



# HOSPITAL ACCREDITATION AS A MEANS OF ENSURING QUALITY IN DELIVERY OF HEALTHCARE SERVICES

[February, 2017]

## ABSTRACT

Government of Andhra Pradesh has been striving to achieve 100% institutional deliveries. The CORE dashboard monitors several indicators related to skilled health personnel providing care to pregnant women and infants. In order to further bolster the efforts of the Government, it is essential to also evaluate and enhance the quality of care provided at these institutions. Research suggests that a strong positive correlation exists between high quality of care provided and reduction in infant mortality



Vision Management Unit  
APSDPS, Planning Department, Government of Andhra Pradesh

## Table of Contents [Cambria 12]

1. Executive Summary	2
2. Rationale	2
3. Proposal	3
4. Accreditation Process	5
5. Conclusion	9

## List of Figures

Figure 1 Public hospitals in Andhra Pradesh	2
---	---

## List of Tables

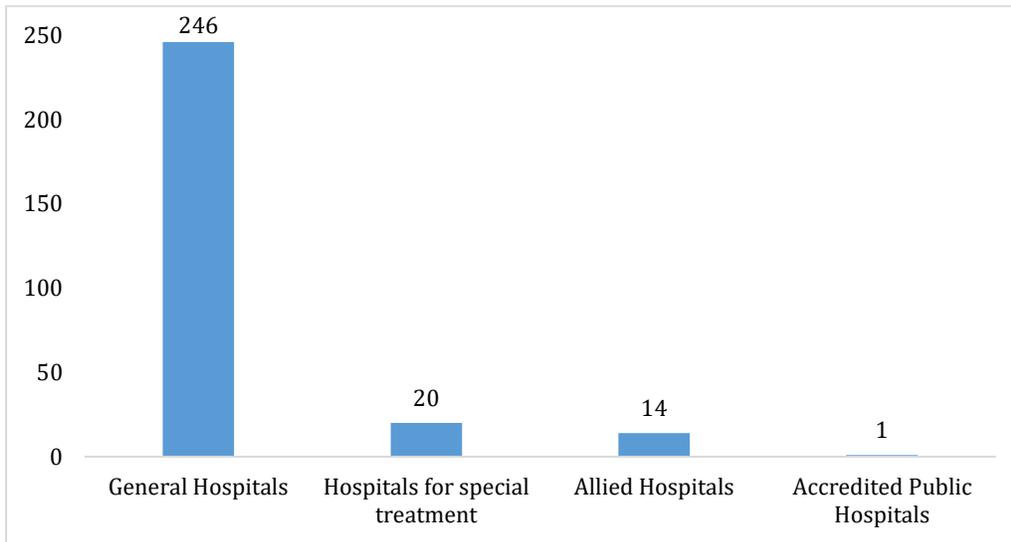
Table 1 Status of Accreditation in various states of India	4
Table 2 Number of public health facilities in Andhra Pradesh	5

## Executive Summary

While the Government is monitoring the availability of services to pregnant women and newborns using real-time governance, the quality of services remains untested. Since quality of services provided has substantial<sup>1</sup> bearing on the maternal and child health outcomes, hence it is important to monitor the quality of care.

To assure quality, it has been proposed to encourage all Government healthcare facilities to get accreditation from renowned national or international agencies. Of the 280 hospitals (district hospitals, hospitals for special treatment and allied hospitals) and 1075 primary health care centres, only 1 public hospital in the state has accreditation from a national agency.

Figure 1 Public Hospitals in Andhra Pradesh



## Rationale

The two central, interdependent elements of any strategy to improve maternal health are:

- Provision of skilled assistance for every delivery
- Access to essential obstetric care for complicated cases.

Reviewing the progress of Andhra Pradesh towards Millennium Development Goals (MDGs), reveals that despite significant progress in reduction of mortality, we still have unacceptably high numbers of maternal and newborn deaths. Efforts over the past decade to reduce adverse outcomes for pregnant women and newborns have been directed at increasing skilled birth attendance and institutional deliveries. This has resulted in higher rates of births in health facilities. The proportion of deliveries reportedly attended by skilled health personnel in Andhra Pradesh has risen from 75.6% in 2007-08 to 95.6% in 2009<sup>2</sup>. With increasing utilization of health services, a higher proportion of avoidable maternal and perinatal mortality and morbidity have moved to health facilities. In this context, poor quality of care (QoC) in many facilities becomes a paramount roadblock in our quest to end preventable mortality and morbidity.

