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PRACTICAL SHORTCOMINGS IN STANDARDS OF NATIONAL ACCREDITATION BOARD FOR HOSPITALS AND HEALTHCARE (NABH) FOR SURGERY & EYE CARE PROCEDURES

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ABSTRACT To upgrade and betterment of quality of care, hospitals in India can voluntarily acquire accreditation, granted by the National Accreditation Board for Hospitals and Healthcare (NABH). Currently, the standards mandated by NABH are the same for all specialties. This paper discusses whether the quality standards mandated by NABH are appropriate for Surgery & Eye care procedures, provided high demand for these services associated with the inadequate infrastructure and incomes in India. Based on our analysis, it appears that required standards while important for rest of the specialties may not be critical for Surgery & Eye care procedures. However, mandating those standards would increase the cost of quality care without any significant impact on the outcomes. It may also lead to fewer patients being serviced, which is detrimental for a county like India, given the low level of health care infrastructure and delivery.

KEYWORDS : NABH, Healthcare Industry, Accreditation, Quality care.

INTRODUCTION

The WHO Report mentions that while people are healthier, wealthier and living longer, the advancement in healthcare has been unequal with some counties lacking behind or losing ground with growing inequality in the availability of affordable healthcare. Despite the worldwide wish that everyone should have access towards best healthcare services at affordable prices, the issues and concerns faced by different countries are variable because they unfolded in different ways. India and many developing nations are keen with issues like health education, nutrition, sanitation and preventive care along with provision of quality healthcare which is affordable and equitable.

In India, healthcare services are one of the largest sectors among medical facilities provided by the government. It is always inadequate despite of large pool of well-qualified doctors. The key issue is the remarkable differential in the level and quality of medical services available in the urban, semi-rural and rural areas. Provided the noticeable shortage of medical personals and resources in country, the private sector has emerged as a great player with its share in healthcare Industry which is expected to be increased from 66 percent in 2005 to 81 percent by 2015. The forecast is that the private sector would account for 74 percent of the hospitals in 2017 (India\ Brand Equity Foundation, accessed on August 2014).

BACKGROUND

National Accreditation Board for Hospitals and Healthcare Providers (NABH) was announced in 2006 by the Quality Council of India (QCI) to achieve appropriate metric and provide accreditation service to healthcare Industry in India. It has functional and operational autonomy and its board comprises of various stakeholders, encompassing from industry, government and consumers. In the case of healthcare providers say hospitals, accreditation wishes meeting minimum quality standards mandated by NABH. Although accreditation of hospitals is mandatory in the west it is as yet voluntary in India. As of August 2016, NABH has around 435 hospitals at various stages of the accreditation process and about 229 hospitals that are fully accredited. A cursory look at the list of hospitals that have been accredited or are seeking accreditations appears that Few hospitals that could have got accreditation, based on their market reputation and level of quality care provided are not doing so[1].

General Surgeons usually perform about 2000 operations per year with the national average of 250 surgeries per year and 125 surgeries per year in the USA[2]. What is even more noteworthy is that the low cost of surgery and high volume of quality care provided is at priority. Infection rate is the key metric in analyzing the quality of care is the lowest as compared to other Healthcare Industries in the world[3]. It continually looks for innovative cost efficient methods with latest improvements. A review of the NABH standards reaches to the identification of Three major issues which would increase the cost of procedure but have no positive change towards patient experience, safety and quality care. Specifically, these processes might not lower the clinical outcome or infection rate which is already at least standard as compared to their counterparts both in India and across the world[4]. On the other hand, implementation of these processes might results in costs increasing and fewer patients being treated, leading towards equity of quality care being compromised.

THE THREE KEY ISSUES

Ratio of nurse Vs IPD

In Super Specialty Hospitals majority of patients are coming from long distance necessitating long travelling. The services should be provided by Hospitals from the patients' perspective should be that the cost is not the deterrent to undergoing the surgery. For several of the patients the cost of overnight stay might be an added burden. During overnight stay facility, Hospital should provide adequate support staff and quality care with the necessary hygiene standards. Reducing the nurse to inpatient ratio would results in reduction in cost of such service with no negative impact on the customer care and experience. The minimum standards for overnight stay in the case of several specialties might be important but the same standard when applied to Surgery & Eye care procedures, primarily an out-patient service would not be beneficial. In India where infection rate is high, this imposition by NABH would reduce the cost of extra service provided or might increase the cost of providing same service.

