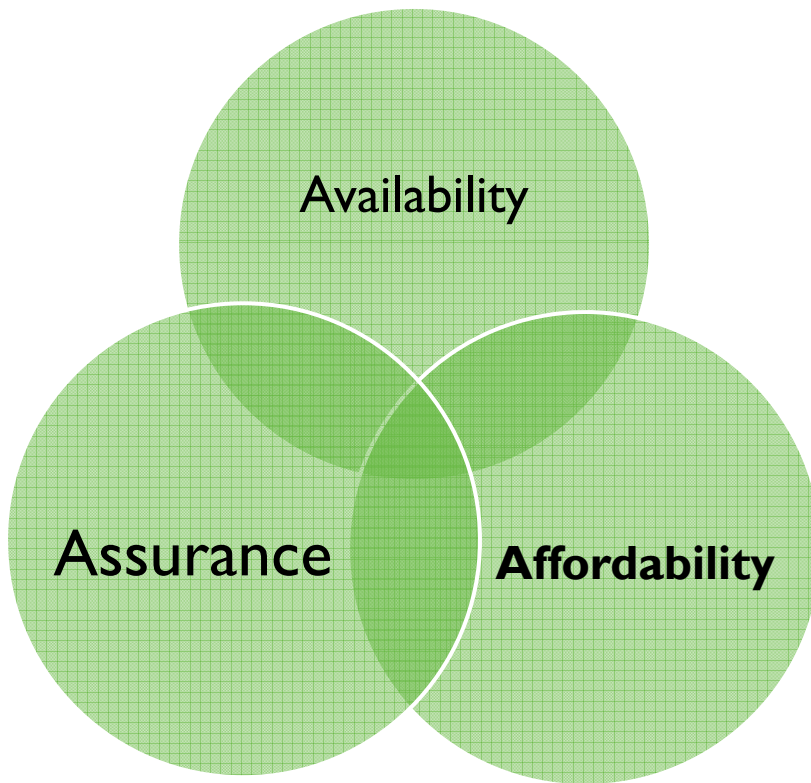


Quantity (Availability)



- ▶ Beds Available – 0.9/1000 population
(World average 3/1000 population)
- ▶ Healthcare GDP 5.2%
(4.3% Private 0.9% Public)
- ▶ India Ranked 171 out of 175 countries in
the world in terms of health spending

Affordability



- ▶ 24 million Indians go into poverty every year because of healthcare expenses (World Bank)
- ▶ 66-80% of healthcare spending out of pocket
- ▶ Human Development Index – 119/182 (measure of how a nation takes care of its citizens)

FOCUS FROM QUANTITY TO QUALITY



India is known for its
Population size

INDIA = QUANTITY

QUALITY MOVEMENT HAS NOW BEGUN

QUALITY MOVEMENT



After World war II – Japanese products were
NOT known for Quality – called “cheap”
compared to western products



JAPANESE TOOK QUALITY INITIATIVES IN 1940-50's



Now Japanese products are known for Quality & Cost

Effectiveness:

- Toyota
- Honda
- Sony
- Nikon
- Canon



Quality

- ▶ 5 Indian companies recipients of Deming Prize
- ▶ **“Indian manufacturing Quality will overtake that of Japan in 2013”**
 - *Yasutoshi Washio (World renowned TQM expert)*



INDIA AS A QUALITY DESTINATION



INFOSYS



WIPRO



TATA



OBEROI HOTELS



QUALITY MOVEMENT IN HEALTHCARE

...All hospitals are accountable to the public for their degree of success.....

If the initiative is not taken by the medical profession, it will be taken by the lay public.

- Am. Coll Surgeons, 1918



U.S. HAD PROBLEMS WALKING THE QUALITY PATH IN HEALTHCARE



- ▶ Ernie Codman (Surgeon)

Banned by Mass Gen.

