Commited To Safer Patient Care

CAHO NEWSLETTER

JAN - 2018

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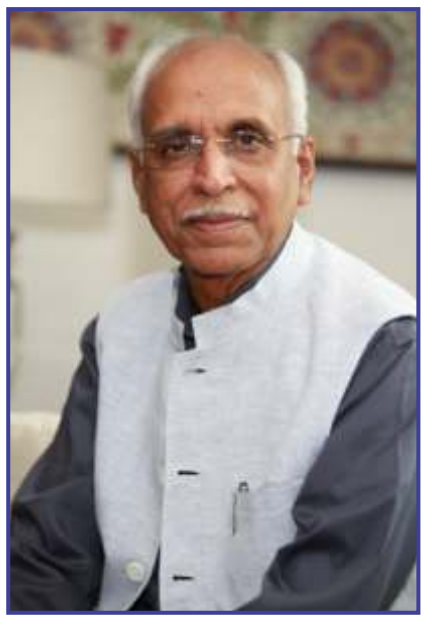

From the President's Desk

Dear CAHO Family,

I am very blessed to head a family that has become a front runner to promote quality in healthcare institutions in India.Our annual events CAHOCON and CAHOTECH have become a "must attend" event for all the stakeholders interested in sharing quality and best practices in hospitals and labs. On behalf of all the members of Governing Committee and the Faculty for various programs, I am proud to share that:

- 15 hospitals have been made "Centres for Quality Promotion"
- 8 Basic Programs for training "Certified Professionals for Quality Implementation in Hospitals" were conducted this year taking total number of Basic CPQIH to 385.
- 2 Advance Programs for training "Certified Professionals for Quality Implementation in Hospitals" were conducted this year taking total number of Advance CPQIH to 112.
- 3 Communication workshops were held.
- Number of new programs have been launched:
  - Basic CSSD online training program in association with 3M
  - Basic Certified Professional for Hospital Infection Control
  - National Disaster Life Support (NDLS) Basic Course in association with SEMI
  - Certified Professional For Quality Implementation in Labs
  - Basic Training Program for Occupational Health
  - One day communication training program in association with AHPI.

Besides this,work on Energy Conservation, Fire Safety and Costing & Pricing is going on.

CAHO webinars are becoming very popular.

All this would not have been possible without active participation from individuals and institutions across the country.

Looking at the perception that media has created about health care providers we have to work still harder to reduce incidents in HCOs.

Through this news letter, I would like to wish a very happy and productive 2018 for every member of CAHO family.

Looking forward to meet you at CAHOCON 2018 @ Chennai.....

Dr Vijay Agarwal
President CAHO

Dr Girdhar J Gyani
Director General, AHPI

Healthcare Quality Policy for INDIA

Human Development Index (HDI) is considered as one of the prominent indicator to judge the extent of nation being citizen centric. Health and Education are two major constituents based on which HDI index is worked out. Current HDI index for India is 131 out of 181 Nations. Such a low score is on account of regional disparities in education, health parameters and living standard. Recent WHO report shows that India ranks at 112 in terms of its health systems. That shows that we have long way to go in up-grading our health care delivery system.

Ideally a Nation would like its population to be healthy and happy all the way i.e. free from illness, high longevity and have peace of mind (state of happiness). In order to achieve such a stage, government need to promote preventive health and eliminate causes of illness. Government need to facilitate robust curative health system and establish Universal Health Coverage (UHC).This would need adequate spending in the healthcare sector. Global average in health spending is about 9% of GDP. India presently has 1.2% of GDP allocation by government and 3.8% by the private sector, which is not adequate to achieve UHC. Therefore health policy needs to facilitate more investment in this sector. Government can incentivize private sector by extending tax benefits in tier-II/III cities and in rural areas. This can possibly help achieve UHC by year 2022 when we will be celebrating 75-years of independence.

Over and above Government can initiate PPP by handing over some of the CHCs/PHCs to the private sector. Presently CHCs have over 70% shortage of specialists. In the event of CHC and few PHCs being given to private sector, the specialists by rotation would become available at CHCs. Such an arrangement can significantly improve IMR/MMR in the rural areas and at the same time reducing the overcrowding at district hospitals.

