Commited To Safer Patient Care

CAHO NEWSLETTER

APR - 2018

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Warm Welcome to CAHOCON - 2018

From the President's Desk

By the time this newsletter reaches you, we will have been planning to meet at our annual academic extravaganza at Chennai. What an energizing experience, being part of CAHOCON has become. The kind of enthusiasm that we witness preceding the event is overwhelming . I am sure that the benchmark set by the Chennai team will be a source of inspiration to Hyderabad, our counterparts in next year. This energy is the result of hundreds of quality enthusiasts who have worked throughout the year to spread the wave of accreditation and quality across the country.

Some of the steps taken by us at CAHO have truly been path breaking. This includes creating more than 450 certified professionals for quality implementation in hospitals and about 100 certified professionals for quality implementation in labs, who have now become ambassadors of quality in the country .Training programs to enhance communication, address disaster management and implement infection control practices have made CAHO the most credible and effective training institute of quality in our country. All this could not have been done without the selfless ,exceptional and dedicated work by our many quality leaders.

It is only natural, that CAHOCON becomes a must attend event for all the stakeholders interested in promoting quality in healthcare. We welcome all the delegates of CAHOCON 2018 and look forward to their feedback to learn from our shortcomings.

Dr Vijay Agarwal
President, CAHO

HEALTHCARE IN INDIA

Dr. Prabhu Vinayagam

Ex-Managing Director
JCI Asia Pacific Office
Founding Director, Prozela

India's healthcare system is mostly privatised with nearly 80% of the outpatient and 60% of the inpatient care provided by the private sector. The private sector healthcare infrastructure predominant in the metros, is now expanding to Tier 1 and Tier 2 towns. Despite the expansive role of the private sector in healthcare delivery, the bottom line challenges they face receive scant attention.

Hospitals have started on the journey of quality improvement & patient outcomes spurred by the advent of NABH over the last decade. However they still have a long way to go.

Government and Civil society activism targeting hospitals for unfair profiteering practices further stresses the strained bottom lines. Furthermore today's healthcare consumer is more engaged and involved and this is a significant departure from being a passive recipient of care. With very little government intervention the healthcare system in India is dependent on the private healthcare providers. The health financing mechanism in India is also largely dependent on out of pocket expenses. The health insurance sector is growing fast but still only covers a small fraction of the population.

With the above scenario providers are strapped for cash and large chains are consolidating the provider space with more and more international chains operating in India. The once favourite topic of medical value travel has taken a beating since there never was a consolidated effort towards achieving that goal either by the government or the private sector. And this concept is relegated to a few centres which can boast of an international clientele and that too in select cities. In contrast a country like Malaysia which was lagged behind India for a time, embarked on the journey of medical value travel just a few years back and now boasts of almost a million patients within a span of a few years. Since there was an effort by the various partners coming together like the tourism industry along with hospitality, government and the private healthcare providers who helped build the medical value travel platform.

Healthcare also has huge amount of data and the usage of data is changing the way healthcare is delivered and consumed. However hospitals are still reluctant to usage of data derived outcomes. With the concept of smart hospitals emerging hospitals in India are even further going to lag behind their other counterparts in the neighbouring countries. Augmented intelligence is emerging as a big trend in the healthcare space and very soon will dramatically change how healthcare functions in India. Despite the break-through potential of data, many hospitals still do not have functional electronic medical records in place.

With the above trends in the healthcare space, providers now need to be equipped to deal with these challenges. With the day to day fire fighting of the issues in hospitals, CEO's are not prioritising the trends for superior patient outcomes and returns to stakeholders. There needs to be a far sighted approach for the hospitals not only able to meet the operating challenges but also to improve their bottom line.

With a plethora of problems and no answers in place the only way healthcare can sustain in the long run, is to improve efficiency. The improvement should be at all levels of the hierarchy and across all departments. One of the ways of improving efficiency is accreditation.

