Summer Internship

At

IIHMR, Delhi (April 1 to May 31st, 2020)

A Report

By

Dr. Mehak Dhingra

Post-graduate Diploma in Hospital and Health Management

2019-2021

International Institute of Health Management Research, New Delhi

Organization Name – IIHMR, Delhi

DECLARATION

I, Dr. Mehak Dhingra, hereby declare that this Internship Assignments entitled **Accreditation Standards in Hospitals: A Comparative study of Selected Nations** is the outcome of my own study undertaken under the guidance of Prof/ Dr. Sumesh Kumar, IIHMR-New Delhi. It has not previously formed the basis for the award of any degree, diploma, or certificate of this Institute or of any other institute or university. I have duly acknowledged all the sources used by me in the preparation of this field internship report.

Date: 1-08-2020

Sign: mehak

Postgraduate Diploma in Hospital and Health Management

International Institute of Health Management Research

New Delhi

CERTIFICATE OF COMPLETION

The certificate is awarded to

Name Dr. Mehak Dhigra (PG/ ___44____[Enrollment Number]))

In recognition of having successfully completed her/ his Internship in the department of

Title: Accreditation Standards in Hospitals: A Comparative study of Selected Nations

and has successfully completed her/his Project on **Accreditation Standards in Hospitals: A Comparative study of Selected Nations**

Date: May 2020

Organisation: IIHMR-Delhi

She/ He has found to be a committed, sincere and diligent student who has a strong drive & zeal for learning.

We wish him/her all the best for future endeavors

Dean- Academics & Student Affairs **Mentor Name & Signature Dr. Sumesh Kumar**

Certificate of Approval

The following Summer Internship Project titled **"Accreditation Standards in Hospitals: A Comparative study of Selected Nations"** at **"IIHMR-Delhi"** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the report only for the purpose it is submitted.

Name of the Mentor: Dr. Sumesh Kumar

Designation: Associate Professor

IIHMR, Delhi

FEEDBACK FORM

Name of the Student:

Summer Internship Institution:

Area of Summer Internship:

Attendance:

Objectives met:

Deliverables:

Strengths:

Suggestions for Improvement:

Signature of the Officer-in-Charge (Internship)

Date:

Place:

ACKNOWLEDGEMENT

I would like to express my special thanks of gratitude to my mentor ‘Dr. Sumesh Kumar’ for their able guidance and support in completing my summer internship report.

I would also like to extend my gratitude to Director sir ‘Professor Shankar das’ and dean academic ‘Dr. Pradeep Panda’ for providing all the required facility during my summer internship at IIHMR.

Date 02 July 2020

Submitted By Dr. Mehak Dhingra

PG/19/044

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Abbreviations

1. **JCI-** Joint Commission International
2. **HR-**Human Resource
3. **AHEL-**Apollo Hospital Enterprise Limited
4. **ENT-**Ear, Nose, Throat
5. **ATM-**Automated Taller Machine
6. **FFR-** Fractional Flow Reserve
7. **OCT-** Optical Coherence Tomography
8. **BVS-** Bioresorbable vascular scaffold
9. **ECTR-** Single Port Endoscopic technique Of Carpal Tunnel Release
10. **ICU-**Intensive Care Unit
11. **APCC-**Apollo Proton Cancer Centre
12. **CMT-** Cancer Management Teams
13. **APAB-** Apollo Proton Advisory Board
14. **BMI-**Body Mass Index
15. **OT-**Operation Theatre
16. **NABH-** National accreditation board for hospitals and healthcare providers
17. **QHA-** Quality Healthcare Accreditation
18. **SAS-** Swiss Accreditation Service
19. **ACHS-** Australian council on healthcare standards
20. **NSQHS-** National safety and quality health services

21. QCI-Quality Council of India

22. WHO- World Health Organization

23. CRM-Clinical Risk Management

24. UGC-University Grants Commission

25. ISQua-International Society for Quality in Healthcare

26. NHS- National health service

27. IVF-In-Vitro Fertilisation

28. MIS-Management Information System

29. CHC-Community Health Centres

30. PHC-Primary Health Centres

31. SHCO-Small Health Care Organisation

32. UK-United Kingdom

CASE STUDY ON APOLLO HOSPITAL

Apollo Hospital Profile

Dr. Prathap C Reddy in 1983, propelled the first corporate medical clinic in Quite a while, which is Apollo Hospital of Chennai. Throughout the years, Apollo Hospitals Group has become the biggest medicinal services association in Asia. with 8,500 had relations with emergency clinic across 54 hospitals and have in excess of 1200 drug stores and 100 analytic centers. The Group additionally offers clinical business process for re-appropriating administrations, medical coverage administrations and more in scientific research partitions with an consideration on epidemiological investigations, foundational microorganism inquire about and hereditary research. To create ability for the flourishing need of prevalent beneficial services transference. Medical clinics Group have achieved a couple of respects, including the Focus of Quality from the Government of India and affirmation from the Joint Commission International (seven of our crisis facilities are JCI authorize). Apollo Hospitals Group, for about 28 years, has relentlessly surpassed desires and kept up the organization in clinical progression, world-class clinical organizations and cutting edge development. Crisis centers are best situated among the best crisis facilities for forefront clinical organizations and research all around.

Vision

Apollo's vision for the next phase of development is to 'Touch a Billion Lives'.

Mission

“There mission is to bring healthcare of International standards within the reach of every individual. They are committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity”.

Values

Qualities make them who they are, characterizing as people, yet in addition as a family. Apollo has consistently been a family, cooperating, crossing obstacles together, and scoring up triumphs together. Their qualities hold us and join us for a typical reason. It maintains what they put stock in, what hold near the hearts, and that is the thing that makes Apollo one of the best social insurance suppliers on the planet.

Apollo Culture

They define the culture on 3 words i.e Excellence, Expertise and Empathy. Gathering's one of a kind procedure in clinical greatness, progressive aptitude and have warm culture of Tender Loving Care. A solid positive culture will give an extraordinary domain, along these lines, urging representatives to contribute. This characterizes Apollo Hospitals a confided in human services supplier. It is this way of thinking that has pushed strategic touch lives, to recuperate and to constantly improve social insurance conveyance in India. Hospitals is determined by a solitary push, to give the best measures of patient care. It is the energy that has prompted the advancement of focuses of greatness across clinical controls.