Codified his own experience

“End Result Idea”

QUALITY IN HEALTHCARE IS BECOMING A DIFFERENTIATOR



After mid 90's India has woken up to

Quality in Healthcare,

More so Quality has been embraced by

corporate Healthcare providers –

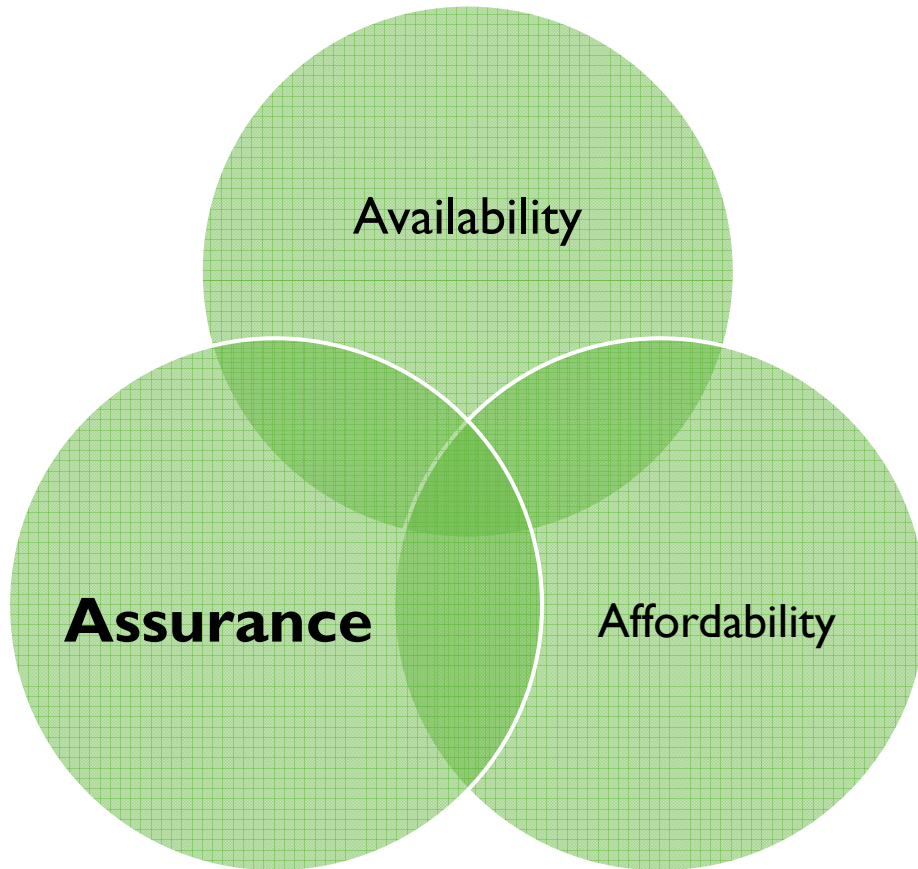
Fortis, Apollo, Max, Gangaram

known for Quality services



**QUALITY MOVEMENT BEING LED BY
PRIVATE HEALTHCARE**

Assurance - Quality



Quality council of India
(QCI)

*Quality
for
National Well Being*

Key Objectives-

“To develop, establish & operate a national accreditation programme for various sectors such as education, healthcare, environment protection, governance, social sectors, infrastructure sector, vocational training.....”

A constituent board of Quality Council of India (QCI)

