



Health care accreditation in India - Quality and Accreditation Institute (QAI) experience

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Background and overview of the accreditation programme

Quality and Accreditation Institute (QAI) is one of three accreditation bodies in India. QAI is a private institution that started health care accreditation activities in 2017 for both public and private health care facilities. QAI operates at national and international level. QAI accreditation is recognised by the Ministry of Health & Family Welfare's Central Government Health Scheme for incentive-based empanelment.

QAI offers 14 accreditation programmes (clinic, ambulatory care, hospital, home care, ART/IVF, dialysis, emergency department, stroke care, telehealth, transition care centre, rehabilitation centre, deaddiction centre, assisted living/senior care and green healthcare facility) for which standards have been developed by Technical Committees. The standards are developed using International Society for Quality in Health Care (ISQua)'s principles for standards development and best practices in each field.

QAI as an organization is accredited by ISQua External Evaluation Association (ISQua EEA), and the hospital and home care standards are also accredited by ISQua EEA.

Accreditation is voluntary in India. So far, 110 health care facilities have been accredited/processed by QAI. These are 12 hospitals, 7 home care, 6 emergency departments, 4 dialysis centres, 4 ambulatory centres, 2 telehealth service providers, 4 transition care centres, and disease specific services such as 53 ART/IVF centres, and 17 stroke centres.

How was accreditation used to improve the quality of health services?

To date, accreditation has been an important tool for improving the quality of health services through the implementation of standards which require structures and processes to be in place, and the opportunity to measure outcomes. Standards also ensure compliance with various regulations such as radiation safety measures, infection prevention and control, etc.

The Insurance Regulatory Development Agency of India had also used accreditation as one of the key requirements to ensure quality of health services. Insurance agencies (both public and private) are also using accreditation to improve the quality and safety of health services by providing financial incentives to hospitals. This has really pushed healthcare service providers to seek accreditation. There are no legal and financial arrangements between QAI and insurance regulator and/or insurance agencies. The arrangement is only administrative where the insurance agency prescribes requirement of accreditation.



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What were the results of this activity?

QAI has not conducted any formal study to assess the impact of accreditation; however, it was observed that there have been improvements in various standards as evidenced by the self-assessment tool (before and after accreditation). There have also been improvements in the infrastructure of healthcare organisations in terms of physical structure, equipment and human resources.

What were the key challenges involved?

How were these challenges overcome?

Persuading healthcare providers to enrol in the accreditation programme was the main challenge. Furthermore, convincing insurance agencies and the government to use the accreditation mechanism as a means of ensuring quality of care was another challenge. The philosophy of “regulator/payer can rely on accreditation” was publicised. This helped to change their minds. It helped insurance companies to incentivise accreditation as they get transparency in operational and financial aspects in addition to assurance of improved quality of service delivery.

Key learning points

✓ **It is important to understand the role of health care accreditation in improving the quality of care so that it can become a tool to persuade insurance providers to provide financial incentives to health care facilities.**

✓ **Developing the accreditation programme in collaboration with government, regulators and insurance agencies is desirable. It was felt that if the accreditation programme is co-developed with stakeholders, especially with government, regulators and insurance agencies, it may have more acceptance and thus more buy-in from health care providers.**

✓ **Linked to point 2 above, incentives in general and financial incentives in particular were known to encourage health care providers to adopt accreditation.**

✓ **ISQua EEA accreditation gives credibility to the accreditation body which can be used as a benchmark by government, regulators and insurance providers as a minimum requirement.**



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