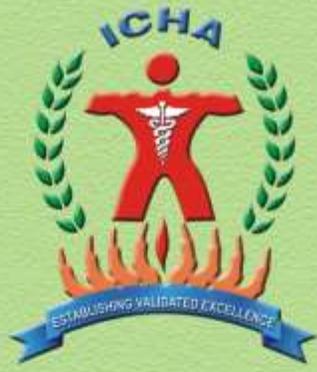


ICHA

REPORT OF PROCEEDINGS & STEPS FORWARD



National Convention for Achieving Excellence in Healthcare in India



Organized by

INDIAN CONFEDERATION FOR HEALTHCARE ACCREDITATION

स्वास्थ्य एवं परिवार कल्याण मंत्री
भारत सरकार,
निर्माण भवन, नई दिल्ली-110 011



Minister of Health & Family Welfare
Government of India
Nirman Bhavan, New Delhi - 110 011



डॉ. अन्बुमणी रामदास
Dr. Anbumani Ramadoss

23 JUN 2005

MESSAGE

I am happy to learn that Indian Confederation for Healthcare Accreditation is organizing a National Convention for Achieving Excellence in Healthcare in India on 2nd July, 2005 at New Delhi.

Health has been accepted worldwide as one of the fundamental human rights. However, health cannot be given or distributed, it has to be acquired actively and sustained. To acquire, preserve and promote health individually or collectively, it is necessary to understand the basic facts about health and disease. Equipped with such knowledge and understanding, we can take care of our health, prevent disease and live happily.

I am sure the deliberations at the Convention will promote excellence in healthcare and develop a continuously improving and self-regulating healthcare delivery system.

I wish the Convention all success.

(Dr. Anbumani Ramadoss)



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About the Report

With great pleasure I present this Report of the momentous event – **National Convention for Achieving Excellence in Healthcare in India** held at India Habitat Centre, New Delhi on 2nd July, 2005 organised by Indian Confederation for Healthcare Accreditation, supported by WHO India country Office in collaboration with Ministry of Health, Government of India.

This **significant landmark** in the evolution of ICHA initiative would not have been the **success** that it was without the whole-hearted participation and support of you all.

It fell on me to edit the **power packed proceedings** to condense it into a concise document. I must admit that I was forced to resort to some unkind cuts, which were painful, and I was full of apprehension in view of the extremely valuable and interesting contributions. I have tried my level best to preserve the most significant points and the fabric of its spirit.

The report is presented in a sequential format as per the Table of Contents. On the suggestions and feedback of various participants received, an **edited DVD** is presented for the audiovisual appreciation along with the report. The important message from the Hon'ble Union Health Minister could not be incorporated in the souvenir, is being published in the report as also the vote of thanks.

I would like to acknowledge with thanks the help that I received for editing the DVD as well as transcription of the proceedings from the professionals. These were then painstakingly converted into the present format and printed as in front of you.

I feel the Souvenir is an integral part of this Report and several details have been omitted to avoid repetition since they are already available in the souvenir.

I sincerely feel you will enjoy reading the Report as much as I have enjoyed producing it.

With warm greetings and regards. Long live ICHA.

DR. AKHIL K. SANGAL
CEO - ICHA



Executive Summary

The National Convention for Achieving Excellence in Healthcare in India held at India Habitat Centre, New Delhi on July 2, 2005, supported by WHO India country Office in collaboration with Ministry of Health, Government of India and was organised by Indian Confederation for Healthcare Accreditation: -

- To sensitize and make aware the stakeholders about the worldview of accreditation and sharing experiences from abroad.
- Deliberate on the ICHA model as a participative, educational approach of mutual sharing and learning.
- To involve of all stakeholders as partners to address the goal of patient-centered healthcare delivery.
- Seek affirmation of the Government and WHO's commitment to achieving of excellence and support to the ICHA initiative.
- Seek convergence of views and perspectives of all stakeholders to fine tune the ICHA model and evolve a committed action plan.

The large number and variety of stakeholders with participation from all nooks and corner of the country and active participation and deliberations signaled the success of the convention.

The **Inaugural Session** set the tone with successive speakers including Dr. Salim J. Habayeb, WHO representative in India, Dr. M.S. Ahluwalia, Deputy Chairman, Planning Commission and Mr. Prasanna Hota, Secretary Health, Ministry of Health, reaffirming their solidarity with the ICHA initiative and offering committed support. The celebrations were equally heartening with the honouring of contributors to the ICHA initiative by the Chief Guest.

The **Technical Session** was clearly able to establish accreditation as the most successful tool. The ICHA model of voluntary, all-inclusive stakeholders representation, educative participative model of continuous quality improvement was deemed to be the best way forward. The role of the Government as facilitator and its funding support was also highlighted. The differentiation between licensure and regulation as well as limitations of ISO like certification system in healthcare was also highlighted (*Ms. Barbara Donaldson, ISQua*). The sharing of experiences from UK (*Dr. Rajan Madhok*) and USA (*Dr. Jim Walton*) demonstrated

the feasibility and accrued benefits of such an approach to all stakeholders.

The in-depth presentation of **ICHA model** by Dr. Akhil K. Sangal as a credible, participative model of all stakeholders; contributing to convergence of views and efforts to achieve the common purpose goal of patient centered healthcare, helped appreciate the nuances better, clarify concerns and roles of stakeholders. It also presented a definitive action plan to move forward. ICHA model is a collaborative process of mutual appreciation; learning and sharing of knowledge; in line with the successful systems worldwide that are voluntary, open and non-threatening. These have been built on trust, are transparent and have evolved through communication.

The **Participant Session** presented the views and perspectives of diverse stakeholders in terms of their concerns, roles and contributions to the initiatives. Categorical support and commitment was evident while also enunciating concerns on need for greater resources – both financial and trained manpower.

The Panel Discussion with extensive participation of all was able to evolve a unanimous resolution of

- i. ICHA model of accreditation as the right way forward; and
- ii. Getting together to embark on the journey of excellence.

The following major recommendations and steps forward were evolved:

- a. Widespread awareness creation through all possible channels.
- b. All members to actively enroll various associations, institutions and individuals to ensure all inclusiveness and evolve a database of experts.
- c. Raise funds to carry forward the activities through various sources.
- d. Identify volunteers and conduct “Training of Trainers” programme/s at one or more locations and set the content building in motion alongside.
- e. Establish infrastructure e.g. secretariat, website and ISQua membership, etc. to accelerate the pace and greater access to best practices for sharing and learning.



Preamble

The need for improving the quality of healthcare delivery is felt and recognized by all and needs no reiteration.

The social dimension of healthcare being as important as the technical one, makes it unique. In the prevailing circumstances, therefore, healthcare delivery quality has acquired centre stage. The Government of India's vision coupled with National needs and priorities has thus set the agenda for progressively achieving world-class quality in healthcare for India.

The primary objective of this agenda is continuous improvement and resultant growth. However, quality being an evolutionary process requires committed participation by one and all and in return benefits all – individuals, institutions, society, nation and world at large. The opportunity to contribute with resultant recognition and reward ensures innovations. Credible validation of this excellence assures and ensures that all is well and shall remain so, mainly through prevention but correction when necessary.

The worldview of successful Healthcare Accreditation, evolved over the decades, has crystallized into a credible, participative model of all stakeholders; contributing to convergence of views and efforts to achieve the common purpose goal of patient centered healthcare. It is a collaborative process of mutual appreciation, learning and sharing of knowledge. The successful systems are voluntary, open and non-threatening. These have to be built on trust, be transparent and evolve through communication.

The ICHA initiative has over the last three years of participative consultations, discussions and evolution resulted in the establishment of Indian Confederation for Healthcare Accreditation as a not for profit section 25 company on the above lines. **While a lot of sustained efforts have been put in and achievements were visible, the rapid progress was and is constrained due to funds. The widespread awareness that is necessary does need resources.**

The official incorporation of ICHA in October 2004 followed by an invitation from the **Hon'ble Union Health Minister Dr. Anbumani Ramadoss** to make a presentation (*which was highly appreciated*) set the stage for accelerated development

of making presentations and publications at other fora, in journals and conference souvenirs as well as to stakeholders like IRDA.

It was against this backdrop that a presentation was made to **Dr. Salim J. Habayeb, WHO representative in India** and a proposal submitted to the Director-General Health Services, Ministry of H&FW, Government of India for financial support to the project for carrying it forward.

Dr. Habayeb appreciating the need and the ICHA initiative graciously agreed to support organization of a national meet of large number National Associations and Institutions of all stakeholders. Capitalizing on this gesture and urgency of situation, it was decided to hold this Convention at the earliest and the proposals were submitted for the same on 4th April to WHO and Government of India to hold the **“National Convention for Achieving Excellence in Healthcare in India” on 2nd July, 05 at New Delhi**. In the meantime, discussions with **Prof. Rajan Madhok in UK** resulted in **finalizing distinguished international faculty from ISQua and USA along with him to share their expertise with the participants**. Due to the restrictions and appreciating the importance of this event they and their organizations agreed to fund their visits.

The final confirmation of the date was received on May 9, 05 from the WHO Representative in India. It was appreciated that the time was short and there were summer vacations in the interim. Despite the above, things were planned and in readiness; the brochures were printed and ready for despatch on 16th May itself. Communications were sent to approximately 140 national associations/institutions over the next two weeks. Simultaneously, nearly 2000 communications were sent to companies, individuals and others for support and or participation directly as well as through affiliates.

The steady flow of confirmations of participation was extremely encouraging. However, the financial support could have been better. It suffered on two counts – mainly the lack of awareness of the concept and its need and partially the short time to the Convention. **Despite these limitations and tireless efforts the dawn on 2nd July, 05 heralded the momentous occasion.**



The Registration had to be preponed to 8.00 a.m. to accommodate the rush of enthusiastic participants. The prompt arrival of the Chief Guest, Hon'ble Shri Montek Singh Ahluwalia, Guest of Honour, Dr. Salim J. Habayeb and other dignitaries was greeted with a packed auditorium and the proceedings began on time at 9.30 a.m.

Proceedings: The following is a version of highlights of speakers and sessions for the sake of brevity. The enclosed DVD contains the edited version of speeches and deliberations, which can be viewed (guide given at Back Inside Cover). The complete proceedings can also be made available on DVDs on specific request at cost.





Proceedings: Inaugural Session

Dr. Suneel Kumar and Dr. (Mrs.) S.N. Basu welcomed all the participants and dignitaries present and invited the dignitaries on the dais. The dignitaries were greeted with floral bouquets and Dr. Akhil Sangal in his opening remarks said, **“I am both honoured and humbled. Honoured because all of you are here, humbled because intellectual potential and capital that exist in this room can bust a few supercomputers and we would like to exploit this potential to the fullest extent.”**

General S. Venkataraman was then invited to deliver his welcome address. He welcomed and thanked all the dignitaries on the dais, international faculty and the distinguished participants on this historic moment and occasion. He outlined the evolution and culmination of three years of sustained efforts to **bring together the representatives of nearly 140 national associations/institutions present on the occasion.** He also highlighted the acceptance of the invitation by the Chief Guest, **Mr. Montek Singh Ahluwalia, Hon’ble Vice Chairman, Planning Commission, at a short notice of only a few days as well as the whole-hearted support of Dr. Salim J. Habayeb without whose initiative this event would not have been possible. The value addition by the support of international speakers and the collaboration of the Ministry of H&FW were some of the highlights.** Thereafter, he highlighted the significant milestones in the evolution of ICHA, its incorporation, achievements and the dawn of the landmark event in the journey of excellence. He outlined the programme and audio-visual feast in store for the participants and requested them to actively participate in the deliberations. Finally, he appealed to the **“Chief Guest as well as the Government as a driving force from the Planning Commission to help spread this message for the need of the accreditation for the healthcare in the country and from his position of authority help the movement, fundamentally and financially.”** He also requested the participants to deliberate and **“reach a consensus as to what to do further, how to carry on the momentum of accreditation of healthcare in the country, and get it a global recognition. Long live Indian Confederation for Healthcare Accreditation.”**

The Chief Guest and the Guest of Honour along with other dignitaries were requested to light the traditional ceremonial lamp and herald the beginning of the mega event.

Dr. Salim J. Habayeb was then requested to deliver the theme

address of the convention and setting the tone for deliberations. He said: **“It is a privilege for me to be here today in this important event. The country is grappling with a dual burden of disease and many deficiencies with respect to access, affordability, efficiency, equity, and the effectiveness that still persist in health services. One of the main challenges facing the public and private sectors in the country is the rapidly changing health sector environment, in which alternative mechanisms of quality assurance options are being explored.”**

About accreditation **Dr. Habayeb was categorical in WHO’s perception, “we support accreditation that is voluntary and educational. It should promote good practices and not merely watch the insurance of compliance. Accreditation must involve all and there are concerns that need to be addressed including the very purpose of accreditation....** functioning of the accreditation bodies, the dimensions of quality, and how to mobilize the resources and to sustain such activities for accreditation. The establishment of accreditation bodies, goals for representation from various stakeholders including local health departments, union departments, and the civil society with checks and balances in place. This is necessary to make the system acceptable to all and to **ensure credibility from the beginning.** The organization of the accreditation system needs to be done in consultation with various stakeholders and should be done in full coordination with the Government of India and the states. ... **The consumers play a major role in accreditation.** It is not only on safety but also by providing comparative information on available choices. The consumer choice would contribute to and drive the accreditation process forward. **Lessons learnt through pilot projects help before widespread programs are attempted.** We need to determine the dimensions of the quality and the standards to be set and to be measured. And, we should keep in mind the current limitation of information systems and the transaction cost to participating facilities in India”. To conclude **accreditation programmes help drive improvements in healthcare.**

Dr. Habayeb commended ICHA for this effort and emphasized that **“the national convention presents us with a unique opportunity to know the views and experiences the stakeholders and of visiting colleagues and to seek a way forward.”**



The next speaker **Dr. R.L. Ichhpujani, Deputy DGHS**, conveyed the greetings of **Dr. S.P. Agarwal, DGHS**, who could not be personally present. He dwelt on healthcare delivery system at length. Dr. Ichhpujani said, “There is scope for improvement with regard to access, affordability, efficiency, quality, and effectiveness of health services. **The quality of care available in both public and the private sectors has come under scrutiny. There is increasing evidence of poor quality in private and public sectors as measured by reported and actual diagnostic and treatment practices, inadequate facilities and equipment or prescribing and the subjecting patients to unnecessary investigations and interventions and failure to provide information to patients. ... He expressed the need to “explore the potential of various mechanisms for ensuring safe, high quality healthcare that is viable, affordable, and accountable. The quest to improve quality is an important focus in healthcare and hospital care has been at the center of quality improvement...”**

About accreditation models Dr. Ichhpujani said that the **government-led accreditation bodies may be relatively too rigid and too limited in its ability to incorporate innovation and progress.** The model of peer-led accreditation driven by professionals has its strength as well as weakness, the strong involvement of providers in such a system.

