

# Challenges faced by hospitals in getting entry level pre -accreditation

Dr M Prabhakar M.S, DNB (urology)

Managing Director

Kalyani Kidney care centre,

Erode, Tamilnadu

# My journey

- 2012- Consultant opinion
- Advised to go for NABH – Felt I was “UNFIT”

# 2014 – Sensitization program on entry level

- Had confidence in implementing entry level
- But ,No one to clarify doubts
- Implemented with poor knowledge

First Entry level certified hospital  
in India- 2015

# Challenges after certification

- Difficulty in Sustaining
- Did not achieve any benefit due to certification
- Full NABH may change the quality ?

# 2016 – planned for full accreditation with help of consultant

- Appointed good quality team
- Motivated staffs
- No improvement in quality after one year of implementation & training

# Doubts & unanswered questions

- Suggestion - Let the NABH team raise NC we will close it

# Training programs

- POI
- Internal auditor
- Clinical audit
- Documentation
- HIC



- Clear about the standards
- Not clear about “How to implement”

# Certified personal for quality implementation ( CPQIH ) Game changer

- Clarity on the INTEND
- Stepwise method on ways to Implement
  - How to form a team ?
  - Who should be in the team ?
  - How to form committee etc

# Revamped the Implementation process

- Conducted training programs explaining the “INTEND” of each standards
- Staffs easily adapted, as they now knew the reason for doing a work
- Easily sustainable
- Completed final assessment for Full NABH

# Center for Quality promotion

- Hospitals approaching for help
- Helped and got entry level for 7 hospital before CQP
- Hand holding 10 hospitals under CQP

# Fear factor for hospitals entering into NABH poor knowledge & Mislead

- Cost
- Infrastructure alteration
- Licenses
- Documentation
- Govt schemes – poor package rates

# Cost

- Infrastructure
- Licenses
- Qualified staffs

# Infrastructure - poor knowledge & Mislead

- Separate entrance for emergency department
- Dirty corridor in OT
- Separate entry for patients in OT
- CSSD

# Licenses

- Already in place - PNDT ,Pharmacy,AERB,Narcotic & PCB
- Impossible to get
  - Building approval
    - Old building – cannot alter
    - New building – Space constrain
  - Fire NOC - without conditions
  - Lift
  - Genset



# Documentation & Training

- Training staffs & consultants
- Fear of Attrition due to more documentation work
- Elaborate consent taking – may lose patients

# Poor Package rates in govt Insurance schemes

- 95 % patients covered under scheme ( II & III tier )
- Quality has some cost
- Hospitals already bleeding with poor package rates
- Who will pay for the cost incurred on implementing quality
- Hospitals have dropped the schemes as Entry level is mandatory

# Summary

- Poor knowledge about NABH standards
- Mislead by self trained consultants and equipment dealers
- Poor Package rates in govt Insurance schemes

- Role of CAHO – CPQIH & CQP
- Role of IRDA – Standardize package rates for Govt schemes

Thank you