



*Change Adapt Improve*

Quality and Accreditation Institute

# THE VOICE

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[www.qai.org.in](http://www.qai.org.in)

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## Foreword

**Dr. B.K. Rana**  
CEO, QAI



Last couple of months have been challenging again for everyone with second wave of COVID-19. We at QAI are striving to update our stakeholders with current trends and happening in different sectors including healthcare. We have organised and participated in several events including World Accreditation Day. I am excited to note that many organisations and individuals are coming forward to spread the awareness about Quality and Conformity Assessment. It is high time to leverage on the collective knowledge and experience to fast track our efforts in passing on the benefits to public, the ultimate beneficiary of the assured quality of a product or service.

I wish to thank QAI's Board Members, Committee Members, Assessors/ Experts, Stakeholders including accredited/ applicant organisations, Specific Industry Sectoral Organisations, Chambers, Associations, Individual Experts and Staff for helping us to spread awareness by contributing to this Newsletter.

I am confident that we continue getting your support to achieve our Mission.

# ABOUT QAI

QAI was set up to create an ecosystem of education, training, quality improvement and accreditation/certification. This organisation provides a platform to stakeholders including professionals and organisations, associated with quality in any way, to share their wisdom and knowledge in order to make its Vision realised. This further provides tremendous opportunities to all concerned to learn and contribute in improving organisations engaged with QAI. Different activities are initiated under different verticals in a manner that they remain independent of each other.

## QAI Divisions

- CET-Centre for Education and Training
- CLA-Centre for Laboratory Accreditation
- CAHSC-Centre for Accreditation of Health & Social Care
- CAVF-Centre for Accreditation of Veterinary Facilities

## QAI Programmes

QAI is offering programme under three different verticals:

### **CET: Centre for Education and Training**

- Training Programmes on Accreditation Standards and related topics
- Capacity Building Activities

### **CLA: Centre for Laboratory Accreditation**

- Medical Laboratory (ISO 15189) Accreditation Programme
- Testing Laboratory (ISO/IEC 17025) Accreditation Programme including food, forensic and veterinary testing labs
- QAI Recognition for Medical Laboratory (Basic, Medium and Advance) (Based on the requirements prescribed in Gazette Notification G.S.R.468 (E) dated 18 May 2018 and related amendment dated 14 Feb 2020 by Ministry of Health and Family Welfare, Government of India related to Clinical Establishments (Central Government) Rules, 2012)
- Recent Launch: Biobanking (ISO 20387) Accreditation Programme

### **CAHSC: Centre for Accreditation of Health and Social Care**

- Assisted Reproductive Technology (ART) including IVF Centres Accreditation Programme

- Home Health Care Accreditation Programme Home Healthcare accreditation standards achieved ISQua accreditation in 2020 making them International standards.



- Dialysis Centres Accreditation Programme Dialysis accreditation standards achieved a milestone by receiving International recognition from ISQua in 2019



- Green Health Care Facility Accreditation Programme
- Healthcare Facility Certification Programme
- WHO Patient Safety Friendly Hospital Standards Certification Programme
- Primary Care Clinic Accreditation Programm
- Ambulatory Care Facility Accreditation Programme (dental, imaging, eye, day care etc.)
- Telemedicine Practitioners Recognition Programme
- Telehealth Accreditation Programme

#### **New Launches**

- Emergency Department Accreditation Programme

Emerging Sectoral Focus – Tourism and Hospitality (Hotels and Home Stays)

## Emerging Sectoral Focus - Tourism and Hospitality (Hotels and Home Stays)

### Accreditation Programme for Hotels and Home Stays

According to the WTO Services Sectoral Classification List (MTN.GNS/W/120), Tourism and travel-related services include services provided by hotels and restaurants (including catering), travel agencies and tour operator services, tourist guide services and other related services.

100% FDI is allowed under the automatic route in tourism and hospitality subject to applicable regulations and laws, as per the new FDI Policy announced by GoI. One of the most crucial aspects of international tourism is the cross-border movement of consumers.

Cross Border Services (Mode 1)	Trade in Tourism Related Services like Travel agency and tour operator services using Technological Sources.
Consumption abroad (Mode 2)	Tourists traveling from home Country to take a vacation in a foreign country.
Commercial Presence (Mode 3)	Building of Tourism related facilities in foreign countries.
Movement of natural persons (Mode 4)	Movement of both skilled and Semi-skilled hotel and other tourism Industry workers on seasonal basis.

Examples of Trade in Hotel and Tourism related Services in four Modes of Supply are as under:

#### Sub Services Of Hotel and Tourism

- Hotels & Restaurants (including Catering)
- Travel Agencies & Tour Operators
- Tourist Guide Services
- Recreational Sports like Golf & etc.

Tourism and Hospitality Services is one of the Champion Sectors identified by GoI for promoting International Trade and Commerce. In alignment with the objective of the Govt of India, QAI has launched an Accreditation Program for Hotels and Home Stays which are the critical services sought by International Tourists.

#### Key Milestone

QAI is the first and only accreditation body in India to get two standards internationally recognised  
**Launched 12 Accreditation Programmes within the span of 3 years.**

## International Recognitions and Affiliations

Institutional Member of the International Society for Quality in Health Care (ISQua)

[www.isqua.org](http://www.isqua.org)



Institutional Member of the International Society for Telemedicine and eHealth (ISfTeH)

[www.isfteh.org](http://www.isfteh.org)

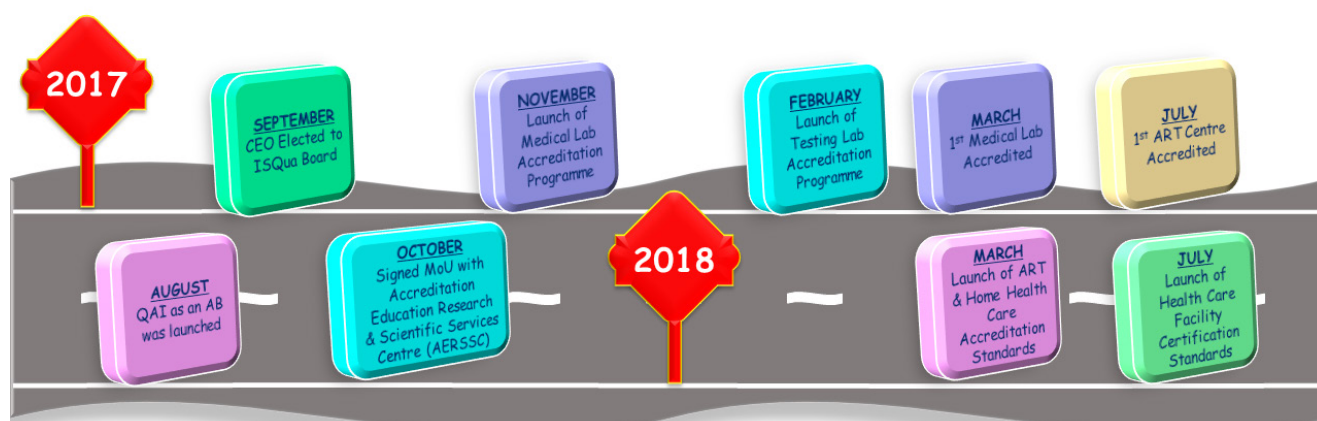


Associate Member of Asia Pacific Accreditation Cooperation (APAC)