He mentioned the Government’s intention of launching the accreditation for hospital and health services in association with Quality Council of India. He concluded by saying, “the accreditation has gained worldwide attention as an effective evaluation and management tool. By-product of accreditation will be medical tourism, as more and more overseas patients look towards to India a preferred health destination. **Quality costs, but poor quality costs much more and quality is not achieved by accident. It is a result of good planning and concerted efforts. Let us all strive to achieve that.”**

Dr. Atul Garud was then invited to deliver the keynote address of the Convention. Dr. Garud traversed 20th century and highlighted the various facts and facets in the evolution of healthcare delivery over the last several decades. **He quoted and presented data showing current dismal healthcare delivery the world-over and surmised that the situation in India, where no figures are available, to be even worse.** He said, “Do we provide services, which are relevant to the needs of our community. Equity is another important thing that especially the government would be looking at and we have to look for efficiency and economy both in public and private sectors, otherwise, it won’t be sustainable. And, with all that, we must provide a human touch as the so-called ‘Munna Bhai MBBS’ touch. Healthcare is not robotics. The operation

theaters are not cockpits of airlines. So, we have to have some kind of human doctor-patient relationship”.

He quoted Prof. L. Handerson of Harvard University “first time in human history, a random patient with a random disease consulting a doctor at random, stands a better than 50-50 chance of benefiting from the encounter.” He said that means, before this, he did not even have a 50% chance of getting better. So, we are doing something good in modern medicine and it is true that the current healthcare is the best because we have seen the better life expectancy at birth; maternal and infant mortality is showing a downward trend in most countries.

He hilariously showed from Dr. Leapes’ famous paper about the hazardous nature of healthcare that showed that **healthcare is “more hazardous than road traffic accidents, hazardous sports, rail travel, and air travel.** So, that means there is a **very large quality chasm**, not a small gap or a small gulf, it is a huge chasm that we have to bridge. Hippocrates said do no harm, do we follow this really. How are the mistakes made? How can we prevent them and if you can’t prevent them, what can you do to recognize.”

He said to **attain the objective of quality healthcare, several approaches are necessary, such as making the care patient-centred, making optimal use of technology and therapeutic interventions by using evidence based, protocol driven methods and improving accessibility to care.** Dr. Garud said, **“We need these practical guidelines to adapt to suit the local conditions and a national level organization to oversee accreditation.** This is what Dr. Sangal has been talking about (*ICHA*) that is what we need which would be a credible alternative to established (*bodies*) like JCAHO or HQS of UK”.

He however, cautioned, “there are some **myths regarding quality; that it is the business of the Quality Department alone and nobody else.** It is one of things you start and then it will sustain. It will require so many people. It is expensive. He exhorted “it is much more expensive not to have quality because a patient who has received less than standard care, would probably occupy your bed for a longer period of time, have more hospital expenses, have more complications, and more morbidity.”

He suggested, “What you need to do is to **have will and commitment.** You need **ideas of innovation** and you need **execution and practice.** You need will to change because left alone systems will tend to degenerate and deteriorate just like roads decay unless someone tries to repair them. You need ideas, fresh ideas because results won’t come from the



old methods.”

Credentialing and Accreditation, he said, are also vitally important as means to achieve the same end. There is enough evidence to suggest that it improves standard of patient care as indicated by the Quality or performance indicators. It **strengthens community confidence, imparts professionalism and enhances staff education**. As economic fallout, it goes a long way towards encouraging patients from abroad to seek quality treatment in India by exploiting its competitive price advantage.

He concluded his address by painting the post accreditation scenario as “There would be no unnecessary or needless deaths, of course, we can’t make people immortal but no needless or those preventable deaths at least. There should be no pain or suffering. There should be no helplessness, no disability or waiting for treatment and there should be no waste.”

Delivering his Inaugural Address, Dr. Montek Singh Ahluwalia complimented Dr. Garud for a really illuminating talk and presentation and said he learnt a lot from that [talk] and it made him think about many of things that we really should be doing.

Dr. Ahluwalia assured that “it is an area where at least in the Planning Commission and I think, in the government more generally, we have a bigger sense that this is a very large problem that typically has not received the attention that it deserves.”

Referring to Hippocratic practice, he said that “first do no harm is a good thing for government generally in lots of policies. Certain sectors where the government has to play a much larger but also a more functionally supportive role is the social sector which generally needs help.

Health and education are the ones that are very crucial. I think we have been less focused on really the health issue. ... I think that there is a basic problem there. More generally, I think this is not an area where one can simply leave things to the market.”

Expressing concern over the low public component of healthcare expenditure, Dr. Ahluwalia said, “it results in people having to spend more in private. Commenting on the rural health scenario, he said there is *ample evidence of a dysfunctional, non-performing public health system*. ... *The situation varies across the country and in some parts of the country it functions very well. I think on an average, it does not function well and there are some parts where it is really*

functioning incredibly badly.” He suggested the need for substantial thinking about the institutional mechanism to ensure that the resources are properly spent. He agreed that Accreditation is a step in that direction.

He opined on the need for data availability and analysis as important for decision-making and planning action. In the absence of data we can only conjecture the situation and improvements, if any.

He lamented his inability to obtain data except for heart operations, which he felt were perhaps the glamorous part of the industry. He was amazed at how his various medical friends incredibly differ on as to what is the right thing to do. He suggested, “we need a somewhat objective way of judging of what is happening, what is best procedure, what are the results obtained and so on. Even this, by the way, is quite different from the purpose of this conference because after all you are looking at a very limited issue of accreditation.” He cautioned, “Private Health will not develop in this country if the Indian population that can afford it does not take to medical insurance. ... The moment you get into insurance as the driving financial mechanism to pay for healthcare, accreditation is going to happen. It is going to happen if you want it or not.” About Accreditation he felt, “institutionally, the whole issue of accreditation is very important, we are making a late start at it. Sooner or later, it is going to be firmly in place. I really hope that public hospitals also comply. We need a lot more information on what constitutes quality health care. I think we need a much, much broader debate on all these issues and I imagine that the professional associations and you have many of them associated with this conference will somehow or the other will move forward in all these directions.” He concluded by saying that “my only connection with the profession is on the one hand it being very important and on the other hand, as a citizen and maybe a patient in different times, hoping that you all achieve the high quality that you are really talking about.”

While thanking the Chief Guest, Dr. Sangal clarified the narrow perception of accreditation and the ICHA Model “this convention is about achieving excellence in healthcare, accreditation at the end of the day is a tool only. It is a very powerful tool, but what we are striving for is to achieve excellence, it can only happen with the involvement of everybody, that is what we are trying to do. As you very rightly said sir, that it goes way beyond the strict limited norms and standards that is why we have begun with a much wider spectrum.”



In the meantime the Hon'ble Health Secretary had arrived and was listening to the deliberations sitting among audience. Dr. Sangal thanked him and requested him to come on the dais and was welcomed with a bouquet.

This was followed by a ceremonial interlude of **Dr. Salim Habayeb, first releasing the souvenir** along with the Chief Guest. The dignitaries on the dais were then presented mementos to commemorate the historic occasion and appreciate their contribution. Thereafter, the Chief Guest honoured the Member Associations, Directors, Original Signatories to the Memorandum and Articles of Association of ICHA. The legal advisers and auditors were honoured as well and thanked for their contributions on a deferred payment basis.

Dr. Sangal then requested Mr. Prasanna Hota, the Hon'ble Health Secretary to enlighten the participants.

Mr. Prasanna Hota said that he came and agreed to take the dais to express his solidarity with the movement, which in his opinion is extremely important.

Mr. Hota added, "we must go through stages of sophistications and standardization is the minimum thing that we should start with, accreditation is the next stage." He expressed concern over the situation in CGHS and said, "we brought in private hospitals and questions of transparencies, non-standardization are galore." He concurred with the chief guest that health insurance is the way forward for giving people some kind of reasonable health. The central government, he said, spends about 10,000 crores per year which appears big but is not even 0.6- 0.7% of the total expenditure of 1,80,000 crores. Increase in public expenditure is needed, as chief guest himself has said that public expenditure is very less. Commenting on the health insurance not happening, "you would be shocked to know of 1,10,000 crores of private money out of pocket expenditure, only 1100 crores is by way of insurance premium, only 1%."

He outlined the two models of healthcare. He said, "there is a business model of health and there is equity model of health. Let us say the government model of health is the equity model of health and let us say that the private model of health is the business model of health. The business model of health is expanding more rapidly than the equity model of health. Though, the equity model of health expansion is also needed. Yet, at this time the business model of health is expanding because of its efficiency and the equity model of health is needed because of its address to the issues of needy and the deprived and so on and so forth." Mr. Hota wanted to deliberate on

"how do we marry both, how do we get equity value from business model of health and how do we get efficiency from equity model of health. That is the challenge."

Expressing concern over the current situation the Health Secretary said, "If people are spending money for health, most of them are spending the money from the distress and duress and when you spend under distress and duress, non-standardization is the situation. Over billing, over treatment, counter allegations and malpractices galore. Such a noble profession cannot go on functioning like this."

He concluded by complimenting ICHA "today's effort at accreditation is a great step forward. ...I am glad that this process is really taking off. I compliment WHO and Dr. Habayeb that he has taken forward the process in his own way. We should carry the process forward and not see it as an annual event only. The day-to-day dynamics have to be worked out, details have to be worked out, and toward this end we should set up a joint task force. His sincerity and concern were obvious when he said, "please treat the Health Ministry, at least my office as your asset and you have all rights to come and advise us and we carry this process to forward together."



Plenary Session – Technical

Dr. D.K. Das, DG Railways Health Services chaired the Session along with Dr.K.N.Parimelazhagan and Mr. Prafull D. Sheth. The Chairman invited the first speaker Ms. Barbara Donaldson, Accreditation Manager from International Society for Quality in Healthcare.

Ms. Barbara Donaldson commenced her presentation with an introduction of herself and International Society for Quality in Healthcare – “It is an independent, nonaligned, not for profit global organization with individual and institutional members located in over 70 countries. It was started about 20 years ago by individuals and organizations who had a passion for quality and wanted to get together with other people who have passion for quality to talk about how they could improve the healthcare in their countries, what they would do, what ideas they had that they could take back to their own countries. The main purpose is to provide services to guide health professionals, health providers, research agencies such as health insurers, policy makers, such as governments and consumers to achieve excellence in health care delivery to all people and to continuously improve the quality and safety of patient care.”

During her presentation she highlighted the following:

1. EXTERNAL ASSESSMENT: As a tool used worldwide to regulate, improve healthcare and also providing an assurance to Government and consumers about the quality of healthcare provider. Various models like Peer Review, Statutory Inspection, ISO specification which is used by some health bodies in some countries, but it was a system that was designed in the war to make sure that the ammunition was always of the right size for the right gun and composition that is used, so it is a **conformance system that has a bit of trouble in translating into the improvement systems that we need in the health and the innovations required.** She said, however, all the systems have been progressively required to **address the challenging demands of public accountability.** She reiterated the Chief Guest’s and other speakers’ assertion of the need to have it in place, to have information so that users can make an informed choice. Out of all the systems accreditation has seen the most rapid development.

2. ACCREDITATION: She defined accreditation and stressed

“it is not something that is just an award at the end of the day, it actually sets the whole framework with inputs; you can put to your clinical benchmarking system, your clinical effectiveness system, your credentialing system – can all fit within the framework of accreditation and it is a part of a guidance really what you need to have in place; of systems and process to get to your desired result. Usually throughout the world, it is run by independent body, although increasingly governments ...are facilitating and financially supporting the establishment of these independent bodies till they become financially independent.” She shared the average timeframe as 5 years for the initial funding support by the Government.

Ms. Barbara said that the external independent validation is usually voluntary as being proposed by ICHA. “If you can get people motivated to improve their quality through various means, it is probably more successful than mandatory systems and it uses professional people rather than being assisted by inspectors.”

3. LICENSING AND REGULATION: She explicitly defined and outlined the features of licensing and regulation and gave examples – “It is often imposed, usually by governments and what it does is mainly conformity not development. So, it is a way of saying to operate, for this hospital to be in business of the health services, it needs to meet these standards; if you make them, we are happy. So, it does not lead on to the next development and how do you improve those services and make them even better and it is usually enforced through directive and sanctions.” She contrasted this with accreditation as a continuous quality improvement system.

4. STANDARDS: She defined the standards as norms of doing things and at the end to serve as benchmarks for self-improvements. The standards serve as guidelines encouraging teamwork and ensuring how the processes can be improved. Standards need to be developed through consultation with stakeholders and that is what it is wonderful that you have got so many of stakeholders involved in this organization. This is a fantastic start because they can all agree on the standards by which they are going to develop and measure performance and organizations, they are going to be committed better for

improvement. They do need to be tested the validity so we when you develop a set of standards, there need to be some



pilot projects to see if standards are appropriate, to see whether they are measurable, to see whether they are meeting the needs of the organization and the patients that are being served by it and they do need to be reviewed regularly probably. They need to cover all the major functions process of health service and standards increasingly throughout the world are looking integration between services, between primary care and secondary care, between nurses and doctors, between teams, between secondary and tertiary care.

5. DEVELOPMENT OF ACCREDITATION SYSTEMS:

“A docket has been developed which is written by Dr. Charles Shaw and it has been published by a joint publication by ISQua and WHO for how you can go about setting up the accreditation program, what countries throughout the world have done. I am very pleased to see it that in your handout today that it has got some quotes from that docket. It is also available on the WHO and on the ISQua website and I would really urge you to read that docket to see what you need to put in place that has been found to be successful. She talked about “how the accreditation system needs to involve stakeholders in its development and I can see that what is happening here. It needs to involve the funders, the government, health professionals, providers, consumers, and academics. It is a system that needs to belong to all of them. “It is best if it is independent and participation is voluntary. If it is different, it can still work but that (*foregoing*) has been found to be most successful model.”