While UHC should be the focus of any Healthcare policy, it must simultaneously focus on improving patient safety. Millions of medical errors are reported to be occurring world over and more so in developing nations. The policy therefore should be built around providing SAFE and AFFORDABLE healthcare in that order. Patient Safety must become hallmark in health services. This should start by inclusion of patient safety subject in MBBS and Nursing curriculum. Similarly the regulatory framework should have strong emphasis on ensuring minimum level of patient safety in all the health establishments. Policy can also incentivize quality and safety by promoting 'Pay for Performance' model in all government and private health insurance schemes as being practiced in most of developed nations. This can dramatically improve the safety and minimize morbidity and mortality index.

It is rightly said that healthcare reforms can only happen through reforms in medical/nursing education. We have allowed to have skewed distribution of medical colleges. The southern region with 1/3rd population has 2/3rd of medical colleges, leaving states like Bihar, UP, Odisha, NE region and WB, severely short on availability of doctors. Over and above we have less than half of MBBS seats available for PG seats.

This has resulted in severe shortage of anesthetics, gynecologists, pediatrics and radiologists and without which we would never be able to improve our health indicators. Recent decision by government to recognize diploma program of College of Physicians and Surgeons would help overcoming this gap to a large extent. Same is the case with nursing profession, which does not provide any career progression resulting in lack of interest among youngsters in joining of nursing profession.

As said in the beginning, health policy must set priority for promotive and preventive measures for healthcare. The foundation of preventive healthcare is based on nutrition, sanitation, clean air and clean water. If government policy can invest on these measures, there will comparatively be less demand for curative hospitals. Success of preventive health measures will largely depend on how effective is the awareness among all sections of society. We need to sensitize students at all levels, gram panchayats, municipalities through print and electronic media etc.

As India has adopted mixed economy model, we need to establish synergy among public and private sectors. Together, we can achieve wonders in realizing UHC and make our country healthy and happy. The initiative needs to come from government as facilitating framework in largely with government. With kind of intellectual capital available in abundance, there is no reason why India cannot rise to club of 100-nations by the year 2022 and this can only be achieved through improving health indicators like IMR and MMR and making healthcare available and accessible in all the regions.

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Dr. Narendranath V

Joint Secretary - CAHO

Chief Administrator -

Ramaiah Medical College Hospital

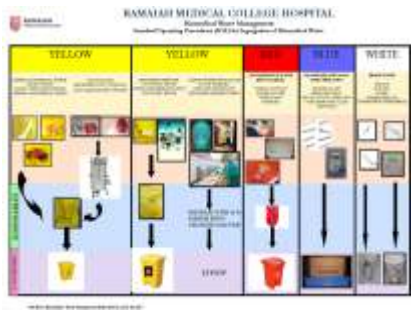
Experience of implementing Biomedical Waste Management Rules 2016 in a tertiary care hospital : Research to Implementation.

In view of implementing biomedical waste management 2016, which is a revised rules came after 18 years of first rule implementation, we are here by sharing our experience of effective implementation of the same in tertiary care hospital.

***Background**: Biomedical waste management is a serious issue, which has direct impact on both environment and health. Presence of potential infectious organisms and tissue and other live cells makes it more risky to both community health and environment. As we do not have the concept of 100% recycling system in health care, which makes it quite difficult especially for solid waste, considering the load and mobility of patients and attendants. In hospitals, it is very important to follow specific system to ensure minimum generation, proper segregation and disposal of all the biomedical waste generated during different processes of patient care. The first rule on biomedical waste was implemented in July 1998 and the same was revised in 2016 with considerable changes to suit the needs. Implementation of rules in a hospital setup essentially consist of four major steps namely (i) strategic planning, (ii) training of persons handling and generating the biomedical waste (iii) implementation of the rule and (iv) periodic examination for compliance and fixing the problems. Additionally, based on the existing gaps in the rules and practice issues concerned with ensuring the safety, there is also a scope for research on different aspects starting from training to disposal. In the current article, I would like to provide our experience on these stages of implementation.*

