GENERAL BENEFITS OF THE NABH ACCREDITATION FOR HOSPITALS

- The first of its kind in India, for comprehensive quality management system specific to health care.
- Could be implemented for any type of secondary and tertiary health care organization (e.g., for Hospitals ranging from having focus on any specific department of health care to covering multi-specialty hospitals, etc.)
- Practicality in approach and methodology suiting the Indian conditions.
- Wide (International) recognition since the system is based on the International Standards like the ISO 9001, JCAHO, ACHS, etc.
- Would provide the framework and act as the ideal stepping-stone to go in later for other more sophisticated management and quality improvement programs.

SPECIFIC BENEFITS

- Hospitals can demonstrate the commitment to quality care and patient safety.
- Hospitals can demonstrate that competent doctors and para-medical staff provide the services.
- Hospitals can demonstrate a proven effective system for empanelment by insurance and other third parties in today's market competition.
- NABH accreditation will stimulate continuous improvement of the system for quality patient care and safety.
- It will enhance in raising the confidence of the community in the services provided by the hospital.
- It will assure global acceptance since NABH is a member of the International Society for Quality in Health Care (ISQua).
- It will enable the hospital to benchmark against the best and claim the worth.

IMA TNSB - NHB - HBI - NABH Training Programme at Hotel Oasis, Erode, Tamilnadu on 31.01.2016

IMA HBI is very actively working for the benefit of hospital owners especially small hospitals, as they are facing multiple closure resulting in their closure.

IMA HBI has tied up with NABH for facilitating accreditation of hospitals which will be of immense help to small hospital owners.

Awareness programs have been conducted by chairman dr r v asokan & nat secretary dr ravi wankhedkar in states like kerala, maharashtra, uttarakhand etc. Many more in the states of UP, Chandigarh, Gujarat & Karnataka are planned.

The first workshop of HBI NABH was held at Thrissur, Kerala on 2-8-15 & 30 hospitals have joined this program.

We specially thank our nat presd, HSG, dr vinay aggarwal & NABH CEO Dr K K Kalra for their unstinted support & encouragement for this initiative.

The 10th meeting of Board of directors was held in New Delhi, at IMA HQ on 5-7-15.

A training of trainers is arranged by DMA at Delhi with conjunction of NABH to train assessors on 26-9-15.
The goal of UHC pertains not only to access; UHC is also centrally concerned with affordability and financial protection beyond their role as barriers to access. It is therefore crucial to monitor and evaluate the extent to which the health system offers such protection. The following three measures are found particularly relevant and are strong indicators of financial risk linked to out-of-pocket payments.

- Percentage of the total population that faces catastrophic health expenditure due to out-of-pocket payments: Health expenditures are typically considered catastrophic for a household if they exceed a certain threshold, for example, 40 percent of nonfood household expenditures in a year. In many countries, the relevant information is available from household expenditure surveys. Both level and distribution across groups should be monitored;
- Percentage of the total population impoverished due to

**INDICATORS OF FINANCIAL PROTECTION TO PATIENTS**

The Annual conference of IMA HBI is planned on 31st Oct, 1st Nov at Dombivali, Thane, Maharashtra, where workshops on Clinical Establishment Act & HBI NABH Initiative will be held along with discussion on various problems of small hospitals.

HBI is actively involved in representing to the GOI in issues related to hospitals like CEA, Fixation of charges etc.

We propose to conduct a nationwide survey to determine the statistics of available health facilities provided by our ima members.

HBI state chapters are functional in Maharashtra, TamilNadu, Kerala, Delhi, West Bengal.

Very soon we will have in Uttarakhand, Chandigarh, Haryana, Punjab, Gujarat, Uttar Pradesh.

We request all the leaders to actively promote HBI & form State & local Branch Chapters.

IMA HBI has its own website- www.imahbi.in

**INDIA HAS JUST ONE DOCTOR FIGURE**

- Number of doctors registered: 8.58 lakh
- Number of doctors available (approx.): 6-6.5 lakh

**Doctors Per 1,000 Population**

<table>
<thead>
<tr>
<th>Country</th>
<th>Doctors Per 1,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIA</td>
<td>0.5 Doctors (Target by 2025: 0.8)</td>
</tr>
<tr>
<td>CHINA</td>
<td>1.6 Doctors</td>
</tr>
<tr>
<td>US</td>
<td>1.6 Doctors</td>
</tr>
<tr>
<td>UNITED KINGDOM</td>
<td>2.3 Doctors</td>
</tr>
<tr>
<td>SWEDEN</td>
<td>3.3 Doctors</td>
</tr>
</tbody>
</table>
New Delhi: A liver and a heart were transported across the city, covering a distance of over 36 kilometres, in less than 21 minutes following the creation of two separate green corridors.

The two organs were brought to Palam airport from Chandigarh via a special flight and subsequently transported to RR Hospital first and then to the All India Institute of Medical Sciences (AIIMS), police said.

Traffic staff and inspectors, deployed along the two corridors piloted the ambulance, first from Palam airport to RR Hospital in six minutes and further to AIIMS within 15 minutes, Special Commissioner of Police (Traffic) Muktesh Chander said.

The family of a 40-year-old man, who died this morning at PGI Hospital in Chandigarh, donated the organs.

Indian Air Force supported the air transportation of the organs, which reached Palam airport around 3.55 pm.

At AIIMS the heart was transplanted to a 23-year-old man from Haryana.

