

**CERTIFICATE COURSE**  
**IN QUALITY MANAGEMENT IN HEALTH CARE & HOSPITAL SERVICES**

**Title of the Course:** Certificate Course in Quality Management in Health Care & Hospital Services

**Duration of the Course:** 6 Months

**Fees for the Course:** Rs. 45000/- (Forty Five Thousand only)

**Introduction:**

Quality of Healthcare & hospital services carry immense importance at present in the industry. Quality in Hospital services assures excellent response, in addition to result of medical treatment patients demand top quality management. Accreditation of hospitals ensures continuous quality healthcare services to patients. As such, patients prefer getting treated in accredited hospitals where, evidence based practices are assured and importance is given to access, affordability, efficiency and effectiveness in services rendered to patients. Therefore, every hospital is trying to get accredited for N.A.B.H. It has become mandatory for hospitals to get empanelled if the hospital wants to admit patients for treatment under Health Insurance, C.G.H.S., E.C.H.S., Ayushman Bharat and MPPJAY schemes. Hence, hospitals need trained & experienced Quality Managers to undertake quality Council accreditation work. The purpose of this course is to familiarize participants with the concept of Quality and the process of Quality Improvement application across the Health Care. This course focuses on the history and evolution of quality, its terms, principles, theories, and practices. The participants are introduced to a diverse collection of methods of improving quality, including but not limited to continuous Quality Improvement and Total Quality Management, and to the guidelines for implementing quality management and the continuous quality improvement processes.

**Preamble:**

- i) To train Medical & Non-Medical graduates in specialty of the Healthcare Quality services to meet the growing demand at middle level of management.
- ii) To enable such persons to take up challenges of getting their working Hospital NABH accreditation or secure jobs in quality circle of healthcare
- iii) To enable such trained persons to take up Consultancy in Health care quality services.

**Unique features:**

- a) Participants will be familiarized with Six Sigma and other tools that are an integral component of process Improvement and Customer Satisfaction. The value proposition is now an integral part of Quality Improvement.
- b) This course will impart training exclusively in the field of Healthcare quality services so as to enable them to carve a career for themselves.
- c) The Faculty will be drawn from the Health care quality circle of various hospitals & NABH auditors.

**Eligibility criteria:**

- i. B.Sc. Science, B. Pharma, B.Sc Nursing , from any Statutory University
- ii. GNM with one year hospital work experience
- iii. Candidate having passed diploma (PGDHM) or degree (MBA) in Healthcare or Hospital administration/ management, MBA,
- iv. Candidate should have basic knowledge of hospital /healthcare management by work.

**Syllabus:** Topics will be covered in 1 to 5 Parts as follows

## **Part I: Fundamentals of Quality**

### **Chapter 1- Introduction to the quality in Healthcare**

### **Chapter 2- Leaders in Quality and their philosophy**

This chapter outlines basics or fundamentals of quality management, introducing the most influential quality theorists, from Nightingale through Donabedian, and organizations concerned with quality

### **Chapter 3- Cost of Quality (COQ)**

Describe and distinguish the classic COQ categories (prevention, appraisal, internal failure, external failure) and apply COQ concepts. The “cost of quality”<sup>1</sup> isn’t the price of creating a quality product or service. It’s the cost of *not* creating a quality product or service. Every time work is redone, the cost of quality increases.

### **Chapter 4- Documentation Systems**

Identify and describe common elements and different types of documentation systems such as configuration management, quality manual, and document control. To the quality professional and other business support personnel documentation systems are essential although often underappreciated tools.

There are three purposes for a documentation system in an organization.

These are to:

1. Guide individuals in the performance of their duties
2. Standardize the work processes throughout the organization
3. Provide a source of evidence regarding practices
4. Need for a Flexible and Current Documentation System
5. Configuration Management.
6. Documentation Control

### **Chapter 5- Audits**

Define and describe various audit types: internal, external, system, product, and process.

Audit process: Describe various elements, including audit preparation, performance, record keeping, and closure. Identify and define roles and responsibilities of audit participants (lead auditor, audit team member, client and auditor).

1. Audit Types.
2. Audit Process
3. Roles and Responsibilities

## **Chapter 6 - Teams**

Distinguish between various types of teams such as process improvement, work group, Self-managed, temporary/ad hoc, cellular .Team Building : Define basic steps in team-building such as introductory meeting for team members to share information about themselves, the use of ice-breaker activities to enhance team membership, the need for developing a common vision and agreement on team objective.

1. Types of Teams.
2. Team-Building Techniques.
3. Roles and Responsibilities.

## **Chapter 7- Training Components**

Define and describe methods that can be used to train individuals on new or improved procedures and processes, and use various tools to measure the effectiveness of that training, such as feedback from training sessions, end-of-course test results, on-the-job behavior or performance changes, department or area performance improvements.