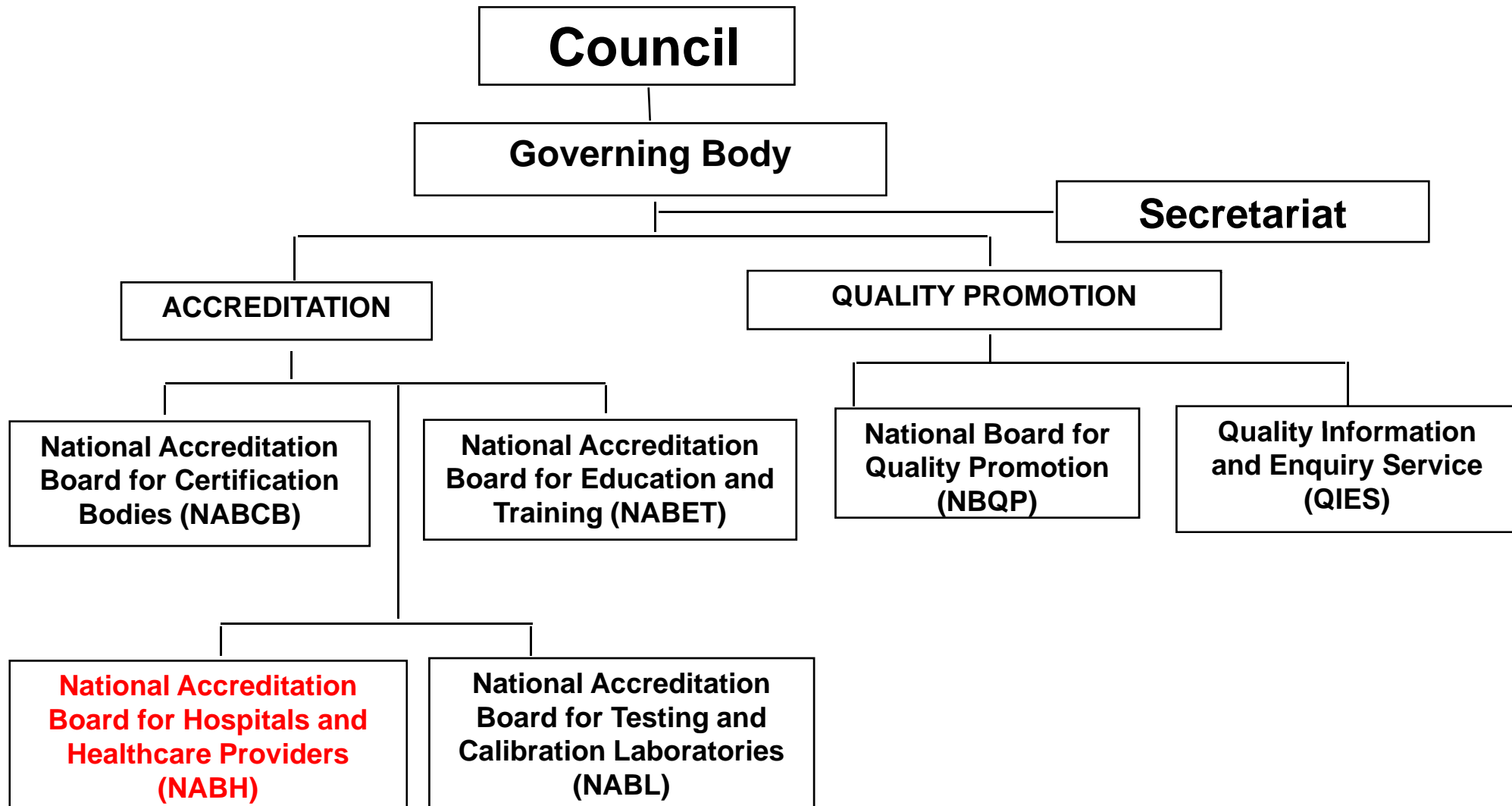
Set up in 2005

not-for-profit organization

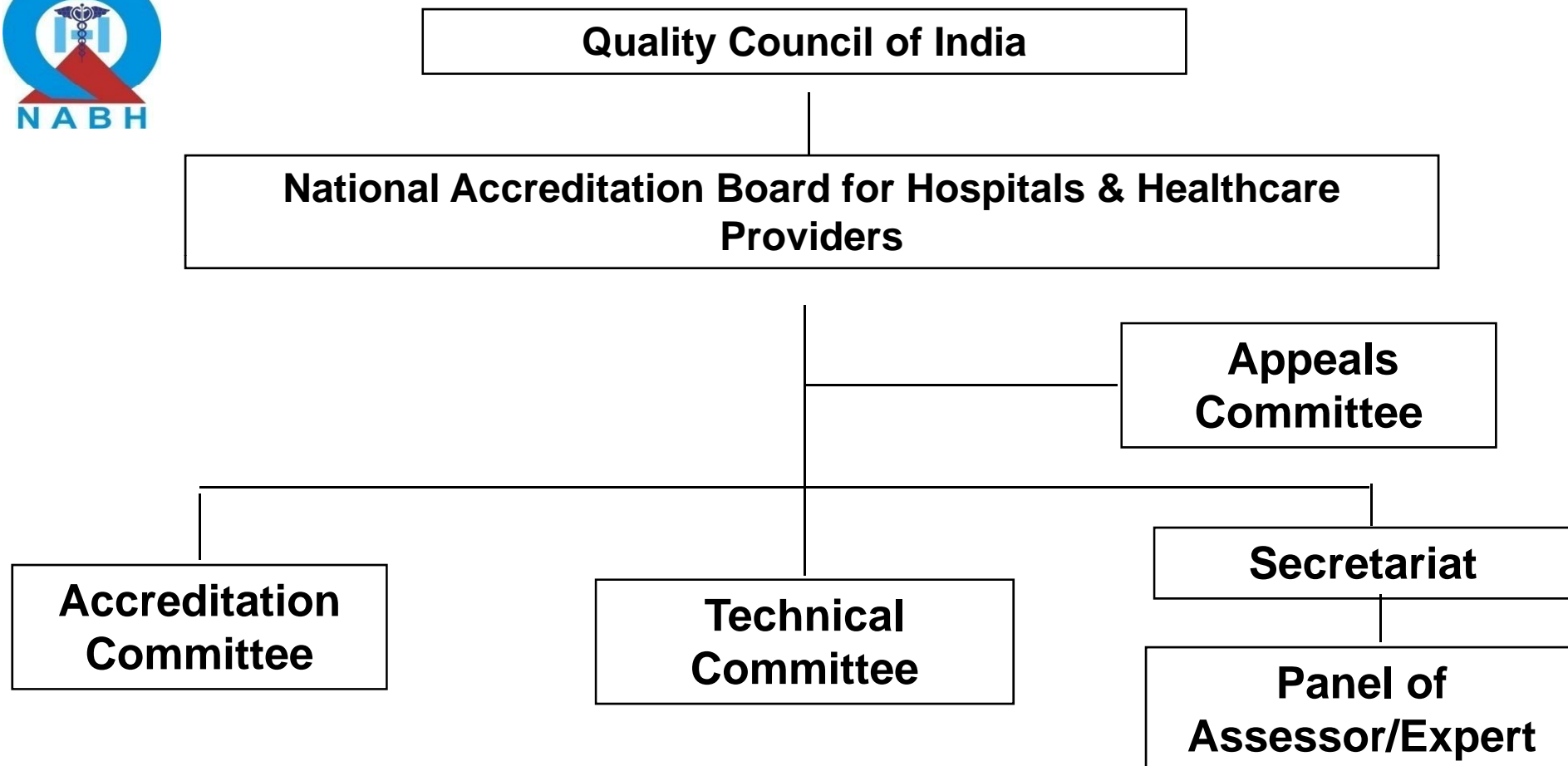
Hospital accreditation program: February 2006

Voluntary Participation

Structure of Quality Council of India



Structure of NABH



NABH Standards

- Jointly developed by Public & Private
- 10 Chapters ; 513 Touch Points
- 01 – Access, Assessment & Continuity of Care
- 02 - Care of Patients
- 03 - Management of Medication
- 04 - Patient Rights & Education
- 05 - Hospital Infection Control
- 06 - Continuous Quality Improvement
- 07 - Responsibility of Management
- 08 - Facility Management & Safety
- 09 - Human Resource Management
- 10 - Information Management Systems

NABH is an institutional member of the International Society for Quality in Health Care (ISQua) since 2006