Organisation Structure

Executive Leadership

Dr. Prathap C. Reddy who is the Executive chairman, Dr. Preetha Reddy she is the Managing director, Ms. Suneeta Reddy who is the Joint managing director, Ms. Sangeeta Reddy she is the Executive director, operations, Ms. Shobana Kamineni who is the Executive director and Special initatives of the groups.

Independent Directors:

Mr. Vinayak Chatterjee

Dr. T. Rajgopal

Dr. Murali Doraiswamy

Ms. V. Kavitha Dutt

Mr. MBN Rao

Leadership Team:

Mr. Chandra Sekhar C (Chief Executive Officer)

Mr. Anand Wasker (Chief Operating Officer – Apollo Clinic)

Mr. Mukesh Sabharwal (Chief Operating Officer – Apollo Spectra)

Mr. Gagan Bhalla (Chief Executive Officer – Apollo Sugar)

Mr. Gaurav Loria (Head – Quality)

Mr. Anand K (Chief Operating Officer – Apollo Diagnostics)

Dr. Ajay Gangoli (Director – Medical and Clinical Operations)

Mr. Anubhav Prashant (GM & Head – Apollo Cradle)

Mr. Nishant Mishra (Group CMO – Apollo Health and Lifestyle Ltd.)

Mr. Lalit Nagpal (CFO - Apollo Health and Lifestyle Ltd.)

Mr. Yogesh Jalandhar Ghadge (Vice President – Projects and Engineering)

Mr. Saurabh Aggarwal (Head – Procurement)

HR Policies

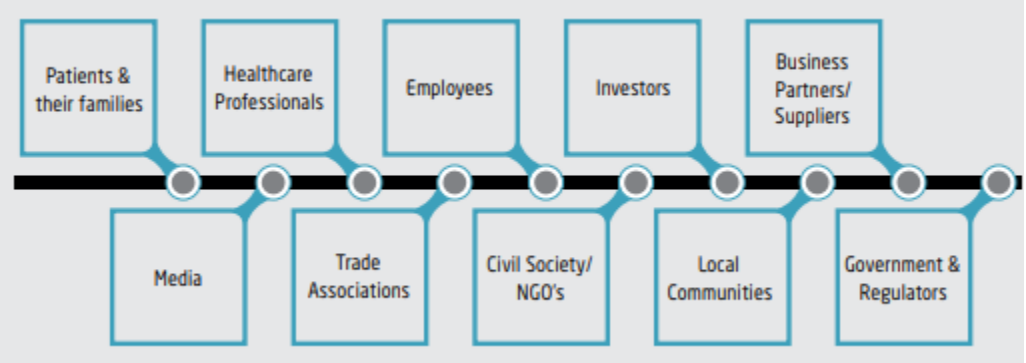
- Each worker will mandatorily resign on the day when the representative achieves the age of 58 years or prior if the representative turns out to be therapeutically not well.

- The board in its watchfulness can re-utilize the medicinally fit worker on some standing and conditions concurred.
- Official leave agreement to be missing from work , as that conceded to corporate faculty or some other representative is called leave and the timeframe allowed by such consent is called time away.
- Leave rules will be distinctive for various for various workers.
- There are Types of leave which hospital provides to their employees like Casual leave, earned leave, as well as maternity leave.
- Leave application ought to be succumbed to HR official at any rate a day prior and with their specialization head endorsement.
- An representative is subject to be excused for unfortunate behavior subsequent to being given most extreme three admonitions relying upon the level of wrongdoing.

Communication Channels And Strategy

At AHEL, Engaging with partners is significant part to the achievement of any association. To succeed, an association have a reasonable vision which is gotten from a strong vital arranging process, and a successful key arrangement or advertising plan can just originate from partner commitment. Compelling commitment will help make an interpretation of partner needs into authoritative objectives, giving us the premise of successful technique improvement prompting important results. These partners incorporate people, gatherings and associations that effect or are influenced by our business. We have characterized explicit jobs and duties of the key offices in AHEL to address these worries, screen, and guarantee that they are tended to in an opportune and effective way.

Partner Engagement stay focused on the emergency clinic partners with the plan to develop in a straightforward and responsible way. Drawing in with key partners and materiality process helps in settling on issues to concentrate on request to standard supportability into our dynamic.



Mode of engagement with key stakeholders

Patients & their families

Engagement Team	Guest Relations Department
Mode of engagement	VOC process, which measures patient experience rather than satisfaction among both in-patients and outpatients
	Structured partnership with Gallup World Wide.
	It captures qualitative & quantitative feedback on 27 attributes across all patient touch points in all the units

Employees

Engagement Team	Human Resource Department, Corporate Operations & Maintenance team.
Mode of engagement	Satisfaction surveys, Grievance Redressal, Open house, Various committees, Emails, Journals, Meetings with employee associations and unions; Various Events including employee open forum every month, celebration of department day etc.

Investors

Engagement Team	Company Secretariat, Finance & Investor Relations
Mode of engagement	Annual General Meeting, Investor Meets, Investor Conferences, Conference Calls

Business Partners/ Suppliers

Engagement Team	Contracts & Procurement Department, Projects Department
Mode of engagement	Supplier meet, Emails, One-to-one meetings

Local Communities

Engagement Team	CSR Committee, Corporate Social Responsibility team, HR Department
Mode of engagement	Community Meetings, Project Meetings, Conducting awareness program, Free camps, Impact assessment, skill development etc.

Government & Regulators

Engagement Team	Legal Department, Project, Company Secretariat
Mode of engagement	Hearings and other Meetings, MoU's, Interaction with Regulatory bodies, Initiatives for Public private partnership etc.