Training Methods:

1. On job & off Job.
2. Training content.
3. Training Instructors
4. Training facilities
5. Budget practice for training.
6. Evaluation procedures
7. Training delivery methods
8. Training effectiveness

## **Part II : Problem Solving and Improvement**

### **Chapter 1- Basic Quality Tools.**

Select, apply, and interpret these tools: flowcharts, Pareto charts, cause-and-effect diagrams, check sheets, scatter diagrams, and histograms. (Analyze).They are primarily a graphic means for process problem analysis through the examination of data.

1. Check Sheets.
2. Pareto Charts .
3. Scatter Diagram
4. Histograms
5. Cause-and-Effect Diagram
6. Flowcharts
7. Control Charts.

## **Chapter 2- Continuous Improvement Models**

Define and explain elements of plan–do– check–act (PDCA), kaizen, and incremental and breakthrough improvement.

1. Plan–Do–Check–Act
2. Kaizen
3. Incremental and Breakthrough Improvement
4. Six Sigma.

## **Chapter 3 -Basic Quality Management Tools**

Select and apply affinity diagrams, tree diagrams, process decision program charts, matrix diagrams, interrelationship diagrams, prioritization matrices, and activity network diagrams. (Apply). The quality management tools were developed to promote innovation, communicate information, and successfully plan major projects, and are used mostly by managers and knowledge workers. These tools analyze problems of a complex nature and are especially valuable in situations where there is little or no data available for decision making, that is, exploring problems, organizing ideas, and converting concepts into action plans.

1. Affinity Diagram.
2. Interrelationship Diagram
3. Tree Diagram
4. Matrix Diagram
5. Prioritization Matrix
6. Activity Diagram (Arrow Diagram)
7. Process Decision Program Chart.

## **Chapter 4- Lean.**

The *lean* approach, or lean thinking, is “A focus on reducing cycle time and waste using a number of different techniques and tools, for example, JIT,5S...” . Lean practices use both incremental and breakthrough improvement approaches to eliminate waste and variation, making organizations more competitive, agile, and responsive to markets. “Create a Lean, Mean Machine,” “Waste of resources has direct impact on cost, quality, and delivery . . . the elimination of waste results in higher customer satisfaction, profitability, throughput, and efficiency.”

1. Kanban
2. Just-in-Time
3. 5S
4. Value Stream
5. Poka-Yoke

### **Part III : Data Analysis**

Define, compute, and interpret mean, median, mode, standard deviation, range, and variance. Identify, define, and classify continuous (variables) data and discrete (attributes) data, and identify when it is appropriate to convert attributes data to variables measures. Identify and define sampling characteristics such as lot size, sample size, acceptance number. Define and distinguish between accuracy, precision, repeatability, reproducibility, bias, and linearity. Select appropriate control charts for monitoring or analyzing various processes and explain their construction and use.

#### **Chapter 1- Terms and Definitions.**

1. Basic Statistics.
2. Basic Distributions.

#### **Chapter 2- Data Types and Collection Methods**

1. Types of Data
2. Methods for Collecting Data

#### **Chapter 3- Sampling.**

1. Characteristics
2. Sampling Method

#### **Chapter 4- Measurement Terms.**

Measurement Concepts.

#### **Chapter 5- Statistical Process Control (SPC)**

1. Techniques and Applications
2. Control Limits and Specification Limits
3. Variables Charts
4. Attributes Charts
5. Rational Subgroups
6. Process Capability Measures
7. Pre-Control Chart.
8. Common and Special Causes of Variation.
9. Data Plotting.

### **Part IV: Elements of Corrective and Preventive Action**

Identify elements of the corrective action process including containment, problem identification, root cause analysis, correction, recurrence prevention, verification and validation of effectiveness, and concepts of preventive action. Corrective actions are those actions that are taken to repair a problem after it has occurred and establish and implement a plan to prevent its recurrence. Preventive actions are those taken to avoid making a mistake or creating a defective product in the first place

1. Assign Responsibility for Correcting the Situation
2. Assess the Importance of the Problem.
3. Contain the Negative Effects Resulting from the Defect

4. Identify Root Causes
5. Identify Corrective Action.
6. Implement the Controls Necessary to Prevent Recurrence.

### **Part V: NABH (Complete standards 5<sup>th</sup> Edition)**

**Chapter 1:** Introduction to NABH 5th edition, Scope and purpose of standards, How to read the standard, System documentation, Scoring and accreditation decision Access, Assessment and Continuity (AAC) of care including, Outpatient, Inpatient, Laboratory and ratio.

**Chapter 2:** Uniform and multidisciplinary care of patients (COP) Emergency & Ambulance services Disaster preparedness ICU, Surgical, Rehabilitation Transfusion, Organ Transplant Services.