ISQua Accreditation of NABH Standards for Hospitals

April 2008 – March 2012)- 2nd Edition

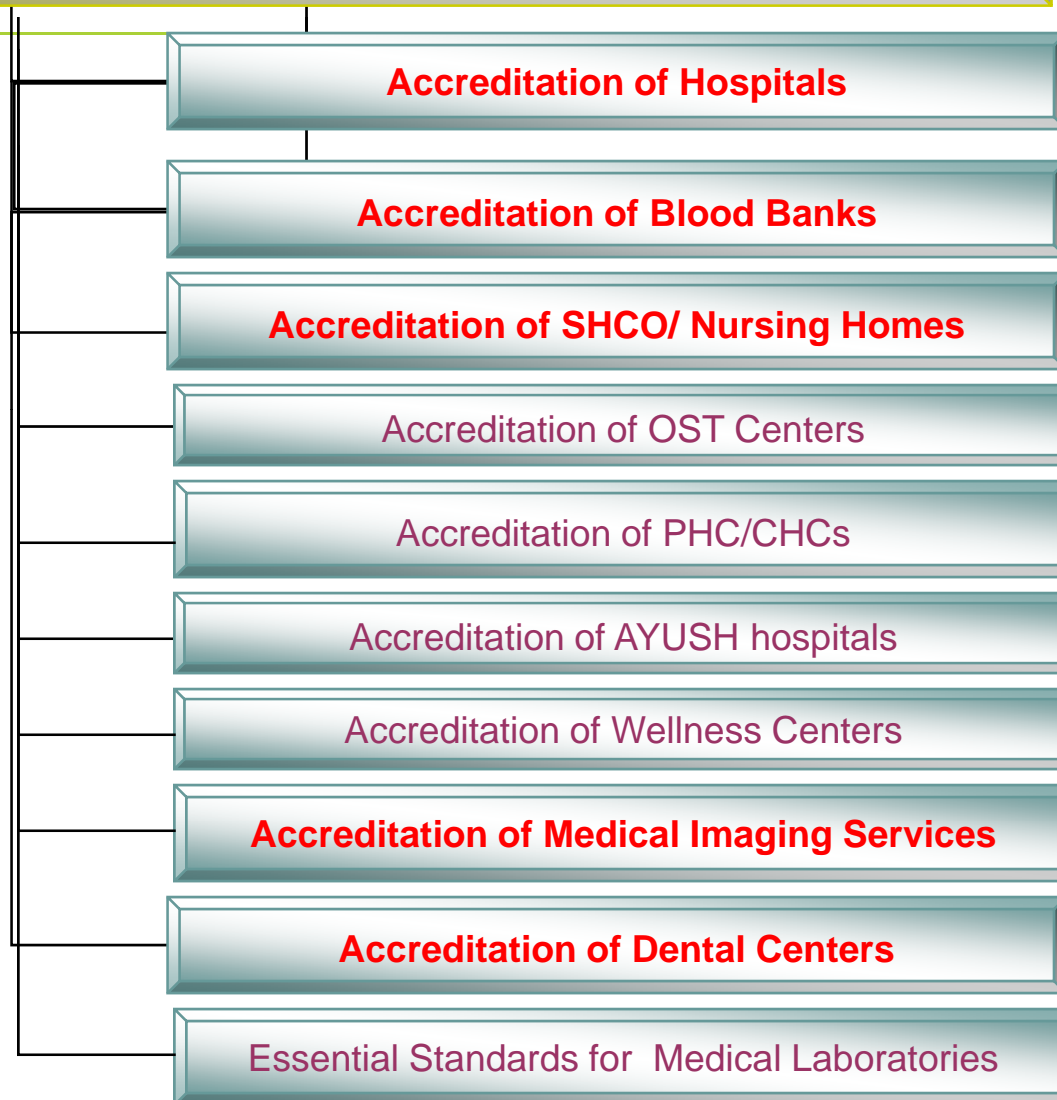