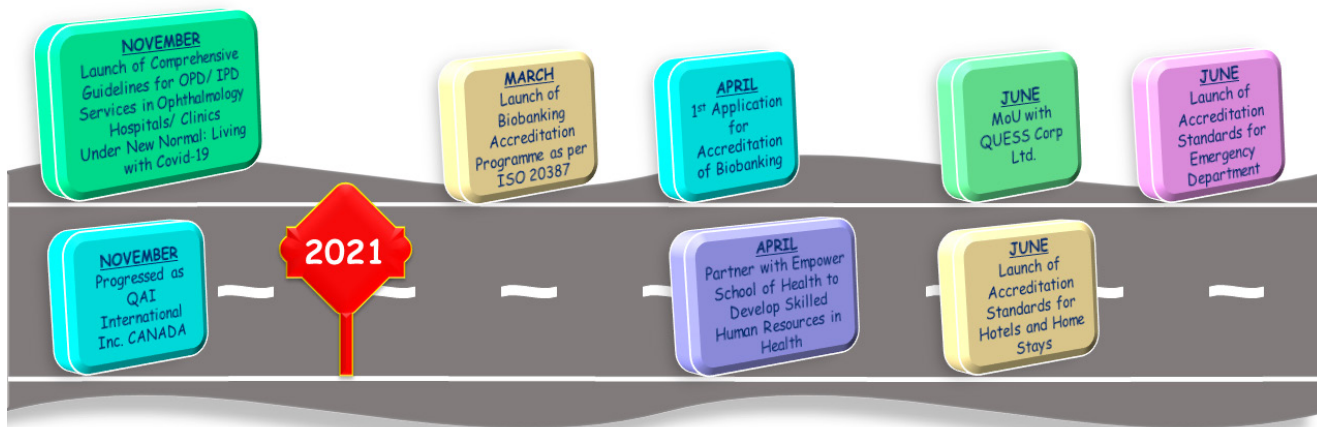
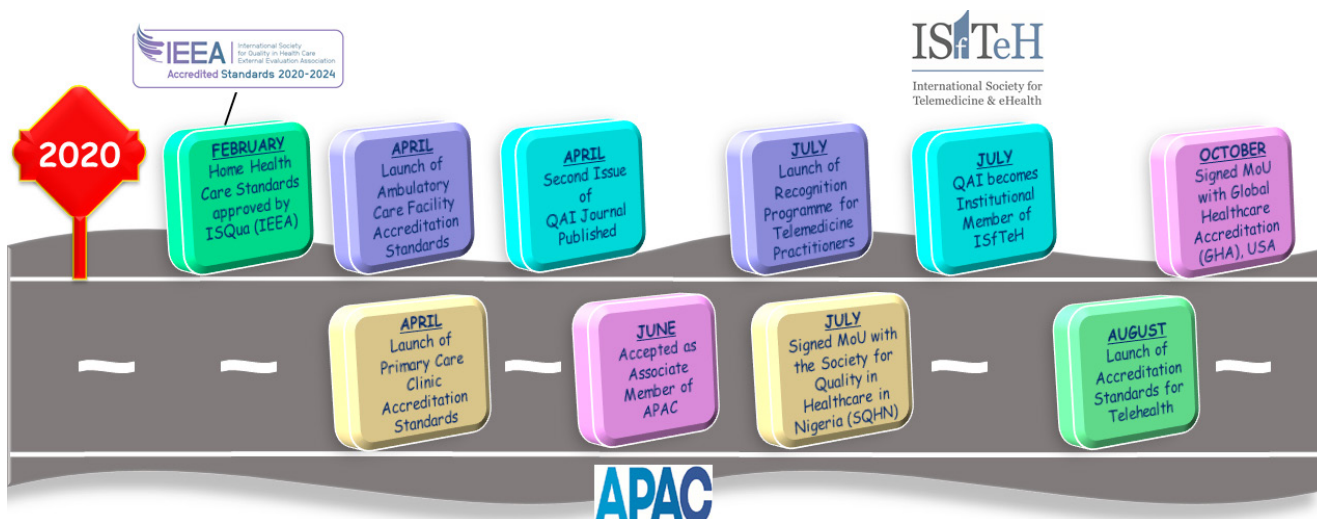
[www.apac-accreditation.org](http://www.apac-accreditation.org)



## Journey so far since Inception – 3 Years







## Achievements



## New Launch

9 June 2021- Launch of Accreditation Standards for Hotels and Home Stays

Quality and Safety are two critical components of any service organisation. In this difficult time of COVID-19 disease, all countries, organisations and individuals had an impact. Hospitality industry has a major setback due to lock-downs and restrictions imposed. Further, every individual is concerned about his health and safety. While hospitality organisations like hotel and home stays have started opening up, concern about health risk to individual will still continue. Therefore, it is necessary for such organisations to ensure implementation of safety protocols to not only ensuring safety but also to give confidence to their guests.

QAI accreditation for Hotels and Homestays appertains to accreditation of Hotels, Resorts, Lodges (Eco-friendly, Jungle), Heritage Hotels and Alternative Accommodation (Motels, Bed & Breakfast, Homestays, Service Apartments, Camping, Houseboats, Luxury Trains).

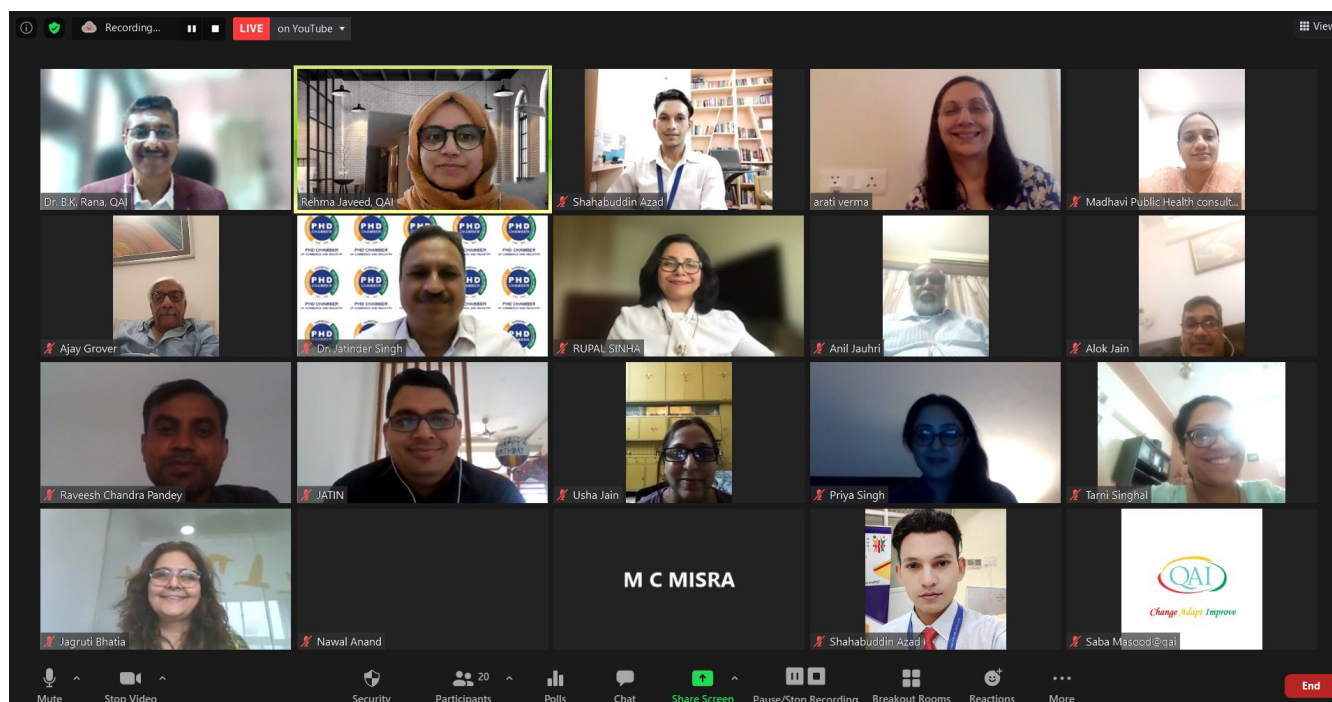
With initiation of new normal, the hospitality services shall be running in accordance to the protocols of ensuring safety from COVID-19. QAI has instituted “Safe Sojourn” which will enable hotels and various other hospitality entities to adopt all appropriate measures to offer Quality and Safe services to their guests.





The programme was launched by the chief guest: Dr. Arati Verma, Chair-TC Hotel and Home Stays, & Senior Vice-President, Medical Quality, Max Healthcare. Guest of Honour: Dr. Jatinder Singh Director, PHD Chamber of Commerce and Industry. Guest of Honour: Mr. Anil Jauhri UNFCCC AP Member & Ex-CEO NABCB/QCI. Chairman -QAI CAHSC: Prof. M C Misra Chairman-Board of QAI's Centre for Accreditation of Health & Social Care. Session Moderator: Dr. B.K.Rana, CEO-QAI.

### Catch recorded session of the launch of Accreditation Standards for Hotels and Home Stays



For further details, visit our website

[www.qai.org.in](http://www.qai.org.in)

### 30 June 2021- Launch of Accreditation Standards for Emergency Department

Emergency medical care is not a luxury for rich countries or rich individuals in poor countries. Emergencies occur everywhere, and each day they consume resources regardless of whether there are systems capable of achieving good outcomes. With better planning, training and capacity building better outcomes and better cost-effectiveness can be achieved at same cost.

The programme was launched by the chief guest: Dr. Devi Prasad Shetty, Chairman, Narayana Health. Guest of Honour Prof. (Dr) Melinda Truesdale Chair, Quality and Safety Special Interest Group, International Federation for Emergency Medicine (IFEM). Special invitee: Dr. A N Venkatesh, President, Society for Emergency Medicine, India & HOD EM, Apollo Hospitals, Bengaluru. Special invitee: Dr. K Hariprasad Executive Chairman, Society for Emergency Medicine, India & President, Apollo Hospitals Group. Chairman -QAI CAHSC: Prof. M C Misra Chairman-Board of QAI's Centre for Accreditation of Health & Social Care. Session Moderator: Dr. B.K.Rana, CEO-QAI.