6. THE NEED FOR COMPREHENSIVE SYSTEM:

Ms. Barbara emphasized that like ICHA, accreditation system must be comprehensive encompassing the whole organization, thus is multi-disciplinary and requires extensive teamwork and communication focused on the needs of the patient. She quoted, “a miracle outcome is as much of functioning of organizational performance, as it is the function of individual performance of nurses, doctors, and therapists. I think that good organizations can make up for medium physicians and bad organizations can undo the work of excellent physicians.”

In the end she cautioned that accreditation is not a system of professional registration for which there are professional councils. She also stressed the need for incentives to encourage participation by various stakeholders which may be either financial and or recognition of good work or a mixture of various incentives.

Dr. K. N. Parimelazhagan invited the next speaker Dr. Jim Walton, senior Vice-President Baylor Health System, Texas; USA after the chairman had thanked Ms. Barbara Donaldson

and presented a Memento to her and also announcing the interactive discussion at the end of the Session.

Dr. Jim Walton – an Internist from USA with interest in public health and quality. Dr. Jim Walton began with an interesting movie clip and quoted the book *World is Flat* to emphasize the advantage and need of technology in sharing and learning of experiences from wherever they exist.

Dr. Jim Walton then eloquently presented the need of involvement of clinicians and their active ownership of the quality agenda. He presented the perspective from a clinicians’ point of view. He graphically showed the benefits of interaction and teamwork amongst the healthcare professionals with positive outcomes. He then highlighted the quality drivers and tensions within the US system. He described the historic “quality chasm” publication as a scathing attack on the deficiencies of the healthcare system and the need to urgently address the same.

Thereafter, he described the Baylor health systems’ journey of quality as a case study and an example. He quoted the founder Dr. George W. Truett “Is it not now time to begin to build a great humanitarian hospital, one to which men of all creeds and those of none may come with equal confidence?” He then described their internally developed slogan and framework of STEEEP – Safety, Timeliness, Equity, Efficiency, Effectiveness and Patient Centred. He shared the key Steps followed in establishment of Quality systems within the Baylor Health Systems

- Develop and Invest in Clinical Process Improvement Champions – MDs, Nurses, Administrators
- Align Baylor’s Employee Performance Incentives with Health Care Quality Improvement Goals
- Multi-disciplinary Education: Begin “ABC-Baylor” – Advancing Best Care or Achieving Best Care Curriculum & Training Classes
- Develop web-based electronic medical record across 11 hospitals and 60 outpatient clinic sites.

He finally shared the results and outcomes of the initiative. The results were Clinical transformation to Cultural transformation:

- Physician cooperation around process improvement
- Stabilizing the health care delivery workforce
- Physician knowledge of Health Care Improvement Methods



- Creating a learning community of physicians
- Physician leadership around quality
- From Anecdote to Science!
- Physician & Health Care System reputation:
- Teaching locally, nationally and internationally

He concluded his presentation with an exhortation of all people coming together and also share and learn from each other to reap personal benefits along with improving the healthcare delivery.

Dr. Parimelazhagan thanked the speaker and honoured him with the memento. Thereafter **Mr. Prafull Sheth introduced and invited Prof. Rajan Madhok** to make his presentation and share lessons from UK.

Prof. Rajan Madhok started with a passionate admission of his **solidarity with ICHA and its objectives**, which propelled him to come and share his vast learning and experience from UK and USA. He outlined the recent history of quality movement development in UK, which has evolved through the following stages:

1. Medical audit
2. Clinical audit
3. Research and Development
4. Clinical guidelines
5. Integrated care pathways
6. Evidence based medicine
7. Clinical effectiveness
8.*Clinical governance*

He outlined his presentation into segments of

1. WHAT STARTED OFF THE QUALITY MOVEMENT IN UK: He shared some of the glaring shortcomings and inconsistencies in the healthcare delivery. He gave examples of inconsistencies in the treatment advised for tonsillectomy, over prescription and wasteful usage of NSAIDs, non-usage of thrombolytic therapy despite evidence. He also quoted an article written by a doctor in BMJ “Why is there so little coherent knowledge about effective treatment regimens” and lack of professional regulation leading to mishaps like paediatric cardiology surgery at Bristol Infirmary.

2. THE CURRENT SITUATION IN UK: He quoted Sir

Liam Donaldson coining the term clinical Governance “ A framework through which NHS Organizations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.” He thereafter described the various institutions evolved and mechanisms put in place to ensure the consistent high quality healthcare delivery to patients with a high focus on risk minimisation and patient safety through agencies like National Institute of Clinical Excellence and National Patient Safety Agency.

3. He highlighted the concerted efforts of a variety of agencies like above and General Medical Council, Cochrane Collaboration and empowerment of patients through information resulting in substantial improvements. He, however, demonstrated that the journey is continuous and unending and also candidly admitted the inability to achieve success in some elementary measures as hand washing – a small measure with huge results.

4. Prof. Rajan Madhok summarized the lessons from UK as follows:

- Quality is a must and not an optional choice
- Government’s role is crucial in supporting the development
- A comprehensive whole-systems approach is necessary
- Think big but act incrementally
- Allow time
- Ensure resources

5. He then highlighted the next steps

“As I said at the beginning, why is it relevant to you? I ask you to think about your healthcare experience, and ask yourself the following questions:

- Are we practising on the basis of evidence in this country?
- Are we saving money? Are we saving lives? Are we saving patients, supporting and regulating doctors?

If the answer is no, then you have no choice, but more importantly what I have shown you is that if you put your hearts and minds into it, it will work, we can do it because it is needed. Nobody so far throughout this convention has disagreed about the need for it. What is happening here is more and more high-tech medicine at the cost of low-tech healthcare. It is a huge gap in terms of healthcare profession.



Over the years, I have come to work with and learnt about a number of people, number of organizations who are doing absolutely brilliant work in this field. I am happy that **Architects are a part of this initiative because they play a very important role in ensuring safe environment for the patients through facility design.** But overall, I will suggest to you that collectively we are failing to pass what I have called the standard test for judging whether we are delivering good quality care or not and the test is my mum's principle. "If it were my mum, then what sort of care would I wish for her? Is the care currently being provided acceptable for my mum, you know the answer."

He concluded with a quote from **John F. Kennedy**, who said, **"All this will not be finished in the first hundred days. Nor will it be finished in the first one thousand days, nor in the lifetime of this administration, nor even perhaps in our lifetime on this Planet. BUT LET US BEGIN."**

He emotionally offered his help and contribution "I am deeply honoured to be given this opportunity because you have begun today and I want to be part of this movement because I am proud to be an Indian working in the West. I want to see it to be successful because good quality affordable healthcare is not optional, we owe it to ourselves, our families, our friends, and to this great country to make today a grand success."

Dr. D.K. DAS : Now, 'as the last speaker, I invite **Dr. Akhil Sangal**, the backbone of this organization to come over and deliver his lecture on "Establishing validated excellence ICHA Model".

Dr. Akhil Sangal started his presentation by making admissions that the previous speakers have eloquently conveyed the **worldview of accreditation, needs and benefits from the clinicians' perspective as well as the experience and lessons from UK.** He presented the insights into the **ICHA model being in line with the worldview of accreditation and experiences all over.** He also thanked General Venkataraman for having elucidated evolution of the ICHA for the last three years. He set the premise by requesting the participants to make it a WE situation, as it was necessary.

He then summarized the **working of a hospital** as symbolic of healthcare delivery and a teamwork of synchrony, symphony and synergy of all – **corporate governance, clinical governance, operational management, facilities management and felicitation services.** He said that felicitation services go a long way in improving the quality of the services as **anxiety and fear are the overriding emotions of anybody** while visiting a hospital whether as a patient or a relative, even if

one is a health professional oneself.

He then defined **accreditation** as deriving its **strength** from **credibility**, which in turn depends on content. Content comes from **competence** (which exists in large measures but needs enhancement) and competence comes from **capability** on which count India has a unique advantage of having the largest resource potential. He, however, cautioned that accreditation though the most successful and powerful tool for improving healthcare quality world over is a means only and the sight of achieving excellence should not be missed. He next outlined the current scenario which had been so vividly painted since morning as follows:

- All pervasive felt need for improving healthcare delivery in all its dimensions.
- General lack of awareness about the worldview of accreditation, with perceptions bordering on the negative.
- India with its vast reservoir of expert resources has a unique advantage.
- There are areas of excellence, which need sharing and evolving a consensus.
- Mistrust is rife.

He then logically derived that the **need of the hour is to create widespread awareness and build trust but this is a huge task requiring large resources; financial, human as well as time.** He requested the participants to become the **ambassadors of ICHA** from now on to disseminate the right meaning of accreditation and help establish trust while also enrolling individuals and associations in ICHA.

Thereafter, **Dr. Sangal** briefly described the existing Indian scenario in terms of bodies working in this area viz., **BIS, CRISIL/ICRA, ISO, NABL** and some piecemeal local systems as well as their advantages and limitations. In contrast, **Indian Confederation for Healthcare Accreditation**, he said, **is a not for profit section 25 company of all the stakeholders viz., providers, receivers & users, payers & funders and educators & regulators, in line with the globally acceptable national accreditation systems the world over.**

He then described the **ICHA logo** highlighting that patient is the central figure connoting the **patient centered healthcare** as the hallmark of ICHA initiative. He reiterated the mission slogan at the bottom as the all-important requirement of **excellence and its continuous improvement** as the ultimate goal.



He then quickly described the primary objectives, vision, mission and guiding values/principles of ICHA which are detailed in the enclosed souvenir.

He then differentiated between **conformance to standards** and **wanting to conform** to standards as a much larger and needed domain. He then described ICHA as the partnership paradigm in which everybody is included and **“ICHA is all of us”**, he emphasized. He highlighted the importance of interdependence, interaction, inter-linkages and teamwork as a way forward and achieving lasting excellence. Thereafter, he described the perspectives of all the four major group of stakeholders and derived the commonality as **Trust – Transparency – Transactions, Effective Outcomes, Value for Money and the way forward as contribute what we have, Mutual Respect & Appreciation, Build Inter-linkages and work for long term benefits even if it means a seeming sacrifice in the short term.**

Dr Sangal stressed that ICHA is a organization where nobody is usurped, therefore when associations/institutions become members they are actually the owners/promoters to take this initiative to its fruition. However, there are enough provisions to encourage contribution by all but encroachment by none. Therefore, individuals/who have to do all the work are enrolled as affiliates without a voting right to avoid individual based politics. He then described another **facet of ICHA model as a solutions approach versus the traditional fault-finding and correction approach** in the adversarial system. He explained it with an example and sought the audience agreement which was a unanimous YES.

He described ICHA as a three-step model of **syllabus – dimensions of healthcare, curriculum – content as guidelines and examination – peer review & validation of self-assessment** as the basis for recognition and accreditation award. This is the basis of **providing trustworthy assurance to all stakeholders that all is well and everything is being done to do it better.**

Dr. Sangal then outlined the Structure of ICHA as having a neutral, apolitical Chairman and Vice-Chairman – persons of eminence and **wished Dr.A.P.J. Abdul Kalam to accept this onerous responsibility as the Chairman and requested everybody to work towards it.** The **General Body** of ICHA comprises of various stakeholder national associations/institutions in a partnership model in a percentage composition based on the quantum of inputs as well as available numbers. **The Technical Council as the determining body for the content of accreditation mechanism – guidelines & standards, having representation**

of all the stakeholders in their respective percentage composition.

The Board of Directors to act as trustees to propel the progress of ICHA towards self-sufficiency and set the policies appropriate therefor. An Executive Committee of Directors to supervise the day-to-day functioning of ICHA Secretariat headed by the Chief Executive Officer and ex-officio Director (without voting right, being an individual) and assisted by appropriate staff. However, it is understood and appreciated that the work has to be done by individuals and individual organizations who are enrolled as affiliates and would form the database from which various committees, sub-committees, task forces, faculty, assessors and reviewers will be selected and trained.

He then described the proposed **steps of activities for the stakeholders highlighting the importance of dissemination of information and enrolment of all to ensure widespread awareness, build trust and the workforce to carry forward the huge task in front of us.** The detailed steps are listed in the ICHA souvenir – first article at annexure V.

He then listed the immediate tasks before us as:

1. Dissemination of Information -Journals - Newspapers - Magazines
2. Web-site development for registration by participating experts
3. Fund Raising
4. Enrollment of all stakeholders
5. Workshops / Seminars for awareness and training
6. Membership of ISQua (International Society for Quality in Healthcare)
7. Day to day working

Dr. Sangal exhorted all to contribute to this movement and outlined the reasons thereof as follows:

- Healthcare affects us all - Cost - Access - Quality
- Continuously improved Quality - Better care and delighted customers - Cost savings for payers - Rationalization / optimisation of resources
- Individual and Institutional Development
- Corporate Citizens – Societal responsibility
- Fulfilling a need of the hour



- National Health Policy – EXIM Policy
- Vision 2020 actualization.

He further deliberated on the envisaged Plan of Action in three phases as follows: Phase I & II – some parts would run in parallel.

PHASE I (1-2 Years) – Strengthen ICHA - enroll all stakeholders, awareness campaign, fund raising and building the database.

HOW: National Convention of all stakeholders today.

- Sponsorship of Accreditation Sessions.
- Direct & Public Sessions.
- Training Workshops to create Trainers.
- Healthcare Response Sheet

PHASE II – CONTENT BUILDING;

- Training of Authors of Guidelines
- Consensus Based guidelines
- Standards development
- Pilot Testing
- Finalization

PHASE III – ACCREDITATION IMPLEMENTATION

He concluded his presentation by quoting Robert F Kennedy **“If we do not do this, who will do this?”** And Mikhail Gorbachov **“If not us then who? If not now, then when?”**

Given the current situation of ICHA, he passionately requested the participants to

“It is not the time to ask what ICHA can do for you, the time is to ask what you can do for ICHA, because you are doing it for yourself.”

The Technical presentations were followed by an interactive session where participants sought clarifications and the Chairman Dr. D.K. Das invited the faculty members to address them from the dais.

Dr. Jindal from PGI Chandigarh expressed apprehension that addition of standards or over ambitious excellence may affect the accessibility of healthcare to the larger population.