Accreditation may look expensive to begin with but in the long run pays for itself. Stringent processes, protocols, policies and clinical pathways, ensures standardized methodology employed across the hospital segments. This Studies have shown that this alone will improve efficiency by about 15% in emerged countries and would be more than 25% in the emerging countries. This percentage improvement reflects right away in the bottom line. Besides standardised processes and outcome monitoring will enable hospitals to gain from expansion of the insurance sector.

Next is the importance of transparency and communication. A lot of healthcare providers do not communicate appropriately at various levels. Doctor to patient, nurse to patient, admin to patient, doctor to nurse and nurse to nurse and so on and so forth. If transparency and communication is not improved at all levels it is very difficult to improve healthcare and accreditation provides this by having standardized templates of communication whether it is doctors' orders or nurse's order and handover takeover communication or an efficient billing process along with time outs during surgery. This standardized template ensures communication is short, precise and complete. Besides the standardised processes and communication reduces the information asymmetry prevalent in hospitals. The recent spate of activism is a consequence of the lack of transparency in hospital operations.

Leadership has a great role to play at all levels if efficiency is to be improved. Leaders are not only to lead but have to show the way. In one of the hospitals while I was entering the ICU, The head nurse insisted on my wearing the gown and mask along with shoe covers but didn't insist the same for the CEO or the Quality head who was accompanying me to the ICU. This is clear disregard for the process and hence a breach in infection control protocols. Implementation of these processes are crucial for the success of accreditation programs.

In my interactions with many leaders, my first question is "Why do you want to go for accreditation?" Many times the answers I get is, "having an accreditation will help drive brand image and improve patient footfalls. If this is the reason for going for accreditation providers should not even attempt for accreditation as the purpose and intention do not match. The reason for accreditation should be and only "better patient outcomes and quality of care". Everything else is a by-product of this purpose.

There is always a general question when the Hospital has achieved NABH as an accreditation why should they go for JCI or any other international accreditation. Process improvement is a continuous activity and patient safety should not have various levels. There is either safety or no safety, as we are talking about the patient. So it is important for providers to continuously raise the bar. While NABH will give the providers a point to start and be comparable to hospitals in the country, a JCI accreditation will raise the bar will help compare with international hospitals of repute. And both NABH and JCI can co-exist. As 1 year the provider will have NABH audit and the next year JCI. This will ensure complacency is not set in between audits.

The medical value travel will not improve and the bubble will burst unless various stakeholders do not come together to solve the issues, it has to have representation from the Tourism industry, external affairs ministry, health ministry, healthcare providers, policy makers and the patient, unless all of these come together and improve the medical destination travel, this will continue to be in the same state as it is and countries like Malaysia, Vietnam and even Sri Lanka will overtake us in the near future.

Lastly the only way healthcare in India can improve is to bring all the stake holders together. The 4 Pillars of healthcare or 4 P's Framework. 1) Policy 2) Provider 3) Payer 4) Public. Only when the 4 P's come together and work in establishing the right framework, can healthcare become sustainable and cost effective. Engineers will change healthcare forever if physicians don't embrace futuristic changes.

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CAHO NEWSLETTER

APR - 2018

THE CRUCIAL ROLE OF QUALITY MANAGERS IN FULFILLING THE QUALITY VISION OF THE ORGANISATION

Dr. Arati Verma
Senior Vice President,
Medical Quality,
Max Healthcare
Hon Vice President, CAHO

Introduction

Modern healthcare systems are very complex and high risk. There is increasing dependence on technology and specialised cadres of staff work together in a systematic manner. From the patient's side, there are complex and new diseases emerging, and higher expectations of quality from the system and its providers. Cost effective care, value for money, customer satisfaction, shared decision making, culminating in optimal health outcomes has become the need of the hour. All this has to be underpinned in a relationship of trust between the system, its staff and the patient/family.

Cost effective care, value for money, customer, satisfaction, shared decision making, culminating in optimal health outcomes is the need of the hour.

Patient safety has also become a critical dimension of healthcare provision, as there is growing recognition that while high tech systems help in early diagnosis and improving overall clinical outcomes, these are fraught with dangers and frequently cause preventable harm to patients during routine care.