QoC during childbirth in health facilities reflects the available physical infrastructure, supplies, management, and human resources with the knowledge, skills and capacity to deal with pregnancy and childbirth—normal

<sup>1</sup> Andhra Pradesh State Statistical Abstract 2015, <http://nabh.co/frmViewAccreditedHosp.aspx>

<sup>2</sup> Andhra Pradesh State MDG Report

physiological, social and cultural processes, but prone to complications that may require prompt life-saving interventions. Research shows that it is necessary to go beyond maximizing coverage of essential interventions to accelerate reductions in maternal and perinatal mortality and severe morbidity. Moreover, there is a complex interplay of experiences of mistreatment and lack of support that impact woman's childbirth experiences and outcomes

Over 70% of maternal deaths occur because of complications of pregnancy and childbirth such as hemorrhage, hypertensive disorders, sepsis and abortion. Complications of preterm birth, birth asphyxia, intrapartum-related neonatal death and neonatal infections together account for more than 85% of newborn mortality. Therefore, the time of childbirth and the period immediately after birth are particularly critical for maternal, fetal and neonatal survival and well-being. Effective care to prevent and manage complications during this critical period is likely to have a significant impact on reducing maternal deaths, stillbirths and early neonatal deaths—a triple return on investment. Within this critical period, quality of care improvement efforts would target essential maternal and newborn care and additional care for management of complications that could achieve the highest impact on maternal, fetal and newborn survival and well-being<sup>3</sup>.

Government of Andhra Pradesh has been striving to achieve 100% institutional deliveries. The CORE dashboard monitors several indicators related to skilled health personnel providing care to pregnant women and infants. In order to bolster the efforts of the Government further, it is essential to also evaluate and enhance the quality of care provided at these institutions. There is a strong positive correlation between high quality of care provided and reduction in neonatal mortality. Neonatal mortality comprises a substantial portion of the overall infant mortality. Hence the following steps are being proposed to achieve the vision targets for maternal and child healthcare.

## Proposal

The proposal is to encourage accreditation of all district hospitals and small health organizations by NABH.

### About 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 programme for healthcare organizations. The board is supported by all stakeholders including industry, consumers, government, and claims to have full functional autonomy in its operation.

NABH accreditation system was established in 2006 as a constituent of Quality Council of India (QCI). The first edition of standards was released in 2006 and after that the standards has been revised every 3 years. Currently the fourth edition of NABH standards, released in December 2015 is in use.

### Accreditation Standards:

The NABH standards (4th edition standards) are documented in 10 chapters, which cover the following areas<sup>4</sup>.

#### Patient Centric Standards

1. Access, Assessment and Continuity of Care
2. Care of Patients (COP)
3. Management of Medication (MOM)
4. Patient Rights and Education (PRE)
5. Hospital Infection Control (HIC)

#### Organisation Centric Standards

6. Continual Quality Improvement (CQI)
7. Responsibilities of Management (ROM)
8. Facility Management and Safety (FMS)
9. Human Resource Management (HRM)
10. Information Management System (IMS)



<sup>3</sup> Quality of care for pregnant women and newborns—the WHO vision, BJOG, Volume 122, Issue 8 July 2015, Pages 1045–1049 available at <http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.13451/full#bjo13451-bib-0011>

<sup>4</sup> [https://en.wikipedia.org/wiki/National\\_Accreditation\\_Board\\_for\\_Hospitals\\_%26\\_Healthcare\\_Providers](https://en.wikipedia.org/wiki/National_Accreditation_Board_for_Hospitals_%26_Healthcare_Providers)

**International Linkage**

NABH is an Institutional Member as well as a Board member of the International Society for Quality in Health Care (ISQua). NABH is a member of the Accreditation Council of International Society for Quality in Health Care (ISQua). NABH is on board of Asian Society for Quality in Healthcare (ASQua).

