Importance of Quality Control in improving patient satisfaction in India - A review

Dr Dnyanesh Belekar[1], Dr Parag Rishipathak[2]

Ph.D. Scholar, Symbiosis International (Deemed University), Pune, India[1]

Professor & Director, Symbiosis Centre for Health Skills, Symbiosis International (Deemed University), Pune, India[2]

dnyanesh1475@gmail.com[1]director_schs@siu.edu.in[2]

* Corresponding Author: Dr. Parag Rishipathak, Professor & Director, Symbiosis Centre for Health Skills, Symbiosis International (Deemed University), Pune, India

ABSTRACT

Quality control is a very important aspect in ascertaining the outcome of healthcare delivery in any hospital. For so many years various quality control parameters have been devised and so many quality control systems are in place to ensure that a set of standard of care is achieved in order to deliver a quality of healthcare delivery to all patients and beneficiaries. Very popular are NABH (National Accreditation and assessment board for Hospitals which is an offshoot of Quality council of India as an autonomous statutory body. NABH is widely accepted and now have made mandatory to ensure the highest standard of quality while delivering healthcare to patients. In this review, we would like to check the real picture of an already established quality control body and its usefulness at ground level to improve the patient satisfaction.

BACKGROUND& INTRODUCTION

Health for all is the global slogan of World Health Organization (WHO)[1] which ensures that all people of the world are entitled to their right to health and should have an access to healthcare at an affordable price and near to their locality.

Healthcare delivery in India was under Central Government and eventually under the respective state governments post-independence. Since we were just emerging from British Rule, it took some time to set up the National Health Commission and subsequently the Health Ministry in order to take care of health which is an important aspect of any country's population.

Initially, few set of guidelines were written and those norms were followed as per earlier British System of healthcare delivery which was existent pre independence. However, those parameters were mainly set up keeping in mind the British people. The requirements and needs of our own country were lacking. So, health ministry laid down certain set of rules in order to achieve this very goal.

However, there was no real standardization in terms of parameters to achieve as state wise variations were observed and which further laid to minor and eventually quite a few deviations from the original set of guidelines. Again, it was not practical for every small and medium sized healthcare delivery organization to follow the same meticulously due to lack of logistics, funding support and infrastructure. The gap went on increasing over a period of time. Eventually, a strong need was felt by the Health Ministry to set an

2312

autonomous body to ensure the quality of standards which will be uniform as well as feasible as per the type of health establishments in India.

The think tanks from health ministry studied western world and closely observed their set of guidelines which they were following in order to maintain the quality standards across uniformly. Those parameters were modified as per needs and requirements and thus the Quality council of India (QCI) was set up in 1992 in order to have an international type of framework for India. Honorable Shri Ratan Tata was the first chairman of QCI since its inception for first 2 years.

The guidelines were also framed by taking help from guidelines from WHO. Thus various such useful inputs were received and robust set of guidelines was established. Eventually many such boards were set up.

NABH[2] is established in India so as to ensure the standard of healthcare which the patient shall get in order to achieve patient satisfaction in terms of completeness of services, less stringent norms to complete the same for patient and an overall patient satisfaction.

Introduction of accreditation has proved to be a game changer for all. It had set an example of standard of care one must opt in order to maintain the highest standard of quality while delivering healthcare in population[3]. Initially, as it was voluntary in nature only hospitals that were having insurance tie ups went for it. Slowly, the new policy came into existence that if the hospital does not have an accreditation then that hospital's claim won't be approved by the Insurance companies. Slowly, many hospitals came under the umbrella of NABH Certification and standards. Total quality management is also an interesting concept to imbibe for improving the services for our patients [4].

Few hospitals opposed and questioned the need of NABH initially and said that they don't need any further accreditation from third party organization like NABH to prove that they are delivering quality health care. They are having a robust internal audit which helps them in maintaining the quality of care[5]. However, what they missed is the new NABH was equipped with an international type of structured framework which was going to be very robust and helpful to gather as well as to keep the data.

Eventually, almost many major hospitals underwent NABH Accreditations in order to not only assure the quality control within the hospital but to also ensure smooth insurance claim pass procedure. This was extremely helpful for many hospitals as the tedious claim approval procedure became quite smooth and hassle free.

Interestingly, later on the claim process got more importance and focus than that of quality control aspect for which it was originally devised. Now also at many private hospitals the NABH is done mainly to ascertain the smooth claim process and quality care is not given that much of importance. It should be done equally with quality control having more coverage[6]. Inclusion of various novel concepts from other systems also helps in improvising the quality of care [7,8]

This needs an awareness and willingness to change. Currently, the entire process of NABH Certification is quite streamlined and many occasions it is outsourced because of lack of internal manpower and lack of knowledge about how to compile and complete the necessary paperwork for getting the final certification.