Therefore, hospital leadership is fast recognising the need for robust quality management systems.

A quality manager/resource is a very valuable resource in any hospital. He/she plays a pivotal role: in taking full ownership for coordinating and leading the quality systems of the hospital. He/she is the "go to" person for all activities of accreditation. The person works as a catalyst and change agent, coach, mentor, subject matter expert, monitor, auditor and administrative coordinator. All departments reach out to the quality manager for guidance and support.

The Quality Manager plays a pivotal role in effective implementation of accreditation requirements, policy development, clinical dashboards, audits & training in collaboration with Medical Administration, Clinical & Support teams of the hospital.

Without a dedicated quality resource person, it would be next to impossible to implement any quality programs in the hospital. This explains the reason behind accreditation standards such as NABH and JCI, explicitly requiring a quality resource in the hospital as part of the requirements to fulfil accreditation.

The responsibilities of the quality manager are widespread and intense. In order to meet these, it is incumbent that he/she is fully qualified for the role. Let us highlight some of the key job responsibilities and competencies.

RESPONSIBILITIES:

Accreditation

The quality manager must have in depth knowledge of the standards such as NABH, the implementation requirements and the application process and fees. He /she will coordinate with the medical administration, clinical and non clinical departments to develop and update policies/manuals and standards as required by the accreditation standards. Training programs for staff will be arranged and conducted. He/she will plan and conduct periodic internal audits. The manager will work with clinical departments to coach, guide and facilitate compliance and close non compliances. He/she will coordinate with the accreditation agency to complete the application process, fees, assessment dates etc.

Quality Measures

The quality manager will identify and roll out key quality measures (indicators prescribed NABH or internal measures). Along with the functional heads and leaders will ensure periodic trend analysis, data validation and CAPA. Opportunities for improvement will be spotted and actions initiated. Bench marking of results will be attempted.

Committee meetings

The hospital is required to set up several clinically led committees such as Infection control, Pharmacy and Therapeutics, Medical Records, CPR, Disaster Management etc. these are multi disciplinary committees. They oversee and guide the functions they lead. The quality manager is a key member of all committees. He/she will ensure the terms and membership is made under guidance of the hospital leadership. The meeting schedules are made, agenda is circulated, meeting is organized and minutes are recorded and circulated. He/she will follow up for timely closure of action points.

a. Internal Audits and Clinical Audits

A very important role of the quality manager is to plan, organize and conduct periodic internal audits. A detailed, objective, unbiased report is to be shared with the hospital leadership and departments, and corrective and preventive actions are carried out. The manager will facilitate the identification and completion of clinical audits with the respective departments.

b. Risk management and Safety

An important role of the quality manager is to assume the responsibility for risk management and be thorough with patient and staff safety practices. He/she will conduct and organise regular safety audits, organize meetings and record observations of safety rounds and circulate the same and ensure the CAPA for observations. He/she will promote reporting of adverse events and learning from them in a culture of transparency, integrity, ethics and "speak out".

The manager should be familiar with concepts of risk management and ensure all aspects are covered across the hospital. Patient complaints, legal aspects will also be addressed.

The key competencies are listed below:

- Knowledge of healthcare industry, of hospital systems and processes.
- Knowledge of regulatory requirements.
- Training in Quality Management (NABH POI Courses, Six Sigma etc)
- Experience of implementation of NABH in healthcare
- Expertise in NABH Standards and assessment methodology
- Statistical Skills
- Computer skills
- Facilitation and interpersonal skills
- Project management skills
- Multi Tasking / Time Management
- Change Management skills
- Communication / Presentation skills
- Problem solving & decision making
- Interdepartmental liaison
- Analytical Thinking

Workload of quality manager

Based on the size of the hospital, the quality resources needed would be dependent on the size and complexity of the hospital. Based on the responsibilities above, it is evident that the number of managers/resources should be optimum. Otherwise this can lead to burnout, exhaustion, loss of motivation and morale. They must be fully supported by the hospital leadership and should be reporting to the senior most leaders, so that thy can have effective influence, where required. The leadership must offer learning opportunities to the manager, such as attending conferences and forums, presenting papers, to learn about current issues and best practices and exposure for bench marking. For self improvement, the quality manager must also take time out to network, read about technical aspects of quality and seize opportunities to upgrade his/her knowledge.