Roles & Responsibilities Of Their Team

- Quality patient care
- Customer focus
- Teamwork
- Embracing change
- Operational efficiency
- Respect for individual
- Research leadership
- Teaching excellence

Services And Programmes

- **Core specialities** include like Bone and joints ,Brain and spine ,Emergency24x7 ,Pulmonology and basic consideration etc

- **Apollo diagnostics** include like Radiology administrations, Laboratory administrations, Blood bank

- **Apollo services** includes Endocrine and bone wellbeing, ENT, Heart consideration, General medication, Gastroentology, Minimal access medical procedure, Cancer, Cosmetology, Nephrology and urology

- **More service station** added Parking, Internet, Laundry administrations, Telecommunication administrations, Interpration administrations, Bank and ATM, Money exchange and cash trade, Intercontinental nourishment, Cafecateria etc

Innovations And Path Breaking Initiatives

- Advancements are continually being made in the field of Obesity medical procedure, with great momentary achievement rates. These techniques incorporate Gastric imbrications and Mini Gastric detour, which increased some prominence in the territory of bariatric surgery. Apollo's way breaking improvements in clinical greatness, inquire about and sustaining ability comes from a straightforward objective to make the patient experience more secure and give personal satisfaction in a superior manner, and make their image of medicinal services benefits progressively compelling and productive.

Initiatives

- Initiatives they were taken to reach their objective and goals are Cancer-proton therapy, Bronchial Thermoplastry, Hybrid Revascularisation, Da Vinci Robotic

Surgical System, Renaissance Robotic Surgical System, Minimally invasive Cardiac Surgery, Cosmetic Surgery, Oral & Maxillofacial Surgery, Bone Marrow Transplant, Hand Microsurgery, Infertility Care ,Fractional Flow Reserve (FFR) ,Hip Arthroscopy ,Trans Oral Robotic Surgery ,Surgery for Parkinson's disease, The Ideal Knee, Cyberzone, Novalis Tx ,ECMO ,G Scan ,320 Slice Advanced Technology ,OCT Technique-Optical Coherence Tomography, Bioresorbable vascular scaffold (BVS) ,Single Port Endoscopic technique Of Carpal Tunnel Release (ECTR) ,TrueBeam STX ,Minimally Invasive Subvastus Total ,Knee Replacement, Fast Track Knee Replacement, Gallium 68 a (htt1) and many more

Local and Global Outreach

- Apollo Hospitals consists of 10,000 beds across the 70 Hospitals with 2,556 Pharmacies, which have more than 172 clinical services and Diagnostic Clinics,148 Telemedicine units, across 13 nations, and 80+ Apollo Munich Coverage. As an incorporated restoratives administrations master associations with Health Insurance administrations, Global Projects Consultancy ability, 12+ clinical preparing spots and look Foundation with an attention on overall Clinical Trials, epidemiological investigations, immature microorganism and hereditary research. Apollo Hospitals has been at the front line of new clinical forward leaps with the latest innovation being the main Proton Therapy Center across Asia, Africa, Australia and in India.

COMMUNICABLE AND NON-COMMUNICABLE DISEASES PREVENTION

Every hospital deals with every disease but Apollo hospital provide services in various department like Heart department, Orthopedics department, Spine department, Neurology and Neurosurgery department, Gastroenterology department, Cancer department, Transplants, ICU department, Emergency department, Preventive Medicine department, Bariatric surgery department, Nephrology and Urology department, Colorectal surgery department.

Apollo is an incorporated medicinal services specialist organization with Health Insurance administrations, Global Projects Consultancy capacity, 12 or more clinical instruction places and a Investigation Groundwork with an attention proceeding worldwide Experimental Trials, epidemiological examinations, undeveloped cell and hereditary examination, Apollo Hospitals has been at the bleeding edge of innovative clinical discoveries with the latest speculation being that of dispatching the main Proton Therapy Center crossways the globally as well as in India.

Hospital mainly focus on non-communicable disease like cancer so they took various actions on the area of cancer and provide the treatment to cancer patients in APCC {Apollo proton cancer centre}

ABOUT APCC

The Apollo Proton Cancer Center is the 150 bedded coordinated malignant growth medical clinic offers best in class complete disease care. APCC is the first Proton Therapy in south East Asia and significant achievement in India purposeful concentration to fight and overcome malignant growth. Controlled by a bleeding power multi room Proton Center, APCC is changing radiation oncology in India, yet over the district. The emergency clinic is an encouraging sign for over 3.5 billion people. It is the most developed proton treatment systems in careful, radiation, clinical oncology.

Area of programme and actions for cancer patients

There main area is to treat various cancer detection in APCC. So, various tumors includes Bone and soft tissue tumors , Breast tumors , Brain tumors, Gastro intestinal cancers(GI), Pediatric cancers, Head and neck tumors, Urology tumors, Thoracic tumors were treated in APCC. And various actions are also taken under these.

Actions Undertaken APCC

APCC associations the most remarkable multi-secluded action shows to fight and vanquish harmful development and bring to the table the most forefront types of progress during the zones of cautious, clinical and energy oncology. Beside presenting willing-varying kit like Radixact Tomotherapy and Proton Therapy, there concentration at APCC is to increase the standard over completely the touch-centers in the whole threatening development care extend. From screening, to nurturing to conduct and reclamation, authorities at APCC are aggressive the cover to the extent experimental enormity besides results in Oncology.

PROTON THERAPY

Proton therapy cures both cancerous and non-cancerous tumors. It is also used for treatment in both children and adults. Its value is indispensable when treating tumors of the brain & spinal cord in children who often experience severe side effects from toxic cancer therapies from proton therapy, radiotherapy, surgical oncology, radiation oncology, medical oncology, personalized medicine, comprehensive cancer screening, rehabilitation services, clinical reseach and trials.

- Proton therapy treats:
- Benign tumors
- Pancreatic cancer
- Cancer of the liver
- Head cancer or neck cancer
- Cancer of the lung
- Prostate cancer
- Rhabdomyosarcoma
- Cancer of the breast

Program Objective

- 4 A’S OF APCC

- **Awareness**

Apollo's 360-degree malignant growth care program has attempted to guarantee extensive contact to initial location through Tissue Exact Cancer finding Clinics.

- **Accessible**

Malignant growth Care at Apollo Hospitals looks to take notable advancements in oncology to the base of the pyramid.

- **Ailment-focussed**

Apollo has made uncommon interests in cutting edge foundation and forefront innovation and gear to offer coordinated way to deal with disease care.