**STRESS**

Definition: Stress is the 'adverse reaction people have to excessive pressure or other types of demand

Many people will experience job-related stress at some point during their working life and the main causes and effects are well established (Cooper et al., 2001). Stress is determined by the balance between perceptions of the demands being placed upon the person (e.g. workload) against how she or he judges their available resources to cope with these demands (e.g. experience, skills). When perceived demands outweigh the perceived resources, the individual may experience unpleasant...
In healthcare, effective communication involves arriving at a shared understanding of a situation and in some instances a shared course of action. This requires a wide range of generic communication skills, from negotiation and listening, to goal setting and assertiveness, and being able to apply these generic skills in a variety of contexts and situations [19]. Effective communication also requires individuals and teams having access to adequate and timely information necessary to perform their role effectively and appropriately. The use of technical terms and jargon, acronyms and abbreviations and diagrams to communicate can influence how well information is shared and therefore the effectiveness of communication.

As in business, adhering to the five standards of effective communication [19] in healthcare is likely to facilitate improvements in the exchange of information between healthcare professionals, and information should be:

- Improved safety.
- Improved quality of care and patient outcomes.
- Decreased length of patient stay.
- Improved patient and family satisfaction.
- Enhanced staff morale and job satisfaction.

The Joint Commission reports that investing to improve communication within the healthcare setting can lead to:

- Improved safety.
- Improved quality of care and patient outcomes.
- Decreased length of patient stay.
- Improved patient and family satisfaction.
- Enhanced staff morale and job satisfaction.

Two types of stress at work can be distinguished: chronic stress and acute stress. Conditions in the workplace and an individual’s reactions to these conditions over a period of time can cause chronic stress. For example, lack of support from managers and coworkers, uncertainty about work objectives and lack of clarity about responsibilities or poor relationships with others in the team can all contribute to feelings of strain. These individual reactions to stress can in turn lead to symptoms of stress in the organization, such as high staff turnover or excessive sickness absence. Stress at work has also been linked to workplace safety, such as rates of accidents (Cooper & Clarke, 2003). Questionnaires for measuring individual stress often have to be purchased commercially although there are some published as research tools. Acute stress is sudden, and produces a more intense reaction (e.g. in emergency situations) and it can interfere with decision making and teamwork if not effectively managed.

**Stress and Patient Safety:**

Occupational stress is commonly reported by healthcare workers, such as nurses. Studies have shown that problems relating to workload, inadequate time off, and restricted autonomy can result in emotional exhaustion and aversion to patients (Biaggi et al., 2003). Work errors, reduced productivity, feelings of discomfort, illness or poor team performance can result when failures to cope with stressors occur. Therefore, managing stress is of high importance and relevance for patient safety.

Managing stress in the workplace requires the understanding of stressors, mediators or resources, as well as symptoms and effects of stress on an individual, team or organization. Stress can be prevented from occurring (primary), symptoms can be detected and managed (secondary) or the effects of stress can be treated (tertiary). In order to prevent stress from occurring, risk management approaches are recommended (e.g. HSE, 1998) and these have been applied in healthcare (Cox et al., 2002). Areas of risk can be discovered by using the HSE Stress Indicator tool listed below. Identified risks can be managed in various ways, for example by ensuring adequate staffing levels and providing appropriate training. Furthermore, the organization can reduce workplace stressors, for example, by allowing recovery periods after periods of high workload, providing well defined roles or raising awareness of promotional opportunities (Sauter et al., 1990). Secondary stress management takes the general form of stress education and stress management training. Murphy (1996) found that the combination of muscle relaxation and cognitive-behavioural stress management produced the most positive results. Other treatment methods are discussed in Cooper and Cartwright (2001).

To help staff cope with acute stress situations, realistic exercises and simulator sessions can help to ensure effective performance (Hyttén & Hasle, 1989). Stress exposure training designed to improve team performance can help in coping with acute stress through practice and feedback using techniques, e.g. STOP (Stand back, Take stock, Overview, Procedures), or STAR (Stop, Think, Act, Review) or breathing exercises (Driskell & Salas, 1996). Critical incident stress management (CISM) is recommended for teams who may be exposed to high stressful situations (Everly & Mitchell, 1999) and proper debriefing after stressful events is recommended.

**WHAT ARE THE ELEMENTS OF EFFECTIVE COMMUNICATION**

In healthcare, effective communication involves arriving at a shared understanding of a situation and in some instances a shared course of action. This requires a wide range of generic communication skills, from negotiation and listening, to goal setting and assertiveness, and being able to apply these generic skills in a variety of contexts and situations [19].

Effective communication also requires individuals and teams having access to adequate and timely information necessary to perform their role effectively and appropriately. The use of technical terms and jargon, acronyms and abbreviations and diagrams to communicate can influence how well information is shared and therefore the effectiveness of communication. As in business, adhering to the five standards of effective communication [19] in healthcare is likely to facilitate improvements in the exchange of information between healthcare professionals, and information should be:

<table>
<thead>
<tr>
<th>Complete</th>
<th>It answers all questions asked to a level that is satisfactory to those involved in the exchange of information.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concise</td>
<td>Wordy expressions are shortened or omitted. It includes only relevant statements and avoids unnecessary repetition.</td>
</tr>
<tr>
<td>Concrete</td>
<td>The words used mean what they say; they are specific and considered. Accurate facts and figures are given.</td>
</tr>
<tr>
<td>Clear</td>
<td>Short, familiar, conversational words are used to construct effective and understandable messages.</td>
</tr>
<tr>
<td>Accurate</td>
<td>The level of language is apt for the occasion; ambiguous jargon is avoided, as are discriminatory or patronising expressions.</td>
</tr>
</tbody>
</table>

The Joint Commission reports that investing to improve communication within the healthcare setting can lead to:

- Improved safety.
- Improved quality of care and patient outcomes.
- Decreased length of patient stay.
- Improved patient and family satisfaction.
- Enhanced staff morale and job satisfaction.