***Strategic planning:** This is very important step in implementation of recent bio-medical waste management policy. Planning should be made considering existing infrastructure, education and learning level of different stakeholders, safety to both people working for the system and patients and their attendants visiting the hospital. There should be strategic planning for areas with more movement of people (OPD's, front of OT, mortuary and ICU & emergency units), sensitive areas with lot of infectious waste generation (ICUs, OT, Laboratory, Labor ward) and areas with sensitive individuals (isolation wards, HIV, cancer and immunodeficiency patients).*

Training of persons: *Training of all ground level workers in areas of waste generation (doctors, nursing & cleaning staff) and handling & transportation of waste (hospital and corporation employees) should be done in English and local language mainly to educate them about importance of handling and risk associated with waste. It should consist of illustrative, pictorial and self explaining demonstrations, so that more complicated information can be simplified for understanding of all. There should be display of information for the benefit of common public in areas like toilet, public waiting area, canteen/ cafeteria.*



***Implementation of the rule:** Once the training is done, it is essential to create documentation system for both systematic implication and monitoring the activities. This can be done by adopting entering the details in check-list for daily activity and this should be able to provide both qualitative and quantitative information on biomedical waste generation and disposal. There should be different levels of employees who are responsible to monitor the activity in designated area, who should meet on daily basis and come-up with better strategies to implement the rules based on local conditions.*

***Periodic examination:** This is essential to monitor the effectiveness of implementation of policy and will also help to identify difficulties and solve the same. A quantitative assessment of knowledge and implementation practice will help to improve the quality. Additionally, examination will help to fine tune the training process and create a healthy competition towards successful implementation.*

***Liquid waste management:** Liquid waste is more hazardous as compared to solid mainly because of its nature of leakage from the transportation system and formation into aerosols. Once it gets mixed with municipality or local sewage system, it contaminates both sewage as well as ground water. Therefore, it is very important to disinfect, neutralize and minimize suspending particles in liquid waste before letting it to public sewage.*

Unlike solid waste, liquid waste cannot be collected and sent to a common treatment facility. A special facility is essential consisting of collection point for each unit or building, disinfection at the site of generation or at a common place, neutralization and separation of any solid particle before sending to effluent treatment unit.

The key factors to be considered are:

- *Use of pipe that can resist the wide range of pH, temperature and corrosive chemicals.*
- *Creating separate wash basin or unit for infectious liquid waste.*
- *Minimize the distance and stagnation/ retention points*
- *Use minimum joint or connection points to avoid leakage*
- *Use gravity based system to minimize energy and avoid stagnation of liquid.*
- *Build a collection tank based on the quantity of liquid waste and minimum contact time required for disinfection.*
- *Unit should also have provision for collection of sediments.*

Choice of disinfection agent is very critical in case of liquid waste handling. Based on the existing guidelines and practice, sodium hypochlorite is most commonly employed disinfectant. In addition to its best disinfection ability, it has some of the disadvantages with respect to both safe use and handling. It liberates chlorine and cause occupational hazard through inhalation of aerosol. It is highly corrosive and reactive substance, which should, be handled with all protection as concentrated solution. Additionally, the pH of water increases with addition of sodium hypochlorite which is corrosive to both storage tank and tubing used to pump the liquid. Considering this, there is a need for personalized testing and use of different disinfectants based on the nature of infectious material in liquid waste and quantity. This can greatly help to prevent unnecessary risk for both personnel and liquid handling system. Some of the good disinfectants that can be considered to screen to treat liquid waste are bleaching powder, ethanol, formaldehyde, isopropyl alcohol, povidone iodide and hydrogen peroxide. We need to consider nature of infectious materials, volume of liquid and purpose of reuse of treated waste.

Some of the major challenges to implement the revised biomedical rule include availability of space in urban hospitals located in city, high attrition rate of employees in health care system, affordability of some of the advanced technologies by small and medium scale hospitals. Additionally, there is also a need for easily adaptable technology which is both environment friendly and economic. This opens a new arena for health care research team especially for administrators, scientist, engineers and managers of various sections. Therefore, it is the time to strengthen the interdisciplinary research collaboration between doctors, engineers, chemists, biotechnologists and laboratory medicine experts to come up with best suitable technology and implementation strategies for all units without compromising the quality.