Dr Sangal clarified that excellence – a hallmark of PGI has come from dedicated work in all areas and there has been no compromise on access. He reiterated that **institutionalization is required by converting the existing tacit knowledge to explicit knowledge and sharing it with all.** Ms. Barbara gave the example of South Africa who in a similar situation, if not worse, have successfully implemented accreditation system and in fact improved accessibility for all. Dr. Jim also reiterated the importance of equity alongwith efficiency and effectiveness (from the Baylor STEEEP model) and emphasized that excellence encompasses all the parameters.

Dr. Hema Divakar wanted to know if different levels of healthcare would have level 1, 2, 3 guidelines to be taken care of?

Dr. Sangal explained that the proposed guidelines will be at **three levels - threshold, desirable and ideal and these constantly change.** Threshold level is the lowest level, desirable is where you want to be all the time and ideal is what you see in front of you - that is where you want to reach. It is also dynamic. What is ideal today will become desirable tomorrow, what is desirable today will become threshold tomorrow. That keeps on evolving. That is why it needs to be a dynamic system.

Dr. D.K. Das added, ‘We need not have a competition between the primary and secondary healthcare’. It is not that quality is not to be given for primary health care or treatment for the masses. We have to gradually move to the stage when we give quality health care to everybody.

Dr. M.M. Singh, Vice-Chairman, TB Association of India complimented ICHA and appreciated the model. He, however, wanted to know whether ICHA would have any powers statutory or governmental to take action against defaulting institutions.

Dr. Sangal, again clarified the situation by highlighting the need for a paradigm shift and reiterating the voluntary model for achieving excellence. Dr. Jim Walton also explained the use of mixed strategy of incentives and pressures to ensure maintenance of quality, while Ms. Barbara added that the partnership between the accreditation body and the government can address these concerns. However, it is the role of licensing body to ensure the closure or otherwise of bad or undesirable institutions. The Accreditation body does provide recommendations and even help to upgrade the institutions. “The Chairpersons then thanked all the participants for fruitful deliberations and closed the session.”



Plenary Session – Participants

Dr. P.K. Dave, President, NAMS, chaired the session along with Dr. G.K. Sinha, Past President, ISA, and Dr. B.D. Miglani, Patron, IHPA. Dr. P.K. Dave invited and introduced the successive speakers.

1. **MR. BEJON MISRA – CHAIRMAN, CONSUMER COORDINATION COUNCIL** presented the consumers perspective. He expressed **delight of being part of the ICHA movement**. He described CCC as a national coalition of 55 consumer groups and its international affiliations. He expressed **healthcare as a fundamental right and the protection under the CPA 1986**. He emphasized the need for **ICHA giving value for money and empowering the consumer to an informed choice**. He expressed **solidarity with ICHA and promised to contribute to the initiative**.

2. **DR. AJAY KUMAR – SECRETARY, USI AND PRESIDENT-ELECT, IMA**. He presented the perspective of a practising Doctor. He eloquently described the worsening healthcare situation and the **high level of mistrust prevalent in healthcare today**. He lamented the conversion of doctors into perceived traders and hospitals as business houses. He said that the situation is further complicated by frivolous litigations and **negative media publicity**. He named the whole problem as **“hospital public mistrust syndrome”**. While he felt, the cure is improbable but steps need to be taken urgently to prevent further deterioration of the situation. He made suggestions like incorporation of **medical ethics, greater human-touch, need based treatment, good media management**, etc. Dr. Dave complimented Dr. Ajay Kumar for having told the truth in a very interesting manner.

3. **DR. KETAN PARIKH, PAEDATRIC SURGEON AND CONVENOR HCAC**, shared the developments of local accreditation in Mumbai. He felt that **accreditation must be voluntary and must not be state-controlled if the ultimate beneficiary is to be the Indian patient**. He expressed concerns about the costs of quality and also willingness to have a common accreditation programme.

4. **DR. U. VASUDEVA RAO, TREASURER, ASI** conveyed greetings from ASI and thanked Dr. Parimelazhagan for being instrumental in ASI becoming a member of ICHA. He outlined the various activities of ASI towards credentialing of Surgeons and practice guidelines in this area. He said, **“we will be more than willing to associate ourselves with ICHA**

in matters relating to excellence in healthcare which I feel is very imperative if we have to fulfill our vision and mission of health for all 2020”.

5. **DR. S.B. GOGIA, VICE-PRESIDENT, IAMI**, expressed solidarity with ICHA and made a presentation on how **information technology can contribute towards achieving excellence in healthcare**. He described the various benefits of incorporation of IT in areas of record-keeping, inter-linkages, checklist and most importantly telemedicine as a cost-effective measure to provide widespread access.

6. **DR. K.P. SINHA, FOUNDER PRESIDENT, ACBI** described the ACBI's effort in **external quality assurance programmes since 1978**. In his words **“the programme had a marvelous effect on the accuracy of results in these laboratories as could be seen by a gradual drop in co-efficient of variation of different tests and the consciousness about quality”**. He also expressed concern about the **high costs of NABL accreditation and its limitations in terms of inability to address the issues of appropriateness of tests or the interpretative benefits of the tests done**. He felt that all this can be done **only by a team work on the lines of ICHA model**. He concluded by offering full support of ACBI to ICHA for achieving a comprehensive healthcare accreditation system.

7. **DR. NAGARAJIAH, SECRETARY GENERAL, ISPN**, described the **“structure-process-outcome”** model for quality and their inter-relationships affecting the efficacy and efficiency of healthcare delivery. He expressed concern about the **improper deployment and utilization of nurses**. He also shared results of **best practices resulting in significant quality improvements as well as cost savings**. He concluded by saying that all healthcare professionals should collaborate in an effort to measure and improve care which is presently missing.

8. **DR. ANIL SRIVASTAV, PRESIDENT, AIOTA**, expressed his gratefulness on behalf of his association for the invitation to participate in the national convention. He outlined the **importance of rehabilitation** in the successful restoration of normal activities in patients. He felt that rehabilitation is one of the most underdeveloped areas in India and requires effective strengthening. He concluded on the **assurance of extending full cooperation for the effective growth of this movement**.

9. **DR. NIMESH DESAI, DIRECTOR, IHBAS AND**



HONY. EDITOR, IPS, very eloquently presented the perspective and contribution of Psychiatry in quality improvement and achieving excellence in healthcare delivery. He expressed that human behaviour being a soft skill is more difficult to measure. He also presented data to contradict two myths - 1. access to healthcare is not only a rural issue, the gap in urban areas is equally wide and 2. at least in psychiatry two-third of healthcare expenditure is in public sector. He also gave interesting data of there being more Indian psychiatrists in USA than total number of psychiatrists in India. "I do believe that there is a tremendous potential for mental health expertise or behavioural science expertise being used for general public health, research and application". And lastly, the issue of what contribution can psychiatry or behavioural sciences in making the health care more humanistic as few people have said very eloquently as well as making them more consumer oriented. There have been whole lot of issues like Doctor-Patient communication, rapport building, family approach to care, the human element in psychiatry for medical care, that have effected attention for quite some time, many people in India and outside have been talking about how psychological and social orientation to medical education might bring about a more human touch. "I would make it mandatory for every first or second year medical student to not only watch the movie Munna Bhai MBBS/Patch Adams, but really have detailed deliberations to have with teachers and trainers on the whole movie and the life story of Patch Adams". Dr. Dave commended the presentation and said that the movie Munna Bhai MBBS has found a mention in Lancet of all the things.

10. MAJ. GEN. M.C. RAWAT, QUALITY CONSULTANT, very categorically stressed the establishment of a quality management system in every institution and he cautioned that the time to begin is now and there is no scope for complacency. He said, if you have the QMS in place you can quickly adapt yourselves to the accreditation standards and gain accreditation award.

11. MR. MOHAMMAD MUSLIM, MANAGER, SERVICE QUALITY, APOLLO CLINICS, HYDERABAD, presented a rapid summary of accreditation, requirements, steps, etc. He thereafter shared the need for involving all the stakeholders and he also presented the benefits accrued in different countries like South Africa. "Significantly it raised compliance with standards. Nurse perception of quality bettered, lab test availability was better, clinical conditions improved deaths within two days of admission decreased. Hygienic conditions improved. Emergency drug availability increased. Patients satisfaction significantly improved, staff satisfaction improved. This was after implementing the standards".

12. DR. S.Y. KOTHARI, PRESIDENT, IAPMR, outlined the teamwork of variety of health professionals in rehabilitation medicine. He felt that ICHA should also come out with a mechanism to evaluate the doctors not only technically but also on interaction with patients. He stressed a need for communication and record keeping to ensure credibility and reduce problems.

13. MR. P.K. GAMBHIR, DY. DIRECTOR, BIS, described BIS as the statutory apex national body for standards and said that they have adopted ISO standards as Indian standards. He described a variety of technical councils and also developmental standard for 30-bedded hospitals and draft standards for 100-bedded hospitals. He described the development of various specialized standards through specialized agencies and concluded his talk by suggesting to have a unified approach to have only one standard in each of the areas in line with WTO – TBT.

14. DR. K.K. NARANI, CONSULTANT ANESTHETIST, SGR HOSPITAL, described the need for accreditation and excellence as necessary pre-requisites for assured safety in healthcare delivery. He emphasized that Indian patients have now stopped going abroad for treatment and the reverse flow is visible. He, however, stressed that a lot of work would need to be done in different areas of infrastructure, human resources, technology and a variety of personnel to cater to the diverse needs of different people. He concluded that "necessary investment with unflinching resolve, single mindedness, perseverance, long term vision is required to transform a national healthcare delivery system to an international one".

DR. G.K. SINHA commented on the session being very informative but due to paucity of time suggested the interaction be combined with the panel discussion.

DR. B.D. MIGLANI, CHAIRPERSON, commented that "very good session but I will be failing in my duty if I do not highlight one point that of being a pharmacist and being a member of the ICHA Association. Somehow or the other you will be surprised to know that despite the fact that pharmacist services are availed by 90 per cent of the patients minimum, major bulk budget - 30 per cent of the hospital budget is spent on the drugs. In spite of these two statistics you will be surprised that neither Medical Council of India laid any standard for hospital pharmacy nor any other Association whatsoever. I just want to draw your attention there are many medical people and Medical Council of India persons are here. I just want to make you aware that this has been neglected. I don't know why. Now it is time for you to wake up to match the global practices".

Registration in progress



Chief Guest being welcomed by ICHA Directors



Dr. Montek Singh Ahluwalia (Dy. Chairman, Planning Commission) & Dr. Salim J. Habayeb (WHO Representative in India) exchange greetings

Dr. Akhil K. Sangal welcoming the delegates



Welcome address - Dr. S. Venkataraman Director ICHA



Chief Guest Dr. Montek Singh Ahluwalia lights the ceremonial lamp



Guest of honour Dr. Salim J. Habayeb lights the ceremonial lamp while Mr. Nasa looks on



Dr. Salim J. Habayeb setting the theme of the convention



Dr. Montek Singh Ahluwalia delivers inaugural address



Mesmerised audience



Inaugural session in progress



Keynote Address Dr. Atul Garud



Dr. S. Habayeb and Mr. Montek Singh Ahluwalia releasing the souvenir



Dr. S. Venkataraman presents a memento to Dr. S. Habayeb



Dr. Montek Singh Ahluwalia presents a memento to Dr. Hema Divakar



Dr. Rao, ASI receives a memento



Dr. K. Mistry receives memento for ICON



Legal Advisor Mrs. Sunanda Roy honored



M/s. P.R. Kumar & Co. auditors being recognised



Health Secretary speaks his mind

Serious discussions during break



Getting refreshed



Ms. Barbara Donaldson makes a point



Dr. Jim Waltan makes a point



Dr. Rajan Madhok making his presentation



Dr. Akhil K. Sangal - ICHA model unveiled



Dr. S.K. Jindal questions from the participants - Many more on DVD



DG (Rly.) HS honors Ms. Barbara Donaldson



Honoring Dr. Jim Waltan



Women power at the convention



Delegates interacting with each other



Press conference in progress



Press briefing in progress



Consumer's Voice



Dr. Ajay Kr. makes few points



Presentation on Nursing perspective



Delegates keen interest through the souvenir



Attentive audience



Panel discussion in progress



The alert Audience





Panel Discussion

Dr. Suneel Kumar, Moderator, invited the Panelists on the dais

Dr. D.C. Jain, Additional Director General Health Services and Vice-Principal of Vardhaman Medical College Safdarjung, Hospital, New Delhi.

Dr. S.K. Mathur, President of Indian Association of Surgical Gastroenterology,

Dr. Akhil Sangal, CEO of ICHA,

Ms. Babara Donaldson, Accreditation Manager, ISQua

Dr. Jim Walton, Senior Vice-President, Baylor Health Systems, Texas, USA.

Prof. Rajan Madhok, Medical Director, WCH & PCT, UK.

Dr. Anil Kohli, President, Dental Council of India.

He said, this panel discussion is on convergence of Views and Commitment of Steps Forward, after we have heard lots of speakers, talking about excellence of healthcare delivery in India from India and abroad.

Dr Shyama Nagarajan first commented “I welcome efforts of ICHA, is actually one of the most ideal kind of efforts, globally kind of accepted effort, when it comes to ICHA’s model” and then asked is accreditation mandatory or voluntary because it has never been voluntary and she was wanting to know about the pace of progress.

Dr. Sangal answered that we need to understand the purpose of accreditation since it has an inbuilt system of continuous system of quality improvement and as **Ms Barbara** has said in the morning, with their experience in 70 countries, the optimum time is not less than two years in adopted systems. He further reiterated “it takes two and a half to three years for the hospital to get accredited and out of those two and a half to three years two to two and a half years go in bringing the people on board. Once the people are on board, then everything moves very fast”.

Dr. Shyama Nagarajan again wanted to know whether hospitals are involved and clarification about multiplicity of bodies. **Dr. Sangal** cautioned that let us not get into political discussions and as you can see from the list of invitees all stakeholder associations were invited and welcome. He said

regarding the multiplicity of bodies it is an open discussion regarding everybody joining together and taking it forward. Politically, it is not possible to prevent others or force anybody to join or otherwise.

Dr. S. Khanna commented about the scarcity of trained manpower and felt that it is the most important pre-condition.

Thereafter, the panelists were asked to give their comments.