**Catch recorded session of the launch of Accreditation Standards for Emergency Department**



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## Contribution to government initiatives

### QAI is continuously supporting the initiatives of Rashtriya Ayurveda Vidyapeeth (RAV).

Rashtriya Ayurveda Vidyapeeth, an autonomous institute under Ministry of AYUSH has been notified as the accrediting agency for various Ayurveda professional courses being run in various countries and for Ayurveda professionals not covered under IMCC Act, 1970 including therapists /counselors etc.

Various documents including basic accreditation standards have already completed public consultation process and Accreditation Scheme is ready to be launched anytime soon.

Draft notification of Food Safety and Standards (Ayurveda Aahar) Regulations, 2021

[http://ravdelhi.nic.in/sites/default/files/Draft\\_Notification\\_Ayurveda\\_Aahar\\_05\\_07\\_2021.pdf](http://ravdelhi.nic.in/sites/default/files/Draft_Notification_Ayurveda_Aahar_05_07_2021.pdf)

### Endorsement of overseas Ayurveda Professionals

Ayurveda is reaching global fronts due to its natural methods maintaining good health and wellness. It is increasingly in demand for its practice by various countries' healthcare systems. In view of the resurgence, there is a persistent demand of Ayurveda professionals overseas for endorsement and recognitions of their credentials.

This endorsement/ recognition scheme will be starting soon.

To keep updated on the endorsement, login to:

<http://www.ravdelhi.nic.in/en/endorsement-overseas-ayurveda-professionals>



# NATIONAL NEWS

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Quality, Health & Safety, Standards,  
Certifications, Accreditation, Trade & Export  
Promotion

## VOICE OF INDUSTRY



SERVICES EXPORT PROMOTION COUNCIL

[www.servicesepec.org](http://www.servicesepec.org)

**Services Export Promotion Council  
(Setup by Ministry of Commerce) and  
Industry, Government of India**

### About SEPC

The Ministry of Commerce and Industry, Government of India, with a view to give proper direction, guidance and encouragement to the Services Sector, set up an exclusive Export Promotion Council for Services in the name of Services Export Promotion Council (SEPC). The Council since its inception in 2006 has been instrumental in facilitating exports of services through the following services:

- 1. Trade Intelligence:** Trade Information, Market Analysis, Business Contacts, Business Opportunities and Market Access Conditions
- 2. Export Development:** Export Readiness, Training and Counselling, Strategy Formulation and Development, Value Chain Optimization
- 3. Export Promotion:** Exhibitions, Buyer Seller Meet, Business Delegations to overseas markets, Brand Campaign for India's Services Sector
- 4. Enabling Business Environment:** Policy inputs to Ministries, Facilitating Cross Border Trade, Policy Advocacy, Facilitating implementation of various export promotional schemes.

### Vision

To make India an international services exports



**Dr. Abhay Sinha**  
Director-General, SEPC

powerhouse by effectively promoting and representing every sector of Indian services and contributing to the overall growth of the economy.

### Mission

- To be an effective voice of the Indian services sector globally, raising its profile through interventions and exchanges leading to increase in business.
- To serve as a bridge between government and other stakeholders and the services sector.
- To disseminate knowledge and recognize the achievements of organizations in their quest to increase services exports.

### About Services Sector

Services sector has been a mainstay of the Indian economy. India has emerged as a global hub for supply of various services, and today India exports over \$200 billion of services annually, which contribute to 7% India's GDP. India's services exports base has been growing at over 8% per annum in the last few years. Services account for 54 per cent of India's



Gross Value Added (GVA) and contribute more than 40 percent to India's total global exports.

According to World Trade Report 2019, India is the fifth largest services trader in the world and a large number of jobs are supported by services exports in India. ICT sector alone employs 3.5 million workers in India. Services exports lead directly to employment of approximately 2.6 crores people in India (accounting for around 30 per cent share), while leading to indirect employment as well.

## Service Sectors Mandated to SEPC

At the time of inception, SEPC was mandated to promote export of 14 services sectors. As per the Public Notice No 26/2015-20 dated 1st August, 2018 by DGFT, others category was added where more sectors were brought under

SEPC purview.

Further in 2018, the Union Cabinet chaired by Hon'ble Prime Minister Shri Narendra Modi approved the proposal of the Department of Commerce to give focused attention to 12 identified Champion Services Sectors having following major objectives:

- Enhance the competitiveness of India's service sectors through the implementation of focused and monitored Action Plans, thereby creating more jobs in India, contributing to a higher GDP and exports of services to global markets.
- As the Services sector contributes significantly to India's GDP, exports and job creation, increased productivity and competitiveness of the Champion Services Sectors will further boost exports of various services from India

SEPC covers the following services sectors including 12 Champion Services Sectors.

Services covered under SEPC		
Champion Services Sectors		
1	Hotel and Tourism related Services	Tourism and Hospitality Services
2	Healthcare services including services by nurses, physiotherapist and paramedical personnel	Medical Value Travel Services
3	Maritime Transport Services	Transport and Logistics Services
4	Accounting/Auditing and book keeping services	Accounting and Finance Services
5	Entertainment services including Audio-Visual Services	Audio - Visual Services
6	Legal Services	Legal Services
7	Architectural Services and related services	Construction and Related Engineering Services
8	Environmental Services	Environmental Services
9	Others Services	Information Technology & Information Technology Enabled Services
10		Communication Services
11		Financial Services

12	Educational Services	Educational Services
13	Consultancy Services	
14	Distribution Services	
15	Advertising Services	
16	Marketing Research and Public Opinion Polling Services/Management Services	
17	Printing and Publishing Services	

## Overview of Tourism Sector in India

Tourism sector is a prime contributor of India's economic growth having a significant amount of share in country's GDP, foreign exchange earnings and employment. India has a diverse portfolio of niche tourism products including adventure, cruises, eco-tourism, film, medical, wellness, sports, MICE, rural and religious tourism. In FY20, the tourism sector created 39 million jobs which accounted for 8.0 per cent of the total employment in the country. For 2019, the Foreign Tourist Arrivals (FTAs) were to the tune of 10.89 million, registering a growth rate of 3.20 per cent y-o-y. During 2019, Foreign Exchange Earnings (FEEs) from tourism reached Rs.1,94,881 crore (US\$ 29.96 billion) and arrivals through e-Tourist Visa was to the tune of 2.9 million.

The Government has been branding and marketing initiatives including the Incredible India and Athiti Devo Bhava campaigns with a diligent and sustained impetus to growth of the sector. Going ahead with the trend, the Government has launched Incredible India 2.0 with a shift from generic promotions undertaken to market-specific promotional plans and content creation with thematic creatives on

specific niche products including spiritual, medical and wellness tourism. The Ministry of Tourism has also been developing several theme-based tourist circuits under Swadesh Darshan Scheme and launched the Dekho Apna Desh webinar series in April 2020 to publicize the many destinations and showcase the sheer depth and expanse of Indian culture and heritage.

India is recognized as a Global Medical Tourism hub. According to IMS Health, India has 18 per cent share of the global medical tourism market making it a USD 9 billion market.

The Tourism industry has been severely impacted in the past year. The global COVID 19 pandemic has taken a toll on all the key segments of the travel ecosystem including hospitality, travel agencies, tour operators, and transportation services. According to the report -" India Tourism Statistics " published by the Ministry of Tourism, the FTAs during January-April 2021 were 376083 compared to 23,57,877 in January to April 2020, registering a fall of -84.0 per cent. Medical Value Travel (MVT) too was adversely affected as the country enforced lockdowns.

## Role of SEPC in Promoting Tourism Services

As travel and tourism is a key sector for SEPC, with the largest number of members, SEPC regularly organises thought provoking webinars as part of confidence building exercise for the sector. Subsidized overseas fair participation are also provided to our members. As we have a strong connect with the Embassies, we have roped them to have sessions with global tour operators and other organizations to reinstate their confidence in the Indian tourism industry. We have regular discussions and interactions with our members and other stakeholders in the ecosystem for better understanding of the burning issues and formulate strategies to support and promote the sector.

Contact for Membership Query;



**Vikrant Wadhera**  
Deputy Director

Email: [vikrant.wadhera@servicesepc.org](mailto:vikrant.wadhera@servicesepc.org)  
Mob: +91 8851801002

## UPDATE FOR INDUSTRY

**13485**  
**ICMED+**

**QCI - AIMED VOLUNTARY INITIATIVE ON MEDICAL DEVICES**

"Indian Certification of Medical Devices (ICMED) Scheme"

[Download Launch Flyer](#)

## QCI launches voluntary scheme for certification of Medical Devices - 'ICMED Plus'

Quality Council of India (QCI) in association with the Association of Indian Manufacturers of Medical Devices (AiMeD) has come out with a Scheme for certification of Medical Devices (ICMED 13485 Plus) to strengthen the Quality in the Indian medical devices ecosystem. The scheme is meant to significantly eliminate the use of sub-standard products or devices of doubtful origins.