They must take a keen interest to collaborate with the various clinical and non clinical departments to gain deeper understanding of their systems and processes.

A suggested framework for the number of resources, based on the size of the hospital is given below.

Requirement assumptions based on workloads

Hospital Size	Number of full time dedicated quality resources required
Upto 150 beds	1
150 to 250 beds	2
250 to 350 beds	3
350 to 450	4
450 to 600	5

This of course does not include the fact that each individual department has to take full ownership for incorporating standards into their workflows, ensuring their staff are trained and adhere to the norms, and taking initiatives to correct gaps and conduct quality improvement activities.

In conclusion, the quality manager plays a very important and critical role in the hospitals vision and mission for quality. With growing customer expectations, complex healthcare systems, risks in the hospital environment, it is imperative for us to understand and acknowledge the value added by the quality manager of the hospital. They should be motivated, enabled and supported to achieve success in their job responsibilities, and share the success of the organizations quality mission and vision.

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PREVENTING LABORATORY ERRORS – AN EFFECTIVE WAY TO IMPROVE QUALITY

Dr Sujay Prasad

Anand Diagnostic Laboratory, Bangalore

Laboratory errors are those that occur any time between requesting lab tests to reporting results and interpretation. Laboratory errors have been reported with a frequency of 0.012 to 0.6% though it is assumed that it includes all possible errors. In practice though, such analysis would only include recorded errors. This becomes important since 60 to 70% of all diagnosis are based on Laboratory test results. Total testing process in a lab includes Pre examination (earlier Pre Analytical), Examination and Post Examination phases. This process is cyclical. Pre Examination phase includes determining the requirement for a test, ordering the test, identifying the patient, sample collection and transport to the laboratory. In the examination phase, the specimen are prepared and tested. In the post examination phase, result are reported to the person requesting the test. Initial focus was on examination phase where policies and procedures were developed to prevent and minimize errors in the examination phase. Automation and better understanding of testing methodologies have minimized examination phase errors significantly. The focus now is on Pre Examination phase, where, most literature indicate, is the maximum number of errors are detected. In our own experience this amounts to 74%.

A simple definition of quality would be "Absence of Errors". This is a powerful yet very practical way of viewing quality and its relation to errors. Is it easier to "improve quality and reduce errors" or "reduce errors to improve quality". It is obvious that the first statement makes more sense. However, in my view, the second statement is more practical and relatively easy to understand and apply in a given laboratory. When errors increase, quality decreases and vice versa. It then mandates that the lab should go after errors to improve quality. For example the prime reason to run an internal quality control for the analytical phase is to be able to identify errors (outliers), which, when managed, will enhance quality specifically for the analytical area and generally for the entire process and patient experience.

To prevent laboratory errors, the foremost management strategy to be implemented would be to identify areas of activities that pose the maximum risk of errors. This in recent times has been looked at in a structured way through Risk management. Through risk management, the lab is able to separate activities with varying degrees of risk of error. This allows the lab to maximize human and financial resources to critical high risk activities and minimize loss by focusing on low risk ones. Critical areas typically error prone are 1. Test ordering by physician, 2. Patient and specimen identification, 3. Specimen collection, transport and processing, 4. Analytical process quality , 5. Transmission of critical test results, 6.Interpretation of laboratory data, 7. Communication of test results to clinicians.