- **Affordable**

Cost advantage is a key column in Apollo's strategic contacting existence with the endowment of wellbeing.

Approaches and Methodology

At the substratum of APCC's way to deal with delicacy malignant growth is its strong multi-punitive stage; with exceptionally talented experts - joined by mastery and responsibility - meet up to shape Cancer Management Teams (CMT). Every CMT is centered around conveying most ideal results toward their patients.

Specific Actions Undertaken

- Little to no radiation behind the tumor
- Significantly littler fundamental portion per treatment
- Proven accreditations in decreasing danger of symptoms
- Better personal satisfaction during and after treatment
- A easy and non-obtrusive system

How it is Implemented?

The APAB is a conversation of especially capable radiation oncologists, physicists and various specialists dedicated in threat the officials, with phenomenal expertise in specific and clinical pieces of Proton Therapy. The urgent the Board is to train and connect with the Oncology society; progress toward a reality where Proton Therapy is the supported strategy for treatment to treat the stunning cases of dangerous development. The request for the

APAB is clear – be the course for steady patient referrals and work process, make a system that is taught and propelled to help Proton Therapy kick off something new.

PERCEPTIVE CLINICAL INDICATION

Guarantee proper usage of proton treatment in rising clinical signs and help in proceeded with clinical proof turn of events and clinical viability.

MAKE INFORMATION DISTRIBUTION STAGE

Standard electronic joint gatherings with a mean to talk about patients and logical clinical information dependent on treatment arranging and clinical preliminaries.

SOLIDER NETWORKS AND TEAMWORK

Effort with other national and worldwide gatherings and offer commonly useful clinical meetings, directing joint and significant bleeding edge dosimetric, clinical and translational investigation work.

STRIDENT THE PACKET FOR PROTON THERAPY

Calendar ordinary conceptualizing to assess the quickly creating mechanical and logical data about Proton Therapy and procedure to actualize and grow the extent of Proton Therapy in existing and future offices.

RELATIONSHIP

The APAB will be led by the Medical Director of the Apollo Proton Cancer Center. They will rudder a center gathering of doctors and key physicists from the part clinics.

GLOBAL ASSOCIATES

APAB has produced a vital union with the Baptist Health South Florida, Miami Cancer Institute. This organization has given us significant experiences to drive new degrees of clinical results and greatness with Proton Therapy.

SHRILL MEDICAL SIGNAL

Guarantee proper usage of proton treatment in rising clinical signs and help in proceeded with clinical proof turn of events and clinical viability.

TYPE DATA ALLOCATION STAGE

Standard online joint gatherings with an intend to talk about patients and logical clinical information dependent on treatment arranging and clinical preliminaries.

MORE STRANDED CONTACTS AND ALLIANCE

Work with other national and global gatherings and offer commonly helpful clinical encounters, directing joint and important front line dosimetric, clinical and translational research work.

FORCEFUL THE WRAPPING FOR PROTON THERAPY

Calendar customary conceptualizing to assess the quickly creating mechanical and logical data about Proton Therapy and procedure to actualize and grow the extent of Proton Therapy in existing and future offices.

ADMISSION

The Apollo Proton Advisory Board will be led by the Medical Director of the Apollo Proton Cancer Center. He/she will rudder a center gathering of doctors and key physicists from the part medical clinics. The board will be additionally fortified with the experiences and assessments of probably the most senior specialists from Apollo's huge Cancer Care arrange.

UNIVERSAL ASSOCIATES

APAB has fashioned a vital collusion with the Baptist Health South Florida, Miami Cancer Institute. This association has given us significant bits of knowledge to drive new degrees of clinical results and greatness with Proton Therapy.

Deliverable and Outcomes

Targeted conveyance - Proton treatment permits the radioactivity oncologist tweak vitality and solution the pinnacle portion of radiation precisely where it is required.

Improved results - Pencil Beam Skimming paints the whole tumor with powerful radiation bringing about a practically 80% decline in the odds of auxiliary malignant growths.

Minimum symptoms - Proton's innate exactness conveys exact radiation with no leave dosages. It limits reactions and drastically enlarges the personal satisfaction post-treatment.

- There are other various treatment procedures taken under Apollo hospital
  Bronchial Thermoplastry, Hybrid Revascularisation, Da Vinci Robotic Surgical System, Renaissance Robotic Surgical System, Minimally invasive Cardiac Surgery ,Cosmetic Surgery, Oral & Maxillofacial Surgery, Bone Marrow Transplant, Hand Microsurgery, Infertility Care, Fractional Flow Reserve (FFR), Hip Arthroscopy, Trans Oral Robotic Surgery, Surgery for Parkinson’s disease, The Ideal Knee, Cyberzone, Novalis Tx, ECMO, G Scan, 320 Slice Advanced Technology, OCT Technique-Optical Coherence Tomography, Bioresorbable vascular scaffold (BVS), Single Port Endoscopic technique Of Carpal Tunnel Release (ECTR), TrueBeam STX, Minimally Invasive Subvastus Total, Knee Replacement, Fast Track Knee Replacement, Gallium 68 and many more

Apollo Bariatric Surgery Expertise

- **Apollo clinical results, cutting edge innovation, clinical aptitude and vast achievement duties has made the Hospitals, India one the least difficult bariatric medical procedure emergency clinics in India.**
  Stoutness might be a condition wherein an individual's Body Mass Index or BMI determined by isolating stature by weight which is quite30. It's turning into a worldwide scourge in created countries as well as in creating countries like India.
- Heftiness might be a tremendous issue in India, with bleak weight influencing 5% of the country's populace. Apollo Centers of Brilliance in Bariatric Surgery one in the everything about greatest habitats for Bariatric Surgery in India, playing out all the different kinds of mass reduction medical procedures incorporating modification medical procedures with successing rates looking like to universal measures. Bariatric treatment at Apollo Hospitals has given well outcomes and better-quality personal satisfaction for many large patients with the right hand of submitted advisors, united experts and furthermore the best dieticians in India. Bariatric Surgery Doctors in India receive scope of techniques for patients who have horrible heftiness.
- Nominal get to strategies done, including Endoscopic medical procedure, Laparoscopy, Only cut medical procedure and mechanical medical procedure for Bariatrics. First weight reduction medical clinic in India to present Robotic strategy for BariatricsApollo Hospitals India played out the World's first Only Incision Revision Bariatric Surgery and India's first Single Incision Gastric Bypass, It is the first Asia's scar less endoscopic modification gastroplasty for fizzled bariatric medical procedure. Robotic bariatric medical procedure on Asia weightiest patient considering 348 kgs. Apollo Hospitals was probably the most punctual focus in the nation to begin Bariatric Surgery path in 2004.