COVID-19 crisis shows that Indian medical devices sector can rise to the challenge. ICMED 13485 Plus designed in a manner that it derives its Quality Management System components and product related quality validation by integrating aspects of witness testing of Products to defined Product Standards and Specifications. This initiative is expected to provide much needed authentication to Indian manufacturers and their home-grown medical devices to easily comply with the international product Standard requirements in the global market. This scheme is an institutional

voluntary mechanism for assuring quality and safety by helping procurement agencies that require evidence of product conformance. It encourages domestic manufacturers especially startups aiding Atmanirbhar Bharat eventually establishing them to follow a robust mechanism to counter menace of counterfeits and non-authentic certifications.

The ICMED 13485 Plus scheme is a step towards aiding procurement and safe guarding private buyers and common consumers. “The covid crisis and the quick response of Indian medical device manufacturers to it has emphasised the need for Indian standards being speedily developed and available. We are proud to help the nation and its medical devices manufactures at such a time”, stated, Shri Adil Zainulbhai, Chairman, QCI at the virtual launch of the Certification Scheme. “The launch of the ICMED plus is a watershed moment. Coming, as it does, in the aftermath of the COVID-19 pandemic and at a geo-strategically crucial time when the world looks beyond China, it could shepherd India to be one of the leading global manufacturers of quality medical devices”, stated, Shri K L Sharma, Chairman, Steering Committee, ICMED & retired Jt. Secretary, Regulations, MOH&FW.

“COVID has reminded us about the gaps in our health systems like it has in many countries. Quality Assurance and Patient Safety have emerged as key concerns all across the globe. ICMED Plus is one of key initiative by QCI which aims at assuring quality in medical devices through management system approach. It is voluntary scheme but we need to pursue for its implementation wide across in our industry. Association of Healthcare Providers (India) will encourage it implementation among its stakeholders”, stated, Dr Girdhar Gyani, Secretary General, AHPI (Association of Healthcare Providers of India). “All manufacturers seeking to be quality leaders and be globally competitive as well as new startups seeking to

prove their credibility to Buyers in public and private healthcare sector- here’s an opportunity for them to access authentic home grown product certification to international standards and to gain an edge over suppliers armed with fake / unauthentic certificates”, said an excited, Mr. Rajiv Nath, Forum Coordinator, AiMeD (Association of Indian Medical Device Industry).

“It will allow consumers & professional Healthcare users & buyers to distinguish the dependable manufacturers & brands in market place - all the more important in healthcare delivery where lives are at stake. Quality Healthcare requires Quality Medical Devices. This need for an Indian quality Certification was never felt as high as ongoing Covid pandemic - Access to Affordable, Acceptable Quality Medical Devices”, he added The ICMED Scheme as a process Certification Scheme was initially launched in March 2016. The ICMED Plus Scheme is additionally designed for Product Certification of Medical Devices to International Product Standard or Specifications to enable Global Competitiveness

“This will increase the trust and faith of market place on Indian Products Certification programs. This is for community’s health and wellbeing. Responsible Engagement. All Stakeholders have to be in alignment with the objectives for which it was created, stated”, Ms. Rama Venugopal, Member, ICMED Committee.

For more information, contact:

**Mr. Shivesh Sharma**  
Project Analysis & Documentation  
Division, Quality Council of India  
[shivesh.nabet@qcin.org](mailto:shivesh.nabet@qcin.org)



## EXPERTS CORNER

### Sustainable Development Goals India Index, the positives and way forward



India's policies in the recent years on climate mitigation and adaptation have helped many states move into the front-runner category in clean energy, urban development and health. The year 2020 was tough on health and well-being. While the pandemic still continues to stress the Indian public health sectors and its professionals, the country performed better in many health indices as compared to 2019.

The SDG-3, Good health and Well-being saw a positive move towards coverage of immunization. SDG-3, Affordable and Clean energy (SDG-7), Sustainable Cities and Communities (SDG-11), and Sustainable Consumption and Production (SDG-12), have all improved from 2019. The poorest performer in SDGs index is No poverty (SDG-1), Zero hunger (SDG-2), and Quality education (SDG-4).

India invested a lot of its resources to improve access of households to electricity, clean fuel, and building infrastructure. On an average 36 km of highways a day have been laid down in the last 5 year, this is a 200% jump as compared to the first half of the decade. Installed renewable energy capacity – solar and wind

have also doubled in five years. At present, India has an installed capacity of 100 gigawatts, and it will most likely achieve or exceed its 2023 target of 175 gigawatts. The States/UTs have also performed well under many Union government schemes which helped reduce open defecation, housing loans, subsidized cooking gas and piped water for the poor. All of this has made some significant impact on the overall development and well-being. Access to 'Clean water and Sanitation' (SDG-6) category has scored 83 points; it's the second best performing category after Clean Energy. However, it has dropped 5 points from its 2019 score. In 2021, Clean water and Sanitation can maintain its 2019 performance of being the best performing category, given the huge budgeted investments coming into the Jal Jeevan Mission initiative. While this is a cause for cheer, the Index reveals some interesting areas where development and investments have fallen. There has been a major decline in the areas of Industry, Innovation and Infrastructure (SDG-9), and Decent Work and Economic Growth (SDG-8). This can be attributed to the pandemic and governments imposed lockdowns. The fall in these indexes has made it difficult to improve hunger, poverty, which had an impact on quality education as well.



The SDGs index also shows the persisting inequalities in socio-economic and governance. There are stark differences between the southern and western states when compared with north-central and eastern states on health, development, infrastructure, education, and poverty. These issues and differences in development need to be addressed and policy changes need to be brought forth. Otherwise, these issues will exacerbate federal challenges and outcomes, as seen in the public health handling during the second wave of the pandemic. One important SDGs index which is at a low performance and has performed poorly in almost all the States/UTs is Gender Equality (SDG 5). Ranking at 48 points, Gender equality is the second lowest overall performer of 2020 SDGs Index. None of the States/UTs have been categorized as front-runners, with only 3 States scoring over 60 points. This is an area which needs time, resources and planning, and policy with respect to social development, economic growth and quality education.

The overall performance of 2020 has improved the national aggregate score by 6 points. This is encouraging and important but, it needs

to recognize its inequity in attention given to some SDGs. The impact of the second wave on health and infrastructure was devastating and this will have a significant impact on 2021 overall SDGs Index. As of now, India has controlled the biggest global surge of COVID-19 any country saw since the beginning of the pandemic. Even though the possibilities of new variants and surges creates stress on the health, infrastructure, development and equality. The positive thing right now is that the vaccination drive in the coming months will improve and help protect millions. This is an opportunity for the policymakers to invest time in areas which saw critical impact, like reduced equalities, poverty, health, hunger, quality education, infrastructure and industries and many more. The policies built to improve the SDGs index are strong and that may help move the economy and livelihood in a sustainable direction. At the same time, proactive assessment on damage the pandemic and second wave caused in the present year should also be assessed right away to ensure there is no undoing in the SDGs progress or slip in the national or global ranking.

## CONSULTANTS CORNER



Healthcare is the protection of mental and physical health by preventing or treating illness. A healthy person is not one with just the absence of disease, but health is a state of physical, mental, and social well-being. In general, healthcare is not practiced with this idea, modern healthcare facilities fix parts as if the person is a collection of mechanical systems. When one thinks about hospitals, what comes to mind is often a cold, sterile environment. Hospitals do not create inviting, healing spaces as people often encounter bad experiences, nervousness and grief in these spaces.

If the mind has the power to heal, fostering an environment that promotes mental wellness should translate to the physical healing of the body. Architecture has shown that the



**Dr. Jyoti Rama Das**  
Co-Founder & Managing Director  
Integra Ventures

environment that people create has profound impacts on the human psyche. The environment that surrounds us has direct influence how

we're feeling; it has the potential to attenuate or accentuate sensations. As a part of the commercial sector, healthcare in India consumes a plethora of resources. Climate-controlled indoors, extensive ventilation systems, energy-intensive equipment and an array of waste generation are just a few things associated with hospitals that directly impact human health. According to the Central Pollution Control Board (CPCB) of India, our healthcare infrastructure is estimated to consume 7.58 per cent of the total electricity, generates approximately 1.48 million tons of healthcare waste per year. "The health sector is one of the most trusted and respected sections of society, and it is also one of the largest employers and consumers of energy. This presents both: a duty and a window of opportunity to achieve climate-neutrality, efficiency and cost reduction all at the same time." - American Journal of Preventive Medicine. 2008

According to the Office of the Federal Environmental Executive (US), "green or sustainable building is the practice of designing, constructing, operating, maintaining and removing buildings in ways that conserve natural resources and reduce pollution" (OFEE, 2003). In terms of healthcare, "Green healthcare" is the incorporation of safe and restorative practices into healthcare delivery. Typically, healthcare buildings are designed to meet building code requirements, whereas green building design challenges designers to go beyond the codes to improve overall building performance, minimize life-cycle environmental impact and cost. The highest goal of green architecture is to be fully sustainable.