Very briefly, the pre examination areas of activities where errors are maximum will benefit from 1. Properly written and documented policies and procedures, 2.Regular training and competence evaluation systems, 3. Small process automation including bar codes, interfaces, tube labeling, 4. Selecting appropriate quality indicators and monitoring them, 5. Improving communication between health care and laboratory professional within and outside laboratory space. All the above would be as an outcome of risk management of possible errors in the pre examination areas. Few examples of activities that have minimized errors and prevented many from occurring include registration verification, use of bar codes, Tube labeling systems, pneumatic transport systems. Foremost among the activities introduced would be better information management. This alone would contribute significantly to error reduction. Ensuring that information is used in such a way that humans are guided to follow good laboratory practice makes the entire system harmonized in a department that involves humans with different traits and attitudes.

In the examination phase, which is much more mature in terms of automation and process control, the risk of errors are far and few, though present. Activities that monitor analytical quality using commercial controls and patient results would help in error reduction. Though internal quality control using commercial material is well established, available data and peer level discussion does not demonstrate that laboratories comply with quality specification. In our experience, the use of Total Allowable Error and Sigma Metrics will identify analytes that need attention and improvement. The other area of concern is the reporting of reference ranges and units.

In the post examination phase, the most crucial activity would be to communicate critical results in the most appropriate time to the right person. This continues to be a challenge in terms of reaching the intended healthcare professional to communicate the critical test result. The entire process of testing and report generation being automated to great extent precludes major risk in the turn around time delays.

In conclusion, every laboratory should make efforts to identify areas of activities that are prone to high levels of error occurrence. This is the first step in a long process of error management, which includes Identification, Recording, Analyzing, Finding root cause, taking corrective action and preventive action and reviewing the process though monitoring. This can happen only if the lab management is able to include this aspect of quality in its policies and priorities.

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FANTASTIC FUN & LEARNING AT GERMANEUS SPRINGS RESORTS KODAIKANAL

Dr T. Devanthi
Quality manager,
VIMS Hospitals, Salem

It was the long felt need of aspirants from the South to have an Advanced Programme once more in the Southern region, and this need was fulfilled by CAHO!, and thanks in part to the Meenakshi Mission Hospital, Madurai and Dr. Narendranath who co-ordinated the event locally.

The programme started off post lunch on the 10th of March - giving time for arrivals from Bangalore, Mangalore and cities of Tamil Nadu - accompanied by informal introductions and settling down at the beautiful resort. Certain topics based on their importance and need, as recognised by CAHO Faculty from prior session feedbacks were chosen and presented excellently.

- *Clean air standards and HVAC in OT, Isolation and Transplant, Energy efficiency & Fire management systems inHospitals was thoroughly covered by Mr Vinod of Rajagiri Hospitals, Aluva*
- *Pharmacovigilance and Medication error Management in hospitals was presented by Mr Jerin of Rajagiri Hospitals, Aluva.*
- *A very crisp and informative presentation on Efficient CSSD Functioning in a hospital by Dr Shashank Devapur from 3 M*
- *A lucid presentation on Clinical Audits by Anna George, Rajagiri Hospitals, Aluva*

The session went upto 9.30 pm followed by dinner. Participants were split into groups of 5, and each group was given topics to present – Biomedical waste, Chemo and Radiotherapy standards, Sentinel events, Biomedical equipments and Transplant. These were presented by the groups in the subsequent days, between the presentations of standards by the Faculty. The participants were mostly well versed with the standards and had the opportunity to interact during and post sessions with the faculty since it was a residential programme. The participants had a great learning experience from faculty as well as fellow participants.

The following two days were hectic with Dr Lallu Joseph, Dr Bhavana Gulati and Dr Ramesh Babu joining as Faculty. Some time was set aside in the morning for a zumba workout and to sightsee beautiful Kodaikanal with boating, cycling and walking in the evening on Day 2, but Day 3 we had to keep noses to the grind due to lack of time. But the night was all for enjoyment - with dancing and singing by the campfire with the faculty. A lot of camaraderie and friendships, laughter and learning marked the whole programme!