It is a great learning experience and we are still learning many things to meet the safety as per 2016 BMW rules considering local conditions and real time issues associated with ensuring 100% compliance. We are more than happy to learn together and interested people can contact us for any discussions or joint learning.

Wishing all the readers and your beloved a happy, healthy and prosperous 2018.....

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Dr Samina Zamindar

Zamindars microsurgical eye centre, Bangalore

How to write a SOP ?

"A doctor could alternatively be God or a cowboy ruling the hospital by preference or whim, with insufficient consideration for best practices or procedural standardisation"-Cpt. Sullenberger, July 23,2010.

The first step in your quality journey is making Standard Operating Procedure (SOP) manuals for your organisation, it will be a fact finding exercise which will improve quality at grass root level.A copy paste job done here, will defeat the very purpose of one's quality improvement journey.

Standard operating procedure (SOP) -*Its a set of written instructions that document a routine or repetitive activity followed by an organization.*

Philosophy of SOP

Human beings make mistakes because the systems and processes with which they work are poorly designed ,well thought of systems and operating procedures reduces the chance of error.

Where does it belong ?

Current copies of the SOPs should be readily accessible for reference in the work areas of those individuals actually performing the activity.

HISTORY OF SOP

Military and Army is the first place where documentation made a lot of sense to pass information from one place to another and carry out the activities. Slowly that has been taken into other industries and quality management systems. Air Force during WW-II -Use of SOP to get all planes back onto the ground quickly without running into other planes in the pattern . Planes with wounded aboard landed first. Documentation of communication was vital to make any strategy work.

HISTORY OF SOP ISO Standards

Documentation matrix was included in the ISO standards which was generic to all the industries in ISO 9001:2015 the clause 7.5 talks about documentation of information. The information is divided into two types..

1. *Unretainable information which is in the minds of staff, and cannot be retained*
2. *Documented information is further divided into-*
   - *Maintained Documentation -What I Need- SOP Manual*
   - *Retained Documentation- What I have done- Records, reports*

Purpose of SOP

- *To detail the regularly recurring work processes*
- *Assist that organization to maintain their quality control and quality assurance processes and ensure compliance.*

Benefits of SOP

- *Minimizes variation and promotes quality through consistent implementation of a process, even if there are temporary or permanent personnel changes.*
- *Reduces work effort, easier to pursue people to follow the steps of a task meticulously.*
- *Improves Comparability, Credibility and Legal defensibility*

The process of writing down meticulously, gives structure to your thoughts' Even better if it is a result of group brainstorming ,which will help reduce Mudas (Japanese word for unnecessary steps) from your SOP.

How do you write it ?

In the same way as people would perceive someone who is sloppily dressed, will they perceive a sloppily written SOP.

If your SOP is clear, crisp, written with use of correct English language, it would carry more weight, and the chances that it will be followed meticulously are much more higher.

Author

- *Written by individuals knowledgeable with the activity and the organization's internal structure, either individually or as a group brainstorming*
- *Experts who actually perform the work or use the process.*

Who is your target end user of SOP ?

- *Any Staff who has requisite qualifications for performing an activity, (noted in the section on personnel qualifications in the SOP manual) And is knowledgeable with the general concept, but with limited experience with the procedure .*

This staff should be able to read the SOP, and perform the given task without supervision.This is the hallmark of a well written SOP.

Content of SOP

- *A set of instructions of how to complete an activity.*
- *Time taken before drafting to focus on exactly what information is to be conveyed to the user.*

Writing Styles keeping in mind your end user

- *Written in concise, step-by-step, and easy-to read format.*
- *Unambiguous*
- *Simple*
- *Clearly worded so as to be readily understandable by a person,*
- *Sufficient detail to carry out the procedure without supervision.*