**Chapter 3:** Management of medications (MOM) (Procurement, storage, dispensing, preparation, administration, monitoring, disposal, prescription policies, Narcotics, LASA, High alert, Implants and consumables.

**Chapter 4:** Patients' rights and education (PRE), Informed consent, counseling,

**Chapter 5:** Patient feedback Hospital Infection control (HIC) measures in clinical and support services - High risk areas Surveillance, Sterilization, disinfection, Employee health, HAIs

**Chapter 6:** Patient Safety & Quality improvement (PSQ), Structure, process, outcome monitoring, KPIs, QIPs.

**Chapter 7:** Incident management system & Responsibilities of Management (ROM) - Governance, leadership, Risk management.

**Chapter 8:** Facility management for safety and security (FMS), Engineering support, Medical Equipment, Medical gases, Fire and non-fire emergencies

**Chapter 9:** (HRM) Manpower planning, recruitment, Induction. Training & Development, Competency, performance appraisal, Credentialing & Privileging, ICC, grievance, disciplinary, personal files.

**Chapter 10** - IMS – IT and medical record Audit process.

**Method of conducting the course:** 300 hours

- i) On Saturday Evening & Sunday Morning.
- ii) Theory / Case Study / Assignments / Group Discussions
- iii) Departmental Practical work

## Evaluation:

- i) Written examination of one paper of 100 marks paperat the end of 3 months.
- ii) Written examination of two papers of 100 marks each at the end of 6 months.
- iii) Oral viva-voce examination of 100 marks on the Case study submitted.
- iv) Candidate will be declared passed/successful if he/she secures 50% marks in written and oral examinations.

**Attendance:** 70 % minimum mandatory.

**Course Director:** Ms. Manisha Sanghavi, Executive Director, Sancheti Healthcare Academy.

**Course Coordinator:** Dr. P.V. Bokil, Principal, Sancheti Healthcare Academy

<b>Certificate Course In Quality Management In Health Care &amp; Hospital Services</b>				
<b>Duration : 6 Months &amp; Total Credits : 20</b>				
<b>Sr. No</b>	<b>Module</b>	<b>Particulars</b>	<b>Hours</b>	<b>Credits</b>
1	Module 1	Introduction to Quality inHealthcare & Leaders in quality and their philosophy	15	1
2	Module 2	Cost of Quality (COQ) Documentation systems	15	1
3	Module 3	Audits & Teams	15	1
4	Module 4	Training Components	15	1
5	Module 5	Basic Quality tools and continuous improvement models	15	1
6	Module 6	Basic quality management tools and LEAN	15	1
7	Module 7	Data Analysis	15	1
8	Module 8	<b>Introduction to NABH 5th edition - Chapter I - Access, Assessments and Continuity of Care (AAC)</b> Scope and purpose of standards How to read the standard System documentation Scoring and accreditation decision , Access, Assessment and Continuity of care including Outpatient, Inpatient, Lab and radio	15	1
9	Module 9	<b>Chapter II - Care of Patients (COP)</b> Uniform and multidisciplinary care of patients Emergency & Ambulance services Disaster preparedness, ICU, Surgical, Rehabilitation Transfusion,	15	1



		Organ Transplant Services		
10	Module 10	<b>Chapter III - Management of Medication (MOM)</b> Management of medications (Procurement, storage, dispensing, preparation, administration, monitoring, disposal, prescription policies, Narcotics, LASA, High alert, Implants and consumables	15	1
11	Module 11	<b>Chapter IV &amp; V - Patients' Rights and Education (PRE) And Hospital Infection Control (HIC)</b> Patients' rights and education, Informed consent, Counseling, Patient feedback Hospital Infection control measures in clinical and support services - High risk areas, Surveillance, Sterilization, disinfection, Employee health, HAIs	15	1
12	Module 12	<b>Chapter VI &amp; VII - Patient Safety and Quality Improvement (PSQ), Responsibilities of Management (ROM)</b> Patient Safety & Quality Program, Structure, process, outcome monitoring, KPIs, QIPs, Incident management system, ROM - Governance, leadership, Risk management	15	1
13	Module 13	<b>Chapter VIII &amp; IX - Facility Management and Safety (FMS), Human Resource Management (HRM)</b> Facility management for safety and security, Engineering support, Medical Equipment, Medical gases, Fire and nonfire emergencies HRM - Manpower planning, recruitment, Induction, Training & Development, competency, performance appraisal, Credentialing & Privileging, ICC, grievance, disciplinary, personal files	15	1
14	Module 14	<b>Chapter X - Information IMS</b> IT and medical record Audit process, Glossary NABH Key Performance Indicators	15	1
15	Team Work, Presentations, And VIVA VOCE		30	2
16	On job practical training - 15 days 4 hours per day		60	4
	<b>Total</b>		<b>300</b>	<b>20</b>

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