TITLE- OT Utilisation in a tertiary hospital in India

S.NO	ARTICLE NAME	AIM	METHODOLOGY	RESULTS	DISCUSSION
1.	An analysis of time utilization and cancellations of scheduled cases in the main operation theater complex of a tertiary care teaching insititute of north india.	To investigate the time usage and to survey the expressed reasons for retractions of booked cases in the OT complex of a tertiary consideration instructing organization.	16 OT boards was watched for 6 days and entirely out 96 days. Asset times occupied as 0800-1600 hrs. Parameters remained verified - time spent on strong administration - period consumed on real medical procedure - area try after some time - time spent for absolute system - time among section and exit of patient.	Total 325 were scheduled cases in 96days, 252 were operated and 73 were cancelled.	Under various studies Acc to Haiart *et al*.,he cause of underutilization was understaffing. Acc to Kumar and Sarma *et al*., The record significant reason for the termination was create to be “time factor” outstanding to control of general anaesthesia period. Acc to Garg *et al*., The thought processes in withdrawal of the modified elective cases because of absence of accessibility of theater time,did not turn up upon the arrival of medical procedure clinical reasons like autoclaved instruments or instruments not available,and incidental reasons like no accessibility of senior surgeon,ICU bed,adequate blood items and refusal of assent by understanding were answerable for undoings.

2.	A Prospective study on operation theatre utilization time and cancellations of scheduled surgeries in a 1000-bedded tertiary care rural hospital with a view to optimize the utilization of operation theatre.(Shraddha Vidyadhar Naik 2018)	The point of the examination is to consider the OT usage time and basic reasons for abrogations and rescheduling of medical procedures.	8 major OTs noted under various parameters -OT start time -Induction to incision time -Time of shifting patient outside the OT -Table turnover time -Any case gets canceled or rescheduled, the reason for same	Total 8 OT stands of several division, and limits were detected. The total procedure time was maximum for ENT which follow thru orthopedics and smallest for obstetrics. Room turnover time was greatest for obstetrics followed by general and oncosurgery. Case delays were greatest when all is said in done medical procedure and least for Ophthalmology.	Acc to Shraddha Vidyadhar Naik *et al*.,Causes of cancellations surgeries are avoidable and efforts should be done to prevent cancellation of surgery by proper utilization human and material resources. Delays in starting the OT table in the mornings cause considerable wastage of productive OT time and lead to cancellations of surgeries. Therefore, proper communication among surgeon, anesthesiologist, and nursing staff one night before surgery can help in delays. Room turnover time can be improved by keeping a dedicated theater for emergency procedures can avoid rescheduling of cases due to last moment entry of emergency cases. .

3.	Audit of the functioning of the elective neurosurgical operation theater in India:A prospective Study and Review of literature.(Amrit kumar Saikia 2015)	To break down the use example of neurosurgery OT time at a tertiary neurosciences community and to distinguish quantifiable exercises for ideal OT usage.	Information gathered and watched - OT start time - delay in start - sedation acceptance time - careful planning time - sedation recuperation time - working time, time between cases - theater shutting time.	537 medical procedures were performed during the examination time frame. The level of time utilized for sedation enlistment, genuine surgery, recuperation from sedation.On 220 events theater was over-run.	Acc. To Amrit KumarSaikia *et al.*,[1] Study from past non neurosurgical activities show that neurosurgical OT usage design is not quite the same as other careful controls. Discoveries about working and sedative occasions for various neurosurgical activities gives an important manual for arranging working records and is probably going to help reasonable usage of existing rare social insurance assets.
4.	Waiting time of inpatients before elective surgical procedures at a state government teaching hospital in india.(S Ray 2017)	Aim is to gauge the inpatient holding up time, Recognize the variables that influence the inpatient holding up time, and suggest the methods of decreasing the holding up time of inpatients before elective surgeries, at a state government showing clinic in	Secondary data is used. data were collected for each patient from the medical file and OT register.	Five OTs were functional on each day at the OT Complex. Working hours of the OT complex were 0900–1600 h total of 219 surgeries were completed The average waiting time	Acc. To Shreyasi Ray *et al*., This study has shown the existence of significant inequalities in the waiting time between BPL and APL patients despite the implementation of universal health coverage policy. There is lack of single point integration of preoperative laboratory investigation and imaging in the hospital. study has revealed that sicker patients (higher ASA physical status) waited more than less sick patients (lower ASA physical status), study

		india.		of BPL inpatients before surgery was more than triple than that of APL inpatients.	explores one of the major problems of tertiary surgical care in a state government teaching hospital of India– patients waiting for surgery after hospitalization. This study identified root causes of such delays in the inpatient waiting time and recommended pragmatic solutions to the problem.
5.	Are the operation theatres being optimally utilized? -A prospective observational study in a tertiary care public sector hospital.(Deepti Saharan 2019)	To dissect the use of the activity theaters at a tertiary consideration instructing medical clinic.	OT complex comprises of 12 working rooms and all the elective OTs were remembered for the investigation aside from the crisis OT. Choice of activity theater and weekday for information assortment was finished utilizing straightforward arbitrary inspecting without substitution utilizing chit framework.	A sum of 129 medical procedures out of 186 planned medical procedures were conducted.In significant medical procedures, out of 120 booked medical procedures, 42 medical procedures were dropped, while in minor surgeries,out of 66 booked surgeries,15 medical procedures were	Acc. To Deepti Sahran, Vijaydeep Siddharth *et al*., Absence of working time lead to ill-advised planning was the purpose behind dropping of significant medical procedures ; while in minor medical procedures, open air patients not giving an account of the day of medical procedure was the basic reason. All the OTs were over used allowing to the present working timetable as of high patient burden and long hanging tight rundown for surgey in certain specialities.

				dropped.	

