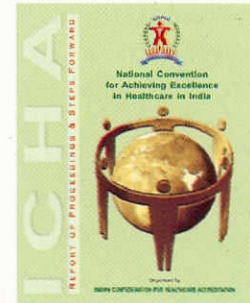
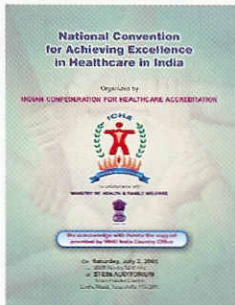


Indian Confederation for Healthcare Accreditation

Establishing Validated Excellence

Vision

To attain global leadership and make India the health destination of the world by providing continuously better quality healthcare through actualization of our tremendous expert resource potential.



Mission

Establish validated excellence in healthcare through collaborative team effort to achieve ever-higher optimal levels of quality, access, cost and risk minimisation. We endeavour to bring about all round improvement and happiness to all stakeholders in healthcare.

ICHA is all of us!

How you can participate and contribute?

- Visit the web page www.indmedica.com/icha for details.
- Enroll your Hospital as an Organizational Affiliate.
- Enroll as an Individual affiliate.
- Get your association/institution to enroll.
- Give your perspective - Fill the Healthcare Response Sheet.
- Become a "Friend of ICHA" You can contribute a minimum of Rs. 500/- with no upper limit. These "donations" are tax-deductible U/S 80 G of IT Act.
- DOWNLOAD THE APPLICATION FORMS - **ACT NOW!**

About ICHA

Indian Confederation for Healthcare Accreditation (ICHA) is a National not-for-profit organisation incorporated as a Company U/S 25 of the Companies act registered in NCT of Delhi. ICHA is the Confederation of National Associations / Institutions of all stakeholders in healthcare. While National Associations are the owner members, it is appreciated that work has to be done by individuals & Individual organisations. They are enrolled as affiliates. This structure not only ensures credibility but also encourages apolitical contributions by all stakeholders.

The proposed National framework of best practice guidelines is a must as it helps in *inter-alia*:-

- Preventing multiplicity of repetitive work of developing guidelines individually. This would not only be wasteful but also engender wide variance – the existing problem.
- Mutual learning and sharing of best and innovative practices helps achieve goals faster and also institutionalizes innovative behaviour.
- Enables uniformity in the kind of care delivered across the country.
- Primary and secondary prevention i.e. early detection to arrest occurrence or progress of ill health.
- Optimizes resource utilization at all levels thus reducing burden and costs.
- Prevents litigation, its consequent costs and disharmony.

The ICHA Initiative is to ensure that the right professionals do the right things at the right time, the right place and at the right cost. This will ensure affordable and quality healthcare services to all, while minimising costs. ICHA aims to promote and provide the benefits of modern medicine at every level.

VALUES/GUIDING PRINCIPLES

- Balance of rights and responsibilities
- Credibility through integrity and quality
- Integration rather than division
- Innovation encouraged
- Choice of adaptation and adoption in implementation
- Trust – Transparency – Transactions as core operative framework
- Work through Volunteering – Negotiation – Conciliation

ACCREDITATION as the name suggests is about credibility and trust. An age old mechanism of seeking trustworthy establishment or providers to put oneself in their care. We all do it albeit to the best of our limited ability. Accreditation derives its strength from Credibility, which comes from Content and that depends on Competence for which Capability is necessary; available in plenty and our greatest strength.

Simply put, accreditation is a process based solution comprising

- Determining and achieving consensus on the right things to do.
- Helping healthcare providers to do the right things.
- Recognize and reward those who have done the right things.

Thus accreditation award is the recognition of excellence achieved through peer validation.

There are prevalent misconceptions that view accreditation as synonymous with licensure, regulation and certification. The latter are mechanisms adopted by authorities. They are necessary but neither sufficient nor enough.

The values and guiding principles of ICHA are embedded in the basic pillars of excellence *viz.* TRUST-TRANSPARENCY-TRANSACTIONS (communication). ICHA believes in a partnership paradigm instead of adversarial relationships. The need and benefits of mutual learning and sharing need little reiteration.

The Corn Story: A farmer grew superior quality and award-winning Corn. Each year it won honor and prizes. A newspaper reporter interviewed him and learnt something interesting. He discovered that the farmer shared his seed corn with his neighbors. "How can you afford to share your best seed corn with your neighbors when they are entering corn in competition with yours each year?" the reporter asked. "Why sir," said the farmer, "didn't you know? The wind picks up pollen from the ripening corn and swirls it from field to field. If my neighbors grow inferior, sub-standard and poor quality corn, cross-pollination will steadily degrade the quality of my corn. If I am to grow good corn, I must help my neighbors grow good corn."