## Evolution of Green Architecture through the ages:

Over the last 50 years, sustainability has evolved into a full-scale priority. Throughout human history, we find vernacular and indigenous practices that take advantage of the climate and allow interaction of built-environment with nature and the ecosystem to maintain balance. The concept of 'green buildings' can be traced to the United Nations concerted efforts, over the years, to bring to the fore the idea of 'sustainability' in all aspects of human development.

Confederation of Indian Industry (CII) established Indian Green Building Council (IGBC) in the year 2001 intending to promote the development of climate-neutral and sustainable buildings so that India becomes a global leader in the sustainable built environment by 2025. Various services offered by IGBC include: developing new rating systems, certifications, conducting training programmes and organizing an annual Green Building Congress. IGBC is licensed by US Green Building Council to give Leadership in Energy and Environment Design (LEED) certifications to buildings in India. Some of the finest green hospitals in India are

- **The Kohinoor Hospital in Mumbai:** A 150-bedded multispecialty hospital, the first in Asia and second in the world to achieve LEED platinum certification under IGBC
- **Tripolia Hospital in Patna:** A private charitable hospital that has found innovative ways to utilize solar energy that they harness. They sterilize their medical equipment, sanitize hospital laundry, heat water and power the pathways on-site as well as auxiliary buildings on hospital grounds.
- **J.J Hospital in Mumbai:** This hospital has also taken measures to spread awareness through their campaign for reducing the use of conventional energy. They implemented methods like switching off office equipment and using natural lighting during the day in common areas to save almost ₹58 lacs between 2002-2004

## Green Healthcare Components & Setbacks:

The most significant components of green buildings include considerations of site, natural energy resources, optimum use of water and electricity, environmental quality and waste management.

- Understanding site behaviour; the natural and artificial impact of design on the micro-environment, neighbourhoods and communities, ancestry and cultural norms should always be noted when starting a project.
- Finding alternative sources of renewable energy locally can ensure minimum use of

fossil fuels in the construction and operation of buildings.

- Maintaining the quality of indoor and outdoor spaces, optimising on local ecology, resources and materials are a few ways we can attend to the needs of the present and the next.
- Collection and disposal of toxic, biomedical waste and effluents in a responsible manner is crucial.

Few factors that can hinder successful transition towards green healthcare practices are the uninterrupted operational hours, infection control accreditation and licensing demands, intense energy and water usage and regulatory compliances.

- Healthcare facilities provide services around the year without breaks, which requires stringent protocols in place to manage during infection outbreaks, pandemics and emergencies.
- This process is also energy-intensive and generates waste. Treating and managing waste, keeping up with health and safety regulations constantly and complying with state or central accreditation standards are imperative.
- The green construction sector in India currently lacks the technical expertise to execute projects and the funding required for construction. There is a strong requirement for an entrepreneurial-regulatory state that can boost this sector.

## Advantages of Green Healthcare:

Bringing about a major shift like this industry-wide is often a challenge. It is often driven by many factors like evidences, user-based feedback, the emergence of new data, the reframing operational stance, the influence of visionary leadership etc. In the case of green health care, each of these may play an indispensable role.

- For healthcare providers, while the shift and construction can be cost-intensive, the long-term benefits outweigh the initial cost concerns.
- For patients and hospital staff, sound design

layouts, conscientious choice of materials, lighting and operational practices can result in the preservation of mental and physical health and social well-being.

- At a social or community level, utilizing locally sourced building materials, employing local food vendors, using biodegradable cutlery or establishing pedestrian pathways linking to the community transport route can reduce environmental hazards and ecological footprint.

This is worth noting that these initiatives will get further boost through accreditation using Green Health Care Standards developed by the Quality and Accreditation Institute (QAI) in July 2019 with the support of Health and Environment Leadership Platform (HELP), an initiative of Public Health Foundation of India, Centre for Chronic Disease Control (CCDC) and Healthcare Without Harm.

## Pragmatic approach and design recommendations:

“It is not how green you make it that counts, but how you make it green.”

—Judith Heerwagen

The benefits of sustainable and regenerative design have been extensively studied with regards to healthcare and school setting. According to a research article titled “Applied benefits of biophilic theory to hospital design” the humanization of health care spaces and contact with nature can empower the patient to have a positive psycho-physiological impact by reducing stress and pain and improving emotional well-being. Wrong sensory cues may suppress our inherent biophilic tendencies. Views of nature, less blue light, natural sounds, biophilic odours, the feeling of wood or stone and natural temperature variations are impactful practices of creating a healthy living environment. The first principle of good design is introducing regenerative practices that go beyond sustainability and engages continuous, healthy relationships with the environment, the building and the people. This can be achieved through bio-mimicry. Bio-mimicry looks to patterns found in the natural world as inspiration for how to design the built environment.

Specific to the design of healthcare facilities,

reducing health and safety risks is also a key element. Buildings are complex dynamic systems composed of multiple materials and built systems do not change easily or quickly. Therefore, design, construction and operating decisions should be routinely assessed during the planning stages. Hospital design, construction and operating decisions can have far-reaching public environmental health effects from water and energy consumption, materials transportation and occupational health concerns throughout the materials supply chain.

- Within the walls of any healthcare facility, green operational choices like safe cleaning agents, limiting the use of pesticides and moisture-resistant materials can benefit patient health and well-being significantly.
- Addressing environmental factors like natural light, aesthetic pleasantness of a building, better acoustics, colour psychology and positive stimulation through access to nature can improve the psychosocial state of patients by diffusing the “clinical” atmosphere of a healthcare facility.
- It also results in higher productivity and decreased truancy amongst staff.

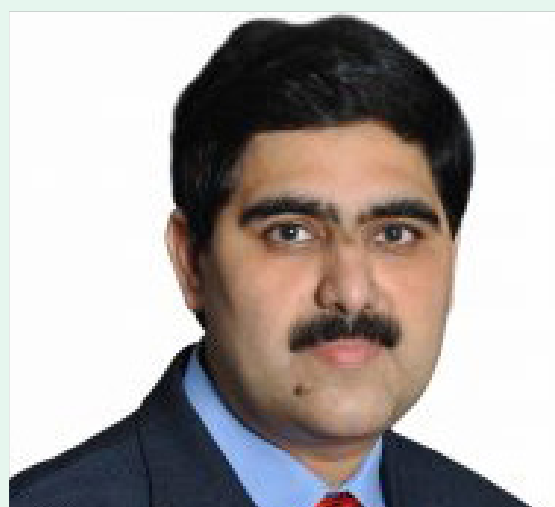
The global health challenges of the 21st century require a new way of thinking and a change in the organisation of healthcare services through an approach that considers human needs holistically. Modern healthcare facilities are resource-intensive and competitive. In their bid to provide high-quality care to their patients, they are damaging the environment. Hospitals operate non-stop, utilize sophisticated and modern technologies and perform complex procedures, all of which require a controlled indoor environment.

This cannot be accomplished without depleting resources. As the implications of climate change become apparent, unsustainable, inefficient buildings and operational practices will continue to have a detrimental effect on the health sector’s carbon footprint. However, the scenario is changing and the future is brighter. Healthcare facilities in India and around the world are paving the way. Healthcare facilities like Tripolia Hospital and Kohinoor Hospital have proved beyond doubt that high-quality patient care and environmentally sustainable choices are not mutually exclusive. ‘Green hospital’ is not just a vague concept but a reality worth investing in.

## HEALTHCARE SECTORAL SKILLS TRAINING

The COVID 19 pandemic has been a challenge to healthcare infrastructure in most countries. Patients presenting with severe acute hypoxemic respiratory failure have required ICU admission and ventilation support. While we were working hard to ramp up supply of oxygen, creating ICU beds and manufacturing equipment, we also needed to focus on having skilled manpower. In such a disaster situation, up skilling healthcare professionals can be challenging and short-term focused training would be the right approach.