More than one table in OT

By having more than one table in the OT NABH is trying to achieve cost and operational efficiencies. Having more than one bed in the OT allows expensive state of the art equipment and reduces per patient surgery cost. This optimizes the doctor's time between operations, which is one of the critical inputs in the overall cost of each surgery. While it is important to have only a single table in the operating theatre for several specialty Surgery & Eye care procedures. In the cases of Surgery, as the doctor operates on one bed the next one is being readied and prepared for the next operation. For a country like India, where 22 % is below the poverty line and many do not have access to the necessary medical care facilities, it is important for NABH to consider the quality care along with maximum number of people having access to medical

facilities[5].

Treatment - specific & care - specific standards

The concept of one size fits all is not tenable and sustainable in the long run worldwide. From an analysis of present discussion, it is visible that at least for Surgical & Eye care procedures having single beds in the operating theatre and having nurses with general training need not be an imperative. Provably NABH could have a set of standards for the registration of the patient, what should be communicated to the patient, how to obtain consent for any procedure and general experience related specifics. Based on the nature of treatment, another set of standards may need to be reevaluated and redesigned with practical inputs from various stakeholders, especially doctors, consumers, NABH certified evaluators and health care professionals[6]. While the western experience would be informative, one has to be clear in mind that in country like India equity of quality care is as important as being patient centric and looking at clinical outcomes.

DISCUSSION

The aim of this paper was to nurture a better understanding of accreditation related standards between cost (monetary and equity) and quality in the India. Some of the specific issues analyzed in implementing the NABH standards are, the possible increase in cost, the increase in quality care, the role of the support staff and a review of specific standards procedures of Surgery & eye care. It also seems that given the low infection rate, increasing the cost of the surgery by having one table in the OT would not lead to a significant declination in the clinical outcomes. Another observation is that NABH while being patient-centric in its approach to standard setting needs to reevaluate the same given the gap in the healthcare services in India. It may be essential for NABH to publicize the need for hygiene and insist on infection rates to be lower than a certain level as part of the accreditation process. Furthermore, the documents that based on their study, infection rates declined when hand hygiene practice was followed by healthcare professionals[7].

One of the other cost-effective processes that NABH could require is that sterilization of needles and equipment especially for Surgery & Eye care procedures use the modified sterilization and asepsis protocol[8]. The authors document the modified sterilization process was appreciated in order to promote high volume of surgeries. They found this process to be safe and effective by using the post operation infection rate as an evaluation metric. The infection rate was found at its lowest peak than that documented for the developed nations worldwide. They further conclude that in several developed nations, the regulatory bodies mandate the sterilization process to be followed rather arbitrarily without considering the type of operation. To acheive cost efficiency and high volume targets it may be necessary to constantly evaluate outcomes and process However, NABH might need to reconsider the economic environment in implementing standards by considering various forms of market segments in India[9]. The shortage of healthcare professionals and supporting staff in India is much discussed in detail and NABH is aware of this prominent issue faced by India. NABH may need to design efficient ways in which training can be made more accessible to greater number of candidates to increase the availability of healthcare professionals and support staff. Insisting on registered nurses without a significant exposure of such candidates, just for quality care that may not need those skills could lead to institutions resorting for alternative ways to attain the certification or not seek the certification.

CONCLUSION

This discussion reveals that Hospitals would avoid unnecessary costs that do not increase the number of patients served or decrease the rate of infection/adverse outcomes. Thus, if one were to classify the NABH requirements into customer-related, process-related, support staff-related, and organization-related, then those standards that decrease the probability of an error and those that reduce infection rate need to be mandated. Another focus for NABH could be on implementing hygienic practices and endorsing patient-focus and process-focus in the delivery of health care. NABH needs to uphold those standards that support the delivery of proper and timely care improving the equity in the system.

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