The farmer gave a superb insight into the connectedness of life. His corn cannot improve unless his neighbor's corn also improves. So it is in the other dimensions! Those who choose to be at harmony must help their neighbors and colleagues to be at peace. Those who choose to live well must help others to live well.

Success does not happen in isolation. It is very often a participative and collective process.

HEALTHCARE QUALITY IS DIFFERENT encompassing a vast number of variables; a few mechanical and predictable, but mostly biological and unpredictable.

The complexities of technological advances create the need for highly coordinated teamwork. It can be compared with an orchestra that produces a **symphony** through **synergy** and **synchrony** of numerous musicians with different instruments.

The other aspect is the high risk nature of healthcare making prevention of errors an utmost necessity. Corrections may not be possible or the costs extremely high – financial & emotional. The miseries of wrong site surgeries are widely known and publicised.

Approach to quality in healthcare needs focus. The traditional mechanical approach is to set rigid and stringent specifications. The goods and providers meeting these are said to be 'up to the mark' or conforming. This is the "Outside-In" approach. This works well where the variables are mechanical and predictable, but can be counterproductive where uncertainty is high. "Inside-Out" approach on the other hand is beginning with the patient (*in Healthcare*) needs and requirements. Optimum quality of healthcare delivery is ensured by working backwards to align processes in tandem to meet these requirements. Healthcare comprises both, as most processes have predictable and uncertain variables thus a mixed need based customised approach is desirable.

"The distinction between mechanical and naturally adaptive systems is obvious when given some thought. However, many system designers do not seem to take this distinction into account. Rather, they design complex human systems as if the parts and interconnections were predictable in their behavior, although fundamentally, they are not. When the human parts do not act as expected or hoped for, we say that people are being "unreasonable" or "resistant to change," their behavior is "wrong" or "inappropriate." The system designer's reaction typically is to specify behavior in even more detail via laws, regulations, structures, rules, guidelines, and so on. The unstated goal seems to be to make the human parts act more mechanical."

"It is more helpful to think like a farmer than an engineer or architect in designing a health care system. Engineers and architects need to design every detail of a system. This approach is possible because the responses of the component parts are mechanical and, therefore, predictable. In contrast, the farmer knows that he or she can do only so much. The farmer uses knowledge and evidence from past experience, and desires an optimum crop. However, in the end, the farmer simply creates the conditions under which a good crop is possible. The outcome is an emergent property of the natural system and cannot be predicted in detail.

Complex Adaptive System (CAS) science suggests that we cannot hope to understand *a-priori* what a CAS will do or how to optimize it. A design cannot be completed on paper. Past attempts to do this in health care have not succeeded in part because they may not have been satisfactory designs, but mainly because a new understanding of "design" is needed." – Paul Plsek: Crossing the Quality Chasm: A New Health System for the 21st Century: APPENDIX B <http://www.nap.edu/catalog/10027.html>



Be a part of the distinguished ICHA fraternity

Constituent Associations

- Association of Surgeons of India (ASI)
- Association of Physicians of India (API)
- Indian Society of Anaesthesiologists (ISA)
- All India Ophthalmological Society (AIOS)
- Academy of Hospital Administration (AHA)
- Paediatric Orthopaedic Society of India (POSI)
- Indian Co-operative Oncology Net Work (ICON)
- Indian Association of Medical Informatics (IAMI)
- The Federation of Obstetric & Gynaecological Societies of India (FOGSI)
- Indian Association of Physical Medicine & Rehabilitation (IAPMR)
- Indian Association of Gastrointestinal Endo-Surgeons (IAGES)
- Indian Academy of Neurology (IAN)
- Indian College of Pathologists (ICP)
- Association of Clinical Biochemists of India (ACBI)
- The Trained Nurses Association of India (TNAI)
- Nursing Research Society of India (NRSI)
- Indian Society of Psychiatric Nurses (ISPN)
- Indian Pharmaceutical Association (IPA)
- Indian Hospital Pharmacists' Association (IHPA)
- Indian Pharmacy Graduates Association (IPGA)
- All India Occupational Therapists' Association (AIOTA)
- The Indian Institute of Architects (IIA)
- Consumer Coordination Council (CCC)
- All India Management Association (AIMA)

Affiliate Associations

- Association of Minimal Access Surgeons of India (AMASI)
- Association of Health and Hospital Administrators (AHHA)
- Indian Association of Surgical Oncology (IASO)
- Institute of Science & Social Services (Jharkhand) (ISSS)

Individual Affiliates

240*

Organisational Affiliates

022*

Friends of ICHA

017*

Associations

028*

*as on
20-09-07

For periodic updates see enrolment register on www.indmedica.com/icha

Indian Confederation for Healthcare Accreditation

(Incorporated as a not-for-profit Section 25 Company)

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