DISCUSSION

By comparing the 5 articles review of literature of Talati S et al., saikia A K et al., Naik SV et al., Ray S et al, Saharan D et al.

In different articles the time usage and expressed the reasons for abrogations of booked cases in the OT complex of any emergency clinic. It was discovered that there is delay in the beginning the OT table on time prompts wasteful usage of accessible asset hours. So it very well may be diminished if there is improved correspondence among patient and specialist with the goal that the patient knows the pre-usable guidelines appropriately and between OT medical attendants which will smoothen moving of elective medical procedure indoor patients from wards to OT. The quantity of scratch-offs can be decreased by legitimate planning of cases. Arrangement of an OT director may help satisfactory booking of cases for different OT tables, consequently diminishing crossing out of cases and improving usage of OT tables. What's more, to evaluate OT usage the use of accessible asset hours is a significant instrument that help in demonstrating the elements that should be improved for ideal use of the accessible working time.and inconstancy of case term likewise makes it hard to anticipate the genuine use. In any event, for routine operations, actual case time is dubious.

Additionally, the vast majority of the reasons for deferrals and abrogation of medical procedures can be kept away from with appropriate preoperative arranging and advancement of patients and assets and great correspondence between specialist anaesthesiologists and the nursing staff, Adequate staffing and meticulous pre anaesthetic check up and proper screening of patients preoperatively, proper arrangements for blood and blood products, ICU backup required instruments, and linen beforehand. The Room turnover time can be improved by keeping a dedicated theatre for emergency procedures can avoid rescheduling of cases due to last moment entry of emergency cases.

Another reasons for delays in the inpatient holding up time and prescribed practical answers for the issue, can be the Modifiable and non modifiable components that influences the inpatient holding up time of careful patients and distinguished the Control gauges that can diminish the holding up time of inpatients before elective medical procedure.The modifiable factors includes Completing the PAC and preoperative workup before hospital admission, Shortening the admission to PAC interval by speedy laboratory work-up, Shortening the PAC to surgery interval by increasing the number of available OT slots by increasing the number of OTs with commensurate resources,Making the process of cross-specialty consultation faster by Involving anaesthesiologists as preoperative physicians, rather than multiple consultation, Making the process of blood product booking and procurement faster through digital networking of all Blood Banks in the State, and motivating family and friends, Procurement and supply of all the basic and special medicine, consumable and implants by the Hospital Store and Pharmacy, instead of the existing system of purchase and handover by patient's family and lastly by Increasing the availability of earmarked Surgical ICU beds. OTs was over used according to the present working calendar because of high

patient burden and long sitting tight rundown for medical procedure in certain specialities. Along these lines, to ideally use the OT, over planning and duplication in the OT list was being done which thusly prompt higher undoing rate. There is absence of time because of interest growing out of gracefully, Lack of activity prompting inappropriate planning was the commonest purpose behind crossing out of significant medical procedures, open air patients not giving an account of the day of medical procedure was the commonest reason.

CONCLUSION

Study of OT utilisation discovered that there is delay in the beginning the OT table on time prompts wasteful usage of accessible asset hours and absence of time because of interest growing out of gracefully, Lack of activity prompting inappropriate planning was the commonest purpose behind crossing out of significant medical procedures, open air patients not giving an account of the day of medical procedure.

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Title-Accreditation Standards in Hospitals: A Comparative study of Selected Nations

Introduction

The term "Accreditation" defined as a self-evaluation and external peer assessment procedure for healthcare organizations and to measure their performance level against set standards. The Various Accreditation fundamentals are evaluated in this study which are NABH (National accreditation board for hospitals and healthcare providers) in India, QHA (Quality Healthcare Accreditation) in UK, Swiss Accreditation organization (SAS) in Switzerland, Australian council on healthcare standards in Australia. Accreditation is certainly the most philosophy for improving the current standard of the clinical centres. The goal for any accreditation crisis centre is to ensure that the clinical facility perform confirmation based practices just as offer Importance to get to, Affordability, efficiency, quality and ampleness of social protection.

So many accreditation programs have shelled in resource poor country settings. ACHS is affirmed to guarantee social protection relationship to the National safety and quality health services (NSQHS) the purpose of these standards is to protect general society from injured and to improve the idea of the wealth services plan. There are 8 NSQHS standards, which have high Prevalence horrible events human administrations related audits medicate prosperity, Comprehensive thought, Clinical correspondence the balance and the officials of weight wounds the shirking of falls, and responding to clinical disintegrating.

The 8 NSHQS forms are clinical organization association with consumers, thwarting and controlling therapeutic administrations connection pollution, Medication wealth, expansive considerations giving for safety blood the officials, seeing and responding to extraordinary disintegrating. In Switzerland, accreditation is yielded by the Swiss government, office of metrology and subject to SAS examination and comments from the bureaucratic accreditation commission. The SAS is a person from the European support for accreditation (EA) the overall accreditation gathering (IAF) and the worldwide research office Accreditation cooperation (one Lac).

NABH(National Accreditation Board for Hospital and Healthcare Providers which is an imperative bit of significant worth office of India (QCI) was developed in year 2006. NABH is made to improve the progression of therapeutic administrations; quality assistance in our country for all degrees of the masses, through various methods and mechanical assemblies, NABH rules contains ten segments which are being isolated between open minded centred standard and affiliation – centred standard (NABH fourth edition).

The WHO (world health organization) report characterizes wellbeing framework as a lot of exercises with the principle target of wellbeing advancement, recovery or upkeep. The

definition doesn't suggest the presence of coordination among these different exercises; however the manual calls attention to that reconciliation degree impacts the quality and execution of wellbeing frameworks. The content delineates three principle destinations of wellbeing frameworks to improve the soundness of the populace they help; to live up to individuals' desires; and to give money related insurance against the expenses of absence of wellbeing. This meaning of frameworks by WHO is especially helpful, as it envelops a few fields where the procedures of accreditation were established in various nations. Every national wellbeing framework, with its budgetary help structures, methods for instalment and coordination instruments of the administration system will shape the accreditation procedure.