Ventilators are used to support the breathing and improve oxygenation and eliminate carbon dioxide. Ventilation can be provided in non-invasive or invasive methods based on the severity of the respiratory failure. During this pandemic, several companies have manufactured large numbers of ventilators at



**Dr. N. Ramakrishnan**

AB (Int Med), AB (Crit Care), AB (Sleep Med), MMM, FACP, FCCP, FCCM  
 Founder & Managing Director  
 TACT Academy for Clinical Training  
 Chennai



a short time to meet the demand. Healthcare professionals have been willing to provide care for sick patients in ICU even if that is not that primary area of expertise. A short-term modular program covering the following aspects would be a value addition to assist them in managing patients on ventilator support:

- Practical aspects of setting up a ventilator
- Understanding the modes of ventilation
- Monitoring ventilated patients
- Disease specific mechanical ventilation
- Troubleshooting a ventilator
- Weaning patients from ventilator
- Understanding and using non - invasive ventilation

As we prepare for a possible third wave of COVID 19, we hope that education and training and periodic upskilling is considered for all healthcare professionals.



#### **TACT ACADEMY FOR CLINICAL TRAINING**

Door #29 J Block, 13th Main Road, Anna Nagar Chennai -600040

Ph. +91-44-42026644, +917550093144

Email: [info@tact-india.com](mailto:info@tact-india.com)

Website: [www.tact-india.com](http://www.tact-india.com)

Training Lives to Save Lives

## **PATIENT SAFETY**

### **Materiovigilance Programme of India (MvPI)**

After several horrific cases linked with the malfunctioning of medical devices like infants burnt to death due to short circuits in incubators, or hip implants causing blood poisoning and chronic pain, the Ministry of Health and Family Welfare (MoHFW), Government of India approved Materiovigilance Programme of India in an effort to ensure safe use of medical devices in India. Materiovigilance Programme of India was launched by DCG (I) on 6th July 2015 at Indian Pharmacopoeia Commission, Ghaziabad. In addition to creating database on medical device associated adverse events exclusive from Indian population, Materiovigilance Programme gives insight to reduce likelihood reoccurrence of adverse events related to Medical Device elsewhere, thereby improving medical device quality by and large.

Under Materiovigilance Programme of India (MvPI), Indian Pharmacopoeia Commission (IPC) functions as National Coordination Centre (NCC). Sree Chitra Tirunal Institute for Medical Sciences & Technology (SCTIMST), Thiruvananthapuram acts as National Collaborating Centre, and National Health System Resource Centre (NHSRC), New Delhi, acts as Technical support partner.

Central Drugs Standards Control Organisation (CDSCO), New Delhi, supports MvPI as National regulatory authority. Materiovigilance Programme of India (MvPI) aims to collect data on Medical Device related adverse events systematically and analyses them scientifically to aid in regulatory decisions and recommendations on safe use of medical devices being made using data generated from India.

The Programme is meant to monitor



medical device-associated adverse events (MDAE), create awareness among healthcare professionals about the importance of MDAE reporting in India and to monitor the benefit-risk profile of medical devices. It is also meant to generate independent, evidence-based recommendations on the safety of medical devices and to communicate the findings to all key stakeholders.

### Objective:

To improve the protection of the health and safety of patients, healthcare professionals and others by reducing the likelihood of reoccurrence of an adverse event associated with the use of medical devices.

### Benefits of this Programme:

- Generation of Medical Device safety data

based on Indian Population.

- Information from spontaneously reported Medical Device Adverse Events (MDAEs), Published literature, clinical studies are used as the primary basis for evidence based Regulatory decisions such as field safety corrective action, added warnings or recall related to the potentially affected medical device.
- Educational initiatives to healthcare professionals for improving safe use of medical devices
- Benefit risk ratio of medical devices can be assessed
- Safe and effective use of medical devices can be achieved
- Public confidence can be stored and enhanced

### Voluntary Reporting Requirements:

Reporter	What to Report?	To Whom?	When?
Marketing Authorisation Holders (MAH) / Manufacturers/ Importers/ Distributors	Any suspected unexpected serious adverse event incident, such as deaths, serious injuries, malfunction, etc., together with the action taken thereon, including any recall	National Regulatory body & National Coordination Centre (NCC) -MvPI, Indian Pharmacopeia Commission (IPC)	Within 15 calendar days after becoming aware of an event.
Healthcare professionals	Death, serious injuries, malfunction, etc.		For serious events, the reporting has to be done within 15 calendar days after becoming aware of an event. For non-serious events, the reporting has to be done within 30 calendar days after becoming aware of anevent.

## Modalities for MDAE reporting-

The NCC for MvPI, IPC has developed the below-mentioned reporting tools to collect MDAEs. All the reporting tools are available on the IPC website. The healthcare professionals, Marketing Authorization Holders (MAHs) and all the Personal Protective Equipments (PPEs) users are encouraged to report adverse events associated with medical devices.

### 1. MDAE Reporting Form

The MDAE reporting form primarily aims to collect the adverse events associated with the use of medical devices, In-Vitro Diagnostics (IVDs), and medical equipments. The healthcare professionals and others including, but not limited to, manufacturers, importers, distributors, and hospital managers are solicited to report the adverse events for known, unknown, serious, non-serious, frequent or rare adverse events.

[Download the Form Here](#)

### 2. PPE Reporting Form

During the prevailing situation regarding the COVID-19 pandemic, the NCC-MvPI specially designed a one-page editable MDAE reporting form, which primarily aims to collect the adverse events associated with the use of PPEs used for medical purposes.

[Download the Form Here](#)

To read more about MVPI, please click on this link

<https://www.ipc.gov.in/mandates/pvpi/materiovigilance-programme-of-india-mvpi.html>

For more information and regular updates, do visit IPC website:

[www.ipc.gov.in](http://www.ipc.gov.in)

Any queries or suggestions are welcome. Please feel free to contact us. By toll free no:

**1800 180 3024**

By mobile app:

**ADR-PVPI**

can be downloaded from Google play store  
By e-mail: [shatrunjay.ipc@gov.in](mailto:shatrunjay.ipc@gov.in)

**By post:**

Materiovigilance program of India,  
Indian Pharmacopoeia Commission,  
Ministry of Health & Family Welfare,  
Govt. of India, Sector-23, Raj Nagar,  
Ghaziabad-201002.

Tel: 0120-2800500, 2783400,  
2783392



# MEDICAL TECHNOLOGIES INNOVATIONS – NHHID – DST HUB



## National Hub for Healthcare Instrumentation Development – NHHID, Anna University, Chennai

### Initiative of Department of Science & Technology

National Hub for Healthcare Instrumentation Development (NHHID) is established by DST under Technology Development & Transfer in Anna University with an initial 5-year grant of 12.4 Crores. This national facility has been formed with collaboration from reputed national institutes and R&D organizations.

The NHHID is a platform for integration of Scientists, Engineers, Technologists, Industrialists, Businessmen and Clinicians to promote and accelerate the development of healthcare instrumentation indigenously. It aids in the transfer of basic research ideas from research institutions to private biomedical companies and vice versa. It will mainly carry out R & D on healthcare instruments as required by indigenous industry and healthcare needs. The Calibration center one of the prominent activities of NHHID is being established.

## Anna University

Anna University was established on 4th September 1978 as a unitary type of University. It offers higher education in Engineering, Technology and allied Sciences relevant to the current and projected needs of the society. Besides promoting research and disseminating knowledge gained therefrom,

it fosters cooperation between the academic and industrial communities. The University was formed by bringing together and integrating two well-known technical institutions in the city of Madras.

- College of Engineering, Guindy (CEG)(1794)
- Madras Institute of Technology
- Chrompet (MIT)(1949) and three Technological Departments of the University of Madras
- Alagappa College of Technology (ACT) (1944)
- School of Architecture and Planning (SAP) (1957)

To know more about Anna University

[Click Here](#)

### Hub Concept



To know more about NHHID Hub

[Click Here](#)

NHHID in 2019 technology transferred three prototypes (Mass Screening Gadget for Ophthalmic Lesions, HEAM Device & RFID based Infant Theft Prevention System) and automated its Antibioqram device for commercialization through another programme. One-of-its-kind Testing and Calibration Centre has now served more than 250 hospitals and attracted prospective investors for replicating the facility under NHHID banner. Among nine clinician-driven medical device projects in the current phase addressing unmet device needs of India, three (Instrument for Transosseous Repair, Real Time Urinometer & Web-based Audiometer) have reached the validation stage within a year. Networking with various facilities and agencies enabling MSMEs to commercialize indigenous medical devices, partnering with Medically - the largest medical equipment expo, and newspaper coverage of its inventions and innovations are promoting its cause and attracting new stakeholders to expand its activities and scope.

Take a look at the portfolio of products

[https://www.nhhid.org/download/NHHID\\_small.pdf](https://www.nhhid.org/download/NHHID_small.pdf)

Download the Covid19 Solutions from the Hub

<https://www.nhhid.org/index.php#>

The Hub is conceptualised as the Gateway for Healthcare Product Realization.