How will accreditation help?

- 1) Evaluation of quality of care rendered in a healthcare facility
- 2) Help a healthcare facility benchmark itself against global standards
- 3) Help a healthcare facility identify areas of improvement and enhance performance
- 4) Communicate the quality of care and patient safety standards to the citizens
- 5) Increased credibility of research publications from such facilities (teaching hospitals)
- 6) Attract funding from National and International agencies for research and development
- 7) Help Andhra Pradesh establish itself as one of the states with best healthcare facilities in the country
- 8) Increase healthy competition within hospitals as private sector hospitals will also seek to establish their standards of care

**Current Status of Accreditation across states in India:**

As per the data obtained from the NABH website, 18 hospitals (1 public and 17 private hospitals) in Andhra Pradesh have NABH accreditation as compared to 104 accredited hospitals in Delhi and 33 accredited hospitals in Kerala.

Table 1 Status of Accreditation in various states of India

States	Hospitals (Public & Private)^	AYUSH Hospitals	Blood Banks	PHCs	CHCs	IMR#
Andhra Pradesh	18	0	0	0	0	35
Kerala	33	8	2	0	1	12*
Maharashtra	50	0	26	30	0	24
Tamil Nadu	33	1	4	0	0	21
Karnataka	38	6	5	0	0	28
Telangana	42	0	2	0	0	28
Haryana	20	0	3	4	0	33
Delhi	104	2	24	0	0	--

#data values from NFHS-4 (2015-16) except for Kerala; \*value taken from SRS bulletin 2014; ^based on NABH data accessed on 7th Jan 2017

From the above table it is easy to note that the states with higher number of accredited hospitals have lower IMR.

An excerpt from the statistical abstract 2015 provided below (see table 2) gives the number of public hospitals, primary health care centers in the states. As per NABH, only 1 public hospital/medical research institute has received NABH accreditation.