April 2012 – March 2016)- 3rd Edition



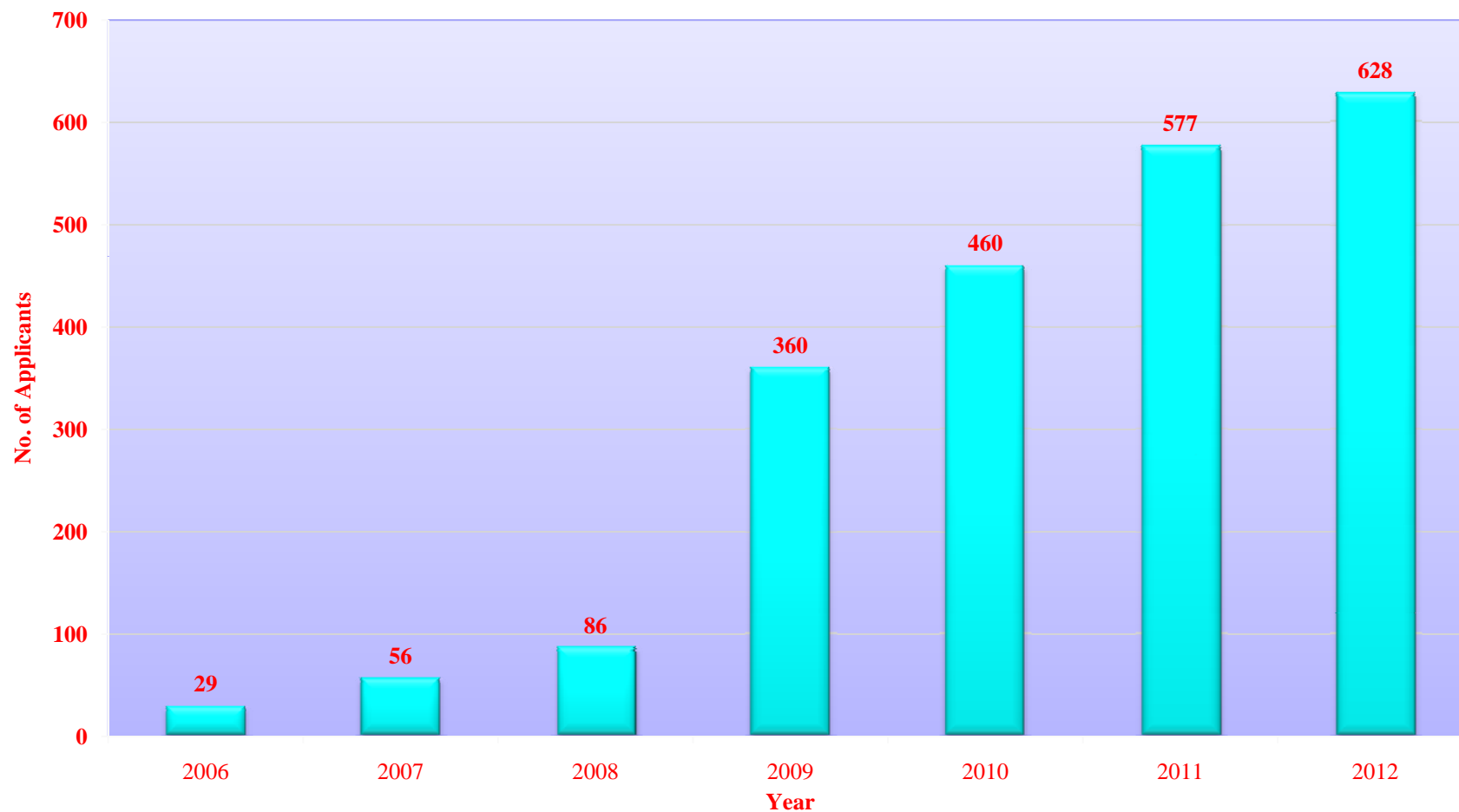
ISQua Accreditation of NABH as an Organization