2313

Eur. Chem. Bull. 2023,12(12), 2312-2317

The NABH Certification runs in 2 levels. First one is Entry Level and second one is a Comprehensive Level with many more parameters to compile and check on. As there is lot of data entry and paperwork involved, small and medium hospital set ups end up outsourcing it due to logistics reasons.

RESEARCH METHODOLOGY

In this research paper, a review of various earlier available information related to Quality Control in India and its evolution has been studied. Various articles published on similar topic have also been studied and their narration has been taken in account. All this information has been meticulously reviewed analyzed and then the concluding remarks have been put in the end of this article.

INCLUSION CRITERIA

1. All general information available on official sites of Apex Bodies.
2. All concerned published articles from India.

EXCLUSION CRITERIA

1. All international general articles except from WHO
2. Social Media information.

CHALLENGES

The main challenge in maintaining the quality control is many places and many people think it as a one time job. Once they acquire the necessary certification, the internal audit process and integrity goes on lowering as the days pass. A state of mental relaxation encroaches upon.

NEW CHANGES

The newer version of NABH ensuring the quality of care in healthcare sector has seen many changes over the years. Initially, the inputs from the stakeholders were asked and modifications were done accordingly in order to ensure that the system is up to mark and keeping pace with changing times. National health policy is being drafted under NITI Aayog set up by Government of India[9]. The Basic concept being always does good in order to achieve the best [10].

Besides the minor internal modifications in main section heads, one important aspect observed is digitization of all records of the hospital and healthcare institution. All age groups are given due importance especially the senior citizens and elderly population is also included in this as actually they need more attention [11].This has eased out the record keeping and also helped in maintaining the archives of large number of data[12].

Earlier, due to mandate of keeping physical copy only, there were issues with logistics such as place to keep such huge records and its maintenance over a period of time. Now also physical copy is required but for specific period of time such as 5 years and later after giving the notification in newspaper, such records can be expunged, thus stringent policy is warranted [13]. However, digital copy remains quite safely forever and is easy to share plus modifications if any are possible (This does not mean tampering with the past records but adding important headings as per norms). Also, customer feedback through anonymous

2314

Eur. Chem. Bull. 2023,12(12), 2312-2317

questionnaires at any healthcare center gives an edge to improve the quality of care [14]. Decision making trial and evaluation laboratory (DEMATEL) is considered as an effective method for the identification of cause-effect chain components of a complex system. It basically deals with an evaluation within interdependent relationships among factors and finding the critical ones through a visual structural model[15]. The conceptual quality of framework of services has become a new norm which is very important in order to maintain the standards of quality care [16].

Newer systems such as six sigma[17,18,19,20] or Joint Commission (JC)[21], from United Stateshave also done the research in these aspects in uplifting the quality of care in their respective countries and also have contribute to make earlier system more strong. Even Maharashtra University of Health Sciences (MUHS), Nashik has come up with an IMPACT Assessment[22] on similar grounds modified as per local needs. All these systems are helpful in achieving the goal of ensuring the quality of care which in turn holds the standard of care in healthcare industry.

FUTURE

Complete digitization of the entire process plus online inspections and data archiving. It will also facilitate real time surprise inspections at remote places where with prior intimation local manipulations sometimes take place just prior to inspections. All unfair means are taken care of by bringing in the transparency in entire process. There are many more accreditation systems available in market internationally. Amalgamation of such systems in one single robust system of quality control which will bring the uniformity all around the globe in terms of quality of care across healthcare institutions will help the community. There will be local modifications as per the need of the area and demography of disease pattern seen.

CONCLUSION

Quality of care for healthcare industry has gained a lot of popularity over last 30 years since the inception of QCI and NABH. Lot of changes have been observed over these years which have proven as detrimental to outcome of standard of care for patients' overall satisfaction towards the services provided to them in hospitals and small, medium and large-scale healthcare institutions. Digitization of various services has simplified the entire process of achieving and maintaining the quality of care. However, still lot of awareness is required among general population as well as the stakeholders from the healthcare sector in order to have synchronized effort towards one goal of overall having *one system, one quality* will be the new motto for all which will achieve goal of having patient satisfaction as all the services ensured to the patient will be delivered in a methodical manner.

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2317

Eur. Chem. Bull. 2023,12(12), 2312-2317