OBJECTIVE

The objective of this paper is to reflect the significant differences in the risk management and quality improvement for patient safety protocols in 4 different settings- India, United Kingdom, Switzerland and Australia.

RISK MANAGEMENT STANDARDS FOR HOSPITAL

INDIA-

The organisation identifies those responsible for governance and their roles are defined. (NABH 5th edition)

UNITED KINGDOM-

Organisation should manage risk management structure which include both reactive and proactive measures to have procedures for safety, inspecting and taking actions in response to safety incidents, adverse effects and near misses affecting patients, staff and visitors and for using conclusions to improve services. Organizations also protect the health and safety of staff. Risk management agenda is supported by a plan, policies, procedures, a risk register and processes. Guidance should be provided to the assistance to assist organizations in the issues relating to patient/service user safety relevant to their care sector can include any suitable safety priority areas from the WHO Global Patient Safety initiatives. Organizations should train staff on safe operation of equipment, including medical devices and ensure only trained and competent person to user specialized equipment. Standards require patient/service user's records to be current, complete and accurate and secure to assist the safety and continuity of care and treatment. Organizations should have a planned and systematic programme for the prevention and control of infections which includes at least handwashing and cleaning requirements. Organizations should ensure relevant laws and safety regulations are met, the buildings, spaces, equipment and supplies necessary for the stated services are provided, and facilities and equipment are inspected, tested, maintained and updated or replaced in planned and systematic way. (ISQua standards 4th edition)

SWITZERLAND-

Not determined.

AUSTRALIA-

The health service organisation should Recognise and prepare the documents for organisational risks, also acts to reduce risks, should report on risks to the workforce and consumers, should plans and manages internal and external emergencies and disasters, To support risk assessments organisation should use clinical and other data collections, Frequently analyse and act to improve the usefulness of the risk management system. (ACHS standards 2th edition)

QUALITY IMPROVEMENT STANDARDS FOR HOSPITAL-

INDIA-

The patient safety and quality improvement agenda are supported by the management. (NABH 5th edition)

UNITED KINGDOM-

The standards require organizations to publish information on the services provided. Quality improvement plans to be formalized, to be comprehensive for all parts of organizations, promote continuous quality improvements, allocate responsibilities, be subject to evaluate. Standards also require policies, procedures or processes and plans for all key functions in the organizations are documented, authorized, kept current by being reviewed against agreed timescales and implemented. Quality performance processes and outcomes are to be measured. The information collected in measuring performance to be used to evaluate and guide quality improvement. (ISQua standards 4th edition)

SWITZERLAND-

Standard provide specific requirements for a quality management system that will enhance your ability to consistently deliver care that meets patient needs as well as statutory and regulatory requirements. (European cooperation standards)

AUSTRALIA-

Health care organisation should find safety and quality measures, monitor and report performance and outcomes, Implement and monitor safety and quality improvement strategies, also recognize the areas for improvement in safety and quality and also involve consumers and the workforce in the evaluation for safety and quality performance and safety. (ACHS 2th edition)

Review of Literature

1. A survey on National accreditation board for clinics and social insurance suppliers' standard by Samuel N. J devid et at, depicts the structure and nature of NABH norms. He referenced about accreditation standard for medical hospitals who for the most part centre on tolerant wellbeing and improve the nature of social insurance administrations and procedure, additionally portrays the present scenario In India of NABH principles which is the most noteworthy benchmark standard for emergency clinic quality. The medical clinics which

accredited from NABH are the greatest recipients for patients as it brings about a high calibre of care and patient wellbeing[1].

2. An examination on Sustainable human services accreditation from Europe in 2009 of Charles D. Shaw et al, referenced that gaining from worldwide advancements has benefits, especially for nations and associations keen on creating accreditation or getting to their advancement contrasted and others. An exploration plan is required for outer appraisal in Europe and for worldwide examinations[2].

3. Subsidizing and activity of Accreditation programs for emergency clinics. Acc. to Uuis Bohigas et al, said on the standing of use, work force comprises the chief cost which valuable to isolate into focal administrations staff and assessor's association beginning accreditation projects ought to consider advancement costs vital for fire up exercises[3].

4. Surveying medical clinics 'clinical hazard the board 'improvement of a checking instrument. Acc to Metthias briner, expressed that first utilization of the instrument in global setting opens up the likelihood to look at CRM (clinical hazard the board) in medicinal services arrangement of various nations as CRM will push ahead dependent on the accessibility of new instruments, information, Technologies, advancement and improvements in Switzerland, emergency clinic accreditation of RM has been deliberate so far[4.]

5. An observational investigation in us emergency clinics Association between understanding results and accreditation. Acc. To Miranda B lam et al, he established the us accreditation by autonomous association isn't related with low mortality and is just marginally connected with decreased readmission satisfies for the 15 normal ailment and there was no proof to demonstrate that patients picking a clinic accreditation by the joint commission give any social insurance benefits[5].

RATIONALE

No recent studies are carried out in India to reflect upon the homogeneities or diversities regarding accreditation. So this study is done to reflect the purpose of accreditation in India and other countries and to understand whether there are any significant differences in the dynamics of implemented accreditation processes of different countries. The main focus of the study is to assess the standards and quality of patient care in accredited hospitals and to gain associate about various healthcare accredited agencies. The main objective of the study is to analyse and compare the risk management and quality improvement for patient safety in the hospital.

INCLUSION CRITERIA

1. Reviewed literatures that are published in the time period of 2000-2018 to gain insight about different accreditation organisations.

2. Data was collected from the reviewed literature of UGC approved National/international journals.

3. Only the updated guidelines of were included.

EXCLUSION CRITERIA

1. Articles published before 2000 were excluded.

METHODOLOGY

The study is based on literature review and on information collected through various authentic secondary sources. The experience were chosen because they indicated the development growth rather distinct accreditation process, standards, and particularly policies to the accredited hospital. At the analysis of the accredited process, required to identify from aspects related to the procedural normalization to guidelines, strategies and results obtained.