Format and language

1. Use short, concise sentences.

2. Present one idea at a time whenever possible.

3. Use active voice verbs, read and do the task now

4. Avoid jargon.

5. Use position titles (personal names of individuals).

6. Avoid gender nouns and pronouns whenever possible.

7. Use acronyms only when these are included in the terms and definitions section.

8. For Mandatory activity, the SOP shall use highly prescriptive language.

9. Few examples of well written SOP

10. Kindly observe the detailing of SOP in each of them

Examples of a well written SOP

SOP for Registration according to ISO 9001-2015 Guidelines process

6.1.1.1 Patient approaches Reception staff to avail consultation.

6.1.1.2 Reception staff - check with patient whether it is patient's first visit or subsequent visit.

6.1.1.3 If it his/her first visit, enter Patient's information in HMS and generate the UHID.

6.1.1.4 If it is not first visit, find out from patient his or her UHID

6.1.1.5 If patient does not have registration number, track the number in HMS with the help of patient's name or phone number.

6.1.1.6 If you cannot find the UHID, give a new UHID to the Patient .

6.1.1.7 Direct the patient to the cashier for collection of fees.

SOP format according to Entry level guidebook available on NABH website….

SOP Review

- *It should be reviewed (that is, validated) by one or more individuals with appropriate training and experience with the process. For example, Immediate supervisor, such as section or branch chief, or the department's quality assurance officer can review SOP .*
- *SOP can be tested by getting it implemented before sending for approval.*

SOP Approval

Head of department or organization can approve each SOP.

Signature approval indicates that an SOP has been both reviewed and approved by management. This will be the date of implementation of SOP.

a. SOP General Format for details

- *Title.*
- *Purpose*
- *Qualification and experience of end user*
- *Abbreviations*
- *References*
- *SOP identification (ID) number.*
- *Version number*
- *Name of the place ,where it belongs*
- *Date of issue, revision and date o expiry*
- *Scope-Names of holders/Users of SOP*
- *Name and signatures of people who authored, reviewed and approved and released the SOP*

b. Frequency of Revisions and Reviews

- *A valid SOP should be reviewed once in 2 years.*
- *SOPs need to remain current to be useful. Any change made prior to the revision should be documented in the amendment sheet . The first page of the SOP manual.*
- *Review date should be added to each SOP that has been reviewed.*
- *If SOP describes a process that is no longer followed or found faulty, should be withdrawn from the current file and archived by the Quality department.*

c. Role of Quality department

i. SOP release

- *To generate 3 Copies of SOP; the historical , back-up file, third copy will be in the place where it will be used.*
- *Proper distribution of the SOP*
- *Inform potential users that a new SOP has been written.*

ii. Filing and Administration

- *Filing of the original and further copies*
- *Electronic access can be limited to a read-only format, thereby protecting against unauthorized changes made to the document.*
- *Follow correct protocol for withdrawing SOP across organization when required.*
- *Superseded versions should be collected and destroyed (except the copy for the historical file) to avoid confusion and unauthorized use.*
- *To ensure that only officially issued copies may be used, only then the use of the proper instruction is guaranteed.*

iii. Implementation.

- *Monitoring implementation of the SOP*
- *Well written SOP is of no use, if it is not used correctly or its implementation is not ensured*

Conclusion

If following things are kept in mind ,in the beginning of your SOP journey, it would make your ride less bumpy.

- *Philosophy of a step-by-step approach should be adopted*
- *Kept as simple as possible*
- *Must grow by trial and error with increasing experience, by group discussion and with changing perceptions*
- *Start with Basic operational SOPs*
- *Filling gaps as practice reveals missing links in the chain of Quality assurance*

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Dr Ramanjeet Kaur
Senior Quality Manager
Regency Hospital, Kanpur

Fun at Bhagat Farmhouse during Advance CPQIH Training Program

The weather in India's capital region (NCR) was very pleasant in the month of November. Perfectly tuned between the extremes of burning summers and chilling winters, it is one of the best time to be in the NCR. During the CPQIH Advance we had the opportunity to visit Bhagat Farm in Sohna (Gurugram) off the highway from Gurugram to Alwar in the foothills of Aravali. Sohna or "Gold Dust" is derived from the sand streams that one observes after heavy rains in the area. Sohna is famous as a popular tourist weekend getaway, and conference retreat.