Table 2 Number of public health facilities in Andhra Pradesh

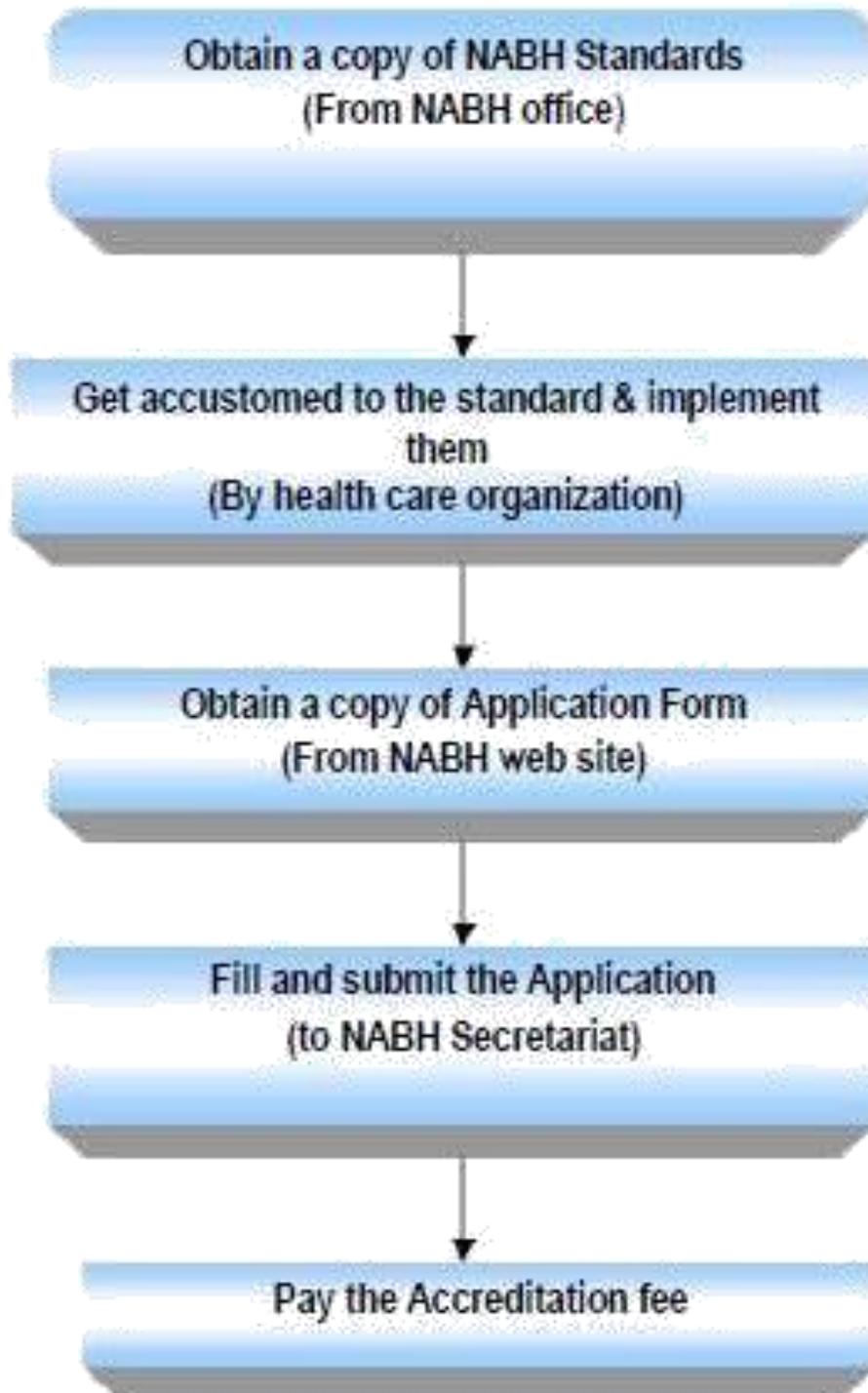
Sl.No.	Item	Unit	Medical Education Department	A.P. Vaidhya Vidhana Parishad	Public Health and Family Welfare	Insurance Medical Services Department	Grand Total
1	Hospitals						
2	a)General Hospitals*	No.	11	108	123	4	246
3	b) Hospitals for special treatment	No.	14	3	3	-	20
4	c) Allied Hospitals#	No.	12	2		-	14
5	Total	No.	37	113	126	4	280
6	Primary Health Centres	No.	-	-	1,075	-	1,075