Dr. D.C. Jain, commented “I see that we all have resolved that there should be a accreditation system. Now we have to find out modus operandi, how this has to be implemented? And that too in (a) Government sector and (a) private sector and in a charitable hospital.” He also said that the standards should be patient-centered. I feel it is a good exercise. It is a good beginning and we hope that what **Dr. Madhok** was telling and this has to be implemented in our Indian context.

Dr. S.K. Mathur : “Talking of accreditation, we agreed that it is required. It is a must. Whether you make it voluntary or mandatory, ultimately it will come down to that a basic standard has to be mandatory.” He further commented that clarity is needed on classifying services into primary, secondary and tertiary and with a proper referral system. He also commented that quality in public hospitals suffers due to their inability to refuse treatment irrespective of capacity available. He concluded by saying that quality and accreditation needs teamwork which is lacking in the private hospitals and that is a concern which needs to be addressed.

Dr. Anil Kohli, first answered **Dr. Khanna’s** question about availability of trained manpower. He said that we are talking about quality, we should not look how much more we need and what more we should have. Firstly we have to standardize what we have. The basic problem in this country is the lack of discipline, irrespective of what measures you take, it will not work. He suggested that we first discipline ourselves and then accreditation can be implemented, it is the need of the hour when we want to be global and talk about tourism. He added that ‘this is a very very good move **Dr. Sangal** had made and I look forward to greater interaction with him’. He also felt that basic standards may have to be imposed if necessary.

Dr. Jim Walton, compared the situation with classic chicken or egg situation, where some people are of the opinion that



working for excellence will lead to accreditation while others feel having mandatory standards would lead to excellence, because of the perspectives. He felt that these things would be resolved in the next couple of years as in other countries but the common bond should be that if the **patient is kept in center then things will move**. He also felt that **all levels of care, primary, secondary and tertiary need to be comprehensively looked at**, since they would be needed by the same people at different times.

Ms. Barbara Donaldson, commented that the accreditation programme that you are launching should be clear of what you can do and what you cannot do since it is not going to be everything to all people. She felt that the **consumer/ client or patient is central and the nomenclature is semantic. Accreditation programme needs to involve all stakeholders and the standards need to be tested for validity**, it needs to cover all the sectors and all levels of care. She advised the plentiful international experience be used in developing the system and concluded by saying that **you are probably looking at a three-year time frame and as Dr. Sangal said it probably takes two-three years for a hospital to be ready for accreditation**.

Gen. Rawat, commented that it is question of mindset, if you resolve to achieve excellence then as Dr. Kohli said discipline yourselves, start with what you have and expand gradually to reach accreditation.

....., from corporate sector commented that he felt that it has been projected as if accreditation is only about private sector.

Dr. Garud, commented that we need to start walking before we can jump and suggested to have a National Institute Of Clinical Excellence in India on lines of UK to set up standards.

Dr. Sangal responded by asking Dr. Garud to clarify what he means by standards and then reiterated **three different meanings of standards. Standard is a norm or way of doing something** – the standard operating procedure, that is one standard,; which is what we normally mean when we talk in accreditation, and Barbara was repeatedly hinting at. The **second meaning of standard** which General Rawat and BIS talks of is **specifications. In accreditation we call it benchmarking**, and the **third** understanding of standards is a **conjectural perceptual statement**. He also suggested that today's deliberations have sown the seeds for National Institute of Clinical Excellence. He further added that as all panelists as well as the participants have been saying - We all need to get together to take the first steps by beginning with what we have, start walking and then jumping will come.

Dr. Garud expressed his total agreement with the above and said that when he talked of standards he meant benchmarking.

..... again reiterated that health being a State subject are we involving the States also.

Dr. Sangal again clarified that the political discussions are not helpful by asking a counter question that since healthcare was Government's or State's responsibility why did the corporate sector come up. **He again asked the participants to decide amongst ourselves whether we want to walk this journey of excellence and on unanimous agreement said that let us start taking those steps.**

Dr. Suneel Kumar seconded Dr. Sangal's comments and requested refraining from a political discussion.

Ms. Niharika from Apollo Hospitals, Delhi wanted to know if developing a programme to compare and benchmark hospitals and also asked why can't all bodies come together in developing a common accreditation programme.

Dr. Anil Kohli then commented **"We have got together here. Do we need accreditation? Yes. If we need accreditation, let us get together. If we get together lets start walking and then the rest of the things will follow"**.

Dr Pity Kaul from NRSI emphasized the crucial role of nursing and felt that since it is not a strong and influential workforce, nursing is rather neglected. She felt that TNAI with a membership of over a lakh nurses should have been prominent.

Mrs. Sheila Seda, Secretary General, TNAI replied to Dr. Pity Kaul **"We are grateful to ICHA and Dr Sangal for involving TNAI. In principle, we have given our consent but we are awaiting for the Council's decision by paying up our membership fee."** She further commented that nursing has a professional status accorded by WHO and should not be referred to as para-medics. She lamented that many **unqualified personnel have been employed as nurses in various nursing homes**. She also suggested development of **specialized nurses as in the case of doctors**.

Dr. Sangal reiterated that TNAI was involved from the very beginning and **clarified the definition of clinician worldwide today** has changed from doctor to include any member of the healthcare team administering care to the patient. He gave example of erstwhile para-clinical disciplines being now called clinical. He further commented that instead of expressing limited perspectives let us look at a larger picture of appreciating healthcare as a team effort.



Dr. Monica, Team Leader, Basic Health Projects, Himachal Pradesh shared the experience of developing standards over last two years and applying them. She said that **it takes about two years involving all the stakeholders and to Indianise standards.**

Mr. Amit Mohan, Johnson and Johnson asked the role of corporates and insurance companies.

Dr. Sangal clarified that Mr. Raman Madhok, CEO of Jindal Steel was to make a presentation even but could not come and his abstract is very much there in the souvenir and he has asked the question **“What has the corporate sector to do with the healthcare quality – answer – a lot.”** He further added that the entire insurance sector spanning IRDA, GIPSA and TPAs are represented today as are the Chambers of Commerce like PHD, ASSOCHAM and SCOPE. He reiterated what he had said in the morning that we must all contribute what we have and define role for ourselves.

Mr. S.L. Nasa from IHPA said that **Pharmacy is neglected** though pharmacy is also the part of the healthcare team and development of pharmacy improves the quality of healthcare. **WHO has asserted that pharmacy is an important component of healthcare.**

Ar. Amit Hajela, said that Architect helps into facility planning for healthcare. He suggested that the first step to excellence is accrediting medical and dental schools. He said that if the students are trained on best practices they are bound to follow these practices. **ICHA should first define excellence before we go to accreditation.** At ICHA's level, it will be **good to reach excellence by identifying good examples of excellence from various examples in the world, through best hospitals, best practices in the world.**

Dr. Suneel Kumar requested Dr. Rajan Madhok that as one having roots in India and working in UK have seen both sides of the coin and thus would be in a better position to comment.

Dr. Rajan Madhok, stated **“I became aware of ICHA in December 2004 and it was like the best Christmas present, anybody could have given me.”** He felt that at times he had been in despair because of deficient healthcare quality in India, not denying there are some very good examples. **I was really, really pleased that somebody was doing something.** What I am observing here is what I expected. As happens in most initiatives you go through those four phases, **forming, storming, norming and performing.** You are still at the Forming and Storming stage. So don't let us not get ahead of

ourselves. There is a danger of getting into too much detail too fast to borrow the phrase about learning to walk before you jump and run. **I have got four main messages. Don't worry about other processes.** Position yourself as the adding value organization. There is far too much to be done. Let us join forces, don't compete with others.

He further said, we have to pass the WIIFM test, which is **“what is in it for me.”** **Why should that man or woman in the street take notice.** They don't understand words like accreditation..... Don't under-estimate the public's ability to change systems. He stressed to **engage everyone possible**, like the CCC, involve other professions and supported professions other than doctors making their points. He exhorted to **learn from others, learn from outside not because they know best but they have made mistakes and we don't have to make the mistakes again.** He wished to keep up the good work.

Dr. Kohli commented “Accreditation is the only road to excellence and we must support Dr. Sangal, what job he has started after 50 years of Independence, I whole heartedly support him.”

Dr. Sangal thanked Dr. Anil Kohli, Dr. Rajan, Ms Barbara, Mr. Jim and supported Dr. Rajan Madhok and said we need to learn from ideas and experiences abroad to avoid repeating the mistakes. Like Joint Commission in USA has become highly insurance skewed, insurance started dictating the whole business and then there was a compromise on quality. **Today we have LEAPFROG GROUP in USA formed by 170 companies and many of them are fortune 500 companies.** They have taken over the initiative of **patient safety, risk minimization, and reward hospitals & doctors who work for better quality and safety.** He further stressed the **need for commitments like what Dr. Anil Kohli has given**, in terms of where we are going to move and these commitments is what is going to be presented to WHO. He reiterated the defined steps - spread information by dissemination through your journals, conferences, seminars, everywhere if you start talking. You can have the presentations, you have lot of information in the souvenir. Enroll other stakeholders and individuals at the earliest.

The participants agreed to the steps forward unanimously.

Dr. Suneel Kumar thanked the participants for a wonderful discussion and certainly, they made the whole discussion animated. And last but not the least thanked all the panelists for having a wonderful discussion.



Evaluation & Assessment

The presence of nearly 500 participants representing the diverse stakeholders' national associations and institutions, affiliates, delegates. Individuals invited from various groups of providers, hospitals, patients, press and media constituted the diverse group intended to be represented in ICHA is indicative of the wide coverage and active interest.

The participants were also from all over India including remote north-east like Imphal and also from Nepal, in addition to the international faculty.

The keen interest of the participants from all groups was evident in the active discussion and large number of presentations in the participant session. Media and press also evinced keen interest going by extensive coverage of the event in several newspapers and TV channels all over India. The details about press conference and clippings are appended as annexure at s. no.12 page 26-30.

The Convention was destined to be a grand success from the time of announcement itself and was evident from the surge for registration confirmations from the participants. The surge in enrolment of the number of associations – which had nearly doubled during the period as also the affiliate enrolments, which continues.

The value attached to the event was obvious from the following:

1. **The forthright support of WHO representative in India and collaboration of Ministry of Health, Government of India.**
2. **Acceptance by the Chief Guest, Hon'ble Shri Montek Singh Ahluwalia, Deputy Chairman, Planning Commission, at a short notice of only a few days.**
3. **The impromptu participation and categorical remarks of the Hon'ble Health Secretary Shri Prasanna Hota expressing his solidarity with ICHA initiative and promising full support to ICHA.**
4. **The keen interest in large numbers of the participants throughout the sessions and active interaction thereafter.**

5. **Extensive presentations – 15 in number were made in the participant session.**
6. **Extended interactions during the panel discussion and question & answer sessions made it seem that the duration of convention needed further extension even necessitating the vote of thanks to be taken as read and thus form a part of this report at page 24.**
7. **The unanimous approval and expression of support by the participants of the ICHA model and the necessary contribution extended to take this initiative to its fruition.**
8. **The large number of congratulatory communications received from participants from all over the country further reinforced the success as also the suggestion of a wide distribution of the report.**
9. **Mr. Joe Mathew, in the editorial of Pharmabiz has written about the Government of India's decision to support ICHA.**
10. **Dr. D.K. Das, Director General, Railway Health Services, discussed the convention in their Chief Medical Directors' Conference at Kolkata.**
11. **Mr. Praful D.Seth, discussed the Convention in the IPA Governing Council and they are publishing an editorial as well as an article on ICHA in their August issue of 'Pharma Times'.**

Thus, it can be confidently concluded that the National Convention was a grand success and fully achieved its objective. This shall become further reinforced in the coming months from more such reports as quoted above.

However, a few lessons were also learnt e.g. the need for funds and resources to carry forward the objectives, the need to conduct a concerted awareness campaign all over the country to achieve cost effectiveness as well as enabling larger number of people to participate. Fund raising could have been better and perhaps will improve with the greater awareness and involvement of other stakeholders. We are sure that in the future deliberations we would be able to improve upon the arrangements, etc.



RECOMMENDATIONS & STEPS FORWARD

The extensive discussions and the presentations helped in evolving a large number of issues and perspectives and also suggestions/recommendations for moving forward. They are listed below for the sake of brevity.

1. Unanimous resolution of the need for achieving progressive excellence in healthcare in India through accreditation as a tool.
2. Appreciation and universal acceptance of the ICHA model as the right way forward.
3. Approach various agencies for funds since that is the most critical resource required at this juncture, viz.
 - Ministry of Health, Government of India
 - Planning Commission
 - WHO & other agencies
 - Other sources, e.g. corporate & individual contributors.
4. Awareness creation through this report and souvenir. Based on the observations and feedback received it was decided to print and distribute widely – a copy of this report, a edited DVD of proceedings and technical presentations along with a copy of the souvenir. This is being done.
5. Dissemination of information through journals, workshops, seminars, conferences.
6. All stakeholder associations be requested for creating sessions for accreditation in their various activity meetings including CPEs and encourage their members to enroll as affiliates to enlarge the database.
7. All national institutions/professional colleges/large hospitals be requested to conduct accreditation awareness sessions.
8. Regional conferences at major centers all over the country. The associations and affiliates to act as nodal points and agencies to organize these initial events and thereafter hold on a regular basis. The initial events would require funding and faculty support.
9. All stakeholder associations/institutions be requested to identify volunteers to act as faculty/ambassadors/trainers/authors of guidelines.
10. A three-day workshop of identified volunteers from the above (7, 8 and 9) be conducted to be trained as trainers. It would need to be decided on cost effectiveness whether to do it at one center or at different centers in smaller groups. The associations are also being requested in the covering letter also to circulate this as a news item in all the journals to encourage experts to volunteer.
11. Establishment of regular ICHA secretariat and creation of ICHA website to enable posting of guidelines.
12. Collection of all existing guidelines and best practices available with various associations/institutions of all stakeholders.
13. Membership of ISQua.
14. The enlarged constitution of Board of Directors and formation of Technical Council would be taken up at the forthcoming first AGM of ICHA to be held before the end of this year.



Vote of Thanks

Dr. BVR Sastry, Director ICHA

Due to extended deliberations of the Participants' session and the Panel Discussion, the vote of thanks was announced as read and therefore being published here as the part of the convention Report for record.

It is my pleasant duty to propose a vote of thanks to all concerned who contributed their might for the success of this Convention.