The car drive from Gurugram to Bhagat Farms offers insight into the rural life and lush village greenery of the area. We arrived at the Farm house in the evening and were immediately in awe of its majestic entrance. We were comfortably placed in nature's lap, right in the middle of the sprawling green countryside landscape.

"Bhagat farm" is a nature-lover's and gardener's delight, teeming with all kinds of vegetables, fruits and flowers. It tends to bring out your inner child out on a picnic and adventure spree. Accorded a warm welcome by the staff, we were served an array of refreshing juices made from fresh fruits on the spot. We plucked fresh radish, carrots and guavas, and ate them raw. It was a nostalgic experience which reminded me of my childhood days. There was a well by the farm house which was neatly tiled. Eagerly we drew buckets of water from the well, just to experience the good old village lifestyle. Everyone gathered around the well to taste the sweet water which had a peculiar yet likeable earthen flavor. There was a wooden horse in the center of the farm, beside which we all posed and got several pictures clicked. We even got to wear an armor and were happy to dress like warriors. We also played some fun games. One of which was a pot holding competition, one is required to balance the maximum number of pots on his/her head. The evening flew by while we were having fun.

As the sun set, the mercury started dipping. We collected some wood and lit a bonfire. We all sat around the bonfire which was very cozy. A band from Dr.Bhagat Chandra's hospital played music by the bonfire. All of us enjoyed the music and requested them to sing our favorite songs. Dr.Jeet - a member from our group - had brought his guitar along with which he strummed some beautiful old Bollywood numbers. Everyone got into the mood and danced to the music for hours. Even bathroom singers got the chance to show off their talent. After having a whole lot of fun we were served delicious North Indian delicacies at dinner. We packed up after dinner carrying unforgettable memories to cherish throughout our whole lives, with us.

We will always be thankful to Dr. CM Bhagat & the CAHO faculty for giving us this opportunity to spend an evening at this wonderful place.

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CAHOTECH 2017 – CONFERENCE

CAHOTECH -2017, an international conference on health technology was organized by CAHO (Consortium of Accredited Healthcare Organizations) on September 23, at National Institute of Advanced Studies, IISc campus, Bangalore. The event was organized with the vision to introduce newer and better technology solutions for hospitals.

CAHOTECH 2017 was a reflection of the aspiration to join together, and in sharing, find that we are stronger and more greatly enriched than if we were working as individuals in isolation. This was the original intention for the formation of CAHO and was supported by all partners for the event.

CAHOTECH 2017 was attended by around 260 delegates and had speakers from Sweden, US and India. DrNagendraSwamy S C, Sr. President, Group Medical Director- Manipal Health Enterprises & Chairman- Quality Council and DrNarendranath V, Chief Administrator, Ramaiah Medical College Hospital were the Organizing Chairman and Secretary respectively.

The event was inaugurated by Dr. Nanda Kumar Jairam, CEO, Chairman and Group Medical Director, Columbia Asia Hospitals, India and Chairman of the NABH in the presence of Dr Vijay Agarwal, President CAHO, Dr Alexander Thomas, Immediate Past President, CAHO, Dr CM Bhagat, Secretary General, CAHO, DrGirdhar Gyani, Director General, AHPI, DrvNagendraSwamy S C (Sr. President, Group Medical Director- Manipal Health Enterprises) and other dignitaries..

"Technology has been and will play a huge role in healthcare delivery in the coming years. In fact, last year at the economic forum at Davos it was observed that The Third industrial revolution used electronics and information technology to automate production. Now a Fourth Industrial Revolution is building on the Third and the digital revolution that has been occurring since the middle of the last century. It is characterized by a fusion of technologies that is blurring the lines between the physical, digital, and biological spheres," said Dr Agarwal. "This will impact our lives in ways that we cannot even imagine. It was observed that maximum impact will be on healthcare and paradoxically the medical professionals are the ones least prepared to embrace and make use of it," he added.

"Adaptable future technology for Indian Hospitals" was the theme of CAHOTECH 2017. In letting with the theme, the event saw an enviable line-up of highly renowned speakers who shared their thoughts and ideas on the future of healthcare industry.