Hub's Goal and need for innovation is insatiable. NHHID specializes in medical device development from prototype to regulatory approval. Industry can get Medical Device Development Support from NHHID.

For Industry Research, Business and Collaboration related queries on Technology Commercialisation, contact

Name: Business Liaison Officer

Phone: 044-22357941; +91 7598132728

Email: blo.nhhid@yahoo.com



# **INTERNATIONAL NEWS**



## UPDATE ON ISQUA

### June 2021

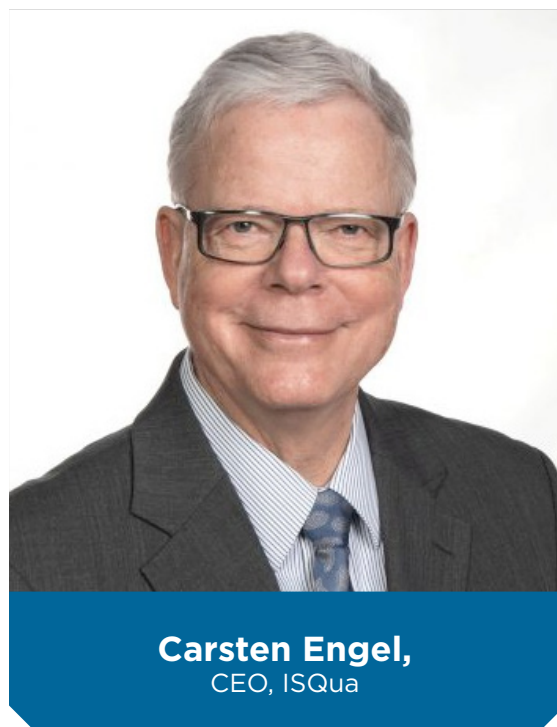


### **On the 1st of May, I had the pleasure of taking up the position as CEO of ISQua after five years of inspiring leadership by Dr Peter Lachman.**

It is now my pleasure to greet all of the Members, partners and friends of the organisation. ISQua's mission is "To inspire and drive improvement in health, and the safety and quality of health care worldwide." How we intend to do this can be summarised in three words: Knowledge - Network - Voice. During my first month of tenure, I have spent much of the time familiarising myself with the various activities in ISQua, and I am very impressed by the enthusiasm, creativity, and competency I have encountered.

The networks of ISQua, our Members, Fellows, Experts, Academy and Partners, are the greatest asset of ISQua. Herein rest the energy, passion and knowledge, and through the networks, knowledge achieves a voice and is made accessible to those who need it. Noticeable, in the networks, flow is not one-way; all can both contribute and benefit. It is also significant that patients and families are now seen as sources of knowledge, members of networks, and persons with a voice that has something important to say.

I have marked around 350 assignments written by participants in the Fellowship Programme. It has been a pleasure to see how the students in this programme, most of whom come from low and lower-middle-income countries, have engaged themselves in the learning journeys offered; the idea behind the programme is



**Carsten Engel,**  
CEO, ISQua

not just being able to reproduce a curriculum, but also to reflect on it, based on one's own experience and practice, thus enabling the translation of knowledge to improvement. From the assignments I have read, it is clear to see that this is indeed happening. I am confident that the organisations that have encouraged and supported staff to join the Fellowship Programme will find that they receive a good return on their investment.

It has been a special pleasure for me to join two webinars arranged by CAHO, The Consortium of Accredited Healthcare Organisations (India), one of which was from the CAHO - ISQua International Webinar Series, a monthly seminar delivered on the first Tuesday of every month since January 2021. ISQua is proud of contributing to this initiative that will reach out to many new learners.

The ISQua conference has been an annual reference point for me since I first attended the 2005 conference in Vancouver. It was a significant loss that the conference was unable to be held in 2020. During the past year, we have learned how much we can do virtually. I am sure that the virtual ISQua conference, from 8-11 July, will offer all participants new knowledge and insights and will stimulate thinking and

actions. It is also worth considering that virtual participation is affordable for individuals who might not attend a physical event, and we will find ways to preserve the best of both worlds. Nevertheless, I also sincerely hope that we will be able to meet in real life for the next conference in Brisbane in October 2022. Accreditation has been at the heart of ISQua since the very beginning. The International Accreditation Programme attracts new clients every year. Yet this is not the time to rest on the laurels. The world changes, and so must accreditation. Some ideas have been presented in a recent paper in the International Journey for Quality in Health Care and in a webinar that has been uploaded as a resource of the fellowship programme. The title of both the paper and

**Link to the paper:**

**Nicklin W, Engel C, Stewart J. Accreditation in 2030. Int J Qual Health Care 2021, 33, mzaa156, <https://doi.org/10.1093/intqhc/mzaa156>.**

webinar is “Accreditation in 2030”. ISQua EEA and the Accreditation Council will find ways to meet the challenges ahead of us.

The International Journal for Quality in Health Care is another ISQua flagship that has been along for a long time. This year it will be joined by a new open-access journal, IJQHC Communications (IJCOMS). The new journal publishes papers in all disciplines related to the quality and safety of health care, including health services research, health care evaluation, technology assessment, health economics, utilisation review, cost containment, and nursing care research, as well as clinical research, methodologic approaches, translational research, and implementation research projects related to the quality of care. In addition to receiving content cascaded from the parent journal, IJQHC Communications will also publish de novo content of its own. The journal is truly interdisciplinary and will include contributions from representatives of all health

professions. Members of the ISQua Academy have provided papers for the first issue; all authors are encouraged to submit papers now. You will notice that the range of article types is somewhat broader in this journal than in the parent journal.

**Link to the website of the journal:**

**<https://academic.oup.com/ijcoms>.**

ISQua is actively establishing partnerships around the globe with organisations with a mission similar to ours. One of our essential partners is the World Health Organization (WHO). We are presently in discussions with WHO to renew our cooperation plan for the years 2022-24. ISQua Board member Bruno Lucet has participated in the recent World Health Assembly on behalf of ISQua and delivered a statement in which ISQua speaks to the importance of patient safety as a fundamental cornerstone of health care services, and a global health priority. ISQua commits itself to continuous support to the National Quality Policy and Strategy (NQPS) programme to enable the Member States to develop safe, person-centred, high-quality care strategies.

**Link to the full statement:**

**<https://extranet.who.int/nonstateactorsstatements/meetingoutline/1459>.**

As is evident from all of these lines of activity, ISQua can and will play an important role in what is shaping up to be a decade of transformation across the 2020s. The reaction to the Covid-19 pandemic has demonstrated that healthcare can move quickly in response to a crisis. So this is a pivotal moment to have stepped in as CEO of ISQua. But as you will have seen, ISQua is vibrant. All the fantastic members of the staff at the ISQua office, and I hope to help ISQua make a tangible difference as a catalyst for the challenges to come. With your engagement and participation, we will succeed.

# ASQUA



Registration Number PPM-028-14-28062016 (Malaysia)



1. Advocacy of Quality and Safety in Health Care
2. Collaboration and Communication
3. Mutual Respect and Respect for Diversity
4. Credibility and Trustworthiness
5. Fairness
6. Transparency
7. Social Accountability
8. Professional and Scientific Approach
9. Ever-Continuing Challenge
10. Ever-Continuing Improvement

To be a credible regional organisation of repute to bring together best practices in patient safety and quality culture that can be benchmarked internationally

To encourage, support, advocate, educate and share best practices in patient safety and quality practices utilising Asian values of mutual respect and sharing to achieve excellence

The Asian Society for Quality in Health Care (ASQua) is a network of Asian National Societies dedicated to improving healthcare quality on a national and international level. It was founded in 2006 by a group of National Accreditation Societies for Healthcare Quality from Malaysia, Japan, Thailand, India, Taiwan,