Day 4 was a day of packing and goodbyes and travelling down to Madurai Meenakshi Mission Hospital, which graciously allowed us to conduct audits of their ER, pharmacy, Lab, ward areas etc. Audit findings were presented by the groups, and inputs and clarifications were given by the ever ebullient and practical Dr Lallu and Dr Bhavana. Finally, it was time to say goodbye to all with mixed feelings of pride in participation, happiness in having made new friends, but sad that it was all ending! The whole programme was an enjoyable and highly interactive way of learning Quality for the sake of Quality, and more so as a residential programme with its biggest benefit of fostering learning both in and out of the class.

CAHO and the faculty, as well as the crisp and informative power point presentations were highly appreciated by one and all. Co-ordinators Dr Sakshi and Mr Samson did a great job on all behind the scene activities

And last, but not the least, the food and ambience, and the hospitality of the staff of Germaneus resorts will remain in our memories always....!!!!

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CAHO TRAINING PROGRAMS , CONFERENCES & WORKSHOPS
Jan – Mar 2018

CPHIC program at Sree Renga Hospitals , Chengalpet, 9th Jan , 2018.

National Disaster Life Support Basic Training
Johal Multispeciality Hospitals , Jalandhar
19th Jan ,2018

CQP Inaugural & NASA Hub &
Superspeciality Hospitals, Jalandhar,
20th – 22nd Jan , 2018

CPQIL- M S Ramiah Memorial Hospitals,
Bangalore ,
27th Jan , 2018

CPHIC Program at Ganga Hospitals,
Coimbatore
on 27th Jan , 2018

CPHIC Program at Amdavad Laser
& Eye Institute , Ahmedabad ,
3rd Feb ,2018

CQP & CPHIC Program at Jabalpur Hospitals
and Research Centre, Jabalpur,
10th Feb, 2018

Enhanced Clinical Communication Workshop , Care hospitals, Nampally, 10th Feb, 2018

CAHO TRAINING PROGRAMS , CONFERENCES & WORKSHOPS
Jan – Mar 2018

CPHIC program at J K & L N Medical college and Hospitals, Bhopal, 11th Feb, 2018

CPHIC program at Rajagiri Hospitals , Aluva, 21st Feb , 2018

Basic CPQIH – Training program at NEMCARE Hospitals, Guwahati, 24th – 26th Feb, 2018

CPHIC Program at Apollo Institute of Medical Sciences, Jubilee hills, Hyderabad, 28th Feb 2018

Advance- CPQIH Program at Germaine Hotels & Resorts, Kodaikanal in association with Meenakshi Mission Hospitals , Madurai 10th – 13th March, 2018

Natural Disaster Life Support Basic Training at AJ Hospitals & Research Centre, Mangalore, 10th March 2018

CPHIC Program at Bombay Hospitals, Mumbai, 16th March, 2018

Enhanced Clinical Communication Workshop, Bombay Hospitals, Mumbai , 27th March 2018

CPQIL program conducted at Vijaya Hospitals, Chennai 23rd - 24th March, 2018

GET READY FOR CAHOCON – 2018

April 6th -8th, Hotel Feathers , Chennai

CAHOCON – 2018 - Organizing committee – Brain storming ...!!!!

Pre-conference Press release – Curtain Raiser..!!!

CAHOCON 2018 to be held on April 7-8

Chennai: Consortium of Accredited Healthcare Organisation (CAHO) announced to hold its international conference of CAHO- CAHOCON 2018, April 7 and 8 in Chennai. The event aims to promote collaboration among accredited hospitals and laboratories to initiate efforts to improve healthcare quality and to work closely with NABH and NABL.

More than 400 national and international delegates, including healthcare leaders and policy makers are expected to attend the two-day conclave on the theme of "Timely Intervention is the Key to Quality" through back-to-back sessions and workshops. Research presentations, posters, panel discussions and pre-event workshops and master-classes would be the other highlights.

"Tamil Nadu is among the top performing states in the management of healthcare systems. In this international conference, we intend to introduce fresh and innovative ideas to help address various challenges facing the nation's healthcare industry and build a world-class healthcare ecosystem," said Dr. Vijay Agarwal, president, CAHO. –DC

CAHOCON 2018

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Every tongue is talking about CAHOCON – 2018.....
Have you registered ..!!??