DrAmbuj Chaturvedi, Chairman, Medtronics and Dr Ajay Bakshi, MD & CEO, Manipal Health Enterprises delivered the keynote address.

HakanJideus, CEO, Predicare AB, Sweden and Todd Kalynik, VP, Open Technology, IBM US presented compelling arguments for the use of technology in healthcare.

Dr Lulu Sherif, Father Muller Hospital, Mangalore gave an interesting insight on the use of simulation in training healthcare workers. DrSomashekhar SP, Chairman & HOD Surgical Oncology, Manipal Health Enterprises gave an enthralling first-hand account of next gen robotics in surgery. Dr Mahesh Kappanayil, Pediatric Cardiologist, Department of Pediatric Cardiology, Amrita Institute of Medical Sciences, Kochi, talked about 3D-printing and its impact on surgical decision-making.

CAHOTECH 2017 was a great success. This event was well attended by senior representatives of hospitals, start-ups and technology companies alike. Accompanying trade exhibition displayed latest technologies from start-ups and medical technology companies. Some of the participants were, Stasis lab, Medblaze and Maxlife India.

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CAHO Activities (August-December 2017)

CAHO-AHPI-SEMI-ISRO Critical Care & ER Guidelines (Health Quest) release at National Health Conclave (10th - 11th Aug, 2017)

Antimicrobial Stewardship Workshop in collaboration with HISI WB Chapter at The CMRI Kolkata (19th & 20th August, 2017)

CPQIL training program launched at Dr. Lal Path Lab, Gurugram (28th - 30th Sep, 2017)

CAHO - IMA Initiative : Medical tourism promotion Meeting at IMA Hall, Mumbai (6th Aug, 2017)

3rd Advance CPQIH training program at Barbet Resort, Sohna - Gurugram (18th - 21st Nov, 2017)

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"CAHO Training Programs, Conferences & Workshops Aug 2017 – Dec 2017"

10th Basic CPQIH Basic training program at Meenakshi Mission Hospital & Research Centre, Madurai (26-28th Aug, 2017)

12th Basic CPQIH training program at Aster MIMS, Calicut (20th - 22nd Oct, 2017)

Basic Course on Occupational Health in Hospitals launched at Bangalore Baptist Hospital, Bangalore (9th Dec, 2017)

Basic CPHIC training program launched at Sankara Netralaya (3rd Dec, 2017)

Basic National Disaster Life Support (NDLS) Course launched in collaboration with Society for Emergency Medicine India (SEMI) at Dr. Mehta's Hospital, Chennai (10th Dec, 2017)

2nd CPHIC training program at MS Ramaiah Memorial Hospital (18th Dec, 2017)

3rd Basic CPHIC training program at Narayana Health City, Bangalore (22nd Dec, 2017)

11th Basic CPQIH training program at Kauvery Hospital, Trichy (30th Sep- 2nd Oct, 2017)

"New CAHO affiliated - Centres for Quality Promotion (CQP)"

Sree Renga Hospital, Chengalpattu (19th Aug, 2017)

Meenakshi Hospital, Thanjavur (26th Aug, 2017)

Kauvery Hospital, Trichy (1st Oct, 2017)

Sankara Nethralaya, Chennai (3rd Dec, 2017)

Bangalore Baptist Hospital , Bangalore (9th Dec, 2017)

CAHO – Forthcoming Events - January 2018

- 9th Jan : 4th Basic CPHIC training program at Sree Renga Hospital, Chengalpattu
- 19th Jan : 2nd Basic National Disaster Life Support (NDLS) Course at Johal Multispecialty Hospital, Jalandhar
- 20th Jan : CQP Inaugural - NASA Brain & Spine Centre, Jalandhar
- 20th Jan : Health Information Management Conference (HIMCON) at Meenakshi Hospital Thanjavur
- 20th - 21st Jan : 2nd CPQIL training program at MS Ramaiah Medical College Hospital, Bangalore.
- 20th - 22nd Jan : 13th Basic CPQIH training program at NASA Brain & Spine Centre, Jalandhar
- 27th Jan : 5th Basic CPHIC training program at Ganga Medical Centre & Hospitals, Coimbatore