We are grateful to His Excellency Dr. APJ Abdul Kalam, our beloved President of India, His Excellency Shri Bhairon Singh Shekhawat, Hon'ble Vice President, Dr. Anbumani Ramadoss, Hon'ble Union Minister Health & Family Welfare as well as Smt. Panabaka Lakshmi, Hon'ble MOS, Health & Family Welfare. They could not be personally present, however, encouraged us by their unstinted support and best wishes by sending messages published in the souvenir. The message from the Hon'ble Health Minister could not be printed in the souvenir and will be printed in the report.

Our thanks to the Chief Guest Dr. Montek Singh Ahluwalia, Deputy Chairman Planning Commission, Government of India for kindly accepting our invitation at a short notice and delivering a thought-provoking address while reiterating the Government's as well as the Planning Commission's commitment to Quality Healthcare. We are sure, he will use his good offices to further the ICHA initiative.

Our thanks are due to WHO representative in India, Dr. Salim J. Habayeb who has been a pillar of strength and provided the much needed moral support and financial assistance. The National Convention could not have been the success that it was without his forthright commitment. The theme address delivered by him showed his penchant for quality and unflinching support to the ICHA Initiative.

Shri Prasanna Hota Hon'ble Secretary Health, Government of India commands our praise for his unambiguous solidarity with ICHA and encouraging offer in his succinct talk. We thank Dr. S.P. Agarwal, Director General of Health Services, Government of India for deputing Dr. R.L. Ichhpujani, DDG Hospitals.

Our thanks to all the stakeholders, members associations and affiliates and delegates for actively participating in the convention and making it the success that it was. We thank

profusely our overseas speakers and their organizations viz. Ms. Barbara Donaldson & ISQua, Dr. Jim Walton & Baylor Health Systems USA and Prof. Rajan Madhok, Medical Director – WCH UK whose dedicated efforts and inputs tremendously enhanced the value of the Convention. We do look upon them for their continued contribution and support.

Our thanks to Sponsors, Advertisers and specially Mr. Raman Madhok - Jt. MD&CEO, JSW Steel Ltd. Their help went a long way in the successful organization of this Convention.

Thanks to our legal advisors M/s. Sunanda Roy and Associates, who prepared the Memorandum and Articles of Association of ICHA after extensive research and deliberations over two years, without personal consideration, giving the whole shape to the concept. Our thanks to our auditors M/s. P.R. Kumar and Company. It is gratifying to note that both of them are working on deferred payment basis, without which our progress would have been severely hampered.

Here is a special thanks to Dr. Akhil K. Sangal. He is a possessed man. His ambition of establishing ICHA has no parallel. He has been tirelessly working for the last 3 years without any remuneration. He was a host to the numerous working committee meetings at his home. Dr. Rekha Sangal, his better half is a perfect foil to him. She was a gracious and perfect host at all times through numerous meetings and selflessly offering her resources for this movement including our registered office, again on a deferred payment basis.

The initial financial support from EPOS Health Consultants and Jai Prakash Industries at the inception deserves a mention. There have been people, like in all organizations too numerous to mention individually whose contribution is appreciable in bringing ICHA to its present stage.

Our thanks to all working committee members viz. Dr. S. Venkataraman, Mr. S.L. Nasa, Dr. BVR Sastry, Dr. Rajesh Upadhyay, Maj. Gen. Ashim Chakravarty. We would like to record the active contribution of Dr. Gopal Sachdev, whose untimely demise created a void and loss to this initiative. They all not only ratified the draft Memorandum and Articles of association, which were then endorsed by all the associations, but also selflessly, participated in the periodic deliberations. We thank all those who put their faith and money by enrolling with ICHA.



While all the organizing committee members played an instrumental role in the organization of this momentous event, a few need special mention. Dr. Rajesh Upadhyay for souvenir, Dr. Suneel Kumar for programme management, Ar. Vijay Garg for venue management, Ar. Anil Dewan for hospitality and transport management. Ms. Kanchan Kohli and Mr. Nasa along with Dr. Sastry for reception and felicitation.

Our special thanks are also due to our Chairmen of the various sessions who added tremendous value to the

proceedings - Dr. D.K. Das, Dr. K. N. Parimelazhagan, Mr. Prafull Sheth, Prof. P.K. Dave, Dr. G.K.Sinha and Dr B.D. Miglani. We also express our gratitude to the panelists for a fruitful panel discussion. We are sure the participants enjoyed the proceedings.

Finally our thanks to all the support services, youthful volunteers and India Habitat Centre who ensured a comfortable and smooth conduct of today's deliberations. We also thank one and all whose mention might have been inadvertently missed.



Press Annexure

The ICHA initiative and model for bringing about progressive improvement in Healthcare Quality through a voluntary, participative, content based system was very much appreciated by the print and electronic media, and brought to fore their active interest and earnestness to welcome the ushering of Quality healthcare in India. The participation of journalists/media was evident right from the inauguration of the convention by Sh. Montek Singh Ahluwalia in the morning at 9:30 AM.

A Press Conference was also organized later in the day to brief the media about the event, sensitize them about the concept of healthcare accreditation & its peculiar characteristics, and address their doubts and queries on the concept.

The experts on dais included the following:

- Dr. S. Venkatraman, Director, ICHA
- Dr. Akhil Sangal, CEO, ICHA
- Dr. James W. Walton, USA
- Dr. Rajan Madhok, UK

The questions from the media pre-dominantly revolved around the following issues:

- Role of ICHA in improving the quality of healthcare in India?
- The real beneficiaries of this initiative?
- Difference between accreditation and licensing?
- Various stages in bringing about accreditation of healthcare in India?
- Time frame can be expected for completion of each of the stages?
- The progress thus far?
- The government's & ICHA's initiatives in this direction?
- Experiences in other countries
- Possible hindrances and how to combat them.
- The significance of this convention & major views that emerged from the presentations & the interactive question-hour session.

Telephonic enquiries continued from the media after the convention later in the evening and on the following days for more updates and/or to collect supporting data. The enthusiasm of the media on the issue was unparalleled and over-whelming.

Following is the list of print media coverage on the convention:

	PUBLICATION	DATE	PAGE
1	Pharmabiz Curtainraise	14/07/05	8
2	The Asian Age	03/07/05	13
3	Navbharat Times	03/07/05	4
4	Hindustan	03/07/05	2
5	Dainik Jagran	03/07/05	7
6	Rashtriya Sahara	03/07/05	3
7	Free Press Journal (Mumbai)	03/07/05	
8	Mahamedha	03/07/05	6
9	Shah Times	03/07/05	6
10	The Hindu	04/07/05	4
11	The Tribune	04/07/05	
12	Dainik Bhaskar	04/07/05	2
13	Amar Ujala	04/07/05	9
14	Dainik Tribune	07/07/05	5
15	Swatantra Bharat	09/07/05	
16	Telegraph	11/07/05	
17	Pharmabiz		

Besides, the Convention was also covered by international wired news agencies including Press Trust of India (PTI) and United News India (UNI).

Electronic coverage on the Convention included inter-alia the following news channels:

	TELEVISION CHANNEL
1	India TV
2	Total TV
3	Eenadu TV (ETV)(broadcasted on all 14 regional language channels nationally)
4	Asian News International (ANI - South Asia's Leading Multimedia News Agency)

The press clippings are printed as a collage in the following pages of this annexure.

Mr. Puneet Khunger and Mr. Satyanshu Shrivastav on behalf of ICHA coordinated the press management.



CURTAINRAISER IN



National Convention on healthcare accreditation on July 2 in Delhi

Saturday, June 11, 2005 08:00 IST

Our Bureau, New Delhi

Indian Confederation for Healthcare Accreditation (ICHA), the confederation of the National Associations / Institutions of all stakeholders in healthcare industry, is organising a "National Convention for Achieving Excellence in Healthcare in India" on July 2 at New Delhi.

Committed to the establishment of a comprehensive healthcare accreditation system for the country, ICHA expects the convention to achieve convergence of views of all stakeholders and thereby help develop a credible accreditation system. The convention would have session on the world's experience with healthcare accreditation, quality and guidelines, to be followed by a scrutiny of ICHA model. Its plan of action would be discussed by participant stakeholders for concessions, convergence and committed steps forward, Akhil K. Sangal, CEO, ICHA informed.

According to him, the convention, slated to be a landmark event, being attended by all stakeholders and the "Who's Who in the healthcare" and International speakers, may well mark the beginning of a journey to excellence and the cherished goal of making India a developed nation. Union ministry of health and family welfare and WHO India has pledged support for the programme, he informed.

ICHA, incorporated as a not-for-profit Section 25 Company in October 2004, was an outcome of consultations and interactive talks between various groups of professionals and stakeholders in the healthcare industry since 2002. The main objective of ICHA is to create a mechanism to develop a continuously improving, self-regulating, patient-centred healthcare delivery system for the benefit of all concerned. This is in line with worldwide accreditation practices in various national systems of major countries, Dr Sangal said.

"If India is to become a preferred healthcare destination, as pronounced in the National Health Policy, internationally acceptable and highly credible accreditation systems are a necessary prerequisite. Various studies and reports have, in the past, emphasised the necessity of such a system. Even healthcare insurance cannot gain momentum without accreditation. The creation of standardised benchmarks addresses a long-felt need in the Indian healthcare industry, which currently has widely varying standards", he explained.

Comprehensive accreditation addresses all the dimensions of healthcare such as appropriateness, availability, continuity, effectiveness, responsive & caring delivery, safety and risk minimisation and timeliness. The Indian healthcare industry has reached a stage where such a system of accreditation is vital. The creation of benchmarks through peer-review by professionals is far more credible than externally imposed standards. A credible and transparent accreditation process is of assistance to all stakeholders that is, providers, receivers and users, payers and funders, and educators and regulators, he added.

The associations that have been invited to be part of the convention are: Association of Physicians of India (API), Association of Surgeons of India (ASI), All India Ophthalmological Society (AIOS), Indian Society of

Anaesthesiologists (ISA), Academy of Hospital Administration (AHA), Indian Pharmaceutical Association (IPA), Indian Hospital Pharmacists' Association, (IHPA), Indian Association of Medical Informatics (IAMI), Indian College of Pathologists (ICP), All India Management Association (AIMA), Association of Minimal Access Surgeons of India (AMASI), Association of Health and Hospital Administration (AHHA), Indian Medical Association (IMA), National Human Rights Commission (NHRC), National Board of Examinations (NBE), Association of Indian Universities (AIU), Medical Council of India (MCI), Dental Council of India (DCI), Indian Nursing Council (INC), Pharmacy Council of India (PCI), Insurance Regulatory and Development Authority (IRDA), Indian Council of Medical Research (ICMR), Federation of Obs. & Gynae. Societies of India (FOGSI), Trained Nurses Association of India, (TNAI), Indian Academy of Paediatrics, (IAP), Indian Radiological and Imaging Association, (IRIA), Paediatric Orthopaedic Society of India, (POSI), Indian Orthopaedic Association (IOA) Association of Otolaryngologists of India (AOI), Indian Association of Physical Medicine and Rehabilitation (IAPMR), Indian Association of Preventive and Social Medicine (IAPSM), International Medical Sciences Academy (IMSA), National Academy of Medical Sciences (NAMS), All India Council for Technical Education (AICTE), Consultancy Development Centre, (CDC), Indian Science Writers Association, (ISWA), Indian Orthodontic Society (IOS), Association of Clinical Biochemists of India (ACBI), Indian Dietetics Association (IDA), Endocrine Society of India (ESI), Times Foundation, Cardiological Society of India (CSI), Indian Society of Nephrology (ISN), Indian Association of Gastrointestinal Endo Surgeons (IAGES), Indian Institute of Architects (IIA), Consumer Coordination Council (CCC), Association of Medical Consultants (AMC), Indian Association of Dermatology, Venereology and Leprology (IADVL), Indian Psychiatric Society (IPS), Indian Association of Practising Psychiatrists (IAPP), Indian Society of Gastroenterology (ISG), Neurological Society of India (NSI), Indian Cooperative Oncology Network (ICON), Indian Society of Haematology and Transfusion Medicine (ISHTM), Indian Association of Occupational Health (IAOH), All India Occupational Therapists Association (AIOTA), Indian Society of Neuroanaesthesiology and Critical Medicine (ISNCM), Indian Society of Psychiatric Nurses (ISPAN), Society of Indian Radiographers (SOIR), Association of Colorectal Surgeons of India (ACRSI), Indian Association of Endocrine Surgeons (IAES), Association of Genito-Urinary Surgeons of India (AGUSI), Indian Association of Paediatric Surgeons of India (IAPS), Association of Surgeons of India - Speciality Chapter (ASRI), Indian Association of Surgical Gastroenterology (IASG), Indian Association of Surgical Oncology (IASO), Association of Thoracic and Cardiovascular Surgeons of India (ATCVSI), Association of Plastic Surgeons of India (APSI), Indian Dental Association (IDA), Indian Society for Medical Statistics (ISMS), Indian Public Health Association (IPHA), All India General Practitioners' Association (AIGPA), Indian Association of Medical Microbiologists (IAMM), Indian Society of Parasitology (ISP), General Insurance Public Sector Association of India (GIPSA), Indian Academy of Cytologists (IAC), Indian Rheumatology Association (IRA), Indian Academy of Neurology (IAN), Urological Society of India (USI), Institute of Chartered Accountants of India (ICAI), Federation of Indian Chambers of Commerce & Industry (FICCI), Confederation of Indian Industry (CII), Standing Conference on Public Enterprises (SCOPE), PHD Chamber of Commerce and Industry (PHDCCI), Council of Scientific and Industrial Research (CSIR), Quality Council of India (QCI), Bureau of Indian Standards (BIS), Indian Healthcare Federation (IHF), Indian Society of Midwives (ISM), Christian Medical Association of India (CMAI), Central Pollution Control Board (CPCB), Editors' Guild of India (EGI), Indian Society of Dental Research (ISDR), Indian Society of Periodontology (ISP), Tuberculosis Association of India (TBAI), Indian Leprosy Association (ILA), Diabetic Association of India (DAI), Nursing Research Society of India (NRSI), Christian Medical Association of India (CMAI) and Indian Optometric Association (I Opto A).