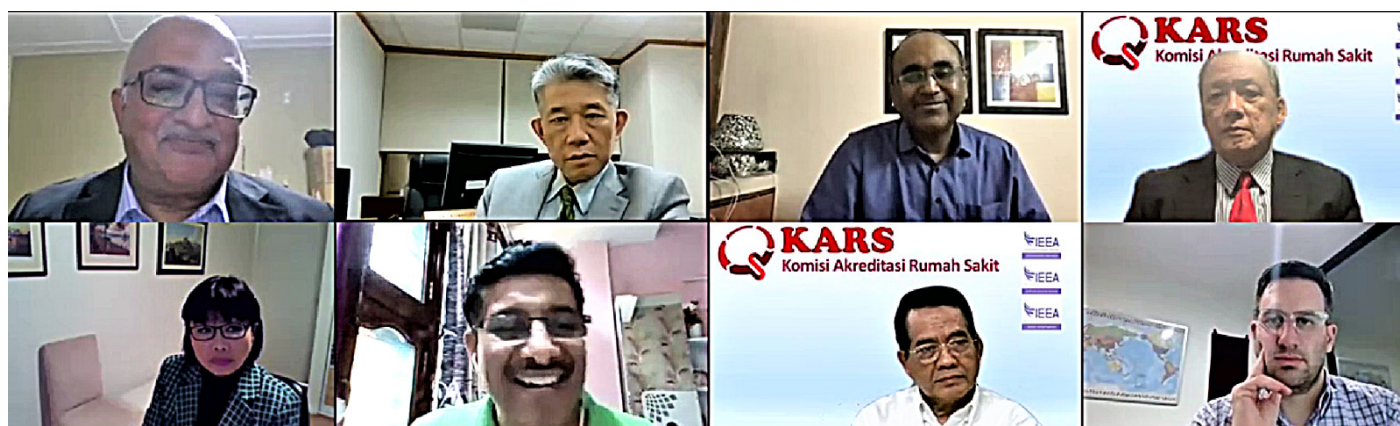
and the Philippines under the auspices of ISQua. ASQua's membership has been expanded to include Mongolia, South Korea, Indonesia, Australia, and Bangladesh. Through its internationally recognised accreditation programmes, standards development and patient safety initiatives, ASQua's national members collectively promote quality improvement programmes, research, and education in healthcare.

As the COVID-19 pandemic approached its one-year anniversary in March 2021, the majority of ASQua member countries maintained closed international borders. ASQua and its members have largely migrated to a digital platform for their accreditation operations and educational programmes. Even prestigious annual international scientific conferences, such as ISQua and IHI-BMJ, were not exempt. All have embraced artificial intelligence and new technologies that enable the migration of physical infrastructure to a virtual or hybrid environment.



PRESENTS

Online Course on  
**Certified in Healthcare  
Risk Management (CHRM)**



ASQua Webinar in Collaboration with CAHO

“ Sharing of Country Experiences: Impact of COVID- 19 on Quality and Safety in Health and Lessons Learnt | 17 th June 2020 : 5 : 30 pm MYT





ASQua is proud to recognise its members' commitment to professional development in the areas of quality improvement and patient safety through its collaboration with member organisations on healthcare education and accreditation programmes. Visit ASQua website [www.asquaa.org](http://www.asquaa.org) for the latest training schedule, news and events.

Sharing of Country Experiences: Impact of COVID-19 on Quality and Safety in Health and Lessons Learnt | 17 th June 2020 : 5 : 30 pm MYT

The ASQua Board wishes to express our heartfelt appreciation to Dr B.K.Rana for his talent, professional opinion, and expertise as demonstrated by his active participation as ASQua Pro-Tem Committee Member (President 2011-2012) and Board Member since 2008.

Dr Rana's dedication to organising the successful 1st ASQua Joint Conference back in 2010 between the Federation of Indian Chambers of Commerce and Industry (FICCI), the Quality Council of India, NABH and ASQua has resulted in significant improvements in the quality and safety of healthcare in the Asian region across all sectors, public and private. Dr Rana is an ASQua Board Member and Chair for Editorial Committee for Terms 2016-2021



## ASQua Membership



## REGISTERED SECRETARIAT OFFICE

**Asian Society for Quality in Health Care (ASQua)**  
 6th Floor, Menara Wisma Sejarah  
 230, Jalan Tun Razak  
 50400 Kuala Lumpur  
 Malaysia

+60 3 26812232  
 +60 3 26813199  
 asqua@asquaa.org

INVITATION TO APPLY ASQUA MEMBERSHIP  
 To apply, visit <https://asquaa.org/membership>

# ISO TC 304 HEALTHCARE ORGANIZATION MANAGEMENT

## WG5: Healthcare Quality Management System Standard

Recent and future health trends, including an aging world population, a shortfall in the number of needed healthcare workers, natural disasters and pandemic, changing healthcare payment systems, and digital health technology, all represent opportunities for new standards in the area of healthcare organization management (HOM).

Healthcare Organization Management describes the leadership and general management of hospitals, hospital networks, and/or health care systems. The sheer size and complexity of varied international approaches to healthcare systems means that HOM may encompass everything from policy making, to human resources, to department management, clinical processes and beyond. Depending on the type and size of the healthcare system, HOM may involve numerous teams working in unison to manage the system at every level. Regardless of the organizational structure, the goal is the same: to ensure coordinated delivery of healthcare, efficient management of resources, and effective, safe, people-centred care.

In response to these dire and growing healthcare needs, the International Organization for Standardization Technical Committee 304 is answering the call to action. The goal of ISO/TC 304 Healthcare Organization Management is to create standards in the area of healthcare organization management that:

- Support the United Nations Sustainable Development Goals
- Facilitate global sharing of best practices
- Involve experts from all willing countries, with a focus on encouraging participation from
- lower and lower-middle income countries
- Establish a common healthcare management language that allows international
- stakeholders to have a mutual understanding
- Support improvement in quality, safety, security, and the environment
- Improve the efficiency and effectiveness of health systems

ISO/TC 304 is particularly thankful for its collaboration and strengthened relationships with India. Three notable experts have stepped forward as leaders in the creation of a new standard, Healthcare Quality Management Systems Standard. This bold standard is one of few standards to achieve the designation of a Management Systems Standard (MSS). This most notable ISO MSS is ISO 9001. ISO/TC 304 is honored by the presence of Dr. Bhupendra Kumar Rana, Founding CEO-Quality & Accreditation Institute, Global Expert-Healthcare Quality, Patient Safety & Accreditation, ISQua Expert and member of the International Academy of Quality & Safety. The committee further benefits from the expertise of Dr. Lallu Joseph, Quality Manager and Associate General Superintendent, Christian Medical College Vellore and Secretary General, Consortium of Accredited Healthcare Organizations- CAHO. Finally, Dr. Anuradha Pichumani, Consultant Obstetrician & Gynaecologist, an ISQua Expert, Executive Director, Sree Renga Hospital, Chengalpattu, Tamilnadu, India and Chairperson, Quality Professionals Wing, Consortium of Accredited Healthcare Organizations- CAHO has been an invaluable asset to the writing of the new standard. ISO/TC leadership is excited about these partnerships and are looking forward to continued input from India on future healthcare organization management standards.

The Convenor of the WG is Prof. Adam Layland and Angela McCaskill is the Working Group Lead. This WG is part of ISO TC 304 which is



Chaired by Dr. Veronica Muzquiz Edwards and Lee Webster is the Committee Manager.  
Click [here](#) to learn more about work of [ISO/TC 304](#), and follow on [LinkedIn](#).



**Dr. Anuradha Pichumani**



**Dr. Lallu Joseph**



**Dr. B.K. Rana**



**Angela McCaskill**



**Dr. Veronica Muzquiz  
Edwards**



**Prof. Adam Layland**



**Lee Webster**

## Important Links

We aim to bring to you the news and updates from the global community. To begin with, we are providing some links to international trade, commerce, standards, conformity assessment and regulatory channels below:

### Global Organisations Ruling Trade and Commerce between Nations

World Trade Organisation - <https://www.wto.org/>

World Economic Forum - <https://www.weforum.org/>

United Nations Industrial Development Organisation - <https://www.unido.org/>

Organization for Economic Cooperation and Development (OECD) ([www.oecd.org](http://www.oecd.org))

World Health Organisation ([www.who.int](http://www.who.int))

Food and Agriculture Organization of the United Nations (FAO) ([www.fao.org](http://www.fao.org))

European Commission - [https://ec.europa.eu/info/index\\_en](https://ec.europa.eu/info/index_en)

US Food & Drug Administration - <https://www.fda.gov/>

### International Standards & Conformity Assessment Organisations

International Organisation for Standardisation ([www.iso.org](http://www.iso.org))

International Accreditation Forum ([www.iaf.nu](http://www.iaf.nu))

International Laboratory Accreditation Cooperation ([www.ilac.org](http://www.ilac.org))

International Society for Quality in Health Care (ISQua) ([www.isqua.org](http://www.isqua.org))

ISQua External Evaluation Association ([www.ieea.ch](http://www.ieea.ch))

International Network of Quality Infrastructure (INetQI) ([www.inetqi.net](http://www.inetqi.net))

### Regional Standards & Conformity Assessment Organisations

Asia Pacific Accreditation Cooperation ([www.apac-accreditation.org](http://www.apac-accreditation.org))

Asian Society for Quality in Health Care (ASQua) ([www.asquaa.org](http://www.asquaa.org))



*Change Adapt Improve*

## **Quality and Accreditation Institute**

**Email:** [info@qai.org.in](mailto:info@qai.org.in) | **Website:** [www.qai.org.in](http://www.qai.org.in)

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**+91 99405 53791**

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