RESULTS

	INDIA	UNITED KINGDOM	SWITZERLAND	AUSTRALIA
Name and type of accreditation organs	NABH (National accreditation board for hospitals and healthcare providers, which is integral part of quality council of India, established in the year2006.	QHA Trent (Quality healthcare accreditation), was the British accreditation, accredited by ISQua in 2013.	SAS(Swiss accreditation service) ,which regulate the Swiss federal in healthcare, revised Swiss federal law on health insurance on 1 January 1996.	ACHS (Australian council on healthcare standards), which directly support the the Australia's largest healthcare, established in the year 1974.
Types of accreditation	Voluntary	Mandatory	Voluntary	Mandatory to all
Financial support model	Nofinancial support	Financial support is provided by NHS(National health service)	Not determined	ACHS is acknowledge by the Australian charities and Not for profits commission.
No.of hospitals accredited	>5% hospitals accredited	>80% hospitals accredited	>85% hospitals certified	>90% hospitals certified
Characteristics of accredited	• Hospitals • Blood bank • Blood storage centres • MIS	• Hospitals • Clinics • IVF • Health insurance companies	• Hospitals • Rehabilitation centres • Outpatient care	• Hospitals • Community health • Health support services • Justice health

	• Dental Clinics • OST centres • Allopathic centres • Ayush hospitals • CHC • PHC • Wellness centres • Clinical trials • Panchkarma clinic • SHCO	• Medical evacuation companies • Medical tourism facilitators • Governments • 3rd party payers • Spas	organizations • Private doctors • Laboratories	• Ambulance services

Table 1

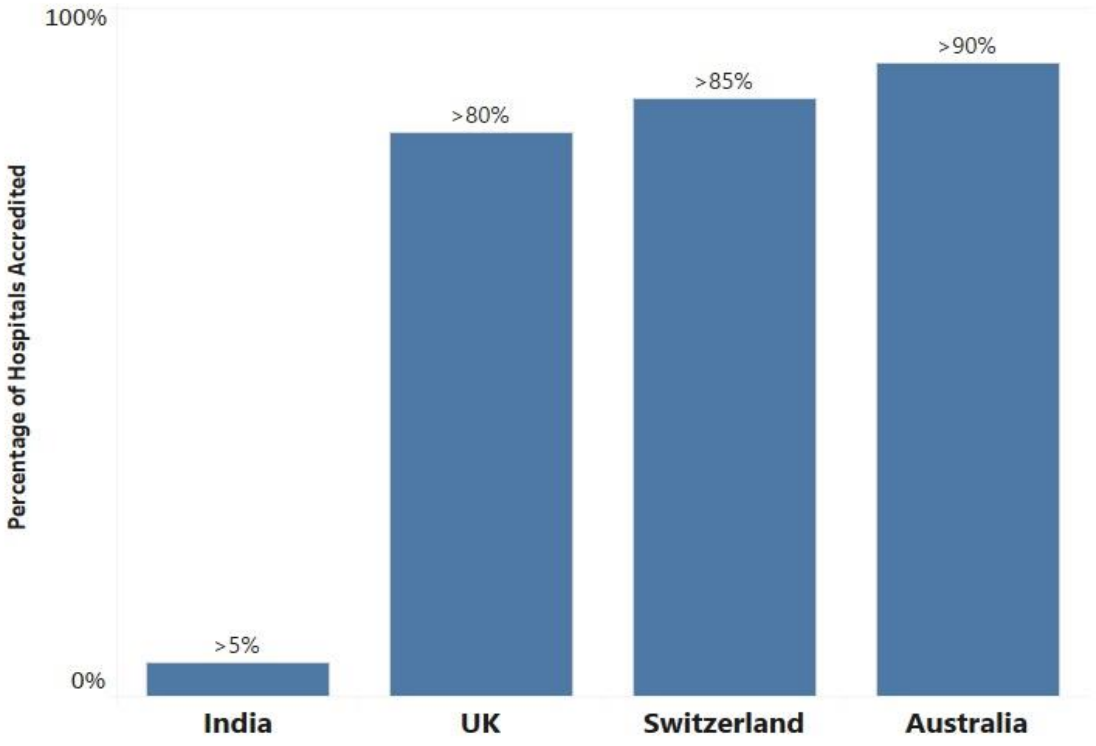

Figure1

DISCUSSION

A result showed from above table 1 agrees to make some remarks. Accreditation process were also diverse in the four countries i.e. India, UK, Switzerland and Australia. At the beginning of the process, the hospitals could count with minimum standards.

In India, Accreditation is done on voluntary for the hospitals as accreditation standard for hospitals help to focus on patient safety and improve the quality to healthcare services and processes. In India, Hospitals are accredited by NABH are more than 5%, which mean there are no accredited in. There is no financial support in India as compared to other countries. If the government medical colleges, district governments, Private hospitals, Laboratories, Nursing homes are accredited in India so that all health facilities can improve the quality can improve the patient safety and the hospital can maintain the standard protocol as other countries are delivering the health system. Patients are the biggest beneficiaries from the hospital accreditation, as it results in a high quality of care and patient safety.

In UK, the health service design is structured by the contractual scheme developed by NHS and the British accreditation format has maintained its characteristics mandatory adherence to the process (Maria Thereza Fortes, 2011). Therefore, 80% of the hospitals are accredited by NHS. In Australia, the health service directly support by ACHS and it is mandatory for all the hospitals to accredit under various standards and policies. There are some standards and protocol for maintaining the standard of the hospital. About 85% of the hospitals are accredited in the Switzerland under Swiss federal law health insurance as a mandatory adherence to the process due to lack in standard for quality care India is lacking behind from other countries. Doctors must know about the standard for the hospitals for maintaining quality of the hospital.

CONCLUSION

There are evidence that shows that accreditation programs improve the procedure of care gave by medicinal services administrations and furthermore improves clinical results of a wide range of clinical conditions consequently there is a need of accreditation in emergency clinics and Super specialty medical hospitals. Accreditation programs should be supported as a tool to improve the quality of healthcare services. There is a need to educate healthcare professionals about the potential benefits of accreditation to resolve any doubtful attitude of healthcare professionals towards accreditation and for this various workshops can be organised to create awareness. In situations like ingoing health threat across the globe that is, Covid 19. Accreditation has become more necessary to provide

quality care, patient safety and infection control. As accreditation stands for quality, safety and wellness.

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