FREE PRESS JOURNAL, MUMBAI

ACHIEVING EXCELLENCE IN HEALTHCARE

THE Indian Confederation for Healthcare Accreditation (ICHA) deserves accolades for creating awareness for excellence in the medical fraternity so that India can become a global medical destination with world class healthcare.

The refrain in a symposium

organized by ICHA today, with the support of the Union health ministry and WHO, India has tremendous intellectual potential but it lacks credibility because of the absence of a credible and transparent accreditation process.

According to Dr Akhil Sangal, CEO of ICHA, the Indian health-

care industry had reached a stage where a mechanism to develop self-regulating, patient-centric healthcare system had become a must. Dr Rajan Madhok, Director, South Manchester Primary Care trust & Withington Community Hospital, Manchester (UK) and Dr Barbara Donaldson, International

Accreditation Manager, "ISQuS", a New Zealand-based organization, gave their experiences about good healthcare and about introduction of accreditation process in other countries with emphasis on standards and training programmes.



EDIT

CHRONICLE
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July 14, 2005

Clinical Establishments Bill

THE central government has finally woken up to the need for prescribing quality standards for the entire gamut of healthcare services. All medical establishments, from tertiary hospitals to nursing homes, clinics and diagnostic centres are to have specific standards. The government will also put an effective monitoring mechanism in place. While some states have already passed similar legislation, this is the first time a central legislation is planned to ensure uniform standards in our healthcare system. The key-provision in the proposed Clinical Establishments (Regulation and Accreditation) Bill is known to be the establishment of an apex policy making "National Council" to regulate Indian healthcare establishments. The National Council is to develop different standards for different categories of clinical establishments and bring both private and government healthcare centres under the ambit of the new law. Every state government would be asked to set up a three-tier implementing mechanism. Even states like Delhi, MP, Assam etc will have to fine-tune their existing laws to ensure uniform compliance. If the Centre's plans materialize, the states will soon have Clinical Establishments Regulation Boards at the state and district levels to keep eye on the services

offered by hospitals and nursing homes. The government move is a right step forward to ensure minimum standards in medical establishments.

The second major component of the proposed law is accreditation of healthcare firms. While minimum standards are going to be mandatory, accreditation is to be of voluntary nature. Due to the same reason, the regulation is to be

on the exact nature and structure of the healthcare accreditation system. The ministry needs to give equal importance to both regulation and accreditation for the sake of quality healthcare. It should consider the fast changing nature of quality benchmarks in healthcare sector and turn the accreditation system as dynamic as possible. The standards should be periodically revised and today's desirable standards should become tomorrow's minimum standards. That is the only way how there can be continuous upgradation of healthcare standards in the country. The link between the "National Board" that decides the minimum standards in healthcare and the "Accreditation Board" which prescribes multilevel standards for the same establishments should have strong linkages. The working relationship between these two bodies can result in periodic revision of mandatory standards. The ministry should realize that all kinds of "voluntary" quality upgradation options would remain only in Urban India and will have no impact on thousands of rural healthcare establishments. The voluntary accreditation may help boost "medical tourism", but for real progress in rural healthcare standards, India needs rules with in-built mechanism to ensure strict compliance.

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purely a government job and accreditation system a private-public initiative. The Indian Healthcare Federation (IHF), a grouping of all major corporate hospitals has already expressed its willingness to partner with the health ministry for introducing a "healthcare accreditation system". Indian

Confederation for Healthcare Accreditation (ICHA), an autonomous body formed by all stakeholders in healthcare sector, is another move which is volunteering for the cause of an accreditation system. Though the health ministry has supported both the initiatives it is yet to say the final word

THE TRIBUNE, GURGAON, MONDAY, JULY 4, 2005

Credible accreditation system 'must' for making India healthcare destination

TRIBUNE NEWS SERVICE

New Delhi, July 3

If India is to improve its healthcare delivery mechanism and become a preferred healthcare destination, as proclaimed in the National Health Policy, a major prerequisite is the setting up of internationally acceptable and highly credible accreditation system. This was the central theme during the proceedings of the "National Convention for Achieving Excellence in Healthcare in India" held today at Delhi's Indian Habitat Centre.

Mr Montek Singh Ahluwalia, Deputy Chairman, Planning Commission, inaugurated the one-day convention.

Organized by the Indian Confederation for Healthcare Accreditation, the convention was supported by the Ministry

of Health and Family Welfare and World Health Organization. "Various studies and reports have, in the past, emphasized the necessity of such a system. Even healthcare insurance cannot gain momentum without accreditation. The creation of standardized benchmarks addresses a long-felt need in the Indian healthcare industry, which currently has widely varying standards," said Dr Akhil Sangal, CEO of the Indian Confederation for Healthcare Accreditation.

Primarily, accreditation is the process of evaluating and recognizing excellence of healthcare delivery for hospitals, integrated service delivery networks and other such systems as well as professional activities. It is a voluntary process of development and education through consultation, participation, "pro-

fessionalisation' and independent peer review. Unlike certification, accreditation stresses on continuously improving by continually updating, improving and constantly benchmarking with the passable and attainable.

While on the one hand, India's healthcare professionals and facilities are comparable to those available in the west, on the other, it lacks credibility, which can be built only through accreditation. Once that is in place, India will surely become a favored medical destination among foreigners and NRIs, feel experts.

The convention aimed to create a mechanism to develop a continuously improving, self-regulating, patient-centered healthcare delivery system, in line with worldwide accreditation practices in various national systems of major countries.

"The Indian healthcare industry has reached a stage where such a system of accreditation is vital. The creation of benchmarks through peer-review by professionals is far more credible than externally imposed standards. A credible and transparent accreditation process is of assistance to all stakeholders, including providers, receivers and users, payers and funding agencies, and educators and regulators," Dr Sangal said.

According to Dr Rajan Madhok, Medical Director, South Manchester Primary Care Trust & Withington Community Hospital, Manchester, the UK, "Ensuring good quality health care is not an option, it is an absolute must. India needs a comprehensive system for achieving excellence in health care. Different countries are at different stages in their quest."

4 संडे नवभारत टाइम्स, नई दिल्ली, 3 जुलाई 2005

स्वास्थ्य सेवा को बेहतर बनाने के लिए ठोस प्रणाली पर जोर

नई दिल्ली (सं): अगर भारत को बुनियादी स्वास्थ्य सेवा के स्तर को ऊपर उठाना है और दुनिया के सबसे परंपरागत स्वस्थ पर्यटक क्षेत्र के रूप में आगे बढ़नी है तो उसकी गुणवत्ता को मापने के लिए एक ठोस सर्वमान्य प्रणाली लागू करनी होगी।

इंडियन कॉन्फेडरेशन फॉर हेल्थकेयर अक्रेडिटेशन के नेशनल सेमिनार में यह बात उभारकर सामने आई। सम्मेलन की अध्यक्षता प्लानिंग कमिशन के अध्यक्ष मोंटेक सिंह अहलुवालिया ने की।

इस मौके पर सम्मेलन के प्रमुख सचिव डॉ. अखिल संगल ने कहा कि बीते कुछ साल में

दुई दिसर्बों से इस तरह की प्रणाली को बनाना साबित हो चुकी है। जहाँ तक कि हेल्थ इन्फॉर्मेशन क्षेत्र के विस्तार में तेजी लाने के लिए भी यह प्रणाली बहुत जरूरी है। ऐसी प्रणाली को बनाने के लिए भारत में कई अनिर्पन्नताएँ देखने को मिलती हैं। संगल के मुताबिक भारतीय मूल के डॉक्टर व अन्य स्वास्थ्य सलाहकार दुनिया भर में अपनी धाक जमा चुके हैं फिर भी इसकी ठोस

प्रामाणिकता की कमी को वजह से विदेशी मरीज सस्ता इलाज होने के बावजूद भारत आने से कातर हैं। ब्रिटेन में भारतीय मूल के कॉम्प्यूटरी हॉस्पिटल के मेडिकल डायरेक्टर डॉ. राजेश मधोक ने भी उच्च स्तरीय हेल्थ सर्विस को आज की जरूरत करार दिया। सेमिनार में करीब 500 लोगों ने हिस्सा लिया।



राष्ट्रीय सहारा

THE ASIAN AGE
New Delhi Sunday 3 July 2005

हिन्दुस्तान

दिल्ली, रविवार, 03 जुलाई, 2005
www.hindustandainik.com

दैनिक ट्रिव्यून्, गुडगांव,
बृहस्पतिवार, 7 जुलाई, 2005

दिल्ली, रविवार, 3 जुलाई, 2005



स्वास्थ्य देखभाल पर आयोजित सम्मेलन में बोलते योजना आयोग के उपाध्यक्ष मोटिक सिंह अहलुवालिया। फोटो: एसएनडी

स्वास्थ्य पर्यटन के लिए सेवा में सुधार जरूरी

नवी दिल्ली। भारत की स्वास्थ्य सेवा में सुधार के लिए जरूरी है कि इस क्षेत्र में विश्वी मान्यता का प्रतिशत अधिक बढ़े। जब तक की हम अपनी मूलभूत स्वास्थ्य सेवाओं के स्तर में सुधार नहीं लाएंगे तब तक स्वास्थ्य पर्यटन योजना की सफलता संभव नहीं। यह सुझाव राजधानी के इंडिया सेन्ट्रल सेंटर में भारतीय स्वास्थ्य संग्रह द्वारा आयोजित राष्ट्रीय सम्मेलन में जने माने निमित्तवा विशेषज्ञों ने दिये। संग्र के अलावा केंद्रीय स्वास्थ्य एवं परिवार कल्याण मंत्रालय, विश्व स्वास्थ्य संगठन के प्रतिनिधियों ने भी सम्मेलन में भाग लिया। सम्मेलन के उद्घाटन एवं की योजना आयोग के उपाध्यक्ष मोटिक सिंह अहलुवालिया ने संबोधित किया। (एसएनडी)

Improved system is required: ICHA

By OUR CORRESPONDENT

New Delhi, July 2: Health experts have stressed that if the country needs to improve the healthcare delivery mechanism, a necessary prerequisite is setting up of internationally acceptable and highly credible accreditation system for the system.

A conglomeration of various healthcare associations called Indian Confederation for Healthcare Accreditation (ICHA) had demanded that the country should adopt an accreditation system in order to promote health tourism. The organisation had organised a symposium in the capital on the same issue.

"Accreditation is the process of evaluating and recognising excellence of healthcare delivery for hospitals, integrated service delivery networks and other such healthcare systems. Unlike certification, accreditation stresses on continuously improving by updating the systems and facilities," said Dr Akhil Sangal of ICHA adding that even healthcare insurance cannot gain momentum without having accreditation for the system.

These ICHA experts felt that while India's healthcare facilities and professionals are comparable to that present in the western world, the country's healthcare system needs 'credibility'.

सुविधाओं के आधार पर अस्पतालों को मान्यता देने की कवायद

नई दिल्ली (का.सं)। सुविधाओं के आधार पर अस्पतालों को मान्यता देने की कोई विश्वस्तरीय पद्धति नहीं होने के कारण विदेशों में राजधानी के विश्वस्तरीय कारपोरेट अस्पतालों की 'मार्केटिंग' में भी कच्ची दिक्कतों आ रही हैं। इसलिए देश के कारपोरेट अस्पतालों में ऐसी पद्धति विकसित करने की छद्मपटवट बढ़ती जा रही है। इंडियन कॉन्फेडरेशन फॉर हेल्थकेयर एकेडिटेशन नामक संस्था द्वारा राजधानी में रविवार को आयोजित राष्ट्रीय सम्मेलन में विकसित देशों की तरह ही अस्पतालों को मान्यता देने की मुकम्मल पद्धति के मसले पर गहन विचार-विमर्श किया गया। इस सम्मेलन-का उद्घाटन योजना आयोग के उपाध्यक्ष मोटिक सिंह अहलुवालिया ने किया।

सम्मेलन में भाग लेने आए कारपोरेट अस्पतालों के प्रतिनिधियों ने कहा कि बेहद महंगी होने के कारण विदेशों से मान्यता लेना यहाँ के अस्पतालों के बूते के बाहर की चीज है। उन्होंने कहा कि स्वास्थ्य पर्यटन की अग्रणी संभावनाओं को देखते हुए जल्द से जल्द मान्यता की देशी पद्धति विकसित किए जाने की जरूरत है। सम्मेलन के प्रमुख सचिव एवं प्रवक्ता डा. अखिल संगल ने कहा कि देश में मान्यता की प्रणाली के अभाव में देश की स्वास्थ्य सेवाओं में कई अनिश्चितताएँ देखी जा सकती हैं। जबपुर गोलडन अस्पताल के 'जाने-माने' गैस्ट्रो विशेषज्ञ एवं सम्मेलन की सोपेनर कमेटी के अध्यक्ष डा. रावेंश उपाध्याय ने कहा कि स्वास्थ्य बीमा क्षेत्र के विस्तार में तेजी लाने के लिए यह प्रणाली बेहद जरूरी है।

दिल्ली/आसपास झरोखा

भारतीय स्वास्थ्य प्रणाली पर राजधानी में हुआ सम्मेलन
नवी दिल्ली, 6 जुलाई (निस)। दिल्ली में हुए एक राष्ट्रीय सम्मेलन में यह मुद्दा उभरकर सामने आया कि भारत की अपनी मूलभूत स्वास्थ्य सेवाओं के स्तर में विकास लाने के लिए एक ठोस प्रणाली को देशभर में अनिवार्य रूप से लागू करना होगा। भारतीय स्वास्थ्य स्वीकृतिकरण संग्र द्वारा आयोजित इस सम्मेलन का उद्घाटन राजधानी के इंडिया सेंटर में फ्लॉरिड जर्मीसन् के उपाध्यक्ष मोटिक सिंह अहलुवालिया ने किया। सम्मेलन के प्रमुख सचिव एवं प्रवक्ता डा. अखिल संगल ने बताया कि गत वर्षों में हुए कई शोध कार्यों ने ऐसी स्वीकृतिकरण प्रणाली की आवश्यकता को सिद्ध किया है। ऐसे प्रवाहों के अभाव में भारतीय स्वास्थ्य सेवाओं में कई अनिश्चितताएँ देखी जा सकती हैं। ब्रिटेन से आये डा. राजन मधोक ने बताया कि उच्च स्तरीय स्वास्थ्य सुनिश्चित करना कोई विकल्प नहीं, बल्कि अनिवार्यता है। राष्ट्रीय में लगभग 500 प्रतिनिधियों ने शिरकत की।