## Accreditation Process

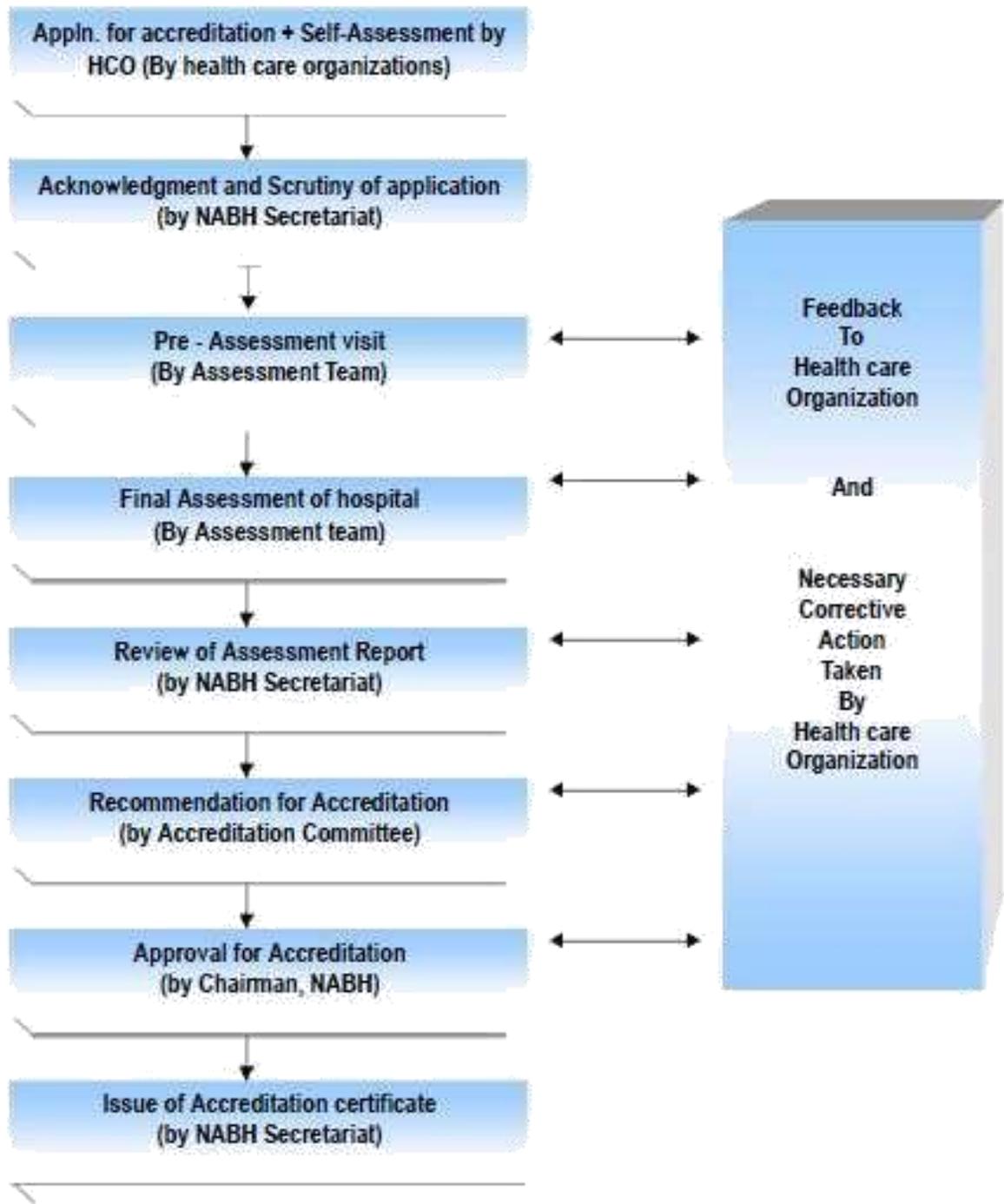
### Steps to initiate the accreditation process for state institutions

- 1) Set up a Project Management Unit (PMU) for hospital accreditation in the H&FW department. PMU to include staff from the department and a nodal officer from each hospital identified for accreditation.
- 2) H&FW department sets targets for PMU, in terms of the number of hospitals to be accredited per year or phase-wise accreditation is appropriate.
- 3) PMU identifies NABH experts/consultants to prepare the hospital infrastructure for accreditation.
- 4) Experts do a comprehensive study of status quo and perform gap analysis with reference to NABH standards.
- 5) Experts advise PMU on infrastructure upgradation.
- 6) Experts conduct awareness programs for hospital staff, explaining them standards relevant to their job role.
- 7) Experts conduct training programs for hospital staff. Experts guide hospital staff in implementation of standard practices, thus preparing the hospital for accreditation.
- 8) Experts help hospital staff conduct mock audits to test their preparedness for accreditation
- 9) Experts and PMU, help hospital staff with the paper work, in applying for accreditation.
- 10) A brief overview of how to prepare for NABH accreditation and the procedure for accreditation and financial terms are provided in the following schematics. Further information is available in Annexure I, which is a general information booklet on NABH accreditation. More information on accreditation is available in NABH Standards for hospitals, 4th Edition, December 2015 (set of three books, NABH Standards, Guide Book and Annexure) that can be procured for Rs. 3500/- by Demand Draft/Cheque/Cash in Favour of "Quality Council of India".

## Preparing for NABH Accreditation



## NABH Accreditation Procedure



## Financial Term and Conditions

- General information brochure : Free of cost  
 NABH Standards for hospital accreditation : Rs. 3000/-  
 Guide Application fee and NABH Accreditation charges:

Size of Hospitals	Assessment Criteria			Accreditation Fee (Rs.)	
	Pre-assessment	Assessment	Surveillance	Application Fee	Annual Accreditation Fee
Up to 100 beds	Four man-days	Six man days (3x2)	Four man days (2x2)	Rs. 40000/-	Rs. 150000/-
101-300 beds	Four man-days	Nine man days (3x3)	Six man days (3x2)	Rs. 75000/-	Rs. 225000/-
301-500 beds	Six man-days	Twelve man days (4x3)	Nine man days (3x3)	Rs. 100000/-	Rs. 325000/-
501 and above	Six man-days	Sixteen/ fifteen man days (4x4) or (5x3)	Nine man days (3x3)	Rs. 150000/-	Rs. 400000/-

**NOTE:** The man days given above for assessment and surveillance are indicative and may change depending on the facilities and size of the hospital.