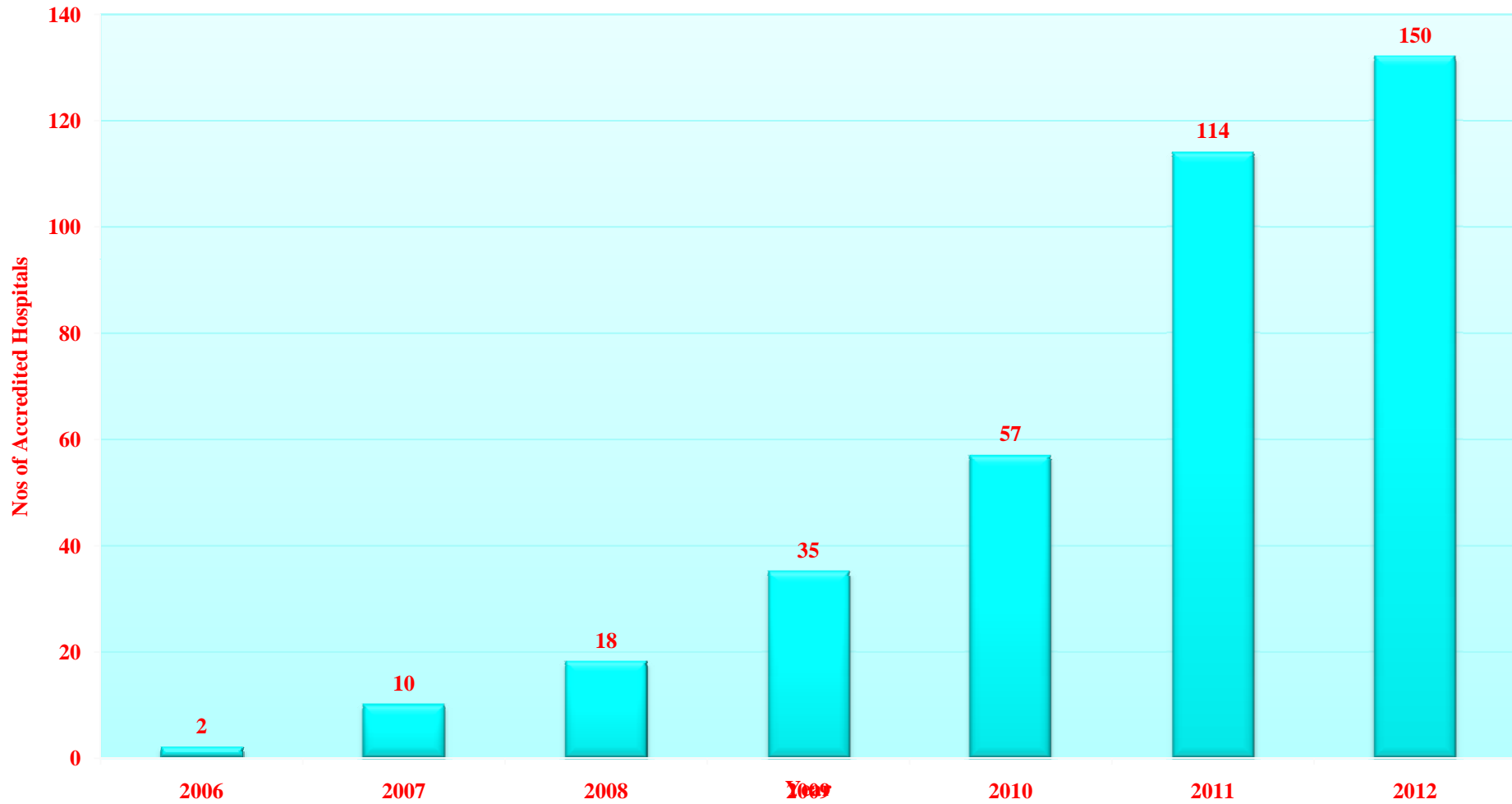
NABH Accreditation Programs



Number of Applicant Hospitals



Number of Accredited Hospitals



Summary

- ▶ Availability, Affordability & Assurance All Equally Important
- ▶ Accreditation is a useful Quality Tool in Healthcare, Acting as an agent of change towards Assurance (Quality)
- ▶ CQI, TQM, LEAN, Six Sigma & Other related Tools need to be used in conjunction with Accreditation to improve quality & to reduce cost – Quality Conflict (Affordability – Assurance)
- ▶ NABH like Accrediting bodies are needed in developing nations to enhance healthcare outcomes
- ▶ THINK GLOBAL, GO LOCAL