दैनिक भास्कर

राष्ट्रीय संस्करण

जयपुर-दिल्ली, सोमवार 4 जुलाई, 2005

अस्पतालों को पहचान देने के लिए वेबसाइट जारी करने की योजना
भास्कर न्यूज* नई दिल्ली, 3 जुलाई। भारत के अस्पतालों की अंतरराष्ट्रीय पहचान देने के उद्देश्य से भारत स्वास्थ्य स्वीकृतिकरण संग्र एक वेबसाइट का निर्माण करने जा रहा है जिसमें अस्पतालों के अलावा यहाँ गृहस्था कर्ताएँ जाने वाली अत्याधुनिक तकनीक और चिकित्सकों से संबंधित पूरा ज्ञान होगा। इस वेबसाइट में प्रवेश करने के लिए अस्पताल प्रशासन को पाँच हजार फीस देनी होगी। अभी तक इस वेबसाइट के लिए दिल्ली के खल अंत अस्पतालों ने अपना पंजीकरण कराया है।

स्वास्थ्य स्वीकृतिकरण संग्र के सचिव डा. अखिल संगल ने कहा कि स्वास्थ्य सेवाओं के स्तर में विकास लाने और अंतरराष्ट्रीय पहचान बनाने के लिए देश के अस्पतालों में एक ठोस स्वीकृतिकरण प्रणाली लागू करना होगा। दिल्ली/आसपास के अरबों में स्वास्थ्य सेवाओं में कई अनिश्चितताएँ देखी जा सकती हैं। स्वीकृतिकरण में निर्दिष्ट स्वास्थ्य सेवा वितरण शक्तों की गुणवत्ता को सामान्यतया जांच व मान्यता तप करे जाती है।

शाह टाइम्स
नई दिल्ली, रविवार 3 जुलाई, 2005 6

'स्वास्थ्य व्यवस्था में सुधार को स्वीकृतिकरण प्रणाली बने'

नई दिल्ली (प्रवा. सं.)। भारतीय स्वास्थ्य व्यवस्था में सुधार एवं बेहतर सेवाओं को प्रदान करने के लिए इस देश के अंतर्गत स्वीकृतिकरण प्रणाली को लागू करना जरूरी है। स्वास्थ्य सेवाओं के स्तर में विकास लाने के लिए उपाध्यक्ष मोटिक सिंह अहलुवालिया ने कहा कि वेबसाइट का निर्माण करने जा रहा है जिसमें अस्पतालों के अलावा यहाँ गृहस्था कर्ताएँ जाने वाली अत्याधुनिक तकनीक और चिकित्सकों से संबंधित पूरा ज्ञान होगा। इस वेबसाइट में प्रवेश करने के लिए अस्पताल प्रशासन को पाँच हजार फीस देनी होगी। अभी तक इस वेबसाइट के लिए दिल्ली के खल अंत अस्पतालों ने अपना पंजीकरण कराया है।

महामेधा
6 नई दिल्ली, सोमवार 3 जुलाई, 2005

स्वास्थ्य बीमा विस्तार के लिए स्वीकृति जरूरी

राष्ट्रीय संस्करण
नवी दिल्ली, 3 जुलाई, 2005। स्वास्थ्य बीमा क्षेत्र में सुधार लाने के लिए अस्पतालों को पहचान देने के उद्देश्य से भारत स्वास्थ्य स्वीकृतिकरण संग्र एक वेबसाइट का निर्माण करने जा रहा है जिसमें अस्पतालों के अलावा यहाँ गृहस्था कर्ताएँ जाने वाली अत्याधुनिक तकनीक और चिकित्सकों से संबंधित पूरा ज्ञान होगा। इस वेबसाइट में प्रवेश करने के लिए अस्पताल प्रशासन को पाँच हजार फीस देनी होगी। अभी तक इस वेबसाइट के लिए दिल्ली के खल अंत अस्पतालों ने अपना पंजीकरण कराया है।



List of Associations / Institutions Sensitised and invited for the NATIONAL CONVENTION ON 2ND JULY 2005

- Name of The Association / Institution**
1. Association of Physicians of India (**API**) – Initial Subscriber - CONFIRMED
 2. Association of Surgeons of India (**ASI**) – Initial Subscriber - CONFIRMED
 3. All India Ophthalmological Society (**AIOS**) – Initial Subscriber - CONFIRMED
 4. Indian Society of Anaesthesiologists (**ISA**) – Initial Subscriber-CONFIRMED
 5. Academy of Hospital Administration (**AHA**) – Initial Subscriber- CONFIRMED
 6. Indian Pharmaceutical Association (**IPA**) – Initial Subscriber-CONFIRMED
 7. Indian Hospital Pharmacists' Association, (**IHPA**) – Initial Subscriber- CONFIRMED
 8. Indian Association of Medical Informatics (**IAMI**) – Member-CONFIRMED
 9. Indian College of Pathologists (**ICP**) – Member-CONFIRMED
 10. All India Management Association (**AIMA**) – Member-CONFIRMED
 11. Association of Minimal Access Surgeons of India (**AMASI**) – Applicant - CONFIRMED
 12. Association of Health and Hospital Administration (**AHHA**) – Applicant- CONFIRMED
 13. Hon'ble Union Minister of Health and Family Welfare
 14. Secretary & Joint Secretaries, Health (**MOHFW**) - CONFIRMED
 15. Director General Health Services (**DGHS**) + Nominees-CONFIRMED
 16. WHO Representative In India (**WHO RI**) + Nominees-CONFIRMED
 17. Director General Armed Forces Medical Services (**DGAFMS**)
 18. Indian Medical Association (**IMA**) - CONFIRMED
 19. National Human Rights Commission (**NHRC**)
 20. National Board of Examinations (**NBE**) - CONFIRMED
 21. Association of Indian Universities (**AIU**)
 22. Medical Council of India (**MCI**) - CONFIRMED
 23. Dental Council of India (**DCI**) - CONFIRMED
 24. Indian Nursing Council (**INC**) - CONFIRMED
 25. Pharmacy Council of India (**PCI**) - CONFIRMED
 26. Insurance Regulatory and Development Authority (**IRDA**) - CONFIRMED
 27. Indian Council of Medical Research (**ICMR**) - CONFIRMED
 28. Federation of Obs. & Gynae. Societies of India (**FOGSI**) - CONFIRMED
 29. Trained Nurses Association of India, (**TNAI**) - CONFIRMED
 30. Indian Academy of Paediatrics, (**IAP**) - CONFIRMED
 31. Indian Radiological and Imaging Association, (**IRIA**) - CONFIRMED
 32. Paediatric Orthopaedic Society of India, (**POSI**) - CONFIRMED
 33. Indian Orthopaedic Association (**IOA**)
 34. Association of Otolaryngologists of India (**AOI**)
 35. Indian Association of Physical Medicine and Rehabilitation (**IAPMR**) - CONFIRMED
 36. Indian Association of Preventive and Social Medicine (**IAPSM**) - CONFIRMED
 37. International Medical Sciences Academy (**IMSA**) - CONFIRMED
 38. National Academy of Medical Sciences (**NAMS**) - CONFIRMED
 39. All India Council for Technical Education (**AICTE**) - CONFIRMED
 40. Consultancy Development Centre (**CDC**) - CONFIRMED
 41. Indian Science Writers Association (**ISWA**) - CONFIRMED
 42. Indian Orthodontic Society (**IOS**)
 43. Association of Clinical Biochemists of India (**ACBI**) - CONFIRMED
 44. Indian Dietetics Association (**IDA**) - CONFIRMED
 45. Endocrine Society of India (**ESI**)
 46. Times Foundation
 47. Cardiological Society of India (**CSI**) - CONFIRMED
 48. Indian Society of Nephrology (**ISN**)
 49. Indian Association of Gastrointestinal Endo Surgeons (**IAGES**) - CONFIRMED
 50. Indian Institute of Architects (**IIA**) - CONFIRMED
 51. Consumer Coordination Council (**CCC**) - CONFIRMED
 52. Health Care Accreditation Council - Mumbai (**HCAC**) - CONFIRMED
 53. Indian Association of Dermatology, Venereology and Leprology (**IADV**)
 54. Director General – ESIC
 55. Director General – Rly. Med. Services- CONFIRMED
 56. Indian Law Institute (**ILI**) - CONFIRMED
 57. Indian Psychiatric Society (**IPS**) - CONFIRMED
 58. Indian Association of Practising Psychiatrists (**IAPP**)



59. Indian Society of Gastroenterology (**ISG**) - CONFIRMED
 60. CMD – General Insurance Corporation Ltd. (**GIC**)
 61. Concerned Action Now (**CAN**)
 62. Neurological Society of India (**NSI**) - CONFIRMED
 63. Indian Cooperative Oncology Network (**ICON**) - CONFIRMED
 64. Indian Society of Haematology and Transfusion Medicine (**ISHTM**)
 65. Indian Association of Occupational Health (**IAOH**)
 66. **All India Occupational Therapists Association (AIOTA)** - CONFIRMED
 67. Indian Society of Neuroanaesthesiology and Critical Medicine (**ISNCM**)
 68. **Indian Society of Psychiatric Nurses (ISPN)** - CONFIRMED
 69. **Society of Indian Radiographers (SOIR)** - CONFIRMED
 70. Association of Colorectal Surgeons of India (**ACRSI**)
 71. Indian Association of Endocrine Surgeons (**IAES**)
 72. Association of Genito-Urinary Surgeons of India (**AGUSI**)
 73. Indian Association of Paediatric Surgeons of India (**IAPS**)
 74. Association of Surgeons of India – Speciality Chapter (**ASRI**)
 75. Indian Association of Surgical Gastroenterology (**IASG**) - CONFIRMED
 76. Indian Association of Surgical Oncology (**IASO**) - CONFIRMED
 77. Association of Thoracic and Cardiovascular Surgeons of India (**ATCVSI**) - CONFIRMED
 78. Association of Surgeons of India – Speciality Chapter (**IATCC**)
 79. Association of Surgeons of India – Speciality Chapter (**AAFFS**)
 80. Association of Plastic Surgeons of India (**APSI**)
 81. Indian Dental Association (**IDA**) - CONFIRMED
 82. Indian Society for Medical Statistics (**ISMS**)
 83. Indian Public Health Association (**IPHA**)
 84. All India General Practitioners' Association (**AIGPA**)
 85. Indian Association of Medical Microbiologists (**IAMM**)
 86. Indian Society of Parasitology (**ISP**)
 87. General Insurance Public Sector Association of India (**GIPSA**) - CONFIRMED
 88. Indian Academy of Cytologists (**IAC**) - CONFIRMED
 89. Indian Rheumatology Association (**IRA**) - CONFIRMED
 90. **Indian Academy of Neurology (IAN)** - CONFIRMED
 91. **Urological Society of India (USI)** - CONFIRMED
 92. Institute of Chartered Accountants of India (**ICAI**)
 93. Federation of Indian Chambers of Commerce & Industry (**FICCI**)
 94. Confederation of Indian Industry (**CII**)
 95. Standing Conference on Public Enterprises (**SCOPE**) - CONFIRMED
 96. PHD Chamber of Commerce and Industry (**PHDCCI**) - CONFIRMED
 97. Council of Scientific and Industrial Research (**CSIR**)
 98. Quality Council of India (**QCI**) - CONFIRMED
 99. Bureau of Indian Standards (**BIS**) - CONFIRMED
 100. Bhabha Atomic Research Centre – Biosciences Group (**BARC**)
 101. Indian Healthcare Federation (**IHF**)
 102. Indian Society of Midwives (**ISM**) - CONFIRMED
 103. Christian Medical Association of India (**CMAI**)
 104. Central Pollution Control Board (**CPCB**) - CONFIRMED
 105. Editors' Guild of India (**EGI**)
 106. Indian Society of Dental Research (**ISDR**)
 107. Indian Society of Periodontology (**ISP**)
 108. Tuberculosis Association of India (**TB AI**) - CONFIRMED
 109. Indian Leprosy Association (**ILA**) - CONFIRMED
 110. Diabetic Association of India (**DAI**)
 111. Director General Medical Services (**Army**) - CONFIRMED
 112. Director General Medical Services (**Air**) - CONFIRMED
 113. Director General Medical Services (**Navy**) - CONFIRMED
 114. Director, NIMHANS- CONFIRMED
 115. Director, NIHFWS- CONFIRMED
 116. Director, AIIMS
 117. Director, PGIMER- CONFIRMED
 118. Director, SGPGI- CONFIRMED
 119. Director, NICD- CONFIRMED
 120. Director, NIPER
 121. Director, JIPMER- CONFIRMED
 122. Director, CDRI
 123. Director, IIHMR - CONFIRMED
 124. Director, ITRC- CONFIRMED
 125. Nursing Research Society of India (**NRSI**) - CONFIRMED
 126. Indian Optometric Association (**I Opto A**)
 127. Director, **CGHS**- CONFIRMED
 128. Indian Society for Quality (**ISQ**) - CONFIRMED
 129. ASSOCHAM- CONFIRMED
 130. National Neonatology Forum (**NNF**)
 131. Indian Pharmacy Graduate's Association (**IPGA**) - CONFIRMED
 132. Federation of Indian Pharmacists Organisation (**FIPO**)
 133. University Grants Commission
 134. Indian Society for Hospital Waste Management - CONFIRMED
- INTERNATIONAL SPEAKERS**
- Ms. Barbara Donaldson – ISQua- CONFIRMED**
- Dr. Jim Walton – Dallas USA- CONFIRMED**
- Dr. Rajan Madhok – U.K. - CONFIRMED**
- Dr. Charles Senteio – USA - CONFIRMED**

About the DVD

The DVD below contains the edited version of the proceedings and the technical presentations in the PowerPoint format to enable receivers to use the same for various activities recommended.

The proceedings and presentations are grouped in the following folders. Each folder contains the individual presentations as separate Mpeg files. This DVD can be viewed only on the computer in the media player programme and presentations on PowerPoint. This would enable the viewers to directly select the presentation of their choice for viewing.

Folders:

1. Inaugural Session – The ceremonial functions viz. lamp lighting, souvenir release & memento presentations by the Chief Guest have been put together in one file for viewing convenience.
2. Plenary Technical Session.
3. Participants' Plenary Session.
4. Panel Discussion.
5. Power Point Presentations of the Technical Session.