**Service Tax:** w.e.f. 01.06.2016 a service tax of 15% will be charged on all the above fees. You are requested to please include the service tax in the fees accordingly while sending to NABH.

**Notes on Accreditation fee:**

- The accreditation fee does not include expenses on travel, lodging / boarding of assessors. These expenses are to be borne by the hospital on actual basis.
- The application fee includes pre assessment charges.
- The first annual fee is payable after pre-assessment visit and before assessment visit.
- 10% discount will be admissible in case hospitals pay for the accreditation fee for three years in one installment.

### **Financing the NABH Accreditation**

Public health is a state subject and the onus of providing quality healthcare to the people lies with the state/UT governments. Accreditation has been taken up by several states in the past as has been shown in Table 1. There are also several instances wherein such efforts of the state have been supplemented by funds from international funding agencies such as the World Bank. One such case is the Tamil Nadu Health Systems Project<sup>7</sup>. This project, among other initiatives, also included hospital accreditation and building in the quality systems to facilitate accreditation. As per a World Bank report<sup>8</sup>, about 210 million USD was sanctioned under IRDA/IDA for the Tamil Nadu Health Systems Project. A substantial portion of these funds was utilized in improving the quality of care at hospitals, thereby enabling their accreditation. A total of 267 hospitals were assessed for quality processes, 12 hospitals were accredited and 46 hospitals were prepared for accreditation under this project.

In the recent past, the Haryana health ministry has also expressed interest in approaching the World Bank to raise funds for public hospital accreditation.

The “Andhra Pradesh Health Systems strengthening project”, an externally aided project, could be used as a source to fund the infrastructural quality improvement requirements necessary for accreditation. Presently, this project is awaiting Centre’s approval.<sup>9</sup> Financial assistance sought under this project, will not result in additional financial burden for the state as the repayment of loans and interest for externally aided projects signed and disbursed during 2015-16 to 2019-20 by the state, would be covered under the special assistance announced by the Central Government.

## **Conclusion**

On an average, more institutions that are private seek NABH accreditation. It helps in advertising the quality of care and helps in seeking empanelment as preferred providers of care from various insurance providers.

Andhra Pradesh has the unique opportunity to use accreditation as a means of establishing the standard of care for its public healthcare system. Accreditation of public health facilities will lead to positive network effects where more number of private hospitals in Andhra Pradesh will also come forward and start applying for accreditation. This will eventually improve the overall quality of care in the state and will be an enabler in boosting medical tourism.

## About the Vision Management Unit

---

Government of Andhra Pradesh established a Vision Management Unit (VMU) under the Planning Department for strategic management of vision programmes and projects to coordinate actions among all concerned stakeholders from within the government and outside in terms of planning, implementation and monitoring. Apart from integrating various vision initiatives and interventions into the annual planning and budgeting processes of the state government, the VMU also monitors and publishes periodicals and thematic studies on the transformation areas identified in the vision to provide an integrated picture of vision achievements.

The unit is a vibrant team of young professionals from diverse backgrounds who work together on data, targets, performance indicators, global studies, best practices and global standards to prepare recommendations to achieve the state's Vision 2029.

## Our Office

---

Sunrise Andhra Pradesh Vision 2029

Vision Management Unit, Andhra Pradesh State Development Planning Society,  
Planning Department, Government of Andhra Pradesh,  
517-522, 5th floor, Kalanjali Building, M.G. Road, Vijayawada, Andhra Pradesh – 520010

You can reach us at:

<http://apvision.ap.gov.in/vmu.html>

[comm-expplg@ap.gov.in](mailto:comm-expplg@ap.gov.in)